



State of California—Health and Human Services Agency  
California Department of Public Health



KAREN L. SMITH, MD, MPH  
Director and State Health Officer

EDMUND G. BROWN JR.  
Governor

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TO: Vaccines for Children (VFC) Providers

FROM: Sarah Royce, MD, MPH, Chief *Marie E. Volk*  
Center for Infectious Diseases  
Division of Communicable Disease Control, Immunization Branch

SUBJECT: Call-To-Action for Healthcare Professionals to Increase the Number of Teens Receiving a Second Dose of MCV4 Vaccine

## BACKGROUND

Despite CDC recommendations for a booster dose at age 16, after an initial vaccination at age 11 or 12, **fewer than 30% of 17-year-olds have received the second vaccination needed to enhance protection against meningococcal meningitis caused by serogroups A, C, W, and Y.**

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College Health Association (ACHA), Society for Adolescent Health and Medicine (SAHM), Centers for Disease Control and Prevention (CDC), and Immunization Action Coalition (IAC) have issued the enclosed joint "[Dear Colleague](#)" letter, urging health care professionals to strongly recommend and administer the second (booster) dose of meningococcal ACWY vaccine (MenACWY or MCV4) at age 16.

According to CDC, the meningococcal meningitis booster vaccination rate is an estimated 28.5% for eligible teens, significantly lower when compared to 79.3% for the primary dose.

## IMPORTANCE OF CLINICIAN ENDORSEMENT

The "Dear Colleague" letter supports a national call-to-action for health care professionals to improve this alarming statistic. As indicated in this letter by Dr. Anne Schuchat, CDC's deputy director, "A clinician's endorsement of immunization has long been recognized as a key factor in improving immunization rates."

As a VFC Program participant, we are asking you to help ensure your adolescent patients are adequately protected. Remember—*You're not done if you give just one! Give two doses to strengthen protection.* Meningococcal meningitis has a 10–15% fatality rate, and cases have occurred in which an otherwise healthy young person contracts the illness, becomes severely sick, and dies in as few as 24 hours after the first symptoms appear.

Consider every patient encounter as a potential opportunity to provide age-appropriate

immunizations. If your practice participates in an immunization registry, utilizing the Reminder and Recall feature of the system can be a great help in reminding clinic staff of patients who are due for one or more vaccines.

## RESOURCES

To help you in your efforts to recommend meningococcal meningitis vaccine and improve immunization rates, the following resources are available to your practice from several organizations:

Meningococcal resources from Give2MCV4 project

- [www.give2mcv4.org website](http://www.give2mcv4.org)
- [MCV4: You're Not Done If You Give Just One; Give Two Doses to Strengthen Protection](#)—Fact sheet and call to action
- [Recommending MCV4: What to Say and How to Say It](#)
- [Vaccinate Adolescents: Think 1–2–3](#)—Overview of adolescent immunization recommendations, including Tdap, MCV4, HPV, and annual influenza vaccines
- [Top 10 Ways to Improve Adolescent Immunization Rates](#)

Meningococcal Resources from IAC

- [Meningococcal Disease](#)—Collection of resources for teen patients and their parents, including websites, brochures, personal stories, videos, photos, and more
- [Meningococcal: Questions and Answers—Information about the Disease and Vaccines](#)

Meningococcal Resources from CDC

- [Meningococcal Vaccine for Preteens and Teens](#)—FAQs about meningococcal vaccination (for patients and their parents)
- [National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years—United States, 2014](#)—2014 NIS-Teen data

Enclosure: “Dear Colleague” letter

([http://www.immunize.org/letter/letter\\_promoting\\_meningococcal\\_vaccination.pdf](http://www.immunize.org/letter/letter_promoting_meningococcal_vaccination.pdf))