Immunizations and Beyond

Chad Rodgers, MD, FAAP
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
Primary goals

Improve the lives of children and their families
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**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>5 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>18 mos</th>
<th>18 mos+</th>
<th>2-3 y</th>
<th>4-6 y</th>
<th>7-10 y</th>
<th>11-12 y</th>
<th>13-19 y</th>
<th>19 y</th>
<th>11-18 y</th>
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<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
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<tr>
<td>Rotavirus (RV), RV9 (2-dose series), RV1 (3-dose series)</td>
<td>1st dose</td>
<td>2nd dose</td>
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<td>Diptheria, tetanus, acellular pertussis (DTaP)</td>
<td>1st dose</td>
<td>2nd dose</td>
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<td>Hemophilus influenzae type b (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>see notes</td>
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<td>4th dose</td>
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<td>Pentavalent conjugate (PCV13, PCV10)</td>
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<td>2nd dose</td>
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<td>Hendrix poliovirus (IPV ≤ 3 doses)</td>
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<td>2nd dose</td>
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<td>Ondansetron</td>
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<td>2nd dose</td>
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<td>Influenza (IIV)</td>
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<td>Annual vaccination 1 or 2 doses</td>
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<td>Influenza (LAIV)</td>
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<td>Mumps, measles, rubella (MMR)</td>
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<td>Varicella (VZV)</td>
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<td>Hepatitis A (HepA)</td>
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<td>3rd dose, see notes</td>
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<td>Tetanus, diphtheria, acellular pertussis (Tdap-IPV)</td>
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<td>Human papillomavirus (HPV)</td>
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<td>Meniscalval pentavalent (MenB, HiC3, CRM 197, 23 val, MenAfriC™)</td>
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<td>Menengococcal (MenB, HiC3, CRM 197, 23 val, MenAfriC™)</td>
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<td>Pneumococcal polysaccharide (PPSV23)</td>
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<td>Dengue (DENVAC®)</td>
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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).
Vaccinations

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

[www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html]
Vaccine exemptions

https://onlineimmunizationexemption.adh.arkansas.gov/WebsiteContent/Home-Page.aspx
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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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Periodicity Schedule

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
WE ARE BETTER TOGETHER
Nothing you do for children is ever wasted.

Garrison Keillor
Thank you

“Dr Chad”
crodgers@afmc.org
drchadinlr@comcast.net

https://www.healthychildren.org
Q & A