

# Serogroup B meningococcal vaccine: A first look at uptake and coverage

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### **OBJECTIVES**

- Describe the uptake of the MenB vaccine during the first two years of use
- Examine the benefit of IIS for monitoring vaccination coverage during outbreaks
- Explore strategies to facilitate MenB vaccine series completion for routine usage, as well as during outbreak scenarios



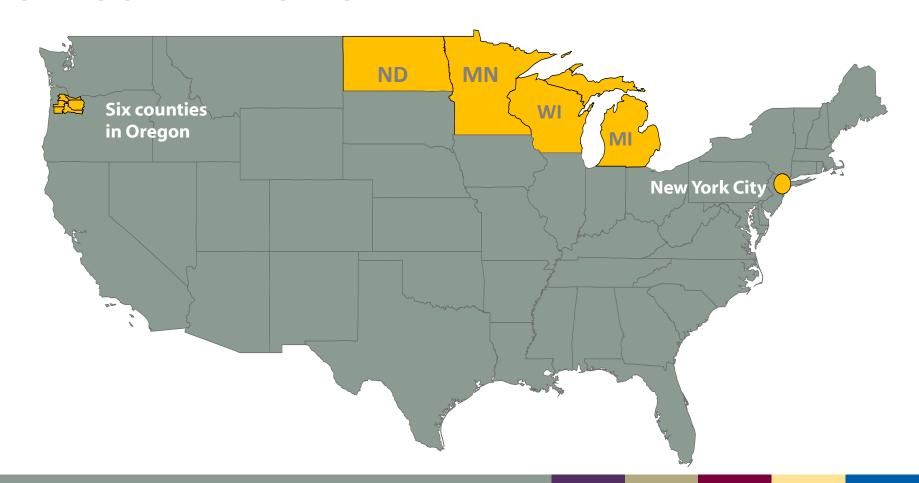
#### **BACKGROUND**

- Meningococcal disease is a serious illness
  - Can unexpectedly strike health individuals
  - Sometimes causes long-term or fatal outcomes
  - Adolescents and young adults at increased risk
- Serogroup B meningococcal (MenB) vaccine
  - Trumenba (MenB-FHbp)
  - Bexsero (MenB-4C)
- Advisory Committee on Immunization Practices (ACIP)
  - Recommended for adolescents and young adults aged 16 to 23 years
  - Licensed for use beginning in 2015

#### **BACKGROUND**

- Immunization information systems (IIS)
  - Confidential, computerized population-based systems that consolidated immunization data from vaccine providers
- IIS Sentinel Sites
  - Have robust, high quality, and timely data
  - Funded to evaluate vaccination coverage and uptake in pediatric and adolescent populations
  - Nearly 250M records submitted quarterly to monitor vaccine usage
  - Data represent approximately 10% of the US population

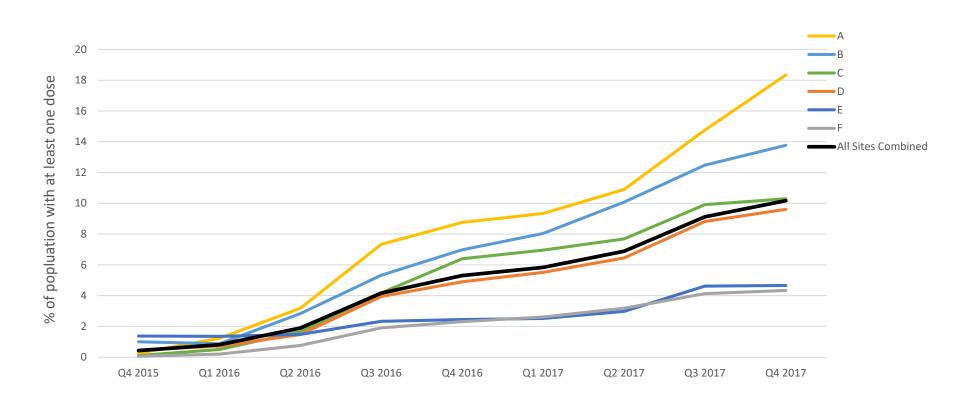
### **SIX IIS SENTINEL SITES**



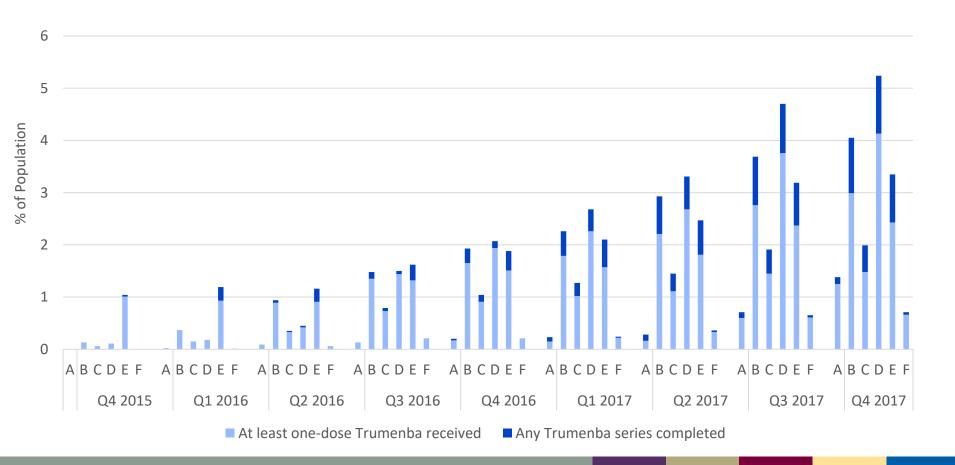
### **METHODS**

- Assessed MenB vaccine coverage and uptake between October 2015 and December 2017
- Analyzed >1.1 million records among adolescents age 16-18 years
- Data analyzed by quarter beginning with Q4 2015 to examine differences by IIS Sentinel Site
  - Adolescents who received at least one dose of any MenB vaccine
  - Series completion of MenB-FHbp or MenB-4C
- Web-based survey conducted
  - Conducted among Sentinel Site staff
  - Further understand factors that might impact differences in vaccine uptake
  - Survey consisted of four questions (communication messages, forecasting strategies, factors determining use of forecasting, additional factors)

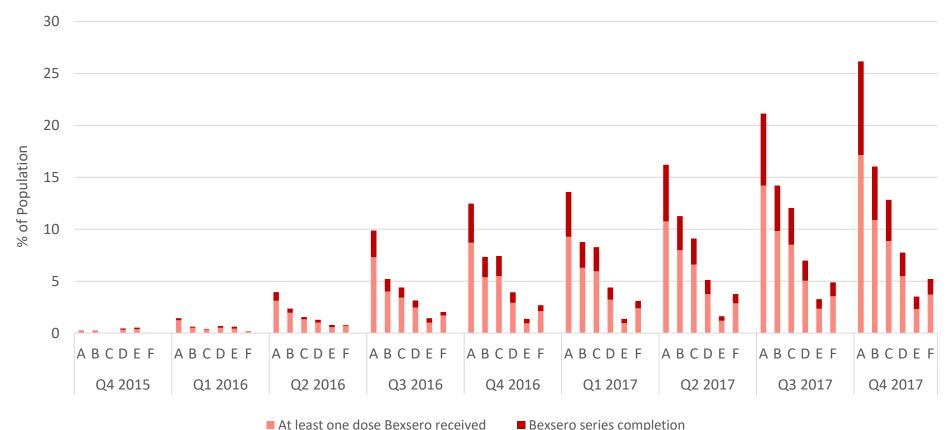
## UPTAKE OF AT LEAST ONE DOSE OF MENB VACCINE BY SENTINEL SITE OVER TIME AMONG ADOLESCENTS (AGE 16-18)



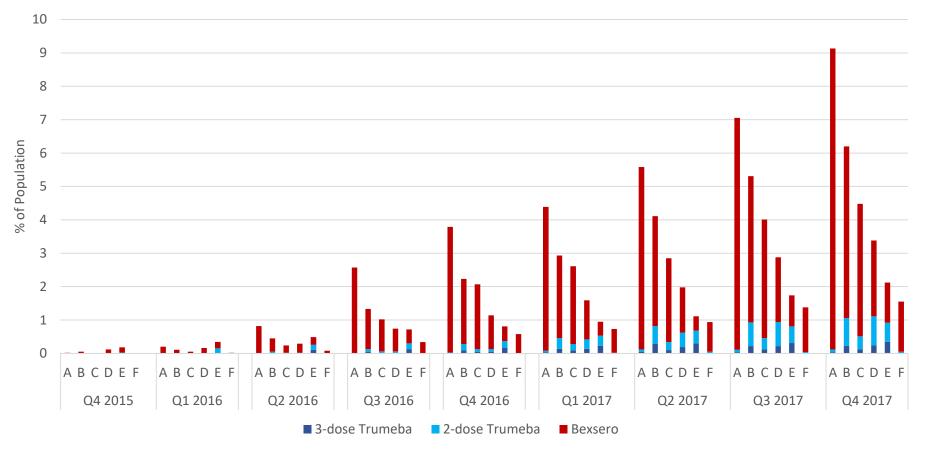
### VACCINE COVERAGE FOR AT LEAST ONE DOSE OF MENB-FHBP (TRUMEBA) VS. ANY SERIES COMPLETION FROM OCTOBER 2015 THROUGH DECEMBER 2017



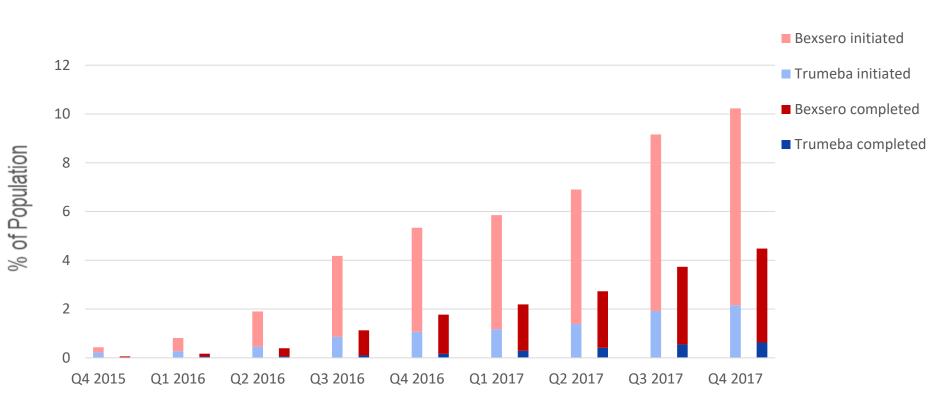
### VACCINE COVERAGE FOR AT LEAST ONE DOSE OF MENB-4C (BEXSERO) VS. SERIES COMPLETION FROM OCTOBER 2015 THROUGH DECEMBER 2017



### VACCINE COVERAGE FOR SERIES COMPLETION OF ANY MENB VACCINE BY SENTINEL SITE FROM OCTOBER 2015 THROUGH DECEMBER 2017



## COMPARISON OF MENB DOSE INITIATATION VS. MENB SERIES COMPLETION BY QUARTER



### COMPARISON OF FORECASTING AND COMMUNICATION STRATEGIES BY SENTINEL SITE AMONG ADOLESCENTS 16-18 YEARS

|  | Site<br>Code | Cumulative<br>Vaccine<br>coverage | Forecasting Strategy   | Promotional Communication Messages  |
|--|--------------|-----------------------------------|--|---|
|  | Α            | 18.34                             | IIS forecasted MenB for all age-eligible persons, regardless of risk factors.  | ACIP recommendations disseminated via email to providers, at provider meetings, immunization nurse educator modules |
|  | В            | 13.77                             | Site did not forecast. A small percent of HL7 querying providers use a new forecaster, but recommendations are only for high-risk individuals. | Informational letters disseminated  |
|  | С            | 10.30                             | Forecasted for persons who initiated the vaccine to encourage completion of the dose series.   | Articles in monthly immunization newsletters, phone calls with local public health and advisory                     |
|  | D            | 9.61                              | Site did not forecast MenB administration for any persons.   | None  |
|  | E            | 4.66                              | Forecasted for persons who initiated the vaccine to encourage completion of the dose series.   | Email communications, lunch & learn presentations   |
|  | F            | 4.34                              | Forecasted for persons who initiated the vaccine to encourage completion of the dose series.   | Bi-weekly messaging to health providers, jurisdiction committee on Immunization Practices, pharmacists              |

### **LESSONS LEARNED**

- Generally, vaccination coverage for MenB vaccine is low, but increasing over time
- There are wide variations in the uptake of the MenB vaccine by Sentinel Site
- Highest rates of uptake were observed at sites were no outbreak occurred
- MenB vaccine promotion during the presence of an outbreak may increase uptake
- Support for the administration of the vaccine seems to indicate increased uptake
- IIS data is a useful tool for understanding vaccination coverage, particularly during an outbreak
- Forecasting for series vaccines is likely to increase the series completion
- Vaccine is still relatively new additional awareness and information about the MenB vaccine may be needed

### **CONCLUSIONS**

- Study includes a subset of the recommended age cohort for MenB vaccine
- Rates of MenB-FHbp (Trumeba) vaccine uptake and coverage are likely underestimated
- Findings are not generalizable implementation practices vary widely by site
- Further study is warranted to understand factors that influence uptake of MenB vaccine

#### **National Center for Immunization & Respiratory Diseases**



### **THANK YOU**

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For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

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