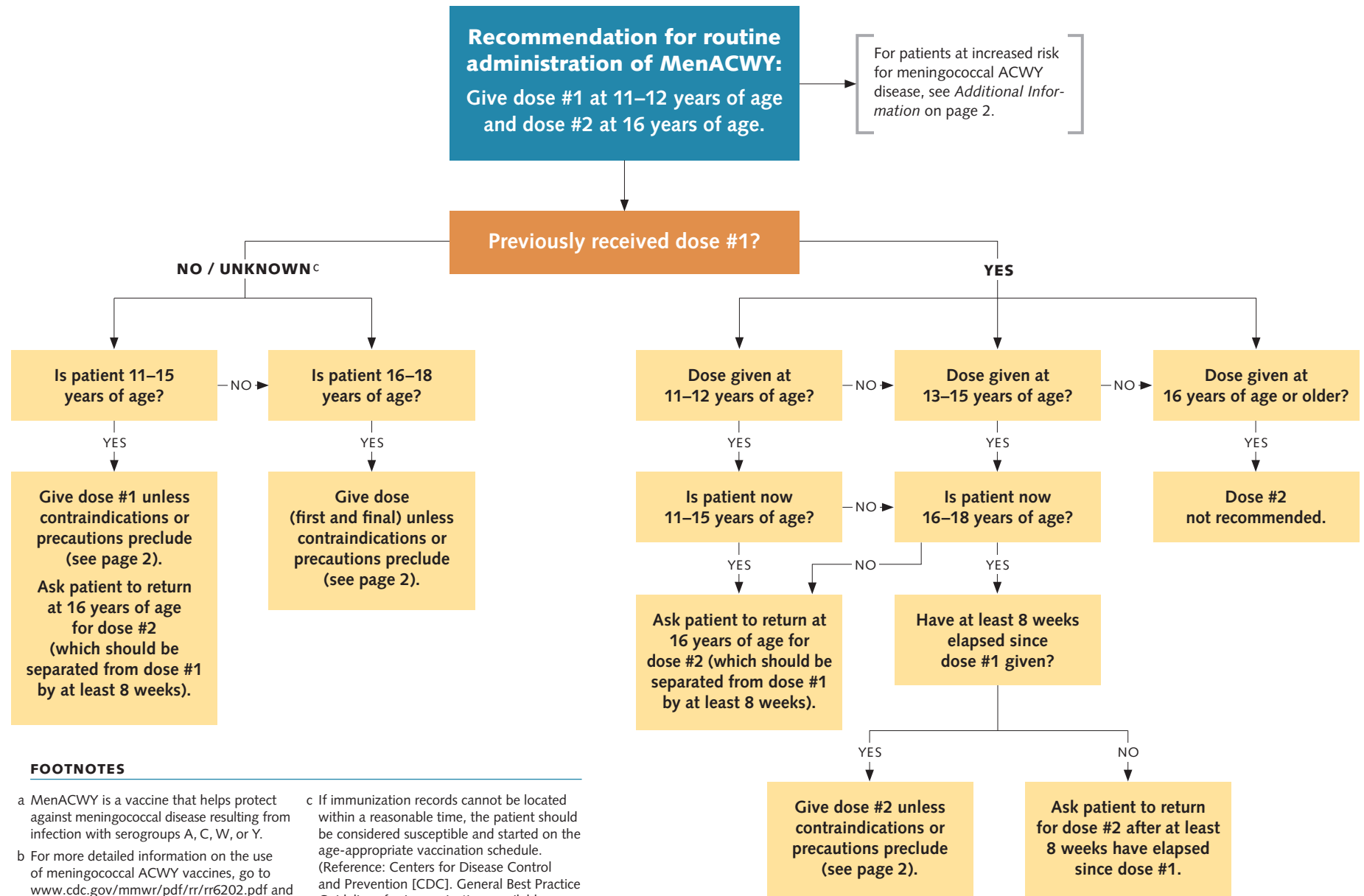


# Algorithm for MenACWY<sup>a</sup> Immunization in Adolescents 11–18 Years of Age<sup>b</sup>



## 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 meningococcal ACWY vaccines, go to [www.cdc.gov/mmwr/pdf/rr/rr6202.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf) and [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6543a3.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6543a3.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 persons 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)

- Adolescents 11 through 18 years of age with HIV infection should receive a 2-dose primary series, with at least 8 weeks between doses.
- They should also receive a booster dose at 16 years of age if they received their primary series before their 16th birthday. Persons with HIV should continue to receive boosters at the appropriate interval (usually every 5 years) throughout life. (Details available at [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6543a3.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6543a3.pdf).)

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

- First-year college students living in a residential hall
- People with a persistent complement component deficiency (including those taking eculizumab [Soliris]), functional or anatomic asplenia
- People present during an outbreak caused by a vaccine serogroup
- Microbiologists routinely working with *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/pdf/rr/rr6202.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6202.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.)