



**Department of
Education**

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The New York City Department of Education

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Principal's Notes

October 11, 2016

I. Immunizations – by November 1, 2016

6th Graders – DtaP Vaccine

7TH Graders – Meningococcal Vaccine

II. Parent Teacher Conferences

Progress Reports

November 3rd – Half Day

11:00 a.m. Dismissal - **NO YMCA**

K-4 by appointment

5 & 6 Auditorium

7 & 8 Library

III. TAG Fundraising 2016-17

- Cakes for Thanksgiving

Orders need to be in by Friday October 14th, in order to get the cakes the week of Thanksgiving.

Meningococcal: Questions and Answers

INFORMATION ABOUT THE DISEASE AND VACCINES

What causes meningococcal disease?

Meningococcal disease is caused by the bacterium *Neisseria meningitidis*. This bacterium has at least 13 different subtypes (serogroups). Five of these serogroups, A, B, C, Y, and W, cause almost all invasive disease. The relative importance of these five serogroups depends on geographic location and other factors. In the United States almost all meningococcal disease is caused by serogroups B, C and Y. Each serogroup accounts for about one third of reported cases.

How does meningococcal disease spread?

The disease is spread person-to-person through the exchange of respiratory and throat secretions (e.g., by coughing, kissing, or sharing eating utensils). Meningococcal bacteria can't live for more than a few minutes outside the body, so the disease is not spread as easily as the common cold or influenza.

How long does it take to show signs of meningococcal disease after being exposed?

The incubation period of meningococcal disease is 3 to 4 days, with a range of 2 to 10 days. Meningococcal bacteria can make a person extremely ill by infecting the blood (septicemia) or by infecting the fluid of the spinal cord and around the brain (meningitis). Because this disease progresses quickly, it is important to be diagnosed and start treatment as soon as possible.

What are the symptoms of meningococcal disease?

The most common symptoms are high fever, chills, lethargy, and a rash. If meningitis is present, the symptoms will also include headache and neck stiffness (which may not be present in infants); seizures may also occur. In overwhelming meningococcal infections, shock, coma, and death can follow within several hours, even with appropriate medical treatment.

How serious is meningococcal disease?

Meningococcal disease caused by any serogroup is very serious. About 10 to 15% of people with meningococcal disease die even with appropriate antibiotic treatment. Of those who recover, up to 20% suffer

from some serious after-effects, such as permanent hearing loss, limb loss, or brain damage.

How is meningococcal disease diagnosed?

The diagnosis is made by taking samples of blood and spinal fluid from a person who is sick. The spinal fluid is obtained by performing a spinal tap, where a needle is inserted into the lower back. Any bacteria found in the blood or spinal fluid is grown in a medical laboratory and identified.

Meningococcal disease is uncommon in the United States, and the symptoms can be mistaken for other illnesses, which unfortunately can lead to delayed diagnosis and treatment.

Can't meningitis be caused by a virus too?

Yes. The word "meningitis" refers to inflammation of the tissues covering the brain and spinal cord. This inflammation can be caused by viruses and fungi, as well as bacteria. Viral meningitis is the most common type; it has no specific treatment but is usually not as serious as meningitis caused by bacteria.

Is there a treatment for meningococcal disease?

Meningococcal disease can be treated with antibiotics. It is critical to start treatment early.

How common is meningococcal disease in the United States?

Fewer than 700 cases of meningococcal disease were reported each year since 2010 in the United States. An estimated average 80 deaths from meningococcal disease occurred each year in the United States since 2010.

The disease is most common in children younger than 5 years (particularly children younger than age 1 year), people age 16–21 years, and people age 65 years and older.

What people are at special risk for meningococcal disease?

For all meningococcal serogroups risk factors include age, having a damaged or missing spleen, persistent

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complement component deficiency (an immune system disorder), and occupation as a microbiologist in a laboratory that works with meningococcal isolates.

Certain groups are at increased risk for meningococcal serogroups A, C, Y, and W but not serogroup B. These risk factors include travel to places where meningococcal disease is common (such as certain countries in Africa and in Saudi Arabia), and college freshmen who live in a dormitory (see question below for more on college students). Other risk factors for serogroups A, C, Y and W include having a previous viral infection, living in a crowded household, having an underlying chronic illness, and being exposed to cigarette smoke (either directly or second-hand).

How common is meningococcal disease in the world?

Meningococcal disease occurs throughout the world, but is more common in the area of Africa known as the "meningitis belt." Serogroup A is responsible for most of the meningococcal disease in sub-Saharan Africa. This serogroup is uncommon in the United States.

Can you get meningitis more than once?

Yes. Meningitis can be caused by different serogroups of the meningococcal bacterium, by other bacteria such as *Streptococcus* and *Haemophilus*, as well as by viruses and fungi. Being vaccinated against *Neisseria meningitidis* or having had the disease will not protect you against meningitis from other bacteria or viruses.

If a child is diagnosed with meningococcal disease, can anything be done to protect the other children with whom he has contact?

Individuals who have been exposed to a person with bacterial meningitis can be protected by being started on a course of antibiotics immediately (ideally within 24 hours of the patient being diagnosed). This is usually recommended for household contacts and children attending the same day care or nursery school. Older children and adults (e.g., who are in the same school or church) aren't usually considered exposed unless

they have had very close contact with the infected person (e.g., kissing or sharing a glass).

In addition to the antibiotic treatment, vaccination may be recommended for people 2 months of age and older if the person's infection is caused by meningococcus serogroup A, C, Y, or W-135, which are contained in 3 of the 4 meningococcal vaccines available in the United States.

What meningococcal vaccines are available in the United States?

There are 2 types of meningococcal vaccine available in the United States. Vaccines for meningococcal serogroups A, C, W and Y are composed of polysaccharide (sugar molecules) from the surface of the meningococcal bacteria. Meningococcal vaccines in which the polysaccharide is chemically bonded ("conjugated") to a protein produce better protection and are more effective in young children than the original polysaccharide vaccine. Vaccines for meningococcal serogroup B (MenB) are composed of proteins also found in the surface of the bacteria. Neither type of vaccine contains live meningococcal bacteria.

Meningococcal polysaccharide or conjugate vaccines provide no protection against serogroup B disease and MenB vaccines provide no protection against serogroup A, C, W or Y disease. For protection against all 5 serogroups of meningococcus it is necessary to receive both vaccines.

| Meningococcal Vaccines Licensed in U.S. | | | | |
|---|-----------------|---------------------|---------------|--------------------|
| TRADE NAME | TYPE OF VACCINE | SEROGROUPS INCLUDED | YEAR LICENSED | APPROVED AGES |
| Menomune | Polysaccharide | A, C, W, Y | 1981 | 2 years and older |
| Menactra | Conjugate | A, C, W, Y | 2005 | 9 months–55 years* |
| Menveo | Conjugate | A, C, W, Y | 2010 | 2 months–55 years* |
| MenHibrix | Conjugate | C, Y and Hib | 2012 | 6 weeks–18 months |
| Trumenba | Protein | B | 2014 | 10–25 years† |
| Bexsero | Protein | B | 2015 | 10–25 years† |

*may be given to people age 56 years or older

†may be given to people age 26 years or older

How is this vaccine given?

Meningococcal polysaccharide vaccine (MPSV4) is given as an injection into the fatty tissue of the upper arm. Meningococcal conjugate vaccines (MCV4) are given in a leg muscle of a young child or the deltoid

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DTaP Vaccine

What You Need to Know

(Diphtheria,
Tetanus and
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

- It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

PERTUSSIS (Whooping Cough) causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

2 Who should get DTaP vaccine and when?

Children should get 5 doses of DTaP vaccine, one dose at each of the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given at the same time as other vaccines.

3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
 - had a seizure or collapsed after a dose of DTaP,
 - cried non-stop for 3 hours or more after a dose of DTaP,
 - had a fever over 105°F after a dose of DTaP.

Ask your doctor for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called **DT**.

4 Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

What are the risks from DTaP vaccine?

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

Mild problems (common)

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1–7 days (up to about 1 child in 30).

Other mild problems include:

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1–3 days after the shot.

Moderate problems (uncommon)

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
 - Long-term seizures, coma, or lowered consciousness
 - Permanent brain damage.

These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS is only for reporting reactions. They do not give medical advice.

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement DTaP Vaccine

5/17/2007

42 U.S.C. § 300aa-26

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