

March 2008

Dear Student and Parents/Guardians:

As the college health nurse at PrattMWP, I am writing to inform you about meningococcal disease. As you have probably heard in the media, colleges and universities around the country have had cases involving meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. On July 22, 2003, New York Governor George Pataki signed Public Health Law (NYSPHIL 2167) requiring colleges and universities to distribute information about meningitis and vaccination to all students, whether they live on or off campus and record whether the student has received or waived receiving the vaccination. This law became effective on August 15, 2003.

PrattMWP is therefore required to maintain a record of the following information for every student:

- A response that the student has received this information about meningococcal disease and vaccination information signed by the student or guardian for those students younger than 18 years; AND EITHER
- A record signed by a physician that the student has received the meningitis immunization within the past 10 years; OR
- A statement of desire to receive the immunization before the start of the next semester with signed record by a health care provider when received; OR
- An acknowledgement of meningococcal disease risks and refusal of the immunization signed by the student or guardian for those younger than 18 years.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death. I encourage you and your child to carefully review the enclosed material.

A vaccine is available that protects against four types of the bacteria that causes meningitis in the United States (types A, C, Y, and W-135). These types account for nearly two thirds of the meningitis cases among college students. Please check with your personal health care provider or local health department for the availability and cost of the vaccination. If you choose to get the vaccination in Utica, I can connect you to a local provider. Please check with your health insurance provider to see if the vaccination is covered under your policy.

**Please complete the enclosed *Meningitis Vaccination Response Form* and return it with your Health Evaluation Form. Thank you.**

Sincerely,

Alice M. Spring, RN

## MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires all college and university students enrolled for at least six credit hours complete and return the following form to the PrattMWP Student Health Center prior to the start of classes. *Please include this form with your completed and signed Health Evaluation Form.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please review the information regarding Meningitis. Then review the options below, check the appropriate boxes, sign below and return with your Health Evaluation Form prior to the start of classes.

I have (or for any student younger than 18 years of age, My child has):

- Has had the meningococcal meningitis immunization within the past 10 years.  
Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Physician: \_\_\_\_\_

*NOTE: If you/your child received the meningococcal vaccine available before February 2005, called Menomune, please note this vaccination protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra, should be considered within 3 to 5 years after receiving Menomune.*

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian for Students under 18 years of age.)

Printed Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_