

# Meningococcal B Vaccine Standing Orders Template Now Updated!

Use this 2-page MenB standing orders template to streamline vaccination of adolescents and young adults in your practice setting.

## Standing Orders for Administering Meningococcal B Vaccine to Adolescents and Adults (continued)

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

TYPE OF VACCINE	AGE GROUP	DOSE	SCHEDULE
Bexsero <sup>1</sup> (MenB-4c, GlaxoSmithKline)	10 years and older	0.5 mL	Two doses, 4 weeks apart <sup>2,3</sup>
Trumenba <sup>1</sup> (MenB-FHbp, Pfizer)	10 years and older	0.5 mL	Two doses at 0 and 6 months <sup>2</sup> Three doses at 0, 1–2, and 6 months <sup>3</sup>

### Notes:

- The two brands of MenB vaccine are not interchangeable. Do not administer the same brand of vaccine.
- The 2-dose schedules of either Bexsero or Trumenba are preferred.
- Either the 2-dose schedule of Bexsero or the 3-dose schedule of Trumenba is preferred for young adults at increased risk for meningococcal disease due to complement deficiencies, anatomical or functional asplenia, or other conditions.

## 6 Document Vaccination

Document each patient's vaccine administration in the medical record. **Medical record:** Record the date the vaccine was administered, the site and route, and the name and title of the person administering the vaccine. If the vaccine was not administered, record the reason (e.g., patient refusal).

**Personal immunization record card:** Record the date of vaccination in the **Immunization Information System (IIS)** or "registry" if available.

## 7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency. If an emergency medical protocol is available, as well as "Vaccine Reactions in Children and Teens," go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/2013-01-01-Vaccine-Reactions-in-Children-and-Teens.pdf](#). If an emergency medical protocol is not available, go to "Vaccine Reactions in Adult Patients," go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/2013-01-01-Vaccine-Reactions-in-Adult-Patients.pdf](#).

## 8 Report Adverse Events to VAERS

Report all adverse events following the administration of the vaccine to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](#) or call 822-7967.

## Standing Orders Authorization

This policy and procedure shall remain in effect from \_\_\_\_\_ until rescinded or until \_\_\_\_\_, DATE.  
Medical Director's signature \_\_\_\_\_

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Standing orders for other vaccines are available at [www.immunize.org/standing-orders](#). NOTE: This standing orders template may be adapted per a practice's discretion without obtaining permission from IAC. As a courtesy, please acknowledge IAC as its source.

## 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:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8"–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 5/8" 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.

CONTINUED ON THE NEXT PAGE ►

Technical content reviewed by the Centers for Disease Control and Prevention

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