

Updated ACIP statement for meningococcal vaccination in the United States

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Background

- Last statement published in 2013, included ACIP recommendations for quadrivalent meningococcal conjugate (MenACWY) vaccination.
- Since this time, 5 policy notes related to MenACWY vaccination and recently-licensed serogroup B (MenB) vaccines have been published.
- In 2019, an updated statement was developed to consolidate all existing ACIP recommendations for MenACWY and MenB vaccines in a single document.
 - If ACIP votes to recommend MenB booster doses in persons at increased risk, recommendations will be included.

Objectives of updated statement

- Describe background on meningococcal disease, epidemiology, and risk groups.
- Provide updated information on currently licensed and available vaccines.
- Describe process undertaken and rationale used in support of ACIP recommendations.
- Provide ACIP recommendations and guidance for use of meningococcal vaccines.

Activities

- Conducted systematic review of the literature related to safety, immunogenicity, and effectiveness of MenACWY and MenB vaccines in licensed age groups.
- Consolidated and clarified existing MenACWY and MenB recommendations, and drafted preliminary MenB booster recommendations (to be included if voted up by ACIP).
- Draft statement shared with Work Group members and ACIP voting members to provide opportunity for feedback prior to today's meeting.

Meningococcal vaccines licensed and available in the United States

Vaccine	Abbreviation	Type	Manufacturer	Serogroups	Licensed ages
Menactra®	MenACWY-D	Conjugate – Diphtheria toxoid	Sanofi Pasteur	A, C, W, Y	9 months—55 years
Menveo®	MenACWY-CRM	Conjugate – CRM ₁₉₇	GlaxoSmithKline	A, C, W, Y	2 months—55 years
Trumenba®	MenB-FHbp	Protein	Pfizer	B	10—25 years
Bexsero®	MenB-4C	Protein	GlaxoSmithKline	B	10—25 years

Note: Two vaccine products no longer available in the US:

Menomune® (Sanofi Pasteur): Polysaccharide quadrivalent (A, C, W, Y) vaccine

MenHibRix® (GlaxoSmithKline): combined *Haemophilus influenzae* type b and meningococcal conjugate (C, Y) vaccine

Year	Licensures and Recommendations
2005	MenACWY-D licensed and routinely recommended for adolescents and persons aged 11–55 at increased risk .
2006	Children entering high school and persons at increased risk years prioritized due to initial limited vaccine supply.
2007	MenACWY-D recommended for all adolescents aged 11–18 years as well as children aged 2–10 years at increased risk.
2009	MenACWY-D booster dose recommended for persons who remain at increased risk.
2010	MenACWY-CRM licensed. Booster dose recommended for adolescents aged 16 years, and 2-dose primary series recommended for persons with certain underlying medical conditions.
2011	MenACWY-D primary series recommended for children aged 9–23 months at increased risk for meningococcal disease.
2012	Hib-MenCY-TT licensed and primary series recommended for children aged 2–18 months at increased risk.
2013	MenACWY-CRM licensed and primary series recommended for children aged 2–23 months at increased risk for meningococcal disease.
2014	MenB-FHbp licensed.
2015	MenB-4C licensed. MenB primary series recommended routinely for persons at increased risk; adolescents aged 16–23 years may be vaccinated with MenB vaccine based on individual clinical decision-making.
2016	MenACWY primary series recommended for persons living with HIV.
2017	MenB-FHbp recommendations updated to allow 2-or 3-dose series, depending on indication, following updated licensure. Distribution of MPSV4 and Hib-MenCY-TT discontinued in the United States.
2019	<i>MenB booster dose recommendations to be included here if voted upon by ACIP.</i>

Key changes

- All existing MenACWY and MenB recommendations, as well as the proposed new recommendation for MenB booster doses, in a single document.
- Previous ‘Category B’ language for MenB primary vaccination in adolescents updated to “ACIP recommends a MenB primary series for individuals aged 16-23 years based on shared clinical decision-making”.
- Appendices with guidance for chemoprophylaxis of close contacts and management of outbreaks no longer part of ACIP statement.

Today's vote

- Affirm updated statement: “Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices”.

Votes

Vote #1

- ACIP recommends MenB booster vaccination in persons aged ≥ 10 years at increased risk for serogroup B meningococcal disease who previously completed a MenB primary series.

Vote #2

- ACIP affirms the updated statement “Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices”