

# BEXSERO is a vaccine to help protect against meningococcal B.<sup>3</sup>

BEXSERO only helps to protect against meningococcal B. A separate vaccine is required to help protect against groups A, C, W and Y disease.<sup>3,5</sup>

Even if you received the MeNZB vaccine as a child you are not expected to be protected against meningococcal B disease.<sup>5</sup>

BEXSERO is now funded on the National Immunisation Schedule. Ask your doctor or nurse if your child is eligible for funded BEXSERO. If your child is not eligible, BEXSERO is available for private purchase. BEXSERO is funded for the following groups:<sup>4</sup>

## Children up to 12 months of age

BEXSERO is part of the National Immunisation Schedule, meaning that all children up to 12 months of age (inclusive) are funded to receive three doses of BEXSERO. Funding is also available for children under 5 years of age as part of a catch-up programme, from 1 March 2023 to 31 August 2025.

## Teens and young adults 13 to 25 years

Two doses of BEXSERO are funded for people aged 13 to 25 years (inclusive) who are in their first year of specified close-living situations, including boarding school hostels and tertiary education halls of residence. A catch-up programme with two doses is also funded for people who are already in close-living, from 1 March 2023 to 28 February 2024.

## What to expect

The most common side effects for infants and toddlers are tenderness and pain at the injection site, fever, and irritability and in adolescents and adults, pain at the injection site, generally feeling unwell, and headache.<sup>3</sup>

There is an increased risk of fever in infants that receive BEXSERO. Paracetamol reduces the incidence and severity of fever and is recommended with every dose of BEXSERO in children under 2.<sup>3,5</sup>

For more information visit [menB.co.nz](http://menB.co.nz)



1. Thompson MJ, Ninis N, Perera R, et al. Clinical recognition of meningococcal disease in children and adolescents. *Lancet*. 2006;367:397–403 2. World Health Organization. Meningococcal meningitis. September 28, 2021. Available at: <https://www.who.int/news-room/fact-sheets/detail/meningitis>. Accessed January 2022. 3. GlaxoSmithKline NZ, BEXSERO Data Sheet 2021. Available at: <https://medsafe.govt.nz/profs/Datasheet/b/bexseroinj.pdf>. Accessed January 2023 4. PHARMAC. Decision to widen access to the meningococcal B vaccine and secure supply of the shingles vaccine. 2022. Available at: <https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/2022-12-08-meningococcal-b-vaccine-notification/>. Accessed January 2023 5. Immunisation Advisory Centre (IMAC). Bexsero: A vaccine to protect against Meningococcal group B disease Fact Sheet. Available at: [https://assets-global.website-files.com/637315ab5c5af16c7e809c42/637315ab5c5af12a1680a03f\\_NonprogrammeVaccineBexseroImac20210701%20V04.pdf](https://assets-global.website-files.com/637315ab5c5af16c7e809c42/637315ab5c5af12a1680a03f_NonprogrammeVaccineBexseroImac20210701%20V04.pdf). Accessed January 2023 6. Rosenstein NE, et al. Meningococcal disease. *N Engl J Med* 2001; 344(18):1378-88. 7. The Institute of Environmental Science and Research. Provisional Meningococcal Disease Data. Data Request January-December 2022. 8. Christensen H, et al. *Lancet Infect Dis* 2010;10:853–61. 9. Ministry of Health, Wellington. Meningococcal disease (including meningitis). Summary Tab. Available at: <https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/meningococcal-disease-includingmeningitis>. Accessed January 2023 10. Vetter V, Baxter R, Denizer G, et al. Routinely vaccinating adolescents against meningococcus: targeting transmission and disease. *Expert Rev Vaccines*. 15;5:641–658. doi:10.1586/14760584.2016.1130628 11. Mayo Clinic. Symptoms and causes: meningitis. Available at: <https://www.mayoclinic.org/diseases-conditions/meningitis/symptoms-causes/syc-20350508>. Accessed January 2023 12. Pelton SI. Meningococcal disease awareness: clinical and epidemiological factors affecting prevention and management in adolescents. *J Adol Health*. 2010;46:S9-S15 doi:10.1016/j.jadohealth.2009.11.220 13. Ministry of Health. Meningococcal Disease – Don't Wait Take Action. Available at: <https://www.healthed.govt.nz/resource/meningococcal-disease-dont-wait-take-action>. Accessed January 2023

BEXSERO (Multicomponent meningococcal group B vaccine) is for immunisation against invasive disease caused by *N. meningitidis* group B from 2 months of age or as per official recommendations. BEXSERO is a **prescription medicine**. It is funded as part of the National Immunisation Schedule for infants and children under 5, people aged 13-25 years in close-living situations, and for people who are close contacts of a meningococcal case, or who are at high risk due to reduced immune function. See Pharmaceutical Schedule for full funding criteria. BEXSERO is also available for private purchase – you will need to pay the full cost of this medicine. Normal doctor's charges apply. A 0.5 mL dose contains 50 mcg of *Neisseria meningitidis* Group B Neisseria Heparin Binding Antigen fusion protein, 50 mcg of *Neisseria meningitidis* Group B Neisseria Adhesion A protein, 50 mcg of *Neisseria meningitidis* Group B Factor H Binding Protein fusion protein, 25 mcg of Outer membrane vesicles (OMV) from *Neisseria meningitidis* group B strain NZ98/254 measured as amount of total protein containing the PorA P1.4. **BEXSERO has risks and benefits. Ask your doctor if BEXSERO is right for you. Use strictly as directed. BEXSERO should not be administered** if you or your child are hypersensitive to any component of this vaccine. **Very common side effects:** Infants, toddlers & children: eating disorders, sleepiness, unusual crying, headache, diarrhoea, vomiting, rash, fever ( $\geq 38^{\circ}\text{C}$ ), injection site reactions, irritability, arthralgia. Use paracetamol to prevent and reduce the risk of fever in children under the age of 2. Adolescents & Adults: headache, nausea, injection site reactions, malaise, myalgia, arthralgia. If you or your child have side effects, see your doctor. **Additional product information and Consumer Medicine Information (CMI) is available at [www.medsafe.govt.nz](http://www.medsafe.govt.nz).** Trademarks are owned by or licensed to the GSK group of companies. ©2023 GSK group of companies or its licensor. Marketed by GlaxoSmithKline NZ Ltd, Auckland. **Adverse events involving GlaxoSmithKline products should be reported to GSK Medical Information on 0800 808 500.** Date of Approval: 02 2023 Date of Expiry: 02 2025 TAPS NP18984-PM-NZ-BEX-LBND-230006

# MENINGOCOCCAL DISEASE CAN TAKE A LIFE IN 24 HOURS.

## You can help prevent it with BEXSERO.<sup>1,2,3</sup>

Meningococcal disease, often referred to as meningitis, is an uncommon but serious infection.<sup>1,2</sup>



**BEXSERO is now funded on the National Immunisation Schedule.\*<sup>4</sup>**

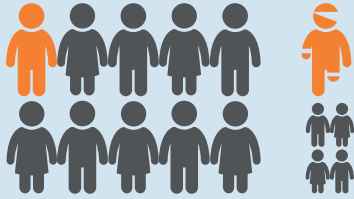
\*See Pharmaceutical Schedule for full funding criteria



# What is Meningococcal disease?

Meningococcal disease, often referred to as meningitis, is an uncommon but serious infection caused by the bacteria *Neisseria meningitidis*. A person with meningococcal disease can develop meningitis (inflammation of the membrane around the brain), septicaemia (blood infection) or pneumonia. It strikes and progresses quickly - usually without warning.<sup>1,5</sup>

**ABOUT 1 IN 10 INFECTED WITH MENINGOCOCCAL DISEASE CAN DIE, SOMETIMES WITHIN 24 HOURS** <sup>1,5,6</sup>



**AND UP TO 1 IN 5 CAN SUFFER FROM SERIOUS LONG-TERM COMPLICATIONS, INCLUDING BRAIN DAMAGE, DEAFNESS, AND LIMB LOSS.**<sup>5,6</sup>

**GROUP B IS THE MOST COMMON CAUSE OF MENINGOCOCCAL DISEASE IN NZ, RESPONSIBLE FOR OVER**

# 80%

**OF CASES IN 2022.**<sup>7</sup>

There are several different groups of meningococcal bacteria, of which there are five groups that most commonly cause disease (A, B, C, W and Y).<sup>5</sup>

\*of those cases that could be typed, (46/57), December 2022 ESR data.<sup>7</sup>

# How is it spread?

The bacteria that cause meningococcal disease live within the nose and throat. Up to 20% of teens can carry the bacteria at any one time, without showing symptoms.<sup>8</sup>

They can be spread through everyday behaviours, including:<sup>9</sup>



**COUGHING & SNEEZING**



**SHARING DRINKS & EATING UTENSILS**



**LIVING IN CLOSE QUARTERS**



**KISSING**

# Know the signs and symptoms

Early symptoms of meningococcal disease may appear mild – similar to those of a cold or the flu. However, symptoms can progress quickly and may include:<sup>13</sup>



**HIGH FEVER**



**STIFF NECK**



**DISLIKE BRIGHT LIGHTS**



**VOMITING**



**SLEEPINESS**



**RASH**

# Who's at risk?

Babies in the first year of life and children under 5 years of age are at most risk.<sup>5</sup> Adolescents and young adults are also at increased risk. Sharing and group activities leave teens vulnerable to meningococcal disease.<sup>5,10-12</sup>

**Additional symptoms in older children and adults may include:**

Headache, confusion, joint pain and aching muscles.

**DON'T WAIT FOR A RASH TO APPEAR BEFORE GETTING MEDICAL HELP. SEEK MEDICAL ATTENTION IMMEDIATELY IF YOU SEE ONE OR MORE OF THE SYMPTOMS ABOVE**<sup>13</sup>



Teens and young adults living away from home for the first time could qualify for the

**FULLY FUNDED**  
Meningococcal B vaccine.<sup>4</sup>