# Meningococcal Conjugate Vaccine, 4-Valent (MCV4) as MenACWY-TT (MenQuadfi)

vaccine protocol for at-risk persons age 2 years and older

**Document reviewed: March 28, 2022**

## Condition for protocol

To reduce incidence of morbidity and mortality of *Neisseria meningitidis* disease due to types A, C, Y and W-135 in at risk persons ages 2 years and older.

## Policy of protocol

The nurse will implement this protocol for MCV4 vaccination of at risk persons age 2 years and older.

## Condition-specific criteria and prescribed actions

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action. **Delete this paragraph before signing protocol**.]

Indications

|  |  |
| --- | --- |
| **Criteria** | **Prescribed action** |
| Person is currently not acutely ill. | Proceed to vaccinate if meets remaining criteria and has no contraindications or precautions.  |
| Person age 2 years and older. | Proceed to vaccinate using age-appropriate indication and schedule if meets remaining criteria. |
| Person is less than age 2 years. | Do not vaccinate. Refer to MenACWY-CRM (Menveo) protocol for children 2 months and older. |
| Person has anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab or ravulizumab) use. | Proceed to vaccinate using age-appropriate indication and schedule.  |
|  |  |
| Person traveling to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj ([www.cdc.gov/travel/](http://www.cdc.gov/travel/))  | Proceed to vaccinate using age-appropriate indication and schedule.  |
| First year college students who live in residential housing (if not previously vaccinated at 16 years or older) or military recruits. | Proceed to vaccinate. |
| Microbiologists with routine exposure to *Neisseria meningitidis* isolates. | Proceed to vaccinate. |
| Persons at increased risk during an outbreak of meningococcal disease due to a vaccine-preventable serogroup (e.g., in community or organizational settings, and among men who have sex with men [MSM]). | Proceed to vaccinate using age-appropriate indication and schedule. |

Contraindications

|  |  |
| --- | --- |
| **Criteria:** | **Prescribed action** |
| Person had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of MCV4 vaccine or to a vaccine component. | Do not vaccinate. |
| Person has a life-threatening allergy to any other tetanus toxoid-containing vaccine. | Do not vaccinate with MenQuadfi. Consider vaccinating with different MCV4 vaccine. |

Precautions

|  |  |
| --- | --- |
| **Criteria** | **Prescribed action** |
| if person is currently on antibiotic therapy. | Not a contraindication, proceed to vaccinate. |
| Person has a mild illness defined as temperature less than \_\_\_\_\_\_ °F/°C with symptoms such as: \_\_\_\_\_ [to be determined by medical prescriber] | Not a contraindication, proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature less than \_\_\_\_\_ °F/°C with symptoms such as: \_\_\_\_ [to be determined by medical prescriber] | Defer vaccination and [to be determined by medical prescriber] |

## Prescription:

Give MenQuadfi (MenACWY-TT) 0.5 ml, IM (approved for ages 2 years and older)

## Give doses according to age-appropriate indication and schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| **Age**  | **Indication** | **Primary series** | **Booster recommended for persons who remain at risk** |
| 2 years and older | **Immunocompromised** Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use. | 2-dose series at least 8 weeks apart | • Aged <7 years: Single dose at 3 years after primary vaccination and every 5 years thereafter• Aged ≥7 years: Single dose at 5 years after primary vaccination and every 5 years thereafter |
| **Immunocompetent**Travel in countries with hyperendemic or epidemic meningococcal diseaseOrAt risk during an outbreak attributable to a vaccine serogroup | 1 dose |
| 10 years and older | First year college students who live in residential housing (if not previously vaccinated at 16 years or older) Or Military recruits. | 1 dose | • College students who live in residential housing: Not routinely recommended unless person becomes at increased risk due to another indication• Military recruits: Every 5 years on basis of assignment if remains at risk. |
| Microbiologists routinely exposed to isolates of *Neisseria meningitidis* | 1 dose  | Single dose at 5 years after primary vaccination and every 5 years thereafter |

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

In the event of questions or concerns, call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (\_\_\_) \_\_\_\_-\_\_\_\_\_\_.
*(Insert overseeing medical consultant’s information here.)*

This protocol shall remain in effect for all Minnesota residents until rescinded.

Name of prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_