



# Shoo the Flu

California Immunization Coalition  
Summit

April 28, 2015

Riverside, CA





# Shoo the Flu

- Three-year project vaccinating a large number of Oakland school children against influenza to determine if immunizing at school is effective in limiting community-level transmission
- Implemented in parallel with a clinical impact study
- Long term goal is to make sustainable and to develop a replicable model



# Oakland Demographics

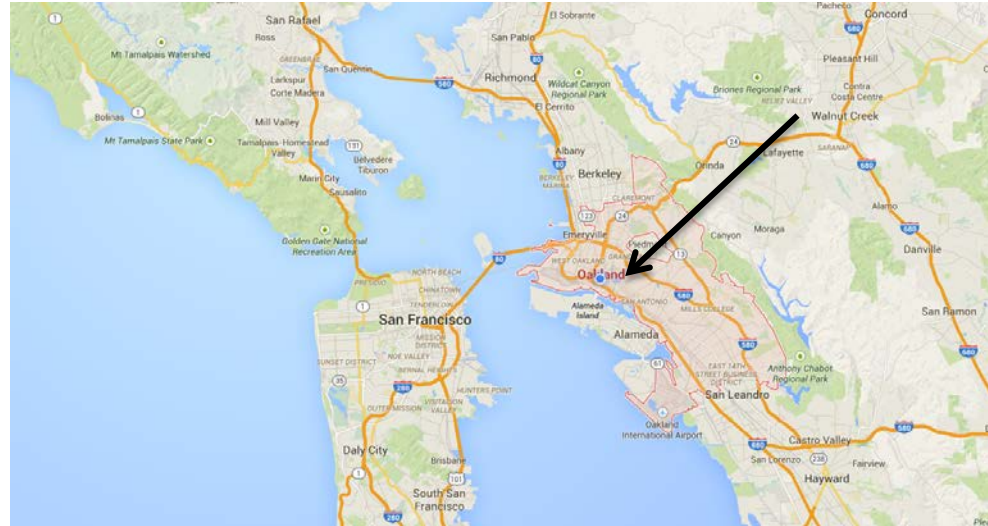
Population: ~400,000

Racially/Ethnically diverse

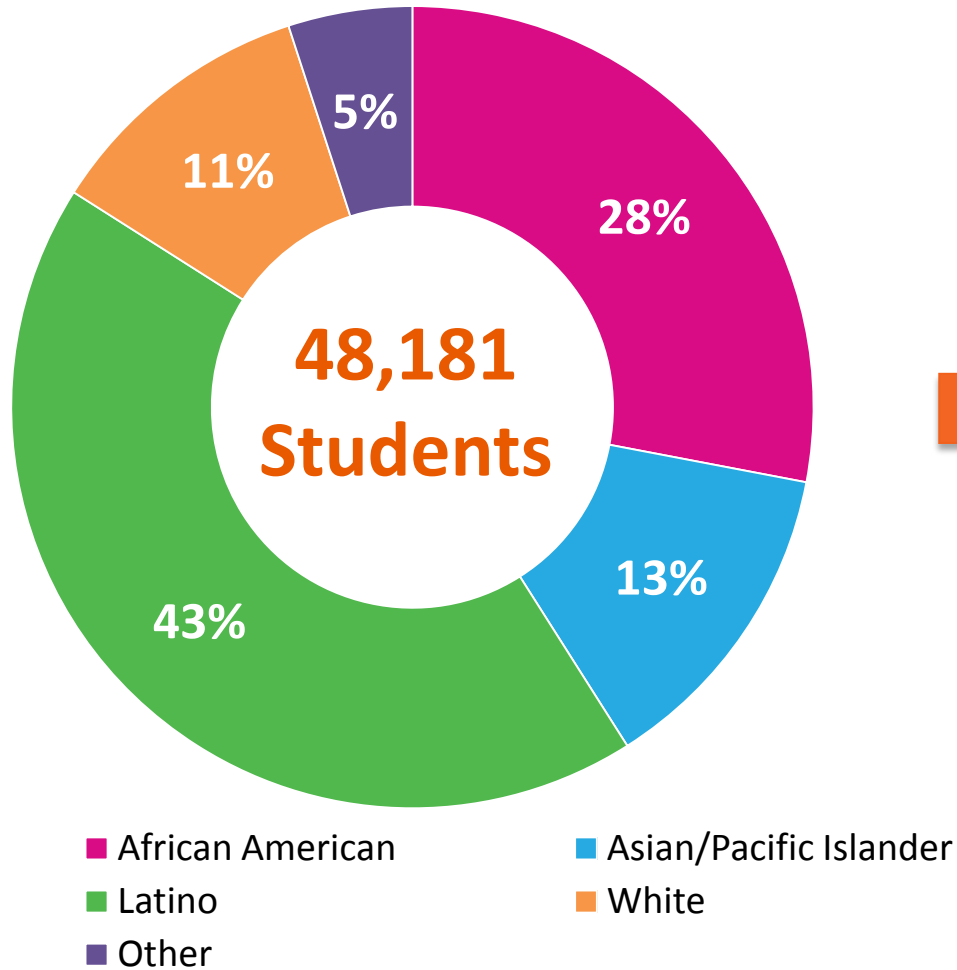
Median household income, 2009-2013: \$52,583

Persons below poverty level, 2009-2013: 20.5%

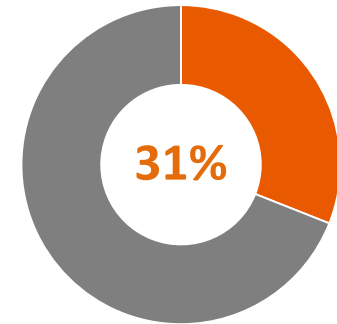
Health disparities



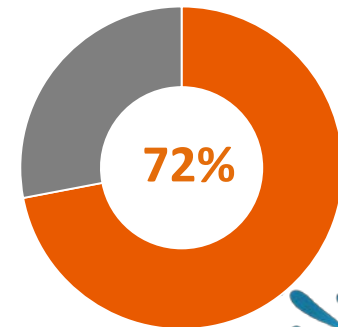
# Oakland public and charter school K-12 Demographics



English Learners



Free-Reduced Lunch





# Key Partners

- Alameda County Public Health Department (ACPHD)
- California Department of Public Health (CDPH)
- Oakland Unified School District (OUSD)
- UC Berkeley School of Public Health (UCB)
- Shoo the Flu / Page Family Foundation (StF)



# ACPHD - Immunization Program

- Planning partner
- Clinical support/advising
- Office for Shoo the Flu staff
- Vaccine storage
- Staffing: nursing and administrative

# CDPH - Immunization Branch

- Planning partner
- Clinical support/advising
- Provided vaccine



# OUSD – Health and Wellness Unit

- Planning partner
- Hosted staff position
- Access to data

# UC Berkeley School of Public Health

- Planning partner (clinical impact study and program evaluation)
- Implementation of Bay Area Flu Study



# Shoo the Flu

- Planning partner
- Financial support
  - Marketing/PR
  - Staffing
    - Full time: Director, Program Manager, Administrative Assistant, OUSD Vaccine Clinic Liaison
    - Part time/temporary: data entry, nurse staffing (contracted agency)
  - Program Evaluation

## Other Community Partners

- Schools of Nursing
- School Based Health Centers







# Program Logistics



# Year 1 Timeline

March	Introduce program to Oakland school leadership
April	Recruit schools to participate, engage point-of-contact
May	Introduce program to school staff, program promotion planning
June	Introduce program to parents
July	Community-wide program promotion, solicit endorsement
August	Program promotion in full swing, schedule vaccine clinics
September	Distribute consent forms
October	Vaccine clinics
November	Vaccine clinics finish, 2 <sup>nd</sup> dose clinics start
December	2 <sup>nd</sup> dose clinics finish, program evaluation surveys
January	Summary reports and program evaluation



# School Communication Timeline: Year 1

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Thank you and program reports to schools												
Evaluation												
Recruit schools to participate												
Hang banners at schools / begin community promotion												
Orient school point of contacts												
School-based program promotion												
Schedule clinics with school staff												
Vaccine Days												
2nd dose/make up Vaccine Days (*discontinue 2015)												



# School Outreach

- Engaging with school staff
  - Timing
  - Variations in how staff communicate
- Engaging with parents
  - School-based methods (banners, flyers, newsletter blurbs, RoboCalls, school events, etc.)
  - Community based campaign
- Consent form distribution
  - Consent packets shipped directly to school
  - Teacher distribution and collection
  - Consent collection box provided to front office



# Sample Promotional Materials



Flyer



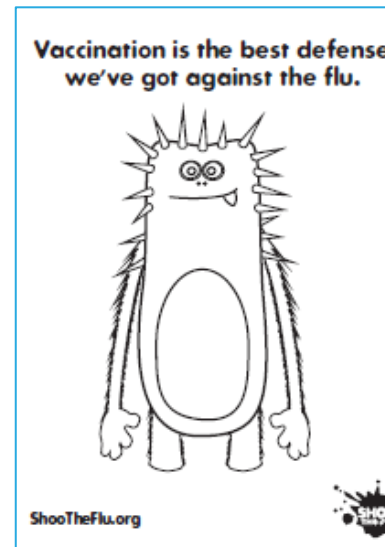
Stickers



T-shirts



Banners



Coloring Pages



# Vaccine Supply

- State General Fund and VFC vaccine provided by CDPH
  - Assumed 90% Mist, 10% injectable
  - Assumed 40% State, 60% VFC
- Vaccine stored at ACPHD office
- Created database on Google docs for inventory management
- Vaccine packed based on 40% student participation estimate until had better data



# Timing and Scheduling

- Vaccine days scheduled in August
- Schedule was pre-determined based on geography and size of schools; adjusted based on school availability
- Vaccine days: October 3 – December 15
  - First week “light” schedule
  - Includes 2<sup>nd</sup> dose/make-up visits



# Staffing



- ACPHD Site Coordinator
  - Oversaw clinic and brought non-medical supplies
- Nursing and admin staff from mass vaccinator
  - Lead nurse responsible for vaccine transport
- Nursing students
- Interns and volunteers
- School support
  - On-site staff, district volunteers, parent volunteers





# Documentation

- Nurse used pre-printed stickers with vaccine information (type, lot #, exp date) for documentation directly on consent
- Vaccination record (1/2 page, card stock) was sent home with student
- All vaccinations entered into CAIR by temporary data entry staff within 5 days





# Results, Lessons Learned and Moving Forward



# Year 1 (2014)

- **Start date: 10/3/14, End date: 12/15/14**
- **110 Participating Schools**
  - OUSD: 54 elementary schools, 30 preschools
  - 16 Charter schools
  - 10 Private (8 Catholic Diocese schools)
- **Total doses: 8,641**
  - 1<sup>st</sup> doses: 8,203
  - 2<sup>nd</sup> doses: 438
- **82% FluMist / 18% Injectable**
- **50% State funded / 50% VFC funded (57% VFC for students)**
- **School coverage rates: 4%-76%; average rate: 26%**



# Lessons Learned

- Underestimated time needed to understand/execute multi-partner agreements
- Consent form completion errors → revise consent
- Hard to predict uptake
- Increased outreach didn't always result in higher participation
- Confirming student identity can be a challenge
- Second dose/make-up clinics not cost effective
- Challenges of a hyperlocal program dependent on school and national schedules
- Staffing challenges



# Year 2 changes

- Streamline consent and materials
- Streamline staffing and begin scheduling earlier
- Discontinue second dose/make-up vaccine days
- Clearer instructions to school staff
- Targeted support for low participating schools



# Sustainability

- GOAL: Build a community-based, sustainable model to provide free flu vaccines for school children every year.
- Funding: Insurer contribution (Hawaii model)
- Collaboration/integration with existing sections within ACPHD (eg emergency preparedness)
- Pursue outside in-kind assistance: nursing schools, Medical Reserve Corp, Disaster Health Volunteers
- Support high functioning schools to assume larger role





# Thank You.

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