

GARDEN CITY COMMUNITY COLLEGE

MANDATORY MENINGOCOCCAL VACCINE TRACKING

In accordance with Kansas State Law HB-2752

Under Kansas State Law (HB 2752), students enrolled at Garden City Community College and residing in campus housing are **required** to provide written proof of documentation of meningitis vaccination **or** decline the vaccine in writing. If the student is under the age of 18, parents or legal guardians must sign the declination form. **Students who do not comply will be placed on administrative hold until compliance is documented with Student Health Services. Students on administrative hold will be unable to enroll for classes the following semester until compliance is documented and the hold is released by the Student Health Nurse.**

Meningitis Health Information Facts, Policy and Waiver Information

To reduce the spread of bacterial meningitis among the student population, all incoming students residing in campus housing will be vaccinated for meningitis or sign a waiver indicating that they refuse to receive the vaccine at this time.

What is meningococcal meningitis?

Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are also possible.

Who gets meningococcal meningitis?

Anyone can get meningococcal meningitis, but it is more common in infants, children, and young adults. Also, college freshmen who live in dormitories have a slightly higher risk of getting this infection than others their age.

How is the germ that causes this type of meningitis spread?

The meningococcal 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? Although most people who are exposed to the meningococcal germ do not become seriously ill, some of them may develop fever, headache, vomiting, stiff neck and a rash. Up to 25 percent of patients who recover may have permanent damage to the nervous system. The disease occasionally causes death.

How soon do the symptoms appear? The symptoms may appear two to ten days after exposure, but usually within five days.

When and for how long is an infected person able to spread the disease? From the time a person is first infected until the germ is no longer present in discharges from the nose and throat, he or she may transmit the disease. The duration varies among individuals and with the treatment used.

What is the treatment for meningococcal meningitis? Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for meningitis.

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, day care center play-mates) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for an antibiotic from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern. People who think they have been exposed to meningococcal infection should contact their local health department to discuss whether they should receive preventive treatment.

Is there a vaccine to prevent meningococcal meningitis? Presently, there are three vaccines that will protect against several of the strains of the meningococcal germ.

WAIVER OF MENINGOCOCCAL MENINGITIS IMMUNIZATION (DOES NOT RECEIVE VACCINATION) I have chosen not to be immunized. My signature below signifies that I have received and read the material provided to me on meningitis by Garden City Community College.

Signature of Student - **REQUIRED if no vaccine on record**

ID Number

Date

Signature of Parent of Guardian, if student is under 18 years of age

Date

GCCC IMMUNIZATION SCREENING HISTORY

Please complete and return this form, along with copies of your health documents, directly to the Residential Life Office or Student Health Services prior to starting school. Non compliant students will be placed on administrative hold and not allowed to register for their second semester at GCCC until compliance is documented with the Student Health Nurse.

REQUIRED MENINGOCOCCAL MENINGITIS VACCINE

(OR signed declination of page 2 document)

One (1) meningococcal meningitis vaccine given at age 16 or older is required for students living in campus housing. **If vaccination received prior to age 16, a booster shot is needed.**

MCV4 (Menactra or Menveo): Meningococcal Polysaccharide Diphtheria Toxoid Conjugate Vaccine Groups A, C, Y and W-135

Combined

month/day/year

OR:

MPSV4 (Menomune): Meningococcal Polysaccharide Vaccine Groups A, C, Y and W-135 Combined _____
month/day/year

If the student chooses to decline vaccination at this time, the signature space at the bottom of page 2 is required.

REQUIRED MEASLES/MUMPS/RUBELLA (MMR) VACCINE

Student born on or after January 1, 1957 **must** comply with the MMR immunization policy, which requires **two (2) vaccines against measles/mumps/rubella.**

Examples of acceptable documents include:

- Copies of personal immunization records or baby book records
- Copies of physician office or Health Department immunization records
- Copies of high school or previous college immunization records
- Copies of medical records from personal health provider or hospital
- Copy of Rubella titer (measles)
- This record completed and signed by health care provider below.

MMR (Measles/Mumps/Rubella)

1: _____ (The first MMR vaccine must have been given on or after 1st birthday.)
(month/day/year)

2: _____ (The second MMR vaccine must be given at least 28 days after #1.)
(month/day/year)

HEALTH CARE PROVIDER NAME _____

ADDRESS/PHONE NUMBER _____

RECOMMENDED TETANUS/DIPHTHERIA/PERTUSSIS Vaccination

Please circle the vaccination received and give the most recent date of vaccination of the following: **DTaP, Td, or Tdap**

Date of most recent vaccination; _____