# Meningococcal Conjugate Vaccine, 4-Valent (MCV4) for Routine, Catch-up, At-risk, and Booster Dose Vaccine Protocol

VACCINE PROTOCOL FOR persons 2 months AND OLDER

**Document reviewed and updated:** **June 6, 2023**

## Condition for protocol

To reduce incidence of morbidity and mortality of Neisseria meningitidis disease types A, C, Y, and W-135.

## Policy of protocol

The nurse will implement this protocol for MCV4 vaccination.

## Condition-specific criteria and prescribed action

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is currently not acutely ill. | Proceed to vaccinate if meets remaining criteria and has no contraindications or precautions. |
| Person is age 11-12 years . | Proceed to vaccinate using routine vaccination schedule. |
| Person is 16 years or older and received one dose between age 10-12 years. | Proceed to vaccinate using routine vaccination schedule. |
| Person is age 13-18 years and has not previously received MCV4 vaccination. | Proceed to vaccinate using catch-up vaccination schedule. |
| Person age 2 months or older at increased risk for N. meningitidis due to medical indications: * Anatomic or functional asplenia
* Complement component deficiency
* HIV infection
 | Proceed to vaccinate using special situations vaccination schedule depending on vaccine product. ACIP recommends off-label use of MCV4 for persons 56 years and older when multiple doses [i.e., boosters every 5 years] will be needed. [Refer persons 56 years and older to primary care provider for administration of off-label MCV4]. |
| Person is 10 years of age and older and previously received MCV4 vaccination prior to age 10 years. | Proceed to vaccinate using special situations schedule. |
| Person with routine exposure to isolates of N. meningitidis. | [Initiate MCV4, regardless of age, if no contraindications or precautions.] (ACIP recommends off-label use of MCV4 for persons 56 years and older when multiple doses [i.e., boosters every 5 years] will be needed.) [Refer to primary care provider if 56 year or older for administration of off-label MCV4] |
| Person is age 2 months and older and at increased risk for N. meningitidis due to non-medical-related indications:* Traveling to area with hyper-endemic or endemic meningococcal disease.
* Part of community outbreak caused by a serotype included in the vaccine.
* Military recruit.
* First year college student living in residential campus housing.
* Microbiologist routinely exposed to N. meningitidis.
 | Proceed to vaccinate using the special situation schedule. |
| Child is less than age 2 months. | Reschedule vaccination when child meets age criteria of age 2 months.  |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction to a previous dose of MCV4 vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergy to a component of MCV4 vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |

## Prescription

* MenACYW-CRM 0.5 ml, IM (approved for ages 2 months through 55 years), or
* MenACWY-TT 0.5 ml, IM (approved for ages 2 years and older).

### Routine vaccination

* 2-dose series at age 11–12 years; 16 years

### Catch-up vaccination

* Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
* Age 16 years or older: 1 dose

### Special situations

* Adolescent vaccination of children who received MCV4 prior to age 10 years:
	+ **Children for whom boosters are recommended** because of an ongoing increased risk of meningococcal disease (e.g., those with complement component deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.
	+ **Children for whom boosters are not recommended** (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MCV4 according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.
* Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:
	+ MenACYW-CRM (Menveo®)
		- Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months).
		- Dose 1 at age 3–6 months: 3- or 4- dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months).
		- Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months).
		- Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart.
	+ MenACWY-TT (MenQuadfi®)
		- Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart.
	+ **Booster dose**:
		- Less than 7 years: single dose 3 years after primary series and every 5 years thereafter.
		- 7 years and older: single dose 5 years after primary series and every 5 years thereafter.
* Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel/):
	+ Children less than age 24 months:
		- MenACYW-CRM (Menveo®)
			* Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months).
			* Dose 1 at age 3–6 months: 3- or 4- dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months).
			* Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months).
	+ Persons age 2 years or older: 1 dose MenACYW-CRM (Menveo®) or MenACWY-TT (MenQuadfi®)
	+ **Booster dose if remains at increased risk**:
		- Less than 7 years: single dose 3 years after primary series and every 5 years thereafter.
		- 7 years and older: single dose 5 years after primary series and every 5 years thereafter.
* At risk adults: first-year college students who live in residential housing (if not previously vaccinated at age 16 years or older), military recruits or microbiologists routinely exposed to *Neisseria meningitidis*:
	+ 1 dose MenACYW-CRM (Menveo®) or MenACWY-TT (MenQuadfi®).
	+ **Booster dose if remains at increased risk**:
		- For military recruits and microbiologists: every 5 years on basis of assignment.
* Persons exposed during an outbreak of meningococcal disease due to a vaccine-preventable serogroup:
	+ 1 dose MenACYW-CRM (Menveo®) or MenACWY-TT (MenQuadfi®).
	+ **Boosters (if person previously vaccinated and identified as being at increased risk during an outbreak):**
		- Less than 7 years: single dose if ≥ 3 years since vaccination.
		- 7 years and older: single dose if ≥ 5 years since vaccination.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: