



# MENINGOCOCCAL SEROGROUP B VACCINATION TIPS FOR PROVIDERS

Two vaccines are available in the United States to help protect against meningococcal disease caused by serogroup B (“MenB” for short), Trumenba® (Pfizer) and Bexsero® (GlaxoSmithKline). These vaccines are licensed by the FDA for 10-25 years of age. MenB vaccines do not help prevent meningococcal disease caused by serogroups A, C, W, or Y; separate vaccines are routinely recommended to prevent disease caused by these serogroups.

The Advisory Committee of Immunization Practice (ACIP) currently recommends routine use of MenB vaccines among persons aged  $\geq 10$  years who are at increased risk for serogroup B meningococcal disease. This includes:

- Persons who have persistent complement component deficiencies including people taking eculizumab (Soliris®) or revulizumab (Ultomiris®)
- Persons who have anatomic or functional asplenia
- Microbiologists who routinely are exposed to isolates of *Neisseria meningitidis*
- Persons identified to be at increased risk because of a serogroup B meningococcal disease outbreak

Adolescents and young adults aged 16-23 years may also be vaccinated with MenB vaccines to provide short-term protection against most strains of serogroup B meningococcal disease utilizing shared clinical decision making, preferably at ages 16-18 years.



## SHARED CLINICAL DECISION MAKING

“Shared Clinical Decision Making” was formally known as a “Category B” or “permissive” recommendation from the ACIP. Other vaccines with this similar recommendation include HPV for adults aged 27-45 years and PCV13 vaccine for adults  $\geq 65$  years.

These recommendations are used in the context of a clinician-patient conversation to determine if vaccination may be appropriate for that patient.

**It is important to understand that a shared clinical decision-making recommendation is still a recommendation;** as opposed to a non-recommendation, meaning silence or dismissiveness on the topic. Shared clinical decision making cannot occur if a patient does not know about the vaccine and disease. Therefore, it is important to discuss the vaccine and disease with patients and determine if vaccination is right for that patient.



## TALKING POINTS TO CONSIDER

- Meningococcal disease can be devastating and often-and unexpectedly-strikes otherwise healthy people. Although meningococcal disease is uncommon, teens and young adults 16 through 23 years old are at increased risk.
- Meningococcal bacteria can cause severe, even deadly infections like meningitis (an infection of the lining of the brain and spinal cord) and bacteremia (bloodstream infections).
- About 1 in 5 people who survive their meningococcal infection have permanent disabilities.
- For protection against all 5 serogroups of meningococcal disease, it is necessary to receive MenACWY and MenB vaccines.
- MenB vaccines are safe and provide protection, but that protection decreases fairly quickly (1-2 years) after vaccination.
- MenB vaccine can be given at the same time as MenACWY and other recommended immunizations such as HPV and influenza.



## AFFORDING MEN B VACCINATION

Section 2713 of the Public Health Service Act requires non-grandfathered commercial health plans and state Medicaid expansion programs to cover all ACIP recommended vaccines with no out-of-pocket costs if an in-network healthcare provider administers the vaccine. Patients should check with their insurance provider for details on whether there is any cost to them for this vaccine. The Vaccines for Children (VFC) program covers MenB vaccination in eligible patients 18 years of age and younger.

