Beware When You Share!

Some of the ways you like to have fun could put you in contact with the bacteria that cause meningococcal disease.[1]

Kissing

Sharing Food, Drinks, or Utensils

Close-Quartered Living and Group Hangouts

24% of teens and young adults in your age group are carriers of the bacteria that cause meningococcal disease. But many carriers show no symptoms of the disease and do not get sick.[3] You could be infected by someone who seems healthy.[2]

The early signs of meningococcal disease can seem like the flu, so you might ignore them until it's too late.[3]
- Stiff neck
- Sudden fever
- Fever and chills
- Confusion
- Severe headache

Meningococcal disease can lead to death in 24 hours.[3] 10% of those who develop the disease will die.[4]

Speech Problems

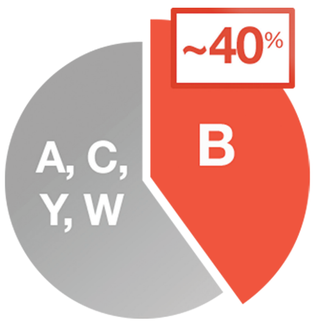
Amputations

Brain Damage

Vision Loss

Motor Impairment

60% of adolescent survivors of meningococcal disease experience significant physical and mental disabilities.[5]



Get protected. In the United States, there are five common types of the bacteria that cause meningococcal disease: A, C, Y, W, and B. Prior to 2014, vaccines in the U.S. could only protect against types A, C, Y, and W. Now there are separate vaccines that help protect against type B, which is responsible for approximately 40% of meningococcal disease in U.S. adolescents and young adults.[6-8]

Check with your doctor about getting vaccinated against meningococcal disease, including meningitis B — the strain of meningococcal disease that pre-2014 vaccines in the U.S. could not help prevent.

Learn More at www.ActionAgainstMeningitis.com

References: 1. Centers for Disease Control and Prevention. Meningococcal disease. Centers for Disease Control and Prevention website. http://www.cdc.gov/meningococcal/index.html. Updated April 1, 2014. Accessed April 2, 2015. **2.** Christensen H, May M, Bowen L, et al. Meningococcal carriage by age: a systematic review and meta-analysis. *Lancet Infect Dis.* 2010;10(12):853-861. **3.** Thompson MJ, Ninis N, Perera R, et al. Clinical recognition of meningococcal disease in children and adolescents. *Lancet.* 2006;367(9508):397-403. **4.** 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. **5.** Borg J, Christie D, Coen PG, et al. Outcomes of meningococcal disease in adolescence: prospective, matched-cohort study. *Pediatrics.* 2009;123:e502-e509. **6.** Centers for Disease Control and Prevention. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR.* 2013;62(RR-2):1-28. **7.** McNeil LK, Zagurksy RJ, Lin SL, et al. Role of factor H binding protein in *Neisseria meningitidis* virulence and its potential as a vaccine candidate to broadly protect against meningococcal disease. *Microbiol Mol Biol Rev.* 2013;77(2):234-252. **8.** Centers for Disease Control and Prevention. Epidemiology of serogroup B meningococcal disease, United States. Advisory Committee on Immunization Practices, October 30, 2014. Centers for Disease Control and Prevention website. http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2014-10/mening-02-MacNeil.pdf. Accessed March 26, 2015.