

# Working with School Districts to Control H1N1

By Doug Wangen

The H1N1 influenza virus captured this nation's attention in 2009 when it first appeared in Mexico, causing severe illnesses and deaths. What made the H1N1 virus so feared? It was causing deaths in segments of the population that normally recover quickly from the seasonal flu. During the typical flu season, the populations most adversely affected include the young, people of geriatric age, and the immune-compromised.

The Centers for Disease Control and Prevention (CDC) identified and prioritized segments of the population that were at greater risk of severe outcomes from the H1N1 virus. The CDC's guideline required vaccinating priority groups first. Priority groups included pregnant women, caregivers of infants under 6 months old, children and young

adults 6-24, adults 25-64 years with medical conditions, and health care or emergency service workers. Once the priority groups were vaccinated, the vaccine was made available to the remainder of the population. This paper focuses on one priority group: students in grades kindergarten through 12.

Washington's Lewis County Health Department began months of preparation and planning with regular meetings beginning in August 2009. The planning team consisted of the Health Officer, Director, Environmental Health Manager, Local Emergency Response Coordinator, Community Health Manager, Epidemiologist, Health Educator/Public Information Officer (PIO), Public Health Nurses, and a member of the Lewis County Fiscal Office. The team decided within the first week to implement the Incident Command System (ICS).

## Planning

Danette York, the new Director of Lewis County Public Health, announced in June 2009 that school vaccinations were a public health responsibility and that her department would lead the effort in the schools. Before her arrival, there had been uncertainty about strategy – whether children would be sent to their family's providers, whether a private organization would be hired to vaccinate within the schools, or whether public health would staff the clinics.

The planning team brought in outside partners, including the Centralia Community College (CCC) Nursing Director and Medical Reserve Corps (MRC). The MRC was a valuable partner and CCC student nurses provided support for H1N1 vaccinations, receiving clinical instruction hours for their work.

The support of the county's school districts was crucial to the project's success. Beginning in early September, the team met with Lewis County school Superintendents and later with school nurses. Meeting topics included consent forms and educational materials, provided to superintendents



A student gets his flu shot during his regular school day, allowing parents to authorize vaccination against H1N1 without interrupting the normal schedule of parents or children. Photo courtesy of Doug Wangen.

in English and Spanish for review and feedback; appropriate vaccination sites; how the vaccination process would work; and what the students and school staff should expect. Questions from school staff were answered. The Washington State Department of Health approved H1N1 funds be used to mail consent forms for middle and high school students.

An early decision was to start school vaccinations at the rural schools and work our way to the Interstate 5 corridor where Centralia and Chehalis schools are located. This would ensure that the vaccination team was functioning solidly before approaching the two largest districts in Lewis County.

### Implementation

In November 2009, vaccinations began. The biggest issue concerned the uncertainty of H1N1 vaccine arrival dates and quantity of vaccine the county would receive in each shipment. This uncertainty prevented LCPH from setting up vaccination dates with schools in advance; the Superintendents needed two weeks to mail consent forms to parents and get them returned for review.

To test the vaccination plan, about 15 health department employees participated in a vaccination drill at the health department. The drill proved to be similar to the actual response in the flow of students and the handling of documents.

Morton was the first school district to receive H1N1 vaccinations. A van transported personnel and equipment – including four partitions to give the children privacy – to each school vaccination site. The whole process of unpacking equipment, setting up, vaccinations, lunch, tear-down, and loading equipment became quite efficient. As a result, multiple schools were scheduled in one day, depending on student enrollment and geography.

LCPH only vaccinated consenting students, as some parents opposed the vaccination. Students who presented

with a fever were not vaccinated that day. Teachers or volunteers monitored the students for 30 minutes post vaccination per CDC guidelines. Staffing included 2-3 vaccinators (public health nurses or Medical Reserve Corps), 2-3 support staff (public health staff and Community College nursing students), and a public health official who handled logistics and served as the liaison with school staff. Volunteers led the students from class to clinic.

Thirty-two school sites, including two private schools, St. Joseph and Centralia Christian School, were part of the vaccination response.

After round one of vaccinations was completed in mid-December 2009, schools with children under 10 years of age were scheduled for their second shot in early January 2010. The vaccination team encouraged students who received their

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first shot from their medical provider or alternate site to obtain their second shot from the same provider.

After vaccinations were completed at each school, the consent forms and a copy of the master list were used to enter the information from the forms into Child Profile, an Immunization Registry system used throughout the State of Washington.

### Working Together

EMS was present at all clinics. Law enforcement was requested at the first two schools and was on stand-by at the remaining clinics to prevent unauthorized people from demanding vaccinations. The fear of public demand never materialized, but some school staff wanted to obtain their H1N1 vaccination because they work closely with a priority group. We explained that the health department must adhere to CDC guidelines and vaccinate high-priority groups first.

At a debriefing meeting in early

### Author

Doug Wangen, MPA, RS, was, until recently, Public and Environmental Health Manager and Local Emergency Response Coordinator at the Lewis County Health Department

February 2010, all school superintendents expressed satisfaction with the vaccination effort. School nurses met with public health staff at the Health Department later in February and provided constructive feedback about the operations. Nurses liked the privacy of the vaccination stations and the use of a support person to assist the vaccinator.

Director York said, "I am very pleased with the whole response effort. We did learn several lessons



Lewis County Public Health, along with the schools (Superintendents, nurses, school staff), EMS, and the Centralia College nursing program each received the Washington State Association of Local Public Health Officials 2010 award for *Excellence in Public Health*. Photo courtesy of Doug Wangen.

which we will use to build an even better response next time something like this occurs."

Dr. Rachel Wood, LCPH's Health Officer, noted that staff communicated well with all stakeholders, strengthened public health connections with our multiple partners, and vaccinated an important, vulnerable population.

### Conclusion

H1N1 funding made it possible to vaccinate this high-priority group. This response strengthened the health department's relationship with school superintendents and nurses, and with additional partners. LCPH credits Public Health Emergency Response (PHER), H1N1, and Blue Ribbon (5930) funding for the strong relationships LCPH has with its stakeholders.

Seven community college students helped with the response. The nursing students enjoyed the experience; the instructors appreciated being asked for their help. It was a positive experience for the CCC Nursing Program and LCPH.

The LCPH vaccination effort was overwhelmingly successful. In all, 2,112 students were vaccinated, including 735 who received a second shot. LCPH views its work with the schools as a template for future vaccinations, if a similar situation arose.

### Lessons Learned

Pre-planning meetings with superintendents and school staff and regular communication throughout were critical to the success of this response. Superintendents noted this during the debriefing.

Staff was willing to adjust regular workload, but the team is aware that careful scheduling is needed to prevent burnout. It is important during a response to continuously assess the needs of staff.

Partners were instrumental in making this vaccination response a success. The support of school superintendents, nurses, principals, administrative support staff, food service workers, EMS, law enforcement, CCC nursing program, and the MRC made a real difference.

Lewis County is in its infancy regarding the MRC. The H1N1 vaccination response provided a catalyst for interest in the MRC, and 20 volunteers have now completed the requirements for membership.

LCPH lacked an Emergency Operations Center (EOC) where it could meet outside stakeholders. Subsequently, LCPH converted a room to an EOC to plan future all-hazard responses.

EMS presence at the schools provided emotional security for school staff, students, and LCPH. School nurses requested LCPH's presence at schools for back-to-school immunizations. Scheduling two vaccinators instead of one at the schools reduced unnecessary stress for school and vaccination staff.

Sticker identification of the student at check-in (when receiving the consent form) helped everyone to identify the students.

The CDC's Web site provided documents that were already tested, and were easily adapted to the local response.

Successful vaccination clinics are enhanced by volunteers and school staff support, especially when working with younger students. Future responses will emphasize the need for volunteers, including a document with expected duties and number of volunteers needed.

Future planning teams will identify at least two vaccination locations when visiting a facility in the event that one room is not available. School libraries worked well as vaccination sites, as did empty band rooms, classrooms, and faculty lounges. ■