Meningococcal Disease in Travellers

Please find product Prescribing Information at the end of this presentation
Meningococcal disease
A rare but potentially serious illness in travellers

Caused by the bacterium Neisseria meningitidis

Estimated incidence of infection in high-risk travellers (per month of stay)

200-640 / 100,000

Estimated incidence in general travellers (per month of stay)

0.4 / 100,000
5 SEROGROUPS of *Neisseria meningitidis* cause the majority of disease\(^1,2\) Serogroups vary around the world Travellers to high-risk areas should vaccinate against A, C, W-135 and Y serogroups\(^2,3\)

Vaccination against serogroup B meningococcal bacteria is not usually recommended for travel to high-risk regions because serogroup B is not highly prevalent in these regions\(^4\)

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UK/VAC/0023/16a

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For UK Healthcare Professionals
PERSON-TO-PERSON spread

Neisseria meningitidis
in the back of their nose or throat without ill effects¹

The carriage rate may be higher in epidemic situations¹

The bacteria invade the body causing serious disease¹

Meningitis: infection of the protective lining of the brain

Septicaemia: blood poisoning

10-20% are carriers

UK general population

SYMPTOMS of meningococcal disease

Septicaemia¹
Fever
Neck stiffness
Non-blanching petechial rash

Meningococcal meningitis¹
Sudden onset of fever & intense headache
Vomiting
Nausea

SYMPTOMS of meningococcal disease

Meningococcal disease is rapidly progressive and can be fatal within 24-48 hours

Tumbler Test
A quick diagnostic test for travellers

Press the glass firmly against the suspected rash

Seek help immediately if the rash doesn’t fade under pressure, as shown

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How can travellers get the disease?

PERSON-TO-PERSON through infected saliva or respiratory secretions

1. Coughs & sneezes
2. Kissing
3. Close prolonged contact
4. Sharing kitchen utensils

High-risk traveller populations

The disease is primarily a risk for those travelling to the meningitis belt, Mecca or an area where a known outbreak is occurring\(^1,2\)

- Those living/working with local people
- Healthcare workers
- Hajj or Umrah pilgrims (Mecca)
- Backpackers
- Individuals with no spleen or a poorly functioning spleen
- Individuals with immune deficiencies

**Incidence of meningococcal disease in high-risk travellers (per month of stay)**\(^3\)

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\frac{200-640}{100,000}
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Meningitis belt: a high-risk area for travellers

Disease outbreaks can occur anywhere worldwide, but there are differences in disease incidence

Countries at high epidemic risk
Travellers are also at risk in an area where a known outbreak is occurring

Meningitis belt
Sub-Saharan Africa poses the greatest risk to travellers

- Highest meningococcal disease rates globally
- Frequent epidemics, every 5-10 years

**Mecca: Hajj and Umrah travellers**

*N. meningitidis quadrivalent* (A,C,W and Y) **vaccination** is a *mandatory* entry requirement for the Hajj or Umrah pilgrimages\(^1,2\)

Severely crowded conditions favour increased carriage and transmission of *Neisseria meningitidis*\(^4\)

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Hajj & Umrah pilgrims\(^3\)

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How can **travellers** prevent **meningococcal disease**?

The majority receiving the vaccination will be **travellers** to the **African meningitis belt** and **Hajj** or **Umrah** pilgrims[^1][^2]

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MenACWY conjugate vaccines available for travellers

Menveo®
(meningococcal conjugate vaccine)¹

All conjugated to Corynebacterium diphtheriae CRM 197 protein

Powder + solution for injection in 2 vials for reconstitution

Nimenrix®
(meningococcal A,C,W-135 & Y vaccine)²

All conjugated to tetanus toxoid carrier protein

Powder in vial + solvent for solution for injection in pre-filled syringe

² Nimenrix Summary of Product Characteristics.
Menveo® conjugate MenACWY vaccine for *travellers*\(^1,2\)

**WHAT?**

A conjugate MenACWY vaccine

**WHY?**

Helps protect against disease caused by *Neisseria meningitidis* serogroups A, C, W-135 and Y

**WHO?**

Children (from 2 years of age)
Adolescents
Adults

**HOW?**

A single dose vaccine (0.5ml) administered intramuscularly

Can be given *concomitantly* with *routine vaccinations*

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Pregnancy or breast-feeding women may receive Menveo® if the benefit outweighs the risk given the lack of data in these populations.

Common adverse events
- Injection site reactions
- Headache
- Nausea
- Rash
- Malaise

Pregnancy or breast-feeding women may receive Menveo® if the benefit outweighs the risk given the lack of data in these populations.
Case scenario

Name: Saleem
Age: 26 year old
Gender: Male
Occupation: Medical Student

He has up-to-date MMR, hepatitis A + B, diphtheria, tetanus and typhoid

On a 2 month trip to Nigeria (March - April)
Will be working in a local teaching hospital
Will be lodging in hospital halls-accommodation with other medical students
Plans to travel to other areas of West Africa, but unsure where at the time of vaccination appointment
Travels in 6 weeks
Otherwise fit and healthy

Which **vaccines** and other **general travel advice** would you recommend for this patient?
Menveo® Prescribing Information

MENVEO®. Powder and solution, for injection. Meningococcal group A, C, W135 and Y conjugate vaccine. **Indications:** Active immunisation against *Neisseria meningitides* serogroups A, C, W135 and Y for children (from 2 years of age), adolescents and adults. **Dosage:** A single dose of 0.5 ml into the deltoid muscle. **Booster vaccination:** Refer to SPC and national recommendation. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients, including diphtheria toxoid (CRM197). Postpone use in persons with acute, severe febrile conditions. **Precautions:** Separate injection sites should be used if administering more than one vaccine. See SPC for advice on use in immunocompromised individuals. Dizziness has rarely been reported after vaccination which may temporarily affect the ability to drive or use machines. **Interactions:** See SPC. **Pregnancy and lactation:** Insufficient clinical data on exposed pregnancies are available. **Adverse reactions:** See SPC for full details. Common: irritability, malaise, injection site pain or erythema, injection site induration, sleepiness, headache, chills, fever (38°C), eating disorder, nausea, vomiting, diarrhoea, rash, myalgia, arthralgia. Serious: hypersensitivity, convulsions, anaphylaxis, cellulitis. **Legal category:** POM. **Presentation and basic NHS cost:** Pack of two vials. MENVEO® must be prepared for administration by reconstituting powder (in vial) with solution (in vial), £30.00 per dose. **MA holder:** GSK Vaccines, Via Fiorentina 1, 53100 Siena, Italy. **MA number:** EU/1/10/614/002, EU/1/10/614/003. **Further information is available from:** Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; customercontactuk@gsk.com; Freephone: 0800 221 441. **Date of preparation:** November 2015 UK/MEN/15-0018.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441. Please refer to the full Summary Product Characteristics before prescribing.