Queensland Meningococcal B (MenB) Vaccination Program

Provider information sheet

Beginning in 2024, the Queensland MenB Vaccination Program provides free meningococcal B (menB) vaccines to eligible Queensland infants, children and Adolescents.

Aboriginal and Torres Strait Islander children (less than 2 years of age) and people with specific medical risk factors for invasive meningococcal disease have historically been and will continue to be eligible for free menB vaccine through the National Immunisation Program (NIP).

The Queensland MenB Vaccination Program makes Bexsero menB vaccine available for eligible infants, children and adolescents in addition to NIP eligible groups.

MenB vaccines are also available for purchase on the private market for those who are not eligible under the NIP or the Queensland MenB Vaccination Program.

Eligibility for free vaccine

Infant and Childhood Program

Infants aged 6 weeks to 12 months of age (eligible for immunisation through the Queensland MenB Vaccination Program):

• 3 doses of Bexsero menB vaccine (2 dose primary course and one booster dose). These will be administered with other National Immunisation Program (NIP) vaccines at 6 weeks, 4 months and 12 months of age.

Children aged between 12 months and less than 2 years of age (eligible for immunisation through the Queensland MenB Vaccination Program):

• 2 doses of Bexsero menB vaccine for children who have not yet been vaccinated against menB (8-week minimum interval between doses).

Aboriginal and Torres Strait Islander children less than 2 years of age (eligible for immunisation through the National Immunisation Program):

- 3 doses of Bexsero menB vaccine for infants commencing immunisation before 12 months of age (2 dose primary course and one booster dose). These will be administered with other National Immunisation Program (NIP) vaccines at 6 weeks, 4 months and 12 months of age.
- 2 doses of Bexsero menB vaccine for children commencing vaccination between 12 months and less than two years of age (8-week minimum interval between doses).

Children with specified medical risk conditions are recommended to receive an additional dose of NIP-funded MenB vaccine at 6 months of age.



Adolescent Program

Adolescents aged 15 to less than 20 years (eligible for immunisation through the Queensland MenB Vaccination Program):

 2 doses Bexsero vaccine with a minimal interval of 8 weeks between doses. Students in year 10 will be offered immunisation through the Queensland School Immunisation Program.

People of any age with specific medical conditions (eligible for immunisation through the National Immunisation Program):

- People with the following conditions are considered to have an increased risk of invasive meningococcal disease:
 - defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency
 - people with acquired complement deficiency due to receipt of complement inhibitor therapy (including but not limited to eculizumab or ravulizumab)
 - functional or anatomical asplenia, including sickle cell disease or other haemoglobinopathies, and congenital or acquired asplenia HIV, regardless of disease stage or CD4+ cell count
 - haematopoietic stem cell transplant
- People with the above conditions are recommended to receive a primary course and MenB vaccine Bexsero booster. The number of doses needed depends on the vaccine brand used and the person's age when they start the vaccine course. Only Bexsero is funded under the NIP for medically at-risk groups for primary courses and booster doses.

What vaccine is used and what is the dosage interval?

Bexsero recombinant multicomponent meningococcal serogroup B vaccine is used for the Queensland MenB Vaccination Program.

Two primary doses should be given, with an interval not less than 8-weeks between doses. Booster doses of Bexsero are recommended for infants and for individuals with certain medical conditions.

Bexsero and Trumenba are not interchangeable. The same vaccine should be used for all primary vaccine doses as well as any booster.

Refer to the Australian Immunisation Handbook for more information.

If a child/adolescent has already had one dose of Bexsero many years ago, do they need to start the course again?

If a child/adolescent has received a valid dose of Bexsero, and this can be confirmed on the Australian Immunisation Register or with the provision of written immunisation records, they will not need to start the course again. A catch-up schedule should be formulated from previous documented doses the person has received.

However, there is no contraindication to repeating a menB immunisation course as long as the interval between courses is at least 8 weeks.

Co-administration with other vaccines

Bexsero can be safely given with other routine vaccines.

Children <2 years of age have an increased risk of fever after receiving Bexsero however this is not a contraindication to administering Bexsero with other scheduled vaccines.

If administering two vaccines at the same site, separate by 2.5cms as per the Australian Immunisation Handbook.

Never mix separate vaccines together. Vaccines must only be reconstituted with the diluent supplied.

Refer to the <u>Australian Immunisation Handbook</u> for more information.

Administration sites

The two anatomical sites recommended as routine injection sites are:

- anterolateral thigh for all infants under 12 months (see Figure. Anatomical markers used to identify the vastus lateralis injection site on the anterolateral thigh and Figure. Vastus lateralis injection site on the anterolateral thigh in Identifying the injection site)
- deltoid muscle for all people over 12 months is the preferred site (see Figure. Anatomical markers used to identify the deltoid injection site in Identifying the injection site)

Use of Paracetamol

Children <2 years of age have an increased risk of fever after receiving Bexsero and are recommended to receive prophylactic paracetamol.

Children <2 years of age can receive Bexsero separately from other routine infant vaccines, with a minimum interval of 3 days, to minimise the risk of fever. In this case, give routinely recommended vaccines first.

Refer to the Australian Immunisation Handbook for more information.

Can the menB vaccine be given in pregnancy?

Bexsero vaccine is not routinely recommended during pregnancy or breastfeeding. 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.

Ordering menB vaccine for the Queensland MenB Vaccination Program

Bexsero vaccine is available to order from the Queensland Health Immunisation Program (QHIP) as part of regular vaccine orders.

Are people already immunised against menB eligible for immunisation via the Queensland MenB Vaccination Program?

If a child has already received a valid and complete meningococcal B immunisation course with Bexsero vaccine, there is no current recommendation to repeat the course however they remain eligible to receive a funded menB immunisation course when aged between 15 and less than 20 years.

There is no contraindication to repeating a menB immunisation course as long as the interval between courses is at least 8 weeks.

Is menB vaccine included in the requirements under the Commonwealth Government's 'No Jab No Pay' or the Queensland Government's 'No Jab no Play' policies?

Funded menB vaccine is not assessed as part of the eligibility requirements for family assistance payments under the Commonwealth Government's 'No Jab No Pay' policy, or the Queensland Government's immunisation legislation for early childhood education and care services.

Where is the Queensland MenB Vaccination Program available?

The infant, early childhood and adolescent programs are delivered through a network of more than 2,000 Queensland Health registered immunisation service providers, including GPs, community immunisation clinics, pharmacies, and Aboriginal and Torres Strait Islander Health Services.

MenB immunisation is also delivered in Year 10 through the Queensland Health School Immunisation Program.

What is funded/free?

MenB vaccine is provided for free to those eligible. As is the case currently, a consultation/administration fee may be charged at the immunisation service provider's discretion.

Can people who are not eligible for Medicare be provided with Queensland funded menB vaccines?

No. Eligibility for the Queensland MenB Vaccination Program is linked to the eligibility for Medicare benefits.

Note, refugees and humanitarian entrants settled in Queensland are Medicare eligible and are therefore eligible to be immunised under this program.

Can visitors to Queensland be provided with Queensland funded menB vaccines?

No. The Queensland MenB Vaccination Program is for residents of Queensland who are Medicare eligible.

Why has the Queensland Government funded a MenB Vaccination Program?

Meningococcal disease is a serious infection that can cause significant illness, disability and death. Around one-third of children and adolescents who survive meningococcal disease develop permanent complications. With improved control of other strains of meningococcal disease through immunisation, the menB strain is emerging as the most common cause of illness and death from meningococcal disease in Queensland.

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends menB immunisation for several at risk groups, in addition to those currently included under the NIP schedule. The implementation of a Queensland funded menB vaccination program for children and adolescents is in accordance with ATAGI's recommendations. The Queensland MenB Vaccination Program aims to remove financial barriers to immunisation, improve vaccine uptake, and improve the protection that menB immunisation provides against meningococcal disease.

Do I have to report administered doses of MenB to the AIR?

Yes, report all immunisations to the AIR.

Does the MenB vaccine offer any other benefits?

Yes. The MenB vaccine has also shown effectiveness in preventing gonorrhoea amongst adolescents and young adults. This is because gonorrhoea and meningococcal B are caused by similar types of bacteria.