

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

May 4, 2022

Dear Colleagues,

Persons with HIV (PWH) have an 11-fold to 24-fold higher risk of meningococcal disease compared to persons without HIV<sup>1</sup> and are at further increased risk at low CD4 cell counts and high viral loads. PWH should be offered MenACWY vaccination. Men who have sex with men (MSM) who are seronegative for HIV are deemed at an increased risk for *Neisseria meningitidis* exposure when there are disease clusters and should be offered vaccination. Although not a CDC recommendation, consideration should be given for vaccination of MSM and transgender individuals who are candidates for pre-exposure prophylaxis (PrEP).<sup>2</sup>

Age group	<sup>1</sup> Recommended schedule and intervals for PWH MenACWY-D (Menactra) or Men ACWY-CRM (Menveo) or Men ACWY-TT (MenQuadfi)
<b>Primary vaccination</b>	
≥ 2 years	2 doses of MenACWY-D (Menactra) ≥ 8 wks apart and ≥ 4 wks after PCV doses completed and before or at same time as DTaP or MenACWY-CRM single dose (Menveo), or MenACWY-TT 2 doses ≥ 8–12 weeks apart.
<b>Booster dose</b>	
< 7 years at previous dose	Additional dose of MenACWY-D or MenACWY-CRM 3 years after primary series; boosters should be repeated every 5 years thereafter. If age 2 to < 7 and deemed at risk during an outbreak, booster is recommended if ≥ 3 years since vaccinated.
≥ 7 years at previous dose	Additional dose of MenACWY-D or MenACWY-CRM 5 years after primary series; boosters should be repeated every 5 years thereafter.
<b>Recommended schedule and interval for non-HIV infected persons</b>	
MSM and transgender individuals who are candidates for PrEP <sup>2</sup>	1 dose of MenACWY vaccine <sup>2</sup>
<b>Booster dose</b>	
MSM and transgender individuals who are candidates for PrEP <sup>2</sup>	If there is a prolonged continued risk for HIV infection, booster doses should be given every 5 years thereafter. <sup>2</sup>

<sup>1</sup> <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf>

<sup>2</sup> New York State Department of Health (NYSDOH) Bureau of Immunizations and AIDS Institute  
[https://www.health.ny.gov/diseases/aids/general/prep/docs/health\\_advisory\\_10-2016.pdf](https://www.health.ny.gov/diseases/aids/general/prep/docs/health_advisory_10-2016.pdf)

Note: MenACWY is recommended for PWH aged 56 and older; however, meningococcal polysaccharide vaccine (MPSV4, Menomune) is the only licensed vaccine for this population (there is no data on MPSV4 use in adults with HIV). Administration of more than one booster dose is considered off-label.

Sincerely,

Division of Disease Control and Health Protection