



School-based Vaccination Clinics

Guidance for Schools

New York State Education Department
New York State Department of Health-Bureau of Immunization
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* Schools and/or vaccination providers may choose to modify these documents to fit their individual needs.

PURPOSE

To provide information for schools partnering with vaccination providers to conduct 2009 H1N1 influenza vaccination clinics at school facilities that target school-aged students, but may include other groups in the community.

BACKGROUND

Every influenza season has the potential to cause a significant increase in illness, medical office visits, hospitalizations, and deaths. The Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH) are concerned that the 2009 H1N1 influenza virus could result in a particularly widespread and severe influenza season. To date, the highest incidence of 2009 H1N1 influenza infection has been in school-aged students and has resulted in more hospitalizations within this group as well. In addition to being at high risk for infection and complications, students also play a critical role in the spread of influenza in their local communities. Students probably spread the disease more easily than adults because they have higher incidence rates and are infectious for longer periods of time. The virus also spreads easily in settings such as day care centers and schools where students spend several hours every day in close contact with each other. Vaccination will therefore reduce the likelihood of outbreaks that may lead to disruptive school closure and reduce transmission from schools into the community.

The need to immunize a large number of students in a short period of time has prompted consideration of the use of school-based vaccination clinics.

Benefits of coordinating the vaccination of students with schools:

- Improved efficiency and cost saving from a public health perspective;
- Increased access to students;
- Reduced absenteeism, for both vaccinated and unvaccinated students;
- Enhanced dissemination of educational materials, return of signed vaccination consents, and support of vaccination through the established relationships that schools have with students and parents; and
- Decreased burden on local health care providers who may be busy treating those infected with 2009 H1N1 and/or seasonal influenza.

INITIATION OF A SCHOOL-BASED VACCINATION CLINIC

The first step in planning for a school-based vaccination clinic is to form a partnership with a vaccination provider who is authorized under New York State law (e.g., local health departments, Article 28 facilities, etc.) to run a school-based vaccination clinic. Most school-based vaccination clinics will be run under the auspices of Local Health Departments (LHDs), but the possibility of working with other Article 28 facilities, such as school-based health centers, is also an option. A Memorandum of Understanding (MOU), or other agreement, to identify the roles of the school district and the vaccination provider is recommended; an optional template MOU is attached as Appendix A for your information. This recommendation to provide a written agreement should not delay, or otherwise interrupt, the scheduling of 2009 H1N1 Influenza school-based vaccination clinics. If an MOU is used, counsel for each party should review the document before it is signed. To avoid parent/guardian reliance on a school-based vaccination clinic for immunization of their children that might not occur, it is strongly recommended that no public notices, such as letters to parents, be distributed before the parties have reached a final agreement.

Clinic Scheduling

The scheduling and logistics of a school-based vaccination clinic are determined by an agreement between the vaccine provider and the school district.

Vaccination Strategies Could Include the Following, Alone or in Combination:

- Sending vaccination teams to schools to administer vaccine to students.
- Transporting students from multiple schools or school districts to a centralized dispensing site (e.g., school or community center) to be vaccinated.

Considerations:

- If agreed upon, the school and the vaccinating entity may also provide vaccine to school staff and/or family members who are in the following CDC recommended target groups.
 - Pregnant women;
 - Household contacts and caregivers for children younger than 6 months of age;
 - Healthcare and emergency medical services personnel (*school nurses are considered healthcare workers*);
 - Children from 6 months through 18 years of age;
 - Young adults 19 through 24 years of age; and
 - Adults aged 25 through 64 years of age with chronic health conditions.
- Students may be vaccinated during and/or after school hours.

There are benefits and challenges to each type of school-based vaccination clinic. See CDC guidelines for details, [http://www.cdc.gov/h1n1flu/vaccination/School based vaccination clinic/planners.htm](http://www.cdc.gov/h1n1flu/vaccination/School%20based%20vaccination%20clinic/planners.htm).

ROLE OF THE SCHOOL

School-based vaccination clinics require a high degree of coordination and information exchange among school administrators, the vaccination provider, parents, and students. One important role schools can play is to ensure that consent forms, vaccine information sheets, and educational materials are sent to parents/guardians prior to the school-based vaccination clinic. Ideally, the vaccination providers and schools should collaborate to ensure that materials are translated into appropriate languages for their community. A consent form and a sample letter to parents/guardians are included in Appendices B and C, respectively.

Consent Forms: Schools can assist the vaccination providers by collecting and verifying that a written 2009 H1N1 Immunization and Screening Consent Form is properly completed and signed by the parent/guardian of a student who will be vaccinated at the school-based vaccination clinic (Appendix B). Students who are 9 years of age or younger will require two doses of vaccine. Only one consent form is necessary even if a student requires two doses.

Unsigned 2009 H1N1 Immunization Screening and Consent Form:

A student will not be vaccinated unless they have a completed and signed consent form.

- *Declining the vaccine after consent is granted or providing consent after declining:*

A mechanism must be provided for the parent/guardian to withdraw or provide consent prior to the actual time of vaccination.

- *When a student is not vaccinated on clinic day:*

Despite the consent of some parents/guardians for their child to be vaccinated, it may not be possible to vaccinate the student on the day of the school-based vaccination clinic for reasons such as illness, student refusal, or discovering a contraindication. In this case, it is essential that parents/guardians are informed that the student was not vaccinated. This should be accomplished by calling the parent/guardian on the telephone. If the parent/guardian cannot be reached by telephone, a written notification should be sent to the parents/guardian via the student, U.S. mail, and/or sending the parent/guardian an email message. It may be helpful to designate one school-based vaccination clinic staff member to be in charge of this important task.

Vaccine information Sheet (VIS): The VIS must be provided to a parent/guardian with the consent form of any student who is to be vaccinated, prior to the school-based vaccination clinic.

VISs are information sheets produced by the CDC that explain to vaccine recipients or their parents/guardians both the benefits and risks of the vaccine. VISs also include information about indications and eligibility for each vaccine. Both VIS sheets, one for each form of the H1N1 vaccine (injection and nasal mist), should be included with the consent form and any other materials provided to parents/guardians before the school-based vaccination clinic date. Ideally, the VIS sheet and other materials sent to the parent/guardian should be written in the primary language of the parent/guardian. The following is a website that provides the VIS sheets in multiple languages: <http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>.

Educational Materials: Schools can also assist by ensuring that parents receive educational materials including information about the disease, the school-based vaccination clinic, and how to report adverse events to the Vaccine Adverse Events Reporting System (VAERS) (see Resources on page 8 for links).

- Schools may plan informational meetings with students and their parents/guardians if needed.
- Schools may also send information packets home with students or send information home via US mail. Schools should also consider making consent forms available on-line, either through the school website (if available) or via email (schools and/or parent organizations may have pre-established listservs for students' families). Additionally, high schools might want to make consent forms available on-site for eligible students aged 18 years or older who do not require parental consent.

Communication and Publicity: Schools can assist with the promotion of the clinic by placing posters in and around school, posting information on the school website, if available, and/or by communicating with local radio stations/television stations/newspapers.

Role of the School on the Day of the Vaccination Clinic: Schools may further choose to assist in the school-based vaccination clinic in their agreement with the vaccination provider by:

- Permitting the school nurse to review consent forms for completeness and identify those who may have a medical contraindication.
- Setting up the physical layout of the clinic (e.g., tables and chairs).
- Verifying the identity of each student to be vaccinated to ensure that parent/guardian consent was given. Because parents/guardians may not be present when students are vaccinated, processes need to be in place to ensure that only students for whom consent was given are vaccinated. The process of confirming the identity of students is easiest if school staff (e.g., teachers and/or school nurses) is overseeing the process. Placing labels and/or name tags on younger students can help confirm their identity.
- Assisting with clinic flow. School nurses, teachers, administrators, teacher's aides, or coaches can provide student support such as escorting students to and from the clinic.
- Providing security personnel as needed and agreed upon by the school and the vaccination provider.

REPORTING REQUIREMENTS (This section applies to vaccination providers)

There are three options available for reporting vaccine usage/wasting to the NYSDOH. The vaccine provider is responsible for ensuring this data is entered into one of the following reporting mechanisms:

1) New York State Immunization Information System (NYSIIS)

Vaccination providers are required by Public Health Law 2168 to report all immunizations administered to children less than 19 years of age to NYSIIS. NYSIIS can also be used for reporting doses administered to persons 19 years of age or older, with consent. If an adult is entered into NYSIIS, they do not need to be reported in the Interactive Voice Response (IVR) system as described below. Inventory, including doses wasted, can be tracked using NYSIIS. An on-line tutorial for using the NYSIIS inventory module is available at:

<https://commerce.health.state.ny.us/hpn/bcdc/immunization/instantdemo/tutorials.html>.

The Governor has issued an executive order that suspends or modifies several New York State laws because of the existing pandemic emergency. Under the executive order, if adults are vaccinated in a Point of Dispensing (POD) setting, consent is not required to enter those 19 years of age and older into NYSIIS. **A school-based vaccination clinic is considered a POD only when a LHD has approved or is conducting the clinic.** A copy of the executive order is available at http://www.nyhealth.gov/press/releases/2009/docs/executive_order_29.pdf.

2) Clinic Data Management System (CDMS)

Only LHDs have the ability to use CDMS to assist with managing the information related to the vaccination campaign.

3) Interactive Voice Response (IVR) System (Telephone Reporting)

Doses administered and vaccine inventory reporting for providers serving adults (19 years and older) can be completed through the IVR system using a touchtone phone.

Reporting must be completed by 11:59 p.m. each Monday for the week ending the previous Saturday by calling, 1-888-H1N1-VAC (1-888-416-1822).

BILLING

Billing or charging an administration fee is not permitted at school-based vaccination clinics.

LEGAL ISSUES

Vaccination providers and school districts should consult their legal counsel for advice concerning the applicability of the executive order, legal immunity, licensure, need for a MOU, and privacy laws that may exist with respect to persons involved in vaccination programs. A general summary of some relevant legal issues, including the Public Readiness and Emergency Preparedness (PREP) Act, local government immunity, defense and indemnification, the Family Educational Rights Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA) are included as Appendix D.

RESOURCES

Educational Material

Information for Students and Parents (Flyer)-NYSDOH
<http://www.nyhealth.gov/publications/7226/>

New York State Education Department
<http://usny.nysed.gov/swine-flu-info.html>

Facts for Parents (website)-CDC
<http://www.flu.gov/individualfamily/parents/index.html#children>

Vaccine Information Sheets (VIS)-CDC *Available for both the injection and the nasal spray in the following languages: Arabic, Bengali, Chinese, French, Russian, Spanish, Tagalog, and Urdu*
<http://www.cdc.gov/vaccines/pubs/vis/>

Vaccine Adverse Events Reporting System (VAERS) -CDC
<http://vaers.hhs.gov/resources/vaersmaterialspublications>

Tool Kits from Other Organizations:

- CDC's 2009 H1N1 Influenza School- Located Vaccination: Information for Planners.
http://www.cdc.gov/h1n1flu/vaccination/School_based_vaccination_clinic/planners.htm
- CDC's Resources for Child Care Programs, Schools, Colleges, and Universities
<http://www.cdc.gov/h1n1flu/schools/>
- NACCHO
<http://www.naccho.org/topics/HPDP/infectious/immunization/resources/schoolkit.cfm>

Department of Education's Novel H1N1 Influenza Website
<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html>

- National Association of State Boards of Education Publication
<http://nasbe.org/hswhws/>
- National Association of School Nurses
<http://www.nasn.org/default.aspx?tabid=316>
- American School Health Association
<http://www.ashaweb.org/i4a/pages/index.cfm?pageid=3300>
- Los Angeles Department of Health
<http://lapublichealth.org/ip/school/FluToolkit.htm>