The University of Portsmouth and the
Hampshire and Isle of Wight Health
Protection Unit

Contingency Plan for the Control of
Meningococcal Disease

October 2007
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</table>
1. Background to the University and basic demography

The University of Portsmouth consists of two main campuses within the city, the Guildhall campus in the heart of the city and the Langstone Campus which is three miles from the city centre. The University is divided into five faculties made up of 29 schools and departments. There are currently some 300 further education (FE) students, 18,500 full or part-time undergraduate students, plus a further 3,729 (with postgraduate students including research). Ten percent of our students are from overseas, while 36% are mature students. There is a 55/45% female to male ratio. In addition, there are a further 2,000 students studying for Portsmouth degrees at partner colleges and universities around the world.

1.1 The University also runs a nursery for the children of students and staff and takes children from six months of age, with a total occupancy of up to 36 children. Some 2,050 academic, support administration and manual staff also work within the University.

1.2 Student accommodation: There are ten halls of residence with a capacity of just over 2,940 single bedrooms. Catering is provided in three, whilst the remainder are self-catering. The majority of hall places are for first year students, many of whom are from overseas (see attached map). Comment: no map attached

2. Introduction to Incident/Outbreak Plan

This plan links into the 2004 Universities UK guidelines “Managing meningococcal disease (septicaemia or meningitis) in higher education institutions” and the Hampshire and Isle of Wight Health Protection Unit Standard Operating Procedure 07 – Public Health Guidelines for the Control of Meningococcal Infection.

The plan recognises that each incident is unique, requiring specific measures to deal with the individual circumstances. It outlines the mechanisms for identification of outbreaks of infectious disease, the stage at which the outbreak control plan should be implemented and the roles and responsibilities of key individuals involved.

The Hampshire and Isle of Wight Health Protection Unit has executive responsibility in surveillance, prevention and control of communicable disease in the community and legal responsibility for the control of notifiable disease (of which meningitis is one of a number).

3. Universities UK guidance recommendations

Universities UK guidance recommends that each higher education institution ensures that it has:

- Good channels of communication with students, staff and the public
- Effective support arrangements for students
- Strong links to health protection units and local General Practitioners
- Direct access to appropriate advice on the management of meningococcal disease

4. Recommendations for students to reduce the possibility of contracting meningococcal disease

4.1 Students should be encouraged to register with a local GP.

4.2 Universities should send out information and advice on meningitis in joining packs to students, including international students.

4.3 With regard to meningitis C vaccination, The Department of Health recommends that “any unprotected individual attending university, irrespective of age, should be immunised before they enrol or as soon as possible thereafter” (Department of Health 2006: 243). All individuals attending university, regardless of age or ethnic origin, should be asked if they have previously been immunised against group C disease. If they have not, or vaccination status is unknown, they should receive one dose of Men C vaccine as soon as possible.

5. Case definitions

Three case definitions are used in order to establish the appropriate plan of action

Possible – where a diagnosis other than meningococcal meningitis is at least as likely. Dissemination of information about the disease may be helpful after a possible case depending on levels of concern.

Probable – meningococcal infection is the most likely diagnosis.

Confirmed – clinical signs and symptoms are present and the diagnosis has been confirmed by the laboratory.

The Health Protection Practitioner and University Representative will liaise to identify contacts requiring antibiotic prophylaxis and to disseminate information to university staff and students. It will not normally be necessary to convene an outbreak meeting for a single case.

In the event of a single case of meningococcal disease, the Health Protection Practitioner will arrange prophylactic antibiotics for contacts. The Health Protection Practitioner will liaise with the University regarding dissemination of information for staff and students. An information letter for students and staff is appended to this plan.
6. **Definition of an outbreak**

The Health protection Unit undertakes surveillance of all infectious diseases. Therefore monitoring is in place to identify more than one case within the University setting. However, in the event of a second case, the University Representative and Health Protection Practitioner should liaise to ensure both parties are informed at the earliest opportunity.

The outbreak control team will determine the definition of an outbreak, but an outbreak will usually be declared if **two confirmed or probable cases of meningococcal disease occur at the same university 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 eg. same social network, same hall of residence can be determined.**

7. **Duties of the major outbreak control team**

7.1 Assess the microbiological and epidemiological evidence relating to the outbreak. Decide when to mobilise the incident control room and whether to activate the Major Outbreak Contingency Plan.

7.2 Co-ordinate investigation of the outbreak.

7.3 Decide control measures to be implemented and issue necessary instructions.

7.4 Make arrangements for informing the University community. There may be media interest and therefore a draft Press Release should be prepared. The content of any information given to the media will be decided by members of the outbreak team but information should be disseminated by one agreed person.

Maintaining clear lines of communication within the University and externally with the Hampshire and Isle of Wight Health Protection Unit, South Central NHS Trust, regional Primary Care Trusts (PCT), Local Authorities, media and the public is paramount. To this effect the Vice-Chancellor or authorised deputy will be responsible for the University and the Hampshire and Isle of Wight Health Protection Unit for all NHS communication.

7.5 The outbreak control team will meet as often as required during the outbreak. Administrative support will be provided by the University with assistance from the Health Protection Unit if required.

7.6 Decide when the outbreak is finished.
7.7 After the outbreak, assist in the reporting process to the various bodies, Health Protection Agency, University Board of Governors and Local Authority.

7.8 The Health Protection Practitioner will be responsible for informing the Communicable Disease Surveillance Centre, NHS Direct, General Practitioners, Out of Hours Services, Meningitis Charities and other health related agencies.

7.9 The Vice-Chancellor of the University of Portsmouth will be responsible for the strategic oversight of this plan. Any decision to mass vaccinate students or staff will only be made with the advice and support of the Health Protection Unit and Primary Care Trust.

8. Review of Plan

These plans should be reviewed annually and may be subject to table top exercise as required.
Appendix I

**Action for an outbreak of meningococcal disease**

Prophylactic antibiotics will have already been given to contacts of the second case by the Health Protection Practitioner.

<table>
<thead>
<tr>
<th>NO.</th>
<th>ACTION</th>
<th>PERSON/ORGANISATION RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Activate major outbreak control team</td>
<td><strong>Lead office: HPU</strong>¹</td>
</tr>
</tbody>
</table>
| 2   | Instigate University Response Team and mobilise Incident Control Room  | **Lead office: Major Outbreak Control Team**  
|     | (Nuffield Building first floor) + Telephone Helpline IS, SAS administrator agree schedule for twice daily meetings | University Response Team + SAS administrator |
| 3   | Contact University Staff and Board of Governors                       | **Lead Office: Directorate**     |
| 4   | The Health Protection Practitioner will have arranged prophylaxis for household contacts. Ensure next of kin is aware of illness in the index case and check on progress of the case. | **Lead Office: Directorate**  
|     |                                                                      | Directorate/HPU, Chaplain, Director of Marketing |
| 5   | Within 4 hours of activating outbreak plan, contact students living in the same hall of residence (where relevant). Issue information to all departments and halls of residence via website, fax, email or any other appropriate form of communication. Telephone helpline to be operational – opening hours to be determined as circumstances dictate. Update University Health Website [www.port.ac.uk/health](http://www.port.ac.uk/health) a) Reinforce message of signs and symptoms of meningitis | **Lead office: Major Outbreak Control Team**  
<p>|     |                                                                      | Student Advice Services/Student Housing to establish who (through Jupiter, halls register) Website manager/Marketing/HPU |
|     |                                                                      | <strong>Lead Office: University Health &amp; Safety Advisor (UHSA). UPSU President</strong> |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>b) ‘look after your mate’ information</td>
<td>and General Manager b) and c) UHSA d) Directorate and Marketing</td>
<td></td>
</tr>
<tr>
<td>c) ‘where to go, what to do’ (GP/A &amp; E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) (Potential to use an office in Guildhall Walk as an out of hours press office)</td>
<td></td>
<td></td>
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<tr>
<td>Promotion: Initial media statement drafted.</td>
<td></td>
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<tr>
<td>6</td>
<td>Decide on antibiotic prophylaxis and vaccination as appropriate.</td>
<td><em>Lead Office:</em> Major Outbreak Control Team</td>
</tr>
<tr>
<td></td>
<td>Define target group and arrange a meeting for those concerned. Consider presentation to all students using UPSU as the main venue.</td>
<td><em>Lead Office:</em> University Response Team, UPSU President and Chief Executive, Marketing.</td>
</tr>
<tr>
<td></td>
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<tr>
<td>7</td>
<td>Confirm and prepare venue(s) for 1) administration of preventive antibiotics 2) and/or meningococcal vaccine (if one or both cases is serogroup C, serogroup A, Y or W135)</td>
<td><em>Lead Office:</em> University Response Team in conjunction with HPU &amp; Designated Vaccination Site Managers. (UPSU Chief Executive and UPSU President to organise University St John Ambulance personnel to assist with site marshalling)</td>
</tr>
<tr>
<td></td>
<td>Primary site: Nuffield building main hall Secondary sites (if required) Portland Building, Langstone QEQM</td>
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<tr>
<td>8</td>
<td>Alert local GP’s - Primrose/Pearson practices (Other GP Practices as appropriate), Director of Public Health, NHS Direct, Out of hours services and local accident and emergency department in QA Hospital</td>
<td><em>Lead Office:</em> HPU</td>
</tr>
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<tr>
<td>9</td>
<td>Notify others: • Local universities • Neighbouring Health Protection Units</td>
<td><em>Lead Office:</em> Directorate HPU</td>
</tr>
<tr>
<td></td>
<td>Overseas Students Embassies</td>
<td>International Office</td>
</tr>
<tr>
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</tr>
<tr>
<td>10</td>
<td>Notify details of the incident to the Meningitis Research Foundation and National Meningitis Trust</td>
<td><strong>Lead office:</strong> HPU</td>
</tr>
<tr>
<td>11</td>
<td>Ensure next of kin for cases of meningococcal disease are aware of impending Press Release. Issue combined press release/conference.</td>
<td><strong>Lead office:</strong> Major Outbreak Control Team</td>
</tr>
<tr>
<td>12</td>
<td>Continue monitoring and up-dating situation</td>
<td><strong>Lead office:</strong> Major Outbreak Control Team</td>
</tr>
<tr>
<td>13</td>
<td>Draft report on incident Health Protection Unit, University and a Joint Health Protection/University report</td>
<td><strong>Lead office:</strong> Major Outbreak Control Team</td>
</tr>
</tbody>
</table>

1 HPU : Health Protection Unit

2 Major Outbreak Control Team consists of the Vice-Chancellor, Pro Vice Chancellors, University Health & Safety Advisor (UHSA), President of Students’ Union, Health Protection Practitioner, PCT Representative, University Public Affairs/Media officer, Student Housing Manager, University Chaplain, an Administrative officer.

3 University Response Team consists of the Directorate, Student Services (Chairperson), Chaplaincy, Marketing, potential vaccination site managers, UPSU President, UPSU Chief Executive, and Advice Centre Coordinator.
Appendix II

Logistics of vaccination/antibiotic prophylaxis

The Health Protection Practitioner and Primary Care Trust will establish medical and nursing teams to provide vaccination/antibiotic prophylaxis. The University has identified a number of sites and will coordinate the student throughput on each site as required. It is recognised that with the vast majority of students immunised against meningitis type C, only one site (Nuffield Building first floor large hall) is likely to be required. The added advantage of using the Nuffield is that the University Surgery is also situated in the building. It should be noted that in the unlikely situation where infection is caused by another serogroup for which a vaccine is available (group A, Y or W135 meningococcus), it is likely that more students would require vaccination.

1. Logistics of vaccination

1.1 Two two-nurse teams per vaccination site, one PCT doctor per site. Estimated total number of vaccination 1,000 per site per day.²

1.2 If whole campus vaccination is required three vaccination sites would be required for at least four days

1.3 The following are also potential sites for antibiotic prophylaxis/vaccination across the University campus (see map attached):

   • Portland building
   • Langstone QEQM Hall

The University of Portsmouth Students' Union Night Club is the preferred site for student and media briefings

2. Vaccination site management

Students will need to be identified and know where to report for antibiotic prophylaxis/vaccination. Upon arrival a system to ensure the flow of student throughput is maximised bearing in mind the following points:

   • Somewhere to queue in the dry
   • University administration and HPU to check and record each student
   • Vaccination followed by a twenty-minute waiting period to ensure there are no acute complications (anaphylactic shock)
   • Students can then return to classes

2.1 Each vaccination site manager will have a deputy and be directly responsible to a nominated Pro Vice-Chancellor (see 2.2 below).
2.2 Vaccination site management

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Manager</th>
<th>Telephone</th>
<th>Deputy Manager</th>
<th>Telephone</th>
<th>PVC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuffield building</td>
<td>Student Advice Services</td>
<td>84 3157</td>
<td>Administrator Student Advice Services</td>
<td>84 3157</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Sites</th>
<th>Manager</th>
<th>Telephone</th>
<th>Deputy Manager</th>
<th>Telephone</th>
<th>PVC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland Building</td>
<td>Allison Elliott</td>
<td>92842439</td>
<td>Nikki Sowerby</td>
<td>92842533</td>
<td></td>
</tr>
<tr>
<td>Langstone QEQM</td>
<td>Hall Manager (24/7 rota)</td>
<td>92844529</td>
<td>Hall Reception No.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Site support

3.1 Each of the above sites should also have the following support:

- Jupiter operator to maintain a list of students vaccinated
- Four marshals per site (one is the 'check out marshal' ensuring that vaccinated students do not leave the site until at least 20 minutes have elapsed following vaccination)
- Administration Assistant linked to each nurse to maintain documentation (five per site)
- Security staff

3.2 Refreshments and toilet breaks must be catered for staff on each site and the incident control room in the Nuffield Building.

3.3 Students belonging to St John's Ambulance may assist with marshalling as appropriate on each site. This will be coordinated via the UPSU and site managers.

NB At least two shifts of personnel will be required for each site.
Appendix III

Suggested equipment for each vaccination site

Tables
Chairs 1&2
Partitions or a room off from the main queuing area for vaccination 1&2
Directional signs 2
Stationery:

- Statutory forms 3
- General stationary requirements e.g. spare pens for students to complete their administration forms 2

Registry Computer for Jupiter - track student throughput 4
Refreshments on each site 5
Extension leads for additional electrical equipment as required 1&2
Health and Safety Officer to check each of the buildings reuse as vaccination sites 6
Extra mobile phones with known numbers 7

Providers:

1. Facilities Manager (Customer Services)
2. Vaccination site Managers
3. Student Advice Services
4. Registry
5. Head of Catering Services
6. Health and Safety Officer
7. From IS Mobile Phone Pool
Appendix III

Template letter for students regarding meningococcal meningitis

Date

Dear Student,

One of our students has been admitted to hospital with suspected meningococcal infection / meningitis.

We have been in contact with the Health Protection team, who have advised that no special measures are necessary at the present time. There is no reason to make any change to the normal routine and no reason to stay at home.

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, i.e. 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 or cigarettes with the case but have not had prolonged close contact also have no increased risk.

Although illness with these bacteria only occurs rarely, it is sensible to be aware of the signs and symptoms, which are detailed overleaf. If you suspect that a member of your family is suffering from these symptoms, you should contact your doctor immediately.

Further information is available from NHS Direct or the meningitis charities which run 24 hour information lines for general information about meningitis or for requesting a leaflet.

<table>
<thead>
<tr>
<th>NHS Direct</th>
<th>0845 4647</th>
<th><a href="http://www.nhsdirect.nhs.uk/">http://www.nhsdirect.nhs.uk/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningitis Trust</td>
<td>0800 028 1828</td>
<td><a href="http://www.meningitis-trust.org.uk">http://www.meningitis-trust.org.uk</a></td>
</tr>
<tr>
<td>Meningitis Research Foundation</td>
<td>0808 800 3344</td>
<td><a href="http://www.meningitis.org">http://www.meningitis.org</a></td>
</tr>
</tbody>
</table>

Yours faithfully,
How to recognise meningitis and septicaemia

In babies, look out for one or more of these symptoms:

- A high fever
- A high-pitched, moaning cry
- Difficult to wake
- Refusal to eat
- Pale or blotchy skin
- Red or purple bruise-like spots that do not fade under pressure
  (See the Glass Test below)

In older children, look out for one or more of these symptoms:

- A high fever
- Stiffness in the neck – can the child kiss his or her knee?
- Drowsiness or confusion
- A severe headache
- A dislike of bright light
- Red or purple bruise-like spots that do not fade under pressure
  (See the Glass Test below)

The disease can develop very quickly – sometimes in a matter of hours

How to do the Glass Test

This test is very simple. If you press a clear glass firmly against the bruise-like rash, you can see if the rash fades. If the rash doesn’t fade, contact your doctor immediately.
MENINGITIS & SEPTICAEMIA
know the signs

**SEPTICAEMIA**
- Rash
- Fever
- Cold hands and feet
- Stomach pain
- Drowsiness
- Severe headache
- Stiff neck
- Dislike of bright lights
- Sometimes with diarrhoea

**MENINGITIS**
- Not always present initially
- Not present in all cases

MENINGITIS & SEPTICAEMIA
Symptoms in Babies

In addition to those shown opposite, babies may also suffer from other symptoms:
- Tense or bulging soft spot on their head
- Blotchy skin, getting paler or turning blue
- Refusing to feed
- Irritable when picked up, with a high pitched or moaning cry
- A stiff body with jerky movements, or else floppy and lifeless

In most cases someone with meningitis or septicaemia will become seriously ill rapidly. Trust your instincts. Seek medical help immediately if you are concerned.

Symptoms can appear in any order. Not everyone gets all these symptoms. Septicaemia can occur with or without meningitis. Headaches and fever are also symptoms of common infections.
References
