Standing Order for Administering Meningococcal B 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 individuals ≥ 19 years of age in need of vaccination against meningococcal serogroup B based on increased risk due to:
    - Asplenia (anatomic or functional) or sickle cell disease (SCD)
    - Meningococcal outbreaks (e.g., in community or organizational settings and among men who have sex with men [MSM])
    - Microbiologists routinely exposed to Neisseria meningitidis
    - Persistent (e.g., genetic) complement deficiency or using a complement inhibitor medication

2. Using DD Form 3111, screen all patients for contraindications and precautions to meningococcal B vaccine (MenB):

    Contraindications:
    - History of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a vaccine component
    - MenABCWY (Penbraya): severe allergic reaction to yeast or tetanus toxoid-containing vaccine
    - MenB-4C (Bexsero): severe allergic reaction to kanamycin
    - For information on vaccine components, refer to the package inserts for Bexsero, Penbraya, Trumenba, and The CDC Pink Book Appendix B.

    Precautions:
    - Moderate or severe acute illness with or without fever
    - Bexsero: latex sensitivity
    - 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:** defer vaccination. Individuals at increased risk may receive MenB after speaking with their provider, but that is not covered under this standing order. These individuals must obtain an order from a privileged provider.

3. Prior to vaccine administration, provide all patients (or their parent/legal representative) with a copy of the current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide MenB as follows:
    - Prior to administration, consult the manufacturer's package insert for storage, handling, and preparation instructions.
    - Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 - 3.
    - Meningococcal B products (monovalent or pentavalent) are not interchangeable; all primary and booster doses must be from the same manufacturer.
    - MenB and other vaccines (including MenACWY) may be administered simultaneously (at different anatomic sites) if indicated.
    - Penbraya may only be used when both MenACWY and MenB are indicated at the same visit.
    - Vaccination of healthy individuals aged 19-23 years 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 an order from a privileged provider.
        - Healthy individuals desiring more rapid protection (e.g., those with less than 6 months before increased risk) may use a 3-dose schedule (see Table 3).
    - Off-label ACIP recommendations covered under this standing order:
        - Age ≥ 26 years: MenB primary series for persons at increased risk
        - Booster doses for persons who remain at increased risk

TABLE 1. Current Meningococcal B Vaccines

	Bexsero (MenB-4C)	Trumenba (MenB-FHbp)	Penbraya (MenABCWY)
Age	10 – 25 years		
Dilute	No: single-dose prefilled syringe		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
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/acip-recs/general-recs/administration.html

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

TABLE 3: MenB Vaccine Schedule by Patient Age and Risk Factor, Adult ≥ 19 years			
Age Group	**Risk Factor**	**Primary series: MenB-4C (Bexsero), MenB-FHbp (Trumenba), MenABCWY (Penbraya)***	**Booster dose***
Healthy individuals			
≥ 19 years	• None	• Age 19-23 based on SCDM: ◦ Bexsero, Trumenba, and Penbraya: ▪ 2 doses at 0 & 6 months ◦ Accelerated dosing (Bexsero & Trumenba only): ▪ 3 doses at 0, 1-2, & 6 months	• Not recommended unless person becomes at increased risk due to another indication
Individuals with underlying medical conditions or risk factors			
≥ 19 years	• Asplenia/SCD • Complement deficiency • Microbiologist • Outbreak	• Bexsero and Trumenba: 3 doses at 0, 1-2, & 6 months • Penbraya: 2 doses at 0 & 6 months	• Single dose 1 year after primary series and every 2-3 years thereafter

Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.
*Penbraya may be used for both primary and booster doses only when both MenB and MenACWY vaccines are indicated at the same visit. Otherwise, MenB and MenACWY vaccines should be given separately as appropriate. Consult the age appropriate MenB and MenACWY standing orders for indications, dosing, and intervals.

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) or VIS-equivalent 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 VAERS information is available by telephone at (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