

INVASIVE MENINGOCOCCAL DISEASE (IMD)

Information for NSW clinicians and general practitioners

Please distribute this information to all staff



1. Three people have died from meningococcal disease this year in NSW, two were aged 15-25 years
2. Recent fatal cases had rapid onset with fever, nausea, and vomiting predominating
3. Early identification and rapid treatment can save lives
4. Cases this year are due to serogroup B
5. MenACWY vaccine and MenB vaccine is recommended to anyone who wants to protect against disease.

Summary

Meningococcal disease cases are above average for the time of year. All cases in 2022 (29) have been due to serogroup B, three cases have died. A recent cluster of 4 cases, including two deaths, have been in the Illawarra Shoalhaven area. Children 0-4 years and people aged 15-25 years are at highest risk of IMD.

Invasive meningococcal disease

- IMD is caused by several serogroups of *Neisseria meningitidis*. Serogroups B, C, W and Y have caused the majority of IMD in Australia. Recent cases have predominately been caused by serogroup B.
- IMD is a rare but serious disease. Historically up to 10% of cases have been fatal even with appropriate antibiotic treatment. Survivors are often left with long-term sequelae.

Symptoms of invasive meningococcal disease

- Early meningococcal disease symptoms can be non-specific and mimic other common illnesses like respiratory or gastro viruses. Onset is often sudden, and illness progresses rapidly.
- **As soon as a clinician suspects meningitis clinically administer an immediate dose of ceftriaxone or benzylpenicillin and urgently transfer to an ED if not already there. Please refer to [Guidelines](#)**
- Symptoms may include sudden onset of fever, severe headache, neck stiffness, unexplained joint, limb or abdominal pain, a non-blanching rash of red-purple spots or bruises, photophobia, nausea, and vomiting. Symptoms in young children include irritability, difficulty waking, high-pitched crying, and refusal to eat.
- The 'meningococcal rash' does not always appear, and often occurs late in the illness.
- Patients should always be advised to urgently re-attend if symptoms rapidly progress or worsen.

Meningococcal vaccination

Any person who wants to protect themselves against invasive meningococcal disease can receive MenACWY and MenB vaccines from as early as 6 weeks of age.

The National Immunisation Program (NIP) includes meningococcal vaccination for certain groups and meningococcal vaccines are also available via private prescription. GPs and now pharmacists are now also able to administer meningococcal vaccines for people aged 5 years and over. As vaccine schedules and serogroups covered have changed over time, history of vaccination should not exclude a diagnosis of IMD.

| Vaccine | Groups eligible for free vaccine |
|----------------------------|--|
| Meningococcal ACWY vaccine | All children at 12 months of age Children aged 15-19 years* |
| Meningococcal B vaccine | Aboriginal children < 2 years of age |
| Both vaccines | People with certain medical conditions that cause increased risk of infection^ |

*via the school vaccination program, their GP, or registered pharmacist immunisers

^including asplenia, hyposplenia, complement deficiency and those receiving eculizumab treatment

Public Health Response and further information:

- Outbreaks of IMD can occur and it is important to urgently notify your Public Health Unit on **1300 066 055** of any suspected case to facilitate management of close contacts and prevent further cases.
- NSW IMD [control guidelines](#) (including further testing guidance)
<https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/meningococcal-disease.aspx>