

# Student Health Services

1000 Morris Ave. Union, NJ 07083

Tel: (908) 737-4880

E-mail: hsrecords@kean.edu



## **MENINGITIS SURVEY RESPONSE FORM (Only required for Housing Students )**

New Jersey State law requires that colleges provide incoming students with information about meningitis infection and available vaccinations. In providing this information we want our Kean students and parents to have the most up to date information regarding this devastating disease and methods of prevention.

### **The Disease**

Meningococcal meningitis is a bacterial infection that can have sudden onset and strike otherwise healthy people, it can cause permanent disability and death. Although it is rare, teens and young adults age 16 to 23 are at increased risk. College students who live and work in close proximity to each other are at particularly high risk. The infection can attack the lining of the brain and spinal cord and the bloodstream and cause flu like symptoms, which can make diagnosis difficult. Common symptoms are: confusion, fatigue, rash of dark purple spots, sensitivity to light, stiff neck, nausea, vomiting, headache and high fever. The disease strikes about 3,000 Americans yearly and 10-15% of cases are fatal.

### **Immunization**

The best way to protect yourself is to get vaccinated. Currently two different type of meningitis vaccines are available. The first vaccine protects against four strains of meningococcal bacteria known as A,C,Y, W-135 (Menactra and Menveo and Menomune). The Advisory Committee on Immunization Practices (ACIP) recommends two doses for all adolescents. The first dose is typically given at 11 or 12 years old. Because the vaccine wanes in effectiveness a booster is recommended at age 16 so the adolescent has continued protection when they are at highest risk. **All housing student must submit proof of the meningitis A,C,Y,W-135 vaccination to the Student Health Services prior to housing check in. Students will not be allowed to check into housing without proper documentation on file or on their person. One dose must have been administered on or after the 16th birthday. Student Health Services will sponsor a vaccine day at move-in. Individuals can receive required vaccines on that day but are responsible for the cost of the vaccines.**

A second vaccine protects against Meningitis type B. This vaccine is not yet mandatory however there have been outbreaks and individual cases of meningitis type B on college campuses in recent years. Teens and young adults **may** be vaccinated with the serogroup B vaccine (Bexsero or Trumenba). In June of 2015 the ACIP recommended that given the seriousness of meningococcal disease the and the availability of a licensed vaccine, individuals are encouraged to consult with their healthcare provider regarding administration of this vaccine.

If you have more questions regarding vaccine recommendations you can visit our web site [kean.edu/immunizations](http://kean.edu/immunizations) or call us at (908) 737-4880. You can also visit the Center for Disease Control website at [cdc.gov/meningococcal/vaccine-info.html](http://cdc.gov/meningococcal/vaccine-info.html) or American College Health Association website at [acha.org](http://acha.org).

I, Student Name \_\_\_\_\_, Kean ID# \_\_\_\_\_ have read the above information about meningitis, the effectiveness of the vaccine and its availability. I understand that the meningitis vaccine is required prior to checking into university sponsored housing. I understand that Kean University contracts with an outside vendor to administer the vaccine at a cost to the student and that the University can direct students to healthcare providers who supply the vaccine.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

For students under the age of 18, parental consent (signature) required: \_\_\_\_\_

*I intend to move into university sponsored housing and below my provider has given meningitis vaccine documentation:*

Meningococcal of A,C,Y,W-135: One dose required since age 16. Dose #1: \_\_\_/\_\_\_/\_\_\_ Dose #2: \_\_\_/\_\_\_/\_\_\_

(Optional) Meningococcal of B Dose #1: \_\_\_/\_\_\_/\_\_\_ Dose #2: \_\_\_/\_\_\_/\_\_\_ Dose #3: \_\_\_/\_\_\_/\_\_\_

Healthcare Provider's Stamp:	Provider Name: _____
	Address: _____
	Tel.#: _____
	Signature: _____