Meningococcal Disease

What is meningococcal disease?
Meningococcal disease is caused by bacteria called Neisseria meningitidis. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?
Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms. Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?
It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?
Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?
Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations
What should I do if I or someone I love is exposed?
If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?
The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
  - It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
  - Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the “B” strain. Talk to your health care provider about whether they recommend vaccine against the “B” strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- People exposed during an outbreak
- Travelers to the “meningitis belt” of sub-Saharan Africa
- Military recruits

Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance?
As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel?

- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the “meningitis belt” of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Travel and meningococcal disease:
wwwnc.cdc.gov/travel/diseases/ meningococcal-disease

Learn more about meningococcal disease:
www.cdc.gov/ meningococcal/

For more information about vaccine-preventable diseases: www.health.ny.gov/prevention/immunization/

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Bureau of Immunization
Meningococcal Meningitis Vaccination Response Form

This form is for new students, returning students, McGhee students, graduate students, and students over the age of 21 who do not live in a residence hall. (New students and returning students under the age of 21 must submit proof of meningitis vaccine.)

RETURN FORM TO:
NYU Student Health Center • Immunization Record Services
726 Broadway, Suite 336 • New York, NY 10003
Telephone: (212) 443-1199 • Fax: (212) 443-1198

New York State Public Health Law 2167 requires that all college and university students enrolled for at least (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return this form.

Check ONE box and sign below:

1. □ Date of Immunization: __/__/____
   Healthcare provider Name: ___________________________ Stamp: __________________
   Healthcare Provider Signature: __________________________

2. □ I am a newly admitted undergraduate student, attest to being over the age of 21, and DO NOT reside in an NYU residence.

3. □ I am a graduate student and have read or have had explained to me the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

Signature: ___________________________ Date: __/__/____

Print Student’s Name: __________________________________________________________

Date of Birth: __/__/____ University I.D. Number: _________________________________

Student’s Email Address: _______________________________________________________

Student’s Mailing Address: ____________________________________________________
   City: ___________________________ State: _______ Zip: ___________________

Student’s Phone Number: (______) _______ - (______) _______ - _______