Recommended Vaccination Schedule and Intervals for MCV4<sup>1</sup>  
(Meningococcal Conjugate Vaccine)

<table>
<thead>
<tr>
<th>Age</th>
<th>Subgroup</th>
<th>Primary Vaccination</th>
<th>Booster Dose</th>
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</thead>
<tbody>
<tr>
<td>9 through 23 months of age with high risk condition</td>
<td>Children with complement component deficiencies; travel to endemic areas; part of community outbreak</td>
<td>Two doses of MCV4; 3 months apart&lt;sup&gt;3&lt;/sup&gt; (may give 2 months apart&lt;sup&gt;3&lt;/sup&gt; prior to travel)</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; booster dose in 3 years then every 5 years for complement component deficiencies; Booster dose for travel/outbreak based on risk; If needed, 1&lt;sup&gt;st&lt;/sup&gt; dose in 3 years then every 5 years</td>
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| 2 through 55 years of age with high risk condition | Persons with functional or anatomic asplenia<sup>2</sup>; complement component deficiencies | Two doses of MCV4 2 months apart<sup>3</sup> | Aged 2-6 years: 1<sup>st</sup> booster dose in 3 years then every 5 years thereafter  
Aged 7 years & older: Booster dose every 5 years |
| 9 months through 55 years with high risk condition | Persons with HIV if another indication for meningococcal vaccination exists<sup>4, 5</sup> | Two doses of MCV4<sup>3</sup> Interval varies by age (see groups above) | If first dose received at aged 2 through 6 years and remains at increased risk for disease<sup>5</sup>, should receive an additional dose of MCV4 3 years after primary vaccination  
If first dose received at age 7 years or older and remains at increased risk for disease<sup>5</sup>, should receive an additional dose of MCV4 5 years after primary vaccination  
If persons in either of the age groups above remain at increased risk for disease<sup>5</sup>, booster dose should be repeated every 5 years thereafter |
| 2 through 55 years of age with high risk condition | Persons who:  
▪ Travel to or are residents of endemic areas  
▪ Travel to Mecca for annual Hajj  
▪ Military recruits  
▪ Microbiologist exposed to N. meningitidis  
▪ Part of community outbreak of a vaccine-preventable serogroup (ACYW) | One dose of MCV4 | If vaccinated at aged 11-12 years, should receive a one-time booster dose at age 16 years<sup>3</sup>  
If vaccinated at aged 13 through 15 years, should receive a one-time booster dose at age 16 through 18 years<sup>3</sup>  
If first dose is given at age 16 years or older, a booster dose is not needed |
| 11 through 18 years of age, not in a risk group listed above | Adolescents | Routine vaccination: One dose of MCV4 at aged 11-12 years  
Catch-up vaccination: One dose of MCV4 to persons aged 13-18 years not previously vaccinated |  |
| 19 through 21 years of age | Persons entering college/living in a dormitory  
Consider for persons currently attending college | Ensure at least one dose of MCV4 was given in last 5 years | Doses not routinely recommended at/after age 22 years |
| 56 years of age and older within a risk group listed above | For persons who previously received MCV4 vaccine or who are recommended to received multiple doses of a meningococcal vaccine (i.e., persons with asplenia and microbiologists), MCV4 is preferred |  |  |
|                           | For persons with no previous history of meningococcal vaccination and anticipate needing only one dose (i.e., for travel or during an outbreak), MPSV4 (meningococcal polysaccharide vaccine) is preferred. |  |  |

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<sup>1</sup> MCV4 brands: Menactra<sup>®</sup> (sanofi pasteur) is licensed for aged 9 months-55 years; Menveo<sup>®</sup> (Novartis) is for aged 2 through 55 years  
<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 HiMenCY (MenHbx<sup>®</sup>, GSK) at age 2-18 months may be given simultaneously with PCV13.  
<sup>3</sup> Minimum intervals, between doses for all ages is 8 weeks  
<sup>4</sup> HIV infection, without another risk factor present, is not a medical indication for meningococcal vaccination  
<sup>5</sup> Risk groups: adolescents, travel (endemic areas, Mecca during Hajj), outbreak, microbiologist exposed to N. meningitidis, military  

Resource: Prevention and Control of Meningococcal Disease, Recommended of the ACIP, March 22, 2013, found at www.cdc.gov/vaccines  

Adapted from the Michigan Department of Community Health  

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