

College is an exciting time, when students meet and interact with new people from all over, but know that close-quartered living, such as living in dorms, could put college students at an increased risk of contracting uncommon but potentially deadly meningococcal group B disease (also known as MenB).<sup>1-3</sup> Since the incidence of **MenB peaks at 19 years of age** among teens and young adults, it is important that they understand the risks, signs, and symptoms of this disease, and talk to their health care professional about getting vaccinated.<sup>4</sup>



Typical teen and young adult behaviors—such as living in dorms, group hangouts, sharing drinks, utensils, smoking cigarettes, and kissing—can promote the spread of the bacteria that cause the disease.<sup>1,2</sup>



College students have a 3.5 times greater risk of contracting MenB than those who don't attend college.<sup>5</sup> From 2011 to 2016, MenB has been responsible for all US college outbreaks of meningococcal disease.<sup>6</sup>



Early symptoms may seem like the flu, but MenB can lead to death in just 24 hours, or for survivors, permanent disabilities.<sup>2,7,8</sup>



On average, 1 in 10 teens and young adults who develop MenB will die from it.<sup>9</sup>



Until 2014, available vaccines only helped protect against 4 of the 5 most common types of bacteria—groups A, C, W, and Y, but not B—that cause meningococcal disease. Vaccines are now available for MenB.<sup>10</sup>

**Bailey Health Center has partnered with Pfizer Pharmaceutical and CVS to make it easier than ever to get vaccinated for this strain of meningitis. On March 13th, our partners are coming to Farinon Student Center to vaccinate students that aren't protected against meningococcal B.**

To hear personal stories of those affected by meningococcal disease, go to [MeetMeningitis.com/videos](http://MeetMeningitis.com/videos).

**References:** 1. 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. 2. Centers for Disease Control and Prevention. Meningococcal disease. Centers for Disease Control and Prevention website. <http://www.cdc.gov/meningococcal/index.html>. Updated August 10, 2016. Accessed October 24, 2017. 3. Soeters HM, McNamara LA, Whaley M, et al. Serogroup B meningococcal disease outbreak and carriage evaluation at a college—Rhode Island, 2015. *MMWR Morb Mortal Wkly Rep*. 2015;64(22):606-607. 4. National Foundation for Infectious Disease. Addressing the challenges of serogroup B meningococcal disease outbreaks on campuses. <http://www.nfid.org/fidinfo/meningococcal/meningococcal-b-outbreaks.pdf>. Accessed December 25, 2016. 5. Centers for Disease Control and Prevention. Enhanced Meningococcal Disease Surveillance Report, 2016. Centers for Disease Control and Prevention website. <https://www.cdc.gov/meningococcal/downloads/NCIRD-EMS-Report.pdf>. Updated February 2, 2018. Accessed March 16, 2018. 6. Biswas HH, Han GS, Wendorf K, et al. Notes from the field: outbreak of serogroup B meningococcal disease at a university—California, 2016. *MMWR Morb Mortal Wkly Rep*. 2016;65(20):520-521. 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. Bettinger JA, Scheifele DW, Le Saux N, Halperin SA, Vaudry W, Tsang R. The disease burden of invasive meningococcal serogroup B disease in Canada. *Pediatr Infect Dis J*. 2013;32(1):e20-e25. 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. Folaranmi T, Rubin L, Martin SW, Patel M, MacNeil JR. 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 Morb Mortal Wkly Rep*. 2015;64(22):608-612.