



New Zealand's Meningococcal Vaccine Strategy (B- Epilogue)

On 17 May, Meningococcal Vaccine Strategy (MVS) director Jane O'Hallahan set a new possible pilot roll out date for the MeNZB vaccine of 2 August 2004, with November 2004 dates for roll outs in Northland, Auckland and Waitemata District Health Boards.¹

Medsafe had compiled 55 additional questions to be answered about aspects of the data provided on safety and efficacy of the vaccine. These were ultimately resolved in a series of teleconferences between Medsafe and experts from regulatory and technical agencies in the United Kingdom. By then, however, the June edition of *New Zealand Doctor* magazine suggested the MVS had miscalculated and was at risk of wasting thousands of dollars by ordering the first batch of vaccine so early that it would have expired before it could be licensed.

On 27 June 2004, the front page of the *New Zealand Herald* featured a picture of six month-old Charlotte Cleverley-Bisman, taken before she became one of the most recent meningococcal victims. Under the headline "Disease Ravages a Perfect Angel: a couple pleads for a vaccine to be made available urgently to combat a deadly epidemic," it went on to describe how she was facing amputations to her legs and arms.

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It is a sequel, prepared for teaching purposes, to case 2006-18.1. The use of teaching materials is restricted to authorised persons only. A related case study is 2007-18.3 "The \$200 million decision." More detail of the implementation phase of the strategy is included in the book "Fighting a Fearful Disease: controlling New Zealand's meningococcal B epidemic, available from www.ips.ac.nz.

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¹ Posing logistics problems for Northland with its large area and limited workforce, as the rollout now straddled the main school holidays.

Within a fortnight, news of another toddler victim, this time ten month-old twin Sakiusa “Junior” Uluvula, again lifted the level of media coverage. Around Auckland, concerned parents began calling their doctors about immunisation.

On 7 July, the Minister of Health Annette King announced that Medsafe had given provisional consent for the use of the MeNZB™ vaccine. Once the news came through, Counties Manukau DHB rejigged its implementation plan, in order to complete the immunisation in seven weeks less than originally planned.

On 17 July 2004, NIR went live in Counties Manukau. On 18 July, Junior Uluvula died from meningococcal disease. On 19 July, the Meningococcal B Immunisation Programme began. At a Mangere² surgery, chosen for its high number of Pacific patients, the first dose was given, watched by the Prime Minister, Rt Hon Helen Clark and the Minister of Health, the Hon Annette King.

By August 2004, the public demand for the vaccine was almost overwhelming the capacity of healthcare providers to deliver the vaccine. The NIR was up and running, though still giving some cause for concern.

Through the remainder of 2004 and 2005, the vaccine rolled out as planned in the North to South, South to North sequence. In January 2005, Medsafe approved the use of the vaccine for babies from six weeks of age. In June 2005, just under a year since the first immunisations were given, school children in the last-scheduled DHB, Nelson-Marlborough, lined up for their first injections.

On 30 June 2006, with over three million doses delivered, the Meningococcal Vaccine Strategy officially came to an end. Four-fifths of the population between six weeks and 19 years of age had received all three doses of the vaccine, and more than 85 percent of the five to seventeen age group.

In all areas, the number of cases of Meningococcal B disease had been dramatically reduced, most notably in the most vulnerable low-decile areas. In Auckland and Northland, where the vaccination programme started, case numbers were down by 76 percent. Immunisation uptake had increased significantly in all ethnic groups, with a range of innovative outreach strategies having paid off.

Dr David Barry, chairman of the clinical review committee, described the programme as well organised and superbly run. “I think it has been tremendously successful,” he said, adding that it was money well spent.³

²Chosen as one of the areas within Counties Manukau DHB with a high concentration of Pacific peoples in higher deciles on the deprivation index.

³ Meningitis in retreat after mass vaccination, says ministry, *New Zealand Herald*, 16 June 2006.