

Recommendations updated for meningococcal vaccine in HIV

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(HealthDay)—In the Nov. 4 issue of the U.S. Centers for Disease

Control and Prevention's *Morbidity and Mortality Weekly Report*, new recommendations are presented for meningococcal conjugate vaccination among HIV-infected individuals.

Noting that a growing body of evidence suggests increased risk for meningococcal disease in HIV-infected individuals, Jessica R. MacNeil, M.P.H., from the CDC in Atlanta, and colleagues modified recommendations on vaccination with meningococcal conjugate vaccine.

The authors recommend that all HIV-infected individuals aged ≥ 2 months should receive meningococcal conjugate vaccine (serogroups A, C, W, and Y); a multi-dose schedule should be used for children aged younger than 2 years. A two-dose primary series of meningococcal conjugate vaccine is recommended for individuals aged ≥ 2 years. A booster dose should be given at the earliest opportunity (at least eight weeks after the previous dose) for persons with HIV who have been previously vaccinated; boosters should continue at appropriate intervals. A booster dose should be administered three years later if the most recent dose was received before age 7 years. If the most recent dose was received at age ≥ 7 years, a booster should be given five years later and every five years thereafter.

"The recommendations for children aged 2 months through 2 years and persons aged ≥ 25 years are based on expert opinion; the vaccine was not studied in HIV-infected persons in these age groups," the authors write.

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