



North Carolina Department of Health and Human Services
 Division of Public Health – Women’s & Children’s Health Section

1917 Mail Service Center • Raleigh, North Carolina 27699-1917

Tel 919-707-5550 • Fax 919-870-4824

Michael F. Easley, Governor

Dempsey Benton, Secretary

February 18, 2011

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Participants

FROM: Beth Rowe-West, RN, BSN, Head,
 Immunization Branch

SUBJECT: Expanded Recommendations for the use of Quadrivalent (Serogroups A, C, Y, and W-135) Meningococcal Conjugate Vaccines

The purpose of this memo is to inform providers of changes in the recommendations for the use of quadrivalent (serogroups A, C, Y, and W-135) meningococcal conjugate vaccines (Menveo®, manufactured by Novartis, and Menactra®, manufactured by Sanofi Pasteur). These updates for adolescents and persons at high risk for meningococcal disease are based on the recent Centers for Disease Control and Prevention (CDC) document, *Updated Recommendations for Use of Meningococcal Conjugate Vaccines--- Advisory Committee on Immunization Practices, 2010*. The full recommendations may be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e%0d%0a

The two new recommendations approved by ACIP are:

- routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years*, and
- 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.

*For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk. Persons who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose. Routine vaccination of healthy persons who are not at increased risk for exposure to *N. meningitidis* is not recommended after age 21 years.

The NCIP offers two quadrivalent meningococcal conjugate vaccine products, Menactra® and Menveo®. Menactra® is approved for persons 2 through 55 years of age. Menveo® was recently approved for persons 2 through 55 years of age; previously, this vaccine was approved for persons 11 through 55 years of age. Attached is a table from the Advisory Committee on Immunization Practices recommendations indicating the recommended schedule and intervals for children 2 through 18 years of age.

Use of state-supplied vaccine is limited by the NCIP coverage criteria, which may be found at:

<http://www.immunizenc.com/coveragecriteria.htm>

Questions regarding the administration of either quadrivalent meningococcal conjugate vaccine product should be addressed with your regional immunization nurse (RIN), or with the Immunization Branch on-call nurse at 919-707-5575.

Remember to sign up to receive our e-newsletter, *Vax Facts*, in your email inbox. Log on to www.immunizenc.com/enewsletter.htm for sign-up instructions and to review past editions.

Attachment

CC:	SMT Terri Pennington	Regional Immunization Staff Maelyn Powell	Central Office Staff Timika Poston	Vaccine Manufacturers Taryn Edwards	Steve Shore Peter Graber	Joy Reed
-----	-------------------------	--	---------------------------------------	--	-----------------------------	----------

**Summary of meningococcal conjugate vaccine recommendations, by risk group ---
Advisory Committee on Immunization Practices (ACIP), 2010**

Risk group	Primary series	Booster dose
Persons aged 11 through 18 years	1 dose, preferably at age 11 or 12 years	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	2 doses, 2 months apart	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 18 years with persistent complement component deficiency* or functional or anatomical asplenia	2 doses, 2 months apart	Every 5 years
		At the earliest opportunity if a 1-dose primary series administered, then every 5 years
Persons aged 2 through 18 years with prolonged increased risk for exposure†	1 dose	Persons aged 2 through 6 years: after 3 years
		Persons aged 7 years or older: after 5 years§
<p>Abbreviation: HIV = human immunodeficiency virus. * Such as C5--C9, properidin, or factor D. † Microbiologists routinely working with <i>Neisseria meningitidis</i> and travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic. § If the person remains at increased risk.</p> <p>NOTE: This table has been edited limited to ages 2 through 18 years of age by the North Carolina Immunization Branch. For the recommendations for individuals ages 19 and above, please review the full ACIP Recommendations at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e%0d%0a.</p>		