



Dear Parents, Guardians and Students,

The Crossing has an obligation to ensure the Indiana State Department of Health Immunization Requirements are met for all students on an annual basis. Therefore, students **may enroll prior** to immunization compliance, but **may not ATTEND** if requirements are not fulfilled within the first two weeks of the new school year. Students are welcome to come back when proof of immunizations are presented.

The Indiana Department of Health also requires schools to annually send home information regarding meningococcal disease (meningitis), pertussis (whooping cough) and HPV. PLEASE take the time to read through all the information included in this letter.

Regarding Meningococcal Disease:

One type of meningitis is caused by a bacterium called *Neisseria meningitidis*. Infections caused by this bacterium are serious, and may lead to death. Symptoms of an infection with *Neisseria meningitidis* may include a high fever, headache, stiff neck, nausea, confusion and a rash. This disease can become severe very quickly and often leads to deafness, mental retardation, loss of arms or legs and even death. The bacteria are spread from person to person through the exchange of nose and throat secretions, such as kissing or shared eating or drinking utensils. The bacteria are not spread by casual contact or by simply breathing the air where a person with meningitis has been.

There are two vaccines that can help prevent cases of this disease in teens and young adults. The United States Centers for Disease Control and Prevention (CDC) recommends vaccination of children with the meningococcal conjugate vaccine (Menactra and Menveo) at 11 or 12 years of age, with a booster dose of the vaccine at 16 years of age. The booster dose at age 16 provides ongoing protection from the disease after high school.

The state of Indiana requires all students in grades 6-12 to have the appropriate number of meningococcal conjugate vaccine doses. One dose of meningococcal conjugate vaccine is required for all students in 6th -11th grade. A second booster dose is required for students entering 12th grade. These vaccines are a legal requirement for school entry (Indiana Administrative Code 410 IAC 1-1-1) for the 2015-2016 school year.

All students in grades 6-12 must have acceptable documentation of required immunizations on record at the school they are currently attending. An acceptable record includes a signed record from the child's health care provider indicating the name of the vaccine given and the date it was given, a record of the immunization in the state immunization registry (CHIRP) prior to the start of the school year, or a record from another school showing the required immunizations have been given.

Many local health departments and private healthcare providers offer this vaccine. Please contact your health care provider for specific instructions regarding your child.

More information about meningococcal disease can be found at:

The Centers for Disease Control and Prevention (CDC) website:
<http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm>

IN State Department of Health website:
<http://www.in.gov/isdh/25455.htm>

Quick Facts About... Meningococcal Disease

What is meningococcal disease?

Neisseria meningitidis bacteria are normally found in the nose and throat of 10 – 15% of healthy adults. Rarely, the bacteria can enter areas of the body where bacteria are normally not found and cause a severe, life-threatening infection (“invasive disease”) known as meningococcal disease. Examples of meningococcal disease include meningitis (infection of the lining of the brain and spinal cord) and septicemia (bloodstream infection). This is a very rare disease, around 30 cases are reported each year in the state of Indiana

How is meningococcal disease spread?

The disease is not spread by casual contact or by attending the same work or school setting. *Neisseria meningitidis* bacteria are spread from person to person *only through* direct contact with an infected person’s nose or throat secretions, including saliva, one week before the onset of symptoms. Some common ways the bacteria can be spread from an infected person are:

- Living the same household
- Kissing on the lips
- Sharing drinks from the same container (glasses, cups, water bottles)
- Sharing eating with utensils (forks and spoons)
- Sharing a toothbrush, cigarettes, or lipstick

Preventive antibiotic therapy is recommended for individuals who are close contacts of someone who has meningococcal disease.

Who is at risk for meningococcal disease?

Young infants, students attending high school or college, and military recruits are more likely to get the disease. Individuals with a weakened immune system are also at higher risk for the disease, as well as those who live in crowded dwellings or have household exposure to cigarette smoke.

What are the symptoms of meningococcal disease?

Symptoms of meningococcal disease include:

- Fever (sudden onset)
- Severe headache
- Stiff neck
- Drowsiness or confusion
- Skin rash that appears as bruising or bleeding under the skin
- Nausea and vomiting
- Eyes that are sensitive to light

In babies, the symptoms are more difficult to identify but may include:

- Fever
- Fretfulness or irritability
- Poor appetite
- Difficulty in waking the baby

How is meningococcal disease diagnosed?

If you have any of the above symptoms, it is important to seek medical attention immediately. An infected person may become sick within a few hours of developing symptoms, and early diagnosis is important. Your health care provider may collect blood or spinal fluid to see if meningococcal bacteria are present.

How can meningococcal disease be treated?

Meningococcal disease is treated with several different types of antibiotics, and early treatment may reduce the risk of complications or death from the disease. A 24-hour course of antibiotic therapy reduces a person's likelihood of spreading the bacteria. Supportive care in an intensive care unit may be necessary for those with severe infection, and surgery may be needed to remove damaged tissue and stop the spread of infection.

How is meningococcal disease prevented?

Meningococcal disease can be prevented by good hygiene. Cover the nose and mouth when sneezing or coughing, throw away used tissues, and wash hands often. Do not share eating or drinking utensils with anyone.

Is there a vaccine that can prevent this disease?

There are three vaccines that protect against most types of this disease. See your health care provider about which one is right for you. A dose of meningococcal vaccine is recommended for children and adolescents 11 through 18 years of age. Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease, such as:

- College freshmen living in dormitories
- U. S. military recruits
- Travelers to countries where meningococcal disease is common, such as parts of Africa
- Anyone with a damaged spleen, or whose spleen has been removed
- Persons with certain medical conditions that affect their immune system (check with your health care provider)
- Microbiologists who are routinely exposed to meningococcal bacteria

Regarding Pertussis (Whooping Cough):

The Indiana State Department of Health and the Indiana Department of Education have asked that school systems provide important information to parents and guardians of students about pertussis (whooping cough) and the vaccines available to prevent this serious illness.

Pertussis is a highly contagious respiratory infection caused by the bacterium *Bordetella pertussis*. Pertussis is spread by infectious airborne droplets created when a person who is infected coughs or sneezes. Infants and young children are typically vaccinated against pertussis, but the vaccine loses effectiveness as children get older and vaccinated children can become infected.

Pertussis causes severe coughing fits. During the fits, the affected person may be short of breath and appear distressed. The coughing fit may be followed by vomiting and exhaustion. Young infants are at highest risk for developing complications like pneumonia and seizures from the disease.

Adolescents and adults who have been previously vaccinated may have milder disease, but they can still spread pertussis to others. The United States Centers for Disease Control and Prevention (CDC) recommends a routine pertussis booster for all 11-12 year old children, and for anyone older who did not have a booster at 11-12 years of age. The pertussis booster (Tdap) is combined with tetanus toxoid and takes the place of one tetanus booster shot. The Tdap vaccine can be given as soon as one year after a regular tetanus booster.

Beginning in the 2010-2011 school year, the Tdap vaccine will be required for all students in grades 6-12. Please talk with your child's healthcare provider about the Tdap vaccine. Additional resources for families to obtain information about pertussis disease include the following websites:

- The Indiana State Department of Health
<http://www.in.gov/isdh/22191.htm>
- The Centers for Disease Control and Prevention
<http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>

Quick Facts About...Pertussis (Whooping Cough)

What is pertussis?

Pertussis, also called whooping cough, is a disease caused by bacteria. It may cause coughing fits that can cause breathing problems. Pertussis can lead to pneumonia (inflammation of lungs), seizures, and sometimes death. Most of these serious problems occur in infants who are less than a year old. Pertussis is often more mild in older children and adults. Indiana has several hundred reported cases of pertussis every year.

What are the symptoms of pertussis?

The symptoms of pertussis occur in three stages:

1. During the first stage, symptoms are like a cold: slight fever, sneezing, runny nose, and dry cough.
2. During the second stage (about 1-2 weeks later), the cough becomes more intense. There may be short, intense coughing spells followed by a long gasp for air. The coughing fits may be followed by vomiting, nose bleeds, or bluish color to the lips or face.
3. During the third stage, the cough is less intense and less frequent. The cough stops, although this may take several months.

How is pertussis spread?

Pertussis is spread by contact with nose or throat droplets from an infected person. This can happen when an infected person coughs or sneezes. An infected person can spread the disease for up to three weeks from the time the cough begins. However, after five days of antibiotics, an infected person cannot spread pertussis.

Who is at risk for pertussis?

People who have not gotten a full series of pertussis vaccines or who have not received pertussis vaccine for several years are at a higher risk for pertussis. Infants who are too young to be fully vaccinated are at greatest risk for severe illness and death from pertussis.

How do I know if I have pertussis?

If you have had close contact with someone who has been diagnosed with pertussis or if you have the symptoms described above, you should talk to your doctor. Your doctor may test you and prescribe antibiotics for treatment.

How is pertussis treated?

While antibiotics make pertussis less contagious, they do not get rid of the cough unless taken very early in the illness. Everyone who lives in the same house of someone with pertussis should receive antibiotics to prevent spreading pertussis to others. Other people, such as playmates and classmates, might need antibiotics as well.

How can pertussis be prevented?

Keep you and your children up to date with vaccines. The diphtheria, tetanus, pertussis (DTaP) vaccine is a five dose series for children under 7 years of age. Teens and adults (ages 10 years and older) should also get one dose of Tdap (tetanus, diphtheria, pertussis) vaccine to protect against pertussis. **Pregnant**

women should get 1 dose of Tdap during each pregnancy. It is very important anyone having contact with an infant be fully vaccinated with the correct pertussis vaccine for their age. Tdap can be given no matter how much time has passed since the last dose of tetanus vaccine.

Indiana requires that students in grades 6-12 get a single dose of Tdap.

Regarding (HPV) Human Papillomavirus:

Indiana Code 20-34-4-3 requires the Indiana State Department of Health to provide information on the link between cancer and the human papillomavirus (HPV) and the vaccination that can protect your child from HPV related cancers later in life. Each year, HPV causes more than 26,000 new cases of cancer in both men and women. HPV is the most common sexually transmitted infection and is spread by skin-to-skin sexual contact. The Centers for Disease Control and Prevention (CDC) has stated that based on recent studies, HPV is so common that nearly all sexually active people will get it during their life-time.¹ Most HPV infections cause no symptoms and go away on their own. However, infection with the virus can lead to cervical cancer in women. It can also cause other oral and genital cancers in men and women. HPV also causes genital warts.

Vaccination is the best way to prevent HPV infection and associated cancers that present later in life. According to the Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians and the American College of Physicians, all boys and girls ages 11 or 12 years should get vaccinated.^{2 3}By vaccinating at this age, preteens will be protected before any exposure to the virus occurs. We also know the vaccine produces a better immune response at this age. There are two vaccines available to protect against HPV infection. The HPV vaccines are given in three doses over six months. It is important to get all three shots. The HPV vaccine is safe to give at the same time as other recommended vaccines. Older teens and young adults can receive the vaccine through age 26.

The HPV vaccines are very safe and highly effective. Both vaccines offer protection against HPV types 16 & 18. The vaccine is 93% effective in preventing precancers of the cervix caused by these types of HPV. One of the vaccines also offers protection from genital warts. The vaccines offer long-lasting protection from HPV. Current studies show that HPV protection from the vaccine lasts at least eight years. There is no evidence of waning protection after that time. These vaccines have also been studied very carefully for safety. Preteens and teens should always sit or lie down for about 15 minutes after receiving any vaccines to prevent fainting.

The vaccine does not protect against all types of HPV known to cause cervical cancer. It is important that women continue to receive routine cervical cancer screenings (pap test). It is also important to follow-up on all abnormal results. The Pap test can find abnormal cells on the cervix, so that they can be removed before cancer develops. There are no tests currently available to find HPV in other parts of the body.

Please contact your healthcare provider if you have questions about the HPV vaccine. Questions may be directed to the Indiana State Department of Health Immunization Program at (800)701-0704.

For more information on HPV and the vaccine, please visit: Centers for Disease Control & Prevention (CDC) HPV website: <http://www.cdc.gov/std/hpv/default.htm> CDC HPV Vaccine Website: <http://www.cdc.gov/vaccines/vpd-vac/hpv/> Immunization Action Coalition (IAC) HPV Website: <http://www.vaccineinformation.org/hpv/>

2015 – 2016 School Year
IN State Department of Health
School Immunization Requirements
Updated November 2014

3 to 5 years old	3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps, Rubella) 1 Varicella	
K & Grade 1	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 2 Hep A (Hepatitis A)
Grades 2 to 5	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella
Grades 6 to 11	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV4 (Meningococcal conjugate)
Grade 12	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 1 Tdap 2 MCV4

Hep B The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 5th grade the final dose must be administered on or after the 4th birthday, and be administered **at least 6 months** after the previous dose.

Live Vaccines (MMR, Varicella & LAIV) Live vaccines that are not administered on the same day must be administered a minimum of 28 days apart. The second dose should be repeated if the doses are separated by less than 28 days.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 7th grade. Parental report of disease history is acceptable for grades 8-12.

Tdap There is no minimum interval from the last Td dose.

MCV4 Individuals who receive dose 1 on or after their 16th birthday only need 1 dose of MCV4.

Hep A The minimum interval between 1st and 2nd dose of Hepatitis A is 6 calendar months

For children who have delayed immunizations, please refer to the 2015 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2015 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at <http://www.cdc.gov/vaccines/schedules/>