

# **Meningococcal Vaccines Work Group Update**

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**Chair, Meningococcal Work Group  
Advisory Committee on Immunization Practices**

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# Work Group Members

## **ACIP Members**

Lorry Rubin (Chair)  
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## **Liaison and Other Representatives**

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Bill Atkinson  
Richard Clover  
Scott Kapoor  
Michael Marcy  
Paul McKinney  
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Paul Offit  
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## *Ex Officio Members*

Lucia Lee (FDA)  
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## **CDC Leads**

Jessica MacNeil (CDC/OID/NCIRD,  
Division of Bacterial Diseases)  
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# Meningococcal Vaccines for Infants and Toddlers

- ❑ **MenACWY-D (Menactra, sanofi pasteur)**
  - 2 dose series at 9 -23 months
  - Licensed in September 2010
  
- ❑ **HibMenCY-TT (MenHibRix, GlaxoSmithKline)**
  - 4 dose series at 2, 4, 6 and 12-15 months
  - Licensed in June 2012
  
- ❑ **MenACWY-CRM (Menveo, Novartis)**
  - 4 dose series at 2, 4, 6 and 12 months
  - Licensed in August 2013

# Infant Meningococcal Recommendations

- ❑ **October 2012 ACIP meeting: Recommendation for vaccination of high-risk infants**
- ❑ **Purpose of today's session:**
  - To add MenACWY-CRM to the list of available meningococcal vaccines for use in high-risk infants
  - MenACWY-CRM provides protection against additional serogroups and may be used for infants traveling to areas where meningococcal disease is hyperendemic or epidemic

## MenACWY-CRM

- ❑ **Four doses (0.5 mL each) by intramuscular injection at 2, 4, 6, and 12 months of age.**
- ❑ **Immunogenic against serogroups A, C, W, and Y**
  - Does not protect against serogroup B
- ❑ **Safety profile similar to other childhood vaccines**

## Today's Session

- ❑ **Immunogenicity and safety of MenACWY-CRM**
- ❑ **GRADE evaluation of MenACWY-CRM**
- ❑ **Considerations of Use of MenACWY-CRM in high-risk infants**
  - **Vote and VFC**

# **Meningococcal Work Group: Additional Activities**

- ❑ **ACIP Meningococcal Vaccines Statement published in March 2013**
- ❑ **Review of updated Hib Vaccination Recommendations and Report**
  - Approved by ACIP February 2013
  - To be published in early 2014
- ❑ **Early thinking about the approach to serogroup B vaccines**