HEPATITIS B VACCINE NOW REQUIRED

REQUIREMENT:
Vaccination against Hepatitis B disease is required for all incoming full-time students enrolled for the first time in a four-year, public institution of higher education in the Commonwealth of Virginia.

MANDATED BY:
The General Assembly of the State of Virginia law was approved, March 20, 2005 requires that all new incoming students be provided information about the risks of Hepatitis B infection and the availability and effectiveness of vaccine.

ABOUT THE DISEASE:
Hepatitis B is caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected. For example, HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, needles, or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Hepatitis B is not spread through food or water, sharing eating utensils, breastfeeding, hugging, kissing, coughing, sneezing or by casual contact.

ABOUT THE VACCINE:
The vaccine is 80% to 100% effective in preventing infection or clinical hepatitis in those who receive the complete course of vaccine.

FAILURE TO COMPLY:
Will result in inability to register for a second semester.

EXCEPTIONS:
The legislation does allow any student, or parent or legal representative of any student under age 18, to sign a written waiver stating that he or she has received and reviewed information on Hepatitis B including the availability and effectiveness of the Hepatitis B vaccine, and has chosen not to be vaccinated (Virginia State University assumes no liability for individuals electing not to be vaccinated).

Additional information can be obtained on the following websites:
Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/health/disease.htm (select Hepatitis B disease)
REQUIREMENT:
Vaccination against meningococcal disease is required for all incoming full-time students enrolled for the first time in a four-year, public institution of higher education in the Commonwealth of Virginia.

MANDATED BY:
The General Assembly of the State of Virginia law was approved, March 20, 2001 requires that all new incoming students be provided information about the risks of Meningococcal disease and the availability and effectiveness of vaccine.

ABOUT THE DISEASE:
Meningococcal disease is a bacterial infection commonly referred to as meningitis. Initial symptoms are flu-like and therefore, make diagnosis difficult. If not treated early, the disease can lead to brain damage, vital organ failure, permanent disability and even death. Although rare, cases of meningococcal disease among teens and young adults 15 to 24 years of age have more than doubled since 1991. Recent studies indicate that college students living in dormitories, particularly freshmen dormitory residents are at increase risk of infection. An estimated 100 to 125 cases of meningococcal disease occur on college campuses each year and of those students infected, as many as 15 may die.

ABOUT THE VACCINE:
The meningococcal vaccine is considered safe and is well tolerated with the most common side effect being soreness at the injection site. It provides protection against four of the five strains of the bacteria that cause meningococcal disease (strains A, C, Y, and W-135) for approximately 3 to 5 years. It is estimated that vaccination would prevent approximately two thirds of all cases of meningococcal disease in college students and up to 88% of deaths. (Note: The Haemophilus influenza type b (Hib) vaccine given to infants and young children is often referred to as a "meningitis vaccine" but, it does not protect against meningococcal disease and does not meet the vaccination requirement.)

FAILURE TO COMPLY:
Will result in inability to register for a second semester.

EXCEPTIONS:
The legislation does allow any student, or parent or legal representative of any student under age 18, to sign a written waiver stating that he or she has received and reviewed information on meningococcal disease including the availability and effectiveness of the meningococcal vaccine, and has chosen not to be vaccinated (Virginia State University assumes no liability for individuals electing not to be vaccinated).

Additional information can be obtained on the following websites:
Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/health/disease.htm (select meningococcal disease)

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bhw
Virginia State University
Student Health Service
Meningitis & Hepatitis B Vaccine Information Form

Name: ____________________________________________

SSN: ___________________________ Date of birth: ________________

Meningitis
Meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e., coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. A vaccine is currently available that effectively provides immunity for most types of bacterial meningitis, the more serious form, but there is no vaccine for viral type.

☐ I have received the meningitis vaccine as follows:
  • Date Menomune or Menactra Vaccine received: ____________________________

Signature of Health Care Provider ___________________________ Date: __________

☐ Waiver of Liability:
I have received and read the information pertaining to meningitis. Despite the fact that I understand the risks involved, I refuse to receive the meningitis vaccine.

_______________________________________________ Date

Signature of Student (or parent/legal guardian, if under 18 years of age)

_______________________________________________ Date

Signature of Witness ___________________________ Date: __________

Hepatitis B
Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. Hepatitis B vaccine can provide immunity against hepatitis B infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

☐ I have received the hepatitis B vaccine as follows:
  1st dose: Date: _____/_____/_____  2nd dose: Date: _____/_____/_____
  (one month after first dose)
  3rd dose: Date: _____/_____/_____  (4-6 months after first dose)

☐ Waiver of Liability:
I have received and read the information pertaining to hepatitis B. Despite the fact that I understand the risks involved, I refuse to receive the hepatitis B vaccine.

_______________________________________________ Date

Signature of Student (or parent/legal guardian, if under 18 years of age)

_______________________________________________ Date

Signature of Witness ___________________________ Date: __________

Note: Virginia State University assumes no liability for individuals electing not to be vaccinated for Meningitis or Hepatitis B.

P.O. Box 9082, Petersburg, Virginia 23806 (804) 524-5711 or 5676