SUPPLEMENTAL DIGITAL CONTENT 1. Plain Language Summary



Plain Language Summary



- · Invasive meningococcal disease can result in meningitis or sepsis. It has an 8% mortality rate, and survivors can develop
- · In the United States in 2018, 21 of 34 reported cases of meningococcal disease among 16-23-year-olds were caused by serogroup B (MenB).
- In the United States, MenB vaccination is recommended for people aged 16–23 years (preferred age: 16–18 years) based on shared decision approach between the provider and the patient. The two available vaccines are MenB-4C (Bexsero, GSK) and MenB-FHbp (Trumenba, Pfizer).
- Both vaccines have a 2-dose schedule, administered at least 1 month apart for MenB-4C or 6 months apart for MenB-FHbp, with a possible third dose at least 4 months later if the second dose is given earlier than 6 months.



- This study examined MenB-4C and MenB-FHbp series completion among adolescents and young adults with private (Commercial) and government-funded (Medicaid) insurance who initiated MenB vaccination.
- We found that completion of the recommended number of vaccine doses was most likely in:
 o those vaccinated with MenB-4C as opposed to MenB-FHbp (Commercial: 61% vs 50%; Medicaid: 48% vs 34%)
 - those aged 16 years
 - those whose first doses were given during the summer
- o those living in the Northeast.

 Over one third of those who did not receive a completion dose had a visit with their healthcare provider at which they could have received a second dose

What is the impact?



- To ensure optimal impact of MenB vaccines, it is critical to ensure more people receive all the recommended vaccine
- Adolescents and young adults who initiate MenB vaccination are more likely to receive the recommended number of doses of MenB vaccine if they receive a vaccine with a shorter and simpler schedule.
- Other methods to ensure series completion include physician reminders at routine appointments and patient reminders