



Dr Wolfgang Muller (Consultant Paediatrician)

Parent Information Guide:

Parent information: Meningococcal B infection and MenB vaccination

Recent reports of **two student deaths in Kent linked to a meningococcal outbreak** have understandably caused anxiety for many families. Public reporting and official updates indicate an ongoing outbreak of invasive meningococcal disease in Kent affecting students, with a university student and a sixth form pupil among those who died.

What is meningococcal B infection?

Meningococcal B infection is a **serious bacterial infection** caused by *Neisseria meningitidis* group B. It can lead to:

- **Meningitis** (infection of the lining around the brain and spinal cord), and/or
- **Septicaemia** (blood poisoning).

Although invasive meningococcal disease is **rare**, it can become life-threatening very quickly. The risk is highest in infants, but there is a **second peak in teenagers and older adolescents**, especially around **15 to 19 years of age**. MenB is the predominant strain causing invasive meningococcal disease in children and young adults.

Why are teenagers and students at higher risk?

Older teenagers and students are at increased risk because:

- meningococcal disease has a recognised **adolescent peak**,
- up to **25% of adolescents may carry meningococcal bacteria** in the nose and throat without being ill,
- close social contact, shared accommodation, kissing, and sharing drinks or vapes can increase spread.

This is one reason why outbreaks can occur in schools, colleges, and universities. Recent official and university updates in Kent reflect this concern.



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What symptoms should parents and young people watch for?

Meningococcal infection can start like flu, but may worsen rapidly. Seek **urgent medical help immediately** if your child has any of the following:

- fever,
- severe headache,
- vomiting,
- neck stiffness,
- sensitivity to light,
- confusion, drowsiness, or difficult waking,
- limb pain, cold hands or feet,
- rash that does not fade under pressure.

A rash may appear late or not at all, so **do not wait for a rash** before seeking help. UKHSA advises urgent assessment if meningitis or sepsis is suspected.

How serious is it?

Even with treatment, meningococcal disease can be very serious. Your evidence summary notes a **case fatality rate of about 5% to 15%**, and around **16% to 20% of survivors may be left with long-term complications**, such as hearing loss, neurological problems, skin scarring, or amputation.

Does MenACWY protect against MenB?

No. The routine **MenACWY** vaccine given in adolescence protects against meningococcal groups **A, C, W, and Y**, but **not group B**. In the UK, the routine **MenB** programme is for infants, so many older children and teenagers who were born before the programme started will **not have MenB vaccine-derived protection** unless they have been vaccinated privately or for a special medical reason.



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How much protection is there after vaccination?

After one dose

Evidence in adolescents aged 11 to 17 suggests that **one dose can generate a good immune response against some MenB strains**, with around **90% to 97%** achieving protective antibody levels against certain reference strains one month after vaccination. However, the response is **not as broad or as reliable across all circulating strains**, and protection after one dose may be less complete and may wane. Real-world effectiveness data for a single dose in older children and adolescents remain limited.

After two doses

Protection is stronger after a **full two-dose course**. One month after the second dose, studies in adolescents show **very high seropositivity**, around **99% to 100%** for some key antigens and **96% to 100%** for PorA P1.4. Real-world programme data also suggest substantially

Practical message for parents

A single dose is likely to provide some protection, but two doses provide more complete and more dependable protection.

Summary of interval between two MenB doses

Based on the evidence you supplied:

- **Shortest interval: 4 weeks** is the preferred minimum interval between doses.
- **Longest interval:** there is **no defined maximum interval**. If the second dose is delayed, the course should be **resumed, not restarted**, and the delayed dose still counts.

Your evidence summary also notes that, in adolescent studies, **1-month, 2-month, and 6-month intervals** between two doses all produced similar immune responses, and CDC guidance confirms that a second dose given **more than 6 months later** can still be valid rather than needing the course restarted.



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What does this mean in practice?

For families considering private MenB vaccination now:

- a **first dose now** may provide some early protection,
- a **second dose** is still important for stronger and broader protection,
- if the second dose has to be delayed because of supply problems, it **does not usually mean starting again**.

Current vaccine availability

Because of the recent Kent outbreak, there has been a sharp rise in demand for MenB vaccine, and public reporting indicates that **private pharmacy supplies are already under pressure in some areas**.

At present, there is **very limited stock of MenB vaccine available**, and **our private hospitals are currently out of stock**. Unfortunately, it is **uncertain when further stock will become available**. I can, however, **keep families who are interested on a waiting list and contact them if supply resumes**.

Reassurance and urgency

It is important to keep this in perspective:

- meningococcal B disease is still **rare**,
- but it is also **fast-moving and potentially devastating**,
- and teenagers and young adults are one of the age groups at relatively higher risk.

Vaccination is helpful, but it does **not replace vigilance for symptoms**. If your child or teenager becomes acutely unwell and meningitis or sepsis is a possibility, they need **same-day urgent medical assessment**.

Enclosed is a link to further parent information:

Parent information on “My child is unwell – When should I see a doctor?”

<https://drwmuller.com/information-for-parents-carers/>

See: Emergencies: “When do I need to see a doctor urgently?”

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