Meningococcal B Immunisation Program

What is the program?

The State Government funded Meningococcal B (MenB) Immunisation Program commenced on 1 October 2018 and provides free meningococcal B vaccinations for eligible children and young people in South Australia.

Why has this program been introduced?

South Australia has the highest rate of meningococcal B disease in Australia. Young children, particularly those less than 2 years of age, have the highest incidence of invasive meningococcal B disease. The second highest at risk group are those aged between 15 and 20 years. Meningococcal B vaccine is recommended for these age groups as they are at increased risk of invasive meningococcal B disease.

Who is eligible for the program?

To be eligible for the program, children and young people must be residents of South Australia, have a Medicare card and be within the age groups below:

- The ongoing childhood program is offered to those aged 6 weeks to 12 months of age.
- A childhood catch-up program is available for those who were aged 12 months to less than 4 years of age at the commencement of the program on 1 October 2018. The childhood catch-up program will end on 31 December 2019.
- The young person's program will begin on 1 February 2019.
  - Students in Years 10 and 11 will be offered vaccination as part of the 2019 School Immunisation Program. The Year 10 program will be ongoing. The catch up program for Year 11 students will end on 31 December 2019.
  - The catch-up program for those aged 17 to less than 21 will be available from their usual immunisation provider. This catch-up program will end 31 December 2019.

What is the vaccine schedule?

For children commencing the course between aged 6 weeks to 12 months of age:

- 3 doses Bexsero® vaccine (GlaxoSmithKline) in total-(2 dose primary course + 1 booster).
- Routinely administered with other NIP vaccines at 6 weeks, 4 months and 12 months of age. This aligns with the usual schedule points for National Immunisation Program vaccines.
- Infants over 6 weeks of age do not need to wait until routine schedule points to commence a vaccine course.
- The minimal interval between doses for children less than 12 months age depends on the age of when the child commences the course. Refer to the table below:

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Primary course (dose 1 and 2)</th>
<th>Minimal interval between primary doses</th>
<th>Minimal interval between primary doses and a booster dose (dose 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months to 5 months</td>
<td>Two doses</td>
<td>2 months</td>
<td>From 12 months age OR 6 months after dose 2 whichever is later</td>
</tr>
<tr>
<td>6 months to 11 months</td>
<td>Two doses</td>
<td>2 months</td>
<td>From 12 months age OR 2 months after dose 2 whichever is later</td>
</tr>
</tbody>
</table>
For all those commencing the course at 12 months of age and older

- **2 doses** Bexsero® vaccine (GlaxoSmithKline) in total
- Minimum interval of 2 months between doses
- If a child was in the eligible age group at the start of the program on 1 October 2018, they can receive all funded recommended doses; for example:
- A child who had not turned 4 years of age at the start of the program on 1 October 2018 and later presents having turned 4 years of age can receive 2 funded doses during the childhood catch up program which is available until **31 December 2019**.

Please ensure all doses of Bexsero vaccine administered are reported to the Australian Immunisation Register (AIR).

See [How do I record doses of Bexsero administered onto the AIR?](#) below for more information.

What if a person has already received dose/s of the MenB vaccine?

All those in the eligible cohorts can receive the funded vaccine to complete their course. Children who received a primary course at less than 12 months of age will need to complete their course with a booster dose. **Always check the AIR and a person’s immunisation records prior to vaccination.**

What if adolescents were involved in the Meningococcal B Vaccine Herd Immunity Study?

Individuals in Years 10, 11 and 12 in 2017 and 2018 may have already had the meningococcal B vaccination through the Meningococcal B Vaccine Herd Immunity Study -“B Part of It”. Health professionals must ensure they check these cohorts’ immunisation histories from the Study Immunisation Providers, as doses administered as part of the Study may not be on the AIR until early 2019. For further information visit [www.bpartofit.com.au](http://www.bpartofit.com.au).

Can Bexsero be given in pregnancy?

Bexsero vaccine is not routinely recommended for pregnant or breastfeeding women. Bexsero can be given where clinically indicated, such as those at particular risk of serogroup B meningococcal disease. Assessing for pregnancy should be a routine question during pre-assessment screening for the relevant age groups.

Can Bexsero be administered with other NIP vaccines?

Yes, Bexsero can be safely administered with other National Immunisation Program (NIP) vaccines. However, it is recommended to administer Bexsero in a separate limb to other NIP vaccines. For example at the 6 week and 4 month schedule points, administer Bexsero in the left leg and Prevenar 13® and Infanrix Hexa® in the right leg (injections to be separated by 2.5cm).

Never mix separate vaccines together. Vaccines must only be reconstituted with the diluent supplied.
What are the recommendations for administration of multiple vaccines at the 12 month schedule point?

A set of principles has been developed to guide the administration of multiple vaccines at the 12 month schedule point. The recommendations are, where possible:

- administer Bexsero in the left deltoid, Prevenar 13 in the right deltoid, and the MMR and Meningococcal ACWY vaccines in the anterolateral thighs.
- If the child is scheduled for other vaccines, such as influenza, two injections can be given in the anterolateral thigh separated by 2.5cm.
- If all vaccines cannot be given at the same visit, prioritise NIP vaccines at the first visit.

Refer to the NIP schedule and the Principles for Vaccine Administration at 12 Month Schedule Point resources. These principles can also be used to guide the administration of vaccines for other schedule points.

Why is Bexsero recommended to be administered in a left limb?

Administering Bexsero in the appropriate left limb (anterolateral thigh if < 12 months; deltoid if ≥ 12 months) will enable the easy detection of any injection site reactions from Bexsero and forms part of the vaccine safety plan implemented to support and monitor the Men B Immunisation Program.

Why is prophylactic paracetamol administration recommended for those less than 2 years of age?

Fever (>38.5°C) following Bexsero administration in children aged less than 2 years is a common and expected adverse event following immunisation. For this reason, prophylactic use of paracetamol is recommended with every dose of Bexsero for those less than 2 years of age.

The first dose of paracetamol is recommended within the 30-minute period prior to vaccination, or as soon as practicable after vaccination, regardless of the presence of fever. This is followed by 2 more doses of paracetamol given 6 hours apart, regardless of the presence of fever.

Doses of paracetamol should be administered as per manufacturer’s guidelines.

Parents should be able to confidently manage fever post vaccination with the information provided and may require education on how to administer paracetamol.

What are the common side effects following vaccination?

Common adverse events following Bexsero vaccine administration include:

- fever (>38.5°C)
- 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 adults).

It is important to discuss with parents and individuals what to expect after vaccination, common and uncommon reactions and how to manage them. The SA Health After Vaccination Information
Health professional – Frequently Asked Questions

Leaflet should be provided so parents and individuals know who to contact regarding an adverse event and how to report it.

Adolescents and young people should also be advised about adequate fluid intake and to consider paracetamol if experiencing any side effects.

How do I report an adverse event following immunisation (AEFI)?

Reporting an adverse event following immunisation (AEFI) is an essential part of ongoing vaccine safety monitoring. Report any unexpected, unresolved or prolonged event.

To report an AEFI:

- complete the online Vaccine Reaction Reporting Form - Adverse Event Following Immunisation via the SA Health website, or
- contact the Immunisation Section on 1300 232 272.

What resources are available to support the program?

Resources for immunisation providers

- National Immunisation Program - SA schedule
- Principles for administration of multiple vaccines at the 12 month schedule point
- Parent poster – paracetamol administration promotion
- Emergency department/GP poster – reminder for clinicians that vaccine related fever should be considered a possible cause of fever in infants and young children (poster to be placed in a clinical area and not the waiting room).
- Child Care Promotional poster (electronic version only).

Resources for parents:

- Updated pages for the SA Child Health and Development Record ‘Blue book’
- Managing possible fever after Bexsero® vaccine administration (to be given to the parent by immunisation provider).

All resources are published on the SA Health website. All Immunisation Providers were mailed hard copy versions at the commencement of the program. To order more resources visit http://www.poscat.com.au/ and log in with your six digit Vaccine Account Number.

How do I order vaccines?

> Vaccine ordering is through the routine fortnightly online ordering system https://sa.tollhealthcare.com/
> Only single packs are available so careful stock management is essential to ensure adequate fridge space.

To be eligible to receive funded Bexsero vaccine, immunisation service providers are required to demonstrate adequate vaccine storage, monitoring and cold chain management processes.

The SA Health Immunisation Section requested that providers complete an online survey. If you are an immunisation provider in South Australia and have not completed the online survey to be eligible to order Bexsero, contact the Vaccine Distribution Centre on 08 742 57139.

Is Meningococcal B vaccine listed under the Vaccine Administration Code?

Yes. Authorised nurses can administer Bexsero noting the authorisation is conditional to the administration being in accordance with the Vaccine Administration Code.
Health professional – Frequently Asked Questions

Will Bexsero be included in the immunisation requirements under the ‘No Jab No Pay’ policy?

No. The MenB vaccine is a State funded immunisation program and is not assessed as part of the eligibility requirements for family assistance payments under the No Jab No Pay policy.

How do I record doses of administered Bexsero to the AIR?

1. Select record encounter.
2. Select other under schedule.
3. Select Bexsero under vaccine name.
4. Type batch number.
5. Record the correct dose number administered.

Where can I get further information?


For more information

Immunisation Section
Communicable Disease Control Branch
PO Box 6 Rundle Mall SA 5000
Telephone: 1300 232 272
www.sahealth.sa.gov.au/immunisation

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