Ontario

Ministry of Health

Qs & As for Health Care Providers: Meningococcal Vaccine Transition

This document is intended to assist vaccine providers with transitioning the current monovalent conjugate meningococcal serogroup C vaccine (Men-C-C) to the quadrivalent conjugate meningococcal vaccine (Men-C-ACYW) in the routine childhood immunization program.

1. What is changing in the publicly funded meningococcal immunization program in Ontario?

Ontario is transitioning from the use of monovalent conjugate meningococcal serogroup C vaccines (Men-C-C) to quadrivalent conjugate meningococcal vaccines (Men-C-ACYW) in the routine childhood immunization program. The recommended ages for meningococcal vaccination remain unchanged.

While the program change will provide broader protection against additional serogroups (A, Y and W), the program transition is not driven specifically by changes in meningococcal disease epidemiology in Ontario. The program change is primarily driven by the discontinuation of Men-C-C vaccines in Canada.

2. Why are monovalent Men-C-C vaccines being discontinued?

Manufacturers have advised that Men-C-C vaccines (Menjugate Liquid®, NeisVac-C®) will no longer be supplied in Canada. As a result, jurisdictions must transition to alternative products to maintain meningococcal protection.

3. What is the updated routine schedule for healthy children?

Following the transition from Men-C-C to Men-C-ACYW, two doses of Men-C-ACYW will be publicly funded under the routine immunization program, one dose administered each at:

- 12 months of age; and
- in Grade 7

Note: Individuals born on or after 1997, who have not previously received a publicly funded dose of Men-C-ACYW are eligible to receive one dose, regardless of previous receipt of Men-C-C vaccine.

Once Men-C-C inventory is depleted, Men-C-ACYW should be used for all routine 12-month doses, including catch-up.

4. How should existing Men-C-C vaccine inventory be managed, and when can providers begin using Men-C-ACYW for routine immunization?

Health care providers should continue to use existing Men-C-C inventory for all eligible routine 12-month doses and catch-up immunizations until supply is depleted or the product expires.

During the transition period, public health units may continue to distribute Men-C-C vaccines to providers while supply remains available. Providers should not initiate use of Men-C-ACYW for routine 12-month immunization while usable Men-C-C inventory remains available, except where Men-C-C is clinically contraindicated.

Continuing to use existing Men-C-C supply supports the responsible use of publicly funded vaccines. Using Men-C-ACYW before Men-C-C inventory is exhausted may result in avoidable wastage of publicly funded vaccine.

5. Should children who previously received Men-C-C be revaccinated with Men-C-ACYW?

Children who received a dose of Men-C-C at ≥12 months of age do not require revaccination solely because of this program change. They remain eligible for the routine Grade 7 dose of Men-C-ACYW, in accordance with the existing program. Health care providers should inform patients that the program change is due a discontinuation of Men-C-C vaccines and is not specifically related to changes in meningococcal disease epidemiology.

6. Will this change affect the Grade 7 meningococcal program?

The transition from Men-C-C to Men-C-ACYW for the infant program does not change the Grade 7 Men-C-ACYW school program eligibility or delivery. The Grade 7 Men-C-ACYW program remains unchanged and will continue to be delivered primarily through school-based immunization clinics operated by public health units. Individuals who miss vaccination through the school program in Grade 7 remain eligible to receive

a publicly funded dose of Men-C-ACYW. Please check communications from your local public health unit regarding access to doses for missed vaccination in Grade 7.

7. Are there any changes to the high-risk meningococcal program?

Health care providers should continue to administer Men-C-ACYW and meningococcal B strain vaccine (4CMenB) to individuals at high-risk of invasive meningococcal disease (IMD), consistent with the eligibility in the Publicly Funded Immunization Schedules for Ontario. Effective immediately, publicly funded age groups for the high-risk Men-C-ACYW program will be updated to better align with authorized age indications in product monographs. Menveo is authorized for use from 2 months of age, while Nimenrix and MenQuadfi are authorized for use from 6 weeks of age (see Table 1 in the Appendix for a summary of authorized age indications, including upper age limits).

Updated National Advisory Committee on Immunization (NACI) guidance, published as a Rapid Response, offers enhanced clarity on vaccine schedules and product options for infants and children under 2 years of age. The table below should be used in place of Table 15 in the Publicly Funded Immunization Schedules for Ontario for high-risk infants and children aged 6 weeks to 23 months.

Recommended Men-C-ACYW vaccine schedules for high-risk infants and children under 2 years of age

Age at first dose	Recommended vaccine schedules by age	
	Routine schedule	**Schedule for individuals at high risk of IMD**
6 weeks to 6 months	-	2 doses + 1 booster dose at 12 to 23 months of age
7 to 11 months	-	1 dose + 1 booster dose at 12 to 23 months of age
12 to 23 months	1 dose	1 dose (if previously immunized) 2 doses (if previously unimmunized)

The recommended interval between doses is 8 weeks or more from the previous dose; a minimum interval of 4 weeks can be used if accelerated immunization is needed. A booster dose is recommended to be given at 12 to 23 months of age but can be given at ⩾24months of age if the child was not immunized at the recommended age. **Note:** The

above dosing schedules for high-risk infants and children may differ from authorized product monographs. These recommendations reflect NACI guidance and may include off-label use. It is in a health care provider's sole discretion whether to apply a dosing schedule off-label.

8. What are the recommendations for vaccination of close contacts for post-exposure management and outbreak control?

Refer to Table 2 in the Canadian Immunization Guide (CIG) for recommendations on vaccination of close contacts for post exposure management and outbreak control.

Where Men-C-C vaccination is indicated, and the product is no longer available, substitute a dose of Men-C-ACYW vaccine. The selected Men-C-ACYW vaccine should be used in accordance with the authorized age indication as outlined in the product monograph.

In some cases, where product availability is limited, publicly funded vaccines may be considered for use outside of authorized age indications; such use is considered off-label and is subject to the sole clinical judgment of the health care provider.

9. Which Men-C-ACYW vaccine should be used for infants and children less than 2 years age who are at high-risk for IMD?

Infants and children at high risk of IMD should be immunized using with a Men-C-ACYW vaccine. MenQuadfi, Menveo, or Nimenrix may be used, in accordance with their respective authorized age indications.

10. Can Men-C-ACYW vaccines be used interchangeably?

Men-C-ACYW vaccines should be used within their authorized age indications; and may be interchanged. When possible, the vaccine series should be completed with the same vaccine; however, if the original product is unknown or not available, another Men-C-ACYW can be interchanged to complete the series.

11. Are Men-C-ACYW vaccines safe and immunogenic in infants and children less than 2 years of age?

Yes, evidence reviewed by NACI demonstrates that:

- Men-C-ACYW vaccines provide non-inferior immune responses to serogroup C in children under 2 years of age compared with Men-C-C vaccines.
- Men-C-ACYW vaccines elicit robust immune responses to all included serogroups (A, C, Y and W).
- The safety profiles of Men-C-ACYW vaccines are comparable to those of Men-C-C vaccines.
- Most adverse events are mild and self-limited (e.g., injection-site pain, fever, irritability).
- Serious adverse events are rare.

12. Can Men-C-ACYW vaccines be given concurrently with other routine vaccines?

Yes, Men-C-ACYW vaccines may be administered concurrently with routine childhood vaccines, using separate syringes and injection sites, consistent with appropriate vaccine administration practices.

13. How should health care providers report an adverse event following immunization (AEFI) should one occur?

Physicians, nurses, pharmacists or other persons authorized to administer an immunizing agent are required to report AEFIs under the *Health Promotion and Protection Act*.

Those administering vaccines should ensure that the vaccine recipients are aware of the need to immediately report AEFIs to their health care provider. Subsequently, health care providers should report any serious or unexpected adverse event temporally related to vaccination to their local public health unit.

Vaccine providers should report AEFIs to their local public health units using the Ontario AEFI Reporting Form. A list of public health units is available at: https://www.ontario.ca/page/public-health-unit-locations.

14. What should health care providers communicate to patients and families?

Key messages include:

- The program change is due to vaccine availability and discontinuation of Men-C-C vaccines in Canada. The transition to Men-C-ACYW will occur only after existing Men-C-C supply has been depleted.
- While the updated program will provide broader protection against additional serogroups (A, Y and W), the transition is not specifically related to changes in meningococcal disease epidemiology or increased risk in Ontario.
- No additional doses of Men- C-ACYW are needed for children already immunized according to the routine schedule with Men-C-C. These children remain eligible to receive a dose of Men-C-ACYW in Grade 7 through the school-based immunization program.
- Meningococcal vaccines continue to be safe, effective and publicly funded.

15. How can I order Men-C-ACYW vaccines?

Vaccine providers should order vaccine from their usual vaccine supply source (i.e., public health unit or the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS)). Providers should follow local public health unit guidance regarding vaccine ordering and distribution.

16. Where can providers find additional guidance?

- Publicly Funded Immunization Schedules for Ontario
- Canadian Immunization Guide – Meningococcal Vaccines
- NACI Rapid Response: Update on the use of quadrivalent conjugate meningococcal vaccines in children under 2 years of age
- OIAC Recommendations on the Use of Quadrivalent Meningococcal Conjugate Vaccines in Ontario
- Local public health units
- Men-C-ACYW vaccine product monographs:
    - Menveo
    - Nimenrix
    - MenQuadfi

Appendix

Table 1: Summary of Ontario's publicly funded meningococcal vaccines (active and discontinued)

Type of Meningococcal Vaccine	Vaccine Name	Abbreviation	Authorized Age Indications	Status
Monovalent conjugate serogroup C	Menjugate Liquid	Men-C-C	Children from 2 months of age, adolescents and adults	Discontinued
	NeisVac-C	Men-C-C	Children from 2 months of age, adolescents and adults	Discontinued
Quadrivalent conjugate serogroup A, C, Y & W	Menactra	Men-C-ACYW	Individuals 9 months through 55 years of age	Discontinued
	Menveo	Men-C-ACYW	Individuals 2 months through 55 years of age	Active
	Nimenrix	Men-C-ACYW	Individuals 6 weeks through 55 years of age	Active
	MenQuadfi	Men-C-ACYW	Individuals 6 weeks of age and older	Active
Serogroup B	Bexsero	4CMenB	Individuals 2 months through 25 years of age	Active

Discontinued products are no longer supplied but are listed for reference.

Men-C-ACYW products available through the provincial publicly funded immunization program may vary based on vaccine availability and supply. Providers should use the product supplied through their usual vaccine distribution channel and follow local guidance. Not all active products listed in the table above may always be available for ordering.