

FAST FACTS ABOUT MENINGOCOCCAL DISEASE AND VACCINATION

Q. What is meningococcal disease and how dangerous is it?

A. Meningococcal disease is a bacterial infection. It can cause meningitis – severe swelling of the membranes that surround the brain and spinal cord. It can also lead to sepsis – a potentially fatal infection of the blood.

Meningococcal disease is very dangerous because it often begins with symptoms that can be mistaken for influenza or another respiratory infection. But unlike more common infections, meningococcal disease can get worse very rapidly and it can kill an otherwise healthy young adult in a little as 24 to 48 hours. In fact, 100% of those who develop meningococcal disease may die. Of those who survive, 11% to 19% will suffer from permanent disabilities, including amputations, scars, hearing loss, and brain damage.

Q. How is meningococcal disease spread?

A. The bacteria that causes meningococcal disease (*Neisseria meningitidis*) can be spread from one person to another through coughing, kissing, or sharing drinks, saliva, or eating utensils.

Q. Who is at risk of meningococcal disease?

A. Although anyone can get the meningococcal disease, the risk for getting this disease is higher for college students living on campus. According to the Centers for Disease Control and Prevention (CDC), college freshmen living in dormitories have a 10 to 20 times greater chance of getting meningococcal disease compared with other college students. Students who smoke, drink, or spend a lot of time on campus are also at higher risk.

Q. What are the symptoms of meningococcal disease?

A. The early symptoms of meningococcal disease are similar to influenza. Many people complain of having a headache, fever, stiff neck, extreme fatigue, nausea, vomiting, and sensitivity to light. Some people also develop a purplish black-red rash of small dots (petechiae), blisters, and ulcers. Remember, meningococcal disease can get worse very quickly, so recognizing the characteristic signs and symptoms of the disease is critical and potentially lifesaving.

Q. Why should I get a meningococcal vaccine?

A. Meningococcal vaccination can greatly reduce your risk of getting meningococcal disease. The vaccine helps to protect against the strains of meningococcal disease that are most common in college students.

Meningococcal disease in college-aged people. In the US military, meningococcal vaccination has been mandatory since 1969. This has resulted in a significant reduction in meningococcal disease among new recruits. Be aware, however, that the meningococcal vaccine does not protect against infection caused by strains other than A,C,Y, and W-135, and that no vaccine is guaranteed to protect 100% of susceptible individuals.

Q. Is the meningococcal vaccine safe?

A. No. The vaccine does not contain any live bacteria, so it is impossible to get meningococcal disease from the vaccine. Additionally, the meningococcal vaccine is very well tolerated. The most common side effects of the injection sore for 1 or 2 days. A very small number of people may also experience headache, body aches, chills, and fever.

Q. Are there any contraindications to the meningococcal vaccine?

A. Vaccination should be avoided by persons with a known hypersensitivity to any component of the vaccine. As with most vaccines, the vaccine should not be given to anyone who has any acute illness.

Q. How do I know if I should get the meningococcal vaccine?

A. College students, particularly those living in dormitories, should consider vaccination to reduce their risk of getting meningococcal disease. This recommendation is supported by the Advisory Committee on Immunization Practices (ACIP), the American College Health Association (ACHA), and the American Academy of Pediatrics.

Q. Are there any states that require meningococcal vaccination?

A. In addition, 14 states have enacted legislation that requires meningococcal vaccination for incoming students who are planning to live on campus, unless they sign a waiver stating that they are aware of the risk and do not wish to be vaccinated.

REQUESTS FOR ACCOMMODATIONS OF A DISABILITY MUST BE ADDRESSED TO THE DISABILITY SERVICES COORDINATOR, STUDENT SUCCESS CENTER, RESEARCH AND INFORMATION COMMONS (

DAEMEN

Received

Compliant Yes No

Visual Effects Program

Student Health

DAEMEN COLLEGE STUPRODS THE NEW YORK STATE LAW WITH THE CAMPUS A RECORD OF A HEALTH HISTORY AND REQUIRED IMMUNIZATION ATTENDANCE.

Full clearance for course registration cannot be granted until all pre-entrance medical requirements have been met. These include:

1. Documentation of immunizations.

NEW YORK STATE LAW REQUIRES THAT ALL PERSONS ACCEPTED FOR ADMISSION TO COLLEGE MUST PROVIDE PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA. BORN ON OR AFTER JANUARY 1, 1957, WHO DO NOT HAVE EVIDENCE OF IMMUNITY TO THESE DISEASES MUST BE VACCINATED (SEE INSTRUCTIONS FOR THE FORM).

STUDENTS MUST BE COMPLIANT WITH N.Y.S. LAW TO BE ELIGIBLE TO GUARANTEE REGISTRATION.

MEASLES (rubella)	TWO doses of live measles vaccine given after 12 months of age and after 1968 OR a positive measles titer (copy of lab report must be submitted).
MUMPS	ONE dose of mumps vaccine given after 12 months of age and after 1969 OR a positive mumps titer (copy of lab report).
RUBELLA	ONE dose of rubella vaccine given after 12 months of age and after 1969 OR a positive rubella titer (copy of lab report must be submitted). Physician diagnosis is not acceptable.

2. Health history.

3. Informed decision regarding medical care and vaccination.

Part I – STUDENT HEADLINE

NAME (PRINT) Last First Middle

DATE OF BIRTH SOCIAL SECURITY

SEX: MALE FEMALE

FRESHMAN TRANSFER GRAD

HOME ADDRESS Number and Street City or Town State Zip Code

Home Telephone Number Code Cell Phone Number (other with Area Code)

PERSON TO BE NOTIFIED IN EMERGENCY Name and Relationship

Home Telephone with Area Code

HEALTH CARE PROVIDER Name

ADDRESS Number, Street, City, State, and Zip

HEALTH INSURANCE INFORMATION

Do you have health insurance? Yes No
Name of insurance company Policy Number

ALLERGIES

Are you allergic to any medications? Yes No
Any other allergies?

MEDICATIONS

Do you take any medication on a regular basis? Yes No

List medication and dosage

Do you have any health conditions that we should be aware of in order to assess your ability to participate in physical activities?

Part II – IMMUNIZATION

MMR: _____ DATE: _____

Measles: 2 doses vaccine _____
or pos. serologic test (attach lab report) _____

Mumps: mumps vaccine _____
or pos. serologic test (attach lab report) _____

Rubella: rubella vaccine _____
or pos. serologic test (attach lab report) _____

MENTINGOCOCAL MENINGITIS VACCINATION

Check one line and sign.

I have: _____

_____ had the meningococcal meningitis vaccine _____ y^{rs}.

Date received: _____

_____ read _____ or have had _____ explained to me. The information received _____

_____ meningitis disease _____

_____ decided to get it but will not obtain it _____

_____ meningitis disease _____

Signed by: _____

HEALTH CARE PROVIDER OR SCHOOL OFFICIAL MUST SIGN

SIGNED _____ DATE _____

NAME _____

ADDRESS _____
STREET CITY STATE ZIP