

## **2010 Long Lake Camp Meningococcal Meningitis information and form.**

I am writing to inform you about meningococcal disease, a potentially fatal bacteria infection commonly referred to as meningitis, and a law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include #2167 requiring overnight children's camps to distribute information about meningococcal disease and the vaccination to the parents or guardians of all campers who attend camp for 7 or more nights.

This law became effective on August 15, 2003.

Long Lake Camp is required to maintain a record of the following for each camper.

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian: AND
- Information on the availability and the cost of meningococcal meningitis vaccine (MENACTRA TM ): AND EITHER
- A record meningococcal meningitis immunization within the past 10 years: OR
- An acknowledgment of meningococcal meningitis disease risk and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian

Meningitis is rare. However, when it strikes, its flu-like symptoms make a diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and the spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death. Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3000 Americans each year and claims about 300 lives.

A new vaccine is available called Menactra (replacing Menomune) which is 85% to 100% effective at preventing the four types of the bacteria that cause meningitis in the United States— types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your local health care provider and by visiting the manufacturer's website at [www.meningitisvaccine.com](http://www.meningitisvaccine.com) Long Lake camp does not offer a meningitis vaccine service.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response for and return it to Long Lake Camp, 199 Washington Avenue, Dobbs Ferry, NY 10522 before June 16<sup>th</sup> please. We need this form before your camper arrives for camp. If for any reason you are sending the form after June 16<sup>th</sup> please post to our summer address, Long Lake Camp, P.O. Box 248, Long Lake, NY 12847.** Thank you.

To learn more about meningitis and the vaccination please contact 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](http://www.health.state.ny.us), and the website of the center for disease control and prevention (CDC):[www.cdc.gov/ncidod/dbmb/diseaseinfo](http://www.cdc.gov/ncidod/dbmb/diseaseinfo).

Sincerely,

Long Lake Camp for the Arts

PLEASE FILL OUT THE FORM ON REVERSE AND RETURN.

**MARC & SUSAN KATZ**

Long Lake Camp  
199 Washington Avenue, Dobbs Ferry N.Y. 10522  
TEL. (914) 693-7111. FAX. (914) 693-7684  
AFTER JUNE 16<sup>TH</sup> FAX 518 624 6003

**\*\*NO CAMPERS CAN BE ADMITTED WITHOUT THIS FORM \*\***

## 2010 MENINGITIS IMMUNIZATION FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven or more nights.

**Check one box and sign below please:**

My child has had the Meningococcal Meningitis immunization within the past 10 years.

**Date received Vaccination:** \_\_\_\_\_

(Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination should be considered within 3-5 years. Revaccination should be with the new conjugate vaccine called Menactra.

OR

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:** \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Parent/Guardian's E-mail (optional):** \_\_\_\_\_

**Please fax or mail to Dobbs Ferry Location above before June 16<sup>th</sup>.**