

SCHOOL KIDS INFLUENZA IMMUNIZATION
PROJECT
SKIIP 2018-19

Preventing Flu'11 Keep Kids in School!

A Manual of Recommendations for
New Mexico School Influenza Vaccine Clinics

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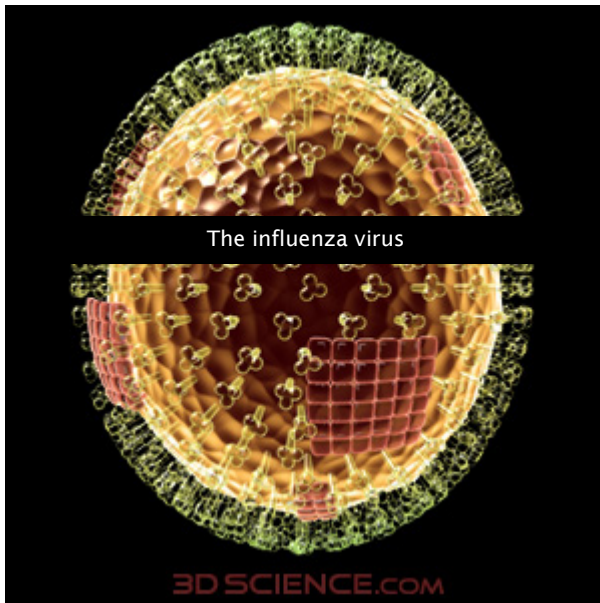
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New Mexico School Kids Influenza Immunization Project

Background Information

Did you know that influenza kills on average 36,000 Americans each year? This is the largest number of vaccine-preventable deaths of any disease. Many people think flu is just routine and something everyone gets, just like people used to think that measles and chicken pox were necessary parts of childhood. Those 36,000 influenza deaths are not necessary!

Most seasonal influenza deaths are in older adults. But children are very good communicators of the virus that sickens their older relatives and friends. And older adults don't respond as well as younger people to flu vaccine, even though it's very important they be immunized as well. Both Japan and Canada have shown that immunizing children saves the lives of adults, as well as keeping children in school instead of in bed with a nasty illness that makes them feverish and sore all over, or worse. The Centers for Disease Control recommends that everyone from age 6 months and older— get flu vaccine every year, largely for these reasons.



Most of New Mexico's physicians and pharmacists give flu vaccine, but it is very difficult to imagine all children getting their flu vaccine in physician offices and pharmacies during those few months between the arrival of the flu vaccine and the arrival of the disease itself in the community. Schools are where children are five days a week, with people who care about their educational and medical well-being, so it's not surprising that experts believe schools should be considered an important place in which to deliver flu vaccine to children.

Flu vaccine must be given every year. The vaccine strains often change slightly every year to protect against the viruses most likely to cause disease in the coming season. Most years, the match between the vaccine viruses (three or four every year) and the

disease-causing viruses is good, resulting in very good protection of most vaccine recipients. Occasionally an unanticipated virus makes its appearance (such as in the year 2009-10), in which case the vaccine is less effective. Sometimes the news media gives the impression that the vaccine is less effective than it really is. And many people have the mistaken impression that the influenza vaccine makes them sick. It can't—the influenza injection has no live virus, so can't cause disease.

In short, SKIIP is something worth doing. This manual consists of best practice scenarios from the experiences in the past with more than 470 schools, more than 50,000 children and is the result of the hard work of dedicated school nurses, public health nurses, and others. Together, as a coordinated team, we can do something about influenza's annual epidemics.

Helpful Tips and Recommendations

1. Planning Before the SKIIP clinic (Spring):

While Department of Health Immunization Program supports school clinics, schools must be aware that the majority of responsibility for planning will rest with the school nurse/clinic coordinator or school administration.



School responsibilities:

- Schools should identify an influenza immunization champion to coordinate the clinic(s) and to help with clinic logistics (usually the school nurse).
- Schools should set up a SKIIP clinic team before the end of the school year, so plans are in place for the start of the school year.
- School nurses must coordinate with their School Health Advocate (SHA) and the local Public Health Offices (PHOs) to discuss vaccine ordering and storage, and to check what level of support the PHO and Public Health Nurses (PHNs) can provide. Identifying VFC approved and monitored refrigerators for storage must be worked out prior to clinics. In addition, approved vaccine transport coolers must be available at the PHO.
- School nurses should work with PHOs and their school administrators to set tentative dates for their schools clinic(s) for the fall. Clinic dates cannot be confirmed until vaccine is available at the PHO. Typically clinics do not begin before the middle of October. Schools will need to stagger clinics so that not all schools are holding clinics the same days or weeks. The School Health Advocates (SHA) can help to coordinate schedules within their regions.
- Mechanisms for tracking influenza and absenteeism should be set up before the beginning of school so that the impact of the program can be measured.
- It is highly recommended that the school nurse use the SKIIP Checklist as a guide to plan for immunization clinic, please refer to the SKIIP webpage for checklist.
<https://hsc.unm.edu/programs/nmimmunization/schoolflu.html>

Immunization Program responsibilities:

- Regional PHO staff should meet with school nurses and administrators prior to the end of school to ensure buy-in and to choose tentative dates.
- Forms, letters and Vaccine Information Statements (VIS) will be distributed to schools in the fall. This is dependent on when the updated VIS is published by CDC.
- Where possible, planners and DOH will help schools with publicizing their SKIIP clinics by providing press releases explaining SKIIP.

2. Planning Before the SKIIP clinic (Summer):

School responsibilities:

- Prior to registration, school nurses should train designated volunteers in procedures to register children for the influenza clinic and in answering questions.
- **Tentative** dates for clinics should be scheduled in consultation with DOH and school administrators to avoid conflict with field trips, assemblies, testing and other out-of-classroom activities.
- The room location for administering vaccine should be determined with special consideration for convenience and rapid turnover of students, preferably with a separate entrance and exit.
- Forms should be ready and available in early fall. DOH has designed packets consisting of letters for parents, consent forms and Vaccine Information Statements (VIS). They will be shipped from DOH or they may be printed at the school. Vaccine Information Statements for Influenza must also be available. For the latest forms, go to the SKIIP website (also available in other languages at Immunization Action Coalition website).
 - <http://hsc.unm.edu/programs/nmimmunization/schoolflu.html>
 - <http://www.cdc.gov/vaccines/hcp/vis/index.html>
- If the school is printing letters and forms, personalize the letter to include local phone contact for questions about the clinic.
- Determine the number of vaccine administrators, form collectors, and student management staff you will need and begin recruiting volunteers early. Many of the volunteers can be parents, your school's PTO, civic organization members, students, etc.
- Service organizations such as NM Medical Reserve Corps and Rotary may have volunteers who can help; college or health sciences students (nursing, medical and pharmacist), EMT's, local pharmacists (many of whom can administer injections), parents, student council members, etc. are also great options for volunteers.
- Clinical volunteers will need to register through **NM MRC Serves**, which will check credentials and licenses and make sure volunteers are qualified and licensed to do the job they are assigned at the clinic. Medical volunteers must also be trained on how to screen children, how to administer vaccine, and how to complete paperwork. SKIIP has a mandatory training specifically for anyone involved with vaccine administration at a SKIIP clinic.
- Plan on a 2-week turn-around time to get SKIIP packets home in students' backpacks and returned to school. Emphasize the importance of getting signed forms returned by the due date for children who will be receiving vaccine. Make detailed plans for collecting, checking, and storing permission forms; this will save valuable time on clinic day.
- Consider having incentives for children on clinic day. Fruit or other healthy snacks, erasers or pencils are examples used in the past. Stickers are popular with all ages.
- After receiving the consent forms, the school nurse or designee checks them for completeness. Additional forms, letters and VIS packets should be available at school offices for late registration.
- Set a cut-off date for return of forms to assist in planning.



- If personnel are available, follow up phone calls on incomplete/ambiguous forms should be done ahead of time.
- All forms must be signed and dated! Verbal ok over the phone is not acceptable.

3. At School Registration:

- A school nurse or other designated trained volunteer should be available at registration to explain SKIIP and to answer questions.
- Fliers and posters are available on the SKIIP website to advertise that the school will be holding a SKIIP clinic in the fall.



4. Clinic Staff:

- The School nurse, a trained volunteer or DOH personnel should review all consent forms prior to clinic for completeness and signatures. Student records should be checked for medical contraindications. **All forms that are not complete or not signed are eliminated, or calls to the parents must be made and the parent must come in to sign the form or complete the information.**



- **The mandatory SKIIP Training must be reviewed prior to assisting at the clinic.**
- Nurses giving vaccines should be assisted by at least one other person to review consent forms for completeness prior to administration. This person can do the record-keeping to facilitate vaccine administration. Keeping students out of class for a minimal amount of time ensures cooperation by school districts and teachers for future vaccine events.
- School nurses can reciprocate by helping at one another's clinics. The camaraderie is worthwhile and gives nurses a chance to work together and to share successes and stories.
- Retired and volunteer nurses (with current licenses), pharmacists, student nurses, student EMTs, student pharmacists, and medical students, EMT's with immunization authorization, PHO nurses, and pediatricians/family physicians can administer vaccines after registering with the NM Medical Reserve Corps. Health Sciences students must work under a licensed preceptor and must have the preceptor co-sign their forms for any vaccine they administer.
- Other non-clinical volunteers may include students, service organizations, parents, PTA members, and other school personnel (acting as runners, comforters, reward giver-outers, and crowd control). Please note that many school districts require volunteers to complete a background check.

5. Clinic logistics:

- School newsletter articles, automated phone calls and/or phone calls/notes to parents one to two weeks prior to clinic helps families remember that the clinic is occurring and that consent forms were signed.



- Advertise on the school marquee the date the flu vaccine will be given.
- Assuming that vaccine is available, clinics should be held beginning mid- October or after vaccine has arrived. Send out the forms about 2 weeks prior to the clinic; much longer than 2 weeks gives parents more time to forget that they signed the form.
- Make sure all volunteers and supplies arrive on time on the designated clinic day/time.
- Schedule your clinic but realize that any date is tentative until vaccine is available.
- Review procedures for administration of vaccine as well as the process for pulling students from their classrooms and moving students through the clinic prior to clinic beginning.
- Decide the order of classrooms to be called to the clinic location. Or, have all the clinic equipment on a cart that can be transported and call out classes one at a time to receive their vaccine.
- High school students may be expected to “game” the system, leaving class to get their vaccine and then taking time off. They may need an escort from class to shot clinic and back.
- Additional volunteers (or older students) are needed in elementary schools to fetch classes of students for vaccine administration and to comfort students who are frightened by the shot. Volunteers can give stickers or any goodies provided plus a note to parents that vaccine was received after vaccine delivery, and move the students to the waiting area for the class until all students from that class have been vaccinated.
- Make sure the flow of students is steady so none of the clinical staff feel that their time is being wasted or is not valued. Lulls create mutiny!
- Make sure providers have tables to place immunization items and sharps containers and trash cans at each station. If possible have a separate sharps container for each vaccinator.
- One person should be designated to monitor vaccine temperature during the clinic. This must be done hourly and recorded on the chart on the outside of the cooler.
- Have epinephrine and other emergency equipment available. School nurse should make sure that she/he is familiar with the emergency equipment and how to use them. DOH provides a locked E-Kit along with the vaccine and supplies. Do not open the E-Kit unless there is an emergency, but be familiar with the contents listed on the outside of the kit.
- Clearly identify how each student will enter and exit the station, this helps with flow tremendously!
- If possible, it is helpful to have a scribe enter date, type of vaccine, lot number and expiration date. This way the provider only has to verify lot number and sign off on consent form.
- The slip that goes home to parents...it saves time to fill out the Nurse’s signature, school’s name and date on the form before you make copies. You can match the Spanish version of the note based on the Consent Form that the parent completed (highly recommended, but not required.) Print the parent forms that indicate the child got immunized in a different color from the note that indicates that the child did not get immunized...this avoids confusion.
- Have staff that call out names for vaccine make sure the child and form match by asking for two identifiers: Obtain child’s identify by asking the open ended question “please tell me your name?” Do not ask yes/no questions like “is your name Jane?”, and 2nd identifier can be birth date, address, phone, or other identifier. Ask the teacher or school administrator for help in positively identifying children.
- Make sure you have a box or folder to place the consent forms of the students that are absent. Inform your staff or volunteers how to identify an absent child, such as a special note like “ABSENT” or “PCP” (if child already got immunized at doctor’s office) on the form.
- If you have more than 200 students receiving the vaccine it is helpful to have many clinical volunteers to help administer the injections.

- If possible, immunize the youngest (pre-school and kindergartners) first. Have other staff or volunteers ready to assist with comforting students.
- Determine where you want the forms placed once the child has been immunized.
- PLEASE inform your volunteers of any changes that may occur with your clinic.

6. Immunizing Teachers and School Staff

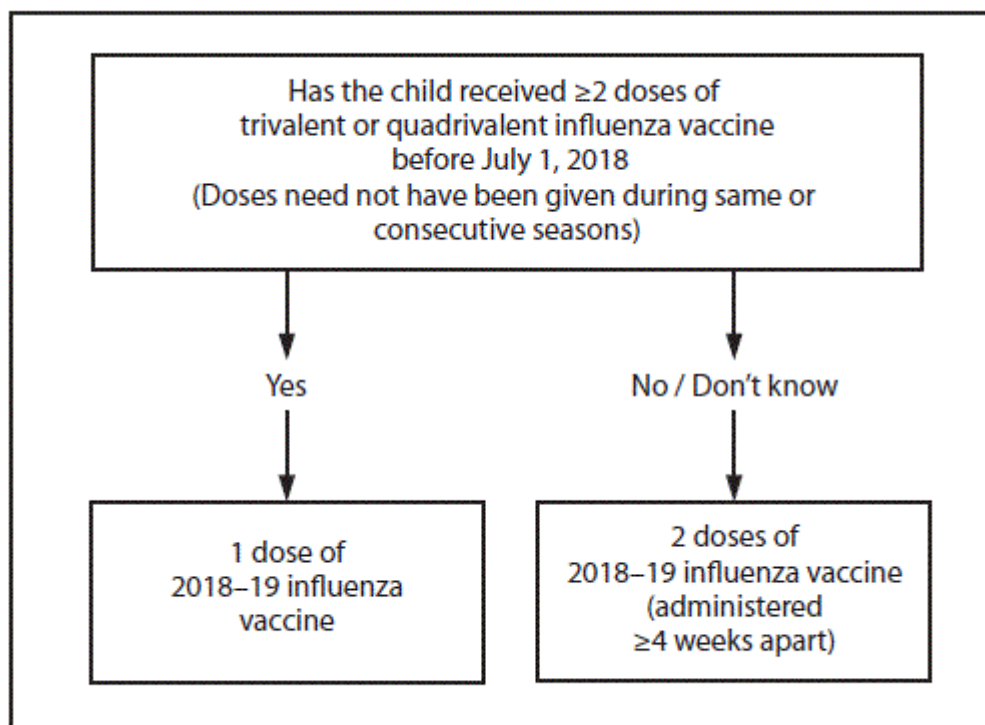
- While it is very important that staff get immunized against influenza, the DOH cannot provide vaccine for insured adults. **The vaccine for SKIIP is to be given to children <19 years of age only.** Staff and teachers will need to get immunized at their PCP, at a health fair or at the pharmacy.



Second dose for Children under 9

Algorithm for One Dose or Two of Influenza Vaccine for Children <9 years old

FIGURE. Influenza vaccine dosing algorithm for children aged 6 months through 8 years — Advisory Committee on Immunization Practices, United States, 2018–19 influenza season



Grohskopf LA, Sokolow LZ, Broder KR, Walter EB, Fry AM, Jernigan DB. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2018–19 Influenza Season. *MMWR Recomm Rep* 2018;67(No. RR-3):1–20. DOI: <http://dx.doi.org/10.15585/mmwr.rr6703a1>

- For elementary schools: some children less than nine years of age will need a second dose of influenza vaccine 28 days or later after the first dose. Determining which children will need a second vaccine will ensure they are well-protected against influenza. *In general, giving only one vaccine dose when two are needed results in suboptimal protection.*
- The school nurse or designee will check the New Mexico Statewide Immunization Information System (NMSIIS--the immunization registry) and paper or computer immunization records for students under 9 years of age who have received 2 doses in any previous seasons to eliminate those who do not need a 2nd dose (see algorithm above for further information on this determination).
- Let parents know that they will need to take their child to their pediatrician or local Public Health Office to get the second dose.

Tracking Influenza Vaccinations

- DOH bills TransAct Rx for the administration fee for Medicaid. This will also upload the record into NMSIIS for those children.
- Promptness of NMSIIS entry eliminates unnecessary over-immunization.
- School nurses should make a copy of the consent forms for data entry into their own school EHR **before** they return the consents to the PHO at the end of the clinic day.



- The PHO will enter data into NMSIIS to track the vaccine inventory.

Evaluation

- Nurses are expected to report number of children immunized using the online tracking survey. Prompt reporting will help to ensure that vaccine inventory is sufficient.
 - The online survey will also ask for feedback on the SKIIP experience.
- If possible, School Nurses/clinic coordinators track influenza and influenza-like illness rates during the influenza season to measure positive impact of immunization program.



Debriefing

- After all the school clinics are completed (in January), School Nurses/Clinic coordinators may be asked to participate in debriefing meetings both regionally and statewide.
- By doing this, we'll improve the SKIIP program and our results for next year!

We hope that your flu vaccine clinics are very successful and as enjoyable as those we have participated in! We are happy to help, before, during, or after the event. Call us at...

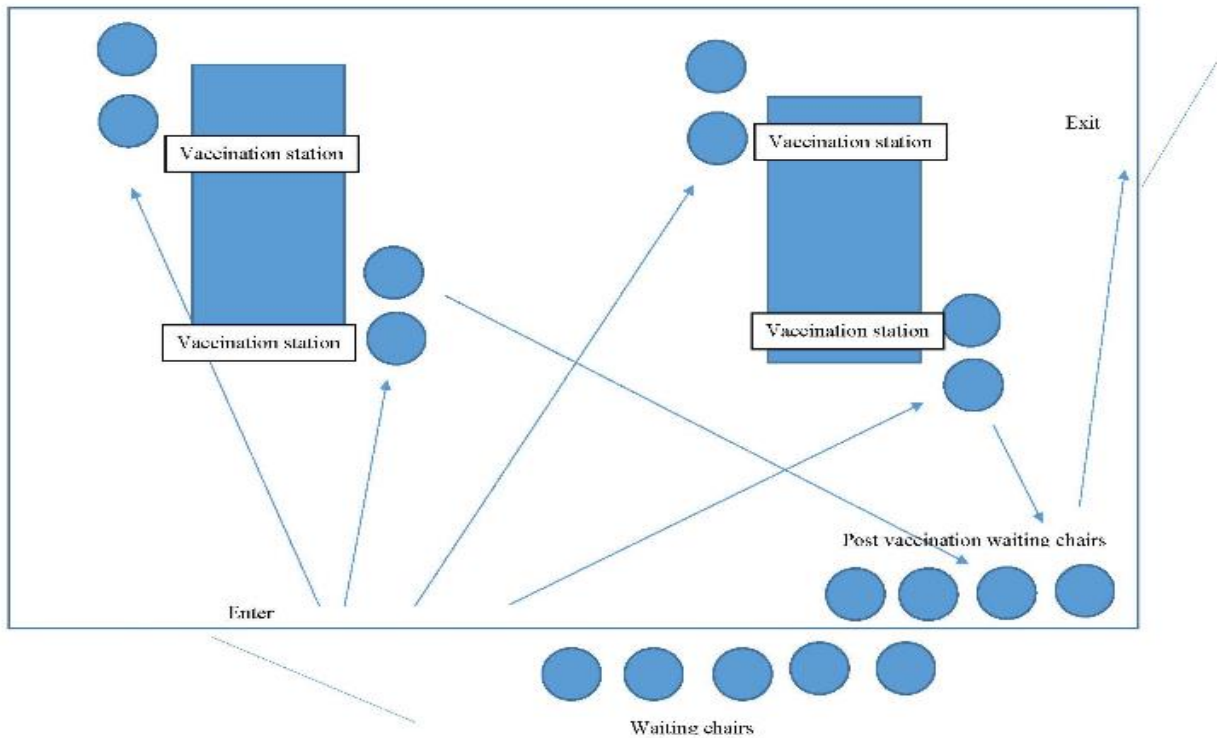
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505-272-3032
mjune@salud.unm.edu



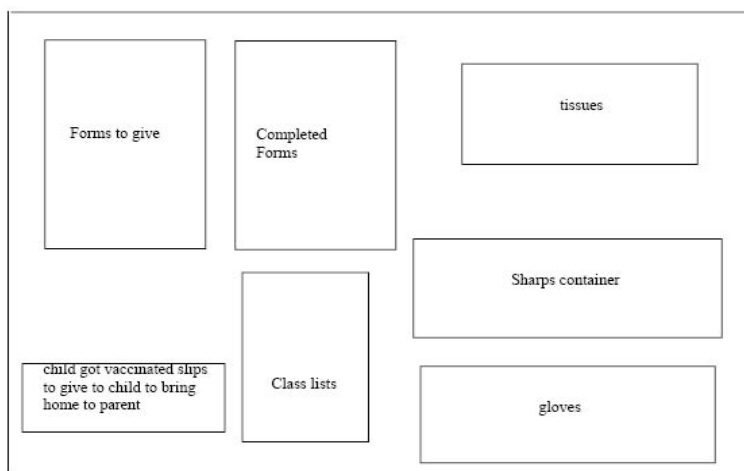
Anna Pentler
505-272-5976
apentler@unm.edu



APPENDICES



Possible layout for Cart--top level



*cart lower level: vaccine in temperature controlled cooler, ancillary supplies, emergency kit, waste paper basket

Dear Parent/Guardian, School Kids Influenza Immunization Project (SKIIP) clinic date: _____

Your child, _____, was given injectable flu vaccine today. If your child is younger than nine (9) and has not had 2 flu vaccine before July 2018, please check with your health care provider to see if 2 doses are needed this year. Thank you for protecting your child from influenza!

Sincerely, _____
School Nurse School

Dear Parent/Guardian, School Kids Influenza Immunization Project (SKIIP) clinic date: _____

Your child, _____, was given injectable flu vaccine today. If your child is younger than nine (9) and has not had 2 flu vaccine before July 2018, please check with your health care provider to see if 2 doses are needed this year. Thank you for protecting your child from influenza!

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Sincerely, _____
School Nurse School

Clínica escolar para vacunar contra la gripe Fecha: _____

Estimado padre de familia/guardián, A su niño, _____, se le vacunó hoy contra la gripe de la temporada en forma de vacuna inyectable de influenza. Si su niño es menor de 9 años y no tiene las 2 dosis de la vacuna contra la influenza antes de julio de 2018, por favor verifique con su proveedor del cuidado de la salud si serán necesarias este año. ¡Muchas gracias por proteger a su niño de la gripe!

Atentamente, _____
La enfermera escolar Escuela

Dear Parent/Guardian,

School Influenza Immunization clinic date: _____

We were **unable** to immunize your child, _____, against influenza today at our School Influenza Immunization Clinic. We regret that we were unable to immunize your child due to the following:

- ☐ Child was too frightened ☐ The paperwork was incomplete ☐ We did not have sufficient vaccine
☐ Child was absent ☐ Nurse determined child unable to receive vaccine

If you have any questions or concerns, please contact the school nurse. We encourage you to take your child to your healthcare provider to get immunized against influenza

Sincerely, _____

School nurse

School

Dear Parent/Guardian,

School Influenza Immunization clinic date: _____

We were **unable** to immunize your child, _____, against influenza today at our School Influenza Immunization Clinic. We regret that we were unable to immunize your child due to the following:

- ☐ Child was too frightened ☐ The paperwork was incomplete ☐ We did not have sufficient vaccine
☐ Child was absent ☐ Nurse determined child unable to receive vaccine

If you have any questions or concerns, please contact the school nurse. We encourage you to take your child to your healthcare provider to get immunized against influenza

Sincerely, _____

School nurse

School

Dear Parent/Guardian,

School Influenza Immunization clinic date: _____

We were **unable** to immunize your child, _____, against influenza today at our School Influenza Immunization Clinic. We regret that we were unable to immunize your child due to the following:

- ☐ Child was too frightened ☐ The paperwork was incomplete ☐ We did not have sufficient vaccine
☐ Child was absent ☐ Nurse determined child unable to receive vaccine

If you have any questions or concerns, please contact the school nurse. We encourage you to take your child to your healthcare provider to get immunized against influenza

Sincerely, _____

School nurse

School

Fecha de la Clínica para vacunar contra la gripe: _____

Estimado padre de familia/guardián, No nos fue posible vacunar a su niño, _____, en contra de la gripe hoy en nuestra clínica escolar. Sentimos mucho que no lo pudimos inmunizar debido a que:

- ☐ El niño estaba muy asustado (child was afraid)
☐ El formulario de consentimiento estuvo incompleto (incomplete consent form)
☐ El niño estuvo ausente (child was absent)
☐ La enfermera averiguó que el niño no podría recibir la vacuna (child is unable to receive vaccine)
☐ No teníamos suficientes vacunas (insufficient vaccine)

Si tiene algunas preguntas o le preocupa algo, por favor llame a la enfermera escolar.

Atentamente, _____

La enfermera escolar

Escuela