Meningococcal B Vaccine: 

CDC Answers Your Questions

Experts from the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention answer your questions about meningococcal serogroup B (MenB) vaccine.

Which meningococcal vaccines are available in the United States?

Since 2005, two types of meningococcal vaccines have been available in the United States that protect against meningococcal serogroups A, C, W, and Y: 1) meningococcal polysaccharide vaccine (MPSV4, Menomune, Sanofi Pasteur) which is made up of polysaccharide (sugar molecules) from the surface of the meningococcal bacteria; and 2) meningococcal conjugate vaccines (MenACWY, Menactra, Sanofi Pasteur; Menevax, GSK) in which the polysaccharide is chemically bonded (“conjugated”) to a protein to produce better protection.

More recently, two vaccines have become available that offer protection from meningococcal serogroup B disease (MenB, Bexsero, GSK; Trumenba, Pfizer). These vaccines are composed of proteins also found on the surface of the bacteria. Both MenB vaccines are approved by the Food and Drug Administration for use in persons 10 through 25 years of age.

MPSV4 and MenACWY provide no protection against serogroup B disease. MenB vaccines provide no protection against serogroup A, C, W, or Y disease. For protection against all 5 serogroups of meningococcus, it is necessary to receive MenACWY or MPSV4 and MenB.

Which individuals are recommended to be vaccinated against meningococcal serogroup B disease who are not in risk groups?

ACIP recommends that a MenB vaccine series may be administered to people 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years. This Category B recommendation gives clinicians an opportunity to discuss the value of MenB vaccination with their patients to make a decision together about the individual’s need or desire for the vaccine based on risks, benefits, and wish for protection from the disease. Because it is a Category B recommendation, MenB vaccination is covered by the Vaccines for Children Program for anyone who is eligible. Under the Affordable Care Act, private insurance must also cover the costs of both Category A and B recommended vaccines.

What is the context of a clinician-patient interaction, vaccination may be found to be appropriate for a person as noted above for MenB vaccination of healthy adolescents.

Does the Affordable Care Act (ACA) require health plans (non-grandfathered) to provide benefit coverage on Category B recommended vaccines?

Yes. ACA requires coverage of vaccines with both Category A and B recommendations. The Vaccines for Children Program also includes vaccines with a Category A and B recommendations.

Should college students be vaccinated against meningococcal B disease?

Although several small meningococcal serogroup B disease outbreaks have occurred on college campuses since 2013, college students in general are not at higher risk of meningococcal B disease than persons of the same age who are not college students. Consequently, ACIP does not routinely recommend MenB vaccination for college students. However, college students may choose to receive MenB vaccine to reduce their risk of serogroup B meningococcal disease.

Should international travelers receive both meningococcal conjugate vaccine and meningococcal serogroup B vaccine?

Travelers are not considered to be a group at increased risk for serogroup B meningococcal disease and are not recommended to receive serogroup B vaccine. Meningococcal conjugate vaccine (MenACWY) continues to be recommended for certain international travelers (residents of and travelers to sub-Saharan Africa and the Hajj in Saudi Arabia).

What is the schedule for administering MenB vaccine?

Bexsero is a 2-dose series with dose #2 given at least 1 month after dose #1. Trumenba is either a 2-dose series with doses administra...
tered at least 6 months apart or a 3-dose series with dose #2 and dose #3 administered 2 and 6 months after dose #1. The ACIP recommends that persons at increased risk of meningococcal serogroup B disease (complement component deficiency, functional or anatomic asplenia, at risk during an outbreak of meningococcal B disease and microbiologists) receive either the 2-dose Bexsero series or the 3-dose Trumenba series. Persons not at increased risk (such as healthy adolescents and young adults) can receive either the 2-dose Bexsero series or the 2-dose Trumenba series.

What is the least amount of time allowable between doses (minimum intervals) when administering either of the MenB vaccines?

Neither ACIP nor the CDC meningococcal subject matter experts have addressed this issue. So we must assume that the routinely recommended intervals are also the minimum intervals (see previous question). It is important to use these intervals when scheduling doses. However, if these intervals are violated, CDC recommends that the dose can be counted and does not need to be repeated.

Can the MenB series be completed with a different MenB brand from the one the series was begun with?

No. You may not switch MenB vaccines in order to complete a series. The series must be started and completed with the same MenB brand.

I have a patient who was given Trumenba in August. Two months later she was given a dose of Bexsero. How should I proceed with her MenB vaccination series? We stock both Bexsero and Trumenba.

Yes. Meningococcal conjugate and MenB vaccines can be given at the same visit or at any time before or after the other.

Which groups of patients should receive a booster dose of MenB vaccine after completion of the series?

ACIP does not currently recommend booster doses of MenB vaccine for any group.

By what route should meningococcal B vaccines be administered?

MenB vaccines are given by the intramuscular route.

What are the contraindications and precautions to MenB vaccine?

As with all vaccines, a severe allergic reaction to a vaccine component or a reaction following a prior dose is a contraindication to subsequent doses. The tip caps of the Bexsero pre-filled syringes contain natural rubber latex which may cause allergic reactions in latex-sensitive individuals. The only precaution for administering MenB vaccine is the presence of a moderate or severe acute illness. Vaccination should be deferred until the illness improves.

What adverse reactions have been reported after MenB vaccine?

For both MenB vaccines the most common adverse reactions observed in clinical trials were local reactions, including pain at the injection site (83%–85%), erythema and swelling.

How should MenB vaccines be stored?

MenB vaccines should be stored refrigerated at 36°F to 46°F (2°C to 8°C). Do not freeze the vaccines. Discard any vaccine that has been exposed to freezing temperature. Protect the vaccine from light.

REFERENCES

CDC. Use of Serogroup B Meningococcal Vaccines in Persons Aged ≥10 Years at Increased Risk for Serogroup B Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices, 2015. MMWR 2016;64(No.22):608-12.

CDC. Use of Serogroup B Meningococcal Vaccines in Adolescents and Young Adults: Recommendations of the Advisory Committee on Immunization Practices, 2015. MMWR 2015;64(No.41):1171-6.