Don’t share your drink, food or anything that has been in your mouth. Don’t cough or sneeze over others.

If you are sick, stay home and tell someone so they can check on you.

Seek medical help immediately if you don’t improve. Stay healthy—drink water, sleep well, maintain good hygiene practices and wash your hands regularly.

PROTECT Vaccinate (B & ACWY)

The B & C strains were the main strains of meningococcal disease in Australia but since 2016 there has been an increase in cases of the W strain.

CHILDREN -The Government’s free ACWY vaccination program for children is one dose for protection

ADULTS - Ask your doctor about the ACWY vaccine— it will provide protection against ACY and W strain in Australia and overseas.

The B strain vaccine, available through your GP at a cost, requires 2 to 3 doses—Speak to your GP.

STOP

Please read this brochure. It may save your life or the life of someone close to you.

Detect and Protect with Buddy

The Amanda Young Foundation - Fighting Meningococcal Disease

Check out our website for more detailed information and free education resources.

www.amandayoungfoundation.org.au

Education Program Manager

Ph 0433 615 656

education@amandayoungfoundation.org.au

BE AWARE DO NOT SHARE anything that has been in your mouth or someone else’s. Good hygiene practices and vaccination are the best way to protect yourself from this deadly bacteria.

The Amanda Young Foundation

PO Box 256 GREENWOOD WA 6924

Ph 0409 115 056

info@amandayoungfoundation.org.au

www.amandayoungfoundation.org.au

Vax & Relax

Meningococcal disease is a bacterial disease that can kill within 24 hours. Urgent medical treatment is required for survival

Babies, toddlers, teenagers & young adults are high risk groups.

Amanda Young, a university student, died at the age of 18 from this terrible disease in 1997.

The are different strains of meningococcal bacteria in Australia and vaccinations against A,C,W,Y and B are available.

BE AWARE DO NOT SHARE

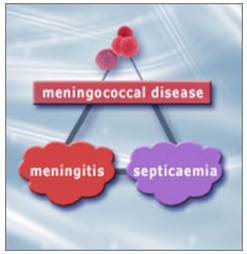
Meningococcal disease is caused by a bacteria (not a virus) The bacteria are found in the mucus at the back of our throat and nose.

Many people in our community are healthy carriers of the bacteria and while they do not get sick, they can infect others who are at risk.

Coughing, sneezing, kissing, sharing food drinks or anything that has been in our mouth are ways of transferring the bacteria.

Two Types Of The Disease

Meningococcal **meningitis** is inflammation of the lining of the brain and spinal cord.



Meningococcal **septicaemia** is when the bacteria enter the bloodstream, multiply rapidly, damage the blood vessels and bleed into the skin (see rash above).

Amanda's Story

It was October 1997, Amanda had just returned from a rowing regatta in NSW .Back in Perth she spent her Saturday rowing in the State Championships. That evening she complained of a headache and pain in her thigh. She also had cold hands and feet and a fever. After vomiting, she was taken to hospital. The next morning she had severe diarrhoea and a rash. She died from meningococcal septicaemia at 5pm.

Additional Risk Factors

Age - under 5's due to immature immune system and hygiene awareness.

Teenagers and young adults due to their interactive social life.

Recent Illness—which will lower your immune system and make you more susceptible to the bacteria.

Multiple "intimate kissing" partners.

Symptoms

SEPTICAEMIA	MENINGITIS
Shivering, chills, cold hands/feet, rapid breathing	Stiff or painful neck
Pain in arms, legs, joints or stomach	Dislike of bright lights
Fever Nausea/vomiting Maybe diarrhoea	Severe headache
Lack of energy, drowsiness, loss of conciousness	Drowsiness, loss of conciousness
A pink or pinprick rash (develops to purple blotches)	Same rash may develop in later stages

Good News vs Bad News

The bacteria double every 30 minutes – urgent medical attention is required for this fast acting, deadly disease.

There are vaccines for protection—see section on vaccines in this brochure.

The disease is rare.

Of the people who contract the disease approximately 70% will make a complete recovery. **Early** treatment with intravenous antibiotics is needed for survival.