

Meningococcal Conjugate Vaccines

Vaccine	Primary Schedule	Comments
MenACWY-D (Menactra™) (Sanofi Pasteur)	Single dose: 0.5 mL (IM) No reconstitution required	Licensed for persons aged 9 months through 55 years. PLEASE NOTE: Infants with asplenia should not be vaccinated before 2 years of age because of potential interference with pneumococcal vaccine.
MenACWY-CRM (Menveo®) (Novartis)	Single dose: 0.5 mL (IM)	Licensed for persons aged 2 months through 55 years of age

Meningococcal Vaccine Recommendations

LAC-DPH Meningococcal Conjugate Vaccine (MCV) Recommendations:

- All HIV positive men who have sex with men (MSM) should receive 2 doses, 8 – 12 weeks apart, as their primary series. Previously vaccinated HIV positive MSM, regardless of time since previous vaccination, who did not receive the 2-dose primary series, can receive 1 dose now. If they received a 2-dose primary series and it's been at least 5 years, they can receive 1 dose now.
- MSM, regardless of HIV status, should receive 1 dose of MCV. These persons who previously received at least one dose of MCV at least 5 years ago should receive another dose now.
- Although the polysaccharide vaccine (Menomune) is the only product licensed for persons 56 years of age and older, the Advisory Committee on Immunization Practices (ACIP) supports off-label use of conjugate vaccine for persons 56 years of age and older in unique circumstances, including persons with immunocompromising conditions and those previously vaccinated with a conjugate vaccine.

Routine Meningococcal Vaccine Recommendations:

- All children at age 11-12 years; administer a booster dose at 16 years of age.
- Adolescents who received the first dose between 13 through 15 years of age, should receive a one-time booster dose, preferably between 16 through 18 years of age.
- Persons who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose.
- Routine vaccination of healthy persons who are not at increased risk for exposure to *N. meningitidis* is not recommended after 21 years of age.
- When indicated, most persons 56 years and older should receive meningococcal polysaccharide vaccine (**see exceptions in Table 1**).



Contraindications

Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.

Precautions

Moderate or severe acute illness with or without fever.

Storage and Handling

- Meningococcal vaccine (MenACWY-D and MenACWY-CRM) (lyophilized and liquid components) should be stored in the refrigerator between 36 – 46 F° (2°C to 8°C).
- Do not freeze. Do not use if frozen.

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***Table 1 – Routine Use of Meningococcal Vaccine**
(Does not include LAC-DPH recommendations for HIV+ MSMs or HIV- MSMs)

Target group by age and/or risk factor	Primary dose(s)	Booster dose(s)
11-18 years	Give 1 dose of Menactra or Menveo at age 11 or 12 years ¹	Give booster at age 16 years if primary dose given at age 12 years or younger
		Give booster at age 16-18 years if primary dose given at age 13-15 years ²
19-21 years who are first year college students living in dorms	Give 1 dose of Menactra or Menveo ¹	Give booster if previous dose given at age younger than 16 years
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic³, people present during outbreaks caused by vaccine serogroup⁴, and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i>)		
Children age 2-18 months	Give Menveo at ages 2, 4, 6 and 12-15 months ⁵	If risk continues, give initial booster after 3 years followed by boosters every 5 years
Children 7-23 months who have not initiated a series of Menveo or MenHibrix	Give 2 doses, separated by 3 months ⁶ , of Menveo (if age 7-23 months) ⁷ or Menactra (if age 9-23 months)	
Age 2-55 years	Give 1 dose of Menactra or Menveo ¹	Booster every 5 years with Menactra or Menveo ^{8,9}
Age 56 years and older	If no previous dose of Menactra or Menveo and either short-term travel or outbreak-related, give 1 dose of Menomune or Menactra or Menveo ; all others, give 1 dose of Menactra or Menveo (try to give the same vaccine previously given).	Booster every 5 years with Menactra or Menveo ⁹
People with persistent complement component deficiencies¹⁰		
2-18 months	Give Menveo or MenHibrix at ages 2, 4, 6 and 12-15 months	Give Menactra or Menveo after 3 years followed by boosters every 5 years thereafter
7-23 months who have not initiated a series of Menveo or MenHibrix	Give 2 doses, separated by 3 months, of Menveo (if 7-23 months) ⁷ or Menactra (if 9-23 months)	
2-55 years	Give 2 doses of Menactra or Menveo , 2 months apart	Booster every 5 years with Menactra or Menveo ^{8,11}
56 years and older	Give 2 doses of Menactra or Menveo , 2 months apart	Booster every 5 years with Menactra or Menveo ¹¹
People with functional or anatomic asplenia, including sick cell disease		
2-18 months	Give Menveo or MenHibrix at ages 2, 4, 6 and 12-15 months	Give Menactra or Menveo booster after 3 years followed by boosters every 5 years thereafter
19-23 months who have not initiated a series of Menveo or MenHibrix	Give 2 doses of Menveo , 3 months apart	
2-55 years	Give 2 doses of Menactra or Menveo , 2 months apart ¹²	Booster every 5 years with Menactra or Menveo ^{8,11}

FOOTNOTES

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of **Menactra** or **Menveo** is 8 weeks.
3. Prior receipt of **MenHibrix** is not sufficient for children traveling to the Hajj or African meningitis belt as it does not provide protection against serogroups A or W.
4. Seek advice of local public health authorities to determine if vaccination is recommended.
5. Children ages 2-18 months who are present during outbreaks caused by serogroups C or Y may be given an age-appropriate series of **MenHibrix**.
6. If a child age 7-23 months will enter an endemic area in less than 3 months, give doses as close as 2 months apart.

7. If using **Menveo**, dose 2 should be given no younger than age 12 months.
8. If primary dose(s) given when younger than age 7 years, give initial booster after 3 years followed by boosters every 5 years.
9. Booster doses are recommended if the person remains at increased risk.
10. Persistent complement component deficiencies include C3, C5-C9, properdin, factor H, and factor D.
11. If the person received a 1-dose primary series, give booster at the earliest opportunity, then booster every 5 years.
12. Children with functional or anatomic asplenia should complete an age-appropriate series of PCV13 vaccine before vaccination with **Menactra** (should be given at least 4 weeks after last dose of PCV13). **Menveo** or **MenHibrix** may be given any time before or after PCV13.

*Adapted from the Immunization Action Coalition

