

Pharmacy Protocol

Meningococcal ACWY Vaccine (Menactra[®], Menveo[®]) and Meningococcal B Vaccine (Bexsero[®], Trumenba[®])	
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1. What’s new

No changes from the previous version.

2. Oregon immunization pharmacy protocol

- A. Check the ALERT Immunization Information System (IIS) to determine whether the patient needs this vaccine and any other vaccines.
- B. Screen clients for contraindications.
- C. Provide a current Vaccine Information Statement (VIS), answering any questions.

- D. Record all required data elements in the client's permanent health record.
- E. Verify needle length for IM injection.
- F. To avoid shoulder injury related to vaccine administration, make sure staff who administer vaccines recognize the anatomic landmarks for identifying the deltoid muscle and use proper intramuscular administration technique.
- G. Administer a 0.5-mL dose of meningococcal vaccine according to ACIP recommendations, age-appropriate schedules, and high-risk conditions.
- H. Meningococcal B vaccines are not interchangeable. All Meningococcal B doses must be of the same brand of vaccine.⁸
- I. Meningococcal conjugate quadrivalent vaccine and Meningococcal B vaccine may be given simultaneously at different sites if indicated.⁹
- J. Menactra[®] should not be given at the same time as PCV13 vaccine.¹⁰
- K. Ask client to remain seated in the clinic for 15 minutes after vaccination to decrease the risk of injury should they faint.
- L. This order does **not** cover Advisory Committee on Immunization Practices (ACIP) recommendations that involve shared clinical decision making. Shared clinical decision making means the decision to vaccinate should be based on a discussion of benefits and risks between the patient and the clinician, after which the clinician may then prescribe the vaccine.

Immunizing Pharmacist

Date

3. Vaccine schedule for meningococcal vaccines

Vaccine Schedule: Meningococcal ACWY (Menactra[®], Menveo[®])			
Age Group	Dose	No. of Doses	Route
≥7 years	0.5 mL	Varies by age	Intramuscular
11–15 years		2	
16 years		1 or 2*	
Vaccine Schedule: Meningococcal B (Bexsero[®], Trumenba[®])			
Age	Dose	No. of Doses	Route
≥10 years	0.5 mL	2 or 3	Intramuscular

* See high-risk schedule.

4. Licensed meningococcal vaccines

Meningococcal ACWY Conjugate Vaccine		
Trade Name	Presentation	Acceptable Age Range
MenACWY-D ² (Menactra [®])	0.5-mL single-dose vials	≥7 years
MenACWY-CRM ¹ (Menveo [®])	0.5-mL single-dose vials	≥7 years
Meningococcal B Vaccine		
Trade Name	Presentation	Acceptable Age Range
MenB-4C ³ (Bexsero [®])	0.5-mL prefilled syringes	≥10 years
MenB-FHbp ⁴ (Trumenba [®])	0.5-mL prefilled syringes	≥10 years

5. Recommendations for use of meningococcal vaccines

A. Routine use of Meningococcal ACWY⁵

- All adolescents 11–18 years of age without contraindications.
- May be administered to adults 19–21 years of age if required for

attendance at institute of higher education.

B. Routine use of **Meningococcal ACWY** in high-risk persons

- Persons aged ≥ 7 years with anatomical or functional asplenia, HIV or complement component deficiency.^{5,7}
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*.⁵
- Persons aged ≥ 7 years traveling to Saudi Arabia for the Hajj and Umrah or to the meningitis belt in sub-Saharan Africa.⁵

C. Schedule for **Meningococcal B** in high-risk persons⁹

- Persons with persistent complement component deficiencies or who are taking complement inhibitor medications.
- Persons with anatomic or functional asplenia.
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*.

MenACWY Vaccine Routine Schedule⁵

Dose	Preferred Age	Minimum Acceptable Age	Minimum Acceptable Spacing
1	11 years	10 years	
Booster	16 years		8 weeks

MenACWY Vaccine Schedule for High-Risk Persons¹⁰

Current Age	Vaccine	Doses in Series	Schedule	Booster
≤ 2 years	MenACWY-CRM (Menveo®)	4	2, 4, 6, 12 months	≤ 7 years of age at last dose, 1 st booster at 3 years, then every 5 years. ≥ 7 years of age at last dose, boosters every 5 years.
7–23 months		2	12 weeks apart, 2 nd dose ≥ 12 months of age	
≥ 9 months	MenACWY-D* (Menactra®)	2	12 weeks apart. For travel, dose 2 may be given 8 weeks after dose 1	
≥ 2 years	Either vaccine	2	8–12 weeks apart	

*For children with functional or anatomic asplenia or who are HIV+, do not use before 2 years of age, due to potential interference with PCV13.

Meningococcal B Vaccine for Healthy* Persons ^{6,8}				
Vaccine	Dose	Recommended Spacing	Minimum Spacing	Recommended Age
MenB-4C (Bexsero®)	1			10–25 years
	2	1 month	28 days	
MenB-FHbp (Trumenba®)	1			
	2	6 months	6 months	

*Shared clinical decision making, not included in this order.

Meningococcal B Vaccine for High-Risk Persons ⁹				
Vaccine	Dose	Recommended Spacing	Minimum Spacing	Recommended Age
MenB-4C (Bexsero®)	1			≥10 years
	2	1 month	28 days	
MenB-FHbp (Trumenba®)	1			
	2	1 month	28 days	
	3	5 months after dose 2 and 6 months after dose 1	4 months after dose 2	

6. Contraindications¹⁻⁴

- A. Severe allergic reaction to a previous dose or to a vaccine component, including latex³ (Bexsero®).

Vaccine	Vaccine Excipient Summary ¹²
MenACWY - Menactra	sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde, diphtheria toxoid
MenACWY - Menveo	formaldehyde, CRM197 protein
Men B – Bexsero	aluminum hydroxide, sodium chloride, histidine, sucrose, kanamycin
Men B - Trumenba	polysorbate 80, aluminum phosphate, histidine buffered saline

7. Warnings and precautions¹⁻⁴

- A. Immunization should be deferred during the course of moderate or severe acute illness.
- B. Apnea following intramuscular vaccination has been observed in some infants born prematurely. Decisions about when to administer an intramuscular vaccine, including

Menveo[®], to infants born prematurely should be based on consideration of the individual infant's medical status, and the potential benefits and possible risks of vaccination.

8. Other considerations

- A. Adverse Events: epinephrine hydrochloride solution (1:1,000) and other appropriate agents and equipment must be available for immediate use in case of anaphylactic or acute hypersensitivity reaction.¹¹
- B. Immunocompromised: individuals with altered immunocompetence may have reduced immune responses.¹⁻⁴
- C. Pregnancy: Safety and effectiveness have not been established in pregnant women. • Bexsero[®] pregnancy registry: 1-877-683-4732.10 • Trumenba[®]: Use only if clearly needed. 16 • Menveo[®] pregnancy registry: 1-877-311-8972.4 • Menactra[®] pregnancy registry: 1-800-822-2463.¹⁻⁴
- D. Lactation: It is not known whether meningococcal vaccines are excreted in human milk. Use with caution in nursing mothers.⁵
- E. MenACWY-CRM and MenACWY-D meningococcal vaccines will stimulate protection only against infections caused by organisms from serogroups A, C, Y and W meningococci. They are not protective against serogroup B meningococci.^{1,2}
- F. Menactra[®] or Menveo[®] are recommended 2 weeks before or ≥ 2 weeks after splenectomy surgery for persons ≥ 7 years of age.¹³

9. Side effects and adverse reactions¹⁻⁴

MenACWY	
Fever, headache, redness at injection site, dizziness	Common, up to 19%
MenB	
Headache, fatigue, redness at injection site	Very common, up to 51%
Pain at injection site	Common, up to 26%
Chills, joint pain	Common, up to 20%
Fever	Uncommon, up to 2.5%

10. Storage and handling¹⁻⁴

All clinics and pharmacies enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon

Vaccine	Temp	Storage Issues	Notes
Menactra®	Store at 2°–8°C 36°– 46°F	Protect from light. Do not use if vaccine has been frozen.	
Menveo®			Reconstitute only with the MenACYW liquid conjugate component. It should be administered promptly after reconstituted; or stored at ≤77°F (25°C) and administered within 8 hours of reconstitution
Diluent			
Bexsero® and Trumenba®			

11. Adverse events reporting

Report suspected adverse events to the Vaccine Adverse Events Reporting System (VAERS) online at <https://vaers.hhs.gov/reportevent.html>. VAERS Reporting Table: <https://vaers.hhs.gov/resources/infoproviders.html>

Event and interval from vaccination
<p>A. Anaphylaxis or anaphylactic shock (7 days)</p> <p>B. Shoulder Injury Related to Vaccine Administration (7 days)</p> <p>C. Vasovagal syncope (7 days)</p> <p>D. Any acute complication or sequelae (including death) of above events (interval—not applicable)</p> <p>E. Events described in manufacturer’s package insert as contraindications to additional doses of vaccine (interval—see package insert).</p>

12. References

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 10. Use of MenACWY-CRM Vaccine in Children Aged 2 Through 23 Months at Increased Risk, 2013. MMWR, June 20, 2014, Vol 63 #24. Available at: www.cdc.gov/mmwr/pdf/wk/mm6324.pdf. Accessed 15 July 2020.
 11. Ezeanolue E, Harriman K, Hunter P, Kroger A, Pellegrini C. General Best Practice Guidelines for Immunization. Available at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf. Accessed 15 July 2020.
 12. Centers for Disease Control and Prevention. Vaccine Excipient Summary. February 2020. Available at: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf. Accessed 16 July 2020.
 13. Immunization Action Coalition. Ask the Experts. Available at: https://www.immunize.org/askexperts/experts_meningococcal_acwy.asp#:~:tex

[t=PCV13%2C%20Haemophilus%20influenzae%20type%20b,can%20be%20co
unted%20as%20valid.](#) Accessed 16 July 2020.

To request this material in an alternative format (e.g., Braille) or to clarify any part of the above order, contact the Oregon Health Authority Immunization Program at 971-673-0300 and 711 for TTY. For other questions, consult with the vaccine recipient's primary health care provider or a consulting physician.

Electronic copy of this standing order is available at: [standing orders](#)

13. Appendix

Not applicable