Invasive meningococcal disease remains rare in EU/EEA countries, with the greatest burden in infants and young children. In 2014, country-specific notification rates ranged from 0.1 to 3.1 cases per 100,000 population [4, 5]. Of the 2,760 IMD cases reported in 2014, the serogroup was known for 2,456 (89%). Of the cases with known serogroup, the majority belonged to serogroup B (64%), followed by serogroup C (16%) (Table 2). There has been a decrease in serogroup B since 2011 and in serogroup C since 2012. Serogroup W has been increasing since 2011, although this increase is solely related to the rapid epidemic expansion of a single vaccination in their routine national childhood immunisation programme. By 2014, 14 EU countries had integrated the meningococcal C conjugate (MCC) vaccine into their routine national childhood immunisation programmes. In countries that have implemented an MCC vaccination strategy, the burden of disease has substantially decreased. However, the notable increase in serogroup W cases has been associated with the emergence of an encapsulated strain that has been increasing in the UK. By 2014, 12 EU countries had implemented the quadrivalent conjugate vaccine (4CMenB) into their routine national childhood immunisation programmes. The United Kingdom introduced 4CMenB into its routine national childhood immunisation programme in 2015, and since then there has been a significant decrease in IMD cases, especially among young adults (Figure 4). Other countries are considering implementation of 4CMenB to further reduce the burden of IMD. Cross-protection against IMD caused by other serogroups [4, 5]. The United Kingdom introduced 4CMenB into its routine national childhood immunisation programme in 2015, and since then there has been a significant decrease in IMD cases, especially among young adults (Figure 4). Other countries are considering implementation of 4CMenB to further reduce the burden of IMD. Cross-protection against IMD caused by other serogroups [4, 5]. The United Kingdom introduced 4CMenB into its routine national childhood immunisation programme in 2015, and since then there has been a significant decrease in IMD cases, especially among young adults (Figure 4). Other countries are considering implementation of 4CMenB to further reduce the burden of IMD. Cross-protection against IMD caused by other serogroups [4, 5].
Public health conclusion

Continued strengthening of IMD surveillance is essential to evaluate the impact of ongoing immunisation programmes and to support decision-makers in view of the availability of new vaccines. Surveillance at the European level will become even more important as the incidence of the disease declines, and the pooling of data may enable the description of trends which are difficult to discern at the national level.

Public Health Conclusions

Several vaccines targeting different serogroups exist for the prevention of invasive meningococcal disease. The choice of introducing a vaccine into the routine national immunisation programme depends on the disease and vaccine attributes, as well as context-specific factors in each country, such as the disease and serogroup burden, cost-effectiveness and feasibility. Public health conclusions, according to the current knowledge, are summarised in Table 1.

Table 1. Invasive meningococcal disease, surveillance overview, 2014

Refereces

5. Wise J. Teenagers in England to be vaccinated against meningitis group W. BMJ. 2015 Mar 16;350:h1486