MENINGOCOCCAL VACCINE GROUP A, C, W-135, Y (Nimenrix®)

Read in conjunction with Disclaimer

Formulary: Restricted Prescribing must be in accordance with the West Australian Immunisation Schedule	
For Aboriginal and Torres Strait Islander infants ONLY	
Presentation	**Vial:** Nimenrix® powder **Prefilled syringe:** solvent for reconstitution
Classification	Meningococcal polysaccharide groups A, C, W-135 and Y conjugate vaccine
Indication	Prevention of meningococcal disease caused by *Neisseria meningitides* for Aboriginal and Torres Strait Islander infants • 6 weeks of age*, and; • 4 months of age, and; • 12 months of age. *6-week vaccinations can be delayed to 8 weeks of age if medically unwell. **NOTE: Parent/Guardian consent is to be obtained prior to administration of all vaccinations.**
Interactions	Meningococcal ACWY vaccine can be co-administered with other scheduled vaccines. If not co-administering; the meniningococcal ACWY vaccine should be given at least 4 weeks later. Intervals less than 4 weeks should be authorised by the neonatologist/microbiologist.
Monitoring	Infants receiving meningococcal ACWY immunisation are to have a full set of observations taken prior to immunisation and then continue full observations with feeds for 48 hours post immunisation. Monitor temperature - do not give during febrile illness or acute infection.
Compatibility	Do not combine with any fluids or other vaccinations
Side Effects	**Common:** pain, redness and swelling at injection site, fever, drowsiness, irritability, loss of appetite
Storage & Stability	Refrigerate between 2 to 8°C, do not freeze.

Comments	There should be a minimum interval of 8 weeks between meningococcal ACWY doses. Nimenrix® contains a conjugated tetanus toxoid as a carrier protein for the vaccine.

INTRAMUSCULAR INJECTION

Presentation	**Vial:** Nimenrix® powder **Prefilled syringe:** solvent for reconstitution
Dosage	**Intramuscular:** 0.5 mL
Preparation	• Reconstitute Nimenrix® vial containing powder by adding the entire contents of the pre-filled syringe of solvent. • Shake well until the powder is completely dissolved. • The reconstituted vaccine should be a clear colourless solution. Do NOT use if solution is not clear and colourless. • Withdraw reconstituted contents into the syringe (0.5 mL)
Administration	**Intramuscular Injection ONLY** Administer the entire reconstituted vial volume (0.5 mL) by intramuscular injection (IMI) to the anterolateral aspect of the thigh (slowly to reduce pain).

Related Policies, Procedures, and Guidelines

HDWA Policies:

Western Australian Immunisation Schedule

Clinical Practice Guidelines:

CAHS Neonatology - Immunisations Guideline

WNHS Pharmaceutical and Medicines Management Guidelines:

WNHS Cold Chain Management for Medications and Vaccines

CAHS Medication Refrigerators and Freezers

References

AusDI. Nimenrix®. In: AusDI By Medical Director [Internet]. Australia: AusDI by Medical Director; 2023 [cited 2024 Mar 05]. Available from: https://www.ausdi.com/

Australian Medicines Handbook. Meningococcal vaccines. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2024 [cited 2024 Mar 05]. Available from: https://amhonline.amh.net.au/

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NSQHS Standards Applicable:	☒ Std 1: Clinical Governance		☒ Std 4: Medication Safety		
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