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| Version number: | V3 |  |
| Policy owner: | Student Health Service |
| Effective date: | 01/08/2022 |
| Review date: | 31/07/2025 |

MENINGITIS POLICY

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# Introduction

Meningitis can be caused by both viruses and bacteria. The only bacterial meningitis that requires specific public health intervention is meningococcal meningitis (meningococcal disease) which is a life-threatening infection. This is a ‘notifiable infectious disease’[[1]](#footnote-1) which must be reported to the UK Health Security Agency (UKHSA, formerly Public Health England). Reports about a case of ‘meningitis’ in someone from the university population is therefore likely to cause anxiety and require careful communication to allay fears and raise awareness. Therefore, whilst this policy relates mostly to actions required for probable and confirmed cases of meningococcal disease, it also covers communication considerations that may be necessary for the University to undertake due to cases of viral or other bacterial meningitis.

The Health Protection Team (HPT) may be notified of a case of suspected meningococcal disease in a university student via the usual notification routes (e.g. by a hospital clinician) or the University may hear about reports of a case and alert the HPT. Timely notification to the HPT is key to enable effective public health action.

Evidence suggests University students are at an increased risk of meningococcal disease. Up to 25% of adolescents carry the bacteria without any signs or symptoms of the disease and living in closed or semi-closed communities such as university halls has been identified as a risk factor of the disease[[2]](#footnote-2).

Cases of meningococcal disease in universities can cause considerable alarm as well as pose problems in public health management. The close circle of contacts may be difficult to define and trace, as students will often not only be living in halls, but may also be part of an active social network outside the University. Misinformation about cases/incidents may spread quickly by word of mouth and result in panic. Students who have recently left home may feel particularly vulnerable, especially if they have not yet established good access to the local primary health care services. Careful and well-coordinated management of the situation is paramount.

The objective of this policy is to ensure that the following principles are observed in the University's response to reports of cases/outbreaks of meningitis amongst the student and/or staff population:

1. Appropriate, timely and well-managed level of response from the University, in order to protect the health and wellbeing of its staff and students.
2. Promote awareness of the signs and symptoms of the disease so that medical help can be sought as soon as possible.
3. Clear and effective channels of communication with students, staff and the public, which are sensitive to the potential distress and wishes of those involved.
4. Effective support arrangements for students.
5. Strong links to UK Health Security Agency (UKSHA), West Sussex County Council Public Health (WSCC PH) and local GPs to assist with the management of any required public health response.
6. Direct access to an accessible policy with up to date information and advice on the management of meningitis (whether viral or meningococcal disease or other bacteria).

In addition, the University recognises the importance of proactively educating all students and staff on the dangers and signs and symptoms of the disease and incorporates meningitis advice into residential student inductions, as well as conducting regular meningitis awareness campaigns on both campuses. The University will refer to UKHSA’s MMR, MenACWY and Covid comms toolkit for universities, as needed[[3]](#footnote-3).

The University recognises the need for a reflective approach to the management of meningitis and this policy is therefore subject to annual review and updating in light of experience and best practice examples.

# Roles and responsibilities

**UK Health Security Agency (UKSHA):**

The **UK Health Security Agency** (**UKHSA**) is the government agency in England responsible for public health protection and infectious disease capability, replacing Public Health England in April 2021. It is an executive agency under the Department of Health and Social Care (DHSC).

**Health Protection Team:**

Health Protection Teams (HPTs) are the local public health team to which all clinically suspected cases of invasive meningococcal disease (IMD) are notified by clinicians. This team is responsible for providing the advice on any subsequent local public health actions required for the case of meningitis and their close contacts. In England, the local Health Protection Teams are part of UKHSA (formerly Public Health England).

Where a case has identified links with a university, the HPT will provide the University with information and advice, and may seek assistance to identify and liaise with close contacts for the provision of advice, chemoprophylaxis and, where required, vaccination. Where two or more probable/confirmed cases are identified that might indicate a cluster or outbreak, they will risk assess the situation and advise on any required public health action to be taken and lead this response.

**Telephone Surrey & Sussex Health Protection Team: 0344 225 3861
SE.AcuteResponse@phe.gov.uk**

**Outbreak Control Team:**

If UKHSA determine that there is a suspected or confirmed cluster or outbreak of meningococcal disease associated with the University, the duty Consultant in Communicable Disease Control (CCDC) may convene an Outbreak Control Team to co-ordinate the required public health investigations and response. The team members and their roles are defined in Appendix B.

**West Sussex County Council Public Health (WSCC PH):**

WSCC PH work in collaboration with UKHSA and the Outbreak Control Team. They liaise with and support the University Meningitis Management Group and other stakeholders to ensure their timely response in the incident/outbreak, within capacity as agreed with providers. They provide support and guidance for communications to University students and staff as well as to other stakeholders and the wider workforce population as required.

**ESWelfareGroup@westsussex.gov.uk**

**Meningitis Management Group (MMG):**

This group will be convened by the Director of Students, Support and Information Services when one or more probable or confirmed cases of meningococcal disease have been diagnosed.

The group will be responsible for implementing the procedures outlined in this document and for liaising with the Vice-Chancellor’s Group (VCG), UKHSA and, where appropriate with the Serious Incident Management Team, who can be contacted by the University Secretary or the Director of Students, Support and Information Services. (see Appendix D: Contact Details).

Membership includes:

* Director of Students, Support and information Services (Chair)
* Nurse Health Advisers (NHAs)
* Representatives from
	+ Accommodation
	+ Marketing
	+ Students’ Union
	+ Administrative support
	+ Optionally, other key members of Student Support and Wellbeing.

# Definitions

The following definitions have been adopted from ‘Guidance on the prevention and management of meningococcal meningitis and septicaemia in higher education institutions’[[4]](#footnote-4): <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582511/MenACWY_HEI_Guidelines.pdf> and [Guidance for public health management of meningococcal disease in the UK (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829326/PHE_meningo_disease_guideline.pdf)

* **Invasive meningococcal disease (IMD)** is an acute infectious bacterial disease caused by Neisseria meningitidis. There are 12 capsular groups of Neisseria meningitidis that cause human disease of which groups B, C, W and Y (referred to as MenB, MenC, MenW and MenY respectively) were historically the most common in the UK.
* **Possible case:** person with a clinical diagnosis of meningitis or septicaemia or other invasive disease where an experienced member of the local Health Protection Team, in consultation with the clinician and microbiologist consider that another diagnosis, such as viral illness, is a more likely diagnosis than meningococcal disease. Cases categorised as possible do not require public health action but may raise awareness and anxiety that requires the prompt dissemination of information to students and staff.
* **Probable case:** person with a clinical diagnosis of meningitis or septicaemia or other invasive disease where an experienced member of the local Health Protection Team, in consultation with the clinician and/or microbiologist consider that meningococcal infection is the most likely diagnosis.
* **Confirmed case:** person with a clinical diagnosis of meningitis or septicaemia, or other invasive disease (e.g. orbital cellulitis, septic arthritis) which has been confirmed microbiologically by appropriate culture or nonculture methods.
* **Close contact:** a close contact is defined as prolonged close contact with the case in a household type setting during the seven days before onset of illness. This includes those living and/or sleeping in the same household, intimate contacts, or students sharing a kitchen in a hall of residence. The definition does not include students in the same class or those attending the same social function.
* **Prophylaxis:** action taken to prevent disease. For meningococcal disease, this will usually consist of a single dose of antibiotics (chemoprophylaxis) and is recommended for the group of close contacts of probable and confirmed meningococcal disease, to eliminate established carriage from these close contacts, and thereby reduce onward transmission. For close contacts who have newly acquired the invasive strain, there may be some benefit in reducing their risk of developing IMD themselves. Vaccination may also be offered to close contacts, where appropriate, to reduce the risk of late cases through longer term protection.
* **An HEI Cluster:** two or more confirmed or probable cases of IMD that occur in the same HEI within a four-week period and have an identified common link (e.g. same social network, same course and year, same hall of residence) and who are, or could be, infected by the same strain.

# Management of meningitis flowchart

# Management of meningitis in the University

## Awareness of the dangers of meningitis

It is important that all students and front-line staff are aware of the dangers of meningitis and of the signs and symptoms associated with it, so that possible cases are identified and treated quickly, and to allow students take sensible precautions and look out for each other.

All residential students will be advised of meningitis during their inductions, and regular meningitis awareness campaigns will be run throughout the academic year across both campuses.

See Appendix A for a chart of meningitis awareness promotions and education.

## Action when a single possible meningococcal case or a case of viral or other bacterial meningitis occurs

A single possible case of meningococcal disease, or viral or other bacterial meningitis, does not require any public health measures and contacts do not need to receive antibiotic prophylaxis. However, action does need to be taken to prevent unnecessary anxiety.

On receipt of advice that a student has been admitted to hospital with a diagnosis of possible meningococcal disease, the Nurse Health Advisers (NHAs) and Director of Students, Support and Information Services, on advice from UKHSA, may consider informing students and staff in the same halls of residence and on the same course that:

* Students are not considered at any risk from the incident, even if they were in close contact with the case.
* Antibiotic prophylaxis is not necessary.
* No follow up action is required unless further evidence emerges that changes the diagnostic category to a probable or a confirmed case.

This decision will be determined on a case by case basis depending on the level of concern or alarm amongst the university population.

UKHSA has prewritten information and letters that can be provided if required. Meningitis charities can supply information and advice in large quantities and should be considered a resource for health information and support for those with concerns. Health promotion posters, emails and campaigns can help to reinforce UKHSA advice and potentially relieve anxiety.

## Action when a single probable or confirmed case of meningococcal disease occurs

The Director of Students, Support and Information Services will convene the Meningitis Management Group (MMG) and inform the Vice-Chancellors Group (VCG). The Nurse Health Advisers (NHAs) and the Director of Students, Support and Information Services will assess the available information, ensure the local Health Protection Team (HPT) and WSCC PH are aware of the case (if they were not the source of the notification), and agree a course of action following consultation with UKHSA).

The MMG will:

* Obtain advice from UKHSA, this will be documented and confirmed (e.g. by email).
* Gather information about the specific case and potentially affected students and staff including:
	+ Confirm if the student is a resident on campus.
	+ Confirm the stage of the student’s course and who their key academic contacts are.
	+ Confirm and obtain contact details for the student’s social and family network.
	+ Liaise with the HPT to enable the definition of the period of infectiousness so an assessment can be made of potential close contacts. For example, has the Student been unwell in halls for days or hours during which time others may have become close contacts.
* Assist the HPT, where required, with the identification and provision of the details of close contacts, in order for the HPT to deliver required public health actions and provision of advice.
* Confirm PR strategy and inform and instruct frontline staff and SIZ to direct enquiries from the Press, media, parents and the public to Marketing (see APPENDIX C: Contact Details). Confirm how information will be disseminated. Marketing should ensure liaison with UKHSA communications team where appropriate.
* Increase general student/staff awareness of the dangers and signs and symptoms of meningitis:
	+ Contact meningitis charities to supply additional written info and advice.
	+ Display health promotion posters, emails and campaigns which reinforce UKHSA advice.
	+ Ensure health promotion and awareness is up to date. This will involve changing posters and publicity on a regular basis and removing previous publicity in order to avoid confusion.
* Consider support to the student’s family:
	+ Contact the Accommodation Office in order to offer accommodation to the student’s family to facilitate visits, if appropriate.
	+ Consider informing the Chaplaincy in order that a pastoral visit might be arranged to the student or the student’s family.
* All members of staff informed about the incident should also be advised of the following key points:
	+ All information should be directed through the MMG; and should be sensitive, accurate, consistent and helpful and should respect the distress which the student’s family and friends may be suffering.
	+ All relevant communication should be on a ‘need to know’ basis and should consider confidentiality needs.
	+ All enquiries from the Press/media should be directed to Marketing.

## Action when two or more probable or confirmed cases of meningococcal disease occurs

When two or more cases are reported of members of the University population within a four-week period, UKHSA will make careful and rapid assessment.

This should include a review of:

* Clinical features of the cases
* Microbiological data
* Dates of onset of illness and of last attendance
* Links between cases
* Possible numbers of students involved

If the cases appear not to be linked they should be considered sporadic cases. Public health action will be undertaken as above in section 5.3. Where cases do not fulfil the cluster definition, early dissemination of information should still be considered.

Examples of cases which **do not fit the cluster definition** include:

* if there are two confirmed cases due to different meningococcal strains; or
* if there are two confirmed or probable cases but the interval between cases is more than four weeks; or
* if there are two confirmed or probable cases with no evidence of any common links in spite of intensive enquiry (e.g. no social contact network, cases live in different halls of residence, or are on different courses), whatever the interval between them; or
* if there are two possible cases (or one possible and only one confirmed/probable case), whatever the interval or link between them.

If **two *confirmed/probable cases*** arise within the University community (student and/or staff) within a four-week period and are, or could be, caused by the same meningitis strain, this meets the definition for a cluster. An Outbreak Control Team (OCT) may then be formed to manage the situation (see Section 6. Managing clusters of meningococcal disease).

The OCT will consider whether there is a clearly identifiable group at increased risk of meningococcal disease that may benefit from public health action such as antibiotics and vaccination.

## Action when contact has now finished

In instances where close contacts have been identified but this contact has now finished (e.g. where students have left the university during holidays), attempts should be made to arrange chemoprophylaxis within one week of dispersal *if practicable.* The HPT will lead on any required public health response but may require assistance from the University in identification/provision of contact details for the contacts.

# Managing clusters of meningococcal disease

**In this context, an outbreak is defined as two or more cases of meningococcal disease which occur within a four-week period and which have an identified common link.**

Where there is a suspected or confirmed cluster of meningococcal disease the UKHSA Consultant in Communicable Disease Control (CCDC) may convene an Outbreak Control Team (see APPENDIX B: Outbreak Control Team). This Team is primarily made up of public health officials although, since the University has an interest in the situation and may be required to support the public health response, it is usual for their representatives to attend.

The OCT is ultimately responsible for the management of the situation including:

* Risk assessment to determine the groups who may require prophylaxis
* Determination of the type public health measures required (e.g. antibiotics, vaccination)
* Practical arrangements for the provision of prophylaxis
* Media Response

The speed of a public health response is important in order to implement preventive measures and reduce public anxiety. In educational settings, once a second related case has occurred, the risk of a third case may be as high as 30-50%. The risks are known to be highest in the week after the second case. The risk to staff in such clusters is not known.

Chemoprophylaxis (prevention of disease with the use of drugs/vaccines) in a closed community has shown a significant effect on disease reduction. The aim of such interventions is to eradicate carriage of the outbreak strain from a population at high risk of invasive disease. With regards to meningococcal disease, this will be primarily be through the use of appropriate antibiotics. Additionally, if an outbreak is caused by a strain for which an effective vaccine exists, vaccination should be considered.

If a clear subgroup of close contacts of cases can be defined, prophylaxis should be offered to that group. If a subgroup cannot be defined, then a decision may be needed on offering prophylaxis to a wider group within the University. This will depend on factors such as the size of the population, the time interval and age difference between cases, and whether they are confirmed or not.

# Responsibilities

**Preparation of information**

All students need to be made aware of the risks associated with meningococcal disease and of the associated signs and symptoms. In the event of one or more probable or confirmed cases of meningococcal disease, information and advice will need to be disseminated promptly to potentially affected students and staff. In addition, the level of awareness across the whole University needs to be raised.

UKHSA will provide general frameworks for ‘letters’ (to be sent via email) and health advice / posters. Meningitis awareness charities will also be able to supply quantities of advice.

***Responsibility:*** *UKHSA, Nurse Health Advisers, the Director of Students, Support and Information Services*

**Help lines**

In the event of an outbreak, it may prove necessary to provide help lines and a dedicate email account (with associated administrative support) to field large numbers of in-coming telephone calls and emails to the University.

Such lines of communication should be set up promptly and in accordance with the University’s Serious Incident Management Plan protocol.

National meningitis charities may be able to assist with support and training.

***Responsibility****: SIZ Manager*

**Facilities for immunising**

In the event of an outbreak of meningococcal disease, it may be necessary to administer antibiotics and mass immunisation to a large target group.

UKHSA and the Outbreak Control Team will determine the extent of the immunisation campaign; this may a defined subgroup of the University population or potentially the whole University. The Outbreak Control Team and MMG will arrange for staff and students to be informed. The University Nurse Health Advisers will have a role in supporting external services as required to coordinate the immunisation. Where large volumes of vaccine are required, the supply will be organised by the screening and immunisations team at NHSEI (NHS England and NHS Improvement).

The venue for immunisation will depend on the size of the group concerned and the location of the outbreak (i.e. the Chichester or Bognor campus). Potential venues include:

* Chichester
	+ New Hall Health and Advice Centre
	+ Tudor Hale Centre
	+ Sports Dome
	+ Local GP surgeries
* Bognor Regis
	+ LRC Health Centre
	+ The SU Hub
	+ Local GP surgeries

Closing the University would NOT routinely be advised as no reduction in risk would be expected (success of intervention will be assisted if attendance is high). UKHSA will advise.

Swabbing to measure carriage of outbreak strains is not usually recommended in acute outbreaks because decisions have to be taken before results are available and because carriage rates often bear no relationship to risk of further cases.

***Responsibility****: Co-ordinating action by UKHSA, MMG, NHAs and NHSEI.*

**Public Relations**

 An outbreak of meningitis can be of national interest. The approach to public relations management identified in the University’s Serious Incident Management Plan will be adopted for all public communications related to incidences of meningococcal disease occurring at the University, in collaboration with UKHSA.

***Responsibility****: Co-ordinating action by Marketing or UKHSA.*

**Liaison between UKHSA and the University**

UKHSA has responsibility for ensuring that action is taken to minimise the risk of further associated cases through delivery of public health measures, and to collect data for research and surveillance.

The University maintains good relationships with UKHSA and will establish plans and protocols in conjunction with UKHSA to deal with cases of meningococcal disease.

All communication and instructions from UKHSA should be documented. Instructions, advice, and verbal communication should be confirmed by email whenever possible to facilitate communication within the University team, prevent misunderstanding and provide documentation of events and rationale for actions.

***Responsibility****: MMG, Director of Students, Support and Information Services and NHAs*

# APPENDIX A: Meningitis awareness promotion and education chart

|  |  |  |
| --- | --- | --- |
| **Aims** | **Methods** | **Responsibility** |
| All new students to be familiar with the symptoms and signs of meningococcal diseaseAll new students to be aware of immunisation recommendations and implications | Leaflets and symptom cards distributed to all students at registration and throughout the yearInformation on meningitis and immunisations will be incorporated into the *Student Handbook* and the Student Health Service web page.Meningitis awareness video screened as part of the Residential students’ induction sessions | Nurse Health Advisers |
| All students to be encouraged to look out for each other’s welfare | There will be an annual leaflet and poster awareness campaign during the Autumn Semester. In addition, the services of the national meningitis charities may also be used. The University social media accounts and SU Facebook can also disseminate information. | Nurse Health AdvisersNurse Health Advisers Collaboration with the Health Centre / Students’ Union |
| All students to be encouraged to inform someone (a friend, the Nurse Health Adviser or their residential adviser) if they are feeling unwell so they can be monitored and prompt medical attention sought if their condition deteriorates | All students to be encouraged to register at a local general practice.Display exhibited during the ‘Fresher’s Fair’. | Nurse Health Advisers |
| All front-line staff to be familiar with the signs and symptoms of meningococcal disease | Via on-line and hard copy dissemination of information | Student Support and Wellbeing, Accommodation and HR |

# APPENDIX B: Outbreak Control Team

Membership of the Outbreak Control Team and their roles and responsibilities:

|  |  |
| --- | --- |
| **Membership (essential)** | **Role of member** |
| UKHSA (South East) - Consultant in Communicable Disease Control (CCDC)  | * Chair of Outbreak Control Team
* Co-ordination of outbreak management
* Media spokesperson for UKHSA and on public health issues
 |
| UKHSA (South East) - Health Protection Practitioner | * Support CCDC and co-ordination of public health follow up actions
 |
| UKHSA (South East) - Administrative support | * Keep a comprehensive record of the Outbreak Control Team meetings
 |
| UKHSA (Colindale) - National experts  | * Meningococcal experts will provide advice and support in decision making
* If vaccination is indicated, immunisations experts may also attend
 |
| Local laboratory - Consultant microbiologist | * Expert advice and feedback on results
* Liaison with microbiology laboratory
 |
| Clinical Commissioning Group or Integrated Care System - Health Services representative  | * Support in the funding and sourcing of chemoprophylaxis if mass chemoprophylaxis indicated
 |
| University - Nurse Health Advisers | * Liaison with and feedback from student primary care services
 |
| University - Marketing & Public Affairs | * Co-ordination of all University external and internal communications
* Media relations co-ordinator
* Media spokesperson for the University
* Liaison with UKHSA communications team
 |
| University - Student Support and Wellbeing / SIZ | * Help lines staffing and organisation
* Co-ordination of University welfare services
* Liaison with families of students
 |
| University- Administrative support | * Support follow up actions for University, as required
 |
| **Other possible members** |
| Health Sector public relations | * Media relations
 |
| Director of Public Health (DPH) | * Executive support to CCDC
* Liaison with UKHSA, WSCC, NHSEI and local authority Chief Executives, Chairman, Members of Parliament, etc.
 |
| Consultant in Public Health Medicine in the Local Authority | * To advise and support as appropriate.
 |
| Health Protection Team members | * Case finding and follow-up
* Specific media queries
* "Holding the fort" (maintaining a service for other infections)
 |
| UKHSA - Field Service  | * Expert advice and support in decision-making
* Organising epidemiological studies
 |
| NHSEI - Screening and Immunisations team  | * If a decision is made to provide mass vaccination, this team will support in provision of the vaccine and provide expert advice.
 |
| University - Head of Campus and Residential Services and/or Accommodation Manager | * Communication with Accommodation
* Communication with residents
* Organisation and staffing of immunisation sessions in residences
 |
| University - the Director of Students, Support and Information Services  | * Support to students and staff in general and at immunisation sessions
 |
| Representatives from GP surgeries associated with the relevant campus | * Support in provision of chemoprophylaxis and vaccination (where appropriate) to close contacts of cases registered with their practice
 |
| President, Students’ Union | * Represent views/concerns of students
* Co-ordinate activities of the Union with those of the Outbreak Control Team
 |

# APPENDIX C: Contact Details

(for internal use)

**UKHSA – Health Protection Team**

Telephone: 0344 225 3861

Email: SE.AcuteResponse@phe.gov.uk

Web link: UK Health Security Agency - GOV.UK (www.gov.uk)

**Director of Students, Support and Information Services**

Dave Corcoran, 01243 816459, 07415 385320, d.corcoran@chi.ac.uk

**University Secretary**

Sophie Egleton, 01243 816051, s.egleton@chi.ac.uk

**Nurse Health Advisers**

Becky Pothecary and Chrissie Dunn, 01243 816111, 07739 983 703, studenthealth@chi.ac.uk

**Chief Marketing Officer, Mark Barlow**

01243 816360, m.a.barlow@chi.ac.uk

**Students’ Union President**

01243 816390, Supresident@chi.ac.uk

**Student Union Manager**

Anne Elliot 01243 816398, a.elliot@chi.ac.uk

**Health and Safety Adviser**

Kevin Hickman, 01243 816488, k.hickman@chi.ac.uk

**University Emergency Service**

01243 816363

**University Duty Manager**

07876 870721 or 07876 870722

**Director of Estate and Facilities Management**

David Baily, 01243 816276, d.baily@chi.ac.uk

**Head of Campus and Residential Services**

Charles White, 01243 816081, c.a.white@chi.ac.uk

**Accommodation Manager**

Joe Ayres, 01243 793417, j.ayres@chi.ac.uk

# APPENDIX D: Meningitis Aware Recognition Mark (MARM) for Universities

Meningitis Now is the charity dedicated to fighting meningitis in the UK. Meningitis Now has created the recognition mark (MARM), to provide education and provide free materials and ongoing support to individuals and organisations.

Endorsed by the Student Health Association and Universities UK, the MARM toolkit has been developed to help universities ensure they are meeting recommendations set out in Public Health England’s “Guidance on the prevention and management of meningococcal meningitis and septicaemia in higher education institutions”. These guidelines are inclusive for Scotland, Northern Ireland and Wales.

The University of Chichester has been registered with MARM since 2017.

For more information about MARM for Universities please see the Meningitis Now website:

<https://www.meningitisnow.org/meningitis-explained/marm/meningitis-aware-recognition-mark-universities/marm-universities/>

The MARM Checklist can be found on this page:

<https://www.meningitisnow.org/meningitis-explained/marm/meningitis-aware-recognition-mark-universities/marm-universities/marm-get-started/>

1. ‘Notification of infectious diseases’ is the term used to refer to the statutory duties for reporting notifiable diseases in the [Public Health (Control of Disease) Act 1984](http://www.legislation.gov.uk/ukpga/1984/22) and the [Health Protection (Notification) Regulations 2010](http://www.legislation.gov.uk/uksi/2010/659/contents/made). [↑](#footnote-ref-1)
2. [Green Book Chapter 22 Meningococcal v6.1 Meningococcal Chapter 22 Meningococcal (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/554011/Green_Book_Chapter_22.pdf) [↑](#footnote-ref-2)
3. [MMR, MenACWY and coronavirus (COVID-19) vaccine comms toolkit for universities](https://khub.net/documents/135939561/174090192/MMR%2BMenACWY%2Band%2Bcoronovirus%2Bvaccine%2Bcomms%2Btoolkit%2Bfor%2Buniversities.pdf/6ec4e100-242b-4f5c-f1ea-bf88cace1ecb) [↑](#footnote-ref-3)
4. © Crown copyright 2016; PHE Publications Gateway Number: 2016383 [↑](#footnote-ref-4)