

# Information around MenB Vaccine Eligibility for Immunisation Coordinators and other Immunisation Professionals

18 March 2026

## MenB Vaccine Eligibility

The MenB vaccine was introduced into the routine UK Childhood Immunisation Schedule in 2015 following advice from the Joint Committee on Vaccination and Immunisation (JCVI), the independent expert group that guides UK vaccine policy. The vaccine is offered to infants and young children as they face the highest risk of invasive MenB disease. The MenB vaccine is very effective at protecting infants against meningococcal disease.

In 2025, the routine schedule was updated so that doses are given as early as possible — at 8 and 12 weeks, with a booster at 12–13 months — to strengthen protection in the youngest babies. Children who have not yet received all their scheduled doses of MenB vaccination can be offered catch-up doses up to 2 years of age.

Children born before 2015 will not have received MenB vaccine as part of the Childhood Schedule. Based on JCVI guidance, there is no MenB catch-up offer beyond 2 years. JCVI continues to review evidence on the most effective use of meningococcal vaccines within

the UK routine schedule. There are currently no plans to offer MenB vaccination routinely outside the existing schedule.

Teenagers are routinely offered the MenACWY vaccine through the school immunisation programme, usually in S3 (around 14 years old). This is because there is a small secondary peak of meningococcal disease incidence in 15-19 year olds. The vaccine protects those who receive it against disease caused by meningococcal groups A, C, W and Y. It also helps provide wider population protection, including for younger people. Anyone who missed it when due can still receive the MenACWY vaccine up to their 25th birthday, particularly before starting university or college, by contacting their [local NHS immunisation team](#) to arrange an appointment.

MenACWY vaccine does not protect against meningococcal group B, and there is no routine MenB programme for young people. Some people carry meningococcal bacteria harmlessly in their nose and throat without becoming unwell, but can spread it to others who may go on to become unwell. The MenB vaccine is not very effective at preventing this transmission. And while the vaccine has been developed to offer protection against as many MenB strains as possible, it does not cover all of them.

## **Advice for people in Scotland concerned about risks relating to the outbreak in Kent**

A large-scale response to the current outbreak in Kent is underway, led by the UK Health Security Agency (UKHSA) and local NHS teams. Steps are being taken to offer additional protection and information and advice to people directly affected by the outbreak. The UKHSA has advised that while this outbreak is unusual, cases have all been linked to a particular geographical area, and there is currently no evidence of any increased risk or wider spread elsewhere. This means there is currently no need for any additional vaccination or catch-up campaigns to be put in place in Scotland.

People in Scotland can be reassured that there is no increased risk of MenB or other meningococcal disease here at this time. Public Health Scotland will continue monitoring the situation closely and will issue any further information and advice as appropriate should the position change.

Everyone can help prevent cases and outbreaks of MenB and other meningococcal disease, protecting themselves and those around them, through early recognition of **meningitis** and sepsis symptoms. This is especially important in older children and teenagers, who may be at highest risk. Parents, friends, flatmates and peers can all help keep young people safe by staying alert to the symptoms of meningitis and sepsis and seeking urgent medical advice if something seems concerning.

During any outbreak, it is crucial to stay alert to symptoms of invasive meningococcal disease and ensure that anyone who becomes unwell receives appropriate medical assessment and treatment. Those who may have been exposed to the infection will be given antibiotics to protect them and to help prevent further spread of the bacteria. MenB vaccination may be offered as an additional protective measure for those exposed to the infection if public health assessments support this, including identifying the specific strain type causing the outbreak. Anyone recommended to receive the vaccine would be informed promptly as part of the response.

## Awareness of Signs and Symptoms

While young infants, adolescents and young adults are at highest risk, anyone can be affected and become seriously unwell from meningococcal infections. Acting quickly is one of the most effective ways to protect people of any age from meningococcal disease. Parents, family, friends, housemates and other peers can all play a vital role in keeping each other safe.

Stay alert for the symptoms and signs of **meningitis** and **sepsis** and seek urgent medical attention if anything seems concerning—early care can make all the difference.

Meningococcal disease can progress rapidly. Signs and symptoms of meningococcal meningitis and septicaemia can include:

- a high temperature (fever) over 37.5°C (99.5°F)
- severe and worsening headache
- rapid breathing

- drowsiness or confusion
- shivering
- vomiting and diarrhoea
- cold hands and feet
- joint and muscle pain
- stiff neck
- dislike of bright lights
- meningococcal disease can also cause a characteristic rash that does not fade when pressed with a glass

These symptoms can appear in any order, and some may not appear.

Early symptoms can often be confused with other illnesses such as a cold, flu or hangover, and students and young people are particularly at risk of missing the early warning signs.

If you or anyone you know develops symptoms, seek medical help immediately:

Phone 999 for an ambulance or go to your nearest accident and emergency (A&E) department immediately if you think you or your child might be seriously ill.

Phone 111 or your GP practice for advice if you're not sure if it's anything serious or you think you may have been exposed to someone with meningitis.

## **Additional information**

MenB vaccination may also be used as part of an outbreak response if evidence shows it could help reduce further cases; eligible people would be contacted directly if this became necessary. The current outbreak in Kent involves meningococcal group B bacteria.

In Scotland, the Scottish Government set specific birth-date cut-offs to implement the JCVI's recommendations safely and within available vaccine supply. This meant:

Routine offer: Babies born on or after 1 July 2015

Limited catch-up offer: Babies born on or after 1 May 2015

Not included: Children born before 1 May 2015

These decisions focused on delivering the programme effectively, providing protection to those at highest risk, and ensuring safe rollout.

We are aware that the MenB vaccine may be offered privately, outside the routine NHS vaccination programme, by some pharmacies and other providers. Private sales of vaccines are managed by arrangements between pharmacy companies and vaccine manufacturers and are not controlled or managed by NHS Scotland.

Men B vaccine stocks for routine delivery as part of the NHS vaccination schedule, and for response to incidents where required, are available in Scotland. Further information on the routine meningococcal vaccinations which are available in Scotland can be found on [NHS Inform](#).