

Meningitis Policy

1. Purpose

This policy is in place to ensure that the University has clear guidelines and procedures on preventing and managing cases of meningococcal disease.

There are two main types of meningitis:

- Viral meningitis is the most common form of meningitis and is normally a mild illness for which there is no specific treatment and people usually recover completely;
- Bacterial meningitis is most often caused by a pneumococcus or meningococcus organism and affects mainly children, the elderly and people with immunodeficiency or chronic disease.

2. Scope

The procedure covers students at the University and details the following processes: to be taken by staff and external bodies in the following circumstances:

- The proactive steps the University and University Medical Group will take to support prevention;
- Clarify of appropriate named contacts in the event of a case;
- Actions to be taken by staff and external bodies in the event of
 - a case/suspected case;
 - multiple cases;
- Evaluation of processes and policy after a case has occurred.

3. Preventative action

3.1. Eligible students should be encouraged to obtain the Men ACWY vaccine (if possible before they arrive at the University). Guidance is available on the Webpages.

<https://student.reading.ac.uk/essentials/welcome/before-you-arrive.aspx>

3.2. At enrolment, the University should encourage students to register with the University

Medical Group (or a local GP Practice) as soon as possible and to ask for the Men ACWY vaccine (where eligible) if not already vaccinated.

- 3.3. Students and staff should familiarise themselves with the symptoms and signs of meningitis.
- 3.4. All halls of residence should display a poster on meningitis (which can be obtained from the Meningitis Research Foundation on <https://www.meningitis.org/shop/products>) Students should be encouraged to seek medical attention if they notice any symptoms and look out for each other's health and welfare.

4. **Action in the event of a possible case of meningococcal disease or non-meningococcal meningitis**

- 4.1. A **possible** case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the clinician and the public health doctor consider that diagnoses other than meningococcal disease are at least likely.

4.2. In this situation,

- 4.2.1. the attending doctor will liaise with Public Health England;
- 4.2.2. Where appropriate, the Student Engagement Manager will coordinate the University's response including sending **Communication 1A** which shall be attached to notice boards in the patient's residence and sent by email to students in the same residence and on the same course. This should be done on the same or next working day.
- 4.2.3. Where meningococcal disease is subsequently not diagnosed and **Communication 1A** has been sent to students, the Student Engagement Manager will arrange for **Communication 1B** to be issued to the same persons and in the same manner as 4.2.4. This shall be done as soon as possible to allay any concerns.
- 4.2.4. No further action will be taken unless the diagnosis is confirmed as an actual case of meningococcal disease.

5. **Action in the event of a single case of confirmed or probable meningococcal disease.**

A **probable** case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the clinician and the public health doctor consider that meningococcal disease is the most likely diagnosis.

A **confirmed** case is a clinical diagnosis of meningococcal meningitis or septicaemia which has been confirmed microbiologically.

The public health management of a case meningococcal disease is primarily the

responsibility of Public Health England. This procedure provides guidance for University staff in responding to probable or confirmed cases.

5.1. Notification and reporting procedures and duties

5.1.1. Attending Doctor

The doctor attending a case of suspected meningococcal disease has a duty to report the case immediately by telephone to Public Health England.

Public Health England South East - 0344 225 3861 (out of hours advice 0844 967 0083).

- (a) Where the attending doctor is from the University Medical Group, the attending GP will additionally, notify the University:

DURING NORMAL OFFICE HOURS (9-5 Monday – Friday)

- Paddy Woodman (Director of Student Services) 0118 378 4255.

OUTSIDE NORMAL OFFICE HOURS

- University Security team on **0118 378 6300**

5.1.2. Public Health England

Public Health England shall be responsible for:

- (a) Informing the University via the Director of Student Services of the suspected/ confirmed case of meningococcal disease and liaising , where appropriate, with other relevant University staff including Support Centre Managers TL-SCM@reading.ac.uk.
- (b) Confirming whether or not the case is that of meningococcal disease;
- (c) Identify close contacts and arrange for them to be alerted and to be issued with antibiotic prophylaxis (and offered vaccine where appropriate);
- (d) Inform and alert the GPs of all close contacts who are treated further to (c) above
- (e) Provide public health information and advice to the University
- (f) Alert all general practices serving University students.

- (g) Inform the Local Authority Public Health team, as per any health protection issue of note.

5.1.3. **Hall Warden**

Where the patient is resident in Halls of Residence, once the case of meningococcal disease has been confirmed, the Hall Warden shall be responsible for:

- (a) Cooperating with Public Health England and following any advice given which may include:
 - (i) Within 24 hours of the case being confirmed, organise a meeting for all students in the hall to explain the situation and any action to be taken;
 - (ii) advise any students with possible meningitis symptoms to contact the University Medical Group, their GP, or call NHS 111;
 - (iii) refer students to information about meningitis on the [University website](#).
- (b) Explaining to students that there is no need to go home as this will not reduce the risk of infection;
- (c) Referring any press enquiries to the University Press office on 5757

5.1.4. **Support Centre Managers**

Support Centre Managers shall be responsible for the following:

- (a) Notifying senior members of the University, including Student Advice and Support Managers, the University Press Office and the Student Communications team, the confirmed case of meningococcal disease and will identify other members of the University who need to be told.
- (b) providing Student Advice and Support Managers with any relevant materials supplied by the University Medical Group and Public Health England so that this can be disseminated accordingly;
- (c) reminding Student Advice and Support Managers of the University's duty to maintain the patient's identity confidential and of the University's obligations under the Data Protection Act 2018 and GDPR.

5.1.5. **Student Advice and Support Managers**

Student Advice and Support Managers shall:

- (a) deal with all enquiries from parents and students concerning the case using material supplied by Public Health England (via the SCMs) or refer callers to NHS 111 where appropriate whilst always maintaining the confidentiality of the patient;
- (b) refer media enquiries to the Press Office pressoffice@reading.ac.uk;

5.1.6. **Student Communications**

The Student Communications team shall

- (a) Liaise with Public Health England communications team where necessary on 0344 225 3861
- (b) Issue Communication 2 to students in the same residence and on the same course urgently (the same day) and the same communication (2) to all departments and halls of residences the next working day . The patient's identity shall always be maintained in such statements (in accordance with DPA and GDPR).

6. **Action where two or more unrelated cases occur**

- 6.1. Two cases in an educational setting more than 30 days apart are most likely due to different capsular groups or strains, but where two cases occur in the same setting a risk assessment will be undertaken by the health protection team and if a cluster is suspected the health protection team will contact the University. If two cases are found to be unrelated individual probable or confirmed cases will be dealt with as in 5 above and the public health doctor will advise on further action.
- 6.2. The Student Communications team will issue Communication 3 urgently (the same day) to students in the same residence or on the same course as the patients *and* the following working day to all departments and all other halls of residence

7. **Action where more than one related cases occur**

- 7.1. Where more than one confirmed or probable case of meningococcal disease from the University is reported to Public Health England, Public Health England will monitor the situation and will decide if an outbreak has or is about to occur. They will direct communications and activities and may wish to form an Incident Control Team Incident Control Team

The Incident Control Team will typically comprise of:

- Public Health;
- Doctor from University Medical Group
- Support Centre Managers

- Consultant Microbiologist
- Chief Pharmacist
- Director of Student Services
- Head of Corporate Communications
- University Press Officer
- Local Authority Director of Public health (or deputy)
- Screening and immunisation team
- Clinical Commissioning group
- NHS England

Other members will be co-opted as necessary

7.2. Role of Incident Control Team

The Incident Control Team will:

- Identify the group at high risk of infection;
- Decide if vaccine and/or antibiotics are required and if so identify the target group and agree a plan for administration
- Agree a public communication strategy which may include convening a meeting with students within the target group, setting up a helpline and issuing letters (it may be necessary to establish a communications cell to coordinate these actions);
- Alert local hospitals as appropriate;
- Alert all general practices serving students;

7.3. Irrespective of the above, it shall be the University's Student Communications team who shall be responsible for issuing the following communications:

- 7.3.1. Communication 4A shall be issued immediately (within four hours) to students in the target group (e.g. same halls of residence); and
- 7.3.2. Communication 4B shall be issued urgently (on the same day) to all students on the same course, all departments and halls of residence.

8. **Action in the event of death**

- 8.1. In the event of a death due to meningococcal disease, the Deceased Student Policy & Procedures will be followed.

9. **Evaluation of procedures and policy after the event**

When an Incident Control Team has been formed they should, where considered practicable and/or necessary, meet to review the event within two months of the last case of the infection being diagnosed. They should evaluate the procedures and policies used, and produce a report for submission to the Senior Management Board, summarising what happened, what action was taken, and what lessons can be learned for the future.

10. **Communications**

10.1. Index of communications:

- **COMM 1A** Statement issued (where considered appropriate) in the event of a single suspected (but unlikely) case of meningococcal disease - issued via notice boards in same halls and email to students in same halls and students on same course
- **COMM 1B** (where Comm 1A has been sent), update statement confirming NOT meningococcal disease
- **COMM 2** Statement issued in the event of a single probable /confirmed case of meningococcal disease
- **COMM 3** Statement issued in the event of two unconnected cases of meningococcal disease
- **COMM 4A** - Statement issued to **at risk target group** in the event of two connected cases of meningococcal disease
- **COMM 4B** - Statement issued to **low risk group** in the event of two related cases of meningococcal disease

10.2. **COMMUNICATION 1A – STATEMENT ISSUED (WHERE CONSIDERED APPROPRIATE IN THE CIRCUMSTANCES) IN EVENT OF SINGLE SUSPECTED CASE**

Admission of student to hospital with suspected meningococcal disease

A[year of study] year student living [at home/ in private rented accommodation/ inHalls of Residence] was admitted to hospital on [date] with suspected meningococcal disease which can cause both meningitis and septicaemia.

The cause of the illness is considered **unlikely** to be meningococcal disease. Other students and staff are therefore not thought to be at any risk from this incident even if they were in close contact with the student concerned.

Unless the diagnosis of meningococcal disease is confirmed, we have been advised that no further action on the part of the University is necessary.

Public Health England is monitoring the student's condition and should there be any change in the diagnosis, we will keep you informed.

Further information on meningococcal disease is available from:

- The Meningitis Research Foundation, www.meningitis.org 0808 800 3344
- Meningitis Now, www.meningitisnow.org 0808 80 10 388 helpline email address: helpline@meningitisnow.org

If you need any medical advice, please contact your general practitioner or call NHS 111.

If not already vaccinated, the University encourages all eligible students to obtain the MenACWY vaccine which can protect against certain types of meningitis.

10.3. **COMMUNICATION 1B – UPDATE SUSPECTED CASE NOT MENINGITIS (ONLY SENT WHERE COMM 1A HAS BEEN SENT)**

Emergency admission of student to hospital – UPDATE

Further to the University's communication dated xxxx in which the University notified students of a suspected case of meningococcal disease in a[year of study] year student living [at home/ in private rented accommodation/ inHalls of Residence], the University can confirm that the diagnosis is **NOT** meningitis.

Further information on meningococcal disease is available from:

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- Meningitis Now, www.meningitisnow.org 0808 80 10 388 helpline email address: helpline@meningitisnow.org

If you need any medical advice, please contact your general practitioner or call NHS 111.

If not already vaccinated, the University encourages all eligible students to obtain the MenACWY vaccine which can protect against certain types of meningitis.

10.4. **COMMUNICATION 2 – TO STUDENTS [only one case]**

A[year of study] year [study subject] student living [at home/ in private rented accommodation/ inHalls of Residence] was admitted to hospital on [date] with [confirmed/suspected] meningococcal disease which can cause both meningitis and

septicaemia.

The University is closely monitoring the situation but no other linked cases have currently been reported.

Public Health England has been notified and is working closely with the University.

Meningococcal bacteria are commonly carried in the back of the throat but only very rarely cause illness. The bacteria do not spread easily and only those who have had prolonged, close contact with the person who is ill are at a slightly greater risk of becoming ill themselves. The best way to stop the disease spreading is by giving antibiotics to the very close contacts of the person who is ill. **All the close contacts for this case [have already been] /[are being] identified and treated.**

People who have not had prolonged, close contact (including classmates, friends, acquaintances, visitors to the flat etc) are NOT at any greater risk than the rest of the population and do not need antibiotics. Those who have shared drinks, e-cigarettes or cigarettes with the case but have not had prolonged close contact also have no increased risks.

Symptoms of meningococcal disease

Although the risk of another case in the University is very small, it is sensible to be aware of the main signs and symptoms of meningococcal meningitis and septicaemia, outlined below.

Some common signs and symptoms of meningococcal disease

High temperature	Rapid breathing
Vomiting/ diarrhoea and stomach cramps	Joint or muscle pain
	Cold hands and feet
Severe headache	Pale blotchy skin
Stiff neck	Confusion and/or irritability
Dislike of bright light	Drowsiness or difficult to wake
Rash/ bruising rash	Seizures/ fits

One or more of these symptoms may develop and they can appear in any order.

Meningococcal disease can be hard to identify at first because it can be like a bad case of flu. However, anyone affected with meningococcal disease will usually become seriously ill within a few hours. You should contact your GP (family doctor) or NHS 111 for advice if you have any concerns about your own or a friend's health. If you become worried about yourself or a friend, particularly if symptoms are getting worse, seek medical help **urgently** at the closest A&E Department or by dialling 999. Early treatment can be life-saving.

Further information on meningococcal disease is available from:

- The Meningitis Research Foundation, www.meningitis.org 0808 800 3344

- Meningitis Now, www.meningitisnow.org 0808 80 10 388 helpline email address: helpline@meningitisnow.org

If not already vaccinated, the University encourages all eligible students to obtain the MenACWY vaccine which can protect against certain types of meningitis.

10.5. **COMMUNICATION 3 – Two unconnected cases**

Two students have recently been admitted to hospital with meningococcal disease which can cause both meningitis and septicaemia.

One is a[year of study] year [study subject] student living [at home/ in private rented accommodation/ inHalls of Residence]

The other is a[year of study] year [study subject] student living [at home/ in private rented accommodation/ inHalls of Residence].

The University has been advised by Public Health England that these two cases are not considered to be connected because:

[they were due to two entirely different strains of the meningococcal bacteria]

[they occurred more than four weeks apart]

[the students were not known to each other and had no common links]

Meningococcal bacteria are commonly carried in the back of the throat but only very rarely cause illness. The bacteria do not spread easily and only those who have had prolonged, close contact with the person who is ill are at a slightly greater risk of becoming ill themselves. The best way to stop the disease spreading is by giving antibiotics to the very close contacts of the person who is ill. **All the close contacts for this case [have already been] /[are being] identified and treated.**

People who have not had prolonged, close contact (including classmates, friends, acquaintances, visitors to the flat etc) are NOT at any greater risk than the rest of the population and do not need antibiotics. Those who have shared drinks, vapes or cigarettes with the case but have not had prolonged close contact also have no increased risks.

Symptoms of meningococcal disease

Although the risk of another case in the University is very small, it is sensible to be aware of the main signs and symptoms of meningococcal meningitis and septicaemia, outlined below.

Some common signs and symptoms of meningococcal disease

High temperature	Rapid breathing
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Vomiting/ diarrhoea and stomach cramps	Joint or muscle pain
	Cold hands and feet
Severe headache	Pale blotchy skin
Stiff neck	Confusion and/or irritability
Dislike of bright light	Drowsiness or difficult to wake
Rash/ bruising rash	Seizures/ fits

One or more of these symptoms may develop and they can appear in any order.

Meningococcal disease can be hard to identify at first because it can be like a bad case of flu. However, anyone affected with meningococcal disease will usually become seriously ill within a few hours. You should contact your GP (family doctor) or NHS 111 for advice if you have any concerns about your own or a friend's health. If you become worried about yourself or a friend, particularly if symptoms are getting worse, seek medical help **urgently** at the closest A&E Department or by dialling 999. Early treatment can be life-saving.

Further information on meningococcal disease is available from:

- The Meningitis Research Foundation, www.meningitis.org 0808 800 3344
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If not already vaccinated, the University encourages all eligible students to obtain the MenACWY vaccine which can protect against certain types of meningitis.

10.6. **COMMUNICATION 4A – Related cases – at risk group**

Dear Student

Meningitis and septicaemia

Two students have recently been admitted to hospital with meningococcal disease which can cause both meningitis and septicaemia.

One is a[year of study] year [study subject] student living [at home/ in private rented accommodation/ inHalls of Residence]

The other is a[year of study] year [study subject] student living [at home/ in private rented accommodation/ inHalls of Residence].

The University has been advised by Public Health England that these two cases are connected.

Public Health England is making urgent arrangements to give antibiotics and to offer immunisation to students in the following categories [**set out target group**] as soon as possible.

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

You are advised to be especially vigilant over the next few days **and look out for your friends**. The disease can develop very rapidly, sometimes within a matter of hours. Early symptoms can be similar to those you may get with flu or a hangover:

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

If any of the following symptoms develop:

- Rash of tiny red bruises that doesn't fade under pressure;
- Severe dislike of light;
- Disorientation or coma

GET MEDICAL HELP URGENTLY – EARLY TREATMENT SAVES LIVES

If you are not feeling well, contact your general practitioner or call NHS 111.

Further information on meningococcal disease is available from:

- The Meningitis Research Foundation, www.meningitis.org 0808 800 3344
- Meningitis Now, www.meningitisnow.org 0808 80 10 388 helpline email address: helpline@meningitisnow.org

10.7. **COMMUNICATION 4B related cases – low risk groups**

Dear Student

Meningitis and septicaemia

Two students have recently been admitted to hospital with meningococcal disease which can cause both meningitis and septicaemia.

One is a[year of study] year [study subject] student living [at home/ in private rented accommodation/ inHalls of Residence]

The other is a[year of study] year [study subject] student living [at home/ in private rented accommodation/ inHalls of Residence].

The University has been advised by Public Health England that these two cases are connected.

Meningococcal bacteria are commonly carried in the back of the throat but only very rarely cause illness. The bacteria do not spread easily and only those who have had prolonged, close contact with the person who is ill are at a slightly greater risk of becoming ill themselves. The best way to stop the disease spreading is by giving antibiotics to the very close contacts of the person who is ill..

Public Health England is making urgent arrangements to give antibiotics and to offer immunisation to students in the following categories **[set out target group]** as soon as possible.

People who have not had prolonged, close contact (including classmates, friends, acquaintances, visitors to the flat etc) are NOT at any greater risk than the rest of the population and do not need antibiotics. Those who have shared drinks, e-cigarettes or cigarettes with the case but have not had prolonged close contact also have no increased risks.

Public Health England is not recommending wider use of antibiotics or vaccine for other students in the University at this time. Should there be any change in the situation, we will keep you informed.

If you have not already had your routine vaccine, the University encourages all eligible students to obtain the MenACWY vaccine which can protect against certain types of meningitis.

Symptoms of meningococcal disease

Although the risk of another case in the University is very small, it is sensible to be aware of the main signs and symptoms of meningococcal meningitis and septicaemia, outlined below.

Some common signs and symptoms of meningococcal disease

High temperature	Rapid breathing
Vomiting/ diarrhoea and stomach cramps	Joint or muscle pain
	Cold hands and feet
Severe headache	Pale blotchy skin
Stiff neck	Confusion and/or irritability
Dislike of bright light	Drowsiness or difficult to wake
Rash/ bruising rash	Seizures/ fits

One or more of these symptoms may develop and they can appear in any order.

Meningococcal disease can be hard to identify at first because it can be like a bad case of flu. However, anyone affected with meningococcal disease will usually become seriously ill within a few hours. You should contact your GP (family doctor) or NHS 111 for advice if you have any concerns about your own or a friend's health. If you become worried about

yourself or a friend, particularly if symptoms are getting worse, seek medical help **urgently** at the closest A&E Department or by dialling 999. Early treatment can be life-saving.

Further information on meningococcal disease is available from:

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