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, about 15% die¹
• 10%—20% of survivors suffer lifelong disability (brain damage, amputation of arms or legs, or hearing loss)¹

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

• 16 through 20 year olds have the highest risk among people older than 1 year of age¹

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

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

Although coverage with the first dose of MenACWY was high through 2019, second dose coverage has lagged far behind.

MenACWY Vaccination Coverage for Dose 1 and Dose 2 among U.S. Adolescents*, 2015–2019²

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>Dose #1 coverage at age 13 through 17 years (dose #1 recommended at age 11 or 12 years)</th>
<th>Dose #2 coverage at age 17 years (dose #2 recommended at age 16 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>33.3</td>
<td>81.3</td>
</tr>
<tr>
<td>2016</td>
<td>83.3</td>
<td>82.2</td>
</tr>
<tr>
<td>2017</td>
<td>44.3</td>
<td>85.1</td>
</tr>
<tr>
<td>2018</td>
<td>50.8</td>
<td>86.6</td>
</tr>
<tr>
<td>2019</td>
<td>53.7</td>
<td>88.9</td>
</tr>
</tbody>
</table>

• Timely vaccination remains a challenge in meningococcal disease prevention. Almost 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 or 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.
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 MenACWY¹</th>
<th>Recommendations if dose #1 is delayed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give dose #1 at 11 or 12 years of age AND dose #2 at 16 years of age</td>
<td>• If dose #1 is delayed until 13 through 15 years of age, give dose #2 at 16 through 18 years of age.²</td>
</tr>
<tr>
<td></td>
<td>• If dose #1 is delayed until 16 years of age or older, dose #2 is not recommended.</td>
</tr>
<tr>
<td></td>
<td>• Healthy people 19 through 21 years of age who have not received dose #1 can receive a single MenACWY dose as part of catch-up vaccination.</td>
</tr>
<tr>
<td></td>
<td>• MenACWY vaccination of healthy people who are not at increased risk for exposure to Neisseria meningitidis is not routinely recommended after 21 years of age.</td>
</tr>
</tbody>
</table>

¹ The minimum interval between doses of MenACWY is 8 weeks. So it is acceptable to give the first dose at 15 years of age and the second dose at 16, as long as the minimum 8-week interval between doses is observed.

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 or COVID-19 vaccines

www.give2menacwy.org
REMEMBER: You’re not done if you give just one!

References