

## Meningococcal Vaccine Provider FAQs

### Who should receive meningococcal vaccine as part of the response to the current outbreak?

Quadrivalent meningococcal vaccine should be administered to the following New York City residents:

1. HIV-infected men who have sex with men (MSM)
2. MSM, regardless of HIV status, who regularly have close or intimate contact with other men met either through an online website, digital application (“app”), or at a bar or party

### What meningococcal vaccines are available?

There are three licensed quadrivalent meningococcal vaccines for adults. These three vaccines protect against four serotypes of *N. meningitides* (A, C, W135, and Y), see table below. Serotype B is included in separate vaccines, Trumemba® (Pfizer) and Bexsero® (Novartis). Serogroup B vaccines are currently only recommended for certain high-risk individuals. A combination vaccine called MenHibrix® (GlaxoSmithKline) contains protection against *N. meningitides* serogroups C and Y and *Haemophilus influenzae* type b and is only recommended in certain high-risk infants.

**Table:** Quadrivalent Meningococcal Vaccines Licensed in the United States for Use in Adults

Vaccine (manufacturer)	Type of Vaccine	Licensed Age Group	Dose	Route of Administration
Menactra (Sanofi)	conjugate vaccine	9 months – 55 years	0.5 ml	IM
Menveo (Novartis)	conjugate vaccine	2 – 55 years	0.5 ml	IM
Menomune (Sanofi)	polysaccharide	≥ 2 years	0.5 ml	SC

IM = intramuscular, SC = subcutaneous

### Which vaccine should I use to vaccinate patients meeting the outbreak criteria?

For adults 55 years of age and younger, meningococcal conjugate vaccines (MCV4) should be used, rather than the polysaccharide vaccine (MPSV4). For patients 56 years of age and older, MPSV4 should be used. If MPSV4 is unavailable, health care providers may consider administering MCV4 off-label to individuals 56 years and older.

### How many doses of vaccine should be administered?

HIV-infected patients should receive two doses of MCV4; the second dose should ideally be administered eight weeks after the first dose but no less than six weeks. In addition, patients with other conditions that put them at increased risk for invasive meningococcal disease, including anatomic or functional asplenia (i.e.– sickle cell disease) or persistent complement component deficiencies, should also receive two doses of vaccine, administered at least 8 weeks apart. Patients who are not HIV+, or who do not have one of the aforementioned co-morbidities, only require one dose. Only one dose is needed for any patient who receives MPSV4.

### My patient previously had a dose of meningococcal conjugate vaccine (MCV4) should they be revaccinated?

Because of concern about waning immunity to meningococcal disease over time, providers should consider revaccinating patients at increased risk of disease if 5 or more years have passed

since the patient's last vaccination.

HIV-infected patients who receive meningococcal vaccine are recommended to receive a second dose of vaccine 8 weeks later, but no less than 6 weeks after the first dose. If more than 8 weeks have elapsed since administration of the first dose, regardless of how long it has been, the first dose of vaccine does not need to be repeated – just administer the second dose to complete the 2-dose series. HIV-infected patients at high risk for disease, who previously received 2 doses of MCV4, can receive another dose now, if 5 or more years have passed since their last dose.

**If my patient previously had a dose of meningococcal polysaccharide vaccine (MPSV4), should they be revaccinated?**

If at least 5 years have elapsed, the patient should be revaccinated with 1 dose of MCV4 or 1 dose of MPSV4 if they are 56 years of age or older.

**If my patient reports previously receiving a meningococcal vaccine but doesn't know what type, what should I do?**

You should only accept a history of previous vaccine doses that are documented, not a verbal history. See below for suggestions about how to obtain a previous vaccination record. If you are unable to confirm the vaccination history, discount the prior history and administer vaccine as per the recommendations. If you are able to confirm the patient's vaccination history, but are unable to determine the vaccine type, administer a dose of MCV4 at least 8 weeks later but no less than 6 weeks after the previous dose in HIV-infected patients only.

**My patient is older than 56 years of age, and I only have MCV4 on hand, what should I do?**

You may consider administering MCV4 off-label. There is no special vaccine administration considerations related to age.

**Is it possible to obtain my patient's previous vaccination history?**

Providers and/or patients may check the Citywide Immunization Registry (CIR), either online (you need an established account or e-mail [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov)) or via telephone (347-396-2400), to obtain vaccination records. Vaccinations given to patients prior to the age of 19 years can be found in the CIR. Vaccinations given to some adults may also be listed in the registry as well. If a patient's vaccination history cannot be determined from the CIR, the patient should try to obtain their prior vaccination records, either from school or from their former healthcare provider. If records cannot be obtained, the healthcare provider should assume the patient has not been vaccinated previously, and restart the series. Verbal accounts of vaccination should not be accepted.

**Will patients receiving meningococcal vaccine as part of this outbreak response, need a booster dose in 5 years?**

Booster doses should only be given to persons at continued risk of invasive meningococcal disease. At the current time, DOHMH is not recommending that patients routinely receive booster doses in the future. If these recommendations should change as a result of additional data, DOHMH will send out updated guidance.

### **What are the contraindications to administering meningococcal vaccine?**

Contraindications to meningococcal vaccine include a severe allergic (anaphylactic) reaction either to a vaccine component or to a prior dose of either vaccine. Patients with a minor illness do not need to defer vaccination; persons with more severe illness, however, may wish to defer until they are healthier.

### **What are the common side effects of meningococcal vaccines?**

Side effects of MCV4 and MPSV4 vaccines are similar. The most common reported side effect is a local reaction at the injection site which is reported in up to 59% of recipients. Fever ( $\geq 100$  degrees Fahrenheit) within 7 days of vaccination is reported in up to 5% of recipients. Systemic reactions, such as headache and malaise, are reported in anywhere from 3% to 60% of recipients within 7 days of vaccination. Less than 3% of recipients reported these systemic reactions as severe.

### **If my patient has an adverse event to the vaccine, should this be reported to the Health Department?**

You may report adverse events directly through the Citywide Immunization Registry's Online Registry ([www.nyc.gov/health/cir](http://www.nyc.gov/health/cir)). Alternatively, you can report directly to the Vaccine Adverse Event Reporting System (VAERS) on-line, via fax or mail (<http://vaers.hhs.gov/esub/index>). You can contact the Health Department at 347-396-2400 for questions regarding adverse event reporting.

### **What resources are available to help me offer meningococcal vaccine in my facility?**

Available vaccine resources include a patient screening consent form in English and Spanish, a Menveo Dosing and Administration video and Vaccine Information Statements (VIS) on the DOHMH website at <http://www.nyc.gov/html/doh/html/diseases/meningitis-provider.shtml>. Vaccine Information Statements are also available in 21 languages at [www.immunize.org/vis/vis\\_meningococcal.asp](http://www.immunize.org/vis/vis_meningococcal.asp).

Detailed information about meningococcal vaccine is available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>  
<http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html>  
<http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>

### **How is the Health Department tracking uptake of meningococcal vaccine?**

To assist DOHMH with monitoring the meningococcal vaccination program, facilities should report administered vaccine doses to the CIR. Whereas reporting of immunizations given to persons 18 years of age and younger is mandatory, facilities must obtain verbal patient consent to use the CIR for persons 19 and older. To report to CIR, a facility must be registered and obtain a facility code; call 347-396-2489 to register a facility. Sample consent forms are available in English and Spanish at: [http://www.nyc.gov/html/doh/downloads/pdf/cir/consent103mr\\_1.pdf](http://www.nyc.gov/html/doh/downloads/pdf/cir/consent103mr_1.pdf)  
[http://www.nyc.gov/html/doh/downloads/pdf/cir/consent103mr\\_1-sp.pdf](http://www.nyc.gov/html/doh/downloads/pdf/cir/consent103mr_1-sp.pdf).

### **Where can I purchase meningococcal vaccine?**

Vaccines may be ordered directly from the manufacturers. For information on ordering vaccines from Novartis, go to <https://www.novartisvaccinesdirect.com>. For information on ordering vaccine from Sanofi Pasteur, call 1-800-822-2463 or go to [www.vaccineshoppe.com](http://www.vaccineshoppe.com).



**I do not currently stock meningococcal vaccine. Can I just write a prescription for my patient to pick it up at a local pharmacy?**

Quadrivalent meningococcal vaccine is available at many commercial pharmacies in New York City. You can visit the DOHMH Site Locator for pharmacies that offer meningococcal vaccine, here: <https://a816-healthpsi.nyc.gov/DispensingSiteLocator/mainView.do>. It is available without a prescription, although providers may choose to write one for their patients. We still encourage providers to administer all recommended vaccines to your patients. If you do not currently stock meningococcal vaccine in your office, you can readily purchase it from the manufacturers, listed above.

**Is meningococcal vaccine covered by insurance?**

Meningococcal vaccination is a covered service for Medicaid and the AIDS Drug Assistance Program (ADAP/ADAP Plus). Commercial insurers vary in their requirements; some plans may require pre-authorization for vaccination. Please check with commercial insurers directly by calling the company or the prescription plan specified on the member's health insurance identification card. With proper authorization, some pharmacy plans will send the vaccine directly to the doctor's office. Please remember that, if the plan's medication coverage guidelines are not followed, reimbursement will be denied.

**How do I bill for meningococcal vaccine?**

Providers should bill for vaccine and administration in the same way that they bill for other vaccination services. For further information on reimbursement procedures, including relevant codes please see the billing information on the IMD "Information for Healthcare Providers" page: <http://www.nyc.gov/html/doh/html/diseases/meningitis-provider.shtml>.