

Comparison of Meningococcal Vaccines (Canada)

Full Update August 2026

Meningococcal disease is an infection caused by the bacteria *Neisseria meningitidis*. Invasive meningococcal disease (e.g., meningitis, sepsis; mortality rate of ~10%) is usually caused by serogroup A, B, C, W, or Y.¹ The chart below reviews available meningococcal vaccines in Canada.

***All meningococcal vaccine doses are 0.5 mL and should be given intramuscularly (IM)**

Vaccine	Menveo (Men-C-ACYW-CRM)	Nimenrix (Men-C-ACYW-TT) ^d	MenQuadfi (Men-C-ACYW-TT) ^d	Bexsero (4CMenB)	Trumenba (MenB-fHbp)
Serotypes covered	4-valent: A, C, W, Y	4-valent: A, C, W, Y	4-valent: A, C, W, Y	B	
Manufacturer	GSK	Pfizer Canada	Sanofi Pasteur	GSK	Pfizer Canada
Approved age	2 months to 55 years ⁱ	6 weeks to 55 years ⁱ	6 weeks and older	2 months to 25 years ⁱ	10 to 25 years ^f
Cost per dose ^b	\$120	\$90	\$120	\$140	\$120
Guidelines recommended for:	- Healthy patients 12 to 23 months: one dose² - Patients 6 weeks to 23 months at increased risk.^{2,a} 6 weeks to 6 months: 2 doses 8 weeks apart, then a booster at 12 to 23 months of age 7 to 11 months: one dose plus a booster at 12 to 23 months of age (≥8 weeks apart [4 weeks if necessary]) 12 to 23 months: one dose (two doses if increased risk is due to an underlying medical condition and previously unvaccinated) - Patients 12 to 24 years of age: one dose (usually at age 12 years), even if vaccinated as an infant or toddler.¹			- Patients ≥2 months at increased risk.^{1,a} - Consider on an individual basis for healthy patients 2 months to 24 years.¹	
Dosing schedule per product labelling (PRIMARY series) ^c (note that provincial/territorial schedules should be followed)	2 to 6 months: 3 doses ≥2 months apart, then one dose at age 12 to 16 months. 7 to 23 months: 2-dose series, with second dose at age ≥12 months. ≥2 years: one dose.	6 weeks to 5 months: 2 doses 2 months apart. ≥6 months: one dose.^e	6 weeks to 5 months: 4 doses ≥2 months apart, then one dose at age 12 to 18 months 6 to 12 months: 2-dose series, with the second dose at age 12 to 18 months ≥12 months: one dose.	2 to 5 months: 3 doses (≥1 month apart) or 2 doses (≥2 months apart) 6 months to 25 years: 2 doses (≥2 months apart [≤1 month apart if age ≥2 years]).	2 doses 6 months apart, - OR 3 doses (2 doses ≥1 month apart, then 1 dose ≥4 months after the second dose).
Interchangeable?	Interchangeable; however, always use an age-appropriate formulation.¹			Not interchangeable. Use the same vaccine for all doses. ¹	
Booster dose	- Nimenrix: if initially vaccinated at age <6 months, give booster at age 12 months. If at high exposure risk and initially vaccinated at age 6 to 11 months, consider booster at age 12 months (≥2 months after last primary dose). If at high exposure risk and initially vaccinated at age ≥12 months, consider booster if last dose was more than ~one year ago - MedQuadFi: for adolescents and adults at continued risk, give one dose if at least 4 years have passed since the last dose. - Guidelines: for continued increased risk: - If initially vaccinated at age ≤6 years, give booster every 3 to 5 years.¹ - If initially vaccinated at age ≥7 years, give booster every 5 years.¹ - Consult guidelines for necessary booster doses for travellers based on area visiting and previous doses.			- Bexsero: If initially vaccinated at age 2 to 5 months, give booster in second year of life, ≥6 months after last primary dose. If initially vaccinated at age 6 to 11 months, give booster in second year of life, ≥2 months after last primary dose. If initially vaccinated at 12 to 23 months of age, give booster 12 to 23 months after the last primary dose. - Trumenba (and Bexsero if initially vaccinated at age 2 to 25 years): consider booster if exposure risk continues. Follow guidelines.	
Booster during outbreaks	Give booster dose. Dose schedule depends on age, vaccination status, and time since last dose. See guidelines for information.			- One dose immediately after exposure. - If previously unvaccinated, a 2-dose series is required.¹	

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Footnotes

- a. **Increased risk for meningococcal disease** can be due to underlying conditions (e.g., congenital immunodeficiencies [e.g., complement, properdin, factor D, combined T and B cell immunodeficiencies, or primary antibody deficiencies]; receiving a complement inhibitor [e.g., eculizumab, ravulizumab]; anatomic or functional asplenia [e.g., sickle cell disease]; human immunodeficiency virus [HIV] infection) OR to an increased risk of exposure (e.g., travel to or living in areas in which meningococcal disease is hyperendemic or epidemic, military personnel during training and some deployments, and researchers and lab personnel who are regularly exposed to *Neisseria meningitidis* isolates).¹ There have been outbreaks in university dormitories and therefore some consider these students at high risk. Some provinces (e.g., Nova Scotia) fund meningococcal B vaccines, and many universities recommend considering meningococcal B vaccination.
- b. Pricing based on wholesale acquisition cost (WAC).
- c. Product labelling used for this chart: Menveo (December 2025), Nimenrix (July 2025), MenQuadfi (March 2026), Bexsero (December 2025), Trumenba (October 2022).
- d. MenQuadfi and Nimenrix vaccine antigens are conjugated to tetanus toxoid protein; however, these vaccines are not a substitute for routine tetanus immunizations.¹
- e. Consider a second primary dose ≥ 2 months since the last dose in infants 6 to 11 months exposed to meningitis, or in toddlers 12 to 14 months at particular risk.
- f. Use in patients older than approved ages is considered appropriate if patients have increased risk, per expert opinion.¹

References

1. Government of Canada. Canadian immunization guide for health professionals. Meningococcal vaccines. Modified June 9, 2026. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-13-meningococcal-vaccine.html>. (Accessed August 15, 2026).
2. National Advisory Committee on Immunization (NACI). NACI rapid response: update on the use of quadrivalent conjugate meningococcal vaccines in children under 2 years of age. An Advisory Committee Statement (ACS). An https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-403-2026-eng.pdf. (Accessed August 15, 2026).

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