

Standing Order for Administering Meningococcal ACWY Vaccine (Pediatric)

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 individuals 2 months – 18 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 3110](#), 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
- Menveo: preterm birth if < 9 months of age
- 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 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
 - Booster doses administered at an interval of < 4 years
 - Booster doses administered to individuals < 15 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.

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

TABLE 2. IM Needle Length and Injection Site Guide		
Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient’s age		
Patient Age	Needle Length	Injection Site
Infants (1-12 months)	1 inch (25 mm)	Anterolateral thigh
Toddlers (1-2 years)	1-1.25 inch (25-32 mm)	Anterolateral thigh*
	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm
Children (3-10 years)	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.25 inches (25-32 mm)	Anterolateral thigh
Children/Adolescents (11-18 years)	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.5 inches (25-38 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>

* Preferred site.

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

TABLE 3: MenACWY Vaccine Schedule by Patient Age and Risk Factor, Pediatric 2 months – 18 years

Age Group	Risk Factor	Primary series: MenACWY-CRM (Menveo), MenACWY-TT (MenQuadfi), or MenABCWY (Penbraya)*	MenACWY Booster dose*
Individuals who are otherwise healthy:			
10 - 18 years	• 1st year college living in residence halls	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Not recommended unless risk increased due to another indication
	• Military recruit	<ul style="list-style-type: none"> • Menveo or MenQuadfi: single dose 	<ul style="list-style-type: none"> • Every 5 years based on exposure risk
11 - 18 years	• None (routine schedule)	<ul style="list-style-type: none"> • 1st dose at 11-15 years (recommended at 11-12): <ul style="list-style-type: none"> ◦ Menveo or MenQuadfi: 1 dose plus booster • 1st dose at 16-18 years: <ul style="list-style-type: none"> ◦ Menveo or MenQuadfi: 1 dose, no booster 	<ul style="list-style-type: none"> • At age 16 years (minimum interval 8 weeks)
		<ul style="list-style-type: none"> • Age 16-18 only, when SCDM favors administration of MenB also (requires individual written order): <ul style="list-style-type: none"> ◦ Penbraya: 2 doses at 0 & 6 months* 	<ul style="list-style-type: none"> • Not recommended unless risk increased due to another indication
Individuals with underlying medical conditions or additional risk factors:			
2 - 23 months	<ul style="list-style-type: none"> • Asplenia/SCD • Complement deficiency • HIV • Outbreak • Travel 	<ul style="list-style-type: none"> • Menveo - if first dose at age: <ul style="list-style-type: none"> ◦ 2 months: 4 doses at 2, 4, 6, & 12 months ◦ 3–6 months: See catch-up schedule† ◦ 7–23 months: 2 doses (second dose ≥ 12 wks after first dose AND after the 1st birthday) • MenQuadfi: Not recommended 	N/A
2 - 9 years	<ul style="list-style-type: none"> • Asplenia/SCD • Complement deficiency • HIV 	<ul style="list-style-type: none"> • Menveo or MenQuadfi: 2 doses ≥ 8 wks apart 	<ul style="list-style-type: none"> • Age < 7 years: Single dose 3 years after primary vaccination and every 5 years thereafter
	<ul style="list-style-type: none"> • Outbreak • Travel 	<ul style="list-style-type: none"> • Menveo or MenQuadfi: single dose 	<ul style="list-style-type: none"> • Age ≥ 7 years: Single dose 5 years after primary vaccination and every 5 years thereafter
10 - 18 years	<ul style="list-style-type: none"> • Asplenia/SCD • Complement deficiency 	<ul style="list-style-type: none"> • Menveo or MenQuadfi: 2 doses ≥ 8 wks apart • Penbraya: 2 doses at 0 & 6 months* 	<ul style="list-style-type: none"> • Single dose 5 years after primary vaccination and every 5 years thereafter
	• HIV	<ul style="list-style-type: none"> • Menveo or MenQuadfi: 2 doses ≥ 8 wks apart 	
	<ul style="list-style-type: none"> • Microbiologist • Outbreak 	<ul style="list-style-type: none"> • Menveo or MenQuadfi: single dose • Penbraya: 2 doses at 0 & 6 months* 	
	• Travel	<ul style="list-style-type: none"> • Menveo or MenQuadfi: single dose 	

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.

†Dose 1 at age 3–6 months: 3- or 4- dose series (dose 2 [and dose 3 if applicable] ≥ 8 weeks after previous dose until a dose is received at age ≥ 7 months, followed by an additional dose ≥ 12 weeks later AND after age 12 months).

5. 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.
6. 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.
7. 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).
8. 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