Serogroup B Meningococcal Disease at San Diego State University (SDSU)
Frequently Asked Questions

1. **What is happening at SDSU?** Three (3) undergraduate SDSU students have been diagnosed with serogroup B meningococcal disease over the past few months. Because the disease can be so serious and there is a vaccine to prevent it, SDSU and the San Diego County Public Health Officer recommend that all undergraduate SDSU students who are less than 24 years of age, who have not been vaccinated for serogroup B meningococcal disease, get the vaccine as soon as possible.

2. **What is meningococcal disease?** Meningococcal disease is a severe bacterial infection that typically causes symptoms of meningitis (brain infection) and/or septicemia (bloodstream infection).

3. **What are the symptoms of meningococcal disease?** The most common symptoms are high fever, chills, lethargy, and possibly a rash. If meningitis is present, symptoms also include severe headache and neck stiffness; seizures may also occur. Symptoms usually develop 3 to 4 days after exposure, with a range of 2 to 10 days.

4. **How serious is meningococcal disease?** Meningococcal disease caused by any serogroup is very serious. About 15% of people with the disease die, even with appropriate antibiotic treatment. Of those who recover, up to 20% suffer from some serious after-effects, such as permanent hearing loss, limb loss, or brain damage.

5. **Is there a treatment for meningococcal disease?** Yes. Doctors treat meningococcal disease with specific types of antibiotics. It is important that treatment start as soon as possible. If a doctor suspects meningococcal disease, they will give the patient antibiotics right away. Antibiotics help reduce the risk of dying.

6. **What should I do if I think I’m having symptoms of meningococcal disease?** You should seek medical attention right away. If you are an SDSU student, do not go to Student Health Services, your family doctor, or an urgent care clinic. Instead, it is important to promptly go to the nearest hospital emergency department to be medically evaluated. Early treatment is essential.

7. **What causes meningococcal disease?** The bacteria Neisseria meningitidis are the cause of meningococcal disease. Four serogroups (C, W, Y and B) cause most cases of meningococcal disease in the United States. Because most current college students have been vaccinated against serogroups A, C, W-135, and Y, the cause of recent meningococcal disease outbreaks on college campuses has been serogroup B.

8. **How is meningococcal disease spread?** The bacteria are spread by sharing respiratory and throat secretions (saliva or spit). Generally, it takes close or lengthy contact to spread these bacteria. Examples include kissing, coughing, sharing water bottles, drinking cups, cigarettes, lip balm, or eating utensils. The bacteria are more easily spread in crowded settings, such as at parties and bars, and in residential settings such as dormitories and military barracks.
9. **How is meningococcal disease diagnosed?** The diagnosis is usually made by taking samples of blood and spinal fluid from a person who is sick. Spinal fluid is obtained by performing a lumbar puncture, where a needle is inserted into the lower back. The bacteria that causes meningococcal disease can be found in blood or spinal fluid that is examined at a medical laboratory.

10. **How common is meningococcal disease in San Diego County?** Between one and 35 cases have been reported annually in San Diego County since 2000. So far in 2018, ten cases have been reported; six of these were caused by serogroup B.

11. **Who should get vaccinated?** Serogroup B meningococcal vaccine is currently recommended for all undergraduate SDSU students who are less than 24 years of age, who have not been vaccinated for serogroup B meningococcal disease. Students who have specific medical conditions including asplenia, complement deficiency, or sickle cell anemia, or those taking the medication Solaris, are considered at higher risk for developing the disease and should also receive the vaccine.

12. **What vaccines are available to prevent Meningococcal B (MenB)?** There are 2 available vaccines for serogroup B meningococcal disease; Bexsero® (2 dose series) and Trumenba® (3 dose series). The same vaccine must be used for all doses. For more information about these vaccines, please visit: [http://eziz.org/assets/docs/IMM-1219.pdf](http://eziz.org/assets/docs/IMM-1219.pdf)

13. **Where can I obtain the Meningococcal B vaccine if I am an SDSU undergraduate student?** 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.

14. **What if I am an SDSU student and would like to get vaccinated before the on-campus clinic?** SDSU students are encouraged to contact their insurance and healthcare providers if they would like to get vaccinated prior to the on-campus clinics.

15. **What vaccine will be administered at SDSU Student Health Services?** SDSU Student Health Services will be administering Bexsero® vaccine, a 2 dose series, administered at least one month apart.

16. **How will the students receive the second dose of Bexsero® vaccine?** SDSU Student Health Center staff will be communicating with students about how to obtain the second dose of vaccine.

17. **What other vaccines are available to prevent meningococcal disease?** There are also two quadrivalent vaccines that provide protection against serogroups A, C, W-135, and Y. The quadrivalent vaccine is routinely recommended for adolescents and young adults, while the serogroup B vaccine is given to individuals based on risk assessment by a healthcare provider.

18. **Where can I obtain the Meningococcal B vaccine if I am not an SDSU undergraduate student?** Contact your healthcare provider to get more information about meningococcal vaccine.
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19. **Should SDSU faculty, staff, graduate students, or open university students get vaccinated?**
   These groups are not currently recommended to get MenB vaccine, unless they are at increased risk for meningococcal disease for other reasons (see question #10).

20. **Do I still need the serogroup B meningococcal vaccine if I am an SDSU undergraduate and live off campus?** Yes. However, students that live on campus may be at increased risk because they live in close proximity to other students.

21. **Do I still need the serogroup B meningococcal vaccine if I am only a part-time SDSU undergraduate student?** Yes.

22. **I recently received antibiotics after participating in SDSU sorority recruitment activities? Do I still need the vaccine?** Yes. Even if you recently received the preventive antibiotic treatment, it is recommended that you still get the Meningococcal B Vaccine.

23. **I was a close contact of a student who was diagnosed with meningococcemia and received the antibiotics. Do I need the vaccine?** Yes. Even if you have received the preventive antibiotic treatment, it is strongly recommended that students get the Meningococcal B Vaccine.

24. **I don’t live in a residence hall. Do I still need to get vaccinated?** Yes. It is recommended that all undergraduate SDSU students receive serogroup B vaccine, regardless of where they live.

25. **If I received a meningococcal (‘meningitis’) vaccine when I was in high school, does that protect me?** Meningococcal B (MenB) vaccines are relatively new (approved by FDA in 2014 and 2015), and most college students have not received it. In contrast, many college students have received a vaccine that protects against four other serogroups of meningococcal disease (A, C, W, Y). That vaccine does not protect against serogroup B, which is the cause of current infections at SDSU. It is therefore important for all SDSU undergraduate students that have not already been vaccinated, to be vaccinated now with serogroup B meningococcal vaccine.

26. **What should I do if I have had close contact with a person who has meningococcal disease?** If you are an SDSU student, you should go to SDSU Student Health Services as soon as possible to get antibiotics to protect you from getting sick. If you are not an SDSU student, you should promptly contact your doctor to get the appropriate antibiotics. Close contact includes activities such as kissing, coughing on someone, sharing water bottles, lipstick, sharing eating/drinking utensils, or sharing cigarettes with someone who has the disease.

27. **Is it safe for students to travel off SDSU campus or visit friends or family?** Yes. People who may have been exposed to the bacteria are not infectious themselves unless they develop symptoms.

28. **Can environmental surfaces be contaminated with bacteria that causes meningococcal disease?** The bacteria cannot live outside the body for very long. There is no known risk of become infected by touching surfaces like doorknobs, keyboards, or other surfaces that someone with the disease has touched. Sharing facilities like a classroom, cafeteria, or gym, also does not put someone at increased risk of infection.
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29. Are community members at increased risk for contracting meningococcal disease by interacting with SDSU students? No. There is currently no increased risk of meningococcal disease in the general community, even if you interact with the SDSU student population.

30. Have there been other outbreaks of serogroup B disease at college campuses? Yes. Since 2008, serogroup B has been the cause of 11 U.S. university/college outbreaks, including two in California; one at the University of California Santa Barbara in 2013 and one at Santa Clara University in 2016.

31. How can I prevent against the spread of meningococcal disease? If you are currently an SDSU undergraduate less than 24 years of age and have not been vaccinated for serogroup B meningococcal disease, get vaccinated! Also, don’t share cups, utensils, lipstick, cigarettes, etc. – anything containing saliva! Don’t smoke. Cough into a sleeve or tissue. Wash your hands often.