Precautionary vaccination session planned in response to Bristol meningitis B cases

Public Health England (PHE) is working closely with NHS partners and Bristol City Council following a further confirmed case of meningitis B in a Bristol student. The patient is recovering well in hospital.

Close household contacts have already been followed up and offered ciprofloxacin to reduce the risk of others becoming infected.

Investigations undertaken following the most recent case have revealed new information about social links to the St Brendan’s sixth form college student who sadly passed away in August this year. Based on this additional information, and as a precautionary measure, PHE has identified an extended group of social contacts of the case, who will be offered antibiotics and the MenB vaccine.

PHE will be making contact with these close contacts directly today to confirm arrangements for them to access the antibiotic and vaccine. The session will take place on Wednesday 20th September 2017. This additional public health action is being undertaken in line with national guidance on the management of clusters of meningococcal disease.

The wider population in the city, and those who are not identified as part of this close social contact group, are not considered to be at additional risk as meningococcal infection remains very rare and the risk of contracting the infection remains low.

We are aware that there is significant media interest in these cases and this is likely to generate queries to General Practice and other stakeholders.

Mike Wade, Deputy Director of Health Protection for PHE South West, said:
“We want to reassure people that all appropriate public health actions are being taken. “As well as the extra step we are taking with the wider social contacts associated with the most recent cases, PHE’s advice at present is that students ensure they are up to date with all of their routine immunisations. This includes the Men ACWY vaccine which protects against other strains of meningitis. We urge people maintain awareness of signs and symptoms of meningitis and
septicaemia, and to seek urgent medical advice if they are concerned about their, or another person’s health.

Men ACWY vaccine for teenagers was introduced in 2015. Since then the vaccine has been offered to pupils in Year 9 in schools, with a catch up campaign being rolled out for older pupils (Years 10 – 13) and university ‘freshers’. If students are in these age groups and are unsure if they have had the vaccine they should contact their GP surgery.

Although meningococcal disease is uncommon, people should be aware of the symptoms which can include a fever, headache, rapid breathing, drowsiness, shivering, vomiting and cold hands and feet. It can also cause a characteristic rash which does not fade when pressed against a glass. In teenagers, meningitis can sometimes present without many of these characteristic symptoms, and in some cases individuals have displayed symptoms similar to those associated with gastroenteritis and / or joint pain.

People who are concerned about any of these symptoms should seek medical advice immediately by calling their GP or NHS 111.

More information about meningococcal disease can be found on NHS Choices:  
http://www.nhs.uk/conditions/Meningitis/Pages/Introduction.aspx  
The Meningitis Research Foundation 0808 800 3344 www.meningitis.org  
Meningitis Now 0808 80 10 388 (24hr nurse-staffed helpline)  
http://www.meningitisnow.org/meningitis-info

**Why are we not advising about the availability of private Men B vaccines?**

We realise that concerned parents are very likely to approach GP practices and other providers to request private administration of the MenB vaccine. It should be noted that GPs cannot administer vaccines that are supplied within the population (S7a) vaccination programmes on a private basis to patients on their own practice lists who are not eligible to receive these vaccines. This restriction is in place to safe guard both patients and professionals from potential conflicts of interest, particularly where there is insufficient evidence of the benefits or potential risks of providing the vaccines to these patient groups. They may however consider reciprocal arrangements with another practice for this purpose and that practice or provider would make their decision to vaccinate or not based on independent clinical judgement.

It is not appropriate for NHS England to advise of or signpost to any private suppliers of these vaccines as these suppliers act outside of the NHS regulations and we cannot therefore assure that they are following the required standards for the safe storage, supply and administration of these medicines. We cannot assure that any vaccines given by private providers will have been safely administered or will be effective. It is also not appropriate for NHSE or PHE to recommend these vaccines to be given outside of the JCVI recommendations as there is not sufficient evidence of the efficacy or cost effectiveness of doing so, and to do this would not be in line with, and would undermine, evidence based practice.
Further information on meningitis can be found at www.meningitisnow.org and www.meningitis.org which includes information about signs and symptoms and the different vaccines available."

If GP Practices have any queries regarding this communication, please direct these to england.southwestscrimms@nhs.net