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**SAMPLE NEWSLETTER ARTICLE**

**Meningococcal Disease: Protect Your Child**

Public health authorities recommend that teenagers and college-bound students be immunized against a potentially fatal bacterial infection called meningococcal disease, a type of meningitis.

Meningococcal disease refers to any illness caused by bacteria called Neisseria meningitidis, also known as meningococcus [muh-ning-goh-KOK-us]. These illnesses are often severe and can be deadly. They include infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia).

These bacteria spread through the exchange of respiratory and throat secretions like spit (e.g., by living in close quarters, kissing). Doctors treat meningococcal disease with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defense against meningococcal disease.

Keeping up-to-date with recommended immunizations is the best defense against meningococcal disease. There are several vaccines that protect against the different types of N. meningitidis bacteria. Three vaccines protect against four of the five types (A, C, Y, and W-135). The Advisory Committee on Immunization Practices (ACIP) recommends children get their first dose of meningococcal vaccine when they are between 11 and 12 years and get a booster dose when they are 16 years of age. Two vaccines protect against the fifth type of N. meningitidis bacteria, strain B. The ACIP recommends this vaccine be given to people aged 16-23 years. The ideal age to vaccinate is between 16 and 18 years, to provide protection when individuals are at greatest risk of getting meningococcal disease. If a teenager missed getting the vaccine altogether, they should ask their healthcare provider about getting it before graduation, especially if they are about to move into a college dorm or military barracks.

**About Meningococcal Disease**

There are multiple serogroups of Neisseria meningitidis. Serogroups B, C, and Y cause the majority of disease in the United States. Serogroup W and nongroupable strains cause a small portion of disease. Meningococcal disease is often misdiagnosed as something less serious because early symptoms are similar to common viral illnesses. Symptoms of meningococcal disease may include high fever, severe headache, stiff neck, nausea, vomiting, sensitivity to light, confusion, exhaustion and/or a rash. The disease can progress rapidly and can cause death or permanent disability within 48 hours of initial symptoms.

Rates of meningococcal disease have been declining in the United States since the late 1990s[. In 2020, there were about 240 total cases of meningococcal disease reported.](https://www.cdc.gov/meningococcal/surveillance/index.html) Anyone can get meningococcal disease, but rates of disease are highest in children younger than 1 year old, with a second peak in adolescence. Among adolescents and young adults, those 16 through 23 years old have the highest rates of meningococcal disease.

Meningococcal disease is spread through direct contact with respiratory and/or oral secretions from infected persons (for example, kissing or sharing drinking containers). It can develop and spread quickly throughout the body, so early diagnosis and treatment are very important. Even with immediate treatment, the disease can kill an otherwise healthy young person within hours of first symptoms. Of those who survive, up to 20 percent may endure permanent disabilities, including brain damage, deafness and limb amputations.

Lifestyle factors common among teenagers, college students and military personnel are believed to put them at increased risk of contracting meningococcal disease. These lifestyle factors include crowded living situations (for example, dormitories, sleep-away camps), active or passive smoking and irregular sleeping habits. Teens should avoid sharing eating utensils and drinking out of the same container, since infections may spread through this type of close contact.

*Your district might include current resources as listed on the DPI webpage.*