What is meningococcal meningitis?
Meningococcal disease, which includes meningitis, is a serious bacterial infection that strikes between 1000 to 2600 Americans each year. Although rare, meningococcal disease can cause meningitis (swelling of the brain or spinal cord) or meningococcemia (blood infection). Vaccination has been available for decades and is a safe and effective way to help protect against this potentially devastating disease.

Who is at risk for getting meningococcal meningitis?
Preteens and teens are at greater risk for getting meningococcal meningitis and are more likely to die compared with other age groups. Death rates from meningococcal meningitis are up to 5 times higher in teenagers and young adults (15 through 24 years of age) compared with other age groups.

How do you get meningococcal meningitis?
Meningococcal bacteria are spread from person to person through close contact. Common everyday activities (e.g., sharing drinking glasses, eating utensils, kissing, or living in close quarters) can put even healthy preteens and teens at greater risk for getting meningitis. That’s why vaccination is so important.

What are symptoms of meningococcal meningitis?
Meningococcal meningitis can be hard to recognize, especially in its early stages, because symptoms are similar to those of more common viral illnesses. But unlike more common illnesses, the disease can progress quickly and may cause death within 24 hours. Symptoms may include high fever, severe headache, stiff neck, confusion, vomiting, exhaustion, and/or a rash.

What can happen if you get meningococcal meningitis?
Although rare, meningococcal meningitis is serious and can potentially cause death of an otherwise healthy young person within 24 hours. About 10 percent of people who get meningococcal meningitis will die. Up to 1 in 5 survivors are left with serious medical problems, including:

- Amputation of arms, legs, fingers, and toes
- Brain damage
- Deafness
- Kidney damage

How can you help prevent your child from developing meningococcal meningitis?
Vaccination is safe and effective and the best way to help protect preteens and teens from meningococcal meningitis. The Centers for Disease Control and Prevention (CDC) and other leading medical groups recommend meningococcal vaccine for:

- Preteens and teens 11 through 18 years of age
- College freshmen living in dormitories
- Children 2 through 10 years of age who are at increased risk or if elected by their health-care providers and parents

Vaccination is available for people 2 through 55 years of age who wish to reduce their risk for contracting the disease.

Every health-care visit is an opportunity to talk to your child’s health-care provider about vaccination for meningitis and other diseases.

Ask your child’s school nurse about meningitis prevention or call your health-care provider to schedule a vaccination appointment.

Visit VoicesOfMeningitis.org for more information about meningococcal meningitis and vaccination.
PERTUSSIS INFORMATION: BACKGROUND AND UPDATE:

Pertussis (whooping cough) is highly contagious and one of the most commonly occurring vaccine-preventable diseases in the United States. People with pertussis usually spread the disease by coughing or sneezing while in close contact with others, who then breathe in the pertussis bacteria.

Many infants who get pertussis are infected by older siblings, parents or other caregivers who might not even know they have the disease. If pertussis is circulating in the community, there is still a chance that a fully vaccinated person (of any age) can catch this very contagious disease. However, when a vaccinated person gets pertussis, the infection is usually less severe. Multiple studies show that adults and other close family members can transmit pertussis to infants. We can protect infants by continuing to vaccinate everyone around them, known as the cocooning strategy. Vaccines are the safest and most effective tool we have to prevent pertussis.

DTaP and DTP Vaccine Background Information:
The first pertussis vaccine, widely used by the 1940s, was called “whole-cell” vaccine (DTP) because it contained entire pertussis bacteria in an inactivated form that could not cause disease. However, side effects were common—mostly reactions at the site of the shot such as swelling and pain, but also other side effects such as fever.

In 1992, a version of pertussis vaccine which produced fewer side effects was licensed, called an “acellular” vaccine (DTaP), and became available in the U.S. to replace the whole-cell vaccine for the 4th and 5th doses. In 1997, DTaP was recommended for all 5 doses. It is a purified version of the whole-cell vaccine that has fewer components of the inactivated bacteria.

PERTUSSIS FREQUENTLY ASKED QUESTIONS:

Q. What is the routine schedule for pertussis-containing vaccines?

5 doses of DtaP (Diphtheria, Tetanus, Pertussis): are needed for maximum protection. The first three shots are given at 2 months, 4 months, and 6 months of age. The fourth shot is given at 15 through 18 months of age, and a fifth shot is given before a child enters school, at 4 through 6 years of age.

Q. What is Tdap, and when is that routinely administered?

Since 2005, there has been an adolescent/adult pertussis booster vaccine (Tdap) that can be used for prevention and control of pertussis. The protection received from DTaP, the childhood vaccine, fades over time. Adolescents and adults need Tdap, even if they were completely vaccinated with DTaP as children.
This vaccine is administered to:

- Pre-teens going to the doctor for their regular check-up at age 11 or 12 years should get a dose of Tdap.
- If a teenager (13-18 years) missed getting Tdap at his/her check-up, ask the doctor about getting it now.
- Adults 19-64 years old who didn't get Tdap as a pre-teen or teen should get one dose of Tdap instead of their next Td booster.

Q. How effective are DtaP vaccines?

DTaP vaccines are effective. CDC is currently researching the duration of protection for DTaP vaccines, along with other factors related to efficacy.

Q. What about the gap between ages 7 and 10 years of age who have not received their full 5 dose series of DTaP?

Based on surveillance data in California, and nationally, indications are that there might be an increase in the number of fully vaccinated children between the ages of 7 and 10 years getting pertussis. Information is being assessed to determine if the number of cases in this age group is higher than expected. Therefore, for children in this age group who have not received their full 5 dose series of DTaP, CDPHE is recommending that providers administer one dose of Tdap, followed by the appropriate doses of Td. In addition, consider providing a booster dose of Tdap to those children between 7 and 10 years of age who have household contact with an infant.

Q. What other precautions can providers take?

CDPHE is recommending the following guidance:

1) Review ALL patient vaccination records to assure patients are appropriately vaccinated against Pertussis.

2) Vaccinate all patients using the current Advisory Committee for Immunizations (ACIP) guidelines including:
   a. DTaP vaccination of all infants at 2, 4 and 6 months (primary series)
   b. DTaP vaccination booster for all children at age 12-15 months
   c. DTaP vaccination booster for all children at age 4-6 years
   d. Tdap vaccination booster for all adolescents at age 11-12 years
   e. Tdap vaccination booster for all adults (one time)

3) Vaccinate all patients with infant contact (caring for an infant or household member)
   a. Routine vaccination for all children < 7 years of age following ACIP guidelines
   b. Vaccinate ALL adult infant care providers with Tdap vaccine including adults > age 65 years (off-label vaccine > age 65 years)
   c. Vaccinate pre-adolescents (ages 7-10 years) with Tdap vaccine (one-time)