Implementation of Meningococcal Vaccine Requirements

Guidance for Institutions of Higher Education

Purpose

This document will assist institutions of higher education with the implementation of new meningococcal vaccine requirements. This guidance is effective immediately and will remain in effect until the New Jersey Department of Health (NJDOH) adopts rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

Background

On January 13, 2020, P.L. 2019, c332 was signed into law. This new law amends P.L.2003, c.284 (N.J.S.A.18A:62-15.1) and shall take effect on June 15, 2020. In accordance with this law:

- A new student enrolling in a public or private institution of higher education shall have received immunization for meningococcal disease as recommended by the Advisory Committee on Immunization Practices (ACIP) as a condition of attendance. Students must present evidence of the vaccination(s) required.
- Each public and private institution of higher education in this State shall offer the required meningococcal vaccines through the institution's student health services program or through a contracted agreement with a community health provider.

Requirements for Institutions of Higher Education

Public and private institutions of higher education must develop policies and procedures to ensure that all newly enrolled students are vaccinated for meningococcal disease in accordance with ACIP recommendations. A summary of recommendations is provided for your convenience; however, please review the complete ACIP guidance at: cdc.gov/acip-recs/hcp/vaccine-specific/meningococcal.html.

Meningococcal vaccines

Institutions of higher education must ensure that newly enrolled students receive meningococcal vaccines that are **routinely** recommended by the ACIP. There are 3 types of meningococcal vaccines available in the United States that are routinely recommended for certain persons:

Meningococcal conjugate (MenACWY) vaccines (Menveo® and MenQuadfi®)

The ACIP routinely recommends vaccination for the following:

- Children and adolescents through age 18
  - All persons aged 11 – 12 years; booster dose at 16 years
  - All persons 16 – 18 years of age who have no history of prior vaccination are recommended to receive 1 dose
- Adults 19 years of age and older
  - First-year college students who live in residential housing (if not previously vaccinated at age 16 or older) AND within 5 years of receipt of last dose
  - Persons with anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement deficiency, complement inhibitor use
  - Travel in countries with hyperendemic or epidemic meningococcal disease

- Microbiologists routinely exposed to *Neisseria meningitidis*
- Persons who are at risk during an outbreak caused by vaccine serogroup

Meningococcal B (MenB) vaccines (Bexsero® and Trumenba®)

The ACIP routinely recommends vaccination with the following:

- Persons 10 years of age and older
  - Persons with anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement deficiency, complement inhibitor use
  - Persons who are at risk during an outbreak caused by serogroup B
  - Microbiologists routinely exposed to *Neisseria meningitidis*

Education on benefits of MenB vaccine

Institutions of higher education must ensure that newly enrolled students aged 16 through 23 years of age who are not routinely recommended to receive MenB vaccine (as noted above) receive education on the risks and benefits of MenB vaccine and that the vaccine be made available for students who choose to be vaccinated. ACIP recommends that a MenB series may be administered to people 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years. This recommendation allows for shared clinical decision-making between the provider and the student based on the risk and benefit for the individual patients.

Meningococcal ABCWY vaccines (Penbraya™ and Penmenvy)

CDC recommends MenABCWY vaccination as an option for people 10 years or older who are getting MenACWY and MenB vaccines at the same visit.

Resources

The following resources are available to assist institutions of higher education with the implementation of this new law. All of these materials are available on the NJDOH website at: nj.gov/health/cd/topics/meningo.shtml.

Meningococcal Disease Informational Flyer for College Students

This flyer provides students with an overview of meningococcal disease, including how the disease is spread, symptoms, and vaccination recommendations. The student informational flyer may be disseminated or publicly posted to satisfy the education requirement (N.J.A.C. 8:57-6.10).

Meningococcal Vaccine Questionnaire for College Students

This document includes a checklist by age and increased risk for a student to self-assess which meningococcal vaccines they may be required to receive. This may serve as a template that can be adapted for sharing with students to help them determine if they are currently meeting the meningococcal vaccination requirements.

Algorithms for Meningococcal Immunization of College Students 16 Years and Older

These two documents may be used when determining which vaccines are recommended based on the ACIP recommendations for immunization. The algorithms provide specific dosing guidance based on age and increased risk status. Two algorithms have been developed: one for MenACWY vaccination and one for MenB vaccination.

Meningococcal Vaccination Guidance for Health Care Providers

These two documents contain a current listing of the ACIP meningococcal vaccination recommendations for MenACWY and MenB vaccines. Recommendations are presented by age and risk factor.

Additional Information

- New Jersey Department of Health (NJDOH), Meningococcal nj.gov/health/cd/topics/meningo.shtml
- Meningococcal Disease, Centers for Disease Control and Prevention (CDC) cdc.gov/vaccines/vpd/mening/index.html

For further information, please contact the Vaccine Preventable Disease Program at 609-826-4861.

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CHAPTER 332

AN ACT concerning immunizations for meningococcal disease and amending P.L.2003, c.284.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. Section 2 of P.L.2003, c.284 (C.18A:62-15.1) is amended to read as follows:

C.18A:62-15.1 Meningococcal disease immunizations for certain students.

2. a. Beginning in September 2004, a new student enrolling in a public or private institution of higher education in this State shall have received immunization for meningococcal disease as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention as a condition of attendance at that institution, except as provided in section 3 of P.L.2003, c.284 (C.18A:62-15.2).

b. A student shall present evidence of the vaccination required pursuant to subsection a. of this section to the institution in a manner prescribed by the institution.

c. The Department of Health shall require each public or private institution of higher education in this State to offer the immunization required pursuant to subsection a. of this section to its students through the institution's student health services program or through a contractual agreement with a community health care provider.

d. The Commissioner of Health shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of subsections a., b. and c. of this section and section 3 of P.L.2003, c.284 (C.18A:62-15.2).

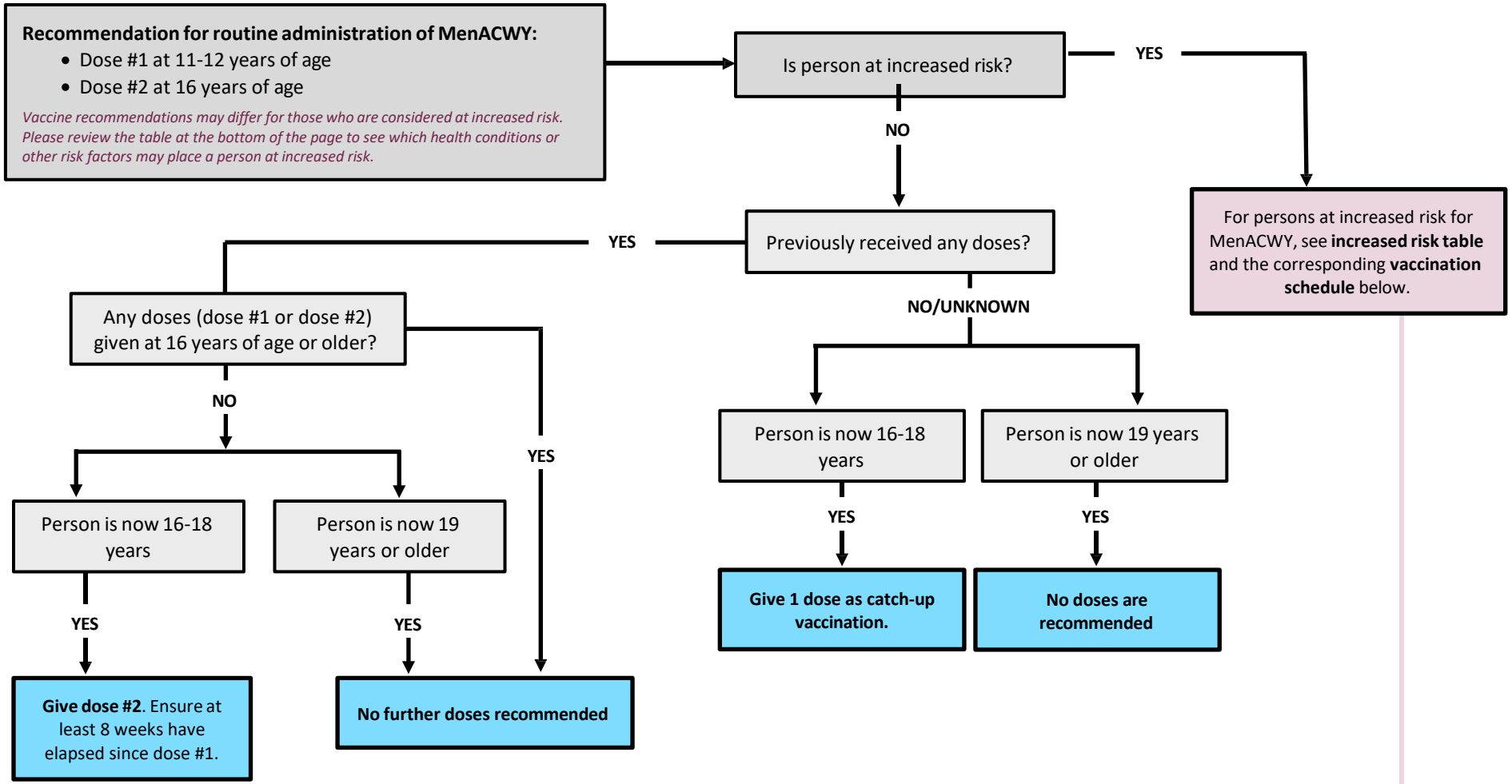
2. The Commissioner of Health shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of this act.

3. This act shall take effect on June 15 next following the date of enactment, except that the Commissioner of Health may take administrative action in advance as necessary to effectuate this act.

Approved January 13, 2020.

Algorithm for MenACWY Immunization of College Students 16 Years of Age and Older

See the Centers for Disease Control and Prevention (CDC) website for complete immunization schedules.



Increased Risk (health condition or other risk factor)	Vaccination Schedule
First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits	**1 dose MenACWY** on or after 16th birthday AND within 5 years of receipt of last dose
Functional or anatomic asplenia (including sickle cell disease), HIV infection, persistent complement deficiency or use of complement inhibitor (e.g., eculizumab, ravulizumab)	Administer **2-dose MenACWY** at least 8 weeks apart and revaccinate every 5 years if risk remains
Travel in countries with hyperendemic or epidemic meningococcal disease, microbiologists routinely exposed to *Neisseria meningitidis*	**1 dose MenACWY** and revaccinate every 5 years if risk remains
Persons at risk during an outbreak declared by public health authorities	Follow the advice of public health authorities

Algorithm for MenB Immunization of College Students 16 Years of Age and Older

See the Centers for Disease Control and Prevention (CDC) website for complete immunization schedules.

Recommendation for routine administration of MenB:

Adolescents and young adults (16 through 23 years old) **may choose** to receive vaccination based on shared clinical decision-making. The preferred age for receipt is 16 through 18 years.

Vaccine recommendations may differ for those who are considered at increased risk. Please review the table at the bottom of the page to see which health conditions or other risk factors may place a person at increased risk.

Is person at increased risk?

NO

For those who choose to be vaccinated, begin or complete the primary series of MenB vaccine. If the vaccine series is already completed, no additional doses are recommended for persons not at increased risk.

NOTE: The 2-dose schedule of Bexsero or Trumenba may be used for persons not at increased risk. If dose #2 is administered earlier than 6 months after dose #1, a 3rd dose should be administered at least 4 months after dose #2.

YES

For persons at increased risk for MenB, see **increased risk table** and the corresponding **vaccination schedule** below.

Primary Series Recommendations	
Type of Vaccine	**Schedule**
Bexsero—2 dose	2 doses [at 0 and 6 months]
Bexsero—3 doses	**Increased Risk:** 3 doses [at 0, 1-2, and 6 months]
Trumenba—2 Dose	2 doses [at 0 and 6 months]
Trumenba—3 Dose	**Increased risk:** 3 doses [at 0, 1-2, and 6 months]

NOTE: Bexsero and Trumenba are NOT interchangeable. For vaccination series completion, the same MenB vaccine product previously administered must be used to complete the series.

Increased Risk (health condition or other risk factor)	Vaccination Schedule
• Functional or anatomic asplenia (including sickle cell disease) • Persistent complement deficiency or use of complement inhibitor (e.g., eculizumab, ravulizumab) • Microbiologists routinely exposed to *Neisseria meningitidis*	Administer primary series and boosters* of either: • 3-dose schedule of Bexsero or Trumenba • If dose #2 is administered at least 6 months after dose #1, dose #3 not needed.
Persons at risk during an outbreak declared by public health authorities	Follow the advice of public health authorities

**The first booster dose should be given 1 year after the primary series and repeated every 2–3 years as long as the increased risk remains. Booster doses are not recommended for healthy adolescents routinely vaccinated with MenB vaccine. NOTE:* Penbraya or Penmenvy vaccine may be used when both MenACWY and MenB are indicated at the same visit.

Meningococcal ACWY Vaccine for College Students

Recommendations by Age and Risk Factor

There are 2 types of meningococcal conjugate vaccines available in the United States Menveo® and MenQuadfi®. A separate vaccine is needed for protection against meningococcal serogroup B disease.

Routine Recommendations for Use of Meningococcal A, C, W, Y Vaccine (MenACWY)	
WHOM TO VACCINATE	**VACCINATION SCHEDULE**
Ages 11 through 12 years	Give dose #1 of 2-dose series. (Dose #2 is recommended at 16 years.)
Ages 13 through 15 years	Give catch-up dose #1 of 2-dose series. (Dose #2 will be due at 16 years.[1])
Age 16 years	Give dose #2.[1] (Separate from dose #1 by at least 8 weeks.)
Ages 17 through 18 years (Catch-up)	If dose #2 not given at age 16 years, give dose #2 as catch-up.
Ages 16 through 18 years (Catch-up)	If no history of prior vaccination, give 1 dose.
First-year college students living in residence halls	1 dose MenACWY on or after 16th birthday AND within 5 years of receipt of last dose.

Risk-based Recommendations for Persons with Underlying Medical Conditions or Other Risk Factors [Ages 16 years and older]		
TARGETED GROUP BY AGE/OR RISK FACTOR	**PRIMARY DOSE(S)**	**BOOSTER DOSE(S)**
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic, and other people with prolonged increased risk for exposures (e.g., microbiologists routinely working with *Neisseria meningitidis*)	Give 1 dose of either MenACWY vaccine	Boost every 5 years if risk remains
People with persistent complement component deficiencies or use of a complement inhibitor (e.g., eculizumab, ravulizumab)	Give 2 doses of either MenACWY vaccine, 8 weeks apart	Boost every 5 years
People with HIV infection or functional or anatomic asplenia (including sickle cell disease)	Give 2 doses of either MenACWY vaccine, 8 weeks apart	Boost every 5 years
Persons who are at risk during an outbreak	Consult with public health authorities	

Note: : Penbraya or Penmenvy vaccine may be used when both MenACWY and MenB are indicated at the same visit.

Contraindications: Do not administer meningococcal vaccines to a person who has ever had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or a person who has a severe allergy to any vaccine component.

Precautions: Moderate or severe acute illnesses with or without fever. Preterm birth (Menveo)
See cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html

[1] The minimum interval between doses of MenACWY is 8 weeks.

Meningococcal B Vaccine for College Students

Recommendations by Age and Risk Factor

Meningococcal Serogroup B Vaccines	
• Bexsero (MenB-4C, GlaxoSmithKline) • Trumenba (MenB-FHbp, Pfizer)	The two brands of MenB vaccines are not interchangeable. The series must be started and completed with the same. brand of vaccine.

Recommendations Meningococcal Serogroup B Vaccination for People Who are Not in a Risk Group (Shared Clinical Decision-Making)	
WHOM TO VACCINATE	**VACCINATION SCHEDULE**
Teens and young adults ages 16 through 23 years who wish to be vaccinated. The preferred age for vaccination is 16 through 18 years.	Based on shared clinical decision-making between the health care provider and the patient, administer either: • **Bexsero or Trumenba**: Give 2 doses at 0 and 6 months. • If dose #2 is administered earlier than 6 months after dose #1, give a third dose at least 4 months after dose #2.

Risk-based Recommendations for Persons with Underlying Medical Conditions or Other Risk Factors		
WHOM TO VACCINATE	**PRIMARY DOSES**	**BOOSTER DOSE(S)**
For people ages 10 years or older with: • Persistent complement component deficiencies or use of a complement inhibitor (e.g.,eculizumab, ravulizumab) • Anatomic or functional asplenia, including sickle cell disease	Administer either: • **Bexsero or Trumenba**: Give 3 doses at 0-, 1-2, and 6-months.	The first booster dose should be given 1 year after the primary series and repeated every 2–3 years as long as the increased risk remains.
For people ages 10 years or older who: • Are present during outbreaks caused by serogroup B[1] • Have prolonged increased risk for exposure (e.g., microbiologists routinely working with *Neisseria meningitidis*)		

NOTE: On June 27, 2019, the Advisory Committee on Immunization Practices (ACIP) voted to recommend booster doses of MenB vaccine for people at increased risk of meningococcal disease. Booster doses are not recommended for healthy adolescents routinely vaccinated with MenB vaccine.

Contraindications: Do not administer meningococcal vaccines to a person who has ever had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or a person who has a severe allergy to any vaccine component.

Precautions: Moderate or severe illness with or without fever. Pregnancy. Latex sensitivity (Bexsero)
See cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html

Penbraya or Penmenvy vaccine may be used when both MenACWY and MenB are indicated at the same visit.

Meningococcal Disease for College Students

New Jersey law requires that certain students receive meningococcal vaccines!

Are you protected?

Students attending college are at higher risk of getting meningococcal disease, especially first-year students living in residence halls.

Get vaccinated!

What is meningococcal disease?

Meningococcal (muh-nin-jo-cok-ul) disease is a serious bacterial infection caused by *Neisseria meningitidis*. The bacteria can invade the body, leading to severe swelling of the tissue surrounding the brain and spinal cord. (meningitis) or bloodstream infection. Both of these types of infections are very serious and can be deadly in a matter of hours. Even with antibiotic treatment, 10 to 15 in 100 people infected with meningococcal disease will die. Up to 1 in 5 survivors will have long-term disabilities, such as loss of limb(s), deafness, nervous system problems, or brain damage.

How do people get meningococcal disease?

People spread meningococcal bacteria by sharing respiratory and throat secretions (saliva/spit). Generally, the bacteria are spread by close or lengthy contact with a person who has meningococcal disease such as:

- People in the same household
- Roommates
- Anyone with direct contact with the patient's oral secretions such as through kissing or sharing eating utensils, cigarettes/vaping devices, and food.

What are the symptoms of meningococcal disease?

Symptoms can progress quickly and may include:

- high fever
- headache
- stiff neck
- confusion
- sensitivity to light
- nausea
- vomiting
- exhaustion
- purplish rash

Some people carry the bacteria in their noses or throat, but they don't become ill. Even though they do not have symptoms, they can still spread the bacteria to others.

How can I protect myself from meningococcal disease?

The best way to protect yourself from meningococcal disease is to **get vaccinated**. There are three types of meningococcal vaccines that protect against the common serogroups (A, B, C, W, Y) of the bacteria:

- Meningococcal conjugate or MenACWY vaccines (Menveo or MenQuadfi)
- Serogroup B meningococcal or MenB vaccines (Bexsero or Trumenba)
- Pentavalent meningococcal or MenABCWY vaccine (Penbraya or Penmenvy)

NJHealth New Jersey Department of Health

For more information,
contact the NJDOH Vaccine Preventable Disease Program
at 609-826-4861.

Do I need meningococcal vaccines to attend a college in New Jersey?

If you are a new student enrolling in a public or private institution of higher education in New Jersey, you are required by state law (*P.L. 2019, c.332 (N.J.S.A.18A:62-15.1)* to receive meningococcal vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC). The CDC recommends:

MenACWY (**Menveo** and **MenQuadfi**) vaccine is routinely recommended at ages 11-12 years with a booster dose at 16 years. Adolescents who receive their first dose of MenACWY vaccine on or after their 16th birthday do not need a booster dose. Additional doses may be recommended based on risk. People 19 years of age and older are not routinely recommended to receive the MenACWY vaccine unless they are first-year college students living in residential housing or if another risk factor applies.

MenB (**Bexsero** and **Trumenba**) vaccine is routinely recommended for people aged 10 years or older with high-risk health conditions. People 16-23 years old (preferably at ages 16-18 years) may also choose to get a MenB vaccine.

CDC recommends MenABCWY (Penbraya or Penmenvy) vaccination as an option for people 10 years or older who are getting MenACWY and MenB vaccines at the same visit.

Below is a summary of requirements based on student age and risk.

By age indication		
Age	**MenACWY Requirement**	**MenB Requirement**
≤18 years of age, not at increased risk	Vaccine required	Vaccine not required*
≥19 years of age, not at increased risk	Vaccine not required	Vaccine not required*
By increased risk indication†		
Indication	**MenACWY Requirement**	**MenB Requirement**
First-year college student living in residence hall or military recruit	Vaccine required	Vaccine not required
Complement component deficiency or use of a medication known as a complement inhibitor (e.g., eculizumab, ravulizumab)	Vaccine required	Vaccine required
No spleen or problem with spleen – including sickle cell disease	Vaccine required	Vaccine required
HIV infection	Vaccine required	Vaccine not required
Travel to an area where the disease is common. Check cdc.gov/travel for travel-related risk.	Vaccine required	Vaccine not required
Work in a laboratory with meningococcal bacteria (*Neisseria meningitidis*)	Vaccine required	Vaccine required
Part of an outbreak as declared by public health officials—you will be notified if this applies	Vaccine required if outbreak caused by serogroup A, C, W or Y	Vaccine required if outbreak caused by serogroup B

*Though MenB vaccination is not required, persons 16-23 years old may choose to receive MenB vaccine to provide short-term protection against most strains of MenB disease. Learn more about meningococcal disease and MenB vaccination at cdc.gov/meningococcal/vaccines/index.html.

Check with your health care provider to determine the best vaccine series and booster schedule for you.

Meningococcal Vaccine Questionnaire for College Students

New Jersey law requires that new students enrolling in a public or private institution of higher education in New Jersey to have received meningococcal vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP). There are three types of meningococcal vaccines that might be required depending on your age and your risks: the meningococcal conjugate vaccine (MenACWY) that protects against serogroups A, C, W, and Y disease; and the meningococcal serogroup B vaccine (MenB) that protects against serogroup B disease. If you or your child are getting MenACWY and MenB vaccines at the same visit, MenABCWY vaccine may be given instead.

MenACWY (**Menveo** and **MenQuadfi**) vaccine is routinely recommended at ages 11-12 years with a booster dose at 16 years. Adolescents who receive their first dose of MenACWY vaccine on or after their 16th birthday do not need a booster dose. Additional doses may be recommended based on risk. People 19 years of age and older are not routinely recommended to receive the MenACWY vaccine unless they are first-year college students living in residential housing, or if another risk factor applies.

MenB (**Bexsero** and **Trumenba**) vaccine is routinely recommended for people aged 10 years or older with high-risk health conditions. People 16-23 years old (preferably at ages 16-18 years) may also choose to get a MenB vaccine.

CDC recommends MenABCWY (Penbraya or Penmenvy)vaccination as an option for people 10 years or older who are getting MenACWY and MenB vaccines at the same visit.

INSTRUCTIONS: *To assist in determining which meningococcal vaccines may be required for you, review each of the indications in the table below, both by age and by increased risk. Place a checkmark in the box next to each indication that applies to you.*

By age indication		
Age	**MenACWY Requirement**	**MenB Requirement**
☐ ≤18 years of age, not at increased risk	✓ Vaccine required	× Vaccine not required*
☐ ≥19 years of age, not at increased risk	× Vaccine not required	× Vaccine not required*
By increased risk indication		
Indication	**MenACWY Requirement**	**MenB Requirement**
☐ First-year college student living in residence hall or military recruit	✓ Vaccine required	× Vaccine not required*
☐ Complement component deficiency or use of a medication known as a complement inhibitor (e.g., eculizumab, **r**avulizumab)	✓ Vaccine required	✓ Vaccine required
☐ No spleen or problem with spleen – including sickle cell disease	✓ Vaccine required	✓ Vaccine required
☐ HIV infection	✓ Vaccine required	× Vaccine not required*
☐ Travel to an area where the disease is common. Check www.cdc.gov/travel for travel-related risk	✓ Vaccine required	× Vaccine not required*
☐ Work in a laboratory with meningococcal bacteria (*Neisseria meningitidis*)	✓ Vaccine required	✓ Vaccine required
☐ Part of an outbreak as declared by public health officials—you will be notified if this applies to you	Vaccine required if outbreak caused by serogroup A, C, W or Y	Vaccine required if outbreak caused by serogroup B

*Though MenB vaccination is not required, persons 16-23 years old may choose to receive MenB vaccine to provide short-term protection against most strains of MenB disease. Learn more about meningococcal disease and MenB vaccination at: cdc.gov/meningococcal/vaccines/index.html.

Please consult with your health care provider if you have questions about the meningococcal vaccines or if you need to receive the vaccines to attend a New Jersey institution of higher education.

NJHealth New Jersey Department of Health

Meningococcal Vaccination Requirement for Higher Education
Frequently Asked Questions

New Jersey law requires that new students enrolling in a public or private institution of higher education in New Jersey have received meningococcal vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Prevention and Control (CDC). The following frequently asked questions have been listed below for your guidance.

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Are the two MenB vaccines interchangeable? 6
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STUDENT FAQs

I am entering college next semester. Will I need the meningococcal vaccines?

- **YES**, new students enrolling in a public or private institution of higher education in New Jersey are required by state law (*P.L. 2019, c.332)* to receive meningococcal vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC).

Which meningococcal vaccines do I need?

- There are three types of meningococcal vaccines that might be required depending on your age and your risk. The meningococcal conjugate vaccine (**MenACWY**) protects against serogroups A, C, W and Y disease. The meningococcal serogroup B vaccine (**MenB**) protects against serogroup B disease. People 10 years of age and older may receive a single dose of pentavalent meningococcal or (**MenABCWY**) as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day.

- You are required to receive meningococcal vaccines that are routinely recommended for you. Please review the student questionnaire and/or speak with your health care provider to determine which vaccines you may need.

I received a dose of MenACWY vaccine at 11 years old to attend sixth grade in New Jersey. Why do I still need another dose of MenACWY for college?

- CDC recommends a dose of MenACWY vaccine at ages 11-12 years with a booster dose at 16 years. This is because protection from the first dose begins to wane, so a booster dose is recommended to provide greater protection from meningococcal disease. College students, especially freshman living in residence halls, are at a slightly increased risk for contracting meningococcal disease. All students 16 through 18 will be required to receive a dose of MenACWY (Menveo or MenQuadfi) on or after age 16, even if you received a dose at a younger age. If you received at least one dose of MenACWY on or after age 16, no further doses are necessary unless you have a risk factor for meningococcal disease.

I am a first-year college student living in a campus residence hall, do I need meningococcal vaccines?

- **YES**, all first-year college students **who are living in residence halls** will be required to have received a dose of MenACWY on or after the 16th birthday AND within 5 years of receipt of last dose. Being a first-year college student living in residence halls increases the risk for meningococcal disease so the recommendation for this population is different.

- You will be required to receive MenB vaccine (Bexsero or Trumenba) for school attendance if you have a risk factor. Anyone 16 through 23 years old (preferably at 16 – 18 years of age) may choose to receive MenB vaccine. MenB vaccines provide short-term protection against most strains of serogroup B meningococcal disease. People 10 years of age and older may receive a single dose of pentavalent meningococcal (**MenABCWY**) as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day.

A summary table of increased risk indications is included at the end of the FAQ.

Can titers be accepted in lieu of documentation of vaccination?

- **NO**, there are no acceptable serologic titers that can be used as evidence of protection against meningococcal strains A, B, C, W, or Y.

Do I have to get a meningococcal vaccine if I have a medical condition that prevents me from receiving it?

- **NO**, the ACIP provides guidance to health care providers on which patients should not receive a particular vaccine. These reasons are listed at cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html.
- For all medical exemptions, your physician must provide information to your school that satisfies the following:
  - Only a physician licensed to practice medicine/osteopathic medicine and a nurse practitioner can write a medical exemption.
  - A medical exemption must indicate a specific period of time in which the student cannot receive specific vaccinations.
  - Reason(s) for medical contraindication must be enumerated by the ACIP and the American Academy of Pediatrics (AAP).

  A medical exemption form is also available on the NJDOH website at nj.gov/health/forms/imm-53.pdf.

Do I have to get a meningococcal vaccine if I practice a religion that prevents me from receiving it?

- **NO**, according to N.J.S.A.18A:61D-3, a student can submit a written statement that the immunization conflicts with the student's religious beliefs. Philosophical, moral, or conscientious exemptions are not acceptable.

Where can I obtain my vaccination records?

- If you do not currently have a copy of your vaccine records, you may be able to retrieve an official copy by contacting your: health care provider, or the state immunization registry (New Jersey Immunization Information System njiis.nj.gov/ (see question below for more info), or a previous school. You can also access personal or family immunization records through the Docket mobile phone app. To get started, download the free app by searching "Docket" on the App Store or on Google Play. More information about Docket is available at njiis.nj.gov/docs/requestImmunizationRecord/Consumer_Access_FAQ.pdf.

What is the New Jersey Immunization Information System (NJIIS)?

- NJIIS is the statewide immunization registry. NJIIS consolidates immunization information from all health care providers into one official record. More information on the registry can be found at njiis.nj.gov/docs/NJIIS_Your_Best_Shot.pdf.

If I can't find my vaccination records, do I need to get the vaccination again?

- **YES**, documentation of vaccination including the date of administration is required for attendance at institutions of higher education. If no record is available, then revaccination would be required.

COLLEGE HEALTH ADMINISTRATOR FAQs

Will vaccination be required during an outbreak?

- **YES,** vaccination will be required for outbreaks of meningococcal disease with serogroups in the meningococcal vaccines (A, B, C, W, Y). The outbreak must be declared by public health authorities. The specifics of the vaccine required, and the vaccination schedule will be determined by public health authorities.

Which students have to comply with the meningococcal vaccine requirement?

- The new meningococcal vaccine requirement extends to all newly enrolled college students regardless of residential status. All students 16 through 18 will be required to receive a dose of MenACWY (Menveo or MenQuadfi) on or after age 16. **No further doses are necessary unless you have a risk factor for meningococcal disease.**

  First-year college students living in residential housing are considered to be at increased risk. First year is defined as any student who is living in residential housing for the first time at your college/university. These students are required to have one dose on or after their 16th birthday AND within 5 years of the last dose.

How do I know which students are considered at increased risk?

- Institutions shall develop policies and procedures to determine a student's risk-status based on the ACIP recommendations. A summary table of increased risk indications is included at the end of the FAQs.

Is there a medical exemption form?

- **YES**, the New Jersey Department of Health (NJDOH) created a *Request for Medical Exemption from Mandatory Immunization Form (IMM-53)* and guidance document available at nj.gov/health/forms/imm-53.pdf. Health care providers who submit medical exemptions for mandatory vaccination must ensure that the information submitted is accurate and verifiable. The use of this form is not mandated or required. It is a tool that may be used by health care providers, schools, preschools, childcare facilities, and local health departments to assist in determining the validity of a medical exemption from mandatory immunization.

Are students 31 years of age and older subject to the immunization requirements set forth in N.J.A.C. 8:57-6.4 (b)1 since the Higher Education statute N.J.S.A. 18A:61D-1 states that the immunization requirements specifically apply to students 30 years of age and under?

- The NJ Higher Education Statute, N.J.S.A. 18A:61D-1 states: Every public and independent institution of higher education in this State shall, as a condition of admission or continued enrollment, require every graduate and undergraduate student who is 30 years of age or less and is enrolled full-time or part-time in a program or course of study leading to an academic degree, to submit to the institution a valid immunization record which documents the administration of all required immunizations against vaccine-preventable disease, or evidence of immunity from these diseases, in accordance with regulations promulgated by the Department of Health. The institution shall keep the records on file in such form and manner as prescribed by the department.

  The NJDOH administrative code, N.J.A.C. 8:57-6.4, states that students born before 1957 are exempt from the measles, mumps, and rubella (MMR) vaccination requirement. Since the Education Statute at N.J.S.A. 18A:61D-1 specifically states that only students 30 years of age or less must show proof of vaccination, NJDOH cannot require a college student over 30 years of age that meets all the other requirements set forth at N.J.S.A. 18A:61D-1 to present proof of vaccine or immunity for any of the required college vaccines. However, NJDOH still highly recommends that students are age-appropriately immunized.

Is the previous law requiring education on meningococcal disease still in effect?

- **YES**, it is still required for institutions to provide education on meningococcal disease. Since 2001, institutions of higher education have been required by law (N.J.A.C. 8:57-6.10) to provide information on meningococcal disease, at a minimum, including its nature and severity, causes, disease prevention and treatments, and the availability of a meningococcal vaccine to prevent disease. The student information flyer, available at nj.gov/health/cd/topics/meningo.shtml may be shared to comply with this law. Alternatively, an institution may develop their own resource to comply.

CLINICIAN FAQs

How do shared clinical decision-making recommendations differ from routine, catch-up, and risk-based immunization recommendations?

- Unlike routine, catch-up, and risk-based recommendations, shared clinical decision-making vaccinations are not recommended for everyone in a particular age group or everyone in an identifiable risk group. Rather, shared clinical decision-making recommendations are individually based and informed by a decision process between the health care provider and the patient or parent/guardian.

  The key distinction between routine, catch-up, and risk-based recommendations and shared clinical decision-making recommendations is the default decision to vaccinate. For routine, catch-up, and risk-based recommendations, the default decision should be to vaccinate the patient based on age group or other indication, unless contraindicated. For shared clinical decision-making recommendations, there is no default—the decision about whether or not to vaccinate may be informed by the best available evidence of who may benefit from vaccination; the individual's characteristics, values, and preferences; the health care provider's clinical discretion; and the characteristics of the vaccine being considered. There is not a prescribed set of considerations or decision points in the decision-making process.

Which patients should providers discuss shared clinical decision-making recommendations with?

- It's up to the provider. Some health care providers may choose to discuss immunizations recommended for shared clinical decision-making with all or most of their patients who could receive it, while some providers may be more selective when discussing these immunizations with their patients. Health care providers should also be receptive to patient-initiated conversations about these immunizations.

Are shared clinical decision-making recommendations covered by private insurers?

- Under the Affordable Care Act and its implementing regulations, ACIP recommendations that have been adopted by CDC "with respect to the individual involved" and are "listed on the Immunization Schedules of the Centers for Disease Control and Prevention" generally are required to be covered by group health plans and health insurance issuers offering group or individual health insurance coverage without imposing any cost-sharing requirements (such as a copayment, coinsurance, or deductible). This coverage requirement includes shared clinical decision-making recommendations when they have been adopted by CDC and are listed on the immunization schedules.

Are the two MenACWY vaccines interchangeable?

- **YES**, when more than one brand is age-appropriate, the vaccines are interchangeable.

Are the two MenB vaccines interchangeable?

- **NO**, the two MenB vaccines, MenB-4C (Bexsero) and MenB-FHbp (Trumenba), are <u>not</u> interchangeable. If a series is started with one brand, it must be completed with the same brand.

Can both MenACWY and MenB vaccines be administered on the same day?

- **YES**, vaccine providers may administer MenACWY and MenB vaccines during the same visit, but at a different injection site, if feasible. If available, MenABCWY vaccine can be given in place of the two separate vaccines.

If a patient received MenACWY vaccine at age 10 years and a dose of MenACWY before the 16th birthday, will they still need a booster dose at age 16?

- **YES**, they should receive a booster dose. A booster dose of MenACWY is recommended at age 16 years even if 2 (or more) doses of meningococcal ACWY vaccine were received before age 16 years.

Risk Indication Summary Table

Increased Risk Indications for Meningococcal Vaccines		
Risk Indications	**Meningococcal ACWY (MenACWY)**	**Meningococcal B (MenB)**
Complement component deficiency	Yes	Yes
Anatomic/functional asplenia	Yes	Yes
HIV infected	Yes	No
Travel	Yes	No
Microbiologist working with *N. Meningitidis*	Yes	Yes
First-year college student living in residence hall	Yes	No
Military recruit	Yes	No
Community outbreak	Yes, for outbreaks involving serogroups A, C, W, Y	Yes, for outbreaks involving serogroup B

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