

Meningococcal Vaccination

Updated December 2024

Use this algorithm to determine who should get a meningococcal vaccine.¹ For guidance on vaccines, see our resource, [Meningococcal Vaccines](#).

Meningococcal vaccination recommendations:

MenACWY^a

- All adolescents 11 to 12 years old: 1 dose of ACWY
- Plus a booster dose at 16 years

- Patients ≥ 2 months at increased risk^c
- 2 to 4 dose primary series of ACWY
- Regular booster doses if risk continues

If primary series given at age < 7 years: give booster in 3 years, then every 5 years.

If primary series given at age ≥ 7 years: give booster every 5 years.

If initial vaccination is given between 13 and 15 years, give booster at 16 to 18 years.

If initial vaccination is given ≥ 16 years, no booster is recommended.

During an outbreak (A, C, W, Y, OR B)

- Give MenACWY booster if ≥ 5 years have passed since previous dose.
- Give MenB booster if ≥ 1 year^f has passed since previous dose.

MenB: based on risk^{a,b}

Administer the same vaccine for all doses.

Shared decision making: Patients 16 to 23 years not in a risk group

Preferred age: 16 to 18 years^e

- 2 doses, 6 months apart
- 3 dose option:^d 0, 1-2 months, 6 months

At-risk patients ≥ 10 years

- 3-dose series: 0, 1-2 months, 6 months
- Booster dose at 1 year
- Booster doses every 2 to 3 years

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- a. If ACWY and B are **both required** at the same visit, the ABCWY vaccine may be used.⁶ Note that intervals between ACWY and B vaccines may not be the same (due to dependence on age, previous vaccines, risks). Separate vaccines may be appropriate for subsequent doses. The minimum interval between ABCWY doses is 6 months. If subsequent doses of B vaccine are indicated (and not ACWY), *Trumenba* vaccine should be used (as ABCWY vaccine includes *Trumenba*).¹
- b. **Patients at risk for meningococcal disease caused by serogroup B** include: persistent complement component deficiencies, receiving a complement inhibitor (e.g., eculizumab, ravulizumab), anatomic or functional asplenia (e.g., sickle cell disease), in a community experiencing a meningococcal disease outbreak caused by serogroup B, and microbiologists regularly exposed to *N. meningitidis* isolates.²
- c. **Patients at risk for meningococcal disease caused by serogroups A, C, W, or Y** include: persistent complement component deficiencies; receiving a complement inhibitor (e.g., eculizumab, ravulizumab); anatomic or functional asplenia (e.g., sickle cell disease); human immunodeficiency virus (HIV) infection; increased risk because of a meningococcal disease outbreak caused by serogroups A, C, W, or Y; travel to or living in areas in which meningococcal disease is hyperendemic or epidemic, unvaccinated or incompletely vaccinated first-year college students living in residence halls, military recruits, and microbiologists regularly exposed to *Neisseria meningitidis* isolates.²
- d. Consider 3-dose option if faster protection is warranted (e.g., student with <6 months before entry to college).¹
- e. Ideal timing may be at pre-college physician visit (when applicable).¹
- f. Some cases where public health may recommend boosters if more than 6 months have passed since previous dose.¹

References

1. CDC. Meningococcal vaccine recommendations. October 24, 2024. <https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/index.html>. (Accessed November 3, 2024).
2. CDC. Risk-based indications for meningococcal vaccination. June 26, 2024. <https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/risk-indications.html>. (Accessed November 3, 2024).

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