

# VFC Resolution Update: Meningococcal Vaccines

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CENTERS FOR DISEASE CONTROL AND PREVENTION



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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.

# Purpose of the Updated Resolution

- 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.

Vaccine Type	Brand (1)	Age indication (pediatric)	Children at increased risk			Children not at increased risk
			2 m through 23 m	2y through 18 y	Booster Doses	
Men-ACWY-D	Menactra	9m - 18 y	Initiating at 9-23 m: 2 doses, 12 wks apart	For children with persistent complement deficiencies, complement inhibitor use*, functional or anatomic asplenia, or HIV: 2 doses, ≥8 wks apart  Other children at increased risk: 1 dose	For children who remain at increased risk and completed the primary dose or series at age:  <7y: additional dose 3 yrs after primary; boosters should be repeated every 5 y  ≥ 7 y: additional dose 5 yrs after primary; boosters should be repeated every 5 y	Primary: 1 dose at age 11-12 (or 13-18 y if not vaccinated previously)  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)
Men-ACWY-CRM	Menveo	2m - 18 y	Initiating at 2 m: 4 doses, at 2, 4, 6, and 12 m  Initiating at 7-23 m: 2 doses, 12 wks apart			
Men-ACWY-TT	MenQuadfi	2y - 18 y	Not indicated			

\*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/pdf/rr/rr6202.pdf>
- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.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>

# 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

Vaccine (1)	Age Group	Dosing Schedule (Primary Series)	Dosing Schedule (Booster Dose)
MenB-4C (Bexsero, GSK)	10–18 years	Two doses, at least one month apart (0 and $\geq 1$ month schedule)	<p><b>For children at increased risk due to complement deficiency, complement inhibitor use, or functional or anatomic asplenia:</b> A 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.</p> <p><b>For children at increased risk due to a serogroup B outbreak:</b> 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.</p> <p>Booster doses are not recommended for adolescents who are not at increased risk for meningococcal disease.</p>
MenB-FHbp (Trumenba, Pfizer)	10–18 years	<p>Persons at increased risk for meningococcal disease including during serogroup B outbreaks: Three doses (0, 1-2, and 6 month schedule)</p> <p>Adolescents who are not at increased risk for meningococcal disease: Two doses (0, 6 months) (2)</p>	

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>

# 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.]