

VACCINE ADVISORY

From the Texas Department of State Health Services Immunization Branch

The goal of the Vaccine Advisory is to disseminate, in a timely manner, practical information related to vaccines, vaccine-preventable diseases, and the vaccine programs managed by the Immunization Branch. The Immunization Branch welcomes readers' input to improve the contents of this document.

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www.dshs.state.tx.us/immunize/vacadvise/

June 3, 2008

Advisory No. 7. The Meningococcal Conjugate Vaccine (MCV4)

This notice provides updated recommendations for the use of quadrivalent meningococcal conjugate vaccine (MCV4) among children aged 2-10 years at increased risk for meningococcal disease. The new recommendation was presented at the February 2008 meeting of the Advisory Committee on Immunization Practices (ACIP) and published in May 2, 2008 issue of the *Morbidity and Mortality Weekly Report*. It can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5717a4.htm>

This advisory contains:

1. Background information
2. Summary of ACIP's final recommendations for meningococcal vaccine
3. Texas Vaccines for Children program
4. ImmTrac
5. Texas school and child-care facilities requirements for meningococcal vaccine
6. Epidemiology and surveillance
7. Reporting vaccine adverse events
8. Resources (Vaccines)
9. Resources (Disease)

1) Background

At its October meeting, the Advisory Committee on Immunization Practices (ACIP) revised its recommendations to state that quadrivalent meningococcal conjugate vaccine (MCV4)

(Menactra[®], manufactured by Sanofi Pasteur, Inc., Swiftwater, Pennsylvania) is preferable to quadrivalent meningococcal polysaccharide vaccine (MPSV4) (Menomune[®], Sanofi Pasteur) for vaccination of children aged 2-10 years who are at increased risk for meningococcal disease.

At its February 2008 meeting, the (ACIP) decided not to recommend routine vaccination of all children aged 2-10 years with MCV4 unless the child is at increased risk for the disease. ACIP continues to recommend routine vaccination against meningococcal disease for all persons aged 11-18 years and those persons aged 2-55 years who are at increased risk for meningococcal disease.

2) Summary of ACIP Recommendations

At its February 2008 meeting the ACIP considered reviews of safety and immunogenicity data, the epidemiology of meningococcal disease, a cost-effectiveness analysis, and programmatic considerations, and recommended that only children 2-10 years of age who are at high risk be routinely vaccinated against meningococcal disease. These children include:

- Travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic.
- Children who have terminal complement deficiencies, and children who have anatomic or functional asplenia.
- Children aged 2-10 years who are infected with human immunodeficiency virus (HIV).
 - Children in this age group who were previously vaccinated with MPSV4 and who remain at increased risk for meningococcal disease, ACIP recommends vaccination with MCV4 at 3 years after receipt of MPSV4.
- If health-care providers or parents elect to provide meningococcal vaccination to other children in this age group, MCV4 is preferred to MPSV4.

Recommendations for use of MCV4 in persons aged 11-55 years who are at increased risk for meningococcal disease, including a recommendation for routine vaccination with MCV4 of persons aged 11-18 years have been published previously and remain unchanged.

3) Texas Vaccines for Children program

Follow the above ACIP recommendations for all TVFC-eligible children aged 2 through 18 years. If you have other questions regarding the MCV4 vaccine, please call your Health Service Region, Local Health Department, or TVFC Consultant.

4) ImmTrac

ImmTrac users can report Meningococcal vaccines administered using the following ImmTrac codes:

- Meningococcal Polysaccharide Vaccine (MPSV4): MENINGPSV
- Quadrivalent Meningococcal Conjugate Vaccine (MCV4): MENINGCV

ImmTrac does not currently accommodate special vaccine recommendations for “increased risk” clients. Although ImmTrac can record meningococcal vaccine doses administered, and doses will be reflected on the client immunization history, the ImmTrac immunization scheduler will not generate recommendations based on the risk status of clients. Providers should consult ACIP recommendations to determine when administration of meningococcal vaccine is recommended for increased risk clients. For more information about ImmTrac, please refer to: www.ImmTrac.com

5) Texas school and child-care facilities requirements for meningococcal vaccine

Currently, meningococcal conjugate vaccine (MCV4) is not required for school or daycare attendance. DSHS is in the process of reviewing these rules for the required four year review and DSHS is proposing a requirement for 7th graders.

6) Epidemiology and surveillance

Meningococcal disease is an acute, potentially severe illness caused by the bacterium *Neisseria meningitidis*. Humans are the only reservoir of meningococcus and transmission occurs primarily by respiratory droplet spread or by direct contact. In 2006, 45 cases of invasive meningococcal disease were reported in Texas; thirty-one percent were serogroup B, 2% serogroup C, 24% serogroup Y. Seventy-three percent were cases of meningitis, 18% bacteremia, and 2% pneumonia.

Invasive meningococcal disease is an immediately reportable condition in Texas and cases should be reported to the health department immediately. Isolates are to be sent to DSHS laboratory for serogrouping. Upon completion of the investigation, case report forms should be faxed to the Texas Department of State Health Services (DSHS) central office (512) 458-7616 via regional office. An investigation form can be found at http://www.dshs.state.tx.us/idcu/investigation/forms/meningo_Neiss.pdf

7) Reporting adverse vaccine events

Clinically significant adverse events following vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Adverse events from privately purchased vaccine may be reported directly to VAERS at <http://vaers.hhs.gov/>. Secure web-based reporting is available on the VAERS website. Contact 800-VAC-RXNS for forms and information.

In Texas, reports of events following vaccination at public health clinics or with vaccine provided through public funding such as the Texas Vaccines for Children (TVFC) program should be reported through the Texas Department of State Health Services, Immunization Branch (MC 1946), P.O. Box 149347, Austin, TX 78714-9347. The pre-addressed and postage-paid VAERS form with this address can be obtained by calling the Immunization Branch. A copy of the form is also available in the TVFC toolkit. To request a VAERS form or additional information, call the VAERS contact in your area:

- **In Texas:** 800.252.9152
- **For Bexar County:** 210.207.2087
- **For City of Houston:** 713.558.3518

8) Resources (Vaccines)

- Meningococcal Vaccine Information Statement:
<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>
- The DSHS Addendum to Meningococcal is available at (Scroll down to number 13):
<http://www.dshs.state.tx.us/immunize/literature/litlist.shtm#vis>
- (MCV4) Menactra package insert:
<http://www.fda.gov/cber/label/menactraLB.pdf>

9) Resources (Disease)

- Centers for Disease Control and Prevention Meningococcal Disease website:
www.cdc.gov/vaccines/vpd-vac/mening/default.htm
- CDC. Revised Recommendations of the Advisory Committee on Immunization Practices for use of MCV4:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5717a4.htm>
- DSHS Infectious Disease Control Unit meningococcal webpage (includes reporting information):
<http://www.dshs.state.tx.us/idcu/disease/meningococcal/invasive/>
- Medline Plus:
<http://www.nlm.nih.gov/medlineplus/meningitis.html>

We hope you generously forward this advisory to others who may benefit from this information.

Texas Department of State Health Services Immunization Branch (MC 1946)
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