# Meningococcal ABCWY Vaccine Protocol

vaccine protocol for Persons Age 10 years and older

**Document reviewed and updated:** **May 7, 2024**

## Condition for protocol

To reduce incidence of morbidity and mortality of *Neisseria meningitidis* disease.

## Policy of protocol

The nurse will implement this protocol for *Neisseria meningitidis* vaccination using the MenABCWY product.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Currently non-acutely ill person age 16 through 23 years who wishes to reduce their risk of meningococcal type B invasive disease and is due for MenACWY and MenB on the same clinic day. | Proceed to vaccinate if meets remaining criteria.   |
| Person >10 years becomes or remains at increased risk for meningococcal disease after previous meningococcal vaccination and due for both MenB and MenACWY on the same clinic day. | Give MenABCWY vaccine if meets remaining criteria and follow booster dose schedule. [Refer to primary care to determine risk of disease and need for vaccination.] [Refer to \_\_\_\_\_\_\_\_ for off-label vaccination of persons who are recommended to receive booster dose(s).]  |
| Person received a previous dose of Bexsero (MenB-4C).  | Do not vaccinate with this product. Refer to Meningococcal B vaccine protocol for additional doses. |
| Currently non-acutely ill person age 10 years and older with one of the following risk indications for Men B and due for MenACWY on the same clinic day: * Complement component deficiency (e.g., C5–C9, properdin, factor H, or factor D).
* Using a complement inhibitor, including eculizumab and ravulizumab.
* Anatomic or functional asplenia, including sickle cell disease.
* Lab personnel routinely exposed to N. meningitidis.
* Person identified to be at risk due to an outbreak caused by a serotype included in the vaccine.
 | Proceed to vaccinate. |
| Person has previous history of meningococcal disease. | Proceed to vaccinate.   |
| Person previously received MenACWY. | Proceed to vaccinate if meets remaining criteria. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Severe allergic reaction (anaphylaxis) to a previous dose of MenACWY/MenB vaccine. | Do not vaccinate if previous dose was the product, you currently have available, or the allergy is a component of current vaccine available; refer to provider that has the other product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Severe allergy to a component of the MenACWY/MenB vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber}  | Proceed to vaccinate.  |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber}  | [Refer to health care provider for evaluation of symptoms and determination of whether to vaccinate.] |
| Person is pregnant. | Refer to primary care to determine risk of disease and need for vaccination. |

## Prescription

When administration of both MenACWY and MenB vaccinations are recommended on the same clinic day.

### People age 16 to 23 years not at increased risk for meningococcal disease

* Give MenABCWY (Penbraya) vaccine; 0.5 mL, IM.
* If Penbraya is used for dose one of Meningococcal B vaccine, MenB-FHbp (Trumenba) should be administered for the second dose of Meningococcal B vaccine.

Note: MenB vaccine products are not interchangeable. The same vaccine product must be used for all doses.

* If one MenB dose was received but the vaccine product is unknown, the series must be restarted to ensure completion of a two-dose series using the same product.
* If two doses were administered using different MenB products, one product should be selected for administration of an additional dose at an appropriate interval to ensure valid completion of a MenB series; the dose from the product not selected for series completion should be considered invalid.
* For situations in which a MenB dose or doses must be repeated, a minimum interval of 4 weeks should be used between any two doses.

### People age 10 years and older at increased risk for meningococcal disease

* Give MenABCWY 0.5ml, IM.
* If additional doses of MenABCWY are needed, give at least 6 months apart.

### People age 10 years and older who remain at risk for meningococcal disease after primary series (booster)

* Give MenABCWY 0.5ml, IM.
* If additional doses of MenABCWY are needed, give at least 6 months apart.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: