Management of Meningitis Disease at University Surrey Protocol

*These guidelines are to be read in conjunction with the Communicable and Notifiable Disease Policy

What is meningitis?

Meningitis is an infection of the protective membranes that surround the brain and spinal cord. This infection causes these membranes (the meninges) to become inflamed, which in some cases can damage the nerves and brain.

What types of Meningitis are there?

There are two types of meningitis. They are:

**Bacterial meningitis** – caused by bacteria such as Neisseria meningitidis or Streptococcus pneumonia, it is spread through close contact. Bacterial meningitis is very serious and should be treated as a medical emergency. If the bacterial infection is left untreated, it can cause severe brain damage and infect the blood.

**Viral meningitis** – caused by viruses that can be spread through coughing, sneezing and poor hygiene. Viral meningitis is the most common, and less serious, type of meningitis.

The more severe the disease, the greater the risk of complications

Complications can include loss of hearing, loss of vision, loss of memory and/or concentration, difficulties in coordination and balance, epilepsy, cerebral palsy, limb amputations and may result in death

How is Meningitis spread?

Transmission is through person to person spread from respiratory aerosols, droplets or by direct close contact with respiratory secretions of someone who is carrying the bacteria.

Infectivity of meningococcal is relatively low and requires prolonged close contact, for example those living in the same household or through direct contact with nose and respiratory secretions such as intimate “wet” kissing.

Incubation period ranges from 2 to 7 days with the onset of disease ranging from severe with overwhelming features to insidious mild prodromal symptoms.
Up to 25% of adolescents can carry the bacteria in their nose and throat without showing any signs or symptoms of the disease. In being immunised against meningococcal ACWY, carriage of the bacteria will also be prevented.

**Symptoms of meningitis are:**
- a fever, with cold hands and feet
- vomiting
- drowsiness and difficulty waking up
- confusion and irritability
- severe muscle pain
- pale, blotchy skin, and a distinctive rash (although not everyone will have this)
- a severe headache
- stiff neck
- sensitivity to light (photophobia)
- convulsion or seizures

These symptoms can appear in any order, and not everyone will get all of them. Don't wait for a rash to develop. If someone is unwell and has symptoms of meningitis, seek medical help immediately.

To test for a non-blanching rash (one which does not fade under pressure) press an empty glass against the affected area.
Supporting documentation 3.4.4

Vaccinations

As of August 2015 all University students up to the age of 25 (and 17- and 18-year-olds in school year 13) and are eligible for the Men ACWY vaccine as part of the NHS vaccination programme, you can ask your GP for a vaccine.

The Men ACWY vaccine protects against four different causes of meningitis and septicaemia – meningococcal (Men) A, C, W and Y diseases. The vaccine provides good protection against serious infections caused by four different meningococcal groups (A, C, W and Y) including meningitis and septicaemia.

Cases of meningitis and septicaemia (blood poisoning) caused by Men W bacteria are rising due to a particularly deadly strain. Older teenagers and university students are at high risk of infection because they tend to live in close contact in shared accommodation, such as university halls of residence. The meningococcal bacteria live in the back of the nose and throat in about 1 in 10 of the population without causing any illness. The bacteria is spread from person to person by close prolonged contact with a person carrying the bacteria, such as coughing, kissing and sneezing.

Students under 25 can access the vaccine from their home GP or by registering with Guildowns University Medical Centre during Fresher’s week or by attending the surgery in University Court.

Meningitis awareness

Meningitis awareness pre-arrival

<table>
<thead>
<tr>
<th>Message</th>
<th>Format</th>
<th>Location</th>
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<tbody>
<tr>
<td>Raising awareness of meningitis disease and vaccination with parents</td>
<td>Leaflets, verbal communication</td>
<td>Open days</td>
</tr>
<tr>
<td>Information about the disease and vaccinations</td>
<td>Written article/information</td>
<td>Pre-arrival website and information links</td>
</tr>
<tr>
<td>Information about the disease and vaccinations</td>
<td>Links and written information</td>
<td>Facebook and twitter</td>
</tr>
<tr>
<td>Students are encouraged to register with a UK GP practice, ideally on campus GP if possible</td>
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<td>Website, pre-arrival information</td>
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Raising awareness among students

In the first 2 weeks of arrival at the University, students are subject to the following messages displayed in a variety of areas

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| Article explaining meningitis, signs and symptoms, picture of rash, vaccinations, information if concerned about health of self or others | Written article with visual pictures and links to online NHS information | • Resnews  
• Student News  
• The Stag (if accepting news articles)  
• CWB health alert pages |
| Poster displaying vaccination information and flowchart                  | Poster                                      | • All kitchens in campus residences  
• In GP, CWB, CWB annex, |
| Poster with 111 information on and meningitis symptoms, looking out for friends | Poster                                      | All kitchens in campus residences |
| Information about Meningitis and how to get vaccinated                  | Meningitis leaflets and signs and symptoms cards given out to all students accessing CWB stands | • Freshers Fair,  
• University registrations |
| Information about the disease and vaccinations                           | Links and written information               | Facebook and twitter |
| Meningitis charities (Meningitis Now or other) attending University to raise awareness | Stand and information, including symptoms cards | Health and Wellbeing fairs |
| Information about Meningitis and how to get vaccinated                  | Plasma screens                              | Student services centre |
| Students are encouraged to register with a UK GP practice, ideally on campus GP if possible | Links and written information, posters in kitchens | Website, freshers fair, social media, Student News |

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Ongoing messages throughout year

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<tr>
<td>November time, ‘What to do if you’re ill’</td>
<td>Leaflets handed out by mentors</td>
<td>Halls of residence</td>
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<tr>
<td>Ad Hoc reminders triggered by increases in cases in local area/nationally</td>
<td>Varying, not limited to written information, leaflets, hand outs</td>
<td>Facebook, twitter, website, Student News</td>
</tr>
<tr>
<td>February time for new arrivals</td>
<td></td>
<td></td>
</tr>
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Raising awareness among staff

- Annual awareness raising campaign on Surrey Net and Net News with links to the CWB health alert pages
- Republish information in light of confirmed case(s)
- Reminder to key members of staff such as security and wardens to be alert to the signs of meningitis and this protocol
- Announcement of published policy on Leaders Alert
- Provide leaflets upon request to departments/schools/services within the University

Links with medical teams

- Deputy Head of Wellbeing /Lead Nurse Advisor maintains positive relationship with Guildowns GP
- Deputy Head of Wellbeing /Lead nurse is sent regular Public Health Updates and disease monitoring stats
- Deputy Head of Wellbeing /Lead nurse maintains links to Meningitis Now volunteer
- CWB nursing team offer vaccination clinic support/space if needed to GP
Actions in event of a case

There are a number of phases related to a meningitis case(s)

a) Before a case/outbreak:

Preparedness for a meningitis case must consist of the following:

- Deputy Head of Wellbeing/Lead Nurse being aware of national and international trends relating to meningitis
- Business continuity plans across the institution must consider the business implications of communicable diseases and associated outbreaks and how to mitigate for the impact on loss of or reduction to normal service
- General awareness raising and health promotion activities for staff and students (as above) continue at relevant times in academic cycle and at times of peak concern (local/national escalation of communicable disease cases)

b) During a case/outbreak:

Any member of staff or student being made aware of a University member reportedly to be diagnosed with meningitis shall source and gather all possible information on the patient as detailed below and report this to the Centre for Wellbeing (during office hours) or Security (during out of hours) without delay.

- Name of affected individual
- URN/staff number
- Address
- Contact telephone
- Course of study, year of study
- Current location and condition of the student
- Name of individual reporting the case (if not the affected individual)
- Contact details of the reporter (if different)

The Director of Wellbeing and/or Deputy Head of Wellbeing and Lead Nurse Advisor or Security will then contact the affected individual or reporter to gain full insight into the nature of the disease and present medical advice. Guildowns Group Medical Practice (onsite GP) must be informed of case(s)

A decision to escalate to Silver command will be made based on the following

- Type of meningitis and present condition of the patient
- Present medical advice
- Affected individual(s)
- Where individual has been/who have they been in contact with
- PHE or WHO advice if available
- Other relevant information/concerns or uncertainties

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Consideration during a Silver meeting will need to consider some or all of the following and is not limited to:

- Assessment of the present information and medical advice
- Containment of present case/outbreak considering medical advice
- Contact tracing advice re residences, studies, societies, sports
- Support for affected student/staff/friends/peers/family
- Communication as per medical guidance
- Potential for escalation in cases or deterioration in present case
- Consideration of business continuity if required
- Continuous review of present case(s), lessons learnt

Guidance for public health management of meningococcal disease in the UK includes details about how PHE will manage a case of meningitis and gives examples of letters distributed under guidance of PHE.

Actions arising from PHE or WHO involvement will determine the next steps, which will include some or all of the following and is not limited to:

- Treatment
- Contact tracing
- Isolation
- Vaccination
- Communications

Upon confirmation of an ‘outbreak’ from World Health Organisation (WHO), or PHE, direction will be taken from the leading authority; actions beyond this point will be taken on a case by case basis.

c) After a case/outbreak:

Support to the community should be offered in light of raised concerns about communicable diseases, especially if a significant event such as extensive hospital admission, surgery or death has occurred.

Support may include, but is not limited to emotional and psychological support at one to one or departmental level, Extenuating Circumstances, health advice and return to studies for the affected individual(s).

Review of the case(s) should be held at Silver level