

Frequently Asked Questions

What is meningococcal invasive disease?

Meningococcal (men-IN-jo-cah-call) invasive disease is a severe infection of the blood or the meninges (the covering of the brain and spinal cord). When the infection is in the blood, it is called meningococemia. When the infection is in the meninges, it is called meningococcal meningitis. Both of these infections are caused by a bacterium (germ) called *Neisseria meningitidis*.

What is *Neisseria meningitidis*?

It is a bacterium that may be found in the community. About 5% to 20% of people carry these bacteria in their noses and throats and do not get sick from them. In rare cases the bacteria may get into the blood or the tissue surrounding the spine and brain and cause severe illness.

Who gets meningococcal invasive disease?

It occurs in people of all ages but is more common in the very young (infants and young children) and the elderly (people above age 65). College students and military recruits are also slightly more at risk for the disease because of time spent in crowded living conditions like dorms or barracks.

How do people get meningococcal invasive disease?

The bacteria (germs) are spread from person to person through saliva (spit) or other respiratory secretions. The infectious period for meningococcal disease is considered to be from 10 days before the person got sick to 1 day after he or she starts on antibiotics. This means that people who were in **close** contact with the sick person during this time are at higher than average risk to get meningococcal disease. You must be in **close contact** with a sick person's secretions in order for the bacteria to spread. Close contact includes activities such as:

- living in the same household or sleeping in the same dwelling
- kissing
- sharing eating utensils or food
- sharing drinks
- sharing cigarettes
- uncovered face-to-face sneezing or coughing
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The bacteria are **NOT SPREAD** by casual contact activities like being in the same work or school room as the sick person, or handling books or other items that the sick person has touched. Likewise, being around a person who was in contact with the sick person does not put you at risk for catching meningococcal disease.

What are the symptoms of meningococcal invasive disease?

Because early symptoms may be mild and similar to those of less serious viral illnesses like a common cold, it would not be unusual for people to delay seeking treatment.

The early symptoms of meningococcal disease include:

- Fever
- Headache
- Body aches
- Feeling very tired or sleepy

Other symptoms that may occur are:

- Stiff neck
- Nausea
- Vomiting
- Confusion
- Sensitivity to light

Later in the illness, a rash appearing as purple blotches or spots on the arms, legs or torso may be seen.

What is the treatment for meningococcal invasive disease?

Most people with meningococcal invasive disease are hospitalized and treated with antibiotics. Because the illness can impair body function, ventilator assistance, kidney dialysis or other supportive treatments may be needed. (NOTE: It is very important to finish your antibiotics even if you begin to feel better, unless otherwise directed by your health care provider.)

How is meningococcal invasive disease diagnosed?

A health care provider diagnoses meningococcal invasive disease by observing symptoms and examining blood and spinal fluid.

Can people with meningococcal invasive disease pass the illness to others?

The infectious period for meningococcal disease is considered to be from 10 days before the person got sick to 1 day after he or she starts on antibiotics. This means that people who were in **close** contact with the sick person during this time are at higher than average risk to get meningococcal disease.

People who are identified as **close** contacts should receive antibiotics to prevent them from getting the disease. (NOTE: It is very important to finish your antibiotics even if you begin to feel better, unless otherwise directed by a health care provider.)

How can meningococcal invasive disease be prevented?

Getting vaccinated against meningococcal disease will protect people from getting this disease.

Two types of meningococcal vaccine are available:

- Meningococcal polysaccharide vaccine (MPSV4) has been available since 1978.
- Meningococcal conjugate vaccine (MCV4) became available in 2005.

Both vaccines are about 90% effective in protecting against four strains of meningococcal disease, including all but one of the most common strains found in the United States. MCV4 is currently preferred because it provides longer lasting immunity.

Who should get meningococcal vaccine?

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. For those who receive the first dose at 13 through 15 years of age, a booster is recommended at ages 16 through 18. CDC suggests that adolescents receive the vaccine less than five years before starting college.

Vaccination is also recommended for persons who are at increased risk for meningococcal disease. These include:

- Incoming college freshmen or military recruits who will live in dormitories or barracks.
- Anyone with an immune system disorder.
- Anyone with a damaged spleen, or whose spleen has been removed.
- Certain groups of people during a meningococcal outbreak.

For the full list of persons recommended by the CDC for meningococcal vaccination, please visit: <http://www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm>

What are the side effects of vaccination?

Meningococcal vaccines are very safe and effective. As with all vaccines, there can be minor reactions, including pain and redness at the injection site or a mild fever, which typically last for 1 to 2 days. Severe side effects, such as a serious allergic reaction, are very rare.

Where can I get more information on meningococcal invasive disease?

- Your health care provider
- Your local health department
- NJ Department of Health <http://www.nj.gov/health>
- Centers for Disease Control & Prevention
<http://www.cdc.gov/meningococcal/index.html>

- Vaccine Information Statement
<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>

This information is intended for educational purposes only and is not intended to replace consultation with a health care professional.

Adapted from Centers for Disease Control and Prevention

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HPV Vaccine

Questions and Answers for Parents



The New Jersey Department of Health and Senior Services (NJDHSS) along with the Centers for Disease Control and Prevention (CDC) recommend HPV vaccination for 11-12 year-old girls and boys.

What is human papillomavirus (HPV)?



Human papillomavirus (pap-ah-LO-mah-VYE-rus) (HPV) is a common virus that is passed from person to person through oral sex, anal sex or penile-vaginal sex. There are about 40 HPV types that can infect the genital areas of males and females.

How common is HPV?

HPV is the most common sexually transmitted infection in the United States. At least half of sexually active people will get HPV at some time in their lives. About 6 million Americans get infected each year. HPV is most common in people who are in their late teens and early 20's. Most people who have HPV show no signs or symptoms.

How common are HPV related cancers?

HPV infection with one of the "high risk" types of the virus is associated with several types of cancer. Each year in the U.S, about 18,000 HPV associated cancers affect women, with cervical cancer being the most common type. About 7,000 HPV associated cancers affect men each year.

What is the HPV vaccine?

There are two HPV vaccines approved by the Food and Drug Administration. Both vaccines (Cervarix[®] and Gardasil[®]) protect against most cervical cancers in females. One vaccine (Gardasil[®]) is also approved to prevent the types of HPV that cause the most genital warts and anal cancers in both males and females.

How is the HPV vaccine given?

HPV vaccines are given in three doses over 6 months.

- 1st dose: Now—or at a date you and your child's healthcare provider choose
- 2nd dose: 1-2 months after 1st dose
- 3rd dose: 6 months after 1st dose

HPV vaccines can be given at the same time as other vaccines.

Who should get the HPV vaccine?

Both the Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health and Senior Services (NJDHSS) recommend routine HPV vaccination for all 11-12 year old girls and boys. The vaccine is also recommended for 13-26 year old girls/women and 13-21 year-old boys and men who have not yet received or completed the full series of shots. The vaccine should also be considered for men 22-26 years of age.

Is there anyone who should not get the HPV vaccine?

People who have had a severe allergic reaction to any component of the HPV vaccine, or to an earlier dose of HPV vaccine should not get the HPV vaccine. People who are moderately or severely ill should wait until they recover before getting the vaccine. Pregnant girls/women should not get the vaccine. If a girl/woman finds out that she is pregnant after she has started the vaccine series, she should wait until she completes her pregnancy before finishing the vaccine series.

Why is the HPV vaccine recommended for such young girls and boys?

The vaccine is most effective for those who get vaccinated before their first sexual contact. It does not work as well for those who have been exposed to the virus before getting the vaccine. Therefore, it is important to vaccinate girls and boys while they are young so they get the full benefits of the vaccine.



How effective are the HPV vaccines?

Both vaccines are effective in preventing the types of HPV that cause up to 70% of cervical cancers. Gardasil[®] is also approved to protect against the types of HPV that cause about 90% of genital warts and most anal cancers. Vaccines will not treat existing HPV infections or complications.

Is the HPV vaccine safe?



The Food and Drug Administration (FDA) has licensed both Gardasil® and Cervarix® as safe and effective. Studies have shown no serious side effects. The most common side effects were soreness at the injection site, headache and nausea.

Will my child be required to get vaccinated before attending school?

While HPV vaccination is not required, the NJDHSS strongly supports the CDC recommendation that all girls and boys 11-12 years of age be vaccinated for HPV.

What is the cost of the HPV vaccine?

Cost of the HPV vaccine can vary. Most insurance plans and managed care plans cover the cost of recommended vaccines. Check with your insurance provider to be certain that the HPV vaccine is covered.

How can my family get the vaccine if we don't have insurance and cannot pay for it?

NJ Vaccines for Children (VFC) is a federally funded, state-operated vaccine supply program that provides pediatric vaccines at no cost to doctors who serve children who might not otherwise be vaccinated because of inability to pay. There are over 1,200 medical providers enrolled in the New Jersey VFC program. For more information, contact the NJDHSS Vaccines for Children Program at (609) 826-4862 or vfc@doh.state.nj.us.

Where can I get more information?

- New Jersey Department of Health and Senior Services website: www.nj.gov/health
- Centers for Disease Control and Prevention website: www.cdc.gov/hpv
- CDC HPV Vaccination Information Page: www.cdc.gov/vaccines/vpd-vac/hpv/
- Childhood immunization schedule: www.cdc.gov/vaccines/recs/schedules/child-schedule.htm
- CDC-INFO Contact Center at:
English and Spanish
(800) CDC-INFO
(800) 232-4636
TTY: (888) 232-6348



For more information about the HPV Vaccine or other vaccines for children, contact the New Jersey Vaccines for Children Program:

(609) 826-4862

