

School-located Vaccination

Position Statement

NASN POSITION

It is the position of the National Association of School Nurses (NASN) that reaching high vaccination coverage of school-age children, as outlined in Healthy People 2030 (U. S. Department of Health and Human Services [USDHHS], 2021a), is an essential public health objective. The National Strategic Plan for the United States 2021-2025 highlights the importance of increasing the availability of vaccines and removing barriers to access in non-traditional healthcare settings. School-located vaccination (SLV) can enhance other emerging non-traditional vaccination sites (USDHHS, 2021b). The registered professional school nurse (hereinafter referred to as the school nurse) is in a critical position to create awareness, influence action, and provide leadership in the development of SLV programs.

BACKGROUND AND RATIONALE

SLV has a long history in the United States and has successfully contributed to lower morbidity and mortality due to vaccine-preventable diseases (Park et al., 2021). In 1875, New York City used schools to deliver the smallpox vaccine. Schools were again utilized in the 1950s to deliver the Salk polio vaccine. In 1969, schools held vaccine clinics to administer the rubella vaccine, in the 1990s to conduct hepatitis B catch-up clinics, and again in 2009 for varicella and H1N1 vaccines (Mazyck, 2010; Hodge & Gostin, 2002).

The school is an ideal place to reach 55.5 million children from all cultures, socioeconomic groups, and age groups who attend each day; further, the school is conveniently located in a familiar and trusted community environment (National Center for Education Statistics, 2022a, 2022b). Studies show that SLV is key for adolescents, who have significantly lower rates of vaccination due to lower rates of office-based visits (Bernstein & Bocchini, 2017). School districts providing SLV must have support from the school administration and may require additional staffing to facilitate this effort.

The COVID-19 pandemic has highlighted the value of SLV and administering vaccines in the school setting as a primary mitigation strategy to provide protection against communicable diseases, including SARS-CoV-2. A decline in routine vaccination occurred in children due to the pandemic, related to healthcare provider office closures, stay-at-home orders, caregiver fears in accessing primary care related to COVID-19 exposure, and virtual schools' lack of exclusion from non-compliance with state and territorial mandates (Patel et al., 2020; CDC, 2021). CDC recommends that decisions to include COVID-19 vaccines in SLV are best determined at the local level, working with community partners to support equitable access to the vaccine (CDC, 2021).

The school nurse can play a critical role in planning and executing SLV. For example, school nurses:

- have experience collaborating with community partners, including local and state public health departments, school officials, other nurses, teachers, emergency planning authorities, child health agencies, families, community leaders, and local healthcare providers.
- are a trusted source of health information for school boards and school officials, providing evidence of the impact of vaccination on school attendance.
- can provide accurate information and dispel myths about vaccines. School nurse relationships with parents/families can be critical in obtaining consent for vaccination.

- can identify students who have missed vaccines (Swallow & Roberts, 2016).
- can identify and secure spaces within schools which have the capacity to host SLV (e.g. gymnasium, library, cafeteria).
- can offer a convenient option for parents to have their children receive needed vaccinations without having to arrange for a healthcare provider visit or taking time off from work; children also miss less instructional time if vaccines are provided onsite.
- can assist with securing volunteers, such as healthcare professionals and/or nursing students, to participate in SLV efforts.

SLV can reach children in the school environment and can improve vaccination rates for children and communities (Park et al., 2021). NASN believes that immunizations are essential to primary prevention of disease from infancy through adulthood and continues to support the efforts of school nurses in developing SLV opportunities.

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“To optimize student health, safety, and learning, it is the position of the National Association of School Nurses that a professional registered school nurse is present in every school all day, every day.”

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