

Collated FAQs for Education Settings on Meningitis B

20 May 2026

Please see the UKHSA Guidance '[Information for education settings in England regarding cases of invasive meningococcal disease - GOV.UK](#)' for answers to a range of questions including regarding current advice to schools, close contact definitions, vaccinations, activities such as residential trips, attendance and advice for specific different types of educational and children's setting. This guidance covers some of the questions asked in the webinar and others which you may also find useful.

The following FAQs are intended to provide some additional advice, based on the questions discussed in the webinar held for Thames Valley education settings on 19th May 2026:

1. General prevention advice and information about transmission of meningitis

Q: What should education settings be doing now?

- No additional actions are required except where UKHSA is in touch with individuals/schools/colleges about these already.
- Focus on encouraging:
 - Awareness of symptoms and what to do if you suspect meningitis (see section 5 below);
 - Staying up to date with routine vaccines.

Q: How is meningitis spread and how common is meningitis?

- Meningococcal meningitis spreads through close contact or lengthy contact with someone carrying the bacteria (who may not show any signs of disease themselves). Most cases occur in individuals but outbreaks can sometimes happen.
- Around 300 to 400 cases of meningococcal disease are diagnosed in England every year. In most instances this involves only a single case. Outbreaks are rare and typically involve 2 to 4 cases.

Q: Can people carry the meningococcal bacteria without symptoms?

- Many people carry the meningococcal bacteria in their nose and throat without developing any symptoms (this is referred to as asymptomatic carriage). Invasive meningococcal disease remains rare.

2. Communications and media

Q: Will there be press releases about new cases?

- No proactive press releases, but reactive media responses may occur.
- If any new cases arise the situation would be reviewed to see whether further public health action is warranted. This may lead to further press releases.

Q: Should schools share case information?

- Be cautious and ensure that you maintain confidentiality and avoid spreading rumours or misinformation.

Q: How can I access leaflets including translated leaflets to share with parents/students?

- A PDF leaflet about signs and symptoms of meningitis is available online here: [Meningitis – Signs & symptoms of septicaemia](#)
- This page has links to leaflet translations in addition to translations in 32 community languages: [Meningitis: signs and symptoms leaflet and poster - GOV.UK](#)
- There have been some technical issues with the online ordering, please email publichealthresources@ukhsa.gov.uk or call 0300 123 1002 for urgent orders of the signs and symptoms leaflet.

3. Risk groups and vulnerability

Q: Are people with asthma, diabetes, pregnancy, or general long-term health conditions at higher risk from Men B?

- No – only very specific, rare immunosuppressive conditions increase the risk from Men B; pregnancy, asthma and diabetes do not.
- These individuals would usually already be under specialist care.

Q: Is pregnancy a higher-risk group?

- No – UK evidence suggests pregnant women may be at *lower* overall risk of developing invasive meningococcal disease.

- Important to stay up to date with other recommended vaccines (e.g. pertussis, RSV).

Q: What about people on immunosuppressants?

- Only certain specific conditions increase risk – managed by specialists with tailored advice.

4. Vaccination (MenB and others) – vaccine types, vaccine effectiveness, eligibility and allergies

Q: Is Trumenba as effective as Bexsero?

- Both are licensed MenB vaccines and expected to provide protection.
- More real-world data exists for Bexsero.
- Direct comparison evidence is limited.

Q: Can different MenB vaccines be mixed (e.g. Trumenba + Bexsero)?

- No – vaccines are not interchangeable.
- Advice is to complete the course with the same vaccine.

Q: How long does MenB vaccine protection last?

- The Men B vaccine, given as 3 doses in childhood, provides very good protection to young children who are at highest risk from Meningitis B. We still see good protection for at least 5 years but protection beyond this time is less certain.
- For individuals vaccinated later in life, two doses of the vaccine are needed for protection, and those two doses should be given at least a month apart.
- Not all Men B strains are fully matched to the components of the vaccine, so it is possible to occasionally see cases in vaccinated children.
- Ongoing research is refining duration estimates.

Q: Do children vaccinated as babies need a booster dose later?

- Currently no NHS booster is recommended beyond the vaccine given at 1 year old.
- This policy is currently under review by the JCVI (the Joint Council on Vaccination and Immunisations).

Q: Are students born earlier than 2015 (e.g. in Years 7–8) at higher risk because they weren't vaccinated?

- The overall risk of Meningitis B in adolescents and younger teenagers is very low, regardless of vaccination status.

Q: Should teenagers or young adults get the vaccine?

- Not routinely offered on the NHS currently.
- National policy on wider rollout (e.g. to adolescents) is currently under review by the JCVI (Joint Committee on Vaccination and Immunisations).

Q: What if someone can't have the vaccine due to allergy?

- Most adults are currently unvaccinated for MenB.
- Overall the risk to the wider population remains very low.

Q: Are vaccine allergies common?

- True vaccine allergies are very rare, so people should confirm with their GP whether it's a genuine contraindication and ensure they are up to date with the vaccinations they are eligible for, to protect against a range of infectious diseases.

Q: Why can vaccinated people still get meningococcal disease?

- No meningococcal meningitis vaccine provides 100% protection from all strains
- The main MenB vaccine covers approximately 80% of UK strains causing MenB disease.
- As noted above, duration of protection is not currently known but lasts at least 5 years.

5. What to do if someone has symptoms

Q: What should someone do if they develop symptoms?

- **In an emergency (in case of rapid deterioration/meningitis or sepsis suspected):** call 999 or go to A&E
- **Less severe symptoms, no rapid deterioration:** Call NHS 111 or use [NHS 111 online](#)
- **General concerns about ongoing/long-term symptoms or about vaccines:** contact GP.

Please see also the information at:

- [Meningitis - Symptoms - NHS](#) and
- [What is meningitis? Symptoms, risks and how to protect yourself – UK Health Security Agency](#)

Further information and support is also available from the following charities' websites or helplines:

- **The Meningitis Research Foundation**
www.meningitis.org
Helpline UK 080 8800 3344
- **Meningitis Now**
www.meningitisnow.org
Helpline 0808 80 10 388 or helpline@meningitisnow.org