WHAT PATIENTS NEED TO KNOW Busting Myths About Meningococcal Vaccinations

Invasive meningococcal disease (IMD) affects 1.2 million people per year globally, with the highest incidence occurring in infants <1 year of age, followed by adolescents and young adults aged 16-23 years and adults >85 years.¹ The most common type of meningococcal disease is meningitis, an infection of the lining of the brain and spinal cord, but meningococcal disease can also manifest as sepsis, a bloodstream infection. While IMD caused by the bacterium, *Neisseria meningitidis* (*N meningitidis*) serogroups A, B, C, W, and Y can be prevented through vaccination, common misconceptions—or myths—regarding meningococcal vaccination have a negative impact on vaccine coverage rates.

When multiple vaccines are given at the same time, there is a high potential for adverse effects.



Scientific data demonstrate that getting several vaccines at the same time does not cause any chronic health problems. The recommended childhood vaccines have been shown to be as effective in combination as they are individually. Sometimes, certain combinations of vaccines given together can cause fever, and occasionally febrile seizures; these are temporary and do not cause any lasting damage.²

Thimerosal, a preservative used in vaccines, causes toxicity and serious complications, such as autism.



Thimerosal, a common preservative added to vaccines to prevent microbial growth, has a record of being very safe in medical products. Data from many studies show no evidence of harm caused by the low doses of thimerosal in vaccines. Many well-conducted studies have concluded that thimerosal in vaccines does not contribute to the development of autism. Even after thimerosal was removed from almost all childhood vaccines, including the meningococcal vaccines currently available in the US, autism rates continued to increase, which is the opposite of what would be expected if thimerosal caused autism.^{3,4}

Vaccines can cause the disease they are meant to prevent.



Vaccines, like the meningococcal vaccines, that are inactivated (not live) cannot cause infection.⁵

Individuals who are immunocompromised as a result of disease or medications cannot receive any meningococcal vaccination.



Because meningococcal vaccines are inactivated (not live) and cannot cause infection, they can be administered to individuals who are immunocompromised; however, the response to the vaccine may be suboptimal.⁵

Individuals who are pregnant cannot receive any meningococcal vaccination.



There are no safety concerns associated with MenACWY vaccination during pregnancy; however, little data are available on the effect of MenB vaccination during pregnancy. In general, vaccination against MenB should be deferred during pregnancy unless the benefit outweighs any potential risk.⁶

There is just one type of meningitis.



Meningitis serves as an umbrella term and can be caused by viruses, bacteria, fungi, or parasites. Because there are various underlying causes of meningitis, multiple vaccinations may be necessary for complete protection. For example, one set of vaccines provide protection against 5 serogroups of *N meningitidis* and another set against meningitis due to the mumps virus.⁷

There is a low risk of contracting *N meningitidis* in the US, so it's not important to be vaccinated.



While the risk of contracting *N meningitidis* is low in the US compared with other infectious diseases, IMD can attack without warning and result in serious long-term health effects and sometimes in death. Furthermore, there were 422 cases reported in the US in 2023, which was the highest annual figure since 2014. MenB, which is responsible for almost 70% of IMD cases among individuals aged 16 to 23 years in the US, caused all 13 US college campus outbreaks from 2011 to March 2019.^{8,9}

Meningococcal disease is easy to detect and can be successfully treated with antibiotics.



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PLEASE TALK TO YOUR HEALTH CARE PROVIDER ABOUT INSURANCE COVERAGE AND COPAYS FOR MENINGOCOCCAL VACCINATIONS. Meningococcal disease, which includes MenB, can progress rapidly, and early symptoms, such as headache, nausea, and vomiting, are nonspecific and difficult to distinguish from other more common infections, like the flu. Even with antibiotic treatment, almost 20% of patients die, and many of those who survive are afflicted with long-term disabilities, such as brain damage, hearing loss, learning disabilities, or limb amputations.¹⁰

- 1. https://www.cdc.gov/meningococcal/hcp/clinical/index.html
- 2. https://www.cdc.gov/vaccine-safety/about/multiples.html
- 3. https://www.cdc.gov/vaccine-safety/about/thimerosal.html
- 4. https://www.cdc.gov/vaccines/vpd/mening/hcp/about-vaccine.html
- 5. https://www.ccjm.org/content/ccjom/68/4/337.full.pdf
- 6. https://www.aafp.org/pubs/afp/issues/2003/0715/p299.html#varicella
- 7. https://www.cdc.gov/meningitis/index.html
- 8. https://www.cdc.gov/ncird/whats-new/meningococcal-disease-cases-increasing-us.html
- 9. Marshall G, et al. J Pediatric Infect Dis Soc. 2020;9(2):244-247.
- 10. https://www.cdc.gov/ncird/whats-new/meningococcal-disease-cases-increasing-us.html#cdc_ generic_section_2-meningococcal-disease-can-be-life-threatening