

VFC Resolution Update: Meningococcal Vaccines

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



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Note

**In each of the following slides,
proposed changes from the current
resolution are highlighted in yellow.**

Purpose of the Updated Resolution

- The purpose of this resolution is to update the eligible groups for meningococcal vaccination to include children aged 2 through 8 months of age at increased risk of meningococcal disease and to update the recommended vaccine schedule to include another conjugated meningococcal vaccine schedule as an option

Eligible Groups, II

Eligible groups

- Children aged 2 months through 10 years who are at increased risk for meningococcal disease, including
 - children who have complement deficiencies (e.g., C5-C9, properdin, factor H, or factor D);
 - children with HIV infection;
 - travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic;
 - children who are part of an outbreak of a vaccine-preventable serogroup.
 - Children who have anatomic or functional asplenia
- All children aged 11 through 18 years
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Recommended Schedule, Intervals (1)

| Age | Subgroup | Primary Vaccination | Booster Dose |
|---|--|---|--|
| 2-18 months of age, with high risk conditions | Infants with complement deficiencies | HibMenCY (four doses at 2, 4, 6, and 12-15 months of age starting at 2 months or catch-up schedule) OR MCV4-D (9 through 18 months, 2 doses 3 months apart) | If first dose received at age 9 months through 6 years and remain at increased risk for meningococcal disease, should receive an additional dose of MCV4 three years after primary vaccination. Boosters should be repeated every five years thereafter. |
| | Infants with functional or anatomic asplenia | HibMenCY (four doses at 2, 4, 6, and 12-15 months of age starting at 2 months or catch-up schedule) | |
| | Infants part of a community or organization outbreak | HibMenCY (four doses starting at 2 months or catch-up schedule) OR MCV4-D (9 through 18 months, 2 doses 3 months apart) | |
| | Infants traveling to the Hajj or the "meningitis belt" | MCV4-D (9 through 18 months, 2 doses 3 months apart) (infants receiving the vaccine prior to travel can receive the doses as early as two months apart) | |

Recommended Schedule, Intervals (2)

| Age | Subgroup | Primary Vaccination | Booster Dose |
|--|--|--|---|
| 19-23 months of age, with high risk conditions | Infants with complement deficiencies | Two doses of MCV4-D, three months apart) | <p>If first dose received at age 9 months through 6 years and remain at increased risk for meningococcal disease, should receive an additional dose of MCV4 three years after primary vaccination. Boosters should be repeated every five years thereafter.</p> |
| | Children who are traveling to the Meningitis Belt or Hajj, children who are part of a community or organizational outbreak | Two doses of MCV4-D , three months apart (infants receiving the vaccine prior to travel can receive the doses as early as two months apart) | |

Recommended Schedule, Intervals (3)

| Age | Subgroup | Primary Vaccination | Booster Dose |
|--|--|--------------------------------------|--|
| 2 through 18 years of age, with high risk conditions (2) | Children with complement deficiencies; functional or anatomic asplenia | Two doses of MCV4 , two months apart | <p>If first dose received at age 9 months through 6 years and remain at increased risk for meningococcal disease, should receive an additional dose of MCV4 three years after primary vaccination. Boosters should be repeated every five years thereafter.</p> |
| | Children with HIV, if another indication for vaccination exists | Two doses of MCV4 , two months apart | |
| | All others in this age group recommended for vaccination (travelers to the Meningitis Belt, etc) | Single dose of MCV4 | <p>If first dose received at age 7 years or older and remain at increased risk for meningococcal disease, should receive an additional dose of MCV4 five years after primary vaccination. Boosters should be repeated every five years thereafter.</p> |

Recommended Schedule, Intervals (3)

| Age | Primary Vaccination | Booster Dose |
|---------------------------------------|---|---|
| All other children 11-18 years of age | Routine vaccination with MCV4 at ages 11 through 12 years | If vaccinated at age 11 through 12 years, should receive a one-time booster dose at age 16 years If vaccinated at age 13 through 15 years, should receive a one-time booster dose at age 16 through 18 years |

Recommended Schedule, Intervals (4)

Table Notes

(1) At the time of this resolution, there are currently two licensed MCV4 products and one licensed HibMenCY product. The first MCV 4. One product, Menactra ®, is manufactured by sanofi Sanofi pasteur Pasteur and is licensed for use in persons aged 9 months through 55 years of age. The second MCV4 product, Menveo ®, is manufactured by Novartis Vaccines and Diagnostics, Inc. and is licensed for use in persons aged 2 through 55 years of age. In the table above, the abbreviation MCV4-D is used when the recommendation applies only to Menactra ® and the abbreviation MCV4 is used when the recommendation applies to either Menactra ® or Menveo ®,

(2) At the time of this resolution, there is currently one licensed HibMenCY product, MenHibrix ®, which is manufactured by GlaxoSmithKline Biologicals and is licensed for use in persons 6 weeks through 18 months of age.

Recommended Schedule, Intervals (5)

Table Notes, continued

(3) At the time of this resolution, a meningococcal polysaccharide vaccine is also available, Menomune®, which is manufactured by Sanofi Pasteur and is . This product is licensed for use in persons 2 years of age and older. This vaccine and may be used when meningococcal conjugate vaccine is unavailable or contraindicated.

(4) Includes children who have complement deficiencies (C3, properdin, factor D, and late component deficiencies), anatomic or functional asplenia, and children with HIV infection; travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic; and children who are who are part of a community outbreak of a vaccine-preventable serogroup.

Recommended dosage and Contraindications/Precautions

Recommended dosage

- Refer to product package inserts.

Contraindications and Precautions

- Contraindications and Precautions can be found in the package inserts available at <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>

Statement Regarding Update Based on Published Documents

[If an ACIP recommendation regarding meningococcal vaccination is published within 12 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]