



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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June 13, 2019

**MEMORANDUM**

**TO:** North Carolina Immunization Program (NCIP) Participants

**FROM:** Wendy Holmes, R.N., Head *WH*

**SUBJECT: Immunization Rule going into effect beginning August 2020 requiring all 12<sup>th</sup> graders to have a booster dose of Meningococcal Conjugate Vaccine ACWY (MCV4)**

The purpose of this memo is to remind NCIP Participants of the immunization rule requiring Meningococcal Conjugate Vaccine ACWY (MCV4) that was updated in July 2015.

Effective August 1, 2020, a booster dose for individuals is required before entering the 12th grade or by 17 years of age, whichever comes first. If the first dose of (MCV4) is administered on or after the 16th birthday, the booster dose is not required.

Highlights of the Meningococcal Conjugate Vaccine requirements are listed below.

**10A NCAC 41A .0401 DOSAGE AND AGE REQUIREMENTS FOR IMMUNIZATION**

Meningococcal conjugate vaccine – two doses: one dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. A booster dose is required by 17 years of age or by entering the 12th grade. However:

- (A) The first dose does not apply to individuals who entered seventh grade before July 1, 2015.
- (B) The booster dose does not apply to individuals who entered the 12th grade before August 1, 2020.
- (C) If the first dose is administered on or after the 16th birthday, a booster dose is not required.
- (D) An individual born before January 1, 2003 shall not be required to receive a meningococcal conjugate vaccine.

Continuing to follow the Advisory Committee on Immunization Practice (ACIP) recommended schedule ensures providers are vaccinating clients age-appropriately to meet the new requirements. At the end

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • Division of Public Health, Immunization Branch**

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of this memo there is a Frequently Ask Questions Document to assist you with the ACIP recommendations.

The North Carolina Immunization Program (NCIP) encourages providers to utilize the reminder/recall reports from the North Carolina Immunization Registry (NCIR) to identify clients who need vaccines to meet the requirements.

Please note: A parent or guardian must present a Certificate of Immunization for children entering public, private, or religious schools in North Carolina. An individual who is not age-appropriately vaccinated and according to the NC immunization rule requirements shall have 30 calendar days to obtain the required immunizations in order to attend school.

For additional information regarding the new vaccine requirements please contact the Immunization Branch at 919-707-5550 or via email at [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov).

Cc: Elizabeth Hudgins	SMT	Central Office Staff
Carol Tyson	Greg Griggs	Local Health Department Directors
Ann Nichols	Regional Immunization Consultants	Vaccine Manufacturers

## **Frequently Asked Questions for the August 1, 2020 requirement for Meningococcal ACWY (MCV4) for students entering 12<sup>th</sup> grade.**

### **What is the new meningococcal conjugate vaccine requirement in North Carolina?**

Starting August 1, 2020, a booster dose will be required by 17 years of age or by the time the student enters 12<sup>th</sup> grade, whichever comes first.

- One dose is required now for all students entering 7<sup>th</sup> grade
- If the first dose was administered on or after the 16<sup>th</sup> birthday a booster dose is not required
- Anyone born prior to January 1, 2003 is not required to have receive the meningococcal conjugate

### **Why was this meningococcal vaccine requirement added?**

The changes were made to more closely align NC requirements with the current Advisory Committee on Immunization Practices (ACIP) recommendations.

Meningococcal vaccines help protect against the bacteria that cause meningococcal disease. These infections don't happen very often but can be very dangerous when they do. Meningococcal disease refers to any illness that is caused by *Neisseria meningitidis* bacteria. The two most severe and common illnesses caused by these bacteria include infections of the fluid and lining around the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia). Even if they get treatment, about 10 to 15 out of 100 people with meningococcal disease will die from it.

Meningococcal disease can spread from person to person. The bacteria that cause this infection can spread when people have close or lengthy contact with someone's saliva, like through kissing or coughing, especially if they are living in the same place. Teens and young adults are at increased risk for meningococcal disease.

Meningococcal disease can become very serious, very quickly. The meningococcal vaccine is the best way to protect teens from getting meningococcal disease.

### **Where can I find the most current meningococcal vaccine recommendations?**

The most current comprehensive recommendations from the Advisory Committee on Immunization Practices (ACIP) for meningococcal polysaccharide and conjugate vaccines, which include serogroups A, C, W, and Y, were published in March 2013. This document is available on the MMWR website at [www.cdc.gov/mmwr/pdf/rr/rr6202.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf).

### **Which vaccine does my patient/student need?**

Meningococcal Conjugate Vaccine (MCV4) is the vaccine that will satisfy the school requirement. There are currently two FDA approved products that are available in the US and per ACIP either one can be used for this age group. They are Menactra by Sanofi Pasteur and Menveo by GlaxoSmithKline. Another meningococcal vaccine is also available for teens. This is the Serogroup B Meningococcal Vaccine (MenB). This vaccine is not required for school and cannot be used to fulfill the school entry requirement.

**Why does ACIP recommend a routine booster dose of MenACWY for adolescents at age 16 years?**

In 2005, ACIP recommended routine MenACWY vaccination for all adolescents at age 11 or 12 years to protect them from meningococcal disease as older teens. The peak age for meningococcal disease is 16 through 21 years. Subsequent studies indicated that the protection provided by MenACWY wanes within 5 years following vaccination. For this reason, in 2010, ACIP recommended an MenACWY booster dose to provide continuing protection during the age of increased meningococcal incidence (see [www.cdc.gov/mmwr/pdf/wk/mm6003.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6003.pdf) ).

**If a healthy child received meningococcal polysaccharide (MPSV4, Menomune; Sanofi) or MenACWY prior to international travel at age 9 years, will two additional doses of MenACWY be needed?**

Yes. Doses of quadrivalent meningococcal vaccine (either MPSV4 or MenACWY) given before 10 years of age should not be counted as part of the series. If a child received a dose of either MPSV4 or MenACWY before age 10 years, they should receive a dose of MenACWY at 11 or 12 years and a booster dose at age 16.

**If someone received MPSV4 or 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. First-year college students living in a residence hall, and who have not received a dose of MenACWY on or after age 16 years, should also be vaccinated.

**If someone received MPSV4 or MenACWY at age 9 years, will two additional doses of MenACWY be needed?**

Yes. Doses of quadrivalent meningococcal vaccine (either MPSV4 or MenACWY) given before 10 years of age should not be counted as part of the routine 2-dose series. If a child received a dose of either MPSV4 or MenACWY before age 10 years, they should receive a dose of MenACWY at 11 or 12 years and a booster dose at age 16 years.

**ACIP recommends that adolescents who receive the first dose of MenACWY at age 13 through 15 years receive a one-time booster dose at age 16 through 18 years. Given how hard it is to get teens into a medical office, is it okay to give the doses close together if the opportunity arises or should we try to space it out as far as possible (age 18)?**

If the first dose is given at age 13 through 15 years, you can give the booster dose as early as age 16 years, with a minimum interval of 8 weeks from the previous dose. So even if the patient was vaccinated at age 15 years, 11 months, you should wait at least 8 weeks and then give the booster at age 16 years 1 month (or later).