



## BOSTON COLLEGE

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### UNIVERSITY HEALTH SERVICES

To: Full Time Graduate Students

From: Thomas I. Nary, MD  
Director, University Health Services

Date: March 2005

Re: **New Regulations Pertaining to:**  
**I. Meningococcal Disease and Vaccination**  
**II. Hepatitis B Vaccination**

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**Important Notice: Carefully read the enclosed information about the new Massachusetts School Immunization Requirements for 2005 and complete accompanying forms. All forms must be received in Health Services by August 15<sup>th</sup>. Failure to do so will result in blocking your ability to register and a \$55 administrative fee will be charged to your student account.**

#### **I. Meningitis Regulation**

Effective August 2005, recently enacted Massachusetts General Laws, Chapter 76, s.15D and related regulations of the Massachusetts Department of Public Health (105 CMR 220.700) will require **all new full- and part-time, undergraduate and graduate students in degree-granting programs** at postsecondary institutions (e.g., colleges) that provide or license housing, to:

- Receive information about meningococcal disease and vaccine; and
- Provide documentation of receipt of 1 dose of meningococcal vaccine within the last 5 years or qualify for one of the exemptions to immunization established by the statute.

The 2 components of the law, described above, apply to **all new students whether or not** they reside in school or campus provided housing.

#### **Student Requirements**

All new students (parents/legal guardians) must provide written documentation that they have received 1 dose of meningococcal vaccine (within the last 5 years) at least **2 weeks prior to the beginning of classes**, unless they have a medical or religious exemption, or have signed the waiver declining the vaccine.

Please refer to the section on **Exemptions**, for information on the proper documentation needed.

The law states that affected institutions are **not** required to incur the expense for the vaccine. However, the college is required to provide information about meningococcal disease and vaccine. In **contrast to other immunization requirements**, this law allows an exemption for students who sign a waiver refusing vaccination after they have read the information provided.

## Information and Waiver Form

MDPH has developed a form entitled *Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges* (enclosed). It contains information about the dangers of meningococcal disease and the benefits and risks of meningococcal vaccine.

The form also states that students must provide documentation of meningococcal vaccination or eligibility for one of the exemptions provided in the law. The waiver section of the form states that the student (or parent/legal guardian, if the student is under 18 years of age) has reviewed the information provided and chosen to waive receipt of meningococcal vaccine.

## Exemptions

Students may begin classes *without* a certificate of immunization against meningococcal disease **IF**:

- 1) the student has a letter from a physician stating that there is a medical reason why he/she can not receive the vaccine (**medical exemption**);
- 2) the student (or the student's parent/legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief (**religious exemption**);  
or
- 3) the student (or the student's parent/legal guardian, if the student is a minor) signs the MDPH-developed waiver stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine (**waiver exemption**). (A signed copy of this information and waiver form must be kept on file at the institution.)

We advise you to carefully read the enclosed Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges that has been provided by the MDPH.

## II. HEPATITIS B VACCINE

In addition to the previous required immunizations, Massachusetts School Immunization Requirements for 2005\* (enclosed) include 3 doses of **Hepatitis B for full-time graduate students**.

### **SUBMISSION OF FORMS**

Please submit all forms by **August 15<sup>th</sup>** to:

**BOSTON COLLEGE**

**BOSTON COLLEGE**

**UNIVERSITY HEALTH SERVICES**

**CUSHING HALL, RM. 117**

**CHESTNUT HILL, MA 02467**

**or FAX TO: 617-552-1671**

Failure to do so will result in a block on your ability to register and a \$55 administrative fee will be charged to your student account. You may contact the Immunization Coordinator at 617-552-4668 with any questions.

Enclosures

**BOSTON COLLEGE HEALTH SERVICES GRADUATE IMMUNIZATION FORM**

Dear Students:

Health Services would like to welcome you to Boston College. If you register for the credit levels as listed, please complete this Immunization Verification Form. Return the completed form to **Boston College, University Health Services, Cushing Hall, Rm. 117, Chestnut Hill, MA 02467 or Fax to 617-552-1671.** We would like to thank you for your cooperation.

*Failure to show proof of immunizations by August 15<sup>th</sup> will result in a block on your registration and an administrative late fee of \$55 will be charged to your student account.*

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S # \_\_\_\_\_ Eagle# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone or Cell #: \_\_\_\_\_ Email \_\_\_\_\_

**All** students registering at the **credit levels listed below** are required to comply with Massachusetts Immunization Law:

<u>School</u>	<u>Credit Level</u>	<u>School</u>	<u>Credit Level</u>	<u>School</u>	<u>Credit Level</u>
Arts & Sciences	9	Law	12	Education	9
College for Adv. Studies	12	Management	9	Social Work	9

*\*Graduate Nursing immunization information is submitted to & tracked by SON\**

**The College Immunization Law requires proof of the following immunizations:**

**1 Tetanus-Diphtheria Booster:** Within the **past 10 years** Month/yr.: \_\_\_\_\_

**2 MMR (measles, mumps, rubella): (If given instead of individual immunizations, 2 doses required)**

Dose 1 must be **after** the first birthday Month/yr.: \_\_\_\_\_

Dose 2 must be at least one month after the 1st dose Month/yr.: \_\_\_\_\_

**2 Measles Immunizations: (If given instead of MMR, 2 doses required)**

Dose 1 must be **after** the first birthday Month/yr.: \_\_\_\_\_

Dose 2 must be at least one month after the 1st dose Month/yr.: \_\_\_\_\_

**1 Mumps Immunization: (If not given MMR)**

Immunized with vaccine **after** the first birthday Month/yr.: \_\_\_\_\_

**1 Rubella Immunization: (If not given MMR)**

Immunized with vaccine **after** the first birthday Month/yr.: \_\_\_\_\_

**Hepatitis B Vaccine- month/yr #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_**

**\*\*1 Meningitis Immunization:** Within the **past 5 years** Month/yr: \_\_\_\_\_ or Signed Waiver Form attached \_\_\_\_\_

**\*\*PLEASE READ THE ENCLOSED INFORMATION ABOUT MENINGOCOCCAL DISEASE AND VACCINATION AND WAIVER FOR STUDENTS AT RESIDENTIAL SCHOOLS AND COLLEGES FROM THE DEPARTMENT OF PUBLIC HEALTH WHICH WILL EXPLAIN THE REQUIREMENT AND WAIVER PROCESS.**

If proof of immunization for a measles, mumps &/or rubella is not available a blood **Titer** showing immunity will be accepted.

**Measles Titer Drawn: Month/yr.: \_\_\_\_\_ Check result: Positive \_\_\_\_\_ Negative \_\_\_\_\_**

**Mumps Titer Drawn: Month/yr.: \_\_\_\_\_ Check result: Positive \_\_\_\_\_ Negative \_\_\_\_\_**

**Rubella Titer Drawn: Month/yr.: \_\_\_\_\_ Check result: Positive \_\_\_\_\_ Negative \_\_\_\_\_**

Health Care Provider's Signature: \_\_\_\_\_

**YOU MUST ALSO COMPLETE THE REVERSE SIDE – TUBERCULOSIS QUESTIONNAIRE**

If immunizations or blood titers are not available through your private physician you may arrange to have them given at Health Services by calling (617)552-3225 and scheduling an appointment.

**PLEASE ANSWER ALL OF THE TB RISK QUESTIONS.  
IF YOU ANSWER "YES" TO ONE OR MORE OF THE QUESTIONS,  
YOU MUST SUBMIT DOCUMENTATION OF A RECENT (WITHIN THE PAST YEAR) PPD TEST.**

**To answer the following questions, please refer to the list below which details the list of countries that have high rates of TB.**

Afghanistan	Chad	Guinea	Macao SAR	Nigeria	Sri Lanka
Angola	China	Guinea-Biss	Macedonia	Niue	Sudan
Armenia	Columbia	Guyana	Madagascar	N. Mariana Is.	Suriname
Azerbaijan	Comoros	Haiti	Malawi	Pakistan	Swaziland
Bahamas	Congo	Herzegovina	Malaysia	Palau	Syrian A.R.
Bahrain	Congo, DR	Honduras	Maldives	Panama	Tajikistan
Bangladesh	Cote d'Ivoire	HongKongSAR	Mali	Papua N.G.	Tanzania UR
Belarus	Croatia	India	Marshall Is.	Paraguay	Thailand
Benin	Djibouti	Indonesia	Mauritania	Peru	Togo
Bhutan	Domin. Rep.	Iran	Mauritius	Philippines	Tokelau
Bolivia	Ecuador	Kazakhstan	Micronesia	Portugal	Turkmenistan
Bosnia	ElSalvador	Kenya	Moldova Rep	Principe	Uganda
Botswana	Equ. Guinea	Kiribati	Mongolia	Romania	Ukraine
Brazil	Eritrea	Korea,DPR	Morocco	Russian Fed.	Uzbekistan
Brunel Dar.	Estonia	Korea Rep.	Mozambique	Rwanda	Vanuata
Burkina Faso	Ethiopia	Kyrgyzstan	Myanmar	Sao Tome	Vietnam
Burundi	Gabon	Lao PDR	Namibia	Senegal	Yemen
Cambodia	Georgia	Latvia	Nepal	Sierra Leone	Zambia
Cameroon	Ghana	Lesotho	N. Caledonia	Solomon Is.	Zimbabwe
Cape Verde	Guam	Liberia	Nicaragua	Somalia	
Cen. Afr. Rep.	Guatemala	Lithuania	Niger	So. Africa	

**Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone # that we can contact you at:** \_\_\_\_\_

- To the best of your knowledge have you had close contact with anyone who was sick with tuberculosis?  
YES ( ) NO ( )
- Were you born in one of the countries on the above list?  
YES ( ) NO ( )
- Have you traveled or lived for more than one month in any of the countries on the above list?  
YES ( ) NO ( )

**If you have answered YES to any of the above questions you need to provide documentation of a recent PPD test (within the past year).**

PPD Test Date: \_\_\_\_\_ Results: Positive ( ) Negative ( )

**If the PPD Test is POSITIVE you will need to obtain a Chest X-Ray and complete the following information:**

Chest X-Ray Date: \_\_\_\_\_ Results: Positive ( ) Negative ( )

Were you counseled on TB medication? Yes ( ) No ( )

Are you currently taking TB medication? Yes ( ) No ( ) If Yes, have you completed the full course of TB medication? Yes ( ) No ( )

Did you decline TB medication? Yes ( ) No ( )



## Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Legislation has been enacted in Massachusetts requiring all new students at residential schools (e.g., boarding schools) with grades 9-12 and postsecondary institutions (e.g., colleges) that provide or license housing to:

1. receive meningococcal vaccine prior to the beginning of classes; or
2. fall within one of the exemptions in the law, which are discussed below.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

### ***What is meningococcal disease?***

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. In the United States, about 2,600 people each year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

### ***How is meningococcal disease spread?***

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sneezing, coughing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected.

### ***Who is at most risk for getting meningococcal disease?***

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called "terminal complement component deficiency" are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

### ***Are some students in college and secondary schools at risk for meningococcal disease?***

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

### ***Is there a vaccine against meningococcal disease?***

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. In January 2005, a new type of meningococcal vaccine was licensed, called meningococcal conjugate vaccine, and is currently only approved for use in those 11- 55 years of age. Both types of meningococcal vaccines are acceptable for college students and residential school students 11 years of age and older. For those younger than 11 years of age, meningococcal polysaccharide vaccine is the only licensed vaccine.

Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in the vaccine. Protection from immunization with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

**(See reverse side)**

**Is the meningococcal vaccine safe?**

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. Getting meningococcal vaccine is much safer than getting the disease. 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. The vaccine can be given to pregnant women.

**Is it mandatory for students to receive meningococcal vaccine prior to entering secondary schools or colleges that provide or license housing?**

Massachusetts law (MGL Ch. 76, s.15D)) requires new students at residential schools (e.g., boarding schools) with grades 9-12 and new full- and part-time, undergraduate and graduate students in degree-granting programs at postsecondary institutions (e.g., colleges) that provide or license housing to receive meningococcal vaccine. At affected institutions, the new requirements apply to all new students, regardless of grade (including grades pre-K through 8), year of study, and whether or not they reside in school- or campus-related housing. Beginning in August 2005, all new students at these institutions must provide documentation of having received meningococcal vaccine (within the last 5 years) at least 2 weeks prior to the beginning of classes, unless they qualify for one of the exemptions allowed by the law.

Students may begin classes *without* a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Consideration is being given to amending the law regarding the students to be covered by the requirement. When and if the law is amended, regulations regarding meningococcal vaccination may change.

**Where can a student get vaccinated?**

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

**Where can I get more information?**

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or [www.mass.gov/dph](http://www.mass.gov/dph)
- Your local health department (listed in the phone book under government)

**Waiver for Meningococcal Vaccination Requirement**

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires students enrolled at secondary schools, colleges and universities that provide or license housing to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student or parent/legal guardian, if student is under 18 years of age)

Provided by:  
Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800