

## Standing Orders for Administering Meningococcal Vaccine (Menactra®) to Children and Adolescents

**Purpose:** To reduce morbidity and mortality from meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135 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 in need of vaccination against meningococcal disease based on any of the following criteria:

- Children 9 months through 10 years of age at increased risk, defined as:
  - persons with a diagnosis of persistent complement component deficiency (an immune system disorder), or diagnosis of anatomic or functional asplenia (including sickle-cell disease)
  - persons with anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged (refer to current CDC Yellow Book, TRAVAX, or other travel medicine guidelines)
  - persons who are part of an outbreak attributable to a vaccine serogroup
- all children and adolescents 11 years through 17 years of age

2. Screen all persons for contraindications and precautions to meningococcal vaccine:

#### **Contraindication:**

- a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the [manufacturer's package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>
- persons with anatomic or functional asplenia should not receive Menactra before 2 years of age to avoid interference with the PCV13 series

#### **Precaution:**

- moderate or severe acute illness with or without fever
- pregnancy should not preclude vaccination, if indicated: consult the person's PCM for an appropriate order
- because vaccinees may develop syncope, sometimes resulting in falling with injury, observation for 15 minutes after administration is strongly recommended
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at 877-438-8222, Option 1.

3. Provide all persons (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the person's medical record, the publication date of the VIS and the date it was given to the person (or parent/legal representative). Provide non-English speaking persons 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. Provide vaccination as follows:

- for children age 11-12 years provide a single dose as part of routine immunizations

- for teens age 13-17 years who have not previously received meningococcal vaccine, give 1 dose as soon as possible
  - in persons 9-23 months of age at increased risk who are receiving their first dose, Menactra is to be administered as follows:
    - 2 doses at least 12 weeks apart
    - infants who have been vaccinated with Hib-MenCY-TT do not need to receive MenACWY unless they are traveling to areas with high endemic rates of meningococcal disease and require protection with serogroups A and W
  - in persons 2 years through 17 years of age who are receiving their first dose, Menactra is to be administered as follows:
    - Primary: a single dose (at least 4 weeks after completion of all PCV13 doses)
    - Booster: not required unless person is at continued risk (then, a single booster dose may be given to persons 15 years through 17 years of age, if at least 4 years have elapsed since the prior dose)
  - **Note**: ACIP recommends a 2-dose primary series, 8-12 weeks apart for all high-risk patients (persistent complement deficiency, functional or anatomic asplenia) 24 months of age and older. These recommendations are considered off-label for Menactra and thus the 2nd dose would not be covered under these standing orders. Please consult with the patient's primary care manager for an appropriate order if indicated.
  - **Note**: ACIP also recommends a booster dose of meningococcal conjugate vaccine (MCV4) every 5 years for high-risk patients as well as a booster dose for international travelers visiting parts of sub-Saharan Africa (meningitis belt) if the last dose was administered 5 or more years previously. Although these doses represent the current standard of care, any dose of MCV4 beyond the single booster is considered off-label and not covered under these standing orders. Please consult with the patient's primary care manager for an appropriate order if indicated.
5. Administer 0.5 mL of MCV4 vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for patients age 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 gauge needle. Choose needle length appropriate to the patient's age and body mass.
  6. 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.
  7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as appropriate equipment and medications.
  8. 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>.
  9. 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