

Preventing Flu'll Keep Kids in School!

A Manual of Recommendations for
New Mexico School Influenza Vaccine Clinics

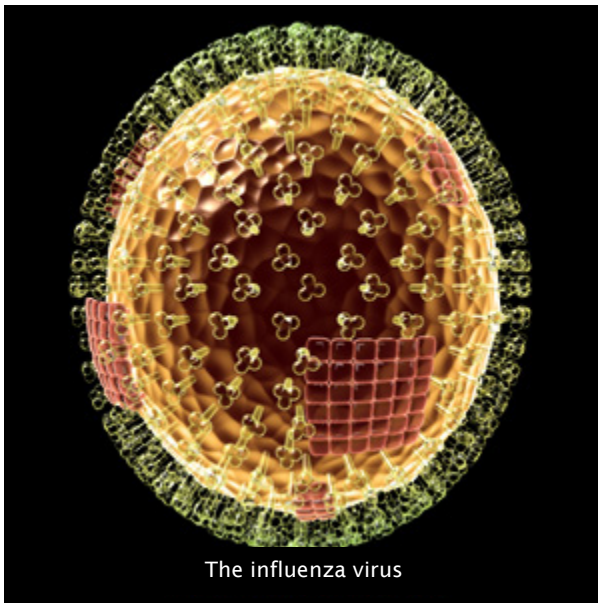
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New Mexico School Influenza Immunization Project 2009-2010 (Regular Seasonal Influenza)

Did you know that influenza kills 36,000 Americans each year? This is far and away the largest number of vaccine-preventable deaths of any disease. Unfortunately, many people think flu is just routine and something everyone gets, just like people used to think that measles and chicken pox were necessary parts of childhood. Chicken pox isn't necessary! Measles isn't necessary! And those 36,000 influenza deaths are not necessary!

Most seasonal influenza deaths are not in children – they're in older adults. But children are very good little communicators of the virus that sickens their older relatives and friends. And it appears that older adults don't respond as well as younger people to flu vaccine, even though it's very important they be immunized as well. Both Japan and Canada have shown that immunizing children saves the lives of adults, as well as keeping children in school instead of in bed with a nasty illness that makes them feverish and sore all over, among other things. And now the Centers for Disease Control has



The influenza virus

recommended that all American schoolchildren – in fact everyone from age 6 months to 18 years – get flu vaccine every year, largely for these reasons.

Most of New Mexico's physicians of course give flu vaccine, but it is very difficult to imagine all children getting their flu vaccine in physician offices during those few months between the arrival of the flu vaccine and the arrival of the disease itself in the community. Schools are where the children are five days a week, with people who care about their educational and medical well-being, so it's not surprising that experts believe schools should be considered an

important place in which to deliver flu vaccine to children.

Flu vaccine must be given every year. The vaccine is changed every year to protect against the viruses most likely to cause disease in the coming season. During most years, the match between the vaccine viruses (three every year) and the disease-causing viruses is good, resulting in very good protection of most vaccine recipients. Occasionally an unanticipated virus makes its appearance (such as in the year 2007-2008), in which case the vaccine is less effective. Sometimes the news media revel in these off years, giving the impression that the vaccine is less effective than it really is. And many people somehow have gotten the impression that the influenza vaccine has made them sick. It can't: the influenza injection has no live virus, and the live attenuated influenza vaccine

(nasal flu vaccine) has a virus in it that will only grow in the relatively colder environment of the nose, so can't cause disease anywhere else.

In short, this is something worth doing. This manual consists of best practice scenarios from the experiences in the pilot year (2008-2009) with more than 75 schools, more than 10,000 children and is the result of the hard work of dedicated school nurses, public health nurses, and others who believe influenza's annual epidemics are much more severe than they need to be. Together, as a coordinated team, we can do something about that.

Please note that this manual is for regular seasonal influenza clinics. At this point we do not know whether vaccine for the novel Influenza A H1N1 virus will be available in early fall. Because there are so many unknowns with the new influenza strain and the possible vaccine, new guidance will become available as the season unfolds. Regardless of the new strain, regular seasonal influenza clinics will still be necessary and will proceed as planned.

1. Planning Before the Event (Spring):

While Department of Health Immunization Program will support School Clinics to some extent, schools must be aware that the majority of responsibility for planning will rest with the school nurse/clinic coordinator or school administration.



School responsibilities:

- Schools should set up an influenza clinic team before the end of the school, so that plans are in place for school registration at the end of summer vacation.
- School nurses must coordinate with the local Public Health Offices (PHOs) to discuss vaccine ordering and storage, and to check what level of support the PHO and Public Health Nurses (PHNs) can provide. Identifying monitored refrigerators for storage must be worked out prior to clinics.
- School nurses should work with PHOs and their school administrators to set tentative dates for their schools clinic(s) for the fall. Schools should stagger clinics so that not all schools are holding clinics the same days or weeks. The School Health Advocates (SHA) can help to coordinate schedules within their regions.
- Mechanisms for tracking influenza and absenteeism should be set up before the beginning of school so that the impact of the program can be measured.

Immunization Program responsibilities:

- Depending on funding, DOH will designate a School Flu Coordinator to help schools with identifying an influenza immunization champion to coordinate the clinic(s) and to help with clinic logistics.
- Regional PHO staff should meet with school nurses and administrators prior to the end of school to ensure buy-in and to choose tentative dates
- Forms, letters and Vaccine Information Statements (VIS) must be distributed in July to be available for school registration events.
- Where possible, planners and DOH will help schools with publicizing their events by providing press releases explaining the school influenza program.

Other recommendations:

- School administrators could set up a “hotline” for further information as needed for parents and school personnel.

2. Planning Before the Event (Summer):



School responsibilities:

- Prior to registration, school nurses should train designated volunteers in procedures to register children for the influenza clinic and in answering questions
- Tentative dates for clinics should be firmed up in

consultation with school administrators to avoid conflict with field trips, assemblies, testing and other out-of classroom activities.

- The location for administering vaccine should be determined with special consideration for convenience and rapid turnover of students, preferably with a separate entrance and exit.
- Forms should be ready and available. DOH has designed letters for parents and permission forms. They should be either ordered from DOH or printed at the school. Vaccine Information Statements for Influenza must also be available. For the latest forms, go to the Immunize.org website (also available in Spanish and other languages).
 - <http://www.immunize.org/vis/liveflu.pdf>
 - <http://www.immunize.org/vis/2flu.pdf>
- If the school is printing letters and forms, personalize the letter to include local phone contact for questions about the clinic.
- Determine the number of shot givers, form collectors, checkers, and student management staff you will need and begin recruiting volunteers early. Many of the volunteers can be parents, civic organization members, students, etc.
- Service organizations such as Rotary may have volunteers who can help; college or professional school students (nursing, medical and pharmacist), EMT's, local pharmacists (many of whom can administer injections), parents, student council members, etc.

3. At School Registration:

- A school nurse or other designated trained volunteer should be available at a separate table at registration to explain the school influenza program and to answer questions and register students with parents on the spot.
- If parents are not at school registration, determine how best to get forms home and returned to school (i.e. mailing, send home with students, e-mail). Emphasize the importance of getting all forms returned, whether or not student will be receiving vaccine.

- We have found that fewer forms will return to school if given out after registration.
- Consider the possibility of having incentives for children – either for all who bring back their forms (whether approved for a shot or not) or on clinic day. Fruit or other healthy snacks, erasers or ID cards are examples used in the first year. Monkey stickers are available for Flu Mist recipients and are popular with all ages.
- After school registration, the school nurse or designee collects the forms and checks them for completeness. Additional forms, letters and VIS packets should be available to school offices for late registration.
- Make detailed plans for collecting, checking, and storing permission forms; this will save valuable time on clinic day.
- Setting a cut-off date for return of forms is wise to assist in planning.
- If personnel are available, follow up phone calls on incomplete/ambiguous forms should be done ahead of time.



4. Clinic Staff:

- School nurse should provide confidentiality training for anyone reviewing consent forms for completeness and checking student records for medical contraindications.
- The word "HIPAA" is written in a bold, 3D font. The letters are yellow with an orange-to-red gradient. The letters are slightly shadowed, giving them a three-dimensional appearance.
- School nurse, trained volunteer or DOH personnel should review all consent forms prior to clinic for completeness and signatures. Student records should be checked for medical contraindications. All forms not complete or not signed are eliminated, or calls to the parents must be made.
 - Training in procedures for administration of vaccine as well as the process for moving students through the clinic should be reviewed prior to clinic beginning.
 - Nurses giving vaccines should be assisted by at least one other person to review consent forms for completeness and correct vaccine type (student is in the right line for FluMist or shot) prior to administration. This person can do the record-keeping to facilitate vaccine administration (keeping students out of class for a minimal amount of time ensures cooperation by school districts and teachers for future vaccine events).
 - A FluMist training DVD is available from Medimmune. FluMist administration is remarkably easy and can be learned by anyone in five minutes.

- School nurses can reciprocate for one another's clinics. The camaraderie is worthwhile and gives nurses a chance to work together and to share successes and stories.
- Retired and volunteer nurses (with current licenses), pharmacists, student nurses, student EMTs, student pharmacists, and medical students, EMT's with immunization authorization, PHO nurses, and pediatricians/family physicians can administer vaccines.
- Other volunteers may include students, service organizations, parents, PTA members, and other school personnel (acting as runners, comforters, reward giver-outers, and crowd control). A symbolic presence of the principal may be helpful.

5. Clinic logistics:

- Campus newsletter articles, automated phone calls and/or phone calls/notes to parents one to two weeks prior to clinic helps families remember that the clinic is occurring and that permits were signed.
- Advertise on the school Marquee the date(s) the flu vaccine will be given.
- Clinics should be held as much as possible in the month of October. Waiting longer gives parents more time to forget that they signed the form.
- Make sure all volunteers and supplies arrive on time on the designated clinic day/time.
- Vaccine should be ordered in plenty of time for the clinic.
- Training in procedures for administration of vaccine as well as the process for moving students through the clinic are reviewed prior to clinic beginning.
- Decide the order of classrooms to be called to the central clinic location. Consider taking oldest first, so there will be less likelihood of crying children affecting other children.
- Consent forms for children who require shots can be coded with colored dots to make them stand out from flu mist forms.
- Schedule classes to come to a centralized location 10 minutes apart to minimize wasted time. Or, have all the clinic equipment on a cart that can be transported and call out classes one at a time to receive their vaccine.
- In elementary schools, shots and FluMist are best given in separate locations. A designated trained person can be the "gatekeeper" to move the students into the correct lines for vaccine distribution. In secondary schools a cafeteria or gym for



delivery of both vaccines is acceptable with enough distance between FluMist & shot stations to allow for lines and flow of traffic.

- High school students may be expected to “game” the system, changing the marks on their forms to avoid having to have a shot, or leaving class to get their shots and then taking time off. They may need some escort from class to shot clinic and back.
- Consider sending teams out to individual classes to immunize all of the eligible children in those classrooms (works best in elementary schools, unless a homeroom immunization location works in a secondary school).
- Additional volunteers (or older students) are needed in elementary schools to fetch classes of students for vaccine administration and to comfort students receiving shots or assist with students frightened by the FluMist. These volunteers can give stickers, erasers or any goodies provided plus a note to parents that vaccine was received after vaccine delivery, and move the students to the waiting area for the class until all students from that class have been vaccinated.
- Make sure the flow of students is steady so none of the participants feel that their time is being wasted or is not valued. Lulls create mutiny!
- Running videos to entertain the students who are waiting to receive vaccine or waiting after vaccine administration is helpful in elementary schools.
- One person should be designated to monitor vaccine temperature during the clinic.
- Have epinephrine (e.g., Epi-Pen) and other emergency equipment available.
- The Department of Health Point of Dispensing (POD) system is helpful in setting up the flow of traffic. See www.nmmems.org/pdfs/POD_Planning_Guide.doc.

6. Immunizing Teachers and School Staff

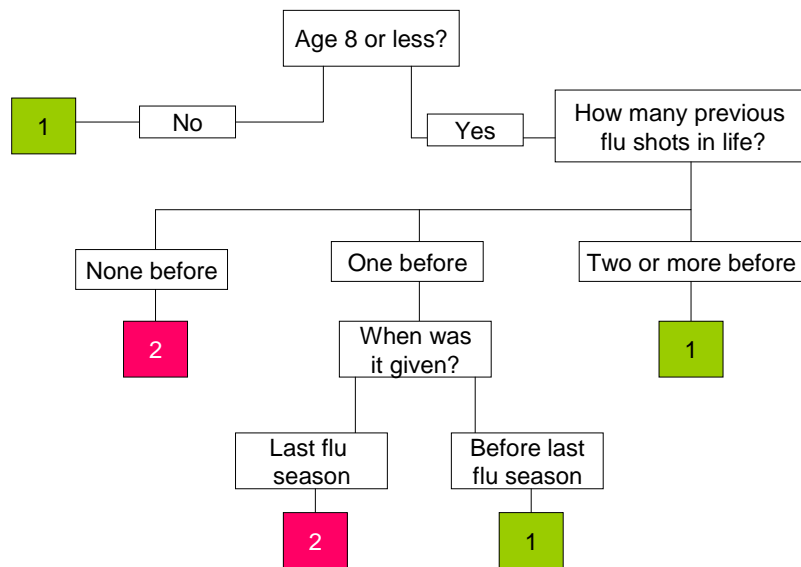
- If possible, giving immunizations to other school personnel will have several good effects: it’ll build good will for the program as a whole, it’ll keep school personnel healthy, and it’ll demonstrate to the children and the community that the staff believe in the importance of influenza vaccine and are not afraid of the vaccine.
- While students are the biggest vectors for spread of influenza, immunizing staff should also be a priority. Schools have long been recognized as one of the biggest gathering places for large numbers of people, and one of the first designated to close in a pandemic.
- We recommend that the school districts work out a process to immunize staff through current companies (i.e. pharmacies and grocery stores, insurance company programs), free clinics available in the community, or through the PHO’s so that we may have the healthiest school communities possible.



- Local hospitals or clinics or the insurer covering the medical care of local school personnel may be able to contribute vaccine, especially if they have an influenza vaccine day or days and can be convinced that we'll do their work for them, and that we'll keep their insured workers out of doctors' offices and hospitals.
- District "Risk Management" programs should be recruited to "buy into" and promote flu vaccine programs to minimize employee absenteeism as well.
- The Public Education Department could be instrumental in encouraging the process of immunizing school personnel to avoid the expense of substitute teachers and staff during influenza outbreaks.

7. Second dose clinics:

One Flu Shot or Two This Year?



- Many children less than nine years of age will need a second shot or flu inhalation 28 days or later. Planning for this and determining which children will need a second vaccine will ensure they are well-protected against influenza. *In general, giving only one vaccine dose when two are needed is a waste of effort, resulting in very little protection being given.*
- The school nurse or designee will check NMSIIS (the immunization registry) and paper or computer immunization records for students under 9 years of age who have received 2 doses in any previous seasons to eliminate those who do not need a 2nd dose (see algorithm above for further information on this determination).
- A system to code the records of those students who do need a 2nd dose should be created. Those consent forms need to be carefully tracked. Having the location to document the second dose on the same form will be helpful.
- A reminder note or phone call to parents is ideal prior to the clinic at which the second vaccine is given.
- Opinions differ as to whether a second consent form is needed for those children needing a second dose. If it is decided that a second consent is to be used, it can

be created and sent to parents whose student falls into the “needing 2nd dose group”. It should include yes and no response boxes and place for signature. It can be attached to the original consent form for documentation.

8. Tracking Influenza Vaccinations:

- Promptness of NMSIIS entry eliminates unnecessary over-immunization. Data entry should be accomplished at the schools or with as little paper transporting as possible to avoid losing forms and data.



- Collaboration is key to getting data entered. If appropriate, partner with the local PHO for help. Be creative and look for partners to help with data entry. *Please note: There may be contract data entry staff to help with this during the upcoming season.*
- Rotary volunteers can be trained in NMSIIS and

receive HIPAA certification and can enter either while the child is getting the vaccine or after the clinic is completed.

- Some School Based Health Centers already do data entry into NMSIIS. They may be able to help.
- The school project coordinator should be responsible for submitting reports required by DOH or other entities.

9. Evaluation:

- Nurse and other participant evaluation forms will be sent to all schools and/or all participants. It is probable that we will use an on-line survey instrument like Survey Monkey this year.
- Questionnaires/Evaluation forms should be completed by the school nurse or clinic coordinator.
- Random sampling of parent satisfaction could be done through phone call interviews or paper evaluation forms mailed to a few families in the various regions of the state.
- If possible, School Nurses/clinic coordinators track school absenteeism rates during the influenza season to measure positive impact of immunization program.
- If possible, School Nurses/clinic coordinators track influenza and influenza-like illness rates during the influenza season to measure positive impact of immunization program.



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10. Debriefing:

- After all the school clinics are completed (in January), School Nurses/Clinic coordinators participate in debriefing meetings both regionally and statewide.
- By doing this, we'll improve our manual and our results for next year!

We hope that your flu vaccine clinics are very successful and as enjoyable as those we have participated in! We are happy to help, before, during, or after the event. Call us at...

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APPENDIX:

Considerations for school flu shots

School: _____

Pre-event planning	Needs for Shot Day	After first shot day
Handing out permission slips (Eng/Span)	Set date	Catch-up vaccine?
Incentives for getting back permission slips	Assuring adequate personnel (PH, MS, NS, PS, volunteers, school clinic staff)	Second doses (not needed if over 9 or has had two doses before)
Collating slips by class	Having adequate stock of both vaccines	Data collection: immunizations given
Keeping principal, asst. principal on board	Having Internet connection for SIIS lookup, entry	Data collection: flu-like illnesses and absenteeism
Teacher incentives, publicity	Entering data into SIIS	Providing follow-up to school personnel and families
Community publicity	?Entering data into APS immunization database	Maintaining ties among school, physician, public health and perhaps students
Second round of sending out permission slips	Having adequate needles, swabs for TIV	
Answering parent questions before the event	Getting out info on alternative flu vaccine sites, times	

Finding best role for school clinic staff		
Targeting children with asthma, other chronic medical conditions		
Determining if vaccine can be given to adult staff		