

Meningococcal ACWY Vaccine Recommendations by Age and Risk Factor

A separate vaccine is needed for protection against meningococcal serogroup B disease.

MenACWY = Menactra (Sanofi Pasteur) and Menveo (GlaxoSmithKline)
MenACWY-D = Menactra MenACWY-CRM = Menveo

Routine Recommendations for Quadrivalent Meningococcal Conjugate Vaccine (MenACWY)

For preteens age 11 through 12 years	Give dose #1 of 2-dose MenACWY series. (Dose #2 is recommended at age 16 years.)
For teens age 13 through 15 years	Give catch-up dose #1 of 2-dose MenACWY series. (Dose #2 will be due at age 16 years. ¹)
For teens at age 16 years	Give dose #2 of MenACWY. ¹ (Separate from dose #1 by at least 8 weeks.)
Catch-up for teens age 17 through 18 years	If dose #2 not given at age 16 years, give dose #2 of MenACWY as catch-up.
Catch-up for teens age 16 through 18 years	If no history of prior vaccination with MenACWY, give 1 dose of MenACWY.
For first year college students, age 19 through 21 years, living in residence halls	If no history of prior vaccination with MenACWY, give 1 dose of MenACWY. If history of 1 dose of MenACWY given when younger than age 16 years, give dose #2 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)	BOOSTER DOSE(S)
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 ³ at 12–18 months. If possible, vaccination should begin at age 2 months.	If risk continues, give initial booster after 3 years followed by boosters every 5 years.
For age 7 through 23 months who have not initiated a series of Menveo	Give 2 doses of Menveo ⁴ or, if 9–23 months, give Menactra. ⁵ Separate the 2 doses by at least 12 weeks. ⁶	
For age 2 years and older	Give 1 dose of either MenACWY vaccine.	Boost every 5 years with MenACWY. ^{7,8}
People with persistent complement component deficiencies⁹		
For age 2 through 6 months	Give 3 doses of Menveo, 8 weeks apart, and a 4th dose ³ at 12–18 months. If possible, vaccination should begin at age 2 months.	Give MenACWY booster after 3 years followed by boosters every 5 years thereafter.
For age 7 through 23 months who have not initiated a series of Menveo	Give 2 doses of Menveo ⁴ or, if age 9–23 months, give Menactra. ⁵ Separate the 2 doses by at least 12 weeks.	
For ages 2 years and older	Give 2 doses of MenACWY (either vaccine), 8 weeks apart.	Boost every 5 years with MenACWY. ^{7,10}
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 ³ at 12–18 months. If possible vaccination should begin at age 2 months.	Give MenACWY booster after 3 years followed by boosters every 5 years thereafter. ⁷
For age 7 through 23 months who have not initiated a series of Menveo	Give 2 doses of Menveo. ⁴ Separate the 2 doses by at least 12 weeks. Or, if using Menactra, give dose #1 at least 4 weeks following completion of pneumococcal conjugate vaccine series, and dose #2 at least 12 weeks after dose #1. ⁵	
For ages 2 years and older	Give 2 doses of MenACWY (either vaccine), 8 weeks apart.	Boost every 5 years with MenACWY. ^{7,10}

FOOTNOTES

- The minimum interval between doses of MenACWY is 8 weeks.
- Seek advice of local public health authorities to determine if vaccination is recommended.
- If available, use the same vaccine product for all doses in the series given to infants, including the booster doses.
- If initiating vaccination with Menveo in a child age 7 through 23 months, dose 2 should be given no younger than age 12 months.
- If Menactra is to be administered to a child with increased risk for meningococcal disease, it should be given either before or concomitantly with DTaP. Menveo can be given at any time before or after DTaP.
- 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.
- If most recent dose given when younger than age 7 years, give booster after 3 years; if given at or after age 7 years, give booster after 5 years; then boost every 5 years thereafter.
- Booster doses are recommended if the person remains at increased risk.
- Persistent complement component deficiencies include C3, C5–C9, properdin, factor D, factor H, or taking Soliris (eculizumab).
- If the person has a history of only 1 dose, give dose 2 at least 8 weeks after dose 1, then boost every 5 years.

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