

### Information for healthcare professionals

These training resources have been prepared with reference to the version of UKHSA's 'Immunisation against infectious disease: the Green Book' available at the time of publication. The resources have been made available at this time to allow the training to commence. It should be noted that whilst every effort has been made to ensure the accuracy of this training material and information at the time of publication, additions, updates, alterations and changes to the 'Green Book' are likely to occur between the time of publication and the time the user views the training material, and so all healthcare professionals should also refer to and be familiar with any updates to the 'Green Book'.

#### Background

In 2015, Public Health England (PHE) reported a continued, year on year increase in meningococcal capsular group W (MenW) cases in England.<sup>1</sup> The rise was initially recorded in 2009 and since this time, cases have steadily increased, rising from 11 cases in 2009 to 117 cases in 2014. In January 2015, 34 laboratory confirmed cases were notified to PHE, compared to 18 cases in 2014 and nine cases in 2013 in the same period.

In Northern Ireland there have been two cases in 2013 and three cases in 2014, giving an early indication of a similar increase of meningococcal W infection in Northern Ireland.

Although cases of meningococcal disease overall have been in decline since 2002, cases of meningococcal W were first observed in previously healthy adults in 2009 and by 2011 cases had extended across all age groups and across all regions in England, indicating that the strain had become endemic.<sup>2</sup> For the first time in a decade, meningococcal W related deaths have been observed in young children and an increase in meningococcal W cases among students attending universities across the country suggests that carriage and transmission of the bacteria has become established.<sup>3</sup>

In February 2015, the Joint Committee on Vaccination and Immunisation (JCVI) agreed that the increase in meningococcal W cases in England and Wales constituted an outbreak situation and recommended a vaccination programme aimed at protecting

adolescents against meningococcal capsular groups A, C, W and Y strains.<sup>4</sup> This was felt to be the best option to generate population level herd protection, which should provide protection to all age groups.

#### What is meningococcal disease?

Meningococcal disease is caused by invasive infection with the bacterium *Neisseria meningitidis*, also known as the meningococcus. There are 12 identified capsular groups of which groups B, C, W and Y were historically the most common in the UK. Since the introduction of the routine MenC vaccination programme, cases of invasive meningococcal disease in the UK due to capsular group C have reduced dramatically, with capsular group B now accounting for the majority of cases.

Meningococci colonise the nasopharynx of humans and are mostly harmless commensals. Between 5% and 11% of adults and up to 25% of adolescents carry the bacteria without any signs or symptoms of the disease. In infants and young children, the carriage rate is low.

Meningococcal disease is transmitted by respiratory aerosols, droplets or by direct contact with the respiratory secretions of someone carrying the bacteria. The incubation period is from two to seven days and the onset of disease varies from fulminant with acute and overwhelming features, to insidious with mild prodromal symptoms.

Meningococcal infection most commonly presents as either meningitis or septicaemia, or a combination of

# Meningococcal ACWY programme for adolescents: factsheet for healthcare professionals

This factsheet explains about the Meningitis ACWY vaccination that is offered to teenagers aged 14-18 and young people starting university.

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## Details

Format

A4 factsheet

Target group

Health professionals

## Downloads

Attachment	Size
<a href="#">Meningococcal ACWY programme for adolescents - factsheet for healthcare professionals (2025)</a>	347.02 KB

## Tags

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