

Meningitis Fact Sheet

2019

The College and University Student Vaccination Act, 35 P.S. § 633.1 *et seq.*, states that all students wishing to reside in university owned housing must provide either proof of vaccination for meningitis or a signed waiver requesting exemption after having received information on the risks associated with meningococcal disease and the availability and effectiveness of the vaccine.

College students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in residence halls are found to have a six-fold increased risk for the disease. The American College Health Association recommends that college students, particularly freshmen living in residence halls, learn more about meningitis and vaccination. At least 70% of all cases of meningococcal disease in college students are vaccine preventable.

Viral Meningitis is more common than bacterial meningitis and usually occurs in late spring and summer. Signs and symptoms of viral meningitis may include stiff neck, headache, nausea, vomiting and rash. Most cases of viral meningitis run a short, uneventful course. Since the causative agent is a virus, antibiotics are not effective. **Persons who have contact with an individual with viral meningitis do not require any treatment.**

Bacterial Meningitis occurs rarely and sporadically throughout the year, although outbreaks tend to occur in late winter and early spring. Neisseria meningitis or Streptococcus pneumonia most likely cause bacterial meningitis in college-aged students. Because meningococcal meningitis can cause grave illness and rapidly progress to death, it requires early diagnosis and treatment. Meningitis is spread through direct contact with respiratory and throat secretions (kissing, sharing eating utensils, and being exposed to droplet contamination from the nose or throat). **Persons who have had intimate contact with an individual with bacterial meningitis require antibiotic treatment.**

Can meningitis be prevented? A safe and effective vaccine is available to protect against four of the five most common bacterial strains of the disease. The vaccine provides protection for approximately three to five years. Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site and rarely a fever. Vaccination against meningitis may not protect 100 percent of all susceptible individuals. There is not a vaccine available to protect against viral meningitis.

Risk of exposure can be reduced by:

- Frequent hand washing
- Getting adequate diet, rest, and exercise
- Avoiding direct contact with others who have upper respiratory infections
- Avoiding smoking, stress and excessive use of alcohol

The Centers for Disease Control and Prevention (CDC) recommends vaccination with a meningococcal conjugate vaccine, (MenACWY, Menactra, or Menveo) for all preteens and teens at age 11 to 12 and a booster dose at age 16 for a total of 2 doses.

It is highly recommended that young adults (age 16 through age 23) also be vaccinated with a serogroup B meningococcal vaccine (Bexero or Trumenba).

We encourage you to: Consult with your family healthcare provider to determine what meningococcal vaccine you have received and what is required for a student attending a college or university.

For more information: To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC): Meningococcal ACWY (<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>); Serogroup B Meningococcal Vaccine (Men B) (<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.pdf>).

If you have questions about vaccines contact the Slippery Rock University Student Health Service (724) 738-2052.

Name (Print): _____ Building Name: _____

Student eMail: _____

OPTION 1

All students residing in university-owned housing must provide this information:

OPTION 2

Meningococcal Meningitis Vaccination Received: _____
Date

Meningococcal Meningitis Vaccine Waiver:
I have reviewed the Meningitis Fact Sheet. I am fully aware of the risks associated with this disease as well as the availability and effectiveness of the vaccine and I request exemption at this time.

X _____
Signature of Student (or Parent/guardian if under 18) Date

X _____
Signature of Student (or Parent/guardian if under 18) Date