

Meningococcal Quadrivalent Conjugate Vaccines (Groups A,C,Y,W-135)
MENVEO® Supplier: GlaxoSmithKline Inc.
MENACTRA® Supplier: Sanofi Pasteur Limited
NIMENRIX® Supplier: Pfizer Canada Ltd.

INDICATIONS: ^A

- Adolescents born on or after January 1, 2002 and who are in grade 9 or older. ^{B, C}
- Medically high risk individuals 2 months of age and older: ^D
 - Congenital immunodeficiency states (complement, properdin, factor D or primary antibody deficiencies)
 - Acquired complement deficiency due to receipt of the terminal complement inhibitor eculizumab (Soliris®)
 - Functional or anatomic asplenia
 - HSCT (adult and pediatric)
 - Solid organ or islet cell transplant (candidate or recipient).
- Close contacts (2 months of age and older) of a case of invasive meningococcal disease (serogroups A, Y, W-135) who meet the public health criteria for immunoprophylaxis. ^E

RECOMMENDED BY THE NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION BUT NOT PROVIDED FREE IN BC: ^F

- Travelers for whom meningococcal vaccine is indicated
- Military personnel
- Research, industrial and laboratory personnel who are routinely exposed to *N. meningitidis*.

DOSES AND SCHEDULE:

MENVEO® and NIMENRIX® only:

- 2-11 months of age: 2 doses given as 0.5 mL **IM**, separated by 8 weeks, with a 3rd dose given between 12-23 months of age, and no sooner than 8 weeks after the 2nd dose.
- 12-23 months of age:
MENVEO®: 2 doses given as 0.5 mL **IM**, separated by 8 weeks.
NIMENRIX®: 1 dose given as 0.5 mL **IM**. ^G

^A MENVEO® and NIMENRIX® are indicated for children 2-23 months of age. MENVEO®, MENACTRA® or NIMENRIX® vaccine may be used for those individuals 2 years of age and older. The National Advisory Committee on Immunization (NACI) indicates that these vaccines may be used in those over 55 years of age, beyond current approvals in the product monograph.

^B A dose of Men-C-ACYW-135 received in grade 7 or later (i.e., minimum age of 11 years and 8 months) is considered a valid adolescent dose; however, these children are still eligible for an additional adolescent dose in grade 9 or later.

^C These individuals are eligible up to 24 years of age (inclusive).

^D For medically high risk individuals as listed above, Men-C-ACYW-135 should be given in place of Men-C-C as part of the routine schedule and administered according to age at presentation.

^E If client is a close contact meeting public health criteria for immunoprophylaxis, this dose should be given as soon as serotype information is available. For immunization of contacts who have received prior meningococcal vaccine doses, see [Communicable Disease Control Manual, Chapter 1: Meningococcal Disease](#). Vaccine may be administered concurrently with chemoprophylaxis.

^F Booster dose(s) may be recommended for those with ongoing risk of exposure. See BOOSTER DOSES for scheduling.

^G A 2nd dose of meningococcal quadrivalent conjugate vaccine may be considered if traveling to a hyperendemic area at a minimum interval of 8 weeks. This additional dose is not part of the publicly-funded program, but is available for private purchase at travel clinics and pharmacies.

Meningococcal Quadrivalent Conjugate Vaccines (Groups A,C,Y,W-135)
MENVEO® Supplier: GlaxoSmithKline Inc.
MENACTRA® Supplier: Sanofi Pasteur Limited
NIMENRIX® Supplier: Pfizer Canada Ltd.

DOSES AND SCHEDULE (cont'd)

MENVEO®, MENACTRA® and NIMENRIX®:

- 2 years of age and older: 1 dose given as 0.5 mL IM. ^A

ADMINISTRATION:

MENVEO® and NIMENRIX®

- These products need to be reconstituted.

MENACTRA®

- No additional requirements.

BOOSTER DOSES:

For medically high risk clients: ^B

- Vaccination initiated at 6 years of age and under: provide a booster dose 3 years later, and then every 5 years.
- Vaccination initiated at 7 years of age and older: provide a booster dose every 5 years.

SEROLOGICAL TESTING:

Serological testing is not recommended before or after immunization.

CONTRAINDICATIONS:

1. History of anaphylactic reaction to a previous dose of any meningococcal vaccine or any component of the specific vaccine to be given.

PRODUCT COMPONENTS:

MENVEO®:

Potential allergens: diphtheria CRM₁₉₇ toxoid protein.

Other components: potassium dihydrogen phosphate, sucrose, sodium dihydrogen phosphate monohydrate, disodium hydrogen phosphate bihydrate.

MENACTRA®:

Potential allergens: diphtheria toxoid protein.

Other components: sodium phosphate dibasic anhydrous, sodium phosphate monobasic.

^A A 2nd dose of meningococcal quadrivalent conjugate vaccine may also be indicated for high-risk individuals. [See Part 2 – Immunization of Special Populations, Specific Immunocompromising Conditions.](#)

^B Booster dose should be offered as long as medical condition persists. As needed, a clinical opinion as to the persistence of the condition may be sought from the physician most responsible for the client's care.

Meningococcal Quadrivalent Conjugate Vaccines (Groups A,C,Y,W-135)
MENVEO® Supplier: GlaxoSmithKline Inc.
MENACTRA® Supplier: Sanofi Pasteur Limited
NIMENRIX® Supplier: Pfizer Canada Ltd.

PRODUCT COMPONENTS (cont'd):

NIMENRIX®:

Potential allergens: tetanus toxoid carrier protein.

Other components: sucrose, trometamol.

PRECAUTIONS:

Not applicable.

SPECIAL CONSIDERATIONS:

- The recommended interval between any meningococcal C conjugate vaccine and meningococcal quadrivalent conjugate vaccine is 4 weeks (regardless of which vaccine is given first).
- Eligible individuals previously vaccinated with a polysaccharide meningococcal vaccine should be given meningococcal quadrivalent conjugate; this should be offered at least 6 months after vaccination with polysaccharide meningococcal vaccine.

ADVERSE EVENTS:

Local: pain, redness, swelling.

Systemic: headache, chills, fever, malaise, nausea, muscle soreness, fatigue, irritability and loss of appetite.