



Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (the thin lining covering the brain and spinal cord).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear two to ten days after exposure, but usually within five days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85 percent to 100 percent effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70 percent of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days. After vaccination, immunity develops within seven to ten days and remains effective for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the American College Health Association, www.acha.org; and the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo.

Source: New York State Immunization Program
http://www.health.state.ny.us/nysdoh/immun/meningococcal/fact_sheet.htm, 7/2003



Measles, Mumps, Rubella, and Meningococcal Disease

New York State's Public Health Law §2165 requires that college students born **on or after January 1, 1957**, present proof of immunizations or laboratory results indicating immunity against measles, mumps, and rubella. Proof of age must be submitted for those students born prior to 1957. Adequate proof of immunity consists of the following:

Immunization records showing the dates the student received:

TWO measles vaccine doses at least 28 days apart; on or after 1st birthday, and dated 1968 or later.

ONE mumps vaccine dose; on or after 1st birthday and dated 1969 or later.

ONE rubella vaccine dose; on or after 1st birthday and dated 1969 or later.

- OR -

TWO combined doses of MMR vaccine doses at least 28 days apart; on or after 1st birthday, and dated 1968 or later.*

A vaccine given before these dates is NOT acceptable unless the record indicated that it was a "live virus" vaccine.

- OR -

Titer results (blood tests for the presence of antibodies) showing the student is **immune** to measles, mumps and/or rubella. Titer results must be submitted.

- OR -

Disease of measles and/or mumps is documented by a physician's letter. **The date must be included. Disease of Rubella is NOT an acceptable proof of immunity. There must be proof of vaccine or titres.**

Meningococcal Disease: New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, distributes information about meningococcal disease to all students meeting the enrollment criteria, whether they live on or off campus. John Jay College, CUNY, is required to maintain a record of the following for each student. **One of the following must be submitted:**

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian or documentation of medical contraindications, provided by a physician.
- A record of meningococcal meningitis immunization within the past 10 years.
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

Exemptions

Students who document religious or medical factors that prohibit them from being immunized may be granted an exemption or a temporary waiver of the immunization requirements.

One proof of measles can be provided with a United State education record, such as a diploma, report card, or high school transcript within the year that the vaccine was administered.



Student Health Services

(212)237.8052

Fax (212) 237-8026

Rm. 1292 NH

Email: healthoffice@jjay.cuny.edu

Immunization Records

Immunization records are required at least one week prior to registration.

Please complete this form or attach copies of appropriate records and return it to: Student Health Center, 445 W.59th St., New York NY 10019

Part 1: Student Information To be completed by the student.

Name:(Last) _____ (First) _____

Address: _____ Date of Birth _____

Phone:() _____ S.S# - - Sex: Male Female

Part 2: To be completed and signed by student or Parent / Guardian for students under the age of 18

MENINGOCOCCAL MENINGITIS. CHECK ONE (1) BOX ONLY

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis. I received the Meningococcal Meningitis vaccination on (Date ____/____/____)

I have read, (see reverse side) or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease.

* For Meningitis Vaccine availability, check with your primary care physician OR visit the CDC Travel Clinics website: www.istm.org.

Student / Parent Signature: _____ **Date:** _____

Part 3: Immunization History To be completed by health care provider.

Please check appropriate boxes All dates must include month, day and year.

		month	day	year
A.	MMR (measles, mumps, rubella) - given as a combined dose instead of individual immunizations			
	<input type="checkbox"/> Dose 1: Immunized after 1 year of age and after 1972			
	<input type="checkbox"/> Dose 2: Immunized after 1972 and at least 15 months of age or older.			
OR	<input type="checkbox"/> Measles Dose 1: immunized on or after 1 Jan 68 or after first birthday AND			
	<input type="checkbox"/> Measles Dose 2: immunized at least 28 days after the first dose			
	<input type="checkbox"/> Rubella immunized with vaccine on or after 1 year of age and after 1968			
	<input type="checkbox"/> Mumps immunized with vaccine after 1 year of age and after 1968			

OR	Titer (blood test) showing positive immunity <i>(Dated lab results must be attached.)</i>			
	<input type="checkbox"/> Measles			
	<input type="checkbox"/> Rubella			
	<input type="checkbox"/> Mumps			

B. **Medical /Exemption Waiver:** A licensed medical provider must certify that you have a health condition, which is a valid contraindication for receiving a specific vaccine. Please provide this statement from your physician on his/her stationary with **stamp, signature, and license number** .
All medical waivers will be periodically reviewed to see if contraindications **still exist**.

Part 4: To be completed by health care provider.

I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity.

Official seal/stamp of medical provider, signature and license # required.

Physician/Provider Name (Please Print): _____

Physician/Provider License # _____ Physician/Provider Signature: _____

**Physician/Provider
Stamp**