



7400 San Jose Boulevard
Jacksonville, FL 32217

Student Health Center

NEW STUDENTS ONLY

Dear Parents,

The national Advisory Committee on Immunization Practices (ACIP) recommends that teens entering high school receive the meningococcal vaccine, **Menactra**. Because students living in dormitory settings are at a slightly higher risk of acquiring meningococcal disease, we are **recommending** that our students receive the **Menactra** meningococcal (groups A C, Y, and W-135) polysaccharide diphtheria toxoid conjugate vaccine. This vaccine is highly effective against most forms of meningococcal disease and has a longer period of protection than the previously manufactured meningitis vaccines. **We are recommending the Menactra vaccine be used over other meningitis vaccines.** In the meningitis information you should note that none of the vaccines is effective against “type B” meningococcal bacteria, so students need to be taught to protect themselves against sharing germs.

Student's name _____

Please read the information on meningococcal meningitis on the back of this sheet; then choose one of the following options and sign below.

My son/daughter received the Menactra vaccine on: Date _____

I have read the information on the information sheet and I decline receipt of the Menactra vaccine for meningococcal meningitis for my son/daughter.

I give permission for Bolles School Health Center staff to administer Menactra vaccine to my son/daughter. **(The cost is \$100, which will be charged to your student's account. We cannot file insurance.)**

He/she is not allergic to eggs, latex, or thimerosal (a preservative), has not had Guillian-Barre syndrome (GBS), and has not had an adverse reaction to the meningococcal or diphtheria vaccine previously.

Parent Name (please print) _____

Signed _____ Date _____

Meningococcal Meningitis

Incidence

There are nearly 3,000 cases every year in the U.S. According to the Centers for Disease Control and Prevention (CDC), between 10-12 percent of the cases are fatal (about 300 to 360). Among those who survive meningococcal meningitis, approximately 20 percent suffer long-term consequences, such as brain damage, kidney disease, hearing loss or limb amputations.

Who is at Risk?

Adolescents and young adults have an increased incidence of meningococcal meningitis compared to the general population, accounting for nearly 30 percent of all U.S. cases annually. However, up to 80 percent of cases among adolescents may be vaccine-preventable.

The disease is especially significant among college students, since studies show students living in dorms are particularly vulnerable to meningococcal meningitis. Adolescent and young adults may be at an increased risk of infection due to certain lifestyle factors, such as:

- Crowded living conditions (such as dormitories, boarding schools, and sleep-away camps)
- Moving to a new residence
- Attendance at a new school with students from geographically diverse areas
- Sharing beverages or utensils
- Irregular sleeping patterns

How is it Spread?

Meningococcal meningitis is contagious. The disease is transmitted through air droplets and direct contact with infected persons (e.g., coughing, kissing or sharing utensils, drinking glasses, cigarettes, etc.). The bacteria attach to the mucosal lining of the nose and throat where they can multiply. When bacteria penetrate the mucosal lining and enter the bloodstream, they travel rapidly throughout the body and can cause damage to many organs. The bacteria cannot live outside the body for very long, so the disease is not as easily transmitted as a cold virus. The disease occurs most often in late winter and early spring.

Ways to help prevent spreading the disease include following good hygiene practices, such as washing hands, not sharing water bottles or other drinks, and generally not transmitting or sharing items that have been in one's mouth.

Symptoms

Even those who have been vaccinated against meningococcal meningitis should be aware of the symptoms in themselves or in others.

Meningococcal meningitis is often misdiagnosed as something less serious because early symptoms are similar to the flu. Early symptoms of meningitis, the most common form of meningococcal disease, are sudden onset of fever, headache and stiff neck. Nausea, vomiting, sensitivity to light, altered mental status and seizures often accompany these symptoms. After the disease has taken hold, a rash may appear.

Left untreated, the disease can progress rapidly, often within hours of the first symptoms, and can lead to shock, death or serious complications, including hearing loss, brain damage, kidney disease or limb amputations. Students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently, or if the symptoms are unusually sudden or severe.

Prevention

The Food and Drug Administration (FDA) has recently approved a new meningococcal conjugate vaccine for use among persons aged 11 to 55 years. Menactra vaccine is the first quadrivalent conjugate vaccine licensed in the U.S. for the prevention of meningococcal disease. Menactra vaccine is designed to offer protection against four serogroups of *Neisseria meningitidis* (A, C, Y, W-135), which account for approximately 70 percent of cases in the United States.

Conjugate vaccines have been shown to stimulate more powerful immune responses. In general, the benefits of a successful conjugate vaccine include long-term immunity without the need for revaccination as well as decrease carriage of meningococcal bacteria among adolescents, preventing the spread of the disease.

As with all vaccines, there can be minor reactions, including pain and redness at the injection site or a mild fever, which typically last for one to two days. Immunization is not recommended during pregnancy or if the individual has a compromised immune system.

The Advisory Committee on Immunization Practices (ACIP), which advises the CDC on national vaccination policy, met in February 2005 and developed new recommendations calling for routine meningococcal meningitis immunization for young adolescents at the pre-adolescent visit (11-12 year olds), adolescents at high school entry and college freshmen living in dormitories.

What is the Treatment?

Health care must be immediate and aggressive to prevent death and/or serious side effects. Once meningococcal meningitis is suspected or diagnosed, it is treated with heavy doses of antibiotics. Early treatment is essential to reduce the risk of death. However, because the disease can progress so quickly, early treatment does not guarantee a full recovery. Antibiotics also should be given to those in close contact with a person who is diagnosed with meningitis.

The National Meningitis Association, Inc. (NMA), 738 Robinson Farms Drive, Marietta, GA 30068