UK Health Security Agency

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Event: Cluster of enterovirus meningitis in the West Midlands

Notified by:	**James Chipwete - Consultant in Health Protection, West Midlands Region**
Authorised by:	1. Director, Public Health Programmes – Mary Ramsay 2. Strategic Response Director On-call – William Welfare 3. Director, Health Protection in Regions or a Regional Deputy Director – Katie Spence 4. Communications – Shaun Whelan
Contact:	Alex.allen@ukhsa.gov.uk Vanessa.saliba@ukhsa.gov.uk
Incident Response Plan (IRP) Level	Routine Incident
Incident Lead:	Not applicable
Distribution:	Please see page 4 for information with regards to the distribution instructions for this Briefing Note.

Summary:

The West Midlands Health Protection Team (HPT) has received reports of two separate clusters of viral meningitis linked to different nurseries in the Black Country and Staffordshire. Enhanced surveillance has identified additional cases and affected settings alongside a general increase in case numbers for the area.

Between 31 May and 20 July 2026, there have been 39 sporadic confirmed cases of enterovirus meningitis in the Black Country and Staffordshire area, and 4 of these cases were confirmed as Echovirus 6 (E6, in the Enterovirus B category) at the UKHSA reference lab.

The current hypothesis is that there is a seasonal increase in enterovirus meningitis cases with transmission in some early year l settings, potentially exacerbated by concurrent circulating diarrhoeal illness.

Background and Interpretation:

Enterovirus is the most common cause of viral meningitis in the UK. Cases of enterovirus follow a seasonal pattern, with increases in cases, including of viral meningitis, starting in June. Viral meningitis is most common in children, particularly the very young, with the highest incidence in those under 3 months old.

In early June the West Midlands HPT received a report of an outbreak of gastroenteritis in a nursery within the Black Country with more than a third of staff and children being affected by late July. Five of the cases presenting with diarrhoea and vomiting tested positive for enterovirus locally on stool samples (noting there is a risk of cross reactivity with rhinovirus on local assays) and four of these five also tested positive for norovirus.

Subsequently 4 cases of viral meningitis, 2 confirmed cases (1 adults, 1 child), testing positive for E6 enterovirus in CSF, and 2 probable cases (2 children) were reported. The three children (<5 years old) were admitted to hospital with symptom onset in late June and investigations revealed the fourth case in a parent of a child attending this nursery, with a specimen date of 31 May,

A second cluster was reported by a nursery in Staffordshire with 7 cases of meningitis, 5 of which tested positive locally for enterovirus in their CSF. This includes 5 adults and 2 children.

No epidemiological link has been identified between the two nurseries. Thirty-nine cases of enterovirus meningitis have been identified in Staffordshire and the Black Country since 31 May 2026. Thirty-two have been interviewed, and a small number of settings that have more than one case have been identified. Advice has been provided to these settings.

A review of reference laboratory data has shown an increase in E6 detections in the West Midlands in June 2026. Detections have not exceeded expected levels in any other region. A review of NHS laboratory data up until June 2026 shows that the total number of enterovirus-positive CSF samples (as a proxy for viral meningitis) nationally is in keeping with annual seasonal trends, with increasing numbers of positive CSF enterovirus samples detected in June and July. Within the West Midlands an increase in positive CSF samples has been detected in those aged under 1 and aged 18-35 years, compared to previous years.

Implications and Recommendations for UKHSA Regions:

Health protection teams should be aware of potential clusters of viral meningitis alongside gastroenteritis outbreaks, particularly in early year settings. As with all diarrhoea and vomiting outbreaks in these settings strict hand hygiene and exclusion measures are essential to control spread. Where enterovirus is suspected, appropriate samples should be requested from hospitalised cases, including respiratory, stool and CSF specimens (where clinically indicated).

Implications and Recommendations for UKHSA sites and services:

Consultants in Public Health Infection and Regional Heads of Laboratory Operations are requested to note this briefing note and remind local laboratories that:

- All positive local enterovirus samples (respiratory samples, stool samples and CSF samples) should be referred to the EVU using the E1 request form.

Implications and Recommendations for NHS:

- Respiratory samples, stool samples and CSF samples, where appropriate, are recommended for detection of enteroviruses

- All local enterovirus positive samples should be referred to the Enteric Virus Unit (EVU) in Colindale for further characterisation, prioritising severe illness such as meningitis, encephalitis, acute flaccid paralysis / myelitis, myocarditis, or severe respiratory illness EV positive stool samples, using theE1 form which can be found here.

Implications and Recommendations for clinicians:

Viral meningitis tends to be a self-limiting illness with a duration of 7-10 days, and typically presents with common symptoms of meningism, along with non-specific features of infection. Treatment is generally supportive, and where the patient is stable, can often be undertaken at home.

The importance of a viral meningitis diagnosis in the differential lies in ruling out more severe causes of the presenting symptoms, most notably bacterial meningitis, which will generally require immediate treatment as an inpatient.

Respiratory samples, stool samples and CSF samples, where appropriate, are recommended for detection of enteroviruses

Recommendations for LAs

Local authorities should ensure that early year settings are aware and following health protection and infection control guidance, including on cleaning, hand hygiene and exclusion measures.

References or Sources of information:

Meningitis charities (Meningitis Research Foundation | What is Viral Meningitis Meningitis Now | Viral meningitis) do tremendous work supporting those affected by meningitis and their web pages have more information on epidemiology, as well as signs and symptoms to look out for.

NHS Meningitis information

Enterovirus Encephalitis | Encephalitis International

Health protection guidance in young people's settings

UKHSA guidance on Acute Flaccid Paralysis / Myelitis

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

- **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 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/neurologists/paediatricians**
- **NHSE National Operations Centre** to cascade to infectious disease, paediatrics and microbiology departments
- **Royal College of Paediatrics and Child Health**
- **Royal College of General Practitioners**
- **Royal College of Emergency Medicine**
- **Royal College of Physicians**