It’s serious: Meningococcal disease, though rare, can cripple or kill, often without warning.

• Unpredictable – most cases occur at random, not in outbreaks; transmitted in crowded settings
• Sudden onset – difficult to diagnose; mimics symptoms of common illnesses
• Rapidly progresses – can lead to shock, coma, and death within 24 hours
• Even with proper treatment of those who are infected, 10%–15% die
• 11%–19% of survivors suffer lifelong disability (hearing loss, amputation of arms or legs, or brain damage)

It affects all ages, but especially adolescents and young adults.

• 16–23 year olds: At highest risk among people older than 1 year of age

It’s preventable: Meningococcal ACWY vaccine (MenACWY*) is safe, effective, and recommended.

• Not 1 shot but 2: First dose of MenACWY at 11–12 years of age (recommended since 2005) AND
• A second dose at 16 years of age (recommended since 2010)

Opportunities to give MenACWY are frequently missed when adolescents are already in the office.

Missed Opportunities for Administering MenACWY #1 in Age-Eligible Patients (November 2006–June 2011)¹

<table>
<thead>
<tr>
<th>Reason for Visit</th>
<th>Eligible patients (%) who did NOT receive MenACWY during visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care (n = 1678)</td>
<td>57% (n = 954)</td>
</tr>
<tr>
<td>Vaccine-only (n = 527)</td>
<td>86% (n = 453)</td>
</tr>
<tr>
<td>Non-preventive care (n = 2944)</td>
<td>96% (n = 2821)</td>
</tr>
</tbody>
</table>

• Unfortunately, 86% of patients who were in the office for a “vaccine-only” visit did not receive the first dose of MenACWY along with other recommended vaccines.

• Timely vaccination remains a challenge in meningococcal disease prevention. More than half of those eligible for the second dose at 16 years of age had not received it by 17 years of age.²

WHAT CAN YOU DO?

▶ Recognize the increased risk of meningococcal disease in your adolescent patients.
▶ Make sure your adolescent patients (including those who are not college-bound) are vaccinated against meningococcal disease.
▶ Give the first dose of MenACWY at 11–12 years of age and the second dose at 16 years of age.

* MenACWY is a vaccine that helps protect against meningococcal disease resulting from infection with serogroups A, C, W, or Y.

www.give2menacwyo.org
RECOMMEND!

Make meningococcal disease prevention part of your anticipatory guidance for adolescent and young adult patients.

Talking points

- Meningococcal disease is rare but can be deadly for young people your age.
- You are at increased risk from your mid-to-late teens and into your early twenties.
- Disease comes on suddenly, without warning, and can quickly become life-threatening.
- Meningococcal vaccines are safe and effective.

- 2 doses of MenACWY are recommended for adolescents your age.

Your strong recommendation for MenACWY will make a difference.

VACCINATE!

<table>
<thead>
<tr>
<th>ACIP Recommendations for MenACWY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give dose #1 at 11–12 years of age AND dose #2 at 16 years of age</td>
</tr>
</tbody>
</table>

Recommendations if dose #1 is delayed:

- If dose #1 is delayed until 13–15 years of age, give dose #2 at 16 years of age.
- If dose #1 is delayed until 16 years of age or older, dose #2 is not recommended.

ACIP

REVIEW!

Establish office protocols (e.g., screening tools) for identifying adolescents who need to be vaccinated.

Make use of helpful management tools (reminder-recall systems, standing orders, immunization registries, electronic health record prompts) to track and improve your vaccination coverage.

Don’t miss opportunities! Train your staff to help identify teens who need vaccination.

Consider every patient encounter an opportunity to vaccinate:

- Acute care visits
- Well visits
- Sports and camp physicals
- Routine visits for chronic illness
- Visits for influenza vaccine

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REMEMBER: You’re not done if you give just one!

References