Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis, and a relatively new law in New York State. On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring overnight children’s camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights. This law became effective on August 15, 2003.

Camp Turner is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the camper’s parent or guardian; AND
- Information on the availability and cost of the new meningococcal meningitis vaccine (Menactra™); AND EITHER
  - A record of meningococcal meningitis immunization within the past 10 years; OR
  - An acknowledgment of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper’s parent or guardian.

Meningococcal meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningococcal meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningococcal disease among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 2,500 Americans each year and claims about 300 lives.
In February 2005, the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease. The previous version of this vaccine, Menomune™, was first available in the United States in 1985. 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 vaccine does not include type B, which accounts for about one-third of cases in adolescents, it does not prevent all cases of meningococcal disease.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer’s website at www.meningitisvaccine.com. Camp Turner does not offer the vaccine.

I encourage you to carefully review the enclosed materials. Please complete the Meningococcal Vaccination Response Form and return it to Camp Turner if your child is staying at camp more than six nights. (Single session, five night, campers need not do this, but should still be aware of the vaccine.)

To learn more about meningitis and the vaccine, please consult your child's physician. You can also find information about the disease at the New York State Department of Health website: www.health.state.ny.us, and the website of the Center for Disease Control and Prevention (CDC): www.cdc.gov/ncidod/dbmd/diseaseinfo.

Sincerely,

John Mann,
Camp Turner
Camp Turner Meningitis Response Form

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children’s camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

Check one box and sign below.

☐ My child has had meningococcal meningitis immunization within the past 10 years.
   Date received: ______________

   [Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine’s protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: ___________________________________________ Date: ____________________________
   (Parent / Guardian)

Camper’s Name: ___________________________ Date of Birth: ____________________________

Mailing Address: _____________________________

Parent/Guardian’s E-mail address (optional): ____________________________