

# CORRELATES OF AND DISPARITIES IN MENINGOCOCCAL B VACCINATION COVERAGE AMONG 17-YEAR-OLDS IN THE UNITED STATES: A POOLED ANALYSIS OF 2016-2018 NATIONAL IMMUNIZATION SURVEY-TEEN

Parinaz K. Ghaswalla<sup>1</sup>, Diana Garbinsky<sup>2</sup>, Sara Poston<sup>1</sup>, Shannon Hunter<sup>2</sup>, Patricia Novy<sup>1</sup>, Elizabeth M. La<sup>2</sup>  
<sup>1</sup>GSK, Philadelphia, PA, USA; <sup>2</sup>RTI Health Solutions, Research Triangle Park, NC, USA

## BACKGROUND

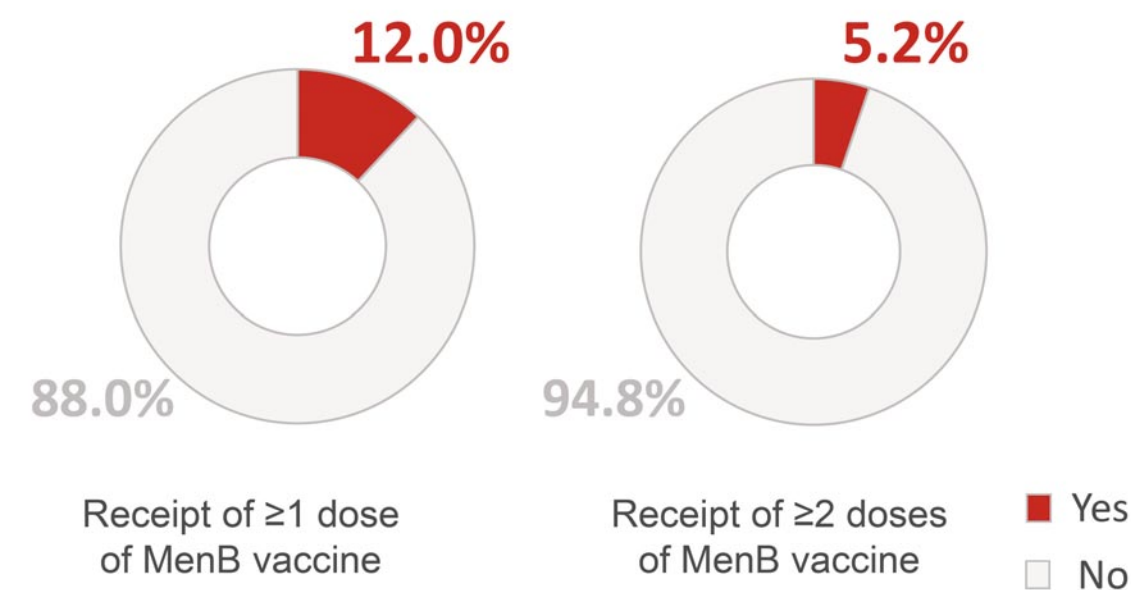
- The United States (US) Advisory Committee on Immunization Practices recommends that adolescents aged 16-23 years (preferably aged 16-18 years) receive serogroup B meningococcal (MenB) vaccination based on shared clinical decision-making.<sup>1</sup>
- This study evaluates national and regional ≥1- and ≥2-dose MenB coverage (estimated as the proportion of adolescents who received MenB vaccine at any age) and identifies factors associated with vaccination.

## METHODS

- A retrospective analysis of pooled 2016-2018 National Immunization Survey-Teen data was conducted, including adolescents with adequate provider-reported vaccination data who were aged 17 years at the time of the survey.
- Analyses were weighted based on the survey's sampling design to be representative of all US adolescents aged 17 years.

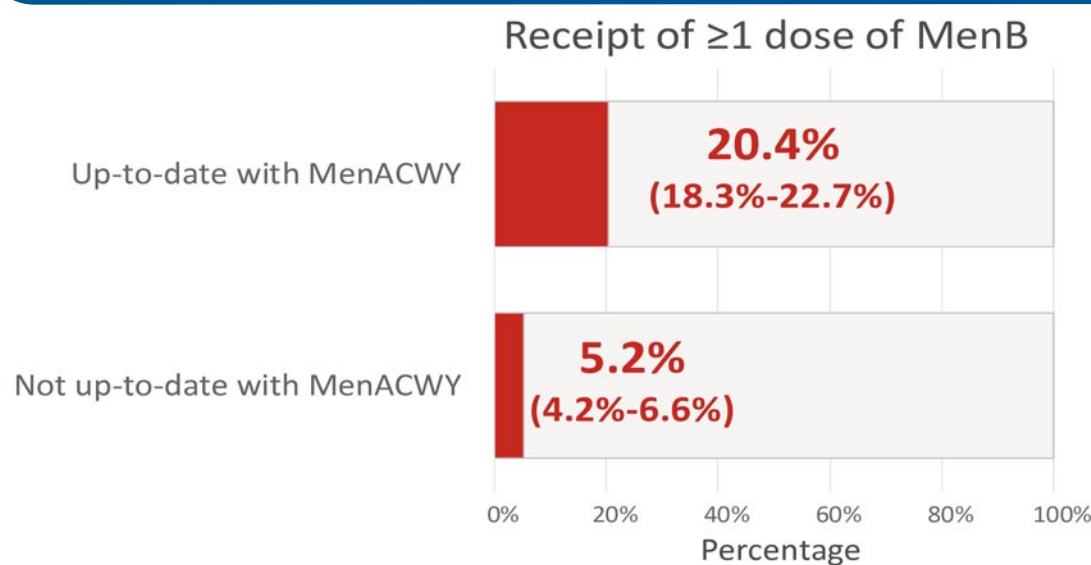
## RESULTS

**MenB coverage among 17-year-olds is low and less than half of vaccinated individuals receive ≥2 doses**



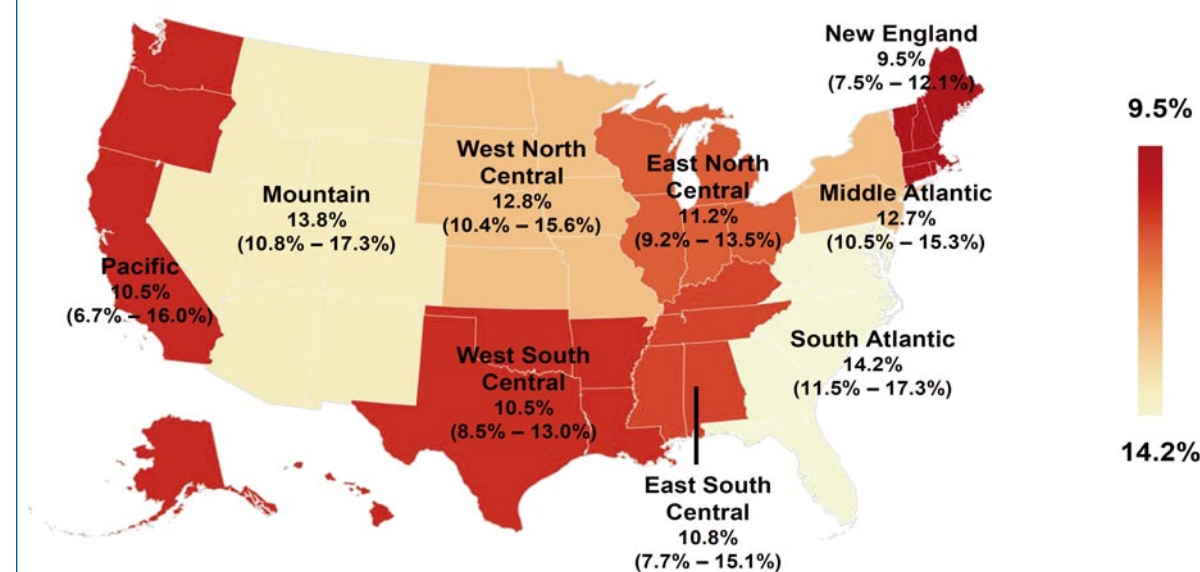
Coverage estimates represent pooled averages for 2016-2018. Yearly coverage rates (receipt of ≥1 dose) were: 4.1% (2016); 14.5% (2017); 17.2% (2018). MenB, meningococcal B.

**MenB coverage is higher among 17-year-olds up-to-date with MenACWY vaccination**



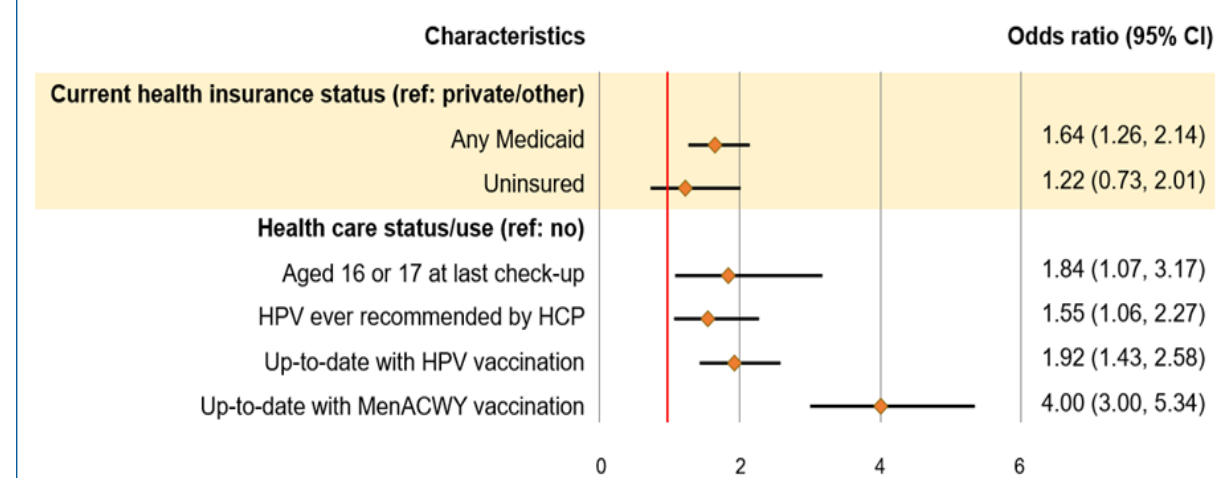
Coverage estimates represent pooled averages for 2016-2018. Values in parentheses are 95% confidence intervals. Up-to-date with MenACWY: receipt of a primary dose at 11-15 years and a booster dose at 16-17 years. MenACWY, quadrivalent meningococcal conjugate; MenB, meningococcal B.

**MenB coverage varies regionally from 9.5% in the New England region to 14.2% in the South Atlantic region**



Model-adjusted MenB vaccination coverage adjusted based on individual characteristics. Values in parentheses are 95% confidence intervals. MenB, meningococcal B.

**Being up-to-date with other adolescent vaccinations and having a check-up at age 16 or 17 is associated with higher likelihood of MenB vaccination**



Odds ratios are shown from a multivariable regression model where covariates were chosen using a systematic variable selection process. Up-to-date with MenACWY: receipt of a primary dose at 11-15 years and a booster dose at 16-17 years. HCP, health care practitioner; HPV, human papillomavirus vaccine; MenACWY, quadrivalent meningococcal conjugate; MenB, meningococcal B.



**MenB coverage in the US is low, although adolescents were more likely to be vaccinated if they were up-to-date with other vaccinations and had regular health care visits**

## CONCLUSIONS

- Fewer than half of adolescents who initiated MenB vaccination received the 2<sup>nd</sup> dose.
- Adolescents were more likely to have received MenB vaccination if they were up-to-date with other vaccinations and had regular health care visits at age 16-17 years.
- Future research should explore barriers to MenB vaccination and factors contributing to geographic variation in coverage.

**Funding:** GlaxoSmithKline Biologicals SA (GSK study identifier: HO-19-19991)

Scan for more details



PDF