

Meningococcal B Vaccine Recommendations by Age and Risk Factor

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

Meningococcal Serogroup B (MenB) Vaccines

- Bexsero (MenB-4C, GSK)
Note: Penmenvay (MenABCWY, GSK) contains Bexsero as the MenB component
- Trumenba (MenB-FHbp, Pfizer)
Note: Penbraya (MenABCWY, Pfizer) contains Trumenba as the MenB component

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.¹

Recommendations for MenB Vaccination (Shared Clinical Decision-Making) for People Who Are Not in a Risk Group

WHOM TO VACCINATE	VACCINATION SCHEDULE
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.	Administer either Bexsero or Trumenba: Give 2 doses, 6 months apart. If dose #2 is given earlier than 6 months, give a third dose at least 4 months after dose #2. Note: When both MenACWY and MenB are needed at the same visit, the combination MenABCWY may be administered (see note below).

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 <ul style="list-style-type: none"> • persistent complement component deficiencies, or complement inhibitor use² • anatomic or functional asplenia, including sickle cell disease • prolonged increased risk for exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i>) 	Administer a 3-dose series of Bexsero or Trumenba at 0, 1–2, 6 months. If dose #2 is administered at least 6 months after dose #1, dose #3 not needed.	If risk continues: <ul style="list-style-type: none"> • Give first booster dose 1 year after completion of primary series. • Give a booster dose every 2–3 years following 1st booster as long as risk continues.
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	Administer 3 doses of either Bexsero or Trumenba on a 0, 1–2, and 6-month schedule If dose #2 is administered at least 6 months after dose #1, dose #3 not needed.	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. ³

Note: A separate vaccine is needed for protection against meningococcal serogroups A, C, W, and Y disease. Combination MenABCWY vaccines (Penbraya, Pfizer; Penmenvay, GSK) are options for people age 10 years and older when both MenB and MenACWY vaccination is needed. Penbraya should only be used in a MenB series with Trumenba and Penmenvay should only be used in a MenB series with Bexsero.

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.
2. Persistent complement component deficiencies include inherited or chronic deficiencies in C3, C5–C9, properdin, factor D, and factor H, or taking terminal complement component inhibitors, including eculizumab (Soliris), ravulizumab (Ultomiris), and sutimlimab (Enjaymo).
3. In an outbreak, do not delay vaccination if brand of primary vaccine series is unknown. 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 continue the new primary series for optimal protection.

