**Men B Overview**

The Men B vaccine will be offered to babies from 1st September 2015 along with their routine childhood immunisations.

The MenB vaccine will also be offered to babies born 1st May 2015 or after, but should **not** be offered to babies born before this date.

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Schedule of vaccination</th>
<th>Requirement for paracetamol</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babies born on or after 8th July 2015</td>
<td>2 months</td>
<td>1st dose given at vaccination appointment</td>
</tr>
<tr>
<td></td>
<td>4 months</td>
<td>2nd dose 4-6 hrs after 1st dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd dose 4-6 hrs after 2nd dose</td>
</tr>
<tr>
<td></td>
<td>12 months booster</td>
<td>No paracetamol required</td>
</tr>
<tr>
<td><strong>Catch-up (opportunistic)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babies born between 1st – 31st May 2015</td>
<td>4 months</td>
<td>1st dose given at vaccination appointment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd dose 4-6 hrs after 1st dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd dose 4-6 hrs after 2nd dose</td>
</tr>
<tr>
<td></td>
<td>12 month booster (NB: only given to those who received priming dose at 4 months)</td>
<td>No paracetamol required</td>
</tr>
<tr>
<td>Babies born 1st June – 7th July 2015</td>
<td>3 months</td>
<td>1st dose given at vaccination appointment</td>
</tr>
<tr>
<td></td>
<td>4 months</td>
<td>2nd dose 4-6 hrs after 1st dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd dose 4-6 hrs after 2nd dose</td>
</tr>
<tr>
<td></td>
<td>12 month booster (NB: given to those who got priming dose(s) at 3 and/or 4 months)</td>
<td>No paracetamol required</td>
</tr>
</tbody>
</table>
Men B Q&A

Q. What is MenB? How serious is it?
MenB is now the most common cause of meningococcal disease in the UK and Ireland. Unfortunately, it is fatal in about one in ten cases. Infants and children aged under five years are most affected. With early diagnosis and antibiotic treatment most make a full recovery, but about one in eight cases experience long-term health problems (amputation, deafness, epilepsy and/or learning difficulties).

MenB is now responsible for most cases of invasive meningococcal disease in Scotland. Out of 73 meningococcal cases in Scotland in 2014, serogroups were determinable for 61, of which 42 (69%) were group B.

Q. How can meningococcal disease be prevented?
Vaccines are the most effective way to prevent meningitis and septicaemia and have almost eliminated some kinds of meningitis. For example the MenC vaccine introduced in 1999 has now successfully reduced cases to just a handful each year.

Q. When will the Scottish Government start a national MenB immunisation programme?
The Scottish Government will introduce MenB immunisation from September 1st 2015. Scotland will become one of the first countries in the world to offer a national Men B vaccination programme.

Q. Who will be eligible for the MenB vaccine?
The MenB vaccine will be added to the routine childhood vaccination programme in Scotland. A total of three doses will be given at two, four and 12 months of age. All babies born on or after July 8th 2015 will be eligible for the MenB vaccine and will be given the vaccine along with their other routine childhood immunisations from September 1st 2015. The Joint Committee on Vaccination and Immunisation (JCVI) has also advised that when the programme starts there should be a one-off, catch-up programme for babies aged three and four months of age when the vaccine becomes available from September 1st 2015. (babies born between May 1st 2015 and July 6th 2015).

Q. What about babies born before May 1st 2015?
Babies born before May 1st 2015 will not be offered it as part of the routine immunisation schedule. The vaccine is already available on the NHS for a small number of children who are very susceptible to infection. This includes children with no spleen, or those with disorders of a part of the immune system called the complement cascade. This link, to chapter 22 of the Green Book, contains more detailed information on vaccination against meningococcal disease for these children.

Q. Why is it only being routinely offered to babies aged 2 months?
MenB occurs most commonly in infants and young children. This is because their immune systems aren’t yet fully developed to fight off infection. The number of cases of MenB peaks at around 5 months or 6 months of age, so this is why the JCVI recommended that the vaccine should be offered to infants before they reach 5 months of age. However, as MenB can occur in all ages, it is important to know/recognise the signs and symptoms that suggest meningococcal infection.

For information on signs and symptoms, visit nhsinform.co.uk or immunisationscotland.org.uk or the charities listed at the end of this Q&A.

Q. Will there be information for the public/parents on MenB in Scotland?
Yes, NHS Health Scotland has already added a short Q&A to www.immunisationscotland.org.uk/menb. The 0-5 years Immunisation booklet, which is given out to all new parents following the birth of their baby, will
be updated with information on MenB for parents. As this is a new vaccine, there will also be a separate leaflet on MenB, which will be given out to parents along with information on other routine immunisations. Leaflets will be made available to NHS Boards at the beginning of July 2015.

Q. Which vaccine will be used?
The MenB vaccine, Bexsero®, is the only licensed vaccine currently available against MenB. Bexsero® was developed to provide protection against meningococcal serogroup B. Bexsero® was licensed by the European Medicines Agency in January 2013.

Q. When will parents of eligible children receive more information?
When the new MenB vaccination programme starts (September 2015), parents of eligible children will be sent an appointment letter asking them to attend with their child at their GP practice. This is not going to be an additional letter/appointment. Men B will become part of the routine immunisation programme, therefore it will be delivered alongside other vaccinations already given at 2, 4, and 12 months.

Q. Will the vaccine offer total protection against group B meningococcal disease?
There are many different MenB strains. This vaccine has been developed to offer protection against as many as possible, however it does not protect against all strains of the MenB bacteria. Once it has been in use for some time, it will be possible to calculate the coverage. Other vaccines exist to protect against other types of meningitis and septicaemia, however, there is no vaccine to protect against all types, so remaining vigilant is vital.

The early symptoms of meningococcal disease are similar to those of flu, so parents will need to be able to recognise the symptoms very quickly (even if their child has been vaccinated). For information on signs and symptoms, visit nhsinform.co.uk or immunisationscotland.org.uk.

Q. Is the vaccine available privately?
Stocks of Bexsero® are available privately. However, we don’t have a definitive list of where the vaccine is available.

Q. Is the vaccine safe?
It was licensed by the European Medical Association in January 2013 and all vaccines are extensively tested for safety and effectiveness before being licensed.

Q. Does the vaccine have any known side-effects?
In infants and children (less than 2 years of age) the most common adverse reactions observed in clinical trials were tenderness and swelling at the injection site, fever and irritability. This is the same for the other routine immunisations at 2 and 4 months old.

Fever (a high temperature) can be expected after any immunisation, but is more common when the MenB vaccine is given with the other routine vaccines at 2 and 4 months. In order to reduce the risk of fever, it is important that a total of three doses of infant paracetamol are given to babies after each of their first two MenB immunisations to reduce the chances of fever. The nurse will give the baby the first dose of infant paracetamol along with the routine immunisation and will tell parents how to get the further doses of paracetamol required.

Q. Is it safe for Bexsero® to be given at the same time as other routine vaccines?
Yes. The side effects seen when Bexsero® is given with other vaccines in the routine childhood schedule are mostly the same as those commonly seen with vaccines in general. This is also true when the vaccine is given at the same time as hepatitis B and varicella vaccines.
Fever is more common in babies when Bexsero® is given alongside other vaccines although taking paracetamol after getting vaccinated reduces the likelihood and severity of fever without affecting the immune response to any of the vaccines.

**Q. Where can parents/carers get more information?**  
Parents/carers can talk to their GP, practice nurse or health visitor, or call the NHS inform helpline on 0800 22 44 88 (textphone 18001 0800 22 44 88). The helpline is open every day from 8am to 10pm and provides an interpreting service.

Parents/carers can also visit [www.immunisationscotland.org.uk/menb](http://www.immunisationscotland.org.uk/menb)

The following charities provide information, advice and support about meningitis:

**Meningitis Research Foundation**  
Free helpline 080 8800 3344  
[www.meningitis.org](http://www.meningitis.org)

**Meningitis Now**  
Freephone Meningitis Helpline 0808 80 10 388  
[www.meningitisnow.org](http://www.meningitisnow.org)