New Viruses Are an Old Story

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INFECTIOUS DISEASES

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School Program Improves Flu Vaccine Coverage in Texas

BY KERRI WACHTER

Baltimore — School-based influenza vaccination programs can improve the vaccination rate for school-aged children, but getting tweens and teens to participate can be hard, based on a study of school districts in central Texas.

“Expansion of the school-based immunization trial from elementary to middle and high schools improved influenza immunization coverage in school-aged children to 40%,” Dr. Manjuha Gaglani said at a conference on vaccine research sponsored by the National Foundation for Infectious Diseases. This compares with 30% coverage achieved with community-based vaccinations.

On average, influenza immunization coverage was 48%, 28%, and 22% for 26 elementary, 10 middle, and 8 high schools (public), respectively, in the 2007-2008 school year. Average coverage was 52% for parochial schools, 34% for home-schooled children, and 10% for public schools (K-12). The community-based influenza immunization field trial achieved influenza vaccine coverage of 15%-30% of school-aged children between 1998 and 2006. In 2007, a school-based trial was initiated in local elementary schools. The trial was expanded to middle and high schools during the 2008-2009 school year to increase influenza immunization coverage in school-aged children.

Middle and high school students had lower rates of vaccination coverage than elementary children, even though information packets were mailed directly to parents instead of having students take them home, as elementary school students did, said Dr. Gaglani, a pediatric infectious diseases specialist at the Scott and White ambulatory pediatric clinic in Temple, Tex.

The information packets included a letter to parents, a brochure on the program, an influenza vaccine permission form, an assent script for children, an optional nonparticipation form, information about live and inactivated influenza vaccines, and privacy authorization forms. Parents were asked to call with questions and could choose to be present for the immunization either at school or a pediatric clinic. Parents could state a preference for inactivated influenza vaccine and were asked to schedule second doses for eligible children at the Scott and White pediatric clinic.

Approximately 2-4 weeks before the scheduled influenza vaccination day, informed consent and assent were obtained from the parent and capable children 7 years of age who were offered vaccination. Parents and children were given an “Guide to Study Participants” and a 6-week health report postcard. Children also were offered “flu fighter” stickers.

School districts and 5 parochial schools. Home-schooled children also were included.

In all, approximately 22,914 information packets were sent to students. Between Sept. 22 and Dec. 18, 2008, immunization day was conducted at 48 schools, 2 each at all high schools, and at a church for home-schooled students. Students also were enrolled at the pediatric clinic during six weekend and nine evening clinics, and at one community event. Based on the preliminary results, live nasal spray influenza vaccine was administered to 77% of a total of 9,007 students enrolled in the program.

An additional 588 students and 60 students were immunized at the pediatric clinic and community event, respectively. In addition, 1,878 school staff were vaccinated (67% received the trivalent inactive vaccine). Of the 652 students who returned nonparticipation forms, 91 students reported receiving the influenza vaccine. Another 267 said they would receive the influenza vaccine from their physician.

Dr. Gaglani reported that she has received grants from MedImmune, Sanofi Pasteur Inc., GlaxoSmithKline, and Novartis, and that she is a consultant/speaker for MedImmune and Sanofi Pasteur. In addition, Sanofi Pasteur supplied the vaccine used in the study.