

The current available meningococcal vaccines are:

Conjugate meningococcal vaccine

Monovalent (A or C) meningococcal vaccine, which protects against meningococcal group A and C disease. Monovalent C meningococcal vaccine is recommended for all children at one year of age as part of routine immunization and for people who have had meningococcal disease. Infants aged 2–11 months are given 2 doses with at least 2 months between the doses, followed by a booster dose about one year later. A single dose of monovalent A meningococcal vaccine is licensed for individuals 1–29 years of age.

Combined *haemophilus influenzae* type B (HIB) plus monovalent C meningococcal vaccine. It is recommended that 3 doses administered at 2, 4 and 6 months of age should be followed by a booster at 12–15 months of age.

Quadrivalent (A, C, Y and W135), which has been licensed since 2005 for use in children and adults in some countries in the world. This vaccine is initially administered as one dose only and is licensed for individuals 2–55 years of age. A two-dose series of this vaccine is licensed for use in children aged 9–23 months.

Polysaccharide meningococcal vaccine

This is recommended for some specific risk groups and for the control of meningococcal outbreaks, and is available in different forms.

Bivalent: protects against groups A and C. This form is administered as a single dose to persons ≥ 2 years old, which provides protection for 2–3 years. A second single dose is administered for school children and adults, which provides protection for at least 3 years. After 3–5 years, one booster dose may be given to persons considered to be at continued risk of exposure including health workers.

Trivalent: protects against groups A, C and W-135

Tetravalent: protects against groups A, C, Y and W-135. This form is recommended for travelers to countries where there are epidemics of meningococcal disease (eg. sub-Saharan Africa and people travelling to perform Hajj in Saudi Arabia).

These vaccines do not protect against meningococcal groups B and X. Serogroup B vaccines have been extracted from selected outbreak strains and are currently used in some countries to limit outbreaks.

The available vaccines are safe and effective. The vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Related documents

[Recommendations to assure the quality, safety and efficacy of group A meningococcal conjugate vaccines \[pdf 611kb\]](#)

[Recommendations for the production and control of meningococcal group C conjugate vaccine \[pdf 162kb\]](#)

[Recommendations for the production and control of group C meningococcal conjugate vaccine \[pdf 43kb\]](#)

[Clinical evaluation of group C meningococcal conjugate vaccines \[pdf 996kb\]](#)

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