

MenACWY-CRM (Menveo[®]) and MenACWY-D (Menactra[™]) Meningococcal Conjugate Vaccines (MCV) Factsheet

Vaccine	Primary Schedule	Comments	Storage/Handling
Menveo[®] (MenACWY-CRM) Novartis	Single dose: 0.5 mL (IM)	Licensed for persons aged 2 months through 55 years of age.	<ul style="list-style-type: none"> Store MenACWY-D and MENACWY-CRM (lyophilized and liquid components) in the refrigerator between 35°F and 46°F (aim for 40 °F). Do not freeze any component; if components freeze, do not use.
Menactra[™] (MenACWY-D) (Sanofi Pasteur)	Single dose: 0.5 mL (IM) No reconstitution required	Licensed for persons aged 9 months through 55 years. Please note: Infants with asplenia should not be vaccinated before 2 years of age because of potential interference with pneumococcal vaccine.	

ALERT

As a result of recent data made available to the Los Angeles County Department of Public Health, men who have sex with men (MSMs) may be at increased risk for meningococcal disease. After consultation with LA County health officials, the Riverside County Department of Public Health (RCDOPH) also recommends offering meningococcal vaccination to the following populations:

- All MSMs who are HIV+
- All MSMs, regardless of HIV status, who regularly have multiple partners, particularly those who share cigarettes/marijuana or use illegal drugs.
- Individuals traveling to the White Party in Palm Springs who may engage in these activities.

Meningococcal Vaccine Recommendations

Riverside County DOPH Expanded Recommendations for men who have sex with men (MSMs):

- All HIV positive men who have sex with men (MSM) should receive 2 doses, 8-12 weeks apart, as their primary series. Previously vaccinated HIV positive MSM, regardless of time since previous vaccination, who did not receive the 2-dose primary series, can receive 1 dose now. If they received a 2-dose primary series and it's been at least 5 years, they can receive 1 dose now.
- MSM who are **not** HIV+ and who have multiple partners should receive 1 dose of MCV. These persons who previously received at least one dose on MCF at least 5 years ago should receive another dose now.
- Although the polysaccharide vaccine (Menomune) is the only product licensed for persons 56 years of age and older, the Advisory Committee on Immunization Practices (ACIP) supports off-label use of conjugate vaccine for persons 56 years of age and older in unique circumstances, including persons with immune-compromising conditions and those previously vaccinated with a conjugate vaccine.

General Meningococcal Vaccine Recommendations:

- Routinely recommended for all children at age 11-12 years; administer a booster dose at 16 years of age;
 - Adolescents who received the first dose between 13 and 15 years of age should receive a one-time booster dose, preferably between 16 to 18 years of age.
 - Persons who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose.
 - Routine vaccination of healthy persons who are not at increased risk for exposure to *N. meningitidis* is not recommended after 21 years of age.
- Most persons 56 years and older should receive meningococcal polysaccharide vaccine (see exceptions Table 1).

Recommendations for Persons Aged 2 through 54 Years with Reduced Immune Response

- Persons with persistent complement component deficiencies.
- Adolescents aged 11 through 18 years with HIV infection should be routinely vaccinated with a 2-dose primary series administered 2 months (8 weeks) apart.
- All other persons at increased risk for meningococcal disease (e.g., microbiologists or travelers to an epidemic or highly endemic country) should receive a single dose.



Table 1: Routine Use of Meningococcal Vaccine

(Does not include RCDOPH recommendations for HIV+ MSMs or MSMs with multiple partners)

Target group by age and/or risk factor	Primary dose(s)	Booster dose(s)
11 to 18 years	Give 1 dose of Menactra or Menveo at age 11 or 12 years ¹	Give booster at age 16 years if primary dose given at age 12 years or younger.
		Give booster at age 16 to 18 years if primary dose given at age 13 to 15 years. ²
19 to 21 years who are first year college students living in dorms	Give 1 dose of Menactra or Menveo ¹	Give booster if previous dose given at age younger than 16 years
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic³, people present during outbreaks caused by vaccine serogroups⁴, and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i>)		
2 to 18 months	Give Menveo at ages 2, 4, 6 and 12-15 months ⁵	If risk continues, give initial booster after 3 years, followed by boosters every 5 years thereafter.
7-23 months who have not initiated a series of Menveo or MenHibrix	Give 2 doses, separated by 3 months ⁶ of Menveo (if age 7-23 months) ⁷ , or Menactra (if age 9-23 months)	
Age 2 to 55 years	Give 1 dose of Menactra or Menveo ¹	Booster every 5 years with Menactra or Menveo ^{8,9}
Age 56 years & older	If no previous dose of Menactra or Menveo and either short-term travel or outbreak-related, give 1 dose of Menomune ; all others, give 1 dose of Menactra or Menveo	Booster every 5 years with Menactra or Menveo ⁹
People with persistent complement component deficiencies¹⁰		
2 to 18 months	Give Menveo or MenHibrix at ages 2, 4, 6 and 12-15 months	Give Menactra or Menveo booster after 3 years, followed by boosters every 5 years thereafter
7-23 months who have who have not initiated a series of Menveo or MenHibrix	Give 2 doses, separated by 3 months of Menveo (if age 7-23 months) ⁷ , or Menactra (if age 9-23 months)	
2 to 55 years	Give 2 doses of Menactra or Menveo , two (2) months apart	Booster every 5 years with Menactra or Menveo ^{8,11}
56 years & older	Give 2 doses of Menactra or Menveo , two (2) months apart	Booster every 5 years with Menactra or Menveo ¹¹
People with functional or anatomic asplenia, including sickle cell disease		
2 to 18 months	Give Menveo or MenHibrix at ages 2, 4, 6 and 12-15 months	Give Menactra or Menveo booster after 3 years followed by boosters every 5 years thereafter
19-23 months who have who have not initiated a series of Menveo or MenHibrix	Give 2 doses of Menveo , 3 months apart	
2 to 55 years	Give 2 doses of Menactra or Menveo , two (2) months apart ¹²	Booster every 5 years with Menactra or Menveo ^{8,11}
56 years & older	Give 2 doses of Menactra or Menveo , two (2) months apart	Booster every 5 years with Menactra or Menveo ¹¹

FOOTNOTES:

1. If the person is HIV-positive, give 2 doses 2 months apart.
2. The minimum interval between doses of **Menactra** or **Menveo** is 8 weeks
3. Prior receipt of **MenHibrix** is not sufficient for children traveling to the Hajj or African meningitis belt as it does not provide protection against serogroups A or W.
4. Seek advice of local public health authorities to determine if vaccination is recommended
5. Children ages 2-18 months who are present during outbreaks caused by serogroups C or Y may be given an age-appropriate series of **MenHibrix**.
6. If a child age 7-23 months will enter an endemic area in less than 3 months, give doses as close as 2 months apart.
7. If using **Menveo**, dose 2 should be given no younger than age 12 months.
8. If primary dose(s) given when younger than age 7 years, give initial booster after 3 years, followed by boosters every 5 years.
9. Booster doses are recommended if the person remains at increased risk.
10. Persistent complement component deficiencies include C3, C5-C9, properdin, factor H and factor D.
11. If the person received a 1-dose primary series, give booster at the earliest opportunity, then boost every 5 years.
12. Children with functional or anatomic asplenia should complete an age-appropriate series of PCV13 vaccine before vaccination with **Menactra** (should be given at least 4 weeks after last dose of PCV13). **Menveo** or **MenHibrix** may be given any time before or after **PCV13**