

## Age Indications for MCV4 Vaccines

Menactra® (sanofi pasteur): for aged 9 months through 55 years

MENVEO® (Novartis): for aged 2 through 55 years

## Indications for Use and Schedule

### · Routinely administer:

- One dose at aged 11-12 years; booster dose at age 16 years

### · Adolescent catch-up schedule:

- If 1<sup>st</sup> dose given at aged 13 through 15 years, give a booster dose at aged 16 through 18 years
- If 1<sup>st</sup> dose given at age 16 years or older, a booster dose is not recommended

### · Recommended for persons aged 9 months through 55 years at high risk for disease (see below)

### · Minimum interval

- 8 weeks between 2 doses for all ages

## Vaccine Administration

- Intramuscular (IM) injection in the deltoid of the arm
  - 1-1.5 inch, 22-25 gauge needle
- Use professional judgment in selecting needle length
- Give simultaneously with all vaccines except:
  - For children aged 2 years & older with asplenia, if using Menactra® give PCV<sup>1</sup> series 1<sup>st</sup> & Menactra<sup>2</sup> 4 weeks later

## Storage and Handling

- Store in the refrigerator between 35°-46° F (2°-8° C); Do NOT freeze
- Keep in the original box
- Menactra is ready to use; shake well
- MENVEO must be reconstituted
  - Draw up MenCYW liquid (diluent)
  - Add to Men A vial; invert; shake well
- Administer vaccines immediately after drawn up in syringe



## PERSONS WITH CERTAIN MEDICAL OR OTHER RISK CONDITIONS

- Children aged 9-23 months:
  - Persistent complement component deficiency: 2-dose primary series (0, 3 mo) & 1<sup>st</sup> booster dose in 3 years, then every 5 years
  - Travel or current outbreak: 2-dose primary series (0, 3 mo; may use 0, 2 mo for travel); if continued risk, 1<sup>st</sup> booster dose 3 years later
- Persons aged 2-55 years with persistent terminal complement deficiency or asplenia (functional or anatomic):
  - Aged 2-6 years: 2-dose primary series (0, 2 mo) & 1<sup>st</sup> booster dose in 3 years then a booster dose every 5 years thereafter
  - Aged 7-55 years: 2-dose primary series (0, 2 mo) & a booster dose every 5 years thereafter
- Persons aged 2-55 years who are at increased risk due to prolonged exposure (e.g., travel to/living in endemic areas, current outbreak, microbiologists exposed to *N. meningitidis*) or when required (e.g., military recruits, travel to Mecca during annual Hajj):
  - Give 1 dose; if the person remains at increased risk, a booster dose is recommended (based on age):
    - 3 years later for children vaccinated at aged 2 through 6 years
    - 5 years later for persons vaccinated at age 7 years or older
- Persons aged 2-55 years with HIV & an indication for vaccination should receive a 2-dose primary series (0, 2 mo)
  - Need and interval for booster dose determined by risk factor
  - HIV without another risk factor present, is not a medical indication for meningococcal vaccination
- Ensure students age 21 years or younger who are entering college/living in dorm have received a dose of MCV4 in the last 5 years
  - Consider 1 dose of MCV4 for students age 21 years or younger who are currently attending college, with no dose in the last 5 years
  - MCV4 is not routinely recommended for healthy persons age 22 years or older

## CONTRAINDICATIONS

- An anaphylactic (severe allergic) reaction to a prior dose or a component of MCV4 vaccine

## PRECAUTIONS

- Moderate to severe acute illness

## FURTHER POINTS

- Persons indicated for a 2-dose primary series who previously received only a 1<sup>st</sup> dose of MCV4, should get a 2<sup>nd</sup> dose of MCV4 as soon as feasible; forecast the booster dose (if applicable) from the date of the 2<sup>nd</sup> primary series dose
- MPSV4 (Meningococcal Polysaccharide Vaccine), while approved for persons age 2 years & older, should only be used for persons age 56 years & older or when a contraindication to MCV4 (but not MPSV4) exists
- Persons who inadvertently receive MPSV4 should be revaccinated with MCV4 using a minimum interval of 8 weeks
- Both MCV4 vaccines contain serotypes A, C, Y, and W-135. Serotype B is not in either vaccine.
- Meningococcal Vaccine Information Statement (VIS), including information about the Michigan Care Improvement Registry (MCIR), can be found at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) or your local health department
- Document Menactra as "MCV4 (Menactra)" & MENVEO as "MCV4 (MENVEO)" in MCIR
- Document both as "MCV4" on the vaccine administration record (VAR) & immunization record card
- Use the lot number on the outside box of MENVEO to document in MCIR and on the VAR

<sup>1</sup> PCV is Pneumococcal Conjugate Vaccine; ensure at least one supplemental dose of PCV13 (Prevnar13®) is given to children with asplenia

<sup>2</sup> MCV4/MENVEO may be given to children age 2 years and older with PCV or at any interval before/after PCV

Publicly purchased MCV4 can be administered to eligible children aged 9 months through 18 years with an indication for vaccination through the Vaccines for Children (VFC) Program in private providers' offices. Eligible children include those who are uninsured, underinsured, Medicaid eligible, Native American or Alaskan Natives. Contact your local health department for more information. **Resources:** Updated Recommendations for Use of MCV4, ACIP 2010, MMWR 01/28/11 and other Meningococcal Vaccine Updates, including the Use of MCV4 for children aged 9-23 months are located at [www.cdc.gov/vaccines/recs](http://www.cdc.gov/vaccines/recs). Updates to this Quick Look handout will be posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) under Provider Information.



## Recommended Vaccination Schedule and Intervals for MCV4<sup>1</sup>

(Meningococcal Conjugate Vaccine)

Age	Subgroup	Primary Vaccination	Booster Dose
9 through 23 months of age with high risk condition	Children with complement component deficiencies; travel to endemic areas; part of community outbreak	Two doses of MCV4; 3 months apart <sup>2</sup> (may give 2 months apart <sup>2</sup> prior to travel)	1 <sup>st</sup> booster dose in 3 years then every 5 years for complement component deficiencies; Booster dose for travel/outbreak based on risk; If needed 1 <sup>st</sup> dose in 3 years then every 5 years
2 through 55 years of age with high risk condition	Persons with functional or anatomic asplenia <sup>3</sup> ; complement component deficiencies	Two doses of MCV4 2 months apart <sup>2</sup>	Aged 2-6 years: 1 <sup>st</sup> booster dose in 3 years then every 5 years thereafter Aged 7-55 years: Booster dose every 5 years
9 months through 55 years with high risk condition	Persons with HIV if another indication for meningococcal vaccination exists <sup>4, 5</sup>	Two doses of MCV4 <sup>2</sup> Interval varies by age (see groups above)	If first dose received at aged 2 through 6 years and remains at increased risk for disease <sup>5</sup> , should receive an additional dose of MCV4 3 years after primary vaccination
2 through 55 years of age with high risk condition	Persons who: <ul style="list-style-type: none"> <li>▪ Travel to or are residents of endemic areas</li> <li>▪ Travel to Mecca for annual Hajj</li> <li>▪ Military recruits</li> <li>▪ Microbiologist exposed to <i>N. meningitidis</i></li> <li>▪ Part of community outbreak of a vaccine-preventable serogroup (ACYW)</li> </ul>	One dose of MCV4	If first dose received at age 7 years or older and remains at increased risk for disease <sup>5</sup> , should receive an additional dose of MCV4 5 years after primary vaccination  If persons in either of the age groups above remain at increased risk for disease <sup>5</sup> , booster dose should be repeated every 5 years thereafter
11 through 18 years of age, not in a risk group listed above	Adolescents	Routine vaccination: One dose of MCV4 at aged 11-12 years  Catch-up vaccination: One dose of MCV4 to persons aged 13-18 years not previously vaccinated	If vaccinated at aged 11-12 years, should receive a one-time booster dose at age 16 years <sup>2</sup>  If vaccinated at aged 13 through 15 years, should receive a one-time booster dose at age 16 through 18 years <sup>2</sup>  If first dose is given at age 16 years or older, a booster dose is not needed
19 through 21 years of age	Persons entering college/living in a dormitory Consider for persons currently attending college	Ensure at least one dose of MCV4 was given in last 5 years	Doses not routinely recommended at/after age 22 years
56 years of age and older	Persons age 56 years & older: use MPSV4 (meningococcal polysaccharide vaccine) if vaccination is indicated	For all risk groups, give one primary dose of MPSV4	Booster dose should be considered based on the risk group. Refer to categories above (persons aged 2 through 55 years) to determine need.

<sup>1</sup> MCV4 brands: Menactra® (sanofi pasteur) is licensed for aged 9 months-55 years; Menveo® (Novartis) is for aged 2-55 years

<sup>2</sup> Minimum interval between doses for all ages is 8 weeks

<sup>3</sup> For children with asplenia, complete PCV series (including at least one dose of PCV13) & then give MCV4 at least 4 weeks later

<sup>4</sup> HIV infection, without another risk factor present, is not a medical indication for meningococcal vaccination

<sup>5</sup> Risk groups: adolescents, travel (endemic areas, Mecca during Hajj), outbreak, microbiologist exposed to *N. meningitidis*, military

Refer to "Quick Look at Using MCV4 Vaccine" at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) for updates to this form and further information on MCV4.

Resource: Updated Recommendations for Use of MCV4, ACIP 2010, 01/28/11, & General Recommendations on Immunization, ACIP 1/28/11

Supplemental Recommendations for aged 9-23 months, other Meningococcal Vaccine Updates at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

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