



MEMO

TO: Prevention Partnership Providers and
Local Public Health Units

FROM: Molly Sander, MPH
Immunization Program Manager

RE: Updated ACIP Recommendations for the Use of Meningococcal
Conjugate Vaccines

DATE: February 1, 2011

On October 27, 2010, the Advisory Committee on Immunization Practices (ACIP) met and approved updated recommendations for the use of meningococcal conjugate vaccine (MCV4). The new recommendations are published in the Morbidity and Mortality Weekly Report (MMWR) at: www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e&source=govdelivery.

The new recommendations are as follows:

Routine vaccination of people 11 – 12 years of age:

ACIP recommends routine vaccination with MCV at age 11 or 12 years, with a booster dose at age 16 years. After a booster dose of meningococcal conjugate vaccine, antibody titers are higher than after the first dose and are expected to protect adolescents through the period of increased risk through age 21 years. **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 of increased risk. The minimum interval between doses of meningococcal conjugate vaccine is 8 weeks. People who receive their first dose of meningococcal conjugate vaccine at or after age 16 do not need a booster dose.** Routine vaccination of healthy people who are not at increased risk for exposure to *Neisseria meningitidis* is not recommended after age 21 years.

Recommendation for people ages 2 through 54 with reduced immune response:

Data indicate that the immune response to a single dose of MCV4 is not sufficient in people with certain medical conditions. **People with persistent complement component deficiencies (e.g., C5--C9, properdin, factor H or factor D) or asplenia should receive a 2-dose primary series administered 2 months apart and then receive a booster dose every 5 years. Adolescents ages 11 through 18 with HIV infection should be routinely vaccinated with a 2-dose primary series.**

Other people with HIV who are vaccinated should receive a 2-dose primary series administered 2 months apart. People with complement component deficiency, asplenia, or HIV infection who have previously received a dose of MCV4 should receive their booster dose at the earliest opportunity. **All other people at increased risk for meningococcal disease (e.g., microbiologists or travelers to an epidemic or highly endemic country) should receive a single dose.**

Providers may immediately begin implementing the new MCV4 ACIP recommendations using state-supplied MCV4. The North Dakota Department of Health (NDDoH) supplies MCV4 for Vaccines for Children (VFC) eligible children (Medicaid, American Indian, uninsured and underinsured). The NDDoH also supplies MCV4 to local public health units for administration to all children for the middle school requirement. All providers may administer state-supplied MCV4 to high school seniors and college freshman, including those with insurance. For more information about state-supplied vaccines and who they may be administered to, please visit: www.ndhealth.gov/Immunize/Documents/Providers/Forms/Vaccine%20Coverage%2001-2011.pdf.

MCV4 is required for all students entering middle schools in North Dakota. The NDDoH is currently exploring the possibility of requiring MCV4 for college entry. More information about this will be available in the near future.

The forecaster in the North Dakota Immunization Information System (NDIIS) will be updated in the near future to reflect the new MCV4 recommendations.

Please feel free to contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.