

Meningococcal Disease Can Be Life-Threatening^{1,2}

Booster vaccination recommended at 16 years of age

The Advisory Committee on Immunization Practices (ACIP) recommends meningococcal vaccination beginning at 11-12 years of age, with a booster dose at 16 years of age. Parents of adolescents should check with their health care professional about the need for meningococcal vaccination.³

Make sure your teen is vaccinated against the disease

Meningococcal disease (including meningococcal meningitis) is a rare, but potentially life-threatening, bacterial infection.^{1,2} Teenagers and young adults are at increased risk of getting meningococcal disease (meningitis).¹ Meningococcal disease can develop rapidly and be fatal to an otherwise healthy person within hours.⁴ Of those who survive meningococcal disease, 1 in 5 is left with serious medical problems, including loss of a limb, hearing loss, and brain damage.⁵⁻⁷

Serious symptoms develop quickly

The bacteria that cause meningococcal disease are spread through the air via sneezing or coughing.⁴ The bacteria can also spread from person to person by kissing or sharing a drinking glass with an infected individual.^{1,8} While meningococcal disease may initially feel like influenza, it can quickly turn deadly, with the following symptoms:^{2,8}



- Severe headache
- High fever
- Stiff neck
- Nausea and vomiting
- Cold hands and feet



- Sensitivity of eyes to light
- Confusion
- Rash
- Seizures

References: 1. Atkinson W, Wolfe S, Hamborsky J, McIntyre L, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book)*. 12th ed. Washington, DC: Public Health Foundation; 2011. 2. Tunkel AR, van de Beek D, Scheld MW. Acute meningitis. In: Mandell GL, Bennett JE, Dolin R, eds. *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*. 7th ed. Philadelphia, PA: Churchill Livingstone Elsevier; 2010:1189-1229. 3. Centers for Disease Control and Prevention (CDC). Advisory Committee on Immunization Practices (ACIP) recommended immunization schedules for persons aged 0 through 18 years and adults aged 19 years and older—United States, 2013. *MMWR*. 2013;62(suppl 1):1-19. 4. World Health Organization (WHO). Meningococcal meningitis. <http://www.who.int/mediacentre/factsheets/fs141/en/>. Accessed November 7, 2014. 5. Borg J, Christie D, Coen PG, Booy R, Viner RM. Outcomes of meningococcal disease in adolescence: prospective, matched-cohort study. *Pediatrics*. 2009;123(3):e502-e509. 6. Erickson LJ, De Wals P, McMahon J, Heim S. Complications of meningococcal disease in college students. *Clin Infect Dis*. 2001;33(5):737-739. 7. Erickson L, De Wals P. Complications and sequelae of meningococcal disease in Quebec, Canada, 1990-1994. *Clin Infect Dis*. 1998;26(5):1159-1164. 8. Apicella MA. *Neisseria meningitidis*. In: Mandell GL, Bennett JE, Dolin R, eds. *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*. 7th ed. Philadelphia, PA: Churchill Livingstone Elsevier; 2010:2737-2752.