

Management Protocol for Meningitis

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1. Definitions

- 1.1 *Meningitis* means inflammation of the meninges, the brain lining. It can be caused by a variety of organisms.
- 1.2 *Viral meningitis* is the most common type. Symptoms are usually mild and most cases do not require admission to hospital. Recovery is normally complete without any specific treatment but headaches, tiredness and depression may persist. **No public health action is usually needed.**
- 1.3 Bacterial meningitis
- 1.3.1 There are two main forms: pneumococcal and meningococcal. Both bacteria can also cause disease elsewhere in the body.
- 1.3.2 *The pneumococcal bacterium* is better known as a cause of pneumonia. It affects mainly infants and elderly people and does not normally spread from person to person. **Public health action is therefore not usually needed.** There is a vaccine available to protect people at high risk.
- 1.3.3 Meningococcal disease is an acute infectious disease caused by a bacterium which lives in the human throat and is commonly carried without ill effect. However illness can develop very rapidly and is fatal in five to ten per cent of cases.
- 1.3.4 Illness is due to septicaemia (blood poisoning), meningitis (inflammation of the brain lining) or a combination of the two. Other parts of the body e.g. joints, heart, eyes may occasionally be infected. **Urgent antibiotic treatment is essential.**
- 1.4 *Prophylaxis* is preventative treatment. A short course of antibiotics is recommended for close contacts of someone suffering from meningococcal disease to reduce the risk of further cases.
- 1.5 The two most common types of meningococcal bacteria are *group B* and *group C*. Group C meningitis has an effective vaccine that gives long term cover to all ages and has been offered to children and teenagers in the UK up to the age of 18 since 1999. **The vaccine is recommended in the UK for all under 25s and first year university students irrespective of age.**
- 1.6 About 2000 cases of meningococcal disease are reported each year in England and Wales. Over 90% of cases are due to group B bacteria. A vaccine has recently been developed which is effective against 88% of these strains, but this is currently only available privately. The NHS is in negotiations to make this available as part of the childhood vaccination programme.
- 1.7 Most cases occur in children under the age of 5 and young people aged 15 to 19. Risk of infection is increased by overcrowding and particular social behaviour such as going to pubs and clubs, smoking and kissing. **Therefore young people entering higher education, particularly those living in halls of residence and those who have not been immunised against Group C bacteria, are at higher risk of contracting meningococcal disease than non-students of the same age.**
- 1.8 Case definitions
There are three types of meningitis cases; confirmed, probable and possible.
- 1.8.1 **Confirmed case:** one person with a clinical diagnosis of meningococcal meningitis or septicaemia, which has been confirmed microbiologically.

- 1.8.2 **Probable case:** person with a clinical diagnosis without microbiological confirmation, where the clinician and public health professional consider that meningococcal disease is the most likely diagnosis.
- 1.8.3 **Possible case:** person with a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation, where the clinician and public health professional consider that diagnoses other than meningococcal disease are at least as likely.

1.9 Outbreak

- 1.9.1 Cases of meningococcal disease will normally be deemed related and an outbreak declared if two confirmed or probable cases of meningococcal disease occur at the same university within a four week period in the same term which are, or could be, caused by the same serogroup, serotype and serosubtype and for which a common link (e.g. same social network, same hall of residence etc) can be determined.
- 1.9.2 Two or more cases often occur at the same university, which do not meet the above definition of an outbreak. The Consultant in Communicable Disease Control (CCDC) will decide whether or not to declare an outbreak.
- 1.9.3 Cases of meningococcal disease at the same university will not normally constitute an outbreak if there are:
- Two confirmed cases due to different strains, whatever the interval between them;
 - Two confirmed or probable cases with no evidence of common links in spite of intensive enquiry, whatever the interval between; or
 - Two possible cases (or one possible and one confirmed/probable case) whatever the interval or link between them.

2. Action before new students arrive at University of Worcester

- 2.1 Information to new students to include information and advice on meningitis. This information should advise all new students to check if they have been vaccinated against Meningitis C before they come to university and to arrange vaccination if they have not.
- 2.2 Information about meningitis and available vaccines to be sent to international students who may not have been routinely vaccinated. The international student will be responsible for paying any charge made for such vaccination.
- 2.3 Information on meningococcal disease to be incorporated in the student handbook and on the SOLE pages.
- 2.4 Information materials about meningitis to be distributed within halls of residence and in other areas across campus (e.g. restaurant, bars, toilets etc).
- 2.5 University Community Development Workers and Residential Ambassadors to be trained to recognise the signs and symptoms of meningococcal disease and to know how to respond appropriately.
- 2.6 All staff to be made aware of this protocol and available sources of information and advice on what to do if they suspect a case of meningococcal disease.

- 2.7 Staff responsibilities in the event of a case of meningitis or outbreak to be clearly identified and allocated before the beginning of the first semester and these to be reviewed annually.

3. At enrolment

- 3.1 New students to be encouraged to register with a local GP.
- 3.2 All new students to be encouraged to acquaint themselves with the symptoms and signs of meningococcal disease, look out for each other's welfare and know how to get help and advice from a general practitioner if they are ill.
- 3.3 All new students to be encouraged to tell a friend, University Community Development Worker, Residential Ambassador or member of staff if they are feeling ill.
- 3.4 Displays promoting these messages to be arranged at the freshers' fair and other events.

4. General action in the event of student illness

- 4.1 The appropriate action to be taken in the event of a case of meningitis will depend on whether the case is defined as confirmed, probable or possible (see 1.8 above).
- 4.2 In the event of a University of Worcester student being admitted to hospital with a diagnosis or suspected diagnosis of meningitis or meningococcal septicaemia, it is the responsibility of the doctor looking after the patient to notify the case. This should be done promptly by telephone to the Consultant in Communicable Disease Control (CCDC) during office hours, or the on-call public health professional out of hours.
- 4.3 Delay in notification sometimes occurs because of difficulty in diagnosis, particularly in the case of viral meningitis.
- 4.4 During office hours the CCDC will immediately inform the Pro Vice Chancellor Students, or his deputy in his absence, of any suspected or confirmed case of meningococcal disease in any student or staff member of the University.
- 4.5 Out of office hours the duty public health professional will immediately inform the Pro Vice Chancellor Students or, in his absence, the Head of Student Services.
- 4.6 If the University is informed of a case of meningitis it will immediately inform the CCDC (during normal office hours) or the on-call public health professional via Ambulance Control.
- 4.7 For details of contact numbers and individual responsibilities see [Appendix 1](#).
- 4.8 Communications
 - 4.8.1 In the event of a diagnosis or suspected diagnosis of meningitis prompt and clear communication with students is essential to alert those at risk and to allay concerns. A variety of means including letters, meetings, emails, notice boards, table top display holders, news letters, web site etc should be used to ensure accurate speedy information to all who need it.
 - 4.8.2 Information will need to be updated as the situation develops.
 - 4.8.3 Demands for information are also likely from parents, staff, the press, other HEIs, the general public, local MP's and councillors. The University must be able to respond to these in a calm, speedy and efficient manner recognising its responsibilities to ensure student confidentiality as well as student and staff safety.

- 4.8.4 In the event of a death from meningococcal disease or an outbreak it will be necessary to establish a help line. This will operate from 0800 to 2200 hours with voicemail direction to national helplines outside of these times.
- 4.8.5 The Local Health Protection Team (LHPT) has primary responsibility for identifying, alerting and advising anyone in regular, direct close contact with a case of meningitis or meningococcal disease. The University Student Services will provide assistance as necessary.
- 4.8.6 The University is responsible for communicating with other students, staff and parents. The LHPT will provide appropriate medical information and advice.
- 4.8.7 The form and level of communication in response to an incident or case will depend upon a number of factors including the diagnosis and place of residence of the case. Action to be taken is outlined in detail below.
- 4.9 A case should be defined as a hall resident if they have been living in a hall of residence in the seven days before becoming ill.
- 4.10 Other people in the same accommodation, or sharing the same kitchen and bathroom facilities as the case, and close friends or regular intimate social contacts, will usually be treated as close contacts and dealt with individually.
- 4.11 Other students on the same course as the case will usually be regarded as casual contacts. The level of risk to these students is likely to be very low unless such students are also in close social contact with the case. The main purpose of informing such students is therefore to provide reassurance.
- 4.12 Students who have come into contact with a case of meningitis outside the University, but remain well, will only be considered to present a risk to other students if they have had overnight or intimate contact with the meningitis case within 7-10 days before diagnosis.
- 4.13 University of Worcester, the LHPT and the South Worcestershire Clinical Commissioning Group (SWCCG) will work in partnership in any communication with the media, including issuing press statements and convening press conferences.

5. A single possible case of meningococcal disease

- 5.1 In the event of a *possible* case (see 1.8 above) no public health measures are necessary and contacts do not need preventative antibiotics unless or until further evidence emerges that changes the diagnostic category.
- 5.2 The University will not issue any letters at this stage. Basic information describing what has happened and what action is being taken will be circulated via e-mail, notice boards, table top displays and in accommodation blocks ([Communication A1](#)). The LHPT will alert relevant general practices if the suspect lives in a hall of residence.
- 5.3 No follow up action is required unless there is a change in the diagnosis.
- 5.4 The University will be informed if a possible case is subsequently diagnosed as non-meningococcal disease as soon as possible to allay any concerns. [Communication A2](#) will be issued.

6. A single confirmed or probable case of meningococcal disease

- 6.1 In the event of a single case of confirmed or probable meningococcal disease (see 1.8 above) the CCDC or on call public health professional will contact the Pro Vice Chancellor Students or his deputy (see [Appendix 1](#)).
- 6.2 The CCDC or on call public health professional will interview the case or his/her relatives/friends to identify close contacts.
- 6.3 The CCDC will provide prophylactic antibiotics for close contacts to be issued from The Alexandra Hospital, Redditch (TAH) pharmacy. In cases where contacts are outside the area the appropriate CCDCs will be contacted.
- 6.4 The CCDC will issue antibiotics, [Communication B](#) and the relevant Meningitis Now information leaflet direct to close contacts where possible.
- 6.5 The CCDC will advise the close contacts and the University if the strain is identified as group C so that vaccination, if required, can be arranged on campus. Vaccine and equipment can be obtained from The Alexandra Hospital, Redditch pharmacy. [Communication G](#) will be issued to all those vaccinated. (See [Appendix 3](#) for vaccination arrangements.)
- 6.6 The University will:
 - Identify students in affected accommodation and on the relevant courses. They will also provide the LHPT with students' contact addresses if non-resident or absent from the University.
 - Issue on the same day [Communication C](#) to students in the same hall of residence and to students and staff on the same course.
 - Issue [Communication C](#) to all departments and halls of residence.
- 6.7 Where necessary the University will organise a meeting for students in relevant halls, accommodation and courses.
- 6.8 The Local Health Protection Team will alert the St. John's and the Henwick Halt surgeries and the Walk-in Medical Centre, the general practices nearest the University.
- 6.9 The University will contact Meningitis Now and the Meningitis Research Foundation.
- 6.10 The University press office will draw up a reserve press statement in consultation with the LHPT and SWCCG press offices.

7. Two or more unrelated cases of meningococcal disease.

- 7.1 Cases of meningococcal disease will normally be considered **unrelated** if any of the following apply:
 - Two cases caused by different serogroups, whatever the interval between them.
 - Two confirmed or probable cases more than four weeks apart and without links between cases, e.g. no social contact, different halls of residence, different courses.

- Two possible cases, or one possible and one confirmed or probable case, irrespective of the interval between them.

7.2 In the above circumstances the individual cases will be treated as in [6](#) above and the CCDC will seek advice on further action. An outbreak control team may be convened (see [Appendix 4](#)) but wider public health action other than issuing antibiotics or offering vaccination against group C to close contacts of individual cases will not be necessary.

7.3 The University and CCDC will review the situation and the University will issue “Communication D” to all students.

7.4 The University will consider the need to set up a help line for students and parents and will issue a press statement drawn up in consultation with the LHPT and the SWCCG.

7.5 The LHPT will alert the St. John’s and Henwick Halt surgeries and the Walk-in Medical Centre, the general practices nearest to the University.

7.6 Follow up action such as issuing further information or convening an outbreak control team may be necessary if a patient dies, if further suspected cases are admitted to hospital or if new evidence linking cases comes to light (see [Section 8](#) below).

8. Two or more related cases of Meningococcal Disease

8.1 Cases of meningococcal disease will normally be declared related and an outbreak confirmed if two confirmed or probable cases of meningococcal disease occur at the same university within a four week period in the same term which are, or could be, caused by the same serotype, serogroup and serosubtype and for which a common link, e.g. same local network, same hall of residence, can be determined.

8.2 The CCDC will activate the LHPT’s major outbreak plan and convene an outbreak control team (see [Appendix 4](#) for membership).

8.3 The Outbreak Control Team will:

- Identify the group at most risk of acquiring meningococcal disease.
- Convene a meeting with students and staff in the target group.
- Check for potential cases in the target group.
- Issue preventative antibiotics to the target group. Antibiotics to be supplied from TAH pharmacy and to be administered by hand with [Communication B](#).
- If the infecting organism is group C in one or both cases, offer meningococcal vaccine as soon as possible to the target group, together with [Communication G](#).

(See [Appendix 3](#) for details of vaccination arrangements.)

- Alert by phone the St. John’s and Henwick Halt surgeries and Walk-in Medical Centre.
- Alert all general practices in the LHPT area by fax.
- Inform all CCDCs nationally by email.
- Brief NHS Direct to enable them to give advice to the “worried well”.

8.4 The University will:

- Alert all students and staff and make information available to parents.
- **Within four hours**, issue [Communication E](#) to all students in the target group.
- **On the same day**, issue [Communication F](#) to all departments and hall residents not in the target group, display posters across campus and place the communication on the SOLE pages.
- Set up a help line for students and parents.
- Notify the outbreak to Meningitis Now and the Meningitis Research Foundation.
- With the LHPT agree a public communications strategy. This is likely to include convening a joint press conference at an early stage.

9. In the event of a death due to meningococcal disease

- 9.1 A senior member of the University will, with the agreement of the deceased's next of kin, attend the funeral, cremation or other service to offer the institution's sympathy and support.
- 9.2 The University will provide appropriate assistance to students and/or members of staff who were close to the deceased to attend any funeral, cremation or other service.
- 9.3 The University counselling service and Chaplain will be available to provide support where appropriate to fellow students and/or colleagues of the deceased.
- 9.4 These actions are in addition to those outlined in Sections [6](#) to [8](#) above.

10. After-care following an outbreak of meningococcal disease

- 10.1 Students and/or staff directly or indirectly affected by an outbreak of meningococcal disease may require support and reassurance from University counsellors, mental health advisers, Chaplain, academic tutors etc. Particular help may be required in preparing or supporting applications for mitigating circumstances.
- 10.2 Further information, advice or support may be available from meningitis charities (see [Appendix 1](#)).

Appendix 1: Contact Numbers

University of Worcester contacts

(When contacting the University try in order listed below and the first one contacted will contact the others).

University of Worcester (Main Reception) 01905 855000

John Ryan
Pro Vice Chancellor Students
 Work: 01905 855013
 Home: 01684 564625
 Mobile: 07724 637726

Caryn Thorogood
Head of Student Services
 Work: 01905 855059
 Home: 01905 20073
 Mobile: 07809 575370

Lucy Sandwell
Student Experience Officer
 Work: 01905 855104
 Mobile: 07799 890967

Mark Hughes
Director of Estates and Facilities
 Work: 01905 542250
 Home: 01684 541494
 Mobile: 07899 968866

Kate Moss
Director of Communications and Participation
 Work: 01905 542019
 Home: 01684 578851
 Mobile: 07881 955810

Colin Fry
Health and Safety Co-ordinator
 Work: 01905 855176

Sally Jones
University Press Officer
 Work: 01905 857517
 Mobile: 07919 293757

Local Health Protection Team Contacts 01562 756300
for LHPT contacts below

David Kirrage
Consultant in Communicable Disease Control

Ruth Harrell / Dan Killalea
Nurse Consultants – Health Protection

Out of Hours Contact for Public Health
via Ambulance Control 01886 834244

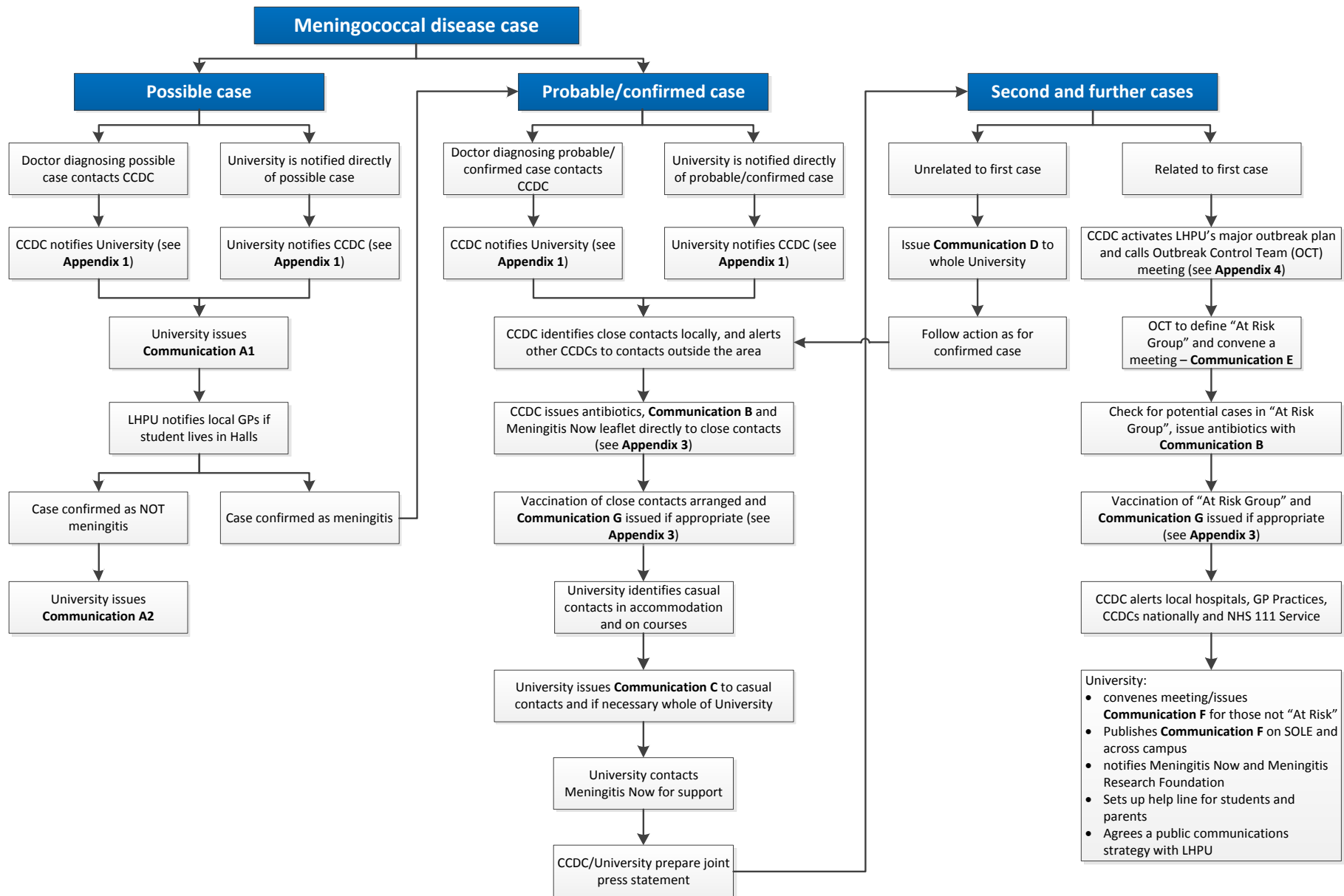
24 Hour Helplines:

Meningitis Now 0808 8010388

Meningitis Research Foundation 0808 8003344

NHS 111 Service 111

Appendix 2: flow diagram – summary of action in meningitis cases



Appendix 3: Administration of antibiotics and vaccination to close contacts at UW

1. Close-working relationships between the LHPT, South Worcestershire SWCCG and the University are essential.
2. Antibiotics to be obtained from The Alexandra Hospital, Redditch, pharmacy.
3. Antibiotics for students should be hand delivered to the student, with [Communication B](#) – giving information about the antibiotic.
4. This process can be undertaken in the University Conference Centre which would act as the vaccination and control centre for the period of the outbreak. The conference centre is ideally suited to this function as it provides:
 - A large room to accommodate large-scale sessions for the administration of antibiotics and vaccine, including space for recovery areas and smaller rooms for discussion or recovery
 - An enclosed entrance and foyer to provide some protection from the weather for students queuing for vaccinations
 - A meeting room for the outbreak control team
 - A room for press conferences
 - A room for the telephone help line
 - Facilities for making refreshments
 - Easily demarcated car parking
 - Disabled access
5. Throughout the period of an outbreak of meningococcal disease the use of the conference centre as an emergency vaccination and control centre would take priority over any other uses for which it may have been booked.
6. Immunisation with meningococcal group C vaccine should be offered with [Communication G](#) as soon as possible to the same contacts, if they have not been previously vaccinated. This can also be undertaken in the University Conference Centre with support from the health protection nurses.
7. Supplies of the vaccine, needles, syringes and sharps boxes will be obtained from **The Alexandra Hospital, Redditch, pharmacy.**
8. **An emergency shock pack** should also be obtained from the pharmacy when collecting antibiotics or vaccine. The pack should contain oral piriton for use with the antibiotic.
9. A **record sheet** of all antibiotics and immunisation given should be obtained. Copies of these record sheets will be kept at The Alexandra Hospital, Redditch, pharmacy, the LHPT and the office of the Pro Vice Chancellor Students.
10. In the case of an outbreak a help line may be required, also to be located in the University Conference Centre.
11. Volunteers to staff the help line will be selected from University staff and members of the Students' Union. Basic training about meningitis will be provided.
12. Additional volunteers will be available from the LHPT and SWCCG.
13. Medical and nursing staff to assist in administering antibiotics and vaccination will be recruited from the LHPT and SWCCG.
14. [Communications B and G](#) will be available on large laminated sheets to assist in delivering information.

Appendix 4: Membership of Outbreak Control Team (suggested)

Consultant in Communicable Disease Control
Director of Public Health
Consultant in Public Health
Health Protection Nurse Consultant
SWCCG and HPU communications managers
Consultant microbiologist
Regional epidemiologist
Pro Vice Chancellor Students
University Head of Student Services
University Student Experience Officer
University Senior Counsellor
University Director of Communication and Development
University Health and Safety Co-ordinator
Student Union VP Student Experience
Administrative support from the University

The outbreak control team will meet in a room set aside in the University Conference Centre (see [Appendix 3](#)).

Appendix 5: Operation of Telephone Help Line

1. In the event of an outbreak of meningococcal disease at the University a group of staff and students will be recruited and trained to operate a telephone help line.
2. In the event of such an outbreak the help line will be located in one of the rooms in the University Conference Centre (see [Appendix 3](#)).
3. A minimum of two phones with one telephone number will be provided.
4. The helpline will operate from 0800 to 2200 daily during the course of the outbreak.
5. After 2200 an answerphone message will direct callers to the support lines of meningitis charities or will advise callers to call again the next day.
6. Operators to work in shifts of no more that two hours with two hours between shifts.
7. Medical and nursing staff will be available during operating hours to brief staff prior to shifts and to help with particularly difficult calls or those that require medical expertise.
8. De-briefing sessions will be available at the end of each shift, in particular to discuss any angry or upsetting calls received.

Communication A1: Statement to be issued in the event of a single POSSIBLE case of meningococcal disease.

A University of Worcester student has become ill with symptoms similar to meningitis but which has NOT been confirmed as such by doctors. The Local Health Protection Team is monitoring the student's condition and will inform the University of any change in the present diagnosis. Until the student's diagnosis is confirmed we have been advised that no further action on the part of the University is necessary.

The University is being guided by the health professionals dealing with this case and our priority at all times is the health and safety of our students and staff. Details of any further developments will be notified as they happen on the university web site, SOLE pages, table top displays, all-user emails to staff and on posters around campus.

Further information about meningitis can be obtained from **firstpoint**, or from **Meningitis Now**, **0808 8010388** or <http://www.meningitisnow.org/>

Communication A2: Statement to be issued in the event of a single POSSIBLE case being confirmed as NOT meningitis.

A University of Worcester student recently became ill with symptoms similar to meningitis. We have now had confirmation that the diagnosis is definitely NOT meningitis. There is no further cause for concern at this time.

Further information about meningitis can be obtained from **firstpoint**, or from Meningitis Now, **0808 8010388** or <http://www.meningitisnow.org/>

Communication B: Information for contacts given antibiotics

IMPORTANT INFORMATION FOR CONTACTS TAKING PROPHYLACTIC ANTIBIOTICS FOR MENINGITIS

Please read carefully

The drug (**Ciprofloxacin**) is to prevent you carrying and passing on the bacteria that causes meningitis. It will only work for a short period of time so it is important you take it when instructed to do so.

There is still a small chance you may become ill so you need to check for fever, headache, vomiting or any other symptoms. If these develop please seek medical advice and show this letter.

It is important that you take your tablet now and exactly as directed.

The tablet should be swallowed whole with a glass of water.

DO NOT take this tablet if you have taken antacid or indigestion medicines or preparations containing iron within the last four hours. Please see the doctor/nurse if this is the case.

One rare side effect of the tablet is facial swelling. This normally subsides over a period of about half an hour. If you experience this, please see the doctor/nurse here. You may also feel tired or have stomach ache, but these symptoms settle quickly and are not a cause for concern.

Ciprofloxacin does not affect any contraception you may be using and there is no need for any alternative contraception.

CHECK WITH THE DOCTOR/NURSE BEFORE TAKING THE TABLETS IF:

You have had a previous allergic reaction to Ciprofloxacin.
You are taking any other medication, particularly for diabetes or epilepsy.
You are pregnant or breast-feeding.

You are advised to be especially vigilant over the next few days and to **LOOK OUT FOR YOUR FRIENDS**. The important thing is to know that the disease can develop very rapidly, sometimes within a matter of hours. Early symptoms may be similar to those you get with flu or a hangover:

Feeling feverish
Vomiting
Severe headache
Stiff neck, back and joint pains

If you have any of the above please report to your GP and *firstpoint* as we are monitoring the situation.

If any of the following symptoms develop:

Rash of tiny bruises that doesn't fade when pressed
Severe dislike of light
Disorientation or coma

GET MEDICAL HELP URGENTLY – EARLY TREATMENT SAVES LIVES.

Further information about meningitis can be obtained from **firstpoint**, or from Meningitis Now, **0808 8010388** or <http://www.meningitisnow.org/>

Communication C: Notification of single probable/confirmed case to casual contacts

Dear Student

MENINGITIS AND SEPTICAEMIA

A [*year of study*] year [*Study Subject*] student living [*at home/in private rented accommodation/in halls of residence*] was admitted to hospital on [*date*] with confirmed/possible meningococcal meningitis/septicaemia.

The meningococcal bacteria live in the nose and throat and are only passed on by prolonged close contact or mouth kissing contact. The Local Health Protection Team is issuing preventative antibiotics to all the intimate contacts of the student concerned.

If you have been in contact with the case you are advised to be especially vigilant over the next few days and to **LOOK OUT FOR YOUR FRIENDS**. The important thing is to know that the disease can develop very rapidly, sometimes within a matter of hours. Early symptoms may be similar to those you get with flu or a hangover:

- Feeling feverish
- Vomiting
- Severe headache
- Stiff neck, back and joint pains

If these symptoms develop contact your GP and *firstpoint* as we are monitoring the situation.

If any of the following symptoms develop:

- Rash of tiny bruises that doesn't fade when pressed
- Severe dislike of light
- Disorientation or coma

GET MEDICAL HELP URGENTLY – EARLY TREATMENT SAVES LIVES.

Further information about meningitis can be obtained from **firstpoint**, or from Meningitis Now, **0808 8010388** or <http://www.meningitisnow.org/>

Communication D: Second unrelated case notification to whole University

Dear Student

MENINGITIS AND SEPTICAEMIA

Two students have recently been admitted to hospital with confirmed/possible meningococcal meningitis/septicaemia.

A *[year of study]* year *[Study Subject]* student living *[at home/in private rented accommodation/in halls of residence]* was admitted to hospital on *[date]* with confirmed/possible meningococcal meningitis/septicaemia.

One is a *[year of study]* year *[Study Subject]* student living *[at home/in private rented accommodation/in halls of residence]*. The other is a *[year of study]* year *[Study Subject]* student living *[at home/in private rented accommodation/in halls of residence]*.

The Local Health Protection Team has advised us that these cases are not considered to be connected because:

They were due to two entirely different strains of meningococcal bacteria.

They occurred more than four weeks apart.

They were not known to each other and had no common links.

Preventative antibiotics have been issued to close contacts of both students concerned. Wider use of antibiotics or vaccine is not being recommended.

Remember to look out for your friends.

If you are not feeling well consult your general practitioner.

Further information about meningitis can be obtained from **firstpoint**, or from Meningitis Now, **0808 8010388** or <http://www.meningitisnow.org/>

Communication E: Second related case notification to “At Risk Group”

Dear Student

MENINGITIS AND SEPTICAEMIA

Two students have recently been admitted to hospital with confirmed/possible meningococcal meningitis/septicaemia. Both students live in the same hall of residence/are on the same course of study/are close friends.

The Local Health Protection Team is making urgent arrangements to give preventative antibiotics/immunisation to all students [*specific target group*] as soon as possible.

Please attend [*place, date and time*] to receive your antibiotics/immunisation.

You are advised to be especially vigilant over the next few days and to **LOOK OUT FOR YOUR FRIENDS**. The important thing is to know that the disease can develop very rapidly, sometimes within a matter of hours. Early symptoms may be similar to those you get with flu or a hangover:

- Feeling feverish
- Vomiting
- Severe headache
- Stiff neck, back and joint pains

If you have any of the above please report to your GP and *firstpoint* as we are monitoring the situation.

If any of the following symptoms develop:

- Rash of tiny bruises that doesn't fade when pressed
- Severe dislike of light
- Disorientation or coma

GET MEDICAL HELP URGENTLY – EARLY TREATMENT SAVES LIVES.

Further information about meningitis can be obtained from **firstpoint**, or from **Meningitis Now**, 0808 8010388 or <http://www.meningitisnow.org/>

Communication F: Second related case notification to low risk groups

Dear Student

MENINGITIS AND SEPTICAEMIA

Two students have recently been admitted to hospital with meningococcal meningitis/septicaemia. Both students live in the same hall of residence/are on the same course of study/are close friends.

The Local Health Protection Team is making urgent arrangements to give preventative antibiotics/immunisation to all students [*specific target group*] as soon as possible.

The Health Protection Agency at the present time is not recommending wider use of antibiotics or vaccine for other students and staff in the University. Should there be any change in the situation we will keep you informed.

Remember to look out for your friends.

If you are not feeling well consult your general practitioner.

Further information about meningitis can be obtained from **firstpoint**, or from **Meningitis Now**, **0808 8010388** or <http://www.meningitisnow.org/>

Communication G: Immunisation information for “At Risk Group”

IMPORTANT INFORMATION FOR CONTACTS WHO HAVE HAD IMMUNISATION AGAINST GROUP C MENINGITIS

You have been immunised against a particular type of meningitis caused by a bacterium called group C meningococcus. This vaccine will help to protect you against this type of meningitis which has affected other students at the university.

You cannot catch meningitis from this vaccine.

You may develop a sore arm and a mild temperature. This will only last for 24 hours.

This vaccine does not protect you against other types of meningitis, particularly group B. It is important that you remain vigilant for the symptoms and signs of meningitis.

You are advised to be especially vigilant over the next few days and to **LOOK OUT FOR YOUR FRIENDS**. The important thing is to know that the disease can develop very rapidly, sometimes within a matter of hours. Early symptoms may be similar to those you get with flu or a hangover:

- Feeling feverish
- Vomiting
- Severe headache
- Stiff neck, back and joint pains

If you have any of the above please report to your GP and *firstpoint* as we are monitoring the situation.

If any of the following symptoms develop:

- Rash of tiny bruises that doesn't fade when pressed
- Severe dislike of light
- Disorientation or coma

GET MEDICAL HELP URGENTLY – EARLY TREATMENT SAVES LIVES.

Further information about meningitis can be obtained from **firstpoint**, or from **Meningitis Now**, **0808 8010388** or <http://www.meningitisnow.org/>

Action for a single confirmed or probable case of meningococcal disease

	Action	Person/organisation responsible
1.	Inform and liaise with the PVC Students	CCDC
2.	Inform and liaise with other relevant university staff: <ul style="list-style-type: none"> a. Alert Head of Student Services, Residential Services Manager, Health and Safety Co-ordinator and Director of Communications and Participation b. Notify Vice Chancellor c. Notify Student Experience Team, Students' Union Officers and staff and Senior Counsellors 	PVC Students PVC Students Head of Student Services
3.	Interview case and check accommodation records to identify close contacts and arrange for them to be alerted and issued with antibiotic prophylaxis and Communication B on same day (and offered vaccine where appropriate).	CCDC, Student Experience Team and Residential Services Manager
4.	Notify appropriate CCDCs of contacts outside local area	CCDC
5.	Inform GPs for close contacts who are treated.	LHPT
6.	Provide public health information and advice to the university.	CCDC and Student Experience Team
7.	Issue information letter (Communication C) urgently (same day) and by hand to casual contacts – e.g. students in same hall of residence (where relevant) and students on same course.	Halls: Head of Student Services with Security and Student Experience Team. Course cohorts: PVC Students with Institute ASU Managers and SU
8.	Consider issuing information to all institutes, departments and halls of residence (Communication C). In case of ITT or Nursing/Midwifery, consider informing placement schools and healthcare settings.	PVC Students with Head of Student Services, Residential Services Manager and Health and Safety Co-ordinator in liaison with Vice Chancellor.
9.	Consider arranging a meeting for students in the same hall or teaching group.	Halls: Head of Student Services with Residential Services Manager Teaching groups and professional placements: PVC Students, ASU Managers.

10.	Alert national meningitis helplines and NHS 111	PVC Students in liaison with LHPT.
11.	Alert all general practices serving university students.	LHPT
12.	Draw up a reserve press statement. (Joint decision to be made on issue of statement)	Director of Communications and Participation, Press Officer and Press Officer from LHPT/SWSWCCG.

Action in response to an outbreak of meningococcal disease

	Action	Person/organisation responsible
1.	Activate the outbreak plan, convene an outbreak control team and consult with regional epidemiologist if appropriate	CCDC
2.	Define "At Risk Group".	Outbreak Control Team.
3.	Convene meeting with "At Risk Group" and issue Communication E within four hours	Outbreak Control Team.
4.	Check for acute illness in members of the "At Risk Group", issue antibiotics and Communication B	LHPT/SWCCG, Head of Student Services
5.	Offer meningococcal vaccine as soon as possible to "At Risk Group" if appropriate, with Communication G	LHPT/SWCCG, Head of Student Services
6.	Alert local accident and emergency departments and acute hospitals	Outbreak Control Team.
7.	Issue information to Students' Union officers and staff	Outbreak Control Team.
8.	Issue Communication F urgently (same day) to all institutes, departments, halls of residence and whole university, and publish on SOLE	Outbreak Control Team.
9.	Notify details of the incident to the national meningitis charities and NHS 111.	Outbreak Control Team.
10.	Alert all general practices serving students urgently (same day) by telephone or fax.	Outbreak Control Team.
11.	Alert all CCDCs nationally	CCDC.
12.	Consider notifying other local universities or colleges (where applicable).	PVC Students in liaison with Vice Chancellor and CCDC.

13.	Set up a help line for students, staff and parents, ensuring national meningitis help lines are available as back up.	PVC Students, Head of Student Services and Students' Union Officers.
14.	Agree public communication strategy.	Outbreak Control Team with Director of Communications and Participation, UW Press Officer and Press Officer from LHPT/SWSWCCG. All press releases to be issued jointly.

GLOSSARY OF TERMS

Case	The person with meningococcal disease.
Casual contact	A person who lives in the same residence but does not share bathroom and kitchen facilities, colleagues on the same course and other social contacts.
Ciprofloxacin	Prophylactic antibiotic prescribed for meningitis prevention.
Close contact	A person who has been living in the same household as the case for the last seven days (or sharing bathroom and kitchen facilities in halls of residence) or has mouth kissed the case in the previous seven days.
Confirmed case	A clinical diagnosis of meningococcal meningitis or septicaemia, which has been confirmed by the laboratory.
CCDC	Consultant in Communicable Disease Control. A doctor specialising in communicable diseases based in the Local Health Protection Team.
Hall resident	A student who lives in university managed accommodation.
Halls/Halls of Residence	Any university managed accommodation.
Meningitis	Inflammation of the meninges, the brain lining.
Meningitis Now, and Meningitis Research Foundation	Charities providing information, funds and support to professionals and members of the public.
Outbreak Control team	A team of doctors, nurses, university staff and others who are brought together to control an outbreak of infection.
LHPT	Local Health Protection Team.
Possible case	Is a clinical diagnosis of meningococcal meningitis or septicaemia without laboratory confirmation where the clinician and public health professional consider that diagnoses other than meningococcal disease are at least as likely.
Probable case	Is a clinical case of meningococcal meningitis or septicaemia without laboratory confirmation where the clinician and public health professional consider that meningococcal disease is the most likely diagnosis.
Prophylactic	A medicine or course of action used to prevent disease.
Public Health Professional	A qualified person specialising in public health and communicable diseases. Provides 24 hour cover for communicable disease control in absence of the CCDC.
Septicaemia	Blood poisoning.
SWCCG	South Worcestershire Clinical Commissioning Group – responsible for the NHS in South Worcestershire.
TAH	The Alexandra Hospital, Redditch
UW	University of Worcester