

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Meningococcal Vaccine, Inactivated Polyvalent Polysaccharide (MPSV4)</p> <p>Menomune® A/C/Y/W-135 Sanofi Pasteur</p>	<p>Selected children 2 years of age and over and adults</p> <p>First: 0.5 mL SC</p>	<p>0.5 mL SC if indicated</p> <p>(See Revaccinations under Comments and Contraindications)</p>	<p>Indications: Meningococcal vaccine is routinely indicated for high-risk groups such as individuals with terminal complement component deficiencies, those with functional or anatomic asplenia, and travelers to areas where meningococcal disease is endemic, particularly if contact with the local population will be prolonged. HIV-infected patients may elect vaccination. The vaccine may be indicated for those at high risk for exposure, for example, during epidemics disease or in military encampments. ACIP recommends vaccination of college freshmen living in dormitories. Research, industrial and clinical laboratory workers who are routinely exposed to N meningitidis in solutions that may be aerosolized also should consider vaccination.</p> <p>For persons 2-55 years of age use of meningococcal conjugate vaccine (MCV4) is preferred over meningococcal polysaccharide vaccine (MPSV4) as it is expected to provide longer lasting protection.</p> <p>MCV4 is routinely recommended for pre-adolescents at 11-12 years of age and for adolescents 13-18 years of age who were not vaccinated at 11-12 years of age (see Meningococcal Polysaccharide Conjugate Vaccine [MCV4]. MPSV4 is not recommended for routine vaccination of children aged 11-18 years.</p> <p>Guillain-Barré syndrome (GBS) has been associated with receipt of MCV4. Persons with a history of GBS might be at increased risk for post-vaccination GBS; therefore, a history of GBS is a relative contraindication to receiving MCV4. MPSV4 is an acceptable alternative for short-term protection against meningococcal disease (3--5 years).</p> <p>No vaccine is available for the prevention of serogroup B disease which accounts for one-third of meningococcal cases.</p> <p>Revaccination: Revaccination may be indicated for persons previously vaccinated with MPSV4 who remain at increased risk for infection, particularly for children who were first vaccinated when they were younger than 4 years of age. Children aged 2-10 years should be considered for revaccination (preferably with MCV4) after 3 years if they remain at increased risk for meningococcal disease. Although the need for revaccination of older children and adults after receiving MPSV4 has not been determined, if indications still exist for vaccination, revaccination may be considered 5 years after receipt of the first dose. MCV4 is recommended for revaccination of persons 2–55 years of age, although the use of MPSV4 is also acceptable.</p> <p>Adverse Reactions: Localized pain and erythema at injection site. Up to 3% of recipients develop transient fever. Systemic reactions such as headache and malaise are reported in 2-5% of recipients.</p> <p>Precautions & Contraindications: Hypersensitivity to any vaccine component contraindicates vaccination. Moderate or severe acute illness is a precaution for vaccination until illness improved.</p>