

# NSW MENINGOCOCCAL W RESPONSE PROGRAM



Health

## HOW MANY CHILDREN WILL BE VACCINATED UNDER THE PROGRAM?

During 2017 NSW Health will make the meningococcal ACWY vaccine available to all adolescents in Years 11 and 12, through the NSW School-based Vaccination Program. This program reaches all NSW high schools, including public, private and Catholic schools. Adolescents in that age group who have left school, for example those at TAFE or undergoing apprenticeships, will also be able to receive the vaccine for free via their GP. It is estimated that over 180,000 adolescents will be eligible to receive the vaccine in 2017.

## WHAT WILL IT COST FOR INDIVIDUAL VACCINATIONS IF PARENTS WANT CHILDREN OUTSIDE YEARS 11 AND 12 TO BE VACCINATED?

NSW Health understands that the cost of meningococcal ACWY vaccines on the private market is in excess of \$100, depending on the brand (there are three available) and the individual pharmacy pricing.

## WHY ARE ADOLESCENTS IN YEARS 11 AND 12 BEING TARGETED?

Years 11 and 12 are the focus of this program based on the recommendations of national immunisation experts as older teenagers and young adults are both at increased risk of meningococcal disease and are also most likely to spread the disease to others.

## HOW MUCH DOES THE PROGRAM COST AND FOR HOW LONG WILL THE NSW GOVERNMENT FUND THE PROGRAM?

The Program is estimated to cost \$9 million in the first year. NSW Health is planning to focus on vaccinating senior high school students in 2017 and 2018. Following this the Program and risk will be assessed and advice sought from national immunisation experts about the ongoing need for a program and its appropriate targeting.

## WILL THIS VACCINE BE PLACED ON THE NATIONAL IMMUNISATION PROGRAM?

The NSW Government will continue to work with the Commonwealth Government, other states

and territories and experts in the field to investigate whether further measures, such as a national vaccination program are required to control type W meningococcal disease in Australia.

## WHY CAN'T YOUNGER CHILDREN ACCESS THIS VACCINE FOR FREE?

As with all government funded vaccine programs, the vaccine is targeting the group through which it will have the greatest benefit to the individual and the broader population. In this case experts say the vaccine will have the best results if older teenagers, who are at highest risk, are the focus.

Parents of adolescents younger than the targeted cohorts can pay for the meningococcal ACWY vaccine at a pharmacy on prescription from their GP. However the risk in younger adolescents is lower. The cost is likely to be over \$100, through pharmacies and GPs.

## WHAT ABOUT INFANTS?

It is expected that infants will receive some protection through "herd immunity" created by vaccinating older adolescents with the ACWY vaccine.

Children at 12 months of age are offered the meningococcal C vaccine for free, through the National Immunisation Program. The Australian Minister for Health is responsible for making any changes to this program, based on advice from the Pharmaceutical Benefits Advisory Committee.

## CAN I GET A REIMBURSEMENT FROM THE GOVERNMENT IF MY CHILD HAS RECEIVED A VACCINE THAT I PAID FOR?

There are no provisions to reimburse families for private vaccine purchase.

## WHY NOT IMPLEMENT A VACCINATION PROGRAM AGAINST MENINGOCOCCAL B?

Year-on-year meningococcal B cases in Australia have been decreasing and, while still a very serious disease, the circulating strains of meningococcal B disease do not show the same levels of mortality as is seen with meningococcal W disease.

## The ACWY vaccine

### WHAT ARE THE SIDE EFFECTS OF THE VACCINE AND HOW DO WE KNOW IT IS SAFE?

This vaccine is safe and effective – very similar to the meningococcal C vaccine which has been used routinely in 12 month old infants since 2003. As with any vaccine, local swelling and pain will occur in a small percentage of recipients.

The US has routinely used the meningococcal ACWY vaccine in adolescents since 2005 with no safety signals of concern. The UK has used this vaccine in adolescents since 2015, also with no concerns regarding safety, and with early indications of good individual protection for vaccine recipients.

## Meningococcal disease

### WHAT CAUSES MENINGOCOCCAL DISEASE?

Meningococcal disease is caused by infection with *Neisseria meningitidis* which has several serogroups (types). Disease in Australia is caused by types A, B, C, W and Y.

### IS THE W STRAIN OF MENINGOCOCCAL DISEASE MORE DANGEROUS THAN OTHER STRAINS?

Disease caused by meningococcal W has resulted in more fatalities than disease caused by other currently circulating meningococcal strains. Meningococcal W has become the prominent strain both nationally and in NSW. Notifications of meningococcal W have almost tripled in NSW since 2015.

### WHY HAS MENINGOCOCCAL W INFECTION HAD AN EIGHT PER CENT MORTALITY RATE OVER THE LAST 10 YEARS COMPARED TO A FOUR PER CENT RATE FOR OTHER STRAINS OF THIS DISEASE?

The strain of meningococcal W disease that is emerging is called a “hypervirulent” strain. This means it has an increased propensity to spread from person to person, and tends to cause more severe disease.

### HOW DO YOU GET IT?

Meningococcal bacteria are only found in humans. They grow in the back of the throat and nose and can spread from person to person via respiratory secretions (through kissing, sneezing, coughing). Between five and 25 per cent of people carry meningococcal bacteria at the back of the nose and throat without showing any illness or symptoms.

These people are carriers of the disease and can pass it on to others. Studies show that the percentage of people who are carriers increases from less than five per cent in infants to around eight per cent in primary school children and up to 24 per cent in 19 year olds. Meningococcal carriage then decreases to around eight per cent in 50 year olds. In situations such as residential colleges, carriage can be as high as 70 per cent.

### WHY ARE TEENAGERS THE MAIN SPREADERS OF THE DISEASE?

Older teenagers and young adults are both at increased risk of meningococcal disease and are also most likely to spread the disease to others. This is due to social behaviours that result in the disease being transmitted through close physical contact, such as frequent kissing, nightclub attendance, living in residential colleges, smoking and participation in other social activities that involve physical closeness.

### WHY IS IT MOST PREVALENT AT CERTAIN TIMES OF THE YEAR?

Carriage rates are the key to determining the rates of this disease. Most people who are carrying meningococcal bacteria develop immunity. However occasionally when a person newly catches a strain of meningococcus in their throat the bacteria invade through the mucous membranes before the person develops immunity. Disease rates are probably highest in late winter/early spring due to people spending more times indoors in close proximity to others during cooler months, thereby increasing spread of the bacteria from person to person.

### NSW MENINGOCOCCAL NOTIFICATIONS

|            | TYPE W | TYPE B | TYPE Y | TYPE C | UNTYPED | TOTAL |
|------------|--------|--------|--------|--------|---------|-------|
| 2017 (ytd) | 2      | 3      | 2      | 2      | -       | 9     |
| 2016       | 26     | 26     | 15     | 2      | 3       | 72    |
| 2015       | 9      | 23     | 7      | 2      | 4       | 45    |
| 2014       | 6      | 23     | 7      | 0      | -       | 36    |
| 2013       | 5      | 26     | 9      | 3      | 3       | 46    |