

Meningococcal Infection Policy – Managing Meningitis and Septicaemia

1. Introduction

Cases of meningococcal disease are rare, however when they do occur the effects may be serious and can lead to fatalities. The number of confirmed cases of meningococcal infection had decreased significantly following the introduction of the meningitis C vaccine. However, there has been a rapid rise in one particular virulent type of meningococcal disease, MenW, in the UK in recent years and this outbreak led to the introduction of the MenACWY vaccination programme targeting teenagers aged between 14 and 18, and first year HE students under the age of 25. Most cases confirmed occur in children under the age of 5 (60% of all confirmed cases) and young people (aged between 15-19) account for around 10% of confirmed cases, it is important to remember that anyone of all ages can contract meningococcal disease. Cases of meningococcal disease in university students can pose serious and specific problems for universities and the Health Protection Agency due to student living arrangements and lifestyles, and due to these specifics, it can cause issues in tracing and managing the outbreak of the disease if cases are confirmed.

This document and policy have been written to help inform, reduce anxiety and provide advice to everyone involved on the actions to take if a student is suspected of having contracted meningococcal infection.

1.1 What is meningococcal disease?

Meningococcal disease refers to invasive (or systemic) infection by the bacteria *Neisseria meningitides*. Approximately 10% of the population carry meningococcal bacteria in the back of their throat without developing any symptoms and only a small proportion of people become unwell.

Cases of meningococcal disease may have meningitis of meningococcal septicaemia (see below) or a combination of both.

Meningitis – inflammation of the brain and spinal cord lining (there are however many other causes of meningitis)

Septicaemia – blood poisoning.

2. Education and Awareness Training

As a University, we have a duty to raise awareness of meningococcal disease and the importance of understanding the symptoms and preventative measures that students can put in place. Events to raise awareness include:

- Health Promotions and GPs at Freshers Fair
- Health and Wellbeing Awareness Days
- Encouraging Students to register with a GP in Bolton
- Poster and leaflet Campaign
- Distribution of symptom cards Pre-Arrival

In addition, students and staff should familiarise themselves with the symptoms of meningococcal infection/disease.

Any student who is entering Higher Education for the first time should have received the MenACWY vaccination, ideally before arriving at the university. The vaccine provides protection for A, C, W, Y strains of meningitis but will not protect against type B, which there is currently no vaccination.

2.1 How is it spread?

Meningococcal infection doesn't spread easily and is passed by close and prolonged contact. This usually means those living in the same household (e.g. Shared Houses and Halls of Residence) or intimate kissing contacts. Infection cannot be acquired by simply being in the same room for a short period.

Antibiotics may be given to some close contacts of cases of meningococcal disease to prevent further spread of infection. Public Health England (PHE) will decide the need for antibiotics.

2.2 Signs and Symptoms

Meningococcal infection can be difficult to diagnose in the early stages and symptoms may be confused with a hangover or flu. A student with meningococcal disease can become very ill quickly and worsen rapidly. Some or all of the following symptoms may be present.

- Sudden onset of high fever
- A severe headache
- Dislike of bright lights
- Vomiting
- Painful joints
- Seizures
- Drowsiness that can deteriorate into a coma
- Confusion/irritability
- Stiff Neck
- A rash may appear on the body that doesn't fade when pressed with a glass (it is important to remember not everyone will get a rash).

If a student or staff member notices the sudden onset of these symptoms, medical advice should be sought immediately. Be aware that not all of these symptoms may

be present, and particularly alert to unusually severe headaches and/or high fever. Antibiotics are used to treat meningococcal disease and early identification increases the chance of recovery.

3. Raising awareness among students

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

(i) Familiarise themselves with the symptoms and signs of meningococcal disease. The Student Centre and/or Life Lounge will have a range of leaflets and symptom cards for all students, posters will be displayed throughout the estate and the University is working in partnership with Orlando Village and the Students' Union. Information on meningococcal disease will be incorporated in the student notepad for all new students.

(ii) There will be an annual poster and leaflet awareness campaign at the start of every academic year. Student Services will publicise information on their webpages. It is recognised that students in Halls of Residence may be at greater risk and so information is particularly directed to those students. Working in partnership with Orlando Village, the university will provide guidance leaflets and posters for them to display in communal areas and highlight key information at Halls Inductions.

(iii) The services of the Greater Manchester Health Protection Team (GMHPT) can be used to deliver talks and hold stalls at the Fresher's Fair.

(iv) Students will be encouraged to register with a local general practice. The Student Centre/Life Lounge and Students' Union will have information on local GP's available for collection throughout the academic year.

(v) Promote MenACWY vaccination among first year students (under the age of 25). All new students will receive this information in the post/email prior to arrival at the University.

(vi) All students will be encouraged to inform a friend, colleague or member of Orlando Village staff at the Halls of Residence if they are feeling ill, so that their symptoms can be monitored and prompt medical attention sought if their condition deteriorates

4. Raising awareness among staff

The following are suggested methods of raising awareness to staff at the University:

(i) Staff will need to be fully briefed on the disease and its management. Training will be provided to all Student Services staff. Further training will be provided by the University Health and Safety Manager in relation to University first aiders. So that they are aware of the signs and symptoms and know how to respond appropriately. This may involve the services of the Greater Manchester Health Protection Team (GMHPT).

(ii) The poster and leaflet information indicated above will also be available to staff at the University.

5. Immediate action that is required in the event of a suspected case of meningococcal disease

Medical assistance **must** be requested early if a student is displaying symptoms and their condition appears to be getting worse. If a doctor is not available, an ambulance should be called and the student taken to accident and emergency.

Staff should inform a Student Advisor in the Student Centre and the University Health and Safety Manager that a student has been taken to hospital with suspected Meningococcal infection.

6. Action for close contacts of a case of suspected meningococcal disease (Single case)

- PHE is routinely notified by hospital clinicians of cases of suspected meningococcal infection and will determine appropriate public health action (including arranging antibiotics if required)
- PHE will inform the University if one of its students is admitted to hospital with meningococcal disease and of any further action they wish the University to undertake. The first point of contact will be the University Health and Safety Manager who in turn will advise (for information purposes) Head of Student Services, Library and Sport and/or Deputy Student Services Manager. The responsibility for the coordination of student support will lie with Student Services.
- If the University is made aware of a suspected case (e.g. from a student or staff member), further information should be sought from PHE.
- If necessary, PHE will attempt to interview the student to identify those close contacts who require antibiotics and arrange for treatment (usually through GP). PHE is responsible for contacting those at risk and who may need medication. If the patient is too ill, PHE will ask the University for assistance in identifying contacts.

- Access to student records will be required in order to ascertain home and local contact information (support provided by Student Data Management and/or Student Services).

The University Health and Safety Manager will contact Student Services, who will notify;

- Personal Tutor
- Head of School / Dean of Faculty. (This list is not an exhaustive list).

The Head of School/Dean of Faculty should, following guidance from the PHE

- Issue a communication to students on the same course with an information letter.
- If appropriate hold a meeting for students on the same course or within the same school
- If directed by PHE alert the meningitis helpline/NHS direct.

7. Action in the event of multiple cases or a cluster of cases of meningococcal infection

- PHE will advise the University of the procedure to follow in the event of more than one case of meningococcal infection. If PHE judges the cases unrelated, section 6 above will be followed in respect of each individual case.
- If PHE judges the cases to be related (“a cluster”), they will convene and lead an Outbreak Control Team (OCT) which will determine and arrange the necessary public health action
- The University may provide a suitable venue for these meetings to take place. They may need to communicate various things to each student/cluster of students affected (in reference to antibiotics etc).
- If required a helpline number will be set up.
- University to alert all students and staff of the symptoms of meningococcal disease.
- Issue any information requested by the OCT to various subject and school groups as required.
- The University will work with PHE to ensure anyone at risk is contacted.

8. After Care

- University should consider pastoral care as a key initiative for any student affected student family and friends, and staff. Students are not always ready to return to normal life and may experience a range of side effects. Students are encouraged to contact staff in the Life Lounge and their Personal Tutor for support.

- When the student does return to the University, support will be offered i.e. support for examinations and assignments potentially via the submission of a Mitigating Circumstances form.

9. Action in the event of the death of a student from meningococcal infection

- Steps 5 and 6 will be followed as appropriate, in conjunction with the protocol; for action following the death of a student (see Student Death Procedure, Enc within Health and Safety Policy).

10. Case definitions

The following recommended case definitions have been adopted from the Universities UK publication “Guidance on the prevention and management of meningococcal meningitis and septicaemia in Higher Education Institutions (2016)”:

- **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 (HPT), in consultation with the clinician and public health doctor consider that diagnoses other than meningococcal disease are at least as likely.
- **Probable case:** person with a clinical diagnosis without microbiological confirmation, where an experienced member of the local Health Protection Team (HPT), in consultation with the clinician and public health doctor consider that meningococcal disease is the most likely diagnosis.
- **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.

Attached to the policy is an action plan flowchart for managing probable / confirmed Meningococcal meningitis/septicaemia.

11. Key personnel

The following University staff will form part of the Outbreak Control Team (OCT), with the Student Mental Health & Wellbeing Manager acting as a convenor of the group or Nominee in their absence. They are responsible for the receipt and dissemination of information as appropriate:

- A member of the Executive team
- Student Mental Health & Wellbeing Manager
- Deputy Student Services Manager
- Student Services Team Leader/Disability Services Team Leader
- University Health and Safety Manager
- The Head/Dean of the appropriate School(s) / Faculty
- Students’ Union Representative

- Representative from Orlando Village (if required)

The Outbreak Control Meeting will decide on what actions and interventions are appropriate to manage the incident and may request rooms etc. Information will be issued immediately to students across the University. The dissemination and nature of the information will be decided by OCT.

The immediate priority of the University will be to alert all students and staff to the symptoms of meningococcal disease and to inform local general practices of the incident. The University may be advised to set up a helpline number for students, staff and parents and arrangements will be made by the OCT. Many queries and concerns are likely to be best dealt with by the University and such helplines should be able to be set up at short notice.

The Outbreak Control Meeting will organise for notification of details of the incident to Meningitis Research Foundation and Meningitis Now and disseminate details of charities helplines.

The University in partnership with the HPT will develop and release a press statement and media response. There will be one point of communication agreed. It will be necessary for the OCT to agree on a spokesperson for the OCT and the University.

The situation will be monitored by the GMHPT.

Note: In the event of an outbreak, a number of University rooms should be immediately available for use by the GMHPT. Appropriate rooms would be Orlando Common Room, Deane Lecture Theatre and the Sports Centre. Additional telephone lines should also be made available for use as required.

Other Related Policies

Other relevant policies include:

- University of Bolton's Crisis Management Plan
- Student Death Procedure (Enclosed within Health & Safety Policy)

Monitoring and Review

- This policy will be monitored and reviewed by the Deputy Student Services Manager or the Student Services Team Leader.
- The policy will be reviewed every three years by the Director of Student Services & Experience or nominee in collaboration with the Greater Manchester Health Protection Team (HPT).

Dissemination of and Access to the Policy

15. This policy will be available on the University's website (Current Students: Policies and Procedures Zone). The policy will be available to staff on the University website via HR A to Z.

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Appendix 1

Policy for Managing Probable/Confirmed Meningococcal Meningitis/Septicaemia & Action Plan Flowchart

