**Summary** 

**Meningococcal W: Technical Advisory Group**

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| **Date:**  | Thursday 8th November 2018  |
| **Time:**  | 12-1pm |
| **Location:** | Videoconference / Teleconference  |
| **Chair:** | Dr Sean Hanna  |
| **Invitees:** | **Members of PHARMAC Immunisation Subcommittee**: Ayesha Verrall, Cameron Grant, Edwin Reynolds, Elizabeth Wilson, Karen Hoare, Lance Jennings, Michael Tatley, Nikki Turner, Stuart Dalziel, Sean Hanna, Tony Walls. **Ministry of Health**: Caroline McElnay, XXXXXXXX, Harriette Carr, Laurence Holding, Niki Stefanogiannis, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**ESR:** Jill Sherwood**Northland:** Jose Ortega Benito, David Hammer**PHARMAC**: Andrew Oliver, Greg Williams**Guest**: Peter McIntyre  |
| **Apologies:**  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |

**Summary of Recommendations:**

The TAG noted that case numbers of group W meningococcal disease are increasing across New Zealand (0-6 cases per year before 2017, 12 cases in 2017, 24 cases in 2018 as of 5 November), but in particular rates have been highest in Northland in 2018 (as of 5 November, 3.9 per 100,000 population as compared to the national rate of 0.5 per 100,000). Group W meningococcal disease has a very high case-fatality rate (25% in both 2017 and 2018 in New Zealand).

Based on the group W meningococcal disease rates in the population under 10 years of age (12.3 per 100,000) in the 14-week period starting 15 July 2018, the TAG agreed that there was a community outbreak of group W meningococcal disease in Northland and recommended that a response is required. The TAG recommended that vaccination is the most appropriate and effective response to a community outbreak.

The TAG recommended that:

* a Northland immunisation response should be implemented.
* the priority target groups for the immunisation response should be based on age rather than ethnicity or geographical location as follows:
	+ ages 14 to 19 (secondary school age group to be targeted through a schools programme)
	+ ages nine months (for Menactra) or 12 months (for Nimenrix) to four years
	+ possibly all others under 20 years of age
* both Menactra and Nimenrix vaccines would be suitable for use in the recommended outbreak response, noting that Menactra is licensed for use from 9 months of age and Nimenrix is licensed for use from 12 months of age. Nimenrix requires one dose from 12 months of age, as does Menactra from 24 months of age
* for Menactra - two doses is optimal in nine months to two years but some protection is still provided by a single dose. The second dose has to be given at three months after the first one so in the case of a response to a community outbreak, the second dose can be deferred.

The TAG considered that Northland was the immediate priority given the community outbreak but that because of the high virulence of the circulating strain of group W *Neisseria meningitidis* and the national increase in rates, consideration needed to be taken into planning and carrying out a national ACWY vaccination programme to reduce the spread of group W meningococcal disease prior to any potential changes to the 2020 immunisation schedule.