

# IMMUNIZATION NEWSLETTER



SUMMER 2025

A Publication of the Hawaii Department of Health's Immunization Branch

## Currents Events

### MEDICAL ADVISORY: MEASLES IN WASTEWATER

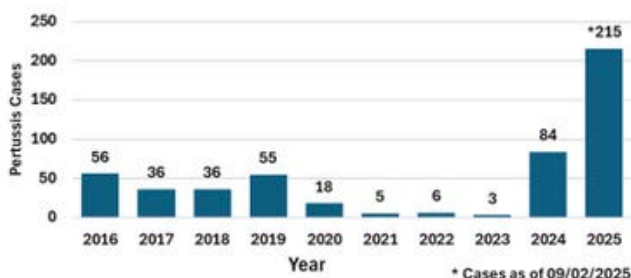
Measles virus was detected in wastewater at a West Hawai'i County Wastewater Treatment Facility (WWTF) in a sample collected on Aug. 11, 2025. The virus was not detected in a subsequent sample.

Read full Medical Advisory from 8/27/2025, please visit Hawaii Department of Health website at: <https://health.hawaii.gov/docd/for-healthcare-providers/medical-advisories/>

### PERTUSSIS: NEWS RELEASE

The Hawai'i Department of Health (DOH) continues to respond to a concerning rise in pertussis (whooping cough) cases statewide. As of September 2, 2025, DOH has identified 215 cases of pertussis – more than 2.5 times the 84 cases identified in all of 2024.

Cases have been reported in every county, with the highest rates on Kaua'i, Maui, and Hawai'i Island. Infants under 1 year old have been the most severely affected group. In addition, there are elevated case rates being seen among toddlers, children and adolescents.



[Read recent News Release from 8/11/2025, visit Hawaii Department of Health website at: News Releases from Department of Health | Newsroom](#)

## Summer Content

- CURRENT EVENTS
- VFC UPDATES
- MEASLES UPDATE
- IMMUNIZATION INFORMATION SYSTEM
- COMMUNITY BASED IMMUNIZATION
- ASK THE DOCTOR
- HEALTH EDUCATION

## Reminders

**Providers** should be vigilant to the possibility of measles in persons presenting with signs and symptoms clinically compatible with measles in persons who reside or may have visited West Hawai'i County during the month of August and should take appropriate actions.

**IMMEDIATELY** report to Hawaii Department of Health at the time measles infection is suspected. **DO NOT WAIT** for lab results.

## Help Box

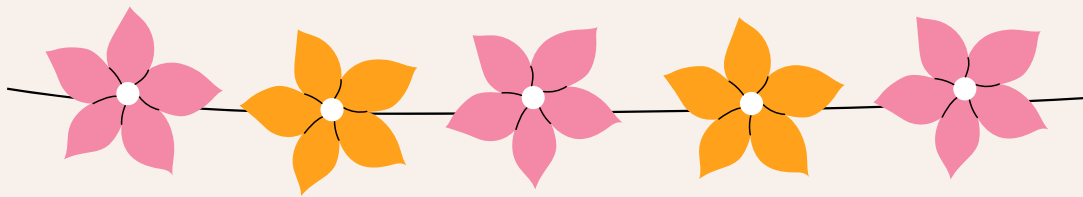
VFC Reminder: Please process all expired, spoiled and wasted vaccines via HiSIS. The Vaccine Loss Reporting Form is not longer accepted.

For questions regarding this process, please contact Hawaii VFC Program at 808-586-8300 or <mailto:HawaiiVFC@doh.hawaii.gov>

## Upcoming

- ACIP Meeting: 9/18- 9/19
- HiSIS Public Portal Launch





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## VFC Updates

CDC has announced changes to the Federal Vaccines For Children Program that will apply to Hawaii Vaccines For Children Program-participating providers. Updates include:

### Vaccine Inventories

VFC providers are required to maintain a full stock of all ACIP-recommended vaccine for VFC eligible patients, however, CDC now no longer requires providers to maintain equivalent private inventories of vaccines for administration to their privately-insured (non-VFC eligible) patients, if they do not “plan” to offer all ACIP- recommended vaccines to their privately-insured patient population.

- **EXCEPTION:** VFC Providers are now no longer required to stock COVID-19 vaccines for administration to their VFC-eligible patient populations. If providers elect not to stock VFC COVID-19 vaccines, they must identify accessible locations where VFC-eligible children can be referred to for COVID-19 vaccinations.

**IMPORTANT:** VFC vaccines MAY NOT be administered to non-VFC eligible patients. If a VFC provider does not “plan” to offer vaccinations to their non-VFC eligible patients and elects not to maintain an inventory of private stock, they must identify accessible locations where non-VFC eligible patients can be referred to for vaccinations.

At the State level, the Hawaii VFC program **strongly encourages** providers to maintain equal access to vaccines for VFC and non-VFC eligible patients at their provider offices.

## Hawaii State Immunization System (HiSIS)

The HiSIS is secure and confidential. Information is only shared with the patient or patient’s family, legal guardian, the patient’s healthcare providers, and school nurses. Your facility plays an important role in keeping HI safe from vaccine preventable diseases. Recommend to your new parents they enroll their newborn in the HiSIS.

## Vaccine Information Statements- Updated CDC Guidance

Providers must present current Vaccine Information Statements (VIS) to patients at every vaccination before they administer the vaccine. Before administering VFC monoclonal antibody immunizing products (e.g., nirsevimab), providers should provide an Immunization Information Statement (IIS). Providers should not delay use of an ACIP-recommended vaccine or immunization product that does not yet have a VIS or IIS available. If the VIS or IIS are unavailable, a provider may use the manufacturer’s package insert, written FAQs, or any other document to inform patients about the benefits and risks of that vaccine. Providers may also produce their own information materials for patients. Once a VIS is available, providers should use it. If the vaccine is under an Emergency Use Authorization (EUA), providers should make the EUA Fact Sheet for Recipients available for patients.

## What are the benefits of using HiSIS?



All vaccine records are kept in one place. If a patient changes doctors within HI, the new doctor will automatically see all the vaccines the patient has received.



The patient’s healthcare provider is provided with an official immunization record when needed for school, childcare, college, or employment.



Tells the healthcare provider when the patient is due for a vaccine, keeps them up-to-date to protect from vaccine preventable diseases. Avoids extra cost to patient from unneeded or duplicate vaccinations.



Determines which patients are vulnerable to infection during outbreaks of vaccine preventable diseases.



Inventory management and ordering vaccines.

Got a question? Contact our HiSIS Help Desk at [DOH.HiSIShelp@doh.hawaii.gov](mailto:DOH.HiSIShelp@doh.hawaii.gov) or 808-586-4665 (Oahu) or 1-888-447-1023 (Neighbor Islands).



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## Emergency Vaccine Procedures and Transport

Prioritizing your safety and the safety of your patients are paramount in an emergent, life-threatening situation. However, if you have reasonable advanced warning such as notification of a slow-moving severe weather event (e.g., hurricane/tropical storm) or a non-emergency event occurs that jeopardizes vaccine storage (e.g., equipment malfunction, power outage, etc.) and you are able to safely take action to protect your vaccine supply, it is important for immunization providers to activate an up-to-date Vaccine Emergency Management Plan.

Here are some things to consider when developing and/or reviewing your Vaccine Emergency Management Plan:

- **Backup Equipment**

- Ensure that all staff know where back-up equipment is located:
  - **Certified, calibrated, back-up temperature monitoring device (temperature data logger)** - if you need to transport vaccines off-site, you will need to monitor the temperatures in your 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.).
    - **Please note: Do not use frozen gel packs or coolant packs from original vaccine shipments to pack refrigerated vaccines. They can still freeze vaccine even if they are conditioned or appear to be “sweating”**
- **Review your Emergency Plan** to ensure that all staff know how to use your back-up equipment and are familiar with packing vaccines in an emergency. Run through your procedures, practice packing vaccines (you can use expired vaccines as a stand-in), and monitor your “practice” vaccine cooler temperature to ensure that you would be able to maintain appropriate vaccine storage temperatures during an emergency.

- **Generators and Backup Battery Power Sources**

- **Generators:** Ensure that you have sufficient fuel on hand to continuously operate the generator for at least 72 hours.
- **Backup Battery:** Check the manufacturer’s guidance for quarterly testing procedures and maintenance schedules.
- Ensure staff know where backup power sources are located and know how to operate them.

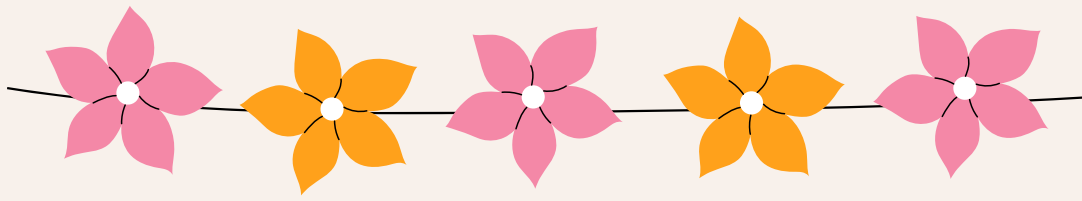
- **Alternative Vaccine Storage Facility**

- Even if you have backup equipment or a generator, it is recommended that you establish a working 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, commercial pharmacies/pharmaceutical distributors are some of the facilities that may be able to assist you.

- **Assessing Your Building After Hours**

- Should an emergency occur after business hours, ensure that your facility’s building manager and/or 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.





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### **(CONTINUED) Emergency Vaccine Procedures and Transport**

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 (approved refrigerants, buffer materials, etc.). For step-by-step guides, view the following resources:

- CDC “Packing Vaccines for Transport During Emergencies”:  
<https://www.cdc.gov/vaccines/hcp/admin/storage/downloads/emergency-transport.pdf>
- For more information on Emergency Vaccine Storage, Handling and Transport Preparations, view the CDC Vaccine Storage and Handling Toolkit at:  
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

Section 8 (“Vaccine Transport”) of your hard-copy VFC Provider Reference Toolkit. This section can also be accessed via our online VFC Provider Reference Toolkit at:  
<https://health.hawaii.gov/docd/files/2024/05/VFC-Toolkit-List.pdf>

### **VFC Contact Info**

If you have any questions or feedback, please contact the Hawaii VFC Program at 808-586-8300, 1-800-933-4832 (toll-free), or  
[HawaiiVFC@doh.hawaii.gov](mailto:HawaiiVFC@doh.hawaii.gov).  
Mahalo nui for your incredible support!

### **Hawaii Legislative Update**

Landmark immunization-related legislation was passed by the State legislature at the close of the legislative session in May and was signed into law by Governor Green on 6/4/25.

Act 175 establishes a “Universal Immunization Funding Program” and Special Fund in which health insurer contributed funds will be used for the purchase of immunizations for all persons 0-64 years of age in the State of Hawaii. Similar to the Federal Vaccines for Children Program, the Hawaii Universal Program will provide vaccines free of charge and eliminate the need for providers to pay up-front costs for immunizations for privately-insured patients, reducing the financial and administrative burden of immunization-related healthcare for all persons under the age of 65 in the State of Hawaii. The HDOH Immunization Branch truly appreciates the strong testimony in support for the measure submitted by many local pediatricians and healthcare organizations – your efforts demonstrated the vital importance of this effort to our Legislators and Governor Green!

In the coming year, the Department of Health will work on establishing this ground-breaking program; including developing Administrative Rules to govern the insurer assessment process; defining program enrollment processes; ensuring State of Hawaii participation in bulk/consortium purchasing contracts; and defining vaccine administration reporting procedures to the Hawaii State Immunization System (HiSIS).







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## Epidemiological Surveillance Section: Measles Update

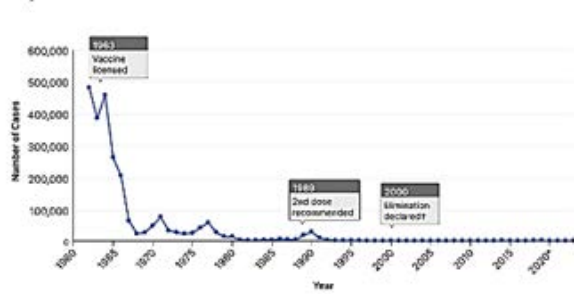
Measles is a highly contagious respiratory infectious disease caused by measles virus. The disease is transmitted by direct contact with infectious droplets through airborne. The first sign of Measles is usually a high fever (often >104 F) that typically starts 8-12 days after exposure to measles case and lasts 4-7 days. This prodromal phase is marked by malaise, fever, anorexia, and the classic triad of conjunctivitis, cough, and coryza ("3 Cs"); followed by maculopapular rash starting on face and upper neck spreading down to extremities and the rest of body.

Measles can cause serious complications such as pneumonia and encephalitis:

- 1 out of 5 unvaccinated persons with measles are hospitalized
- 1 out of 20 children with measles, develop pneumonia
- 1 out of 1,000 develop encephalitis; possible life-long deafness or intellectual disability
- 1 to 3 out of 1,000 will die
- During pregnancy, may result in pregnancy loss, prematurity, or low birth-weight infants

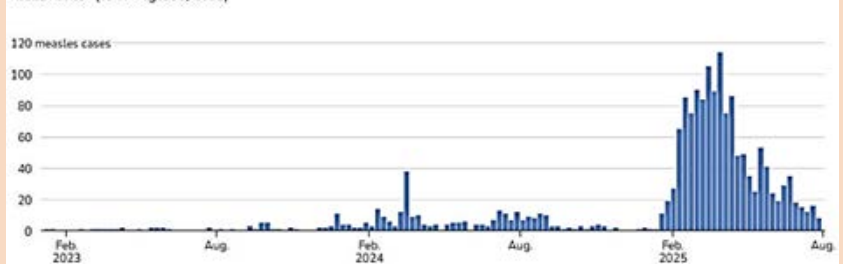
The increased of global measles activity and the decreased of domestic and global vaccination rates of MMR (Measles-Mumps- Rubella) put the U.S. at increased risk for measles outbreaks. In 2025, record-breaking numbers of measles cases and outbreaks have been reported in the U.S., and as of September 2, 2025, a total of 1, 431 confirmed measles cases were reported by 42 jurisdictions, including 2 confirmed cases from Honolulu

Reported Measles Cases in the United States from 1962 – 2023\*



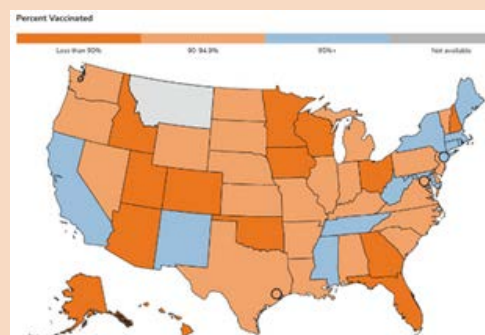
Weekly measles cases by rash onset date

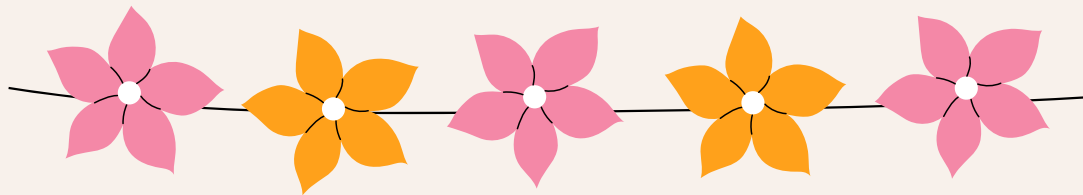
2023–2025\* (as of August 5, 2025)



Measles vaccine is very safe and effective. Measles vaccine is included in MMR vaccine and MMRV vaccine (for children 1-12 years old only). Two doses of measles vaccine are 97% effective at preventing measles (range: 67-100%). One dose is 93% effective (range: 39-100%).

Protection through community immunity (herd immunity) can be reached when more than 95% of people in a community are vaccinated (coverage >95%). The declines in 2-dose MMR vaccine coverage will increase risk for outbreaks in communities with <95% coverage. The following map (MMR Vaccine Coverage) showed MMR vaccine coverage for Kindergarteners in U.S., School Year 2023-2024.





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## (CONTINUED) Measles Update

### Vaccine Guidance:

Providers should ensure all patients without other evidence of immunity, especially those planning international or domestic travel, are up to date on MMR vaccine per Advisory Committee on Immunization (ACIP) recommendations:

- Children are recommended to receive two doses of MMR. The first dose is given at 12–15 months of age and the second is given at 4–6 years of age before school entry.
- Adults not at high risk of exposure are recommended to have at least one documented dose of MMR in their lifetime, or other evidence of immunity including:
  - written documentation of one or more doses of a measles-containing vaccine, administered on or after the first birthday.
  - positive measles IgG.
  - prior laboratory confirmed measles.
  - birth before 1957.
- Adults at high exposure risk, including students at post-secondary institutions, healthcare workers, and international travelers, should have two documented doses.
- Infants six months of age or older can receive MMR prior to international travel. MMR is not licensed for children < six months of age.

### Evaluation of Suspect Measles Cases:

- Implement standard and airborne precautions immediately including isolating the patient in a single-patient airborne infection isolation room (AIIR), or if not available in a private room with closed door. Provide a face mask for the patient to wear. **Patients with suspected measles should not remain in the waiting room or other common areas of a healthcare facility.**
- If measles testing is needed, and no AIIR is available, consider testing outside of facilities, such as parking lot to avoid possible transmission in healthcare settings.
- If suspect measles cases are being referred to hospitals for a higher level of care due to severity of illness, call ahead to ensure immediate isolation for patients.
- Persons with measles are contagious from four days before through four days after rash onset. Persons with suspect measles infections should isolate away others during this time or until measles has been ruled out.
- **Immediately report to Hawaii Department of Health** at the time measles infection is suspected. DO NOT WAIT for laboratory results.

### Measles Diagnostic Specimens and testing:

- Testing approval and coordination through DOH is required.
- **Respiratory specimen:** for RT-PCR (Available at DOH State Laboratories Division)
  - Nasopharyngeal (NP) or Oropharyngeal (OP) swab specimen are the preferred specimens
  - Most sensitive within 3 days of rash onset but can be positive up to 10 days after rash onset
- **Urine specimen:** for RT-PCR (Available at DOH State Laboratories Division)
  - Urine samples > 4 days after onset of symptoms may also be submitted for RT-PCR testing
- Serum: for antibody testing (not performed by DOH)
  - Order measles-specific IgM antibody test when a suspected case is identified late (>10 days since rash onset)
  - IgM can be detected for 6-8 weeks after acute measles.

Measles is an URGENT CATEGORY NOTIFIABLE CONDITION and should be reported by calling:

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

To read the additional measles Medical Advisory's, please visit Hawaii Department of Health website at:

<https://health.hawaii.gov/docd/for-healthcare-providers/medical-advisories/>

To read additional measles News Releases, please visit Hawaii Department of Health website at:

<https://health.hawaii.gov/news/category/newsroom/>





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### Community Based Immunization and Health Services

The Hawai'i Department of Health has launched the Healthy Hawai'i Partners Program (HHPP), building on the success of Stop Flu at School program.

The Healthy Hawai'i Partners Program (HHPP)—pronounced “HIP”—is a Hawai'i State Department of Health initiative that unites schools, healthcare providers, and community organizations to increase access to essential health services. Through public-private partnerships, HHPP provides school-located and community-based care that benefits students, families, and underserved communities statewide.

After a successful pilot, HHPP is now active on Maui, Hawai'i Island, and O'ahu, with plans to add services and Partner-Providers on Kaua'i, Moloka'i, and Lāna'i by year's end—strengthening community health access through culturally grounded partnerships.

#### Program Highlights:

- Last year, the pilot program successfully completed 47 Partner-Provider clinics.
- As of July 2025, HHPP is engaged with 166 schools, confirming 60 new school-located clinics and interest continue to grow.
- HHPP is also coordinating and mapping community-based healthcare provider clinics across schools, with over 350 single-visit clinics scheduled this year, expanding access to essential health services like never before.

#### Services Offered:

- Flu, COVID-19, and school health required immunizations.
- Tuberculosis (TB) screenings, physical exams, and wellness checks
- Health services available to students, staff, and surrounding communities (Service availability varies based on provider capacity)

### Kauai Stop the Flu at School (SFAS) Update

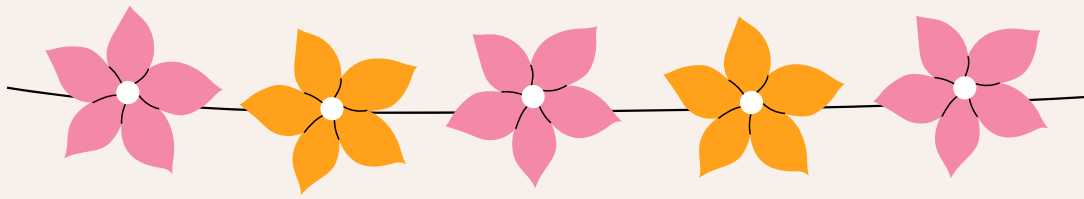
The Kauai District Health Office will continue to offer SFAS in its original format as a preparedness exercise using KDHO staff and KMRC volunteers. This will be the fifteenth year of SFAS on Kauai, and the second year in a row without the use of contracted staff to support clinical operations. All 12 public elementary and middle schools will be participating, along with 3 public charter schools and one private school. Clinics will run from October 14th through October 31st providing students the opportunity to receive their annual flu vaccine for free on their school campus.



### Stay Tuned

The Immunization Branch will share information regarding Universal Program rollout as it becomes available.





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## Health Education

**Debunking** is a reactive approach that responds directly to false claims. When debunking a claim, it is critical to communicate using plain language for your intended audience by using simple terms and explaining clearly why the information is false. Avoid scientific jargon which may add to disbelief or hesitancy. One of the best methods for debunking is the “Truth Sandwich”, which addresses the misinformation, but wraps the false claims in facts.

### Truth Sandwich Method

**Always start your Truth Sandwich with a FACT**

*Childhood vaccines are safe & effective at preventing the spread of disease*

**1**

**Introduce a WARNING that you are resharing a false claim**

**2**

*You might have heard an old myth*

**3**

**Explain the MISINFORMATION, including the tactics that helped it spread**

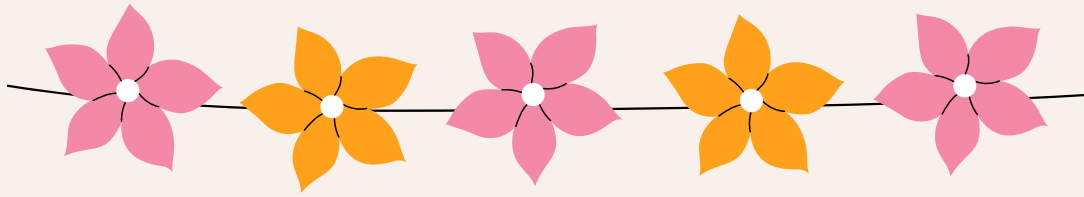
*That falsely connects vaccine and autism*

**4**

**Finish with a FACT, replacing the misinformation with correct information**

*This is not true. Research shows there is no link between vaccination and autism. Immunizations are the best way to protect your child from deadly diseases.*





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## **Ask a Doctor:**

### **What to know about medical exemptions and vaccines**

#### **What are the main reasons for a medical exemption from vaccines?**

Medical exemptions are rare and are documented by a healthcare provider when they have determined that receipt of a specific vaccination or type of vaccine will pose a severe health risk to a patient.

There are three primary categories for medical exemptions: (1) immunocompromised status, (2) severe allergic reaction to a vaccine or a component of a vaccine, or (3) a documented history of a severe adverse reaction to a previous vaccine.

An important aspect to each of these categories is that within each category, exemption to future vaccines does not broadly apply to all future immunizations. It is important for healthcare providers to understand that broad exemptions should not be applied and explain this to patients and parents when this request is made.

#### **What vaccines should a patient with a weakened immune system be exempt from receiving?**

Patients with a weakened immune system, whether it is due to primary immunodeficiency or secondary to medications, should generally avoid live vaccinations. The risk of administration of live vaccines to patients with a weakened immune system is that the attenuated or weakened live vaccine pathogen may be able to replicate and pose a risk of vaccine-strain infection for that patient. The common vaccines in the US that contain a live virus are measles-mumps-rubella (MMR), varicella, yellow fever, rotavirus, and oral typhoid vaccines. The current Mpox vaccine is a non-replicating live vaccine, and it is considered safe to administer to patients who are immunocompromised. When patients have a diagnosed primary immunodeficiency

#### **If a patient had anaphylaxis after a vaccine, what vaccines should they be exempt from receiving in the future?**

It is recommended that patients who have had anaphylaxis to a vaccine undergo evaluation by an allergist/immunologist to further identify what vaccine component may have been the allergen and consider what other vaccine or medications contain the same allergen and should be avoided. Anaphylaxis most often happens to a component of the vaccine and not the antigen itself, but an evaluation by an allergist can help identify these details

#### **Are there circumstances where a patient with a weakened immune system can receive live vaccines?**

There are several considerations about what aspect of the immune system is weakened, and how that may or may not impact the response or reaction to a live vaccine. For example, Selective Immunoglobulin A (IgA) Deficiency still have T-cell function and protective circulating IgG, therefore it is generally considered safe to receive parenteral live vaccines such as MMR, but patients should avoid live vaccines that rely on an intact mucosal immune system, such as live intranasal influenza or oral typhoid vaccines. There are published guidelines for the use of MMR and varicella vaccines in patients with HIV, and there are some live vaccines that have an inactive alternative, specifically immunizations against typhoid and influenza.

Some medications or medical treatments suppress the immune system, but the level of immunosuppression may allow for patients to still receive live vaccines. The prescribing specialist will have the best understanding about the degree of immune suppression and whether live vaccines are considered safe. They can also advise on whether an exemption from live vaccination is temporary and when it is safe to resume immunizations.



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## (CONTINUED) Ask a Doctor: What to know about medical exemptions and vaccines

### **If a patient has only hives after they received a vaccine, is that considered a severe allergic reaction?**

This question is layered because urticaria, or hives, can happen more often from benign stimulation of the immune system and not necessarily due to an allergic reaction. The key factors are the following: timing after vaccination, distribution of hives, any associated symptoms, and duration of the hives. Anaphylaxis is a rapid and systemic allergic reaction, and it is most often seen within minutes up to a few hours after receipt of the vaccine (or any medication). Most often, the patient is still in the vicinity of the location where the vaccine was administered, and they require immediate medical attention. Anaphylaxis usually presents with other immediate symptoms, such as visible angioedema, cough or difficulty breathing, or hypotension.

Hives occur most often as either a local reaction due to local inflammatory response to a vaccine, or it is a benign response to the immune stimulation from the vaccine. If a patient has a few hives at the site of the vaccine, especially when there is also evidence of local inflammation, this is generally considered a self-limited local reaction and is not a reason to avoid future vaccines. Similar to viral triggered urticaria, some patients will have scattered hives that start about 12 to 24 hours after vaccination and usually last several days.

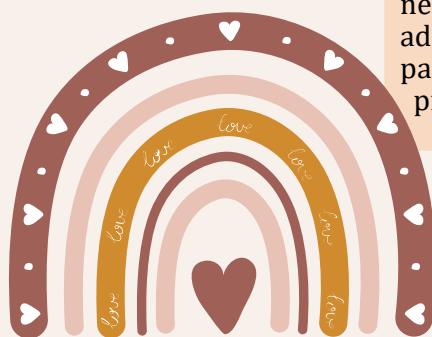
Referral to an allergist/immunologist should be considered if you are uncertain, or if a patient is hesitant about receiving future immunizations.

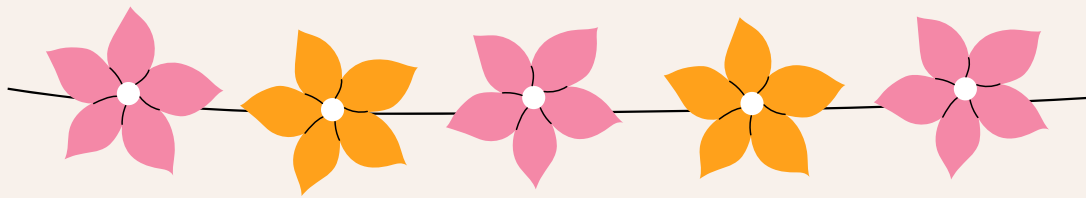
### **If a patient has a history of anaphylaxis from eating eggs, can they still receive vaccines?**

Patients who have a history of anaphylaxis from eggs can still receive most vaccines, including all influenza and MMR vaccines. Even flu vaccines manufactured using eggs can still be administered in patients with a history of egg allergy. History of anaphylaxis to a past influenza vaccine also does not indicate an allergy to eggs. The one vaccine where egg allergy is reason for further evaluation before vaccination is the yellow fever vaccine. This is because the yellow fever vaccine is produced using egg-based systems, and it may contain residual egg proteins.

### **What are some examples of severe adverse reactions following an immunization?**

Although rare, there are some serious reactions that can occur following an immunization that can occur in a delayed manner and can occur in the days or weeks following receipt of the vaccine. Guillain-Barré syndrome (GBS), thrombosis with thrombocytopenia syndrome (TTS), myocarditis, and pericarditis are examples of rare but serious adverse reactions that can occur following an immunization. Typically, exemptions should be granted to the suspected vaccine that caused the severe reaction. These rare events are idiosyncratic and not inherited. Therefore, family history of a severe event in a family member is not a reason to exempt a patient who has not received the vaccine. In some situations, referral to a specialist such as a neurologist, cardiologist, or allergist, can help address additional concerns that the patient or parent may express to their primary care provider.





**SUMMER 2025**

**(CONTINUED) Ask a Doctor: What to know about  
medical exemptions and vaccines**

**There are many infants who are started on biologics, such as omalizumab for severe food allergies, or dupilumab for severe atopic dermatitis or eosinophilic esophagitis. Can these infants or young children receive their MMR or varicella vaccines?**

Omalizumab, which was recently approved by the FDA for prevention of severe anaphylaxis from food allergies in patients with a clinical history of anaphylaxis, can be administered for this clinical indication down to age 12 months. This biologic blocks the binding of IgE, which is the antibody responsible for allergic reactions and it does not play a role in immune responses to vaccines. There is no vaccine exemption indicated for children receiving omalizumab.

Dupilumab blocks the interleukin 4 (IL-4) receptor, and it is FDA approved for severe atopic dermatitis down to age 6 months, as well as eosinophilic esophagitis down to age 12 months. In 2024, American College of Allergy, Asthma and Immunology published a systematic review and expert consensus on the use of vaccines in patients on dupilumab, and they stated that live vaccines can be safely administered to these patients through shared clinical decision making.

**HHPP Contact info**

Interested to join as a Host clinic or become a Partner-Provider, contact Program Lead Esera Vegas at [esera.vegas@doh.hawaii.gov](mailto:esera.vegas@doh.hawaii.gov)

Program portal launching in Fall 2025.



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