



Dear Harvard Student,

On behalf of Harvard University Health Services, welcome to Harvard!

As a student, you must meet Massachusetts' immunization requirements. **Non-submission and/or missing required immunizations will place a hold on your account and you will not be able to register for classes.**

We understand that this process can feel overwhelming, so we've outlined the steps you need to take to ensure that your immunization records are submitted to us in a seamless and timely fashion. Please see below for detailed instructions and additional information.

### **INSTRUCTIONS TO DOWNLOAD AND PRINT IMMUNIZATION FORMS**

**Step 1:** Visit <https://huhs.harvard.edu/health-forms-topics/forms>, find your school, and click the pdf link provided.

**Step 2:** Upload completed forms on the HUHS patient portal at <https://huhs.harvard.edu/patient-portal> once your Harvard Key is available, and enter dates for all required immunizations (see page 2 for actions to be taken).

Uploading the forms and entering the dates is the preferred method; however, if you are unable to upload your forms to the portal, you may submit via mail or fax (please select only **ONE** way):

**Mail:** Harvard University Health Services  
Law School Clinic – Pound Hall  
1563 Massachusetts Avenue, Cambridge, MA 02138  
**Fax:** (617) 495-8090

### **SUBMISSION DEADLINES**

**Fall term matriculation:** June 14, 2019

**Spring term matriculation:** January 6, 2020

Please note, immunization verification processing can take a minimum of 2 weeks to process. Log into the [patient portal](#) to check the status of your submission.

### **WHERE TO GET YOUR IMMUNIZATIONS**

Many private health plans cover the cost of immunizations, so it's recommended that you receive your required immunizations before you arrive at Harvard. If you are unable to obtain these prior to your arrival on campus, you may arrange to get immunizations at various locations in the area, including Harvard University Health Services (HUHS). Please note that your health plan may not cover immunizations you receive at HUHS, in which case you will be responsible for the cost of the immunizations.

### **ADDITIONAL QUESTIONS?**

For general immunization questions, please contact HUHS Law School Clinic at [lawschoolhealthservices@huhs.harvard.edu](mailto:lawschoolhealthservices@huhs.harvard.edu) or (617) 495-4414.

Wishing you the best of health,

Paul J. Barreira, M.D.  
Director, Harvard University Health Services  
Henry K. Oliver Professor of Hygiene



**Student Immunization Forms – 2019-2020**

**Included in this packet are the following forms:**

<b>Form</b>	<b>Action</b>
1. Immunization History/ Health Care Provider's Report	To be completed and signed by your doctor. Upon completion, upload signed document and enter your immunization dates into the patient portal.
2. Tuberculosis screening	To be completed and signed by your doctor. Upon completion, upload signed document to the patient portal.
3. Medical history	To be entered by the student in the patient portal.
4. Personal information	
5. Meningococcal Fact Sheet & Waiver	Informational. Waiver to be completed, if applicable.
6. MIIS Information Sheet	Informational only. To be read.

*Please note, immunization verification processing can take a minimum of 2 weeks to process.  
Log into the patient portal at <https://huhs.harvard.edu/patient-portal> to check the status of your  
submission.*

Harvard University Health Services  
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 1563 Massachusetts Avenue, Cambridge, MA 02138  
 (617) 495-4414

**IMMUNIZATION HISTORY**  
**School – HLS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Last, First

The Commonwealth of Massachusetts and Harvard University require full-time students and all students on a visa to be immunized against certain communicable diseases. All dates must include month, day, and year. To comply, have this form completed and signed by your health care provider and submitted to the above address or via fax at (617) 495-8090 as soon as possible and no later than June 14, 2019.

Required Vaccine	Dates Given	Harvard and Massachusetts State Requirements
<b>Measles-Mumps-Rubella (MMR)</b> If administered separately or positive titers obtained record below	#1 ___/___/___ #2 ___/___/___ month day year month day year	Two immunizations on or after the first birthday, at least 30 days apart in 1967 or later
Measles (Rubeola)	Positive Titer Date: ___/___/___ OR Date Given #1: ___/___/___ #2 ___/___/___ month day year month day year	Positive titer or two doses
Mumps	Positive Titer Date: ___/___/___ OR Date Given #1: ___/___/___ #2 ___/___/___ month day year month day year	Positive titer or two doses
Rubella (German Measles)	Positive Titer Date: ___/___/___ OR Date Given #1: ___/___/___ #2 ___/___/___ month day year month day year	Positive titer or two doses
<b>Tetanus/Diphtheria/Pertussis (Tdap)</b>	___/___/___ month day year	One dose of Tdap After 1/1/2010 (Harvard requirement)
<b>Hepatitis B</b> Series of 3 immunizations – a positive Serological test for immunity is acceptable in lieu of immunization	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ month day year month day year month day year  OR Positive Titer Date: ___/___/___ If Twinrix check here [ ] month day year	Massachusetts Approved Schedule for Hepatitis B administration: Dose #1 any age Dose #2 30 days after dose #1 Dose #3 Six months after dose #1
<b>Varicella Vaccination</b> A positive Serological test for immunity is acceptable in lieu of immunization.	#1 ___/___/___ #2 ___/___/___ OR If born in the USA month day year month day year before 1980 may OR Positive Titer Date: ___/___/___ waive by initialing month day year here: _____	Massachusetts approved schedule for Varicella administration: two doses on or after the first birthday, at least 30 days apart, after 3/1/1995
OR History of Chickenpox	Age: _____ or Date of Disease: ___/___/___	
<b>Meningococcal</b>	___/___/___ OR May waive if not a Harvard Undergrad month day year by signing and submitting waiver form provided.	One dose administered within the last 5 years after 6/1/2014
<b>Strongly Recommended:</b>	<b>Date(s) Given:</b>	<b>Mass State Recommends:</b>
<b>TB Skin Test:</b> circle result	<b>Date:</b> mm <b>Negative</b> <b>Positive</b>	Baseline history.
<b>Gardasil (HPV)</b>		3 doses over 6 months.
<b>Travel-Related</b>		
<b>Polio (most recent dose):</b>		Booster dose of injected polio vaccine following completion of primary series
<b>Yellow Fever:</b>		Repeat vaccination every 10 years
<b>Typhoid:</b> circle type	<b>Oral:</b> <b>IM:</b>	Repeat series every: 5 years-Oral, 3 years IM
<b>Hepatitis A:</b>		2 doses. Dose #2, 6 months after dose #1

X \_\_\_\_\_  
 Signature of physician/nurse practitioner/physician assistant/school official Date

The only circumstances under which a student may be exempted from the Massachusetts Immunization Law are as follows:  
 °Certification in writing by an examining health care provider who is of the opinion that the student’s physical condition is such that his/her health would be endangered by one or more of the immunizations. The student will be required to submit laboratory evidence of immunity to measles, mumps and rubella; if not immune he/she will have to leave campus in the event of an outbreak; OR  
 °The student states in writing that the required immunizations would conflict with his/her religious beliefs. It is recommended that he/she present evidence of immunity, as above. Otherwise he/she will have to leave campus in the event of an outbreak.  
 Student to complete [Student Vaccine Exemption form](#). The Massachusetts Department of Public Health requires the waiver to be renewed annually.

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**HEALTH CARE PROVIDER'S REPORT**  
**School – HLS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last, First

The above named student has been admitted to Harvard University. While in attendance at Harvard, he/she may be eligible for and receive health care services at Harvard University Health Services (HUHS). It will be extremely helpful for HUHS to have knowledge of his/her current and past medical history. **In addition, his/her Immunization history must be up to date as defined by Massachusetts law. Any questions regarding the law may be addressed to (617) 495-4414. Please complete, sign and submit to the above address no later than June 14, 2019.**

1. Date of Physical Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (must be within 12 months prior to registration).
2. Has he/she suffered any major illnesses or injury in the past of which we should be aware?
3. Is he/she currently under treatment? Please include the names and contact numbers for any outside health providers with whom we may need to consult.
4. Abnormal laboratory, radiology, physical findings (e.g. Pap smear, mammogram, heart murmur)?
5. Emotional issues (e.g. depression, eating disorder)?
6. Any contraindication to contact or non-contact sports?
7. What recommendations do you have for his/her medical supervision? We would appreciate your sending any reports that would help us care for the patient needing continuing care or monitoring.

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Phone number of practice

\_\_\_\_\_  
Date

Complete sections A and B. If you answer yes to any questions, please have your health care provider complete section C.  
Form must be signed and returned to above address by June 14, 2019.

Name (please print): \_\_\_\_\_ Harvard ID#: \_\_\_\_\_  
Last First MI

Country of Birth: \_\_\_\_\_ Year arrived in US: \_\_\_\_\_

**SECTION A: History of Tuberculosis (TB)?**

1. Have you ever been sick with tuberculosis? YES  NO   
2. Have you ever had a positive PPD, TB Quantiferon test, or T-SPOT? YES  NO

**SECTION B: At Risk for Tuberculosis (TB)?**

1. Are you currently in a health-related academic program/major? YES  NO   
2. Were you born in, or have you lived, worked or visited for more than one month in any of the following:  
Asia, Africa, South America, Central America or Eastern Europe? YES  NO   
If yes, what country? \_\_\_\_\_ How long? \_\_\_\_\_  
Reason (please circle) Born there Tourist Work School Other \_\_\_\_\_  
3. Have you had HIV infection, AIDS, diabetes, leukemia, lymphoma or a chronic immune disorder? YES  NO   
4. Do any of the following conditions or situations apply to you?  
a) Do you have a persistent cough? (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? YES  NO   
b) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES  NO   
c) Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility? YES  NO

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If you answered no to all of the above questions, skip Section C, you are done.

***If you answered yes to any of the above questions, your health care provider must complete Section C below.***

**SECTION C: ATTENTION HEALTH CARE PROVIDER:** If patient answered YES to any of the above questions, proof of a PPD, QuantiFERON –TB Gold or T-SPOT is REQUIRED. If PPD results are 10mm or more, or QuantiFERON-TB Gold or T-SPOT are positive a chest x-ray is REQUIRED. Testing and/or chest x-ray must be done within one calendar year prior to admittance (unless history of positive PPD). If student has history of positive PPD, chest x-ray is required. History of BCG vaccination does not prevent testing of a member of a high risk group.

PPD: Date placed \_\_\_\_\_ Date read \_\_\_\_\_ # of mm induration \_\_\_\_\_

QuantiFERON-TB Gold or T-SPOT: Result Date \_\_\_\_\_ Result (attach lab report) \_\_\_\_\_

Date of chest x-ray \_\_\_\_\_ Result \_\_\_\_\_

If negative CXR and positive PPD, did student complete a course of INH? YES  NO   
If yes, when \_\_\_\_\_ (months & year) and for how many months did student take INH? \_\_\_\_\_ (# of months)

**PROVIDER INFORMATION REQUIRED**

\_\_\_\_\_  
Signature of health care provider Phone number of practice Date



## Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools

**Colleges:** Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16<sup>th</sup> birthday to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

**Residential Schools:** Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding schools) to receive a dose of quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

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. Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, or suffer seizures or strokes.

### 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, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

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

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease from some of the serogroups.

### 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 caused by some of the serotypes contained in the quadrivalent vaccine, 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, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

### Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16<sup>th</sup> birthday do not need a booster. Individuals in certain high risk groups may need to receive 1 or more of these vaccines based on their doctor's recommendations. Adolescents and young adults (16-23 years of age) who are not in high risk groups may be vaccinated with meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

### Is the meningococcal vaccine safe?

Yes. 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. A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.

### Is meningococcal vaccine mandatory for entry into secondary schools that provide housing, and colleges?

Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) requires both newly enrolled full-time students attending a secondary school (those schools with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., colleges) to receive a dose of quadrivalent meningococcal vaccine.

At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past, unless they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16<sup>th</sup> birthday, unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

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'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.

### 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 these vaccines. 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/imm](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (listed in the phone book under government)

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### 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 quadrivalent meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger 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: \_\_\_\_\_

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



# Meningococcal Disease

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## What is meningococcal disease?

Meningococcal disease occurs with infections due to the bacterium, *Neisseria meningitidis*. There are two major types of meningococcal disease: Meningococcal meningitis and meningococemia. Meningococcal meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord. Meningococemia is an infection of the blood and may also involve other parts of the body.

## What are *Neisseria meningitidis*?

*Neisseria meningitidis* are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be called “carriers.” Carriers only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness.

## How are the bacteria spread?

The bacteria are spread 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, sharing water bottles, sharing eating/drinking utensils, or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

## How is meningococcal disease diagnosed?

Persons showing signs and symptoms of illness are diagnosed by growing the bacteria from their spinal fluid (meningitis) or blood (meningococemia) in the laboratory. It may take up to 72 hours to have test results. Sometimes an earlier diagnosis can be made by looking at a person’s spinal fluid under a microscope. Often a preliminary diagnosis is made on the basis of signs and symptoms before laboratory results are available.

## What are the signs and symptoms of illness?

### **Meningococcal meningitis:**

Signs and symptoms of meningitis include sudden onset of high fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and being hard to wake up are important symptoms of this illness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual. Babies with meningitis will usually have a fever, but this is not a reliable sign of illness. Anyone who has these symptoms should be seen by a health care provider right away.

### **Meningococemia:**

Signs and symptoms of meningococemia include a sudden onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Anyone who has these symptoms should be seen by a health care provider right away.





## How are these illnesses treated?

Antibiotics are used to treat people with both meningococcal meningitis and meningococemia. People who have had close contact with the sick person any time during the two weeks before she/he became ill may also need to take antibiotics. Preventive treatment of all close contacts should be started as soon as possible but ideally within 24 hours of identifying the case.

## Why do close contacts of a sick person need to be treated?

Close contacts of a person who has meningococcal disease are treated with antibiotics because the disease-causing bacteria may be spread from the infected person to other people through contact with the saliva (spit) of the infected person. The antibiotics will kill the bacteria and prevent illness.

## Is there a vaccine to protect me from getting sick?

Yes, there are 3 different meningococcal vaccines.

- Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (subgroups), A, C, W, and Y, of meningococcal disease. It is recommended for all children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. It is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.
- Quadrivalent meningococcal polysaccharide vaccine (Menomune) also protects against 4 types (A, C, W, Y) of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. It is recommended for people with certain high-risk conditions 56 years of age and older.

If you have questions about whether or not you or your child should receive any of these vaccines, talk to your healthcare provider.



## Are students required to get meningococcal vaccine?

Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive a dose of quadrivalent meningococcal vaccine. These students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine. Immunizations should be obtained prior to enrollment or registration; however, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration. There is no requirement for meningococcal B vaccination. The law contains exemptions. More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges.*”

**MDPH strongly recommends two doses of quadrivalent meningococcal conjugate vaccine for all adolescents: a first dose at age 11 through 12 years, with a second dose at 16 years.** While not required, MDPH strongly recommends that anyone up to 21 years of age who is entering college receive a second dose of quadrivalent meningococcal conjugate vaccine if their first dose was received before their 16<sup>th</sup> birthday, particularly if they are new residential students. College students who do not live in campus-related housing and want to reduce their risk for meningococcal disease may also choose to be vaccinated, though it is not required. Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

## What should I do if I have had contact with a person who has meningococcal disease?

If you have had close contact with a person who has been diagnosed with meningococcal disease you should call your health care provider and get an antibiotic. If you have had contact with an ill person, but have not had close contact, you should be aware of the symptoms of illness and contact your health care provider right away if you have any of these symptoms.

## Are there times when I would not have to take antibiotics after close contact with a sick person with meningitis?

Yes. Meningitis can be caused by many different types of germs, including other bacteria and viruses. Only certain types of meningitis require treatment of the infected person’s close contacts. If you have questions about meningitis or your exposure to a sick person, contact your health care provider.

## 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 on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)





## What You Should Know About Sharing Your Immunization Information

Harvard University Health Services (HUHS) is required by law to participate in the Massachusetts Immunization Information System (MIIS). The MIIS immunization registry (M.G.L c. 111, Section 24M), is a confidential, electronic system that collects and stores vaccination records for Massachusetts residents of all ages. The immunization program is operated by the Massachusetts Department of Public Health and is designed to help you, along with your health care providers, schools, and childcare centers, to keep track of the vaccinations that you and/or your family members have received.

### **Why is the MIIS important?**

The schedule of vaccinations that you need to stay healthy and that are required for you becomes more complicated with every new vaccine introduced. Keeping all of your vaccine records in one place helps to make sure that you get the complete schedule of immunizations – no more and no less. The registry allows secure yet easy access to your immunization information for all other Massachusetts clinicians outside of HUHS in the event of a referral or emergency.

### **What information about me will be entered into the MIIS?**

All residents of Massachusetts, including Harvard University students, will have their vaccine information (both historical and newly given by HUHS clinicians), entered into the MIIS. Your name, address, gender, date of birth, and the health care provider's location will be entered to identify you within the MIIS. All the information given through the MIIS is secure and confidential.

### **What does it mean if I do not want to participate in the MIIS?**

By state law, your immunization information will be sent to the MIIS. Massachusetts' residents have the right to limit who may see their or their child's information in the MIIS. If you prefer that your or your child's immunization history **not** be shared with other healthcare providers who use the MIIS, you must complete the "MIIS Objection (or Withdrawal of Objection) Form" ([mass.gov/eohhs/docs/dph/cdc/immunization/miis-objection-form.pdf](http://mass.gov/eohhs/docs/dph/cdc/immunization/miis-objection-form.pdf)). If at any point you change your mind, you can fill out this same form to withdraw your objection and allow your information to be shared in the MIIS with other health care

### **For more information about this process at HUHS or to receive/submit the objection form, please contact:**

HUHS Health Information Services/Medical Records  
75 Mt. Auburn Street, 6<sup>th</sup> Floor  
Cambridge, MA 02138  
Phone: (617) 495-2055  
Fax: (617) 495-8077

### **For more information about the MIIS, visit:**

<http://www.mass.gov/eohhs/qov/departments/dph/programs/id/immunization/miis/public-health-cdc-miis-info-parents-and-patients.html>