

2019

**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

MINISTERIAL STATEMENT

UPDATE ON A MENINGOCOCCAL B VACCINATION PROGRAM FOR BABIES

**Presented by
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Madam Speaker, thank you for the opportunity to update the Legislative Assembly on Meningococcal B vaccinations for babies in the ACT.

The ACT Government is committed to protecting the health of Canberrans from vaccine-preventable diseases across their lives, from birth through to older age.

We have a proud record of responding to the needs of the Canberra community, funding immunisation programs to complement those available through the National Immunisation Program.

An example of this includes the early implementation of the free vaccination against pertussis (whooping cough) available to all pregnant women during their third trimester as part of our Antenatal Pertussis Vaccination Program, and free vaccination against influenza for all children aged 6 months to under 5 years, which we have funded over the past two flu seasons.

Amongst children in the ACT, our immunisation rates are some of the highest in the country, which is also incredibly good news for the overall health of our community, and a testament to the work that happens across our health services – from our Early Childhood Immunisation Clinics, to our School Health Team and primary care practitioners, and staff at the Health Protection Service who

distribute our vaccines to General Practices and other immunisation providers.

Which brings me to why, in 2016 a commitment was made to introduce a meningococcal B vaccination for babies – acknowledging that meningococcal disease can have very serious consequences.

As Members may be aware, meningococcal disease is caused by several strains of the meningococcal bacteria; most commonly by A, B, C, W and Y strains.

The ACT Health Directorate, along with their colleagues in other jurisdictions have been monitoring the patterns of this disease, which has been changing significantly.

What has been observed is a clear decrease in meningococcal B cases – and here in the ACT, the B strain has now become extremely rare, with only four confirmed cases of the strain since 2014.

Since 2014, rates of other meningococcal diseases have increased in Australia, with this increase in cases predominantly from the W and Y strains.

Unfortunately, MenW cases in Australia are associated with a higher fatality rate.

This is a trend that has also been observed in other countries, and is why in 2018, Madam Speaker, the ACT Government responded to this emerging threat with the introduction of a free adolescent MenACWY vaccination program in place of a MenB vaccination for babies.

The program was rolled out to Year 10 students in all ACT high schools as well as a 12-month catch-up vaccination for 16 to 19-year-old teenagers, which could be accessed through GPs and a series of vaccination clinics held at University Market Days and across ACT colleges.

The vaccination program was targeted to this age group because the evidence tells us that older teenagers are at high risk of meningococcal disease and are also most likely to spread the disease to others.

In its first year, the MenACWY adolescent vaccination program reached close to 80 per cent of the ACT year 10 student population group.

Since 2018, cases of meningococcal from all strains of the disease has also remained very low in the ACT, with two confirmed cases since 2018.

Madam Speaker, I note that in November 2019 the Pharmaceutical Benefits Advisory Committee (PBAC) will reconsider a resubmission from a pharmaceutical manufacturer to list a MenB vaccine on the National Immunisation Program for the routine immunisation of infants and adolescents.

The PBAC is an independent, expert body who considers the clinical effectiveness, safety and value for money of medicines and vaccines in Australia.

If MenB receives a positive recommendation following evaluation of the evidence, the Commonwealth will consider a national program.

Nationally introduced vaccination programs have significant advantages over individual state-based programs, including:

- consistent messaging;
- timing of rollout and target age cohorts across Australia;
- improved ability to monitor, identify and respond to adverse events; and
- generally, achieve higher coverage rates in the community.

Noting this development Madam Speaker, the ACT Government is looking forward to the PBAC assessment of the MenB vaccine.

We will consider the information from this evaluation in future deliberations on the risks posed by the different types of meningococcal disease for our community.

On this basis the ACT Government will continue to invest in the adolescent MenACWY vaccination program while we await the PBAC review and continue to monitor the latest evidence, risk and patterns of disease.

ENDS