

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	Meningococcal A, C, Y, W-135 diphtheria toxoid (DT) conjugate vaccine registered for use in individuals aged 2–55 years
2012	May	Meningococcal A, C, Y, W-135 CRM ₁₉₇ 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 ≥ 2 months – vaccine not available in Australia
	August	Meningococcal A, C, Y, W-135 tetanus toxoid (TT) conjugate vaccine registered for use in individuals aged 1–55 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 ≥ 7 years. For those at-risk individuals aged <7 years the first booster dose is recommended after 3 years, then every 5 years thereafter.
2015	July	One meningococcal C conjugate vaccine ceased to be available in Australia
2017	January	Meningococcal A, C, Y, W-135 conjugate vaccine funded by WA for grade 10–12 students and persons aged 15–19 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 11–12 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
	April	Meningococcal B vaccine herd immunity study commenced in SA for grade 10–12 students at participating schools
	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 meningococcal A, C, Y, W-135 CRM ₁₉₇ conjugate vaccine registered for use lowered from ≥ 11 years to 2 months of age
	September	Meningococcal A, C, Y, W-135 conjugate vaccine program funded by NT for at-risk people aged 1–19 years living in specified remote regions, including Nhulunbuy, Alice Springs, Barkly and Katherine, and for residents of institutions
	November	Bivalent recombinant meningococcal B vaccine registered for use in individuals aged ≥ 10 years
	December	Meningococcal A, C, Y, W-135 conjugate vaccine funded by VIC for gay and bisexual men and men who have sex with men
December	Meningococcal A, C, Y, W-135 conjugate vaccine program expanded in NT to include all children at 12 months of age	

Year	Month	Intervention
	December	VIC ceased funding of meningococcal A, C, Y, W-135 conjugate vaccine for adolescents
2018	January	Meningococcal A, C, Y, W-135 conjugate vaccine funded by WA for children aged 12 months to <5 years
	January	Meningococcal A, C, W, Y-135 conjugate vaccine funded by ACT for grade 10 students and persons aged 16–19 years who no longer attend school
	April	Meningococcal A, C, Y, W-135 conjugate vaccine funded by SA for Aboriginal and Torres Strait Islander children and adolescents aged 12 months to 19 years living in the Eyre and Far North, and Flinders and Upper North regions
	April	TAS ceased funding of meningococcal A, C, Y, W-135 conjugate vaccine for adolescents
	May	QLD ceased funding of meningococcal A, C, Y, W-135 conjugate vaccine for adolescents
	May	Age for which meningococcal A, C, Y, W-135 DT conjugate vaccine registered for use lowered from 2–55 years to 9 months–55 years
	July	Meningococcal A, C, Y, W-135 TT conjugate vaccine funded for all children at 12 months of age, replacing combined Hib (PRP-T) and meningococcal C vaccine
	July	Meningococcal A, C, Y, W-135 conjugate vaccine recommendations expanded to include: <ul style="list-style-type: none"> • children aged <2 years • Aboriginal and Torres Strait Islander people aged 2 months to 19 years • adolescents aged 15–19 years • adolescents and young adults aged 20–24 years who live in close quarters • adolescents and young adults aged 20–24 years who are current smokers The doses required vary according to age.
July	Meningococcal B vaccine recommendations expanded to include: <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people aged 2 months to 19 years • adolescents and young adults aged 20–24 years who live in close quarters • adolescents and young adults aged 20–24 years who are current smokers The doses required vary according to age.	