STANDING ORDERS FOR
Administering Meningococcal B Vaccine to Adolescents and Adults

Purpose

To reduce morbidity and mortality from serogroup B meningococcal disease by vaccinating all adolescents and adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adolescents and adults who meet any of the criteria below.

Procedure

1 Assess adolescents and adults for need of vaccination against meningococcal serogroup B disease according to the following criteria:

- Age 16 through 23 years who desire to be vaccinated. The ACIP-preferred age is 16 through 18 years.
- Age 10 years and older, including all adults, with
  - Diagnosis of persistent complement component deficiency (e.g., inherited chronic deficiencies in C3, C5–C9, properdin, factor D and factor H) or taking eculizumab (Soliris)
  - Diagnosis of anatomic or functional asplenia (including sickle cell disease)
  - Risk of potential exposure due to an outbreak attributable to serogroup B
  - Microbiologists routinely exposed to isolates of *Neisseria meningitidis*

2 Screen for contraindications and precautions

Contraindication – Do not give meningococcal B vaccine to an adolescent or adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of meningococcal B vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution – Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
10 years	22–25	⅝*–1" 1–1¼"	Deltoid muscle of arm** Anterolateral thigh muscle
11–18 years	22–25	⅝*–1" 1–1½"	Deltoid muscle of arm** Anterolateral thigh muscle
Age 19–23 years			
• Female or male less than 130 lbs	22–25	⅝*–1"	Deltoid muscle of arm
• Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
• Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
• Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
• Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
• Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A ⅝" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.
**Preferred site.

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Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota ▪ 651-647-9009 ▪ www.immunize.org ▪ www.vaccineinformation.org
www.immunize.org/catg.d/p3095.pdf ▪ Item #P3095 (10/17)

5 Administer MenB vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following table:

Type of vaccine	Age group	Dose	Schedule
Bexsero[1] (MenB-4c, GlaxoSmithKline)	10 years and older	0.5 mL	Two doses, 4 weeks apart[2,3]
Trumenba[1] (MenB-FHbp, Pfizer)	10 years and older	0.5 mL	Two doses at 0 and 6 months[2,4]
			Three doses at 0, 1–2, and 6 months[3]

Notes:

1. The two brands of MenB vaccine are not interchangeable. The series must be started and completed with the same brand of vaccine.
2. The 2-dose schedules of either Bexsero or Trumenba may be used in healthy adolescents and young adults.
3. Either the 2-dose schedule of Bexsero or the 3-dose schedule of Trumenba should be given to adolescents and young adults at increased risk for meningococcal serogroup B disease (e.g., those with persistent complement component deficiencies, anatomical or functional asplenia, microbiologists, or during serogroup B outbreaks).
4. If Dose #2 of the 2-dose Trumenba series is administered earlier than 6 months after Dose #1, a third dose should be administered at least 4 months after Dose #2.

6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For IAC's "Medical Management of Vaccine Reactions in Children and Teens," go to www.immunize.org/catg.d/p3082a.pdf. For "Medical Management of Vaccine Reactions in Adult Patients," go to www.immunize.org/catg.d/p.3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____
NAME OF PRACTICE OR CLINIC

until rescinded or until _____.
DATE

Medical Director's signature _____ Signature date _____ Effective date _____