CAMP METACOMET

Parent/Guardian Handbook

YMCA SOUTHCOAST

LEAP INTO CAMP METACOMET

WELCOME TO THE SUMMER CAMP AT CAMP METACOMET!

Thank you for choosing YMCA Southcoast's Summer Camp Programs. Camp Metacomet is licensed and in operation according to the local and state Department of Public Health. YMCA Southcoast Summer Camps, licensed by the Massachusetts Department of Public Health (DPH) and the local board of health, are mandated to uphold all the agencies' rules and regulations pertaining to summer camp licensing. All sites maintain a current copy of the state regulations for parents to review upon request. The local Department of Public Health is located at 400 Slocum Road, Dartmouth MA 02747. Parents may contact the local DPH to receive information regarding the program's regulatory compliance with background checks, grievance, healthcare and discipline policies. The DPH requires that all recreational camps provide registrants with information regarding the communicable disease meningitis and Covid-19. We are thrilled to have you join us for an exciting, fun, and safe summer experience. This handbook gives you a full overview of our policies, procedures, and program.

OUR MISSION & PHILOSOPHY

YMCA Southcoast Mission: To improve the spiritual, mental, social, and physical well-being of all individuals.

Camp Metacomet-We belove children develop their strongest sense of belonging when they are free to play, explore, and connect in nature. Through outdoor adventures, shared songs, laughter, our camp creates a place where every child is welcomed exactly as they are. We value experiences that build friendships, confidence and joy-morning ceremonies, physical activities and games under open skies. At our camp, kids don't perform or complete; they simply get to be kids. In this environment of safety, freedom and connection, children grow socially, emotionally, and creatively while forming memories that last a lifetime.

CAMP CONTACT INFORMATION

Camp Metacomet
Executive Director: Maxine Hebert
Email: campmetacomet@ymcasc.org
Phone: 508-993-3361

CAMP HOURS

Camp Metacomet
Mon–Fri: 9am-4pm
Drop-off: 8:45-9am
Pick-up: By 3:45-4pm
Extended Day 7-9am/4-5pm

What Your Camper Needs at Camp:

- Bathing Suit/Towel
- Closed-toe shoes
- Backpack
- Lunch/snacks
- Refillable water bottle
- Sunscreen/bug spray

TUITION POLICY

Private Pay/Financial Aid Payments:
The tuition fee schedule can be found on the camp enrollment form. Camp is sold by the week and there are no refunds or credits for including but not limited to: family vacations, sickness, appointments, holidays or inclement weather days.

At the time of registration, a $50, per week deposit is required. The deposit fee is not refundable and cannot be transferred to other sessions, programs or participants and will be applied to your total camp fee.

- Tuition for sessions A-C are due in full on 6/1/25
- Tuition for sessions D-F are due in full on 7/1/25
- Tuition for sessions G-I are due in full on 8/1/25

If you are a family with a PACE Voucher, Contracted Slot or receiving Y Financial Aid please reach out to your director to discuss payment expectations.

Please note that your child will not be able to attend camp until the required documents are submitted, medication is "on site" (if applicable), and payment has been collected according to the due dates listed above or the

payment schedule approved by the camp director. Failure to follow the payment schedule can result in termination from camp.

PAYMENT OPTIONS:

Weekly payment plans are available. Sign up for electronic payments using your checking account or credit/debit card. Contact the camp office @ campmetcomet@ymcasc.org for more information.

CANCELLATIONS & REFUNDS:

A written four-week notice is required to withdraw your child from camp. Tuition, less than the $50 deposit, will be refunded. Refunds after the start of the camp sessions are made only if the child has an illness or an injury requiring doctors' care or a note from a physician stating that he/she is unable to participate in camp activities.

Requests for session changes should be submitted at least two weeks prior to the earliest session involved in the change. Approved sessions will be charged a $25 change fee.

ATTENDANCE POLICY & PICK UP/DROP OFF

Please contact the office at 508.993.3361 or email campmetacomet@ymcasc.org to report an absence prior to 9:30am.

Camp hours are Monday through Friday from 9AM to 4PM. Camp drop off is from 8:45 to 9 am and pick up is from 3:45 to 4 pm. Please remain in your vehicle, drive slowly and carefully, and watch for signage. Please be aware that you MUST be on the authorized pick-up list and have photo identification EVERY DAY for us to release your child.

Morning extended care begins at 7am and afternoon extended care runs until 5pm. Families utilizing extended care MUST park in a paring spot and walk the camper into the office to sign in/out. Please do not park in a handicapped space unless you have a placard to do so.

No child may leave camp for early dismissal without a parent/guardian signing them out in the main office. All early dismissals MUST be signed out in the main office, and a photo ID will be checked. DUE TO DISMISSAL PROCUDERES AND BUS TRANSPORTATION NO CAMPER WILL BE DISMISSED BETWEEN 3:30-3:45PM.

LATE PICK UP FEE

Each time a camper is picked up late- a "late fee" will be assessed as follows: a fee of $5.00 per child will be charged within the first fifteen (15) minutes after the camps' closing. If the child is still not picked up by 5:15pm there will be an additional fee of $1.00 per minute/per child until the child has been picked up. If you are going to be late, PLEASE make arrangements for your child to be picked up on time.

After three (3) Late Pick-Ups, the camper(s) will be at risk of termination from the camp and all YMCA Southcoast Camps.

If the camp has not been contacted by 4:00 pm to let them know you will be late, they will begin calling emergency contacts. If the camp is not able to reach a parent/guardian- emergency contacts within the hour, we are mandated to contact the Department of Children and Families and the Police Department.

In addition, if you are called/emailed during programming time to pick up your camper due to illness or behavior- you have one hour to do so once contact is made. After the hour has passed- if your camper is still at camp, the Late Pick-Up Fee Policy goes into effect.

AUTHORIZED PICK-UP & SAFETY

Campers will ONLY be released to individuals that are on the emergency contact list. It is required that individuals be 16+ and have a valid photo ID with them when picking up a camper. Changes to the emergency contact list can only be done by giving written notice or changing it in Playerspace. Emergency contacts and changes to the pick up list that happen in Playerspace updates in "real time". It is preferred that all changes like this be done through Playerspace whenever possible. Changes can also be made in person or in writing by emailing the camp directly at campmetacomet@ymcasc.org Campers will NOT be released to individuals

that are not on the emergency contact pick up list or under the influence of substances.

STAFFING & TRAINING

We believe the success of our program and, ultimately your child's experience, lies in the quality of our staff. Our staff is carefully selected based on their experience, education, character, and interpersonal skills. Our main objective is to nurture developmental growth and meet the needs of each child. Each staff member meets or exceeds the DPH requirements for their position. In addition, the YMCA mandates summer camp staff to have current CPR and First Aid certifications, attend 30 hours of Orientation Training, and attend yearly Child Abuse Prevention Training. Prior to hire, sexual offender and criminal offender Background Record checks (BRC) are complete by the YMCA. BRCs are completed annually for summer camp staff. All YMCA staff fall under the MA guidelines of Mandated Reporting and are mandated by law to report all incidents of suspected child abuse or neglect of children under the age of 18 (according to MA Law (Chapter 119 Section 51A). Any evidence of potential child abuse or observation of inappropriate contact by a parent, staff member or other child will be reported to the immediate supervisor or Executive Director which will then be reported in writing to the Massachusetts Department of Child and Families and the local DPH.

CAMPER-STAFF INTERACTIONS

Staff serve as role models, mentors, and protectors to our campers first and foremost. All interactions will be based on the YMCA values of Caring, Honesty, Respect and Responsibility.

The YMCA prohibits staff members from babysitting for, caring for, providing instruction to, or engaging in social relationships outside of approved YMCA activities with children (other than family) who participate in YMCA programs or class activities. This includes all social media platforms. This policy is designed for the protection of all involved – children, staff members, parents and the YMCA. If you have further questions, please do not hesitate to speak with the Executive Director.

Ratios:
Our campers' groups are organized by age in adherence to DPH standards for the ratio of adults to children listed below.

Bunnies (4-5 year-olds):	1:5
Salamanders (5-6 year olds)	1:5
Turtles (7–8 year olds):	1:10
Hawks (9–12 year old GIRLS):	1:10
Coyotes (9-12 year old BOYS):	1:10
Teens (13-14 year olds):	1:10
Specialty Camp (9-14 year olds):	1:10

CAMP ACTIVITIES & EXPERIENCE

- Swimming and splashing around are a great part of summer camp. Safety is our top priority at the pool. Each camper will take a swim test prior to their first time in the pool. Campers are placed into swimming categories and tracked with colored wristbands. Please have your camper wear their wristband every day
    - Non Swimmers-Campers who cannot demonstrate swim skills will need to wear a float belt, unless the camper is able to comfortably stand in 4ft of water.
    - Shallow-Campers who demonstrate some swimming skills or can stand comfortably in shallow water (4-4 1/2 ft)
    - Deep End-Swimmer can jump into the water over their head and easily return to the surface. Swim 50 yards unassisted front crawl stroke without resting and tread water for 30 seconds.
    - In the event that a camper does not participate in swim, they are expected to sit in a designated area (as there is no running on the pool deck) for the duration of swim time.
- Adventure Course and Rock Wall/Climbing: Campers will build confidence and trust in themselves and others while taking "safe risks" on the adventure course and rock wall. All campers will be properly fitted with a harness and helmet while they climb with a certified belayer/staff. There will be no make-up if missed.
- Archery: Campers will learn the safety and basic skills and scoring of archery with a certified instructor.
- Character Development and YMCA Core Values: All camp activities and interactions will also focus on personal and social growth through the character development traits and YMCA core values of caring, honesty, respect, responsibility, empathy, emotional management, relationship building and personal growth.

- Educational Enrichment: Campers will continue learning throughout the summer in an effort to assist with combating the "Summer Education Gap". Math, STEAM and Literacy will be learned/encouraged through project-based learning activities.
- Physical Activity: to include sports, group games, etc. focusing on learning a sport/activity, leadership, teamwork, sportsmanship and losing with dignity and winning with grace.

RAINY DAYS & EXTREME HEAT

We ask that parents plan ahead as indoor space is extremely limited. In the case of inclement weather, children will move indoors if absolutely necessary (i.e. thunderstorms/tornado warning). In the case of extreme heat, we utilize as much shade as possible and implement extra swim/water activities. Swimming is highly encouraged as this is the quickest way to cool down. Schedules may be adjusted so that children are not participating in field activities during the hottest part of the day. Camp leadership staff will make decisions during inclement weather to ensure safety for all campers

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BEHAVIOR MANAGEMENT POLICY

The YMCA maintains a zero-tolerance policy for inappropriate behavior. To provide a safe, inclusive, and positive camp environment for all participants, we will implement our behavior management plan consistently and effectively. Behaviors such as the use of inappropriate language or gestures, physical or emotional bullying, acts of physical aggression (including hitting, striking, or otherwise harming another camper), unsafe conduct, destruction of camp property, or refusal to remain with the assigned group will be documented through a written behavior incident report in addition to an appropriate consequence. Appropriate action will be taken following the report in accordance with the YMCA Southcoasts' behavior management policy.

First Offense- Written warning & parent/guardian phone call

Second Offense- Suspension & parent meeting with the camp director before the camper can return to camp

Third Offense- Termination- Camper will be dismissed from camp for the remainder of the program/summer and all other YMCA Southcoast camps. This could also affect enrollment in future programming.

The YMCA reserves the right to immediately suspend or terminate a camper's participation in the program if their behavior is deemed to compromise the safety, well-being, or overall experience of other campers or staff.

In accordance with the Department of Public Health and YMCA policies, the following disciplinary actions are strictly prohibited as part of our behavior management policy:

- Spanking or any form of corporal punishment
- Cruel, severe, or humiliating punishment
- Physically abusive treatment or neglect
- Abusive language or behavior
- Denial of food or force-feeding
- Disciplining a camper for soiling, wetting, or not using the toilet
- Forcing a camper to remain on the toilet or refusing a child access to the bathroom
- Any technique that involves physical restraint

These guidelines are in place to ensure a safe, supportive, and respectful environment for all campers in our care.

CAMPER SUPPORT AND INCLUSION PROCESS

YMCA Southcoast Camps prioritize inclusivity and equity.
If your camper has a diagnosis, an Individualized Education Plan (IEP), a 504(M) Medical, a 504(B) Behavioral Plan through their school district, or any combination, we kindly ask that you disclose this information and upload the relevant documents into Playerspace. Sharing these documents is essential for us to develop the most effective support plan for your child. It ensures our staff have the necessary information to provide the highest quality care and help your camper have a successful and positive experience at camp.

After uploading, a member of our Camper Support team will contact a parent or guardian to gather additional information. You may also receive a Microsoft Form to complete after the documents are reviewed.

Our goal is to work with families to discuss any possible reasonable accommodations, recommendations, or concerns.

Important Note:
If your camper is assigned a para-professional or 1:1 aide throughout their school day in accordance to their IEP or 504 Plan, we strongly recommend arranging for a para-professional or 1:1 aide to attend camp alongside the camper as our camp does not have the capacity to provide prolonged individual support.

PARENT COMMUNICATION AND INTERACTIONS

At YMCA Southcoast, we deeply value the relationships we build with our campers and their families. We recognize that a camper's success is rooted in open, respectful, and collaborative communication between parents/guardians and camp staff.

We are committed to maintaining professional, courteous, and respectful communication at all times—and we ask the same in return. To foster a positive and supportive environment for all, any behavior by a parent or guardian that is deemed unprofessional or disrespectful toward YMCA Southcoast leadership or staff may result in the termination of the camper's enrollment for the remainder of the summer at all YMCA Southcoast camps. Such behavior may also impact eligibility for future programs.

There are many reasons why Camp Metacomet may reach out to parents or guardians. Some examples include, but are not limited to:

- Emergencies
- If your child is absent from camp without prior notification
- Illness or injury requiring more than basic first aid
- Behavioral concerns or camper-related issues
- Positive updates or celebrations
- Inclement weather updates

Our goal is to keep families informed, involved, and reassured throughout the camp experience

Most of our communication will be through phone calls, emails or the Playerspace app. Please be sure to double-check that your phone number and email address are up to date in your Playerspace account, as all messages will be sent directly to the contact information listed there.

Immediate Phone Calls Home

In certain situations, Camp Metacomet will make an immediate phone call to a parent or guardian. These situations include, but are not limited to:

- Running away, eloping, or wandering from the group for an extended period, requiring intervention by supervisors or support staff
- Use of inappropriate language, verbal abuse, or derogatory comments related to race, sexual orientation, or other protected identities, requiring staff intervention
- Throwing objects that cause bodily harm or property damage
- Ongoing refusal to follow directions or show respect to peers and staff, leading to intervention by supervisors or support staff
- Any other actions that require significant staff intervention to ensure safety and maintain a positive camp environment

Immediate Phone Call Home & Suspension or Possible Termination

(*Suspensions may range from 1–5 days depending on the severity of the incident*)

In more serious situations, a parent or guardian will receive an immediate phone call, and the camper may face suspension or termination from camp. These situations include, but are not limited to:

- Acts of violence, fighting, or sexually inappropriate behavior
- Possession of any type of weapon
- Verbal threats, abuse, or any behavior that causes other campers to feel unsafe
- Significant property damage
- Elopement or behaviors that pose serious safety risks
- Possession or use of vapes, tobacco, marijuana, over-the-counter medications, illegal drugs, or alcohol
- Other serious actions that require intervention by supervisors or support staff

These policies are in place to ensure the safety and well-being of all campers and staff.

GRIEVANCES

PARENT

When a parent has a grievance that cannot be resolved with the camp staff, a meeting will be arranged with the camp coordinator. After that meeting, if the parent doesn't feel the issue is resolved, the parent may request a meeting with the Executive Director.

CHILD TO CHILD OR CHILD TO CAMP STAFF

The children are encouraged to share with staff any problem they are having. If the child does not feel as though his/her issues are resolved, then a meeting with be set up with the camp coordinator, staff and child. If the child feels that the issue still has not been resolved, the child will meet with a parent and the camp coordinator. If there is a need, the next meeting would include the Branch Executive Director.

WELLNESS & MEDICAL POLICIES

- Physical and immunization records are required to complete the registration process and before attendance, per the Department of Public Health.
- If a camper is sick/becomes sick (fever, vomiting) during the camp day they must be picked up immediately (within the (1) hour). The camper may return to camp after 24 hours symptom-free, without medication.
- All medications to be kept at camp/administered at camp must be in the original containers with a prescription label on it. YMCA med forms need to be completed by the physician or a physician's medication order dated within the year on file. The medication order MUST match the directions on the prescription label. A camper requiring medication at camp may NOT attend until the medication and proper forms are on file with the camp and uploaded to Playerspace.
- Medication MUST be brought to camp by the parent/guardian. Please do not send in your child's backpack.
- Please contact the healthcare supervisor/nurse at your camp for more information or if you have questions.

CELL PHONE AND ELECTRONIC DEVICE POLICY

We have a NO CELL PHONE POLICY at camp. This opportunity could be the only time your child is disconnected from technology during the day. Leaving phones at home allows campers to focus on being a kid, relationship building and being 100% present at camp. Our staff is unable to supervise cell phone use between campers. For your child's safety and others, we request all devices to be left at home.

Counsel your child that if they need to contact home, they should speak with the counselor, head counselor or the director. Parents will be contacted if any problems arise or if their child is experiencing a challenge in adjusting to camp. In the event your child requires a cell phone for after camp activities, phones may be signed into the camp office until departure.

Cell phones are a liability for camper safety. Research shows that cell phone use by youth in general can lead to bullying and unsafe environments. By removing a camper's access to technology, we avoid possible exposure to the following

- Bullying via social media
- Inappropriate materials and or videos
- Unauthorized photographs or videos of other campers

By sending your child to Camp Metacomet, you are agreeing to abide by our cell phone policy. Failure to comply with this policy may result in termination from Camp Metacomet or any affiliated YMCA Southcoast camp.

If you have any questions or concerns about our cell phone policy, please contact our camp office at 508-993-3361.

LUNCH & SNACKS

Please pack a nutritious, balanced lunch for your camper including snacks for snack time. Camp does not have refrigeration or microwave use for lunches. A small cooler with the camper's name works best for packing lunches and drinks. All campers MUST bring a refillable water bottle as we have refillable water stations available. One juice box does not suffice to keep your child hydrated throughout the day. For example, water bottles should be a disposable Poland springs bottle but a sturdy reusable water bottle.

PERSONAL BELONGINGS

Please place all your campers' belongings in a backpack daily and label all their belongings**.** A plastic shopping bag works best for wet clothes from the pool. Avoid tank tops as this will help prevent sunburns to the shoulders. Wear a bathing suit to camp and bring a change of clothes. This eliminates a change and gets kids in the pool faster. Socks are the #1 lost a found item. Closed toed sandals (KEENS) or slip on shoes with a back can also be worn. Please NO flip flops. Campers are unable to do adventure activities (hiking/rockwall) without closed toed shoes.

We will make every effort to return lost and found items while your child is at camp. Please LABEL all your child's belongings. Parents are welcome to check lost and found at drop off and pic up. Unclaimed items will be donated. YMCA Southcoast is not responsible for any lost/stolen personal belongings that are left behind.

Camp is a natural setting to retreat from the amenities of electronic technology and to discover self-potential, group dynamics, friendships and nature. Cell phones, iPad/tablets, kindles, Nintendo DS/DSI, iPod, Pokémon or other trading cards, toys etc. do not fit into the camp setting. Please do not send any valuable or meaningful items to campo with your child. Leave these items at home.

SUNSCREEN & BUG SPRAY

We ask that you apply sunscreen to your child before you drop them off at camp. Please provide sunscreen, bug spray and hand sanitizer in your child's backpack. Don't forget to label them! Counselors will have campers reapply sunscreen throughout the day and apply bug spray when necessary.

PHOTO RELEASE & SOCIAL MEDIA

Photos/videos may be used for promotions or shared with the camp through Playerspace. Please be sure to indicate in Playerspace on the registration form whether you consent to photo/social media/promotional photos/videos. Follow the Dartmouth YMCA on Facebook to see photos and video updates from our weeks at Camp Metacomet.

TOURS, SUPPORT, AND FEEDBACK

- Contact the Camp Director to schedule a tour.
- Parent concerns can be addressed with the Camp Director or branch Executive Director.

Sample Camp Schedule *Activities listed subject to change

	Monday	Tuesday	Wednesday	Thursday	Friday
9:10-9:30	Morning Ceremony	Morning Ceremony	Morning Ceremony	Morning Ceremony	Morning Ceremony
9:40-10:15	Swim	Swim	Swim	Swim	Swim
10:20-10:55	Outdoor Adventure	Tower	Arts & Crafts	Basketball	Nature
11:00-11:35	Farm	STEM	Farm	Farm	Volleyball
11:40-12:15	Sandbox	Archery	Group Sports	Tower	STEM
12:15-12:50	Lunch	Lunch	Lunch	Lunch	Lunch
12:55-1:30	Swim	Swim	Swim	Swim	Closing Ceremony
1:35-2:10	Volleyball	Basketball	Outdoor Adventure	Archery	Closing Ceremony
2:15-2:50	Snack	Snack	Snack	Snack	Closing Ceremony
2:55-3:30	Arts & Crafts	Group Sports	Tetherball	Sandbox	Closing Ceremony

A word about the Bunnies…

Our youngest of campers will participate in most camp activities that are age appropriate. Campers will change independently for swim, therefore please dress your camper in comfortable easy on/off attire. Per state regulations, there will be a rest/quiet time each day. A soft mat will be provided to each camper, they may bring 1 small stuffed friend to rest with if they choose. In order to help keep track of items, it will remain in the camper's bag until rest time and put back in at the end of the rest period. In the event a child falls asleep during the rest period, staff will gently wake them prior to the next activity. After a 15-minute period of rest time has concluded, staff will pass out quiet mat activities to any camper who is not sleeping for the duration of the rest period.

CAMP METACOMET 2026 SUMMER CAMP BUS SCHEDULE

Bus Stop #		AM	PM
1	Potter Elementary School, 185 Cross Road, Dartmouth	7:55	4:35
2	Winslow Elementary School, 561 Allen Street, New Bedford	8:10	4:20
3	Hazelwood Park Parking Lot, Brock Avenue Entrance, New Bedford	8:20	4:10
4	DeMello Elementary School, 654 Dartmouth Street, Dartmouth	8:30	4:00

Camp Arrival 8:40am

Camp Departure 3:50pm

One-Way Transportation $40 per session

Two-Way Transportation $80 per session

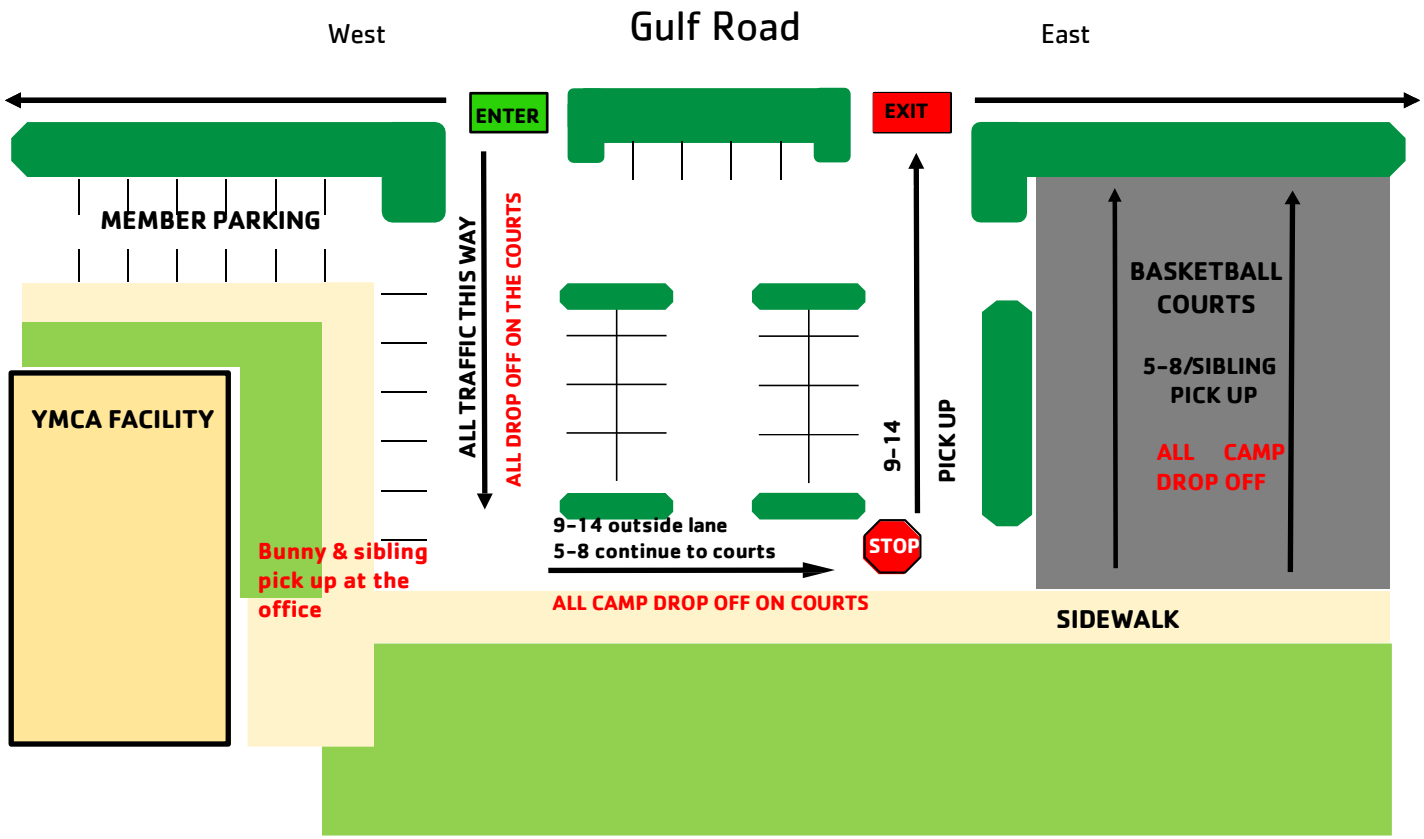
CAMP BUS POLICIES & PROCEDURES

- BUS SPACE IS LIMITED.
- Please be sure to arrive on time for your bus stop.
- There will be a 2 minute grace period at each stop, those who are late may try to get on at the next stop or will need to be dropped off at camp. We cannot wait for late arrivals.
- Please be sure that authorized pick ups are listed on your camp registration form and that anyone picking up from the bus has a photo ID ready for the bus monitor. Authorized pick ups must be 16 years of age or older.
- Authorized pick ups must be on the original registration form or added by parent/ guardian in writing.
- We will always try our best to be on time! Please note that there is a chance for potential delays, especially in the afternoons.
- Children must be picked up on time. If an authorized pick up is not present at the appropriate bus stop on time, children will remain on the bus and be brought back to the Dartmouth YMCA. A parent or guardian must be present at the camp to pick up at that time.
- No food, electronics, or toys will be allowed on the bus. Children should eat breakfast prior to arriving at camp.
- Children must remain seated at all times. Failure to follow safety and behavior guidelines can and will result in termination from the camp bus.
- YMCA Southcoast will be following transportation guidelines provided by our local and Massachusetts Department of Public Health and the CDC to ensure a safe environment for our campers.
- Please note, if you applied for financial assistance, that can be applied to the cost of transportation.
- Transportation fees are non refundable or transferable.

In the event that a change in transportation plan needs to be made, communication to the camp office must take place no later than 12pm the day of the necessary change. A response from a camp representative must be received to confirm the change.

Camp Metacomet at the Dartmouth YMCA

CAMPER DROP OFF & PICK UP PLAN



For the safety of our campers and staff, for drop off and pick up, please remain in your vehicle AT ALL TIMES.

DROP OFF: Enter the YMCA parking lot from the WEST Entrance as indicated by the Enter sign and proceed onto the courts and make 3 lines. Please watch for the red poles. Please exit by the driveway to the EAST. A staff member will assist your camper out of the vehicle and escort them to their camp group. Please remain in your vehicle! Drive slowly and carefully!

PICK UP: For pick up, please watch for signs to pick up by ages. All 4 year olds and their siblings will be dismissed from the office. Please park and head into the front door with ID for dismissal. All 5-8 year olds and all siblings, please drive carefully and pick up on the courts. For 9-14 year olds, please continue straight and pick up along the grass islands. All vehicles will exit by driveway to the EAST. Remain in your vehicle and when you approach the stop sign, a staff member will check your photo ID each day and ensure your name is on the authorized pickup list before escorting your camper to your vehicle. Please drive slowly and carefully and watch for the red poles! All campers must be picked up by 4:00pm. In the event that you are late for pickup, you will be charged a late fee. Please plan accordingly as the Padanaram bridge does close DAILY at 4pm throughout the summer.

Any questions, concerns, daily notes or requests for additional authorized pickups must be submitted via email and sent to campmetacomet@ymcasc.org . We will do our best to respond to your concerns in a timely manner between the hours of 9am and 5pm in the order of which they are received. Thank you for your cooperation with policy changes. We want to ensure you that all decisions being made are with a focus of the health and safety of our camp families and staff members.

EXTENDED CARE: Please park in a parking space and sign in/out in the office.

Please do not park in a handicapped space unless you have a placard to do so.

Meningitis

What is meningitis?

Meningitis is an infection of the tissue (called the "meninges") that surrounds the brain and spinal cord.

What are the symptoms of meningitis?

Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, sensitivity to light, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In some infants, the only signs of meningitis may be crankiness or tiredness and poor feeding. Babies with meningitis usually run a fever, but not always. Anyone who has or observes these symptoms should contact a health care provider right away. Some cases of meningitis are very serious, leading to permanent neurologic problems, amputation of limbs, loss of hearing, seizures or strokes, and even death.

What causes meningitis?

Many different kinds of viruses and bacteria (germs) can cause meningitis. A sample of spinal fluid, usually collected by a spinal tap, is needed to find out if someone has meningitis and to see what caused it.

What kinds of bacteria can cause meningitis?

Neisseria meningitidis are bacteria that can cause illness in people of any age. At any time, about 5-15% of people have these bacteria in their throats or noses without getting sick. The bacteria are spread through saliva (spit) during kissing, sharing of food, drinks or cigarettes (including e-cigarettes), and by close contact with infected people who are sneezing or coughing. People who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get antibiotics (medicine) for protection. Meningitis caused by these bacteria is called "meningococcal." There are vaccines, which can be used to help prevent this kind of meningitis.

Haemophilus influenzae type b bacteria, called Hib, can also cause meningitis. There is a vaccine called "Hib vaccine" that prevents infants and young children from getting Hib disease. Most adults are resistant to this type of meningitis, and thanks to the vaccine, most children under 5 years of age are protected. Certain people who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get an antibiotic to protect unimmunized, under-immunized or immunocompromised children in their household.

S*treptococcus pneumoniae* are bacteria that cause lung and ear infections but can also cause "pneumococcal" meningitis. These bacteria are usually found in the throat. Most people who have these bacteria in their throats stay healthy. However, people with chronic medical problems or with weakened immune systems, and those who are very young or very old, are at higher risk for getting pneumococcal meningitis. Meningitis caused by *Streptococcus pneumoniae* is not spread from person-to-person. People in close contact with someone who has pneumococcal meningitis do not need to get antibiotics.

Other bacteria can also cause meningitis, but meningitis from these other bacteria is much less common and usually not contagious.

What about viruses?

Viral meningitis, also called **aseptic meningitis**, is much more common than bacterial meningitis. A group of viruses called *enteroviruses* is the most common cause of viral meningitis. These viruses are found in the throat and feces (stool) of infected people. The virus is most likely to be spread when people do not wash their hands after using the toilet or changing a diaper or soiled sheets, then touch their own mouths, prepare food for others, or touch others with their contaminated hands. These viruses can also be spread by the kind of close face-to-face contact that is common in families.

Many enteroviruses don't cause people to feel very sick. Others may cause only mild diarrhea or vomiting. People with viral meningitis are usually less sick than people with bacterial meningitis. They usually get better on their own. People who are close contacts of viral meningitis patients do not need to be treated with antibiotics. However, they should wash their hands often with soap and warm water or use alcohol-based hand rubs or gels to stop the spread of these viruses. There are usually more cases of viral meningitis in the late summer and early fall.

How is meningitis spread?

Many of the viruses that cause meningitis are spread through saliva (spit) or feces (stool). The bacteria that can cause meningitis are usually spread from person-to-person through contact with infected saliva. Most people may already have immunity (natural protection) against many of these germs.

How can meningitis be prevented?

If a person is exposed to the saliva of someone with meningitis caused by certain types of bacteria, public health officials or your health care provider may recommend an antibiotic to prevent disease. Frequent handwashing with soap and water or use of alcohol-based hand rubs or gels can help stop the spread of many viruses and bacteria. Not sharing food, drinks, or eating utensils with other people can also help stop the spread of germs.

There are 5 vaccines that can help prevent meningitis:

- ***Haemophilus influenzae*** **(Hib) vaccine** is usually given at 2, 4, 6 and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. Children over 5 years of age usually do not need this vaccine. But, some older children or adults with special health conditions should get it.
- **Pneumococcal conjugate vaccine 13-valent (PCV13)** is recommended for all children less than 24 months old. It is usually given at 2, 4, 6, and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. It is also used in high-risk people 2 years of age and older. This vaccine is recommended to be given as a first dose in a series with PPSV23 vaccine, for everyone 65 years of age and older.
- **Pneumococcal polysaccharide vaccine 23-valent (PPSV23)** is used in high-risk individuals 2 years of age or older. (High-risk children less than 5 years of age should also receive PCV13.) This vaccine is also recommended to be given as the second dose in a series with PCV13 for everyone 65 years of age and older.

- **Quadrivalent meningococcal conjugate vaccine** (Menactra and Menveo) is recommended for children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of quadrivalent meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the "catch up" schedule.

  College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- **Meningococcal serogroup B vaccine** (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who are not at high risk **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

Talk with your doctor about which vaccines you or your child should receive.

Are students required to get meningococcal vaccine?

Yes. Massachusetts law requires the following students receive quadrivalent meningococcal conjugate vaccine (unless they qualify for one of the exemptions allowed by the law):

- Secondary school (those schools with grade 9-12): newly enrolled full-time students who will be living in a dormitory or other congregate housing licensed or approved by the secondary school must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past.

- Postsecondary institutions (e.g., colleges): newly enrolled full-time students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, regardless of housing status.

More information may be found in the MDPH documents *"Meningococcal Disease and College Students"* and "*Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools*."

Shouldn't meningococcal B vaccine be required?

CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously,

adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available.

Where can I get more information about meningitis?

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at http://www.mass.gov/dph/
- Your local health department (listed in the phone book under government)

Disease Prevention Isolation and Exposure Guidance for Children and Staff in Recreational Camp/Program Settings

Overview

Effective August 15, 2022, children and staff in child care, K-12, out-of-school time (OST) and recreational camp settings should follow the below guidance.[1]

- A rapid antigen test, such as a self-test, is preferred to a PCR test in most situations.
- To count days for isolation, Day 0 is the first day of symptoms OR the day the day positive test was taken, whichever is earlier.
- Contact tracing is no longer recommended or required in these settings, but schools or programs must continue to work with their Local Board of Health in the case of outbreaks.
- The Commonwealth is not recommending universal mask requirements, surveillance testing of asymptomatic individuals, contact tracing, or test-to-stay testing in schools. While masks are not required or recommended in these settings except for in school health offices, any individual who wishes to continue to mask, including those who face higher risk from COVID-19, should be supported in that choice. For those who need or choose to mask, masking is never required in these settings while the individual is eating, drinking, sleeping or outside.
- All individuals are encouraged to stay up-to-date with vaccination as vaccines remain the best way to help protect yourself and others.

Isolation and exposure guidance and protocols

- Quarantine is no longer required nor recommended for children or staff in these settings, regardless of vaccination status or where the exposure occurred. All exposed individuals may continue to attend programming as long as they remain asymptomatic. Those who can mask should do so until Day 10, and it is recommended that they test on Day 6 of exposure. If symptoms develop, follow the guidance for symptomatic individuals, below.
- Children and staff who test positive must isolate for at least 5 days. If they are asymptomatic or symptoms are resolving and they have been fever free without the use of fever-reducing medicine for 24 hours, they may return to programming after Day 5 and should wear a high-quality mask through Day 10:
    - If the individual is able to mask, they must do so through Day 10.
        - If the individual has a negative test on Day 5 or later, they do not need to mask.
        - If the individual is unable to mask, they may return to programming with a negative test on Day 5 or later.
- Symptomatic individuals can remain in their school or program if they have mild symptoms, are tested immediately onsite, and that test is negative. Best practice would also include wearing a mask,

if possible, until symptoms are fully resolved. For symptomatic individuals, DPH recommends a second test within 48 hours if the initial test is negative.

- If the symptomatic individual cannot be tested immediately, they should be sent home and allowed to return to their program or school if symptoms remain mild and they test negative, or they have been fever-free for 24 hours without the use of fever-reducing medication and their symptoms are resolving, or if a medical professional makes an alternative diagnosis. A negative test is strongly recommended for return.

Note: At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home rapid antigen test for use in children under 2 years of age. However, at-home rapid antigen tests may be used off-label in children under 2 years of age for purposes of post-exposure, isolation, and symptomatic testing. It is recommended that parents or guardians deciding to test children under 2 years of age administer the at-home rapid antigen test themselves.

COVID-19 Symptoms for Child Care, K-12, OST, and Recreational Camps

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Muscle aches or body aches
- Cough (not due to other known cause, such as chronic cough)
- Sore throat, *when in combination with other symptoms*
- Nausea, vomiting, *when in combination with other symptoms*
- Headache, *when in combination with other symptoms*
- Fatigue, *when in combination with other symptoms*
- Nasal congestion or runny nose (not due to other known causes, such as allergies), *when in combination with other symptoms*

Meningococcal: Questions and Answers

Massachusetts Department of Public Health

DPH

INFORMATION ABOUT THE DISEASE AND VACCINES

The following information is provided by the Massachusetts Department of Public Health (MA DPH) and fulfills the requirement for 221.300: Dissemination of Information about Meningococcal Disease and Vaccine. As part of the regulation, camp attendees, including day camps and resident camps, as well as children in daycare, are informed of the risks of meningococcal disease.

- Campers are not considered at increased risk due to their participation in camp.
- Children under five years of age have a higher rate of meningococcal disease than older children, but attending daycare is also not considered to increase the risk.
- The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene, and cough etiquette.

The attached Q&A document, following this page, contains additional information on meningococcal disease, at-risk groups, and vaccines. Information found on pages with an "Immunize.org" footer is approved by the MA DPH and also fulfills the regulatory requirement.

You may also contact your healthcare provider, local board of health, or the Massachusetts Department of Public Health (MDPH) Divisions of Epidemiology and Immunization at (617) 983-6800 or visit https://www.mass.gov/info-details/school-immunizations. For additional information beyond what is provided and approved by the MA DPH, please visit the CDC's website: Meningococcal Disease Surveillance and Trends | Meningococcal | CDC.

Meningococcal: Questions and Answers

INFORMATION ABOUT THE DISEASE AND VACCINES

What causes meningococcal disease?

Meningococcal disease is caused by the bacterium *Neisseria meningitidis*. These bacteria have at least 13 different subtypes (serogroups). Five of these serogroups, A, B, C, Y, and W, cause almost all invasive disease. The relative importance of these five serogroups depends on geographic location and other factors. In the United States almost all meningococcal disease is caused by serogroups B, C, W and Y. Serogroups C, W, and Y account for more than half of reported cases.

How does meningococcal disease spread?

The disease is spread person-to-person through the exchange of respiratory and throat secretions (e.g., by coughing, kissing, sharing eating utensils). Meningococcal bacteria can't live for more than a few minutes outside the body, so the disease is not spread as easily as the common cold or influenza.

How long does it take to show signs of meningococcal disease after being exposed?

The incubation period of meningococcal disease is 3 to 4 days, with a range of 2 to 10 days. Meningococcal bacteria can make a person extremely ill by infecting the blood (septicemia) or by infecting the fluid of the spinal cord and around the brain (meningitis). Because this disease progresses quickly, it is important to be diagnosed and start treatment as soon as possible.

What are the symptoms of meningococcal disease?

The most common symptoms are high fever, chills, tiredness, and a rash. If meningitis is present, the symptoms will also include headache and neck stiffness (which may not be present in infants); seizures may also occur. In overwhelming meningococcal infections, shock, coma, and death can follow within several hours, even with appropriate medical treatment.

How serious is meningococcal disease?

Meningococcal disease caused by any serogroup is very serious. About one out of seven people with meningococcal disease die even with appropriate antibiotic treatment. Of those who recover, up to one out of five suffer from some serious after-effects, such as permanent hearing loss, limb loss, or brain damage.

How is meningococcal disease diagnosed?

The diagnosis is made by taking samples of blood and spinal fluid from a person who is sick. The spinal fluid is obtained by performing a lumbar puncture, where a needle is inserted into the lower back. Any bacteria found in the blood or spinal fluid is grown in a medical laboratory and identified.

Meningococcal disease is rare in the United States, and the symptoms can be mistaken for other illnesses, which unfortunately can lead to delayed diagnosis and treatment.

Can't meningitis be caused by a virus too?

Yes. The word "meningitis" refers to inflammation of the tissues covering the brain and spinal cord. This inflammation can be caused by viruses and fungi, as well as bacteria. Viral meningitis is the most common type; it has no specific treatment but is usually not as serious as meningitis caused by bacteria.

Is there a treatment for meningococcal disease?

Meningococcal disease can be treated with antibiotics. It is important to start treatment early.

How common is meningococcal disease in the United States?

Fewer than 500 cases of meningococcal disease were reported each year since 2010 in the United States. In 2023, a total of 437 cases were reported and 46 died.

The disease is most common in children younger than 5 years (particularly children younger than age 1 year), people age 16–21 years, and people age 65 years and older.

What people are at special risk for meningococcal disease?

Risk factors for meningococcal disease include having a recent viral infection, household crowding, and cigarette smoke exposure (direct or second-hand smoke). In addition, certain people are at higher risk than other people their age for meningococcal disease caused by any serogroup. These include people with a damaged or missing spleen, those with complement disorders (an immune system disorder) or who take a complement

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inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]), as well as microbiologists who routinely handle meningococcal isolates.

Certain people are at increased risk for meningococcal serogroups A, C, W, and Y but not serogroup B. These include travelers to regions where meningococcal disease is more common (such as sub-Saharan Africa) and people living with HIV.

Does meningococcal disease occur in other parts of the world?

Meningococcal disease occurs throughout the world, but is more common in the area of Africa known as the "meningitis belt" that stretches from Senegal to Ethiopia. Serogroup A was common in sub-Saharan Africa but is now rare thanks to a major vaccination campaign. Serogroups C and W now dominate in the "meningitis belt."

Can you get meningitis more than once?

Yes. Meningitis can be caused by different serogroups of the meningococcal bacterium, by other bacteria such as *Streptococcus* and *Haemophilus*, as well as by viruses and fungi. Being vaccinated against *Neisseria meningitidis* or having had the disease will not protect you against meningitis from other bacteria or viruses.

If a child is diagnosed with meningococcal disease, can anything be done to protect the other children with whom he has contact?

People exposed to someone with bacterial meningitis can be protected by being started on a course of antibiotics immediately (ideally within 24 hours of the patient being diagnosed). This is usually recommended for household contacts and children attending the same day care or nursery school. Older children and adults (e.g., who are in the same school or church) aren't usually considered exposed unless they have had very close contact with the infected person (e.g., kissing or sharing a glass).

In addition to the antibiotic treatment, vaccination may be recommended for people 2 months of age and older if the person's infection is caused by meningococcus serogroup A, C, Y, or W.

What meningococcal vaccines are available in the United States?

Different meningococcal vaccines are available that protect against different serogroups. There are two products (Menveo and MenQuadfi) that protect against serogroups A, C, W, and Y (abbreviated MenACWY). There are two products (Bexsero and Trumenba) that protect against serogroup B (abbreviated MenB). Two vaccines — Penbraya (Pfizer), licensed in 2023, and Penmenvy (GSK), licensed in 2025, combine a MenACWY vaccine with the manufacturer's brand of MenB (Trumenba for Penbraya or Bexsero for Penmenvy) in a single combination vaccine (abbreviated MenABCWY). Protection from all 5 serogroups requires the use of vaccines (either separately or in combination) targeting all 5 serogroups.

Meningococcal Vaccines Available in U.S.

TRADE NAME (MFR)	SEROGROUPS INCLUDED	YEAR LICENSED	APPROVED AGES
Menveo (GSK)	A, C, W, Y	2010	2 months–55 years*
MenQuadfi (Sanofi)	A, C, W, Y	2020	6 weeks and older
Trumenba (Pfizer)	B	2014	10–25 years†
Bexsero (GSK)	B	2015	10–25 years†
Penbraya (Pfizer)	A, B, C, W, Y	2023	10–25 years†
Penmenvy (GSK)	A, B, C, W, Y	2025	10–25 years†

* may be given to people age 56 years or older
† may be given to people age 26 years or older

How is this vaccine given?

MenACWY vaccines are given in a leg muscle of a young child or the deltoid (arm) muscle of an older child or adult. MenB and MenABCWY vaccines are given intramuscularly, typically in the deltoid muscle, or alternatively, in the anterolateral thigh.

Who should get the meningococcal vaccine?

Certain groups should be vaccinated against all 5 serotypes (A, C, W, Y, and B). Others are recommended to receive MenACWY only.

MenACWY is recommended for these groups:

- All children and teens, ages 11 through 18 years (catch up vaccination of people age 19 through 21 who have not received a dose since turning 16 can be considered).
- People age 2 months and older who have a damaged or missing spleen.
- People age 2 months and older with a complement disorder (an immune system disorder) or who take a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]).
- People who are at risk during an outbreak caused by a vaccine serogroup.
- People with HIV infection.

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- People who are or will be a first-year college student living in a residential facility.
- People age 2 months and older who reside in or travel to certain countries in sub-Saharan Africa as well as to other countries for which meningococcal vaccine is recommended (e.g., travel to Mecca, Saudi Arabia, for the Hajj or Umrah pilgrimages).
- People working with meningococcus bacteria in laboratories.

MenB is recommended for these groups:

- People age 10 years and older who have a damaged or missing spleen.
- People age 10 years and older with a complement disorder (an immune system disorder) or who take a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]).
- People who are at risk due to a meningococcal serogroup B outbreak.
- People working with meningococcus bacteria in laboratories.

MenB vaccines are not routinely recommended for all adolescents or college students. However, CDC recommends that a MenB vaccine series may be administered to individuals age 16 through 23 with a preferred age of vaccination of 16 through 18 years. This shared clinical decision-making recommendation allows the clinician and patient to decide on MenB vaccination based on the risk and benefit for the individual patient.

People age 10 years and older who need MenACWY and MenB vaccination may receive the separate vaccine brands or or a combination MenABCWY vaccine.

The same MenB product must be used for all doses. The Pfizer MenABCWY combination, Penbraya, may be used with Pfizer's MenB product, Trumenba. The GSK MenABCWY combination, Penmenvy, may be used with GSK's MenB product, Bexsero.

What information should healthy people age 16 through 23 years and their healthcare provider consider when deciding on the use of MenB vaccine?

Considerations for shared clinical decision-making for vaccination against meningococcal B disease include:

- MenB disease is serious, with high rates of death and disability.
- MenB disease is rare (between 4 and 21 cases per year since 2018 in people age 16 through 23 years in the United States).
- Risk of MenB disease is higher among college students, especially those who are freshmen, attend a 4-year university, live on campus, or participate in fraternities or sororities.
- MenB vaccines protect against most serogroup B strains.
- MenB vaccines provide short-term protection, with protective antibody levels declining within 1–2 years.
- MenB vaccines may prevent illness but a vaccinated person may still carry the serogroup B bacteria in their nose.

Should college students be vaccinated against meningococcal disease?

The MenACWY vaccine is recommended for first-year college students who are or will be living in a residence facility if they have not had a dose of MenACWY vaccine since turning 16 or if it has been at least 5 years since their most recent dose of MenACWY vaccine. Some colleges and universities require incoming freshmen and others to be vaccinated with MenACWY.

With widespread use of MenACWY vaccines, the risk for meningococcal disease among college students is greatest for serogroup B, although serogroup B disease in this group is still rare. College students age 16 through 23 may choose to receive MenB vaccine to reduce their risk of MenB disease. Some colleges require MenB vaccination in addition to MenACWY.

How many doses of meningococcal vaccine are needed?

For MenACWY vaccines the number of doses recommended depends on the age when the vaccine is given and the presence of certain medical conditions or risk factors.

For MenACWY vaccines, this includes:

- Adolescents at age 11 or 12 years plus a booster dose at age 16 years.
- If vaccinated at age 13–15 years, give booster dose at age 16–18 years.
- For first-year college students who will live in a residential facility, give booster dose if their previous dose was given before age 16 years or if the dose was given at age 16 or older and it has been at least 5 years since the most recent MenACWY dose.
- Adults age 19–21 who did not receive a dose after their 16th birthday may be given a catch-up dose.

More than 1 dose may be needed for people with a damaged or missing spleen, people with HIV infection,

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and those with a complement disorder (an immune system disorder) or who take a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris], sutimlimab [Enjaymo]). In addition, vaccinated people who remain at risk should receive a booster dose of MenACWY every 5 years.

The CDC recommends that people not at increased risk of meningococcal B disease (healthy people age 16 through 23 years) may receive a 2-dose series of Bexsero or Trumenba, preferably at age 16 through 18 years.

People ages 10 years and older with risk factors (i.e., anatomic/functional asplenia, persistent complement component deficiency, complement inhibitor use, or who work with meningococcus bacteria in laboratories) should receive a 3-dose Bexsero or Trumenba series for accelerated protection. They should receive a MenB booster 1 year after completing a MenB primary series, and then boosters every 2–3 years thereafter, for as long as increased risk remains. For people age 10 years and older who are determined by public health officials to be at increased risk during an outbreak, CDC recommends a one-time booster dose if it has been 1 or more years since completion of a MenB primary series. Local public health officials may reduce this interval to 6 months, depending on the outbreak situation.

Because the two brands of MenB vaccine work differently, it is important that all booster doses be the same brand as the primary series. When the Trumenba brand of MenB and MenACWY vaccine is needed at the same visit, the combination MenABCWY vaccine, Penbraya, may be used. When the Bexsero brand of MenB and MenACWY vaccine is needed at the same visit, the combination MenABCWY vaccine, Penmenvy, may be used. The minimum interval between MenABCWY products is 6 months.

How soon after their first MenACWY dose should people who remain at risk for meningococcal disease be vaccinated again?

The time between the primary (initial) doses(s) of MenACWY and the first booster varies. Children who received their primary MenACWY dose(s) before their seventh birthday should get their first booster 3 years after their primary dose(s) and every 5 years thereafter, as long as they remain at risk. People who complete the primary MenACWY dose(s) at age 7 years or older should be given a booster dose every 5 years as long as they remain at risk.

What are the side effects of these vaccines?

Up to about half of people who get MenACWY vaccines have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for one or two days. A small percentage of people who receive the vaccine develop a fever. Severe reactions, such as a serious allergic reaction, are very rare.

The most common side effect of MenB vaccine is pain at the injection site, which is reported by most vaccine recipients. The Vaccine Adverse Event Reporting System (VAERS) and other vaccine safety systems carefully monitor MenACWY and MenB vaccine safety as they do for other U.S.-licensed vaccines.

How effective is this vaccine?

Based on antibody studies and comparison with an older meningococcal vaccine, MenACWY is estimated to be at least 85% effective.

Because serogroup B meningococcal disease is rare, researchers estimate the effectiveness of the MenB vaccines based on recipients' immune responses after vaccination. From 63% to 88% of recipients of a full series of MenB vaccine develop a protective level of antibody against representative strains of serogroup B meningococcus.

Who should not receive meningococcal vaccine?

These groups should not receive either type of meningococcal vaccine:

- People who have had a serious allergic reaction to a previous dose of either meningococcal vaccine or to one of the vaccine components. The packaging of some meningococcal vaccines may contain latex. Information on the contents of each vaccine is included with each vaccine.
- People who are moderately or severely ill.

Can a pregnant person get meningococcal vaccine?

Post-licensure safety data suggest no concerns with the safety of MenACWY during pregnancy. Pregnancy is not a contraindication nor a precaution to MenACWY vaccination. Healthcare personnel should administer this vaccine to high-risk pregnant people. Although experience with MenB vaccines is limited, they have not been shown to be detrimental to a pregnant person or fetus. CDC recommends delaying MenB until after pregnancy due to lack of safety data when given during pregnancy. MenB may be administered during pregnancy if at increased risk and vaccination benefits outweigh potential risks.