



Meningococcal Vaccination Response Form

New York State Public Health Law 2167 **requires** all colleges to inform students taking 6 or more credit hours about meningococcal disease and the meningitis vaccine. The law further requires one of the following.

1. Documentation of the meningitis vaccine within the last 5 years (1 dose of MenACWY or 2-3 dose series of MenB)

OR

2. Signed form that you are making an informed decision to decline the meningitis vaccine at this time.
RECEIVING A MENINGITIS VACCINE IS NOT REQUIRED! ONLY THE SUBMISSION OF THE FORM.

Clinton Community College does not offer this vaccine. The vaccine may be available from Clinton County Health Department, local pharmacies or possibly at your primary care provider..

I have reviewed the information provided by Clinton Community College about meningococcal disease (meningitis) and the vaccine, and:

Check one box and sign below:

- I plan to obtain the meningococcal immunization within 30 days.
- I understand the risks of meningococcal disease and the benefits of the immunization. I have decided that I will **not** obtain the immunization against meningitis at this time.

Print Student's Name: _____

Birth Date: _____ Phone: _____

Address: _____

Student's signature: _____ **Date:** _____

NOTE: If the student is under 18 years old, the signature of the parent/guardian is required.

Parent/Guardian's signature: _____ Date: _____

MMR Immunization Requirements

New York State Public Health Law 2165 **requires** all college students born on or after January 1, 1957 and enrolled in 6 or more in-person credits on campus to submit documentation of immunity to measles, mumps and rubella (MMR). Failure to comply with New York State immunization requirements will result in administrative withdrawal from courses.

Measles, Mumps, Rubella (MMR) requirements:

Measles (Rubeola)

- Two doses of live measles vaccine or MMR vaccine at least 28 days apart. The first dose administered no more than 4 days before the first birthday and given on/or after January 1, 1968.
- Physician's documented history of disease **OR** blood test/titer proving immunity. Copy of Laboratory Report must be submitted to the Health Office.

Mumps

- Single dose of mumps vaccine or an attenuated live MMR vaccine administered no more than 4 days before the first birthday and given on/or after January 1, 1969.
- Physician's documented history of disease **OR** blood test/titer proving immunity. Copy of Laboratory Report must be submitted to the Health Office.

Rubella (German measles)

- Single dose of live rubella vaccine or MMR vaccine administered no more than 4 days before the first birthday and given on/or after January 1, 1969.
- Blood test/titer proving immunity. Copy of Laboratory Report must be submitted to the Health Office.
- **Clinical diagnosis of rubella is NOT acceptable as proof of immunity**

Valid, Acceptable Proof of Immunization:

- Vaccination card from childhood.
- Immunization records from your doctor's office.
- High school or prior college's immunizations records.
- Blood test (copy of the original lab report) proving immunity to measles, mumps, rubella, varicella and/or Hepatitis B.
- Certificate of immunization from INS or country of origin for international students.

SUNY announces that the Covid-19 vaccine will no longer be mandated for students to attend SUNY's campuses. SUNY strongly recommends all students get vaccinated. This policy is subject to change based on guidance from government agencies. Immunization records may be faxed to (518) 562-4197. If you have questions regarding immunization records and requirements, please call (518) 562-4129.

MMR EXEMPTIONS: Students may request a medical exemption, it must be on office letterhead, include student's name, DOB, and the medical contraindication for not administering immunizations. College students can still obtain a religious exemption. Forms may be obtained from the Health Office.

Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder) • Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older.

Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
- It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the “B” strain. Talk to your health care provider about whether they recommend vaccine against the “B” strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- People exposed during an outbreak
- Travelers to the “meningitis belt” of sub-Saharan Africa
- Military recruits

Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance?

As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel?

- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the “meningitis belt” of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Travel and meningococcal disease: wwwnc.cdc.gov/travel/diseases/meningococcal-disease

Learn more about meningococcal disease: www.cdc.gov/meningococcal/

For more information about vaccine-preventable diseases: www.health.ny.gov/prevention/immunization/