Chief Medical Officer for Scotland

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The Scottish Government
Riaghaltas na h-Alba

Dear Colleague

URGENT TIME-LIMITED MENINGOCOCCAL GROUP B (MENB) VACCINATION PROGRAMME IN 2026

We are writing to inform you that a targeted, urgent, time-limited MenB vaccination programme is to be offered from July 2026.

Background

1. Following the unprecedented MenB outbreak primarily among University of Kent students in March 2026, and clusters in Weymouth and Reading more recently, this letter outlines a one-off and time-limited offer of MenB vaccination to those considered at highest risk, with the aim of vaccinating individuals before the start of the 2026/2027 academic year and the peak season for MenB in the autumn. Those at highest risk from MenB disease include some older teenagers and students less than 25 years of age who are entering certain educational settings for the first time.

2. Transmission of meningococcal bacteria, which can lead to meningitis and/or sepsis, generally requires close and prolonged contact. This includes, for example, living in the same household or intimate contact such as kissing or sharing drinks, cigarettes or vapes.

3. As two doses of the Bexsero® vaccine are required for protection, it is important to start offering vaccination as soon as is practicably possible. This will ensure those entering university and residential college education settings for the first time in the next academic year have the opportunity to be fully vaccinated prior to the start or early in their first term.

4. Unlike most other meningococcal vaccines, the Bexsero® vaccine does not confer herd immunity to the wider population but does provide good protection against invasive meningococcal B disease in vaccinated individuals.

5. Bexsero® vaccine is effective against most, but not all, strains of MenB bacteria causing disease in the UK. It cannot protect against all causes of meningitis or sepsis.

From the Chief Medical Officer Chief Nursing Officer Chief Pharmaceutical Officer
Professor Sir Gregor Smith
Professor Aisha Holloway
Professor Alison Strath

22 June 2026

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Addresses
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Medical Directors, NHS Boards
Chief Officers of Integration Authorities
Directors of Pharmacy
Directors of Public Health
Directors of Nursing & Midwifery, NHS Boards
Immunisation Coordinators
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Public Service Delivery Scotland

For information
Chairs, NHS Boards
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Key Points about the programme

6. The cohort for the Scottish programme:
   a) **school-age cohort:** Young people born between 1 March 2008 and 28 February 2009, and others who were in S6 during the academic year 2025/26, regardless of future education plans.
   b) two further cohorts designed to cover highest risk young people starting university or college in academic year 26/27 who are not covered by cohort a. These are:
      i. **university entrants:** Any undergraduate under 25* starting university for the first time in academic year 2026/27, including international students; and
      ii. **college entrants:** Anyone under 25* starting college for the first time in academic year 2026/27, **while living away from home in shared student accommodation**. This includes international students.

* Individuals who turn 25 years of age between 06/07/2026 and 31/12/2026 are eligible.

7. This is a time-limited offer (with first doses offered until 31st December 2026 and second doses offered until 31st March 2027), to facilitate provision of two doses for everyone eligible.

8. Exclusions include:
   a) those aged less than 25 years, who are **not** entering university or living away from home in shared student accommodation at college for the first time from the academic year 2026/27, and fall outside the current S6 age group specified above.
   b) postgraduate students who will, by definition, not be entering university or college for the first time in the academic year 2026/27 as they will have completed undergraduate courses previously.
   c) those who have completed a 2-dose course of Bexsero® within the last 5 years.
   d) those who have completed a 2-dose course (provided those doses were given at least 6 months apart) or 3-dose course of Trumenba® within the last 5 years.

The Green Book

9. Chapter 22 of the Green Book on meningococcal disease continues to apply, Meningococcal: the green book, chapter 22 - GOV.UK; it will not be updated to reflect this offer. The guidance in the CMO letter should therefore be treated as additional advice and viewed alongside the clinical information provided in the Green Book chapter on meningococcal disease.

Vaccine Product and Dosage

10. The Bexsero® Meningococcal Group B vaccine for injection in a pre-filled syringe is used in Scotland.
- Two doses are essential to protect against most types of meningitis and sepsis caused by meningococcal group B bacteria, as a single dose does not provide protection.
- Protective immunity develops around two weeks after the second dose.

- The second dose should be offered a minimum of 28 days after the first dose, with first doses offered as early as possible to ensure completion of the course prior to the start of the 2026/27 academic year, where possible.
- Recipients must be made aware of the importance of the second dose and supported to return for it.

11. The Bexsero® vaccine provides good protection against invasive meningococcal B disease in vaccinated individuals, specifically for the strains included in the vaccine. However, it does not meaningfully reduce carriage of MenB bacteria in the nose and throat and therefore does not confer herd immunity at the population level.

Supply of Vaccine

12. Bexsero® should be ordered in the usual way from NHS Board vaccine holding centres. NHS Board vaccine holding centres should use the existing ordering arrangements to place orders for Bexsero®. MenB vaccine Bexsero® is provided in packs of 10 doses with no needles. Providers will need to source their own needles.

Vaccine Delivery

13. The delivery of the MenB targeted vaccination programme is the responsibility of Health Boards / Health and Social Care Partnerships (HSCPs) utilising appropriate local managed and/or commissioned services.

Vaccine Recording

14. VMT will be used for recording doses of the vaccine given and vaccine record cards will be provided to show when individuals should return for their second dose.

Vaccine Storage and Disposal

Vaccine should be stored at a temperature of +2° to +8°C. Vaccine should be stored in the original packaging to protect from light. Do not freeze. NHS Board guidance on Storage and Handling of vaccines should be observed.

Vaccine Stock Management

15. NHS Board vaccine holding centres should ensure sufficient fridge space is available for the MenB vaccine. Each site holding vaccine is asked to review current stocks of all vaccines. A maximum of 2 weeks of stock is recommended, and higher stock levels should be reduced to this level. A review of available fridge space and associated cold-chain distribution will be necessary to ensure adequate storage capacity at the start of the programme.

16. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. Local protocols should be in place to reduce vaccine wastage to a minimum. Any cold chain failures must be documented and reported to the local NHS Board using local reporting arrangements.

Uptake

17. NHS Boards should ensure they have robust plans in place to identify and address health inequalities for all underserved groups, including through use of tailored and/or translated information resources to support informed consent.

Patient Group Directions (PGDs)

18. An updated national specimen Patient Group Direction (PGD) for administration of Bexsero® to prevent Meningitis B disease in young people will be produced by Public Health Scotland and issued to NHS boards in advance of the changes coming into effect. These will be made available on the PHS website at: Publications - Public Health Scotland. A Vaccine Group Direction is under development.

Side effects of the vaccine

19. For Bexsero®, the most common local and systemic adverse reactions observed in adolescents and adults are pain at the injection site, malaise, and headache. Most symptoms resolve within 1-2 days but can also be managed with paracetamol where needed.

Reporting suspected adverse reactions

20. Health professionals and those vaccinated, and/or their parents or carers ,are asked to report suspected adverse reactions through the online Yellow Card scheme (www.mhra.gov.uk/yellowcard) by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am – 5pm Monday to Friday. Additionally, Vaccine safety and adverse events following immunisation: the green book, chapter 8 - GOV.UK provides detailed advice on managing adverse events following immunisation.

Communications Materials

21. PHS in partnership with stakeholders are developing communications materials. Resources such as social media assets will be available on the PHS Marketing Resource Centre in advance of the programme going live. Information to support informed consent will be available on NHS inform at www.nhsinform.scot/menb-youngpeople. An information leaflet is being prepared and will be provided in English and other formats and languages.

Workforce Education Resources for Healthcare Practitioners

22. Public Services Delivery (PSD) Scotland in partnership with PHS and stakeholders, will develop educational resources for healthcare practitioners in relation to the programme and these will be available on Immunisation | Turas | Learn.

How individuals will be informed of the offer?

23. Further updates including how eligible people can take up the offer will be published on www.nhsinform.scot/menb-youngpeople. Health Boards and HSCPs may wish to develop their own approaches to communicating with eligible individuals and groups regarding how to take up the offer of vaccination within their area.

24. We do not underestimate the additional work required to implement this targeted campaign and we would like to take this opportunity to thank you all very much for your efforts in delivering this new programme to the young people of Scotland.

Yours sincerely,

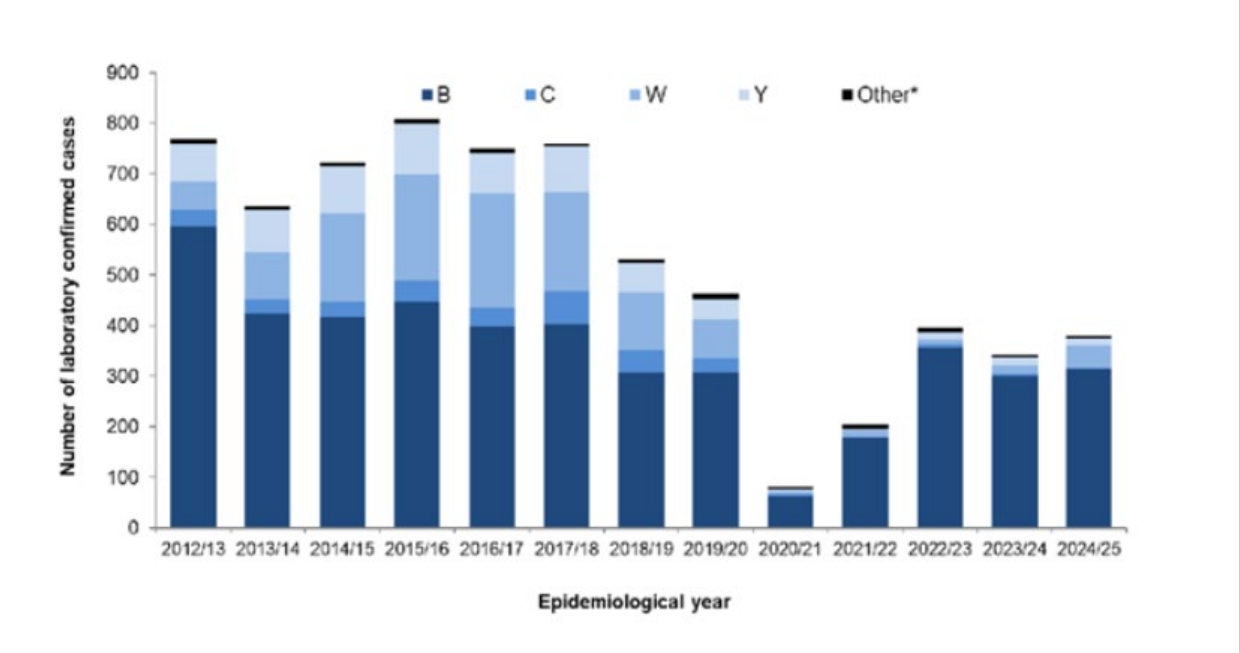
Professor Sir Gregor Smith	Professor Aisha Holloway	Professor Alison Strath
Chief Medical Officer	**Chief Nursing Officer**	**Chief Pharmaceutical Officer**

ANNEX A

Background to and rationale for the temporary offer

In recent years there have been 300-400 cases of Invasive Meningococcal Disease (IMD) in England annually, of which over 85% were MenB, with an average of 7% mortality. Nearly 1 in 10 MenB cases suffers major disabilities including amputations (1%). There have been around 5 to 10 clusters of 2 or more cases per year in recent years with 1 or 2 clusters of 3 or more cases. So far in the 2025/26 season there have been 6 clusters of 3 or more cases, including the recent Canterbury, Weymouth and Reading clusters, which have all occurred outside the usual highest period of meningococcal activity between September and January.

Figure 1: Invasive meningococcal disease cases reported in England by serogroup, 2012/13 to 2024/25 (Source: UK Health Security Agency (UKHSA)).

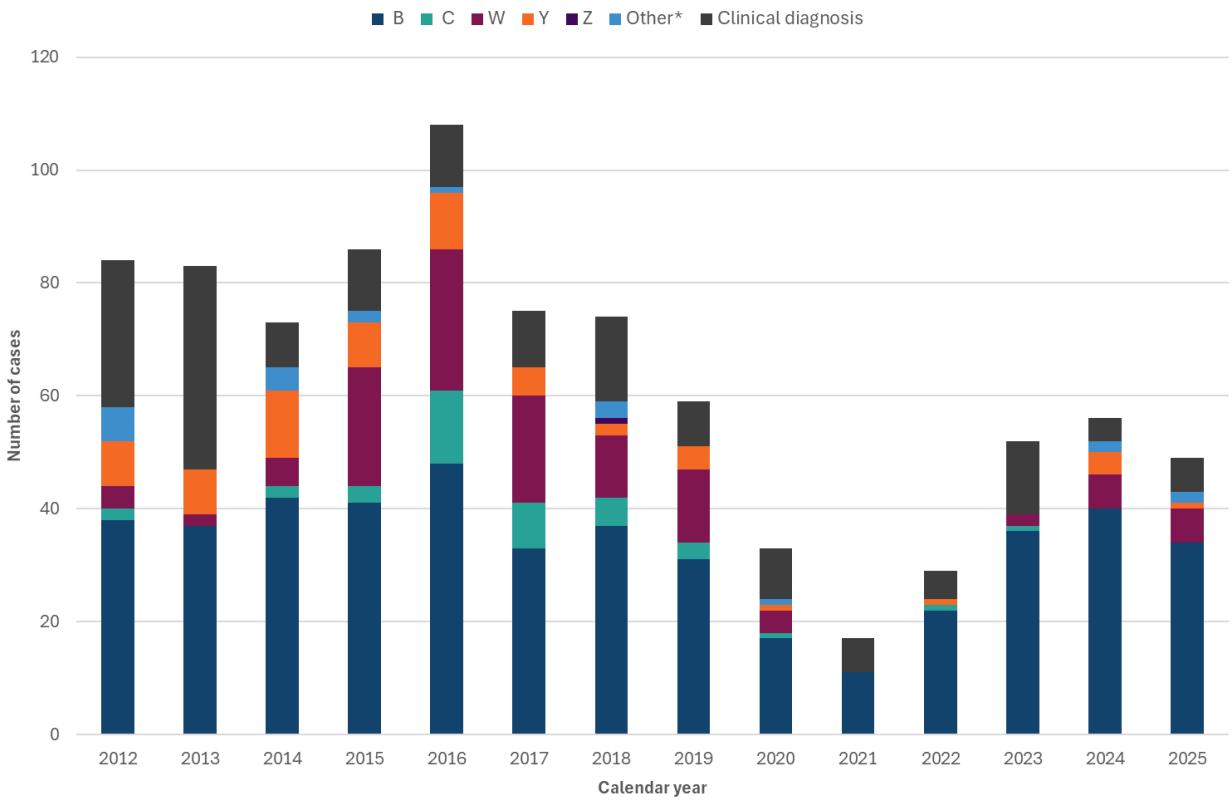


*Note: 'Other' includes capsular groups: A, E, X, Z, ungrouped and ungroupable.

In Scotland, there were 49 cases of IMD in 2025 (Figure 2). This is higher than the number of cases in 2022, 2021 and 2020 (n=29, n=17 and n=33, respectively), but lower than case numbers for 2024, 2023 and 2019 (n=56, n=52 and n=59, respectively). Of the 49 cases of IMD reported in 2025, 69.4% (n=34) were serogroup B. There were three deaths in 2025, two of which were attributed to serogroup B disease and one for which there was a clinical diagnosis.

In the first quarter of 2026, there were 10 cases of IMD. This is higher than the number of cases for the same period in 2021 (n=2) and 2022 (n=9), but lower than the number of cases for the same period in 2019 (n=21), 2020 (n=21), 2023 (n=15), 2024 (n=27) and 2025 (n=12). Eight of the cases (80.0%) in the first quarter of 2026 were MenB.

Figure 2: Invasive meningococcal disease cases reported in Scotland by serogroup, 2012 to 2025 (Source Public Health Scotland (PHS)).



*Note: 'Other' includes capsular groups: A, E, X, ungrouped and ungroupable.

In this context, Ministers have decided to make available an urgent time-limited offer of MenB vaccination for those at highest risk, which includes some older teenagers and students less than 25 years of age who are entering higher educational settings for the first time.

ANNEX B

Recommendations for the administration of MenB vaccination

Administration

1. Bexsero® is preferably administered intramuscularly into the deltoid muscle of the upper arm. Further information about immunisation procedures, including injection technique can be found in Chapter 4 of the Green Book.

Co-administration

2. Meningococcal vaccines can be given at the same time as any other vaccines required but should be given at a different site, and preferably into a different limb. Please refer to the Meningococcal chapter of Immunisation Against Infectious Disease (the Green Book) for more information.

Dosage

3. Bexsero® vaccine is supplied as a white opalescent liquid suspension (0.5mL) in a pre-filled syringe (10-dose pack) for injection. One dose (0.5mL) contains 50 micrograms each of NHBA, NadA and fHbp and 25 micrograms of OMV. Further information can be found in the Summary of Product Characteristics (SPC).

Contraindications

4. There are very few individuals who cannot receive meningococcal vaccine. The vaccines should not be given to those who have had:
   - A confirmed anaphylactic reaction to a previous dose of the vaccine **OR**
   - A confirmed anaphylactic reaction to any component or residue from the manufacturing process.

Please see chapter 22 of the Green Book and SmPC for more information.

Vaccination of individuals with unknown or incomplete vaccination status

5. Vaccination courses delivered to young people as part of the Kent, Weymouth and Reading outbreak responses, or as part of the gonorrhoea vaccination programme Vaccination to help protect against gonorrhoea | NHS inform , may mean that some individuals present to clinics having already received at least one dose of MenB (Bexsero®) vaccination. It is also likely that a proportion of the eligible cohort will have taken up at least one dose via the private market and international students may have received a dose or course of vaccination outside of the UK.

   Proof of receipt of prior vaccination will be assessed based on:
   - Relevant entries in medical records
   - Presentation of a MenB vaccination record card

- Presentation of a written or virtual (e.g. app) record of dose(s) delivered via a health service provider

The table below summarises recommendations regarding administration of vaccination to individuals with incomplete vaccination status, depending on the number of prior doses received, and of which specific vaccine product..

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-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®. 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.
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
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®.

6. Where an eligible individual is uncertain about their vaccination history and is unable to produce any evidence of prior vaccination when they present, a 2-dose course of Bexsero® should commence rather than risk leaving them unprotected. In clinical trials, no increase in the incidence or severity of the adverse reactions to Bexsero® vaccination

(commonly pain at the injection site, malaise and headache) was seen with the administration of further doses.

Consent

7. Guidance on informed consent can be found in chapter 2 of the Green Book.

Pregnancy and breastfeeding

8. Meningococcal vaccines may be given to pregnant women when clinically indicated. There is in addition no evidence of risk from vaccinating pregnant women or those who are breastfeeding.

Side effects

9. For Bexsero®, the most common local and systemic adverse reactions observed in adolescents and adults are pain at the injection site, malaise, and headache. Most symptoms resolve within 1-2 days but can also be managed with paracetamol where needed.

10. All clinical staff administering vaccinations should be able to recognise the symptoms/signs of an allergic reaction and specifically anaphylaxis, to call for help and to start treatment. In every location where vaccines are being given, an anaphylaxis pack should be immediately available.

11. There should be sufficient space in the clinical area to ensure that resuscitation can be carried out should it be required. Ideally, there should also be access to an oxygen supply, with face masks suitable for children and adults, and tubing.

12. Further details can be found in chapter 8 of the Green Book.