

Questions and Answers

What is meningococcal disease? How do you get it?

Up to 15 percent of people carry the bacteria that cause meningococcal disease (*Neisseria meningitidis*) in their nose and throat without being sick. In some people, for reasons we don't fully understand, this bacteria sometimes go on to cause disease, spreading through the bloodstream (causing septicaemia) or to the brain (causing meningitis).

Meningococcal disease mainly affects young children, but is also common in older children and young adults. There are some factors that may put people at higher risk of developing meningococcal disease for example, living in overcrowded housing.

The bacteria are transmitted from person to person through droplets of respiratory or throat secretions, by kissing, sneezing or coughing on someone. Basic steps like covering your nose or mouth when you sneeze or cough, washing and drying your hands can help reduce the chance of spreading the bacteria.

What are the symptoms?

Symptoms may include a high fever, headache, vomiting or (in infants) refusal of feeds, sleepiness, a stiff neck and dislike of or sensitivity to bright lights, joint and muscle pains and a rash.

People need to be alert to the signs of meningococcal disease because it can come on very quickly. Meningococcal disease can be difficult to diagnose because it can look like other illnesses. It can be treated with antibiotics but early treatment is very important.

If you or someone in your household has these symptoms call your doctor straightaway or call **Healthline free on 0800 611 116** at any hour of the day or night, even if you have already been seen by a health professional.

If you have seen a doctor and gone home but you are still concerned, call your doctor or seek medical advice again.

Is meningococcal disease the same as meningitis?

Meningococcal disease and meningitis are not exactly the same. Meningococcal disease refers to illness that is caused by a specific type of bacteria (meningococcal bacteria), which can include meningitis, but also septicaemia (blood poisoning). Meningitis refers to an inflammation of a part of the body – the linings around the brain and the spinal cord. You can get meningitis from infection with viruses, bacteria and parasites, as well as cancer and other non-infectious causes.

Can I get a vaccine that protects against meningococcal C disease?

There are two types of vaccine that protect against meningococcal C currently available in New Zealand – polysaccharide and conjugate – but they are not publicly funded for most New Zealanders. Like travel vaccines or vaccines that protect against chicken pox and rotavirus, people can find out more from

their doctor, and if they decide to get immunised, they will need to pay for it through their GP.

These vaccines are recommended for some groups, for example students living in hostel accommodation, who may be at higher risk of this disease. Meningococcal vaccine is available free in some situations, such as for people without spleens.

You can also get more information about meningococcal C immunisation by calling the free Immunisation Advisory Centre helpline 0800 IMMUNE (0800 466 863).

What vaccine is being used in the Northland meningococcal C immunisation programme?

A conjugate vaccine specific to group C meningococcal disease is being used in Northland. This type of vaccine helps protect individuals and the community by stopping the disease from spreading. The vaccine being used (Meningitec®) has a very good safety record and has been widely used in Europe, UK and Australia since 1999. The vaccine does not contain live bacteria and it is not possible to get the disease from the vaccine. Only one dose is required to give protection in children over 12 months of age. The vaccine provides protection after about 10 days. It is 90-95 per cent effective at reducing the rates of disease. This vaccine is different from the MeNZB vaccine that was previously used to control the meningococcal B epidemic. MeNZB only protected against a specific strain of meningococcal B disease.

Why are Northland children and teenagers being offered this vaccine?

The number of recent cases of meningococcal C in Northland is higher than we'd usually expect in that area over a relatively short period of time. Because of the seasonal nature of meningococcal disease we may see a decline over the coming weeks, but that's not certain. No other DHBs appear to have rates of meningococcal C disease above what would be expected at this time of year. For the rest of New Zealand, the number of cases of meningococcal C disease this year is similar to the same time last year. Most cases in New Zealand this year, as in other years, are meningococcal B.

Northland DHB has decided to run this immunisation programme to prevent more cases of meningococcal C disease in its communities. In New Zealand and overseas, local meningococcal immunisation programmes are run from time to time when there have been higher than expected rates of disease in a community.

I had the MeNZB vaccine. Does this protect me against meningococcal C?

No. MeNZB vaccine only protects against the particular strain of meningococcal B disease that caused the recent epidemic - not any other type or strain of meningococcal disease. MeNZB is no longer available.

**How many cases of meningococcal disease have there been this year?
How many meningococcal C cases have there been this year?**

As of 16 September there have been 88 meningococcal disease cases in New Zealand so far this year. Of those cases, about 42 were meningococcal B and 21 were meningococcal C. The rest were other types or the type was unknown. In temperate climates such as New Zealand, we usually see a peak in winter or spring. Disease rates are highest in Maori and Pacific peoples and in children under five years of age.

Are we seeing more meningococcal C cases than last year?

In 2010 there were about 13 confirmed meningococcal C cases between January and September. This year there have been 21 confirmed meningococcal C cases over that same period – this increase is largely due to the higher than average number of meningococcal C cases in Northland. For the rest of New Zealand (outside Northland), the number of meningococcal C cases is similar to last year.

How many deaths have there been this year from meningococcal disease?

As of 16 September there have been 11 deaths from meningococcal disease in 2011; 7 attributed to meningococcal C and 3 to meningococcal B.

Where can I find information about meningococcal disease rates?

Please go to the ESR report *The epidemiology of meningococcal disease in New Zealand 2010*

http://www.surv.esr.cri.nz/PDF_surveillance/MeningococcalDisease/2010/2010AnnualRpt.pdf

What's the difference between meningococcal B and meningococcal C?

There are many groups of meningococcal disease but the most common ones are A, B, C, W135 and Y – all are serious and can lead to life-threatening complications. Most cases in New Zealand are caused by group B (57% of confirmed cases in 2010). The next most common is group C (27% of confirmed cases in 2010).

The one that most New Zealanders know about is a particular strain of group B meningococcal disease. This strain caused an epidemic that began in New Zealand in mid-1991 and peaked in 2001. The MeNZB vaccine was developed to curb the epidemic and this was offered to all New Zealand babies, children and teenagers from 2004 to 2008. This vaccine is no longer available.

Where can I find out more about meningococcal disease?

You can find more information about meningococcal disease by talking to your doctor or practice nurse, going to the Ministry of Health website www.moh.govt.nz/meningococcal or the Immunisation Advisory Centre website www.immune.org.nz or by calling the free immunisation helpline 0800IMMUNE (0800 466 863).

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