

19th March 2026

In response to the [meningitis outbreak in Kent](#), we wanted to provide further information to help with any enquiries you may be receiving. UKHSA have issued a [Briefing Note](#), there is also an [NHS England letter](#), additionally refer to [current guidance](#).

Background

Neisseria meningitidis (meningococcus), is commonly found in the nose and throat of healthy individuals. Around **10% of the population are harmlessly colonised** with these bacteria in their nasopharynx, with this increasing to **approximately 25% of teenagers and young adults**, due to the nature of their interactions with a range of individuals at higher education settings. *Neisseria meningitidis* has many subgroups of which six (A, B, C, W135, X, and Y) account for most disease cases identified worldwide, with the investigation in Kent confirming that some of the cases have identified Men B as the cause of disease.

Meningococcal Disease remains at low levels across the country and that the outbreak is an unusual and localised to Kent.

Transmission

Neisseria meningitidis is transmitted from person to person by inhaling respiratory secretions from the **mouth and throat or by direct contact** (kissing). Close and prolonged contact is usually needed for transmission.

Vaccination


As Primary Care colleagues you are aware that **Men B vaccine is offered to infants during their first year of life**, with Men ACWY offered to school aged children.

There are a number of reasons as to why Men B is not offered to school aged children and young adults entering university, however *“Given the severity of the situation, a small targeted vaccination programme will begin starting with students resident at Canterbury Campus Halls of Residence at the University of Kent in the coming days.*

The vaccination programme may be expanded further as UKHSA continues to assess any ongoing risk to other populations. For now, the priority remains for those offered antibiotics to come forward as this is highly effective at preventing the disease and transmission.”

Currently for the BOB area we have not been asked to set up a [vaccine programme](#) in response to the outbreak.

Routine vaccinations for children



Babies			
8 weeks	12 weeks	16 weeks	12 months
6 in 1* Rotavirus* Men B*	6-in-1** Pneumococcal* Rotavirus**	6-in-1*** MenB**	Hib/MenC* MMR* Pneumococcal** MenB***
6 in 1 - diphtheria, tetanus, whooping cough, polio, Hib & hep B			
Pre-school		School-aged	
3 years 4 months	2 - 16 years	12 - 13 years	14 years
MMR** 4-in-1 preschool booster	Flu 4 in 1 - diphtheria, tetanus, whooping cough & polio	HPV 3 in 1 - tetanus, diphtheria and polio	3-in-1 teenage booster MenACWY
* 1st dose, ** 2nd dose, *** 3rd dose			

Children remain eligible to receive Bexsero vaccine on the routine immunisation schedule until they reach 2 years of age.

MenB vaccine is not indicated for children after their second birthday unless they are in a risk group (as defined in the Green Book [chapter 7](#) and [chapter 22](#)). Children born before 1 May 2015 are not eligible for the MenB vaccine unless they are in a clinical risk group.

Routine vaccinations for adults NHS

University and college students	MenACWY	MMR	HPV	More than 1 dose may be required
Pregnant women	Whooping cough From 16 weeks	RSV From 28 weeks	Flu Seasonal	COVID-19
50 years and over	Shingles	50 years old if immunocompromised or turned 65 on or after 1st September 2023 or 70-79 years old		
65 years and over	Pneumococcal Flu and COVID-19	75-79 years	RSV	or turned 80 on or after 1st September 2024

If parents contact the practice regarding access to the MenB vaccine for their child not within these eligible cohorts, the vaccine can be provided via private providers, as changes have not been made to the current schedule.

It is important that GP practices do not redirect all queries from parents and patients to SAI teams. While SAI services play a key role in delivery, GP practices retain responsibility for ensuring patients can access routine and catch-up vaccinations where appropriate. The MenACWY vaccine, which is routinely offered to teenagers in school Years, provides good protection against several strains of meningococcal disease. However, it does not protect against MenB.

Accurx/NHS app message

With acknowledgment to Princes Gardens Surgery, below is a statement that the practice has used as their Accurx message, if helpful:

Thank you for contacting us. We are aware of reports of a meningitis outbreak in Kent; however, we are not in the affected area and have not been advised of any local vaccination programme. We will review your medical records to check if you are due or eligible for any NHS vaccinations, including those for meningitis, and will contact you if needed. You may be able to access immunisation records on the NHS App. For more info: <https://shorturl.at/Q2xeD>

Antibiotic post exposure prophylaxis

The 'NHS England letter' as above provides guidance regarding antibiotic prescribing. If you are still concerned regarding prescribing, please refer to [NICE guidance](#). Where prophylaxis is recommended by UKHSA, please refer to the [BOB ICB Post Exposure Prophylaxis MoU](#).

UKHSA continue to manage the outbreak, therefore if you do have any enquiries, please contact the **HPT on 0344 225 3861** for advice in and out of hours.

However, if you do have any concerns and require further support, please do not hesitate to contact the IPC team bobicb.ipc@nhs.net