Why Meningitis B Vaccination Matters

Presented by
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About Alicia and Patti

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Five years ago, we each lost our daughters too soon to a now vaccine-preventable disease, Meningitis B, or MenB.
We, like many parents, thought our girls were protected. But they weren’t.

Both had received the MenACWY vaccine, but the MenB vaccine was not yet available to help protect them from MenB. *It is today.*
Meningococcal disease is a life-threatening bacterial infection that can affect the lining of the brain and spinal cord, or it can cause an infection in the bloodstream - or both.

It is mainly caused by 5 types of meningococcal bacteria - ABCWY.
About Meningitis B

It can kill in a matter of hours. 1 in 10 will die. 2 in 10 will face permanent complications, like limb loss or brain damage.

It is easy to spread from person to person.

- Sharing anything that comes in contact with saliva
- Being sneezed or coughed upon
- Being in close quarters
- Kissing

Early symptoms can often be mistaken for the flu.

They include:

- High fever
- Stiff neck
- Vomiting
- Headache
- Exhuastion
- Purple rash
So why does MenB vaccination matter?

We’ll give you 5 reasons.
1. If a person has not received BOTH the MenB and MenACWY vaccine, they are not fully immunized against meningitis.

2. Two meningitis vaccines are necessary to help protect against the disease.

Most have received the MenACWY vaccine.

Few have received the MenB vaccine.
1. If a person has not received BOTH the MenB and MenACWY vaccine, they are not fully immunized against meningitis.

### About the Meningitis B Vaccines

<table>
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<th>Why a Different Vaccine for MenB Only?</th>
<th>FDA Approval</th>
<th>CDC/ACIP Recommendations</th>
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<td>Trumenba (Oct. 2014, Pfizer)</td>
<td>Serogroup B requires a different and a separate vaccine because of the way it attacks the bacterium.</td>
<td>Approved by the FDA for use in those 10-25</td>
<td>ACIP has granted a permissive recommendation for ages 16-23, unless you are at high risk <em>(Leaves the decision up to the practitioner)</em></td>
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<td>Bexsero (Jan. 2015, GSK)</td>
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### How They Work
- They are not interchangeable.

### Both Require a Two-Dose Series
- 2nd dose must be completed within:
  - Trumenba: 6 months of 1st dose
  - Bexsero: at least 1 month of 1st dose
1. If a person has not received BOTH the MenB and MenACWY vaccine, they are not fully immunized against meningitis.

Why does the CDC advise that 11-12 yr. olds should receive the MenACWY vaccine and 16-23 yr. olds may receive the Men B vaccine?

- Low incidence of disease
- High cost of routine vaccination
- Question about longevity of immunity
- There are many strains of serogroup B and we don’t yet know which the vaccine is able to attack
2. Many physicians are not talking to their patients about it.

According to a study published in *Pediatrics* in August 2018, among 900 doctors surveyed:

- **49%** of pediatricians and
- **69%** of family physicians
did not discuss the MenB vaccine during routine visits for 16-18 year olds.

As a result:

Less than 10% of 16-18 year olds have received at least one dose of the MenB vaccine.

Only 7% of college students are estimated to have received the MenB vaccine.

MenB accounts for 50% of all meningococcal cases in the U.S. among 17-22 year olds, and is particularly prevalent among college students.

According to a more recent (2018) study conducted by CDC, amongst 162 meningococcal disease cases in young people between 18-24:

- 54.3% were MenB cases (88/162)
- Among the 83 college students, 72.3% were MenB cases (60)

In fact, estimated incidence of Men B has shown to be up to 700% higher among 19-year-olds in college compared to those not in college (incidence of 0.32 compared to incidence of 0.04).

Sources: Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases, CDC, unpublished data, 2013 ; Epidemic Intelligence Service, CDC; https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2018-02/Mening-02-Meyer-508.pdf
4. MenB outbreaks are hard to control and have multi-level medical, economic and reputational implications.

27 colleges and universities have had MenB cases between 2008-2018 (based on available information)

48% percentage of colleges and universities that had to deal with a MenB outbreak

<60% estimated 1st dose coverage following initial mass vaccination efforts at 6 large universities, with even lower coverage for 2nd or 3rd doses

23 months for Ohio University (January 2008 to November 2010) to get control of their MenB outbreak
Meningococcal disease cases and outbreaks on college campuses create significant anxiety and major logistical, financial and reputational challenges.
5. And most importantly, every life matters.

High school senior Kimberly Coffey, 17, died one week before her graduation.

Henry Mackaman, 21, was told he just had the flu. He died 4 days later.

Lauren Jones, 18, died in her dorm room on the same day she was sent home from the hospital.

Scotty Barbieri, 18, experienced flu symptoms at 7:30 am and moved to heaven at 5:30 pm.

College sophomore Emily Stillman, 19, died just 36 hours after her first symptoms.

Emily Benatar, 19, died in her first year of college.

Andrea Robinson, 18, was watching a movie with her boyfriend and complained of a headache. She died two days later.
Again, MenB accounts for 50% of all meningococcal cases in the U.S. among 17-22 year olds and 100% of the college outbreaks since 2011 – so why are we not giving it the attention it deserves?
What is the Meningitis B Action Project?

The project aims to:

1. **Arm parents and young adults** with the information to proactively talk to their healthcare provider about Meningitis B and the vaccine available to help prevent it.

2. **Encourage the medical community, and school, college and university administrators** to inform patients and students about the availability of the Meningitis B vaccine.

3. **Engage policymakers** to ensure broader access to the Meningitis B vaccine.
Our Key Message: Simplicity is Key

2 meningitis vaccines are necessary to help protect against the disease.

Most have received the MenACWY vaccine.

Few have received the MenB vaccine.
How Can We Help? A Resource to Support and Amplify Your Awareness and Education Efforts

Educational resources for:
✓ Students
✓ Healthcare Professionals
✓ Parents

Local meetings, speaking engagements, webinars etc. We are eager to share our stories to help you spread this important message

Available on MeningitisBActionProject.org

Also available in Spanish
WATCH: MenB in 90 Seconds
Our Latest Effort: MenB Vaccination Mandate School Outreach

There are 5,300 colleges and universities, and more than 30,000 high schools in the United States.

We only know of 14 schools currently requiring MenB vaccination.

(Purple) schools requiring Men B vaccination
(Green) schools requiring Men B vaccination with past Men B cases
(Pink) schools with past Men B cases

We need your help in your state! Contact us to get involved!
Please help us ensure that no other young life is unnecessarily lost to Meningitis B.

- Start with you. Talk to your doctor about the Meningitis B vaccine and tell your friends and family to do the same.
- Distribute our materials to local schools, colleges and universities, clinics, medical offices etc.
- Make sure health websites and immunization forms used in the state clearly explain that there are two meningitis vaccines – MenACWY and MenB.
- Invite us to speak at local events – we are happy to share our story via in person or video conference presentations.
- Contact us for additional advocacy opportunities: info@meningitisbactionproject.org

Our Ask

Use our Action Kit!
Questions?
Other ideas?
How can we help?

Contact us at info@meningitisbactionproject.org

Our Supporters