

Meningococcal Vaccines—High-Risk Populations

[View web version of this schedule.](#)

Note that different vaccines protect against different serogroups. Follow the schedule according to age and these abbreviations for risk groups.

Exp: Increased Exposure to meningococcal serogroups covered by vaccines (due to outbreaks¹, travel to affected areas [e.g. the Hajj], lab exposure)

CD: Persistent Complement component Deficiencies (including persons taking complement inhibitor [e.g., eculizumab[®] or ravulizumab[®]])

Asp: Functional or Anatomic Asplenia (including sickle cell disease)

HIV: HIV Infection

Age at first dose	Exp	CD	Asp	HIV	1) MenACWY vaccines ²	Boosters for those who remain at increased risk ³												
2–6 months ⁴	✓	✓	✓	✓	2 months: ACWY-CRM ⁵ Menveo [®] 4 months: ACWY-CRM ⁵ Menveo [®] 6 months: ACWY-CRM ⁵ Menveo [®] 12–15 months: ACWY-CRM ⁵ Menveo [®]	If primary dose(s) given when younger than 7 years: 												
7–23 months	✓	✓	✓	ACWY-CRM ⁵ Menveo [®] → 3 months → ACWY-CRM ⁵ Menveo [®]														
2 years and older	✓	✓	✓	ACWY-CRM or -TT Menveo [®] or MenQuadfi [®] → 2 months → ACWY-CRM or -TT Menveo [®] or MenQuadfi [®] ACWY-CRM or -TT Menveo [®] or MenQuadfi [®]	If primary dose(s) given at age 7 years or older: 													
2) Also give MenB vaccine—may be given at same time as MenACWY vaccine. Use the same brand for each dose in the series.																		
10 years and older	✓	✓	✓		1st dose: MenB-4C Bexsero [®] → 1 month → 2nd dose: MenB-4C Bexsero [®] OR 1st dose: MenB-FHbp Trumenba [®] → 1–2 months → 2nd dose: MenB-FHbp Trumenba [®] → 6 months between 1st and 3rd dose → 3rd dose: MenB-FHbp Trumenba [®]	<table border="1"> <thead> <tr> <th>Exp</th> <th>CD</th> <th>Asp</th> <th>Boosters</th> </tr> </thead> <tbody> <tr> <td>lab</td> <td>✓</td> <td>✓</td> <td> Lab exposure, complement deficiency, asplenia: 1 year → MenB → Every 2-3 years → MenB </td> </tr> <tr> <td>out-break</td> <td></td> <td></td> <td> Increased risk during an outbreak: 1+ years → MenB (Interval of ≥6 months may be considered depending on the outbreak.) </td> </tr> </tbody> </table>	Exp	CD	Asp	Boosters	lab	✓	✓	Lab exposure, complement deficiency, asplenia: 1 year → MenB → Every 2-3 years → MenB	out-break			Increased risk during an outbreak: 1+ years → MenB (Interval of ≥6 months may be considered depending on the outbreak.)
Exp	CD	Asp	Boosters															
lab	✓	✓	Lab exposure, complement deficiency, asplenia: 1 year → MenB → Every 2-3 years → MenB															
out-break			Increased risk during an outbreak: 1+ years → MenB (Interval of ≥6 months may be considered depending on the outbreak.)															

View [detailed meningococcal recommendations](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html) (CDC.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html) and [routine recommendations](https://www.eziz.org/assets/docs/IMM-1217.pdf) (EZIZ.org/assets/docs/IMM-1217.pdf).

- For information on outbreaks visit the [CDPH website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx) (CDPH.CA.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx)
- Abbreviations: ACWY/ACWY-CRM/ACWY-TT = MenACWY = MCV4
- If no longer at high risk by age 10, administer additional two doses of MenACWY according to the regular adolescent schedule at age 11–12 years and age 16 years.
- If MenACWY-CRM is initiated at ages 3–6 months, catch-up vaccination includes doses at intervals of 8 weeks until the infant is aged ≥7 months, at which time an additional dose is administered at age ≥7 months, followed by a dose at least 12 weeks later and after the 1st birthday.
- Minimum age 12 months.

This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC).

California Department of Public Health, Immunization Branch

