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HAWAII IMMUNIZATION COALITION CONFERENCE

Hawaii VFC News SUMMER ISSUE

A PUBLICATION OF THE HAWAII 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. If you have any suggestions for future newsletter topics, or if you would like to share relevant immunization information with other VFC providers through our newsletter, please contact Mardelle Gustilo at (808) 586-4587 or via e-mail at mardelle.gustilo@doh.hawaii.gov. Neighbor Islands, call toll-free 1-800-933-4832.

VFC FOCUS: VFC ELIGIBILITY SCREENING

VFC providers are required to screen all patients for VFC eligibility at every visit and maintain documentation of the screening in the patient's medical record for at least three years. Proper documentation of VFC eligibility screening means that verification of the criteria met to classify a patient as VFC eligible is present in the patient record. On the date that VFC vaccine is administered, there should be corresponding documentation to support eligibility. For example, there should be a copy of the patient's current Medicaid card in his/her chart with an effective date that corresponds to the date of VFC vaccine administration. If the patient does not have insurance, this should be noted in the chart on the day of VFC vaccine administration (remember to include the date for verification purposes).

Ensuring the integrity of the VFC program through quality assurance and quality improvement is a shared responsibility between those who administer the Hawai'i VFC Program and VFC public and private providers. Failure to properly screen patients for VFC eligibility may result in:

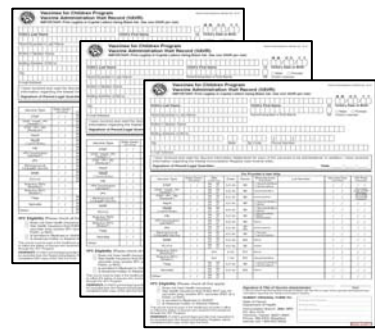
- Provider's inability to fully account for VFC vaccine
- Administering VFC vaccine to patients who are not eligible to receive VFC vaccine
- Failure to immunize a child who is VFC eligible

VFC eligibility is defined as follows:

Children who are 18 years of age or younger and who meet at least one of the following criteria:

- Medicaid/QUEST enrolled or Medicaid/QUEST eligible
- American Indian/Alaska Native (*refer to Indian Health Care Improvement Act (25 U.S.C 1603) for definition*)
- Uninsured
- Underinsured (i.e., the child has commercial (private) health insurance, but the coverage does not include vaccines; a child whose insurance caps vaccine coverage at a certain amount or the insurance covers only selected vaccines (i.e., they are VFC-eligible only for vaccines not covered by their insurance). Please remember that underinsured children may receive VFC vaccines **only** at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). Private providers may choose to refer underinsured children to an FQHC or RHC for immunization services or to immunize underinsured children with vaccine from their private stock. Private providers who administer VFC vaccine to underinsured or to ineligible patients must replace those doses on a dose-for-dose basis with vaccine from their private stock.

If you have any questions about VFC eligibility screening and documentation requirements, please contact the VFC Program at 808-586-8300.



Have You HIRd?

Have you heard? Providers using the Hawaii Immunization Registry (HIR) are able to print the Student Health Record Form (Form 14) with patient demographic and immunization information that has been entered into HIR. With the click of a mouse, HIR can generate a printable pdf of the Form 14 - no more handwriting immunization dates!

Remember: Only the immunizations recorded in HIR will be printed on the Form 14. By entering every immunization you administer into the registry now, HIR will be able to generate a complete Form 14 when your patient is ready for school!

Department of Education

STUDENT'S HEALTH RECORD

Name STUDENT KEIKI T Female Preschool: _____ Entry Date _____
 (Last) (First) (Middle Initial) Male Elementary: _____ Entry Date _____
 Birthdate 05052005 Intermediate/Middle: _____ Entry Date _____
 Month Day Year High: _____ Entry Date _____

Parent's Name ALOHA PARENT _____ Allergies: _____
 (Mother/Guardian) (Father/Guardian)

Please complete the following sections (CHECK IF YES)

Medical Status									
Allergy (type) <input type="checkbox"/>	Cancer/Leukemia <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Seizures <input type="checkbox"/>	Vision Problem <input type="checkbox"/>				
Asthma <input type="checkbox"/>	Chronic Cough/Wheezing <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	JRA Arthritis <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>					
Behavioral Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hemophilia <input type="checkbox"/>	Rheumatic Heart <input type="checkbox"/>	Skin Problems <input type="checkbox"/>					

Physician's Examination Code: N-Normal; A-Abnormal; C-Corrected; R-Receiving Care

Date	Grade	Height (in)	Weight (lbs)	BMI	Blood Pressure	Vision		Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if YES)	Completed PPD Screening (Check if YES) See results below	Provider's Signature	Provider's Stamp or Printed Name
						R	L	R	L																		

Tuberculosis Examination Mantoux Test (Intradermal)			
Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic (Signature or Stamp if Different from Above)

Chest X-Ray		
Date	Results	Location

Dental Examination						
Date	Results	Location	Date	Results	Location	Date

Immunizations (Vaccines, Dates Given: Month/Day/Year)						
DTap, DTP, DT Tdap or Td	Type	DTaP	DTaP	DTaP	DTaP	DTaP
	Date	07/05/2005	09/05/2005	11/05/2005	08/05/2006	05/05/2010
Polio (IPV or OPV)	Type	Polio	Polio	Polio	Polio	
	Date	07/05/2005	09/05/2005	11/05/2005	08/05/2006	
HIB (Haemophilus Influenzae type b)	Type	Hib	Hib	Hib	Hib	
	Date	07/05/2005	09/05/2005	11/05/2005	08/05/2006	
Pneumococcal Conjugate	Type	PCV	PCV	PCV	PCV	
	Date	07/05/2005	09/05/2005	11/05/2005	08/05/2006	
Hepatitis B	Type	HepB	HepB	HepB		
	Date	05/06/2005	06/05/2005	11/05/2005		
MMR	Type				Varicella	05/05/2006 05/05/2009
	Date	05/05/2006	05/05/2007			
Hepatitis A	Type					
	Date					
Other	Type	Influenza	Influenza			
	Date	12/12/2008	11/11/2007			
Other	Type					
	Date					

*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic _____

Sign-up to become a HIR provider today by calling 586-4665 (Oahu), 1-800-447-1023 (Neighbor Islands) or e-mail registryhelp@doh.hawaii.gov.

Vaccine of the Quarter: Pneumococcal Conjugate Vaccine (PCV13)

Four doses of pneumococcal conjugate vaccine, PCV13 or Prevnar 13®, are recommended for all children at 2, 4, 6, and 12-15 months of age. Infants and children younger than age 24 months, who started their pneumococcal series with PCV7, should complete their series with PCV13. Unvaccinated or incompletely vaccinated healthy children aged 7 – 59 months should receive 1 - 3 doses of PCV13. The number of doses needed depends upon their age at the time vaccination began and whether underlying medical conditions are present. A single supplemental dose of PCV13 is recommended for all children aged 14 - 59 months who have received 4 doses of PCV7 or another age-appropriate, complete PCV7 schedule. Unvaccinated children 24 – 71 months of age with medical conditions such as chronic heart or lung disease, HIV/AIDS, or other immuno-compromising conditions, should receive 2 doses of PCV 13. Children 6 – 18 years of age with certain medical conditions and at increased risk for invasive pneumococcal disease, without a previous PCV13 dose, may receive 1 dose of PCV 13 even if they have received PCV7 or PPSV23. For detailed information on PCV13 vaccination, refer to the Prevention of Pneumococcal Disease among Infants and Children in the MMWR report at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm>.

REMINDER: VFC INFLUENZA VACCINE PRE-BOOK

On June 15, 2012, the VFC Program began accepting “pre-booking” orders for influenza vaccine. A revised Seasonal Influenza VFC Vaccine Order Form 2012-13 was provided with the notice that was sent to all VFC providers last month. If you have not done so already, please submit your order as soon as possible. Priority will be given to those providers that place their influenza order by August 1, 2012. Please remember to pre-book for the **FULL** amount of influenza vaccine required by your practice for the 2012-2013 flu season.

Other things to consider when placing your order:

- For the 6th year, the Department of Health (DOH) will be conducting a statewide school-located influenza vaccination program which will offer free influenza vaccine to participating students in kindergarten through 8th grade.
 - Only students in participating schools will be eligible for this program.
 - Over 300 schools will be participating statewide.
 - Flu vaccines will be administered by DOH at participating school locations from October through December 2012.
 - Student participation is voluntary and parental/guardian consent is required.
- VFC influenza vaccines (Trivalent inactivated influenza vaccine [TIV] or Live Attenuated Influenza Vaccine [LAIV]) may only be administered to VFC-eligible patients in your practice.
- The U.S. Food and Drug Administration recommended that the 2012-13 trivalent influenza vaccine for the United States contain A/California/7/2009-like (pH1N1), A/Victoria/361/2011-like (H3N2), and B/Wisconsin/1/2010-like (B/Yamagata lineage). This represents a change in the influenza A (H3N2) and influenza B components from the 2011-12 influenza vaccine formulation.

Talk to the Doc

One of my patients is traveling to London for the 2012 Olympics. Is measles still common in Europe?

Yes. Although measles was declared eliminated in the United States in 2000 due to high vaccination coverage (meaning it no longer occurs year round in the US), measles is still common in some parts of Europe, Asia, the Pacific, and Africa.

While you should make sure that your patient is up-to-date with **all** routine vaccines, it is especially important that he/she is appropriately protected against measles. In the United Kingdom, over 1,200 suspected cases of measles have been reported in 2012. CDC urges all travelers going to the 2012 Olympic Games to be immunized against measles. Measles is one of the most contagious diseases and easily spreads to unvaccinated people. Unvaccinated persons exposed while traveling can bring measles back to the US and infect others.

The best protection against measles is the MMR vaccine:

Infants aged 6 – 11 months: One dose. Note: This is a special travel recommendation. MMR vaccines given before 12 months of age should not be counted as part of the routine series. Infants who receive a dose of MMR before age 12 months will need 2 more doses of MMR vaccine. The first should be administered at age 12– 15 months of age and the second at least 28 days later

Children aged 12 months & older: 2 doses, separated by at least 28 days

Adolescents & adults who have not had measles or been vaccinated: 2 doses, separated by at least 28 days

School Health Requirement: Physician Signature & Stamp Reminder

Hawaii State law requires each student to submit a completed Student Health Record (Form14) before first attending school. The valid Form14 must include the physician's signature and stamp. Lack of the physician's signature will delay the student's ability to attend class. You can find more information regarding the signature requirement at <http://hawaii.gov/health/immunization/Documents/11-157.pdf>.

VFC Frequently Asked Questions

How soon are VFC providers expected to return unused expired or spoiled VFC vaccines to the Hawaii VFC Program?

All vaccine returns should be sent to the Hawaii VFC Program ***within six months*** after the expiration or spoilage date. Please follow the Vaccine Return Instructions and complete a Vaccine Transaction Form to include with the vaccines that you mail back to the VFC program. Additional Business Reply Labels may be ordered using the VFC vaccine order form. You may contact the Hawaii VFC Program at 586-8300 (Neighbor Islands, 1-800-933-4832) if you have any questions.

VFC NEWSLETTERS NOW ON THE WEB

Previous issues of the quarterly VFC Newsletter can now be found on the Hawaii Immunization webpage under Provider News & Updates.

Link to URL:

<http://hawaii.gov/health/Immunization/ProviderUpdates.html>



FIND US ON FACEBOOK

“Like” us on the Disease Outbreak Control Division’s Facebook Page at <http://www.facebook.com/HI.DOCD>.

Hawaii Immunization Coalition Conference *Vaccines: Honest Answers. Informed Decisions.*

This one day conference will be held:

Date: Wednesday, September 12, 2012

Time: 8:00 am to 4:30 pm

Place: Japanese Cultural Center, Honolulu

To view the conference agenda and to register, go to the Hawaii Immunization Coalition (HIC) website: <http://immunizehawaii.org/>. Register before August 12, 2012 to get the reduced early bird registration fee.

Learn the latest from top immunization leaders in the state and nationally-known speaker, Patsy Stinchfield. Conference topics include:

- Vaccine hesitancy;
- Vaccine storage and handling techniques;
- Strategies to increase vaccination rates for children and adults; and
- Current vaccination recommendations.



Keynote speaker Patsy Stinchfield is the Director and Pediatric Nurse Practitioner of Infectious Disease and Immunology at Children’s Hospitals and Clinics of Minnesota. Patsy received the American Nurses Association Immunity Award and was honored during National Infant Immunization Week for her work to protect the health of children through immunization.

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Editor & Contributor

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