Independent report

JCVI statement on meningococcal vaccination

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The UK has the most comprehensive national meningococcal vaccination programme in the world. The programme aims to protect those most at risk, and the wider population, against meningococcal A, B, C, W and Y disease. In its most recent review, JCVI has identified specific actions that may help to improve control of meningococcal disease.

Overall cases of meningococcal disease are low across the population, primarily because of the excellent coverage with meningococcal vaccines in target groups. Meningococcal disease, however, continues to have a devastating impact on children, young people and adults and their families. JCVI members are committed to the control of this infection to prevent the suffering of those affected by this terrible disease.

JCVI keeps all immunisation programmes under review, and the UK meningococcal vaccination programme is no exception. The number of cases of disease and the uptake in the national meningococcal vaccine programmes are reviewed more regularly than for most other infections.

At the latest review, JCVI noted that the number of meningococcal capsular group C (MenC) cases remains low but there has been a very gradual rise over the last few years, in part due to a larger increase in cases in the Yorkshire and Humberside region of England. Cases of MenC disease are mainly being seen in infants and older adults.

The aim of the current MenC vaccination programme is to provide direct protection to toddlers, teenagers and young adults and also to provide indirect protection to the wider population by generating herd immunity. Adolescents and young adults are known to be the main carriers of the meningococcal bacteria at the back of their nose and throats. Because of this, our meningococcal ACWY (MenACWY) vaccination programme focusses on this age group. As the MenACWY vaccine protects against carriage, vaccinating a high proportion those eligible in this age group will consequently reduce onward transmission to susceptible children and adults.

Vaccine coverage in younger adolescents with MenACWY through the school-based programme is high. Coverage in those older adolescents and young adults who are eligible for the vaccine is lower, including in those who have not entered higher education. JCVI believes that optimum control of MenC disease can only be achieved if vaccine coverage in older adolescents and young adults is improved.

JCVI therefore believes that GPs should be strongly encouraged and supported to improve coverage in those aged 18 to less than 25 years who are eligible for vaccination. It is anticipated that efforts to urgently improve MenACWY vaccine coverage in this age group will lead to a reduction in cases of MenC and MenW disease across the population.

In response to JCVI’s review, the Department of Health and Social Care, NHS England and Public Health England, supported by the Chief Medical Officer, will work to improve MenACWY vaccine coverage in this age group.

The full details of the JCVI review will be published in the minutes of the October 2018 JCVI meeting, on or before 14 November 2018.