Welcome to
California Department of Public Health
Immunization Branch

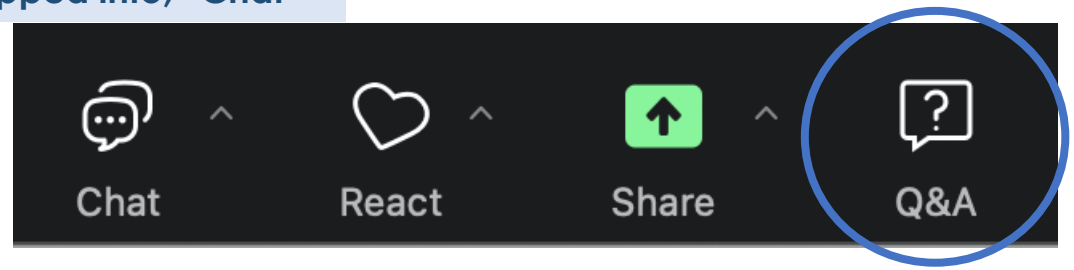
Afternoon TEAch Webinar:
Preparing for fall: COVID-19, Flu, RSV Prevention

Tuesday, September 24, 2024
12:00 pm – 1:00 pm (PT)

Questions

During today's webinar, please use the Q&A panel to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.

Resource links will be dropped into, "Chat"



Housekeeping

Reminder to Attendees:

Today's session is being recorded. Access today's slides and archived presentations at:

eziz.org

If you have post-webinar-related questions, please email diane.evans@cdph.ca.gov

Reminder to Panelists:

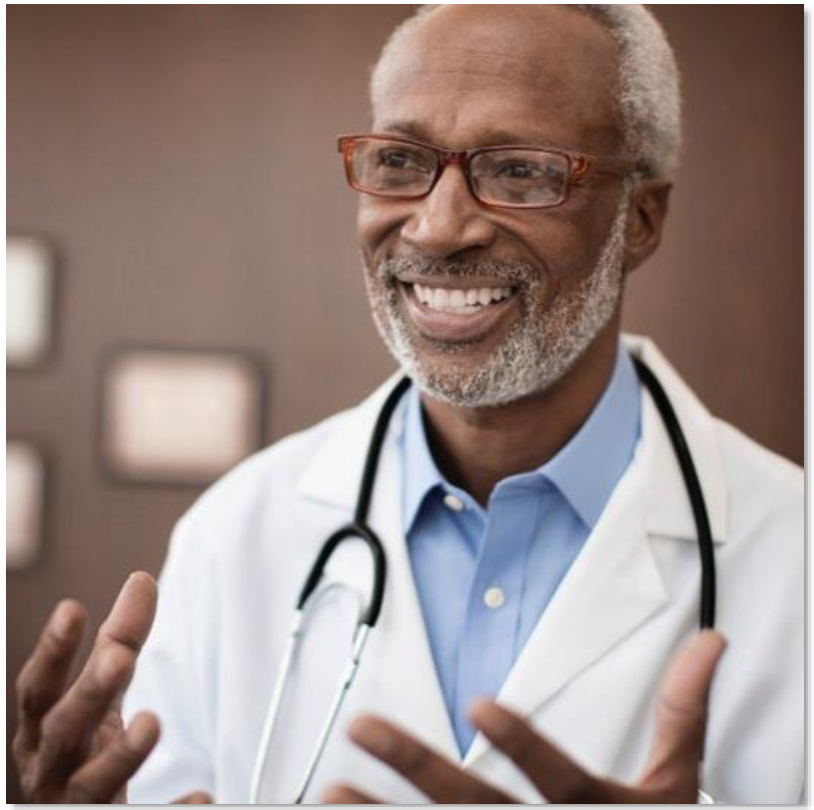
Please mute yourself when not speaking.

Please monitor the Q&A panel for questions you may be able to answer.

Webinar Objectives

By the end of the presentation, attendees should be able to:

- Provide an overview of updated respiratory virus immunization recommendations and vaccine products for flu, COVID-19, and RSV for the 2024 – 2025 respiratory virus season.
- Understand upcoming respiratory season's vaccine ordering and supply and prepare their clinics for vaccinating patients starting this fall.
- Implement strategies to prevent RSV immunization errors in clinics.
- Utilize and share updated respiratory virus immunization resources with clinic staff, parents, and patients.



Agenda: Tuesday, September 24, 2024

No.	Item	Speaker(s)	Time (PM)
1	Welcome	Diane Evans, MPH (CDPH)	12:00 – 12:05
2	Respiratory illness updates: COVID-19, Flu, RSV	Samantha Johnston, MD, MPH (CDPH)	12:05-12:20
3	Making your clinic immunization-ready	Kelsey Florio, RN (CDPH)	12:20-12:30
4	Ordering	Christina Sapad (CDPH)	12:30-12:35
5	Clinic readiness: preventing errors, training, storage	Kelsey Florio, RN (CDPH)	12:35-12:45
6	Resources	Terisha Gamboa, MPH (CDPH)	12:45-12:50
7	Questions and Answers	CDPH Subject Matter Experts	12:50-1:00

Thank you for attending today!

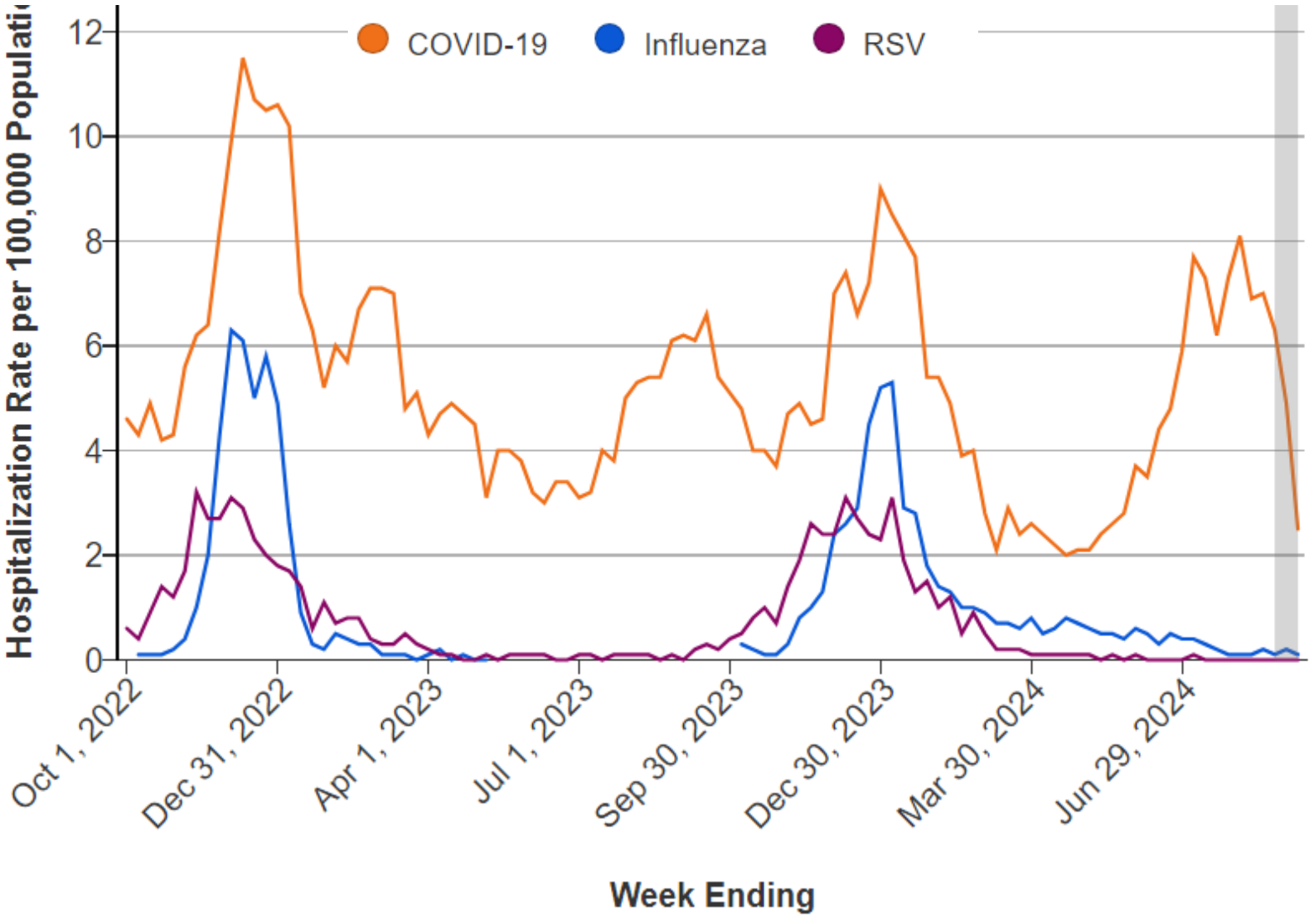
Respiratory Illness Updates: Flu, COVID-19, RSV

Samantha Johnston, MD

Respiratory Virus Season Overview

- COVID-19, flu, and RSV disease peak during fall & winter months

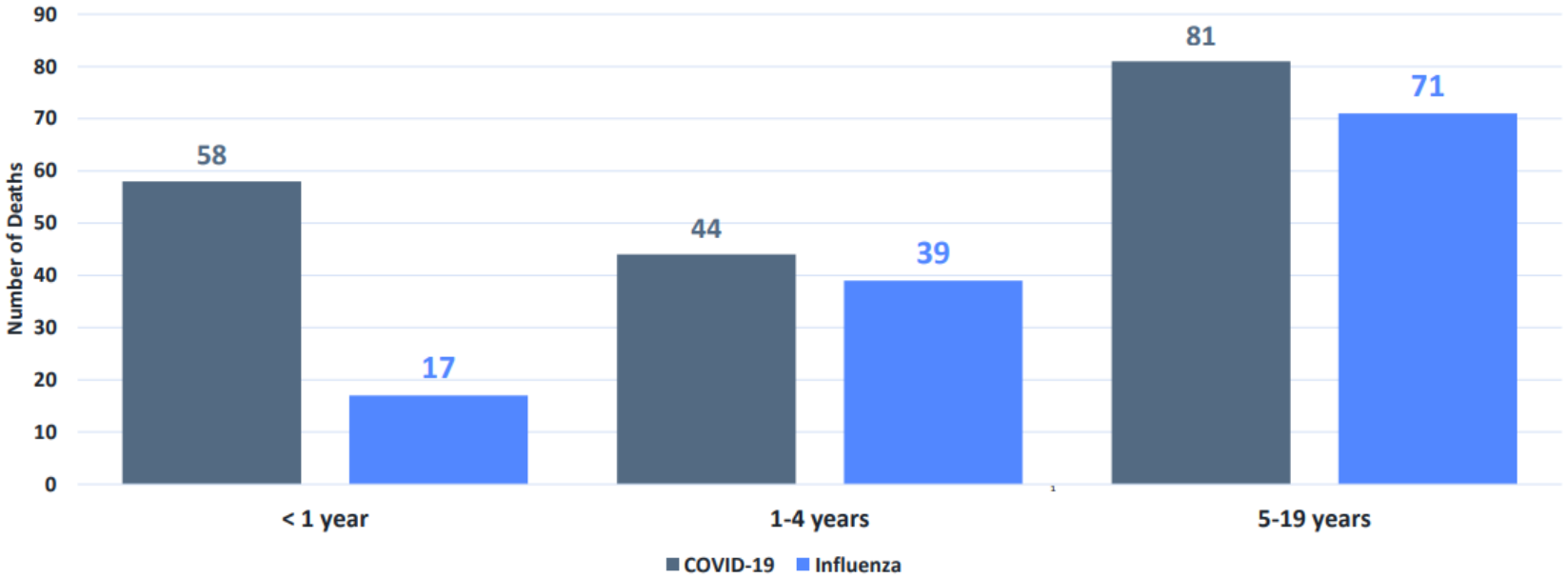
Weekly Rates of Respiratory Virus-Associated Hospitalizations in California



Trends in Viral Respiratory Pediatric Deaths in the United States

- COVID-19 causes more deaths in children than influenza

Total number of COVID-19 and Influenza-associated deaths[1,2] in 2023, by age group, United States

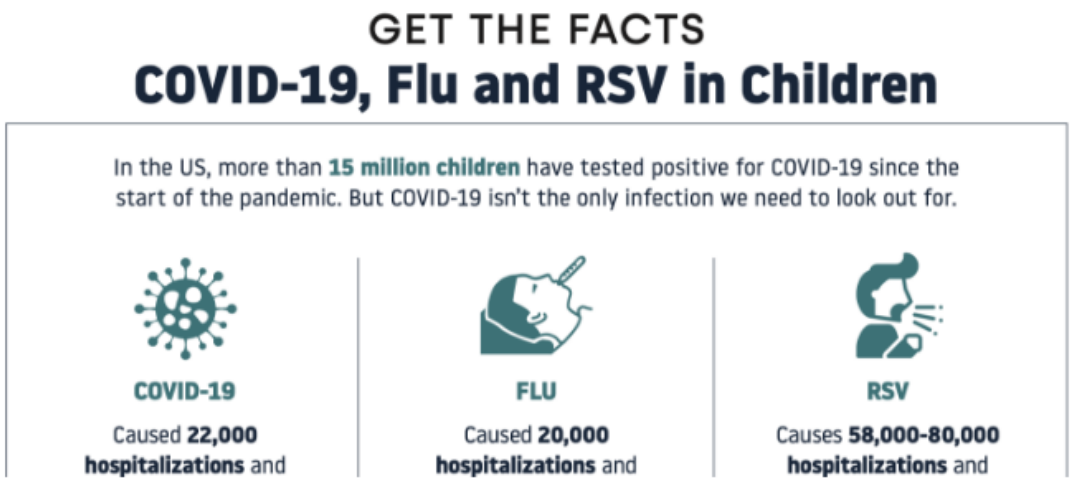


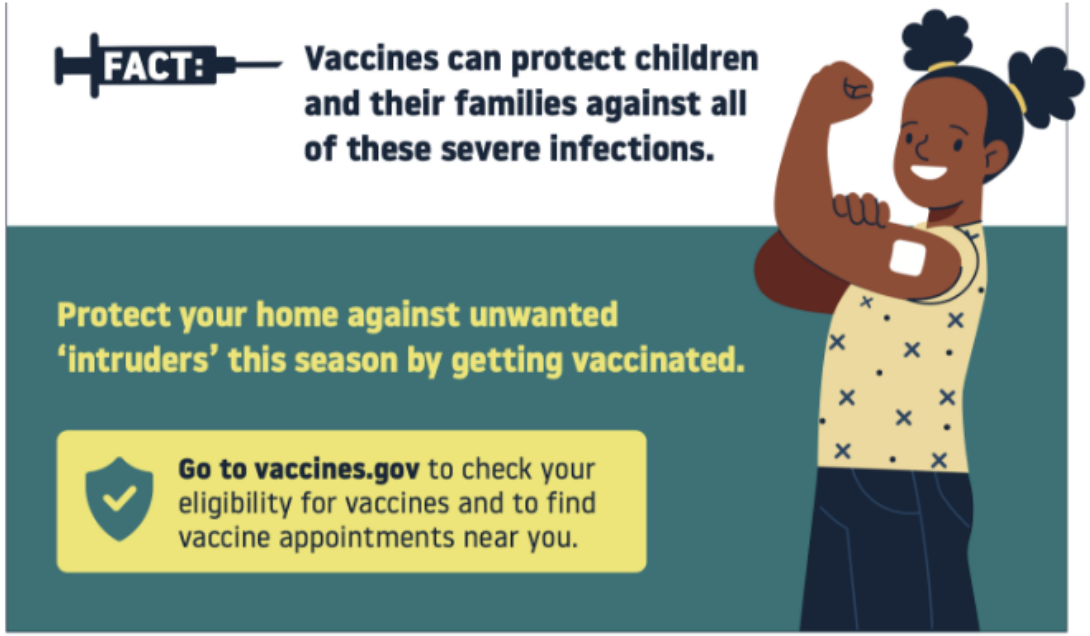
[1] Provisional data
[2] Underlying cause of death
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html on June 5, 2024
Note: Estimates of pediatric influenza deaths reported to CDC can be found here: https://www.cdc.gov/flu/weekly/index.htm . Estimates will vary due to differences in reporting methods and timeframes used.

Upcoming Fall Respiratory Virus Season

Among children, those under 5 years of age have the highest rates of hospitalization for:

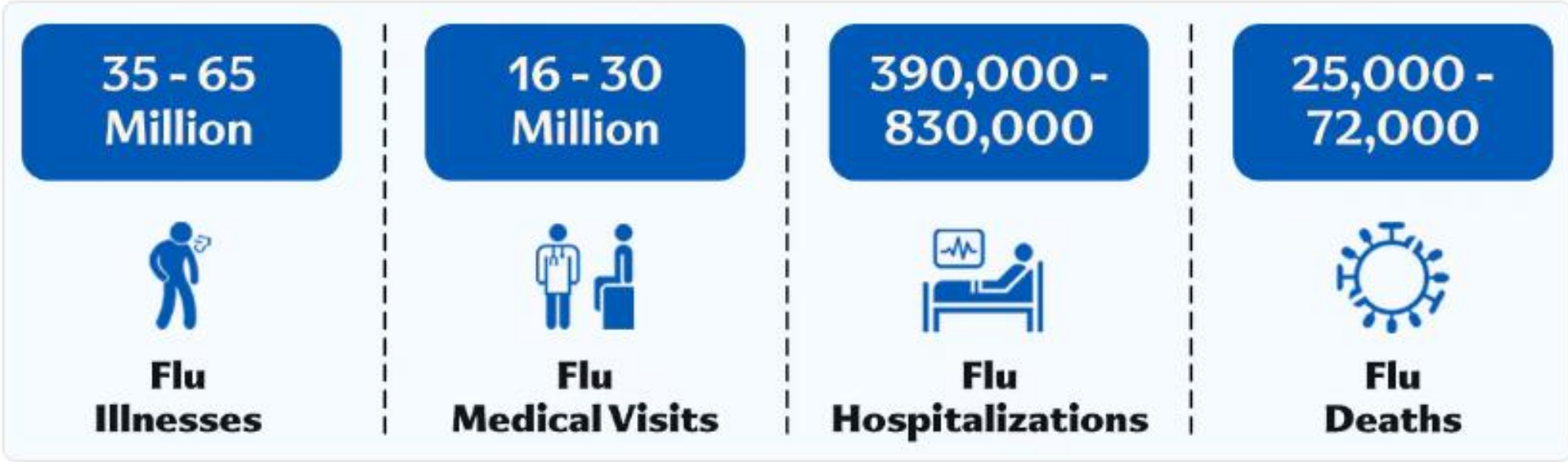
- Influenza,
- COVID-19, and
- Respiratory Syncytial Virus (RSV)





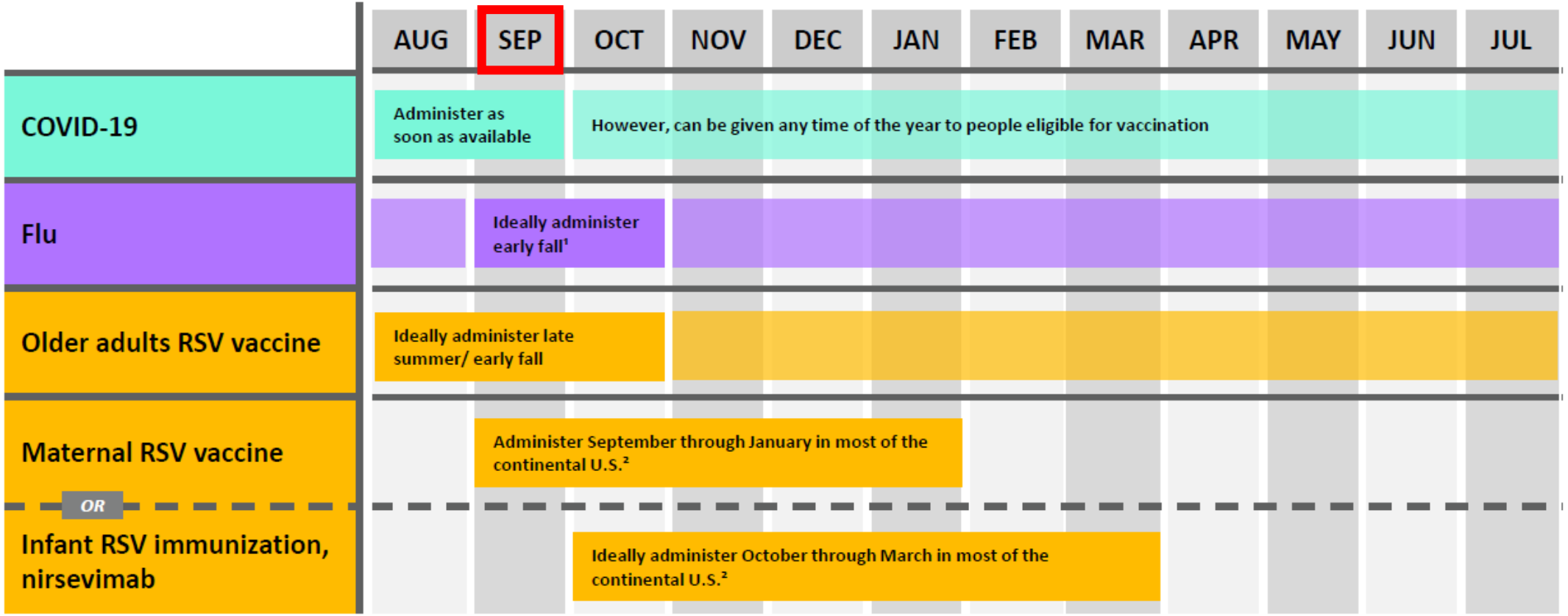
Preliminary 2023–2024 U.S. Flu In-Season Disease Burden Estimates

CDC estimates* that, from October 1, 2023, through June 15, 2024, there have been:



*Based on data from October 1, 2023, through June 15, 2024.

Timing and Administration of Influenza,COVID-19, and RSV Immunizations



[1] Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

[2] In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances.

Influenza

2024 – 2025 Seasonal Influenza Recommendations

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–25 Influenza Season

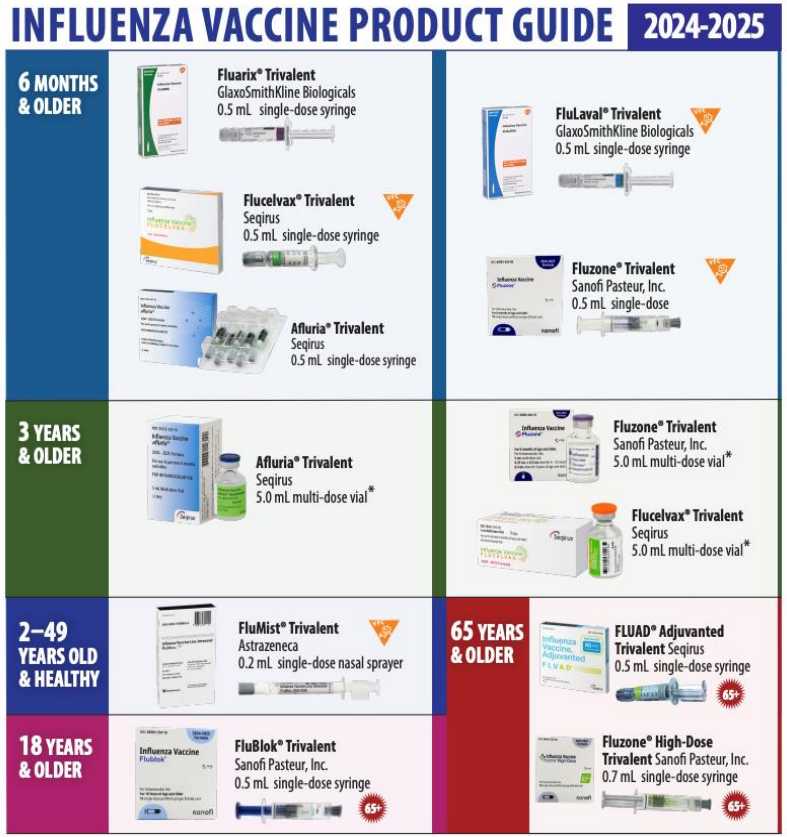
Recommendations and Reports / August 29, 2024 / 73(5);1–25

Print

Lisa A. Grohskopf, MD[1]; Jill M. Ferdinands, PhD[1]; Lenee H. Blanton, MPH[1]; Karen R. Broder, MD[2]; Jamie Loehr, MD[3] (VIEW AUTHOR AFFILIATIONS)

Influenza Vaccine Recommendations, 2024 – 2025

- **Age ≥6 months**: routine annual vaccination
- **Trivalent** 2024 – 2025 Influenza Vaccine Composition
  - Influenza B/Yamagata viruses not detected globally since March 2020. Experts recommended removal of this strain.
  - Flu vaccines now contain A(H1N1), A(H3N2), and B(Victoria) influenza strains.
- Vaccinate in **September and October**.

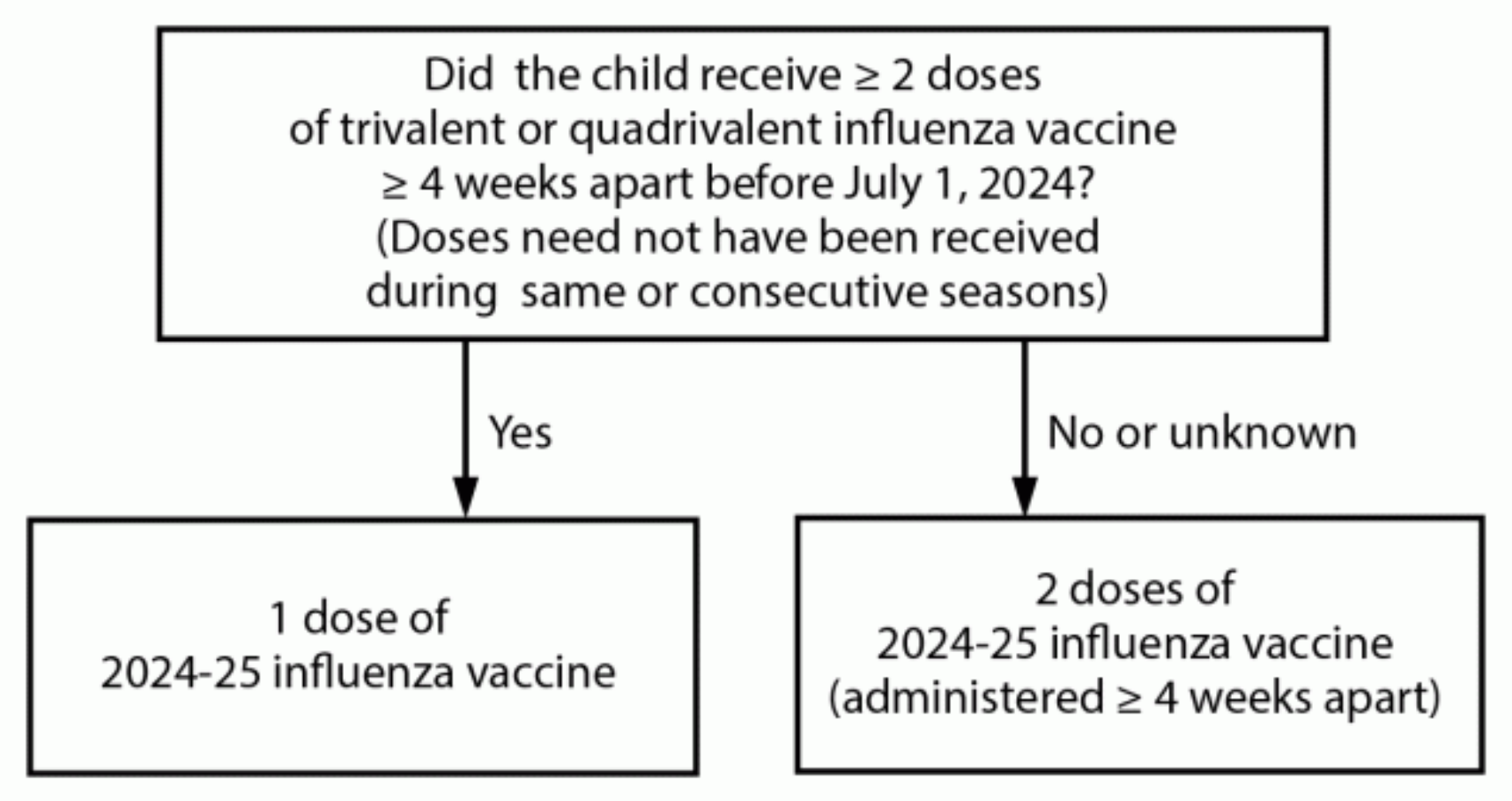


Influenza Product Guide

Influenza Vaccine Recommendations, cont'd

- **Children 6 months through 8 years** who did not receive ≥2 doses of flu vaccine before July 1, 2024: 2 doses of flu vaccine, ≥4 weeks apart
- **Age 65 years and older:**
  - Preferentially recommended to receive any enhanced vaccine
- **Solid organ transplant recipients 18-64 years** on immunosuppressants:
  - Any age-appropriate inactivated (not live) vaccine, including all enhanced options
- **Enhanced vaccine options include:**

Type	Description	Brand Name
Adjuvanted	Contains MF59 adjuvant	FLUAD Adjuvanted
High-dose	Contains 4x hemagglutinin vs standard dose vaccines	Fluzone High-Dose
Recombinant	Contains 3x hemagglutinin vs standard dose vaccines	FluBlok



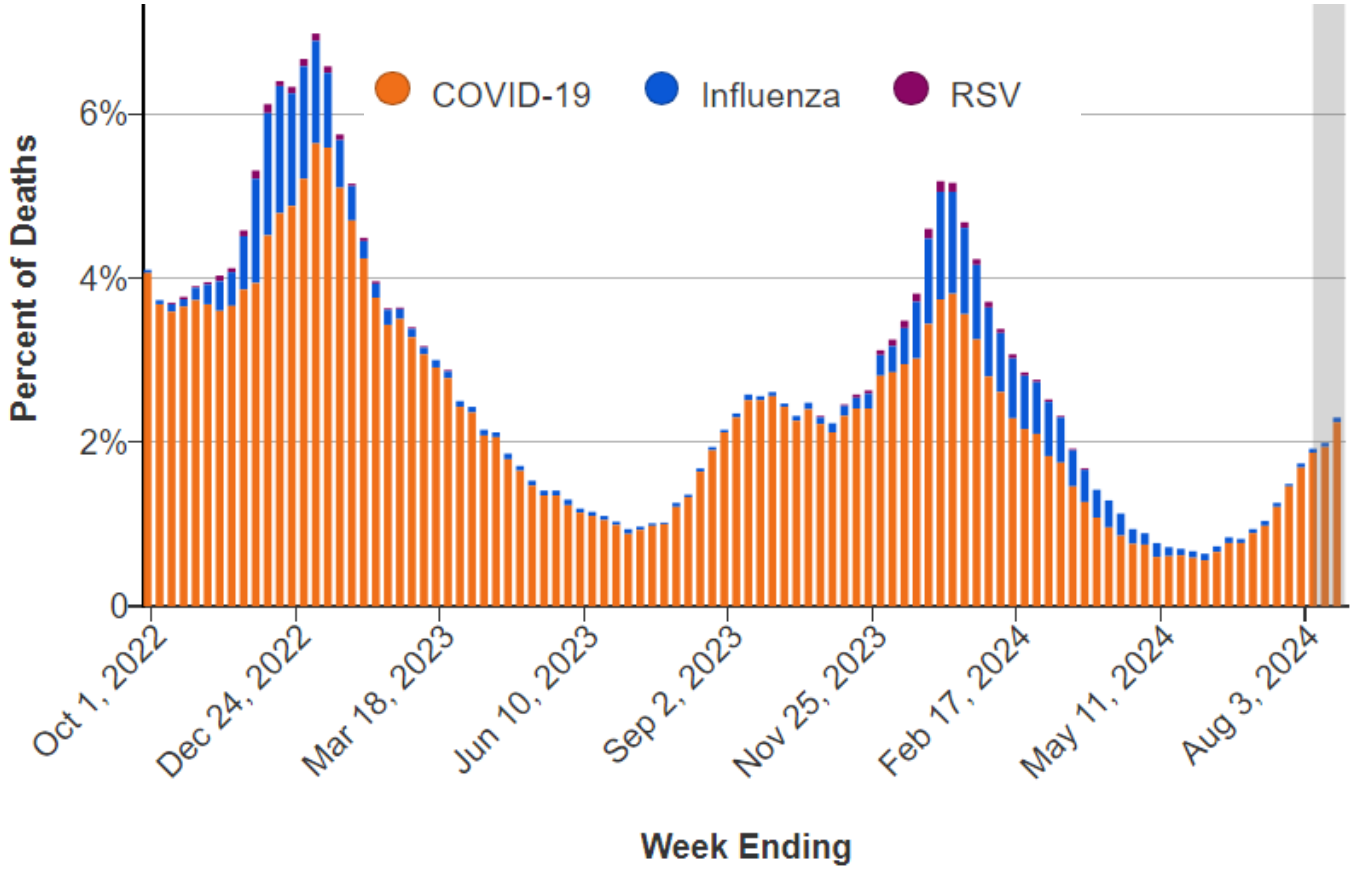
Children aged **6 months through 8 years** who require 2 doses of influenza vaccine should receive their **first dose as soon as possible** (including during July and August, if vaccine is available) to allow the second dose (which must be administered ≥4 weeks later) to be received, ideally, by the end of October. For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns age 9 years between receipt of dose 1 and dose 2.

COVID-19

Trends in Viral Respiratory Deaths in the United States

- COVID-19 still causes many deaths, although decreased from prior years
- COVID-19 still causes more deaths than influenza or RSV

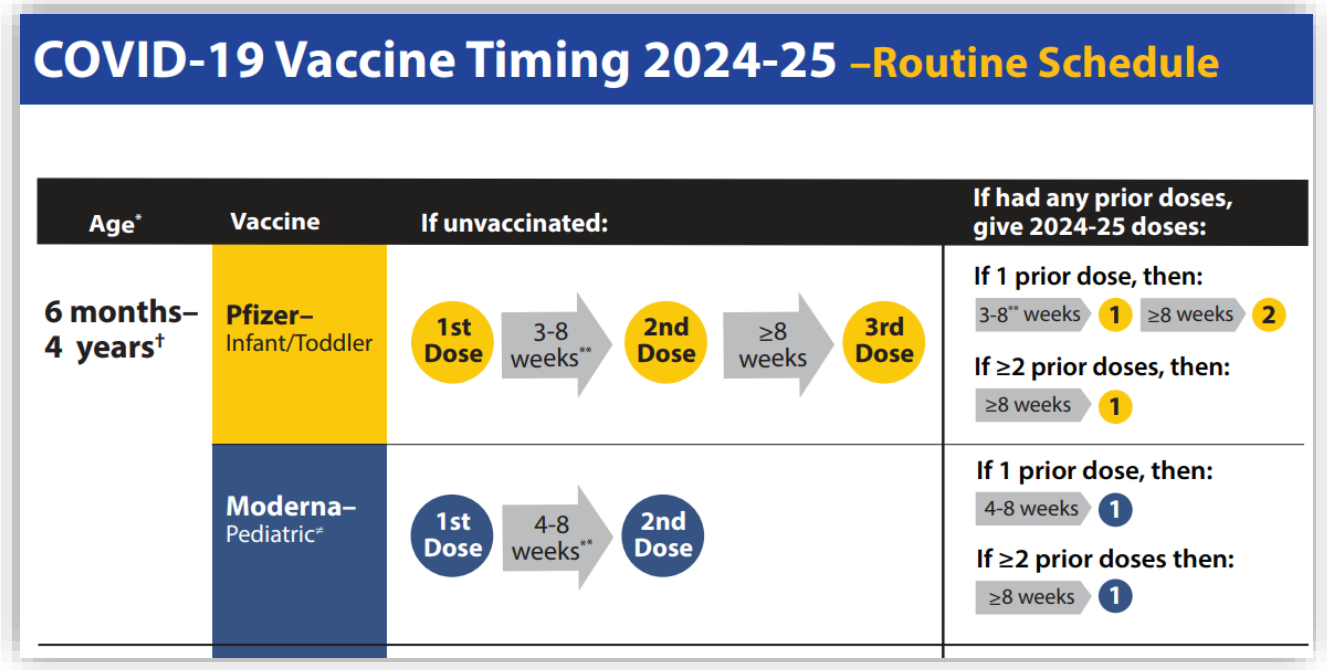
Weekly Percent of Total Deaths Associated with COVID-19, influenza, and RSV



Updated! 2024 – 2025 COVID-19 Vaccine Recommendations: **Routine Schedule**

Age 6 months – 4 years:

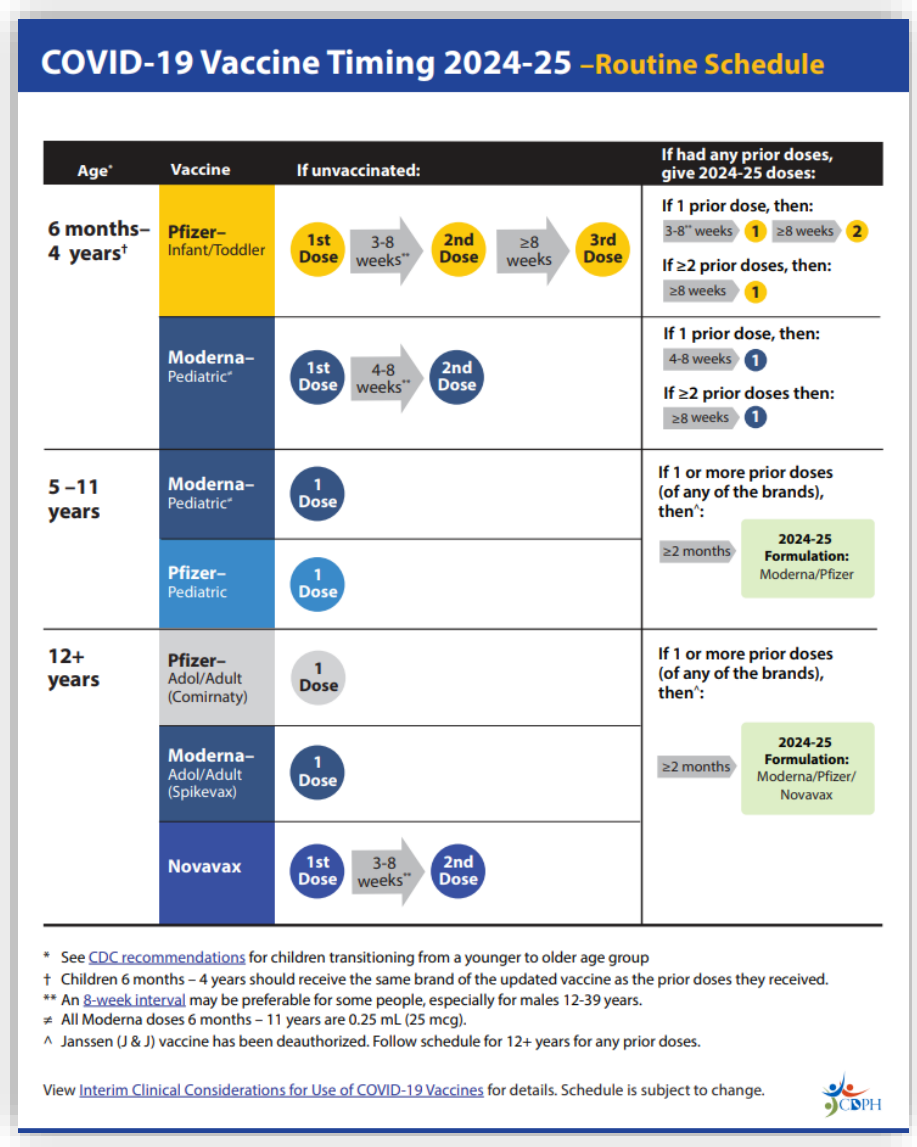
- 2 (Moderna)- or 3 (Pfizer)-dose initial series. If had prior doses, 1-2 updated doses as needed.
- Doses should be from the same manufacturer (see CDC interchangeability guidance for more.)



COVID-19 Vaccine Timing Guide: English, Spanish

Updated! 2024 – 2025 COVID-19 Vaccine Recommendations: **Routine Schedule**

Everyone 5 years and older should receive 1 updated dose, at least 2 months after their last dose.



COVID-19 Vaccine Timing 2024-25 –Routine Schedule

Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks** → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8** weeks → 1 → ≥8 weeks → 2 If ≥2 prior doses, then: ≥8 weeks → 1
	Moderna–Pediatric≠	1st Dose → 4-8 weeks** → 2nd Dose	If 1 prior dose, then: 4-8 weeks → 1 If ≥2 prior doses then: ≥8 weeks → 1
5–11 years	Moderna–Pediatric≠	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 2024-25 Formulation: Moderna/Pfizer
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 2024-25 Formulation: Moderna/Pfizer/Novavax
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose	

* See CDC recommendations for children transitioning from a younger to older age group
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
** An 8-week interval may be preferable for some people, especially for males 12-39 years.
≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

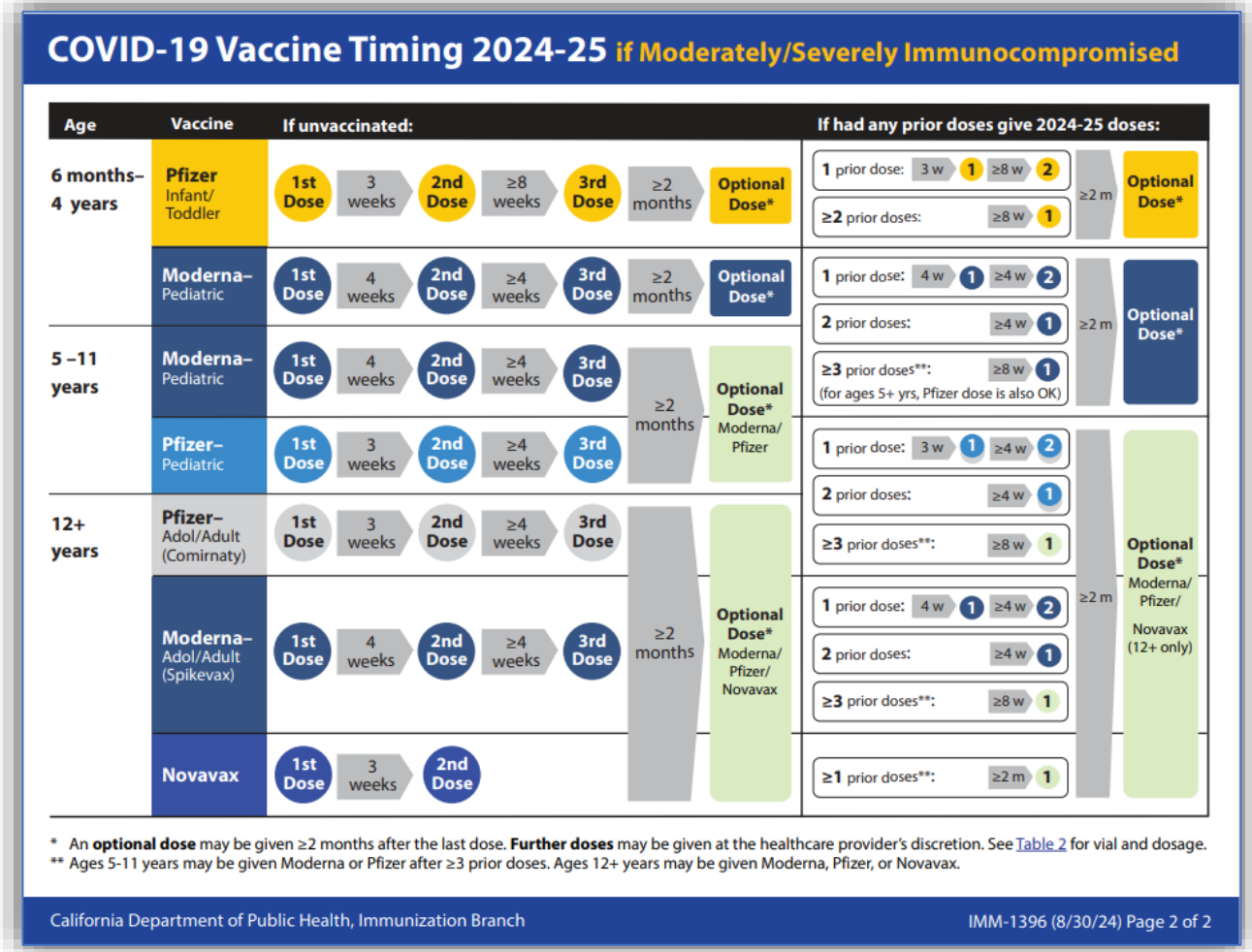
View Interim Clinical Considerations for Use of COVID-19 Vaccines for details. Schedule is subject to change.

COVID-19 Vaccine Timing Guide: **English**, **Spanish**

Updated 2024-2025 COVID-19 Vaccine Recommendations: Immunocompromised

Age ≥6 months who are moderately or severely immunocompromised*:

- 2 (Novavax)- or 3-dose initial series. If had prior doses, 1-2 updated doses as needed.
- May receive additional optional doses.



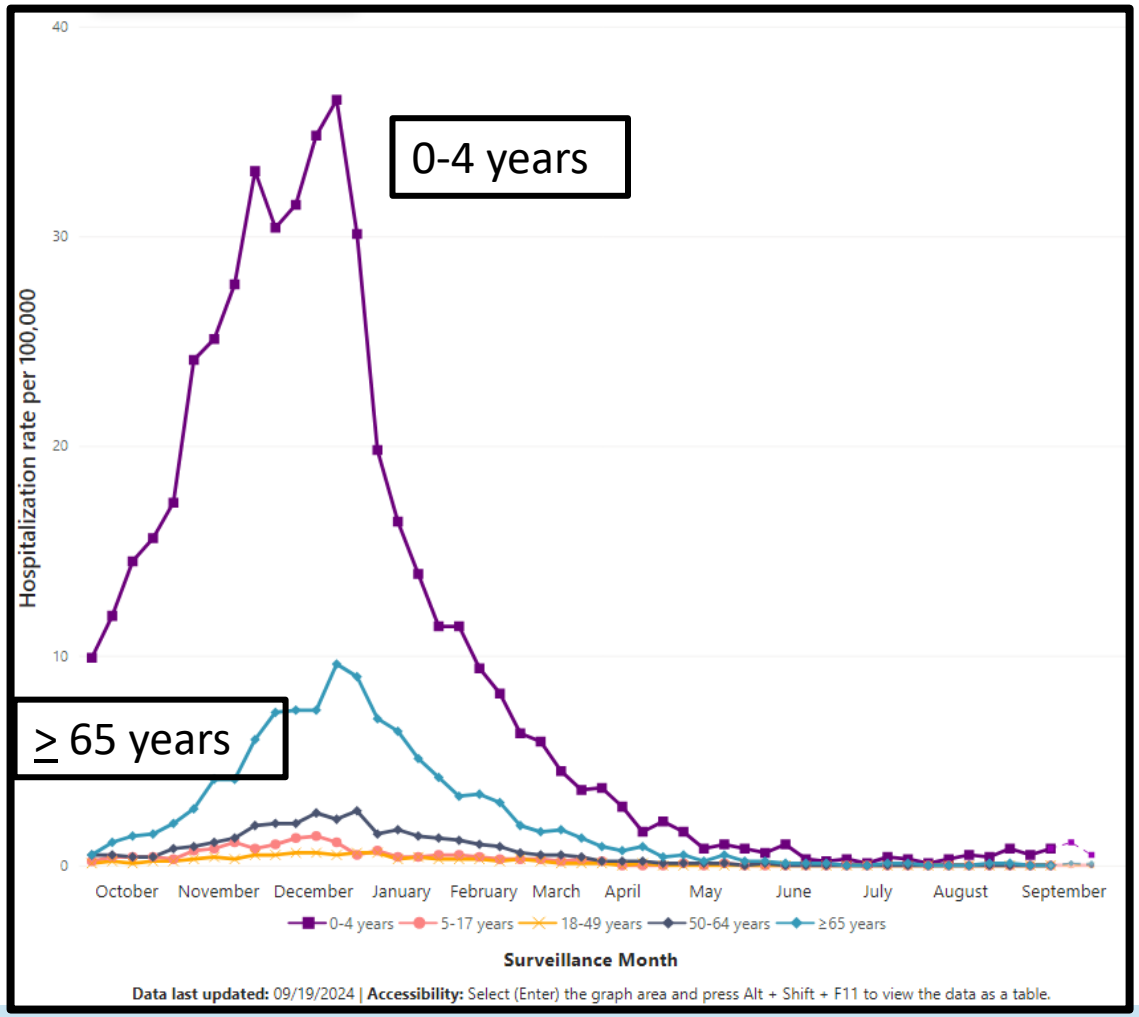
COVID-19 Vaccine Timing Guide
Immunocompromised: English, Spanish

COVID-19 Vaccine Clinical Guidance Reminders

- History of prior SARS-CoV-2 infection: May consider delaying a COVID-19 vaccine dose by 3 months from symptom onset or positive test (if infection was asymptomatic).
- Transitioning from a younger to older age group: CDC recommends that people receive the age-appropriate vaccine product and dosage based on their age on the day of vaccination.

Respiratory syncytial virus (RSV)

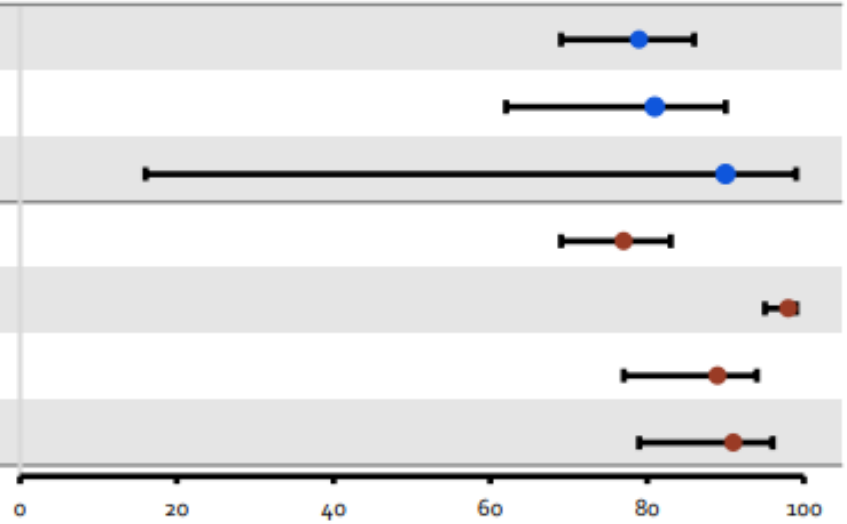
RSV-Associated Hospitalizations, 2023 – 2024



In the 2023-24 season, the overall rate of RSV-associated hospitalizations was 54.9 per 100,000 people

Observational data indicate nirsevimab is working as expected (vs. RCT results) during the first RSV season after approval among infants in their first RSV season

Outcome/Analysis	Vaccine efficacy/effectiveness (%)
Clinical trial, RSV-associated LRTI	79 (69-86)
Clinical trial, RSV-associated LTRI with hospitalization	81 (62-90)
Clinical trial, RSV-associated LRTI with ICU admission	90 (16-99)
VISION, RSV-associated emergency department visits	77 (69-83)
VISION, RSV-associated hospitalization	98 (95-99)
NVSN, medically attended RSV-associated ARI episode	89 (77-94)
NVSN, RSV-associated hospitalization	91 (79-96)



Real-world data showed nirsevimab was 91-98% effective against RSV-associated hospitalizations.

Results may not be comparable across studies due to differences in outcome definitions, timing, and other factors.

https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm

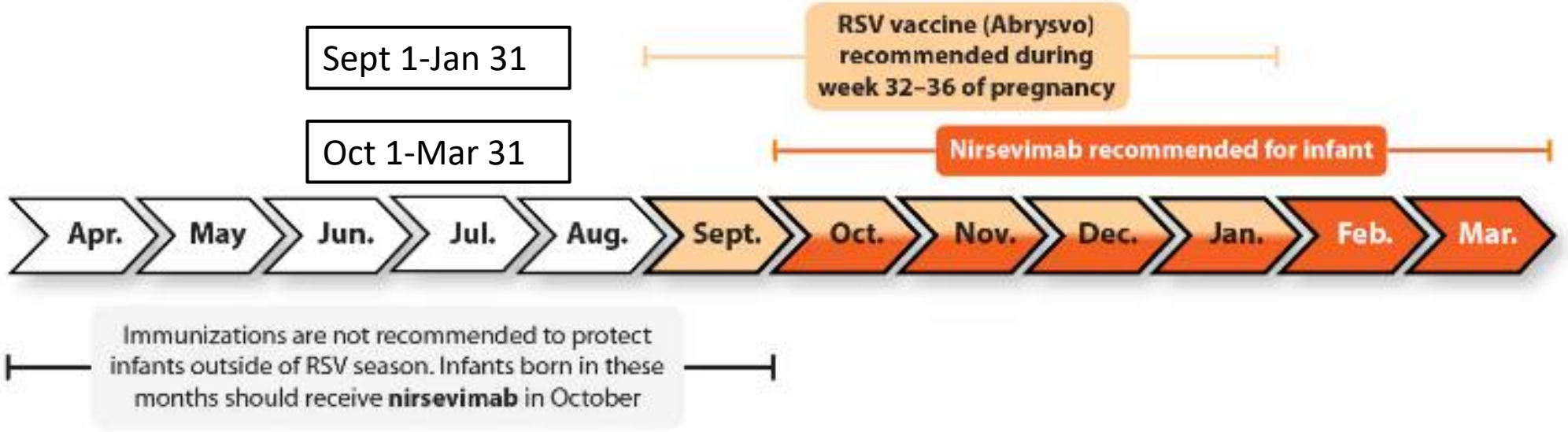
RCT = randomized clinical trial | ARI = acute respiratory illness

Prevention of Severe RSV Disease in Infants

- Maternal vaccination with ABRYSVO®* (Pfizer) at **32–36 weeks gestation**

OR

- Infant immunization with nirsevimab (monoclonal antibody, Beyfortus®, Sanofi)



*ABRYSVO is the only RSV vaccine approved in pregnancy; Arexvy and mRESVIA® are not.

Nirsevimab for Infants and Toddlers

Nirsevimab (Beyfortus) Guide to Prevent Severe RSV in Infants and Toddlers

Nirsevimab should be given before the start of RSV season (usually October-March). The dosage depends on age, weight, and health condition. View CDC's RSV page for web version and additional guidance.

All Infants <8 Months Entering 1st RSV Season
without prenatal vaccination during 32-36 weeks gestational age*

If born October-March
1 dose in <1 week of birth

If born April-September
1 dose in October/November

or as soon as possible during the RSV season

Weight <5kg: Nirsevimab 50mg
OR
Weight ≥5kg: Nirsevimab 100mg

High-Risk Children 8-19 Months Entering 2nd RSV Season

200mg dose before RSV season
or as soon as possible during the RSV season

Nirsevimab** 100mg + Nirsevimab** 100mg
(Two 100mg syringes, same day, different sites, regardless of weight)

High-risk conditions include:

- **Chronic lung disease of prematurity that required medical support** (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the RSV season.
- **Cystic fibrosis with either:**
  1. Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the 1st year if life or abnormalities on chest imaging that persist when stable OR
  2. Weight-for-length <10th percentile
- **Severe immunocompromise**
- **American Indian or Alaskan Native children**

* In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.

** If nirsevimab is unavailable and the child is eligible to receive palivizumab, then palivizumab should be administered. If < 5 doses of palivizumab are administered and nirsevimab becomes available, the child should receive 1 dose of nirsevimab.

California Department of Public Health, Immunization Branch EZIZ.org IMM-1480 (10/2/23)

- Infants born **April 1 – Sept. 30, 2024** and <8 months if maternal vaccination was not given/<14 days before birth
  - Before the start of RSV season, *ideally in October*
- Infants born **Oct. 1, 2024 – March 31, 2025** if maternal vaccination was not given
  - Within the first week of life, *ideally in hospital, or at first outpatient pediatric visit*
- High-risk children 8-19 months old
  - Before the start of RSV season, *ideally in October*

RSV Immunization – Maternal/Pediatric

- Duration of protection of nirsevimab ≥ 5 months; studies are ongoing.
- Pregnant people who received RSV vaccine during a prior pregnancy:
  - are **not** recommended to receive additional doses during this pregnancy,
  - their infants should receive nirsevimab.

ACIP 6/28/24 Presentation; RSV Immunization for Children 19 Months & Younger | CDC
Immunizations to Protect Infants | RSV | CDC

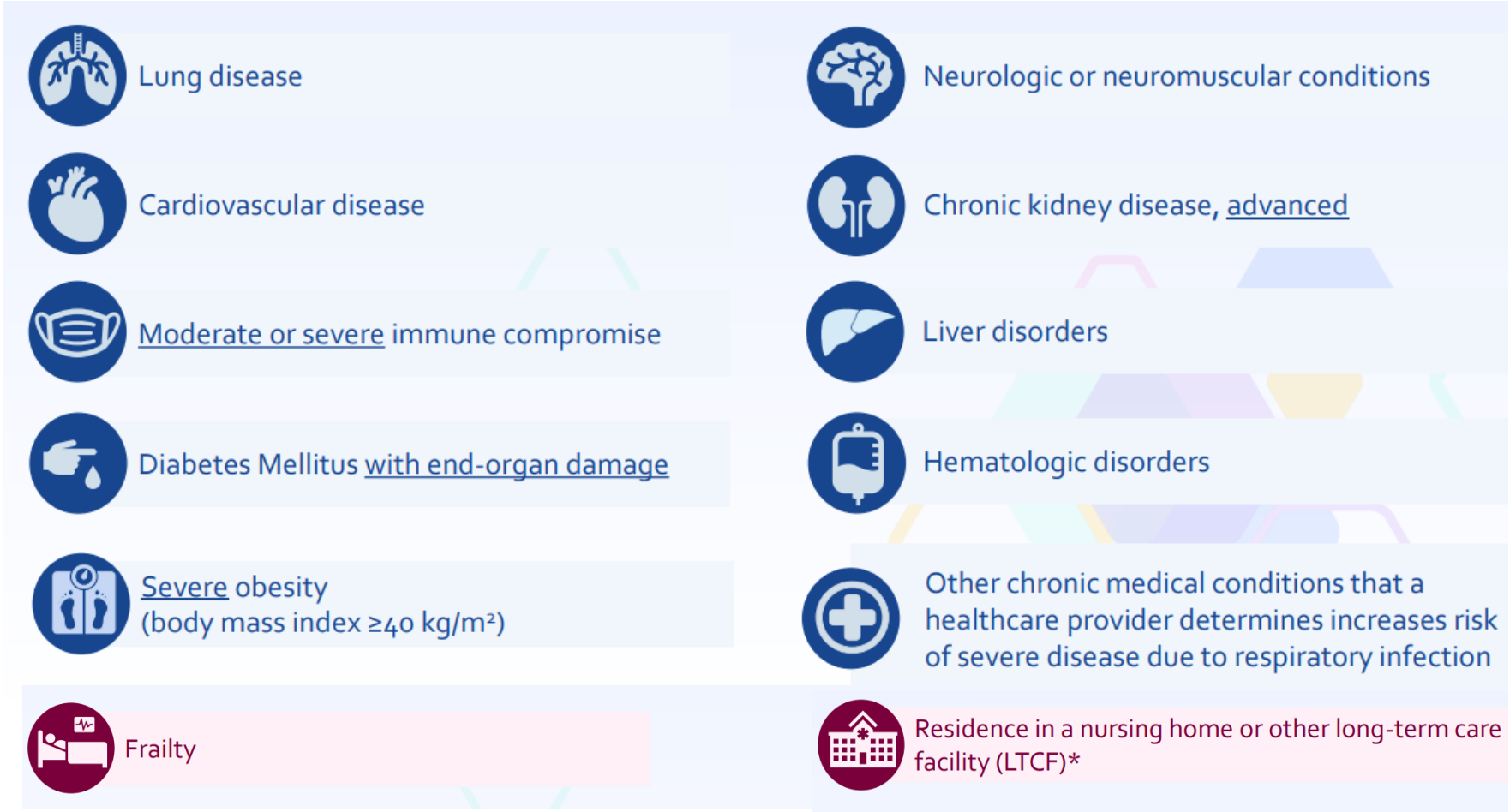
Updated Older Adult RSV Vaccine Recommendations

- ACIP recommends the following older adults receive a **single dose** of RSV vaccine:
  - Ages 75 yrs. of age and older
  - Ages 60–74 yrs. at increased risk of severe RSV disease
- Thus far, RSV vaccines appear to provide some protection for at least two RSV seasons.
- May be given year-round but consider giving in late summer and early fall to maximize benefits of RSV vaccination.

CDC: RSV Immunizations; CDC: RSV Vaccine Guidance for Older Adults; Use of RSV Vaccines in Adults Aged ≥60 Years: Updated Recommendations of ACIP, 2024 | MMWR

Chronic Medical Conditions and Risk Factors Associated with Increased Risk of Severe RSV Disease

- Guidance provides flexibility for clinicians to assess patient risk
- Greatest risk of severe RSV disease in people ages ≥ 75 yrs. and people with ≥ 2 chronic conditions



CDC: RSV Vaccine Guidance for Older Adults; Use of RSV Vaccines in Adults Aged ≥60 Years: Updated Recommendations of ACIP, 2024 | MMWR ; ACIP 6/26/24: Adult RSV Clinical Considerations

Adult RSV Vaccines – No Preferential Recommendation

Brand Name	ABRYSVO®	Arexvy	mRESVIA®
Manufacturer	Pfizer	GSK	Moderna
Composition	RSVpreF (protein)	RSVpreF (protein) + adjuvant	mRNA
Recommended groups	-Older Adults - Pregnant at 32-36 weeks GA, from Sept. 1 to Jan. 31	Older Adults*	Older Adults
Year approved	2023	2023	2024

*AREXVY is FDA approved, but not CDC recommended, for adults 50-59 at increased risk of severe RSV.

Clinical Scenario

- Infant born May 3, 2024, whose mother did not receive immunization with ABRYSVO®.
- Should you recommend RSV immunization with nirsevimab?

A. Yes, he should receive starting October 1.

B. No, he is too old for nirsevimab.

C. No, he should be vaccinated with ABRYSVO®.

Clinical Scenario

- Infant born May 3, 2024, whose mother did not receive immunization with ABRYSVO®.
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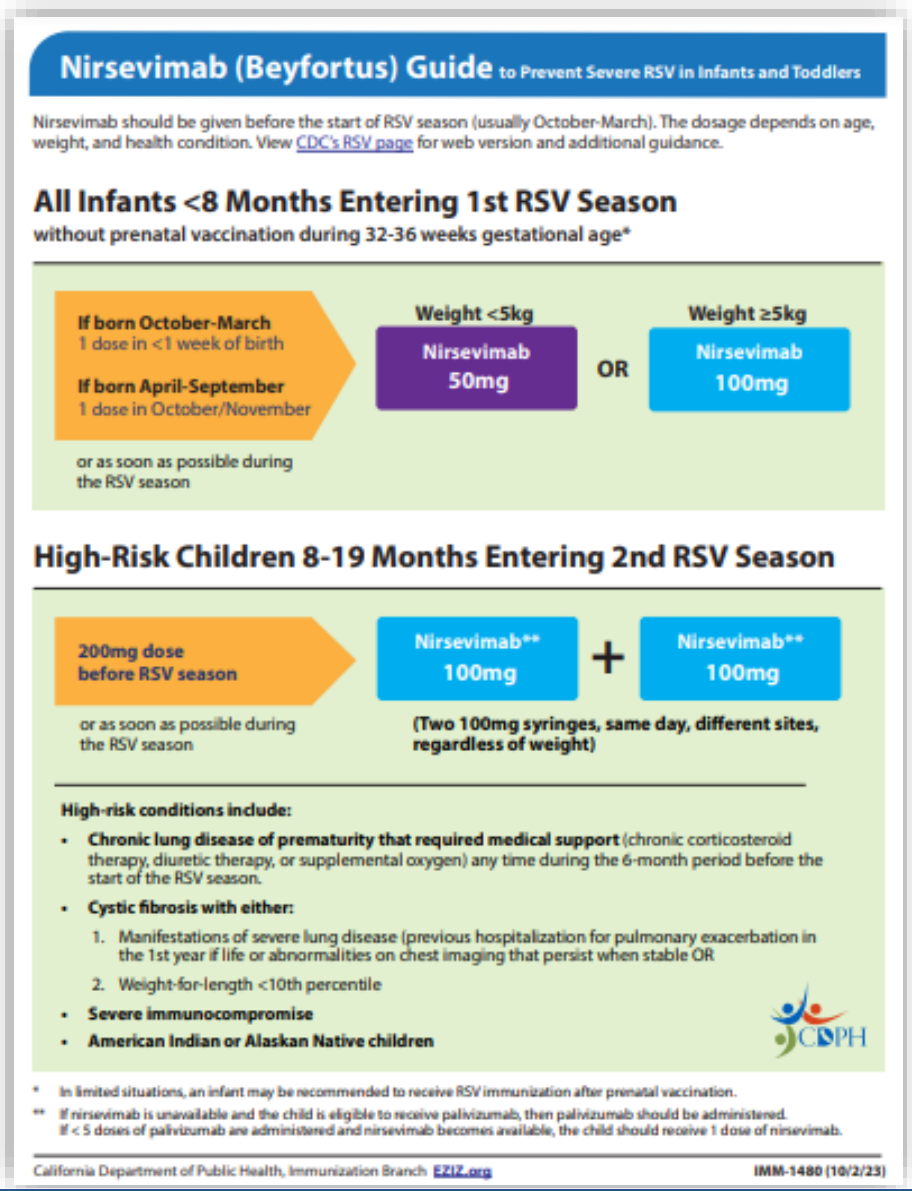
Nirsevimab for Infants and Toddlers



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- High-risk children 8-19 months old
  - Before the start of RSV season, *ideally in October*

Co-Administration of Flu, COVID-19, & RSV Vaccines

- **May offer all recommended respiratory virus vaccines during one visit**.
- Patients should be aware they **may experience more side effects**, like fever and fatigue; **however, these side effects are generally mild or moderate and only last a day or two**.
- For **patients at high risk** of becoming seriously ill from one of these diseases, the benefits of timely protection from coadministration likely outweigh the possible risks of increased side effects.
- If the provider is confident there will be additional opportunities to vaccinate, and the patient prefers to receive these vaccines during different visits, there is **no minimum wait period between vaccines**.
- **The most important thing is that patients receive <u>all</u> their recommended vaccines in a <u>timely</u> way** to protect against these major respiratory diseases this fall and winter virus season.

Making Your Clinic Immunization-Ready

Kelsey Florio, RN

Planning to Immunize at Your Clinic

- Assess patient population and order accordingly
- Plan administration timing
  - At time of well-child visits
    - Newborns vaccinated in hospital or first visit?
    - Flu vaccine-naïve patients that need 2 doses 4 weeks apart
  - Respiratory Illness Immunization Clinic

What else can I do to increase vaccine coverage in my clinic?

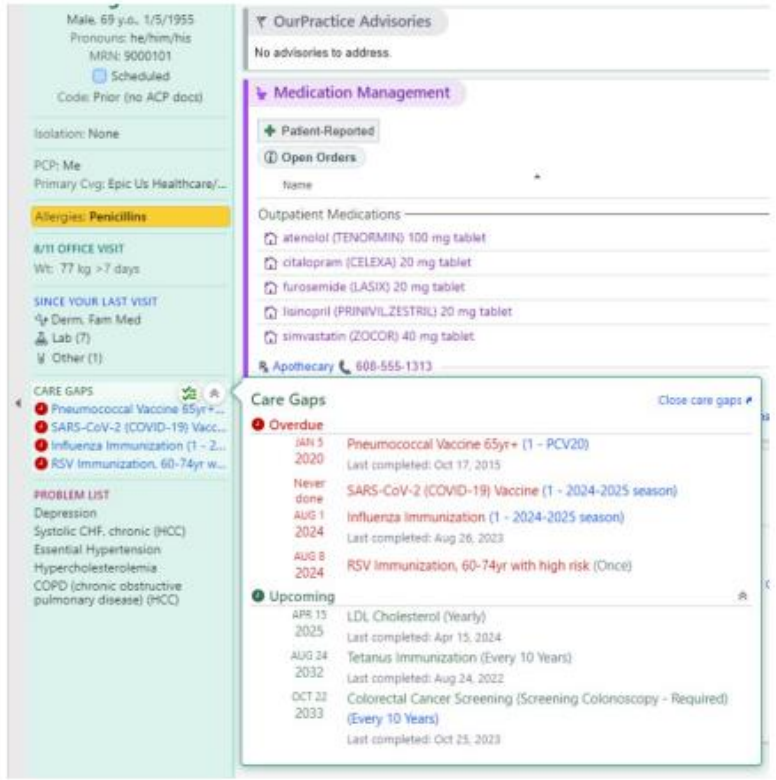
Use these tools and tips

- **Reminder/recalls:** Send when immunization are available
- **Clinical decision support tools:** Standing orders, Order Sets, "Care Gaps" to make administration easier
- **Continue to recommend immunizations to unvaccinated patients**, even if they decline the first time
- **Close the care loop with pharmacies:** Get to know your pharmacy-immunizing partners & how you can collaborate to protect more people in your community

Include on prescription or After-Visit-Summary if sending a patient to a pharmacy for RSV immunization:

- Risk factors
- Pregnancy status (including gestational age)
- "Pfizer Abrysvo" if pregnant

"Care Gaps" Feature on Electronic Health Records

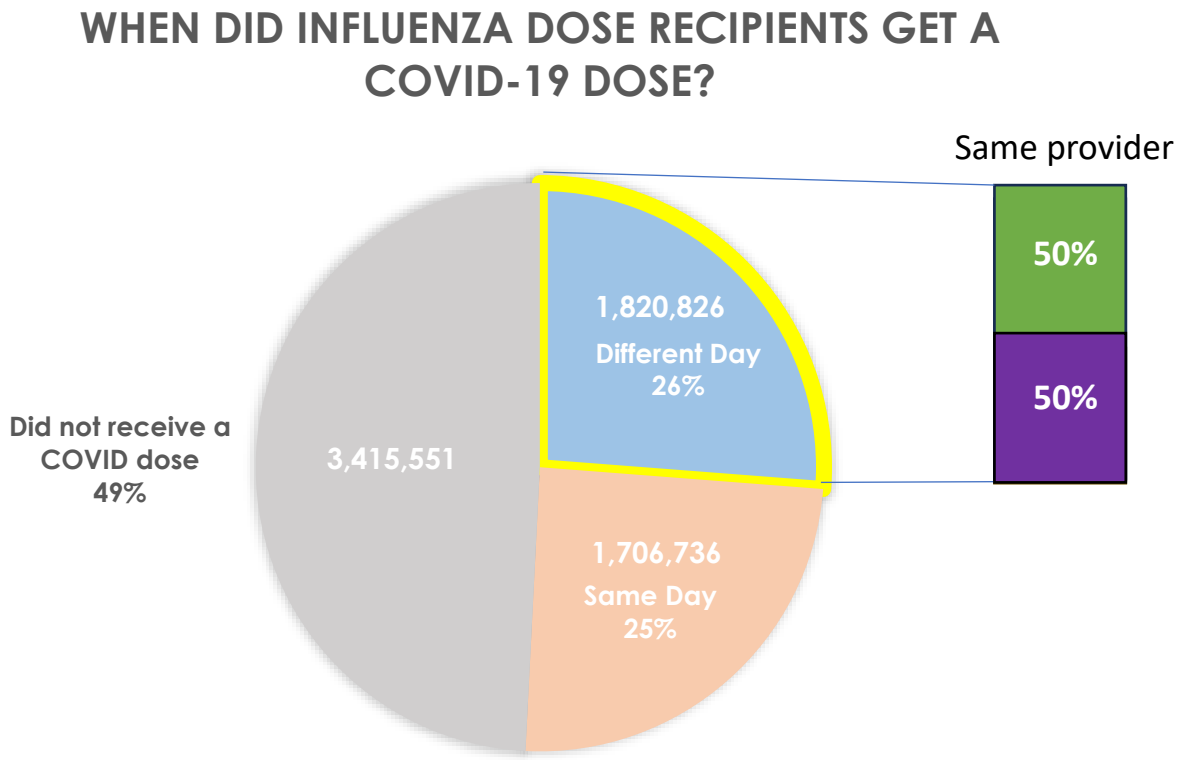


Messaging in the Clinic

- Educate your staff on importance of respiratory illness protection with immunizations
  - Consistent messaging from all staff
- Emphasize importance of presumptive approach
- Publicize immunization opportunities around the office

Co-administration Data Takeaways

- Can increase vaccine uptake and confer immune protection against co-circulating viruses
  - Results in fewer healthcare visits and is more cost effective
  - Reduces time spent at risk for co-circulating viruses, compared to separating doses across multiple visits over time
- Patients who opt to spread out vaccines, or whose providers only offer one of the vaccines, may not go on to receive the second vaccine (attrition, loss to follow up).
- Providers may offer co-administration to all patients to optimize protection for the fall and winter virus season



Ordering

Christina Sapad

Immunization Health Insurance Coverage

Vaccines for Children:

- COVID-19, flu and nirsevimab are included in VFC for Medicaid-eligible or Medicaid-enrolled, AI/AN, underinsured, and uninsured children

Medicaid:

- ACIP- recommended vaccines are covered without cost-sharing
- CMS issued an updated Vaccine Toolkit for State Medicaid, CHIP & Basic Health Program in February 2024, and includes coverage information

Medicare:

- Flu and COVID-19 vaccines covered in Part B
- Adults RSV vaccine covered in Part D
- ACIP-recommended vaccines are covered without cost-sharing in Parts B and D
- Remind patients who get vaccines through Medicare Advantage or Part D to get vaccinated at an in-network provider or pharmacy

Private Insurance:

- Most required to cover COVID-19, flu, and RSV vaccines without charging a copayment or coinsurance when given by an in-network provider

Vaccines for Children (VFC) Program Requirement: Offer All ACIP Recommended Vaccines

- The Vaccines for Children Program is an entitlement program (a right granted by law) for eligible children, ages 18 and younger.
  - **The VFC eligible child is entitled to receive all ACIP recommended immunizations.**
- "Order all ACIP-recommended vaccines (including flu and special-order vaccines) to meet the needs of the total VFC-eligible patient populations reported for the VFC PIN." *(VFC Program Provider Agreement Addendum #8A)*
- "Administer all VFC-supplied vaccines at the approved practice address for the VFC PIN; do not refer patients to other facilities where they might be charged for vaccine administration." *(PAA #15A)*
  - **The VFC Program's goal is to reduce barriers to vaccination, and ensure children receive all the recommended vaccine doses within their medical home.**
- Flu and COVID-19 vaccines are recommended for patients 6-months of age and up.

Nirsevimab Ordering Now Open!

VFC ordering for nirsevimab now available as of 9/6/24.

- Due to initial limited thresholds from CDC and to ensure access to providers seeing patients recommended to receive nirsevimab, allocations and ordering will be in phases to ramp up supply in preparation for the start of RSV season in October.
- CDC will provide California with bi-weekly threshold top-offs of nirsevimab. CDC will continue to top-off these thresholds, as long as doses are ordered.
- Allocations have been given to additional providers. Any unordered allocations may be reallocated to ensure supply is distributed to providers who are ready to order.

RSV Products:

- nirsevimab (Beyfortus®) 50mg and 100mg – for infants
- ABRYSVO®– maternal RSV vaccine for pregnant VFC-eligible patients 18 years of age or younger (coming soon!)

VFC Update

Vaccines for Children Program

September 6, 2024

Nirsevimab (Bey
Order in VFC – O

Dear VFC Provider,

Nirsevimab (Beyfortus) is available t
syncytial virus (RSV) disease in VFC-e
immunization supply is expected thi
from CDC every 2 weeks, from Septe
received in September and early Oct
approximately every 2 weeks, in ord
season to prepare for administratio
October and extends through the en

Your VFC Program location account
this first phase. Additional allocation

ACTION NEEDED: Please log in to yo
nirsevimab up to the full amount all
but no later than Wednesday, Sept
we have not yet approved, we will s
nirsevimab request. If you have an o
contact us at 877-243-8832 for help

Note that any unordered allocations
to order nirsevimab. This will ensure
to our next CDC allocation. Doses ma
once ordering is opened up to all pr

As you place your nirsevimab order,
immunizations needed as part of yo

VFC U

Vaccines for Children Pr

September 10, 2024

URGENT: Unordered Allocations of Nirsevimab (Beyfortus) Will Be Re-allocated – Order by 9/11/24

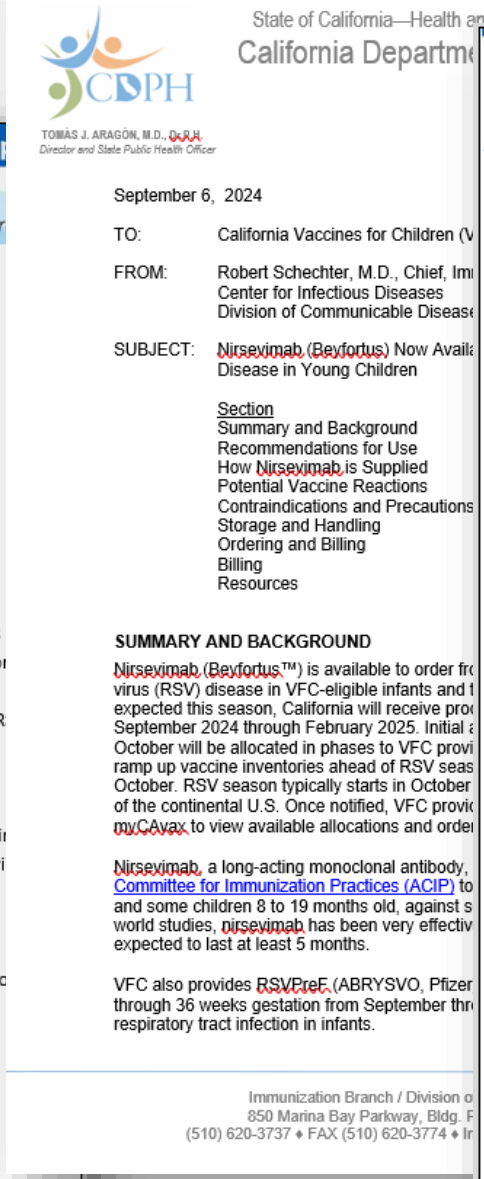
Dear VFC Provider,

Nirsevimab (Beyfortus) is available to order from VFC to prevent severe respiratory syncytial virus (RSV) disease in VFC-eligible infants and toddlers. Although adequate immunization supply is expected this season, California will receive product allocations from CDC every 2 weeks, from September 2024 through February 2025. Initial allocatio received in September and early October will be allocated in phases to VFC providers, approximately every 2 weeks, in order to ramp up immunization inventories ahead of R season to prepare for administration starting in October. RSV season typically starts in October and extends through the end of March in most of the continental U.S.

Your VFC Program location account has been given initial allocations of nirsevimab duri this first phase. Please log in to your myCAvax account to submit a VFC order for nirsevi up to the full amount allocated (you may also include flu, COVID, or any other immunizations needed as part of your request).

Submit your order by Wednesday, September 11 so that enough doses are ordered pric our next CDC allocation. **Any unordered allocations may be redistributed to other providers who are ready to order nirsevimab.**

Thank you,



State of California—Health and Human Services Agency

California Departme

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

September 6, 2024

TO: California Vaccines for Children (V

FROM: Robert Schechter, M.D., Chief, Im
Center for Infectious Diseases
Division of Communicable Disease

SUBJECT: Nirsevimab (Beyfortus) Now Availa
Disease in Young Children

Section
Summary and Background
Recommendations for Use
How Nirsevimab is Supplied
Potential Vaccine Reactions
Contraindications and Precautions
Storage and Handling
Ordering and Billing
Billing
Resources

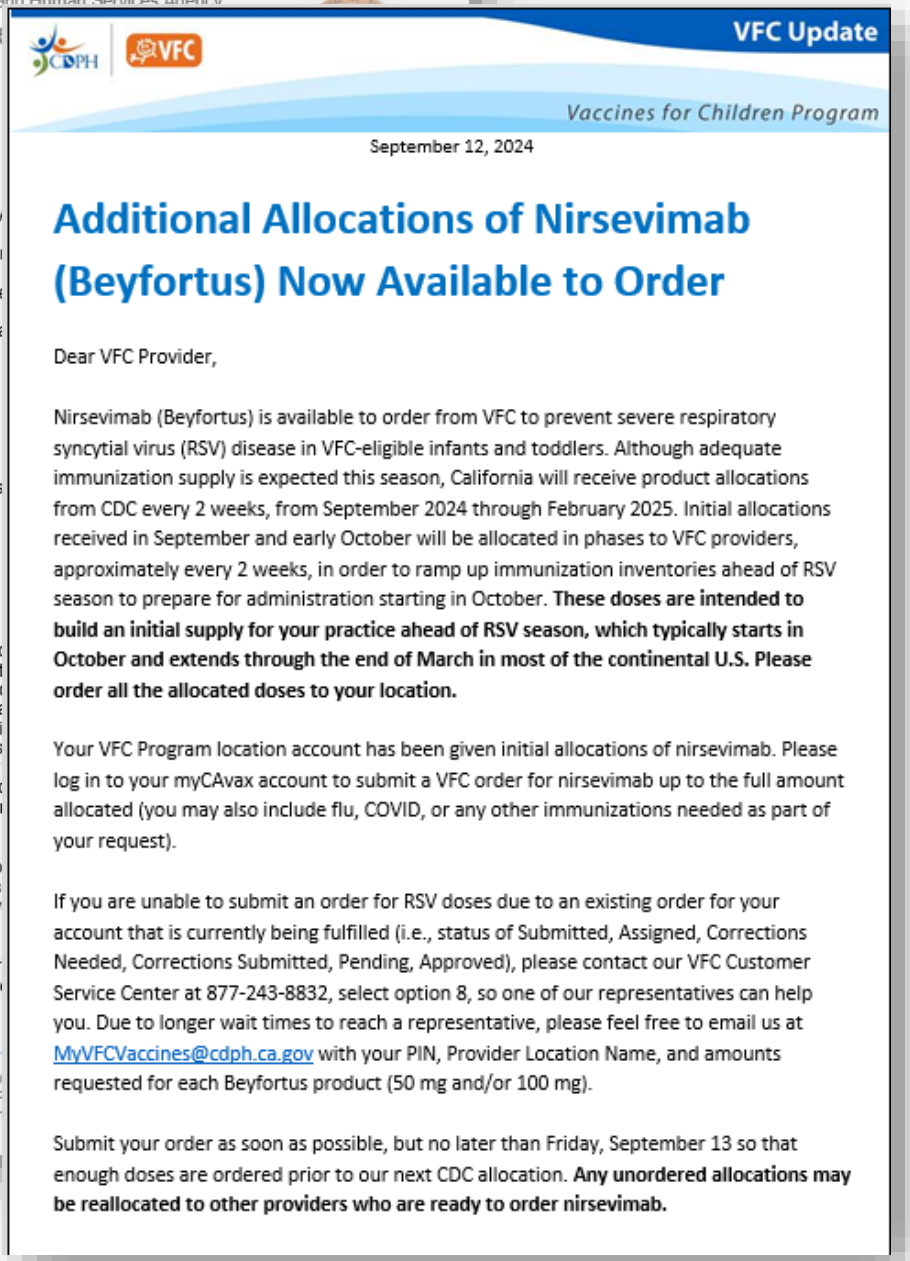
SUMMARY AND BACKGROUND

Nirsevimab (Beyfortus™) is available to order fr
virus (RSV) disease in VFC-eligible infants and t
expected this season, California will receive proc
September 2024 through February 2025. Initial a
October will be allocated in phases to VFC provi
ramp up vaccine inventories ahead of RSV seas
October. RSV season typically starts in October
of the continental U.S. Once notified, VFC provi
myCAvax to view available allocations and orde

Nirsevimab, a long-acting monoclonal antibody,
Committee for Immunization Practices (ACIP) to
and some children 8 to 19 months old, against s
world studies, nirsevimab has been very effectiv
expected to last at least 5 months.

VFC also provides RSVPreF (ABRYSVO, Pfizer
through 36 weeks gestation from September thr
respiratory tract infection in infants.

Immunization Branch / Division o
850 Marina Bay Parkway, Bldg. F
(510) 620-3737 ♦ FAX (510) 620-3774 ♦ Ir



VFC Update

Vaccines for Children Program

September 12, 2024

Additional Allocations of Nirsevimab (Beyfortus) Now Available to Order

Dear VFC Provider,

Nirsevimab (Beyfortus) is available to order from VFC to prevent severe respiratory syncytial virus (RSV) disease in VFC-eligible infants and toddlers. Although adequate immunization supply is expected this season, California will receive product allocations from CDC every 2 weeks, from September 2024 through February 2025. Initial allocations received in September and early October will be allocated in phases to VFC providers, approximately every 2 weeks, in order to ramp up immunization inventories ahead of RSV season to prepare for administration starting in October. **These doses are intended to build an initial supply for your practice ahead of RSV season, which typically starts in October and extends through the end of March in most of the continental U.S. Please order all the allocated doses to your location.**

Your VFC Program location account has been given initial allocations of nirsevimab. Please log in to your myCAvax account to submit a VFC order for nirsevimab up to the full amount allocated (you may also include flu, COVID, or any other immunizations needed as part of your request).

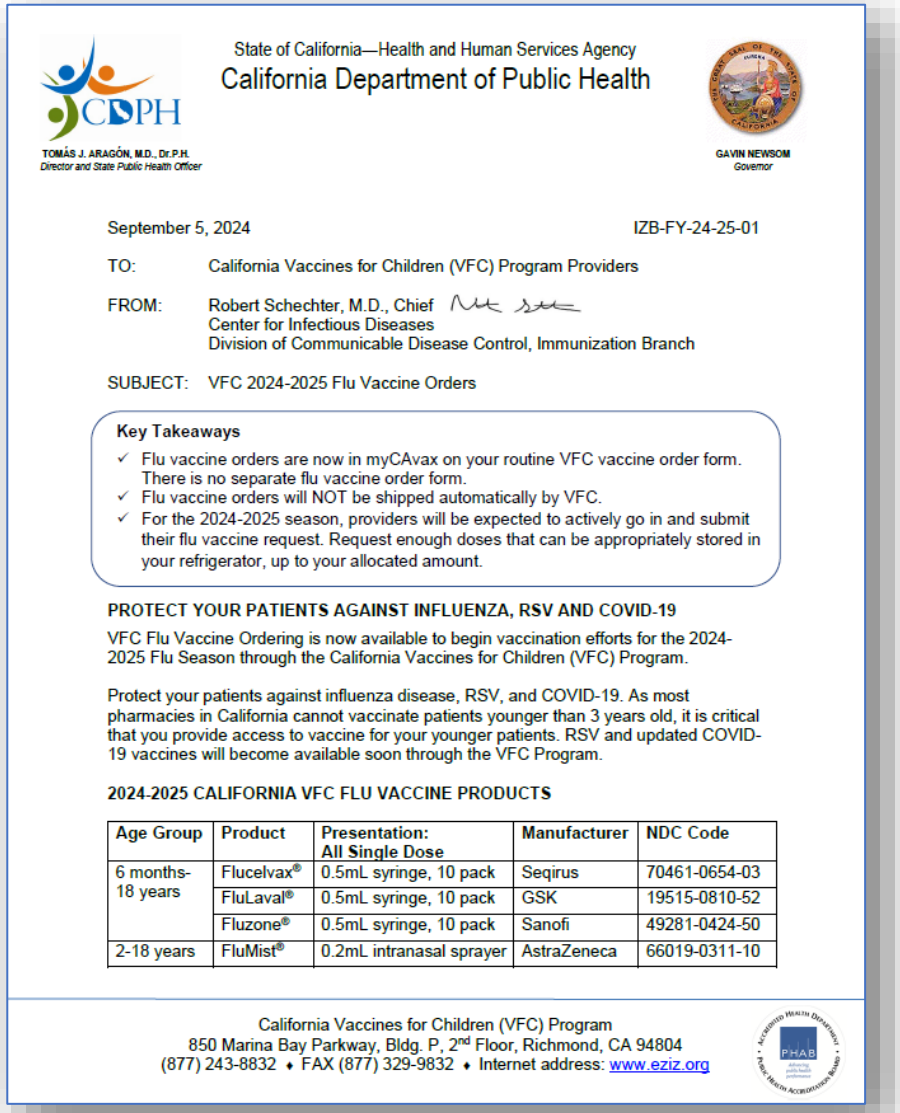
If you are unable to submit an order for RSV doses due to an existing order for your account that is currently being fulfilled (i.e., status of Submitted, Assigned, Corrections Needed, Corrections Submitted, Pending, Approved), please contact our VFC Customer Service Center at 877-243-8832, select option 8, so one of our representatives can help you. Due to longer wait times to reach a representative, please feel free to email us at MyVFCVaccines@cdph.ca.gov with your PIN, Provider Location Name, and amounts requested for each Beyfortus product (50 mg and/or 100 mg).

Submit your order as soon as possible, but no later than Friday, September 13 so that enough doses are ordered prior to our next CDC allocation. **Any unordered allocations may be reallocated to other providers who are ready to order nirsevimab.**

VFC 2024 – 2025 Flu Vaccine
Now Available to Order!

- Flu ordering through the VFC Program is now available to order!
- Request doses on the regular VFC vaccine order form alongside other routine vaccines.
- Initial flu vaccine orders will NOT be shipped automatically by VFC.
    - For the 2024 – 2025 season, providers must order through their myCAvax account and are expected to actively go in and submit their flu vaccine request up to their allocated amount.
- The VFC Program will continue to allocate doses to providers as more product is received.
- Submit flu orders as needed but order enough doses that can be reasonably stored in the vaccine refrigerator.

VFC Flu Communications Sent on 9/5/24



State of California—Health and Human Services Agency
California Department of Public Health

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

GAVIN NEWSOM
Governor

September 5, 2024 IZB-FY-24-25-01

TO: California Vaccines for Children (VFC) Program Providers

FROM: Robert Schechter, M.D., Chief
Center for Infectious Diseases
Division of Communicable Disease Control, Immunization Branch

SUBJECT: VFC 2024-2025 Flu Vaccine Orders

Key Takeaways

- ✓ Flu vaccine orders are now in myCAvax on your routine VFC vaccine order form. There is no separate flu vaccine order form.
- ✓ Flu vaccine orders will NOT be shipped automatically by VFC.
- ✓ For the 2024-2025 season, providers will be expected to actively go in and submit their flu vaccine request. Request enough doses that can be appropriately stored in your refrigerator, up to your allocated amount.

PROTECT YOUR PATIENTS AGAINST INFLUENZA, RSV AND COVID-19

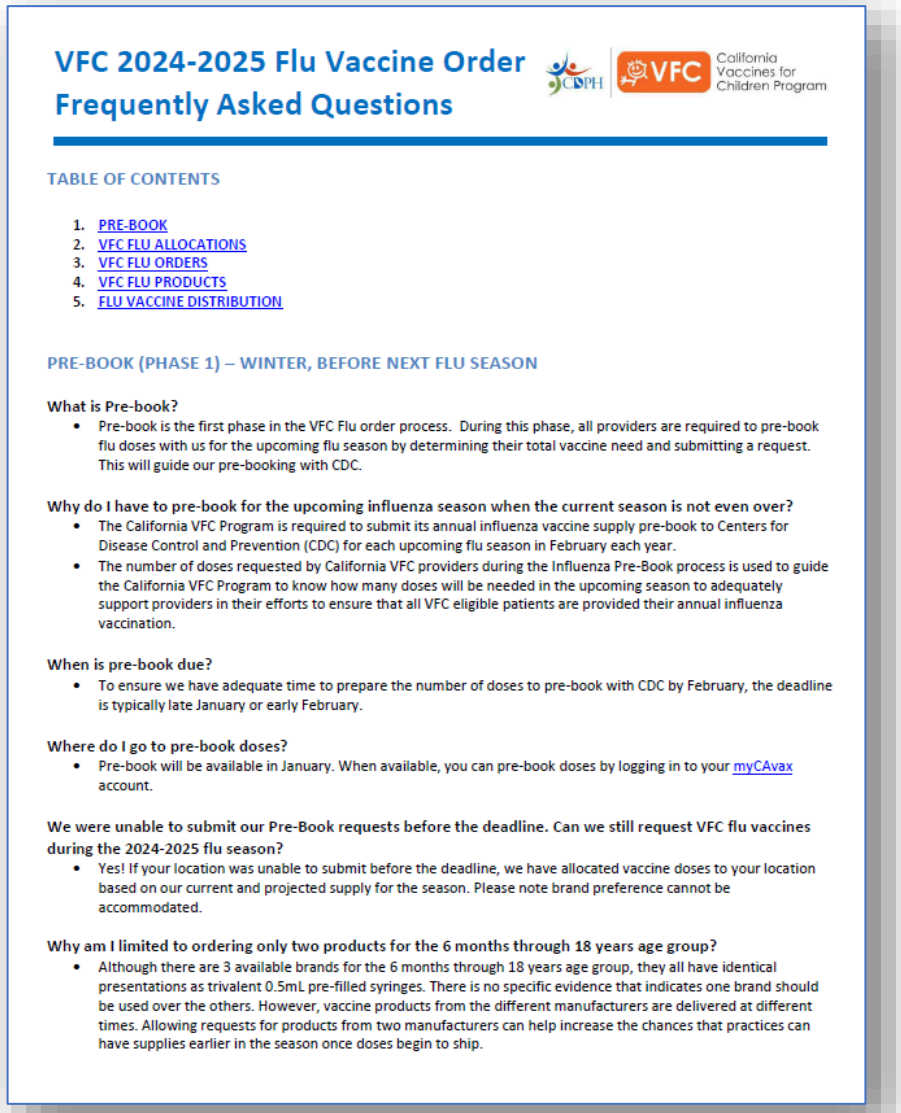
VFC Flu Vaccine Ordering is now available to begin vaccination efforts for the 2024-2025 Flu Season through the California Vaccines for Children (VFC) Program.

Protect your patients against influenza disease, RSV, and COVID-19. As most pharmacies in California cannot vaccinate patients younger than 3 years old, it is critical that you provide access to vaccine for your younger patients. RSV and updated COVID-19 vaccines will become available soon through the VFC Program.

2024-2025 CALIFORNIA VFC FLU VACCINE PRODUCTS

Age Group	Product	Presentation: All Single Dose	Manufacturer	NDC Code
6 months-18 years	Flucelvax®	0.5mL syringe, 10 pack	Seqirus	70461-0654-03
	FluLaval®	0.5mL syringe, 10 pack	GSK	19515-0810-52
	Fluzone®	0.5mL syringe, 10 pack	Sanofi	49281-0424-50
2-18 years	FluMist®	0.2mL intranasal sprayer	AstraZeneca	66019-0311-10

California Vaccines for Children (VFC) Program
850 Marina Bay Parkway, Bldg. P, 2nd Floor, Richmond, CA 94804
(877) 243-8832 ♦ FAX (877) 329-9832 ♦ Internet address: www.eziz.org



VFC 2024-2025 Flu Vaccine Order Frequently Asked Questions

California Vaccines for Children Program

TABLE OF CONTENTS

PRE-BOOK (PHASE 1) – WINTER, BEFORE NEXT FLU SEASON

What is Pre-book?

- Pre-book is the first phase in the VFC Flu order process. During this phase, all providers are required to pre-book flu doses with us for the upcoming flu season by determining their total vaccine need and submitting a request. This will guide our pre-booking with CDC.

Why do I have to pre-book for the upcoming influenza season when the current season is not even over?

- The California VFC Program is required to submit its annual influenza vaccine supply pre-book to Centers for Disease Control and Prevention (CDC) for each upcoming flu season in February each year.
- The number of doses requested by California VFC providers during the Influenza Pre-Book process is used to guide the California VFC Program to know how many doses will be needed in the upcoming season to adequately support providers in their efforts to ensure that all VFC eligible patients are provided their annual influenza vaccination.

When is pre-book due?

- To ensure we have adequate time to prepare the number of doses to pre-book with CDC by February, the deadline is typically late January or early February.

Where do I go to pre-book doses?

- Pre-book will be available in January. When available, you can pre-book doses by logging in to your myCAvax account.

We were unable to submit our Pre-Book requests before the deadline. Can we still request VFC flu vaccines during the 2024-2025 flu season?

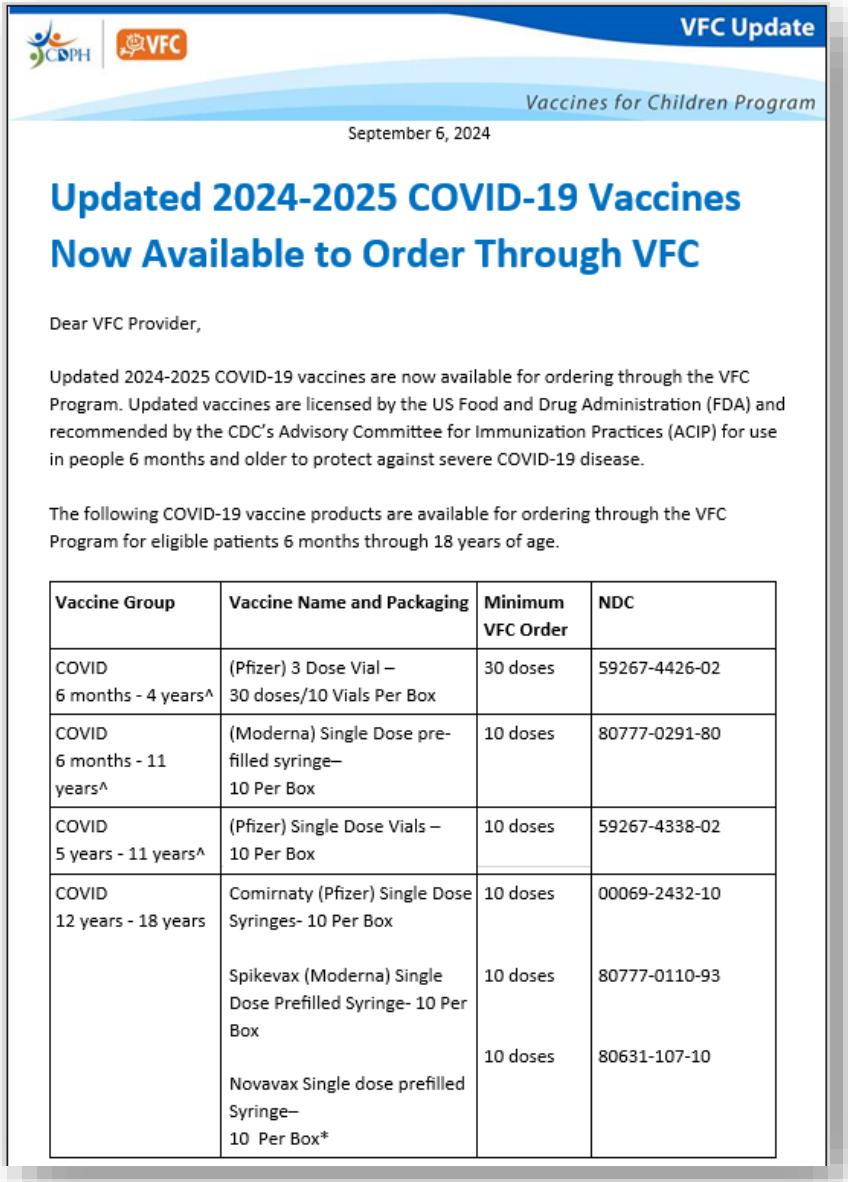
- Yes! If your location was unable to submit before the deadline, we have allocated vaccine doses to your location based on our current and projected supply for the season. Please note brand preference cannot be accommodated.

Why am I limited to ordering only two products for the 6 months through 18 years age group?

- Although there are 3 available brands for the 6 months through 18 years age group, they all have identical presentations as trivalent 0.5mL pre-filled syringes. There is no specific evidence that indicates one brand should be used over the others. However, vaccine products from the different manufacturers are delivered at different times. Allowing requests for products from two manufacturers can help increase the chances that practices can have supplies earlier in the season once doses begin to ship.

VFC 2024 – 2025 COVID-19 Vaccine Ordering
Now Available as of 9/6/24

- Moderna, and Pfizer COVID-19 vaccines are currently available to order.
- Novavax will be made available to order once CDPH receives allocations from CDC, which is dependent on supply arriving at McKesson.
- Previous 2023 – 2024 COVID-19 vaccine formulations are no longer available to order through the VFC Program but will temporarily remain on the order form to report doses administered since the last order prior to the deauthorization.
    - Submit any return/waste forms on myCAvax for any remaining 2023 – 2024 COVID vaccines.



VFC Update

Vaccines for Children Program

September 6, 2024

Updated 2024-2025 COVID-19 Vaccines Now Available to Order Through VFC

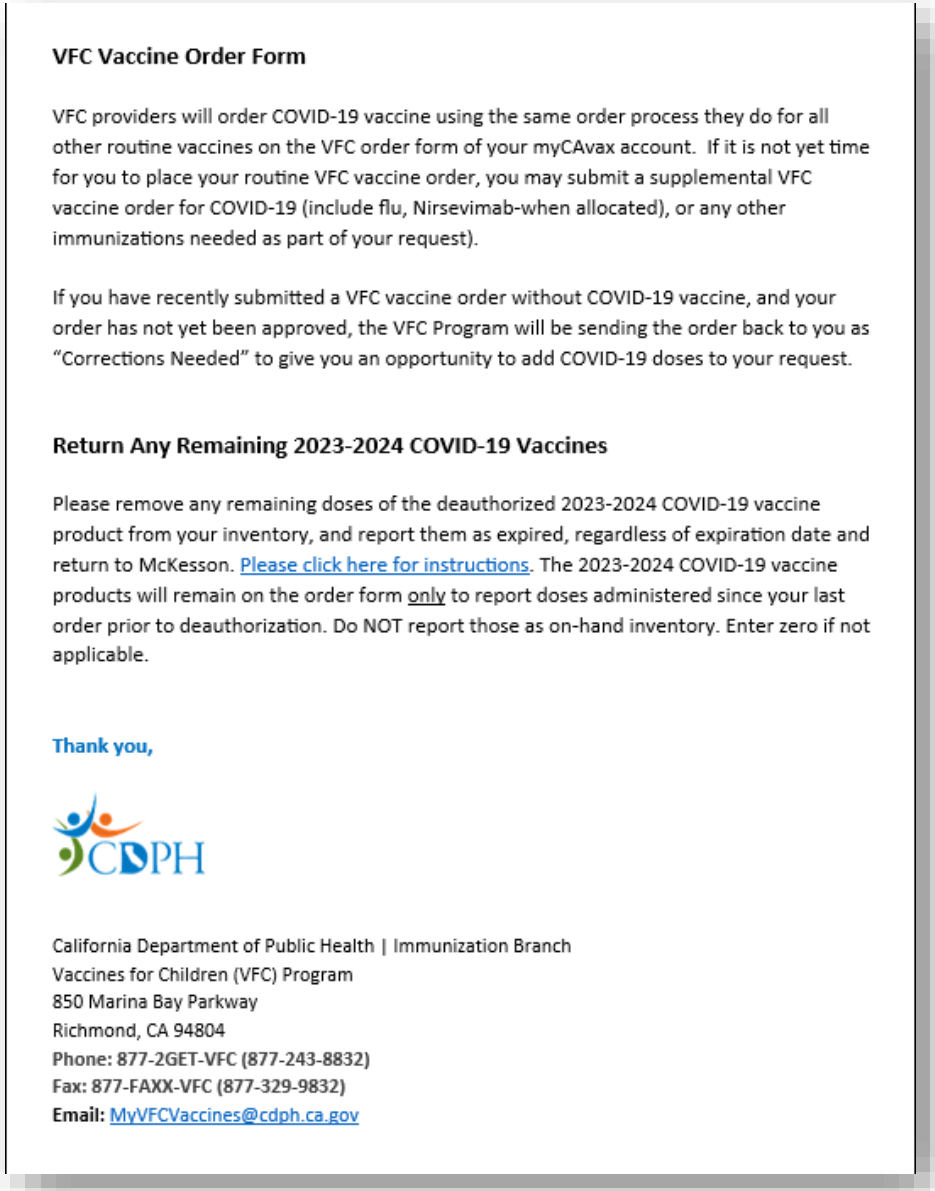
Dear VFC Provider,

Updated 2024-2025 COVID-19 vaccines are now available for ordering through the VFC Program. Updated vaccines are licensed by the US Food and Drug Administration (FDA) and recommended by the CDC's Advisory Committee for Immunization Practices (ACIP) for use in people 6 months and older to protect against severe COVID-19 disease.

The following COVID-19 vaccine products are available for ordering through the VFC Program for eligible patients 6 months through 18 years of age.

Vaccine Group	Vaccine Name and Packaging	Minimum VFC Order	NDC
COVID 6 months - 4 years^	(Pfizer) 3 Dose Vial – 30 doses/10 Vials Per Box	30 doses	59267-4426-02
COVID 6 months - 11 years^	(Moderna) Single Dose pre-filled syringe– 10 Per Box	10 doses	80777-0291-80
COVID 5 years - 11 years^	(Pfizer) Single Dose Vials – 10 Per Box	10 doses	59267-4338-02
COVID 12 years - 18 years	Comirnaty (Pfizer) Single Dose Syringes- 10 Per Box Spikevax (Moderna) Single Dose Prefilled Syringe- 10 Per Box Novavax Single dose prefilled Syringe– 10 Per Box*	10 doses 10 doses 10 doses	00069-2432-10 80777-0110-93 80631-107-10

[Updated 2024 - 2025 COVID-19 Vaccines Through VFC]



VFC Vaccine Order Form

VFC providers will order COVID-19 vaccine using the same order process they do for all other routine vaccines on the VFC order form of your myCAvax account. If it is not yet time for you to place your routine VFC vaccine order, you may submit a supplemental VFC vaccine order for COVID-19 (include flu, Nirsevimab-when allocated), or any other immunizations needed as part of your request).

If you have recently submitted a VFC vaccine order without COVID-19 vaccine, and your order has not yet been approved, the VFC Program will be sending the order back to you as "Corrections Needed" to give you an opportunity to add COVID-19 doses to your request.

Return Any Remaining 2023-2024 COVID-19 Vaccines

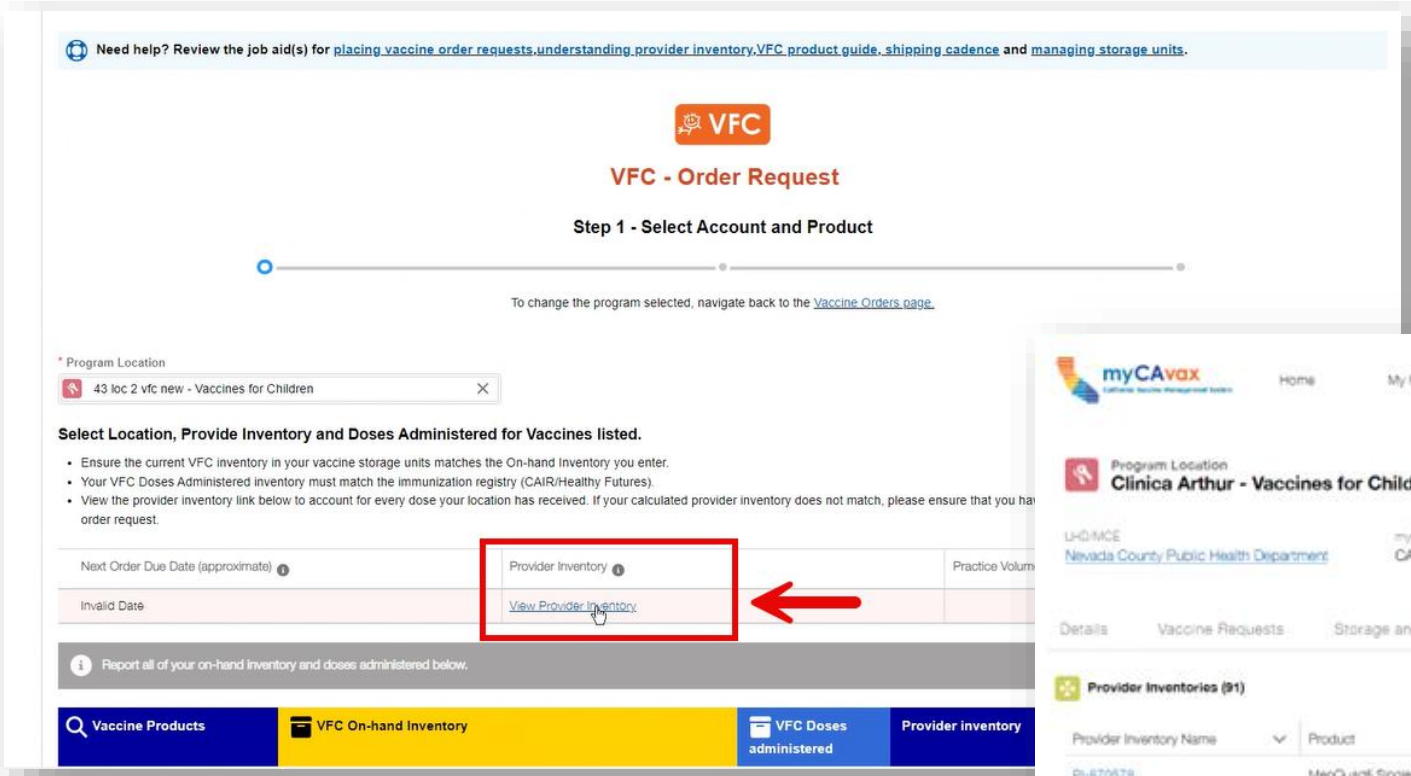
Please remove any remaining doses of the deauthorized 2023-2024 COVID-19 vaccine product from your inventory, and report them as expired, regardless of expiration date and return to McKesson. Please click here for instructions. The 2023-2024 COVID-19 vaccine products will remain on the order form only to report doses administered since your last order prior to deauthorization. Do NOT report those as on-hand inventory. Enter zero if not applicable.

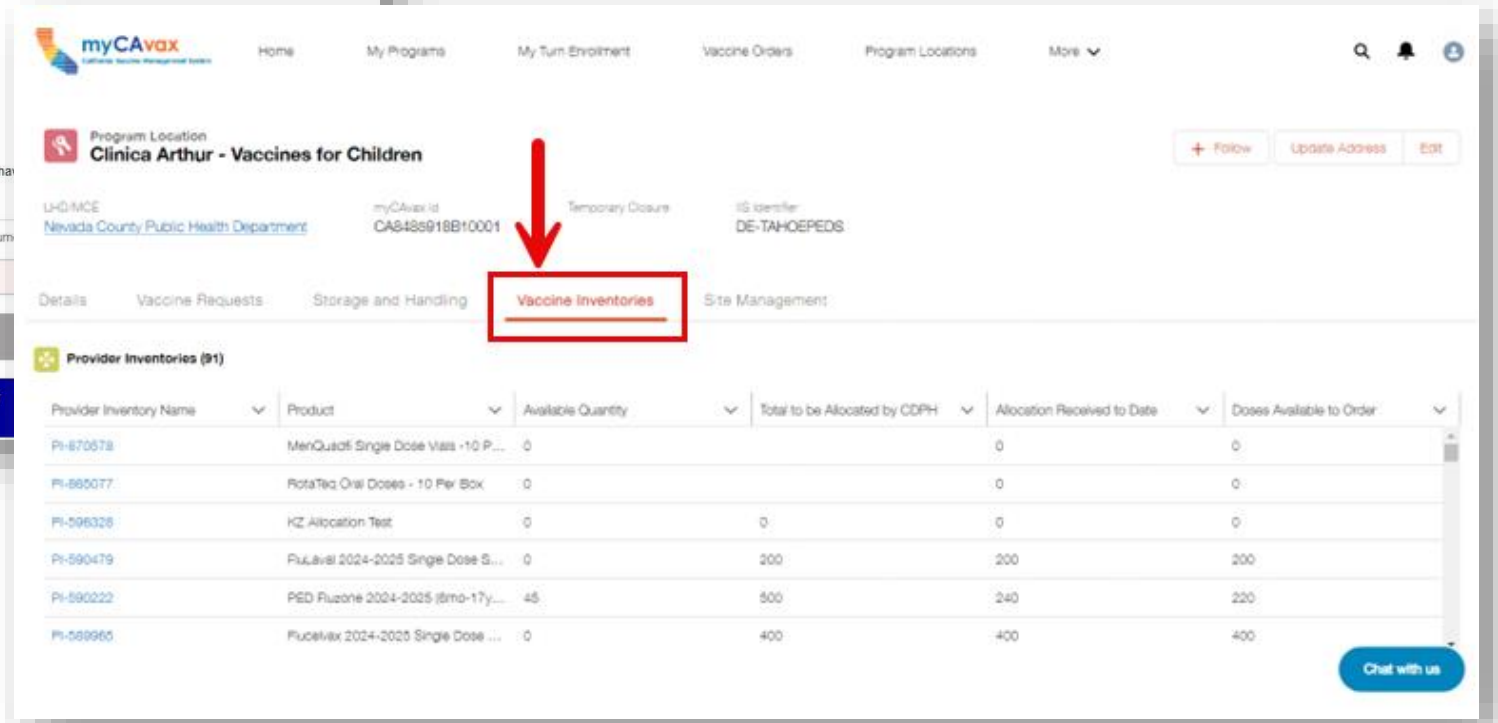
Thank you,

California Department of Public Health | Immunization Branch
Vaccines for Children (VFC) Program
850 Marina Bay Parkway
Richmond, CA 94804
Phone: 877-2GET-VFC (877-243-8832)
Fax: 877-FAXX-VFC (877-329-9832)
Email: MyVFCVaccines@cdph.ca.gov

[VFC Update Memo]

View Flu and Nirsevimab Allocations on the Order Form or on the Program Location





Immunization Shipments

- Flu, RSV and COVID orders are processed on a different line and typically arrive sooner than other routine vaccines
- However, the VFC Program's national vaccine distributor, McKesson Specialty, is currently facing shipping delays for routine vaccine orders because of an unusually high volume of orders in September
- Below is the most current status of shipment delays by order type:
  - Flu Orders – Backlog (Estimated return to current – Sept 30th)
  - Routine Orders – Backlog (Estimated return to current – Oct. 2nd)
  - Frozen COVID-19 orders – Current
  - Frozen Varicella containing vaccines – Current
- McKesson anticipates all order lines being up to date by October 2nd
- In the meantime, the following steps are being taken to mitigate the impacts of shipping delays:
  - McKesson is prioritizing delivery of items with RSV immunizations until the shipping delays resolve since providers are currently building inventory in advance of October vaccination.
  - McKesson is implementing weekend pick/pack and/or Sunday shipments to hasten the resolution of shipping delays. Keep in mind, vaccine shipments will only be delivered according to providers' stated delivery days and times

Clinic Readiness: Preventing Errors, Training, Storage and Handling

Kelsey Florio, RN

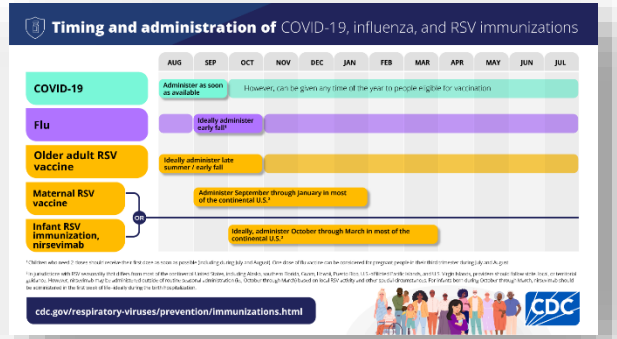
Preventing Errors with RSV

Potential Errors

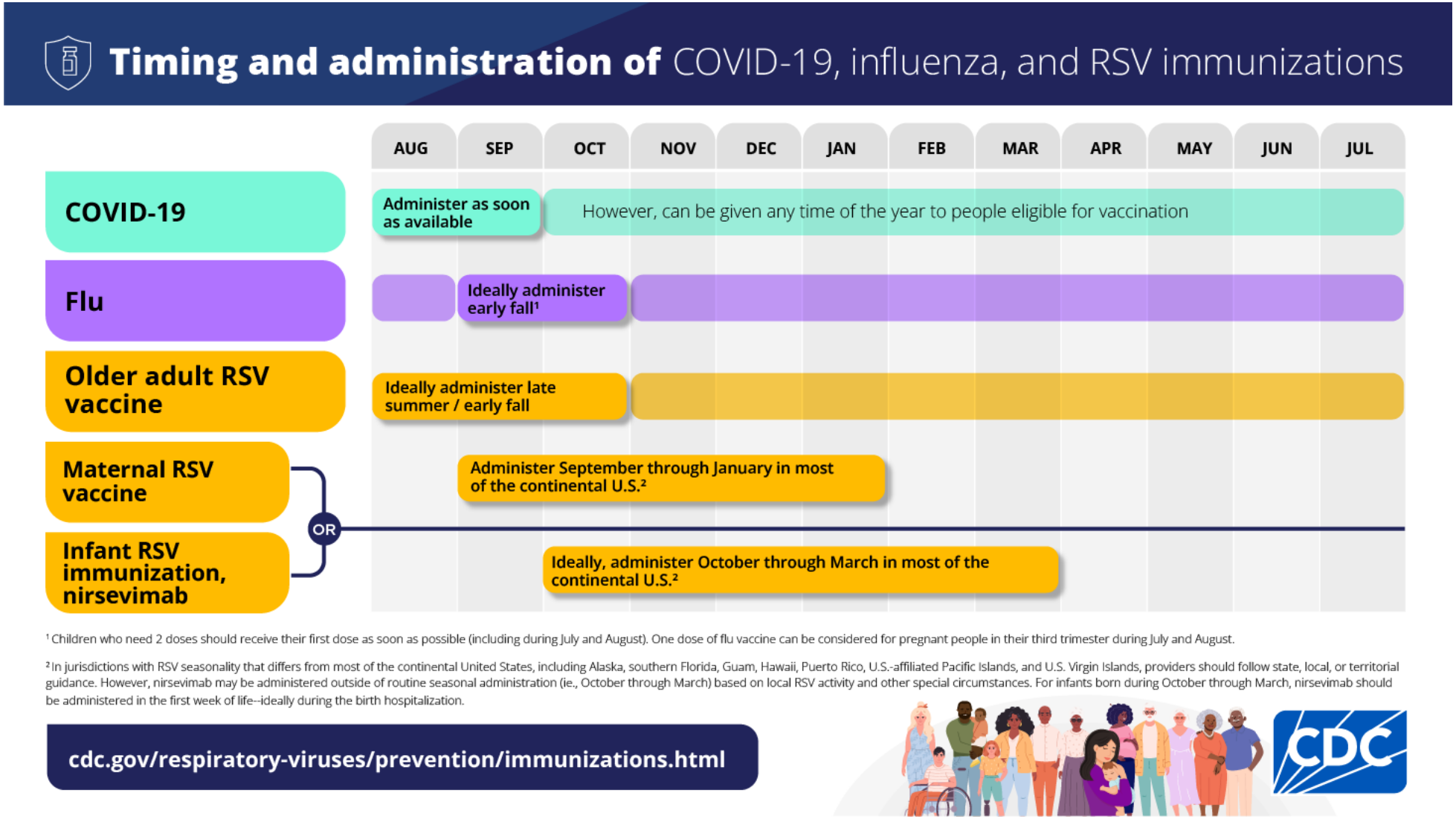
- Giving ABRYSVO®, AREXVY, mRESVIA® to an infant
- Administering outside of strict window
- Wrong dose of nirsevimab

Prevention Efforts

- Label box with image of recipient population or weight
- Print/post administration calendar
- Build safety measures into EHR, conduct in-services



Timing and Administration of COVID-19, Influenza and RSV Immunizations



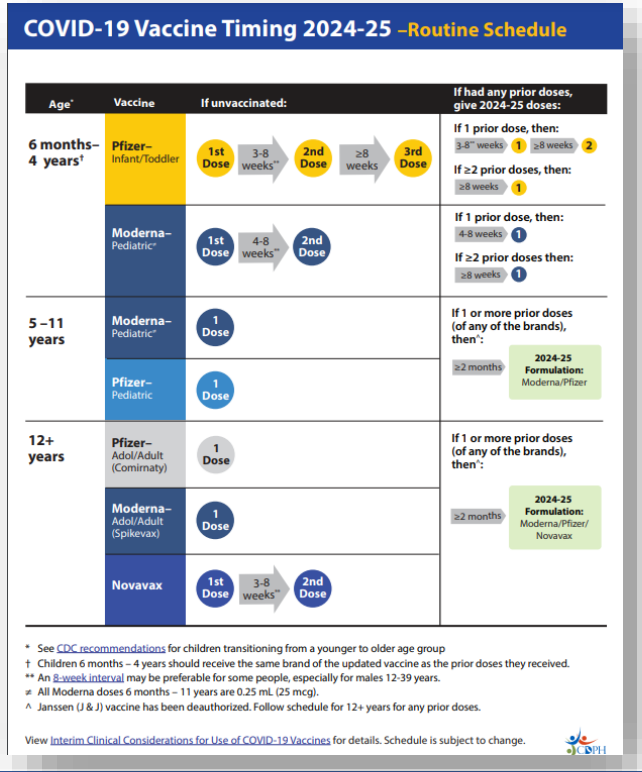
Preventing Errors with COVID-19

Potential Errors

- Beyond-Use-Date error
- Wrong product administered (wrong age/wrong brand)
- Improper timing of administration

Prevention Efforts

- Beyond-Use Date AND expiration date stickers
  - Highlight soonest
- Institute double-checks
- Print vaccine timing guide



Training Topics

- Vaccination talking points
- Schedule
- Storage
  - Beyond-use dates
- Handling
  - Presentation, reconstitution, dose volume
- Common errors

BUD Training Video - CDC


2024-25 RESPIRATORY DISEASES IMMUNIZATION TALKING POINTS

FOR DRAFTING SOCIAL MEDIA MESSAGES, PRESS RELEASES, ARTICLES AND OTHER COMMUNICATIONS

Respiratory infections like flu, COVID-19, and RSV are common during the fall and winter; serious complications can be prevented by getting immunized when eligible.

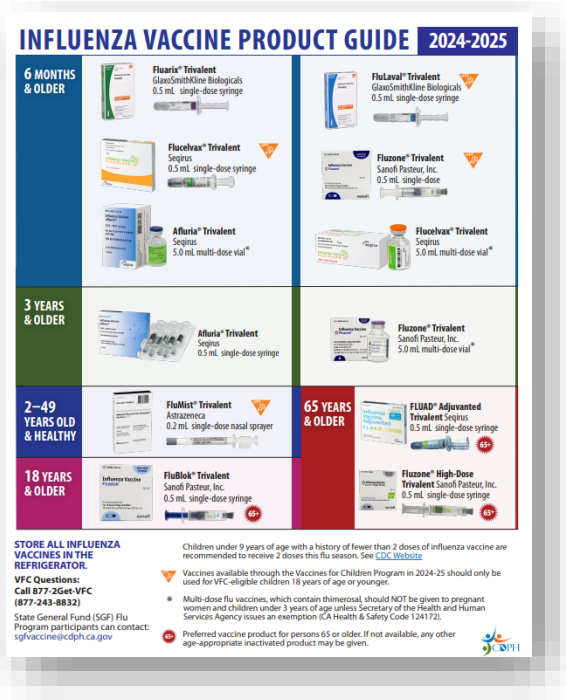
- Updated flu and COVID-19 vaccines are recommended for everyone 6 months and older when available. Respiratory Syncytial Virus (RSV) immunizations are recommended for eligible pregnant people, older adults, infants, and toddlers. These immunizations decrease your chances of getting very sick. Talk to your health care provider today!
- Getting immunized against flu, COVID-19, and RSV means fewer sick days and more time with your loved ones. Get your vaccines today!
- No vaccine is 100%, but even if you catch those viruses while immunized, your symptoms may be less severe, and you are less likely to be hospitalized.
- Getting immunized against these respiratory diseases has been proven safe and effective in preventing serious illness and death in children and adults.
- Flu, COVID-19, and RSV immunizations are the best protection against related hospitalization and death.

We are stronger when we are all protected against respiratory diseases. Talk to your health care provider about getting immunized against flu, COVID-19, and RSV.

- Reduce the chances of spreading respiratory illnesses to those you love. Ask your health care provider today if you and your loved ones are up to date on immunizations.
- Do your part to protect yourselves and your loved ones from serious illness by getting immunized this respiratory season.
- Getting immunized is one way we can look out for one another and keep each other healthy.
- Immunizations can help lessen the burden on our healthcare system during respiratory virus season. Let's keep each other healthy and out of the hospital!

2024-25 Respiratory Season Talking Points August 2024

2024-2025 Respiratory IZ Talking Points



Flu Product Guide '24-'25 (IMM-859)

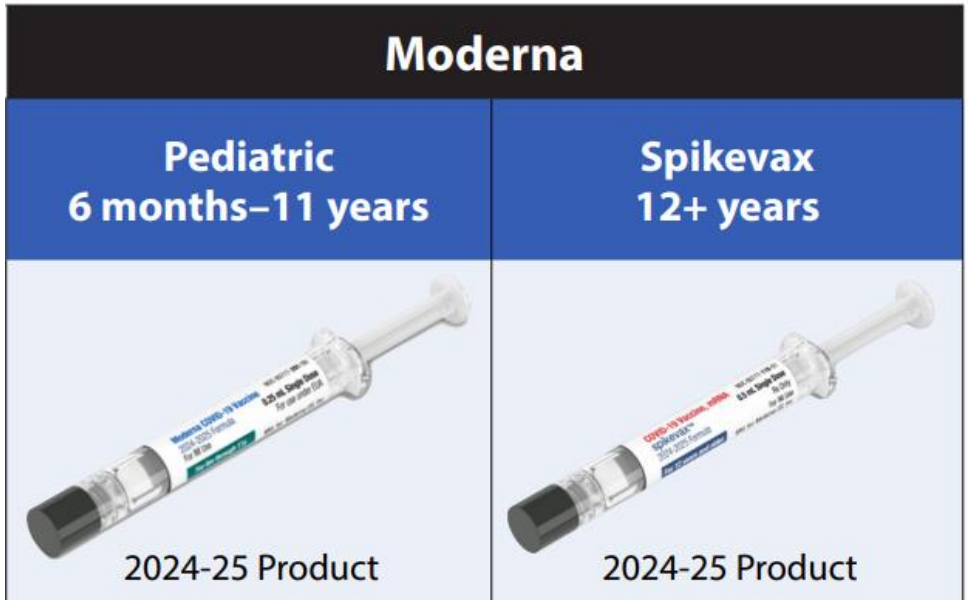
2024 – 2025 COVID-19 Vaccines

	Pfizer			
	Infant/Toddler 6 months–4 years	**Pediatric 5-11 years**	**Comirnaty 12+ years**	**Comirnaty 12+ years**
	 2024-25 Formula	 2024-25 Formula	Single-Dose Vial 2024-25 Formula image not available	 2024-25 Formula
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.				
Shipping	Ships from manufacturer with dry ice between -90°C and -60°C (-130°F to -76°F)			**2° to 8°C (36°F to 46°F)**
ULT	Until expiration date at -90°C to -60°C (-130°F to -76°F)			
Thermal Shipper				
Freezer				
Refrigerator	Up to 10 weeks at 2°C to 8°C (36°F to 46°F). Do not refreeze. Write the use-by date on carton–not to exceed expiration.			Until expiration at 2°C to 8°C
Expiration Date	Check the date on the product/carton, or for thawed products refer to the written use-by date.			Check label.

2024 – 2025 COVID-19 Vaccines

	Pfizer			
	Infant/Toddler 6 months–4 years	**Pediatric 5-11 years**	**Comirnaty 12+ years**	**Comirnaty 12+ years**
	 2024-25 Formula	 2024-25 Formula	Single-Dose Vial 2024-25 Formula image not available	 2024-25 Formula
Administration				
Diluent (supplied)	1.1 mL per vial	Do not dilute	Do not dilute	N/A
Dose Volume & Dose	0.3 mL 3 mcg dose	0.3 mL 10 mcg dose	0.3 mL 30 mcg dose	0.3 mL 30 mcg dose
Refrigerator Thaw Time	Carton/Vial: Up to 2 hours at 2° to 8°C (36°F to 46°F) (Do not refreeze)			N/A
Room Temp Thaw Time	Vial: 30 minutes at up to 25°C (77°F) (Do not refreeze)			N/A
Total Time at Room Temp	Up to 12 hours (including thaw time) at 8°C to 25°C (46°F to 77°F)			
Storage Limits After Puncture (Mult-dose vials): Record puncture and use-by time on vial label.				
Use-By Limit (Discard Time After 1st Puncture)	Discard 12 hours after dilution. Keep at 2°C to 25°C (35°F to 77°F)	N/A	N/A	Use immediately after removing cap, within 4 hours.

2024 – 2025 COVID-19 Vaccines



- Store at freezer temperatures until expiration date
- Can be stored in refrigerator for up to 60 days or until expiration date (whichever is sooner)
- Thaw times:

	Individual Syringe	Carton
Refrigerator Thaw	1 hour	2.5 hours
Room temp Thaw	45 min	2h 15 min

- May be stored up to 12 hours at room temp (45-77 F)

2024 – 2025 COVID-19 Vaccines

Novavax

Adol/Adult 12+ years

Pre-Filled Syringe
2024-2025 Formula

Image not available

- Novavax single dose pre-filled syringe
- Store at refrigerated temperatures until expiration date
- Administer immediately, do not store at room temperature

Beyfortus® (nirsevimab-alip) Storage and Handling

<5 kg

≥5 kg

- Store at refrigerated temperatures until expiration
- May be kept at room temperature 68°F to 77°F up to 8 hours
- Should be stored in the original carton to protect from light until time of use
- Once the cap has been removed on the pre-filled syringe, the vaccine should be used or discarded by the end of the workday.

ABRYSVO® Storage and Handling

- Sterile water diluent and lyophilized antigen
- SWIRL do not shake
- All presentations stored at refrigerated temperatures PRIOR to reconstitution
- AFTER reconstitution store at room temperature and use within 4 hours

ACT-O-Vial reconstitution video

Pre-filled syringe and lyophilized antigen reconstitution video

AREXVY Storage and Handling

- BEFORE RECONSTITUTION:
  - Store adjuvant suspension component vials and lyophilized antigen component vials at refrigerated temperatures
  - Store in the original package to protect vials from light
- AFTER RECONSTITUTION
  - May store in refrigerated or room temps for up to 4 hours prior to use
  - Protect from light

mRESVIA® Storage and Handling

Guidance on Proper Preparation of mRESVIA®: Stock Storage to Administration

	CARTON OF 1 PRE-FILLED SYRINGE	CARTON OF 10 PRE-FILLED SYRINGES
Frozen Storage (Stock)* -40°C to -15°C (-40°F to 5°F)	Store stock product frozen	
Refrigeration Thaw Duration 2°C to 8°C (36°F to 46°F)	60 minutes Let each pre-filled syringe stand at room temperature for between 10 and 20 minutes before administering.	155 minutes Let each pre-filled syringe stand at room temperature for between 10 and 20 minutes before administering.
Room Temperature Thaw Duration 15°C to 25°C (59°F to 77°F)	45 minutes If mRESVIA is thawed at room temperature, the vaccine is ready to be administered.	140 minutes If mRESVIA is thawed at room temperature, the vaccine is ready to be administered.
Storage After Thawing†	Refrigeration 2°C to 8°C (36°F to 46°F) Beyond use date: Must not exceed 30 days *OR*	Room Temperature 8°C to 25°C (46°F to 77°F) Beyond use date: Must not exceed 24 hours
Preparing for Use	• Remove tip cap by twisting counter-clockwise until the tip cap releases. Avoid pulling the tip cap while twisting[2] • The pre-filled syringe may contain an air bubble; however, priming is not required. Entire volume should be injected[2] • Discard pre-filled syringe after use	

Please ask your representative for additional guidance regarding removal of the pre-filled syringe tip cap.

*During storage, minimize exposure to room light, and avoid exposure to direct sunlight and ultraviolet light.

†After thawing, do not refreeze. Do not shake. Syringes should not be returned to the refrigerator after standing at room temperature.

Reporting Tips

All providers must submit immunization data AB 1797 (Akilah Weber, 2022)

- Use unique CAIR Org Code (IIS ID) to report doses administered for each vaccinating location.
- Report vaccine eligibility and funding source

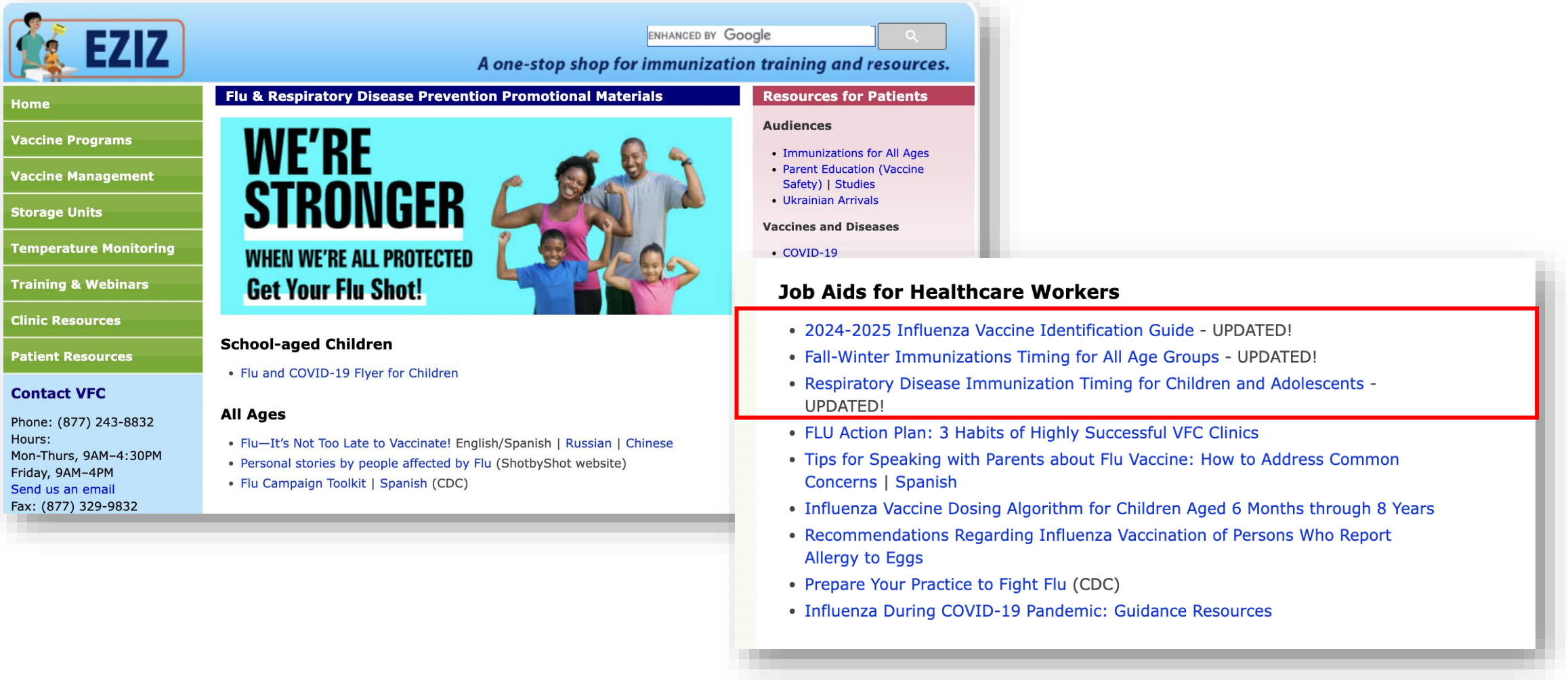
CAIR data support vaccine accountability, tracking for each enrolled site, vaccine order replenishment, analyses of immunization coverage and other important functions.

Resources

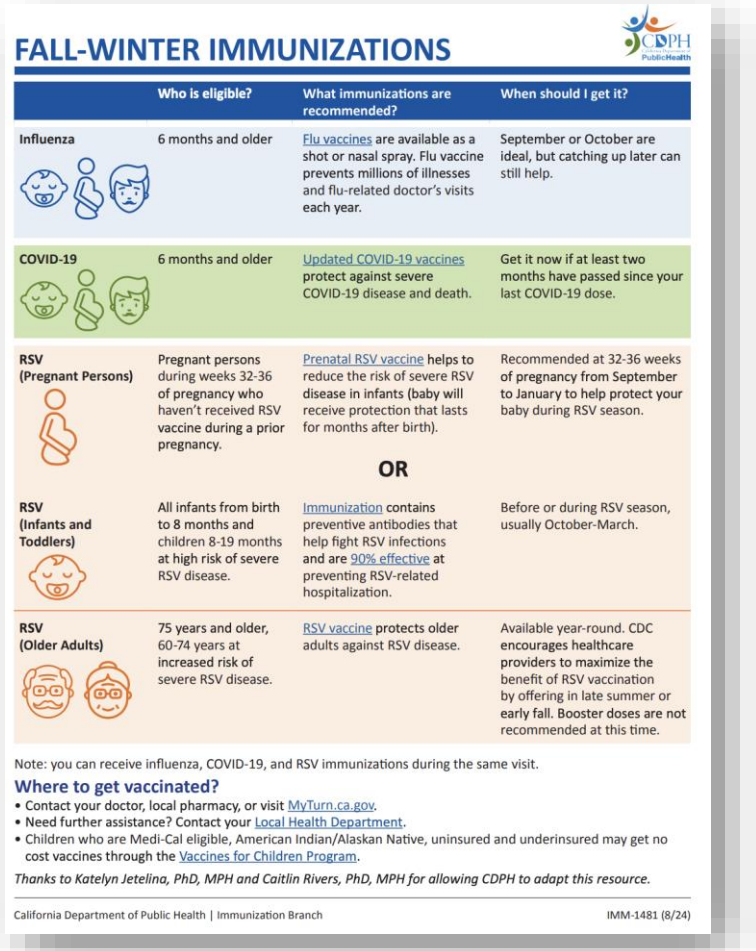
Terisha Gamboa, MPH

Flu and Respiratory Disease Page for Providers

Found on EZIZ website:



Updated Respiratory Virus Season Job Aids



FALL-WINTER IMMUNIZATIONS

	Who is eligible?	What immunizations are recommended?	When should I get it?
Influenza	6 months and older	Flu vaccines are available as a shot or nasal spray. Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year.	September or October are ideal, but catching up later can still help.
COVID-19	6 months and older	Updated COVID-19 vaccines protect against severe COVID-19 disease and death.	Get it now if at least two months have passed since your last COVID-19 dose.
RSV (Pregnant Persons)	Pregnant persons during weeks 32-36 of pregnancy who haven't received RSV vaccine during a prior pregnancy.	Prenatal RSV vaccine helps to reduce the risk of severe RSV disease in infants (baby will receive protection that lasts for months after birth). **OR**	Recommended at 32-36 weeks of pregnancy from September to January to help protect your baby during RSV season.
RSV (Infants and Toddlers)	All infants from birth to 8 months and children 8-19 months at high risk of severe RSV disease.	Immunization contains preventive antibodies that help fight RSV infections and are 90% effective at preventing RSV-related hospitalization.	Before or during RSV season, usually October-March.
RSV (Older Adults)	75 years and older, 60-74 years at increased risk of severe RSV disease.	RSV vaccine protects older adults against RSV disease.	Available year-round. CDC encourages healthcare providers to maximize the benefit of RSV vaccination by offering in late summer or early fall. Booster doses are not recommended at this time.

Note: you can receive influenza, COVID-19, and RSV immunizations during the same visit.

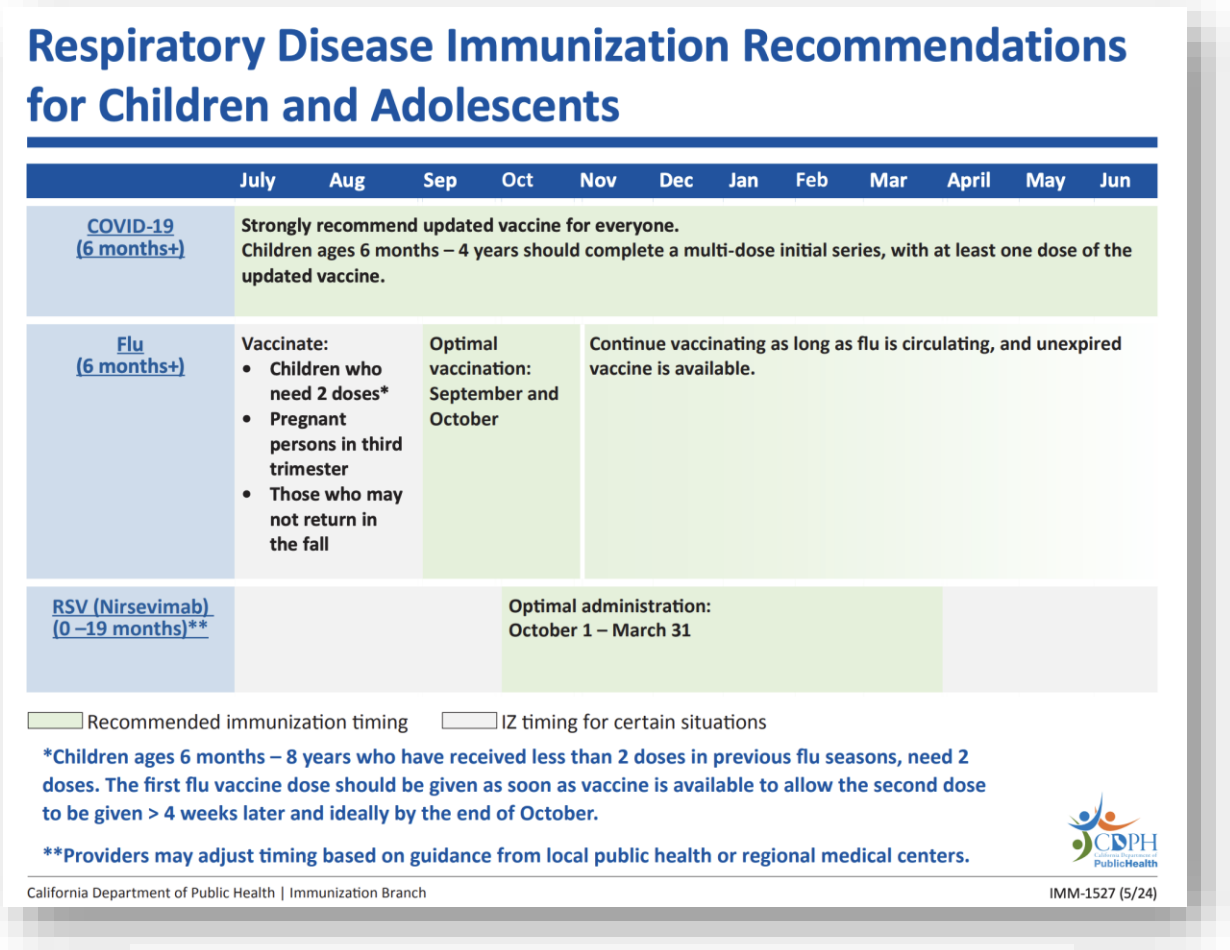
Where to get vaccinated?

- Contact your doctor, local pharmacy, or visit MyTurn.ca.gov.
- Need further assistance? Contact your Local Health Department.
- Children who are Medi-Cal eligible, American Indian/Alaskan Native, uninsured and underinsured may get no cost vaccines through the Vaccines for Children Program.

Thanks to Katelyn Jetelina, PhD, MPH and Caitlin Rivers, PhD, MPH for allowing CDPH to adapt this resource.

California Department of Public Health | Immunization Branch IMM-1481 (8/24)

[Fall-Winter Immunizations for All Ages (IMM-1481)]



Respiratory Disease Immunization Recommendations for Children and Adolescents

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
COVID-19 (6 months+)	Strongly recommend updated vaccine for everyone. Children ages 6 months – 4 years should complete a multi-dose initial series, with at least one dose of the updated vaccine.											
Flu (6 months+)	Vaccinate: • Children who need 2 doses* • Pregnant persons in third trimester • Those who may not return in the fall		Optimal vaccination: September and October		Continue vaccinating as long as flu is circulating, and unexpired vaccine is available.							
RSV (Nirsevimab) (0 –19 months)**				Optimal administration: October 1 – March 31								

Recommended immunization timing IZ timing for certain situations

*Children ages 6 months – 8 years who have received less than 2 doses in previous flu seasons, need 2 doses. The first flu vaccine dose should be given as soon as vaccine is available to allow the second dose to be given > 4 weeks later and ideally by the end of October.

**Providers may adjust timing based on guidance from local public health or regional medical centers.

California Department of Public Health | Immunization Branch IMM-1527 (5/24)

[Respiratory Disease Immunization Timing Guide (IMM-1527)]

Vaccines: A core prevention strategy

COVID-19 and Flu 2024-25 Vaccines

Everyone ages 6 months and older

RSV Immunization to Protect Babies

Pregnant people during week 32–36 of pregnancy starting Sept 1 through RSV season (vaccine)

or

Babies entering or born during the RSV season (monoclonal antibodies)

RSV vaccine for Older Adults who haven't gotten an RSV vaccine before

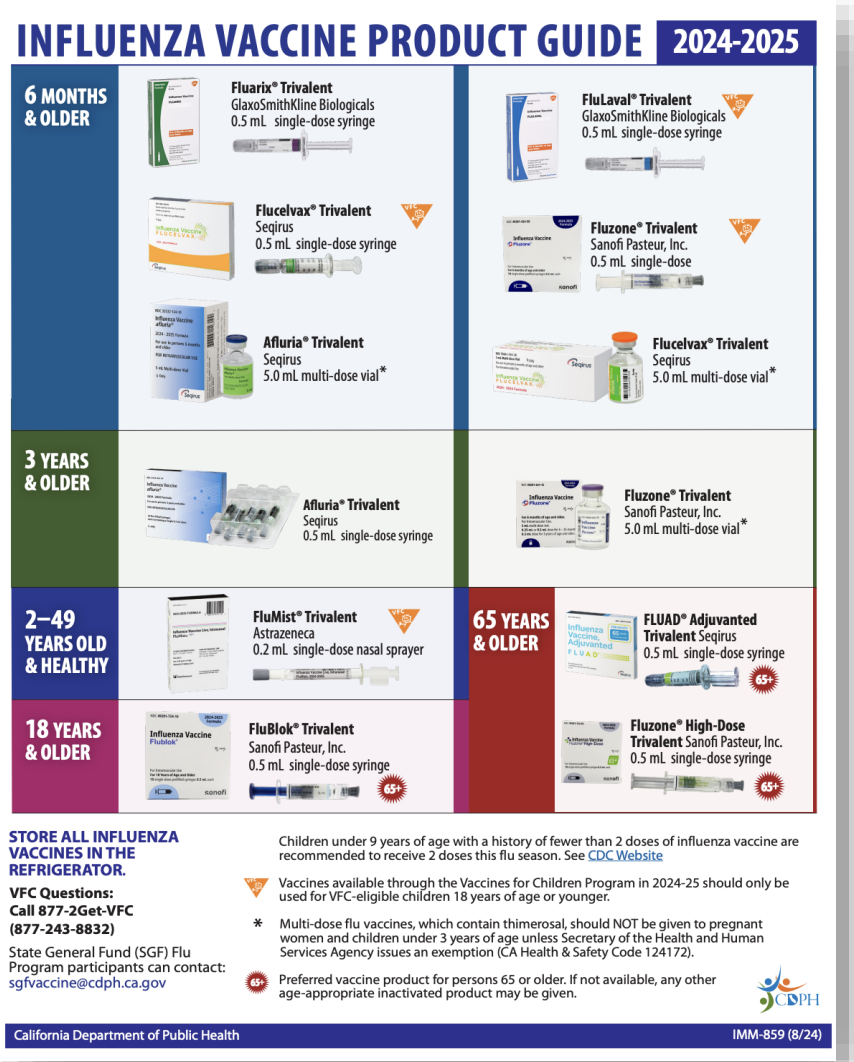
People ages 60-74 at high risk of severe RSV

and

Everyone ages 75 and older

You may get flu, COVID-19, and RSV vaccines during the same visit.

Product Guides



INFLUENZA VACCINE PRODUCT GUIDE 2024-2025

6 MONTHS & OLDER

- **Fluarix® Trivalent** GlaxoSmithKline Biologicals 0.5 mL single-dose syringe
- **Flucelvax® Trivalent** Seqirus 0.5 mL single-dose syringe
- **Afluria® Trivalent** Seqirus 5.0 mL multi-dose vial*
- **FluLaval® Trivalent** GlaxoSmithKline Biologicals 0.5 mL single-dose syringe
- **Fluzone® Trivalent** Sanofi Pasteur, Inc. 0.5 mL single-dose
- **Flucelvax® Trivalent** Seqirus 5.0 mL multi-dose vial*

3 YEARS & OLDER

- **Afluria® Trivalent** Seqirus 0.5 mL single-dose syringe
- **Fluzone® Trivalent** Sanofi Pasteur, Inc. 5.0 mL multi-dose vial*

2–49 YEARS OLD & HEALTHY

- **FluMist® Trivalent** Astrazeneca 0.2 mL single-dose nasal sprayer

18 YEARS & OLDER

- **FluBlok® Trivalent** Sanofi Pasteur, Inc. 0.5 mL single-dose syringe

65 YEARS & OLDER

- **FLUAD® Adjuvanted Trivalent** Seqirus 0.5 mL single-dose syringe
- **Fluzone® High-Dose Trivalent** Sanofi Pasteur, Inc. 0.5 mL single-dose syringe

STORE ALL INFLUENZA VACCINES IN THE REFRIGERATOR.

VFC Questions: Call 877-2Get-VFC (877-243-8832)

State General Fund (SGF) Flu Program participants can contact: sgfvaccine@cdph.ca.gov

Children under 9 years of age with a history of fewer than 2 doses of influenza vaccine are recommended to receive 2 doses this flu season. See CDC Website

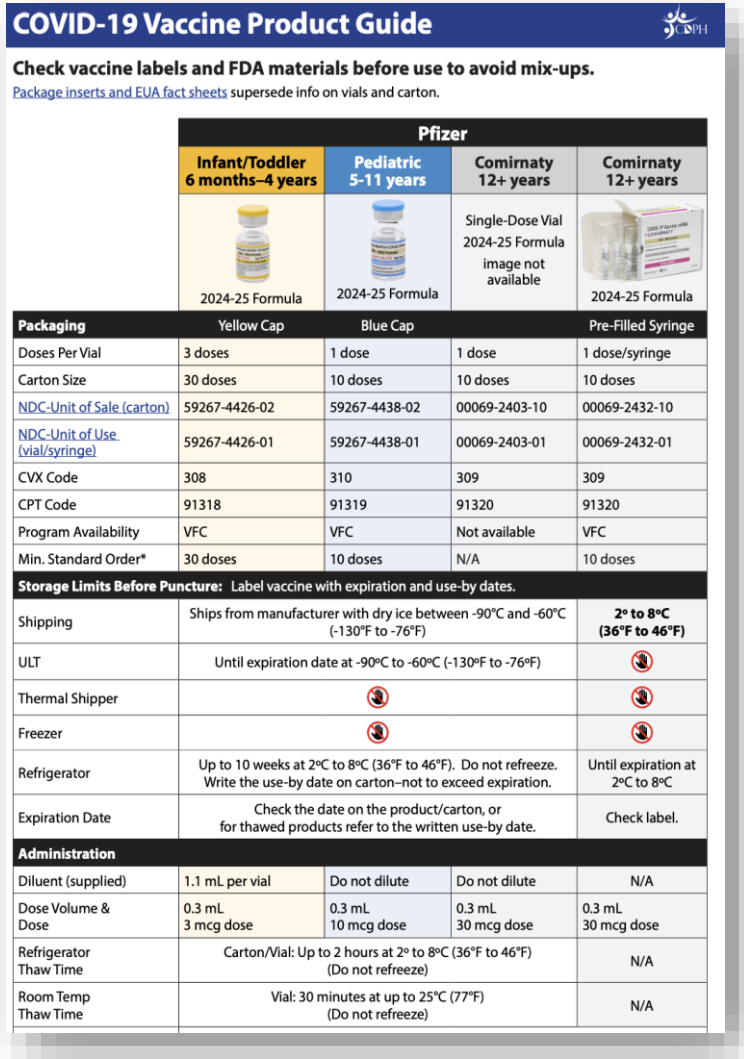
Vaccines available through the Vaccines for Children Program in 2024-25 should only be used for VFC-eligible children 18 years of age or younger.

* Multi-dose flu vaccines, which contain thimerosal, should NOT be given to pregnant women and children under 3 years of age unless Secretary of the Health and Human Services Agency issues an exemption (CA Health & Safety Code 124172).

65+ Preferred vaccine product for persons 65 or older. If not available, any other age-appropriate inactivated product may be given.

California Department of Public Health IMM-859 (8/24)

[Flu Product ID Guide (IMM-859)]



COVID-19 Vaccine Product Guide

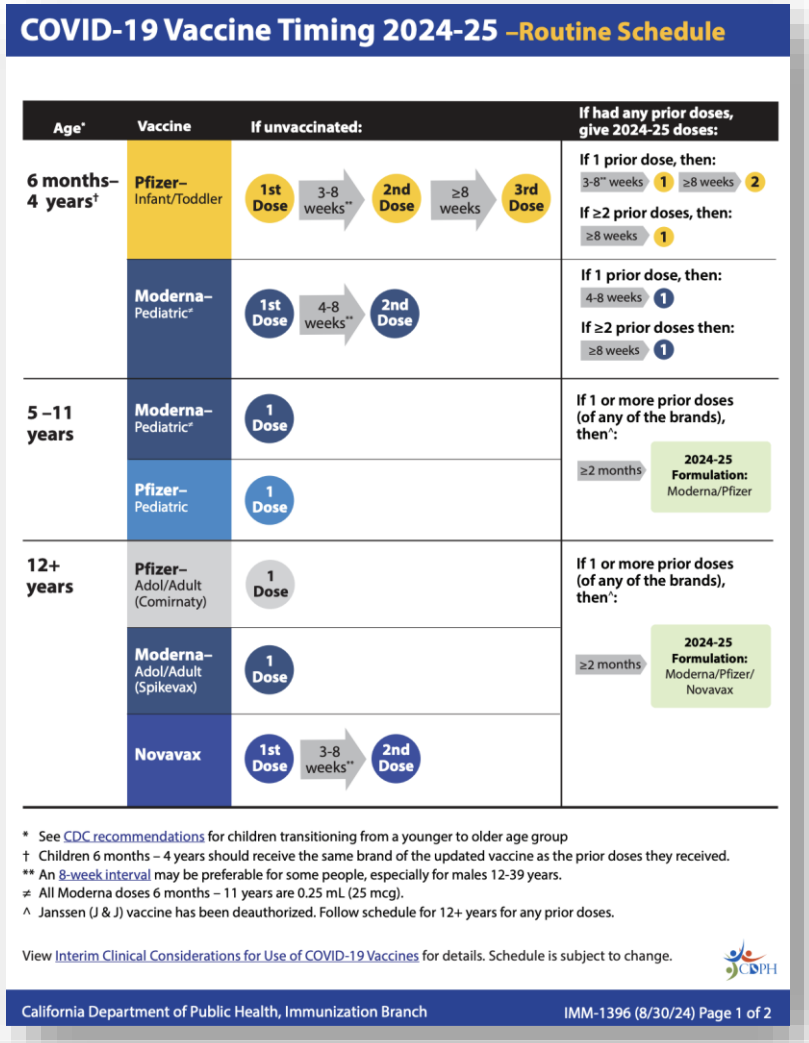
Check vaccine labels and FDA materials before use to avoid mix-ups.

Package inserts and EUA fact sheets supersede info on vials and carton.

	Pfizer			
	Infant/Toddler 6 months–4 years	Pediatric 5-11 years	Comirnaty 12+ years	Comirnaty 12+ years
	2024-25 Formula	2024-25 Formula	Single-Dose Vial 2024-25 Formula image not available	2024-25 Formula
Packaging	Yellow Cap	Blue Cap		Pre-Filled Syringe
Doses Per Vial	3 doses	1 dose	1 dose	1 dose/syringe
Carton Size	30 doses	10 doses	10 doses	10 doses
NDC-Unit of Sale (carton)	59267-4426-02	59267-4438-02	00069-2403-10	00069-2432-10
NDC-Unit of Use (vial/syringe)	59267-4426-01	59267-4438-01	00069-2403-01	00069-2432-01
CVX Code	308	310	309	309
CPT Code	91318	91319	91320	91320
Program Availability	VFC	VFC	Not available	VFC
Min. Standard Order*	30 doses	10 doses	N/A	10 doses
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.				
Shipping	Ships from manufacturer with dry ice between -90°C and -60°C (-130°F to -76°F)			**2° to 8°C (36°F to 46°F)**
ULT	Until expiration date at -90°C to -60°C (-130°F to -76°F)			🚫
Thermal Shipper	🚫			🚫
Freezer	🚫			🚫
Refrigerator	Up to 10 weeks at 2°C to 8°C (36°F to 46°F). Do not refreeze. Write the use-by date on carton–not to exceed expiration.			Until expiration at 2°C to 8°C
Expiration Date	Check the date on the product/carton, or for thawed products refer to the written use-by date.			Check label.
Administration				
Diluent (supplied)	1.1 mL per vial	Do not dilute	Do not dilute	N/A
Dose Volume & Dose	0.3 mL 3 mcg dose	0.3 mL 10 mcg dose	0.3 mL 30 mcg dose	0.3 mL 30 mcg dose
Refrigerator Thaw Time	Carton/Vial: Up to 2 hours at 2° to 8°C (36°F to 46°F) (Do not refreeze)			N/A
Room Temp Thaw Time	Vial: 30 minutes at up to 25°C (77°F) (Do not refreeze)			N/A

[COVID-19 Product Guide (IMM-1399)]

Timing Guides



COVID-19 Vaccine Timing 2024-25 –Routine Schedule

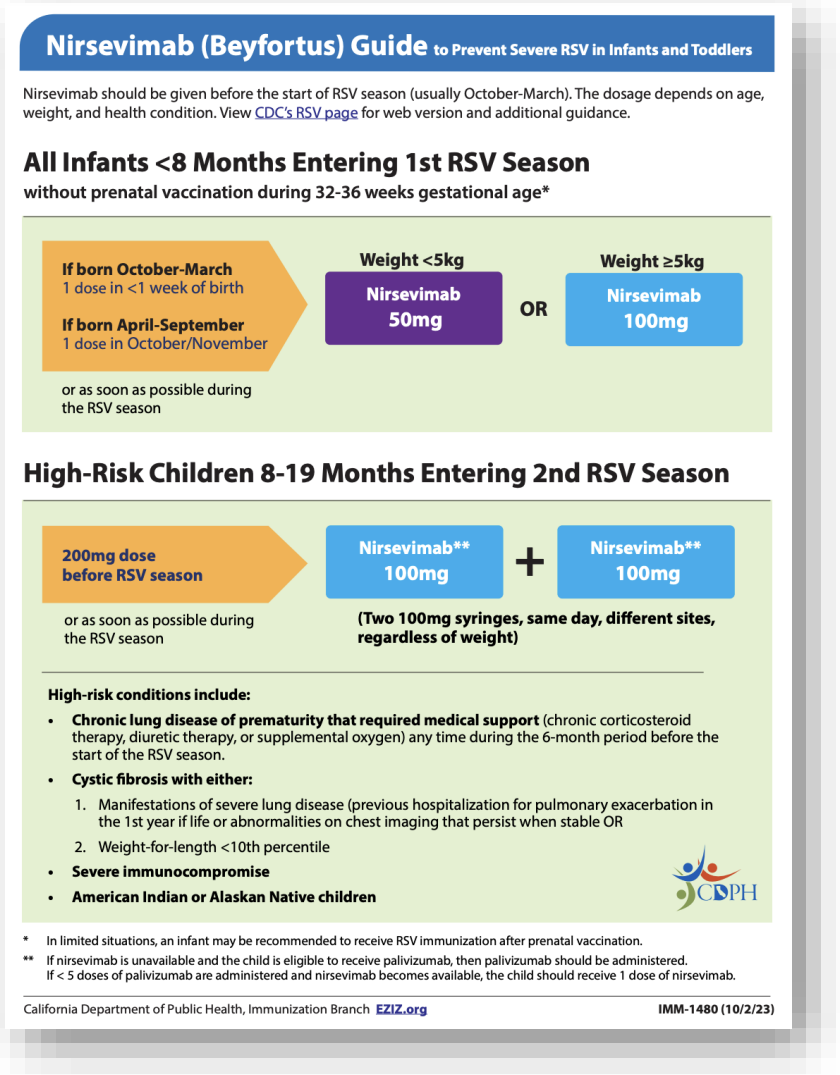
Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks** → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8** weeks → 1 → ≥8 weeks → 2 If ≥2 prior doses, then: ≥8 weeks → 1
	Moderna–Pediatric≠	1st Dose → 4-8 weeks** → 2nd Dose	If 1 prior dose, then: 4-8 weeks → 1 If ≥2 prior doses then: ≥8 weeks → 1
5–11 years	Moderna–Pediatric≠	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 2024-25 Formulation: Moderna/Pfizer
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 2024-25 Formulation: Moderna/Pfizer/Novavax
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose	

* See CDC recommendations for children transitioning from a younger to older age group
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
** An 8-week interval may be preferable for some people, especially for males 12-39 years.
≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View Interim Clinical Considerations for Use of COVID-19 Vaccines for details. Schedule is subject to change.

California Department of Public Health, Immunization Branch IMM-1396 (8/30/24) Page 1 of 2

[COVID-19 Vaccines Timing Guide (IMM-1369)]



Nirsevimab (Beyfortus) Guide to Prevent Severe RSV in Infants and Toddlers

Nirsevimab should be given before the start of RSV season (usually October-March). The dosage depends on age, weight, and health condition. View CDC's RSV page for web version and additional guidance.

All Infants <8 Months Entering 1st RSV Season

without prenatal vaccination during 32-36 weeks gestational age*

If born October-March
1 dose in <1 week of birth

If born April-September
1 dose in October/November

or as soon as possible during the RSV season

Weight <5kg		Weight ≥5kg
Nirsevimab 50mg	OR	Nirsevimab 100mg

High-Risk Children 8-19 Months Entering 2nd RSV Season

200mg dose before RSV season

or as soon as possible during the RSV season

Nirsevimab** 100mg + Nirsevimab** 100mg

(Two 100mg syringes, same day, different sites, regardless of weight)

High-risk conditions include:

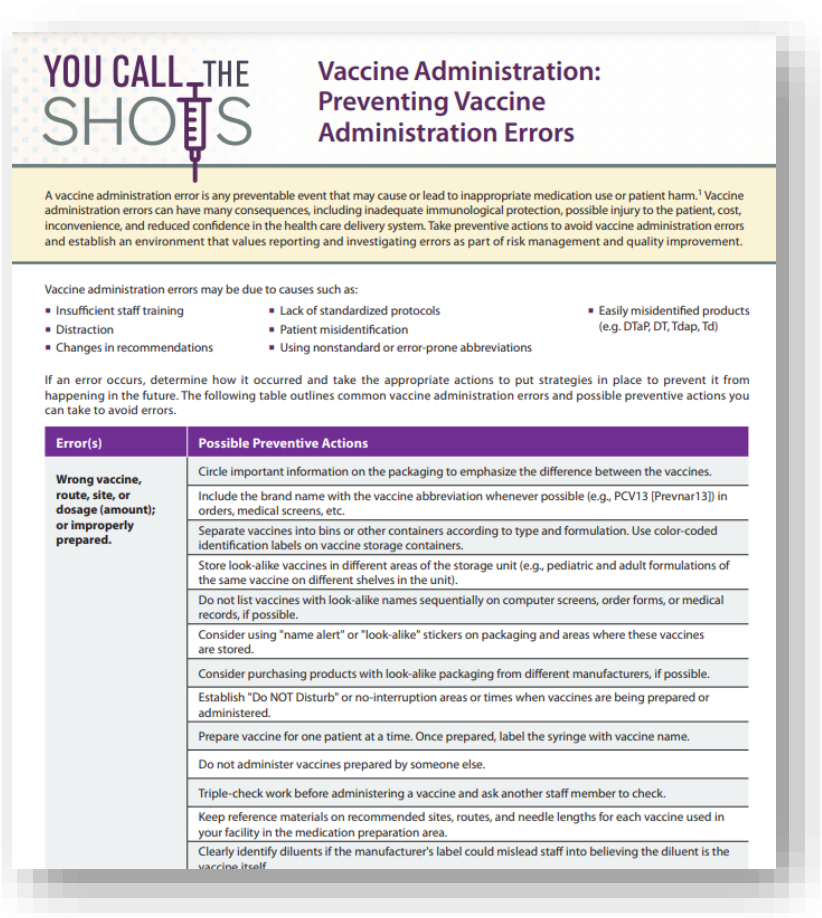
- **Chronic lung disease of prematurity that required medical support** (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the RSV season.
- **Cystic fibrosis with either:**
  1. Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the 1st year if life or abnormalities on chest imaging that persist when stable OR
  2. Weight-for-length <10th percentile
- **Severe immunocompromise**
- **American Indian or Alaskan Native children**

* In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.
** If nirsevimab is unavailable and the child is eligible to receive palivizumab, then palivizumab should be administered. If < 5 doses of palivizumab are administered and nirsevimab becomes available, the child should receive 1 dose of nirsevimab.

California Department of Public Health, Immunization Branch EZIZ.org IMM-1480 (10/2/23)

[Nirsevimab (Beyfortus) Guide for Infants and Toddlers (IMM-1480)]

Preventing Administration Errors



YOU CALL THE SHOTS

Vaccine Administration: Preventing Vaccine Administration Errors

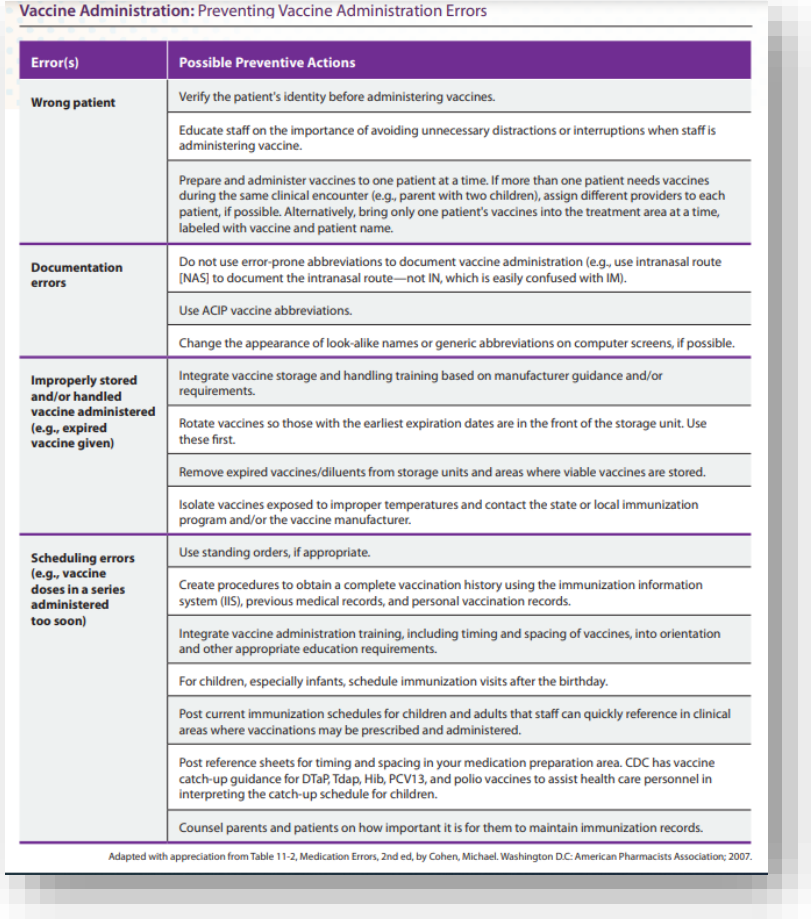
A vaccine administration error is any preventable event that may cause or lead to inappropriate medication use or patient harm.[1] Vaccine administration errors can have many consequences, including inadequate immunological protection, possible injury to the patient, cost, inconvenience, and reduced confidence in the health care delivery system. Take preventive actions to avoid vaccine administration errors and establish an environment that values reporting and investigating errors as part of risk management and quality improvement.

Vaccine administration errors may be due to causes such as:

- Insufficient staff training
- Distraction
- Changes in recommendations
- Lack of standardized protocols
- Patient misidentification
- Using nonstandard or error-prone abbreviations
- Easily misidentified products (e.g. DTaP, DT, Tdap, Td)

If an error occurs, determine how it occurred and take the appropriate actions to put strategies in place to prevent it from happening in the future. The following table outlines common vaccine administration errors and possible preventive actions you can take to avoid errors.

Error(s)	Possible Preventive Actions
Wrong vaccine, route, site, or dosage (amount); or improperly prepared.	Circle important information on the packaging to emphasize the difference between the vaccines.
	Include the brand name with the vaccine abbreviation whenever possible (e.g., PCV13 [Prevnar13]) in orders, medical screens, etc.
	Separate vaccines into bins or other containers according to type and formulation. Use color-coded identification labels on vaccine storage containers.
	Store look-alike vaccines in different areas of the storage unit (e.g., pediatric and adult formulations of the same vaccine on different shelves in the unit).
	Do not list vaccines with look-alike names sequentially on computer screens, order forms, or medical records, if possible.
	Consider using "name alert" or "look-alike" stickers on packaging and areas where these vaccines are stored.
	Consider purchasing products with look-alike packaging from different manufacturers, if possible.
	Establish "Do NOT Disturb" or no-interruption areas or times when vaccines are being prepared or administered.
	Prepare vaccine for one patient at a time. Once prepared, label the syringe with vaccine name.
	Do not administer vaccines prepared by someone else.
	Triple-check work before administering a vaccine and ask another staff member to check.
	Keep reference materials on recommended sites, routes, and needle lengths for each vaccine used in your facility in the medication preparation area.
	Clearly identify diluents if the manufacturer's label could mislead staff into believing the diluent is the vaccine itself.



Vaccine Administration: Preventing Vaccine Administration Errors

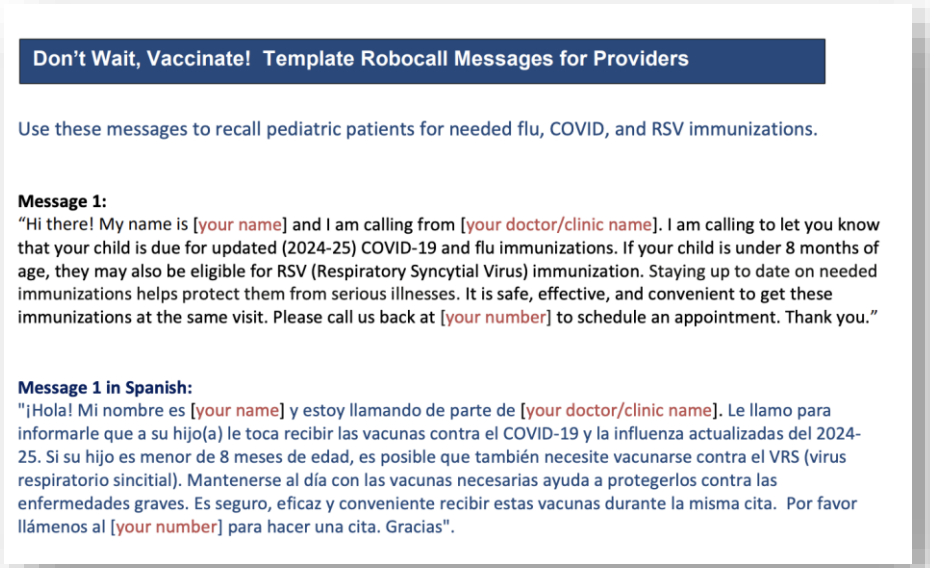
Error(s)	Possible Preventive Actions
Wrong patient	Verify the patient's identity before administering vaccines.
	Educate staff on the importance of avoiding unnecessary distractions or interruptions when staff is administering vaccine.
	Prepare and administer vaccines to one patient at a time. If more than one patient needs vaccines during the same clinical encounter (e.g., parent with two children), assign different providers to each patient, if possible. Alternatively, bring only one patient's vaccines into the treatment area at a time, labeled with vaccine and patient name.
Documentation errors	Do not use error-prone abbreviations to document vaccine administration (e.g., use intranasal route [NAS] to document the intranasal route—not IN, which is easily confused with IM).
	Use ACIP vaccine abbreviations.
	Change the appearance of look-alike names or generic abbreviations on computer screens, if possible.
Improperly stored and/or handled vaccine administered (e.g., expired vaccine given)	Integrate vaccine storage and handling training based on manufacturer guidance and/or requirements.
	Rotate vaccines so those with the earliest expiration dates are in the front of the storage unit. Use these first.
	Remove expired vaccines/diluents from storage units and areas where viable vaccines are stored.
	Isolate vaccines exposed to improper temperatures and contact the state or local immunization program and/or the vaccine manufacturer.
Scheduling errors (e.g., vaccine doses in a series administered too soon)	Use standing orders, if appropriate.
	Create procedures to obtain a complete vaccination history using the immunization information system (IIS), previous medical records, and personal vaccination records.
	Integrate vaccine administration training, including timing and spacing of vaccines, into orientation and other appropriate education requirements.
	For children, especially infants, schedule immunization visits after the birthday.
	Post current immunization schedules for children and adults that staff can quickly reference in clinical areas where vaccinations may be prescribed and administered.
	Post reference sheets for timing and spacing in your medication preparation area. CDC has vaccine catch-up guidance for DTaP, Tdap, Hib, PCV13, and polio vaccines to assist health care personnel in interpreting the catch-up schedule for children.
	Counsel parents and patients on how important it is for them to maintain immunization records.

Adapted with appreciation from Table 11-2, Medication Errors, 2nd ed, by Cohen, Michael. Washington D.C: American Pharmacists Association; 2007.

[You Call the Shots: Preventing Vaccine Administration Errors]

Provider Communication Templates

- Robocall Messages Template (Spanish included)
- Letter to Patients Template (Spanish included)

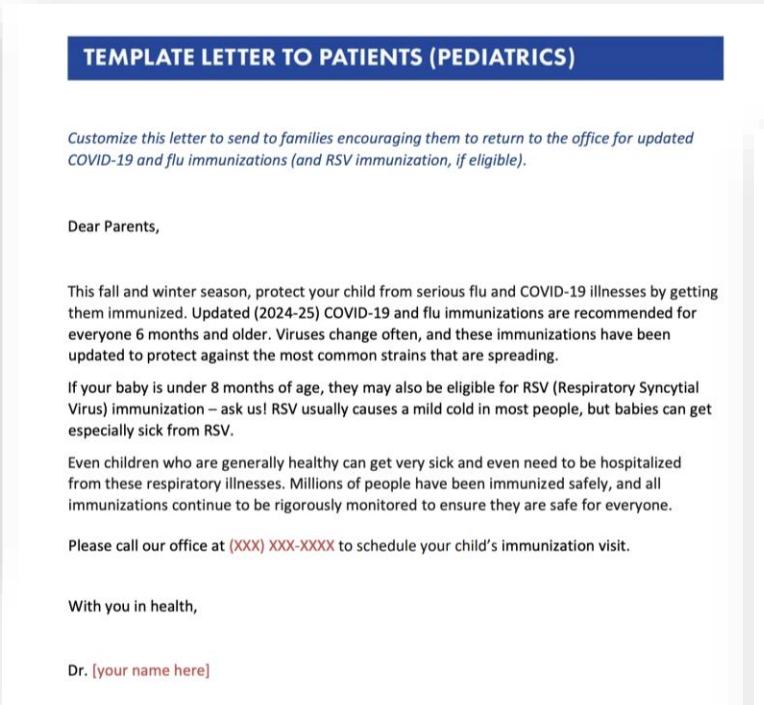


Don't Wait, Vaccinate! Template Robocall Messages for Providers

Use these messages to recall pediatric patients for needed flu, COVID, and RSV immunizations.

Message 1:
"Hi there! My name is [your name] and I am calling from [your doctor/clinic name]. I am calling to let you know that your child is due for updated (2024-25) COVID-19 and flu immunizations. If your child is under 8 months of age, they may also be eligible for RSV (Respiratory Syncytial Virus) immunization. Staying up to date on needed immunizations helps protect them from serious illnesses. It is safe, effective, and convenient to get these immunizations at the same visit. Please call us back at [your number] to schedule an appointment. Thank you."

Message 1 in Spanish:
"¡Hola! Mi nombre es [your name] y estoy llamando de parte de [your doctor/clinic name]. Le llamo para informarle que a su hijo(a) le toca recibir las vacunas contra el COVID-19 y la influenza actualizadas del 2024-25. Si su hijo es menor de 8 meses de edad, es posible que también necesite vacunarse contra el VRS (virus respiratorio sincitial). Mantenerse al día con las vacunas necesarias ayuda a protegerlos contra las enfermedades graves. Es seguro, eficaz y conveniente recibir estas vacunas durante la misma cita. Por favor llámenos al [your number] para hacer una cita. Gracias".



TEMPLATE LETTER TO PATIENTS (PEDIATRICS)

Customize this letter to send to families encouraging them to return to the office for updated COVID-19 and flu immunizations (and RSV immunization, if eligible).

Dear Parents,

This fall and winter season, protect your child from serious flu and COVID-19 illnesses by getting them immunized. Updated (2024-25) COVID-19 and flu immunizations are recommended for everyone 6 months and older. Viruses change often, and these immunizations have been updated to protect against the most common strains that are spreading.

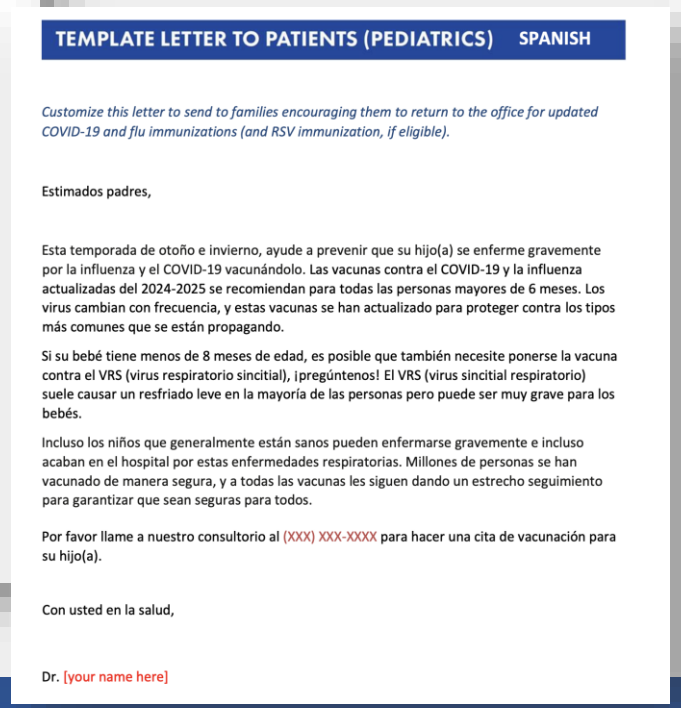
If your baby is under 8 months of age, they may also be eligible for RSV (Respiratory Syncytial Virus) immunization – ask us! RSV usually causes a mild cold in most people, but babies can get especially sick from RSV.

Even children who are generally healthy can get very sick and even need to be hospitalized from these respiratory illnesses. Millions of people have been immunized safely, and all immunizations continue to be rigorously monitored to ensure they are safe for everyone.

Please call our office at (XXX) XXX-XXXX to schedule your child's immunization visit.

With you in health,

Dr. [your name here]



TEMPLATE LETTER TO PATIENTS (PEDIATRICS) SPANISH

Customize this letter to send to families encouraging them to return to the office for updated COVID-19 and flu immunizations (and RSV immunization, if eligible).

Estimados padres,

Esta temporada de otoño e invierno, ayude a prevenir que su hijo(a) se enferme gravemente por la influenza y el COVID-19 vacunándolo. Las vacunas contra el COVID-19 y la influenza actualizadas del 2024-2025 se recomiendan para todas las personas mayores de 6 meses. Los virus cambian con frecuencia, y estas vacunas se han actualizado para proteger contra los tipos más comunes que se están propagando.

Si su bebé tiene menos de 8 meses de edad, es posible que también necesite ponerse la vacuna contra el VRS (virus respiratorio sincitial), ¡pregúntenos! El VRS (virus sincitial respiratorio) suele causar un resfriado leve en la mayoría de las personas pero puede ser muy grave para los bebés.

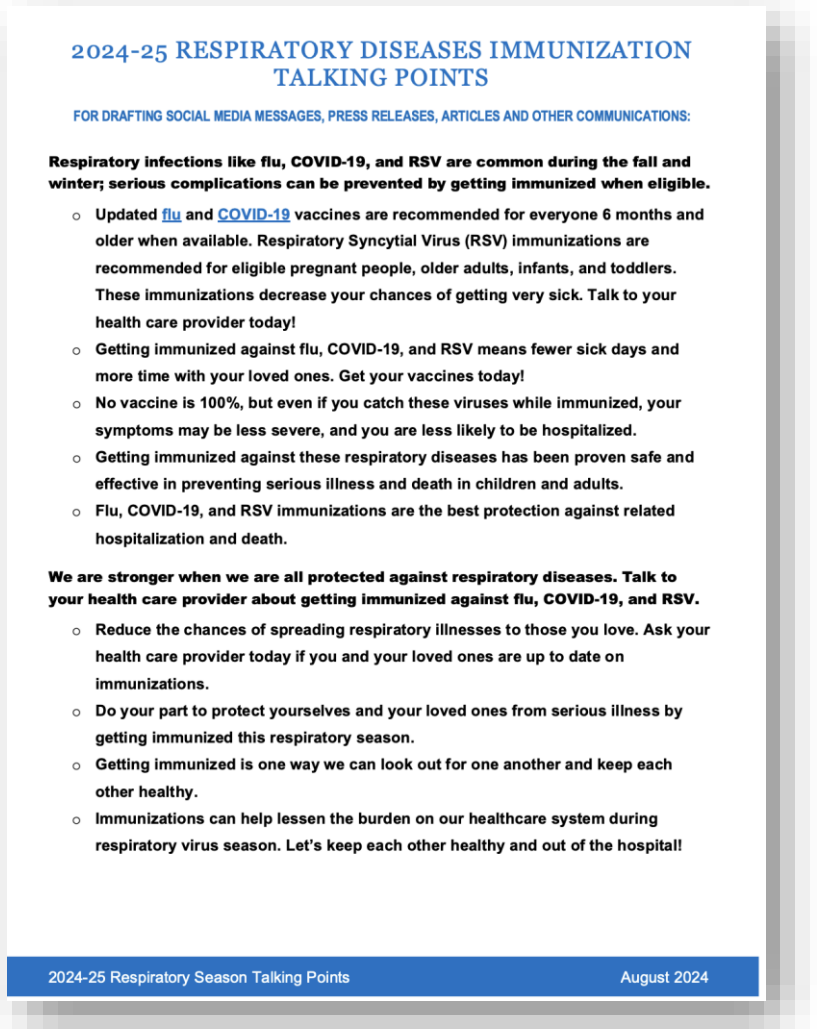
Incluso los niños que generalmente están sanos pueden enfermarse gravemente e incluso acaban en el hospital por estas enfermedades respiratorias. Millones de personas se han vacunado de manera segura, y a todas las vacunas les siguen dando un estrecho seguimiento para garantizar que sean seguras para todos.

Por favor llame a nuestro consultorio al (XXX) XXX-XXXX para hacer una cita de vacunación para su hijo(a).

Con usted en la salud,

Dr. [your name here]

IZ Talking Points – Flu, COVID-19, and RSV



2024-25 RESPIRATORY DISEASES IMMUNIZATION TALKING POINTS

FOR DRAFTING SOCIAL MEDIA MESSAGES, PRESS RELEASES, ARTICLES AND OTHER COMMUNICATIONS:

Respiratory infections like flu, COVID-19, and RSV are common during the fall and winter; serious complications can be prevented by getting immunized when eligible.

- Updated flu and COVID-19 vaccines are recommended for everyone 6 months and older when available. Respiratory Syncytial Virus (RSV) immunizations are recommended for eligible pregnant people, older adults, infants, and toddlers. These immunizations decrease your chances of getting very sick. Talk to your health care provider today!
- Getting immunized against flu, COVID-19, and RSV means fewer sick days and more time with your loved ones. Get your vaccines today!
- No vaccine is 100%, but even if you catch these viruses while immunized, your symptoms may be less severe, and you are less likely to be hospitalized.
- Getting immunized against these respiratory diseases has been proven safe and effective in preventing serious illness and death in children and adults.
- Flu, COVID-19, and RSV immunizations are the best protection against related hospitalization and death.

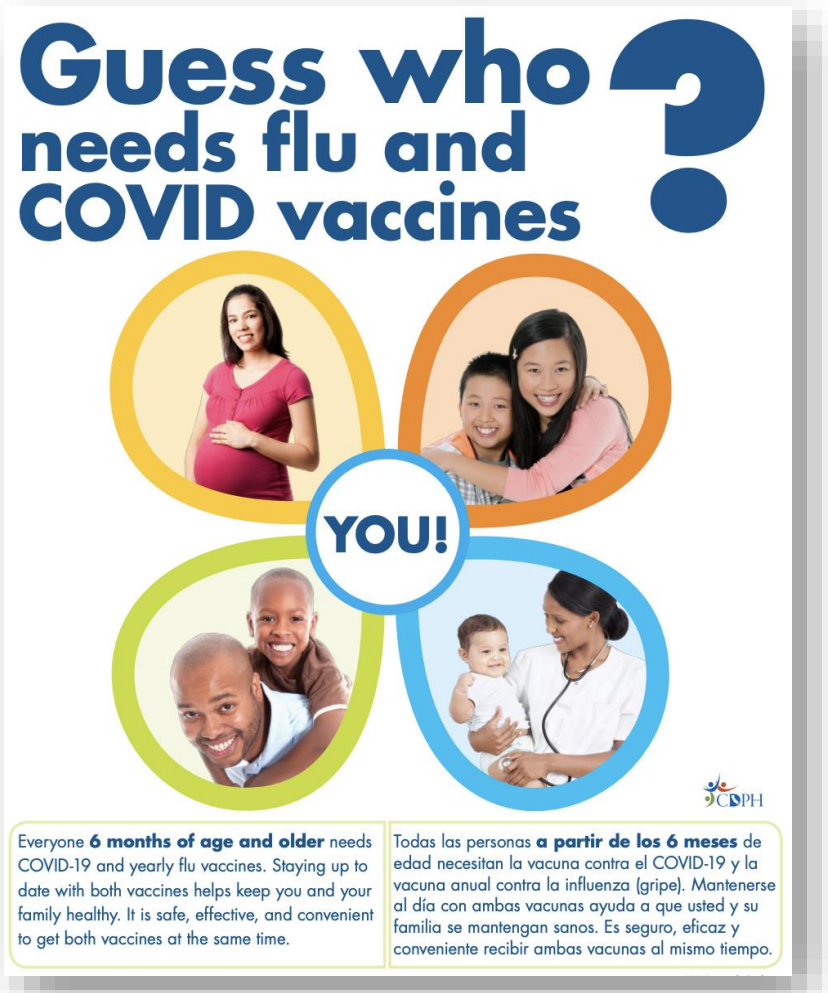
We are stronger when we are all protected against respiratory diseases. Talk to your health care provider about getting immunized against flu, COVID-19, and RSV.

- Reduce the chances of spreading respiratory illnesses to those you love. Ask your health care provider today if you and your loved ones are up to date on immunizations.
- Do your part to protect yourselves and your loved ones from serious illness by getting immunized this respiratory season.
- Getting immunized is one way we can look out for one another and keep each other healthy.
- Immunizations can help lessen the burden on our healthcare system during respiratory virus season. Let's keep each other healthy and out of the hospital!

2024-25 Respiratory Season Talking Points August 2024

2024-2025 Respiratory IZ Talking Points

Flu and COVID-19 Vaccines Posters



[Guess Who Poster (IMM-782)](#)

[Russian](#) | [Dari](#) | [Farsi](#) | [Pashto](#) | [Ukrainian](#)

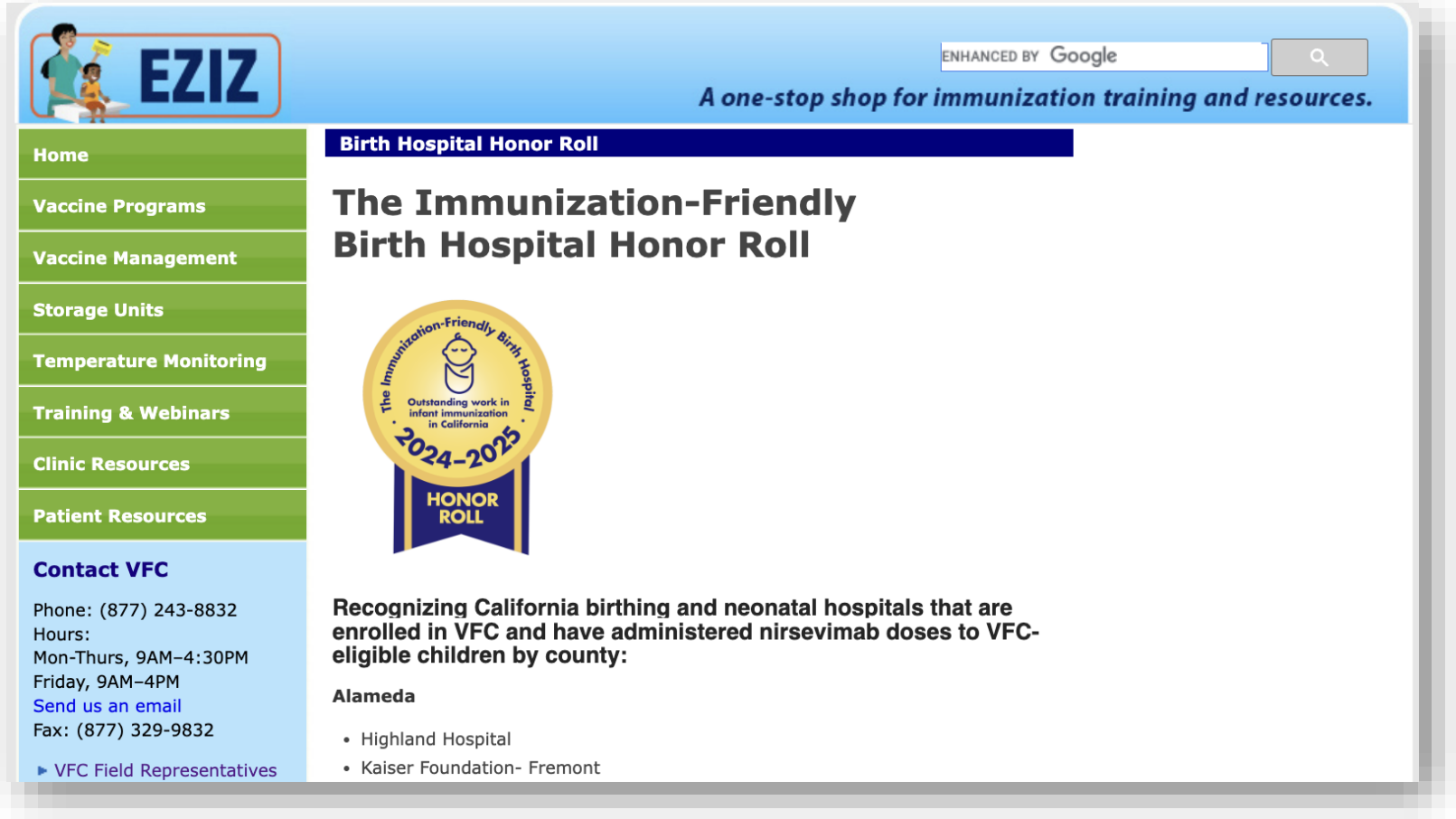
[All Superheroes Need Flu and Covid-19 Vaccines! (IMM-1443)](#)

CDPH Toolkits

- Respiratory Prevention
- Fight Flu & COVID-19
- RSV Protection

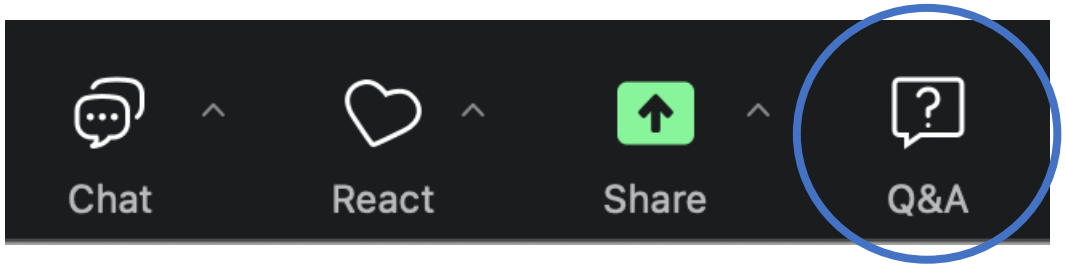
RSV Immunizations – VFC Birthing Hospital List

https://eziz.org/myvfcvaccines/hospital-honors/



Questions

During today's webinar, please use the Q&A panel to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.



Special Thanks to Today's Presenters:

Samantha Johnston, Kelsey Florio,
Christina Sapad, Terisha Gamboa,

And to the webinar support team:

Billie Dawn Greenblatt, Blanca Corona

Thank you for joining CDPH for Afternoon TEAch!

Upcoming Webinar Opportunities

CDPH Immunization Updates for Providers

Next session: Friday, October 4, 2024

9:00 am – 10:30 am (PT)

California Department of Public Health
Immunization Branch