



FINALLY, TWO STEPS FORWARD— NOW TO PREVENT TAKING STEPS BACKWARD

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HAWAII ADMINISTRATIVE RULES (HAR) CHAPTER 11-157: EXAMINATION AND IMMUNIZATION

Last amended in 2001

Updated health requirements for preschool, school, and post-secondary school attendance with input from stakeholders

Signed by Governor Ige in August 2019

Immunization requirements now align with current Advisory Committee on Immunization Practices (ACIP) recommendations





“NEW” VACCINATION REQUIREMENTS

EFFECTIVE 1 JULY 2020 FOR 2020/21 SCHOOL YEAR



Child care
facility/preschool

- Pneumococcal conjugate vaccine (PCV)
- Hepatitis A vaccine (HAV)

Kindergarten and
students new to
Hawaii school
system in grades
1-6

- HAV

“NEW” VACCINATION REQUIREMENTS EFFECTIVE 1 JULY 2020 FOR 2020/21 SCHOOL YEAR



7th grade

- Human papillomavirus vaccine (HPV)
- Meningococcal conjugate vaccine (MCV)
- Tetanus, diphtheria, pertussis vaccine (Tdap)

Students new to Hawaii school system in grades 7–12

- HAV
- HPV
- MCV
- Tdap

“NEW” VACCINATION REQUIREMENTS EFFECTIVE 1 JULY 2020 FOR 2020/21 SCHOOL YEAR



Post-
secondary
school

- Varicella
- Tdap
- MCV (1st year student living in on-campus housing only)

INFORMATION PACKET FOR PHYSICIANS



- Immunization Requirements Summary guide
- Abridged copy of signed HAR 11-157
 - Access full document at <https://health.hawaii.gov/opppd/files/2019/08/11-157-includes-Exhibit-A-and-Exhibit-B.pdf>
 - Exhibit B – General Best Practices Guidelines for Immunizations from ACIP is 198 pages
- Medical Exemption form
- Vax to School campaign poster



MEDICAL EXEMPTION FORM

- Requires certification by physician:
 - Provide stated contraindication or precaution
 - Specify period of time
 - Should conform with the ACIP's General Best Practice Guidelines for Immunizations
- Give form to the student's parent/guardian
- Send copy to Department of Health, Immunization Branch





Medical Exemption Form

Instructions for completing Medical Exemption Form:
 Section 1: Completed by parent/guardian or student (aged ≥18 years): Enter child care facility, school, or post-secondary school, and student information
 Section 2: Completed by licensed health care provider (MD, DO, ND, APRN-Rx, PA): Check exempted vaccine, contraindication or precaution, or both, and complete duration of exemption

Section 1: Child Care Facility, School, Post-Secondary School, and Student Information

Student's Name:	Student's Date of Birth:		
Student's Home Address	City	State	Zip
Name of Child Care Facility, School, Post-Secondary School	Street Address	City	Zip

I understand that if at any time there is, in the opinion of the Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized and the student named above will be excluded from attending the child care facility, school, or post-secondary school until the Director of Health has determined that the presence of the outbreak no longer exists [HRS §302A-1157].

Parent/Guardian Name [if student <18 years]. (Please print): _____

Parent/Guardian OR Student (if aged ≥18 years) Signature: _____ Date: _____

Section 2: For Health Care Provider Use ONLY (MD, DO, ND, APRN-Rx, PA):

VACCINE	CONTRAINDICATIONS* (Check all that apply to this patient):	PRECAUTIONS* (Check all that apply to this patient)	FROM:	TO:
<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT, Td	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> DTaP/Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTaP, Tdap	<input type="checkbox"/> Guillain-Barre Syndrome <6 weeks after previous dose of tetanus-toxoid-containing vaccine <input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine <input type="checkbox"/> Moderate or severe acute illness with or without fever <input type="checkbox"/> DTaP/Tdap only: Progressive or unstable neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy	/ /	/ /
<input type="checkbox"/> Hib	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Age <6 weeks	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> Hep A	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> Hep B	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Hypersensitivity to yeast	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /

*https://health.hawaii.gov/docd/files/2019/08/HAR11-157_EXHIBIT_B.pdf.



Section 2: For Health Care Provider Use ONLY (MD, DO, ND, APRN-Rx, PA):				
VACCINE	CONTRAINDICATIONS* (Check all that apply to this Patient):	PRECAUTIONS* (Check all that apply to this patient)	FROM:	TO:
<input type="checkbox"/> HPV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> MMR	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Pregnancy <input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) <input type="checkbox"/> Family history of altered immunocompetence	<input type="checkbox"/> Recent (<11 months) receipt of antibody-containing blood product <input type="checkbox"/> History of thrombocytopenia or thrombocytopenic purpura <input type="checkbox"/> Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing <input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> MCV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> PCV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV13 or any diphtheria-toxoid-containing vaccine or to a component of a vaccine (PCV13 or any diphtheria-toxoid-containing vaccine)	<input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> IPV	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Moderate or severe acute illness with or without fever	/ /	/ /
<input type="checkbox"/> Varicella	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Family history of altered immunocompetence	<input type="checkbox"/> Recent (<11 months) receipt of antibody-containing blood product <input type="checkbox"/> Moderate or severe acute illness with or without fever <input type="checkbox"/> Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination <input type="checkbox"/> Use of aspirin or aspirin-containing products	/ /	/ /
<p>I certify that in my medical judgement, due to the contraindication(s)/precaution(s) noted above, this student is exempt from the specific vaccine(s) named for the period indicated.</p> <p>Health care provider's name/Title (Please Print): _____ License number: _____</p> <p>Address: _____</p> <p>Health care provider's signature: _____ Date: _____</p>				

DTaP=Diphtheria, Tetanus, acellular Pertussis, Tdap=Tetanus, diphtheria, acellular pertussis, DT=diphtheria, tetanus, Td=tetanus, diphtheria, Hib=*Haemophilus influenzae* type B, Hep A=hepatitis A, Hep B=hepatitis B, HPV=human papillomavirus, MMR=measles, mumps, rubella, MCV=meningococcal conjugate vaccine, PCV=pneumococcal conjugate vaccine, IPV=inactivated poliovirus vaccine



HAWAII DEPARTMENT OF HEALTH IMMUNIZATION MEDIA CAMPAIGN

- Launched October 2019
- Targeting parents of current 6th graders regarding 7th grade school entry requirements
- Campaign Schedule
 - TV/Radio airtime: September, March, May, end of June–beginning of Aug
 - Print ads
 - Statewide
 - Oct, Nov, Dec 2019
- Posters/Flyers
- Questions? Call (808) 586-8300, Immunization Branch





BEGINNING FALL 2020
**HAWAII LAW REQUIRES ALL
STUDENTS TO GET VACCINATED
AND RECEIVE A PHYSICAL EXAM
BEFORE 7TH GRADE.**



**IT'S THE RULE,
DON'T MISS OUT ON SCHOOL**

**VACCINES YOUR
CHILD NEEDS TO
ATTEND 7TH GRADE**

-  **TDAP** (TETANUS-DIPHTHERIA-PERTUSSIS)
-  **HPV** (HUMAN PAPILLOMAVIRUS)
-  **MCV** (MENINGOCOCCAL CONJUGATE)

MAKE A DATE TO VACCINATE!

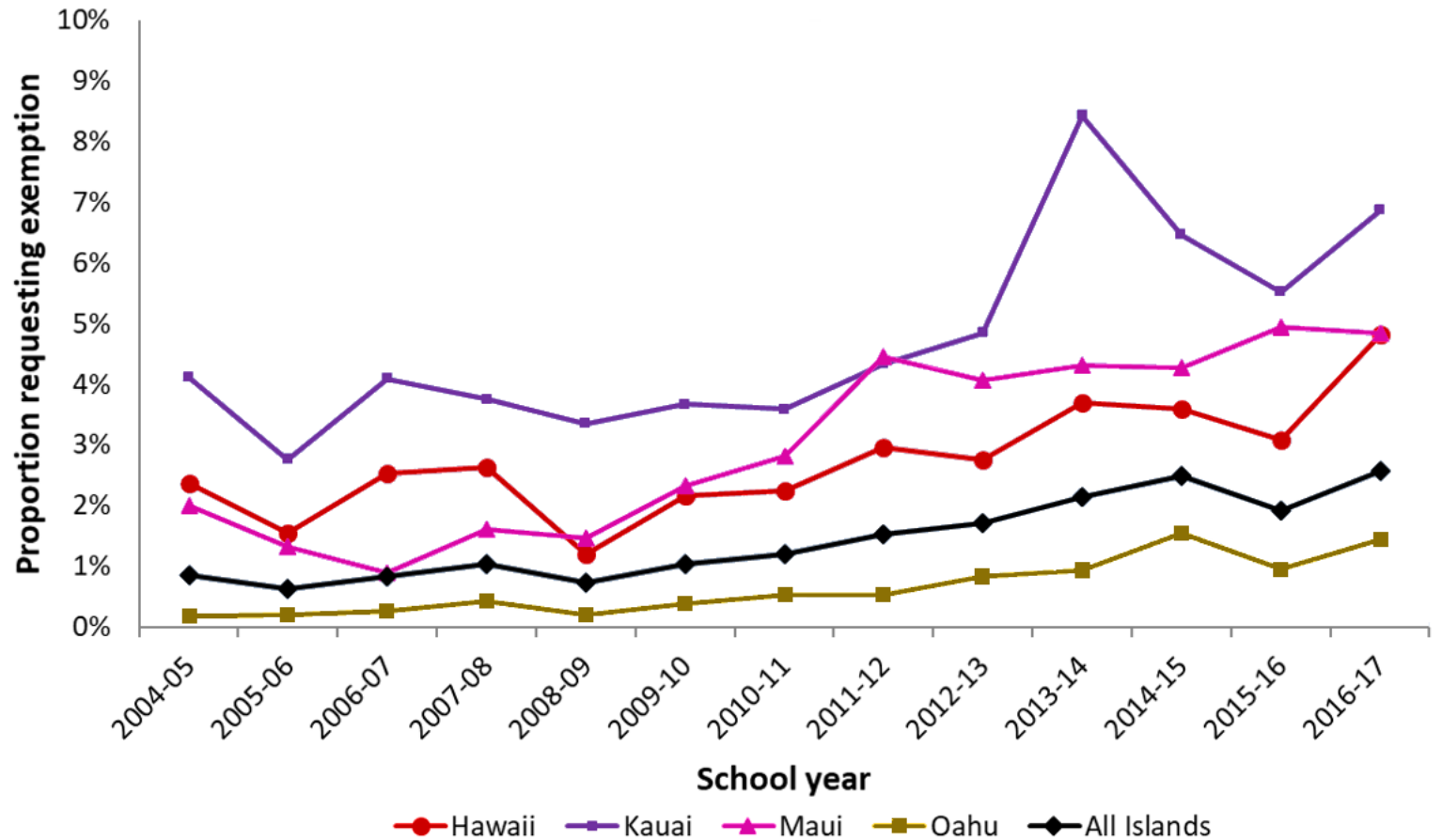
Students without the required immunizations risk being excluded from school.
Parents, call your child's healthcare provider today to make an appointment.



Get more information, visit VaxToSchoolHawaii.com

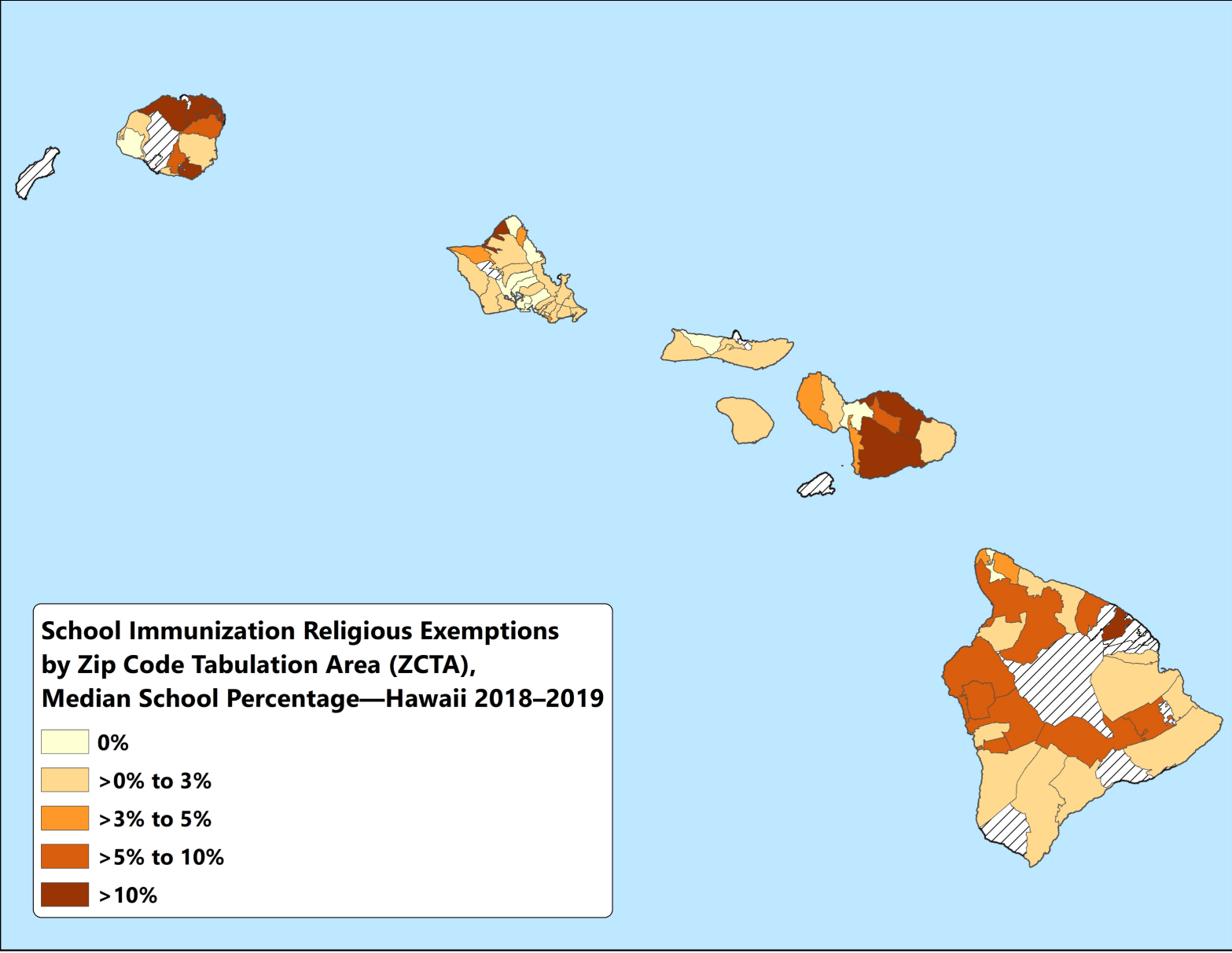


RELIGIOUS EXEMPTION REQUESTS FOR SCHOOL ENTRY BY SCHOOL YEAR, HAWAII, 2004–17*



*Unvalidated data based on self-report from schools to Hawaii Department of Health





MAHALO!

