The meningitis vaccination certification must be submitted to Health & Wellness at least 15 days prior to a student’s earliest participation in campus activities (i.e. Monty Days for freshman, residence hall check-in, early athletic practices, first day of classes, etc.). The current vaccine for meningitis protects against four types of meningococcal disease.

Students and faculty should be knowledgeable of signs and symptoms of meningitis. If two or more of the symptoms occur at one time it should be reported to the Health & Wellness Center and the student should seek medical care immediately. Early diagnosis and treatment is critical for recovery of the patient. If meningitis is suspected, it is important to know the specific cause because the severity of the illness and treatment will differ depending on the cause. Your physician may run tests to determine the specific cause. Tests may include blood work and a spinal tap to test the spinal fluid.

Symptoms:

- High fever
- Neck stiffness
- Severe headache
- Nausea or vomiting
- Rash
- Lethargy
- Altered mental status or confusion
- Photophobia or light sensitivity

Meningitis most commonly occurs in infants, young adults ages 15 to 24 years old, and elderly adults, or immune-compromised people. The severity could be mild to life threatening and usually depends on the health condition and organism causing the infection.

There are different types of meningitis. Meningitis is most commonly caused by a virus or bacteria, and more rarely may be caused by organisms such as fungi or parasites, or a reaction to medication. Other causes of meningitis include complications of illness, an injury, or brain surgery complications could also be causes of meningitis. Meningitis is an infection of the covering of the brain and spinal cord and sometimes the cerebral spinal fluid. The infection could cause swelling of brain tissue and spinal tissue reducing the blood flow and oxygen to the cells. Death could occur in a perfectly well person within 8 to 24 hours of contracting the illness. Other possible consequences could be coma, brain damage, kidney failure, learning disabilities, hearing loss, blindness, gangrene, convulsions, or limb damage.
Bacterial meningitis is usually severe and can cause serious complications.

**Causes:** Most common causes for bacterial meningitis in adolescents and young adults are Neisseria meningitides and Streptococcus pneumonia. Bacterial meningitis most commonly occurs the same time as flu season during late winter to early spring. College students living in dorms, anyone exposed by close contact, anyone with weak immune system with upper respiratory infection, and persons traveling to endemic areas are at greater risk of contracting bacterial meningitis.

**Transmission:** Healthy people can carry the bacteria in their nose or throat but most never become sick. The bacteria are spread through saliva or exchange of respiratory and throat secretions. The bacteria is not transmitted through casual contact, but living in crowded situations or close living quarters increase the risk of contracting it. Direct contact includes kissing or sharing cigarettes, drinking containers, eating utensils, or food. The infected person is contagious until the germ is no longer present in the discharges from the nose and throat. Symptoms typically develop within 3 to 7 days after exposure but can appear quickly or over several days.

**Treatment:** Most cases of bacterial meningitis can be treated with antibiotics. It is recommended that only people in close contact of the infected person, such as household members, intimate partners, and healthcare personnel that performed mouth to mouth resuscitation be treated with preventative antibiotics. Casual contact in a regular classroom or office usually does not indicate a need for preventative antibiotic, but if you think you have been exposed to meningitis, you should contact your local health department to discuss if an antibiotic is needed.

**Prevention:** New Meningococcal Vaccine State Law as of January 1, 2012:

All *entering students* 29 or younger must have received the meningococcal vaccination within the past five years and

- 10 days prior to moving onto campus
- 10 days prior to the first day of classes or participation in University activities (athletics, etc.)

**Evidence of vaccination must be submitted by one of the following formats:**

1. A document bearing the signature or stamp of the physician or his/her designee, or public health personnel (must include the month, day, and year the vaccination was administered).
2. An official immunization record generated from a state or local health authority (must include the month, day, and year the vaccination was administered).

3. An official record received from school officials, including a record from another state (must include the month, day, and year the vaccination was administered).

**How to submit an affidavit to decline the vaccination.**

1. An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician’s opinion, the vaccination required would be injurious to the health and well-being of the student.

2. An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services must be used and can be requested at https://webds.dshs.state.tx.us/immco/affidavit.shtml

*By definition, “entering students” includes all students new to Schreiner University and includes those students who have had a break in enrollment of at least one fall or spring semester from any college or university including as a student at Schreiner University.

**The meningitis vaccination certification must be submitted to Health & Wellness at least 15 days prior to a student’s earliest participation in campus activities (i.e. Monty Days for freshman, residence hall check-in, early athletic practices, first day of classes, etc.). The current vaccine for meningitis protects against four types of meningococcal disease.**

An administrative hold will be placed on the student’s account and the student will not be allowed to attend class unless documentation of vaccine is received or a notarized waiver is approved.

**Viral Meningitis** is usually less severe and resolves without any specific treatment.

**Causes:** Enteroviruses are the most common cause of viral meningitis especially during the summer and fall months. Other viral infections that can lead to meningitis include mumps, herpesvirus, measles, influenza, arboviruses spread through mosquitoes and other insects, and lymphocytic choriomeningitis virus spread by rodents. The vaccine does not protect against all types of disease that may make people ill.
Transmission: People exposed to viral meningitis are at increased risk of developing the virus that made the infected person sick, but only has a small chance of developing meningitis as a complication to the illness.

Treatment: Viral meningitis does not have a specific treatment and antibiotics do not help. Usually patients completely recover with home treatment within 7 to 10 days, and only more severe cases with weak immune systems require hospitalization.

Prevention: There is not a vaccine for viral meningitis. The best prevention is to prevent viral illnesses that may lead to meningitis such as thorough hand washing, cleaning contaminated surfaces, avoiding kissing, eating or drinking after an ill person, vaccination against MMR and Varicella, protection from mosquito bites, and controlling rodent infestations.

Parasitic, Fungal, and Non-Infectious meningitis are not spread from person to person and are rare.

Parasitic meningitis occurs when a parasite enters the body through the nose while swimming in warm freshwater places and causes a fatal brain infection destroying brain tissue. Naegleria fowleri is the microscopic ameba that causes primary amebic meningoencephalitis (PAM). There are several drugs tested in the laboratory that are effective against Naegleria fowleri, but almost all infections are fatal when treated.

People with an immunodeficiency or immunosuppression (such as Aids, leukemia, diabetes) are at higher risk of getting fungal meningitis by inhaling fungal spores from the environment. A long course of a high dose antifungal medication is the treatment for fungal meningitis.

Non-infectious meningitis can be caused by cancers, systemic lupus erythematosus, certain drugs, and brain surgery.