

Meningitis B (MenB) Outbreak Response – Summary of Incident and System Response

1. INTRODUCTION

In March 2026, a cluster of invasive Meningitis B cases was identified in Canterbury, prompting urgent public health action.

During the outbreak, 21 cases were confirmed - all of whom were hospitalised, nine required intensive care, and two individuals sadly passed away.

NHS Kent and Medway, working in partnership with the UK Health Security Agency (UKHSA) and system partners, including Kent County Council (KCC), declared a Major Incident and coordinated a system-wide response to prevent further spread of infection and protect those at highest risk. The response required rapid mobilisation of services at scale, including the delivery of antibiotics and vaccinations to a defined population cohort within a compressed timeframe.

This response has been recognised nationally. It demonstrated the ability of the Kent and Medway system to respond rapidly and effectively to a significant public health risk, protecting local communities through coordinated action at scale.

The Committee is asked to:

- Note the scale and pace of the system-wide response to the Meningitis B outbreak
- Recognise the impact of the response in protecting the health of the population
- Note the key successes and headline outcomes delivered through a coordinated multi-agency response

2. STRATEGIC ALIGNMENT

The response to the Meningitis B outbreak directly supports the ICB's strategic objectives by ensuring the timely commissioning and mobilisation of services to meet urgent population health needs. It demonstrates the system's ability to deliver coordinated, high-impact interventions at pace, and reflects the ICB's statutory responsibilities as a Category One Responder under the Civil Contingencies Act 2004.

It is important to recognise the cooperation and support of the four affected schools, the University of Kent and the nightclub, Club Chemistry. These organisations worked closely with system partners to facilitate communication with students, parents and staff, support identification of eligible individuals, and enable access to vaccination and antibiotic provision. Their engagement played a critical role in ensuring rapid reach into affected populations and supporting high levels of uptake. Without this collaboration, delivery at the required pace and scale would have been significantly more challenging.

3. MENINGITIS B OUTBREAK – SYSTEM RESPONSE

The system response was initiated following a request from UKHSA to deliver a mass antibiotic prophylaxis programme (and later deliver a vaccination programme). A Major Incident was declared by NHS Kent and Medway, enabling the rapid activation of established

emergency response arrangements and coordinated action across NHS organisations, local authorities and wider partners. This was further supported by the Kent and Medway Resilience Forum declaring a Major Incident and establishing Strategic Coordination Groups chaired by the Director of Public Health from Kent County Council and Tactical Coordination Groups Chaired by NHS Kent and Medway.

The response was clinically led, with input from KCC public health and NHS clinical leaders to ensure safe and evidence-based delivery. Eligibility for antibiotics and vaccination was determined using UKHSA-defined clinical criteria, applied consistently across all delivery sites to ensure a fair and robust approach.

Significant activity was delivered within a short timeframe. By the time the major incident was stood down on 1 April 2026, 13,524 antibiotic courses had been administered and 11,747 vaccinations delivered as part of the first phase of the programme. A second phase vaccination programme was subsequently mobilised across seven sites within the county to ensure completion of the vaccination course which continues to date.

Delivery arrangements of both Phase 1 and 2, were designed to maximise accessibility for the affected population. This included the use of multiple geographically distributed sites and targeted communication approaches to ensure equitable access for those identified as at risk. High levels of uptake were achieved across defined cohorts, and no evidence of unmet need has been identified.

Clear and timely public communications were issued throughout the incident to support awareness, manage demand and direct individuals to appropriate services. This contributed to maintaining public confidence and ensuring that those eligible were able to access treatment and vaccination promptly.

The response demonstrated a number of key strengths. The speed and scale of mobilisation enabled the system to move from identification of the outbreak to delivery of antibiotics within a few hours. Likewise with vaccinations, delivery to individuals began within 24 hours of the announcement. This ensured that large numbers of individuals received antibiotics and vaccination safely within a very short timeframe. Strong multi-agency collaboration supported a coordinated and unified response, with organisations working effectively together to deliver shared objectives. Established emergency preparedness resilience and response arrangements were activated successfully, with staff across all agencies clear on their roles and responsibilities, reflecting the effectiveness of prior planning and training.

The overall public health impact of the response was significant. The rapid implementation of antibiotics and vaccination reduced the risk of further transmission and protected the local population. There is no evidence of ongoing uncontrolled transmission linked to the original cluster following the response. The level of anxiety in communities has significantly reduced.

As with any response of this scale and complexity, learning has been identified. This includes areas relating to coordination between national and local arrangements and workforce resilience. These are being addressed through structured improvement plans to further strengthen future response capability.

4. KEY RISKS, MITIGATIONS, AND CONTROLS

The immediate risks associated with the outbreak were mitigated through the rapid implementation of antibiotics and vaccination at scale. Ongoing risks are being managed through continued delivery of the second phase vaccination programme and the embedding of learning identified through debrief processes.

Financial impacts associated with the response are being captured and reviewed through established governance processes. Actions arising from lessons identified are being developed with clear ownership and timescales and will be monitored through NHS Kent and Medway’s governance arrangements.

The response was delivered during a period of organisational change across the system, requiring significant flexibility and resilience from staff and partners. The response also required a substantial contribution from staff across multiple organisations, delivered at pace alongside existing service pressures.

Despite these challenges, the system maintained effective delivery, demonstrating adaptability, commitment and strong partnership working throughout the incident.

5. REQUIRED OUTCOMES AND NEXT STEPS

The Committee is asked to note the contents of this report, recognise the scale, pace and effectiveness of the response, and acknowledge the contribution of system partners in protecting the population.

The next steps are to complete the second phase vaccination programme, continue monitoring population health, embed learning from the incident into future planning, and further strengthen system readiness through improvements to emergency preparedness arrangements.

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