



## Meningococcal Vaccines (A, C, Y, W-135)

The Immunization Practices Advisory Council (IPAC), a collaborative of the New Mexico Department of Health and the New Mexico Immunization Coalition, urge all medical practices and health professionals to offer immunization against meningococcal infection to at-risk children and adults. Approximately 800-1,500 cases of meningococcal disease occur annually in the US, a rate of 0.3-0.5/100,000 population. Anyone can get meningococcal disease, but rates of disease are highest in children younger than 1 year of age, followed by a second peak in adolescence typically around 16 years of age. *Neisseria meningitidis* has become a leading cause of bacterial meningitis and sepsis in the United States. The case-fatality ratio for meningococcal disease is 10%-14%, although mortality may be as high as 40% among patients with meningococemia. Even with prompt treatment, the case-fatality ratio for this condition remains high. Of those who survive invasive disease, 10%-20% experience sequelae, including limb loss from gangrene, extensive skin scarring, or cerebral infarction. Persons with meningococcal meningitis who do not develop septic shock are less likely to die or experience these sequelae but are at risk of developing neurosensory hearing loss, mild to moderate cognitive defects, or seizure disorders.

### **Who should receive quadrivalent A, C, Y, W-135 Meningococcal vaccine: MCV4 (conjugated) or MPSV4 (polysaccharide)?**

#### **MCV4 preferred for people 55 and younger, MPSV4 for people over 55 years**

- All persons aged 11-18 years should receive two doses, five years apart
- College freshmen living in dormitories, if not previously immunized
- Other persons at increased risk for meningococcal disease
- Travelers to areas where meningococcal disease is endemic or hyperendemic (refer to [www.cdc.gov/travel](http://www.cdc.gov/travel) or call 877-FYI-TRIP for specific information)
- US military recruits
- Persons with complement component deficiency, or anatomic or functional asplenia, including sickle cell disease
- Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*
- People who might have been exposed to meningitis during an outbreak
- College students and persons infected with human immunodeficiency virus may elect to receive the vaccine to decrease their risk for disease

### **Meningococcal Vaccines**

- Menactra and Menveo are quadrivalent meningococcal conjugate vaccines or MCV4. Both include the same four serogroups (A, C, W-135 and Y). Menactra is licensed for persons 9 months to 55 years of age. Menveo is licensed for persons 2 months through 55 years of age.
- Menomune is a quadrivalent Meningococcal Polysaccharide Vaccine (MPSV4), which includes serogroups A, C, Y, W-135. MPSV4 can be used for at risk adults age 56 and older who have not previously received meningococcal vaccine.
- See Men B Fact Sheet for information on vaccines against Meningococcal B, Trumenba and Bexsero

### **Schedule**

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For persons at high-risk, refer to <http://www.cdc.gov/vaccines/schedules/>

### **Giving Meningococcal vaccine with other vaccines**

Vaccine can conveniently and safely be given with other vaccines. MCV4 is recommended (ACIP, AAFP, and AAP) to be given with the other vaccines for 11 and 12 year olds—the Human Papillomavirus (HPV) Vaccine and the Tetanus, Diphtheria, Pertussis (Tdap) booster.

### Side effects and adverse reactions

- The most frequent are local reactions
- Fever (100°-103°F) within 7 days of vaccination.
- Systemic reactions, such as headache and malaise, and fatigue within 7 days of vaccination.
- Syncope especially among adolescents.

### Contraindications

- Vaccine can be given to persons with minor acute illness but defer vaccination for those with moderate or severe acute illness.
- History of a severe allergic reaction to any component of the vaccine including diphtheria or tetanus toxoid.

### Precautions

- May be given to immunosuppressed and immunodeficient persons, although response to the vaccine might be suboptimal.
- Pregnancy should not preclude vaccination, if indicated. No data are available on the safety of MCV4 during pregnancy. However, no major safety concerns associated with vaccination have been identified.

### How to store and administer the vaccine

- Refrigerate immediately upon arrival.
- Refrigerate vaccine at 2-8C (35-46F).
- If vaccine is exposed to out of range temperatures, contact vaccine manufacturer before use.
- Protect from light.
- Do not use after expiration date.
- Menveo and Menomune, consist of two vaccine components which requires reconstitution before administration.
- Reconstituted Menveo vaccine should be used immediately, but may be held at or below 77°F (25°C) for up to 8 hours.
- Menactra is available as a single dose vial which does not require reconstitution.
- Menactra, and Menveo are administered by intramuscular injection.
- Menomune is administered by subcutaneous injection.

### How to obtain the vaccine

- Vaccine may be ordered through the Vaccines for Children (VFC) program at NM Department of Health at 505-827-0219
- Menactra & Menomune- contact Sanofi Pasteur at 1-800-VACCINE
- Menveo- contact Novartis at 877-683-4732
- MenHibrix- Contact GSK at 1-888-593-5977

### Suggestions for smooth third party reimbursement

- **VFC (not purchased) Vaccine:** Menactra and Menveo vaccines are available free of charge through the VFC program for patients 18 and under. No source can be billed for the vaccine acquired from VFC. Insurance claims should show the vaccine code (90734) with a zero (\$0.00) charge, and the administration fee code (90471 or 90472). The exception is the fee-for-service, exempt Medicaid (not SALUD!) program. Providers should use only the CPT code for the vaccine (90734) and enter the usual charge for vaccine administration. Use diagnosis code V03.89 for MCV4 vaccine and administration.
- **Non-VFC (purchased) Vaccine:** Please check with your patient's insurance plan whether MCV4 is a covered benefit, it falls under the deductible, and if prior authorization is required. It is customary to bill for vaccine and vaccine administration. We suggest you place CPT-4 modifier -25 after your evaluation and management code (99201-99215) to indicate the office visit was unrelated to administration of MCV4 vaccine. Use diagnosis code V03.89 for MCV4 vaccine and administration.

### NM Statewide Immunization Information System (NMSIIS)

It is important for providers to enter immunization data directly into NMSIIS so that a person's complete immunization history immediately becomes visible to any health professional who has access to the system. The proper utilization of NMSIIS helps eliminate over-immunizing, as well as identify those that are under-immunized. To request training to use NMSIIS, please contact the New Mexico Department of Health at 1-800-280-1618.

### For additional information

New Mexico Department of Health at [www.immunizenm.org](http://www.immunizenm.org) 866-681-5872

CDC Vaccine Information Statement: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

Pink Book section on Meningococcal disease: <http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>