



Meningococcal Disease on Campus

Know Your Risk



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

Get the facts about this serious infectious disease and the vaccines that may prevent it.

What Is Meningococcal Disease?

Meningococcal disease is an uncommon but potentially deadly illness caused by the bacterium *Neisseria meningitidis*. It can progress rapidly and is often difficult to diagnose early. Despite medical treatment, about 10% of people with meningococcal disease die, and one in five survivors experience long-term physical and mental disabilities.

Meningococcal disease occurs infrequently in the U.S. The incidence is about 1 in 500,000 people between the ages of 16 and 23. College-age persons—adolescents and young adults—may be more susceptible to meningococcal disease due to inherent environmental and social risk factors.

Other groups at risk are men who have sex with men (MSM) and individuals with certain immune complement deficiencies, impaired spleens (e.g., sickle cell disease), or human immunodeficiency virus (HIV) disease.

There are different types—serogroups—of meningococcal bacteria. In the U.S., serogroups B, C, and Y cause most cases of meningococcal disease. Serogroup B (MenB) is the leading cause of meningococcal disease in adolescents and young adults. College students are at increased risk for MenB compared to the general population.

How Is It Spread?

Meningococcal bacteria are transmitted through direct, close contact with droplets of fluid from the nose and throat of an infected person (e.g., kissing, coughing, or sharing drinks, water bottles, etc.).

Many people carry the bacteria in the back of their throats without ever developing an illness, but it can spread to others through contact with their saliva. However, the bacteria are not spread through casual contact, such as simply being in the same room with an infected person.

What Are The Symptoms?

Initially, meningococcal disease may present with flu-like symptoms (fever, headache, nausea, vomiting, diarrhea) with rapid progression within 24 hours to the most common presentations of invasive meningococcal disease: meningitis and meningococemia/sepsis.

- Meningitis is an infection of the coverings of the brain and spinal cord. Symptoms include fever, headache, stiff neck, decreased alertness, sensitivity to light, confusion, and seizures.
- Sepsis is a bloodstream infection. Symptoms include fever, shaking chills, decreased blood pressure, vomiting or diarrhea, cold hands and feet, muscle and joint pain, rapid breathing, and a characteristic rash.

Because meningococcal infection can progress quickly, **you should seek medical care immediately if you have these symptoms.**

Meningococcal infections can be treated with antibiotics. Without treatment, invasive disease can lead to shock and death within hours of the first symptoms.

Vaccination

Meningococcal ACWY Vaccine

A vaccine is available to help prevent meningococcal disease caused by serogroups A, C, W, and Y. All 11–12-year-olds **should be** vaccinated with a single dose of this vaccine, and a booster dose **should be** given at age 16 so adolescents continue to have protection during the peak risk period (16–23 years). Adults should get this vaccine if they are a first-year college student living in a residence hall and have not received any doses after age 16.

Meningococcal B Vaccine

A vaccine is available to help prevent meningococcal disease caused by serogroup B. All healthy adolescents and young adults (16–23 years) **may be** vaccinated with this vaccine, preferably between 16–18 years of age. The vaccine **should be** given to persons identified at risk because of an outbreak. There are two licensed vaccines available to protect against serogroup B. They have different dosing schedules and are NOT interchangeable.

These vaccines are between 60 and 90% effective in preventing meningococcal disease.

Meningococcal vaccines are also recommended for certain groups of adults at increased risk for meningococcal disease. Talk to your health care provider to find out if this may apply to you. A booster dose (with the same type that was used in the original primary series) **should be** given to those at risk due to a prolonged outbreak and to those with specific health conditions that put them at increased risk.

Some colleges and universities have policies requiring vaccination against meningococcal disease as a condition of enrollment. Check with your campus health center to find out what vaccinations may be required or if vaccination is recommended for you.

Even if you received both vaccines, you might still need to seek treatment if you are exposed to an infected person during an outbreak.

For More Information

U.S. Centers for Disease Control and Prevention

www.cdc.gov/meningococcal/about

American College Health Association

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