

## Standing Order for Administering Meningococcal B 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 adults  $\geq 19$  years of age in need of vaccination against meningococcal serogroup B based on increased risk due to:
  - Asplenia (anatomic or functional) or sickle cell disease (SCD)
  - Complement component deficiency or using a complement inhibitor medication
  - Meningococcal outbreaks (e.g., in community or organizational settings, and among men who have sex with men)
  - Microbiologists routinely exposed to *Neisseria meningitidis*
2. Using [DD Form 3111](#), screen all patients for contraindications and precautions to meningococcal serogroup B vaccine (MenB):

### Contraindications:

- History of a serious reaction (e.g., anaphylaxis) after a previous dose of any meningococcal vaccine or to a vaccine component, to include kanamycin.
- Penbraya: severe allergic reaction to a tetanus toxoid-containing vaccine or yeast
- For information on vaccine components, refer to the package inserts for [Bexsero](#), [Penbraya](#), [Trumenba](#), and [The CDC Pink Book Appendix B](#).

### Precautions:

- Moderate or severe acute illness with or without fever
- 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:** defer vaccination. Individuals at increased risk should speak with their healthcare provider to determine if MenB vaccination is appropriate. These individuals must obtain a written order from a privileged provider.
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 MenB as follows:

- Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 - 3.
- Off-label ACIP recommendations covered under this standing order:
  - Primary series for individuals  $\geq 26$  years of age at increased risk
  - Booster doses for individuals  $\geq 10$  years of age who remain at increased risk
- MenB products (monovalent or pentavalent) are not interchangeable; all primary and booster doses must be from the same manufacturer.
- MenB and MenACWY may be administered simultaneously (at different anatomic sites) if indicated.
- Penbraya may be used for both primary and booster doses only when both MenB and MenACWY vaccines are indicated at the same visit. Otherwise, MenB and MenACWY vaccines should be given separately as appropriate. Consult the age appropriate MenB and MenACWY standing orders for indications, dosing, and intervals.
- Vaccination of healthy individuals with meningococcal B-containing vaccines 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.

TABLE 1. Current Meningococcal B Vaccines			
	Bexsero (MenB-4C)	Trumenba (MenB-FHbp)	Penbraya (MenABCWY)
<b>Age</b>	10 – 25 years		10 – 25 years
<b>Dilute</b>	No: single-dose prefilled syringe		Yes: MenACWY vial & MenB-FHbp syringe

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		
Patient Age	Needle Length	Injection Site
Men and women (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm
Men and women (130-152 lbs)	1 inch (25 mm)	
Men (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women (152-200 lbs)		
Men (260 lbs)	1.5 inches (38 mm)	
Women (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	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.

**TABLE 3: MenB Vaccine Schedule by Patient Age and Risk Factor, Adult ≥ 19 years**

Age Group	Risk Factor	Primary series: MenB-4C (Bexsero), MenB-FHbp (Trumenba), MenABCWY (Penbraya)*	MenB Booster dose*
<b>Individuals who are otherwise healthy:</b>			
19 – 23 years	• None	<ul style="list-style-type: none"> <li>• When SCDM favors administration of MenB (requires individual written order):                             <ul style="list-style-type: none"> <li>◦ Bexsero: 2 doses, ≥ 1 month apart</li> <li>◦ Trumenba: 2 doses at 0 &amp; 6 months</li> <li>◦ Penbraya: 2 doses at 0 &amp; 6 months*</li> </ul> </li> </ul>	• Not recommended unless risk increased due to another indication
<b>Individuals with underlying medical conditions or risk factors:</b>			
≥ 19 years	<ul style="list-style-type: none"> <li>• Asplenia/SCD</li> <li>• Complement deficiency</li> <li>• Microbiologist</li> </ul>	<ul style="list-style-type: none"> <li>• Bexsero: 2 doses, ≥ 1 month apart</li> <li>• Trumenba: 3 doses at 0, 1-2, &amp; 6 months</li> <li>• Penbraya: 2 doses at 0 &amp; 6 months*</li> </ul>	• Single dose 1 year after primary series and every 2-3 years thereafter
	• Outbreak		• Single dose ≥ 1 year after primary series completion (≥ 6-month interval may be considered by public health professionals)

Adapted from the CDC General Best Practice Guidelines: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>.

\*Penbraya may be used for both primary and booster doses only when both MenB and MenACWY vaccines are indicated at the same visit. Otherwise, MenB and MenACWY vaccines should be given separately as appropriate. Consult the age appropriate MenB and MenACWY standing orders for indications, dosing, and intervals.

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 information about VAERS is also available by telephone (800-822-7967).
8. This standing order must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in effect for all patients of the \_\_\_\_\_ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

\_\_\_\_\_  
Privileged Physician's Signature

\_\_\_\_\_  
Date