



Newsletter 2019

The Lois Wells Annual Award applications have been mailed. You may also access the application on our website www.acha.org/ocha. This year the recipient will be awarded \$2,000 at the annual meeting in April. The deadline for submitting applications is January 31, 2020.



“Our Students, Our Future” will be the title of our annual conference. Please consider joining us at Ohio Northern University in Ada, OH, on **April 17, 2020**. Registration information will be available soon on our website and brochures will also be mailed.

The ACHA annual conference will be May 24-28, 2020, and be a celebration of



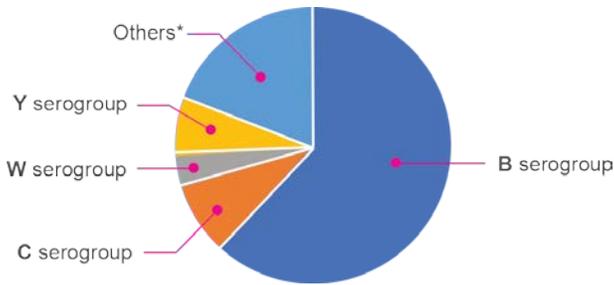
years. It will be held in



ACHF-The mission of the American College Health Foundation is to promote, improve and advance the health, well-being and overall success of college students. Their information can be accessed on the acha.org website.

Stay connected with colleagues from other Ohio Colleges by joining OCHA’s list serve. Email ocha-list@lists.uakron.edu to join.

Prevalence of MenB Ages 16-23



(n=188)

Although CDC data (as previously presented) showed that 1/3 of all US meningococcal cases from 2007-2016 in patients <1 to ≥65 years of age were MenB,¹ the prevalence of MenB disease was even higher in adolescents and young adults 16-23 years of age,

with MenB accounting for >60% of all US meningococcal cases in this age group (N=188).¹⁵

*Includes other, nongroupable, and unknown serogroups.

<https://www.gsksource.com/pharma/content/gsk/source/us/en/campaign/luckyones/lucky/luckyVideo03.html>

MENINGOCOCCAL DISEASE SEROGROUPS BY YEAR OF ONSET, OHIO, 2013-2017

SEROGROUP	2013	2014	2015	2016	2017
Group A	0	2	0	0	0
Group B	3	2	13	6	8
Group C	0	0	2	0	1
Group W	2	5	0	0	0
Group Y	4	1	1	2	2
Not Groupable	0	0	2	0	1
Unknown	1	2	0	0	0
TOTAL	10	12	18	8	12

2 DIFFERENT TYPES OF VACCINES

help protect against the 5 vaccine-preventable serogroups¹

Your adolescent patients need **2 different types of vaccines** to help protect them from meningococcal disease—one for **serogroups A, C, W-135, and Y** and one for **serogroup B**¹

What do a dorm room, sharing a can of beer at the tailgate and a bowl of ramen noodles have in common? Sure, they might be typical parts of the college experience, but they can also be dangerously ordinary ways to contract infectious diseases. Living in close quarters, sharing drinks and eating utensils, kissing, coughing – these are all ways to spread meningitis B, which currently accounts for 50 percent of all meningococcal cases in the U.S.

College students are especially susceptible, spending most of their time in settings like college dorms where students are living in close proximity to each other and sharing drinks and food.

In fact, 100 percent of the college outbreaks of meningitis since 2011 have been the B strain. Twenty-two universities have confirmed incidents or outbreaks of meningitis B on their campuses in the last seven years. See the list of universities [here](#).

To proactively combat this disease, which can be deadly, [12 universities across the country](#) have started requiring the meningitis B vaccination for their incoming students this fall.

MENINGOCOCCAL SEROGROUP B (MenB) DISEASE IN COLLEGE STUDENTS: KNOW THE RISK

Although meningococcal disease is uncommon, CDC surveillance data from 2014-2016 show that college students (ie, students attending college) experienced a greater incidence of MenB disease and were at a greater relative risk of contracting MenB than persons not attending college (non-college).

The risk of contracting MenB is approximately **3.5x HIGHER** in college students compared with non-college persons of the same age¹

Relative risk of MenB in college students compared with non-college persons (US, 2014-2016)¹

ALTHOUGH UNCOMMON, MENINGOCOCCAL DISEASE IS CAUSED BY A SERIOUS AND POTENTIALLY FATAL BACTERIAL INFECTION.

10%-15% DIE from complications associated with meningococcal disease.¹

Example: meningococcal septicemia (skin rash), tissue death with severe skin and tissue damage, amputated sections of feet, prosthetic legs. **OF THOSE WHO SURVIVE, 11%-19% SUFFER:**

- **Seizures**
- **Kidney damage**
- **Hearing loss**
- **Skin scarring**
- **Limb loss**

Feel free to use this information when speaking with students. Many are not aware that to be fully protected against meningitis, a two dose series is needed and is different from ACWY.

References:

- [1] Pelton SI. Meningococcal disease awareness: clinical and epidemiological factors affecting prevention and management in adolescents. *J Adolesc Health*. 2010;46:S9-S15.
- [2] Meningococcal disease. In: Hamborsky J, Kroger A, Wolfe C, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th ed. Washington, DC: Public Health Foundation; 2015:231-245.
<http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>. Accessed February 18, 2019.
- [3] Slack R, Hawkins KC, Gilhooley L, Addison GM, Lewis MA, Webb NJA. Long-term outcome of meningococcal sepsis-associated acute renal failure. *Pediatr Crit Care Med*. 2005;6(4):477-479.
- [4] Vyse A, Anonychuk A, Jäkel A, Wieffer H, Nadel S. The burden and impact of severe and long-term sequelae of meningococcal disease. *Expert Rev Anti Infect Ther*. 2013; 11(6):597-604.