U.S. Department of Education

October 8, 2009

Tips for Setting Up a Vaccination Clinic

Since the 2009 H1N1 influenza virus emerged in April 2009, scientists, public health professionals, and educators have discovered much about the way the virus is transmitted, who is most susceptible to serious complications, and how sick most people become when infected. Although the virus continues to cause mild to moderate illness in most people, it continues to disproportionately affect young people between the ages of 5 and 24 years old.

The Centers for Disease Control (CDC) released guidance in August to help schools keep students, faculty, and staff safe and healthy this flu season (see http://www.cdc.gov/h1n1flu/groups.htm). These recommendations—including hand washing and proper hygiene for coughing and sneezing—are intended to help stop the spread of the flu, though the most effective method is a vaccine, which the CDC is making available beginning in October 2009 for individuals at highest risk of exposure or serious complications. Although there will eventually be enough vaccine available for all Americans, specific groups identified by the Advisory Committee on Immunization Practices (ACIP) should be vaccinated first. These groups include children ages 6 months to 24 years; pregnant women; adults ages 25 to 64 years who have certain medical conditions, including asthma, diabetes, neuromuscular disease, and weakened immune systems; parents and caregivers of children less than 6 months of age; and health care workers and emergency personnel (see http://www.cdc.gov/h1n1flu/vaccination/acip.htm.)

Photo courtesy of National Association of School Nurses

Because the 2009 H1N1 influenza virus is already making some students and staff sick, health and medical professionals intend to vaccinate as many as possible in a short time (especially those in targeted groups). Because private providers such as pediatricians may not be able to vaccinate children quickly enough, the CDC recommends that, depending on capacity, local public health providers work with school districts to provide vaccines at schools. This federal vaccination program is **strictly voluntary** for children, faculty, and staff (see http://www.cdc.gov/h1n1flu/vaccination/slv/planners.htm for full guidance on designing and operating a school located vaccination clinic (SLV)).

Photo by Paul Wood, U.S. Dept. of Education

Key concepts for schools:

Partner with the local public health agency.

Under the CDC's recommendations for SLVs, local public health entities will be leading the 2009 H1N1 SLV effort. Accordingly, school districts, regardless of whether schools are going to be used as sites for vaccinations, should develop a strong relationship with the public health agency that has jurisdiction over the district, as public health workers play a key role in helping schools and communities prevent the spread of illnesses such as the H1N1 virus. For a list of public health agencies, see www.naccho.org.

In collaboration with public health officials, determine roles and responsibilities.

Schools offer access to a large number of at-risk individuals in one setting in which vaccinations can be easily provided to students and staff if desired and appropriate. After public health and school leaders decide a school should be used as a clinic, officials need to name individuals to run the program. Tasks include procuring sufficient supplies, identifying trained personnel or volunteers to deliver vaccines and organize logistics, and establishing priority order for distribution. Clinic organizers must determine when the vaccinations will take place—before, during, or after school—and who will be eligible to receive the vaccine at the school site, for example, enrolled students, families, staff, or other community members, such as students attending nonpublic schools.

Obtain parental consent.

Parents of students who will be vaccinated at school will need to provide written consent to receive the vaccine. Educators can facilitate this process by sending forms home with students and collecting the forms when they are returned. Educators are also encouraged to communicate with parents about the necessity of returning the forms (see link below) to the school by a specific date so the vaccination campaign can go forward with maximum participation.

Understand what student information can be shared without prior consent.

During a vaccination campaign there will be a need for the local health agency to collect various pieces of information on students, such as who received a vaccine, when they received it, and the lot number of the vaccine itself. Records that are directly related to students and maintained by the school are "education records" protected by the *Family Educational Rights and Privacy Act (FERPA)*. Although *FERPA* generally prohibits disclosure of a student's personally identifiable information without prior written consent, there are exceptions, including when it is necessary to protect an individual's health or safety.

Ensure that the vaccination site is logistically prepared.

Hosting a vaccination site may require a change in the school schedule. Schools should anticipate an influx of students, parents, other family members, caregivers, and, depending on the vaccination program, the general public. Schools are encouraged to work closely, not only with public health officials but also with local law enforcement, to ensure there are sufficient resources to manage. School officials should also consider whether hosting a vaccination site during a regular school day will have an impact upon collective bargaining agreements. The CDC's guidelines on establishing large-scale vaccination clinics can be found at http://www.cdc.gov/h1n1flu/vaccination/statelocal/settingupclinics.htm.

Photo courtesy of National Association of School Nurses

Photo by Paul Wood, U.S. Dept. of Education

Help ensure that school leaders, students and family members are educated about H1N1, the vaccine and the clinic.

Community members, including students, families, staff and school policymakers such as school board members, continue to have questions about various aspects of the H1N1 virus, including the need for and the safety of vaccines. Educators are encouraged to work with local communications teams or public information officers to provide accurate information about H1N1, the H1N1 vaccine, and the seasonal flu vaccine (see www.flu.gov).

Here are examples of school-located vaccination sites:

- The Salt Lake Valley, Utah, Health Department has solicited bids from nursing agencies to provide vaccinations in schools, with a preference in the bidding process given to agencies certified as Vaccine for Children (VFC) providers. Timing may vary by school, but officials envision setting up clinics in large spaces, such as an auditorium, and vaccinating one class at a time those students whose parents have provided consent (see http://www.slvhealth.org).
- The Rhode Island Department of Health will operate clinics in all schools in the state, using licensed medical professionals enrolled through its Statewide Emergency Registry of Volunteers. The Health Department plans to vaccinate middle and high school students during the school day and offer after-school and weekend clinics for elementary students. See http://www.health.ri.gov/flu/vaccination/.
- In Kansas, the Sedgwick County Health Department has partnered with several local public and nonpublic K–12 schools in the Wichita area, as well as higher education institutions, to provide vaccines through school clinics. Vaccines will only be available to students in these institutions. More information can be found at http://www.sedgwickcounty.org/.

Other resources, including template letters in multiple languages and model consent forms, can be found at:. http://www.cdc.gov/h1n1flu/vaccination/slv/relatedmaterials.htm. Additional case studies and insights are summarized in the February 2009 *Journal of School Nursing* (see http://www.jsn.sagepub.com/content/vol25/1_suppl/).