Resolution No. 10/24-2

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT MENINGOCOCCAL DISEASE

The purpose of this resolution is to update the resolution to revise the recommended vaccination schedule and intervals sections within the Meningococcal B component of the resolution and to update linked documents as needed throughout the resolution.

VFC resolution 10/23-1 is repealed and replaced by the following:

Meningococcal Conjugate Vaccines (MenACWY)

Eligible Groups

- Children aged 2 months through 10 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, and Y, including:
    - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
    - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
    - Children who have anatomic or functional asplenia, including sickle cell disease
    - Children infected with human immunodeficiency virus (HIV)
    - Children traveling to or residing in countries in which meningococcal disease is hyperendemic or epidemic, particularly if contact with local population will be prolonged
    - Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroups A, C, W, or Y

- All children aged 11 through 18 years

Recommended Vaccination Schedule and Intervals

The table below lists meningococcal conjugate vaccines currently available to prevent meningococcal disease attributable to serogroups A, C, W, and Y.

<table>
<tr><th rowspan="2">Vaccine Type</th><th rowspan="2">Brand (1)</th><th rowspan="2">Age indication (pediatric)</th><th colspan="3">Children at increased risk</th><th>Children not at increased risk</th></tr>
<tr><th>2m through 23m</th><th>2y through 18y</th><th>Booster Doses</th><th rowspan="2"></th></tr>
<tr><td>Men-ACWY-CRM (lyophilized)</td><td>Menveo Two-Vial</td><td>2m - 18y</td><td><u>Initiating at 2m</u>: 4 doses, at 2, 4, 6, and 12m

<u>Initiating at 7-23m</u>: 2 doses, 12 wks apart</td><td rowspan="3">For children with persistent complement deficiencies, complement inhibitor use (2), functional or anatomic asplenia, or HIV: 2 doses, ≥8 wks apart

Other children at increased risk: 1 dose</td><td rowspan="3"><u>For children who remain at increased risk and completed the primary dose or series at age:</u>

<7y: additional dose 3 yrs after primary; boosters should be repeated every 5 y

<u>≥</u> 7y: additional dose 5 yrs after primary; boosters should be repeated every 5 y</td><td rowspan="3">Primary: 1 dose at age 11-12y (or 13-18y) if not vaccinated previously

Booster: 1 dose at age 16y (if vaccinated at 11-12y) or 1 dose at 16-18y (if vaccinated at 13-15y)</td></tr>
<tr><td>Men-ACWY-CRM (liquid)</td><td>Menveo One-Vial</td><td>10y - 18y</td><td>Not indicated</td></tr>
<tr><td>Men-ACWY-TT</td><td>MenQuadfi</td><td>2y - 18y</td><td>Not indicated</td></tr>
</table>

<u>Table notes</u>
(1) Use of brand names is not meant to preclude the use of other comparable US licensed vaccines
(2) Includes eculizumab (Soliris) and ravulizumab (Ultomiris)

Recommended schedules and intervals for meningococcal conjugate vaccines can be found at Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020 | MMWR.

Recommended dosage

Refer to product package inserts.

Contraindications and Precautions

Contraindications and Precautions can be found in the package inserts available at https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states

Serogroup B Meningococcal Vaccines (MenB)

Eligible groups

- Children aged 10 through 18 years at increased risk for serogroup B meningococcal disease, including:
    - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
    - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
    - Children who have anatomic or functional asplenia, including sickle cell disease
    - Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B

- Children aged 16 through 18 years who are not at increased risk for serogroup B meningococcal disease may also be vaccinated when shared clinical decision-making favors administration of MenB

Recommended Vaccination Schedule and Intervals

Vaccine (1), (3)	Age Group	Dosing Schedule (Primary Series)	Dosing Schedule (Booster Dose)
MenB-4C (Bexsero, GSK) MenB-FHbp (Trumenba, Pfizer)	10–18 years	-Persons at increased risk for meningococcal disease including during serogroup B outbreaks: Three doses (0, 1–2, and 6 month schedule) -Adolescents who are not at increased risk for meningococcal disease: Two doses (0, 6 month schedule) (2)	**-For children at increased risk due to complement deficiency, complement inhibitor use, or functional or anatomic asplenia:** A booster dose is recommended if it has been at least one year since primary series; repeat every 2-3 years as long as risk remains. -**For children at increased risk due to a serogroup B outbreak:** Booster dose recommended if it has been at least one year since primary series. If recommended by public health officials, booster dose may be given if it has been at least 6 months since primary series. **-Booster doses are not recommended for adolescents who are not at increased risk for meningococcal disease.**

Table notes

(1) Use of brand names is not meant to preclude the use of other comparable US licensed vaccines.
(2) If the second dose is administered earlier than 6 months after the first dose, a third dose should be administered at least 4 months after the second dose.
(3) MenB vaccines are not interchangeable by manufacturer. Administration of a B component vaccine (MenB or MenACWY-TT/MenB-FHbp) requires that subsequent B component vaccine doses be from the same manufacturer.

Recommended dosage
Refer to product package inserts.

Contraindications and Precautions
Contraindications and Precautions can be found in the package inserts available at https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states

Combined Pentavalent Serogroup A, C, W, Y, and B Meningococcal (MenACWY-MenB) Vaccine

Eligible groups
- Children who are indicated to receive MenACWY and MenB vaccines, including:
    - Children aged 10 through 18 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, Y, and B, including:
        - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
        - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
        - Children who have anatomic or functional asplenia, including sickle cell disease
    - Children aged 16 through 18 years for whom both MenACWY and MenB are indicated to be given at the same time and shared clinical decision-making favors administration of MenB vaccine.

Recommended Vaccination Schedule and Intervals

The table below displays dosing schedules for MenACWY-TT/MenB-FHbp (Penbraya) (1).

Children at Increased Risk		Children not at Increased Risk
Dosing Schedule (Primary Series)	**Dosing Schedule (Boosters)**	
For children with persistent complement deficiencies, complement inhibitor use (2), or functional or anatomic asplenia who are due for both MenACWY and MenB vaccination: 1 dose may be given in lieu of the first dose of MenACWY and MenB-FHbp If subsequent doses of MenACWY and MenB-FHbp (3) are indicated less than 6 months after the first dose, the vaccines should be given separately according to the MenACWY and MenB tables above.	For subsequent doses, where both MenACWY and MenB are indicated and at least 6 months have passed since administration of a previous dose of MenACWY-TT/MenB-FHbp, MenACWY-TT/MenB-FHbp may be used.	**Initial dose:** may be given in lieu of MenACWY and MenB when both vaccines are indicated in the same visit (e.g., age 16 years) and shared clinical decision-making favors administration of MenB **Second dose:** The MenB series should then be completed with MenB-FHbp (Trumenba) (1).

Table notes

(1) Use of brand names is not meant to preclude the use of other comparable US licensed vaccines
(2) Includes eculizumab (Soliris) and ravulizumab (Ultomiris)
(3) MenB vaccines are not interchangeable by manufacturer. Administration of a B component vaccine (MenB or MenACWY-TT/MenB-FHbp) requires that subsequent B component vaccine doses be from the same manufacturer.

Recommended dosage

Refer to product package inserts.

Contraindications and Precautions

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[If an ACIP recommendation or notice regarding meningococcal vaccination is published within 6 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]

Adopted and Effective: October 24, 2024

This document can be found on the CDC website at:
Vaccines Provided by the VFC Program | VFC Program | CDC