WASHINGTON STATE VACCINE ADVISORY COMMITTEE (VAC)
RECOMMENDATION FOR USE OF MENINGOCOCCAL CONJUGATE VACCINES

As unanimously agreed upon and verified at the July 18th, 2013 meeting and amended by vote through their private listserv, the Washington State Vaccine Advisory Committee (VAC) recommends full acceptance of the Advisory Committee on Immunization Practices' (ACIP) recommendations for use of meningococcal conjugate vaccine as published in MMWR 2013;62(RR-02).

Summary of ACIP Recommendations:

- Routine vaccination of adolescents aged 11 through 18 years (a single dose of vaccine should be administered at age 11 or 12 years, with a booster dose at age 16 years for persons who receive the first dose before age 16 years).

- Routine vaccination of persons aged ≥2 months at increased risk for meningococcal disease, including:
  - Persons aged ≥2 months with certain medical conditions such as anatomical or functional asplenia or complement component deficiency (dosing schedule and interval for booster dose varies by age at time of previous vaccination).
  - Special populations such as unvaccinated or incompletely vaccinated first-year college students living in residence halls, military recruits, or microbiologists with occupational exposure (indication for booster dose 5 years after prior dose if at continued risk).
  - Persons aged ≥9 months who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, particularly if contact with the local population will be prolonged.
- Vaccination of persons in at-risk groups to control outbreaks.

For the complete ACIP recommendations for meningococcal conjugate vaccine, please visit: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm

For complete state guidelines for the use of sate supplied meningococcal conjugate vaccine, please visit: http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-123_ImmunizationGuidelinesUseStateSuppliedVaccine.pdf.

Clinical-Level Guidance to Providers:

Persons Aged 11 Through 18 Years: Meningococcal vaccination rates are not as high as hoped for in the United States and Washington State in no exception. Getting persons in their mid-to-late teens to return for a second dose will be just as challenging. The VAC recommends the following minimum guidelines:

- Continue to follow ACIP guidelines and administer a first dose at 11 to 12 years of age when possible but catch up immunization can be done at any time prior to 19 years of age.
- When administering the first dose before 16 years of age, communicate the importance of a second dose for optimal protection.
- Establish procedures to avoid missed immunization opportunities for teenagers eligible for a first or second dose of meningococcal vaccine, regardless of the purpose of their visit (e.g. school physicals, requirements to enter college).

Persons Under 2 Years of Age: The ACIP does not recommend routine meningococcal vaccination for children aged 2 through 23 months. It is recommended only for specific high risk populations as

described above. The number of infants and young children needing vaccination is extremely low (3,000 to 5,000 children nationally). The number of children in these categories served at any single clinic is likely to be very limited. Therefore, providers should carefully assess their needs before ordering vaccine for these ages.

- Infants aged 2 through 9 months who are at increased risk for meningococcal disease or part of any outbreak due to meningococcal types C and Y: Vaccination with Hib-MenCY-TT (4-dose primary series) is recommended. The first dose of Hib-MenCY-TT may be administered as early as age 6 weeks. The fourth dose may be administered as late as age 18 months.
- Infants aged 9 through 23 months who are at increased risk for meningococcal disease due to meningococcal types ACW or Y: MenACWY is recommended. Infants aged 9 through 23 months are recommended to receive a 2-dose primary series with a dosing interval of 12 weeks. 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.