We have the tools to prevent meningococcal disease, but we are not using them as well as we could. While vaccination rates for the first dose of MenACWY vaccine are relatively high, the rates for the MenACWY booster dose are troublingly low. Data from the Minnesota Immunization Information Connection (MIIC), the state’s immunization information system, show that 70.8 percent of Minnesota 13-year-olds had received at least one dose of MenACWY in 2018; the data also show that only 47.3 percent of 19-year-olds had received a booster dose in 2018.

We know that just getting adolescents and young adults into the clinic is part of the struggle. However, several strategies can help clinicians raise vaccination rates.

Remind/recall. Send notices to individuals due (reminder) or overdue (recall) for vaccinations. Your organization may have reminder/recall features available in your software or phone system. You can also use MIIC’s Client Follow-Up feature to identify adolescents who are due for the booster dose to conduct remind/recall activities.

Recommend the MenACWY booster dose as the standard of care for 16-year-old patients. Make sure you are giving the same attention to the booster dose as you are other vaccines. Let parents know at the age 11-12 visit that another dose is needed. Continue to communicate that a booster dose is needed. Provide catch-up vaccination through age 18 for all young adults.

Don’t miss an opportunity to vaccinate. Appointments for minor illnesses, injuries or sports physicals are an ideal time to talk to patients about the vaccines that they need, including meningococcal vaccine.

**Minnesota school requirements**

Along with protecting adolescents from this potentially severe disease, increasing vaccination rates for the meningococcal booster dose has implications for school requirements in Minnesota. Every year, schools are required to report the immunization or exemption status of students in kindergarten through 12th grade to the Minnesota Department of Health (MDH) for the Annual Immunization Status Report (AISR).

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**Protect young adults from meningococcal disease**

**BY JENNIFER HEATH, DNP, MPH, RN**

When talking about a disease that can become extremely serious and even deadly in a matter of hours, early identification and prompt treatment are key. But, what if we can prevent the disease altogether? With meningococcal disease, we can—through vaccination. The problem is we are falling far behind on protecting those at highest risk.

Meningococcal disease, caused by the *Neisseria meningitides* bacteria, can quickly cause severe illness, such as meningitis and sepsis, in otherwise healthy individuals. Meningococcal disease can affect people of any age, but adolescents and young adults ages 16 to 21 have one of the highest incidences of meningococcal disease. Serogroups B, C and Y cause the majority of disease in the United States.

We have witnessed nearly a 10-fold decline in the incidence of meningococcal disease in the last two decades, but the cases that still occur are severe and often strike young healthy individuals. One of every 10 (or 10-15 percent) of those who contract meningococcal disease will die, even if they seek treatment. One of every five (or 20 percent) of those who survive the disease will have permanent neurologic damage or limb loss. It is nearly impossible to tell who meningococcal disease will impact as most cases in the United States are sporadic or part of small outbreaks.

Children enter a higher-risk period for meningococcal disease in early adolescence, but remain at high risk until they are about 23 years old. However, protection after a single dose of MenACWY vaccine wanes after five years. Adolescents who only receive a single dose between the ages of 11 and 12 are not adequately protected when they are most at risk for disease. That’s why the Advisory Committee on Immunization Practices (ACIP) recommends that all adolescents get a dose of quadrivalent meningococcal conjugate vaccine (MenACWY) at 11-12 years old, and then a booster at age 16.

Meningococcal B vaccine (MenB) is an additional meningitis vaccine that covers the B serogroups of meningococcal disease. The serogroups contained in the quadrivalent conjugate vaccine have declined over time and serogroup B now causes the majority of disease in adolescents and young adults. The ACIP recommendations for MenB are different from other routinely recommended vaccines. ACIP recommends that MenB be given to people age 16 to 23 years, based on the clinician’s judgment. This means clinicians should have a conversation with their patients in this age range about receiving the vaccine and their risk for meningococcal B disease. Then, they can recommend MenB based on clinical judgment and agreement from the patient. Consider having this conversation with any 16-year-old getting MenACWY. These vaccines can be given at the same time to help protect young adults from meningococcal disease.

**Don’t let your teen leave the roost without a boost**

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Schools have been reporting on the first dose of MenACWY for seventh graders since September 2014. This fall, MDH will ask schools to begin collecting information in the AISR on the booster dose of MenACWY for students in 12th grade. This update to required reporting is being rolled out in a phased approach, giving schools the next two years to implement it.

Partnerships between schools, clinics and public health will be needed to achieve high coverage for school entry. As you see students in your clinic that are age 16 years or older and/or entering 12th grade, make sure they are ready for school with their MenACWY booster dose.

In the summer of 2019, MDH sent postcards to parents and guardians of 16-year-olds across the state who are due for their MenACWY booster dose. The postcard reminds parents/adolescents to ask their provider about the booster dose. It also included messages about catch-up vaccines and MenB vaccine. This was the first of many campaigns to help raise awareness about the importance of the booster and get more adolescents immunized.

Together, we can increase meningococcal vaccination rates across Minnesota. For more information on meningococcal disease, vaccination guidance and disease reporting, go to Meningococcal Disease Information for Health Professionals (www.health.state.mn.us/diseases/ meningococcal/hcp.html). MM

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