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# **Targeted Regional WA MenW Outbreak Response 19/10/2017**

# **Dosing schedule for meningococcal ACWY vaccines\*:**

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| **Age at commencement**  | **Vaccine brand** | **Doses needed** | **Recommended interval between doses** |
| **2 to 6 months** | **Menveo®1, 2, 3** | 4 doses | 8 weeks between doses for each of the first three doses;4th dose should be given at 12-18 months of age but at least 8 weeks after 3rd dose |
| **7 to 11months** | **Menveo®1, 2, 3** | 2 doses | 2nd dose should be given on or after 12 months of age and at least 8 weeks after the 1st dose  |
| **12 months and over (no maximum age)** | **NIMENRIX®2,3** | 1 dose4 | No 2nd dose needed |

**\*Meningococcal vaccines – FAQ, NCIR Fact sheet: September 2017,** [**http://www.ncirs.edu.au/assets/provider\_resources/fact-sheets/meningococcal-vaccines-FAQ.pdf**](http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/meningococcal-vaccines-FAQ.pdf)

**Key points for providers:**

1. **Menveo**
	1. **Menveo is the only vaccine that can be given to babies under 12 months of age**.
	2. If Menveo is inadvertently given to a child between12 and 23 months, another Menveo dose will be required in 8 weeks.
	3. If Menveo is given to healthy individuals 2 years of age and older there is no need for a further dose.
2. It is preferable to use the same brand of meningococcal ACWY vaccines when giving subsequent doses, especially for completing the primary vaccination course for young children. However, a different brand may be substituted in cases where the initial brand used in unavailable of not known.
3. **Menveo or NIMENRIX can be given on the same day as other vaccines**, with the exception that ideally Menitorix® and meningococcal ACWY vaccines should be given at least 4 weeks apart. Meningococcal ACWY vaccines can be given at any time after previous vaccinations, but there may be an increased risk of mild reactions if previous vaccinations occurred within the past 14 days.
4. **Some people are at increased risk of invasive meningococcal disease due to medical conditions**, which include: functional or anatomical asplenia, HIV infection, haematopoietic stem cell transplant, defects/deficiency of complement components, treatment with eculizumab. Be aware that clients that meet these criteria require an additional dose using the same vaccine – providers should refer to the Australian Immunisation Handbook 10th ed. List 4.10.1.
5. **Use in Pregnancy and Breastfeeding**. There is limited experience using MenACWY vaccines in pregnant women. Studies in animals with NIMENRIX brand MenACWY vaccine do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development. Still, MenACWY vaccines should be used during pregnancy only when clearly needed, i.e. if the patient is thought to be at increased risk of meningococcal disease, such as living in the communities that are part of the Targeted Regional WA MenW Outbreak Response, and the possible advantages outweigh the potential risks for the foetus. Breastfeeding women can be offered the vaccination.