MedPOINT MANAGEMENT	**Clinical Protocol:** Meningococcal Vaccination	
	ORIGINAL EFFECTIVE DATE: 02/20/2012	**REVIEWED/REVISED DATE(S):** 03/08/2012 08/13/2021 08/19/2022 11/15/2023 07/25/2025
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PROTOCOL OVERVIEW

This Clinical Protocol advises on indications and guidelines for Meningococcal Conjugate Vaccine.

INDICATIONS

I. Key points
   a. There are 6 meningococcal vaccines available in the United States.
   b. Meningococcal vaccines help protect against one serogroup (strain) or multiple serogroups of the bacteria that cause meningococcal disease.
   c. Meningococcal vaccines help protect those who get vaccinated, but protection decreases over time.

II. Available vaccines
   a. MenACWY vaccines
      i. MenACWY vaccines (**Menveo**® and **MenQuadfi**®) help protect against 4 serogroups of the bacteria that cause meningococcal disease: A, C, W, and Y. This type of vaccine is also known as a serogroup A, C, W, and Y, or quadrivalent, meningococcal vaccine.
   b. MenB vaccines
      i. MenB vaccines (**Bexsero**® and **Trumenba**®) help protect against serogroup B meningococcal disease. This type of vaccine is also known as a serogroup B meningococcal vaccine.
      ii. The number of shots varies by level of risk:
         1. People 16 through 23 years old not at increased risk: 2 shots
         2. People 10 years or older at increased risk: 3 shots
   c. MenABCWY vaccines
      i. MenABCWY vaccines (**Penbraya**™ and **Penmenvy**) help protect against 5 serogroups of the bacteria that cause meningococcal disease: A, B, C, W, and Y. This type of vaccine is also known as a serogroup A, B, C, W, and Y, or pentavalent, meningococcal vaccine.

ii. MenABCWY vaccine is an option for people who are getting MenACWY and MenB vaccines at the same visit.

III. Meningococcal serogroup A,C,W,Y vaccination

a. (minimum age: 2 months [MenACWY-CRM, Menveo], 2 years [MenACWY-TT, MenQuadfi]), 10 years [MenACWY-TT/MenB-FHbp, Penbraya])

b. Routine vaccination

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

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

c. Catch-up vaccination

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

ii. Age 16–18 years: 1 dose

iii. **Note:** MenACWY vaccines may be administered simultaneously with MenB vaccines if indicated, but at a different anatomic site, if feasible.

d. Special situations

i. Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

ii. Menveo*

1. Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
2. 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)
3. Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
4. Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

iii. · MenQuadfi

1. Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

iv. Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel/):

1. Children younger than age 24 months:
    a. Menveo* (age 2–23 months)
        i. Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
        ii. 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)

iii. Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)

2. Children age 2 years or older: 1 dose Menveo* or MenQuadfi

v. First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits: 1 dose Menveo* or MenQuadfi

vi. Adolescent vaccination of children who received MenACWY prior to age 10 years:

1. 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.
2. 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 MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

vii. Contraindications and Precautions

viii. Contraindications and precautions to Meningococcal ACWY (MenACWY) [MenACWY-CRM (Menveo); MenACWY-D (Menactra); MenACWY-TT (MenQuadfi)],

ix. Contraindicated or Not Recommended

1. Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component3
2. For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid—or CRM197—containing vaccine
3. ·For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine

x. Precautions

1. For MenACWY-CRM only: Preterm birth if younger than age 9 months
2. Moderate or severe acute illness with or without fever

IV. Meningococcal serogroup B vaccination

a. (minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba; MenACWY-TT/MenB-FHbp, Penbraya])

b. Shared Clinical Decision-Making

i. Adolescents not at increased risk age 16–23 years (preferred age 16–18 years)* based on shared clinical decision-making.

1. Bexsero or Trumenba (use same brand for all doses): 2–dose series at least 6 months apart (if dose 2 is administered earlier than 6 months, administer dose 3 at least 4 months after dose 2)

c. *To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered.
d. For additional information on shared clinical decision-making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf
e. Note: MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.
f. Special situations
    i. Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use.
        1. Bexsero or Trumenba (use same brand for all doses including booster doses) 3-dose series at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a 4th dose should be administered at least 4 months after dose 3)
    ii. For MenB booster dose recommendations for groups listed under “Special situations” and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.
    iii. Note: MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.
    iv. Children age 10 years or older may receive a dose of Penbraya (MenACWY–TT/MenB–FHbp) as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For age-eligible children not at increased risk, if Penbraya is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For age-eligible children at increased risk of meningococcal disease, Penbraya may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day and at least 6 months have elapsed since most recent Penbraya dose.
g. Contraindications and Precautions
    i. Contraindications and precautions to Meningococcal B (MenB), MenB-4C [Bexsero], MenB-FHbp [Trumenba],
    ii. Contraindicated or Not Recommended
        1. Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component3
    iii. Precautions
        1. Pregnancy
        2. ·For MenB-4C only: Latex sensitivity
        3. ·Moderate or severe acute illness with or without fever

iv. Contraindications and precautions to Meningococcal ABCWY, (MenACWY-TT/MenB-FHbp) [Penbraya]
v. Contraindicated or Not Recommended
    1. Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component3
    2. ·Severe allergic reaction to a tetanus toxoid-containing vaccine
vi. Precautions
    1. Moderate or severe acute illness, with or without fever

CITATIONS

Centers for Disease Control and Prevention, Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020, Morbidity and Mortality Weekly, Recommendations and Reports / September 25, 2020 / 69(9);1–41

REVISION HISTORY

Revised By:	Ashley Gonzalez, UM Project Coordinator; Konstantin Yengoyan, Supervisor, Clinical Operation	**Date:** 07/25/25	
Approved By:	Richard Sohn, MD, Deputy Chief Medical Officer	**Date:** 2/4/2026	**Signature** DocuSigned by: Richard Sohn D748D7527841438...
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