Posted Questions and Answers for Pink Book Webinar Meningococcal Installment – August 8, 2018

Question 1: If someone receives the full series of MenACWY vaccine, are they still at risk for invasive meningococcal disease caused by serogroup B?

Answer 1: Yes, there is no cross-protection from MenACWY vaccine against serogroup B meningococcal disease.

Question 2: Even though MenACWY is not approved for use in persons 56 years old and older, should we still use it for travelers to areas where meningococcal meningitis is epidemic or endemic?

Answer 2: Yes, the polysaccharide meningococcal (MPSV4) vaccine is no longer available in the U.S., so MenACWY vaccine should be used for persons 2 months of age or older who are traveling to areas where meningococcal meningitis is epidemic or endemic.

Question 3: It was mentioned that serogroup B meningococcal (MenB) vaccines are indicated for short-term protection against serogroup B meningococcal disease. How short-term is the protection?

Answer 3: Duration of protection is unknown; however, data suggest that antibodies wane as early as 12 months after completion of the MenB series.

Question 4: If a MenB vaccine is given inadvertently to a healthy 15-year-old, should the follow-up doses be scheduled based on the routine schedule, or should the next dose be administered at the recommended interval from the early dose?

Answer 4: This is a vaccination error, but you should give the remaining doses based on the timing of the first dose and the recommended intervals thereafter. This would be 6 months for Trumenba and 1–6 months for Bexsero.

Question 5: Are booster doses recommended for MenB vaccines? For instance, if I give the vaccination series at 15 years of age, may I give another dose just before college?

Answer 5: No, we do not recommend booster doses at this time, so whether the doses were administered earlier for high-risk patients, or inadvertently early for healthy patients, we don’t recommend additional doses.

Question 6: Can you review the meningococcal conjugate vaccine recommendations for people living with HIV?

Answer 6: Living with HIV infections places one at risk of invasive meningococcal disease caused by serogroups A, C, W, and Y. All HIV-infected persons aged ≥2 months should routinely receive MenACWY vaccine; children aged <2 years should be vaccinated using a multidose schedule. Persons aged ≥2 years with HIV who have not been previously vaccinated should receive a 2-dose primary series of meningococcal conjugate vaccine, with doses at least 8 weeks apart. Persons with HIV who have been previously vaccinated with meningococcal conjugate vaccine should receive a booster dose at the earliest opportunity (at least 8 weeks after the previous dose) and then continue to receive boosters at the appropriate intervals. If the most recent dose was received before age 7 years, a booster dose should be administered 3 years later. If the most recent dose was received at age ≥7 years, a booster should be administered 5 years later and every 5 years thereafter

Question 7: If a healthy adolescent receives 2 doses of MenACWY before the 16th birthday, but they are spaced by 8 weeks, do they need another dose of MenACWY after the 16th birthday?

Answer 7: Yes, for the routine adolescent schedule, the minimum age for the second dose is 16 years. The only place this is documented is in the “test cases” at <https://www.cdc.gov/vaccines/programs/iis/cdsi.html>.

Question 8: Is spacing required between MenB vaccine and MenACWY?

Answer 8: No, MenB and MenACWY may be administered simultaneously or at any interval between the 2 doses.

Question 9: Does previous history of disease confer immunity? Should one vaccinate a currently healthy patient with a previous history of disease if there is an outbreak?

Answer 9: A previous infection does not confer lifelong immunity and, although rare, people can get meningococcal disease more than once. So yes, one should vaccinate a currently healthy patient in an outbreak, even if they have a history of prior disease.

Question 10: What are probable reasons why the rates of meningococcal disease decreased from 1996–2015 BEFORE the introduction of meningococcal vaccines?

Answer 10: The reasons for this decline are not fully known.

Question 11: How many colleges routinely require MenB vaccines?

Answer 11: The number of universities that require MenB vaccines is unknown. However, a 2017 survey among U.S. universities demonstrated that approximately 2% of universities specifically require a MenB vaccine series.

Question 12: Could you please repeat the spacing rules for Menactra, DTaP, and PCV13?

Answer 12: For children receiving Menactra for any indication, Menactra should be given either before or at the same time as DTaP to avoid interference with the immune response to meningococcal vaccine. If someone has received DTaP within the last 6 months, wait out the interval of 6 months before administering MenACWY, if feasible. If this interval is violated, neither dose needs to be repeated.

Children with functional or anatomic asplenia or HIV infection should not be vaccinated with Menactra before 2 years of age. In persons of any age, Menactra should not be administered until 4 weeks after the last dose of PCV13. If the interval is violated between Menactra and PCV13, or if the two vaccines are administered simultaneously, the PCV13 is invalid, and PCV13 needs to be repeated 4 weeks after whichever of these two vaccines was administered last, making sure that the recommended interval between the valid doses of PCV13 is maintained.

Question 13: Can an adult receive MenACWY or MenB if they have never received a dose before?

Answer 13: Yes, if either vaccine is indicated, MenACWY and MenB are both recommended for use in adults, regardless of previous receipt of vaccine.

Question 14: Why haven’t the number of serogroup B meningococcal disease cases in adolescents decreased as much as the other serogroups?

Answer 14: While the reason isn’t known with 100 percent certainty, we have been vaccinating adolescents aged 11–18 years to prevent serogroup A, C, W, and Y cases for 13 years, and MenB vaccines have only been licensed for 4 years. It is possible that vaccine impact may be reducing the incidence among adolescents.

Question 15: Should individuals living with HIV who are traveling to the meningitis belt have MenACWY every 5 years, if they continue to travel?

Answer 15: Yes, in fact, once individuals living with HIV have received their 2-dose primary series, they should receive MenACWY every 5 years regardless of whether they travel or not. This dose will always cover them for travel as well.

Question 16: If MenACWY is given prior to the 11th birthday, can it be counted as valid for the 11–12-year-old recommendation?

Answer 16: Yes, if it is given after the 10th birthday. Some schools’ immunization requirements are based on grade—not age—and we realize that there are 10-year-old fifth-graders and sixth-graders. So a dose given at 10 years of age counts toward the 11–12-year-old dose.

Question 17: Does ACIP favor Menactra vs. Menveo at age 11 for the general population?

Answer 17: No, there is no preference for either of these two vaccines.

Question 18: If Menveo is used for the routine adolescent vaccination series, are 2 doses recommended?

Answer 18: Two doses of MenACWY vaccine are recommended for adolescents, with the first dose at age 11–12 years and the second dose at age 16 years, regardless of brand (Menveo or Menactra).

Question 19: For the routine adolescent recommendations, if someone receives a dose of MenACWY after the 16th birthday, do they need another dose to enter college?

Answer 19: No, they do not. This dose provides protection through the period of greatest risk for most college students.

Question 20: Should all teenagers 16–18 years receive a MenB vaccine, or only college students?

Answer 20: Actually, there is no ACIP recommendation for routine vaccination of either population. ACIP recommends that adolescents 16–23 years of age may be vaccinated with a MenB vaccine series based on clinical decision-making, with a preferred age of 16–18 years.