



Memorandum

To: Local Health Departments

From: Sietske de Fijter, MS *SdF*
Chief, Bureau of Infectious Diseases

Date: March 3, 2011

Re: New Meningococcal Conjugate Vaccine Recommendations

On October 27, 2010, the Advisory Committee on Immunization Practices (ACIP) approved changes to the use of quadravalent (serogroups A, C, Y, and W-135) meningococcal conjugate vaccines (Menveo, Novartis; and Menactra, Sanofi Pasteur) in adolescents and persons at high risk for meningococcal disease. In addition, the ACIP adopted a new Vaccines for Children Program (VFC) resolution regarding the use of vaccines to prevent meningococcal disease. These approved ACIP recommended changes were officially published in the Centers for Disease Control and Prevention's (CDC) *Morbidity & Mortality Weekly Report (MMWR)* on January 28, 2011. The ACIP now recommends two new recommendations: 1) routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years and 2) a 2-dose primary series administered 2 months apart for persons aged 2 through 54 years with persistent complement component deficiency (e.g., C5--C9, properidin, factor H, or factor D) and functional or anatomic asplenia, and for adolescents with human immunodeficiency virus (HIV) infection.

The Ohio Department of Health supports the ACIP recommendations as listed in the *MMWR* from January 28, 2011. A summary of the recommendations is as follows:

Persons aged 11 through 18 years

1. Primary Series:
 - 1 dose, preferably at age 11 or 12 years
2. Booster Dose:
 - At age 16 years if primary dose at age 11 or 12 years
 - At age 16 through 18 years if primary dose at age 13 through 15 years
 - No booster needed if primary dose on or after age 16 years

HIV- infected persons in this age group

1. Primary Series:
 - 2 doses, 2 months apart
2. Booster Dose:
 - At age 16 years if primary dose at age 11 or 12 years
 - At age 16 through 18 years if primary dose at age 13 through 15 years
 - No booster needed if primary dose on or after age 16 years

Persons aged 2 through 55 years with persistent complement component deficiency or functional or anatomical asplenia

1. Primary Series:
 - 2 doses, 2 months apart
2. Booster Dose:
 - Every 5 years
 - At the earliest opportunity if a 1-dose primary series administered, then every 5 years

Persons aged 2 through 55 years with prolonged increased risk for exposure

1. Primary Series:
 - 1 dose
2. Booster Dose:
 - Persons aged 2 through 6 years: after 3 years
 - Persons aged 7 years or older: after 5 years

Please refer to the official recommendations as published in the *MMWR* dated January 28, 2011 located at the following site:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e

While CDC has fully adopted these ACIP recommendations, healthcare providers should be aware that the current package inserts for Menactra® (24 August 2010 v.0.2) and Menveo® (January 2011) do not contain some of these recommendations and they are thus considered off-label use.

MCV4 Vaccine Supplies

At this time, ODH has adequate supplies of MCV4 vaccine for VFC eligible children through 18 years of age, as VFC is an entitlement program. However, ODH has not received additional funding for the booster dose of MCV4 for non-VFC eligible children. Given potential cuts in state GRF and federal 317 funds, future funding is uncertain. However, due to savings from the implementation of VFC Delegation of Authority, the Immunization Program expects to be able to provide a limited amount of vaccine for the booster dose for a limited period of time, for those who participate in Delegation of Authority. If your local health district clinic participates in VFC Delegation of Authority, you may administer the booster dose to non-VFC eligible adolescents who present at your clinic. There is not enough vaccine available to enable active promotion or recalling patients who are not VFC-eligible.

Please contact the Immunization Program at 614-466-4643 with questions.