

Meningococcal B Vaccine Order Form

Each dose of Meningococcal B vaccine must be ordered individually.

Meningococcal B vaccine is funded for people in the following groups:

- Aboriginal and Torres Strait Islander infants** from 2 months of age, with catch-up available for Aboriginal and Torres Strait Islander children up to 2 years of age.

Age at start of vaccine course	MenB vaccine brand	Dose requirements for healthy people (without any medical conditions associated with increased risk of invasive meningococcal disease)
6 weeks to 5 months	Bexsero	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
6–11 months	Bexsero	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
12–23 months	Bexsero	2 doses (8 weeks between doses)

- People of all ages with the following **medical conditions**

- asplenia and hyposplenia,
- complement deficiency and
- people undergoing treatment with eculizumab

Age at start of vaccination	Dose requirements for people with a specified medical condition associated with increased risk of meningococcal disease*
6 weeks to 5 months	4 doses* (8 weeks between doses; 4th dose at 12 months of age or 8 weeks after 3rd dose, whichever is later)
6–11 months	3 doses* (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
≥12 months	2 doses* (8 weeks between doses)

BEXSERO Vaccine Order Form (Meningococcal B)

PRACTICE NAME:	
PHONE NUMBER:	SCHEDULED DELIVERY:

Name: _____ Medicare Number: _____

DOB: _____ Indication: _____

Date/s of prior doses Bexsero vaccine: _____

AIR Checked

Office use only – Dose approved:

Name: _____ Medicare Number: _____

DOB: _____ Indication: _____

Date/s of prior doses Bexsero vaccine: _____

AIR Checked

Office use only – Dose approved:

Name: _____ Medicare Number: _____

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