

Notice to Readers: Revised Recommendations of the Advisory Committee on Immunization Practices to Vaccinate All Persons Aged 11--18 Years with Meningococcal Conjugate Vaccine



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In January 2005, a quadrivalent meningococcal polysaccharide-protein conjugate vaccine (MCV4) (Menactra™, Sanofi Pasteur, Inc., Swiftwater, Pennsylvania) was licensed for use among persons aged 11--55 years. In May 2005, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination with 1 dose of MCV4 for persons aged 11--12 years, persons entering high school (i.e., at approximately age 15 years) if not previously vaccinated with MCV4, and other persons at increased risk for meningococcal disease, including college freshmen living in dormitories (1). Background information regarding meningococcal disease and the vaccine, including a discussion of duration of protection and use of the vaccine for outbreak control, has been published previously (1).

In June 2007, ACIP revised its recommendation to include routine vaccination of all persons aged 11--18 years with 1 dose of MCV4 at the earliest opportunity. Persons aged 11--12 years should be routinely vaccinated at the 11--12 years health-care visit as recommended by ACIP (2). ACIP continues to recommend routine vaccination for persons aged 19--55 years who are at increased risk for meningococcal disease: college freshmen living in dormitories, microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, travelers to or residents of countries in which *N. meningitidis* meningitis is hyperendemic or epidemic, persons with terminal complement component deficiencies, and persons with anatomic or functional asplenia.

The ACIP goal is routine vaccination of all adolescents with MCV4 beginning at age 11 years. ACIP and partner organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, and Society for Adolescent Medicine, recommend a health-care visit for children aged 11--12 years to receive recommended vaccinations and indicated preventive services. This visit is the optimal time for adolescents to receive MCV4. In addition, because the incidence of meningococcal disease increases during adolescence, health-care providers should vaccinate previously unvaccinated persons aged 11--18 years with MCV4 at the earliest possible health-care visit. College freshmen living in dormitories are at increased risk for meningococcal disease and should be vaccinated with MCV4 before college entry if they have not been vaccinated previously. Because of difficulties in targeting freshmen in dormitories, colleges may elect to target their vaccination campaigns to all matriculating freshmen (1).

The ACIP meningococcal vaccine workgroup reviewed updated data on MCV4 use and supply projections and data presented previously on the epidemiology of meningococcal disease, safety, and the cost-effectiveness of

MCV vaccination strategies. On the basis of these data, expert opinion of the workgroup members, and feedback from partner organizations, the workgroup revised the MCV4 recommendations, which were approved by ACIP at the June 2007 meeting.

The 2005 ACIP MCV4 recommendation was influenced by concern that implementation of MCV4 recommendations might be hindered by reduced vaccine supply during the first few years of production. In 2005 and 2006, peaks in demand were observed during the months when children were returning to school after summer vacation, leading to limited vaccine availability (3,4). However, as of June 2007, ACIP expects supply of MCV4 to be sufficient to meet increased vaccine demand resulting from the revised recommendations. ACIP anticipates that recommending vaccination of all persons aged 11--18 years will improve MCV4 vaccination coverage in this age group and simplify provider decisions to vaccinate.

ACIP encourages health-care providers to vaccinate with MCV4 throughout the year to minimize seasonal increases in demand during July and August when students prepare to return to school from summer vacation. Vaccine providers should administer MCV4 and Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccine to persons aged 11--18 years during the same visit if both vaccines are indicated and available. If simultaneous vaccination is not feasible (e.g., a vaccine is not available), MCV4 and Tdap can be administered using any order of administration (5). When making decisions about timing of vaccination, providers should consider that eligibility for the Vaccines for Children Program ends at age 19 years.

Guillain-Barré syndrome (GBS) has been associated with receipt of MCV4 (6). Persons with a history of GBS might be at increased risk for postvaccination GBS; therefore, a history of GBS is a relative contraindication to receiving MCV4. Persons recommended to receive meningococcal vaccination who have a history of GBS (or their parents) should discuss the decision to be vaccinated with their health-care provider (6). Meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative for short-term protection against meningococcal disease (3--5 years). Providers who have questions about ordering MCV4 or MPSV4 may contact Sanofi Pasteur by telephone at 1-800-VACCINE or online at <http://www.vaccineshoppe.com>.

References

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