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H1N1 Mass Immunization in

St. John's, NL:

The School Experience



Objectives

- **To share the experience of community health nurses (CHN) in the delivery of H1N1 mass immunization in the school setting in St. John's, NL**
- **To use the H1N1 experience to examine the routine school immunization program and consider opportunities for improvement**



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Demographics

- **Total population for St. John's area
194,000 (approx)**
- **School-age population 28,121**



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A Look Back to Fall 2009



- **Summer to early Fall 2009 – Program area finalized business continuity plan including mass immunization clinic sites**



- **October 26, 2009 – Vaccine received by Eastern Health and immunization for health care workers and vulnerable populations began**



- **October 30, 2009 – Mass immunization clinic sites opened**



A Look Back to Fall 2009

- **Provincial announcement in the latter days of October 2009 to immunize all school-age children within their individual schools**



- **November 5 – 27, 2009 school-age children not meeting previous eligibility criteria were immunized in school**



H1N1: The School Picture



- **Teams immunized in sixty-eight schools in sixteen days**
- **19,425 school age children received immunization in school - representing 69% of the eligible school population**
- **2579 students (9%) were immunized in mass immunization clinics as they met high risk criteria (in advance of their school being immunized)**
- **78% school age population immunized**
- **Variations in uptake based upon age group**



H1N1: The School Picture

- **School immunizations were completed simultaneously with personal care homes and mass immunization clinics**
- **In some cases, the same teams provided immunization at all three venues in the same day**
- **Essential public health and home and community care nursing services continued**



School Immunization Process

Pre-H1N1



- **CHNs routinely provide immunization for school-age children in the school setting**
- **CHNs manage the distribution and retrieval of consents**
- **Schools provide space which varies from school to school; different levels of school involvement**



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School Immunization Process

Pre-H1N1

- **Although scheduled immunization is based on school district's annual calendar, some inefficiencies arise due to unanticipated individual school schedule conflicts**
- **Parents do not routinely accompany children during school immunization process**



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School Immunization Process

H1N1 Fall 2009

- **Various methods were utilized to distribute consents, including posting on local school district website and sending consents home with school children**
- **Consents were returned to school personnel, who took responsibility for organizing them**



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School Immunization Process

H1N1 Fall 2009

- **Good access to up-to-date school lists**
- **Schools utilized their telecommunications systems to reinforce need to return consents, and advise of immunization schedule (Synervoice and PA system)**



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School Immunization Process

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- **Clinical leaders made personal contact with school administration prior to immunization day as regular school nurse may not have been part of immunization team**
- **No opportunity for nurses to review consent for accuracy and completeness prior to immunization day**



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School Immunization Process

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- **Schools were given floor plan for set-up of immunization area and supplies were delivered to school in advance**
- **On the day(s) of immunization, school programming was interrupted and gymnasiums were utilized as immunization areas**



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School Immunization Process

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- **Supplies were delivered to each school in advance of the team arriving**
- **Eastern Health support staff accompanied the school teams**
- **Provincial database utilized to identify children previously immunized**



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School Immunization Process

H1N1 Fall 2009

- **Numerous school and district personnel were assigned to support, assist and monitor the immunization process**
- **Support to school immunization teams:**
 - **Clinical leaders and managers had cell phones**
 - **Direct telephone access to communicable disease personnel available**



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Challenges



- **Some challenges were associated with consent process not being CHN led:**
 - **Consents sent universally to all students resulted in children who were previously immunized receiving consent**
- **Consent designed for screening and immunization on same day but completed in advance**



Challenges

- **In Grade 4 there was some risk associated with different doses required over and under age 10**
- **Extraordinary pace in a very compressed time frame**



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Lessons Learned



- **Effective process – nurse focused on nursing practice and had tremendous supports for other processes**
- **Efficient process – 19,425 children immunized in school in 16 days**
- **Public buy-in for H1N1 immunization should be able to be transferred into immunization process for all vaccine preventable diseases**



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Lessons Learned



- **Timely access to class lists improved efficiency**
- **Support staff availability assisted with school immunization process**
- **The importance of a meeting with the principal and school staff in advance of the school immunization day**



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Lessons Learned



- **The value in utilizing school telecommunications (Synervoice) to send regular reminder to parents regarding consents and immunization day**
- **The significance of adequate space provided within the school for immunization**



Lessons Learned



- **Having the floor plan sent to school in advance of immunization day facilitated timely set up by school staff**
- **Support from teachers ensured efficient flow of students from classrooms to immunization area**



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Summary



- **H1N1 immunization of school children in the school setting was a successful initiative**
- **The logistical support provided by regional health authority (RHA) staff was paramount to this success**



Summary



- **Enhanced support from the local school district resulted in increased efficiency in the delivery of routine school immunization programs**
- **Ongoing discussions between RHA and local school district to make improvements to the routine school immunization process based upon the H1N1 experience**



Questions



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