Meningococcal Disease Information Sheet
for College Students and their Parents

What is Meningococcal disease?
Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets Meningococcal disease?
Anyone can get Meningococcal disease, but it is more common in infants and children. College students as a group are at lower risk of Meningococcal infection than young adults who are not in college. However, for some students, such as freshmen living in dormitories, there is an increased risk of Meningococcal disease. Between 100 and 125 cases of Meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the Meningococcus germ spread?
The Meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?
High fever, headache, vomiting, stiff neck and a rash are symptoms of Meningococcal disease. Among people who develop Meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur. Others recover completely.

How soon do the symptoms appear?
The symptoms may appear two to ten days after exposure, but usually within five days.

What is the treatment for Meningococcal disease?
Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with Meningococcal disease.

Is there a vaccine to prevent Meningococcal meningitis?
YES, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing infection with four kinds of bacteria (serogroups A,C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with many vaccines, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about Meningococcal disease and vaccination?
Contact your family physician or University Health Service. Additional information is also available on the websites of University Health Service, www.rochester.edu/uhs; the New York State Department of Health, www.health.state.ny.us; the Centers of Disease Control and Prevention, www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm and the American College Health Association, www.acha.org.

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1. **RISK OF USING E-MAIL**
   Transmitting patient information by E-mail has a number of risks that patients should consider. These include, but are not limited to, the following:
   a) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
   b) E-mail senders can easily misaddress an E-mail.
   c) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
   d) Employers and online services have a right to inspect E-mail transmitted through their systems.
   e) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
   f) E-mail can be used to introduce viruses into computer systems.

2. **CONDITIONS FOR THE USE OF E-MAIL**
   The Provider cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Patient and Provider must consent to the following conditions:
   a) E-mail is not appropriate for urgent or emergency situations. The Provider cannot guarantee that any particular E-mail will be read or responded to.
   b) E-mail must be concise. The Patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
   c) E-mail communications between patient and provider will be filed in the Patient’s permanent medical record.
   d) The Patient’s messages may be delegated to another provider or staff member for response. Office staff may also receive and read or respond to patient messages.
   e) The Provider will not forward patient-identifiable E-mails outside of the University system without the Patient’s prior written consent, except as authorized or required by law.
   f) The Patient should not use E-mail for communication regarding sensitive medical or financial information.
   g) It is the Patient’s responsibility to follow up and/or schedule an appointment if warranted.
   h) Recommended uses of patient-to-provider e-mail should be limited to:
      a. Appointment requests
      b. Prescription refills
      c. Requests for information
      d. Non-urgent health care questions
      e. Updates to information or exchange of non-critical information such as routine laboratory values, immunizations, insurance changes, financial eligibility information, etc.

3. **INSTRUCTIONS** To communicate by E-mail, the Patient shall:
   a) Avoid use of his/her employer’s computer.
   b) Put the Patient’s name in the body of the E-mail.
   c) Put the topic (e.g., medical question, billing question) in the subject line.
   d) Inform the Provider of changes in the Patient’s E-mail address.
   e) Take precautions to preserve the confidentiality of E-mail and any attached documents.
   f) Contact the Provider’s office via conventional communication methods (phone, fax, etc.) if the patient does not receive a reply within a reasonable period of time.

4. **PATIENT ACKNOWLEDGMENT AND AGREEMENT**
   In addition to filling in the designated oval, the student’s signature on page two of the Health History Form acknowledges reading and full understanding of the information provided here. The student acknowledges understanding the benefits and risks associated with communication of patient-specific health information by e-mail. The student agrees to the conditions and instructions outlined here, as well as any other instructions that the UHS provider may impose in the future related to e-mail communication.
   Students with questions or concerns about this process should e-mail hhf@uhs.rochester.edu