



UNIVERSITY OF EXETER HEALTH AND SAFETY STANDARD

Meningitis and Septicaemia

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Author and Lead	UMPC - Elaine Cordy, Assistant Director , Education Support Services E.Y.Cordy@exeter.ac.uk Deputy UMPC – Roscoe Hastings Director of Teaching Excellence & Student Experience R.J.Hastings@exeter.ac.uk > Kate Lindsell, Public Health Lead, k.lindsell@exeter.ac.uk UMPC (Cornwall) – David Dickinson (FX Plus Director of Student & Academic Support) david.dickinson@fxplus.ac.uk UMPC (Cornwall Deputy) – Michelle Lewis (Head of Student Support) michelle.lewis@fxplus.ac.uk		
Aims	To ensure the University of Exeter has a clear plan in place to manage and communicate in the event of a suspected or confirmed case of Meningitis or Septicaemia, including proactive promotion of Meningitis and Septicaemia symptoms to raise awareness		
Scope	This standard is applicable to all students and staff of the University of Exeter		
Definitions	Meningitis is an inflammation of the meninges; the lining surrounding the brain and spinal cord. It can be caused by a variety of organisms such as viruses and bacteria. <u>Viral meningitis</u> is the most common type. Symptoms are usually mild (like the common cold) and recovery is normally complete without any specific treatment (antibiotics are ineffective). In most cases admission to hospital is unnecessary (although it is still notifiable to UK Health Security Agency (UKHSA). <u>Bacterial meningitis</u> is a rare disease, but it can be very serious and requires urgent treatment with antibiotics. There are two main forms of bacterium: pneumococcal and meningococcal (of which there are five groups (strains) A, B, C, Y and W135). <u>Pneumococcal meningitis</u> mainly affects infants and elderly people, but people with certain forms of chronic disease or immune deficiencies are also at increased risk. There is a vaccine available to protect people at high risk. It does not normally spread from person to person and public health action is therefore not usually needed. The pneumococcal bacterium is better known as a cause of pneumonia. <u>Meningococcal meningitis</u> is the most dangerous type of bacterial infection. The bacterium can give rise to meningitis and/or septicaemia. Public health action is always required to identify and arrange the provision of antibiotics to close contacts of a case of meningococcal disease. Meningococcal disease is fatal in about one in ten cases. <u>Septicaemia</u> is a type of blood poisoning caused by the same bacteria. The bacteria release toxins which break down the walls of the blood vessels allowing blood to leak out under the skin and reduces the amount of blood available for vital organs. Septicaemia is often more life threatening than meningitis.		
Responsibility for implementation	University Meningitis Policy Coordinator (UMPC) with expert advice from UKHSA		



[General Information on Meningitis and Septicaemia for staff and students](#)



Student Immunisation			
2.	All first year students (aged under 25) should be immunised against group A, C, Y, and W meningococcal disease by their own General Practitioner, prior to arrival at the University. Those students (under 25) who arrive without immunisation should (and will be encouraged) register with the Student Health Centre or a local General Practitioner and request this to be carried out as soon as possible. Based upon advice from the Department of Health, it is not considered necessary for other students or staff to receive this precautionary immunisation, but it may become necessary if a case occurs.	Students	
Action to be taken when a case or cases occur			
3.	<u>Immediate Communication with University Meningitis Policy Coordinator (UMPC)</u> Any student or member of staff who becomes aware of a suspected or confirmed case shall alert this to the UMPC who will lead the University response to any case(s) (see policy author for names and contact details of all relevant persons) In the event that the case is an Exeter Student in Cornwall, the UMPC team will remain lead, with the Cornwall team in operational support. The name of the UMPC team will be shared with the UKHSA and Public Health teams in Devon and Cornwall to ensure that communication can be made with the University as soon as a suspected or confirmed case is identified. UK Health Security Agency (UKHSA) When a case occurs it is the University's role to liaise and assist the UKHSA assigned Consultant in implementing their recommended actions. In order to minimise the risk of an outbreak the speed of communication and implementing agreed actions are paramount. The UMPC or deputy will communicate with UKHSA. The Incident Control Team (ICT) Depending on the seriousness or complexity of the case(s) UKHSA may convene an Incident Control Team (ICT) to assist in the management of the case, ensuring that the necessary resources are available. See section 8.	All Staff	contact Education Support Contact HR
IN ALL SUSPECTED OR CONFIRMED CASES OF MENINGITIS, URGENT MEDICAL ATTENTION IS REQUIRED The following emergency protocols will be put into action and communications sent, according to circumstances of the case:			
4.	Protocol A: A single case of <u>possible</u> meningococcal meningitis: <i>A Possible case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the public health doctor considers that diagnoses other than meningococcal meningitis are at least as likely. No public health measures are necessary and contacts do not</i>	UKHSA/UMPC	UMPC



	<i>need antibiotics unless or until further evidence emerges that changes the diagnostic category.</i> 1. Admit the person to hospital (or be informed by the UKHSA that a person connected with the university is in hospital with possible or confirmed case) 2. Inform and liaise with the UMPC and deputy/Cornwall UMPC to liaise with UKHSA 3. UMPC to liaise with UKHSA to agree any communications required 4. UMPC to issue agreed communications to agreed cohort 5. UMPC to inform and liaise with Resident Tutor/Residence Manager/Director of Campus Services / the Guild/Students' Union and the Student Health Centre (and Cornwall equivalents as relevant, including appropriate Falmouth University contacts) 6. UMPC inform and liaise with the Faculty Management Team		
5.	Protocol B: A single case of probable or confirmed meningococcal meningitis <i>A <u>Probable</u> case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the public health doctor considers that meningococcal disease is the most likely diagnosis. Antibiotics will be issued to close contacts of the case by the Consultant in Communicable Disease Control or duty public health doctor.</i> <i>A <u>Confirmed</u> case is a clinical diagnosis of meningococcal meningitis or septicaemia which has been confirmed microbiologically. Antibiotics will be issued to close contacts of the case by the Consultant in Communicable Disease Control or duty public health doctor.</i> 1. Admit the person to hospital (or be informed by UKHSA of admission) 2. Liaise with the UMPC and deputy/Cornwall UMPC 3. UMPC to liaise with UKHSA 4. Student Health Centre / UKHSA to arrange for close contacts to be alerted and to be issued with antibiotic prophylaxis (and offered vaccines where appropriate). UKHSA may require UMPC to provide contact details if these have not already been made available via the confirmed case individual. 5. UMPC to Inform and liaise with Resident Tutor/Residence Manager/Director of Campus Services / the Guild/Students' Union and the Student Health Centre (and Cornwall equivalents as relevant, including appropriate Falmouth University contacts) 6. UMPC inform and liaise with the Faculty Management Team 7. Student Health Centre (to inform and alert the General Practitioners of all close contacts who are thus treated / Plan to be agreed in Cornwall as required) 8. UMPC: Issue communication urgently (same day) to students as agreed with UKHSA 9. UMPC: Consider arranging a meeting for students in the same residence and on the same course	UKHSA/ UMPC	



	10. UMPC: Issue communication to all Faculties, Student Residences and the Guild/SU (as appropriate) (via email). Communication content is normally provided by UKHSA. 11. UKHSA: Provide public health information and advice to the University 12. UKHSA: Consider informing national meningitis charities and establish if support able to be provided e.g. use of their telephone help-line numbers 13. UMPC: Consider issuing a press statement – discuss with UKHSA / Press officer		
6.	Protocol C: Two or more unrelated cases of meningococcal meningitis (each case dealt with separately using Protocol B) 1. Admit the person to hospital or be informed by UKHSA that persons related to the University are possible / confirmed cases 2. Inform and liaise with the UMPC and deputy 3. UMPC to liaise with UKHSA 4. UMPC to Inform and liaise with Resident Tutor/Residence Manager/Director of Campus Services / the Guild/Students' Union and the Student Health Centre (and Cornwall equivalents as relevant, including appropriate Falmouth University contacts) 5. UMPC Inform and liaise with the Faculty Management Team 6. Student Health Centre /UKHSA to arrange for close contacts to be alerted and to be issued with antibiotic prophylaxis (and offered vaccines where appropriate) 7. Student Health centre to Inform and alert the General Practitioners of all close contacts who are thus treated 8. UMPC: Issue communication urgently (same day) to students in the same residency and on the same course. Communication content is normally provided by UKHSA 9. UMPC: Consider arranging a meeting for students in the same residence and on the same course 10. UMPC: Issue communication to all Faculties, Student Residences and the Guild/SU (as appropriate) (via email). Communication content is normally provided by UKHSA. 11. UKHSA: Provide public health information and advice to the University 12. UKHSA: Consider informing national meningitis charities and establish if support able to be provided e.g. use of their telephone help-line numbers 13. UMPC: Consider issuing a press statement – discuss with UKHSA / Press officer	UKHSA/ UMPC	
7.	Protocol D: Two or more related cases (an outbreak of) meningococcal meningitis <i>Cases of meningococcal disease will be considered related and an outbreak declared if the following applies:</i> <i>(i) Two confirmed or probable cases within a four week period which are, or could be, caused by the same bacterial strain and are epidemiologically linked</i>	UKHSA / UMPC	



	1. Admit second (or more) case(s) to hospital 2. Inform and liaise with the Student Health Centre and University Meningitis Policy Coordinator (UMPC) 3. UMPC and UKHSA: Activate the Outbreak Plan and convene the Incident Control Team (see Appendix II) 4. UKHSA: Consult with Field Epidemiology Services 5. Incident Control Team: Define the Target Group UKHSA: (a) Offer meningococcal vaccine to the Target Group (if one or more cases is Bacterial strain "C"), as soon as possible (b) Check for acute illness in the Target Group (c) UKHSA will seek advice from national experts as required and ICT would decide on the correct course of action to take 6. UKHSA: Issue, a previously prepared communication, as soon as possible, to students in the same residence and on the same course 7. UKHSA / UMPC: issue previously prepared communication, urgently (same day) to all Faculties and student residences. Update on a regular basis 8. UKHSA / UMPC / Press office: Issue a previously prepared press statement and consider holding regular press briefings 9. UKHSA: Alert urgently (same day) local General Practices and Accident & Emergency Departments of acute hospitals 10. UMPC: Notify other local FE and HE establishments 11. UKHSA / Student Health Centre: / UMPC Cornwall Consider convening a meeting with the Target Group should there be a delay in issuing treatment 12. UKHSA: Consider notifying details of the incident to the national meningitis charities 13. UKHSA: Consider use of a helpline for students, staff and parents and establish support available from others e.g. the local authority public health team and national meningitis charity helplines 14. UKHSA: Consider reporting of incident via national systems e.g. weekly national telecom.		
	The Incident Control Team (ICT)		
8.	The ICT will be convened at the request of UKHSA and will be arranged by UKHSA. UKHSA will determine the agenda and UoE will participate. Convenor Consultant in Communicable Disease Control/Health Protection (CCDC/CHP /UKHSA). Membership (to be determined between UMPC and UKHSA) The University will have available the following staff to support the ICT: University Meningitis Policy Coordinator (UMPC or Deputy/Cornwall UMPC) University Public Health Lead Medical Officer from the Student Health Centre University / Cornwall Press Relations Manager Senior Resident Tutor/Residence Life Officer HR business Partner Other members with appropriate specialist knowledge will be co-opted as necessary.	UKHSA / UMPC	



Standard Monitoring and Measurement Criteria

Annually the Standard will review key aspects of compliance as below. A compliance and performance report will be submitted to the UoE Compliance Committee on request. Where necessary a corrective action plan will be put into place where performance in the annual policy monitoring indicates improvements are needed

1.	That annual communications plans are in place from welcome week, throughout the academic year to inform of vaccination and signs and symptoms, for Exeter and Cornwall campuses
2.	Annually or following a case of suspected or confirmed meningococcal meningitis or septicaemia (whichever is sooner) the UMPC and / or Deputy/Cornwall UMPC will carry out a review of the Standard, communications and guidance to ensure it is up to date. Any amendments required will be made by the UMPC in consultation with UKHSA
3.	Following all outbreaks where IMT is implemented, a review will be carried out by UOE to ensure we learn from any lessons identified during the outbreak. The plan will be updated if required.