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

As unanimously agreed upon in the January 12, 2006 VAC meeting, the Committee recommends full acceptance of the Advisory Committee for Immunization Practice's (ACIP) recommendations for use of meningococcal vaccine (*Prevention and Control of Meningococcal Disease*, May 27, 2005) for Washington State.

Shortage Recommendation:

During periods when the supply of meningococcal conjugate vaccine is insufficient to allow vaccination of all for whom the vaccine is recommended, the Washington State Vaccine Advisory Committee recommends that the vaccine be used preferentially in the following groups who are at increased risk for meningococcal disease:

- Persons who have terminal complement component deficiencies
- Persons who have anatomic or functional asplenia
- Microbiologists who are routinely exposed to isolates of N. meningitidis
- Persons who travel to or reside in countries in which N. meningitidis is hyperendemic or epidemic, particularly if contact with the local population will be prolonged
- Entering college freshmen

Consideration of the use of meningococcal polysaccharide vaccine as an alternative in those groups is appropriate when meningococcal conjugate vaccine is unavailable.

When supplies permit vaccination of some adolescents with meningococcal conjugate vaccine, those entering high school, 15 year olds, and older adolescents should take precedence over 11 year olds.

ACIP Recommendation:
Recommendations for Use of Meningococcal Vaccines
Routine Vaccination of Adolescents

ACIP recommends routine vaccination of young adolescents (defined in this report as persons aged 11–12 years) with MCV4 at the preadolescent health-care visit (i.e., a visit to a health-care provider at age 11–12 years, at which time ACIP and other professional organizations [e.g., AAP and the American Medical Association] recommend that persons aged 11–12 years receive appropriate vaccinations and other preventive services). Introducing a recommendation for MCV4 vaccination among persons aged 11–12 years might strengthen the role of the preadolescent health-care visit and have a positive effect on vaccine coverage during adolescence.
For those adolescents who have not previously received MCV4, ACIP recommends vaccination before high school entry (at approximately age 15 years) as an effective strategy to reduce meningococcal disease incidence among adolescents and young adults. By 2008, the goal will be

routine vaccination with MCV4 of all adolescents beginning at age 11 years. Other adolescents who wish to decrease their risk for meningococcal disease may elect to receive vaccine.

Other Populations at Increased Risk for Meningococcal Disease

Routine vaccination also is recommended for certain persons who have increased risk for meningococcal disease (Table 6). Use of MCV4 is preferred among persons aged 11–55 years; however, use of MPSV4 is recommended among children aged 2–10 years and persons aged >55 years. If MCV4 is unavailable, MPSV4 is an acceptable alternative for persons aged 11–55 years. The following populations are at increased risk for meningococcal disease:

- college freshmen living in dormitories;
- microbiologists who are routinely exposed to isolates of N. meningitidis;
- military recruits;
- persons who travel to or reside in countries in which N. meningitidis is hyperendemic or epidemic, particularly if contact with the local population will be prolonged;
- persons who have terminal complement component deficiencies; and
- persons who have anatomic or functional asplenia.

Because of feasibility constraints in targeting freshmen in dormitories, colleges can elect to target their vaccination campaigns to all matriculating freshmen. The risk for meningococcal disease among nonfreshmen college students is similar to that for the general population of similar age (age 18–24 years). However, the vaccines are safe and immunogenic and therefore can be provided to nonfreshmen college students who want to reduce their risk for meningococcal disease.

For travelers, vaccination is especially recommended to those visiting the parts of sub-Saharan Africa known as the “meningitis belt” during the dry season (December–June). Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj. Advisories for travelers to other countries will be issued when epidemics of meningococcal disease caused by vaccine-preventable serogroups are detected. Travelers’ health information is available from CDC at 877-FYI-TRIP (toll-free) or at http://www.cdc.gov/travel. Further information concerning geographic areas for which vaccination is recommended can be obtained from international health clinics for travelers and state health departments.

Patients with human immunodeficiency virus (HIV) are likely at increased risk for meningococcal disease, although not to the extent that they are at risk for invasive S. pneumoniae infection (20,114). Although the efficacy of MCV4 among HIV-infected patients is unknown, HIV-infected patients may elect vaccination. For persons aged 11–55 years who have been previously vaccinated with MPSV4, revaccination with MCV4 is not indicated unless vaccination occurred 3–5 years previously and the person still remains at increased risk for meningococcal disease (see Revaccination).

Adults Aged 20–55 Years

MCV4 is licensed for use among adults aged 20–55 years. It is safe, immunogenic, and likely to provide relatively long-lasting protection against meningococcal disease caused by serogroups A, C, Y, and W-135. The rates of meningococcal disease are low in this age group, and vaccination

will decrease but not eliminate risk. Therefore, routine vaccination is not recommended; however, persons who wish to decrease their risk for meningococcal disease may elect to be vaccinated.

Children Aged <11 Years and Adults Aged >55 Years

MCV 4 is not licensed for use among children aged <11 years or adults aged >55 years. Routine vaccination with MPSV4 is not recommended for children aged <2 years because it is relatively ineffective and offers a short duration of protection. Routine vaccination with MPSV4 is not recommended for children aged 2–10 years and adults aged >55 years who are not identified as being at increased risk for meningococcal disease.

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