

Commonwealth University of Pennsylvania

Meningitis Fact Sheet

The College and University Student Vaccination Act, 35 P.S. § 633.1 *et seq.*, states that all **students wishing to reside in university owned housing must provide either proof of vaccination for meningitis or a signed waiver requesting exemption** after having received information on the risks associated with meningococcal disease and the availability and effectiveness of the vaccine.

WHAT IS IT?

Viral Meningitis is more common than bacterial meningitis and usually occurs in late spring and summer. Signs and symptoms of viral meningitis may include stiff neck, headache, nausea, vomiting and rash. Most cases of viral meningitis run a short, uneventful course. Since the causative agent is a virus, antibiotics are not effective. ***Persons who have contact with an individual with viral meningitis do not require any treatment.***

Bacterial Meningitis occurs rarely and sporadically throughout the year, although outbreaks tend to occur in late winter and early spring. *Neisseria meningitis* or *Streptococcus pneumonia* most likely cause bacterial meningitis in college-aged students. Because meningococcal meningitis can cause grave illness and rapidly progress to death, it requires early diagnosis and treatment. Meningitis is spread through direct contact with respiratory and throat secretions (kissing, sharing eating utensils, and being exposed to droplet contamination from the nose or throat). ***Persons who have had intimate contact with an individual with bacterial meningitis require antibiotic treatment.***

WHAT IS THE TREATMENT?

Bacterial meningitis, with its 10-15% fatality rate, requires emergency hospitalization and treatment with intravenous (IV) antibiotics. It is important to receive treatment early to prevent complications.

Viral meningitis usually responds to supportive care with rest, hydration, and medications to treat fevers and headaches. Hospitalization is required in severe cases and in people with weakened immune systems. Antiviral medications can improve recovery in cases caused by the herpes virus or varicella virus.

HOW IS MENINGITIS PREVENTED?

Get vaccinated! A safe and effective vaccine is available to protect against four of the five most common bacterial strains of the disease. The vaccine provides protection for approximately three to five years. Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site and rarely a fever. Vaccination against meningitis may not protect 100 percent of all susceptible individuals. There is not a vaccine available to protect against viral meningitis.

Risk of exposure can be reduced by:

- Frequent hand washing
- Avoiding direct contact with others who have upper respiratory infections
- Getting adequate diet, rest, and exercise
- Avoiding smoking, stress and excessive use of alcohol

For more information see the following links: Centers for Disease Control and Prevention (CDC):Meningococcal ACWY (<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>); Serogroup B Meningococcal Vaccine (Men B) (<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.pdf>); (<https://www.cdc.gov/vaccines/vpd/mening/index.html>).

Name (Print): _____

Student ID#: _____

Hall and Room: _____

OPTION 1

All students residing in university-owned housing must complete ONE of the two options below.

OPTION 2

Yes, I received the Meningococcal Meningitis Vaccination:

X _____
Signature of Student (or Parent/guardian if under 18) Date

Meningococcal Meningitis Vaccine Waiver:
I have reviewed the Meningitis Fact Sheet. I am fully aware of the risks associated with this disease as well as the availability and effectiveness of the vaccine. I knowingly decided NOT to receive a vaccine against meningococcal disease.

X _____
Signature of Student (or Parent/guardian if under 18) Date