

# Summary of December 2013 Public Health England Recommendations for Use of Men B Vaccine

## Introduction

Men B Vaccine has been licensed and recommended for use in the routine immunisation programme by the JCVI. UK Governments are still considering its implementation. These notes summarise the current recommendations about Men B vaccine use when dealing with the public health aspects of a case of Invasive Meningococcal B Disease ([http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317140499501](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140499501)).

Please read in conjunction with NHS Dumfries and Galloway Meningococcal Infection Policy ([http://www.dghps.org/app/download/6401272/5.02\\_Policy\\_for\\_the\\_Control\\_of\\_Meningococcal\\_Infection.pdf](http://www.dghps.org/app/download/6401272/5.02_Policy_for_the_Control_of_Meningococcal_Infection.pdf)).

## Vaccination of household contact after a single case

**Recommendation 1:** After a single case of confirmed or probable IMD, Bexsero® should not be routinely offered to household contacts, even if the strain is subsequently identified as vaccine-preventable.

**Recommendation 2:** After a single case of confirmed or probable IMD, ensure that any at-risk household contact (asplenia, splenic dysfunction or known complement deficiency) has received both the MenACWY conjugate vaccine and Bexsero® according to national recommendations. If not immunised, then immunise as soon as possible according to the recommended schedule.

**Recommendation 3:** Bexsero® may be considered in addition to chemoprophylaxis for all household contacts after a second MenB case occurs in the same family, even if the interval between the two cases is >30 days and/or the strains are subsequently identified to be different.

## Vaccination of contacts in an educational setting after a single case

**Recommendation 4:** After a single case of confirmed or probable IMD, Bexsero® should not be routinely offered to contacts in an educational setting, even if the strain is subsequently identified as vaccine-preventable.

## Vaccination of contacts following a MenB cluster

**Recommendation 5:** Following confirmation of a MenB cluster, Bexsero® should be offered to the same group that would receive antibiotic chemoprophylaxis as soon as practically possible unless molecular typing confirms that the cluster is not caused by a vaccine-preventable MenB strain.

## Bexsero® for managing clusters in the wider community

**Recommendation 6:** Bexsero® may be considered in the community if the age-specific attack-rate for a vaccine preventable MenB strain within a defined geographical boundary over a three-month period exceeds 40/100,000

**NB: following a single case of IMD, there is no role for Bexsero® for:**

- Household contacts
- Staff and children attending the same educational setting
- Students/pupils in same class/tutor group/pre-school/school/university/boarding school
- Friends, work or school colleagues
- Residents of nursing/residential homes/military barracks/asylum centres
- Kissing on cheek or mouth (intimate kissing would normally bring the contact into the household contact category)
- Food or drink sharing or similar low level of salivary contact
- Attending the same social function
- Travelling in next seat on same plane, train, bus, or car.

Nigel Calvert  
7<sup>th</sup> April 2014