



UK Health  
Security  
Agency



Att: ICBs, Primary Care in Hours and Out Hours Trusts

18 March 2026

Dear Colleague,

**Re: Outbreak of meningococcal disease linked to University of Kent and the area of Canterbury**

Between 13 and 16 March 2026, UKHSA identified 15 cases of invasive meningococcal disease in the South East. Four cases have been confirmed as meningococcal group B. Most cases are students from the University of Kent, Canterbury, and sixth-form students from local secondary schools. Several cases share exposure at a Canterbury nightclub (Club Chemistry) on 5–7 March. The illness has been severe with rapid deterioration, and two deaths have occurred. This situation is evolving and advice may be updated as information emerges

There are no changes to national guidance on the management of suspected meningococcal disease.

A letter was sent on 15 March to all University of Kent students and staff with warn and inform information to ensure rapid identification of symptomatic individuals. Antibiotic chemoprophylaxis is being offered to:

- All students who live on Canterbury campus
- All staff who live or work in affected Halls of Residence
- Anyone who attended Club Chemistry on 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> March
- Close contacts who have been identified by UKHSA

Local clinics are currently offering chemoprophylaxis to contacts in the Canterbury area. **However, if an individual has returned home and not already received prophylaxis through UKHSA coordinated clinics, please prescribe this for them on request.**

**Antibiotic prophylaxis**

Where an eligible 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.

Further information is also available from NHS 111, UKHSA:

<https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management> or the meningitis charities: [www.meningitis.org](http://www.meningitis.org) and [www.meningitisnow.org](http://www.meningitisnow.org) .

Yours sincerely



Dr Shona Arora  
Interim Chief Medical Advisor  
UKHSA



Professor Claire Fuller  
National Medical Director  
NHS England

The National guidance is available at [Guidance for public health management of meningococcal disease in the UK](#). A summary is provided below:

Rapid admission to hospital is the highest priority when Invasive Meningococcal Disease (IMD) is suspected. Conveyance to hospital should not be delayed for procurement or administration of antibiotics.

Where stocks are immediately available, an immediate single dose of IV/IM Ceftriaxone should be administered 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 for suspected meningococcal infections [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.

Notify all suspected cases of invasive meningococcal disease to the responsible UKHSA health protection team: [Contacts: UKHSA health protection teams - GOV.UK](#)

## **CONTACTS**

Close contacts of confirmed or probable cases of invasive meningococcal disease (IMD) require prompt antibiotic prophylaxis. Antibiotic prophylaxis should be given as soon as possible (ideally within 24 hours) after the diagnosis of the index case, regardless of vaccination status.

UKHSA is identifying and contacting close contacts in line with national guidance.

### **Assessing eligibility for chemoprophylaxis**

Eligibility for chemoprophylaxis is defined in national [NICE CKS](#) and [page 22 of the UKHSA guidance](#), and includes:

- People who have had prolonged close contact with the case in a household-type setting during the 7 days before onset of illness
- Intimate kissing or equivalent close contact
- Exposure to respiratory secretions (e.g. mouth-to-mouth resuscitation)
- Other close contacts identified through UKHSA risk assessment

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

### **Advice for 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. All contacts should be advised to:

- Be alert to symptoms of meningococcal disease and septicaemia (including fever, headache, rash, vomiting, limb pain, cold hands/feet, drowsiness or rapid deterioration)
- Seek urgent medical attention immediately if symptoms develop, even if prophylaxis has been taken
- Follow standard infection prevention advice, including good respiratory hygiene.

### **Information on vaccination**

There are numerous strains of the meningococcal infection. The MenACWY vaccination gives good protection against MenA, MenC, MenW, and MenY and is routinely offered to teenagers in school Years 9 and 10. However, this vaccine does not protect against all forms of meningitis. Other strains such as MenB can circulate in young adults, which is why it's important to know how to spot the symptoms of [Meningitis](#) and [septicaemia](#) as early detection and treatment can save lives.

### **Infection Prevention and Control and Personal Protective Equipment**

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](#).

- Use appropriate PPE (including Level 2 PPE where clinically indicated) for assessment and management of suspected IMD.
- Apply standard respiratory hygiene and infection control measures in routine clinical settings.
- No additional or enhanced IPC measures are required beyond those recommended in national guidance.