Meningococcal B vaccination

A guide for healthcare providers to support conversations about meningococcal B vaccination

What is meningococcal disease?

Meningococcal disease is a serious illness that often causes inflammation of the lining of the brain and spinal cord (meningitis) and/or blood poisoning (septicaemia). Meningococcal serogroup B (MenB) is the most common cause of invasive meningococcal disease in children, adolescents and young adults.

Why is MenB vaccine (Bexsero) funded for Aboriginal and Torres Strait Islander children under the age of 2 years?

Aboriginal and Torres Strait Islander children under 2 years of age are 4 times more at risk of getting MenB disease than non-Indigenous children. The vaccine is funded under the National Immunisation Program (NIP) to reduce the rate of MenB disease in young Aboriginal and Torres Strait Islander children.

Risk of MenB disease



Aboriginal and Torres Strait Islander children



Non-Indigenous children

Are other people eligible for the funded MenB vaccine and why?

Yes, all people with the following specified risk conditions are eligible for the funded MenB vaccine:

- inherited defects or deficiency of properdin or complement components, including factor H and factor D
- current or future treatment with eculizumab
- functional or anatomical asplenia.

These people are at a higher risk of getting meningococcal disease. MenB vaccine is funded for them at any age to give them extra protection.

Which age groups can receive the funded MenB vaccine?

Aboriginal and Torres Strait Islander children from 6 weeks of age



Other members of the community (at any age and including non-Indigenous people) with risk conditions



Catch-up vaccination

Catch-up vaccination is available until June 2023 for children under the age of 23 months. For children requiring catch-up doses, the number of and interval between doses **depend on the age of first meningococcal vaccine dose.**



Refer to the Meningococcal disease section in the Australian Immunisation Handbook.



Prepared by National Indigenous Immunisation Coordinator Katrina Clark and the team at NCIRS.

When and how many MenB vaccine (Bexsero) doses are needed for Aboriginal and Torres Strait Islander children?

One dose at 2 months (can be given from 6 weeks of age) **One dose** at 4 months **One dose** at 12 months



An extra dose at 6 months is needed for children with certain risk conditions. Refer to Meningococcal disease section in the Australian Immunisation Handbook

Total

4 doses

Do children need paracetamol with every dose of Bexsero?

Yes paracetamol must be given to all children under the age of 2 years with every dose of Bexsero. This is because of the increased risk of fever associated with receiving Bexsero:

- Give one dose of paracetamol within 30 minutes before, or as soon as possible, after vaccination.
- Two more doses of paracetamol are recommended 6 hours apart after vaccination regardless of whether the child has a fever.

Further doses of paracetamol may be given if needed. Seek medical advice if fever continues after 48 hours.



of paracetamol 30 minutes before

What are the other common reactions to Bexsero?



Pain, redness and swelling at the injection site





Sleepiness



Crying and unsettled

Change in appetite



Where can Aboriginal and Torres Strait Islander people get the MenB vaccine?

- Immunisation clinics
- General practice
- Some hospitals
- Some local councils
- Aboriginal Medical Services

Useful links/info

- NCIRS Meningococcal vaccines for Australians fact sheet - NCIRS Meningococcal vaccines for Australians FAQ
- Australian Immunisation Handbook

Can Bexsero be given with other vaccines?

Yes, Bexsero can be given with other scheduled vaccines. However, it must be given in a separate limb to other vaccines.



- ATAGI clinical advice on changes to recommendations for the use and funding of meningococcal vaccines 2020 - Vaccinate to protect your baby against meningococcal B
- brochure for Aboriginal and Torres Strait Islander people