

Please familiarise yourself with the information in our fact sheets, *Purchase of non-funded meningococcal vaccines, Bexsero: A vaccine to protect against meningococcal group B disease* and *Paracetamol use with Bexsero in children aged under 2 years*, and the meningococcal chapter of the *Immunisation Handbook 2017 2nd Edition*.

## Which vaccines protect against meningococcal disease?

No one vaccine covers all the meningococcal groups causing disease in New Zealand.

- » Bexsero® protects against meningococcal group B, which is the cause of around 50% of cases/year.
- » NeisVac-C® protects against meningococcal group C, which is the cause of around 10% of cases/year.
- » Menactra® and Nimenrix® protect against meningococcal groups A, C, Y and W, which are the cause of around 50% of cases/year.

The MeNZB™ vaccine used in New Zealand from 2004 to 2011 targeted one type of meningococcal group B disease.

## Should we recommend an A, C, Y, W vaccine over a B vaccine, or vice versa?

For best protection against all meningococcal disease, separate vaccinations against groups A, C, Y and W disease and group B disease are available.

Health professionals are not advised to recommend an A, C, Y, W vaccine over a B vaccine or vice versa, a B vaccine over an A, C, Y, W vaccine. Health professionals cannot accurately predict who will get meningococcal disease or which meningococcal group could be the cause.

## How long does protection last after immunisation?

In general, children aged under 7 years when vaccinated are expected to have around 3 years of protection. In older children, adolescents and adults, protection is expected to last for around 5 years after vaccination.

Those who received MeNZB are no longer expected to have protection against this type of group B disease.

## Can we give less doses of Bexsero if a person has a history of MeNZB vaccination?

No. Two doses of Bexsero are recommended for older children, adolescents and adults regardless of a history of MeNZB vaccination.

## Can Bexsero be given at the same visit as Menactra or Nimenrix?

Yes. Menactra or Nimenrix and Bexsero can be administered at the same visit using different sites.

## Is a minimum interval required between administration of Bexsero and Menactra or Nimenrix?

No. When Menactra or Nimenrix and Bexsero are not coadministered, no minimum interval is required before administration of the subsequent vaccine.

## Is a minimum interval required between administration of Bexsero, Menactra or Nimenrix and any other vaccine?

Menactra\*\* or Nimenrix and Bexsero can be administered at the same visit as any other vaccine or any interval before/after any other vaccine.

\*\*except when Menactra and Prevenar® 13 are being administered, a minimum interval of 4 weeks is required between administration of these two vaccines.

## Can a combination of Menactra and Nimenrix be used to deliver a primary course of meningococcal A, C, Y and W vaccines in children aged under 24 months?

Yes. Menactra is approved for use as a two dose vaccine course in children aged 9–23 months (inclusively). A child in this age group who receives one dose of Menactra can receive either Menactra or Nimenrix a minimum of three months later to complete their primary vaccine course.

## Can a pregnant woman receive Bexsero, Menactra or Nimenrix?

Yes. There are no safety concerns around administration of Nimenrix, Menactra or Bexsero at any stage of pregnancy. These are non-live vaccines and the advice is consistent with the recommendation for a pregnant woman to receive non-live vaccines when she has an increased risk of disease, for example influenza vaccination is recommended at any stage of pregnancy because they have an increased risk of influenza disease and complications.

## Is a minimum interval required between administration of NeisVac-C and Menactra or Nimenrix?

No minimum interval is required between administration of NeisVac-C (meningococcal C only vaccine) and administration of a subsequent Menactra or Nimenrix. However, when Menactra is administered in place of the second NeisVac-C dose in children aged under 12 months a minimum interval of 8 weeks between the first NeisVac-C and administration of Menactra could be considered. In this situation, a second Menactra administered 3 months later would still be recommended to complete the primary vaccine doses for the meningococcal A, Y and W antigens.

## Who should receive meningococcal vaccination?

For a small group of individuals with a high-risk medical condition listed on the Pharmaceutical Schedule, e.g. pre-/post-splenectomy, NeisVac-C (aged under 2 years) and Menactra (aged 2 years or over) are recommended and funded. Bexsero is also recommended for individuals in these groups but is not funded.

For individuals outside these specified groups, meningococcal vaccines can be prescribed and purchased. Groups for whom meningococcal vaccination is recommended but not funded are described in the meningococcal chapter of the Immunisation Handbook 2017 2nd Edition, e.g. adolescents living in communal accommodation, laboratory workers and travellers to high-risk countries.

We know that children aged under 5 years, adolescents aged 15–19 years, and people who are Māori or Pacific typically have a higher risk of meningococcal disease, and that exposure to tobacco smoke, binge drinking or having another respiratory infection are associated with a higher risk of disease. In 2018, a high rate of disease cases were also seen in young adults aged 20–29 years. However, beyond the Handbook advice it is difficult to know who to recommend purchased meningococcal vaccination to. Health professionals cannot accurately predict who will get meningococcal disease or which meningococcal group could be the cause.

## What do we do when the meningococcal A, C, Y, W vaccines are out of stock?

We need to remember that:

- » Meningococcal bacteria are hard to “catch”.
  - » Contact usually needs to be quite sustained or intimate.
  - » Most people who “catch” meningococcal bacteria carry the bacteria in their nose/throat but don’t get the disease.
    - » Carriage rates tend to be higher in adolescents and young adults.
  - » Rarely, meningococcal bacteria invade the body rapidly leading to severe disease.
  - » The underlying reasons for why invasion occurs in some individuals are not well understood. Some associated factors include smoking and crowded living conditions.