



Meningococcal Vaccine Q & A for Healthcare Providers

School meningococcal vaccine requirements

Q1: For what grades will meningococcal vaccine be required in fall 2016?

A1: Meningococcal vaccine will be required for students entering or attending grades 7 and 12 in public, private and parochial New York State (NYS) schools in the 2016-17 school year.

Q2: When will the school meningococcal vaccine requirement take effect?

A2: The meningococcal vaccine school requirement will take effect on September 1, 2016. Healthcare providers are strongly encouraged to vaccinate adolescents in advance of this date.

Q3: How many doses of meningococcal vaccine will be required for grade 7?

A3: One dose of meningococcal conjugate vaccine (MenACWY; sometimes abbreviated as MCV4; brand names Menactra or Menveo) will be required for entry into grade 7 beginning September 1, 2016.

Q4: How many doses of meningococcal vaccine will be required for grade 12?

A4: A total of two doses of MenACWY vaccine, administered a minimum of 8 weeks apart, will be required for entry into grade 12. The second dose must be administered no sooner than 16 years of age. However, if the first dose of MenACWY vaccine was received at 16 years of age or older, then a second dose will not be required. The NYS school immunization requirements allow for a grace period of up to 4 days before the 16th birthday.

Q5: Will serogroup B meningococcal vaccine (MenB vaccine) be required for grade 12?

A5: No, MenB vaccine will not be required for grades 7 or 12 in the 2016-17 school year. In addition, doses of MenB vaccine will not meet the NYS MenACWY vaccine requirement.

Q6: If a student received a dose of meningococcal vaccine prior to 7th grade, will he or she need an additional dose to enter 7th grade?

A6: Any dose of MenACWY vaccine received on or after 6 weeks of age will meet the grade 7 requirement. Students with high-risk medical conditions (e.g., complement component deficiency or asplenia) or who received an early dose due to travel or other reasons will not be required to receive additional booster doses in order to enter 7th grade, but it is recommended that healthcare providers review their immunization histories and administer any vaccine doses that are due or overdue.

Q7: Will serology be acceptable as evidence of immunity to meningococcal disease instead of vaccination?

A7: No. The Centers for Disease Control and Prevention (CDC) does not recognize any serologic tests as useful for determining immunity to meningococcal disease. Serological evidence of immunity to meningococcal disease will not meet the meningococcal vaccine requirement for school in NYS.

Q8: If an immunization record just says "meningococcal vaccine", will it meet the school meningococcal vaccine requirements?

A8: Healthcare providers completing school immunization records should specify the meningococcal vaccine that was given, if known. Doses of MenACWY will satisfy the school immunization requirement, but doses of MenB will not. Schools will review available information to attempt to determine the specific vaccine that was given, but if a school is unable to determine the vaccine given, then the student might need to be revaccinated in order to attend school.

Q9: Will there be enough vaccine supply to support the new school requirement?

A9: There is currently no shortage of MenACWY vaccine. If Vaccines for Children (VFC) providers need to order more MenACWY vaccine than usual in order to get students up-to-date for school, then they should note in the comments section of their order that they need more doses than usual in order to meet the new school meningococcal vaccine requirement.

MenACWY vaccine

Q1: If someone received MCV4 at the age-appropriate time, will he or she need to be revaccinated with MenACWY?

A1: MCV4 and MenACWY are different abbreviations for the same vaccines; they are also known as brand names Menveo and Menactra.

Q2: Are Menveo and Menactra interchangeable?

A2: Menveo and Menactra are two brands of MenACWY vaccine. Menveo is licensed for administration to individuals 2 months through 55 years of age, whereas Menactra is licensed for administration to individuals 9 months through 55 years of age. Menveo and Menactra are interchangeable for individuals aged 9 months and older.

Q3: If MenACWY is not covered by private insurance, can we use VFC stock?

A3: Children less than 19 years of age whose health insurance does not cover MenACWY vaccine are eligible to receive VFC MenACWY vaccine.

Q4: Why do older adolescents need a booster dose of MenACWY vaccine if they received a first dose in their early teens?

A4: Although MenACWY vaccine is highly effective within 1 year of vaccination, the immune response to this vaccine declines by 3-5 years after vaccination. The risk of meningococcal disease peaks at ages 16-21 years, so an adolescent who was vaccinated at 11 or 12 years of age may not be sufficiently protected by the start of the higher risk years. For that reason, all adolescents should get a booster dose of MenACWY vaccine at 16 years of age or older in order to protect them throughout the higher risk years.

Q5: Why is the state requiring high school seniors to get the booster dose of MenACWY?

Shouldn't healthcare providers delay vaccination until just before entering college in order to maximize protection?

A5: There is a common misconception that only college students need MenACWY vaccine. In fact, the risk of meningococcal disease begins to peak at 16 years of age, before college entry for most students. Delaying vaccination until college entry leaves adolescents vulnerable to meningococcal disease at the start of their highest risk years.

Q6: Why do we give the first dose of MenACWY at age 11-12 years when disease peaks at ages 16-21 years?

A6: Although disease peaks at ages 16-21 years, cases do occur among younger adolescents. Administering a first dose at age 11-12 years with a booster dose at age 16 years is

estimated to prevent twice the number of cases and deaths from meningococcal disease compared with a single dose at age 15 years, and with a similar cost effectiveness profile. In addition, serological studies demonstrate a strong immune response to a booster dose of MenACWY vaccine given 3-5 years after the first dose, with comparable safety to the first dose.

- Q7: If a teen received a first dose of MenACWY vaccine at age 16 years, should he or she receive a second dose to complete the series?
- A7: No. The booster (second) dose of MenACWY vaccine is not recommended nor required for adolescents who received a first dose on or after their 16th birthday.
- Q8: If a teen received a first dose of MenACWY vaccine at age 15 years, should he or she receive a second dose to complete the series?
- A8: Yes. Adolescents who received a first dose of MenACWY vaccine before their 16th birthday should receive a booster (second) dose at 16 years of age or older, a minimum of 8 weeks after the first dose. This booster dose will be required for all NYS 12th grade students starting September 2016.
- Q9: If a healthy teen received 2 doses of MenACWY vaccine before 16 years of age, will he or she need a third dose?
- A9: Yes. The CDC recommends that all healthy teens have a booster dose of MenACWY vaccine on or after the 16th birthday, regardless of the number of doses received before 16 years of age. If the second dose was received more than 4 days before the 16th birthday then a third dose, received a minimum of 8 weeks after the second dose, will be required for grade 12.

Children and teens with persistent complement component deficiency or asplenia should receive MenACWY vaccine according to the high-risk recommendations, as described below. Healthcare providers are encouraged to call the NYSDOH if they have any questions about the high-risk recommendations. The NYSDOH Bureau of Immunization Medical Director is available for consultation upon request.

Q10: For which high-risk groups is MenACWY vaccine recommended?

A10: In addition to the routine age-based recommendations, the following high-risk groups are recommended to receive MenACWY vaccine:

- Persons with persistent complement component deficiency: administer 2 doses of MenACWY, 8-12 weeks apart, followed by booster doses every 5 years. If the primary series was completed before 7 years of age, the first booster should be given 3 years after the primary series. Alternatively, children aged 2-18 months may receive a 4-dose series of either Menveo or Hib-MenCY (MenHibrix).
- Persons with functional or anatomic asplenia: administer 2 doses of MenACWY, 8-12 weeks apart, followed by booster doses every 5 years. If the primary series was completed before 7 years of age, the first booster should be given 3 years after the primary series. Because of the high risk for invasive pneumococcal disease among persons with asplenia, children with functional or anatomic asplenia should not be immunized with MenACWY before age 2 years to avoid interference with the immune response to the pneumococcal conjugate vaccine series.
- Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of sub-Saharan Africa or to Mecca during the Hajj and Umrah pilgrimages): administer 1 dose of MenACWY. Administer MenACWY booster to travelers to the “meningitis belt” who were last vaccinated 5 or more years

ago. Travelers to Mecca during the Hajj pilgrimage will need documentation of MenACWY vaccination within 3 years before the date of travel.

- Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*: administer 1 dose of MenACWY. Administer MenACWY boosters every 5 years if exposure to *N. meningitidis* continues.
- Persons who are identified as at-risk during a community outbreak of meningococcal serogroup A, C, W or Y: Administer 1 dose of MenACWY.

Q11: Some students who come to NYS from other countries were vaccinated in their country of origin with vaccines against one (A or C) or two (A and C) strains of meningococcal disease. Will MenA, MenC, or MenAC vaccines meet NYS school meningococcal vaccine requirements?

A11: No. MenA, MenC, and MenAC vaccines provide no protection against meningococcal serogroup Y, which causes approximately one-third of cases of meningococcal disease in the United States. Students entering grades 7 or 12 who received MenA, MenC or MenAC vaccine will still need to receive MenACWY vaccine in order to meet NYS school meningococcal vaccine requirements. MenACWY vaccine can be given at any time after receiving MenA, MenC or MenAC vaccine.

MenB vaccine

Q1: When should we recommend MenB vaccine for healthy patients?

A1: A MenB vaccine series may be administered to healthy young people 16 through 23 years of age with a preferred age of vaccination at 16 through 18 years. This Category B recommendation allows the clinician to make a MenB vaccine recommendation based on the risk and benefit for the individual patient.

Q2: Can you administer MenACWY and MenB at the same visit?

A2: Yes, MenACWY and MenB can be given at the same visit or at any time before or after each other.

Q3: Is it safe to give MenB vaccine along with other vaccines?

A3: MenB vaccine may be administered at the same visit as other adolescent vaccines, but at a different anatomic site, if feasible.

Q4: What is the interval between doses of Bexsero and Trumenba?

A4: Bexsero is licensed as a 2-dose series, with doses administered at least 1 month apart. Trumenba is licensed as a 3-dose series according to a 0-, 2-, and 6-month schedule.

Q5: Is MenB approved by the State Education Department for administration using a standing order?

A5: The State Education Department authorizes registered nurses and pharmacists to administer any vaccine against meningococcal disease under non-patient specific standing orders. The Immunization Action Coalition has sample standing orders for MenB vaccine online at <http://www.immunize.org/catg.d/p3095.pdf>.

Q6: For which high-risk groups is MenB vaccine recommended?

A6: The following high-risk groups are recommended to receive MenB vaccine:

- Persons with persistent complement component deficiency,
- Persons with functional or anatomic asplenia,
- Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*, and

- Persons who are identified as at-risk during a community outbreak of meningococcal serogroup B.

Q7: Are booster doses of MenB vaccine recommended for persons with persistent complement component deficiency or with functional or anatomic asplenia?

A7: Booster doses of MenB vaccine are not recommended at this time.

Q8: Are travelers to the “meningitis belt” or to Mecca recommended to receive MenB vaccine?

A8: No, MenB vaccine is not recommended to travelers to the “meningitis belt” or to Mecca because meningococcal disease in these countries is predominantly caused by serogroup A.

Q9: Will the 2016 Recommended Immunization Schedule for Persons Ages 0-18 Years include the MenB vaccine recommendations?

A9: Yes. The 2016 childhood and adolescent immunization schedule contains two rows for meningococcal vaccine: one titled “Meningococcal” for MenACWY and Hib-MenCY vaccines, and one titled “Meningococcal B”. The new Meningococcal B row includes both the recommendations for individuals with certain high-risk conditions and a light blue bar indicating the Category B recommendation for adolescents aged 16-18 years.