

To: Parent(s)/Guardians of HLA students
Re: Immunizations

This letter is to inform you of the required paper work needed for your student to attend school this fall at Hillcrest Lutheran Academy. In accordance with the School Immunization Law (Minnesota Statutes, Section 121A.15), students may not enroll or remain enrolled in school without having provided either documentation of immunizations against certain vaccine-preventable diseases or appropriate medical or conscientious exemptions. With the exception of transfer students, all students are expected to be in compliance on **the first day of residency at HLA or their first day of school whichever comes first**. Transfer students are allowed 30 days to hand in the needed immunization paperwork.

If you are choosing not to immunize your student for one of the listed reasons above, please fill out the appropriate area on the Pupil Immunization Record.

Minnesota law also requires that all public and private universities and colleges provide information on the risk of meningococcal disease and the availability of a vaccine to all enrollees who live in on-campus student housing from their health care provider. Since Hillcrest Lutheran Academy has such a living situation you will find attached the vaccine information sheet on meningococcal disease. Anyone can get meningococcal disease, but those students living in dorms are at increased risk and should seriously consider getting immunized.

The required form needed is available on our website at www.fhillcrest.org or at the HLA main office.

If you have any questions please feel free to email me at:
rgolden@fhillcrest.org

Sincerely,

A handwritten signature in black ink, appearing to read 'Robin Golden', written in a cursive style.

Robin Golden, RN
School Health Services
Hillcrest Lutheran Academy
Fergus Falls, MN

Are Your Kids Ready for School?

Minnesota's School Immunization Law

Directions:

- Find the child's age/grade level and read across to the right.
- Look to see whether the child had the number of shots shown by the checkmark(s) under each vaccine.

Note: Each row is meant to be read separately, so don't add up the columns of checkmarks under each vaccine.

Example: A preschooler needs 4 DTaP, then to enter kindergarten he or she needs 1 more DTaP, for a total of 5 (not 9).

| | Hep B hepatitis B | DTaP/Td/Tdap diphtheria, tetanus, pertussis (whooping cough) | Polio | MMR measles, mumps, rubella | Hib <i>Haemophilus influenzae</i> type b | Varicella* (chickenpox) |
|---|--|--|---|--|---|-----------------------------------|
| Preschool (age 3-5) | | ✓✓✓✓ | ✓✓✓ | ✓ | At least **** ✓ | ✓ |
| Kindergarten | ✓✓✓ | ✓✓✓✓✓ 5 th shot not needed if 4 th was after age 4 | ✓✓✓✓ 4 th polio not needed if 3 rd was after age 4 | ✓✓ | | ✓✓ |
| Age 7 through 6th grade | | At least ✓✓✓ | At least ✓✓✓ | ✓ | | |
| 7th through 12th grade | ✓✓✓✓ 7 th grade only*** | At least ✓✓✓ Plus one more shot at age 11-12 years** | At least ✓✓✓ | ✓✓ | | ✓✓ 7 th grade only |

* Varicella shot(s) not required if a child's doctor signs a form saying the child has already had chickenpox disease.

** If a child received a Td at age 7-10 years they do not necessarily need another one at age 11-12. However, they must receive another shot of Td or Tdap 10 years after their last one.

*** An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.

**** The Hib requirement is temporarily suspended due to a vaccine shortage.

To go to school in Minnesota, students must show they've had these immunizations or file a legal exemption with the school.

Parents may file a medical exemption signed by a healthcare provider or a conscientious objection signed by a parent/guardian and notarized.

Other immunizations recommended for school kids, but not required by the School Immunization Law:

- Influenza (flu) – each year for children age 6 months through 18 years – especially those with risk factors like asthma and diabetes.
- Meningococcal for age 11-18.
- Human papillomavirus (HPV) for girls age 11-18.

MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of **bacterial meningitis** in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age.

This dose is normally given during the routine pre-adolescent immunization visit (at 11-12 years). But those who did not get the vaccine during this visit should get it at the earliest opportunity.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups. MPSV4 can be used if MCV4 is not available and for adults over 55.

How Many Doses?

People 2 years of age and older should get 1 dose. Sometimes a second dose is recommended for people who remain at high risk. Ask your provider.

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

4 Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your provider if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their provider before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

5 What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A serious nervous system disorder called **Guillain-Barré Syndrome** (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has had a rare serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC's National Immunization Program website at www.cdc.gov/vaccines
 - Visit CDC's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers' Health website at wwwn.cdc.gov/travel

