MENINGOCOCCAL DISEASE EDUCATION REQUIREMENT

During the 2003 session, the Nebraska Unicameral passed a law requiring all newly enrolled college students living in on-campus housing to receive information on risks associated with meningococcal meningitis, the availability and effectiveness of a vaccine against the disease, and a recommendation that each student receive the meningococcal vaccine.

Meningococcal meningitis is a bacterial infection that can cause severe swelling of the brain and spinal cord. Although this form of meningitis is relatively rare, college students have a greater potential risk for contracting it due to a number of risk factors. These risk factors include living on-campus, irregular sleep patterns, active and passive smoking and bar patronage. This disease is spread through the air via drops from the respiratory system.

Statistics indicate that this illness affects about 1 person in 100,000 or about 3000 cases per year. Death results in approximately 10% of these cases. Of those who survive at least 20% will experience permanent disability such as brain damage, amputation, hearing loss and seizures.

A vaccine is available for meningococcal meningitis. It is considered to be safe and well tolerated with the most common side effect being pain at the injection site. Pre-exposure vaccination is important as it take approximately 7-10 days to develop post-vaccination immunity.

This immunization is available at the Student Health Center for a cost of $110.00. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

All students will be required to sign the informed consent form to receive the vaccine or a waiver. Students under the age of 18 years will also be required to have a parent/legal guardian signature.

I have received the meningococcal immunization (documentation required if not received on campus at the Student Health Center). *Note-if it has been more than 5 years since the vaccine dose, a booster dose is now recommended*

Name_____________________________ Birth Date_______Date of Immunization_________

Signature of student___________________________________________________

Signature of parent/guardian (if less than 18 years of age)___________________________________________

I have read the meningococcal information and choose not to receive the vaccine at this time.

Name_____________________________Birth Date________________

Signature of student__________________________________________________

Signature of parent/guardian (if less than 18 years of age)___________________________________________