In October 2015 the ACIP recommended meningococcal B vaccine for patients at high risk for this disease and for outbreak control, but left it to providers’ discretion whether or not to advise it for others.

- This permissive recommendation is specifically for meningococcal B vaccine (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm).
- The Meningococcal B vaccine recommendation differs from the ACIP recommendation for meningococcal conjugate ACYW vaccine (MCV4). MCV4 is routinely recommended for all persons 11 through 18 years of age (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm).

Permissive recommendations may be challenging to implement because they require providers to consider the relevant evidence, formulate their advice and communicate it to their patients and their parents. Some members of the Vaccine Advisory Committee believe providers may have an ethical obligation to inform patients and parents of the availability of the meningococcal B vaccine, even if they would advise limiting its use to those at high risk for meningococcal B disease.

The Washington State Vaccine Advisory Committee is providing this guidance to:

1. Give providers current information on the incidence of meningococcal B disease in WA State.
2. Assist providers with formulating their own advice about use of this vaccine in those who are not at high risk for meningococcal B disease.
3. Facilitate providers’ communication with parents and patients about this vaccine.

### Summary of Meningococcal B Vaccination Recommendations

- Persons ≥10 years of age with certain rare health conditions that put them at increased risk for meningococcal B disease and its complications should be routinely vaccinated (see detail below).
- In addition, patients 16 through 23 years of age may be vaccinated with meningococcal B vaccine (preferably at 16 through 18 years of age) to provide short-term protection against most strains of serogroup B meningococcal disease.

### Suggestions for Talking with Parents:
Consider using the following language in your discussion with families of children who do not have conditions that put them at high risk for meningococcal B disease:

- Meningitis B vaccine is recommended for those at high risk for meningococcal B disease.
- Your child is not at high risk.
- I do not routinely recommend meningococcal B vaccine to children who are not at high risk. However, I will give your child the vaccine if you want him/her to have it.

### ACIP Recommendations for Meningococcal B Vaccine:
The ACIP agreed that historically low levels of disease, limited data about the lasting effectiveness of the vaccine and potentially high costs do not warrant routinely vaccinating all children with the meningococcal B vaccine.

The vaccine should be administered to:

- Persons ≥10 years of age with certain rare health conditions that put them at increased risk for meningococcal B disease and its complications, including:
  - Persons with persistent complement component deficiencies.
  - Persons with anatomic or functional asplenia, including sickle cell disease.
  - Microbiologists routinely exposed to isolates of Neisseria meningitidis.
  - Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak.
In addition, patients 16 through 23 years of age may be vaccinated with meningococcal B vaccine (preferably at 16 through 18 years of age) to provide short-term protection against most strains of serogroup B meningococcal disease. The permissive recommendation for the use of the vaccine means vaccination is based on individual clinical judgment and discussion with the family.

**Considerations for Administering Meningococcal B Vaccine**

**Incidence of Meningococcal B Disease:**
The meningococcal B disease burden of illness in adolescents and young adults is low. It is hard to predict who will get the disease. In the U.S., there are about 55 to 65 cases and 10 deaths each year in 11 to 24 year-olds (the majority [>80%] of these cases occur in persons aged 16 through 23 years of age). Although outbreaks on college campuses have been high profile, they are rare. During 2009–2013, there were an estimated 14 meningococcal B cases among college students, including 2 deaths. Three deaths resulted from college campus outbreaks in 2014. The estimated incidence of serogroup B meningococcal disease in college students aged 18 to 23 years (0.09 per 100,000) was similar to, or lower than, the incidence in all persons aged 18 to 23 years (0.14 per 100,000), and non-college students aged 18 to 23 years (0.21 per 100,000).

In Washington State, among **11 to 24** year olds, approximately 2 to 3 cases of meningococcal B disease are detected each year.

<table>
<thead>
<tr>
<th>Serogroup</th>
<th>Age Group (Years)</th>
<th>&lt;2 n (%)</th>
<th>2 - 10 n (%)</th>
<th>11 - 24 n (%)</th>
<th>25+ n (%)</th>
<th>All Ages n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not Tested</strong></td>
<td></td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>12</td>
<td>20 (3%)</td>
</tr>
<tr>
<td><strong>Isolate Available for Testing</strong></td>
<td></td>
<td>60</td>
<td>36</td>
<td>59</td>
<td>111</td>
<td>266 (97%)</td>
</tr>
<tr>
<td><strong>Serogroup B</strong></td>
<td></td>
<td>38 (63%)</td>
<td>22 (61%)</td>
<td>26 (44%)</td>
<td>37 (33%)</td>
<td>123 (46%)</td>
</tr>
<tr>
<td><strong>Other Serogroup</strong></td>
<td></td>
<td>22 (37%)</td>
<td>14 (39%)</td>
<td>32 (54%)</td>
<td>75 (65%)</td>
<td>140 (53%)</td>
</tr>
<tr>
<td><strong>Not Groupable</strong></td>
<td></td>
<td>0</td>
<td>0</td>
<td>1 (2%)</td>
<td>2 (2%)</td>
<td>3 (1%)</td>
</tr>
</tbody>
</table>

*Percentages of total cases tested for serogroup.*

**Effectiveness:**
The vaccine induces an immune response against most, but not all, circulating meningococcal B strains. No studies have been performed to evaluate the clinical effectiveness of the vaccine.

**Duration of Immunity:**
Duration of immunity is unknown. The vaccine provides short term protection against meningococcal B disease.

**Safety:**
There is limited experience with meningococcal B vaccines outside of clinical trials. Current safety concerns include the possible development of an autoimmune response. Post licensure safety surveillance will be important in determining the safety profile for less frequent adverse events. Other vaccine reactions may include syncope, local inflammation at the site of injection, fatigue, headaches, and anaphylaxis.

The table on page three provides a summary of the two licensed meningococcal B vaccines.
## Meningococcal B Vaccine Summary:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Bexsero</th>
<th>Trumenba</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td>Novartis Vaccines (GSK)</td>
<td>Wyeth (Pfizer) Pharmaceuticals</td>
</tr>
<tr>
<td>Licensure</td>
<td>10 through 25 years</td>
<td>10 through 25 years</td>
</tr>
<tr>
<td>Schedule</td>
<td>Two doses, at least one month apart</td>
<td>Three doses (0, 2, and 6 month schedule)</td>
</tr>
<tr>
<td></td>
<td>(0 and 1 – 6 month schedule)</td>
<td></td>
</tr>
<tr>
<td>Interchangeability</td>
<td>Must complete series with same product</td>
<td>Must complete series with same product</td>
</tr>
<tr>
<td>CPT / CVX Codes</td>
<td>90620 / 163</td>
<td>90621 / 162</td>
</tr>
</tbody>
</table>

Nothing in this guidance supersedes the recommendations of the Advisory Committee on Immunization Practices. Providers should review the complete CDC recommendations for use of meningococcal vaccines for additional details regarding available vaccine products and indications, including use of vaccines in allergic patients and other updated guidance.

### Ordering from the State Department of Health

Providers in the Childhood Vaccine Program may order meningococcal B vaccine directly from the state as needed. These providers should order sufficient vaccine to complete the series for the patient with the same product.

Contact information for state staff to assist with order placement:
- Phone: 360-236-2VAX (2829) Ask to speak with someone about ordering meningococcal B vaccine.
- E-mail: WAClaimhoodVaccine@doh.wa.gov

### Information for Clinicians:

Meningococcal Vaccination:
- [http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm](http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm)
- [http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html)

Interchangeability of Meningococcal Vaccines:
- [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm#Box1](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm#Box1)

ACIP Meningococcal Vaccine Recommendation: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm)

### Information for Parents:
- Meningococcal B Vaccine Information Statement: [http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html)
- CDC meningococcal B vaccine materials for parents: [http://www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm](http://www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm)