

Chief Health Officer Advisory

2 September 2015

Status: Active

Increase in Meningococcal W disease in Victoria

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Issued by:	Professor Michael Ackland, Acting Chief Health Officer, Victoria
Issued to:	Health professionals

Key messages

- There has been an increase in the number of notifications of Invasive Meningococcal Disease (IMD) due to *Neisseria meningitidis* serogroup W (also known as serogroup W135) in Victoria, with 10 cases notified in 2015.
- Most patients have been aged over 50 years and have had atypical presentations, for example septic arthritis or epiglottitis. However there have also been younger patients with septicaemia.
- Consider testing for Invasive Meningococcal Disease in older patients who may have atypical presentations of the disease (septic arthritis, pneumonia, epiglottitis).
- Follow existing vaccine recommendations for prevention of Invasive Meningococcal Disease.

What is the issue?

Invasive Meningococcal Disease (IMD) is caused by the bacteria *Neisseria meningitidis*. Approximately 10 per cent of the population are asymptomatic carriers of meningococcal bacteria in the upper respiratory tract, however IMD can occur in a small number of people.

Six serogroups of meningococcal bacteria (A, B, C, W, X and Y) account for most cases of IMD. Serogroup C cases have declined significantly since 2003 when the meningococcal C vaccine was added to the National Immunisation Program. Serogroup B is currently the most common cause of IMD in Victoria. Meningococcal serogroups A, W and Y have been less common in Victoria, despite being more common overseas.

Since January 2014, the department has observed an increase in notifications of IMD due to serogroup W in Victoria with 10 cases notified in 2015, compared to four cases in 2014 and one case in 2013. These cases have been seen in older age groups, with a median age of 64 years. The identified strain is similar to those circulating in the United Kingdom and South America since 2009.

Who is at risk?

Anyone is potentially susceptible to strains of meningococcal infection for which they have not been vaccinated. However those at greater risk of serogroup W disease include:

- Older adults aged over 55 years.
- Young children and infants aged less than 5 years, and adolescents and young adults.
- People with pre-existing medical conditions, occupational exposures or travel.

Symptoms / transmission

Atypical presentations have been a feature of meningococcal serogroup W disease in Victoria, including septic arthritis and epiglottitis in older age groups. Pneumonia has been documented in the international literature. Presentation may also include bacteraemia and meningitis. Severity of disease in those with atypical presentations has tended to be mild, although there have been severe typical presentations in younger patients.

Prevention and treatment

Consider testing for IMD - Meningococcal serogroup W disease should be considered as a differential diagnosis of atypical infections in older patients. Testing should occur prior to administration of antibiotics where possible. Discuss with local infectious diseases or microbiology experts when considering testing options.

Notify the department immediately on 1300 651 160 (24 hours a day) of all suspected and confirmed cases of IMD.

Follow the guidelines in the *Australian Immunisation Handbook 10th Edition*, available online.

- Meningococcal serogroup W – quadrivalent meningococcal vaccines (4vMenCV and 4vMenPV). Available on private script. Recommended for occupational exposures, travel and certain medical conditions. *There is no change to these recommendations as absolute numbers of disease remain low.*
- Meningococcal C conjugate vaccine (MenCCV) – Available through the National Immunisation Program. Recommended for all children at 12 months of age.
- Meningococcal B vaccine (MenBV) – Available on private script. Recommended for infants and young children, adolescents, some laboratory personnel and individuals with certain medical conditions.

Clearance antibiotics for the general population is not necessary – Testing for meningococcal carriage in asymptomatic individuals and treatment with clearance antibiotics is not required for the general population, and can be harmful by removing protective strains of bacteria and leading to antibiotic resistance. Following notification of suspected cases, the department will identify who should receive clearance antibiotics (generally close household and/or intimate contacts).

More information

Clinical information

[Meningococcal disease – Blue Book](#)

Consumer information

[Meningococcal disease – Better Health Channel](#)

[Meningococcal disease – Immunisation – Better Health Channel](#)

Contacts

Communicable Diseases Prevention and Control Unit, Department of Health and Human Services
Telephone: 1300 651 160 Email: infectious.diseases@dhhs.vic.gov.au

Yours sincerely



Professor Michael Ackland
Acting Chief Health Officer

Authorised by the Victorian Government, 1 Treasury Place, Melbourne.