Dear Student,

The **Wellness Center** would like to welcome you to Niagara County Community College. Please read the entire ***Health Services Packet*** very **carefully**, **complete** the form at the end of the packet, and **return** it to the **Wellness Center**. **** New York State Public Health Laws** require students to submit documentation regarding **Measles, Mumps, Rubella, and Meningitis** as follows**:**

The *Health Services Packet* contains:

1. **STUDENT LETTER REGARDING MENINGITIS**

2. **MENINGITIS FACT SHEET**
   Please read the information sheet. If you have any questions or concerns, contact your physician or feel free to call the Wellness Center.

3. **MENINGITIS RESPONSE/IMMUNIZATION FORM**
   After reading the above information, make an informed decision on whether or not to receive the Meningitis vaccination, complete and return this form.

   You must also submit proof of your immunization records:
   2-MEASLES, 1-MUMPS, and 1-RUBELLA (minimum), IF YOU WERE BORN ON, OR AFTER JANUARY 1, 1957. (Note: It is STRONGLY recommended to receive 2 MMR (Measles, Mumps, Rubella) vaccinations.

4. **HEALTH HISTORY FORM**
   Please complete and return. This form will make us aware of any health problems/issues you may have, and provide information that may be useful to our office in case of illness or injury.

*Note: We have incorporated all required information into one form. This form is the last page of the packet.

Please **complete** and **return** the required information to avoid any delays in your **registration process**. If you have previously submitted records, or are unsure of what you need to provide, please contact the **Wellness Center.**

PLEASE NOTE*: You will not be allowed to register for classes until* ***ALL*** *requirements have been met.*

The **Wellness Center** is located in **C Building, Room 122.** Please feel free to stop in or call: **(716) 614-6275.** You may also **fax** the required **health information** to our office at**: (716) 614-6817.**

Information in this packet may also be downloaded by going to www.niagaracc.suny.edu, click on Students, then Student Life, and finally Wellness Center.

Dear Student:

As the college health service director at Niagara County Community College, I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a law in New York State. On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) 2167 requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. This law became effective on August 15, 2003.

Niagara County Community College is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student (or parent/guardian if student is a minor).

AND EITHER

- A record of meningococcal meningitis immunization

OR

- An acknowledgment of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student (or parent/guardian if student is a minor).

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.

Meningococcal disease strikes 1,400 to 3,000 Americans each year and is responsible for approximately 150 to 300 deaths. Adolescents and young adults account for nearly 30 percent of all cases of meningitis in the United States. In addition, approximately 100 to 125 cases of meningococcal disease occur on college campuses each year, and 5 to 15 students will die as a result.

Vaccines are available that protect against four to five types of the bacteria that cause meningococcal disease - types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccines are called Menactra and Menomune.

Meningococcal meningitis vaccine (Menactra) is available from the Niagara County Health Department at a cost of $100 for Niagara County residents. (There is a $20 fee for out of county visits.) The Menactra vaccine is available for Erie County residents from the Travel Clinic at ECMC for $120.00 (plus a $40 office visit fee). *Prices are subject to change. The vaccine may also be available at your physician's office. Some Blue Cross/Blue Shield plans are accepted for coverage at this time. Independent Health will reimburse clients for this immunization. You may want to check with your health insurance provider as they may cover the cost of pre-college immunizations. **The vaccine is not available at Niagara County Community College**.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Meningitis Response Form and return it to the Wellness Center, C-122.**
Note: You will not be allowed to register for classes until you have complied with this law.

To learn more about meningitis and the vaccine, please feel free to contact the Wellness Center at: (716) 614-6275 and/or consult your physician. You can also find information about the disease at NEW YORK STATE DEPARTMENT OF HEALTH WEBSITE: WWW.HEALTH.STATE.NY.US, WEBSITE OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC): WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO, ACHA'S WEBSITE: WWW.ACHA.ORG.

Sincerely,

Cheri Yager

Cheri Yager MSN, RN
Supervisor, Health Services

2/11/09

Meningococcal Disease

What is meningitis?
Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. For bacterial meningitis, it is also important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. Today, *Streptococcus pneumoniae* and *Neisseria meningitidis* are the leading causes of bacterial meningitis.

What are the signs and symptoms of meningitis?
High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. In newborns and small infants, the classic symptoms of fever, headache, and neck stiffness may be absent or difficult to detect, and the infant may only appear slow or inactive, or be irritable, have vomiting, or be feeding poorly. As the disease progresses, patients of any age may have seizures.

Can meningitis be treated?
Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk is higher among the elderly.

Is meningitis contagious?
Yes, some forms of bacterial meningitis are contagious. The bacteria are spread through the exchange of respiratory and throat secretions (i.e., coughing, kissing). Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been.
However, sometimes the bacteria that cause meningitis have spread to other people who have had close or prolonged contact with a patient with meningitis caused by *Neisseria meningitidis* (also called meningococcal meningitis) or Hib. People in the same household or day-care center, or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection. People who qualify as close contacts of a person with meningitis caused by *N. meningitidis* should receive antibiotics to prevent them from getting the disease. Antibiotics for contacts of a person with Hib meningitis disease are no longer recommended if all contacts 4 years of age or younger are fully vaccinated against Hib disease.

Are there vaccines against meningitis?
Yes, there are two vaccines against *N. meningitidis* available in the U.S. Meningococcal polysaccharide vaccine (MPSV4 or Menomune®) has been approved by the Food and Drug Administration (FDA) and available since 1981. Meningococcal conjugate vaccine (MCV4 or MenactraT) was licensed in 2005. Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the U.S. (serogroup C, Y, and W-135) and a type that causes epidemics in Africa (serogroup A). Meningococcal vaccines cannot prevent all types of the disease, but they do protect many people who might become sick if they didn't get the vaccine. Meningitis cases should be reported to state or local health departments to assure follow-up of close contacts and recognize outbreaks.

MCV4 (Menactra) is recommended for people at increased risk including college freshmen living in dormitories. MCV4 is the preferred vaccine for people 11 to 55 years of age at increased risk, but MPSV4 (Menomune) can be used if MCV4 is not available.

Although large epidemics of meningococcal meningitis do not occur in the United States, some countries experience large, periodic epidemics. Overseas travelers should check to see if meningococcal vaccine is recommended for their destination. Travelers should receive the vaccine at least 1 week before departure, if possible. Information on areas for which meningococcal vaccine is recommended can be obtained by calling the Centers for Disease Control and Prevention at (404)-332-4565.

Revised: 2-11-09

NIAGARA COUNTY COMMUNITY COLLEGE
Wellness Center
3111 Saunders Settlement Road
Sanborn NY 14132-9460
(716) 614-6275 • (716) 614-6817 fax

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours read all the enclosed information regarding Meningitis, complete and sign this form, and return it to Niagara County Community College Wellness Center, Room C122.

CHECK ONE BOX AND SIGN BELOW:

I have:

❑ had the meningococcal meningitis immunization. **(Official Documentation Required)**
Menomune Date _____ Health Care Provider Signature _____
Menactra Date _____ Health Care Provider Signature _____

I have:

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

_____ _____
Student Signature (Parent/Guardian of student under 18 years of age) Date

_____ _____
Print Student's Name Student ID#/Social Security Number

New York State Public Health Law requires persons born on or after January 1, 1957, to provide the following immunizations - ALL DATES MUST INCLUDE MONTH, DAY AND YEAR.

MEASLES (RUBEOLA) IMMUNITY:

A. MMR(two doses) administered on or after first birthday and after January 1, 1972.
1. _____ 2._____

OR

B. Must have **one** of the following:

1. TWO Dates of Measles Immunization *(1) _____ *(2) _____ **Both must have been given after 1/1/68 AND on, or after, first birthday.**

OR 2. Date of positive Measles Titer _____ Results_____ **Copy of titer REQUIRED.**

OR 3. Date and Signature of Physician that diagnosed Measles _____

MUMPS IMMUNITY:

Must have **one** of the following:

1. Date of ONE Mumps Immunization _____ **Must have been given after 1/1/69 AND on, or after, first birthday**.

OR 2. Date of positive of Mumps Titer _____ Results _____ **Copy of titer REQUIRED.**

OR 3. Date and Signature of Physician that diagnosed Mumps _____

RUBELLA (GERMAN MEASLES) IMMUNITY:

Must have **one** of the following:

1. Date of ONE Rubella Immunization_____ **Must have been given after 1/1/69 AND on, or after, first birthday.**

OR 2. Date of positive Rubella Titer _____ Results _____ **Copy of titer REQUIRED.**

_____ _____
Signature of Health Care Provider Required Date

_____ _____
Address Phone Number

HEALTH HISTORY

Instructions: In order to better assist your medical needs, please answer the following questions as accurately as possible.
(Please Print) NOTE: This information is confidential and will not be released without your permission.

Year entering college_____ ❑ Fall ❑ Spring ❑ Summer

STUDENT (Please fill out this section) **ID#/SOC. SEC. NO.** _____

NAME: _____ **DATE OF BIRTH:** _____
last first middle initial

ADDRESS: _____ **PHONE:** _____
street city state zip code

PRIMARY PHYSICIAN: _____

ADDRESS: _____ **PHONE:** _____
street city state zip code

EMERGENCY NOTIFICATION

NAME: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

OFFICE PHONE: _____

College(s)/Universities attended since 1990: _____ **Dates of attendance:** _____

PERSONAL MEDICAL HISTORY

Please X below if you have had or are currently under treatment for any of the following: (Please explain all X's marked below)

ADD	❑	Depression	❑	Mental Health	❑
ADHD	❑	Diabetes	❑	Migraine Headaches	❑
Alcoholism	❑	Epilepsy	❑	Multiple Sclerosis	❑
Anorexia	❑	GERD	❑	Orthopedic Problems	❑
Arthritis	❑	Hearing Impaired	❑	Seizures	❑
Asthma	❑	Heart Disease	❑	Substance Abuse	❑
Back/Spine	❑	Hepatitis	❑	Thyroid Disease	❑
Bulimia	❑	High Blood Pressure	❑	Tuberculosis	❑
Cancer	❑	Hypoglycemia	❑	Other_____	
Cerebral Palsy (CP)	❑	Learning Disability	❑		
Deafness	❑	Low Blood Pressure	❑		

Provide Explanation:_____

_____

Have you had any serious injury? _____ If yes, explain _____

ALLERGIES: (An allergy is a skin rash, hives, joint pain, swollen glands, stuffy nose, and/or fever after exposure to something to which you are allergic.)

Do you have any allergies? ❑ YES ❑ NO **If "YES", check items to which you are allergic.**
❑ Latex ❑ Bee Stings ❑ Foods (Please List) _____
Other _____

MEDICATIONS: Do you take any medicine, frequently or regularly? ❑ YES ❑ NO **If "YES", check those medications below.**

Allergy Shots	❑	Blood Pressure	❑	Headache Medicine	❑
Antidepressant	❑	Blood Thinner	❑	Heart Rhythm Medicine	❑
Antihistamine	❑	Diabetic Pill	❑	Insulin	❑
Aspirin	❑	Diuretic (Water)	❑	Pain Pill	❑
Asthma Medicine	❑	Epilepsy Medicine	❑	Sleeping Pill	❑

Prescription medicine(s) _____

Other(s), not listed _____

DISABILITY:

Any permanent Physical Disability? If YES, what? _____

Do you use any device (i.e. wheelchair, crutches, other)? _____