

National Immunisation Program 2018

Age	Disease
CHILDHOOD VACCINATIONS	
Birth	<ul style="list-style-type: none"> Hepatitis B (usually offered in hospital)^a
2 months <i>Can be given from 6 weeks of age</i>	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Pneumococcal Rotavirus^b
4 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Pneumococcal Rotavirus^b
6 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib)
<i>Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA) and medically at-risk children^c</i>	<ul style="list-style-type: none"> Pneumococcal
12 months	<ul style="list-style-type: none"> Meningococcal ACWY Measles, mumps, rubella Pneumococcal
<i>Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA)</i>	<ul style="list-style-type: none"> Hepatitis A
18 months	<ul style="list-style-type: none"> Haemophilus influenzae type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough)
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), polio
<i>Additional vaccines for medically at-risk children^c</i>	<ul style="list-style-type: none"> Pneumococcal
ADOLESCENT VACCINATIONS	
10- <15 years <i>(School programs^d)</i>	<ul style="list-style-type: none"> Human papillomavirus (HPV)^e Diphtheria, tetanus, pertussis (whooping cough)
ADULT VACCINATIONS	
15 years and over <i>Aboriginal and Torres Strait Islander people and medically at-risk people^c</i>	<ul style="list-style-type: none"> Pneumococcal
50 years and over <i>Aboriginal and Torres Strait Islander people</i>	<ul style="list-style-type: none"> Pneumococcal
65 years and over	<ul style="list-style-type: none"> Pneumococcal
70-79 years ^f	<ul style="list-style-type: none"> Shingles (herpes zoster)
Pregnant women	<ul style="list-style-type: none"> Pertussis (whooping cough)^g Influenza^h

^a Hepatitis B vaccine: Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days. ^b Rotavirus vaccine: First dose must be given by 14 weeks of age, the second dose by 24 weeks of age. ^c Refer to the current edition of The Australian Immunisation Handbook for all medical risk factors. ^d Contact your state or territory health service for school grades eligible for vaccination. ^e Observe Gardasil[®]9 dosing schedules by age and at-risk conditions. 2 doses: 9 to <15 years - 6 months minimum interval. 3 doses: ≥15 years and/or have certain medical conditions - 0, 2 and 6 month schedule. Only 2 doses funded on the NIP unless 12-13 year old has certain medical risk factors. ^f All people aged 70 years old, with a five year catch-up program for people aged 71-79 years old until 31 October 2021. ^g Single dose recommended each pregnancy, ideally between 28-32 weeks, but may be given up until delivery. ^h Refer to annual influenza information for recommended vaccine brand for age.



*Raising awareness.
Every second counts.*

For further information about meningitis/meningococcal visit:
meningitis.com.au



MENINGITIS CENTRE AUSTRALIA

*Raising awareness.
Every second counts.*

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Meningococcal and Meningitis

Frequently Asked Questions



Free Call 1800 250 223

*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.
Produced by Meningitis Centre Australia.*

What should I do if I suspect someone I know has meningitis?

Seek medical care immediately.

Can you be tested for the disease?

There is no simple test. The diagnosis of meningitis requires the performance of a lumbar puncture (also known as a spinal tap) in which a small amount of fluid is removed through a needle placed in the spinal canal. The cerebrospinal fluid is examined to determine whether an infection is present. This procedure is conducted in hospital.

How can you catch this?

The bacteria causing meningitis live in the nose and throat of people who are immune to invasive disease, but can carry the germs and spread them to other people by talking, coughing, sneezing, deep kissing, or any other activity which can expose others to respiratory secretions. If a child lacks immunity to the germ then he/she is at high risk of suffering invasion by the germs from the nose and throat into the blood stream and from there to the cerebrospinal fluid.

Can my child catch it if they're playing with another child suffering meningitis?

Yes, it is possible to catch it. If it is bacterial meningitis, ensure your child is vaccinated against that strain. The infected child must see a doctor for medical attention and antibiotics.

Why is no one else in the family sick?

Most adolescents and adults have developed natural immunity to the meningitis germs so that, although they may carry the germs in the nose and throat, their immunity protects them against invasive disease such as meningitis.

How long does it take to recover from meningitis?

Antibiotic treatment is given for 7-10 days. Full recovery may take several weeks to a few months.

What are the long term effects?

Meningitis can damage the blood vessels going to and from the brain. As a result of this damage, nerve cells in the brain may suffer permanent damage and die. The most common complication of meningitis is deafness. Other long term effects include: learning problems, behaviour problems, muscle weakness or paralysis, seizures or epilepsy.

Can you get it more than once?

Meningitis rarely occurs more than once. The only situations in which it may recur are: newborns who suffer meningitis may get it again within a few weeks because of their inability to make a protective immune response; children with certain disorders of the immune system; children and adults with malformations of the inner ear or spinal canal.

How do you minimise the risk of getting either viral meningitis or bacterial meningitis?

Bacterial Meningitis – Immunisation. Get your child or yourself immunised with the available meningitis vaccines. However vaccines do not immune you from all strains. If you or your child has contact with someone who gets bacterial meningitis, check with your doctor about prevention.

Do NOT share drink bottles or food. Cover your mouth and nose when sneezing. Wash your hands regularly especially after going to the bathroom or changing a nappy. Avoid deep kissing or sharing a drinking glass, eating utensils, lipstick, or other such items.

Viral Meningitis – Do NOT share drink bottles or food. Cover your mouth and nose when sneezing. Wash your hands regularly especially after

going to the bathroom or changing a nappy. Avoid deep kissing or sharing a drinking glass, eating utensils, lipstick, or other such items.

Avoid bites from mosquitoes and other insects that carry viruses that can infect humans.

What appointments, consultations and specialists are likely to be attached with the recovery from meningitis?

All persons who have recovered from meningitis should have their hearing tested. Children should also be seen at regular intervals by the family physician or paediatrician to make sure that they are developing normally. If any problems are detected, then the child should be fully evaluated by a specialist in child development.

Meningococcal vaccines

ACW-135Y *National Centre for Immunisation Research & Surveillance 2018

Age	Recommended Brand	Immunisation doses for healthy individuals	Interval between primary doses
6 weeks – 5 months	Menveo or Nimenrix	3 doses	8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age
6-8 months	Menveo or Nimenrix	2 doses	2nd dose at 12months of age or 8 weeks after 1st dose, whichever is later
9-11 months	Menveo, Nimenrix or Menactra	2 doses	2nd dose at 12 months of age or 8 weeks after 1st dose, whichever is later
12-23 months	Menveo	2 doses	8 weeks
	Menactra	2 doses	8 weeks
	Nimenrix	1 dose	Not applicable
More than 2 years	Menactra, Menveo or Nimenrix	1 dose	Required every 5 years only for travellers and laboratory personnel facing ongoing risks.

Meningococcal B *National Centre for Immunisation Research & Surveillance 2018

Age	Number of doses required for primary immunisation	Recommended intervals between doses	Recommended for single booster dose
BEXSERO			
6 weeks – 5 months	4 doses	8 weeks	8 weeks between doses; 4th dose at 12 months
6-11 months	3 doses	8 weeks	8 weeks between 1st and 2nd doses; 3rd dose at 12 months or 8 weeks after 2nd dose, whichever is later
More than 12 months	2 doses	8 weeks	No booster required
TRUMENBA			
More than 10 years	2 doses	6 months	3 doses for high risk groups (4 weeks between 1st and 2nd doses; 3rd dose at least 4 months after 2nd dose and at least 6 months after 1st dose)

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.