

School-Based Immunization Clinics

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SOMEONE NEEDS A SICK DAY!!!

Client: Florida Department of Health
Agency: Marketing for Change
Title: Sick Day :60
ISCI: DOH071860
Date: 5/3/07

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OBJECTIVES

Participants will be able to:

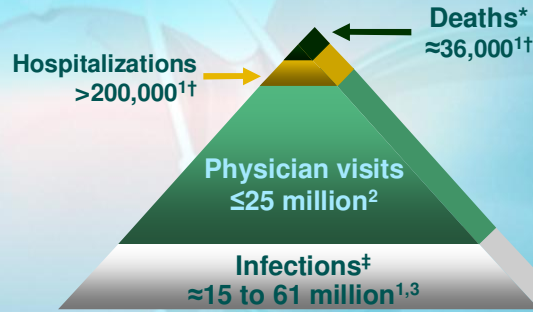
- Understand the value of school-based immunization clinics.
- Utilize knowledge and skills to promote the value of school-based immunization clinics.
- Identify best practices in implementing school-based immunization clinics.

WHY SHOULD WE DO IT?

- HUGE impact on the student
- Decreases overall student illnesses
- Illness affects the student's ability to learn
- Decreases disease in the community



Influenza Affects Millions of People Each Year in the United States



*Primarily in the elderly. Range of 3,000 to 49,000 per year

[†]All-cause hospitalization and mortality associated with influenza virus infection.

[‡]Includes symptomatic and asymptomatic infections.

1. CDC. Influenza (flu) fact sheet. <http://www.cdc.gov/flu/keyfacts.htm>. Accessed February 28, 2012

2. Couch RB. *Ann Intern Med*. 2000;133:992-998.

3. U.S. Census Bureau. <http://www.census.gov/main/www/popclock.html>. Accessed February 28, 2012.

Influenza Pediatric Mortality

- Deaths attributable to influenza are uncommon in children compared with the elderly^{1,2}
- Deaths of children <18 years of age in recent seasons³
 - 2011-2012: 3 deaths (As of Week 7)
 - 2010-2011: 122 deaths
 - 2009-2010: 282 deaths
 - 2008-2009: 133 deaths
 - 2007-2008: 86 deaths⁴
 - 2006-2007: 68 deaths
- MRSA-influenza cases where children died, 2006 to 2007⁵
 - Of the 22 influenza deaths reported with *S. aureus*, 15 children had infections with methicillin-resistant *S. aureus* (MRSA)
 - Compared with previous 2 influenza seasons⁶
 - Increase in proportion with invasive MRSA-associated co-infection from <5% to 27%

1. CDC. *MMWR*. 2008;57(RR-7):1-60.

2. AAP. Policy statement. *Pediatrics*. 2008;121:e1016-e1031. <http://pediatrics.aappublications.org/cgi/reprint/121/4/e1016>. Accessed February 28, 2012

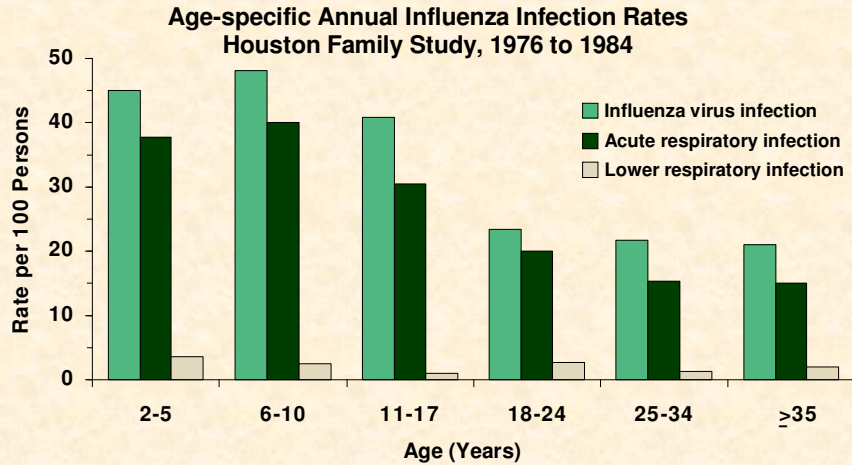
3. CDC. Flu activity. <http://www.cdc.gov/flu/weekly/fluactivity.htm>. Accessed February 28, 2012

4. CDC. Fact sheet. http://www.cdc.gov/flu/protect/pdf/children_flu_vac.pdf. Accessed February 28, 2012 .

5. CDC. Health advisory. <http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00268>. Accessed February 28, 2012

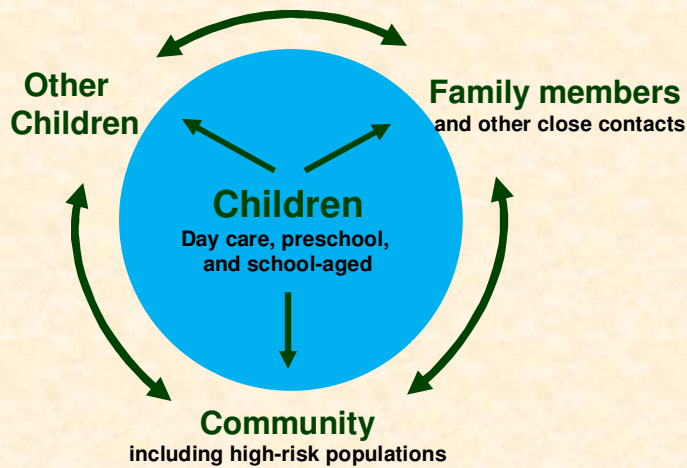
6. CDC. Advisory Committee on Immunization Practices. September 13, 2007. <http://www.cdc.gov/vaccines/ed/ciinc/downloads/OctFiore.ppt>. Accessed February 28, 2012 .

Influenza Is Most Prevalent in Children



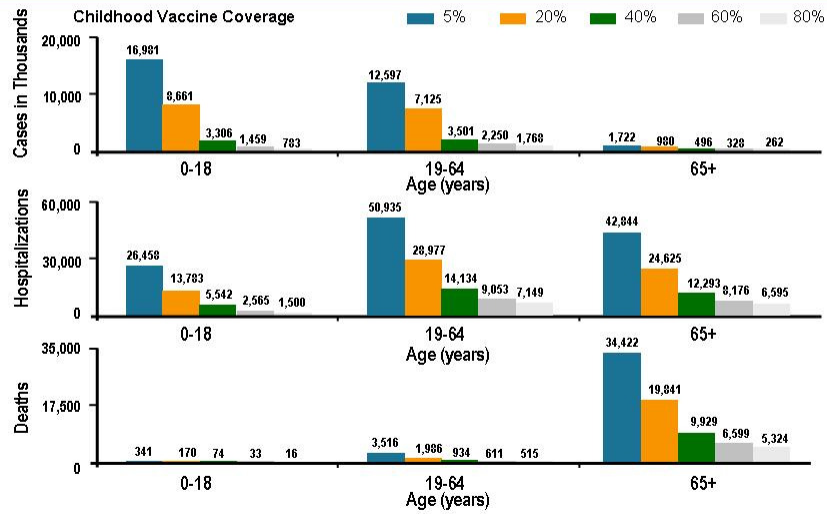
Adapted from: Glezen WP, et al. *Pediatr Infect Dis J.* 1997;16:1065-1068.

Children Are Primary Vectors



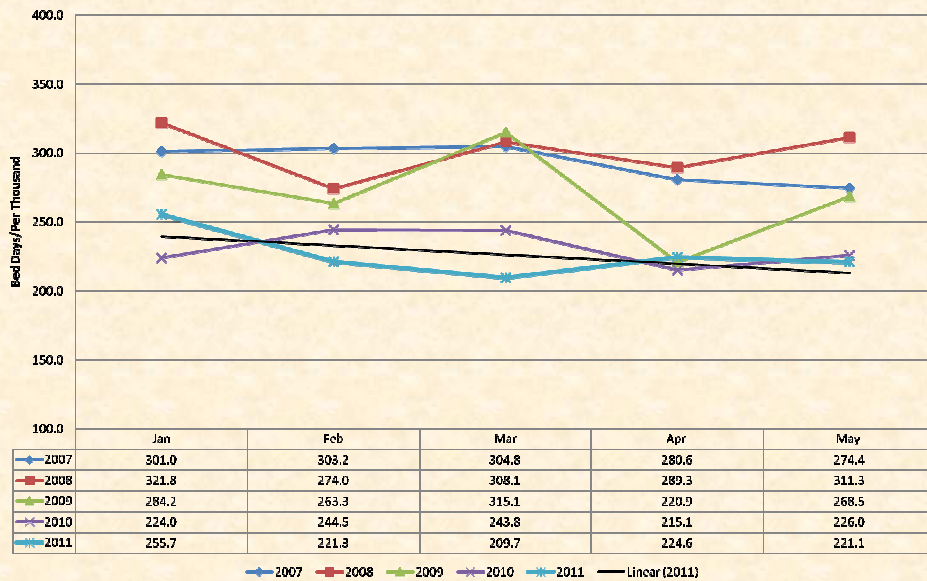
1. Glezen WP, et al. *N Engl J Med.* 1978;298:587-592.
2. Weycker D, et al. *Vaccine.* 2005;23:1284-1293.

Simulation of Clinical Impact of Routine Influenza Vaccination of Children¹



1. Weycker D, et al. Vaccine. 2005. 23:1284-1293.

Medi-Cal Bed Days/Per 1000 Jan-May (2007-2011)



Children Play a Significant Role in Spreading Influenza

- Influenza attack rates are highest in children¹
- Children adhere less to cough-and-sneeze etiquette
- Children shed influenza longer than adults²
 - Children may be infectious for more than 10 days²
 - Young children may shed virus (type A virus) for up to 8 days prior to appearance of symptoms³



1. Glezen WP, et al. *Pediatr Infect Dis J.* 1997;16:1065-1068.
2. CDC. *MMWR.* 2008;57(RR-7):1-60.
3. Frank AL, et al. *J Infect Dis.* 1981;144:433-441.

CAN YOU DO IT?

• YES YOU CAN!!!

- 2008-2009 Seasonal Flu Campaign
 - 2,746 students at 5 school sites
- 2009-2010 Seasonal Flu Expansion
 - 7,389 students at 51 school sites
- And then came.....H1N1
 - 7,638 people at 51 school sites
- 2010-2011 Seasonal Flu Campaign
 - 11,952 students at 54 school sites

Tdap-2011

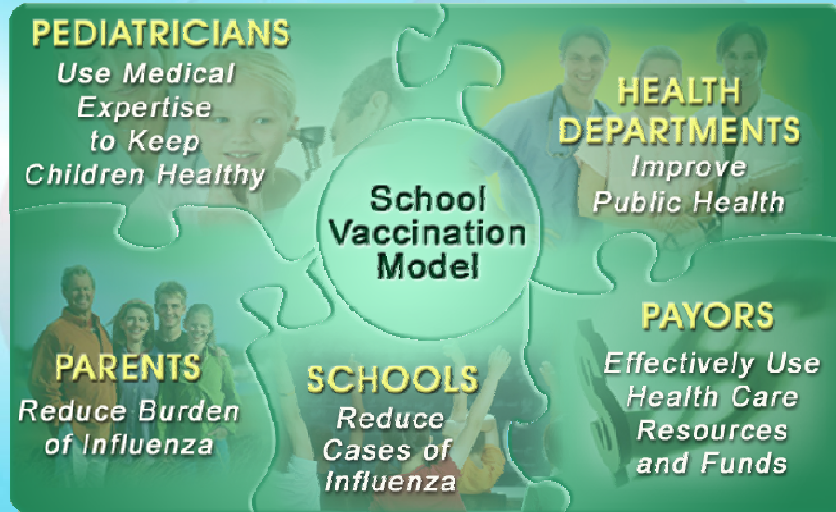
- SUSD-15,352 students in grades 7-12
- Outreach began in October 2010
- Tdap clinics began in February 2011
- 4,561 Tdap doses were administered by SUSD School Nurses

WHO CAN HELP?



- Local Public Health Department
- Community Hospitals
- Community-Based Health Organizations
- Local Pediatric Medical Providers
- Home Health Agencies (VNA, Maxim, etc.)
- County Office of Education
- Nursing Schools
- Pharmacists/Pharmacy Schools

Partnerships for a School Vaccination Program



THINGS TO CONSIDER

- Vaccine Administration Training
- MOU with Physician
- Duplication (Consent forms, VIS, Flyers)
- Assistance from School Site

PROMOTING YOUR CLINIC

- Parent flyers
- Automated phone messages
- Website
- PTA
- Media
- Back to School Night



Suggested Model for Implementing A School-Based Imms Program

Step 1

- Develop plan and protocols
- Determine program funding
- Determine staffing requirements

Step 2

- Discuss plan with school administrators
- Outreach to staff, students, parents and community members

Step 3

- Distribute consent forms
- Advertise clinic

Step 4

- Collect completed consent forms

Step 5

- Prepare for clinic day (staff training, supplies, vaccine)

Step 6

- Vaccinate students

Step 7

- Follow up (missed doses, 2nd doses, paperwork)



Funding the Program

- **Federal and state resources**
 - Vaccines for Children (VFC), 317 funds, preparedness funds, state immunization funds, Head Start, State Preschool, First Five
- **Local public health resources**
 - County funds, city funds, preparedness funds, school funds
- **Private resources**
 - Parents (insurance reimbursement/cash payment)
 - Employers/large corporations
 - Donations
 - Grants

QUESTIONS???

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