

MMR Requirements

N.Y.S. Public Health Law 2165 requires college students enrolled for six or more credits to show proof of immunization against Measles, Mumps, and Rubella. Students born prior to January 1, 1957 are exempt from this requirement.

- **MMR (Combined Live Measles, Mumps, and Rubella Immunization)**. The first dose no more than 4 days prior to the first birthday. The second dose a minimum of 28 days after the first dose.
- **Single Live Measles Immunization**. The first dose no more than 4 days prior to the first birthday. The second dose a minimum of 28 days after the first dose. Physician statement of measles disease (exact date required) is acceptable.
- **Single Live Mumps Immunization**. Dose no more than 4 days prior to the first birthday. Physician statement of mumps disease (exact date required) is acceptable.
- **Single Live Rubella (German Measles) Immunization**. Dose no more than 4 days prior to the first birthday. Diagnosis of Rubella (German Measles) is not acceptable as proof of immunity.
- **Serologic evidence of immunity (titre, attach copy of lab report) is acceptable for Measles, Mumps, and Rubella**
- **Religious /medical exemption acceptable with appropriate documentation**

Information about Meningococcal Meningitis

New York State PHL Section 2167 requires post-secondary institutions to distribute information about meningococcal disease and vaccination to the students, or parents or guardians of students under the age of 18. The institution is required to maintain a record of the following for each student:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian; AND, EITHER
- Self reported or parent recall of meningococcal meningitis immunization within the past 10 years; or
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

In February 2005, the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children 2-10 years old and adults older than 55 years. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11-12 years old) and high school (15 years old), and all first year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

What is the duration of protection from the vaccine?

Menomune™, the older vaccine, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

How do I get more information about meningococcal disease and vaccination?

Contact your physician or your student health service. Additional information is also available on the websites of the [New York State Department of Health](#); the [Centers for Disease Control and Prevention](#); and the [American College Health Association](#)