

# Meningococcal Conjugate Vaccines (MCV4)

## Age Indications for MCV4 Vaccines

Menactra® (Sanofi Pasteur): for aged 9 months through 55 years  
 MENVEO® (Novartis): for aged 2 through 55 years

## Indications for Use and Schedule

- **Routinely administer:**
  - One dose at aged 11-12 years; booster dose at age 16 years
  - Preferred for ages 56 years & older who previously received MCV4 or who are recommended to receive multiple doses of meningococcal vaccine\*
- **Adolescent catch-up schedule:**
  - If 1<sup>st</sup> dose given at aged 13 through 15 years, give a booster dose at aged 16 through 18 years
  - If 1<sup>st</sup> dose given at age 16 years or older, a booster dose is not recommended
- **Recommended for persons aged 9 months through 55 years at high risk for disease (see below)**

## Vaccine Administration

- Intramuscular (IM) injection in the deltoid of the arm
  - 1-1.5 inch, 22-25 gauge needle
- Use professional judgment in selecting needle length
- Give simultaneously with all vaccines except:
  - For children aged 2 years & older with asplenia, if using Menactra® give PCV<sup>1</sup> series 1<sup>st</sup> & Menactra<sup>2</sup> 4 weeks later

## Storage and Handling

- Store in the refrigerator between 35°-46° F (2°-8° C); Do NOT freeze
- Keep in the original box
- Menactra is ready to use; shake well
- MENVEO must be reconstituted
  - Draw up MenCYW liquid (diluent)
  - Add to Men A vial; invert; shake well
- Administer vaccines immediately after drawn up in syringe



## \*PERSONS WITH CERTAIN MEDICAL OR OTHER RISK CONDITIONS

- Children aged 9-23 months:
  - Persistent complement component deficiency: 2-dose primary series (0, 3 mo) & 1st booster dose in 3 years, then every 5 years
  - Travel or current outbreak: 2-dose primary series (0, 3 mo; may use 0, 2 mo for travel); if continued risk, 1st booster dose 3 years later
- Persons aged 2 years & older with persistent terminal complement deficiency or asplenia (functional or anatomic)<sup>2</sup>:
  - Aged 2-6 years: 2-dose primary series (0, 2 mo) & 1st booster dose in 3 years then a booster dose every 5 years thereafter
  - Aged 7 years & older: 2-dose primary series (0, 2 mo) & a booster dose every 5 years thereafter
- Persons aged 2 years & older who are at increased risk due to prolonged exposure (e.g., travel to/living in endemic areas, current outbreak, microbiologists exposed to *N. meningitidis*) or when required (e.g. military recruits), travel to Mecca during annual Hajj:
  - Give 1 dose; if the person remains at increased risk, a booster dose is recommended (based on age):
    - 3 years later for children vaccinated at aged 2 through 6 years
    - 5 years later for persons vaccinated at age 7 years or older
- Persons aged 2 years & older with HIV & an indication for vaccination should receive a 2-dose primary series (0, 2 mo)
  - Need and interval for booster dose determined by risk factor
  - HIV without another risk factor present, is not a medical indication for meningococcal vaccination
- Ensure students age 21 years or younger who are entering college/living in dorm have received a dose of MCV4 in the last 5 years
  - Consider 1 dose of MCV4 for students age 21 years or younger who are currently attending college, with no dose in the last 5 years
  - MCV4 is not routinely recommended for a healthy person age 22 years or older

## CONTRAINDICATIONS

- An anaphylactic (severe allergic) reaction to a prior dose or a component of MCV4 vaccine

## PRECAUTIONS

- Moderate to severe acute illness

## FURTHER POINTS

- Persons indicated for a 2-dose primary series who previously received only a 1st dose of MCV4, should get a 2nd dose of MCV4 as soon as feasible; forecast the booster dose (if applicable) from the date of the 2nd primary series dose
- Persons aged 56 years or older who have never received a meningococcal vaccine and anticipate needing only one dose, MPSV4 (meningococcal polysaccharide vaccine) is preferred
- Persons who inadvertently receive MPSV4 should be revaccinated with MCV4 using a minimum interval of 8 weeks
- Both MCV4 vaccines contain serotypes A, C, Y, and W-135. Serotype B is not in either vaccine.
- Meningococcal Vaccine Information Statement (VIS), can be found at <http://www.immunize.org/vis/>
- Use the lot number on the outside box of Menveo to document in GRITS and on the Vaccine Administration Record

<sup>1</sup> PCV is Pneumococcal Conjugate Vaccine; ensure at least one supplemental dose of PCV13 (Prevnar13®) is given to children with asplenia

<sup>2</sup> Due to increased risk of invasive pneumococcal disease, children with asplenia should not receive MCV4-D (Menactra) before age 2 years to avoid interference with the immune response to the pneumococcal conjugate vaccine (PCV13). At age 2 years, if Menactra is used, administer it at least 4 weeks after completion of all PCV13 doses. MCV4-CRM (Menveo) at age 2 years & older or HibMenCY (MenHibrix®, GSK) at age 2-18 months may be given simultaneously with PCV13.