



Llywodraeth Cymru
Welsh Government

WHC/2026/016

WELSH HEALTH CIRCULAR

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Teitl: Diweddarau Manyleb y Gwasanaeth Atodol Cenedlaethol ar gyfer imiwneiddiada nad ydynt yn rhan o'r rhaglen arferol, er mwyn imiwneiddio oedolion a phlant sy'n wynebu risg

Dyddiad dod i ben / dyddiad adolygu: Amherthnasol

I'w weithredu gan:

Prif Weithredwyr, byrddau / ymddiriedolaethau iechyd
Arweinwyr Gweithredol Brechu, byrddau / ymddiriedolaethau iechyd
Cyfarwyddwyr Meddygol, byrddau / ymddiriedolaethau iechyd
Cyfarwyddwyr Gofal Sylfaenol, byrddau / ymddiriedolaethau iechyd
Cyfarwyddwyr Gweithredol Nyrsio, byrddau / ymddiriedolaethau iechyd
Prif Fferyllwyr, byrddau / ymddiriedolaethau iechyd
Cyfarwyddwyr Iechyd Cyhoeddus, byrddau / ymddiriedolaethau iechyd
Cyfarwyddwr Cenedlaethol Diogelu Iechyd a Gwasanaethau Sgrinio /
Cyfarwyddwr Meddygol Gweithredol, Iechyd Cyhoeddus Cymru
Pennaeth y Rhaglen Frechu yn erbyn Clefydau Ataliadwy, Iechyd Cyhoeddus
Cymru Pennaeth y Rhaglen Frechu yn erbyn Clefydau Ataliadwy, Rhaglen
Frechu Cymru, Y Pwyllgor Ymarferwyr Cyffredinol, Cymru
Ymarferwyr cyffredinol
Iechyd a Gofal Digidol Cymru

Anfonir gan: Dr Keith Reid, Dirprwy Brif Swyddog Meddygol (Iechyd y Cyhoedd).

Enw(au) cyswllt yng Ngrŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar Llywodraeth Cymru:

Gwasanaethau Diogelu Iechyd,
Adran Iechyd y Cyhoedd,
Llywodraeth Cymru,
Parc Cathays,
Caerdydd.
CF10 3NQ.

E-bost: wg.vaccinationsprogrammteam@gov.wales

Dear Colleagues,

I attach an updated National Supplementary Service Specification for non-routine immunisations for adults and children at risk (Appendix 2).

The specification has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA) and is directed at GP practices delivering vaccination and immunisation services in Wales.

This specification details arrangements for the vaccination of adults and children outside of the routine national immunisation programme who are at increased risk of disease. The vaccines required by at-risk individuals are dependent on their elevated personal risk or diagnosis.

The update to this specification is to provide clarity on when GP practices can give Meningococcal vaccines outside of routine vaccination for eligible persons, following the recent outbreak of meningococcal disease in Kent. The CMO letter issued on 24 March 2026 is attached at Appendix 1 and sets out further details of the response.

These arrangements will apply to the national immunisation programmes specified in Annex B of the specification.

I am grateful for your continued support to deliver these important immunisation programmes.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K. Reid', written in a cursive style.

Dr Keith Reid
Deputy Chief Medical Officer (Public Health)

Appendix 1 – Chief Medical Officer letter (CEM/CMO/2026/002) sent 24/03/2026

From: Chief Medical Officer
Date: 24/03/2026
Reference: CEM/CMO/2026/002
Category: Urgent – cascade immediately

Title: Public Health response to outbreak of meningococcal disease linked to the University of Kent and the area of Canterbury

UPDATE TO THE LIST OF ELIGIBLE GROUPS – REPLACES LIST PREVIOUSLY SENT 23/03/2026

Dear Colleagues,

You will be aware that the UK Health Security Agency (UKHSA) is managing a large outbreak of meningococcal disease in Canterbury, Kent, which has sadly resulted in two fatalities. 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) from 5 to 16 March.

I am writing with information on the public health actions required for the management of contacts. This includes:

1. Provision of information on symptoms and signs of meningococcal disease to ensure rapid identification of possible cases and rapid treatment.
2. Antibiotic chemoprophylaxis
3. Eligibility for Meningococcus B vaccine

Further information is available in the briefing issued by Public Health Wales on the 17 March 2026. A copy of this briefing is attached at Annex A. However, as this situation is evolving, advice will be updated as information emerges.

The UKHSA has identified population groups, which require public health action in line with national public health guidelines. These actions include an offer of preventative antibiotic treatment and vaccination. At the present time, the population groups are:

- Close contacts of those who are confirmed or suspected to have meningococcal disease.

- Students at the University of Kent who are normally resident on the Canterbury Campus, including those who may have now travelled home. Some staff living or working in these Halls of Residence have also been offered antibiotic prophylaxis and are eligible for vaccination.
- Students who attend other universities in Canterbury, living in halls of residence or off campus locations where there has been a case, and have been advised to take an antibiotic by the UKHSA due to a close contact.
- Anyone who visited or was working at Club Chemistry in Canterbury between the 5 March and 16 March, when the venue closed voluntarily.
- Sixth form students (years 12 and 13) and year 11 students attending a secondary school or sixth form college in Kent where there has been a confirmed or probable case of meningococcal disease informed by local risk assessment. (Please note that year 11 students are being vaccinated by the school nursing service in Kent, so the chance of a case presenting in Wales is remote.)

This list may be added to in the coming days as further information emerges.

Clinics in Canterbury are currently offering antibiotic chemoprophylaxis and vaccination to contacts in the local area. However, if an individual has returned home to Wales and has not already received antibiotic prophylaxis and/or vaccination through UKHSA coordinated clinics, please prescribe this for them on request. Please also ensure they are aware of the symptoms and signs of meningococcal disease.

The current intelligence from UKHSA is that there are 56 people from Wales who attend University of Kent in Canterbury. There may also be a small number of people who fall within the other eligible groups.

Antibiotic prophylaxis

Where an eligible contact presents and has not already received antibiotic prophylaxis, please prescribe this as per National Guidance.

First line treatment is ciprofloxacin:

Ciprofloxacin dosage (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	30 mg/kg to a maximum 125mg stat

Meningococcus B Vaccination offer

Those eligible for antibiotics should also receive preventative vaccination against Meningococcus B. This should be administered by their local GP. This approach has been agreed with GPC Wales as the representative body for GPs in Wales and operational details are contained below.

Vaccine Supply

4CMenB (Bexsero) vaccine should be used to vaccinate in line with the outbreak guidance within the Green Book chapter for Meningococcal. This vaccine will already be on hand in GPs as it is used routinely in the infant schedule. Additional supplies if required should be ordered using the normal process via the Immform platform.

Clinical Information

GPs should use the criteria listed below to verify (such as checking ID/letters issued or by understanding potential contact) and then facilitate vaccination, should these individuals present at GPs in Wales.

Bexsero is a two-dose vaccine with the second dose administered 28 days after the first dose. Arrangements should be put in place to ensure thorough follow up for the second dose of the vaccine.

Recording and Surveillance

GPs should record vaccination activity in the individual patient record.

Patient Group Directions

UKHSA has PGD templates available for MenB as a reference resource for health boards to develop and authorise for use locally can be found on the Welsh Medicines Advice Service's page for Patient Group Directions (PGD).

Submitting claims

Vaccination should be administered and claimed in line with the attached specification National Enhanced Service specification for non-routine immunisation

Item of service claims should be submitted on FPPS system using the claim field 'Canterbury Men B outbreak response'

Resources

- Quick 2 page guide to protecting yourself against MenB
- A guide to the meningococcal B vaccine leaflet
- The MenB Vaccination Record Card
- The signs and symptoms of meningitis and septicaemia
- Don't ignore the signs and symptoms poster

Please remember that MenACWY vaccination is now routinely offered to adolescents. This vaccination offers protection against A, C, W and Y strains of meningitis. If individuals do not initially take up the offer of vaccination in school, they remain eligible until their 25th birthday.

I would like to thank you all for your help and support to date in the control and response to this severe outbreak.

Yours sincerely,

A handwritten signature in black ink that reads "Isabel Oliver". The signature is written in a cursive style with a large, stylized initial 'I'.

Professor Isabel Oliver
Chief Medical Officer Wales

NON-ROUTINE IMMUNISATIONS FOR ADULTS AND CHILDREN AT RISK

Specification For Non-routine Vaccination Of Adults and Children at Risk

Introduction

1. This specification is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This specification has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC (W)) of the British Medical Association (BMA). The service requirements are included at Annex A and the vaccines listed in Annex B.

Background

3. The Joint Committee on Vaccination and Immunisation (JCVI) recommends a number of vaccinations for adults and children at increased risk of disease outside of the routine national immunisation programme. The vaccines required by at risk individuals are dependent on their elevated personal risk or diagnosis. In Wales, these vaccines are delivered through primary care and secondary care.
4. This specification details the process for the non-routine vaccination of adults and children at risk. Health professionals will be guided by the Green Book, "*Immunisation against infectious disease*" on the vaccines required. Annex B lists vaccines and indications covered by this specification.

5. This service specification does not apply to vaccinations required for travel or for occupational purposes.

Patient cohort

6. Only the vaccinations listed at Annex B are covered by this specification. Clinical risk indications for these vaccines in future updated editions of the Green Book chapters will apply if different to those in Annex B.
7. Children and adults at risk and requiring immunisation as directed in Annex B may be identified by the practice, referred to general practice by secondary care for vaccination or may self-present as directed by the local health protection team/ or by National direction from the Chief Medical Officer (Wales) in outbreak situations.

Vaccines

8. Information on the vaccines and indications, and the documents providing the required clinical information is at Annex B. The vaccines should be ordered in the same way as practices and health board pharmacies currently order adult and childhood vaccines, depending on whether the vaccine is supplied centrally or not.

Recording in the Patient Record

9. A practice is required under its General Medical Services contract to keep adequate records of its attendance on and treatment of its patients. In addition, to include in the patient record any clinical reports sent from any other health care professional who has provided clinical services to a person on its list of patients.
10. If a practice has therefore administered a vaccine listed at Annex B to a child or adult in an eligible at risk cohort then the practice is required to include this information in the patient record using the appropriate READ or SNOMED code.

Payment and validation

11. A practice will receive an item of service (IOS) payment at the current applicable rate per dose in respect of each child and adult in an eligible at risk cohort who is vaccinated. When the vaccine has been purchased by the practice the cost of the vaccine will be reimbursed by the health board.
12. A practice will only be eligible for payment for this service in circumstances where all of the following requirements have been met:

- a. All patients for whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
 - b. The practice administered the vaccine to all patients for whom payment is being claimed.
 - c. All patients for whom payment is being claimed were in an eligible at risk cohort.
 - d. Practices providing this service will be required to forward a completed 'unscheduled vaccination' form to the health board Child Health System or provide equivalent data in an alternative agreed format, for each child immunised in an at risk cohort (up to and including 18 years of age). For adults, practices should follow procedures agreed with the health board.
 - e. The practice submits the claim within six months of administering the vaccine (health boards may set aside this requirement if it considers it reasonable to do so). Practices will only be paid vaccines given as recommended in the Green Book.
13. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.

Annex A

Service Requirements For Non-routine Vaccination Of Adults and Children at Risk

1. A practice providing this service will vaccinate, with the appropriate dosage, all patients who present to the practice and who are in an eligible cohort. There is no requirement to actively call patients in the age ranges set out in Annex B for vaccination, though practices may do so if they wish. Vaccination of individuals at increased risk of disease in line with Green Book recommendations represents good clinical practice.
2. The practice will take all reasonable steps to ensure that the medical records of patients receiving a vaccination administered in the surgery are kept up to date using the appropriate READ code with regard to the immunisation status and in particular includes:
 - a. Any refusal of an offer of immunisation.
 - b. Where an offer of immunisation is accepted:
 - i. The batch number, expiry date and name of the vaccine.
 - ii. The date of administration.
 - iii. Where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine.
 - iv. Any contra-indication to the immunisation.
 - v. Any adverse reactions to the immunisation.
3. The practice will ensure that all healthcare professionals who are involved in administering the vaccine have:

- a. Referred to the clinical guidance in the current 'Green Book'.
 - b. The necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.
 - c. Authorisation under an appropriate Patient Group Direction (PGD) unless a Patient Specific Direction (PSD) has been issued.
4. All vaccines are to be stored in accordance with the manufacturer's instructions and guidance contained in the Green Book. This may be found at:

<https://www.gov.uk/government/publications/green-book-the-complete-current-edition>
5. Timeliness of the return of data to the child health department should be in line with the Child Health Immunisation Process Standards (CHIPS).
6. The practice will ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their ethnicity, gender, disability, sexual orientation, religion and/or age.

Annex B

Programme Information

Some of the vaccines listed below are offered as part of routine programmes. Only additional vaccines provided outside of the routine schedule are eligible for reimbursement under this specification.

<i>Haemophilus influenzae</i> type b (Hib)	Children and adults with: <ul style="list-style-type: none">• asplenia• splenic dysfunction• early complement deficiency <p>https://www.gov.uk/government/publications/haemophilus-influenzae-type-hib-the-green-book-chapter-16</p>
Hepatitis A	The vaccine is recommended for the following individuals: <ul style="list-style-type: none">• contacts of a confirmed case of hepatitis A as advised by health protection team• patients with chronic liver disease• patients with haemophilia• men who have sex with men• injecting drug users <p>https://www.gov.uk/government/publications/hepatitis-a-the-green-book-chapter-17</p>
Hepatitis B	<i>Pre-exposure vaccination.</i> The vaccine is recommended for the following individuals: <ul style="list-style-type: none">• people who inject drugs (PWID) and those likely to progress to injecting.• sexual, family and close household contacts of PWID• individuals who change sexual partners frequently and MSM• sexual, family and close household contacts of a case/individual with chronic hepatitis B infection• families adopting children from countries with a high/intermediate prevalence of hepatitis B• foster carers• individuals receiving regular blood/blood products and their carers

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

	<ul style="list-style-type: none"> • patients with chronic renal failure (as soon as anticipated will require dialysis or transplant) • patients with chronic liver disease • inmates of custodial institutions • individuals in residential accommodation for those with learning difficulties, or other non-residential care settings for those with severe learning disability on the basis of a local risk assessment. <p><i>Post-exposure vaccination.</i> The vaccine is recommended for the following individuals:</p> <ul style="list-style-type: none"> • Babies born to mothers who are chronically infected with HBV or to mothers who have had acute hepatitis B during pregnancy • Individuals potentially exposed to hepatitis B through sexual contact or accidental inoculation or contamination <p>https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18</p>
Measles, Mumps & Rubella (MMR)	<p>MMR vaccine should be offered to all women who are planning to become pregnant and who have not had two doses of MMR (pregnancy should be avoided for 1 month after MMR vaccination).</p> <p>MMR vaccine may also be offered to susceptible women after pregnancy.</p> <p>Others who may require MMR are covered by the National Enhanced Specification: “Unscheduled vaccination of children and young people who have outstanding routine immunisations”.</p> <p>https://www.gov.uk/government/publications/measles-the-green-book-chapter-21</p>
Meningococcal vaccines	<p>These vaccines are recommended for children and adults with:</p> <ul style="list-style-type: none"> • asplenia, • splenic dysfunction or • complement disorders (including those on complement inhibitor treatment) • Re-immunisation of individuals with immunosuppression and human immunodeficiency virus (HIV) infection (regardless of CD4 count) should be considered after treatment and recovery.

	<p>Or under outbreak conditions in accordance with the Greenbook chapter relevant to the management of meningococcal clusters and outbreaks.</p> <p>https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22</p>
Pneumococcal vaccine	<p>Vaccination is recommended for individuals with:</p> <ul style="list-style-type: none"> • Asplenia or splenic dysfunction or those requiring splenectomy • cochlear implants • CSF leaks • chronic heart disease • chronic liver disease • chronic renal disease • diabetes • immunosuppression due to disease or treatment • neurological conditions <p>https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25</p>
Rabies vaccine	<p>Vaccination is recommended for pre and post exposure prophylaxis where not related to occupation or travel. Volunteers who regularly handle bats are eligible.</p> <p>https://www.gov.uk/government/publications/rabies-the-green-book-chapter-27</p>
Varicella vaccine	<p>The vaccine is recommended for healthy susceptible contacts of immunocompromised patients where continuing close contact is unavoidable (e.g. siblings of a leukaemic child, or a child whose parent is undergoing chemotherapy)</p> <p><i>If advised by the local Health Protection Team varicella vaccine can be provided to nursery children and staff where Group A streptococcus and chickenpox is co-circulating.</i></p> <p>https://www.gov.uk/government/publications/varicella-the-green-book-chapter-34</p>
Shingles (herpes zoster) vaccine	<p>Individuals anticipating immunosuppressive therapy should be assessed for vaccine eligibility before starting treatment that may contra-indicate future vaccination and vaccinated at least 2 weeks before commencing therapy.</p>
Primary and booster	<p>The following groups may require primary or booster immunisation with routinely scheduled vaccines:</p>

vaccination of older children and adults	<ul style="list-style-type: none">• patients following transplants• patients following chemotherapy• adults who have not completed the UK primary immunisation schedule e.g. asylum seekers and refugees
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Notes:

1. Annex B was last updated on 31 March 2026.
2. This table contains contractual guidance for this service specification. For clinical guidance see the appropriate chapter in the Green Book.
3. GPs are already funded for Td/IPV vaccination of those 25 years and over as part of Unified Services for Vaccinations and Immunisations within the Global Sum.