

Meningococcal B Vaccination

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| Trade Name | Men B Bexsero® (GlaxoSmithKline) |
| Class | Vaccine |
| Mechanism of action | Bexsero® is a multicomponent recombinant vaccine |
| Indications | <p>Bexsero® provides active immunisation against group B strains of <i>Neisseria meningitidis</i>. (Meningococcal B infection).</p> <p>Bexsero® stimulates production of antigens to the following serotypes (NHBA, NadA, fHBP and PorA P1.4).</p> |
| Contraindications | Previous hypersensitivity to a previous dose of Bexsero® |
| Precautions | <p>Postpone dose if patient has an acute febrile illness.</p> <p>If the patient has a known blood disorder e.g. haemophilia seek advice re dose administration from a haematologist.</p> <p>Patients with impaired immune-responses due to medication or genetic disorders may have reduced antibody response.</p> |
| Supplied As | Prefilled syringe containing suspension for injection. |
| Dilution | NIL required |
| Dosage | 0.5 mL |
| Interval | <p>Routine Schedule: 3 months, 5 months and 12 months</p> <p>There should be at least 8 weeks between doses.</p> |
| Administration | <p>Intramuscular injection into the anterolateral thigh.</p> <p>Separate by 2 cm from the site of any other immunisation if being administered at the same time. (This is to ensure that any localised reactions do not overlap).</p> <p>Due to the strong immune response induced by Bexsero® vaccination which often includes high fever ~39°C it is recommended that prophylactic paracetamol is administered with every dose of Bexsero®</p> <p>Paracetamol Prophylaxis : (at least 3 doses of paracetamol)</p> <ul style="list-style-type: none"> • Paracetamol 15mg/kg 30min prior to administration of Bexsero® vaccination. • Paracetamol 15mg/kg 4-6 hours for at least 2 doses after the administration of Bexsero® vaccination. |
| Compatible With | Can be given with other routine childhood vaccinations but should be administered at a separate site (at least 2cm away from site of another vaccination to ensure localised reactions don't overlap). |

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| Incompatible With | Not to be mixed in the same syringe with any other medications. |
| Interactions | Immunosuppressants may reduce protective response to Bexsero®. |
| Stability | See manufacturers expiry. During storage a fine, off-white coloured, deposit may form on the wall of the syringe, SHAKE WELL before use. |
| Storage | Store at 2°C to 8°C (Refrigerate, do not freeze). Protect from light. To protect the “cold chain” vaccines are no longer kept as stock in ward fridges and should be ordered from pharmacy as required. They will be delivered in a chilly bin and if not used within 60 minutes need to be taken to the Birthing Suite fridge, taken out of the chilly bin and put into the fridge until required. |
| Monitoring | Close observation for 15 - 20 minutes post vaccination. Respiratory monitoring for 48hr with an apnoea monitor (unless they are already receiving cardiorespiratory monitoring) when administering the primary immunisation series. |
| Adverse Reactions | Most common: fever, rash, redness/ pain at injection site, irritability, unusual crying, decreased appetite, headache, muscle and joint pain, malaise, nausea. Very rare: anaphylaxis, bronchospasm, hypotonicity, lymphadenopathy |
| Comments | Excipients in Bexsero® vaccine solution include sodium chloride, histadine, sucrose and water for injections. No need to delay vaccination due to prematurity and aim to give at 3 months chronological age Survey in the UK ⁶ showed that premature infants are not at an increased risk of serious adverse events after meningococcal vaccination. Infants who received paracetamol had less desaturations and fever Note: Bexsero® only covers meningococcal B disease. Vaccination for the ACWY strains of meningococcal disease is included on the NZ immunisation schedule but does not commence until 9 months of age. |
| References | <ol style="list-style-type: none"> 1. www.medsafe.govt.nz 2. IMAC www.immune.org.nz 3. www.uptodate.com 4. www.nzf.org 5. www.anmfonline.org 6. Kent A et al. Safety of meningococcal group B vaccination in hospitalised premature infants. Arch Dis Child Fetal Neonatal Ed 2019;104:F171-175. |
| Updated By | A Lynn, B Robertshawe March 2023 |