Meningococcal (A,C,W,Y) Vaccine

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Vaccine Description	Brands: Menveo® and MenQuadfi® Inactivated, bacterial polysaccharide conjugate (MCV4) See package insert		
Dose & Route	Dose: 0.5 mL Route: IM (Menveo®, MenQuadfi®) (Precaution: hemophilia, thrombocytopenia, and anticoagulation therapy) See package insert		
Indications	Routine vaccination against meningococcal disease is not recommended for children aged 2 months through 10 years of age. All children at age 11 to 12 years and unvaccinated adolescents at subsequent visit College freshmen living in dormitories Children 2 months and older who: Have functional or anatomic asplenia, including sickle cell disease Have certain immune system disorders (complement Component deficiency) Are traveling to or living in an endemic area Have been exposed to meningitis during an outbreak Have HIV Are taking a complement inhibitor (e.g., Solaris) Menveo® is licensed for use in ages 2 months - 55 years of age; MenQuadfi® is licensed for ages 2 years and older		
Administration Schedule	Age	Schedule	
See package insert for vaccine-specific schedule	INCREASED RISK 2-23 mos of age (complement deficiency; asplenia; outbreak; HIV; travel)	Primary vaccination: Menveo: If first dose at age: • 2 mos: 4 doses at 2, 4, 6, and 12 mos • 3–6 mos: 8-week intervals until ≥ 7 months. One additional dose is given ≥7 months followed by 1 dose at least 12 weeks later and after the 1st birthday • 7–23 mos: 2 doses (second dose ≥12 wks after the first dose and after the 1st birthday)	
	NO RISK 11-18 yrs of age	Give dose #1 of 2-dose MCV4 series. Dose #2 will be due at age 16 years. For 1st yr college student (19 - 21 yrs in dorm): 1 dose MCV4 if none prior, or 1 dose (#2) if single dose given before age 16.	

Meningococcal (A,C,W,Y) Vaccine (Continued)

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Administration Schedule (continued)	TRAVEL RISK 2-18 yrs of age (Travel to endemic area or outbreak)	If unimmunized: 1 dose of MCV4 with booster every 5 years if travel risk persists	
See package insert for vaccine-specific schedule	HEALTH RISK 2-18 yrs of age (complement de- ficiency; asplenia, HIV)	Primary: Menveo or MenQuadfi • 2 doses ≥8 wks apart • Boosters (if person remains at increased risk) • Aged <7 yrs: Single dose at 3 yrs after primary vaccination and every 5 yrs thereafter • Aged ≥7 yrs: Single dose at 5 yrs after primary vaccination and every 5 yrs thereafter	
Contraindications	Serious allergic reaction to prior dose or vaccine component Moderate or severe acute illness Children younger than 2 months of age (Menveo®) or 2 years of age (MenQuadf®) Menveo: severe allergic reaction to any diphtheria toxoid or CRM197 containing vaccine MenQuadfi: severe allergic reaction to a tetanus toxoid-containing vaccine		
Special Considerations	Menveo® and MenQuadfi® have not been widely studied in pregnant and lactating women and should be given only if clearly indicated. **Penbraya (MenABCWY) is licensed as a 2-dose series given 6 months apart, for individuals aged 10-25 years. Pfizer's MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit for: Healthy individuals age 16 through 23 years (routine schedule) when shared clinical decision-making (SCDM) favors administration of MenB vaccination (requires order from privileged provider). Individuals age 10 years and older at increased risk of meningococcal disease (e.g., due to persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia) due for both vaccines The MenB component of Penbraya is the MenB vaccine Trumenba. As Trumenba and Bexsero are not interchangeable, a primary series and any future MenB booster doses must be of the same brand.		

VIS: http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html

Standing orders: www.health.mil/standingorders
Dosing Schedule: www.immunize.org/catg.d/p2018.pdf
Programmy registry for Managers 1, 200, 222, 2462

Pregnancy registry for Menactra®: 1-800-822-2463
Pregnancy registry for Menveo®: 1-877-413-4759; also notify DHA-IHD
Additional education may be found at www.health.mil/meningococcal