

Meningococcal Meningitis Guidelines

February 2017 Edition

Introduction

The word 'meningitis', used throughout this publication, refers to the serious infection, including meningitis and septicaemia (blood poisoning) caused by the meningococcus bacteria.

Meningococcal meningitis is a potentially fatal infectious disease. Most UK students arriving at the University will have been vaccinated against group C meningococcal infection. Since the introduction of the MenC immunization programme in 1999, the incidence of group C infection, which had been responsible for outbreaks of meningitis at other universities, has declined markedly. From autumn 2015, a new meningitis vaccine, MenACWY conjugate vaccine, has replaced the Men C vaccine in the adolescent schools programme. This vaccine is also available to all new UK university entrants.

However, sporadic cases of meningococcal meningitis due to groups, such as MenB, MenW and MenY can still arise. It remains important for staff and students to be aware of the symptoms and to take prompt action if necessary.

These guidelines have been prepared by the University's Advisory Group on Communicable Diseases in consultation with the Public Health England (PHE) Health Protection Team (HPT), and conform to Universities UK guidance on the management of meningococcal disease in higher education institutions. The purpose of these guidelines is to outline the roles and responsibilities of the University, the Colleges and the Health Protection Team. This document describes how they interact and provides points of contact for further information.

With an issue as emotionally charged as meningitis, appropriate and effective communication is essential. The media can prove a useful tool for disseminating health and safety information quickly, for example by announcing how to get more information or how to recognise the symptoms of meningitis. Press enquiries regarding the University's management of meningitis, or a particular case of meningitis, are handled by the Office of External Affairs & Communications.

Detailed guidance for UK Universities from Public Health England is available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582511/MenACWY_HEI_Guidelines.pdf. Further information is also available from the Meningitis Now 24-hour nurse-led helpline (0808 801 0388) and the Meningitis Research Foundation's 24-hour helpline (0808 800 3344). General health advice is available from the NHS 111 service on www.nhs.uk/111 or by dialling 111.

Guidelines on responding to cases of meningococcal meningitis and septicaemia

(Note that, although developed for meningococcal disease, the management and principles of communication outlined here should also apply to other communicable diseases and a generic Action Plan is available on the Senior Tutors' website: <http://www.seniortutors.admin.cam.ac.uk/health-and-welfare/physical-health-guidelines#meningitis>)

1. Overview

The clinical management of meningitis in members of the College community admitted to hospital is the responsibility of the admitting physician. The public health management of meningitis, including the decision as to whether it is a confirmed or probable case and subsequent contact tracing, arranging prophylaxis and outbreak management is the responsibility of the local Health Protection Team (HPT) and its Consultant in Communicable Disease Control (CCDC) who is responsible for advising the University and its Colleges. In a case involving any student or staff member of the University and Colleges, University and College staff may be asked to:

- assist the HPT in tracing student and staff contacts;
- provide the HPT with a central location (normally the University's Occupational Health Service) for distributing prophylactic treatment to contacts as directed by the HPT;
- assist in disseminating information to relevant individuals in the University and Colleges.

These guidelines describe the roles and responsibilities of, and lines of communication between, members of the HPT, the University and the Colleges.

2. Key staff & offices

The key staff and offices involved in the public health aspects of a case of meningitis are:

	Availability	
	<i>During office hours</i>	<i>Out of hours</i>
PHE HPT - out-of-hours, the on-call Public Health Specialist	0344 225 3546	01603 481221
Senior Tutor of the affected College	via the Colleges' Meningitis Liaison Senior Tutor	via the Colleges' Meningitis Liaison Senior Tutor
College Nurse (as available) of the affected College	via College Senior Tutor	Not available
Colleges' Meningitis Liaison Senior Tutor, or deputy		<i>[via Porters' Lodge]</i>
<input type="checkbox"/> Dr Mark Wormald (Pembroke) <input type="checkbox"/> Dr Robert Henderson (Emmanuel) - deputy	01223 338131 01223 334254	01223 338100 01223 334200
Colleges' Meningitis Liaison Nurse (or deputy)	<i>[via Health Centre]</i>	<i>[via Porters' Lodge]</i>
<input type="checkbox"/> Mrs Rachel Iftikhar (St. John's) <input type="checkbox"/> Mrs Jacqui Isbister (Girton) – deputy	01223 338664 01223 338987	01223 338600 01223 338999
University's Occupational Health Service 16 Mill Lane, Cambridge, CB2 1SB	01223 336594	Not available
University's Office of External Affairs & Communications	01223 332300	01223 332300

3. The role and responsibilities of the HPT

The role of the HPT is to inform and advise the affected College/s and to ensure that the necessary public health actions are undertaken.

When informed about a case of meningitis and having confirmed the details and the need for public health intervention, the HPT will undertake the following:

- i. Inform the Colleges' Meningitis Liaison Senior Tutor (or deputy) and obtain from them details of the relevant College Senior Tutor.
- ii. Identify close contacts of the case (name, date of birth and GP details required) with the help of the relevant Senior Tutor and agree arrangements for prophylaxis.
- iii. Confirm, with the Occupational Health Service (during working hours only) and the Senior Tutor, the contacts requiring prophylaxis. Out of hours normal public health procedures for issuing prophylaxis will apply.
- iv. Contribute to and agree any media statements prepared by the University's Office of External Affairs & Communications.
- v. Input to and agree relevant briefings and information for students and staff, and the updating of web pages as necessary.
- vi. Inform local GP practices as necessary.
- vii. Convene the Incident Management Team (see Section 7) in the event of a cluster of two or more cases, or if the risk assessment otherwise warrants it.

4. The role and responsibilities of Senior Tutors and College Nurses

The role of the Senior Tutor is to provide support to the HPT in the public health management of meningitis cases and assist in disseminating information to relevant individuals in the College.

On receipt of information from the HPT about a confirmed or probable case, the relevant Senior Tutor (assisted as necessary by the College Nurse) will undertake the following:

- i. Identify close contacts of the case as advised by the HPT.
- ii. Agree with Public Health and confirm with Occupation Health (during working hours only) the arrangements for the treatment of contacts and issue instructions and guidance to identified contacts about prophylactic treatment, including where to go for such treatment.
- iii. Liaise with the Head of the University Counselling Service, if necessary, to discuss the need for assistance in providing counselling for students, particularly if facilities are not available at the College or a large number of students is involved.

The role of the Colleges' Meningitis Liaison Senior Tutor and Colleges' Meningitis Liaison Nurse is to support the relevant Senior Tutor and College Nurse in managing the incident and assist in disseminating information to relevant individuals in the Colleges and University. The Colleges' Meningitis Liaison Nurse is also able to support and advise Colleges without a College nurse.

- iv. The Colleges' Meningitis Liaison Senior Tutor or deputy will disseminate information to all Senior Tutors.
- v. The Colleges' Meningitis Liaison Nurse or deputy will disseminate information to all College Nurses.

Note: *Neither College staff nor students should issue a press release nor make any form of statement to the media under any circumstances, including a death. All media information and enquiries will be handled by the University's Office of External Affairs and Communications.*

5. The role of the University's Occupational Health Service (OHS)

The role of the OHS is to assist in the arrangements for issuing prophylaxis to close contacts of meningitis cases. Note that the University's Occupational Health Service (located at 16 Mill Lane, Cambridge, CB2 1SB) is open 8.30am-4.30pm, Mon.-Fri. Outside these hours normal Public Health procedures for issuing prophylaxis will apply.

On receipt of information about a case (from the Senior Tutor and/or HPT) the University's OHS will:

- i. Confirm with the Senior Tutor and the HPT the arrangements for prophylaxis for College/university contacts.
- ii. Ensure that the Colleges' Meningitis Liaison Senior Tutor or deputy is aware.
- iii. Inform the Colleges' Meningitis Liaison Nurse or deputy.
- iv. Inform University Departments and Faculties on a need-to-know basis as directed by the HPT, for the purpose of tracing contacts of staff with no College affiliation.
- v. Inform the University's Safety Office.
- vi. Issue prophylactic treatment to contacts as directed by the HPT.
- vii. Provide the HPT with a list of those treated, including details of their GP.
- viii. Liaise with the Office of External Affairs & Communications to provide and receive ongoing information about the case.

6. The role of the University's Office of External Affairs & Communications

The Office of External Affairs & Communications will:

- i. Act as the central point of contact for both within the University and beyond.
- ii. On the instruction of the University's Occupational Health Service and with due regard for patient confidentiality, inform the Vice-Chancellor and Registry about a confirmed case of meningitis.
- iii. In liaison with the HPT/on-call Public Health specialist, the hospital and PHE communications teams, and the Senior Tutor of the relevant College, prepare a statement for the media as necessary.
- iv. Handle all enquiries from the media and the general public and other agencies, involving other members of the Incident Management Team (Appendix I) as appropriate.
- v. Prepare additional statements and briefings as appropriate, ensuring accuracy and consistency of information.
- vi. In the event of a cluster of cases, inform the members of the Incident Management Team (Appendix I) and, as directed by the HPT, make the necessary arrangements for the IMT to be convened.
- vii. Update University web pages, and similar channels of mass communication, as appropriate.
- viii. Follow the guidance of the University's 'Meningitis Communications and Confidentiality Strategy' (Appendix II).

7. The role of the Incident Management Team (IMT)

The membership of the Incident Management Team is shown in Appendix I. The Team will be convened by the Consultant in Communicable Disease Control (CCDC), or his/her representative, in the event of a cluster of two or more cases, or if the risk assessment otherwise warrants it, in order to ensure that co-ordinated action is taken. The Office of External Affairs and Communications will inform members of the IMT on the basis of information supplied by the HPT, and will make the necessary arrangements for the IMT to be convened.

8. Health Promotion and Raising Awareness amongst Students

It is the responsibility of Senior Tutors to raise awareness of student health amongst appropriate staff groups, in consultation with their College Nurse (if appointed). The Colleges' Meningitis Liaison College Nurse will be able to provide information and advice to Colleges without a College Nurse. Consideration should also be given to raising awareness amongst the students, both before arrival via information sheets, and at the start of every year, when registration with a General Practitioner will ensure the provision of the MenACWY vaccine if students have not already received it. Student awareness of the symptoms of meningococcal meningitis can be raised in a variety of ways and methods, including distributing leaflets and symptom cards to all new students, by displaying posters and leaflets throughout the College, and by engaging student representatives in health promotion initiatives. Meningitis Now can provide leaflets/cards in various languages.

*Advisory Group on Communicable Diseases
University of Cambridge
February 2017*

APPENDIX I: Incident Management Team (IMT)

In the event of a cluster of two or more cases of meningitis, or when the risk assessment otherwise warrants it, the IMT will include (among others):

- HPT Consultant in Communicable Disease Control (CCDC), or representative (Convenor)
- Head of Communications, Office of External Affairs & Communications
- Senior Tutor of relevant College
- College Nurse of relevant College
- Colleges' Meningitis Liaison Senior Tutor (and/or deputy) Colleges' Meningitis Liaison Nurse (and/or deputy) Occupational Health Service Manager
- Head of the Counselling Service
- Cambridge University Student Union (CUSU) Welfare Officer
- Secretary of the Advisory Group on Communicable Diseases

At the first meeting of the IMT, the membership required for the specific incident will be agreed.

APPENDIX II: Communications and Confidentiality Strategy

The Office of External Affairs & Communications will normally be the point of contact for external media. Staff and students should refer all media enquiries to the Office of External Affairs & Communications. This strategy conforms to Universities UK's publication *Managing meningococcal disease in higher education institutions* (2004).

The Office of External Affairs & Communications will:

- Prepare a fact sheet, initial news release and regular updates, as agreed by the IMT, to be issued upon request by the media.
- Withhold the patient's name, subject, year and address, in order to preserve patient confidentiality.
- Brief University, College and GU/CUSU spokespersons as appropriate.
- In the event of a cluster of two or more cases, publish information on the University website, with links to other relevant sites, as agreed by the IMT.

APPENDIX III: University Advisory Group on Communicable Diseases

The membership of the Advisory Group on Communicable Diseases is as follows:

- Colleges' Meningitis Liaison Senior Tutor, or deputy (Chairman)
- Colleges' Meningitis Liaison Nurse, and/or deputy
- Representative of the Bursars' Committee
- Representative of the University Communications Office
- HPT Consultant in Communicable Disease Control (CCDC)
- University's Consultant Occupational Physician
- Occupational Health Service Manager
- Senior member of the Safety Office
- CUSU Welfare and Rights Officer

The Advisory Group may be contacted via the Secretary:

Miss Katherine Springthorpe, Academic Division, 17 Mill Lane, Cambridge (Tel. 01223 332583; email katherine.springthorpe@admin.cam.ac.uk).

Suggested Cambridge Colleges' Action Plan for Cases of Meningitis

This action plan has been designed to take effect following notification from the Health Protection Team of a probable or confirmed case of meningitis within members of the College community.

Colleges are encouraged to adjust this plan to suit their own particular circumstances, identifying the responsible officer as appropriate.

1. Refer to the University's Meningococcal Meningitis Guidelines and, if required, Meningitis Now (0808 801 0388; www.meningitisnow.org) or the Meningitis Research Foundation (0808 800 3344; www.meningitis.org) for further information.
2. Do not give out information to the media. Refer all enquiries to the University's Office of External Affairs & Communications on 01223 332300.
3. Establish the following information about the affected student:
 - name and date of birth;
 - subject, year and Tutor;
 - College/Cambridge address
 - whether the case is probable or confirmed;
 - where the individual is (including hospital ward number if appropriate);
 - whether their next of kin has been informed.
4. Senior Tutor/College Nurse to liaise with the Colleges' Meningitis Liaison Senior Tutor (or deputy) and the Colleges' Meningitis Liaison Nurse.

<i>Colleges' Meningitis Liaison Senior Tutor</i> Dr Mark Wormald (<i>PEM</i>) Dr Robert Henderson (<i>EM</i>) - deputy	01223 338100 01223 334254	mrw1002@cam.ac.uk rmh1003@cam.ac.uk
<i>Colleges' Meningitis Liaison Nurse</i> Mrs Rachel Iftikhar (<i>John's</i>) <i>Health Centre</i> (<i>out of hours – Porters' Lodge</i>) Mrs Jacqui Isbister (<i>G</i>) – deputy <i>Health Centre</i> (<i>out of hours – Porters' Lodge</i>)	01223 338664 (01223 338600 338664) 01223 338987 (01223 338999)	r.iftikhar@joh.cam.ac.uk nurses@girton.cam.ac.uk

5. Senior Tutor/College Nurse to assist the local HPT (0344 225 3546) or on-call Public Health specialist (01603 481221) to identify and trace the close contacts of the case.
6. Senior Tutor/College Nurse to liaise with the HPT concerning prophylaxis.
7. Senior Tutor/College Nurse to direct close contacts to the agreed venue for prophylactic treatment.
8. Senior Tutor, with the help of the Head Porter and his/her staff, to disseminate information to students, Fellows and staff via e-mail, pigeonholes or notices. A sample notice can be found in the entry for Meningitis on the Senior Tutors' website (<http://www.seniortutors.admin.cam.ac.uk/health-and-welfare/physical-health-guidelines#meningitis>).
9. Senior Tutor to re-distribute leaflets and symptoms cards to all students and staff.
10. Senior Tutor to work with the University's Office of External Affairs & Communications (news@admin.cam.ac.uk) to prepare, as necessary, any media statements, in liaison as required with the HPT).
11. Senior Tutor or College Nurse to liaise with the University Counselling Service to discuss the possible need for counselling for students and staff.

MENINGOCOCCAL DISEASE – THE FACTS

Meningitis is an illness where the coverings of the brain and spinal cord become inflamed. It can be caused by viruses, bacteria, or other agents.

Viral meningitis is rarely serious and is not helped by antibiotics. **Bacterial meningitis** is less common than viral meningitis, but is a serious illness and needs urgent treatment with antibiotics. The most common of the bacteria that cause meningitis is the **meningococcus**. These bacteria can also cause **blood poisoning (septicaemia)**, which is the more dangerous form of the disease. The term **meningococcal disease** refers to both the meningitis and septicaemia forms of the disease caused by the bacteria.

Meningococcal bacteria can be divided into several groups, but nearly all disease is caused by groups A, B, C, W135, and Y. Since the introduction of vaccination programmes against the bacteria (MenC in 1999 and more recently MenACWY), the incidence of group C infection has declined markedly. However, sporadic cases of meningococcal meningitis due to groups, such as MenB, MenW and MenY can still arise.

Where are the meningococcus bacteria found?

- These bacteria are common. At any one time 10-20% of us carry the meningococcus in our nose and throat without knowing it.

How do we pick up the bacteria?

- We can pick up the meningococcus if we have very close prolonged contact (e.g. living in the same house) with someone carrying it. The contact has to be close because the bacteria are weak and cannot live for more than a few seconds outside the body.
- The bacteria cannot be picked up from water supplies, swimming pools or household objects such as clothes, furniture or cups.

If the bacteria are so common, why do so few of us develop the illness?

- Even though we come into contact with the meningococcus regularly, our bodies are able to fight off the infection.
- A tiny number of people who pick up the bacteria develop meningitis or septicaemia or both within 2-12 days of doing so. We do not yet fully understand why the bacteria cause such severe illness in these people. It may be due to weaknesses in their body defence systems.
- It is rare for two or more cases to occur together. The majority occur as single cases, with no increased risk to others, e.g. in the school or community.

What precautions are taken if there is a case?

- A short antibiotic course is given to very close contacts, usually only those living in the same house. The antibiotics are given to kill the bacteria that they may be carrying in their nose or throat, and so reduce the risk of infection to others.
- Although the risk is very low, close contacts may still develop the disease despite taking the antibiotics. So they need to be on the lookout for symptoms in the week following.
- Vaccines are available against some strains of meningococcus. They are given to household and very close contacts in certain circumstances, e.g. if the patient has group A, C, W135 or Y meningococcal infection.

How can you tell if someone has the disease?

- The early signs of meningitis and septicaemia are non-specific and similar to those of flu and other viral infections. This makes diagnosis very difficult.
- However, someone with meningitis will become very ill. The illness may progress over one or two days, but it can develop very rapidly sometimes in a matter of hours.
- The signs and symptoms are shown below:

Not all these symptoms may show at once.



Headache



Fever



Vomiting



Neck stiffness, joint pains



Drowsiness or confusion – coma



Dislike of bright lights



Rash of red-purple spots or bruises*

* The rash is due to the septicaemia and does not fade when pressed firmly e.g. with a glass.

- Overall more than 90% of people who get meningococcal disease recover.
- However, the disease can kill in hours if not treated.

For further information or general advice contact:

The Meningitis Research Foundation

Tel: 0808 800 3344 or www.meningitis.org

Meningitis Now

Tel: 0800 80 10 388 or www.meningitisnow.org

Seek urgent medical help if you think someone has meningitis

Early treatment saves lives.

Take the person straight to the nearest A&E department in an emergency.