From the Chief Medical Officer
Professor Sir Michael McBride

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HSS(MD) 26/2026

Your Ref:
Our Ref: HSS(MD) 26/2026
Date: 10 July 2026

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums *(for onward distribution to practice staff)*
OOH Medical Managers *(for onward distribution to staff)*

Dear Colleague

ACTION REQUIRED

URGENT, TIME-LIMITED MENINGOCOCCAL B (MENB) VACCINATION PROGRAMME

ACTION REQUIRED

Chief Executives must ensure this information is drawn to the attention of all staff involved in the delivery of vaccination programmes.

SPPG must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in vaccination programmes.

Introduction

1. We are writing to inform you about an urgent, time-limited Meningococcal B (MenB) vaccination programme for the following cohorts:

    - All individuals born between 2 July 2007 and 1 July 2008 inclusive (the 2025/26 Year 14 cohort); and

    - Those aged up to and including 25 years of age (between 21 July and 31 December 2026) who will be attending Higher Education or a

Residential Further Education (HERFE) Institution in the UK or Ireland for the first time in Autumn 2026 (including international students).

2. Following the unprecedented MenB outbreak primarily among University of Kent students in March 2026, the Minister has approved an urgent programme to offer MenB vaccination to those considered at highest risk, with the aim of vaccinating individuals before the start of the 2026/2027 academic year and the peak season for MenB in the autumn.

3. Those at highest risk from MenB disease include older teenagers and students less than 25 years of age who are entering higher educational settings for the first time.

4. As two doses of the Bexsero® (4CMenB) vaccine are required for protection, it is important to start offering vaccination as soon as is practicably possible, to ensure those entering higher education and residential further education settings for the first time in the forthcoming academic year have the opportunity to be fully vaccinated prior to the start or early in their first term.

5. The Bexsero® vaccine provides good individual protection against most, but not all, strains of MenB bacteria causing disease in the UK. The vaccine does not help to reduce spread to the wider population, and as it cannot prevent all causes of meningitis or septicaemia, awareness of signs and symptoms remains important.

Key points about the programme:

6. From 31 July 2026, MenB vaccination should be offered to:

   - all those with a **date of birth between 2 July 2007 to 1 July 2008** (the 25/26 academic school year 14 group); and

   - Individuals **born on or after 21 July 2001** who are due to start undergraduate higher education in the UK or Ireland in autumn 2026, including international students and those from the UK devolved administrations and Crown Dependencies.

   - Individuals **born on or after 21 July 2001** who will be living in further education accommodation or halls of residence in the UK or Ireland for the first time in autumn 2026, including international students and those from the UK devolved administrations and Crown Dependencies.

7. Exclusions include:

   - those aged up to and including 25 years, who are not entering HERFE for the first time in the autumn term 2026, and fall outside the 2025/26 academic school year 14 group specified above

   - postgraduates and other students who are not entering HERFE for the first time in the autumn term of 2026

- those who have completed a 2-dose course of Bexsero® within the last 5 years

- those who have completed a 2-dose (provided those doses were given at least 6 months apart) or 3-dose course of Trumenba® within the last 5 years

8. This is a time-limited offer (with first doses offered until 31 December 2026 and second doses offered until 31 March 2027). This enables late attendees, and international students who arrive in Northern Ireland after the summer months, to accept the offer of two doses.

9. Two doses are necessary for protection. The second dose should be offered a minimum of 28 days after the first dose. First doses should be offered as early as possible to ensure completion of the course prior to the start of the 2026/27 academic year.

10. Vaccination is to be offered using a mixed delivery model consisting of GP Practices and a targeted community pharmacy offer in areas close to HERFE settings. Trusts are also expected to set up some vaccination clinics on campuses. Further information, guidance and resources for healthcare professionals can be found at Annex A.

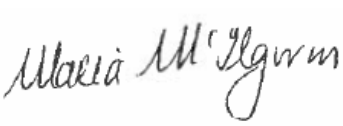
11. Commissioners and providers should ensure they have robust plans in place to identify and address health inequalities for all underserved groups, including through use of tailored and/or translated information resources to support informed consent.

12. Providers should strongly advise individuals of the importance of returning for a second dose and remind them of the need to be vigilant for signs and symptoms of meningitis and sepsis.

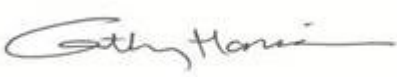
13. We would like to take this opportunity to thank everyone involved in the planning, commissioning and operational delivery of this urgent, time-limited Meningococcal B (MenB) vaccination programme.

Yours sincerely

Professor Sir Michael McBride
Chief Medical Officer



Ms Maria McIlgorm
Chief Nursing Officer



Professor Cathy Harrison
Chief Pharmaceutical Officer

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This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

Annex A: Information, guidance and resources for healthcare professionals

1. This Annex sets out clinical guidance and wider advice supporting delivery of MenB vaccination to the relevant cohorts as set out above. It should be viewed alongside clinical information provided in the Green Book chapter on meningococcal disease (chapter 22).

Background to and rationale for the temporary offer

2. The outbreak in Canterbury, Kent was the fastest growing and largest cluster of MenB seen in the UK to date. Genomic analysis of the bacteria that caused the Canterbury outbreak showed changes from previous strains seen in the UK. The significance of this is not yet known but may be a reason why this incident was so much larger and grew much more rapidly than previous outbreaks.

3. MenB cases dipped due to COVID-19 control measures, in line with other infections transmitted by the respiratory route. This may have reduced population exposure (and thus immunity) to these bacteria, leaving greater numbers of young people at risk of disease.

4. In Northern Ireland, between 2023 and 2025, there have been 62 confirmed invasive meningococcal disease (IMD) cases reported to the Public Health Agency. Of these cases, 77% (n=48) were serogroup B, 16% (n=10) were untyped, 3% (n=2) were serogroup W and 3% (n=2) were serogroup Y.

5. Serogroup B accounted for the vast majority of cases among individuals aged 18 years to 25 years (21%, n=13).

6. In the same period there have been 300-400 cases of IMD annually in England, with an average of around 7% mortality overall. MenB has accounted for over 85% of cases over this period (with a mortality rate of around 6%). Nearly 1 in 10 MenB cases suffers major disabilities including amputations (1%). There have been around 5 to 10 clusters of 2 or more cases per year in recent years with 1 or 2 clusters of 3 or more cases. So far in the 2025/26 season there have been 7 clusters of 3 or more cases, including the recent Canterbury, Weymouth and Reading clusters, which have all occurred outside the usual highest period of meningococcal activity between September and January.

7. In this context, the Minister of Health has decided to make available a one-off, time-limited offer of MenB vaccination for those in the school year group

immediately prior to HERFE entry, those aged up to and including 25 years, who are not entering HERFE for the first time in the autumn term 2026, and fall outside the 2025/26 academic school year 14 group specified above

Timing

8. The time-limited programme will start as soon as practicably possible in participating GP Practices and Community Pharmacies from 31 July 2026. It will end for first doses on 31 December 2026 and for second doses on 31 March 2027.

9. Administering the vaccination in July and August is advised, to optimise protection ahead of the start of term given the potential for close mixing with new people at this time.

Vaccine supply

10. GPs should order the MenB vaccine in the same way as they currently order Bexsero® for use in the routine childhood immunisation programme. A separate product code will be introduced for the MenB adolescent and young people vaccination programme. GP practices must order vaccine stock using the product description line that corresponds to the appropriate programme.

11. Accordingly, while vaccines should be ordered against the correct programme-specific product description line, strict physical separation of stock may not always be feasible. Practices should manage stock appropriately and seek to maintain a reasonable balance between programme allocations to support ongoing vaccine delivery across all eligible cohorts.

12. Community Pharmacies may place orders from Movianto directly via the web-based system, in the same manner as the influenza and COVID-19 vaccination programmes. Please note, pharmacies should also place orders for needles along with vaccine.

13. The MenB vaccine Bexsero® is provided in packs of 10 doses of pre-filled syringes with no needles. GP practices should source needles in the same manner as they would for the infant programme.

14. Bexsero® should be stored between +2° to +8° C in original packaging in order to protect from light. It should not be frozen.

15. Providers are asked to make sure that local stocks of vaccine are rotated in fridges so that wastage is minimised. It is recommended that providers hold no more than 2 to 4 weeks' worth of stock. Retaining large volumes of vaccine at once runs the risk of significant loss due to cold chain failures through fridge failures/power outages. In addition, overstocking increases the chance that doses will expire before they can be used. Each pack measures 154 x 130 x 23mm (H x W x D). Please be mindful of this when ordering to allow for sufficient air circulation space within fridges.

16. Please ensure you are familiar with the vaccine handling and storage guidance for additional information. For cold chain incidents occurring in:

    a. GP practices, please refer to Guidance on vaccine handling and storage in GP practices | HSC Public Health Agency

    b. Community Pharmacies, please refer to the SPPG guidance via the BSO website SPPG Guidance: Cold-chain breaches

    c. HSC Trusts, please refer to local Trust standard operating procedures.

17. If a temperature excursion is suspected, **do not dispose of any vaccine until advice has been sought from the relevant organisation, as per guidance.**

Contracting and funding arrangements

18. Additional funding will be provided for any providers delivering this important time-limited programme.

19. GP Practices and Community Pharmacy - It is proposed that an IOS fee of £10.06 per dose would be payable per MenB vaccination administered.

20. An identify and inform fee of £1.00 will be payable for each individual contacted directly (by letter, text, phone call etc). GP practices should proactively contact eligible individuals within the age-based cohort.

Confirmation of eligibility

21. Young people eligible by age will be identified by date of birth as documented in their clinical records. To be eligible, they will need to fall within the relevant cohort by date of birth (i.e. born between 2 July 2007 to 1 July 2008).

22. To be eligible as HERFE entrants, individuals will need to:

- **be born on or after 21 July 2001**, and be attending Higher Education or a Residential Further Education (HERFE) Institution) in the UK or Ireland **AND**
- Present evidence that they are due to attend HERFE in the UK or Ireland for the first time in the academic year 2026-27 as follows:
  - official email confirmation of their offer of a place at their chosen university or college from either the higher education (HE) institution (usually a .ac.uk email addresses in the UK), the Universities and Colleges Admissions Service (UCAS) or the Central Admissions Office (CAO).
  - a letter (hard copy or email) confirming they have received an offer of a place for the 2026/2027 academic year at their chosen university or college
  - screenshot of their offer of a place at their chosen university or college from the UCAS Hub or the Central Admissions Office (CAO).

23. The relevant evidence should include the name of the university or college that they are due to attend, the course code and/or title of the course of study, and confirmation of the offer of a place (either conditional or unconditional).

24. Those working in clinical settings should, in addition, consult a list of residential further education settings from which students in Northern Ireland are eligible, to inform a decision as to whether or not to administer MenB vaccination. This list is being finalised across the 4 nations in the UK and will be shared as an update to this letter in due course.

Accessing vaccination

25. To access vaccination, eligible young people may contact their GP practice or nearest participating community pharmacy. Full details will be published on NIDirect Urgent MenB vaccination programme for adolescents and young people | nidirect

26. A small number of HSC Trust clinics will operate at smaller HERFE campuses across NI. The booking platform is being updated to allow students from these settings to book an appointment for vaccination. Vaccinations can be booked via https://vaccinations.hscni.net

Recommendations for the administration of MenB vaccination

Administration

27. Bexsero® is administered intramuscularly into the deltoid muscle of the upper arm. Further information about immunisation procedures, including injection technique can be found in Chapter 4 of the Green Book.

Co-administration

28. Meningococcal vaccines can be given at the same time as any other vaccines required but should be given at a different site, and preferably into a different limb. Please refer to the Meningococcal chapter of Immunisation Against Infectious Disease (the Green Book) for more information.

Dosage

29. Bexsero® vaccine is supplied as a white opalescent liquid suspension (0.5mL) in a pre-filled syringe (10-dose pack) for injection. One dose (0.5mL) contains 50 micrograms each of NHBA, NadA and fHbp and 25 micrograms of OMV. Further information can be found in the Summary of Product Characteristics (SPC).

Contraindications

30. There are very few individuals who cannot receive meningococcal vaccine. The vaccines should not be given to those who have had:
    - A confirmed anaphylactic reaction to a previous dose of the vaccine
      OR
    - A confirmed anaphylactic reaction to any component or residue from the manufacturing process.

31. Please see chapter 22 of the Green Book and SPC for more information.

Vaccination of individuals with unknown or incomplete vaccination status

32. Vaccination courses delivered to young people as part of the Canterbury, Weymouth and Reading MenB responses, or as part of the gonorrhoea vaccination programme, may mean that some individuals present to clinics having already received at least one dose of MenB (Bexsero®) vaccination. It is also likely that a proportion of the eligible cohort will have taken up at least one dose via the private market and international students may have received a dose or course of vaccination outside of the UK.

33. Proof of receipt of prior vaccination will be assessed based on:
    - Relevant entries in the GP record

- Presentation of a MenB vaccination record card
- Presentation of a written or virtual (e.g. app) record of dose(s) delivered via a private provider

34. The table below summarises recommendations regarding administration of vaccination to individuals with incomplete vaccination status, depending on the number of prior doses received, and of which specific vaccine product. Further detail on the whether the course is considered complete with respect to dosing intervals is set out in the Information for Healthcare Practitioners document for MenB vaccination.

Scenario	Outcome	Definition
1 dose Bexsero® (irrespective of timing of that prior dose)	1 dose of Bexsero® now	Where individuals have received one prior dose of Bexsero®, a further dose should be given, a minimum of 28 days after the first dose, to complete the full course of 2 Bexsero® doses.
2 doses of Bexsero® less than 5 years ago	No further doses now	Where individuals have previously completed a two-dose course of Bexsero® within the last 5 years, no further vaccination is required.
2 doses of Bexsero® 5 or more years ago	1 dose Bexsero® now	Where individuals have previously completed a two-dose course of Bexsero® 5 or more years ago then a single dose should be offered.
2- or 3-dose Trumenba® (complete course) 5 or more years ago	Full, 2-dose course of Bexsero®, starting now	Two doses at least 6 months apart are considered equivalent to receipt of 3 doses. Trumenba® and Bexsero® MenB vaccines are not interchangeable. Where individuals have previously completed a course of Trumenba® 5 or more years ago, they should be offered to restart a two-dose course with Bexsero®. There is no specific information on the best interval between Trumenba® and Bexsero®, however from first principles an interval of at least 4 weeks is advised.

2 or 3 doses of Trumenba® (complete course) less than 5 years ago	No further doses now	Where individuals have previously completed a course of Trumenba® within the last 5 years, no further vaccination is required
1 dose of Trumenba®, or 2 doses delivered less than 6 months apart (partial course)	Start Bexsero® now, 2 doses (or they can choose to complete the Trumenba® schedule but not via the national programme)	Where individuals have had a partial course of Trumenba® (defined as one prior dose, or 2 doses delivered less than 6 months apart), they may complete their vaccination course of that vaccination. Alternatively, they can be offered a two-dose course of Bexsero®.

35. Where an eligible individual is uncertain about their vaccination history and is unable to produce any evidence of prior vaccination when they present, a 2-dose course of Bexsero® should commence rather than risk leaving them unprotected. In clinical trials, no increase in the incidence or severity of the adverse reactions to Bexsero® vaccination (commonly pain at the injection site, malaise and headache) was seen with the administration of further doses.

Inadvertent early administration of the second dose

36. The recommended schedule for Bexsero® vaccine is 2 doses, with the second dose given a minimum of 28 days after the first dose. Vaccinators should adhere to the recommended 28-day interval. If the second dose is inadvertently given from 21 days after the first dose, this will count as a valid dose. However, if the second dose is inadvertently given earlier than 21 days after the first dose, this dose should be discounted as this may lead to a reduced immune response. The dose should be repeated, ensuring an interval of at least 28 days from the dose that was inadvertently given early. Note: 21 days is off-label.

Consent

37. Guidance on informed consent can be found in chapter 2 of the Green Book.

Pregnancy and breastfeeding

38. Meningococcal vaccines may be given to pregnant women when clinically indicated. There is in addition no evidence of risk from vaccinating pregnant women or those who are breastfeeding.

Side effects

39. For Bexsero®, the most common local and systemic adverse reactions observed in adolescents and adults are pain at the injection site, malaise, and headache. Most symptoms resolve within 1-2 days but can also be managed with paracetamol where needed.

40. All clinical staff administering vaccinations should be able to recognise the symptoms/signs of an allergic reaction and specifically anaphylaxis, to call for help and to start treatment. In every location where vaccines are being given, an anaphylaxis pack should be immediately available. Packs should be checked regularly to ensure the contents are within their expiry dates. Vaccinators should also ensure that it is possible to easily get the patient into the recovery position and/or a suitable position for performing resuscitation, and that the floorspace in the premises is suitable if a patient faints or collapses.

41. There should be sufficient space in the clinical area to ensure that resuscitation can be carried out should it be required. Ideally, there should also be access to an oxygen supply, with face masks suitable for children and adults, and tubing.

42. Further details can be found in chapter 8 of the Green Book.

Vaccine coverage data collection

43. The Vaccine Management System (VMS) **must be used** for recording MenB vaccinations by GP practices, Community Pharmacies and Trusts in all eligible cohorts. It is the responsibility of all providers to ensure that data is entered on VMS in a timely manner. Timely recording on VMS allows the patient record to be maintained and ensures patient safety. In a complex, multi-provider programme, it is clinically important that vaccine status is visible to all providers. It also allows for accurate monitoring of uptake, which informs programme performance and public health action.

Patient Group Direction (PGD)

44. An updated PGD template will be produced for MenB vaccination to authorise for their commissioned services. This will be published by the SPPG/PHA PGD Development Team and will be available for GP practices, community pharmacies and Trusts prior to the launch date of the programme. The PGD will be developed in line with national PGD and The Green Book.

Information and guidance for healthcare practitioners

45. Health professionals responsible for all aspects of programme delivery should follow the advice detailed in the Immunisation Against Infectious Disease (the Green Book) for policy, programme management and clinical guidance.

46. The PHA should ensure that training materials, including educational slides are developed and made available to those delivering the programme in advance. Professional information will be available from the PHA website (Information for healthcare and other professionals | HSC Public Health Agency) and professional webinars are being planned, details of which will be shared in due course.

47. Providers should ensure that their staff are appropriately trained to deliver the MenB vaccine programme under the regional PGD and are aware of the training resources available to them.

Leaflets, posters and resources

48. Patient communications materials (including printed leaflets and posters) are being developed by PHA to support this programme. These will be delivered to participating providers, as well as HERFE settings to promote the programme.

Reporting suspected adverse reactions

49. Healthcare professionals and members of public are asked to report suspected adverse reactions through the online Yellow Card scheme (www.mhra.gov.uk/yellowcard) by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am – 5pm Monday to Friday.