Date: June 29, 2017

To: Healthcare Providers and Local Health Departments

From: New York State Department of Health (NYSDOH), Bureau of Immunization

**INFORMATIONAL MESSAGE:**

Updated Recommendations for Use of MenB_FHbp Serogroup B Meningococcal Vaccine (Trumenba)

Please distribute to Medical Director, Director of Nursing, Family Medicine, Pediatrics, all Primary Care Providers

**SUMMARY**

On May 19, 2017, the Centers for Disease Control and Prevention (CDC) published updated recommendations for use of serogroup B meningococcal (MenB) vaccine MenB-FHbp (Trumenba). These changes replace previous Advisory Committee on Immunization Practices (ACIP) recommendations published in 2015 and reflect the recommendations approved at the October 2016 ACIP meeting.

- Two MenB vaccines are currently licensed for use in persons aged 10 – 25 years in the United States: MenB-FHbp (Trumenba, Pfizer) and MenB-4C (Bexsero, GlaxoSmithKline). Either vaccine can be used when MenB vaccine is indicated.
- Updated ACIP recommendations for use of MenB-FHbp (Trumenba) vaccine:
  - **Persons aged ≥10 years at increased risk for serogroup B meningococcal disease (Category A recommendation, made for all persons in the age- or risk-factor based group):** For persons at increased risk for meningococcal disease and for use during serogroup B meningococcal disease outbreaks, 3-doses of MenB-FHbp should be administered at 0, 1–2, and 6 months to provide earlier protection and maximize short-term immunogenicity. If the second dose of MenB-FHbp is administered at an interval of ≥6 months, a third dose does not need to be administered.
  - **Adolescents and young adults aged 16 – 23 years (Category B recommendation, made for individual decision making):** Two doses of MenB-FHbp may be administered at 0 and 6 months to healthy adolescents who are not at an increased risk for meningococcal disease. If the second dose of MenB-FHbp is administered earlier than 6 months after the first dose, a third dose should be administered at least 4 months after the second dose.
- Recommendations regarding use of MenB-4C (Bexsero) are unchanged. Two doses are needed with the second dose being administered at a minimum of one month after the initial dose.
- The two MenB vaccines are not interchangeable, meaning the same product must be used for all doses in the series.
- Either vaccine may be administered at the same time as other vaccines. If possible, it is preferable to use different anatomic sites.
- The NYSDOH, CDC and ACIP do not state a product preference.
**ACIP MENINGOCOCCAL B VACCINE INDICATIONS FOR USE**

**Category A**
Meningococcal B vaccine is indicated for those persons at increased risk for meningococcal disease. This includes:
- Persons who have persistent complement component deficiencies.
  - This includes persons receiving eculizumab (Soliris, Alexion Pharmaceuticals) for treatment of atypical hemolytic uremic syndrome or paroxysmal nocturnal hemoglobinuria because the drug binds to C5 and inhibits the terminal complement pathway. Information is available at: [http://www.soliris.net/](http://www.soliris.net/)
- Persons with functional or anatomic asplenia (including sickle cell disease).
- Microbiologists who routinely work with *Neisseria meningitidis* isolates.
- Persons identified as being at an increased risk due to a serogroup B meningococcal disease outbreak.

**Category B**
Meningococcal B vaccine may be given to adolescents and young adults age 16 - 23 years to provide short-term protection against most strains of serogroup B meningococcal disease. The preferred age for vaccination is 16 - 18 years.

**ADDITIONAL INFORMATION**

- ACIP meeting minutes and presentation slides from the October 2016 meeting. Available at: [https://www.cdc.gov/vaccines/acip/meetings/meetings-info.html](https://www.cdc.gov/vaccines/acip/meetings/meetings-info.html).
- Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (MMWR). Use of Serogroup B Meningococcal Vaccines in Persons Aged ≥10 Years at Increased Risk for Serogroup B Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices, 2015. *Weekly* June 12, 2015/ 64(22);608-612. Available at: [https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm)
- MenB-FHbp (Trumenba) prescribing information. Available at: [https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm421139.pdf](https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm421139.pdf)
  - MenB-4C (Bexsero) prescribing information. Available at: [https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm431447.pdf](https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm431447.pdf)
- For additional questions or comments, please contact the NYSDOH Bureau of Immunization at 518-473-4437 or email [immunize@health.ny.gov](mailto:immunize@health.ny.gov).