

The New Jersey Department of Health and Rutgers University strongly recommend, with support from the Centers for Disease Control and Prevention, that undergraduate students on the Rutgers University–New Brunswick campus receive the serogroup B meningococcal vaccine Trumenba® (Pfizer) this summer.

The meningitis vaccine required for residential undergraduate students does not protect against serogroup B meningococcal disease, which is the type that caused the infections on the Rutgers University–New Brunswick campus.

There are two vaccines that provide protection against serogroup B meningococcal disease: Trumenba® (Pfizer) and Bexsero® (GlaxoSmithKline).

Based upon the lab testing of the serogroup B meningococcal disease detected on campus, the best protection against the specific outbreak strain at Rutgers University–New Brunswick is expected with the full 3-dose series of Trumenba. Therefore, you are recommended to get Trumenba®.

With **Trumenba®**, you will get the best protection after completing the 3-dose series of the MenB vaccine. It is strongly encouraged that 2 doses are received before arriving on campus for the Fall 2016 semester.

If you have already been vaccinated with Bexsero®, rather than the recommended Trumenba®, you will only need 2 doses of this vaccine. It is strongly encouraged that the 2 doses are received before arriving on campus for the Fall 2016 semester.

Packet Contents and Vaccination Form Instructions

- **“Get Vaccinated” Information Sheet and Trumenba® Dose Tracker**
Use this to help you keep track of your vaccination doses, upcoming appointments, and whether you’ve sent in your Vaccination Dose Documentation Forms. It also contains codes your health care provider or pharmacy can use when submitting claims to your insurance.
- **Vaccination Documentation Form for Dose #1 of Trumenba®**
Return this form after completion of Dose #1.
- **Vaccination Documentation Form for Dose #2 of Trumenba®**
Return this form after completion of Dose #2.
- **Vaccination Documentation Form for Dose #3 of Trumenba®**
Return this form after completion of Dose #3.
- **Alternate Vaccine Documentation Form for Bexsero®**
Return this form after completion of Dose #1 and #2.
- **Information and Vaccination Declination Form**

Upon Completion of Each Vaccination Dose, Return Form To:

By Email:
vaccine@rci.rutgers.edu

OR

By Mail:
Rutgers University
Attention: Immunizations
57 US Highway 1
New Brunswick, NJ 08901

GET VACCINATED

GET VACCINATED FOR SEROGROUP B MENINGOCOCCAL DISEASE

The New Jersey Department of Health and Rutgers University strongly recommend, with support from the Centers for Disease Control and Prevention, that undergraduate students on the Rutgers University–New Brunswick campus receive the serogroup B meningococcal vaccine Trumenba® (Pfizer) this summer due to the outbreak.

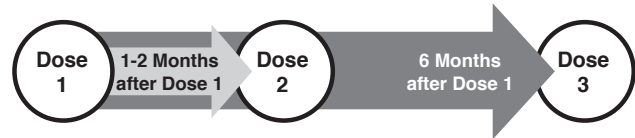
The meningitis vaccine required for residential undergraduate students does not protect against “meningitis B”, which is the type that caused the infections on the Rutgers University–New Brunswick campus.

Based upon the lab testing of the serogroup B meningococcal disease detected on campus, the best protection against the specific outbreak strain at Rutgers University–New Brunswick is expected with the full 3-dose series of Trumenba. Therefore, you are recommended to get Trumenba®.

With Trumenba®, you will get the best protection after completing the 3-dose series of the vaccine. It is strongly encouraged that 2 doses are received before arriving on campus for the Fall 2016 semester.



Trumenba® Dose Schedule



Use this form to track your vaccination appointments and completed vaccination doses. Please take your insurance card and prescription card with you when you go to get vaccinated. A vaccination documentation form must be sent into the University after each dose is administered. Forms can be found at health.rutgers.edu/meningitis/resources-forms.

Trumenba® Vaccination Tracker

	Appointment Date	Administered?	Returned Form?
Dose #1:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dose #2:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dose #3:	_____	<input type="checkbox"/>	<input type="checkbox"/>

Your health care provider or pharmacy can use the codes below when submitting a claim to your insurance company.

Health Care Providers: ICD-10 codes to be used to signify vaccination in this outbreak setting are **Z23** and **Z20.811**

KEEP GOOD HYGIENE

Keeping good hygiene helps protect yourself and helps stop the spread of diseases.

- Do not share anything that comes into contact with the mouth (water bottles, drinking glasses, smoking and vaping materials, eating utensils, cosmetics, lip balm)
- Always cough into a sleeve or tissue
- Wash hands frequently (use an alcohol-based sanitizer if soap and water are not available)

KNOW THE SYMPTOMS

Serogroup B meningococcal disease can become deadly in 48 hours or less. If you have any doubts about your symptoms, see a doctor.

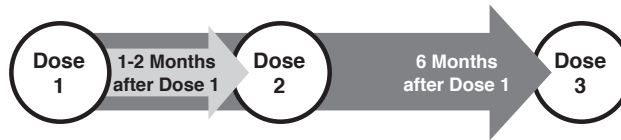
- Confusion
- Fatigue (feeling very tired)
- Fever and chills
- In later stages, a dark purple rash
- Nausea and vomiting
- Rapid breathing
- Sensitivity to light
- Severe headache
- Stiff neck

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With **Trumenba®**, you will get the best protection after completing the 3-dose series of the vaccine. It is strongly encouraged that 2 doses are received before arriving on campus for the Fall 2016 semester.

Trumenba® Dose Schedule



Please fill out this form upon completion of Dose 1 and return to Rutgers University–New Brunswick.

Kindly Print
Student Name: _____
Date of Birth: _____ **RUID #:** _____

To Be Completed by Health Care Provider or Pharmacy

Kindly Print
Provider Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Trumenba® Dose #1 Date: _____
Provider Signature (Required): _____

Return Form To:

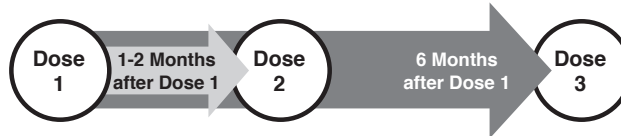
By Email: vaccine@rci.rutgers.edu **OR** **By Mail:** Rutgers University
Attention: Immunizations
57 US Highway 1
New Brunswick, NJ 08901

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Trumenba® Dose Schedule



Please fill out this form upon completion of Dose 2 and return to Rutgers University–New Brunswick.

Kindly Print
Student Name: _____
Date of Birth: _____ **RUID #:** _____

To Be Completed by Health Care Provider or Pharmacy

Kindly Print
Provider Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Trumenba® Dose #2 Date: _____
Provider Signature (Required): _____

Return Form To:

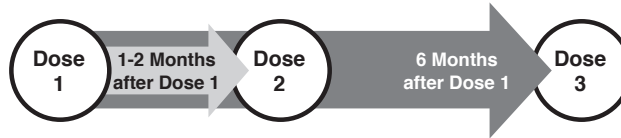
<p>By Email: vaccine@rci.rutgers.edu</p>	<p>OR</p>	<p>By Mail: Rutgers University Attention: Immunizations 57 US Highway 1 New Brunswick, NJ 08901</p>
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With **Trumenba®**, you will get the best protection after completing the 3-dose series of the vaccine. It is strongly encouraged that 2 doses are received before arriving on campus for the Fall 2016 semester.

Trumenba® Dose Schedule



Please fill out this form upon completion of Dose 3 and return to Rutgers University–New Brunswick.

Kindly Print
Student Name: _____
Date of Birth: _____ **RUID #:** _____

To Be Completed by Health Care Provider or Pharmacy

Kindly Print
Provider Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Trumenba® Dose #3 Date: _____
Provider Signature (Required): _____

Return Form To:

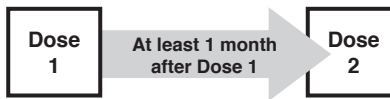
<p>By Email: vaccine@rci.rutgers.edu</p>	OR	<p>By Mail: Rutgers University Attention: Immunizations 57 US Highway 1 New Brunswick, NJ 08901</p>
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Bexsero® Dose Schedule



Please fill out this form upon completion of Dose 1 and Dose 2 and return to Rutgers University–New Brunswick.

Kindly Print
Student Name: _____
Date of Birth: _____ **RUID #:** _____

To Be Completed by Health Care Provider or Pharmacy

Bexsero® Dose 1 Verification

Kindly Print
Provider Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: _____
Bexsero® Dose #1 Date: _____
Provider Signature (Required):

Bexsero® Dose 2 Verification

Kindly Print
Provider Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: _____
Bexsero® Dose #2 Date: _____
Provider Signature (Required):

Return Form To:

<p>By Email: vaccine@rci.rutgers.edu</p>	<p>OR</p>	<p>By Mail: Rutgers University Attention: Immunizations 57 US Highway 1 New Brunswick, NJ 08901</p>
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About Meningococcal Disease

Meningococcal (muh-nin-jo-cok-ul) disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. The disease may result in inflammation of the lining of the brain and spinal cord (meningococcal meningitis) and/or a serious blood infection (meningococcal septicemia). Meningococcal disease can become deadly in 48 hours or less. Long-term complications may include brain damage, learning problems, skin scarring, hearing loss, and loss of arms and/or legs.

For information about symptoms, visit <http://www.cdc.gov/meningococcal/about/symptoms.html>.

Help Prevent the Spread of Serogroup B Meningococcal Disease

Keeping good hygiene helps protect yourself and helps stop the spread of serogroup B meningococcal disease.

- Do not share anything that comes into contact with the mouth (water bottles, drinking glasses, smoking and vaping materials, eating utensils, cosmetics, lip balm)
- Always cough into a sleeve or tissue
- Wash hands frequently (use an alcohol-based sanitizer if soap and water are not available)

Serogroup B Meningococcal Disease Vaccination Declination

Kindly Print

Vaccination Declination for (Student Name): _____

Student Date of Birth: _____ **RUID#** _____

I, _____ have read and understand the increased risks for serogroup B meningococcal disease (“meningitis B”) on the Rutgers University–New Brunswick campus. Despite recommendations made by the Centers for Disease Control and Prevention, the New Jersey Department of Health and Rutgers University, I choose not to receive the vaccine for serogroup B meningococcal disease.

Student Signature

Date

Parent/Guardian Signature
(if student is a minor)

Date

Please Note: If you are declining to receive the MenB vaccination due to limited or no health insurance, please contact vaccine@rci.rutgers.edu to discuss options.

Return Form To:

By Email:
vaccine@rci.rutgers.edu

OR

By Mail:
Rutgers University
Attention: Immunizations
57 US Highway 1
New Brunswick, NJ 08901