Dear New Student,

Congratulations on your acceptance to the University of San Diego. The University is committed to protecting the health and well-being of all our students. To achieve that goal, we require students to have the following immunizations: MMR and varicella. Additionally, based on your answers to your tuberculosis screening questionnaire, you will need further TB risk assessment done by your health care provider. We also require that students read the provided information on meningococcal disease and notify us whether or not they have chosen to be vaccinated against this illness.

Meningococcal disease is very rare, but can cause serious, life threatening illness. It sometimes occurs in small outbreaks, generally among groups in close settings such as a college dormitory. Students who will live on campus should seriously consider the advantages of vaccination with Menactra®, Menomune® or Menveo® (the vaccines that cover the 4 most common strains of meningococcal disease). For more information about meningococcal vaccines, please see the meningococcal information located below and discuss with your health care provider.

Other immunizations, including up to date tetanus/pertussis, hepatitis A, hepatitis B, and Gardisil (HPV) vaccines are NOT REQUIRED for registration, but are recommended.

The deadline for submission of all information is July 1st; however, exceptions will be made for late admissions. There is a registration hold in place until a completed form is received. Additionally any required tuberculosis testing you may need must be completed prior to moving into the residence halls.

Please send the form, completed and signed by a health care provider, to the Student Health Center at the address on the form or via scanned document to http://www.sandiego.edu/healthcenter/immunizations/.

If you or your healthcare provider has questions, please contact any of the Student Health Center staff at 619-260-4595.

Kimberly Woodruff, MD, MPH
Supervising Physician, Student Health Center
Meningococcal Vaccines

How many people get the disease? Who is likely to get it?
Meningococcal disease is a rare but serious disease. An estimated 1,000 people get meningococcal disease each year in the U.S., with 130 to 200 of them in California. After infancy, older adolescents and young adults have the highest rate of meningococcal disease. Students under age 21 living in dorms are particularly at risk.

How serious is it?
Even if treated, 10—12% of people who get meningococcal disease will die from it. Of the survivors, 11—19% lose their arms or legs, become deaf or brain damaged, or suffer other complications.

How are Meningococcal bacteria spread?
The bacteria are spread from person to person through air droplets. Close contact such as kissing, coughing, smoking, and living in crowded conditions (like dorms) can increase your risk of getting the disease. Overall, 5—10% of the U.S. population has the meningococcal bacteria in their throat, but only a few of them get sick. No one knows why some people get sick and others don’t.

How can I protect myself?
You can protect yourself by:
- Not sharing items that have touched someone else’s mouth, such as cups, bottles, cigarettes, lip balm, and eating utensils;
- Not smoking; and
- Getting the meningococcal conjugate vaccine. The Centers for Disease Control and Prevention (CDC) recommends one dose at age 11 or 12 and a booster at age 16. If you missed your shot after turning 16, get it now.

What strains are covered by the meningococcal vaccine?
Meningococcal vaccine (Menactra®, Menomune® or Menveo®) is at least 85% effective at preventing meningococcal disease caused by strains A,C,Y, and W-135. These strains account for 4 of the 5 most common strains of meningococcal disease. The other strain is serotype B, and in 2014-2015 there were outbreaks on multiple college campuses caused by this strain. An additional vaccine (Bexsero® or Trumenba®) that covers this strain was recently approved by the FDA, but is only recommended for high risk individuals or in known outbreaks (http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html). Please discuss the need for this new vaccine with your health care provider.

For more information:
Centers for Disease Control and Prevention: www.cdc.gov/vaccines
American College Health Association: www.acha.org
IMMUNIZATION AND TB VERIFICATION FORM – Fall 2016-Spring 2017

Name ___________________________________________________________________ Student ID# ____________________________
(Last)    (First)
Date of Birth ___/___/___     Student’s phone ____________________  Student’s Email ____________________

□ Male  □ Female  □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Graduate  □ Law  □ ELA  □ Paralgl  □ On-Campus  □ Off-Campus

TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY

PART 1: TUBERCULOSIS TESTING

This patient has indicated a history of a positive ppd or quantiferon on a tuberculosis screening questionnaire.

When was the previous positive tuberculosis skin test or quantiferon blood test?   Estimate Date:  ____ /____/___

Does the patient have any of the following symptoms of active tuberculosis: cough for > 3 weeks, night sweats, unintentional weight loss, unusual fatigue, or fevers/chills?  ___ Yes  ____ No

A current Chest X-Ray is required IF:
The positive ppd/quantiferon was within the last 2 years as most individuals get active tuberculosis within 2 years of conversion.

OR

The patient has signs or symptoms of active tuberculosis as above.

CXR result: _____normal  _____abnormal  Date obtained ___/___/___

_____ No CXR warranted

PART 2: REQUIRED IMMUNIZATIONS

M.M.R.:  1st Dose: ____/____/____  2nd Dose: ____/____/____, OR positive titer: ____/____/____

VARICELLA (Chicken Pox): Year of disease: _______, OR 1st Dose: ____/____/____  2nd Dose: ____/____/____

OR a positive titer: ____/____/____

MENINGOCOCCAL (Menactra, Menomune or Menveo): Dose after age 16. Date: ____/____/____

OR student can sign this waiver: I have read the information on meningococcal vaccine and understand the risks of the illness and the benefits of the vaccine. I am choosing at this time not to be vaccinated for meningococcal disease.

Student’s Signature: __________________________________________

PART 3: OPTIONAL VACCINATIONS RECEIVED:

Last Tetanus Booster: ____/____/____  Last Pertussis Booster: ____/____/____

HEPATITIS B: 1st Dose: ____/____/____  2nd Dose: ____/____/____  3rd Dose: ____/____/____

HEPATITIS A: 1st Dose: ____/____/____  2nd Dose: ____/____/____

HPV: 1st Dose: ____/____/____  2nd Dose: ____/____/____  3rd Dose: ____/____/____

Name of Provider ______________________ Date ______________________

Signature of Provider ______________________ License Number ______________________

MAIL TO:  USD STUDENT HEALTH CENTER, 5998 Alcalá Park, Maher 140, San Diego, CA 92110-2492
Or scan and upload at http://www.sandiego.edu/healthcenter/immunizations/

(rev 3/1/16)