



Health Bulletin



New Vaccine Against Meningococcal Disease Now Available For Preteens, Teens And Others

(NAPSA)—There is encouraging news in the continuing battle to prevent meningococcal disease, a frightening and devastating disease and a leading cause of bacterial meningitis.

A new vaccine called Menveo® [Meningococcal (Groups A, C, Y and W-135) Oligosaccharide Diphtheria CRM₁₉₇ Conjugate Vaccine] has been approved by the U.S. Food and Drug Administration for individuals 11 through 55 years of age to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups, or groups A, C, Y and W-135. The majority of all meningococcal disease infections are caused by five serogroups, four of which can be prevented by a vaccine.

The new vaccine is an important milestone in 10 years of dedicated effort by Novartis Vaccines.

What Is

Meningococcal Disease?

Meningococcal disease, which is also a leading cause of septicemia, a blood infection, is feared because it is potentially lethal, initial symptoms are hard to diagnose and the disease can progress rapidly. Even with early and appropriate treatment, as many as one in every seven patients who contract the disease will die from it, often within 24-48 hours of onset of symptoms. Approximately one in five meningococcal disease survivors will suffer permanent, devastating side effects such as limb amputation, deafness and neurological damage, which can dramatically



Help protect your loved ones from meningococcal disease; encourage them to get vaccinated.

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impact their lives and require lifelong, expensive medical treatment and assistance.

As many as one in every 10 people carry the bacterium that causes meningococcal disease but are not sick. Meningococcal disease is spread through direct contact with the saliva or mucus of an infected person. This can occur through coughing, kissing and sneezing.

The disease progresses rapidly, and the early symptoms such as fever, rash, headache and stiff neck are often mistaken for the flu. As a result, the disease is often not diagnosed properly and treatment is delayed or ineffective. Vaccination is a very important measure to help prevent meningococcal disease.

Is Your Family At Risk?

Each year, approximately 500,000 cases of meningococcal disease occur around the world, resulting in about 50,000 deaths. In the United States, incidence of meningococcal disease is cyclical,

ranging between 1,000 and 3,000 cases per year, and millions of adolescents remain at risk for the disease.

The characteristics and distribution of meningococcal disease are constantly changing, so it is impossible to determine which serogroups will result in the majority of disease cases from year to year. Serogroups C, Y and W-135 are presently the leading causes of infection and death from meningococcal disease, accounting for approximately half of all cases.

Prevention

“Vaccination remains the most effective approach to controlling meningococcal disease. Despite this fact, many adolescents remain unvaccinated. It’s important that parents understand the risks and recognize the importance of vaccination, because no adolescent should ever have to suffer, or even worse, die, from this devastating disease,” said Keith S. Reisinger, M.D., Medical Director, Primary Physicians Research, Inc., Pittsburgh, Pa.

Who Should Be Vaccinated?

Currently, the Advisory Committee on Immunization Practices, a division of the Centers for Disease Control and Prevention, recommends routine immunization for all adolescents, 11–18 years of age, college freshmen living in dormitories and people in other high risk groups who are 2–10 or 19–55 years of age.

For more information about meningococcal disease, visit www.meningitis.com.



Important Safety Information: Menveo is contraindicated in individuals who have experienced a severe allergic reaction after a previous dose of Menveo, any component of this vaccine, or any other CRM₁₉₇ diphtheria toxoid, or meningococcal-containing vaccine. Appropriate medical treatment must be available should an acute allergic reaction, including an anaphylactic reaction, occur following administration of Menveo.

Vaccinees may develop syncope, sometimes resulting in falling with injury. Observation for 15 minutes after vaccination is recommended. Patients who are immunocompromised or receiving immunosuppressive therapy may have an inadequate response to vaccination.

Following vaccination with a U.S.-licensed meningococcal quadrivalent polysaccharide conjugate vaccine, an evaluation of postmarketing adverse events suggested a potential for an increased risk of Guillain-Barré syndrome (GBS). Data are not available to evaluate the potential risk of GBS following administration of Menveo.

In clinical trials, the most frequently occurring adverse events in all subjects who received Menveo were pain at the injection site, headache, myalgia, malaise and nausea. Some events were severe. Safety has not been established in pregnant women. Vaccination with Menveo may not protect all individuals.