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Cluster of meningococcal infection, South East England

Notified by: Rebecca Cordery & Rachel Mearkle

Authorised by:

1. Rachel Mearkle, Rebecca Cordery, Mattea Clarke, Incident Directors
2. Meera Chand, Strategic Response Director On-call
3. Trish Mannes, Regional Deputy Director
4. Communications

Contact: Incident065.nrc@ukhsa.gov.uk

Incident

Response Plan (IRP) Level National Standard Incident

Incident Leads: Rebecca Cordery & Rachel Mearkle

Distribution: Please see page 5 for information with regards to the distribution instructions for this Briefing Note.

Summary:

UKHSA identified 3 cases of Invasive Meningococcal Disease (IMD) in Reading, South East England, with onset dates between 09 May and 12 May 2026. Cases are aged between 14 and 18 years and are strongly epidemiologically linked via family and friend networks. All 3 cases have been confirmed as *Neisseria meningitidis*. One case is confirmed group B, subtype P1.21-7,16-83,37-1. This is a different subtype to the recent outbreaks in Kent (March) and Dorset (April), and these cases are not linked to either outbreak. Strain typing for the other two cases is yet to be confirmed. One of the cases has sadly died.

The purpose of this briefing note is to detail the clinical and public health response.

Background and Interpretation:

The meningococcus bacteria, *Neisseria meningitidis*, can cause meningitis and/or septicaemia (overwhelming blood infection). It is spread by close prolonged or intimate contact. The bacteria is commonly carried harmlessly at the back of the nose and throat and only rarely goes on to cause invasive disease. However, when invasive meningococcal disease does arise, it is very serious, progresses rapidly, and requires urgent medical treatment.

Meningococcal bacteria are classified by their outer capsule into different serogroups, of which MenB currently accounts for most disease in England. MenC, MenW and MenY cases do also occur but have been reduced to exceptionally low levels following the long-established MenC vaccination programme and the highly effective MenACWY teenage vaccination programme introduced in 2015.

Young people, in the age range of the cases in this current cluster, would be too old to have been eligible for the national MenB vaccination programme that has been offered routinely to infants since September 2015. Licensed MenB vaccines offer direct protection against most, but not all, MenB strains causing disease in the UK. However, they do not prevent carriage.

Response to date

The UKHSA are leading a multi-agency response and have declared a national standard incident. The response has initially focussed on advising those at highest risk of exposure to the infection:

- UKHSA Health Protection Teams (HPTs) have undertaken contact tracing to identify close contacts of all confirmed cases and have communicated with them directly to give warn and inform advice and to coordinate antibiotic prophylaxis as per national guidance
- Antibiotic prophylaxis and MenB vaccination are also being offered to a small cohort of students who attend a college course. Epidemiological investigation suggests this cohort have epidemiological links to the cluster. This is consistent with acquisition of infection from one or more carriers of the cluster strain in this college group and in line with national guidance. Antibiotic prophylaxis is being offered to eliminate carriage in that group and reduce the chance of further spread. Vaccine will also be offered to the same group to reduce the chance of later cases. This is being delivered in partnership with the local ICB as per [NHS England commissioning guidance](#).
- HPTs are also liaising closely with educational and other community settings in the local areas to provide clear warn and inform advice.

Implications and Recommendations for UKHSA Regions:

Regional health protection teams are asked to add **CIMS Situation Record ID 201255338** for all reported cases of suspected IMD in people with a link to education settings in Reading, Oxfordshire, Wokingham, and West Berkshire Local Authority areas, with the same action for household contact records. Cases should be managed as per national guidance ([UKHSA Meningococcal Public Health Guidance](#)).

HPTs are reminded to complete the national Enhanced Surveillance form MENSVO1 for all confirmed cases: [Meningococcal disease: enhanced surveillance form - GOV.UK](#)

Implications and Recommendations for UKHSA sites and services:

All meningococcal-positive clinical materials including isolates, PCR-positive clinical samples and/or DNA extracts) should be referred to the National Meningococcal Reference Unit, Manchester for confirmation, serogrouping and further characterisation.

Implications and Recommendations for NHS:

NHS clinicians are reminded of the following:

- **Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)**

Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) for patients presenting with suspected meningococcal disease: transmission-based IPC precautions should be followed in line with the National Infection Prevention and Control Manual for England ([NHS England » National infection prevention and control manual \(NIPCM\) for England](#), see Appendix 11).

IPC teams should support service providers in implementing appropriate infection prevention and control measures in line with the NIPCM, including risk assessment and staff protection.

- **Initial management of suspected IMD cases**

In a community setting, rapid admission to hospital is the highest priority when IMD is suspected. Patients with IMD may present with septicaemia and/or meningitis. Clinicians should have a high index of suspicion where a young person attends with consistent signs or symptoms.

Meningococcal sepsis should be considered in a rapidly deteriorating patient with sepsis even in the absence of a non-blanching rash, which is usually a late sign. In acute settings, patients with sepsis should be managed according to local sepsis guidelines and immediate clinical management should focus on stabilisation (including fluid resuscitation as appropriate) and early engagement with ITU colleagues where necessary.

Information on antibiotic treatment indicated for suspected meningococcal infections is included [UKHSA Meningococcal Public Health Guidance](#).

- **Notifying cases to UKHSA**

Inform your UKHSA local health protection team of all suspected cases as soon as possible and without waiting for laboratory confirmation, so they can swiftly provide advice to household and other close contacts in the community and manage indicated public health measures: ([Contacts: UKHSA health protection teams - GOV.UK](#))

- **Diagnostics**

The following samples should be taken where possible:

1) blood for culture (before 1st dose of antibiotics)

- 2) blood for PCR (ideally EDTA or, alternatively other un-clotted blood specimen)
- 3) CSF where possible, and where there is no contraindication to lumbar puncture (within 4 days of commencing antibiotics)
- 4) throat (nasopharyngeal) swab for culture (within 24 hrs of antibiotics).

These should be cultured locally and any isolates sent to the Meningococcal Reference Unit. All meningococcal-positive clinical materials (including isolates, PCR-positive clinical samples and/or DNA extracts, also lysate extracted from Biofire loading syringes) should be referred to the National Meningococcal Reference Unit, Manchester for confirmation, serogrouping and further characterisation.

- **Post-exposure prophylaxis for healthcare staff**

Post-exposure prophylaxis is recommended for healthcare workers if the following applies:

- Staff have NOT worn appropriate PPE as per [NHS England » National infection prevention and control manual \(NIPCM\) for England](#)
AND
- have been involved in airway care of suspected or confirmed patients during the time when index case had not been on appropriate antibiotics (e.g. ceftriaxone) or had been on it for less than 24 hours.

Implications and recommendations for Local Authorities:

Local authorities are asked to signpost local schools, colleges and universities to the resources and sources of information below. All children and young people should be encouraged to be up to date with their routine immunisations as per the [childhood schedule](#).

References or Sources of information:

Meningitis charities ([Meningitis Research Foundation | CoMO](#), [Meningitis Now | Meningitis charity | Research and awareness](#)) do tremendous work supporting those affected by meningococcal disease and their families and their web pages have more information on vaccination and epidemiology, as well as signs and symptoms to look out for.

[University vaccine communications toolkit](#)

[MenACWY vaccine: information for young people](#)

[Meningitis: signs and symptoms leaflet and poster - GOV.UK](#)

[Meningitis and septicaemia: information for students - GOV.UK](#)

[Meningitis and septicaemia: poster for new university entrants - GOV.UK](#)

Instructions for Cascade:

Briefing Notes are routinely cascaded to the below groups:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
 - Deputy Directors in Regions Directorate

- UKHSA Lab Management Teams
 - UKHSA Regional Communications
 - Generic inbox for each of the Devolved Administrations
 - Inboxes for each of the Crown Dependencies
 - UKHSA UKOT Programme SPOC
 - DHSC CMO
 - OHID Regional Directors of Public Health
 - National NHSE Emergency Preparedness, Resilience and Response (EPRR)
 - NHSE National Operations Centre
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- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements.
 - **Crown Dependencies** to cascade to teams as appropriate to local arrangements.
 - **UKHSA UKOT Programme SPOC** to cascade onwards to UKOT Programme Leadership and UKOTs as appropriate
 - **UKHSA Regional Deputy Directors** to cascade to Directors of Public Health
 - **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
 - **UKHSA microbiologists** to cascade to NHS Trust infection leads
 - **NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists** to onwards cascade to NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists to onwards cascade to infectious disease specialists, microbiologists, emergency departments, acute medicine, paediatrics and intensive care units
 - **NHSE National Operations Centre** to cascade to ICBs, acute trusts and relevant providers
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- Royal College of Emergency Medicine
 - Royal College of General Practitioners
 - Faculty of Intensive Care Medicine
 - Royal College of Paediatrics and Child Health
 - Royal College of Pathologists
 - Faculty of Pharmaceutical Medicine
 - Royal College of Physicians
 - Faculty of Public Health
 - Royal College of Nursing
 - NHS Immunisation Team