

A decorative wreath of various botanical specimens, including ferns, leaves, and flowers in shades of green, red, orange, and purple, framing a central white circle.

Chad Rodgers, MD, FAAP

Immunizations and Beyond



Agenda

Introduction

AAP Policy

Areas of shared interest

Roles and

Responsibilities

Summary

Introduction



- Dr. Chad Rodgers, MD, FAAP is a general practice pediatrician at Little Rock Pediatric Clinic for over twenty years. He also currently serves as Chief Medical Officer for AFMC (Arkansas Foundation for Medical Care) a healthcare quality organization.

Why I love School Nurses



Invaluable
Professional
Caregiver
School Nurse
Healthy Children Learn Better
Caring
Healer
Kind
Awesome
Educated
Improves Attendance
Emergency
Disease Manager
Listener
Compassionate
Wellness Assessment
Skilled





Primary goals

Improve the lives of children and their families



AAP Policy

School nurses, working with pediatric **patient-centered medical homes**, school physicians, and families, are in a **critical position to identify unmet health needs** of large populations of children and adolescents in the school setting. Promoting the presence of a **qualified school nurse in every school** and a school physician in every district fosters the **close interdependent relationship** between health and education. **Academic achievement, improved attendance, and better graduation rates** can be a direct result of a **coordinated team effort** among the medical, family, and educational homes all recognizing that good health and strong education **cannot be separated**.

Recommendations – Pediatricians should:

- Advocate for one full time nurse
- Have access to health care related information
- Establish a relationship for chronic disease management
- Include “important team member”



Where we meet



Immunizations

- Routine vaccination schedules
- Ensuring timely vaccinations
- Vaccine exemptions

School Health

- Medications at school
- Asthma Action Plan
- School Physicals
- Food Allergy Plan
- Sick visits

Unmet Needs

- Preventive Check ups
- Recurrent/frequent health issues
- Accommodations
- Nutrition/weight
- Parent issues
- Housing

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Routine Vaccination Schedule

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			← 3 rd or 4 th dose → See Notes									
Pneumococcal conjugate (PCV13, PCV15)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →									
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					See Notes
COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)					2- or 3- dose primary series and booster (See Notes)												
Influenza (IIV4)					Annual vaccination 1 or 2 doses									Annual vaccination 1 dose only			
OR Influenza (LAIV4)												Annual vaccination 1 or 2 doses	OR	Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose					
Varicella (VAR)							← 1 st dose →					2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																1 dose	
Human papillomavirus (HPV)																See Notes	
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)				See Notes											1 st dose		2 nd dose
Meningococcal B (MenB-4C, MenB-FHbp)																	See Notes
Pneumococcal polysaccharide (PPSV23)													See Notes				
Dengue (DEN4CYD; 9-16 yrs)													Seropositive in endemic dengue areas (See Notes)				

Vaccinations

www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

Recommendations

- You are an authority and expert on child health and vaccination
- Advocate and build trust
- Frequent interactions and discussions
- Provide trusted resources
- Set up system of reminders
 - End of school year
 - Beginning of school year
 - All in between – monthly reminder, first of the month, birthdays, day of the week
- Communicate – bi-directional
- Make sure vaccinations are recorded correctly and updated





Vaccine exemptions

<https://onlineimmunizationexemption.adh.arkansas.gov/WebsiteContent/Home-Page.aspx>



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Unmet Needs

- Preventive Check ups
- Recurrent/frequent health issues
- Accommodations
- Nutrition/weight
- Parent issues
- Housing

School Health



Medications

- Ensure compliance and safety
- Opportunity to educate
- Frequent interactions and discussions
- Provide trusted resources
- Communicate – bi-directional!

Paperwork! ☹️

- School physicals
- Asthma Action Plan
- Food Allergen Plan
- Medication management
- Accommodations

Sick Visits



Documentation

- Golden information
- Caregivers – also everyone other than mom
- Vitals, medication if given, observations
- Did I say Communicate yet?
- Return to school

Recurrent sick days

- Shared goals
 - Safety
 - In school
 - Infection control
- Communication
- Plan!

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Unmet Needs

- **Preventive Check ups**
- **Recurrent/frequent health issues**
- **Accommodations**
- **Nutrition/weight**
- **Parent issues**
- **Housing**

Unmet Needs



Importance of School

- May be the safest place they are all day long
- Safety nets
- Social supports
 - Food Insecurity
 - Shelter
 - Connection

The Trusted School Nurse

- Importance of Prevention
- Chronic Disease Management
- Resources/Health Education
- Support for Parents
- Teach the Kids

A Case Study



- JM is a 17-year-old junior in your High School
- His parents distrust the school and the healthcare community
- They opted for an alternative schedule but never followed through
- He played sports but had trouble with coughing and had to stop playing
- This morning he work up with a “high” fever, headache, neck pain, vomited once, has some body aches and is now developing a rash
- He’s sitting in your office when you arrive to school

A Case Study – Continued



- He has had no check up because he gave up sports
- He isn't vaccinated
- He is sick again, but this time is different
- He appears very ill and has a purple, bruise like rash on face and hands
- Differential – the flu or another viral illness, strep, pneumonia, **?meningitis?**
- What now?

Meningitis



- Symptoms are concerning
- Immediate referral to the local ER
- Parents begrudgingly come pick him up
- He is evaluated and diagnosed with Meningitis
- Viral vs. Bacterial
- Hospitalized for treatment in PICU, placed in isolation, stabilized, prevention of loss of tissues

This could have been different



- He could have gotten vaccinated
 - Prevnar and Hib part of primary series with boosters at age 12-15 months
 - Meningococcal vaccination at age 16 – Trumemba and Menactra or another combo with possible boosters
- Had routine Well Child exams and/or Sports Physical
- Identification and treatment of Asthma symptoms so he could play sports
- Encouraged by his favorite school nurse to go to the doctor/healthcare provider
- Other fallout – he could lose digits/limbs, damage to brain tissues, loss of hearing, missed school, death!
- Bad for you and others – you have been exposed to a preventable infectious disease!!

What to do next



- Take a pulse – remain calm!
- Know the facts – immunization status, type of meningitis
- Consult with local and state Health Department
- Review Immunizations of other students/close contacts
- Ensure close contacts have the education and resources needed especially if HD recommends prophylaxis

Summary



***WE ARE BETTER
TOGETHER***



“

*Nothing you do for children
is ever wasted.*

”

Garrison Keillor





Thank you



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~

<https://www.healthychildren.org>

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Q & A

