Meningococcal B Prevention Tools for Your Practice
**FAST FACTS**

- Although uncommon, MenB is potentially fatal.\(^1\)
- MenB symptoms progress quickly; death can occur in 24 hours or less.
- MenB accounts for about 1/3 of all US meningococcal cases.\(^2,*\) The majority of cases occur in patients who have been previously healthy.\(^3\)
- Since 2013, several outbreaks of MenB have occurred at colleges and universities.\(^4\)
- Vaccination can help prevent MenB.\(^3,\)\(^†\)
- To help protect against the 5 vaccine-preventable serogroups of meningococcal disease, 2 different types of vaccines are needed—one for MenACWY and one for MenB.\(^3\)
- In clinical studies of MenB vaccines, the nature and frequency of solicited adverse reactions varied according to the vaccine administered. The most commonly reported solicited adverse events in individuals 10 through 25 years of age included pain at the injection site, myalgia, erythema, fatigue, induration, nausea, arthralgia, headache, and chills.\(^5,6\)
- MenB vaccines are typically covered on the state level by the Patient Protection and Affordable Care Act, and covered by the Vaccines for Children Program (VFC).\(^7,8,\)\(^‡\)

Meningitis vaccines may not protect all recipients.

**RECOMMENDATION**

- The Advisory Committee on Immunization Practices (ACIP) recommends that a MenB vaccine series may be administered to adolescents and young adults aged 16–23 years to provide short-term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16–18 years (recommendation Category B).\(^9\)
- What is a Category B recommendation?
  - Category B recommendations are made for individual clinical decision-making.\(^9\)
- Why is MenB assigned Category B?\(^9\)
  - “The current low prevalence of MenB, coupled with the fact that important data for making policy recommendations for MenB vaccines are not yet available, resulted in the ACIP concluding that insufficient evidence exists to make a routine public health recommendation that all adolescents be vaccinated against MenB.\(^9\) Given the seriousness of meningococcal disease and the availability of licensed vaccines, the ACIP agreed that sufficient evidence exists to encourage individual clinical decision-making.”\(^9\)
- An editorial article in *Pediatrics* by Drs. Marshall and Tan states, “‘Individual clinical decision-making’ cannot occur if a patient does not know about the vaccine and the disease.”\(^10\)
  1. HCPs should have a conversation with patients.
  2. Determine, with the patient, if clinical action is the best course.
- **EMPOWER YOUR PATIENTS**
  - By starting a conversation with your adolescent patients and their parents, you can help them make an informed decision about MenB vaccination.

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*In patients aged <1 to ≥65 years, from 2005-2014; N=867.
*MenB vaccines may not protect against all MenB strains.\(^5\)
‡Coverage, coding, cost to patient, reimbursement amount for product, and administration fee will vary by payer, plan, patient, professional setting, or services rendered, and are subject to change without notice. Cost to patients may vary. Coverage and reimbursement decisions are made by individual payers following receipt of claims from providers. Providers must follow documentation and billing requirements of payer.
NAPNAP Member Tips for Talking to Your Patients About Meningitis and Vaccination to Help Protect Against It

- Present vaccines with confidence—don’t anticipate or expect an argument. Expect a “yes”.
- During well and sick visits, include vaccine discussions and encourage vaccination against MenB in appropriate patients.
- If questioned or challenged about vaccines, explain that meningitis is contagious and how it spreads. Include discussion that adolescents are a high-risk group which is why we focus on vaccination at this age. Although uncommon, meningitis can progress rapidly and death can occur within 24 hours. Up to 20% of patients can have long-term sequelae, such as deafness, amputations, kidney failure, and brain damage.
- If cost seems to be a deterrent, let your patients know there are resources that can help. Discuss with parents that most insurance companies and Medicaid cover the vaccines and there is a national vaccine program (VFC) to cover cost if necessary.
- If an adolescent tells you he or she hates shots, you can remind them that: “Most people do not like shots; however, the infections you could get if you are not immunized can be much worse.”
- As an experienced provider, share a past story of a patient with meningitis.
- Share with patients: “You’re not done if you get just one” and include an explanation that they need to receive all recommended doses to get the best protection against meningitis.

References:
5. Prescribing Information for BEXSERO.
6. Prescribing Information for TRUMENBA.

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Your child may not be vaccinated against Meningitis B, even if they received a meningitis vaccination when they were younger.

Is meningitis life-threatening?

It can be. Meningococcal meningitis is a rare but serious disease caused by bacteria called *Neisseria meningitidis*.

It can lead to an infection of the lining of the brain and spinal cord or to septicemia, which is an infection of the blood. Meningitis can strike without warning and progress quickly.

Where do I go for more information about Meningitis B?

Talk to your child’s healthcare professional or pharmacist about Meningitis B vaccination.

For more information, visit www.MeningitisB.com
Young adults 16–23 years of age are at increased risk since they often live in close quarters or are in close contact with each other, in places such as schools, college dormitories, or military barracks. As a result, the Centers for Disease Control and Prevention (CDC) says that the Meningitis B vaccination may be administered to young adults 16–23 years old, preferably 16–18 years old, to help protect against Meningitis B. The CDC also recommends Meningitis B vaccination for persons 10 years and older in certain groups who are at increased risk for Meningitis B disease.

Why are young adults specifically at risk for Meningitis B?

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Is it true that Meningitis B can be fatal within 24 hours?

Potentially. Symptoms such as fever, headache, and neck stiffness can progress rapidly and can become serious and possibly fatal. 10% to 15% of people infected with meningococcal disease will die, sometimes within 24 hours. 11% to 19% of survivors can experience long-term effects such as brain damage, hearing loss, loss of limbs, and seizures.

How does Meningitis B spread?

The bacteria can spread from person to person through close contact (coughing, sneezing, or kissing).

Meningococcal group B disease, or Meningitis B, is not the same meningitis that most children are vaccinated against as adolescents. There are 5 vaccine-preventable meningitis groups — A, C, W, Y, and B — and there are two different vaccines that can help protect your child against these 5 groups.

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Most likely, the meningitis vaccine that your child may have received as an adolescent only helps to prevent against Meningitis A, C, W, and Y. A vaccine for Meningitis B has only been available since late 2014. Most likely, your child hasn’t been vaccinated against Meningitis B, which makes up a third of all meningitis cases in the US.

If my child had a meningitis vaccine when they were younger, do they still need a Meningitis B vaccine?

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Have there been outbreaks of Meningitis B?

While outbreaks of Meningitis B are rare, they are very serious. Between 2013 and 2015, there were four outbreaks of Meningitis B disease reported on US college campuses. These ultimately led to two deaths.

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ABOUT 1 IN 10 INFECTED COULD DIE.

IT’S MENINGITIS B

AND MOMS, YOUR TEEN PROBABLY ISN’T VACCINATED AGAINST IT.

FOR MORE INFORMATION ASK YOUR HEALTHCARE PROFESSIONAL ABOUT MENINGITIS B VACCINATION AND VISIT MENINGITISB.COM
3 Things Adolescents and Their Parents/Caregivers Should Know About Helping to Prevent Meningitis B (Men B)

1. There are **2 Different Types of Vaccines** to help protect against the 5 vaccine-preventable groups of meningitis – **One for ACWY**, and **One for B**.

2. MenB can **Spread** through close contact such as **Kissing, Coughing**, or **Living in close quarters**.

3. For best protection, **More than one dose** of a MenB vaccine is **Needed**. Meningitis vaccines may not protect all recipients.

Parents and healthcare professionals are an important part of protecting adolescents from Meningitis B. Learn more at MeningitisB.com.

Your child received his or her first MenB vaccine on: ____________________________

Return to the office for next MenB vaccine(s) on: ____________________________

It is important to complete your MenB vaccination series. Make your appointment(s) today to help protect your child from meningitis.

**DON’T WAIT, VACCINATE!**

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