

# Focus on MenB

Pharmacists Helping to Protect Patients and Communities From Serogroup B Meningococcal Disease

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This resource is designed to support pharmacists' consultations with patients, caregivers, and communities about serogroup B meningococcal (MenB) vaccinations. It provides information for pharmacists to consider when assessing, recommending, administering, and documenting MenB vaccination.

## Assess Need for MenB Vaccine

In the United States, 3 serogroups of *Neisseria meningitidis*—serogroups B, C, and Y—cause most cases of invasive meningococcal disease.<sup>1</sup> Before 2014, the available meningococcal vaccines only covered serogroups A, C, W, and Y.<sup>1,2</sup> The U.S. Food and Drug Administration has licensed 2 MenB vaccines since 2014.<sup>2</sup>

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### Who Should Receive MenB Vaccine?

According to the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), certain persons 10 years of age or older who are at increased risk for meningococcal disease **should** receive MenB vaccine (Category A recommendation)<sup>2</sup>:

- Persons with persistent complement component deficiencies. This includes persons with inherited or chronic deficiencies in C3, C5-9, properdin, factor D, or factor H, as well as persons treated with eculizumab (Soliris).
- Persons with anatomic or functional asplenia (including sickle cell disease).
- Microbiologists routinely exposed to isolates of *N. meningitidis*.
- Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak.

Both MenB vaccines are licensed for use in persons 10 to 25 years of age.

MenB vaccine also **may be considered** for administration to adolescents and young adults 16 to 23 years of age to provide short-term protection against most strains of serogroup B meningococcal disease (Category B recommendation); 16 to 18 years are the preferred ages for MenB vaccination to maximize the likelihood of maintaining protection into the highest age-related risk period.<sup>3</sup>

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### Who Should *Not* Receive MenB Vaccine?

Pharmacists should consult the vaccine package insert for product-specific contraindications, warnings, and precautions.

No randomized controlled clinical trials have been conducted to evaluate use of MenB vaccines in pregnant or lactating women.<sup>3</sup> Vaccination should be deferred unless the woman is at increased risk and, after consultation with her healthcare provider, the benefits of vaccination are considered to outweigh the potential risks.<sup>3</sup>

MenB vaccines are not licensed for children younger than 10 years of age and are not currently recommended for children 2 months to 9 years of age who are at increased risk for meningococcal disease.<sup>2</sup> MenB vaccines are not licensed for adults over 25 years of age.

## Recommend MenB Vaccine

### Why Should Patients Receive MenB Vaccine?

Although meningococcal disease is uncommon, it is serious. Meningococcal disease can progress rapidly and unexpectedly in otherwise healthy people.<sup>4</sup> Each case can be life-threatening: the overall fatality rate is 10% to 15%, even with appropriate antibiotic therapy.<sup>1</sup> From 11% to 19% of survivors have permanent, long-term sequelae, including neurologic damage, loss of a limb or digit, and hearing loss.<sup>1</sup>

The CDC states that keeping up-to-date with recommended vaccines is the best defense against meningococcal disease.<sup>5</sup> However, vaccination may not protect all recipients.

### What Is the Risk of MenB Vaccination?

Common adverse reactions to MenB vaccination include<sup>6</sup>:

- Pain, erythema, or swelling at the injection site.
- Fatigue.
- Headache.
- Muscle or joint pain.
- Fever or chills.
- Nausea or diarrhea.

No concerning patterns of serious adverse events have been reported for MenB vaccines.<sup>3</sup>

## Administer MenB Vaccine

Either of the commercially available MenB vaccines can be used when indicated.<sup>7</sup> Because the vaccines consist of novel protein or lipoprotein antigens, they are not interchangeable; **the same vaccine product must be used for all doses in a series.**<sup>4,7</sup> The minimum interval between any 2 doses of MenB vaccine is 4 weeks.<sup>7</sup>

If doses of both vaccines have been administered to the same patient, it is important to ensure that the patient receives a complete series of **one** of the vaccines (doses of the other vaccine should be ignored).<sup>1</sup> The next dose of the selected vaccine should be given<sup>1</sup>:

- (1) no sooner than the recommended interval after the previous dose of the same vaccine **and**
- (2) at least 4 weeks after the last (or only) dose of the other vaccine.

As of April 2016, no booster doses of either vaccine are recommended for any group, including those at increased risk.<sup>1</sup> ACIP will continue to consider the need for booster doses as data become available.<sup>7</sup>

## Document MenB Vaccine

Record the type of vaccine used, manufacturer, and lot number; date of administration; vaccination site and route; and name and title of the person administering the vaccine.

Document the publication date of the Vaccine Information Statement and the date it was given to the patient.

Update the patient's personal immunization record card.

Report the vaccination to the appropriate state or local immunization information system (immunization registry).

Send notification to the patient's physician, if known.

As with all immunizations, you should follow best practices for vaccine delivery.



**Report any adverse events to the Vaccine Adverse Event Reporting System online, by fax, or by mail.<sup>2</sup>**

[Learn More](#) →

## Additional Resources

CDC information on meningococcal vaccination [Learn more](#) →

ACIP meningococcal vaccine recommendations [Learn more](#) →

Information on MenB vaccines from the Immunization Action Coalition [Learn more](#) →

## Acknowledgments

APhA gratefully acknowledges the financial support of GSK for development of this resource. The following individuals served as content developers and pharmacy immunization practice advisors:

- Mary S. Hayney, PharmD, MPH, FCCP, BCPS
- Keri Hurley-Kim, PharmD, MPH
- Cynthia Knapp Dlugosz, BSP Pharm

## References

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