



Targeted regional WA MenW outbreak response

Frequently asked questions (30 October 2017)

What is the targeted response?

The Targeted Regional WA MenW Outbreak Response is a vaccination program against meningococcal disease being offered to people living in several specific locations in remote areas of WA. The program is a preventive response to an outbreak of MenW occurring in central Australia, mostly affecting Aboriginal people in the Northern Territory (NT) and the northern part of South Australia (SA). A case of meningococcal W disease reported on 4 October 2017 from the Ngaanyatjarra Lands in the northern Goldfields is likely to be linked to the central Australia outbreak.

Under this program, meningococcal A,C,W,Y (MenACWY) vaccine will be offered to all people aged 2 months and older living in WA communities with strong cultural links to the central Australian communities affected by the outbreak (these are the targeted areas).

The targeted vaccination program will start on Monday 23 October and continue until 17 December 2017.

The existing childhood meningococcal vaccination program against serogroup C will continue. However the meningococcal C vaccine does not protect against serogroup W, which is increasing in WA and nationally.

The existing MenACWY vaccination program that targets all persons aged 15-19 years in WA will also continue.

Why is this targeted MenACWY vaccination program necessary?

An outbreak of MenW is occurring in a broad area of central Australia, mostly affecting Aboriginal people in the Northern Territory (NT) and the northern part of South Australia (SA). MenACWY vaccination programs have commenced in certain areas of those jurisdictions. Vaccination of people living in WA communities with close links to the affected communities in NT and SA will help to protect them from meningococcal disease.

Why is the targeted MenACWY vaccination program starting now?

A recent case of meningococcal W disease in a child in the northern Goldfields indicates that the central Australia outbreak may be spreading to WA, and could affect other communities unless they are protected through vaccination.

Which vaccine will be used?

Conjugated MenACWY vaccine will be used. This vaccine protects against 4 groups of meningococcal bacteria A,C,W, and Y. Two brands of MenACWY vaccine will be used – Menveo® (GSK) is registered in Australia and will be used for those aged 2 months to under 12 months, and Nimenrix® (Pfizer) is registered and will be used for those aged 12 months and over.

Who will be vaccinated through this program?

Under this program, MenACWY vaccine will be offered to all people aged 2 months and older living in WA communities with strong cultural links to the central Australian communities affected by the outbreak (these are the targeted areas). Both Aboriginal and non-Aboriginal people will be part of this program.

People who have already been vaccinated against MenACWY, such as 15 to 19 year olds who are part of the WA statewide MenACWY vaccination program, or people vaccinated in the NT or SA, will not need re-vaccination.

What age groups will be offered MenACWY vaccine?

Persons aged 2 months and older can receive MenACWY vaccine. Although Nimenrix is registered for use only up to 55 years of age, it can be safely given to people over 55 years of age.

Can the MenACWY vaccine be given to children aged less than 2 months of age?

Babies can have the MenACWY vaccine from 2 months of age. It cannot be given prior to 2 months of age. Babies from 2 months to 6 months of age require a course of four vaccinations, the final dose being given between 12-18 months. Babies from 7-11 months will require a two dose course of the vaccine with no booster. All these vaccines for babies who commence the vaccination course during the program will be provided through this program.

What areas will be included in the program?

The program is targeting Aboriginal communities that have strong links with areas of the NT and SA where the MenW outbreak is occurring.

The communities included in the targeted area are: All Ngaanyatjarra Lands' communities and Tjuntjuntjara (Goldfields); Balgo, Bililuna, Mulan and Kundat Jaru/Ringer Soak (Kimberley); Punmu, Kunawarritji, Jigalong and Parnngurr/Cotton Creek (Pilbara).

Why are other parts of WA not included?

The Targeted Regional WA MenW Outbreak Response is being implemented in response to an observed increase in Men W cases in central Australia. The communities being vaccinated are those with close links to communities in central Australia where people have become ill from meningococcal disease. Other parts of WA are not currently affected by this outbreak.

The WA State Government is running a statewide vaccination program for 15 to 19 year olds to reduce spread within the WA community. See information on the [Meningococcal ACWY Statewide vaccination program](#).

Has this type of intervention been done before, if so where and why?

It is standard public health practice to consider meningococcal vaccination of communities in response to meningococcal outbreaks. The aim is to provide direct protection from infection and to stop carriage and further spread of infection from people who carry the meningococcal bacteria in the back of their throat, but who don't display symptoms, from passing the bacteria onto other people.

Recently in WA, a community-wide vaccination program was implemented in the Kalgoorlie area in response to cases of meningococcal disease caused by serogroup W that occurred within that area. A vaccination program was also initiated in a community in the Kimberley region in 2016, in response to two cases that occurred in that community.

Who is most at risk from meningococcal disease?

Meningococcal disease can affect any age group. However, those most at risk of meningococcal disease are young children, particularly Aboriginal children.

How does meningococcal disease spread?

Meningococcal bacteria spread through the exchange of respiratory secretions from the back of the nose and throat. Generally it takes close, prolonged contact to spread, such as living in the same household or intimate kissing with someone who is carrying the bacteria. Meningococcal bacteria are not as contagious as microorganisms that cause the common cold or the flu. People do not catch them through casual contact or by breathing the air where someone with meningococcal disease has been.

Where can people access their vaccine?

Vaccines will be available from health clinics in the Ngaanyatjarra Lands and Tjuntjuntjara in the Goldfields, and the Western Desert area of the Kimberley and the Pilbara regions.

Can someone have the vaccination if they are a visitor to the target areas?

The vaccination program is for residents of the target communities and those who stay overnight in the homes of people who live in the communities. People who are visiting the communities for less than seven days, and are not staying in the homes of residents, are not eligible to be vaccinated as part of this program.

If people are residents of the target area but away when this vaccination campaign starts, can they have the vaccination elsewhere in Western Australia?

No, the vaccine will only be available in the selected communities. People who are temporarily absent, such as at boarding schools, and return while the program is running can access the vaccine when they return.

Are Non-Aboriginal people who live and work in the target areas going to be included?

Yes. Where a person lives and works in the community, they are considered to be resident there and included. Visiting staff, who spend only a short period (ie <7 days) in the community in visitor accommodation, are not considered at increased risk and will not require vaccination.

Are health care workers who are not residents of the target areas, but may care for people with meningococcal disease, part of this program?

No. Generally speaking, health care workers are not at elevated risk of getting meningococcal infection through their work. In the rare event a health care worker comes into direct contact with the nasopharyngeal secretions of a patient with meningococcal disease, for example while performing mouth-to-mouth resuscitation or intubation without wearing appropriate personal protective equipment, they should be provided with antibiotic chemoprophylaxis. Where a health care worker lives and works in a target community, they are considered a resident and will be offered vaccination.

If I live outside the target communities, how can I get a MenACWY vaccination?

People living outside the targeted communities can access MenACWY vaccination privately through their GP. The cost is typically less than \$100. The GP may have the vaccine at their

practice or provide you with a prescription to collect the vaccine from a pharmacy. Please contact your GP to discuss this.

How effective are the MenACWY vaccines?

Clinical trials have demonstrated that the MenACWY vaccines are effective in preventing disease and reducing carriage of meningococcal bacteria, and are safe in children, adolescents and adults.

Persons living in the targeted communities need to be mindful of the early signs and symptoms of meningococcal disease and seek medical attention if they are concerned.

How long does it take for immunity to develop after having the vaccine?

It takes approximately two weeks for immunity to develop after MenACWY vaccination. Infants younger than 12 months will require multiple doses to be fully protected.

What serogroups will the vaccine cover?

The vaccine protects against the meningococcal serogroups A C W and Y. Serogroup W is the one that has been responsible for the recent cases in central Australia.

If someone has recently received another vaccination, can they have the MenACWY vaccine now?

It is recommended that there is a 14 day interval between receiving the MenACWY vaccine and any previous vaccinations. However, for this targeted vaccination program, there may be reasons to have the MenACWY vaccine within a shorter time period of receiving previous vaccines, such as when the person is unlikely to re-present for vaccination, or there is an immediate increased risk in the context of household, day-care or school cases. If the spacing is less than two weeks between vaccinations, there may be an increased likelihood of mild reactions.

For more specific advice regarding your child's vaccinations contact your immunisation provider.

Can someone have the MenACWY vaccine on the same day as other vaccines?

MenACWY vaccines can be given on the same day as other vaccines, with the exception of Menitorix vaccine. If a child is due for their Menitorix vaccine, administer the MenACWY vaccine first, and then wait a month before giving Menitorix.

When will the targeted vaccination program run?

The first vaccinations will occur during the week ending 23 October 2017 and be completed by 17 December 2017.

Where can I get information about when communities will be vaccinated?

Contact the regional [Public or Population Health Units](#).

Can a pregnant woman have MenACWY vaccine?

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.

Can women who are breastfeeding have MenACWY vaccine?

Breast feeding women can be offered the vaccination.

Can the vaccine cause meningococcal disease?

No. Only the *Neisseria meningitidis* bacterium can cause meningococcal disease. The vaccine does not contain any live bacteria.

What are the symptoms of meningococcal disease?

The symptoms of meningococcal disease can include: fever, headache, neck stiffness, muscle or joint pains, drowsiness, confusion, nausea and vomiting and a rash of red-purple spots or bruises.

Common symptoms of meningococcal disease in babies include: fever, rapid breathing, rash, vomiting, irritability, drowsiness, and pale skin.

Meningococcal disease, due to the W strain can have atypical presentations, such as epiglottitis/pharyngitis, septic arthritis, conjunctivitis or pneumonia. These can present alone (~20%) or in combination with usual findings.

If you or someone you know develops symptoms or signs consistent with meningococcal disease consult your family doctor, clinic nurse or the Emergency Department of the closest hospital immediately.

Can infants who received Menveo vaccine as part of this targeted program, and require additional doses of vaccine, receive these doses outside the target area?

Children who received a Menveo vaccination as part of the targeted program, and have moved to another area within WA, can be provided the vaccinations required to complete the recommended dose schedule. Parents or immunisation providers need to contact the Population/Public Health Unit in the area where the child is now living, and they will organise the required vaccinations, see [Population or Public Health Unit contact details](#).

© Department of Health 2017