

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

As unanimously agreed upon and verified at the 11, 2007, meeting, the Washington State Vaccine Advisory Committee recommends full acceptance of the Advisory Committee for Immunization Practice's (ACIP) recommendations for use of meningococcal vaccine as published in MMWR 2005;54(No. RR-7) and updated in MMWR 2007;56(31);794-795.

ACIP Recommendation:

Routine Vaccination of Persons aged 11-18

The ACIP goal is routine vaccination of all adolescents with MCV4 beginning at age 11 years. ACIP and partner organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, and Society for Adolescent Medicine, recommend a health-care visit for children aged 11--12 years to receive recommended vaccinations and indicated preventive services. This visit is the optimal time for adolescents to receive MCV4. In addition, because the incidence of meningococcal disease increases during adolescence, health-care providers should vaccinate previously unvaccinated persons aged 11--18 years with MCV4 at the earliest possible health-care visit. College freshmen living in dormitories are at increased risk for meningococcal disease and should be vaccinated with MCV4 before college entry if they have not been vaccinated previously.

ACIP encourages health-care providers to vaccinate with MCV4 throughout the year to minimize seasonal increases in demand during July and August when students prepare to return to school from summer vacation. Vaccine providers should administer MCV4 and Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccine to persons aged 11--18 years during the same visit if both vaccines are indicated and available. If simultaneous vaccination is not feasible (e.g., a vaccine is not available), MCV4 and Tdap can be administered using any order of administration. When making decisions about timing of vaccination, providers should consider that eligibility for the Vaccines for Children Program ends at age 19 years.

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 19–55 Years

MCV4 is licensed for use among adults aged 19–55 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

MCV4 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.

MCV4 and Guillain-Barré Syndrome

Guillain-Barré syndrome (GBS) has been associated with receipt of MCV4. Persons with a history of GBS might be at increased risk for postvaccination GBS; therefore, a history of GBS is a relative contraindication to receiving MCV4. Persons recommended to receive meningococcal vaccination who have a history of GBS (or their parents) should discuss the decision to be vaccinated with their health-care provider. Meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative for short-term protection against meningococcal disease (3--5 years).

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, adolescents should take precedence over 11 year olds.