Immunizations

Position Statement

National Association of School Nurses

SUMMARY

It is the position of the National Association of School Nurses (NASN) that immunizations are essential to primary prevention of disease from infancy through adulthood. Promotion of immunizations by the registered professional school nurse (hereinafter referred to as school nurse) is central to the public health focus of school nursing practice (American Nurses Association [ANA] & NASN, 2011). NASN supports the Advisory Committee on Immunization Practices (ACIP) vaccine recommendations that are adopted by the Centers for Disease Control and Prevention (CDC) (CDC, 2014a, 2014b). The school nurse is well-poised to create awareness and influence action to increase the uptake of mandated and recommended immunizations. The school nurse should use evidence-based immunization strategies, such as school-located vaccination clinics, reminders about vaccine schedules, state immunization information systems (IIS), strong vaccination recommendations, and vaccine education for students, staff, and families. Using these strategies will help reduce health-related barriers to learning (Guide to Community Preventive Services, 2008, 2009, 2010; Ylitalo, Lee, & Mehta, 2013; Bobo, Carlson, & Swaroop, 2013).

BACKGROUND

The impact of vaccines in reducing and eliminating vaccine-preventable diseases has been one of the 10 great public health achievements in the United States (CDC, 2011). The CDC estimates that vaccination of children born between 1994 and 2013 will prevent 322 million illnesses, help avoid 732,000 deaths, and save nearly $1.4 trillion in total societal costs (CDC, 2014c).

While immunization rates remain high for vaccines mandated for school entry, recommended childhood vaccines remain below the Healthy People 2020 recommended targets (US Department of Health and Human Services [USDHHS], 2010). In addition, pockets of unvaccinated children exist across the country, resulting in increasing outbreaks of diseases previously nearly eradicated and have resulted in recent outbreaks of measles and pertussis (CDC, 2014d , 2014e). The success of vaccines in disease prevention and eradication has resulted in a shift in public focus from the risk of diseases to the risk of vaccines (Freed, Clark, Butchart, Singer, & Davis, 2010).

Access to accurate, recordable, and retrievable vaccine information is an issue of growing importance. Families today frequently relocate and need access to their children's immunization information; natural disasters have been known to destroy immunization records; and immunization records are often incomplete. Access and participation in state IIS, previously known as immunization registries, is an evidence-based strategy known to increase accurate and timely vaccine uptake (Guide to Community Preventive Services, 2010). While a national IIS is the ideal, technical and administrative requirements of current state IIS vary greatly. National consensus is that efforts should focus on robust use and interoperability of state systems (Bobo, Etkind, Martin, Chi, & Coyle, 2013).

Expansion of recommended immunizations (e.g., universal seasonal influenza vaccination and adolescent vaccines) presents additional challenges for reaching the Healthy People 2020 national health goals for vaccination coverage. The current vaccine delivery infrastructure might be the most limiting factor in achieving vaccine coverage targets. School-located vaccination has been shown to be an important venue for vaccine delivery, from polio vaccination in 1955 to the most recent H1N1 pandemic. Returning to the school as a point of vaccine delivery capitalizes on the trusted position of schools and school nurses and has the potential of not only increasing immunization rates but also increasing the standardization and retrievability of documentation of vaccinations provided. Vaccine delivery in schools is supported by the Guide to Community Preventive Services (2009), NASN (Bobo, Etkind, & Talkington, 2011) and other reports in the literature (Williams et al., 2012; Wilson, Sanchez, Blackwell, Weinstein, & Amin, 2013).

The historic role of school nurses in maintaining immunization compliance in students is evolving. The role now includes record review, referral, assisting families and students with their decision to vaccinate, immunization

champion and advocate, and immunization provider. As a trusted source of health information, school nurses can influence vaccine uptake through education about the role of children in vaccine-preventable disease transmission and dispelling myths about the various vaccines. The presence of a school nurse, according to Salmon et al. (2004), also reduces the number of exemptions families take.

RATIONALE

NASN supports the ACIP vaccine recommendations that are adopted by the CDC and state and local vaccine mandates. NASN also supports full access of state IIS by school nurses. State IIS can provide consolidated vaccination data that can be used to design effective school-located immunization programming, leading to increased and sustained high immunization rates. State IIS are important tools for school nurses to use to facilitate immunization compliance, identify the immunization status of students in the event of disease outbreaks, and prevent duplication of vaccinations when records have been lost, destroyed or misplaced (CDC, 2013; American Academy of Pediatrics [AAP], 2006; Guide to Community Preventive Services, 2010).

School nurses are ideally positioned within their communities to educate students, families, and school staff about the critical role vaccines play in preventing disease, allowing students and staff to remain healthy and in school. The school nurse can play an important role in enhancing vaccine uptake by providing a strong vaccine recommendation; educating about vaccine-preventable diseases, vaccine myths, vaccine safety, and recommended vaccine schedules; and addressing vaccine hesitancy. It is imperative that school nurses are vigilant in assuring that they are up-to-date on the most current scientific and scholarly evidence in the area of immunizations and are not influenced by unsupported and non-scientific media reports. It is vital that they rely on the expert agencies (e.g., CDC, National Institute of Health, Department of Health and Human Services) for the correct information to educate themselves, families, administrators, teachers, and the community.

CONCLUSION

The proven benefits of immunizations and vaccine uptake do not always coincide. Collective memory of the impact of vaccine-preventable diseases such as diphtheria and polio has faded, largely due to the effectiveness of vaccines over the past several decades (Immunization Action Coalition, 2014), and recent unfounded fears about vaccine side effects have affected vaccine uptake (Freed et al., 2010; Kennedy, LaVail, Basket, & Landry, 2011; Kennedy, Basket, & Sheedy, 2011). Schools and school nurses can improve vaccine uptake among students and staff by providing evidence-based information about vaccine and providing a strong vaccine recommendation, thus averting nonmedical exemptions. School nurses should also role-model immunization compliance themselves. They can also remind students, families, and staff of immunization schedules and report and retrieve immunization information from state IIS. Schools and school nurses can partner with other stakeholders to deliver and/or access vaccines. By implementing these strategies, schools and school nurses have a key role to play in reaching the Healthy People 2020 vaccine targets.

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