Implementing School Based Influenza programs in Elementary Schools
• 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

Rationale
• 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
• Collaboration is critical
  ◦ School administrators
  ◦ School nurses
  ◦ Teachers
  ◦ Parents
  ◦ Medical community
  ◦ Local health department
• 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
• 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
• 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
• 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
• 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
• 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
• Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR 2010;59/RR-8
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