

The University of Chichester
Mumps, Measles and Rubella (MMR) Policy

Date of Issue

Policy Owner

The Policy has been reviewed and supersedes all previous issues. It has undergone the following approval process:

Equality Analysis	[insert date here]
Chief Executive's Team (ChET) approval	[insert date here]
Governors' Strategy & Resources Committee approval	And then if appropriate [insert date here]
Academic Board approval	[insert date here]
Board of Governors approval	[insert date here]
Other – if applicable	[insert date here]

This is a new Policy OR
The Policy was last issued on [date]. The principal changes relate to:
Section/Paragraph Title Change:

The next review of the
Mumps, Measles and Rubella (MMR) Policy is scheduled by December 2015

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1. Introduction

There is evidence to suggest that university students are at higher risk of catching Mumps, Measles and Rubella (German Measles). This is because many were too old to be routinely vaccinated with the MMR vaccine (Measles, Mumps and Rubella vaccine) when it was first introduced in the UK in 1988, or they only received one dose of MMR instead of the recommended two. In addition the diseases can spread quickly when so many young people are living and studying together. In 2013, there were 4,035 cases of Mumps in England and Wales. Most of these were students in universities and colleges.

Outbreaks of Mumps and Measles in higher education institutions can cause considerable alarm as well as pose problems in 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 inside and outside of the University. Misinformation about incidences may spread quickly by word of mouth and panic can result. 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. Good management of the situation is paramount. Rubella is a mild disease with few complications; however it is of concern to women in the early stages of pregnancy.

The objective of this policy is to ensure that the following principles are observed in the University's response to the incidence of Mumps, Measles and Rubella amongst the student population:

1. Appropriate, timely and well managed level of response from the University, in order to protect the health and wellbeing of its students and staff.
2. Clear and effective channels of communication with students, staff and the public, which are sensitive to the potential distress and wishes of those involved.
3. Effective support arrangements for students.
4. Strong links to health protection teams (HPTs) and local GPs.
5. Direct access to appropriate advice on the management of Mumps and Measles.

In addition the University recognises the importance of educating all students on the dangers and signs and symptoms of these diseases and of the importance of the MMR vaccination, and will promote awareness through a range of methods. All residential students will be advised during the inductions of Mumps, Measles and Rubella and of the effectiveness of the MMR vaccination, and MMR vaccination awareness campaigns will be run across both campuses.

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

2. Definitions

Public Health England (PHE)

Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service. In cases of Mumps, Measles and Rubella, which are notifiable diseases, they will provide the University with information and advice. Where two or more probable/confirmed cases are identified they will assess the situation and advise on the action to be taken.

Telephone 0207 654 8000 and web link

<https://www.gov.uk/government/organisations/public-health-england>

MMR Management Group

This group will be convened by the Head of Student Support and Wellbeing when two or more probable or confirmed cases of Mumps, Measles or Rubella have been diagnosed.

Membership includes the Head of Student Support and Wellbeing (Chair), the Nurse Health Advisers (NHAs), representatives from Accommodation, Marketing and the Students' Union, administrative support and, optionally, other key members of Student Support and Wellbeing.

The group will be responsible for implementing the procedures outlined in this document and for liaising with the Chief Executive's Team (ChET), PHE and, where appropriate, with the Serious Incident Management Team, who can be contacted by the University Secretary or the Head of Student Support and Wellbeing (see Appendix A: Contact Details).

Outbreak Control Team

The Outbreak Control Team will be convened by the duty Consultant in Communicable Disease Control (CCDC) when PHE confirm an outbreak of Mumps or Measles. The team members and their roles are defined in Appendix B.

Other Definitions:

The following recommended definitions have been used:

- **MMR vaccination.** The national Measles, Mumps and Rubella immunisation program offered to all children in the United Kingdom. MMR is a safe and effective combined vaccine that protects against three separate illnesses - Measles, Mumps and Rubella in a single injection. The full course of MMR vaccination requires two doses.
- **A possible case** is a clinical diagnosis of Mumps, Measles or Rubella without microbiological confirmation where the clinician and public health doctor consider that diagnoses other than Mumps, Measles or Rubella are at least as likely.
- **A probable case** is a clinical diagnosis without microbiological confirmation where the clinician and public health doctor judge that Mumps, Measles or Rubella is the most likely diagnosis.
- **A confirmed case** is a clinical diagnosis of Mumps, Measles or Rubella, which has been confirmed microbiologically.

- **Defining an outbreak:**
 - Two probable or confirmed cases of Mumps, Measles or Rubella that occur within a four week period
 - Which are, or could be, caused by the same strain of bacterium
 - For which a common link (e.g. same social network or hall of residence) can be determined.

Cases of Mumps, Measles or Rubella will normally be deemed unrelated if any of the following circumstances apply:

- Two confirmed or probable cases occur in different academic semesters.
- Two confirmed cases are due to different strains.
- Two confirmed or probable cases occur with no evidence of any common links in spite of intensive inquiry (e.g. no social contact, different hall of residence, different courses).
- Two possible cases (or one possible and one probable/confirmed case) occur whatever the interval or link between them.

3. General Information on Mumps

Introduction

Mumps is an acute viral illness transmitted by direct contact with saliva or droplets from the saliva of an infected person. Humans are the only known host of the Mumps virus. Mumps is a notifiable disease, which means that a doctor who sees a patient whom they suspect has Mumps is required by law to report it. Mumps is most recognisable by the painful swellings at the side of the face under the ears (the parotid glands), giving a person with Mumps a distinctive "hamster face" appearance. Other symptoms include headache, joint pain and a high temperature, which may develop a few days before the swelling of the parotid glands.

The illness

- **Symptoms** begin with a headache and fever for a day or two before the disease is characterised by swelling of the parotid glands which may be unilateral (one side) or bilateral (both sides). Other symptoms include headache, joint pain and a high temperature, which may develop a few days before the swelling of the parotid glands.
- **Complications** of symptomatic Mumps include swelling of the ovaries (oophoritis), swelling of the testes (orchitis), aseptic meningitis and deafness. Cases may have no salivary gland involvement but develop symptoms elsewhere (orchitis, meningitis). Despite common belief, there is no firm evidence that orchitis causes sterility. Other symptoms may include pancreatitis, neuritis, arthritis, mastitis, nephritis, thyroiditis and pericarditis. Mumps was the commonest cause of viral meningitis in children prior to 1988, when a vaccine was introduced.
- **The incubation period** is 14-21 days and Mumps is transmissible from several days before the parotid swelling to several days after it appears.
- **Contagiousness** is similar to that of influenza and Rubella but not as infectious as chickenpox or Measles. Exposed individuals should be considered infectious from 12 to 25 days after exposure.

Epidemiology

Mumps incidence peaks in winter and spring but has been reported throughout the year.

As with Measles and Rubella, confirmation of clinical diagnosis by oral fluid testing is offered by PHE.

Treatment

There is no specific treatment for Mumps. Treatment should be based on alleviating symptoms.

Prevention

Mumps vaccine is one of the components of the MMR vaccine.

Recommended immunisation schedule

MMR is given in the national immunisation programme at 12-15 months and at 4 years of age. There is no upper age limit and where required, two doses can be given separated by at least a one month interval.

4. General Information on Measles

Measles is a highly infectious viral illness that can be very unpleasant and can sometimes lead to serious complications. However, it's now uncommon in the UK because of the effectiveness of the MMR vaccination.

The Illness

- **Infectious agent:** Measles virus, a member of the genus 'morbillivirus' of the family Paramyxoviridae.
- **Transmission:** Airborne by droplet spread, direct contact with nasal or throat secretions of infected persons, and, less commonly, by articles freshly soiled with nose and throat secretions. Measles is one of the most highly communicable infectious diseases. Spending more than 15 minutes in direct contact with someone infected with Measles is sufficient to transmit virus.
- **Clinical Signs & Symptoms:** Measles normally presents with prodromal fever, conjunctivitis, coryza, cough and Koplik spots (small spots with white or bluish white centres on an erythematous base on the buccal mucosa). A characteristic red blotchy maculopapular rash which is not itchy appears on the third to seventh day. The rash begins on the face and behind the ears, then becomes generalised lasting for 4-7 days.
- **Complications:** Even in healthy individuals, Measles can be debilitating, resulting in morbidity and time off school and work. Complications from Measles are frequent and include pneumonia, otitis media and diarrhoea; less frequently encephalitis may occur and rarely sub-acute sclerosing panencephalitis (SSPE).
- **Diagnosis:** Confirmation of the diagnosis of Measles is performed on oral fluid or serum samples. In acute cases Measles RNA can also be detected in clinical specimens.
- **Period of infectivity:** Patient is infectious from 4 days before to 4 days after the onset of rash.
- **Incubation period:** 7-18 days (average 10-12 days).
- **Prevention:** MMR vaccination.

5. General Information on Rubella

Rubella (also known as German Measles) is a mild disease caused by togavirus. Transmission is through direct contact with an infected person or droplet spread. Rubella can cause serious complications for pregnant women and their unborn baby.

Symptoms include a transient red rash, swollen lymph glands around the ears and back of the head, and occasionally arthritis (any abnormality of a joint caused by inflammation) and arthralgia (pain in a joint caused by inflammation) in adults.

Rubella is vaccine preventable. In the UK children receive 2 doses of the combined Measles Mumps Rubella (MMR) vaccine as part of the routine childhood immunisation schedule. Women are screened for Rubella susceptibility during pregnancy and those identified as susceptible should be offered MMR vaccine post-partum.

If there is doubt about an individual's vaccination status, MMR should still be given as there are no ill effects from vaccinating those who are already immune.

6. Case Management of Mumps, Measles and Rubella

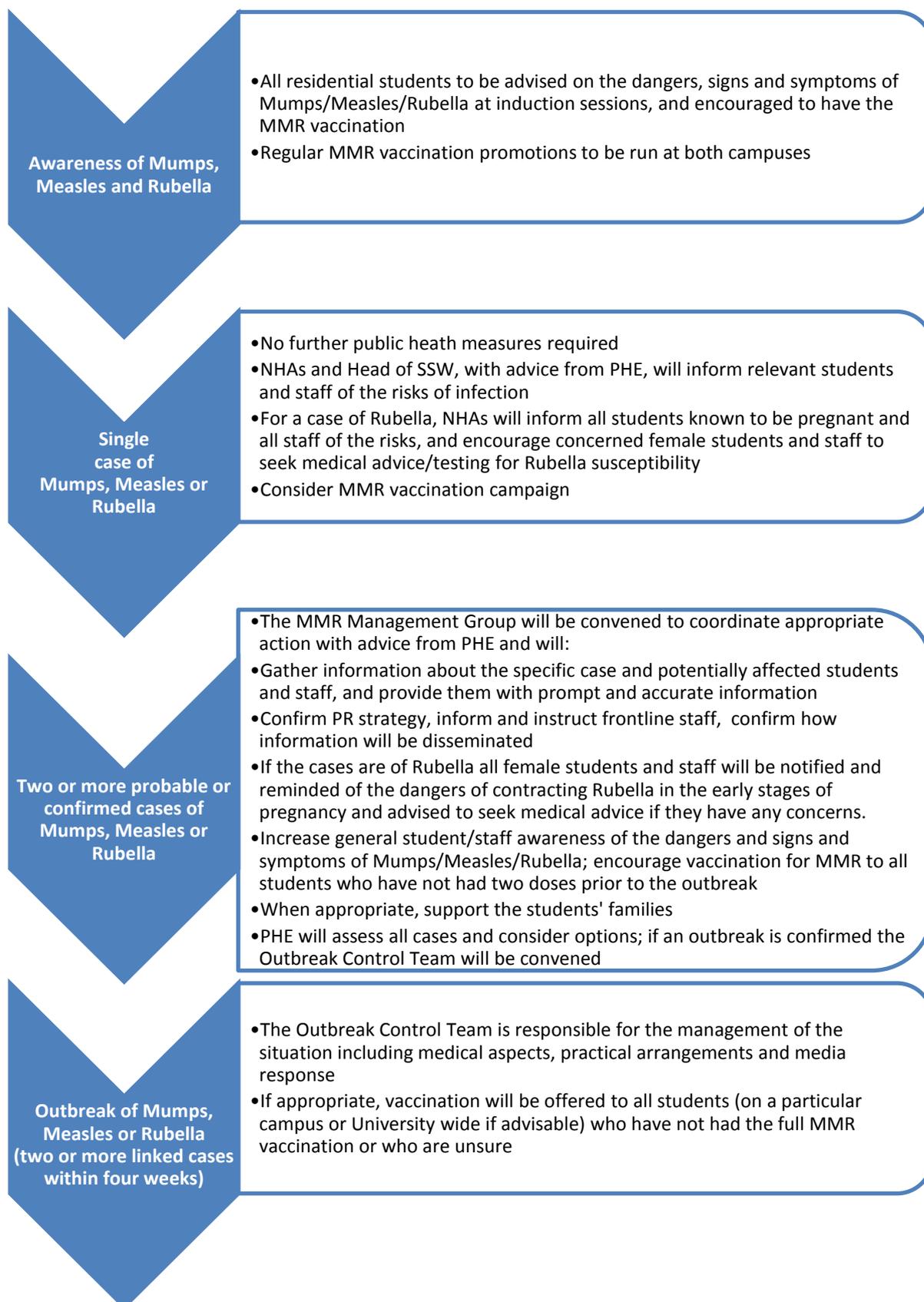
The following actions should be taken when a student presents with a possible case of Mumps, Measles or Rubella:

- Any student with symptoms considered likely to be Mumps (with painful swellings at the side of the face under the ears (parotid glands)), Measles (rash), or Rubella (rash and swollen lymph glands) should be advised to avoid contact with any vulnerable (immunosuppressed, pregnant, infants) students/staff unless they are known or likely to be immune.
- Advise any student with symptoms of Mumps, Measles or Rubella, especially if preceded by a fever, to telephone, if possible, before turning up at a GP surgery or at A&E and/or advise the receptionist immediately on arrival to prevent the spread of infection.
- Send oral fluid (saliva) kit to the Virus Reference Department (PHE) for confirmation of diagnosis, even if already confirmed at a local laboratory. Specimen to be taken as soon as possible and up to 6 weeks after the onset of symptoms.
- Most students with Mumps, Measles or Rubella can be managed at home with bed rest, increased fluid intake and control of fever.
- Complications may require medical assessment. Complications of Mumps include swollen testicles in male, swollen ovaries in female, viral meningitis, pancreatitis and encephalitis. Complications of Measles include pneumonia, ear infections, and encephalitis.

Complications of Rubella are rare but serious, including ear infection or encephalitis; **however there is a serious risk to unborn babies. Pregnant women who have suspected Rubella or who have been in contact with someone with suspected Rubella should be strongly advised to seek medical advice.**

- Previously unimmunised or partially immunised cases need to be fully immunised with MMR vaccine on their recovery to protect against the other infections. This should be given when the student is fully recovered, ideally around four weeks after onset (to ensure an optimal response). MMR may be given sooner particularly if it may be difficult to ensure compliance at a later date. The GP should be advised accordingly.
- Whenever possible, signs should be placed in public areas of the University advising students with possible symptoms of Mumps (swollen glands), Measles (rash) or Rubella (rash and swollen glands) to report to the Nurse Health Advisers on campus. The SIZ should also be made aware of the occurrence and of the signs and symptoms.
- When a likely case of Rubella is notified the Nurse Health Advisers will inform all students known to them who are pregnant and advise immediate test for Rubella susceptibility if this has not already been done. All members of staff will also be notified that a case of Rubella has been diagnosed.
- Should a Nurse Health Adviser refer cases to A&E/hospital they should inform staff there that Mumps/Measles/Rubella is suspected so that the case can be appropriately isolated on arrival.
- When a likely case of Mumps/Measles/Rubella is notified, the local HPT should advise about infection control.
- Probable or confirmed cases should be excluded from University campus for 5 full days after onset of symptoms. If living on campus in halls it is advised the student returns home to recover.
- Students should also be aware to wash hands regularly with soap and water, to always use a tissue to cover their mouth and nose when coughing and sneezing and to throw the tissue in the bin immediately afterwards. Students should also be advised to not share water bottles at any time to prevent the spread of infection.

7. Management of Mumps and Measles Outbreak Flowchart



8. Management of on Outbreak of Mumps, Measles or Rubella in the University

8.1. Awareness of the dangers of Mumps and Measles

It is important that all students are aware of the dangers of Mumps, Measles and Rubella and are encouraged to have the MMR vaccine if not already vaccinated or if they are unsure about this (there are no ill effects from vaccinating those who are already immune). Students also need to be aware of the signs and symptoms associated with these diseases so that possible cases are identified and treated quickly, and so that students are encouraged to take sensible precautions and look out for each other.

All residential students will be advised during inductions of Mumps, Measles and Rubella and of the effectiveness of the MMR vaccination, and regular MMR vaccination campaigns will be run throughout the academic year across both campuses.

See Appendix C for a chart of MMR awareness promotions and education.

8.2. Action when a single case of Mumps or Measles occurs

A single case of Mumps, Measles or Rubella does not require any further public health measures.

On receipt of advice that a student has a suspected case of Mumps, Measles or Rubella (or the unlikely case that the student has been admitted to hospital with a possible diagnosis), the Nurse Health Advisers and the Head of Student Support and Wellbeing, on advice from PHE, will inform students and staff in the same halls of residence and on the same course that they may be at risk of contracting the infection if they were in close contact with the case. An MMR vaccination publicity campaign will be considered. If a student is suspected of having Rubella, the Nurse Health Advisers will also notify all students known to them to be pregnant and will send notification to all staff and advise all concerned female students and staff to seek medical advice.

When a case of suspected Mumps, Measles or Rubella is reported and/or notified to the local health protection team (HPT), an oral fluid kit is sent to the student, or general practitioner of the case. Samples should be taken as soon as possible and returned to the Virus Reference Department (PHE). Results are reported back to the patient's GP and the local HPT.

8.3. Action when two or more probable or confirmed cases of Mumps or Measles occurs

If a second possible case of the same disease occurs, the Head of Student Support and Wellbeing will convene the MMR Management Group and inform ChET. The Nurse Health Advisers and the Head of Student Support and Wellbeing will assess the available information and agree a course of action following consultation with PHE. Relevant University staff should be informed appropriately.

Actions to be taken will include:

- Obtain advice and literature from PHE, this will be documented and confirmed (eg by email).
- Gather information about the specific cases and identify 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.
 - Ascertain the likely time delay between onset of illness and confirmation of diagnosis.
- Notify potentially affected students and staff and provide prompt accurate up to date information; source and provide useful literature.
- **If the cases are of Rubella all female students and staff will be notified and reminded of the dangers of contracting Rubella in the early stages of pregnancy and advised to seek medical advice if they have any concerns.**
- 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 A: Contacts Details). Confirm how information will be disseminated.
- Increase general student/staff awareness of the dangers and signs and symptoms of Mumps/Measles/Rubella:
 - Display health promotion posters, emails and campaigns which reinforce PHE advice.
 - Provide regular news updates to keep the University community informed about developments. This will involve changing posters and publicity on a regular basis and removing previous publicity in order to avoid confusion.
 - Encourage MMR vaccination to all students who have not had the full course of two doses, and to students who are not sure if they have been fully vaccinated as there are no ill effects from vaccinating those who are already immune.
- Consider support to the students' families; contact the Accommodation Office in order to offer accommodation to the families to facilitate visits, if appropriate.

When two or more cases within four weeks are reported from the University, PHE 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.

PHE will consider the possible options

- No further action (e.g. if two possible cases)
- Giving out information only and possibly wider advice
- Declaring an outbreak
- Facilitating MMR vaccination to all students who have not had two doses prior to the outbreak or to those who are unsure if they have been vaccinated.

8.4. Managing a Mumps or Measles outbreak in the University

In this context, an outbreak is declared by PHE where two or more linked cases of Mumps or Measles occur in the University within a four week period.

Where there is a confirmed outbreak of Mumps or Measles the PHE Consultant in Communicable Disease Control (CCDC) will convene the Outbreak Control Team (see Appendix B). This Team is primarily made up of public health officials although, since the University has an interest in the situation, it is usual for their representatives to be invited to sit on it.

The Outbreak Control Team is ultimately responsible for the management of the situation including:

- Medical aspects
- Practical arrangements
- Media Response.

The speed of a public health response is important both to try and implement some preventive measures and to 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.

8.5. Responsibilities

Preparation of information

Information and advice will need to be disseminated promptly in the event of two or more probable or confirmed cases of Mumps, Measles or Rubella.

PHE will provide general frameworks for letters/emails and health advice/posters.

Responsibility: PHA, NHAs and Head of Student Support and Wellbeing.

Help lines

In the event of an outbreak, it may prove necessary to provide help lines to field large numbers of in-coming telephone calls to the University.

Such lines should be set promptly and in accordance with the University's serious incident Management Plan protocol.

Responsibility: SIZ

Facilities for vaccinating

In the event of an outbreak of Mumps, Measles or Rubella, it may be necessary to immunise all students and staff who have not had the full MMR vaccination; this may be restricted to a Hall of Residence or a campus or may be University wide.

- University Management (ChET), in collaboration with PHE and NHAs, to inform students and staff.
- NHAs to deliver vaccines and information.
- Venue to be identified for immunisation programme.
- Supply of medication organised by PHE/GP

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

- Chichester
 - New Hall Health and Advice Centre
 - Local GP surgeries
- Bognor Regis
 - LRC Health Centre
 - 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). PHE 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 PHE, ChET, MMR Management Group and GP surgeries.

Public relations

An outbreak of Mumps or Measles 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 Mumps and Measles occurring at the University, in collaboration with PHE.

Responsibility: Co-ordinating action by Marketing

Liaison between PHE and the University

PHE has responsibility for ensuring that action is taken to minimise the risk of further associated cases, and to collect data for research and surveillance.

The University works to ensure good relationships with the local PHE and will establish plans and protocols in conjunction with PHE to deal with cases of Mumps, Measles and Rubella.

All communication and instructions from PHE 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, rationale for actions.

Responsibility: NHAs and Head of Student Support and Wellbeing.

APPENDIX A: Contact Details

EXTERNAL

Public Health England (PHE)

Telephone 0207 654 8000 and web link

<https://www.gov.uk/government/organisations/public-health-england>

Lavant Road Surgery, 8 Lavant Road, Chichester, PO19 5RH

www.lavantsurgery.co.uk, 01243 527264.

Cathedral Medical Practice, Cawley Road, Chichester, West Sussex PO19 1XT

www.cathedralmedicalgroup.co.uk, 01234 813450

Bersted Green Surgery, 32 Durlston Drive, Bognor Regis, PO22 9TD

www.berstedgreensurgery.co.uk, 01243 864843.

UNIVERSITY

Head of Student Support and Wellbeing

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

University Secretary

Ann Holder, 01243 816051, a.holder@chi.ac.uk

Nurse Health Advisers

Denise Wild and Becky Joy, 01243 816111, 907739 983 703, studenthealth@chi.ac.uk

Director of Marketing, Communications and Access

Helen Aspell, 01243 812150, 07827 944932, h.aspell@chi.ac.uk

Students' Union President

Jodie Hope, 01243 816390, Supresident@chi.ac.uk

University Emergency Service

01243 816363

University Duty Manager

07876 870721 or 07876 870722.

Deputy Director of Estate Management

John Kingdon, 01243 816276, j.kingdon@chi.ac.uk

Residential Services Manager

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

Student Support and Wellbeing Administrator

Vanessa Church, 01243 793468, v.church@chi.ac.uk

APPENDIX B: Outbreak Control Team

Membership of the Outbreak Control Team and the member's roles and responsibilities

Membership (essential)	Role of member
Consultant in Communicable Disease Control (CCDC)	<ul style="list-style-type: none"> • Chair of Outbreak Control Team • Co-ordination of outbreak management • Media spokesperson for PHE and on health issues
Consultant microbiologist	<ul style="list-style-type: none"> • Expert advice and feedback on results • Liaison with microbiology laboratory
University Health Centre representative	<ul style="list-style-type: none"> • Liaison with and feedback from student primary care services
University - Marketing	<ul style="list-style-type: none"> • Co-ordination of all University external and internal communications • Media relations co-ordinator • Media spokesperson for the University
University – Student Support and Wellbeing / SIZ	<ul style="list-style-type: none"> • Help lines staffing and organisation • Co-ordination of University welfare services • Liaison with families of students
Administrative support	<ul style="list-style-type: none"> • Keep a comprehensive record of the Outbreak Control Team meetings
Other possible members	
Health Sector public relations	<ul style="list-style-type: none"> • Media relations
Director of Public Health (DPH)	<ul style="list-style-type: none"> • Executive support to CCDC • Handling resource issues • Liaison with Health Service and local authority Chief Executives, Chairmen, Members of Parliament, etc.
Consultant in Public Health Medicine	<ul style="list-style-type: none"> • Organisation of Health Services input to helpline
Communicable Disease Control Doctor/Nurse	<ul style="list-style-type: none"> • Case finding and follow-up • Specific media queries • “Holding the fort” (maintaining a service for other infections)
Regional Epidemiologist	<ul style="list-style-type: none"> • Expert advice and support in decision-making • Communication with regional office, CDSC, DOH, etc. • Organising epidemiological studies
University - Accommodation Office	<ul style="list-style-type: none"> • Support to Wardens, Accommodation Officers • Communication with residents • Organisation and staffing of immunisation sessions in residences
University – Student Support and Wellbeing	<ul style="list-style-type: none"> • Support to students and staff in general and at immunisation sessions
Students' Union President	<ul style="list-style-type: none"> • Represent views/concerns of students • Co-ordinate activities of the Union with those of the Outbreak Control Team

APPENDIX C: MMR vaccination promotion and education chart

Aims	Methods	Responsibility
All new students to be aware of MMR immunisation recommendations and implications. To check their own status.	Information on MMR immunisations will be incorporated into the <i>Student Handbook</i> and the Student Health Service web page.	Nurse Health Advisers
All students to be encouraged to look out for each other's welfare and observe for signs and symptoms.	There will be an annual leaflet and poster awareness campaign during the Autumn Semester encouraging the uptake of MMR vaccination. SU Facebook can also disseminate information	Nurse Health Advisers Collaboration between 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 that 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 surgery at registration. Display exhibited during the 'Fresher's Fair'	Nurse Health Advisers