Why School-Located Flu Vaccine Clinics Are Important

Flu vaccine is different from other childhood vaccines because:

- It is recommended annually, during a brief seasonal window of time, which creates a unique challenge for a medical practice to get all patients vaccinated at a time when they might not otherwise have a reason to schedule an appointment.

- The health care system has traditionally only needed to administer flu vaccinations to a small minority of school-aged children, and thus has not developed the capacity to deliver flu vaccines to all children each fall.
  - The U.S. Advisory Committee on Immunization Practices (ACIP) only began recommending flu vaccine for all children in 2009. Prior to 2009, flu vaccinations were only recommended for children under age 5 and older children with high-risk conditions.

By sharing responsibility and coordinating efforts across health care, public health, and schools, we can use our limited Maine resources efficiently to ensure that all children have the opportunity to get a flu vaccine every year.

Benefits

For Schools
- Reduce absenteeism among students and staff
- Strengthen protection of unvaccinated children/staff through “herd immunity”
- Build emergency preparedness capacity
- Community appreciation
- Nurses may be able to earn recertification credits

For Families and Communities
- Save parents time and cost of doctors’ appointments
- Save employers lost work time among parents
- Higher vaccination rates among children help protect other vulnerable populations
- Assure access for uninsured children

For Local Health Care Providers
- Avoids need to schedule a large number of patients for office visits in a short window of time
- Help providers meet quality goals by increasing vaccination rates
- ImmPact2 registry ensures that providers have access to vaccine records
2010-11 Experience in Cumberland County

The majority of public school districts located in Cumberland County offered School-Located Flu Vaccine Clinics for students during the fall of 2010, as well as the Governor Baxter School for the Deaf and Longcreek Youth Development Center.

- In 4 school districts, the school nurses provided the clinics themselves
- In 5 districts, the school nurses partnered with one of the visiting nurse organizations (VNAs)
- Portland used a hybrid model, partnering with Portland Public Health
- 9 of 13 private schools in Cumberland County offered student flu clinics

In a routine non-pandemic year, school flu clinics may only need to vaccinate 20-40% of the student population to ensure access for students who otherwise might not get vaccinated through the health care system.

Deciding Factors for 2010-11 Implementation of School-Based Clinics

- Reduce student absenteeism
- Desire to provide a good service to our community
- Reduce staff absenteeism
- How it would be more doable this year (e.g. of 2009 experience)
- Wanted to make flu vaccine more accessible for low-income families
- To offer convenience/savings for parents
- Wanted to maintain capacity/relationships built during 2009 pandemic
- Superintendent encouraged/expected it
- Direct MaineCare reimbursement helped cover costs w/o billing
- Ability to enter data in lemFit2 reduced paperwork burden

Source: Cumberland Flu Workgroup School Nurses Survey, March 2011

Findings from CDC’s March 2011 National Flu Survey indicate that there are between **11,000** and **19,500 children** age 6 months-17 years in Cumberland County who have not received a seasonal or H1N1 flu vaccination in the past two flu seasons (between Aug 2009 and mid-Mar 2011).

Location of Most Recent Flu Vaccine

Among Cumberland County children age 5-17 years who received a flu vaccination between Aug. 2010 and mid-Mar. 2011

The US CDC estimates that, as of mid-March 2011, **about 40% of school-aged children** in Cumberland County had not received a flu vaccination during the current (2010-11) flu season.*

*Cumberland County towns where schools offered student-located flu clinics in Fall 2010 are in pink
Successful Set-up of School Clinics

School nurses and partnering providers report that the 2010 fall flu clinics were much easier and less time-consuming to set-up than the initial experience with school clinics during the H1N1 pandemic 2009 year, for a number of reasons:

- The 2010 seasonal flu vaccine included H1N1, so only one vaccine was needed
- More control over timing and less public anxiety about the pandemic
- Sufficient vaccine supply

Costs and Outlays

- Time of the school nurse(s) to plan the clinics, collect consent forms, communicate with parents, and manage paperwork/data entry
- Photocopying and mailing of necessary forms
- Clinic supplies (bandaids, alcohol wipes, etc) if needed
- Out-of-class time for the students to attend the clinic
- Note: the current expectation is that flu vaccine for school clinics will continue to be provided by the state at no cost to schools

Tips for Reducing and Covering the Costs

- Conduct staff flu clinics in conjunction with student flu clinics and collect private insurance reimbursement for the covered staff. These funds, as well as the MaineCare reimbursement for students who have MaineCare coverage, can help cover the costs of extra school nurse hours to prepare for clinics and/or school nurse substitutes for clinic days if needed.
- Partner with one of the local Visiting Nurses Associations (VNA) or other local health care provider to conduct some of the clinic functions (ordering & storing vaccine, providing vaccinators, ImmPact2 data entry, etc.). The VNAs provide this service at no cost to the school district – they cover their costs by billing private insurance and MaineCare, and if necessary charging a cash fee for those without insurance (though nobody is turned away for inability to pay).
- Starting in 2010, school clinic providers are able to receive automatic reimbursement from MaineCare for the vaccination administration fee based on the records entered in ImmPact2 – no billing process is necessary.

School Flu Clinic Models

A companion document with details of each model is available

Schools in Cumberland County have successfully used three different models:

1. Partner Model
The school nurse partners with a VNA or other health care provider to implement the clinic(s) – roles and responsibilities of each partner are agreed upon through a Memorandum of Understanding

2. School Model
The school nurse leads all aspects of the initiative and meets all requirements of the Maine Immunization Program as a vaccination provider

3. Health Care Model
The school nurse leads clinic planning and implementation but partners with a local health care provider to order and store the vaccine and provide standing orders
The Cumberland District Public Health Council (CDPHC) has identified increasing flu vaccination rates as one of the top priorities of its 2011-13 District Public Health Improvement Plan, and established a Flu & Pneumococcal Vaccination Workgroup to collaborate, coordinate, and increase the effectiveness and efficiency in flu vaccination efforts.

The Workgroup identified supporting school flu clinics as its #1 strategy. In March 2011, a survey of Cumberland County school nurses identified the types of support that would be helpful to host a school flu clinic.

Fortunately, the Workgroup has already developed the capacity to assist with most of the types of support for which nurses expressed a need. We will continue to work on bringing partners together to develop resources and assist with the needs identified by the survey respondents.

Examples of the types of assistance that the Workgroup can provide include:

- Guidance on various models for school clinics, technical assistance, toolkits
- Reinforcement of key public messages through coordinated flu education communications
- Public recognition for schools who conduct school flu clinics
- Assistance with responding to parents’ or board members’ questions or concerns
- Coordination with local pediatricians and primary care providers
- Linkages with providers who can partner on school clinics
- Assistance with recruiting volunteers if needed
- Opportunities for networking and sharing lessons learned and tips for success
- Access to loanable “Go-kits” with clinic supplies

Evidence base:
www.thecommunityguide.org/vaccines/universally/RRschools_childcare.html

Basic flu information:
US CDC: www.cdc.gov/flu/school/qa.htm
Maine CDC: www.maine.gov/dhhs/boh/maineflu/

U.S. CDC School Clinic Toolkit:
www.cdc.gov/flu/school/planners.htm

Maine CDC school clinics, forms and tools (2010):
www.maine.gov/dhhs/boh/maineflu/h1n1/educators.shtml#schoolclinics
Organizations participating in the 
CDPHC Flu & Pneumococcal Workgroup, Spring 2011

Maine Center for Disease Control and Prevention/DHHS  
HomeHealth Visiting Nurses/MaineHealth  
VNA Home Health & Hospice/Mercy Health System  
MaineHealth  
Portland Public Health  
CHANS Home Health Care/MidCoast  
Southern Maine Agency on Aging  
MMC Family Medicine  
Bridgton Hospital  
Pfizer, Inc.  
MedImmune  
Patient Centered Medical Home Consumer Advisory Group  
MEA Benefits Trust  
Portland Public Schools  
Gorham School Department  
Westbrook School Department  
Yarmouth School Department  
University of New England  
University of Southern Maine

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For more information on the Cumberland District Public Health Council and/or to download a copy of this document, go to: www.maine.gov/dhhs/boh/olph/lphd/district2/index.shtml