MenHibrix®
Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine

Age Indications for Menhibrix® Vaccine
Menhibrix® (GSK): for aged 6 weeks through 18 months at increased risk for meningococcal disease (see below)

Indications for Use and Schedule
- Indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroups C and Y and Haemophilus influenzae type b.
- Four doses (0.5 mL each) by intramuscular injection at 2, 4, 6, and 12 through 15 months of age. The first dose may be given as early as 6 weeks of age. The fourth dose may be given as late as 18 months of age.

Minimum interval
- 8 weeks between doses

Vaccine Administration
- Intramuscular (IM) injection in the anterolateral aspect of the thigh for most infants younger than 1 year of age
- In older children, in the deltoid muscle of the arm
- 1-1.5 inch, 22-25 gauge needle
- Use professional judgment in selecting needle length

Storage and Handling
- Store in the refrigerator between 35°-46° F (2°-8° C); Do NOT freeze
- Protect vials from light.
- Keep in the original box
- Administer vaccine immediately after drawn up in syringe

MenHibrix will be supplied to select providers designated by the Georgia Immunization Office.

HIGH- RISK INFANTS 6 WEEKS THROUGH 18 MONTHS OF AGE:
- Persons with persistent complement component pathway deficiencies
- Persons with anatomic or functional asplenia
- Complex congenital heart disease with asplenia
- Sickle cell disease
- Persons living in or traveling to countries in which N. meningitidis is hyper-endemic or epidemic.

CONTRAINDICATIONS
- An anaphylactic (severe allergic) reaction to a prior dose or a component of any meningococcal-, H. influenzae type b-, or tetanus toxoid-containing vaccine
- Delay vaccination for children with moderate or severe acute illnesses

PRECAUTIONS
- If Guillain-Barré syndrome has occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid, the decision to give any tetanus toxoid-containing vaccine, including MENHIBRIX, should be based on consideration of the potential benefits and possible risks
- Apnea following intramuscular vaccination has been observed in some infants born prematurely. Decisions about when to administer an intramuscular vaccine, including MENHIBRIX, to infants born prematurely should be based on consideration of the individual infant’s medical status, and the potential benefits and possible risks of vaccination.
- Syncope can occur in association with administration of injectable vaccines, including MENHIBRIX. Syncope can be accompanied by transient neurological signs such as visual disturbance, paresthesia, and tonic-clonic limb movements.

FURTHER POINTS
- Hib-MenCY-TT may be co-administered with other routine infant vaccinations, including 13-valent pneumococcal conjugate vaccine. Hib-MenCY-TT should not be co-administered with other Hib-containing vaccines.
- If an infant at increased risk for meningococcal disease is behind on his or her Hib vaccine doses, Hib-MenCY-TT may be used following the same catch-up schedule used for Hib vaccine. However, if the first dose of Hib-MenCY-TT is given at or after 12 months of age, 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
- Hib-MenCY-TT may be used in any infant for routine vaccination against Hib and will offer some protection against serogroups C and Y meningococcal disease. Four doses of Hib-MenCY-TT fulfill the primary series and booster dose Hib immunization recommendations.
- If Hib-MenCY-TT vaccine is used to achieve protection against serogroups C and Y, Hib-MenCY-TT should be used for all 4 doses of Hib vaccine.
- Meningococcal Vaccine Information Statement (VIS), can be found at http://www.immunize.org/vis/
- The current low incidence of meningococcal disease in the United States, at this time ACIP does not recommend routine meningococcal vaccination for infants who are not at increased risk for meningococcal disease
- The CPT code for the MenHibrix vaccine is: 90644 and NDC Code is: 58160-0801-11

Resources:
Infant Meningococcal Vaccination: Advisory Committee on Immunization Practices (ACIP) Recommendations and Rationale
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6203a3.htm


Adapted from the Michigan Department of Community Health