STANDING ORDERS FOR
Administering Meningococcal B Vaccine (MenB) to Adolescents and Adults

Purpose

To reduce morbidity and mortality from serogroup B meningococcal disease by vaccinating all adolescents and adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for and vaccinate adolescents and adults who meet any of the criteria below.

Procedure

1 Assess adolescents and adults for need of vaccination against meningococcal serogroup B disease according to the following criteria:

- Age 16 through 23 years who want to be vaccinated based on the risks and benefits of the vaccine (also known as shared clinical decision-making). The ACIP-preferred age is 16 through 18 years.
- Age 10 years and older, including all adults, with
  - Diagnosis of persistent complement component deficiency (e.g., inherited chronic deficiencies in C3, C5–C9, properdin, factor D and factor H) or use of a compliment inhibitor (such as eculizumab [Soliris], ravulizumab [Ultomiris], or sutimlimab [Enjaymo])
  - Diagnosis of anatomic or functional asplenia (including sickle cell disease)
  - Risk of exposure due to an outbreak of meningococcal serogroup B disease
  - Microbiologists routinely exposed to isolates of *Neisseria meningitidis*

2 Screen for contraindications and precautions

Contraindication

- Do not give meningococcal B (MenB) vaccine to an adolescent or adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of MenB vaccine or to any of its components. For a list of vaccine components, refer to the manufacturers' package insert (www.immunize.org/official-guidance/fda/pkg-inserts), or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

Precaution

- Moderate or severe acute illness with or without fever
- Pregnancy: delay vaccination until after pregnancy unless increased risk of disease and benefits of vaccination outweigh potential risks (for example, when a pregnant person is identified as part of a group at risk during an outbreak)

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired. The VIS for MenB vaccine, in addition to all available translations, is available at www.immunize.org/vaccines/vis/menb/. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

BIOLOGICAL SEX AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
10 years (female or male)	22–25	⅝"*–1"	Deltoid muscle of arm**
		1–1¼"	Anterolateral thigh muscle
11–18 years (female or male)	22–25	⅝"*–1"	Deltoid muscle of arm**
		1–1½"	Anterolateral thigh muscle
Age 19 years and older			
Female or male less than 130 lbs	22–25	⅝"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm
Female or male, any weight	22–25	1"*–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for adults weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight

** Preferred site

5 Administer MenB vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following tables:

- ***Adolescents and adults, age 16–23 years (preferred age 16–18 years) not at increased risk[1] for meningococcal serogroup B disease, based on shared clinical decision-making***

TYPE OF VACCINE	AGE GROUP	DOSE	SCHEDULE
Bexsero (MenB-4c, GSK) or Trumenba (MenB-FHbp, Pfizer)	10 years and older	0.5 mL	Two doses at 0 and 6 months[2] or Three doses at 0, 1–2, and 6 months

NOTE

The two brands of MenB vaccines are ***not*** interchangeable; the same vaccine product must be used for all doses, including booster doses. If vaccination is indicated and the brand of the previous dose or doses is unavailable or cannot be determined, complete a primary series with the available brand.

- ***Adolescents and adults at increased risk[1] for meningococcal serogroup B disease***

TYPE OF VACCINE	AGE GROUP	DOSE	SCHEDULE	BOOSTER DOSES(S)
Bexsero (MenB-4c, GSK) or Trumenba (MenB-FHbp, Pfizer)	10 years and older	0.5 mL	Three doses at 0, 1–2, and 6 months	If risk is ongoing, give MenB booster 1 year[3] following completion of primary series, followed by boosters every 2–3 years thereafter.

[1] People at increased risk include those who have anatomic or functional asplenia (including sickle cell disease) or persistent complement component deficiency, who use a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], or sutimlimab (Enjaymo)), who are microbiologists routinely exposed to *Neisseria meningitidis*, or who are identified by local public health authorities as at risk due to an ongoing meningococcal B disease outbreak.

[2] If Dose #2 of the 2-dose Bexsero or Trumenba series is administered earlier than 6 months after Dose #1, a third dose should be administered at least 4 months after Dose #2.

[3] People at risk during an outbreak who have completed the MenB primary series may receive the first MenB booster dose as early as 6 months after completing the primary series, if recommended by public health authorities.

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6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); plan to discuss the need for vaccination with any high-risk patient who refuses vaccination at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. For "Medical Management of Vaccine Reactions in Adult Patients in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE) .

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)