

## **ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES**

### **VACCINES FOR CHILDREN PROGRAM**

#### **VACCINES TO PREVENT MENINGOCOCCAL DISEASE**

*The purpose of this resolution is to update the resolution to incorporate a new combination pentavalent vaccine.*

***VFC resolution 10/24-2 is repealed and replaced by the following:***

#### **Meningococcal Conjugate Vaccines (MenACWY)**

##### **Eligible Groups**

- Children aged 2 months through 10 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, and Y, including:
  - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
  - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
  - Children who have anatomic or functional asplenia, including sickle cell disease
  - Children infected with human immunodeficiency virus (HIV)
  - Children traveling to or residing in countries in which meningococcal disease is hyperendemic or epidemic, particularly if contact with local population will be prolonged
  - Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroups A, C, W, or Y
- All children aged 11 through 18 years

## Recommended Vaccination Schedule and Intervals

The table below lists meningococcal conjugate vaccines currently available to prevent meningococcal disease attributable to serogroups A, C, W, and Y.

Vaccine Type	Brand (1)	Age indication (pediatric)	Children at increased risk			Children not at increased risk
			2m through 23m	2y through 18y	Booster Doses	
Men-ACWY-CRM (lyophilized)	Menveo Two-Vial	2m - 18y	Initiating at 2m: 4 doses, at 2, 4, 6, and 12m  Initiating at 7m - 23m: 2 doses, 12 wks apart	For children with persistent complement deficiencies, complement inhibitor use (2), functional or anatomic asplenia, or HIV: 2 doses, ≥8 wks apart	For children who remain at increased risk and completed the primary dose or series at age:	Primary: 1 dose at age 11y - 12y (or 13y - 18y if not vaccinated previously)  Booster: 1 dose at age 16y (if vaccinated at 11y - 12y) or 1 dose at 16y - 18y (if vaccinated at 13y - 15y)
Men-ACWY-CRM (liquid)	Menveo One-Vial	10y - 18y	Not indicated		< 7y: additional dose 3 yrs after primary; boosters should be repeated every 5 y	
Men-ACWY-TT	MenQuadfi	2y - 18y	Not indicated	Other children at increased risk: 1 dose	≥ 7y: additional dose 5 yrs after primary; boosters should be repeated every 5 y	

### Table notes

- (1) Use of brand names is not meant to preclude the use of other comparable US licensed vaccines
- (2) Includes eculizumab (Soliris) and ravulizumab (Ultomiris)

Recommended schedules and intervals for meningococcal conjugate vaccines can be found at [Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020 | MMWR](#).

### Recommended dosage

Refer to product package inserts.

### Contraindications and Precautions

- Contraindications and Precautions can be found in the package inserts available at: [Vaccines Licensed for Use in the United States | FDA](#)

## **Serogroup B Meningococcal Vaccines (MenB)**

### **Eligible groups**

- Children aged 10 through 18 years at increased risk for serogroup B meningococcal disease, including:
  - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
  - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
  - Children who have anatomic or functional asplenia, including sickle cell disease
  - Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B
- Children aged 16 through 18 years who are not at increased risk for serogroup B meningococcal disease may also be vaccinated when shared clinical decision-making favors administration of MenB

### **Recommended Vaccination Schedule and Intervals**

<b>Vaccine (1), (3)</b>	<b>Age Group</b>	<b>Dosing Schedule (Primary Series)</b>	<b>Dosing Schedule (Booster Dose)</b>
MenB-4C (Bexsero, GSK)  MenB-FHbp (Trumenba, Pfizer)	10y - 18y	<p>-Persons at increased risk for meningococcal disease including during serogroup B outbreaks: Three doses (0, 1-2, and 6 month schedule)</p> <p>-Adolescents who are not at increased risk for meningococcal disease: Two doses (0, 6 month schedule) (2)</p>	<p><b>-For children at increased risk due to complement deficiency, complement inhibitor use, or functional or anatomic asplenia:</b> A booster dose is recommended if it has been at least one year since primary series; repeat every 2-3 years as long as risk remains.</p> <p><b>-For children at increased risk due to a serogroup B outbreak:</b> A booster dose is recommended if it has been at least one year since primary series. If recommended by public health officials, booster dose may be given if it has been at least 6 months since primary series.</p> <p><b>-Booster doses are not recommended for adolescents who are not at increased risk for meningococcal disease.</b></p>

### **Table notes**

- (1) Use of brand names is not meant to preclude the use of other comparable US licensed vaccines.
- (2) If the second dose is administered earlier than 6 months after the first dose, a third dose should be administered at least 4 months after the second dose.
- (3) MenB vaccines are not interchangeable by manufacturer. Administration of a B component vaccine (MenB or MenACWY-TT/MenB-FHbp or MenACWY-CRM/MenB-4C) requires that subsequent B component vaccine doses be from the same manufacturer.

### **Recommended dosage**

Refer to product package inserts.

## Contraindications and Precautions

- Contraindications and Precautions can be found in the package inserts available at: [Vaccines Licensed for Use in the United States | FDA](#)

## **Combination Pentavalent Serogroup A, C, W, Y, and B Meningococcal (MenACWY-MenB) Vaccine**

### Eligible groups

- Children who are indicated to receive MenACWY and MenB vaccines, including:
  - Children aged 10 through 18 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, Y, and B, including:
    - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
    - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
    - Children who have anatomic or functional asplenia, including sickle cell disease
  - Children aged 16 through 18 years for whom both MenACWY and MenB are indicated to be given at the same time and shared clinical decision-making favors administration of MenB vaccine.

## Recommended Vaccination Schedule and Intervals

The table below displays dosing schedules for the combination pentavalent vaccines MenACWY-TT/MenB-FHbp (Penbraya) and MenACWY-CRM/MenB-4C (Penmenvry) (1).

<b>Children at Increased Risk (10y through 18y)</b>		<b>Children not at Increased Risk</b>
<b>Dosing Schedule (Primary Series)</b>	<b>Dosing Schedule (Boosters)</b>	
For children with persistent complement deficiencies, complement inhibitor use (2), or functional or anatomic asplenia who are due for both MenACWY and MenB vaccination: 1 dose may be given in lieu of MenACWY and MenB.  If subsequent doses of MenACWY and/or MenB (3) are indicated less than 6 months after a dose of combination pentavalent vaccine, the vaccines should be given separately according to the MenACWY and MenB tables above.	For subsequent doses, where both MenACWY and MenB are indicated and at least 6 months have passed since administration of a previous dose of combination pentavalent vaccine, a second dose of a combination pentavalent vaccine from the same manufacturer may be used (3).	<b>Initial dose:</b> May be given in lieu of MenACWY and MenB when both vaccines are indicated at the same visit (e.g., age 16 years) and shared clinical decision-making favors administration of MenB.  <b>Second dose:</b> The MenB series should then be completed with a MenB component vaccine from the same manufacturer (3).

**Table notes**

- (1) Use of brand names is not meant to preclude the use of other comparable US licensed vaccines
- (2) Includes eculizumab (Soliris) and ravulizumab (Ultomiris)
- (3) MenB vaccines are not interchangeable by manufacturer. Administration of a B component vaccine (MenB, MenACWY-TT/MenB-FHbp, or MenACWY-CRM/MenB-4C) requires that subsequent B component vaccine doses be from the same manufacturer.

**Recommended dosage**

Refer to product package inserts.

**Contraindications and Precautions**

Contraindications and Precautions can be found in the package inserts available at: [Vaccines Licensed for Use in the United States | FDA](#)

[If an ACIP recommendation or notice regarding meningococcal vaccination is published within 6 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]

Adopted and Effective: April 16, 2025

This document can be found on the CDC website at:

[Vaccines Provided by the VFC Program | VFC Program | CDC](#)