These minutes not yet
Approved by the Princeton Council

PRINCETON COUNCIL MEETING
November 25, 2013

A meeting of the Mayor and Council was held on this date at 6:00 p.m. in the Main Meeting Room in the municipal complex, 400 Witherspoon Street, Princeton, NJ 08540.

NOTICE OF MEETING

The Clerk read the following statement.

The following is an accurate statement concerning the providing of notice of this meeting and said statement shall be entered in the minutes of this meeting. Notice of this meeting as required by Sections 4a, 3d, 13 and 14 of the Open Public Meetings Act has been provided to the public in the form of the 2013 Schedule of Regular Meetings. On January 1, 2013 at 2:15 p.m., said schedule was posted on the official bulletin board in the Municipal Building, transmitted to the Princeton Packet, the Trenton Times, the Trentonian, the Town Topics, and filed with the Municipal Clerk.

ROLL CALL

The Municipal Clerk then called the roll.

Present: Mesdames Butler, Crumiller, Howard (7:10 p,m,) and Messers Liverman, Miller and Simon and Mayor Lempert (7:10 p,m,)

Absent: None.

Also Present: Mr. Bruschi, Ms. Monzo, Mr. Kiser, Mr. Schmierer and Capt. Sutter.

6:00 p.m. 13-314 **CLOSED SESSION: Negotiations – Princeton University**

RESOLUTION
TO GO INTO CLOSED SESSION
(Open Public Meetings Act Sec.3)

BE IT RESOLVED by the Mayor and Council of Princeton:

1. This body will now convene into a closed session that will be limited only to consideration of an item or items with respect to which the public may be excluded pursuant to section 7B of the Open Public Meetings Act.

2. The general nature of the subject or subjects to be discussed in said session is as follows:

Negotiations – Princeton University

3. Stated as precisely as presently possible, the following are the time when and the circumstances under which the discussion conducted at said session can be disclosed to the public:

Within 90 days or upon settlement of litigation, if applicable

The above referenced issue was discussed by the Princeton Council.

7:00 p.m. Open Session

PLEDGE OF ALLEGIANCE

The audience participated in the Pledge of Allegiance as led by Community Park School Students; Emily Bauer, Maya Connell, Lydia Griebell, Adithi Balasubramanian, Isabella Verge, Sofia DaCruz, and Yana Medvedeva.

MINUTES: June 12, November 8, 12 and 18, 2013

Mr. Liverman offered a motion to approve the Council minutes of June 12, 2013 as presented. The motion was seconded by Mr. Miller and carried unanimously.

Mr. Liverman offered a motion to approve the Council minutes of November 8, 2013 as presented. The motion was seconded by Mr. Miller and carried unanimously.

Mr. Liverman offered a motion to approve the Council minutes of November 12, 2013 as presented. The motion was seconded by Mr. Miller and carried unanimously.

Mr. Liverman offered a motion to approved the Council minutes of November 18, 2013 as presented. The motion was seconded by Mr. Miller and carried unanimously.

COMMENTS FROM THE PUBLIC

Henry Singer, Laurel Circle said that the Council is responsible for stewardship of municipal Property and there is a need for more data in regard to the neccessity of a cold storage facility.

REPORTS

- Health Department Report

Robert Hary, Interim Health Department Director, and Dr. George DiFernanda updated Council on the recent meningitis outbreak at Princeton University. Mr., Hary said that there were seven confirmed cases and one probable case. Ms. Howard asked what the role of the Health Department. Dr. DiFernanda said that their role was to protect the citizenry during the outbreak. Mr. Miller thanked the Health Department for an excellent job.

(Report attached to minutes)

- Police Report

Captain Sutter reviewed the Police Report with Council. He said that a total of 2000 lbs of winter clothing were recently collected during a winter coat drive, they have reached out to Princeton Merchants, they have had successes in the Jackson Witherspoon neighborhood and with the anti bullying campaign and with Not In Our Town.

Ms. Crumiller asked about the number of speeding tickets written. Captain Sutter said that the number of tickets written does not coincide with enforcement, noting that there is a large amount of discretion involved and that speeding enforcement has been diligent.

Ms. Butler said that she noticed that parking enforcement is down significantly possibly due to the loss of parking attendants. Captain Sutter said that they were looking for new creative ways to enforce parking and that plans were in place for Black Friday enforcement.

-2013 Priorities Update

Council reviewed the status of the 2013 goals and priorities. It was noted that some goals do not lend themselves to subjective measure and may need to be redefined. Council was asked to prioritize the list and to come up with a working list of 20-25 goals to be discussed at a later meeting.

- Bond Sale

Sandra Webb, CFO updated Council on a recent bond sale which will yield a savings of $1.2 million.

Ms. Crumiller reported that the Ordinance Review Committee has met and plans to come to Council in the near future.

Ms. Butler said that the Dillon Basketball League will begin the first week in December.

Mayor Lempert reported that Council will meet with Princeton University President Christopher Eisgrouber on December 2, 2013.

RESOLUTIONS

13-315 Crosswalk Design Standards

Mr. Liverman offered a motion to approve resolution 13-315 as presented. The motion was seconded by Ms. Howard and carried 4-2. Mesdames Butler and Ms. Howard, and Messers Liverman and Miller voting in the positive and Ms, Crumiller and Mr. Simon voting in the negative,

13-316 Memorandum of Understanding, Historic Morven

Mr. Liverman offered a motion to approve resolution 13-316 as presented. The motion was seconded by Ms. Crumiller and carried unanimously.

13-317 Professional Services Agreement, Miller Porter Muller, new 2013 Avalon Bay litigation.

Mr. Liverman offered a motion to approve resolution 13-317 as presented. The motion was seconded by Ms. Howard and carried unanimously.

13-318 2014 Budgeting Calendar

Ms. Crumiller offered a motion to approve resolution 13-318 as presented. The motion was seconded by Mr. Miller and carried unanimously.

(Resolutions appended to this set of minutes)

CONSENT AGENDA

a. Bills and Claims

b. Maintenance/Performance Guarantees:
- Improvements to Ewing Street, Release of performance guarantee and acceptance of maintenance guarantee.
- Princeton University, Shed at Faculty Road, Block 10901, Lot 1.000, Administrative Waiver.
- Cap & Gown Club, Release of maintenance guarantee along with any remaining escrows.

c. 13-319 Refund of Sewer Fees

d. 13-320 Affordability Assistance Loan, Applicant #16, $5,000.

e. 13-321 Professional Services Agreement, Community Grants Planning and Housing, To complete and file the 2013 CTM Reports, Not to Exceed $4,500. and $6,000.

Mr. Miller offered a motion to approve the consent agenda items as presented. The motion was seconded by Ms. Crumiller and carried unanimously.

(Resolutions appended to this set of minutes)

13-322 **CLOSED SESSION:**

RESOLUTION
TO GO INTO CLOSED SESSION
(Open Public Meetings Act Sec.3)

BE IT RESOLVED by the Mayor and Council of Princeton:

4. This body will now convene into a closed session that will be limited only to consideration of an item or items with respect to which the public may be excluded pursuant to section 7B of the Open Public Meetings Act.

5. The general nature of the subject or subjects to be discussed in said session is as follows:

Negotiations – Thompson Land
Princeton University
Negotiations/Litigation: Avalon Bay
Litigation – Tax Appeals
Personnel - Professional Services Agreement(s)
Appointments, Boards and Commissions

6. Stated as precisely as presently possible, the following are the time when and the circumstances under which the discussion conducted at said session can be disclosed to the public:

Within 90 days or upon settlement of litigation, if applicable

The above referenced issues were discussed by the Princeton Council.

There being no further business the meeting was adjourned at 11:20 p.m.

Linda S. McDermott
Municipal Clerk

Princeton Board of Health
Monument Hall, Princeton, NJ

George Di Ferdinando, Jr. MD, MPH, Chairman
Robert Hary, MA, MBA, Health Officer

Centers for Disease Control

Frequently asked questions & answers regarding Meningitis and the current outbreak at Princeton University.

Q1: Who is investigating the meningococcal disease outbreak at Princeton University and is a vaccine being considered to help protect the University's population?

Q2: Who would the serogroup B meningococcal vaccine be recommended for and why?

Q3: How soon could a vaccine campaign begin at Princeton University?

Q4: What additional approvals are required before the vaccine can be recommended and used at Princeton University?

Q5: Why wasn't the vaccine considered earlier?

Q6: I thought the school was doing other things, like telling students not to share cups, to help prevent the disease from spreading. Why would a vaccine be needed?

Q7: Do students who have already gotten a meningococcal vaccine need this one, too?

Q8: Will the vaccine help protect students against the strain of meningococcal disease identified at Princeton University?

Q9: How safe is the vaccine?

Q10: Does the Food and Drug Administration (FDA) think it's safe to get this vaccine?

Q11: Why is the vaccine referred to as an "investigational new drug"?

Q12: Is this vaccine considered "experimental"?

Q13: Would those recommended to get the vaccine be required to get it?

Q14: Why is the vaccine not approved for use in the United States?

Q15: Will a serogroup B meningococcal vaccine eventually be licensed for use in the United States?

Q16: Where is the vaccine licensed and how new is it?

Q17: Have vaccines similar to this one been used before?

Q18: Has this vaccine been used at other colleges or universities in the United States?

Q19: How many doses of the vaccine are needed?

Q20: How long does it take to get protected after getting the first dose of the vaccine?

Q21: Can the vaccine give someone meningococcal disease?

Q22: Is it safe to get the vaccine right after getting another meningococcal vaccine, like Menveo® or Menactra®, or after getting a flu vaccine?

Q23: Is there anything someone should tell the doctor or nurse before getting the vaccine?

Q24: Who is paying for this vaccine?

Q25: What kind of consent would be needed to get the vaccine?

Q26: Would the vaccine be offered to other people?

Q27: Why would the residents of the town of Princeton not be eligible to receive the vaccine?

Q28: Should Princeton University students cancel their holiday plans or be quarantined until the outbreak is over?

Q29: Should outside sports teams, clubs, or other people who plan to visit Princeton University, or host Princeton University students, cancel their plans?

Q30: Why can't antibiotics be used for everyone instead of the vaccine?

Q1: Who is investigating the meningococcal disease outbreak at Princeton University and is a vaccine being considered to help protect the University's population?

A: The Centers for Disease Control and Prevention (CDC), the New Jersey Department of Health (NJDOH), Princeton University officials, and local health authorities have been working closely together since the first case of meningococcal disease was reported in association with Princeton University in March 2013. At the request of the NJDOH, CDC reviewed the seven cases of meningococcal disease that occurred among Princeton University students and visitors since March 2013. All of these cases were caused by meningococcal bacteria known as serogroup B ("strain" B).

The number of cases and lack of direct connection among the cases means this is an outbreak. Given cases have occurred during two school years, it is anticipated that there will be more cases and vaccination may be an option to control the outbreak. A new vaccine that helps protect against meningococcal disease caused by serogroup B is being considered. The vaccine under consideration is licensed for use in Europe and Australia, but not in the United States.

Q2: Who would the serogroup B meningococcal vaccine be recommended for and why?

A: Pending final approval by CDC, the vaccine would be recommended for all Princeton University undergraduate students (those who live in dormitories or off-campus) as well as graduate students who live in dormitories. Certain other individuals associated with the University may be evaluated for vaccination if they have specific medical conditions, including problems with their spleen (including sickle cell disease) or complement pathway (a specific type of immune deficiency). These groups would be recommended vaccine because young adults and people with certain medical conditions are at increased risk of getting this infection, especially those who live in close quarters, such as dormitories.

Meningococcal disease can be very serious and sometimes life-threatening. The best way to protect students may be vaccination. If vaccination is recommended, it will be important to get as many students vaccinated as possible to help stop the outbreak of serogroup B meningococcal disease at the University.

Q3: How soon could a vaccine campaign begin at Princeton University?

A: Everyone involved is working hard to organize a potential serogroup B meningococcal disease vaccine campaign as quickly as possible that fits into Princeton University's academic calendar. Expanding access for use of an investigational vaccine that helps protect against serogroup B meningococcal disease requires careful review of the particular circumstances of the outbreak, including the number of cases, the duration of time between cases, and the characteristics of the bacteria causing the outbreak.

This work also involves making sure the vaccine can be safely administered in a timely manner and ensuring the appropriate systems are in place for safety follow up after vaccination. All involved anticipate that the campaign can begin once all approvals are gained and the vaccine is on hand.

Q4: What additional approvals are required before the vaccine can be recommended and used at Princeton University?

A: Agreements between all the partners involved need to be finalized. In addition, CDC's Institutional Review Board will need to approve the vaccine use procedure.

Q5: Why wasn't the vaccine considered earlier?

A: In similar college outbreaks, disease prevention recommendations include encouraging behaviors that minimize the likelihood of catching meningococcal disease and recommending vaccination against meningococcal disease. However, the outbreak at Princeton University is caused by a strain of the bacteria that is not covered by any vaccine licensed in the United States. Once the outbreak was recognized at the University, CDC began looking into whether a vaccine licensed in other countries could be made available.

The initial recommendation for University students was to encourage behaviors that minimize the likelihood of catching meningococcal disease. Given the pattern of cases since March 2013, with the most recent case reported in November 2013, we believe there is a strong likelihood that even with such measures in place there will be more cases.

Q6: I thought the school was doing other things, like telling students not to share cups, to help prevent the disease from spreading. Why would a vaccine be needed?

A: The University and NJDOH have taken appropriate public health measures to prevent cases, including offering preventive antibiotics to close contacts of ill students and educating students about meningococcal disease. Students should:

Know the symptoms of meningococcal disease;

Avoid activities — like smoking or sharing respiratory secretions (such as saliva, by kissing or close coughing) — that can increase their risk of illness; and

Seek medical attention immediately if they have any symptoms of meningitis or a bloodstream infection. Symptoms may include sudden onset of a high fever, headache, stiff neck, nausea, vomiting, rapid breathing, or a rash. It is important to remember that someone with meningococcal disease may have a high fever and no other symptoms.

Getting plenty of rest and not sharing saliva are good general hygiene recommendations, but their effectiveness at protecting against meningococcal disease is probably limited. The best protection may come from getting vaccinated.

Q7: Do students who have already gotten a meningococcal vaccine need this one, too?

A: If recommended, yes. In the United States, the vaccine students can routinely get protects against four serogroups ("strains"), known as serogroups A, C, Y, and W, but not against B. New Jersey regulation requires that all students who enter a four-year university and reside in a campus dormitory get the shot against the four serogroups. There is very high vaccine coverage among students at Princeton University for the vaccine that protects against serogroups A, C, Y, and W. Serogroup B is the cause of the outbreak at Princeton University. The vaccine under consideration helps protect against serogroup B. Students did not have the opportunity to get this vaccine in the past because there wasn't one available or licensed that would have been effective.

Q8: Will the vaccine help protect students against the strain of meningococcal disease identified at Princeton University?

A: Yes. Based on studies of serogroup B meningococcus that cause disease in the United States, this vaccine would cover 91% of circulating strains. Lab testing has been done to confirm that the vaccine would help protect against the exact strain of meningococcal bacteria that is causing the outbreak at the University. The outbreak strain at Princeton University is ST409.

Q9: How safe is the vaccine?

A: More than 8,000 infants, children, adolescents, and adults were safely vaccinated with the vaccine as part of the studies that resulted in its approval in Europe and Australia. The most common side effects take place where the shot was given (in the arm), which can include pain and tenderness, swelling, and hardness of the skin. Other common side effects for adolescents and young adults include nausea, feeling a little run down, and having a headache. These reactions usually last a short amount of time and get better on their own within a few days. Like any vaccine, this one can potentially cause a serious problem such as a severe allergic reaction, though the risk of serious harm from the vaccine is extremely small.

Q10: Does the Food and Drug Administration (FDA) think it's safe to get this vaccine?

A: Yes. FDA has allowed the use of the vaccine at Princeton University under an Investigational New Drug application. FDA has stayed informed about development of serogroup B meningococcal vaccines over the years and recently reviewed the latest available data. From this review, FDA has concluded that the benefits of using the vaccine to prevent meningococcal disease outweigh the risks of possible adverse events, supporting its possible use during the serogroup B meningococcal disease outbreak at the University.FDA and CDC would work with Princeton University to monitor the safety of the serogroup B meningococcal vaccine when the proposed vaccination program begins.

Q11: Why is the vaccine referred to as an "investigational new drug"?

A: This is a term FDA uses to describe a medication or vaccine that is not licensed (approved) in the United States, but which may be used in certain specific situations.

Q12: Is this vaccine considered "experimental"?

A: CDC does not consider this vaccine to be experimental. FDA is allowing the use of the vaccine at Princeton University under an Investigational New Drug application, which is a term FDA uses to describe a medication or vaccine that is not licensed (approved) in the United States but which is made available for healthcare providers to use it in certain situations. Clinical trials in other countries have shown the vaccine to meet safety and efficacy standards to allow licensure in the European Union and Australia. Before these countries approved the vaccine's use, their regulatory agencies — those similar to the FDA in the United States — completed a thorough review of the available data.

Q13: Would those recommended to get the vaccine be required to get it?

A: No, getting the vaccine would be voluntary.

Q14: Why is the vaccine not approved for use in the United States?

A: Novartis, the company that makes the serogroup B meningococcal vaccine, has completed phase II clinical studies in the United States. After careful review of requirements for licensure, existing vaccination schedules, and feedback from public health experts, the company has decided to advance a meningococcal vaccine that helps protect against five serogroups (A, B, C, Y, and W) into late stage development. Such a vaccine would cover the most common serogroups that cause meningococcal disease circulating in the United States. The exact timeline for approval in the United States depends on many factors. The serogoup B meningococcal vaccine is approved in Europe and Australia. Approvals in additional countries are expected soon. Questions regarding Novartis' plans to seek licensure in the United States should be directed to them.

Q15: Will a serogroup B meningococcal vaccine eventually be licensed for use in the United States?

A: It is possible that manufacturers will get this type of vaccine licensed in the United States in the future. In April, 2011, an FDA advisory committee discussed the data available at that time about serogroup B meningococcal vaccines and approaches for getting those vaccines licensed in the United States.

Q16: Where is the vaccine licensed and how new is it?

A: The vaccine is currently licensed for use in Europe and Australia. The European Union approved its use in January 2013, and Australia approved its use in August 2013. These countries have higher rates of meningococcal disease caused by serogroup B compared to countries like the United States. Before these countries approved the vaccine's use, their regulatory agencies — those similar to the FDA in the United States — completed a thorough review and concluded the vaccine was effective and met safety standards.

Q17: Have vaccines similar to this one been used before?

A: Yes. The vaccine is similar to, but likely more effective than, a serogroup B vaccine (MeNZB) that was used for several years in New Zealand. The vaccine used in New Zealand protected against one type of serogroup B. More than 1.1 million people were vaccinated with MeNZB in New Zealand from 2004-2011, helping to stop a country-wide outbreak of serogroup B meningococcal disease.

The company (Novartis) who makes the vaccine under consideration for use at the University produces another meningococcal vaccine (Menveo®) that has been licensed and recommended for use in the United States since 2010 to help protect against serogroups A, C, Y, and W. However, Menveo® does not offer protection against serogroup B, the bacteria causing the outbreak at the University. Students would need to get the vaccine in order to be best protected against serogroup B meningococcal disease.

Q18: Has this vaccine been used at other colleges or universities in the United States?

A: No. This is the first time the vaccine is being considered for use in the United States. However, more than 8,000 infants, children, adolescents, and adults have safely received this vaccine

worldwide. More than one million people got a similar vaccine in New Zealand and no unusual pattern or occurrence of serious reactions was seen with that vaccine.

Q19: How many doses of the vaccine are needed?

A: Two doses are needed for maximum protection. The second dose should be given one to six months after the first dose (but not sooner).

Q20: How long does it take to get protected after getting the first dose of the vaccine?

A: After getting the first dose of the vaccine, it will take about 2 weeks for the body's immune system to develop enough protection (antibodies) to help prevent serogroup B meningococcal disease. Since that protection declines over time, a second dose is needed to maintain protection. It is critical that high levels of protection are achieved during an outbreak if the vaccine is recommended.

Q21: Can the vaccine give someone meningococcal disease?

A: No, since the serogroup B meningococcal vaccine does not include any live bacteria, but is instead made of inactivated parts of the *Neisseria meningitidis* bacteria, the vaccine cannot give someone meningococcal disease.

Q22: Is it safe to get the vaccine right after getting another meningococcal vaccine, like Menveo® or Menactra®, or after getting a flu vaccine?

A: Yes, it is safe to get the vaccine after receiving another meningococcal vaccine or a flu vaccine.

Q23: Is there anything someone should tell the doctor or nurse before getting the vaccine?

A: Yes. They should tell the doctor or nurse if they:
Are **not feeling well**. If the person has a severe infection with a high temperature, vaccination should be delayed. But the vaccine should be given on time if there is only a minor infection, such as a cold.
Have a **chronic medical problem**, like hemophilia.
Have a severe (life threatening) **allergy** to any vaccine component.
Are **pregnant or breastfeeding**. There is not enough data to know if the vaccine is safe to use during pregnancy. Pregnant or breastfeeding women should not get the vaccine.

Q24: Who is paying for this vaccine?

A: Princeton University would cover the cost of the vaccine for all eligible groups who receive it.

Q25: What kind of consent would be needed to get the vaccine?

A: Those who are 18 years of age and older would give their own informed consent. Those younger than 18 years old of age would need a signed consent form from their parent or guardian before receiving the vaccine. Before the vaccine campaign, the University will provide further information to everyone who would be recommended to get the vaccine and parents of students to assist in the decision-making process.

Q26: Would the vaccine be offered to other people?

A: No. As of this time, the vaccine is only being considered for specific groups at Princeton University who are at increased risk for getting meningococcal disease. These groups include

undergraduate students, regardless of where they live, and graduate students who live in dormitories. Certain other individuals may be evaluated for vaccination if they have specific medical conditions.

Q27: Why would the residents of the town of Princeton not be eligible to receive the vaccine?

A: Tracking for cases of meningococcal disease is very good and no cases have been seen in the town of Princeton during this outbreak, which indicates that members of the general public are not currently at increased risk. Rates of meningococcal disease have been declining in the United States since the late 1990s. There are now fewer than 1,000 cases reported each year, and 98 out of 100 cases are sporadic (not associated with an outbreak).

Since the serogroup B meningococcal vaccine is not licensed for use in the United States, an Investigational New Drug application is being used to allow the vaccine for everyone associated with Princeton University who is considered at increased risk for meningococcal disease. The vaccine could not be given to anyone who does not fit the eligibility criteria established in the Investigational New Drug application. For that reason, only undergraduate students (regardless of where they live), graduate students who live in dormitories, and certain other individuals associated with the University who have a medical condition that puts them at increased risk for meningococcal disease could receive the vaccine.

While anyone can get meningococcal disease, adolescents and college-aged adults are at increased risk. The bacteria that cause meningococcal disease require prolonged (lengthy), close contact in order to spread. The bacteria are much harder to spread than the virus that causes the flu and cannot live outside of the body for very long. The bacteria are not spread by casual contact like being in the same room as someone who is sick or carrying the bacteria or handling items that they touched. You must be in close contact with the person's saliva (spit) or other respiratory secretions in order for the bacteria to spread. Close contacts include people in the same household, roommates, or anyone with direct contact with a patient's saliva (such as a boyfriend or girlfriend through French kissing).

Q28: Should Princeton University students cancel their holiday plans or be quarantined until the outbreak is over?

A: We recognize that when cases of meningococcal disease occur, there is increased concern about the potential spread of disease and desire to take appropriate steps to prevent additional cases. There is no evidence that family members and the community are at increased risk of getting meningococcal disease from casual contact with Princeton University students. Therefore, CDC does not recommend curtailing social interactions or canceling travel plans during the upcoming holidays as a preventive measure for meningococcal disease. Instead, we continue to recommend that Princeton University students remain vigilant to the symptoms of meningococcal disease and seek treatment immediately if they experience any of those symptoms.

Q29: Should outside sports teams, clubs, or other people who plan to visit Princeton University, or host Princeton University students, cancel their plans?

A: No, plans should not be cancelled or delayed.

Q30: Why can't antibiotics be used for everyone instead of the vaccine?

A: Antibiotics are given to close contacts of those who have been diagnosed with meningococcal disease. Anyone who is a close contact of a person with meningococcal disease is at extremely high risk for getting the infection. Close contacts are identified by asking people about the extent of their contact and interactions with the person who got meningococcal disease. For example, living with the person who got sick puts you at high risk, but working together in an office generally does not.

Recommending antibiotics to the entire student body is not an effective strategy. Meningococcal bacteria are spread from person to person and cause "carriage" in the nose and throat. Carriage means that the bacteria live in the nose and throat, but don't invade your body and make you sick. Most carried strains are unlikely or unable to cause disease. Though certain strains are more likely to cause disease, at any given time, only a very small number of people may carry the outbreak strain. If you are exposed to the outbreak strain you either develop disease within a few days or you develop immunity and the carried bacteria disappear from your nose and throat.

If you wanted to try and control an outbreak with antibiotics, you would have to treat every single person at risk in the outbreak at the same time. Otherwise, if one person is still carrying the bacteria in their nose and throat, it can continue to spread since people would not have lasting protection like a vaccine can provide. Even if you can treat everyone at once, antibiotics are about 85% effective at eliminating the carried bacteria in the nose and throat, but not 100%. The strain could still circulate at the University. For the same reason, it is not possible to test everyone and treat the carriers with antibiotics.

On the other hand, the vaccine helps protect people for a much longer period of time. Even if you are exposed, the vaccine helps protect you against the bacteria. It is also possible for the vaccine to decrease or stop spread of the bacteria, which would help protect the community as a whole by stopping carriage in the nose and throat.

In addition, about 1 in every 100 people is allergic to an antibiotic. Some may not even know it. Treating many people unnecessarily with antibiotics also carries risks, possibly causing more harm than good. To help prevent the growing threat of antibiotic resistance, it is critical that antibiotics only be used when necessary and appropriate.
If you have further questions about the serogroup B meningococcal vaccine, please email meningvaccine@cdc.gov.