Dear colleagues and students,

\*Details of issue\*

Public Health England (PHE) has identified \*\*\*. As a result, the Vice-Chancellor and the executive team are working with experts from PHE to follow the usual procedure for universities in this situation.

**Vaccination programme for targeted group**

Following detailed analysis of the medical evidence from all three cases, PHE has been working with the University to arrange for **all full-time undergraduate students who live in university halls of residence to be vaccinated against Meningitis B**.

For full protection, PHE recommends two doses of the vaccine, the second of which should be administered one month after the first injection.

This programme will begin for all those in the above group starting next week. Everyone in that group will be contacted directly via email over the coming days to advise of the date and timing of their session.

Please note the vaccine will be provided only to the above group, and it will not be administered anywhere else. To be kept up to date with the latest news and any useful last minute information, please visit XXX to provide us with your mobile telephone number.

While people who have prolonged, close contact with an ill person are at a slightly increased risk of becoming unwell, PHE have assured us that meningococcal infection is comparatively rare, and the risk of transmission is relatively low.

***Something here from PHE about exclusions***

If you have any questions, please contact

Who to contact?

Link to online FAQs?

**Signs and symptoms**

The health and wellbeing of our staff and students is of the utmost importance and we urge all staff and students to remain vigilant to the potential symptoms and act on the following information from Public Health England.

**Meningitis symptoms and support – advice from PHE**

Meningococcal bacteria are carried in the back of the throat of about one in ten people at any one time, but only very rarely cause illness. Most people who carry the bacteria become immune to them. The bacteria do not spread easily and only those who have had prolonged, close contact with the person are at a slightly greater risk of becoming ill.

**People who have not had prolonged, close contact, for example classmates, friends, social acquaintances, visitors to the house etc, are NOT at any greater risk than the rest of the population and do not need antibiotics. Those who have shared drinks with the person but have not had prolonged close contact also have no increased risks.**

It is sensible to be aware of the signs and symptoms, which are outlined below. The bacteria can cause either meningitis (inflammation of the membranes around the brain) or septicaemia (blood poisoning) or both. This disease can be serious. It is therefore important that it is dealt with very quickly, as it can be treated most effectively in the early stages.

**Signs and symptoms**

|  |  |
| --- | --- |
| **Meningitis** | **Septicaemia** |
| **Fever** | Fever |
| **Vomiting** | Vomiting |
| **Severe headache** | Bruising / rash |
| **Stiff neck** | Rapid breathing |
| **Dislike of bright light** | Joint / muscle pain |
| **Seizures** | Cold hands and feet |
| **Confusion / irritability** | Confusion / irritability |
| **Extreme sleepiness / difficulty waking** | Extreme sleepiness / difficulty waking |

Not all of these signs and symptoms may show at once and meningococcal disease can be hard to identify at first because it can be like a bad case of flu.

**If you are in any doubt or are concerned about your health, or the health of others, please call NHS 111 urgently.**

**Further information is available from:**

* Meningitis Now, <https://www.meningitisnow.org/> 0808 80 10 388
* The Meningitis Research Foundation, <http://www.meningitis.org/> 0808 800 3344