**<<<REGION NAME>>>> Population Health**

**Targeted Regional WA MenW Outbreak Response**

**October - December, 2017**

An outbreak of Meningococcal disease, serogroup W (MenW), started in Central Australia in July 2017. Aboriginal people living in some areas in the Northern Territory and South Australia (SA) have been affected. To prevent further transmission and cases of MenW in Western Australia, WA Health has announced a **‘Targeted Regional WA MenW Outbreak Response’ vaccination campaign**.

**Who is eligible?**

Any person 2 months and over living in the following remote Aboriginal Communities:

* Ngaanyatjarra Lands communities and Tjuntjuntjarra (Goldfields)
* Balgo, Bililuna, Mulan and Kundat Jaru/Ringers Soak (Kimberley)
* Punmu, Kunawarritji, Jigalong and Parnngurr/Cotton Creek (Pilbara).

The free vaccine will ONLY be available to residents in those communities and staff who live there. Short-term visitors who are not living with a local family are not considered at increased risk.

**Who will implement the vaccination program?**

The Regional Population Health Units in the affected areas are assisting to coordinate the local implementation of the program. Vaccine will be provided free from the WA Department of Health. Aboriginal Medical Services and WACHS clinics in the targeted communities will vaccinate community members.

**Duration of vaccination campaign**

The vaccination campaign will be conducted from **23 October to 17 December**, 2017. Vaccine program delivery will vary in different areas; contact your local clinic or Population Health Unit for vaccine availability.

**Vaccines**

Two types of vaccine will be used for this response:

Menveo® for persons *under 12 months*;

NIMENRIX® for persons 12 months and over.

**Vaccine safety and efficacy**

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. Clinical trials have demonstrated that the MenACWY vaccines are effective in preventing disease and reducing carriage of meningococcal bacteria. It takes approximately two weeks for immunity to develop after MenACWY vaccination.

Both vaccines are generally safe and well tolerated. MenACWY vaccines can be given on the same day as other childhood vaccines, with the exception of Menitorix® vaccine (leave a 4 week gap). If other vaccines have been given recently, a two week gap should be waiting before giving MenACWY vaccine.

Vaccines should be given in accordance with manufacturer’s instructions*. NIMENRIX should be drawn up using a* ***23g needle*** *(not a blunt drawing up needle).*

**Adverse Events Following Immunisation**

Any serious or unexpected adverse event (reaction) following vaccination (AEFI) should be reported to the Department of Health by:

* using the Western Australian Vaccination Safety Surveillance (WAVSS) system at [wavss.health.wa.gov.au](https://wavss.health.wa.gov.au/) (24 hours a day, 7 days a week)
* contacting the Central Immunisation Clinic 9321 1312 (8:30am – 4:30pm).

**Subsequent doses for babies**

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. Vaccine for subsequent doses will be provided for children who commence their primary schedule as part of this program. Recalls will be set up through existing systems in local clinics.

**Use in pregnancy**

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.

**Use in Breastfeeding**

Breastfeeding women can be offered the vaccination.

**Information for clinicians regarding meningococcal disease**

Typical symptoms for meningococcal infection are those of septicemia and/or meningitis. Babies and young children may experience irritability, have difficulty waking, bulging fontanelle, rapid or laboured breathing, refusal to walk/limping, a high pitched cry or decreased oral intake. **Please be aware that 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.

Suspected cases should have bloods taken for culture and whole blood EDTA for *meningococcal PCR*, and treatment with Ceftriaxone. National guidelines relating to management of IMD cases can be found by clicking on this [link](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-IMD.htm).

**Information for the public regarding meningococcal disease and this campaign**

A fact sheet is available for members of the general public regarding meningococcal disease; information can be found on the [HealthyWA website](http://www.healthywa.wa.gov.au/Articles/J_M/Meningococcal-disease) or by clicking on this [link](http://healthywa.wa.gov.au/~/media/Files/HealthyWA/New/2017%20Meningococcal%20disease%20fact%20sheet%20-%20Copy.pdf) for the factsheet.

**Further Information**

Further information about this campaign can be found on the HealthyWA website:

<http://healthywa.wa.gov.au/Articles/J_M/Meningococcal-disease>

Further information can be obtained by contacting your regional Public Health Team, contact details at <http://www.healthywa.wa.gov.au/publichealthunits>.