**REMOVAL OF MEN B FROM THE UK VACCINATION SCHEDULE**

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 The current vaccinations in the United Kingdom routine immunization schedule will provide protection against different diseases, reduce costs, and encourage more efficiency savings. The estimated cost saving in regards to the current immunizations is approximately 27 million pounds (National Center for Immunization and Respiratory Diseases, 2016). The United Kingdom's Department of Health needs to make more savings, and for this reason, the country needs to remove a vaccine from its routine immunization schedule that proves to be less useful compared to the others. Reasonably, Men B vaccination should be removed from the regular immunization schedule of the United Kingdom.

 Men B refers to a routine vaccine administered to children under the age of 5 in most cases. This vaccine started to be useful in the year 2015 in May. Therefore, babies who were born on or after these dates are the only ones who have had the chance to receive this vaccine. The vaccine is responsible for the protection of meningitis B (Oxford, Vaccine Group, 2015). An injection is applicable in administering the vaccine into the left thigh of the child concurrently with other routine vaccinations such as pneumococcal. The vaccine is given to a child at eight weeks, sixteen weeks, and one year.

**Mechanism of Pathogenesis**

 Meningitis B is a severe infection caused by the group B bacteria, but it is rare for it to occur or attack individuals. Upon attack, the disease can become severe and kill an individual in approximately 24 hours (De Jonge et al., 2010). The disease popularly causes an inflammation of the spinal cord and the brain. The meningococcal bacteria present in the human body result in an infection of a specific section in the human body such as the respiratory tract, the skin, and the gastrointestinal tract. After the infection in the given part, the bacteria have high chances of spreading through the bloodstream and making its way to the nervous system. No known reasons for the spreading of these bacteria into the nervous system exist.

 The moment the bacteria reach the nervous system, then they cause meningitis B. Other ways in which the bacteria can make their way into the nervous system include a situation whereby an individual has had a severe surgery, head trauma, or infection. The meningococcal bacteria exist in 12 groups. However, the group B otherwise known as men B is the most common in the United Kingdom and responsible for approximately 90 percent of the meningococcal infections that affect the citizens of the United Kingdom (Biesma et al., 2009).

 The group B meningococcal bacteria that cause meningitis B are capable of affecting individuals of any age, but it is prevalent in young children and infants. The Meningitis B that results after infection is fatal, without prompt diagnosis and treatment, it can result in death, and if the individual survives, then there is a high probability that they will have disabilities including brain damage and deafness among others. A study conducted shows that one out of every ten individuals with meningitis die (Brenzel,Young, & Walker, 2015).

 Meningitis B is not as contagious as other diseases, like the flu, but suppose an individual gets into contact with throat and respiratory secretions from an infected person, it is highly likely that they will contract the disease. The contact with the infected fluids can occur with kissing, sneezing or coughing. Symptoms of an individual affected by Meningitis B include a headache, high fever, nausea, confusion, a very stiff neck, exhaustion, sensitivity to light, and vomiting. In cases where an individual has a blood infection, then the person may experience rashes as part of the symptoms for meningitis B.

 A person that contracts meningitis B may get sick very quickly and the early symptoms experienced can cause wrong diagnosis for influenza, leading to the wrong treatment and subsequent death of the individual. The risk of contracting meningitis B increases when an individual contacts an infected person. However, individuals can prevent acquiring the disease including washing hands as often as possible, avoiding sharing items like silverware, lipstick, drinking containers, and smoking materials in several ways.

**Rationale for Removing Men B from the UK Vaccination Schedule**

 Several reasons why there should be removal of Men B from the routine immunization schedule in the UK's Department of Health do exist. First, meningitis B hardly affects individuals as scientists prove that it is a rare condition. For this reason, the mortality rate of meningitis B in children is low in comparison to other diseases such as pneumonia, which kill many infants not only in the UK but also across the globe. Therefore, the vaccination priority should be to the diseases that are highly likely to affect the children rather than the meningitis B that is highly unlikely (Biesma et al., 2009).

 In the current day, meningococcal diseases such as meningitis B are at a historic low in the United Kingdom regardless of the fact that it is the most prevalent type. The rate at which children below 5 acquire the illness has been declining over the years since the year 1990. These declines have been visible even before the introduction of the Men B routine vaccination in the year 2015 (Gossger et al., 2012). These declines prove that even without the vaccination, there are high chances that the rates of the infection of the disease will continue to drop as the years elapse. For this reason, it is only convenient to remove men B vaccine from the routine immunization schedule to foster an increased efficiency in the savings of the Department of health.

 The fact that the Men B vaccine was introduced into the vaccination schedule in the year 2015 means that now, it can only protect the children below the age of three who have been immunized since then and that it cannot provide herd immunity, where it protects the larger unvaccinated community. In regards to the licensure process, men B indicated that they have immune responses that are capable of protecting the individual against group B meningitis. However, studies done by different scholars’ show that data intended to show how well the men B work to protect the infants against the infection is limited. The disease is rare so the effectiveness of the vaccine is not measurable on a large scale. This fact is yet another reason why the vaccine should be out of the routine immunization schedule (Wallace, Ryman, & Dietz, 2012).

 Men B is still a new vaccination, and many different scientists do not yet recommend it as a routine immunization for healthy individuals across the globe meaning that the vaccination is not as important. Approximately 5,000 infants have had the men B vaccination to test for its safety because its effectiveness cannot yet be measured (De Jonge, Van Furth, Wassenaar, Gemke & Terwee, 2010). Furthermore, finding the men B vaccine can be a daunting task because there must be a high-risk recommendation. As mentioned earlier, there is a low risk of individuals to acquire meningitis. Furthermore, many physicians hardly have this vaccine at their office. In addition, the administration of the vaccine would cost approximately 112 pounds for each of the Bexsero (men B) shots, which is quite expensive.

 Available data stipulates that the protection offered by the men B vaccine decreases with age. The more a child grows up, the more the vaccine becomes less efficient in the body. Early reports regarding the men B vaccine also indicate that the protective antibodies decrease at a fast rate after the vaccination (Mclntyre, O’Brien, Greenwood & Van De Beek, 2012). Moreover, problems that would follow the vaccination of men B exist. These issues include reactions where the baby’s thigh becomes red, and it tends to experience pain and fever. For this reason, the health practitioners have to administer paracetamol after the men B vaccination making the process tiresome and costly for some parents.

 Men B vaccination is administered to children at the ages eight weeks, 16 weeks, and one year. However, there are some restrictions where the vaccine is not administrable to every infant. For instance, infants who have an anaphylactic or allergic reaction to the men B vaccination dose given to them should not continue with the immunization. In addition, children who have a fever should not receive or proceed with the vaccination. These restrictions show that the men B vaccination is not conducive and therefore should be out of the routine schedule (Ramsay et al, 2003).

 In summary, the disease meningitis B could be fatal as it can lead to the death of an infected individual within 24hours. Furthermore, the survivors of the infection must have a disability including brain and neurological damage among others. However, the disease is rare for individuals to occur and if it does, it only kills one out of every ten individuals infected because there is a cure for the illness. Since group B bacteria cause men B, it can easily be treated using antibiotics when diagnosed early enough (Wallace, Dietz, & Cairns, 2009).

 The fact that the rate of infection of the disease has been decreasing over the years, the restrictions on administering the drug exist and that there are reactions that might occur after a baby receives the vaccination makes this routine vaccine less efficient compared to the rest of the regular schedule. Moreover, getting the drug is quite expensive, and the protection offered decreases as the child ages making this drug ineffective and the best option to for removal from the routine immunization schedule in the United Kingdom to foster efficient saving in the Department of Health (Mooney et al, 2004).

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