Dear New York City Vaccines for Children Provider,

Hib-MenCY-TT (MenHibrix®, GlaxoSmithKline) is now available to order through the New York City Vaccines for Children (VFC) program, though in very limited quantities.

Hib-MenCY-TT is indicated for use only in infants 6 weeks through 18 months of age with recognized persistent complement pathway deficiencies and infants who have anatomic or functional asplenia, including sickle cell disease. Hib-MenCY-TT is given as a 4-dose series at 2, 4, 6 and 12-15 months of age. If the first dose of Hib-MenCY-TT is given after 12 months of age, 2 doses should be given at least 8 weeks apart. Hib-MenCY-TT can be co-administered with other pediatric vaccines with the exception of Hib-containing vaccines. There is no recommendation for routine vaccination of healthy infants with meningococcal vaccine. Additionally, Hib-MenCY-TT can be used for infants who live in communities with serogroups C and Y meningococcal disease outbreaks. It is not adequate for infants traveling to the Hajj or the “meningitis belt” of sub-Saharan Africa since it protects only against serogroups C and Y; children traveling to these areas should receive one of the quadrivalent meningococcal conjugate vaccines, MenACWY-D (Menactra®, Sanofi), which is licensed down to 9 months and given as a 2-dose series, with a dosing interval of 12 weeks, or MenACWY-CRM (Menevo®, Novartis), which is licensed down to 2 months and is given as a 4-dose series, at 2, 4, 6 and 12-15 months of age. Children initiating vaccination at 7 through 23 months with MenACWY-CRM should receive a 2-dose series with the second dose given at least 3 months after the first dose.

The Advisory Committee on Immunization Practices states no preference for licensed conjugate meningococcal formulations with the following exceptions: first, as previously mentioned, Hib-MenCY-TT is not recommended for infants who are traveling to the meningitis belt or the Hajj; and second, MenACWY-D should not be administered to infants 9-23 months of age with functional or anatomic asplenia to avoid interference with the immunologic response to pneumococcal conjugate vaccine (PCV13). If these children have not completed the PCV13 series by 2 years, any additional doses of PCV13 should be separated from MenACWY-D by at least 4 weeks.

Additional details regarding Hib-MenCY-TT can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6203a3.htm. Detailed recommendations on the use of meningococcal vaccines can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

Thank you for helping to protect New York City residents from vaccine-preventable diseases.

Sincerely,

Jane R. Zucker, MD, MSc