

Vaccines for Children (VFC) Program

School Based Vaccination Clinic Procedures for Local Public Health Agencies

October 17, 2025

Purpose

The following procedures must be utilized when conducting school based vaccination clinics. This process will allow the Iowa VFC Program and the local public health agency (LPHA) to plan and prepare for school based clinics. This process helps to avoid unnecessary wastage and expiration of VFC vaccines while administering vaccines.

Planning for Clinics

1. **Determine age cohort:** LPHA should determine the grades or age cohorts for the clinics.
2. **Screen all children:** All children must be screened for eligibility.
 - a. **VFC eligible children:** VFC vaccine can only be administered to VFC eligible children. Children are not automatically considered VFC eligible when seeking vaccines at a LPHA.
 - b. **Non-VFC eligible children:** The Iowa VFC Program recommends a LPHA make arrangements to provide vaccine for non-VFC eligible children. If it is not economically feasible for the LPHA to obtain private stock vaccine for non-VFC eligible children, it is the responsibility of the LPHA to convey this decision to the school. At a minimum, the Iowa VFC Program recommends referring non-VFC eligible children to their health care provider for vaccination.
3. **Determine vaccines offered:** Determine what vaccine(s) will be offered and the grade(s)/age cohort(s) the clinics will cover.
 - a. LPHAs may consider offering grade-specific vaccines indicated in the elementary or secondary school [Immunization Requirements Chart](#).
 - b. If influenza vaccines will be offered, clinic dates should not be scheduled until influenza vaccine is received. Delivery dates of influenza vaccine for school based clinics cannot be guaranteed due to the state's allocation, manufacturing process, and distribution timelines.
4. **Set location and clinic dates:** Schools and dates of vaccine clinics must be identified and reported to the Iowa VFC Program as soon as possible but not less than four weeks prior to the date of the first clinic.

5. **Obtain parental consent:** Parent consents must be received prior to placing vaccine orders to determine the number of vaccine doses to order and to ensure vaccine does not expire before it can be administered.
6. **Review immunization history per child:** Immunization history for each child should be reviewed in IRIS prior to the administration of vaccine(s).
7. **Complete School Based Vaccination Clinic Worksheet:** Submit the School Based Vaccination Clinic Worksheet (next page) to the Iowa VFC Program by e-mail to IowaVFC@hhs.iowa.gov. Include the vaccine brand and presentation, number of doses requested, grade level(s) and date(s) of the clinic(s).
 - a. The Iowa VFC Program will review the worksheet and requested doses.
 - b. A response will be sent by email within 5 working days. The response will include information on vaccine ordering.
8. **Order vaccines after approval:** After approval, vaccine orders should be submitted through IRIS as soon as possible but not less than three weeks prior to the clinic.
 - a. Vaccines ordered for a school based clinic can be included in a routine VFC vaccine order. The order does not need to be separate from a routine VFC order. LPHAs should add a note indicating the additional vaccines are for an approved school based clinic.
 - b. All VFC vaccine in inventory may be used to conduct school based clinics.
9. **Implement safe storage and handling processes:** Transport the vaccine following proper cold chain procedures for storage and handling. Storage and handling guidelines can be found on the [Vaccine Storage and Handling website](#).
10. **Report doses administered in IRIS:** All doses of vaccine administered must be entered into IRIS as soon as possible but no later than two weeks following administration. Vaccine series with multiple doses should be entered into IRIS after each dose is administered.



Iowa Vaccines for Children Program School Based Vaccination Clinic Worksheet for Local Public Health Agencies

Date Submitted: _____ VFC PIN: _____

Facility Name: _____

Vaccine Delivery Address: _____
Street City Zip

Telephone: (____) _____ Fax: (____) _____

Contact Person Name: _____

Contact Person's E-mail: _____

Vaccine Type <i>Vaccine brand name and presentation</i>				
Number of Doses Needed				
Grade Level				
Clinic Date(s)	1.	1.	1.	1.
	2.	2.	2.	2.
	3.	3.	3.	3.
	4.	4.	4.	4.
	5.	5.	5.	5.

Signature: _____

If you have questions regarding this process, please contact the Iowa VFC Program:

Email: IowaVFC@hhs.iowa.gov

Phone: 1-800-831-6293