

## **IMPORTANT INFORMATION FROM THE UA CAMPUS HEALTH SERVICE**

In October 1999, the Advisory Committee on Immunization Practices (ACIP) recommended that individuals or institutions that provide medical care to college freshmen, particularly those living or planning to live in dormitories or residence halls or similar housing (e.g. a fraternity or sorority), should provide information about meningococcal disease and the benefits of vaccination to prevent meningococcal meningitis. This recommendation came as a result of studies that showed that certain populations of college students, particularly freshmen living in dormitories or residence halls, constitute a group at "modestly increased risk" of meningococcal meningitis relative to other persons their age. The overall risk of meningococcal meningitis among college students is low, and therefore the ACIP has not recommended routine vaccination of all college students. However, in February 2005, after reviewing data related to a new meningitis vaccine, the ACIP recommended that college freshmen living in dormitories receive the meningococcal meningitis vaccine.

According to the Center for Disease Control and Prevention:

- In the United States, most meningococcal meningitis is caused by three strains of *Neisseria meningitidis* (the organism that causes meningococcal meningitis and meningococcal disease). These three strains are called serogroup B, C, and Y. The currently available vaccines for meningococcal disease protect against serogroups C and Y, but not serogroup B. Based on multi-state surveillance, serogroup B organisms account for 30% of all cases and 32% of cases in 15-24 year-olds.
- The older polysaccharide vaccine (Menomune) provides protection for approximately three to five years. The newer conjugate vaccines (Menactra or Menveo) may provide immunity for up to five years or longer and may prevent a carrier state. Seven to ten days are required following vaccination for the development of protective levels of antibody.
- The symptoms of meningococcal disease can include a moderate fever, severe headache and/or muscle aches, a stiff neck, vomiting and a purple rash.
- In the U.S., the highest rates of the disease occur in February and March and the lowest in September. Rates are highest among children 3 to 12 months of age and then steadily decline. Large epidemics of meningococcal meningitis do not occur in the U.S.

- Of the 47 U.S. outbreaks (the CDC defines an outbreak as three or more confirmed or probable cases during a period of less than or equal to three months) of serogroup C meningitis identified between 1980 and 1996, 7 (15%) outbreaks occurred on college campuses.

If not previously vaccinated against meningitis, incoming freshmen, especially those who will be living in a dormitory or residence hall or who are thinking about living in a fraternity or sorority, are **strongly encouraged** to receive the meningococcal vaccine. **In addition, those who received the meningitis vaccine prior to age 16 are now recommended to receive a booster shot after age 16 in order to have adequate protection while in college.** Students and their parents should consult with their family physician to discuss their risk of contracting meningococcal meningitis and the benefits and risks of vaccination.

The vaccine against meningococcal disease is available at the UA Campus Health Service. Currently enrolled students can call the clinic at 520-621-2292 to schedule an appointment for vaccination. Students, their parents, or their physicians can also call that same phone number if they have questions concerning the meningococcal vaccine or they can access the American College Health Association (ACHA) website on meningococcal meningitis at <http://www.acha.org/Topics/meningitis.cfm>.