

## **Advisory Group on Communicable Diseases**

# **Meningococcal Meningitis Guidelines**

*May 2010 Edition*

### **Introduction by the Registry, Dr Jonathan Nicholls**

The word 'meningitis', used throughout this publication, refers to the serious infection, including meningitis and septicaemia (blood poisoning) caused by the meningococcus.

Meningococcal meningitis is a potentially fatal infectious disease. Most students arriving at the University will have been vaccinated against Group C meningococcal infection. Since the immunization programme was introduced in 1999 the incidence of Group C infection, which had been responsible for outbreaks of meningitis at other universities, has declined markedly. Group B, against which there is no effective vaccine, remains the most common bacterial cause of meningitis. Therefore while the risk of outbreaks is now low, sporadic cases of meningococcal meningitis can still arise. It remains important for staff and students to be aware of the symptoms and to take prompt action if necessary.

These guidelines have been prepared by the University's Advisory Group on Communicable Diseases in consultation with the Health Protection Agency's Norfolk, Suffolk and Cambridgeshire Health Protection Unit, and conform to Universities UK guidance on the management of meningococcal disease in higher education institutions. The purpose of these guidelines is to outline the roles and responsibilities of the University, the Colleges and the Health Protection Unit. This document describes how they interact and provides points of contact for further information.

With an issue as emotionally charged as meningitis, appropriate and effective communication is essential. The media can prove a useful tool for disseminating health and safety information quickly, for example by announcing how to get more information or how to recognise the symptoms of meningitis. Press enquiries regarding the University's management of meningitis, or a particular case of meningitis, are handled by the Office of External Affairs and Communications.

The Guidelines include important information about meningitis and its symptoms. Further information is available from the Meningitis Trust's 24-hour nurse-led helpline (0800 028 18 28); the Meningitis Research Foundation's freefone 24-hour helpline (080 8800 3344) and NHS Direct (0845 4647).

# Guidelines on responding to cases of meningococcal meningitis and meningococcal septicaemia

## 1. Overview

The clinical management of meningitis in University students admitted to hospital is the responsibility of the admitting physician. The public health management of meningitis, including contact tracing, arranging prophylaxis and outbreak management is the responsibility of the local Health Protection Unit (HPU); the Unit's Consultant in Communicable Disease Control (CCDC) is responsible for advising the University and its Colleges. In a case involving any student or staff member of the University and Colleges, University and College staff may be asked:

- to assist the HPU in tracing student and staff contacts;
- to provide the HPU with a central location (normally the University's Occupational Health Service) for distributing prophylactic treatment to contacts, as directed by the HPU;
- to assist in disseminating information to relevant individuals in the University and Colleges.

These guidelines describe the roles and responsibilities of, and lines of communication between, members of the Health Protection Unit (HPU), the University and the Colleges.

## 2. Key staff & offices

The key staff and offices involved in the public health aspects of a case of meningitis are:

	Availability	
	During office hours	Out of hours
Health Protection Unit (HPU) – out-of-hours, the on-call Public Health Specialist	01480 398607	01603 481221
Senior Tutor of the affected college	via the Colleges' Meningitis Liaison Senior Tutor	via the Colleges' Meningitis Liaison Senior Tutor
College Nurse (as available) of the affected college	via college Senior Tutor	Not available
Colleges' Meningitis Liaison Senior Tutor, or deputy <ul style="list-style-type: none"> <li>▪ Dr M Wormald (<i>PEM</i>) – <b>from 1 Oct. 2010</b></li> <li>▪ Dr P Hartle (<i>CTH</i>) – <b>deputy</b></li> </ul>	01223 338114 01223 338373	<i>[via Porters' Lodge]</i> 01223 338100 01223 338300
Colleges' Meningitis Liaison Nurse (or deputy) <ul style="list-style-type: none"> <li>▪ Mrs Mairi Hurrell (<i>Q</i>)</li> <li>▪ Mrs Maggie Hartley (<i>JM</i>) – <b>deputy</b></li> </ul>	<i>[via Health Centre]</i> 01223 335578 01223 338664	<i>[via Porters' Lodge]</i> 01223 335511 01223 338600
University's Occupational Health Service	01223 336594	Not available
University's Office of External Affairs & Communications	01223 332300	07824 835223

### **3. The role and responsibilities of the Health Protection Unit**

*The role of the HPU is to inform and advise the affected college/s and to ensure that the necessary public health actions are undertaken.*

When informed about a case of meningitis and having confirmed the details and the need for public health intervention, the HPU will undertake the following:

1. Inform the Colleges' Meningitis Liaison Senior Tutor (or deputy) and obtain from them details of the relevant college Senior Tutor.
2. Identify close contacts of the case (name, date of birth and GP details required) with the help of the relevant Senior Tutor and agree arrangements for prophylaxis.
3. Confirm, with the Occupational Health Service (during working hours only) and the Senior Tutor, the contacts requiring prophylaxis. Out of hours normal public health procedures for issuing prophylaxis will apply.
4. Contribute to and agree any media statements prepared by the University's Office of External Affairs and Communications.
5. Input to and agree relevant briefings and information for students and staff, and the up-dating of web pages as necessary.
6. Inform local GP practices as necessary.
7. Convene the Incident Management Team (see Section 7) in the event of a cluster of two or more linked cases, or if the risk assessment otherwise warrants it.

### **4. The role & responsibilities of Senior Tutors and College Nurses**

*The role of the Senior Tutor is to provide support to the HPU in the public health management of meningitis cases and assist in disseminating information to relevant individuals in the College.*

On receipt of information from the HPU about a case, the relevant Senior Tutor (assisted as necessary by the College Nurse) will undertake the following:

1. Identify close contacts of the case as advised by the HPU.
2. Agree with Public Health and confirm with Occupation Health (during working hours only) the arrangements for the treatment of contacts and issue instructions and guidance to identified contacts about prophylactic treatment, including where to go for such treatment.
3. Liaise with the Head of the University Counselling Service, if necessary, to discuss the need for assistance in providing counselling for students, particularly if facilities are not available at the College or a large number of students is involved.

*The role of the Colleges' Meningitis Liaison Senior Tutor and Colleges' Meningitis Liaison Nurse is to support the relevant Senior Tutor and College Nurse in managing the incident and assist in disseminating information to relevant individuals in the Colleges and University. The Colleges' Meningitis Liaison Nurse is also able to support and advise colleges without a college nurse.*

4. The Colleges' Meningitis Liaison Senior Tutor or deputy will disseminate information to all Senior Tutors.
5. The Colleges' Meningitis Liaison Nurse or deputy will disseminate information to all College Nurses.

**Note:** *Neither College staff nor students should issue a press release nor make any form of statement to the media under any circumstances, including a student death. All media information and enquiries will be handled by the University's Office of External Affairs and Communications.*

## **5. The role of the University's Occupational Health Service (OHS)**

*The role of the Occupational Health Service (OHS) is to assist in the arrangements for issuing prophylaxis to close contacts of meningitis cases. Note that the University's Occupational Health Service is open 8.30am-4.30pm, Mon.–Fri. Outside these hours normal Public Health procedures for issuing prophylaxis will apply.*

On receipt of information about a case (from the Senior Tutor and/or the HPU) the University's Occupational Health Service will:

1. Confirm with the Senior Tutor and the HPU the arrangements for prophylaxis for college/university contacts.
2. Ensure that the Colleges' Meningitis Liaison Senior Tutor or deputy is aware.
3. Inform the Colleges' Meningitis Liaison Nurse or deputy.
4. Inform University Departments and Faculties on a need-to-know basis as directed by the HPU, for the purpose of tracing contacts of staff with no college affiliation.
5. Inform the University's Health and Safety Office.
6. Issue prophylactic treatment to contacts as directed by the HPU.
7. Provide the HPU with a list of those treated, including details of their GP.
8. Liaise with the Office of External Affairs and Communications to provide and receive ongoing information about the case.

## **6. The role of the University's Office of External Affairs & Communications**

The Office of External Affairs and Communications will:

1. Act as the central point of contact.
2. On the instruction of the University's Occupational Health Service and with due regard for patient confidentiality, inform the Vice-Chancellor and Registry about a confirmed case of meningitis.
3. In liaison with the HPU/on-call Public Health specialist, the hospital and NHS Cambridgeshire communications teams, and the Senior Tutor of the relevant College, prepare a statement for the media as necessary.
4. Handle all enquiries from the media and the general public, involving other

members of the Incident Management Team (Appendix 1) as appropriate.

5. Prepare additional statements and briefings as appropriate, ensuring accuracy and consistency of information.
6. In the event of a cluster of cases, inform the members of the Incident Management Team (Appendix I) and, as directed by the CCDC, make the necessary arrangements for the IMT to be convened.
7. Update University web pages, and similar channels of mass communication, as appropriate.
8. Follow the guidance of the University's 'Meningitis Communications and Confidentiality Strategy' (Appendix II).

## **7. The role of the Incident Management Team (IMT)**

The membership of the Incident Management Team is shown in Appendix I. The Team will be convened by the Consultant in Communicable Disease Control (CCDC), or his/her representative, and its role will be to ensure that co-ordinated action is taken following a cluster of two or more linked cases. The Office of External Affairs and Communications will inform members of the IMT on the basis of information supplied by the HPU, and will make the necessary arrangements for the IMT to be convened.

## **8. Training**

It is the responsibility of Senior Tutors to raise awareness of student health amongst appropriate staff groups, in consultation with their College Nurse (if appointed). The Colleges' Meningitis Liaison College Nurse will be able to provide information and advice to Colleges without a College Nurse. Consideration should also be given to raising awareness amongst the students and information should be given to them. The Meningitis Trust can provide leaflets/cards in various languages. University First Aiders will have received training in symptom recognition.

## **APPENDIX I: Incident Management Team (IMT)**

In the event of a cluster of linked cases of meningitis, the IMT will include (among others):

Consultant in Communicable Disease Control (CCDC), or representative (Convenor)  
NHS Cambridgeshire representative  
Deputy Head of Communications, Office of External Affairs and Communications  
Senior Tutor of relevant college  
College Nurse of relevant college  
Colleges' Meningitis Liaison Senior Tutor (and/or deputy)  
Colleges' Meningitis Liaison Nurse (and/or deputy)  
Occupational Health Service Manager  
Head of the Counselling Service  
CUSU Welfare Officer  
Secretary of the Advisory Group on Communicable Diseases

## **APPENDIX II: Communications & Confidentiality Strategy**

The Office of External Affairs and Communications will normally be the point of contact for external media. Staff and students should refer all media enquiries to the Office of External Affairs and Communications. This strategy conforms to Universities UK's publication *Managing meningococcal disease in higher education institutions* (2004).

The Office of External Affairs and Communications will:

- Prepare a fact sheet, initial news release and regular updates, as agreed by the IMT, to be issued upon request by the media
- Withhold the patient's name, subject, year and address, in order to preserve patient confidentiality
- Brief University, College and CUSU spokespersons as appropriate
- In the event of a cluster of linked cases, publish information on the University website, with links to other relevant sites, as agreed by the IMT

## **APPENDIX III: University Advisory Group on Communicable Diseases**

The membership of the Advisory Group on Communicable Diseases is as follows:

Colleges' Meningitis Liaison Senior Tutor, or deputy (Chairman)  
Colleges' Meningitis Liaison Nurse, and/or deputy  
Representative of the Bursars' Committee  
Deputy Head of Communications  
HPU Consultant in Communicable Disease Control (CCDC)  
University's Consultant Occupational Physician  
Occupational Health Service Manager  
Senior member of the Health and Safety Office  
CUSU Welfare Officer

The Advisory Group may be contacted via the Secretary, Mr A. Bennett, University Offices, The Old Schools, Cambridge (Tel. 01223 332307; email [ab164 {at} admin.cam.ac.uk](mailto:ab164@admin.cam.ac.uk)).

## Suggested Cambridge Colleges' Action Plan for Cases of Meningitis

*Colleges are encouraged to adjust this plan to suit their own particular circumstances, identifying the responsible officer as appropriate*

1. Refer to the University's *Meningococcal Meningitis Guidelines* and, if required, the National Meningitis Trust (0800 028 18 28; [www.meningitis-trust.org](http://www.meningitis-trust.org)) or the Meningitis Research Foundation (0808 800 3344; [www.meningitis.org](http://www.meningitis.org)) for further information.
2. Do not give out information to the media. Refer all enquiries to the University's Office of External Affairs and Communications on 01223 332300 (out-of-hours: 07824 835223).
3. Establish the following information about the affected student:
  - name and date of birth
  - subject, year and Tutor
  - College/Cambridge address
  - whether the case is suspected or confirmed
  - where the student is (including hospital ward number if appropriate)
  - whether their next of kin has been informed.
4. Senior Tutor/College Nurse to liaise with the Colleges' Meningitis Liaison Senior Tutor (or deputy) and the Colleges' Meningitis Liaison Nurse.

<i>Colleges' Meningitis Liaison Senior Tutor</i>			
Dr Mark Wormald ( <i>PEM</i> )	<b>on leave 2009/10</b>	01223 338114	<a href="mailto:mrw1002@cam.ac.uk">mrw1002 {at} cam.ac.uk</a>
Dr Paul Hartle ( <i>CTH</i> )	<b>deputy</b>	01223 338373	<a href="mailto:pnh1000@cam.ac.uk">pnh1000 {at} cam.ac.uk</a>
<i>Colleges' Meningitis Liaison Nurse</i>			
Mrs Mairi Hurrell ( <i>Q</i> )	<i>Health Centre</i> ( <i>out of hours – Porters' Lodge</i> )	01223 335578 (01223 335511)	<a href="mailto:mh331@cam.ac.uk">mh331 {at} cam.ac.uk</a>
Mrs Maggie Hartley ( <i>JN</i> )	<b>deputy</b> <i>Health Centre</i> ( <i>out of hours –Porters' Lodge</i> )	01223 338664 (01223 338600)	<a href="mailto:M.A.Hartley@joh.cam.ac.uk">M.A.Hartley {at} joh.cam.ac.uk</a>

5. Senior Tutor/College Nurse to assist Health Protection Unit (HPU) (01480 398607) or on-call Public Health specialist (01603 481221) to identify and trace the close contacts of the case.
6. Senior Tutor/College Nurse to liaise with the HPU concerning prophylaxis.
7. Senior Tutor/College Nurse to direct close contacts to the agreed venue for prophylactic treatment.
8. Senior Tutor, with the help of the Head Porter and his/her staff, to disseminate information to students, Fellows and staff via e-mail, pigeonholes or notices. A sample notice can be found in the entry for Meningitis in the *A-Z Tutors' Guide* on the Senior Tutors' website (<http://www.admin.cam.ac.uk/committee/seniortutors/>).
9. Senior Tutor to re-distribute leaflets and symptoms cards to all students and staff.
10. Senior Tutor to work with the University's Office of External Affairs and Communications to prepare, as necessary, any media statements, in liaison as required with the HPU and NHS Cambridgeshire.
11. Senior Tutor or College Nurse to liaise with the University Counselling Service to discuss the possible need for counselling for students and staff.

# MENINGOCOCCAL DISEASE – THE FACTS

Meningitis is an illness where the coverings of the brain and spinal cord become inflamed. It can be caused by viruses, bacteria, or other agents.

**Viral meningitis** is rarely serious and is not helped by antibiotics. **Bacterial meningitis** is less common than viral meningitis, but is a serious illness and needs urgent treatment with antibiotics. The most common of the bacteria that cause meningitis is the **meningococcus**. These bacteria can also cause **blood poisoning (septicaemia)**, which is the more dangerous form of the disease. The term **meningococcal disease** refers to both the meningitis and septicaemia forms of the disease caused by the bacteria.

Meningococcal bacteria can be divided into several groups, but nearly all disease is caused by groups A, B, C, W-135, and Y. Now that MenC vaccine is available, providing effective protection against the group C meningococcus, disease caused by this strain is rare. Outbreaks in schools and universities, most often associated with group C infection are also very rare. Group B, for which there is no effective vaccine, has been unaffected by the Men C vaccine and continues to be responsible for the majority of confirmed cases.

## Where are the meningococcus bacteria found?

- These bacteria are very common. At any one time 10-20% of us carry the meningococcus in our nose and throat without knowing it.

## How do we pick up the bacteria?

- We can pick up the meningococcus if we have very close prolonged contact (e.g. living in the same house) with someone carrying it. The contact has to be close because the bacteria are weak and cannot live for more than a few seconds outside the body.
- The bacteria cannot be picked up from water supplies, swimming pools or household objects such as clothes, furniture or cups.

## If the bacteria are so common, why do so few of us develop the illness?

- Even though we come into contact with the meningococcus regularly, our bodies are able to fight off the infection. A tiny number of people who pick up the bacteria develop meningitis or septicaemia or both within 2-12 days of doing so. We do not yet fully understand why the bacteria cause such severe illness in these people. It may be due to weaknesses in their body defence systems.
- It is rare for two or more cases to occur together. The majority occur as single cases, with no increased risk to others, e.g. in the school or community.

## What precautions are taken if there is a case?

- A short antibiotic course is given to very close contacts, usually only those living in the same house. The antibiotics are given to kill the bacteria that they may be carrying in their nose or throat, and so reduce the risk of infection to others. Although the risk is very low, close contacts may still develop the disease despite taking the antibiotics. So they need to be on the lookout for symptoms in the week following.
- Vaccines are available against some strains of meningococcus (groups A and C). They are given to the household and very close contacts if the patient has group A or C meningococcal infection. Unfortunately there is as yet no effective vaccine against group B meningococcus.

## How can you tell if someone has the disease?

- The early signs of meningitis and septicaemia are non-specific and similar to those of flu and other viral infections. This makes diagnosis very difficult.
- However, someone with meningitis will become very ill. The illness may progress over one or two days, but it can develop very rapidly sometimes in a matter of hours.
- The signs and symptoms are shown below

Not all these symptoms may show at once.



Headache



Fever



Vomiting



Neck stiffness, joint pains



Drowsiness or confusion — coma



Dislike of bright lights



Rash of red-purple spots or bruises\*

The rash is due to the septicaemia and does not fade when pressed firmly e.g. with a glass.

- Overall more than 90% of people who get meningococcal disease recover.
- However, the disease can kill in hours if not treated.

**Seek urgent medical help if you think someone has the disease.**

**Early treatment saves lives**

**Take the person straight to the nearest casualty department in an emergency**

**For further information or general advice contact:**

The Meningitis Research Foundation  
Tel: 0808 800 3344 or [www.meningitis.org](http://www.meningitis.org)

The National Meningitis Trust  
Tel: 0800 028 1828 or [www.meningitis-trust.org](http://www.meningitis-trust.org)