HEALTH BASICS

# Meningococcal ACWY vaccine - what you need to know

The MenACWY vaccine protects against four groups of bacteria that can cause meningitis and bloodstream infections.

**WHAT IT IS**
Vaccine against four groups of meningococcal bacteria

**WHERE IT COMES UP**
Routine vaccination travel and higher-risk health situations

**WHY IT MATTERS**
Lowers the risk of serious meningococcal infection

**WHAT IT IS NOT**
Not a disease or treatment for infection

**WHO TO ASK**
Vaccination service pharmacist nurse or primary care clinician

**HOW IT IS CHECKED**
Vaccination record rather than a routine blood test

## Overview

The meningococcal ACWY vaccine, often called MenACWY, protects against four groups of Neisseria meningitidis bacteria: A, C, W and Y. These bacteria can sometimes cause meningitis, which is inflammation around the brain and spinal cord, or a serious bloodstream infection called septicaemia or sepsis.

MenACWY is a vaccine, not a disease or diagnosis. It cannot treat an infection that has already started.

Vaccination schedules differ between countries. MenACWY may be offered as part of routine adolescent vaccination, after missed routine doses, before certain travel, during some outbreaks, or to people with particular health risks. Some people need more than one dose or later booster doses because protection can decrease over time.

MenACWY does not protect against every cause of meningitis. In particular, it does not protect against meningococcal group B, which has a separate vaccine. It also does not cover meningitis caused by other bacteria, viruses or non-infectious conditions.

## How it works

The outside of meningococcal bacteria contains complex sugars called polysaccharides. MenACWY vaccines contain purified material based on these sugars from groups A, C, W and Y. The material is joined to a carrier protein, which helps the immune system make a stronger and longer-lasting response. This is known as a conjugate vaccine.

The vaccine teaches your immune system to recognise those bacterial groups. If you are exposed later, your immune system can respond more quickly and may stop the bacteria from causing serious illness.

MenACWY vaccines do not contain live meningococcal bacteria. They cannot give you meningococcal infection or meningitis.

Protection is not immediate, and no vaccine prevents every case. Protection may also weaken with time. Whether you need another dose is based on factors such as your age, previous doses, ongoing health risks, outbreak advice and travel requirements.

## Why it matters for your health

Meningococcal disease is uncommon in many places, but it can become serious quickly. Vaccination lowers the chance of disease caused by the four covered groups.

Routine MenACWY vaccination is commonly focused on adolescents in countries where it is included in the national schedule. This age group may carry meningococcal bacteria in the nose or throat without feeling ill. Vaccination can protect the person receiving it and, depending on the vaccine programme, may also reduce spread.

MenACWY may also be recommended when someone has a higher risk of infection. Examples include people without a working spleen, people with certain immune-system conditions, and people taking medicines that block part of the immune system called complement. Laboratory staff who routinely work with meningococcal bacteria may also need vaccination.

Travel can affect the recommendation. Meningococcal disease is more common in some regions, and outbreaks can occur. Proof of recent MenACWY vaccination may be an entry requirement for particular journeys, including Hajj or Umrah. Requirements can change, so check the official rules for your destination well before travel.

Vaccination does not replace other public health measures. If you are identified as a close contact of someone with meningococcal disease, you may need prompt preventive antibiotics like amoxicillin or doxycycline even if you have been vaccinated. Public health teams may also recommend vaccination in some situations.

## What can go wrong

Most reactions after MenACWY vaccination are mild and short-lived. These can include pain, redness or swelling where the injection was given. Some people develop a headache, tiredness, muscle aches, fever or nausea. Feeling faint can occur around injections, particularly in adolescents, so the vaccination service may ask you to remain seated for observation afterward.

A severe allergic reaction is rare but requires emergency help. Warning signs include trouble breathing, swelling of the face or throat, widespread hives, severe dizziness or collapse. Vaccination services are equipped to begin treatment if this happens immediately after the injection. Call emergency services if these signs develop after you leave.

Contact a healthcare service routinely if a reaction is not improving, is getting worse, or concerns you. A persistent lump or soreness at the injection site is usually not an emergency, but it can be reviewed if it does not settle.

Vaccination can fail to provide full protection, and illness may be caused by a meningococcal group that MenACWY does not cover. Seek emergency medical help for possible meningococcal disease, even if you have been vaccinated. Concerning features can include a rapidly worsening illness, fever with a severe headache or stiff neck, confusion, unusual sleepiness, seizures, or a red or purple rash that does not fade when pressed. Symptoms do not always appear together, and a rash may be absent.

MenACWY should not usually be given to someone who had a severe allergic reaction to a previous dose or one of its ingredients. A vaccination professional can check the exact product and its ingredients. A moderate or severe current illness may mean delaying vaccination until you recover; a minor illness, such as a mild cold, is not usually a reason to postpone it.

## What you can do

There is no routine self-test that shows whether you need MenACWY. Antibody blood tests are not normally used to confirm protection after routine vaccination.

Practical steps include:

Before vaccination, tell the service about any severe reaction to a vaccine, known allergy to an ingredient, current significant illness, pregnancy, or medicine that affects your immune system. Pregnancy does not automatically rule out MenACWY when there is a clear risk of exposure, but the timing should be assessed by a vaccination or maternity professional.

If you have no routine, travel, outbreak or medical reason for MenACWY, there may be nothing

you need to do. Recommendations are based on your local vaccination programme and personal risk.

- Check your vaccination record for previous MenACWY doses
- Ask whether your age and local schedule call for a dose
- Mention a missing or uncertain vaccination history
- Discuss immune conditions, spleen problems or complement-blocking medicines
- Check destination rules and travel-health advice early
- Keep official proof of vaccination if travel authorities require it

## Common questions

Is MenACWY the same as the meningitis B vaccine?

No. MenACWY covers meningococcal groups A, C, W and Y. The MenB vaccine protects against group B. Depending on your age, health risks and local schedule, you may be offered one or both.

Can the vaccine cause meningitis?

No. MenACWY vaccines do not contain live meningococcal bacteria, so they cannot cause meningococcal disease.

Do I need it if I was vaccinated as a child?

Possibly. Earlier vaccination may not have included all four groups, and protection can weaken. Check your record and ask a vaccination service whether another dose is recommended.

Can MenACWY be given with other vaccines?

It can generally be given during the same appointment as several other vaccines, using different injection sites. The service will check the products and schedule being used.

What if I have already had meningococcal disease?

Previous infection may not protect you from other meningococcal groups. A clinician or public health service can advise whether vaccination is still recommended.

Does vaccination mean I do not need antibiotics after an exposure?

No. Close contacts may still need preventive antibiotics because vaccines do not provide immediate or complete protection. Follow public health advice promptly.

## Sources

- Centers for Disease Control and Prevention: Meningococcal Vaccine Recommendations
- Centers for Disease Control and Prevention: Meningococcal ACWY Vaccine Information Statement
- Centers for Disease Control and Prevention: Clinical Guidance for Meningococcal Disease
- NHS: MenACWY vaccine
- UK Health Security Agency: Meningococcal disease, Green Book chapter 22
- World Health Organization: Meningitis fact sheet
- Centers for Disease Control and Prevention Yellow Book: Saudi Arabia, Hajj and Umrah