

# Biola University Student Health Center

## Meningitis and Immunization Advisory and Notification

**Instructions:** ALL students must complete Section B. Section D completed ONLY for WAIVER of Vaccine.

### Section A: Meningitis Information

#### What is Meningococcal Meningitis?

Meningococcal meningitis is a potentially fatal bacterial infection that causes inflammation of the membranes surrounding the brain and spinal chord. It is caused by the bacterium Neisseria meningitides.

#### How is the disease spread? How can college students protect themselves?

The infection is spread by direct contact with infected individuals, like sharing a glass, eating utensils, or kissing. It is also spread through the exchange of respiratory secretions, like coughing or sneezing. Social aspects of college life, such as close living quarters, students from diverse geographical areas, crowds, and travel to foreign countries are risk factors.

#### Can Meningitis be treated?

Bacterial meningitis can be treated with a number of effective antibiotics. It is important however that treatment be started early in the course of the disease.

#### Is there a vaccine against Meningococcal disease?

There is a new safe, effective vaccine called Menactra that can provide long term protection against four out of the five strains of the disease. (current Menomune vaccine does not provide long term protection) Serogroups A, C, Y, and W-135 are included. These four strains cause up to 85% of meningococcal meningitis cases on college campuses. There is currently no vaccine for Serogroup B. As with any vaccine, it may not protect 100% of susceptible individuals.

#### What are the side effects of the vaccine? How safe is it?

The meningococcal vaccine has an excellent safety profile. Side effects are mild and infrequent, consisting primarily of redness and swelling at the injection site and lasting up to two days. The Immunization should be deferred during any acute illness. Menactra is preservative free.

If you have ANY questions regarding the vaccine or disease, please see your doctor or call the Student Health Center at 562-903-4841. More information can be found at the CDC website, [www.cdc.gov](http://www.cdc.gov) or the ACHA website, [www.acha.org](http://www.acha.org)

### Section B: Immunization Intent as Mandatory by California Law AB 1452 \*

**\*California educational law requires mandatory compliance for incoming freshman\***

We will keep this confidential file as part of your medical records. Please indicate your preference and acknowledgment of this information by signing below:

1. I have already received this vaccination.  (Please include proof of immunization if not already provided)
2. I am planning to receive this vaccine at  Private M.D.  Clinic  \*\* Biola University SHC
3. I do not want to receive this vaccine as indicated by the waiver documentation.  **See Section D**

Signature \_\_\_\_\_ Print \_\_\_\_\_

\*Signature of Parent/Guardian \_\_\_\_\_ \*(If student under Age 18)

Date of Birth \_\_\_\_\_ Student ID# \_\_\_\_\_

### Section C: Biola University Vaccine Requirement

Biola University requires all freshmen students to receive meningitis vaccine or sign a waiver. Menactra preferred but Menomune is acceptable. Since the incidence of bacterial meningitis rises in college freshmen, the university desires to keep the community as free as possible from this devastating disease. Please have the meningitis immunization completed before arrival or completed at the time of registration. \*\*Menactra vaccine is available at the Health Center for a fee of \$95 (19 or older). FREE 18 yrs and under.\*\*

### Section D: Exemption Waiver

I have received and reviewed the information sent to me by Biola University regarding risks associated with meningococcal disease, availability and effectiveness of vaccine against this disease. I am requesting a waiver to the requirement for freshmen students to have a one-time meningococcal vaccination because of religious or personal reasons.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student 18 or older

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent of student under 18

**Please return the yellow copy to:** Biola University Student Health Center  
13800 Biola Ave.  
La Mirada, CA 90638

(562) 903-4841  
Fax (562) 906-4512

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