

Summer Edition | July 2023

# VACCINES FOR CHILDREN NEWSLETTER



A PUBLICATION OF THE HAWAII DEPARTMENT OF HEALTH'S IMMUNIZATION BRANCH



## OVERVIEW:

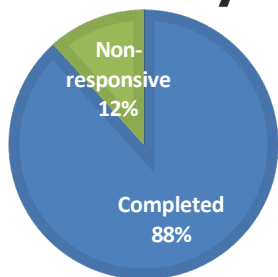
- ❖ VFC Update
- ❖ HIR
- ❖ Talk to the Doc
- ❖ ESS
- ❖ COVID Update
- ❖ Education & Training
- ❖ Help Box

"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.

## VFC UPDATE

### 2023 VFC Provider Survey

- **Aim:** To assess barriers to VFC provider practices and to understand the program's current strengths and weaknesses. To identify concerns and look for opportunities for improvement.



**RESPONSE RATE**  
■ Completed ■ Non-responsive

- **Format:** Online
- **Timeframe:** 3/23/2023-4/26/2023

#### Results

- Positive takeaways
  - 96% of providers are satisfied overall with the VFC program
  - Praise for the support & guidance regarding questions and concerns
  - Most satisfied with vaccine available through VFC program
- Areas for improvement:
  - Need for additional educational resources
  - Vaccine delivery delays
  - Vaccine inventory reporting
  - Temperature reporting

The data provided through this survey is vital in helping improve the program to better serve you and our children better. VFC providers continue to play an important role in delivering vaccines to children. The network of VFC providers is critical to ensuring access to vaccines for children who may lack a medical home or whose parents/guardians may be unable to afford vaccines.

*We would like to sincerely thank all the VFC Providers who participated in the survey. We truly value your feedback and partnership as we strive to improve our VFC program.*

## IQIP

Immunization Quality Improvement for Providers (IQIP) Program

### Calling all immunization heroes!

Level up your vaccination skills with IQIP – the Immunization Quality Improvement for Providers program. Join our super squad of experts, unleash your potential, and become the champion of immunization quality. It's time to save the day and make shots so smooth, even superheroes will envy your skills. After all, it's for our keiki!

### Take this 1-minute survey to see where you stand with IQIP!

If you have any questions concerning the survey, or about the program in general, please email Danrie Miral at [danrie.miral.nsw@doh.hawaii.gov](mailto:danrie.miral.nsw@doh.hawaii.gov)



## IMMUNIZATION REGISTRY UPDATE

The Hawaii Immunization Registry (HIR) implemented a new process to review quality of vaccination records electronically received from providers' EMR systems. The process includes direct comparison of providers' EMR information (screenshots or printouts) with HIR data. If you're currently submitting Vaccine Administration Visit Records (VAVRs) to the Immunization Branch and would like to see how well data from your EMR system is received in HIR, please email [registryhelp@doh.hawaii.gov](mailto:registryhelp@doh.hawaii.gov) indicating your interest to participate in the review/assessment of your electronic data. Depending on the results of the review/assessment, you may be able to transition from using paper records to electronic ones for future quality review processes.

*If you need assistance or have inquiries, please contact the Registry at phone: 586-4665 (Oahu), 1-888-447-1023 (Neighbor Islands) or email: [registryhelp@doh.hawaii.gov](mailto:registryhelp@doh.hawaii.gov)*

**Question: I have an immunocompetent 5-year-old patient who has received two previous COVID-19 Moderna monovalent vaccines. Is this child due for any further COVID 19 immunizations?**

**Answer:** The COVID-19 vaccination schedule has been simplified. The only currently FDA approved formulations of the vaccine are bivalent.



*Pfizer* has three pediatric bivalent vaccine products:

- ❖ Maroon cap (3mg/0.2mL) for 6 months-4 years
- ❖ Orange cap (10mcg/0.2mL) for 5 years-11 years
- ❖ Gray cap (30mcg/0.3mL) for 12 years and older.

*Moderna* has two pediatric bivalent vaccine products:

- ❖ Dark pink cap/yellow label (10mcg/0.2mL)
- ❖ Dark blue cap/gray label (6 months-11 years: 25mcg/0.25mL and 12 years and older: 50 mcg/0.5mL).

Depending on a child's vaccination history, the following reference provides guidance for any further immunizations needed: [COVID Vaccine Dosing Quick Reference.pdf \(aap.org\)](#)

For the child in question, she may receive either one dose of Moderna bivalent Dark pink cap/yellow label (10mcg/0.2ml) or Pfizer bivalent Orange cap (10mcg/0.2ml) at least 8 weeks after the last monovalent dose.

*Stay tuned for news on updated COVID-19 vaccine formulations coming this fall. Manufacturers are also creating single dose preparations of the updated vaccine. For more information on revised CPT codes, please see [Changes to COVID vaccine recommendations prompt new, revised CPT codes | AAP News | American Academy of Pediatrics](#)*

## EPIDEMIOLOGY AND SURVEILLANCE SECTION (ESS)

### Guidance on Measles during the Summer Travel Season

The summer travel season is here, but the last thing everyone wants is to come down with an illness when on vacation. Make sure you and your family are up to date on all the routine vaccinations that can protect from infectious diseases such as measles. Measles can spread quickly in groups of unvaccinated people. Many diseases prevented by routine vaccination are not common in the United States but are still common in other countries.

The Centers for Disease Control and Prevention (CDC) is issuing the following Health Alert Network (HAN) Health Advisory to remind clinicians and public health officials to provide guidance for measles prevention to international travelers and to be on alert for cases of measles.

#### OFFICIAL CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network, Published June 21, 2023, 1:30 PM

Guidance on Measles during the Summer Travel Season

#### Summary

As the summer travel season begins, the Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to remind clinicians and public health officials to provide guidance for measles prevention to international travelers and to be on alert for cases of [measles](#). Guidance is also provided for people planning international travel. Measles (rubeola) is extremely contagious; one person infected by measles can infect 9 out of 10 of their unvaccinated close contacts. As of [June 8, 2023](#), CDC has been notified of 16 confirmed U.S. cases of measles across 11 jurisdictions, with 14 (88%) linked to international travel. Based on current estimates, twice as many Americans are planning to travel internationally in 2023 compared with 2022. Many countries and popular travel destinations, such as [London, England](#), have experienced measles outbreaks in recent years. The United States has seen an [increase in measles cases](#) during the first 5 months of 2023, with 16 reported cases compared with 3 in 2022 during the same period. Most of these cases were among children who had not received measles-mumps-rubella (MMR) vaccine. To prevent measles infection and spread from importation, all U.S. residents should be up to date on their MMR vaccinations, especially prior to international travel regardless of the destination.

#### Background

[Measles](#) is a highly contagious viral illness that typically begins with a prodrome of fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2-4 days prior to [rash](#) onset. Measles can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. Measles is transmitted by contact with an infected person through coughing and sneezing. Infected people are contagious from 4 days before the rash starts through 4 days afterward. The incubation period for measles from exposure to fever is usually about 10 days (range 7 to 12 days), and from exposure to rash onset is usually about 14 days (range 7 to 21 days). [Declines in measles vaccination rates globally during the COVID-19 pandemic](#) have increased the risk of larger measles outbreaks worldwide, including in the United States.

Measles outbreaks are occurring in all [World Health Organization \(WHO\) regions](#). Large and disruptive outbreaks ( $\geq 20$  reported measles cases per million population during a 12-month period) have been reported in the European, African, Eastern Mediterranean, Western Pacific, and Southeast Asian regions during 2023. In the United States, measles is commonly associated with unvaccinated U.S. travelers returning from other countries where measles is actively circulating. International visitors and returning U.S. travelers can expose U.S. residents in transit and after arrival, leading to additional cases and the possibility for larger outbreaks.

#### Recommendations for Healthcare Professionals

- ❖ Ensure that all patients without other evidence of immunity, especially those planning international travel, are up to date on [MMR vaccine](#) and [other recommended vaccines](#) before their international travel.
- ❖ [CDC recommends](#) that all U.S. residents older than age 6 months who will travel internationally, without evidence of immunity, receive MMR vaccine prior to departure.
- ❖ Infants 6 through 11 months of age should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses of MMR vaccine, the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later.
- ❖ Children 12 months of age or older should receive two doses of MMR vaccine, separated by at least 28 days.
- ❖ Teenagers and adults without evidence of measles immunity should have documentation of two doses of MMR vaccine separated by at least 28 days.



- ❖ At least one of the following is considered evidence of measles immunity for international travelers: 1) birth before 1957, 2) documented administration of two doses of live measles virus vaccine (MMR, MMRV, or other measles-containing vaccine), or 3) laboratory (serologic) proof of immunity or laboratory confirmation of disease.
- ❖ Consider measles as a diagnosis in anyone with fever ( $\geq 101^{\circ}\text{F}$  or  $38.3^{\circ}\text{C}$ ) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently been abroad, especially in countries with ongoing [outbreaks](#) (e.g., India, Somalia, and Yemen).
- ❖ Be aware that some patients may develop a mild rash reaction in the three weeks following MMR vaccination, which does not typically require testing or public health intervention.

#### Recommendations for State and Local Health Departments

- ❖ State and local health departments have the lead in investigating measles cases and outbreaks.
- ❖ Measles is an immediately notifiable disease and should be reported promptly (within 24 hours) by the state health department to CDC ([measlesreport@cdc.gov](mailto:measlesreport@cdc.gov)) and through the [National Notifiable Disease Surveillance System \(NNDSS\)](#).
- ❖ Establish measles case reporting within hospitals and to public health authorities.
- ❖ Record and report details about cases of measles, including adherence to recommended precautions and facility location(s) of index and secondary cases.
- ❖ If measles is identified, conduct active surveillance for any additional cases and facilitate transportation of specimens immediately to confirm diagnosis.

#### Recommendations for International Travelers

- ❖ Consult with your doctor several weeks before traveling abroad, regardless of your destination, to see if you or any dependents need MMR vaccine. You should be up to date on all routine vaccines, such as measles-mumps-rubella (MMR), tetanus, and flu. Depending on where you're going and what activities you plan, other vaccines may be recommended.
- ❖ Two doses of MMR vaccine provide better protection (97%) against measles than one dose (93%). Getting MMR vaccine is much safer than getting measles, mumps, or rubella.
- ❖ At least one of the following is considered evidence of measles immunity for international travelers: 1) birth before 1957, 2) documented administration of two doses of live measles virus vaccine (MMR, MMRV, or other measles-containing vaccine), or 3) laboratory (serologic) proof of immunity or laboratory confirmation of disease
- ❖ You should plan to be fully vaccinated (two doses) at least 2 weeks before you depart.
- ❖ After international travel, you should watch for signs and symptoms of measles for 3 weeks after you return to the United States. If you or your child gets sick with a rash and a high fever, call your doctor. Tell them you traveled abroad and whether you or your child have received MMR vaccine.
- ❖ Before your next trip, check your [destination](#) and CDC's [Global Measles Travel Health Notice](#) for more travel health advice, including where measles outbreaks have been reported.

#### For More Information

- ❖ International Travelers
  - ❖ [Plan for Travel - Measles | CDC](#)
  - ❖ [Safety Information for Measles, Mumps, Rubella \(MMR\) Vaccines | Vaccine Safety | CDC](#)
- ❖ Healthcare and Public Health Professionals
  - ❖ [For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)
  - ❖ [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)
  - ❖ [Measles - Vaccine Preventable Diseases Surveillance Manual | CDC](#)
  - ❖ [Rubeola / Measles | CDC Yellow Book 2024](#)

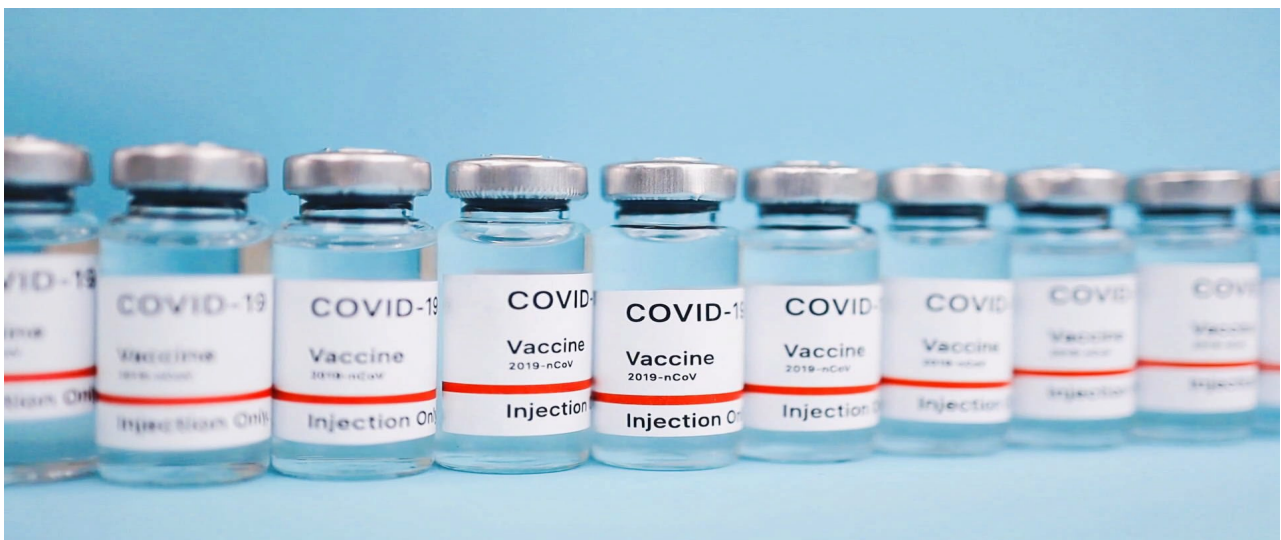
## COVID UPDATE

### What's Happening Now?

**CDC has indicated that routine U.S. Government COVID-19 vaccine distribution will sunset on 8/3/23. For VFC providers currently enrolled in the COVID-19 vaccination program, please be sure to evaluate your vaccine needs and place your vaccine orders prior to the distribution end date.**

### What's on the Horizon?

A **new**, updated, 2023-24 COVID-19 vaccine formulation is expected to be available in the coming months (anticipated mid-late September timeframe), based on [recommendations](#) made by the FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) on 6/15/23. Once authorized, this new vaccine is expected to replace the currently recommended bivalent COVID-19 vaccine formulation. Thankfully, all manufacturers will be offering the new formulations in mostly single dose vial or prefilled syringe presentations (note, vaccines for the youngest children 6m-4 years of age may still be in 2 or 3 dose vials).



Similar to the release of previous COVID-19 vaccines, the new 2023-24 vaccine will first require authorization by the Food and Drug Administration and recommendations from the Centers for Disease Control and Prevention regarding administration timing, indications, etc. prior to vaccine availability. Once authorized and recommended, the new 2023-24 vaccine formulation will be available via established, traditional pathways for vaccine distribution/supply, such as inclusion/availability in the VFC Program and purchase through the commercial/private-sector market (i.e., will not be routinely distributed by the U.S. Government).



Please note that for VFC vaccines, an extra step after FDA authorization and CDC recommendation involves addition of the vaccines to Federal vaccine purchasing contracts before the vaccine is available for VFC ordering. This will likely mean that private-sector COVID-19 vaccines will be available/distributed prior to VFC vaccines (similar to yearly lags in the distribution of VFC influenza vaccines). CDC has signaled that vaccine borrowing will be permitted should your private stock arrive prior to VFC vaccines.

**Do I Have to Order COVID-19 Vaccines When They Are Included in the VFC Program?**

Yes! As a stipulation of enrollment in the VFC Program, providers must offer/administer all ACIP recommended vaccines to their patients unless they are considered a "Specialty Provider" that 1) serves a defined population due to practice specialty (e.g., OB/GYN, STI clinic, family planning) or 2) serves a specific age group within the general population of children ages 0-18 (e.g., birthing hospitals serving newborns only). Note, Pediatricians are not considered specialty providers.

Please be on the lookout for additional information and vaccine ordering instructions once the new 2023-24 COVID-19 vaccine formulation is authorized and added to the VFC Program vaccine formulary.

**Vaccines for Children**  
Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2021 will:

- prevent **472 million illnesses** (29.8 million hospitalizations) — more than the current population of the entire U.S.A.
- help avoid **1,052,000 deaths** — greater than the population of Seattle, WA
- save nearly **\$2.2 trillion** in total societal costs (that includes \$479 billion in direct costs) — more than \$5,000 for each American

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/vaccines/vfcprogram/](http://www.cdc.gov/vaccines/vfcprogram/)

**EDUCATION & TRAINING**

The CDC's You Call the Shots web-based training courses are available on a variety of vaccine-specific topics. Visit [You Call the Shots: Vaccines Web-based Training Course | CDC](#) to access the trainings. VFC Providers are eligible to receive CE credits through Training and Continuing Education Online at [Welcome to TCEO \(cdc.gov\)](#)

On January 2023 there were updates to the required modules for VFC providers:

- ❖ [You Call the Shots \(cdc.gov\)](#) – Module 16
- ❖ [You Call the Shots \(cdc.gov\)](#) – Module 10

Stay up-to-date on information about the courses by entering your email at the [You Call the Shots: Vaccines Web-based Training Course | CDC](#)

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**Please note that these training modules are now an annual requirement of the VFC program.**

**HELP BOX**

Fax technology has been a convenient way to send documents, however, it can present several issues that could affect or delay receipt of your vaccine orders and VFC documentation. Hardcopy quality of faxed documents can become diminished or degraded, transit problems can result in incomplete documents sent/received, and hardware problems could end up costly to repair.

Instead of faxing VFC-related documents (order forms, temperature logs, etc), we strongly recommend scanning and sending as attachments via e-mail to [\*\*doh.hawaii.vfc@doh.hawaii.gov\*\*](mailto:doh.hawaii.vfc@doh.hawaii.gov).

*If you have any questions or require further assistance, please send us an e-mail, or call (808) 586-8300 (Oahu) or 1-800-933-4832 (toll-free).*



**HAWAII DEPARTMENT OF HEALTH  
IMMUNIZATION BRANCH  
VFC PROGRAM**

**TELEPHONE: 808-586-8300**  
**TOLL FREE # FOR NEIGHBOR ISLANDS:**  
**1-800 933-4832**  
**FAX: 808-586-8302**

**Contributors**

- Heather Winfield-Smith, VFC Coordinator
- Augustina Manuzak, MPH, Ph.D.
- Marilyn Sandvig, HIR Supervisor
- Monica Nayakwadi-Singer, MD MPH
- Jennifer Endo
- Josephine Araki, RN
- Loraine Lim, RN
- Kealohi Corpos
- Melvin Reyes
- Bridget Anthony
- Danrie Miral

**Immunization Branch Chief**

Ronald Balajadia, MS

**VFC Program Coordinator**

Heather Winfield-Smith

