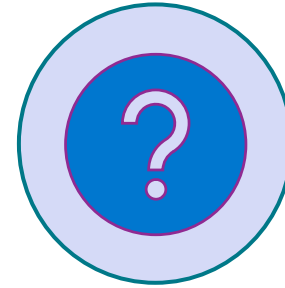CDPH | California Department of Public Health | Immunization Branch
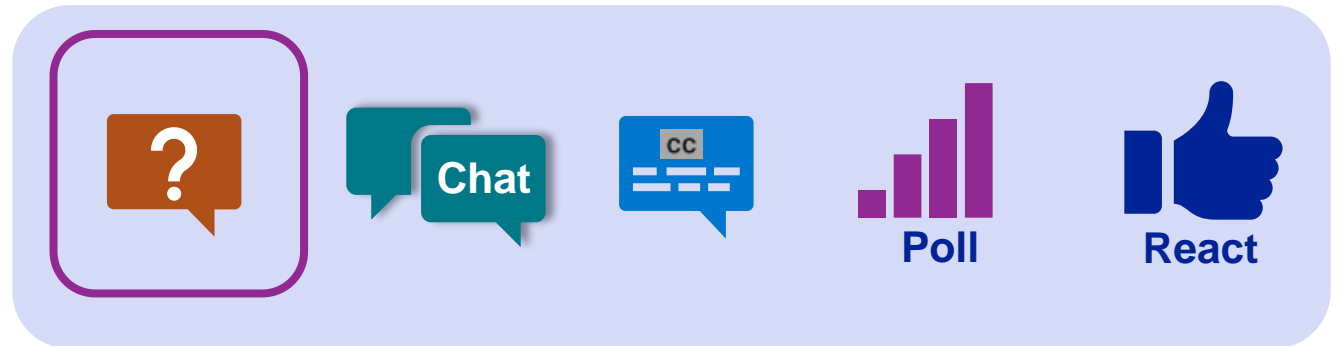
Immunization Updates
for Providers

Friday, March 7, 2025

9:00 am – 10:30 am

Q&A

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.

Links are in blue and underlined

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 blanca.corona@cdph.ca.gov.

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

CDPH | Immunization Branch

Agenda: Friday, March 7, 2025

No.	Topic	Presenters (CDPH)	Time (AM)
1	Welcome and Announcements	Leslie Amani	9:00 – 9:05
2	COVID-19 Vaccine Administration	Hailey Maeda	9:05 – 9:10
3	Avian Influenza A (H5N1)	Lucia Abascal, MD	9:10 – 9:25
4	Clinical	Floria Chi, MD	9:25 – 9:35
5	Pharmacy Updates	Edward Salaguinto, PharmD, RPh	9:35 – 9:40
6	Vaccines for Children (VFC)	Christina Sapad	9:40 – 9:45
7	Vaccine Management (My Turn / myCAvax)	Josh Pocus and Dan Conway	9:45 – 9:55
8	Resources and Q&A	Leslie Amani and CDPH SMEs	9:55 – 10:30

Announcements

Leslie Amani, CDPH

March 4, 2025: HPV Awareness Day

Join CDPH and other partners around the world in recognizing Human Papillomavirus (HPV) Awareness Day.

HPV is a very common virus that can cause cancers later in life. Every year in the U.S., HPV causes about 38,000 cases of cancer in men and women.

Preteen patients need HPV vaccination for safe, effective, and lasting protection against 90% of cancers caused by HPV.

Remind families about the importance of getting vaccinated against HPV beginning at age 9.

Human Papillomavirus Awareness Day!

How Important is HPV Vaccine?
flyer | Spanish | Arabic | Chinese | Hmong | Russian | Tagalog | Ukrainian | Vietnamese

Fotonovela for Hispanic parents of preteens (English/Spanish)

Parents, Did You Know HPV Causes…? Poster (English/Spanish)

Fact Sheet for Parents (CDC) | Spanish

Talking to Parents About HPV Vaccine (CDC)

Why Age 9? Fact Sheet (ACS)

Ask About HPV Website Link

📅 My Turn Office Hour: Personalized Technical Assistance

Join My Turn subject matter experts (SMEs) for a 60-minute session to help add your clinics in real time, request demonstrations, and get your questions answered by My Turn SMEs.

When: Tuesday, March 11, 2025

Time: 12:00 pm – 1:00 pm, PT

Register here: My Turn Office Hour Registration Link

📅 Crucial Conversations Webinar

Topic: Effective Communication Without Confrontation

Details: Join Dr. Ken Hempstead, MD, FAAP, a primary care pediatrician at Kaiser Permanente Northern California, for an insightful webinar. Dr. Hempstead will discuss common pitfalls in healthcare conversations and offer effective techniques to improve comfort, confidence, and success in these interactions.

Date: Wednesday, March 12, 2025

Time: 12:00 pm – 1:30 pm, PT

Registration Link: Effective Communication Without Confrontation

Schools' Webinar for VFC Enrollment

Topic: Enrolling in the Vaccines for Children (VFC) Program for Schools and School Districts

Details: This webinar will cover:

- Everything to consider for schools/school districts to enroll as VFC providers

- Lessons learned from schools/school districts that are already VFC providers

- How to use CAIR data for vaccine billing if you participate in LEA BOP (Local Education Agency Billing Options program)

Audience: Schools or school districts interested in enrolling as VFC providers, local health departments supporting schools or school districts to enroll as VFC providers, schools participating in LEA BOP and billing for vaccines. If you have any questions or need additional information before the webinar, please email SchoolVaxTeam@cdph.ca.gov.

Date: Wednesday, April 9, 2025

Time: 2:00 pm – 3:00 pm, PT

Registration Link: Enrolling in the VFC Program for Schools and School Districts

SAVE
-THE-
DATE

California Immunization Coalition Summit
Tuesday, April 29 – Wednesday, April 30, 2025

Summit speakers include:

- Keynote Speaker, **Gary Marshall, MD,** Professor of Pediatric Infectious Diseases, Louisville, School of Medicine, Author of the Purple Book

- **Nini Muñoz, PhD – Science & Risk Communicator (New Addition!)**

- **Dorit Reiss, PhD, Professor of Law, UC Law SF**

- **Robert Schechter, MD, MPH, Chief, Immunization Branch, California Department of Public Health**

- **Pia Pannaraj, MD, MPH, Professor, Pediatric Infectious Diseases, Department of Pediatrics, UC San Diego**

- **Eric Ball, MD**, President CA-AAP

- Panel presentation on school located vaccine events and HPV vaccination updates

- Eight workshops

...and much more!

CA Immunization Coalition Summit 2025 Information

California Immunization Coalition
2025 Annual Summit
April 29 - 30, 2025
Registration Now Open!

CALIFORNIA IMMUNIZATION COALITION

Adolescent Immunization Action Week

Includes:

- Materials in English and Spanish

- Infographics

- Campaign Toolkit

- Fact Sheets

CDPH IZB Adolescent Immunization Action Week

Flu Resources on EZIZ

Flu and Respiratory Season Promotional Materials on EZIZ

Tips for Speaking with Parents About Flu Vaccine

Flu & Respiratory Disease Prevention Promotional Materials

WE'RE STRONGER WHEN WE'RE ALL PROTECTED Get Your Flu Shot!

School-aged Children
- Flu and COVID-19 Flyer for Children | Spanish

All Ages
- Flu—It's Not Too Late to Vaccinate! English/Spanish | Russian | Chinese
- Personal stories by people affected by Flu (ShotbyShot website)
- Flu Campaign Toolkit | Spanish (CDC)

Parents and Caregivers
- "Guess Who Needs Flu and COVID-19 Vaccines?" family poster (bilingual) Russian | Dari | Farsi | Pashto | Ukrainian
- "Protect Against Flu and Whooping Cough" poster | Spanish
- Vaccine Safety: Answers to Parents' Top Questions | Spanish

Pregnant People
- Expecting? Protect Yourself and Your Baby Against COVID-19, Flu, and Whooping Cough flyer | Spanish
- Immunizations for a Healthy Pregnancy brochure | Spanish | Chinese
- CDC Print Material for Pregnant Women | Spanish

Older Adults (60+)
- Protect Yourself with these Vaccines! flyer | Spanish
- Protect Against Respiratory Diseases flyer
- Print Materials for Older Adults (CDC)

Job Aids for Healthcare Workers
- 2024-2025 Influenza Vaccine Identification Guide
- Fall-Winter Immunizations Timing for All Age Groups | Spanish
- Respiratory Disease Immunization Timing for Children and Adolescents
- FLU Action Plan: 3 Habits of Highly Successful VFC Clinics
- Tips for Speaking with Parents about Flu Vaccine: How to Address Common Concerns | Spanish
- Influenza Vaccine Dosing Algorithm for Children Aged 6 Months through 8 Years
- Recommendations Regarding Influenza Vaccination of Persons Who Report Allergy to Eggs
- Prepare Your Practice to Fight Flu (CDC)
- Influenza During COVID-19 Pandemic: Guidance Resources

Resources for Patients

Audiences
- Immunizations for All Ages
- Parent Education (Vaccine Safety) | Studies
- Ukrainian Arrivals

Vaccines and Diseases
- COVID-19
- Flu and Respiratory Disease
- Measles
- Men B
- Pertussis (Whooping Cough)

Related Links
- Printed copies of many of the materials posted on EZIZ.org can be ordered from your local health department. Check with the immunization program in your area.
- Vaccine Information Statements (VIS)
- Immunization Schedules & Recommendations
- Laws and Regulations

Tips for Speaking with Parents about Flu Vaccine

How to Address Common Concerns

Medical Providers: Use the talking points below to help you address common flu vaccine concerns among parents.

"I heard the flu shot can give you the flu."
- Flu vaccines are made with killed or weakened viruses that cannot give you the flu.
- Sometimes the body's immune response after vaccination can make some people feel a little ill, and that's normal. For example, some kids may get a slight fever, but that's
- their body building antibodies to protect them from flu

"My child got vaccinated last year and still got sick."
- Many other germs cause symptoms similar to flu–your child might have caught one of them.
- Flu vaccine takes 2 weeks to work. Your child may have caught flu/a virus before developing immunity.
- Flu vaccines do not prevent 100% of all flu infections; however, if your child catches the flu, it will be much less severe.

"Flu vaccine is not effective. Why bother?"
- Flu is very serious and can cause pneumonia, hospitalization, and death.
- Without the flu vaccine, your child has zero added protection if he/she gets exposed. It's not worth the risk. Healthy children who were vaccinated lowered their chance of dying from flu by 65%. That's pretty remarkable.
- A recent study suggests that flu vaccine protected most kids against severe disease even when the vaccine wasn't a perfect match for the virus.

"My child is healthy and doesn't need a flu shot."
- Flu viruses mutate constantly, changing yearly.
- Every year, healthy kids catch the flu before, some for the first time.
- About half of the children who are hospitalized or die from the flu each year are healthy before catching the flu.
- Flu can spread easily at school, while playing with friends, or being out in the community.
- Share your decision: "I got my flu shot. I also immunized my kids. As your doctor/nurse, I want your family to also be protected."
- Scarlet died from flu complications at age 5; to her mother's regret, she was not vaccinated. Watch Scarlet's Flu Story and share with clinic staff and parents.

"I'm concerned about side effects."
- Vaccines, like any medication, can cause side effects. Most flu shot effects are mild, for example pain or redness in the arm.
- Vaccines have been rigorously tested, studied, and monitored to ensure they are safe.
- This should go away quickly. If you have any concerns after getting vaccinated, please call us.

COVID-19 Vaccine Administration Data

Hailey Maeda, CDPH

Vaccine Administration Summary
as of March 4, 2025
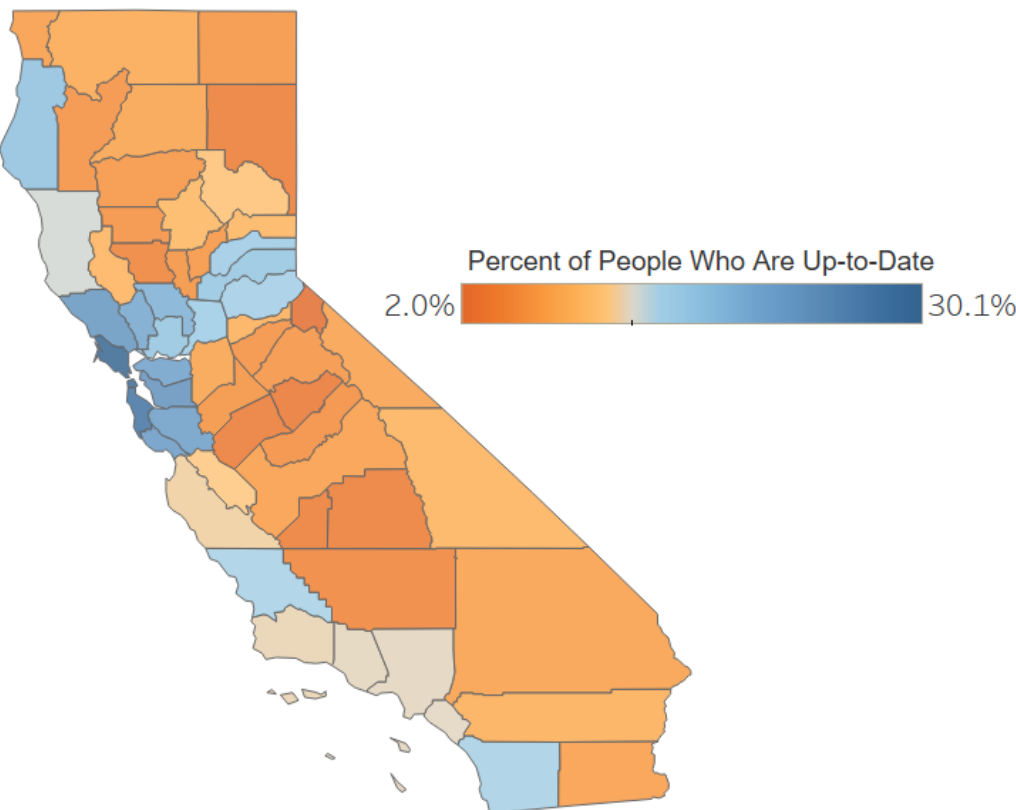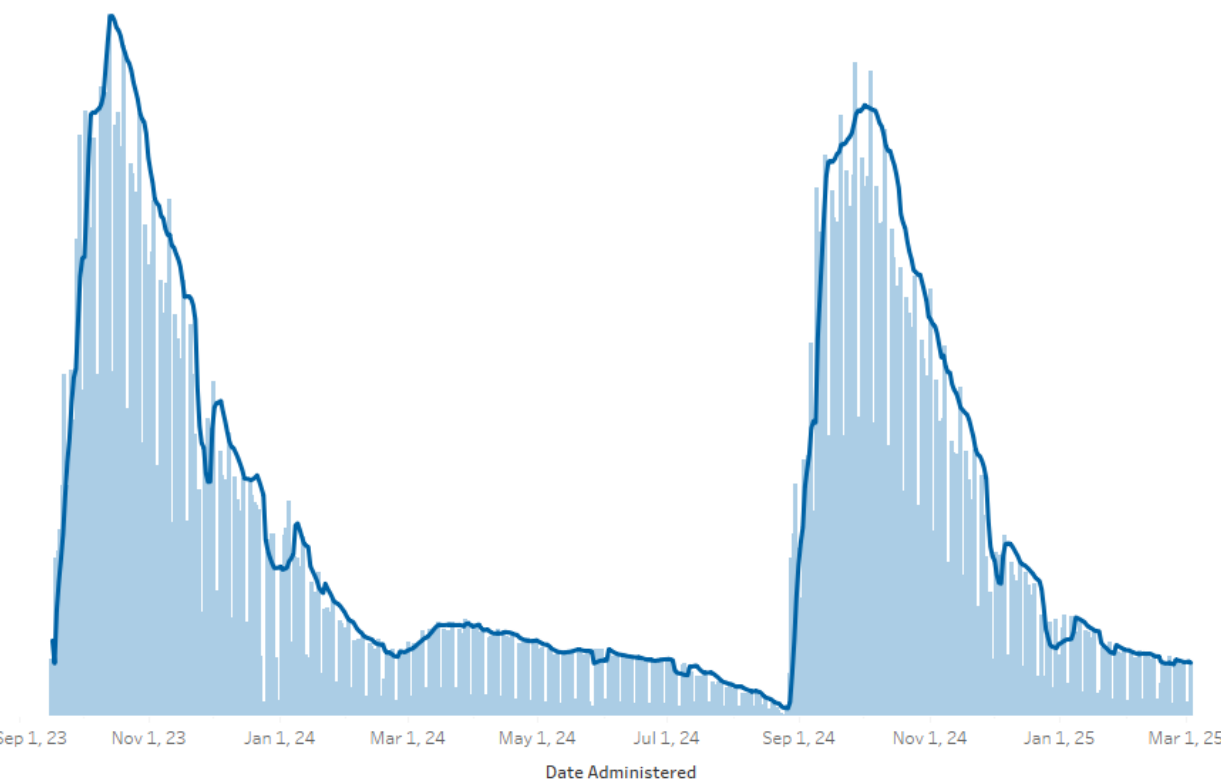
102,301,387
Total Doses Administered

5,302,323
2024-2025 COVID-19 Recipients

13.6%
Statewide Up-to-Date

Daily Doses Administered: **Statewide**

Percent of People Who Are Up-to-Date
2.0% — 30.1%

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Trends in COVID-19 Vaccine Administration
as of March 4, 2024

CDC recommends the 2024-25 COVID-19 vaccine for everyone 6 months and older

An updated vaccine protects against:
- ☑ COVID-19 variants spreading now
- ☑ Severe illness, hospitalization, and death

bit.ly/mm7337e2
SEPTEMBER 10, 2024

Doses Administered by Age Group, Past 4 Weeks

Legend: Under 5 | 5-11 | 12-17 | 18-49 | 50-64 | 65+

| 8,436 doses per week | 14,681 doses per week | 21,894 doses per week |

February 4, 2025 — 49,870
- 65+: 13,914
- 50-64: 9,691
- 18-49: 17,205
- Under 5: 4,049

February 11, 2025 — 43,584
- 65+: 12,467
- 50-64: 8,697
- 18-49: 14,490
- Under 5: 3,593

February 18, 2025 — 45,138
- 65+: 13,959
- 50-64: 8,080
- 18-49: 14,437
- Under 5: 4,078

February 25, 2025 — 41,452
- 65+: 13,567
- 50-64: 7,202
- 18-49: 12,593
- Under 5: 3,886

Y-axis (Doses): 0K, 5K, 10K, 15K, 20K, 25K, 30K, 35K, 40K, 45K, 50K

COVID-19 Vaccine Uptake Comparison
as of March 4, 2025

Currently COVID-19 Vaccine uptake is tracking closely to last year (-304K doses)

Current vs Last Year's COVID-19 Vaccine Dose Uptake in 193 days since EUA

Legend: ☐ Updated 2024-2025 Doses   ☐ Updated 2023-2024 Doses

Data labels:
893,097
1,004,598
2,619,386
2,746,773
3,817,584
3,913,108
4,561,865
4,662,201
4,952,880
5,111,942
5,189,628
5,376,746
5,415,238
5,481,924
5,597,972
5,786,146

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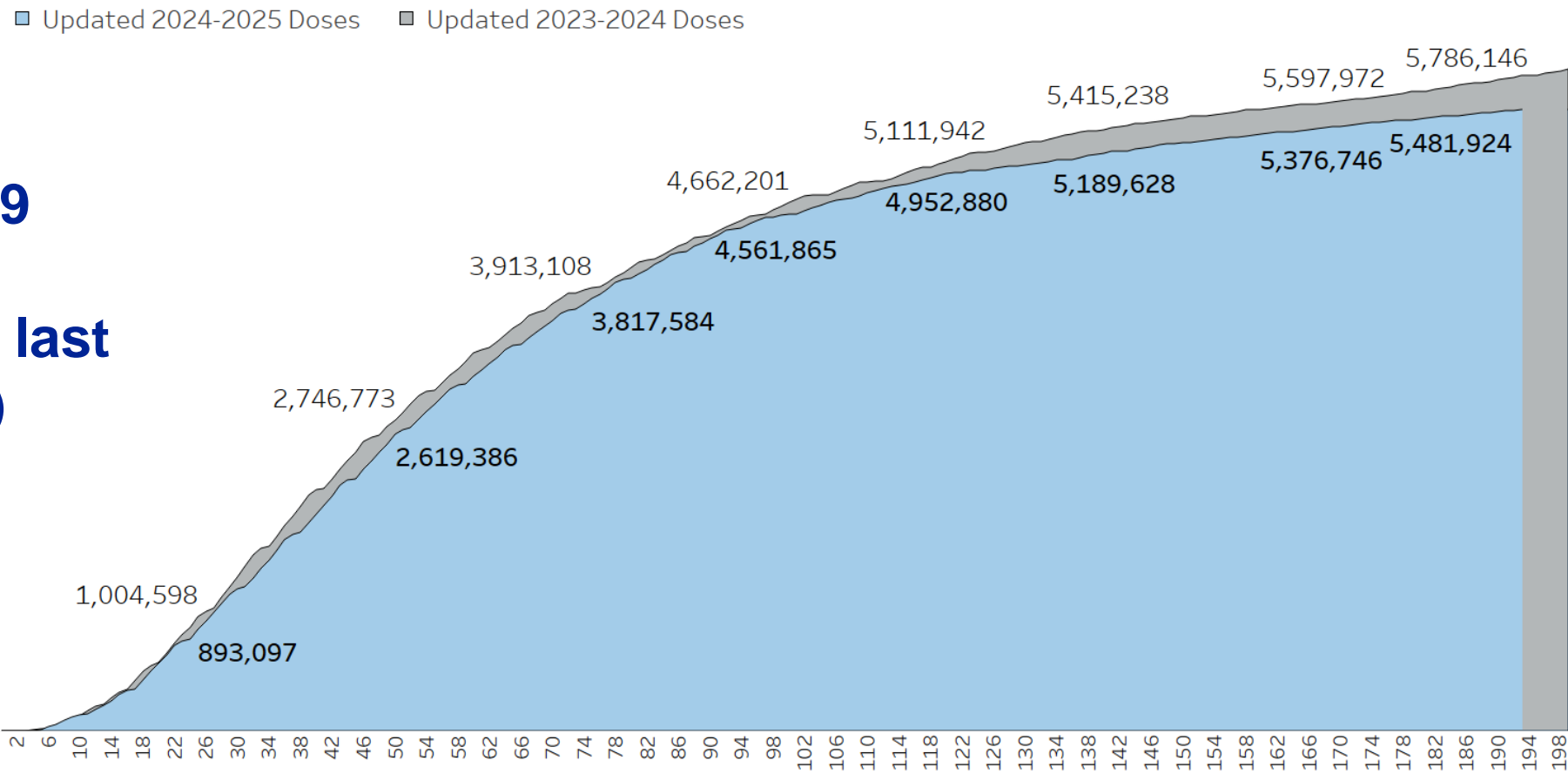
COVID-19 Vaccination Overview
as of March 4, 2025

% of Population Up-to-Date: Statewide 13.6%
Above State Average | Below State Average

By County

Percent of People Who Are Up-to-Date
2.0% — 30.1%

By HPI Quartile

Quartile	Percent
1	6.6%
2	10.0%
3	14.7%
4	23.0%

By Race/Ethnicity

	Percent
NHPI	16.1%
White	15.4%
Asian	14.4%
AIAN	12.0%
Black	9.7%
Latino	6.0%
Multiracial	2.6%

By Age Group

	Percent
65+	35.0%
50-64	16.8%
18-49	8.5%
12-17	5.9%
5-11	5.2%
Under 5	2.4%
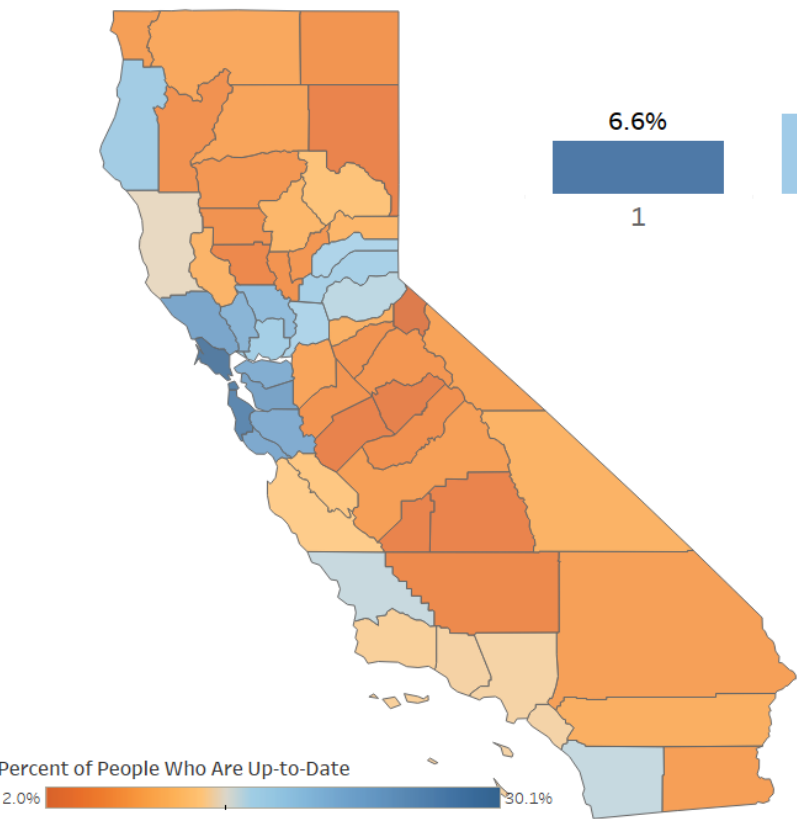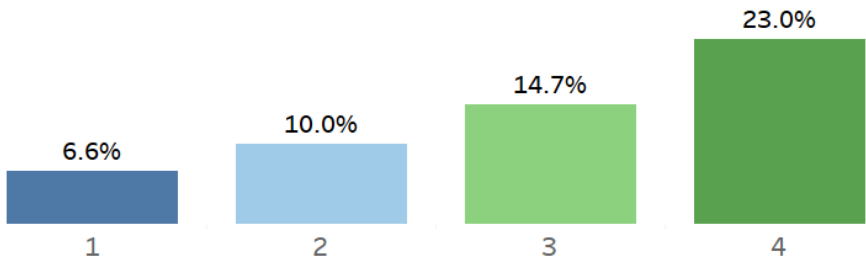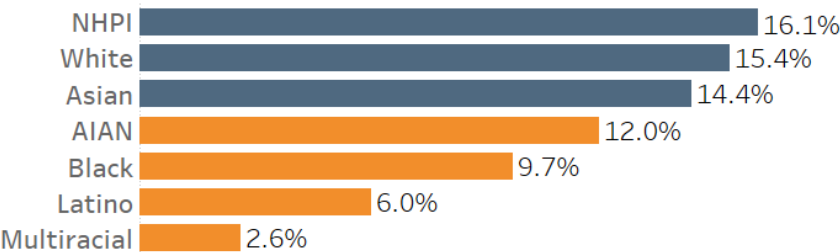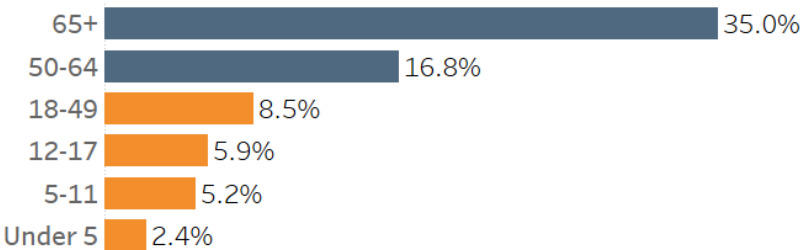
System Notes

- Up-to-Date status defined as at least one dose of the updated 2024 – 2025 COVID-19 vaccine

- 2024 – 2025 COVID-19 vaccine data available on the Public dashboard

  - Updated monthly

- Email cdphvaccinedatateam@cdph.ca.gov for questions and comments

Avian Influenza A (H5N1)

Dr. Lucia Abascal, CDPH

U.S. Human Cases of Avian Influenza A(H5N1)
as of March 5, 2025

- Of the 70 confirmed human cases in the United States:
  - CA has had 38 confirmed cases (+1 probable case); all but two cases in dairy workers with conjunctivitis (2 cases in children with unknown exposure sources)
  - Sequenced virus in CA human cases, dairy cows, and some poultry has been clade 2.3.4.4b, genotype B3.13
  - Most of the U.S. cases have had mild illness
  - The fatal case in a Louisiana resident was sequenced as clade 2.3.4.4b, genotype D1.1 (the same genotype as the WA poultry worker cases and the recent NV dairy worker case who all had mild illness)
  - One case in Canada has had severe illness; sequenced as clade 2.3.4.4b, genotype D.1.1
- No evidence of person-to-person spread in U.S.

Screening for H5N1 Exposure Risk Factors

Work with your clinic or healthcare system to establish screening protocols for patients with high-risk exposures.

Identifying Patients Occupational History

- Identify patient's **job title** and specific **work tasks**

- Obtain work history (how long in the occupation)

- Identify changes in work tasks (engaging in new/unfamiliar tasks could increase risk of exposure)

Ask Patients About Exposure Risk Factors:

- **Contact with sick or dead animals** with suspected or confirmed H5N1 influenza infection.

- Contact with **raw milk**, feces, or saliva from infected animals including surfaces and water that might be contaminated with animal waste and viscera and udders from lactating dairy cows.

- **Contact with people who have suspected or confirmed H5N1** influenza infection (though to date, no person-to-person spread of H5N1 influenza has been documented in the US).

- **Timing of last exposure** before symptom onset, i.e., last exposure within 10 days of symptom onset.

- Use of PPE.

Infection Prevention Steps if You Have a Case of Suspected H5N1

- Immediate mask patient and room in an airborne infection isolation room (AIIR)

- Personal protective equipment (PPE) for Healthcare Providers

Initial contact with healthcare setting (e.g phone, front desk)

Patient with flu-like symptoms and/or conjunctivitis

Common Symptoms: Fever, Cough, Sore Throat, Eye Redness, Muscle Aches, Fatigue, Shortness of Breath

Has the person been in contact with sick animals or raw milk?

Fit-tested N95 respirator or higher level of protection, gown, gloves, and eye protection. Avian Influenza A(H5N1) Information for Health Professionals

Immediately mask patient and room in an AIIR (if available); wear appropriate PPE.

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Testing Flow Chart (cont.)

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Healthcare Provider Testing Update

Who to test:

- Collect respiratory specimens from all suspect cases with:
  - Signs and symptoms consistent with acute respiratory tract infection <u>and/or</u> conjunctivitis; AND
  - A history of exposure in the last 10 days to animals or humans with suspected or confirmed H5N1 influenza infection, or to raw milk.
- Standard clinical or commercial laboratory PCR tests for influenza can be used to rule out influenza A (and therefore H5N1) in people with low suspicion of H5N1 infection.
  - Positive test for influenza A and possible exposure to H5N1 should have testing referred to a public health laboratory (PHL).
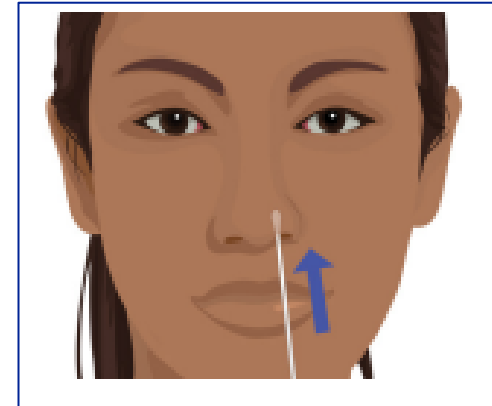
Anterior nares swab

Conjunctival swab

Healthcare Provider Testing Update

How to Test:

- Separate oropharyngeal (throat) and anterior nares (nasal) swab specimens are preferred, but can be combined in one tube

  - Nasopharyngeal swabs are also acceptable, but to date have had a lower yield for positive test results in cases than oropharyngeal or anterior nares swabs.

- Conjunctival swab(s) should also be collected from anyone with conjunctivitis.
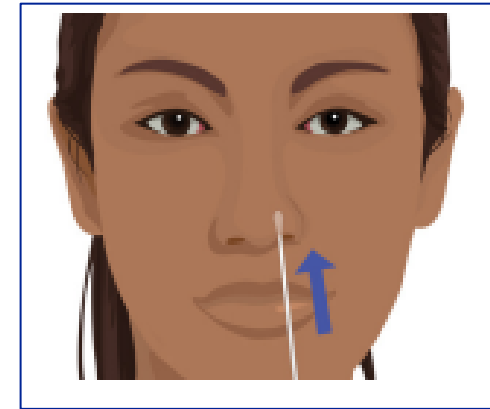
Anterior nares swab

Conjunctival swab

Testing Hospitalized Patients with Acute Respiratory Illness

- Test for influenza A in hospitalized patients with acute respiratory illness.

  - Initial influenza testing can be done using whatever diagnostic test is available, but preferably by real-time RT-PCR.

  - If available, an initial diagnostic test that can provide influenza A subtyping results for A(H1) and A(H3) can be ordered.

- If the initial testing is positive for influenza A but **did not include testing for seasonal influenza subtypes A(H1) and A(H3), order subtyping** as soon as possible for patients in the ICU (and, when resources allow, all hospitalized patients with influenza A infection).

  - **If reimbursement for influenza A subtyping may be an issue, specimens can be referred to a local public health laboratory for subtype testing.**

Resources for Patients: Paid Sick Leave

Employers are required to provide paid sick leave

- Employers must allow an employee to use up to 40 hours or 5 days, whichever is more, of earned paid sick leave in a 12-month period.
- To qualify for paid sick leave, employees must have:
  - Work at least 30 days for the same employer in a year
  - An employee is entitled to use what they have earned on the 90th day of employment, although an employer can lend paid sick leave in advance of accrual.

- More information: Paid Sick Leave in California (available in English and Spanish)

Reference: Cal/OSHA: Avian Influenza Information for Employers

Key Takeaways

- The risk of H5N1 infection to the general public is low, BUT people who work directly with wild birds, poultry, and dairy cows have the highest risk of exposure.

- Recommend patients receive seasonal flu vaccine.

- **Contact the [local health department](#) immediately** if anyone with exposure to possibly infected animals or humans develops symptoms.

- Provide **appropriate testing.**

- **Follow** [Avian Influenza A(H5N1) Information for Health Professionals](#) when caring for patients suspected of having H5N1 infection.
  - Use PPE to protect staff if H5N1 influenza is suspected

- Advise persons with suspect or confirmed H5N1 influenza infection to **follow CDPH** [Guidance for People with Possible or Confirmed Bird Flu Infection](#).

- Influenza **antiviral treatment** is recommended for persons **suspected or confirmed** to have H5N1 infection.

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Contact Information

- To contact the local health department communicable disease program:
  - [LHD Communicable Disease Contact List](#)
- Questions or inquiries related to avian influenza for CDPH coordination contact
  - [Inquiry Submission Portal](#)
- CDPH Email inbox:
  - cdphgpinquiries@cdph.ca.gov
  - cidgp@cdph.ca.gov

Resources for Healthcare Professionals

- [CDPH Bird Flu](#) Website
- [CDPH Avian Influenza A(H5N1) Information for Health Professionals](#)
  - [Subtyping of Influenza A in Hospitalized Patients](#)
  - [CDPH Avian Influenza A Infection Control for Healthcare Providers](#)
  - [CDPH Human Avian Influenza A(H5N1) Quicksheet](#)
  - [Guidance for People with Possible or Confirmed Bird Flu Infection](#) | [Spanish](#)
- [CDC: Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease](#)
- [CDC: Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease](#)

Clinical

Floria Chi, MD, CDPH

Advisory Committee on Immunization Practices (ACIP) Meeting: ~~February 26 – 28, 2025~~ POSTPONED

Topics:

- RSV Immunizations: Adult (Vote) and Maternal/Pediatric

- Influenza Vaccines (Vote, VFC Vote)

- COVID-19 Vaccines

- Meningococcal Vaccines (Vote, VFC Vote)

- Chikungunya Vaccines (Vote)

- Pneumococcal Vaccines

- Human Papillomavirus (HPV), Mpox, Cytomegalovirus (CMV), Lyme Disease

ACIP Meeting Information | Agenda | ACIP Recent Meeting Recommendations

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Update to JYNNEOS EUA

- [Emergency use authorization](#) for JYNNEOS updated on 12/23/2024
  - FDA removed the requirement that use of JYNNEOS under EUA is limited to doses supplied by the Administration for Strategic Preparedness and Response (ASPR)
  - JYNNEOS purchased on the commercial market or supplied by ASPR can be administered to:
    - Individuals less than 18 years of age determined to be at high risk of mpox infection when two 0.5 mL doses are administered subcutaneously 4 weeks apart
    - Individuals 18 years of age and older determined to be at high risk of mpox infection when two 0.1 mL doses are administered intradermally 4 weeks apart
  - Additional lots of JYNNEOS are authorized to be kept at +2°C to +8°C for up to 8 weeks after thawing. [Expiration Dating Extension | FDA](#)
    - Note that this is different from what is in the [JYNNEOS package insert](#)

Interchangeability Guidance: Combination Vaccines from Different Manufacturers

- In general, ACIP prefers that doses of vaccine in a series come from the same manufacturer.

- In situations where the same vaccine is not available or the brand of prior doses is unknown, providers should administer the vaccine that they have available and not defer vaccination.

- As with any age-appropriate combination vaccine, a vaccine may be used when any of the components are indicated, none are contraindicated, and age criteria and minimum intervals for each antigen are met.
  - This may include administering extra doses of antigens that aren't indicated.

Timing and Spacing of Immunobiologics | Vaccines & Immunizations | CDC; Immunize.org Ask the Experts; Catch-up Immunization Schedule for Children and Adolescents | CDC;

Interchangeability guidance: DTaP Vaccines

Immunization Schedule with Combination Vaccines — California Department of Public Health, Immunization Branch — IMM-922 (10/23)

ACIP recommends that, whenever feasible, the same manufacturer be used for each dose in the series. However, vaccination should not be deferred because the type of DTaP is unavailable or unknown.

...vaccine you administer contains the antigens on the doctor's order.
... Stick with the same product.

... schedule for VFC providers ordering combination vaccines. For alternatives and details, consult the latest "Recommended ...edules for persons aged 0-18 years, United States." For more info, visit EZIZ.ORG

...epatitis B vaccine is not necessary at 4 months if doses are given at birth and 2 months but may be included as part of a ...vaccine.

... dose is not needed if Rotarix® was used exclusively for both dose 1 and 2 of the rotavirus vaccine series.

...Hib dose is not indicated if PedvaxHIB® is used exclusively for the 2 and 4 month infant doses.

...ends MMR + Varicella at 12-15 months. Providers can use their discretion whether to use MMRV, however.

...nistered as late as 15 months. For more information, consult the Recommended Child and Adolescent Immunization Schedule ...years or younger, United States, 2023.

...ccine is available in thimerosal-free options. See California Health and Safety Code § 124172.

...FDA for children 6 weeks through 4 years of age (prior to the 5th birthday).

...FDA for children 4 through 6 years with previous doses of INFANRIX™ or PEDIARIX™. ACIP recommends that, whenever ...same manufacturer's DTaP vaccines be used for each dose in the series; however, vaccination should not be deferred because ...TaP previously administered is unavailable or unknown. See www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm.

... infants <8 months entering their first RSV season should receive RSV immunization if birth parent's prenatal RSV vaccination status is: unvaccinated, unknown, or vaccinated <14 days before birth. RSV immunization is also recommended for specified children ages 8-19 months who are at increased risk of severe RSV and entering their 2nd RSV season.

IMM-922: Immun. Schedule with Combo Vaccines
MMWR: Licensure of a DTaP and IPV Vaccine and Guidance for Use as a Booster Dose

Interchangeability Guidance: COVID-19 Vaccines

All doses for children 6 months – 4 years and the moderately or severely immunocompromised (initial series) should be from the same manufacturer.

- However, a vaccine from a different manufacturer may be administered* when:
  - The same vaccine is not available at the time of the clinic visit
  - Brand of previous dose is unknown
  - The person would otherwise not receive a recommended vaccine dose
  - There is a contraindication to the previously administered vaccine brand

If a child 6 months – 4 years receives an initial series with different brands (i.e., Moderna and Pfizer), they should receive three doses:

- Second dose 4 to 8 weeks after the first dose

- Third dose at least 8 weeks after the second dose

Clinical Guidance for COVID-19 Vaccination | CDC; 2024–2025 COVID-19 Vaccine Immunization Schedule for People 6 Months of Age and Older; IMM-1396 COVID-19 Vaccine Timing Chart

Interchangeability Guidance: RotaTeq & Rotarix

- ACIP recommends that the rotavirus vaccine series be completed with the same product whenever possible, but vaccination should not be deferred if it is not available or unknown.

- In these situations, continue the series with the product available.

  - If any dose in the series was RotaTeq or unknown, a total of 3 doses should be administered.

  - The minimum interval between doses is 4 weeks.

  - All doses by age 8 months.

  See Ask the Experts (immunize.org) for answers to other commonly asked questions about vaccines and their use.

  Ask The Experts: View All Questions | Immunize.org

Measles: Texas and New Mexico Outbreak, as of 2/28/2025

Earliest cases reported in January

To date:
- TX: 146 cases, 20 (14%) hospitalized, 1 (1%) death
- NM: 9 cases in county adjoining affected TX counties

Mostly children:
- >25% younger than age 5 years
- ~50% age 5-17 years

- TX: >95% of cases unvaccinated or unknown status
  - 5 (3%) had had 1 dose of MMR, some just before onset of rash

Texas announces first death in measles outbreak | Texas DSHS

Measles Outbreak – Feb. 28, 2025 | Texas DSHS

Measles Cases - New Mexico

Confirmed Measles Cases by Year in CA 2014 – 2025

CDPH Data as of 2/25/2025
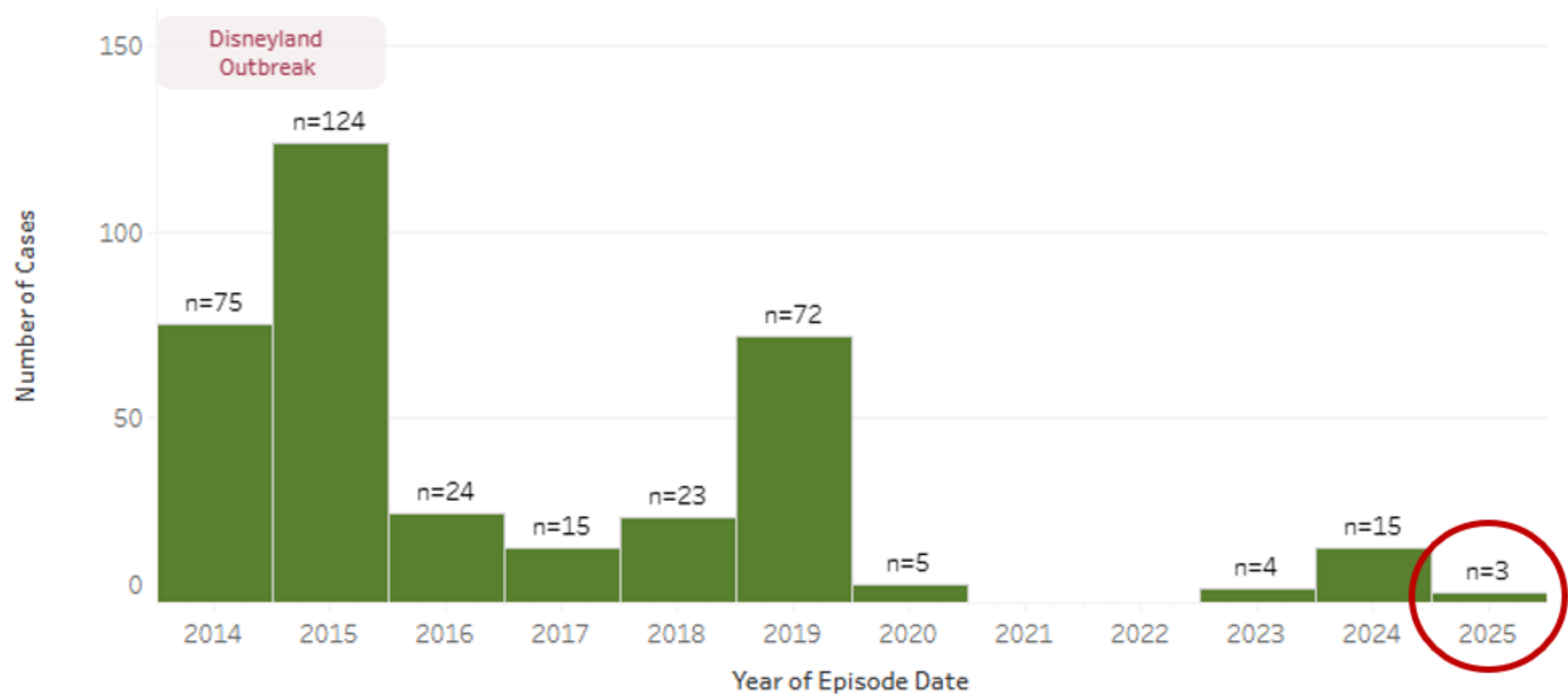
Source: CDPH Immunization Branch Surveillance Data

Measles in California, 2025 YTD

- All 3 confirmed cases traveled internationally over last month

- Otherwise, cases unrelated to each other or to Texas outbreak

- Reside throughout California, including one in Orange County

- No deaths due to measles infection

CDPH Measles Webpage

OC Health Care Agency Press Release, 2/13/25

MMR Vaccination Reminders

- Routine Pediatric MMR vaccination schedule:
  - 2 doses, 1st dose at 12 – 15 months of age, 2nd dose between 4 – 6 years
- For children traveling internationally:
  - Age 6 – 11 months: 1 dose before departure; revaccinate with 2-dose series starting at 12 – 15 months
  - Age 12 months and older: First dose immediately, second dose 28 days later

- Follow routine schedule for children traveling domestically.

Patients traveling abroad? Protect them before their trip.

Before travel:
- Make sure everyone 12 months+ has 2 MMR doses.
- Babies 6-11 months need one MMR dose. Then, follow routine schedule.
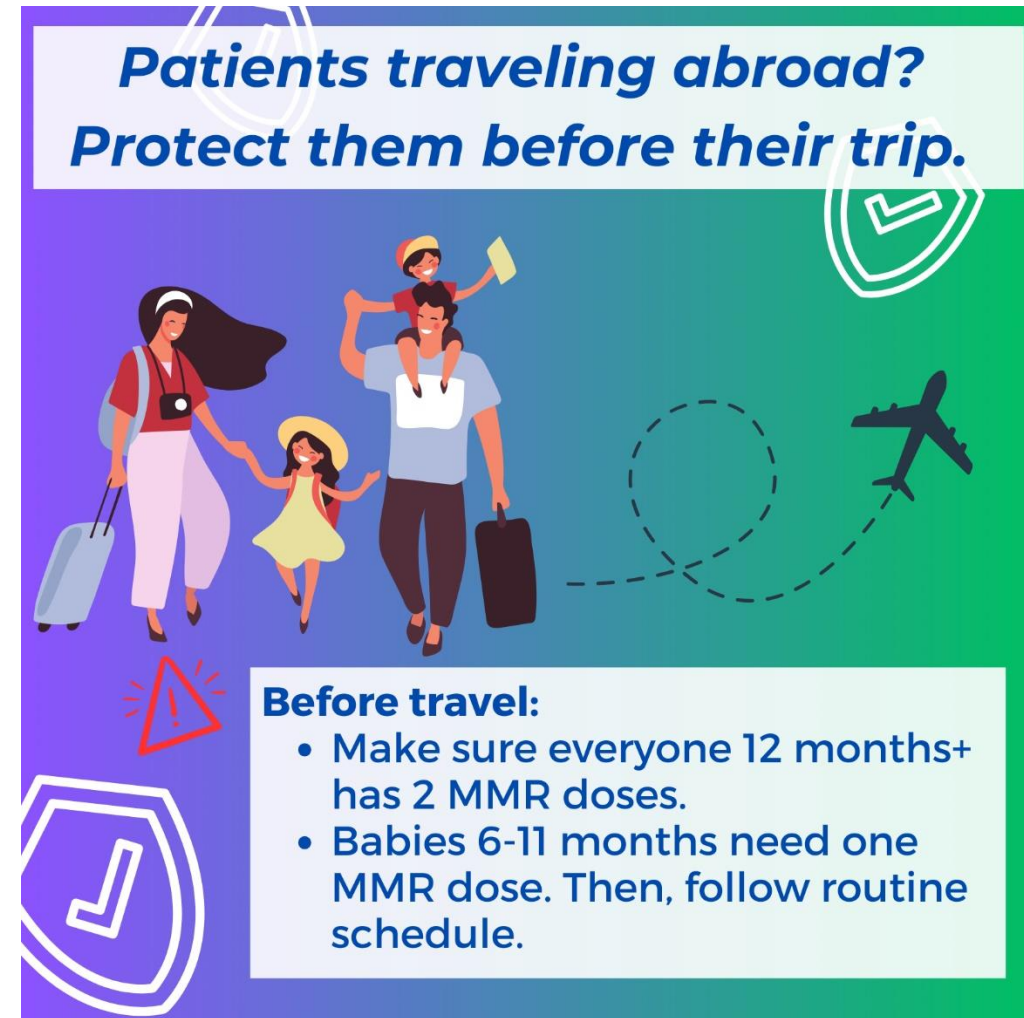
Infographic

Reported Measles Cases in the United States, 1962 – 2023
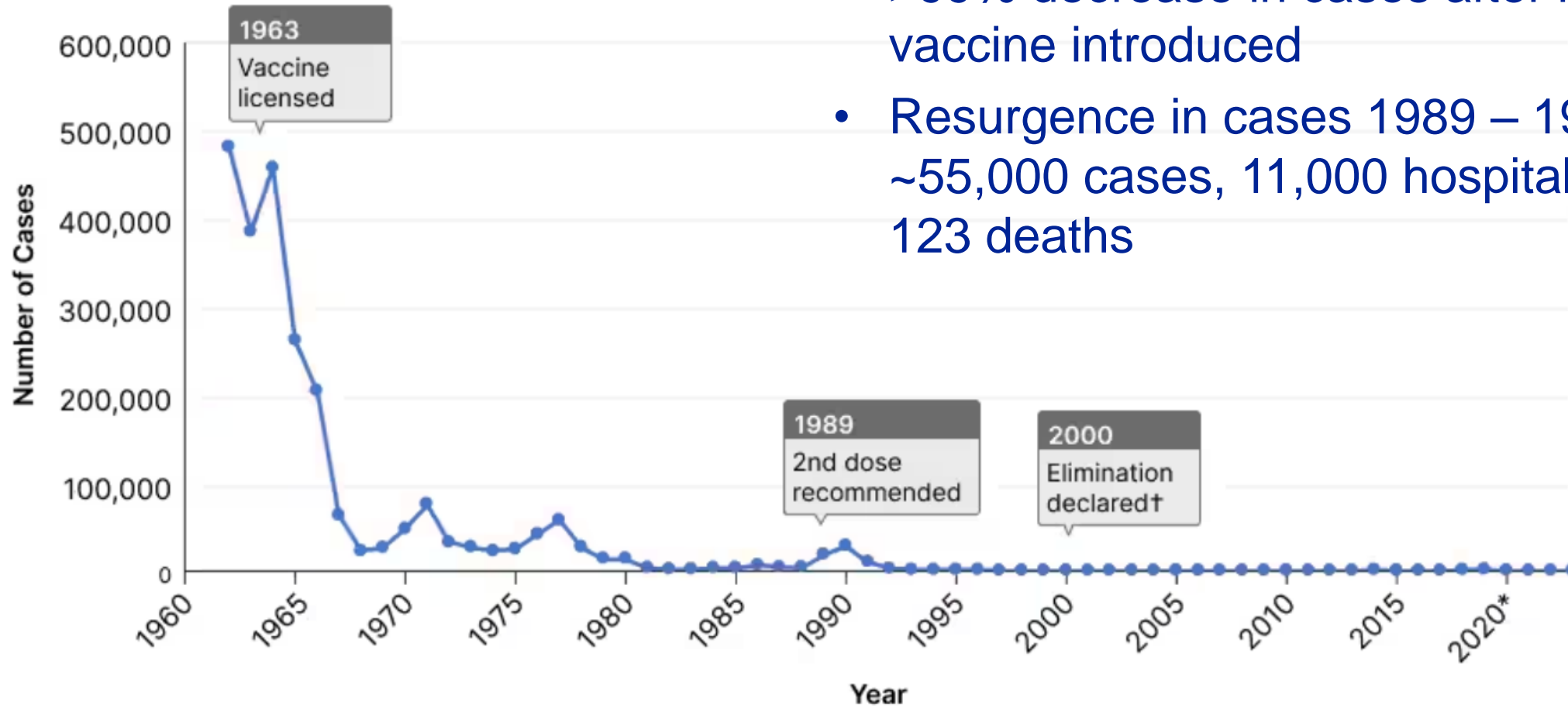
- >99% decrease in cases after measles vaccine introduced
- Resurgence in cases 1989 – 1991 resulted in ~55,000 cases, 11,000 hospitalizations, and 123 deaths

Measles Cases and Outbreaks (CDC)

Measles Incidence in California, 1980 – 1991
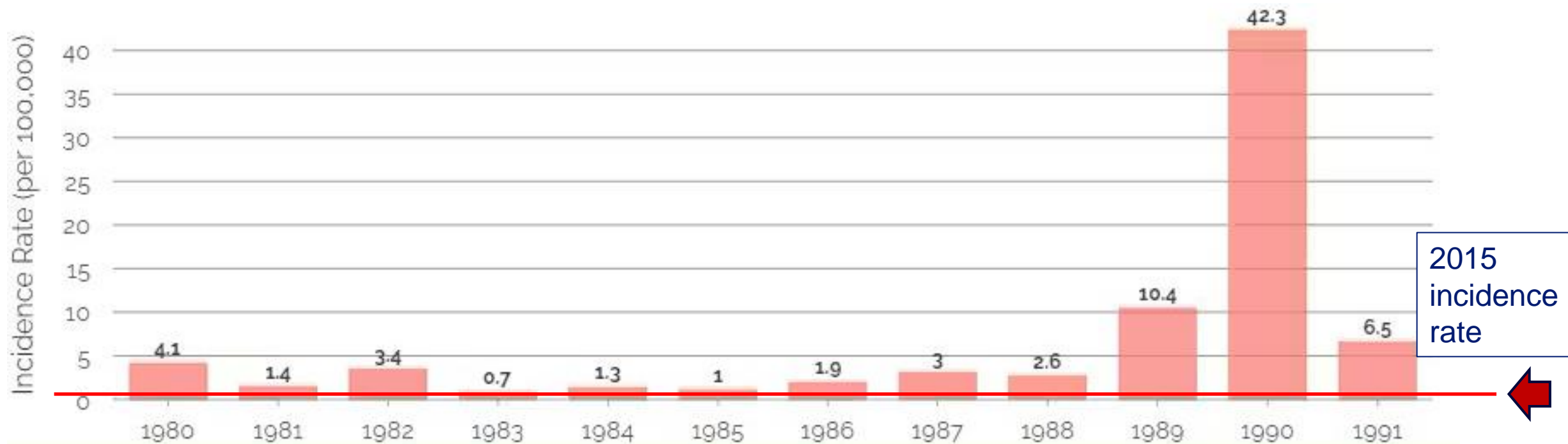
In California, resurgence resulted in **16,400** cases, **3,390** hospitalizations, **75** deaths

Celebrating 30 Years of Vaccines for Children (CDC)

Measles Resurgence in California

- Regions affected by the outbreak were low-income communities where families lacked access to affordable vaccines.

- California's surge in cases in 1990 was concentrated in low-income communities in Los Angeles and the San Joaquin Valley.

- Outbreaks also occurred among vaccinated school-aged children – recommendation at that time was for one dose at 15 months

- **Response:**
  - 2nd dose MMR recommended: 1st dose at 12 – 15 months, 2nd dose at 4 – 6 years
  - VFC program authorized by the Omnibus Budget Reconciliation Act of 1993

Measles Epidemic from Failure to Immunize - PMC

Measles Outbreak Diagram
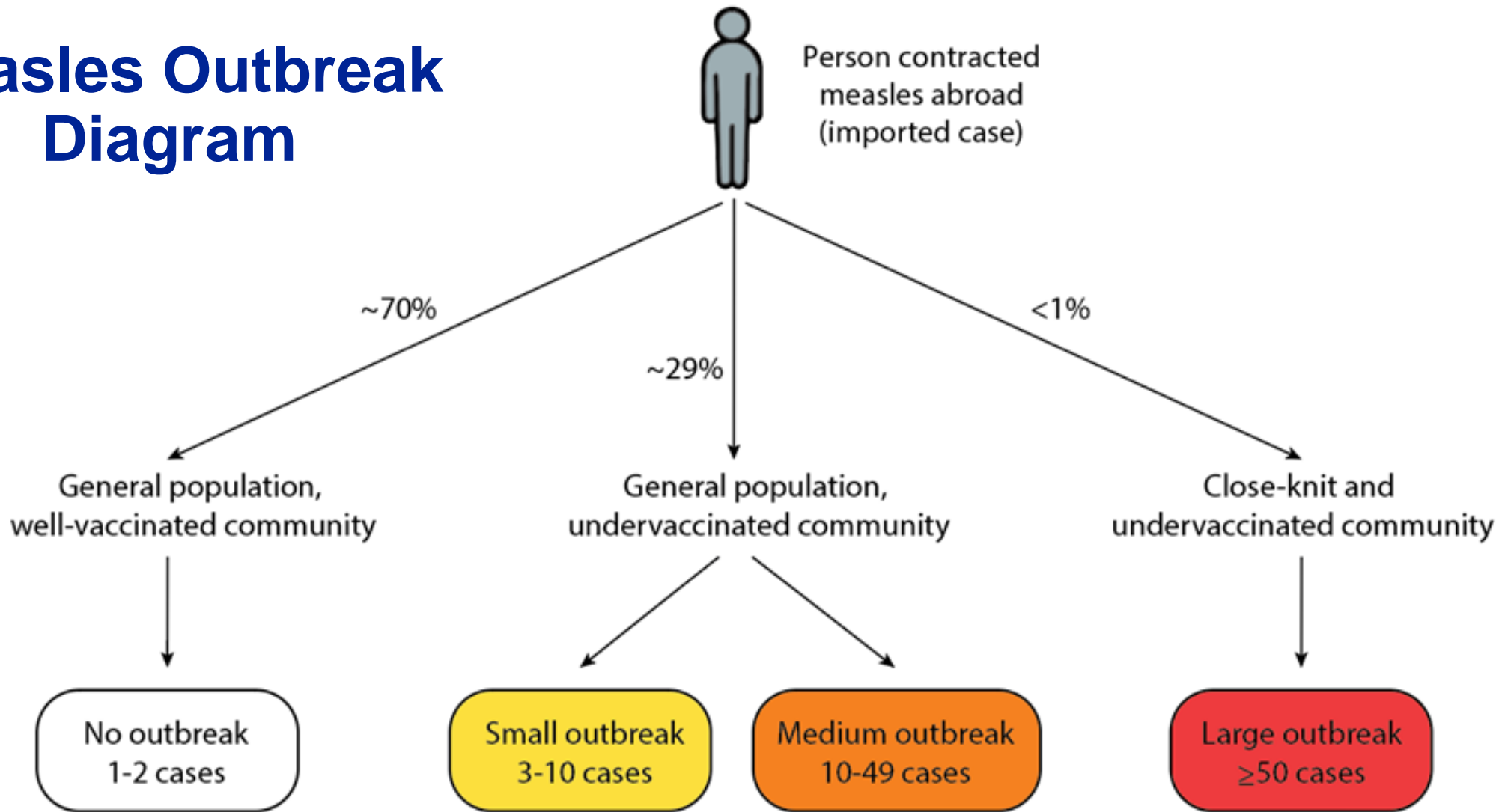
Diagram showing common patterns and sizes of measles outbreaks after exposure to an imported measles case, among different U.S. populations with varied MMR vaccination levels. Assessing Measles Outbreak Risk in the United States | NCIRD | CDC

Measles Resources

VISITING ANOTHER COUNTRY? PROTECT YOUR FAMILY.
THINK MEASLES.
Measles is widespread in Asia, Europe, Africa, and other regions.

BEFORE YOU TRAVEL
Tell your doctor where you are traveling. Babies and children may need measles protection at a younger age than usual.

AFTER YOU TRAVEL
Call your doctor if anyone gets a fever and rash within 3 weeks of returning from your trip. Describe where you traveled.

✈ Talk with your doctor if you are planning an international trip.
For more information go to www.cdc.gov/travel.

California Department of Public Health, Immunization Branch   IMM-1046 ADA English (1/24)

QUÝ VỊ SẮP VIẾNG MỘT QUỐC GIA KHÁC? HÃY BẢO VỆ GIA ĐÌNH QUÝ VỊ.
HÃY NGHĨ ĐẾN BỆNH SỞI
Những người đi du lịch nước ngoài luôn nghĩ đến COVID-19, tuy nhiên quý vị cũng nên lưu ý cả bệnh sởi.

TRƯỚC CHUYẾN ĐI
Cho bác sĩ của quý vị biết nơi quý vị sẽ tới. Các em nhỏ và trẻ em có thể cần chích ngừa bệnh sởi sớm hơn độ tuổi thông thường.

SAU CHUYẾN ĐI
Gọi bác sĩ của quý vị nếu có người bị sốt và nổi mẩn trong vòng 3 tuần sau khi trở về từ chuyến đi. Cho họ biết nơi quý vị đã tới.

✈ Nói chuyện với bác sĩ của quý vị nếu quý vị dự định ra nước ngoài.
Để biết thêm thông tin, vào trang mạng www.cdc.gov/measles/plan-for-travel.html.

DEPARTMENT OF HEALTH
Immunization Program
651-201-5503, 1-800-657-3970
www.health.state.mn.us/immunize
Adapted with permission from the California Department of Public Health, Immunization Branch
3/22 (Vietnamese)

PUT MEASLES ON THE SPOT.
Make sure you and your family are fully vaccinated.

Measles is still a threat in California. Are you fully protected? Check with your doctor whether you and your family have had enough doses of MMR vaccine.

For more information, visit GetImmunizedCA.org

TRAVELED RECENTLY?

If you are sick with a fever + traveled overseas in the last 3 weeks

You Could Have Measles.

TELL FRONT DESK STAFF NOW!

Measles is very contagious and is widespread in many parts of the world.

California Department of Public Health, Immunization Branch

[CDPH EZIZ Measles Resources](#)

Flu levels are still high! It's not too late to vaccinate.

Everyone 6 months and older should get a flu shot if they haven't yet this season.

Children 6 months to 8 years old **need two doses of flu vaccine this season if:**

- They are getting flu vaccine for the first time

- They have previously received only one dose of flu vaccine, or

- Their flu vaccination history is unknown.

Reminder
Flu levels are still high! Recall children who still need their 2nd dose of flu vaccine.

Respiratory Virus Report   **EZIZ Flu Vaccine Infographic**

Continue Administering RSV Immunization to Infants and Toddlers Before March 31, 2025

RSV immunization is the best way to protect our youngest patients from severe illness and hospitalizations.

Reminder: Providers may check the California Immunization Registry (CAIR) or ask the birthing parent to download their digital vaccine record at myvaccinerecord.cdph.ca.gov to verify receipt of prenatal RSV vaccine.

For more information, see RSV FAQs and resources.

The window to protect me against RSV is closing!

Don't forget!

Remind families with babies <8 months & high-risk kids 8-19 months to come in for RSV immunization before March 31!

Pharmacy Updates

Edward Salaguinto, PharmD, RPh, CDPH

COVID-19 Therapeutics: Lagevrio

- Ordering for ASPR*-procured Lagevrio™ is closed for all partners.

- All ASPR-distributed Lagevrio™ previously distributed is now expired.

- Your ASPR-distributed supply should be recorded in HPOP until on-hand inventory reaches zero.

- Please contact COVID19.Therapeutics@hhs.gov with any questions.

- Please use your usual mechanisms to order commercially available Lagevrio™.

- Patient Assistance:
  - Private Insurance: https://www.lagevrio.com/patients/coupon/
  - Uninsured & other eligibility: https://www.merckhelps.com/LAGEVRIO

*Administration for Strategic Preparedness and Response

COVID-19 Therapeutics: Paxlovid

- Beginning March 1, 2025, changes took affect for the U.S. Government Patient Assistance Program (USG PAP) operated by Pfizer
  - USG PAP will now only cover certain Medicare patients facing high co-pays
  - Medi-Cal: Paxlovid is on Medi-Cal Rx Contract Drug List
  - Uninsured patients who cannot afford Paxlovid™ may be eligible to enroll to receive Paxlovid™ at no cost.
  - The program will continue to cover eligible uninsured and eligible underinsured patients until U.S. government's supply is depleted or until December 31, 2028, whichever comes first.

- Federal entities, such as the Department of Defense, the Department of State, the Department of Veterans Affairs, Indian Health Service, and HRSA-supported health centers, can continue to leverage the HHS-procured supply of Paxlovid™. These treatment courses are provided at no cost to patients.

Pharmacist May Furnish COVID-19 Oral Therapeutics

- BP&C 4052.04 Pharmacists may furnish COVID-19 oral therapeutics
  - (a) In addition to the authority provided in Section 4052, a pharmacist may furnish COVID-19 oral therapeutics following a positive test for SARS-CoV-2, the virus that causes COVID-19.
  - (f) This section shall remain in effect only until **January 1, 2026**, and as of that date is repealed.

- PAXLOVID™ may be prescribed for an individual patient by physicians, advanced practice registered nurses, and physician assistants that are licensed or authorized under state law to prescribe drugs. PAXLOVID™ may also be prescribed for an individual patient by a state-licensed pharmacist.

- LAGEVRIO™ may only be prescribed for an individual patient by physicians, advanced practice registered nurses, and physician assistants that are licensed or authorized under state14 law to prescribe drugs in the therapeutic class to which LAGEVRIO™ belongs (i.e., anti-infectives).

Changes to the Medi-Cal Rx Contract Drugs List

- ProQuad is a vaccine indicated for active immunization for the prevention of measles, mumps, rubella, and varicella in children 12 months through 12 years of age.

- ENGERIX-B is indicated for immunization against infection caused by all known subtypes of hepatitis B virus.

- Resources:
  - [Changes to the Medi-Cal Rx Contract Drugs List](#)
  - [Medi-Cal Rx Bulletins & News](#)
  - [medicalrxeducationoutreach@primetherapeutics.com](#)

Changes to the Medi-Cal Rx Contract Drugs List
March 1, 2025

The following changes have been made to the *Medi-Cal Rx Contract Drugs List* posted to the Medi-Cal Rx Web Portal, effective March 1, 2025.

Drug Name	Description	Effective Date
Bortezomib	Additional formulation (single dose vial) added to the *Medi-Cal Rx Contract Drugs List* (CDL) with prior authorization (PA) restriction.	March 1, 2025
Datopotamab Deruxtecan-dlnk	Added to the CDL with labeler restriction (LR).	March 1, 2025
Docetaxel	Additional formulation (solution for injection) added to the CDL with LR.	March 1, 2025
Glucagon (synthetic)	LR added to prefilled auto-injector, prefilled syringe, and single-dose vial kit.	March 1, 2025
Nivolumab and Hyaluronidase-nvhy	Added to the CDL with LR.	March 1, 2025
Pemetrexed Dipotassium	Added to the CDL with LR.	March 1, 2025
Vaccines	Additional vaccines added to the CDL.	March 1, 2025

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@primetherapeutics.com.

Extension of Post-PREP COVID-19 Vaccine Policy

- Public Readiness Emergency Preparedness (PREP) Act has been extended through **December 31, 2029**.

- Medi-Cal members younger than 3 years of age must obtain their COVID-19 vaccines through the Vaccines For Children (VFC) program.

- Medi-Cal members 3 years of age and older may obtain their COVID-19 vaccines through non-VFC pharmacy providers.

- Resources:
  - Changes to the Medi-Cal Rx Contract Drugs List
  - Medi-Cal Rx Bulletins & News
  - medicalrxeducationoutreach@primetherapeutics.com

The Emergency Prescription Assistance Program (EPAP)

- CAHAN: EPAP activated beginning January 17, 2025 through March 15, 2025 in California

- EPAP helps people in a disaster who don't have health insurance providing access to:
  - Prescription medicine
  - Medical equipment
  - Medical Supplies
  - Vaccinations

- EPAP Enrolled Pharmacies

- EPAP Hotline at 1-855-793-7470

- What should EPAP enrolled pharmacies do to help?
  - Confirm that EPAP has been activated in your patient's area
  - Assist patients with eligibility and registration
  - Check for a valid prescription
  - Ensure that the prescription and/or DME is covered under EPAP
    - Items Covered by EPAP
  - Provide a 30-day supply of prescription drugs, medical supplies, or vaccines

CDPH | Immunization Branch

Vaccines for Children

Christina Sapad, CDPH

2025 VFC Recertification

- Recertification is now over 2 weeks overdue

- 3,343 active VFC Providers
    - 3,202 have completed recertification (96% of active providers)
    - 2 are in E-Signature Requested status
    - 20 are In Progress

Recertifications by Status

Unique Count of Program Location Application ID

Status	Count
Open	113
In Progress	20
E-Signature Requested	2
Completed	3,202

CDPH | Immunization Branch
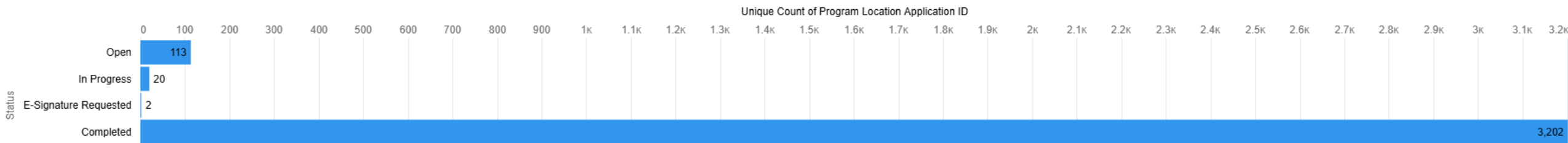
Recertification Overdue

- Accounts were suspended the evening of Friday, February 28, 2025
  - 135 accounts are currently suspended

- When in Suspended status, providers will not be able to:
  - Submit a vaccine order
  - Accept a vaccine transfer

- After several reminder and warning communications, providers who still have not recertified will be terminated from the VFC Program
  - Termination from the VFC Program may affect a provider's status with Medi-Cal

McKesson Depot Reminder

- Starting mid-March 2025, VFC's national vaccine distributor, McKesson, will be transitioning from the Aurora, CO depot to a new depot in Clermont, KY depot.

- More details about the depot change will be communicated

- Key changes:
  - Non-direct ship, refrigerated vaccines will be sent from Clermont KY depot
  - Vaccine returns in late March will need to be sent to Clermont KY depot instead of Aurora CO. Vaccine return labels sent to your practice will reflect the new address.
  - Effective 3/24/25: Urgent order cutoff time will 2:00 pm, PST

New Temperature Monitors from McKesson

- Similar to ones currently used for frozen Moderna COVID-19 vaccine shipments

- Monitors for both warm and cold excursions during transit

- The new monitors will be included in refrigerated shipments beginning on Monday, March 10, 2025.

- Flyer will be included with the shipments

- If there are any questions around the new monitor or shipment, providers should contact VFC at 877-243-8832 immediately upon unpacking to report issues.

RECEIVING AND UNPACKING STEPS

1 **IMMEDIATELY** open the cooler and follow the TagAlert receiver instructions. See below for details.

2 **Compare** the packing list to the contents of the cooler to confirm they match. See below.

3 **Inspect** the vaccine and report any tampering (e.g., broken seal). See back for details.

4 **Place vaccine** in appropriate storage immediately upon receipt.

5 **Repack** the cooler for refurbishing. See back for details.

6 **Return** the cooler via UPS. See back for details.

INSTRUCTIONS FOR CONFIRMING PROPER SHIPPING TEMPERATURES

TAGALERT INFORMATION

1 Remove the TagAlert temperature monitor from the box. The TagAlert is located inside the inner box, next to the vaccine.

2 Follow the recipient instructions on the blue card:

- **Stop TagAlert Indicator.** Press and hold the Start and Stop button until the Stop icon appears.
- **Read Indicator Status.** Determine if the appropriate temperature was maintained during transit.
- **TagAlert Monitor Concerns?** Please call **1-877-836-7123**.

! Vaccine should be placed in appropriate storage immediately upon receipt.

RSV Immunization of Infants with Nirsevimab

- ACIP recommends RSV immunization of eligible infants between October and March for most of the continental US.

  - Continue ordering nirsevimab until the end of March.

  - VFC will zero out allocations of nirsevimab on March 31, 2025.

  - Providers with nirsevimab inventory on hand after March 31, 2025, can store the product for use next season.

  - To minimize vaccine loss/wastage, providers should not order nirsevimab doses at the end of the vaccination season for the purpose of using these doses during the next season.

- New thresholds for nirsevimab will be implemented for the 2025-26 season. Details will be available closer to next season.

Continue Ordering VFC Flu Vaccine

- Flu season isn't over yet!

- If you have already ordered your full seasonal flu vaccine allocation and need more doses, you can request more doses on the VFC order form.

- VFC staff will add allocations based on availability.

VFC MMR Vaccine

- The [ACIP VFC Resolution on MMR and Varicella](#) indicates that MMR vaccine may be used as young as 6 months of age in an outbreak or prior to international travel.

- Remember to continue following ACIP recommendations and VFC eligibility criteria when administering VFC vaccines.

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT MEASLES, MUMPS, RUBELLA, AND VARICELLA

The purpose of this resolution is to update guidance on the use of mumps-containing vaccine in the context of a mumps outbreak and to update links to published documents.

VFC resolution 6/09-3 is repealed and replaced by the following:

A. Vaccines to prevent Measles, Mumps and Rubella

Eligible groups
Children 12 months through 18 years of age (may be as young as 6 months of age in an outbreak or prior to international travel).

Recommended Schedule for Measles, Mumps and Rubella Vaccines
Recommended schedules for measles, mumps, and rubella vaccines can be found at:
www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm[1]

In addition, persons previously vaccinated with two doses of a mumps-containing vaccine[2] who are identified by public health as at increased risk for mumps because of an outbreak should receive a third dose of a mumps-containing vaccine to improve protection against mumps disease and related complications.

Vaccine Management

Josh Pocus, My Turn, and Dan Conway, myCAvax

Long-Term My Turn Release Roadmap

By April 2025

- **Public Health Emergency Preparedness Flow (PHEP) MVP**: Create a new public and clinic experience to combat bioterror events and allow the public to find and screen for antibiotics
- **Public Health Emergency Preparedness Flow (PHEP) Enhancements**: Expand the PHEP experience with new features including inventory management, 50-day antibiotics and vaccination reminders, and reports and dashboards
- **Vaccine Locator Page Scheduling Links**: Add clinic specific links to the vaccine locator search so that the public can schedule a vaccine from the map search page

By June 2025

- **Public Health Emergency Preparedness Flow (PHEP) Enhancements**: Continues the expansion of PHEP by adding potential features such as secure delete / archive screening data, archive Medical Point of Dispensing (MPOD) sites, bulk upload and edit MPOD sites, and manage users
- **Annual Flu Product Updates:** Adds the new 2025 flu products and deactivate the 2024 products across all My Turn

What's Next in My Turn – Release 57

New updates for providers will launch on **Thursday, March 27, 2025!**

My Turn Public

Release Highlights

- ✓ A new 'Emergency antibiotics screening and dispensing' page will be added to the My Turn Public portal.
- ✓ The 'Select a location' page will show the appropriate COVID-19 vaccine clinic based on the patient's insurance status. Patients 18 or younger will see options for private insurance (excluding Medi-Cal) and Medi-Cal, while those 19 or older will see only the 'Yes' option on the 'Does the patient have health insurance?' question.
- ✓ Two new Anthrax-related questions will be added to the 'General FAQs' page.
- ✓ A new error message will be displayed in the 'Health Insurance' section if a user selects Private Insurance for the 'What type of insurance does the patient have?' question and chooses 'Medical' or 'Medicare' in the 'Primary Carrier' field on the 'Patient information' page.

My Turn Clinic

Release Highlights

- ✓ Subtext, field names, and descriptions will be updated on the 'Provider Organization Information' page of the My Turn Enrollment flow.
- ✓ The 'Workforce Number' field will be removed from the 'Health Insurance' section on the Walk-in and VA flows.
- ✓ The main menu on the 'How Can We Help?' Virtual Assistant pop-up window will be updated to cover all aspects of the provider portal.
- ✓ A new 'Public Health Emergency' tile will be added to the myCAvax home page.
- ✓ The 'Vaccine Type' field will be set to read-only on the 'Details' subtab of the 'Clinic' page.
- ✓ A new error message will be displayed in the 'Health Insurance' section if a user selects Private Insurance for the 'What type of insurance does the patient have?' question and chooses 'Medical' or 'Medicare' option in the 'Primary Carrier' field on the Walk-in, VA, and Inline Bulk Upload flows.
- ✓ The Minor Consent value entered in the parent appointment will be reflected in all child appointments in the Walk-in flow.
- ✓ The Minor Consent and Custom Screening Question values entered in the parent appointment will be reflected in all associated child appointments in the VA flow.
- ✓ Updating a Custom Screening Question value while resubmitting a child appointment will reflect the update in all associated child appointments in the VA flow.
- ✓ Updating the Minor Consent and Screening Question values while resubmitting a child job will reflect the changes in the parent and all associated child appointments in the IIS flow.

Vaccine Locator – Opt-In today!

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

Opt-In by Program:
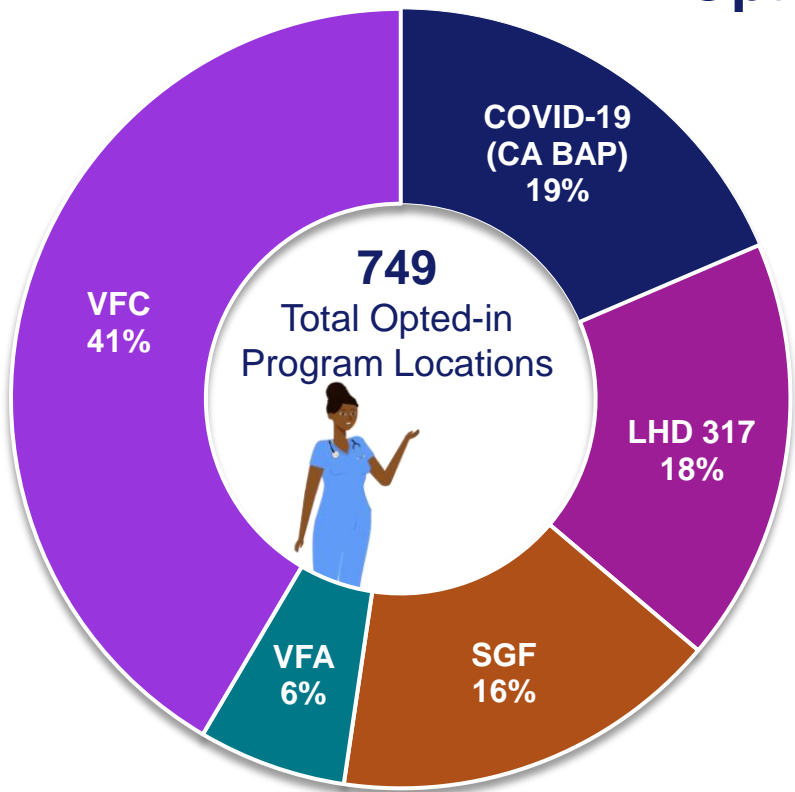
Program	Opted-In Locations
COVID-19 (CA BAP)	139
LHD 317	132
SGF	121
VFA	46
VFC	311

We want to congratulate **VFC** program locations for their participation and being the top program with **311 Locations** opted-in!

Data as of 3/6/25

Vaccine Locator – Thank you!

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**.

Opt-In Progress by Program Location

5487

749
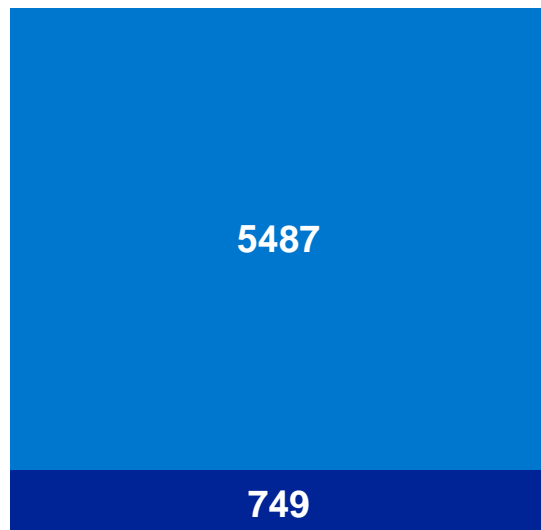
■ Opt-In   ■ Opt-Out

12% of Program Locations have **Opted-In** as of **March 3, 2025.**
- **749** of the total **6,236** Program Locations Opted-In.
- **5,487** of the total **6,236** Program Locations have yet to Opt-In.

THE PUBLIC

WANTS YOU!
opt-in to
★ Vaccine ★ Locator ★

My Turn Office Hour: Personalized Technical Assistance

Join My Turn subject matter experts (SMEs) for a 60-minute session to help add your clinics in real time, request demonstrations, and get your questions answered by My Turn SMEs.

When: Tuesday, March 11, 2025

Time: 12:00 pm – 1:00 pm, PT

Register here: My Turn Office Hour Registration Link

Long-Term myCAvax Release Roadmap

By March 2025

- IIS Dose administration details available on provider ordering forms for VFA, VFC, and 317 programs
- IIS Dose administration details available on internal order review for CSRs
- Practice profile tab on program locations to display the total yearly cost of wasted and returned vaccine doses, for providers and internal users

By April 2025

- Enhanced excursions reporting for all programs
- Internal SHOTS review process for VFC excursion reports

By May 2025

- SGF Enrollment enhancement
- VFA Enrollment process
- 317 Enrollment process

By June 2025

- Outbreak enrollment process
- Outbreak becomes program independent of BAP

What's Next in myCAvax? – Release 55

New updates for providers will launch on **Thursday, March 13, 2025!**

Release Highlights

VFC/VFA/317 Ordering Page Updates

✓ New CAIR administration data columns, 'IIS Qty Used Since Last Order' and '% Doses Submitted to IIS' have been added under the Doses Administered section.

✓ Step 2 of vaccine ordering page includes new columns and new section, 'Order & Inventory Reporting Details.'

✓ Step 3, the 'Order Confirmation' page, now includes new columns and a new 'Doses Administered' section.

✓ When viewing a batch order, a new column, 'IIS Doses Administered,' has been added in the Accountability Records.

✓ When viewing a Batch Order beyond the 'Submitted' status, two new columns: 'IIS Qty Used Since Last Order' and '% Doses Submitted to IIS' have been added to the 'Doses Administered' section

Program Location Page Updates

✓ New 'Practice Profile' tab, with vaccine dose-related information for the current and previous years.

✓ New warning messages regarding product availability based on Provider Allocation added.

VFC Dashboard Page Update

✓ New dashboards tabs to access current 'myCAvax' dashboard and new 'Flu & COVID Orders,' dashboard.

Providers

CDPH | Immunization Branch

R55 Enhancements: Adding IIS Information to the VFA, 317, VFC Order Request Pages

- The VFA, 317, VFC Order Request pages will be updated to display IIS administration information in two new columns under the 'Doses Administered' section:
  - 'IIS Qty Used Since Last Order' column
  - '% Doses Submitted to IIS' column

R55 Enhancements: IIS Tool tips on the VFA, 317, VFC Order Request Pages

- Tool tips on the new 'IIS Qty Used Since Last Order' and '% Doses Submitted to IIS' columns on the VFA, 317, VFC Order Request pages will provide details on the information displayed in each column.
  - Tool tips can be viewed by hovering over the information (ⓘ) icon corresponding to the appropriate column.

Information is provided for awareness purposes on accurate reporting of vaccine administration doses to the IIS according to program participation requirements, and AB1797. If you notice a variance, we recommend you confirm that doses reported to your IIS are timely, complete, and contain required reporting elements, including the correct Funding Source/Eligibility Code and product NDC Code.

This column shows doses administered in your IIS from February 1, 2025 through yesterday. Any doses reported today will not reflect in myCAvax until the following day.

R55 Enhancements: Adding Order & Inventory Reporting Information to Step 2 of the VFA, 317, VFC Order Requests

- The VFA, 317, VFC Order Request Step 2 – Review Doses Requested and Confirm Additional Details page will be updated with a new 'Order & Inventory Reporting Details' section.
- New columns will display additional information:
  - Recommended order size
  - Doses Requested
  - Estimated Provider Inventory

VFC

VFC - Order Request

Step 2 - Review Doses Requested and Confirm Additional Details

To change the program selected, navigate back to the Vaccine Orders page.

* **Program Location**

Orange River - Vaccines for Children

Enter additional required information for your order and include comments (if needed) prior to submitting.

Order & Inventory Reporting Details				VFC Doses administered		
Product	Recommended order size	Doses Requested	Estimated Provider Inventory	Qty used since last order	IIS Qty used since last order	% Doses submitted to IIS
Shared Pro... VFC Shared COVID	20	20	-60	60	100	N/A

R55 Enhancements: Adding Dose Administration Information to the VFA, 317, VFC Order Confirmation Page

- The VFA, 317, VFC Order Request Step 3 – Order Confirmation pages will be updated with a new 'Doses Administered' section.
- New columns will display additional information:
  - Qty used since last order
  - IIS Qty used since last order
  - % Doses submitted to IIS

R55 Enhancements: Updated Program Location Page

- The Program Location page will be updated to include additional information summary in the 'VFC Practice Profile' tab

R55 Enhancements: Updated VFC Dashboards

VFC providers will have access to two different Dashboards through new tabs on the Vaccines for Children – Dashboard page.

- myCAvax Dashboard:
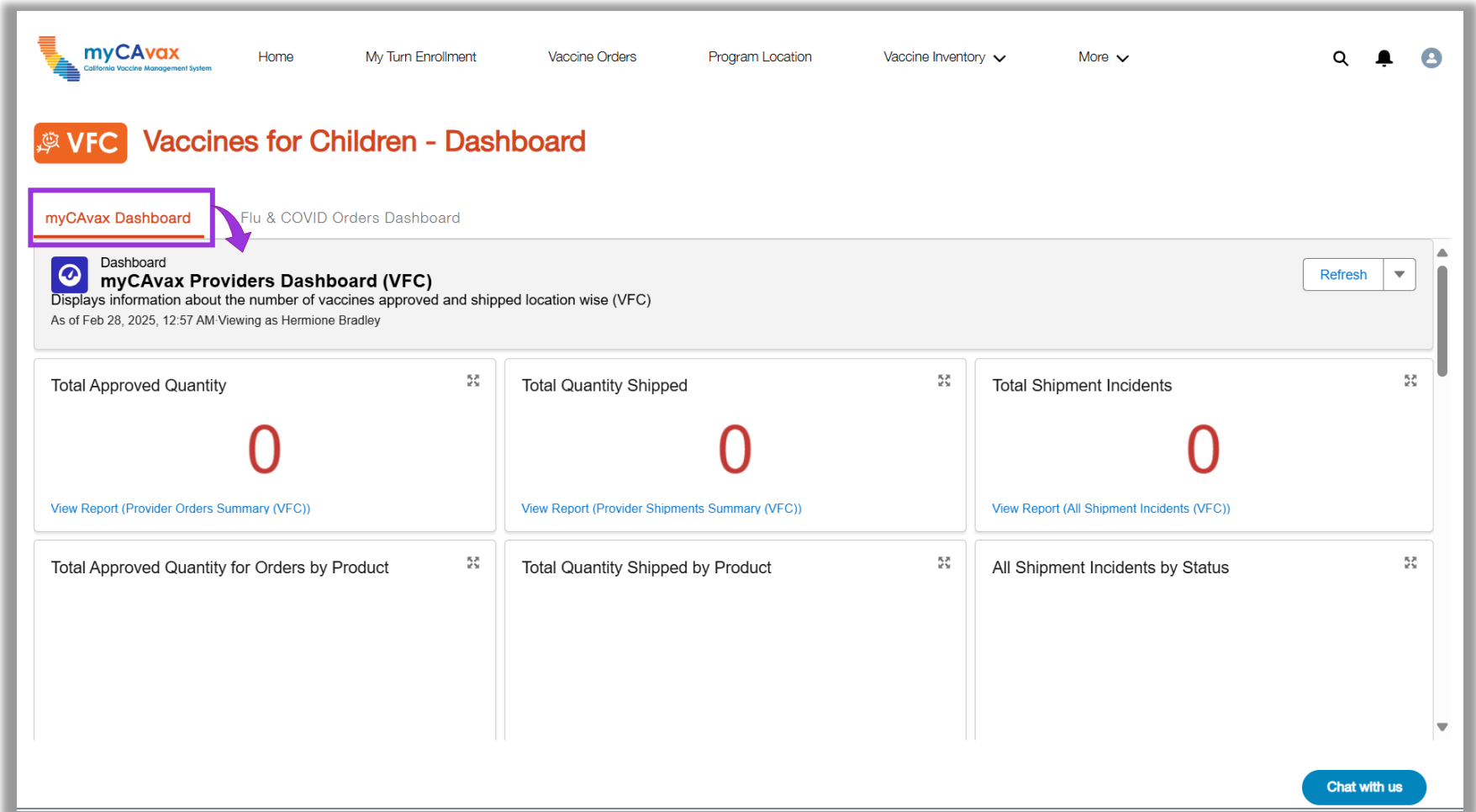
R55 Enhancements: Updated VFC Dashboards

VFC providers will have access two different Dashboards through new tabs on the Vaccines for Children – Dashboard page.

- Flu & COVID Orders Dashboard:
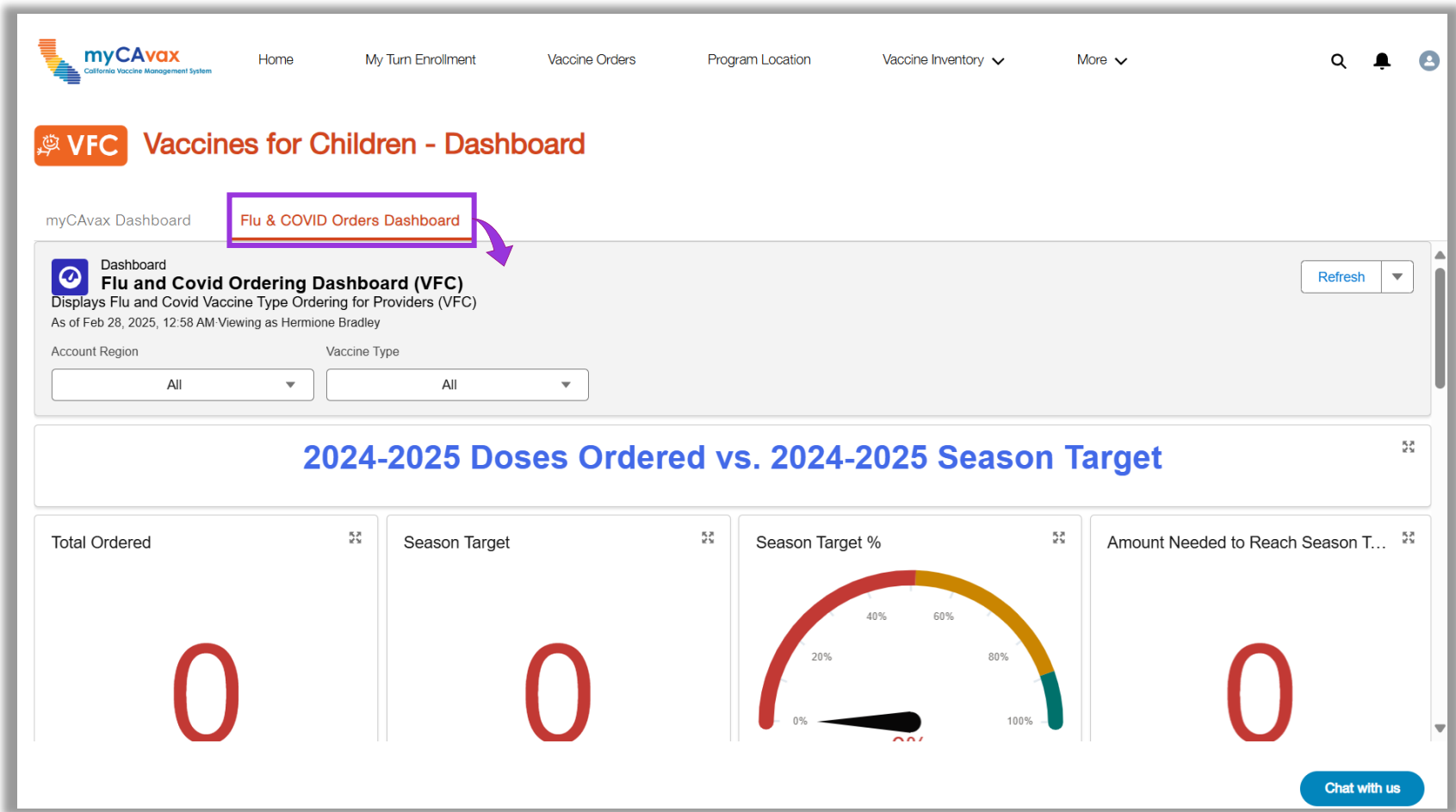
2025 Recertification – Thank you!

Thank you for your efforts in completing 2025 Recertifications! The numbers below show completion by eligible Providers as of **February 28, 2025.**

VFA Program	**LHD 317 Program**	**VFC Program**
97.4% Recertified!	**80.7%** Recertified!	**93.7%** Recertified!
(**483** completed recertifications)	(**125** completed recertifications)	(**3,128** completed recertifications)

THANK YOU!

myCAvax – Known Issues and Workarounds

Known Issues

- ✓ For providers placing orders through the community-side, please **refrain from using the trash can** at the very end of the row unless you wish to no longer order that vaccine at all during this ordering cycle and have no on-hand inventory to report
  - ✓ Instead, if you are looking to clear and re-enter your quantities, lot numbers, and/or expiration dates for your on-hand inventory, please do so by manually clearing the inputted data from the fields and, if necessary, using the smaller trash cans respective to each additionally added line of inventory

Workaround / Next Steps

- ✓ If you accidentally used the trash can on a vaccine that you wish to order and/or report on-hand inventory for this ordering cycle and are now seeing the red error "a cancelled order cannot be changed." when trying to submit/save your order, please contact the PCC who can help get this order processed

🚫 **Order**
A cancelled order cannot be changed. ✕

Resources and Q&A

Leslie Amani and CDPH Subject Matter Experts

2025 Immunization Block Schedule in English and Spanish

**Routine Immunization Timing Block Schedule**

Calendario de Vacunacion de Rutina para el 2025

California Digital Vaccine Record (DVR)

If you're [wondering whether you're up to date on all your vaccines](#) or need immunization records for school/childcare entry or work, you can visit the [California Digital Vaccine Record](#) to access your full vaccination records.

If you need to catch up on your vaccines, talk with your health care provider or visit [MyTurn.ca.gov](#) to make your vaccine appointments.

Visit the [Routine Immunizations Communications Toolkit](#) for more messages to share.
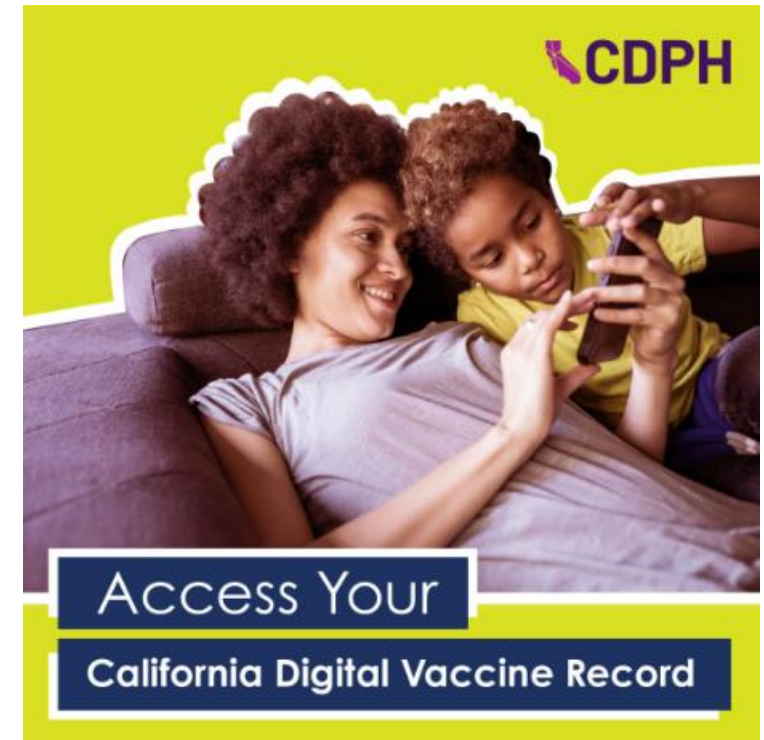
CDPH Office of Communications Toolkits

[CDPH Communication Toolkits](#)

CDPH Office of Communications

Sign Up for the CDPH **Communications Tools & Information Newsletter**

Communication Tools & Information
California Department of Public Health

CDPH

Sign up to receive weekly email updates from the California Department of Public Health. Get the latest public health guidance and communications tools & resources for advancing public health in California and beyond.

First Name*

Last Name*

E-mail*

Organization

Sign up to receive the [CDPH Office of Communications Tools & Information Newsletter](#)

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: **providercallcenter@cdph.ca.gov**
- Phone: (833) 502-1245, Monday through Friday from 8:00 am – 5:00 pm

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.

myCAvax
California Vaccine Management System

COVID-19 Therapeutics Resources

Type of Support	Description Updated 12.11.24
General Information	**CDPH COVID-19 Treatments Webpage** (provides COVID-19 treatment information for healthcare providers and the general public)
Locating Resources	Finding Providers and Test-to-Treat Sites • **COVID-19 Therapeutics Locator** (Find COVID-19 medications at pharmacies, clinics, and other locations near you.) • **Information Page for Test-to-Treat Program**
Archive Therapeutic Webinars	For access to previously recorded webinars and slides, please contact: **leslie.amani@cdph.ca.gov** Access previously recorded CDPH Immunization Branch Webinars for Providers, on the: **CDPH Immunization Branch Webinar Site**
Questions	For questions about ordering therapeutics, please email: **cdphtherapeutics@cdph.ca.gov**
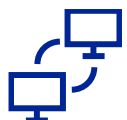
CDPH Provider Webinars and Trainings

Week of March 10, 2025

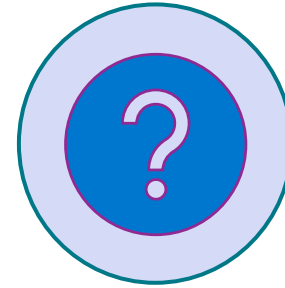|	Monday 3/10	Tuesday 3/11	Wednesday 3/12	Thursday 3/13	Friday 3/14
Live Webinars and Training		My Turn Office Hour: Personalized Technical Assistance *12:00 pm – 1:00 pm*	Crucial Conversations: Effective Communication Without Confrontation *12:00 pm – 1:00 pm*		

View On Demand

- CDPH Immunization Branch Archived Provider Webinars and Slides
- AIM Vaccine Confidence Toolkit Webinar Series

- Introduction to My Turn Onboarding *(v. 1/4/22)*
- Latest Features in My Turn (*Requires myCAvax Login*)
- myCAvax Release Notes for LHD and CDPH Users (*Requires myCAvax Login*)

Help

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

Immunization Resources
California's General Immunization Resources (eziz.org)

RSV Immunization Resources   Flu Vaccination Resources

COVID-19 Vaccination Resources   COVID-19 Treatments

Mpox Vaccination Resources

CDPH Immunization Branch

CDPH Provider Webinars and Trainings

Week of March 17, 2025

	Monday 3/17	Tuesday 3/18	Wednesday 3/19	Thursday 3/20	Friday 3/21
Live Webinars and Training					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		• Introduction to My Turn Onboarding *(v. 1/4/22)* • Latest Features in My Turn (*Requires myCAvax Login*) • myCAvax Release Notes for LHD and CDPH Users (*Requires myCAvax Login*)		

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　　　　　 Onboarding Email: myturnonboarding@cdph.ca.gov

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

Immunization Resources
California's General Immunization Resources (eziz.org)

RSV Immunization Resources　　　　Flu Vaccination Resources

COVID-19 Vaccination Resources　　　COVID-19 Treatments

Mpox Vaccination Resources

CDPH | Immunization Branch

Q&A

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.

Thank you for attending!

Next CDPH Immunization Updates for Providers
Friday, March 21, 2025
CDPH Immunization Updates for Providers Registration Link