STOP
SHARE. TEACH. OUTREACH. PROTECT.
MENINGITIS

IMMUNIZER FACTS ON VACCINE AND DISEASE

Meningococcal Vaccination Recommendations[1]

- Routine vaccination of all adolescents 11 through 18 years of age, ideally at age 11-12.
- Vaccination of children 2 through 10 years of age and adults 19 years and older who are at increased risk for meningococcal disease.
- Re-vaccination is recommended for those at continued risk[2] as follows:
  - After three years in at-risk children who received the initial vaccination dose at 2 through 6 years of age.
  - After five years if the first vaccination was given at 7 years of age or older.
  - Additional doses of the conjugate vaccine should be given every five years to those who continue to be at increased risk.

Epidemiology of Meningococcal Disease

- Meningococcal disease incidence is cyclical. In the United States, ten year data (1998-2007) show an average of approximately 1,500 cases per year, with a range of 900 to 2,960 cases.
  - Nearly 15 percent of all cases occur among adolescents and young adults.
- The disease is caused by *Neisseria meningitidis*. Five serogroups, A, B, C, Y and W-135, are responsible for most disease worldwide. In the U.S., most cases are caused by groups B, C and Y.
  - Currently, group C is most common in adolescents and young adults. Type Y is most common in older persons; group B is most common in infants.
  - The proportion of each serogroup causing illness can change over time.
- Meningococcal bacteria are spread through coughing and sneezing or by direct contact with an infected person.

Clinical Manifestation, Mortality and Morbidity

- Meningitis and bacteremia are the most common clinical manifestations of meningococcal disease.
- About 11 percent of people of any age who are infected will die, even with appropriate treatment. Among adolescents and young adults, the case fatality rate is 10 to 14%.
- Up to 19 percent of survivors have permanent damage, such as hearing loss, brain damage, kidney failure and limb amputations.

1. Meningococcal conjugate vaccine is preferred for everyone 2 to 55; polysaccharide vaccine is available for persons over 55 or if the conjugate vaccine is not available.
2. Persons at continued increased risk include those with persistent complement component deficiencies, anatomic or functional asplenia, or prolonged exposure to *Neisseria meningitidis* bacteria.

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- The early symptoms of infection might be mild and they often resemble symptoms of less severe infections, such as viral infections.

About Meningococcal Conjugate Vaccines

- Conjugate vaccines are safe and effective in protecting against four of the five main serogroups of bacteria that cause disease (A, C, Y and W-135). No licensed vaccine is available in the U.S. to protect against type B at this time.
- Vaccination protects against four serogroups that cause the majority of cases in adolescents and young adults.
- Adverse reactions to vaccination are generally mild and consist mainly of pain and induration at the injection site, headache, fatigue and malaise.

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