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September 10, 2009

To the Editor:

In the August 24, 2009 article, "Flu Strategists See Schools on Front Line," you were absolutely right in that school-aged children are the key to preventing infection. Schools have traditionally served as a central point for community-wide immunization campaigns, as is warranted in the case of this latest H1N1 epidemic. However, unlike the polio campaign in the 1960s, now there are school nurses and school-based health centers (SBHCs) available in many school districts to aid in the distribution of vaccines (and we know school-based immunizations reduce illness). This addresses the concern of the King County public health director, who complained of the lack of staff available to administer the vaccine. Many students in schools with SBHCs already have a parental consent notice on file, in order for them to utilize the many other health care services provided there. 90% of the 1700 SBHCs nationwide and almost all school nurses already administer immunizations and are professionally trained to do so.

We are lucky that this option is available for many of our nation's youth. When both the school nurse and SBHC are present at a school, the relationship is collaborative and complementary. However, there are not nearly enough SBHCs or school nurses to be able to reach the millions of students attending our nation's schools. . While both health care delivery systems are perfectly positioned to respond to this need, they do not receive the federal funding required for such a widespread campaign.

That is why Congress has included provisions for SBHCs and to increase the number of school nurses in their health care reform draft legislation. It is in the best interest of our nation's children, and the overall health of our country, that health care reform be passed and that it keeps these provisions intact.

Sincerely,

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