

## Significant events in meningococcal vaccination practice in Australia

Year	Month	Intervention
1991		A single dose of meningococcal A, C, Y, W-135 polysaccharide vaccine recommended for at-risk individuals: travellers to countries with frequent epidemics, close contacts in outbreaks of serogroup A, C, W-135 or Y, pilgrims attending Hajj, and persons aged >2 years with high-risk medical conditions (functional or anatomical asplenia, complement disorders). The need for revaccination to be assessed after 2–3 years.
2000	March	In at-risk individuals, revaccination with meningococcal A, C, Y, W-135 polysaccharide vaccine recommended after 3–5 years
2001	June	Meningococcal C conjugate vaccine registered for use in individuals aged ≥6 weeks
2002	August	Two more meningococcal C conjugate vaccines registered for use in individuals aged ≥6 weeks
2003	January	Meningococcal C conjugate vaccine recommended and funded for children at 12 months of age
	January	Funded national meningococcal C vaccination catch-up program commenced, for all children aged 1–19 years
	September	Meningococcal C conjugate vaccine recommended for at-risk individuals: close contacts in outbreaks of serogroup C, and persons aged >6 weeks with high-risk medical conditions (functional or anatomical asplenia, complement disorders). The doses required vary according to age.
	September	At-risk group expanded to include laboratory personnel frequently handle <i>Neisseria meningitidis</i>
2008	January	At-risk group expanded to include close contacts aged ≥2 years of cases of serogroup A, W-135 or Y and close contacts aged >2 months of cases of serogroup C. The doses of meningococcal C conjugate vaccine required vary according to age.
	January	Recommended age for vaccination with meningococcal A, C, Y, W-135 polysaccharide vaccine in individuals with high-risk medical conditions lowered from >2 years to ≥2 years
	June	National catch-up program ceased
2010	June	Combined Hib (PRP-T) and meningococcal serogroup C vaccine registered for use in children aged <2 years
	November	Combined Hib (PRP-T) and meningococcal serogroup C vaccine included on the NIP list of vaccines but not in use
2011	July	First meningococcal A, C, Y, W-135 conjugate vaccine registered for use in individuals aged 2–55 years
2012	May	Second meningococcal A, C, Y, W-135 conjugate vaccine registered for use in individuals aged ≥11 years
2013	March	High-risk medical group expanded to include persons treated with eculizumab and those post haematopoietic stem cell transplant (HSCT)
	March	Meningococcal A, C, Y, W-135 conjugate vaccine recommended for at-risk individuals aged ≥9 months, in preference to meningococcal A, C, Y, W-135 polysaccharide vaccine. The doses required vary according to age.
	March	A booster dose of meningococcal A, C, Y, W-135 conjugate vaccine recommended every 5 years for at-risk individuals (with the exception of persons ≥9 months with a medical risk, previously vaccinated with meningococcal A, C, Y, W-135 polysaccharide vaccine, for whom first booster dose recommended after 3 years)

Year	Month	Intervention
2013 (cont.)	July	Combined Hib and meningococcal serogroup C vaccine funded for infants aged 12 months
	August	Multicomponent recombinant meningococcal B vaccine registered for use in individuals aged $\geq 2$ months – vaccine not available in Australia
	August	Third meningococcal A, C, Y, W-135 conjugate vaccine registered for use in individuals aged 12 months to 55 years
2014	March	Multicomponent recombinant meningococcal B vaccine available on private prescription
	April	Multicomponent recombinant meningococcal B vaccine recommended for: children aged <24 months, adolescents aged 15–19 years, children and adults with high-risk medical conditions and laboratory personnel who frequently handle <i>Neisseria meningitides</i> . The doses required vary according to age.
	July	Multicomponent recombinant meningococcal B vaccine recommended for close contacts in outbreaks of serogroup B and close contacts within a household with at least two serogroup B cases. The doses required vary according to age.
	July	High-risk medical group expanded to include persons infected with HIV
	July	A booster dose of meningococcal A, C, Y, W-135 conjugate vaccine recommended every 5 years for at-risk individuals aged $\geq 7$ years. For those at-risk individuals aged <7 years the first booster dose is recommended after 3 years, then every 5 years thereafter.
2017	January	Meningococcal A, C, Y, W-135 conjugate vaccine funded by WA for grade 10–12 students and persons aged 18–19 years who no longer attend school
	February	Meningococcal A, C, Y, W-135 polysaccharide vaccines ceased to be available in Australia
	February	Meningococcal A, C, Y, W-135 conjugate vaccine funded by NSW for grade 10–12 students and persons aged 15–19 years who no longer attend school
	February	Meningococcal A, C, Y, W-135 conjugate vaccine funded by VIC for grade 10–12 students and persons aged 15–19 years who no longer attend school
	February	Meningococcal A, C, Y, W-135 conjugate vaccine funded by QLD for grade 10 students and persons aged 15–19 years who no longer attend school
	July	Meningococcal A, C, Y, W-135 conjugate vaccine funded by TAS for grade 10–12 students and persons aged 15–19 years who no longer attend school
	July	Age for which one meningococcal A, C, Y, W-135 conjugate vaccine registered for use lowered from $\geq 11$ years to 2 months of age
	November	Bivalent recombinant meningococcal B vaccine registered for use in individuals aged $\geq 10$ years