

MCV4: You're not done if you give just one.

Give **TWO** doses to strengthen protection.

Dear Colleague:

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College Health Association (ACHA), Society for Adolescent Health and Medicine (SAHM), Centers for Disease Control and Prevention (CDC), and Immunization Action Coalition (IAC) urge you and your fellow healthcare professionals to strongly recommend and administer the second (booster) dose of meningococcal ACWY vaccine (MenACWY or “MCV4”) at age 16.

MCV4 was developed to prevent meningococcal disease resulting from infection with serogroups A, C, W, or Y. Meningococcal disease is devastating and debilitating, with a staggering 10–15% case fatality rate.

ACIP Recommendations for MCV4²

Give dose #1 at age 11–12 years and a booster at age 16 years

Recommendations if dose #1 is delayed:

- If dose #1 is delayed until age 13–15 years, give a booster at age 16–18 years*
- If dose #1 is delayed until age 16 years or older†, no booster is recommended.

* The **minimum interval** between doses of MCV4 is 8 weeks. Thus, it is possible to give the primary dose at age 15 and the booster at 16, for example, as long as the minimum 8-week interval between doses is observed.

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

In May 2005, CDC’s Advisory Committee on Immunization Practices (ACIP) published its recommendation to vaccinate all 11–12 year olds with MCV4. In 2006, only 11.7% of adolescents 13–17 years of age had received a dose of MCV4; by 2013, **1-dose** coverage in children 13 years of age had grown to an impressive 78.0%.¹

In January 2011, ACIP recommended that a second (booster) dose of MCV4 be given at age 16 in order to enhance protection in the period of greatest vulnerability to meningococcal disease – 16 to 21 years of age.² Unfortunately, more than four years after this recommendation was published, the **2-dose coverage rate for MCV4 in 17-year-olds is only 28.5%**.¹ By vaccinating fewer than 1 in 3 eligible teens, we are leaving millions of young adults without the protection they need.

A provider’s endorsement of vaccination has long been recognized as a key factor in improving immunization rates. You are therefore in a perfect position to improve coverage

by offering a strong, unequivocal recommendation for vaccination with a second dose of MCV4. We urge you to take advantage of opportunities to vaccinate during all patient encounters, including well visits, camp and sports physicals, visits for acute or chronic illness, and visits for other recommended immunizations. Additional ideas for improving your rates are available at www.Give2MCV4.org.

Why is a booster dose of MCV4 recommended at age 16?²

- ACIP found evidence of waning immunity 5 years post-vaccination to the protection provided by MCV4 against serogroups A, C, W, and Y. Therefore, many adolescents who received their primary dose at age 11 or 12 might have decreased protection from ages 16 through 21, when they are at greatest risk for meningococcal disease.
- Robust immune responses to a booster dose of MCV4 vaccine have been documented 3–5 years after the primary dose. The first dose primes the immune system to have a strong response to a booster – measurably stronger than the response to the first dose.

CONTINUED ON NEXT PAGE

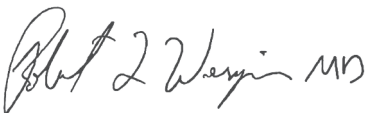
Special Considerations for College Students

ACIP recommends:

- Persons 21 years of age and younger should have documentation of receipt of MCV4 vaccine not more than 5 years prior to college enrollment.
- If the primary dose was given before the 16th birthday, a booster dose is needed before enrollment in college. The booster can be given any time after the 16th birthday.

Remember, *you're not done if you give just one*. Let's give our patients the boost they need to provide maximum protection against meningococcal (ACWY) disease.

Signed:



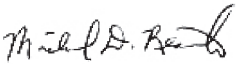
ROBERT L. WERGIN, MD, FAAFP
President
American Academy of Family
Physicians



SANDRA G. HASSINK, MD, FAAP
President
American Academy of Pediatrics



JAKE BAGGOTT, MLS,
1SG (USAR retired), FACHA
President
American College Health
Association



MICHAEL RESNICK, PHD, FSAHM
President
Society for Adolescent Health
and Medicine



ANNE SCHUCHAT, MD
Principal Deputy Director
Centers for Disease Control and
Prevention



DEBORAH WEXLER, MD
Executive Director
Immunization Action Coalition

REFERENCES

1. Centers for Disease Control and Prevention (CDC). National, regional, state, and selected local area vaccination coverage among adolescents aged 13–17 years – United States, 2014. *MMWR*. 2015;64(29):784-792.
2. Routine MCV4 vaccination of healthy persons who are not at increased risk for exposure to *Neisseria meningitidis* is not recommended after age 21 years.