

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

MENINGOCOCCUS

VACCINES TO PREVENT MENINGOCOCCAL DISEASE

The purpose of this resolution is to add the expanded age indication for meningococcal conjugate vaccine (MCV4).

VFC resolution 2/05-2 is repealed and replaced by the following:

A. Polysaccharide Vaccine to Prevent Meningococcal Disease (MPSV4)

1. Eligible Groups

Children and adolescents aged 2-18 years traveling to countries in which invasive disease caused by *N. meningitidis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged

Children and adolescents aged 2-18 years with terminal complement deficiencies and those with anatomic or functional asplenia

Children and adolescents aged 2-18 years who are infected with HIV

Children and adolescents ages 2-18 years with a medical contraindication or precaution for the use of MCV4 (e.g. history of Guillain-Barré Syndrome)

College freshmen who live in dormitories

2. Recommended Meningococcal Polysaccharide Vaccine Schedule

Age Group	Number of doses
2-18 years	1 dose

3. Recommended Dosages

Refer to product package inserts.

4. Contraindications and Precautions

The following conditions are contraindications to the administration of meningococcal polysaccharide vaccine:

a. Allergy to vaccine components

Anaphylactic reaction to the vaccine or a constituent of the vaccine.

b. Acute, moderate or severe illnesses with or without fever

Persons with moderate or severe illness should be immunized as soon as they have recovered from the acute phase of the illness. Minor illnesses (e.g., upper respiratory tract infection, allergic rhinitis) with or without fever should not contraindicate the use of meningococcal polysaccharide vaccine.

B. Conjugate Vaccine to Prevent Meningococcal Disease (MCV4)

1. Eligible Groups

Children and adolescents aged 2-18 years traveling to countries in which invasive disease caused by *N. meningitidis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged

Children and adolescents aged 2-18 years with terminal complement deficiencies and those with anatomic or functional asplenia

Children and adolescents aged 2-18 years who are infected with HIV

Adolescents aged 11-12 years at their preadolescent assessment visit

Adolescents age 13-18 years who were not vaccinated at the preadolescent visit

College freshmen who live in dormitories

2. Recommended Meningococcal Conjugate Vaccine Schedule

Age Group	Number of doses
2-18 years	1 dose

Revaccination

Revaccination against meningococcal disease may be indicated for persons previously vaccinated with MPS4 vaccine who remain at high risk for (i.e., those with terminal complement deficiency, with anatomic or functional asplenia, those infected with HIV, travelers to hyperendemic or epidemic areas). Although the need for revaccination in adults and older children has not been determined, antibody levels decline rapidly over 2-3 years after the polysaccharide vaccine is given, and if indications still exist for vaccination, revaccination may be considered within 3-5 years. The Advisory Committee on Immunization practices expects that MCV4 will provide longer protection than MPSV4; however, studies will be needed to confirm this. It is anticipated that more data will become available within the next 5 years to guide recommendations on revaccination for persons who were previously vaccinated with MCV4.

MCV4 is recommended for revaccination of persons aged 2 years and older, although the use of MPSV4 is also acceptable.

3. Recommended Dosages

Refer to product package inserts.

4. Contraindications and Precautions

The following conditions are contraindications to the administration of meningococcal conjugate vaccine:

a. Allergy to vaccine components

Anaphylactic reaction to the vaccine or a constituent of the vaccine.

b. Acute, moderate or severe illnesses with or without fever

Persons with moderate or severe illness should be immunized as soon as they have recovered from the acute phase of the illness. Minor illnesses (e.g., upper respiratory tract infection, allergic rhinitis) with or without fever should not contraindicate the use of meningococcal conjugate vaccine.

C. Use of Polysaccharide Vaccine vs. Conjugate Vaccine

Generally, only a single dose of either vaccine is recommended. MCV4 is recommended for routine vaccination of persons aged 11-18 years and persons aged 2-10 years with certain risk indications noted above, although the use of MPSV4 is also acceptable. In some instances where MPSV4 has been given previously, revaccination is recommended, as noted above. MCV4 is recommended as a single dose only.

Adopted and Effective: October 24, 2007

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/1007mening-mcv.pdf>