Standing Order for Administering Meningococcal Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all individuals 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 this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals 2 months – 18 years of age in need of vaccination against meningococcal serogroups A, B, C, W, and Y based on the following criteria:
   - Age 11 – 18 years without documented receipt of a complete series of meningococcal ACWY vaccine (MenACWY) at the appropriate ages and intervals.
   - Age 2 months – 18 years at increased risk for meningococcal disease due to:
     - Asplenia (anatomic or functional) or sickle cell disease
     - Complement deficiency or using a complement inhibitor medication
     - HIV infection
     - Microbiologists routinely exposed to *Neisseria meningitidis*
     - Military recruits
     - Travel to or living in countries where meningococcal disease is hyperendemic or epidemic
     - Unvaccinated or undervaccinated 1st year college students living in residence halls
     - Outbreak (e.g., with any of the risk factors above, in community or organizational settings, or men who have sex with men)

2. Using DD Form 3110, screen all patients for contraindications and precautions to meningococcal vaccine (MenACWY and MenB):

   Contraindications:
   - History of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a vaccine component, to include yeast and kanamycin
   - For MenACWY-D (Menactra) and MenACWY-CRM (Menveo) only: severe allergic reaction to a diphtheria toxoid– or CRM_{197}–containing vaccine
   - For MenACWY-TT (MenQuadfi) only: severe allergic reaction to a tetanus toxoid-containing vaccine
   - For information on vaccine components, refer to the package insert or The CDC Pink Book Appendix B.

   Precautions:
   - Moderate or severe acute illness with or without fever
   - For Men ACWY-CRM (Menveo): preterm birth if < 9 months of age
   - For MenB-4C (Bexsero): latex sensitivity
   - Pregnant women:
     - May receive MenACWY vaccine if indicated
     - Defer vaccination with MenB and speak with their healthcare provider
   - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 761-4245.

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.

4. Provide MenACWY and MenB vaccine as follows:
   - Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 - 3.
   - Off-label ACIP recommendations covered under this standing order:
     - Age ≥ 2 years:
       - A 2-dose MenACWY primary series in persons at increased risk
       - Repeated MenACWY booster doses for persons who remain at increased risk
     - Age ≥ 10 years:
       - MenB booster doses in persons who remain at increased risk
   - MenB is recommended for routine vaccination of individuals aged ≥ 10 years at increased risk. MenB vaccination of individuals aged 16–18 years not otherwise at increased risk is based on shared clinical decision making and **is not covered under this standing order.**
   - MenACWY vaccines are interchangeable in persons ≥ 2 years of age; the same product is recommended, but not required, for all doses (primary and booster).
   - MenB vaccines are not interchangeable; the same product must be used for all doses (primary and booster).
   - MenACWY and MenB may be administered simultaneously (at different anatomic sites) if indicated.
   - Production of Menactra was discontinued in Aug 2022. Remaining stock may be used through the expiry date or until it is no longer FDA-licensed, whichever is earlier.
   - For more information, refer to the CDC Vaccine Catch-Up Guidance: https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html.

Table 1. Current Meningococcal Vaccines

	MenACWY				MenB	
	Menactra (MenACWY-D)	Menveo (1-vial) MenACWY-CRM	Menveo (2-vial) MenACWY-CRM	MenQuadfi (MenACYW TT)	Bexsero (MenB-4C)	Trumenba (MenB-FHbp)
Age	9 mo – 55 y	10 – 55 y	2 mo - 55 y	≥ 2 years	10 – 25 y	10 – 25 y
Dilute	No	No	Yes	No	No	No

TABLE 2. IM Needle Length and Injection Site Guide

- Use a 22 – 25-gauge needle
- Choose needle gauge and length appropriate to the patient's age

Patient age	Needle Length	Injection Site
Infants, 1-12 months	1 inch (25 mm)	Anterolateral thigh
Toddlers, 1-2 years	1-1.25 inch (25-32 mm)	Anterolateral thigh*
	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm
Children, 3-10 years	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.25 inches (25-32 mm)	Anterolateral thigh
Children & Adolescents, 11-18 years	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.5 inches (25-38 mm)	Anterolateral thigh

Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

* Preferred site.

† If skin is stretched tightly and subcutaneous tissues are not bunched.

TABLE 3. MenACWY and MenB vaccine schedule by patient age and risk, 2 months – 18 years

Age	Risk group	MenACWY primary series	MenACWY booster dose	MenB primary series*	MenB booster dose*
11 - 18 years	• Healthy • 1st year college • Military recruit	1st dose at 11-15 years (recommended at 11-12): 1 dose plus booster 1st dose at 16-18 years: 1 dose no booster	1 dose at age 16 - 18 years (minimum interval: 8 weeks)	Patient must obtain a separate written order (see dosing below).	
2 – 23 months	• Asplenia† • HIV†	Menveo: 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months of age 1st dose at 7–23 months: 2 doses ≥ 12 weeks apart, with 2nd dose at ≥ 1 year of age Menactra: Not recommended MenQuadfi: Not recommended	Individuals at continued risk‡	No recommendation	
	• Complement deficiency • Outbreak • Travel	Menveo: dosing as above -OR- Menactra (9–23 months only): 2 doses ≥ 12 weeks apart§ MenQuadfi: Not recommended			
2 – 9 years	• Asplenia† • HIV† • Complement deficiency	2 doses ≥ 8 weeks apart			
	• Outbreak • Travel	1 dose			
10 – 18 years	• Asplenia† • Complement deficiency	2 doses ≥ 8 weeks apart		Bexsero: 2-dose series ≥ 1 month apart -OR- Trumenba: 3-dose series at 0, 1-2, and 6 months	Individuals at continued risk¶
	• HIV†	2 doses ≥ 8 weeks apart		No recommendation	
	• Microbiologist • Outbreak	1 dose		Bexsero or Trumenba: dosing as above	Individuals at continued risk¶
	• Travel	1 dose		No recommendation	

* MenB vaccines are not interchangeable: use the same vaccine for all primary and booster doses.

† Menactra should be administered ≥ 4 weeks after completion of PCV13 series.

‡ Booster recommended after 3 years for individuals who received their last dose at < 7 years of age; after 5 years for individuals who received their last dose at ≥ 7 years of age and every 5 years thereafter for continued risk.

§ Menactra should be administered before, at the same time as, or ≥ 6 months after DTaP.

¶ Booster recommended ≥ 1 year after completion of primary series and every 2-3 years thereafter for continued risk.

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. 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) online at https://vaers.hhs.gov. Additional VAERS information is available by telephone at (800) 822-7967.
8. This standing order 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