



Clinical advice for vaccination providers

From 1 July 2020, there are changes to the meningococcal vaccination schedule under the National Immunisation Program (NIP).

Meningococcal B vaccination for Aboriginal and Torres Strait Islander children

From 1 July 2020, the meningococcal B vaccine (Bexsero®) will be funded through the NIP for Aboriginal and Torres Strait Islander children <2 years of age.

The incidence of invasive meningococcal disease (IMD) caused by serogroup B is highest in young children compared with other age groups and it is about 4 times higher in Aboriginal and Torres Strait Islander children aged <2 years than in non-Indigenous children.

The number of Bexsero® doses required depends on age and presence of any medical conditions that increase the risk of IMD.

Table 1. NIP funded meningococcal B vaccination schedule for Aboriginal and Torres Strait Islander children aged <2 years

Aboriginal and Torres Strait Islander children with no medical risk conditions

- 1 dose at 2*, 4 and 12 months of age (3 doses in total).

Aboriginal and Torres Strait Islander children with risk conditions for IMD set out in Table 2

- 1 dose at 2*, 4, 6 and 12 months of age (4 doses in total).

Catch-up vaccination

- Meningococcal B vaccine catch-up is available for all Aboriginal and Torres Strait Islander children aged <2 years (i.e. up to 23 months) for the first three years of the program (i.e. until 30 June 2023).
- For children requiring catch-up doses, the number and interval between doses depend on the age of first meningococcal vaccination (refer to the Meningococcal section in the **Australian Immunisation Handbook**).

*can be given from 6 weeks

To facilitate implementation of the new NIP-funded meningococcal B vaccination program for Aboriginal and Torres Strait Islander children aged <2 years, from 1 July 2020 the hepatitis A vaccination schedule on the NIP for Aboriginal and Torres Strait Islander children in NT, Qld, SA and WA will change:

- The schedule point for the first dose of hepatitis A vaccine will be at age 18 months (instead of 12 months).
- The schedule point for the second dose of hepatitis A vaccine will be at age 4 years (instead of 18 months).

For further information refer to the *ATAGI clinical advice on transitioning to the new hepatitis A vaccination schedule on the National Immunisation Program from 1 July 2020*.

Meningococcal B and meningococcal ACWY vaccines for people of all ages with some medical risk conditions

From 1 July 2020, both the meningococcal B vaccine (Bexsero®) and meningococcal ACWY vaccine (Nimenrix®) will be funded under the NIP for people of all ages with some medical conditions that increase their risk of IMD. These specified medical conditions are outlined in Table 2. The number of doses required will depend on age. Refer to the Meningococcal section in the **Australian Immunisation Handbook**.

The meningococcal ACWY vaccine continues to be funded under the NIP with a single dose for all children at 12 months of age, and adolescents at approximately 14 to 16 years of age, mostly administered through school immunisation programs, with a catch-up program for adolescents 15 to 19 years of age.

Meningococcal vaccines are also available through some State or Territory funded immunisation programs or via private prescription to anyone aged ≥6 weeks who would like to reduce their likelihood of becoming ill with meningococcal bacteria.

For information on other groups recommended for vaccination, but not funded through the NIP, refer to the **Australian Immunisation Handbook**.

Always check the Australian Immunisation Register and a person's immunisation record prior to vaccination.

Note: in South Australia, Bexsero® has been available for free under a state funded program since 1 October 2018 for infants aged 6 weeks to 12 months (with catch-up for those aged 12 months to <4 years until December 2019).

Table 2—Risk conditions for invasive meningococcal disease that are eligible for both NIP-funded meningococcal ACWY and meningococcal B vaccines

- defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency
- current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)
- functional or anatomical asplenia, including sickle cell disease or other haemoglobinopathies, and congenital or acquired asplenia. Note individuals with these risk conditions are also eligible for pneumococcal and *Haemophilus influenzae* type b (Hib) vaccine if required under the NIP.

Meningococcal disease

Meningococcal disease is a rare but serious infection caused by the bacterium *Neisseria meningitidis* (N. meningitidis). There are 13 serogroups. Meningococcal disease is most commonly caused by serogroups A, B, C, W and Y.

Meningococcal B disease (caused by the 'serogroup B' subtype) remains the most common cause of IMD in children, adolescents and young adults.

Septicaemia and/or meningitis are the most common clinical manifestations of IMD. The highest incidence of meningococcal disease is in children aged <2 years and adolescents aged 15–19 years.

People who are immunocompromised due to certain disorders of the immune system (particularly complement deficiencies), certain medical treatments, or functional or anatomical asplenia have an increased risk of acquiring the disease.

The meningococcal B vaccine is available to protect against disease caused by serogroup B subtypes and meningococcal ACWY vaccine is available to protect against disease caused by serogroups A, C, W, Y.

Frequently asked questions

Is the meningococcal B vaccine included under the Australian Government's 'No Jab, No Pay' immunisation requirements policy?

No, the meningococcal B vaccine is not assessed as part of the eligibility requirements for family assistance payments under the Australian Government's No Jab, No Pay policy.

Is it safe to administer meningococcal B vaccine (Bexsero®) with other NIP vaccines?

The meningococcal B vaccine (Bexsero®) can be safely administered with other NIP vaccines.

What should I do if a parent is concerned about the number of vaccines being administered to their child in one session?

It is understandable that some parents may become concerned about the number of vaccines being administered in one session. In recognition of this and to facilitate implementation of the meningococcal B vaccination program for Aboriginal and Torres Strait Islander children, the hepatitis A vaccination schedule points will change from 1 July 2020.

Parents should be reassured that the aim of immunisation is to provide protection against harmful diseases at the very earliest opportunity. Studies have demonstrated that there are no harmful effects from administering multiple vaccines in one session and there is no evidence to support arguments that vaccines may 'overwhelm' the child's immune system.

Vaccines only contain a small number of antigens compared with the large number that children encounter every day in their environment.

Parents should be discouraged from delaying immunisation as this inevitably delays protection. The immunisation schedule has been designed to ensure optimal protection against diseases that are most common in the very young such as whooping cough, pneumococcal, Hib and meningococcal disease. If a parent insists, a minimum 3 day interval is recommended. These diseases can be life-threatening and it is important for children to receive protection at the earliest possible opportunity.

What are the common side effects following vaccination with meningococcal B vaccine?

Bexsero® is effective and safe, although all medications can have unwanted side effects.

Fever (>38.5°C) is a common reaction following any vaccine, but is more common with Bexsero® in young children aged less than 2 years. Children <2 years of age are recommended to receive prophylactic paracetamol with every dose of Bexsero®.

Other common adverse events following Bexsero® vaccine administration include:

- pain or tenderness, swelling, induration and erythema at the injection site

- irritability
- sleepiness
- unusual crying and change in appetite
- headache and malaise (more commonly reported among adolescents and young adults)

Notification of all adverse events following immunisation at any age should be made through the usual reporting mechanisms in your state or territory. Parents/carers should also be encouraged to notify their immunisation provider of any adverse event that follows immunisation.

Important note on prophylactic paracetamol

Children <2 years of age are recommended to receive **prophylactic paracetamol** with every dose of Bexsero®. This is because of the increased risk of fever associated with receiving Bexsero®.

- Give the first dose (15 mg/kg/dose) of paracetamol within 30 minutes before, or as soon as practicable after receiving the vaccine.
- This can be followed by 2 more doses of paracetamol given 6 hours apart regardless of whether the child has a fever.

It is important to alert parents of the need to buy paracetamol prior to vaccination.

Contraindications/precautions

For all meningococcal vaccines, the absolute contraindications are anaphylaxis following a previous dose of the respective vaccine, or anaphylaxis following any component of the vaccine. Previous meningococcal disease, regardless of the serogroup, is not a contraindication for vaccination.

Vaccine delivery

Vaccines on the NIP will be distributed by state or territory health departments. If you have any questions about ordering NIP vaccines, contact your state or territory health department (see details below).

Australian Immunisation Register

The Australian Immunisation Register (AIR) accepts data on vaccines administered to people of all ages. Providers are required to submit data to the AIR on all vaccines administered.

Further information

Advice on the 1 July 2020 NIP schedule changes can be found in:

- *The ATAGI clinical advice on changes to recommendations for the use and funding of meningococcal vaccines from 1 July 2020.*
- *The ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020.*
- *The ATAGI clinical advice on changes to vaccine recommendations and funding for Aboriginal and Torres Strait Islander People from 1 July 2020.*
- *The ATAGI clinical advice on transitioning to the new hepatitis A vaccination schedule on the National Immunisation Program from 1 July 2020.*
- The **Australian Immunisation Handbook**.
- Updated NIP schedule cards available at health.gov.au/immunisation.

All information in this fact sheet is correct as at June 2020. REPORT all vaccinations to the Australian Immunisation Register (AIR).

State and territory health department contact numbers:

ACT	02 5124 9800	SA	1300 232 272
NSW	1300 066 055	TAS	1800 671 738
NT	08 8922 8044	VIC	1300 882 008
WA	08 9321 1312	QLD	Contact your local Public Health Unit