Background and Significance: Annual influenza epidemics and the resulting deaths and lost days of productivity are estimated to cost the United States $10.4 billion in medical expenses and over $16 billion in lost potential earnings. (Li and Freedman, 2009). Children contribute greatly to the spread of influenza; they are more susceptible to the virus and once infected they excrete the virus for a longer time and in large quantities than adults. Decreased absenteeism occurs when children are immunized (Davis, King, Moag, Cummings and Magder, 2008). Prevention of influenza in children has shown to decrease the impact of influenza outbreak within families, communities, unimmunized classmates and school staff (Wilson, Sanchez, Blackwell, Weinstein and Nelson, 2013).

Purpose: To develop an organized, consistent approach to the Annual Influenza Vaccination Program at a Midwest Military Boarding School, with the goal of increasing the student vaccination rate to 80% (Healthy People 2020).

Conceptual Framework: Health Belief Model was used as the theoretical framework for this project. This theory explains the role of values and beliefs in predicting treatment outcomes and adherence while guiding the choice of effective educational strategies.

Sample Description/Population: 250 adolescent males, ages 12 – 19, in grades 7-12. One third are international students from China, S. Korea and Mexico.

Setting: A private all male college preparatory school in Waukesha County.

Method/Design & Procedure: Timeline developed to assure maximum exposure of the Influenza Clinic to the parents. Early education of parents: Information sent in enrollment packets in February. Provide Influenza information and a link to the CDC on the school website. During in person registration, fliers displayed dispelling myths about the vaccine. Provide Vaccine Information in their primary language to increase understanding with the goal of increasing rate of return.

Results/Outcomes: Full implementation of this process improvement project is pending.

Conclusions/Implications: Recommendations for future planning includes maximizing use of electronic record for improved record keeping, establish a decline process in order to gain information as to why children / parents are not taking or authorizing the vaccine, and offer both nasal and IM vaccines so if a child has a fear of needles they can have the nasal vaccine.