Standing Order for Administering Meningococcal ACWY Vaccine (Pediatric)

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 2 months – 18 years of age in need of vaccination against meningococcal serogroups A, C, W, and Y based on the following criteria:
   - Age 11 – 18 years without documented receipt of a complete series of meningococcal ACWY vaccine (MenACWY) at the appropriate ages and intervals.
   - Age 2 months – 18 years at increased risk due to:
     - Asplenia (anatomic or functional) or sickle cell disease (SCD)
     - HIV infection
     - Microbiologists routinely exposed to *Neisseria meningitidis*
     - Men who have sex with men (MSM)
     - Military recruits
     - Persistent (e.g., genetic) complement deficiency or using a complement inhibitor medication
     - Travel to or living in countries where meningococcal disease is hyperendemic or epidemic
     - Unvaccinated or undervaccinated 1st year college students living in residence halls
     - Meningococcal outbreaks
2. Using DD Form 3110, screen all patients for contraindications and precautions to MenACWY:

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

   Precautions:
   - Moderate or severe acute illness with or without fever
   - Menveo: preterm birth if < 9 months of age
   - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 312-761-4245.

   Special Populations:
   - **Pregnancy and Lactation:** Pregnant and lactating women should receive MenACWY vaccine if indicated.
3. Prior to vaccine administration, provide all patients (or their parent/legal representative) with a copy of the current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred (www.immunize.org/vis).
4. Provide MenACWY as follows:
   - Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 - 3.

- Off-label ACIP recommendations covered under this standing order:
  - Age ≥ 2 years: a 2-dose primary series in persons at increased risk due to certain underlying medical conditions
  - Repeated booster doses for persons who remain at increased risk
- MenACWY vaccines are interchangeable; the same product is recommended, but not required, for all doses (primary and booster).
- MenACWY and meningococcal B vaccine (MenB) may be administered simultaneously (at different anatomic sites) if indicated.
- Penbraya may only be used when both MenACWY and MenB are indicated at the same visit. Consult the age appropriate MenACWY and MenB standing orders for indications and dosing. Vaccination of healthy individuals aged 16–18 years with MenB is based on shared clinical decision-making (SCDM) and is not covered under this standing order. These individuals must obtain a written order from a privileged provider.
- Production of Menactra (MenACWY-D) was discontinued in 2022. Remaining stock may be used according to previous schedules through the expiry date or until it is no longer FDA-licensed, whichever is earlier.

TABLE 1. Current Meningococcal ACWY Vaccines

	MenQuadfi (MenACYW-TT)	Menveo / 1-vial (MenACWY-CRM)	Menveo / 2-vial (MenACWY-CRM)	Penbraya (MenABCWY)
Age	≥ 2 years	10 – 55 years	2 mo - 55 years	10 – 25 years
Dilute	No: single-dose vial	No: single-dose vial (pink cap)	Yes: MenA vial (orange cap) & MenCWY vial (gray cap)	Yes: MenACWY vial & MenB syringe

TABLE 2. IM Needle Length and Injection Site Guide, Pediatric ≤ 18 years

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

Patient age	Needle Length	Injection Site
Infants, 1-12 months	1 inch (25 mm)	Anterolateral thigh
Toddlers, 1-2 years	1-1.25 inch (25-32 mm)	Anterolateral thigh*
	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm
Children, 3-10 years	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.25 inches (25-32 mm)	Anterolateral thigh
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

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

TABLE 3: MenACWY Vaccine Schedule by Patient Age and Risk Factor, Pediatric 2 months – 18 years			
Age Group	**Risk Factor**	**Primary series:** MenACWY CRM (Menveo), MenACWY TT (MenQuadfi), or MenABCWY (Penbraya)*	**MenACWY Booster dose**
10 - 18 years	• 1st year college living in residence halls	• Did not receive a dose on/after 16th birthday, within 5 years of college entry, or received only 1 dose before 16th birthday: ○ Menveo or MenQuadfi: single dose	• Not recommended unless person becomes at increased risk due to another indication
	• Military recruit	• Menveo or MenQuadfi: single dose	• Every 5 years based on exposure risk
11 - 18 years	• None (routine schedule)	• 1st dose at 11-15 years (recommended at 11-12): ○ Menveo or MenQuadfi: 1 dose plus booster • 1st dose at 16-18 years: ○ Menveo or MenQuadfi: 1 dose, no booster	• At age 16 years (minimum interval 8 weeks)
		• Age 16-18 only, when SCDM favors administration of MenB also: ○ Penbraya: 2 doses at 0 & 6 months*	• Not recommended unless person becomes at increased risk due to another indication
Individuals with underlying medical conditions or additional risk factors:			
2 – 23 months	• Asplenia/SCD • Complement deficiency • HIV • Outbreak • Travel	• Menveo - if first dose at age: ○ 2 months: 4 doses at 2, 4, 6, & 12 months ○ 3–6 months: See catch-up schedule† ○ 7–23 months: 2 doses (second dose ≥ 12 wks after first dose AND after the 1st birthday) • MenQuadfi: Not recommended	NA
2 – 9 years	• Asplenia/SCD • Complement deficiency • HIV	• Menveo: single dose • MenQuadfi: 2 doses ≥ 8 wks apart	• Age < 7 years: Single dose 3 years after primary vaccination and every 5 years thereafter • Age ≥ 7 years: Single dose 5 years after primary vaccination and every 5 years thereafter
	• Outbreak • Travel	• Menveo or MenQuadfi: single dose	
10 – 18 years	• Asplenia/SCD • Complement deficiency	• Menveo: single dose • MenQuadfi: 2 doses ≥ 8 wks apart • Penbraya: 2 doses at 0 & 6 months*	• Single dose 5 years after primary vaccination and every 5 years thereafter
	• HIV	• Menveo: single dose • MenQuadfi: 2 doses ≥ 8 wks apart	
	• Microbiologist • Outbreak	• Menveo or MenQuadfi: single dose • Penbraya: 2 doses at 0 & 6 months*	
	• Travel	• Menveo or MenQuadfi: single dose	

* Penbraya may only be used when both MenACWY and MenB vaccination are indicated at the same visit. Consult the age appropriate MenACWY and MenB standing orders for indications and dosing.
† Dose 1 at age 3–6 months: 3- or 4- dose series (dose 2 [and dose 3 if applicable] ≥ 8 weeks after previous dose until a dose is received at age ≥ 7 months, followed by an additional dose ≥ 12 weeks later AND after age 12 months)

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, 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