MenB vaccination coverage was associated with disparities due to race/ethnicity, social deprivation, insurance status, geographic location and chronic conditions.

**Aims**

This systematic literature review (SLR) synthesized the US evidence on disparities associated with IMB prevention. Addressing unfair and avoidable disparities could help to improve health equity.

**Methods**

SLR on disparities in IMB risk (e.g., incidence, mortality), prevention (e.g., vaccination) and control (e.g., treatment).

- Reviewed Medline/Embase databases (2012-2021) plus 8 key conferences.*
- Screened n=1877 unique abstracts and n=224 full papers for eligibility.
- Included US studies (n=26) focusing on prevention (n=14).

**Results**

**Prevention**

MenACWY vaccination (≥1 dose) vs other ethnicities:

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Other

MenB ≥1 dose coverage was higher for adolescents with a higher family income.

- Family income
  - >$75,000
  - $50-$75,000
  - ≤$30,000

MenB ≥2 doses was higher for adolescents living at or above poverty level and in cities.

- Odds ratio adjusted for risk ratio
  - MenB series completion
  - MenB vaccination

MenACWY (≥2 doses) coverage was highest for adolescents with a lower family income.

- Family income
  - >$75,000
  - $50-$75,000
  - ≤$30,000

MenB series initiation was higher for adolescents from low-income families.

- Medicaid
- Uninsured

MenACWY (≥2 doses) was higher for adolescents with a higher family income.

- Family income
  - >$75,000
  - $50-$75,000
  - ≤$30,000

Fewer uninsured adolescents received ≥1 dose and ≥2 doses of MenACWY versus insured adolescents.

- Odds ratio
  - Medicaid
  - Uninsured

**Socio-economic factors**

- Education
- Healthcare provider (HCP) type
- Parental/Guardian awareness and characteristics
- Insurance type/status

**Environmental factors**

**Geographic location/region**

- Odds ratio
  - Medicaid
  - Uninsured

**Background**

- IMD (invasive meningococcal disease) is a rare disease with a high risk of mortality and sequelae.

- Two vaccines are recommended for US adolescents / young adults: one targeting disease caused by serogroups A,C,W,Y and the other targeting serogroup B.

- MenACWY vaccination is recommended at age 11-12 years and MenB vaccination is recommended for 16-23 year olds, under shared clinical decision making (2-dose series).

**Conclusions**

IMD prevention is suboptimal in the US, with key disparities by individual characteristics, socio-economic and environmental factors.

Disparities in IMD prevention could be caused by inequities in access and may not be effectively addressed by the current vaccination schedule.