

Meningitis Policy

A Procedure for the management of Meningococcal Meningitis/Septicaemia in the University

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Introduction

Meningococcal Meningitis/septicaemia is a rare but potentially fatal infection occurring mostly in young children. Over the past few years its incidence in teenagers, and in particular university students, appears to be increasing.

At Reading University we can expect an average of one case per year. When the index case (first patient) lives in a Hall of Residence, swift action must be taken to try to contain the infection. Index cases occurring in private lodgings must still be monitored with the same care, but there is generally far less work involved as there are less student contacts.

The fear and anxiety engendered by a case of meningitis is often out of proportion to the risk. It is essential therefore, that clear, consistent and accurate information is provided within the University. The University of Reading Medical Practice will work closely with the University where the index case is registered with them, and will be available for advice and guidance on those occasions when the index case is registered with another practice.

As swift reaction is vital, it is important that students and staff be aware of the symptoms and be able to take prompt action.

Preparing students

Students should be encouraged to obtain immunisation (if possible before they arrive in Reading), and should be made aware that this does not cover all types of meningitis infection and that they still need to be vigilant.

Students and staff should be aware of the risks and be familiar with the symptoms.

Information about meningitis can be found on the website of the Meningitis Research Foundation - www.meningitis.org

All halls should display a poster on meningitis obtainable from the Meningitis Research Foundation on www.meningitis.org/about-us/resource-centre

The Medical Practice will maintain a small stock of leaflets or they can be obtained via the Foundation as above.

Meningitis in a Hall of Residence

Should a case of suspected meningococcal meningitis occur in a hall of residence it is important that information is made quickly available to other students and their parents.

Should the patient be registered with the University Medical Practice the following will occur.

The Medical Practice Duty Doctor

- will inform the Hall Warden or deputy that a case has occurred (unless he/she is already aware)
- will, as the attending doctor, inform the Public Health (previously Consultant in Communicable Disease Control or CCDC) that a suspected case has occurred. For this locality this is the Thames Valley Health Protection Agency on 0845 279 9878

- will inform the University Head of Communications / Press Officer on 378 that a suspected case has occurred and at the earliest opportunity furnish them with information regarding the present situation (example Appendix 1)
- will be available to answer queries from hall operational staff.
- will refer any press enquiries to the University Press Officer.

The Hall Warden

- will inform the duty doctor from the University Medical Practice that a suspected case has occurred (unless he/she is already aware).
- will, within 24 hours of the occurrence of a case, organise a meeting for all students in the hall to explain the situation and any action to be taken. Leaflets on meningitis will be available from the Medical Practice or from the Meningitis Research Foundation as detailed in Section 2. Worried students should be referred to the University Practice or their GP.
- should discourage students from going home, as this will not reduce any risk
- will refer any press enquiries to the University Press Officer.

Public Health (Thames Valley Health Protection Agency)

- will identify contacts of the index case
- will advise which students require antibiotics or immunisation (normally those in an intimate relationship with the affected person or sharing living accommodation)
- will inform the University Practice of any cases notified to him.
- will inform GPs regarding the need for prophylaxis in contacts
- will provide written information for the University to disseminate to students

The Director of Communications

- will notify senior members of the University of the occurrence, and will identify other members of the University who need to be told in advance of a general statement (see Appendix 2)
- will deal with all enquiries from parents or media concerning the case using material supplied by the University Medical Practice and the hall concerned or refer callers to NHS Direct where appropriate.
- will issue a statement within the University, distributed by e-mail via heads of department and departmental secretaries. The statement will be a pre-agreed document to which details can be entered (see Appendix 3). This statement should also appear on the University's web. Further statements should be issued at intervals to be determined by the level of student and parental concern. The student's name will normally have to be omitted, but if the student's friends want information, the consent of the index case (first patient) or their parents (where appropriate) should be sought (in a positive way, and only once it is clear that further distress will not be caused) for the name to be included in the bulletins. The statement should confirm the dangers to students (and others) of going home. Students will be advised when it is reasonable to go home.

Attending GP (if not from University Medical Practice)

Should the student concerned be registered with a medical practice other than the University Medical Practice, it will be the responsibility of the attending doctor to inform Public Health, who will in turn inform the University.

Meningitis in private lodgings

This is generally easier to manage as normally there are fewer contacts involved. Therefore it is not necessary to arrange a meeting but otherwise the procedure shall be as described above.

More than one case

Public Health will monitor the situation and will decide if an outbreak has or is about to occur. They will direct communications and activities and may wish to form an Incident Control Team which will typically comprise of:

- Public Health
- Doctor from University Medical Practice
- Director of Student, Learning and Teaching Services
- Consultant Microbiologist
- Chief Pharmacist
- Hall Warden/ Group Warden (if appropriate)
- University Director of Communications
- University Press Officer

Other members will be co-opted as necessary

The following issues should be considered:

- a target group for prophylaxis will be defined
- a method of giving prophylaxis to a large number of people will be agreed
- information will need to be widely disseminated throughout the University, by the Director of Communications. The outline of the information to be distributed should be agreed in advance. Further bulletins should be issued for as long as the patients' condition and the level of student anxiety warrant it.
- an information and help line will be set up and a press conference arranged by the Director of Communications. (The outline of an appropriate press release should be agreed in advance, and the Director of Communications should establish a relationship in advance with the public relations officer of the local Health Authority, to ensure that they can work closely together when and if the need arises.)
- local practices and hospitals will be informed (by Public Health)

Terms of reference of the Incident Control Team

- to develop a strategy to deal with the incident and to allocate individual responsibilities for implementing action

- to investigate the case, to implement control measures, and to monitor their effectiveness
- to ensure adequate manpower and resources are available for the management of the incident
- to provide appropriate information and advice for students, staff, parents, relevant outside bodies and the media

Evaluation of procedures and policy after the event

When an Incident Control Team has been formed they should meet to review the event within two months of resolution. They should evaluate the procedures and policies used, and produce a report for submission to the Senior Management Board, summarising what happened, what action was taken, and what lessons were learned for the future.

Advance planning

University Medical Practice

- Will hold regular (1-2 year) internal refresher training on the protocols
- Promote immunisation program on an ongoing basis
- Maintain up to date protocols and contact details
- Publish information on their website including key links to other sources of advice

Director of Communications and University Press Officer

- Maintain link to the Medical Practice web site
- draw up appropriate outline press releases
- draw up a plan for a telephone helpline
- set up an e-mail group for all academic staff, plus halls
- set up a web page (which should not be linked to the University home page until required)
- establish a relationship with the local Health Authority's PRO

Appendix 1

Information that Duty Doctor should relay to the University Press Office when an index case is suspected

- Name of Hall of Residence or road name of private lodging
- Gender of patient
- Age
- Statement re current state of health
- Confirmation that Public Health have been informed
- Summary of advice from Public Health

Appendix 2

Checklist of individuals to be informed

- Hall Warden and UPP Residence Manager
- Director of Student, Learning and Teaching Services services
- Personal tutor
- Head of Department / School secretary
- Chief Executive, Students'
- President, Students' Union
- The Chaplaincy
- Head of Campus Services

Appendix 3

Pro forma Press release

A University of Reading student is being treated for meningitis. The student is a resident of University Halls/ private lodgings. They have been admitted to the Royal Berkshire Hospital/gone home and been admitted to X Hospital. They have made good progress and are recovering. No other linked cases have been reported. Close contacts of the patient have been given appropriate antibiotics. Students in their Hall/house have been informed about the case and offered an advice leaflet. The chance of another case occurring is very small. Antibiotics are not routinely given to other Hall residents/housemates after a single case as there is no evidence that further cases will be prevented; antibiotics may do harm by eradicating protective strains and sometimes cause serious side effects. Vaccination is not recommended as it is only partly effective against some strains of the organism.

It is important to know the symptoms and signs of the illness which are:

- a high fever
- severe headache

- a dislike of bright lights (photophobia)
- vomiting
- stiff neck back and joint pains
- possibly a rash which does not fade under pressure.

The management of an outbreak is the responsibility of the Consultant in Communicable Disease Control. The free 24 hour Meningitis Research Foundation telephone helpline is 0800 8800 3344, and the free Meningitis Trust 0800 028 1828