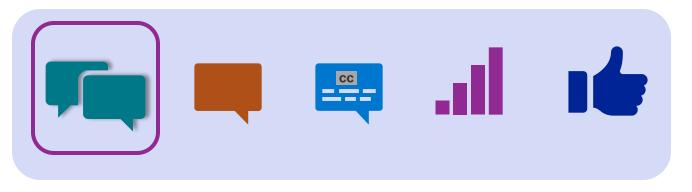


# **Immunization Updates** for Providers

Friday, November 1, 2024 9:00 am – 10:30 am



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



Q&A



# Housekeeping

### **Reminder to Attendees:**



Today's session is being recorded. For slides, webinar recordings, and other postings, see the

CDPH Weekly Immunization Updates for Providers.



To be added to the CDPH email messaging listserv for providers, please email your request to <a href="mailto:blanca.corona@cdph.ca.gov">blanca.corona@cdph.ca.gov</a>.



If you have post-webinar-related questions, please email <a href="mailto:leslie.amani@cdph.ca.gov">leslie.amani@cdph.ca.gov</a>.



### Agenda: Friday, November 1, 2024

No.	Topic	Presenters (CDPH)	Time (AM)
1	Welcome and Announcements	Leslie Amani	9:00 – 9:05
2	A Special Announcement	Robert Schechter, MD	9:05 – 9:10
3	COVID-19 Vaccine Administration Data	Josh Quint	9:10 – 9:15
4	CA Immunization Registry	Michael Powell	9:15 – 9:20
5	Vaccines for Children (VFC)	Christina Sapad	9:20 – 9:25
6	Mpox	Louise McNitt, MD	9:25 – 9:30
7	Clinical	Floria Chi, MD	9:30 – 9:50
8	CA Bridge Access Program	Maria Volk	9:50 – 9:55
9	Vaccine Pharmacy Update	Edward Salaguinto, PharmD, RPh	9:55 – 10:00
10	Vaccine Management (My Turn / myCAvax)	Josh Pocus and Maria Volk	10:00 – 10:15
11	Resources and Q&A	Leslie Amani and CDPH SMEs	10:15 – 10:30

### **Announcements**

Leslie Amani, CDPH





### **Webinar: Virtual Grand Rounds**



Join our Virtual Grand Rounds: From Avian Flu to COVID-19 – How the "One Health" Approach Improves Human, Animal and Environmental Health on Tuesday, November 12, 2024, from 12:00 to 1:00 p.m. PT.

While traditional medical education has focused only on the human patient, over time we have recognized the profound influence that environmental and animal have on human health. By looking at the whole picture rather than individual pieces, an approach called "One Health," we can be more effective not only at preventing human disease, but also at creating a sustainable planet for all life.

In this Virtual Grand Rounds, our guests will discuss examples of "One Health" challenges and describe how bringing this mindset into our clinics, societal actions and policy is vital as we face challenges from COVID-19 to avian influenza.



When: Tuesday, November 12, 2024

Time: 12:00 pm – 1:00 pm, PT

Registration link here:

**CMA Virtual Grand Rounds** 

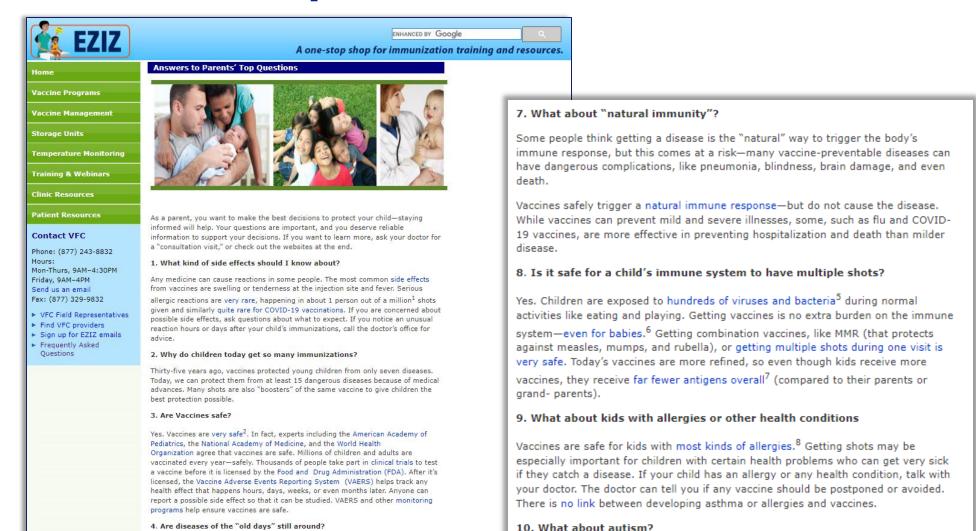
**Erica Pan, M.D., MPH**, California State Epidemiologist and Deputy Director, California Department of Public Health, Center of Infectious Diseases



Kim Conway, DVM, MPVM, DACVPM, One Health Lead, California Department of Public Health, Center for Environmental Health



# **EZIZ: Parents Top Questions About Immunizations**

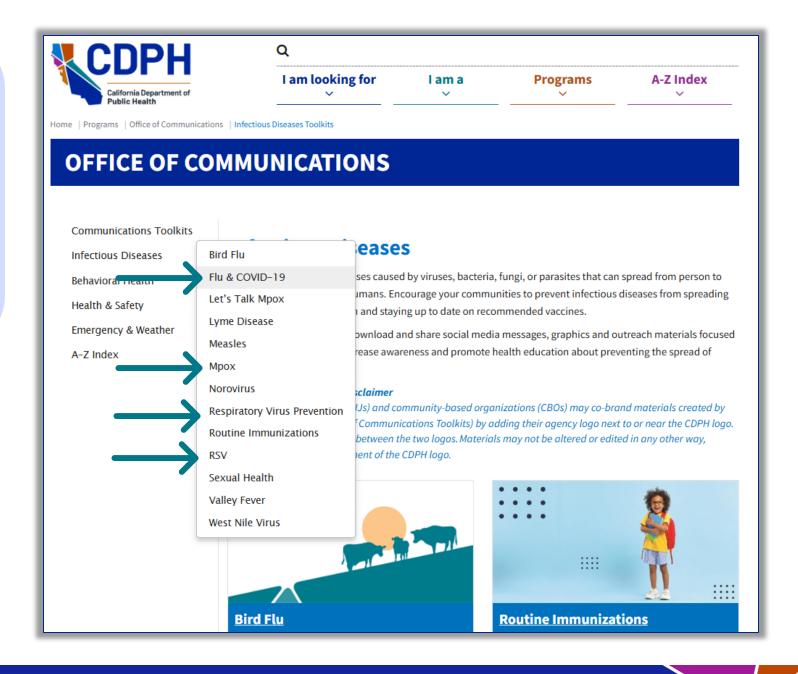


### **Resource: Parents Top Questions About Immunizations**

# CDPH Office of Communications Toolkits

CDPH Communication
Toolkits





### **CDPH Office of Communications Toolkits**

### TIPS FOR STAYING HEALTHY THIS VIRUS SEASON



#### Stay Up to Date on Vaccines

Vaccines are the best protection against severe ilness. Visit MyTurn.ca.gov to schedule your vaccines or contact your health care provider.

- . Flu and COVID-19 vaccines are recommended for everyone 6 months and older.
- . RSV immunizations are recommended for eligible pregnant people, older adults, infants and toddlers.

#### Stay Home if You're Sick

Stay home and away from others if you have any symptoms of flu, COVID-19 or RSV.

#### Test and Treat

Test for CCVID-19 and flu if you know you've been exposed or have symptoms. You may be eligible for prescription COVID-19 treatments or flu treatment. Talk to your doctor.

#### Consider Wearing a Mask

Consider wearing a high-quality mask in crowded or indoor areas, especially if you're sick.

#### Wash Your Hands

Wash your hands often with spap and warm water for at least 20 seconds. If spap and water are not available, use a hand sanitizer with at least 60% alcohol.

#### Cover Your Cough or Sneeze

Cough or sneeze into your elbow, arm or a disposable tissue. Make sure to wash your hands or sanitize and dispose of your tissue after.

#### Ventilate Indoor Spaces

Open doors and windows as much as possible to bring in fresh outdoor air. This helps keep virus particles from building up indoors.

September 2024 - @ 2024, California Department of Public Health







### Protect Yourself from **Respiratory Viruses**

Older adults, especially those with weakened immune systems, are at greater risk for getting very sick from respiratory viruses. Take these steps to lower your risk.

### Stay Up to Date on Vaccines

As we get older, we need updated vaccines to keep our immune systems healthy and strong. Vaccines are our best protection against severe illness, hospitalization, and death from flu, COVID-19, and RSV.

Talk to your health care provider to make sure you're up to date on all your vaccines!

### Get COVID-19 and Flu Treatments

If you have symptoms, contact your health care provider to get tested (or take an at-home COVID-19 test). If you test positive, ask your health care provider about prescription treatments to prevent symptoms from getting serious. Act fast, most of these medications must be taken within the first 5 days of symptoms.

### Consider Extra Precautions to Prevent Spread

- Wear a mask in crowded indoor spaces
- Increase ventilation by opening windows and doors
- Stay away from others if you're sick
- Wash your hands often.
- Cover your cough or sneeze



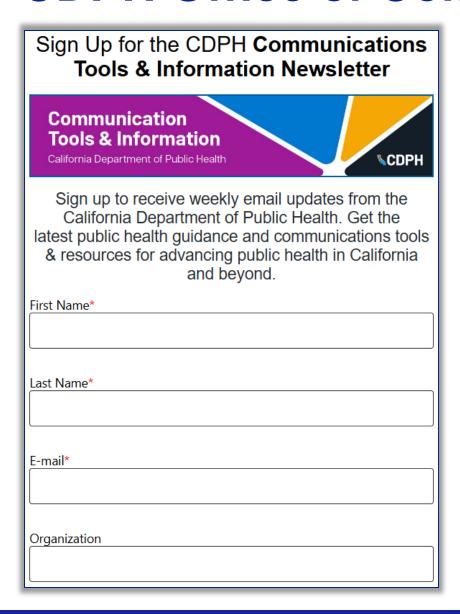


Need more info? go.adph.ca.gov/respiratory-viruses

September 2024 • @ 2024, Caifornia Department of Public Health

### Respiratory Virus Season Toolkit

### **CDPH Office of Communications**



Sign up to receive the

CDPH Office of

Communications

Tools & Information

Newsletter

### Webinar Calendar: November 2024

**November is Native American Heritage Month** 

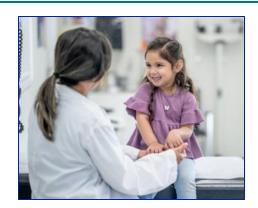
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	November is N	ational Long-te	rm Care Aware	eness Month	1 Provider Webinar	2
3  Daylight Saving Time	4	5	6	7	8	9
10 World Immunization Day	11 Veteran's Day	12	13	14	15  Provider Webinar	16
17	18	19	20	21	22	23
24	25 Thank you! PUBLIC HEALTH	26	27	28 Thanksgiving Day	29 No Provider Webinar	30

# **A Special Announcement**

Robert Schechter, MD, CDPH



Thank you, California Providers!



2021

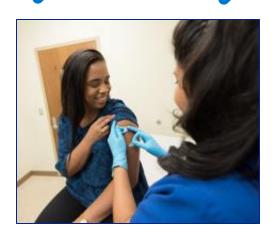
2022

2023



The first COVID-19 vaccine was administered in California on December 14, 2020.





California COVID-19 vaccine doses administered in California as of October 25, 2024, reached

100 Million!



# **COVID-19 Vaccine Administration Data**

Josh Quint, CDPH



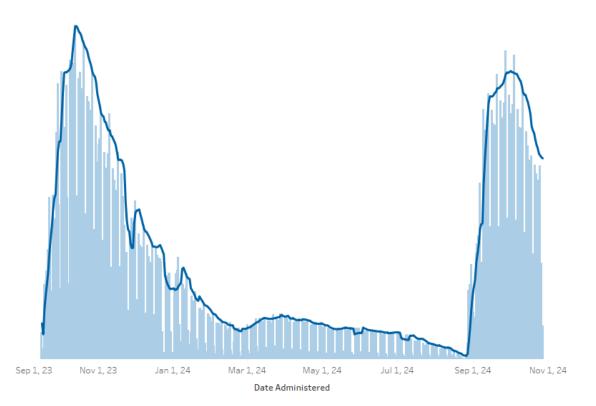
# **COVID-19 Vaccine Administration Summary**

as of October 28, 2024

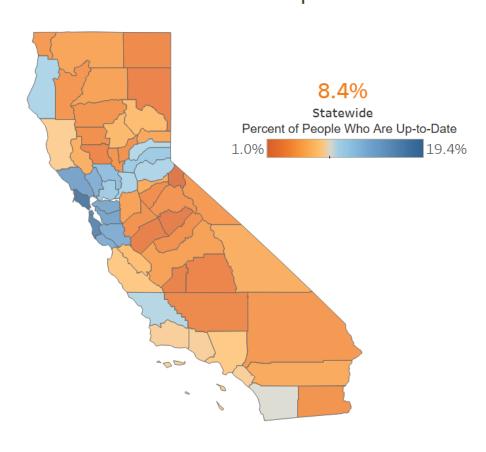
100,089,805

Total Doses Administered:

Daily Doses Administered: Statewide

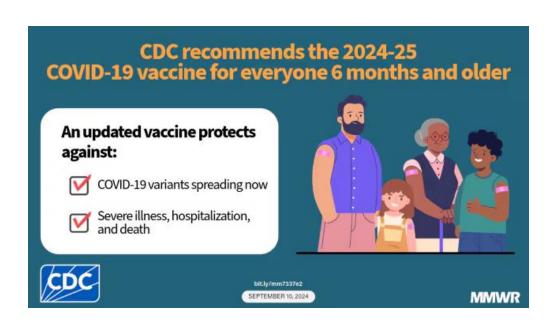


**3,287,975**2024-2025 COVID-19 Recipients



### Trends in COVID-19 Vaccine Administration

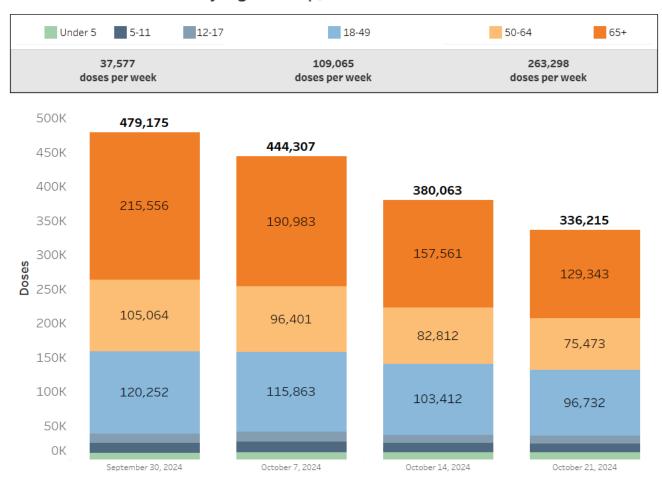
as of October 28, 2024



CDC- 2024-2025 COVID-19 Vaccine Recommendation

**CDC- Staying Up to Date** 

### Doses Administered by Age Group, Past 4 Weeks



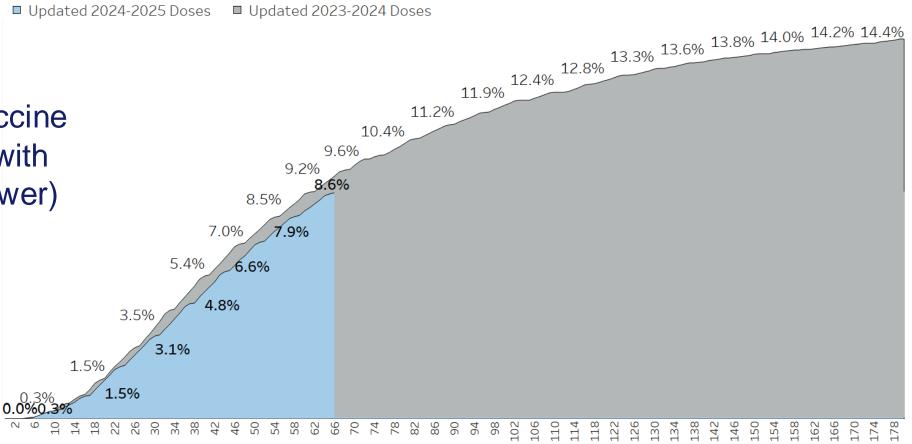
# **COVID-19 Vaccine Uptake Comparison**

■ Updated 2024-2025 Doses
■ Updated 2023-2024 Doses

as of October 28, 2024

### Current vs Last Year's COVID-19 Vaccine Dose Uptake by % of Population in 66 days since EUA

Current COVID-19 vaccine uptake keeping pace with last year (-0.6% pts lower)



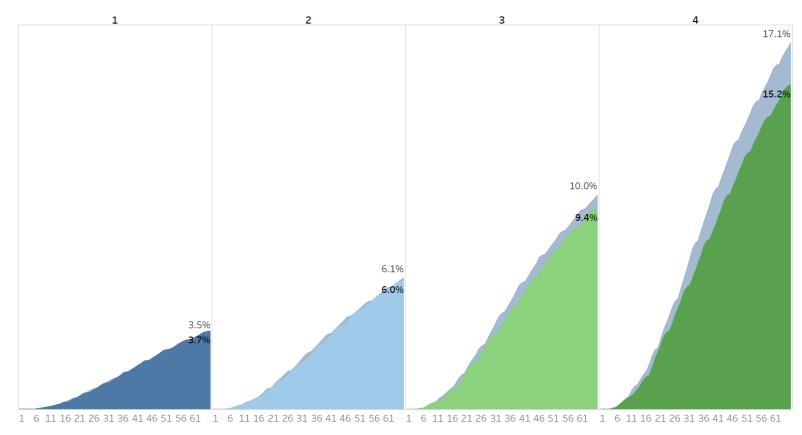
EUA = Emergency Use Authorization

# **COVID-19 Vaccine Uptake Comparison by HPI**

as of October 28, 2024

- Highest uptake in the HPI Q4 population
- Overall, rates comparable to last season
  - Largest difference amongst HPI Q4 (-1.9%)
  - Faster uptake this season in HPI Q1 (+0.2%)

Current vs Prior Season COVID-19 Doses % of Population in 66 days since EUA



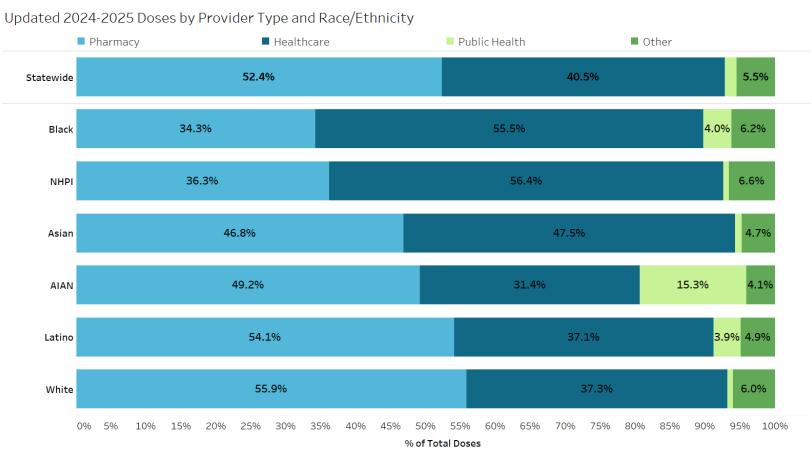
EUA = emergency use authorization

HPI Q4 = Communities with most healthy conditions (least disadvantaged) HPI Q1 = Communities with least health conditions (most disadvantaged)

# Provider Type of COVID-19 Vaccinations by Race

as of October 28, 2024

- Statewide, more than 50% of doses are administered by pharmacies
- Provider type varies across race/ethnicity groups
  - Black and NHPI populations more likely to receive vaccine from healthcare providers
  - AIAN populations have higher rate of vaccination at Public Health

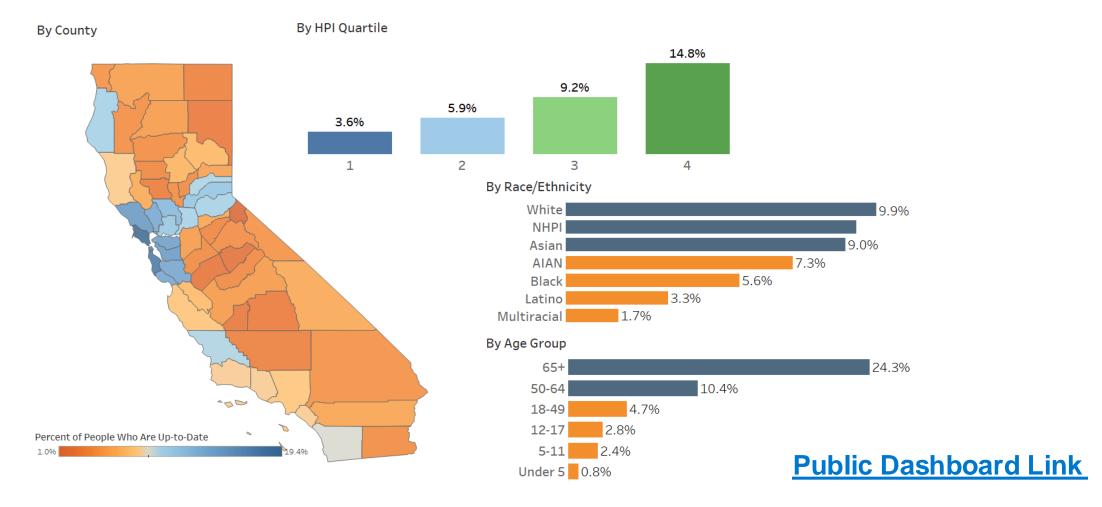


AIAN = American Indian or Alaska Native NHPI = Native Hawaiian or Pacific Islander Data for detailed Asian and NHPI categories not currently available

### **COVID-19 Vaccination At-a-Glance**

as of October 28, 2024





# **System Notes**

- Up-to-Date status defined as at least one dose of the updated 2024 2025
   COVID-19 vaccine
- 2024 2025 COVID-19 vaccine data not yet available on public facing website (release date TBD)
- Email <u>cdphvaccinedatateam@cdph.ca.gov</u> with questions and comments.

**Public Dashboard Link** 

# **California Immunization Registry**

Michael Powell, CDPH

# **CAIR2** Release Roadmap

### **Past Release**

September 18, 2024 (2.8.18)

### **Sprint 16**

#### **User Interface**

- Add Vivotif manufacturer to dropdown on Manage NDC
- ✓ Add RabAvert manufacturer
   Bavarian Nordic to dropdown on Manage NDC screen
- ✓ Trivalent Flu Vaccines Codes for 2024/2025
- ✓ Quadrivalent Flu Vaccines Codes for 2024/2025

### **Data Exchange**

- ✓ Source of Immunization for Historical Doses
- ✓ Add PCV21
- ✓ Trivalent Flu Vaccines Codes for 2024/2025
- ✓ Quadrivalent Flu Vaccines Codes for 2024/2025
- ✓ New code sets for Havrix, Pfizer Comirnaty & Abrysvo

#### Technical

- ✓ Merge parsing research & cleanup
- ✓ Update pending immunization cron job

### **Current November 3, 2024 (2.8.19)**

### **Sprint 17**

#### **User Interface**

- ✓ PPSV23 bug in children under 5 yo
- ✓ New COVID vaccines (2024-2025 Formula)
- ✓ Add Trivalent Flu vaccines to Influenza series
- Update Last WS Submission Field
- Remove CPT code 90726 from CVX 90
- ✓ Remove Flucelyax NDC from ONB & TRN

### **Data Exchange**

- ✓ New COVID vaccines (2024-2025 Formula)
- ✓ Add Trivalent Flu vaccines to Influenza series
- Update Last WS Submission Field
- ✓ Remove CPT code 90726 from CVX 90
- ✓ Upgrade the MyBatis jar file used by CAIR DX and Runmatch to current version
- ✓ A dose amount of '1.0' is returned in RXA-6 for all VXP messages
- ✓ ACK fixes
- ✓ Allow "Md" to the name fields
- ✓ Remove Flucelyax NDC from ONB & TRN

### **Technical**

 Upgrade the MyBatis jar file used by CAIR DX and Runmatch to current version

### Future Release Targeted- November 20, 2024 (2.8.20)

### **Sprint 18**

#### **User Interface**

- ✓ Add New vaccine Vaxchora
- Remove "Parent Recall" from Source of Imm list
- Add Polio Oral to historical Add details dropdown
- ✓ 2024-2025 COVID Seasonal Schedule
- Update NOS vaccines to carry "unspecified" trade names

### **Data Exchange**

- ✓ Add New vaccine Vaxchora
- ✓ Remove "Parent Recall" from Source of Imm list
- ✓ Add Polio Oral to historical Add details dropdown
- ✓ 2024-2025 COVID Seasonal Schedule
- Update NOS vaccines to carry "unspecified" trade names
- ✓ Collect SOGISC Data (Research)

#### Merge

✓ Sub race code issue on pending clients

### My DVR Release Roadmap

### **Past Release**

October 1, 2024 (UR75)

### **Unified Release 75**

#### **DVR Front End**

- ✓ Renew frontend certificate for generating COVID-19 QR codes and California Immunization Records on mobile devices
- ✓ Enhance COVID-19 Vaccine Record retrieval process for unsupported CVX codes
- ✓ Update inactive Call Center number to CAIR Help Desk for My DVR home page footer

### **DVR** Integration

- ✓ Increase fault tolerance on Databricks API calls
- ✓ Cleanup historical files for delta tables
- ✓ Role Based Access Control Databricks cleanup

### Staff Remediation Tool (SRT)

- ✓ Optimize backed processes for VAT image deletion and SMS Returns utilizing Azure Functions
- ✓ Update inactive Call Center number to CAIR Help Desk for all SMS communications to users

### Virtual Assistant Tool (VAT)

✓ Ensure formatting consistency throughout VAT

### **Current October 29, 2024 (UR76)**

### **Unified Release 76**

#### **DVR Front End**

- ✓ Enhance DVR Navigation Bar to provide better user experience for residents
- ✓ Eliminate recipient's name from AWS Lambda requests and logs to limit non-essential user data transmission

### **DVR Integration**

- ✓ Removal of outdated Iceberg data from prior consolidation efforts that are no longer needed
- ✓ Update Stage environment to truncate tables in Databricks

### **Staff Remediation Tool (SRT)**

✓ Cleanup of obsolete backend components following Auto-Remediation optimization

#### **Virtual Assistant Tool (VAT)**

✓ Continue regular security upgrades, reporting, and monitoring

### **Future**

(UR77+ until EOY)

### **Upcoming Unified Releases**

#### **DVR Front End**

- ✓ Release Google Wallet integration for android users to save CA Immunization Record to mobile devices
- ✓ FAQ page search feature to enable fuzzy matching across all pages
- ✓ Evaluator Series and Booster dose logic enhancements to the CA Immunization Record
- ✓ Update to latest CDPH logo and branding

#### **DVR Integration**

- ✓ Optimize backend Databricks API calls and enhance alerts for merged records
- ✓ Repoint views in DVR pipelines

#### Staff Remediation Tool (SRT)

- ✓ Enhance User Management page to add/inactive users
- ✓ Ticket History enhancement to display all changes made to a ticket
- ✓ Consolidate CVX codes to backend mapping table that will capture any new CVX code

#### Virtual Assistant Tool (VAT)

✓ Continue regular security upgrades, reporting, and monitoring



### **Contact Information**



- CAIR Contact Information
  - General Information
    - California Immunization Registry
  - Help Desk
    - CAIRHelpDesk@cdph.ca.gov
    - 800-578-7889
  - Data Exchange
    - CAIRDataExchange@cdph.ca.gov
  - My DVR
    - <u>Digital Vaccine Record (ca.gov)</u>
    - DVR Virtual Assistant



# Vaccines for Children (VFC)

Christina Sapad, CDPH

# **VFC Respiratory Immunization Orders**

Reminder: "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)

### Flu

- 539 providers have not ordered flu vaccine yet this season
- Targeted communication sent last week

### COVID-19

 Over 140,000 doses of COVID-19 vaccine have been ordered, but many providers have still not submitted a request for COVID-19 vaccines

Continue to order COVID-19 vaccines as needed!

### RSV

- Open ordering available for all VFC providers
- Continue to order RSV immunizations as needed!





### **MPOX Ordering in the VFC Program**

- JYNNEOS vaccine has been added to the CDC Pediatric Contracts and will be made available on the VFC order form on myCAvax very soon!
  - 10-pack of single-dose vials
- JYNNEOS through VFC will only be for eligible children aged 18 years and older who meet
  the specified criteria outlined in the VFC Resolutions. <u>ACIP Vaccines for Children Program</u>
  <u>Vaccines to Prevent MPOX (cdc.gov)</u>.
  - JYNNEOS vaccine is recommended for children aged 18 years of age at increased risk of MPOX



# Mpox

Louise McNitt, CDPH

### **VFC Resolution for JYNNEOS**

- JYNNEOS vaccine is recommended for children aged 18 years of age at increased risk of mpox, including:
  - Persons who are gay, bisexual and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had:
  - At least 1 sexually transmitted disease
  - More than 1 sex partner
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring
  - Persons who are sexual contacts of the persons described above
  - Persons who anticipate experiencing any of the situations described above

# **Breaking News for JYNNEOS Vaccine**

- Extension of expiration date for JYNNEOS vaccine that was provided from Strategic National Stockpile (SNS)
  - Lot #s
    - FDP00017
    - FDP00018
    - FDP00019
    - FDP00020
  - Original expiration date: October 31, 2024
  - New expiration date: August 31, 2026
- Does NOT apply to vaccine that has been stored at refrigerated temperatures (2°C 8°C or 36°F - 46°F)
- Does not apply to commercial vaccine
- More information:
  - October 2024 Dear Healthcare Provider Letter Extension of expiration dates for JYNNEOS (Smallpox and Monkeypox Vaccine, Live, Non-replicating)
  - October 18, 2024 Approval Letter JYNNEOS

### **Commercial JYNNEOS Product**

- How Supplied
  - Package of 10 single-dose vials
  - Package of 20 single-dose vials
- For questions about temperature excursions, contact <u>Bavarian Nordic</u> at:
  - medical.information\_NA@bavarian-nordic.com
- Resources
  - Package-Insert-JYNNEOS (fda.gov)\*
  - EZIZ Mpox Page
  - Information for providers on accessing commercial product:
     ResourceforProviders JYNNEOSonCommercial Market.pdf (eziz.org)
- \* See next slide regarding refrigerated shelf-life

# **Storage and Handling Refresher**

- Storage Conditions
  - Keep frozen at -25°C to -15°C (-13°F to +5°F).
  - Store in the original package to protect from light.
  - Do not re-freeze a vial once it has been thawed.
  - Once thawed, the vaccine may be kept at +2°C to +8°C (+36°F to +46°F) for 4 weeks\*.
  - Do not use the vaccine after the expiration date shown on the vial label.
- \* SNS doses and commercial lot #96867
  - \* Once thawed, the vaccine may be kept at +2°C to +8°C (+36°F to +46°F) for **8** weeks
  - NOT consistent with package insert (4-week shelf-life in refrigerator)
  - EZIZ Mpox Page
    - Extension of shelf life for SNS JYNNEOS vaccine stored at 2-8°C (36 46°F)
    - Extension of shelf life for commercial lots of JYNNEOS vaccine stored at 2-8°C (36 46°F)

# **ACIP Mpox Update**

### **ACIP Mpox Presentation**

- Clade I mpox outbreak ongoing in Democratic Republic of the Congo
  - Travel related cases in surrounding countries
  - Few travel related cases in countries outside of Africa with limited spread to household contacts
  - No Clade I mpox cases identified in U.S.
  - Risk of Clade I mpox in U.S. is still considered to be low
  - Vaccination recommended for travelers with sexual risk factors to certain countries† irrespective of sexual orientation and gender identity
- Mpox workgroup reconvening
  - Will review NIH study about use of JYNNEOS in persons 12-17 years of age
  - Consider bringing to an ACIP vote
  - Anticipate presentations during February 2025 ACIP meeting

†CDC: Clade I Mpox Outbreak Originating in Central Africa

# Clinical

Floria Chi, MD, MPH, CDPH

# Advisory Committee on Immunization Practices (ACIP) Meeting: October 23 – 24, 2024

### **Topics:**

- COVID-19 Vaccines (Vote)
- RSV Immunizations: Maternal/Pediatric and Adult
- Influenza Vaccines (VFC Vote)
- Pneumococcal Vaccines (Vote)
- Meningococcal Vaccines (Vote, VFC Vote)
- Immunization Schedules Adult and Child/Adolescent Revisions (Vote)
- Human Papillomavirus (HPV), Cytomegalovirus (CMV), Chikungunya, Mpox

ACIP Meeting Information | Agenda | ACIP Recent Meeting Recommendations



# Additional 2024 – 2025 COVID-19 Vaccine Doses recommended for ≥65 years and immunocompromised

On October 23, 2024, ACIP and CDC made the following recommendations:

A **second dose of 2024 – 2025 COVID-19 vaccine should** be given <u>6</u> months\* after their first dose to:

- 65 years and older
- 6 months-64 years who are moderately or severely immunocompromised
  - Additional doses\* (i.e., 3 or more) of 2024 2025 COVID-19 vaccine may be given to immunocompromised people 6 months – 64 years under <u>shared clinical decision making</u>.

\*Minimum interval 2 months.

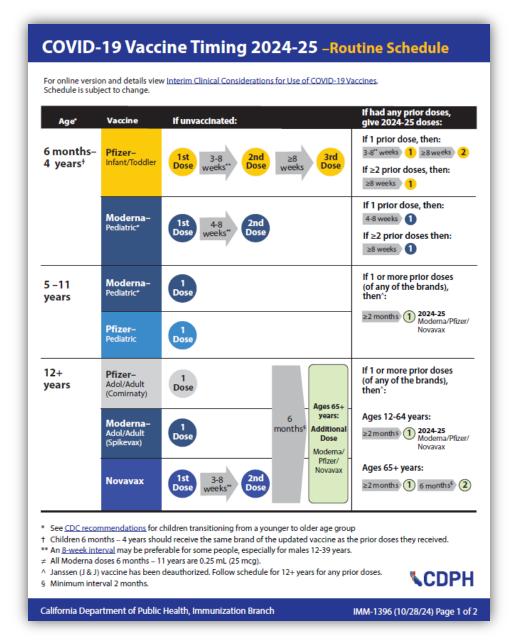
ACIP Recommendations | CDC; Clinical Guidance for COVID-19 Vaccination | CDC (pending update)

# **COVID-19 Vaccine Routine Schedule**

## For everyone 65 years and older:

- 2 doses of 2024 2025 COVID-19 vaccine recommended at 6-month interval\*
  - If unvaccinated and receiving Novavax: 2 dose initial series, followed by 3<sup>rd</sup> dose of any COVID-19 vaccine 6 months\* after 2<sup>nd</sup> dose.

IMM-1396 COVID-19 Vaccine Timing Chart



<sup>\*</sup>Minimum interval 2 months.

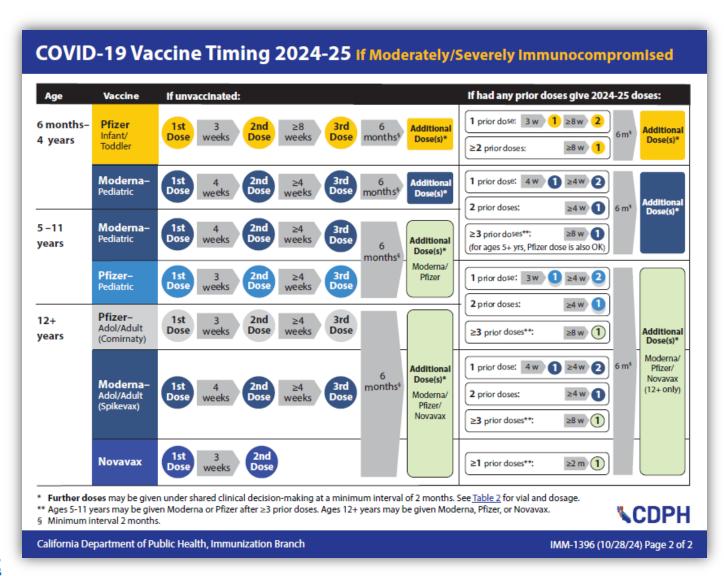
## **COVID-19 Vaccine: Immunocompromised**

# For immunocompromised 6 months and older:

- Initial COVID-19 vaccine series (mRNA – 3 doses, Novavax – 2 doses)
- At least 2 doses of 2024 –
   2025 COVID-19 vaccine at 6-month interval^\*
- Additional doses under shared clinical decisionmaking\*

^One dose may be received as part of initial series. At least one dose should be received 6 months\* after initial series.

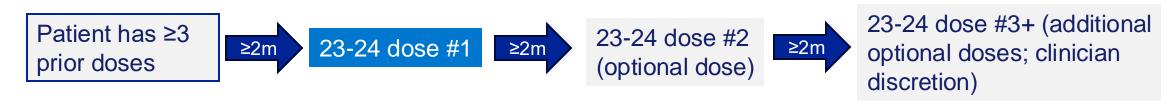
IMM-1396 COVID-19 Vaccine Timing Chart



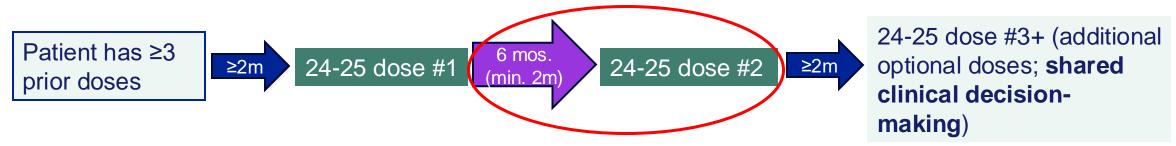
<sup>\*</sup>Minimum interval 2 months.

## **COVID-19 Vaccine: Immunocompromised**

• **Prior** guidance recommended one dose of 2023 – 2024 COVID-19 vaccine for immunocompromised individuals, a second optional dose, and additional optional doses at the healthcare provider's discretion.



 New guidance strengthens the recommendation for multiple doses of 2024 – 2025 COVID-19 vaccine for immunocompromised individuals



ACIP Shared Clinical Decision-Making Recommendations | ACIP | CDC

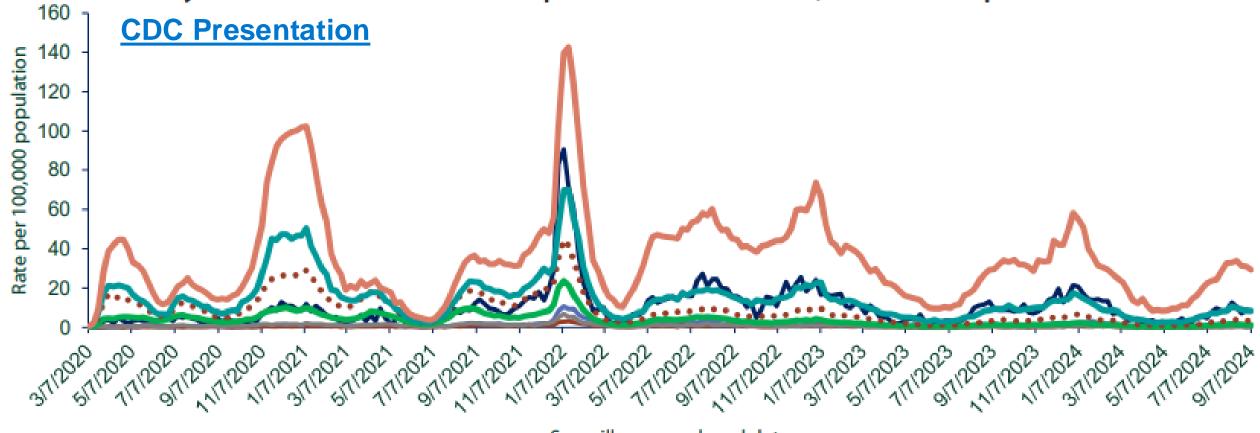
## **COVID-19 Vaccines: Clinical Considerations**

- **Novavax:** If more than 8 weeks have elapsed since receipt of the first dose of Novavax, any 2024 2025 COVID-19 vaccine (i.e., Moderna, Novavax, or Pfizer) may be administered.
- Age transitions: If a person moves to an older age group between vaccine doses, vaccinate based on their age on the day of vaccination.
  - For children who transition from 4 to 5 years old and for immunocompromised children who transition from 11 to 12 years old, the option to administer the lower dosage is no longer authorized.

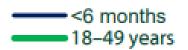
Clinical Considerations for the use of 2024-2025 COVID-19 Vaccines in the United States

# COVID-19 Hospitalizations Highest Among Persons ≥75 years, Followed by <6 months and 65-74 Years

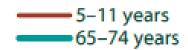
Weekly rates of COVID-19-associated hospitalizations — COVID-NET, March 2020-September 2024



Surveillance week end date



• • • • • 50–64 years



—— 12–17 years ——≥75 years

## **COVID-19 Vaccine Effectiveness (VE) Update**

# VISION: VE of 2023-2024 COVID-19 vaccine against hospitalization and critical illness among adults aged ≥18 years

September 2023 - August 2024

age group/2023-2024 COVID-19 vaccination tatus/days since dose	Total encounters	SARS-CoV-2- test-positive, N (%)	Median interval since last dose among vaccinated, days (IQR)	A	Adjusted VE (95% CI)
:18 years, hospitalization					
No 2023-2024 COVID-19 dose (ref)	83,596	8,025 (10)	728 (499-911)	Ref	
2023-2024 COVID-19 dose, 7-299 days earlier	21,468	1,664 (8)	120 (62-189)	30 (25 to 34)	
2023-2024 COVID-19 dose, 7-59 days earlier	5,095	382 (8)	34 (21-47)	50 (44 to 55)	101
2023-2024 COVID-19 dose, 60-119 days earlier	5,623	431 (8)	88 (74-104)	38 (31 to 44)	101
2023-2024 COVID-19 dose, 120-179 days earlier	4,754	268 (6)	148 (134-164)	21 (10 to 31)	H
2023-2024 COVID-19 dose, 180-299 days earlier	5,996	583 (10)	227 (202-257)	-8 (-19 to 3)	H-0-4
:18 years, critical illness					
No 2023-2024 COVID-19 dose (ref)	76,965	1,394 (2)	730 (503-913)	Ref	
2023-2024 COVID-19 dose, 7-299 days earlier	20,010	206 (1)	119 (62-187)	50 (42-58)	101
2023-2024 COVID-19 dose, 7-59 days earlier	4,758	45 (1)	34 (21-46)	67 (55-75)	₩
2023-2024 COVID-19 dose, 60-119 days earlier	5,248	56 (1)	89 (74-104)	56 (42-67)	HH
2023-2024 COVID-19 dose, 120-179 days earlier	4,523	37 (1)	149 (134-164)	40 (16-58)	<b>——</b>
2023-2024 COVID-19 dose, 180-299 days earlier	5,481	68 (1)	226 (201-256)	21 (-3-40)	<b>——</b>



## **COVID-19 Vaccine Effectiveness Update**

# Effectiveness of 2023-2024 COVID-19 vaccines against critical outcomes in immunocompetent adults ≥65 years, Medicare and VISION data

Outcome Analysis			Vaccine effectiveness, % (95% CI)			
Thromboembolic events*	Medicare, ESKD adults ≥65y, 2023-2024 vaccine, median follow-up days=74	53 (23-71)				
Death	Medicare, ESKD adults ≥65y, 2023-2024 vaccine, median follow-up days=104	47 (15-67)	15-67)			
ICU admission/death	VISION, adults ≥65y, 2023-2024 vaccine, median follow-up days=34	69 (57-78)				
	VISION, adults ≥65y, 2023-2024 vaccine, median follow-up days=89	56 (42-68)				
	VISION, adults ≥65y, 2023-2024 vaccine, median follow-up days=149	43 (18-60)				
Abbreviations: ESKD = end stage kidn	ey disease; y = years; IMV = invasive mechanical ventilation; ICU = intensive care unit		20 40 60 80			

## **RSV Immunizations: Maternal & Pediatric**

- Recommendations have not changed.
- ACIP encourages immunization ideally during the birth hospitalization for infants born during October through March who are not protected by maternal RSV vaccine.



## **CDC PowerPoint Presentation**

## **RSV Immunizations: Maternal and Pediatric**

- Merck presented safety and immunogenicity data for its infant RSV monoclonal antibody product, clesrovimab.
  - Further discussion planned at next ACIP meeting (February 2025).
- Vaccine Safety Datalink (VSD) studies on maternal RSV vaccine:
  - Vaccination was not found to be associated with increased risk for preterm birth or small for gestational age (SGA).
  - Association between vaccination and hypertensive disorders of pregnancy (preeclampsia/eclampsia/HELLP syndrome) unclear, currently studying this and other outcomes.

Clesrovimab Presentation; RSV Mat/Ped WorkGroup Presentation; Maternal RSV Vaccine Safety Presentation

## **RSV Immunization Communication Templates – NEW!**

 Provider Letter and Robocall Script Templates for Maternal and Pediatric RSV Immunization (Spanish included)

#### **Template Portal Script for Prenatal Patients**

Dear Patient.

We strongly recommend that you get vaccinated against respiratory syncytial virus (RSV) to protect yourself and your baby as you near the end of your pregnancy. RSV is a serious respiratory illness that is the leading cause of hospitalization of babies in the U.S. RSV vaccine (Abrysvo) is recommended for those 32-36 weeks pregnant, now through January.

The protection you get from this vaccine passes on to your baby, continuing after birth when your baby is most vulnerable. RSV vaccine has been thoroughly tested and proven to be safe for you and your baby and can be given at the same time as other prenatal vaccines, including flu, COVID-19, and Tdap.

#### If stocking RSV vaccine, end with:

Protect yourself and your baby as soon as possible. Contact us today to schedule your RSV vaccine.

For more information, see Should I Get the RSV Vaccine during Pregnancy?

#### If not stocking RSV vaccine, end with:

Protect yourself and your baby as soon as possible. We recommend that you contact your local in-network pharmacy to make an RSV vaccine appointment today!

For more information, see Should I Get the RSV Vaccine during Pregnancy?

#### Spanish version:

Estimado paciente,

Le recomendamos ampliamente que se vacune contra el virus respiratorio sincitial (VRS) para protegerse a sí misma y a su bebé a medida que se acerca el final de su embarazo. El VRS es una enfermedad respiratoria grave y la principal causa de hospitalización de bebés en los EE. UU. La vacuna contra el VRS (Abrysvo) se recomienda para las mujeres que tienen entre 32 y 36 semanas de embarazo, desde ahora hasta enero.

La protección que usted obtiene con esta vacuna se transmite a su bebé y continúa después del nacimiento, cuando su bebé es más vulnerable. La vacuna RSV ha sido estudiada exhaustivamente y se ha demostrado que es segura para usted y su bebé. También se puede administrar al mismo tiempo que otras vacunas recomendadas durante el embarazo, incluyendo la vacuna contra la influenza (la gripe), el COVID-19 y Tdap.



## **RSV Immunizations: Adult**

- Workgroup reviewed
  - Current RSV vaccine safety surveillance data
  - Coadministration of RSV vaccines with other adult vaccines
  - Clinical trial evidence on protein subunit RSV vaccination in immunocompromised

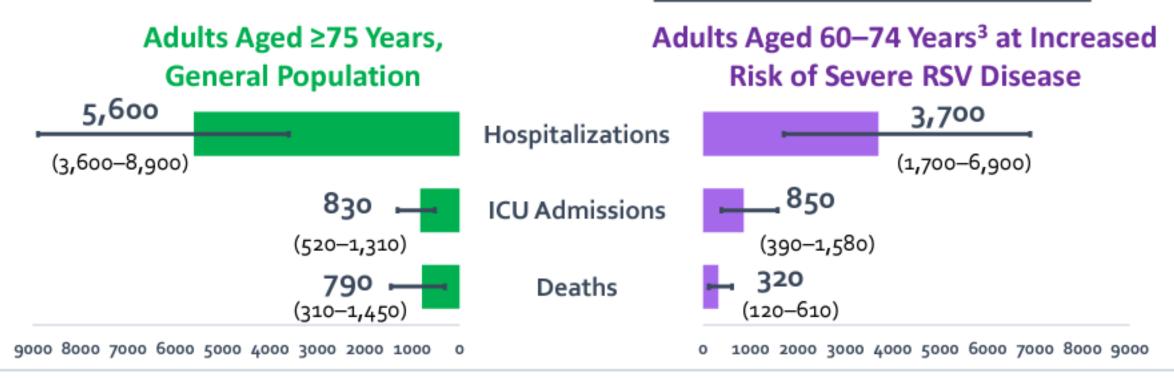
<b>Brand Name</b>	Composition	Recommended Groups
ABRYSVO® (Pfizer)	Protein	<ul><li>Older Adults*</li><li>Pregnant persons to protect infants</li></ul>
AREXVY (GSK)	Protein + adjuvant	Older Adults**
mRESVIA (Moderna)	mRNA	Older Adults

**ACIP Presentation: Adult RSV Workgroup Interpretations (10/24/24)** 

<sup>\*</sup>ABRYSVO and \*\*Arexvy are FDA approved, but not CDC recommended, for younger adults at increased risk of severe RSV

# Estimated RSV-Associated Outcomes Preventable <u>over 3</u> seasons vs. attributable risk of Guillain-Barré Syndrome

## Per 1 Million Persons Vaccinated with Protein Subunit RSV Vaccine:



0-184 attributable cases of GBS

**ACIP Presentation: Adult RSV Workgroup Interpretations (10/24/24)** 

## **Adult RSV Recommendations Remain the Same**

- Adults aged ≥75 years should receive a single dose of RSV vaccine.
- Adults aged 60-74 years old who are at increased risk of severe RSV disease should receive a single dose of RSV vaccine.
- Benefits of RSV vaccination outweigh risks, including potential risk of GBS and protein-based vaccines, among the populations for whom vaccination is recommended.
- Coadministration of RSV vaccine and other recommended adult vaccines, including influenza and COVID-19 vaccine, is acceptable.

ACIP Presentation: Adult RSV Workgroup Interpretations (10/24/24)

## Influenza Vaccines

VFC Vote: ACIP updated the Influenza Vaccines VFC Resolution to include high-dose and adjuvanted inactivated influenza vaccines as options for 18-year-old solid organ transplant recipients on immunosuppressive medications.

### Enhanced influenza vaccine recommendations:

- Solid organ transplant recipients 18-64 yrs. on immunosuppressants: any age-appropriate vaccine, including all enhanced options
- Age >65 yrs: Preferentially recommended to receive any enhanced vaccine

Туре	Description	Licensed Ages	Brand Name
Adjuvanted	Contains MF59 adjuvant	65+ years	FLUAD Adjuvanted
High-dose	4x hemagluttinin vs standard dose	65+ years	Fluzone High-Dose
Recombinant	3x hemagluttinin vs standard dose	18+ years	FluBlok*

<sup>\*</sup>FluBlok not currently in VFC

2024-2025 Influenza Vaccine ACIP Recommendations | MMWR

## 2023 – 2024 Influenza Vaccine Effectiveness

- Vaccination with a 2023 2024 influenza vaccine reduced the risk of influenza outpatient visits and hospitalizations among children, adolescents, adults, and the elderly.
- Preliminary end-of-season estimates similar to interim 2023 2024 influenza vaccine effectiveness (VE) estimates from February 2024:
  - Pediatric VE:
    - Outpatient visits: 59-67%
    - Hospitalizations: 52-61%
  - Adult VE:
    - Outpatient visits: 33-49%
    - Hospitalizations: 41-44%

ACIP PowerPoint Presentation; Interim 23-24 Flu VE Estimates | MMWR

## **Pneumococcal Vaccines**

- Vote: ACIP and CDC now recommend a pneumococcal conjugate vaccine (PCV) for all PCV-naive adults aged ≥50 years
- Lowers age-based recommendation from prior age (was ≥ 65 years)
- Risk-based recommendation now for adults 19 49 years (was 19 64 years)
- No preference among adult pneumococcal vaccine options (PCV21, PCV20, PCV15 + PPSV23)
- CDC will release additional guidance for patients who previously received pneumococcal doses.

**ACIP Presentation: Pneumococcal (10/23/24)** 

## Meningococcal B Vaccines

- Vote: ACIP and CDC now recommend MenB-4C (Bexsero®) be administered:
  - As a 2-dose series at 0 and 6 months for healthy adolescents and young adults aged 16–23 years based on shared clinical decision-making for the prevention of serogroup B meningococcal disease
  - As a 3-dose series at 0, 1–2, and 6 months when given to persons aged
     ≥10 years at increased risk for serogroup B meningococcal disease
- VFC Vote: Approve the updated Meningococcal Vaccines VFC Resolution with the administration schedules listed above.
- This updated recommendation aligns with <u>Bexsero® FDA licensure</u> and harmonizes with MenB-FHbp (Trumenba) recommendations.

ACIP Presentation: Meningococcal (10/24/24); CDC Meningococcal Vaccination for Healthcare Providers

## Meningococcal B Vaccines

- The 3-dose series (doses administered at 0, 1–2, 6 months) may be used to optimize rapid protection for those who initiate the vaccine series less than 6 months prior to period of increased risk– e.g., when series initiation occurs within 6 months of college matriculation
  - Would apply to MenB-4C (Bexsero) and MenB-FHbp (Trumenba)
- No recommendation to recall persons previously vaccinated with MenB-4C (Bexsero) at 0, ≥1 month
- Persons should continue with booster vaccination as previously recommended
- Reminder: MenB vaccines from different manufacturers are NOT interchangeable.

ACIP Presentation: Meningococcal (10/24/24); CDC Meningococcal Vaccination for Healthcare Providers

## 2025 Immunization Schedules

- Vote: ACIP & CDC approve the 2025 immunization schedules:
  - Recommended Child and Adolescent Immunization Schedule
    - Changes include: COVID-19, Haemophilus influenzae type b (Hib), Influenza, Meningococcal B
  - Recommended Adult Immunization Schedule
    - Changes include: COVID-19, Influenza, Meningococcal, Pneumococcal, RSV

ACIP Presentation: 2025 child and adolescent schedule revisions; 2025 adult schedule revisions

## **Human Papillomavirus and Cytomegalovirus**

- Human Papillomavirus (HPV) Workgroup is reviewing:
  - Reducing number of doses in HPV vaccination series
    - WHO 2022 Recommendations: 2 doses for persons > 9 years, with option for single-dose through age 20 years, except those immunocompromised
  - Wording of age 9 years for routine vaccination
  - Plan to share more in February 2025 ACIP, anticipate future votes
- Cytomegalovirus (CMV) Workgroup
  - Will present on burden of CMV in 2025
    - Congenital CMV is most common infectious cause of neurodevelopmental disabilities in U.S. children; affecting ~4,000 children per year

ACIP Presentation Slides (10/23/24-10/24/24); CDC HPV Vaccination for Healthcare Providers

1 mRNA vaccine in clinical trials

## Chikungunya

- Live attenuated vaccine (IXCHIQ, Valneva) recommended:
  - For persons ≥ 18 years traveling to a country or territory with an outbreak
  - For laboratory workers with potential for exposure to virus
- Future workgroup policy discussions:
  - Residents in U.S. states and territories with endemic infection
  - Younger age groups
  - 2nd vaccine, recombinant protein-based, anticipated licensure in Feb 2025

ACIP Presentation Slides (10/23/24-10/24/24); CDC Chikungunya Vaccine for Healthcare Providers

## **Respiratory Immunization Resources**

2024-25 Fall-Winter Immunization Guide | Spanish - NEW!



IMM-14815 (10/24)

	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).	Recommended at 32-36 weeks of pregnancy from September to January to help protect your baby during RSV season.
RSV (Infants and Foddlers)	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.
Vhere to get vac Contact your doctor, Need further assistar Children who are Me	ccinated? local pharmacy, or visit ! nce? Contact your Local !	Health Department. Indian/Alaskan Native, uninsured	

	¿Quiénes pueden vacunarse?	¿Qué vacunas se recomiendan?	¿Cuándo debo recibirla?
Influenza	6 meses y mayores	Las <u>vacunas contra la influenza</u> están disponibles como inyección o aerosol nasal. La vacuna contra la influenza previene millones de enfermedades y visitas al doctor por la influenza cada año.	Lo ideal es septiembre u octubre, pero ponerse al día más tarde también puede ser útil.
COVID-19	6 meses y mayores	Las yacunas contra el COVID-19 actualizadas protegen contra enfermedades graves y la muerte por COVID-19.	Vacúnese ahora si han pasado al menos dos meses desde su última dosis de COVID-19.
VRS (Personas Embarazadas)	Personas embarazadas entre las 32-36 semanas de embarazo que no se han vacunado contra el VRS durante un embarazo anterior.	La vacuna prenatal contra el.  VRS ayuda a reducir el riesgo de enfermedad grave por VRS en los bebés (ayuda a proteger al bebé meses después de nacer).  O	Se recomienda entre las 32 y 36 semanas de embarazo de septiembre a enero, para ayudar a proteger a su bebé durante la temporada del VRS.
VSR (Bebés y niños pequeños)	Todos los bebés desde el nacimiento hasta los 8 meses y los niños de 8 a 19 meses con alto riesgo de enfermedad grave por VRS	La inmunización contiene anticuerpos preventivos que ayudan a combatir las infecciones por VRS y tienen una eficacia del 90% en la prevención de la hospitalización por el VRS.	Antes o durante la temporada del VRS, usualmente entre octubre a marzo.
VRS (Adultos mayores)	Mayores de 75 años y adultos entre 60- 74 años con mayor riesgo de enfermedad gravepor VRS	La <u>vacuna contra el VRS</u> protege a los adultos mayores contra la enfermedad por VRS.	Disponible todo el año. Los CDC animan a los proveedores de salud a maximizar los beneficios de la vacuna contra el VRS ofreciéndola a finales de verano o principios de otoño. No se recomiendan dosis de refuerzo en este momento.
Nota: puede recibir la		nza, COVID-19 y VRS durante la misma	cita.

Departamento de Salud Pública de California | Sección de Inmunización



# **CA Bridge Access Program**

Maria Volk, CDPH

# CA BAP Funding and Ordering 2024 – 2025

**Funding:** Section 317 COVID-19 funding supports ordering for vaccines provided through the California Bridge Access Program.

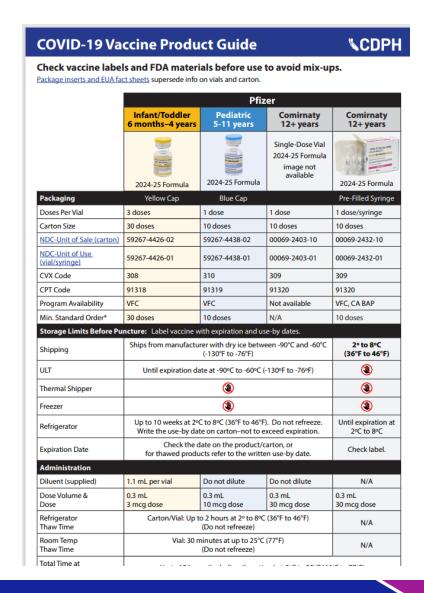
FFY		Overall Vaccine Ordering Limits		% Budget Consumed
2024 – 2025	5.9M	69K	*19,270	*28%

\*As of 10/29/2024

## **Depleted CA BAP Seasonal Allocations?**

- Any pending orders for COVID-19 brands that the LHD no longer has inventory to approve will need to be rejected.
- Providers may then request a new order of the available product or the LHD may submit the order on behalf of the provider.
- Providers will be notified if a new product is being requested for them due to storage unit preparation.

**COVID-19 Vaccine Product Guide** 



# **Vaccine Pharmacy Update**

Edward Salaguinto, PharmD, RPh

## Medi-Cal Rx COVID-19 Vaccine Reimbursement

- COVID vaccines will remain a pharmacy benefit for all Medi-Cal members.
  - Non-VFC pharmacies
    - Effective through December 31, 2024 (under the \*PREP Act), non-VFC pharmacies will be reimbursed for COVID claims for members 3 years+. Members under 3 years should be redirected to VFC providers (including pharmacies).
    - Effective January 1, 2025, non-VFC pharmacies will be reimbursed for COVID claims for members 19 years+.
  - VFC pharmacies
    - Effective August 30, 2024, VFC pharmacies will be reimbursed for COVID claims for members 0 through 18 years.
- The enhanced \$40 reimbursement associated with the COVID-19 vaccine administration fee transitioned to the standard vaccine administration fee effective **October 1st, 2024** (the end of the \*\*ARP Act) for all providers.
- \* PREP Act: Public Readiness and Emergency Preparedness Act
- \*\* ARP Act: American Rescue Plan Act

Questions? Email: MediCalRxEducationOutreach@primetherapeutics.com

# **Vaccine Management**

Josh Pocus, My Turn Maria Volk, myCAvax

# What's New in My Turn? - Release 54

New updates for Patients, Clinic Managers, and Vaccine Administrators launched on Wednesday, October 30, 2024!

My Turn Clinic



## Release Highlights [



- Patients receive a satisfaction survey via email the day after their appointment
- Added an error message if the 'Clinic End Date' exceeds one year from the start date on the Testing site information form
- Patients can see updated error messages when no clinics are found in the search on the 'Select a location' page
- ✓ Renamed the 'Walk-ins welcome' tag to 'Accepts walk-ins'
- Enhanced the Testing site information form

## Release Highlights



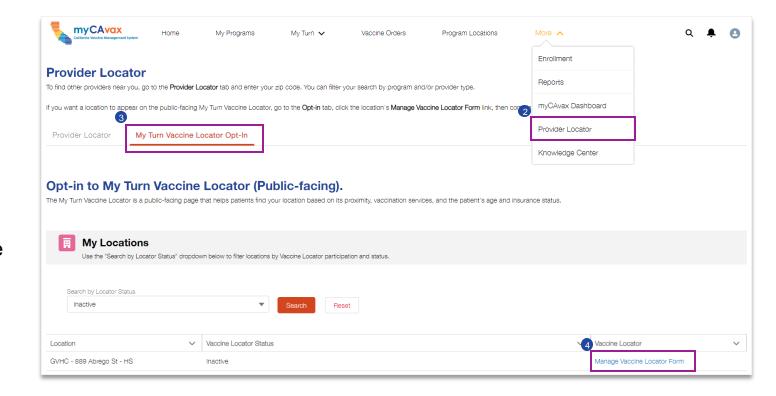
- ✓ Disabled the 'This contact is also a Prescribing Provider' checkbox after three providers are added, as only three can be created on the digital enrollment flow
- Displayed all fields in the 'Clinic Name and Location' section on the clinic creation flow
- Renamed the 'Set Clinic Visibility' section to 'Vaccine Locator,' repositioned it, and renamed the toggle to 'Show on My Turn Vaccine Locator' on the clinic creation flow
- ✓ Renamed the 'Walk-ins welcome' checkbox to 'Accepts walk-in patients' on the clinic creation flow, 'Clinic' page, and Vaccine Locator form
- Modified 'Details' tab on the 'Clinic' page with updated checkboxes and fields
- ✓ Added an error message if the 'Clinic End Date' exceeds one year from start date on the clinic creation flow and 'Clinic' page
- Added new Covid-19 and Flu products on the CQE flow
- ✓ Added new 'Route' and 'Injection Site' values on the CSV / Inline bulk upload flows
- Added an error message if no vaccine is selected when submitting the Vaccine Locator form
- ✓ Clinic owner receives deactivation reminder emails for inactive clinics



## **Vaccine Locator – Opt-in Instructions**

### **How to Opt-In:**

- 1. Log into myCAvax
- Navigate to "Provider Locator" page
- Navigate to the sub-page "My Turn Vaccine Locator Opt-In"
- 4. For each location, click the blue "Manage Vaccine Locator Form" button
- 5. Fill in the fields and press submit

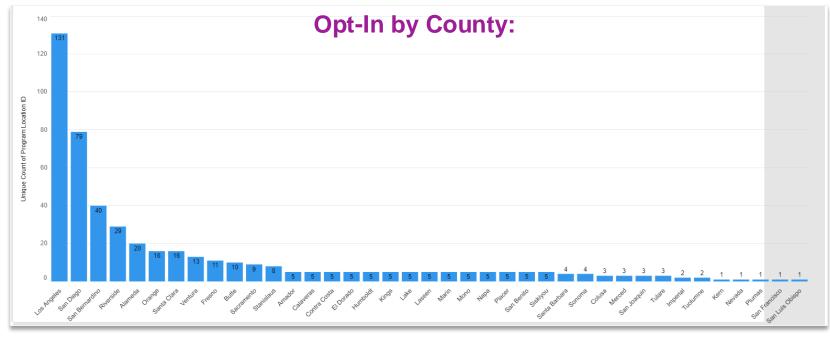


**NOTE:** To opt-out, click the "manage form" button for the location and select "No we do not accept new patients." Then submit.

## Vaccine Locator – Opt-In Today!

### Program Locations that have Opted-In:





Please take some time to opt-in, **preferably right now!** We want patients to be able to find you.

We want to congratulate **Los Angeles County** for their participation and being the top county with **131 Locations** opted-in!

Data as of 10/31/24



Thank you for opting into the Vaccine Locator. By doing so, you are ensuring that patients can easily find your locations. Your participation is invaluable in helping patients access the care they need.

The Alliance For Community Wellness Family HealthCare Network ARYA MEDICAL GROUP Dizon Medicine Urgent Care First Pediatrics Medical Group Niloo Medical Group INC El Proyecto del Barrio, Inc AltaMed Health Services Corporation Family Health Care Centers of Greater Los Angeles **Emanate Health Med Group Pediatrics Public Health Division** Coppertower Family Medical Center Inc dba Alexander Valley Healthcare Mono County Health Department Humboldt County Public Health San Benito County Public Health Services San Bernardino County Department of Public Health Napa County Health and Human Services Agency County of Placer Fresno County Department of Public Health Sacramento County Public Health Kings County Department of Public Health Huong Quy, D.O. S4 Pharmacy, INC. Riverside University Health System-Community Health Center Angeles Medical Clinic Loan Truong National City Fire Department DE ANZA CLINIC DAP Health **Clover Pharmacy** Community Medical Centers, Inc.

La Maestra Community Health Centers WellSpace Health AAA Comprehensive Healthcare **Arlington Prescription Pharmacy** Prime Family and Walk-In Clinic Valley Healthcare Centers Pacific Central Coast Health Centers Golden Oak Pediatrics yasmeen gangani pediatrics Q-Bit Wellness County of Los Angeles Department of Public Health Moreno Valley Physicians Associates, A Medical Corporation Hollywood Sunset Free Clinic Blessing Community Health Center La Clinica de La Raza DR. SATEY PEDIATRIC ADOLESCENT MEDICAL CLINIC San Lucas Pediatric Clinic, Inc. Pediatrics R US INC J. Shafai, M.D., Inc. Dr. Naomi Sato Clinica Medica Familiar- PHN, Inc. Merced Faculty Associates Medical Group, Inc. CRESENCIA D BANZUELA MD. INC. Arnold J. Blustein, MD, Inc. DEL ROSARIO MEDICAL CLINIC, INC. Pamela V. Atienza, MD, A Professional Medical Corporation San Juan Pediatrics Greg M Oji **ABC Pediatrics Medical Center** SARASA KUMAR, M.D,INC NASSER AZIZ-ZADEH M.D.

## myCAvax Release Roadmap

### Past Release September 19, 2024 (R50)

### Release 50

### **All Programs**

- ✓ Supplemental Orders (Live as of 9/4)
- ✓ Self Service Enable Organization Vaccine Coordinator
- Returns and Waste Prevent excess Return Labels from being sent
- Prevent duplicate or invalid lot numbers on orders
- Provider Orders Will be sorted by most recently created
- ✓ Transfers updates including:
  - ✓ Batch accept/reject and layout updates
  - Updated language and additional information in the list view page
  - Ability for providers to update information when accepting a transfer
- Order processing enhancements

### Current Release October 16, 2024 (R51)

### Release 51

#### **VFC**

Bulk Allocation

#### VFC/VFA/317

- Corrections Needed orders will handle rejected line items and expired lots
- Field Reps will be notified when an order is placed with an open hold
- Only VtrckS Relevant changes will be sent to VtrckS
- Pending Status will now require a status reason
- Internal Comments will be saved as notes on an order instead of in the text box
- Providers will see variance columns when creating orders
- Providers will be able to save progress on draft and corrections needed orders
- Provider will only be able to have one open order at a time

### Future Release November 13, 2024 (R52)

#### Release 52

#### VFC/VFA/317

- ✓ 2025 Recertification for VFC
- Enhancements to the VFA and LHD 317
   Recertification
- Duplicate 'Staff Management Requests' will be prevented
- CDPH will have the ability to 'Expire' Orders manually

## What's New in myCAvax? - Release 51

New updates for providers launched on October 16, 2024!

### **Release Highlights**



### **Ordering**

- New order requests cannot be submitted if a Draft order exists.
- ✓ Update order lines and save changes in the Draft or Corrections Needed orders without resubmission by using 'Save Progress' button.
- Save Draft or Corrections Needed orders without completing all fields.

### **Account Management**

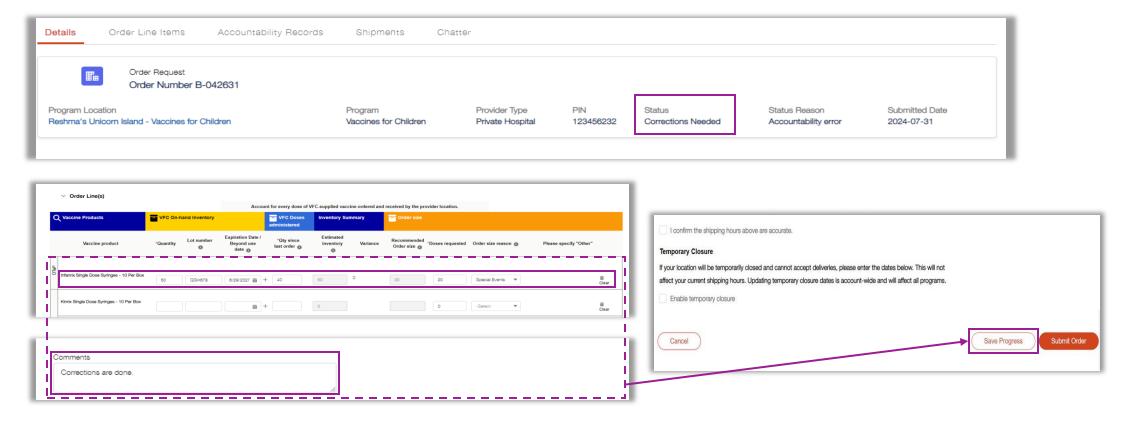
- ✓ If a duplicate contact is found while using the 'Add New Contact' button, the newly assigned role will be updated pending review and approval.
- ✓ Corrections Needed orders can be resubmitted, even if some Order Line Items are 'Rejected'.

### **Variance**

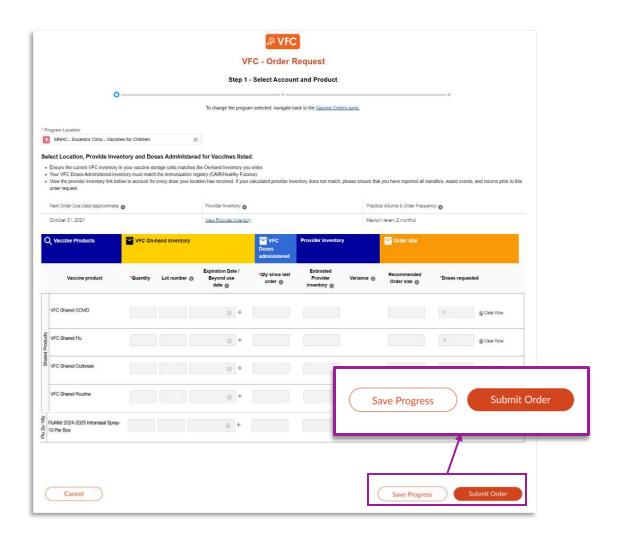
New 'Variance' column is visible when placing a new order request.

# R51: Updating Existing Orders in 'Draft' or 'Corrections Needed' Status

 Providers can update order lines and save changes using the 'Save Progress' button when the batch order is in 'Corrections Needed' or 'Draft' status without resubmitting or changing batch order status.  This ensures that changes to order lines and accountability records are recorded. Providers can also save changes even if fields are missing.



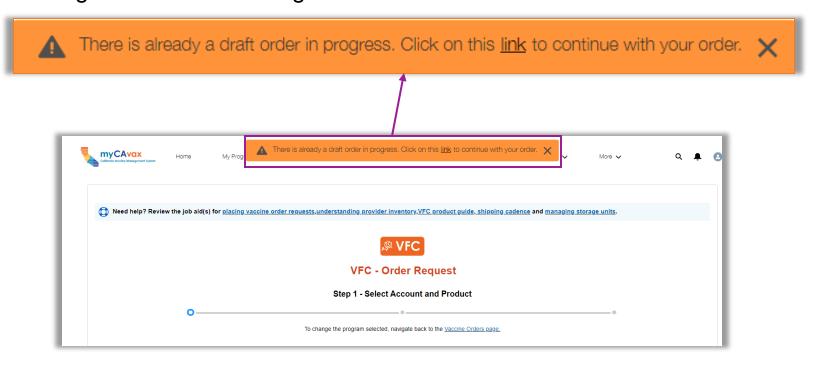
## **R51: Saving New Draft Orders**



Providers can click the new 'Save Progress' button to save changes to order line items without resubmitting or click the 'Submit Order' button to submit the draft order.

## **R51: Submitting 'Draft' Orders**

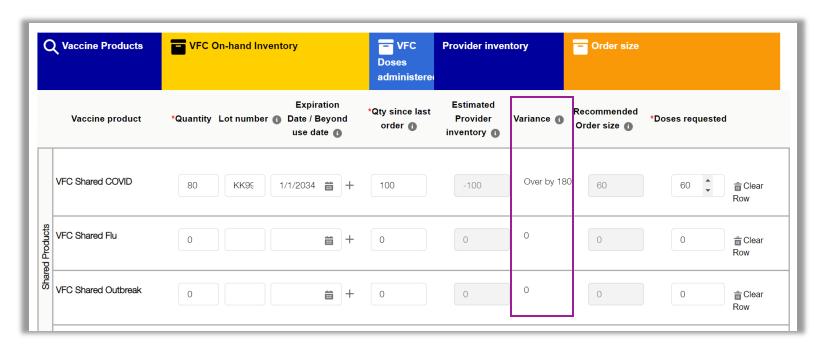
Providers cannot submit a 'New Orders' request if a 'Draft' order already exists. They will see an error message containing a link to the existing draft order.



**NOTE:** Special thanks to all providers that made us aware of the issue we were encountering last week with this feature. The issue has now been resolved.

## R51: Viewing the 'Variance' Column as a Provider

- To assist with accurate vaccine inventory reporting, providers can view a new 'Variance' column when creating a vaccine order for VFC, VFA, or LHD 317 programs. Variance is the difference between the system calculated on-hand inventory and the provider reported on-hand inventory.
  - If a Variance displays (like the one below), check your Provider Inventory for that Product and make sure your Waste and Returns, Excursions and Transfers are up-to-date.



## myCAvax - Known Issues and Workarounds





### **Shipping Incidents pulling all Vaccines in Order**

✓ When a provider submits a shipping incident in myCAvax and selects the related order, it would automatically pull every single vaccine product in the order even if only 1 vaccine product was affected. ✓ Providers should 'un-select' or 'uncheck' all vaccine products that were not affected in the shipping incident.

# File size limits when uploading excursions in myCAvax

✓ Providers have been encountering difficulties when trying to upload excursion documents in myCAvax that exceed the file size limit permitted in the system. Currently, the file size limit in myCAvax is 3 MB. You will be unable to properly submit your Excursion report if your file size exceeds 3 MB. In that case, upload a reduced file under 3 MB to submit the report and upload larger file(s) post-submission. Refer to the Uploading Temperature Data Reports section in the 'Recording Temperature Excursions' Job Aid to learn more about uploading additional documents after submission.

## myCAvax - Known Issues and Workarounds





### **Deleting Incorrect Excursion Events**

Providers are unable to delete incorrect excursion events from the system. If there's the need to delete one, providers must contact the VFC Customer Service Center for assistance. ✓ CDPH gathers all excursion events that need to be deleted and have them removed / cleaned up by the next myCAvax release.

# Providers unable to report multiple excursions within the same report

This is something providers were able to do in SHOTS through MyVFCvaccines. Some providers may experience multiple temperature excursions within the same day or within a couple of days. Providers don't want to have to submit a new report for each excursion if affected inventory is all the same. Providers should submit **one report** and report the coldest temp within the time frame as the minimum temperature and the warmest temp within the time frame as the maximum temperature. Then they will report the date and time of the first excursion and ensure that total time out range is the cumulative total time for all temp excursions. In the 'Comments' section, they should note that they had multiple cold / warm excursions within a certain timeframe.

### **Upcoming Vaccine Shipment Holds for November 2024**

Monday	Tuesday	Wednesday	Thursday	Friday
October 28	29	30	31	November 01
04	05	06	07	08
Veteran's Day Holiday Hold - Vaccine Delivery Blackout	12	13	14	15
18	19	20	21	22
25	26	27	28 Thanksgiving Holiday Holds – Vac	ccine Delivery Blackout

- Providers must update hours in myCAvax for any holiday or temporary closures to prevent shipment incidents during closures.
- Watch for emails regarding order confirmations, advance shipment notices of vaccine, and temperature monitoring alerts.

# Novavax Vaccine – Important Reminders (1 of 2)

- Novavax vaccine doses currently being shipped have an expiry of November 30, 2024. However, there are earlier shipped doses that expired on Thursday, October 31, 2024. Doses will expire on that date.
- Providers should continue to use this vaccine right up until expiry date.
- Expired doses should be reported as expired waste in myCAvax and returned to McKesson, per usual.

# Novavax Vaccine – Important Reminders (2 of 2)

- Novavax will be requesting a shelf-life extension for doses that have an expiry on November 30, 2024, and beyond during the respiratory virus season. CDPH will notify providers if/when shelf-life extensions are granted.
- To minimize vaccine wastage, we encourage placing smaller, more frequent orders and limiting quantities to the amount of vaccine that can be utilized within a two-week period.
- An <u>Expiration Look-Up Tool</u> is available for providers to check for most upto-date information about expiry administration.

### We Need Your Help with McKesson Cooler Returns!

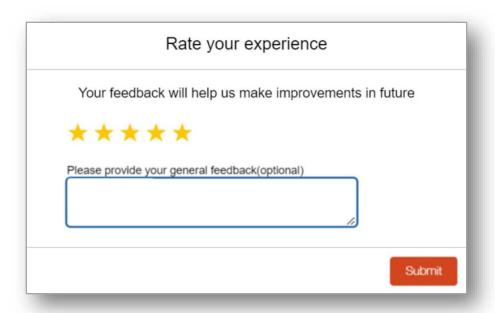
- Providers receive these EcoFlex 96 reusable coolers with all frozen and some refrigerated vaccine shipments.
  - Some of the benefits of these coolers are:
    - Minimizing vaccine wastage by improving cold chain maintenance during shipping
    - Sustainable solution reducing landfill
- Each cooler contains flyers with step-by-step directions for providers, including how to request a UPS pick up if the provider is not part of a regular route.



Please return these **EcoFlex 96** coolers using the enclosed pre-paid UPS shipping label (located inside the top portion of the cooler) so they can be refurbished.

## Reminder: Submit Feedback in myCAvax

- Feedback is important to help us understand what's working well, what are some existing pain points and challenges you are encountering while using myCAvax.
- Please take the time to submit feedback using the 'Rate your experience' pop-up window. You are helping us continue to refine and enhance myCAvax for you!



### **Examples of feedback we have received:**

"So much help with the suggest order quantity."

"I like the feature to recommend order size and the ability to see expected inventory when placing order rather than after getting a denial."

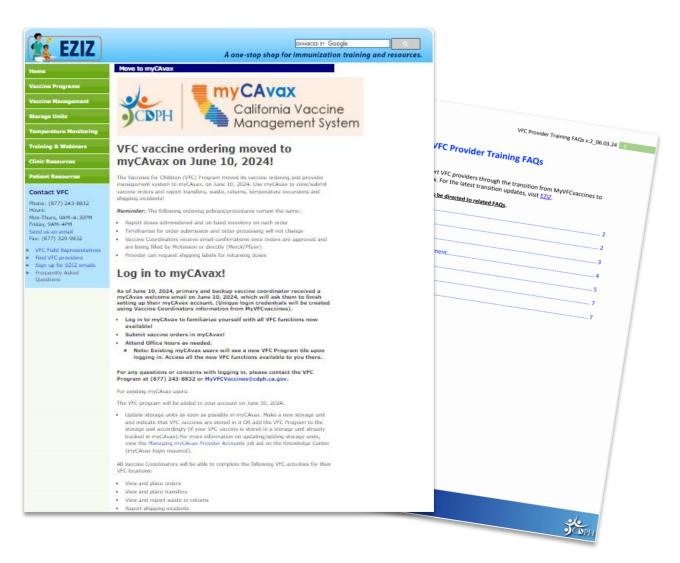
"I liked added warnings before order is summited."

"More time needed to enter the information.
You logged me out once and i lost all the information that i had entered."

"Allow to save information when toggling."

"MyVFCvaccines ordering portal prefilled lot number and expiration date information. Can they bring back this feature. Also helped ensure lot number and expiration date were accurate."

## **Viewing Support Resources**



View VFC training recordings, decks and FAQs on <u>EZIZ's page</u> – your onestop shop for immunization training and recordings.

For Program and Policy needs, you can contact the VFC Customer Service Center at (877) 243-8832 or via email to <a href="MyVFCvaccines@cdph.ca.gov">MyVFCvaccines@cdph.ca.gov</a>. For myCAvax Technical Support, contact the Provider Call Center by calling the VFC Customer Service Center and selecting option 9 on the phone tree, or via email to

myCAvax.HD@cdph.ca.gov.

**Immunization** 

Branch



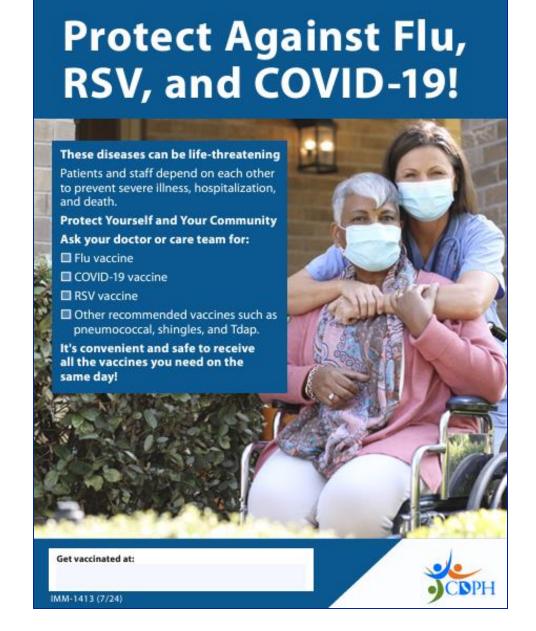
## Resources and Q&A

Leslie Amani and CDPH Subject Matter Experts



# **Updates to LTCF Flyer**

- Protect Against Flu, RSV, and COVID-19 poster and 15 translations now updated!
  - Spanish | Tagalog | Chinese | Hmong | Arabic | Armenian | Dari | Farsi | Hindi | Japanese | Korean | Portuguese | Punjabi | Russian | Vietnamese
- Available on the EZIZ LTCF Resources page



### Resources on EZIZ

Home Vaccine Programs Vaccine Management Storage Units Temperature Monitoring Training & Webinars Clinic Resources Patient Resources

Link to EZIZ Homepage



COVID-19 Vaccine and Therapeutics FAQs v.149\_10.31.2024

#### **COVID-19 Vaccine and Therapeutics FAQs**

For providers administering COVID-19 vaccine and treating COVID-19. Providers may also visit EZIZ COVID-19 Resources for information and updates.

#### Directions: Click on a category to be directed to related FAQs.

New and Updated FAQs	
COVID-19 Vaccine Access	
California Bridge Access Program (BAP)	
Vaccines For Children (VFC) Program	
Vaccine Administration	
Vaccine Storage & Handling	1
Reporting	1
COVID-19 Therapeutics	1
Support & Resources	1







#### Q: Are there recommendations for a second dose of 2024 – 2025 COVID-19 vaccine?

- A: On October 23, 2024, the Advisory Committee on Immunization Practices (ACIP) recommended a second dose of the 2024 – 2025 COVID-19 vaccine 6 months after the first dose to people:
  - 65 years and older
  - 6 months 64 years who are moderately or severely immunocompromised
    - additional doses (i.e., 3 or more) of 2024 2025 COVID-29 vaccine may be given to immunocompromised people 6 months – 64 years under shared clinical decision making

Please note the minimum interval between COVID-19 vaccine doses is 2 months. Refer to the following CDC resources for more information: ACIP Recommendations, and Clinical Guidance for COVID-19 Vaccination.

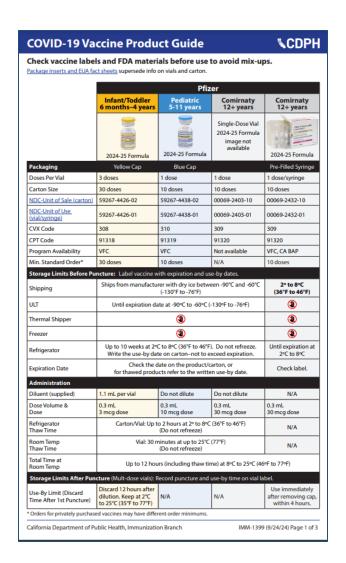


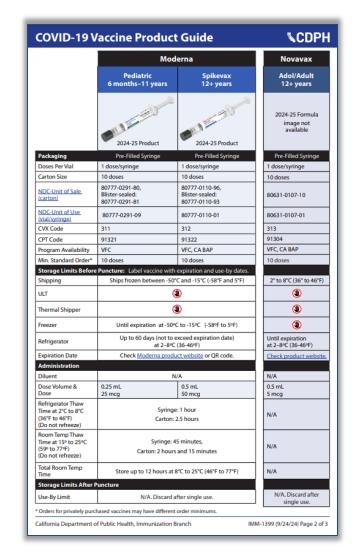
### Updated Q: Where can providers find information on COVID-19 treatment?

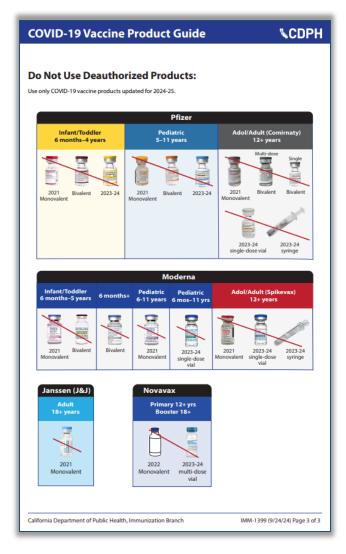
A: Information on COVID-19 treatment including who qualifies, treatment options, patient assistance programs, and related resources can be found on the CDC COVID-19 Treatment Clinical Care for Outpatients page.

### **Link to COVID-19 Provider FAQs**

### **COVID-19 Product Guide 2024 – 2025**

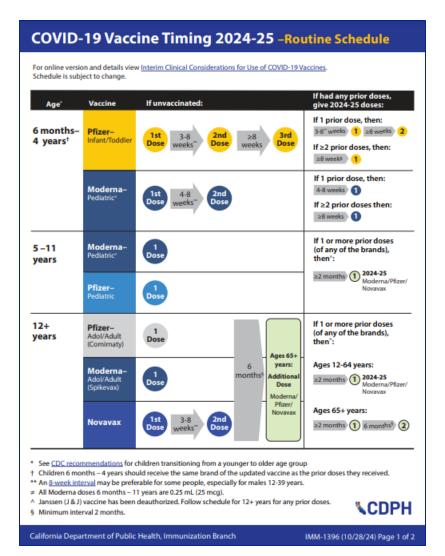


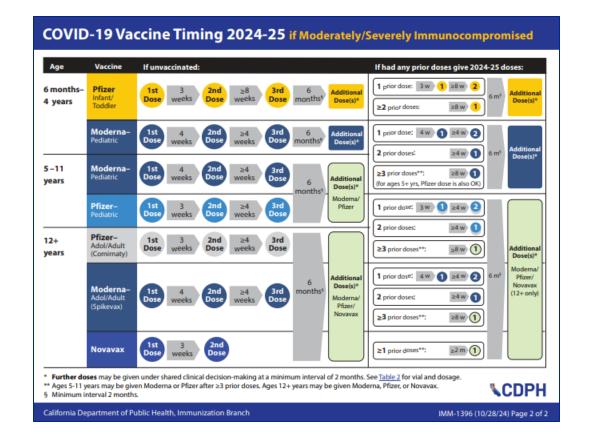




**COVID-19 Vaccine Product Guide 2024 - 2025** 

# **COVID-19 Vaccine Timing 2024 – 2025**





<u>Updated COVID-19 Vaccine Timing Guide 10.28.24</u>

### **Vaccine Support**

### **Provider Call Center**

Dedicated to medical providers and Local Health Departments in California, specifically addressing questions about State program requirements, enrollment, and vaccine distribution.

- For myCAvax Help Desk inquiries: myCAvax.hd@cdph.ca.gov
- For My Turn Clinic Help Desk inquiries: MyTurn.Clinic.HD@cdph.ca.gov
- For all other inquiries: <u>providercallcenter@cdph.ca.gov</u>
- Phone: (833) 502-1245, Monday through Friday from 8AM–5PM

### **myCAvax**

- Virtual Assistant resolves many questions but will direct you to the Provider Call Center queue for live assistance!
- Knowledge Center houses key job aids and videos that are updated every release. Once logged in, you can access job aids from the myCAvax homepage (or at various places throughout the system) using the links as shown below.



Need help? View our job aids in the Knowledge Center, or contact us.



## **COVID-19 Therapeutics Resources**

Type of Support		Description	Updated 7.8.24
	Clinical Guidance	For general Therapeutics quest	ions, please email: <u>cdphtherapeutics@cdph.ca.gov</u>
			ppage (provides general information for healthcare providers, allocations, g facts sheets, and additional resources)
	<b>General Information</b>	Finding COVID-19 Treatments (quality of the control	uestions and answers for the public on finding COVID-19 treatments)
'ليا		COVID-19 Therapeutics Best Pra	ctices Checklist (testing, prescribing, dispensing, and more for providers)
		Frequently Asked Questions docu	ment for clinics, providers, and pharmacists
~@\		Finding Providers and Test-to-Trea	t Sites
	Locating Resources	<ul> <li>COVID-19 Therapeutics Locat</li> </ul>	or (find COVID-19 medications near you)
		Information Page for Test-to-T	reat Program (hhs.gov)
	Archive LHD	For access to previously recorded	LHD webinars and slides contact: <a href="mailto:rphoadmin@cdph.ca.gov">rphoadmin@cdph.ca.gov</a>
$\Box$	Therapeutics	· · · · ·	s for HPOP reporting information, use link below.
ټَ	<u>SharePoint</u>	CDPH Therapeutics HPoP A	ccount Verification & Reporting information
<b>de</b> b			uestions, please email cdphtherapeutics@cdph.ca.gov
	Questions	For ordering, program inquiries, si	gning up new HPOP Accounts: please e-mail <a href="mailto:cdphtherapeutics@cdph.ca.gov">cdph.ca.gov</a>



### **CDPH Provider Webinars and Trainings**

### Week of November 4, 2024

	Monday 11/4	Tuesday 11/5	Wednesday 11/6	Thursday 11/7	Friday 11/8	
Live Webinars and Training		No Events	Scheduled at th	nis time		
View On Demand	CDPH Immunization Branch Archived Provider Webinars and Slides		• Introduction to My T	Introduction to My Turn Onboarding (v. 1/4/22)		
	AIM Vaccine Confidence Toolkit Webinar Series		Latest Features in N	Latest Features in My Turn (Requires myCAvax Login)		
<b>&gt;</b>			myCAvax Release N	myCAvax Release Notes for LHD and CDPH Users (Requires myCAvax Login)		
		Help Desk		Immunization	n Resources	

CDPH Provider Call Center: 1-833-502-1245, M-F 8am-5pm Email: providercalcenter@cdph.ca.gov

My Turn: Help Desk Email: myturn.clinic.hd@cdph.ca.gov

Onboarding Email: myturnonboarding@cdph.ca.gov

myCAvax: Help Desk Email: mycavax.hd@cdph.ca.gov Mg

Mpox: Email: stdcb@cdph.ca.gov

California's General Immunization Resources (eziz.org)

**RSV Immunization Resources** 

Flu Vaccination Resources

COVID-19 Vaccination Resources

**COVID-19 Treatments** 

Mpox Vaccination Resources

Help

### **CDPH Provider Webinars and Trainings**

### Week of November 11, 2024

	Monday 11/11	Tuesday 11/12	Wednesday 11/13	Thursday 11/14	Friday 11/15	
Live Webinars and Training	Veteran's Day Holiday	Virtual Grand Rounds: From Avian Flu to COVID- 19 – How the "One Health" Approach Improves Human, Animal and Environmental Health 12:00 pm – 1:00 pm			CDPH Immunization Updates for Providers 9:00 am - 10:30 am	
View On Demand	CDPH Immunization Branch Archived Provider Webinars and Slides     AIM Vaccine Confidence Toolkit Webinar Series		Latest Features in	<ul> <li>Introduction to My Turn Onboarding (v. 1/4/22)</li> <li>Latest Features in My Turn (Requires myCAvax Login)</li> <li>myCAvax Release Notes for LHD and CDPH Users (Requires myCAvax Login)</li> </ul>		
	Help Desk  CDPH Provider Call Center: 1-833-502-1245, M-F 8am-5pm Email: provider callcenter@cdph.ca.gov California's General Immunization Resources (eziz.org)					

Help

CDPH Provider Call Center: 1-833-502-1245, M-F 8am-5pm *Email:* providercallcenter@cdph.ca.go

My Turn: Help Desk Email: myturn.clinic.hd@cdph.ca.gov

Onboarding Email: myturnonboarding@cdph.ca.gov

myCAvax: Help Desk Email: mycavax.hd@cdph.ca.gov Mpox: Email: stdcb@cdph.ca.gov

**RSV Immunization Resources** 

Flu Vaccination Resources

**COVID-19 Vaccination Resources** 

**COVID-19 Treatments** 

Mpox Vaccination Resources



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



Q&A



### Thank you for attending!



# CDPH Immunization Branch

Next CDPH Immunization Updates for Providers Friday, November 15, 2024 **CDPH Immunization Updates for Providers Registration Link**