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Department of Health

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CC Prof Mary Horgan, Chief Medical Officer, Department of Health
Prof Ellen Crushell, Deputy CMO, Department of Health
Rachel Murray, Principal Officer, CMO Office
Amanda Younge, CMO Office
Pauline Brady, CMO Office
Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA
Dr Sarah Geoghegan, NIAC Clinical Lead, HIQA

Re: NIAC Extraordinary Committee Meeting on Meningococcal B Disease and Adolescent and Young Adult Vaccination

Dear Minister Carroll MacNeill,

The National Immunisation Advisory Committee (NIAC) convened an extraordinary meeting on 2 July 2026 in the context of the UK announcement of a time-limited precautionary national vaccination programme for students entering higher education in autumn 2026. This UK programme is in response to the large outbreak of invasive meningococcal B (MenB) disease that occurred in Kent in March of this year. The purpose of this meeting was to consider whether the Irish epidemiological situation warrants any immediate change to current MenB vaccination recommendations.

At this meeting NIAC reviewed the current situation in the UK and the epidemiology of MenB disease in Ireland. Overall, the Committee concluded that the available evidence does not warrant any immediate change to MenB vaccination recommendations in Ireland. However, as part of its existing work plan for 2026, NIAC is performing a comprehensive evidence review to inform recommendations for MenB vaccination of adolescents and young adults in Ireland. In addition, NIAC recommends accelerating efforts to obtain meningococcal carriage data in Ireland. NIAC will continue to monitor the epidemiology of MenB closely and may review its

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National Immunisation Advisory
Committee
An Coiste Comhairleach Náisiúnta
um Imdhíonadh



Health
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An tÚdarás Um Fhaisnéis
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position should new information emerge. Please find a summary of the reviewed available evidence, considerations and conclusions in the attached appendix.

Yours sincerely,

Dr Edina Moylett

NIAC Chair

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APPENDIX: NIAC EXTRAORDINARY MEETING ON MENINGOCOCCAL B (MENB) DISEASE AND ADOLESCENT AND YOUNG ADULT VACCINATION

INTRODUCTION

The National Immunisation Advisory Committee (NIAC) convened an extraordinary meeting on 2 July 2026 in the context of the UK announcement of a time-limited precautionary national vaccination programme for students entering higher education in autumn 2026. This UK programme is in response to the large outbreak of invasive meningococcal (MenB) disease that occurred amongst students in Canterbury, Kent in March of this year, followed by two smaller clusters of MenB disease in young people of a similar age caused by different MenB strains. The purpose of this extraordinary meeting was to consider whether the Irish epidemiological situation warrants any immediate change to current MenB vaccination recommendations.

UK CONTEXT

The Kent outbreak involved 23 confirmed adolescent and young adult cases, all requiring hospitalisation, with two deaths reported. The majority of the cases were epidemiologically linked to attendance at a single nightclub venue over three days in early March. The strain that caused the outbreak is within clonal complex 41/44 which is the predominant clone in the UK. The UK Health Security Agency (UKHSA) published two technical briefing papers following the event and their analysis concluded that the outbreak was likely driven by a combination of strain-specific virulence factors, reduced population immunity and social/environmental factors.

No further cases of the outbreak strain have been detected in England and the wider epidemiology of meningococcal disease in England remains within normal bounds, including some unrelated small clusters. A case was detected in Austria which was also found to be caused by the outbreak strain and did not have an epidemiologic link to the Kent outbreak. As such, in April 2026 the UKHSA concluded that it is almost certain that the specific subtype that caused the Kent outbreak has circulated more widely than the cases involved in Kent. However, given the extremely high degree of similarity between the genome of the case in Austria and those seen in Kent they concluded that it was unlikely that this represents long chains of

community transmission and therefore a large pool of undetected cases or an increased risk to the UK population.

The UKHSA noted that reduced population immunity and behavioural factors are expected to be common across the country and thus these factors were unlikely to be the primary driver of the outbreak, but almost certainly contributed to its speed and scale. They outlined that should there be a future combination of this strain and the particular social and environmental factors encountered in Kent, it is likely that an outbreak would occur of equivalent scale and speed.⁽¹⁾ At the time the NIAC extraordinary meeting was convened, the UK's National Immunisation Technical Advisory Group, the Joint Committee on Vaccination and Immunisation (JCVI) was in the process of reviewing the clinical and cost effectiveness of a routine national adolescent/young adult MenB immunisation programme at the request of the Secretary of State for Health and Social Care. In advance of the findings of this review, there was a ministerial decision to introduce a once-off, precautionary vaccination programme for students entering higher education in autumn 2026, which is being rolled out from 20 July 2026.⁽²⁾ While a similar outbreak to that seen in England was not seen in Northern Ireland this year, the Health Minister in Northern Ireland also announced a one-off MenB vaccination programme for students in Northern Ireland, in line with the announcements across the UK.⁽³⁾ Subsequently, on 16 July 2026, JCVI published a new statement on MenB vaccination in older children and young adults recommending a routine offer of 4CMenB (Bexsero) vaccination at around 15 years of age in those adolescents eligible for 4CMenB vaccination in infancy (individuals born on or after 1 May 2015, also referred to as 'primed adolescents'). JCVI have also stated that they consider it highly important to also offer vaccination to those born before the introduction of the infant programme on the grounds of equity. As of the 27 July 2026 no policy decision has been published in relation to permanent changes to the MenB vaccination programme in the UK.⁽⁴⁾

IRISH EPIDEMIOLOGY

Data collated by the Health Protection Surveillance Centre (HPSC) on annual invasive meningococcal disease (IMD) notifications were reviewed at the meeting. It was noted that MenB now accounts for approximately 70% of IMD cases in Ireland.

Annual IMD notifications have returned broadly to pre-pandemic levels following significant reductions during the COVID-19 period. Between 2016 and 2025, the

total number of serogroup B cases across all age groups fluctuated between a high of 48 cases in 2016 and a low of seven in 2021. Post-pandemic cases subsequently increased to 42 in 2024 and declined slightly in 2025 to 38, which is an incidence rate of 0.7 per 100,000. In 2026, to date, 11 MenB cases have been reported. The highest incidence remains in infants under one year of age. The 15-19-year-old age group continues to experience a relatively higher incidence than most other age cohorts outside of the infant group, but rates have remained broadly stable over the past decade (1.7-2.3 per 100,000). Twenty-three MenB related deaths were reported over the last 10 years, including seven deaths among 15-19-year-olds. There have been no MenB related deaths reported in 2026. Seven IMD outbreaks were recorded during the last decade, six of which were due to serogroup B, almost all consisting of small household clusters with two to three cases per cluster. The age of the index cases in these clusters varied from 8 months to 14 years. No outbreaks have been identified in Ireland in 2026.⁽⁵⁾

Representatives from the Irish Meningitis and Sepsis Reference Laboratory (IMSRL) presented whole genome sequencing and estimated vaccine coverage data for MenB isolates in Ireland. This analysis can only be conducted on isolates that grow in culture and are sent to the IMSRL, which represents approximately 40% of all notified cases of IMD. Conclusions are limited by small sample sizes as isolates are only available from cases of IMD; there has not been a recent carriage study in Ireland. Noting these limitations, whole genome sequencing demonstrated that strains of MenB currently circulating in Ireland predominantly belong to the 41/44 clonal complex; this is also the predominant clonal complex circulating in the UK and elsewhere in Europe. It is notable that the strains circulating in Ireland are genetically distinct from the Kent outbreak strain. The specific outbreak strain has not been detected in Ireland to date.

Currently available MenB vaccines (Bexsero and Trumenba) do not cover all strains of MenB. The vaccines target shared protein antigens which vary in their composition and in their level of expression in different MenB strains. Data on estimated Bexsero vaccine coverage using the Meningococcal Antigen Typing System (MATS) and Genetic MATS (gMATS) were also presented. Strains currently more commonly associated with disease in teenagers and young adults in Ireland appear to be well covered by the vaccine with an estimated 60-70% of the isolates covered by the vaccine, noting that MATS tends to underestimate coverage in adolescents and adults.⁽⁵⁾

COMMITTEE CONSIDERATIONS

Committee members considered whether NIAC should recommend that Ireland follow the UK and implement an urgent once-off adolescent/young adult MenB vaccination programme while it is reviewing evidence to inform recommendations regarding a long-term immunisation programme. Serious consideration was given to the potential risk of missing an opportunity for intervention should an outbreak of a similar scale occur in Ireland. The uncertainty regarding the ability to predict an outbreak was acknowledged, noting that the Kent outbreak occurred outside of the usual highest period of meningococcal activity between September and January and that there was no unusual MenB activity detected in England prior to the outbreak. However, given the absence of any clear epidemiological or microbiological signal indicating an immediate change in the Irish risk profile, it was agreed that an urgent programme was not warranted at this time. Practical challenges associated with implementing an urgent national programme, including vaccine supply, delivery timelines and costs, were also highlighted.

NIAC agrees that available MenB vaccines are safe and effective and currently has recommendations for MenB vaccination in all infants, and in older children and adolescents with increased risk factors for IMD. It was noted that the vaccine is currently available to purchase privately in Ireland and that some parents may choose to vaccinate their teenagers, but the price of the vaccine means that it is not affordable for most families. These significant equity concerns reinforce the importance of NIAC conducting a comprehensive review to inform a long-term MenB vaccination policy decision. Additional equity considerations arising from vaccine availability for students attending colleges in the UK, including in Northern Ireland, were highlighted.

Committee members acknowledged that public and stakeholder interest is likely to increase given the announcement of a temporary vaccine programme in the UK, and that clear communication of the evidence base underpinning NIAC decisions will be important.

While there is no evidence that the strain seen in the outbreak in Kent is circulating in Ireland, Irish data are limited to culture-positive cases of IMD. There has been no study of meningococcal carriage in Ireland conducted since 2017. NIAC recommends accelerating efforts to obtain carriage data. Following the Kent outbreak in March, NIAC wrote to the Chief Medical Officer highlighting that the matter of repeating a

carriage study has become more urgent. A carriage study would provide a broader understanding of the circulating MenB strains among adolescents and young adults in Ireland. Colleagues from the IMSRL present at the recent extraordinary meeting highlighted that the optimal time to carry out such a study is during third-level education fresher's week before students mix. Planning for a carriage study thus needs to be imminent to provide meaningful data for this year. Similar UK- and Australia-based carriage studies in this age group were boosted by minimal remuneration of participants. To optimise participant number and maximise study output, similar consideration will likely be needed in Ireland.

Existing preventive measures against IMD should continue to be optimised, including efforts to improve uptake of MenACWY vaccine in the Schools Immunisation Programme and encouraging uptake of seasonal influenza vaccine in children and adolescents. Additionally, it is important that there is continued public health messaging and awareness on the signs and symptoms of meningitis and sepsis.

CONCLUSION

Overall, the Committee concluded that the available evidence does not warrant any immediate change to current MenB vaccination recommendation but supports the continuation of the current work plan which includes a comprehensive evidence review on MenB vaccination in adolescents and young adults. In addition, NIAC recommends accelerating efforts to obtain carriage data. NIAC will continue to monitor the epidemiology of MenB closely and may review its position should new information emerge.

ACKNOWLEDGEMENTS

NIAC would like to thank all the individuals and organisations who provided data, time, advice and information in support of this work.

DECLARATION OF INTERESTS

These recommendations were developed by [NIAC](#) with support provided the [NIAC Secretariat](#).

Declarations of Interest were reviewed by the NIAC Chair and by the Director of HTA as per NIAC's Terms of Reference and Standard Operating Procedures.



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