

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT MENINGOCOCCAL DISEASE

The purpose of this resolution is to update the resolution to include use of a meningococcal vaccine recently licensed for use in a new age group and to simplify the language within the recommended vaccination schedule and intervals section.

VFC resolution 10/12-2 is repealed and replaced by the following:

Eligible groups

- Children aged 2 months through 10 years who are at increased risk for meningococcal disease, including
 - children who have complement deficiencies (e.g., C5-C9, properdin, factor H, or factor D);
 - travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic;
 - children who are who are part of an outbreak of a vaccine-preventable serogroup.
 - Children who have anatomic or functional asplenia

- All children aged 11 through 18 years

Recommended Vaccination Schedule and Intervals

Age Group	Vaccine	Routine Recommendations	Dosing Schedule
2 mos – 10 years	MCV4-Crm (Menveo, Novartis)	High-risk only [¶]	<p>Primary:</p> <ul style="list-style-type: none"> • Age 2 through 6 months: 4 doses at 2, 4, 6, and 12 months • Age 7 through 23 months: 2 doses should be given with the second dose given in the second year of life • Age 2 through 10 years: 1 or 2 doses <p>Booster (for persons who remain at risk[¶]):</p> <ul style="list-style-type: none"> • 1st booster 3 years after primary series for children who received primary series prior to age <7 years, then every 5 years • Every 5 years for children who received primary series after 7th birthday
	MCV4-D (Menactra, Sanofi)	High-risk only*	<p>Primary:</p> <ul style="list-style-type: none"> • Age 9 through 23 months: 2 dose series with 12 weeks between doses • Age 2 through 10 years: 1 or 2 doses <p>Booster (for persons who remain at risk[¶]):</p> <ul style="list-style-type: none"> • 1st booster 3 years after primary series for children who received primary series prior to age <7 years, then every 5 years • Every 5 years for children who received primary series after 7th birthday
	HibMenCY-TT (MenHibrix, GSK)	High-risk only [§]	<p>Primary:</p> <ul style="list-style-type: none"> • Age 2 through 23 months: 4 dose series with doses at 2, 4, 6, and 12-15 months <p>Booster (for persons who remain at risk[¶]):</p> <ul style="list-style-type: none"> • Use MCV4-D or MCV4-Crm (see above)
11-18 years	MCV4 (Menveo or Menactra)	Children aged 11 through 18 years	<p>Adolescents:</p> <ul style="list-style-type: none"> • Primary dose at age 11-12 years with booster dose at age 16 years • A booster dose is not recommended if the first dose is given on or after the child's 16th birthday

			<p>Adolescents with complement component deficiency, or functional or anatomic asplenia; HIV infection (if another indication for vaccination exists):</p> <ul style="list-style-type: none"> • 2 doses, 8-12 weeks apart <p>Booster for adolescents who remain at increased risk (complement component deficiency, functional or anatomic asplenia, traveling or part of a meningococcal outbreak more than 5 years after the prior dose):</p> <ul style="list-style-type: none"> • 1st booster 5 years after primary • Additional boosters every 5 years
--	--	--	---

[¶] For children with complement component deficiency, functional or anatomic asplenia, part of a community or organizational outbreak, or traveling internationally to a region with hyperendemic or endemic meningococcal disease.

*For children with complement component deficiency, functional or anatomic asplenia, part of a community or organizational outbreak, or traveling internationally to a region with hyperendemic or endemic meningococcal disease. For infants receiving the vaccine prior to travel, the two doses may be administered as early as 8 weeks apart. Infants with functional or anatomic asplenia should wait until 2 years of age to prevent immune interference with PCV13.

[§] For children with complement component deficiency, functional or anatomic asplenia, part of a community or organizational outbreak, Hib-MenCY-TT is not recommended for use in children who are traveling international to a region with hyperendemic or endemic meningococcal disease. MCV4 should be used as booster doses for children who are given a primary series with Hib-MenCY-TT.

Note: Use of brand names is not meant to preclude the use of other meningococcal vaccines where appropriate.

Recommended dosage

Refer to product package inserts.

Contraindications and Precautions

Contraindications and Precautions can be found in the package inserts available at <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>

[If an ACIP recommendation or notice regarding meningococcal vaccination is published within 12 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]

Adopted and Effective: October 23, 2013

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/1013-mening-mcv.pdf>