VFC Resolution Update: Meningococcal Vaccines

Frank Whitlatch
Immunization Services Division
National Center for Immunization and Respiratory Diseases
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Note

- **Yellow font/highlight** in the presentation is used to indicate changes to the resolution in comparison to the prior approved version.
The purpose of this resolution is to update the resolution to reflect currently available meningococcal conjugate vaccines that can be used to prevent meningococcal disease attributable to serogroups A, C, W, and Y.
Meningococcal Conjugate Vaccines (MenACWY)

Eligible groups

- Children aged 2 months through 10 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, and Y, including:
  - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
  - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
  - Children who have anatomic or functional asplenia, including sickle cell disease
  - Children infected with Human Immunodeficiency Virus (HIV)
  - Children traveling to or residing in countries in which meningococcal disease is hyperendemic or epidemic, particularly if contact with local population will be prolonged
  - Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroups A, C, W, or Y

- All children aged 11 through 18 years
### Meningococcal Conjugate Vaccines (MenACWY)

#### Recommended Vaccination Schedule and Intervals

The table below lists meningococcal conjugate vaccines currently available to prevent meningococcal disease attributable to serogroups A, C, W, and Y.

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Brand (1)</th>
<th>Age indication (pediatric)</th>
<th>2 m through 23 m</th>
<th>2y through 18 y</th>
<th>Booster Doses</th>
<th>Children not at increased risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men-ACWY-D</td>
<td>Menactra</td>
<td>9m - 18 y</td>
<td>Initiating at 9-23 m: 2 doses, 12 wks apart</td>
<td>For children with persistent complement deficiencies, complement inhibitor use*, functional or anatomic asplenia, or HIV: 2 doses, ≥8 wks apart</td>
<td>For children who remain at increased risk and completed the primary dose or series at age:</td>
<td>Primary: 1 dose at age 11-12 (or 13-18 y if not vaccinated previously)</td>
</tr>
<tr>
<td>Men-ACWY-CRM</td>
<td>Menvio</td>
<td>2m - 18 y</td>
<td>Initiating at 2 m: 4 doses, at 2, 4, 6, and 12 m</td>
<td>Not indicated</td>
<td>Booster: 1 dose at age 16 (if vaccinated at 11-12 y) or 1 dose at 16-18 y (if vaccinated at 13-15 y)</td>
<td></td>
</tr>
<tr>
<td>Men-ACWY-TT</td>
<td>MenQuadfi</td>
<td>2y - 18 y</td>
<td>Initiating at 7-23 m: 2 doses, 12 wks apart</td>
<td>Other children at increased risk: 1 dose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Includes eculizumab (Soliris) and ravulizumab (Ultomiris)

(1) Use of brand names is not meant to preclude the use of other comparable US licensed vaccines.
Meningococcal Conjugate Vaccines (MenACWY)

Recommended Vaccination Schedule and Intervals

Recommended schedules and intervals for meningococcal conjugate vaccines can be found at the following links:

- [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.htm)
- [https://www.cdc.gov/mmwr/volumes/65/wr/mm6543a3.htm](https://www.cdc.gov/mmwr/volumes/65/wr/mm6543a3.htm)

Recommended dosage
Refer to product package inserts.

Contraindications and Precautions
Contraindications and Precautions can be found in the package inserts available at [https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)
Serogroup B Meningococcal Vaccines (MenB)

Eligible groups

• Children aged 10 through 18 years at increased risk for serogroup B meningococcal disease, including:
  ▪ Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D.
  ▪ Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
  ▪ Children who have anatomic or functional asplenia, including sickle cell disease
  ▪ Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B

• Children aged 16 through 18 years who are not at increased risk for serogroup B meningococcal disease may also be vaccinated
**Serogroup B Meningococcal Vaccines (MenB)**

### Recommended Vaccination Schedule and Intervals

<table>
<thead>
<tr>
<th>Vaccine (1)</th>
<th>Age Group</th>
<th>Dosing Schedule (Primary Series)</th>
<th>Dosing Schedule (Booster Dose)</th>
</tr>
</thead>
</table>
| MenB-4C (Bexsero, GSK) | 10–18 years | Two doses, at least one month apart (0 and ≥1 month schedule)                                   | For children at increased risk due to complement deficiency, complement inhibitor use, or functional or anatomic asplenia:  
Booster dose is recommended if it has been at least one year since primary series; repeat every 2-3 years as long as risk remains. |
| MenB-FHbp (Trumenba, Pfizer) | 10–18 years | Persons at increased risk for meningococcal disease including during serogroup B outbreaks: Three doses (0, 1-2, and 6 month schedule)  
Adolescents who are not at increased risk for meningococcal disease: Two doses (0, 6 months) (2) | For children at increased risk due to a serogroup B outbreak:  
Booster dose recommended if it has been at least one year since primary series. If recommended by public health officials, booster dose may be given if it has been at least 6 months since primary series.  
Booster doses are not recommended for adolescents who are not at increased risk for meningococcal disease. |

1. Use of brand names is not meant to preclude the use of other comparable US licensed vaccines.
2. If the second dose is administered earlier than 6 months after the first dose, a third dose should be administered at least 4 months after the second dose.
Serogroup B Meningococcal Vaccines (MenB)

**Recommended dosage**
Refer to product package inserts.

**Contraindications and Precautions**
Contraindications and Precautions can be found in the package inserts available at [https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)
Statement Regarding Update Based on Published Documents

[If an ACIP recommendation regarding meningococcal vaccination is published within 6 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]