

From: Goodwin, Kristine C

Sent: Sunday, February 15, 2015 4:46 PM

To: all.2015; all.2016; all.2017; all.2018

Subject: Continue to Help in the Fight against Meningitis - Timely Message Please open ASAP

Dear Students,

I am writing in cooperation with the Centers for Disease Control and Prevention (CDC) and the RI Department of Public Health (HEALTH) who have asked for our help in an important study to evaluate the impact of the recently administered serogroup B meningococcal vaccine. Representatives from the CDC and HEALTH will be on campus this week, February 17-21, and hope to collect throat swabs from as many students as possible. *Your participation in this study is entirely voluntary, but due to the importance of this research, we encourage you to participate. As a small token of appreciation, we will credit your meal card for \$5.*

THE WHOLE PROCESS SHOULD TAKE LESS THAN 15 MINUTES OF YOUR TIME!

Further information is as follows:

What is a throat swab?

A swab, similar to a Q Tip, is put in the throat (back of the mouth) for a few seconds, like being tested for strep throat. That swab is then analyzed in a lab to see if meningococcal bacteria are on it.

Who can participate?

Undergraduate students over 18, as well as graduate students who live in the residence halls, can participate in this throat swab survey whether or not they received the vaccine.

How and when can you participate?

If you'd like to volunteer to get a throat swab to help us fight meningitis, come to one of the following swabbing sessions on campus:

- Tuesday, February 17: 3-9 PM in Aquinas Lounge
- Wednesday, February 18: 12-8 PM in Aquinas Lounge *and* Suites Hall Pavilion
- Thursday, February 19: 12-8 PM in Aquinas Lounge *and* Suites Hall Pavilion
- Friday, February 20: 12-8 PM in Aquinas Lounge *and* Suite Halls Pavilion

Why is it important to participate?

This was the first time that this particular serogroup B Vaccine (Trumenba®) was used in an outbreak setting in the United States. This evaluation will allow the CDC to monitor the extent to which serogroup B vaccination had an impact on reducing the circulation of the bacteria that caused meningitis among students at Providence College.

If you have further questions, see the attached meningococcal carriage fact sheet, or e-mail meningvaccine@cdc.gov.

Please note that our Student Health Center is not involved with this evaluation; questions should be directed to the CDC.

Thank you in advance to all who will agree to participate in this important study.

Sincerely,

Kristine C. Goodwin

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The information from the fact sheet is as follows:

Meningococcal Carriage Fact Sheet

What is meningococcal carriage?

You can occasionally have meningococcal bacteria at the back of your nose and throat without any symptoms of illness. This is known as “carriage” or “carrying the bacteria,” and the bacteria can come and go over time. At any given time, 5% to 10% of people may carry meningococcal bacteria in their nose and throat. Carrying the bacteria may also benefit the individual by providing some protection from disease.

Is meningococcal carriage considered dangerous?

Finding meningococcal bacteria in your nose and throat is not usually considered dangerous. When you carry meningococcal bacteria in the back of your nose and throat, it is rare for these bacteria to move and invade other parts of your body and make you sick. It is only considered dangerous if you have also recently been exposed (within the last 10 days) to a person with meningococcal disease (meningitis or blood infection). This is considered dangerous since it means the strain that the ill person spread to you is one that is more likely to cause disease. Some strains of meningococcal bacteria are stronger and more likely to make you sick than other weaker strains, which will just spend some time in your nose and throat and then go away.

A benefit to carriage of meningococcal bacteria is that it allows your immune system to develop protection against the carried strain. People who have been carriers for more than a week are at low risk for disease from the carried strain (even if it is a strain known to cause disease) because of the immunity they have developed.

How do you test someone for meningococcal carriage?

A swab, similar to a “Q-tip,” is put in the throat (back of the mouth) for a few seconds, like when you get tested for strep throat. That swab is then analyzed in a lab to see if meningococcal bacteria are on it.

Why is a carriage evaluation being done along with vaccination at Providence College?

Some meningococcal vaccines have been shown to prevent carriage, or eliminate carriage if you already have the bacteria in your nose and throat. Since this serogroup B vaccine has not been previously used in an outbreak situation, we hope to learn whether this vaccine can also prevent carriage. This is an important opportunity to monitor the extent to which serogroup B vaccination had an impact on reducing the circulation of meningococcal bacteria among students at Providence College. The findings will be helpful for deciding when to use this vaccine in future outbreaks.

Who will be part of the carriage evaluation?

Students 18 years of age and older at Providence College who are in the group recommended to receive the serogroup B meningococcal vaccine are invited to participate in the carriage evaluation. This includes all undergraduates, graduate students who live in dormitories. Participation is voluntary. Even if students did not receive the vaccine, they can still participate in this throat swab survey.

Are there any risks to students who participate in the carriage evaluation?

Swabbing of the throat’s surface is unlikely to cause any adverse reactions, but occasionally may cause a momentary feeling of choking or discomfort in some people.

Will there be other carriage evaluations on campus?

When students come to the vaccine clinic to receive their second dose of the serogroup B meningococcal vaccine (early April), students can participate in another throat swab survey while waiting the required 15-20 minutes following vaccination. A third swab survey will occur one month after the second vaccine dose (early May). You can expect an e-mail from Providence College administration letting you know about the second and third swabs.

What information will be collected from the students who participate in the carriage evaluation?

Personally identifying information including name, date of birth, residence hall, and phone number will be used to follow-up with participants. Participants will be given a short questionnaire to complete at the time of each swab to determine potential risk factors for carriage. The questionnaire will ask about recent antibiotic use, recent respiratory illness, basic demographics, smoke exposure, and social behaviors.

How will the information about the students be kept private?

Each participant will be assigned a unique identifier number. This unique identifier number will be used when individual data from the questionnaire and throat swab results are entered into a password-protected computerized database. The database will be maintained in a secure location at Providence College, Rhode Island Department of Health, and CDC. Only the Providence College and Rhode Island Department of Health will maintain a list of names and contact information that is linked to their corresponding unique identifier numbers. Any records that identify participants by name will be kept private to the extent permitted by law.

Will students be told their throat swab results?

Because providing preventive antibiotics is not recommended for meningococcal carriage, the carriage results will not automatically be provided to students. However, if a student would like to know their test results, they can email CDC. Results will be available about 1-2 months after each survey. More information on how the student can get their results will be available when they enroll in the evaluation.

It is possible that other species in the same family as the bacteria that causes meningococcal disease (the family name is called *Neisseria*) will be found in the swab specimen. If *Neisseria gonorrhoeae* (the bacteria that cause [gonorrhea](#)) are found, participants will automatically be notified in a confidential manner and offered information and treatment by the Rhode Island Department of Health following the current treatment guidelines.

Shouldn't a known meningococcal carrier take antibiotics just in case?

This is not recommended because of the low risk of disease associated with meningococcal carriage, the small but known risk of taking unnecessary antibiotics (such as antibiotic allergy and promoting antibiotic-resistant disease), and the theoretical risk of preventing beneficial natural immunity to the carried germ. Providence College Student Health Center intends to follow CDC and Rhode Island Department of Health recommendations regarding use of antibiotics in carriers. Please feel free to discuss these issues further with your doctor.