MENINGITIS INFORMATION & PARENTAL STATEMENT

Dear Parent Guardian,

As of 8/15/2003 New York State / Public Health Law requires overnight camps to distribute information regarding meningococcal disease to all parents/guardians of children who attend a camp 7 or more nights. The Camp must also maintain records of (1) Parental verification that this information was distributed and (2) individuals who have had the meningococcal vaccine within the past 10 years OR written acknowledgement of the availability of the vaccine signed by the parent or guardian. Meningitis is rare, usually occurring in isolated cases; however, cases of meningitis among teens and young adults have more than doubled since 1991. This disease strikes about 3,000 Americans a year and results in about 300 deaths. Please review the following answers to the most frequently asked questions regarding this disease. For more information please contact your family physician and/or log on to the New York State Dept. of Health websites; www.Health.State.NY.US or www.CDC.GOV/NCIDOD,DBMD.DISEASEINFO. After reviewing the following information, please complete the appropriate declaration statement, sign, and return with the health history.

What is meningococcal disease?
Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcal germ.

Who gets meningococcal disease?
Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first year college students living in dormitories, there is an increased risk of this disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?
The germ is spread by direct contact with nose or throat discharges of an infected person.

What are the symptoms?
High fever, headache, vomiting, stiff neck and a rash are symptoms of this disease. These may appear two to 10 days after exposure, but usually within 5 days. Among people who develop this disease, 10 to 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.

What is the treatment for meningococcal disease?
Antibiotics, such as Penicillin G or Ceftriaxone, can be used to treat people with this disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?
Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either Rifampin, Ciprofloxacin or Ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office, or factory setting, is not usually significant enough to cause concern.
Is there a vaccine to prevent meningococcal meningitis?

In February 2005 the CDC recommended a new vaccine, known as Menactra, for use to prevent meningococcal disease in people 11 to 55 years of age. The previously licensed version of this vaccine, Menomune, is available for children 2 to 10 years old and adults older than 55 years. Both vaccines are 85-100% effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the U.S. Because the vaccines do not include type B, which accounts for about one third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

The vaccine is recommended for all adolescents entering the middle school (11 to 12 yrs old) and high school (15 yrs old), and all first year college students living in college dormitories. However, the vaccine will benefit all teenagers and young adults in the U.S. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers, and travelers to endemic areas of the world.

What is the duration of protection form the vaccine?

Menomune, the older vaccine, requires booster doses every 3-5 yrs. Although research is still pending, the new vaccine, Menactra, will probably not require booster doses.

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

Contact your physician or your student health service. Additional information is also available on the Web sites of the New York State Dept. Of Health, www.nyhealth.gov; the Centers for Disease Control and Prevention www.cdc.gov/ncidod/diseases/index.htm; and the American College Health Association, www.acha.org.

**This section MUST be completed whether your child has had the meningitis vaccine or not!! PLEASE CHECK ONE OF THE BOXES BELOW AND SIGN IN THE SPACE PROVIDED.**

CAMPER’S NAME________________________________________ Date of Birth________________

[ ] YES, my child has received the meningitis vaccine with the past 10 yrs.

Date received:____________________

[ ] NO, my child has NOT received the meningitis vaccine. I have read or have had explained to me information regarding the meningococcal meningitis disease and vaccine. I understand the risks of my child not being immunized. I have decided that my child will NOT receive this immunization at this time.

SIGNED_______________________________________________________   Date___________________

Parent/Guardian