

# Vaccines for Adults Webinar: 2023 Adult Immunization Update

---



Immunization Branch  
California Department of Public Health  
March 29, 2023  
12pm-1pm

# Housekeeping

---



Attendee lines are automatically muted.



Please access today's slides at <https://eziz.org/vfa-317/vfa-resources/>. The webinar is being recorded and will be posted there after the event.

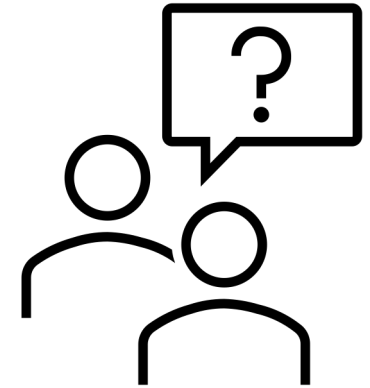
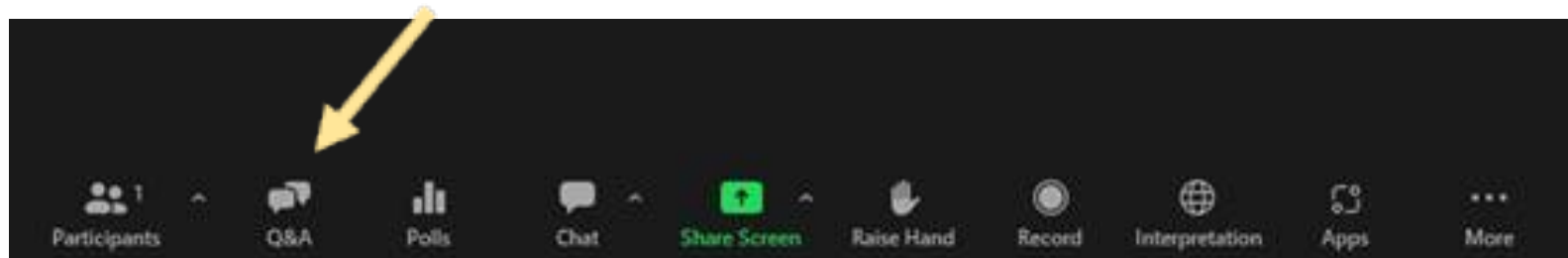


For webinar troubleshooting, please email Cecilia LaVu at [Cecilia.LaVu@cdph.ca.gov](mailto:Cecilia.LaVu@cdph.ca.gov).

# Questions

---

During the webinar, open the **Double Bubble Q&A** to submit written comments or questions.



# Webinar Objectives

---

At the end of this webinar, participants will be able to...

1. Share VFA Program updates with clinic staff.
2. Understand the new AB 1797 Registry Law and explain the Digital Vaccine Record to patients.
3. Explain the changes within the new ACIP Schedule.
4. Identify updated tools and resources that can be utilized for adult patients.

# Agenda

---

- **Program Updates** – Nisha Gandhi & Lindsay Reynoso
- **CAIR Updates** – Michael Powell
- **ACIP and IZ Updates** – Dr. Caterina Liu
- **Resources** – Terisha Gamboa
- **Q&A Session**

---

Nisha Gandhi and Lindsay Reynoso

# **PROGRAM UPDATES**

# VFA Program Updates

---

- Next ordering period: April 3-14, 2023
  - Increased ordering caps
    - Last 2 ordering cycles lower than projected
    - Order based on projected need and usage
  - Td Shortage
  - PPSV23 no longer available to order after the Q2 cycle
    - Follow recommendations outlined in the 2023 VFA ACIP clinical letter and the updated [Pneumococcal Job Aid](#)
- Next VFA webinar — Summer 2023 (TBD)
  - Please reach out if you want to share best practices in your clinic
- Immunization Information System (IIS) Data Reports
  - April 2023 (Includes 2022 Annual Report)
  - Summer 2023 (Q1 – Q2 2023 Report)


# Reminder: 317 CAIR Immunization Reporting

---

- Immunization of VFA-eligible patients will be documented in or submitted through data exchange as “317” doses to the local immunization information system (CAIR2 or Healthy Futures/RIDE) and documented in an Electronic Health Record (EHR)
- Review doses reported in the immunization information system a minimum of every six months



# Sample Report



**August 2022**

**Report: VFA Doses in California Immunization Registry**

For  
PIN:  
IIS ID:

**Vaccine Accountability Requirements**

As a Vaccines for Adults (VFA) provider, you are required to document in or submit through data exchange, the immunizations given to VFA-eligible patients as "317" doses to the local Immunization Information System (IIS)<sup>†</sup>. Available IIS in California are CAIR and RIDE (Healthy Futures). To help you meet this requirement, we have developed a report of administration and IIS data from Quarter 1 (Q1) and Quarter 2 (Q2) of 2022 (January—June 2022). Providers must review VFA doses reported in the IIS before every VFA order or at minimum every six months to ensure VFA doses administered have been documented accurately. **Please use this report to gain insight as to how your practice is doing at submitting 317 doses to an IIS. Then, determine next steps to improve the accuracy of doses entered into an IIS (increase the percentage of doses submitted to an IIS as "317").**

**What does your IIS data<sup>†</sup> look like from January through June 2022?**

VFA Doses from January – June 2022			
A	B	C	C/B
Doses Ordered	Reported Doses Administered	Doses in an IIS as "317"	% Doses Submitted to an IIS as "317"
<b>4</b>	<b>210</b>	<b>0</b>	<b>0%</b>

<sup>†</sup>**Data Limitations:**  
"Doses Ordered" and "Reported Doses Administered" were obtained from your submitted 317 orders during the Q1 and Q2 2022 VFA order period. The doses in an IIS were administered during January 1, 2022, through June 30, 2022. Only doses that were labeled as "317" were counted. Number of doses may vary as the databases are live data and can be updated after the data was extracted.

**Determine Your Rating:**

Ratings are based on % of target reached:

EXCELLENT: ≥ 90%

VERY GOOD: 71%-89%

GOOD: 51%-70%

NEEDS IMPROVEMENT: ≤50%

**Excellent:** Congratulations! You did an excellent job of submitting doses in Q1 and Q2 2022. Keep up the amazing work!

**Good and Very Good:** Congratulations! You submitted most of your doses correctly in Q1 and Q2 2022. Your practice is well-positioned to achieve future excellence. Take steps below to increase accurate data submission.

**Needs Improvement:** Based on doses reported administered, you submitted less than 50% of doses accurately in Q1 and Q2 2022. Take steps below to increase accurate data submission.

**Steps to Increase the Accuracy of Doses Entered into an IIS:**  
Ensure you are submitting only your site's doses to the registry using the correct IIS ID. For sites submitting data through Healthy Futures, see contact information below if you have questions.

**CAIR data exchange users:**

1. Confirm with your EHR vendor that Vaccine Eligibility Category (HL7) code "V07" is correctly mapped.
2. Ensure staff know how to correctly record 317 vaccine eligibility in your EHR for every administered dose.
3. Confirm 317 doses are correctly submitted via data exchange by running a "doses administered" report. Watch this [VFA webinar](#) (at 30 mins. 54 sec) and visit [CAIR](#) for additional training.
4. If staff need access to CAIR, request a Data Exchange Quality Assurance (DX QA) account at [CAIR Account Update](#).
5. Contact your [Local Data Exchange Representative](#) if you have further questions.

**CAIR manual entry users:**

1. If your site uses the CAIR inventory feature, make sure your CAIR Power User can select the "317" "Funding Source" when creating vaccine lots in CAIR. If not, contact your [Local CAIR Representative](#).
2. Make sure staff can select 317 Vaccine Eligibility when recording an administered dose in CAIR. If they can't, contact your [Local CAIR Representative](#).
3. If staff need access to CAIR, have your authorized site representative request new user accounts in the [CAIR Account Update](#) system.
4. For more information about recording 317 doses accurately, watch this [VFA webinar](#) (at 16 mins. 12 sec) and view [these guides and videos](#). Contact your [Local CAIR Representative](#) if you have further questions.

**Healthy Future users:**  
Phone: 209-468-2292  
Fax: 209-462-2019  
Email: [support@myhealthyfutures.org](mailto:support@myhealthyfutures.org)  
URL: <http://www.myhealthyfutures.org/>

**Note:** Your next report will be sent in February 2023. This report will include a percentage of total doses administered entered correctly into an IIS and a corresponding rating.



# Inflation Reduction Act

- Starting January 2023,
  - Eliminates co-pays on immunizations for those with Medicare Part D
  - Does not affect eligibility for VFA Program

MARKET	VACCINES	OUT-OF-POCKET
Commercial	All CDC-Recommended	<del>\$0</del>
Medicaid Expansion	All CDC-Recommended	<del>\$0</del>
Traditional Medicaid	Determined by state	<del>\$.50 - \$3.40</del>
Medicare Part B	Pneumococcal, influenza, hepatitis B	<del>\$0</del>
Medicare Part D	All other CDC recommended vaccines, shingles, Tdap, future vaccines	<del>\$.50 - \$160</del>

Source: Alexandra Stewart, <https://doi.org/10.1016/j.vaccine.2013.11.050>  
 Manatt, <https://www.manatt.com/Insights/White-Papers/2018/Medicare-Part-D-Cost-Sharing-Trends-For-Adult-Vacc>

Adult Vaccine Access Coalition  
 Medicare Learning Network – Medicare Part D Changes  
 Inflation Reduction Act and Medicare

## CA Vaccines for Adults (VFA) Program Eligibility Based on Insurance Status



Patient Health Insurance Status	VFA (317 – Funded Vaccine) Eligibility
<b>Uninsured/No Insurance</b> (includes those who receive primary care through county safety net programs; these are <b>NOT</b> considered health insurance)	Eligible for <b>ALL</b> VFA vaccines
<b>Medi-Cal Fee-For-Service/ Medi-Cal Managed Care</b> <a href="http://bit.do/healthplandirectory">bit.do/healthplandirectory</a>	<b>NOT</b> Eligible for VFA vaccines <sup>1</sup>
<b>Medicare Part B (medical benefit)<sup>2</sup> AND Part D (prescription drug benefit)</b>	<b>NOT</b> Eligible for VFA vaccines
<b>Medicare Part B Alone<sup>2</sup></b>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• Zoster</li> <li>• Tdap</li> <li>• Td if patient does <b>NOT</b> have a wound</li> <li>• Hep B if patient <b>NOT</b> high or medium risk</li> <li>• Hep A</li> <li>• Varicella</li> <li>• HPV</li> <li>• MMR</li> </ul>
<b>Medicare Part D Alone<sup>2</sup></b>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• PPSV23</li> <li>• PCV20</li> <li>• Hep B</li> </ul>
<b>Insurance NOT through Medi-Cal or Medicare</b>	Only eligible for VFA vaccines that are <b>NOT</b> covered by patient's private insurance plan <sup>4</sup>

<sup>1</sup>Full scope Medi-Cal covers all ACIP-recommended vaccines.

<sup>2</sup> Medicare Part B covers: influenza, pneumococcal (PPSV23 and PCV13), and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B will cover Hep B vaccine when a patient is considered high or medium risk for contracting Hepatitis B. These include patients who have diabetes, work in health care and have frequent contact with blood or other body fluids; live with someone who is a Hep B carrier; are men who have sex with men; use illicit injectable drugs; have End Stage Renal Disease; have hemophilia; or are clients or staff at institutions for the developmentally disabled.

## VFA Eligibility Guide (IMM-1247)



---

Michael Powell

# CAIR UPDATES

# New Registry Law AB 1797- (CAIR)

---

- Approved by Governor September 27, 2022
- Amends Health and Safety Code, Section 120440, which governs Immunization Registry data use
- Mandates ALL vaccines administered in California be reported to the Immunization Registry (CAIR or Healthy Futures/RIDE)
- Adds required data elements to include race and ethnicity
- Effective 1/1/2023

# New Registry Law AB 1797- (CAIR)

---

- CDPH has convened teams to manage communications and workflows to support AB 1797 changes
- FAQ's posted to support providers/consumers
- [AB 1797 Immunization Registry FAQs \(ca.gov\)](#) posted to support providers/consumers

# Digital Vaccine Record

<https://MyVaccineRecord.cdph.ca.gov>

## Before Tuesday 1/24

Residents could only retrieve their COVID-19 Vaccine Records

The screenshot shows the 'Digital COVID-19 Vaccine Record' portal. The header includes the State of California logo and navigation links for English, Español, and 简体字. The main heading is 'Welcome to the Digital COVID-19 Vaccine Record (DCVR) portal'. Below this, there is a paragraph explaining that users can get a digital copy of their vaccine card by entering details to receive a QR code. A note mentions that federal agency vaccinations (e.g., Department of Defense, Indian Health Services, or Veterans Affairs) require separate assistance. A link to 'visit our FAQ' is provided. A form section titled 'Please fill out the required fields to receive a link to a QR code and digital copy of your COVID-19 vaccination record:' contains three input fields: 'First name \*', 'Last name \*', and 'Date of birth \*'. To the right of the form is a smartphone displaying a QR code and a 'SMART Health Card' with vaccination details.

## After Tuesday 1/24

Residents can retrieve both their COVID-19 Vaccine Records and their California Immunization Records

The screenshot shows the 'Digital Vaccine Record' portal. The header includes the State of California logo and navigation links for English, Español, and 简体字. The main heading is 'Welcome to the Digital Vaccine Record (DVR) portal'. Below this, there is a paragraph explaining that users can get a digital copy of their vaccine record by entering details to receive a link to their COVID-19 Vaccine Record with a QR code or their California Immunization Record. A note states that as of January 1, 2023, all vaccines are required to be reported to CAIR. A link to 'visit our FAQ' is provided. A red-bordered box contains the text 'Please select from one of the options below:' followed by three radio button options: 'I want my COVID-19 Vaccine Record with QR code', 'I want my California Immunization Record', and 'I want both'.

# Digital Vaccine Record

## Phase 2 Release 2/28/23: *DVR with the Evaluator*

The DVR Portal was enhanced to provide vaccine group recommendations based on an open-source immunization calculation engine we call the Evaluator.

Dose counts are populated by the Evaluator and return recommendations for whether:

1. A vaccine group is complete
2. A vaccine group has a dose due soon or
3. A vaccine group has a dose that is overdue

**California Immunization Record**

Name: Patient Zero Date of Birth: 09/26/2020 Date Issued: 03/01/2023

**Coronavirus (COVID-19)** Overdue 09/17/2022 •

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
Pfizer mRNA LNP-S PF 6M<5Y	1	06/30/2022	1y 9m 4d	Fairway Children's Medical Group
Pfizer mRNA LNP-S PF 6M<5Y	2	07/23/2022	1y 9m 27d	Fairway Children's Medical Group

**Diphtheria, Tetanus, Acellular Pertussis (DTP/aP)** Next Dose Due 09/26/2024 •

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
DTaP-HepB-IPV	1	11/30/2020	0y 2m 4d	YORBA LINDA OFFICE
DTaP-HepB-IPV	2	01/27/2021	0y 4m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	3	04/09/2021	0y 6m 14d	YORBA LINDA OFFICE
DTaP	4	07/06/2022	1y 9m 10d	YORBA LINDA OFFICE

**Hepatitis A (HepA)** Complete •

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
HepA-Ped 2 Dose	1	09/28/2021	1y 0m 2d	YORBA LINDA OFFICE
HepA-Ped 2 Dose	2	07/06/2022	1y 9m 10d	YORBA LINDA OFFICE

**Hepatitis B (HepB)** Complete •

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
HepB-Peds	1	09/27/2020	0y 0m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	2	11/30/2020	0y 2m 4d	YORBA LINDA OFFICE
DTaP-HepB-IPV	Invalid	01/27/2021	0y 4m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	3	04/09/2021	0y 6m 14d	YORBA LINDA OFFICE

Page 1 of 4

# Digital Vaccine Record

## Recommended Vaccines Section

This section will display towards the bottom of the DVR if a resident is overdue for a 1<sup>st</sup> dose, or if a 1<sup>st</sup> dose of a vaccine group is due within one year.

Name: Patient Zero                      Date of Birth: 07/26/2018                      Date Issued: 03/01/2023

---

**Recommended vaccinations we do not see in your record (future recommendations shown in yellow are due within one year):**

Vaccine Group	Recommended Date
● Coronavirus (COVID-19)	03/01/2023

**Note:** The recommendations displayed on your DVR are based on guidelines from the Centers for Disease Control and Prevention (CDC). Your healthcare provider may make different vaccine recommendations based on your individual risk factors.

View CDC recommended vaccination schedules on the [CDC Website](#).

---

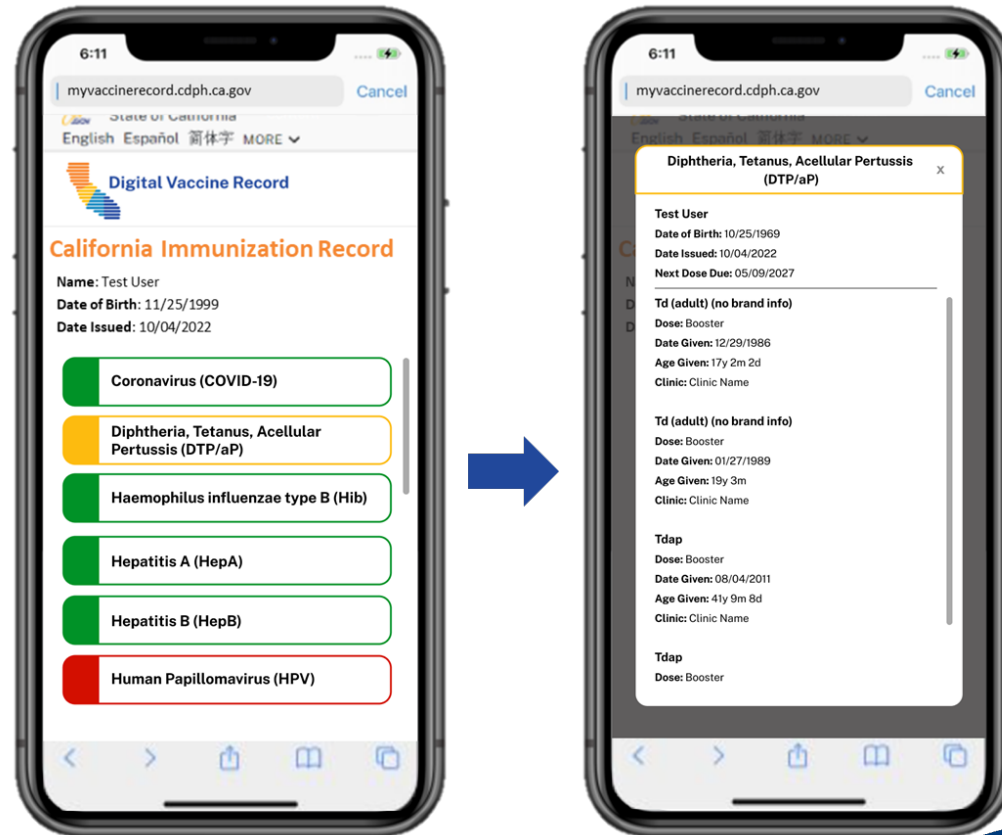


# Digital Vaccine Record

## DVR Mobile Experience – Anticipated April 2023

The enhanced Mobile Experience provides residents with a more intuitive mobile interface view of their DVR – displaying the same information in an easier-to-read, mobile browser friendly format.

***Residents will have more control over the information they choose to share.***



# Digital Vaccine Record Flyer

- Downloadable flyer posted
- Post in provider offices and LHJ sites that have entered historical doses in CAIR\* or have been using CAIR for 5+ years
- Includes a QR code pointing to [Digital Vaccine Record \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Imz/CAIR/CAIR-Digital-Vaccine-Record.aspx)
- Coming soon in Spanish

## GET YOUR DIGITAL VACCINE RECORD



Private. Convenient. Secure.

**What is a Digital Vaccine Record (DVR)?**  
Your Digital Vaccine Record (DVR) is an electronic vaccination record from the California Immunization Registry (CAIR) and is an official record of the state of California.

**What information does the DVR include?**  
The DVR has your name, date of birth, vaccination dates, and the vaccines you received.

**Where do I access my Digital Vaccine Record?**  
Visit [myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov) to access your record. You will need to enter your first and last name, date of birth, and mobile number or email address. You will create a PIN which will be required to obtain your DVR when the link to your record is provided to you.

**What digital records can I access from the DVR Portal?**  
There are two types of records you can access from the DVR Portal:

- **COVID-19 QR code** that (when scanned by a SMART Health Card reader) will display the same information as your paper CDC vaccine card: your name, date of birth, vaccination dates, and vaccines.
- **Record of all your vaccinations** that were reported by pharmacies and healthcare providers to CAIR. Note that your historical vaccinations may not have been reported to CAIR.



For more DVR questions, visit [myvaccinerecord.cdph.ca.gov/faq](https://myvaccinerecord.cdph.ca.gov/faq) or call 1-833-422-4255 (open M-F 8AM-8PM, SA-SU 8AM-5PM).

California Department of Public Health, Immunization Branch IMM-1461 (3/9/23)

\*California Immunization Registry  
Digital Vaccine Record PDF Flyer

**ACIP RECOMMENDATIONS  
FOR ADULT  
IMMUNIZATIONS  
CATERINA LIU, MD, MPH**



# Outline

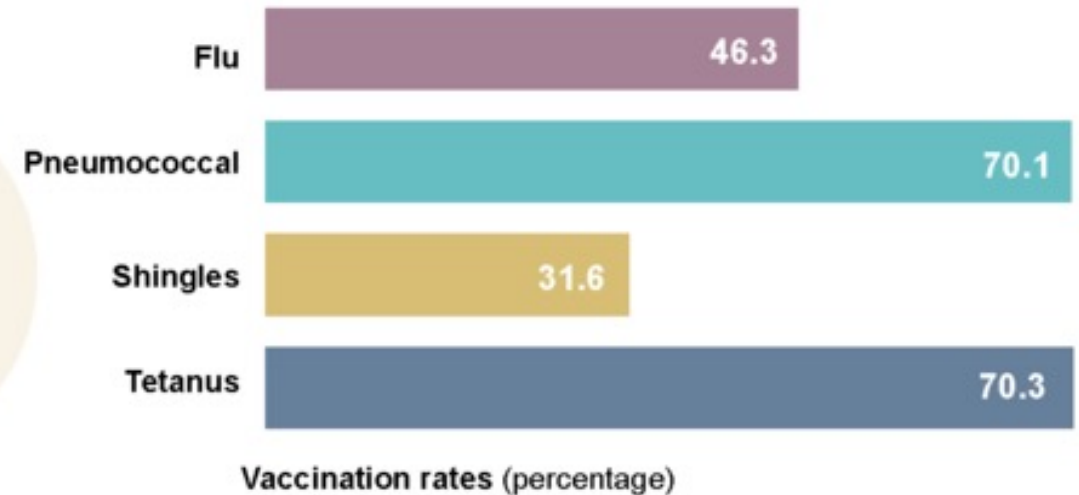
---

- Adult Immunization Standards
- ACIP Schedule Updates
- Mpox updates
- New CDC Hepatitis B Screening Recommendations
- Clinical scenarios

# Gaps in Adult Immunization

- Adult vaccination rates are very low
- Most adults are not aware they need vaccines

Estimated National Adult Vaccination Rates for Four Routine Vaccines



Source: GAO analysis of Behavioral Risk Factor Surveillance System data. | GAO-22-105334

# Standards for Adult Immunization Practice

---

## ASSESS

immunization status of all your patients at every clinical encounter.

## RECOMMEND

vaccines that patients need.

## ADMINISTER

vaccines directly (optimal) or refer your patients to a vaccination provider.

## DOCUMENT

vaccines received by your patients.

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

# Assess Based on Age



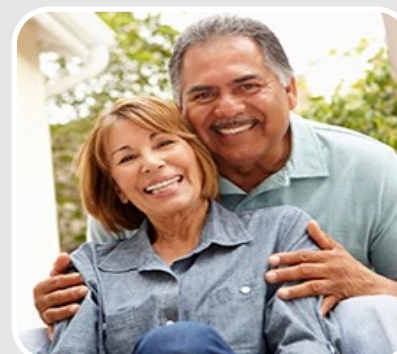
## Everyone

- Flu
- COVID-19
- Tdap/Td
- Hep B



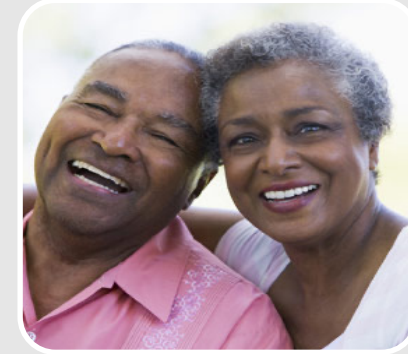
## 26 years & younger

- HPV



## 50 years & older

- Zoster



## 65 years & older

- PCV20
- OR
- PCV15 and PPSV23

See [ACIP Table 1.](#) for full age-based recommendations



**Table 2** Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2023

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 percentage and count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism <sup>a</sup>	Chronic liver disease	Diabetes	Health care personnel <sup>b</sup>	Men who have sex with men	
			<15% or <200 mm <sup>3</sup>	≥15% and ≥200 mm <sup>3</sup>								
COVID-19		See Notes										
IIV4 or RIV4 or LAIV4		1 dose annually					or		1 dose annually			
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years										
MMR	Contraindicated*	Contraindicated	1 or 2 doses depending on indication									
VAR	Contraindicated*	Contraindicated		2 doses								
RZV		2 doses at age ≥19 years			2 doses at age ≥50 years							
HPV	Not Recommended*	3 doses through age 26 years			2 or 3 doses through age 26 years depending on age at initial vaccination or condition							
Pneumococcal (PCV15, PCV20, PPSV23)		1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)										
HepA				2, 3, or 4 doses depending on vaccine								
HepB	3 doses (see notes)	2, 3, or 4 doses depending on vaccine or condition										
MenACWY		1 or 2 doses depending on indication, see notes for booster recommendations										
MenB	Precaution	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations										
Hib		3 doses HSCT <sup>c</sup> recipients only			1 dose							

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
  Recommended vaccination for adults with an additional risk factor or another indication
  Recommended vaccination based on shared clinical decision-making
  Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction
  Contraindicated or not recommended—vaccine should not be administered.
  No recommendation/Not applicable

a. Precaution for LAIV4 does not apply to alcoholism. b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. c. Hematopoietic stem cell transplant.

# Assess for Indications

## Chronic Disease

- Diabetes
- Heart disease
- Lung disease
- Alcohol use disorder
- Chronic liver disease
- ESRD on hemodialysis



## Immunocompromised

- HIV
- Non-HIV  
Immunosuppression
- Asplenia



## Occupational

- Health care workers
- Special workplace exposures



## Behavior or Social Conditions

- MSM
- Drug use
- Homelessness



## Pregnancy



See ACIP Table 2. for all indications

# Overview: 2023 ACIP Adult Schedule Updates

---

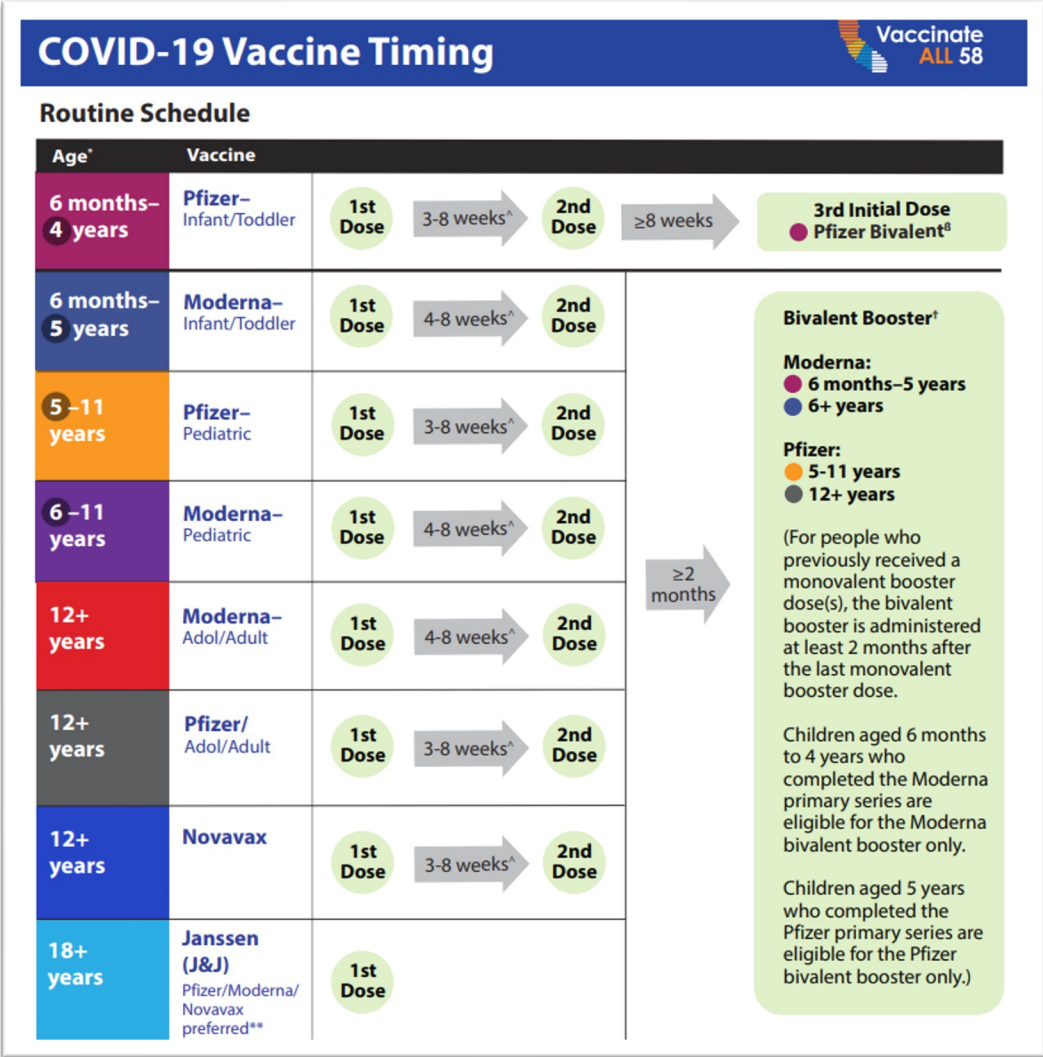
- COVID-19 vaccine primary series & booster added to routine schedule.
- Updated pneumococcal vaccine recommendations for people who previously received PCV13.
- Preferential recommendation for high dose, adjuvanted, or recombinant influenza vaccine for people 65 and older.
- Addition of new vaccines:
  - Priorix (measles, mumps, rubella; VFA available)
  - PreHevbrio (hepatitis B; VFA not available).
- Clarifications for use of MMR, polio, and zoster vaccines

# COVID-19 Vaccines

- Primary series and bivalent booster recommended for all adults
- Anticipated Fall 2023:
  - Commercialization
  - New formulation?
  - Updated recommendation

## Resources

- [COVID-19 ACIP Vaccine Recommendations](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines](#)
- [COVID-19 Vaccine Timing Guide](#)
- [CDPH COVID-19 Vaccine Provider Resources](#)



# U.S. Health and Human Services (HHS) Update 2/28/23

## “Commercialization” of COVID-19 Vaccine

---

- Commercialization timeline is unrelated to declarations of public health emergency
- “Current expectation” is that COVID-19 vaccine will be available for private purchase in Fall 2023, to coincide with fall immunization campaign and possible change in vaccine strains
- Public health continues distribution of federally-purchased supplies until utilized or expired
- Federal purchase under commercialization: contracts being drafted
  - Vaccines for Children (VFC)
  - 317, but no increases yet in 317 funding to accommodate COVID-19 vaccine
- Vaccine may be sold if either licensed or EUA\* from FDA^
- Cost sharing?
  - Private pay, Medi-Cal, Medicare – expectation of no cost sharing
  - Uninsured, underinsured – under discussion

\*Emergency Use Authorization

^ Food and Drug Administration

# Changes in Pandemic Measures

Date	Consequence	Declaration	Authority
2/28/2023	Return to routine scope of work for EMTs and others	CA Public Health Emergency	CA State Law [Governor]
4/1/2023	“Unwinding”: Temporary Medicaid / Medi-Cal continuous coverage ends – annual renewal resumes		CMS – CA DHCS
5/11/2023	Minimal effect on vaccine coverage (separate requirements for no-cost coverage of recommended vaccines)	Federal Public Health Emergency	Section 319, Public Health Service Act [HHS Secretary]
		National Emergency Declaration	Section 201, National Emergencies Act [President]
5/31/2023	DHCS COVID Uninsured Program Ends	-	CA DHCS
Fall 2023?	“Commercialization”: COVID-19 Vaccine available on private market; CDPH manages VFC and other public supply orders		
10/1/2024	End to liability protection for countermeasures under EUA	PREP Act, 9 <sup>th</sup> Amendment	Section 319F-3, Public Health Service Act [HHS Secretary]
???	End to EUA status for COVID-19 vaccines???	EUA status	Section 564 of Federal Food, Drug, and Cosmetic Act [HHS Secretary]

# Who should get pneumococcal vaccine?

- Everyone 65+
- People 19-64 with certain medical conditions



Immune compromise



CSF leak



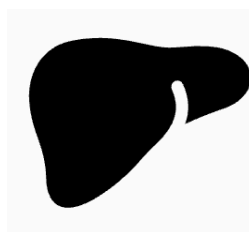
Cochlear implant



HIV



Cancer



Liver disease



Alcohol use disorder



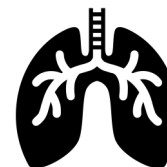
Cigarette smoking



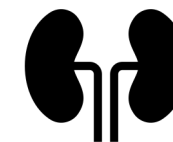
Diabetes



Heart disease



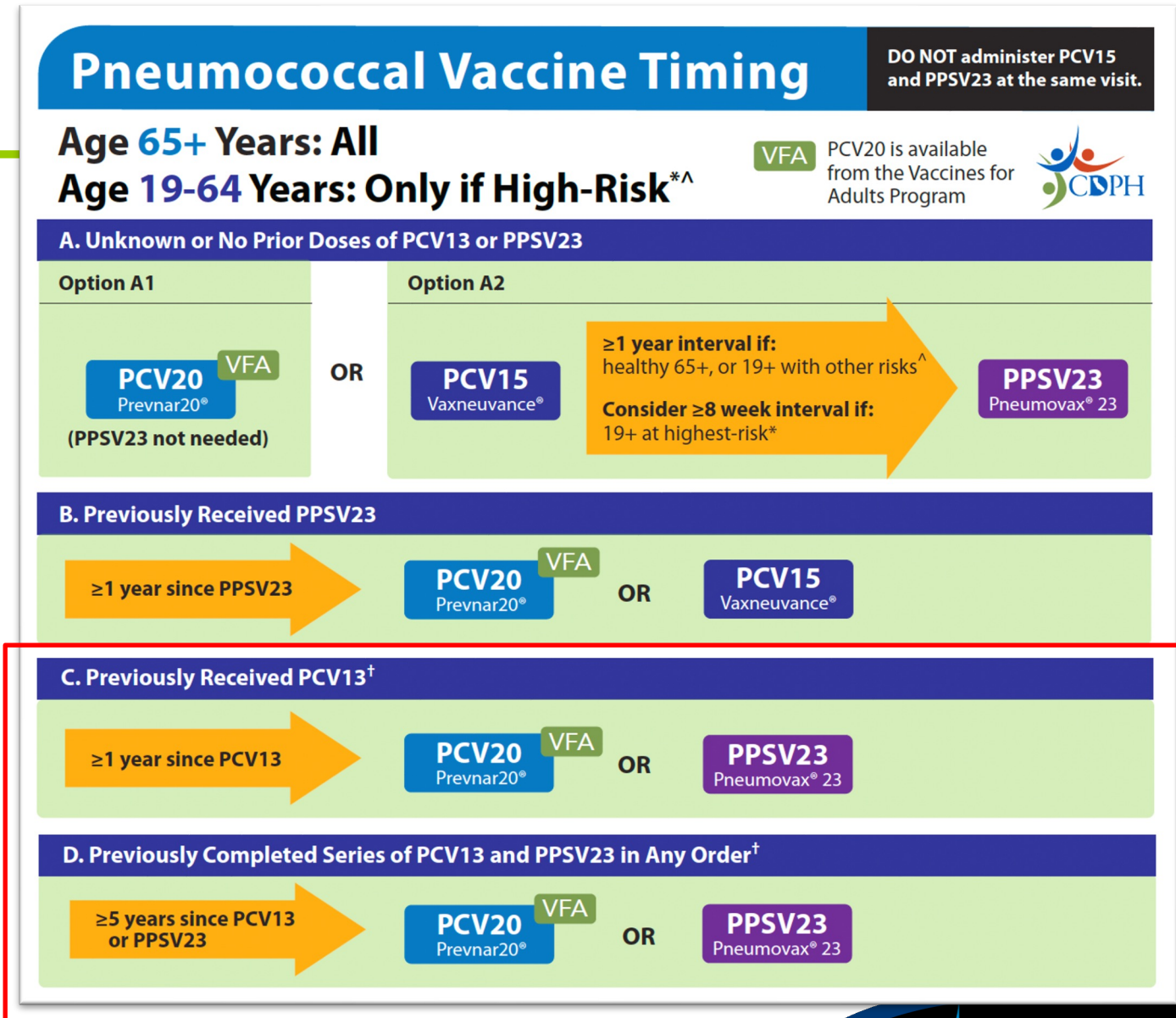
Lung disease



Kidney disease

# Pneumococcal Vaccine: 2023 Update

PCV20 can be used in people who previously received PCV13



CDPH Pneumococcal Vaccine Timing  
CDPH Pneumococcal Vaccine Timing, VFA Specific



# CDC Pneumococcal Timing Guide

## Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

### Adults ≥65 years old Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year <sup>†</sup> → PPSV23
PPSV23 only at any age	≥1 year → PCV20	≥1 year → PCV15
PCV13 only at any age	≥1 year → PCV20	≥1 year <sup>†</sup> → PPSV23
PCV13 at any age & PPSV23 at <65 yrs	≥5 years → PCV20	≥5 years <sup>†</sup> → PPSV23

\* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

<sup>†</sup> Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

<sup>‡</sup> For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

### Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option
Complete series: PCV13 at any age & PPSV23 at ≥65 yrs	≥5 years → PCV20 Together, with the patient, vaccine providers <b>may choose</b> to administer PCV20 to adults ≥65 years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.

### Adults 19–64 years old with specified immunocompromising conditions Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥8 weeks → PPSV23
PPSV23 only	≥1 year → PCV20	≥1 year → PCV15
PCV13 only	≥1 year → PCV20	≥8 weeks → PPSV23 → ≥5 years → PPSV23 Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
PCV13 and 1 dose of PPSV23	≥5 years → PCV20	≥5 years <sup>†</sup> → PPSV23 Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
PCV13 and 2 doses of PPSV23	≥5 years → PCV20	<b>No vaccines</b> recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
Immunocompromising conditions	<ul style="list-style-type: none"> <li>•Chronic renal failure</li> <li>•Congenital or acquired asplenia</li> <li>•Congenital or acquired immunodeficiency<sup>‡</sup></li> <li>•Generalized malignancy</li> <li>•HIV infection</li> </ul>	<ul style="list-style-type: none"> <li>•Hodgkin disease</li> <li>•Iatrogenic immunosuppression<sup>†</sup></li> <li>•Leukemia</li> <li>•Lymphoma</li> <li>•Multiple myeloma</li> </ul>

\* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

<sup>†</sup> The minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose

<sup>‡</sup> Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)

<sup>†</sup> Includes diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

### Adults 19–64 years old with a cochlear implant or cerebrospinal fluid leak Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥8 weeks → PPSV23
PPSV23 only	≥1 year → PCV20	≥1 year → PCV15
PCV13 only	≥1 year → PCV20	≥8 weeks → PPSV23 Review pneumococcal vaccine recommendations again when your patient turns 65 years old.
PCV13 and 1 dose of PPSV23	≥5 years → PCV20	<b>No vaccines</b> recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 65 years old.

\* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

CDC Pneumococcal  
Vaccine Timing For Adults

# Mpox Vaccination Recommendations

---

- Post-Exposure Prophylaxis
  - For people with known or presumed exposure to mpox virus within 14 days of exposure.
- Pre-Exposure Prophylaxis
  - People at increased risk of exposure
  - People who are requesting vaccination

Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines during the 2022 U.S. Mpox Outbreak  
Considerations for Mpox Vaccination in California

# Mpox Vaccines

---

- JYNNEOS
  - Given as two dose series 28-days apart
  - Routinely administered subcutaneously; may be administered intradermally
  - FDA approved for prevention of both smallpox and mpox for persons 18 years and over at high risk of smallpox or mpox infection
- (ACAM 2000 - Live, replicating vaccine)
- Contact your Local Health Jurisdiction (LHJ) if interested in becoming a vaccinator

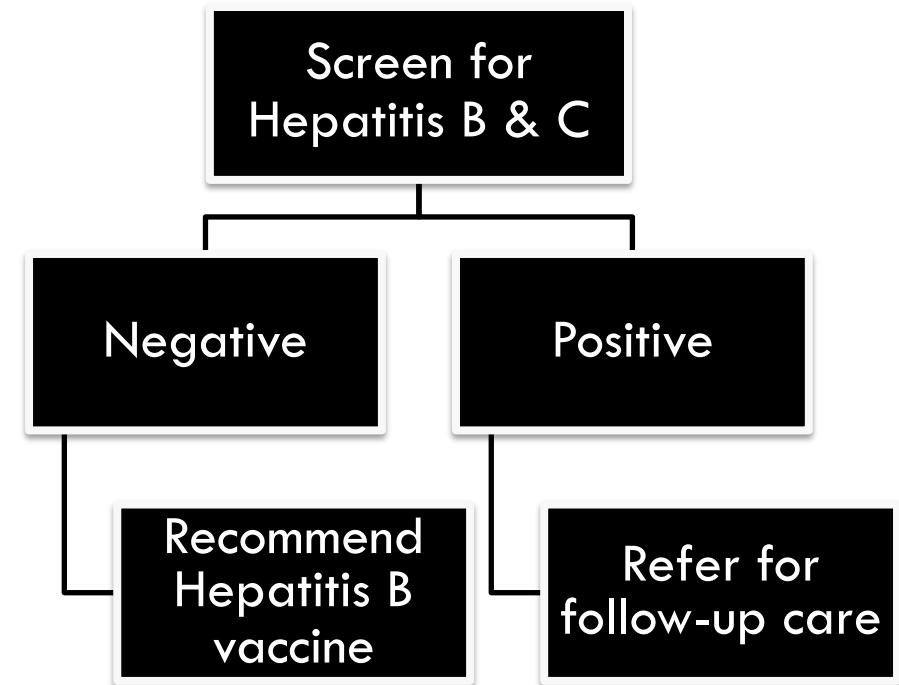
# ★ New CDC Hepatitis B Screening Guidance

---

- New recommendation for **universal adult screening** with a “triple panel” that includes:
  - hepatitis B surface antigen (HBsAg)
  - antibody to hepatitis B surface antigen (anti-HBs)
  - total antibody to hepatitis B core antigen (total anti-HBc).
- New recommendation for triple panel screening for hepatitis B for pregnant people.

# Hepatitis Screening (Continued)

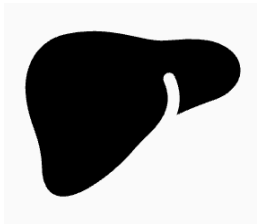
- United States Preventive Services Task Force (USPSTF) continues to recommend risk-based hepatitis B screening in adults and adolescents.
- California law (AB 789) requires hepatitis B and C screening based on USPSTF guidance for adults receiving primary care services.
- HBV screening and vaccination initiation can be done at the same visit.



U.S. Preventive Services Task Force Hepatitis B Screening  
AB 789 Dear Colleague Letter (CDPH, March 2022)

# Hepatitis B Vaccine Recommendations

- Hepatitis B vaccine is recommended for **all adults** 19-59 years.
- For people 60+, HBV vaccine recommended for people at increased risk.



Liver disease



HIV



Injection drug  
use



Risk for  
exposure to  
blood



Sexual  
exposure risk



Incarcerated

- Anyone aged 60+ years who does not meet risk-based recommendations *may still receive* Hepatitis B vaccination.

**Who should be vaccinated?**

Ages:

- <60 years: All adults
- ≥60 years: If risk factors or desiring vaccination (CDC)

**Which vaccines are recommended?**

CDC recommends any of the following:

- 2-dose series (0, 1 month interval): Heplisav-B®
- 3-dose series (0, 1, 6 months interval):
  - Engerix-B®
  - Recombivax HB®
  - PreHevbrio®
  - Twinrix® (combination Hep A/Hep B).

**Can I vaccinate and screen at the same visit?**

- Yes! If screening reveals immunity or chronic infection, do not administer further doses.
- If screening shows no evidence of past infection or immunity, then complete the vaccination series.

**Who should be screened?**

- All adults 18 years and older, at least once (CDC)
- At every pregnancy (CDC)
- California adults at high risk of HBV who are receiving primary care - required by state law
- Repeat screening based on risk factors and clinical judgment

**What tests should be used?†\***

CDC recommends panel with:

- HBsAg (hepatitis B surface antigen)
- Anti-HBs (hepatitis B surface antibody)
- Total anti-HBc (hepatitis B core antibody)

**Next steps after a positive test?**

- Refer to hepatitis B experienced clinician
- Recommend lifestyle modification and prevention of transmission.

**Hepatitis B Serologic Test Interpretation**

Clinical State	HBsAg	Total anti-HBs	Total anti-HBc	Action
Acute infection	Positive	Negative	Positive (IgM anti-HBc)	Link to HBV infection care
Chronic infection	Positive	Negative	Positive	Link to HBV infection care
Resolved infection	Negative	Positive	Positive	Counsel about HBV infection reactivation risk
Immune (immunization)	Negative	Positive	Negative	Reassure if history of HepB vaccine series completion; if partially vaccinated, complete vaccine series per ACIP recommendations
Susceptible	Negative	Negative	Negative	Offer HepB vaccine per ACIP recommendations
Isolated core antibody	Negative	Negative	Positive	Consider specialist consult

For more details: [CDC](#)

† *United States Preventive Services Task Force (USPSTF) recommends initial screening with HBsAg; if positive results, then test for anti-HBs and anti-HBc. California law (AB 789) is based on USPSTF guidelines.*

\* *In pregnant people previously screened for Anti-HBs and total antiHBc, HBsAg alone can be tested in subsequent pregnancies.*

**People to Screen for HBV**

**Geography**

- Persons not immunized in US as infants who were born or whose parents were born in countries with **medium** to **high** prevalence of HBV infection (Asia, Pacific Islands, Africa)

**Worldwide Rates of Chronic Hepatitis B**



**Talking Points for Patients**

**What is Hepatitis B?**

- Hepatitis B is a serious liver infection caused by a virus.
- Some people develop chronic (long-term) hepatitis B infection, which can lead to liver damage, scarring (cirrhosis), cancer or death.
- The virus is transmitted through infected blood or bodily fluids, or from an infected woman to her baby.

**Why should I get tested for Hepatitis B?**

- Many people with chronic hepatitis B don't know they are infected.
- Treatment can help reduce the risk of long-term health problems (but cannot cure the infection).

**Why should I get vaccinated against Hepatitis B?**

- The hepatitis B vaccine is very safe and effective at all ages, including for pregnant people.
- The hepatitis B vaccine can help prevent liver cancer.

**Clinician Resources**

**Clinical Guidance**

- [CDC Hepatitis B Provider Resources](#) for Screening and Vaccination
- [American Association for the Study of Liver Diseases \(AASLD\) Guidelines for the Treatment of Chronic Hepatitis B](#)
- [Hepatitis B Management: Guidance for the Primary Care Provider](#)

**For more information, please visit:**

- [eziz.org/hepatitisbresources](http://eziz.org/hepatitisbresources)



---

# CLINICAL SCENARIOS

## 2023 Adult Immunization Schedule





# Scenario 1

Manuel is a 66-year-old man with type 2 diabetes on Medicare.

He received PCV13 and PPSV23 **six** years ago.

**Which pneumococcal vaccine should you recommend?**

# Pneumococcal Vaccine Timing

DO NOT administer PCV15 and PPSV23 at the same visit.

**Age 65+ Years: All**  
**Age 19-64 Years: Only if High-Risk\*<sup>^</sup>**

**VFA** PCV20 is available from the Vaccines for Adults Program



## A. Unknown or No Prior Doses of PCV13 or PPSV23

Option A1

**PCV20**  
Prevnar20<sup>®</sup>  
**VFA**  
(PPSV23 not needed)

OR

Option A2

**PCV15**  
Vaxneuvance<sup>®</sup>

**≥1 year interval if:**  
healthy 65+, or 19+ with other risks<sup>^</sup>  
**Consider ≥8 week interval if:**  
19+ at highest-risk\*

**PPSV23**  
Pneumovax<sup>®</sup> 23

## B. Previously Received PPSV23

≥1 year since PPSV23

**PCV20**  
Prevnar20<sup>®</sup>  
**VFA**

OR

**PCV15**  
Vaxneuvance<sup>®</sup>

## C. Previously Received PCV13<sup>†</sup>

≥1 year since PCV13

**PCV20**  
Prevnar20<sup>®</sup>  
**VFA**

OR

**PPSV23**  
Pneumovax<sup>®</sup> 23

## D. Previously Completed Series of PCV13 and PPSV23 in Any Order<sup>†</sup>

≥5 years since PCV13 or PPSV23

**PCV20**  
Prevnar20<sup>®</sup>  
**VFA**

OR

**PPSV23**  
Pneumovax<sup>®</sup> 23

## Adults ≥65 years old Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year† → PPSV23
PPSV23 only at any age	→ ≥1 year → PCV20	→ ≥1 year → PCV15
PCV13 only at any age	→ ≥1 year → PCV20	→ ≥1 year† → PPSV23
PCV13 at any age & PPSV23 at <65 yrs	→ ≥5 years → PCV20	→ ≥5 years‡ → PPSV23

\* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

‡ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

## Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option
Complete series: PCV13 at any age & PPSV23 at ≥65 yrs	→ ≥5 years → PCV20 Together, with the patient, vaccine providers <b>may choose</b> to administer PCV20 to adults ≥65 years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.

# Check & Document VFA Eligibility

Medicare Part D Alone<sup>3</sup>

Eligible for these routine VFA vaccines:

- PCV20
- Hep B

## CA Vaccines for Adults (VFA) Program Eligibility Based on Insurance Status



Patient Health Insurance Status	VFA (317 – Funded Vaccine) Eligibility
Uninsured/No Insurance (includes those who receive primary care through county safety net programs; these are <b>NOT</b> considered health insurance)	Eligible for <b>ALL</b> VFA vaccines
Medi-Cal Fee-For-Service/ Medi-Cal Managed Care <a href="https://bit.ly/CAhealthplans">https://bit.ly/CAhealthplans</a>	<b>NOT</b> Eligible for VFA vaccines <sup>1</sup>
Medicare Part B (medical benefit) <sup>2</sup> AND Part D (prescription drug benefit)	<b>NOT</b> Eligible for VFA vaccines <sup>3</sup>
Medicare Part B Alone <sup>2</sup>	Eligible for these routine VFA vaccines: • Zoster • Tdap • Td if patient does <b>NOT</b> have a wound • Hep B if patient <b>NOT</b> high or medium risk • Varicella • HPV • MMR
Medicare Part D Alone <sup>3</sup>	Eligible for these routine VFA vaccines: • PCV20 • Hep B
Insurance <b>NOT</b> through Medi-Cal or Medicare	Only eligible for VFA vaccines that are <b>NOT</b> covered by patient's private insurance plan <sup>4</sup>

<sup>1</sup>Full scope Medi-Cal covers all ACIP-recommended vaccines.

<sup>2</sup>Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B will cover Hep B if when a patient is considered high or medium risk for contracting Hepatitis B. These include patients who have diabetes, work health care and have frequent contact with blood or other body fluids; live with someone who is a Hep B carrier; are men who sex with men; use illicit injectable drugs; have End Stage Renal Disease; have hemophilia; or are clients or staff at institutions for developmentally disabled.

<sup>3</sup>Except for vaccines covered under Part B, Medicare Part D generally covers all commercially available vaccines needed to prevent illness. Contact your patient's plan to find out about coverage.

<sup>4</sup>Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA vaccine(s), even if the insurance includes a high deductible or co-pay, the plan's deductible has not been met, or the insurance has cost sharing.

## 317 Eligibility Screening Record for Adult Patients

Patient Information

Patient Name	Last	First	MI	Date
Date of Birth				
Provider Name				

Determine if the patient named above is eligible to receive 317-funded vaccines at each immunization visit. Write the screening date and check appropriate Eligibility Status Verification Category in the section below. (Please note: Verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).

✓ The patient named above is at least 19 years of age and **is eligible** to receive 317-funded vaccines if they:

- Have no insurance **OR**
- Are **underinsured**: Public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached.

For Medicare Patients:

- The patient has Medicare **Part B**, but **NOT Part D** – PATIENT **is eligible** for:
  - Hep A
  - Hep B (if considered low risk for Hep B)
  - HPV
  - MMR, Varicella, and Zoster
  - Td (if no wound exposure) and Tdap. **OR**
- The patient has Medicare **Part D**, but **NOT Part B** – PATIENT **is eligible** for:
  - Hep B
  - PCV20

✗ The patient named above **is NOT eligible** to receive 317-funded vaccines because they:
 

- Have health insurance that pays for vaccines. Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured.
- Have both Medicare Part B and Part D.

### Eligibility Status Verification

Screening Date	✓ Eligible: No insurance, 19+ years	✓ Eligible: Underinsure, 19+ years	✗ Not eligible: Has health insurance that pays for vaccines	✗ Not eligible: Has both Medicare Part B and Part D

IMM-1226 (3/23)

Manuel has Medicare Part D, but NOT B. Is he eligible to receive PCV20 through VFA?

1. Check VFA eligibility using the VFA Program's “Eligibility Based on Insurance Status.”
2. According to the tool, Manuel is eligible for a dose of PCV20 through the VFA program.
3. Complete the “317 Eligibility Screening Record for Adult Patients” and/or document the eligibility screening elements on your practice's EMR/EHR for Manuel. Keep this record for at least 3 years. Check his eligibility during future immunization visits as his insurance status may change.

# How to Recommend Vaccines

---

- **Strongly recommend** the vaccine and share reasons why patient should get vaccinated:
  - “I strongly recommend that you get the pneumococcal vaccine today. Pneumonia is a serious infection that can make it very difficult to breathe. Your risk for pneumonia increases with age, and this vaccine significantly lowers your risk of hospitalization and death from pneumonia. I recommend this vaccine to all of my eligible patients, as well as my parents and friends.”
- If Manuel declines, **address his concerns**. If he still declines vaccination, ask him if you may share information on the vaccine for him to read at home.
  - “I understand that you still have some concerns. May I share some materials with you for you to take home?”
- **Follow up** during subsequent visits. Reassure Manuel that it’s your job to keep him healthy, and vaccines play an important role.



## Scenario 2

Debra is a 50-year-old healthy woman with Medi-Cal.

**Which vaccines do you recommend?**

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes) ✓			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually ✓			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years ✓			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later) ✓			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses ✓	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition ✓			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

  Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
   Recommended vaccination for adults with an additional risk factor or another indication
   Recommended vaccination based on shared clinical decision-making
   No recommendation/Not applicable

## CA Vaccines for Adults (VFA) Program Eligibility Based on Insurance Status



# Check & Document VFA Eligibility

Patient Health Insurance Status	VFA (317 – Funded Vaccine) Eligibility
<b>Uninsured/No Insurance</b> (includes those who receive primary care through county safety net programs; these are <b>NOT</b> considered health insurance)	Eligible for <b>ALL</b> VFA vaccines
<b>Medi-Cal Fee-For-Service/ Medi-Cal Managed Care</b> <a href="https://bit.ly/CAhealthplans">https://bit.ly/CAhealthplans</a>	<b>NOT</b> Eligible for VFA vaccines <sup>1</sup>
<b>Medicare Part B (medical benefit)<sup>2</sup> AND Part D (prescription drug benefit)</b>	<b>NOT</b> Eligible for VFA vaccines
<b>Medicare Part B Alone<sup>2</sup></b>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• Zoster</li> <li>• Tdap</li> <li>• Td if patient does <b>NOT</b> have a wound</li> <li>• Hep B if patient <b>NOT</b> high or medium risk</li> <li>• Hep A</li> <li>• Varicella</li> <li>• HPV</li> <li>• MMR</li> </ul>
<b>Medicare Part D Alone<sup>3</sup></b>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• PCV20</li> <li>• Hep B</li> </ul>
<b>Insurance NOT through Medi-Cal or Medicare</b>	Only eligible for VFA vaccines that are <b>NOT</b> covered by patient's private insurance plan <sup>4</sup>

**Debra is on Medi-Cal. Is she eligible to receive VFA vaccines?**

1. Check VFA eligibility using the VFA Program's "Eligibility Based on Insurance Status."
2. According to the tool, Deborah is NOT eligible for the VFA program because she is insured by Medi-Cal.
3. Complete the "317 Eligibility Screening Record for Adult Patients" and/or document the eligibility screening elements on your practice's EMR/EHR for Deborah. Keep this record for at least 3 years. Check her eligibility during future immunization visits as her insurance status may change.

<sup>1</sup>Full scope Medi-Cal covers all ACIP-recommended vaccines.

<sup>2</sup> Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) direct of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus wound). Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B when a patient is considered high or medium risk for contracting Hepatitis B. These include patients with health care and have frequent contact with blood or other body fluids; live with someone who is a Hep B sex with men; use illicit injectable drugs; have End Stage Renal Disease; have hemophilia; or are clients developmentally disabled.

<sup>3</sup>Except for vaccines covered under Part B, Medicare Part D generally covers all commercially available vaccines. Contact your patient's plan to find out about coverage.

<sup>4</sup>Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA vaccine(s) if includes a high deductible or co-pay, the plan's deductible has not been met, or the insurance has cost

317 Eligibility Screening Record for Adult Patients

Patient Information	Last	First	MI	Date
Patient Name				
Date of Birth				
Provider Name				

Determine if the patient named above is eligible to receive 317-funded vaccines at each immunization visit. Write the screening date and check appropriate Eligibility Status Verification Category in the section below. (Please note: Verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request.)

The patient named above is at least 19 years of age and is eligible to receive 317-funded vaccines if they:

- Have no insurance OR
- Are underinsured: Public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached.

For Medicare Patients:

- The patient has Medicare Part B, but NOT Part D – PATIENT is eligible for:
  - Hep A
  - Hep B (if considered low risk for Hep B)
  - HPV
  - MMR, Varicella, and Zoster
  - Td (if no wound exposure) and Tdap. OR
- The patient has Medicare Part D, but NOT Part B – PATIENT is eligible for:
  - Hep B
  - PCV20

The patient named above is NOT eligible to receive 317-funded vaccines because they:

- Have health insurance that pays for vaccines. Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured.
- Have both Medicare Part B and Part D.

Eligibility Status Verification

Screening Date	✓ Eligible: No insurance, 19+ years	✓ Eligible: Underinsured, 19+ years	✗ Not eligible: Has health insurance that pays for vaccines	✗ Not eligible: Has both Medicare Part B and Part D

MM-1226 (3/23)





## Scenario 3

Marco is a 35-year-old man living with HIV. His CD4 count is  $\geq 200\text{mm}^3$

Marco has no insurance but he is enrolled in ADAP (AIDS Drug Assistance Program).

**Which vaccines do you recommend?**

**Table 2** Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2023

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 percentage and count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism <sup>a</sup>	Chronic liver disease	Diabetes	Health care personnel <sup>b</sup>	Men who have sex with men
			<15% or <200 mm <sup>3</sup>	≥15% and ≥200 mm <sup>3</sup>							
COVID-19		See Notes		✓							
IIV4 or RIV4 or LAIV4				✓		1 dose annually				or 1 dose annually	
Tdap or Td	1 dose Tdap each pregnancy			✓		1 dose Tdap, then Td or Tdap booster every 10 years					
MMR	Contraindicated*	Contraindicated		✓		1 or 2 doses depending on indication					
VAR	Contraindicated*	Contraindicated				2 doses					
RZV		2 doses at age ≥19 years		✓		2 doses at age ≥50 years					
HPV	Not Recommended*	3 doses through age 26 years		✓		2 or 3 doses through age 26 years depending on age at initial vaccination or condition					
Pneumococcal (PCV15, PCV20, PPSV23)				✓		1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)					
HepA				✓		2, 3, or 4 doses depending on vaccine					
HepB	3 doses (see notes)			✓		2, 3, or 4 doses depending on vaccine or condition					
MenACWY		1 or 2 doses depending on indication		✓		see notes for booster recommendations					
MenB	Precaution	2 or 3 doses depending on vaccine and indication				see notes for booster recommendations					
Hib		3 doses HSCT <sup>c</sup> recipients only				1 dose					

  Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
   Recommended vaccination for adults with an additional risk factor or another indication
   Recommended vaccination based on shared clinical decision-making
   Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction
   Contraindicated or not recommended—vaccine should not be administered.
   No recommendation/Not applicable

\*Vaccinate after pregnancy.

a. Precaution for LAIV4 does not apply to alcoholism. b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. c. Hematopoietic stem cell transplant.



# CDPH Job Aid: Vaccination for Adults Living with HIV

Vaccine	Recommendation for adults with HIV who lack vaccine documentation or evidence of past infection	Where Vaccination Varies by CD4 Count (cells/ mm <sup>2</sup> )
COVID-19	Primary series and updated booster	Less than 200 cells/mm <sup>2</sup> : 3-dose primary series (if using mRNA vaccine) and updated booster
Hepatitis A	2-3 doses (varies by formulation)	
Hepatitis B	2-4 doses (varies by formulation and indication)	
Human papillomavirus (HPV)	3 doses for up to age 26 (shared clinical decision for ages 27- 45)	
Influenza	1 dose annually	
Measles, mumps, rubella (MMR)		Less than 200 cells/mm <sup>2</sup> : Contraindicated 200 cells/mm <sup>2</sup> or more: 2 doses if born after 1956 with no history of vaccination or positive antibody titer.
Meningococcal A, C, W, Y conjugate	2 doses, booster every 5 years	
Meningococcal B (Men B)	2-3 doses (varies by formulation) for adults with another risk factor (medical, occupational or other indication)	
MPOX virus: JYNNEOS® only	2 doses	
Pneumococcal conjugate (PCV15 or PCV20)	1 dose	
Pneumococcal polysaccharide (PPSV23)	1 dose (if received PCV15; not needed if received PCV20)	
Tetanus, diphtheria, pertussis (Tdap/Td)	Tdap once, then Td or Tdap booster every 10 years	
Varicella (VAR)		Less than 200 cells/mm <sup>2</sup> : Contraindicated 200 cells/mm <sup>2</sup> or more: 2 doses
Zoster (RZV)	2 doses	

Patient Health Insurance Status	VFA (317 – Funded Vaccine) Eligibility
<b>Uninsured/No Insurance</b> (includes those who receive primary care through county safety net programs; these are <b>NOT</b> considered health insurance)	Eligible for <b>ALL</b> VFA vaccines
<b>Medi-Cal Fee-For-Service/ Medi-Cal Managed Care</b> <a href="https://bit.ly/CAhealthplans">https://bit.ly/CAhealthplans</a>	<b>NOT</b> Eligible for VFA vaccines <sup>1</sup>
<b>Medicare Part B (medical benefit)<sup>2</sup> AND Part D (prescription drug benefit)</b>	<b>NOT</b> Eligible for VFA vaccines
<b>Medicare Part B Alone<sup>2</sup></b>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• Zoster</li> <li>• Tdap</li> <li>• Td if patient does <b>NOT</b> have a wound</li> <li>• Hep B if patient <b>NOT</b> high or medium risk</li> <li>• Hep A</li> <li>• Varicella</li> <li>• HPV</li> <li>• MMR</li> </ul>
<b>Medicare Part D Alone<sup>3</sup></b>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• PCV20</li> <li>• Hep B</li> </ul>
<b>Insurance NOT through Medi-Cal or Medicare</b>	Only eligible for VFA vaccines that are <b>NOT</b> covered by patient's private insurance plan <sup>4</sup>

<sup>1</sup>Full scope Medi-Cal covers all ACIP-recommended vaccines.

<sup>2</sup> Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B will cover Hep B vaccine when a patient is considered high or medium risk for contracting Hepatitis B. These include patients who have diabetes, work in health care and have frequent contact with blood or other body fluids; live with someone who is a Hep B carrier; are men who have sex with men; use illicit injectable drugs; have End Stage Renal Disease; have hemophilia; or are clients or staff at institutions for the developmentally disabled.

<sup>3</sup>Except for vaccines covered under Part B, Medicare Part D generally covers all commercially available vaccines needed to prevent illness. Contact your patient's plan to find out about coverage.

<sup>4</sup>Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA vaccine(s), even if the insurance includes a high deductible or co-pay, the plan's deductible has not been met, or the insurance has cost sharing.

# Check & Document VFA Eligibility

**Marco has no insurance, but he is enrolled in ADAP. Is he eligible to receive VFA vaccines?**

1. Check VFA eligibility using the VFA Program's "Eligibility Based on Insurance Status."
2. According to the tool, Marco is eligible for the VFA program because he is NOT insured.

However, the ADAP Program does cover many ACIP-recommended vaccines, and we strongly encourage you to utilize these vaccines for VFA-eligible patients enrolled in ADAP. Please see the ADAP Formulary for more information regarding vaccines covered by ADAP. Follow the same VFA eligibility documentation as in the other two scenarios.

---

Terisha Gamboa

# RESOURCES

# Tools to Help You Assess

**Table 1** Recommended Adult Immunization Schedule

Vaccine	19–26 years	27–64 years
COVID-19		
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)		
Influenza live, attenuated (LAIV4)		
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each year	1 dose
Measles, mumps, rubella (MMR)		
Varicella (VAR)	2 doses (if born in 1980 or later)	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions	

ACIP Adult Immunization Schedule

ACIP General Best Practices for Immunizations



CAIR2 Organizational Reports

CAIR2 User Guides



CDC vaccine schedules app



AAFP and STFM vaccine schedules app

# CDC Resources on Vaccine Recommendation

- CDC Webpage on Educating Adult Patients on Vaccine-Preventable Diseases
- Adult Vaccination Patient Handouts
- Standards for Adult Immunization Practice
- Adult Vaccination Job Aid

**2 Vaccine Recommendation**  
A Series on Standards for Adult Immunization Practice

Your recommendation is a critical factor in whether your patients get the vaccines they need.

**Routinely assess patient immunization status and strongly recommend vaccines that patients need, whether you stock the vaccines or not.**

**Recommending vaccines prompts most patients to get immunized.**

Research indicates that most adults believe that vaccines are important and are likely to get them if recommended by their healthcare professionals.

**For some patients, a clear and strong recommendation may not be enough. You can encourage these patients to make an informed decision about vaccination by sharing critical information.**

**S** SHARE the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

**H** HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.

**A** ADDRESS patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.

**R** REMIND patients that vaccines protect them and their loved ones from many common and serious diseases.

**E** EXPLAIN the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

For tips on answering common patient questions and links to patient education materials, see back.

**U.S. vaccination rates for adults are extremely low.**

For example:

- Only 14% of adults 19 years or older have received Tdap vaccination.
- Only 20% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 41% of adults 18 years or older had received flu vaccination during the 2012–2013 flu season.

Sources: NHS 2012 (MMWR 2014.6.3(5))  
BRFSS 2012–2013 ([www.cdc.gov/flu/fluaview](http://www.cdc.gov/flu/fluaview))

For resources and tips on vaccine assessment, administration, referral, and documentation, visit:  
[www.cdc.gov/vaccines/adultstandards](http://www.cdc.gov/vaccines/adultstandards)

**DON'T WAIT. VACCINATE!**

Information Series for Healthcare Professionals  
[www.cdc.gov/vaccines/adultstandards](http://www.cdc.gov/vaccines/adultstandards)

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

# COVID-19 Vaccine: Provider Resources

---

VA58

- [Provider Office Hours and My Turn / myCAvax Office Hours](#)
- [Crucial COVID-19 Conversations Campaign](#)

Visit these sites for slides and recordings of webinars.



CDC Resources:

- [COVID-19 Vaccination Clinical & Professional Resources](#)
- [Communication Resources: Quick References](#)



# COVID-19 Vaccine: Patient Resources

**IN THESE TIMES, EVERYONE COULD USE A BOOST**

**BOOST YOUR PHYSICAL HEALTH**

**BOOST YOUR SOCIAL HEALTH**

**BOOST YOUR PROTECTION AGAINST COVID-19 NOW**

COVID-19 vaccines **work very well** at preventing severe illness, hospitalization, and death. Booster shots are extra doses that help maximize your protection against COVID-19.

Get one updated (bivalent) COVID-19 booster dose at least 2 months after completing the primary series or your last booster dose.

COVID-19 vaccines and boosters are **safe, effective, and free**.

**DON'T WAIT, STAY UP TO DATE!**

Three ways to find free vaccines near you

- ✓ Visit [vaccines.gov](https://www.vaccines.gov) to find a walk-up site.
- ✓ Book an appointment on [My Turn](https://myturn.ca.gov) ([myturn.ca.gov](https://myturn.ca.gov)) or call (833) 422-4255.
- ✓ Check with your doctor, nurse or local pharmacy.

**BOOST YOUR HEALTH.**

**CHECK WITH YOUR HEALTHCARE PROVIDER IF YOU ARE ELIGIBLE FOR THE UPDATED (BIVALENT) COVID-19 VACCINE BOOSTER TODAY.**

California Department of Public Health | Immunization Branch  
IMM-1416 (1/23)

**Vaccinate All 58**

Booster Flyer for Older Adults | Spanish  
(IMM-1416)

**If you are 65+**  
**You Need Protection Against Flu, Pneumonia, and COVID-19**

**Flu, COVID-19, and pneumonia can be life threatening.** Older adults are at higher risk of getting sick.

**COVID-19 updated boosters, flu and pneumonia shots can help you stay healthy.** Ask your doctor or pharmacist which shots you need for best protection.

**It is easy to get immunized.** You can get all these shots at the same time.

**Don't wait, stay up to date!** Getting immunized can save your life.

Learn more at [cdc.gov](https://www.cdc.gov) or call 1-800-CDC-INFO

Recommended Vaccines for Older Adults  
(IMM-1131)

**It's Time!**

Call a Health Care Provider.

CDPH

#DontWaitVaccinate Social Media Messages

## Other EZIZ Resources:

- [COVID-19 Program Patient Resources](#)
- [COVID-19 Vaccine Resources for Older Adults \(other languages available\)](#)
- [Vaccinate All 58 Toolkit](#)

# Updated VFA Provider Job Aids

- Pneumococcal Vaccine Timing Guide
  - VFA-specific Timing Guide
- Shingles Vaccine Fact Sheet
- Shingrix Flyer – no copays under Medicare Part D
- Hep B Vaccine Fact Sheet
- Hep B Screening Guide ★ NEW!
- Recommended Vaccines for People Living with HIV/AIDS flyer ★ NEW!

**Hepatitis B Virus (HBV) Vaccination and Screening in Adults** CDPH

**Who should be vaccinated?**  
Ages:  
• <60 years: All adults  
• ≥60 years: If risk factors or desiring vaccination (CDC)

**Which vaccines are recommended?**  
CDC recommends any of the following:  
• 2-dose series (0, 1 month interval): HepBisav-B\*  
• 3-dose series (0, 1, 6 months interval):  
• Engerix-B\*  
• Recombivax HB\*  
• PreHevbrio\*  
• Twinrix\* (combination Hep A/Hep B).

**Can I vaccinate and screen at the same visit?**  
• Yes! If screening reveals immunity or chronic infection, do not administer further doses.  
• If screening shows no evidence of past infection or immunity, then complete the vaccination series.

**Who should be screened?**  
• All adults 18 years and older, at least once (CDC)  
• At every pregnancy (CDC)  
• California adults at high risk of HBV who are receiving primary care - *required by state law*  
• Repeat screening based on risk factors and clinical judgment

**What tests should be used?†**  
CDC recommends panel with:  
• HBsAg (hepatitis B surface antigen)  
• Anti-HBs (hepatitis B surface antibody)  
• Total anti-HBc (hepatitis B core antibody)

**Next steps after a positive test?**  
• Refer to hepatitis B experienced clinician  
• Recommend *lifestyle modification and prevention of transmission*.

**Hepatitis B Serologic Test Interpretation**

Clinical State	HBsAg	Total anti-HBs	Total anti-HBc	Action
Acute infection	Positive	Negative	Positive (IgM anti-HBc)	Link to HBV infection care
Chronic infection	Positive	Negative	Positive	Link to HBV infection care
Resolved infection	Negative	Positive	Positive	Counsel about HBV infection reactivation risk
Immune (immunization)	Negative	Positive	Negative	Reassure if history of HepB vaccine series completion; if partially vaccinated, complete vaccine series per ACIP recommendations
Susceptible	Negative	Negative	Negative	Offer HepB vaccine per ACIP recommendations
Isolated core antibody	Negative	Negative	Positive	Consider specialist consult

*For more details: CDC*

†United States Preventive Services Task Force (USPSTF) recommends initial screening with HBsAg; if positive results, then test for anti-HBs and anti-HBc. California law (AB 789) is based on USPSTF guidelines.  
\*In pregnant people previously screened for Anti-HBs and total anti-HBc, HBsAg alone can be tested in subsequent pregnancies.

Hep B Screening Guide  
(IMM-1453)

**Living with HIV?**



**Immunizations can help you stay healthy.**  
**Protect yourself and others by getting immunized today!**

Ask your doctor or care team if you should get any of these vaccines:

- COVID-19
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Influenza
- Meningitis
- MPOX
- Pneumonia
- Shingles (Zoster)
- Tetanus, Diphtheria, Whooping Cough (Tdap)

Place your logo or clinic info in box above. Delete this text before saving or printing.




IMM-1456 (2/23)

Vaccines for PLWH flyer  
(IMM-1456)

# Updated VFA Forms

Check out updated forms on the [VFA Resources page](#). Changes in VFA vaccines are reflected on them.

[2023 Program Requirements At a Glance \(IMM-1270\)](#)

VACCINE ELIGIBILITY GUIDELINES For Community Health Centers (CHCs) enrolled in the California Vaccines for Adults (VFA) and Vaccines for Children (VFC) Programs			
  			
Program	Age	Eligibility	Vaccine
<b>Vaccines for Children (VFC)</b>	Children birth through 18 years of age meeting one of the following eligibility criteria:	<ul style="list-style-type: none"> <li>Medi-Cal/CHDP eligible</li> <li>Uninsured (no health insurance)</li> <li>Underinsured (health insurance does not cover vaccines or only covers select vaccines (only eligible at FQHCs and RHCs).</li> <li>American Indian &amp; Alaskan Native</li> </ul>	<ul style="list-style-type: none"> <li>DTaP</li> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Hib</li> <li>HPV</li> <li>Influenza</li> <li>Meningococcal Conjugate (MenACWY)</li> <li>Meningococcal B (MenB)</li> <li>MMR</li> <li>Pneumococcal Conjugate (PCV13)</li> <li>Pneumococcal Conjugate (PCV15)</li> <li>Pneumococcal Polysaccharide (PPSV23)</li> <li>Polio (IPV)</li> <li>Rotavirus</li> <li>Td</li> <li>Tdap</li> <li>Varicella</li> </ul>
<b>California Vaccines for Adults (VFA)<sup>2</sup></b>	Adults 19 years of age and older meeting one of the following eligibility criteria:	<ul style="list-style-type: none"> <li>Uninsured (no health insurance)</li> <li>Underinsured (eligible only if listed vaccines are not covered by insurance)</li> </ul> <p>Note: Fully insured adults are not eligible to receive VFA vaccines (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured).</p>	<ul style="list-style-type: none"> <li>Hepatitis A</li> <li>Hepatitis B<sup>1</sup></li> <li>HPV</li> <li>Meningococcal Conjugate (MenACWY)</li> <li>MMR</li> <li>Pneumococcal Conjugate (PCV20)</li> <li>Td ONLY when Tdap is not indicated<sup>3</sup></li> <li>Tdap</li> <li>Varicella</li> <li>Zoster</li> </ul>

[Vaccine Eligibility Guidelines \(IMM-1222\)](#)

### 317 VACCINE RECEIVING LOG and CHECKLIST

**INSTRUCTIONS:** Use the checklist when your clinic receives vaccines. Complete this form to report any discrepancies or shipping issues after vaccines are stored. NEVER REJECT OR RETURN A VACCINE SHIPMENT.

Clinic Name: \_\_\_\_\_ PIN: \_\_\_\_\_  
 Date McKesson Vaccine Received: \_\_\_\_\_ Date Merck Vaccine Received: \_\_\_\_\_

- Inspect package**
  - If the package shows any of these problems, note them on this form.
    - previously opened
    - broken, torn, or tampered with
    - not addressed to your clinic
    - Other
- Open package immediately**
  - Refrigerated vaccines ship with temperature indicators.
    - Read the indicators to determine if vaccines were exposed to out-of-range temperatures.
    - If the MonitorMark Index reads 3-5, record the number on this form. Index: \_\_\_\_\_
    - If the FREEZE marker indicator does not show a check mark or is not activated, note the issue on this form.
      - no check mark
      - not activated
  - Varicella-containing vaccines come with a shipper insert that identifies the allowable shipping time.
    - Check the packing slip's shipment date to determine how long the vaccines were in transit.
    - If the shipment arrived beyond the allowed time, note the issue on this form.
      - exceeds shipping time.
- Check for shipment discrepancies**
  - Compare the shipment contents (vaccines and diluent) to the packing slip and approved doses on your VFA order confirmation.
  - If there are any discrepancies, note the brand received and the number of doses/diluent missing or extra doses on the form below.
  - Note any vaccines with expiration dates less than six months.

Vaccines	Brand Received	# Doses Missing	# Diluent Missing	# Extra Doses	Expiration < 6 Months
<b>Vaccines Stored in Refrigerator</b>					
Hepatitis A	<input type="checkbox"/> Havrix <input type="checkbox"/> VAQTA				
Hepatitis B	<input type="checkbox"/> Engerix-B <input type="checkbox"/> HEPLISAV-B				
HPV	<input type="checkbox"/> Gardasil 9				
Meningococcal Conjugate (Men ACWY)	<input type="checkbox"/> MenQuadfi <input type="checkbox"/> Menveo				
MMR	<input type="checkbox"/> Priorix Only				
Pneumococcal Conjugate (PCV20)	<input type="checkbox"/> Prevnar 20				
RZV	<input type="checkbox"/> Shingrix				
Td	<input type="checkbox"/> TDVAX				
Tdap	<input type="checkbox"/> Adacel <input type="checkbox"/> Boostrix				
<b>Vaccines Stored in Freezer</b>					
VAR	<input type="checkbox"/> Varivax				
MMZV	<input type="checkbox"/> MZV (Zostavax)				

[317 Vaccine Receiving Log and Checklist \(IMM-1216\)](#)

### California Vaccines for Adults (VFA) Program 2023 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	Maintain a current and completed vaccine management plan (VMP) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EDI lessons for key practice staff.  Review and update the VMP at least annually, when program requirements change, and when staff with designated vaccine-management responsibilities change.  <b>Applicable if VFA vaccines are not stored in same unit as VFC doses and managed by different staff.</b>  Designate a staff member responsible for updating the practice's VMP. Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated.  Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies. Store the VMP in a location easily accessible by staff, ideally near the vaccine storage units. Practices using mobile units to administer VFA-supplied vaccines must maintain a current and complete Mobile Unit VMP and keep it in the mobile unit.	<a href="#">Vaccine Management Plan (IMM-1122)</a> <a href="#">Provider Operations Manual (IMM-1248) Chapter 3</a> <a href="#">Mobile Unit Vaccine Management Plan (IMM-1276)</a>
Key Practice Staff	Designate and maintain key practice staff in the practice's profile on <a href="#">MyVFA Vaccines</a> . Immediately report to the program changes to key practice staff. A change in the Provider of Record or Designee requires a signed Key Practice Staff Change Request Form. In addition, VFA providers must have a Primary VFA Contact.  <b>Primary VFA Contact:</b> An on-site employee responsible for managing the clinic's VFA program.  <b>Provider of Record (POR):</b> The on-site physician-in-chief, medical director, or equivalent who signs and agrees to the terms of the VFA "Provider Agreement" and the "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.  <b>Provider of Record Designee:</b> The on-site person who is authorized to sign VFA Program documents and assumes responsibility for VFA-related matters in the absence of the Provider of Record.  <b>Vaccine Coordinator:</b> An on-site employee who is fully trained and responsible for implementing and overseeing the practice's vaccine management plan.  <b>Backup Vaccine Coordinator:</b> An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence.  <b>Immunization Champion (optional):</b> A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.	<a href="#">Vaccine Coordinator Roles &amp; Responsibilities (IMM-958)</a> <a href="#">VFC Key Practices Staff Change Request Form (IMM-1166)</a>

### 317 Adult Vaccine Daily Usage Log

Date: \_\_\_\_\_ Ordering Period: \_\_\_\_\_ to \_\_\_\_\_

**INSTRUCTIONS:** Keep this log near your vaccines. Fill in today's date and patient info then make a check for each vaccine administered. At the end of the day, write the number of vaccines administered under *Daily Total*. Before ordering vaccines, add up the daily totals since the previous order and record under *Order Period Total*. File all usage logs for three years.

Today's Date	Patient Name (or medical record)	Date of Birth	REFRIGERATED										FROZEN				
			VAQTA Havrix	Engerix B Hepilisav-B	Gardasil 9	MenQuadfi Menveo	Priorix only	Prevnar20	Pneumovax23	Shingrix	TDVAX	Adacel Boostrix	MMR-II only	Varivax			

[Daily Usage Log \(IMM-1053-317\)](#)





---

# QUESTION AND ANSWER SESSION

---

# THANK YOU!

[my317vaccines@cdph.ca.gov](mailto:my317vaccines@cdph.ca.gov)

**Please fill out this short VFA webinar evaluation below!**

[VFA Webinar Survey](#)