Standing Orders for Administering Meningococcal Vaccine to Children & Teens

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet any of the criteria below.

Procedure
1. Identify children and teens in need of vaccination against meningococcal disease based on any of the following criteria:
   a. Age 11 through 18 years and unvaccinated or, for those age 16 years or older, last vaccinated when younger than age 16 years
   b. Anticipated first-year college student living in a residence hall and either unvaccinated or last vaccinated when younger than age 16 years (for college students ages 19 and older, see meningococcal vaccine standing orders for adults)
   c. Age 2 months and older with diagnosis of persistent complement component deficiency (an immune system disorder) or diagnosis of anatomic or functional asplenia (including sickle-cell disease); or children who are part of an outbreak attributable to a vaccine serogroup
   d. Age 9 months and older with anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of sub-Saharan Africa), particularly if contact with the local population will be prolonged
   e. Military recruits
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
   a. Contraindications: a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturer’s package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. Precaution: moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide routine vaccination as follows: For children and teens age 11 through 12 years, give 1 dose with a booster dose at age 16 years. For teens age 13 through 18 years who have not previously received meningococcal vaccine, give 1 dose and a booster at age 16 through 18 years if previous dose was given at age 13 through 15 years.
5. Provide vaccination to children and teens with risk factors according to guidance on page 2 (“Meningococcal Vaccination Recommendations by Age and/or Risk Factor”).
6. Administer 0.5 mL of age-appropriate vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children and teens age 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child’s age and body mass: infants younger than age 12 mos: 1”; toddlers 1–2 yrs: 1–1¼” (anterolateral thigh) or ¾”–1” (deltoid muscle); children age 3 yrs and older: ½”–1” (deltoid) or 1–1½” (anterolateral thigh). A ½” needle may be used in toddlers and children if inserted in the deltoid muscle at 90-degree angle to the skin, which should be stretched flat between thumb and forefinger. If the person age 2 or older has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, meningococcal polysaccharide vaccine (MPSV4: Menomune) is an acceptable alternative, although it must be given subcutaneously. Administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, ½” needle) in the posterolateral fat of the upper arm (in children, the anterolateral fat of the thigh may also be used).
7. Document each patient’s vaccine administration information and follow up in the following places:
   a. Medical chart: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the ________________________________ (name of practice or clinic) until rescinded or until ________________________________ (date).

Medical Director’s signature: ________________________________

Effective date: ________________

For standing orders for other vaccines, go to www.immunize.org/standing-orders
# Meningococcal Vaccination Recommendations

This table summarizes the recommendations of CDC’s Advisory Committee on Immunization Practices for the use of meningococcal vaccine.

**Targeted group by age and/or risk factor**

| People ages 11 through 18 years | Give 1 dose of MCV4, preferably at age 11 or 12 years\(^1\) | Give booster at age 16 years if primary dose given at age 12 years or younger |
| People ages 19 through 21 years who are first year college students living in residence halls | Give 1 dose of MCV4\(^1\) | Give booster if previous dose given at age younger than 16 years |

**Primary dose(s)**

| People ages 11 through 18 years | Give MCV4-CRM at ages 2, 4, 6 and 12–15 months\(^5\) | If risk continues, give initial booster after 3 years followed by boosters every 5 years |
| People ages 19 through 21 years who are first year college students living in residence halls | Give 2 doses of MCV4, 2 months apart | Boost every 5 years with MCV4\(^8,9\) |

**Booster dose(s)**

| People with persistent complement component deficiencies\(^10\) | Give MCV4 booster after 3 years followed by boosters every 5 years thereafter |
| People with functional or anatomic asplenia, including sickle cell disease | Give MCV4 booster after 3 years followed by boosters every 5 years thereafter |

**Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic,\(^3\)** people present during outbreaks caused by a vaccine serogroup,\(^4\) and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with *Neisseria meningitidis*)

| People ages 11 through 18 years | Give 2 doses, separated by 3 months,\(^6\) of MCV4-CRM (if age 7–23 months)\(^7\) or MCV4-D (if age 9–23 months) | Boost every 5 years with MCV4\(^8,9\) |
| People ages 19 through 21 years who are first year college students living in residence halls | Give 2 doses of MCV4, 2 months apart | Boost every 5 years with MCV4\(^8,11\) |

**People with functional or anatomic asplenia, including sickle cell disease**

| People ages 11 through 18 years | Give MCV4-CRM at ages 2, 4, 6 and 12–15 months | Give MCV4 booster after 3 years followed by boosters every 5 years thereafter |
| People ages 19 through 21 years who are first year college students living in residence halls | Give 2 doses of MCV4-CRM, 3 months apart | Boost every 5 years with MCV4\(^8,11\) |

**Footnotes**

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of MCV4 is 8 weeks.
3. Prior receipt of Hib-MenCY is not sufficient for children traveling to the Hajj or African meningitis belt as it doesn’t provide protection against serogroup A or W.
4. Seek advice of local public health authorities to determine if vaccination is recommended.
5. If the person received a 1-dose primary series, give booster at the earliest opportunity, then boost every 5 years.
6. Persistent complement component deficiencies include C3, C5–C9, properdin, factor H, and factor D.
7. If using MCV4-CRM, dose 2 should be given no younger than age 12 months.
8. If primary dose(s) given when younger than age 7 years, give initial booster after 3 years, followed by boosters every 5 years.
9. Booster doses are recommended if the person remains at increased risk.
10. People present during outbreaks caused by serogroups C or Y may be given an age-appropriate series of Hib-MenCY.
11. booster after 3 years followed by boosters every 5 years thereafter.
12. Children with functional or anatomic asplenia should complete an age-appropriate series of PCV13 vaccine before vaccination with MCV4-D; MCV4-D should be given at least 4 weeks following last dose of PCV13, if age 9–23 months.

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