Confused by Trumenba and Bexsero?

Below are guidelines to assist you in determining if a patient should receive the serogroup B meningococcal (MenB) vaccine.

Unlike the Tdap, Meningococcal, HPV and Influenza vaccines that are routinely recommended to the adolescent population, the MenB vaccine is different.

MenB is routinely recommended for the following groups:

- People age 10 years and older who have functional or anatomic asplenia
- People age 10 years and older who have persistent complement component deficiency
- People age 10 years and older who are at risk during an outbreak caused by a vaccine serogroup, such as on college campuses
- Microbiologists who work with meningococcus bacteria in a laboratory

For adolescents and young adults, the Advisory Committee on Immunization Practices (ACIP) recommends that a MenB vaccine series is offered to people 16 through 23 years of age with a preferred age of vaccination at 16 through 18 years. This is a Category B recommendation which allows the clinician to make a MenB vaccine recommendation based on the risk and benefit for the individual patient (attending college, joining the military, or a similar situation).

- Please see the attached document for more information on the different kinds of meningococcal vaccines.

National Infant Immunization Week

National Infant Immunization Week (NIIW) is just around the corner. This year it will be held April 16-23. NIIW is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities. http://www.cdc.gov/vaccines/events/niiw/index.html

To celebrate NIIW, the Maine Immunization Program would like to recognize those who have achieved a 90% up-to-date rate for the 2016 first quarter assessment of children 24-35 months of age following the 4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 1 Var, 4 PCV immunization series.

Congratulations to the following practices:

- Arnold Memorial Medical Center—100%
- Brewer Health Center—100%
- D.F.D. Russell Medical Center Monmouth—100%
- East Grand Health Center—100%
- EMMC Orono Family Medicine—100%
- Fish River Rural Health Fort Kent—100%
- Fish River Rural Health Eagle Lake—100%
- Harrington Family Medicine—100%
- James M. Kirsch DO—100%
- Jean Antonucci MD—100%
- Judy Welch MD—100%
- Madison Area Health Center—100%
If you have any questions, please contact the Maine Immunization Program at:
(207) 287-3746 or (800) 867-4775
www.ImmunizeME.org

SMHC Sanford Pediatrics—90%
Redington Family Practice—90%

Thank you for all of your hard work and dedication!

Reminder

To avoid over ordering in your practice, please be sure to update your Provider Profile numbers in your Provider Agreement. Patient numbers can change throughout the year, most commonly due to providers joining or leaving a practice. In the long run, this will help to cut down on the amount of wastage in a practice by ordering the appropriate amount of vaccine for the population that you serve.

Ask the Experts

If a patient received Trumenba (MenB; Pfizer) two months ago and Bexsero (MenB, GSK) yesterday, should they complete the series with two additional doses of Trumenba or one more dose of Bexsero since the two brands are not interchangeable? What would be the interval from the Bexsero to the next dose?

The patient can complete the series with either vaccine. If Bexsero is chosen, the next dose (Bexsero #2) should be administered at least one month after yesterday’s dose. The Bexsero #2 would be the final dose. If Trumenba is chosen, the next dose (Trumenba #2) should be administered at least one month after yesterday’s Bexsero dose. The one-month interval between doses of Trumenba and Bexsero is recommended because one component (FHbp) is contained in both of the vaccine products and there is concern about potential interference. The final dose (Trumenba #3) should be administered four months after Trumenba #2.