

Standing Order for Administering Meningococcal B 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 10 - 18 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 3110](#), 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 16-18 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:
 - 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
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/acip-recs/general-recs/administration.html>

* Preferred site.

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

TABLE 3: MenB Vaccine Schedule by Patient Age and Risk Factor, Pediatric 10 -18 years			
Age Group	Risk Factor	Primary series: MenB-4C (Bexsero), MenB-FHbp (Trumenba), or MenABCWY (Penbraya)	Booster dose
Healthy individuals			
10 – 18 years	• None	<ul style="list-style-type: none"> • Age 16-18 based on SCDM: <ul style="list-style-type: none"> ◦ Bexsero, Trumenba, and Penbraya: <ul style="list-style-type: none"> ▪ 2 doses at 0 & 6 months 	<ul style="list-style-type: none"> • Not recommended unless person becomes at increased risk due to another indication

Individuals with underlying medical conditions or additional risk factors			
10 - 18 years	<ul style="list-style-type: none"> • Asplenia/SCD • Complement deficiency • Microbiologist • Outbreak 	<ul style="list-style-type: none"> • Bexsero and Trumenba: 3 doses at 0, 1-2, & 6 months • Penbraya: 2 doses at 0 & 6 months 	<ul style="list-style-type: none"> • Single dose 1 year after primary series and every 2-3 years thereafter

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