

Vaccinations Policy

Continental Academie does not require any student that is considering enrollment to be current with vaccinations.

Even though vaccinations are optional and up to the discretion of the individual, it is highly suggested for all student to get any vaccinations that are recommended by their doctor. Getting vaccinations not only helps you, but the people around you that are incapable of getting vaccinations due to allergies.

If a student is considering going back to school, the Academie recommends that the student be vaccinated for Hepatitis B and meningitis. Students reserve the right to decline all vaccines

Below is some information regarding Meningitis and Hepatitis B. If you would like a print out of this Policy, please see the Director of Financial Aid on the third floor.

Bacterial Meningitis

Bacterial meningitis is usually severe. While most people with meningitis recover, it can cause serious complications, such as brain damage, hearing loss, or learning disabilities.

There are several pathogens (types of germs) that can cause bacterial meningitis. Some of the leading causes of bacterial meningitis in the United States include *Haemophilus influenzae* (most often caused by type b, Hib), *Streptococcus pneumoniae*, group B *Streptococcus*, *Listeria monocytogenes*, and *Neisseria meningitidis*.

In the United States, about 4,100 cases of bacterial meningitis, including 500 deaths, occurred each year between 2003–2007.* [\[1\]](#)

Causes

Common causes of bacterial meningitis vary by age group:

Risk Factors

Factors that can **increase** your risk of bacterial meningitis include:

- Age
 - Infants are at higher risk for bacterial meningitis than people in other age groups. However, people of any age are at risk. See the table above for which pathogens more commonly affect which age groups.
- Community setting
 - Infectious diseases tend to spread more quickly where larger groups of people gather together. College freshmen living in residence halls and military personnel are at increased risk for meningococcal meningitis (caused by *Neisseria meningitidis*).
- Certain medical conditions
 - There are certain diseases, medications, and surgical procedures that may weaken the immune system or increase risk of meningitis in other ways.
- Working with meningitis-causing pathogens
 - Microbiologists who are routinely exposed to meningitis-causing pathogens are at increased risk.
- Travel
 - Travelers to the meningitis belt in sub-Saharan Africa may be at risk for meningococcal meningitis, particularly during the dry season. Also at risk for meningococcal meningitis are travelers to Mecca during the annual Hajj and Umrah pilgrimage.

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Transmission

The germs that cause bacterial meningitis can be contagious. Some bacteria can spread through the exchange (e.g., by kissing) of respiratory and throat secretions (e.g., saliva or mucus). **Fortunately, most of the bacteria that cause meningitis are not as contagious as viruses that cause the common cold or the flu.** Also, the bacteria are not spread by casual contact or by simply breathing the air where a person with meningitis has been. Other meningitis-causing bacteria are not spread person-to-person, but can cause disease because the person has certain risk factors (such as a weak immune system or head trauma). Unlike other bacterial causes of meningitis, you can get *Listeria monocytogenes* by eating contaminated food.

Sometimes the bacteria that cause meningitis spread to other people. This usually happens when there is close or long contact with a sick person in the same household or daycare center, or if they had direct contact with a patient's oral secretions (such as a boyfriend or girlfriend). People who qualify as close contacts of a person with meningococcal or *Haemophilus*

influenzae type b (Hib) meningitis are at higher risk of getting disease and may need preventive antibiotics (see [Prevention](#)). Close contacts of a person with meningitis caused by other bacteria, such as *Streptococcus pneumoniae*, do not need antibiotics. **Tell your doctor if you think you have been exposed to someone with meningitis.**

Healthy people can carry the bacteria in their nose or throat without getting sick. Rarely, these bacteria can invade the body and cause disease. Most people who 'carry' the bacteria never become sick.

Signs and Symptoms

Pregnant women are at increased risk of developing [listeriosis](#) (caused by the bacterium *Listeria monocytogenes*). Pregnant women with *Listeria* infection typically experience fever and other non-specific symptoms, such as fatigue and aches. However, infections during pregnancy can lead to miscarriage, stillbirth, premature delivery, or life-threatening infection of the newborn, including meningitis.

Pregnant women who test positive for [group B *Streptococcus*](#) (group B strep) can pass the bacteria to their baby, most often during labor and birth. A newborn infected with group B strep bacteria can develop meningitis or other life-threatening infections soon after birth.

You can reduce your risk of meningitis caused by *Listeria monocytogenes* by [learning what foods to avoid and how to safely prepare and refrigerate food](#). If you are pregnant, you should get screened for group B strep at 35-37 weeks. Women who test positive for group B strep will be given antibiotics during labor to [prevent infection in a newborn](#).

Talk to your doctor to learn more about how to prevent these infections.

Meningitis infection may show up in a person by a sudden onset of fever, headache, and stiff neck. It will often have other symptoms, such as

- Nausea,
- Vomiting,
- Increased sensitivity to light (photophobia), and
- Altered mental status (confusion).

The symptoms of bacterial meningitis can appear quickly or over several days. Typically they develop within 3-7 days after exposure.

Babies younger than 1 month old are at a higher risk for severe infections, like meningitis, than older children. In newborns and infants, the classic meningitis symptoms of fever, headache, and neck stiffness may be absent or difficult to notice. The infant may appear to be slow or inactive (lack of alertness), irritable, vomiting or feeding poorly. In young infants, doctors may look for a bulging fontanelle (soft spot on infant's head) or abnormal reflexes, which can also be signs of meningitis. If you think your infant has any of these symptoms, call the doctor or clinic right away.

Later symptoms of bacterial meningitis can be very severe (e.g., seizures, coma). For this reason, **anyone who thinks they may have meningitis should see a doctor as soon as possible.**

Diagnosis

If meningitis is suspected, samples of blood or cerebrospinal fluid (near the spinal cord) are collected and sent to the laboratory for testing. It is important to know the specific cause of meningitis because that helps doctors understand how to treat the disease, and possibly how bad it will get. In the case of bacterial meningitis, antibiotics can help prevent severe illness and reduce the spread of infection from person to person (depending on which bacteria are causing the infection). If bacteria are present, they can often be grown (cultured). Growing the bacteria in the laboratory is important for confirming the presence of bacteria, identifying the specific type of bacteria that is causing the infection, and deciding which antibiotic will work best. Other tests can sometimes find and identify the bacteria if the cultures do not.

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Treatment

Bacterial meningitis can be treated effectively with antibiotics. **It is important that treatment be started as soon as possible.** Appropriate antibiotic treatment of the most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk remains higher among young infants and the elderly.

Prevention

The most effective way to protect you and your child against certain types of bacterial meningitis is to **complete the recommended vaccine schedule**. There are vaccines for three types of bacteria that can cause meningitis.

Hepatitis B

What is hepatitis B?

Hepatitis B is a liver infection caused by the hepatitis B virus.

How is hepatitis B spread?

The most common ways that people get hepatitis B are sexual contact with a person infected with hepatitis B, exposure to needles, medical or dental procedures where instruments are contaminated with hepatitis B virus, or when a mother passes hepatitis B to an infant at birth.

What kinds of activities increase a person's risk of getting hepatitis B?

In the US, activities that can increase a person's risk of getting hepatitis B include but are not limited to:

- Having sexual contact with a person infected with hepatitis B. Sexual activity can be heterosexual (between a man and a woman) or homosexual (between two men or between two women)
- Using injectable illegal drugs and/or sharing needles
- Getting a tattoo or body part pierced or having acupuncture

Are certain people at higher risk for hepatitis B?

Yes. People who may be at higher risk of hepatitis B or complications include:

- People who have sex with someone infected with hepatitis B (even if the infected person does not have any signs or symptoms)
- People who inject illegal drugs
- People with diabetes
- People on dialysis
- People who travel to countries where hepatitis B is common
- Men who have sex with men
- Healthcare personnel and public safety workers who are potentially exposed to blood or other infectious body fluids
- People with chronic liver disease

What can I do to help prevent hepatitis B?

Vaccination can help prevent hepatitis B. The Centers for Disease Control and Prevention (CDC) recommends hepatitis B vaccination for:

- All children between birth and 18 months of age
- Older children and adolescents who did not previously receive the hepatitis B vaccine
- Any person seeking protection from hepatitis B infection
- Sexually active persons who are not in a long-term, mutually monogamous relationship (for example, having more than 1 sex partner during the previous 6 months)
- Persons seeking diagnosis or treatment of a sexually transmitted disease (STD)
- Current or recent injection drug users

- Men who have sex with men
- Healthcare personnel and public safety workers who are potentially exposed to blood or other infectious body fluids
- Persons with diabetes younger than 60 years of age. If you are older than 60, speak to your healthcare provider
- Persons with end-stage renal disease, including patients receiving hemodialysis
- Persons with HIV infection
- Persons with chronic liver disease
- Persons who live in the same household as and/or have sexual relations with someone with hepatitis B
- Persons who work at institutions that care for people with developmental disabilities
- Persons who travel to places outside of the US where there are medium to high rates of hepatitis B
- All adults in the following settings: STD treatment facilities, HIV testing and treatment facilities, facilities providing drug abuse treatment and prevention, healthcare facilities with services for injection drug users or men who have sex with men, correctional facilities (prisons), end-stage renal disease programs and facilities for dialysis, and institutions and nonresidential daycare facilities for persons with developmental disabilities