Standing Orders for Administering Meningococcal ACWY Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from meningococcal disease caused by *Neisseria meningitides* serogroups A, C, Y, and W-135 by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons 2 months – 18 years of age in need of vaccination against meningococcal disease based on the following criteria:
    - Routine meningococcal (MenACWY) vaccination
        - Have not completed the 2-dose series by 18 years of age
    - Risk-based meningococcal (MenACWY) vaccination
        - Have not completed the recommended series (2-4 doses) by 2 years of age
        - Anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged
        - Exposure to meningitis as part of an outbreak

2. Screen all patients for contraindications and precautions to MenACWY:

    Contraindications:
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of MenACWY or to a vaccine component (to include diphtheria or tetanus toxoid)
    - For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

    Precautions:
    - Pregnancy should not preclude vaccination with MenACWY, if indicated
    - Moderate or severe acute illness with or without fever
    - Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.

4. Provide vaccine as follows:
   Follow dosing schedule in table below. Administer 0.5mL of MenACWY intramuscularly in the preferred site (anterolateral thigh for infants and toddlers or in the deltoid for children and adolescents). The alternate site (anterolateral thigh muscle or deltoid muscle) may be used if the preferred site is inadequate. Choose needle gauge and length appropriate to administration route and the patient's age and/or body mass according to the chart below

Needle Length and Injection Site of IM Injections for Children		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	**Needle Length**	**Injection Site**
Infants (1-12 months)	1 inch	Anterolateral thigh
Toddlers (1-2 years)	1-1.25 inch	Anterolateral thigh*
	5/8† – 1 inch	Deltoid muscle of arm
Children (3-10 years)	5/8† inch- 1 inch	Deltoid muscle of arm*
	1-1.25 inches	Anterolateral thigh
Children (11-18 years)	5/8† – 1 inch	Deltoid muscle of arm*
	1-1.5 inches	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html.
†If skin is stretched tightly and subcutaneous tissues are not bunched
*Preferred site

Age	**Routine or Catch-Up Schedule**
>10 years	Received 1 dose of MenACWY: follow routine schedule below
11 - 12 years	Give dose #1 of 2-dose series (dose #2 due at age 16 yrs)
13 - 15 years	Give catch-up dose #1 of 2-dose series (dose #2 due at age 16 yrs)
16 years	Give dose #2 (minimum interval: 8 weeks)
17 - 18 years	Give catch-up dose #2 (≥8 weeks after dose #1)
16 - 18 years	No history of prior vaccination: give 1 dose

Risk Based Dosing: travelers to/residents of countries where meningococcal disease is hyperendemic or epidemic (including countries in the African meningitis belt or during the Hajj); during outbreaks; occupational exposure; persistent complement component deficiencies or complement inhibitor use(e.g., eculizumab, ravulizumab); HIV infection; or functional or anatomic asplenia (including sickle cell disease)

Age	Primary Dose(s)	Booster
2 - 6 months	Give 3 doses of Menveo 8 weeks apart, and #4 at age 12–18 months. If possible, begin vaccination at age 2 months.	Initial booster after 3 years; repeat boosters every 5 years**
7 - 23 months	Give 2 doses of Menveo (if 9–23 months, may give Menactra*) Dose #2 of series should be 12 weeks after dose 1 and after 12 months of age	
2 years and older	Give 1 dose of MenACWY (either vaccine). If immunosuppressed, give 2 doses, 8 weeks apart.	

*When using Menactra in immunosuppressed children: give dose #1 at least 4 weeks **after** completion of pneumococcal vaccine (PCV13) series and dose #2 at least 12 weeks after dose #1

** A booster dose should be administered every 5 years; children who receive the primary series before their seventh birthday should receive the first booster dose in 3 years and subsequent booster doses every 5 years

Note: While the MenACWY package inserts recommend a single dose of MenACWY after 2 years of age (Menveo allows for 2 doses in high-risk persons aged 2-5 years), the ACIP recommends a 2-dose primary series, 8-12 weeks apart for all high-risk patients 2 years of age and older. This represents the current standard of care and is permissible under this standing order.

Note: While MenACWY package inserts recommend only a single booster dose, the ACIP recommends a booster dose every 5 years for high-risk patients, as well as a booster dose for international travelers visiting parts of sub-Saharan Africa if the last dose was administered ≥5 years previously. This represents the current standard of care and is permissible under this standing order.

Note: In persons with anatomic or functional asplenia and/or HIV infection, MenACWY-D, (Menactra®) and pneumococcal conjugate vaccine (PCV13, (Prevnar13) should not be administered simultaneously PCV13 should be administered first and MenACWY-D should be administered 4 weeks later.

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at https://vaers.hhs.gov.

8. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date