



AWHP Comments to CDC Advisory Committee on Immunization Practices

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As an organization dedicated to supporting women's health and wellbeing across the lifespan, the Alliance for Women's Health and Prevention (AWHP) advances efforts that promote equitable access to and uptake of vaccines. As such, AWHP strongly supports a clear and comprehensive meningococcal vaccine schedule for adolescents and young adults, and encourages the ACIP to make recommendations that further this goal.

The current meningococcal vaccination schedule is complicated, with suboptimal vaccination rates reported across MenACWY and MenB. In particular, uptake of the MenB vaccine, which — unlike the routinely recommended MenACWY vaccine — is recommended under “shared clinical decision-making,” is very low with less than 30% of 17-year-olds having received a dose of the vaccine [i]. This situation may be due, in part, to its “shared clinical decision-making” recommendation. In a survey of 445 parents, around 80% indicated that they are unaware of MenB vaccine availability [ii]. A lack of awareness and overall confusion among adolescents and their parents leaves far too many individuals unprotected from a potentially deadly disease.

Another recent survey revealed that physicians, too, are confused about available meningococcal vaccines and their associated recommendations [iii]. More than half of participating physicians incorrectly indicated that ACIP recommends the MenB vaccine as routine. If the physicians implementing recommendations themselves are not familiar with the guidance, how can true “shared clinical decision-making” occur?

Fortunately, a newly approved “pentavalent” vaccine is recommended and available for use. This vaccine is an exciting option since it targets all five strains in one vaccine. This vaccine can help streamline vaccine administration and uptake for 1) healthy persons aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine and 2) persons aged ≥ 10 years who are at increased risk for meningococcal disease.

AWHP welcomes a simplified vaccine process for this serious, yet preventable disease and encourages broad, equitable meningococcal vaccination. Given the ongoing review of the Meningococcal Working Group, the ACIP can make a tangible difference in meningitis prevention by making a clear and easy to understand recommendation that protects young adults against all strains. This is a unique and rare opportunity to revise the adolescent meningococcal vaccine schedule to improve broader access to new prevention options, particularly given that 2023 had the highest number of cases in nearly a decade [iv].

[i] Pingali C, Yankey D, Elam-Evans LD, et al. Vaccination Coverage Among Adolescents Aged 13–17 Years — National Immunization Survey–Teen, United States, 2022. *MMWR Morb Mortal Wkly Rep* 2023;72:912–919. DOI: <http://dx.doi.org/10.15585/mmwr.mm7234a3>.

[ii] Basta NE, Becker AB, Li Q, Nederhoff D. Parental awareness of Meningococcal B vaccines and willingness to vaccinate their teens. *Vaccine*. 2019 Jan 21;37(4):670-676. doi: 10.1016/j.vaccine.2018.11.078. Epub 2018 Dec 23. PMID: 30587431; PMCID: PMC6441613.

[iii] Pfizer, U.S. Meningococcal Immunization Physician Survey, 2023. <https://womenshealthandprevention.org/wp-content/uploads/2023/07/U.S.-Meningococcal-Immunization-Physician-Survey.pdf>

[iv] Schillie S. Revising the Adolescent Meningococcal Vaccine Schedule: Term of Reference and Considerations. February 2024. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/02-Meningitis-Schillie-508.pdf>