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 2-55 years with persistent terminal complement deficiency or asplenia (functional or anatomic):
  - 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 7-55 years: 2-dose primary series (0, 2 mo) & a booster dose every 5 years thereafter
- Persons aged 2-55 years 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 2-55 years 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 healthy persons 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
- MPSV4 (Meningococcal Polysaccharide Vaccine), while approved for persons age 2 years & older, should only be used for persons age 56 years & older or when a contraindication to MCV4 (but not MPSV4) exists
- 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 VAR

MCV4 is Pneumococcal Conjugate Vaccine; ensure at least one supplemental dose of PCV13 (Prevnar13®) is given to children with asplenia

MCV4/MENVEO may be given to children age 2 years and older with asplenia, if using Menactra® give PCV1 series 1st & Menactra® 4 weeks later

Storage and Handling

- Store in the refrigerator between 35º-46º F (2º-8º 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