

College is an exciting time when students meet and interact with new people from all over, but you should know that close-quartered living, such as living in dorms, could put college students at an increased risk of contracting uncommon but potentially deadly meningococcal group B disease (also known as MenB).<sup>1-3</sup> Since the incidence of **MenB peaks at 19 years of age** among teens and young adults, it is important that they understand the risks, signs, and symptoms of this disease and talk to their health care professional about getting vaccinated.<sup>4</sup>



Typical teen and young adult behaviors—such as living in dorms, group hangouts, sharing drinks/utensils, smoking e-cigarettes/vapes, and kissing—can promote the spread of the bacteria that cause the disease.<sup>1,2</sup>



College students have a 3.5 times greater risk of contracting MenB than those who don't attend college.<sup>5</sup> From 2011 to 2019, MenB has been responsible for all US college outbreaks of meningococcal disease.<sup>6</sup>



Early symptoms may seem like the flu, but MenB can lead to death in just 24 hours—while for survivors, it can lead to permanent disabilities such as brain damage, loss of limbs, or hearing loss.<sup>2,7,8</sup>



On average, 1 in 10 teens and young adults who develop MenB will die from it.<sup>9</sup>



MenB caused nearly two thirds of meningococcal disease in 16-to 23 year-old patients.<sup>10</sup> Even if your teen already received a vaccine for meningococcal disease (MCV4), which covers meningitis A, C, W, and Y, they may not be protected against MenB.<sup>11</sup>



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**Visit campus health services, a pharmacist, or a health care provider to discuss getting vaccinated against MenB. Or, go to <https://bit.ly/vaccinelocator> to find a vaccinating office or pharmacy near you.\***

\*You will be taken to a branded product web site.

**References:** 1. Tully J, Viner RM, Coen PG, et al. Risk and protective factors for meningococcal disease in adolescents: matched cohort study. *BMJ*. 2006;332(7539):445-450. 2. Centers for Disease Control and Prevention. Meningococcal disease. Centers for Disease Control and Prevention website. <http://www.cdc.gov/meningococcal/index.html>. Updated August 10, 2016. Accessed October 24, 2017. 3. Soeters HM, McNamara LA, Whaley M, et al. Serogroup B meningococcal disease outbreak and carriage evaluation at a college—Rhode Island, 2015. *MMWR Morb Mortal Wkly Rep*. 2015;64(22):606-607. 4. National Foundation for Infectious Disease. Addressing the challenges of serogroup B meningococcal disease outbreaks on campuses. <http://www.nfid.org/fidinfo/meningococcal/meningococcal-b-outbreaks.pdf>. Accessed December 25, 2016. 5. Centers for Disease Control and Prevention. Enhanced Meningococcal Disease Surveillance Report, 2016. Centers for Disease Control and Prevention website. <https://www.cdc.gov/meningococcal/downloads/NCIRD-EMS-Report.pdf>. Updated February 2, 2018. Accessed March 16, 2018. 6. Marshall GS, Dempsey AF, Srivastava A, et al. US college students are at increased risk for serogroup B meningococcal disease. *J Pediatric Infect Dis Soc*. 2020;9(2):244-247. 7. Thompson MJ, Ninis N, Perera R, et al. Clinical recognition of meningococcal disease in children and adolescents. *Lancet*. 2006;367(9508):397-403. 8. Bettinger JA, Scheifele DW, Le Saux N, Halperin SA, Vaudry W, Tsang R. The disease burden of invasive meningococcal serogroup B disease in Canada. *Pediatr Infect Dis J*. 2013;32(1):e20-e25. 9. 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. 10. Centers for Disease Control and Prevention. Enhanced Meningococcal Disease Surveillance Report, 2018. <https://www.cdc.gov/meningococcal/downloads/NCIRD-EMS-Report-2018.pdf>. Published December 4, 2019. Accessed February 28, 2020. 11. MacNeil JR, Rubin L, Folaranmi T. Use of serogroup B meningococcal vaccines in adolescents and young adults: recommendations of the Advisory Committee on Immunization Practices, 2015. *MMWR Morb Mortal Wkly Rep*. 2015;64(41):1171-1176.