

# WASHINGTON STATE VACCINE ADVISORY COMMITTEE (VAC) RECOMMENDATION AND CLINICAL GUIDANCE FOR USE OF MENINGOCOCCAL CONJUGATE VACCINES

As unanimously agreed upon and verified at the April 21<sup>st</sup>, 2011 meeting, the Washington State Vaccine Advisory Committee recommends full acceptance of the Advisory Committee for Immunization Practices' (ACIP) recommendations for use of meningococcal conjugate vaccine as published in MMWR 2011;60(3);72-76.

## Summary of ACIP Recommendation:

### For Routine Vaccination of Persons Aged 11 Through 18 Years

ACIP recommends routine vaccination of persons with quadrivalent meningococcal conjugate vaccine at age 11 or 12 years, with a booster dose at age 16 years. After a booster dose of meningococcal conjugate vaccine, antibody titers are higher than after the first dose and are expected to protect adolescents through the period of increased risk through age 21 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk. Persons who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose. Routine vaccination of healthy persons who are not at increased risk for exposure to *N. meningitidis* is not recommended after age 21 years.

### For Persons Aged 2 Through 54 Years with Reduced Immune Response

Data indicate that the immune response to a single dose of meningococcal conjugate vaccine is not sufficient in persons with certain medical conditions. Persons with persistent complement component deficiencies (e.g., C5--C9, properdin, factor H, or factor D) or asplenia should receive a 2-dose primary series administered 2 months apart and then receive a booster dose every 5 years. Adolescents aged 11 through 18 years with HIV infection should be routinely vaccinated with a 2-dose primary series. Other persons with HIV who are vaccinated should receive a 2-dose primary series administered 2 months apart. All other persons at increased risk for meningococcal disease (e.g., microbiologists or travelers to an epidemic or highly endemic country) should receive a single dose.

For the complete ACIP recommendations for meningococcal conjugate vaccine, please visit:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm>

## Clinical-Level Guidance to Providers:

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).