

Meningitis: A briefing for community pharmacy teams

Community pharmacy is often the first point of contact for worried patients.

While meningococcal disease is rare, with the current outbreak in parts of Kent, pharmacy teams are increasingly being asked for advice from worried, patients, parents and students.

Pharmacy's role is:

- Early recognition
- Urgent escalation where needed
- Clear safety-netting
- Signposting to official NHS and UKHSA advice

Key message for pharmacy teams

Keep a high level of suspicion. Meningitis and meningococcal sepsis can start with vague flu-like symptoms but may worsen rapidly. If meningitis is suspected, act immediately and refer urgently.

Recognising symptoms

Symptoms can appear in any order, and a rash may be absent early on

Early symptoms can be non-specific:

- Fever
- Severe headache
- Vomiting
- Stiff neck
- Sensitivity to light
- Confusion / drowsiness

In babies:

- Poor feeding, floppy/unresponsive, high-pitched cry

NHS symptoms guide: <https://www.nhs.uk/conditions/meningitis/symptoms/>

Red flags: IMMEDIATE referral (999 / A&E)

Do **not delay** or manage in pharmacy:

- Non-blanching rash
- Reduced consciousness, marked drowsiness, or difficult to wake
- Seizures
- Rapid deterioration
- Pale, mottled, or blotchy skin
- Severe headache with neck stiffness or photophobia
- Confusion or delirium
- Signs of sepsis or significant systemic illness

Do not wait for all symptoms or a rash

What to tell patients

If they have symptoms

- Tell them that meningitis can get worse very quickly and needs urgent medical assessment
- If they have red flags, advise **call 999 or go to A&E now**
- Do not delay for OTC treatment, a Pharmacy First consultation, or “watch and wait” if symptoms are concerning

If close contact or linked to an outbreak

- Advise that **close contacts are identified by UKHSA** and may need **urgent antibiotic prophylaxis**, ideally as soon as possible after the index case is identified
- UKHSA says this should be given as soon as possible, ideally within 24 hours, regardless of vaccination status
- If UKHSA or the NHS has contacted you, follow that advice urgently
- If you believe you are an eligible close contact and have **not** yet been contacted or given antibiotics, seek urgent advice from your GP / NHS services locally.
- Even if prophylaxis has been taken, watch for symptoms and seek urgent help immediately if symptoms develop.

If anxious but no contact

- Reassure them that meningococcal disease is uncommon, and antibiotics or vaccination are **not** generally given just because someone is worried or has heard about an outbreak
- Public health teams identify who needs prophylaxis or targeted vaccination
- Disease is **rare**
- No need for antibiotics or vaccine unless advised
- Advise to:
 - Monitor for symptoms for **10–14 days**
 - Seek urgent help if symptoms develop

UKHSA outbreak guidance:

<https://www.gov.uk/guidance/outbreak-of-invasive-meningococcal-disease-south-east-england>

Safety-netting advice for lower-risk patients

For people without red flags and no indication for urgent referral, advise them to look out for the symptoms above over the next **10 to 14 days**.

Tell them to seek urgent medical help immediately if any of these develop or worsen.

Advise patients that if they are worried their symptoms are serious to use [NHS 111 online](#) or call 111 to find out what to do.

If they have had medical advice and are still worried, or any symptoms get worse, they should seek medical help again.

What pharmacists can do

- Rapid **symptom assessment**
- Identify **red flags**
- **Urgent referral** when needed
- **Reassurance + safety-netting** for low-risk patients
- Signpost to **NHS / UKHSA guidance**

Vaccination

For the current Kent outbreak, UKHSA says vaccination is being offered as an additional measure to those identified at increased risk, including those offered preventative antibiotics as part of the outbreak response. Preventative antibiotics remain the key immediate intervention, with vaccination providing additional longer-term protection for eligible contacts.

Pharmacy message:

Vaccines are being prioritised to those in need and should not be routinely offered privately at this time:

- Check whether the patient is asking about routine vaccination, private MenB supply, or outbreak-related eligibility
- Do not promise outbreak vaccination unless the patient falls into an eligible group identified by UKHSA/NHS
- Signpost outbreak-related vaccine queries to the relevant local NHS/UKHSA information and the patient's GP where appropriate

NHS vaccinations: <https://www.nhs.uk/conditions/meningitis/vaccination/>

Supporting information

- Community Pharmacy England: <https://cpe.org.uk/our-news/nhs-england-letter-regarding-outbreak-of-meningococcal-disease/>
- NHS symptoms: <https://www.nhs.uk/conditions/meningitis/symptoms/>
- UKHSA outbreak info: <https://www.gov.uk/guidance/outbreak-of-invasive-meningococcal-disease-south-east-england>
- Poster and leaflet: <https://www.gov.uk/government/publications/meningitis-signs-and-symptoms-poster>
- UKHSA blog: <https://ukhsa.blog.gov.uk/2026/03/18/meningitis-b-outbreak-what-you-need-to-know/>