2027 EXPLO Health + Medical Guide

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Immunization Compliance Guide

Immunization Requirements

EXPLO's highest priority is the safety and well-being of our students. Given the clear public health based need to protect the EXPLO community as a whole, EXPLO requires that all students and faculty must be fully immunized according to Massachusetts requirements and recommendations against communicable, preventable diseases in the manner below.

We recognize that families may have differing opinions on the administration of vaccinations based on health and religious beliefs. Given the fact that our students live and interact in close quarters over the summer, and the need to protect certain vulnerable populations, EXPLO does not recognize or allow religious exemptions to immunizations.

Specific Required Immunizations

The following immunizations are required for all students ≥ 12 years old attending any EXPLO program.

- **DTaP** : At least 4 doses, with the last dose given on or after the 4th birthday
- **Tdap**: 1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥7 years may be counted, but a dose at age 11–12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥10 years since last Tdap
- **MMR** : 2 doses; first dose must be given on or after the 1st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
- **Polio**: 4 doses; fourth dose must be given on or after the 4th birthday and ≥6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4th birthday and ≥6 months after the previous dose
- **Hepatitis B**: 3 doses; laboratory evidence of immunity acceptable
- **Meningococcal (Grade 7-10):** 1 dose; this done must be given on or after the 10th birthday. Meningococcal conjugate vaccine, MenACWY (formerly MCV4) and MenABCWY, fulfill this requirement; monovalent meningococcal B (MenB) vaccine is not required and does not meet this requirement. The state of Massachusetts provides this publication with additional information about meningococcal meningitis.
- **Varicella**: 2 doses; first dose must be given on or after the 1st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox or laboratory evidence of immunity acceptable

Options for Families

1. **Check with your physician.** The easiest and most cost-effective way to meet the requirements to attend EXPLO is to check with your doctor or local hospital to see whether

the immunization is available in your area. Simply complete the course of vaccines and upload proof of the immunization, dosage, and dates to your child's health profile.

2. **Get a titer showing immunity.** If your child has immunity to a particular disease, you may be able to get a blood test — or "titer" — from your physician showing such immunity. If your child has had a past infection of Hepatitis B, for example, then a titer may show natural immunity to this illness. Have your doctor provide titer results showing immunity and upload these results to your child's health profile with the Physician's Evaluation Form.

For Varicella ONLY, have a physician confirm history of disease in writing. For varicella only, a lab/titer confirmation is not required. Confirmation in writing by a physician (MD), physician's assistant, or APRN is sufficient proof of immunity for varicella (commonly known as "chicken pox"). If your child had varicella, please have your physician note the date on your Physician's Evaluation Form, or upload a note from your physician confirming the date to your child's health profile with the form.

Guide to Medications

If your child currently takes regular medications for any behavioral or emotional reasons, they should continue to do so while at the Program. Although EXPLO is an engaging environment without the pressure of homework and tests, it is still a place where children interact socially and are required to maintain focus and be alert, cooperative, and task-oriented throughout the day. Our experience has taught us that those children who continue their medication are more successful and have a more enjoyable experience navigating moments of transition and social interaction.

Please also refrain from making changes to your child's behavioral or emotional medication just prior to the Program. EXPLO is not the proper environment for adjusting to a new medication or to a new dose of medication.

We take the safety of your children seriously, and we know that you do, too. However responsible – or not – your child might feel about taking their medication, state regulations mandate that medications be directly distributed by a healthcare professional – this includes prescriptions, vitamins, supplements, and over-the-counter medications. Our Health Office is staffed 24/7 with nursing staff who are available for a range of triage services, including the administration of medications throughout the day — breakfast, lunch, dinner, and bedtime.

Please read through the full guide below. As with most policy-based requirements, there are a number of caveats that may apply to you. Our Admissions team will be able to assist with any questions you may have about medications. They can be reached at medforms@explo.org, or 781.762.7400.

Medication Authorization Forms (MAFs)

A Medication Authorization Form (MAF) is required for **all medications**. Forms must be signed by the prescribing medical practitioner, even for daily over-the-counter medications, such as melatonin, or vitamins. Please talk with your doctor about medications that you anticipate your child needing while at EXPLO.

The following medications are available for occasional administration by our staff nurses, and you do not need a Medication Authorization Form from your physician for these.

> *Acetaminophen, Ibuprofen, Diphenhydramine, Pseudoephedrine Hydrochloride, Fexofenadine, Loratadine, Loperamide, Kaopectate, Calcium Carbonate, Dimenhydrinate, Dextromethorphan, Naproxen, Cetirizine (Zyrtec), Milk of Magnesia, MiraLAX, Caladryl, Calamine, Bacitracin, Neosporin spray, Hydrocortisone Cream, and Orajel.*

Medications that require a completed Medication Authorization Form: daily and as-needed over-the-counter (OTC) medications not noted above, emergency medications to be carried with your child at all times (e.g. Epi-Pens and inhalers), injections (e.g. growth hormone and insulin), prescription creams and sprays, vitamins, herbal supplements, and non-pill medications. If your child takes an occasional (not daily) medication that is not listed above, you will need a signed MAF from your physician for it, and you will need to supply the health office with an adequate as-needed quantity for the duration of the program. A common example is melatonin, which EXPLO does not stock. If an over-the-counter medication is prescribed as part of an emergency action plan, you will need a signed MAF from your physician. A common example is Benadryl that is prescribed prior to the administration of an EpiPen.

If your child is in need of an inhaler or an EpiPen, it is required they bring two to the Program. One will be kept with them throughout the day and the other will be stored in the Health Office.

Day students bringing medication onto campus for use in an emergency must complete a Medication Authorization Form for each medication. It is important to include everything you anticipate as early as possible to prevent an interruption to your child's medication schedule. If there are changes to your child's medications prior to the start of the program, it is your responsibility to update EXPLO with that information.

Medical Form Checklist

Follow the links below to access forms that need to be printed, completed, and signed. Upload all completed forms to your health profile or fax to 781.787.2742.

- ☐ Web-based Health Forms in the Dashboard
  - ☐ Health History Form, General Information
  - ☐ Health History Form, Medications
  - ☐ Health History Form, Insurance
- ☐ Physician's evaluation form or most recent physical
- ☐ Immunization record
- ☐ Copy of insurance card (front + back)
- ☐ Medication Authorization Form
- ☐ Action Plans for Asthma, Diabetes, Anaphylaxis, or Seizures (if applicable, samples linked for reference)
- ☐ Overnight Students only: Review meningococcal information

Note on medications: the medications listed on the Health History Form should match the medications listed on the Medication Authorization Form.

Note on insurance: Students must have U.S.-based health insurance. Travel insurance is not a sufficient replacement. EXPLO has identified a low-cost, high-coverage option supported by the UnitedHealthcare network for families who need U.S. based health insurance, or supplemental coverage. Please note this insurance option will be available for purchase starting March 1, 2027 and international families will be granted an extension until this date.

All international families without U.S. coverage must purchase this insurance.

Physician's Evaluation Form

Due April 1, 2027

Student's Last Name	Student's First Name

To adhere to applicable health code at each campus, all students are required to have a completed medical form on file. **EXPLO will not allow a student to attend without all of the following immunizations as well as a completed physical.** A physician may substitute their own form, providing it covers the same information listed below and is signed and dated by the physician. **Physical exams must have been conducted after July 26, 2026.**

To submit, upload the completed form to the student's health profile, or fax to (781) 787-2742.

STUDENT HEALTH HISTORY

Date of Birth	Height	Weight	Pulse	Blood Pressure

Allergies or reactions to medications? Please indicate those that are life threatening.	
Conditions that may affect this student's full participation in activities at the Program?	
Does this student take any kind of medication (including inhalers, epinephrine)?	
Clinical Evaluation (including current or chronic medical conditions):	

IMMUNIZATION HISTORY * INDICATES REQUIRED DOSE	**DOSE 1 MM/YYYY**	**DOSE 2 MM/YYYY**	**DOSE 3 MM/YYYY**	**DOSE 4 MM/YYYY**	**DOSE 5 MM/YYYY**
Diphtheria, tetanus, pertussis (DTaP)	*	*	*	*	
Tetanus booster (Td) or (TdaP)	*				
MMR (measles, mumps, rubella)	*	*			
Polio	*	*	*		*After Age 4:
Hepatitis B	*	*	*		
Meningococcal (MenACWY/MenABCWY)	*				
Varicella	*	*	**OR** disease date:		
COVID-19					

PHYSICIAN INFORMATION

Physician's Name	Address	
Physician's Signature	**Phone Number**	**Date**
		/ /

Medication Authorization Form

Student Name:_____ Date of Birth: _____ Gender: F / M / O

All medications administered while at EXPLO require appropriate authorization from a licensed healthcare provider, whether they are prescription or over-the-counter. This form permits the EXPLO Health Office to accurately administer medication, so it is necessary to keep this document up-to-date.

To submit, upload the completed form to the student's health profile, or fax to 781.787.2742.

MEDICATION INFORMATION:

- All medications listed on this form must appear **EXACTLY** as written on the prescription or original packaging.
- Please attach additional forms as needed for the number of prescriptions being authorized.
- Please remember to include supplemental medication (e.g. Benadryl is a common first step before administering epinephrine. In that case, you must list both Benadryl and epinephrine as separate medications.)

Medication Name:	**Generic substitution allowed?** Y / N
Strength of Dose (e.g. 30 mg):	**Dose Quantity + Form (e.g. 2 tablets):**
Administration Frequency (circle all that apply): Daily / As-Needed / Scheduled (e.g. twice weekly) *If scheduled, please indicate schedule:*	
Administration Time(s) (circle all that apply): Breakfast / Lunch / Dinner / Bedtime / As-Needed	
Diagnoses (Reason for Medication) and Special Instructions:	

Medication Name:	**Generic substitution allowed?** Y / N
Strength of Dose (e.g. 30 mg):	**Dose Quantity + Form (e.g. 2 tablets):**
Administration Frequency (circle all that apply): Daily / As-Needed / Scheduled (e.g. twice weekly) *If scheduled, please indicate schedule:*	
Administration Time(s) (circle all that apply): Breakfast / Lunch / Dinner / Bedtime / As-Needed	
Diagnoses (Reason for Medication) and Special Instructions:	

Medication Name:	**Generic substitution allowed?** Y / N
Strength of Dose (e.g. 30 mg):	**Dose Quantity + Form (e.g. 2 tablets):**
Administration Frequency (circle all that apply): Daily / As-Needed / Scheduled (e.g. twice weekly) *If scheduled, please indicate schedule:*	
Administration Time(s) (circle all that apply): Breakfast / Lunch / Dinner / Bedtime / As-Needed	
Diagnoses (Reason for Medication) and Special Instructions:	

Have more to list? *Please attach additional copies of this MAF as necessary to list each medication individually. Remember to sign each form.*

HEALTHCARE PROVIDER AUTHORIZATION:

I have carefully reviewed the medication orders on this form. I authorize EXPLO to administer the above medication(s) to the named student.

_____ _____

Printed Name of Healthcare Provider **and** Credentials | Business Phone

_____ _____

Address | Emergency Phone

_____ _____

Signature | Date

PARENT / GUARDIAN AUTHORIZATION:

1. I give permission to have the EXPLO nurse or personnel designated by the EXPLO nurse give the above medication(s) to the named student.
2. I give permission to the EXPLO nurse to share, with appropriate EXPLO personnel, information relative to the prescribed medicine administration (e.g. adverse side effects) as they determine necessary for my child's health and safety.

Please note that parents/guardians may retrieve medication(s) from EXPLO at any time, and that the medication(s) will be destroyed if not picked up within one week following termination of the order, or two days beyond the close of EXPLO.

_____ _____

Printed Name of Parent/Guardian | Relationship to Child

_____ _____

Signature | Date

Meningococcal: Questions and Answers

Q&A

INFORMATION ABOUT THE DISEASE AND VACCINES

What causes meningococcal disease?

Meningococcal disease is caused by the bacterium *Neisseria meningitidis*. These bacteria have at least 13 different subtypes (serogroups). Five of these serogroups, A, B, C, Y, and W, cause almost all invasive disease. The relative importance of these five serogroups depends on geographic location and other factors. In the United States almost all meningococcal disease is caused by serogroups B, C, W and Y. Serogroups C, W, and Y account for more than half of reported cases.

How does meningococcal disease spread?

The disease is spread person-to-person through the exchange of respiratory and throat secretions (e.g., by coughing, kissing, sharing eating utensils). Meningococcal bacteria can't live for more than a few minutes outside the body, so the disease is not spread as easily as the common cold or influenza.

How long does it take to show signs of meningococcal disease after being exposed?

The incubation period of meningococcal disease is 3 to 4 days, with a range of 2 to 10 days. Meningococcal bacteria can make a person extremely ill by infecting the blood (septicemia) or by infecting the fluid of the spinal cord and around the brain (meningitis). Because this disease progresses quickly, it is important to be diagnosed and start treatment as soon as possible.

What are the symptoms of meningococcal disease?

The most common symptoms are high fever, chills, tiredness, and a rash. If meningitis is present, the symptoms will also include headache and neck stiffness (which may not be present in infants); seizures may also occur. In overwhelming meningococcal infections, shock, coma, and death can follow within several hours, even with appropriate medical treatment.

How serious is meningococcal disease?

Meningococcal disease caused by any serogroup is very serious. About one out of seven people with meningococcal disease die even with appropriate antibiotic treatment. Of those who recover, up to one out of five suffer from some serious after-effects, such as permanent hearing loss, limb loss, or brain damage.

How is meningococcal disease diagnosed?

The diagnosis is made by taking samples of blood and spinal fluid from a person who is sick. The spinal fluid is obtained by performing a lumbar puncture, where a needle is inserted into the lower back. Any bacteria found in the blood or spinal fluid is grown in a medical laboratory and identified.

Meningococcal disease is rare in the United States, and the symptoms can be mistaken for other illnesses, which unfortunately can lead to delayed diagnosis and treatment.

Can't meningitis be caused by a virus too?

Yes. The word "meningitis" refers to inflammation of the tissues covering the brain and spinal cord. This inflammation can be caused by viruses and fungi, as well as bacteria. Viral meningitis is the most common type; it has no specific treatment but is usually not as serious as meningitis caused by bacteria.

Is there a treatment for meningococcal disease?

Meningococcal disease can be treated with antibiotics. It is important to start treatment early.

How common is meningococcal disease in the United States?

Fewer than 500 cases of meningococcal disease were reported each year since 2010 in the United States. In 2023, a total of 437 cases were reported and 46 died.

The disease is most common in children younger than 5 years (particularly children younger than age 1 year), people age 16–21 years, and people age 65 years and older.

What people are at special risk for meningococcal disease?

Risk factors for meningococcal disease include having a recent viral infection, household crowding, and cigarette smoke exposure (direct or second-hand smoke). In addition, certain people are at higher risk than other people their age for meningococcal disease caused by any serogroup. These include people with a damaged or missing spleen, those with complement disorders (an immune system disorder) or who take a complement

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inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]), as well as microbiologists who routinely handle meningococcal isolates.

Certain people are at increased risk for meningococcal serogroups A, C, W, and Y but not serogroup B. These include travelers to regions where meningococcal disease is more common (such as sub-Saharan Africa) and people living with HIV.

Does meningococcal disease occur in other parts of the world?

Meningococcal disease occurs throughout the world, but is more common in the area of Africa known as the "meningitis belt" that stretches from Senegal to Ethiopia. Serogroup A was common in sub-Saharan Africa but is now rare thanks to a major vaccination campaign. Serogroups C and W now dominate in the "meningitis belt."

Can you get meningitis more than once?

Yes. Meningitis can be caused by different serogroups of the meningococcal bacterium, by other bacteria such as *Streptococcus* and *Haemophilus*, as well as by viruses and fungi. Being vaccinated against *Neisseria meningitidis* or having had the disease will not protect you against meningitis from other bacteria or viruses.

If a child is diagnosed with meningococcal disease, can anything be done to protect the other children with whom he has contact?

People exposed to someone with bacterial meningitis can be protected by being started on a course of antibiotics immediately (ideally within 24 hours of the patient being diagnosed). This is usually recommended for household contacts and children attending the same day care or nursery school. Older children and adults (e.g., who are in the same school or church) aren't usually considered exposed unless they have had very close contact with the infected person (e.g., kissing or sharing a glass).

In addition to the antibiotic treatment, vaccination may be recommended for people 2 months of age and older if the person's infection is caused by meningococcus serogroup A, C, Y, or W.

What meningococcal vaccines are available in the United States?

Different meningococcal vaccines are available that protect against different serogroups. There are two products (Menveo and MenQuadfi) that protect against serogroups A, C, W, and Y (abbreviated MenACWY). There are two products (Bexsero and Trumenba) that protect against serogroup B (abbreviated MenB). Two vaccines — Penbraya (Pfizer), licensed in 2023, and Penmenvy (GSK), licensed in 2025, combine a MenACWY vaccine with the manufacturer's brand of MenB (Trumenba for Penbraya or Bexsero for Penmenvy) in a single combination vaccine (abbreviated MenABCWY). Protection from all 5 serogroups requires the use of vaccines (either separately or in combination) targeting all 5 serogroups.

Meningococcal Vaccines Available in U.S.

TRADE NAME (MFR)	SEROGROUPS INCLUDED	YEAR LICENSED	APPROVED AGES
Menveo (GSK)	A, C, W, Y	2010	2 months–55 years*
MenQuadfi (Sanofi)	A, C, W, Y	2020	6 weeks and older
Trumenba (Pfizer)	B	2014	10–25 years†
Bexsero (GSK)	B	2015	10–25 years†
Penbraya (Pfizer)	A, B, C, W, Y	2023	10–25 years†
Penmenvy (GSK)	A, B, C, W, Y	2025	10–25 years†

* may be given to people age 56 years or older
† may be given to people age 26 years or older

How is this vaccine given?

MenACWY vaccines are given in a leg muscle of a young child or the deltoid (arm) muscle of an older child or adult. MenB and MenABCWY vaccines are given intramuscularly, typically in the deltoid muscle, or alternatively, in the anterolateral thigh.

Who should get the meningococcal vaccine?

Certain groups should be vaccinated against all 5 serotypes (A, C, W, Y, and B). Others are recommended to receive MenACWY only.

MenACWY is recommended for these groups:

- All children and teens, ages 11 through 18 years (catch up vaccination of people age 19 through 21 who have not received a dose since turning 16 can be considered).
- People age 2 months and older who have a damaged or missing spleen.
- People age 2 months and older with a complement disorder (an immune system disorder) or who take a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]).
- People who are at risk during an outbreak caused by a vaccine serogroup.
- People with HIV infection.

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- People who are or will be a first-year college student living in a residential facility.
- People age 2 months and older who reside in or travel to certain countries in sub-Saharan Africa as well as to other countries for which meningococcal vaccine is recommended (e.g., travel to Mecca, Saudi Arabia, for the Hajj or Umrah pilgrimages).
- People working with meningococcus bacteria in laboratories.

MenB is recommended for these groups:

- People age 10 years and older who have a damaged or missing spleen.
- People age 10 years and older with a complement disorder (an immune system disorder) or who take a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]).
- People who are at risk due to a meningococcal serogroup B outbreak.
- People working with meningococcus bacteria in laboratories.

MenB vaccines are not routinely recommended for all adolescents or college students. However, CDC recommends that a MenB vaccine series may be administered to individuals age 16 through 23 with a preferred age of vaccination of 16 through 18 years. This shared clinical decision-making recommendation allows the clinician and patient to decide on MenB vaccination based on the risk and benefit for the individual patient.

People age 10 years and older who need MenACWY and MenB vaccination may receive the separate vaccine brands or or a combination MenABCWY vaccine.

The same MenB product must be used for all doses. The Pfizer MenABCWY combination, Penbraya, may be used with Pfizer's MenB product, Trumenba. The GSK MenABCWY combination, Penmenvy, may be used with GSK's MenB product, Bexsero.

What information should healthy people age 16 through 23 years and their healthcare provider consider when deciding on the use of MenB vaccine?

Considerations for shared clinical decision-making for vaccination against meningococcal B disease include:

- MenB disease is serious, with high rates of death and disability.
- MenB disease is rare (between 4 and 21 cases per year since 2018 in people age 16 through 23 years in the United States).
- Risk of MenB disease is higher among college students, especially those who are freshmen, attend a 4-year university, live on campus, or participate in fraternities or sororities.
- MenB vaccines protect against most serogroup B strains.
- MenB vaccines provide short-term protection, with protective antibody levels declining within 1–2 years.
- MenB vaccines may prevent illness but a vaccinated person may still carry the serogroup B bacteria in their nose.

Should college students be vaccinated against meningococcal disease?

The MenACWY vaccine is recommended for first-year college students who are or will be living in a residence facility if they have not had a dose of MenACWY vaccine since turning 16 or if it has been at least 5 years since their most recent dose of MenACWY vaccine. Some colleges and universities require incoming freshmen and others to be vaccinated with MenACWY.

With widespread use of MenACWY vaccines, the risk for meningococcal disease among college students is greatest for serogroup B, although serogroup B disease in this group is still rare. College students age 16 through 23 may choose to receive MenB vaccine to reduce their risk of MenB disease. Some colleges require MenB vaccination in addition to MenACWY.

How many doses of meningococcal vaccine are needed?

For MenACWY vaccines the number of doses recommended depends on the age when the vaccine is given and the presence of certain medical conditions or risk factors.

For MenACWY vaccines, this includes:

- Adolescents at age 11 or 12 years plus a booster dose at age 16 years.
- If vaccinated at age 13–15 years, give booster dose at age 16–18 years.
- For first-year college students who will live in a residential facility, give booster dose if their previous dose was given before age 16 years or if the dose was given at age 16 or older and it has been at least 5 years since the most recent MenACWY dose.
- Adults age 19–21 who did not receive a dose after their 16th birthday may be given a catch-up dose.

More than 1 dose may be needed for people with a damaged or missing spleen, people with HIV infection,

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and those with a complement disorder (an immune system disorder) or who take a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]). In addition, vaccinated people who remain at risk should receive a booster dose of MenACWY every 5 years.

The CDC recommends that people not at increased risk of meningococcal B disease (healthy people age 16 through 23 years) may receive a 2-dose series of Bexsero or Trumenba, preferably at age 16 through 18 years.

People ages 10 years and older with risk factors (i.e., anatomic/functional asplenia, persistent complement component deficiency, complement inhibitor use, or who work with meningococcus bacteria in laboratories) should receive a 3-dose Bexsero or Trumenba series for accelerated protection. They should receive a MenB booster 1 year after completing a MenB primary series, and then boosters every 2–3 years thereafter, for as long as increased risk remains. For people age 10 years and older who are determined by public health officials to be at increased risk during an outbreak, CDC recommends a one-time booster dose if it has been 1 or more years since completion of a MenB primary series. Local public health officials may reduce this interval to 6 months, depending on the outbreak situation.

Because the two brands of MenB vaccine work differently, it is important that all booster doses be the same brand as the primary series. When the Trumenba brand of MenB and MenACWY vaccine is needed at the same visit, the combination MenABCWY vaccine, Penbraya, may be used. When the Bexsero brand of MenB and MenACWY vaccine is needed at the same visit, the combination MenABCWY vaccine, Penmenvy, may be used. The minimum interval between MenABCWY products is 6 months.

How soon after their first MenACWY dose should people who remain at risk for meningococcal disease be vaccinated again?

The time between the primary (initial) doses(s) of MenACWY and the first booster varies. Children who received their primary MenACWY dose(s) before their seventh birthday should get their first booster 3 years after their primary dose(s) and every 5 years thereafter, as long as they remain at risk. People who complete the primary MenACWY dose(s) at age 7 years or older should be given a booster dose every 5 years as long as they remain at risk.

What are the side effects of these vaccines?

Up to about half of people who get MenACWY vaccines have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for one or two days. A small percentage of people who receive the vaccine develop a fever. Severe reactions, such as a serious allergic reaction, are very rare.

The most common side effect of MenB vaccine is pain at the injection site, which is reported by most vaccine recipients. The Vaccine Adverse Event Reporting System (VAERS) and other vaccine safety systems carefully monitor MenACWY and MenB vaccine safety as they do for other U.S.-licensed vaccines.

How effective is this vaccine?

Based on antibody studies and comparison with an older meningococcal vaccine, MenACWY is estimated to be at least 85% effective.

Because serogroup B meningococcal disease is rare, researchers estimate the effectiveness of the MenB vaccines based on recipients' immune responses after vaccination. From 63% to 88% of recipients of a full series of MenB vaccine develop a protective level of antibody against representative strains of serogroup B meningococcus.

Who should not receive meningococcal vaccine?

These groups should not receive either type of meningococcal vaccine:

- People who have had a serious allergic reaction to a previous dose of either meningococcal vaccine or to one of the vaccine components. The packaging of some meningococcal vaccines may contain latex. Information on the contents of each vaccine is included with each vaccine.
- People who are moderately or severely ill.

Can a pregnant person get meningococcal vaccine?

Post-licensure safety data suggest no concerns with the safety of MenACWY during pregnancy. Pregnancy is not a contraindication nor a precaution to MenACWY vaccination. Healthcare personnel should administer this vaccine to high-risk pregnant people. Although experience with MenB vaccines is limited, they have not been shown to be detrimental to a pregnant person or fetus. CDC recommends delaying MenB until after pregnancy due to lack of safety data when given during pregnancy. MenB may be administered during pregnancy if at increased risk and vaccination benefits outweigh potential risks.