Meningococcal B Vaccines

Vaccine Description	Brands: Bexsero® (MenB-4C), Trumenba® (MenB- FHbp) Inactivated (recombinant) vaccine MenB-4C contains 3 recombinant cell surface proteins MenB-FHbp contains 2 FHbp variants Bexsero®: Tip cap contains natural rubber latex See package insert
Dose & Route	 Dose: 0.5 mL Route: IM in deltoid region of upper arm. (Precaution: hemophilia, thrombocytopenia, and anticoagulation therapy) See package insert
Indications	 MenB vaccine is routinely recommended for children 10 years of age and older at increased risk due to: A serogroup B meningococcal disease outbreak, or Certain medical conditions such as: A non-functioning, absent, or removed spleen (asplenia) A complement (immune) component deficiency (e.g., C5-C9, properdin, factor H, or factor D) Complement inhibiter use (i.e., Solaris) The safety and effectiveness of MenB vaccines have not been established in children younger than 10 years of age. MenB vaccines, while not currently recommended, may be prescribed based on <i>shared decision making</i> for healthy adolescents. MenB vaccine is not recommended for children or adolescents who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic (because the risk for meningococcal disease in these countries generally is not caused by serogroup B). Before administering MenB vaccines, providers should consult the package insert for precautions, warnings, and contraindications.

Meningococcal B Vaccines (Continued)

Administration Schedule	 Bexsero®: 2-dose series, separated by at least 1 month Trumenba® (MenB-FHbp) is licensed as both a 2-dose (0 & 6 months) and 3-dose (0, 1-2, & 6 months) series. The choice of dosing schedule may depend on the risk of exposure and the patient's susceptibility to meningococcal serogroup B disease. If the second dose is administered earlier than 6 months after the first dose, a 3rd dose should be administered ≥4 months after the 2nd dose. The same vaccine must be used for all doses. May be given with other age-appropriate vaccines
Booster	 Booster doses for previously vaccinated persons is not routinely recommended unless person becomes or remains at increased risk. A booster dose 1 year after primary series and every 2-3 years can be considered. Administration of booster doses is considered off label.
Contraindications	 Severe allergic reaction to a previous dose of Bexsero or Trumenba or any component of the vaccines.
Special Considerations	 Defer administration of MenB vaccine during pregnancy or lactation, unless the adolescent is at increased risk for meningococcal B disease and benefits of vaccination outweigh potential risks. Immediately prior to administration of either vaccine, shake single-dose prefilled syringe well to obtain a homogeneous suspension. Either MenB vaccine may be administered to immunosuppressed individuals; however, immune response may be reduced. For persons at increased risk for meningococcal disease outbreaks, ACIP recommends 3 doses of Trumenba® be administered at 0, 1-2, and 6 months. For healthy adolescents not at increased risk for meningococcal disease, ACIP recommends 2 doses of Trumenba® at 0 and 6 months. See Storage and Handling Section Bexsero®: 2-8°C; protect from light. Do not freeze; if freezing occurs, discard vaccine. Trumenba®: 2-8°C. Store syringes horizontally (lying flat) to minimize redispersion time. Do not freeze; if freezing occurs, discard vaccine
VIS: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html Standing orders: www.health.mil/standingorders Pregnancy registry for Bessero®: 1-877-311-8972; also notify DHA-IHD	

Additional education may be found at www.health.mil/meningococcal