



EVERYTHING
YOU NEED TO KNOW
BEFORE YOU LEAVE

Meningococcal Meningitis

The Disease

Meningococcal meningitis is an acute bacterial disease characterised by sudden onset of fever, intense headache, vomiting and neck stiffness. A skin rash appears in the later stages of the disease and signifies severe illness. Although the disease is treatable with antibiotics, sufferers may become very sick or even die within hours of onset if not diagnosed promptly and correctly. The disease is transmitted from person-to-person by respiratory droplets i.e. coughing, sneezing etc. Extensive travels in crowded conditions and prolonged contact with the local population in crowded places are risk factors.

Where is it found?

Meningococcal Meningitis occurs in all countries. In sub-Saharan Africa, epidemics of type A meningococcal disease occur frequently during the dry season (December through June) particularly in the savannah areas extending from Mali eastward to Ethiopia, a region known as the 'meningitis belt'. Epidemics due to serogroups A and/or C have also occurred in areas further south in Africa (Tanzania, Burundi, Angola) as well as in parts of Asia, in particular northern India, Nepal and Mongolia, again during the dry season (November to May). A complex range of risk factors cause epidemics.

Risk to travellers

The risk to travellers is generally low. Vaccination is recommended for travel to the 'meningitis belt' during the dry season, for travel to areas with an active epidemic, or for prolonged travel when extensive contact with the local population in endemic areas is expected.

NOTE - Meningococcal meningitis vaccination is mandatory for all travellers over three months of age making the pilgrimage to Saudi Arabia for the Hajj.

Vaccination

Type (Travel):

- Polysaccharide ACYW₁₃₅ vaccine (Menomune/Mencevax)
- Conjugate ACYW₁₃₅ vaccine (Menactra/Menveo)

Standard Schedule:

- Mencevax/Menomune: A single dose provides three years protection. Not recommended for children under the age of 2 years.
- Menactra: 2-55 years of age/Menveo: 11 years and over/ Nimenrix 12months – 55years. Protection for 5+ years. (Australian Technical Advisory Group on Immunisation (ATAGI) recommends both Menactra and Menveo vaccines as suitable for ages 9 months and above.)



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Level of protection:

- ~90% effective.
- Effective against serotypes A, C, Y, W₁₃₅.
- Conjugate vaccine reduces carriage of bacteria in respiratory tract.

Type: (Domestic)

- Conjugate (Meningitec/Menjugate/NeisVac-C)

Standard schedule:

- Age 6 weeks to 12 months: Three intramuscular doses administered at least 1 month apart.
- Children (over 12 months), adolescents and adults: A single intramuscular dose.

Level of protection:

- Adequate antibody response against serogroup C in 98-100% of infants after third dose and after a single dose in adolescents and young adults.
- Effective against serotype C.

Possible side effects:

Usually infrequent and mild:

- Common: Redness and swelling around the injection site.
- Less common: Feeling unwell, headache, fever, lethargy.
- Rare: Wheezing, rash, severe local reactions.
- Rare: extensive limb swelling at the injection site, frequently associated with erythema, sometimes involving the adjacent joint or swelling of the entire injected limb

As with all vaccines, there is a small risk of allergic reaction.

More information on Meningococcal Meningitis is available during your pre-travel consultation with Travelvax. Call 1300 360 164 for the location of the clinic nearest to you.