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# VACCINE POINTS

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“Vaccine Points” is a bi-monthly communication distributed by the Hawaii Department of Health to all participating Vaccines for Children (VFC) providers.

Question: Which of the following statements, if any, is/are true regarding ACIP recommendations for Meningococcal B (MenB) vaccination?

- a) MenB vaccination is routinely recommended for all adolescents
- b) Booster vaccination is recommended for persons who remain at increased risk for meningococcal disease who have completed a MenB primary series
- c) MenB vaccination should be administered to an 8-year old with functional asplenia
- d) The two MenB vaccines (Bexsero® and Trumenba®) may be used interchangeably
- e) MenB vaccines may be administered simultaneously with other vaccines

Answer: b, e

MenB vaccination is not routinely recommended for all adolescents. ACIP recommends a MenB series for persons aged 16 – 23 years (preferred age 16 – 18 years) on the basis of shared clinical decision-making.

The ACIP recently recommended the administration of booster doses of MenB vaccine for persons at increased risk for serogroup B meningococcal disease. Booster vaccination in persons at increased risk for meningococcal disease is not licensed in the United States and is considered “off-label.”

Although vaccination is indicated for persons at increased risk for meningococcal disease, including persons with functional or anatomic asplenia, the two MenB vaccines are licensed in the U.S. only for persons aged 10 -25 years.

The two U.S. licensed MenB vaccines are not interchangeable. The same vaccine product must be used for all doses, including booster doses. Receiving mismatched MenB vaccine products might result in inadequate protection.

MenB vaccines may be administered simultaneously with other vaccines indicated for this age group, at a different anatomic site.

