MENINGOCOCCAL VACCINATION:
2 DOSES NEEDED TO HELP PROTECT OUR TEENS

As clinicians know all too well, meningococcal disease—though rare—can be a devastating, debilitating, potentially fatal disease.

Parents and adolescent patients, however, may not be aware. They may not know that the disease typically strikes suddenly, rapidly progresses, and can become life-threatening within hours. Because the symptoms of meningococcal disease often mimic those of common illnesses, delays in medical attention may occur over several critical hours.

Patients and parents may also not be aware of the disease's severity: Even with appropriate antibiotic treatment, 10%-15% of infected patients die. And up to 20% of persons who survive will suffer lifelong disability, such as amputation of limbs, hearing loss, or brain damage.

These sobering facts can be effective talking points when speaking to patients and parents about meningococcal vaccine. They should know that meningococcal vaccine is safe, effective, and has been given to millions of adolescents.

The Advisory Committee on Immunization Practices (ACIP) recommends that adolescents receive a first dose of quadrivalent meningococcal conjugate vaccine (MCV4) at 11-12 years of age plus a second, or booster, dose at 16 years of age.[1]

Coverage rates for the first dose among adolescents 13-17 years of age are close to 80%, but coverage for the second dose among eligible adolescents is much lower—less than 30%.[2]

The second dose is vitally important because protective immunity provided by the first dose wanes in the 5 years following vaccination. So if a child receives the first dose of MCV4 at 11 years of age, he or she will need a second dose at 16 years of age. In fact, the period from 16-21 years of age is known to be a time of increased risk for meningococcal disease.

Although many colleges now require proof of meningococcal vaccination prior to admission, a second dose is recommended for 16-year-olds whether or not they are college-bound. If the first dose is not given until 13-15 years of age, a second dose can be given at 16-18 years of age.

We urge you to emphasize the importance of meningococcal vaccine, both the first and second doses, for the adolescents in your patient population. We have included a communication you can share with parents and patients that conveys this important public health message.

ACIP Recommendations for MCV4 [1]
Give dose #1 at 11-12 years of age AND dose #2 at 16 years of age

Recommendations if dose #1 is delayed:
- If dose #1 is delayed until 13-15 years of age, give dose #2 at 16-18 years of age[a]
- If dose #1 is delayed until 16 years of age or older,[b] dose #2 is not recommended

[a]The minimum interval between doses of MCV4 is 8 weeks. Thus, it is possible to give the first dose at 15 and the second dose at 16 years of age, as long as the minimum 8-week interval between doses is observed.

[b]Routine MCV4 vaccination of healthy persons who are not at increased risk for exposure to *Neisseria meningitidis* is not recommended after 21 years of age.

References:
1. Centers for Disease Control and Prevention (CDC). Updated recommendations for use of meningococcal conjugate vaccines: Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR*. 2011;60(3):72-76.
2. CDC. National, regional, state and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2013. *MMWR*. 2014;63(29):625-633.

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MKT29601 7/15