FAQs on the Men B vaccine (Bexsero)
Following the introduction of the Men B vaccine we’ve put together some of the most frequently asked questions and answers.

Q. What role has Meningitis Now played in the introduction of the vaccine?
A. We began investing in research in the late 1980’s. Since this date we have further invested in a number of research projects that have contributed to the introduction of vaccines to protect against Hib, Men C and pneumococcal meningitis, and septicaemia.

Q. Why has it taken so long to develop a vaccine for Men B?
A. Most vaccines are made from part of the outer coating of a bacterial cell. The outer coating of the meningococcal B strain is very complex, so the usual methods of producing a vaccine have not been successful. Many years of research have been undertaken to develop new ways of producing this vaccine.

Q. How many children were in the vaccine trials?
A. Approximately 7,500 infants, children, adolescents and adults.

Q. How effective is this vaccine?
A. This vaccine is predicted to protect against the majority of Men B disease strains circulating in the UK. However, the full extent of protection will not be known until the vaccine is in regular use.

Q. Is this vaccine available across the UK?
A. Yes.

Q. When will my baby receive the Men B vaccination and how will I be notified of this?
A. The new Men B vaccine was added to the UK routine immunisation schedule in September 2015. It is offered to babies at 2 months and 4 months with a booster at 12 months.

Q. Will children who have already had Men B disease, but were born before 1 May 2015, automatically get it too?
A. Children born before 1 May 2015, who have had Men B disease, will not receive the vaccine. Anyone who has already suffered from Men B disease will probably have built up some natural immunity against this type of meningitis. We would suggest individuals discuss the vaccine with their GP, who will be aware of any medical history.

Q. What happens if my child was born before 1 May 2015?
A. If your child was born before this date s/he will not be offered it as part of the routine immunisation schedule.

The vaccine is also available privately.

Q. Is the vaccine still available privately?
A. Yes, private immunisation clinics and some pharmacy groups e.g. Boots and Superdrug are offering the Men B vaccine privately.
Q. Could this vaccine be given to new-born babies born to mothers carrying GBS bacteria?
A. The Men B vaccine will not protect new-born babies from GBS (Group B Streptococcal) infection. Work is being undertaken on a vaccine for GBS, but it is likely to be many years before one becomes available.

Q. Is the vaccine safe?
A. The Men B vaccine (Bexsero®) was licensed by the European Medical Association (EMA) in January 2013 and all vaccines are extensively tested for safety and effectiveness before being licensed. This vaccine has been through ten years of trials in the laboratory and among volunteers. Although the vaccine has not been used routinely anywhere else in the world, over 500,000 doses have been given in over 35 countries worldwide in trials. It has now been in routine use in the UK for over 12 months.

Q. Can the vaccine actually cause meningitis?
A. No, the vaccine cannot cause meningitis.

Q. Does the vaccine have any known side-effects?
A. In infants and children (less than 2 years of age) the most common adverse reactions observed in clinical trials were tenderness and swelling at the injection site, fever and irritability. Taking paracetamol at the time of vaccination or shortly afterwards can help reduce the risk of such reactions. You will be advised about infant paracetamol for your child at the time of vaccination.

Q. Why has paracetamol been advised alongside the Men B vaccine?
A. High rates of fever have been reported in infants receiving the Men B vaccine with their other routine immunisations. Use of paracetamol has been advised for infants at the time of immunisation with the Men B vaccine, to prevent fever. The guidance is that parents are to give 2.5ml (120mg/5ml) of liquid paracetamol to their babies around the time of immunisation or as soon as possible after the vaccines are administered. Parents will also be advised to give two further doses at 4-6 hourly intervals. Nurses will provide further information to parents at the immunisation appointments.

Q. Do multiple vaccines given during one doctor’s visit pose a danger to babies?
A. Studies have demonstrated that there are no harmful effects from multiple vaccines being given in one session and there is no evidence to support claims of “overloading” the immune system. From the moment a child is born, they are continually being exposed to a huge number of bacteria and viruses on a daily basis; their immune system is able to cope with this and as a result becomes stronger. Giving multiple vaccines in one session is routine in most countries around the world with no evidence of harmful effects and has the benefit of offering more timely protection. In addition, research has shown that many parents prefer one appointment to multiple visits.

Q. Will the vaccine offer total protection against meningitis to my child?
A. There are many different Men B strains. This vaccine has been developed to offer protection against as many as possible. Once it has been in use for some time, it will be possible to calculate the coverage and continue with vaccine research to improve the protection it gives. Other vaccines exist to protect against other types of meningitis and septicaemia. However, there is no vaccine to protect against all types, so remaining vigilant is vital. Learn the signs and symptoms.
Q. Does having had meningitis and surviving mean that you are immune?

A. Most people who have suffered from bacterial meningitis will have developed some immunity against the type of bacteria that caused their illness. However, as there are different causes of meningitis it is possible, though rare, to contract the disease again.

Q. Does this mean that meningitis has been beaten?

A. No. This is a fantastic result in the battle against the disease and one we should all celebrate. However, we still don’t have vaccines to protect against all types of meningitis. It is really important to understand that meningitis and septicaemia will continue to threaten lives and remains vital that people know the signs and symptoms and seek medical help if they are concerned.

Q. Does this mean that there is no need to raise funds for research purposes?

A. No. We need to continue to fund research into meningitis and septicaemia as we still do not fully understand the disease, nor do we have vaccines to protect against all types. The Men B vaccine introduction is an important milestone and one that should encourage us all to push-on in our mission to beat this awful disease.

It is also important to stress that a core part of what we do is to ensure that everyone affected by meningitis or septicaemia gets the support they need to rebuild their lives and our awareness raising remains vital.

Q. How effective are the meningitis vaccines that are currently in use?

A. Over the past 25 years, vaccines that protect against different types of meningitis have been introduced into the routine immunisation schedule and also given to others at increased risk. These vaccines have prevented thousands of cases; saving lives and significantly reducing the number of people living with life-long disabilities.

Q. Will my child still need to get the other meningitis vaccines?

A. Yes, it is important that your child has all the vaccines recommended in the routine immunisation schedule. They not only protect against some types meningitis, but also against other serious infectious diseases.