



## Meningitis Now & Meningitis Research Foundation are calling for protection for all and fair access to vaccines

Repeated Department of Health surveys have shown that meningitis\* is the disease that parents fear the most; it strikes fast without warning; there is no time for mistakes in diagnosis; it has a high fatality rate; it particularly affects young children; it has life-long disabling after affects and the potential for improved outcomes through treatment is limited. **Prevention ensures that lives are saved.**

The UK leads the way in the fight against meningitis. The immunisation and surveillance programmes in the UK are world class and we should be proud of the lives that have been saved and disabilities prevented over the years. **But we still have a long way to go.**

**The public are sick of seeing this getting stuck in political mud. We are asking government to:**

1. Address the unfairness of the cost effectiveness framework for preventing severe childhood illness and ensure that the peace of mind health benefits of vaccination are included in the framework.
2. Secure commitment to funding and delivery of the adolescent intervention study with MenB vaccine.
3. Prioritise effective protection for the most vulnerable in the short term by undertaking a one off catch-up for children under 5.

Since licensure in Jan 2013 the Joint Committee on Vaccination & Immunisation (JCVI) have made three recommendations to the Secretary of State for Health. These recommendations and current status are:

JCVI Date	JCVI Recommendation	Status as at March 18 2016
June 2013 and Feb 2014	A population based evaluation of Bexsero® in adolescents is required. 1 in 4 teenagers carry these bacteria harmlessly in the back of the nose and throat. Vaccinating this group would be the most cost effective approach if it prevents acquisition of the bacteria and generates herd protection across all age groups (by reducing carriage and preventing spread).	Preliminary study in progress to determine the most effective design for the main study.  No indication of commitment to funding the main study or of timescales
Oct 2013	Establishment of a working group to review the cost effectiveness framework used for vaccines especially when related to rare but serious diseases in children	Cost-Effectiveness Methodology For Immunisation Programmes and Procurements (CEMIPP) working group formed early in 2015 but with different terms of reference to what had been expected.  Still awaiting report and recommendations to enable us to determine whether it is addressing the fundamental issues.
Feb 2014	Introduce the vaccine for babies, subject to a cost effective price being agreed	Immunisation programme commenced on 1 Sept 2015 for all babies born from 1 May 2015 following a year-long price negotiation.

Note: \* For the purposes of this document, the term “meningitis” is used to describe meningitis and meningococcal septicaemia

## Petition & Health Committees – Ten point action plan

We propose the following plan is monitored by the Petition & Health Committees to avoid further delay:

### Addressing the unfairness of the cost effectiveness framework

1. **April 2016:** Publication of first draft of recommendations from the CEMIPP working group.
2. **June 2016:** A commitment at ministerial level for funding research into how peace of mind health benefits can be included in the cost effectiveness framework<sup>1</sup>. The petition demonstrates how much the public value vaccines that prevent severe disease. If there is no agreed mechanism for including peace of mind benefits of vaccination then research should be commissioned urgently to address this.
3. **June 2016:** Deadline for public consultation on the first draft of CEMIPP recommendations.
4. **September 2016:** Recommendations and amendments to draft report post consultation and proposed implementation plan to be presented to the Health and Petitions Committees.

### Completing the adolescent intervention study

5. **April 2016:** A Department of Health commitment at ministerial level for funding a teenage intervention study to be provided in writing to the Health & Petition Committees.
6. **May 2016:** Plan outlining timescales for completion of the following to be presented to Health & Petitions Committees:
  - a. preparatory study
  - b. commissioning and design of the intervention study
  - c. intervention study and subsequent reporting
  - d. consideration of findings by JCVI and subsequent recommendations
7. **September 2016:** Quarterly progress reports to be provided to Health & Petitions Committees until completion.

### Protecting the most vulnerable with an effective vaccine – under 5s one off catch up programme

8. **Spring 2016:** Report to be produced for Health & Petitions Committees on Men B vaccine supply and any likely issues for an under 5 catch up programme.
9. **Autumn 2016:** First year effectiveness data for the vaccination of babies to be made public.
10. **October 2016:** Catch up campaign for under 5s to be reconsidered by the JCVI in the light of a fairer cost effectiveness framework and emerging data on vaccine effectiveness, and Health & Petitions Committees to be updated on recommendations.

### Supporting our call

- Public demand for this vaccine is unprecedented as evidenced by the largest ever parliamentary petition demanding wider vaccine roll out.
- There is already trial evidence that this vaccine should work now and early indicators of whether the under 1's programme is working in practice could be available as early as this Autumn.
- The current cost effectiveness framework used to assess vaccines is particularly unfair for uncommon severe disease in children, but it will take time to address these problems.
- There were significant bureaucratic delays to introducing the under 1's vaccine in the first place resulting in unnecessary death and suffering.
- If, as we hope and expect, Autumn results show that the vaccine works in a mainstream programme then denying this to under 5's will be only on the grounds of a defective cost effectiveness framework. We cannot stand by and watch more lives be lost whilst this is rectified.
- A vaccine shortage means that realistically, any catch-up programme given the go ahead now could not happen right away. However, the Government should be ready to act as soon as we have results from the first year of vaccine implementation.

1. Cost Effectiveness Methodology for Immunisation Programmes and Procurements Working Group - Terms of Reference