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Dear Healthcare Providers and Partners:

**New recommendation: Meningococcal Conjugate Vaccine for All HIV-positive Persons**

The [November 4, 2016](#) issue of the Centers for Disease Control and *Prevention's Morbidity and Mortality Weekly Report* describes new recommendation for routine use of meningococcal conjugate vaccine (MenACWY, previously referred to as MCV4) for people 2 months of age and older who are infected with human immunodeficiency virus (HIV). The Advisory Committee on Immunization Practices (ACIP) cited evidence that HIV-infected people are at a 5- to 24-fold increased risk of contracting the disease, primarily due to serogroups C, W, and Y. The recommendations are summarized below:

- HIV-infected children younger than 2 years of age should receive the vaccine in accordance with the age-appropriate, licensed, multidose schedule.
  - ACIP recommends MenACWY-CRM (Menveo<sup>®</sup>) for HIV-positive infants aged 2 through 23 months.
  - MenACWY-D (Menactra<sup>®</sup>) should be deferred until age 2 years and at least 4 weeks after completion of the pneumococcal conjugate vaccine (PCV) 13 series.
- HIV-infected persons 2 years of age and older who have not been previously vaccinated should receive a 2-dose primary series of MenACWY conjugate vaccine, separated by at least 8 weeks.
- HIV-infected persons 2 years of age and older who have been previously vaccinated with 1 dose of meningococcal conjugate vaccine should receive a second dose at the earliest opportunity, provided at least 8 weeks have elapsed since the previous dose, and then continue to receive boosters at the appropriate interval\* throughout life.
- MenACWY, rather than the meningococcal polysaccharide vaccine, is recommended for HIV-infected persons aged 56 years or older because of the need for booster doses. (Note that the polysaccharide vaccine is being discontinued once supplies are depleted.)
- Routine vaccination with MenACWY is also recommended for all healthy adolescents\*\* and other high-risk populations.

\*If the most recent dose was received before age 7 years, the first booster dose should be administered 3 years later. If the most recent dose was received at age 7 years or older, a booster should be administered 5 years later. Boosters should continue every 5 years thereafter throughout life.

\*\*MenACWY is routinely recommended for all adolescents at age 11-12 years and also age 16 years. For more information, please read the [ACIP recommendations](#) and refer the meningococcal vaccine [routine-risk timing schedule](#) (<http://eziz.org/assets/docs/IMM-1217.pdf>) for guidance.



To implement this new recommendation, clinics, medical groups, and health plans can take the following steps to support MenACWY vaccination in HIV-positive patients:

- Routinize the offer of MenACWY for all HIV-infected patients 2 months of age and older. Ensure that all staff are aware of the [new recommendation](#) and use the [latest timing schedule](#). Consider implementing enhancements to your electronic health records (EHR) reporting system to promote MenACWY assessment and administration via electronic reminders to clinicians. Also, see [state regulations](#) on standardized nursing procedures and [immunization procedure templates](#) that can be implemented.
- Use “reminder recall” systems to generate lists and remind patients when vaccinations are due or late.
- Participate in the California Immunization Registry (CAIR) to view immunizations your patients might have received outside of your practice, document vaccine administration, and generate patient reminder recall messages. To learn more about CAIR or to join, visit [www.cairweb.org](http://www.cairweb.org).
- If unable to vaccinate on site, make a strong recommendation and referral for your patients to receive the vaccine off-site.
  - MenACWY is a covered benefit for individuals enrolled in the AIDS Drug Assistance Programs (ADAP).
  - Medi-Cal Managed Care Plans and the fee for service Medi-Cal program also cover MenACWY for administration by participating providers and pharmacies.
  - MenACWY is a benefit in provider offices (and some pharmacies) for members of Covered California plans.
  - Follow up to document that your patient was vaccinated. Note that pharmacists are currently beginning to implement new state regulations that mandate reporting to the primary care provider and CAIR. See [http://pharmacy.ca.gov/laws\\_regs/1746\\_4\\_oa.pdf](http://pharmacy.ca.gov/laws_regs/1746_4_oa.pdf)
- Provide patient resources on vaccination. (See list below.)

For more information about meningococcal disease, see the Centers for Disease Control and Prevention [meningococcal disease](#) page.

Sincerely,



Sarah Royce, MD, MPH  
Chief, Immunization Branch



Karen Mark, MD, PhD  
Chief, Office of AIDS

Resources for clinicians:

[MMWR](#)

[CDC meningococcal vaccination information for healthcare professionals](#)

[Meningococcal Vaccine – High-risk timing schedule](#)

Resources for patients:

[CDC meningococcal vaccination information for patients](#)

[Vaccine Information Statement for MenACWY](#)