CHILDHOOD Vaccination

Protect your children • Protect your school • Protect your community

NEA Health Information Network

Safe and Healthy Schools... A Basic Right for All

Contents

What is this booklet all about? 2

Why is this topic important? 3

Why vaccinate? 4

What is in a vaccine? 5

How do vaccines work? 6

Will vaccines make my child ill? 7

Can my child get too many vaccines? 7

What is a high-risk group for vaccines? 8–9

May vaccines be given at school? 10

Where can I get more information? 11

What is the childhood vaccine schedule? 12–13

Diseases 14–19

- Hepatitis B (Hep B/HBV) 14
- Rotavirus (RV) 14
- Diphtheria, Tetanus, Pertussis (DTaP) 15
- *Haemophilus influenzae* type b (Hib) 15
- Pneumococcal Conjugate Vaccine (PCV) 16
- Inactivated Poliovirus (IPV) 16
- Measles, Mumps, Rubella, Varicella (MMRV) 17
- Hepatitis A (Hep A/HAV) 17
- Meningococcal Vaccine (MCV) 18
- Human Papillomavirus (HPV) 18
- ACIP-Recommended Vaccines 19

Recommended immunization schedules 20–23

- Persons aged 0 through 6 years 20
- Persons aged 7 through 18 years 21
- Catch-up immunization schedule . . 22–23

Conclusion 24

Resources 26

What is this booklet all about?

This brochure has been written to help make the topic of childhood vaccination less confusing. Many adults have questions about the importance and safety of vaccinating children. In this booklet, NEA HIN uses information about childhood vaccination from reliable sources like the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (DHHS) and others. The information that follows will help you understand the purpose, benefit, and timing of the vaccines that are recommended for children, so that you can make informed choices about your child's health.

Why is this topic important?

Vaccines help to protect children from preventable diseases that can make them ill or even result in death. In 2010, the State of California declared an epidemic of Whooping Cough (Pertussis)—likely the worst in 50 years. In this epidemic nine children died from the disease. Through proper vaccination, these deaths likely could have been prevented.

Measles is another example. Instances of measles had almost disappeared in the U.S. due to high vaccination rates. However, according to the CDC, there has been a large increase in the number of measles cases in recent years, mostly due to parents opting out of the vaccine for their children.

Knowing what diseases are preventable and the consequences of whether or not to vaccinate your children is a very important responsibility. This booklet seeks to help you make the right decisions for your family.

Why vaccinate?

Vaccines are the most effective means of controlling infectious diseases. They not only protect individuals who get vaccinated, they also protect others around them. Newborns may be protected from many diseases because babies have germ-fighting cells called “antibodies” that they get from their mothers. However, this immunity may last from only a month to a year.

In some cases, young children do not have maternal immunity against vaccine-preventable diseases. If a child is not vaccinated and is exposed to a disease germ, the child’s body may not be strong enough to fight the disease. Before vaccines, many children died from diseases that vaccines now prevent, such as measles and polio. Those same germs exist today, but babies are now protected by vaccines, so we do not see these diseases as often.

Vaccinated children protect those around them because people who have been vaccinated are contagious for a shorter time, or not at all. Thus, people who are unable to receive vaccines are less exposed to the disease because those around them have been vaccinated. This effect is known as herd immunity, or community immunity. Whooping cough is a great example of how those who are vaccinated protect others from the disease. If children who are able to receive vaccines do not get immunized, everyone becomes at risk for these diseases.

What is in a vaccine?

Vaccines are made from the same germs that cause disease, but the germs in vaccines are either killed or weakened so that they won't make you sick. Your immune system reacts to the vaccine by making antibodies just as it would have if it was infected by the real germ.

It can take years to make a vaccine and test for its safety and how well it works. There are many types of vaccines available, but the two most common are:

Inactivated virus vaccine: uses an inactivated form of the whole virus to develop the vaccine

Live, attenuated vaccine: uses a live form of the virus that has been weakened to develop the vaccine

How do vaccines work?

When vaccines containing weakened or killed germs are introduced to the body of a healthy child, the immune system reacts as if it were being invaded by the disease—by making antibodies. These antibodies destroy the vaccine germs in the same way as they would the disease germs.

Antibodies

When disease germs enter the body, they start to reproduce. The immune system recognizes these germs as foreign invaders and responds by making proteins called antibodies.

Antibodies help destroy the germs that cause illness. They also help protect from later invasion by remaining in the bloodstream. If the same germs infect the body again—even after many years—the antibodies will come to the body's defense by destroying the germs before they cause illness. This protection is called immunity.

The main difference between a vaccine and natural infection is that a person does not become ill while the immune system is responding to the vaccine. If the body is ever exposed to the real disease, the antibodies are there to protect it. However, the effects of a vaccine may weaken over time. Thus, some vaccines require booster shots to ensure lasting protection.

Will vaccines make my child ill?

Current research in the United States and overseas shows no reliable evidence that vaccines cause chronic, long-lasting diseases. Your child's healthcare provider can provide guidance about side effects of immunizations, such as tenderness at the injection site.

Vaccines help your child's immune system do its work. Immunizations allow your child to develop protection from future infections just as if the child had been exposed to the natural disease. With vaccines, however, your child doesn't have to get sick first in order to receive protection.

Can my child get too many vaccines?

Having several vaccines at once is safe, even for a newborn. Combination vaccines protect your child against more than one disease with a single shot.

What is a high-risk group for vaccines?

A child who has a severe allergy to any vaccine component should not get a dose. Tell your child's healthcare provider if he/she has any severe allergies, including to latex, gelatin, or eggs. If your child is able to eat eggs or egg products, she may safely receive vaccines containing egg proteins (such as the influenza vaccine). Additionally, some vaccines contain gelatin products and latex.

If your child has ever had Guillain-Barré syndrome (GBS), the healthcare provider might recommend against certain vaccines.

If your child has a moderate or severe illness, the healthcare provider might suggest your child wait until he/she recovers to receive vaccines. Children with a mild illness can usually be vaccinated.

If your child has any of the following conditions, you should check with the healthcare provider about whether she should be vaccinated:

- any disease that affects her immune system
- treatment for two weeks or longer with medications that affect her immune system, such as steroids
- any kind of cancer
- cancer treatment with radiation or medications

If your child has leukemia, lymphoma, other types of cancers, or AIDS, it is not recommended that he/she receive vaccines made with what is known as the "live, weakened" viruses. These include: measles, mumps, rubella (MMR), intranasal influenza (FluMist), or varicella (chickenpox) vaccines.

May vaccines be given at school?

SLV programs offer several benefits because schools:

- provide a convenient location with large spaces, such as gymnasiums and cafeterias, to host the event
- have well-established relationships with community members
- have staff members who are familiar with students and can assist in contacting parents or calming nerves
- vaccinate children where they are located, eliminating additional visits to healthcare providers

School-located vaccination (SLV) programs offer one or more vaccines to students on school grounds and provide an alternative to vaccination at a physician's office or public clinic. These programs target enrolled students, although vaccinations may be offered to others, such as school staff and

family members of students and staff. SLV programs have the potential to vaccinate large numbers of school-aged children.

School nurses play a critical role in these efforts. They are a trusted source of information about immunizations for the school community. They know which vaccinations are needed and recommended, how to assess the immunization needs of students, and are a valuable resource in planning and implementing vaccination programs with other community-based health partners.

For more information and ideas on how to start an SLV at your school, visit the Centers for Disease Control and Prevention's SLV planning guide at: www.cdc.gov/flu/school/school_located_vac.htm.

Where can I get more information?

Learn about each vaccine your child will receive before it is given. Be sure that all of your questions and concerns are fully addressed.

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/vaccines or 800-CDC-INFO (232-4636)

The Children's Hospital of Philadelphia
http://www.vaccine.chop.edu

Every Child By Two
http://www.ecbt.org

American Academy of Pediatrics
http://www.aap.org

Immunization Action Coalition (IAC)
http://www.immunize.org

NEA Health Information Network
http://www.neahin.org

What is the childhood vaccine schedule?

Vaccines are recommended from birth through the teenage years, until age 18. The following is a timeline for vaccinating children and youth.

Keeping Records

It is important to have a personal record of your child's vaccinations. If you have not kept one, ask your child's healthcare provider to complete the vaccine record attached. Keep it with you or in a safe place.

Bring the vaccine record each time you seek medical care for your child. Your child will need this document for the rest of his/her life to enter day care, school, or college. It may also be needed for employment or for travel to other countries. If a vaccine record is requested, be sure to give the requester a copy and keep the original safe with you.

Tear out vaccine record page *(continues on back)*

Vaccine	Type of Vaccine	Date Given (mo/day/yr)	Funding Source (F,S,P)	Site	Vaccine		Vaccine Information Statement (VIS)		Vaccinator (signature or initials & title)
					Lot #	Mfr.	Date on VIS	Date Given	
Hepatitis B (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM.									
***Haemophilus influenzae* type b** (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM.									
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. Give all others IM.									
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. Give PPSV SC or IM.									
Rotavirus (RV1, RV5) Give orally (po).									

Tear out vaccine record page *(continued)*

Vaccine	Type of Vaccine	Date Given (mo/day/yr)	Funding Source (F,S,P)	Site	Vaccine		Vaccine Information Statement (VIS)		Vaccinator (signature or initials & title)
					Lot #	Mfr.	Date on VIS	Date Given	
Measles, Mumps, Rubella (e.g., MMR, MMRV) Give SC.									
Varicella (e.g., VAR, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give IPV SC or IM. Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV2, HPV4) Give IM.									
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

Recommended Immunization Schedule for Persons Aged 0 through 6 Years (United States 2010)

For those who fall behind or start late, see the catch-up schedule

Vaccine \ Age	Birth	1 months	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B	1st shot	2nd shot			3rd shot						
Rotavirus			1st shot	2nd shot	3rd shot						
Diphtheria, Tetanus, Pertussis			1st shot	2nd shot	3rd shot		4th shot				5th shot
***Haemophilus influenzae* type b**			1st shot	2nd shot	3rd shot	4th shot					
Pneumococcal			1st shot	2nd shot	3rd shot	4th shot				5th shot	
Inactivated Poliovirus			1st shot	2nd shot	3rd shot						4th shot
Measles, Mumps, Rubella						1st shot					2nd shot
Varicella						1st shot					2nd shot
Hepatitis A						1st shot				2nd shot	
Meningococcal										1st shot	

Recommended for all children

Additional shots recommended for certain high risk groups

Diseases

Hepatitis B (Hep B/HBV)

Hepatitis B is a serious disease that affects the liver. Babies can get it at birth if the mother is infected, or through a cut or wound.

Infections from HBV are most common among infants and children and may result in long-term illness, such as liver damage (cirrhosis) or liver cancer, and death.

Vaccine

All children should get their first dose of hepatitis B vaccine at birth and should have completed the series by 6 to 18 months old.

Rotavirus (RV)

Rotavirus causes severe diarrhea, mostly in babies and young children. It is often accompanied by vomiting and fever. This vaccine will not protect against diarrhea or vomiting caused by other germs, but it is very effective in preventing illness specifically from rotavirus.

Vaccine

There are two brands of the rotavirus vaccine and, depending on the brand used, a baby should receive either 2 or 3 doses.

The first dose may be given as early as 6 weeks old, but before 15 weeks old. The final dose should be given by age 8 months.

Diphtheria, Tetanus, Pertussis (DTaP)

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria.

Diphtheria can lead to breathing problems, paralysis, heart failure, and even death.

Tetanus (lockjaw) causes painful tightening of the muscles, usually all over the body.

Pertussis (whooping cough) causes coughing spells so severe that it is hard for infants to eat, drink, or breathe. These spells can last for weeks. Pertussis can lead to pneumonia, seizures, brain damage, and death.

Vaccine

Most children who are vaccinated with appropriately spaced doses of DTaP will be protected throughout childhood.

Children should receive 5 doses of DTaP vaccine between 2 months and 5 years old.

Haemophilus influenzae type b (Hib)

Haemophilus influenzae type b (Hib) is a serious disease caused by bacteria that typically affects children under 5 years old. Hib can spread through contact with an infected person and may lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

Vaccine

Children should receive 3 to 4 doses of the Hib vaccine between 2 and 15 months of age.

Children over 5 years old usually do not need a Hib vaccine. However, those with special health conditions should receive it (see High-Risk Groups for a list of conditions and be sure to consult your healthcare provider with any questions).

Diseases *(continued)*

Pneumococcal Conjugate Vaccine (PCV)

Streptococcus pneumoniae is a bacterium that may cause a number of illnesses, depending on where in the body the infection occurs.

Pneumococcal bacteria are spread from person to person through close contact and may lead to blood infections, pneumonia, meningitis, ear infections, and death.

Vaccine

The PCV13 vaccine is recommended for infants and children under 2 years old, in a series of 4 shots. Healthy children under 5 who have completed the 4-dose series with the PCV7 vaccine, an earlier version of the vaccine, should receive one additional dose of PCV13 to ensure full immunity.

Inactivated Poliovirus (IPV)

Polio is caused by a virus that enters a child's body through the mouth. Polio may cause paralysis and can lead to death through the paralysis of the muscles that help the body breathe.

While polio has not been a major concern in the United States for over 20 years, it would take only one case of polio from another country to bring back the disease if there were no protection through vaccination.

Vaccine

The polio vaccine is a 4-dose series and should be given between 2 months and 6 years old.

Measles, Mumps, Rubella, Varicella (MMRV)

Measles can lead to ear infection, pneumonia, seizures, brain damage, and death.

Mumps can lead to deafness, meningitis, infection of the pancreas, painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German measles) can cause rash and a mild fever and arthritis (mostly in women). If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Varicella (Chickenpox) can lead to severe skin infection, scars, pneumonia, brain damage, or death. Varicella may also re-emerge years later as a painful rash called shingles.

Vaccine

The MMRV vaccine may be given to children from 1 to 12 years old to protect from these four diseases.

Additionally, children may receive the MMR and Varicella vaccines in two separate doses.

Hepatitis A (Hep A/HAV)

Hepatitis A (HAV) is a virus that can cause serious liver disease. The disease is usually spread by close personal contact and sometimes through contaminated food or drinking water. Symptoms of HAV include mild "flu-like" illness, jaundice (yellow skin or eyes), severe stomach pains and diarrhea, and death.

Vaccine

The first dose of HAV should be given between ages 12 and 23 months. Two doses of the vaccine are needed for lasting protection and these should be given at least six months apart.

Diseases *(continued)*

Meningococcal Vaccine (MCV)

Meningococcal disease is a life-threatening bacterial illness that may cause bacterial meningitis or blood infections. The disease is most common in infants less than a year old, college freshmen who live in dorms, and teenagers 15 to 19 years old. People with certain medical conditions are also at increased risk (see High-Risk Groups for more information).

Vaccine

Meningococcal vaccine (MCV) may be given to anyone age 2 years or older. It is recommended that this vaccine be given between ages 11 and 12 years.

In 2010, a combination vaccine, (MCV4) was released. MCV4 is licensed for people 2 to 55 years old and can prevent four types of meningococcal disease.

Human Papillomavirus (HPV)

Human Papillomavirus is the most common sexually transmitted virus in the United States. Most HPV infections don't cause any symptoms and go away on their own. However, HPV can cause cervical cancer in women. The HPV vaccine can prevent most cases of cervical cancer in women if it is given before the person is exposed to the virus.

HPV is also associated with other types of cancer, including anal, penile and throat. It may also lead to genital warts and warts in the throat.

Vaccine

There are two types of HPV vaccine from which girls and women may choose, but one is also approved for boys and men. The vaccine is given in a 3-dose series for those 9 to 26 years old.

ACIP-Recommended Vaccines

The Advisory Committee on Immunization Practices (ACIP) consists of 15 experts in fields associated with immunization who are not employed by the federal government. They are selected by the Secretary of the U. S. Department of Health and Human Services to provide advice and guidance to the Secretary, the Assistant Secretary for Health, and the CDC on the control of vaccine-preventable diseases. The role of the ACIP is to provide advice that will lead to fewer cases of vaccine-preventable diseases in the United States and an increase in the safe use of vaccines and related products.

The previous pages describe the ACIP-recommended vaccines for infants and adolescents from birth through 18 years as of September 2010.

Recommended Immunization Schedules

Persons Aged 0 through 6 Years (United States 2010)

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼ Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B	HepB	HepB			HepB						
Rotavirus			RV	RV	RV						
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza					Influenza (Yearly)						
Measles, Mumps, Rubella						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						HepA (2 doses)				HepA Series	
Meningococcal										MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

Persons Aged 7 through 18 Years (United States 2010)

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼ Age ▶	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis		Tdap	Tdap
Human Papillomavirus		HPV (3 doses)	HPV series
Meningococcal	**MCV**	MCV	MCV
Influenza	Influenza (Yearly)		
Pneumococcal	**PPSV**		
Hepatitis A	**HepA Series**		
Hepatitis B	HepB Series		
Inactivated Poliovirus	IPV Series		
Measles, Mumps, Rubella	MMR Series		
Varicella	Varicella Series		

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

Range of recommended ages for catch-up immunization

Recommended Immunization Schedules

(continued)

What if my child missed a scheduled vaccination?

If your child missed a vaccine that was recommended by a certain age, then there is a catch-up schedule. It is important that you work with your child's healthcare provider to determine the best timeframe for receiving catch-up vaccines. Missing a dose of a vaccine does not mean that your child will need to start the series over, but the remaining doses should be scheduled as soon as possible.

Catch-up Immunization Schedule for Persons Aged 4 Months through 18 years Who Start Late or Who Are More Than 1 Month Behind (United States 2010)

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

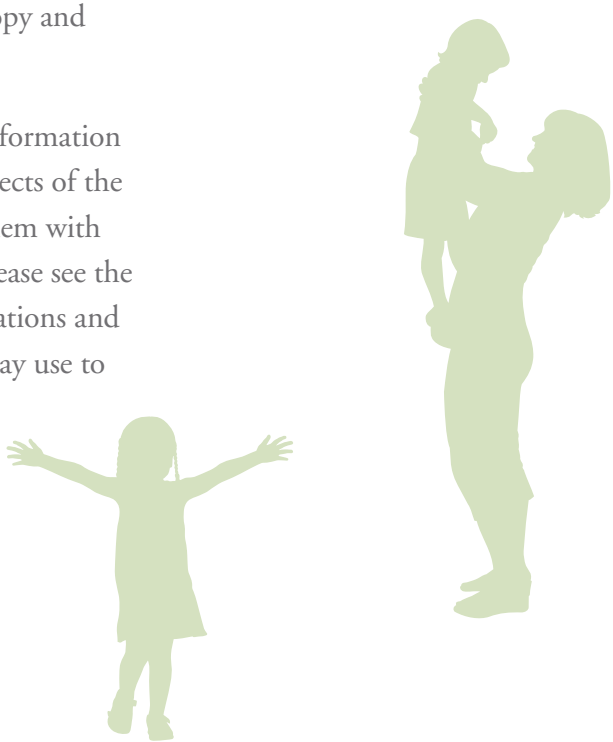
PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis	6 wks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella	12 wks	4 weeks			
Varicella	12 wks	3 months			
Hepatitis A	12 wks	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis	7 yrs	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human papillomavirus	9 yrs	Routine dosing intervals are recommended			
Hepatitis A	12 mos	6 months			
Hepatitis B	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella	12 mos	4 weeks			
Varicella	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

Conclusion

In this booklet, NEA HIN has addressed common questions about the importance and benefit of childhood vaccination. NEA HIN has also provided a general background about what vaccinations are and what they do; about the meaning of immunity; and about the purpose of each of the recommended vaccines in the childhood vaccine schedule.

We hope that you will share this information with your colleagues, family, friends, and healthcare provider. We encourage you to discuss the topic of childhood vaccination within your work and family environment. The booklet is available in hard copy and online (see back cover for details).

If you have questions about the information in this booklet, or about other aspects of the vaccination issue, please discuss them with your health care provider. Also, please see the resources page for a list of organizations and their website addresses that you may use to gather additional information.



Resources

Donna Mazyck, "School-Located Vaccination Clinics: Then and Now," in The Journal of School Nursing, 2010 26: 3S, originally published online April 21, 2010.

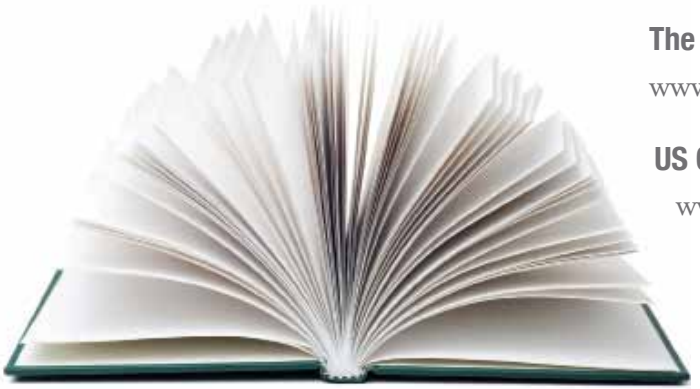
Immunization Action Coalition
www.immunize.org

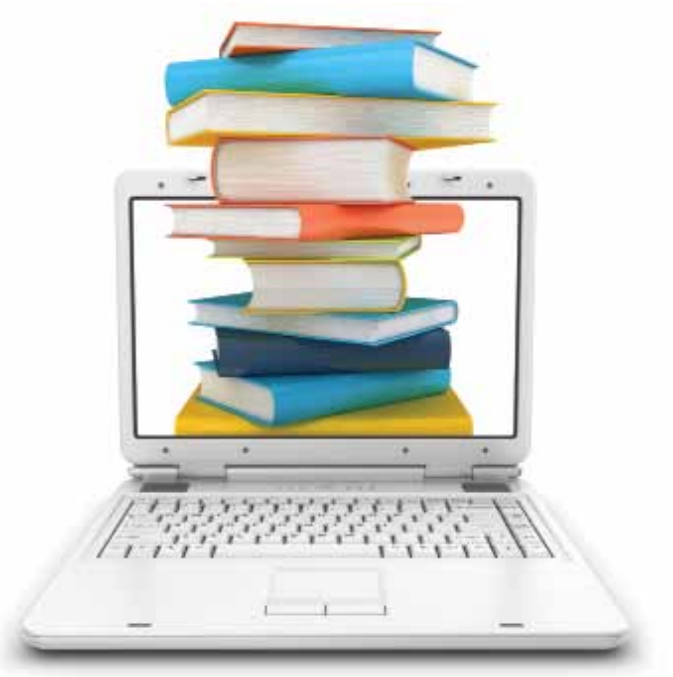
Maryland Department of Health and Mental Hygiene
www.dhmh.state.md.us

The Children's Hospital of Philadelphia
www.chop.edu

US Center for Disease Control and Prevention
www.cdc.gov

US Department of Health and Human Services
www.hhs.gov





This booklet is just a start. Talk to your child's healthcare provider to find out which vaccinations your child should receive.

As the non-profit health and safety arm of the National Education Association (NEA), the NEA Health Information Network (NEA HIN) provides health and safety information, programs, and services for the benefit of NEA's 3.2 million members and their 43 million students. NEA HIN's mission is to improve the health and safety of the school community through disseminating information that empowers school professionals and positively impacts the lives of their students.

For more information about NEA HIN, visit **www.neahin.org**.

Additional copies of this brochure may be ordered by calling: **877-250-5795**, or online at: **www.neahin.org**.

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Safe and Healthy Schools... A Basic Right for All