ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT MENINGOCOCCAL DISEASE

The purpose of this revision is to update the recommended vaccination schedule and intervals for Trumenba®, one of the sergroup B vaccines covered by the resolution.

VFC resolution 6/16-1 is repealed and replaced by the following:

A. Meningococcal Conjugate Vaccines (MenACWY and HibMenCY)

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 or taking eculizumab [Soliris®])
 - Children who have anatomic or functional asplenia, including sickle cell disease
 - o 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 (MenACWY vaccines only)
 - 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

Recommended Vaccination Schedule and Intervals

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

- www.cdc.gov/mmwr/pdf/rr/rr6202.pdf
- www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.htm

Recommended dosage

Refer to product package inserts.

Contraindications and Precautions

Contraindications and Precautions can be found in the package inserts available at http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833

B. Serogroup B Meningococcal Vaccines (MenB)

Eligible groups

- Children aged 10 through 18 years at increased risk for meningococcal disease attributable to serogroup B, including:
 - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D or taking eculizumab [Soliris®])
 - 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 without high risk conditions may also be vaccinated

Recommended Vaccination Schedule and Intervals

Age	Vaccine ¹	Dosing Schedule
Group 10–18 years	MenB (Bexsero®, GSK)	Two doses, at least one month apart (0 and 1-6 month schedule)
10–18 years	MenB (Trumenba®, Pfizer)	Persons at increased risk for meningococcal disease and for use during serogroup B outbreaks: Three doses (0, 1-2, and 6 month schedule) Healthy adolescents who are not at increased risk for meningococcal disease: Two doses (0, 6 months) ²

Table Notes:

- 1. Use of brand names is not meant to preclude the use of other comparable US licensed vaccines.
- 2. If the second dose is given at an interval of <6 months a third dose should be given at least 6 months after the first dose.

Recommended dosage

Refer to product package inserts.

Contraindications and Precautions

Contraindications and Precautions can be found in the package inserts available at http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833

[If an ACIP recommendation or notice regarding meningococcal vaccination is published within 12 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.]

Adopted and Effective: October 19, 2016

This document can be found on the CDC website at: www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/2016-10-3-mening.pdf