

& TRAVELLERS

to areas where meningococcal meningitis is more common are at increased risk.



Travellers to sub-Saharan Africa

A quadrivalent meningococcal vaccine such as Nimenrix is recommended before travel to the region extending from Senegal in the west to Ethiopia in the east (The Meningitis Belt).

Participants of Hajj or Umrah need a mandatory certificate of vaccination against meningococcal meningitis in order to obtain a Hajj or Umrah visa.

Travellers with medical conditions

You are at higher risk of invasive meningococcal disease if you have one of the following conditions:

- Lack of normal spleen function
- HIV infection (particularly if present at birth)
- Recent flu
- Concurrent respiratory tract infection
- Primary antibody deficiencies
- Complement deficiencies
- Cochlear implants
- Certain genetic risk factors
- Active or passive smoking

Are you travelling soon?
Ask your doctor about Nimenrix
before you go!



MENINGOCOCCAL MENINGITIS can be prevented

Ask your doctor about vaccination
with Nimenrix



A vaccine, like any medicine, may cause serious problems, such as severe allergic reactions. The risk of Nimenrix causing serious harm is extremely small. The small risks associated with Nimenrix are much less than the risk associated with getting the disease. In infants, adolescents and adults, the most common side effects (reported in more than 1 in 10 doses of the vaccine) after having Nimenrix include loss of appetite, irritability, drowsiness, headache, fever, swelling, pain and redness at the injection site and fatigue. Other common side effects (in more than 1 in 100 doses of the vaccine) after having Nimenrix are gastrointestinal symptoms including diarrhea, vomiting and nausea, and injection site hematoma. Tell your healthcare professional as soon as possible if you or your child does not feel well after receiving Nimenrix. This is not a complete list of side effects. For any unexpected effects while taking Nimenrix, contact your healthcare professional.

Please consult the Product Monograph at www.pfizer.ca/pm/en/Nimenrix.pdf for important information relating to adverse reactions, drug interactions, and dosing information, which have not been discussed in this piece. The Product Monograph is also available by calling 1-800-463-6001.

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TEENS AND TRAVELLERS

Are you protected from
Meningococcal Meningitis?



Off to college?
Planning to travel?

Be proactive and ask
your doctor about Nimenrix®

As with all vaccines, Nimenrix may not fully protect all people who are vaccinated. Nimenrix will only protect against infections caused by serogroups of *Neisseria meningitidis* for which the vaccine was developed.



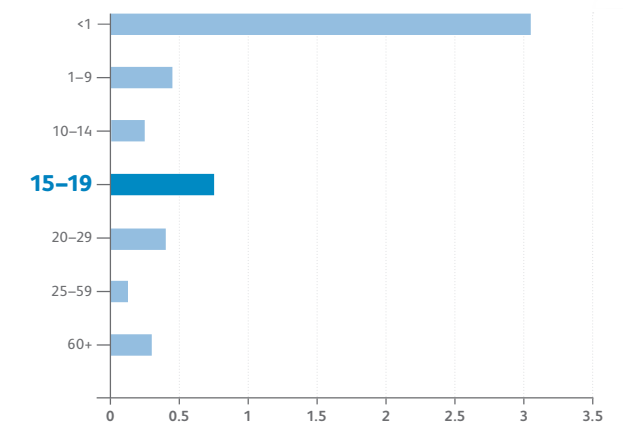
TEENS

aged 15–19 have among the highest rates of reported invasive meningococcal disease in Canada.

Teens in Canada

After children aged less than 1 year old, teens aged 15 to 19 have the highest rate of reported invasive meningococcal disease of any age group in Canada.

Rate per 100,000 of reported
invasive meningococcal disease cases
by age group between 2013 and 2017



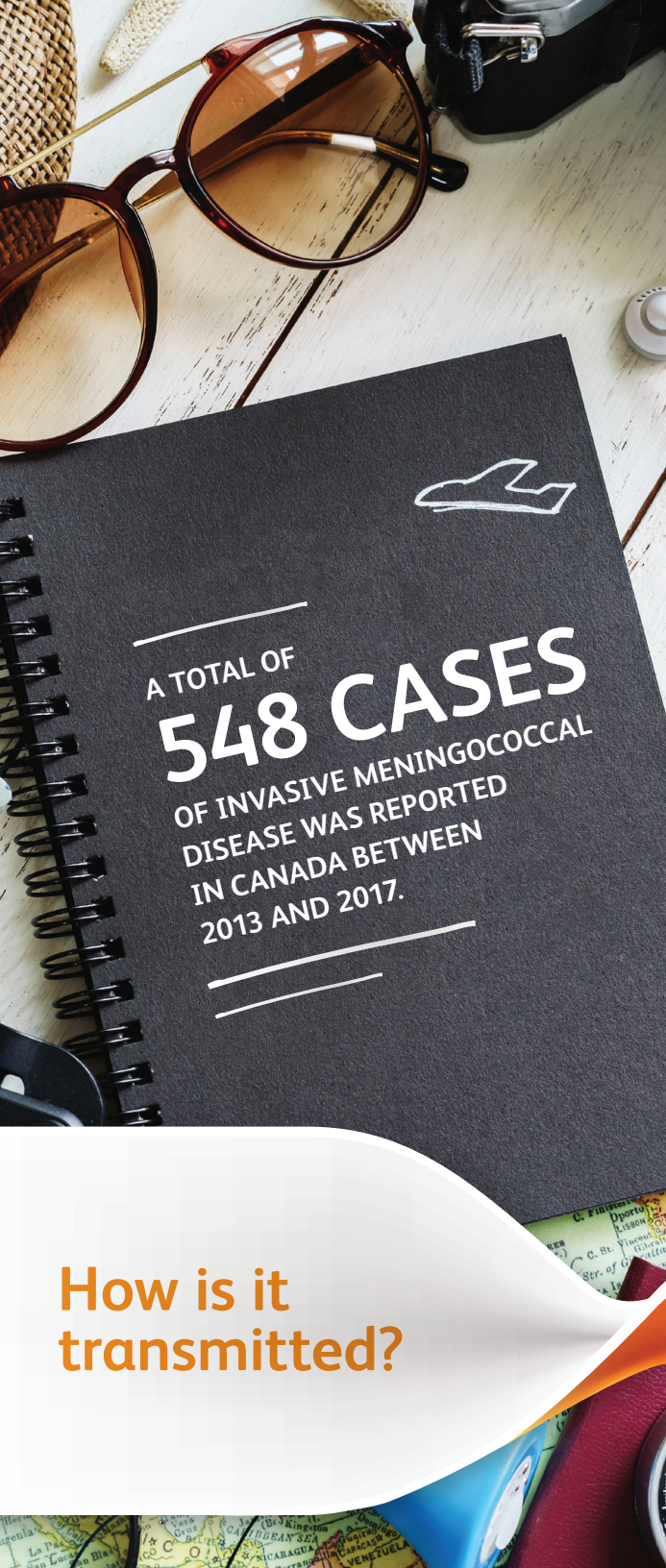
Adapted from the Public Health Agency of Canada

Teens in crowded places

Meningococcal meningitis has historically occurred in:

- Schools
- Colleges
- Other places where there are large numbers of teens and young adults

Are you a teen heading to college or
university? Ask your doctor about Nimenrix
before you go!



What is invasive meningococcal disease?

It is a serious bacterial infection caused by *Neisseria meningitidis* bacteria, which can lead to dangerous and sometimes fatal diseases including:

- meningitis (infection of the brain lining), and
- septicemia (blood infection)

SYMPTOMS OF MENINGITIS

INCLUDE:

- Intense headache
- Fever
- Nausea and vomiting
- Light sensitivity
- Stiff neck

SEPTICEMIA

INCLUDE:

- Bleeding into skin
- Multi-organ failure

Even when the disease is diagnosed and treated early, 5% to 10% of patients die, typically within 24–48 hours after the onset of symptoms.

There are several serogroups of the bacteria. A quadrivalent meningococcal vaccine such as Nimenrix can help protect against 4 of 5 serogroups that commonly cause invasive meningococcal disease: A, C, W₁₃₅ and Y.

CONSEQUENCES INCLUDE:

- Death (in about 5–10% of cases)
- Long-term health problems (in up to 1 in 3 survivors)
 - Hearing loss
 - Neurologic disabilities
 - Digit or limb amputations

What is Nimenrix?

Nimenrix is a vaccine that helps prevent illness caused by *Neisseria meningitidis* serogroups A, C, W₁₃₅ and Y bacteria (germs).

How does it work?

The vaccine works by causing the body to produce its own protection (antibodies) against these bacterial serogroups. The vaccine cannot cause these diseases.

How is it given?

Your healthcare professional will give Nimenrix into the upper arm or thigh muscle (0.5 mL) as a single injection.*

Even if you have already been vaccinated, check with your doctor to make sure you have coverage for all 4 serogroups A, C, W₁₃₅ and Y.

Ask your doctor about the different vaccination requirements depending on your province of residence.

* Dosing regimen for individuals aged 12 months to 55 years of age

How is it transmitted?

Meningococcal meningitis is passed from person to person through close, direct contact such as:



kissing



coughing & sneezing



food & utensils



drinks



lip balm



cigarettes

Up to 10% of people may carry the bacteria that causes meningococcal meningitis.

Expert recommendations for meningococcal immunization (NACI and CATMAT)*

TEENS

should receive a booster, as a follow-up to initial serogroup C vaccination, with either a serogroup C or quadrivalent conjugate vaccine (to help protect against serogroups A, C, W₁₃₅, and Y) at around 12 years of age (depending on their province).

TRAVELLERS

(children and adults) who are at increased risk of meningococcal meningitis due to medical conditions should be vaccinated against A, C, W₁₃₅, and Y, regardless of destination.

NACI recommends a periodic booster of a quadrivalent meningococcal vaccine such as Nimenrix every 3–5 years** for people at high risk of invasive meningococcal disease or for those with ongoing risk of exposure.

Some countries require visitors to be vaccinated against meningococcal meningitis before arriving.

Ask your doctor about requirements in the country of destination and whether a more frequent vaccination schedule is necessary.

Coverage with different vaccines

Serogroup coverage	Nimenrix	Meningococcal Conjugate C vaccine	Meningococcal B vaccine
A	✓		
C	✓	●	
W ₁₃₅	✓		
Y	✓		
B			●

Although it is impossible to prevent germs from spreading, **VACCINATION** is the best way to prevent meningococcal meningitis.

NACI: National Advisory Committee on Immunization

CATMAT: Committee to Advise on Tropical Medicine and Travel

* Please see guidelines for complete information and recommendations.

† Depending on the age of the individual at the initial dose