



Procedure for dealing with Communicable Diseases (Including Meningitis and Meningococcal Disease)

1. Purpose of Procedure

To ensure that the University has clear arrangements for dealing with communicable diseases (including meningitis and meningococcal disease)

1.1 Scope

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

- Before a case occurs (to ensure awareness and early detection)
- When a case or cases occur
- In the event of a death
- Aftercare following an outbreak of meningococcal disease

2. Procedure

2.1 Action to be taken before a case occurs

Awareness of meningitis and available vaccines among students and staff can help prevent infection and facilitate its early detection. A planned programme of raising awareness will be integrated into induction activities for all new students and messages will be reinforced for all students across the academic year

All students will be encouraged to:

- acquaint themselves with the symptoms and signs of meningococcal disease
- register with Keele Health Centre or a/their local General Practice
- seek prompt medical attention if they notice any symptoms
- look out for each other's health and wellbeing.

Staff health and safety training will include information about the signs and symptoms of meningococcal disease particularly for Residence Support Assistants and Security staff.

Staff with direct contact with students, should:

- acquaint themselves with the symptoms of meningococcal disease
- facilitate the making of information available to students.

2.2 Action to be taken when a case or cases occur

Meningitis is a serious public health issue and the management of a case or cases is primarily the responsibility of Public Health England, but this procedure provides guidance for University staff in responding to suspected or confirmed cases. **Urgent medical attention is required in all suspected cases of meningitis.**

Notification and reporting procedures

In the event of a Keele University student being admitted to hospital with a diagnosis or suspected diagnosis of meningococcal disease, it is the responsibility of the doctor looking after the patient to notify Public Health England, who will immediately inform the Head of Student Support and Development Services, of any suspected or confirmed case of meningococcal disease in any student or staff member of the University.

Action to be taken in the event of a case of meningitis will depend on whether the case is defined as possible, probable, confirmed or an outbreak.

Possible case - a 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

Probable case - a person with a clinical diagnosis without microbiological confirmation, where the clinician and public health professional consider that meningococcal disease is the most likely diagnosis

Confirmed case - one person with a clinical diagnosis of meningococcal meningitis or septicaemia, which has been confirmed microbiologically

Outbreak - 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.

Communication Principles

- Prompt communication with students is desirable both to alert those at risk and to allay concerns. A variety of means including meetings, letters and email should be used to ensure speedy transmission of accurate information to all. Updates may be necessary when new information becomes available. Staff and parents will also need to be kept informed. In the event of a death

from meningococcal disease or an outbreak, a helpline will probably be necessary.

- Public Health England has primary responsibility for identifying, alerting and advising anyone in direct, close contact with a case of meningitis or meningococcal disease. Keele University will provide assistance as necessary.
- Keele University is responsible for communicating with other students, staff and parents. Public Health England will provide appropriate medical information and advice. The communication response to an incident will depend upon a number of factors including the diagnosis and place of residence of the case.
- Other people in the same accommodation or sharing the same kitchen and bathroom facilities as the person concerned, and close friends or regular social contacts will usually be treated as close contacts and dealt with individually.
- Other students in the same teaching groups as the person concerned 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 person concerned. Only where student contacts have regularly participated in small group activities in a confined space e.g. certain tutorial and seminar groups, might there be any cause for genuine concern. The main purpose of informing such students is therefore to provide reassurance.

2.2.1 Dealing with a case of possible meningococcal disease or non-meningococcal meningitis

A **possible** case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the clinician and public health doctor consider that diagnoses other than meningococcal disease are at least as likely. The treating doctor will liaise with Public Health England. No public health measures are generally necessary and contacts do not need antibiotics unless or until further evidence emerges that changes the diagnostic category.

Actions

Inform the Head of Student Support and Development Services of the circumstances. The Head of Student Support and Development Services will then coordinate the University's response to the situation including:

- to notify the following as soon as possible

- Keele Health Centre
 - Head of Student Accommodation and Residence Support Coordinator (if the student is in University Accommodation)
 - Head of Occupational Health and Safety
 - Head of Student Support
- To arrange for the University to issue **Communication 1A** via notice boards and email to students in the same residence (where relevant) and as soon as possible (same or next working day) to students in the same teaching groups
 - If a suspect case is subsequently diagnosed as not due to meningococcal disease, the Head of Student Support and Development Services will arrange for the University to issue **Communication 1B**. This should be done as soon as possible in order to allay any concern
 - No follow-up action is required unless there is a change in diagnosis.

2.2.2 Dealing with a single case of probable or confirmed meningococcal disease

A **probable** case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the clinician and 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. In the event of a single case of probable or confirmed meningococcal disease Public Health England will:

- contact the Head of Student Support and Development Services
- interview the case or his/her relatives/friends to identify close contacts
- arrange for prophylactic antibiotics to be issued to the individuals identified as close contacts
- alert all general practices serving university students.

Actions

The Head of Student Support and Development Services will then coordinate the University's response to the situation including:

- notify the following as soon as possible:
 - Keele Health Centre
 - Head of Student Accommodation and Residence Support Coordinator (if the student is in University Accommodation)
 - Head of Occupational Health and Safety

- Head of Student Support
 - Head of Marketing and Communications
 - Deputy Vice-Chancellor
- Arrange for **Communication 2** to be issued urgently (same day) to students in the same residence and teaching groups. Information should be provided by the next working day to other departments
 - The University's Head of Marketing and Communications will ensure they have available a reactive press statement to be used if required in consultation with Public Health England's press officer.

2.2.3 Dealing with two or more unrelated cases of meningococcal disease

Each individual case will be treated as above and Public Health England will provide advice on any further action that is required. Wider public health action, other than issuing antibiotics to close contacts of individual cases, will not usually be indicated.

Actions

- Public Health England will review the situation and the University will issue **Communication 3** as soon as the circumstances have been clarified
- The Head of Student Support and Development Services, in discussion with Public Health England, will consider the need to set up a helpline for students and parents
- The University's Deputy Vice Chancellor should be alerted
- The University's Director of Marketing and Communications will issue a press statement drawn up in consultation with the Public Health England's press officer.

2.2.4 Dealing with two or more related* cases of meningococcal disease

Public Health England will activate the Outbreak Control Plan and convene the Outbreak Control Team. The Outbreak Control Team will:

- identify the group at high risk of acquiring meningococcal disease
- convene a meeting with students and staff in the target group
- check for potential cases in target group
- issue appropriate antibiotics to the target group
- offer vaccine to student contacts where appropriate
- alert local hospitals as appropriate
- alert all general practices serving students, the general practice out of hours service and other practices in the area

- brief NHS 111 to enable them to give advice to the “worried well”.

****Related cases meet a definition outlined by Public Health England. This definition determines if the two or more cases are deemed an outbreak.***

Actions

- The Deputy Vice Chancellor should be contacted immediately and is likely to convene the Emergency Management Team
- The University will alert all students and staff and make information available to parents (see below)
- The University will issue **Communication 4A** immediately (within four hours) to students in the target group e.g. same residence and **Communication 4B** urgently (same day) to students in the same teaching groups and all departments
- The Head of Student Support and Development Services will set up a helpline for students and parents if it is considered necessary under the particular circumstances
- The University’s Head of Marketing and Communications and Public Health England’s public relations officer will issue a joint press statement, and will consider convening a joint press conference
- If required, a telephone help line will be established to respond to enquiries from media, parents and the public.

2.3 In the event of a death

In the event of a death due to meningococcal disease the Student Sudden Death Procedure will be followed.

2.4 Aftercare following an outbreak of meningococcal disease

Students and/or staff directly or indirectly affected by an outbreak of meningococcal disease may require support and reassurance. Particular help may be required in preparing or supporting applications for individual mitigating circumstances.

Appendix 1

Information about Meningitis and Meningococcal Disease

Meningitis means inflammation of the meninges, the linings surrounding the brain. It can be caused by a variety of organisms:

Viral meningitis is the most common type. Many different viruses can cause meningitis, but symptoms are usually mild and most cases do not require admission to hospital. Recovery can be slow but is usually complete without any specific treatment. Headaches, tiredness, memory problems and depression may persist. No public health action is usually needed.

Bacterial meningitis can be fatal and requires urgent medical treatment. Many different bacteria can cause meningitis, but the most common is the meningococcal bacteria which can cause both meningitis and septicaemia (meningococcal disease). While most people will make a good recovery around 10% will die, and a further 15% will be left with permanent disabling after-effects such as hearing loss, brain damage and limb loss.

Public health action is always required to identify close contacts of a case of meningococcal disease. A short course of antibiotics is recommended for close contacts to reduce the risk of further cases, when appropriate vaccination can also be offered.

Why students are more vulnerable

- One in four 15 – 19 year olds carry meningococcal bacteria in the back of their throats, compared to one in ten of the UK population. Most carriers do not become ill and usually develop some immunity to these bacteria. In an age group where more people are carrying the bacteria, there will be more disease.
- There are five main groups of meningococcal bacteria that commonly cause disease, Men A, B, C, W and Y.
- Meningococcal bacteria are passed from person to person by coughing, sneezing and intimate kissing. Increased social interaction in this age group means that the bacteria can be passed on more easily.
- New students to the University can be more vulnerable because of living in cramped housing, or halls of residence. In many cases, young people come together from all over the world to live in one place and can be exposed to

bacteria and viruses their bodies have not met before. This is why so many new students get 'fresher's flu'.

- Cases of Men W have significantly risen in recent years with teenagers and young people at increased risk. The Department of Health has introduced an ACWY vaccination into the immunisation programme to offer protection against these bacteria. From August 2015 GP practices will call young people aged 17 – 18 (school year 13) for this vaccine. Older university entrants (aged 19 – 25) will need to go to their GP to request the vaccine preferably before arriving on campus.

How is the diagnosis made?

Public health action is taken as soon as there is strong suspicion that a person is suffering from meningococcal disease, and often before the diagnosis is confirmed. Laboratory tests are required to confirm the diagnosis.

How likely is meningococcal disease to spread?

Most cases of meningococcal disease are sporadic and clusters of disease are uncommon, occurring only occasionally in households and rarely in schools and colleges.

What action can be taken to prevent spread?

a) Antibiotics Oral antibiotics

One dose of Ciprofloxacin is recommended for close contacts of a case of meningococcal disease in order to prevent further spread of the bacteria. If only one case has occurred, antibiotic prophylaxis is recommended only for those who have had prolonged, intimate contact with the case. As the bacteria does not easily spread from person to person there is generally no need for wide-scale preventive measures.

b) Immunisation

- There are effective vaccines against types of meningitis and are offered through the UK immunisation programme. Cases of Men W have significantly risen in recent years with teenagers and young people at increased risk. The Department of Health has introduced an ACWY vaccination into the immunisation programme to offer protection against these bacteria. From August 2015 GP practices will call young people aged 17 – 18 (school year 13) for this vaccine. Older university

entrants (aged 19 – 25) will need to go to their GP to request the vaccine preferably before arriving on campus.

Immunisation is recommended for close contacts of cases, and in an outbreak, immunisation may be offered to those who have not been immunised in the defined high risk population. It takes five to seven days to produce an immune response.

Are there guidelines for dealing with meningococcal disease?

Information is available from Public Health England

<https://www.gov.uk/government/collections/meningococcal-disease-guidance-dataand-analysis> Page 10 of 15

Appendix 2

Communications

COMMUNICATION 1A EMERGENCY ADMISSION OF STUDENT TO HOSPITAL

A (year of study) year student living in (at home / in private rented accommodation/ in University accommodation) was admitted to hospital on..... (date) with suspected meningitis/ 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. Public Health England has advised us that antibiotics will not be necessary at the present time for contacts of the student concerned. Should there be any change in the diagnosis we will keep you informed.

For further information about meningitis and septicaemia, contact **Meningitis Now** or the **Meningitis Research Foundation**, or visit their web sites:

- **Meningitis Now** 0808 80 10 388 website: www.meningitisnow.org
- **Meningitis Research Foundation** 080 8800 3344 website: <http://www.meningitis.org/> If you need any medical advice, please contact your general practitioner or call NHS 111

COMMUNICATION 1B EMERGENCY ADMISSION OF STUDENT TO HOSPITAL -

Update A

A Keele University 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. For further information about meningitis and septicaemia, contact **Meningitis Now** or the **Meningitis Research Foundation**, or visit their web sites.

- **Meningitis Now** 0808 80 10 388 website: www.meningitisnow.org
- **Meningitis Research Foundation** 080 8800 3344 website: <http://www.meningitis.org/> If you need any medical advice, please contact your general practitioner or call NHS 111

COMMUNICATION 2 MENINGITIS AND SEPTICAEMIA

A (year of study) year (study subject) student living in (at home / in private rented accommodation/ in University accommodation) was admitted to hospital on (date) with confirmed/probable meningococcal meningitis/ septicaemia.

The meningococcal bacterium lives in the nose and throat and is only passed on by prolonged, close contact. West Midlands Health Protection Team are issuing antibiotics to all the intimate contacts of the student concerned.

If you have been in close 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 to know is that the disease can develop very rapidly, sometimes within a matter of hours.

Early symptoms may be similar to those you get with a flu or 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 consult your general practitioner or call NHS 111. If you need further information or advice about meningitis ring one of these 24-hour meningitis helplines:

- **Meningitis Now** 0808 80 10 388 website: www.meningitisnow.org
- **Meningitis Research Foundation** 080 8800 3344 website: <http://www.meningitis.org/>

COMMUNICATION 3 MENINGITIS AND SEPTICAEMIA

Two students from the Keele University have recently been admitted to hospital with meningococcal meningitis/septicaemia. One is a (year of study) year (study subject) student living in(at home / in private rented accommodation/ in University accommodation). The other is a (year of study) year (study subject) student living in(at home / in private rented accommodation/ in University accommodation).

Public Health England has advised us that these 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 they were not known to each other and had no common links Antibiotics have been issued to close contacts of both students concerned.

Wider use of antibiotics or vaccine is not being recommended at this time. Remember to LOOK OUT FOR YOUR FRIENDS. If you are not feeling well consult your general practitioner or call NHS 111.

If you need further information or advice about meningitis ring one of these 24-hour meningitis helplines:

- **Meningitis Now** 0808 80 10 388 website: www.meningitisnow.org
- **Meningitis Research Foundation** 080 8800 3344 website: <http://www.meningitis.org/>

COMMUNICATION 4A

Dear Student

MENINGITIS AND SEPTICAEMIA

Two students from Keele University have recently been admitted to hospital with meningococcal meningitis/septicaemia. Both students live in the same residence / are on the same programme of study / are close friends. Public Health England is making urgent arrangements to give antibiotics and to offer vaccine to students in the following categories (specify target group) as soon as possible.

Please attend (place/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 to know is that the disease can develop very rapidly, sometimes within a matter of hours.

Early symptoms may be similar to those you get with a flu or 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 consult your general practitioner or call NHS 111. If you need further information or advice about meningitis ring one of these 24 hour meningitis helplines:

- **Meningitis Now** 0808 80 10 388 website: www.meningitisnow.org
- **Meningitis Research Foundation** 080 8800 3344 website: <http://www.meningitis.org/>

COMMUNICATION 4B

Dear student

MENINGITIS AND SEPTICAEMIA

Two students from the Keele University have recently been admitted to hospital with meningococcal meningitis/septicaemia. Both students live in the same residence / are on the same programme of study / are close friends. Public Health England is making urgent arrangements to give antibiotics and to offer vaccine to students in the following categories (specify target group) as soon as possible.

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 need further information or advice ring one of these 24-hour meningitis helplines:

- **Meningitis Now** 0808 80 10 388 website: www.meningitisnow.org
- **Meningitis Research Foundation** 080 8800 3344 website: <http://www.meningitis.org/> If you are not feeling well consult your general practitioner or call NHS 111.