

H1N1 Talking Points

What we know about immunization strategies:

- As a preventive approach, regions with high rates of influenza (flu) infection have used the "mass vaccinations" public health strategy to immunize all school-aged children for free.
- When vaccinations are offered to all school-aged children, typically 50 to 55 percent of parents agree to have their child immunized.
- In the past, mass vaccination campaigns have used the school as a central place for families in the community to come get immunized.

What we know about H1N1:

- Pandemic H1N1 2009 (novel influenza A (H1N1)) is a type of flu virus that causes respiratory disease that can spread between people. The symptoms of Pandemic H1N1 2009 are similar to the symptoms of regular "seasonal" human flu and can include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with the virus.
- The Federal Government is distributing H1N1 vaccine to the Advisory Committee on Immunization Practices (ACIP) identified target groups which includes school-aged children for FREE (they have already invested \$8.5 billion in immunization efforts).
 - o The vaccines are predominantly being distributed through state health departments
 - o Providers can still bill for administration of vaccine (staff time used to distribute immunizations), although reimbursement will vary depending on insurance coverage.
- The H1N1 vaccines will require two visits because patients need to receive two doses at least 21 days after the initial administration of the vaccine (based on what we know now).
 - o The traditional seasonal flu and the H1N1 (both doses) vaccines can be administered simultaneously.
 - The traditional flu vaccine is not free and patients/insurance companies can be charged for the immunization.
- The vaccine is still in clinical trials and has not been approved by the Food and Drug Administration (FDA). It is scheduled for release in mid-October.

School-Based Health Centers (SBHCs) and H1N1 vaccine:

- SBHCs are perfectly positioned to lead and/or participate in immunization campaigns by:
 - o Administering the vaccine.
 - o Educating school personnel and students about prevention strategies.
 - o Volunteering time in school- or community-wide immunization campaign.
 - o Coordinating volunteers (other health care providers) for school- or community-wide campaign.

- Working with the SBHC sponsoring agency and school to develop protocol for an outbreak.
 - Working with the SBHC sponsoring agency and school to increase hours of SBHC to accommodate large numbers of students wanting the vaccine.
- In many states (e.g., MD, AL), state health departments are issuing the vaccines directly to SBHCs for distribution and administration (when SBHCs are there).
- In some states (e.g., LA), SBHCs are being told that SBHCs cannot be the central point for distribution or administration of the vaccine.
- See [SBHCs Increase Access](#), [SBHCs Promote Academic Success](#) for more generic talking points about SBHCs. Examples below:
 - School health centers can reach a large audience – children, youth and families – with a variety of health services and information because they are strategically located where students already are – in school.
 - School health centers provide a variety of services just like a pediatrician’s office and can provide assessment and referrals for all types of conditions, including those who may have H1N1 or other illnesses or chronic conditions.
 - Many school health centers already provide immunizations and seasonal flu shots; and they can also provide H1N1 vaccinations.
 - Most importantly, school health centers support educational goals by working to keep children and youth in good health so they do not miss class and are ready to learn.
 - Unfortunately, not all schools have a school health center. If we had a strong system for providing health care through schools, we would be in a much better position to respond to H1N1.
 - The problem is that there is little to no coordination between health care, public health and schools. However, schools that are fortunate to have a school health center are a model for health care reform and how we can make health care accessible to all children.
- See [2004-05 National SBHC Census](#) for national statistics on SBHCs.
- See [insert state here] SBHC fact sheet for statewide statistics.

Recommendations

- State SBHC associations, state departments of health and education, and state school nurse associations could issue joint proclamation/strategy encouraging school districts to use their SBHCs as a distribution and administration center for the vaccine
- Read the [CDC school communications tool kit](#) for information on:
 - Dismissal policies
 - Safety and prevention tips
 - Parent/community engagement strategies
- Read recommendations of the [Advisory Committee on Immunization Practices \(ACIP\), 2009](#).
- Read the [CDC’s Vaccine Distribution Question and Answers](#) website

- Set up meeting with school personnel and county officials (maybe SBHC Advisory Board) to alert them on how the SBHC will participate in the immunization campaign and how the school and community can participate.
- Make sure there is a room available to quarantine school personnel or students who show symptoms of the H1N1 virus.
- Work with the school to implement a hand washing or cough into your elbow campaign.
- Develop an outreach plan – the beginning of the school year is very busy for the SBHC and the school with sports physicals, general school physicals, SBHC enrollment, recruitment, and outreach, and insurance enrollment – plan for mid-Oct for this campaign.