

GIVE IT A SHOT!

Toolkit for Nurses and Other Immunization Champions
Working with Secondary Schools

2nd Edition

BY LYNDA BOYER-CHU, RN, MPH and SUSAN F. WOOLEY, PHD, CHES

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*manual reviewer, first edition

ASHA: American School Health Association

CDC: The U.S. Centers for Disease Control and Prevention

NIP: National Immunization Program, reorganized in 2006, to be part of NCIRD: National Center for Immunization and Respiratory Diseases

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Preface to Second Edition

Adolescents still orphans...

Within a year after the first edition of *Give it a Shot*, the CDC reported the disappointing status of adolescent immunizations in the United States,¹ using provider-reported data. According to this survey (“NIS-Teen”), not one of the Healthy People 2010 targets for adolescents coverage was met. Of all findings, the most dismaying—given that a tetanus booster during adolescence has been recommended since 1991²—was the 60% coverage of teens 13-17 years of age, with tetanus vaccination. Significantly better was coverage with 3 doses of Hepatitis B and coverage with 2 doses of MMR, which were 81 and 87% respectively. Coverage of adolescents without a history of varicella disease (chickenpox), with at least one dose of varicella vaccine was an abysmal 66%. And coverage with MCV4, the newest vaccine recommendation at the time of this study, was 12%. (The study did not include HPV as it was not recommended until 2007.)

For health providers routinely working with adolescents, these disappointing coverage levels should come as no surprise. We know that adolescents, for many reasons, continue to be, as described by the American Academy of Pediatrics, “the orphans of adolescent practices.”

Passing or failing?

If an educator evaluated these coverage levels for a national report card on adolescent vaccinations, the grade for many would be failing. There is mounting support and evidence to suggest that school-based efforts are effective,³ yet there is recognition that infrastructure and resources are still inadequate to meet the needs.⁴ So, what are some strategies for improving the grade given such challenges as inadequate healthcare infrastructure in schools, insufficient reimbursement levels, parental misunderstanding and apathy, and adolescent avoidance?

Public health experts are aware that the most effective strategies for widespread vaccination include health insurance coverage and school mandates.⁵ But mandates, which are state-level decisions, usually require extended time to build public and political support. Until then, protection of teens from vaccine-preventable diseases relies upon people such as you, i.e., immunization champions, to educate parents and their adolescent children about vaccines.

Silver lining

If you feel some despair at what seems like daunting targets, there are silver linings. The internet offers some savvy resources for teens and their parents, as well as for school nurses, health educators, classroom teachers, and other immunization champions. This edition of *Give it a Shot* reveals some of those resources so that you have a better “shot” at protecting youth from vaccine preventable diseases (VPDs).

The second edition of the manual includes updated information and websites for teachers, school health professionals, students, and their families about:

- HPV vaccine;
- Tdap vaccine;
- Varicella vaccine; and
- Influenza and pandemic flu planning

Every link/URL was checked for currency and relevance as of January 2008.

The second edition of the CD contains new and updated items including:

- The HEADSSSS assesment that asks about health insurance, check-ups, shots, and nutrition (Section 4, Handout 4.16);
- An updated PowerPoint presentation for parents and teachers;
- Updated flyers, newsletters, and reminders for parents with appealing graphics; and
- New listserv, press release and PSA templates.

Work in progress

This Toolkit is a work in progress. Your feedback will help perpetuate its usefulness. So, please tell us what's working, what's not, and what would make this Toolkit more useful. If we cite your suggestion in the next edition, you'll be credited—with your permission.

Sincerely,

A handwritten signature in black ink that reads "Lynda Boyer-Chu". The signature is written in a cursive, flowing style.

Lynda Boyer-Chu
healthy.teens@yahoo.com

Introduction

Adolescent immunization saves lives—but promoting immunization takes time and thought. We recognize that today’s nurses and other health advocates are faced with a host of ever-expanding responsibilities in a time of reduced budgets and staff. Encouraging immunization of your students might seem like one more duty in your too-full day. That’s why we’ve structured this Toolkit to be an easy and reliable resource. Need a professional-looking flyer in a pinch? It’s right here. Looking for something to contribute to the school newsletter? We have articles for you. Our suggestions are easy to implement so that you can meet your goals of immunization compliance as easily as possible.

What’s in the Toolkit

Practical, field-tested ideas and materials that you can use in the immediate future. This Toolkit provides:

- the most **current information** regarding adolescent immunizations
- **tips** on incorporating immunization messages into your everyday work
- **templates** that you can easily use or adapt to your work situation
- a **CD** that contains this manual and many of the handouts
- three colorful **posters** that were based upon feedback from high school teens
- a **DVD** that contains a teen-friendly video “The Case of the Missing Shots” and a parent-friendly video “Vaccines: Separating Fact from Fear”
- **CEU** self-study questions that nurses and certified health education specialists (CHES) may complete and submit for credit

You can skip to the sections of interest and refer to the indicated handouts for specific forms or sample materials. Nearly all handouts and materials mentioned are available on the CD in Word or PDF format.

Quick Tips and Definitions

- For easy access to websites and links, open the manual on the CD. You can copy the link into your browser to visit the sites or click directly on the link. The links on the CD are “live.”
- Brochure: information presented on two sides of an 8.5” x 11” sheet of paper, folded into 3 sections.
- Flyer: information presented on 1 side of an 8.5” x 11” sheet of paper.
- Poster: information presented on a large sheet of paper, visible enough to be seen from a distance.

Why Immunize Teens?

Vaccinations are one of the greatest public health achievements of the 20th century.⁶ With just one or a few doses of a vaccine, the recipient is conferred years, and sometimes even a lifetime, of protection from vaccine preventable diseases (VPDs). Even an “expensive” vaccine seems like a “best buy” when measured in terms of saving someone from suffering, long-term disability or death. Yet many adolescents are under-immunized, putting their health and their futures at risk.

In 1991, the American Academy of Pediatrics (AAP) challenged public healthcare providers to do a better job of protecting youth against VPDs,

saying that adolescents were the orphans of immunization practices.⁷ Since then, a number of positive trends have emerged.

- Many states have implemented “catch-up” requirements for hepatitis B (Hep B), measles/mumps/rubella (MMR #2), tetanus/diphtheria (Td), and varicella.
- The federal government is providing some vaccine funding for low-income children and youth through Section 317, the Vaccines for Children Program (VFC) and the State Children’s Health Insurance Program (SCHIP).
- Many states are conducting better outreach

Newly recommended vaccines for adolescents

Human papilloma virus (HPV), which consists of about 100 strains or types of viruses—infests both men and women. About 40 strains are sexually transmitted. At least 50% of sexually active Americans have been infected with HPV at some time in their life. Genital HPV is spread through skin-to-skin contact and doesn’t require the exchange of body fluids. Certain strains of HPV cause cervical cancer and genital warts. In 2007, the Advisory Committee on Immunization Practices (ACIP) recommended 3 doses of Gardasil® for 11-12 year-old girls.¹⁰ This vaccine can be given as young as 9 and as old as age 26.

Meningococcal meningitis, while rare, is a devastating disease that can result in limb amputation, deafness or retardation, and, in 10-15 percent of cases, death. While a vaccine for meningococcal meningitis has been available since 1978, a more effective vaccine, MCV4, became available in February 2005, when the Advisory Committee on Immunization Practices (ACIP) recommended administering this vaccine to all 11-12 year olds, high school freshmen, and college freshmen living in dormitories.¹¹

Pertussis (whooping cough) is caused by the *Bordetella pertussis* bacterium, which is spread through the air and is highly contagious. Pertussis is among the few VPDs on the rise, especially among adolescents.¹² Pertussis can be debilitating and, for infants, deadly. In 1996, an acellular pertussis vaccine—with fewer side effects than the older vaccine—was made available. In June 2005 the ACIP recommended a booster shot of Tdap in response to a cyclical spike in pertussis across the United States. This vaccine protects against tetanus, diphtheria, and pertussis and is recommended for all 11-12 year olds, any 13-18 year olds who missed the 11-12 year old dose of Td, and any 11-18 year olds who only received Td.

activities to assure that children and youth who qualify for Medicaid programs are indeed covered.

- In response to fears about adverse reactions, immunization (IZ) experts have created friendlier, clearer, and less ambiguous educational materials.
- New vaccines are being developed, some specifically for adolescents.^{8,9}

But new challenges face immunization champions—diminishing federal and state dollars for all aspects of public health, limited health staffing in schools, limited access to primary care for adolescents,¹³ and a small but vocal group of parents and others who oppose vaccinations based upon unscientific, unproven beliefs.

You: A public health resource at the school and an immunization champion

You might be a school or public health nurse, nurse practitioner, or health advocate at a school-based center, health educator, immunization specialist, an administrator of any of these groups, or in another health-related role, working closely with schools. You might well be the only or primary public health representative associated with your schools. Your role—directly or indirectly—involves helping students, their families, and school staff members make health-affirming decisions. You are also a role model. Be sure you are up to date on your immunizations!

Collaborating with Key Healthcare Providers

You might be interested in piloting a vaccination program at a school site, or you've decided that this year you'll implement a more systematic exclusion process. Perhaps you'd like to get some speakers for your next parent meeting to talk about vaccinations and other prevention measures. Key players in the community can help smooth the way to implementing successful immunization activities in schools. They include the following:

Public health department

In most geographic locations, the local or county public health department is responsible for preventing infectious diseases in the community.

WHAT YOU CAN DO

Include the leaders of the health department's immunization program in planning and implementing new immunization programs. You'll probably also want to involve them in any initiatives that might be perceived as controversial.

Clinics

A clinic can be any institution, often associated with a county health department, hospital, or medical school, that provides care for outpatients. Many clinics serve communities of low income, of ethnic minorities and of non-English speaking groups.

WHAT YOU CAN DO

Keep a current list of your community's public and private clinics. Find out which serve large numbers of students attending your targeted schools. One way to ascertain this information is by reviewing your Emergency Cards (form completed by parents at the beginning of the school year, providing contact information and

information about healthcare providers, health insurance, serious medical conditions, etc.).

Make telephone contact or personal visits to as many clinics as time permits. Ask for their ideas on how you and they can work closely and increase immunization levels. They will appreciate your outreach efforts.

Obtain specific information from each clinic to guide adolescents and their families, such as:

- whether the clinic is taking new patients;
- days and hours of operation;
- availability of "drop in" hours for immunizations;
- acceptable payment methods, and whether a sliding scale is available;
- language and cultural capabilities;
- whether teens can receive immunizations without the presence of a parent/guardian; and
- whether they're receptive to adolescents.

Private physicians, practitioners

Comprehensive, quality care can best be achieved when a person has a "medical home," a place that provides primary care.¹⁴ Those who provide primary care to adolescents include pediatricians, family practice MDs, gynecologists, nurse practitioners (NPs), and physician assistants (PAs). Medical home settings include private offices, community health centers, or alternative settings such as school-based health centers.^{15,16} As most adolescents are healthy and most parents do not take their adolescent for an annual health physical unless one is required for team sports, providers have limited opportunities to vaccinate. Some clinics and pediatricians

“ We send via e-mail...information on the latest trends and best practices [on adolescent IZ]. We offer a session on this topic at our annual school nurse conference... We've also held two conference calls targeting the school nurse coordinators in large schools and health departments with school-based clinics. ”

Jane Stueve, Adolescent and School Health Consultant, Topeka, Kansas

have limited supplies of certain vaccines due to the cost and to limited storage space.

WHAT YOU CAN DO

If you're making a referral for one of the new and more expensive vaccines, e.g., MCV₄ or HPV, call in advance to assure that the provider has the vaccines available. If your community has an immunization coalition (see below), attend its meetings as a way for you to interact with representatives of the private sector. Ask responsive providers to speak to groups of educators and/or parents about immunizations.

State or local immunization coalitions

Your state or city might have a local immunization coalition that can support your work. This group's members might include representatives of private providers, hospitals, clinics, managed care, businesses, and parent groups.

WHAT YOU CAN DO

Contact your local health department to find out if such an organization exists. As time permits, attend their meetings and offer your support.

Universities that train health professionals

Your local universities might have medical or nursing schools and schools for NPs or PAs.

WHAT YOU CAN DO

Invite interested students in these programs to address groups of students or their families about vaccines and preventing diseases.

Your colleagues: Potential immunization champions

WHAT YOU CAN DO

If you work in a department or organization with others whose roles also involve adolescent immunizations, you can share ideas that work and learn from one another.

Partnering with Youth Service Providers

After-school programs

Secondary schools generally end in the early to mid-afternoon, leaving millions of preteens and teens unsupervised. Public and private sources, recognizing the need for both constructive outlets and supervision, offer after-school programs. While these programs are often spread thin in terms of staff and resources, they make great efforts in providing a wholesome range of recreational and educational activities. The school itself is a location for many such programs, and sometimes school faculty or staff run those programs. Community-based organizations often involved in after-school programs for adolescents include the Y's, Boys Clubs, Girls Inc., Scouts, parks and recreation departments, and athletic leagues.

HOW THEY CAN HELP

Once you have identified the larger, well-regarded providers of after-school programs in your community, you could ask them to help by:

- hanging posters;

- distributing flyers;
- posting a list of drop-in clinics for shots;
- organizing field trips to healthcare organizations; or
- hosting speakers.

Homeless, runaway, and foster youth

HOMELESS YOUTH

- Many have experienced abuse, rape, sexually transmitted infections (STIs) including HIV, mental illness, substance abuse, malnutrition, and learning disabilities.¹⁷
- Many inner-city schools have homeless—or virtually homeless—youth attending their schools, but they tend to be invisible because of feelings of shame and embarrassment.

RUNAWAY YOUTH

- Face afflictions and consequences similar to those of homeless youth.¹⁸

FOSTER YOUTH

- There are an estimated 500,000 foster youth in the United States, but the actual number is about 2 million more when you include those youth living with relatives (kinship care) on an unofficial basis. Those youth who cannot, for a variety of reasons, live with relatives or in a foster home, are placed in group homes.

Caregivers and group homes taking care of these youth might view immunizations as one of their lowest priorities. Nevertheless, these youth should have access to and would benefit from the entire range of primary care services. Federal funding through Title IV-E Foster Care should improve foster youth's access to healthcare, for those states receiving funds.

America After 3 PM

First-Ever National Household Survey on How Kids Spend the After School Hours
www.afterschoolalliance.org/america_3pm.cfm

America After 3 PM, the most in-depth study ever to explore how America's children spend their afternoons, shows that 6.5 million children are in after-school programs. The parents of another 15.3 million children say their children would participate in after-school programs if a program were available.

What you can do for homeless, runaway, and foster youth in light of their overall health needs:

- Find out if a social worker is assigned to their case. Many homeless centers, transitional housing, and shelters for runaway youth have an affiliated social worker.
- In the absence of a social worker, identify a caring adult, e.g., group home staff.
- Assist the social worker or caring adult in procuring access to healthcare and, if needed, a comprehensive health exam.
- Send the provider a copy of the student's immunization record, as permitted by law.
- Give the social worker or caring adult referrals to sensitive healthcare providers and reminders about immunizations.
- If possible, arrange transportation and accompaniment to the healthcare provider to assure actual receipt of services.

You might want to provide vaccinations at group homes, youth centers, or other alternative sites. While this is a sure way to protect youth from VPDs, the legal issues related to consent can be a barrier. (Youth in official foster care still need consent for health services from birth parents who retain health rights over the children.) Discuss this with appropriate legal experts

in the social services department, the health department and/or with legal experts who are associated with foster youth.

Juvenile detention centers

In the United States, over 100,000 youth are incarcerated on any given day. Since these youth live in close quarters they might be at risk for meningococcal meningitis. And since they might have already engaged in risky behaviors, they're at risk for diseases such as hepatitis A and human papilloma virus (HPV). (HPV is spread by sexual contact and is the most common cause of cervical cancer. In 2007, the ACIP recommended HPV vaccination to girls 11–12 years of age and catch-up vaccination for older teens.)

WHAT YOU CAN DO

If you're working in a juvenile detention facility as a healthcare provider, try to retrieve vaccination records. At a minimum, you can include some vaccine education in your overall health educational efforts.

If you're working in a school: comply in a timely manner when detention facility staff members ask your site to send a copy of a student's health records. Your prompt response enables them to provide "catch up" immunizations.

Confidentiality

The American School Health Association has a publication entitled "Protecting and Disclosing Student Health Information: How to Develop School District Policies and Procedures" that can help you set up acceptable protocols for sharing students' health information with healthcare providers. You can order it at www.ashaweb.org or by calling 800-445-2742.

Educating and Motivating Teens and Parents/Caregivers

Before developing an educational or motivational activity, consider carefully the specific qualities of the individual or group you're targeting. What are the factors that motivate an individual in that group to get vaccinations? Weigh the reasons for getting shots with the barriers, such as inconvenience, lost work time, or fear of injections. You'll want to address the barriers as well as the motivators. After using an activity or tool for a while, elicit feedback from the target group to assess its effectiveness.

Colorful posters

Catching students' attention about shots can be as easy as four pieces of tape or tacks. You can tack up posters such as the three included with this Toolkit, placing them in areas with high student traffic. (You can get more "wall-life" by laminating posters.) Better yet, involve students in deciding where to post them. Possible high traffic areas include where students wait in line for lunch, on a bulletin board that posts popularly read information, in locker rooms, or near the bathrooms.

This Toolkit includes three posters: "Your health balances on the point of a needle," "The best shots aren't always taken on the court," and "It's your choice—varicella infection."

Incentives and rewards

Incentives and awards can motivate students to obtain vaccinations or to turn in a vaccination record.

Some suggestions about incentives/rewards include:

- Distribute rewards promptly and fairly. Once the desired behavior becomes more routine, you can ease up on external rewards.
- Offer rewards that are free and easy to win, e.g., a "first in lunch line" pass just for entering the contest.
- Approach pharmaceutical representatives, local merchants, large chain stores, sporting goods companies, outdoor recreation equipment stores, and fitness centers in your community for donations, coupons or gift certificates. (Avoid incentives that are unhealthy, such as candy or fast food coupons.)
- Solicit your school's parent organization for funding.
- Post the names of winners and photos of the winning posters in the student bulletin, school newspaper and, if available, on the school website. "Recognition is its own reward."
- Providing incentives to groups, e.g., a home-room or science class as an alternative to giving individual awards. This way, you're harnessing the power of positive peer pressure and allowing a greater number of students to be winners.

“ We have a 6th grade Hep B/Td campaign. As incentives, we give out pedometers and jump ropes bought with payments for vaccine administration. ”

Robbie Goolsby, Henderson, North Carolina

“ A former student died in the second year of college from bacterial meningitis. Her parents have created a fund to provide free vaccine for high school seniors who can’t afford the vaccine. The importance of immunizations has really hit home to teachers who had this student in their classes.

Debbie LaMay, School Nurse, Chapel Hill, North Carolina

Student educating peers and family

Involve students in educating their peers and family members. Students can write about immunizations for their school newspaper. Students can write short papers for health class and explain the information to others in their family.

Peer-to-peer education and health clubs

Some schools have a Peer Resource Coordinator whose role is to organize students in conducting peer-led educational activities. Some schools have a health-oriented after-school club. Involve the Coordinator in developing an activity such as a skit or rap, timed to correspond with a vaccination campaign or program in your area.

For inspiration have students:

- View videos at www.getvaxed.org/videos.htm
- Listen to PSAs sung as raps. Under “Download Preteen PSAs,” click on desired PSA at <http://dhs.ca.gov/ps/dcdc/izgroup/shared/education/pvw.htm>

Educational materials for parents

You can obtain materials that target parents from the Immunization Coordinator at your local and state health departments, the Immunization Action Coalition (IAC, www.immunize.org), vaccine manufacturers, and other organizations listed in Section 11 (Resources). To save paper, you can photocopy the immunization information on the back of other school-related materials. Some schools have a routine system

of sending materials to parents. You could ask the person who compiles those materials to enclose immunization items.

You might find the following materials useful:

- Back to school flyer for parents regarding adolescent shots (see Handout 4.1 on CD).
- A chart titled “When do children and teens need vaccinations?” which gives an overview of all the shots needed by teens (see Handout 4.2: www.immunize.org/catg.d/p4050.pdf).
- Vaccine Information Statements (VIS) are information sheets produced by the CDC that explain to parents and vaccine recipients the benefits and risks of a vaccine. Handouts 10.2 – 10.11 contain several VISs. You can access the most current forms in English and in other languages at: www.immunize.org/vis
- Screening questionnaire for child and teen immunization available from IAC (see Handout 4.3: www.immunize.org/catg.d/p4060.pdf).
- Poster “A best-kept secret: Two dose hepatitis B for 11–15 year olds!” from the California Department of Health Services (see Handout 4.4: www.dhs.ca.gov/ps/dcdc/izgroup/pdf/2dosehep-1000.pdf).
- Preteen Vaccine Campaign materials from the CDC including posters, flyers, web buttons about HPV, and the Preteen Visit. Posters are for Caucasian, African–Americans, and Latinos. www.cdc.gov/vaccines/spec-grps/preteens-adol/07gallery/posters.htm
- Q&A about Preteen Vaccines: three reader-friendly fact sheets for parents about preteen

- vaccines (see Handout 4.5: www.cdc.gov/vaccines/spec-grps/preteens-adol/faqs.htm).
- Tear sheets on vaccine safety, flu vaccine, and meningococcal vaccine—in English and Spanish. You can download or order these materials from the Vaccine Education Center at the Children’s Hospital of Philadelphia (CHOP): www.chop.edu/consumer/jsp/division/generic.jsp?id=81901 (Two samples are in Handout 4.6: Meningococcus: What You Should Know: www.chop.edu/vaccine/images/vec_mening_tear.pdf and Handout 4.7 Minigococco: Loque usted debe saber).
 - Videos:
 - *Separating Fact from Fear*, included on the DVD provided in this Toolkit, features nationally recognized Paul Moffitt, MD, responding to parents’ questions about vaccine safety.
 - *Getting It: A Disease... A Vaccine* (25 minutes) created by the National Meningitis Association. Narrated by Glenn Close and featuring the stories of meningococcal disease survivors and families affected by the disease, the video can help educate students, their families and school staff about the dangers of meningococcal disease and the importance of prevention. Comes with educator guide. Website also links viewers to the toolkit “Parent–Teacher Awareness Program for PTAs.” www.nmaus.org/programs/getting-it
 - Internet sites for parents of 13–20 year olds
 - www.chop.edu/consumer/jsp/division/generic.jsp?id=79389
 - www.pkids.org
 - www.cdc.gov/vaccines/spec-grps/preteens-adol.htm or www.cdc.gov/spanish/immunizacion (in Spanish)
 - Full-color brochures, flyers for parents and give-away items available from pharmaceutical manufacturers that you can use as gifts for teachers and incentives or prizes for students. Call your local representative or consult the websites listed in the Resources Section.

Examples:

 - Brochure for Menactra® (meningococcal meningitis) vaccine: “Think about protecting your teen. Think about Meningococcal Vaccination” by sanofi pasteur.
 - On–line: English/Spanish information for parents from www.mercksource.com, enter keyword “Vaccine”
 - Brochures on diphtheria-tetanus-acellular pertussis vaccine: Adacel® by sanofi pasteur, and Boostrix® by GlaxoSmithKline.
 - Parent–oriented educational programs: *Give Your Kids a Boost*, *Pertussis Tools for Schools*, and the *Get SMART about Meningitis* resource kit with a PowerPoint presentation, disease facts, parent letter, poster, and many other useful items. You can access all of these items from the National Association of School Nurses at www.nasn.org.

“ The New York Times’ Tuesday edition, ‘Science Times’, has been a wonderful resource for timely VPD articles...I clip any articles on VPDs...and mount them on a poster board for easy transport!

Debbie LaMay, School Nurse, Chapel Hill, North Carolina

“ A growing number of parents object to vaccines; their main fear is the ‘reported complications’ that they hear about, often from non-reputable sources. Many are militant. My feeling is that, if one pushes too hard, they become even more recalcitrant. So, we have to strike a balance between providing a valuable educational message while not coming on like ‘gang busters’.

Nancy Otskey, School Nurse, Montclair, New Jersey

Listservs

Your school or Parent Teacher Association/ Organization (PTA/PTO) might have a listserv (one e-mail address that enables you to send and receive messages from others sharing a common interest) for students’ families. If such a listserv is available, post announcements about health that includes immunization information. You can “cut and paste” from reputable websites such as those in the Resources section of this manual. Don’t forget to include information about adult immunizations such as influenza (flu) shot reminders in the fall. See Handout 4.8 Listserv announcements–samples.

Reputable newspapers and journals

When you see a vaccine-related article in a reputable publication, clip it and post it in a place that’s visible to parents, teachers, and students. Seeing such articles reinforces the value of vaccinations. See Handout 4.9 *Newsweek* “On the March to Eradicate Child Illness,” Special Summer 2005 issue, pp 66-68.

IAC provides links to news reports, features, opinion pieces, and editorials about vaccines and vaccine-preventable diseases. To access articles, the news organization might require a subscription. www.immunize.org/vaccinenews.

Educational materials for students

You can obtain flyers that are written specifically for youth. Rather than just distributing them, you could ask for instructional time and use a flyer as the basis for a lesson and discussion. If

you want to involve teachers in instruction, you might approach faculty in the science, health, or physical education departments—choose one department to avoid duplication of activity—to distribute the flyer with a discussion about the message. Provide two or three talking points or discussion questions based on the flyer.

A sampling of useful flyers and brochures for students includes:

BROCHURES

- Handouts 4.10 and 4.11 “Are you 11-19 years old? Then you need to be vaccinated!” Brochure available at:
English: www.immunize.org/catg.d/p4020.pdf
Spanish: www.immunize.org/catg.d/p4020-01.pdf
- Handout 4.12 “Every week hundreds of sexually active people get Hepatitis B” Brochure by IAC available at:
www.immunize.org/catg.d/4112std.pdf
- Handout 4.13 “Every day, teens are infected with hepatitis B.” Brochure available at:
www.immunize.org/catg.d/p4100tee.pdf
- Handout 4.14 “Got Vaxed?” 2-sided brochure—colorful, updated, and in English and Spanish from:
www.immunize-utah.org/public/pub_imm_adoles_media.htm
Click on “Got Vaxed?” brochure link; due to photos, may take a while to download.

TRADING CARDS WITH PHOTOS OF VACCINE-PREVENTABLE DISEASES

www.cdc.gov/vaccines/pubs/buttons-stickers-cds.htm

INTERNET SITES

- 2 minute PSA about HPV with George Clooney
www.youtube.com/watch?v=-Z2-UNKR1xA
- Listen to the sounds of pertussis
www.pkids.org/pertussis/index.php
- www.getvaxed.org
Website sponsored by PKIDS.org that aims to educate teens and young adults about vaccine-preventable illnesses. The website provides quick facts and short videos specifically targeting teens and young adults. The videos will capture young and old alike.

You could also provide an article for a student newspaper. Handout 4.15 on the CD contains sample articles on meningitis and pertussis.

Friendly links for school websites

Some schools have their own websites. If this is the case, you could provide the web master with youth- and family-friendly immunization information. It should be brief and offer links to other popular and reputable websites. To keep the information from being easily outdated, provide information that is applicable for the entire school year.

Sites you might want to link to include:

- www.vaccine.chop.edu/parents
- www2.cdc.gov/nip/adultImmSched/
“What vaccines do YOU need?” by answering the 8 questions on this online survey, a teen can immediately find out which vaccines s/he might need.
- www.cdc.gov/vaccines/spec-grps/preteens-adol/info-espanol.htm (Spanish)
- www.nmaus.org

Article in School Newspaper

You could provide an article for a student newspaper. Handout 4.15 on the CD contains sample articles on meningitis and pertussis.

Interview tool: “HEADSSSS”

A modified HEADSSSS assessment tool identifies student concerns and relevant resources plus an extra S, for “Self-Care/Spirituality” that asks about health insurance status, most recent physical and follow-up care including vaccinations. (See Handout 4.16 HEADSSSS with self-care dimension.)

Summary of Section 4 Appendices

4.1 Back to school flyer for parents regarding adolescent shots

4.2 “When do children and teens need vaccinations?”

www.immunize.org/catg.d/p4050.pdf

Chart gives overview of all the shots needed by teens.

4.3 Screening Questionnaire

www.immunize.org/catg.d/p4060.pdf

4.4 Two-dose hepatitis B for 11-15 year olds a poster developed by the California Department of Health Services

www.dhs.ca.gov/ps/dcdc/izgroup/pdf/2dosehep-1000.pdf

4.5 Q&A about preteen vaccines a fact sheet from CDC

www.cdc.gov/vaccines/spec-grps/preteens-adol/faqs.htm

4.6 Meningococcus: What you should know

www.chop.edu/vaccine/images/vec_mening_tear.pdf

- 4.7 Meningococco: Loque usted debe saber
www.chop.edu/vaccine/images/vec_mening_tearesp.pdf
- 4.8 Listserv announcements-samples
- 4.9 *Newsweek* “On the March to Eradicate Child Illness,” Special Summer 2005 issue, pp 66-68
- 4.10 “Are you 11-19 years old?” flyer by IAC
www.immunize.org/catg.d/p4020 and
- 4.11 www.immunize.org/catg.d/p4020-01.pdf
(Spanish)
- 4.12 Every week hundreds of sexually active people get hepatitis B brochure by IAC
www.immunize.org/catg.d/4112std.pdf
- 4.13 “Every day, teens are infected with Hep B” 2-sided brochure by IAC
www.immunize.org/catg.d/p4100tee.pdf
- 4.14 “Got vaxed?” 2-sided brochure (has not been updated for Tdap) by Immunize-Utah
- 4.15 Meningitis and pertussis articles for student newspaper
- 4.16 HEADSSSS

Month-by-Month Strategies

There are several national health observances and sponsoring organizations which might provide opportunities for you to promote immunizations. You can find these and other health observances for the current calendar year at www.healthfinder.gov/library/nho/nho.asp.

August

WELCOME BACK TO SCHOOL

August is National Immunization Awareness Month. Depending upon your school's calendar, you can use flyers such as Handout 5.1 on CD: "Are You Up To Date?" to publicize that persons of all ages need shots. Also, if your school district allows up to 30 school days to get caught up with shots, you can post a "countdown calendar" in a visible location.

STAFF MEETING/PARENT MEETING

You can update teachers and students' families at their respective meetings by providing a brief presentation about any new or revised recommendations regarding adolescent shots. A great resource is Handout 5.2 on the CD: "Shots for Teens?" This PowerPoint presentation with script of 17 friendly slides that you can show at staff or parent meetings at the beginning of the year or anytime.

This is also a good time to discuss adult immunizations.

Handout 5.3 "Vaccination for Adults: You're

Immunizations and Celebrations by Month

May

National Hepatitis Month

Hepatitis Foundation International

August

National Immunization Awareness Month

National Partnership for Immunization

September – October

National Adult Immunization Awareness Week

National Coalition for Adult Immunization

April 7–13, 2008

National Public Health Week

American Public Health Association

NEVER too old to get immunized!" a flyer by IAC

www.immunize.org/catg.d/p4030.pdf

LOW-COST OR FREE HEALTH COVERAGE

Raise awareness about available low-cost and free health coverage. The Covering Kids & Families Back-to-School Campaign Action Kit has tips, templates, flyers, posters, and brochures. Order materials at: www.coveringkidsandfamilies.org/materials

“ In the beginning of each year, school nurses conduct an in-service to teachers about chickenpox so that they're aware of the small risk to the fetus in the event of a pregnancy, if an outbreak were to occur. This might be a good time to bring up adolescent shot requirements. ”

Karen Turmel, Nursing Supervisor, Chicopee Public Schools, Massachusetts

“ We provide flu vaccine for the school district employees and their families at a nominal charge. ”
It minimizes their time away from the classroom and is good public relations.

Lisa Kimmey-Walker, RN, PNP, Lamar School-Based Health Center, Rosenberg, Texas

August to Spring

TEAM SPORTS AND PHYSICALS

Athletic intramural and competitive teams are a common part of the secondary school landscape. Students who participate in competitive team sports must, for protective and liability reasons, have a health check-up by a licensed healthcare professional such as a physician, nurse practitioner, or advanced practice nurse. Students want to get this physical; without it, they're ineligible for the team. Most existing forms require proof of current tetanus vaccination. Handout 5.4: Athletic Participation Form, which is adapted from a form used in Prince William County, Virginia, (courtesy of Fred Milbert, Athletic Department Supervisor), includes an entire immunization section, which your school or district can make optional.

If you have an existing sport physical form and this form does not prompt a review of immunizations, take a look.

September

AUTO DIAL ALL PARENTS/CAREGIVERS

Find out if your school district has the technology to make calls to all (or specified groups of) parents, known as “auto dialers.” With auto dialers you can contact all, or a specific segment of, parent/caregivers by telephone, and relay a recorded message about urgent or important matters. You could use the PSA scripts provided in Section 9 as the basis for your autodialed message. If your school conducts exclusions, use auto dial to inform parents about deadlines and consequences of non-compliance.

PARTNER SHOT RECORDS WITH EMERGENCY CARDS

At the beginning of every academic year, most schools distribute and collect Emergency Cards (EC). The EC seeks basic information about a student's address, contact information, their primary care provider, and any known health conditions. This form is usually mandatory for all students. You might be able to staple a shot record to the EC, so that even if the immunization information is not mandatory, it places some priority on the form. You might offer incentives for the first “X” number of students who return a shot record, or, better yet, provide a peer-pressure incentive, e.g., pizza party for the first three homerooms that achieve 90 percent return by two weeks. If you have a parent newsletter sent to students' homes, post the names of the first ten students or identify the first homerooms that have turned in their shot records.

Handout 5.5 “Is your adolescent safe?” is an article for a parent newsletter.

BACK TO SCHOOL EVENT

Many schools provide a Back to School evening event for students' families. The purpose is to welcome family participation, acquaint families with their children's teachers, and announce any special or new programs offered at the school. As attendance is voluntary, the attendance level varies from scant to standing-room-only. This is an ideal event for providing a face-to-face meeting with the school nurse—if one is available. If not, an immunization champion could staff a table with immunization-related flyers and pamphlets as well as other give-aways about health and wellness issues. You might get better parent

interest if you offer a free blood pressure check.

Work with whomever is in charge of this event to include immunization in a positive way. Time is always limited and there is competition for time with students' families—who are usually anxious to meet teachers. Planned carefully and considerately, these events can be important vehicles for disseminating information.

SEPTEMBER TO DECEMBER FLU SHOTS

These are the optimal months to offer flu shots. If possible, provide the vaccine to staff and school volunteers. This is a nice morale-booster in providing a service that supports staff health. Also, it reduces time lost due to getting the vaccination and reduces the chance of absenteeism due to a shot appointment or illness. This activity might require the support or participation of the health department. It can be a valuable way to build support for immunizations in general. “Adults Only Vaccination: A Step-by-Step Guide” is an excellent resource for setting up a flu shot clinic (see Section 11: Resources). Also see Handout 5.6, which contains a flu shot FAQ sheet and a flu shot sign up sheet.

TOOLKIT FOR VACCINATING STUDENTS

Developed by MedImmune, this kit can help you plan a school-wide influenza vaccination program. The kit includes a sample letter to the principal, a presentation on the importance of vaccination against influenza, implementation guidelines, and an order form for materials. A larger toolkit might be available soon. www.preventinfluenza.org/MiniSchoolVacToolKit.pdf

For more information about influenza and the vaccines available, both the American School Health Association (www.ashaweb.org) and the National Association of School Nurses (www.nasn.org) offer online courses about influenza that offer continuing education credit.

REPORT CARDS

Some school districts are able to print a brief message directly on computer-generated report cards. You might be able to prepare a brief reminder message about an upcoming deadline or requirements.

November – December: Thanksgiving, winter, and spring vacations

Many schools have a Thursday-to-Sunday Thanksgiving recess, a two-week vacation period in late December, and a week or so vacation in March or April. You can encourage students and their families to use vacation days for health-related services, e.g., getting a vision exam, picking up their glasses, or getting a health physical. This message can be conveyed through bulletins sent home, reminder notices given to students, and other communication pieces. Handout 5.7 contains a reminder to parents about using vacation time to get shots.

“ I find that I need to remind teachers more frequently than just once or twice a year. I work with teachers by spending time with them at least every few months. Otherwise, they're so busy that they tend to lose their momentum with follow-up of shot forms. ”

Jeanne Clancy, Springfield, Massachusetts

May

Use the auto dialer to encourage parents/caregivers to make appointments for sports physicals, annual check-ups, and preteen shots.

MAY: REMINDER TO GET SHOTS OVER THE SUMMER

As the end of the school year approaches, other priorities might divert your attention from reminding parents about immunizations during the summer. Handout 5.8: “Summer is the best time to make your well-check appointment,” could serve as a reminder notice to students and their families. This six-poster PDF is provided with permission from the San Francisco Health Plan.

Remind parents of graduating seniors that more and more colleges are recommending or requiring a meningococcal vaccine in addition to the basic requirements. A sample letter on meningococcal vaccination can be found in Handout 5.9 on CD.

Also, consider using the National Meningitis Association’s “Adolescent Meningitis

Prevention” Kit available at www.nmaus.org/programs/parent-teacher-awareness/documents/Disease-Awareness-Program.pdf and items mentioned in Section 4, such as the National Association of School Nurses’ “Get SMART” program.

Summary of Section 5 Appendices

5.1 “Are You Up to Date?” Poster from CDC

5.2 “Shots for teens?” PowerPoint presentation with script. 17 friendly slides that you can show at staff or PTA meetings at the beginning of the year or anytime.

5.3 “Vaccination for Adults: You’re NEVER too old to get immunized!” 1 page flyer by IAC www.immunize.org/catg.d/p4030.pdf

5.4 Sports Physical Form (Prince William County Public Schools, Virginia, courtesy of Fred Milbert, Athletic Department Supervisor)

5.5 “Is your adolescent safe?” an article for a parent newsletter

5.6 Flu shot FAQ sheet and Flu shot sign up sheet

5.7 Reminder to parents about using vacation time to get shots.

5.8 “Summer is the best time to make your well-check appointment” (6 posters), credit San Francisco Health Plan

5.9 Meningococcal vaccination letter to parents

Tools for the Classroom

Providing classroom-based instruction about immunizations harnesses the talent and capacity of a school. To initiate a curricular activity if it isn't a specified part of the regular curriculum, however, will take effort and time. It's essential to keep the administrator informed, and the instruction will more likely take place if the administrator is supportive of the effort. Also, it's very helpful when the entire staff is informed about vaccinations, not only for students but for themselves. This can start with a flyer and progress to a brief slide presentation, if time permits.

Useful materials include:

- Handout 6.1 Staff flyer about adolescent shots
- Handout 5.2 PowerPoint presentation for teachers and parents
- Handout 5.3 "You're NEVER too old to get immunized!" (IAC)

Classroom instruction: To do or not to do

Do you want secondary school students to learn the wonders and mysteries of the immune system? Or is the purpose of immunization-related lesson(s) just motivating them to accept shots? Perhaps it's a little of both. Here are some key questions to ask in deciding whether to use a classroom instructional approach. A "yes" answer to one or more of these questions would be a good basis for providing classroom lessons on the immune system and how vaccines work.

National Health Education Standards

You can consider these standards as you assess any curricular materials for teachers (Handout 6.2). www.aahperd.org/aahe/pdf_files/standards.pdf

- Are immunizations or disease prevention already in the curriculum?
- Is there—or will there be in the near future—a new immunization mandate?
- Is the health department urging vaccinations due to a spike in a VPD, e.g., influenza or pertussis (whooping cough)?
- Are you planning to offer shots at school?

Grade level, subject, and number of lessons

Once you make the decision to offer classroom education, consider the following:

- Teachers are obliged to teach to their subject's standards. Align your lesson's objectives to the teachers' content goals. In this way, your presentation will meet everyone's priorities.
- Does your school offer a course in health? This class could explore the role of immunizations.

“ In every school district, there are innovative, trend-setting principals who have a great deal of respect from the other principals in the district. These principals might be a great resource for initial program implementation. ”

David Wiley, Health Education Professor, Texas State University

“Sixth graders do a project on their choice of VPDs. It gives them a sense of the advances that have been made in medicine and not take for granted the return of communicable diseases.”

Pat Harper, District School Nurse Leader, Stockbridge, Massachusetts

- If your school does not offer a course in health, where do immunizations fit most logically into the curriculum? For example, find out which grade level of science teaches human biology.
- What are some ways of relating immunizations to lessons other than human biology? For example, if exercise is currently being emphasized in physical education classes, immunizations could be presented as a way to prevent infectious diseases, maintain health and “exercise” the immune system. A history class might explore the impact of epidemics on history.
- Is it necessary to target a specific grade level(s) for instruction, e.g., because you’re going to offer school-based vaccinations for specific grade level(s)?
- As for the number of lessons, what do teachers want? Some schools, facing the pressure of teaching to standards, will be reluctant to teach more than one or two lessons about immunizations. Present several options and involve teachers in the decision-making so they have a greater investment.

Who should teach the lesson/s?

- Classroom teachers: Which subject teachers would be most willing to teach the lesson(s)? Likely candidates are science, health, physical education, home economics, or social studies teachers.
- School nurse: How available is the school nurse to present the lessons to the entire targeted group? How comfortable is the school

nurse in conducting classroom-based lessons?

- Guest speakers: An engaging, dynamic speaker can free teachers from having to do preparation. Teachers can also learn how to convey the information by watching an excellent presenter. The major disadvantage is that guest speakers are not dependable from year to year. Using guest speakers doesn’t create a curricular infrastructure for future years.

Tips for classroom teaching about immunization

There are several curricular materials for teaching about adolescent immunizations.

Among the more engaging are:

Four classroom lessons (“Purple tongue disease,” comic strip contest, herd immunity), with teacher guides, recognition certificates and worksheets from the California Department of Health Services. <http://dhs.ca.gov/ps/dcdc/izgroup/shared/education/pvw.htm> Click on “Supplemental Materials” near the bottom of this page.

Colorful and vivid lessons and visual aids for various age groups from PKIDS:

9-12 year olds: www.pkids.org/pdf/idw/9121.pdf

13-18 year olds: www.pkids.org/pdf/idw/teenva.pdf

Visual aids: www.pkids.org/pdf/idw/teenva.pdf

Video: *Getting it: A Disease...A Vaccine* created by the National Meningitis Association. Narrated by Glenn Close and featuring the stories of meningococcal disease survivors and families affected by the disease, the video educates students, parents and school staff about the dangers of

meningococcal disease and the importance of prevention. Comes with an educators' guide. www.nmaus.org/programs/getting-it

Included in this kit:

Handout 6.3 Lesson Plan: "The Case of the Missing Shots"

Video: "The Case of the Missing Shots" (included on the DVD with this Toolkit)

Handout 6.4 "Are you 11-19 years old?" 1 page flyer

Handout 4.8 "Chickenpox isn't just an itchy, contagious rash" 2-sided brochure www.immunize.org/catg.d/p407ochi.pdf

Handout 6.5 "Hepatitis A is a serious liver disease" 2-sided brochure www.immunize.org/catg.d/p408oa.pdf

Make it easy!

Teachers are more likely to adopt a lesson if it addresses core teaching standards, minimizes preparation time, is easy to implement, and engaging for students. The three word search puzzles and answer sheets in Handout 6.6 on the CD are examples of quick and easy activities for an advisory, homeroom, or other class period, or to use during a shot clinic.

Handout 6.6 Three word search puzzles and answer sheets (6 pages)

Pictures and sounds are worth a thousand words! Some graphic ways of educating students, parents and staff that you might find useful are:

- Videos, quick facts, and short videos targeting teens and young adults available at www.getvaxed.org
- The photo gallery of VPDs available from IAC at www.vaccineinformation.org/photos/index.asp
- Video clips of VPDs and IZ issues available from IAC at www.vaccineinformation.org/video/index.asp
- The DVD "Separating Fact from Fear" provided in this Toolkit.

Summary of Section 6 Appendices

6.1 Staff flyer about adolescent shots

6.2 National Health Education Standards www.aahperd.org/aahe/pdf_files/standards.pdf

6.3 Lesson Plan: "The Case of the Missing Shots"

6.4 Brochure: "Chickenpox isn't just an itchy, contagious rash" www.immunize.org/catg.d/p407ochi.pdf

6.5 Brochure: "Hepatitis A is a serious liver disease" www.immunize.org/catg.d/p408oa.pdf

6.6 Three word search puzzles and answer sheets Quick and easy activities for an advisory period or to use during a shot clinic

Also included in this Toolkit:

DVD: "The Case of the Missing Shots" and "Vaccines: Separating Fact from Fear"

“A required career class for sophomores includes obtaining a copy of their own shot record and reviewing it for any updates.”

Maren Stavig, Gig Harbor, Washington

Surveillance, Referral, and Consequences

Experts agree that school immunization requirements have contributed to a 98 to 100 percent reduction in the incidence of most VPDs.^{19,20} Immunization surveillance, however, requires a considerable amount of clerical time with recording, photocopying, stapling, and filing. Eventually, computerized records of immunizations, or registries, will be available in schools and make compliance-monitoring much easier.

Surveillance

Schools are expected to submit a report about immunization compliance to the health department or a state agency by a certain date. One person such as a school nurse, health aide, secretary, or an administrator has the responsibility for completing and submitting the report. That person must ensure that the school follows a protocol of surveillance, parental notification, waiting period, then assessment, re-notification of parents or guardians who are still non-compliant, followed by another assessment, then, possibly, exclusion from school. This process can take many months, depending on factors such as other health priorities, staff availability, administrative support, and the responsiveness of the students' families.

Responding to parents' concerns

Myths and misconceptions about vaccinations are common. The DVD "Separating Fact from

Fear" provided in this Toolkit and found in Handouts 7.1 and 7.2 are good places to find suggestions for responding to parents' questions and concerns.

- Handout 7.1 *Vaccine Concerns*
www.immunize.org/catg.d/4038myth.htm
10-page PDF document reprinted from *Vaccines: What You Should Know*.²¹
- Handout 7.2 "When parents resist immunizations" by Magna Dias, MD & Edgar Marcuse, MD, MPH, from *Contemporary Pediatrics*, July 2000 available at www.immunizationinfo.org/assests/files/pdfs/6_ARTICLE.pdf is a 4 page article on how to identify each family's specific issues, target your response, and use a non-confrontational approach.

Vaccines by brand names

Name-overload happens!

- Handout 7.3 U.S. Vaccines can help you sort out the ever-expanding list of brand names. This reference is a list of vaccines, their brand names, manufacturer, and other information. Go to the website www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines.pdf for updates.
- The AAP's Redbook reference provides the most current information such as brand names, licensure status, and recommended age groups for the newest vaccines. Available

“Most states have laws that dictate how to monitor and report immunizations. Most have exclusion procedures for non-compliant students with penalties for schools that do not follow through. Implementation of policies based on these laws can be challenging.”

Susan Spalt, retired School Nurse, Chapel Hill, North Carolina

“ We time the exclusion notice to coincide with a winter vacation that excludes the student with a two week notice. The letter is signed by the district superintendent and sent by registered mail. ”
Pat Harper, Stockbridge, Massachusetts

at <http://aapredbook.aappublications.org/news/vaccstatus.shtml>.

Shot records from other countries

You can find excellent references to help you translate records with immunization terms in other languages at www.immunize.org/izpractices/p5121.pdf (a seven-page document from the Immunization Action Coalition) and a list of Vaccines and Biologics used in U.S. and Foreign Markets at www.immunize.org/izpractices/p5120.pdf

Two-dose hepatitis B vaccine?

Adolescents 11-15 years of age who have not received any hepatitis B vaccine are eligible for a two-dose series, which saves both time and discomfort. Your state probably has its own version of guidelines for vaccination and documentation. Handout 7.4 contains guidelines used in Massachusetts:

www.mass.gov/dph/cdc/epii/imm/guidelines_sched/optional_hepb_2_dose.pdf

Is it Hib or Hep B dose?

Because of the similarities in these vaccines' abbreviated names, parents and others have understandably been confused. The flyer "Vaccine Alphabet Soup: Is it Hib or a Hepatitis B Dose?" (found in Handout 7.5) can help anyone reviewing records to differentiate between the two vaccines. It may be downloaded from www.dhs.ca.gov/ps/dcdc/izgroup/pdf/Vaccinesoup.pdf

Exemptions

Parents may legally opt their child out of vaccinations for various reasons. All 50 states allow vaccination exemptions for medical reasons; 48 allow exemptions for religious reasons, and 20 states allow exemptions for philosophical reasons.²² Make sure that you understand the laws in your state. If you suspect that a healthcare provider does not understand the laws and is giving parents conflicting advice, call the provider to clarify the law. Seek help from your health department or similar agency. Make sure school administrators also understand exemptions.

Seek specific information about how to execute exemptions from your local health department and/or State Immunization Consultant. Most commonly, the parent or guardian has to sign a form stating that s/he is the parent or legal guardian, specifying which vaccine(s) are being exempted, the reason, and the duration period. This form states the conditions of exclusion and return to school, e.g., in the event of an outbreak for which a student was not vaccinated, the student would be excluded from school until the health department deemed that the epidemic was contained and it was safe for the student to return to school.

Vaccine requirements for school entry in each state vary

You can find state-specific information at www.immunizationinfo.org/vaccineInfo/index.cf. Verify with your local health department that this information is accurate.

Investigating non-compliance

Parents who do not comply with immunization laws are a challenge. With these parents, you'll want to determine whether the non-compliance is due to difficulty obtaining records for vaccines already given, or circumstances such as a single parent working multiple jobs and, therefore, having little or no time for preventive care; a lack of awareness about vaccinations being free or low cost; being illiterate or unable to speak English; or having religious or personal beliefs that contraindicate immunizations. For non-English speakers, you might contact the local hospital to find interpreters who are skilled in translating medical information. Avoid, if at all possible, using the children to translate. If the parent has anti-vaccination beliefs, you might use materials in the following appendices to correct wrong information.

Handout 7.6 What if you don't immunize your child?

www.immunize.org/catg.d/p4017.pdf

Other causes of non-compliance include negligence, which might account for chronic lateness or absence, illness, hunger, and poor hygiene; or a family that is in crisis but is failing to seek help. In these situations, a home visit might be an effective intervention.

Consequences—consider carefully

If a parent does not comply with immunization requirements despite direct communication, and there are other signs of parental negligence, consequences might include the following.

- A letter from the principal to the parent seeking a meeting at school.
- Home visit with a social worker who is either already involved with the family or works with the school.
- Contacting the welfare office to determine whether the family is receiving governmental assistance and whether immunization compliance is required in order to receive ongoing benefits.
- If the child lives in foster care or in a group home, calling the social worker to seek support in meeting the child's health and welfare needs.

You'll want to proceed carefully when implementing consequences. If not conducted with care, they might backfire.

Exclusion for non-compliance

In those situations where your contacts with the parents and other measures have not resulted in compliance, it might be necessary to exclude the child from school. Consult your supervisor and site administrator to assure that you are following procedures and school norms. For most parents, a letter warning them of impending exclusion is often enough to elicit a favorable response. For some parents, unfortunately, you will have to implement exclusion to achieve compliance.

Sample Shot record requirement notice (Eng)
(Handout 7.7a)

Sample Shot record requirement notice (Span)
(Handout 7.7b)

“ In past years, we threatened exclusion but didn't follow through. We finally got to the point this year of actually enforcing the exclusion rule. This seemed to light a fire that the letters didn't. ”

Betsy Bunker, School Nurse, Florence, Massachusetts

“ We post flyers in English and Spanish, in RED letters, that without up-to-date immunizations, middle school students will not receive their class schedules. This information is also disseminated in the yearly parent packet, at parent meetings, at student assembly, through the local TV station, and in parent newsletters. ”

Armillia Henry, Nurse Practitioner, Fontana, California

These forms can be revised for meningococcal, pertussis, and other vaccines as they become required in your school district.

- Sample Warning of Exclusion (Handout 7.8)
- Sample Final Warning (Handout 7.9)
- Sample Exclusion Notice (Handout 7.10)

Referral to Child Protective Services (CPS) for health neglect

The decision to refer a student's family to CPS for non-compliance with immunization requirements is controversial and complex. A CPS referral should be considered when parents or guardians who have a means to pay for services, access to transportation, and have not signed a waiver form and repeatedly failed to take their child to obtain services. It is likely that the child is neglected in other areas, not just with immunizations. Before making the referral, consult with your supervisor, your district's policies and procedures manual, and the school's principal.

Consequences for students?

Other consequences a school could impose include withholding school privileges such as participating on sports teams, attending a dance, participating in a non-educational field trip, obtaining a locker, or obtaining a parking pass. While these ideas might be perceived by some as unfair to students, experience shows that, for some students, their motivation in claiming their privileges have pushed their parents to overcome barriers to obtaining shots or records.

Summary of Section 7 Appendices:

7.1 Vaccine Concerns

10 page pdf document reprinted from *Vaccines: What You Should Know?*²¹

www.immunize.org/catg.d/4038myth.htm

7.2 When parents resist immunizations a 4 page

article reprinted from *Contemporary Pediatrics*

www.immunizationinfo.org/assests/files/pdfs/6-ARTICLE.pdf

7.3 U.S. Vaccines

www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines.pdf

7.4 Two dose hepatitis B vaccine schedule from Massachusetts

www.mass.gov/dph/cdc/epii/imm/guidelines_sched/optional_hepb_2_dose.pdf

7.5 Is it Hib or HepB dose?

www.dhs.ca.gov/ps/dcdc/izgroup/pdf/vaccine_soup.pdf

7.6 What if you don't immunize your child?

www.immunize.org/catg.d/p4017.pdf

7.7a Sample Shot record requirement notice (Eng)

7.7b Sample Shot record requirement notice (Span)

7.8 Sample Warning of exclusion

7.9 Sample Final warning

7.10 Sample Exclusion Notice

Vaccinating at the School Site

There is evidence to suggest that one of the most effective ways of raising compliance levels is by providing school-based immunizations on an individual basis.²³ If you decide to vaccinate at school, there are many decisions to make, collaborations to develop—most importantly with the health department—procedures to organize, and materials to obtain. The manual *Roll Up BOTH Sleeves* (RUBS), which is based on the experiences of 13 school-based demonstration projects in the 1990s, can guide you on how to set up a successful school-based program.

RUBS contains step-by-step suggestions, templates on organizing a program, consent forms in English and Spanish for Hep B/MMR, and two video programs that you can use to educate teachers, students, and parents about adolescent vaccinations.

School-based health centers, public health clinics, and traveling teams

If the school is affiliated with a school-based health center and it provides vaccinations to their enrolled students, how fortunate! Those students who are eligible for services at the school-based health center might be able to obtain their vaccinations at the site. Similarly, a public health clinic located near the school might also make it easier for students to obtain shots. Or, in some communities, an immunization team comes by on a periodic basis.

Roll Up BOTH Sleeves!

Vaccinating Students and Staff in School

A comprehensive guide for nurses and program planners is available from the American School Health Association's website:

www.ashaweb.org. Click "ASHA Publications."

"Nurses may hesitate administering vaccines or planning immunization programs at school sites. *Roll Up BOTH Sleeves!* provides a cure for procrastinating."

Beverly J. Bradley, PhD, RN, Fellow, American School Health Association; Fellow and Distinguished Service Award Recipient, National Association of School Nurses

Before implementing the program, you'll want to meet with health department leaders. Discuss matters such as:

- What are the consent requirements for school-based vaccinations?
- What funds are available for vaccines?
- What funds are available for supplies, e.g., syringes, cold boxes for transport, and other materials?

“ My school district has been collaborating with the local health department for over 30 years. The health department updates our school site RNs (one per school), and provides vaccines, syringes, and sharps containers. We vaccinate children as they enter school, which saves the families time and money, and reduces work load for the health department. ”

Shirley Rodriguez, Health Services Coordinator/School Nurse, Yuma, Arizona

“ For the past 10 years or so, we’ve provided free shots and TB skin testing to students, K to 12th grade, who are new to our district. We do this through a district-based ‘clinic’ that starts 2 weeks before school opens and for 2 more weeks after school opens. The school sites really appreciate knowing that the children are brought up-to-date. ”

Louanne Lee, School District Nurse, San Francisco, California

- How will clinical time and administrative time be paid?
- What assistance is available for checking who needs which shots, distribution and collection of consent forms, and database entry?

You can seek expert advice from:

- local or state health department’s immunization section
- See Handout 8.1 State Coordinators: Immunization, Hepatitis B/C, VFC Coordinators
- the medical director or consultant to your school district
- state school nurse consultants
- See Handout 8.2 on CD on State School Nurse Consultants
- www.nassnc.org Go to “About Us”, then “Members” for the most current list
- Managed Care Organizations (MCOs), Health Maintenance Organizations (HMOs)
- Local immunization coalition, if it exists

Formalize through a Memorandum of Understanding (MOU)

You’ll want to be sure that it is clear who has responsibility for what.

Handout 8.3 provides a sample Memorandum of Understanding (MOU) that you can use to forge your own agreements between a health department (or other organization) and a school as you work together on immunization-related activities.

You’ll need to know the health insurance coverage of your students: the proportion of students covered by Vaccines for Children, by managed care, and by private insurance. If one or a few MCOs cover a significant proportion of the target population, these MCOs might be willing to fund the vaccine and administrative costs in return for immunization data, i.e., dates of vaccinations for their enrollees. The benefit to them is compliance with industry-based quality standards at a lower cost than having these enrollees go to their providers’ offices.

Vaccines for Children (VFC)

Started in 1993, the Vaccines for Children (VFC) program is a federal entitlement program that has succeeded to a good extent in bridging the immunization gap between the rich and

“ Our district has an immunization team that travels to campuses at school registration time and whenever scheduled by the campus nurse. ”

Nancy Ryburn, Lubbock, Texas

“ If students need referral forms and parents have signed a consent form, we can get the shots from our local health department, which happens to be right next to our school. ”

Robin Cothorne, Catonsville, Maryland

poor. It provides ACIP-approved vaccines at no charge to both private and public providers. It does not, however, fund vaccine administration costs. Children from birth through the age of 18 are eligible for VFC vaccine if they meet the following criteria: Medicaid-eligible and lack health insurance, or have health insurance that excludes vaccinations. All Native Americans and Alaskan natives are eligible regardless of insurance status.

If a substantial proportion of your target population is VFC-eligible, your local health department might assist by allocating a proportion of VFC vaccines for a school-based program. For more information, refer to Chapter 2 of RUBS.

Immunization registry

A major source of frustration for parents and guardians, clinicians, school health personnel and, obviously, to the affected student, is the lost shot record, requiring the child to start vaccinations all over again. In some states, it's possible to obtain a medical waiver in lieu of starting from the beginning (consult your local health department for policies). Registries address this very problem.

An immunization registry is a computerized information system that records vaccination data on individual children in a defined geographic area. It is a necessary part of a modern immunization program. Among other benefits, it can identify students who are due or overdue for

Seven states reach 50 million online vaccinations

Seven states have leveraged and combined resources to reach a significant public health milestone. The states of Arizona, Idaho, Indiana, Louisiana, Washington, West Virginia, and Wyoming combined have contributed over 50 million registered vaccinations. The 50 millionth vaccination was entered during the second week of March 2004.

Immunization registries are an important means toward increasing and sustaining high vaccination coverage, while at the same time being prepared for current public health issues. These registries enable state and community public health agencies and healthcare providers to assess the immunization status of their population.

The 50 millionth registered vaccination brings the United States one step closer to achieving the Healthy People 2010 national health objective of having 95 percent of children of ages 6 and under immunized and registered by the year 2010.

Source:

Melissa Chambers, Scientific Technologies Corporation, April 2004 SnapShots Headlines

“ We worked with the Office of Homeland Security and did mock...IZ clinics at one of our large high schools. We had 30 nurses and gave over 800 shots in less than 6 hours. The students received water bottles and snacks. ”

Cynthia Greenberg, Albuquerque, New Mexico

immunizations; it can be a database reference allowing any office encounter to be an opportunity for obtaining needed vaccines; and it can provide statistical information for program planners who are evaluating the immunization status of specific groups. If your community has a registry, try to gain school-site access, at least for the time that you are conducting vaccinations, so that you can enter the shots given at a school-based program and make the records accessible to future providers. For more information, refer to Chapter 8 of RUBS.

Mass vaccinations in disaster situations

If your community experiences a VPD outbreak, your local health department might initiate a mass immunization program. This will, in most cases, include vaccination of children in schools.

Some communities are organizing mock mass immunization programs to assess their capacity to respond to a widespread disaster. Schools are usually included in such exercises. By participating in this process, you'll gain valuable insights into providing vaccines on a preventive basis.

PANDEMIC FLU PLANNING

Schools across the US are collaborating with local, regional and state-level organizations to prepare for the possibility of a flu pandemic. Fortunately, many school districts and public health organizations have templates that your school system can use.

www.pandemicflu.gov/plan/schoolchecklist.html

www.dhs.ca.gov/dcdc/izgroup/ReadyCASchools/default.htm This link includes a 67 minute web-cast, tabletop exercises and hundreds of links.

The University of Minnesota's CIDRAP allows you to find pandemic flu resources in your state. www.pandemicpractices.org/practices/article.do?page=home

Summary of Section 8 Appendices

8.1 State Coordinators: Immunization, Hepatitis B/C, VFC Coordinators

www.immunize.org/nslt.d/n18/coord18.htm

8.2 State School Nurse Consultants

www.nassnc.org/files/MemberListing070597.doc

8.3 Sample Memorandum of Understanding (MOU)

Media Attention

Media attention can be a powerful tool. Media representatives can show how schools are safeguarding health through immunizations and educate adults about the importance of getting their adolescent children immunized. Media coverage can acknowledge collaborations, e.g., the health department, healthcare providers and school health staff working together. But as with a tool that might accidentally cause an injury, media attention can, even when handled carefully, result in harm and distress.

Some tips and warnings about media relations.

- Never send a press release without clearing with your public relations department, your own supervisor, and any collaborating partners. If your school district has a public relations liaison, cultivate a relationship with that person so that the liaison will know to consult with you when asked immunization-related questions.
- Sometimes reporters misinterpret information of a complex and detailed nature, cover an issue superficially, are inaccurate, look for the sensational and, if reporting is inaccurate or biased, could cause hurt or embarrassment. Provide any background information behind your media event, e.g., why 11-12 year olds should be getting a pertussis vaccine, in writing, both before and at the event.

Television, radio, weekly vs. daily newspapers?

The goal of media—depending on whether it's the television, radio, or newspaper—is to attract as many viewers, listeners, and readers as possible, so it can sell advertising. So, if you want media coverage, you need to make it worth the media's time and effort.

TELEVISION

Obtaining news coverage for an event depends largely on what else is going on that day that's also newsworthy. Given the popularity of TV as a medium, TV coverage might be the most difficult to obtain. One suggestion is to consider TV channels or shows that target special populations, e.g., foreign language communities, which are sometimes easier to access than larger stations and network affiliates.

RADIO

Many adults and teens listen to the radio, but they probably listen to different stations! A little research about which stations your students and their families listen to most frequently will help you reach the intended audience. Any press release you send should reflect the style of typical public service announcements made on that station. Public Service Announcements (PSAs) are effective ways of getting your program on the air for free. Depending on the station, a PSA might be 15, 20, or 30 seconds long. Prepare your message to make every second count; it should be engaging as well as clear. You might want to have students read the messages. Or have the students make it into a "rap," and be sure to review it for accuracy. For assistance, see the following:

- PSAs about meningococcal disease by the National Meningitis Association from the Parent-Teacher Awareness Kit (see Handout 9.1 on CD from www.nmaus.org)
- Radio PSAs In English and in Spanish for parents about preteen shots are available at <http://dhs.ca.gov/ps/dcdc/izgroup/shared/education/pvw.htm>
Under "Download Preteen PSAs," click on desired PSA (also see Handout 9.2 on CD for a 30 second PSA script)

- Raps about preteen shots for youth are available at <http://dhs.ca.gov/ps/dcdc/izgroup/shared/education/pvw.htm>
Under “Download Preteen PSAs,” click on desired PSA

PRINT MEDIA

Print media that might show an interest in your program are city or county-wide daily newspapers, non-English language newspapers, or neighborhood weeklies. Preparing pieces for print takes no special equipment other than a computer and word processor, whereas TV or radio clips require equipment and/or funding to obtain a master copy, and equipment to play the video or sound recording.

SCHOOL WEBSITE

Many school districts have a website. Ask your district to include basic requirements, e.g., immunizations, health physical, TB screening, medication form, on the website.

PRESS RELEASES

Before you send out a press release, find what your district’s policy is regarding press releases. If available, seek help from your district’s PR department. If your district doesn’t have a PR department, find someone who can help you write an effective press release. Sending a poorly worded, rambling press release will probably gain little, if any, attention.

Send a press release to specific reporters who you know cover health, science, or youth issues. Find out how your news media works and send the press release in a timely manner. Some newspapers or TV stations like to get press releases in advance; others do not. Follow up the first release with engaging but brief messages by voice and e-mail. On the day of the event, call again. If reporters call you, find out what interests them, and then explain how this program fits their interests. See Handout 9.3 on CD: Press Release about meningitis and pertussis.

Your press release doesn’t have to be from scratch! You can use the press releases below as templates.

Handout 9.3 Press Release about HPV, meningococcal meningitis and pertussis by CDC
www.cdc.gov/od/oc/media/pressrel/2007/ro70801.htm

Handout 9.4 Bilingual Press Release about HPV, meningococcal meningitis and pertussis by California Dept. of Health and Human Services English/Spanish
http://dhs.ca.gov/ps/dcdc/izgroup/shared/education/preteen_vaccination_week.htm
Click on “English” or “Spanish” Press Release, located at 4th paragraph from top.

Make your event “media-genic”

Some tips for hooking the media to cover your program include.

- Invite reporters to record immunization clinics being conducted during the first weeks of the school year if this is something that your district does on a routine basis.
- Schedule events, if possible, in conjunction with national immunization-related celebrations.
- Hold a press conference attended by VIPs such as the mayor, the school superintendent, PTA officer, MCO representatives, and other community collaborators.
- Refer to an outbreak of a VPD and use that to mention the upcoming school-based immunization program.
- Show students being taught about VPDs and then getting the shots.

Consent issues

Most school districts require written consent from parents or guardians for student contact

with the media. Handout 9.5 contains sample forms in English and Spanish.

Be sure to follow your school district's policy regarding media coverage. Depending on the way you distribute and collect this form, you might need to allow weeks or longer to receive signed copies. A few strategies on collecting signed forms:

- Attach a media consent form at the beginning of the school year to Emergency Cards.
- After-the-fact strategy: make a list of students whom the reporter and camera staff interviewed or photographed. Call the parents or guardians and seek their permission, explaining the circumstances. Document their response on a consent form. Most parents are pleased to have their children presented in the media when it shows them promoting positive behaviors.

Maximize media attention

If you've received media attention that was both positive and educational, give yourself a big round of applause. Now comes more work: publicizing the media pieces. You can:

- Send a copy to the department/person preparing district-wide newsletters.
- Send a copy to the staff or volunteers who write school-based newsletters.
- Ask principals at schools with the vaccination program to tape a copy to the counter where the staff sign in.
- Post a copy on the school or district's website.
- Send a copy to all the PTA presidents in the school district.
- Post a copy on a listserv or bulletin board prepared for students' families.
- Integrate this piece into next year's vaccina-

tion program materials.

- Use it as a hand-out when making presentations at faculty/PTA/board meetings.
- Be sure that the piece is included in the school's "annual album"—if your school keeps one.
- Include the item in any report about the vaccination program.
- If it is a video clip, show it at staff meetings, during staff lunches, at PTA meetings, and at any public or community meeting where health is a focus.

Summary of Section 9 Appendices

9.1 PSAs about meningococcal disease by the National Meningitis Association

From the Parent-Teacher Awareness Kit, available from www.nmaus.org

9.2 PSAs for Radio about meningitis and pertussis

9.3 Press Release about meningitis and pertussis

9.4 Bilingual Press Release about HPV, meningococcal meningitis and pertussis by the California Department of Health Services.
http://dhs.ca.gov/ps/dcdc/izgroup/shared/education/preteen_vaccination_week.htm

9.5 Media Consent Form (Eng/Span)

Primer: Diseases and Vaccines for Adolescents

The United States has experienced phenomenal success in reducing and, in some cases, eliminating, VPDs. Rubella, polio, and smallpox are now eliminated in the United States. This success has also led to a challenge: making vaccinations a visible priority. Most vaccines recommended for adolescents are for diseases few of this generation have experienced. There are also some new vaccines available which parents may not be aware of (see box on page 3). The following pages of this section provide an overview of the vaccine-preventable diseases and the vaccines recommended for adolescents. A link is provided to each Vaccine Information Statement. For complete information about vaccines, contact your local health department and sources such as the Pink Book, which are listed in Section 11: Resources.

What's a Vaccine Information Statement?

A Vaccine Information Statement (VIS) is prepared by the Centers for Disease Control and Prevention (CDC) to educate parents and vaccine recipients about a specific vaccine. Usually one to two pages long, it is written in a reader-friendly format and language level. Federal law requires that parents/legal guardians are provided a VIS prior to vaccination. VIS are available in Handouts 10.2 – 10.11 on CD.

- **Stay current!** Due to advances in vaccine research and development, changes are continually being made to ACIP recommendations. The materials on the CD are current as of the first edition.
- To find out the latest updates to any VIS, visit CDC's website:
www.cdc.gov/vaccines/pubs/vis/vis-news.htm

Vaccination reference

The "Pink Book," officially titled *Epidemiology and Prevention of Vaccine-Preventable Diseases*, is considered the "Bible" on vaccination practices. To order, call the Public Health Foundation at 877-252-1200 or go to www.bookstore.phf.org.

- To obtain the most current VIS in English and in other languages, visit IAC:
www.immunize.org/vis
- You can now LISTEN to VISes! Some VISs are available as wma audio files. These files must be played using Windows Media Player®. You can also order a CD-ROM containing these audio files, by writing to NIPINFO@cdc.gov. To access audio files:
www.cdc.gov/vaccines/pubs/vis/default.htm
- It's a myth! You can give new vaccines even if the VIS is not yet available. Until the VIS becomes available, simply use the package insert or a written FAQ to explain the benefits and risks of the vaccine.

Handout 10.1 Recommended Adolescent Immunization Schedule: CDC, ACIP, AAP, AAFP
www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable

The Immunization Action Coalition also provides a Summary of Rules for Childhood and Adolescent Vaccinations.
www.immunize.org/catg.d/p2010.pdf

Online resource

“Immunization: You Call the Shots” is an interactive, self-paced program consisting of modules that will cover all aspects of immunization. It’s a work in progress: six modules, with the first being “Understanding the Basics: General Recommendations,” are now available at www.cdc.gov/nip/ed/youcalltheshots.htm

Clinicians

This section provides a “snapshot” of vaccines needed by some or all adolescents and the associated VPDs, with a slant towards information pertaining to adolescents. For complete information about vaccines contact your local health department and sources listed in the “References and Resources” section such as the Pink Book.

Hepatitis A and Vaccine

10.2 Hepatitis VIS

www.immunize.org/vis/v-hepa.pdf

DISEASE	HEPATITIS A ("HEP A")
Infectious agent	Hepatitis A virus
Transmission	Ingesting food or water contaminated with fecal matter containing hepatitis A virus. Transmission may occur due to poor hand washing, poor sanitation, eating shellfish, sexual contact
Incubation period	15-50 days
Symptoms	Poor appetite, nausea, vomiting, fatigue, jaundice, abdominal pain
Complications	Fatigue for up to 6 months, death
Cure	None
Treatment	Palliative measures
Factoid	<ul style="list-style-type: none"> • Highest rate occurs among children 5-14 years of age • Symptoms more common in adolescents and adults than children • Average # of 100 deaths/year in US • Epidemics occur every 5-10 years

VACCINE	HEPATITIS A VACCINE
# of doses and schedule	2 doses separated by at least 6 months Never need to restart series, no matter how long since previous dose
Possible side effects	Soreness at site of injection, low-grade fever, fatigue
Other	Recommended for: Persons who live in states where hepatitis A is common, travel internationally to counties other than western Europe, males who have sex with other males, those who use injection or non-injection illegal drugs, people with chronic liver disease including Hepatitis C.

Hepatitis B and Vaccine

10.3 Hepatitis B VIS

www.immunize.org/vis/hepb01.pdf

DISEASE	HEPATITIS B ("HEP B")
Infectious agent	Hepatitis B virus
Transmission	Contact with infected blood and body fluids, e.g., while sharing personal hygiene products such as razors, tattooing, assisting with care of bleeding student, during sexual or needle-sharing activities, from mother to baby at birth (perinatal transmission). Occupations that involve contact with blood, e.g., healthcare worker; regular household contact with a chronically infected person. Picking up sharp objects such as syringes, on playgrounds or school grounds.
Incubation period	6 weeks to 6 months, average 2-3 months
Symptoms	Varies by age: infants and young children are often asymptomatic (don't show symptoms). Range from mild flu-like symptoms of nausea, vomiting, and fatigue to poor appetite and jaundice.
Complications	Liver cirrhosis, liver cancer, death
Cure	None
Treatment	Anti-viral therapies are available and effective in selected cases Palliative measures, hospitalization for severe symptoms
Factoid	Most cases occur in adolescents and young adults Virus causes up to 80% of liver cancer

VACCINE	HEPATITIS B VACCINE
# of doses and schedule	<p>There are two possible dosage schedules for previously unvaccinated adolescents:</p> <p>3 dose option 0,1,6 or 0,2,4 or 0,1,4 months Minimum intervals: at least 4 weeks between 1st and 2nd doses; at least 4 months between 1st and 3rd doses, at least 2 months between 2nd and 3rd doses.</p> <p>2 dose option Recombivax HB®, 10 mcg dosage; separated by 4-6 months. Only for adolescents 11-15 years of age. Only for Merck product: check your state's guidelines re: documentation, to avoid future challenges of an uncompleted series. Never need to restart series, no matter how long since previous dose.</p>
Possible side effects	Soreness at site of injection, low-grade fever, fatigue
Other	<ul style="list-style-type: none"> Children and adolescents through 18 years of age should be vaccinated if they missed any doses as infants or children. Special efforts should be made to protect adolescents at risk including those with multiple sex partners, those who are injecting drugs, and males having sex with other males.

Human Papilloma Virus (HPV) and Vaccine

10.4 HPV VIS

www.immunize.org/vis/hpv.pdf

DISEASE	HPV INFECTION
Infectious agent	HPV (30-40 strains)
Transmission	Genital HPV can be spread by skin-to-skin contact; it doesn't require contact with body fluids. Therefore, condoms and other barrier methods cannot assure protection. HPV can lie dormant, and infection can be asymptomatic.
Incubation period	Variable: from a few weeks to more than a year
Symptoms	<p>Most infections don't cause any symptoms and resolve on their own. Rarely, an infection can cause cervical cancer in women. Symptoms include bloody or foul-smelling vaginal discharge, pain during sex, or pelvic pain.</p> <p>Infection can also lead to genital warts: In female, genital warts appear in and around the vagina or anus or on the cervix. In males, they appear on the penis, scrotum, groin, or thigh. Genital warts can be raised or flat, small or large, or clustered in a cauliflower-like shape. Usually, they're flesh-colored and painless. Sometimes the warts are so small and flat that they may not be noticed right away.</p> <p>It may take several months or years after infection for symptoms to appear—if at all.</p>
Complications	Cervical cancer, genital warts
Cure	None
Treatment	<p>Cervical cancer: surgery, radiation, chemotherapy</p> <p>Genital warts: topical treatment, cryotherapy, laser surgery</p>
Factoid	<ul style="list-style-type: none"> Condoms cannot entirely prevent the spread of HPV. Nearly 75% of 15 to 49 year olds have been infected with HPV.

VACCINE	HPV VACCINE
Gender	Females
# of doses and schedule	<p>3 doses; 0, 2, 6 months</p> <p>Minimum intervals: at least 2 months between 1st and 2nd doses; at least 4 months between 2nd and 3rd doses.</p> <p>Never need to restart series, no matter how long since previous dose.</p>
Possible side effects	Pain, redness or soreness at site of injection, low-grade fever.
Other	<ul style="list-style-type: none"> It is recommended that females 13 to 26 years of age who have not received or completed the series receive "catch up" doses. Females should continue to get Pap screenings even after vaccination, as the vaccines do not protect against all strains that could cause cervical cancer.

Skin to skin transmission:

www.ashastd.org/learn/learn_hpv_facts/cfm

Incidence: www.cdc.gov/std/HPV/STDFact-HPV.htm#common

Incubation period: <http://health.rutgers.edu/hpv>

Symptoms of cervical cancer:

www.webmd.com/cancer/tc/cervical-cancer-topic-overview

Symptoms of genital warts:

www.kidshealth.org/parent/infections/std/genital_warts.html

Cervical cancer treatment:

www.cancer.gov/cancertopics/pdq/treatment/cervical/Patient/page4

Genital warts treatment: www.cdc.gov/std/treatment/2006/genital-warts.htm#warts1

Influenza and Vaccine

10.5 VIS for TIV

www.immunize.org/vis/2flu.pdf (interim)

10.6 VIS for LAIV

www.immunize.org/vaccines/pubs/vis/downloads/vis_flulive.pdf

DISEASE	INFLUENZA ("FLU")
Infectious agent	Influenza virus types A and B
Transmission	Airborne droplets. Worldwide surveillance conducted to anticipate strains that will be active in the coming flu season.
Incubation period	1-4 days
Symptoms	Cough, sore throat, headache, fever, chills, shaking, fatigue, body aches
Complications	Pneumonia, death
Cure	Limited evidence to show that antivirals might help in reducing duration and complications
Treatment	Palliative measures. Use acetaminophen (e.g., Tylenol), not aspirin to avoid Reyes Syndrome
Factoid	<ul style="list-style-type: none"> • 36,000 deaths per year • 8 million youth have at least one chronic medical condition, e.g., asthma, diabetes, or cardiac defects, that places them at high risk for complications of influenza • influenza vaccine may keep teens from transmitting this virus to very young children, seniors and to high risk individuals

VACCINE	INFLUENZA (FLU) VACCINE
# of doses and schedule	TIV (Trivalent Inactivated Influenza Vaccine): Given by injection. 1 dose each year. Recommended for people at high risk for flu complications, e.g., persons with long-term health problems such as asthma and heart disease, persons on long term aspirin treatment, pregnant women; and for people who can spread flu to those at high risk, e.g., household contacts.

	<p>LAIV (Live attenuated influenza vaccine): recently approved for healthy persons 5-49 years of age. Given by intranasal spray.</p> <p>1 dose each year. Recommended for healthy children and adults from 2 to 49 years of age. Not recommended for persons with weakened immune system, persons on long term aspirin treatment, or pregnant women.</p> <p>Persons 9 years of age or older need one dose.</p>
Possible side effects	<p>Injection: soreness, redness, swelling at site of injection</p> <p>Nasal Spray: runny nose, congestion, cough, fever, wheezing</p>
Other	<ul style="list-style-type: none"> • Neither vaccine can cause the flu • Only TIV recommended for all persons 50 years of age or older, pregnant women, anyone over 6 months of age with a chronic illness, e.g., asthma, diabetes, heart disease • Anyone in close contact with a person who has any of the high-risk factors, should be vaccinated • Any adolescent may be vaccinated to reduce the likelihood or severity of flu infection • While Oct-Nov. are optimal months for vaccination, getting the flu shot/spray can be beneficial through the entire flu season, which can last into May <p>LAIV</p> <ul style="list-style-type: none"> • available to those who prefer an intranasal spray, are healthy, and 2-49 years of age • Can give LAIV on the same day as another live vaccine, e.g., varicella and/or PPD (TB test). But if not given on same day, live vaccine/PPD must be postponed for at least 28 days.

Measles, Mumps, Rubella and Vaccine

10.7 MMR VIS

www.immunize.org/vis/mmro3.pdf

DISEASE	MEASLES (RUBEOLA)
Infectious agent	Measles virus
Transmission	Airborne droplets
Incubation period	10-12 days
Symptoms	High fever, blotchy rash that begins at hairline and progresses to cover entire body, cough, runny nose, red eyes, Koplik's spots (blue-white spots on inner cheeks that lasts 1-2 days before and after the rash)
Complications	Pneumonia, otitis media, seizures, permanent brain damage, and death
Cure	None
Treatment	Palliative measures, hospitalization for severe symptoms
Factoid	Until 1989-91, most reported cases occurred in school-aged children. Since 1993, cases have dropped sharply due to intensive vaccination efforts and giving a 2nd dose of Measles-containing antigen. Measles is close to being eliminated in the US.

DISEASE	MUMPS
Infectious agent	Mumps virus
Transmission	Airborne droplets
Incubation period	2-3 weeks
Symptoms	Painful, swollen (salivary) glands under the jaw, fever, headache
Complications	Viral meningitis, deafness, orchitis (inflammation of testes)
Cure	None
Treatment	Palliative measures
Factoid	Most cases occur among adolescents and young adults

DISEASE	RUBELLA (GERMAN MEASLES)
Infectious agent	Rubella virus
Transmission	Airborne droplets
Incubation period	2-3 weeks
Symptoms	Rash, swollen neck glands, joint pain, fever
Complications	If spread to a pregnant woman, she might miscarry or her baby might be born with retardation, blindness, or heart defects)
Cure	None
Treatment	Palliative measures
Factoid	As of 2005, rubella has been virtually eliminated in the United States

VACCINE	MMR VACCINE
# of doses and schedule	Total of 2 doses: most children receive 1st dose at 12-15 months and 2nd dose at 4-6 years. If child has not had 2nd dose, give it as soon as possible with at least 28 days between the 2 doses.
Possible side effects	Soreness at site of injection, low-grade fever, mild rash; joint pain, rare: low platelet count
Other	<ul style="list-style-type: none"> An allergic reaction to eggs is NOT a contraindication. An allergic reaction to neomycin is NOT a contraindication unless the reaction was anaphylactic. Can give MMR on the same day as another live vaccine, e.g., varicella and/or PPD (purified protein derivative), the TB test. But if not given on same day, live vaccine/PPD must be postponed for at least 28 days.

Meningococcal Disease and Vaccine

10.8 Meningococcal VIS

www.immunize.org/vis/menino6.pdf

DISEASE	MENINGOCOCCAL DISEASE
Infectious agent	Neisseria meningitides bacteria
Transmission	Airborne droplets
Incubation period	1-10 days
Symptoms	Sudden fever, stiff neck, nausea, vomiting, light sensitivity, mental confusion
Complications	Loss of arms or legs, deafness, mental retardation, death
Cure	Antibiotics, but not always effective
Treatment	Palliative measures
Factoid	<ul style="list-style-type: none">• 2,600 people in US infected each year: 10%-15% die• adolescents and young adults (15-24 year olds) are five times more likely to die from meningococcal disease than children under the age of 15

VACCINE	MENINGOCOCCAL CONJUGATE VACCINE (MCV4)
# of doses and schedule	1 dose licensed only for adolescents and adults MPSV4, the other, older meningococcal vaccine, confers shorter period of protection. It is not recommended for use in children 11 years of age or older.
Possible side effects	Soreness and redness at site of injection
Other	Recommended for: <ul style="list-style-type: none">• Children 11-12 years of age during their preadolescent visit to their primary care providers• High school freshmen, if not previously vaccinated with MCV4• College students living in dormitories• Travelers to countries where meningococcal disease is common, e.g., parts of Africa

Pneumococcal Disease and Vaccine

10.9 Pneumococcal VIS

www.immunize.org/vis/pneum3.pdf

DISEASE	PNEUMOCOCCAL PNEUMONIA
Infectious agent	Streptococcus pneumoniae bacteria (this is just one of many kinds of bacteria that cause pneumonia)
Transmission	Airborne droplets
Incubation period	1-3 days
Symptoms	Cough with “rusty” sputum, fever, chills, chest pain, difficulty breathing
Complications	Pneumonia, bacteremia, meningitis, death
Cure	Antibiotics, but more difficult because of drug resistance
Treatment	Palliative measures
Factoid	Pneumococcal infections most common among children under 5 and the elderly. Each year among Americans of all ages, there are an estimated 150,000 to 570,000 cases of pneumococcal pneumonia; 16,000 to 55,000 cases of pneumococcal bacteremia; and 3,000 to 6,000 cases of pneumococcal meningitis.

VACCINE	PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPV)
# of doses and schedule	Usually 1 dose, (2nd dose may be needed in certain people); consult primary care provider
Possible side effects	Soreness at site of injection
Other	Recommended for anyone over 2 years of age who: <ul style="list-style-type: none"> • Has a chronic disease such as heart disease, lung disease, functional or anatomic asplenia, sickle cell disease • Is immuno-suppressed (a condition that lowers the body's resistance to infection) due to HIV infection/AIDS, Hodgkin's disease, leukemia, or taking long-term steroids, certain cancer drugs, radiation therapy • Youth who have frequent ear or sinus infections but are otherwise healthy do NOT need PPV

Tetanus, Diphtheria, Pertussis and Vaccine

10.10 Tdap VIS

www.immunize.org/vis/tdap.pdf

Td VIS: www.immunize.org/vis/tdap.pdf

CDC's Tdap website:

[www.cdc.gov/vaccines/vpd-vac/combo-vaccines/](http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTap-Td-DT/tdap.htm)

[DTap-Td-DT/tdap.htm](http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTap-Td-DT/tdap.htm)

DISEASE	TETANUS ("LOCKJAW")
Infectious agent	Toxin produced by tetanus bacteria
Transmission	Cuts and wounds contaminated by bacteria
Incubation period	3 days to 3 weeks
Symptoms	Stiff muscles in jaw and neck; difficulty swallowing or opening mouth, rigidity in arms, legs, abdomen, painful convulsions
Complications	Broken bones from spasms, difficulty breathing, coma, death
Cure	None
Treatment	Antibiotics, tetanus-immune globulin, palliative measures
Factoid	30% to 90% of infected persons die

DISEASE	DIPHTHERIA
Infectious agent	Diphtheria bacteria
Transmission	Airborne droplets
Incubation period	2-5 days
Symptoms	Mild or absent symptoms possible. Sore throat, fever, swollen neck, thick gray coating over back of throat that can block breathing
Complications	Suffocation, paralysis, heart failure, coma, death
Cure	None
Treatment	Antibiotics, antitoxin, palliative measures
Factoid	5% to 10% of infected persons die

DISEASE	PERTUSSIS ("WHOOING COUGH")
Infectious agent	Pertussis bacteria
Transmission	Airborne droplets Adults more likely to spread disease than infants or children
Incubation period	4-21 days
Symptoms	Stage 1: similar to common cold, i.e., runny nose, sneezing, mild cough that worsens. Low fever. Stage 2: bursts of coughing (paroxysms), followed by a high-pitched whoop, sometimes followed by vomiting and exhaustion. Average of 15 attacks per 24 hours. This stage may last for 10 weeks. Symptoms milder for adolescents and adults. Stage 3: Gradual reduction of paroxysmal coughing over 2 weeks to many months.
Complications	Ear infection, anorexia, dehydration, seizures, brain damage, death due to secondary pneumonia
Cure	None
Treatment	Antibiotics, palliative measures
Factoid	<ul style="list-style-type: none"> In 1997-2000, 20% of pertussis cases required hospitalization 40% of all cases were adolescents

Varicella and Vaccine

10.11 Varicella VIS

www.immunize.org/vis/varico7.pdf

VACCINE	TD (ADULT TETANUS/ DIPHTHERIA) VACCINE
# of doses and schedule	Booster dose at age 11-12 years if 5 years or more have elapsed since last DTaP (Diphtheria, Tetanus, acellular pertussis), DTP (Diphtheria, Tetanus, Pertussis) or DT (Diphtheria, Tetanus). Then, booster doses every 10 years
Possible side effects	Soreness at site of injection
Other	Td is used for persons age 7 years or older

VACCINE	TDAP (TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS) VACCINE
# of doses and schedule	Booster dose for adolescents age 11-12 in place of their Td booster
Possible side effects	Soreness at site of injection, low-grade fever, fatigue
Other	<ul style="list-style-type: none"> • Tdap should replace Td for 11-18 year olds unless person is allergic to pertussis component • Pertussis disease in adolescents and adults is associated with severe morbidity • With transmission to infants, there is a greater risk of death

DISEASE	VARICELLA ("CHICKENPOX")
Infectious agent	Varicella zoster virus
Transmission	Airborne droplets, contact with sores
Incubation period	2 to 3 weeks
Symptoms	Itchy rash that appears flat then becomes blisters, then scabs. Rash usually appears on face, and then moves to trunk, then extremities. Fever, sore throat.
Complications	Brain or lung infection, bacterial infection of skin ("flesh-eating" bacteria), death. Before vaccine, about 100 deaths per year.
Cure	Antibiotics, but not always effective
Treatment	Palliative measures, anti-viral medication—if given within 24 hours—may reduce rash
Factoid	35% of deaths occur among adults

VACCINE	VARICELLA VACCINE
# of doses and schedule	Give if child has not had disease: <ul style="list-style-type: none"> • If under 13: one dose • If 13 or older: 2 doses separated by 4-8 weeks Never need to restart series, no matter how long since previous dose.
Possible side effects	Soreness, redness, swelling at site of injection. Varicella-like rash with about 5 lesions, mild zoster
Other	<ul style="list-style-type: none"> • Recommended for anyone who has not had chickenpox and has a negative blood test for varicella • Some vaccinated children may get chickenpox but a very mild form • Incidence of shingles (zoster) appears to be much lower for persons who've been vaccinated • Can give on same day as MMR and/or PPD. But if not given on same day, PPD must be postponed for at least 28 days

Summary of Section 10 Appendices

10.1 Recommended Adolescent Immunization Schedule (4 pages): CDC, ACIP, AAP, AAFP
www.immunize.org/cdc/child-schedule.pdf

10.2 Hepatitis A VIS
www.immunize.org/vis/v-hepa.pdf

10.3 Hepatitis B VIS
www.immunize.org/vis/hepbo1.pdf

It's the best kept secret: 2-dose Hep B. Here's a flyer by the California Department of Public Health. 4.4 Flyer re: 2 dose Hep B

10.4 Human Papilloma Virus VIS
www.immunize.org/vis/hpv.pdf

10.5 Influenza VIS (revised annually)
www.immunize.org/vis/2flu.pdf

10.6 Live Attended Influenza VIS
www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf

10.7 MMR VIS
www.immunize.org/vis/mmro3.pdf

10.8 Meningococcal VIS
www.immunize.org/vis/menino6.pdf

10.9 Pneumococcal VIS
www.immunize.org/vis/pneum3.pdf

10.10 Tdap VIS
www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTap-Td-DT/tdap.htm

10.11 Varicella VIS
www.immunize.org/vis/varico7.pdf

Resources

The Immunization Action Coalition (www.immunize.org) is a great starting place to locate immunization resources for adolescents (as well as other age groups). The following is an abbreviated listing of other resources—based upon their relevance to vaccinations for adolescents.

Reference materials

ACIP (Advisory Committee on Immunization Practices) advises the CDC on the appropriate use and scheduling of vaccines. Go to www.cdc.gov/vaccines/pubs/ACIP-list.htm or call 800-232-4636.

Adolescent Vaccination: Bridging from a Strong Childhood Foundation to a Healthy Adulthood. A report on strategies to increase adolescent immunization rates. National Foundation for Infectious Diseases, Bethesda, Maryland, 2005. www.nfid.org.

Adults Only Vaccination: A Step-by-Step Guide, Immunization Action Coalition, 2004. Provides everything you need if you want to organize a flu or other clinic for teachers and other adults in schools. Order from www.immunize.org.

Epidemiology & Prevention of Vaccine-Preventable Diseases (CDC) is an easy-to-read reference book that includes both general principles of vaccination and the latest information on vaccine-preventable diseases. Download free at www.cdc.gov/vaccines/pubs/pinkbook/default.htm or call 800-232-4636.

Guidelines for Protecting Confidential Student Health Information contains the recommendations of a National Task Force on Confidential Student Health Information convened by the

American School Health Association for special considerations of health information held at a school. Order online at the Publications tab at www.ashaweb.org

Immunization Works: Everything You Want to Know about Immunization in One CD, 2006 by CDC. Includes ACIP recommendations, all VIS's, Pink Book, Vaccine Surveillance Manual, Vaccine Safety, and more. Order most current CD from: www.cdc.gov/vaccines/pubs/buttons-stickers-cds.htm or 800.CDC-INFO.

ImmunoFacts is a comprehensive and updatable reference compendium on vaccines and immunologic drugs. Order at www.immunofacts.com/products.asp or call 800-223-0554.

Pocket Guide to Vaccination and Prophylaxis summarizes ACIP, AAP, AAFP, and IDSA childhood and adult vaccination recommendations. Order at www.harcourthealth.com or call 800-545-2522.

Roll Up BOTH Sleeves! Vaccinating Students and Staff in School, a comprehensive guide for nurses and program planners order online from the American School Health Association on the Publications tab at www.ashaweb.org. RUBS contains step-by-step, suggestions, templates on organizing a program, consent forms in English and Spanish for Hep B/MMR and two video programs that you can use to educate teachers, students, and parents about adolescent vaccinations.

Toolkit for Teen Care contains questionnaires, clinical exam forms that review IZs, brochures, flyers and other materials to help clinicians better serve adolescent girls. Available from the American College of Obstetricians and Gynecologists at www.acog.org or 202-863-2497.

Phone numbers and websites for more information

American School Health Association (ASHA)

www.ashaweb.org; 800-445-2742

CDC-INFO Contact Center

800-232-4636

GETVAXED.ORG, a project of PKIDS

www.getvaxed.org; 877-557-5437

Immunization Action Coalition

www.immunize.org; 651-647-9009

Institute for Vaccine Safety

www.vaccinesafety.edu

National Association of School Nurses

www.nasn.org; 866-627-6767

National Foundation for Infectious Diseases

www.nfid.org; 301-656-0003

National Network for Immunization Information

www.immunizationinfo.org; 409-772-0199

Parents of Kids with Infectious Diseases (PKIDS)

www.pkids.org; 877-55-PKIDS

“Parents PACK”

www.vaccine.chop.edu/parents; 215-590-9990

Vaccine Education Center

at the Children’s Hospital of Philadelphia

www.vaccine.chop.edu

Pharmaceutical companies

Check their websites for up-to-date brochures, flyers, posters, and give-away items that you can use as student incentives. A call or a meeting with the company’s local representative is probably the easiest way to seek assistance.

GlaxoSmithKline

www.gsk.com

www.gsk.com/products/vaccines.jsp

Merck

www.merck.com

www.merckvaccines.com

sanofi pasteur

www.sanofipasteur.com

www.vaccineplace.com

www.vaccineprotection.com

Wyeth—Lederle

www.wyeth.com

Footnotes

- ¹ National vaccination coverage among adolescents aged 13-17 years—United States, 2006; CDC. *MMWR Morbidity and Mortality Weekly Report*. 2007; 56 (34): 885-888.
- ² Diphtheria, tetanus and pertussis: recommendations for vaccine use and other preventative measures. Recommendations of the ACIP. CDC. *MMWR Morbidity Mortality Weekly Report*. 1991; 40 (RR10): 1-28.
- ³ King JC, et al. Effectiveness of school-based influenza vaccination. *New England Journal of Medicine*. 2006; 355:2523-32.
- ⁴ Lindley M, et al. The role of schools in strengthening delivery of new adolescent vaccinations. *Pediatrics*. 2008; 121: S46-S54.
- ⁵ Olshen, E et al. The impact of state policies on vaccine coverage by age 13 in an insured population. *Journal of Adolescent Health*. 2007; 40 (5): 405-411.
- ⁶ Ten great public health achievements - United States, 1900-1999. *MMWR Morbidity and Mortality Weekly Report*. 1999; 48(12):241-243.
- ⁷ American Academy of Pediatrics (AAP), Committee on Infectious Diseases; Peter G. ed. Reports of the Committee on Infectious Diseases, 21st 3d, 1991:59.
- ⁸ Rickert D, et al. Adolescent immunizations: are we ready for a new wave? *American Journal of Preventative Medicine*. 2004; 26 (1): 22-28.
- ⁹ Cohn AC, Broder KR, Pickering LK. Immunizations in the United States: A rite of passage. *Pediatric Clinics of North America*. 2005; 52:669-693.
- ¹⁰ Markowitz ME, et al. Quadrivalent Human Papilloma virus Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). CDC. *MMWR* 56 (early release): 1-24.
- ¹¹ Bilukha O, Rosenstein N. Prevention and control of meningococcal disease recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Morbidity and Mortality Weekly Report*. 2005; 54(RR-7):1-19.
- ¹² Judelsohn RG, Koslap-Petraco MB. Public health perspectives on the rising incidence of pertussis. *Public Health Nursing*. 2007; Set-Oct: 24 (5): 421-428.
- ¹³ Humiston SG, Rosenthal SL. Challenges to vaccinating adolescents: vaccine implementation issues. *Pediatric Infectious Disease Journal*. 2005; 24:S134-140.
- ¹⁴ American Academy of Pediatrics. Policy Statement: The Medical Home. *Pediatrics*. 2002;110:184-186.
- ¹⁵ Rand CM, et al. Preparing for new adolescent vaccines: health care patterns of adolescents. Presented at a meeting of the Pediatric Academic Society; Washington, DC; May 14, 2005.
- ¹⁶ Klein JD, et al. Adolescents' access to care: teenagers' self-reported use of services and perceived access to confidential care. *Archives of Pediatrics & Adolescent Medicine*. 1998; 152(7):676-682.
- ¹⁷ National Coalition for the Homeless. NCH Fact Sheet #11. April 1999. Available at: www.nationalhomeless.org/youth.
- ¹⁸ Greene JM, Sanchez R. Sexual Abuse Among Homeless Adolescents: Prevalence, Correlates, and Sequelae. Prepared for: The Administration on Children, Youth and Families. Research Triangle Institute. November 2002; Available at: www.acf.hhs.gov/programs/opre/fys/sex_abuse/reports/sexabuse_hmless/sex_title.html
- ¹⁹ Carpenter LR et al. Mass distribution of free, intranasally administered influenza vaccine in public school system. *Pediatrics*. 2007; 120 (1): e172-178.
- ²⁰ Orenstein WA, Hinman AR. The immunization system in the United States - the role of school immunization laws. *Vaccine*. 1999; 17(suppl 3):S19-S24.

²¹ Offit PA, Bell LM. *Vaccines: What You Should Know*. 3rd ed. Indianapolis, IN: John Wiley and Sons; 2003:92-115.

²² Common questions about school immunization laws. The National Network for Immunization Information. Available at: www.immunizationinfo.org/immunization_policy_detail.cfv?id=44).

²³ Toole K, Perry CS. Increasing immunization compliance. *Journal of School Nursing*. 2004;20(4):203-208.

Glossary

AAP: American Academy of Pediatrics—private, voluntary membership organization that represents US pediatricians.

ACIP: Advisory Committee on Immunization Practices—a panel of 15 immunization experts who provide advice on ways to reduce vaccine-preventable diseases and to increase safe usage of vaccines.

Adolescent: young person roughly between 10 and 20 years of age.

ASHA: American School Health Association, a private, voluntary membership organization that represents the various professionals who work in or with schools on health and safety issues.

CDC: The Centers for Disease Control and Prevention—the principal agency of the US government charged to protect the health and safety of all Americans, and provide essential human services.

HIPAA: Health Insurance Portability and Accountability Act—1996 law protecting privacy of health information.

HMO: Health Maintenance Organization—a type of healthcare plan providing a full range of services to its members; the care is typically from the HMO network, coordinated by a primary care provider.

Immunize: to elicit an immune response by giving a vaccine; term often used interchangeably with “vaccinate.”

IZ: immunization.

MCO: Managed Care Organization—a group, such as an HMO, that controls quality and cost through managed care concepts including pre-authorization of treatment, utilization review, and fixed network of providers.

Parent: a generic word to include any adult taking primary responsibility for taking care of children, including relatives, guardians, and foster parents.

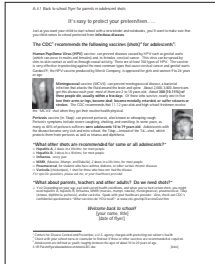
PCP: Primary Care Provider, includes physicians practicing pediatrics, family practice, obstetrics-gynecology, internal medicine, nurse practitioners, and physician assistants.

PSA: Public Service Announcement.

Vaccinate: physical act of giving a vaccine.

VPD: Vaccine Preventable Disease.

Guide to Handouts on CD

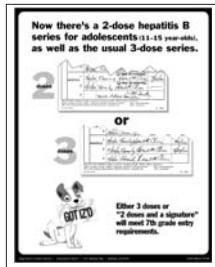


HANDOUT 4.1
Back-to-School Flyer
for Parents re adolescent
shots

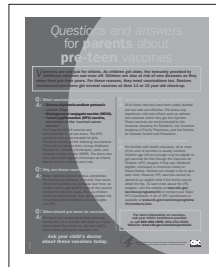
Age	DTaP	Hib	Polio	MMR	Hepatitis B	Tdap	Meningococcal	HPV
Age								
2 years	✓	✓	✓	✓	✓			
4 years	✓	✓	✓	✓	✓			
5 years	✓	✓	✓	✓	✓			
6-12 years						✓	✓	
13 years						✓	✓	
15-18 years								✓
19 years								✓

HANDOUT 4.2
When Do Children and Teens
Need Vaccinations?
www.immunize.org/catg.d/when1.pdf
A 1-page information sheet

HANDOUT 4.3
Screening Questionnaire



HANDOUT 4.4
Two-dose hepatitis B for
11-15 year olds



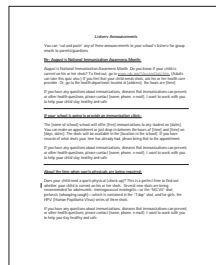
HANDOUT 4.5
Q&A about preteen vaccines



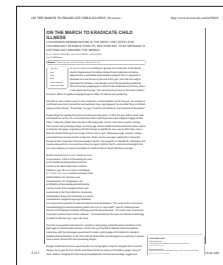
HANDOUT 4.6
Meningococcus: What you
should know



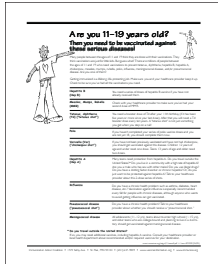
HANDOUT 4.7
Meningococo: Loque usted
debe saber



HANDOUT 4.8
Listserv announcements-samples

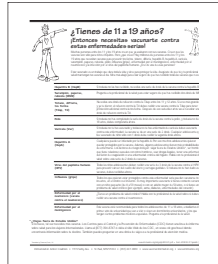


HANDOUT 4.9
Newsweek "On the March to
Eradicate Child Illness," Special
Summer 2005 issue, pp 66-68



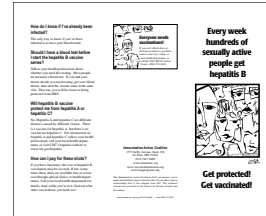
HANDOUT 4.10

Are you 11-19 years old?
flyer by IAC



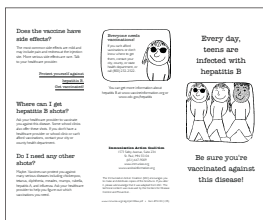
HANDOUT 4.11

¿Tienes de 11 a 19 años? Flyer
www.immunize.org/catg.d/p4020-01.pdf
(Spanish)



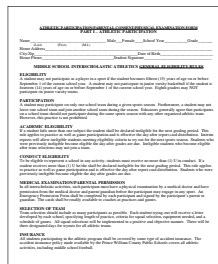
HANDOUT 4.12

Every week hundreds of sexually
active people get hepatitis B
Brochure by IAC



HANDOUT 4.13

Everyday, teens are infected with
Hep B



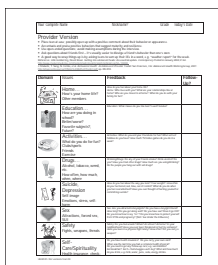
HANDOUT 4.14

Got vaxed?
2-sided brochure



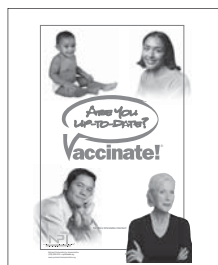
HANDOUT 4.15

Meningitis and Pertussis articles
for student newspaper



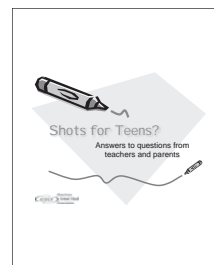
HANDOUT 4.16

HEADSSSSS



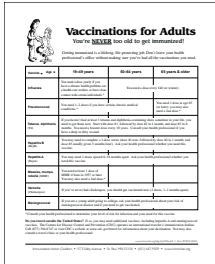
HANDOUT 5.1

Are You Up To Date?



HANDOUT 5.2

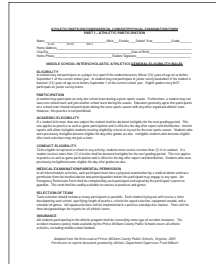
Shots for teens?
PowerPoint presentation with script. 17
friendly slides that you can show off at
staff or PTA meetings at the beginning of
the year or anytime



HANDOUT 5.3

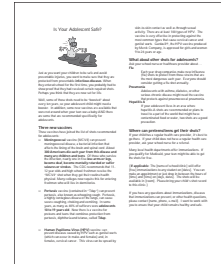
Vaccination for Adults:
You're NEVER too old to get
immunized!

1 page flyer by IAC



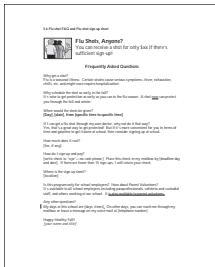
HANDOUT 5.4

Sports Physical Form
(Prince William County Public Schools,
Virginia, courtesy of Fred Milbert,
Athletic Department Supervisor)



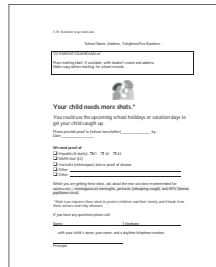
HANDOUT 5.5

Is your adolescent safe?
an article for a parent
newsletter



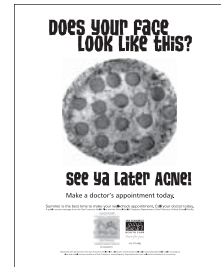
HANDOUT 5.6

Flu shot FAQ sheet and Flu
shot sign up sheet



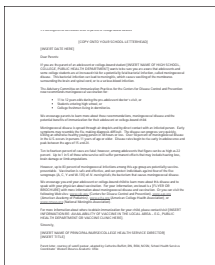
HANDOUT 5.7

Reminder to parents about using
vacation time to get shots



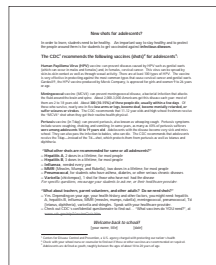
HANDOUT 5.8

Summer is the best time to make
your well-check appointment
(3 posters)



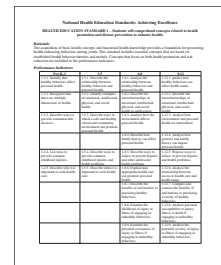
HANDOUT 5.9

Meningococcal vaccination letter
to parents



HANDOUT 6.1

Staff flyer about adolescent shots



HANDOUT 6.2

National Health Education
Standards



HANDOUT 7.6

What if you don't immunize your child?

HANDOUT 7.7A & 7.7B

Sample Shot record requirement notice
7.7a (Eng), 7.7b (Span)

HANDOUT 7.8

Sample Warning of exclusion

HANDOUT 7.9

Sample Final Warning

HANDOUT 7.10

Sample Exclusion Notice

HANDOUT 8.1

State Coordinators:
Immunization, Hepatitis B/C,
VFC Coordinators

HANDOUT 8.2

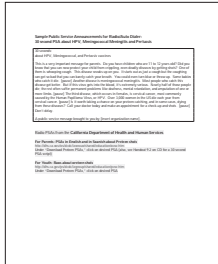
State School Nurse Consultants

HANDOUT 8.3

Sample Memorandum of Understanding (MOU)

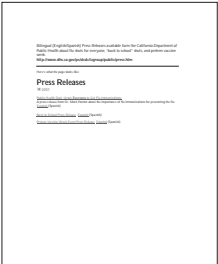
HANDOUT 9.1

PSAs about meningococcal disease



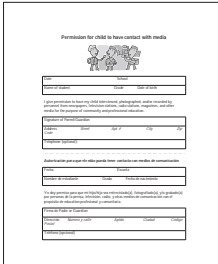
HANDOUT 9.3

Press Release about meningitis and pertussis



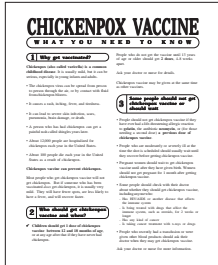
HANDOUT 9.4

Bilingual Press Release about immunizations by the California Department of Public Health www.dhs.ca.gov/ps/dcdc/izgroup/public/press.htm



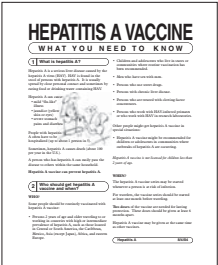
HANDOUT 9.5

Media Consent Form (Eng/Span)



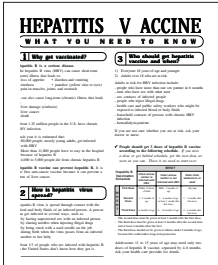
HANDOUT 10.1

Recommended Adolescent Immunization Schedule (4 pages)



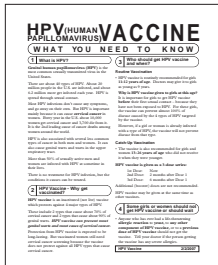
HANDOUT 10.2

Hepatitis A VIS



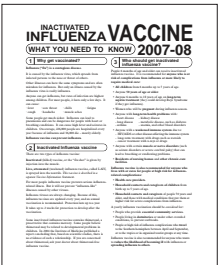
HANDOUT 10.3

Hepatitis B VIS



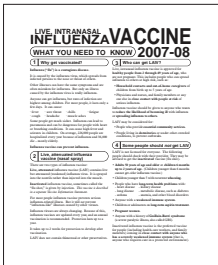
HANDOUT 10.4

Human Papilloma Virus VIS



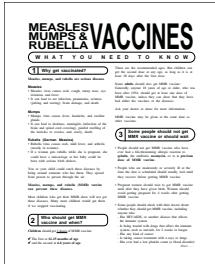
HANDOUT 10.5

Influenza VIS (revised annually)

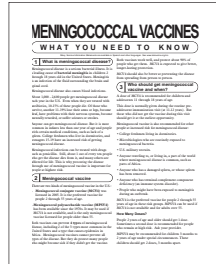


HANDOUT 10.6

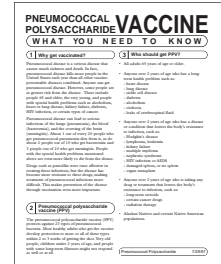
Live Attenuated Influenza VIS



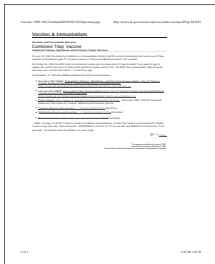
HANDOUT 10.7
MMR VIS



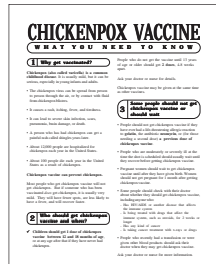
HANDOUT 10.8
Meningococcal VIS



HANDOUT 10.9
Pneumococcal VIS



HANDOUT 10.10
Tdap VIS



HANDOUT 10.11
Varicella VIS

Give It A Shot: Toolkit for Nurses and Other Immunization Champions Working with Secondary Schools

Earn 3.0 Continuing Nursing Education Contact Hours
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1. According to the **Toolkit**, positive trends in protecting youth against vaccine preventable diseases include all of the following EXCEPT:
 - a) Many states implemented catch up campaigns for Hepatitis B, MMR, tetanus/diphtheria, and varicella
 - b) Federal sources now provide some funding for vaccines for low-income children and youth
 - c) Increased federal and state funding for all aspects of public health
 - d) Friendlier, clearer, less ambiguous education materials are now available for parents and youth
 - e) New vaccines are being developed, some specifically for adolescents
2. Newly recommended vaccines for adolescents include:
 - a) Varicella
 - b) Meningococcal meningitis
 - c) Pertussis
 - d) All of the above
 - e) B and C above
3. Which of the following key players can help schools implement successful immunization activities?
 - a) Public health agencies
 - b) Clinics
 - c) Private physicians and other practitioners
 - d) Immunization coalitions
 - e) All of the above
4. According to the **Toolkit**, what is one recommendation for finding clinics in the community that serve large numbers of students in targeted schools?
 - a) Check the phone book's yellow or blue pages
 - b) Contact the local medical society
 - c) Take a walking tour of the neighborhood around the school
 - d) Review students' emergency cards
 - e) Interview students
5. For addressing the immunization needs of homeless, runaway, and foster youth, the **Toolkit** recommends:
 - a) Working with a social worker or caring adult and providing referrals to sensitive health care providers along with reminders about immunizations
 - b) Providing immunizations at school for all students, which would include students in these categories who are in school
 - c) Checking state immunization registries to determine the immunization status of such youth
 - d) Providing one-on-one counseling which includes immunization information to such youth and their families (if they are with a family)
 - e) Working on legislation to require immunization of such youth who come into contact with social services or emergency medical providers

6. The titles of the posters for motivating teens that are included with the **Toolkit** are all of the following EXCEPT:
- a) It's our choice - varicella infection
 - b) Meningococcal meningitis: Possible to prevent. Dangerous to ignore.
 - c) Your health balances on the point of a needle
 - d) The best shots aren't always taken on the court
 - e) None of the above
7. At what times does the **Toolkit** recommend providing reminders about using vacation time to get shots?
- a) Thanksgiving
 - b) Winter vacation
 - c) Spring vacation
 - d) All of the above
 - e) None of the above - the **Toolkit** does not recommend this strategy
8. Who does David Wiley, a health education professor, recommend including as a great resource for initial implementation of an immunization education program?
- a) School nurse
 - b) Principal
 - c) School health coordinator
 - d) Health teacher
 - e) Local health department's immunization coordinator
9. Forms requesting waivers from immunizations for medical, religious, and/or personal reasons usually include all of the following EXCEPT:
- a) A signature of the parent/guardian
 - b) A signature of a physician or religious leader
 - c) A duration period
 - d) Specific vaccine(s) being waived
 - e) Conditions of exclusion and return to school
10. The Vaccines for Children program:
- a) Provides ACIP-approved vaccines to both public and private providers
 - b) Provides ACIP-approved vaccines at a reduced cost
 - c) Covers anyone eligible for Medicaid and Medicare
 - d) Funds vaccine administration costs
 - e) All of the above
11. Understanding what interests the media increases the likelihood of getting media attention for an immunization education initiative. According to the **Toolkit**, the goal of media is to:
- a) Generate controversy
 - b) Cover issues that affect large numbers in a community
 - c) Sell advertising
 - d) Inform the public
 - e) All of the above
12. The incubation period for Hepatitis A is:
- a) 5 - 20 days
 - b) 2 - 3 weeks
 - c) 15 - 50 days
 - d) 4 - 6 weeks
 - e) 6 weeks - 6 months

13. Which vaccine required at least 4 weeks between the 1st and 2nd doses, 4 months between the 1st and 3rd doses, and at least 2 months between the 2nd and 3rd doses?
- a) Hepatitis A
 - b) Hepatitis B
 - c) MMR
 - d) Meningococcal Conjugate Vaccine (MCV4)
 - e) Tdap
14. The **Toolkit** identifies which of the following as sources of immunization resources for adolescents.
- a) Advisory Committee on Immunization Practices (ACIP)
 - b) Centers for Disease Control and Prevention (CDC)
 - c) Immunization Action Coalition (IAC)
 - d) National Foundation for Infectious Diseases (NFID)
 - e) All of the above
15. According to the sample article for student newspapers found in the **Toolkit** Appendix, what percentage of pertussis cases in the United States in 2004 were among adolescents 10 - 19 years old?
- a) 10%
 - b) 20%
 - c) 30%
 - d) 40%
 - e) 50%
16. Which of the following statements are true?
- a) Immunizations are an important public health intervention
 - b) Immunizations are less expensive than the diseases they prevent
 - c) Immunizations have minimized student school absences
 - d) A and B
 - e) All of the above
17. To become an immunization champion you should:
- a) Know your state immunization laws and rules
 - b) Keep current information regarding vaccines
 - c) Coordinate with your community partners
 - d) Know the laws related to data privacy
 - e) All of the above

Answer Sheet (Event 00165)

1. A Q	B Q	C Q	D Q	E Q	10. A Q	B Q	C Q	D Q	E Q
2. A Q	B Q	C Q	D Q	E Q	11. A Q	B Q	C Q	D Q	E Q
3. A Q	B Q	C Q	D Q	E Q	12. A Q	B Q	C Q	D Q	E Q
4. A Q	B Q	C Q	D Q	E Q	13. A Q	B Q	C Q	D Q	E Q
5. A Q	B Q	C Q	D Q	E Q	14. A Q	B Q	C Q	D Q	E Q
6. A Q	B Q	C Q	D Q	E Q	15. A Q	B Q	C Q	D Q	E Q
7. A Q	B Q	C Q	D Q	E Q	16. A Q	B Q	C Q	D Q	E Q
8. A Q	B Q	C Q	D Q	E Q	17. A Q	B Q	C Q	D Q	E Q
9. A Q	B Q	C Q	D Q	E Q					

“ 3.0 Continuing Nursing Education Contact Hours “ 3.0 CECH Category I CHES, OH0005

Instructions

- Select the answer and check the corresponding box on the Answer Sheet. Retain the test questions as your record.
- Complete the Registration, Evaluation, and Payment Information in the space provided.
- Return the Answer Sheet to: Continuing Education Coordinator, American School Health Association, 7263 State Route 43, PO Box 708, Kent, OH 44240; 330/678-4526 (fax).
An Online version of this Answer Sheet is at: www.ashaweb.org/continuing_education.html
- 80% constitutes a passing score.
- Please allow 4-6 weeks for processing. For recertification purposes, the date that contact hours are awarded will reflect the date of processing.

Objectives

Learners should be able to: 1) Describe recent research; 2) Identify specific ideas that can be implemented into their practice; and 3) Discuss and implement innovative programs that improve the health of school-aged children. (Event 00165)

Evaluation *(please circle rating)*

1) The stated objectives were met.	Disagree	1	2	3	4	5	Agree
2) The content was related to the objectives.	Disagree	1	2	3	4	5	Agree
3) The content was clearly written.	Disagree	1	2	3	4	5	Agree
4) The test questions were clearly written.	Disagree	1	2	3	4	5	Agree
5) The content was related to my practice needs.	Disagree	1	2	3	4	5	Agree
6) The module was easy to access and use.	Disagree	1	2	3	4	5	Agree
7) Time it took to review the module and take the test: ____ minutes.							

Give It A Shot was written by Lynda Boyer-Chu, RN, MPH and Susan F. Wooley, PhD, CHES, and produced by the American School Health Association. Activity planning and test questions were written by Susan F. Wooley, PhD, CHES and the ASHA Continuing Nursing Education Committee (the ASHA ANCC provider unit).

Send comments to: Mary Bamer Ramsier, PO Box 708, Kent, OH 44240; mbramsier@ashaweb.org

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