Meningococcal ACWY Vaccine Recommendations by Age and Risk Factor

Meningococcal A, C, W, Y Vaccines (MenACWY)

BRAND NAME	ABBREVIATION	FDA-LICENSED AGES	NOTES
MenQuadfi (Sanofi)	MenACWY-TT	6 weeks and older	American Academy of Pediatrics (AAP) recommends as an option when meningococcal vaccination is indicated, beginning as soon as age 6 weeks.
Menveo (GSK)	MenACWY-CRM	2 months through 55 years	May be used at age 56 years or older if MenQuadfi is unavailable

Routine Recommendations for Use of 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[1]
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 dose #1 of MenACWY
	1 prior dose when younger than 16 years	Give dose #2 of MenACWY
Age 19 through 21 years	None, or 1 prior dose when younger than 16 years	Consider giving 1 dose of MenACWY
First year college students living in residence halls	None, or 1 prior dose when younger than 16 years, or 1 prior dose since 16th birthday, but more than 5 years previously	Give 1 dose of MenACWY

Risk-based Recommendations for People at Increased Risk of Meningococcal Disease

This table covers risk-based vaccination schedules, including booster doses, based upon age at time of vaccination and type of risk.

- **Medical risk:** People who have anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, or those who use a complement inhibitor[2]
- **Exposure risk:** People at increased risk of exposure to meningococcal bacteria, including travelers to or residents of areas where meningococcal disease is hyperendemic or epidemic, people designated by public health authorities as at-risk during outbreaks caused by a vaccine serogroup,[3] military recruits, and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with *Neisseria meningitidis*)

PRIMARY DOSE(S)	BOOSTER DOSE(S)
Dose #1 at age 2 months (Medical or Exposure): 4-dose series. Give additional 3 doses at age 4, 6, and 12 months. May give MenQuadfi as early as age 6 weeks.	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. If primary vaccination is completed at age 7 years or older: give a booster dose every 5 years thereafter, as long as risk remains.
Dose #1 at age 3–6 months (Medical or Exposure): 3- or 4-dose series. Give dose #2 at least 8 weeks after dose #1. If the infant is younger than age 7 months when dose #2 is given, dose #3 is due at least 8 weeks after dose #2, followed by the final primary series dose. If the infant is age 7 months or older when dose #2 is given, the next dose due is the final primary series dose. The final primary series dose (the third or fourth dose) is due when the child is at least age 12 months *and* at least 12 weeks have passed since the previous dose.	
Dose #1 at age 7–23 months (Medical or Exposure): 2-dose series (dose #2 at least 12 weeks after dose #1 and after age 12 months)	
Dose #1 at age 24 months or older (Medical): 2-dose series at least 8 weeks apart[4] Age 24 months or older (Exposure): only 1 dose needed for primary vaccination	

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

FOOTNOTES

1. If available, use the same product for all doses in the series given to infants, including the booster doses. If the same product is unavailable or unknown, use the available product.
2. 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], Ultomiris [ravulizumab]), or Enjaymo [sutimlimab]).
3. Seek advice of local public health authorities to determine if vaccination is recommended.
4. 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 booster dose(s) as indicated as long as risk remains.