



**National Foundation for Infectious Diseases  
Meningococcal B Questions & Answers**

**RECOMMENDATIONS**

**What was behind the decision of recommending for children age 10 years and older vs. 2 months and older?**

The two serogroup B meningococcal vaccines are licensed in the US only for use in persons age 10 to 25 years. The immunogenicity, number of doses needed for protection, and safety of the individual vaccines were studied in this age group only.

**Are the recommendations the same in other countries, or are other countries giving routine vaccination?**

The recommendations vary by country and available vaccine, but to our knowledge there are no countries in which meningococcal B vaccine is being administered universally, i.e., to all persons in a particular age group.

**DOSES**

**Can MMR or varicella vaccines be given with meningococcal B vaccine?**

Simultaneous administration of either MMR or varicella vaccines with either meningococcal B vaccine has not been studied, but it is reasonable to give them simultaneously if both are indicated. Such a recommendation, i.e., regarding simultaneous administration of a live and inactivated vaccine, is consistent with ACIP recommendations in the MMWR publication "General Recommendations on Immunization."

**What would the recommendation be if a patient started the series with one brand vaccine and then it was unavailable to complete? Should the patient start over with the new vaccine brand?**

There are no data on the interchangeability of the vaccines. Given the different components in the two vaccines and the lack of data, the same vaccine should be used for the entire series. So yes, the patient would need to start over.

**SAFETY/EFFICACY**

**What is the extent of adverse reactions reported?**

To date there has been no signal of any particular type of serious adverse event related to either meningococcal B vaccine. For both vaccines, there are somewhat more instances of low grade fever, injection site pain, and headache than for other vaccines given to adolescents. The adverse events are similar for first and subsequent doses.

**When will the Vaccine Information Statement (VIS) be published?**

Vaccine Information Statements (VIS) are typically published soon after new vaccines are licensed and available for use. Once completed, they are available at: [cdc.gov/vaccines/hcp/vis/current-vis.html](http://cdc.gov/vaccines/hcp/vis/current-vis.html).

**What do we know about the ability of these new B vaccines to be boosted?**

There is no published information about response to a booster dose of either vaccine.

**Is it possible that some B strains will not be covered by the vaccine?**

For either vaccine it is likely that a small proportion of US meningococcal B strains will not be covered. However, licensure studies were performed using the predominant circulating B strains in the US to assure “good strain coverage.”

**Since the antigens included in these two vaccines are conserved across meningococcus regardless of serogroup, are any studies being planned to evaluate efficacy against serogroups other than B?**

There is the potential for these vaccines to protect against other serogroups, but there are no published studies currently. Those types of studies probably will follow widespread use (e.g., on a college campus during an outbreak) and data will be inferred from post-vaccination sera use in serum bactericidal assays.

**How does the US compare to the rest of the world as far as meningococcal B morbidity and mortality?**

We are not aware of the availability of precise data comparing mortality and morbidity of serogroup B meningococcal infections in the US compared to the rest of the world.

**EPIDEMIOLOGY/RISK**

**Do you know if the students who contracted meningitis B were immunized against the other serotypes?**

Whether students who contracted serogroup B meningococcal disease during a college outbreak had received quadrivalent A, C, W, and Y conjugate vaccine is not known (i.e., has not been published). The Centers for Disease Control and Prevention (CDC) may have unpublished data for those interested.

**What is the risk for college athletes sharing a water bottle where the water is sprayed from the bottle into the mouth? The concern is the back spray from an infected athlete.**

The specific risk is unknown, but if droplets are generated that emanate from a person there is potential mouth/respiratory secretion exposure to others. This behavior should be discouraged.

**Should athletes or other students visiting a school with an outbreak get vaccinated?**

That is a reasonable intervention if practical, e.g., vaccine is available and there is sufficient time to vaccinate before the planned travel.

**How many outbreaks were there in the five to 10 years before 2009-2013?**

We do not have this information. CDC may have information regarding outbreaks during this period, at least for those where CDC was contacted and/or consulted.

## **COST**

### **Is there a cost-benefit analysis available for the meningococcal B vaccine in college kids or adolescents?**

A cost-benefit analysis of meningococcal B vaccine is pending, but preliminary analyses suggest the cost-benefit measured as cost per quality-adjusted life years is much higher for meningococcal B vaccines in adolescents or college students than for quadrivalent meningococcal conjugate vaccines for adolescents or college students.

### **Is the cost of meningococcal B vaccine covered by any health insurance programs?**

For persons age 10 years and older who are at increased risk for meningococcal B disease (as defined by the ACIP recommendations), the vaccine is covered by the Vaccines for Children (VFC) program up through age 18 years and health insurance programs.

For other persons, VFC coverage and a mandate for coverage by health insurance programs would require an ACIP/CDC recommendation. Health insurance programs may cover the vaccines now, but are not required to do so under the Affordable Care Act. Also, please note that there typically is some delay in major insurance coverage (weeks to several months) following ACIP recommendations.

### **What is the cost of a dose of the new meningococcal B vaccines?**

The cost of a vaccine dose is negotiated with CDC (federal government price for VFC program). Current vaccine pricing information for Bexsero® (2 doses required) and Trumenba® (3 doses required) is available at: <http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/>.

### **Is it still recommended to take the vaccine if the individual is not concerned about the cost?**

Two meningococcal B vaccines are licensed for any person age 10 through 25 years who wishes to reduce their risk of meningococcal B disease. Any individual in this age group could request vaccination and pay full cost for the vaccine series. Finding vaccine, however, can be difficult because with only a high-risk recommendation, it is unlikely that many physicians will have vaccine available in their offices.

For additional information about meningococcal disease, visit: [www.nfid.org/meningococcal](http://www.nfid.org/meningococcal).

To view related NFID webinars about meningococcal disease, visit: [www.nfid.org/webinars](http://www.nfid.org/webinars).