Meningococcal Infection Policy

Contents

Meningococcal Infection ................................................................. 2
1. Introduction .................................................................................. 2
   1.1 What is Meningococcal disease? .............................................. 2
2. Education/Awareness raising ..................................................... 2
   2.1 How is it spread .................................................................. 3
   2.2 Signs and Symptoms ............................................................ 3
3. Immediate action in the event of a suspected case of meningococcal disease ............. 4
4. Action for close contacts of a case of suspected meningococcal disease (single case) .....  4
5. Action in the event of multiple cases or a cluster of cases of meningococcal infection .... 5
6. After care .................................................................................. 5
7. Action in the event of the death of a student from meningococcal infection ............... 5
8. Useful Contacts .......................................................................... 6
Student Services

Meningococcal Infection

1. Introduction

Cases of Meningococcal disease are rare, however when they do occur the effects may be serious and can be fatal. The number of cases had declined significantly following the introduction of meningitis C vaccine. However, there has been a rapid rise in one particularly virulent type of meningococcal disease, MenW, in the UK in recent years and this outbreak led to the introduction of a MenACWY vaccination programme targeting teenagers aged 14-18 years and first year university students under the age of 25. Most cases occur in children (60% of all cases occur in those under 5 years) and young adults (those aged between 15-19 years account for about 10% of all cases) although all ages can get meningococcal disease. Cases of meningococcal disease in university students can pose specific problems to Universities and the Health Protection Agency due to student living arrangements and lifestyles which may make close contacts difficult to define and trace.

This aim of this document is to inform, reduce anxiety and provide advice on the actions to take if a student is suspected of contracting 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 or meningococcal septicaemia (see below) or a combination of both.

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

Septicaemia – blood poisoning

2. Education/Awareness raising

Raising awareness of the symptoms of meningococcal disease is a very important factor to help early identification. Various ways in which Student Services may raise awareness include:

- Attending visit days, induction programmes and arranging an awareness event at the start of the academic year.
- Encouraging students to register with a local General Practice (GP)
- Distribution of leaflets and symptom cards
- Poster Campaign
- Utilising the student newspaper to highlight the message
- Raise awareness amongst staff
In addition students and staff should familiarise themselves with the symptoms of meningococcal disease. Any student entering higher education for the first time should have received the MenACWY vaccination, ideally before coming to university. This vaccine provides protection for A, C, W and Y strains of meningitis but will not protect against type B for which there is currently no vaccination.

PHE asks all universities to explore all possible routes to encourage all prospective first time entrants to
1. Register with a GP (for new entrants who have moved away from their previous area of residence);
2. Request the MenACWY vaccination from their new GP if they did not receive the vaccine before starting university.

It should be noted that in more recent years there have been large outbreaks of MenC within numerous countries in central Africa. This area is now commonly known as The Meningitis Belt and consists of 18 African Countries stretching from The Gambia to Ethiopia. Therefore, any student participating in studies in the UK from these countries should be advised to request the MenACWY vaccination from their new GP if they did not receive the vaccine before starting university.

2.1 How is it spread

Meningococcal disease does not spread easily and is passed by close and prolonged contact. This usually means those living in the same household (including shared houses and student halls of residence) or intimate kissing contacts. Infection cannot be acquired by simply being in the same room for a short period of time.

Antibiotics may be given to some close contacts of cases of meningococcal disease to prevent further spread of infection. The need for antibiotics will be decided by Public Heath England.

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 may become very ill quickly and worsen rapidly. Some or all of the following symptoms may be present:

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

If a student or member of staff 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 be 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. Immediate action in the event of a suspected case of meningococcal disease

- Medical help 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.
- Inform Student Services (see section 8 for contact details)

4. Action for close contacts of a case of suspected meningococcal disease (single case)

- Public Health England (PHE) is routinely notified by hospital clinicians of cases of suspected meningococcal and will determine appropriate public health action (including arranging antibiotics if necessary)
- 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 take. The first points of contact being the Public Relations Officer in Newcastle and the Head of the Student Wellbeing Service in Newcastle.
- If the University is made aware of a suspected case (eg from other students), further information should be sought from Public Health England.
- If necessary, PHE will attempt to interview the student to identify those close contacts who require antibiotics and arrange for treatment (usually through GPs). PHE is responsible for contacting those at risk and who may need medication. If the patient is too ill to be interviewed, 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.
- PHE will contact Student Services, who will notify:
  o The building
  o Halls of Residence or the students flatmates
  o School
  o Personal Tutor
  o GP’s

- Student Services will also, following guidance from the PHE
  o Issue students in the same halls of residence or accommodation and on the same course with an information letter and if appropriate to the academic department in which the affected student is living and studying.
  o Consider holding a meeting for students in the same hall or teaching group
  o Issue communication to all schools, student residence and student union
  o Consider alerting meningitis helpline/NHS direct depending on PHE guidance.
5. **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 to be unrelated, section 4 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 (which may include extended contact tracing, antibiotic prophylaxis or vaccination).

- The University may need to provide a suitable venue, and undertake to communicate details of antibiotic/vaccination sessions to the students concerned.

- If required, a helpline service will be set up, using the available 0345 887722 number normally reserved for Clearing.

- University to alert all students and staff to the symptoms of meningococcal disease

- Issue information to students in the same halls of residence as guided by the OCT

- Issue information to all departments as guided by the OCT

- Student Wellbeing Service in Newcastle and Student Services London will work with PHE to ensure that anyone at risk is contacted.

6. **After care**

- University should consider pastoral care and after-care of the affected student, student family and friends, and staff. Students are not always ready to return to a normal life and may experience a range of side effects. The Student Services will be responsible for offering this.

- When student returns offer low profile support i.e. support for examinations, living arrangements.

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

The sections in step 3 and 4 will be followed as appropriate, in conjunction with the protocol; for action following the death of a student (see Student Death Procedure)
8. Useful Contacts

<table>
<thead>
<tr>
<th>Department</th>
<th>Named Contact</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Student Wellbeing Services (NU)</td>
<td>Sally Ingram or Lesley Braiden</td>
<td>0191 208 5870</td>
</tr>
<tr>
<td>Director of Public Relations (NU)</td>
<td>Abi Kelly</td>
<td>0191 208 5893</td>
</tr>
<tr>
<td>Public Health England</td>
<td>PHE North East and North Central London Health Protection Team</td>
<td>0203 837 7084</td>
</tr>
<tr>
<td>Director of Operations</td>
<td>Gavin Adams</td>
<td>0203 752 2221 (ext 2221)</td>
</tr>
<tr>
<td>Student Services Manager</td>
<td>Vikki Hedges</td>
<td>0203 752 2454 (ext 2454)</td>
</tr>
<tr>
<td>Student Welfare Officer</td>
<td>Helen Jackson</td>
<td>0203 752 2440 (ext 2440)</td>
</tr>
<tr>
<td>Director of International Office (NU)</td>
<td>Alex Metcalf</td>
<td>0191 208 8472</td>
</tr>
<tr>
<td>Head of Student Progress Service (NU)</td>
<td>Angela McNeill</td>
<td>0191 208 6122</td>
</tr>
<tr>
<td>University Chaplain (NU)</td>
<td>Catherine Lack</td>
<td>0191 208 6341</td>
</tr>
<tr>
<td>Accommodation Office</td>
<td>Sarah Rumble</td>
<td>020 752 2227 (ext 2227)</td>
</tr>
<tr>
<td>Operations and Events Coordinator (Middlesex Street)</td>
<td>Andra Craciun</td>
<td>0203 752 2430 (ext 2430)</td>
</tr>
<tr>
<td>Student Union (NU)</td>
<td>President</td>
<td>0191 239 3900</td>
</tr>
<tr>
<td>Reception London</td>
<td>Michael Milner</td>
<td>0203 752 2200 (ext 0)</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Debbie Stephenson</td>
<td>0203 752 2245 (ext 2245)</td>
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Student Wellbeing Services, March 2015.
Updated by Helen Jackson on behalf of Student Services London, April 2017.