



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.

2020 VFC Program Requirement Update:

CDC has instituted a new requirement, effective January 1, 2020, regarding VFC vaccine administration fee billing.



Providers who choose to bill for the vaccine administration fee of a non-Medicaid (i.e., non-MedQuest), VFC-eligible child after the date of service may issue only a single bill to the patient within 90 days of vaccine administration.

- This policy does not apply to vaccine administration fees billed to Medicaid/MedQuest for children who meet the Medicaid/MedQuest eligibility criteria for the VFC program.
 - Unpaid administration fees may not be sent to collections and VFC providers may not refuse to vaccinate an eligible child whose parents/guardians have unpaid vaccine administration fees.
- Non-Medicaid/non-MedQuest VFC eligibility categories include:
- ◆ American Indian/Alaskan Native
 - ◆ Uninsured
 - ◆ Underinsured (may receive VFC vaccines at a Federally Qualified Health Center or Rural Health Center only)

NOTE: The Hawaii VFC vaccine administration fee cap for **non-Medicaid/non-MedQuest VFC eligible patients** is **\$23.11 per vaccine**. Providers cannot charge a vaccine administration fee to non-Medicaid/non-MedQuest VFC eligible children that exceeds this fee cap.

For **Medicaid/MedQuest patients**, as a condition of VFC enrollment, Hawaii VFC providers agree to accept the reimbursement for immunization administration set by the State Medicaid agency or contracted Medicaid health plans.

Also new in 2020...

VFC IQIP Program

(Immunization Quality Improvement For Providers)



IQIP is CDC's national, Vaccines for Children (VFC) quality improvement (QI) program for VFC providers (*formerly known as the AFIX Program*).

The purpose of the IQIP program is to promote and support the implementation of provider-level immunization strategies designed to help increase on-time vaccination of children and adolescents

IQIP is a 12-month process where public health representatives and VFC providers and staff collaborate to identify quality improvement (QI) strategies to increase vaccine uptake by improving and enhancing immunization workflow.

Beginning in January 2020 the Hawaii VFC IQIP program coordinator will be contacting VFC providers to schedule a site visit appointment to review immunization practices and workflows. Then, in collaboration with providers and their staff, the IQIP coordinator will help to identify strategies to increase vaccine uptake by improving and/or enhancing existing immunization workflows.

VFC Providers nationwide are making an impact in their communities by protecting children and adolescents against vaccine preventable diseases. We appreciate your participation in the VFC Program and look forward to continued collaboration with you to ensure that all of Hawaii's children are appropriately protected.

For more information on the **IQIP program steps** go to the following link: <https://www.cdc.gov/vaccines/programs/iqip/at-a-glance.html>

Vaccine Preventable Diseases - Guidelines for Specimen Collection and Laboratory Testing*

The table below provides a quick reference of the confirmatory tests and specimens to collect for Measles, Mumps, Pertussis, and Varicella.

Disease	Confirmatory tests	Specimen to collect	Timing for specimen collection
Measles	RT-PCR	Throat or nasopharyngeal swab in viral transport media (VTM)	Best within 3 days of rash onset
	IgM antibody	Serum	ASAP after rash onset; repeat 72 hours after onset if first negative
Mumps	RT-PCR	Buccal/parotid swab in VTM (massage salivary/parotid gland area for 30 seconds prior to swab collection); urine for cases with orchitis	Ideally 0 – 3 days after parotitis onset
Pertussis	Culture	Posterior nasopharyngeal swab or aspirate in Regan-Lowe Transport (RLT)	Within first 2 weeks of cough onset
	RT-PCR	Nasopharyngeal swab or aspirate in Dry sterile vial (DSV) or RLT	Within first 2 weeks of cough onset
Varicella	RT-PCR	Fluid from vesicles, scabs from crusted lesions in DSV	From day of rash onset until crusted lesions resolve

Send specimen to any commercial lab.

Note: Testing can be done at the State Laboratory Division (SLD) **under very limited circumstances** (e.g., patient with clinically compatible symptoms AND recent travel history; exposure to a confirmed case). The DOH Immunization Branch **MUST** be contacted at (808) 586-8300 **PRIOR** to submission of *any* specimen to the SLD or specimen will be rejected and returned to the submitting laboratory.

*See CDC website for other tests, detailed information: <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt22-lab-support.html>

Talk to the Doc

Question: We have two situations in our office regarding vaccine preparation and storage:



- 1) We placed a needle on a manufacturer-filled syringe and then ended up not administering the vaccine
- 2) We removed the protective cap from a single-dose vial, but did not administer the vaccine (did not insert a needle into the vial)

If we store both at the appropriate temperature, may we keep the manufacturer-filled syringe with a needle attached and single-dose vial without the protective cap until another patient requiring these vaccines presents in our office?

Answer: No.

Even if you store the manufacturer-filled syringe with a needle attached and a single-dose vial without the protective cap at the appropriate temperature, both must be discarded at the end of the workday.

Single-dose vials and manufacturer-filled syringes do not contain preservatives to help prevent microorganism growth. Once the protective cap from a single-dose vial is removed, the vaccine must be used or discarded by the end of the workday because it may not be possible to determine if the rubber seal has been punctured. When the sterile seal of a manufacturer-filled syringe has been broken, the vaccine should be used or discarded by the end of the workday.

For further information, visit the CDC Storage and Handling Toolkit website at: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

or the Immunization Action Coalition's "Ask the Experts" at: <https://www.immunize.org/askexperts/administering-vaccines.asp>

The Help Box



Reminder: 2020 Hawaii Vaccines For Children Program enrollment forms are due on January 31st. Enrollment packets were mailed to all VFC provider offices during the week of 12/2/19. If you did not receive or are unable to locate your VFC enrollment packet, please contact the Hawaii Vaccines For Children program at (808) 586-8300, 1-800-933-4832 (Toll-Free), or hawaiiivfc@doh.hawaii.gov.

- ◆ VFC vaccine ordering privileges will be suspended for providers/facilities that do not submit VFC enrollment information by January 31, 2020.
- ◆ Completed forms may be submitted via fax ([808] 586-8302), mail (Hawaii Department of Health, ATTN: Vaccines for Children Program, P.O. Box 3378, Honolulu, HI 96801), or email (hawaiiivfc@doh.hawaii.gov).
- ◆ Note that completed Hawaii Immunization Registry (HIR) Enrollment and Confidentiality and Security Statements are not required this year due to HIR system unavailability.
- ◆ For ease in identification, mailed packets featured the label, below:



Current Dates of Vaccine Information Statements (VISs) as of October 30, 2019

Check your supply of VISs against this list. If you have outdated VISs, get current versions at www.immunize.org/vis.

Adenovirus.....	6/11/14	MMRV.....	8/15/19
Anthrax.....	3/21/18	Multi-vaccine.....	11/5/15
Cholera.....	10/30/19	PCV13.....	10/30/19
DTaP.....	8/24/18	PPSV23.....	10/30/19
Hepatitis A.....	7/20/16	Polio.....	10/30/19
Hepatitis B.....	8/15/19	Rabies.....	10/6/09
Hib.....	10/30/19	Rotavirus.....	10/30/19
HPV.....	10/30/19	Td.....	4/11/17
Influenza.....	8/15/19	Tdap.....	2/24/15
Japanese enceph.....	8/15/19	Typhoid.....	10/30/19
MenACWY.....	8/15/19	Varicella.....	8/15/19
MenB.....	8/15/19	Yellow fever.....	3/30/11
MMR.....	8/15/19	Zoster.....	10/30/19

Immunization Action Coalition www.immunize.org/catg.d/p2029.pdf • Item #P2029 (10/19)



Hawaii Immunization Registry Update

The Hawaii Immunization Registry (HIR) is currently under maintenance. Several newly discovered technical issues must be addressed by the vendor before full functionality can resume. This work will continue into 2020. Once the system is operating fully with all data being received and stored correctly for access by users, VFC provider re-enrollment can commence.

Providers are encouraged to check the HIR website, <https://health.hawaii.gov/docd/about-us/programs/hawaii-immunization-registry-hir/> for updates.

Mahalo for your ongoing patience.

Immunization Branch Chief

Ronald G. Balajadia, MS

Hawaii VFC Coordinator

Heather Winfield-Smith

Contributors

Alicia Diem, IQIP Coordinator

Augustina Manuzak, MPH, PhD, ESS Supervisor

Marcia M. Nagao, MD, MPH, Pediatrician

Angela Sorrells-Washington, JD CDC Sr. Public Health Adv.

Heather Winfield-Smith, VFC Coordinator

Cathy Wu, Epidemiological Specialist

DEPARTMENT OF HEALTH IMMUNIZATION BRANCH VFC PROGRAM

Telephone: (808) 586-8300 / Fax: (808) 586-8302
Toll Free # for Neighbor Islands: 1-800-933-4832

