

SB

243



SENATOR KIM ELTON

MEMORANDUM

DATE: January 21, 2004

TO: Senator Fred Dyson, Chair
Senate HESS Committee

FROM: Senator Kim Elton

SUBJ: Hearing Request for SB 243, an Act relating to immunization of postsecondary students for meningitis; and providing for an effective date.

I respectfully request a hearing for SB 243, requiring postsecondary educational institutions in Alaska to provide written notice to each student who intends to reside in campus housing with information about meningococcal meningitis. Further, all students who will be attending postsecondary educational institutions in Alaska would be required to sign a document provided by the institution indicating they have received an immunization or a notice that they have received the information regarding immunization.

Meningococcal meningitis is a deadly disease which commonly strikes the college-age population. Freshmen students and others living in dormitories are at a higher risk of contracting meningococcal meningitis. Immunization is reported to be between 85 to 100 percent effective in prevention.

Representatives from the University of Alaska don't feel this would be a burden to university operations and stated there would be no extra cost to implement this legislation.

Alaska would join 23 other states and the U.S. House and Senate that have either pending or enacted similar legislation.

I ask that you hear SB 243 at your earliest convenience.

ALASKA SENATE

STATE CAPITOL • JUNEAU, ALASKA 99801-1182 • (907) 465-4947 • FAX (907) 465-2108

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SENATOR KIM ELTON

SB 243
Sponsor Statement

"An Act relating to immunization of postsecondary students for meningitis; and providing for an effective date."

Meningococcal (muh-NIN-jah-kah-kul) meningitis is a rare but potentially fatal bacterial infection. It most commonly attacks the brain and spinal cord or presents as a bacteria in the blood. It can result in permanent brain damage, hearing loss, learning disability, organ failure, loss of limbs or death, often within hours of the first symptoms.

Certain college students have been found to be at risk for meningococcal meningitis. In fact, freshmen living in dormitories are found to be six times more likely to contract this disease. The Centers for Disease Control and Prevention (CDC) recommends college students, particularly freshmen living in dormitories, learn more about meningococcal meningitis and consider vaccination. They also recommend other college students who wish to reduce their risk for the disease also be vaccinated.

SB 243 would require postsecondary educational institutions in Alaska to provide written notice to each student who intends to reside in campus housing with information about meningococcal meningitis. Further, all students who will be attending postsecondary educational institutions in Alaska would be required to sign a document provided by the institution indicating they have received an immunization or a notice that they have received the information regarding immunization.

Representatives from the University of Alaska don't feel this would be a burden to university operations and stated there would be no extra cost to implement this legislation.

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MFA

Meningitis Foundation of America

Facts About Meningococcal Meningitis

- Home
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Meningococcal (muh-NIN-jah-kah-kul) meningitis is a rare but potentially fatal bacterial infection. The disease is most commonly expressed as meningitis, an attack of the brain and spinal cord, or meningococcemia, a presence of bacteria in the blood. It can result in permanent brain damage, hearing loss, learning disability, organ failure, loss of limbs or death.

Certain college students have been found to be at increased risk for meningococcal meningitis. In fact, freshmen living in dormitories are found to have a sixfold increased risk for the disease. The Centers for Disease Control and Prevention (CDC) now recommends college students, particularly freshmen living in dormitories, learn more about meningococcal meningitis and consider vaccination. They also recommend other college students who wish to reduce their risk for the disease can also be vaccinated.

Following are some commonly asked questions and answers about meningococcal meningitis, the risk for college students and vaccination:

What causes meningococcal meningitis?

- Meningococcal meningitis is caused by the bacterium *Neisseria meningitidis*, a leading cause of meningitis and/or blood poisoning in teenagers and young adults in the United States.

How common is meningococcal meningitis?

- Meningococcal meningitis strikes about 3,000 Americans each year causing more than 300 deaths annually.
- It is estimated that 100 to 125 cases of meningococcal meningitis occur annually on college campuses and 5 to 15 students die as a result.

How is meningococcal meningitis spread?

- Meningococcal meningitis is transmitted through air droplets and direct contact with infected persons.
- It occurs most often in late winter and early spring—at a time when most college students are away at school.

What are the symptoms of meningococcal meningitis?

- Symptoms of meningococcal meningitis are often misdiagnosed as something less serious.
- Symptoms can resemble the flu and may include high fever, headache, stiff neck, confusion, nausea, vomiting, exhaustion and/or a rash.

- If not detected early, the disease can progress, often within hours of the first signs of symptoms.

Who is at risk for meningococcal meningitis?

- Studies show 15 to 24 year olds are at greater risk of getting meningococcal meningitis, and in recent years there has been an increase in the number of college outbreaks.
- Certain lifestyle factors common among college students appear to be linked to the disease, including communal living (such as dormitories), bar patronage, smoking and irregular sleep patterns.
- Recent data also show students living in dormitories, particularly freshmen, have a sixfold-increased risk for the disease.

What is the CDC's vaccination recommendation for meningococcal meningitis?

- CDC now recommends college students, particularly freshmen living in dormitories, be educated about meningococcal meningitis and the potential benefits of vaccination. The recommendation further states immunization should be provided or made easily available to those who wish to reduce their risk for the disease.
- Other undergraduate students wishing to reduce their risk for meningococcal meningitis can also choose to be vaccinated.

How effective is the meningococcal meningitis vaccine?

- The meningococcal meningitis vaccine is available against four types of the bacteria that cause meningococcal meningitis in the United States, serogroups A, C, Y and W-135.
- These four serogroups account for nearly two-thirds of the cases of meningococcal meningitis in the college-age population.
- The vaccine can be used in adults and children greater than two years old.
- The vaccine is 85 to 100 percent effective in preventing meningococcal meningitis in serogroups A, C, Y and W-135 in older children and adults.
- Protection lasts approximately three to five years—the length of time most students are away at college.
- The meningococcal meningitis vaccine costs between \$55 and \$75.

Where can I get more information about meningococcal meningitis and vaccination?

- Visit the websites of the Meningitis Foundation of America, www.musa.org, the American College Health Association, www.acha.org, and the Centers for Disease Control and Prevention, www.cdc.gov. For information about the vaccine, consult a physician, the college health services center and/or the vaccine manufacturer, Aventis Pasteur, at 1-800-VACCINE (1-800-822-2463).

What is the Meningitis Foundation of America (MFA)?

- MFA provides education to the public and medical professionals about meningitis so that its early diagnosis and treatment will save lives;
- Supports the development of vaccines and other means of treating and/or

- preventing meningitis;
- Provides educational and emotional support to sufferers of meningitis and their families.

Facts About Meningococcal Disease | [CDC Recommendation](#) | [MFA Statement](#)
[CDC News Release](#) | [Colleges Conducting Vaccination Clinics](#)



SENATOR KIM ELTON

States that currently have passed or pending legislation regarding Meningococcal Meningitis

Arkansas

Meningitis and Vaccination Education Law passed in 1999

California

Vaccine and Education Law passed in Oct of 2001

Vaccination and Waiver Option Law passed in Oct of 2001

Connecticut

Vaccination or Signed Waiver Law passed in June of 2001

Delaware

Meningitis Education and Waiver Law passed in June of 2001

(You will have to type in Meningitis in their search engine to find the Bill)

Florida

Vaccination or Signed Waiver Law that passed in May of 2002

Georgia

Education Bill that was introduced in 2002

Illinois

Vaccination and Education Law passed in July of 2001

Indiana

Vaccination and Education Law passed in 2002

Maryland

Vaccination or Signed Waiver Law passed in May of 2000

Massachusetts

Vaccination or Waiver Bill introduced in 2001

Michigan

Department of Public Health

HB 4562 "Jason's Law" (Ed Wiginton)

Missouri

Vaccination Bill introduced in 2001

Nebraska

Hearing in Nebraska to be held on March 4th, 2003 regarding Legislative Bill 513

Related story: <http://www.nmaus.org/programs/index.htm>

Passed a law on Education and signed acknowledgement of the education.

http://www.unicam.state.ne.us/Legal/SLIP_LB513.pdf

New Jersey

Meningitis Education Law passed in May Of 2000

New York

Assembly Bill for Education, Vaccination or Waiver

This has passed.

New York's Senate Bill that was introduced as a substitute to the New York Assembly Bill

Ohio

Bills for Vaccination and High School Education...currently in Committee Hearings

Bill dealing with Vaccination and High School Education...also in Committee Hearings

Oklahoma

Law instated to require vaccine or sign a waiver.

http://www.nmaus.org/pdf/sb787_enr.pdf

Pennsylvania

Vaccination or Signed Waiver Law passed in June of 2002

South Carolina

Vaccination and Education Law passed in 2002

Tennessee

Vaccination or Waiver Bill law has been instated.

<http://www.state.tn.us/sos/acts/103/pub/pc0104.pdf>

Texas

Meningitis Education for All Families passed in May of 2001

Virginia

Vaccination or Signed Waiver Law passed in March of 2001

Wisconsin

Introduced Vaccine or waiver bills May 2003 pending.

http://www.unicam.state.ne.us/Legal/SLIP_LB513.pdf

United State Senate

Senate Bill S1009 that was introduced in June of 2001.

This Bill is a Vaccination and Education Bill. It is still waiting for Senate Committee Hearings.

United States House of Representative

House Congressional Resolution 340
This resolution was passed by the U.S. House of Representative, and is awaiting approval from the U.S. Senate. This Resolution is for a Meningitis Awareness Month.

MENINGOCOCCAL VACCINE

WHAT YOU NEED TO KNOW

1 What is meningococcal disease?

Meningococcal disease is a serious illness, caused by a bacteria. It is the leading cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings. Meningococcal disease can also cause blood infections.

About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 10% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age, international travelers, and people with certain medical conditions. College freshmen, particularly those who live in dormitories, have a slightly increased risk of getting meningococcal disease.

Meningococcal vaccine can prevent 4 types of meningococcal disease.

These include 2 of the 3 types most common in the United States and a type which is the main cause of epidemics in Africa. Meningococcal vaccine cannot prevent all types of the disease. But it does help to protect many people who might become sick if they don't get the vaccine.

Drugs such as penicillin can be used to treat meningococcal infection. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why it is important that people with the highest risk for meningococcal disease get the vaccine.



2 Who should get meningococcal vaccine and when?

Meningococcal vaccine is not routinely recommended for most people. People who *should* get the vaccine include:

- U.S. Military recruits
- People who might be affected during an outbreak of certain types of meningococcal disease.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as West Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).

The vaccine should also be *considered* for:

- Some laboratory workers who are routinely exposed to the meningococcal bacteria.

The vaccine may also be given to college students who choose to be vaccinated. College freshmen, especially those who live in dormitories, and their parents should discuss the risks and benefits of vaccination with their health care providers.

Meningococcal vaccine is usually not recommended for children under two years of age. But under special circumstances it may be given to infants as young as 3 months (the vaccine does not work as well in very young children). Ask your health care provider for details.

How many doses?

- ✓ For people 2 years of age and over: 1 dose (Sometimes an additional dose is recommended for people who continue to be at high risk. Ask your provider.)
- ✓ For children 3 months to 2 years of age who need the vaccine: 2 doses, 3 months apart

3**Some people should not get meningococcal vaccine or should wait**

People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine.

People who are mildly ill at the time the shot is scheduled can still get meningococcal vaccine. People with moderate or severe illnesses should usually wait until they recover. Your provider can advise you.

Meningococcal vaccine may be given to pregnant women.

4**What are the risks from meningococcal vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small.

Getting meningococcal vaccine is much safer than getting the disease.

Mild problems

Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days.

A small percentage of people who receive the vaccine develop a fever.

5**What if there is a serious reaction?***What should I look for?*

Look for any unusual condition, such as a severe allergic reaction, high fever, or unusual behavior. If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your health care provider to file a Vaccine Adverse Events Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at www.vaers.org.

6**How can I learn more?**

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at www.cdc.gov/nip
 - Visit the National Center for Infectious Disease's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers Health website at www.cdc.gov/travel



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement
Meningococcal (7/28/2003)

SAMPLE FORM

University of Alaska Southeast Records of Required Immunizations

PLEASE PRINT IN INK

Name: _____
Last
First
Middle
Social Security

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ New Student: _____ Returning Student: _____

Proof of required immunization is mandatory of all students living in Banfield Hall or Single Student apartments at UAS housing. This form **must** be completed and signed by a **physician** or a **clinician**, and returned to the Housing Office prior to move in. Please return this form signed or supply us with a photocopy of your vaccination record for review by our Health Clinician.

T.B. Skin Test or Chest x-ray Date must be within one year of UAS admission. See #6 on back.	Month____ Year____	Results
Tetanus, Diphtheria, Pertussis-primary series completed. 4 to 5 doses. See #8 on back.	Primary series completed Month____ Year____	Booster Month____ Year____ (within last 10 years)
Poliomyelitis series completed. 4 doses. Not required of students age 17 or older.	Primary series completed Month____ Year____	
MMR 2 shot series is now required. The first should have been administered at 15 months old. A second booster is now required. See # 7 on back.	1st series Month____ Year____	2nd series Month____ Year____
Meningococcal Meningitis Not required but suggested. See #9 on back.	Month____ Year____	See back page for signature line.

Clinician or Public Health Official

Certification of Dates of
 Immunization and Freedom
 From Active Tuberculosis

Signature: _____

Printed Name: _____

Address: _____

Please retain a copy for your personal records.

Description of Immunization Requirements

1. **Proof of a series of 4-5 doses of diphtheria-pertussis (DTP) or tetanus-diphtheria (Td) vaccine.** If the series has been previously received, a booster Td dose is needed within the past ten years.
2. **Proof of completion of polio vaccine series. (If you are under 17 years of age) 4 doses.**
3. **Proof of one dose of live measles virus (rubeola) vaccine, which must have been received on or after 15 months of age and after 1968.** Evidence of previous disease documentation by a physician will not exempt the student from the vaccination requirement unless the student is born prior to 1957. A blood test showing protective antibodies will also provide exemption. Not available at UAS.
4. **Proof of one dose of rubella vaccine (German measles).** Only evidence of proof of immunity by a blood test showing protective antibody levels will exempt the student from this vaccination requirement. A history of physician-documented disease is not acceptable proof of immunity.
5. Mumps vaccine on or after 1st birthday or proof of immunity by a blood test is recommended. Combined measles, mumps, and rubella vaccine (MMR) is the vaccine of choice, if there is doubt that the patient is immune to any of these diseases. Immunization with a combined vaccine is safe even for individuals who happen to be immune to one or more of these diseases. Live vaccines are not recommended, however, for pregnant women.
6. **A tuberculin skin test within one year preceding registration (unless adequately treated for TB).** If the skin test is positive, a chest x-ray is required. If BCG vaccine was administered, give date and send report of chest x-ray taken within one year prior to admission (do not send film). If treated for active TB, please give dates, name of drug and duration of therapy. X-ray is required within one year preceding move in. Please send report only.
7. Persons born before 1957 do not need this immunization. Live virus vaccine must have been administered after 1968 and given after 12-15 months of age. Laboratory evidence of immunity is acceptable. **A second booster shot is now required after the MMR at 15 months.**
8. If serious doubt exists about the completion of a primary 4-5 dose, series, 2 doses of 0.5 ml combined (Td) toxoids should be given one month apart, followed by a third dose in 6-12 months.
9. I have received information regarding meningococcal meningitis and the available immunization.

Signature

Date

There are many sources for obtaining your immunization record if it is not in your possession: your high school or previous college, your local health department, if you receive immunizations there, your military immunization record, your pediatrician's office or your parents.

STUDENTS WHO FAIL TO COMPLY WITH THESE REQUIREMENTS WILL BE UNABLE TO MOVE INTO HOUSING OR ASKED TO LEAVE.

Return this completed form signed by a physician or clinician to:
University of Alaska Southeast Housing Office
11120 Glacier Hwy
Juneau, AK 99801

Any questions about housing please contact us at 907-465-6528
To talk about immunization call the UAS Health Clinic call 907-465-6457



College Freshmen Living in Dormitories are at Increased Risk for Meningococcal Disease Compared with Other College Students

Philadelphia, PA - June 1, 1999 - New data from nationwide surveillance show that while overall college students are not at increased risk for meningococcal disease, subgroups of college students seemed to be at increased risk. Freshmen living in dormitories have a 6.33 times higher risk of meningococcal disease than do college students overall, according to findings reported today by officials from the Centers for Disease Control and Prevention (CDC) at the annual meeting of the American College Health Association (ACHA). These findings are similar to those reported by Lee Harrison, MD, in last week's issue of the *Journal of the American Medical Association*, which looked at meningococcal disease in college students in Maryland.

"These data indicate the need for public health professionals to continue to educate college students of the signs and symptoms of the disease and to seek medical attention immediately if they experience these symptoms," said Nancy Rosenstein, MD, a medical epidemiologist at the CDC. "College-bound students, their parents and college administrators should know that a safe and effective vaccine against this disease is available," she said.

Meningococcal meningitis has occurred with increasing frequency in recent years among teenagers and young adults. In 1996, 621 cases among 15-24-year-olds were reported to the CDC. This is double the number reported in this age group in 1991 (310 cases). Meningococcal disease strikes about 2,800 Americans each year with the highest rates of disease in children less than one year of age.

A meningococcal vaccine available to the public is 85 percent effective against four serogroups of *Neisseria meningitidis* (A, C, Y, and W-135) which account for about 70 percent of cases in college age students. It does not offer protection against serogroup B. Recipients of the meningococcal vaccine remain protected for three to five years. The vaccine has minimal side effects, mainly mild pain and redness at the injection site.

ACHA recommends that college health care providers take a proactive role in providing information to parents and students about meningococcal disease and access to the vaccine. ACHA also recommends that college students consider vaccination to reduce the risk for meningococcal disease.

"During a campus outbreak, students experiencing symptoms that may or may not be caused by meningococcal disease are likely to panic. In addition, a case of meningococcal disease substantially disrupts 'normal life' on the campus. This is a rapidly progressive disease: One day a student will be healthy and full of promise; the next day, he can be dead," said MarJeanne Collins, MD, co-chair of ACHA's vaccine-preventable disease task force and director of student health at the University of Pennsylvania.

"Although meningococcal disease is rare, it is a high-risk event. The data presented by the CDC at the ACHA annual meeting reinforce ACHA's efforts to educate parents and students about the disease and to encourage them to make an informed choice about vaccination," said Dr. Collins.

Dr. Collins is principal investigator of a separate case-control study currently underway by ACHA in collaboration with CDC. This study is examining behavioral factors such as alcohol consumption and tobacco use (both active and passive smoking) to determine if they increase the risk of meningococcal disease among college students. Results of the study are expected later this year.

Meningitis, or inflammation of the membranes surrounding the brain and spinal cord, is the most common syndrome of infection with *N. meningitidis*. Early symptoms include fever, severe headache, nausea, vomiting, lethargy, stiffneck and rash. The disease can progress rapidly in as little as 12 hours.

Antibiotics can be effective, but treatment must begin immediately. Meningococcal disease can result in hearing loss, kidney failure, amputation of the limbs and permanent brain injury. Death occurs in approximately 10% of cases, or about 300 Americans annually. Outbreaks usually occur in late winter or early spring -- when college classes are in session.

ACHA, founded in 1920, is a national nonprofit organization that serves and represents the interests of professionals and students in health and higher education. Its mission is to be the principal advocacy and leadership organization for college and university health. The association provides advocacy, education, and services for its members to enhance their ability to improve the health of all students and the campus community. ACHA's Annual Meeting takes place this year from June 1-5 in Philadelphia. Nearly 2,000 college health professionals are in attendance from around the country.

MEDIA CONTACTS: Fred Lake, (212) 886-2200, Jennifer Passantino, (732) 382-5912

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UC Berkeley Press Release

Bacterial meningitis believed to be cause of UC Berkeley women's basketball player's death

20 January 2004

BERKELEY – A 20-year-old University of California, Berkeley women's basketball player died Monday, January 19, apparently of bacterial meningitis. Doctors say final cause of death is pending further tests.

Alisa Marie Lewis, a junior from Spokane, Wash., died at Kaiser Medical Center, Oakland. She was taken to the emergency room early in the morning complaining of a severe headache, rash and flu-like symptoms.

"Our heart goes out to Alisa's family following this horrible, devastating news," said women's basketball head coach Caren Horstmeyer. "Alisa was one of the nicest, hardest working players I've had the opportunity to coach. We're all in a complete state of shock."

At a Tuesday, January 20 press conference on campus, Horstmeyer said Lewis, who was majoring in social welfare, was a role model posed to make important community contributions after she graduated. Already, said Horstmeyer, Lewis had touched many people's lives.

The coach said that her young player had a credo, words Lewis had posted on a wall several months ago. They said: "Dream as if you'll live forever. Live as if you'll die today."

Lewis earned a scholarship to Cal after a successful high school career at Fairfield High School in Northern California. In her senior year, her family moved to Spokane, Washington, and she joined the Cal team in 2001. She lived in an off-campus apartment.

Team members were informed of Lewis' death at a meeting at Haas Pavilion on Monday, January 19. University health officials met with the team and coaching staff, providing health information and counseling. They emphasized that bacterial meningitis is rare and not spread through casual contact.

Following established public health procedures, university officials alerted city and county public health authorities.

"Due to on-going, close contact we felt it was appropriate to offer a single-dose antibiotic to team members and some staff as a precaution," said Dr. Peter Dietrich, medical director of the University Health Service.

The [University Health Services' website](#) provides detailed information on the signs, symptoms and treatment of meningitis. Common early symptoms of bacterial (also called meningococcal) meningitis include fever, severe sudden headache accompanied by mental changes such as malaise or lethargy, and neck stiffness. It can also be accompanied by a rash, mainly on the arms and legs. Any person with those symptoms is urged to seek immediate medical attention.



Alisa Marie Lewis
(Print-quality image available
for download)
(UC Berkeley photo)

• Team physician Dr. Chad Roghair discusses health risk posed by bacterial meningitis

Health Officials Investigate Meningococcal Meningitis on Gulf Coast

December 12, 2003



Mississippi State Department of Health **News Release**

Health Officials Investigate Meningococcal Meningitis on Gulf Coast — December 12, 2003

Mississippi State Department of Health officials have investigated five cases of meningococcal meningitis in the Gulf Coast area since mid-November. Public health officials do not discuss or release the identity of specific cases.

More facts about meningococcal meningitis can be found on the web site of the Centers for Disease Control (CDC) in Atlanta.

Health officials say that no clear evidence of a connection between the five cases has been found. "Early recognition and treatment of meningococcal meningitis can improve the outcome of this infection," said State Epidemiologist Dr. Mary Currier. "We want the public to be aware of the signs and symptoms of this disease, so patients will see their doctor or other health care provider if they think they may have this infection."

Meningococcal meningitis is caused by the bacteria *Neisseria meningitidis*, a germ that can be found in the nose of ten percent of the population at any time, and usually does not cause illness. "Transmission of this disease is through large droplets that are spread through coughing, sneezing or drinking after someone," said Dr. Currier.

The Mississippi State Department of Health investigates all suspect and reported cases of meningococcal meningitis and gives medications to immediate contacts of the sick patient. "Only people with prolonged close contact with a patient sick from this bacteria are considered contacts and need medications," said Dr. Currier.

Symptoms of meningococcal meningitis include severe headache with a stiff neck and/or nausea, vomiting and a rash.

Press Contact: Elizabeth Hogue or Kelly French, (601) 576-7667

Links referenced

Centers for Disease Control (CDC) http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

Find this page at

<http://www.msdh.state.ms.us/msdhsite/index.cfm/23,1468,58.html>

© Mississippi State Department of Health

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FISCAL NOTE

STATE OF ALASKA
2004 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: SB243-EED-ACPE-4-5-04
() Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education
Title An Act relating to immunization of postsecondary RDU ACPE
students for meningitis... Component Student Loan Program
Sponsor Senator Elton
Requester (S)HES Component No. 213

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2004) cost: 0.0
Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

POSITIONS	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
This bill proposes that any Alaska postsecondary institution that provides residential housing for students will be required to: 1) deliver written advisories regarding meningococcal disease; and 2) collect and maintain student certification that such written notice has been provided, or, alternatively, certification that the student has been immunized for the disease.

The Commission would implement by providing due notice to Alaska institutions and including this requirement within its institutional authorization compliance review program.

Prepared by: Sheila King, Finance Officer
Division: Finance
Approved by: Diane Barrans, Executive Director *Diane Barrans*
Agency: Alaska Commission on Postsecondary Education

Phone 465-6740
Date/Time 4/2/04 4:30 PM
Date 4/2/2004

This is a copy of the University of Alaska Southeast Records of Required Immunizations form. I've modified this form by adding language about immunization for Meningococcal meningitis with a signature line indicating information has been received. This form would require additional information, such as the CDC handout.

SAMPLE FORM

University of Alaska Southeast Records of Required Immunizations

PLEASE PRINT IN INK

Name: _____
Last
First
Middle
Social Security

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ New Student: _____ Returning Student: _____

Proof of required immunization is mandatory of all students living in Banfield Hall or Single Student apartments at UAS housing. This form **must** be completed and signed by a **physician** or a **clinician**, and returned to the Housing Office prior to move in. Please return this form signed or supply us with a photocopy of your vaccination record for review by our Health Clinician.

T.B. Skin Test or Chest x-ray Date must be within one year of UAS admission. See #6 on back.	Month____ Year____	Results
Tetanus, Diphtheria, Pertussis-primary series completed. 4 to 5 doses. See #3 on back.	Primary series completed Month____ Year____	Booster Month____ Year____ (within last 10 years)
Poliomyelitis series completed. 4 doses. Not required of students age 17 or older.	Primary series completed Month____ Year____	
MMR 2 shot series is now required. The first should have been administered at 15 months old. A second booster is now required. See # 7 on back.	1st series Month____ Year____	2nd series Month____ Year____
Meningococcal Meningitis Not required but suggested. See #9 on back.	Month____ Year____	See back page for signature line.

Clinician or Public Health Official

Certification of Dates of Immunization and Freedom From Active Tuberculosis

Signature: _____

Printed Name: _____

Address: _____

Please retain a copy for your personal records.

Description of Immunization Requirements

1. **Proof of a series of 4-5 doses of diphtheria-pertussis (DTP) or tetanus-diphtheria (Td) vaccine.** If the series has been previously received, a booster Td dose is needed within the past ten years.
2. **Proof of completion of polio vaccine series. (If you are under 17 years of age) 4 doses.**
3. **Proof of one dose of live measles virus (rubeola) vaccine, which must have been received on or after 15 months of age and after 1968.** Evidence of previous disease documentation by a physician will not exempt the student from the vaccination requirement unless the student is born prior to 1957. A blood test showing protective antibodies will also provide exemption. Not available at UAS.
4. **Proof of one dose of rubella vaccine (German measles).** Only evidence of proof of immunity by a blood test showing protective antibody levels will exempt the student from this vaccination requirement. A history of physician-documented disease is not acceptable proof of immunity.
5. Mumps vaccine on or after 1st birthday or proof of immunity by a blood test is recommended. Combined measles, mumps, and rubella vaccine (MMR) is the vaccine of choice, if there is doubt that the patient is immune to any of these diseases. Immunization with a combined vaccine is safe even for individuals who happen to be immune to one or more of the diseases. Live vaccines are not recommended, however, for pregnant women.
6. **A tuberculin skin test within one year preceding registration (unless adequately treated for TB).** If the skin test is positive, a chest x-ray is required. If BCG vaccine was administered, give date and send report of chest x-ray taken within one year prior to admission (do not send film). If treated for active TB, please give dates, name of drug and duration of therapy. X-ray is required within one year preceding move in. Please send report only.
7. Persons born before 1957 do not need this immunization. Live virus vaccine must have been administered after 1968 and given after 12-15 months of age. Laboratory evidence of immunity is acceptable. **A second booster shot is now required after the MMR at 15 months.**
8. If serious doubt exists about the completion of a primary 4-5 dose, series, 2 doses of 0.5 ml combined (Td) toxoids should be given one month apart, followed by a third dose in 6-12 months.
9. I have received information regarding meningococcal meningitis and the available immunization.

Signature

Date

There are many sources for obtaining your immunization record if it is not in your possession: your high school or previous college, your local health department, if you receive immunizations there, your military immunization record, your pediatrician's office or your parents.

STUDENTS WHO FAIL TO COMPLY WITH THESE REQUIREMENTS WILL BE UNABLE TO MOVE INTO HOUSING OR ASKED TO LEAVE.

Return this completed form signed by a physician or clinician to:
University of Alaska Southeast Housing Office
11120 Glacier Hwy
Juneau, AK 99801

Any questions about housing please contact us at 907-465-6528
To talk about immunization call the UAS Health Clinic call 907-465-6457

This is a copy of the Emergency Medical and Contact Information form from Alaska Pacific University with the meningitis vaccine listed as one of the recommended immunizations students should receive. It gives sufficient language regarding immunization.

Emergency Medical and Contact Information**Emergency Contacts:**

1) Name: _____ Relationship: _____

Phone: _____ Email: _____

2) Name: _____ Relationship: _____

Phone: _____ Email: _____

Medical Emergency Information:

Insurance Provider: _____ Policy Number: _____

Name of Policy Holder: _____

Relationship to Policy Holder: _____

Do you have any illnesses or disabilities which require special housing or consideration? Yes No Explain: _____**Other Important Health Information:** _____**Health Information**

All students living on campus are required to have health insurance. If you are not covered under your own policy or your parents, APU supports an inexpensive student health insurance program offered by the American College Student Association. You can review this program and even enroll online at: www.acsa.com

We strongly encourage you to visit your family doctor before arriving at APU to ensure your immunizations are up-to-date. **You are required to have the MMR and Tetanus immunizations to live on campus.** The additional immunizations are recommended by Alaska Pacific University and the American College Health Association. More information and resources about immunizations may be found online at: www.acha.org

Measles, Mumps, Rubella (MMR): First dose at 12-15 months and second dose on entry into grade school or later.

Tetanus-diphtheria: Within past 10 years.

Varicella (Chicken Pox): Childhood, if no natural immunity due to actual disease. Students entering health professions and occupations with exposure to young children should have history of disease or vaccination.

Tuberculosis Screening (TB): PPD skin testing to check for tuberculosis exposure.

Hepatitis B: This is a series of three immunizations (0, 1 and 6 months). Now recommended prior to entry to grade school. This is recommended for all students.

Hepatitis A: This is a series of two immunizations (0 and 6 months). It is recommended prior to entry to grade school. This is recommended for all students. Blood titers can be done to determine if you are immune to these diseases.

Meningitis Vaccine: Immunization experts are recommending college students, particularly those who live in residence halls, be educated about meningococcal meningitis and the benefits of vaccination. The Center for Disease Control has issued this recommendation for college students regarding meningitis. This immunization is recommended for college freshman and other undergraduate students who wish to reduce their risk of the disease.

Subject: SB243**Date:** Fri, 30 Jan 2004 11:30:48 -0900**From:** "Mike Sfraga" <mike.sfraga@alaska.edu>**To:** <pete.kelly@alaska.edu>

Pete: The general response from student services leadership at all three MAU's is very consistent and reassuring. Each campus has in place, mechanisms for student notification regarding the risks of meningitis on campus. For example, UAA's procedures are as follows:

1. "Meningitis on Campus: Know Your Risk/Learn About Vaccination" plus an information sheet designed by the Student Health Center is mailed out with every application for housing. Brochures and information sheets available at the Student Health Center table on check-in days.
2. Housing has an immunization requirement, but it is only for those students living in housing. Per BOR Policy 09.11.010, students living in housing must provide proof of a TB skin test within the last year, a tetanus-diphtheria shot within the last 10 years, and 2 doses of measles-mumps-rubella vaccine sometime in their life.
3. On the current "Housing Immunization Requirements" form, there is a place for meningitis vaccine, which is listed as a recommended vaccine, and also a sign-off line that says "Meningitis vaccine discussed - Student opts not to receive it at this time." There is a place on the UAA immunization sheet that reads "Meningitis vaccine has been discussed with me. I elect not to receive it at this time."

Similar (albeit not standardized) information and distribution mechanisms exist at UAF and UAS. There is a close working relationship between residence life and health/counseling staff at the MAU's. Note that UAS does not have on-campus health care providers, but contracts with the state. However - they do have similar information and educational pamphlets/forms available to students in the residence halls.

Bottom line: UA has been proactive when it comes to educating residence students about many health risks, has existing educational programs (for both residence hall students and the general student population), does distribute information specifically regarding meningitis, and has very good communication and educational programs sponsored by and coordinated between residence life and health/counseling staff. So - I would rather demonstrate, in more detail if necessary - that at least UA has a very proactive approach to notification. Although we DO NOT require vaccination for meningitis - we do have a good education and notification program in place.

Let me know if additional information is needed or requested - the campuses have been very responsive to my request for data. Thanks, Mike

From UAA

The Student Health Center provides flu shots. Check the [flu shot program page](#) for details.

Adults need immunizations, too. Are your immunizations up-to-date? The following are the recommendations of the [American College Health Association](#) and the Immunization Practices Advisory Committee:

Measles, Mumps, Rubella (MMR):

First dose at 12-15 months and second dose on entry into grade school.

Tetanus-diphtheria:

Primary series in infancy, booster at 11 or 12 years of age and then every 10 years.

Varicella (Chicken Pox):

Childhood, if no natural immunity due to actual disease. Students entering health professions and occupations with exposure to young children should have history of disease or vaccination.

Tuberculosis Screening (TB):

PPD skin testing to check for tuberculosis exposure.

Hepatitis B:

This is a series of three immunizations (0, 1 and 6 months). Now recommended prior to entry to grade school. This is recommended for all students.

Hepatitis A:

This is a series of two immunizations (0 and 6 months). It is recommended prior to entry to grade school. This is recommended for all students. Blood titers can be done to determine if you are immune to these diseases.

Meningitis Vaccine:

Immunization experts are recommending college students, particularly those who live in dormitories, and residence halls, be educated about meningococcal meningitis and the benefits of vaccination. The Center for Disease Control has issued this recommendation for college students regarding meningitis. This immunizations recommended for college freshman and other undergraduate students who wish to reduce their risk of the disease.

Travel Immunizations:

Leaving the country for classes or touring? Check with the Student Health Center to find out what immunizations are required or recommended and whether there are any other specific requirements.



UNIVERSITY OF ALASKA
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Center for Health and Counseling

Division of Student Affairs

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- ❖ [STUDENT HEALTH INSURANCE PLAN](#)
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For appointments call:
907-474-7043
907-474-7045 (TTY)

Immunizations and TB Testing

The university encourages all students maintain up-to-date immunizations and requires all students living in residence halls to have specific immunizations (see [Board of Regents Policy and Regulation 09.11.010](#))

Required immunizations to live in Residence Halls:

- MMR (measles, mumps, rubella) – 1st and 2nd doses
- Td (tetanus/diphtheria) – within last 10 years
- ppd (Tb test) – within last year or history of positive test in the past

Required vaccines are provided free of charge at the Center

Optional immunizations recommended by the American College Health Association

- Hepatitis A
- Hepatitis B
- Meningococcal meningitis
- Flu vaccine
- Chickenpox (varicella)

The Center for Health and Counseling carries all of the above vaccinations and tests with the exception of Chickenpox. There are fees for some of these vaccines. For more information give us a call at 907-474-7043.

[Back to Top](#)



2nd Floor - Health Safety and Security Building - (across from Wood Center) For appointments call (907) 474-7043 or (TTY) (907) 474-7045 P O Box 755580, Fairbanks, AK 99775-5580 Email: fyheaco@uaf.edu Fax: (907) 474-5777

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Last Modified Friday, December 12, 2003



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News

What's New at the Center for Health and Counseling?

Watch for ice sculptures around the campus!

Sorry, we no longer have flu vaccinations available.

We have vaccines and tests required for residence halls, and we also have Meningitis vaccine and HepA/HepB vaccine.



2nd Floor - Health Safety and Security Building - (across from Wood Center) For appointments call (907) 474-7043 or (TTY) (907) 474-7045 PO Box 755580, Fairbanks, AK 99775-5580 Email: fyheaco@uaf.edu Fax: (907) 474-5777

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Last Modified Tuesday, February 10, 2004

Subject: RE: CDC link
Date: Fri, 16 Apr 2004 12:10:46 -0800
From: "Santarosa, Michael" <msantarosa@sj-alaska.edu>
To: 'Paula Cadiente' <Paula_Cadiente@legis.state.ak.us>

Thanks Paula,

The information you sent is helpful. I think the easiest way for us to get the word out is to recommend vaccinations on our medical form for residents which we can do voluntarily. The information from the CDC indicates that about 260-390 cases of the disease occur in death each year in our country presumably most of which are people under 1 year of age. To put this in context, there are over 15 million college students in our country.

Would you pass along the concern to Senator Elton that I have for section 2d that suggests that colleges could be liable for civil damages if notice to students cannot be reasonably proved by the institution. College and university administrators are typically doing all they can to help students be healthy and avoid all kinds of disease, injury and death. Fodder for litigation towards people and institutions acting in good faith, in my opinion, does not serve the common good.

Sincerely,

Mike Santarosa
Dean of Student Life
Sheldon Jackson College

-----Original Message-----

From: Paula Cadiente [mailto:Paula_Cadiente@legis.state.ak.us]
Sent: Friday, April 16, 2004 11:36 AM
To: msantarosa@sj-alaska.edu
Subject: CDC link

Mike

Here is the link to the CDC handout on meningococcal meningitis. It doesn't recommend the vaccine, but states that college students may choose to be vaccinated.

<http://www.cdc.gov/nip/publications/VIS/vis-mening.pdf>

Alaska Pacific University sends out an Emergency Medical and Contact Information form strongly encouraging and recommending immunizations for MMR, DPT, Chicken Pox, TB, Hep A and B, and Meningitis Vaccine.

--
Paula Cadiente, Staff
Senator Kim Elton

SENATE COMMITTEE REPORT First Committee of Referral

DATE: 1/12/04

FURTHER:

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 4.16.04

Health, Education and Social Services Committee considered

SENATE BILL NO. 243

SB 243 POSTSECONDARY STUDENT IMMUNIZATION

"An Act relating to immunization of postsecondary students for meningitis; and providing for an effective date."

and recommends:

- be replaced with _____ CS _____ (_____)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

Senate Bill:
 Same Title
 New Title

House Bill:
 Same Title
 Technical Title Change
 New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
EED	4/02			✓	

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>	✓			
<i>Betty Davis</i>	✓			
CHAIR: <i>[Signature]</i>	✓			