

# Meningococcal Vaccination Recommendations

## by Age and/or Risk Factor

This table summarizes the recommendations of CDC's Advisory Committee on Immunization Practices for the use of meningococcal vaccine.

MCV4 = Menactra (sanofi) and Menveo (Novartis)    MCV4-D = Menactra  
 MCV4-CRM = Menveo    Hib-MenCY = MenHibrix (GlaxoSmithKline)  
 MPSV = Menomune (sanofi)

Targeted group by age and/or risk factor	Primary dose(s)	Booster dose(s)
People ages 11 through 18 years	Give 1 dose of MCV4, preferably at age 11 or 12 years <sup>1</sup>	Give booster at age 16 years if primary dose given at age 12 years or younger
		Give booster at age 16 through 18 years if primary dose given at age 13 through 15 years <sup>2</sup>
People ages 19 through 21 years who are first year college students living in residence halls	Give 1 dose of MCV4 <sup>1</sup>	Give booster if previous dose given at age younger than 16 years
<b>Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic,<sup>3</sup> people present during outbreaks caused by a vaccine serogroup,<sup>4</sup> and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i>)</b>		
• for children age 2 through 18 months	Give MCV4-CRM at ages 2, 4, 6 and 12–15 months <sup>5</sup>	If risk continues, give initial booster after 3 years followed by boosters every 5 years
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months, <sup>6</sup> of MCV4-CRM (if age 7–23 months) <sup>7</sup> or MCV4-D (if age 9–23 months)	
• for age 2 through 55 years	Give 1 dose of MCV4 <sup>1</sup>	Boost every 5 years with MCV4 <sup>8,9</sup>
• for age 56 years and older	If no previous MCV4 dose and either short-term travel or outbreak-related, give 1 dose of MPSV; all others, give 1 dose of MCV4	Boost every 5 years with MCV4 <sup>9</sup>
<b>People with persistent complement component deficiencies<sup>10</sup></b>		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months, of MCV4-CRM (if age 7–23 months) <sup>7</sup> or MCV4-D (if age 9–23 months)	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4 <sup>8,11</sup>
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4 <sup>11</sup>
<b>People with functional or anatomic asplenia, including sickle cell disease</b>		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 19 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses of MCV4-CRM, 3 months apart	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart <sup>12</sup>	Boost every 5 years with MCV4 <sup>8,11</sup>
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4 <sup>11</sup>

### FOOTNOTES

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of MCV4 is 8 weeks.
3. Prior receipt of Hib-MenCY is not sufficient for children traveling to the Hajj or African meningitis belt as it doesn't 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 through 18 months who are present during outbreaks caused by serogroups C or Y may be given an age-appropriate series of Hib-MenCY.
6. If a child age 7 through 23 months will enter an endemic area in less than 3 months, give doses as close as 2 months apart.
7. If using MCV4-CRM, 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 boost every 5 years.
12. Children with functional or anatomic asplenia should complete an age-appropriate series of PCV13 vaccine before vaccination with MCV4-D; MCV4-D should be given at least 4 weeks following last dose of PCV13. MCV4-CRM or Hib-MenCY may be given at any time before or after PCV13.

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