**IMPERIAL COLLEGE LONDON**

**COLLEGE MENINGITIS PROTOCOL**

**INTRODUCTION**

1. Invasive meningococcal disease is a serious bacterial infection that can be rapidly fatal or cause major, permanent disability. Between 5 -10% of cases are fatal. The bacteria can cause two main types of illness: meningitis and septicaemia. Prompt diagnosis and admission of cases to hospital is essential.

2. 97% of cases in the UK are sporadic. However, invasive meningococcal disease can occur in outbreaks through spread between close contacts. The highest incidence is in under-5s but with a second peak in the 15-19 age range. There is a particular risk of outbreaks in institutions where young adults live or work in close proximity, especially around times when there is influx of new members, for example in university halls of residence during the first term of the academic year. Several such outbreaks, with associated fatalities have occurred in UK universities over the past two decades.

3. Vaccines are available to protect against some strains of the bacteria. Vaccination against Meningitis C has been in place since 1999. However it is now UK policy to vaccinate young adults against the ACWY sero-types. This change has been prompted by an increase in a highly virulent form of Meningitis W disease in the UK. Currently the vaccine protecting against the most common sero-type in the UK, type B is only routinely available to children under one year. It is possible that this may be extended to include young adults, at some stage in the future. Although vaccination has decreased the incidence of ACWY strains, there are still approximately 1500 cases of meningococcal disease reported annually in the UK. Most make a good recovery, but 7% will result in death and of those that survive, 15% are left with severe, disabling after-effects, such as hearing loss, sight and brain damage and where septicaemia has occurred, damage to major organs, loss of digits and limbs. Thus, the risk of an outbreak of meningococcal disease amongst students, particularly those living in halls of residence, remains small but significant.

4. This Protocol defines the College response to a case of meningitis in a member of

College. Its aims are to ensure:

• All actions necessary to reduce the risk of further cases are initiated promptly.

• There is effective liaison between College Officers and welfare staff, general practitioners caring for College students and the local Consultant in Communicable Disease Control (CCDC) managing the Public Health aspects of an outbreak.

• Students or staff who may be at increased risk are provided with accurate information and prophylactic treatment, if appropriate.

• There is prompt effective dissemination of information in College to quell un- necessary anxiety.

• Other Institutions which could be affected by an outbreak of meningococcal disease in

College are appropriately alerted.

5. The Protocol accords with guidelines published by the UK Health Protection Agency and (1) Public Health England (2).

1. Guidelines for the Public Health Management of Meningococcal Disease in the UK Health

Protection Agency Meningitis forum March 2012, available at [www.hpa.org.uk.](http://www.hpa.org.uk/)

2. Public Health England Guidance on the prevention and management of meningococcal meningitis and septicaemia in higher education institutions – 2016

**PREVENTATIVE MEASURES**

6. The health information included in the Student Handbook advises all new undergraduate students to arrange for themselves to be immunised with Meningitis ACWY vaccine, unless previously vaccinated, preferably at least three weeks before coming to College.  A letter is sent to all Freshers from Imperial College Health Centre encouraging them to do so.”

7. The Imperial College Health Centre holds a briefing session on meningitis for Hall

Wardens and other pastoral staff in London at the start of each academic year.

8. The College Health Centre offers vaccination at College entry to new students under the age of 25 who have not been vaccinated before coming to College.

**GENERAL CONSIDERATIONS ON PROCEDURE**

10. Meningococcal infection is a notifiable disease. Public health action is always required to identify and provide preventative measures to close contacts of a case.

11. The doctor attending a case is responsible for notifying the local CCDC (3) of a suspected or diagnosed case of meningococcal disease.

12. Confirmation of diagnosis requires laboratory tests. Action to prevent the spread of disease and/or quell anxiety may need to commence before the diagnosis of meningococcal infection can be confirmed or excluded.

13. Where a College Medical Officer (3) admits a member of College to hospital with a diagnosis of *possible* meningococcal disease, or is informed of such an admission, he or she will alert the local CCDC, if this has not already been done, but will take no further action unless the diagnosis is revised to a probable or confirmed case. (For definitions see Paragraphs 17 – 20 below).

14. The local CCDC is responsible, on behalf of the local Health Authority, for investigating a case once notified, identifying and tracing close contacts, and dictating and directing appropriate prophylactic measures. However, close liaison between the College and the Health Authority is necessary to achieve this.

15. A case of meningitis causes understandable anxiety in the whole community in which an affected person lives or works. In a university setting, anxiety amongst parents is a significant concern that may need to be addressed. Press interest may also be generated.

16. The actions required will vary according to the particular circumstances of any case. This protocol addresses four different scenarios:

• A single case of confirmed or probable meningococcal disease.

• Two or more un-related cases of meningococcal disease.

• Two or more related cases of meningococcal disease.

• Meningococcal disease in a member of staff or non-resident student.

3. For Berkshire (Silwood Campus) the Director, Berkshire Health Protection Team acts as CCDC.

4. For the purpose of this Protocol, a College Medical Officer is defined as a doctor working for the College Health Centre, or the College Occupational Health Physician. The College OH Physician will act as medical officer for any case (staff or student) at Silwood campus.

**DEFINITIONS**

17. **Probable case**: A clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the treating clinician and public health doctor consider that meningococcal disease is the most likely diagnosis.

18. **Confirmed case**: A clinical diagnosis of meningococcal meningitis or septicaemia, which has been confirmed microbiologically.

19. **Unrelated cases**: Two cases will be considered unrelated if any of the following apply:

• Two confirmed cases caused by different serogroups, whatever the interval between them.

• Two confirmed or probable cases more than four weeks apart.

• Two confirmed or probable cases without links between cases (*e.g.* no social contact, different halls of residence, different courses), whatever the interval between them.

20. **An Outbreak**: Cases of meningococcal disease will be considered related and an outbreak declared if the following applies:

• Two confirmed or probable cases on the same course or living in same hall occurring within a four week period.

21. **Period of Risk**: The usual incubation period before symptomatic illness develops is five days although it is occasionally longer. The high risk period for secondary cases is therefore considered to last for one week.

**REQUIRED ACTIONS IN ALL SCENARIOS INVOLVING RESIDENT STUDENTS**

22. **Initial Notification**.

a. In the event of a member of College being admitted to hospital by one of the College’s Medical Officers with a diagnosis of probable or confirmed meningococcal disease, the attending doctor will notify the local CCDC or duty Public Health Doctor by telephone as soon as possible, if this has not already been done by the admitting hospital practitioner.

b. Where the CCDC is informed of a case in an Imperial College student by an attending doctor who is not a College Medical Officer (MO), the CCDC will contact the College Medical Officer for the affected campus. Out of hours, the CCDC will inform the covering GP deputising service, who will in turn inform the general practice covering the affected campus. The campus general practitioner will inform the senior College Officer ( 5) for the campus. Should this not be the sequence of events, the senior College Officer will ensure that the duty College MO has been informed (5).

c. The College Medical Officer or senior College Officer will initiate the College

Action Plan (Appendix 1).

5. For London, the Vice-Provost (Education), College Senior Tutor or College Secretary & Registrar. For Silwood, the Director of Silwood Park. In case of difficulty assistance should be sought *via* the College Security Office at South Kensington on 020-7594 1000

6. The College Security Office holds contact information for College Medical Officers and senior College Officers.

d. Out of hours, the only necessary actions should be to inform parents or next-of- kin. Alerting of other students in the same hall is not required until the following morning at the earliest. Wider alerts will not usually be required before the next normal working day.

23. **Identification of Close Contacts**.

a. The CCDC or deputy is responsible for identification of close contacts.

b. Close contacts are normally defined as members of the same household as the index case, plus others with intimate contact with the index case in the period of possible contagion prior to onset of illness. This requires interpretation in an institutional setting.

c. The College Medical Officer and, for Halls of Residence, the Hall Warden and/or the Village Manager/ Hall Supervisor (or the relevant Manager within GradPad) will assist the CCDC by drawing up lists (in line with PHE Guidance) of:

(1) Those sharing the same kitchen or bathroom as the affected student.

(2) Boyfriends/ girlfriends.

(3) Visitors staying in the student’s room.

(4) Any recent sexual contacts.

d. This will be used as an approximation of those students who share a ‘household setting’ who may require prophylactic antibiotics.

e. Where requested by the CCDC, the Warden (or relevant Manager within GradPad) will also attempt to compile a social diary of the student’s movements in the week prior to the onset of illness. This information can be used as a cross-check on close contacts and a means of identifying links between cases if further cases should occur.

f. No staff should require prophylactic treatment unless they fall within the close contact group.

**CASES INVOLVING STAFF, OR NON-RESIDENT STUDENTS**

24. Meningococcal infection in a member of staff, or a student not resident in hall should not require any specific action to prevent secondary cases arising except in a few specific situations defined below (Paragraphs 37-38).

25. There is no discernable increase in risk to others through contact *via* work, teaching or social activities. It is also unlikely to create media attention or significant enquiry from parents of students. However, any occurrence of meningitis in a member of College may provoke anxieties amongst staff or students that may need to be addressed.

26. For a case involving a member of staff, or a non-resident student, members of College who may have had contact with the case should be notified by issue of a general notice appropriate to the relevant scenario as described in the College Action Plan (Appendix 1). The relevant College Officers should also be informed.

27. The College Medical Officer will be responsible for issuing notices in the case of a non- resident student. The College Director of Occupational Health will be responsible for issuing notices relating to a member of staff.

28. If the case involves a member of staff living in hall or is considered to be linked to a case involving a resident student, the incident will be handled in the same manner as for a resident student.

29. If a case occurs in a member of staff of the Early Years Education Centre (EYEC) on the South Kensington Campus, the parents of all children attending the EYEC must be urgently informed of this by the EYEC Manager. Urgent advice must be obtained from the local CCDC on the need for prophylaxis for children and staff. Occupational Health is responsible for obtaining this.

**DISSEMINATION OF INFORMATION**

30. Prompt distribution of information to targeted groups is essential, first, to ensure that those who may be at increased risk through contact with a case are provided with information to recognise and seek help appropriately should they fall unwell and, second, to avert unnecessary panic in others.

31. The relevant College Medical Officer will be responsible for drafting the text of notifications.

32. The local CCDC should be consulted on any content referring to public health action or advice.

33. The sample notices provided in Appendix 3 should be used as templates, adapted to the circumstance of the actual case.

34. Notices should be distributed by the best possible means for ensuring prompt reliable delivery to the target group. Notices to students in the same hall will be *via* bed drop. For others, e-mail will be the default method of distribution.

35. Notices intended for onward cascade should state clearly the target group, including whether intended for students or staff, or the College population as a whole. All notices should include the date and time of distribution.

36. All notices should be copied to College Officers as per the College Action Plan as well as their target groups.

37. The primary distribution paths for notices are:

|  |  |
| --- | --- |
| **Target Group** | ***via*** |
| Close contacts | UG Hall Warden (or relevant Manager within GradPad) |
| Single hall | UG Hall Warden (or relevant Manager within GradPad) |
| Students - multiple halls | UG Hall Warden distribution list/  (emails in IC Outlook Directory)  For PG: Head of Residential Services & Support Operations/ Head of Commercial Operations (Gradpad)  (Organisation chart at Appendix 5) |
| Single department - students | Senior Tutor (UG/PG) |
| Single department - staff | Dept. Administrator |
| Multiple departments/all students | E-mail distribution co-ordinated via Communications Division |

38. Hall Wardens (or relevant Manager within GradPad) will be the primary point of contact for information for those living in the same hall as an infected student or their parents.

39. Senior Tutors (UG/PG) will be the primary point of contact for information for students in the same department as an infected student.

40. Heads of Department/ Division will be responsible for organising departmental briefings where required, with assistance from the relevant College Medical Officer.

41. All press enquiries should be directed to the Vice-President (Communications) or designate for response.

42. The College Health Centre will decide whether to provide information on Meningitis Help lines on answering machines out-of hours.

43. If the College is notified of a student developing meningococcal disease within seven days of leaving College for example at the beginning of a vacation, this should be regarded as an illness potentially contracted whilst at College. An alert notice should, as far as is reasonably practicable, be distributed to others who may have been in contact with the student in the preceding seven days.

**PROPHYLACTIC TREATMENT**

44. The CCDC or deputy is responsible for determining the need for and providing prophylactic treatment for close contacts. The CCDC will liaise closely with the relevant College Medical Officer and inform them of any decision made and underlying assumptions and logic.

45. The College Medical Officer will assist with the counselling and provision of treatment to close contacts in College, where this is possible and practical. Otherwise the help of the local Department of Public Health will be sought.

46. When prophylactic treatment of other students or staff is considered necessary, the CCDC will consult with the College Medical Officer to determine the best means of notifying and treating contacts.

47. Vaccination as a secondary control measure will be offered to close contacts if the case is due to a vaccine-preventable strain.

**SUPPORTING THE PATIENT AND HIS/HER FAMILY**

48. It is important that the family of an affected student should have a point of contact in the College from the start of the illness. There is no specific protocol for supporting the student or their family. This section is offered as guidance only. Agencies such as the student’s Warden, Tutors, College Medical Officers and the Vice-Provost (Education) may be involved where necessary. The needs and wishes of the student and their family must be recognised and acted upon.

49. There must be regular contact with the student’s family throughout the illness and afterwards by his/her Hall Warden and academic Department and by the College Medical Officer, if appropriate. There may be physiological and emotional sequelae after meningococcal disease. Hence students may require support and understanding when returning to their studies. Their families will need clear re-assurance that this is being provided.

**ACTION IN THE EVENT OF DEATH**

50. In the unfortunate event of a student being reported as having died, the College Medical Officer, or in his/her absence the Vice-Provost (Education), must confirm the death with the hospital to which the student was admitted before any other action is taken.

51. In addition to the College Officials listed in Appendix 1, the Head of Student Records and Data must be informed. S/he will instigate the death protocol which can be found at: (<http://www3.imperial.ac.uk/hr/procedures/leaving/deathprotocol>).

**COLLEGE INCIDENT MANAGEMENT TEAM**

52. A College Incident Management Team will always be convened in incidents of two linked cases. For other scenarios, it will be convened according to the degree of anxiety in the College community.

53. The Team will co-ordinate the response to ensure that:

• Accurate information and advice is effectively distributed to the College Community.

• The College is able to liaise effectively with the local Public Health Authority.

• Prophylactic medical treatment can be effectively provided to target groups.

• Appropriate support is available to members of College.

• The College is able to respond effectively to enquiries from parents and from the press.

• Other universities and their health services are informed.

54. Teams will be convened and chaired by a senior College Officer on the affected campus. Membership of Teams is given in Appendix 4.

**OUTBREAK CONTROL TEAM**

55. In the event of two linked cases the local CCDC will convene an Outbreak Control Team.

56. An Outbreak Control Team is a joint Health Authority/ College team led by the local Health Authority’s CCDC to implement an agreed Outbreak Plan to contain and control further spread of cases.

57. Outbreak Plans will include:

• Defining group(s) at high risk of acquiring meningococcal disease. (Responsibility: CCDC).

• Issuing prophylactic antibiotic treatment to high risks groups. The lead CCDC and College Medical Officer will agree the best way for distribution, taking into account local circumstances. (Responsibility: CCDC, in consultation with College Medical Officer).

• Consideration of vaccinating high risk groups if appropriate. (Responsibility: CCDC &

colleagues).

• Alerting and informing the College community of public health measures. (Responsibility: College SO, in consultation with College MO and CCDC).

• Considering microbiological investigation of at-risk populations. (Responsibility: CCDC, in consultation with colleagues).

• Alerting local hospitals, including A&E Departments. (Responsibility: CCDC).

• Alerting all general practices known to be serving students from the affected campus. (Responsibility: College Medical Officer).

• Alerting all general practices in relevant health authority areas. (Responsibility: CCDC).

• Informing the Regional Epidemiologist and other CCDCs *via* Epinet. (Responsibility: CCDC).

58. Some tasks, for example, keeping the College community informed, may be delegated to the College Incident Management Team.

**College Action Plan – Meningitis - Single probable/confirmed case Appendix 1**

**Medical Officer notifies or is notified by**

**College Senior Tutor [or alternate, details held by Security (020 7594 1000)]**

**DURING WORKING HOURS: OUT OF HOURS or AT WEEKEND:**

**College Senior Tutor notifies or is notified directly College Senior Tutor is notified via Security (020 7594 1000) (020 7594 1618; mob: 07518163339) (Security can also access student next-of-kin details)**

**All Hall Wardens2/ Head of Department & Head of Student Counselling &**

**Head of Residential Services (for PG)2 Senior Tutor of affected Department Mental Health Advice Service**

**Affected Hall’s Warden notifies family2, Senior Tutor advises students on same course**

**copying to College Senior Tutor,**

**Vice-Provost Education, HR Director**

**College Secretary & Registrar**

**In addition to the above first priority notifications College Senior Tutor informs**

**Internally: Vice-Provost Education; College Secretary & Registrar; Academic Registrar; Faculty Operating Officers;**

**Vice-President Communications + Duty Comms (mob: 07803 886248) to send notification to all staff and students; to draft Press Notice**

**Director of Occupational Health to notify hospitals for medical students, staff based at medical campuses;**

**to liaise with Medical Officer to advise on/arrange for prophylactic treatment of direct contacts**

**Externally: Universities UK (Tel: 020 7419 4111)**

**To note: 1. The Medical Officer, in consultation with the CCDC, will be responsible for the text of notices. The samples given in Appendix 3 will be used as templates, adapted to covers the details of the actual case.**

**2. For cases involving staff or non-resident students the only action necessary should be alerting College Officials and General Notification. The Director of Occupational Health will be the responsible medical officer**

**3. This Plan does not include the CCDC’s responsibility to notify others as required under Health Authority protocols. 1 - 1**

**College Action Plan – Meningitis – Two or more suspected cases**

**Medical Officer**

**notifies or is notified by College Senior Tutor liaises with PHE (Public Health England) [or alternate, details held by Security (020 7594 1000] to arrange Prophylactic treatment of direct contacts, drafts notification for contacts**

**DURING WORKING HOURS: OUT OF HOURS or AT WEEKEND:**

**College Senior Tutor notifies or is notified directly College Senior Tutor is notified via Security (020 7594 1000) (020 7594 1868; mob: 07518 163339) (Security can also access student next-of-kin details)**

**All Hall Wardens/Hall Warden2/ Heads of Departments & Head of Student Counselling &**

**Head of Residential Services (for PG)2 Senior Tutors of affected Departments Mental Health Advice Service**

**Affected Hall Warden(s) notifies families2, Senior Tutors advise students**

**copying to College Senior Tutor, on same courses**

**Vice-Provost Education, HR Director,**

**College Secretary & Registrar**

**In addition to the above first priority notifications College Senior Tutor informs**

**Internally: Vice-Provost Education; College Secretary & Registrar;** **Director of Risk Management and Disaster Recovery;**

**Faculty Operating Officers; ICU Union Director (020 7594 9997); ICU Deputy President Welfare (020 7594 8060)**

**Vice-President Communications + Duty Comms (mob: 07803 886248) to send notification to appropriate staff and students;**

**to prepare and if necessary release Press Notice**

**Director of Occupational Health to notify hospitals for medical students, staff based at medical campuses;**

**to liaise with Medical Officer to agree on appropriate medical interventions and notifications – especially where staff member or medical student affected**

**Externally: Universities UK (Tel: 020 7419 4111)**

**To Note: 1. The Medical Officer, in consultation with the Consultant in Communicable Disease Control (CCDC), will be responsible for the text of notices. The samples given in Appendix 3 will be used as templates, adapted to covers the details of the actual case.**

**2. For cases involving staff or non-resident students the only action necessary should be alerting College Officials and General Notification. The Director of Occupational Health will be the responsible medical officer.**

**3. This Plan does not include the CCDC’s responsibility to notify others as required under Health Authority protocols. 1 - 2**

**Appendix 2**

**INDIVIDUAL RESPONSIBILITIES**

1. ***Consultant in Communicable Disease Control (CCDC)***

• Inform the relevant College Medical Officer or appropriate GP on duty and liaise with the

College Health Centre (24 hours);

• Inform and liaise with the duty Senior Officer for the campus should the College Health

Centre doctor be unavailable to do so;

• Obtain details of all close contacts;

• Arrange for close contacts to be alerted and to be issued with preventive antibiotics (and offered vaccine if appropriate);

• Inform and alert the General Practitioners of all close contacts who are thus treated;

• Provide information and advice for use in College notices;

• Where appropriate, convene an Outbreak Control Team (in consultation with colleagues);

• Alert relevant General Practices to the incident.

2. ***College Medical Officer***

• Inform primary contacts as per the College Action Plan;

• Liaise with the responsible senior Officer for the campus. (If College doctor is not available, this becomes the responsibility of the Duty Public Health doctor);

• Inform and provide advice to the relevant Head of Department, Hall Warden, For PG: Head of Residential Services & Support Operations/ Head of Commercial Operations (Gradpad)

(who will in turn inform the relevant Village Manager, Hall Supervisor or GradPad Manager as appropriate);

• Liaise with the CCDC or Duty Public Health Doctor;

• Draft text of College notices;

• Participate as a member of the College Incident Management Team and/or Outbreak

Control Team, if convened.

3. ***Vice Provost (Education)***

• Assist in the distribution of information as per the College Action Plan;

• Inform and liaise with the President’s office, Students Union President, College

Communications Lead;

• Liaise with the College Medical Officers and the CCDC or Duty Public Health doctor;

• Ensure that information is issued speedily to students, as appropriate;

• Where appropriate, convene and chair a College Incident Management Team;

• Participate as a member of the Outbreak Control Team, if convened.

• In **London**, the College Senior Tutor or the College Secretary & Registrar will deputise for the Vice-Provost in his/her absence.

• At **Silwood**, the Silwood Park Campus Director will be responsible.

4. ***Vice-President (Communications)***

• Participate as a member of the College Incident Response Team, if convened.

• Participate in the Outbreak Control Team, if convened.

• Liaise with the President’s office and responsible College Senior Officer, College Medical Officer, CCDC (or duty public health doctor) and Health Authority Public Relations Officer.

• Keep Students’ Union, lead Warden and relevant Head of Department fully informed of media activity.

• Arrange for notices to be posted on the College website where appropriate eg Alerts.

• In agreement with the Incident Management Team, issue press statements and arrange press conferences, as appropriate.

• Co-ordinate email notifications to large groups staff and/or students

**Out of hours**, contact the Duty Press Officer.

2 - 1

**Appendix 3**

**SAMPLE NOTICES**

1. These samples should be considered as templates indicating issues that should be covered in a notice. Each will need to be customised to cover the particular circumstances in which they are used.

2. Notices should be distributed as e-mail attachments. The covering email should detail who it is being distributed to or should be cascaded to, and any other instructions (*e.g*. For display on notice boards).

3. All notices should be also posted onto the College Intranet and the URL should be given in the e-mail.

**Notice 1**

**FOR A SINGLE CASE OF CONFIRMED OR PROBABLE MENINGOCOCCAL DISEASE**

Distribution: See Appendix 1

**MENINGITIS ALERT**

*A ........... (year of study) year student living in ............................................. (at home/in private rented accommodation/living in ............................ Hall of Residence) was admitted to hospital on .................. (date) with confirmed/probable meningococcal meningitis/septicaemia.*

The meningococcal bacteria lives in the nose and throat and is only passed on by prolonged intimate contact. The College is working with the local Health Authority’s Public Health Doctors to identify and trace very close contacts (household or hall residents who have shared a room or kitchen with the affected person) who will be given prophylactic antibiotics. Anyone with more casual contact should be at no greater risk of catching this disease than a member of the general public and does not require treatment.

However, members of College are advised to be especially vigilant over the next week. The important thing to know is that the disease can develop very rapidly, sometimes within a matter of hours.

**If you feel unwell and have a temperature:**

• take regular paracetamol or Ibuprofen

• ask a friend to visit you regularly

If by the next day you are not getting better consult a doctor

**If you also develop *any* of the following symptoms**:

• a rash of small bruises that does not fade under pressure,

• severe dislike of light

• drowsiness or appear disoriented or confused to others

**then you must seek medical help *immediately***. Do not wait until the next day

If you need further information or advice, contact the *[contact details for local student health],* your GP

or one of the following 24 hour meningitis help lines:

|  |  |  |
| --- | --- | --- |
|  | Telephone | Web site |
| National Meningitis Trust | 0800 0281 828 | [http://www.meningitis-trust.org](http://www.meningitis-trust.org/) |
| Meningitis Research Foundation | 0808 800 3344 | [http://www.meningitis.org](http://www.meningitis.org/) |

*[Name & title of medical officer] [date]*

**Notice 2- FOR DEALING WITH TWO OR MORE UNRELATED CASES OF MENINGOCOCCAL DISEASE**

Distribution: See Appendix 1

**MENINGITIS AND SEPTICAEMIA**

*Two students from [insert campus information] have recently been admitted to hospital with meningococcal meningitis/ septicaemia…One is a (year of study) (study subject) student living (at home/in private rented accommodation/in ................. Hall of residence). The second is a .. (year of study) (study subject) student living (at home/in private rented accommodation/in ................. Hall of residence).*

We have been advised by the local Health Authority’s Consultant in Communicable Disease Control that these cases are not considered to be connected, because [Delete reasons that do NOT apply]

• *they were due to two different strains of the meningococcal bacteria.*

• *the two cases occurred more than four weeks apart.*

• *the two persons affected were not known to each other and had no common links.*

Prophylactic antibiotics have been issued to close contacts of both students, as is routine policy. As there is no evidence of a link between the two cases, wider use of antibiotics or vaccine is not being recommended.

However, members of College are advised to be especially vigilant over the next week. The important thing to know is that the disease can develop very rapidly, sometimes within a matter of hours.

**If you feel unwell and have a temperature:**

• take regular paracetamol or Ibuprofen

• ask a friend to visit you regularly

If by the next day you are not getting better consult a doctor

**If you also develop *any* of the following symptoms**:

• a rash of small bruises that does not fade under pressure,

• severe dislike of light

• drowsiness or appear disoriented or confused to others

**then you must seek medical help *immediately***. Do not wait until the next day

If you need further information or advice, contact the *[contact details for local student health],* your GP

or one of the following 24 hour meningitis help lines:

|  |  |  |
| --- | --- | --- |
|  | Telephone | Web site |
| National Meningitis Trust | 0800 0281 828 | [http://www.meningitis-trust.org](http://www.meningitis-trust.org/) |
| Meningitis Research Foundation | 0808 800 3344 | [http://www.meningitis.org](http://www.meningitis.org/) |

*[Name & title of medical officer] [date]*

**Notice 3 - FOR DEALING WITH TWO OR MORE RELATED CASES OF MENINGOCOCCAL DISEASE**

*A bespoke notice with more detailed wording will be drafted by the CCDC and agreed with the relevant*

*College Medical Officer(s) at the time.*

*The letter will include the following information:*

• Background/situation to date

• What action is being taken

• antibiotics +/ vaccine

• who is affected:- defined communities at risk

• Clinical advice re: meningitis, including the need to react to any fever and non-specific flu like symptoms by consulting a doctor.

*PLUS: help line numbers web sites*

**Appendix 4**

**TEAM MEMBERSHIPS**

*1.* ***College Incident Management Teams***

|  |  |  |
| --- | --- | --- |
|  | **SOUTH KENSINGTON** | **SILWOOD** |
| **SENIOR MANAGEMENT** | Vice-Provost (Education) (*Chair*) | Campus Director |
| **MEDICAL OFFICER** | College Liaison Doctor, College Health Centre | OH Physician6 |
| **OCCUPATIONAL HEALTH** | Director | Director |
| **PASTORAL SUPPORT** | College Tutor | Senior Tutor (UG/PG) |
| **CAMPUS MANAGEMENT** |  | Silwood Administrator |
| **WARDEN** | Chair, Residential Life Committee | n/a |
| **STUDENT COUNSELLING** | Senior Student Counsellor | Head of Student Counselling and Mental Health Advisory Service |
| **RESIDENCES** | For PG:  Head of Residential Services & Support Operations/ Head of Commercial Operations (Gradpad) | Campus Services Co-ordinator |
| **STUDENTS’ UNION** | President | Chair, Executive Committee |
| **COMMUNICATIONS** | Vice-President (Communications) or designate | College Communications Lead |

Other College Officers (*e.g.* Academic Registrar, HR Manager) will be co-opted as necessary.

*2.* ***Outbreak Control Team***

**Health Authority**

Local Consultant in Communicable Disease Control ( 7) (*chair*) Specialist Registrar in Public Health, Local Health Authority Local Consultant Microbiologist (or HPA representative) Regional Epidemiologist, CDSC

Press Officer

**College**

Relevant College Medical Officer

Director of Occupational Health

Chair, Campus Incident Management Team

Students’ Union Representative as appropriate (see table above) College Communications Lead

7. Ammara Choudry, visiting GP for Silwood should also be co-opted.

8. For **Silwood**, the Director, Berkshire Health Protection Team.