

## Standing Orders for Administering Meningococcal Group B (BEXSERO®) Vaccine to Children and Adolescents

**Purpose:** To reduce morbidity and mortality from serogroup B meningococcal disease by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

### **Procedure:**

1. Identify children and adolescents at increased risk for serogroup B meningococcal disease and in need of vaccination according to the following criteria (Category A recommendation):
  - age 10-17 years old:
    - diagnosis of persistent complement component deficiency (e.g., inherited chronic deficiencies in C3, C5-C9, properdin, factor D and factor H) or taking eculizumab (Soliris)
    - diagnosis of anatomic or functional asplenia (including sickle cell disease)
    - risk of potential exposure due to an outbreak attributable to serogroup B
    - microbiologists routinely exposed to isolates of *Neisseria meningitidis*

**Note 1:** The ACIP has also made a "Category B" recommendation to allow for routine vaccination of adolescents and young adults aged 16–23 years with MenB vaccines to provide short-term protection against most strains of serogroup B meningococcal disease. The decision to vaccinate a healthy child or adolescent with this vaccine should include a discussion between the parent or guardian and the healthcare provider and therefore this standing order does not cover this category B vaccine recommendation. Should a parent or guardian of a healthy child without increased risks for serogroup B meningococcal disease request this vaccination, please obtain a written order from the patient's provider.

**Note 2:** There are 2 FDA-approved vaccines to protect against serogroup B meningococcal disease. However, these vaccines are not interchangeable. The series must be started and completed with the same brand of vaccine.

2. Screen all patients for contraindications and precautions to the serogroup B meningococcal vaccine:

### **Contraindications:**

- Do not give meningococcal B vaccine to a child or adolescent who has experienced a serious systemic or anaphylactic reaction to a prior dose of meningococcal B vaccine or to any of its components. For information on vaccine components, refer to the [manufacturer's package insert](#) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf)

### **Precautions:**

- moderate or severe acute illness with or without fever
- The tip caps of the pre-filled BEXSERO syringes contain natural rubber latex which may cause allergic reactions in some latex-sensitive individuals.
- There are no available human data to establish whether there is vaccine-associated risk with BEXSERO in pregnant women. BEXSERO should be used during

pregnancy only if clearly needed.

- It is not known whether BEXSERO is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when BEXSERO is administered to a nursing woman.
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at 438-8222, Option 1.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Administer the BEXSERO vaccine as follows: 0.5 mL intramuscularly into the deltoid muscle of the upper arm followed by a second dose administered at least 1 month later. Use a 22-25 gauge, 1"-1.5" needle. Choose needle length appropriate to the patient's age and body mass. Shake the syringe immediately before use to form a homogeneous suspension. Do not use the vaccine if it cannot be re-suspended.
5. Documentation
  - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.
7. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at <https://vaers.hhs.gov>.
8. This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

\_\_\_\_\_  
Medical Director's Signature

\_\_\_\_\_  
Date