

## Standing Orders for Administering Meningococcal Group B Vaccine (Pediatric)

**Purpose:** To reduce morbidity and mortality from serogroup B meningococcal disease 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 health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

### Procedure:

1. Identify persons 10 - 18 years of age in need of vaccination against meningococcal disease based on the following criteria:
  - Persons 10 – 18 years of age with:
    - Diagnosis of persistent complement component deficiency (e.g., deficiencies in C3, C5-9, factor D, factor H, or properdin)
    - Anatomic or functional asplenia
    - Taking eculizumab (Soliris®) or ravulizumab (Ultomiris®)
    - Laboratory workers routinely exposed to *Neisseria meningitidis*
    - Increased risk due to serogroup B meningococcal disease outbreak
  - Persons 16 – 18 years of age not at increased risk who want protection against serogroup B meningococcal disease\*

***\*Note: the decision to vaccinate persons not at increased risk should be based on shared clinical decision-making and is not covered under these standing orders. Patients must obtain a written order from a privileged provider for this situation***

2. Screen all patients for contraindications and precautions to meningococcal B vaccine (MenB):

#### Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) after a previous dose of MenB or to a vaccine component (to include kanamycin)
- 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:

- Moderate or severe acute illness with or without fever
- The tip caps of the prefilled syringes of Bexsero® contain natural rubber latex and may cause allergic reactions in latex sensitive individuals. Trumenba® does not contain latex
- 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

**Note: available data are not sufficient to assess the effects of MenB on persons who are pregnant or nursing. MenB should be used during pregnancy or nursing only if benefit clearly outweighs risk, and is not covered under this standing order. Patients must obtain a written order from a privileged provider for this situation**

- 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](http://www.immunize.org/vis).
- Provide vaccine as follows:  
Follow dosing schedule in table below. Administer 0.5mL 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
Children (3-10 years)	5/8 <sup>†</sup> inch- 1 inch	Deltoid muscle of arm*
	1-1.25 inches	Anterolateral thigh
Children (11-18 years)	5/8 <sup>†</sup> – 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>.

<sup>†</sup>If skin is stretched tightly and subcutaneous tissues are not bunched

\*Preferred site

Vaccine	Dose	Schedule
Bexsero* (MenB-4c, GlaxoSmithKline)	0.5mL	Two doses, 4 weeks apart <sup>#,†</sup>
Trumenba* (MenB-FHbp, Pfizer)	0.5mL	Two doses at 0 and 6 months <sup>#,§</sup>
		Three doses at 0, 1–2, and 6 months <sup>†</sup>

\*The two brands of MenB vaccine are not interchangeable: the series must be started and completed with the same brand of vaccine

<sup>#</sup>The 2-dose schedules of either Bexsero or Trumenba may be used in healthy adolescents

<sup>†</sup>Either the 2-dose schedule of Bexsero or the 3-dose schedule of Trumenba should be given to persons at increased risk for meningococcal serogroup B disease

<sup>§</sup>If Dose #2 of the 2-dose Trumenba series is administered earlier than 6 months after Dose #1, a third dose should be administered at least 4 months after Dose #2.

**Note: ACIP recommends:**

- **For persons aged  $\geq 10$  years with complement deficiency, complement inhibitor use, asplenia, or who are microbiologists:**
  - **Booster dose 1 year following completion of a MenB primary series followed by booster doses every 2-3 years as long as increased risk remains**
  
- **For persons aged  $\geq 10$  years determined by public health officials to be at increased risk during an outbreak:**
  - **One-time booster dose if it has been  $\geq 1$  year since completion of a MenB primary series**

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