

A close-up photograph of a woman with blonde hair, smiling broadly and holding a young child. The child is laughing with their eyes closed. The woman's hand is visible, holding the child's arm. The background is softly blurred, showing a home interior.

In **YOUR** Hands

Anyone can *contract*
meningococcus! But every
case is *one* too many!

Here's how to protect your child from a severe disease. Information brochure for parents.

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What are *meningococci*?

Meningococci are bacteria that settle in the nasopharynx of humans.

Transmission occurs via droplet infection (e.g. through sneezing, coughing or kissing) or direct, close contact with those infected. An invasive meningococcal disease (hereafter called meningococcal disease) is very rare.

In those who contract it, the disease mainly progresses as **meningitis** or **sepsis (blood poisoning)** and can thus quickly **become life-threatening**.

Meningococci are divided into so-called serogroups. 95% of cases worldwide are caused by the five serogroups A, B, C, W and Y.



The key facts:

- One in ten people carry meningococcus and are therefore a potential transmitter - even without falling ill themselves.
- Fortunately, relatively few people contract meningococcal disease, but it is usually very severe for those who do.
- The carrier rate is low during the first years of life and increases in teenagers and young adults.
- Transmission occurs via droplet infection (e.g. through sneezing, coughing or kissing) or direct, close contact with those infected.

How dangerous is a *meningococcal disease* and how can you become infected?

As the pathogens are transmitted **from person to person**, there is an increased risk of infection, especially in places where many people come together. This can happen when there are **crowds**, for example at festivals, clubs or restaurants, when visiting local markets or using public transport!

Meningococcal disease is often severe and the possible consequences can also be dramatic. Approximately **one in ten cases are fatal**. This can happen within 24 hours.

In **10-20%** of cases, the result of meningococcal disease is severe damage such as deafness, developmental disorders, severe scarring or even amputations.



How can I recognise *meningococcal disease*?

Unfortunately, the symptoms are often non-specific at the beginning and the disease can easily be mistaken for another illness (e.g. flu). Watch out for:



Fever, bad headaches, shivering, sensitivity to light



Sudden bleeding under the skin: small red-violet dots that get bigger quickly



Dizziness and vomiting, stiff neck



Loss of consciousness, seizures

The symptoms are often unclear, but having said that, they must be treated immediately, because approximately one in ten cases become fatal within the first 24 hours. Speed can save lives!

If suspected, go to hospital immediately!

If suspected, a glass test can give an indication of meningococcal disease.

This is how to do it: Press a transparent glass onto the area where there is bleeding under the skin. If the spots do not disappear, this is a sign of onset meningococcal sepsis (Fig. 1). With a mere skin rash of other origin, the spots would disappear (Fig. 2). It goes without saying that the test is no substitute for visiting a doctor. A positive test shows that you need to take your child to hospital immediately.



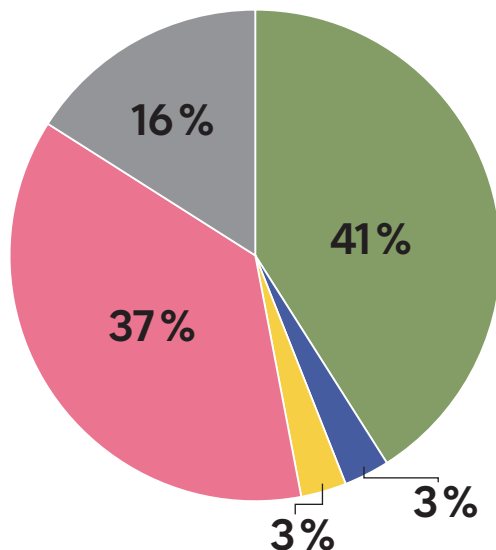
Fig. 1



Fig. 2

Which serogroups are *present in Germany*?

Percentage share of **serogroups in 2023*** in **Germany**



A total of 254* cases:
the majority of
meningococcal infections
in Germany are currently
caused by serogroups
B, C, W and Y



Sharp rebound in case numbers after the COVID-19 pandemic: **Serogroup Y is on the rise.**



Mia also contracted meningococcus*

**Quick and intensive medical treatment
couldn't prevent amputations**



In the evening, Mia, 10 years old, feels unwell: she has a sore throat, nausea and no appetite. Later she starts shivering and has a high temperature as well. At the same time, her arms and legs feel cold. When small red dots start to spread over Mia's body during the night, her parents start to worry and make the right decision: that same night, they take their daughter to the hospital. Mia's condition deteriorates increasingly and she is transferred to the paediatric intensive care unit with suspected meningococcal sepsis. There, Mia suffers a septic shock and the diagnosis of serogroup W meningococcal sepsis is confirmed. The red dots (medically petechiae = bleeding under the skin) have developed into large dark spots. Despite immediate treatment, extensive necrosis develops on the hands and feet and Mia loses four fingers and a foot. The little girl is very lucky and survives, but a vaccination against meningococci ACWY could have prevented this fate.

A patient and young mother explains why it is so important for her to be vaccinated against meningococcal disease:



* Name changed, true story

How can you *protect your child?*

The Standing Committee on Vaccination (STIKO) currently recommends vaccination against meningococcal serogroups **B** from the age of two months and **C** from the age of 12 months. In addition, vaccination against serogroups **A**, **C**, **W** and **Y** can also be carried out from the age of 12 months, thus providing children with broader vaccination protection.

Talk to your paediatrician about the possibilities of comprehensive vaccination protection against meningococci.



More *information*



www.impfen.sanofi.de

Sanofi's information page on the topic of meningococcus



A podcast for all parents

Why a meningococci ACWY vaccination for infants can be useful

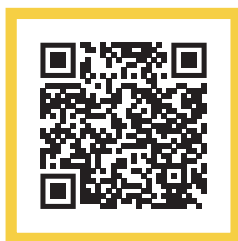
Reimbursement of *meningococcal* *vaccination* expenses

Almost every health insurance company will reimburse the costs of a meningococcal vaccination on request.

It's worth submitting an application! This is how to do it:



**Application form for
reimbursement of
expenses**



**General
reimbursement**



**Reimbursement
in a travel
context**