

COLUMBIA/BOONE COUNTY PUBLIC HEALTH AND HUMAN SERVICES

PUBLISHED APRIL 2018

INTRODUCTION

Seasonal influenza, commonly known as "the flu", is caused by influenza viruses, which infect the respiratory tract. In the United States, the Centers for Disease Control and Prevention (CDC) estimates that influenza has caused between 9.2 million and 35.6 million illnesses and between 140,000 and 710,000 hospitalizations annually since 2010 (Disease Burden of Influenza, 2018). Populations at the highest risk for serious flu complications include children under five years, pregnant women, adults over 65 years, residents of long-term care facilities, and American Indians and Alaska Natives. 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, 2018). 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 deaths annually (Estimating Seasonal Influenza-Associated Deaths, 2018). 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, 2017).

An effective approach to protecting 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 (Grohskopf, 2017). 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. The recommendation is based on strong evidence of effectiveness in increasing vaccination rates, and in decreasing rates of vaccine-preventable diseases and associated morbidity (Increasing Appropriate Vaccination, 2010). 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

In Missouri, 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. Subsequent visits were made to elementary schools to provide second doses of H1N1 vaccine to children age eight and younger, per CDC recommendations.

In 2010, funding provided by the Missouri Department of Health and Senior Services (MDHSS), and the American Recovery and Reinvestment Act (ARRA) was lower than the previous year's funding. Due to the decrease, the decision was made to focus on elementary schools (kindergarten through 5th grade). No return visits were made to provide second doses to children under age nine, 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. PHHS 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 granted 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. In 2014, 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 exclusively utilize quadrivalent vaccine beginning with the 2014-2015 flu season to provide students protection against as many strains of influenza as possible.

Level funding was requested for the 2015-2016 season from both the David B. Lichtenstein Foundation and MU Children's Hospital. Due to a shortage of LAIV during the 2015-2016 season, MU Children's Hospital was unable to provide all the requested doses of LAIV. However, they provided financial support for the purchase of additional doses of injectable influenza vaccine.

BACKGROUND

Level funding was requested for the 2016-2017 and 2017-2018 seasons from both the David B. Lichtenstein Foundation and MU Children's Hospital. Due to a recommendation from the ACIP, LAIV was not available during the 2016-2017 and 2017-2018 seasons, therefore injectable influenza vaccine was provided by MU Children's Hospital instead of LAIV.

Influenza vaccine provided by the Vaccines for Children (VFC) program 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.



Nursing staff at Rock Bridge Elementary in Columbia.



Nursing staff at Russell Boulevard Elementary in Columbia.

PROCESS

Based on feedback from our school partners following the 2014-2015 season, letters and consent forms have been made available to the schools in the spring, allowing for distribution of materials to parents during the summer and early fall via summer mailings, schedule pick-up, and back-to-school nights. An initial letter (Appendix A) and consent form (Appendix B) were sent electronically to all participating schools. In late spring 2017, based on feedback from our school partners following the 2016-2017 flu season, a parent reminder (Appendix C) was also created and sent to participating schools. This sheet was made available to parents, particularly those filling out forms during the summer, as a reminder that they had completed a flu vaccine consent form for their child with instructions to inform the school if the child received the flu vaccination elsewhere. Schools were responsible for making copies of all forms and distributing them to families at their discretion.

Some schools, particularly elementary schools, sent consent forms and letters home with students during early fall. Other distribution methods used included e-mails to parents and announcements on school websites. Instructions for accessing the Vaccine Information Statements (VIS) were included in the letter that accompanied the consent form.

A reminder letter was also provided as a template (Appendix D) to the schools in September 2017. 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.) and were responsible for customizing the letter, making copies, and distributing them to families.

The program was an opt-in program, requiring parents to return the completed consent form 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.

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 was 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. Six temporary nurses employed in previous years were re-hired and two additional temporary nurses were hired to administer flu vaccinations at the schools. The use of nursing staff experienced in administering flu vaccinations in the school setting decreased the need for extensive training and improved overall efficiency of the clinics.

Two hours were allotted for most clinic sites. The larger high schools in Columbia (Battle, Hickman and Rock Bridge) were allotted three hours due to the large volume of students. The number of nurses scheduled to work each clinic was calculated based on a formula (Figure 1). 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 2017 participation rates. Adjustments in staffing were made closer to clinic dates when actual numbers were known based on number of consent forms submitted. Typically, one permanent PHHS nursing staff member was assigned to each clinic. However, for elementary

PROCESS

schools that required five or more vaccinators, an additional PHHS nursing staff member was assigned to assist.

Figure 1

Calculation of Number of Nurses Needed for Flu Vaccination Clinic
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 = four nurses needed
*For three-hour clinics, divide by 75

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 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, needles 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 verification and these identifiers were initialed on the consent form by the vaccinating nurse. When available, first and last name and student number were used for positive identification. In situations where student numbers were not available, students were identified with first and last 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 and noted on the consent form.

RESULTS

A total of 59 schools participated in the 2017 SLIV program; the same total number that participated in 2016. Columbia Public Schools consolidated two early learning centers into a single location prior to the 2017-2018 school year. One additional school, High Road School of Boone County, was added for the 2017 season. Twenty-four schools had pre-school programs and 11 of those required a morning and an afternoon clinic to accommodate the class schedules. A total of 70 separate clinics were provided between September 25 and November 10, 2017.

During the 2017-2018 influenza season, PHHS nursing staff delivered a total of 9,671 doses of injectable flu vaccine in the school setting. This represents 37% of the total population of the schools served and an increase of 639 students vaccinated compared to 2016 (Table 1). High school students had an overall participation rate of 32% compared to 41% for elementary students and 38% for middle school students (Table 2). High school participation rates rose from 24% in 2015 to 30% in 2016 to 32% in 2017, meeting the goal for the 2017 SLIV program. Elementary school and middle school participation rates increased from 40% to 41% and 32% to 38% over the last two years, respectively (Table 3). The 2017 participation rates for middle schools exceeded the goal by 3% and the elementary participation rates fell short of the goal for the season by 1%. The increase over last year across all grades could be attributed to the timeliness of the vaccine clinics which began in late September and were completed in early November.

In addition, PHHS nursing staff delivered 1,067 doses of flu vaccine to children in the PHHS clinic setting and other community outreach venues resulting in a total of 10,738 children vaccinated during the 2017-2018 influenza season.



Table 1

RESULTS

Table 2



Table 3

Percentage of Students Vaccinated by School Type: 2015-2017



RESULTS

Continuing for a fourth year, a program evaluation was undertaken to determine school satisfaction with the SLIV program and to identify possible areas for improvement. In early December 2017, an on-line survey was sent to 51 contacts at the 59 schools that participated in the SLIV program. Of the 51 surveys sent, 36 responses were received for a response rate of 71%. The results were overwhelmingly positive with 34 respondents (97%) strongly agreeing or agreeing that they were satisfied with the SLIV program. In addition, 35 respondents (97%) strongly agreed or agreed that offering flu vaccine in the school is a benefit to the parents, and 33 respondents (92%) strongly agreed or agreed that offering flu vaccine in the school is a benefit to students. (Table 4).

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.



Table 4

LIMITATIONS

Limitations

On June 22, 2016 the Advisory Committee on Immunization Practices (ACIP) voted that LAIV (nasal spray) should not be used during the 2016-2017 influenza season due to decreased effectiveness compared to IIV over the previous several influenza seasons. This recommendation against the use of LAIV remained in place for the 2017-2018 season. Because PHHS was aware of this recommendation early in the planning process for the season, PHHS was able to work with partners to ensure enough IIV would be available for the school clinics without delaying the start of the SLIV program or causing clinics to be scheduled into December. Being aware of this early also enabled the use of a single, simplified consent form that was less confusing for parents and streamlined the consent form review process for the nurses.

One problem that was created by having flu consents available to parents in late summer and before the start of the school year is that some parents forgot they completed the consent form. This led to children being vaccinated elsewhere (pharmacy, doctor's office, etc.) and then being unnecessarily revaccinated at school. It also led to parents questioning that permission was given for vaccination after the child was vaccinated at school. One tool used to alleviate this problem during the 2017-2018 season was a "fridge" reminder to parents who completed the consent forms early in the season. This half page reminder was something the parents could keep and hang on the refrigerator at home with instructions to contact the school if the child received a flu vaccination elsewhere prior to the school clinic. This new tool was evaluated as part of the on-line survey of school partners for the 2017-2018 season. A little over half of respondents reported giving the reminders to parents/guardians. Of those, 70% strongly agreed or agreed that the reminders were helpful and 65% strongly agreed or agreed that the reminders lowered the number of parents/guardians forgetting they had completed the consent form.

A gap that exists in the data is that it is unknown how many students received their flu vaccination outside of the SLIV clinics. This makes it impossible to determine overall flu vaccination coverage of students in the school setting. Also, it is noted anecdotally that not all parents are comfortable with their child receiving IIV, instead of LAIV, in the school setting, but data is lacking regarding how many children remained unvaccinated due to a lack of LAIV availability.

Another gap in data is the lack of availability of absenteeism data. General absenteeism data and surveillance data from Columbia Public Schools is submitted to PHHS weekly by the school nurses. 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.

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 three years (IIV in 2014 and LAIV in 2015, 2016 and 2017) 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 few years included a breakdown of participation by vaccination method and by grade. With consistent data collection, continued provision of vaccination to all grades going forward, and consistent vaccine availability, future comparisons can be made to evaluate program improvements and determine program successes.

CONCLUSION

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) and could also prevent school closings or early dismissals during periods of high influenza activity (Gicquelais, 2016).

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:

- Assign two permanent PHHS nursing staff for each elementary clinic with four or more vaccinators.
- Continue to make vaccine consent forms, letters, and "fridge" reminders available to schools in the spring allowing schools the flexibility to decide when these items will be distributed to families.
- Allow additional time at large volume schools per school request.
- Provide feedback to schools with lower than average participation rates about how they can increase participation.

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 2017 season were to increase participation rates to 32% for high schools, 35% for middle schools, and 42% for elementary schools. The program met the goal for high school participation, exceeded the goal for middle school participation by 3%, but fell short of the goal for elementary school by 1%. Short-term goals for the 2018 program are to increase participation in high school students from 32% to 33%, increase middle school participation from 38% to 39%, and increase elementary school participation from 41% to 42%. The long-term goal is to increase the overall participation rate from 37% to 40% by the 2019- 2020 influenza season.

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 http://www.como.gov/health/.

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APPENDIX A: INITIAL LETTER





CITY OF COLUMBIA/BOONE COUNTY, MISSOURI

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES DIVISION OF ADMINISTRATION

July 2017

Dear Parents/Guardians:

Subject: Free Flu Vaccine Will be Offered at School

Every flu season, thousands of children become sick with the flu, and some can become very sick. 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 people over six (6) months of age get vaccinated with the injectable flu vaccine. The injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered. **Due to a recommendation from the CDC, FluMist nasal spray will not be given this season.**

Thanks to generous support from MU Children's Hospital and the David B. Lichtenstein Foundation, the Columbia/Boone County Health Department is once 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. We are working with your child's school to provide 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 decide not to vaccinate, 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. The opportunity to get your child vaccinated is encouraged but not mandatory. This vaccine is free.

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 (age 6 months through 18 years old) can receive free flu vaccine at our clinic, located at 1005 West Worley in Columbia, Monday through Friday from 8 a.m. to 4:30 p.m. Walk-ins are welcome and no appointment is needed.

Sincerely,

Stephamek Browning

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

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APPENDIX B:

IMMUNIZATION CONSENT FORM

2017 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	S AGE	STUDENT'S GENDER		
STUDENT'S DATE OF BIRTH MONTH DAY YEAR			SCHOOL	NAME/GRA	DE/TEA	ACHER		
DOES THE STUDENT HAVE HEALTH INSURANCE:		STUDENT NUMBER			ER			
🗆 Yes 🛛 No 🖓 Insured Through Medicaid (N	1O Health Net)							
STUDENT'S ADDRESS		CITY			STATE	ZIP		
PARENT/GUARDIAN DAYTIME PHONE NUMBER(S):			PARENT/GUARDIAN EMAIL ADDRESS (Optional)					
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)			(1	M.I.)		

SE	CTION 2: SCREENING FOR VACCINE ELIGIBILITY	YES	NO
1.	Does your child have a serious allergy to eggs?		
2.	Does your child have any other serious allergies? Please list:		
3.	Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4.	Has your child ever had Guillain-Barré Syndrome (temporary servere muscle weakness) within 6 weeks of receiving a flu vaccine?		

SECTION 3: VACCINE INFORMATION

The injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered. Due to a recommendation from the CDC, FluMist nasal spray will not be given this season.

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

SECTION 4: 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 2017 injectable influenza vaccine (flu shot). I understand that a 2017 Vaccine Information Statement (VIS) will be provided at the time of vaccination, and I can access the VIS at: www.immunize.org/vis

Parent/Legal Guardian Signature ______Year _____ Month _____ Day _____Year _____

SECTION 5: VACCINATION RECORD - FOR ADMINISTRATIVE USE ONLY									
Vaccine	Date Dose Administered	Route	Dosage	VIS Given	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator		
2017 Influenza	//	IM RD LD	🗖 0.5 cc	□ IIV4 Date: 8/7/15					

APPENDIX C: PARENT FRIDGE REMINDER



Don't forget about your child's flu shot!

Please keep this page as a reminder that you completed the 2017 Influenza Vaccine School-Based Clinic Consent Form for _________ (child's name) on (date).

By completing this form, you have given permission for your child to receive a flu shot at school during the flu vaccination clinic.



If your child receives the flu shot elsewhere, please notify your school nurse or administrator immediately, so your child will NOT receive an additional/unncessasary dose of flu vaccine.





Don't forget about your child's flu shot!

Please keep this page as a reminder that you completed the 2017 Influenza Vaccine School-Based Clinic Consent Form for ______ (child's name) on (date).

By completing this form, you have given permission for your child to receive a flu shot at school during the flu vaccination clinic.



If your child receives the flu shot elsewhere, please notify your school nurse or administrator immediately, so your child will NOT receive an additional/unncessasary dose of flu vaccine.



APPENDIX D: REMINDER LETTER TEMPLATE

Date

Dear Parents/Guardians:

The 2017-18 injectable Influenza vaccine (flu shot) will be given **free of charge** to students at SCHOOL NAME on DATE 2017 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.

For your child to be vaccinated, the 2017 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 injectable flu vaccine (flu shot) is the only type of flu vaccine that will be offered. Due to a recommendation from the Centers for Disease Control and Prevention (CDC), **FluMist nasal spray will not be given this season**. The Vaccine Information Statement for the flu shot 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.

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 shots 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 shots 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.





Public Health Prevent. Promote. Protect.

Columbia/Boone County Public Health & Human Services





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