

# **Meningococcal Vaccination Clinics for School-Age Populations in a School or Community Setting**

## **Playbook to Support Meningococcal Vaccination Events for Rising 12th Graders**



2024

## **EDITOR**

**Joanna Pitts, BSN, RN, CNOR, NCSN**

School Nurse Health Consultant  
Office of Family Health Services  
Virginia Department of Health

**Tonishia Short, M.Ed.**

Coordinator Team Lead  
CDC Foundation, School Support Unit  
Virginia Department of Health

**Nathan Hall, BA**

School Liaison  
CDC Foundation, School Support Unit  
Virginia Department of Health

## **CONSULTING EDITOR**

**Janaye M.D. Oliver, MPH**

Director  
Division of Multicultural Health  
and Community Engagement  
Virginia Department of Health

**Erica S. Hunter, PhD, MPH**

Immunization Data Manager  
Division of Immunization  
Virginia Department of Health

**Susie Lewis, PhD, BSN, RN**

Public Health Nurse  
Three River Health District  
Virginia Department of Health

**Angela Knupp, BSN, RN**

Student Health Services  
Harrisonburg High Schools  
Harrisonburg City Public Schools

# Table of Contents

<b>Introduction</b>	<b>5</b>
<b>Disclaimer</b>	<b>5</b>
<b>Target Audience</b>	<b>5</b>
<b>Definition</b>	<b>5</b>
<b>Background</b>	<b>5</b>
<b>Planning for the Vaccination Clinic</b>	<b>6</b>
<b>Population(s) Identified for Vaccination</b>	<b>6</b>
<b>Factors to Consider</b>	<b>7</b>
<b>Registration</b>	<b>7</b>
<b>Timeline</b>	<b>8</b>
<b>Strategies to Minimize Errors in Vaccine Administration</b>	<b>10</b>
<b>When to Hold SLV Clinics</b>	<b>10</b>
<b>Benefits</b>	<b>10</b>
<b>Challenges</b>	<b>11</b>
<b>Planning for Adequate Staff</b>	<b>11</b>
<b>Volunteers</b>	<b>12</b>
<b>SLV Clinic Communications</b>	<b>12</b>
<b>Informing and Enlisting the Support of Health Care Providers</b>	<b>13</b>
<b>Preparing Forms and Letters to Provide to Parents/Guardians</b>	<b>13</b>
<b>Materials to Send Home with Students Post-Vaccination</b>	<b>14</b>
<b>SLV Clinic Day-Of Logistics</b>	<b>14</b>

<b>SLV Clinics Held During School Hours</b>	<b>14</b>
<b>Administering Vaccine and Preventing, Managing, and Reporting Possible Vaccine-related Adverse Events</b>	<b>15</b>
<b>Vaccine Storage and Handling</b>	<b>15</b>
<b>Recording, Reporting, and Tracking Vaccination Information</b>	<b>15</b>
<b>“Legal Considerations”</b>	<b>16</b>
<b>Appendix</b>	<b>21</b>

## Introduction

### Disclaimer

This playbook has been adapted from the CDC's Influenza School-Located Vaccination (SLV): Information for Planners and the Vaccination of the School-Age Population in a School Setting and in the Community Playbook to Support Vaccination Events. This playbook has been tailored to VDH-specific guidance for meningococcal vaccine (MenACWY) for the rising 12th grade population. The meningococcal vaccine can be offered alongside the COVID-19 vaccine. This is to be used for informational purposes only and is not required to be used. Throughout the entirety of this document, the meningococcal vaccine will be referred to as MenACWY.

**MenACWY Playbook has been revised from: [School Nurse Resources](#)**

### Target Audience

This playbook is directed at sites and site planners, including school nurses, school administrators, school staff (teachers, administrative, office, custodial, etc.), and community partners preparing to vaccinate rising 12th graders for the MenACWY vaccine. Partners may include local health departments and nearby pharmacies that can provide support for vaccination clinics in the school setting. Schools should consider collaborating with their local health departments and community partners to plan and carry out meningococcal vaccinations in schools.

### Definition

MenACWY school-located vaccination (MenACWY SLV) is a vaccination clinic that is:

- Administered on school grounds
- Held during school hours; preferably during the spring season (March-June)
- Targeting enrolled rising 12th grade students in the school division
- Involving collaboration between Local Health District (LHD), other community vaccine providers (FQHCs, pharmacies, private providers), and public and private schools/school districts

### Background

The 2020 General Assembly passed HB 1090 which amends the minimum vaccination requirements for attendance at a public or private elementary, middle or secondary school, child care center, nursery school, family day care home, or developmental center. This legislation became effective July 1, 2021, and amends the [Code of Virginia § 32.1-46.A.4](#)

## Code of Virginia:

§ 22.1-271.2 - Immunization Requirements

§ 32.1-46 - Immunization of Children Against Certain Diseases

§ 23.1-800 Immunization Requirements for College Students

12VAC5- 110 Regulations for the Immunization of School Children

### Planning for the Vaccination Clinic

In addition to the information provided below about planning for SLV clinics, please also see the more general guidelines for setting up vaccination clinics posted on the [CDC's website](#). Additional Resources for schools planning a vaccination clinic is included in the appendix.

### Population(s) Identified for Vaccination

Planners will need to identify which students qualify for receiving the MenACWY vaccine and when the opportunity to be vaccinated will be offered. The information contained in this document focuses on vaccination of currently enrolled students only. Documentary proof shall be provided of adequate age appropriate immunization for attendance at a public or private elementary, middle or secondary school. The [Code of Virginia § 32.1-46.A.4](#) requires two properly spaced doses of meningococcal conjugate vaccine (MenACWY). The first dose shall be administered prior to entry to seventh grade. The second dose shall be administered prior to entry to twelfth grade. According to VDH Immunization School Requirements, [“documentary proof shall be provided of adequate age appropriate immunization with the prescribed number of doses of vaccine indicated below for attendance at a public or private elementary, middle or secondary school, child care center, nursery school, family day care home or developmental center.](#) Vaccines must be administered in accordance with the harmonized schedule of the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians and must be administered within spacing and age requirements (available at <https://www.vdh.virginia.gov/immunization/immunization-manual/acip/>). Children vaccinated in accordance with either the current harmonized schedule or the harmonized catch-up schedules (including meeting all minimum age and interval requirements) are considered to be appropriately immunized for school attendance.”

## Factors to Consider

- **Factors to Consider When Partnering with School/Educational Community by:**

Tailor SLV clinics to meet the needs of the school community by:

- Hosting clinics during school hours without parents/guardians or after school clinics with parents/guardians.
- Scheduling immunization clinics during school registration, welcome back events, sporting events, etc.

- **Factors to Consider if partnering with Local Health Department:**

- Utilize public health nurses as the team leader and schedule staffing with contract and Medical Reserve Corps (MRC) nurses and vaccinators.
- Utilize the VDH Memorandum of Understanding
  - Allows contact with superintendents and/or designee
  - Outlines responsibilities for all parties
- Develop registration
  - LHD or school divisions may develop an online survey tool for student registration
  - Obtain consent with each dose of vaccine (this is required)
  - Conduct review of encounters before the clinic
  - Contact parent/guardian if there is missing information such as responses to health questions, consent, insurance, etc.
- Ensure Safety
  - Take steps to correctly identify students
  - Take steps to ensure correct vaccine is administered to correct student

## Registration

Schools or districts will need to identify and define their preferred method of registration and form submission. The two options are:

- **Manual Process:** Entails printing consent forms to be taken home by students, manually processing intent forms during the clinic
- **Automatic Process (\*Recommended):** Entails parents registering their child and signing consent form via an online tool. An online tool may be developed by your school division or provided by your local health department to assist with registration.

## MenACWY School Based Vaccination Clinic Timeline:

To enhance coordination efforts for the MenACWY school based clinic, planners should consider modifying this timeline to fit the unique needs of the school community. It is recommended to print the timeline and check off the tasks as they are completed.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>6</b> WEEKS PRIOR</p>	<p><input type="checkbox"/> <b>Step 1:</b></p> <p><b>Obtain approval from school administration</b> to host vaccination clinics during school hours; coordinate with school testing to determine date.</p> <p>Date Completed: _____ / _____ / _____</p>	<p><input type="checkbox"/> <b>Step 2:</b></p> <p><b>Collect applicable data such as:</b> number of students to receive vaccine; names of students; date of birth; and, students who may be exempt from receiving vaccine.</p> <p>Date Completed: _____ / _____ / _____</p>	<p><input type="checkbox"/> <b>Step 3:</b></p> <p><b>Partner with the local health department to confirm:</b> clinic date and time; staffing assistance needs; and, anticipated number of vaccine doses to be administered.</p> <p>Date Completed: _____ / _____ / _____</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>5</b> WEEKS PRIOR</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>COMMUNICATION MATERIALS:</b> Develop communication materials for families (letter of intent, consent form and <a href="#">CDC VIS statement</a>, social media shareables, and digital flyers).</li> <li><input type="checkbox"/> <b>CLINIC LOCATION:</b> Determine where the clinic will take place; coordinate with custodial staff on the equipment needed. (chairs, tables, trash can for disposables, etc.)</li> </ul>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>4</b> WEEKS PRIOR</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>COMMUNICATION MATERIALS:</b> Disseminate communication materials to families in both digital and printed copies. If feasible, consider mailing a letter of intent.</li> <li><input type="checkbox"/> <b>*Optional* DEVELOP AN ONLINE SURVEY:</b> Develop an online survey to collect consent forms, insurance information, and other health information from parents/ families.</li> </ul>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>3</b> WEEKS PRIOR</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>*Optional* MONITOR ONLINE SURVEY:</b> Review survey results to ensure consent forms, insurance information, and other health information from parents/families has been inputted.</li> <li><input type="checkbox"/> <b>STAFF AND/OR VOLUNTEER COORDINATION:</b> Solicit interest from school staff, PTA members, and/or Medical Reserve Corps volunteers to support vaccination clinic efforts.</li> </ul>		



2 WEEKS PRIOR

- ❑ **COMMUNICATION:** Consider daily social media posts, robo calls, and text messages reminding families to return a consent form.
- ❑ **CLINIC LOGISTICS & VACCINE VERIFICATION:**
  - ❑ Develop and share “Day Of Clinic Plan of Action” with all school staff.
  - ❑ For students who have returned forms, verify in VIIS that the student has not already received the vaccine.

**Target:**  
~20% of consent forms returned.

7 DAYS PRIOR

- ❑ **MULTI-LAYERED COMMUNICATION:**
  - ❑ Email, phone, and text parents/guardians with a reminder to return consent forms. Personal phone calls to parents/caregivers has been very effective in increasing the number of consents return.
- ❑ **VACCINE VERIFICATION:**
  - ❑ For students who have returned forms, verify in VIIS that the student has not previously received the vaccine.

**Target:**  
~25% of consent forms returned.

3-5 DAYS PRIOR

- ❑ **COORDINATION:** Update the LHD with the anticipated number of students to receive the MenACWY vaccination.
- ❑ **MULTI-LAYERED COMMUNICATION:** Consider reaching out to students directly via Morning Announcements and/or visit students in-class to deliver a brief reminder.
- ❑ **DEVELOP A PLAN OF ACTION FOR DAY OF LOGISTICS:**
  - ❑ **Create a list of students participating in the clinic.** Share the list with their assigned teacher(s).
  - ❑ **Create hall passes for the assigned vaccination time.**
  - ❑ **Coordinate snacks/drinks** for students during their 15 minute required waiting period.
  - ❑ **Communicate roles and responsibilities** with volunteers assisting with the clinic.

**Target:**  
~30% of consent forms returned.

EVENING PRIOR

**MULTI-LAYERED COMMUNICATION:**

Coordinate a robocall, text message, and email to remind parents, guardians, and students of the upcoming vaccination clinic. *Remind parents, guardians, caregivers, and students consent forms can be submitted the day of the clinic.*

**DAY OF**

	<p><b><u>DAY OF LOGISTICS:</u></b></p> <ul style="list-style-type: none"> <li>❑ Remind teachers to allow students to visit the clinic during their assigned block/class period. Reiterate students are still able to attend the vaccination clinic if they provide a signed consent form the <i>day of</i>.</li> <li>❑ Update the LHD with the exact number of students receiving the MenACWY vaccination.</li> <li>❑ Send a post-letter to inform parents/guardians/caregivers of adverse reactions to the MenACWY vaccine. Template provided in Appendix section.</li> </ul>		
--	--	--	--

**NEXT DAY**

	<p><b><u>FOLLOW-UP COMMUNICATION:</u></b></p> <ul style="list-style-type: none"> <li>❑ Verify with the local health district (LHD) the exact number of students who received the MenACWY vaccination.</li> </ul> <p><i>The <u>LHD</u> will enter data for those students who received the MenACWY immunization. Validation of data can be found in the VIIS database: <a href="https://www.vdh.virginia.gov/immunization/viis/">https://www.vdh.virginia.gov/immunization/viis/</a>.</i></p>		
--	--	--	--

**Strategies to Minimize Errors in Vaccine Administration**

All Public health nursing personnel and vaccinators must complete the most current [training](#) available to administer the meningococcal (MenACWY) vaccine and follow the [seven rights of vaccine administration](#): right client, right vaccine, right dosage, right route, right time, right site, and right documentation. Vaccine administration staff should perform verification of the seven rights of vaccine administration with each family member prior to administering the vaccine.

**When to Hold SLV Clinics**

Planners will also need to decide whether to hold SLV clinics before, during, and/or after school hours. **It is preferred to host clinics during school hours around the Spring time-frame (between March to May).** The parent/guardian will consent to school staff to serve “[in loco parentis](#)” (means “in place of parents”) for the MenACWY clinic. Below are some benefits and challenges to consider when making decisions on holding in-school SLV clinics. In addition, regardless of whether a SLV clinic is held before, during, or after school hours, school officials may need to consult with their school board attorney and local union representatives if holding such a clinic has an impact on staff members’ rights under a collective bargaining agreement.

**Benefits Of Holding Clinic During School Hours:**

Parents/guardians do not need to take time off work because their children can be vaccinated without them being present, increasing equity

- Transportation is not a barrier
- Children are present in large numbers

- Vaccinations can be conveniently provided to school staff, if desired and appropriate
- Parental consent is obtained prior to the clinic, so there is some lead time during which planning for adequate staffing, vaccine, and medical supplies can take place.

**Challenges of Holding Clinic During School Hours:**

<b>Barrier to Implementation:</b>	<b>Possible Solution:</b>
Coordinating and collecting consent forms	<ul style="list-style-type: none"> <li>● Consider using “multi-layered” communication such as: emails, phone calls, text messages, mailing a hard copy letter of intention, and social media posts</li> </ul>
Coordinating and collecting students’ insurance information (health information)	<ul style="list-style-type: none"> <li>● Encourage parents/guardians to take a photo of their insurance card and upload image to a secure online survey (managed by School Nurse)</li> </ul>
Conflicting student/guardian priorities for a clinic held after school; such as work obligations, sports participation, clubs, etc.	<ul style="list-style-type: none"> <li>● Consider hosting SLV clinics in school and serving ‘in loco parentis’ to provide equitable access to all students</li> </ul>
Disruption of class time may be unacceptable to parents, students, and/or school administrators	<ul style="list-style-type: none"> <li>● Consider using hall passes</li> <li>● Share a list of students with their assigned teacher</li> <li>● Provide snacks and/or drinks for students during their 15-minute waiting period</li> </ul>
Determining a vaccination date that does not interfere with state required testing	<ul style="list-style-type: none"> <li>● Collaborate with school administration and testing coordinator to schedule a clinic date and time</li> </ul>
Staffing needs	<ul style="list-style-type: none"> <li>● Consult with school administration to solicit school staff who can provide additional support</li> <li>● Consult with LHD to obtain Medical Reserve Corps volunteers</li> </ul>

**Planning for Adequate Staff**

School staff, including school nurses, teachers and teachers’ assistants, security and maintenance personnel, and other staff, can contribute greatly to the success of a SLV clinic (list of staff) custodial staff, school admin staff, office staff, instructional staff, LHD staff, (PTA and MRC) volunteers. Medical Reserve Corps (MRC) have also been a source of experienced, credentialed volunteers. Please note that all volunteers working with the Local Health Department must be enrolled in the MRC.

## **Volunteers**

Volunteers can serve as an excellent source of SLV clinic staff and may even be considered an essential component of an SLV program, depending on the number of SLV clinics planned within a jurisdiction. Volunteers can fill many roles in SLV clinics, both non-medical and medical. For example, volunteers can help by:

- Directing foot traffic
- Handing out take-home documents
- Sanitizing seats or stations between classes
- Monitoring the 15-30 minute observation period
- Other administrative needs
- Reminder calls to parents/caregivers to return consent forms

*Medical Volunteers:* For medical staffing needs, planners may consider contacting area colleges that grant degrees in healthcare-related fields, such as medicine, nursing, and pharmacy, to recruit staff, students, or alumni willing to provide assistance with SLV clinics. Planners may also consider soliciting assistance from retired health care professionals. Medical Reserve Corps (MRC) have also been a source of experienced, credentialed volunteers. Please note that all volunteers working with the Local Health Department must be enrolled in the MRC.

## **SLV Clinic Communications**

### *Promotion and Education*

Educating students and parents, as well as school staff, may contribute to the success of SLV programs. Consider hosting a Tele Town Hall to educate the school community. An example of a COVID-19 Tele Town Hall addressing vaccine hesitancy is included in the Appendix. Contact [tele-townhall@vdh.virginia.gov](mailto:tele-townhall@vdh.virginia.gov) for more information.

### *Students*

For schools willing to educate their students about vaccination, planners may consider providing teachers and school nurses with ideas for lesson plans. This represents an ideal opportunity to emphasize the importance of vaccination as well as hygienic measures that can reduce transmission of disease.

### *Parents/Guardians*

Educational resources about the SLV clinic(s) should be disseminated to parents/guardians as early in the process as possible. Consent forms and other SLV informational materials can be distributed to parents/guardians through a variety of methods, including: public service announcements, radio campaigns, bulletins, and announcements on school websites, all of which have been used to successfully promote vaccination programs to parents/guardians. Messaging may also emphasize the importance of vaccination and debunk myths.

### *Teachers and Other Staff*

Teacher support and participation has been perceived to be linked to the success of SLV programs, and students have reported that teacher influence was an important factor in returning consent forms. It is important that school staff are educated about the vaccination program. Educated school staff are able to answer questions from parents and others about the program, and are more likely to emphasize the importance of vaccination and provide vaccination-related lessons to students.

### *Frequently Asked Questions*

Frequently Asked Questions (FAQ) are available on the [VDH Division of Immunization website](#) and are a useful tool to educate parents, teachers, school staff, and other community members about school required immunizations. FAQ sheets can be developed and included with other disseminated communications regarding the SLV clinic. A list of possible FAQs about the specific vaccine requirements are listed below, but are not meant to be inclusive.

[https://www.vdh.virginia.gov/immunization/requirements/Minimum Immunization Requirements FAQ](https://www.vdh.virginia.gov/immunization/requirements/Minimum%20Immunization%20Requirements%20FAQ)  
[Spanish version](#)

### **Informing and Enlisting the Support of Health Care Providers**

In the U.S., children are vaccinated primarily in their pediatrician's or family doctor's office. Because the idea of vaccinating children at school may be unfamiliar to some parents/guardians, there may be reluctance to consent to vaccination at school. Parents/guardians may seek the advice of others, including their child's health care provider. Hopefully, most providers will be supportive of the SLV clinics, but some may be concerned about vaccinations occurring outside of their offices, especially with regard to keeping their patient records up-to-date and having adequate information in case a patient seeks care for a possible vaccine-related adverse event. The need to conduct SLV programs to ensure children are vaccinated in a timely manner can be explained given the likelihood that providers will be busy also will help them estimate how much vaccine they will need to order for their own patients. Keeping providers informed about planned SLV clinics also will help them estimate how much vaccine they will need to order for their own patients.

### **Preparing Forms and Letters to Provide to Parents/Guardians**

The following are suggestions on the development of materials that should be delivered – via the child, mail, and/or email – to parents/guardians to inform them of the planned SLV clinic and solicit their permission to vaccinate their child. Each of the following materials should be translated and made available in various languages, as locally appropriate. All of the VDH Official School Consent Forms can be found on the VDH Intranet and are available from the local health department. Consents are available

in both English and Spanish. A letter to Parents/Guardians should be among the materials provided to parents/guardians announcing that the SLV clinics will be offered at their child's school. Typically, this letter is sent out as a cover letter to accompany other materials, including the consent form, VIS statement, information about the vaccine, and when the SLV clinics are scheduled to occur. Such a letter also could be sent well in advance of the planned SLV date. The letter to parents/guardians should include:

1. An explanation about why the MenACWY vaccination is recommended for their children
2. Schools may choose to offer the COVID-19 vaccine at the same time as the MenACWY vaccine. If a school plan to offer the COVID-19 vaccine at the same time, communicate to families that COVID-19 vaccine will be offered at the school, along with the clinic date(s) for both doses (if a second-dose clinic is planned and dates are possible to determine)
3. Information on how to register child for vaccine
4. A request for parental consent
5. The MenACWY vaccine's [VIS](#) statement or EUA statement for the COVID-19 Vaccine
6. Contact information in case parents/guardians have questions or concerns
7. [Information on how to prepare](#) their child for the day of vaccination.

A sample letter of intention is included in the Resources Section.

### **Materials to Send Home with Students Post-Vaccination**

Planners are encouraged to send a letter to parents/guardians that includes the following information: date the child received the MenACWY immunization, location of the clinic, typical side effects of the vaccine, and explanation of the child's record being updated in Virginia Immunization Information system (VIIS).

### **SLV Clinic Day-Of Logistics**

Published guidelines for setting up large-scale vaccination clinics can be found on CDC Mass Clinic Activities website. Additional considerations apply to SLV clinics held during school hours. These challenges, along with tips and examples of how to manage them, are outlined below.

### **SLV Clinics Held During School Hours**

- Rules determining who may be present in the school building during school hours may vary. Communicate well in advance about these issues and plan accordingly. Additional security staff to monitor safety and help with traffic flow may be necessary.



- Since parents/guardians may not be present when students are vaccinated, processes need to be in place to ensure that only children for whom parental consent was obtained are vaccinated. This process of confirming the identity of children is easiest if school staff (e.g., teachers and school nurses) are overseeing the process.
  - Placing labels and/or name tags on students can help reduce the risk of immunizing the wrong students, although monitoring is suggested as these identifiers can be exchanged by children.
  - Asking multiple questions in addition to the child's name (e.g., parent/guardian names, street address) may be helpful.
- Processes need to be in place for orderly vaccination of children. Staff will be needed to escort students to and from the clinic site.
  - Often, students are escorted classroom by classroom. It may be helpful to focus on one particular class that is attended at some point by most or all students (e.g., Language Arts/English).
- Despite some parents/guardians providing consent for their child to be vaccinated, it may not be possible to vaccinate the child at the clinic for reasons such as illness, child refusal, or discovering a contraindication. In this case, it is essential that parents/guardians are informed that the child was not actually vaccinated. This could be accomplished by returning a form to parents/guardians via the child or via U.S. mail, sending the parent an email message, and/or calling the parent on the telephone. It may be helpful to designate one SLV clinic staff member to be in charge of this important task.

### **Administering Vaccine and Preventing, Managing, and Reporting Possible Vaccine-related Adverse Events**

Public Health Nurses (PHN) and health care providers are encouraged to report clinically significant adverse events after the MenACWY vaccine or any vaccine to the [Vaccine Adverse Event Reporting System \(VAERS\)](#). If a child experiences an adverse event after receiving the MenACWY, parents are encouraged to report the adverse reaction to the school nurse or principal.

### **Vaccine Storage and Handling**

If partnering with the local health department, one fully trained VDH Public Health Nurse or Medical Reserve Corp trained volunteer is required to supervise vaccine storage and handling, and distribution under the current VDH training guidelines.

### **Recording, Reporting, and Tracking Vaccination Information**

The Commonwealth of Virginia uses the Virginia Immunization Information system (VIIS) to collect information on vaccine administration. As of January 2022, reporting to

VIIS is required under state law. Providers can access VIIS to determine if their patient received a vaccine. SLV clinic planners should consider mechanisms for dissemination of vaccination information to the primary health care provider of participating students. This can be done by requesting the student's pediatrician's information on consent forms or other documents. The physician listed can then be sent information regarding their patient's vaccination once the SLV clinic has occurred.

## **“Legal Considerations”**

### *Parental Consent Forms*

The requirement to seek parental consent prior to vaccination, and the exact format and elements that must be included on a standard consent form, generally are not governed by federal law or regulation. However, all VDH staff must use the approved forms posted on the Nursing Directives and Guidelines Intranet. Any electronic reproduction on the forms must include all elements. As a reminder, these forms are updated frequently as new guidelines are issued, so check the site frequently to make sure you are using the most current version. For entities other than VDH, requirements for informed consent are legislated or regulated by each entity, including the circumstances under which minors can consent to their own medical treatment. If planning on obtaining advanced consent, planners should discuss this approach with their respective legal advisors before deciding to implement it. Planners must plan for requiring separate consents for administration of each dose of a two dose vaccine series. While consent to be vaccinated is generally not regulated by federal law, federal law (as well as state law) may regulate the vaccinator's use or disclosure of individually identifiable health information regarding the child. Below are notes about recommended sections to include in the template consent form (for non-VDH entities):

- Information about child receiving vaccine: This section includes suggestions for collecting personal and demographic information.
- Screening for vaccine eligibility: This section includes COVID-19 vaccination eligibility screening questions.
- Consent: This section includes a statement and signature line for parents/guardians to consent to or decline vaccination on behalf of their child.
- Vaccination record: This section includes suggestions for collecting information regarding the vaccine and its administration.

SLV program planners may also want to include a section for consent or authorization for disclosures of certain vaccination, medical, personal, and/or demographic information. Student information contained in the vaccine consent form may be protected by privacy laws or regulations. Please consult with your entity's legal advisors regarding protected information. Requesting such authorization may be recommended or necessary, depending on local needs and/or laws such as the Family Educational



Rights and Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA). The entity conducting the vaccination program is responsible for only using and disclosing a child's health information consistent with applicable laws. For example, the entity should know whether it is subject to the HIPAA Privacy Rule, which only applies to certain health care providers, to health plans and to health care clearinghouses, to FERPA, which only applies to educational agency or institutions receiving Department of Education funding, and/or to other Federal or state laws.

#### *Consent Form Dissemination, Collection, and Follow-Up*

Consent forms and other SLV informational materials can be provided to parents/guardians using a variety of methods. Sending information packets home with students is common. Schools also should consider making consent forms available online, either through the school website (if available) or via email (schools and/or parent organizations may have pre-established list serves for students' families). Additionally, high schools might want to make consent forms available on-site for eligible students who do not require parental consent (e.g., students ages 18 years or older). If resources are available, school staff should attempt to follow up with students who do not initially return the forms. For this reason, consent forms should include an option for the parent/guardian declining vaccination so that school staff can easily identify students who have not returned consent forms and distinguish them from students whose parents/guardians declined vaccination.

#### *General Legal*

States should consult their legal counsel for advice concerning the applicability of legal immunity, licensure, and privacy laws that may exist with respect to persons involved in vaccination programs. The paragraphs below provide general summaries of some relevant legal authorities, but the list is not intended to be exhaustive. Current as of December 2021.

#### *Countermeasures Injury Compensation Program (CICP)*

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Countermeasures Injury Compensation Program (CICP) to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of covered countermeasures identified in and administered or used under a PREP Act declaration. The CICP also may provide benefits to certain survivors of individuals who die as a direct result of the administration or use of such covered countermeasures. Additionally, if all requirements set forth in the PREP Act are met, qualified persons who administer COVID-19 vaccines are immune from liability except for "willful misconduct" with respect to all claims for loss caused by, arising out of, relating to, or resulting from the manufacture, testing, development,

distribution, administration, and use of a COVID-19 vaccine. More information about the CICP can be found at <https://www.hrsa.gov/cicp>.

#### *State and Local Government Immunity*

Officials of state and local governments may also have "official" or "governmental" immunity under state legislation, municipal ordinances, or as otherwise provided for by common law. These laws may differ depending upon the level of government, the nature of the official function, the presence or absence of malice, and the degree of alleged negligence. In some instances, however, this immunity may only be provided to public officers while exposing their government employers to at least limited liability. Officials may wish to contact State and local legal advisors on these matters.

#### *Family Educational Rights and Privacy Act (FERPA)*

FERPA is the federal law, administered by the U.S. Department of Education, which protects the privacy of student education records, including health records, maintained by educational agencies and institutions. The law applies to all educational agencies and institutions that receive funds under a program administered by the U.S. Department of Education. FERPA generally prohibits the disclosure, without prior written consent, of education records or personally identifiable information (PII) from education records to outside entities, although there are a number of exceptions to the requirement of prior written consent (see:

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>). The applicability of FERPA will vary based on who is conducting the school-located vaccination clinic as follows:

- If a LHD, or an entity acting on its behalf (e.g., a commercial community vaccinator with whom the LHD developed a contract), conducts the clinic and maintains the student's records, FERPA does not apply to the vaccination records because they are maintained by the LHD.
- If a school, school district, or an entity acting on its behalf (e.g., a commercial community vaccinator with whom the school or district developed a contract) conducts the clinic and maintains the student's records, FERPA applies to the vaccination records because they are maintained by the school or school district.
- If an entity, other than the LHD or the school/school district, conducts the clinic (e.g., a commercial community vaccinator not under a contract with the school or the LHD) and maintains the student's records, then FERPA does not apply to the vaccination records because they are not maintained by an educational institution or agency or a party acting for an educational institution or agency.

Under the FERPA regulations at 34 Code of Federal Regulations (C.F.R.) Part 99, many disclosures of PII from education records of students require signed and dated parental consent. However, when a student turns 18 years of age or attends an institution of

postsecondary education, the signed and dated consent must be obtained from the student. 34 C.F.R. 99.3 (definition of “Eligible student”) and 99.5. The FERPA regulations provide that the prior written consent must specify the records to be disclosed, the purpose of the disclosure, and the party or class of parties to whom the disclosure may be made. 34 C.F.R. 99.30. For example, in the absence of a health or safety emergency, signed and dated consent is generally needed for a school to release PII from education records to public health authorities (e.g., for entry into an immunization registry) or to the child’s health care provider (e.g., for inclusion in the child’s 15 Current as of December 2021 health care record). Certain disclosures may be made without prior written consent. 34 C.F.R. 99.31. For example, a disclosure may be made without prior written consent to other school officials within the educational agency or institution whom the agency or institution has determined to have legitimate educational interests (e.g., school officials may be informed that a student has the COVID-19 virus and has been advised to stay at home; the disclosure is needed so that school officials can monitor whether that student nevertheless attends school or a school-related activity). 34 C.F.R. 99.31(a)(1). Additional information regarding disclosures in a health or safety emergency may be found at 34 CFR 99.31(a)(10) and 99.36.

#### *Health Insurance Portability and Accountability Act (HIPAA)*

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. The HIPAA Privacy Rule requires covered entities to protect individuals’ health records and other identifiable health information by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections. In most cases, the HIPAA Privacy Rule does not apply to elementary or secondary schools because the schools either: (1) are not HIPAA covered entities; or (2) are HIPAA covered entities, but maintain health information on students only in records that are by definition “education records” under FERPA and, therefore, are not subject to the HIPAA Privacy Rule. If a person or entity acting on behalf of a school subject to FERPA, such as a school nurse that provides services to students under contract with or otherwise under the direct control of the school, maintains student health records, these records are education records under FERPA, just as they would be if the school maintained the records directly. More information about HIPAA can be found at <http://www.hhs.gov/ocr/privacy/> Joint Guidance on the Application of the Family Educational Rights and Privacy Act

(FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
To Student Health Records can be found here.

## Appendix

Download most recent forms on website: [School Nurse Resources](#)

[Adolescent Vaccine Consent Form - English VDH Use Only](#)

[Adolescent Vaccine Consent Form - Spanish VDH Use Only](#)

[Meningococcal Vaccines for Preteens and Teens Fact Sheet](#)

[Current CDC VIS/EUA Statements](#)

[MENACWY VIS Statement](#)

[CDC "You Call the Shots" Training Courses](#)

[Preparing Your Child to be Vaccinated](#)

Vaccine Information Statements are available in Spanish (Español) and other languages. See <http://www.immunize.org/vis>

Local Health District Directory link for site planners: <https://www.vdh.virginia.gov/content/uploads/sites/160/2019/01/District-Directory.pdf>

## Templates

*English Template for Pre-vaccination letter. Schools have permission to tailor letter to fit their individual needs.*

(school letterhead)  
(name of school)  
(school address)  
(school phone # and fax #)

### Notice for Incomplete Immunization Record

(date)

Dear Parent or Guardian

According to our records, your child does not have documentation for the required meningococcal immunization(s) to start their senior 20xx-20xx school year. If you have written documentation please provide a copy to (school name) as soon as possible. If you cannot provide this documentation, please read the instructions below.

**We are offering a free immunization clinic at school on:**

**(date) from (time).**

Please complete the enclosed forms and have your student return them to the (school clinic).

If the enclosed paperwork is completed, signed and dated and returned to school by (date), the (name of community partner/local health department) will be on onsite to administer the required immunization during the school day to your student. Parents are not required to attend but are welcome to accompany your student if you choose to do so.

**Receiving this free required immunization at school on (date), completes the Virginia state requirement and no other action is needed.**

Enclosed you will find the required paperwork that needs to be filled out and signed/dated by a parent or guardian and returned to school.

Please call the school for help or more information if needed at (school phone #).

Thank you,

(name of school) Student Health Services

*Spanish Template for Pre-vaccination letter. Schools have permission to tailor letter to fit their individual needs.*

(school letterhead)  
(name of school)  
(school address)  
(school phone # and fax #)

### **Notificación de Registro de Vacunación Incompleto**

(date)

Estimados padres o tutor legal:

Según nuestros registros, su estudiante no tiene comprobante de haberse colocado la vacuna obligatoria para la Meningitis para empezar su último año de secundaria en el ciclo lectivo 20xx-20xx. Si ustedes tienen documentación escrita o comprobante de la vacuna, por favor traigan una copia a la escuela (school name) tan pronto como sea posible. Si no pueden proveer esta documentación, por favor lean las siguientes instrucciones.

**Estaremos ofreciendo vacunación gratuita en la escuela el:**

**(date) from (time)**

Por favor complete los formularios adjuntos y envíelos a (school clinic) con su estudiante.

Si los formularios adjuntos son completados, firmados y con la fecha, y entregados a la escuela a más tardar el (date), el (name of community partner/local health department) estará administrando localmente la vacuna obligatoria a su estudiante durante horas de escuela. Los padres no están obligados a estar presentes, pero pueden venir a acompañar a su estudiante si así lo desean.

**El recibimiento de esta vacuna obligatoria y gratuita en la escuela el día 13 de mayo del 2022, completa los requisitos del estado de Virginia y no otra acción es necesaria.**

Adjunto, usted encontrará el papeleo necesario que el padre/tutor legal necesita completar, firmar y poner la fecha, y que debe regresar a la escuela.

Por favor llamar a la escuela si necesita ayuda o más información al (school phone #).

Muchas gracias,

(name of school) - Servicios de salud Estudiantil

*Email Version of Post-Vaccination Letter (with hyperlinks). Schools have permission to tailor letter to fit their individual needs.*

**(school letterhead)  
(name of school)  
(school address)  
(school phone # and fax #)**

[Date]

Dear Parent/Guardian,

Thank you for participating in [Name of School or School District] MenACWY vaccination clinic. Your child received their vaccination today.

Some people may experience [mild side effects](#) after receiving the vaccination. These may include: pain, redness, and swelling on the arm, as well as, tiredness, headache, or muscle pain. This means that your child's body is building protection. These side effects may affect your child's ability to do daily activities, and they may need to stay home for a day or two after vaccination. These side effects should go away in a few days. If you think your child is having a severe allergic reaction or other reaction to the vaccine, call 911 immediately. For additional information, please refer to the [meningococcal ACWY Vaccine Information Statement](#). A health care provider can provide further information.

It is important to continue with well-child visits and check-ups with your child's regular health care provider. It is also very important to keep up to date on your child's routinely recommended vaccines, including those that may have been missed during the pandemic.

Sincerely,

[Signature]



*Printed Version of Post-Vaccination Letter (no hyperlinks). Schools have permission to tailor letter to fit their individual needs.*

**(school letterhead)  
(name of school)  
(school address)  
(school phone # and fax #)**

[Date]

Dear Parent/Guardian,

Thank you for participating in [Name of School or School District] MenACWY vaccination clinic. Your child received their vaccination today.

Some people may experience mild side effects after receiving the vaccination. These may include: pain, redness, and swelling on the arm, as well as, tiredness, headache, or muscle pain. This means that your child's body is building protection. These side effects may affect your child's ability to do daily activities, and they may need to stay home for a day or two after vaccination. These side effects should go away in a few days. If you think your child is having a severe allergic reaction or other reaction to the vaccine, call 911 immediately. For additional information, please refer to the meningococcal ACWY Vaccine Information Statement. A health care provider can provide further information.

It is important to continue with well-child visits and check-ups with your child's regular health care provider. It is also very important to keep up to date on your child's routinely recommended vaccines, including those that may have been missed during the pandemic.

Sincerely,

[Signature]

## **Meningococcal Vaccine (MenACWY) Pilot Program Partnership Overview:**

**Purpose of the MenACWY Pilot Program:** To coordinate immunization efforts through strong school, local health department and community partnerships and to strengthen access to vaccinations and health promotion. This program addresses the social determinants of health and establishes a framework to make school age vaccinations more accessible to all Virginia families.

**Target audience:** Families in Harrisonburg City Schools (HCPS) with eleventh grade high school students missing the required single dose of MenACWY to enter into the twelfth grade by the Code of Virginia [§ 32.1-46 - Immunization of Children Against Certain Diseases](#). Schools and families are encouraged to follow the guidance found on the [VDH School Required Immunization Website](#).

### **Goals:**

1. Streamline access to immunization health services
2. Increase the number of Adequately Immunized Students
3. Improve data collection, sharing and reporting of student immunization data
4. Create a framework for meeting the health needs of the community that is sustainable and easily replicated

**Abstract:** Harrisonburg City Public Schools and Central Shenandoah Health District partnered on May 13, 2022 to provide rising seniors enrolled in Harrisonburg City Schools with an opportunity to receive the MenACWY vaccine during school hours. The Central Shenandoah Health District provided the MenACWY vaccine and 4 vaccinators to staff the two hour clinic. At the time of the immunization clinic, 412 students were enrolled in the eleventh grade; of those:

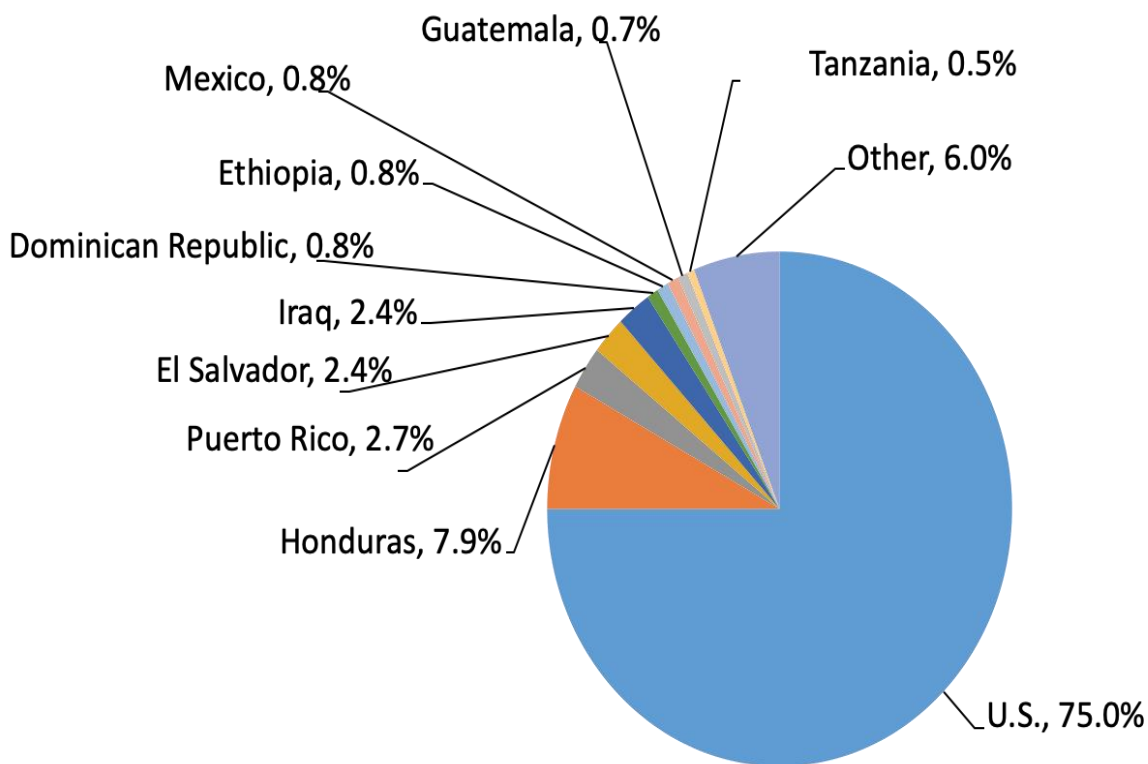
- 130 eleventh grade students had previously received at least one dose of MenACWY and were considered adequately immunized by the Code of Virginia [§ 32.1-46 - Immunization of Children Against Certain Diseases](#)
- 10 eleventh grade students had an exemption on file at the school for the MenACWY immunization
- 272 eleventh grade students were missing the required single dose of MenACWY to enter into the twelfth grade by the Code of Virginia [§ 32.1-46 - Immunization of Children Against Certain Diseases](#). *Effective July 1, 2021, a minimum of 2 doses of MenACWY vaccine. The first dose should be administered prior to entering the 7th grade.*

*The final dose should be administered prior to entering 12th grade.* Information, including a consent form and VIS statement, was sent home to parent/caregivers prior to the vaccination clinic

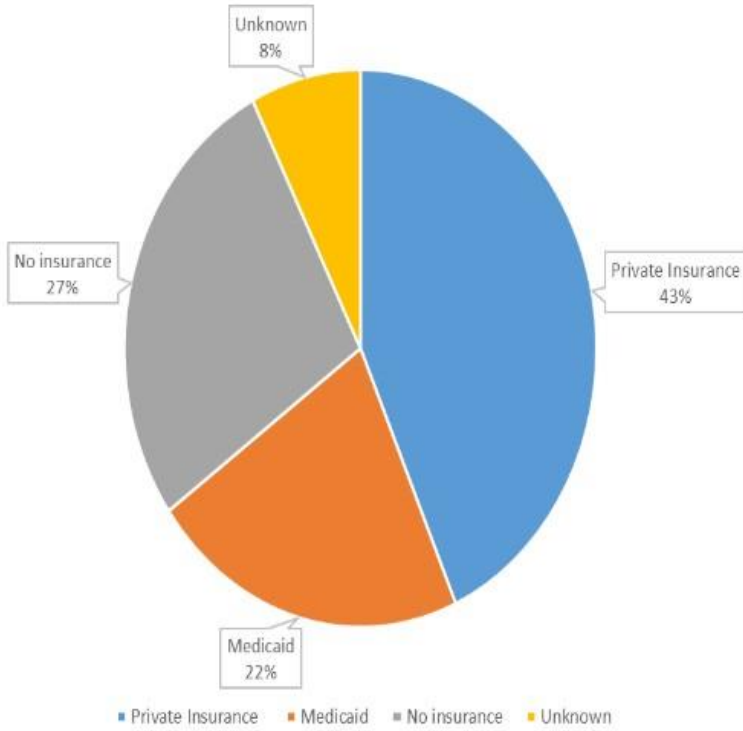
- 116 signed consents were returned to the school prior to the May 13, 2022 vaccination clinic event
- 106 eleventh grade students or 38% were present the day of the clinic and received the MenACWY vaccine
- Unfortunately, 10 students were absent on the clinic day. Their families were encouraged to make vaccination appointments with the local health department or their healthcare provider to receive the vaccine
- 236 eleventh grade students were consider adequately immunized upon completion of the vaccination clinic per Code of Virginia § 32.1-46 - Immunization of Children Against Certain Diseases.

**Data Results:**

**Harrisonburg City Public School (HCPS) KG-12th Grade Birth Country**



HCPS Student Insurance Coverage



**HCPS Student Insurance Coverage**

106 vaccines administered to HCPS students on 5/13/22

Private insurance = 46

Medicaid = 23

No insurance = 29

Unknown = 8

HCPS Rising 12th Graders - Pilot Program

