INTRODUCTION

1. This document has been prepared to provide a means of dealing with a case or cases of meningococcal disease (meningococcal meningitis or meningococcal septicaemia) at Royal Holloway, University of London. It covers actions already taken or presently being taken, i.e., before a case has occurred, and provides guidance to the College on the action required when either a single case or more than one case occurs. The document has been prepared in consultation with the Health Centre.

2. Meningococcal disease is rare and not easy to transmit, it can be fatal. Vaccination programmes have greatly reduced its incidence in the UK, but its incidence is higher in new residents in communities such as halls of residence and shared housing so it is appropriate for the College to be vigilant. Outbreaks are worrying for students and parents, and have been the subject of intense media interest. Royal Holloway seeks to ensure that the risk of a case being unrecognised is minimised and that concern is focused and properly informed; proper management of an outbreak will reduce risk to others and minimise disruption. This document focuses on the action that will be taken in the event that a student becomes infected; similar processes will, of course, be needed should a member of staff catch the disease.

3. These arrangements cover:

   - preparatory steps to be taken each year so that the procedures can be invoked rapidly if needed;
   - procedures to be followed in the event of a single case, or multiple suspected or confirmed cases;
   - an annual programme of education of staff and students.

PRINCIPLES

4. The College has a commitment to supporting its students by providing pastoral, advisory and other support services. It is also a matter of policy that information should be made available to individual students and the student body in general. These principles are part of the College community's shared values.

DEFINITIONS
5. For the purposes of this document, the following generally accepted definitions have been used:

- A **confirmed case** is a clinical diagnosis of meningococcal meningitis or septicaemia, which has been confirmed microbiologically by culture or non-culture methods.
- A **probable case** is a clinical diagnosis without microbiological confirmation where the clinician and public health doctor consider that meningococcal disease is the most likely diagnosis.
- A **possible case** is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the clinician and public health doctor consider that diagnoses other than meningococcal disease are at least as likely.

6. Cases of meningococcal disease will normally be deemed **related** and an **outbreak** declared if two **confirmed or probable** cases of meningococcal disease occur at the College within a four-week period in the same term which are, or could be, caused by the same serogroup, serotype and serosubtype and for which a common link (e.g. same social network, same hall of residence) can be determined.

7. Cases of meningococcal disease will normally be deemed **unrelated** if any of the following circumstances apply:

- two **confirmed or probable** cases occur in different academic terms;
- two **confirmed** cases due to different strains occur, whatever the interval between;
- two **confirmed or probable** cases with no evidence of any common links in spite of intensive enquiry occur (e.g. no social contact, different halls of residence, different courses), whatever the interval between;
- two **possible** cases occur (or one possible and one **confirmed/probable** case), whatever the interval or link between them.

**PREPARATORY WORK**

8. In preparation for any outbreak of meningococcal disease on the campus, the following action is being/has been taken:

- The Head of Support and Advisory Services (HoS&AS) is the officer responsible for co-ordinating these arrangements and for liaising with the staff in the Health Centre and the SHPU. In the event of the unavoidable absence of this staff member when there is a case of meningococcal disease, the College Secretary will allocate this responsibility to another senior member of the College;
• A Crisis Team has been identified to take the actions in the event of an outbreak. The Crisis Team consists of a Vice-Principal, the Head of Support and Advisory Services, the College Medical Officer, the Director of Communications and a student sabbatical officer. The Crisis Team has the authority to take whatever actions it believes are necessary, in the interests of the students and the College and will liaise regularly with the College Executive. The Team will use the Principal’s Meeting Room as its base. The HoS&AS will convene the Crisis Team. If any member of the Crisis Team is not available or additional expertise is needed the team may co-opt additional members (e.g. a member of the Student Life Team or a Health and Safety Officer).

• A circulation list of Heads of Departments, Hall General Managers and other key staff will be established and they will be kept informed until the outbreak is considered ended.

9. Other preparatory work includes:

• A *pro forma* (Appendix 3) to record information for all confirmed, probable and possible cases, i.e. to include anyone who is thought to have contracted or is diagnosed as having meningococcal disease. A check list of action to be taken is given as Appendix 4;

• Appropriate information sheet will be prepared for inclusion in the joining instructions for new students admitted each September.

• A message will be placed on the College Intranet providing information on meningitis for staff;

• A draft press statement, and a list of likely recipients, has been prepared;

10. All students are encouraged in their joining instructions to have a Group C vaccination before they arrive. Students from the UK should now be immunised against the meningitis C strain before they arrive at the College. If they are unable to have one before arrival they may arrange to have one on registering with the College Health Centre;

A CASE REPORTED

11. Information about a possible case of meningitis could reach the College from various sources. Any member of staff who receives such a report should immediately notify the HoS&AS and the Health Centre.
Experience elsewhere has shown that the fear and anxiety that can arise if there is a case of meningococcal disease is often out of proportion to the risks. In order to minimise anxiety, it is essential that clear, accurate and consistent information is provided by the College to any students or staff who might be affected. The Crisis Team will consider the following groups in particular:

**Students**

- Those considered to be immediate social contacts in the week before illness;
- Those in the same hall of residence and, in particular, sharing an accommodation sub-unit;
- Those in residences on the same site;
- Those on the same degree programme;
- The general student population who may not be at any risk, but who may perceive themselves to be.

**Staff**

- Residence officers, particularly those who have had recent contact with the affected student, such as RSAs, cleaners, porters, catering staff;
- Those in the same academic department;
- Others within the institution who may not be at risk, but who may perceive themselves to be;
- Those whose offices are physically close to a student or member of staff who may have been affected;
- Parents and relatives of students who may not be at any risk, but who may be perceived to be by others;
- Local and possibly national media.

Other areas of the College may be able to assist in ensuring that information reaches certain audiences.

**13.** Should there be an outbreak of meningococcal disease at Royal Holloway, it may be necessary to administer antibiotics and mass immunisation to a large number of students and, possibly, staff. An appropriate large room will be allocated. Any such programmes of prophylaxis or immunisation are expected to be controlled and staffed by the local Health Authority, in liaison with the Health Centre and will need support from College clerical or other staff.

**ACTION IN THE EVENT OF A SINGLE CASE**

**14.** In the event of the identification of a possible case among the staff or student body, this information will be distributed on the meningitis circulation list, making clear that
it is a possible case. The situation will be monitored directly and personally by the HoS&AS, maintaining close contacts with staff in the Health Centre. The Crisis Team will not need to meet, the Press Officer will provide factual information, as appropriate.

15. In the event of a probable or confirmed case, the check list (Appendix 1) will be followed. The essential requirement is for the provision of information very quickly, both during and outside normal working hours. Other students need to be reminded of the early symptoms and signs of meningococcal disease and advised how to access immediate medical care.

**ACTION IN THE EVENT OF AN OUTBREAK**

16. An outbreak of the disease is defined in para 8 above. It is likely, unless two cases occur within a day or two, that most of the actions in Appendix 1 will have been put in place.
### TABLE 1  
**ACTION FOR A SINGLE CONFIRMED OR PROBABLE CASE OF MENINGOCOCCAL DISEASE**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>PERSON/ORGANISATION RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Inform and liaise with the Health Centre, normally the Senior Partner</td>
<td>SHPU/other source of knowledge of possible case</td>
</tr>
<tr>
<td>2 Notify SHPU and PCT Out of Hours Service</td>
<td>Health Centre Senior Partner</td>
</tr>
<tr>
<td>3 Inform and liaise with HoS&amp;AS</td>
<td>Health Centre Senior Partner</td>
</tr>
<tr>
<td>4 Complete patient pro forma</td>
<td>HoS&amp;AS/Health Centre</td>
</tr>
<tr>
<td>5 Arrange for close contacts to be alerted, throat swabs taken, and the contacts then to be issued with antibiotic prophylaxis (and offered vaccine where appropriate). A social diary of the patient’s social contacts and movements during the week before the illness is necessary</td>
<td>SHPU, using case pro forma</td>
</tr>
<tr>
<td>6 Issue antibiotic prophylaxis (and administer vaccine) to close contacts of the patient</td>
<td>Health Centre staff, as advised by SHPU</td>
</tr>
<tr>
<td>7 Establish Crisis Team</td>
<td>HoS&amp;AS</td>
</tr>
<tr>
<td>8 Consider establishment of Helpline Centre</td>
<td>Crisis Team</td>
</tr>
<tr>
<td>9 Provide public health information and advice to the College, for initial consideration by Crisis Team</td>
<td>SHPU/Health Centre</td>
</tr>
<tr>
<td>10 Issue information sheet/letter/e-mail urgently (same day) to students in same hall of residence (where relevant) and students on same programme</td>
<td>Crisis Team</td>
</tr>
<tr>
<td>11 Consider issuing information to all departments and halls of residence by e-mail and other media. Notify Nursery.</td>
<td>Crisis Team</td>
</tr>
<tr>
<td>12 Consider arranging meetings for students in the same hall of residence or teaching group including non-resident students.</td>
<td>Campus Life Team/Head of Department</td>
</tr>
<tr>
<td>13 Consider arranging meetings for staff, including RCS staff, cleaners, security officers, who may have had contact</td>
<td>Crisis Team/Head of Personnel</td>
</tr>
<tr>
<td>14 Consider how to deal with forthcoming open days, special lectures, interviews, visits to the College, etc</td>
<td>Crisis Team/Director of Recruitment</td>
</tr>
<tr>
<td>15 Consider alerting national meningitis charity helplines</td>
<td>College Secretary</td>
</tr>
<tr>
<td>16 Alert all general practices serving College students</td>
<td>SHPU</td>
</tr>
<tr>
<td>17 Consider alerting other universities in the area/UUK/other University of London Colleges</td>
<td>College Secretary</td>
</tr>
<tr>
<td>18 Draw up a press statement. Consider having a press conference</td>
<td>Crisis Team</td>
</tr>
</tbody>
</table>
PROCEDURES IN THE EVENT OF AN OUTBREAK OF MENINGOCOCCAL DISEASE

Helpline Centre: Check List

Whiteboards
Information Sheets to log enquiries
Training for those answering the telephone
Liaison with switchboard staff
Refreshments, coffee, snacks, etc.
APPENDIX 3
Royal Holloway
University of London

A CASE OF MENINGOCOCCAL DISEASE ON THE CAMPUS

(Please complete using block capitals)

Full name of Patient
........................................................................................................................................

Student*/Member of Staff*/Other, please specify* ........................................................................

Personal Information on person concerned

Date of Birth........................................ Male*/Female*

Department(s)........................................ Programme of Study...........................................

Resident*/Non-resident*

Address
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Parent(s), Spouse/Other person to contact - please indicate relationship to Patient
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

GP of Patient
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Diagnosis, ie type and strain
........................................................................................................................................

Diagnosis made by
........................................................................................................................................
........................................................................................................................................

* Delete as appropriate
## CHECK LIST

The following should be notified in the event of a case of meningococcal disease on the campus

<table>
<thead>
<tr>
<th>Notified by</th>
<th>Date and Time</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHPU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of Support and Advisory Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head(s) of Department(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents/spouse/partner (as appropriate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hall Campus Life Team (for resident students)</td>
<td></td>
<td></td>
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<tr>
<td>Hall General Manager (for resident students)</td>
<td></td>
<td></td>
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<tr>
<td>Director of Communications</td>
<td></td>
<td></td>
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<tr>
<td>President, Students' Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Manager</td>
<td></td>
<td></td>
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<tr>
<td>Telephone Manager</td>
<td></td>
<td></td>
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<tr>
<td>Nursery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Known friends/social contacts

- UUK
- Local GPs
- Local MP
- Runnymede Council
- Local Universities

For information:
- Meningitis Trust
- NHS Direct (24 Hours)
APPENDIX 5
Royal Holloway
University of London

Guidance on Medication

Appendix 1 refers in actions 5 and 6 to the administration of antibiotic prophylaxis.
Guidance given to the College in 1999 and still followed is:

Action 5 - Close contacts

- EITHER rifampicin 600 mg 4 doses at 12-hour intervals
- OR ciprofloxacin 500 mg single dose

NB:
- rifampicin may have adverse reactions: orange staining of urine and tear fluid and possible significant interference with oral and depot contraceptives
- allergic reactions to ciprofloxacin are rare
Dear Student/Colleague

Meningococcal Disease

As you may be aware, [one student who attends/a member of staff at] the College has recently developed symptoms of [meningococcal/other disease] and is receiving appropriate treatment. The immediate family and domestic contacts of the person concerned have received medical advice and treatment.

There are some 2,500 cases of meningitis per year in the UK, but 95% of cases are single isolated incidents. The risk of other students of staff acquiring [meningitis/other disease] from a single case is minimal and, under such circumstances, there is no need for isolation or antibiotic treatment of contacts, whether they be students or staff. Health Authority advice is, therefore, that no further action needs to be taken on your part.

A leaflet describing the symptoms and advice on what to do is enclosed for your information. If you have any concerns about your health, please contact your GP, or the Health Centre, immediately.

It is appreciated that cases of [meningitis/other disease] cause concern. However, I stress that the clear advice from our local public health authority is that it is NOT appropriate to take further action at present.

Yours sincerely

College Secretary
Dear Student/Colleague

Meningococcal Disease

As you are aware, two [probable/confirmed] cases of meningococcal disease have been identified in the College.

The situation is now under the control of the Local Health Authority Medical Team, led by the Surrey Health Protection Unit (SHPU). It is arranging for appropriate treatment to be given to all close contacts of the identified [students/staff]. This prophylactic treatment is given to everyone in the close contact group to reduce the risk of further disease transmission. However, isolation or treatment is not recommended for the rest of the College population.

If you have not had close domestic contact with the [students/staff members], you are not at an increased risk of contacting the disease. Therefore [fellow students/colleagues], those who live or work in the same student residence, or casual contacts, are unlikely to be at higher risk and do not require special treatment or investigation. This advice may change in exceptional circumstances, in which case you will be notified at once.

A leaflet describing the symptoms and advice on what to do is enclosed for your information, and everyone should remain vigilant for symptoms of the disease.

It is appreciated that meningitis causes concern, but be assured that the Health Authority and the College are taking all appropriate action to deal with the disease. You will be advised if any further action becomes necessary.

A case of meningitis always attracts very rapid coverage in the local and national media. You are, therefore, recommended immediately to contact your [family/parents] and/or close relatives, to assure them that you are well, and that you have received appropriate advice from Royal Holloway.

A help line has been established for anyone concerned to seek advice or help on [telephone number].

Yours sincerely

College Secretary
Copies to: All staff and students in same residence/departments/social group as affected cases; Students' Union; all students in the same student residence if applicable, plus all members of the College Executive for information.