

# Meningitis (Pandemic) Policy

Health, Safety & Business Continuity Manager  
31<sup>st</sup> January 2019



UNIVERSITY OF  
**WINCHESTER**

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<p>Indicate whether the document is for public access or internal access only</p> <p>Indicate whether the document applies to collaborative provision?</p> <p><i>(Strikethrough text, as appropriate)</i></p>	<p><b>Public Access</b></p> <p><del>Internal Access Only</del></p> <p><del>Applies to Collaborative Provision</del></p>
<p><b>Summary: This policy has been developed with Public Health England. Although entitled 'meningitis' the management principles can be transferred for the management of all notifiable diseases.</b></p>	

# **MENINGITIS (Pandemic) POLICY – Prevention and Management of Meningococcal Disease**

## **1 INCIDENCE OF MENINGOCOCCAL DISEASE and SEPTICAEMIA**

### **1.1 Undergraduate students are at increased risk from Meningococcal disease**

Higher Education students, particularly freshers, are known to be at increased risk of meningococcal disease. The disease can develop suddenly, usually as meningitis or septicaemia, and can kill or leave people with life changing disabilities and health problems.

There has been an increase in one particular type of the disease, MenW, in recent years in the UK. This strain can be difficult to diagnose because it is associated with symptoms infrequently seen with meningococcal disease, such as severe diarrhea and vomiting.

The rapid rise of MenW nationally led to the introduction of a targeted vaccination programme with MenACWY vaccination that is offered to all 14 – 18 year olds and to freshers up to the age of 25. It is extremely important that all freshers are aware and have the opportunity to be vaccinated before they arrive at university or as soon as possible after they arrive.

In line with the National Immunisation schedule, all first year students coming to University should have been vaccinated against Meningococcal C vaccine and from August 2015 with Meningococcal ACWY vaccine ideally two weeks before starting university. Students should be asked by the University to check with their family GP and make arrangements to receive this vaccine if they haven't received it.

It is important that all higher education students are made aware of the common signs and symptoms of this disease, that they know to tell someone if they feel unwell, that they keep an eye on friends they know are unwell and that they seek medical advice immediately if someone has symptoms or concern or whose condition is getting worse.

### **1.2 Diagnosis of Meningococcal disease**

#### **1.2.1 Case Definitions**

Initial diagnosis of meningococcal disease (meningitis or septicaemia) is often based on clinical signs and symptoms. Laboratory identification and characterisation of the meningococcal bacteria responsible for the infection provides important information to assist the public health response. In the absence of microbiological confirmation, however, the nature and level of response will be decided by the local Health Protection Team and will depend largely on the certainty of clinical diagnosis. The recommended case definitions for public health action are:

- (a) **Confirmed case.** Person with a clinical diagnosis of meningococcal meningitis or septicaemia, or other invasive disease (e.g. orbital cellulitis, septic arthritis) which has been confirmed microbiologically by culture or nonculture methods.
- (b) **Probable case.** Person with a clinical diagnosis of meningococcal meningitis or septicaemia or other invasive meningococcal disease without microbiological confirmation, where an experienced member of the local

Health Protection team, in consultation with the clinician and microbiologist consider that meningococcal disease is the most likely diagnosis.

- (c) **Possible case.** Person with a clinical diagnosis of meningococcal meningitis or septicaemia or other invasive meningococcal disease without microbiological confirmation, where an experienced member of the local Health Protection Team, in consultation with the clinician and public health doctor consider that diagnoses other than meningococcal disease are at least as likely. Cases categorised as possible do not require public health action but may raise awareness and anxiety that requires the prompt dissemination of information to students and staff.

After a single confirmed or probable case at the University the local Health Protection Team (HPT) will be informed. They will liaise with the University to ensure that clear information is available to the relevant students and staff. The HPT will also help to ensure that prophylaxis is offered to the close household contacts of that case.

**Household contact** is defined as prolonged close contact with the case in a household type setting during the seven days before onset of illness. Examples of such contacts would be those living and/or sleeping in the same household, boy/girlfriends or other intimate contacts, or students sharing a kitchen or bathroom in a hall of residence. It would not include students on the same course, unless they were also a **close contact** as defined above.

1.2.2 An **HEI cluster** is defined as two or more confirmed or probable cases of invasive meningococcal disease (IMD) that occur in the same HEI within a four week period and have an identified common link (e.g. same social network, same course and year, same hall of residence) and who are, or could be, infected by the same strain.

1.2.3 Cases of Meningococcal disease will normally be deemed unrelated if any of the following circumstances apply and will not usually constitute an outbreak that requires public health action:

- (a) 2 *confirmed* cases due to different strains;
- (b) 2 confirmed or probable cases but the interval between cases is more than four weeks;
- (c) 2 *confirmed* or *probable* cases with no evidence of any common links in spite of intensive enquiry (for example no social contact, different halls of residence, different courses), whatever the interval between them;
- (d) 2 *possible* cases (or one *possible* and one *confirmed/probable* case) whatever the interval or link between them.

In all instances the local HPT will liaise with the University to ensure that clear information is available to the relevant students and staff. The local HPT will also decide if further public health action is indicated, and, if so, will work with the University to ensure that prophylaxis is offered to a wider group of students.

## 2 PLAN OF ACTION FOR THE UNIVERSITY OF WINCHESTER

2.1 The Wessex Public Health England Centre (PHEC) consists of Consultants in Health Protection and Health Protection Practitioners with responsibility for provision of advice on the public health aspects of communicable diseases. Acute meningitis is

a notifiable disease under the Health Protection Regulations 2010. The Unit will usually be notified by the treating clinician who makes the diagnosis but often they may be alerted via staff, students or parents as well. The PHEC will undertake the process of information gathering and identification of close contacts of the case. They will alert the University as part of this process. The PHEC assists the Director of Public Health for Hampshire County Council to discharge their statutory duty with respect to the management of communicable diseases in Hampshire.

2.2 If a case does arise, prompt and accurate communication to raise awareness of symptoms in students and health care providers, and to provide reassurance to students, is essential.

2.3 If the University finds out about a case (confirmed or suspected) prior to being contacted by the PHEC, they should get in touch with the PHEC to investigate further. The University's single point of contact with PHEC is the Health, Safety & Business Continuity Manager.

### **2.3 Key Individuals**

2.3.1 It is advisable for one person to co-ordinate operations and to receive and disseminate all information. It may be necessary to devise a rota of people to undertake this responsibility. This is the Health, Safety & Business Continuity Manager or their alternative

2.3.2 In the event of an Incident (e.g widespread anxiety due to a single case or a death) or an Outbreak, the following individuals will probably need to be involved in any incident:

- (a) A member of the Senior Management Team, preferably the Business Continuity Sponsor
- (b) The Director of Student Services (responsible for co-ordination)
- (c) Head of Wellbeing or Senior Wellbeing Adviser
- (d) Director of Communications & External Relations
- (e) Director of EFS
- (f) The Dean of the appropriate Faculty
- (g) Head of Housing and Security or Housing Services Managers
- (h) The Student Union President and Vice-President, Activities and Services
- (i) The University Medical Officer from the Universities link practice

### **2.4 Incident Control Team**

The Incident/Outbreak Control Team (ICT/OCT) will comprise:

#### **Health**

The Consultant in Health Protection, Wessex Public Health England Centre and the Director/Consultant in Public Health, Hampshire County Council and

representatives of the NHS from NHS England as well as the West Hampshire Clinical Commissioning Group.

### **University**

The Director of Student Services

Head of Wellbeing or Senior Wellbeing Adviser

Director of Communications and External Relations

The Head of Housing and Security

Health, Safety & Business Continuity Manager

The Student Union President

### **Communications**

Communications representatives from the PHE, Hampshire County Council, NHS England (Wessex), West Hampshire CCG and University

## **2.5 Communication**

2.5.1 The fear and anxiety engendered by a case of meningococcal disease are often out of all proportion to the risk. It is essential, therefore, that clear, consistent and accurate information is provided within the institution.

2.5.2 The type of information provided will need to vary according to the target group concerned, for example students in the same residence, students on the same course, staff in academic departments etc.

2.5.3 As far as possible, information that may need to be disseminated in the event of a case should be prepared in advance in draft form and the circulation list prepared for rapid circulation.

2.5.4 Information needs to be targeted at students and staff.

(a) To students:

- Those in the same residence
- Those in residences on the same site
- Those on the same course
- The general student population who may not be at any risk but who may perceive themselves to be.

(b) To staff:

- Residential services staff, particularly those who have had recent contact with the affected student, such as residential assistants, security, wardens, cleaners or porters.
- Those in the same academic department.

- Others within the institution who may not be at any risk or who may perceive themselves to be.
- Parents and relatives of students who may not be at any risk but who may be perceived to be by others.
- Local and possibly national media (see later for guidelines on press strategy).

## **2.6 Facilities for public health action**

- 2.6.1 If the public health risk assessment deems that mass antibiotic prophylaxis should be offered to a group of students/staff, the ICT/OCT will attempt to define a clear sub group that would require mass prophylaxis. Very rarely, the whole institution may need prophylaxis. Mass vaccination is only required if the causative organism is vaccine preventable. A suitable venue will be required, for example, the King Alfred Centre Food Hall or Sports Hall
- 2.6.2 The University needs to consider how such sessions would be staffed. NHS England (Wessex) and West Hampshire CCG will facilitate the provision of clinical personnel and medication supplies in close co-operation with University staff and clerical staff to facilitate the process.

In the event of unprecedented public anxiety, telephone helplines may need to be set up; and may need to be resourced in combination by NHS England (Wessex), West Hampshire CCG and the University.

## **2.7 Public relations**

- 2.7.1 A public relations strategy is essential as an outbreak of meningococcal disease may be of national/local interest. The Director of Communications & External Relations is a crucial member of the Incident Team. In general, the lead agency for communications around infectious disease will be Public Health England who will liaise with Communications representatives of other agencies involved in the Incident/Outbreak team.
- 2.7.2 Issues to be considered include the potential conflict which may arise because of the media's desire for information and the confidentiality of the student. This may be tempered to some extent if institutions are seen to disclose openly other, less sensitive information. Regular press conferences are one way of ensuring that accurate and timely information is conveyed, but staff need to be aware that representatives of the media may well pursue their own lines of enquiry by other means.
- 2.7.3 As far as possible and in liaison with PHEC, press statements should be prepared in advance in such a way that they can be completed with any specific details at short notice. Thought should also be given to possible venues for any press conferences and who should represent the institution.

## **2.8 Liaison between the Public Health England and the University**

- 2.8.1 The training needs of security, wardens and residential assistants have been identified and training sessions are arranged each autumn. Throughout the University there should be a high sense of awareness and vigilance, particularly during the autumn/winter period.

2.8.2 Information on meningococcal disease is included in the Student Handbook and information is given to all students during enrolment in Induction Week.

2.8.3 The Chair of the Incident Management Team will ensure good communication between the University and stakeholders (Hampshire County Council, NHS England (Wessex), Hospital and GPs).

### **3 RECOMMENDED ACTION**

#### **3.1 Action before a case occurs**

##### **Before arrival**

Students should be advised to check before arrival that they are up to date with respect to vaccination against Meningitis ACWY. Any unprotected individual attending university, irrespective of age, should be immunised before they enrol or as soon as possible thereafter, ideally within the first two weeks of semester 1. A single dose of Men ACWY vaccine is recommended at this point. Information about meningitis and available vaccinations should also be sent to international students who may not have been routinely vaccinated.

##### **3.1.1 Raising awareness among students**

At the start of the academic year, all new students should be encouraged to:

- (a) Acquaint themselves with the symptoms and signs of meningococcal disease
- (b) Register with a local general practice
- (c) Look out for each other's welfare
- (d) Check that they have had MenACWY vaccination
- (e) Inform someone, a Student Adviser, the Head of Wellbeing or Senior Wellbeing Adviser, a friend or the Security and Wardening Team (out of office hours) if they are feeling ill, so that they can be monitored and prompt medical attention sought if their condition deteriorates. Students can contact a member of Student Services staff by phoning x7341 or they can email [health@winchester.ac.uk](mailto:health@winchester.ac.uk)

3.1.2 The following are suggested methods for raising awareness among students:

- (a) Distribute leaflets and symptom cards to all new students on arrival
- (b) Display posters and leaflets throughout the University and in all Halls of Residence
- (c) Incorporate information on meningococcal disease in the Induction Pack and Handbook for new students, including the national Meningitis charity helplines
- (d) Make leaflets and symptom cards available through Student Services, the Student Union and the local general practices

- (e) Involve the Student Union in awareness raising campaigns
- (f) Use social media to highlight the message
- (g) Use the plasma screens to project messages around the university
- (h) Arrange displays at 'Freshers Fayre'.

### 3.1.3 Raising awareness among staff

- (a) Use the Intranet and social media to highlight the issue of meningococcal disease from time to time and particularly at the start of the academic year
- (b) At the start of the academic year remind Deans and HoDs of their role if an episode of meningococcal disease occurs
- (c) Lecturers should be aware of their role in helping to defuse anxiety and providing sound information
- (d) Arrange training for Security, Wardens and Residential Assistants so that they are aware of the signs and symptoms of meningococcal disease and how to respond appropriately.

### 3.1.4 Preparing communications

- (a) Prepare information to be disseminated in draft form
- (b) Prepare draft circulation lists
- (c) Prepare draft press releases
- (d) Important not to forget other groups needing to be informed, such as Conference Delegates, Contract Staff, the Nursery etc.

### 3.1.5 Training Needs

- (a) Telephone helpline volunteers to be trained.
- (b) Security, Wardens and Residential Assistants to be trained during annual training in September

## 4 ACTION AFTER A CASE OR OUTBREAK

- 4.1 Action should be regularly audited to identify remedial errors in management, ensure any corrective action is taken, and share lessons learnt for improved future management of cases and outbreaks.
- 4.2 Student Services should consider the pastoral and after-care of the affected student, the student's family and friends, and staff in the immediate aftermath of an incident of Meningococcal disease. There is an urgent need during and immediately after a case to reassure parents that they need not worry about their children's studies. Later, when the student returns, low profile support is essential, for example, such practicalities as helping affected students formulate letters to have "concessions" taken into account in the examination periods, or helping them with living arrangements.

4.3 If a student dies, refer to Policy "When a Student Dies..." for details of protocol. Bereavement support can also be offered by the meningitis charities.

4.4 Plans should be reviewed annually, to ensure accuracy of contact names and numbers, together with an assessment of awareness and knowledge among wardens and other non-medical staff.

#### 4.5 **The most common after effects**

- If infection is diagnosed early and treated promptly most people make a full recovery.
- However, about 1 in 8 people who recover experience some long term effects. These can include headaches, stiffness in the joints, epileptic fits, deafness, personality and mood changes and learning difficulties.

#### **Approval History**

Student Services

June 2010

- Updated November 2010 following recommendations and approval from Student Affairs Committee June 2010

-Updated October 2011

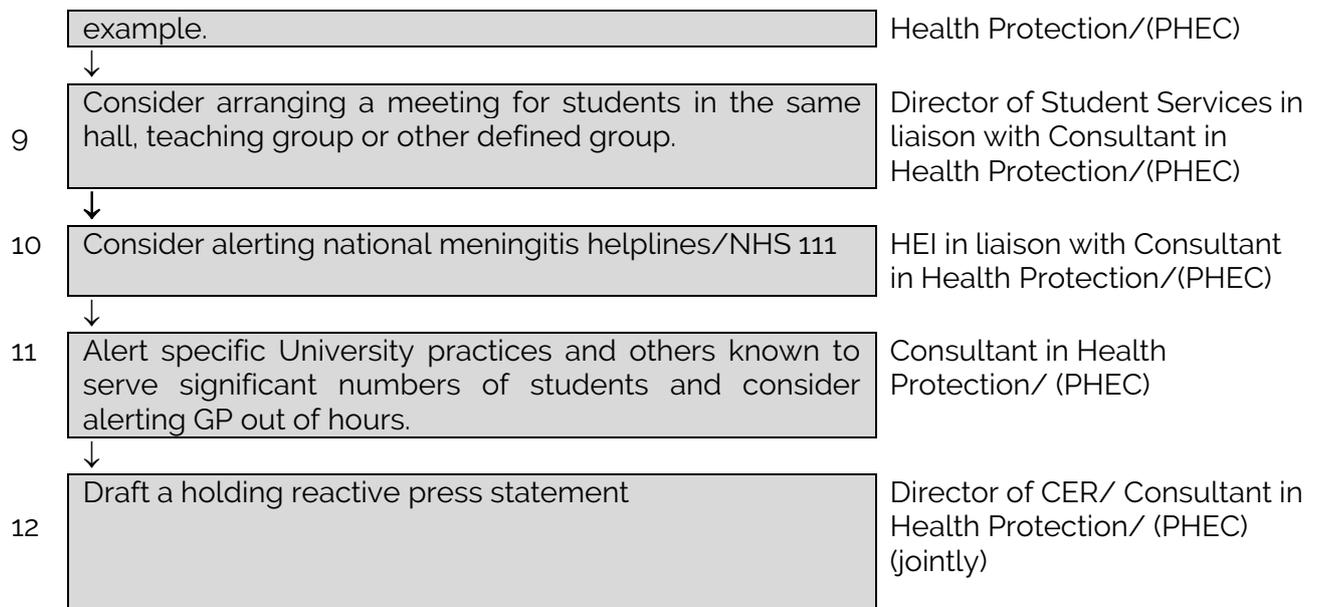
-Updated February 2015

-Updated January 2019 – referencing PHE & UUK 'Guidance on the Prevention and Management of Meningococcal Meningitis and Septicaemia in HEIs

Approved policy document approved by Dr Anand Fernandes, Consultant in Communicable Disease Control for Wessex PHEC. April 2015.

## APPENDIX 1: ACTION TO BE TAKEN WHEN DEALING WITH A CASE OF PROBABLE OR CONFIRMED MENINGOCOCCAL DISEASE

Action	Person/organisation responsible
<p>1 Inform and liaise with the University Health, Safety and Business Continuity Manager and Director of Student Services. Make a risk assessment to define close contacts (e.g. household and intimate contacts) requiring information and antibiotics and other "non-close" contacts (from household, study and social groups) who may require information).</p> <p>In the event of the PHEC becoming aware of an incidence of meningococcal disease outside of office hours, which requires action by the University, the PHEC will contact the University Security Team, who will then contact Health, Safety &amp; Business Continuity Manager/Director of Student Services.</p>	<p>Consultant in Health Protection/Public Health England (Wessex Centre) (PHEC)</p> <p>Consultant in Health Protection/ (PHEC)</p>
↓	
<p>2 Inform and liaise with university doctor/practice.</p>	<p>Consultant in Health Protection/ (PHEC)</p>
↓	
<p>3 Inform the Incident Management Team – BC Sponsor, Deans of Faculty, Director of Estates &amp; Facilities Services, Director of Communications &amp; External Relations (CER), Head of Housing and Security, SU President and other relevant University staff. Wider alerting to West Downs Nursery &amp; Tops Nursery.</p>	<p>Health, Safety &amp; Business Continuity Manager/ Director of Student Services Consultant in Health Protection/ (PHEC)</p>
↓	
<p>4 Arrange for close contacts to be alerted and to be issued with antibiotic prophylaxis (and offered vaccine where appropriate).</p>	<p>Consultant in Health Protection/ (PHEC) will identify close contacts and attempt to arrange prophylaxis via their own GP</p>
↓	
<p>5 Inform and alert the general practitioners of all close contacts who are thus treated.</p>	<p>Consultant in Health Protection/ (PHEC)</p>
↓	
<p>6 Provide public health information and advice to the University.</p>	<p>Consultant in Health Protection/(PHEC)/Director of CER</p>
↓	
<p>7 Inform urgently – same day if possible – students in same hall of residence (where applicable) and consider information requirements of students sharing classes or social activities with the case.</p>	<p>Director of CER drafted in liaison with Consultant in Health Protection/ (PHEC)</p>
↓	
<p>8 Assess which student group(s) it is appropriate to inform, in other departments and/or halls of residence for</p>	<p>Director of Student Services in liaison with Consultant in</p>



**APPENDIX 2: ACTION TO BE TAKEN WHEN DEALING WITH AN OUTBREAK OF MENINGOCOCCAL DISEASE**

	<b>Action</b>	<b>Person/organisation responsible</b>
1	Activate the Outbreak Plan (see Policy 5) and convene an Incident Control Team	Consultant in Health Protection/ (PHEC)
	↓	
2	Consult with the regional/national epidemiologists	Consultant in Health Protection/ (PHEC)
	↓	
3	Consider prophylaxis for defined target group	Incident Control Team
	↓	
4	Consider vaccination for defined target group	Incident Control Team
	↓	
5	If agreed, administer preventative antibiotics to the target group	Consultant in Health Protection/(PHEC)/Local provider to deliver
	↓	
6	If agreed, vaccinate the target group	NHS England (Wessex)/ Local provider to deliver
	↓	
7	Issue information immediately (within four hours) to students in the same hall of residence	Director of CER in liaison with Consultant in Health Protection/(PHEC)
	↓	
8	Issue information urgently (same day) to all appropriate University departments	Director of CER in liaison with Consultant in Health Protection/(PHEC)
	↓	
9	Alert local A & E departments and acute hospitals (same day)	Consultant in Health Protection/ (PHEC)
	↓	
10	Alert all general practices serving students urgently (same day) by telephone	Consultant in Health Protection/ (PHEC)
	↓	
11	Convene meeting with the target group	Consultant in Health Protection/(PHEC)/Director of Student Services
	↓	
12	Consider setting up a helpline for students, staff and parents, ensuring national charity helplines are available as back up	Director of CER
	↓	
13	Notify details of the incident to the meningitis charities and NHS 111	Consultant in Health Protection/ (PHEC)
	↓	
14	Agree public communication strategy	Director of CER/ Consultant in Health Protection/ (PHEC)/NHS (jointly)

## APPENDIX 3: KEY CONTACT DETAILS

<b>University of Winchester</b>	
Health, Safety & Business Continuity Manager	01962 827575 or 07841070664
Director of Student Services	01962 827679
Director of Communications & External Relations	01962 827392 or 07539348521
Public Health England (Wessex) Tel	0344 225 3861 option 2 then option 1
Out of hours	<b>0844 967 0082 - ask for Health Protection On Call</b>
Fax	0345 504 0448
Email	Phe.hiow@nhs.net
<b>Medical Practices</b> St Clements (have on campus surgery) Friarsgate St Paul's	01962 852211 01962 871730 01962 853599
<b>Hampshire County Council – Public Health</b>	02380 383332 <a href="mailto:hcc.healthprotection@hants.gov.uk">hcc.healthprotection@hants.gov.uk</a>

### Helpline and Leaflets

#### Meningitis charities and NHS 111/NHS24/NHS Direct

The meningitis charities may be contacted when there is a case of meningococcal disease. They need sufficient information so that they can support callers with appropriate advice. The information given to these bodies should include anonymized details of the case and of public health action taken.

**Leaflets and posters available from Meningitis Now – 01453 768000**

**Meningitis Research Foundation – 0333 4056262**

#### Helplines

**Meningitis Now – 0808 80 10388** (Freephone) – gam to 8pm every day. Download leaflets and posters from the website [www.meningitisnow.org/howwe-help/resources/view-download-order](http://www.meningitisnow.org/howwe-help/resources/view-download-order)

**Meningitis Research Foundation – 0808 800 3344** (Freephone). Information and support is also offered by email and on social media: [helpline@meningitis.org](mailto:helpline@meningitis.org); [www.facebook.com/meningitisresearch](http://www.facebook.com/meningitisresearch); @M\_R\_F

### Appendix 4: List of Notifiable Diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Report other diseases that may present significant risk to human health under the category 'other significant disease'.