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Not actual patients.

# The GSK Meningitis Vaccines Portfolio

## Only the GSK Meningococcal Meningitis Vaccines Portfolio offers MenACWY, MenABCWY, and MenB vaccines for your practice.[1-4]

**MENVEO**
Meningococcal (Groups A,C,Y and W-135) Oligosaccharide Diphtheria $CRM_{197}$ Conjugate Vaccine

**PENMENVY**
Meningococcal Groups A, B, C, W, and Y Vaccine

**BEXSERO**
Meningococcal Group B Vaccine

**Vaccination may not protect all recipients.**

### Indications for PENMENVY, BEXSERO, and MENVEO

PENMENVY is a vaccine indicated for active immunization to prevent invasive disease caused by *Neisseria meningitidis* serogroups A, B, C, W, and Y in individuals 10 through 25 years of age.

BEXSERO is a vaccine indicated for active immunization to prevent invasive disease caused by *Neisseria meningitidis* serogroup B. BEXSERO is approved for use in individuals aged 10 through 25 years.

MENVEO is a vaccine indicated for active immunization to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135 in individuals 2 months through 55 years of age. MENVEO does not prevent *N. meningitidis* serogroup B infections.

## Important Safety Information for PENMENVY, BEXSERO, and MENVEO

- Do not administer PENMENVY to individuals with a severe allergic reaction (e.g., anaphylaxis) to a previous dose of PENMENVY, to any component of this vaccine, or to any other diphtheria toxoid-containing vaccine
- Do not administer BEXSERO to individuals with a history of a severe allergic reaction (e.g., anaphylaxis) to any component of BEXSERO or after a previous dose of BEXSERO
- Do not administer MENVEO to individuals with a severe allergic reaction (e.g., anaphylaxis) to a previous dose of MENVEO, to any component of MENVEO, or to any other diphtheria toxoid-containing vaccine
- Appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of PENMENVY, BEXSERO, or MENVEO

**Please see additional Important Safety Information for PENMENVY, BEXSERO, and MENVEO throughout.**

**Please see full Prescribing Information for PENMENVY, BEXSERO, and MENVEO.**

# How to better identify appropriate patients

## Millions of teens and young adults are not vaccinated against meningitis.[5,6]

### Utilize these 3 opportunities to review immunization records and administer vaccines as appropriate.

#### EHR systems could help enhance vaccination efforts by[7]:

- Monitoring immunization rates in your practice
- Generating reports to identify patients who are due or eligible for vaccinations
- Creating alerts to follow up with patients who are due or eligible for vaccinations

#### Physicals present valuable opportunities to update vaccinations[8]:

- Physicals, such as for sports, offer appropriate patients the chance to catch up on missing vaccinations
- Combining vaccinations with sports physicals reduces the need for separate appointments, increasing the likelihood of vaccine compliance

#### 16-year-old wellness visits can be used to promote vaccinations and motivate adolescents:

- The 16-year-old visit is an ideal time to administer vaccines recommended for this age group[9]
- Utilize the MenACWY booster as an opportunity to engage in a shared clinical decision-making conversation about MenB vaccination with appropriate patients[4,9]

EHR=electronic health record.

### Important Safety Information for PENMENVY (Meningococcal Groups A, B, C, W, and Y Vaccine), BEXSERO (Meningococcal Group B Vaccine), and MENVEO [Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria $CRM_{197}$ Conjugate Vaccine] (cont'd)

- For BEXSERO, the tip cap of the prefilled syringe may or may not be made with natural rubber latex. Natural rubber latex may cause allergic reactions. Please check the carton
- Syncope (fainting) has occurred in association with administration of PENMENVY, BEXSERO, or MENVEO. Ensure procedures are in place to avoid injury from falling associated with syncope
- PENMENVY, BEXSERO, or MENVEO may not protect all vaccine recipients, and PENMENVY or BEXSERO may not protect against all meningococcal serogroup B strains
- Immunocompromised persons and some individuals receiving immunosuppressant therapy may have reduced immune responses to PENMENVY, BEXSERO, or MENVEO
- Individuals with certain complement deficiencies and individuals receiving treatment that inhibits terminal complement activation (for example, eculizumab) are at increased risk for invasive disease caused by *N. meningitidis* serogroups A, B, C, W, and Y, even if they develop antibodies following vaccination with PENMENVY, BEXSERO, or MENVEO

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# How to complete the MenB series.

## According to 2024 CDC survey data, only 37% of 17-year-olds had received at least 1 dose of MenB vaccine—and only 16% had received at least 2 doses.[6]

### Patients need more than one dose of MenB vaccine. Finish the vaccination series with BEXSERO.[3,4,*]


- The FDA-approved Prescribing Information for PENMENVY recommends a 2-dose schedule.[2]
- The FDA-approved Prescribing Information for BEXSERO recommends administering doses according to a 2- or 3-dose schedule. The choice of dosing schedule may depend on the risk of exposure and the individual's susceptibility to meningococcal serogroup B disease.[4] ACIP recommends MenB vaccination for adolescents not at increased risk at age 16-23 years (preferred age 16-18 years) based on shared clinical decision-making.[10]

*MenB-containing vaccines from different manufacturers are not interchangeable.[4]

## Reminder/recall programs can help improve MenB series completion rates for adolescent patients.[11]

Multiple health system-level, clinic-level, and provider-level strategies are known to be effective for improving on-time and complete vaccination. At the public health and health systems levels, contacting parents/caregivers to let them know their child is due for upcoming vaccines (reminder) or past due for vaccines (recall) has been shown to be a highly impactful intervention for boosting vaccination rates.[11]

Studies conducted in a range of public, private, academic, rural, and urban clinical settings found that reminder/recall increased childhood immunization rates by 6–21 percentage points. Economic analyses have also identified reminder/recall to be among the most cost-effective interventions to implement[11]

ACIP=Advisory Committee on Immunization Practices; CDC=Centers for Disease Control and Prevention; FDA=Food and Drug Administration; MenB=meningococcal serogroup B.

## Important Safety Information for PENMENVY (Meningococcal Groups A, B, C, W, and Y Vaccine), BEXSERO (Meningococcal Group B Vaccine), and MENVEO [Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria $CRM_{197}$ Conjugate Vaccine] (cont'd)

- Guillain-Barré syndrome (GBS) has been reported in temporal relationship following administration of another US-licensed meningococcal quadrivalent polysaccharide conjugate vaccine. The decision to administer PENMENVY or MENVEO to individuals with a history of GBS should take into account the expected benefits and potential risks
- Apnea following intramuscular vaccination has been observed in some infants born prematurely. A decision about when to administer MENVEO to an infant born prematurely should be based on consideration of the individual infant's medical status and the potential benefits and possible risks of vaccination

**Vaccination may not protect all recipients.**

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# Help simplify back-to-school season by building a GSK meningitis vaccination protocol.

- **Set a standard MenB protocol** across the practice
- **Create a list of patients** who are eligible for vaccination
- **Implement EHR alerts** for all appropriate patients aged 16-23 years
- **Create a communication standard** for reminders
- **Schedule a follow-up appointment** for series completion before patient leaves
- **Have patients enroll** in the text reminder program

Streamline practice implementation by choosing the GSK Meningitis Vaccines Portfolio.[2-4,12]

EHR=electronic health record; MenB=meningococcal serogroup B.

**Vaccination may not protect all recipients.**

## Important Safety Information for PENMENVY (Meningococcal Groups A, B, C, W, and Y Vaccine), BEXSERO (Meningococcal Group B Vaccine), and MENVEO [Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria $CRM_{197}$ Conjugate Vaccine] (cont'd)

- For PENMENVY, the most commonly reported (≥10%) solicited adverse reactions in individuals aged 10 through 25 years after Dose 1 and Dose 2, respectively, were pain at the injection site (92% and 88%), fatigue (51% and 42%), headache (42% and 36%), myalgia (15% and 12%), nausea (15% and 10%), erythema (13% and 12%), and swelling (13% and 12%). The most commonly reported (≥10%) solicited adverse reactions in MenACWY conjugate vaccine-experienced individuals aged 15 through 25 years after Dose 1 and Dose 2, respectively, were pain at the injection site (80% and 74%), headache (41% and 33%), fatigue (40% and 33%), myalgia (15% and 13%), and nausea (15% and 12%)
- For BEXSERO, the most commonly reported (≥10%) solicited adverse reactions in a Phase 3 clinical trial were pain at the injection site (87%-92%), fatigue (45%-49%), headache (37%-41%), nausea (11%-13%), erythema (10%-15%), myalgia (10%-14%), and swelling (10%-14%)
- Common solicited adverse reactions with MENVEO among children initiating vaccination: at 2 months of age and receiving the four-dose series were tenderness and erythema at injection site, irritability, sleepiness, persistent crying, change in eating habits, vomiting, and diarrhea; at 7 months through 23 months of age and receiving the two-dose series were tenderness and erythema at injection site, irritability, sleepiness, persistent crying, change in eating habits, and diarrhea; at 2 through 10 years of age who received MENVEO were injection site pain, erythema, irritability, induration, sleepiness, malaise, and headache. Common solicited adverse reactions among adolescents and adults aged 11 through 55 years who received a single dose of MENVEO were pain at the injection site, headache, myalgia, malaise, and nausea. Across all age groups, some events were severe. Similar rates of solicited adverse reactions among adolescents and adults were observed following a single booster dose
- For MENVEO, in two clinical studies, there were no notable differences in frequency and severity of solicited adverse reactions in individuals who received MENVEO 1-vial presentation compared to individuals who received the 2-vial presentation

**Please see additional Important Safety Information for PENMENVY, BEXSERO, and MENVEO throughout.**
**Please see full Prescribing Information for PENMENVY, BEXSERO, and MENVEO.**

**References: 1.** Prescribing Information for MENVEO. **2.** Prescribing Information for PENMENVY. **3.** Prescribing Information for BEXSERO. **4.** Centers for Disease Control and Prevention. Meningococcal disease. Meningococcal vaccine recommendations. October 24, 2024. Accessed June 13, 2025. https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/index.html **5.** U.S. Census Bureau. Current population survey, annual social and economic supplement, 2019. Washington, DC: U.S. Census Bureau, Population Division; 2020. Accessed June 13, 2025. https://www2.census.gov/programs-surveys/demo/tables/age-and-sex/2019/age-sex-composition/2019gender_table1.xlsx **6.** Pingali C, Yankey D, Elam-Evans LD, et al. Vaccination coverage among adolescents aged 13–17 years — National Immunization Survey-Teen, United States, 2024. *MMWR.* 2025;74(30):469 doi:10.15585/mmwr.mm7430a1 **7.** Bjork A, Morelli V. Immunization strategies for healthcare practices and providers. In: Hall E, Wodi AP, Hamborsky J, Morelli V, Schillie S, eds. Epidemiology and Prevention of Vaccine-Preventable Diseases. 14th ed. Washington, DC: Public Health Foundation; March 28, 2024. Accessed June 13, 2025. https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-3-immunization-strategies.html **8.** Centers for Disease Control and Prevention. IQIP. Facilitate return for vaccination. June 20, 2024. Accessed June 13, 2025. https://www.cdc.gov/iqip/hcp/strategies/scheduling-next-visit.html **9.** Herrera-Restrepo O, Kuang Y, D'Angelo J, Bekkat-Berkani R, Clements DE, Uyei J. Determinants of meningococcal vaccination coverage and adherence: a targeted literature review supporting a 16-year-old healthcare visit. *Infect Dis Ther.* 2023;12:1265-1282. doi:10.1007/s40121-023-00793-2 **10.** Centers for Disease Control and Prevention. Recommended child and adolescent immunization schedule for ages 18 years or younger. United States 2025. Updated November 21, 2024. Accessed June 13, 2025. https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf **11.** Michels SY, Daley MF, Newcomer SR. Completion of multidose vaccine series in early childhood: current challenges and opportunities. *Curr Opin Infect Dis.* 2024;37(3):176-184. doi:10.1097/QCO.0000000000001007 **12.** Bekkat-Berkani R, Fragapane E, Preiss S, et al. Public health perspective of a pentavalent meningococcal vaccine combining antigens of MenACWY-CRM and 4CMenB. *J Infect.* 2022;85(5):481-491. doi:10.1016/j.jinf.2022.09.001


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