



Meningococcal Meningitis: Frequently Asked Questions

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Meningococcal Meningitis Overview

How common is meningococcal disease?

Meningococcal disease is relatively rare. In 2015, 375 cases of meningococcal disease were reported nationally (incidence 0.18/100,000 population). In 95% of cases, there is only a single individual involved and so outbreaks are unusual. Out of those who become ill, 85-90% recover. You can learn more about meningococcal disease by going to the Centers for Disease Control and Prevention (CDC) meningococcal website: <http://www.cdc.gov/meningococcal/index.html>

What is the definition of a meningococcal meningitis outbreak?

According to the Centers for Disease Control and Prevention, an outbreak occurs when multiple cases of the same serogroup (types) happen in a population over a short time period. Depending on the population size and specific circumstances, health officials may declare an outbreak after just two cases.

Can someone be a carrier of meningitis without experiencing symptoms?

At any point in time, 5-10% of us carry these bacteria in our noses and throats and never get sick; very few carry a strain that is potentially illness-causing. Even those carrying a “bad” strain are not necessarily at high risk of becoming sick because their immune system keeps the bacteria from invading the body. Looking for and sometimes finding the presence of these bacteria in someone who is not ill merely causes needless worry. Testing for meningococcus in people who are well is not recommended by infectious disease experts.

Public Health Preventive Measures

What action is the University taking to address the current case and outbreak?

The University is working with the San Diego County Public Health Services and has notified the student's roommates and individuals who were in close contact with the student. Those who were in sufficiently close contact with the student to require preventive antibiotic treatment have been notified and provided with the prophylaxis.

Information was sent to all students, faculty and staff – as well as parents – on Friday, September 28, 2018.

San Diego County Public Health Services and SDSU will partner to offer vaccine clinics for undergraduate students under the age of 24. Additional information about these clinics will be available early next week. In preparation, students have been encouraged to locate and review their immunization record to determine their meningococcal B immunization status.

Why isn't SDSU offering a mass clinic to provide Cipro or other prophylaxis?

With the current case of meningitis, the number of potentially exposed students is small. SDSU Student Health Services worked closely with San Diego County Public Health to provide prophylaxis to all students at risk.

Why doesn't Student Health Services treat everyone with preventive antibiotics?



Using expert advice from San Diego County Public Health Services epidemiologists, we will determine who is at risk of infection. Generally, only close contacts such as roommates and people who share glasses, utensils, food or drink with or kiss an infected individual are treated with antibiotics after exposure to someone with meningococcal disease. People who had contact with those contacts considered “higher risk,” as well as those attending class, working with or even sharing a bathroom with an infected individual are not considered at risk and do not need antibiotics.

Recommending antibiotics to an entire student body is not an effective strategy to stop a meningococcal disease outbreak. Treating many people unnecessarily with antibiotics carries risks, possibly causing more harm than good. Antibiotics can sometimes have unpleasant side effects. Additionally, about 1 in every 100 people has an allergy to an antibiotic and some of them may not even be aware of it. Overuse of antibiotics will further increase the growth of resistance to these drugs, making them less effective, and so it is important to use them only when necessary and appropriate.

Why doesn't SDSU shut down for a period of time to reduce transmission of meningococcus?

Even in a situation such as this, when there is more than one case, CDC has not generally recommended closing schools or universities, restricting travel to or from an area with an outbreak, or canceling sporting or social events. Meningococcus bacteria are NOT airborne, and so are not as contagious as the germs that cause the common cold or the flu. As stated above, classroom contact is not associated with increased risk.

Vaccination Information

If I do not need Cipro, is there something I can do to decrease my risk of meningococcal infection during this outbreak?

Yes, check your immunization record and find out if you have completed the vaccine series for meningococcus B. There are two vaccines that can help protect you against meningococcus B, Bexsero and Trumenba. We recommend you complete one of these vaccine series.

I received a meningitis vaccine but not Bexsero or Trumenba. Am I vaccinated for serogroup B?

No. Bexsero and Trumenba are the only vaccines for serogroup B meningococcus. Other meningococcal vaccines protect against serogroup A, C, W-135, and Y.

What if I would like to get vaccinated before the on-campus clinics?

Students are encouraged to contact their insurance and healthcare providers if they would like to get vaccinated prior to the on-campus clinics.

How can I access the vaccine?

Step 1: Locate the phone number for your health insurance as well as your member ID number. You can find this information on your insurance card.

Step 2: Call your health insurance company and ask the following questions:

- Where can I go to get the meningitis vaccine?
- How much will this cost using my health insurance?
- Do I need to make an appointment to get this or can I walk-in?

Step 3: If vaccine or preventative treatment need to be administered at a doctor's office and you do not already have a local primary care provider, ask for a list of medical providers (doctor, nurse practitioner, etc) in the area and instructions on how to make an appointment.

Step 4: Before concluding the call, confirm price, location, and if an appointment is needed.



Can I get meningitis B and flu vaccines at the same time? Any side effects?

Yes. For information on the benefits, potential side effects and more of the influenza vaccine and the meningococcal B vaccines, please visit the Centers for Disease Control and Prevention online:

- <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>
- <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>

What is the difference between Cipro and the meningococcal vaccine?

Cipro is an antibiotic that can be used to help prevent meningococcal infection in someone who was recently closely exposed to a person with an active meningococcal infection. It does not provide protection from future exposures. The meningitis vaccine is used to provide long term protection into the future.

I received the preventive treatment at SDSU in early September, do I need to get the vaccine?

The preventive antibiotic treatment (Cipro) received earlier this month does not have any impact on risk from the current case of meningitis. That said, undergraduate students under the age of 24 who have not been vaccinated for serogroup B meningococcus are recommended to be vaccinated.

Is the vaccine available at Student Health Services? What is the cost associated?

Yes, the vaccine is available at Student Health Services. The Bexsero vaccine requires two doses, which are administered one month apart and cost \$154 per dose. The Trumenba vaccine requires three doses during an outbreak. The second and third doses of Trumenba are administered one and six months, respectively, following the initial dosage. Trumenba costs \$120 per dose.

Additional Individual Actions

What should I do if I feel sick?

Some signs of meningococcal disease include sudden onset of fever, headache, stiff neck, nausea and/or vomiting, and altered mental functioning such as confusion. If you experience these symptoms, you need to be evaluated IMMEDIATELY at a hospital emergency department. Because this illness worsens very rapidly, early treatment is essential. Do not go to Student Health Services, your family doctor, or an Urgent Care clinic.

How can I protect myself from getting ill from meningococcus?

- The most effective measure to protect oneself from meningococcal infection is immunization. There are two types of vaccines currently available. The first, MC4 vaccines (Menactra® and Menveo®), are effective in protecting against serogroups A, C, Y and W-135. The meningococcal group B vaccines (Bexsero® and Trumenba®), are newer vaccines that protect against serogroup B. Receiving both types of vaccines provides the best protection.
 - o The MC4 vaccines are indicated for:
 - All people ages 11-18 years
 - All people who are ages 19-21 years who are first year college students living in residence halls
 - People ≤ 10 of age and individuals ≥ 19 years of age who are at increased risk for invasive meningococcal disease
 - People with anatomic or functional asplenia, including sickle cell disease



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- People with persistent complement component deficiencies
- People with HIV infection
- People who are treated with eculizumab
- Microbiologists routinely exposed to *N. meningitidis*
- Travelers to regions in which meningococcal disease is hyperendemic or epidemic
- Military recruits
- o The meningococcal group B vaccines are indicated for:
 - High-risk people greater \geq 10 years of age
 - People with persistent complement component deficiencies
 - People with anatomic or functional asplenia, including sickle cell disease
 - Microbiologists routinely exposed to *N. meningitidis*
 - People at increased risk because of a serogroup B meningococcal disease outbreak
 - Other people up to age 25 years may receive the vaccine as desired
- o You can learn more about the available meningococcal vaccines at <https://www.cdc.gov/vaccines/vpd/mening/index.html>
- Since meningococcus is transmitted through mouth and respiratory secretions, you can reduce spread and risk by:
 - o Avoiding sharing drinks, cups, utensils, water bottles, lipstick
 - o Avoiding kissing (especially multiple people)
 - o Avoiding exposure to smoke (including secondary smoke)
 - o Covering coughs
 - o Getting adequate sleep

Should I get tested to see if I'm carrying meningococcal bacteria?

No. At any point in time, 5-10% of us carry these bacteria in our noses and throats and never get sick; very few carry a strain that is potentially illness-causing. Even those carrying a "bad" strain are not necessarily at high risk of becoming sick because their immune system keeps the bacteria from invading the body. Looking for and sometimes finding the presence of these bacteria in someone who is not ill merely causes needless worry. Testing for meningococcus in people who are well is not recommended by infectious disease experts.

For More Information

Where can I get more information?

If you have additional concerns, please call SDSU Student Health Services 8:30 am - 4:30 pm at 619-594-4325 and follow the prompts or call San Diego County Public Health Services' Epidemiology Division at 619-692-8499.