# Meningococcal B Vaccine Recommendations by Age and Risk Factor

This document covers MenB vaccine. For information on vaccine that provides protection against meningococcal serogroup A, C, W, and Y disease, see www.immunize.org/catg.d/p2018.pdf.

### Meningococcal Serogroup B Vaccines

- Bexsero (MenB-4C, GSK)
- Trumenba (MenB-FHbp, Pfizer)

The two brands of MenB vaccines are not interchangeable. The series, and booster doses when indicated, must be started and completed with the same brand of vaccine.<sup>1</sup>

## Recommendations for Meningococcal Serogroup B Vaccination (Shared Clinical Decision-Making) for People Who Are Not in a Risk Group

#### WHOM TO VACCINATE

Teens and young adults ages 16 through 23 years based on shared clinical decision-making (those who want to be vaccinated based on the risk and benefits of the vaccine). The preferred age for vaccination is 16 through 18 years.

#### **VACCINATION SCHEDULE**

#### Administer either

- Bexsero: Give 2 doses, 4 weeks apart, or
- Trumenba: Give 2 doses 6 months apart. If dose #2 is administered earlier than 6 months after dose #1, give a third dose at least 4 months after dose #2.

Risk-based Recommendations for Persons with Underlying Medical Conditions or Other Risk Factors		
WHOM TO VACCINATE	PRIMARY SERIES SCHEDULE	BOOSTER DOSE SCHEDULE
For people ages 10 years or older with  • persistent complement component deficiencies, or complement inhibitor use <sup>2</sup> • anatomic or functional asplenia, including sickle cell disease  • prolonged increased risk for exposure (e.g., microbiologists routinely working with Neisseria meningitidis)	Administer either  • Bexsero: Give 2 doses, 4 weeks apart; or  • Trumenba: Give 3 doses on a 0-, 1-2-, and 6-month schedule	<ul> <li>If risk continues:</li> <li>Give first booster dose 1 year after completion of primary series.</li> <li>Give a booster dose every 2-3 years following 1st booster as long as risk continues.</li> </ul>
For people ages 10 years or older who are identified as at risk by public health officials during an outbreak of meningococcal serogroup B disease	<ul> <li>Administer either</li> <li>Bexsero: Give 2 doses, 4 weeks apart; or</li> <li>Trumenba: Give 3 doses on a 0-, 1-2-, and 6-month schedule</li> </ul>	Give a booster dose to any person identified as at risk who has completed a primary series at least 1 year earlier. Note that public health officials may recommend that a booster dose be given as early as 6 months after completion of the primary series. <sup>3</sup>

- 1. The brands of MenB vaccine are not interchangeable. If the brand of MenB vaccine used for the primary series is unknown or unavailable, complete a new primary series with the available brand.
- Persistent complement component deficiencies include inherited or chronic deficiencies in C3, C5-C9, properdin, factor D, and factor H, or taking eculizumab (Soliris) or ravulizumab (Ultomiris).
- 3. In an outbreak, do not delay vaccination if brand of primary vaccine series isunknown. Counsel recipient to verify primary series brand after vaccination. If it is different or unknown, the patient should return in 4 weeks for a booster dose of the original brand or to complete the new primary series for optimal protection.



