

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Meningococcal (Groups A, C, Y, & W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine (MCV4)</p> <p>Menactra® Sanofi Pasteur</p>	<p>Persons 2-55 years of age:</p> <p>Dose: 0.5 mL IM</p>	<p>Booster schedule not established</p> <p>0.5 mL IM if indicated (See Comments and Contraindications Section for revaccination recommendations for persons previously vaccinated with meningococcal polysaccharide vaccine [MPSV4])</p>	<p>Indications: MCV4 is licensed for persons aged 2 through 55 years and is recommended for:</p> <ul style="list-style-type: none"> • Children aged 11-12 years at their preadolescent assessment visit • Adolescents aged 13-18 years who were not vaccinated at the preadolescent visit • Travelers to countries in which <i>N. meningitidis</i> is hyper-endemic or epidemic, particularly if contact with the local population will be prolonged; • Those who have terminal complement deficiencies and those with anatomic or functional asplenia, • Those infected with HIV; • Military recruits; • Research, industrial, and clinical laboratory workers who are routinely exposed to <i>N. meningitidis</i> in solutions that may be aerosolized; • College freshmen living in dormitories. <p>Revaccination: ACIP recommends revaccination with MCV4 3 years after receipt of meningococcal polysaccharide vaccine (MPSV4) for children aged 2-10 years who remain at increased risk for meningococcal disease (i.e., those with terminal complement deficiency, with anatomic or functional asplenia, those infected with HIV, travelers to hyper-endemic or epidemic areas). Consider revaccination with MCV4 5 years after previous MPSV4 vaccination for older children and adults (through age 55 years) who remain at increased risk for meningococcal disease. At this time there is no guidance on revaccination of persons previously vaccinated with MCV4; ACIP will make recommendations for revaccination with MCV4 as more data on duration of protection become available.</p> <p>No vaccine is available for the prevention of serogroup B disease which accounts for one-third of meningococcal cases.</p> <p>Adverse Reactions: The most commonly reported adverse reactions are local pain, headache, and fatigue. Other adverse reactions include local redness, swelling and induration, malaise, arthralgia. Guillain-Barré Syndrome (GBS) has been reported among people who received MCV4.</p> <p>Precautions & Contraindications:</p> <ul style="list-style-type: none"> • Known hypersensitivity to any vaccine component including diphtheria toxoid, or a life-threatening reaction after previous administration of a vaccine containing similar components is a contraindication to vaccine administration. • Acute moderate or severe illness is a precaution to vaccination until illness improves. • Persons with a history of Guillain-Barré syndrome (GBS) might be at increased risk for GBS after MCV4 vaccination; therefore, a history of GBS is a precaution to administering MCV4. For persons with a history of GBS, MPSV4 is an acceptable alternative for short-term (i.e., 3--5 years) protection against meningococcal disease. • No data are available on the safety of MCV during pregnancy. However, pregnancy is not considered to be a contraindication to MCV4.