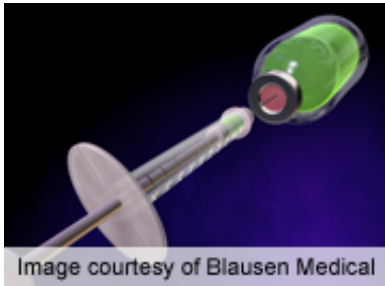


AAP updates recommendations for meningococcal vaccines

28 July 2014



New recommendations are presented for meningococcal vaccination in a policy statement published online July 28 in *Pediatrics*.

older than 2 years at risk of meningococcal disease should have a primary series that includes two doses of quadrivalent meningococcal conjugate vaccine. Children at persistent risk of meningococcal disease should be given regular boosters.

"This policy statement updates the AAP recommendations for use of meningococcal vaccines in children and adolescents," the authors write.

More information: [Abstract](#)
[Full Text](#)

(HealthDay)—New recommendations are presented for meningococcal vaccination in a policy statement published online July 28 in *Pediatrics*.

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Michael T. Brady, M.D., from the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, and colleagues updated recommendations for use of meningococcal vaccines in children and adolescents.

According to the report, in the absence of contraindications, an age-appropriate meningococcal conjugate [vaccine](#) is preferred to the meningococcal polysaccharide vaccine. Adolescents should be routinely immunized at age 11 or 12 years and given a booster at age 16 with quadrivalent conjugated meningococcal vaccine; those who receive their first dose at 13 to 15 years should receive a booster at age 16 to 18 years. A booster is not necessary for those who receive their first dose at or after age 16 years. For individuals at increased risk of [invasive meningococcal disease](#), a two-dose primary series should be administered to those aged 2 to 55 years, and a four-dose primary series should be administered to children aged 2 to 18 months. HIV-infected children should be given a two-dose primary series with a single booster dose; children

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