

Columbia/Boone County
Department of Public Health and Human Services
School-Based Flu Vaccination Program Report
2015-2016



Introduction

Seasonal Influenza, commonly known as “the flu”, is caused by influenza viruses, which infect the respiratory tract. In the United States, 5% to 20% of the population becomes ill with the flu and more than 200,000 people are hospitalized from seasonal influenza-related complications each year (Seasonal Influenza Q&A, 2015). Populations at the highest risk for serious flu complications include children under 5, pregnant women, and adults over 65. Individuals with certain health conditions including asthma, diabetes, lung disease, heart disease, and those with weakened immune systems due to HIV and cancer are also at high risk (“People at High Risk of Developing Flu-Related Complications”, 2015). Flu seasons are unpredictable and can be severe. The number of flu-associated deaths from 1976 to 2007 ranged from a low of 3,000 to a high of 49,000 people annually (“Estimating Seasonal Influenza-Associated Deaths in the United States: CDC Study Confirms Variability of Flu”, 2015). Influenza illness can be costly, not just in direct medical costs, but also in lost time from work and/or school. The best way to prevent seasonal flu is by getting vaccinated each year (“CDC Says ‘Take 3’ Actions To Fight The Flu”, 2015).

One way to protect the community at large, including those at high risk for flu complications, is to vaccinate school-aged children. The Advisory Committee on Immunization Practices (ACIP) recommends that all children ages 6 months and older be vaccinated against influenza every year. School-aged children are the prime source of influenza transmission in a community, and although they are not at high risk of influenza complications, influenza illness rates are high in this age group (Halloran, 2006). School-aged children foster the transmission of infections due to their physical environment. Students are in close contact with one another, share supplies and equipment, and may not adhere to the good health habits that help prevent the spread of infectious diseases. The Community Preventive Services Task Force recommends school-located vaccination programs based on strong evidence of effectiveness in increasing vaccination rates, and in decreasing rates of vaccine-preventable diseases and associated morbidity (“Increasing Appropriate Vaccination: Vaccination Programs in Schools and Organized Child Care Centers”, 2009). This model removes a barrier for families who might not otherwise be able to take time off work to have their children vaccinated against influenza, and provides an efficient, convenient way for school-aged children to be vaccinated.

Background

The Columbia/Boone County Department of Public Health and Human Services (PHHS) has provided school-located influenza vaccination (SLIV) clinics since the 2009 H1N1 flu pandemic. In the program's first year, the federal government provided funding for the H1N1 vaccine, staff and supplies as part of the pandemic flu response. Vaccinations were provided to kindergarten through 12th grade students in all public schools and participating private schools in Boone County. Secondary visits were made to elementary schools to provide second doses of flu vaccine to children age eight and younger, per Centers for Disease Control and Prevention (CDC) recommendations.

In 2010 funding provided by the Missouri Department of Health and Senior Services, and the American Recovery and Reinvestment Act (ARRA) covered the cost of the program. With decreased funding, the decision was made to focus on elementary schools (kindergarten through 5th grade). No return visits were made to provide second doses to children age eight and younger, but parents were encouraged to seek guidance from their healthcare provider or PHHS to determine if a second dose was needed.

No state or federal funding was available for the SLIV program in 2011, and PHHS believed the program would not be possible that year. Due to a generous donation from the David B. Lichtenstein Foundation, however, the program was fully funded and vaccinations were again offered to elementary students in all public and participating private schools in Boone County.

In 2012, PHHS again partnered with the David B. Lichtenstein Foundation to provide SLIVs. In addition, PHHS sought and received funding from Boonslick Kiwanis and Boone Electric Cooperative. Public Health and Human Services also began a partnership with MU Children's Hospital which provided Live Attenuated Influenza Vaccine (LAIV), the nasal spray flu vaccine. The program expanded to include middle school students. Columbia Public Schools middle schools consisted of 6th and 7th grade students. All other participating middle schools consisted of 6th through 8th grade students.

In 2013, PHHS continued their partnership with the David B. Lichtenstein Foundation and MU Children's Hospital. The donation from the David B. Lichtenstein Foundation was utilized to purchase injectable flu vaccine and to pay for staffing, supplies and transportation. MU Children's Hospital again provided LAIV. Due to the restructuring of middle schools in Columbia, the school-based efforts were expanded to include Columbia Public Schools 8th grade students as well.

An increase in support from the David B. Lichtenstein Foundation and MU Children's Hospital was requested in 2014 in order to expand the program to include students of all ages (kindergarten through 12th grade) in Boone County and to universally provide quadrivalent vaccine. At that time, flu vaccine provided protection against three (trivalent) or four (quadrivalent) strains of influenza, depending on the type of vaccine used. The quadrivalent vaccine protects against two Influenza A viruses, and two Influenza B viruses. Public Health and Human Services decided to utilize all quadrivalent vaccine for the 2014-2015 flu season to provide students protection against as many strains of influenza as possible.

Vaccines for Children (VFC) vaccine has also been utilized for the SLIV program each year for children who qualify. Children who have Medicaid, are uninsured or underinsured, qualify for vaccine through the VFC program.

Process

Based on feedback from our school partners following the 2014-2015 flu season, a change in our process was made for the 2015-2016 season. It was suggested that letters to parents and consent forms be made available to the schools in the spring, allowing for distribution to parents during the summer and early fall via summer mailings, and schedule pick-up and back-to-school nights. Initial letters (Appendix A) and consent forms (Appendix B) were sent electronically to all participating schools in late spring, 2015. Schools were responsible for making copies and distributing to families at their discretion. Copies of letters and consents were provided to one private school as requested.

A second letter was provided as a template (Appendix C) to the schools. This letter was used to remind parents of the upcoming clinic at their child's school. Schools were able to customize this letter with school specific information (clinic date, time, location, etc.). Schools were responsible for customizing the letter, making copies, and distributing to families. Some schools, particularly elementary schools, sent consent forms and letters home with students. Other distribution methods used included e-mails to parents and announcements on school websites. Instructions for how to access the Vaccine Information Statements (VIS) were included in the letter that accompanied the consent form.

The program was an opt-in program, requiring parents to return the completed consent forms to school in order for their child to participate. In general, consent forms were accepted and reviewed in advance of the school clinic. Late forms were also accepted and reviewed on the day of the clinic. Parents were given the option to select Live-Attenuated Influenza Vaccine (LAIV) which is administered intranasally or Inactivated Influenza Vaccine (IIV) which is administered by intramuscular injection. Parents also had the option to select "either vaccine method is fine". If parents selected "either vaccine" the student was given a choice between LAIV and IIV.

Clinic scheduling was coordinated between PHHS and school personnel, including nurses, administrators, and clerical support staff. Efforts were made to avoid scheduling conflicts with school trips, special events, lunch, end of day, etc. Permanent PHHS nursing staff were utilized at the school clinics to provide supervision of temporary nursing staff, coordinate clinic logistics, provide technical assistance and ensure vaccinations were administered safely and efficiently. Eight temporary nurses employed in previous years were re-hired to administer flu vaccinations at school. The use of nursing staff experienced in administering flu vaccinations in the school clinic decreased the need for extensive training and improved overall efficiency of the clinics.

Two hours were allotted for each clinic site. The number of nurses scheduled to work each clinic was calculated based on a formula. The formula was based on the conservative estimate that each nurse could administer 25 immunizations per hour. Assumptions were also made regarding anticipated participation rates. Past participation rates were used to predict 2015 participation rates. Adjustments in staffing were made closer to clinic dates when actual numbers were known based on number of consent forms submitted.

$$n=a(b)/50$$

a=total school enrollment

b=estimated participation rate

n=number of nurses needed

Example: 500 students with 40% participation rate

$$500 (0.4)/50 = \text{four nurses needed}$$

School staff (nurses, clerical staff and administrators) were instructed to review consent forms for completeness (name, date of birth, parental signature, screening questions answered, etc.). Consent forms were picked up by PHHS nursing staff 2-3 days prior to the flu clinic for review. Phone calls were made by PHHS permanent nursing staff to parents for any clarifications and to discuss medical concerns that would make a child ineligible for vaccination.

Schools were required to provide sufficient space for the clinic along with a table, two chairs and a trash can for each vaccination station. Clinics were held in various locations based on the needs of the school. Locations included: media centers, cafeterias, gymnasiums, hallways, conference rooms and nurses' offices. PHHS provided: sharps boxes, alcohol pads, band-aids, tissues, hand sanitizer, table covers, cotton balls and quadrivalent flu vaccine.

Many schools utilized parent volunteers, nursing students and other school staff to escort students to the vaccination area and to manage students who were waiting in line. Elementary students were typically brought to the vaccination area by classroom. Middle and high school students were more challenging to coordinate because of the need for them to change classrooms during the clinic time frame. Some schools chose to call the older students down in alphabetical groups while others provided passes for all participating students and used runners to deliver passes to different hallways or classroom clusters within the building.

At least two unique identifiers were used by nursing staff for student identification. When available, name and student number were used for positive identification. In situations where student numbers were not available, students were identified with name and date of birth. At times, the very young students were not able to state name, student number or date of birth. In these instances, positive identification was provided by the school nurse, teacher, or administrative staff.

Results

A total of 57 schools participated in the 2015 SLIV program. This is the same number of schools that participated in the 2014 SLIV program. Columbia Public Schools added a new elementary school to the district in 2015, and one private school chose not to participate due to a delay in scheduling school clinics. This delay was caused by a shortage of LAIV. The vaccine shortage and clinic delay are further discussed in the Limitations section. Twenty-nine schools had pre-school programs and 14 of those required a morning and an afternoon clinic to accommodate the class schedules. A total of 72 separate clinic visits were provided between October 19 and December 16, 2015.

During the 2015-2016 flu season, PHHS nursing staff delivered a total of 7,727 doses of flu vaccine in the school setting (2,807 doses of LAIV and 4,920 doses of IIV). This represents 30.7% of the total population of the schools served and a decrease of 1,232 students vaccinated compared to 2014 (Table 1). High school students had an overall participation rate of 23.5% compared to 36.3% for elementary students and 27.8% for middle school students (Table 2). High school participation rates rose from 17.7% in 2014 to 23.5% in 2015. School nurses attribute this increase to the change in process, allowing for consent forms to be available to parents prior to the start of school, rather than depending on students to take consent forms home for signature and return them to school. Elementary school and middle school participation rates dropped from 47.3% to 36.3% and 33.8% to 27.8% respectively (Table 3). In addition, nursing staff delivered 1,014 doses of flu vaccine to children in our clinic setting and other community outreach venues resulting in a total of 8,741 children vaccinated during the 2015-2016 influenza season.

Table 1

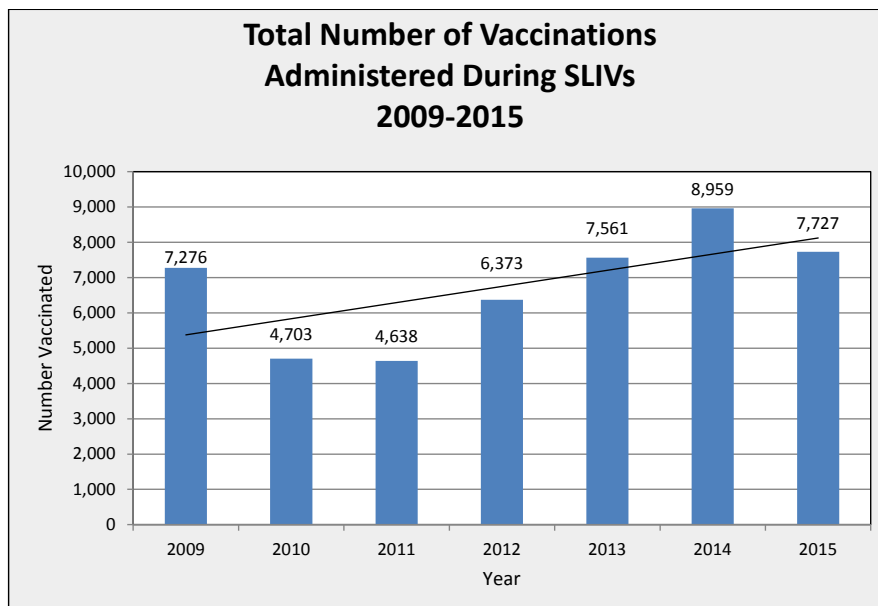


Table 2

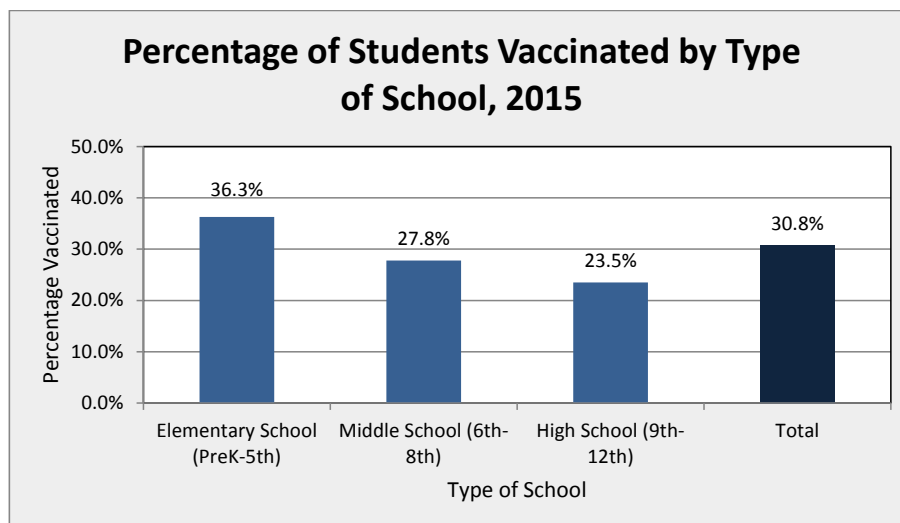
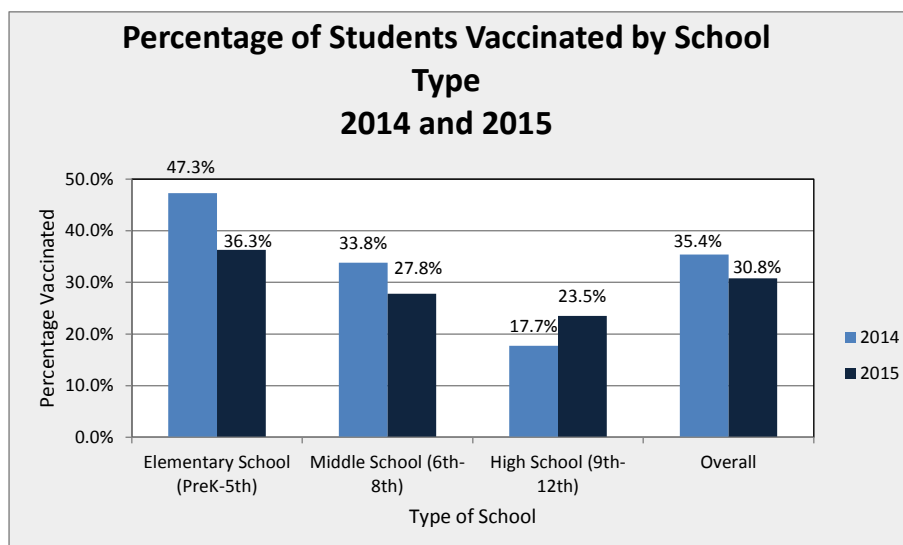


Table 3



Results

For the second year, a program evaluation was undertaken to determine school satisfaction with the SLIV program and to identify possible areas for improvement. On February 17, an on-line survey was sent to 53 contacts at the 57 schools that participated in the SLIV program. Of the 53 surveys sent, 35 responses were received for a response rate of 66%. The results were overwhelmingly positive with 100% of respondents strongly agreeing or agreeing that they were satisfied with the SLIV program, and 100% strongly agreeing or agreeing that offering flu vaccine in the school is a benefit to the students and parents (Table 4).

Survey participants were asked to provide feedback regarding the change in the consent form process implemented this year. Of those that responded, 69% reported providing vaccine consent forms to parents/guardians before the start of the school year. Of those, 43% said they will do so again for the upcoming year, and 30% were undecided. Of the 31% of respondents who did not provide vaccine consent forms to parents/guardians before the start of the school year, 18% said they plan to change the process for the upcoming year, and 45% were undecided. Improvements were recommended for next year and will be discussed in the Conclusions section of this report. Survey results were shared with internal staff for quality improvement and planning purposes.

Q2 Please check one box that best describes this year's flu clinic.

Answered: 35 Skipped: 0

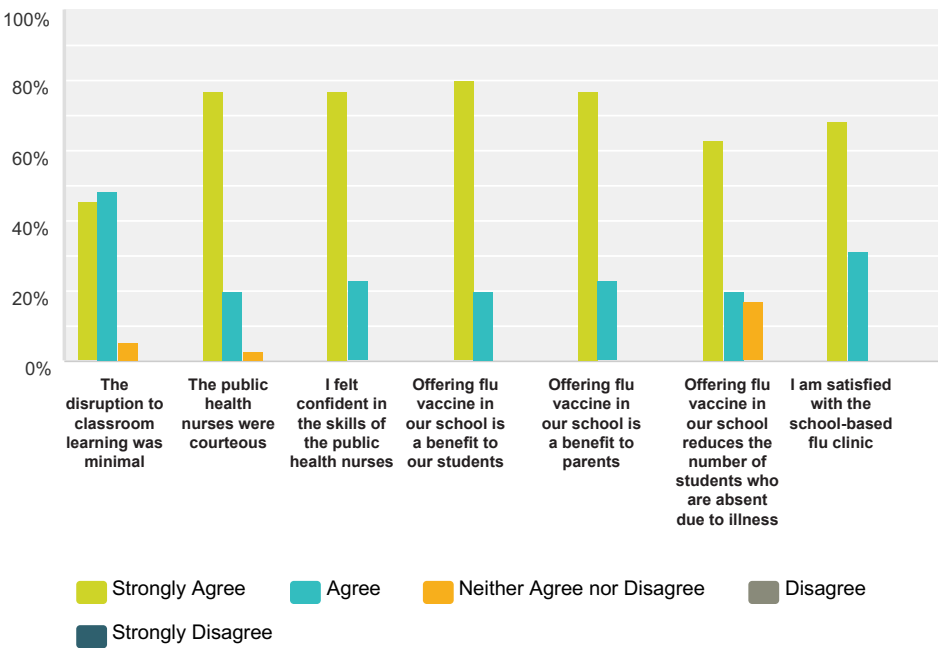


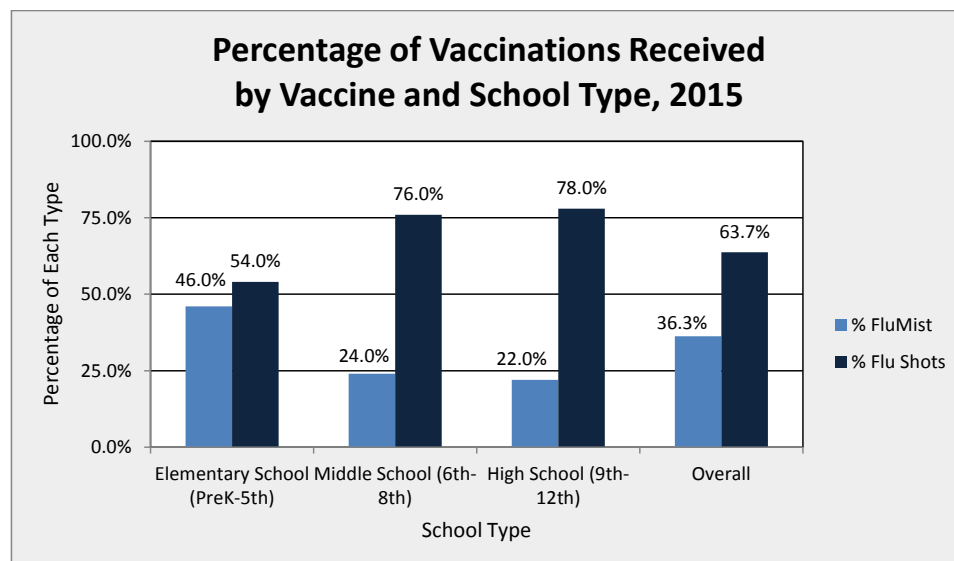
Table 4

Discussion

Limitations

Live Attenuated Influenza Vaccine was delayed and in short supply at the manufacturer due to two manufacturing issues this year. Initially, LAIV was delayed due to one of the vaccine strains growing more slowly than anticipated. PHHS was made aware of this delay early in the fall, before scheduling for flu clinics began. Because of this delay, it was decided that PHHS would postpone the start of the SLIV program and spread the clinics out over a longer period of time in an effort to ensure adequate LAIV availability. Later in the season, some vaccine lots were not released due to vaccine potency being too high leading to a shortage of LAIV and many challenges with vaccine availability. The shortage required nursing staff to contact parents who requested LAIV vaccine to determine if vaccination with injectable vaccine was acceptable for their child. Not all parents felt comfortable with their child receiving IIV instead of LAIV in the school setting. The delay in the clinic schedule also led some parents to seek vaccination for their child elsewhere or to forego vaccination altogether. It is likely that these two issues contributed to lower overall participation rates for the SLIV program this year. Over the last several years, PHHS has administered approximately 74% LAIV and 26% IIV annually in the school setting. Due to the delay and shortage related to LAIV this year, 36.3% LAIV and 63.7% IIV were administered (Table 5).

Table 5



Discussion

Limitations

The vaccine consent form process change combined with the extended clinic schedule led to parent confusion and additional work for the school nurses. Parents who forgot that consent for vaccination was given in late summer contacted the school nurse to verify that their child was enrolled in the clinic. Further confusion arose when parents filled out multiple consent forms for the same child. Parents who had given consent for their child to be vaccinated, and subsequently had their child vaccinated elsewhere without informing the school, led to some children being unnecessarily revaccinated.

The SLIV program in Boone County has adapted and grown each year since its beginning in 2009. Data collection and evaluation methods for the program have also changed over time. Problems with vaccine availability over the last two years (IIV in 2014 and LAIV in 2015) and the changing scope of the program have contributed to the difficulty in providing a direct comparison of the program by year. Data collection for the last two years included a breakdown of participation by vaccination method and by grade. With consistent data collection, provision of vaccination to all grades going forward, and consistent vaccine availability, a more meaningful comparison can be made to evaluate program improvements and determine program successes.

Another gap in data is the lack of availability of absenteeism data. General absenteeism data and surveillance data from school nurses is submitted to PHHS weekly by the schools. However, this data does not include the symptoms and/or diagnosis of children who are absent from school due to illness. A better understanding of school absenteeism related to influenza like symptoms, would allow analysis of the effectiveness of the SLIV program.

Discussion

Conclusion

School-based flu clinics are an efficient way to immunize large numbers of students (Hull, 2011) and have been found to lower incidence of influenza in schools and therefore reduce absenteeism (Pannaraj, 2014). These programs have also been found to provide a cost-savings to society both in direct costs and costs averted by disease prevention (Yoo, 2013). Furthermore, studies indicate that SLIV programs can provide indirect protection of other members of the community (Tran, 2014). The participating schools recognize the value and importance of providing school-based influenza vaccinations to students. Having convenient access to influenza vaccination in the school setting allows children to miss fewer days of school, maintain optimal health and succeed academically (Plaspohl, 2014).

In the coming year, PHHS hopes to continue the SLIV program by offering quadrivalent flu vaccinations to students in kindergarten through 12th grade in Boone County. In addition, based on results of our program evaluation and recommendations from our partners, PHHS plans to do the following:

- Update vaccine consent forms to allow parents to continue to express vaccine preference, but to also consent to a different vaccine if the preferred is not available.
- Continue to make vaccine consent forms and letters available to schools in the spring to allow them the flexibility to decide when these items will be made available to families.
- Begin school clinics in early October and complete them before Thanksgiving.
- Update parent letters to ensure they meet health literacy guidelines.
- Provide two additional template letters for schools (one as a reminder for those parents who already completed a consent form, and one for those who have not yet completed a consent form).

A recent study found that vaccinating at least 25% of students in a school decreased the incidence of influenza by more than 30% and vaccinating nearly 50% of the student population provided 54% indirect protection to unvaccinated children (Pannaraj, 2014). Short-term goals for the 2016 program are to increase participation in high school students from 23.5% to 26%, to increase middle school participation from 27.8% to 37%, and to increase elementary school participation from 36.3% to 50%. The long-term goal is to increase the overall participation rate from 30.8% to 40%.

Program Information Dissemination

A copy of this report will be provided to both funding agencies with additional data available upon request. A copy of this report will also be provided to each participating school district and private school with additional data specific to the school district or private school. This report and additional data will also be available on the PHHS website at gocolumbiamo.com/Health/

References

Byung-Kwant Yoo, e. a. (2013). Cost effectiveness analysis of elementary school-located vaccination against influenza-Results from a randomized controlled trial. *Vaccine*, 2156-2164.

"CDC Says 'Take 3' Actions To Fight The Flu" (2015, August 17). Retrieved March 7, 2016, from Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/protect/preventing.htm>

Cuc H. Tran, e. a. (2014). School-Located Influenza Vaccination Reduces Community Risk for Influenza and Influenza-Like Illness Emergency Care Visits. *PLoS One*, e114479.

"Estimating Seasonal Influenza-Associated Deaths in the United States: CDC Study Confirms Variability of Flu" (2015, March 18). Retrieved March 7, 2016, from Centers for Disease Control and Prevention: http://www.cdc.gov/flu/about/disease/us_flu-related_deaths.htm

Harry F Hull, C. S. (2011). Current experience with school-located influenza vaccination programs in the United States. *Human Vaccines*, 153-160.

"Increasing Appropriate Vaccination: Vaccination Programs in Schools and Organized Child Care Centers" (2009, June). Retrieved March 21, 2015, from The Guide to Community Preventive Services: The Community Guide: http://www.thecommunityguide.org/vaccines/schools_childcare.html

M. Elizabeth Halloran, I. M. (2006). Community Studies for Vaccinating Schoolchildren Against Influenza. *Science*, 615-616.

"People at High Risk of Developing Flu-Related Complications" (2015, January 8). Retrieved March 7, 2016, from Centers for Disease Control and Prevention: http://www.cdc.gov/flu/about/disease/high_risk.htm

Pia S. Pannaraj, e. a. (2014). School-Located Influenza Vaccination Decreases Laboratory-Confirmed Influenza and Improves School Attendance. *Clinical Infectious Diseases*, 325-332.

Sara S. Plaspohl, e. a. (2014). Impact of School Flu Vaccine Program on Student Absences. *The Journal of School Nursing*, 75-80.

"Seasonal Influenza Q&A" (2015, September 18). Retrieved March 7, 2016, from Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/about/qa/disease.htm>

Appendices



Appendix A: Initial Letter



CITY OF COLUMBIA/BOONE COUNTY, MISSOURI



DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES DIVISION OF ADMINISTRATION

May 2015

Dear Parents/Guardians:

Subject: Free Flu Vaccine Will be Offered at School

Thanks to generous support from MU Children's Hospital and the David B. Lichtenstein Foundation, we are again able to offer this year's flu vaccine **free of charge** at Boone County schools. Flu vaccine will be available for all children in preschool through 12th grade.

Every flu season, thousands of children become ill from the flu, some very seriously. Getting the vaccine every year is the best way to protect your child from this potentially serious disease. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices recommends all persons over six (6) months of age be vaccinated.

We are working with your child's school to give this year's seasonal flu vaccine to children at their school. Vaccination clinics will be held this fall and you will be notified by your school of the dates once the clinics are scheduled. **If you decline, or if you do not return the required permission form to the school, the free seasonal flu vaccine will not be given to your child at school.**

Most children will only need one dose of flu vaccine this fall. Some children under age nine require two doses of flu vaccine. Children in this group who are getting vaccinated for the first time, as well as some who have been vaccinated previously, will need two doses. We cannot provide second doses in the schools. Please contact the health department at 573.874.7356 or your child's health care provider for more information.

The opportunity to get your child vaccinated is encouraged but not mandatory. There is no cost for this vaccine.

If you have questions about the vaccine or the vaccination clinics, contact your school nurse or the Columbia/Boone County Department of Public Health and Human Services at 573.874.7356. You can also learn more at <http://www.cdc.gov/flu/>

Beginning later in the fall, all Boone County children (6 months – 18 years old) can receive free flu vaccine at our clinic, located at 1005 West Worley in Columbia, Monday – Friday from 8 a.m. – 4:30 p.m. Walk-ins are welcome; no appointment is needed.

Sincerely,

Stephanie K. Browning, Director
Columbia/Boone County Department of Public Health and Human Services

1005 W. Worley St. ♦ P.O. Box 6015 ♦ Columbia, Missouri 65205-6015
Phone: (573) 874-7355 ♦ TTY: (573) 874-7356 ♦ Fax: (573) 874-7756
www.GoColumbiaMo.com

Appendix B: Immunization Consent Form

2015 Influenza "Flu" Vaccine School-Based Clinic Consent Form

All questions must be answered. If you do not complete this form and return it to school, your child will not be vaccinated.

SECTION 1: INFORMATION ABOUT THE CHILD TO RECEIVE VACCINE (PLEASE PRINT)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
SCHOOL NAME/GRADE/TEACHER				STUDENT'S AGE	STUDENT'S GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
IS THE STUDENT: <input type="checkbox"/> INSURED <input type="checkbox"/> UNINSURED <input type="checkbox"/> COVERED BY MEDICAID (MO HEALTHNET)				STUDENT NUMBER	
STUDENT'S ADDRESS				DOES YOUR CHILD LIVE INSIDE THE CITY LIMITS OF COLUMBIA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY	STATE	ZIP		PARENT/GUARDIAN DAYTIME PHONE NUMBER(S):	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	PARENT/GUARDIAN EMAIL ADDRESS (Optional)	

SECTION 2: SCREENING FOR VACCINE ELIGIBILITY

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (temporary severe muscle weakness) within 6 weeks of receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: SCREENING FOR FLUMIST (NASAL SPRAY) ELIGIBILITY

	YES	NO
1. Has your child been vaccinated with any vaccine within the past 30 days? (including MMR and/or chicken pox) Vaccine: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves or blood?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: VACCINE PREFERENCE

There are two different ways we can give the 2015 influenza vaccine (a shot or a nasal spray). Please mark your preferred vaccine method, keeping in mind that if you marked "YES" anywhere in section 3, your child may not be eligible for FluMist (nasal spray):

☐ FluMist (nasal spray) ☐ Flu shot (injectable) ☐ Either vaccine method is fine

Comments: _____

--- SIGN BELOW: VACCINATION WILL NOT BE GIVEN WITHOUT PARENT/LEGAL GUARDIAN'S SIGNATURE ---

SECTION 5: CONSENT FOR CHILD'S VACCINATION

I UNDERSTAND THE RISKS AND BENEFITS AND GIVE CONSENT to the Columbia/Boone County Department of Public Health and Human Services and its staff for my child named on this form to be vaccinated with the 2015 influenza vaccine. I understand that a 2015 Vaccine Information Statement (VIS) will be provided at the time of vaccination, and I can access the VIS at: www.immunize.org/vis/

Signature of Parent/Legal Guardian _____ Date: month _____ day _____ year _____

☐ Check here if you want to be present when your child receives the vaccination.

SECTION 6: VACCINATION RECORD - FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dosage	VIS Given	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2015 Influenza	/ /	<input type="checkbox"/> IM RD LD <input type="checkbox"/> Intranasal	<input type="checkbox"/> 0.5 cc <input type="checkbox"/> 0.2 cc	<input type="checkbox"/> IIV4 Date: _____ <input type="checkbox"/> LAIV4 Date: _____			

The school-based flu clinic program is provided through a partnership between the Columbia/Boone County Department of Public Health and Human Services, MU Children's Hospital, and the David B. Lichtenstein Foundation. In 2014, almost 9,000 Boone County students were vaccinated against influenza as a result of this program. The organizations are committed to working together in order to keep students healthy.



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Appendix C: Template Letter

Date

Dear Parents/Guardians:

The 2015-16 Influenza Vaccine (flu vaccine) will be given free of charge to students at SCHOOL NAME on DATE 2015 from TIME-TIME. The Columbia/Boone County Department of Public Health and Human Services will be onsite to administer the vaccine in ROOM. This opportunity to have your child vaccinated is strongly encouraged, but it is NOT mandatory. Parents are welcome to accompany their child, but it is not required that you be present. The point of the school-based vaccination is to make it easier on parents for their child to receive this important vaccine.

For your child to be vaccinated, the 2015 Influenza “Flu” Vaccine School-Based Clinic Consent Form must be:

- FULLY completed and SIGNED by the parent or legal guardian
- Completed for EACH CHILD (you must return a separate form for each child you want vaccinated)
- Returned to your school nurse by DATE.

The vaccine is available in two forms: injectable (the flu shot) and FluMist, which is given as a nasal spray. **Both types of vaccine are free.** You may indicate your vaccine preference on the consent form. Please be aware that some children with underlying health conditions (asthma, diabetes, immune-compromised, etc.) may not be able to receive FluMist. Vaccine Information Statements for each type of vaccine can be found at: <http://www.immunize.org/vis/>. You may also contact your school nurse or the Columbia/Boone County Department of Public Health and Human Services for Vaccine Information Statements.

If you decline, or do not return the required permission form to the school, the free flu vaccine will not be given to your student at school. If you return the consent form, and your child receives the flu vaccine elsewhere, it is important that you notify your school nurse immediately. This will prevent your child from receiving an unnecessary second dose of vaccine.

Most children only need one dose of flu vaccine this fall. If your child is age eight or younger, a second dose might be necessary, depending on his or her vaccination history. We will not provide second doses in the schools. Please contact the health department at 573.874.7356 or your child’s health care provider for more information.

Boone County’s free flu vaccine program is made possible by these generous partners:

- MU Children’s Hospital
- David B. Lichtenstein Foundation

These organizations are funding free flu vaccine for **all Boone County children age 6 months – 18 years of age**. Children who do not get the vaccine at school may receive free flu vaccine at the health department clinic, 1005 West Worley, Monday – Friday from 8 am – 4:30 pm. No appointment is needed.

If you have any further questions please contact your school nurse, NAME, RN at PHONE NUMBER.

Prepared March 2016 by: Trina Teacutter, RN, BSN
Columbia/Boone County Department of Public Health and Human Services
1005 West Worley, Columbia, MO 65203
T: 573-874-7355 E: health@GoColumbiaMO.com



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Prevent. Promote. Protect.

Columbia/Boone County
Public Health & Human Services