

Current ACIP recommendations for MenB vaccines

- In February 2015, ACIP recommended that persons aged ≥ 10 years **at increased risk** for serogroup B meningococcal disease receive a MenB primary series (*Routine*)
 - Includes persons with complement deficiency, complement inhibitor use, asplenia, microbiologists and individuals exposed during an outbreak
- In June 2015, ACIP recommended that adolescents aged 16–23 years **may be vaccinated** with a MenB primary series based on individual clinical decision-making (preferred age of 16–18 years) (*Clinical Decision Making*)

Proposed language for VOTE #1

For persons aged ≥ 10 years with complement deficiency, complement inhibitor use, asplenia, or who are microbiologists:

- ACIP recommends a MenB booster dose 1 year following completion of a MenB primary series followed by MenB booster doses every 2-3 years thereafter, for as long as increased risk remains.

For persons aged ≥ 10 years determined by public health officials to be at increased risk during an outbreak:

- ACIP recommends a one-time booster dose if it has been ≥ 1 year since completion of a MenB primary series.
- A booster dose interval of ≥ 6 months may be considered by public health officials depending on the specific outbreak, vaccination strategy, and projected duration of elevated risk.

Additional Guidance

- These recommendations do not apply to persons who previously completed a MenB primary series as an adolescent based on individual clinical decision-making **and who are not at increased risk** for serogroup B meningococcal disease.
- MenB vaccines are not interchangeable. The same product must be used for all doses.
- Collection of safety and effectiveness data for repeated booster doses of MenB vaccine in persons at increased risk for serogroup B meningococcal disease is needed for the ongoing evaluation of these recommendations by the ACIP Meningococcal Vaccines Work Group.