***University of Essex***

***Guidelines on Managing Meningococcal Disease***

***Student Support***

***Updated July 2019***

**1. Introduction and context**

These guidelines outline the specific arrangements at the University of Essex in relation to meningococcal disease, where they differ from the general responses to communicable diseases. These guidelines should be read in conjunction with the following documents:

*‘Management of Communicable Diseases at the University of Essex*

*– Communication and Management Principles and Protocol’*

And

*‘Managing Meningococcal Disease (Septicaemia or Meningitis) in Higher Education Institutions’ Universities UK Management Guidelines’.*

<https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/managing-meningococcal-disease-septicaemia-meningitis-in-universities.aspx>

These guidelines give background information about the incidence of meningococcal disease and recommend action before a case occurs and in the event of student illness. The University of Essex and Essex Health Protection Team intend to adopt and follow these guidelines wherever possible.

1. **Before a case occurs**
	1. **Before arrival.** Information and advice on meningitis, including the need to check meningitis C vaccination, is included in the Campus Guide which is issued to all new students. All students are informed of the requirement to register with a local doctor, and information about registering with the University Health Centre is included in Welcome Week mailings. Meningitis C vaccination is routinely offered on campus to students registering with the University Health Centre.

 Information on meningitis is made available to new students, through the Health Centre and at relevant welcome week events. This includes encouraging students to acquaint themselves with symptoms and to look out for each other’s welfare.

* 1. **Student awareness**. Literature from meningitis charities will be available on campus and will be displayed within accommodation and in the Students’ Union and links will be provided from the web site. Periodic updates of information to students to maintain awareness will be given- e.g. through Residence Life newsletters, email updates or newsletters.
1. **In the event of student illness**

Students will be encouraged to look out for each other and to report illness to a friend, patrol officer or member of the Residence Life Team. Guidance can also be sought from the Health Centre, Walk in Centre or NHS direct.

IT IS VITAL THAT MEDICAL ADVICE IS SOUGHT WITH ANY CONCERNS AND EARLY HOSPITAL ADMISSION IS ADVISED IF THE CONDITION APPEARS TO BE WORSENING. This is particularly important in an outbreak situation.

Any of the signs below in an ill student is an indication that medical help must be summoned as a matter of utmost urgency. An ambulance should be called *without delay* if these symptoms are noted.

* A rash that does not fade when pressed with a glass
* Loss of consciousness
* Severe neck stiffness
* Very cold hands or feet
* Severe and worsening headache (without other obvious cause).
1. **When a single suspected or confirmed case occurs**

#### Notification and action should follow the procedure outlined in *Management of Communicable Diseases at the University of Essex - Communication and Management Principles and Protocol* produced by Student Support (also see Appendix 1). In particular the University Health Centre will ensure that any suspected cases are brought to the attention of the Director of Student Support and vice versa.

Guidance will be sought, at the earliest opportunity, from Essex Health Protection Team and any recommendations followed.

When there is a confirmed case an internal Critical Incident Management Group will be convened by the Director of Student Support or their representative

All students in the same accommodation and on the same course as the affected student should be advised of the early symptoms and signs of meningococcal disease and how to promptly access medical care. This information will need to be transmitted promptly and accurately both during and outside working hours. Information should also be given about relevant charities such as ‘Meningitis Now’ which offer 24hour helplines and can deal with enquiries from anxious students, staff and members of the public.

Household contacts of the case will be offered antibiotic prophylaxis and given detailed information on signs and symptoms. (A household would constitute a shared house or flat or individuals living in accommodation with a shared kitchen or bathroom facilities). The University may need to assist Essex Health Protection Team by giving details of these contacts, particularly if the affected student is too unwell to give this information themselves.

The University Health Centre should be prepared to provide prescriptions for those individuals so they can access medication in a timely manner, registering students as temporary patients if necessary. The medication would then need to be obtained from a local pharmacy and prescription fees paid by the individual unless they were exempt.

The University should be prepared to assist students in getting prescriptions filled, if necessary and also to chase up students who do not pick up their prescriptions.

1. **Dealing with an Outbreak**

Two or more cases of confirmed or probable meningococcal disease occurring within the University within a four week period will constitute an outbreak. In the event of an outbreak, recommendations from the Essex Health Protection Team will be followed (for example in identifying close contacts, providing a helpline, or assisting with plans to organise collection of prescriptions or mass prophylaxis).

An Incident Control Team chaired by the Consultant in Communicable Disease Control or other representative from Essex Health Protection Team will be convened and contingency plans (see below) activated.

The University Critical Incident Management Group, chaired by the Director of Student Support, will be operational and members of this group will take forward any actions agreed in the action plan or recommended by the Essex Health Protection Team/Incident Control Team.

For a list of staff who may be asked to participate in a Critical Incident Management Group and roles and responsibilities see Appendix 2.

1. **University Contingency Plans**
	1. **Key individuals**

 Roles and responsibilities are as outlined appendix 1 below. Where an outbreak occurs and the Essex Health Protection Team establishes an Incident Control Team, then this group will direct responses, liaise with the Critical Incident Management Group, and will request assistance as necessary.

* 1. **Information to students and staff**

An immediate priority will be to alert all students and staff to the symptoms of meningococcal disease and to inform local general practises and acute hospitals of the incident. Raising clinical awareness to ensure prompt diagnosis and rapid referral for treatment is of paramount importance.

Draft letters to staff and students are attached (Appendix 3) and can be adapted as necessary.

Where email is to be used the generic account for University Announcements- announce@essex.ac.uk should be used and responses monitored and dealt with by agreed delegates to that account.

Up to date information will be provided on the university web site, normally in the latest news section of the Student Support pages.

* 1. **Helplines**

It may be necessary to provide a helpline to field large numbers of incoming telephone calls. The University’s Critical Incident Management group will consider setting up the helpline where appropriate. Details of meningitis charities and other health services should be made available.

* 1. **Facilities for public health action**

The university will make facilities available as required. A venue may need to be identified for administering antibiotics to large groups, support staff need to be available at short notice to assist with this.

* 1. **Public relations**

A Communications Strategy is needed and draft press statements, which can be adapted as necessary, should be prepared in advance.

* 1. **Useful contacts**

Meningitis charities should be contacted by the Director of Student Support, or their nominee, where there is an outbreak. They should be provided with anonymised information about the case and public health action taken in order that they can support callers with appropriate advice.

NHS direct 111 (local call rate)

Meningitis Now 24 hour helpline 0808 801 0388 (freephone)

Meningitis Research Foundation 0808 800 3344 (freephone)

Web sites

Meningitis Now [www.meningitisnow.org](http://www.meningitisnow.org)

Meningitis Research Foundation [www.meningitis.org](http://www.meningitis.org)

***Samantha Hanley***

***Senior Wellbeing Manager (Community Development)***

***July 2019***

**APPENDIX ONE**

**Summary of Actions before a case**

|  |  |
| --- | --- |
| **Action** | **Person/organisation responsible** |
| Ensure a plan is in place for dealing with cases and outbreaks | Director of Student Support/Essex Health Protection Team |
| Ensure University Health Centre has received a copy of these guidelines | Senior Wellbeing Manager (Community Development) |
| Ensure effective support for ill students | Director of Student Support |
| Promote Meningitis C vaccination among first year students | Health Centre/ Senior Wellbeing Manager (Community Development)/ Communications Office |
| Encourage students to register with a GP | Health Centre/Senior Wellbeing Manager (Community Development)/Communications Office |
| Raise awareness about meningococcal disease each autumn among students and staff | Senior Wellbeing Manager (Community Development)/Communications Office |
| Distribute leaflets, posters etc. widely in the University | Senior Wellbeing Manager (Community Development)/Residence Life Team |

**Summary of Actions after a Single Confirmed or Probable Case of Meningococcal Disease**

|  |  |
| --- | --- |
| **Action** | **Person/Organisation responsible** |
| Convene a Critical Incident Management Group | Director of Student Support |
| Inform, and liaise with, the University Health Centre | Essex Health Protection Team/Director of Student Support |
| Inform and liaise with the Vice-Chancellor’s office and other relevant university staff | Director of Student Support |
| Arrange for close contacts to be alerted and to be issued with antibiotic prophylaxis | Essex Health Protection Team (with assistance from Student Support and the Residence Life Team). |
| Provide public health information and advice to the University | Essex Health Protection Team |
| Issue information letter or e-mail urgently (same day) to students in same accommodation (where relevant) and on the same course(s) | Director of Student Support/Communications Office |
| Consider issuing information to all departments and accommodation and SU | Director of Student Support/Communications Office |
| Consider alerting national meningitis helplines/NHS Direct | Director of Student Support |
| Draw up a reserve press statement | Communications Office/Essex Health Protection Unit - jointly |

**Summary of Actions for an Outbreak of Meningococcal Disease.**

|  |  |
| --- | --- |
| ***Action*** | ***Person/Organisation responsible*** |
| Activate the outbreak plan and convene an Incident Control Team | Essex Health Protection Team |
| Convene the Critical Incident Management Group (if not already done so) | Director of Student Support |
| Consult with regional/national epidemiologists | Essex Health Protection Team |
| Issue information immediately (within four hours) to students in the same accommodation  | Director of Student Support or other nominated member of the CIMG |
| Issue information urgently (same day) to all departments and accommodation | Director of Student Support or other nominated member of the CIMG |
| Consider prophylaxis for defined target group | Essex Health Protection Team |
| Convene meeting with target group | Director of Student Support or other nominated member of the CIMG |
| Notify details of the incident to the meningitis charities and NHS direct | Director of Student Support or other nominated member of the CIMG |
| Set up the University Crisis Helpline to respond to anxious students, staff and families, using national charities as back up. | Director of Student Support or other nominated member of the CIMG |
| Agree public communication strategy | Communications Office/Essex Health Protection Unit Jointly |

***APPENDIX TWO***

* **Essex Health Protection Team**

To confirm diagnosis of the disease and to inform/update and advise the University as necessary. To provide advice, support or direct management of the incident in collaboration with the University management and the University Health Centre.

**9- 5 weekdays 0300 303 8537**

**Out of hours 01245 444417 and ask for the on-call public health team.**

***University Staff who may be asked to participate in a Critical Incident Management Group including roles and responsibilities***

* **Director of Student Support**

To co-ordinate the response and instigate a Critical Incident Management Group if necessary.

To act as the University contact point for communications with Essex Health Protection Team. To provide support and assist the Essex Health Protection Team in disseminating advice and information to staff and students as required.

To advise and update the Academic Registrar and Director of Human Resources on any changes to the situation, as this information becomes available. To ensure that accurate and clear communication on the situation takes place.

* **Senior Wellbeing Manager (Community Development)**

To mobilise responses regarding chaplaincy and pastoral care and wellbeing services as required. To liaise with relevant campus support services including the Students’ Union, Accommodation Essex, Health Centre, Residence Life regarding the likelihood of student enquiries. To provide student contact details as required. To liaise with departments of students affected

To contact next of kin, when requested to do so by the student or Essex Health Protection Team and to liaise with the relatives of the patient(s) (including meeting/accompanying them, assisting with accommodation arrangements, etc.)

* **University Health & Safety Advisory Service and Occupational Health Service**

To provide advice, information and support to staff as required. To assist with training, providing support and information (eg helpline staff or those coming in to contact with students who may be unwell). To advise managers and staff on protective measures. To advise on and update procedures for seeking medical attention and advice.

* **University Health Centre**

In collaboration with the Essex Health Protection Team and/or National Health Service local team to advise the University management team, through the Director of Student Support**,** on any medical issues relating to the incident.

 To alert the Director of Student Support of any suspected or confirmed cases.

* **Communications and External Relations**

To handle media and, where necessary, internal communicationsin conjunction with the Critical Incident Management Group. To issue formal statements. To co-ordinate use of University Announcements email (announce@essex.ac.uk) for internal communication.

To keep University Steering Group and other relevant managers aware of the situation.

* **Head of Department/ Other departmental staff**

To provide a link with the staff and students associated with the patient and assist in the identification of close contacts to the patient as advised by the Essex Health Protection Team. To assist with dissemination of information to students and to assist with support to students and liaison with family members if requested.

* **Head of Residential Services – Accommodation Essex**

To assist in the identification of close contacts of the patient and facilitate appropriate action, as advised by the Essex Health Protection Unit. To brief and equip staff (eg cleaners) to take protective measures. To source alternative accommodation if required.

* **Head of Security**

To oversee response from Information Centre staff and ensure that protocols are followed and contact details of key staff kept up to date and accessible. To brief and equip staff to take protective measures where necessary.

* **Cleaning Services Manager**

To ensure that cleaning protocols are in place and that relevant staff are deployed to provide extra cleaning if necessary. To brief and equip staff to take protective measures.

* **Members of the Residence Life**

To offer pastoral care and support to the patient (including direct hospital visits), and other students involved.

* **Director of Human Resources**

To provide a link with Heads of Sections, Heads of Faculties, Senior Management, Joint Trade Unions and the Crisis Management Group.

To provide staff contact details and advice and support to staff as necessary. To assist in the identification of close staff contacts to the patient(s).

To liaise with relevant external agencies as outlined in the Crisis Management Plan (Health and Safety Executive, Environment Agency)

* **Joint Trades Unions**

To respond to enquiries from Trades Union members and assist with dissemination of information to staff.

* **Students’ Union management representative/ elected officer representative**

To assist with dissemination of information to students.

* **Representatives of Multi Faith Chaplaincy Centre**

Assist the Critical Incident Management group, as necessary, in allaying anxiety of persons associated with or concerned about the incident.

* **Student Support Wellbeing Service**

To offer wellbeing services as required, including group sessions for students directly affected.

* **Venue Essex**

To respond to incidents involving conference guests and to participate in responses during periods when conference guests are in attendance.

* **Campus manager (or equivalent) Loughton and Southend campuses**

To liaise with staff listed above in the event of an incident affecting Loughton and/ or Southend campuses.

To liaise with key contacts at South East Essex College (Southend) and Epping Forest College (Loughton).

To provide support and information to staff and students.

* **NHS North East Essex / NHS SE Essex**

To provide resources and expertise to deal with outbreak and incident management including assisting with awareness-raising within the University and arrangements for immunisation.

***APPENDIX THREE***

***Accommodation/ department contacts***

Template: Meningococcal Department/Accommodation Letter

(Health Protection Agency)

DATE

Dear Student/Staff Member

This letter is to inform you that one of the students in your department/accommodation (*delete as applicable*) has been taken ill with suspected meningococcal infection. (The student is in hospital and is receiving treatment) *include if appropriate.*

Meningococcal is rare and does NOT spread easily from person to person. The germ that causes meningococcal is passed from person to person in droplets from the mouth and nose. However the germ is very fragile, and dies rapidly outside the body. This means that very close contact (e.g. mouth kissing) is necessary before there is a risk of becoming infected.

As the disease is not very infectious, it is unlikely that anyone else will be affected. There is no need for people to stay away from work, or for the accommodation to close.

Research has shown that family or “kissing contacts” of people with meningococcal infection are at an increased risk of developing the disease. We have offered antibiotics to these people to reduce their risk of becoming ill.

Antibiotics are not usually recommended for less close contacts of a person with meningococcal disease (such as other class mates or work mates) because the risk of them developing the infection is very small, and because:

1. The meningitis germ may become resistant to the antibiotics and so make future protection impossible.
2. There can be side effects from taking antibiotics, which are occasionally serious.
3. The nose and throat contain many germs which protect against infection. Antibiotics may kill all these germs and remove this natural protection, which may put people more at risk of developing meningococcal disease.

Vaccination is not recommended in most situations, as it offers no protection at all against the most common form of meningococcal infection. Many students have now been vaccinated against Group C meningitis.

**If you become ill over the next ten days contact your own family doctor and tell her/him that you work in a department/live in accommodation where there has been a case of meningococcal disease. It may help if you take this letter with you.** The symptoms of meningococcal infection are:

* headache
* joint or muscle pains
* fever
* drowsiness
* turning head away from bright lights (photophobia)
* a fine rash, like pin pricks, which does not disappear when pressed with a glass
* stiff neck
* vomiting
* confusion

Not all these symptoms need to be present. Do remember that people with meningococcal infection can become seriously ill very quickly. If you develop headache and a fever, and your condition appears to be getting worse, do not delay in seeking medical help. Please keep an eye on your friends if they are ill.

There are two national meningitis organisations which offer freephone helplines which can give general information about the signs and symptoms of meningitis and what to do if you are worried.

 ‘**Meningitis Now’ 24 hour helpline T: 0808 801 0388**

 **‘Meningitis Research Foundation’ T: 0808 800 3344**

If you are ill you should seek advice from your own Doctor, or from NHS Direct on telephone no. 111

Yours Sincerely

Dr

Consultant in Communicable Disease Control