

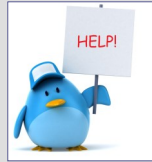


Hawaii VFC News

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.

The Help Box



As of January 1, 2018, CDC requires VFC providers to assess and record minimum and maximum temperatures at the start of each clinic day.

To assist providers with recordkeeping, the Hawaii VFC program temperature logs have been revised. The new logs include an area designated for notation of minimum and maximum temperatures.

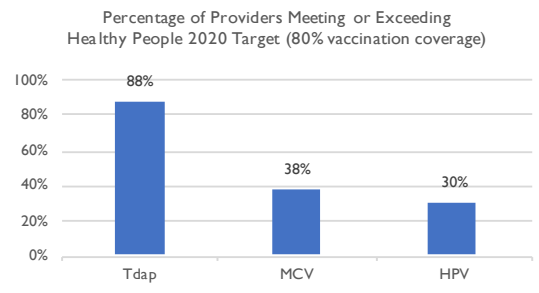
Day of Month	1	2	3	4	5
Staff Initials					
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp (since previous reading)					

Hawaii VFC program-supplied FridgeTag[®] and FreezeTag[®] data logger devices will display minimum and maximum temperatures when the "Read" button is pressed:

1. Press **"Read"** once to display the **"Max"** temperature; record on temperature log.
2. Press **"Read"** again to display the **"Min"** temperature; record on temperature log.
3. Press **"Set"** to return the device to the current reading ("home") screen.

Pre-teen and Teen Vaccinations How are VFC providers doing?

Since February, the Hawaii VFC AFIX Quality Improvement program has completed assessments of adolescent immunization coverage rates for 40 providers. This program, developed by CDC, and a requirement of the VFC program, helps providers improve immunization delivery practices to increase vaccination of children and adolescents.



High Tdap Coverage Rates
Nearly 90% of providers have met or exceeded the Healthy People 2020 target of 80% vaccination coverage for Tdap, but only a third of providers have met the same target for MCV and HPV. The good news is that some providers have reached immunization rates as high as 98% for HPV, 96% for

MCV, and 100% for Tdap, and seven (7) providers have reached or exceeded the Healthy People 2020 target (80% vaccination coverage) for all three adolescent vaccines.

More to come – Tips from VFC providers to address barriers and raise rates
In future publications, we will recognize providers for their efforts implementing quality improvement strategies and accomplishments in increasing immunization coverage rates in their practices. We will also share specific strategies that have helped providers improve their immunization delivery systems that you can implement in your own practice/clinic.

For more information, call the Hawaii VFC program at 586-8300 (Oahu), 1-800-933-4832 (neighbor islands).

Talk to the Doc

HAVE YOU HIR'D?

Password Security: Every User's Responsibility

Have you heard that every Hawaii Immunization Registry (HIR) user must complete and submit a Confidentiality and Security Statement (CSS) annually? There are nine statements in the CSS that all users agreed to abide by, including, **"I shall not share my Registry access code and/or password with anyone."** Prohibiting sharing of access codes and passwords is a standard security control recognized around the world. In addition to helping avoid unauthorized access, following this rule protects users from suspicion in the event that an account is used for inappropriate, illegal or unethical purposes.

Each person accessing HIR should have their own account. If you have shared your login credentials with a colleague, change your password by clicking on "Change my Password" on the "manage access/account" screen.

All users are responsible for ensuring that HIR data remains confidential and secure for the protection and trust of the patients that are included in the registry. For more information, call the HIR Helpdesk at 586-4665 or 1-888-447-1023 (toll-free), or e-mail registryhelp@doh.hawaii.gov.

- Manage My Account
- Edit My User Account
- Change My Password
- Edit Organization

Question:
We inadvertently administered Pentacel[®] (DTaP-IPV/Hib) as a booster dose at age 5 years. Can we count the DTaP and IPV doses as valid, or do they need to be repeated?

Answer:
Pentacel[®] is a combination vaccine that contains lyophilized Hib (ActHIB[®]) that is reconstituted with a liquid DTaP-IPV solution. Pentacel[®] is licensed for doses 1 through 4 of the DTaP series at ages 2, 4, 6, and 15-18 months. Pentacel[®] should not be used for the 5th dose of the DTaP series, or for children 5 years or older.

Although this is a vaccine administration error, the doses of DTaP and IPV can be counted as valid and do not need to be repeated.

Emergency Vaccine Procedures and Transport

It's that time of the year again! Hawaii's hurricane season occurs from June 1st - November 30th. VFC providers are encouraged to review and update their Vaccine Emergency Management Plans now to prepare for any occurrence that could jeopardize vaccine storage, including equipment failures, power outages, severe weather conditions, or natural disasters.

Consider the following when developing and/or reviewing your Vaccine Emergency Management Plan:

- 1. Prepare Backup Equipment.** Have the following equipment and supplies available in the event that vaccines need to be moved:
 - **Certified, calibrated, back-up temperature monitoring device (temperature data logger)** to monitor temperatures in the transport cooler
 - **Flashlight and spare batteries** in case of a power outage
 - **Vaccine transport supplies:** coolers, frozen water bottles, and buffer materials (e.g., bubble wrap, cardboard, etc.)
- 2. Exercise Your Emergency Plan.** Run through your procedures, including practicing vaccine packing and monitoring temperatures, to ensure that appropriate vaccine storage temperatures would be maintained during an emergency. Use expired vaccines as a stand-in when practicing vaccine packing.
- 3. Ready Generators and Backup Battery Power Sources.** Maintain sufficient fuel on hand to continuously operate the generator for at least 72 hours. Check the manufacturer's guidance for your backup battery power sources and develop quarterly testing procedures and maintenance schedules.
- 4. Find an Alternative Vaccine Storage Facility.** Even if you have backup equipment or a generator, establish an agreement with at least one alternative storage facility with a backup generator where vaccines can be appropriately stored and monitored during an emergency. Hospitals, long-term care facilities, and commercial pharmacies/pharmaceutical distributors are some of the facilities that may be able to assist you.

- 5. Know How to Access Your Building After Hours.** Should an emergency occur after business hours, ensure that your facility's building manager and security staff are aware that vaccines stored on site may need to be accessed and moved to another facility. Keep information on after-hours building access and security procedures (including alarm codes, if necessary) with your Emergency Plans and ensure that staff members have copies of this information available at home.
- 6. Involve Your Staff.** From planning meetings to regular reviews and training sessions, involve the whole team so everyone knows what to do in an emergency. Ensure that staff know where backup equipment are located and how to use them; how to pack vaccines; where backup power sources are located and how to operate them; and how to access the building after hours.

NOTE: If vaccines must be temporarily stored and/or transferred off-site, it is your responsibility to ensure that vaccines are maintained at appropriate temperatures throughout the temporary storage and/or transit period. Never store or transport vaccines without the appropriate coolers and packing materials (refrigerants, buffer materials, etc.).

Resources:

- CDC "Packing Vaccines for Transport During Emergencies": <https://www.cdc.gov/vaccines/recs/storage/downloads/emergency-transport.pdf>
- American Academy of Pediatrics (AAP) Immunization Resources, Storage and Handling Series, "Safe Vaccine Transport": https://www.aap.org/en-us/Documents/immunizations_vaccine_transport.pdf
- CDC Vaccine Storage and Handling Toolkit: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
- VFC Provider Reference Toolkit Section 3 ("Vaccine Management")

2018 Pink Book Webinar Series

CDC will be conducting the Epidemiology and Prevention of Vaccine-Preventable Diseases webinar course beginning in June.

Each one-hour webinar explores a chapter from the 13th edition of the Pink Book.

For more information and to register, or to view the archived series, visit <https://www.cdc.gov/vaccines/ed/webinar-epv/index.html>.

Vaccine-Preventable Diseases in Hawaii, 2014-2018 to date

This table shows the number of confirmed and probable vaccine-preventable disease (VPD) cases in Hawaii residents reported to the Department of Health.

VPD	2014	2015	2016	2017	2018 (to date)	Total
Measles	14	0	1	0	0	15
Mumps	1	1	3	786	197	988
Neisseria Meningitidis	1	3	1	1	0	6
Hepatitis A	5	7	288	8	0	308
Pertussis	37	44	55	38	14	188
Varicella	45	49	35	61	15	205
Streptococcus Pneumoniae, invasive disease	86	61	89	98	40	374

Definitions:

Confirmed case - meets clinical case description of the disease and has laboratory evidence of the disease, or meets clinical case description and is epidemiologically linked to a confirmed case

Probable case - meets clinical case description of the disease but has no laboratory evidence of the disease

High vaccination coverage is essential to reduce and eliminate VPDs in Hawaii.

Recommendations:

- Ensure all patients are age-appropriately vaccinated
- Immediately notify DOH if you suspect a case of VPD

For more information on reported cases of notifiable diseases in Hawaii, visit

health.hawaii.gov.

Thank You

Hawaii was recently recognized by the CDC for outstanding progress toward achieving Healthy People 2020 targets for adolescents aged 13-17 years based on 2016 National Immunization Survey-Teen data. Mahalo to our VFC providers whose efforts made this achievement possible.

Ronald G. Balajadia, MS
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DEPARTMENT OF HEALTH
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