

Vaccination Policy

EDMC institutions shall recognize all state and federal vaccination and immunization requirements. Institutions, with the support of EDMC regulatory affairs and compliance and legal departments, are responsible for ensuring compliance with applicable requirements. Information regarding immunization policies are published in the institutions' catalogs and on their websites.

The information provided below complies with Chapter 12 of Title 31 of the Official Code of **Georgia**, § 31-12-3.2, which requires the following:

- Provide information to each newly matriculated new student or any newly matriculated student residing in school sponsored housing about meningococcal disease and the availability of vaccination,
- Require students to return a form confirming receipt of the information and indicating their choice regarding immunization.

Background: Meningococcal Disease on Campus

Overview of Meningococcal Disease

Meningococcal disease is a potentially life-threatening bacterial infection that can lead to meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococcal septicemia, an infection of the blood.

Meningococcal disease, caused by bacteria called *Neisseria meningitidis*, is the leading cause of bacterial meningitis in older children and young adults in the United States. It 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 five to 15 students will die as a result. Evidence shows approximately 70 to 80 percent of cases in the college age group are caused by serogroup C, Y, or W-135, which are potentially vaccine-preventable.

Vaccination Recommendations for College Students

On February 10, 2005, the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC) voted to recommend that all incoming college freshmen living in dormitories be vaccinated against meningococcal disease. The ACIP also recommended vaccination for all adolescents at high school entry and during pre-adolescent health care visits (11 to 12 years old). The American College Health Association (ACHA) issued similar immunization recommendations for all first-year students living in residence halls. The ACIP and ACHA recommendations further state that other college students under 25 years of age may choose to receive meningococcal vaccination to reduce their risk for the disease.

ACHA and ACIP recommendations, coupled with the availability of a new vaccine that may provide longer duration of protection, will help increase rates of immunization against meningococcal disease and will give college health professionals the guidance needed to help protect college students against meningococcal disease.

Meningococcal Disease Caused by Five Strains/Serogroups

Five predominant strains or serogroups of *N. meningitidis* account for most cases of meningococcal disease. These are A, B, C, Y, and W-135. The currently available vaccine protects against four of the five strains (A, C, Y, and W-135), and evidence shows approximately 70 to 80 percent of cases in the college age group are caused by serogroup C, Y or W-135, which are potentially vaccine-preventable. No vaccine is available for widespread vaccination against serogroup B.

Transmission and Symptoms of the Disease

Meningococcal disease is contagious, progresses very rapidly, and can lead to death within only a few hours of onset; one in ten cases is fatal. The bacteria are spread person-to-person through the air by respiratory droplets (e.g., coughing, sneezing). The bacteria also can be transmitted through direct contact with an infected person, such as oral contact with shared items like cigarettes or drinking glasses, and through kissing.

Meningococcal bacteria attach to the mucosal lining of the nose and throat, where they can multiply. When the bacteria penetrate the mucosal lining and enter the bloodstream, they move quickly throughout the body and can cause damage to various organs.

Many people in a population can be a carrier of meningococcal bacteria (up to 11 percent) in the nose and back of the throat, and usually nothing happens to a person other than acquiring natural antibodies. Symptoms of meningococcal disease often resemble those of the flu or other minor febrile illness, making it sometimes difficult to diagnose, and may include high fever, severe headache, stiff neck, rash, nausea, vomiting, fatigue, and confusion. Students who notice these symptoms – in themselves, friends, or others – especially if the symptoms are unusually sudden or severe, should contact their doctor or local hospital.

If not treated early, meningitis can lead to death or permanent disabilities. One in five of those who survive will suffer from long-term side effects, such as brain damage, paralysis, hearing loss, seizures, or limb amputation.

Persons at Risk for the Disease, Including College Students

Meningococcal disease can affect people at any age. Infants are at the highest risk for getting the disease. Disease rates fall through later childhood but begin to rise again in early adolescence, peaking between the ages of 15 and 20 years.

Due to lifestyle factors, such as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing of personal items, evidence suggests that college students living in residence halls are more likely to acquire meningococcal disease than the general college population.

Prior to 1971, military recruits experienced high rates of meningococcal disease, particularly serotype C disease. The United States military now routinely vaccinates new recruits. Since the initiation of routine vaccination of recruits, there has been an 87 percent reduction in sporadic cases and a virtual elimination of outbreaks of invasive meningococcal disease in the military.

In addition to increased risk because of crowded living situations, proximity to a person diagnosed with disease (e.g., being a household contact) also increases one's risk of disease. Other factors also increase risk, such as a compromised immune system (which might be caused by HIV/AIDS or taking certain chemotherapy or immuno-suppressants) or having no spleen. Even something as simple as a respiratory tract infection may increase the risk of getting the disease. Certain genetic risk factors also may increase susceptibility to infection.

Vaccination to Prevent Meningococcal Disease

Meningococcal vaccination is recommended for all first-year students living in residence halls to protect against four of the five most common strains (or types) of *N. meningitidis* (A, C, Y, and W-135). In persons 15 to 24 years of age, 70 to 80 percent of cases are caused by potentially vaccine-preventable strains. All other college students younger than 25 who wish to reduce their risk of infection may choose to be vaccinated.

Because disease rates begin to climb earlier in adolescence and peak between the ages of 15 and 20 years, the vaccine also is recommended for adolescents at high school entry and young adolescents at the pre-adolescent health care visit (11 and 12 year-olds).

For More Information

For more information on meningococcal disease and the vaccine, please contact your family physician. You also can visit the websites of the American College Health Association, www.acha.org/meningitis, and the Centers for Disease Control and Prevention, www.cdc.gov/ncidod/diseases/submenus/sub_meningitis.htm.

Source:

The American College Health Association

The information in this pamphlet comes from the website of The American College Health Association (ACHA). ACHA, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 16 million college students. The association provides advocacy, education, communications, products, and services, as well as promotes research and culturally competent practices to enhance its members' ability to advance the health of all students and the campus community. For more information, visit www.acha.org.

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

I hereby acknowledge and certify that I have been provided with detailed written information concerning the risks associated with meningococcal meningitis and the availability and effectiveness of any required or recommended vaccine.

I certify that I am 18 years or older.

I have received the vaccination for meningococcal meningitis.

I have reviewed the information provided and have chosen not to get vaccinated.

Printed name of Student: _____

Student Signature and Date: _____

Signed: _____
(parent or legal guardian signature if student has not reached the age of 18)