

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	2 doses	8 weeks	2nd dose administered in the 2nd year of life. 3 years after the primary doses then every 5 years.
	OR 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 2017.*

Meningococcal B

Age	Number of doses required for primary immunisation	Recommended intervals between doses	Recommended age for single booster dose
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

**Recommended by the Australian Immunisation Handbook 2017*

Whilst these are the recommended doses outlined by the Federal Health Department, Meningitis Centre Australia advises you discuss the suitability of vaccinations with your own GP or Paediatrician.

For further information about meningitis visit:

meningitis.com.au



**MENINGITIS
CENTRE
AUSTRALIA**

*Raising awareness.
Every second counts.*

Free Call 1800 250 223
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Founding member of the Confederation of Meningitis Organisations (CoMO)
www.comomeningitis.org



Disclaimer: Meningitis Centre Australia is a 'not for profit' organisation based in Australia, not a professional medical authority. Meningitis Centre Australia's literature provides general information about meningitis, not medical advice. Please consult your doctor to discuss the information or if you are concerned someone may be ill.
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Meningococcal and Meningitis

What You Need To Know



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CHILD PROGRAMS	
Birth	Hepatitis B (hepB)
2 months	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV); Pneumococcal conjugate (13vPCV); Rotavirus
4 months	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV); Pneumococcal conjugate (13vPCV); Rotavirus
6 months	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV); Pneumococcal conjugate (13vPCV); Rotavirus b
12 months	Haemophilus influenzae type b (Hib) and Meningococcal C (Hib-MenC); Measles, mumps and rubella (MMR)
18 months	Measles, mumps, rubella and varicella (chickenpox) (MMRV), diphtheria, tetanus, acellular pertussis (whooping cough)
4 years	Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)
SCHOOL PROGRAMS	
10-15 years	Contact your State or Territory Health Department for details. Varicella (chickenpox); Human Papillomavirus (HPV); Diphtheria, tetanus, and acellular pertussis (whooping cough) (dTpa)
AT RISK GROUPS	
6 months & over	Influenza (flu) (people with medical conditions placing them at risk of serious complications of influenza)
12 months	Pneumococcal conjugate (13vPCV) (medically at risk)
12-18 months	Pneumococcal conjugate (13vPCV) (Aboriginal and Torres Strait Islander children in high risk areas)
12-24 months	Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas)
4 years	Pneumococcal polysaccharide (23vPPV) (medically at risk)
15 years & over	Influenza (flu) (Aboriginal and Torres Strait Islander people); Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people medically at risk)
50 years & over	Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people); Pregnant women; Influenza (flu)
65 years & over	Influenza (flu); Pneumococcal polysaccharide (23vPPV)
70-79 years	Herpes Zoster (shingles)

*Pneumococcal vaccine: Medically at risk children require a fourth dose of 13vPCV at 12 months of age; and a booster dose of 23vPPV at 4 years of age (but less than 6 years of age). Infants born at less than 28 weeks gestation require a fourth dose of 13vPCV at 12 months of age.

Aboriginal and Torres Strait Islander children require a fourth dose of pneumococcal vaccine (13vPCV) at 12 months of age (but not more than 18 months) for children living in high risk areas (Queensland, Northern Territory, Western Australia and South Australia). Contact your State or Territory Health department for details.

Meningitis Centre Australia primarily deals with information about meningitis vaccinations, for further information about any of the other vaccines mentioned in this Schedule please consult your GP, go to www.immunise.health.gov.au or contact 1800 671 811.

How do I know if I have meningitis?

	Babies	Children & Adults
Fever, cold hands and feet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vomiting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tired/floppy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Blank expression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dislikes being handled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rapid breathing/grunting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pale blotchy skin/spots/rash	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Unusual crying/refuses to feed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bulging soft spot on top of head	<input checked="" type="checkbox"/>	<input 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"/>

These are common symptoms and can appear in any order. Some may not appear at all. If concerned, see a doctor immediately.

Types of meningitis, continued

Bacterial meningitis can kill very fast. It is important to get help straight away. It may take people a long time to get well from this sickness.

People can have a vaccine (needle) to stop them getting some types of bacterial meningitis (see National Immunisation Plan heading).

Viral meningitis is caused by different types of viruses. It is not always life threatening.



The difference between meningitis and meningococcal

Although referred to broadly as similar diseases, **Meningococcal** is a bacteria that enters the body, however it does not always lead to meningitis.

Meningitis is the inflammation of the lining of the brain and spinal cord. Many people can suffer from meningococcal disease without getting meningitis or the bacteria travelling to the brain.

Septicaemia, also known as blood poisoning and the cause of the rash can also develop, but doesn't always. Don't wait for the rash to occur before seeking medical treatment.

These diseases are extremely serious and need urgent hospital attention.



What is meningitis?

Meningitis is an infection of the lining of the brain. Meningitis can kill very fast, if you don't see a doctor urgently. It is important to know the signs and get help straight away. Anyone can get meningitis at any time and any age.

What causes meningitis?

Meningitis can be caused by infection with:

- A virus
- Bacteria (germs)
- Parasites or fungi



Types of meningitis

Bacterial meningitis is common. It is caused by the meningococcal, pneumococcal and Hib bacteria.

