



Meningococcal B Vaccine (Bexsero): Close Contacts and Cases

The National Immunisation Advisory Committee has recommended the use of Meningococcal B vaccine (Bexsero) for **close contacts** of cases of Meningococcal B disease and also for cases of Meningococcal B disease, once they have recovered from the illness.

MenB vaccine (Bexsero) is indicated for active immunisation of individuals from 2 months of age and older. The dose is 0.5mls given by IM injection into the anterolateral thigh or the deltoid region. The number of doses of MenB vaccine (Bexsero) depends on age. Table 13.3 from the immunisation guidelines gives details on the doses required.

Table 13.3 Meningococcal B vaccination schedule by age

Age group	Primary Immunisation	Minimum Interval	Booster
2 – <6 months	Three doses ¹	1 month	1 dose at 12 months of age
6 – <12 months	Two doses	2 months	1 dose over 12 months of age at least 2 months after the primary series
12 – <24 months	Two doses	2 months	1 dose 12 to 23 months after the primary series
2 – <11 years	Two doses	2 months	
11 years and older	Two doses	1 month	

¹ Minimum age of first dose 8 weeks

Adverse Reactions

- Tenderness, pain, swelling, hardness and redness at the injection site are very common.
- Fever, loss of appetite, sleepiness, unusual crying, diarrhoea, vomiting, rash and irritability are very common in children up to 10 years. Prophylactic use of paracetamol at the time of or closely after vaccination can reduce the incidence and severity of fever in children under 2 years of age and should be considered in this age group.
- Headache, nausea and malaise, myalgia and arthralgia may occur in adolescents and adults.

Further information about this vaccine is available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter13.pdf>

Vaccination of case and close contacts

If someone is identified as a case or is a close contact of a case of Meningococcal B disease the Department of Public Health will contact their GP regarding the recommended Men B vaccination and make arrangements for supply and payment.

Supply of MenB vaccine (Bexsero)

The vaccine can only be ordered through the cold chain for a case of Meningococcal B disease or for close contacts of a case. Public Health will alert the National Immunisation Office (NIO) that the GP surgery will be ordering the vaccine for identified contacts. Once approved, the vaccine will be delivered with the next routine delivery. The vaccine is not available from the cold chain in any other circumstances.

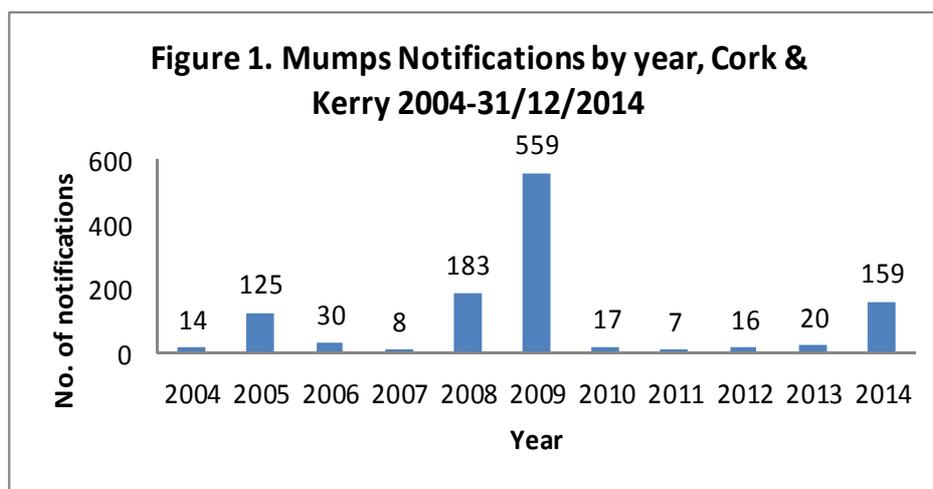
If it is requested in any other circumstance, e.g. parents choose to have their child vaccinated, it must be obtained privately.

Payment information

The Primary Care Reimbursement Service (PCRS) has extended the GP Application Suite to allow claims for cases and contacts of Meningococcal B disease to be submitted. Payment will be made for all patients, regardless of medical card status. An outbreak payment fee will apply and this is currently €28.50 per vaccine given. In order to complete the payment, an outbreak code is required from Public Health. If vaccination is recommended for a case or close contacts, Public Health will provide this code, and additional information regarding payment requirements, to the GP.

Mumps

There has been a significant increase in mumps cases in Ireland in 2014. By the end of November there were 159 notified cases in Cork and Kerry, (63 in November alone). This compares to 20 cases for the full year in 2013. Figure 1 shows the notifications for Cork and Kerry by year since 2004. The largest number was recorded in 2009, when a large national outbreak resulted in more than 3,500 cases being reported across the country.



In 2014, 101 cases (64%) were in the 15-24 year age group and were mainly associated with schools, universities and colleges. Self reported vaccination status was available for 97 cases. Of these 21% were unvaccinated, 23% had one MMR and 56% had two MMRs.

The current mumps outbreak demonstrates that outbreaks can occur in highly vaccinated populations. Similar outbreaks in highly vaccinated populations have been reported in the USA and the UK. However, there is good evidence to indicate that the size of the outbreaks is much less when a majority of the population have had two doses of MMR.

International evidence has shown that during mumps outbreaks in highly vaccinated communities, the proportion of people who contract mumps among those fully vaccinated is much lower than the proportion who contract the virus among those who were incompletely or never vaccinated.

Mumps infection after vaccination may occur because the vaccine recipients do not develop immunity after vaccination (primary vaccine failure) or there may be some waning immunity. Two doses of MMR vaccine are estimated to be 88% effective (range: 66-95%) in preventing mumps. Vaccination with two doses of MMR still offers the best protection against mumps.

The HSE has undertaken an MMR catch-up campaign for school students since 2009. Any teenagers/young adults who have not had two doses of MMR vaccine are encouraged to obtain the vaccine from their GP or student health services. We do not currently recommend a third dose in those who have documented evidence of two doses of MMR vaccine.