



FACT SHEET

Meningococcal B Vaccine

What the Meningococcal B (MenB) vaccine is

Meningococcal disease is an uncommon but serious illness caused by the bacterium *Neisseria meningitidis*. There are at least 13 types of *N. meningitidis*, called “serogroups.” Serogroups A, B and C cause the most meningococcal disease, though the proportion of cases caused by W, X and Y is increasing. Serogroup B meningococcal (MenB) vaccines can prevent meningococcal disease caused by serogroup B.

Why you should get the vaccine

- Nearly one of every 10 persons who gets meningococcal disease dies from it.
- Of those who survive, roughly 10 to 20 of 100 people will suffer disabilities such as hearing or limb loss, brain or kidney damage, nervous system problems, or severe scars from skin grafts.
- Even healthy people can get meningococcal disease; certain people are at increased risk. For more information on who has increased risk, visit healthoregon.org/mening.

MenB vaccines v. routine meningococcal vaccines

- MenB does not protect against serogroups A, C, W and Y.
- Routine meningococcal vaccines can protect against serogroups A, C, W and Y.
- In Oregon, the vaccine recommended for college students covers groups A, C, W and Y.
- **Do not** assume that a previous routine meningitis vaccine will protect you if health officials recommend a MenB vaccine when there are cases or an outbreak near you.

Serogroup B meningococcal (MenB) vaccines

Two MenB vaccines – Bexsero® and Trumenba® – are licensed in the United States.

These vaccines are recommended only for people 10 years of age or older who are at increased risk for serogroup B meningococcal infections. These groups include:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with an immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*

A health care provider will need to assess your level of risk and need for a vaccine. MenB vaccines are generally only available with a physician’s prescription.

Both MenB vaccines require more than one dose to have full protection.

- **Bexsero** requires two doses given at least 30 days apart.
- **Trumenba** requires **three doses** in an outbreak setting: The second dose should be given 30 days after the first dose. The third dose should be given six months after the second.

Some people should not get MenB vaccines

The person giving you the vaccine will help you decide if you should not get the MenB vaccine. In order to get the right advice, tell the person giving you the vaccine if you have any severe or life-threatening allergies, or if you are pregnant.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. A doctor can advise you.

Possible vaccine reactions

Any medicine, including a vaccine, has a chance of causing reactions. These are usually mild and go away on their own. Serious reactions are possible and typically occur within a few hours after vaccination. Reactions from vaccines are rare — roughly 1 in 1 million doses.

More than half of the people who get serogroup B meningococcal vaccine have **mild reactions** following vaccination. These reactions can last up to seven days and include:

- Soreness, redness or swelling where the shot was given
- Tiredness or fatigue
- Headache
- Muscle or joint pain
- Fever or chills
- Nausea or diarrhea

If you think you are having a severe allergic reaction or other emergency, call 9-1-1 and get to the nearest hospital. Otherwise, call your clinic. Vaccine safety is monitored. For more information, visit www.cdc.gov/vaccinesafety/.

Recommendations from health officials in outbreaks

During outbreaks, health officials may make recommendations specific to that outbreak including who should be vaccinated, the brand of vaccine to use and whether to lift the prescription requirement for certain groups at risk of infection.

Officials base their decisions on several factors. The main ones are:

- What science tells us about who is most at risk in a particular outbreak
- How many doses manufacturers and other health partners can provide
- The circumstances of the outbreak such as the setting, timing and likelihood that people will follow through with vaccination



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