HSC Public Health Agency

Urgent, time-limited Meningococcal group B (MenB) vaccination programme for adolescents & young people

Information for healthcare practitioners (Northern Ireland) – July 2026

Note to vaccinators and trainers

- **This slideset was adapted from the UKHSA training slideset, it contains a collection of core slides for both individual use and use or adaptation during the delivery of meningococcal (MenB) vaccination training specific to Northern Ireland. Please also refer to the HSS (CMO) policy letter via the link.**
- Trainers should select the slides required depending on the background and experience of the immunisers they are training and according to the role they will have in delivering the vaccination programme
- The information in this slide set was correct at time of publication. Updates to the slide set will be made as necessary so please check online to ensure you are using the latest version
- Please note that this slide set has been written specifically for the urgent, time-limited Meningococcal B (MenB) vaccination for
    - all those with a date of birth between 2 July 2007 and 1 July 2008 (Year 14 age group in the academic year 2025/26)

AND

    - those born on or after 21 July 2001 who will be attending undergraduate Higher Education or living in further education accommodation or further education halls of residence for the first time in autumn 2026 (HERFE).

- A separate slide set is available for the infant MenB vaccination programme, see PHA website for details.

Aims of this resource

- to raise awareness of invasive meningococcal disease (IMD) epidemiology and symptoms
- to support and educate healthcare professionals involved in discussing vaccination against meningococcal B disease
- to support the safe vaccination of individuals who present for this time-limited meningococcal B vaccine programme

Before administering vaccines, it is recommended that vaccinators will have:

- undertaken training in the management of anaphylaxis and Basic Life Support
- received practical training in vaccine preparation and administration
- completed a vaccinator competency assessment tool

Training resources:

- Vaccinator training – minimum standards and competency assessment tool National Minimum Standards and Core Curriculum for Vaccination Training - GOV.UK
- Basic life support training is available from the clinical education centre Clinical Education Centre | Clinical Education Centre

Learning outcomes

At the end of this resource, healthcare practitioners providing this programme will be able to:

- **describe** the aetiology and epidemiology of meningococcal group B disease
- **be aware** of the reasons for offering the meningococcal B vaccine
- **advise** and inform individuals about the meningococcal B vaccine
- **understand** the healthcare professionals' role in supporting the delivery of the time-limited student meningococcal B vaccination programme
- **identify** sources of additional information and resources

Background to the time-limited MenB vaccination offer

- the outbreak of MenB in Canterbury in March 2026 was the fastest growing and largest cluster seen in the UK to date
- genomic analysis of the bacteria that caused the Canterbury outbreak showed changes from previous strains seen in England - the significance of this is not yet known but may help explain why this incident was so much larger and grew much more rapidly than previous outbreaks
- MenB cases in England have been declining for the past 25 years, probably due to natural trends, and also dipped due to COVID-19 control measures: these factors are likely to have reduced population exposure (and thus immunity) to these bacteria, leaving greater numbers of young people at risk of severe disease
- a recent increase in cases and clusters of MenB in young people has led to a ministerial decision to make a time-limited, one-off offer of MenB vaccination for those in the school year group immediately prior to HERFE entry, and others aged less than 25 entering HERFE for the first time in autumn 2026 as they are at higher risk

Eligibility for the time-limited Year 14 and HERFE entrants vaccination programme

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

1. all individuals born between 2 July 2007 and 1 July 2008 (Year 14 age group in the academic year 2025/26)

2. individuals who were born on or after 21 July 2001

AND

a) are due to start undergraduate higher education for the first time in the UK or Ireland in autumn 2026, including international students and those from the UK Devolved Administrations and Crown Dependencies

OR

b) will be living in Further Education accommodation or Further Education halls of residence for the first time in UK or Ireland in autumn 2026, including international students and those from the UK Devolved Administrations and Crown Dependencies

Confirmation of eligibility

- 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).
- 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).
- 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).
- There is no requirement to record a copy of the evidence anywhere.

Exclusions

Exclusions include:

- those aged less than 25 years, who are not entering HERFE for the first time in the autumn term 2026, and fall outside the dates of birth for the 2025/26 Year 14 age cohort (2 July 2007 and 1 July 2008)
- 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
- Clinical contraindications to the vaccine

For further information about eligibility and provision of evidence, see HSS (CMO) letter.

Exclusions rationale

Age cohort

- Offering vaccination to those finishing Year 14 equivalent age (Date of birth between 2 July 2007 and 1 July 2008), is the most practical way of targeting most people going on to further or higher education this year, and the highest risk age cohort.

Exclusions rationale

HERFE cohort

- Data on invasive meningococcal disease over the last five years has shown the highest number of cases, after infancy, are seen in 18 to 19-year-olds.
- Students in their first year of university have a risk that is about seven times higher than that of young people of a similar age who do not go to university.
- Students attending university or residential further education institutions are at increased risk, particularly in the first year and when living in shared accommodation.
- Shared accommodation, particularly sharing social and catering facilities, and close mixing (including with people from different parts of the country or internationally) increases exposure to strains of MenB that are different to those encountered during childhood and therefore people have less natural immunity to.

Exclusions rationale

- Not everyone goes straight to further or higher education, and people starting after a gap year are likely to be at equivalent risk.
- Therefore this offer remains open to anyone less than 25 years of age who is starting higher or residential further education (that is aimed at equivalent age groups) for the first time.
- Those returning to continue studies aren't at as high a risk as freshers – the combination of age, susceptibility and close mixing with new people increases MenB risk.

References:

https://doi.org/10.1016/j.vaccine.2017.09.024
https://doi.org/10.1017/s0950268899002368
https://doi.org/10.1136/bmj.320.7238.846

Timing

- this is a time-limited offer:
  - first doses can be offered until 31 December 2026
  - second doses can be offered until 31 March 2027
- this should enable late attendees, and international students who arrive in the UK after the summer months, to accept the offer of two doses
- 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 ideally ensure completion of the course prior to the start of the 2026/27 academic year

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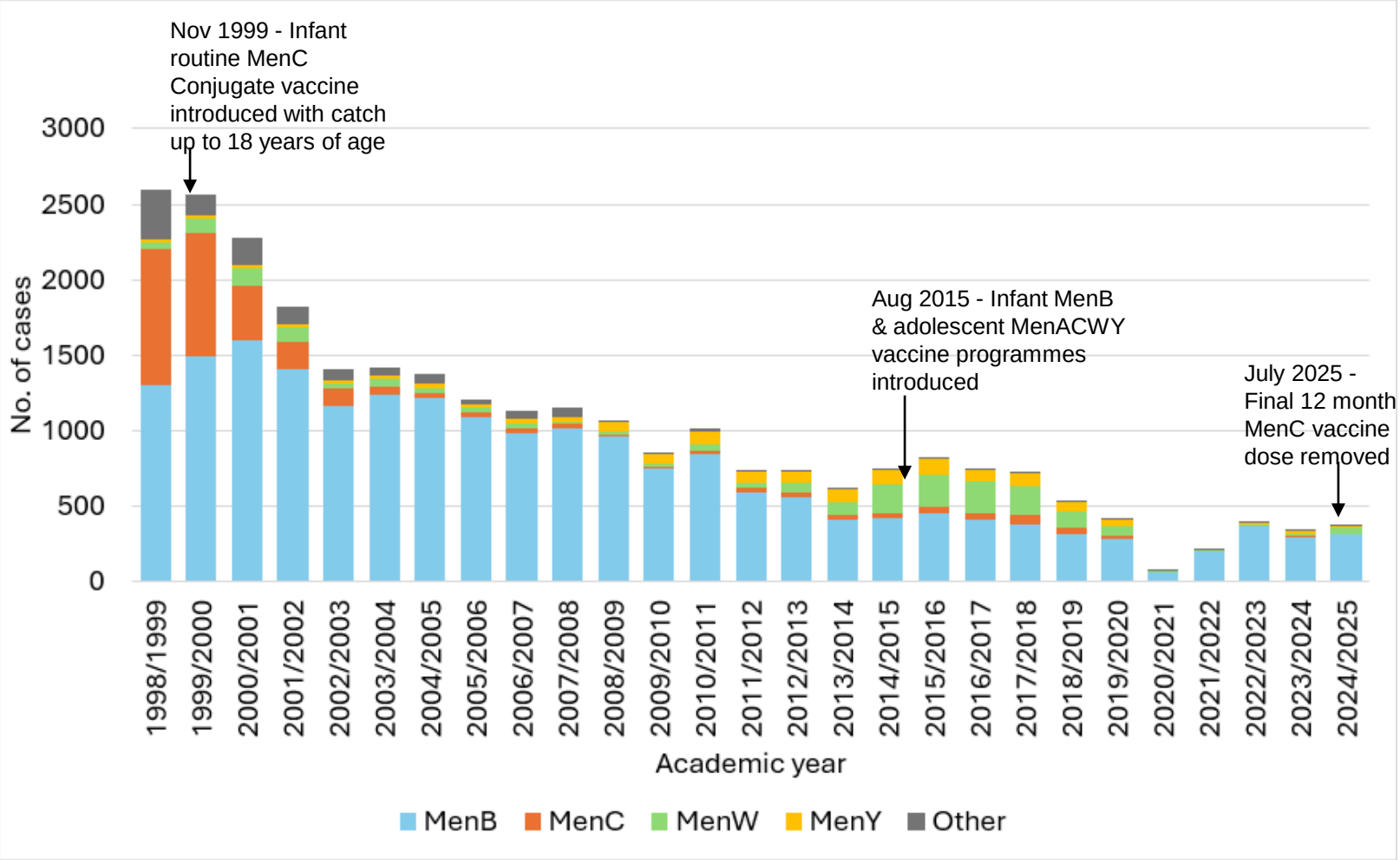
Meningococcal B (MenB) disease

Overview

- meningococcal disease occurs as a result of an invasive bacterial infection caused by *Neisseria meningitidis,* also known as meningococcus
- there are 12 identified capsular groups of meningococcus; MenB is the most common strain in the UK, accounting for over 87% of invasive infections
- Men C, W and Y cases also occur in the UK but at exceptionally low levels following the long-established MenC vaccination programme and the highly effective MenACWY teenage vaccination programme introduced in 2015
- invasive meningococcal disease (IMD) is rare (less than 1 per 100,000 population per year) but serious, resulting in significant morbidity and mortality
- meningococcal disease most commonly presents as either meningitis or septicaemia, or a combination of both
- the highest rates of disease outside of infancy are now in those aged 18 to 19 years, although disease can occur at any age

Cases of laboratory confirmed IMD in England by academic year and capsular group 1998/1999 to 2024/2025



MenB causes the majority of IMD (over 85% cases in recent years)

Disease due to other serogroups is now rare

The implementation of social distancing measures and lockdown periods across the UK from March 2020 for the COVID-19 pandemic resulted in a large decline in the spread and detection of IMD but rates have since increased

Meningococcal Disease Cases in Northern Ireland

- In NI, between 2023 and 2025, there have been 62 confirmed invasive meningococcal disease 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.

IMD cases in Northern Ireland by serogroup, 2023-25

Serogroup	Number of Cases (n)	Percentage of Total Cases
B	48	77%
Untyped	10	16%
W	2	3%
Y	2	3%
Total	62	99%*

*Percentages are rounded and therefore may not total 100%.

- Serogroup B accounted for the vast majority of cases among individuals aged 18 years to 25 years.

Carriage and transmission

- meningococcal bacteria are usually carried harmlessly in the nose and throat of healthy people and rarely go on to cause invasive disease
- asymptomatic carriage is most common in adolescents and young adults
- it is not fully understood why disease develops in some individuals but not in others
- transmission usually requires either frequent or prolonged close contact, typically through direct contact with the saliva or respiratory secretions of a person carrying meningococcal bacteria

Infectivity and incubation

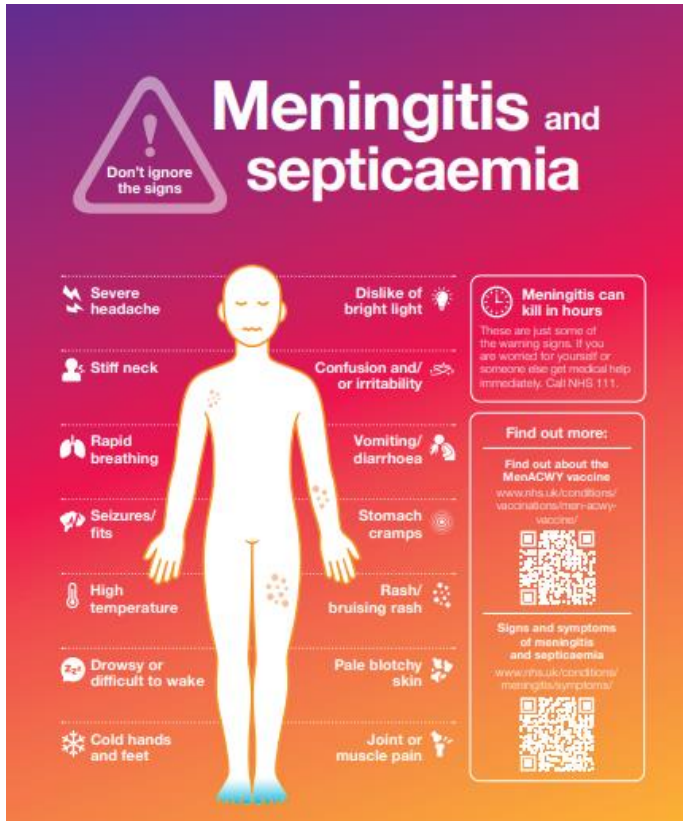
- infectivity of meningococcal disease is relatively low and requires prolonged close contact, for example:
  - with those living in the same household or
  - through direct contact with nose and respiratory secretions such as through coughing, sneezing, kissing, sharing drinks or smoking devices including vapes
  - age, season, smoking, preceding viral infection and living in ‘closed’ or ‘semi-closed’ communities, such as university halls of residence, have been identified as risk factors for developing disease
- incubation period ranges from 2 to 7 days from acquisition
- onset of disease ranges from insidious mild prodromal symptoms to sudden and severe symptoms requiring urgent medical treatment within 24 hours of the first symptom

Clinical presentation

- invasive meningococcal infection most commonly presents as either meningitis or septicaemia, or both
- meningitis is inflammation of the lining around the brain and spinal cord (the meninges)
- septicaemia occurs when the bacteria enter the bloodstream, causing blood poisoning which triggers sepsis
- both meningitis and septicaemia can trigger sepsis
- less commonly, individuals may present with pneumonia, myocarditis, endocarditis, pericarditis, arthritis, conjunctivitis, urethritis, pharyngitis and cervicitis

Clinical presentation of Invasive Meningococcal Disease

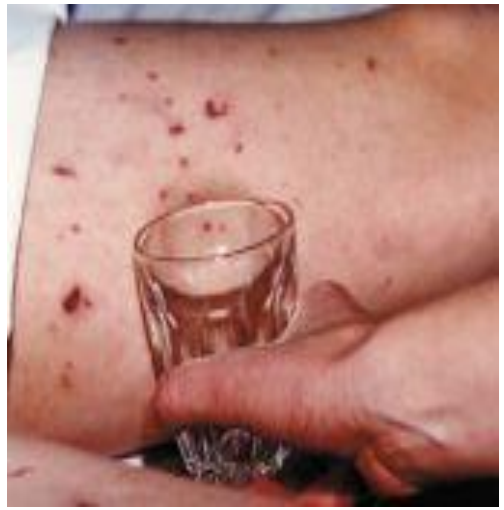
- high temperature
- vomiting
- severe headache
- feeling unwell
- limb/joint/muscle pain
- stomach pain/diarrhoea
- cold hands and feet
- shivering
- pale or mottled skin
- fast breathing/breathlessness
- rash
- stiff neck
- dislike of bright light
- drowsiness/difficult to wake
- confusion and/or irritability
- seizures/fits



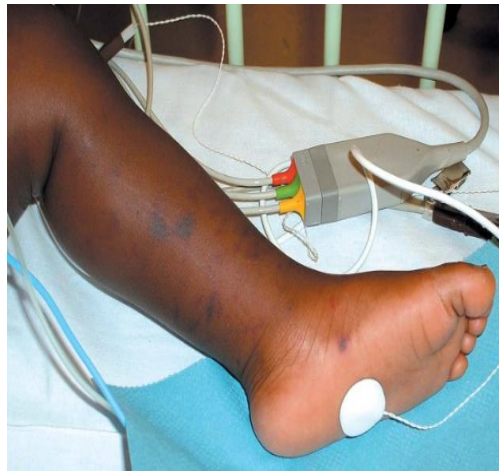
Any of these symptoms can arise in any order

The meningococcal rash

- a distinctive red rash can appear anywhere on the body
- the rash is formed of tiny ‘pinpricks’ also known as petechiae and appears red or brown in colour. The rash may later develop into purple bruising of the skin
- the meningococcal rash can be distinguished from other rashes by pressing a drinking glass against it
- a meningococcal rash will not fade when the glass is pressed firmly against it
- a febrile illness and rash that does not fade is a sign of meningococcal septicaemia
- however, **absence of a rash does not mean the individual does not have meningitis or meningococcal sepsis** – the rash is usually a late sign of sepsis



The ‘tumbler’ test picture courtesy of Meningitis Research Foundation www.meningitis.org/about-meningitis/symptoms/



The rash can be harder to see on brown or black skin. Check paler areas, such as the palms of the hands, soles of the feet, roof of the mouth, whites of the eyes or inside the eyelids. https://www.nhs.uk/conditions/meningitis/

Potential complications of meningococcal disease

- infection is fatal in 5% to 10% of cases (case fatality is 6% for MenB)
- approximately 20 to 25% of those diagnosed with meningococcal disease caused by *Neisseria meningitidis* will suffer complications as a result
- complications can vary in severity and can either be temporary or permanent; the more severe the disease, the greater the risk of complications
- long term complications can include hearing loss, severe visual impairment, loss of memory and/or concentration, difficulties in co-ordination and balance, seizures/epilepsy, arthritis, kidney problems and limb amputations
- nearly 1 in 10 MenB cases suffers major disabilities including amputations and hearing loss

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Meningococcal B vaccine

Bexsero® Meningococcal Group B Vaccine

- Bexsero® is a multi-component inactivated vaccine marketed by GlaxoSmithKline
- licensed for use from two months of age
- supplied in packs of 10 single-dose pre-filled syringes
- use a 25mm 23G or 25G needle (not supplied with vaccine), Trusts and GP practices must order needles using the existing arrangements as for the routine childhood vaccination programme. Community Pharmacy can order needles via Movianto NI.
- recommended to be administered via intramuscular injection (IM) into the deltoid muscle in the upper arm (or anterolateral aspect of the thigh where deltoid cannot be used)
- for adolescents and adults, 2 doses should be given, a minimum of 4 weeks (28 days) apart
- Bexsero® Meningococcal Group B vaccine for injection in pre-filled syringe - Summary of Product Characteristics (SmPC)

Composition of Bexsero®

Bexsero® is a four-component protein-based meningococcal B vaccine (also referred to as 4CMenB)

It is made from three main *N. meningitidis* proteins produced by recombinant DNA technology and a preparation of *N. meningitidis* group B outer membrane vesicles

Composition

1. Recombinant *Neisseria meningitidis* group B NHBA fusion protein
2. Recombinant *Neisseria meningitidis* group B NadA protein
3. Recombinant *Neisseria meningitidis* group B fHbp fusion protein
4. Outer membrane vesicles (OMV) from *Neisseria meningitidis* group B strain NZ98/254

Excipients

- Sodium chloride
- Histidine
- Sucrose
- Water for injections

Kanamycin is used in the manufacturing process – see SmPC section 4.4

Bexsero® presentation and preparation

- the vaccines are supplied in packs containing ten pre-filled syringes each with a volume of 0.5mLs of suspension per syringe
- the tip cap and rubber plunger stopper of the pre-filled syringe are made with synthetic rubber
- during storage, the contents of the syringe may settle with fine off-white deposits being noticeable
- before use, the pre-filled syringe must be shaken well to form a homogenous suspension that should be administered immediately
- the vaccine should not be administered where there are variations in physical appearance (for example, not a homogenous suspension) or signs of foreign particulate are observed after shaking
- Bexsero® should be stored in its original packaging in a refrigerator between +2ºC and +8ºC

Further information about Bexsero®

- Bexsero® has been routinely given to infants in the UK since 2015 and to adolescents and adults who are deemed to be at increased risk because of underlying medical conditions or who are GBMSM and are at high risk of gonorrhoea infection
- within 3 years of the routine infant MenB vaccination programme, there was a 75% reduction in invasive MenB disease in those eligible for vaccination
- studies have shown Bexsero® is immunogenic in adolescents and adults
- Bexsero® is a non-live vaccine made using recombinant vaccine technology
- it can be given at the same time as, or at any interval from, any other vaccines (except Trumenba® which should be given minimum 4 weeks apart)
- it may be given to pregnant or breastfeeding women when clinically indicated
- it can also be given to individuals with immunosuppression and human immunodeficiency virus (HIV) infection

Contraindications

Bexsero® should **not** be administered to those who have had:

- a confirmed anaphylactic reaction to a previous dose of the vaccine **OR**
- a confirmed anaphylactic reaction to any constituent, excipient or residue from the manufacturing process

- there are very few individuals who cannot receive meningococcal vaccines
- where there is doubt, appropriate advice from an expert should be sought rather than withholding immunisation

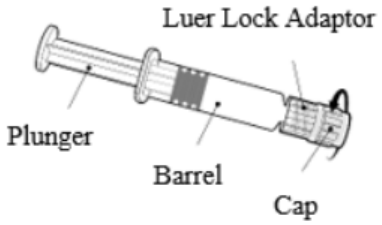
Summary of Vaccine Information

Vaccine Name (manufacturer)	**Bexsero®** (GSK) also referred to as 4CMenB vaccine
Disease Protected Against	Meningococcal B (MenB)
Route of Administration	Intramuscular (IM)
Dose and Volume	Two doses each of 0.5mL (interval of no less than 1 month apart)
Pack Size *(License)*	1 pack contains 10 single dose pre-filled syringes *(UK Only pack)*
Pack Dimensions	154 x 130 x 23 mm (H x W x D)
EAN Code	5000123114641
Consumables and PILs	Packs do **not** contain needles. See "stock ordering" for further information. (For guidance on needle size choice see Green book). PILs are automatically supplied.
Excipients	Does **not** contain thiomersal or porcine gelatine (see SmPC for further detail).
Coadministration	Currently available evidence indicates that Bexsero can be safely co-administered with any other vaccines including those to be scheduled at the same time without affecting the immune response to either vaccine (Green book).
Pregnancy and Breastfeeding	Can be given when clinically indicated (Green book).

The vaccine does not contain any live bacteria and cannot cause meningococcal disease

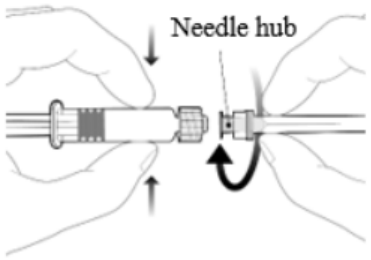
Summary of Vaccine Information

Preparation & Administration	During storage, the contents of the syringe may settle with off-white deposits being noticeable. Before use, the pre-filled syringe must be shaken well so that any observable deposits are thoroughly mixed into the liquid, forming a homogenous suspension that should be administered immediately. The vaccine should not be administered where there are variations in physical appearance (such as having the appearance of a non-homogenous suspension) or there are signs of foreign particulate observed after shaking. (See SmPC for further detail)



Hold the syringe by the barrel, not by the plunger.

Unscrew the syringe cap by twisting it anticlockwise.



To attach the needle, connect the hub to the Luer Lock Adaptor and rotate a quarter turn clockwise until you feel it lock.

Do not pull the syringe plunger out of the barrel.

If it happens, do not administer the vaccine.

Summary of Vaccine Information

Adverse Effects	Most common local and systemic adverse reactions observed in adolescents and adults were pain at the injection site, malaise, and headache (see PIL for further detail).
Suspected Adverse Drug Reactions	Report via Yellow Card Scheme | MHRA
Stock Ordering	It is recommended that health professionals only order what they need for a 2-to-4-week period. • Trusts/GP practices should order stock via the usual vaccine ordering arrangements as per the routine childhood vaccination programmes. • Community Pharmacies should order vaccine stock in a similar manner to ordering COVID-19 and Flu vaccines via the Movianto NI portal. **Needles (25mm, 23G or 25G is recommended) but are not provided in the original pack.** • **Trusts and GP practices should order needles in the same manner as for the routine childhood vaccination programme.** • **Community Pharmacy can order needles from Movianto NI.** Each ten-dose pack of Bexsero® vaccine is supplied with a pad of ten additional PILs, link-picked. For more information regarding needle size see Green book for guidance.
Shelf life and Storage	4 years when stored in its original packaging in a refrigerator within the recommended temperature range of +2°C and +8°C.

Incompletely vaccinated or vaccinated more than 5 years ago

- some individuals may have received MenB vaccine privately, in another country, as part of an outbreak response, because they are in one of the clinical risk groups for whom the vaccine is recommended or as part of the gonorrhoea vaccination programme
- they may also have received Trumenba® (a MenB vaccine manufactured by Pfizer); more details about Trumenba® are available in the Green Book meningococcal chapter and the vaccine's SPC
- Trumenba® is not routinely given in the UK but is sometimes given to contacts of a case, obtained privately or have been administered to individuals coming to the UK from another country - so individuals may present having already received a partial or completed course of Trumenba®
- the number of doses of MenB vaccine a previously or partially vaccinated individual requires now will depend on when and whether they completed their course and which vaccine product they received
- the table on the next slide summarises recommendations for these individuals (also available in the UKHSA/NHSE letter)

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 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. Two doses at least 6 months apart are considered equivalent to receipt of 3 doses.
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®.
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®. 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.

Legal issues

Bexsero® is a prescription only medicine and should only be administered using one of the following:

- prescription written manually or electronically by a registered medical practitioner or other authorised prescriber
- Patient Specific Direction (PSD)
- Patient Group Direction (PGD)

An NI PGD is being made available which covers the use of this vaccine for this programme.

REMEMBER!*

- ***Only registered healthcare professionals (HCPs) may work under a PGD***
- ***NO*** Vaccine Group Direction (VGD), previously known as a National Protocol will be available to support vaccination using non-registered HCPs for this programme.
- Further information and guidance regarding PGDs and PSDs can be found here and here.

Consent

- consent should be obtained before the MenB vaccine is given
- the Green Book Consent chapter sets out how consent should be obtained and vaccinators should ensure they are familiar with this
- VMS should guide the vaccinator through the consent process. No paper records should be maintained.

Possible adverse reactions

- the most common local and systemic adverse reactions reported following Bexsero® in adolescents and adults include swelling, redness and tenderness at the injection site, malaise and headache
- nausea, myalgia (muscle pain) and arthralgia (joint pain) may also occur
- although high fever was commonly reported in infants following MenB vaccination in clinical trials, it was not common in adolescents and adults (mild fever may occur)
- prophylactic paracetamol following vaccination is not recommended for young people or adults receiving the vaccine but paracetamol or other over the counter pain medication can be taken to alleviate symptoms if required
- vaccinated individuals should be informed these are common side effects and should resolve after 1 or 2 days
- no increase in the incidence or severity of adverse reactions was seen with subsequent doses of MenB vaccine

Reporting suspected adverse reactions

Yellow Card | Making medicines and medical devices safer

Yellow card scheme

- as with any vaccine, all suspected serious adverse reactions should be reported to the MHRA using the Yellow Card scheme
- success depends on early, complete and accurate reporting
- report even if uncertain about whether vaccine caused condition
- **anyone** (HCPs and members of the public) can report on the Yellow Card website https://yellowcard.mhra.gov.uk/ or phone 0800 731 6789 (9am to 5pm Monday to Friday)
- see Vaccine safety and adverse events following immunisation: the green book, chapter 8 - GOV.UK for further details

Anaphylaxis preparation

- all staff administering vaccinations should be able to recognise the signs and symptoms of an allergic reaction and anaphylaxis, to call for help and to start treatment
- in every location where vaccines are being given, an anaphylaxis pack should be immediately available and packs should be checked regularly to ensure the contents are within their expiry dates
- vaccinators should ensure that it is possible to get the patient into the recovery position easily and/or a suitable position for performing resuscitation
- the floorspace in the premises needs to be suitable if a patient faints, collapses or requires resuscitation
- ideally, there should also be access to an oxygen supply, with suitably sized face masks and tubing

Management of Cold Chain Incidents

Each year there is significant wastage and clinic disruption due to cold chain incidents. There are significant costs relating to vaccine purchase; therefore, every effort is needed to ensure vaccine wastage is minimal. While often talked about as fridge failures, in fact most are human error including leaving vaccines sitting out of the fridge or turning off the power supply.

Please take time to check your cold chain processes are in line with the *Guidance for Vaccine Handling and Storage in GP Practices* document found on the PHA website using the link and ensure that your practice has appropriate contingency plans in place for planned and unplanned power outages.

****Do NOT dispose of any vaccines until the appropriate advice has been sought****

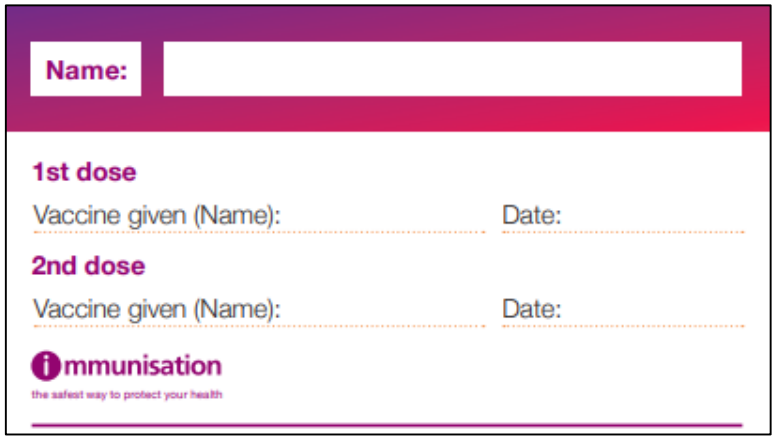
All significant cold chain incidents, such as vaccines stored outside of the recommended temperature ranges, should be reported to your local or regional HSC Trust Pharmacy Medicines Information, and the PHA Health Protection Duty Room in the first instance.

For cold chain incidents occurring in:

- GP practices – refer to Guidance for Vaccine Handling and Storage in GP practices document following the link.
- Community Pharmacies - refer to the specific SPPG guidance via the BSO website using the following link.
- HSC Trusts - refer to local Trust standard operating procedures.

Following vaccination

- **record all MenB vaccines given electronically on VMS**
- complete a record card to give to the vaccinated individual
- provide information about possible adverse reactions, how to treat these and when to seek further medical advice
- inform individual **a second dose will be required** and that this is important as they will not be protected after one dose and will not be protected by others being vaccinated
- the second dose can be provided by a different provider, there is no requirement to return to the same provider as the first dose
- warn vaccinated individual of need for continued vigilance following vaccination (see next slide)
- Record cards will be delivered to all GP practices. If further record cards are required please contact pha.immunisation@hscni.net



Need to warn vaccinated individual of continued vigilance following vaccination

- the MenB vaccines have been developed to protect against as many common MenB strains as possible but they do not protect against all MenB strains
- response to vaccination is also not immediate – it takes time for immune response to be made (at least 2 weeks from 2nd dose to produce antibodies to give a good level of protection)
- those who have been vaccinated should be informed that they need to remain alert for symptoms of meningococcal disease and seek urgent medical attention if unwell or concerned
- unlike many other vaccines, MenB vaccines do not prevent acquisition or carriage of the bacteria so cannot interrupt transmission of the infection within a community or provide indirect (herd) protection to others
- every effort should be made to ensure that all eligible individuals are aware of the importance of receiving the full, 2-dose course for their own protection
- in addition, other bacteria and viruses can cause meningitis and septicaemia

Practical Tip – Add a calendar alert on your smartphone device!

- Service providers should encourage all adolescents and young people to add a **calendar reminder alert** on their smartphone device to get the second dose of MenB **4 weeks** after their first dose (wherever they might be at University or College, UK or NI).

Other HSC vaccinations for this age group

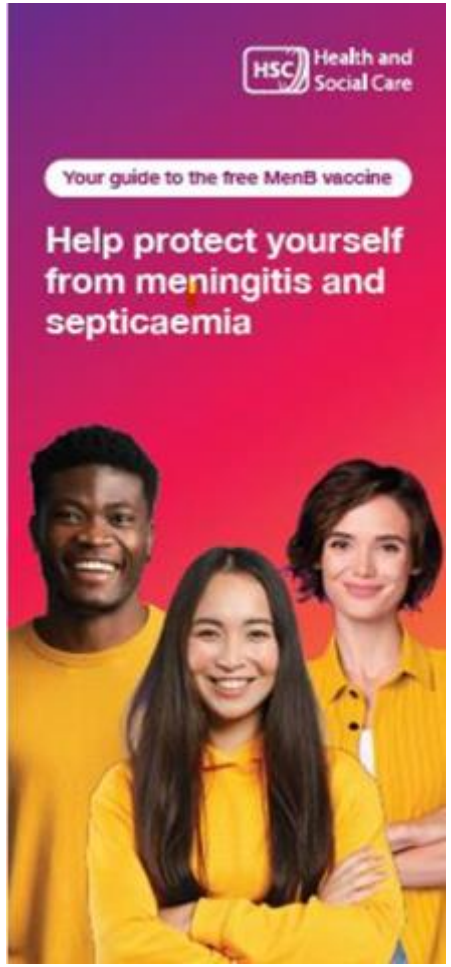
- students vaccinated in the UK should have been offered the MenACWY vaccine at age 14 years on the UK schedule (NB: this vaccine **will not protect against MenB** and MenACWY vaccine protects against different meningococcal bacteria. It is important they have both vaccines)
- anyone who has not received MenACWY vaccine remains eligible up to 25 years of age - MenACWY vaccination for teenagers and students | nidirect
- HPV vaccine is also offered up to the 25th birthday for anyone who has not received it - Human papillomavirus (HPV) | nidirect
- any student who is incompletely vaccinated should ensure they are brought up to date by speaking to their GP
- Students who are gay or bisexual may be eligible for further vaccines such as Mpox and HPV. Further information can be found at https://sexualhealthni.info/.

Maximising vaccine uptake

It is important that the MenB vaccine is given to as many of those eligible as possible. Consider how you can maximise uptake.

Some ways to do this may include:

- signposting people to online resources, displaying posters in prominent places and using digital display graphics
- having leaflets readily available for individuals to pick up and read
- offering a flexible accessible service, ensuring the times vaccination is available are clearly advertised
- providing an environment conducive to vaccination (consider confidentiality, dignity, privacy, waiting area etc.)
- confirming individual is aware of when they should get their second dose
- speaking confidently and positively about the vaccine programme and encouraging others to do so as well



Summary

- invasive meningococcal disease, caused by infection with the bacterium *Neisseria meningitidis,* most commonly presents as meningitis or septicaemia or both
- given the severity of MenB disease and the recent MenB clusters in Canterbury, Weymouth and Reading, an urgent time-limited, one-off vaccination programme is being offered from 31 July 2026 to those identified as being at increased risk of the disease:
  - all individuals born between 2 July 2007 and 1 July 2008 (Year 14 age group in the academic year 2025/26)
  - those born on or after 21 July 2001 who will be attending undergraduate Higher Education or living in further education accommodation or further education halls of residence for the first time in UK or Ireland in autumn 2026 (HERFE)
- two doses of vaccine, offered a minimum 4 weeks apart, are required to provide protection
- both doses should preferably be offered before the start of the 2026/27 academic year
- the MenB vaccine has been offered to all UK infants, and adolescents and adults in clinical risk groups since 2015 and has a good safety profile
- MenB vaccine helps protect against most but not all MenB bacteria and does not protect against other causes of meningitis and septicaemia
- following vaccination, individuals should therefore continue to be alert for symptoms of meningococcal disease and seek medical attention if unwell or concerned
- GP practices will be able to call the Year 14 age-based cohort but there will be no active call for the HERFE students. This cohort will be expected to self-present for vaccination or be offered opportunistically where possible

Useful sources of information

In addition to the HSS CMO letter, the following is also a useful source of information:

“Information for healthcare practitioners” guidance about this MenB vaccination programme

- Available at: Public Health Agency - Immunisations and Vaccinations Resources for healthcare professionals

This guidance provides additional information, answers to frequently asked questions and actions to take in the event of inadvertent errors for those delivering this urgent time-limited MenB vaccination programme.

It is important to read this document before you start vaccinating and also to refer to the online version regularly as it will be updated if required to address any issues or frequently arising questions as this MenB programme is delivered.

Useful links

- Urgent MenB Vaccination Programme for Adolescents and Young People | nidirect
- Meningitis | nidirect
- Sepsis | nidirect
- Student life | nidirect
- MenB vaccine (Bexsero®) offer Autumn 2026: PGD template
- Public Health Agency - Immunisations and Vaccinations Resources for healthcare professionals
- Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK
- Public Health Agency – Publications - Men B leaflet, Poster including digital poster, record card
- HSS (CMO) Policy Letter – Department of Health NI
- Meningococcal: the green book, chapter 22 - GOV.UK
- Meningitis Research Foundation
- Meningitis Now