

Thomas Frieden

Appendix E

School-Located Vaccination Planning Considerations

The following planning considerations are based on observations, interviews, and surveys conducted at 38 selected School-Located Vaccination (SLV) sites in 6 localities during the 2009 H1N1 influenza pandemic. The Centers for Disease Control and Prevention may consider this document when determining useful SLV practices and assisting States and localities that are interested in conducting SLV programs. Items are listed in semi chronological order and cover topics that are important to consider when planning and implementing SLV programs.

1. Identify school districts/individual schools that are interested in participating in the SLV program and involve parents and school staff early in the planning process. Once schools are identified, hold meetings with principals, teachers, school nurses, Parent Teacher Association members, providers, and other relevant stakeholders. For example, health department staff can give an overview of the SLV method and identify the respective responsibilities of the health department and schools during the program. These responsibilities may include:

a. Health Department

Provide a diagram of the clinic, including setup and patient flow

Provide vaccine and related supplies

Identify and provide staff (e.g., managers, vaccinators)

Develop the consent form and educational materials

b. Schools

Provide dedicated space for the SLV clinic and set up the space according to diagram provided by health department.

Identify and provide staff and/or parent volunteers (e.g., triage, translators).

Develop a plan for communicating with parents (e.g., informing them of the SLV program, distributing consent forms and educational materials provided by the health department).

2. Consider that staffing needs are affected by SLV timing. We observed that SLV sites held during school hours tended to have lower attendance, possibly because of the fact that parents could not accompany students. However, we also observed that these sites were generally more organized because SLV staff could control the number of people in the vaccination area at any one time (e.g., by bringing one class in at a time). Alternatively, SLV sites held after school tended to have higher attendance because parents and siblings could accompany the enrolled student and, at some SLV sites, receive the H1N1 vaccine. However, we also observed that these sites were often overcrowded and poorly organized, which resulted in longer wait times.

3. Provide online and paper versions of the consent form. Online systems for completing consent forms can be convenient and efficient (e.g., because the system checks the consent form for completeness and eligibility before allowing parents to submit it). However, not all parents have access to a computer to complete the consent form online. Therefore, it may be beneficial to give parents the option to complete the online consent form at home and/or during a scheduled time in the school's computer lab. Paper consent forms can also be provided to parents who would prefer this format over the online method. These paper forms should be reviewed in advance for completeness, preferably by one person within the health department or the school nurse to ensure consistency.

To determine which method parents will use to complete the consent forms (e.g., online or hard copy), schools can communicate with parents to:

- (1) notify parents of the scheduled SLV clinic;
- (2) ask parents if they would like to complete the form online at home, online at the school, or use the paper format; and
- (3) provide parents the option to decline vaccination and explain why. Understanding why parents do not want their children vaccinated may allow SLV staff to dispel misinformation and improve future programs.

4. Conduct a walk through of the SLV site prior to the event. This will give health department and school staff a chance to review the logistics for the event and address any concerns prior to the vaccination day. Health department and school officials may also want to schedule this time for parents to come in and complete the consent forms online. By scheduling these events at the same time, health department staff can answer questions or concerns that parents may have and eliminate the need for SLV planners and/or staff to make several trips to the school.

5. Use automated phone calls and/or emails to remind parents to complete and return consent forms. This task may be delegated to the health department or the schools, depending on resources. Automated calls can be used to remind a large number of parents and may include information regarding the date parents can come to the school to complete forms, as well as the actual vaccination date. Automated email reminders (generated by the online registration system) may also be sent to parents who completed forms online.

6. Pack vaccine coolers and supply kits the day before and have couriers deliver these items the day of the SLV clinic. Packing these items the day before and having couriers or other non-SLV staff deliver the items to the schools the day of the program saves time by eliminating the need for SLV staff to go to the health department before and after the event. Couriers can deliver the vaccine daily from the initial storage site (i.e., health department or contractor's office) to the SLV site. SLV planners in two of the three localities that used couriers reported that this method worked well for transporting the vaccine and supplies to the correct site without relying on SLV site staff. Other SLV sites used onsite staff to transport the vaccine or had the vaccine delivered directly from the manufacturer. SLV planners in three localities also noted that having health department employees prepackage the vaccines and supplies was helpful in saving time and ensuring that all needed supplies reached the SLV site.

7. Monitor and record vaccine storage temperature according to the guidelines appropriate for the storage container (i.e., cooler or refrigerator). Once coolers have been transported to the SLV sites, the temperature inside the coolers should be monitored and recorded every hour; if vaccines are placed in refrigerators, the temperature should be monitored and recorded twice each day. SLV planners considering using refrigerators to store the vaccine should be aware of the additional cost, as well as accompanying mobility and storage issues (e.g., thermometer calibration).

8. Ask school staff to set up the vaccination room, including privacy and waiting areas, before the health department or contracted vaccinators arrive. It may be more comfortable for students if privacy is provided for those being vaccinated. This may be done using screens or folding mats to create temporary walls between vaccination stations. Vaccination rooms can also have a waiting area for students to sit in before and after vaccination. Waiting areas may include toys, books, or videos to keep children occupied. Ensuring privacy and providing distractions in the waiting area can help calm students who may be nervous or upset. The day before, the health department may want to call schools to discuss any last-minute questions or concerns.

9. Include principals, teachers, and/or school nurses when organizing SLV staff, and provide an adequate number of registrars, triage, health educators, and translators, based on community needs. Including the school staff can be helpful as they typically know the children's parents and medical history. Additionally, school staff can often help as translators if non-English-speaking students or parents will be participating. By providing additional registrars, triage, and health educators, planners can avoid potential delays in patient flow.

10. Ask registrars to use a roster that includes all of the students who returned a signed consent form. At the registration desk, students can be matched to the roster and asked to verify their identity. Once the student has been correctly identified, the registrar can give each student a copy of his or her consent form before he or she is escorted to the vaccination station. Planners may decide to use a color-coded system to identify which form of the vaccine, if any, a student should receive. For example, SLV sites in one locality used a color-coded sticker system to ensure that students received the proper type of vaccine; administrative staff placed a green, yellow, or red sticker on the consent form to indicate whether the student should receive the injection, mist, or no vaccine. For example, a form might receive a red sticker for "no vaccine" because the parent changed his or her mind, the child was vaccinated by his or her private provider in the interim, or the child was exhibiting influenza-like symptoms (e.g., fever).

11. Make communication materials developed by Federal, State, and/or local agencies available to parents when they complete the consent forms as well as on the day of vaccination. It may be helpful if these materials are available in every language spoken by families at the school. Health departments can develop a sheet of frequently asked questions that dispels any rumors or misconceptions about the vaccine. Planners may want to review the reasons, if any, parents gave on consent forms for not vaccinating their children when developing this document. Once vaccinated, students should receive a Vaccine Information Statement that includes information about possible adverse reactions and a phone number to call if there are any questions. This sheet can also be sent home to parents of children who will need a second dose of the vaccine and include information regarding when and where the second dose will be

administered. Once the child receives his or her second dose, he or she could take home a vaccination card including the administration date of both doses. Children who do not need a second dose can be sent home with the vaccination card or record the day that they are vaccinated.

12. Determine whether it is beneficial to bill third-party payers for vaccine administration costs. Vaccine administration costs are typically paid through grant funding, State funds, or by billing third-party payers. While billing insurance companies enables health departments or contracted vaccinators to recoup some of their expenditures, it can be time consuming and requires a billing system to be in place, as well as a method for collecting insurance information (e.g., requesting that parents provide insurance information on the consent form).