

HAWAII VACCINES FOR CHILDREN NEWSLETTER

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Spring Edition / April 2024

HAWAII VFC EXPIRED, SPOILED, AND WASTED VACCINES

During Federal Fiscal Year 2023, over 8700 doses of routine VFC vaccines, valued at over \$540,000, were reported as expired, wasted, or spoiled by Hawai'i VFC vaccine providers. Note, this figure represents only routinely administered vaccines and does not include seasonal/allocated VFC vaccines like influenza and COVID-19, for which wastage is expected to occur on a yearly basis as new formulations become available.

What can you do about expiration, wastage, and spoilage?

1. Plan your VFC orders.

- Do not go on ordering “autopilot” and continue to request the same amounts of vaccines if they are no longer regularly administered.
- With the greater availability of combination vaccines, the Hawaii VFC program has observed a sharp increase in wastage of DTaP and Hib products. If your office primarily administers combination vaccines, reduce orders for the individual vaccine components accordingly.
- Td vaccine supply is currently constrained and should now only be ordered for administration to persons contraindicated to receive pertussis-containing vaccines. See: [Diphtheria, Tetanus, and Pertussis Vaccine Recommendations | CDC](#) for more information. For most persons, Tdap should be administered instead.

2. Know when vaccine is truly spoiled/wasted.

- Do not discard open multidose IPV vials after 30 days. With the exception of COVID-19, vaccines in multidose vials (MDVs) that do not require reconstitution contain preservatives and can be used through the expiration date printed on the label as long as the vaccine is not contaminated, unless otherwise indicated by the manufacturer. [See Package Insert - IPOL \(fda.gov\): 30-day BUD is not indicated by the manufacturer.](#)



- If a temperature excursion occurs, do not assume all affected vaccines are spoiled. Activate your emergency vaccine storage plan and continue to store affected vaccines at appropriate storage temperatures. Label “Do Not Use” and follow-up with vaccine manufacturers and the Hawai’i VFC Quality Assurance team to determine viability.

3. Act.

- If you do have expired or spoiled VFC vaccine on hand, report it to the Hawai’i VFC program and initiate a return to McKesson within 6 months. The Hawai’i VFC Program receives excise tax credits for each vial returned which allows for recovery of a portion of the funds lost due to expiration and spoilage. Note, all unused/intact (i.e., caps have not been removed) expired and spoiled VFC vaccines are returnable, including VFC influenza and COVID-19 vaccines. Hawai’i VFC vaccine return instructions are available here: [VFC-Vaccine-Return-Instructions.pdf \(hawaii.gov\)](#).

ESS - MEASLES

Measles is a viral infection that can spread through the air by respiratory droplets from coughing or sneezing. Measles is highly contagious and can lead to severe complication and death. Symptoms of measles include high fever, cough, runny nose, red watery eyes, and rash that appears 2-4 days after symptoms begin



The best way to prevent measles is to get vaccinated with the measles-mumps-rubella (MMR) vaccine. Currently, outbreaks of measles are increasing both internationally and domestically in the continental United States. The Hawai’i State Department of Health is advising travelers and residents to be careful at this time.

Clinicians are advised to:

1. Be alert for cases of measles. Consider measles in any patient with fever and morbilliform rash, especially in those with known exposure to a case of measles, with recent international travel or with exposure to a visitor from abroad or a US resident who has recently returned from international travel.
2. Implement airborne precautions immediately for all patients with fever and morbilliform and/or vesicular rash: identify, isolate, and provide a face mask for the patient to wear.
3. Immediately report suspect cases to the Hawai’i Department of Health (HDOH).
4. Coordinate diagnostic testing of suspected cases with HDOH. Serologic testing for measles IgM is commercially available. Nasopharyngeal or throat swabs and urine specimens can be tested by PCR at the State Laboratories Division (SLD). Disease Outbreak Control Division (DOCD) approval is required before submission of specimens to SLD.
5. Assess MMR status of your patients and recall susceptible children to receive MMR vaccination according to routine MMR recommendations.

VAX TO SCHOOL



Before starting 7th grade, all students must receive vaccinations and a physical exam



IT'S THE RULE. DON'T MISS OUT ON SCHOOL

For more information, visit VaxToSchoolHawaii.com



School Spotlight: Health Requirements for 7th Grade

A physical exam, as part of a well-child visit, is required for all 7th grade students. The physical exam must be completed within 12 months before starting 7th grade.

In addition, by the first day of 7th grade, students must provide documentation of having received the following vaccinations:

- **Tdap** (Tetanus-Diphtheria-Pertussis)
- **HPV** (Human Papillomavirus)
- **MCV** (Meningococcal Conjugate)

Students without the required immunizations risk being excluded from school.

For more information about Hawai’i’s school health requirements, visit vaxtoschool.hawaii.com.

Reference: Hawai’i Administrative Rules Title [11, Chapter 157](#)

REGISTRY

Back in November 2023, the Hawai'i Department of Health (DOH) announced the SMART Health Card website, a free online service for individuals 18 years or older to receive their official vaccination records. The SMART Health Card is a digital record of patients' vaccinations that were successfully submitted to the Hawai'i Immunization Registry (HIR) by their health care providers, which can be easily accessed via a web portal. For more details on how to get a SMART Health Card go to DOH SMART Health Card website: <https://healthpass.doh.hawaii.gov/>



TALK TO THE CLINICIAN

“We have measles cases in our community. How can I best protect the young children in my practice?”

First of all, make sure all your patients are fully vaccinated according to the 2024 CDC immunization schedule.

In certain circumstances, MMR is recommended for infants age 6 through 11 months. Give infants this age a dose of MMR before international travel. In addition, consider measles vaccination for infants as young as age 6 months as a control measure during a U.S. measles outbreak. Consult the Hawaii Department of Health to find out if this is recommended in your situation. Do not count any dose of MMR vaccine as part of the 2-dose series if it is administered more than 4 days before a child’s first birthday. Instead, repeat the dose when the child is age 12 months.

In the case of a local outbreak, you also might consider vaccinating children age 12 months and older at the minimum age (12 months, instead of 12 through 15 months) and giving the second dose 4 weeks later (at the minimum interval) instead of waiting until age 4 through 6 years.

Finally, remember that infants too young for routine vaccination and people with medical conditions that contraindicate measles immunization depend on high MMR vaccination coverage among those around them. Be sure to encourage all your patients and their family members to get vaccinated if they are not immune.

“Is there anything that can be done for unvaccinated people who have already been exposed to measles, mumps, or rubella?”

Measles vaccine, given as MMR, may be effective if given within the first 3 days (72 hours) after exposure to measles. Immune globulin may be effective for as long as 6 days after exposure. Postexposure prophylaxis with MMR vaccine does not prevent or alter the clinical severity of mumps or rubella. However, if the exposed person does not have evidence of mumps or rubella immunity they should be vaccinated since not all exposures result in infection.

- For more info: [For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)
- Resource link: [Ask The Experts Archive | Immunize.org](#)

Measles is an **URGENT CATEGORY NOTIFIABLE CONDITION**.

Immediately report any suspected cases of measles to the HDOH.

Do NOT wait for laboratory confirmation.

- o Oahu (Disease Reporting Line).....(808) 586-4586
- o After hours on Oahu.....(808) 600-3625
- o Maui District Health Office.....(808) 984-8213
- o Kauai District Health Office.....(808) 241-3563
- o Big Island District Health Office (Hilo)(808) 933-0912
- o Big Island District Health Office (Kona).....(808) 322-4877
- o After hours on neighbor islands(800) 360-2575 (toll free)

Resources:

- Centers for Disease Control and Prevention. (2020). Measles. Centers for Disease Control and Prevention. <https://www.cdc.gov/measles/hcp/index.html>
- MMR (Measles, Mumps, and Rubella) Archives. (2023, June 19). Immunize.org. (<https://www.immunize.org/ask-experts/topic/mmr/>)

QA EDUCATION: TEMPERATURE EXCURSIONS

VFC providers are required to respond to any temperature reading outside of the recommended range found in the vaccine manufacturer's package insert. These are known as **Temperature Excursions**.

Excursion Protocol:

1. Identify & Notify

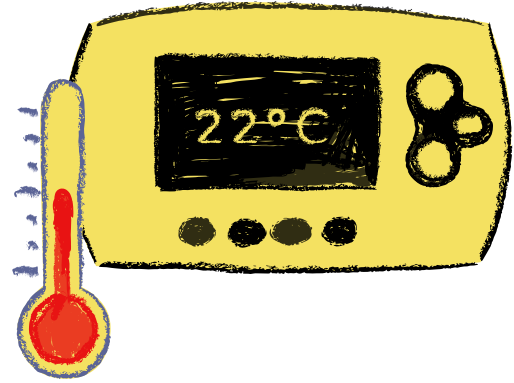
- Identify out-of-range temperatures and immediately stop vaccinations from suspected storage unit, label "DO NOT USE"
- Notify clinic VFC Primary/Back-Up coordinator(s) and/or supervisor(s).
- Notify HDOH VFC QA Team at the time of discovery.

2. Download and Evaluate

- Download DDL (digital data logger) data.
- Evaluate excursion event(s) & document details in the Troubleshooting Log.
 - i. Troubleshooting Log: [Vaccine Storage Troubleshooting Record \(hawaii.gov\)](#)
- If unit does not stabilize, implement Emergency Response Protocol for your facility.

3. Contact Vaccine Manufacturers & Submit Documentation

- Contact vaccine manufacturers for vaccine viability determinations. Provide all details you've gathered regarding the excursion event including cumulative exposure durations
- Submit all temperature excursion documentation to HawaiiVFC@doh.hawaii.gov.



Vaccine Manufacturer Stability Calculators should only be used under the advisement of a HDOH VFC QA Team Member. Incorrect use of the stability calculators may result in inaccurate vaccine viability determinations.

Temperature Excursion Protocol Reminders:

1. Complete the Troubleshooting Log in its entirety.
 - Be sure to include: a detailed description and cause of the excursion event, actions you and your staff have taken to address the excursion and manufacturer correspondences (representative names, case numbers, etc.)
2. 5 days of consecutively stable, within appropriate range, temperature data from the date of the most-recent excursion must be submitted before your excursion case can be cleared.
3. In the event of an Emergency Transport, please refer to the Vaccine Transport Section of our Toolkit: [Guidance-on-Vaccine-Transport.pdf \(hawaii.gov\)](#)
4. VFC providers should NOT utilize vaccine exposed to excursions until advised by the HDOH VFC QA Team.

Please note: Pending vaccine orders and ordering privileges will be placed on HOLD until given clearance from the HDOH VFC QA Team.

Each temperature excursion event is unique and manufacturer recommendations based on existing stability data cannot be applied to future events that may appear to be similar. Therefore, all excursions should be reported to the HDOH VFC QA Team to ensure correct viability determinations.

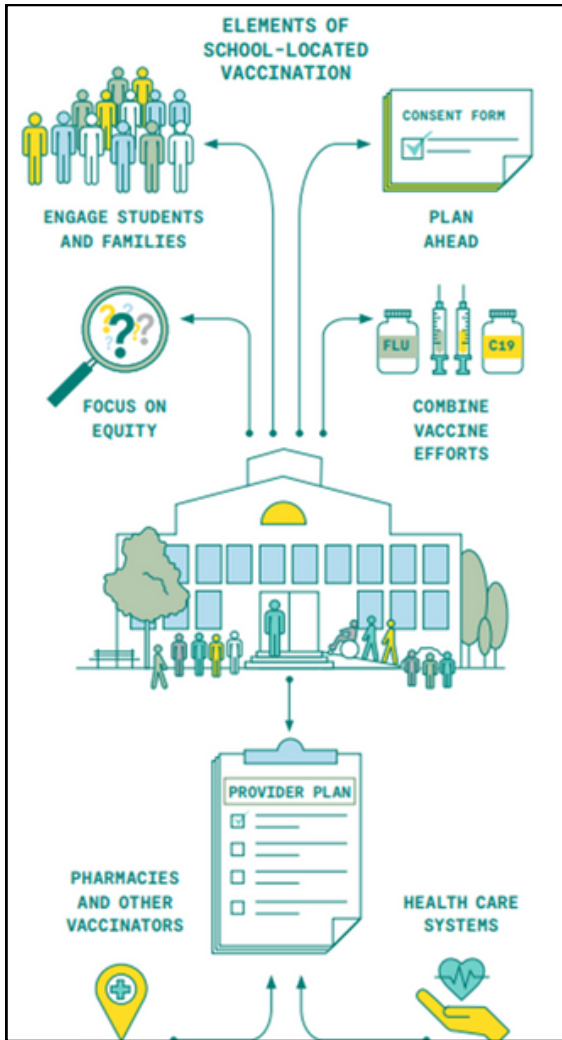
Manufacturer Contact Information:

- GlaxoSmithKline (GSK): 1-888-825-5249 or www.gskusmedicalaffairs.com
- Merck: 1-800-672-6372
- Pfizer: 1-800-438-1985
- Sanofi Pasteur: 1-800-822-2463 or www.sanofiusmedicalinformation.com

SCHOOL-LOCATED FLU VACCINATION EFFORTS

Opportunity to Support School-Located Vaccination Clinics

It is through partnerships between DOH, several Community Vaccination Providers, and the coordination of stakeholders, that school-located vaccination clinics can continue to be critical tools towards increasing vaccine equity and building vaccine confidence in school and community settings. As we prepare to begin planning and hosting school-located vaccination clinics for staff, students, or their broader communities during the 2024-2025 school year, DOH is seeking Community Vaccination Providers to conduct community and/or school-located vaccination clinics.



What is a School-Located Vaccination Clinic?

According to the Centers for Disease Control and Prevention, school-located vaccination efforts are:

- Administered on school grounds via temporary clinics
- Primarily designed to vaccinate enrolled students, but can include school staff, family, or community members
- Held before, during, or after school
- Typically involve collaboration between state and local health departments, schools, and other groups such as FQHCs, pharmacies, health care providers, community-based organizations, etc.

Why promote School-Located Vaccination Clinics?

- School-located vaccination clinics are critical access points for students, school staff, and even family members to receive Influenza and COVID-19 immunizations
- Critical tool for expanding vaccine access, building vaccine confidence in school and community settings for children and adolescents, and supporting a safe return to school
- School-located vaccination clinics are important avenues for increasing vaccine equity
- School-located vaccination clinics are especially important right now, as children are falling behind on routine vaccinations
- Schools have the opportunity to provide safe and convenient access to vaccines that can help keep students healthy and schools safe for in-person learning
- Schools are environments in which children feel safe, seen, soothed, and secure, which can improve the immunization experience
- Principals, teachers, and school nurses are trusted sources of information for the community

Benefits of School-Located Vaccination Clinics

1. Ability to immunize large numbers of students in a short time frame in a familiar environment
2. Decreasing illness-related absenteeism for students and missed work for teachers, school staff, and families
3. Reducing barriers to underserved students by making vaccinations convenient and accessible
4. Lowering disease transmission and hospitalization rates in surrounding communities
5. Increasing coverage of school-required immunizations and keeping students up to date on all recommended vaccines
6. Relieving the seasonal burden on providers, such as in preparation for the new school year or flu season.

Please email or call our DOH Community Vaccination Program Specialist, Bridget Anthony, if you are interested in partnering to conduct a vaccination event. We thank you for your support in this effort.

Email: bridget.anthony.nsw@doh.hawaii.gov Phone: 808-927-9294

IQIP PROCESS

With the help of our IQIP consultants, you'll be able to look at your clinic's workflow and strategize where you can excel to ensure all your patients get the safety coverage that they deserve!

Who can receive an IQIP site visit?

Any immunization provider in Hawaii enrolled in the Vaccines for Children (VFC) program that services pediatric and adolescent patients is eligible for an IQIP site visit. In order to stay in compliance with the VFC program, a Quality Improvement (QI) plan must be in place.

Site Visit

- Virtual meeting
- Provider's vaccination workflow is observed, and initial coverage is reviewed
- QI strategies are selected
- Technical assistance is provided by the IQIP consultant
- Action items are chosen for strategy implementation plan

2-month check-in

- Phone call
- Progress toward strategy implementation is reviewed
- Technical assistance is provided by the IQIP consultant
- Strategy implementation plan is updated if needed

6-month check-in

- Either a phone call or a virtual meeting
- Progress toward strategy implementation is reviewed
- Technical assistance is provided by the IQIP consultant
- Strategy implementation plan is updated if needed

12-month check-in

- Virtual meeting
- Progress toward Strategy implementation is reviewed
- Technical assistance is provided by the IQIP consultant
- Year-over-year coverage change is reviewed



HELP BOX

**Planning to enter a vaccine order in HIR (Hawai'i Immunization Registry) and received an error message?
We are here to help!**

Here are a few reasons why you may be unable to place your VFC vaccine order:

1. Did you submit your 2024 VFC Enrollment, Training, and Vaccine Management Plan information?
 - If you did not, your VFC Vaccine Ordering privileges in HIR have been suspended.
2. Do you have an unresolved temperature excursion?
 - Until vaccine storage unit temperature excursions are resolved, provider vaccine ordering privileges are suspended. To resolve a temperature excursion, please ensure your **Vaccine Storage Troubleshooting Record** and documentation of at least **5 consecutive days** of in-range temperatures for the affected unit are submitted to the VFC Quality Assurance Team.
3. Did you submit a record of your current VFC inventory and vaccine administration information ("Record Inventory" HIR menu option) prior to your attempt to place a vaccine order in HIR?

Note: New vaccine orders must be entered on the same day your inventory information is submitted.

Please contact us at your earliest convenience and we will be able to assist with troubleshooting HIR vaccine order issues.



Call (808) 586-8300 (Oahu)
or 1-800-933-4832
(toll-free)
Or, please send a detailed
e-mail message to:
hawaiivfc@doh.hawaii.gov

HAWAII DEPARTMENT OF HEALTH IMMUNIZATION BRANCH VFC PROGRAM

Email: HAWAIIVFC@DOH.HAWAII.GOV

Telephone: 808-586-8300

Toll Free for Neighbor Islands: 1-800-933-4832

Fax: 808-586-8302

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