### 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.

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

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

**Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic, people present during outbreaks caused by a vaccine serogroup**.

- If available, use the same vaccine product for all doses in the series given to infants, including the booster doses.
- Seek advice of local public health authorities to determine if vaccination is recommended.
- If initiating vaccination with Menveo in a child age 7 through 23 months, dose 2 should be given no younger than age 12 months.

**For ages 2 years and older**

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.

**For ages 2 years and older**

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.

**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]).**

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.

**People with persistent complement component deficiencies**

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.

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

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.

**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.