

## Standing Order for Administering Meningococcal ACWY Vaccine (Adult)

**Purpose:** To reduce morbidity and mortality from meningococcal disease by vaccinating all individuals who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DOD).

**Policy:** Under this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

### Procedure:

1. Identify adults  $\geq 19$  years of age in need of vaccination against meningococcal serogroups A, C, W, and Y based on the following criteria:
  - No documented receipt of a complete routine series of meningococcal ACWY vaccine (MenACWY) at the appropriate ages and intervals.
  - At increased risk due to:
    - Asplenia (anatomic or functional) or sickle cell disease (SCD)
    - HIV infection
    - Men who have sex with men (MSM)
    - Meningococcal outbreaks
    - Microbiologists routinely exposed to *Neisseria meningitidis*
    - Military recruits
    - Persistent (e.g., genetic) complement deficiency or using a complement inhibitor medication
    - Travel to or living in countries where meningococcal disease is hyperendemic or epidemic
    - Unvaccinated or undervaccinated 1st year college students living in residence halls
2. Using [DD Form 3111](#), screen all patients for contraindications and precautions to MenACWY:

### Contraindications:

- History of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a vaccine component
- MenACWY-CRM (Menveo): severe allergic reaction to a diphtheria toxoid- or CRM197-containing vaccine
- MenACWY-TT (MenQuadfi) and MenABCWY (Penbraya): severe allergic reaction to a tetanus toxoid-containing vaccine
- Penbraya: severe allergic reaction to yeast
- For information on vaccine components, refer to the package inserts for [MenQuadfi](#), [Menveo](#), and [Penbraya](#), and [The CDC Pink Book Appendix B](#).

### Precautions:

- Moderate or severe acute illness with or without fever
- For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 312-761-4245.

### Special Populations:

- **Pregnancy and Lactation:** Pregnant and lactating women should receive MenACWY vaccine if indicated.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient’s medical record, 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.

4. Provide MenACWY as follows:

- Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 - 3.
- Off-label ACIP recommendations covered under this standing order:
  - A 2-dose primary series for individuals ≥ 2 years of age at increased risk
  - Administration of Menveo to individuals ≥ 56 years of age
  - Repeated booster doses for individuals who remain at increased risk
- MenACWY vaccines are interchangeable; the same product is recommended, but not required, for all doses (primary and booster).
- Meningococcal B vaccine (MenB) products (monovalent or pentavalent) are not interchangeable; all primary and booster doses must be from the same manufacturer.
- MenACWY and MenB may be administered simultaneously (at different anatomic sites) if indicated.
- Penbraya may be used for both primary and booster doses only when both MenACWY and MenB vaccines are indicated at the same visit. Otherwise, MenACWY and MenB vaccines should be given separately as appropriate. Consult the age appropriate MenACWY and MenB standing orders for indications, dosing, and intervals.
- Vaccination of healthy individuals with meningococcal B-containing vaccines is based on shared clinical decision-making (SCDM) and is not covered under this standing order. These individuals must obtain a written order from a privileged provider.

<b>TABLE 1. Current Meningococcal ACWY Vaccines</b>				
	<b>MenQuadfi (MenACYW-TT)</b>	<b>Menveo / 1-vial (MenACWY-CRM)</b>	<b>Menveo / 2-vial (MenACWY-CRM)</b>	<b>Penbraya (MenABCWY)</b>
<b>Age</b>	≥ 2 years	10 – 55 years	2 mo - 55 years	10 – 25 years
<b>Dilute</b>	No: single-dose vial	No: single-dose vial (pink cap)	Yes: MenA vial (orange cap) & MenC WY vial (gray cap)	Yes: MenACWY vial & MenB syringe

<b>TABLE 2. IM Needle Length and Injection Site Guide</b>		
Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient’s age		
<b>Patient Group</b>	<b>Needle Length</b>	<b>Injection Site</b>
Men and women (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm
Men and women (130-152 lbs)	1 inch (25 mm)	
Men (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women (152-200 lbs)		
Men (260 lbs)	1.5 inches (38 mm)	
Women (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. <https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration.html>

\* If skin is stretched tightly and subcutaneous tissues are not bunched.

**TABLE 3: MenACWY Vaccine Schedule by Patient Age and Risk Factor, Adult ≥ 19 years**

Age Group	Risk Factor	Primary series: MenACWY-CRM (Menveo), MenACWY-TT (Men-Quadfi), or MenABCWY (Penbraya)*	MenACWY Booster dose*
<b>Individuals who are otherwise healthy:</b>			
≥ 19 years	• 1st year college living in residence halls	• Age 19–21 years and did not receive a dose on/after 16th birthday, within 5 years of college entry, or received only 1 dose before 16th birthday: ◦ Menveo or MenQuadfi: single dose	• Not recommended unless risk increased due to another indication
	• Military recruit	• Age 19–21 years and did not receive a dose on/after 16th birthday: ◦ Menveo or MenQuadfi: single dose	• Every 5 years based on exposure risk
	• Microbiologist • Outbreak	• Menveo or MenQuadfi: single dose • Penbraya: 2 doses at 0 & 6 months*	• Single dose 5 years after primary vaccination and every 5 years based on exposure risk
	• Travel	• Menveo or MenQuadfi: single dose	
<b>Individuals with underlying medical conditions:</b>			
≥ 19 years	• Asplenia/SCD • Complement deficiency	• Menveo or MenQuadfi: 2 doses ≥ 8 wks apart • Penbraya: 2 doses at 0 & 6 months*	• Single dose 5 years after primary vaccination and every 5 years thereafter
	• HIV	• Menveo or MenQuadfi: 2 doses ≥ 8 wks apart	

Adapted from the CDC General Best Practice Guidelines: <https://www.cdc.gov/vaccines/hcp/imz-best-practices/>.

\*Penbraya may be used for both primary and booster doses only when both MenACWY and MenB vaccines are indicated at the same visit. Otherwise, MenACWY and MenB vaccines should be given separately as appropriate. Consult the age appropriate MenACWY and MenB standing orders for indications, dosing, and intervals.

- Document all immunizations administered in the patient’s electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
- Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.
- Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at <https://vaers.hhs.gov>. Additional information about VAERS is also available by telephone (800-822-7967).
- This standing order must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in effect for all patients of the \_\_\_\_\_ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

\_\_\_\_\_  
Privileged Physician’s Signature

\_\_\_\_\_  
Date