Implementing School Based Influenza programs in Elementary Schools

Barbara Baker MS, RNC

Rationale

- In 2008, the CDC broadened influenza vaccine recommendations to include all school age children
  - In 2010, the Advisory Committee on Immunization Practices (ACIP) expanded this recommendation to include all people over six months of age
- School based immunizations are a cost-effective option for preventing influenza in children and their families
  - Children are primary vectors to adults and younger siblings
- School-based programs are an effective & efficient way to improve vaccination rates in elementary school children

Benefits to Schools and Parents

- Healthy students lead to decreased absenteeism and decreased loss time from work for parents
  - Positive economic impact on schools and families
  - Reduces disease burden of influenza in the school setting
  - Increases access to preventative care for children
  - Decreases out of pocket expenses to parents

Why Nasal Mist?

- Easily administered- No shots!
- Elementary ages 6-10 highest age specific rates for influenza
- Minimal disruption to teachers and decreased anxiety in elementary school children

Key Players and Partners

- Collaboration is critical
  - School administrators
  - School nurses
  - Teachers
  - Parents
  - Medical community
  - Local health department

Engaging the Schools

- Responding to Questions:
  - Vaccine availability and safety
  - External and internal support of program by parents, teachers, administrators
  - Eligibility, language barriers, consents
  - Commitment of health department and costs

Ongoing Planning- Fall 2008

- Initial target
  - Three Title 1 elementary schools with 46-52% of students on free or reduced lunches
- Support received from State Department of Health Immunization program for 1000 doses of Flu Mist
- Worked with Schools to identify possible dates and times for clinics
- Identified staffing needs

Final Planning

- Developed templates for medical history and consents
- VIS provided to parents with informational packets
- School nurses engaged parents and teachers to provide education about vaccine and flu prevention

Final Planning

- Consents obtained from parents at school conferences, PTO meetings and/or sent home with students
- Teachers encouraged return of consents and talked with students about preventing flu
- School nurse verified consents were signed and any risk factors that would exclude vaccine being given prior to immunization day

Immunization Day

- Set up in Schools
  - Used designated school area
- Health Department Nursing staff reviewed consent and history as well as administered vaccine
  - Verified each child's name at time of administration
  - Children needing a flu "shot" were referred to Health Department or primary physician

Immunization Day

- Classes brought down by grades with teacher or nursing assistant
- Student nurses taught hand washing and hygiene after doses given
  - Allowed nurses to keep an eye on children prior to returning to classroom

Outcomes

- 1000 doses of Flu Mist administered to elementary school age children in 3 Title 1 schools in 2008
- Returned to schools after 4 weeks to administer second dose for those requiring one
- Approximately 28-30% of eligible children received Flu Mist (varied by school)
- Obtained 900 additional doses of Flu Mist from NACCHO to expand to 3 additional schools in January/February 2009

Outcomes

- 2009 expanded flu Mist program to 11 elementary schools
- 2010 expanded program to second school district with 10 elementary schools
- 2011 expanded program to third school district with 18 elementary schools
- Total number of schools participating = 37

Immunization Rates 2011

- 42% of elementary children immunized in pilot school district
- 32% rate established with second school district after 2 years
- 20% rate with third school district in first year (urban school setting)
- School population total 15,613 with 5,050 doses given

Lessons Learned

- Absenteeism rates over flu season have not been compared to prior years
  - Variable influenza rates in community
- Need to track absenteeism of influenza like illness to have accurate study of true impact
- School based clinics work well in both urban and rural settings in targeted populations of elementary school age children

Lessons Learned

- Planning and support of multiple players is critical for success
- Repetition will improve acceptance and efficiency
- Meetings essential to identify needs and responsibilities- problem solvers
  - Importance of E-mails to all involved (clear communication)
- Do not neglect the education component to all participants

Next Steps

- Engage stakeholders throughout the region to advocate and implement school-based immunization programs
- Seek grants and additional funding to cover all children regardless of insurance status for the prevention of influenza
- Begin planning Flu Mist clinics in elementary schools for fall 2012 before the end of the school year
- Engage additional elementary schools in Influenza program

Resources

- Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR 2010;59/RR-8

Contact Information

Barbara Baker MS, RNC
Director of Nursing
St Joseph County Health Department
227 W Jefferson Blvd
South Bend, IN 46601
bbaker@co.st-joseph.in.us