

## **Meningococcal**

Health Promotions and GPs at Freshers Fair  
Health and Wellbeing Awareness Days  
Encouraging Students to register with a GP in Bolton  
Poster and leaflet Campaign  
Distribution of symptom cards Pre-Arrival

In addition, students and staff should familiarise themselves with the symptoms of meningococcal infection/disease.

Any student who is entering Higher Education for the first time should have received the MenACWY vaccination, ideally before arriving at the university. The vaccine provides protection for A, C, W, Y strains of meningitis but will not protect against type B, which there is currently no vaccination.

## **2.1 How is it spread?**

Meningococcal contact. This usually means those living in the same household (e.g. Shared Houses and Halls of Residence) or intimate kissing contacts. Infection cannot be acquired by simply being in the same room for a short period.

Antibiotics may be given to some close contacts of cases of meningococcal disease to prevent further spread of infection. Public Health England (PHE) will decide the need for antibiotics.

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

- Sudden onset of high fever
- A severe headache
- Dislike of bright lights
- Vomiting
- Painful joints
- Seizures
- Drowsiness that can deteriorate into a coma
- Confusion/irritability
- Stiff Neck

(it is important to remember not everyone will get a rash).

If a student or staff member notices the sudden onset of these symptoms, medical advice should be sought immediately. Be aware that not all of these symptoms may



- (i) Staff will need to be fully briefed on the disease and its management. Training will be provided to all Student Services staff. Further training will be provided by the University Health and Safety Manager in relation to University first aiders. So that they are aware of the signs and symptoms and know how to respond appropriately. This may involve the services of the Greater Manchester Health Protection Team (GMHPT).
- (ii) The poster and leaflet information indicated above will also be available to staff at the University.

#### **5. Immediate action that is required in the event of a suspected case of meningococcal disease**

Medical assistance **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.

Staff should inform a Student Advisor in the Student Centre and the University Health and Safety Manager that a student has been taken to hospital with suspected Meningococcal infection.

#### **6. Action for close contacts of a case of suspected meningococcal disease (Single case)**

PHE is routinely notified by hospital clinicians of cases of suspected meningococcal infection and will determine appropriate public health action (including arranging antibiotics if required)

Access to student records will be required in order to ascertain home and local contact information (support provided by Student Data Management and/or Student Services).

The University Health and Safety Manager will contact Student Services, who will notify;

Personal Tutor

Head of School / Dean of Faculty. (This list is not an exhaustive list).

The Head of School/Dean of Faculty should, following guidance from the PHE

Issue a communication to students on the same course with an information letter.

If appropriate hold a meeting for students on the same course or within the same school

If directed by PHE alert the meningitis helpline/NHS direct.

## **7. 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 unrelated, section 6 above will be followed in respect of each individual case

When the student does return to the University, support will be offered i.e. support for examinations and assignments potentially via the submission of a Mitigating Circumstances form.

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

Steps 5 and 6 will be followed as appropriate, in conjunction with the protocol; for action following the death of a student (see Student Death Procedure, Enc within Health and Safety Policy).

#### **10. Case definitions**

Representative from Orlando Village (if required)

The Outbreak Control Meeting will decide on what actions and interventions are appropriate to manage the incident and may request rooms etc. Information will be issued immediately to students across the University. The dissemination and nature of the information will be decided by OCT.

The immediate priority of the University will be to alert all students and staff to the symptoms of meningococcal disease and to inform local general practices of the incident. The University may be advised to set up a helpline number for students, staff and parents and arrangements will be made by the OCT. Many queries and concerns are likely to be best dealt with by the University and such helplines should be able to be set up at short notice.

The Outbreak Control Meeting will organise for notification of details of the incident to Meningitis Research Foundation and Meningitis Now and disseminate details of charities helplines.

The University in partnership with the HPT will develop and release a press statement and media response. There will be one point of communication agreed. It will be necessary for the OCT to agree on a spokesperson for the OCT and the University.

The situation will be monitored by the GMHPT.

**Note:** In the event of an outbreak, a number of University rooms should be immediately available for use by the GMHPT. Appropriate rooms would be Orlando Common Room, Deane Lecture Theatre and the Sports Centre. Additional telephone lines should also be made available for use as required.

### **Other Related Policies**

Other relevant policies include:

s Management Plan  
Student Death Procedure (Enclosed within Health & Safety Policy)

### **Monitoring and Review**

This policy will be monitored and reviewed by the Deputy Student Services Manager or the Student Services Team Leader.

The policy will be reviewed every three years by the Director of Student Services & Experience or nominee in collaboration with the Greater Manchester Health Protection Team (HPT).





Appendix 1

**Policy for Managing Probable/Confirmed Meningococcal Meningitis/Septicaemia & Action Plan Flowchart**

