



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

All Regions Meeting October 16, 2024 1-3p
School Nurses Updates in Pediatric Infectious Disease and Immunizations
Q & A

Dr Catherine Brown

1. Can individuals who have been vaccinated for whooping cough still get it?

Unfortunately no vaccine is 100% effective and immunity does wane over time which is why periodic vaccination is recommended.

2. Have you seen an increase in Pertussis with families staying in the hotels? Or an increase within the MKV population? Since we have many families on Catch up schedules for vaccines. Also, can you touch upon "Suspected" vs "Presumptive" Pertussis, with what our role is with these type of terms that are sent to the school nurses.

I would be interested to hear Dr. Medina's thoughts on this but I would also say that the local health department and MDPH are always available to consult on particular situations.

3. Anecdotally I've seen/heard a lot of pneumonia (typical & atypical) in metro boston, curious if there is any data on actual incidence this year.

Pneumonia as a disease is not reportable but we have seen some sentinel data that supports what you are seeing/hearing in Massachusetts. Although the data are limited, mycoplasma is definitely circulating although I could not say if that is a primary driver of what we are seeing right now

4. With pertussis, is anyone looking into immunization status, last dose, etc.? I know immunity decreases over time and can be around 30% in 4 years, and some of the cases we are seeing are to-to-date on immunization.

This is a great question and the answer is that vaccination status is collected during case investigation. I don't have the MA data at the top of my brain but can follow up with more information later. You are absolutely correct that immunity decreases over time.

5. Is post exposure prophylactic tx for pertussis exposure recommended for classroom contacts up to a certain age?

PEP is recommended for people at high risk for severe disease and for household contacts and in some situations, contacts who are not high risk themselves but have contact with people who are at high risk. Obviously infants under 12 months of age are at high risk which is the most relevant age-related metric. The use of PEP should be balanced against the potential of contributing to antimicrobial resistance and this can be a complicated balance. Your local health department and MDPH are available to consult for specific situations



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

- 6. In Swampscott, we are seeing pertussis cases almost exclusively in the 17/18 year old kids as their immunity wears off. We are also struggling with the PCP listening to our recommendations when we send students who are symptomatic contacts of pertussis positive cases and the PCP decides they don't fit the criteria to be treated.**

I will bring this observation back for discussion to see if there is some educational outreach that would be appropriate. Thank you for letting me know

- 7. What is the most recent efficacy of the Flu vaccine?**

The data for last year suggest that VE was about 40% in the US. It is too early to have VE data for this season. I worked with Dr. Al DeMaria who always said that "XX% is higher than 0% which is the efficacy in someone who doesn't get vaccinated".

- 8. For Dr Brown... Why is Td still an option as a vaccine? Is there any reason that every booster for adults should not be Tdap? It's frustrating when PCP's or urgent care, etc administer the Td and people do not get the benefit of pertussis protection.**

I checked with our vaccine-preventable disease medical director and here is our response. Tdap and Td are basically interchangeable. Tetanus booster vaccination is recommended every 10 years for adults. In the past, the ACIP only recommended a single Tdap dose as an adult, with the rest of the tetanus/diphtheria booster vaccinations every 10 years to be completed with Td. However, in 2020, ACIP recommended that either Tdap or Td could be used for booster doses (people should still have at least one Tdap dose as an adult unless there is contraindication) since Tdap has a reassuring safety profile and gives providers more flexibility in choice of vaccine. Until recently, there were only two manufacturers of Td and now there is only one. I suspect that the 2020 ACIP recommendation and the loss of one manufacturer will lead to less and less Td being administered.



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

Dr. Safdar Medina

- 1. Have any of your schools/ districts used air purifiers in your classroom to help decrease the spread of respiratory viruses? If so, was it effective? We are a very small school and we do not have an HVAC system. There is no clear evidence of air purifiers making a significant difference. The other measures are likely more effective. (handwashing, surface cleaning, and kids staying home when they are sick). Keeping windows open when the weather allows would help as well.**
- 2. Even if the newcomer student is not a MKV student we should still allow them into school? Do they need to have at least their first round. Yes—given that we have herd immunity they should be okay while a plan is put into place.**
- 3. Can you give general advice regarding if there is benefit vs concern for giving multiple vaccines at one time? If I recall correctly there is some potentiation of the immune system resulting in increased efficacy with receiving multiple vaccines at once vs spreading out the vaccines over time. There is no concern about receiving multiple vaccines. Our immune systems are working 24/7 fighting exposures all around us and don't get overwhelmed.**
- 4. Where do you recommend we send our migrant students to obtain lead testing? Many do not have insurance or only can get MassHealth limited. With MassHealth limited they can go to any hospital lab with an order. For those without insurance, some free clinics have lab capability.**
- 5. Are others having difficulty helping students with MassHealth secure PCPs? It seems like the wait lists are many months long to get in. Clinics affiliated with academic centers, like ours, are taking MassHealth patients. UMass, Boston Medical Center, are two possibilities. It is more challenging with private practices.**
- 6. I know MKV students are allowed in school no matter what Are you now saying all newcomer students regardless of MKV status are allowed in school without immunizations? We have admitted students on a catch up schedule but they have had at least their first round of imms. Are you saying they don't need their first round of imms? They should be fine attending without their first round of immunizations, given in most areas we have herd immunity, as long as they have a plan to get vaccines.**
- 7. Does anyone have recommendations where to send newcomer families to get lead screenings done? Especially when they have no health insurance or a PCP. See question 4**



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

Dr. Anna Hippchen

Dr. Hippchen Email: anna.c.hippchen@mass.gov

1. What is the recommendation for TB testing after travel to an endemic country?

The recommendation would be to offer TB testing if a person has traveled for one month or more to a country with an elevated TB incidence rate. Some travel may be at higher risk for TB exposure. The factors that are included in the risk assessment are: extended duration, likely contact with individuals with infectious TB, high TB prevalence in travel locations, and non-tourist travel. If post-travel TB testing would be recommended, it should be performed at least 10 weeks after arrival back home in MA, to avoid the risk of a false negative result due to a recent infection.

2. If a boarding school environment, should someone always start treatment before coming to school, if they tested positive to TB but have a negative chest Xray?

great question! If a student in a boarding school had a positive TST/IGRA but a negative CXR and is considered to have latent TB infection, preventive treatment would be recommended but not required. An individual who is not sick cannot be compelled to take TB treatment. So even if they are in a boarding school, the student and their family are still within their rights to decline LTBI treatment. In the absence of compulsory treatment, it would be important to explore with the student and their families what would be the motivating factors that would make them more likely to accept LTBI treatment. I've found that many families are receptive to the counseling that these are medications to keep their students healthy and avoid potential future disruptions in their studies. Shorter course LTBI treatment regimens also help (4 months of rifampin looks more appealing than 9 months of isoniazid). And it can be helpful to discuss that TB screening may also be required for college entry later. So if a student has already completed LTBI treatment in secondary school, it can help them avoid unnecessary CXRs (and potential added steps and headaches) later in their educational journeys.

3. For asymptomatic children with a positive TST or IGRA who need further medical evaluation, are they generally all able to get timely evaluation at the hospital-based outpatient TB clinics listed at <https://www.mass.gov/info-details/massachusetts-tb-outpatient-services>

Thanks so much for the question! Most, but unfortunately not all, of the hospital-based outpatient TB clinics have the capacity to see pediatric patients. For the ones that do, they always try to prioritize children so they can be seen within the 90 day window. If you ever have a question about which clinic can see which ages, please don't hesitate to reach out (my cell is 857-360-6094). And if there is a concern for TB disease, the TB clinics make arrangements for urgent scheduling.



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

Christopher Tocci, MPH

ImmAssmentUnit@mass.gov

1. Who determines that a student will be excluded from entry when they are un/undervaccinated?

Exclusion on this basis is done at the local level. We advise that you reach out to someone from the legal department at your school and/or municipality to determine whether a student should be excluded.

We at the state level do not provide any sort of guidance or recommendations on this.

2. My school has students who commute from multiple states. Should I submit data on just the students who live in massachusetts or ann the students.

The survey assesses coverage at the school level, so please include all students regardless of state of residence.

3. Due to the 16 year old issue with MenACWY in grade 11, can the requirement be officially moved to grade 12 instead of grade 11?

The requirement is based on an ACIP recommendation. Unlike other requirements which occur before entry into the respective grade, this requirement may activate in the middle of a grade (when the student turns 16). In order to address this issue on the survey itself, assessment was moved from Grade 11 to Grade 12 to allow for more students to successfully receive their age appropriate dose(s) of the MenACWY vaccine.

For more information as to why this change in assessment was made or why the recommendation was created by the ACIP send an email to ImmAssessmentUnit@mass.gov.

4. Is there any work being done to do away with religious exemptions?

The MDPH Immunization Division does not support any particular stance on this subject.



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

There is a bill currently being discussed by the Massachusetts Legislature.

<https://malegislature.gov/Bills/193/H604>

- 5. When a student has gotten their Meningococcal and they have gotten their two doses, what is the earliest they can get it before their 16th birthday? If they have gotten it too early do they have to get another dose after their 16th birthday? Will they be considered compliant as far as the survey is concerned?**

The second dose of MenACWY must be given on or after the 16th birthday. If they received two doses prior to turning 16 they will need another dose after turning 16 to be considered compliant.

- 6. Is there any understanding of why certain counties have less robust vaccination compliance? and how we might address?**

One crucial detail to consider while looking at data from the School Immunization Survey is that some counties have substantially fewer students (namely the Cape, and Berkshires). These counties are much more sensitive to missing vaccinations than larger counties. For instance, some towns in our state only have 10 Kindergarteners. If only 2 students miss one dose and fail to meet full compliance, the overall rate of that entire town drops to 80% which can affect the county greatly. Conversely, if a town with 100 students has 2 students with missing vaccines, their rate would only drop to 98%.

As such, if only a few students at schools in these counties do not meet the requirements, this can have a substantial impact on the rates as shown in this presentation.

In terms of specifics, we actually follow up with every school we can with lower rates in order to understand what may be happening at their school. We have found that usually, the town and county levels are too large to assign problems or reasons for why rates may be lower. Each school is unique in the challenges their students face to meet compliance. We work with schools on a survey by survey basis to understand what might be happening and how we can all work together to improve rates.



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

Dr. Caitlin Pettingill & Dr. Kristin Black

There are fifty-one (51) Shared Service Arrangements statewide!

<https://www.mass.gov/doc/list-of-shared-service-arrangements-xlsx/download>

Caitlin Pettengill

Chief Local Public Health Nurse

caitlin.pettengill@mass.gov

Kristin Black

Director of Shared Services

Kristin.E.Black@mass.gov

1. Are Collaboratives included in any Shared Services Arrangements?

Yes, Local Boards of Health that have opted to have their Health Department services be part of a regional collaborative can choose to enter into a Shared Service Arrangement with Public Health Excellence funding.

2. Does the local board of health nurse have to be a registered nurse?

Just curious, I believe our district is an LPN.

OLRH does not set requirements for hiring of shared staff. However, our grant terms and conditions state “Vendor shall strive to recruit and hire employees who meet workforce credentials outlined in the Blueprint for Public Health Excellence. Vendor shall support employees in gaining workforce credentials in the [Blueprint for Public Health Excellence](#) and other workforce development recommendations released by OLRH. Staffing patterns should be arranged to meet the needs and represent the diverse population of the SSA.”



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

Chat Comments & Links:

Reminder! School immunization requirements are enforced at the local level.

Reminder! Students on catch-up timelines may not be considered compliant for the survey – However, they may be immunologically safe.

Where to find published data: <https://www.mass.gov/info-details/school-immunizations>

Can't find your link? Check your junk mail folder or reach out to:
immassessmentunit@mass.gov

<https://www.mass.gov/doc/105-cmr-300-reportable-diseases-surveillance-and-isolation-and-quarantine-requirements/download>

“Persons with streptococcal pharyngitis or skin infections, with or without invasive disease, shall not return to school or childcare until at least 24 hours after initiating antimicrobial treatment.”

[newcomer-faq.docx \(live.com\)](#) DESE: Enrolling and Supporting Newcomer Students in Massachusetts Schools & Districts- Frequently Asked Questions

[emergency-homeless-guidance.docx \(live.com\)](#): Guidance on Supporting Homeless Students During the State of Emergency

Information for Massachusetts School Nurses: <https://www.mass.gov/info-details/tuberculosis-screening-in-children-information-for-massachusetts-school-nurses>

Tuberculosis Screening in Children:

Information for Massachusetts School Nurses: <https://www.mass.gov/doc/tuberculosis-screening-in-children-information-for-massachusetts-school-nurses/download>

Padlet

<https://padlet.com/karenrobaille3/mdph-school-health-services-resource-page-8eqrcptzb0dpysi5>

RC Brochure: <https://cme.bu.edu/sites/default/files/media/2023-08/RC%20Brochure%20September%202023.pdf>



MASSACHUSETTS SCHOOL NURSE CONSULTATION PROGRAM

Find Your Region:

<https://cme.bu.edu/sites/default/files/towns%20by%20RC%20region%202022.pdf>

School Health Regions: <https://shield.bu.edu/content/school-health-regions>