Standing Order for Administering Meningococcal Vaccine (Adult)

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all individuals 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 this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals ≥ 18 years of age in need of vaccination against meningococcal serogroups A, B, C, W, and Y based on the following criteria:
   - No documented evidence of a complete series of meningococcal ACWY vaccine (MenACWY) at the appropriate ages and intervals.
   - At increased risk for meningococcal disease due to:
     - Asplenia (anatomic or functional) or sickle cell disease
     - Complement deficiency or using a complement inhibitor medication
     - HIV infection
     - Microbiologists routinely exposed to *Neisseria meningitidis*
     - Military recruits
     - Travel to or living in countries where meningococcal disease is hyperendemic or epidemic
     - Unvaccinated or undervaccinated 1st year college students living in residence halls
     - Outbreak (e.g., with any of the risk factors above, in community or organizational settings, or men who have sex with men)

2. Using DD Form 3111, screen all patients for contraindications and precautions to meningococcal vaccine (MenACWY and MenB):

   Contraindications:
   - History of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a vaccine component, to include yeast and kanamycin
   - For MenACWY-D (Menactra) and MenACWY-CRM (Menveo) only: severe allergic reaction to a diphtheria toxoid– or CRM_{197}–containing vaccine
   - For MenACWY-TT (MenQuadfi) only: severe allergic reaction to a tetanus toxoid-containing vaccine
   - For information on vaccine components, refer to the package insert or The CDC Pink Book Appendix B.

   Precautions:
   - Moderate or severe acute illness with or without fever
   - For MenB-4C (Bexsero): latex sensitivity
   - Pregnant women:
     - May receive MenACWY vaccine if indicated
     - Defer vaccination with MenB and speak with their healthcare provider
   - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center 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.

4. Provide MenACWY and MenB vaccine as follows:
   - Administer the appropriate vaccine intramuscularly (IM) according to Tables 1-3.
   - Off-label ACIP recommendations covered under this standing order:
     - Age ≥ 18 years:
       - A 2-dose MenACWY primary series for persons at increased risk
       - Repeated MenACWY and MenB booster doses for persons who remain at increased risk
     - Age ≥ 26 years:
       - MenB primary series for persons at increased risk
     - Age ≥ 56 years:
       - MenACWY-CRM or MenACWY-D for persons at increased risk
   - MenACWY vaccines are interchangeable in persons ≥ 2 years of age; the same product is recommended, but not required, for all doses (primary and booster).
   - MenB vaccines are not interchangeable; the same product must be used for all doses (primary and booster).
   - MenACWY and MenB may be administered simultaneously (at different anatomic sites) if indicated.
   - Production of Menactra was discontinued in Aug 2022. Remaining stock may be used through the expiry date or until it is no longer FDA-licensed, whichever is earlier.

Table 1. Current Meningococcal Vaccines

	MenACWY				MenB	
	Menactra (MenACWY-D)	Menveo (1-vial) MenACWY-CRM	Menveo (2-vial) MenACWY-CRM	MenQuadfi (MenACYW-TT)	Bexsero (MenB-4C)	Trumenba (MenB-FHbp)
Age	9 mo – 55 y	10 – 55 y	2 mo - 55 y	≥ 2 years	10 – 25 y	10 – 25 y
Dilute	No	No	Yes	No	No	No

TABLE 2. IM Needle Length and Injection Site Guide

- Use a 22 – 25-gauge needle
- Choose needle gauge and length appropriate to the patient's age, sex, and weight

Patient age	Needle Length	Injection Site
Children & Adolescents, 11-18 years	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm†
	1-1.5 inches (25-38 mm)	Anterolateral thigh
Adults (≥ 19 years)		
Men and women, <60 kg (130 lbs)	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm
Men and women, 60-70 kg (130-152 lbs)	1 inch (25 mm)	
Men, 70-118 kg (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women, 70-90 kg (152-200 lbs)		
Men, >118 kg (260 lbs)	1.5 inches (38 mm)	
Women, >90 kg (200 lbs)		
Men and women, any weight	1*-1.5 inches (25-38 mm)	Anterolateral thigh

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

TABLE 3. MenACWY and MenB vaccine schedule by patient age and risk, ≥ 18 years					
Age	**Risk group**	**MenACWY primary series**	**MenACWY booster dose**	**MenB primary series***	**MenB booster dose***
≥ 18 years	• Healthy • 1st year college • Military recruit	1 dose at age 19-21 years if no dose received at age ≥ 16 years	Individuals at continued risk‡	Patient must obtain a separate written order (see dosing below)	
	• Asplenia† • Complement deficiency	2 doses ≥ 8 weeks apart		Bexsero: 2-dose series ≥ 1 month apart -OR- Trumenba: 3-dose series at 0, 1-2, and 6 months	Individuals at continued risk§
	• HIV†	2 doses ≥ 8 weeks apart		No recommendation	
	• Microbiologist • Outbreak	1 dose		Bexsero or Trumenba: dosing as above	Individuals at continued risk§
	• Travel	1 dose		No recommendation	

* MenB vaccines are not interchangeable: use the same vaccine for all primary and booster doses.
† Menactra should be administered ≥ 4 weeks after PCV13.
‡ Booster recommended ≥ 5 years after last primary dose and every 5 years thereafter for continued risk.
§ Booster recommended ≥ 1 year after completion of primary series and every 2-3 years thereafter for continued risk.

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) online at https://vaers.hhs.gov. Additional VAERS information is available by telephone at (800) 822-7967.
8. This standing order 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