STANDING ORDERS FOR
Administering Meningococcal ACWY Vaccine to Children and Teens

Purpose

To reduce morbidity and mortality from meningococcal disease caused by serotypes A, C, W, or Y by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

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

Procedure

1 Assess children and teens for need of vaccination against meningococcal disease according to the following criteria:

Routine meningococcal ACWY vaccination

- Age 11–12 years who have not received MenACWY at age 10 years or older
- As catch-up for ages 13–15 years who have not received MenACWY at age 10 years or older
- Age 16 years and in need of dose #2
- Ages 17 through 18 years and in need of dose #2 as catch-up
- As catch-up for all unvaccinated teens ages 16 through 18 years
- Consider catch-up for age 19 through 21 years who have not received a dose on or after their 16th birthday
- First-year college students living in a residential facility who were never vaccinated, who were last vaccinated when younger than age 16 years, or whose most recent dose, if given at age 16 or older, was administered more than 5 years earlier.

Risk-based meningococcal ACWY vaccination

Children age 2 months and older with

- Diagnosis of persistent complement component deficiency (an immune system disorder) or use of a complement inhibitor (e.g., Soliris [eculizumab], Ultomiris [ravulizumab], or Enjaymo [sutimlimab])
- Diagnosis of anatomic or functional asplenia (including sickle-cell disease)
- Diagnosis of infection with human immunodeficiency virus

Children age 2 months and older who

- Are part of an outbreak attributable to a vaccine serogroup
- Anticipate travel to a country where meningococcal disease is hyperendemic or epidemic, particularly if contact with the local population will be prolonged

2 Screen for contraindications and precautions

Contraindications

- Do not give MenACWY vaccine to a child or teen who has a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component, including diphtheria toxoid or CRM197 (if using Menveo) or tetanus toxoid (if using MenQuadfi). For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution

- Moderate or severe acute illness with or without fever
- Preterm birth if younger than age 9 months (only lyophilized Menveo formulation is licensed for this age)

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3 Provide Vaccine Information Statements

Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS) available at www.immunize.org/vis. You must 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis/about-VIS/.

4 Prepare to Administer Vaccine

Both Menveo and MenQuadfi are administered by the intramuscular route.

Note: Menveo has a lyophilized formulation (requires reconstitution) and a liquid formulation (does not require reconstitution). The liquid formulation is only approved for use in people age 10 years or older.

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

AGE OF CHILD/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Infants (2 through 11 months*)	22–25	1"	Anterolateral thigh muscle
Toddlers (1 through 2 years)	22–25	1–1¼"	Anterolateral thigh muscle**
		5/8***–1"	Deltoid muscle of arm
Children (3 through 10 years)	22–25	5/8***–1"	Deltoid muscle of arm**
		1–1¼"	Anterolateral thigh muscle
Adolescents and Teens (11 through 18 years)	22–25	5/8***–1"	Deltoid muscle of arm**
		1–1½"	Anterolateral thigh muscle

*Only the lyophilized Menveo formulation can be used for infants age 2 through 23 months; MenQuadfi may be used beginning at age 2 years, and the liquid formulation of Menveo may be used beginning at age 10 years.
**Preferred site
***A 5/8" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the sub cutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

5 Administer 0.5 mL vaccine via the intramuscular (IM) route

Schedule and criteria for routine vaccination with MenACWY

AGE OF PATIENT	SCHEDULE
For preteens age 11 through 12 years	Give dose #1 of a 2-dose series. (Dose #2 will be due at age 16 years.)
For teens age 13 through 15 years	Give catch-up dose #1 of 2-dose series. (Dose #2 will be due at age 16 through 18 years.)
For teens age 16 years	Give dose #2. Separate from dose #1 by at least 8 weeks.
For teens age 17 through 18 years	Give catch-up dose #2.
Catch-up for all teens age 16 through 18 years	If no history of prior vaccination, give 1 dose of MenACWY.
For first year college students living in a residential facility	If no history of prior vaccination, give 1 dose of MenACWY. If history of 1 dose of MenACWY given when younger than age 16 years, or if given after the 16th birthday but more than 5 years previously, give dose #2 of MenACWY.

Schedule and criteria for MenACWY vaccination in people with underlying medical conditions or other risk factors

For children, adolescents, and teens with risk factors as identified in section 1 on the previous page, refer to "Meningococcal ACWY Vaccine Recommendations by Age and Risk Factor" found at www.immunize.org/catg.d/p2018.pdf.

6 Document Vaccination

Document each patient's vaccine administration information and any needed 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 address and, if appropriate, the title of the person administering the vaccine. You must

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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); discuss the need for vaccination with the patient (or, in the case of a minor, their parent or legal representative) 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 Immunize.org's "Medical Management of Vaccine Reactions in Adults in a Community Setting,"go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope in older children, 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 to 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://www.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)