



# Hawaii VFC News

A PUBLICATION OF THE DEPARTMENT OF HEALTH'S IMMUNIZATION BRANCH

"Hawaii VFC News" is a quarterly publication distributed to all participating Vaccines for Children (VFC) providers. Its purpose is to address VFC-related issues, provide general immunization information, and keep you up-to-date with the latest program changes.

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## Back-to-School Time is Almost Here!

Most students will be heading back to school in early August and many will need to meet health examination and immunization requirements for school entry, as mandated by state law. **If a student is attending school for the first time, or transferring from out of state, then documentation of vaccinations, Tuberculosis clearance, and a physical examination is required. All vaccinations must meet minimum age and interval requirements between doses.** Visit <http://health.hawaii.gov/docd/school-health-requirements-frequently-asked-questions/> for more information.

<u>Immunization Requirements For School Entry</u>	
Preschool	DTaP/DTP/Td, Hep B, Hib, MMR, Polio, Varicella
K - 12	DTaP/DTP/Td, Hep B, MMR, Polio, Varicella
Grade 7*	Hep B, MMR, Varicella
Post-Secondary	MMR

\*In addition to meeting the immunization requirements for grades Kindergarten through 12 upon first school entry in Hawaii, all students must show evidence of having received these immunizations prior to 7<sup>th</sup> grade attendance.

## 7th Grade Physical Exam—A Great Time to Vaccinate Preteens

Beginning with the 2017-18 school year, every child entering 7<sup>th</sup> grade in Hawaii in both public and private schools will be required to provide documentation of a physical exam to attend school<sup>1</sup>. These "Back to School" physical exams are the perfect time to make sure your patients have received their preteen vaccines! Take advantage of the required physical exams to ensure that your patients are up to date with their MenACWY (meningococcal conjugate virus), HPV (human papillomavirus), and Tdap (tetanus, diphtheria, pertussis) vaccinations.

Vaccinating children with all of the vaccines recommended by the CDC Advisory Committee on Immunization Practices (ACIP) is one of the most important things health care providers can do to protect their patient's health – and the health of their classmates and the community.

<sup>1</sup> Hawaii Revised Statutes, §302A-1159(b), "Physical examination required" as adopted in Act 185(16). [http://www.capitol.hawaii.gov/session2016/bills/GM1287\\_PDF](http://www.capitol.hawaii.gov/session2016/bills/GM1287_PDF)

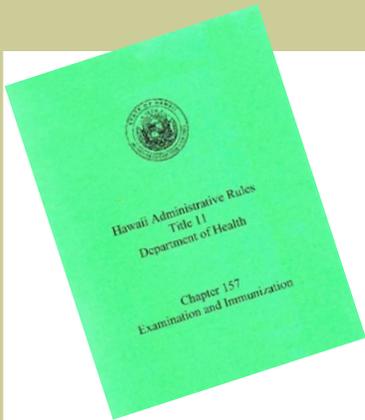
### What can you do?

- **Give a strong and effective recommendation.** Try saying, "Your child needs **three vaccines today** to help prevent meningitis, HPV cancers, and pertussis." A provider's recommendation is the strongest predictor of vaccination.
- **Seize every opportunity to vaccinate.** Ask about vaccination status during sick visits and sports physicals. If they haven't received the vaccines yet, get older adolescents caught up.
- **Use patient reminder and recall systems** such as automated postcards, phone calls, and text messages to increase office visits.
- **Educate parents** about the diseases that can be prevented by adolescent vaccines.



**Love them. Protect them. Immunize them.**

# TALK TO THE DOC



If there is a difference between the CDC's Advisory Committee on Immunization Practices (ACIP) minimum age/interval recommendations and the Hawaii Administrative Rules (HAR) 11-157 Immunization Requirements for school attendance, which one should I follow?

If there is a difference in the minimum age/intervals between the ACIP recommendations and the HAR 11-157, **always follow the later age or the longer interval between doses**, to ensure your patient will be allowed to attend school.

	ACIP	HAR 11-157
<b>Example 1: Hep B #3</b>		
Age	24 weeks	6 calendar months
Interval after Hep B #2	8 weeks	8 weeks
Interval after Hep B #1	16 weeks	4 calendar months

	ACIP	HAR 11-157
<b>Example 2: Polio #4</b>		
Age	4 years	18 weeks
Interval after Polio #3	6 months	4 weeks

## Have You HIR'd?

Have you heard that handwriting immunization dates on the Student Health Record (Form 14) can be a thing of the past? Using the Hawaii Immunization Registry (HIR), providers can quickly and accurately complete the Student Health Record to print or save it as a PDF. The system automatically populates the student's demographic information and immunization history from data recorded in HIR to the form.

This time-saving tool is only available for providers using HIR. By entering every immunization into the registry now, HIR will be able to generate a **complete Form 14** when your patient is ready for school!

## AFIX: Your Ticket to Success

### What is AFIX?

AFIX is a continuous quality improvement process that improves immunization practices and increases and sustains high immunization coverage rates.



### How does AFIX work?

The Hawaii AFIX Coordinator will work with you and your staff to:

1. Conduct an **Assessment** of your vaccination coverage levels and immunization practices
2. Provide **Feedback** of results along with recommended strategies to improve immunization practices
3. Award **Incentives** to recognize and reward improved performance and
4. Follow-up with you and your staff to monitor progress and **eXchange** information for continued improvement.

For more information about AFIX, e-mail Alicia Diem at [alicia.diem@doh.hawaii.gov](mailto:alicia.diem@doh.hawaii.gov).

## Education and Training

Missed it? Don't worry. The **"Ask the Local Expert: VFC Vaccine Orders and Inventory in HIR"** archived webinar is now available. <http://health.hawaii.gov/docd/provider-courses/>

Department of Education  
**STUDENT'S HEALTH RECORD**

Name: PRETEEN PRISCILLA P. PRISCILLA (Last) (First) (Middle Initial) Male  Female  Preschool  Elementary  Intermediate/Middle  High  Entry Date: \_\_\_\_\_

Birthdate: 03 05 2010 (Month Day Year) Entry Date: \_\_\_\_\_

Parent's Name: PRESTON PRETEEN (Mother/Guardian) (Father/Guardian) Allergies: \_\_\_\_\_

Please complete the following sections (CHECK IF YES)

**Medical Status**

Allergy (Type)  Cancer/Leukemia  Hearing Problems  Hypertension  Seizures  Vision Problem   
 Asthma  Chronic Cough/Wheezing  Heart Disease  JRA Arthritis  Sickle Cell Anemia   
 Behavioral Problems  Diabetes  Hemophilia  Rheumatic Heart  Skin Problems

Physician's Examination Code: N-Normal; A-Abnormal; C-Corrected; R-Receiving Care

Date	Grade	Height (in)	Weight (lb)	BMI	Blood Pressure	Vision	Hearing	Heart	Lungs	Neurological System	Skin	Stomach	Genitourinary	Other	Vanilla Immunity Secondary to Disease (DATE)	Revised Immunization Record (Check if YES)	Current (Check if YES) See result below	Provider's Signature	Provider's Stamp or Printed Name

**Immunizations (Vaccines, Dates Given: Month/Day/Year)**

Type	DTaP	DTP, DT	DTaP	DTaP	DTaP	DTaP
Date	05/10/2005	07/22/2005	09/29/2005	10/15/2006	03/15/2010	
Type	Polio	Polio	Polio	Polio	Polio	
Date	05/10/2005	07/22/2005	10/15/2006	03/15/2010		
Type	HepB	HepB	HepB	HepB		
Date	03/05/2005	04/08/2005	09/20/2005			
Date	03/08/2006	03/15/2010		Vanella	03/08/2006	03/15/2010
Date	03/08/2006	10/15/2006				
Type	Influenza					
Date	10/10/2013					
Type						

\*OFFICE USE ONLY (Rev. 2010)

For more information or to join HIR:  
 Call: 586-4665 (Oahu), 1-800-447-1023 (Neighbor Islands)  
 Email: [registryhelp@doh.hawaii.gov](mailto:registryhelp@doh.hawaii.gov)

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DEPARTMENT OF HEALTH  
 IMMUNIZATION BRANCH  
 VFC PROGRAM

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