

## health

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SECTION

A \$70 vaccine could have protected this woman's son from a devastating blood disease. She speaks out to help other families stay safe.

by Irene S. Levine

"this disease isn't rare enough for me"

PAIGE KACH received a shocking early-morning telephone call 4 years ago. Her 19-year-old son, John, a 6-foot-4-inch athlete, had never missed a day of school. Now the college freshman was in the emergency room with a high fever and unable to hold down fluids, his girlfriend said. Paige called the hospital, and the doctor assured her everything would be OK. But an hour later, Paige heard words any mother would dread: "Your son is a very, very sick boy," the ER physician said. "He has a rare blood disease. Get here as soon as you can."



SPREAD THE WORD: Paige Kach, whose son, John, was hit with meningitis as a college freshman, wants to spare other kids from a similar fate.

John's organs—his kidneys, lungs, everything—soon stopped working, and doctors prepared his parents for the worst. He had meningococcal meningitis, an extremely rare bacterial infection that kills 10 to 15 percent of its victims. Even among the ones who survive, another 10 to 15 percent lose their hearing, suffer diminished intellect, or need to have limbs amputated. John survived, but he lost his right leg below the knee, all five toes on his left foot, and all his fingers. He also dropped more than 100 pounds. And last summer, his left leg was amputated to the midcalf.

John's ER doctor compares the ravages of the disease to watching a house burn down. But what makes John's illness more tragic for Paige—and especially important for parents whose kids are headed to college this fall—is knowing it probably could have been prevented.

The \$70 Menomune vaccine protects against four of the five strains of bacteria that cause 70 percent of meningococcal meningitis cases among U.S. college students. And even though it's not perfect, "it can be lifesaving for an individual or a family and is about the same cost as a cheap algebra book," says James

C. Turner, M.D., chairman of the American College Health Association's Task Force on Vaccine Preventable Disease.

The disease can strike anyone. Kids under 2 (for whom the vaccine is not recommended) are most at risk. But college students living in dormitories are also in particular danger. "Their risk is four to six times higher than the national average," Turner says. Lifestyles long associated with college life seem to be the reason. Many students attend classes in crowded lecture halls and live close to one another—drinking out of the same soda cans and water bottles, and sharing cigarettes, candy bars, lipstick, and eating utensils. "We know that heavy alcohol use and active and passive smoking make people more susceptible," Turner adds. Colds, strep throat, mononucleosis, and flu are common among college students and may play a role in helping the bacteria enter the bloodstream. (As many as 20 percent of healthy people carry the bacteria in their noses and throats with no ill effects, but these people can infect others.)

New military recruits, who live in college-like conditions, have been getting the shot for more than 20 years. Meningococcal meningitis has been virtually eliminated in their ranks.

Why aren't young people like John

Kach getting vaccinated? Despite the payoff, many public health professionals are against it because a person's odds of contracting the disease are so low—only about 1 in 125,000. Turner, executive director of student health at University of Virginia, estimates that only 100 to 125 cases occur annually on college campuses, while a mere 2,600 cases are reported in the United States each year.

A disease so rare draws uneven responses from lawmakers, too. Only 29 states require either vaccination, education for students and parents, or some combination of the two. A U.S. House bill introduced in March by congressmen from New Jersey and Georgia would compel students to get the shot (or sign a no-thanks waiver). Currently in committee, the legislation may end up in a higher-education bill. But no action is imminent.

The U.S. Centers for Disease Control and Prevention, the American Academy of Pediatrics, and other mainstream medical groups agree that freshmen and their parents need to be informed about the disease and the benefits of being vaccinated. The organizations also recommend that the vaccine be made easily available to undergrads. But other experts on infectious diseases don't want to see funds diverted toward meningi-

tis when they could be used to fight drug and alcohol abuse, which are far more routine among teenagers and young adults.

Still, none of the doubts hold sway with the folks at the 2-year-old National Meningitis Association (NMA). Its motto? "Don't wait—vaccinate." Understandably, representatives of the group believe learning about the disease and the vaccine should be mandatory for kids and parents. The NMA also supports efforts to pass tougher legislation.

So does Paige Kach, who has reason to be doubly sorry about her

family's ordeal. Before going off to college, John went for a physical in his hometown of Carmel, New York, about 50 miles north of New York City, but the doctor's office didn't have the

vaccine on hand. John figured he'd take care of it at school, but it slipped his mind. "If I had known all of this could have been prevented with a safe vaccine," Paige says, "I would never have left the responsibility to a 19-year-old. This disease isn't rare enough for me." **D**

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### where to get vaccinated

Go to [www.meningitisvaccine.com](http://www.meningitisvaccine.com) to find a vaccine provider in your area.



**REALITY CHECK:** John Kach lost both of his feet to a disease that strikes with uncanny speed.

## is it meningitis?

**The deadly form of the disease** is hard to distinguish from a severe case of the flu, even for doctors. Watch for early symptoms such as fever, severe headache, a stiff neck, a small purplish rash under the skin, nausea and vomiting, and lethargy.

**If you suspect infection,** experts recommend seeking immediate medical attention. Why? The risks of delaying antibiotics are frightening. Paul Offit, M.D., professor of pediatric medicine at the University of Pennsylvania School of Medicine, says there is "no other equivalent in medicine, in terms of infectious disease, where you can be fine one minute and dead 4 hours later."