



ONS FOR MENINGOCOCCAL VACCINATIONS O INITIATING A COMPLEMENT INHIBITOR

MENINGOCOCCAL VACCINATIONS RECORD CARD

**Your pharmacist or
healthcare provider will
fill out this card.**

Please keep it so you can:

- See which meningococcal vaccines you have received
- Understand which vaccines you may still need
- Show your vaccination progress to your doctor

administer 2 doses at least 8 weeks apart.

DATE FIRST DOSE	DATE SECOND DOSE	HCP OR CLINIC SITE

TO FILL OUT

Since you received your first vaccine on _____ (date),
on or after _____ (date).

or 2 doses of Bexsero at least 1 month apart OR
at least 2, and 6 months.

Trumenba; patient must receive the same product for all doses.

DATE FIRST DOSE	DATE SECOND DOSE	DATE THIRD DOSE ^a (if Trumenba)	HCP OR CLINIC SITE

TO FILL OUT

Since you received your first vaccine on _____ (date),
on or after _____ (date). If you received Trumenba,
on _____ (date).

d at least 6 months after dose 1, then dose 3 is not needed.

Bring this card to every vaccination or medical visit.

FIRST NAME

MIDDLE INITIAL

LAST NAME

DATE OF BIRTH

2021 ACIP RECOMMENDATIONS FOR MENINGOCOCCAL VACCINATIONS AT LEAST 2 WEEKS PRIOR TO INITIATING A COMPLEMENT INHIBITOR

MenACWY*

For primary series, administer 2 doses at least 8 weeks apart.

VACCINE BRAND NAME <small>Menveo OR Menactra OR MenQuadfi</small>	DATE FIRST DOSE	DATE SECOND DOSE	HCP OR CLINIC SITE
FOR PHARMACIST OR HEALTHCARE PROVIDER TO FILL OUT A note to the patient about timing: Since you received your first vaccine on _____ (date), you must RETURN for another dose on or after _____ (date).			

MenB[†]

For primary series, administer 2 doses of Bexsero at least 1 month apart OR 3 doses of Trumenba at 0, 1 to 2, and 6 months.

Vaccines are not interchangeable; patient must receive the same product for all doses.

VACCINE BRAND NAME <small>Bexsero OR Trumenba</small>	DATE FIRST DOSE	DATE SECOND DOSE	DATE THIRD DOSE ^a <small>(if Trumenba)</small>	HCP OR CLINIC SITE
FOR PHARMACIST OR HEALTHCARE PROVIDER TO FILL OUT A note to the patient about timing: Since you received your first vaccine on _____ (date), you must RETURN for a second dose on or after _____ (date). If you received Trumenba, you must RETURN for your final dose on _____ (date).				

^aFor Trumenba, if dose 2 was administered at least 6 months after dose 1, then dose 3 is not needed.

*Three quadrivalent meningococcal conjugate (MenACWY) vaccines are currently licensed in the United States:

1. Menactra® (meningococcal groups A, C, W, and Y polysaccharide diphtheria toxoid conjugate vaccine [MenACWY-D])
2. Menveo® (meningococcal groups A, C, W, and Y oligosaccharide diphtheria CRM₁₉₇ conjugate vaccine [MenACWY-CRM])
3. MenQuadfi® (meningococcal [groups A, C, W, Y] conjugate vaccine [MenACWY-TT])

†Two serogroup B meningococcal (MenB) vaccines are currently licensed in the United States:

1. Bexsero® (MenB-4C)
2. Trumenba® (MenB-FHbp)

To learn more about the latest recommendations regarding meningococcal vaccinations for adult patients prescribed complement inhibitors, see the Advisory Committee on Immunization Practices (ACIP) recommendations at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html#recs>.

Vaccinations are required for adult patients prescribed a complement inhibitor. Vaccinations must be administered at least 2 weeks prior to starting a complement inhibitor due to the risk of life-threatening and fatal meningococcal infections. **Follow the most up-to-date ACIP recommendations for vaccination schedule, revaccinations, and boosters for as long as the patient remains at risk of infection.**

Reference: Mbaeyi SA, Bozio CH, Duffy J, et al. Meningococcal vaccination: recommendations of the Advisory Committee on Immunization Practices, United States, 2020. *MMWR Recomm Rep*. 2020;69(RR-9):1-41.



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121 Seaport Blvd, Boston, MA 02210 US/SOL-g/0382 05/21