

Meningococcal ACWY Vaccine

Recommendations by Age and Risk Factor

MenACWY Vaccines:
MenACWT-TT (MenQuadfi; Sanofi); MenACWY-CRM
(Menveo; GSK)

Routine Recommendations for Use of Meningococcal A,C,W,Y Vaccine (MenACWY)

This table covers routine vaccination of preteens and teens, as well as catch-up vaccination of teens and young adults.

AGE OF PATIENT	VACCINATION HISTORY	RECOMMENDED MENACWY SCHEDULE
Age 11 through 12 years	None	Give dose #1 of MenACWY.
Age 13 through 15 years	None	Give catch-up dose #1 of MenACWY.
Age 16 years	1 prior dose	Give dose #2 of MenACWY.
Age 16 through 18 years	None	Give 1 dose of MenACWY.
	1 prior dose when younger than 16 yrs	Give dose #2 of MenACWY.
Age 19 through 21 years	None, or 1 prior dose when younger than 16 yrs	Consider giving 1 dose of MenACWY.
First year college students living in residence halls	None, or 1 prior dose when younger than 16 yrs, or 1 prior dose since 16th birthday, but more than 5 yrs previously	Give 1 dose of MenACWY.

Risk-based Recommendations for Persons with Underlying Medical Conditions or Other Risk Factors

TARGETED GROUP BY AGE/OR RISK FACTOR	PRIMARY DOSE(s) ¹	BOOSTER DOSE(s) ¹
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic, people present during outbreaks caused by a vaccine serogroup, ² and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i>).		
For age 2 through 6 months	Give 3 doses of Menveo, 8 weeks apart, and a 4th dose at age 12–18 months. If possible, vaccination should begin at age 2 months.	If primary vaccination is completed before the 7th birthday: give one booster dose 3 years after primary series, then every 5 years thereafter, as long as risk remains.
For age 7 through 23 months who have not initiated a series of MenACWY	Give 2-dose series of Menveo. ³ Separate the 2 doses by at least 12 weeks. ⁴	If primary vaccination is completed at age 7 years or older: give a booster dose every 5 years thereafter, as long as risk remains.
For age 2 years and older	Give 1 dose of any MenACWY vaccine.	

People with persistent complement component deficiencies⁵

For age 2 through 6 months	Give 3 doses of Menveo, 8 weeks apart, and a 4th dose at age 12–18 months. If possible, vaccination should begin at age 2 months.	If primary vaccination is completed before the 7th birthday: give one booster dose 3 years after primary series, then every 5 years thereafter, as long as risk remains.
For age 7 through 23 months who have not initiated a series of MenACWY	Give 2-dose series of Menveo. Separate the 2 doses by at least 12 weeks. ⁴	If primary vaccination is completed at age 7 years or older: give a booster dose every 5 years thereafter, as long as risk remains.
For ages 2 years and older	Give 2 doses of MenACWY (any vaccine), 8 weeks apart. ⁶	

People with HIV infection or functional or anatomic asplenia (including sickle cell disease)

For age 2 through 6 months	Give 3 doses of Menveo, 8 weeks apart, and a 4th dose at age 12–18 months. If possible vaccination should begin at age 2 months.	If primary vaccination is completed before the 7th birthday: give one booster dose 3 years after primary series, then every 5 years thereafter.
For age 7 through 23 months who have not initiated a series of MenACWY-CRM	Give 2 doses of Menveo. ³ Separate the 2 doses by at least 12 weeks.	If primary vaccination is completed at age 7 years or older: give a booster dose every 5 years thereafter.
For ages 2 years and older	Give 2 doses of MenACWY (any vaccine), 8 weeks apart. ⁶	

Note: A separate vaccine is needed for protection against meningococcal serogroup B disease; a combination MenABCWY vaccine (Penbraya, Pfizer) is also available if age 10 years or older and needing protection against serogroups A, B, C, W, and Y.

FOOTNOTES

1. If available, use the same vaccine product for all doses in the series given to infants, including the booster doses.
2. Seek advice of local public health authorities to determine if vaccination is recommended.
3. If initiating vaccination with Menveo in a child age 7 through 23 months, dose 2 should be given no younger than age 12 months.
4. If child age 7 through 23 months will enter an endemic area in less than 3 months, give doses as close as 2 months apart.
5. Persistent deficiency of complement components C3, C5-C9, properdin, factor D, or factor H caused by an immune system disorder or by taking a complement inhibitor (Soliris [eculizumab] or Ultomiris [ravulizumab]).
6. If the person has a history of 1 dose of MenACWY at the time of diagnosis with a high-risk condition for which a 2-dose primary series is recommended, give dose 2, then boost every 5 years as long as risk remains.

