

Webinar: Building School Immunity: Winning Strategies for Improving School Immunization Rates from Washington, California and Colorado

Questions and Answers

Colorado Children's Immunization Coalition (Liz Abbott/Kristin Mylnarczyk):

Q: Is HPV vaccine included in school vaccine programs?

A: HPV vaccine is not currently a required immunization in CO, but school immunization clinics hosted by various local public health departments oftentimes offer and recommend HPV vaccine

Q: Do you ever have issues with schools refusing to provide exemption/waiver data citing FERPA violations?

A: All immunization and exemption data provided by the schools are de-identified so there are no violations to FERPA. CO has experienced hurdles with FERPA interpretation on other issues such as when exploring data sharing options between the Department of Public Health and the Department of Education.

Q: Additionally, do you provide exemption rates by district or school?

A: Exemption rates are available at the school and the district level. They are reported for each antigen.

Kent School District (Lyndy Baron):

Q: Can you explain what an Educational Service District is? I don't believe we have this in our state, or if we do, it may be called something else.

A: An Educational Service District (ESD) is an educational support resource that we have in the State of Wa. Our state is divided into areas which may include several counties and school district. Each has an ESD that we can go to for education and use as a resource. As far as nursing goes, we have a nurse at the ESD which we can bounce issues/questions off of rather than having to go to the State level i.e Office of Superintendent of Public Instruction.

Q: Do parents ever refuse vaccination?

A: We do get some parents that refuse vaccines. In WA parents have the option to exempt their child from vaccines and offer a personal/philosophical exemption (*editor note: a new WA state law in effect as of 7/28/19 [removed personal belief exemption from the MMR vaccine](#)*), religious exemption and medical exemption. The religious exemption requires provider signature if they have a religious objection to vaccination but the beliefs or teachings of their church/religion allow for medical treatment in general. We also have a *religious membership exemption* that applies to families who indicate they belong to religious body or church whose beliefs prevent them from seeking *any* medical treatment. This does not require a physician's signature but parent must list the church they belong to.

Q: What role does the school nurse have in making sure students have up-to-date immunizations?

A: Immunization follow up and compliance is done by our school nurses or health technicians (assistants). Who does it varies by school. I do it myself at both my schools.

Spokane Regional Health District (Kari Lidbeck):

Q: Do vaccinations provided by SRHD require a physician's order to be administered to students?

A: **Yes.** We developed a set of standing orders which defines the process of providing vaccinations to clients at offsite locations for both routine and emergency purposes coordinated through Spokane

Regional Health District. It is signed by our Health Officer and anyone who administers vaccines under his licensure (via the standing orders) becomes an SRHD volunteer. We have both a one-day volunteer application process as well as a long-term volunteer application. This is important because the school nurses don't vaccinate as part of their scope of practice and so, they have liability coverage under our Health Officer.

We also have developed an **Emergency Management Protocol** for managing vaccine reactions

Q: When school based clinics were held in schools with low immunization rates, did you see the rates in those schools fall in the following years due to parents realizing they can get shots at school?

A: The schools in which clinics are held do see a decrease in the number of children who are on Conditional Status. The school nurses specifically target those families where the child needs just one or two vaccines in order to be up to date. Eliminating the barriers of access and cost are an "easy win" when utilizing the mobile clinic model.

We open the clinics to any child, even if the child does not attend that school. Another bonus is the parents will often bring their other children so, the student and his/her siblings are getting vaccinated

Q: How do you make sure vaccine stays at proper temperatures when a school nurse comes to pick it up to give it?

A: We transport the vaccine in AccuTemp coolers (We can put them together as either a refrigerator or freezer, depending upon the vaccine type) and monitor the temperature with a digital data logger. The temperatures are monitored and logged hourly on a WA Dept. of Health form. All forms are scanned and retained for the required timeframe.

Q: Our health dept would like to do mobile vaccination clinics, but varicella is an issue- VFC and manufacturers say it shouldn't be carried out of the clinic. How did you manage that?

A: WA DOH has a **Day Clinic Request** form that we complete a week or two prior to the clinic. The form enables us to let them know how we plan to transport and monitor all vaccines.

The Standing Orders outlines how vaccine is to be managed at offsite locations. As part of that, the vaccine is stored in the cooler except to bring it out to draw up for administration. It is never left out on the counter/table.

Q: What would you suggest for pockets in the community that are more resistant to vaccines and providing immunization clinics there? We have done clinics in the past in these areas and they are not successful. Is it better to be in more populated and accepting areas for vaccine clinics?

A: Clinic locations, other than a school, might be at a community center where you encounter a variety of vaccine-acceptance. It is important to have good marketing in advance of the clinics. Encourage parents to ask questions about vaccines so that you have an opportunity to dispel any misinformation. In addition to providing factual responses, make them somewhat person such as, "I vaccinate my children because ...".

Q: Regarding the mobile vaccine clinics what was the percentage increase compared to previous years. And second did you see an increase in vaccination rates in your more anti-vaccination areas by making it more accessible for parents?

A: We have seen a significant increase in the completion of the 11-12-year-old series: from 21% in 2014 to 41% in 2018.

We also saw a decrease in the percentage of Kindergarten age children with a non-medical exemption: from 7.4% in 2017 to 5.8% in 2018

Q: Do you only provide shots at clinics when parents are present?

A: No. There are a few scenarios:

- The school nurse or medical screener can call the parent on the day of the clinic to obtain verbal authorization after sharing the risks/benefits. The consent is documented on our form and the appropriate VIS(s) is sent home to the parent
- The parent can be provided with the consent form and VIS(s) prior to the clinic day.
- If the child meets the criteria of a “Mature Minor”, we have another form that is completed by the Medical Screener. The parent is not involved in this process

Alameda County and Oakland Unified School District (Amy Pine and Paris Pryor):

Q: Have you seen more "medical exemptions" since the California bill was passed?

A: Yes. It's not a huge problem in Alameda County but definitely one we're keeping an eye on. It's a burgeoning issue for CA in general. There's currently a bill before the legislature to potentially regulate exemptions (SB276) so we'll see where things go.

Q: Is the Conditional Entrance part of the 2015 SSB Bill that passed?

A: No, the SB277 bill focused solely on personal belief and religious exemptions. CA is one of three states (including Mississippi and West Virginia) that does not all for any personal belief exemptions at all.

Q: Our school states you cannot enroll, unless you have shots, records or exemption form. However, admissions just pushes them through and it is up to the school nurse to catch it. How did you approach the admission dept?

A: This is always a challenge – we approached with constant trainings and sharing of information about the importance of protecting from communicable diseases in our schools. We also have Health Assistants assigned to our Enrollment Office. They are responsible for reviewing all health information (immunizations, physicals, dental and health conditions) prior to a student being assigned to a school site. For students who do not meet the immunization requirements, records would first be looked up in CAIR (California Immunization Registry). If not found in CAIR, parents are given all the necessary paperwork needed to take to the doctor's office for completion (Immunization Requirements, list of free/reduced cost clinics, Health Requirements Form). Parents are advised to bring the completed document back to the Enrollment Office in order to receive the child's school assignment. Also, many of our nurses participate during school registration to review and advise parents at the time as well.

Q: How do you collaborate with your school based health centers on vaccine promotion and access?

A: Where there is a SBHC, a school nurse is assigned. Nurses collaborate with the SBHC to refer students to the clinic for services. They also partner to host health fairs/clinic days at the school for students to receive vaccinations and a variety of other services. Our SBHCs are also listed in the Alameda County's Immunization Clinic list. Their registration forms are also included in the enrollment packets.

Q: How did you folks deal with resistance from parents?

A: Holding firm to the No Shots?, No Records?, No School mantra and posting it. The SB277 of course helps there too. Basically, the only way a child can be in school in California without immunizations is if they have a medical reason to not be immunized.

Q: And were those rankings shared publicly or only privately with principals?

A: Publicly too, on our website at <http://www.acphd.org/media/507048/kindergarten-community-immunity-rankings-2017-2018.pdf> from page <http://www.acphd.org/iz/resources/school-resources.aspx>

Q: It would be great to do a similar project in our area, would you be willing to share the material with us so we can modify them?

A: Absolutely no problem – feel free to email after 6/19 to amy.pine@acgov.org

Q: Did you receive any pushback about listing schools with low rates? What strategies did you use to get around this?

A: No pushback. The rates are made public anyway from our state department of public health at shotsforschool.org. We just organized the data a little differently and made it easier to interpret, but everything was find-able online anyway.

Q: How are you dealing with the schools in the red? They're likely non-immunizers.

A: We're dealing with all the strategies we talked about. They're not likely non-immunizers, they are more likely staff in need of proper training and protected time to check immunization records properly. Also, one-on-one training of clerical staff

Q: You mentioned schools with high rankings for their coverage rates were excited about their certificates. How was the response from schools with low rankings?

A: Some schools with low rankings contacted us asking how they could “get off the back page” and it was a great beginning to conversations about the importance of proper training, resources and adherence to immunization policies.

Q: I would be very interested in how your flu vaccination rates compare to overall for this population?

A: We do not have an easy way to interpret flu rates overall for school-aged populations as our registry is not mandated. Everything is an estimate and estimates range between 43% and 64% on average.

Q: I am a school nurse in Colorado. If parents show up with a shot record with even just one immunization, they can enroll. What are your standards?

A: CA standards are that the child can only enroll when they have shown proof of all required immunizations, or show proof that they are in the process of receiving all immunizations and are not currently due for any others.

Q: If you have a principal that does not want to exclude or refuse admission to a child with no record where do you turn?

A: You can turn to the district office/superintendent office for assistance, you can turn to the health department – it's usually a lack of understanding about the importance of disease protection and not realizing how easy it is to be vaccinated. Yes, we were in communication with the Network Superintendents (Supervisors of the principals) as well as our Chief of Staff.