



60 Denton Lake Road  
Holmes, New York  
12531-5344  
Office: 845-878-6383  
Fax: 845-878-7824  
[www.HolmesCamp.org](http://www.HolmesCamp.org)



January 1, 2018

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights.

Holmes Presbyterian Camp and Conference Center is required to maintain a record of the following for each camper, signed by the camper's parent or guardian:

- A response to receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND EITHER
- A record of meningococcal meningitis immunization OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illness such as infection of the lining of the brain and spinal column (meningitis) or blood infection (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, and limb amputation, in as many as 1 in 5 of those infected. Ten to 15% of those who get meningococcal disease will die.

Meningococcal disease can easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing or spending time in close contact with someone who is sick or carries the bacteria. People can spread the bacteria that cause meningococcal disease even before they know they are sick.

Anyone can get meningococcal disease, but certain people are at increased risk including teens and young adults 16-23 years old and those with certain medical conditions that affect the immune system.

The single best way to prevent meningococcal infections is to be vaccinated. The meningococcal ACWY(MENACWY) vaccine protects against four major strains of bacteria, which cause about two-thirds of meningococcal disease in the United States. The Centers for Disease Control and Prevention (CDC) recommends a single dose of MenACWY vaccine at age 11 through 12 years with a booster dose given at age 16 years. The meningococcal B (MenB) vaccine protects against a fifth strain of meningococcal bacteria, which causes about one-third of meningococcal disease. Young adults aged 16-23 years may be vaccinated with MenB vaccine and should discuss the MenB vaccine with a healthcare provider.

Information about the availability and cost of the vaccine can be obtained from your health care provider. Holmes Presbyterian Camp and Conference Center is not able to provide immunization services directly for campers. Please consult the camper's physician when completing the enclosed health form.

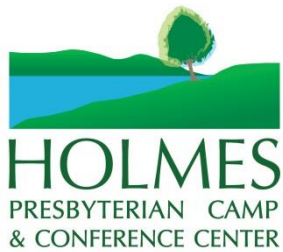
I encourage you to carefully review the attached Meningococcal Disease Fact Sheet, which is also available on the New York State Department of Health website at [www.health.ny.gov/publications/2168.pdf](http://www.health.ny.gov/publications/2168.pdf). **Please complete the enclosed Meningococcal Vaccination Response Form and return it to Holmes Presbyterian Camp and Conference Center with your Health Form at least two weeks before the beginning of your camp session.** This form needs to be on file for your camper to attend the scheduled camp session.

To learn more about meningitis and the vaccine, please feel free to contact the Putnam County Health Department (845) 278-6130 and/or consult your child's physician. You can also find information about the disease at the website of the Center for Disease Control and Prevention (CDC): [www.cdc.gov/vaccines/vpd-vac/mening/default.htm](http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm).

Sincerely,

A handwritten signature in black ink that reads "Natasha Taylor". The signature is written in a cursive, flowing style.

Natasha Taylor  
Summer Camp and Youth Programs Director



60 Denton Lake Road  
Holmes, New York  
12531-5344  
Office: 845-878-6383  
Fax: 845-878-7824  
www.HolmesCamp.org



## MENINGOCOCCAL MENINGITIS VACCINATION 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 the meningococcal conjugate vaccine (Menactra or Menveo) within the past 10 years.

Date received: \_\_\_\_\_

[Note: The Centers for Disease Control and Prevention (CDC) recommend two doses of MenACWY vaccine (Brand Names: Menactra, Menveo) for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. Adolescents in this age group with HIV infection should get three doses: 2 doses at least 8 weeks apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed.

Young Adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.]

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 or Guardian)

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Session attending: \_\_\_\_\_ Dates: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Parent or guardian email address (Optional): \_\_\_\_\_

**There's no place like HOLMES!**