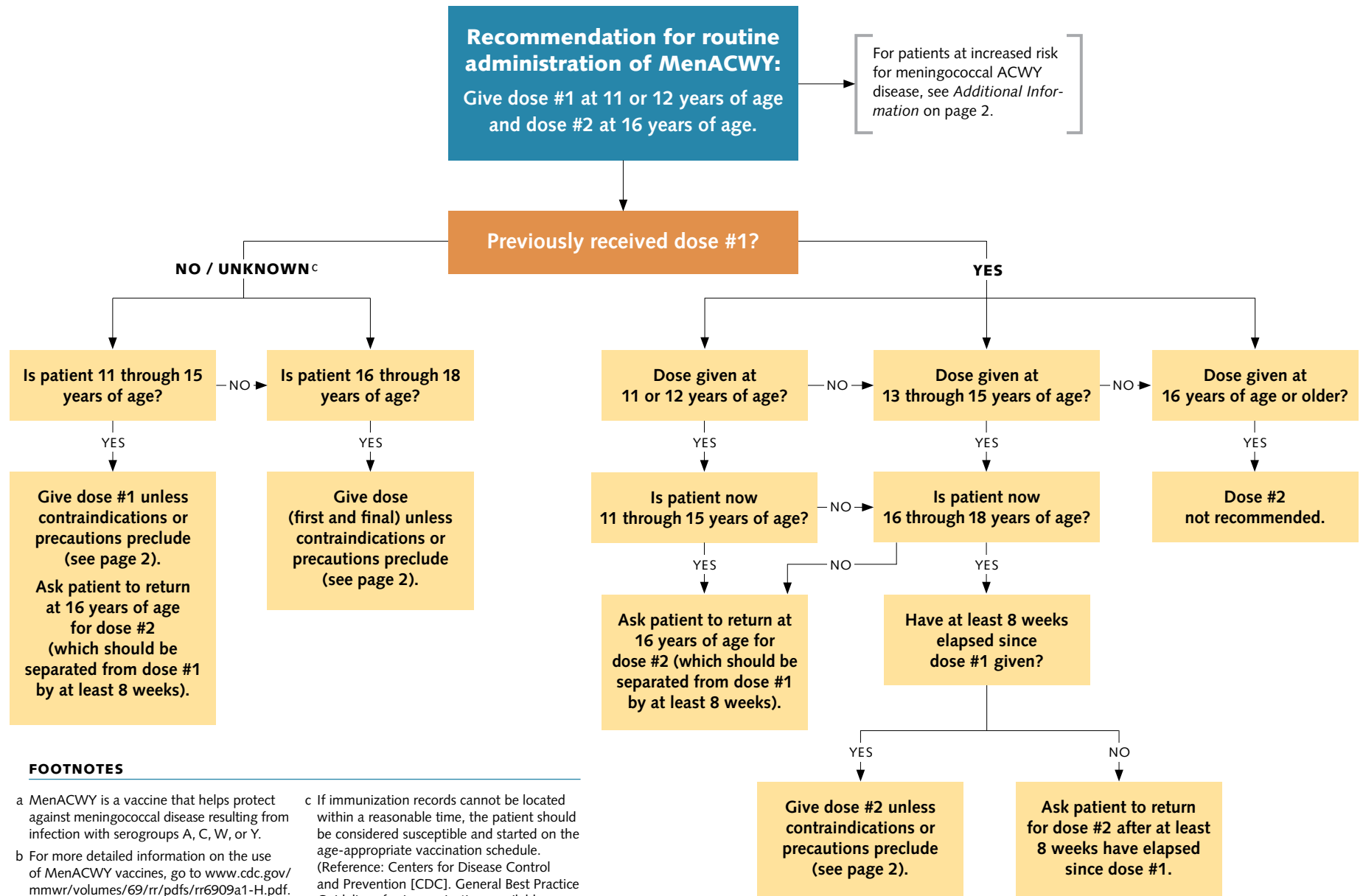


# Algorithm for MenACWY<sup>a</sup> Immunization in Adolescents 11 through 18 Years of Age<sup>b</sup>



## FOOTNOTES

<sup>a</sup> MenACWY is a vaccine that helps protect against meningococcal disease resulting from infection with serogroups A, C, W, or Y.

<sup>b</sup> For more detailed information on the use of MenACWY vaccines, go to [www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf](http://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf).

<sup>c</sup> If immunization records cannot be located within a reasonable time, the patient should be considered susceptible and started on the age-appropriate vaccination schedule. (Reference: Centers for Disease Control and Prevention [CDC]. General Best Practice Guidelines for Immunization, available at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html))

## Additional Information

### Administration of MenACWY

- MenACWY may be given through 21 years of age as catch-up vaccination for those who have not received a dose after their 16th birthday.
- Routine MenACWY vaccination of healthy people not at increased risk for exposure to *Neisseria meningitidis* is not recommended for those older than 21 years of age.

### Persons living with human immunodeficiency virus (HIV)

- MenACWY vaccination is recommended for all children 2 months of age or older with HIV infection.
- Adolescents age 11 through 18 with HIV infection being vaccinated for the first time should receive a 2-dose primary series, with at least 8 weeks between doses. They should receive a booster dose every five years throughout life. (See [www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf](http://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf) for details.)

### Persons at increased risk for meningococcal disease for whom MenACWY immunization is recommended

- First year college students living in a residential hall who have not had a dose of MenACWY since turning 16 or who received a dose after turning 16 but the dose was given 5 years or more before enrollment.
- People with a persistent complement component deficiency caused by an immune system disorder or by taking a complement inhibitor (eculizumab [Soliris] or ravulizumab [Ultomiris])
- People with anatomic or functional asplenia
- Microbiologists routinely exposed to *Neisseria meningitidis* isolates
- Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic
- United States military recruits

For dosing recommendations, refer to the CDC guidelines ([www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf](http://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf)) or go to [www.immunize.org/catg.d/p2018.pdf](http://www.immunize.org/catg.d/p2018.pdf).

### Contraindications and precautions

- **Contraindications:** history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturer's package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
- **Precautions:** moderate or severe acute illness with or without fever. (Refer to manufacturer's package insert for additional precautions, e.g., potential for diminished immune response in persons with altered immunocompetence.)