

Meningococcal Vaccines—High-Risk Populations

[View web version of this schedule.](#)

Note that different vaccines protect against different serogroups. Follow the schedule according to age and these abbreviations for risk groups.

Exp: Increased Exposure to meningococcal serogroups covered by vaccines (due to outbreaks¹, travel to affected areas [e.g. the Hajj], lab exposure)

CD: Persistent Complement component Deficiencies (including persons taking complement inhibitor [e.g., eculizumab[®] or ravulizumab[®]])

Asp: Functional or Anatomic Asplenia (including sickle cell disease)

HIV: HIV Infection

Age at first dose	Exp	CD	Asp	HIV	1) MenACWY vaccines ^{2,6}	Boosters for those who remain at increased risk ^{3,6}												
2–6 months ⁴	✓	✓	✓	✓	2 months: ACWY-CRM ⁵ Menveo [®] 4 months: ACWY-CRM ⁵ Menveo [®] 6 months: ACWY-CRM ⁵ Menveo [®] 12–15 months: ACWY-CRM ⁵ Menveo [®]	If primary dose(s) given when younger than 7 years: 												
7–23 months	✓	✓	✓	ACWY-CRM ⁵ Menveo [®] → 3 months → ACWY-CRM ⁵ Menveo [®]														
2 years and older	✓	✓	✓	ACWY-CRM or -TT Menveo [®] or MenQuadfi [®] → 2 months → ACWY-CRM or -TT Menveo [®] or MenQuadfi [®] ACWY-CRM or -TT Menveo [®] or MenQuadfi [®]	If primary dose(s) given at age 7 years or older: 													
2) Also give MenB vaccine—may be given at same time as MenACWY vaccine. Use the same brand for each dose in the series.⁶																		
10 years and older	✓	✓	✓		1st dose: MenB-4C Bexsero [®] → 1–2 months → 2nd dose: MenB-4C Bexsero [®] → 6 months between 1st and 3rd dose → 3rd dose: MenB-4C Bexsero [®] 1st dose: MenB-FHbp Trumenba [®] → 1–2 months → 2nd dose: MenB-FHbp Trumenba [®] → 6 months between 1st and 3rd dose → 3rd dose: MenB-FHbp Trumenba [®]	<table border="1"> <thead> <tr> <th>Exp</th> <th>CD</th> <th>Asp</th> <th>Boosters</th> </tr> </thead> <tbody> <tr> <td>lab</td> <td>✓</td> <td>✓</td> <td> Lab exposure, complement deficiency, asplenia: </td> </tr> <tr> <td>out-break</td> <td></td> <td></td> <td> Increased risk during an outbreak: </td> </tr> </tbody> </table>	Exp	CD	Asp	Boosters	lab	✓	✓	Lab exposure, complement deficiency, asplenia: 	out-break			Increased risk during an outbreak:
Exp	CD	Asp	Boosters															
lab	✓	✓	Lab exposure, complement deficiency, asplenia: 															
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View [meningococcal recommendations](#) (downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf) and [routine recommendations](#) (EZIZ.org/assets/docs/IMM-1217.pdf).

- For information on outbreaks visit the [CDPH website](#) (CDPH.CA.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx).
- Abbreviations: ACWY/ACWY-CRM/ACWY-TT = MenACWY = MCV4
- If no longer at high risk by age 10, administer additional two doses of MenACWY according to the regular adolescent schedule at age 11–12 years and age 16 years.
- If MenACWY-CRM is initiated at ages 3–6 months, catch-up vaccination includes doses at intervals of 8 weeks until the infant is aged ≥7 months, at which time an additional dose is administered at age ≥7 months, followed by a dose at least 12 weeks later and after the 1st birthday.
- Minimum age 12 months.
- If a patient aged 10 years and older is receiving MenACWY and MenB vaccines at the same visit, [MenABCWY](#) may be given instead. The minimum interval between MenABCWY doses is 6 months. MenB brands are not interchangeable. If Penbraya, which contains Trumenba, is given, subsequent MenB dose(s) must include Trumenba. If Penmenvy, which contains Bexsero, is given, subsequent MenB dose(s) must include Bexsero.

