UCLA Crisis Communications Plan in the Event of a Meningitis Outbreak

Marianne Cadiz and Serene Ho
CHS 484
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A. GOAL

The purpose of this Meningitis Crisis Communications Plan is to provide the University of California, Los Angeles (UCLA) with guidance in implementing action steps and protective measures in response to a bacterial meningitis outbreak at any one of the UCLA dormitories and/or residence halls. In the event that there is a sudden occurrence, or more than normal increase in the number of bacterial meningitis cases at one of the dormitories, UCLA residence hall staff/administrators and the UCLA Arthur Ashe Health & Wellness Center, must quickly respond to prevent further spread of the disease. This plan serves to clearly define goals, objectives and actions that both UCLA and the University of California (UC) Regents will implement in communicating with UCLA students, families, faculty, and staff.

B. SITUATIONAL ANALYSIS

An outbreak of bacterial meningitis has occurred in Hedrick Hall, one of the University of California, Los Angeles (UCLA) dormitories, which is located in Los Angeles, California. Twenty (20) students have been affected. The following is a plan of action that the UCLA Arthur Ashe Health & Wellness Center and UC Regents should take to effectively communicate with all UCLA students, particularly those living in dormitories or graduate housing, local and state public health authorities, parents/guardians of UCLA students, and various media channels/outlets to mitigate risks, communicate steps that are taken to control the outbreak, and to give a current status of the situation. All communications are critical in diminishing fears and protecting the health status of all UCLA students, the UCLA community, and the general public.

Meningitis is an infection of the fluid in a person’s spinal cord and the fluid that surrounds the brain. It is normally referred to as spinal meningitis and is usually caused by a viral or bacterial infection. The ability to differentiate between a viral and bacterial infection is important as the severity of the illness differs between the two. Viral meningitis is generally less severe and resolves without specific treatment while bacterial meningitis can be quite severe. Knowing the type of bacteria that causes bacterial meningitis is also important to know so that the correct antibiotics may be taken.\(^1\)

Bacterial meningitis is the leading cause of meningitis infections among people age 2-18 years old in the United States. In the United States, nearly 1,000-2,000 cases of meningitis occur and about 300 people die from it every year.\(^2\) Anyone can get meningitis, but it is more common among infants and children. First year college students living in the dorms, however, have an increased risk of getting the disease. Other people who are at increased risk include those in close contact with someone who is infected, people with a compromised immune system (lowered immune system), and people traveling to parts of the world where meningitis is prevalent, like parts of Africa.

The meningococcal bacteria is spread by direct, close contact with nose or throat discharges of an infected person. Transmission usually occurs through kissing, hugging, or coughing. Symptoms include high fever, headache, and stiff neck and can develop over several hours to 1-2 days. Other symptoms may include nausea, vomiting, confusion, and rashes on the trunk of the
body. However, bacterial meningitis can be treated with a variety of effective antibiotics. Appropriate antibiotic treatment of the most common types of bacterial meningitis may reduce the risk of dying to below 15%. In addition, in 2005 the CDC recommended a vaccine known as Menactra™ to prevent the disease in people 11 to 55 years old. This vaccine is 85-100% effective in preventing three of the four strains of the meningococcal bacteria.iii

The following crisis communications plan outlines the course of action that the UCLA Arthur Ashe Health & Wellness Center Director and the crisis communication staff should follow in the event of a meningitis outbreak on the UCLA campus. The plan will stress dissemination of proper education and mitigation strategies to the UCLA community, which includes students, families, faculty, and staff. The chief responsibility of the UCLA Arthur Ashe Health & Wellness Center Director and crisis communication staff is to communicate this effort in an accurate and timely manner to prevent further illness among UCLA students and to rebuild the comfort levels of living at UCLA.

C. TARGET AUDIENCE AND STAKEHOLDERS/PARTNERS

The following is a list of individuals, departments and/or organizations that will be targeted by the UCLA Arthur Ashe Health & Wellness Center to receive information regarding bacterial meningitis. In the event of a bacterial meningitis outbreak, the following individuals and organizations will be the first to be alerted of the situation. Information will also be gathered from the target audience to obtain as much pertinent information that is available. The Target Audience comprises the individuals, departments and organizations that are directly impacted by the bacterial meningitis outbreak. Stakeholders include the individuals and organizations that have a “stake” or investment in the outbreak. They may be connected to the UCLA Arthur Ashe Health & Wellness Center, UCLA campus or infected students. Regardless of their connection, they have special interests at stake during a meningitis outbreak. Partners are departments and organizations that play a role in aiding in the response to an outbreak of bacterial meningitis. Partner roles and responsibilities will be identified prior to a crisis situation.

Target Audience:
- UCLA students infected with bacterial meningitis
- UCLA students (living both on and off campus)
- Parents/guardians of UCLA students
- UCLA faculty, administrators and staff
- UCLA Arthur Ashe Health & Wellness Center staff
- UCLA Housing Services
- UCLA Residence Halls
- Ronald Reagan UCLA Medical Center staff

Stakeholders:
- UCLA students (living both on and off campus)
- Parents/guardians of UCLA students
- UC Regents
- UCLA Housing Services
D. OBJECTIVES

The goal of this communication plan is to effectively communicate with UCLA students, faculty, administrators, staff, and parents/guardians of UCLA students the following: (1) action steps that are being taken to treat students infected with bacterial meningitis and to contain the outbreak, (2) where to go if feeling ill, (3) preventive measures that are in place to prevent further spread of meningitis, and (4) to ensure all members of the UCLA community that the UCLA Arthur Ashe Health & Wellness Center is dedicated to promoting and enhancing students’ good health and well-being.

In an effort to achieve this goal, this risk communication plan includes the following objectives:

- Throughout the duration of the crisis, communicate effectively with the target audience, stakeholders, and partners regarding the status of infected students, action steps to mitigate and prevent further spread, and any other steps taken in response to the outbreak.

- Throughout the crisis event period provide the UCLA community and the general public with any necessary updates.

- Throughout the crisis event provide the UCLA community and the general public with access to up-to-date information 24 hours a day by means of a crisis hotline and/or website(s).
Throughout the crisis event period, verify and approve all information that is gathered prior to informing the UCLA community and the general public.

Within two (2) hours of confirming the meningitis outbreak, notify and inform all students living in Hedrick Hall, UCLA Housing Services, UCLA Residence Halls, UCLA faculty, administrators and staff, and Ronald Reagan UCLA Medical Center staff.

Within four (4) hours of confirming the meningitis outbreak, notify and inform parents/guardians of infected students.

Notify necessary media outlets/channels using a media alert within two (2) hours of confirming the meningitis outbreak.

Send a press release to necessary media outlets/channels within three (3) hours of confirming the meningitis outbreak to provide only the necessary and appropriate information, quell public worries/fear, and to ensure the UCLA community/public that the UCLA Arthur Ashe Health & Wellness Center is effectively responding to the crisis event.

After the crisis has ended, take necessary actions to mitigate worries/concerns of the UCLA community and the general public.

After the crisis has ended, evaluate and determine effectiveness, timeliness and appropriateness of the Crisis Communications Plan.

E. STRATEGIES

In an effort to achieve the aforementioned goal and objectives, specific strategies must be employed. The following strategies will ensure that all necessary and appropriate communications will be implemented in the event of a meningitis outbreak at UCLA:

- Develop the infrastructure and capacity that will allow the Arthur Ashe Health & Wellness Center to effectively respond to a bacterial meningitis outbreak on the UCLA campus.

- Prior to the crisis event, establish relationships with the necessary individuals, departments, and organizations within UCLA to ensure effective and timely communication during the crisis event period.

- Prior to the crisis event, establish relationships with the necessary media channels/outlets to ensure effective and timely communication during the crisis event period.

- Prior to the crisis event, coordinate with the Ronald Reagan UCLA Medical Center to ensure an effective communication in response to a bacterial meningitis outbreak on the UCLA campus.
- Coordinate with the necessary individuals, departments and organizations within and outside of UCLA to protect the health of the UCLA community and the general public.

- Gain the confidence and trust of the UCLA community and the general public by providing information in an effectively, timely and professional manner.

**F. TACTICS/ACTIVITIES**

The following set of activities should be implemented in an effort to achieve the aforementioned objectives described in this Crisis Communications Plan. Activities may be added or deleted as deemed necessary by the crisis communication team. All activities are under the oversight of the UCLA Arthur Ashe Health & Wellness Center Director and are divided into pre-event, event, and post-event phases.

*Pre-Event Phase Activities*

1. Identify the Crisis Communication Team

   - Identify necessary roles and responsibilities of each team member. The Crisis Communication Team should include:
     - The Public Information Officer/Lead (Command and Control): Activates the plan, advises the chain of command, reviews all materials prior to release to media, obtains any necessary clearance, and ensures that crisis communication protocol is followed by all team members.
     - Content and Messages Coordinator: Performs chief writing duties for all public information such as translating situation reports and meeting notes, creating message maps, bacterial meningitis fact sheets, Q&As and updates, and tests/adapts all media messages.
     - Media Coordinator: Oversees all media monitoring systems and reports, assesses media needs, ensures media inquiries are addressed, develops and maintains media contacts and serves as the media liaison for the crisis communication team.
     - Direct Public Outreach Coordinator: Oversees public information monitoring systems and all communication activities other than media messages, including the UCLA Arthur Ashe Health & Wellness Center website, public service announcements, and other notices distributed to the public.
     - Partner/Stakeholder Coordinator: Serves as the liaison with partners/stakeholders by establishing communication protocols and arranging/facilitating meetings to provide information and receive input.
     - Rumor Control Coordinator: Monitors all external/internal communications and provides feedback on quality of communications. Provides information to prevent rumors from circulating among the UCLA community, the general public, newspapers, television, radio, or the Internet.
     - Supply Coordinator: Orders and maintains communications crisis supplies before, during, and after an event. Distributes the supplies to the necessary individuals, departments and organizations.

   - Develop a Communication Plan Organizational Chart.
• Discuss roles with each team member and provide a copy of written responsibilities.
  □ Have each team member create a flow chart of individual responsibilities. Each team
  member will also identify key staff that they will designate to carry out outlined
  functions. Discuss each chart as a group and get approval from the UCLA Arthur
  Ashe Health & Wellness Center Director.

2. Identify the resources needed to carry out the Communication Plan.
• Create a crisis timeline, outlining the timing and order of activities of the crisis
  communication staff once notified of the meningitis outbreak. If necessary, revisions to
  the timeline will be completed every September prior to the start of the Academic Year.
• Create a meningitis crisis timeline that outlines the timing and staff responsible for
  communication activities. If necessary, revisions to the timeline will be competed every
  September prior to the start of the Academic Year.

3. Identify key messages to communicate to the UCLA community and the public during the
   crisis event period.
• Create message maps and key messages to aid in creating press releases, fact sheets, and
  other tools that will be sent to UCLA students, faculty, and staff, parents/guardians, and
  media channels/outlets in the event of a meningitis outbreak. Partnering agencies will be
  involved to ensure that clear, appropriate and effective messages are being communicated.

4. Set up a 24-hour crisis hotline and extend UCLA Arthur Ashe Health & Wellness Center
   hours.
• A 24-hour hotline will be set up to provide basic information on the meningitis outbreak
  for the UCLA community, how to mitigate transmission, meningitis symptoms, the status
  of the outbreak, and ways that the Center is combating and responding to the issue.
• Scripts for the recordings on the hotline will be written by the Content and Message
  Coordinator and approved by the Director.
• Creation of scripts with responses to common questions that callers may have. Train at
  least five staff members on how to respond to calls and review the procedures as
  necessary.

5. Update the UCLA Arthur Ashe Health & Wellness Center website with the meningitis
   outbreak news. The Direct Public Outreach Coordinator will be responsible for assigning
   staff to establish, monitor, and update the website.
• The section of the UCLA Ashe Center website will provide basic information about
  bacterial meningitis, its symptoms, how to seek help, and the status of the outbreak in the
  UCLA dormitories. The website will also provide information about what the Ashe
  Center is doing to combat the outbreak and how the general public can do to prevent
  catching the disease as well.

6. The UCLA Arthur Ashe Health & Wellness Center Director and UCLA Chancellor will be
   the designated spokespersons to represent UCLA during a meningitis outbreak. Both will be
   responsible for communicating key messages, handling interviews and press conferences,
   and Q&A sessions.
7. Update template media materials and develop media contact lists including:
   - Fact sheets on all potentially relevant topics for a bacterial meningitis outbreak
   - Press statements and news releases
   - Biography for spokespersons
   - Contact information for local media outlets, stakeholders, and partners
   - Media call log to track inquiries during a crisis.

8. Determine stakeholders and partners to foster alliances. Input from the Crisis Communication Team and the Partner/Stakeholder Coordinator will be responsible for identifying and establishing relationships with possible partners and stakeholders, coordinating a plan with them, writing Memoranda of Understandings (MOUs) and maintaining updated contact information.

9. A staff member of the Crisis Communication Team will create an evaluation instrument to evaluate the meningitis communication plan. The instrument will assess how well the team responded to the outbreak, communicated with media agencies and partners/stakeholders, maintained the website and 24-hour hotline and updated materials.

Event Phase Activities

1. The UCLA Arthur Ashe Health & Wellness Center Director and the PIO will work together to verify and confirm the meningitis outbreak at Hedrick Hall with the Los Angeles County Department of Public Health before activating the crisis communication plan.
   - The Director will activate the plan within one hour of official notification from the Local Health Officer to proceed. The Crisis Communication Team will be notified and assembled. A discussion of the plan of action and review of roles will take place.
   - Supply coordinator will set up operations area and gather necessary supplies, i.e. vaccines.

2. Conduct notification.
   - Follow established communication protocol including:
     - Send Bruin Alert emails and texts to the UCLA community (students, faculty, administrators, staff)
     - Provide updates as is necessary
     - Notify appropriate media channels/outlets
     - Update the website, initiate the 24-hour hotline, accrue supplies and staff for extended health center hours
     - Within two hours of the notification of the outbreak, send a media alert to all local media channels of the local area
     - Within three hours of the notification of the outbreak, send a press release to local media outlets to confirm the outbreak and to assure the UCLA community and the general public that the Ashe Center is taking the necessary actions and precautionary measures to contain the outbreak.

3. The Direct Public Outreach Coordinator will activate the website and 24-hour hotline.
   - Updates on the Website and hotline include current, up-to-date information. Include information about the status of the outbreak and number of affected people. The Special
Populations Coordinator will debrief and inform designated staff on how to answer commonly asked questions for the hotline.

- Website will be updated and the outbreak section activated with latest updates and information for additional assistance.

4. Update and develop fact sheets and other media materials as directed by the Public Information Officer/Lead.
   - Distribute media materials to partners/stakeholders and media agencies. Establish briefing schedule and protocols with the necessary partners/stakeholders.
   - Tailor messages to the particular situation and target population involved.

5. Continue to gather, check and maintain facts.
   - Determine the population affected by the outbreak. Determine what they need to know, what they may want to know, where the outbreak occurred, and what UCLA is doing about the situation.
   - Relay the frequency of the updates of the situation and the length of the extended hours of the Ashe Center.

6. The Content and Message Coordinator will prepare information and obtain approval for information released to media outlets.
   - Determine the target audience/population
   - Prepare initial media statement
   - Develop a list of possible questions and answers
   - Draft and obtain an approval of the initial news release

7. Conduct a press conference, preferably with the majority of the partners/stakeholders. Disseminate additional information as is necessary.

8. Throughout the crisis, the Rumor Control Coordinator should monitor student vocalizations, print, television, radio, and Web sources to see what is being said and if they are accurate. Inaccuracies that do occur need to be notified and addressed in subsequent news conferences, updates, and posted on the Website as well.

9. When UCLA Ashe Center Health Director confirms that the outbreak is contained, inform partners/stakeholders and media channels of the containment. The deactivation of the Crisis Communication Team will slowly disseminate as time passes to ensure a smooth transition to normalcy.

Post-Event Phase
1. Deactivate crisis hotline when directed by the Public Information Officer/Lead.

2. Update the website with a crisis summary, as written by the UCLA Arthur Ashe Health & Wellness Center Director, any contact information for victims in case of emergencies, and any other additional resources. Assure the UCLA community that the Ashe Center is committed all UCLA student and community health.
3. Create information sheets with a brief summary and assurance of the UCLA Arthur Ashe Health & Wellness Center’s commitment to keeping the UCLA community in good health, while promoting and enhancing overall well-being.

4. Develop media outlet messages to restore the public’s ease about living in UCLA dormitories/residence halls.

5. Conduct an evaluation of the activation of the Crisis Communication plan.
   - Evaluate plan as soon as possible following the crisis event period.
   - Use evaluation materials created in the pre-event phase to determine response in analyzing media coverage, activating the plan, and the updates of media materials, the website, and 24-hour hotline.
   - Conduct a hot wash to capture the lessons learned. Share the results with the rest of the UCLA health center staff and faculty. Conduct in-service trainings to improve the communication process if necessary.
   - Determine the need to change the crisis and emergency risk communication plan.
     - Determine the need to improve policies and/or procedures.
     - Revise crisis plan policies and procedures based on lessons learned.
     - Institutionalize changes with appropriate changes.

6. Write a report based on the findings of the communication evaluation.
   - Share report with all UCLA faculty, administrators and staff.
   - Post report on the UCLA Arthur Ashe Health & Wellness Center website.

G. TIMELINE

The following timeline outlines the pre-event activities for a Meningitis Crisis Communication Plan. This will focus on the development of media messages and materials, establishing relationships with partnering organizations, stakeholders, and media agencies, and the creation of evaluation tools.

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<tr>
<th>Month</th>
<th>Activity</th>
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<tr>
<td>July</td>
<td>Strategy and Planning&lt;br&gt;Write role descriptions of members of the Meningitis Crisis Communication Team&lt;br&gt;Identify members of the Meningitis Crisis Communications Team. Assemble and go over responsibilities.&lt;br&gt;Review the “Crisis and Emergency Risk Communication Tool Kit” and complete resources sheets and worksheets.&lt;br&gt;Meet with Supervisors, Health Officer, and Health Executive.&lt;br&gt;Identify and communicate with crisis communication team.&lt;br&gt;Develop a crisis communication plan and revise based on feedback.&lt;br&gt;Individual members will create a flow chart of individual responsibilities, identifying key staff to carry out outlined functions.</td>
</tr>
<tr>
<td>August</td>
<td>Create a timeline of crisis activities.</td>
</tr>
<tr>
<td>Month</td>
<td>Tasks</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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| September | - Designate area for crisis communications operations.  
- Identify key media organizations surrounding UCLA and its community.  
- Identify partnering and stakeholder agencies.  
- Create a crisis protocol based on flowchart.  
- Identify and secure supplies needed for the Meningitis Crisis Communication Team to effectively respond to the event.  
- Draft MOUs and obtain signatures from members of stakeholder and partnering agencies.  
- Identify key messages and create message maps. |
| October   | - Set up capabilities for Website and hotline.  
- Identify staff to update the Web crisis section of the UCLA Ashe Center website and hotline.  
- Update media contact lists with current information.  
- Update partnering agency lists with current information.  
- Draft scripts for hotline.  
- Draft crisis pages for the Web site.  
- Draft press releases, fact sheets, media advisories, and other materials. |
| November  | - Draft responses to possible questions to calls for the hotline.  
- Revise scripts for hotline and Web site. |
| December  | - Identify spokesperson.  
- Finalize press releases, fact sheets, media advisories, and other materials based on feedback.  
- Plan for mailing the Meningitis Communications Plan to partnering organizations, stakeholders, and media agencies.  
- Discuss the timeline and activities for evaluation of the Meningitis Communication Plan. |
| January   | - Record messages for the hotline.  
- Finalize Web pages and place on Web site without links to pages.  
- Write a biography of the spokesperson.  
- Hire a public relationship coach for the spokesperson, if necessary.  
- Draft instruments for evaluation of the Meningitis Crisis Communication Plan  
- Conduct focus groups to test readability of print materials and Web pages |
| February  | - Print media materials that don’t require updating.  
- Train spokesperson on appropriate responses, conduct mock interviews and question and answer sessions. Review every 6 months.  
- Review responsibilities during a crisis.  
- Train staff that will be working the hotline, review protocol every 6 months. |
| March     | - Finalize the Meningitis Crisis Communication plan, review and update every June as needed  
- Finalize instruments for evaluation of the plan  
- Stock printed media materials and note location  
- Mail/email Meningitis Crisis Communication Plan to partnering organizations, stakeholders, and media agencies |
H. MEASUREMENT

Several methods will be used to measure the effectiveness of the Meningitis Crisis Communication Plan. Feedback will also be assessed in debriefing meetings with the team and any auxiliary staff that contributed to the response effort. Main questions that will be asked include:

- What went well in the response? Why?
- What didn’t work? Why?
- What areas need improvement? What can be done to improve these areas?
- Were there any problems in the protocol of planning, staff needs, etc?

Comments will be summarized in a report and presented during a team meeting for review and recommendations. The Meningitis Crisis Team will make any necessary modifications.

Four focus groups of 8-10 people will be held with the UCLA community, including students, faculty, staff, parents, and the general public to determine the clarity and effectiveness of the messages. Main focus points will be the clarity of the messages, if the groups understood the message conveyed, how the group received the information, and if the group wanted felt the messages were satisfactory.

- To measure the response of the Meningitis Crisis Communication Team in activating the communication plan, a master tracking form called the Meningitis Communication Plan Activations Log will be used to write down the times key tasks were completed.
- Tracking forms will be used to gauge daily calls on the hotline, number of hits to the Web site, the number of media alerts, press statements and releases, and the number of media kits sent.
- A brief satisfaction survey will be sent to the UCLA community, hotline callers, and on the website to assess the quality of service and effectiveness in answering question and concerns.

All of the evaluation information will be compiled into a report and shared with the Meningitis Crisis Communication Team and the Health Director of the Ashe Center. Recommendations in the report will be used to modify and update protocols and procedures for the use in future meningitis outbreaks on UCLA campus.
APPENDIX A. List of UCLA Residential Communities and Contact Information

The following list includes information about each of the on-campus residential communities within UCLA. These individuals should be contacted in the event of a meningitis outbreak at one of the residence halls. This contact list should be updated every year, prior to the start of the Academic Year.

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<tr>
<th>Residential Community</th>
<th>Resident Director</th>
<th>Assistant Resident Director</th>
<th>Address</th>
<th>Phone</th>
<th>Number of Residents</th>
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<td>Sunset Village – Canyon Point</td>
<td>Megan Fox</td>
<td>Diana Rocacorba</td>
<td>330 De Neve Dr. Los Angeles, CA 90095</td>
<td>310.825.2075</td>
<td>Approx. 550</td>
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<tr>
<td>Sunset Village – Courtside</td>
<td>JoeAnn Nguyen</td>
<td>Katherina Jawaharial</td>
<td>330 De Neve Drive Los Angeles, CA 90095</td>
<td>310.825.2075</td>
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<tr>
<td>Sunset Village – Delta Terrace</td>
<td>Janelle Nicole Rahyns</td>
<td>Ryan Watson</td>
<td>330 De Neve Drive Los Angeles, CA 90095</td>
<td>310.825.2075</td>
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<td>De Neve Plaza – Acacia &amp; Birch</td>
<td>Andrew McClure</td>
<td>Brian Rodriguez</td>
<td>351 Charles E. Young Dr. Los Angeles, CA 90095</td>
<td>310.825.5451</td>
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<td>De Neve Plaza – Cedar &amp; Dogwood</td>
<td>Jermaine Ratliff</td>
<td>Kelly Shu</td>
<td>351 Charles E. Young Drive Los Angeles, CA 90095</td>
<td>310.825.5451</td>
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<td>De Neve Plaza – Evergreen &amp; Fir</td>
<td>Rebecca Panzica</td>
<td>Elicia Blackford</td>
<td>351 Charles E. Young Drive Los Angeles, CA 90095</td>
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<td>Michelle Le</td>
<td>Terrie Tran</td>
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<td>Rieber Vista</td>
<td>Kenya James-Nunley</td>
<td>Rita Qatami</td>
<td>310 De Neve Drive Los Angeles, CA 90095</td>
<td>310.825.2275</td>
<td>Approx. 700</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:kjames@orl.ucla.edu">kjames@orl.ucla.edu</a></td>
<td><a href="mailto:rqatami@orl.ucla.edu">rqatami@orl.ucla.edu</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saxon Suites</td>
<td>Elissa Lappenga</td>
<td>Jennifer Huang</td>
<td>310 De Neve Drive Los Angeles, CA 90095</td>
<td>310.825.2275</td>
<td>Approx. 390</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:saxonrd@orl.ucla.edu">saxonrd@orl.ucla.edu</a></td>
<td><a href="mailto:jhuang@orl.ucla.edu">jhuang@orl.ucla.edu</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sproul Hall</td>
<td>TiRease Holmes</td>
<td>Juliette Roll</td>
<td>350 De Neve Drive Los Angeles, CA 90095</td>
<td>310.825.2075</td>
<td>Approx. 1065</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:tholmes@orl.ucla.edu">tholmes@orl.ucla.edu</a></td>
<td><a href="mailto:jroll@orl.ucla.edu">jroll@orl.ucla.edu</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


## APPENDIX B. Media Channel/Outlet Contact List

The following list includes media channels/outlets within the UCLA community and also Los Angeles County who may need to be contacted in the event of a meningitis outbreak on the UCLA campus. Email addresses are not available for each of the following contacts, as they are most accessible by phone. This list should be updated every four months.

<table>
<thead>
<tr>
<th>Media Channel/Outlet</th>
<th>Contact Person</th>
<th>Address</th>
<th>Email</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Daily Bruin</td>
<td>Sarah Jo, News Editor</td>
<td>118 Kerckhoff Hall 308 Westwood Plaza Los Angeles, CA 90024</td>
<td><a href="mailto:sjo@media.ucla.edu">sjo@media.ucla.edu</a></td>
<td>310.825.9898</td>
<td>310.206.0906</td>
</tr>
<tr>
<td>The Daily Bruin TV</td>
<td>Corinne Crockett, DBTV Executive Producer</td>
<td>118 Kerckhoff Hall 308 Westwood Plaza Los Angeles, CA 90024</td>
<td><a href="mailto:ccrockett@media.ucla.edu">ccrockett@media.ucla.edu</a></td>
<td>310.825.9898</td>
<td>310.206.0906</td>
</tr>
<tr>
<td>UCLA Newsroom – Office of Media Relations</td>
<td>Claudia Luther, Sr. Media Relations Representative (Student Health)</td>
<td></td>
<td><a href="mailto:cluther@support.ucla.edu">cluther@support.ucla.edu</a></td>
<td>310.206.8258</td>
<td></td>
</tr>
<tr>
<td>UCLA Newsroom</td>
<td>Kevin Roderick, Director</td>
<td></td>
<td><a href="mailto:kroderick@support.ucla.edu">kroderick@support.ucla.edu</a></td>
<td>310.825.4854</td>
<td></td>
</tr>
<tr>
<td>UCLA Today (Faculty and Staff News)</td>
<td>Alison Hewitt, Staff Editor</td>
<td></td>
<td><a href="mailto:today@support.ucla.edu">today@support.ucla.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Los Angeles Times</td>
<td>David Lauter, Assistant Managing Director</td>
<td>202 W. 1st St. Los Angeles, CA</td>
<td></td>
<td>213.237.5000</td>
<td>213.237.7679</td>
</tr>
<tr>
<td>LA Daily News</td>
<td>Carolina Garcia, Editor</td>
<td>P.O. Box 4200 21860 Burbank Boulevard, Suite 200 Woodland Hills, CA</td>
<td></td>
<td>818.713.3000</td>
<td>818.713.0058</td>
</tr>
</tbody>
</table>
APPENDIX C. Sample Partners/Stakeholders Listing

The following list comprises departments/individuals/organizations within the UCLA community and Los Angeles County who may need to be contacted in the event of a meningitis outbreak. Email addresses are not available for each of the following contacts, as they are most accessible by phone. Contact information for these individuals should be updated every four months.

<table>
<thead>
<tr>
<th>Department/Organization</th>
<th>Contact Person</th>
<th>Address</th>
<th>Email</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Regents</td>
<td>Richard C. Blum, Chairman Office of the Secretary and Chief of Staff</td>
<td>1111 Franklin St., 12th floor Oakland, CA 94607</td>
<td></td>
<td>510.987.9220</td>
<td>510.987.9224</td>
</tr>
<tr>
<td>UCLA Office of Residential Life</td>
<td>Scott Carter, Assistant Director</td>
<td>370 De Neve Dr. Los Angeles, CA 90095</td>
<td><a href="mailto:scarter@orl.ucla.edu">scarter@orl.ucla.edu</a></td>
<td>310.825.3401</td>
<td>310.825.0994</td>
</tr>
<tr>
<td>UCLA School of Public Health</td>
<td>Amulet Chambers, Office of the Dean</td>
<td>650 Charles E. Young Dr. South 16-035 CHS Los Angeles, CA 90095</td>
<td><a href="mailto:achambers@ph.ucla.edu">achambers@ph.ucla.edu</a></td>
<td>310.825.6381</td>
<td>310.825.8440</td>
</tr>
<tr>
<td>UCLA Police Department</td>
<td>Police Community Service Director</td>
<td>Kinross Building 11000 Kinross Ave. Los Angeles, CA 90095</td>
<td></td>
<td>310.825.1491</td>
<td>310.206.2550</td>
</tr>
<tr>
<td>UCLA Dining Services</td>
<td>Connie Foster, Director of UCLA Dining Services</td>
<td>360 De Neve Dr. Los Angeles, CA 90095</td>
<td></td>
<td>310.206.8654</td>
<td>310.206.3893</td>
</tr>
<tr>
<td>UCLA Environment, Health &amp; Safety</td>
<td>James Gibson, Director of Environment, Health, &amp; Safety</td>
<td>501 Westwood Plaza, 4th Floor Los Angeles, CA 90095</td>
<td></td>
<td>310.825.5689</td>
<td>310.825.9797</td>
</tr>
<tr>
<td>Ronald Reagan UCLA Medical</td>
<td>Mark Wheeler, Senior Media</td>
<td>924 Westwood Blvd., Suite 350 Los Angeles,</td>
<td><a href="mailto:mwheeler@mednet.ucla.edu">mwheeler@mednet.ucla.edu</a></td>
<td>310.794.2265</td>
<td>310.794.2259</td>
</tr>
<tr>
<td>Center</td>
<td>Relations Officer</td>
<td>CA 90095</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles County Department of Public Health</td>
<td>Sarah Kissell, Public Information Officer</td>
<td><a href="mailto:skissell@ph.lacounty.gov">skissell@ph.lacounty.gov</a></td>
<td>213.240.8144</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX D. Sample Message Maps**

**Stakeholder:** Parents with Children Attending School  
**Question:** What can be done to prevent bacterial meningitis (*Neisseria meningitis*)?

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial infection common in young children and people living closely, like university dormitories/residence halls.</td>
<td>Get vaccine to prevent bacterial meningitis (two vaccines available, MCV4 and MPSV4).</td>
<td>Meningococcal vaccination recommended for first year students living in residence halls.</td>
</tr>
<tr>
<td><strong>Supporting Fact 1-1</strong></td>
<td><strong>Supporting Fact 2-1</strong></td>
<td><strong>Supporting Fact 3-1</strong></td>
</tr>
<tr>
<td>Affects more men than women.</td>
<td>MPSV4 is for people 2-10 or over 55 and MCV4 is for people 11-55 years old.</td>
<td>Protects against 4 of the 5 strains.</td>
</tr>
<tr>
<td><strong>Supporting Fact 1-2</strong></td>
<td><strong>Supporting Fact 2-2</strong></td>
<td><strong>Supporting Fact 3-2</strong></td>
</tr>
<tr>
<td>Those with chronic illnesses like ear and nose infections are at higher risk.</td>
<td>Eliminates most of the bacteria in young children.</td>
<td>70-80% of cases are caused by these four strains.</td>
</tr>
<tr>
<td><strong>Supporting Fact 1-3</strong></td>
<td><strong>Supporting Fact 2-3</strong></td>
<td><strong>Supporting Fact 3-3</strong></td>
</tr>
<tr>
<td>Persons can be contagious (able to transmit disease) from 2 days to 2 weeks.</td>
<td>Bacterial meningitis in children more commonly occurs in places where vaccine is still too expensive, such as Africa.</td>
<td>Disease mainly affects those between 15-20 years old.</td>
</tr>
</tbody>
</table>
**Stakeholder:** College Students

**Question:** What are the signs and symptoms and modes of transmission of bacterial meningitis (*Neisseria meningitis*)?

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
<th>Key Message 4</th>
<th>Key Message 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A stiff neck with headache is one of the first symptoms people experience.</td>
<td>Red and purple rash may occur.</td>
<td>Bacterial meningitis can be difficult to diagnose.</td>
<td>Bacteria is spread person to person.</td>
<td>Early diagnosis is important.</td>
</tr>
</tbody>
</table>

**Supporting Fact 1-1**
- An infected person will not be able to lower chin to chest.
- Skin rash will occur with stiff neck.

**Supporting Fact 1-2**
- Occurs in almost 70% of cases.
- Small, irregular purple or red spots on body.

**Supporting Fact 1-3**
- 44-46% of cases with stiff neck, headache, and sudden fever are bacterial meningitis.
- Usually on chest, hands, and feet.

**Supporting Fact 2-1**
- Can resemble the flu.

**Supporting Fact 2-2**
- Symptoms progress rapidly.

**Supporting Fact 2-3**
- If symptoms occur suddenly or are severe, seek university/college health center, or primary care physician.

**Supporting Fact 3-1**
- Affected people normally have impaired immune system.

**Supporting Fact 3-2**
- Spread through the air and through bodily fluids, like from coughing or sneezing.

**Supporting Fact 3-3**
- If symptoms occur suddenly or are severe, seek university/college health center, or primary care physician.

**Supporting Fact 4-1**
- If symptoms occur, patient should see doctor right away.

**Supporting Fact 4-2**
- Doctor will take a sample of spinal fluid to diagnose.

**Supporting Fact 4-3**
- Spread through direct contact with an infected person, like kissing.

**Supporting Fact 5-1**
- Early diagnosis is important.

**Supporting Fact 5-2**
- Doctor will take a sample of spinal fluid to diagnose.

**Supporting Fact 5-3**
- Doctor will identify the correct strain of bacteria to select antibiotics for treatment.
Stakeholder: University Community Housing/Residence Hall Staff

Question: What can university housing staff do if there is a suspected bacterial meningitis outbreak both now and in the future?

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine the source of the outbreak (a sudden occurrence, or more than normal increase of a disease) and develop a response plan.</td>
<td>Determine available resources (i.e. vaccines and/or treatment).</td>
<td>Learn how to prevent future outbreaks (a sudden occurrence, or more than normal increase of a disease) from occurring.</td>
</tr>
</tbody>
</table>

**Supporting Fact 1-1**
- Contact the university/college health center and/or local health department to determine protocol for possible meningitis outbreaks.

**Supporting Fact 1-2**
- Identify, notify and provide treatment to the point source (source of exposure to bacterial meningitis) and exposed persons to prevent further spread.

**Supporting Fact 1-3**
- Create a response plan for staff to control the outbreak (a sudden occurrence, or more than normal increase of a disease) and to prevent further spread.

**Supporting Fact 2-1**
- Contact the university/college health center and/or local health departments to identify available resources for prevention and treatment.

**Supporting Fact 2-2**
- Triage students who need care and isolate those students from rest of student body to prevent further spread.

**Supporting Fact 2-3**
- Cancel classes, close school if cases continue to manifest, vaccinate students, and encourage those on campus to wear face masks and to wash hands often.

**Supporting Fact 3-1**
- Maintain high vaccination rates among university students to create herd immunity.

**Supporting Fact 3-2**
- Create educational/awareness campaigns for students living both on and off campus to prevent and/or transmit bacterial meningitis.

**Supporting Fact 3-3**
- Create policy requiring all incoming 1st years to get vaccinated before moving into dorms/residence halls.
FOR IMMEDIATE RELEASE

CONTACT: Jo Ann Dawson, MD, MPH
UCLA Arthur Ashe Student Health & Wellness Center
221 Westwood Plaza
Los Angeles, CA 90095-1703
Phone: (310) 825-4073
August 20, 2009

UCLA ASHE CENTER MAKING AN EFFORT TO PREVENT MENINGITIS AMONG UCLA STUDENTS

LOS ANGELES, California (August 20, 2009) – The UCLA Arthur Ashe Health & Wellness Center (UCLA Ashe Center) announced today that they will start the upcoming 2009-2010 Academic Year by offering the meningococcal vaccine to all students, both incoming and returning. Getting vaccinated is the best way to prevent meningitis.

The meningococcal vaccine will be offered to incoming first-year students during Move-In Day and during the first three weeks of the Fall Quarter. It will also be available to all other students during the first three weeks of instruction. The vaccine will be available by appointment and/or walk-in at the UCLA Ashe Center (UCLA’s health center). The Ashe Center is located on the main UCLA campus, across from the Ackerman Student Union.

“Providing the meningococcal vaccine to students at the beginning of the year will help to ensure that all students are protected from meningitis,” said Dr. Jo Ann Dawson, Executive Director of the UCLA Ashe Center. “It is important to protect students early to prevent and/or reduce the possibility of an outbreak.” The Ashe Center will offer the vaccine as part of its efforts to
protect students from contracting meningitis, particularly those cohabiting in residence halls and graduate housing. The disease is most common among those living in close quarters such as dormitories. These steps are being taken to prevent an outbreak from occurring, as there is no epidemic, or outbreak at this time.

Meningitis is an infection of the fluid that surrounds the brain and spinal cord. It is often called spinal meningitis. It is usually caused by a bacterial or viral infection. Viral infections are less severe, while bacterial infections can be fatal if left untreated.

Since bacterial meningitis is more severe and most easily spread through cohabitation, the UCLA Ashe Center will be providing Menactra™, a vaccine that protects against bacterial meningitis. It is recommended for people ages 11 to 55 years and is effective in protecting against the most common strains of the meningitis bacteria.

“Menactra™ will provide protection against and will help reduce one’s chances of getting meningitis. The Centers for Disease Control and Prevention (CDC) recommends that people ages 11 through 18 years old get vaccinated,” said Dr. Dawson.

If you would like more information about getting the Menactra™ vaccine, or if you are interested in learning more about the UCLA Ashe Center’s efforts to get all students vaccinated, please contact the UCLA Ashe Center Hotline at: (310) 825-4073.

###
FOR IMMEDIATE RELEASE

CONTACT: Jo Ann Dawson, MD, MPH
UCLA Arthur Ashe Student Health & Wellness Center
221 Westwood Plaza
Los Angeles, CA 90095-1703
Phone: (310) 825-4073
January 20, 2010

UCLA’S EFFORTS TO CONTAIN RECENT MENINGITIS OUTBREAK IN 1st YEAR RESIDENCE HALLS

LOS ANGELES, California (January 20, 2010) – The UCLA Arthur Ashe Health & Wellness Center (UCLA Ashe Center) announced today that all precautions and actions will be taken to contain the recent meningitis outbreak in Hedrick Hall, one of the UCLA 1st year residence halls. Fifteen students living on the second floor of Hedrick Hall were recently confirmed to have bacterial meningitis. All other residents of Hedrick Hall have been notified and have been referred to the UCLA Ashe Center if they were not feeling well. Vaccinations are also being provided to those residents that are currently unvaccinated. Normal working hours at the UCLA Ashe Center will be extended until further notice and are posted on the UCLA Ashe Center’s website (www.studenthealth.ucla.edu).

Meningococcal bacteria is spread by direct, close contact with nose or throat discharges of an infected person. Examples of direct contact are through kissing, hugging or coughing. “To contain the outbreak, the UCLA Ashe Center will provide workshops for students living in all of the on-campus residence halls. They will review basic sanitation and hygiene techniques, particularly hand washing,” said Dr. Jo Ann Dawson, Executive Director of the UCLA Ashe Center.
Symptoms of meningitis include high fever, stiff neck, and rash. If students are displaying these symptoms or suspect they have been exposed, they are encouraged to seek help at the Ashe Center. Currently, there are 15 students diagnosed with meningitis who are being treated at the UCLA hospital. The Ashe Center expects that the case number will increase, but practicing proper sanitation and hygiene will help contain the outbreak. They advise students not to share utensils, to not attend class if they are feeling sick, to seek medical aid and to wash hands frequently.

If you would like more information about possible signs and symptoms of meningitis or to express any concerns, please contact the UCLA Ashe Center Hotline at: (310) 825-4073.

###
APPENDIX F. Sample Fact Sheets
Quick Facts

- Nearly 1,000 to 2,600 people get meningitis each year in the United States.
- 10-15% of people with meningitis will die, even when treated with antibiotics.
- 11-19% of people infected with meningitis will lose their arms or legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer from strokes or seizures.
- However, there are vaccines created to prevent meningitis.

What is bacterial meningitis?

Bacterial meningitis is a serious bacterial illness. In the United States, it is a leading cause of meningitis among people ages 2-18 years old. Bacterial meningitis is an infection of the fluid that surrounds the brain and spinal cord. It is also sometimes called spinal meningitis, or just meningitis.

What’s Inside:

<table>
<thead>
<tr>
<th>Who’s at risk?</th>
<th>How do you get it?</th>
<th>How do you prevent it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find out who’s at risk for getting meningitis.</td>
<td>Learn how meningitis is spread.</td>
<td>Get information on how to prevent bacterial meningitis.</td>
</tr>
</tbody>
</table>
Know the Facts

Educating yourself about meningitis, how you can get it and how you can prevent it will help to keep you safe and healthy!

Who gets it?

Anyone can get meningitis, but it is more common in infants and children. First year college students living in the dorms, however have an increased risk of getting the disease. Other people who are at increased risk include people who are in close contact with someone who is infected, people with a compromised immune system (lowered immune system) and people traveling to parts of the world where meningitis is prevalent, like parts of Africa. Every year in the United States, there are nearly 1,000-2,000 cases of meningitis and about 300 people die from it.

How is it spread?

The meningitis bacteria is spread by direct, close contact with nose or throat discharges of an infected person, like from kissing or coughing.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are common symptoms of meningococcal disease. These symptoms may appear two to ten days after exposure, but they usually develop within five days. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Other symptoms include nausea, confusion and sleepiness.
Frequently Asked Questions

Q. If I have been in contact with someone diagnosed with meningitis, should I be treated?
A. Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to consider preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Q. Is there a vaccine to prevent bacterial meningitis?
A. The CDC had recommended two vaccines to prevent bacterial meningitis, Menactra™ and Menomune™. Menactra™ was recently approved in 2005 and uses the MPSV4 type to prevent the disease in people 11 to 55 years old. The previous licensed version, Menomune™, is for individuals under 11 years, but over 55 years of age. It is for children 2-10 years old and adults older than 55 years old. Both vaccines are 85-100% effective in preventing three of the four strains of the meningococcal bacteria.

Q. Is the vaccine safe?
A. Both vaccines are currently available and both are safe and effective.

Q. Should I get the meningococcal vaccine?
A. The vaccine is recommended for all adolescents entering middle school (11 to 12 years old) and high school (15 years old), and all first-year college students living in dormitories. The vaccine, however, is beneficial to all teenagers and young adults in the United States. It is therefore important that young children, adolescents and young adults receive the bacterial meningitis vaccine.

Q. How long will the vaccine protect me?
A. Menomune™, the older vaccine, requires booster doses (shots) every three to five years. Although research is still pending, the new vaccine, Menactra™, will probably not require any booster doses.
What should I look for?

Common symptoms of meningitis in persons over 2 years of age:
- High fever
- Headache
- Stiff neck

These symptoms can develop over several hours, or they may take 1 to 2 days.

Need more information?

Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion and sleepiness. As the disease progresses, patients of any age may have seizures.

You can find more information at:
- The Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
- The National Institutes of Health [www.nih.gov](http://www.nih.gov)
- Confederation of Meningitis Organisations [www.comoonline.org](http://www.comoonline.org)
- Los Angeles County Department of Public Health [http://lapublichealth.org](http://lapublichealth.org)
What is bacterial meningitis?

Bacterial meningitis is a serious bacterial illness. In the United States, it is a leading cause of meningitis among people ages 2-18 years old. Bacterial meningitis is an infection of the fluid that surrounds the brain and spinal cord. It is also sometimes called spinal meningitis, or just meningitis.

Quick Facts

- Nearly 1,000 to 2,600 people get meningitis each year in the United States.
- 10-15% of people with meningitis will die, even when treated with antibiotics.
- 11-19% of people infected with meningitis will lose their arms or legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer from strokes or seizures.
- However, there are vaccines created to prevent meningitis.

What’s Inside:

Who’s at risk?
Find out who’s at risk for getting meningitis.

How do you get it?
Learn how meningitis is spread.

How do you prevent it?
Get information on how to prevent bacterial meningitis.
Know the Facts

Educating yourself and your family will help you to determine your risk, will teach you how to prevent meningitis and will also keep you and your family safe.

Who’s at risk?

Everyone can get meningitis; however, it is most common in infants less than one year old and also in people with medical conditions. In addition, college freshmen that live in dormitories and teenagers ages 15-19 have an increased risk of getting the disease.

Meningitis can be treated with drugs like penicillin; however, about 1 out of 10 people who get the disease still die from it. Many others are also affected for life. It is therefore very important to get the meningococcal vaccine to prevent from getting meningitis, especially for those at highest risk.

How do you get it?

Some forms of bacterial meningitis are contagious. They are usually spread through respiratory and throat secretions, like coughing, kissing or hugging. This bacteria is not spread by causal contact or simply breathing the same air as someone who has the disease.

The bacteria can sometimes cause meningitis in people who have close or prolonged contact with someone who has the disease. This usually occurs among people in the same household or day-care center, or from direct contact with an infected person’s oral secretions.
How do you prevent meningitis?

You can protect yourself from getting bacterial meningitis by getting vaccinated. There are two kinds of meningitis vaccines available in the United States: Meningococcal conjugate vaccine (MCV4) and Meningococcal polysaccharide vaccine (MPSV4).

MCV4 is the preferred vaccine for people ages 2 to 55 years. MPSV4 is only used if MCV4 is not available, and it is for people over the age of 55.

A dose of the MCV4 vaccine is recommended for children and young adults ages 11-18 years. This is normally given during the routine pre-adolescent immunization visit around 11-12 years old. However, those who did not get the vaccine at that age should get it at the earliest opportunity.

Both vaccines can prevent 4 of the 5 types of bacterial meningitis, including 2 of the 3 most common ones that are found in the United States. The vaccine cannot prevent all types of the disease, but it does protect people.

This vaccine is also recommended for people at increased risk including:

- College freshmen living the dorms and residence halls
- Microbiologists who are routinely exposed to the bacteria
- U.S. military recruits
- Anyone traveling to, or living in a part of the world where meningitis is common, such as parts of Africa
- Anyone who has a damaged spleen, or whose spleen has been removed
- Anyone who has an immune system disorder
- People who might have been exposed to meningitis during an outbreak

What signs and symptoms should I look for?

Common symptoms of meningitis in persons over 2 years of age include:

- High fever
- Headache
- Stiff neck

These symptoms can develop over several hours, or they may take up to 1 to 2 days.

Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion and sleepiness. As the disease progresses, patients of any age may also have seizures.

The classic symptoms may be absent or more difficult to detect among newborns and small infants. Infants may appear to be inactive, irritable or be feeding poorly.
Need more information?

You can find more information at:
The Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
The National Institutes of Health [www.nih.gov](http://www.nih.gov)
Confederation of Meningitis Organisations [www.comoonline.org](http://www.comoonline.org)
Los Angeles County Department of Public Health [http://lapublichealth.org](http://lapublichealth.org)

County of Los Angeles
Department of Public Health
Acute Communicable Disease Control (ACDC)
313 N. Figueroa Street, Room 212
Los Angeles, CA 90012

Los Angeles County Resident
852 N. Bunker Hill Ave.
Los Angeles, CA 90012
I. References

i Centers for Disease Control and Prevention. Meningitis. 

ii Centers for Disease Control and Prevention. Meningitis. 

iii Centers for Disease Control and Prevention. Meningitis. 

iv California Department of Health Services. Crisis & Emergency Risk Communication Tool Kit. 
February, 2005.