

PROHIBITING HARASSMENT; INTIMIDATION AND BULLYING, REGULATION (Cont.)

from the privilege of attending or participating in the graduation ceremony, school dances, prom, prom activities, and/or class trips.

The above consequences will be imposed for any person who commits an act of bullying as well as any person found to have falsely accused another as a means of retaliation, reprisal, or as a means of bullying. Strategies will be created to provide counseling or referral to appropriate services, including guidance, academic intervention, and other protection for students, both targets and perpetrators, and family members affected by bullying, as necessary.

Publication of Policy

Annual written notice of this policy will be provided to parents, guardians, staff, volunteers, and students with age-appropriate language for students. Notice of the policy will be posted at various locations within each school site, including but not limited to, cafeterias, school bulletin boards, and administrative offices. The policy will be posted on the school district's website at www.tuttleschools.info and at each school site that has an Internet website. The policy will be included in all student and staff handbooks.

Meningococcal Disease

Public Health Fact Sheet Public Health Fact Sheet

What is meningococcal disease?

Meningococcal disease is a disease caused by the bacteria *Neisseria meningitidis*. This bacteria can infect the blood, causing septicemia. It can also infect the covering of the brain and spinal cord, causing meningitis. There were an average of 18 cases of meningococcal disease each year in Oklahoma between 2005 and 2009.

How is this disease spread?

Meningococcal disease spreads by direct contact with the saliva or with respiratory droplets from the nose and throat of an infected person.

Who is at risk of getting this disease?

10% or more of people are thought to be carrying *Neisseria meningitidis* in their nose and throat without being ill, which is called "asymptomatic carriage". Of these people, about 1% can develop illness, which may be meningitis or a bloodstream infection called septicemia or meningococemia. Some groups of people have a higher risk of meningococcal diseases, such as first year college students living in dormitories or new military recruits living in

barracks. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, people without a spleen, and people traveling to parts of the world where meningococcal disease is more common. Exposure to tobacco smoke and having a concurrent upper respiratory infection also increase the risk of meningococcal disease.

What are the symptoms?

As described above, some people can carry the bacteria in their nose and throat without ever becoming ill. Signs of illness may include fever, severe headache, nausea, vomiting, and a rash. People who develop meningitis can have fever, intense headache, nausea, vomiting, stiff neck and extreme sensitivity to light. It is important to seek care from a healthcare provider as soon as possible if these symptoms appear. Meningococcal disease has a 15% risk of death if it is not treated promptly.

How soon do the symptoms appear?

The symptoms may appear two to ten days after infection, but usually within three to four days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin or a cephalosporin such as ceftriaxone are used to treat meningococcal disease.

Should people who have been around a person infected with meningococcal disease receive treatment?

When meningococcal disease occurs in one person, only the people who have had recent close contact with that

person's respiratory secretions are recommended to receive antibiotics. These include household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc. Such

people are usually advised to obtain a prescription for a specific antibiotic (rifampin, ciprofloxacin, ceftriaxone, or azithromycin) from their physician. The health department will contact the individuals who are recommended to

receive antibiotics, and advise them of options to obtain antibiotics. Casual contacts including classmates, coworkers, or those in a factory setting are not at increased risk of disease when a single person has meningococcal

illness. When clusters or outbreaks occur, the health department may expand the recommendations for which

groups need to receive antibiotics to prevent possible spread. Antibiotics do not protect people from future exposure to *Neisseria meningitidis*.

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Is there a vaccine to prevent meningococcal disease?

Three types of meningococcal vaccines are available in the US. They are protective effective against four of the five most common disease-causing types of meningococcal disease: A, C, Y,

and W-135. The vaccines do not protect against type B which accounts for about 1/3 of the meningococcal

illness that occurs in adolescents in the US. Consult with your primary care physician or the local health department about receiving the vaccine.