Resolution No. 6/19-7

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT MENINGOCOCCAL DISEASE

The purpose of this resolution is to update the resolution to reflect (a) currently available meningococcal conjugate vaccines and (b) new recommendations for booster doses for serogroup B meningococcal vaccines. In addition, the language regarding the intervals for one of the serogroup B vaccines covered by the resolution has been updated to more closely reflect the current ACIP recommendation language.

VFC resolution 10/16-3 is repealed and replaced by the following:

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
Recommended Vaccination Schedule and Intervals

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

- [https://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf](https://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf)
- [https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.htm](https://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 through18 years who are not at increased risk for serogroup B meningococcal disease may also be vaccinated
## 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>
<tbody>
<tr>
<td>MenB-4C (Bexsero, GSK)</td>
<td>10–18 years</td>
<td>Two doses, at least one month apart (0 and ≥1 month schedule)</td>
<td><strong>For children at increased risk due to complement deficiency, complement inhibitor use, or functional or anatomic asplenia:</strong>&lt;br&gt;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.</td>
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</tbody>
</table>
| 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)<br>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:**<br>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.

### 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)

[If an ACIP recommendation or notice 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.]

Adopted and Effective: June 27, 2019

This document can be found on the CDC website at: [https://www.cdc.gov/vaccines/programs/vfc/providers/resolutions.html](https://www.cdc.gov/vaccines/programs/vfc/providers/resolutions.html)