Vaccine/Immunization, For Your Information

**AAP: Action needed to bump up MCV4 booster rates**

by Trisha Korioth, Staff Writer

Adolescents need a big boost to raise the national percentage of patients who have completed the two-dose meningococcal ACWY vaccine (MCV4) series.

A booster of MCV4 should be administered by age 16, but less than 30% of adolescents have received a second dose for complete protection. MCV4 elicits antibodies protective against *Neisseria meningitidis* serogroups A, C, Y and W-135.

"The antibody titers seen after MCV4 vaccine wane with time. Thus, the AAP is recommending a booster dose to stimulate the antibody production and provide longer-lasting protection against meningococcal disease," said Kathryn M. Edwards, M.D., FAAP, a member of the AAP Committee on Infectious Diseases.

To help raise awareness of the need for a second MCV4 dose, the Academy joined a call to action along with the Centers for Disease Control and Prevention, Society for Adolescent Health and Medicine, American Academy of Family Physicians, American College Health Association and Immunization Action Coalition (http://bit.ly/1kpL4tQ).

The CDC recommends that all 11- to 12-year-olds be vaccinated with a single dose of a quadrivalent meningococcal conjugate vaccine. A booster dose is recommended at age 16 to continue protection throughout the age of highest risk of meningococcal disease.

No preference is given to which brand to use (Menactra [Sanofi Pasteur, Swiftwater, Pa.] or Menveo [Novartis, Basel, Switzerland]), but the CDC advises using the same brand for the booster if possible. (See Recommended Immunization Schedule at http://1.usa.gov/1Ip9VZ6.)

The CDC's Advisory Committee on Immunization Practices recently recommended that a decision to use meningococcal B vaccine be left up to the provider and parent.

"The reason for this is that risk of disease is not very high, college students are not at increased risk for the disease and the cost of the vaccine is substantial," Dr. Edwards said. "The physician and parents should weigh these factors and decide together whether the children should be vaccinated."

Having different recommendations for the two types of meningococcal vaccines can be confusing, she noted.

"Pediatricians need to know that the advisory bodies evaluate each vaccine carefully," Dr. Edwards said. "They assess the burden of disease, the risk factors for acquisition of the disease, the cost-benefit of vaccines and help provide guidance to make these decisions."

**Resource**

- Educational materials from the Immunization Action Coalition, including fact sheets and talking points, tips to improve adolescent immunization rates, a top 10 list and a "Think 1-2-3" reminder to give 1 dose of Tdap, 2 doses of MCV4 and 3 doses of HPV vaccine.