

**Title of Intervention:** School-based adolescent Hepatitis B immunization

**Intervention Strategies:** Group Education, Individual Education, Campaigns and Promotions, Environments and Policies

**Purpose of the Intervention:** To increase Hepatitis B immunization among adolescent students

**Population:** Middle school-aged children grades 6-8 and special education students ages 10-16

**Setting:** Baton Rouge middle school; school-based, community-based

**Partners:** School districts, radio stations, local hospital

**Intervention Description:**

- Group Education: The Hepatitis B infection and Hepatitis B vaccine were discussed at the first parent-teacher meeting of the school year.
- Individual Education: Letters explaining Hepatitis B transmission and the immunization program were mailed to parents of students. A flyer included in the mailing displayed pictures of two Hepatitis B patients with statements encouraging immunization. Parents who did not return the consent form were telephoned to obtain a verbal consent.
- Campaigns and Promotions: Publicity about the program included advertisements and public services announcements at local radio stations.
- Environments and Policies: Students were vaccinated in school by two nurses from the local hospital. Incentives were provided for students who participated in the school-based immunization program.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Health care provider
- Training: Not mentioned
- Technology: Computers, printers, media creation capability
- Space: Clinic space
- Budget: Not mentioned
- Intervention: Letters, consent forms, flyers, presentation materials, t-shirts, soda, pens, post-its, vaccines
- Evaluation: Serologic testing materials

**Evaluation:**

- Design: Non-Comparative
- Methods and Measures:
  - Post-immunization serologic testing was conducted on a sample of students
  - The cost of the immunization program was calculated

**Outcomes:**

- Short Term Impact: Not measured
- Long Term Impact: A significant increase in immunization rates was noted.

**Maintenance:** Not mentioned

**Lessons Learned:** Major costs of the program were vaccine procurement, personnel time and incentives. The most common reason for non-participation was the inability to reach the parent or guardian. School-based clinics do not require additional health care visits and do not require students to miss class or parents to miss work.

**Citation(s):**

Cassidy, W.M. and F.J. Mahoney, A hepatitis B vaccination program targeting adolescents. *J Adolesc Health*, 1995. 17(4): p. 244-7.

Cassidy, W., School-based adolescent hepatitis B immunization programs in the United States: strategies and successes. *Pediatr Infect Dis J*, 1998. 17(7 Suppl): p. S43-6.

Cassidy, W.M., School-based adolescent hepatitis B vaccination. *J La State Med Soc*, 1999. 151(12): p. 622-6.