

Meningococcal vaccines: a decision-making guide for general practice, Sept 2012

Background

- Meningococcal disease predominantly affects children, adolescents and young adults
 - Highest rates in infants under one, followed by children up to 5 years
- Carriage is common, particularly in adolescents
- Invasive disease is rare: in 2011 there were 119 cases and 13 deaths
- Four major types of meningococcal bacteria: A,B,C,Y,W135. Predominant strains in NZ are B and C
 - In NZ about 60% of disease was caused by B and 38% by C in 2011. This varies from year to year

Vaccines

No Group B vaccine

- No current vaccine available in NZ against Group B strains
- The vaccine used in 2004 -2008 to control an epidemic of Group B (MenZB™) is no longer available
 - Duration of immunity from this vaccine was short and vaccinated persons are no longer expected to be immune to Group B strains

Available vaccines against other strains

Polysaccharide vaccines: Mencevax™ ACWY and Menomune™ ACYW-135

- Ineffective in children < 2 years
- Short duration of immunity, approx. 2 to 5 years
- Not very good if want to boost immunity at later date (no immune memory generated)
- Cheaper, \$30.00 + GST + delivery costs for the general practice

Conjugate vaccines: Meningitec®, NeisVac-C™ and Menactra®

- Broader immune response than polysaccharides, includes immune memory
- Longer duration of immunity: approx. 5 to 10 years
- Immunity may be boosted later
- Monovalent and quadrivalent options:
 - C only (**Meningitec®, NeisVac-C™**)- licensed from **6 weeks of age and 8 weeks of age, respectively.**
\$43- \$87 + GST + delivery costs
 - A,C,Y,W135 (**Menactra®**)- licensed from **2 years of age (off label from 9 months of age)**
\$90 + GST + delivery costs

Age and vaccine guide

