


# Chapter 10

## Trust, Remove Friction, and Know Your Lane: Effective Crisis Leadership in the Princeton Meningitis B Outbreak

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### **ABSTRACT**

*The meningitis B campus outbreak crisis at Princeton University from 2013 to 2015 was not only life-threatening to students, it also required an intense and unrelenting response from many campus leaders and practitioners. This included managing national media attention, collaborating with local, regional, and national health officials, pursuing emergency vaccine approval, and deploying significant people hours and funds, among many other crisis-related actions. Given the high stakes, intensity, and length of this campus upheaval, a case study drawing from interviews with leaders and practitioners directly involved in the crisis is instructive to learn from. This chapter's findings indicate successful crisis response leadership in three key areas that combined to be greater than the sum of their parts: strong pre-existing crisis management structures, nimbleness and the ability to flex as needed, and senior-level buy-in and trust of operational professionals.*

### **INTRODUCTION**

“Crisis tests infrastructure,” is the way one higher education leader described the impact of on-campus crises and upheavals (Hungerford, 2020, para. 1). But administrators at Princeton University who dealt with the infectious and dangerous

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meningitis B outbreak on campus from 2013 to 2015 felt that much more than their infrastructure was tested: their partnerships, campus hierarchies, on- and off-campus relationships, leadership at every level, and the school's local and national reputation were all on the line for this extended period of crisis response to a serious and high-risk disease, which did result in a fatality.

The meningitis B campus outbreak crisis was not only life-threatening to students and tragically took the life of a Drexel student who was infected by a Princeton student (Hayes, 2014; Jaslow, 2014), it also required an intense and unrelenting response from many campus leaders and practitioners. This included managing national media attention, collaborating with local, regional, and national health officials, pursuing emergency vaccine approval, and deploying significant people hours and funds, among many other crisis-related actions. Further, while addressing the meningitis B outbreak, Princeton still needed to continue its regular educational and operational missions. This was important to both fulfill Princeton's educational purpose and signal to its varied constituent communities that they should not fear that the crisis would irreparably harm the university.

This all-consuming crisis remained in the acute high-alert phase for a year, and key leaders' work on the crisis response and further infectious disease prevention continued with significant work volume beyond the acute crisis stage. Given the high stakes, intensity, and length of this campus upheaval, a case study drawing from interviews with leaders and practitioners directly involved in the crisis is instructive to learn from and will be detailed in this chapter. While Princeton University is a wealthy, suburban, residential, mid-sized research 1 university (American Council on Education, 2025; "Top colleges", 2017), the lessons that can be drawn from the experiences of leaders and practitioners at Princeton during this crisis do not relate solely to Princeton's financial resources or geographic setting. This case study can therefore offer significant value and insight to other higher education institutions as part of their own crisis response preparation and analysis.

## **CONTEXT OF THE OUTBREAK**

Princeton University officials first learned of the campus's initial case of meningitis B on March 25, 2013. Bacterial meningitis (often abbreviated to meningitis B) is a rare but serious disease that is contagious and can cause infection and swelling in the spinal cord and brain (Centers for Disease Control and Prevention [CDC], 2024; CDC, 2025). It can sometimes lead to death in a few hours (CDC, 2024; CDC,

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