

H1N1: School-Located Vaccination At-a-Glance

Background:

School-Located Vaccination (SLV) is: administered on school grounds; targets enrolled students and potentially others; is held before, during, and/or after school hours; and typically involves collaboration between public health departments and public and private schools/school districts.

The Advisory Committee on Immunization Practices (ACIP) has recommended that the following groups be considered the highest priority for H1N1 vaccination: people ages 6 months to 24 years; people 25-64 years who are pregnant or who have certain medical conditions such as heart or lung disease, diabetes, weakened immune systems, blood disorders, neurologic or neuromuscular disease, and other illnesses; parents and caregivers of children less than 6 months of age; and healthcare workers and emergency personnel.

Private providers (e.g., pediatricians) are unlikely to serve as the primary vaccinators of school-aged children because they cannot quickly vaccinate large numbers of children in a short period of time.

Decision Makers:

The public health department traditionally has led SLV efforts, but a school/school district or a private organization also could take primary responsibility. Partnerships with public health are essential. SLV planners may choose or be required to establish a memorandum of understanding or a similar document that identifies the roles and responsibilities of each partner (e.g., who will be the main contacts from public health and the school/school district, who will be responsible for collecting parental consent forms and communicating with parents/guardians).

If the public health department initiates the SLV program, the first step should be to contact the school district superintendent. It is essential to also form partnerships with the school board and to communicate with and gain support of school principals, who ultimately oversee all activities within their schools.

Informing and Involving Staff:

Implementing SLV clinics may require staffing capacity that exceeds that of the local public health department. Therefore, planners should consider recruiting additional staff, both medical and non-medical. Federal funds for the implementation of the H1N1 campaign are intended to cover the costs of organizing and conducting these clinics.

School staff can contribute greatly to the success of a 2009 H1N1 SLV clinic. For example, school nurses can play a critical role in SLV clinics by answering questions from parents and educating school staff about 2009 H1N1, the consent process, and the SLV clinic. Additionally, they can serve as the liaison between the public health department and the school community. Note, however, that competing priorities and other school responsibilities may serve to limit their involvement. In many cases, school administrators may determine the roles their staff will play.

The SLV clinic should be viewed as a partnership between staff from public health and the school/school districts, as well as any other organizations that participate. For each participating school, a liaison or point of contact should be identified through whom planning communications should be directed.

It also is important that school staff be able to answer questions from parents or others about the SLV clinic or to direct questions to the appropriate staff member(s). School districts and schools should consider appointing a single spokesperson and providing information on their websites. Additionally, all school staff should be appropriately educated about 2009 H1N1 and the SLV clinics and know where to direct more complex questions. After-school teacher workshops have been used as a method of educating school staff.

Parental Consent:

Parents/guardians are more likely to give consent if they and their children thoroughly understand the benefits and risks of vaccination. Because the idea of vaccinating children at school may be unfamiliar to some parents/guardians, there may be reluctance to consent to vaccination at school. Education is critical to help parents/guardians make choices for their children. Age appropriate classroom-based instruction and school-wide assemblies have been effective in educating students prior to immunization.

The success of SLV programs also will be enhanced by enlisting the support of local health care providers, especially pediatricians, family practitioners, obstetricians/gynecologists, and community health clinics. Keeping providers informed about planned SLV clinics also will help them estimate how much 2009 H1N1 vaccine they will need to order for their own patients.

Legal and Logistical Considerations:

Planners will need to decide whether to hold SLV clinics before, during, and/or after school hours. Regardless of whether a 2009 H1N1 SLV clinic is held during or before or after school hours, school officials may need to consult with local union representatives if holding such a clinic has an impact on staff members' rights under a collective bargaining agreement.

Planners will need to identify which population(s) will be offered the opportunity to be vaccinated. They should also be aware that some schools include students who are older than age 18 or younger than age 5. This will impact the need for consent forms or parental participation in the immunization clinic.

States should consult their legal counsel for advice concerning the applicability of legal immunity, licensure, and privacy laws that may exist with respect to persons involved in vaccination programs.

*Much of this information also applies to conducting seasonal flu vaccinations and should be used to consider ongoing efforts to encourage influenza vaccination.

This information is synthesized from the original document produced by the U.S. Centers for Disease Control and Prevention, 2009 H1N1 Influenza School-located Vaccination (SLV): Information for Planners, available at: <http://www.cdc.gov/h1n1flu/vaccination/slv/pdf/slv-planners.pdf>