

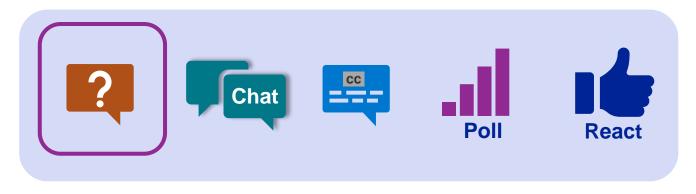
Immunization Updates for Providers

Friday, May 16, 2025 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.





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.



Agenda: Friday, May 16, 2025

No.	Topic	Presenters (CDPH)	Time (AM)				
1	Welcome and Announcements	Leslie Amani and Terisha Gamboa	9:00 – 9:05				
2	Pharmacy Update	Edward Salaguinto, PharmD, RPh	9:05 – 9:10				
3	CA Immunization Registry (CAIR)	Michael Powell	9:10 – 9:20				
4	Clinical	Floria Chi, MD	9:20 – 9:40				
5	Vaccines for Adults (VFA) and Poll	Lindsay Reynoso	9:40 – 10:00				
6	Vaccine Management (My Turn / myCAvax)	Josh Pocus and Dan Conway	10:00– 10:15				
7	Resources and Q&A	Leslie Amani and CDPH SMEs	10:15 – 10:30				









Leslie Amani and Terisha Gamboa, CDPH



My Turn Office Hour

When: Tuesday, May 20, 2025

Time: 12:00 pm – 1:00 pm

Audience: LHDs and providers

Topic: This 60-minute session will provide an opportunity for attendees to ask questions, request demos, and receive support about My Turn from My Turn SMEs.

Registration Link: My Turn Office Hour for LHDs and

Providers







Measles 2025: The State of the Outbreak

When: Tuesday, May 27, 2025

Time: 10:00 am - 11:30 am (PT)

Cost: No cost

Register using this link:

Measles 2025: The State of the Outbreak

This free public webinar will cover:

- How measles spreads and how it can be contained
- Symptoms of measles and how it is diagnosed and treated
- How to share accurate information about the virus
- The challenge of vaccine hesitancy and declining immunization rates

Speakers

- Carlos del Rio (Moderator), Emory University
- Tammy Camp, Pediatrician, Lubbock, Texas
- Heidi Larson, The Vaccine Confidence Project
- Bonnie Maldonado, Stanford Medicine Children's Health
- Tiffany Torres, City of Lubbock, Texas

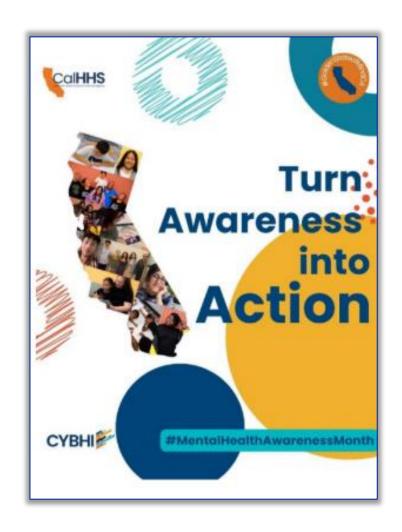
The webinar is cohosted by the National Academy of Medicine, the American Public Health Association, the Association of Public Health Laboratories, the Association of Schools and Programs of Public Health, the Association of State and Territorial Health Officials, Big Cities, the Council of State and Territorial Epidemiologists, the Infectious Diseases Society of America, and the Trust for America's Health.

Updated! DTaP and Tdap Vaccines ID Guide



DTaP and Tdap ID Guide (IMM-508)

May is Mental Health Awareness Month



Visit the Children Youth and Behavioral Health Initiative (CYBHI) Mental Health Awareness Month toolkit which includes resources such as English and Spanish social media content and free mental health support digital apps.

CYBHI Mental Health Awareness Month Toolkit

San Bernardino County Department of Public Health

Public Health Infrastructure and Practice to Build Trust and Share Power with the Community



San Bernardino County Department of Public Health (SBCDPH) is improving health outcomes by building trust, sharing power, and prioritizing equity through practices that connect directly with residents. SBCDPH's commitment to health equity extends beyond programs—it's embedded in how they build and sustain relationships with the communities they serve. In this edition, we spotlight the work of the Health Equity program's outreach teams: Health Ambassadors and Community Engagement.

Congratulations to Tammy Pilisuk!









Pharmacy

Edward Salaguinto, PharmD, RPh, CDPH



New Dose Regimen of Paxlovid is Now Available (1 of 2)

- For the treatment of mild to moderate COVID-19 in patients who have severe renal impairment (eGFR <30 mL/min, including those who require hemodialysis).
- Covered under the U.S. Government Patient Assistance Program operated by Pfizer.
 - https://www.paxlovid.com/paxcess
- Federal entities can order the new dose pack of Paxlovid for patients with severe renal impairment as part of their monthly Paxlovid threshold in the Health Partners Ordering Portal (HPOP).

New Dose Regimen of Paxlovid is Now Available (2 of 2)

- For patients with severe renal impairment, Paxlovid is taken per the prescribing information: only once a day for 5 days, at the same time each day, on the following schedule:
 - Day 1: Take 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) ONCE.
 - Days 2 through 5: Take 150 mg nirmatrelvir (one 150 mg tablet) with 100 mg ritonavir (one 100 mg tablet) ONCE.
 - On days that patients undergo hemodialysis, Paxlovid should be administered after hemodialysis.
- Availability of the new Paxlovid dose pack under the USG PAP and in HPOP coincides with Pfizer's commercial distribution of this new formulation.
- Paxlovid Available Dose Packs

Paxlovid Standard Dose Pack

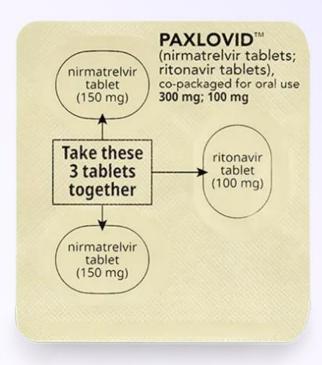
Standard Dose Pack

The standard dose is recommended for patients with no known renal impairment (eGFR >90 mL/min) OR mild renal impairment (eGFR ≥60 to <90 mL/min):

- The standard dose of PAXLOVID is 2 nirmatrelvir 150 mg tablets and 1 ritonavir 100 mg tablet taken together in the morning and at bedtime, with or without food, for 5 days
- PAXLOVID should be administered at approximately the same time each day for 5 days



Carton contains 10 single-dose blister cards, with each blister card containing 1 dose.



This represents 1 of 10 single-dose blister cards.

Reduced Dose Pack: for patients with moderate renal impairment

The reduced dose is recommended for patients with eGFR ≥30 to <60 mL/min:

- 1 nirmatrelvir 150 mg tablet and 1 ritonavir 100 mg tablet taken together in the morning and at bedtime, with or without food, for 5 days
- PAXLOVID should be administered at approximately the same time each day for 5 days

Paxlovid: Reduced Dose Pack for Patients with Moderate Renal Impairment





This represents 1 of 10 single-dose blister cards.

Paxlovid: Severe Renal Impairment Dose Pack

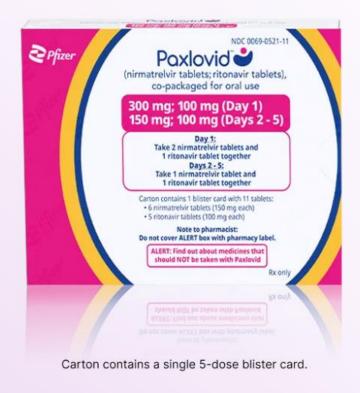
Severe Renal Impairment Dose Pack

Supply available Q2 2025

The severe renal impairment dose is recommended for patients with eGFR <30 mL/min, including those requiring hemodialysis:

- Day 1: 2 nirmatrelvir 150 mg tablets (300 mg) and 1 ritonavir 100 mg tablet taken together
- Days 2 to 5: 1 nirmatrelvir 150 mg tablet and 1 ritonavir 100 mg tablet taken together
- PAXLOVID should be administered at approximately the same time each day for 5 days

On days of hemodialysis, the PAXLOVID dose should be administered after hemodialysis.





This represents 1 single blister card with all 5 doses.

Extension of Post-PREP COVID-19 Vaccine Policy (1 of 2)

- Public Readiness Emergency Preparedness (PREP) Act has been extended through December 31, 2029.
- Medi-Cal members 3 years of age and older may obtain their COVID-19 vaccines through VFC and non-VFC pharmacy providers.



Extension of Post-PREP COVID-19 Vaccine Policy

December 23, 2024

Background

The purpose of this alert is to inform pharmacy providers that coverage for COVID-19 vaccines under the Public Readiness Emergency Preparedness (PREP) Act has been extended through December 31, 2029. The alert that was previously posted on December 10, 2024 titled Policy Update will be archived.

What Pharmacy Providers Need to Know

- 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.
- Reimbursement rates will remain as follows:
 - For VFC pharmacy providers: Medi-Cal Rx will reimburse pharmacy administered COVID-19 vaccines along with all other VFC pharmacy administered vaccines at dispensing fee + administration fee. An ingredient cost is not included for vaccines funded through the VFC program.
 - For non-VFC pharmacy providers: Medi-Cal Rx will reimburse pharmacy administered COVID-19 vaccines along with all other pharmacy administered vaccines at ingredient cost + dispensing fee + administration fee.

For additional information, refer to the COVID-19 Vaccines, Antigen Test Kits, and Therapeutics: Coverage and Reimbursements section in the Medi-Cal Rx Provider Manual.

What Pharmacy Providers Need to Do

Pharmacy providers should refer to the following Medi-Cal Rx resources for vaccine reimbursement and billing information:

- Updated COVID-19 Vaccine Reimbursement Rates
- Vaccines For Children Program: Medi-Cal Reference Guide
- Vaccines For Children Program Policy and Billing Guidance for Pharmacy Providers
- Pharmacy Administered Immunizations/Vaccines section in the <u>Medi-Cal Rx Provider</u>
 Manual
- Claim Submission Reminders
- Medi-Cal Rx Billing Tips



Extension of Post-PREP COVID-19 Vaccine Policy (2 of 2)

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

Resources:

- Changes to the Medi-Cal Rx Contract
 Drugs List
- Medi-Cal Rx Bulletins & News
- medicalrxeducationoutreach@primether apeutics.com



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Changes to the Medi-Cal Rx Contract Drugs List

 Diphtheria/Tetanus Toxoids/Acellular Pertussis/Inactivated Poliovirus Vaccine: Additional strength (15-48-5-62/0.5 ml vial)

Resources:

- Changes to the Medi-Cal Rx Contract
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Changes to the Medi-Cal Rx Contract Drugs List

May 1, 2025

The following changes have been made to the <u>Medi-Cal Rx Contract Drugs List</u> and the <u>Medi-Cal Rx Diagnosis Crosswalk</u> * posted to the Medi-Cal Rx Web Portal, effective May 1, 2025.

	Drug Name	Description	Effective Date
	Dalfampridine	* Added to <i>Medi-Cal Rx Contract Drugs</i> <i>List</i> (CDL) with age and diagnosis restrictions.	May 1, 2025
	Dimethyl Fumarate	* Added to the CDL with age and diagnosis restrictions.	May 1, 2025
(Diphtheria/Tetanus Toxoids/Acellular Pertussis/Inactivated Poliovirus Vaccine	Additional strength (15-48-5-62/0.5 ml vial) added to the CDL.	May 1, 2025
	Lebrikizumab-lbkz	* Added to the CDL with age, diagnosis, labeler, and quantity restrictions.	May 1, 2025
	Maraviroc	Effective June 1, 2025 : 25 mg and 75 mg tablets end-dated.	May 1, 2025
Mirvetuximab Soravtansine-gynx Rotavirus Vaccine Secnidazole		Prior authorization (PA) restriction removed. Labeler restriction (LR) added.	May 1, 2025
		Additional dosage form (reconstituted suspension) added to the CDL.	May 1, 2025
		Effective June 1, 2025: LR added.	May 1, 2025
	Teriflunomide	* Added to the CDL with age and diagnosis restrictions.	May 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.

Changes to the CDL 05/01/2025







CA Immunization Registry (CAIR)

Michael Powell, CDPH











CAIR Update



- Sprint 25 (2.11.25) deployment date scheduled 5/7/25
 - 2024 2025 COVID Under 65 Seasonal Schedule
 - 2024 2025 COVID Over 65 Seasonal Schedule
 - Add PENMENVY series
 - Updated Penbraya series max age
 - Add Org Code to Doses Administered report
 - Update tradename list to insensitive sort
 - Remove NDC End-Dates in CAIR

My DVR Update



- Unified Release 81 (deployed 04/08/2025)
 - DVR Site Refresh for All Languages
 - Update "Q&A" on the DVR site to "FAQ" for all languages
 - DVR/SRT Resource Groups Cleanup
 - Delete obsolete Public Storage Accounts for DVR/SRT
 - Support Staff Remediation Tool (SRT) transition to Databricks
- Unified Release 82 (scheduled for 05/13/2025)
 - Refresh DVR FAQs (English Only)
 - Remove public access for DVR/SRT Azure resources
 - Cleanup of backend objects following SRT transition to Databricks

Mandatory Reporting



- HSC 120440 requires all vaccines administered in California be submitted to a state immunization registry
- All administered vaccines must be submitted within a reasonable timeframe following administration
- Submissions must include all required data elements

- Failure to report administered vaccines may be considered unprofessional conduct
- Such failure may be reportable to the Medical Board of California
- Could result in disciplinary action under the California Business and Professions Code § 2234
- May include potential sanctions on licensure

CAIR and My DVR 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

CAIR Help Desk



- Our Help Desk team will be in training for a few hours each day over the next 3 – 4 weeks as we transition to a new support system.
- Training starts Monday, May 19, 2025.
- During this time, morning phone support will be unavailable.
- We encourage you to email the Help Desk for assistance, as this will be the most efficient way to reach us.
- Phone messages will be returned, but please expect possible delays in response times.
- We appreciate your patience and understanding as we work to improve our services.

ClinicalFloria Chi, MD, CDPH



Advisory Committee on Immunization Practices (ACIP) Meeting: April 15 – 16, 2025

Topics:

- RSV Immunizations: Adult (Vote) and Maternal/Pediatric
- Influenza Vaccines
- COVID-19 Vaccines
- Meningococcal Vaccines (Vote, VFC Vote)
- Chikungunya Vaccines (Vote)
- Pneumococcal, HPV, Mpox, Cytomegalovirus (CMV), Lyme Disease Vaccines
- U.S. Measles Update

ACIP Meeting Information | Agenda | ACIP Recent Meeting Recommendations



Adult RSV Immunizations: New Recommendations Awaiting CDC Acceptance*

- Recommendation for single dose of RSV vaccine:
 - All adults aged >75 years
 - Adults aged <u>50</u>-74 years old at increased risk of severe RSV disease (past recommendation was for <u>60</u> – 74-year-olds at increased risk)
- For adults 50 59 years, current vaccine options are Arexvy and Abrysvo; for adults ≥ 60 years, mResvia is also an option.

*If immunizing before CDC acceptance, check with insurers about reimbursement.

ACIP Presentation: Adult RSV Workgroup Interpretations RSV Immunization for Healthcare Providers | CDC

Severe RSV Risk Factors



Chronic cardiovascular disease



Chronic lung or respiratory disease



Diabetes mellitus

complicated by chronic kidney disease, neuropathy, retinopathy or other endorgan damage or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor



Severe obesity (body mass index ≥40 kg/m²)



End stage renal disease/dialysis dependence



Chronic hematologic conditions



Chronic liver disease



Neurological or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness



Residence in a nursing home



Moderate or severe immunocompromise



Other chronic medical conditions or risk factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)

Britton A, Roper LE, Kotton CN, et al. Use of Respiratory Syncytial Virus Vaccines in Adults Aged ≥60 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2024. MMWR Morb Mortal Wkly Rep 2024;73:696-702. DOI: http://dx.doi.org/10.15585/mmwr.mm7332e1.

RSV Vaccine for Older Adults Flyer (CDC)

Adult RSV Immunizations: Clinical Considerations

- Benefits of RSV vaccination outweigh risks among the populations for whom vaccination is recommended, including potential risk of GBS and proteinbased vaccines
- Coadministration of RSV vaccine and other recommended adult vaccines, including influenza and COVID-19 vaccine, is acceptable.
- Adult RSV vaccine may be given year-round but will have most benefit if given in late summer or early fall.
- Only 1 dose recommended at this time. Adults may need additional doses in the future, but ideal revaccination timing is unknown.

ACIP Adult RSV Work Group Clinical Considerations (April 2025)

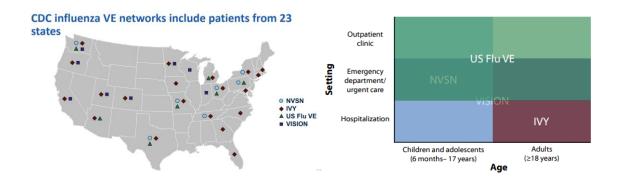
Maternal/Pediatric RSV Immunizations

- ACIP discussed a new infant RSV product, clesrovimab:
 - Long-acting monoclonal antibodies for prevention of severe RSV disease in infants
 - 90.9% efficacy against RSV hospitalization through 150 days in clinical trials
 - Only for infants <8 months from Oct- March; not for 8–19-month-old high-risk children
 - Single dose, not weight-based
- Anticipated FDA approval date 6/10/25 and ACIP vote at June 25 26 meeting

ACIP 4/16/25: RSV Maternal/Pediatric Introduction; ACIP 4/16/25: EtR: Clesrovimab

2024 – 2025 Influenza Vaccine Effectiveness

CDC Data

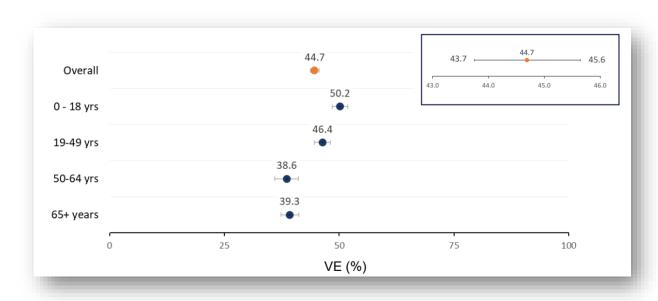


	Pediatric VE	Adults 18+ VE	Adults 65+VE
Outpatient*	32-60%	36-54%	51%
Inpatient*	63-78%	41-55%	38-57%

^{*} VE range across different networks

ACIP 4/15/25: Interim Estimates of 2024–25 Seasonal Influenza Vaccine Effectiveness

California Data



Interim Influenza Vaccine Effectiveness Against Laboratory-Confirmed Influenza, California, October 2024-January 2025 | CDC presentation by Drs. Quint and Zhu

2025 – 2026 Influenza Vaccine Updates

- 2025 2026 influenza vaccine composition
 - March 15, 2025: FDA made recommendations for the composition of U.S.-licensed influenza vaccines for the 2025-26 influenza season.
 - The 2025-26 vaccine composition will be trivalent and include an update to the influenza A(H3N2) component.
 - June 2025: anticipated ACIP vote on influenza recommendations
- FluMist (LAIV3) will be available for privately insured patients for self/caregiver administration
 - Available from manufacturer via online pharmacy that will support ordering, delivering, and administration into immunization registry
 - Same vaccine product as available in healthcare provider offices; however, FluMist for home will have different NDC than FluMist for provider office

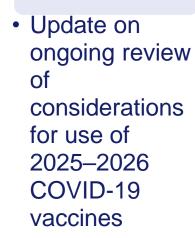
Influenza Vaccine Composition for the 2025-2026 U.S. Influenza Season | FDA

FluMist for self or caregiver administration | CDC presentation by AstraZeneca



COVID-19 Vaccines: Preliminary Timeline

April 15, 2025



May 22, 2025

- FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting
- Discuss and make recommendations on strain selection for 2025–2026 COVID-19 vaccines

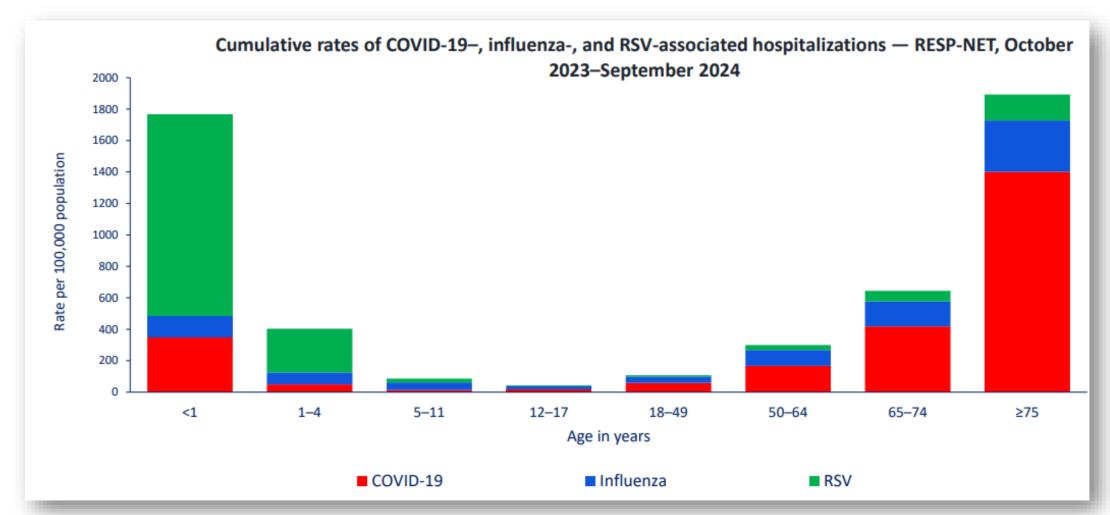
June 25-26, 2025

ACIP
 discussion and
 vote on
 recommended
 use of the 2025
 – 2026 vaccine

Late summer/early fall

Anticipated
 2025 – 2026
 COVID-19
 vaccine
 availability

Rates of Respiratory Virus-Associated Hospitalizations Vary by Age Group and Pathogen



Dr. Havers ACIP 4/15/25

COVID-19 Vaccines: ACIP Summary

Moderna mRNA-1283 vaccine

 Moderna reviewed data for their new COVID-19 vaccine option, which they expect to be available by fall

Hospitalizations

- 2024 2025 COVID-19 hospitalizations lower compared to last season
- COVID-19 hospitalization rates highest among young children (6mo 4y) and older adults (65+)

Vaccine Effectiveness

 2024 – 2025 COVID-19 vaccination provided additional protection against ED and urgent care visits in adults 18+, and against hospitalizations in older adults 65+; (VE ~30-40%)

Policy options under review for 2025-2026 COVID-19 vaccine recommendations

 Universal policy vs. risk-based vs. combination (e.g., risk-based for 6m-64y and universal for 65+)

New Pentavalent Meningococcal Vaccine: Penmenvy Awaiting CDC Acceptance*

- Penmenvy (GSK) new pentavalent meningococcal vaccine (MenABCWY) approved by FDA and recommended by ACIP
- Recommended when both MenACWY and MenB are indicated at the same visit:
 - Healthy persons 16–23 years (routine schedule) when shared clinical decisionmaking favors administration of MenB vaccine
 - Persons ≥10 years who are at increased risk for meningococcal disease**
- MenB brands are not interchangeable
 - GSK: Penmenvy (MenABCWY) contains Bexsero (MenB)
 - Pfizer: Penbraya (MenABCWY) contains Trumenba (MenB)
- CDPH materials will be updated including <u>timing guides</u> and vaccine factsheets

^{**} e.g., persistent complement deficiencies, complement inhibitor use, functional or anatomic asplenia



^{*}If immunizing before <u>CDC acceptance</u>, check with insurers about reimbursement.

Updated Chikungunya Vaccine Recommendations

Two chikungunya vaccines available:

- CHIK-LA: Live attenuated (IXCHIQ)
 - May 9, 2025: FDA and CDC recommend <u>pause in CHIK-LA use in ≥60 year olds</u> while post marketing safety reports are investigated
- CHIK-VLP: Virus-like particle (Vimkunya), licensed 2/2025

	Travelers to Country or Territory with Outbreak	Laboratory Workers with Potential for Exposure
CHIK-LA	Recommended for persons 18-59 years^ Precaution: pregnancy	Recommended
CHIK-VLP	Recommended for persons ≥12 years^ Precaution: pregnancy	Recommended

^Vaccination <u>may be considered</u> for a person traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time e.g., 6 months or more.

ACIP Presentation Slides; Chikungunya Vaccine | CDC;

Pneumococcal Vaccines

- Workgroup plans to review literature on pneumococcal vaccine use in pregnant women and hematopoietic stem cell transplant (HSCT) recipients
 - No current recommendation for use during pregnancy
 - HSCT recipients have different vaccination schedule compared to other risk conditions; no current guidance for PCV21
- For June 2025 ACIP meeting, WG plans to summarize findings and propose updated clinical guidance on pneumococcal vaccine use.

ACIP Presentation Slides: April 15-16, 2025 Meeting | ACIP | CDC

HPV Vaccines Topics Discussed

- HPV vaccination coverage (NIS-Teen): ~61% of adolescents up to date in 2023
- Provided information on literature review for reduced number of doses, reviewed modeling study
 - Next steps: anticipate discussion and votes on 1-dose and expansion of 2-dose recommendations at June 2025 ACIP
- Wording of the age for routine HPV vaccination
 - Next steps: anticipate discussion and vote on changing recommendation wording to:

"HPV vaccination is routinely recommended at age 9-12 years"

instead of

"HPV vaccination is routinely recommended at age 11 or 12 years: vaccination can be given starting at age 9"

ACIP Presentation Slides: April 15-16, 2025 Meeting | ACIP | CDC



Mpox Vaccines

- Currently, <u>JYNNEOS vaccine</u> is licensed for prevention of mpox disease in adults 18yrs and over, and under <u>Emergency Use Authorization (EUA)</u> for those under 18yrs
- Safety and efficacy data presented on JYNNEOS vaccine in recipients 12 17yrs of age
- Vote on the use of JYNNEOS vaccine in 12-17yr olds expected at June 2025 ACIP Meeting
- Resources:
 - Interim Clinical Considerations for Use of Vaccine for Mpox Prevention in the United States | Mpox | CDC
 - CDPH Mpox
 - EZIZ Mpox Vaccination Resources

ACIP Presentation Slides: April 15-16, 2025 Meeting | ACIP | CDC

Measles Update

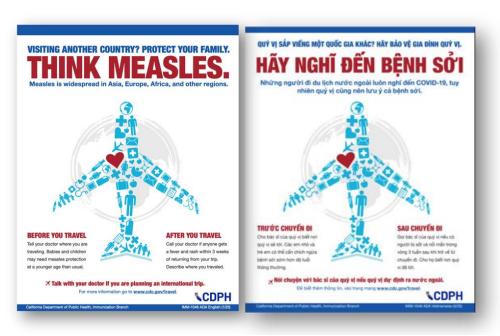
- U.S. Measles Update provided at ACIP: <u>Slides</u>, <u>Recording</u>
- Southwest U.S. Outbreak continues to grow, primarily among unvaccinated
- <u>California measles cases</u> remain sporadic, primarily among unvaccinated following international travel

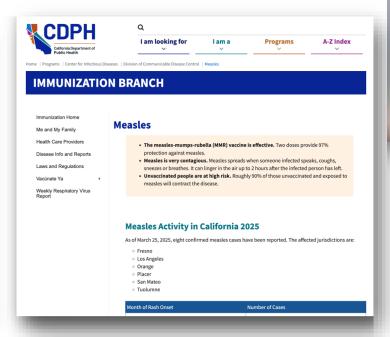
MMR Guidance:

- Before <u>international travel</u>:
 - All ages: up to date measles vaccination
 - Ages 6 11 months: 1 extra dose before departure, then routine 2-dose series
 - Age 12 months and older: First dose now, 2nd dose 28 days later
- Recommendations for residents or travelers to domestic outbreak areas vary on:
 - Additional dose for ages 6-11 months, 28-day interval between doses 1 & 2
 - Check local guidance: <u>Texas DSHS</u>, <u>Kansas KDHE</u>, <u>New Mexico DOH</u>
 - Discuss with healthcare provider

CDPH Measles Resources

- Message from CDPH Director, Dr. Erica Pan
- Measles Disease Page
- Measles Communication Toolkit (Vietnamese, Tagalog, Hindi, and Thai translations - coming soon!)









CDPH Measles Resources on MMR Vaccination

- EZIZ Measles Resources Page
- School Immunization Requirements Page
- Don't Wait, Vaccinate Communication Toolkit
- Education on Vaccine Safety Resources Page
- FAQs Page on Vaccine Safety Answers to Parent's Questions
- Crucial Conversations Webinar (3/12/25):

"Effective Communication without Confrontation"



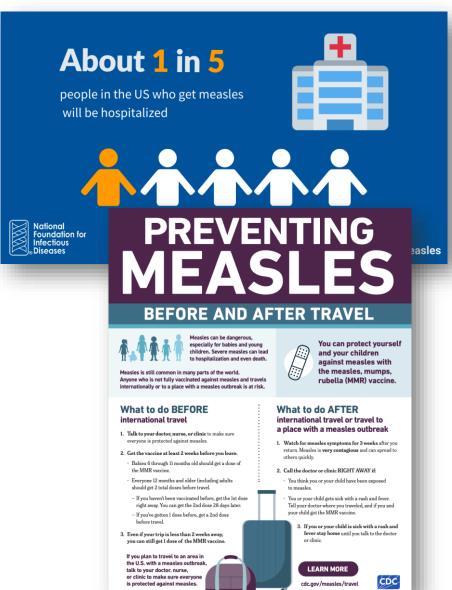


Additional Partner Resources

- AAP Measles Page
 - Red Book (2024-27), Measles Chapter
- NFID Measles Page
- CDC "Be Ready for Measles" Toolkit
- AMA Webinar held Thursday, May 15, 2025:

"Measles on the Rise: How to Prepare and Respond in Your Clinic"

Archived Recording





Vaccines for Adults (VFA)

Lindsay Reynoso, CDPH



VFA Program Updates

- VFA Quarter 2 Ordering Window Extended to EOD Friday, May 16
 - 2025 ACIP Adult Clinical Letter
- Q2 Ordering Policy:
 - New Products: HPV and PCV21 (Capvaxive)
 - Vaccine dose requests for HPV, PCV 20/21 and Shingrix will be capped at 40 doses
 - RSV Arexvy vaccine still available
 - VFA sites can order up to 20 doses of RSV. Vaccine requests will be approved based on availability and ordering will close once our annual supply has been depleted.
 - Caps for all other routine vaccines will remain the same

Updated VFA Eligibility Guideline Materials

Program	Vaccines for Children Program	VFA Vaccines for Adults Program'	BAP Bridge Access Program
Funding	Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.
Age and Eligibility	Children Birth–18 years: Medi-Cal eligible Uninsured (no health insurance) American Indian or Alaskan Native Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation).	Adults, 19 years and older: Uninsured (no health insurance) Underinsured adults (vaccines are not covered by insurance or requires a co-payment) (Adults with both Medicare Part B AND Part D are considered fully insured and not eligible to receive VFA vaccines.)	Adults 19 years and older: Uninsured (no health insurance) Underinsured (vaccines are not covered by insurance or requires a co-payment) (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.)
Vaccines	COVID-19, DTaP Hepatitis A, Hepatitis B Hib, HPV, Influenza Meningococcal ABCWY (Penbraya) Meningococcal B (MenB) Meningococcal Conjugate (MenACWY) MMR, MPOX Pneumococcal Conjugate (PCV15 and PCV20) Pneumococcal Polysaccharide (PPSV23) Polio (IPV), Rotavirus RSV (Available Fall/Winter Season) Td, Tdap, Varicella	Hepatitis A Hepatitis B HPV Meningococcal Conjugate (MenACWY) MMR Pneumococcal Conjugate (PCV20 and PCV21) RSV Tdap Varicella Zoster For more details about Medicare Part B and/or D eligibility, see IMM-1247.	• COVID-19

Vaccine Eligibility Guidelines (IMM-1222)

Updated VFA Eligibility Materials

317 Eligibility Based on Insurance Status For LHD 317 and VFA Program Providers

CDPH VFA

NOT covered by patient's private insurance plan^{4,5}



Patient Health Insurance Status	VFA or LHD 317 (317 – Funded Vaccine) Eligibility
Uninsured/No Insurance (includes those who receive primary care through county safety net programs; these are NOT considered health insurance)	Eligible for ALL VFA or LHD 317 vaccines
Medi-Cal Fee-For-Service/ Medi-Cal Managed Care Health Plan Directory (bit.ly/CAhealthplans)	NOT Eligible for VFA or LHD 317 vaccines ¹
Medicare Part B (medical benefit) ² AND Part D (prescription drug benefit)	NOT Eligible for VFA or LHD 317 vaccines
Medicare Part B Alone ²	Eligible for these routine VFA or LHD 317 vaccines: Hep A HPV IPV MMR RSV Tdap Varicella Zoster
Medicare Part D Alone ³	Eligible for these routine VFA or LHD 317 vaccines: Hep B PCV20/PCV21
Insurance NOT through Medi-Cal or Medicare	Only eligible for VFA or LHD 317 vaccines that are

- 1. Full scope Medi-Cal covers all ACIP-recommended vaccines.
- 2. Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Starting January 2025, adults with Medicare Part B (without Part D) are eligible for Hepatitis B regardless of risk.
- 3. Except for vaccines covered under Part B, Medicare Part D generally covers all commercially available vaccines needed to prevent illness. Contact your patient's plan to find out about coverage.
- 4. Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA or LHD 317 vaccine(s).
- 5. The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

Recent changes in California law have gradually expanded access to full-scope Medi-Cal for adults ages 19-25 years, 26-49 years, 50 years and older and regardless of immigration status. All other Medi-Cal eligibility rules apply, including income limits.

California Department of Public Health, Immunization Branch

IMM-1247 (4/3/25)

317 Eligibility Screening & **Documentation Requirements**

for vaccines or requires a co-payment.*)

1. Screen for Eligibility

Hep A

RSV Tdan

Date of screening

Access Program (BAP)

MMR, Polio (IPV)

· Varicella, and Zoster

Hep B, PCV20/PCV21

2. Document Patient's Eligibility

CDPH VFA LHD 317 BAP

Eligibility screening must be conducted prior to the administration of any 317-funded vaccine (e.g., Vaccines for

2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage

Adults, Local Health Department (LHD) 317 and CA Bridge Access Programs). Eligibility is self-reported by the

patient and verification of eligibility can be obtained verbally from the patient.

√ Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and

There are three important elements to include when you document a patient's eligibility:

2. If patient is eligible for the Vaccines for Adults (VFA), Local Health Department (LHD) 317 and/or CA Bridge

3. If patient is eligible AND at least 19 years of age, document which of the criterion above is met (e.g., "317")

Note: if your practice's EMR/EHR does not capture all the necessary screening elements, they may be

Make sure to maintain patient eligibility screening records for a minimum of 3 years. Refer to the 317 CAIR

All staff should be knowledgeable of eligibility. Ensure practice protocols are in place so vaccinators know when

* The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the

3. Has Medicare Part B, but NOT Part D, patient is eligible for:

4. Has Medicare Part D, but NOT Part B, patient is eligible for:

3. Use a Compliant Record Keeping System CAIR and Electronic Health/Medical Record (EHR/EMR)

• CAIR and 317 Eligibility Screening Form (PDF) (IMM-1226)

vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

documented in the system's notes section.

4. Communicate the Patient's Eligibility

to use 317-funded versus private vaccines.

California Department of Public Health, Immunization Branch

✓ Eligible for VFA, LHD 317 and/or BAP (COVID) vaccines if at least 19 years of age and





IMM-1476 (3/28/25



Patient Information

Patient Name (Last, First, MI): Date of Birth: Provider Name:

Eligibility Criteria for 317-Funded Vaccines (e.g., VFA, LHD 317, and BAP)

√ Eligible for VFA, LHD 317, and/or BAP (COVID) vaccines if at least 19 years of age and

- Has no insurance, or
- 2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)

At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the CA

Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA, LHD 317).

√ Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and

3. Has Medicare Part B, but NOT Part D, patient is eligible for:

317 Eligibility Screening Record for Adult Patients

- Hep A, HPV
- · MMR, Polio (IPV), RSV
- Tdap, Varicella, and Zoster
- 4. Has Medicare Part D, but NOT Part B, patient is eligible for: Hep B, PCV20/PCV21

Document Patient's Eligibility

Write the screening date and check appropriate status. (Note: verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).

Screening Date	1. Eligible for VFA, LHD 317 and/or CA BAP (COVID) No insurance	2. Eligible for VFA, LHD 317, and/or CA BAP (COVID) Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	× Not Eligible for VFA, LHD 317 and/or CA BAP Fully insured or both Medicare Part B and D ²
			☐ Part B ☐ Part D	
			☐ Part B ☐ Part D	
			☐ Part B ☐ Part D	
			☐ Part B ☐ Part D	
			☐ Part B ☐ Part D	
			☐ Part B ☐ Part D	
			☐ Part B ☐ Part D	

- 1 The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees
- 2 Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. To be ineligible for COVID vaccines, insurance must cover vaccines fully without requiring a co-paymen

California Department of Public Health, Immunization Branch

IMM-1226 (4/3/25)

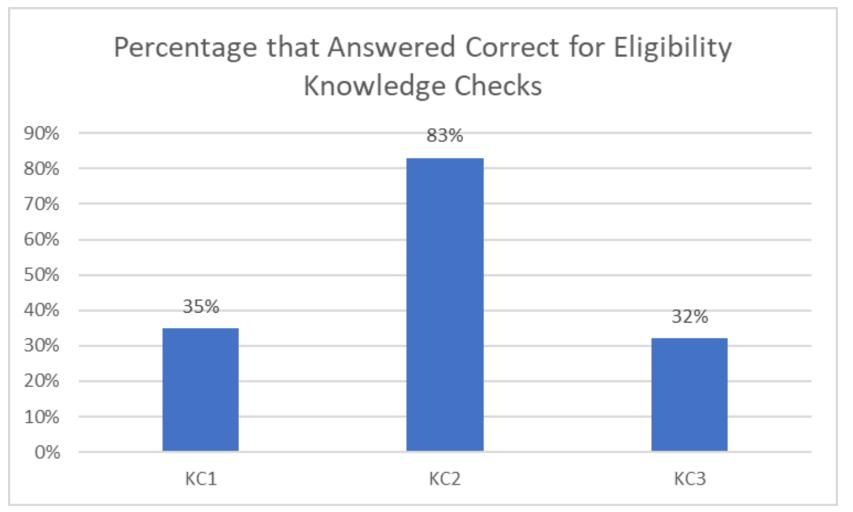
CDPH VFA LHD 317 BAP

317 Eligibility Based on Insurance Status (IMM-1247)

317 Eligibility Screening & **Documentation Requirements** (IMM-1476)

317 Eligibility Screening Record for Adult Patients (IMM-1226)

Webinar Eligibility Knowledge Checks



April 2024 VFA Webinar Slides
April 2024 VFA Webinar Recording



Poll: VFA Eligibility Resources

- Does your staff have a clear understanding of VFA (317) eligibility? (Yes/No/Not Sure)
- 2. Do the current VFA (317) job aids outline a clear description/explanation of the program eligibility categories? (Yes/No/Not sure)
- 3. Please provide any additional information what areas of VFA (317) eligibility is unclear (Open-ended).
- 4. If additional eligibility materials are needed, provide a brief explanation what would be helpful. (Select all that apply)
 - Outline eligibility scenarios + explanation
 - Provide additional EZIZ training lessons
 - Routine knowledge check questions during webinars
 - Other, please explain in space provided in option #5.



Vaccine Management

Josh Pocus, My Turn, and Dan Conway, myCAvax



What's New in My Turn – Release 58

New updates for providers launched on Thursday, May 1, 2025!

My Turn Clinic

Release Highlights



- ✓ A new Mpox Pride Announcement Banner on the My Turn Public Landing page.
- ✓ The Location cards is displayed based on four filters in the 'Find a location' section on the 'Vaccine Locator' page. Clinics that meet all selected criteria will appear first. If none, clinics serving uninsured patients, pediatrics along with any combination of the vaccine filters is prioritized.
- ✓ A new pop-up window is displayed if the location is single or multi-vaccination when 'Make an appointment' button is clicked on the 'Vaccine Locator' page.
- ✓ The new fields allow entering multiple start and closing dates in the 'List a New Location' and 'Update a location' form on the 'Testing site information' page.
- ✓ A new error message is displayed when no antibiotic dispensing locations are found on the PHEP Landing page.
- ✓ Provides instructions on how to save results as a PDF or take a screenshot in Step 2, 'What do I do next?,' on the 'Antibiotic Screening Form' page.
- ✓ The full MPOD site list is displayed without requiring filters or after clicking the 'Search' button on the 'Public Health Emergency' page.

Release Highlights _____



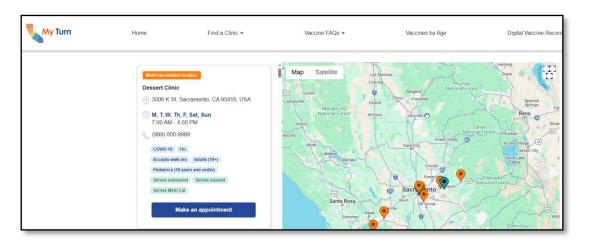
- Disables the ability to deactivate the auto-generated clinic link in the 'Clinic Links' tab on the 'Clinic' page.
- ✓ A new error message is displayed when a multi-dose flu product with Thimerosal is selected, advising against use for pregnant women and children under 3 years in the 'Product' field on the VA flow.
- ✓ A new 'Appointments by IIS status' tile is added on the 'Dashboard' page.
- ✓ A new 'Archived' tab is added in the 'Public Health Emergency' page.
- ✓ A new 'Bulk Update' button and a checkbox column appear to the left of the 'MPOD ID' column on the 'Public Health Emergency' page.
- ✓ The 'Antibiotics availability' field is now a multi-select picklist on the 'Bulk Update MPOD site' pop-up window while clicking 'Bulk Update' button on the PHEP page.
- ✓ An 'Antibiotics inventory' tab and 'Add Inventory Entry' button appear on the 'MPOD site' page.
- ✓ A new error message is displayed for invalid values (1-999,999 or special characters) in the 'Number of courses' field on the 'Add/Edit Inventory Entry' pop-up in the 'Antibiotic Inventory' tab.



Make Events Findable via the Vaccine Locator

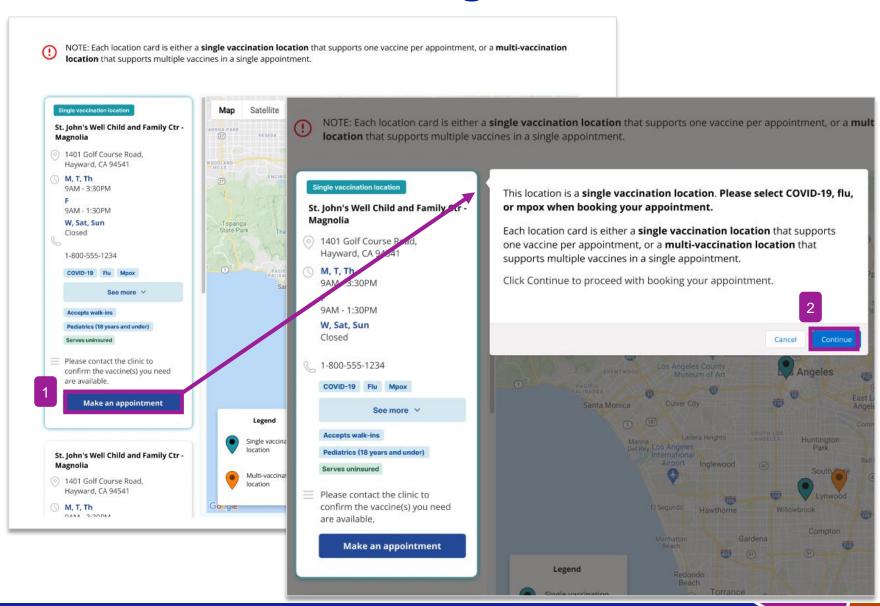
- Any events being hosted should be made findable via making an appointment as well as through the Vaccine Locator.
 - To make an event findable via the Vaccine Locator, Providers can click the 'Show on My Turn Vaccine Locator' button





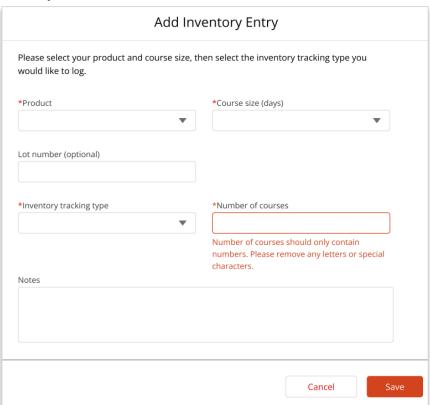
Redirect Link on the Vaccine Locator Page

- Patients can now make appointments with My Turn Clinics directly from the 'Vaccine Locator' page.
 - 1. Clicking the 'Make an appointment' button on the location card for a My Turn clinic will open a confirmation pop-up window.
 - 2. Clicking the 'Continue' button will redirect the patient to the 'Let's Get Started' page to book their appointment.



PHEP Inventory Module Updates

- Providers with PHEP* access and MPOD** Coordinators can add and/or edit Antibiotics inventory information for existing MPOD sites
 - To add an Inventory record: Click the 'Add Inventory Entry Button' on the 'Antibiotics Inventory' tab of the 'Public Health Emergency' page. This displays a pop-up window allowing providers to enter details and save a new Inventory record.

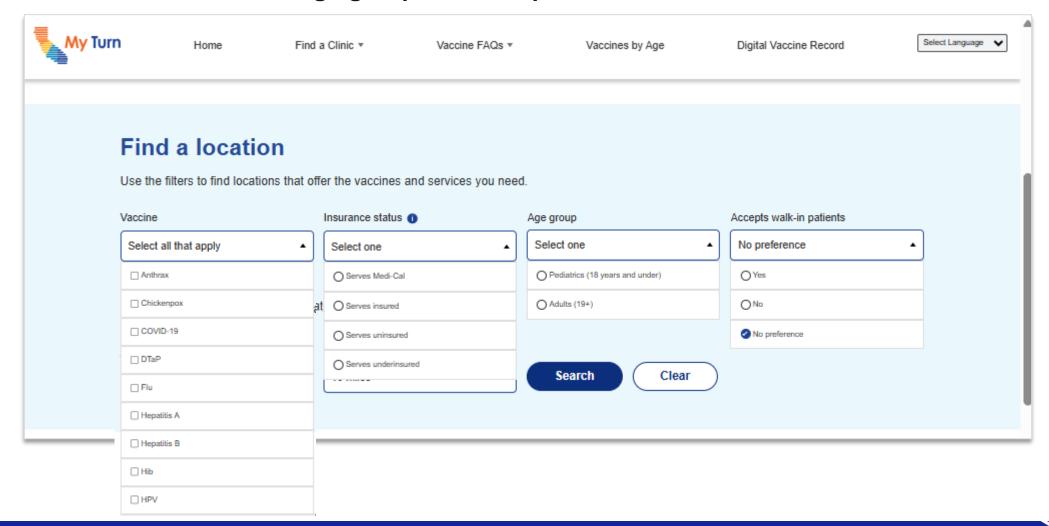


 To edit existing Inventory records: Click the pencil icon on the 'Antibiotics Inventory' tab of the 'Public Health Emergency' page. This displays a pop-up window allowing providers to edit and save the updated Inventory record.

*Course size (days)	
▼ 10 day	•
*Number of courses	
▼ 10	
	▼ 10 day *Number of courses

Vaccine Locator Search Updates

- Providers can filter search results on the 'Vaccine Locator' page by scrolling down to the 'Find a location' page section and selecting the appropriate option(s) from the below drop lists:
 - Vaccine, Insurance status, Age group, and Accepts walk-ins





Thank You! California Immunization Coalition (CIC) 2025 Annual Summit

Thank you to those who joined us and participated at the 2025 CIC Summit!







Your feedback is greatly appreciated, as it is essential in our mission to improve immunization rates for all Californians! If you have any additional feedback to submit, please reach out to:

Josh Pocus - <u>Josh.Pocus@cdph.ca.gov</u> and/or

Amy Pine - Amy.Pine@cdph.ca.gov



Join Us: My Turn Office Hour

Topic: This 60-minute session will provide an opportunity for attendees to ask questions, request demos, and receive support about My Turn from My Turn SMEs.



• **Time:** 12:00 pm – 1:00 pm

Audience: LHDs & Providers

Registration Link:
 My Turn Office Hour for LHDs and Providers





What's Next in myCAvax? – Release 57

New updates for providers will launch on Weekday, May 21, 2025!

Release Highlights



SGF Provider Enrollment Flow

- ✓ New SGF LHD Provider Invitation flow to invite Providers to enroll in the SGF program.
- ✓ New SGF Provider Enrollment flow to submit program required information for enrollment in the SGF Program.

Display Record Dates Based on PST

 Corrected list view date filters to us Pacific Standard Time (PST) vs. Coordinated Universal Time (UTC) on the Orders, Excursions, Return and Waste Events, Transfers, and Shipment Incidents list view pages.

New Urgent Reason Field

✓ The 'Urgent Reason' field will appear on the 'Vaccine Order' page when the product is marked urgent.

Display Vaccines in Alphabetical Order

✓ Vaccines will appear in alphabetical order when selecting from the Vaccine Group dropdown for Transfers, Excursion, Returns and Waste submission page

Display N/A (not applicable) for IIS Last Order

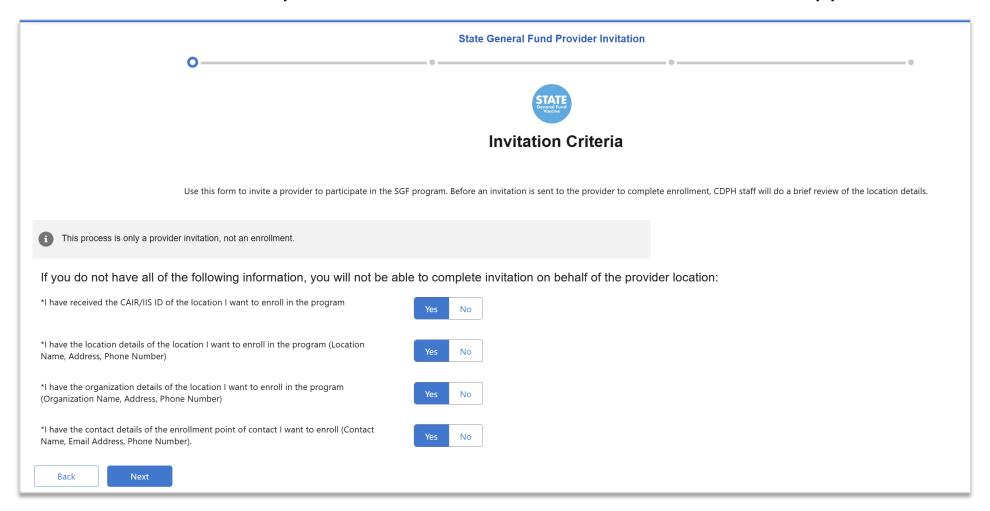
√ 'N/A' will appear in the 'IIS Qty Used Since Last Order' and '% Doses Submitted to IIS' columns if no dose administration record is found since the last order.

Excursion Page Updates

- ✓ An error message will appear in the 'Excursion Details' section if excursion or log times are less than 0 hours and 0 minutes.
- ✓ Added ability to upload and delete multiple files using the 'Upload Files' button on the 'Step 3 – Report Affected Inventory' page.

SGF Invitation Enrollment Process Flow

 LHD users will be able to initiate an SGF Provider enrollment invitation so the selected Provider can fill out and submit the required enrollment information for review and approval.



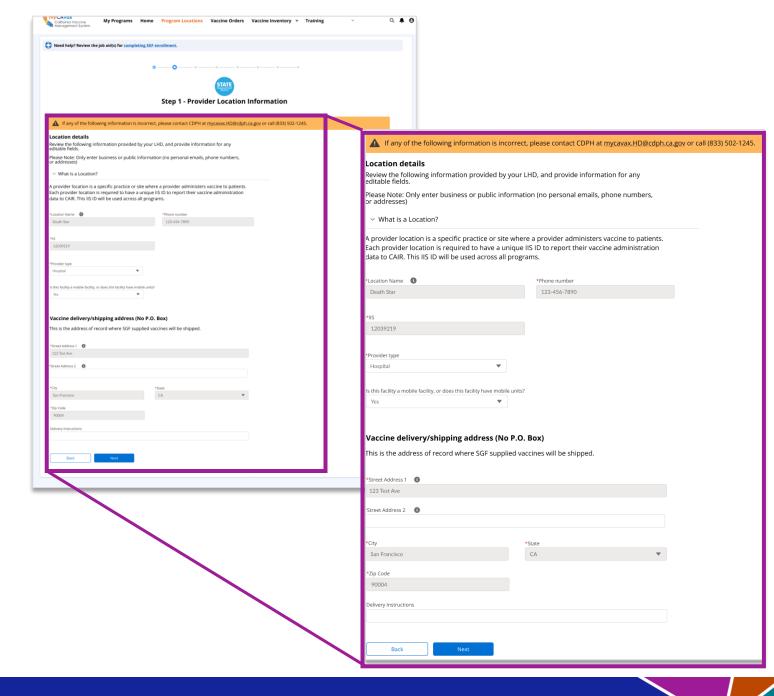
R57 Enhancement: SGF Enrollment Flow – Enrollment Criteria

Providers will see a new 'Enrollment Criteria' checklist page upon clicking the 'Continue Enrollment' button

in the 'SGF' column on the 'Enrollment' page. Need help? Review the job aid(s) for completing SGF enrollment. myCAvax My Programs Home Program Locations Vaccine Orders Vaccine Inventory ▼ Training Need help? Review the job aid(s) for completing SGF enrollmen Enrollment Criteria You must meet all enrollment criteria to proceed. **Enrollment Criteria** My organization has staffing levels and capacities to begin vaccination shortly You must meet all enrollment criteria to proceed after vaccine receipt, including capacities to: *My location is enrolled in an immunization registry and has a My organization has staffing levels and capacities to begin vaccination shortly after vaccine receipt, including capacities to: registry ID and already, or is prepared to, routinely submit dose administration data with this registry ID *My location is enrolled in an immunization registry and has a registry ID and already, or is prepared to, routinely submit dose administration data with this registry ID *My location has key staff, including provider of record and primary Yes No vaccine coordinator *My location has key staff, including provider of record and primary *I have downloaded and reviewed the required job aids for SGF *I have downloaded and reviewed the required job aids for SGF enrollment and SGF storage and handling practices. enrollment and SGF storage and handling practices. *My location has prepared and set up vaccine storage units and data loggers according to SGF program requirements and has recorded *My location has prepared and set up vaccine storage units and data storage unit temperatures. loggers according to SGF program requirements and has recorded storage unit temperatures. *The Provider of Record is prepared to sign an SGF provider agreement and any Local Health Jurisdiction relevant addendums. *The Provider of Record is prepared to sign an SGF provider Yes No agreement and any Local Health Jurisdiction relevant addendums.

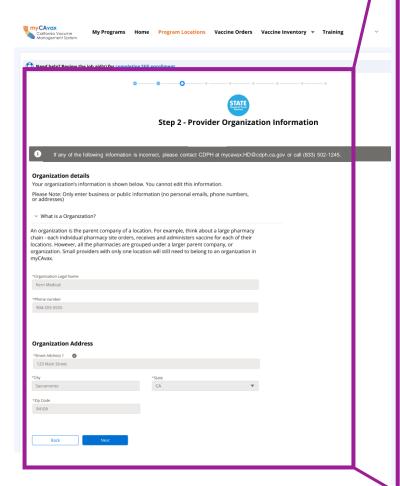
R57 Enhancement: SGF Enrollment Flow – Step 1 - Provider Location Information

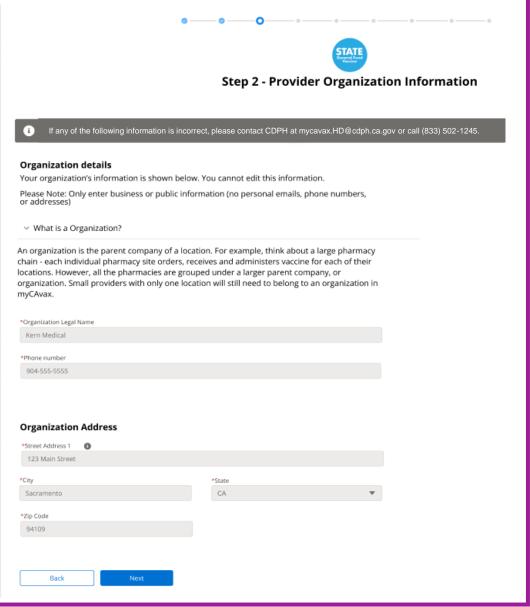
- After completing the Enrollment Criteria, the new 'Step 1 - Provider Location Information' page displays.
- Providers will use this page to confirm and/or update
 Provider Location information.



R57 Enhancement: SGF Enrollment Flow Step 2 – Provider Organization Information

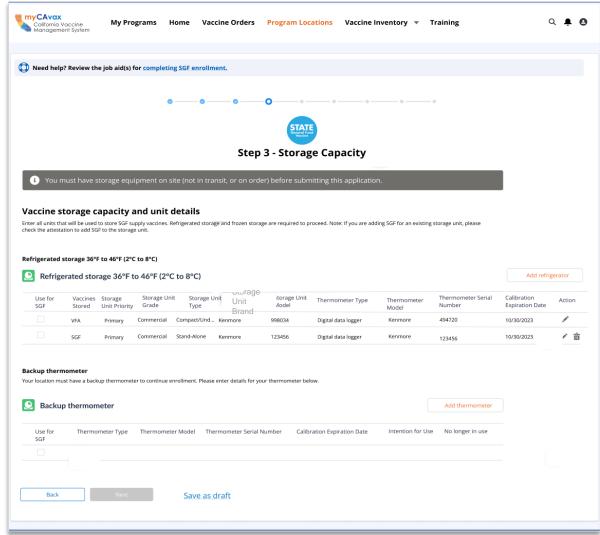
- Next in the SGF
 Enrollment Flow, the
 new 'Step 2 Provider
 Organization
 Information' page will
 display.
- Providers will use this page to confirm the listed location Organization information.





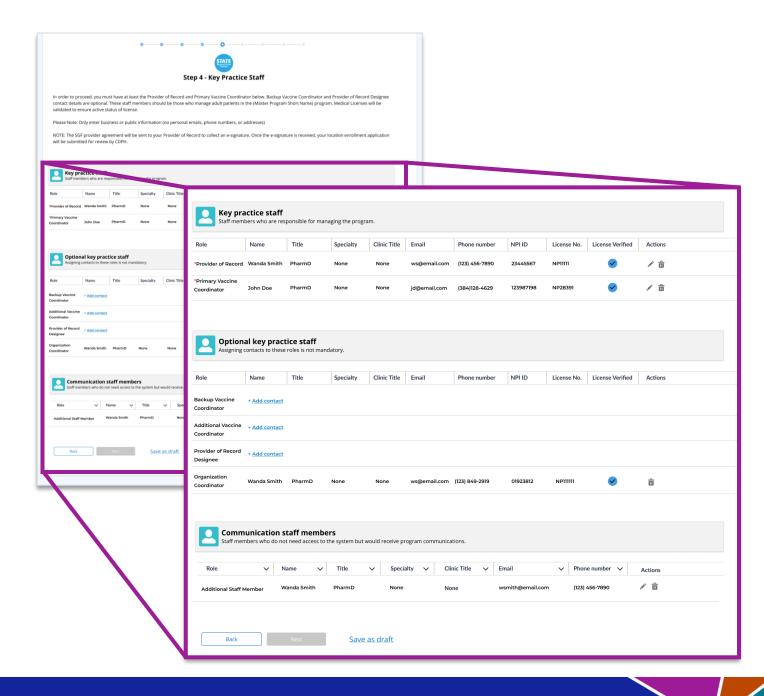
R57 Enhancement: SGF Enrollment Flow – Step 3 - Storage Capacity

- Next in the SGF Enrollment Flow, the new 'Step 3 - Storage Capacity' page will display.
- Providers will use this page to enter the location's storage capacity details.



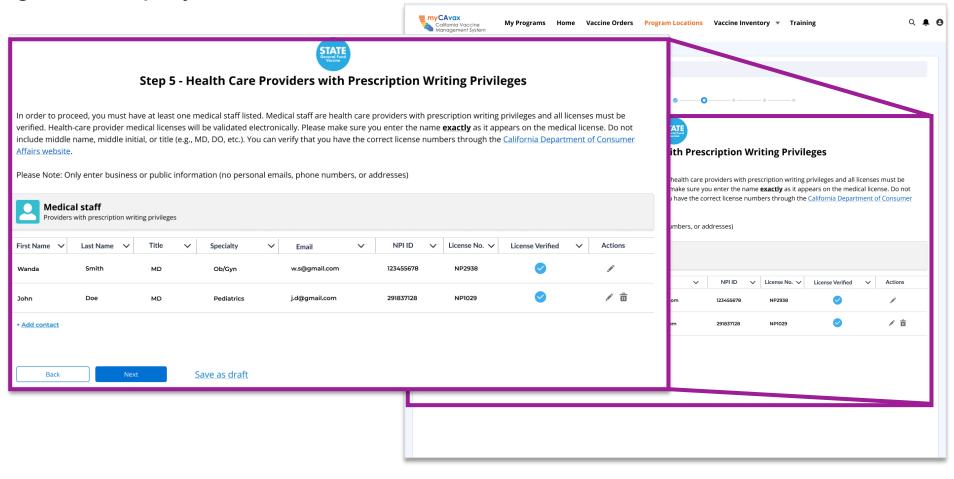
R57 Enhancement: SGF Enrollment Flow Updates – Step 4 - Key Practice Staff

- Next in the SGF Enrollment Flow, the new 'Step 4 - Key Practice Staff' page will display.
- Providers will use this page to enter the location's key practice staff details.



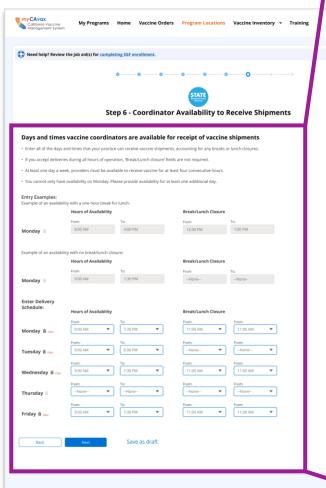
R57 Enhancement: SGF Enrollment Flow Updates – Step 5 - Health Care Providers with Prescription Writing Privileges

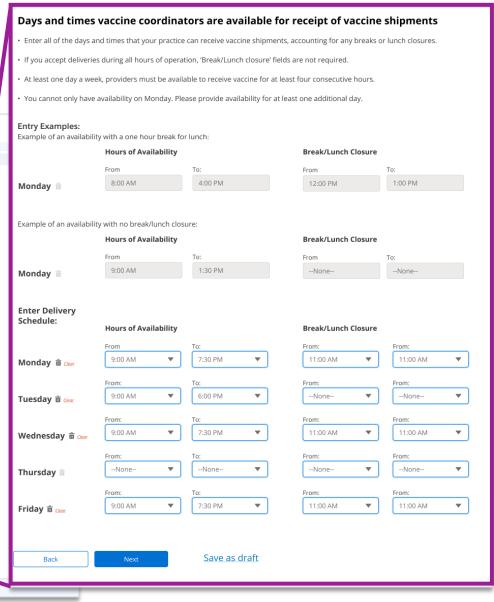
- Next in the SGF Enrollment Flow, the new 'Step 5 Health Care Providers with Prescription Writing Privileges' page will display.
- Providers will use this page to enter details on staff with Prescription Writing privileges.



R57 Enhancement: SGF Enrollment Flow Updates – Step 6 - Coordinator Availability to Receive Shipments

- Next in the SGF
 Enrollment Flow, the new
 'Step 6 Coordinator
 Availability to Receive
 Shipments' page will
 display.
- Providers will use this page to enter the location availability details.





R57 Enhancement: SGF Enrollment Flow Updates – Step 7 - Program Provider

Profile

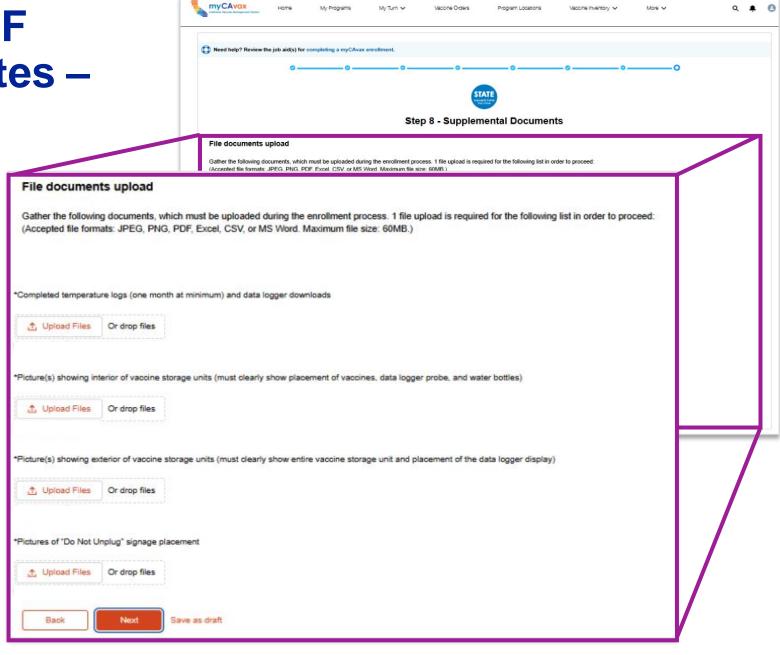
Next in the SGF
Enrollment Flow, the new
'Step 7 - Program
Provider Profile' page
displays.

 Providers will use this page to enter information on future outreach events planned for the location.

		Need help? Review the job aid(s) for completing SGF enrollment.	
pdates – Provider		•—•—•—•—•	0 0
			STATE Drovidou Drofile
		Program provider profile Provide the types of outreach events you plan to vaccinate for your location. Select at least one answ	m Provider Profile wer option per grandon.
Program provider	profile		
Provide the types of outr	reach events you plan to vaccinate for you	r location. Select at least one answer option per question.	1 1
/accination Event Types/L	ocations (select all that apply)		
In Clinic	School		1 1
Library	Community Center		
Church	Parking Lot		
Shelter	Drive-up/through Clinic		1 1
Park	Other: Specify	-	1 1
*Target populatio	n (select all that apply)		on information to the be shared by:
Uninsured	Seniors		
School aged children	Homeless		administered.
Underserved Adults	Other: Specify	_	
			1 1
	Registry (CAIR). All SGF doses must be rec	occines are required to report Immunization information to the orded as SGF in CAIR. Documentation can be shared by:	
 My Turn, or 			
CAIR Quick Entry in M	ny Turn		
■ *I attest that the above	e requirements will be followed in the proper	reporting and documentation of SGF doses administered.	

R57 Enhancement: SGF
Enrollment Flow Updates –
Step 8 - Supplemental
Documents

- For the final step in the SGF Enrollment Flow, the new 'Step 8 - Supplemental Documents' page displays.
- Providers will use this page to upload the required SGF Program documentation.



Resources

Leslie Amani, CDPH

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: <u>MyTurn.Clinic.HD@cdph.ca.gov</u>
- For all other inquiries: <u>providercallcenter@cdph.ca.gov</u>
- 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.



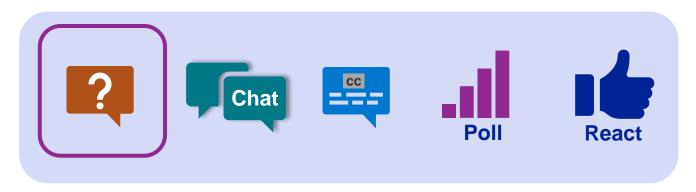
Need help? View our job aids in the Knowledge Center, or contact us.







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!



Immunization Branch

Next CDPH Immunization Updates for Providers
Friday, May 30, 2025
CDPH Immunization Updates for Providers
Registration Link