

Urgent Public Health Message – Outbreak of Invasive Meningococcal Disease, South East England

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Action category: Important information for immediate action

Title: Outbreak of Invasive Meningococcal Disease, South East England

Broadcast content: We are responding to an outbreak of Invasive Meningococcal Disease in South East England. This alert outlines recommended courses of action to manage cases with infection and contacts.

Additional information: NHS England Regional Offices: please cascade to Community Pharmacy, and any GP Practices not registered with CAS.

Dear Colleagues

Invasive Meningococcal Disease: advice for the NHS in England

You may be aware of an evolving situation involving multiple cases of invasive meningococcal disease (IMD) reported among young people linked to the University of Kent and the Canterbury area. More information about IMD, signs and symptoms to look out for, and approaches to clinical and public health management are provided in the accompanying Briefing Note. The purpose of this CAS Alert is to outline priority steps that primary care and hospital clinicians should consider taking to manage suspected cases, potential contacts of cases, and to reduce the risk of infection spreading. Please note that this is a rapidly evolving situation, and advice will be updated as further information emerges.

EPIDEMIOLOGY

Between 13 and 17 March 2026, UKHSA identified 20 cases of invasive meningococcal disease in the South East. Six cases have been confirmed as *Neisseria meningitidis* group B. Most cases are students from the University of Kent, Canterbury, and sixth form students from local secondary schools. At least 10 cases attended Club Chemistry in Canterbury on 5th, 6th or 7th March 2026. The illness has been severe with rapid deterioration, and two deaths have occurred.

MANAGEMENT OF CASES

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

For patients presenting with suspected meningococcal disease, standard infection prevention and control precautions should be followed in line with the [National Infection Prevention and Control Manual for England](#) (see Appendix 11). Use appropriate PPE (including Level 2 PPE where clinically indicated) for assessment and management of suspected IMD.

- Clinical staff should apply standard respiratory hygiene and infection control measures in routine clinical settings
- Wear a fluid resistant surgical facemask for routine care of patients with suspected invasive meningococcal disease
- Wear an FFP3 mask or Hood for aerosol-generating procedures performed on patients with suspected invasive meningococcal disease
- Continue transmission-based precautions until the patient has been established on antibiotics for at least 24 hours
- No additional or enhanced IPC measures are required beyond those recommended in national guidance

IMMEDIATE CASE MANAGEMENT

Patients with IMD may present with septicaemia and/or meningitis. **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.** Clinicians should have a high index of suspicion where a young person aged 16-30 attends with consistent signs or symptoms.

In a community setting, rapid admission to hospital is the highest priority when IMD is suspected. Conveyance to hospital should not be delayed for procurement or administration of antibiotics.

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.

Initial treatment recommendations are as follows (full treatment regimens will be commenced during hospital admission):

Immediate single dose of IV/IM Ceftriaxone for suspected meningococcal infections ([Ceftriaxone | Drugs | BNFC | NICE](#)):

- adults – dose 2g stat
- children with body weight 50kg and over or aged 9 years and older – dose 2g stat

- children up to 50kg body weight or aged under 9 years – dose 80 to 100 mg/kg (maximum per dose 4g)

Alternatively, immediate single dose of IV/IM Benzylpenicillin sodium for suspected meningococcal infections where it is not possible to administer Ceftriaxone ([Benzylpenicillin sodium | Drugs | BNF | NICE](#)):

- adults and children aged 10 years or over – dose of 1.2g
- children aged 1 to 9 years – dose of 600mg
- children aged under 1 year – dose of 300mg

Information regarding clinical samples that should be taken for suspected IMD cases and referring meningococcal-positive clinical materials (including isolates, PCR-positive clinical samples and/or DNA extracts, and lysate extracted from Biofire loading syringes) to the National Meningococcal Reference Laboratory, is included in [UKHSA national guidance](#).

NOTIFYING UKHSA

All suspected cases of invasive meningococcal disease are statutorily notifiable by registered medical practitioners to the responsible UKHSA health protection team, without waiting for laboratory confirmation: <https://www.gov.uk/health-protection-team>

MANAGEMENT OF CONTACTS

Informing contacts

Please remind any presenting contacts of the signs and symptoms of meningococcal disease ([meningitis](#) and [septicaemia](#)) and the importance of seeking urgent medical attention if they have symptoms (even if prophylaxis has been taken), as early detection and treatment can save lives. The UKHSA South-East Health Protection Team have provided warn and inform information to all cases and close contacts and are liaising closely with all educational and other community settings to provide advice.

Providing antibiotic chemoprophylaxis

Close contacts of confirmed or probable cases are being identified by UKHSA and require antibiotic prophylaxis. **Timely chemoprophylaxis will prevent cases of disease and will save lives.** Antibiotic prophylaxis should be given as soon as possible (ideally within 24 hours) after the diagnosis of the index case, regardless of vaccination status.

Eligibility is defined in national [UKHSA](#) and [NICE CKS](#) guidance. This includes people who had the following forms of contact during the 7 days before onset of illness in the index case:

- People who have had prolonged close contact with the case in a household-type setting
- Intimate kissing or equivalent close contact
- Exposure to respiratory secretions (e.g. mouth-to-mouth resuscitation)
- Other close contacts identified through UKHSA risk assessment.

In response to this outbreak, a wider group of contacts have been identified as requiring antibiotic prophylaxis on a precautionary basis:

1. Students who live on the Canterbury campus at the University of Kent
2. Staff who live or work in affected halls of residence blocks on the Canterbury campus at the University of Kent
3. Staff members working at Club Chemistry nightclub, Canterbury, and anyone who attended the nightclub as visitors on 5th, 6th or 7th of March 2026.

Local clinics are offering chemoprophylaxis to contacts in the Canterbury area. If an eligible close contact presents to a healthcare setting (primary or secondary care) and has not already received prophylaxis through UKHSA-coordinated clinics, this should be prescribed for them.

As the outbreak evolves, further groups may be identified that require antibiotic prophylaxis and will be communicated with directly.

Where an eligible close contact presents and has not already received prophylaxis please prescribe this as per [National guidance](#). First line treatment is ciprofloxacin:

Ciprofloxacin dosage (for one dose) [note1]

All to be given as a single dose:

adults and children aged 12 years and over	500 mg stat
children aged 5 to 11 years	250 mg stat
children aged 1 to 4 years	125 mg stat
infants under 1 year [note 2]	30 mg/kg to a maximum 125mg stat

- [note 1] Ciprofloxacin suspension contains 250 mg/5ml
- [note 2] prescribed off-label.

If ciprofloxacin is not suitable, alternatives are listed in the national guidance.

Where demand exceeds capacity, ICBs are responsible for ensuring timely access to post-exposure prophylaxis and vaccination in line with [NHS England commissioning guidance](#).

ADVICE CONCERNING VACCINATION

Given the severity of the outbreak, and as an additional precautionary measure, a targeted vaccination programme will begin, starting with students that are residents of the Canterbury Campus Halls of Residence at the University of Kent who will be contacted directly. Precise details of eligibility will be confirmed by UKHSA. UKHSA will continue to assess ongoing risk to other populations and the programme may be extended.

ADDITIONAL RESOURCES AND SOURCES OF INFORMATION

[Guidance on public health management of meningococcal disease](#)

[University vaccine communications toolkit](#)

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

[Meningitis: signs and symptoms leaflet and poster](#)

[Meningitis and septicaemia: information for students](#)

[Meningitis and septicaemia: poster for new university entrants](#)

Further information concerning meningitis and IMD is also available from the meningitis charities: www.meningitis.org and www.meningitisnow.org .