


ABCWY

of meningococcal vaccines

Opportunities for Prevention



Educational Activities	Measuring Outcomes	Reviewing Performance
1 hours	4 hours	2 hours



ACRRM CPD
ACCREDITED ACTIVITY
2023-2025

First Name:

Surname:

RACGP or ACRRM number:

Email Address:

State:

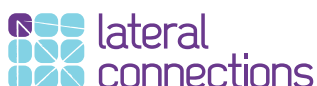
HOW TO SAVE AND SUBMIT THIS BOOKLET

SAVE: To save the Module as you go, click File > Save as > choose folder or desktop > Save

SUBMIT: Once the Module is completed, click the 'SUBMIT' button on page 24.

Your responses will attach within your email browser ready to send.

If you have any queries, please email education@lateralconnections.com.au



This organisation is a CPD education provider under the RACGP CPD Program.



This educational activity was developed by Lateral Connections at the request of and with funding from GSK.

Meningococcal vaccines are recommended for:

- Any person who wants to reduce their risk of meningococcal disease
- Infants and children <2 years of age
- Adolescents 15-19 years of age
- Aboriginal and Torres Strait Islander people >2 months – 19 years of age
- People with medical conditions that increase their risk of invasive meningococcal disease
- Laboratory workers who frequently handle *Neisseria meningitidis*
- Travellers
- Adolescents and young adults who live in close quarters or who are current smokers

This program has been developed based on the recommendations from the NCIRS fact sheet 'Meningococcal vaccines for Australians' (<https://www.ncirs.org.au/ncirs-fact-sheets-faqs/meningococcal-vaccines-australians>) to support discussions with parents/carers or other individuals who belong to at-risk groups and therefore, should be considering meningococcal vaccines.

Invasive meningococcal disease (IMD) is a serious bacterial infection caused by *Neisseria meningitidis* (N. meningitidis). The most common causative serogroups are A, B, C, W and Y. Meningococcal serogroup B (MenB) is the most common cause of IMD in children, adolescents and young adults. Meningococcal disease caused by serogroups W and Y (MenW and MenY) occurs over a more diverse age range and may present with less typical clinical manifestations of disease compared to other serogroups.

Please refer to the NCIRS fact sheet 'Meningococcal vaccines for Australians' (<https://www.ncirs.org.au/ncirs-fact-sheets-faqs/meningococcal-vaccines-australians>) and NIP Schedule (<https://www.health.gov.au/resources/publications/national-immunisation-program-schedule?language=en>) to **complete the table below (i.e. fill in the pink cells)** on who should be vaccinated and which vaccinations are funded (or not):

Who should be vaccinated	Meningococcal vaccines	NIP funding or private prescription*	Any state- or territory-specific funding**
Infants and young children aged <2 years	MenACWY	NIP funding: At age 12 months	
	MenB	Private prescription only	
Adolescents aged 15–19 years	MenACWY	NIP funding: At 14–16 years of age	
	MenB	Private prescription only	
Aboriginal and Torres Strait Islander infants, children and adolescents to 19 years	MenACWY	NIP funding: At age 12 months and at 15–19 years of age	
	MenB	NIP funding: Up to <2 years of age. Can start from 6 weeks of age†	
People with medical conditions which increase their risk of IMD	MenACWY		
	MenB		
Young adults living in 'close quarters' (e.g. residential accommodation, military recruits) or who are smokers	MenACWY		
	MenB		
Travellers	MenACWY		
	MenB		
People at occupational risk e.g. microbiology laboratory workers	MenACWY		
	MenB		
Any person from 6 weeks of age wishing to reduce their risk of IMD	MenACWY		
	MenB		

*N.B. NIP eligibility funding changes over time.

**If there is no state- or territory-specific funding, please state N/A.

†NIP dosing schedule differs from the Bexsero (Multicomponent Meningococcal group B Vaccine [recombinant, adsorbed]) approved Product Information. Bexsero is indicated from 2 months of age.

Please answer these questions before undertaking this audit.

1. When seeing parents or other individuals who are at risk of meningococcal infection, how often do you opportunistically ask about their meningococcal vaccination status?

- Always Most of the time Sometimes Occasionally Never

2. How confident are you in your ability to provide education about the risk of acquiring and transmitting meningococcal bacteria, based on age and other risk factors?

- Very confident Somewhat confident Neutral Not very confident Not confident

3. According to Australian immunisation guidelines, which medical condition/s increase the risk of IMD? (Select all that apply)

- Complement deficiency
 Undergoing treatment with eculizumab
 Asplenia/hyposplenia
 HIV, regardless of disease stage or CD4+ cell count
 Haematopoietic stem cell transplant
 Other _____

4a. How familiar do you consider yourself to be with the dose schedule recommendations of MenACWY vaccines that are available in Australia?

- Very familiar Somewhat familiar Neutral Not very familiar Not familiar

4b. How familiar do you consider yourself to be with the dose schedule recommendations of MenB vaccines that are available in Australia?

- Very familiar Somewhat familiar Neutral Not very familiar Not familiar

5. How familiar do you consider yourself to be with booster recommendations of meningococcal vaccines?

- Very familiar Somewhat familiar Neutral Not very familiar Not familiar

6. How familiar do you consider yourself to be with recommendations for administering meningococcal vaccines on the same day as other vaccines?

- Very familiar Somewhat familiar Neutral Not very familiar Not familiar

7. Which of the following are correct? (Select all that apply)

- IMD is a rare, but potentially fatal disease
 Meningococcal disease is difficult to diagnose early due to its non-specific symptoms
 Even with appropriate medical treatment up to 10% of cases are fatal
 Up to 30% of child and adolescent survivors may experience major sequelae

LEARNING OUTCOMES

Identify those at increased risk of invasive meningococcal disease (IMD).

Describe ways and vaccine choices to reduce risk of IMD.

Offer the recommended vaccine and correct dosage to at-risk patients whether or not the vaccine is NIP/state-funded.

Identify resources for patients or parents/carers of at-risk children.

Create practice-based systems including but not limited to recalls and scheduling of subsequent doses so that vaccine course is completed.

CASE FINDING ACTIVITY

Complete this audit for five patients:

- Refer to the table that you completed in the introductory exercise of page 2.
 - Reflect on the groups of patients who should be vaccinated.
 - Choose from opportunistic or systematic risk prevention strategies:
 - Opportunistic e.g. patients present for reasons not related to meningococcal vaccination
 - Systematic i.e. specific recall of patients based on risk profile identified through patient records

N.B. You can choose a mix of strategies across the five patients.



PATIENT CONSULTATION NOTES

Record your interactions with these patients you selected for the audit.

Complete this audit for five patients:

Refer to the table that you completed in the introductory exercise of page 2.

- Reflect on the groups of patients who should be vaccinated.
- Choose either from the opportunistic or systematic risk prevention strategies:
 - Opportunistic e.g. patients present for reasons not related to meningococcal vaccination
 - Systematic i.e. specific recall of patients based on risk profile identified through patient records

Record your interactions with these patients you selected for the audit.

ENSURE THAT YOUR NOTES HERE ARE DE-IDENTIFIED AND UNIDENTIFIABLE.

PATIENT 1

Was this patient selected from an opportunistic encounter or as a result of a specific recall? If the former, please describe the nature of the opportunistic encounter. If the latter, what led to the patient recall?

By referring to the table that you completed in the introductory exercise of page 2, which group does this patient belong to? Expand on the age and the risk factors specific to this patient.

Describe your discussion with the patient or parent/carer. Expand on any barriers such as vaccine hesitancy. Did price enter into the discussion? Expand on how you handled the discussion on cost if the vaccine is not funded (even though recommended).

Which meningococcal vaccines did you recommend for your patient? (tick box)

MenACWY vaccine MenB vaccine

Describe the reasons for your choice(s)

PATIENT 1 (CONTINUED)

If the patient or parent/carer accepted your recommendation(s), please reflect on what went well and what aspects of your discussion could be improved. If the patient did not accept your recommendation(s), how might you follow this up, if at all?

What take-home resources did you provide the patient or parent/carer whether or not they accepted your recommendation(s)?

What resources did you turn to to confirm the vaccines doses required? (For example, GSK has a dosage calculator for Bexsero (Multicomponent Meningococcal group B Vaccine [recombinant, adsorbed]): <https://gskpro.com/en-au/products/bexsero/dosing-and-administration/>)

Where more than one vaccine dose is required, what strategy did you implement to maximise compliance?

Did the opportunity present to discuss other recommended vaccinations? If yes, what were the additional vaccines discussed?

Complete this audit for five patients:

Refer to the table that you completed in the introductory exercise of page 2.

- Reflect on the groups of patients who should be vaccinated.
- Choose either from the opportunistic or systematic risk prevention strategies:
 - Opportunistic e.g. patients present for reasons not related to meningococcal vaccination
 - Systematic i.e. specific recall of patients based on risk profile identified through patient records

Record your interactions with these patients you selected for the audit.

ENSURE THAT YOUR NOTES HERE ARE DE-IDENTIFIED AND UNIDENTIFIABLE.

PATIENT 2

Was this patient selected from an opportunistic encounter or as a result of a specific recall? If the former, please describe the nature of the opportunistic encounter. If the latter, what led to the patient recall?

By referring to the table that you completed in the introductory exercise of page 2, which group does this patient belong to? Expand on the age and the risk factors specific to this patient.

Describe your discussion with the patient or parent/carer. Expand on any barriers such as vaccine hesitancy. Did price enter into the discussion? Expand on how you handled the discussion on cost if the vaccine is not funded (even though recommended).

Which meningococcal vaccines did you recommend for your patient? (tick box)

MenACWY vaccine MenB vaccine

Describe the reasons for your choice(s)

PATIENT 2 (CONTINUED)

If the patient or parent/carer accepted your recommendation(s), please reflect on what went well and what aspects of your discussion could be improved. If the patient did not accept your recommendation(s), how might you follow this up, if at all?

What take-home resources did you provide the patient or parent/carer whether or not they accepted your recommendation(s)?

What resources did you turn to to confirm the vaccines doses required? (For example, GSK has a dosage calculator for Bexsero (Multicomponent Meningococcal group B Vaccine [recombinant, adsorbed]): <https://gskpro.com/en-au/products/bexsero/dosing-and-administration/>)

Where more than one vaccine dose is required, what strategy did you implement to maximise compliance?

Did the opportunity present to discuss other recommended vaccinations? If yes, what were the additional vaccines discussed?

Complete this audit for five patients:

Refer to the table that you completed in the introductory exercise of page 2.

- Reflect on the groups of patients who should be vaccinated.
- Choose either from the opportunistic or systematic risk prevention strategies:
 - Opportunistic e.g. patients present for reasons not related to meningococcal vaccination
 - Systematic i.e. specific recall of patients based on risk profile identified through patient records

Record your interactions with these patients you selected for the audit.

ENSURE THAT YOUR NOTES HERE ARE DE-IDENTIFIED AND UNIDENTIFIABLE.

PATIENT 3

Was this patient selected from an opportunistic encounter or as a result of a specific recall? If the former, please describe the nature of the opportunistic encounter. If the latter, what led to the patient recall?

By referring to the table that you completed in the introductory exercise of page 2, which group does this patient belong to? Expand on the age and the risk factors specific to this patient.

Describe your discussion with the patient or parent/carer. Expand on any barriers such as vaccine hesitancy. Did price enter into the discussion? Expand on how you handled the discussion on cost if the vaccine is not funded (even though recommended).

Which meningococcal vaccines did you recommend for your patient? (tick box)

MenACWY vaccine MenB vaccine

Describe the reasons for your choice(s)

PATIENT 3 (CONTINUED)

If the patient or parent/carer accepted your recommendation(s), please reflect on what went well and what aspects of your discussion could be improved. If the patient did not accept your recommendation(s), how might you follow this up, if at all?

What take-home resources did you provide the patient or parent/carer whether or not they accepted your recommendation(s)?

What resources did you turn to to confirm the vaccines doses required? (For example, GSK has a dosage calculator for Bexsero (Multicomponent Meningococcal group B Vaccine [recombinant, adsorbed]): <https://gskpro.com/en-au/products/bexsero/dosing-and-administration/>)

Where more than one vaccine dose is required, what strategy did you implement to maximise compliance?

Did the opportunity present to discuss other recommended vaccinations? If yes, what were the additional vaccines discussed?

Complete this audit for five patients:

Refer to the table that you completed in the introductory exercise of page 2.

- Reflect on the groups of patients who should be vaccinated.
- Choose either from the opportunistic or systematic risk prevention strategies:
 - Opportunistic e.g. patients present for reasons not related to meningococcal vaccination
 - Systematic i.e. specific recall of patients based on risk profile identified through patient records

Record your interactions with these patients you selected for the audit.

ENSURE THAT YOUR NOTES HERE ARE DE-IDENTIFIED AND UNIDENTIFIABLE.

PATIENT 4

Was this patient selected from an opportunistic encounter or as a result of a specific recall? If the former, please describe the nature of the opportunistic encounter. If the latter, what led to the patient recall?

By referring to the table that you completed in the introductory exercise of page 2, which group does this patient belong to? Expand on the age and the risk factors specific to this patient.

Describe your discussion with the patient or parent/carer. Expand on any barriers such as vaccine hesitancy. Did price enter into the discussion? Expand on how you handled the discussion on cost if the vaccine is not funded (even though recommended).

Which meningococcal vaccines did you recommend for your patient? (tick box)

MenACWY vaccine MenB vaccine

Describe the reasons for your choice(s)

PATIENT 4 (CONTINUED)

If the patient or parent/carer accepted your recommendation(s), please reflect on what went well and what aspects of your discussion could be improved. If the patient did not accept your recommendation(s), how might you follow this up, if at all?

What take-home resources did you provide the patient or parent/carer whether or not they accepted your recommendation(s)?

What resources did you turn to to confirm the vaccines doses required? (For example, GSK has a dosage calculator for Bexsero (Multicomponent Meningococcal group B Vaccine [recombinant, adsorbed]): <https://gskpro.com/en-au/products/bexsero/dosing-and-administration/>)

Where more than one vaccine dose is required, what strategy did you implement to maximise compliance?

Did the opportunity present to discuss other recommended vaccinations? If yes, what were the additional vaccines discussed?

Complete this audit for five patients:

Refer to the table that you completed in the introductory exercise of page 2.

- Reflect on the groups of patients who should be vaccinated.
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 - Opportunistic e.g. patients present for reasons not related to meningococcal vaccination
 - Systematic i.e. specific recall of patients based on risk profile identified through patient records

Record your interactions with these patients you selected for the audit.

ENSURE THAT YOUR NOTES HERE ARE DE-IDENTIFIED AND UNIDENTIFIABLE.

PATIENT 5

Was this patient selected from an opportunistic encounter or as a result of a specific recall? If the former, please describe the nature of the opportunistic encounter. If the latter, what led to the patient recall?

By referring to the table that you completed in the introductory exercise of page 2, which group does this patient belong to? Expand on the age and the risk factors specific to this patient.

Describe your discussion with the patient or parent/carer. Expand on any barriers such as vaccine hesitancy. Did price enter into the discussion? Expand on how you handled the discussion on cost if the vaccine is not funded (even though recommended).

Which meningococcal vaccines did you recommend for your patient? (tick box)

MenACWY vaccine MenB vaccine

Describe the reasons for your choice(s)

PATIENT 5 (CONTINUED)

If the patient or parent/carer accepted your recommendation(s), please reflect on what went well and what aspects of your discussion could be improved. If the patient did not accept your recommendation(s), how might you follow this up, if at all?

What take-home resources did you provide the patient or parent/carer whether or not they accepted your recommendation(s)?

What resources did you turn to to confirm the vaccines doses required? (For example, GSK has a dosage calculator for Bexsero (Multicomponent Meningococcal group B Vaccine [recombinant, adsorbed]): <https://gskpro.com/en-au/products/bexsero/dosing-and-administration/>)

Where more than one vaccine dose is required, what strategy did you implement to maximise compliance?

Did the opportunity present to discuss other recommended vaccinations? If yes, what were the additional vaccines discussed?

Invasive Meningococcal Disease (IMD)

IMD is a rare, but potentially fatal disease¹

- Meningococcal disease is **difficult to diagnose early** due to its **non-specific symptoms**
- Even with appropriate medical treatment up to 10% of cases are fatal
- Up to 30% of child and adolescent survivors may experience major sequelae

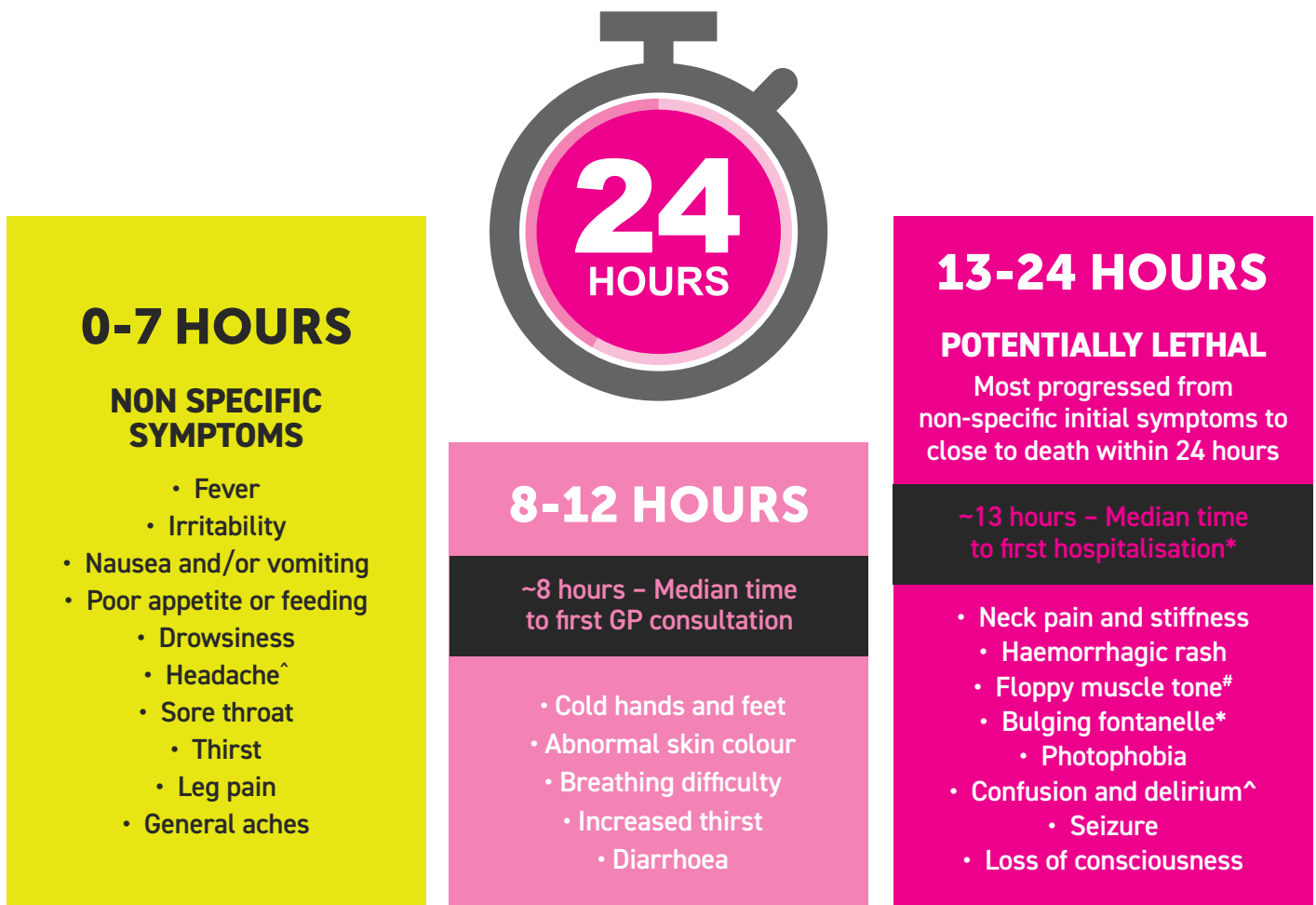
In Australia, 3 serogroups cause the majority of invasive meningococcal disease: B, W and Y¹

The greatest burden of disease is observed in infants <2 years, particularly between 3-6 months of age, and adolescents aged 15-19 years²

- ATAGI recommends MenB and MenACWY vaccination for at-risk groups
- MenACWY and MenB vaccines are on the National Immunisation program for some, but not all, of the at risk groups

Symptoms are difficult to diagnose early, are unpredictable and develop rapidly^{3,4}

Medical intervention often does not occur until late



*in infants <1 year #in children <5 years ^in children >1 year

1. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra, 2022 2. Archer BN, et al. MJA. 2017; 207(9):382-387. 3. Thompson MJ, et al. Lancet 2006; 367:397-403. 4. van Deuren M, et al. Clin Microbiol Rev 2000; 13:144-166.

Parental positions on vaccinations will differ and affect their attitudes and behaviours¹

Position	Attitudes and behaviours
Unquestioning acceptor (30-40%)	Vaccinate or want to vaccinate No questions Less knowledge about vaccinations
Cautious acceptor (25-35%)	Vaccinate despite minor concerns "Hope and pray" mentality
The hesitant (20-30%)	Vaccinate but have significant concerns "Fence-sitter"
Late or selective vaccinator (2-27%)	Concerned about vaccination Delay or select only some vaccinations "Worried"
Refuser (<2%)	Refuse all vaccinations Due to: philosophical position, negative experience, religious beliefs

Useful strategies on discussing vaccination with parents¹



Build rapport



Accept questions and concerns



Avoid scientific "ping pong"



Explain common side effects and rare, important risks



Provide risk and benefit information



Use decision aids / info tools



Keep discussion brief and flexible. Open door policy



Book another appointment to discuss further if required



Use verbal and numerical descriptions of vaccine and disease risks

1. Leask J, Kinnersley P, Jackson C, Cheater F, Bedford H, Rowles G. Communicating with parents about vaccination: a framework for health professionals. BMC Pediatr. 2012;12:154.

Patient education and health literacy¹

GPs educate, guide and support patients to make behaviour changes

Patients view the GP as a key first contact and credible source of preventive advice. Factors that increase the effectiveness of patient education delivered by GPs include:

- assessing the patient's health literacy
- the patient's sense of trust in their GP
- patient involvement in decision making
- strategies to help the patient remember what was discussed
- tailoring the information to the patient's interest in change

Communicating with parents and adolescent patients^{1,2}

Parents are confused about meningococcal disease and want to know more

- Specifically, parents are not aware there are different strains and that different vaccines are needed to help fully protect against meningococcal disease

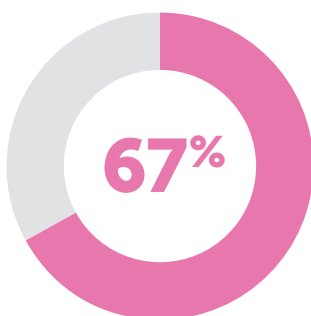
Understanding parental position can help inform strategies to communicate

- Tailor counselling techniques to address the individual's concerns

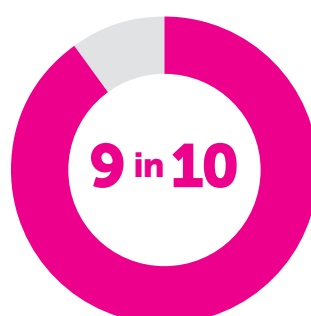
GPs play a critical role in advising patients of available funded and private market vaccines

- Don't assume that patients won't choose to vaccinate because it needs to be self funded

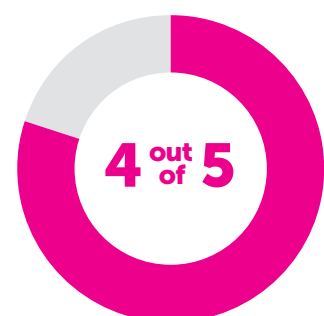
Parents rely on their GP to give them information about meningococcal disease^{2,3}



Two thirds (67%)
are not aware that
different strains require
different vaccines



9 in 10 parents
expect GPs to inform them
about all recommended
vaccinations regardless of cost



4 out of 5 parents
trust their GP "a great deal"
regarding information about
meningococcal disease

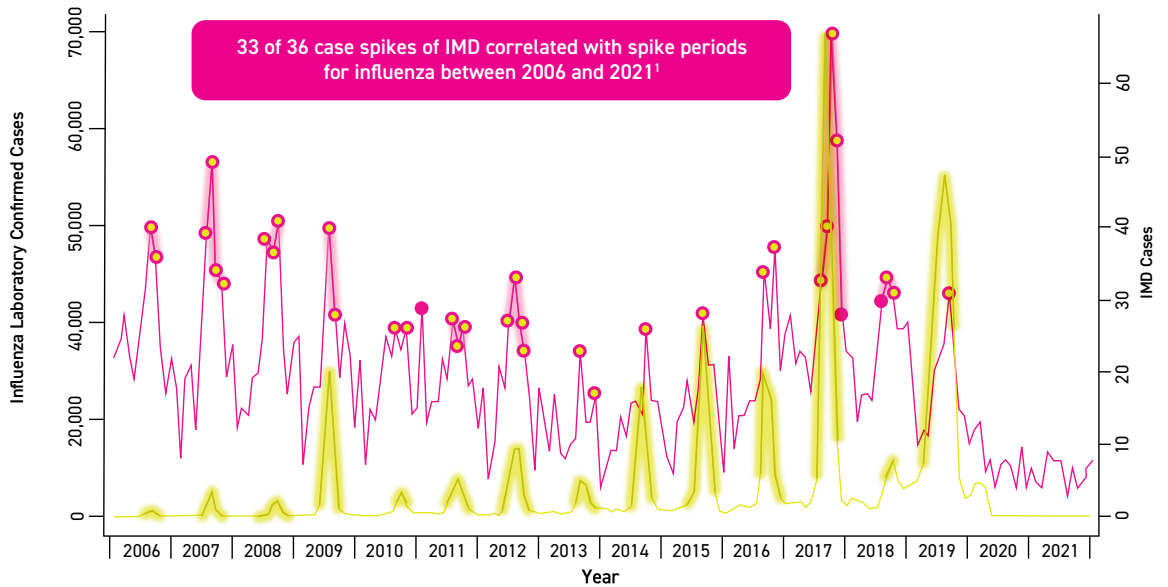
Based on an online survey conducted in Australia, Brazil, Germany, Greece, Italy, Spain, UK and USA. With 3948 participants from Australia comprising of a sample of parents of 0–17-year-olds and a general population sample (representative of the population by gender, age and location). Objective was to gather insights into the knowledge that parents/guardians have about IMD vaccines.

1. RACGP Guidelines for preventive activities in general practice. 9th edition.

2. Ballalal I et al. Expert Rev Vaccines 2023;22(1):457-467.

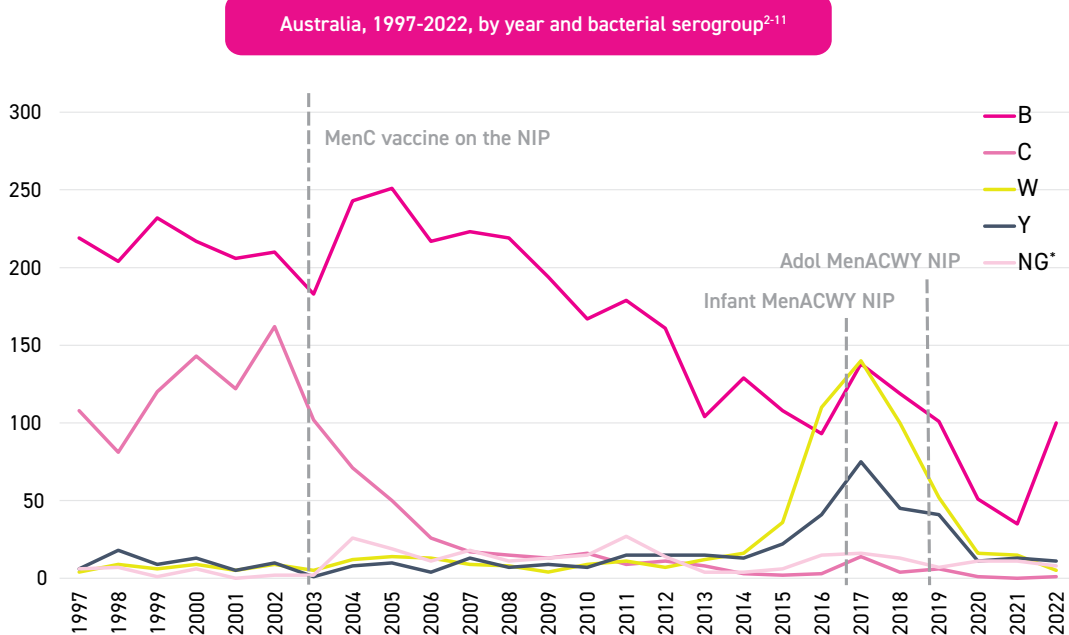
3. Data on file. IPSOS National Meningococcal Disease Awareness Campaign Survey, conducted on behalf of GSK. Australia, August 2019

A recent study explored the correlation of influenza and IMD in Australia by reviewing reported data over 16 years¹



Adapted from: 1. George CR, et al. Med J Aust. 2022;216:504-507.

Public health measures necessitated by COVID-19 coincided with the lowest rates of IMD and influenza since national records were kept.¹ A rise in cases of MenB however, have been documented through the course of 2022.²



Adapted from the Annual reports of the meningococcal surveillance program² and state health department websites³⁻¹⁰

*NG includes where meningococcal isolates could not be identified ('not groupable'), other isolates not grouped and where serogroups were not known.

Ongoing efforts are required to continue targeting serogroups that prevail, notably serogroup B.¹

Despite expanded meningococcal vaccination funded programs leading to reductions in all serogroups, MenB remains dominant.²⁻¹¹

Abbreviations: IMD, invasive meningococcal disease; AMSP = Australian Meningococcal Surveillance Programme; Men B = meningococcal serogroup B; Men C = meningococcal serogroup C; Men W = meningococcal serogroup W; Men Y = meningococcal serogroup Y; NIP = National Immunisation Program; NGD = Not groupable or determinable

1. George CR, Booy R, Nissen MD, Lahra MM. The decline of invasive meningococcal disease and influenza in the time of COVID-19: the silver linings of the pandemic playbook. Med J Aust. 2022;216:504-507. 2. Annual reports of the Australian Meningococcal Surveillance programme, 1997-2021. <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-pubsannrpt-menganrep.htm> 3. SA Health. <https://www.health.wa.gov.au/News/Media-releases-listingpage> 4. QLD Health. <https://www.health.qld.gov.au/clinical-practice/guidelinesprocedures/diseases-infection/surveillance/reports/notifiable/summary> 5. NSW Health. <https://www.health.nsw.gov.au/infectious/pages/data.aspx> 6. WA Health. <https://www.health.wa.gov.au/News> 7. VIC Health. <https://www2.health.vic.gov.au/public-health/infectiousdiseases/infectious-diseases-surveillance/interactive-infectious-diseasereports/local-government-areas-surveillance-report> 8. ACT Health. <https://www.health.act.gov.au/public-health-alerts> 9. NT Health. <https://mediareleases.nt.gov.au/> 10. TAS health. <https://www.health.tas.gov.au/news?search=meningococcal> 11. NCIRS. History of immunisation. Meningococcal. <https://www.ncirs.org.au/sites/default/files/2021-02/Meningococcal-history-Feb%202021.pdf>

Where to go for more information

National Immunisation Program Schedule

The National Immunisation Program (NIP) Schedule delivers free vaccines to eligible patients. It provides information for healthcare professionals on vaccine schedules and practice points, as well as specific information for at-risk patient groups. Contact your **State or Territory Health Department** for questions regarding the NIP or State based vaccination programs.

<https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule>

The Australian Immunisation Handbook

The Australian Immunisation Handbook is a government resource which provides clinical advice for health professionals on the safest and most effective use of vaccines, as developed by the Australian Technical Advisory Group on Immunisation (ATAGI).

<https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/meningococcal-disease>

National Centre for Immunisation Research and Surveillance Fact Sheets

NCIRS Fact Sheets contain information directed at healthcare professionals but may be used as tools for communicating with consumers. The resources are created in the Australian context and are informed by ATAGI recommendations.

<https://www.ncirs.org.au/health-professionals/ncirs-fact-sheets-faqs>

The Melbourne Vaccine Education Centre (MVEC) Immunisation References

The MVEC Immunisation References are a library of up-to-date immunisation references for both healthcare professionals and consumers. The library also contains audio & visual resources to communicate vaccination information to consumers.

<https://mvec.mcri.edu.au/immunisation-references/>

Sharing Knowledge About Immunisation (SKAI)

SKAI supports the professional and communication skills required by healthcare professionals to ensure adequate and open vaccination education to patients and consumers. References are grouped by vaccine readiness and available in different languages.

SKAI for Health Professionals. Completion of learning module required to access site

<http://providers.talkingaboutimmunisation.org.au/>

SKAI for Parents

SKAI For Parents aims to provide parents with take-home information about childhood vaccination in various language. Video and media resources are also available.

<http://talkingaboutimmunisation.org.au/>

GSK's meningococcal disease website for the general public

Know Meningococcal is an interactive website aimed at educating parents and consumers on meningococcal disease. The site contains patient stories as well as educational material from prescribers.

www.knowmeningococcal.com.au

Better Health Channel for the general public

Better Health Channel is a free resource for sharing health and medical information with members of the general public. Health information is easy to understand, quality assured and up-to-date. It is one of the most accessed health and medical website resources in Australia.

www.betterhealth.vic.gov.au

Meningitis Centre Australia

Meningitis Centre Australia is a not-for-profit aiming to educate and provide support for meningitis, meningococcal, pneumococcal and related diseases. The website provides education on recognising meningococcal disease and recommending vaccination to consumers.

<https://meningitis.com.au/>

Please answer these questions after undertaking this audit.

1. In future, when seeing parents or other individuals who are at risk of meningococcal infection, how often will you opportunistically ask about their meningococcal vaccination status?

Always Most of the time Sometimes Occasionally Never

2. Having completed this activity, how confident are you now in your ability to provide education about the risk of acquiring and transmitting meningococcal bacteria, based on age and other risk factors?

Very confident Somewhat confident Neutral Not very confident Not confident

3. Having completed this activity, how confident are you now in identifying patients who are recommended to receive meningococcal vaccination according to Australian immunisation guidelines

Very confident Somewhat confident Neutral Not very confident Not confident

4. Having completed this activity, how familiar do you now consider yourself to be with the dose schedule recommendations of MenACWY and MenB vaccines that are available in Australia?

Very familiar Somewhat familiar Neutral Not very familiar Not familiar

5. Having completed this activity, how familiar do you now consider yourself to be with booster recommendations of meningococcal vaccines?

Very familiar Somewhat familiar Neutral Not very familiar Not familiar

6. Having completed this activity, how familiar do you now consider yourself to be with recommendations for administering meningococcal vaccines on the same day as other vaccines? ?

Very familiar Somewhat familiar Neutral Not very familiar Not familiar

7. How will you change your practice as a result of this program?

- Already advising patients/parents regarding meningococcal vaccination. This activity will make me more proactive
- Be more opportunistic with higher risk populations presenting – especially adolescents, where this topic is often not their agenda
- Be much more confident in discussing and recommending
- Have more posters, brochures in the practice – be more proactive in offering the vaccinations especially in high-risk groups
- All of the above

HOW CAN YOU IMPROVE THE UPTAKE OF MENINGOCOCCAL VACCINES?

What groups are you currently vaccinating against meningococcal disease?

Who else should be vaccinated?

Do you have easy access to vaccines?

What are the barriers to change?

PRACTICAL IMPLEMENTATION

SEIZING OPPORTUNITIES: List opportunistic ways in which you can initiate discussions on vaccines.

CREATING OPPORTUNITIES: Outline how you can implement recall systems as part of your risk prevention strategies.

COMPLIANCE: How will you ensure that patients will return for subsequent dose(s) if the vaccine is multi-dose?

Please rate to what degree the learning outcomes of the program were met:

	Not met	Partially met	Entirely met
Identify those at increased risk of invasive meningococcal disease (IMD).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe ways and vaccine choices to reduce risk of IMD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer the recommended vaccine and correct dosage to at-risk patients whether or not the vaccine is NIP/state-funded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify resources for patients or parents/carers of at-risk children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create practice-based systems including but not limited to recalls and scheduling of subsequent doses so that vaccine course is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate to what degree this CPD activity met your expectation about:

	Not met	Partially met	Entirely met
Content: Current, contemporary, evidence-based, and relevant to general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery: Engaging/interactive, e.g., with opportunity for questions and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Would you likely recommend this CPD activity to a colleague?

Yes No Why?

Would you likely change anything in your practice as a result of this CPD activity?

Yes No Why?

Are more/different resources required for discussing meningococcal vaccines and IMD with patients and parents/carers?

Do you know of any useful resources that have not been discussed in this audit? If so, what are they?

General comments and feedback:

Quality improvement is an integral component of the RACGP CPD Program. If you have a concern about the quality of this activity, please submit your feedback online to your local RACGP office.

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