

Meningococcal disease is an uncommon, but serious disease caused by the *Neisseria meningitidis* bacterium.¹ These bacteria can be categorized into 5 primary groups: A, C, Y, W, and B.² Meningococcal group B disease (MenB) is a form of invasive meningococcal disease caused by group B. Until recently, even if your child was vaccinated for meningococcal meningitis, he or she was not protected against MenB.³ Group B accounts for approximately 50% of all meningococcal disease cases in persons 17 to 23 years of age in the US.¹

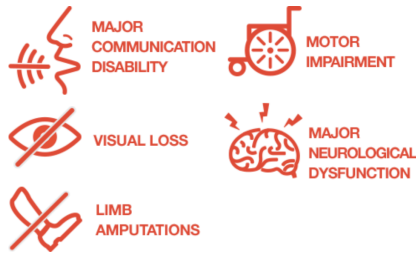
Typical adolescent behaviors can spread meningitis, such as living in close quarters, or sharing drinks, cups, or utensils—and even kissing.^{4,5} Outbreaks of the disease at various colleges in 2015, such as Providence College and the University of Oregon, underscore the risk.^{1,6} **The consequences of getting MenB can be deadly. However, MenB is a vaccine preventable disease.**⁷

At first, meningitis symptoms may seem like the flu, but it can lead to death in 24 hours⁷

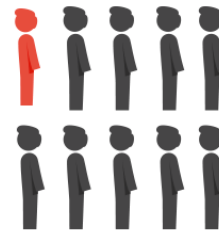
Example of how symptoms may progress.

| First phase | Second phase | Third phase | Fourth phase |
|-----------------------------------|--------------------------------------|--|---|
| (0-8 hours) | (8+ hours) | (13-16 hours) | (16+ hours) |
| Fever, headache, nausea, vomiting | Decreased appetite, nausea, vomiting | Drowsiness, difficulty breathing, neck stiffness | Sensitivity to light, rash, confusion, delirium |

Adolescents and young adults who survive MenB may have permanent, long-term consequences including⁸



On average, 1 in 10 who develops meningitis will die from it⁹



1 in 5 adolescents and young adults has not received at least one vaccination for groups A, C, W, and Y at ages 13 to 17¹⁰

Vaccination is critical to helping to protect your child. The Advisory Committee on Immunization Practices (ACIP) recommends that a MenB vaccine series may be administered to adolescents and young adults aged 16 through 23 years to provide short-term protection against most strains of MenB disease. The preferred age for MenB vaccination is 16 through 18 years old. The Centers for Disease Control and Prevention (CDC) recommends that a MenB vaccine may be administered to adolescents and young adults. Talk to your healthcare provider about vaccinating your child against MenB disease¹¹

Learn more about the risks, signs, and symptoms of meningitis:

[Centers for Disease Control and Prevention \(CDC\)](#), [National Meningitis Association](#), [Meningitis Angels](#), and [MeetMeningitis.com](#).

References: 1. Soeters HM, McNamara LA, Whaley M, et al. Serogroup B meningococcal disease outbreak and carriage evaluation at a college—Rhode Island, 2015. *MMWR*. 2015;64(22):606-607. 2. McNeil LK, Zagursky RJ, Lin SL, et al. Role of factor H binding protein in *Neisseria meningitidis* virulence and its potential as a vaccine candidate to broadly protect against meningococcal disease. *Microbiol Mol Biol Rev*. 2013;77(2):234-252. 3. Folaranmi T, Rubin L, Martin SW, et al. Use of serogroup B meningococcal vaccines in persons aged ≥10 years at increased risk for serogroup B meningococcal disease: recommendations of the Advisory Committee on Immunization Practices, 2015. *MMWR*. 2015;64(22):608-612. 4. Centers for Disease Control and Prevention. Meningococcal disease. Centers for Disease Control and Prevention website. <http://www.cdc.gov/meningococcal/index.html>. Updated March 4, 2016. Accessed May 11, 2016. 5. Tully J, Viner RM, Coen PG, et al. Risk and protective factors for meningococcal disease in adolescents: matched cohort study. *BMJ*. 2006;332(7539):445-450. 6. Hammond, B. University of Oregon meningitis vaccination will be largest in US since approval of new drug. *The Oregonian/OregonLive*. February 26, 2015. http://www.oregonlive.com/education/index.ssf/2015/02/university_of_oregon_meningiti.html. Updated February 27, 2015. Accessed May 11, 2016. 7. Thompson MJ, Ninis N, Perera R, et al. Clinical recognition of meningococcal disease in children and adolescents. *Lancet*. 2006;367(9508):397-403. 8. Borg J, Christie D, Coen PG, et al. Outcomes of meningococcal disease in adolescence: prospective, matched-cohort study. *Pediatrics*. 2009;123(3):e502-e509. 9. Cohn AC, MacNeil JR, Harrison LH, et al. Changes in *Neisseria meningitidis* disease epidemiology in the United States, 1998-2007: implications for prevention of meningococcal disease. *Clin Infect Dis*. 2010;50(2):184-191. 10. Reagan-Steiner S, Yankey D, Jeyarajah J, et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2014. *MMWR*. 2015;64(29):784-792. 11. MacNeil JR, Rubin L, Folaranmi T, et al. Centers for Disease Control and Prevention. Use of serogroup B meningococcal vaccines in adolescents and young adults: recommendations of the Advisory Committee on Immunization Practices. *MMWR*. 2015;64(41):1171-1177.