

# LAFAYETTE

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**A National Reputation for Academic Excellence**

On June 28th, 2002 Pennsylvania Governor Mark Schweiker signed into law Pennsylvania Senate Bill 955 which requires mandatory **meningitis** immunization for all college students living in campus housing. This Act affects students for the fall 2002 semester since it is in effect 60 days after passage. It requires institutions of higher learning to prohibit students from residing in college owned housing unless the student has received a one-time vaccination against meningococcal disease or has signed a waiver requesting exemption from the vaccination. Colleges have the responsibility to provide information about the vaccine and to keep track of students' vaccinations or waivers.

The time constraint for Pennsylvania Colleges to comply with this law has necessitated Health Centers act in a timely and organized fashion. Therefore, in accordance with this law, enclosed please find Meningitis information and an immunization intent/waiver statement sheet. **ALL** students are required to return the completed statement form as soon as possible. Failure to return the form or receive the vaccination by October 1, 2002 will jeopardize the student's ability to register for spring classes.

Approximately 75-80% of Lafayette upperclassmen have already been immunized. If you are unsure of your immunization status, please **do not call the Health Center**; check the box requesting the information and provide a telephone number or an e-mail address and the staff will contact you. Because the Health Center receives an extraordinarily large amount of mail during the summer (freshman forms, athletic physicals, insurance and emergency information sheets) we would appreciate if you use the enclosed marked return envelope.

Some areas may not have the meningitis vaccine available. The Bailey Health Center has obtained an adequate supply to immunize those Lafayette College students who choose to receive the vaccination here. Students should make an appointment with the Health Center upon arrival to campus. The cost of the immunization is \$85.00. All students will be given a receipt for payment, which can be submitted, to those insurance companies that provide reimbursement for this vaccination. Since insurance companies vary with coverage, **you** must contact your insurance company to determine if it is reimbursable.

Thank you for your cooperation and assistance in implementing this beneficial State mandate.

Jeffrey E. Goldstein. MD, FACEP  
Director of Health Services

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## Meningitis Information

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 students 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.

Many states have recently passed legislation mandating the meningitis vaccine for freshmen living in residence halls. Pennsylvania has passed legislation (Senate Bill 955) stating all students living on campus either have the vaccine or sign a declination statement after having received information concerning the benefits of receiving the meningitis vaccine.

- **What is meningococcal meningitis?** Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of 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.
- **How is it spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.
- **What are the symptoms?** Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.
- **Who is at risk?** Certain college students, particularly freshmen who live in residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates should also consider vaccination to reduce their risk for the disease.
- **Can meningitis be prevented?** Yes. A safe and effective vaccine is available to protect against four of the five most common 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. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. It does not protect against viral meningitis.
- **For more information:** To learn more about meningitis and the vaccine you can visit the websites of the Centers for Disease Control and Prevention (CDC), [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), and the American College Health Association, [www.acha.org](http://www.acha.org) or stop by the Bailey Health Center when you arrive on campus.

### PLEASE CHECK THE STATEMENT THAT APPLIES, SIGN AND RETURN TO THE BAILEY HEALTH CENTER

I have received the meningitis vaccine,  
date \_\_\_\_\_.

\_\_\_\_\_  
Print Name

I will receive the meningitis vaccine prior to arriving  
at Lafayette College in August.

I wish to receive the meningitis vaccine at the Bailey  
Health Center. I will make an appointment upon my  
arrival. Please reserve a meningitis vaccine for me at  
the cost of \$85 which I will pay by check/cash or charge  
to my student account.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

I have read and understand the information about  
meningitis, and I decline the meningitis vaccine  
for this reason: \_\_\_\_\_  
Proper documentation must be provided.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

I am unsure of my immunization status. Please contact  
me at: \_\_\_\_\_.