

Scientific Committee on Vaccine Preventable Diseases

Recommendation for use and advice for travellers on use of Meningococcal vaccines

Recommendation for use of meningococcal vaccine for travellers

- Travellers to Mecca in Saudi Arabia during the Hajj pilgrimage (quadrivalent A,C,Y, W-135 vaccine)
- Travellers to sub-Saharan regions of mid Africa during the dry season, i.e. Dec to Jun (bivalent A & C vaccine or quadrivalent A,C, Y, W-135 vaccine) according to the risk of exposure and local ad hoc epidemic situations
- Travellers to areas, apart from the above, that are known to experience epidemic meningococcal disease as announced by authorities, e.g. World Health Organization; Centers for Disease Control and Prevention, US; and Health Canada, Canada

Advice for travellers

Sporadic cases of meningococcal disease are known to occur in some countries in schools, colleges, travel resorts, military barracks and other places where large numbers of adolescents and young adults congregate. Travellers should seek professional advice from doctors for vaccination in view of the individual's age and health condition, and details of the journey such as place, duration and nature.



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Recommended Use of meningococcal vaccine in different authorities / countries*

Country / authority	Recommended use		
	Routine immunisation programme (excluding population during outbreaks, persons with increased susceptibility and laboratory personnels)	Travellers	
нк ¹	- Not recommended	- Travellers to Mecca in Saudi Arabia during the Hajj pilgrimage and travellers to sub-Saharan regions of mid Africa, esp. during the dry season, i.e. Dec to Jun (bivalent A & C vaccine or quadrivalent A, C, Y, W-135 vaccine)	
WHO ²⁻⁵	Vaccination is used:	Risk for travellers:	
	- Routine preventive mass vaccination has been attempted and its effect has been extensively debated. Saudi Arabia, for example, offers routine immunisation of its entire population. Sudan and other countries routinely vaccinate school children. Preventive vaccination can be used to protect individuals at risk (e.g. travellers, military, pilgrims)	 Vaccinations should be considered for travellers to countries where outbreaks of meningococcal disease are known to occur. Travellers to industrialised countries are exposed to the possibility of sporadic cases. Outbreaks of meningococcal C disease occur in schools, colleges, military barracks and other places where large numbers of adolescents and young adults congregate Travellers to the sub-Saharan meningitis belt may be exposed to outbreaks of serogroup A disease with comparatively very high incidence rates during dry season (December–June). Long-term travellers living in close contact with the indigenous population may be at greater risk of infection Pilgrims to Mecca are at risk. The tetravalent vaccine, (A, C, Y, W-135) is currently required by Saudi Arabia for pilgrims visiting Mecca for the Hajj (annual pilgrimage) or for the Umrah 	

Country /	Recommended use		
authority	Routine immunisation programme (excluding population during outbreaks, persons with increased susceptibility and laboratory personnels)	Travellers	
UK ⁶⁻⁸	- Infants at 2, 3, 4 months up to 18 in 1999. Started in 20-24 year-old young adults in 2002. (meningococcal C conjugate vaccine)	- Travellers to areas of high risk of acquiring meningococcal infection (longer visit, generally a month or more), esp. for those who live or travel 'rough', such as backpackers, and those living or working with local people. High risk areas include: (i) Sub-Saharan Africa, (ii) the area around Delhi, and Nepal, Bhuntan and Pakistan, and (iii) Saudi Arabia, which required immunisation of people coming to the Hajj annual pilgrimage (bivalent A & C vaccine or quadrivalent A, C, Y, W-135 vaccine as appropriate)	
US ⁹⁻¹²	 Young adolescents at 11-12 year old and those before high school entry that were not vaccinated before (tetravalent meningococcal A,C, Y, W-135 conjugate vaccine) Groups at increased risk (11-55 year old): military recruits & college freshmen living in dormitories (tetravalent meningococcal A ,C, Y, W-135 conjugate vaccine) 	 Travellers to countries recognised as having epidemic meningococcal disease caused by a vaccine-preventable serogroup (i.e., A, C, Y, and W-135) during the dry season Advisories for travellers to other countries will be issued when epidemics of meningococcal disease caused by vaccine-preventable serogroups are recognised 	
Canada ¹³	 Infants from 2 months, children, adolescents, and young adults (meningococcal C conjugate vaccine) Military recruits and considered for other groups or institutions where there is an increased risk of disease (quadrivalent A, C, Y, W-135 vaccine) 	- Travellers to areas known to experience epidemic meningococcal disease (refer to epidemic alerts published by Travel Health Program, Centre for Emergency Preparedness and Response, Health Canada; CDC, US; and WHO)	

Country / authority	Recommended use Routine immunization programme (excluding population during outbreaks, persons with increased susceptibility and laboratory personnels)	Travellers
Australia ^{14,15}	- 12 months to teenagers that are <19 year old (meningococcal C conjugate vaccine)	- Travellers to parts of the world where epidemics of group A, W135 or Y disease are frequent, as referred to WHO websites (quadrivalent A, C, Y, W-135 vaccine)
		- Pilgrims attending the annual Hajj (quadrivalent A, C, Y, W-135 vaccine)
New Zealand ¹⁶ 17	, - Aged from six weeks to 19 years of age (MeNZB, meningococcal B OMV vaccine)	- Travellers to epidemic areas, e.g. the sub-Saharan 'meningitis belt' and Saudi Arabia, etc (quadrivalent A, C, Y, W-135 vaccine)
Taiwan ¹⁸	- Not recommended	- Travellers to endemic areas of the world (quadrivalent A, C, Y, W-135 vaccine)
Singapore 19,20	- Not recommended	- Travellers to meningococcal endemic areas - Africa, South America, and Middle East. Travellers should receive the vaccine at least one week before departure, if possible.

^{*}Vaccine use for outbreak situations, specific medical conditions, institutions & laboratory workers not included

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