Meningococcal Conjugate (Group C) Vaccine

BIOLOGICAL PAGE

Alberta Health Services
Communicable Disease Control

Section 7	Biological Product Information	**Standard # 07.280**	
Created and approved by	Provincial Immunization Program Standards and Quality		
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	NeisVac-C	**Menjugate**
Manufacturer	Pfizer Canada Inc.	GlaxoSmithKline Inc.
Classification	Non-live: conjugate	
Indications for Provincially Funded Vaccine	**Pre-exposure:**	

	Infants and children 2 months up to and including 59 months of age
	Note:
	• Infants and children who are at higher risk due to underlying medical conditions as defined below should receive meningococcal quadrivalent conjugate vaccine groups A, C, Y and W-135 (MenC-ACYW) rather than meningococcal conjugate group C vaccine (MenconC). Vaccine product used is dependent on age. See 07.281 Meningococcal Conjugate (Groups A, C, Y and W-135) Vaccine Biological Page.
	• **Underlying medical conditions (use MenC-ACYW vaccine rather than MenconC vaccine):**
	  ○ Anatomical or functional asplenia (including sickle-cell disease)
	  ○ Complement, properdin, factor D or primary antibody deficiency or hypogammaglobulinemia
	  ○ Acquired complement deficiency (for example, due to receipt of the terminal complement inhibitor eculizumab [Soliris])
	  ○ Hematopoietic stem cell transplant (HSCT) recipients
	  ○ Solid organ transplant (SOT) candidates and recipients
	  ○ Human immunodeficiency virus (HIV) positive with no contraindication to immunization.
	• For individuals who have previously received meningococcal conjugate (groups A, C, Y and W-135) vaccine, the dose(s) can be counted toward the routine meningococcal C conjugate vaccine series.
	• Meningococcal conjugate C vaccine (MenconC) is not recommended in addition to Menveo for infants and children at higher risk of invasive meningococcal disease.	

	Post-exposure:	
	• Immunization or re-immunization of close contacts of laboratory-confirmed cases of serogroup C invasive meningococcal disease. See scheduling information for further details. ○ Results of index case serogrouping should be known (generally within 2 to 5 days) before proceeding with immunization. • Outbreak control of laboratory-confirmed serogroup C invasive meningococcal disease in consultation with zone Medical Officers of Health (MOH). • For disease information, contact assessment and reporting guidelines refer to Public Health Notifiable Disease Management Guidelines: meningococcal disease, invasive.	

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Schedule	**Pre-Exposure:**	
	• Dose 1 – 4 months of age • Dose 2 – 12 months of age or older and at least 4 weeks after dose 1. **Spacing Considerations:** • Children beginning immunization at 12 months of age or older require only 1 dose before the 5th birthday. • Children who receive 1 dose prior to 12 months of age require 1 dose at 12 months of age or older and at least 4 weeks after the first dose. • Reinforcing doses of MenconC vaccine are not considered necessary at present. • Wait at least six months before administering MenconC to individuals who have previously received meningococcal polysaccharide vaccine.	
	Post-exposure for contact of confirmed serogroup C meningococcal disease cases:	

	• 2 months up to and including 11 months of age:
	  ○ Unimmunized: administer 1 dose
	  ○ Previous immunization: administer 1 dose if at least 4 weeks since previous dose.
	• 12 months of age and older:
	  ○ Unimmunized: administer 1 dose
	  ○ Previously immunized at younger than 12 months of age or at higher risk due to an underlying medical condition: administer 1 dose if at least 4 weeks since the last dose.
	  ○ Previously immunized at 12 months of age or older: administer 1 dose if at least 1 year since the last dose.
	Note:
	Use MenC-ACYW vaccine for post-exposure prophylaxis for confirmed contacts of meningococcal C if the individual is eligible for the MenC-ACYW vaccine (such as students in Grades 9, 10, 11 or 12 who has not already received their adolescent dose of MenC-ACYW vaccine).	

Preferred Use	None. • Both vaccines are safe and immunogenic in individuals 2 months of age and older. • Persons with medical contraindications to one product should be offered the alternate product if supply is available.	
Dose	0.5 mL	
Route	Intramuscular	
Contraindications/ Precautions	**Contraindications** • Known severe hypersensitivity to any component of the vaccine • Anaphylactic or other allergic reactions to a previous dose of vaccine containing meningococcal conjugate C antigen. **Precautions** • Use continuous cardiac and respiratory monitoring for hospitalized premature infants for 48 hours after their first immunization. ○ Premature and very low birthweight infants (less than 1500 g) who are still hospitalized at the time of immunization, may experience a transient increase or recurrence of apnea and bradycardia following immunization. This subsides within 48 hours and does not alter the overall clinical progress of the child. The risk of these	

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	events is greater among infants with ongoing cardiorespiratory issues at the time of immunization, but such events can also occur in those who are clinically stable.	
Possible Reactions	**Common:** • Redness, swelling, induration and/or pain at injection site. • Headache, fever, dizziness, drowsiness and somnolence or impaired sleeping, myalgia in the arms or legs. • Anorexia, vomiting, nausea or diarrhea; crying and irritability (infants and/or toddlers) • Vomiting, diarrhea • Rash, pruritus, ecchymosis, dermatitis • Pharyngitis/Rhinitis, cough. **Uncommon** • Lymphadenopathy, peripheral edema • Bronchospasm • Hypoesthesia, paraesthesia, asthenia • Syncope • Flushing, hyperhidrosis, chills • Nasal congestion. **Rare:** • Relapse of nephrotic syndrome has been reported to present within a few months following immunization. • Anaphylaxis, allergic reaction. • Circulatory collapse. • Facial edema, and angioedema. • Convulsions including febrile. • Erythema multiforme, Stevens-Johnson syndrome, arthralgia, and hypotonia in infants. • As with any immunization, unexpected or unusual side effects can occur. Refer to the product monograph for more detailed information.	
Pregnancy	Consult with MOH/designate. • There is not enough data for use during pregnancy. • MOH/designate will make and individual recommendation based on risk of disease versus benefit of vaccine.	
Lactation	May use for people who are lactating and feeding their milk to infants or children.	
Composition	Each 0.5 mL dose of vaccine contains: • 10 mcg of Neisseria meningitidis group C polysaccharide • 10 to 20 mcg tetanus toxoid • 0.5 mg Al3+ aluminum hydroxide • 4.1 mg sodium chloride.	Each 0.5 mL dose of vaccine contains: • 10 mcg of Neisseria meningitidis group C (strain C11) oligosaccharide • 12.5 to 25 mcg Corynebacterium diphtheriae CRM-197 protein • 1 mg aluminum hydroxide • 0.78 mg histidine • 4.5 mg sodium chloride • water for injection.
Blood/Blood Products	Blood products are present/may be present in the final composition of NeisVac-C.	Does not contain any human blood/blood products.

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Bovine/Porcine Products	**Bovine Products:** • Ingredients of bovine origin are present/may be present in the final composition of NeisVac-C. **Porcine Products:** • Ingredients of porcine origin are present/may be present in the final composition of NeisVac-C.	**Bovine Products:** • Bacto casamino acids, which are derived from casein (a milk derived protein of bovine origin), are used in the very early stages of the manufacturing process. **Porcine Products:** • Does not contain porcine products.
Latex	Does not contain latex.	
Interchangeability	Vaccines can be used interchangeably. • Use the manufacturer recommended dose and schedule. • Complete the infant series with the same vaccine whenever possible.	
Administration with Other Products	May be given at the same time as other inactivated and live vaccines. • Use a separate needle and syringe for each vaccine. • The same limb can be used if necessary, but use different sites on the limb.	
Preparation	Shake well prior to administration to thoroughly mix the vaccine suspension.	Syringe: Gently shake the syringe before administration. Vial: Gently shake the vaccine vial before administration.
Appearance	Semi-opaque white to off-white suspension.	White opalescent suspension.
Storage	• Store at +2^{0}C to +8^{0}C • Do not freeze • Do not use beyond the labeled expiry date • Store in original packaging to protect from light.	
Vaccine Code	MenconC	
Antigen Code	MENING-C	
Licensed for	• Persons 2 months of age and older. • 2 dose schedule for individuals starting immunization at less than 12 months of age has been approved off license by Alberta Health.	
Notes	• 2001 November 1 – 2002 March 31: Offered as part of mass immunization campaign to infants 2 to 24 months of age. • 2002 April 4: Meningococcal Conjugate C (Menjugate) – Routine childhood immunization schedule for infants born on or after 2001 September 1. • 2015 January 1: Schedule change from 3 doses given at 2, 4 and 12 months of age to 2 doses given at 4 and 12 months of age.	
Related Resources	Meningococcal Conjugate Type C (MenconC) Vaccine Information Sheet	

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