

Meningococcal B

Questions and Answers

What does availability of MenB vaccine mean for your practice?

In October 2014 and January 2015, two vaccines against meningococcal serogroup B (MenB) vaccine were licensed by the FDA for 10-25 year olds. The 2016 immunization schedule now includes MenB vaccination as follows:

- Men B vaccines **MAY BE** given to adolescents and young adults ages 16-23 years (preferred age of recommendation is 16-18 years old).
- Men B vaccine **SHOULD BE** given to individuals ≥ 10 years with specific conditions that increases risk for meningococcal disease.

Why a permissive recommendation?

The ACIP based their recommendation on these factors:

1. Overall low prevalence of meningococcal disease. The ACIP considered the number of potential cases prevented with different recommendation strategies. Targeting older adolescents, young adults and individuals with high risk conditions would prevent the most cases for the number of individuals vaccinated.
2. The ACIP is awaiting more data on duration of protection and vaccine effectiveness. Right now we know that vaccination increases antibodies against *Neisseria meningitidis* serotype B, which is used as a measure of protection, rather than reduction in clinical disease. The low prevalence of disease makes it difficult to measure the impact on actual infection. We also do not know how long protection will last; based upon current data, antibody levels are still elevated at ~3 years. This is why the vaccine is recommended for short term protection, targeting older adolescents.

Who should receive Men B?

The vaccine **can be offered to anyone 16-23 years old** in your practice, ideally to 16-18 year olds. Meningococcal infections are fairly rare (about 500 reported cases per year) with 50-60 cases due to serogroup B among adolescents and young adults. The highest rates of infection occur among adolescents, especially older adolescents. This includes any older adolescent, even those who do not attend college and live in a dormitory. Giving the vaccine to 16-18 year olds will help provide protection when adolescents are at the highest risk of infection.

The vaccine **should be offered routinely** to certain adolescents and young adults. This includes anyone ≥ 10 years old who has a condition that puts them at even higher risk for meningococcal infection. This includes conditions that affect the ability to mount an effective immune response against meningococcal disease:

1. Patients with complement deficiency
2. Patients with functional or anatomic asplenia (including patients with a history of sickle cell disease)

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Can MenB be given simultaneously with MCV4?

Yes, MenB and MCV4 can be administered at the same visit, but, if possible, in different arms. Since the MCV4 booster and MenB are recommended for the same age range, simultaneous administration may happen.

Am I required to keep MenB on hand and offer it like the rest of the vaccines on the schedule?

There is no requirement to have MenB in stock because of the recommendation to offer vaccination for certain high risk conditions, or at your discretion. However, having MenB vaccine in stock will help ensure that you can provide MenB vaccination for your patients whom you do want to vaccinate, and avoid missed opportunities. It is also important to have MenB available if you have patients with high risk conditions for whom MenB vaccines should be given.

Am I in trouble if I don't offer it?

Because MenB has a permissive recommendation, there are no penalties if you choose not to offer the vaccine. However, you may be asked about MenB during your regular VFC program audit visit so that we can help answer any questions that you may have.

Should I be giving it to teens going off to college?

Ages 16-23 years is the highest age-related risk period for any older adolescent and young adult, even if they are not attending college. The risk of exposure to meningococcus is associated with many behaviors such as intimate kissing, tobacco exposure, large social gatherings and residing in a dormitory that any adolescent and young adult may engage in. This is why MenB vaccine should be preferentially administered to 16-18 year olds if you choose to recommend it. MenB has been associated with recent outbreaks, many of which have been on college campuses. Therefore, some colleges may require both MCV4 and MenB vaccination.

Will private insurers pay for it?

Health plans are required to cover new vaccine recommendations without cost sharing within one year of the publication of the new recommendation. MenB recommendations were published in October 2015.

I'm just not sure how to proceed with this permissive recommendation.

This is a new vaccine that can help prevent meningococcal disease due to serogroup B for the age group at highest risk of infection. We do not see a lot of meningococcal disease but when we do, there can be significant morbidity and mortality that is difficult to predict. A higher proportion of the disease we do see is due to serogroup B which, until now, we have not been able to prevent through vaccination. When your patients come to clinic for their MCV4 booster, the MenB vaccine can be offered as an option to all 16-18 year old patients. Parents or teens may also request MenB. The only way to see any of the potential benefits of vaccination is to provide the vaccine.