

# Meningococcal Vaccine: Two Doses for Some

BY MIRIAM E. TUCKER

ATLANTA — Revaccination against meningococcal disease with the quadrivalent meningococcal conjugate vaccine was recommended for certain high-risk individuals by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

Although the Food and Drug Administration labeling of the quadrivalent

meningococcal conjugate vaccine (MCV4, Menactra) is only for a single dose, ACIP voted to recommend revaccination for specific groups at high risk for meningococcal disease “out of an abundance of caution,” Dr. Amanda Cohn said at a meeting of ACIP.

The committee recommended a second dose of MCV4—or a first dose of MCV4 in people who already received one dose of polysaccharide meningo-

coccal vaccine—after 5 years for the following high-risk groups of people aged 7-55 years:

- ▶ Persons with persistent complement deficiencies.
- ▶ Persons with anatomic or functional asplenia.
- ▶ Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*.
- ▶ Frequent travelers to or people living in areas with high rates of meningococ-

cal disease, such as the African meningitis belt.

At this time, ACIP did not recommend revaccination for college freshmen living in dorms who were previously vaccinated with MCV4 at age 11-18 years, nor did they recommend it for military recruits. “We will continue to monitor if there is a need for more broad revaccination with MCV4,” said Dr. Cohn of the CDC’s division of bacterial diseases. ■

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

## Important Safety Information

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

**Starting or changing insulin therapy should be done cautiously and only under medical supervision.**

## Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

## Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

Humalog® is a registered trademark of Eli Lilly and Company and is available by prescription only.