

TABLE 2. Summary of meningococcal conjugate vaccine recommendations, by risk group --- Advisory Committee on Immunization Practices (ACIP), 2010

Risk group	Primary series	Booster dose
Persons aged 11 through 18 years	1 dose, preferably at age 11 or 12 years	At age 16 years if primary dose at age 11 or 12 years
		At age 16 through 18 years if primary dose at age 13 through 15 years
		No booster needed if primary dose on or after age 16 years
HIV-infected persons in this age group	2 doses, 2 months apart	At age 16 years if primary dose at age 11 or 12 years
		At age 16 through 18 years if primary dose at age 13 through 15 years
		No booster needed if primary dose on or after age 16 years
Persons aged 2 through 55 years with persistent complement component deficiency* or functional or anatomical asplenia	2 doses, 2 months apart	Every 5 years
		At the earliest opportunity if a 1-dose primary series administered, then every 5 years
Persons aged 2 through 55 years with prolonged increased risk for exposure†	1 dose	Persons aged 2 through 6 years: after 3 years
		Persons aged 7 years or older: after 5 years§

Abbreviation: HIV = human immunodeficiency virus.

* Such as C5--C9, properidin, or factor D.

† Microbiologists routinely working with *Neisseria meningitidis* and travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic.

§ If the person remains at increased risk.