Standing Order for Administering Meningococcal B Vaccine (Adult)

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all individuals who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals ≥ 19 years of age in need of vaccination against meningococcal serogroup B based on increased risk due to:
    - Asplenia (anatomic or functional) or sickle cell disease (SCD)
    - Microbiologists routinely exposed to Neisseria meningitidis
    - Persistent (e.g., genetic) complement deficiency or using a complement inhibitor medication
    - Meningococcal outbreaks (e.g., in community or organizational settings, and among men who have sex with men [MSM])

2. Using DD Form 3111, screen all patients for contraindications and precautions to Meningococcal B vaccine (MenB):

    Contraindications:
    - History of a serious reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
    - MenB-4C (Bexsero): severe allergic reaction to kanamycin
    - MenABCWY (Penbraya): severe allergic reaction to a tetanus toxoid-containing vaccine or yeast
    - For information on vaccine components, refer to the package inserts for Bexsero, Penbraya, and Trumenba, and The CDC Pink Book Appendix B.

    Precautions:
    - Moderate or severe acute illness with or without fever
    - Bexsero: latex sensitivity
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 312-761-4245.

    Special Populations:
    - **Pregnancy and Lactation:** defer vaccination. Individuals at increased risk may receive MenB after speaking with their provider, but that is not covered under this standing order. These individuals must obtain an order from a privileged provider.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide MenB as follows:
    - Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 - 3.
    - Off-label ACIP recommendations covered under this standing order:
        - Booster doses for persons who remain at increased risk
        - Age ≥ 26 years: MenB primary series administration in persons at increased risk
    - Vaccination of healthy individuals aged 19–23 years (preferred at 16-18 years) with a 2-dose MenB primary series is based on shared clinical decision-making (SCDM) and is not covered under this standing order. These individuals must obtain a written order from a privileged provider.
    - MenB vaccines are not interchangeable; the same product must be used for all doses (primary and booster).
    - MenB and meningococcal ACWY vaccine (MenACWY) may be administered simultaneously (at different anatomic sites) if indicated.
    - Penbraya may only be used when both MenACWY and MenB are indicated at the same visit. Consult the age appropriate MenACWY and MenB standing orders for indications and dosing.

TABLE 1. Current Meningococcal B Vaccines

	Bexsero (MenB-4C)	Trumenba (MenB-FHbp)	Penbraya (MenABCWY)
Age	10 – 25 years		10 – 25 years
Dilute	No: single-dose prefilled syringe		Yes: MenACWY vial & MenB syringe

TABLE 2. IM Needle Length and Injection Site Guide

Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age

Patient Age	Needle Length	Injection Site
Men and women (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm
Men and women (130-152 lbs)	1 inch (25 mm)	
Men (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women (152-200 lbs)		
Men (260 lbs)	1.5 inches (38 mm)	
Women (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
* If skin is stretched tightly and subcutaneous tissues are not bunched.

TABLE 3: MenB Vaccine Schedule by Patient Age and Risk Factor, Adult ≥ 19 years			
Age Group	**Risk Factor**	**Primary series: MenB-4C (Bexsero), MenB-FHbp (Trumenba), or MenABCWY (Penbraya)***	**MenB Booster dose**
19 – 25 years	• None (routine schedule)	• Age 19-23 only, and when SCDM favors administration of MenB: ◦ Bexsero: 2 doses, ≥ 1 month apart ◦ Trumenba: 2 doses at 0 & 6 months ◦ Penbraya: 2 doses at 0 & 6 months*	• Not recommended unless person becomes at increased risk due to another indication
Individuals with underlying medical conditions or additional risk factors:			
≥ 19 years	• Asplenia/SCD • Complement deficiency • Microbiologist	• Bexsero: 2 doses, ≥ 1 month apart • Trumenba: 3 doses at 0, 1-2, & 6 months • Penbraya: 2 doses at 0 & 6 months*	• Single dose 1 year after primary series and every 2-3 years thereafter
	• Outbreak	• Bexsero: 2 doses, ≥ 1 month apart • Trumenba: 3 doses at 0, 1-2, & 6 months • Penbraya: 2 doses at 0 & 6 months*	• Single dose ≥ 1 year after primary series completion (≥ 6-month interval may be considered by public health professionals)

* Penbraya may only be used when both MenACWY and MenB vaccination are indicated at the same visit. Consult the age appropriate MenACWY and MenB standing orders for indications and dosing.

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

8. This standing order shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

Medical Director's Signature _____ Date _____