

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 **Florida** Statute § 1006.69, which requires the following:

- Provide detailed information concerning the risks associated with meningococcal meningitis and hepatitis B and the availability, effectiveness, and known contraindications of any required or recommended vaccine to every student, or to the student's parent if the student is a minor, who has been accepted for admission.

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 and progresses very rapidly. 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 college health center 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, 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, 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).

The meningitis vaccine is generally safe and well tolerated. Reactions that may occur include the following: soreness or redness at the injection site and mild fever.

Precaution: The vaccine is not recommended during pregnancy, if the immune system is compromised, or certain health conditions. No vaccine is 100% guaranteed for susceptible individuals.

For More Information

For more information on meningococcal disease and the vaccine, or on getting vaccinated 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.

HEPATITIS B AND COLLEGE STUDENTS

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). HBV can cause a short-term illness that leads to loss of appetite, stomach pain, tiredness, diarrhea, vomiting, jaundice (yellow skin or eyes) and pain in muscles and joints. These symptoms can last for several weeks. HBV can also cause a long-term (chronic) illness from which people never recover. Many people with chronic hepatitis B infections have no symptoms, but these people can still spread the virus. About 15% to 25% of people with chronic hepatitis B develop serious liver conditions, such as cirrhosis (scarring of the liver) or liver cancer. About 1.25 million people in the United States have chronic HBV infection. Each year 80,000 more people, mostly young adults, get infected with HBV and 4,000 to 5,000 people die from chronic HBV.

How is hepatitis B spread?

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus during activities such as:

- Birth (spread from an infected mother to her baby during birth)
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Sharing items such as razors or toothbrushes with an infected person
- Direct contact with the blood or open sores of an infected person
- Exposure to blood from needlesticks or other sharp instruments.

Who is at risk for hepatitis B?

Although anyone can get hepatitis B, some people are at greater risk, such as those who:

- Have sex with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual contact with other men
- Inject drugs or share needles, syringes, or other drug equipment
- Live with a person who has chronic hepatitis B
- Are exposed to blood on the job
- Are hemodialysis patients
- Travel to countries with moderate to high rates of hepatitis B

Can hepatitis B be prevented?

Yes. The best way to prevent hepatitis B is by getting the hepatitis B vaccine. Many physicians offer the vaccine to patients seen in their offices.

Who should get vaccinated against hepatitis B?

Hepatitis B vaccination is recommended for:

- All infants, starting with the first dose of hepatitis B vaccine at birth
- All children and adolescents younger than 19 years of age who have not been vaccinated
- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term, mutually monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have close household contact with someone infected with the hepatitis B virus
- Healthcare and public safety workers at risk for exposure to blood or blood-contaminated body fluids on the job
- People with end-stage renal disease, including pre-dialysis, hemodialysis, peritoneal dialysis, and home dialysis
- Residents and staff of facilities for developmentally disabled persons
- Travelers to regions with moderate or high rates of hepatitis B
- People with chronic liver disease
- People with HIV infection
- Anyone who wishes to be protected from hepatitis B virus infection.

Is the hepatitis B vaccine safe?

Yes the hepatitis B vaccine is safe. Soreness, swelling, and redness at the injection site are the most common side effects reported. A vaccine, like any medicine, is capable of causing serious problems, such as allergic reactions. However, the potential risks associated with hepatitis B are much greater than the risks the vaccine poses. Since the vaccine became available in 1982, more than 100 million people have received hepatitis B vaccine in the United States and no serious side effects have been reported.

People who have ever had a life-threatening allergic reaction to baker's yeast (the kind used to make bread) or to a previous dose of hepatitis B vaccine should not get the vaccine. People who are moderately to severely ill at the time the shot is scheduled should wait until they recover before getting the vaccine.

The vaccine is given in a series of three injections in the following recommended manner: receive the first injection, one month after the first injection the second injection is due, six months after the first injection was received the third injection is due.

College students and their parents should discuss the risks and the benefits of vaccination with their healthcare providers. If college students decide to be vaccinated against hepatitis B, they (or their parents if they are less than 18 years of age) should contact their healthcare provider to inquire about receiving the vaccine.

For more information about the hepatitis B vaccine access the Vaccine Information Statement at the Centers for Disease Control and Prevention (CDC) Web site:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-hep-b.pdf>

Adapted from material on the CDC Web site: <http://www.cdc.gov>.

FOR INFORMATION ON VIRAL HEPATITIS: visit this website at: <http://www.cdc.gov/hepatitis> or call the Hepatitis Information Line at **1.888.4HEPCDC 1.888.443.7232** or write **Centers for Disease Control and Prevention Division of Viral Hepatitis, Mailstop G37 Atlanta, GA 30333** or contact your state or local health department