

# Meningococcal vaccines

## ACW-135Y

Age	Recommended Brand	Primary Immunisation	Interval between primary doses	Timing of booster doses
2-6 months	Menveo	4 doses	8 weeks	The 4th dose should be given at 2nd year of life (at 12-16 months). Then 3 years later, then every 5 years
7-11 months	Menveo	2 doses	8 weeks	2nd dose administered in the 2nd year of life. 3 years after the primary doses then every 5 years
12-23 months	Menveo OR	2 doses	8 weeks	2nd dose administered in the 2nd year of life. 3 years after the primary doses then every 5 years
	Nimenrix	1 dose	Not applicable	3 years after the primary dose then every 5 years
2-6 years	Menactra, Menveo or Nimenrix	1 dose	Not applicable	3 years after the primary dose then every 5 years
More than 7 years	Menactra, Menveo or Nimenrix	1 dose	Not applicable	Every 5 years after the previous dose

*\*Recommended by the Australian Immunisation Handbook 2018*

## Meningococcal B

Age	Number of doses required for primary immunisation	Recommended intervals between doses	Recommended age for single booster dose
<b>BEXSERO</b>			
6 weeks – 5 months	3 doses	8 weeks	12 months
6-11 months	2 doses	8 weeks	12 months or 8 weeks after previous dose whichever is later
More than 12 months	2 doses	8 weeks	No booster required
<b>TRUMENBA</b>			
More than 10 years	2 doses	6 months	3 doses for high risk groups

*\*Recommended by the Australian Immunisation Handbook 2018*

# Meningitis, Meningococcal and Septicaemia

Learn the Symptoms  
*Meningitis can Kill in 24 Hours*



**MENINGITIS  
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AUSTRALIA**

*Raising awareness.  
Every second counts.*


Free Call 1800 250 223

# Meningitis

Learn the symptoms – Meningitis can kill in 24 hours

For further information about meningitis visit:

[meningitis.com.au](http://meningitis.com.au)

	Babies	Children & Adults		Babies	Children & Adults
 Fever, cold hands and feet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	 Rapid breathing/grunting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Vomiting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	 Pale blotchy skin/spots/rash	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Tired/floppy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	 Unusual crying/refuses to feed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Blank expression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	 Bulging soft spot on top of head	<input checked="" type="checkbox"/>	<input type="checkbox"/>
 Dislikes being handled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	 Stiff neck/dislikes bright lights*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Severe headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	 Fitting/stiff jerking movements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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M–F 8am–4pm (WST). Closed Thursday

11 Aberdare Road, Nedlands WA 6009



A rash may also occur with some forms of meningitis. These are common symptoms and can appear in any order. Some may not appear at all.

*\*Young children with meningitis may not have stiff neck and may not be light sensitive.*

***If concerned, see a doctor immediately! Every second counts!***

Don't hesitate to return to the doctor or hospital immediately if the person deteriorates or you are still concerned!

*Disclaimer: The Meningitis Centre is a 'not for profit' support organisation based in Australia, not a professional medical authority. The Meningitis Centre's literature provides general information about meningitis, not medical advice. Please consult your doctor for further information & seek medical attention if you are concerned someone may be ill.*