California Department of Public Health
CA COVID-19 Vaccination Program

Planning for Infant/Toddler COVID-19 Vaccinations

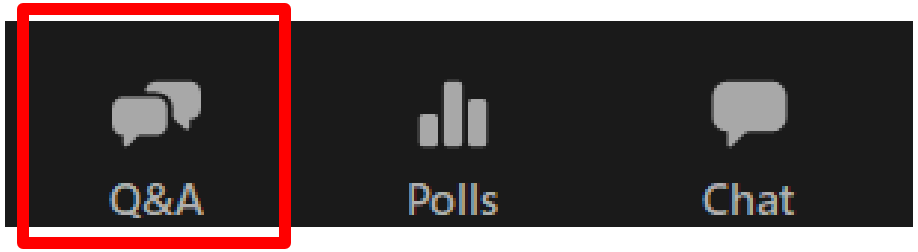
Friday June 17, 2022

2:00PM – 3:00PM

Vaccinate ALL 58
Together we can end the pandemic.

Q&A: Planning for Infant/Toddler COVID-19 Vaccinations

During today's session, please use the Q&A panel to ask your questions so our subject matter experts can respond directly.



Housekeeping

Reminder to Panelists:

Please mute yourself when not speaking.

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

Reminder to Attendees:

Today's session is being recorded. Access today's slides and archived presentations at: https://eziz.org/covid/education/

For post-webinar-related questions, please email leslie.amani@cdph.ca.gov

Agenda: Friday, June 17, 2022

No.	Item	Speaker(s)	Time (PM)
1	Welcome and Introductions	Leslie Amani (Moderator)	**2:00 – 2:05**
2	Importance of COVID-19 Vaccination for Infants and Toddlers	Erica Pan, MD, MPH, FAAP (CDPH)	**2:05 – 2:15**
3	COVID-19 Vaccine Storage and Handling	Kate McHugh (CDPH)	**2:15 – 2:20**
4	Enrollment and KidsVaxGrant	Nisha Gandhi (CDPH)	**2:20 – 2:30**
5	COVID-19 Vaccine Ordering	Christina Sapad (CDPH)	**2:30 – 2:35**
6	Clinical Resources	Floria Chi, M.D. (CDPH)	**2:35 – 2:40**
7	COVID-19 Vaccine Resources	Leslie Amani (CDPH)	**2:40 – 2:45**
8	Q&A and Wrap-up	Leslie Amani (Moderator)	**2:45 – 3:00**
Thank you!			

The Importance of COVID-19 Vaccination for Infants and Toddlers

Dr. Erica Pan, MD, MPH, FAAP,
California State Epidemiologist
Deputy Director, Center for Infectious Diseases, CDPH
@ericapanMD_CDPH
UCSF Clinical Professor
Pediatric Infectious Diseases

Why Should We Immunize Children with COVID-19 Vaccines?

- COVID-19 can sometimes be very severe in children, leading to Multisystem Inflammatory Syndrome in children (MIS-C), Long COVID, hospitalization, and death.

- While we do see some mild post-vaccination infections, COVID-19 vaccines protect **very well against severe disease**.

- COVID-19 vaccines can also help protect others at home, school, and childcare, such as younger babies, the elderly, and people with weaker immune systems.

CDC ACIP Meeting 5/19/22: Link-Gelles
Omicron Variant Transmission Within Households — November 2021–February 2022 (cdc.gov)

COVID-19 *is* a Childhood Illness

COVID-19 Impact on Children in California

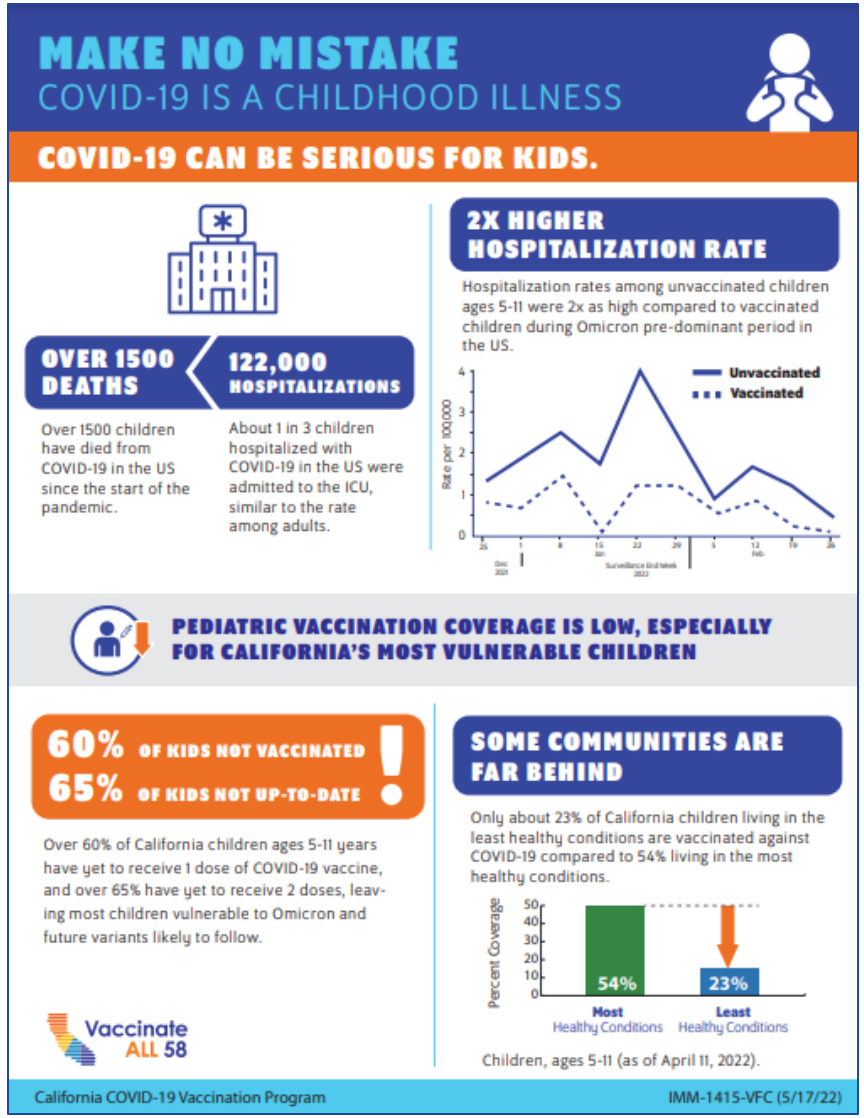
As of June 8, 2022, reported COVID-19 for ages 0-to-17 years:

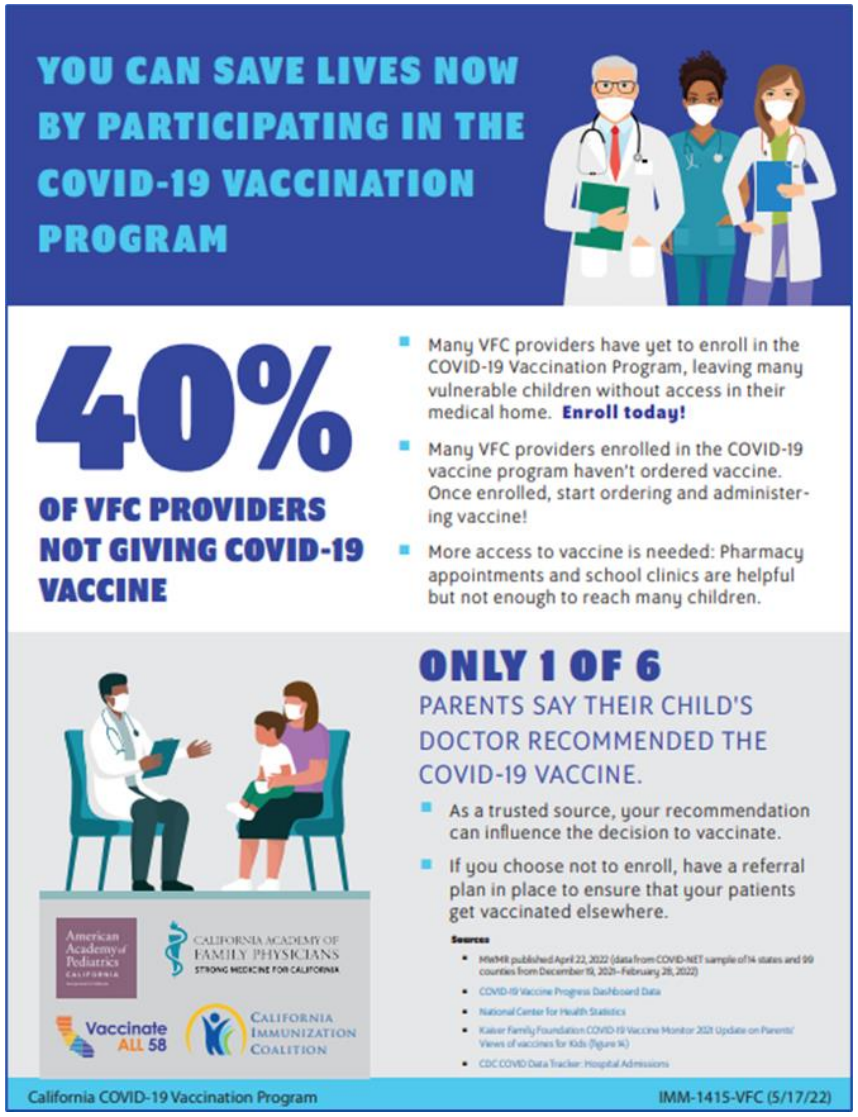
- **> 1.68 M** cases – 289 K cases (17%) in children under 5 years
- **> 10.4 K** hospitalizations
- At least **71** deaths – 25 deaths (35%) in children under 5 years
  - COVID-19 deaths have been the highest among the Latinx population.

COVID-19 Age, Race and Ethnicity Data (ca.gov)

CDC COVID Data Tracker: Hospital Admissions

Job Aid: COVID-19 is a Childhood Illness





Post-COVID conditions in children

- **Post-COVID conditions in children**
  - Appear to be less common in children than in adults
  - A national survey in the UK found **7-8%** of children with COVID-19 reported continued symptoms >12 weeks[1]
  - Can appear after mild to severe infections and after MIS-C
- **Most common symptoms**: Similar to adults and include fatigue, headache, insomnia, trouble concentrating, muscle and joint pain, and cough [2,3]
- **Impact on quality of life**: Limitations of physical activity, feeling distressed about symptoms, mental health challenges, decreased school attendance/participation[2]

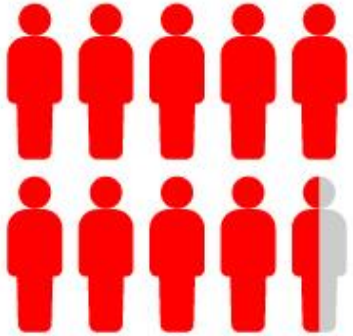
[1]Office for National Statistics United Kingdom. (2021) Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK. Retrieved on September 17, 2021 from Office for National Statistics' website.
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1april2021
[2]Buonsenso D, Munblit D, De Rose C, et al. Preliminary evidence on long COVID in children. Acta Paediatr. 2021;110(7):2208-2211. doi:10.1111/apa.15870.
[3]Molteni E, Sudre CH, Canas LS, et al. Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2. Lancet Child Adolesc Health 2021; 5: 708–18.
https://www.thelancet.com/action/showPdf?pii=S2352-4642%2821%2900198-X

COVID-19 vaccination protects against multisystem inflammatory syndrome in children (MIS-C) among 12–18 year-olds hospitalized during July–December 2021

Vaccination reduced likelihood of MIS-C by:

ADOLESCENTS HOSPITALIZED WITH MIS-C

95% unvaccinated



No vaccinated MIS-C patients required life support

COVID-19 VACCINATION IS THE BEST PROTECTION AGAINST MIS-C

* Case-control study, 238 patients in 24 pediatric hospitals—20 U.S. states
† 2 doses of Pfizer-BioNTech vaccine received ≥28 days before hospital admission

bit.ly/MMWR7102

MMWR

Hospitalizations Among Children

- Children younger than 5 years old were hospitalized **5 times more** during Omicron than Delta.
- Healthy children can also have severe COVID-19.

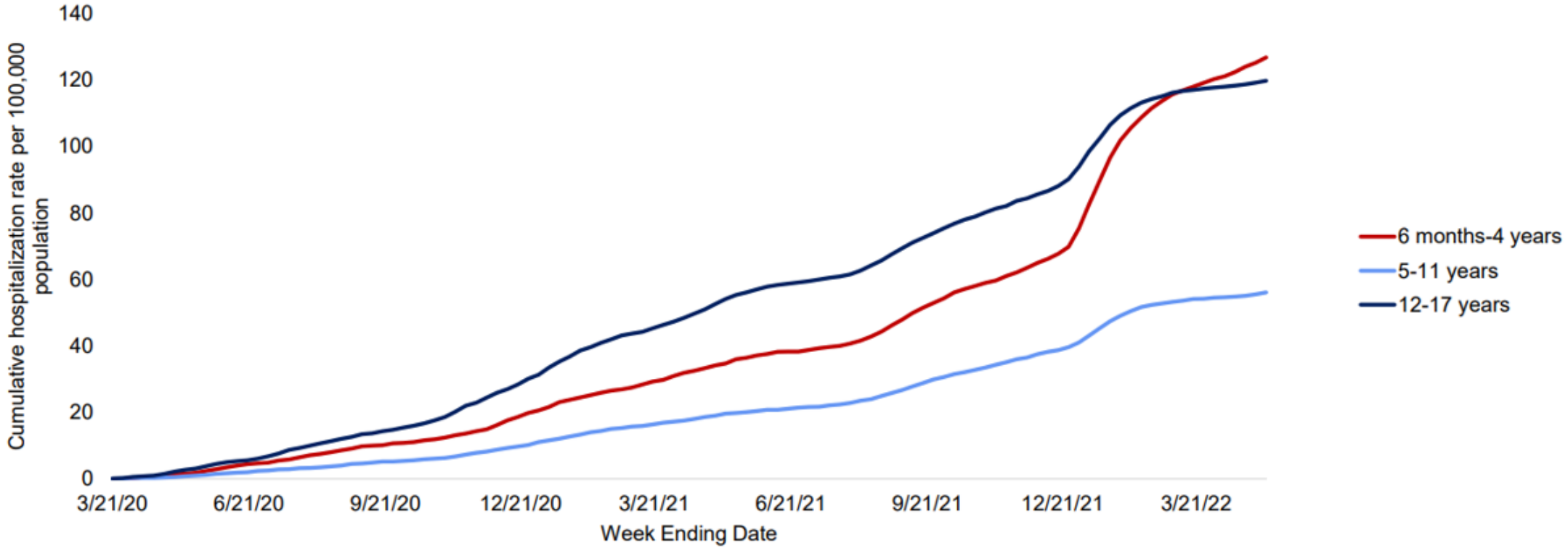
6 OUT OF 10

children under 5 years old who ended up in the hospital did **not** have any underlying health problems.

Hospitalization of Infants and Children Aged 0–4 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 2020–February 2022 | MMWR (cdc.gov)

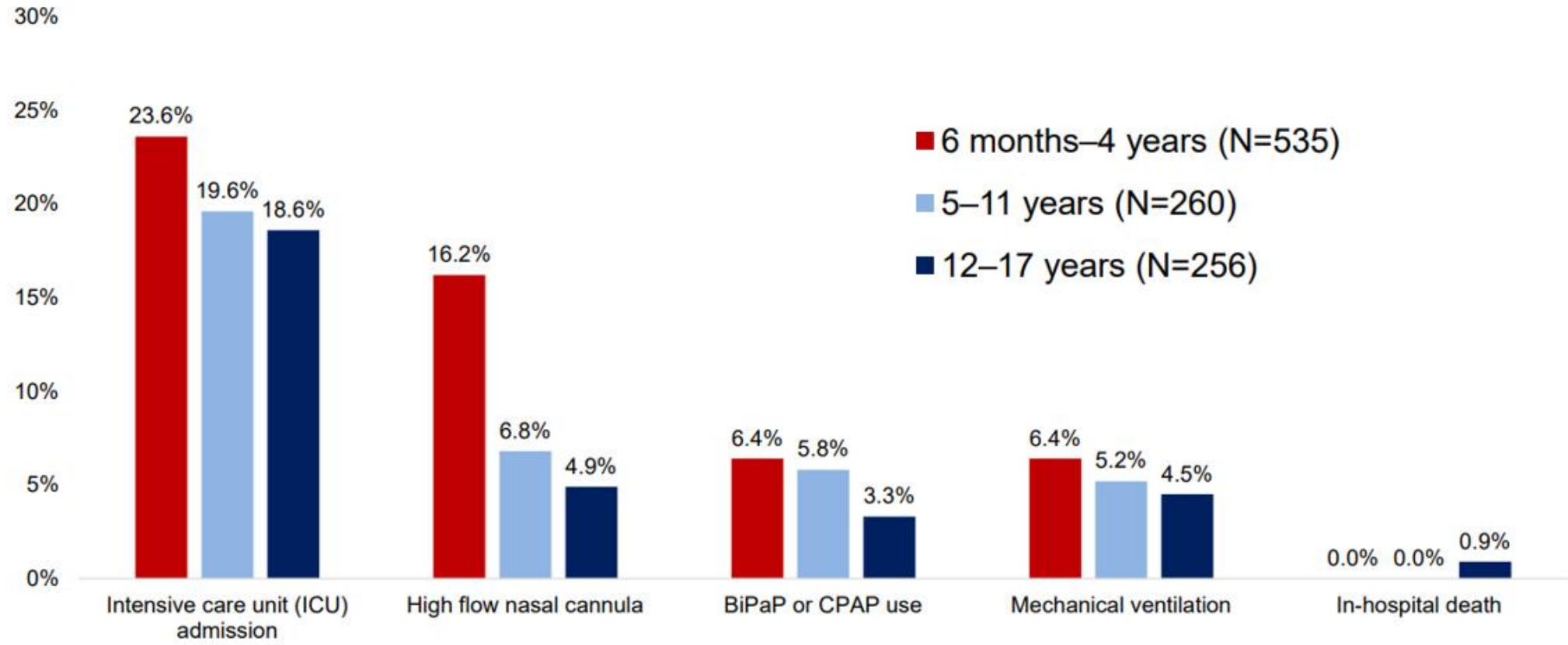
Cumulative COVID-19-associated hospitalizations among children and adolescents 6 months–17 years, COVID-NET

March 2020 – March 2022



Source: COVID-NET, https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html. May 21, 2022.

Severity of COVID-19-associated hospitalizations among children and adolescents 6 months–17 years, COVID-NET, December 19, 2021 – March 31, 2022 (Omicron)



BiPAP: bilevel positive pressure, CPAP: continuous positive pressure

Source: COVID-NET data. Accessed May 21, 2022.

Other Pediatric Vaccine Preventable Diseases:

Hospitalizations per Year Prior to Recommended Vaccines

	Hepatitis A[1]	Varicella[2] (Chickenpox)	Vaccine-type Invasive Pneumococcal Disease[3]	COVID-19[4]
Age	**5–14 years**	**0–4 years**	**0–4 years**	**6 months–4 years**
Time period	2005	1993–1995	1998–1999	Year 1: April 2020–March 2021 Year 2: April 2021–March 2022
Hospitalization Burden (Annual rate per 100,000 population)	**<1**	**29-42**	**40** [5]	Year 1: **29.8** Year 2: **89.3**

[1] https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5603a1.htm

[2] Davis MM, Patel MS, Gebremariam A. Decline in varicella-related hospitalizations and expenditures for children and adults after introduction of varicella vaccine in the United States. Pediatrics. 2004;114(3):786-792. doi:10.1542/peds.2004-0012

[3] Centers for Disease Control and Prevention (CDC). Direct and indirect effects of routine vaccination of children with 7-valent pneumococcal conjugate vaccine on incidence of invasive pneumococcal disease--United States, 1998-2003. MMWR Morb Mortal Wkly Rep. 2005 Sep 16;54(36):893-7. PMID: 16163262.

[4] COVID-NET data, Accessed May 21, 2022.

[5] Vaccine-type invasive pneumococcal disease annual rate for children <5 years in 1998-1999 was 80 per 100,000, of which about 50% were hospitalized.

Pediatric vaccine preventable diseases: Deaths per year in the United States prior to recommended vaccines

	Hepatitis A[1]	Meningococcal (ACWY)[2]	Varicella[3]	Rubella[4]	Rotavirus[5]	COVID-19[6]
Age	**<20 years**	**11–18 years**	**5–9 years**	**All ages**	**<5 years**	**6 months – 4 years**
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	Jan 2020–May 2022
Average deaths per year	**3**	**8**	**16**	**17**	**20**	**86**

[1]Vogt TM , Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis2008; 197:1282–8.
[2]National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015-2019.
[3]Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. J Infect Dis. 2000;182(2):383-390. doi:10.1086/315714
[4]Roush SW , Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA 2007; 298:2155–63.
[5] Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. J Infect Dis. 1996 Sep;174 Suppl 1:S5-11.
[6] https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Counts-by-Age-in-Years/3apk-4u4f/data. Accessed May 14, 2022

COVID-19 as Cause of Death by Age Group, US

Cumulative Incidence, March 1, 2020-April 30, 2022

Age in Years	Deaths	Rank of Causes of Death
<1	269	4
1-4	134	5
5-9	134	5
10-14	195	4
15-19	701	4

Preprint: Covid-19 is a leading cause of death in children and young people ages 0-19 years in the United States

Summary: COVID-19 epidemiology in children and adolescents ages 6 months–17 years

- Children and adolescents are at risk of severe illness from COVID-19
  - More than half of hospitalized children ages 6 months–4 years had no underlying conditions
  - During Omicron predominance, COVID-19 associated hospitalizations among children ages 6 months–4 years have similar or increased severity compared to older children and adolescents
  - Burden of COVID-19 hospitalization is similar to or exceeds that of other pediatric vaccine preventable diseases

- COVID-19 pandemic continues to have significant impact on families and increases disparities

Pediatric COVID-19 Vaccine Products

Age	Brand	Dose	Volume per dose	Primary Series
12+ years	Pfizer Moderna	30ug 100ug	0.3ml 0.5ml	2 doses 2 doses
5-11 years 6-11 years	Pfizer Moderna	10ug 50ug	0.2ml 0.5ml	2 doses 2 doses
6-59 months 6-71 months	Pfizer Moderna	3ug 25ug	0.2ml 0.25ml	3 doses 2 doses

Subject to change: stay tuned for updates

FDA Authorizes Moderna and Pfizer-BioNTech COVID-19 Vaccines for Children Down to 6 Months of Age | FDA

Conclusions

Moderna COVID-19 vaccine: Children ages 6 months–5 years

- Efficacy seen after two doses of Moderna COVID-19 vaccine in children ages 6 months–5 years of age consistent with real-world vaccine effectiveness in all other ages during Omicron predominance
- Antibody levels after 2 doses in children ages 6 months–5 years produces similar antibody levels after 2 doses in individuals ages 18–24 years
- Reactogenicity post-vaccine consistent with other recommended vaccines in this age group

Conclusions

Pfizer-BioNTech COVID-19 vaccine: Children ages 6 months–4 years

- Antibody levels after 3 doses in children ages 6 months–4 years produces similar antibody levels after 2 doses in individuals ages 16–24 years
- Reactogenicity post-vaccine similar after each of the 3 vaccine doses, and similar to reactions seen in placebo recipients
- Efficacy estimates difficult to interpret given small numbers and limited follow-up time
  - Impact of **longer interval** in the trial between dose 2 and dose 3 on efficacy, reactogenicity or safety are unknown

Infant/Toddler COVID-19 Vaccine Products

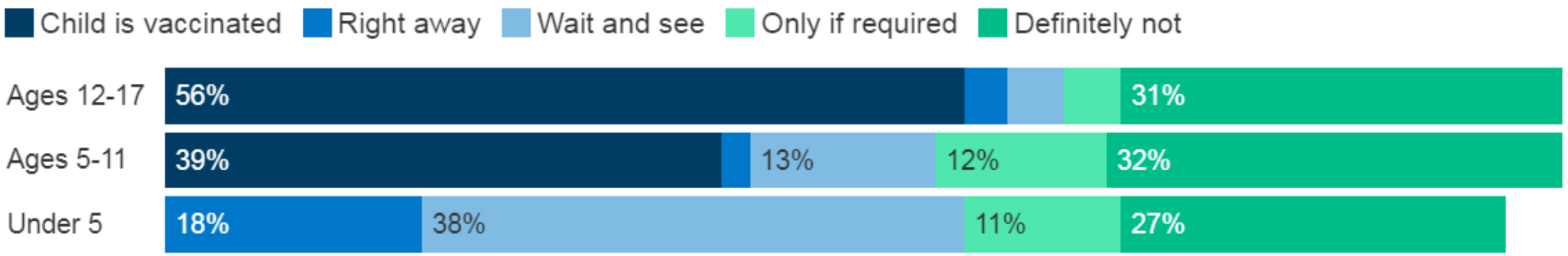
	Moderna (6M – 5Y)	Pfizer (6M – 4Y)
Dose	25 mcg	3 mcg
Schedule Dose 1 → 2 Dose 2 → 3	4 weeks (2-dose initial series)	3 weeks 8 weeks
Met primary efficacy outcome: Antibody levels equivalent to levels at older ages associated with protection against severe COVID-19?	Yes	Yes
Preliminary clinical data suggesting at least short-term protection against symptomatic infection?	Yes	Yes (based on few cases)
Effectiveness data yet against severe COVID-19?	No	No
Adverse events	Mostly mild-moderate	Mostly mild-moderate
Any fever v. placebo; *fever > 104°F v. placebo*	16 v. 7%: *0.2 v. 0%*	6 v. 5%: *0.1 v. 0%*
Deaths, cases of myocarditis, or new safety concerns identified in trial?	No	No

ACIP Meeting June 17, 2022 – Dr. Oliver; VRBPAC June 14-15, 2022 Meeting Materials - 06/14/2022 | FDA
FDA Authorizes Moderna and Pfizer-BioNTech COVID-19 Vaccines for Children Down to 6 Months of Age | FDA

Figure 1

One In Five Parents Of Children Under 5 Want To Vaccinate Their Child For COVID-19 Right Away When Authorized, But Four In Ten Want To Wait And See

Thinking about your child between the ages of...have they received at least one dose of a COVID-19 vaccine, or not? If not, do you think you will get them vaccinated…?



NOTE: Asked of parents or guardians of children under 18. For parents of children under 5, question was worded "Thinking about your child under the age of 5, once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will…?" See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (April 13-26, 2022) • PNG

KFF COVID-19 Vaccine Monitor

Where will Infants/Toddlers Get Vaccinated?

The time for vaccinating children is now!

- Pharmacies with a diminished role
- Local health jurisdictions (LHJ) sites
- Pop-up events
  - Childcare, WIC
- **More Primary Care Providers needed**
  - Vaccines for Children (VFC) and non-VFC providers
  - Medical home is a trusted source of care
    - Can counsel hesitant families
    - See linked resources

Poll 1: Your feedback is appreciated!

1. Will you be able to offer COVID-19 vaccine to your patients younger than 5 years in the next weeks?

❑ Yes

❑ No

2. What has worked well in your practice in immunizing children 5 years and older? [Write-in]

Storage and Handling

Kate McHugh, CDPH

Finding the EUAs and Fact Sheets for the Infant/Toddler Vaccines

- Contain clinical, administration, and storage/handling information
- Moderna
  - Provider Factsheet
  - Recipient/Caregiver Factsheet
- Pfizer
  - Provider Factsheet
  - Recipient/Caregiver Factsheet

Storage and Handling Overview

- Can you receive the infant/toddler vaccines at your clinic if you don't have an ultracold freezer?
  - Yes! All you need is a refrigerator and a digital data logger
  - Both vaccines can be stored in refrigerated temperature ranges for long periods of time
- Where is the best place to get storage and handling information on the vaccines?
  - The EUAs always have up-to-date information
  - Vaccine Management EZIZ
    - Contains job aids created by CDPH and links to CDC resources

Moderna Infant/Toddler Storage & Handling

- Cap color: Dark blue
  - Vial label: Magenta border
- 10 doses per vial, 100 dose minimum order
- Long term storage
  - -50°C to -15°C until published expiration date (Moderna Vial Expiration Date Lookup
- Refrigerated storage (2°C to 8°C)
  - 30 days
- Room temperature storage for up to 24 hours total (must be discarded within 12 hours of puncture)
- Does **not** require diluent

Pfizer Infant/Toddler Storage and Handling

- Cap color: Maroon
- 10 dose vial, 10 vial carton, 100 dose minimum order
  - The third-party redistributor will be doing small orders by June 20!
- Long-term storage
  - -90°C to -60°C
  - Until published expiration date (see the EUA)
- Refrigerated storage (2°C to 8°C)
  - 10 weeks
- 12 hours prior to puncture at normal room temperature (8° – 25° C)
- 12 hours after puncture at normal room temperature (8° – 25° C)
- **Requires diluent**: 2.2mL normal saline

Pfizer Infant/Toddler Vial Labels

Label Characteristics
Maroon Cap Ages 6 months through 4 years

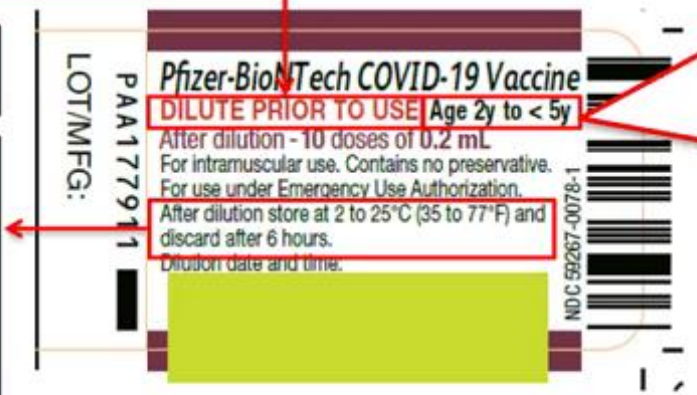
(Ages 6 months thru 4)

If authorized by the FDA, **Maroon Cap** vaccine vials and cartons you receive will be labeled as Pfizer-BioNTech COVID-19 Vaccine

Initial shipments of Maroon Cap vials and cartons will have the following label characteristics:

Maroon Cap vaccine requires dilution prior to use

*Maroon Cap vial labels and cartons may state that a vial should be discarded **6 hours** after the first dilution. Results from recent stability studies will supersede the current vial label and support discarding the vaccine after **12 hours** from the time of dilution



IMPORTANT INFORMATION

- The vial and carton labels may state **2 years to <5 years** of age **or** **6 months through 4 years of age**.
- Vials with labels that state for use in individuals **2 years to <5 years of age** **can be used for individuals** **6 months through 4 years of age**.

***Note:** Prior to preparation of the vaccine, please review the EUA Fact Sheet (if authorized by the FDA) as the timeframe for use post-dilution has been extended to **12 hours**

Preventing Administration Errors

- With multiple vaccine presentations, it is easy for administration errors to take place.
  - Make sure all staff are trained on the specific presentation being used.
- Injection Volume
  - This differs for different age groups, so always double-check!
- Dilution
  - Some vaccines require diluent; Pfizer Infant/Toddler (6 months-4 years, **maroon cap**) and Pfizer Pediatric (5-11, **orange cap**)
  - Some do not require diluent; Janssen, Moderna, and Pfizer Tris-sucrose (12+ years, **gray cap**)
  - The Pfizer Infant/Toddler (6 months-4 years, **maroon cap**) and Pfizer Pediatric (5-11, **orange cap**) require **different volumes** of diluent – make sure staff are aware of this!
- Ensure vaccines are clearly labeled and organized in your fridge so that staff do not accidentally grab the wrong vials.
  - Double check the vial is for the correct age group when you pull the vaccine out of the refrigerator and again before administering.

Updated

Pfizer COVID-19 Vaccine Updates & Trainings

Date & Time (linked)	Password
Monday, June 20 - 12PM	uCNgtvSj644
Tuesday, June 21 - 12PM	b7AUdidkC42
Wednesday, June 22 - 9AM	KyXpMaFT564
Thursday, June 23 - 9AM	FKqizmRb735
Friday, June 24 - 12PM	XZqMY8qQV37
Monday, June 27 - 12PM	SXpxqFPP265
More sessions listed! NOTE: All times listed here are PDT.	

Audience:

Providers and immunization staff.

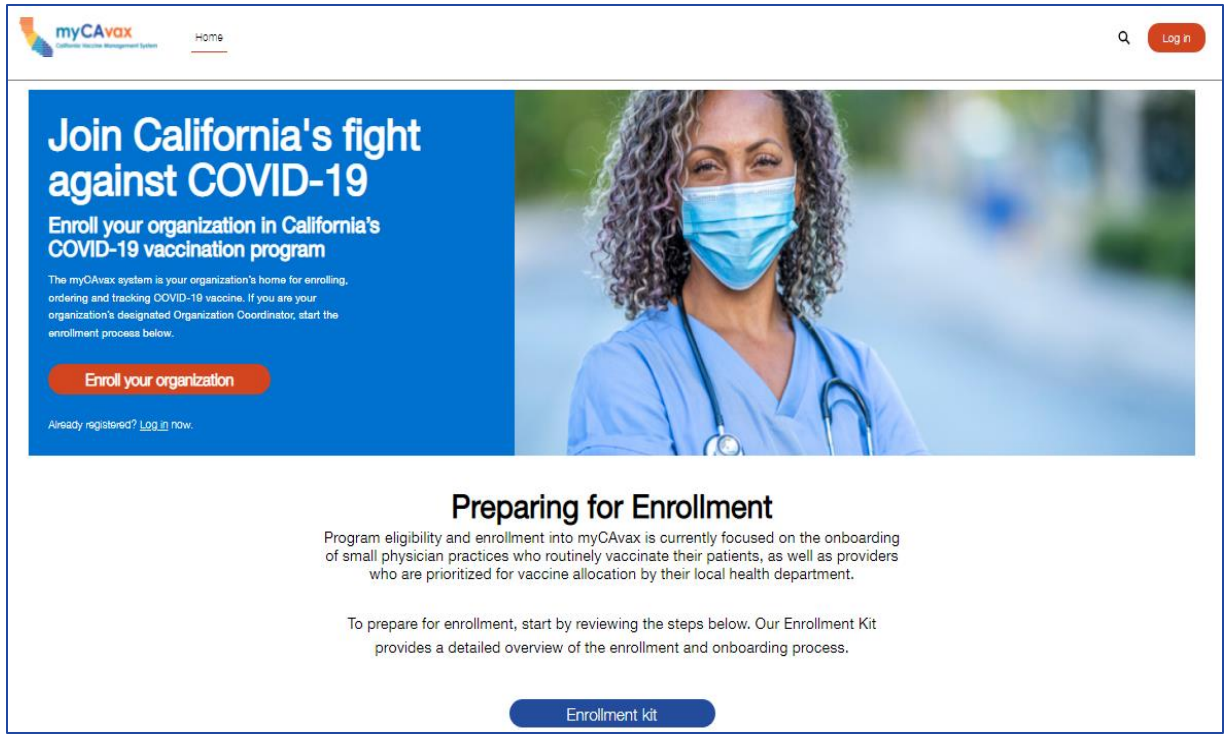
Session Topics Include:

- Potential new vaccine presentation **(Maroon Cap)** for individuals 6 months through 4 years of age (Starting June 7)
- FDA approvals, authorizations - including recent authorizations
- Extended expiry for **Purple**, **Orange,** and **Gray** Cap
- **Gray** Cap, Comirnaty®
- Use of each vaccine presentation, including storage, handling, preparation, and administration

Enrollment and KidsVaxGrant

Nisha Gandhi, CDPH

Before Enrolling in the COVID-19 Vaccine Program



- ✓Step 1: Review Program Requirements including CDC Provider Agreement
- ✓Step 2: Review Provider Enrollment Worksheet
- ✓Step 3: Enroll in your local IIS
- ✓Step 4: Review Storage & Handling Guidelines
- ✓Step 5: Complete Required Training
- ✓Step 6: Complete CDC Provider Agreement in myCAvax

KidsVaxGrant Application Cycle

- The California Department of Public Health has appropriated approximately $10 million to support the KidsVaxGrant program.
- Application launch: April 1, 2022, at 12:00 a.m. (PDT)
- Application deadline: July 15, 2022, at 11:59 p.m. (PDT)
  - Or once funding is expended

PHC_KidsVaxGrant_Webpage

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KidsVaxGrant Funding Opportunities

- **VFC providers newly enrolled** in the California COVID-19 vaccine program (myCAvax) could receive $10,000 per site to support enrollment and launching a vaccination center. Those that enroll in myCAvax from December 17, 2021, through July 15, 2022, will qualify for the grant.
- **VFC providers already enrolled** in the California COVID-19 vaccine program (myCAvax), who are expanding operating hours by a minimum of 15 hours, could be eligible for $15,000, per site. Eligible providers must expand hours of operations by a minimum of 15 hours to provide additional time options for working families.
    - Expanded hours must be outside of normal or existing clinic hours
    - Expanded hours must be completed within 60 days of the application's approval and are not retroactive.

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COVID-19 Vaccine Ordering

Christina Sapad, CDPH

Infant/Toddler COVID-19 Vaccine Orders

Pfizer Infant/Toddler: Ages 6 months – 4 years and Moderna Infant/Toddler: Ages 6 months – 5 years

Pre-Ordering for both Pfizer and Moderna products have been completed for LHDs/MCEs and Providers. The minimum standard order amount is 100 doses for both products.

- **Wave 1:**
  - Pre-Orders were open in myCAvax on Friday, June 3rd until June 6th at 5pm
  - Wave 1 pre-orders are to be delivered June 20th - June 21st (Moderna) and June 20th - June 22nd (Pfizer)
- **Wave 2:**
  - Pre-Orders were open in myCAvax from Tuesday, June 7th to Friday, June 10th at 5 PM.
  - Wave 2 pre-orders will be delivered June 23rd through June 29th.

Routine ordering: Orders submitted and approved after the pre-order waves will be submitted to CDC when their system is ready to accept routine orders and will continue to follow the regular ordering and distribution cadence. (See Ordering Vaccines for guidance.)

Small orders:

- If LHDs would like to begin collecting small orders for the new product for distribution once vaccine arrives, they now have the option to configure small orders for their jurisdiction.
- Small orders for Pfizer through our Third-party Redistributor (TPR – AmerisourceBergen) will begin the week of 6/20/2022 (minimum request of 30 doses, maximum 90 doses)

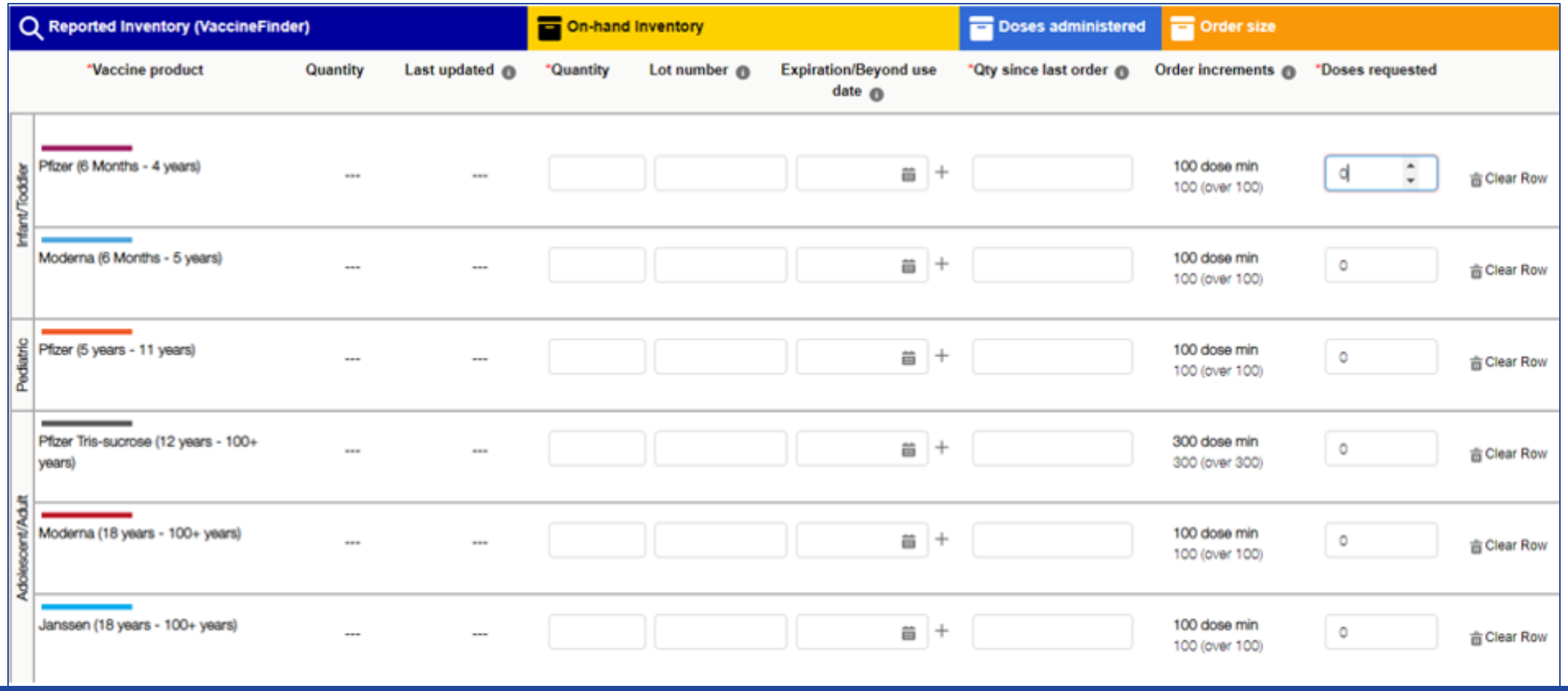
Infant/Toddler COVID-19 Vaccine Pre-Order Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
May 30	**31**	**June 1**	**2**	**3** **Wave 1** **Pre-Orders Opens on myCAvax** (Delivery on 6/20-6/22)†
6 **Wave 1** **Order by 5pm** (Delivery on 6/20-6/22)†	**7** **LHD Approval by 12pm** **CDPH submits orders–Wave 1** **Wave 2 Order Period** (Delivery on 6/23-6/29)	**8**	**9**	**10** **Wave 2** **Order by 5pm** (Delivery on 6/23-6/29)
13 **LHD Approval by 12pm** **CDPH submits orders–Wave 2**	**14** FDA VRBPAC	**15** FDA VRBPAC (anticipated approval^)	**16**	**17-18** ACIP Western States (anticipated approval^)
20 Juneteenth Holiday **Wave 1 Deliveries (Moderna: 6/20-6/21; Pfizer 6/20-6/22)** (contingent upon approval^)	**21**	**22**	**23** **Wave 2 Deliveries** (contingent upon approval^)	**24**
27 **Wave 2 Deliveries** (contingent upon approval^)	**28**	**29**	**30**	

† Only order during Wave 1 if you can receive vaccines on Monday, June 20th, otherwise order during Wave 2.
** Pre-orders submitted after 6/6 at 5pm will be included in Wave 2.
^ Delivery is contingent upon FDA, ACIP, and Western States approval

Order COVID Vaccine through myCAvax

The Product Groupings went live in myCAvax on the evening of Friday, June 3rd. These will be helpful when determining the age group for your desired products!



COVID-19 Vaccine Clinical Resources

Floria Chi, M.D., MPH, CDPH

UPDATED

Recommending COVID-19 Vaccination: Clinical Talking Points for Providers of Pediatric Services

Vaccinate ALL 58

This resource is designed to help you and your staff have effective conversations with families about COVID-19 vaccines, as you are the most trusted source of medical information for families.

Begin to discuss COVID-19 vaccination now.

The top reason parents cite for not vaccinating their children is the need for more information. For families who may be hesitant about the COVID-19 vaccine, begin the conversation by asking, "How do you feel about your child getting the COVID-19 vaccine?" The goals of these conversations are to have a cordial discussion, answer questions, understand and acknowledge any fears they express, and provide accurate information.

Validate parental concerns and answer questions without judgement.

As their child's provider, your guidance is influential. Hearing your opinion that immunization is safe and effective can be reassuring. When parents express hesitation, ask about and acknowledge their concerns. For example, *"If I heard those things, I would be scared, too. Let's talk about your concerns."* Let parents know that you share their goal of keeping their children safe.

Give parents accurate information.

Here are common questions and talking points to help parents. Praise parents who ask questions for wanting to know more. Wrap up the conversation by making a recommendation while acknowledging their authority in deciding for their children. For example, *"I think getting vaccinated is best for your child. Ultimately, it's your choice. I'm here to guide you and answer your questions."*

Why should my child get the COVID-19 vaccine?

- **It's effective**. The vaccine does not protect against all COVID-19 infection, but multiple studies have shown it is effective in preventing severe illness and hospitalization, including against the Omicron variant.
    - During the Omicron period, unvaccinated children ages 5-11 were twice as likely to be hospitalized with COVID-19 than vaccinated children.
    - During the Omicron period, 1 in 5 children hospitalized with COVID-19 required ICU-level care. Vaccination lowered the risk of critical COVID-19 by 79%.
    - Children with pre-existing conditions are at higher risk for severe COVID-19 outcomes. Vaccination is especially recommended to keep children with chronic conditions and disabilities safe and healthy.

Recommending COVID-19 Vaccination: Clinical Talking Points for Providers of Pediatric Services

Vaccinate ALL 58

- Healthy children with no pre-existing conditions can have severe COVID-19, too. In fact, almost half of children younger than 18 years hospitalized with COVID-19 have no underlying conditions.
    - During the Omicron period, 63% of children under 5 years and 30% of children 5-11 years hospitalized with COVID-19 did not have any underlying conditions.
- Multisystem Inflammatory Syndrome in Children (MIS-C) is a serious condition that can happen in children after infection with COVID-19, even if they had mild symptoms or no symptoms at all. The COVID-19 vaccine lowers the risk of MIS-C by 91%, according to data from July-December 2021.
    - In California, there have been over 960 cases of MIS-C, many of which were admitted to an ICU (as of 5/9/22).
- The vaccine can shorten time away from school, childcare, and work. Vaccinated children spent less time sick in bed than unvaccinated children, during the Omicron period.
- The vaccine can help protect others at home, including the most at-risk members of your family and community, such as grandparents, babies, and people with compromised immune systems. Vaccinated persons with COVID-19 were one-third less likely to transmit to others in their household in the Omicron period.
- Children infected with COVID-19 were found to be more likely to develop diabetes than those without COVID-19. Vaccination may lower this risk.
- We are still learning about long COVID in children. Children have reported ongoing respiratory, cardiac, neurologic and other symptoms following COVID-19 infection. Research in adults suggests that people who are vaccinated against COVID-19 are less likely to develop long COVID.

Is COVID-19 vaccine safe for my child?

- COVID-19 vaccines are safe. Over 220 million people, including over 23 million children, have safely received the COVID-19 vaccine in the United States and are now protected against serious COVID-19 infection. Getting vaccinated is much, much safer than the risks of getting sick with COVID-19.
- Mild to moderate side effects are common and can be a sign that your body is building up its defenses to protect you. It's not unusual for a child to feel sore at the injection site or have a fever, headache, and fatigue for a day or two after vaccination.

Co-administration is Safe

- COVID-19 vaccines may be co-administered with other vaccines on the same day.
- Important to catch-up on routine immunizations. Always check if a patient is up-to-date and, if not, offer catch-up vaccines.
- Integrating COVID-19 vaccination with routine vaccination:
  - Follow best practices to avoid administration errors. See linked resources below.
  - Use the 15-minute observation after COVID-19 vaccination (30 minutes, if at higher risk for anaphylaxis) to encourage families to **participate in V-safe**, complete health screening questionnaires and counseling.

COVID-19 vaccine

Other vaccines

Primary Series Doses for Infant/Toddler:

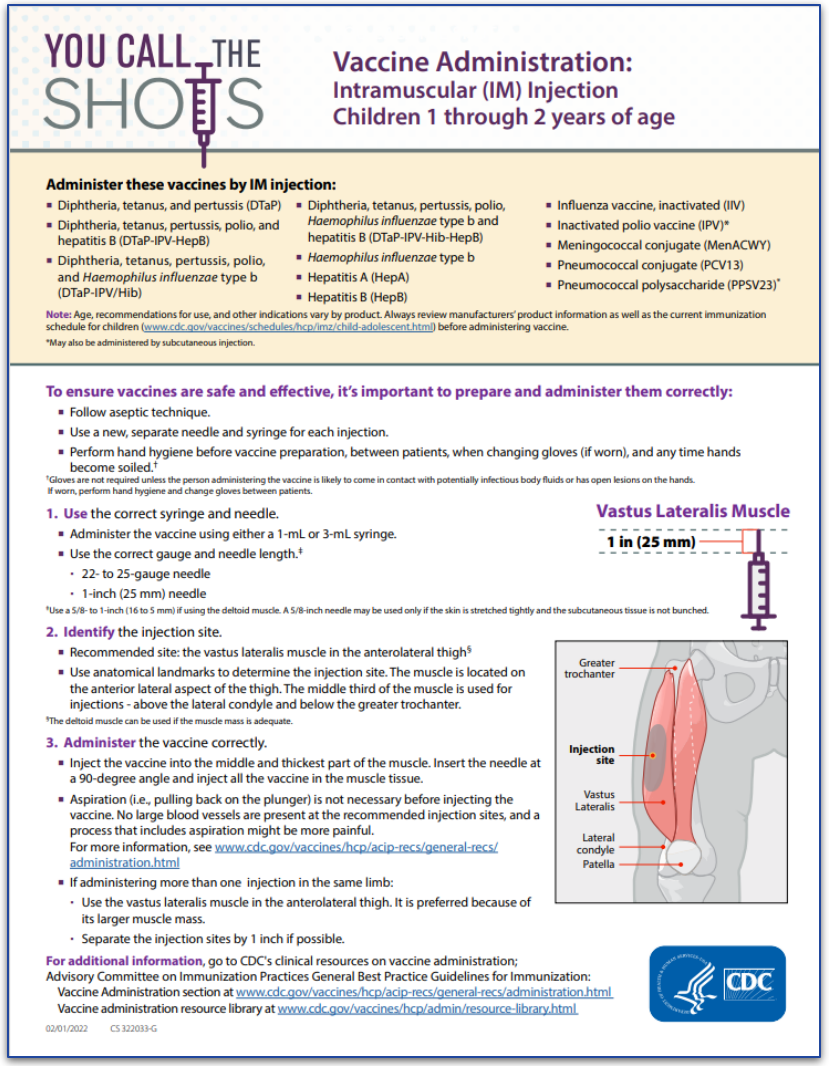
- **Pfizer (3 micrograms): <u>3 doses</u> for ages 6 months to under 5 years.**

- **Moderna (25 micrograms): <u>2 doses</u> for ages 6 months to under 6 years.**

Preferred Injection Sites

Under 3 Years:

Vastus Lateralis



YOU CALL THE SHOTS

Vaccine Administration:
Intramuscular (IM) Injection
Children 1 through 2 years of age

Administer these vaccines by IM injection:

- Diphtheria, tetanus, and pertussis (DTaP)
- Diphtheria, tetanus, pertussis, polio, and hepatitis B (DTaP-IPV-HepB)
- Diphtheria, tetanus, pertussis, polio, and *Haemophilus influenzae* type b (DTaP-IPV/Hib)
- Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b and hepatitis B (DTaP-IPV-Hib-HepB)
- *Haemophilus influenzae* type b
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Influenza vaccine, inactivated (IIV)
- Inactivated polio vaccine (IPV)*
- Meningococcal conjugate (MenACWY)
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)*

Note: Age, recommendations for use, and other indications vary by product. Always review manufacturers' product information as well as the current immunization schedule for children (www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html) before administering vaccine.

*May also be administered by subcutaneous injection.

To ensure vaccines are safe and effective, it's important to prepare and administer them correctly:

- Follow aseptic technique.
- Use a new, separate needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.†

†Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

1. Use the correct syringe and needle.

- Administer the vaccine using either a 1-mL or 3-mL syringe.
- Use the correct gauge and needle length.‡
  - 22- to 25-gauge needle
  - 1-inch (25 mm) needle

‡Use a 5/8- to 1-inch (16 to 5 mm) if using the deltoid muscle. A 5/8-inch needle may be used only if the skin is stretched tightly and the subcutaneous tissue is not bunched.

Vastus Lateralis Muscle

1 in (25 mm)

2. Identify the injection site.

- Recommended site: the vastus lateralis muscle in the anterolateral thigh§
- Use anatomical landmarks to determine the injection site. The muscle is located on the anterior lateral aspect of the thigh. The middle third of the muscle is used for injections - above the lateral condyle and below the greater trochanter.

§The deltoid muscle can be used if the muscle mass is adequate.

Greater trochanter
Injection site
Vastus Lateralis
Lateral condyle
Patella

3. Administer the vaccine correctly.

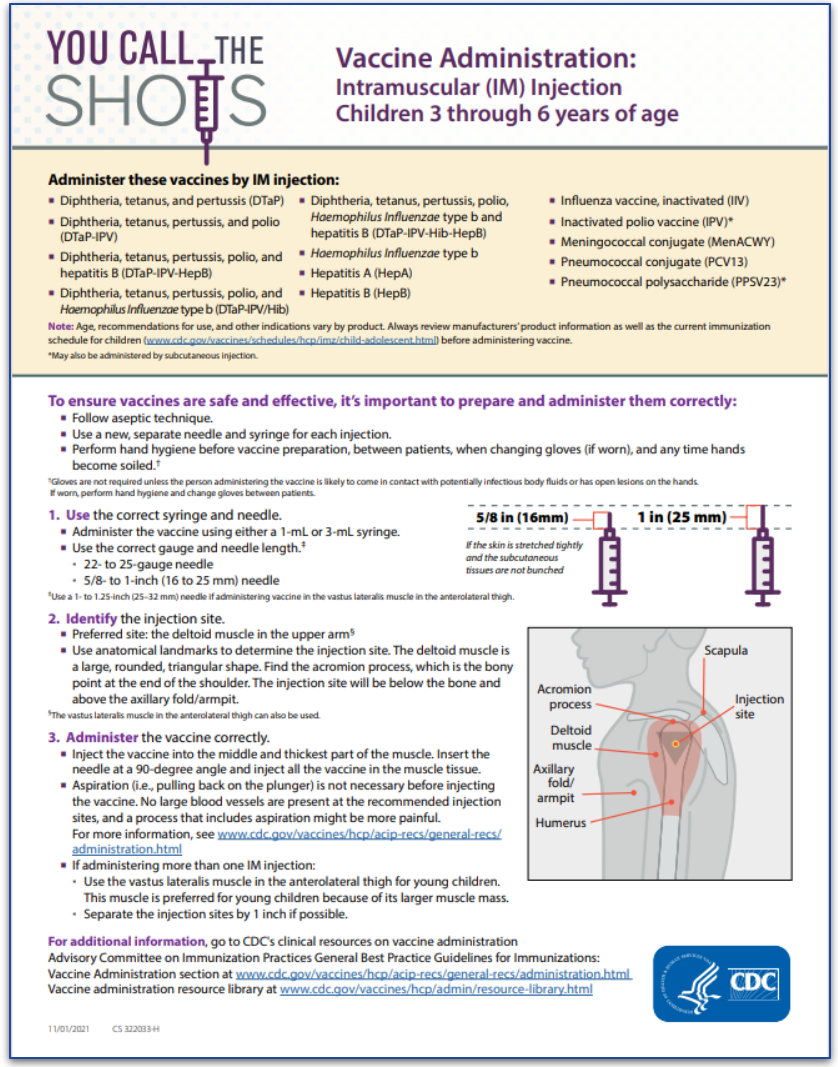
- Inject the vaccine into the middle and thickest part of the muscle. Insert the needle at a 90-degree angle and inject all the vaccine in the muscle tissue.
- Aspiration (i.e., pulling back on the plunger) is not necessary before injecting the vaccine. No large blood vessels are present at the recommended injection sites, and a process that includes aspiration might be more painful.
  For more information, see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
- If administering more than one injection in the same limb:
  - Use the vastus lateralis muscle in the anterolateral thigh. It is preferred because of its larger muscle mass.
  - Separate the injection sites by 1 inch if possible.

For additional information, go to CDC's clinical resources on vaccine administration;
Advisory Committee on Immunization Practices General Best Practice Guidelines for Immunization:
Vaccine Administration section at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
Vaccine administration resource library at www.cdc.gov/vaccines/hcp/admin/resource-library.html

02/01/2022 CS 322033-G

3 Years and Over:

Deltoid



YOU CALL THE SHOTS

Vaccine Administration:
Intramuscular (IM) Injection
Children 3 through 6 years of age

Administer these vaccines by IM injection:

- Diphtheria, tetanus, and pertussis (DTaP)
- Diphtheria, tetanus, pertussis, and polio (DTaP-IPV)
- Diphtheria, tetanus, pertussis, polio, and hepatitis B (DTaP-IPV-HepB)
- Diphtheria, tetanus, pertussis, polio, and *Haemophilus Influenzae* type b (DTaP-IPV/Hib)
- Diphtheria, tetanus, pertussis, polio, *Haemophilus Influenzae* type b and hepatitis B (DTaP-IPV-Hib-HepB)
- *Haemophilus Influenzae* type b
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Influenza vaccine, inactivated (IIV)
- Inactivated polio vaccine (IPV)*
- Meningococcal conjugate (MenACWY)
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)*

Note: Age, recommendations for use, and other indications vary by product. Always review manufacturers' product information as well as the current immunization schedule for children (www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html) before administering vaccine.

*May also be administered by subcutaneous injection.

To ensure vaccines are safe and effective, it's important to prepare and administer them correctly:

- Follow aseptic technique.
- Use a new, separate needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.†

†Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

1. Use the correct syringe and needle.

- Administer the vaccine using either a 1-mL or 3-mL syringe.
- Use the correct gauge and needle length.‡
  - 22- to 25-gauge needle
  - 5/8- to 1-inch (16 to 25 mm) needle

‡Use a 1- to 1.25-inch (25–32 mm) needle if administering vaccine in the vastus lateralis muscle in the anterolateral thigh.

5/8 in (16mm)
1 in (25 mm)
If the skin is stretched tightly and the subcutaneous tissues are not bunched

2. Identify the injection site.

- Preferred site: the deltoid muscle in the upper arm§
- Use anatomical landmarks to determine the injection site. The deltoid muscle is a large, rounded, triangular shape. Find the acromion process, which is the bony point at the end of the shoulder. The injection site will be below the bone and above the axillary fold/armpit.

§The vastus lateralis muscle in the anterolateral thigh can also be used.

Scapula
Acromion process
Injection site
Deltoid muscle
Axillary fold/ armpit
Humerus

3. Administer the vaccine correctly.

- Inject the vaccine into the middle and thickest part of the muscle. Insert the needle at a 90-degree angle and inject all the vaccine in the muscle tissue.
- Aspiration (i.e., pulling back on the plunger) is not necessary before injecting the vaccine. No large blood vessels are present at the recommended injection sites, and a process that includes aspiration might be more painful.
  For more information, see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
- If administering more than one IM injection:
  - Use the vastus lateralis muscle in the anterolateral thigh for young children. This muscle is preferred for young children because of its larger muscle mass.
  - Separate the injection sites by 1 inch if possible.

For additional information, go to CDC's clinical resources on vaccine administration
Advisory Committee on Immunization Practices General Best Practice Guidelines for Immunizations:
Vaccine Administration section at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
Vaccine administration resource library at www.cdc.gov/vaccines/hcp/admin/resource-library.html

11/01/2021 CS 322033-H

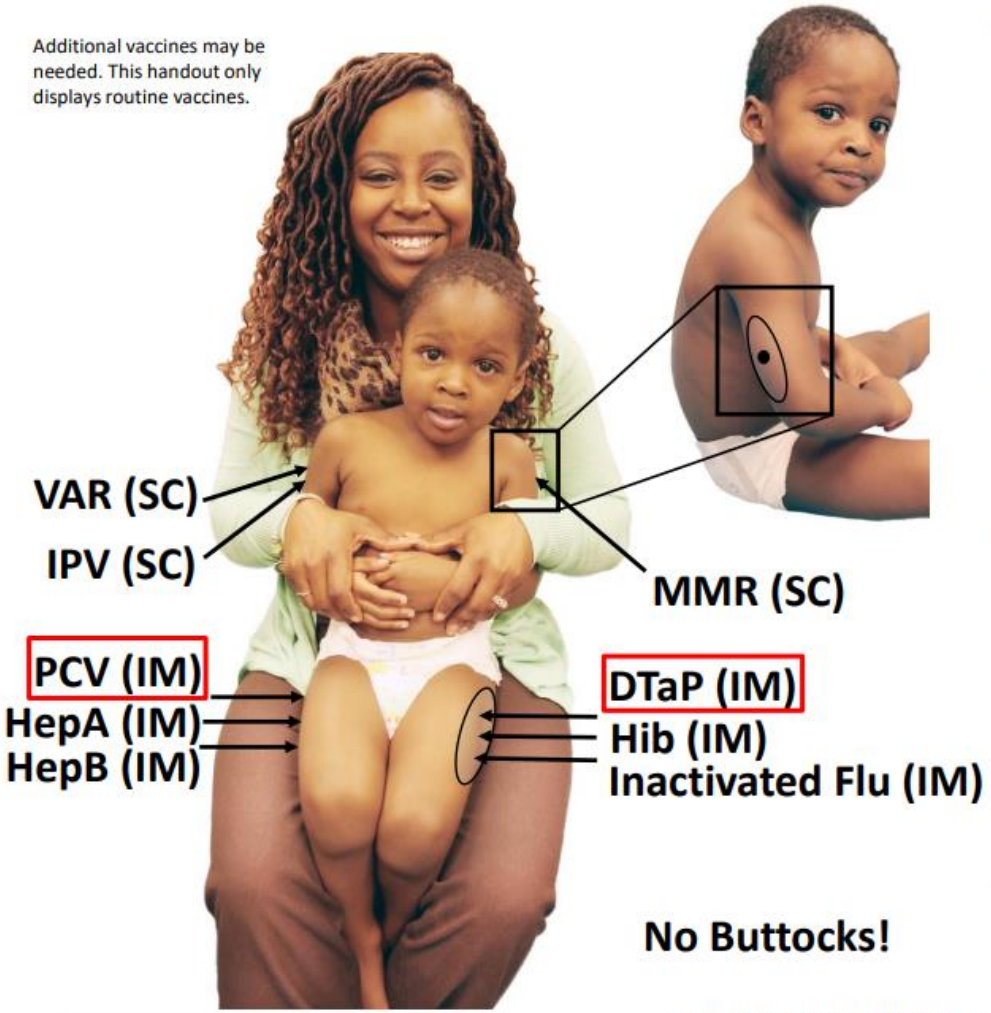
Comforting Restraint Positions

Infants and Toddlers

Older Children

Giving All the Doses 12 Months and Older

Additional vaccines may be needed. This handout only displays routine vaccines.



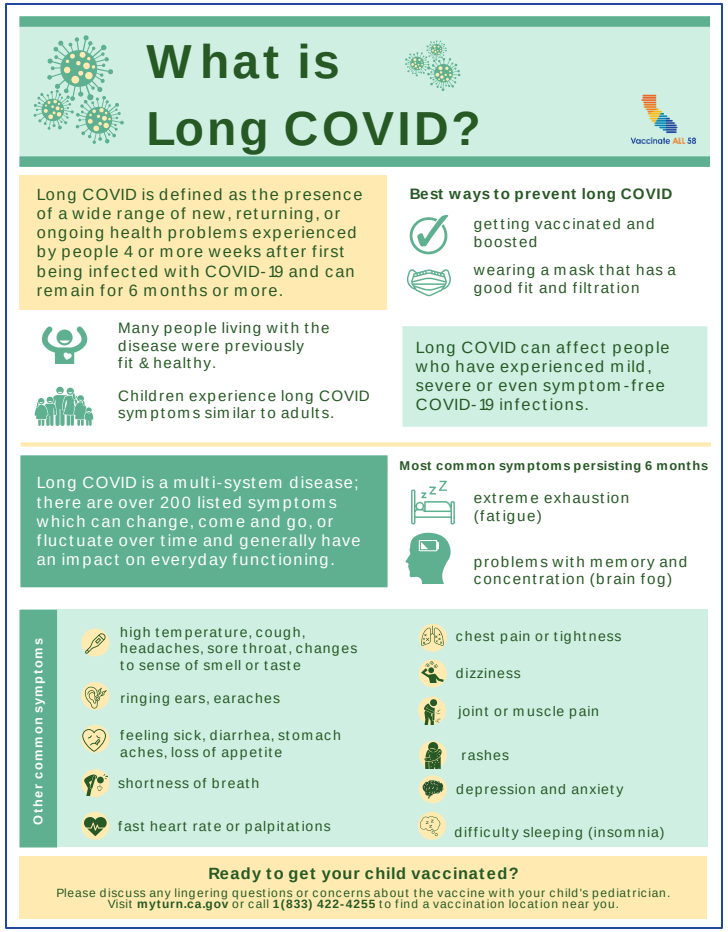
Intramuscular (IM) 90° Angle
Subcutaneous (SC) 45° Angle

- **IM** injections are given in the **anterolateral thigh** (preferred site for 12 mos.-2 yrs.) using a **1" needle**
  - Separate IM injection sites by a minimum of 1"
  - Deltoid is preferred IM site for 3 yrs. and older
    - Anterolateral thigh is an alternative site if deltoid cannot be used
- **SC** injections are given in the upper outer triceps area or thigh using a **5/8" needle** (see ● to the left for placement in triceps area)
- Using combination vaccines decreases the number of injections
  - IPV **must** be given IM when given as a combination vaccine (e.g., DTaP-IPV/Hib, DTaP-IPV-HepB)
- Give vaccines likely to cause greater local reaction (e.g., DTaP, PCV) into separate limbs
- Give the most painful injections last (e.g., MMR, PCV)

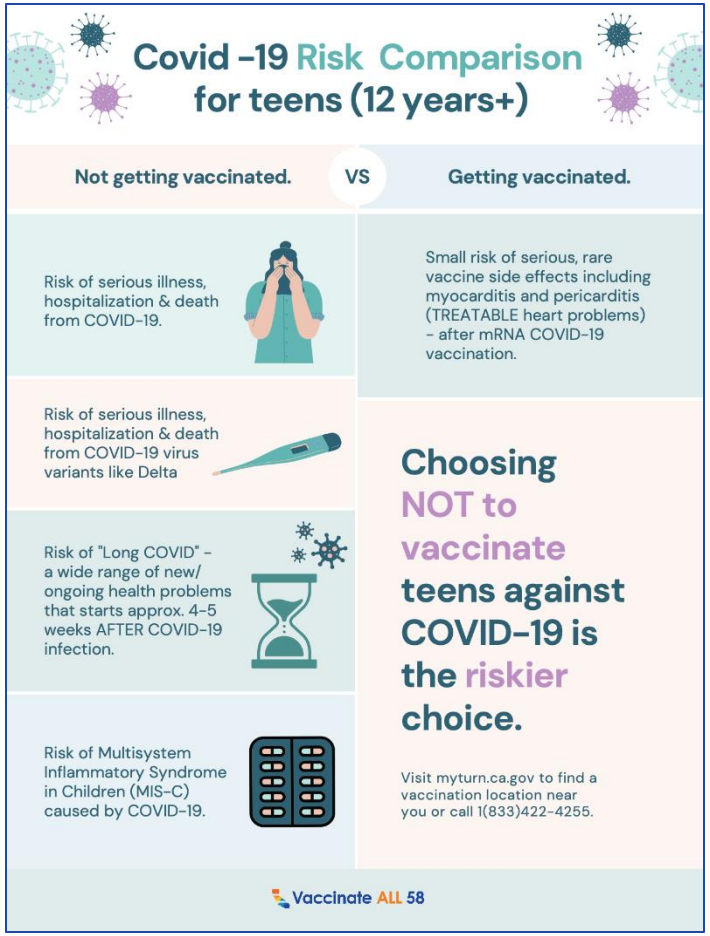
For additional vaccine administration information see: "Administering Vaccines: Dose, Route, Site, and Needle Size" at www.immunize.org/catg.d/p3085.pdf

ALLIANCE FOR IMMUNIZATION IN MICHIGAN

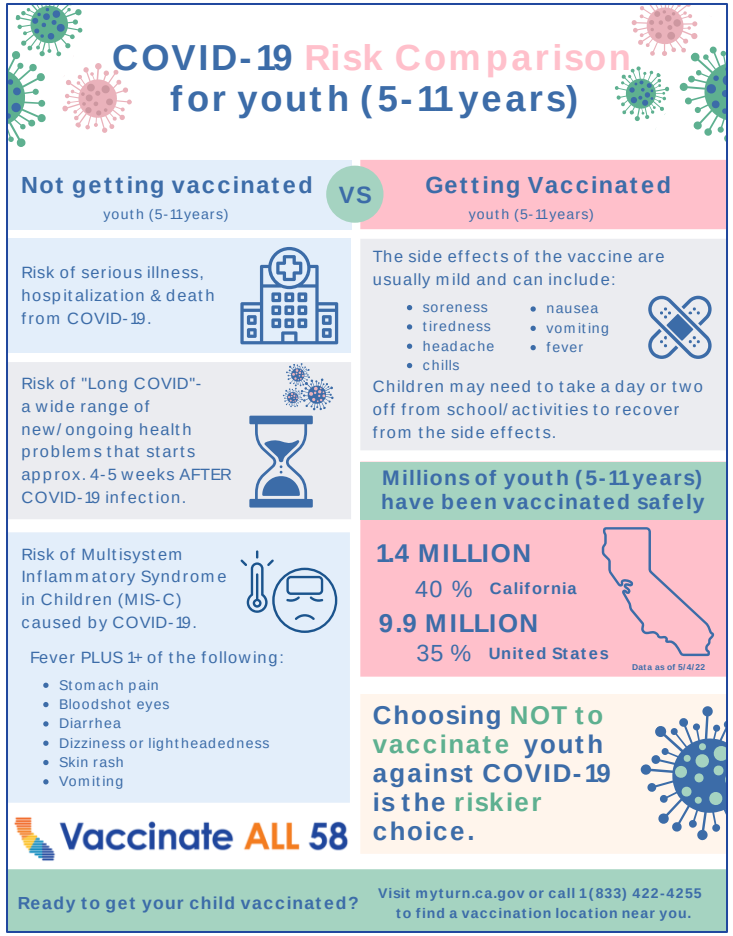
Revised: June 25, 2019



Long COVID in Kids



Risk Comparison for Teens



Risk Comparison for Youth

Resources

Leslie Amani, CDPH

Top 5 Reason to Get Kids Vaccinated

Unvaccinated children are at risk of getting COVID-19, + potential serious complications, and/or long-term impacts.

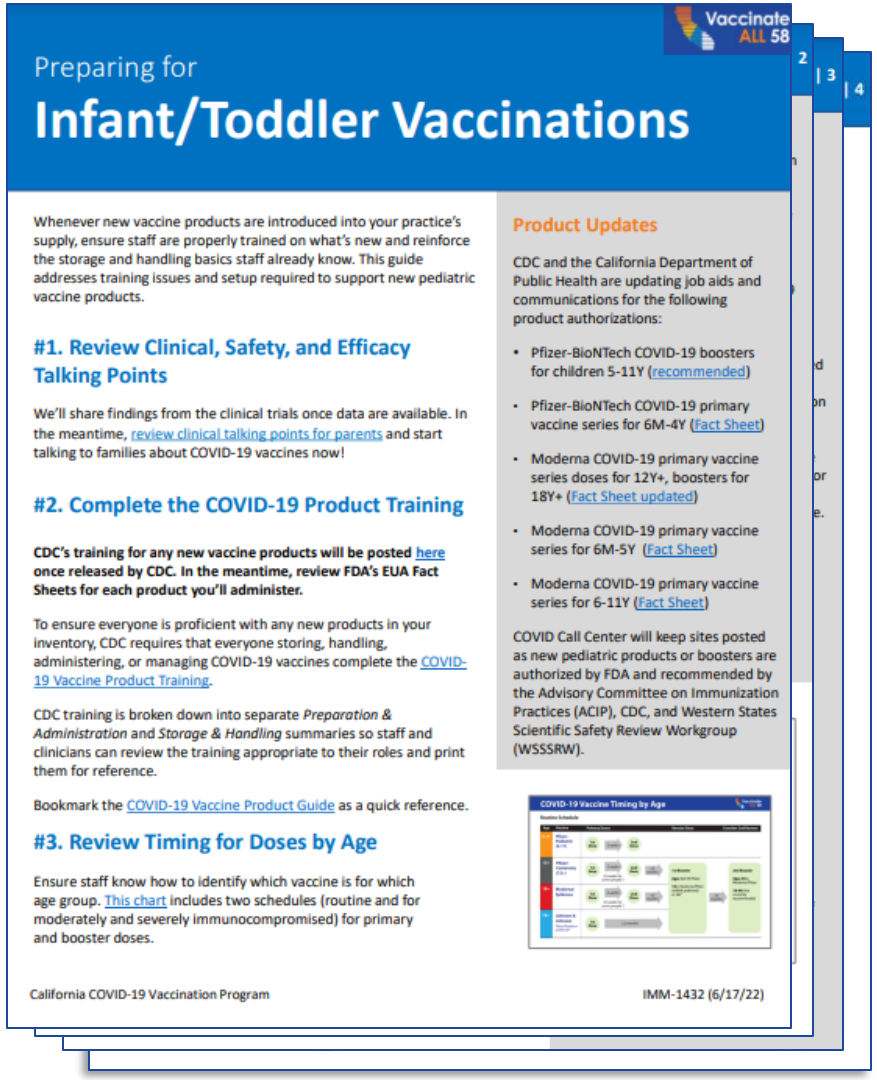
The vaccine is safe and effective, and no long-term problems have been seen for any vaccine.

Getting those who are eligible vaccinated can help keep schools & communities safe.

Getting them safely back to the classroom and their favorite afterschool activities supports mental health & wellness.

Vaccines are safe, effective, and free

Job Aid: Preparing for Infant/Toddler Vaccinations



Preparing for

Infant/Toddler Vaccinations

Vaccinate ALL 58

Whenever new vaccine products are introduced into your practice's supply, ensure staff are properly trained on what's new and reinforce the storage and handling basics staff already know. This guide addresses training issues and setup required to support new pediatric vaccine products.

#1. Review Clinical, Safety, and Efficacy Talking Points

We'll share findings from the clinical trials once data are available. In the meantime, review clinical talking points for parents and start talking to families about COVID-19 vaccines now!

#2. Complete the COVID-19 Product Training

CDC's training for any new vaccine products will be posted here once released by CDC. In the meantime, review FDA's EUA Fact Sheets for each product you'll administer.

To ensure everyone is proficient with any new products in your inventory, CDC requires that everyone storing, handling, administering, or managing COVID-19 vaccines complete the COVID-19 Vaccine Product Training.

CDC training is broken down into separate *Preparation & Administration* and *Storage & Handling* summaries so staff and clinicians can review the training appropriate to their roles and print them for reference.

Bookmark the COVID-19 Vaccine Product Guide as a quick reference.

#3. Review Timing for Doses by Age

Ensure staff know how to identify which vaccine is for which age group. This chart includes two schedules (routine and for moderately and severely immunocompromised) for primary and booster doses.

Product Updates

CDC and the California Department of Public Health are updating job aids and communications for the following product authorizations:

- Pfizer-BioNTech COVID-19 boosters for children 5-11Y (recommended)
- Pfizer-BioNTech COVID-19 primary vaccine series for 6M-4Y (Fact Sheet)
- Moderna COVID-19 primary vaccine series doses for 12Y+, boosters for 18Y+ (Fact Sheet updated)
- Moderna COVID-19 primary vaccine series for 6M-5Y (Fact Sheet)
- Moderna COVID-19 primary vaccine series for 6-11Y (Fact Sheet)

COVID Call Center will keep sites posted as new pediatric products or boosters are authorized by FDA and recommended by the Advisory Committee on Immunization Practices (ACIP), CDC, and Western States Scientific Safety Review Workgroup (WSSSRW).

California COVID-19 Vaccination Program

IMM-1432 (6/17/22)

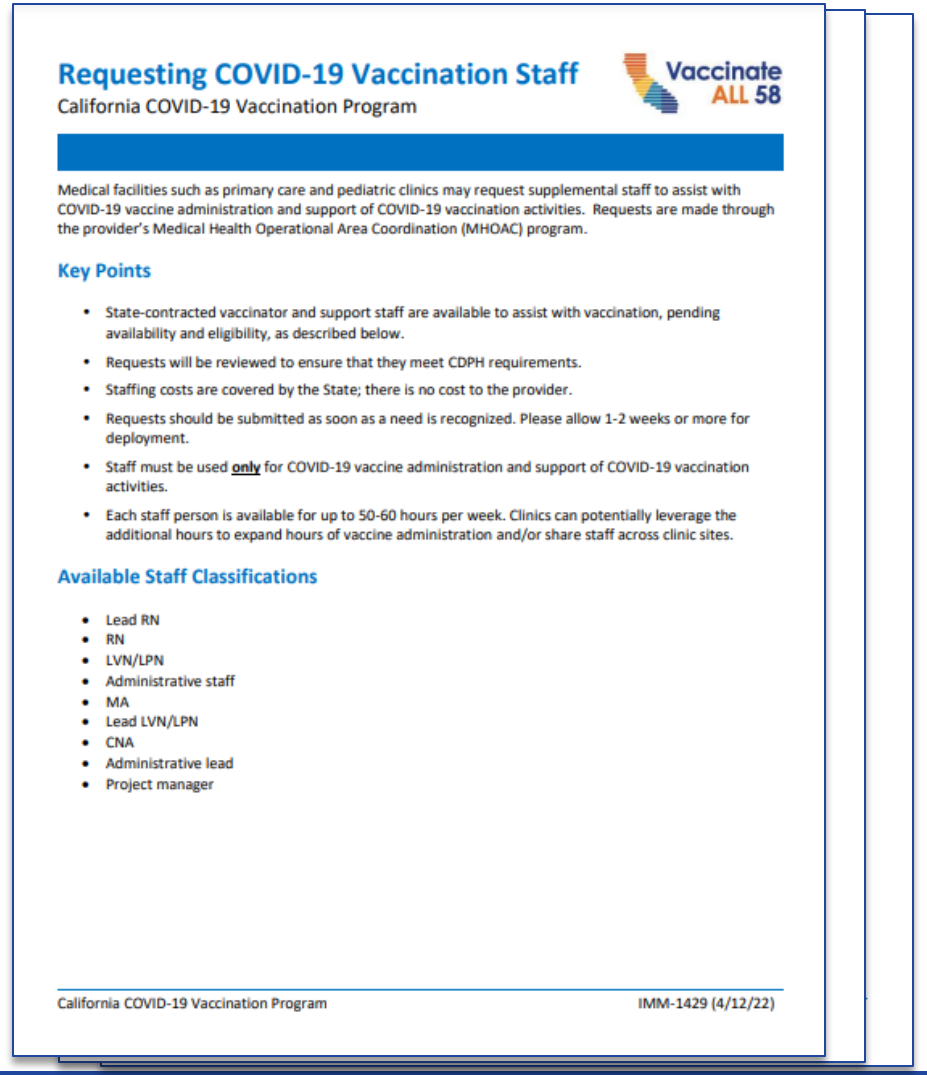
Includes:

- Safety and Efficacy
- Product Training
- Timing for Doses
- Vaccine Organization
- Preparing Staff
- Links to Resources

Request COVID-19 Vaccination Staff

Includes:

- Key Points
- Staff classifications
- How to Request
- FAQs
- And more



Requesting COVID-19 Vaccination Staff

California COVID-19 Vaccination Program

Vaccinate ALL 58

Medical facilities such as primary care and pediatric clinics may request supplemental staff to assist with COVID-19 vaccine administration and support of COVID-19 vaccination activities. Requests are made through the provider's Medical Health Operational Area Coordination (MHOAC) program.

Key Points

- State-contracted vaccinator and support staff are available to assist with vaccination, pending availability and eligibility, as described below.
- Requests will be reviewed to ensure that they meet CDPH requirements.
- Staffing costs are covered by the State; there is no cost to the provider.
- Requests should be submitted as soon as a need is recognized. Please allow 1-2 weeks or more for deployment.
- Staff must be used **only** for COVID-19 vaccine administration and support of COVID-19 vaccination activities.
- Each staff person is available for up to 50-60 hours per week. Clinics can potentially leverage the additional hours to expand hours of vaccine administration and/or share staff across clinic sites.

Available Staff Classifications

- Lead RN
- RN
- LVN/LPN
- Administrative staff
- MA
- Lead LVN/LPN
- CNA
- Administrative lead
- Project manager

California COVID-19 Vaccination Program IMM-1429 (4/12/22)

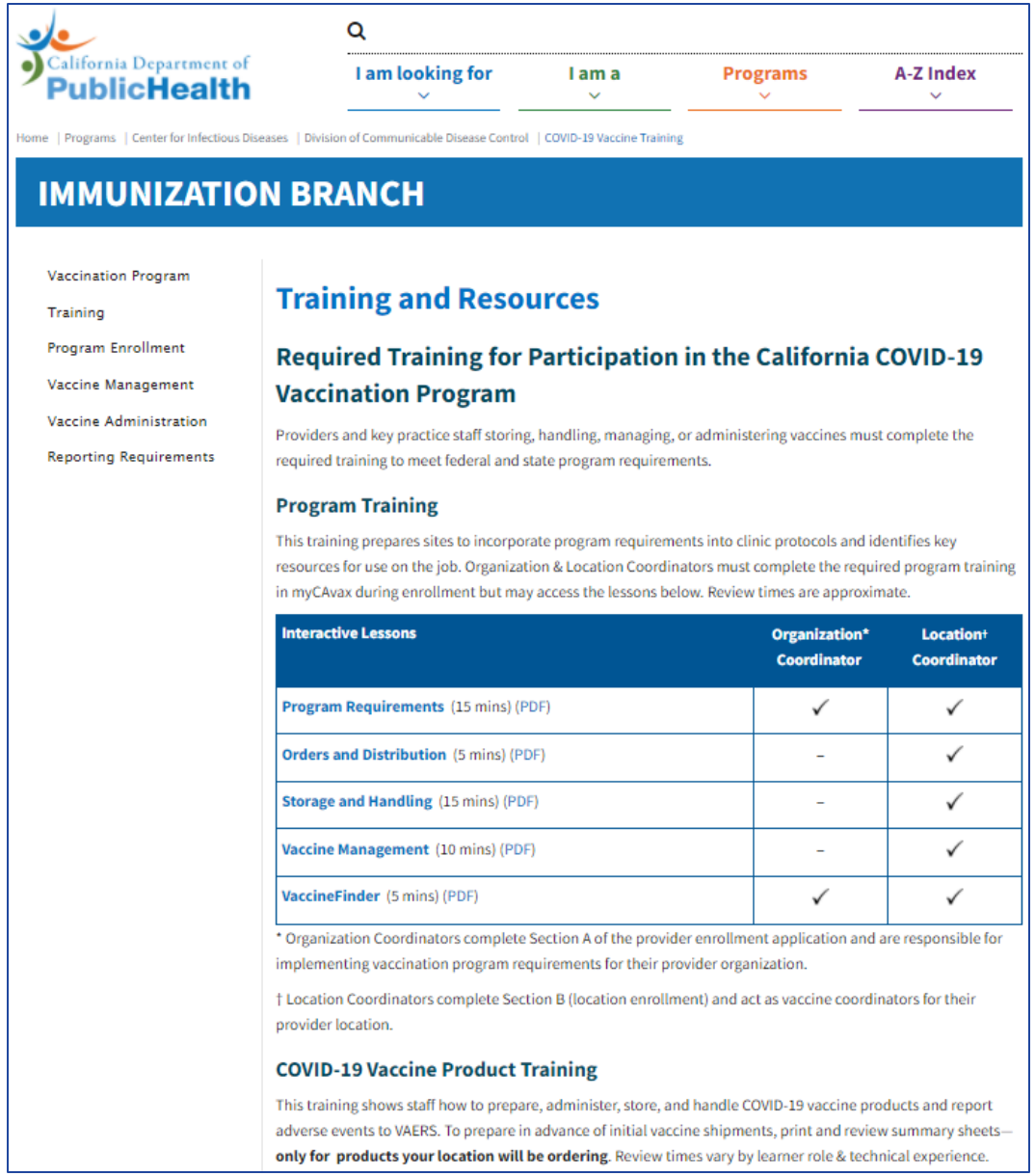
CDPH: Training & Resources

CDPH Immunization Branch

Training and Resources

Includes:

- Program Training Requirements
- COVID-19 Vaccine Product Training
- Technical Training for New Vaccinators
  - Includes video and job aids for IZ Techniques and Patient Care for children under 5



California Department of PublicHealth

I am looking for | I am a | Programs | A-Z Index

Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | COVID-19 Vaccine Training

IMMUNIZATION BRANCH

Vaccination Program
Training
Program Enrollment
Vaccine Management
Vaccine Administration
Reporting Requirements

Training and Resources

Required Training for Participation in the California COVID-19 Vaccination Program

Providers and key practice staff storing, handling, managing, or administering vaccines must complete the required training to meet federal and state program requirements.

Program Training

This training prepares sites to incorporate program requirements into clinic protocols and identifies key resources for use on the job. Organization & Location Coordinators must complete the required program training in myCAvax during enrollment but may access the lessons below. Review times are approximate.

Interactive Lessons	Organization* Coordinator	Location† Coordinator
Program Requirements (15 mins) (PDF)	✓	✓
Orders and Distribution (5 mins) (PDF)	–	✓
Storage and Handling (15 mins) (PDF)	–	✓
Vaccine Management (10 mins) (PDF)	–	✓
VaccineFinder (5 mins) (PDF)	✓	✓

* Organization Coordinators complete Section A of the provider enrollment application and are responsible for implementing vaccination program requirements for their provider organization.

† Location Coordinators complete Section B (location enrollment) and act as vaccine coordinators for their provider location.

COVID-19 Vaccine Product Training

This training shows staff how to prepare, administer, store, and handle COVID-19 vaccine products and report adverse events to VAERS. To prepare in advance of initial vaccine shipments, print and review summary sheets—**only for products your location will be ordering**. Review times vary by learner role & technical experience.

Job Aid: Training and Resources Guide

Highlight: Technical

Highlight includes:

- Supplies
- Immunization Techniques
  - **Intramuscular (IM) injections**
- Patient Care
- Patient Education

Technical Training for New Vaccinators

The following resources provide technical instruction for COVID-19 vaccine administration that is not included in the required program training. New vaccinators should work with their supervisors to obtain hands-on training and arrange for supervision until proficiency is demonstrated.

Topic	Resources
Supplies	• Preparing Multi-dose Vials video • Low Dead-Volume Syringes/Needles: Optimizing Preparation and Safety job aid • VanishPoint® Syringe video • Safe and Proper Sharps Disposal job aid • Strategies During Supply Shortages job aid • Needle Gauge and Length job aid
Immunization Techniques	**Intramuscular (IM) Injections** • Identifying IM Injections Sites for All Ages: 5-minute Video **Adults** • Adults 19 years of age and older: PDF | Video **Older Children & Teens** • Children: 7 – 18 years (PDF) | Vaccinating Adolescents (PDF) • Coadministration Tips: Ages 5+ Years (PDF) **Infants & Young Children** • Babies: PDF | Video • Giving All the Doses Under 12 Months | 12 Months and Older (PDF) • Infants 11 months of age and younger (PDF) • Children 1 through 2 years of age (PDF) • Children 3 through 6 years of age (PDF) **Proficiency** • Skills Checklist for Vaccine Administration job aid (PDF) • Injection Safety job aid (PDF) • Vaccine Administration Checklist (PDF) • Preventing Administration Errors (PDF)
Patient Care	• Tips to Ease Anxiety During Vaccination: Babies & Toddlers | Older Children & Adults (PDF) • How to Hold Your Child During Vaccination • Pre-vaccination Screening Questionnaires (multiple languages on CDC COVID-19 Vaccine Product Information website by product) • Medical Management of Vaccine Reactions in Children and Teens in a Community Setting (PDF)
Patient Education	• EUA Vaccine Fact Sheet for Recipients: Pfizer-BioNTech | Moderna (PDF) | Janssen (PDF)

Coming Soon: COVID-19 Vaccine Product Training*

NOTE: CDPH will update this page once CDC releases new Pfizer or Moderna product training.

Training includes COVID-19 Vaccine

- Preparation
- Administration
- Storage
- Handling
- Reporting
- And more…

COVID-19 Vaccine Product Training

This training shows staff how to prepare, administer, store, and handle COVID-19 vaccine products and report adverse events to VAERS. To prepare in advance of initial vaccine shipments, print and review summary sheets—**only for products your location will be ordering**. Review times vary by learner role & technical experience.

Pfizer-BioNtech	Location Coordinator	Vaccinator	Provider
• Vaccine Preparation & Administration Ages 5-11 | Ages 12+ (PDF) • Mixing Diluent & Vaccine (PDF) • Storage & Handling: Ages 5-11 | Ages 12+ (PDF)	✓	✓	✓
• Storage & Handling (PDF) • Delivery Checklist (PDF)	✓	–	–

Moderna	Location Coordinator	Vaccinator	Provider
• Vaccine Preparation & Administration (PDF) & video	✓	✓	✓
• Storage & Handling (PDF)	✓	–	–

Janssen (J&J)	Location Coordinator	Vaccinator	Provider
• Vaccine Preparation & Administration (PDF)	✓	✓	✓
• Storage & Handling (PDF)	✓	–	–

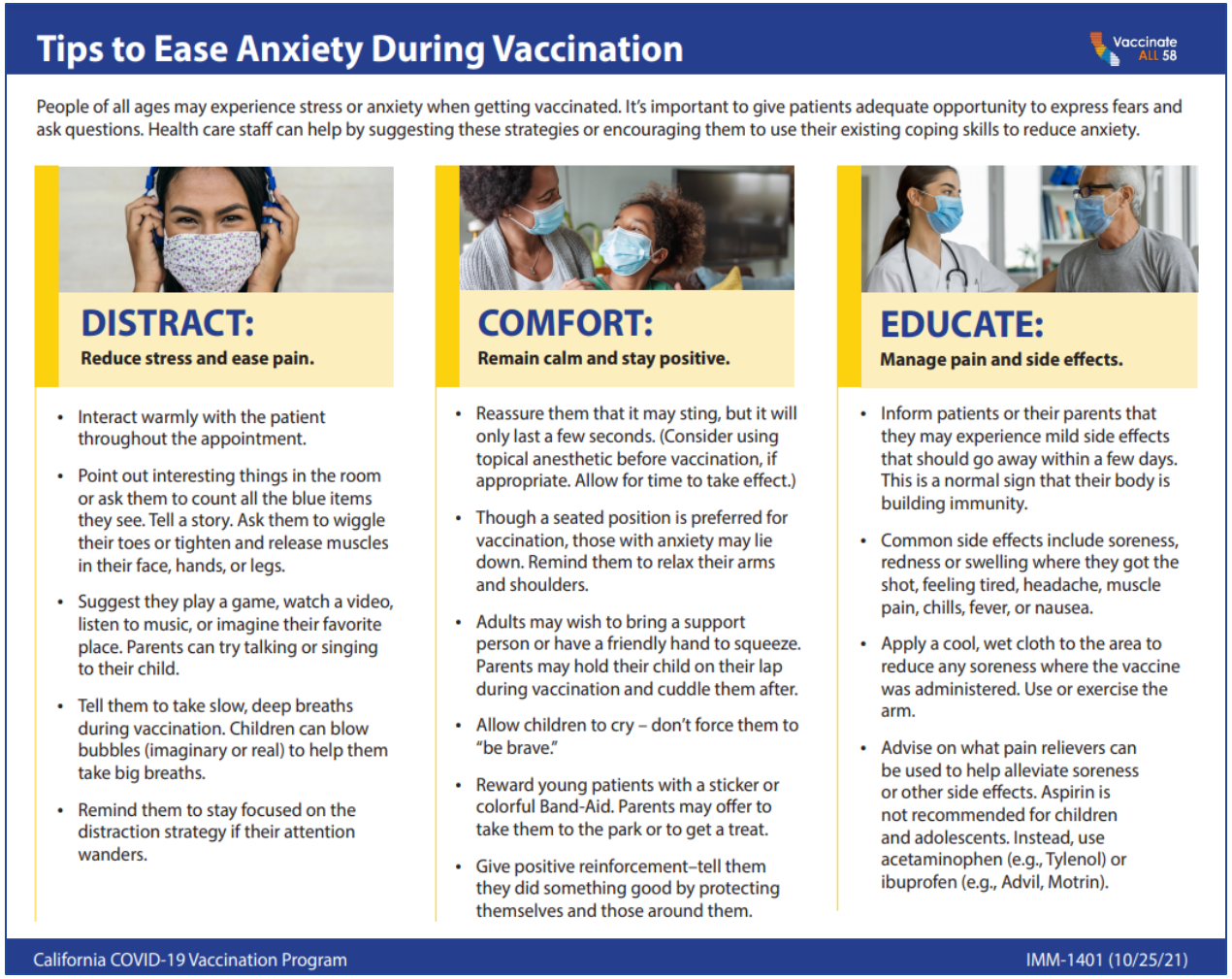
*Pending FDA authorization and ACIP/CDC recommendation; please continue to refer to the EUA fact sheets.

Tips: Ease Vaccine Anxiety

Distract-Reduce stress and ease pain.

Comfort-Remain calm and stay positive

Educate-Manage pain and side effects.



Tips to Ease Anxiety During Vaccination

Vaccinate ALL 58

People of all ages may experience stress or anxiety when getting vaccinated. It's important to give patients adequate opportunity to express fears and ask questions. Health care staff can help by suggesting these strategies or encouraging them to use their existing coping skills to reduce anxiety.

DISTRACT:

Reduce stress and ease pain.

- Interact warmly with the patient throughout the appointment.
- Point out interesting things in the room or ask them to count all the blue items they see. Tell a story. Ask them to wiggle their toes or tighten and release muscles in their face, hands, or legs.
- Suggest they play a game, watch a video, listen to music, or imagine their favorite place. Parents can try talking or singing to their child.
- Tell them to take slow, deep breaths during vaccination. Children can blow bubbles (imaginary or real) to help them take big breaths.
- Remind them to stay focused on the distraction strategy if their attention wanders.

COMFORT:

Remain calm and stay positive.

- Reassure them that it may sting, but it will only last a few seconds. (Consider using topical anesthetic before vaccination, if appropriate. Allow for time to take effect.)
- Though a seated position is preferred for vaccination, those with anxiety may lie down. Remind them to relax their arms and shoulders.
- Adults may wish to bring a support person or have a friendly hand to squeeze. Parents may hold their child on their lap during vaccination and cuddle them after.
- Allow children to cry – don't force them to "be brave."
- Reward young patients with a sticker or colorful Band-Aid. Parents may offer to take them to the park or to get a treat.
- Give positive reinforcement–tell them they did something good by protecting themselves and those around them.

EDUCATE:

Manage pain and side effects.

- Inform patients or their parents that they may experience mild side effects that should go away within a few days. This is a normal sign that their body is building immunity.
- Common side effects include soreness, redness or swelling where they got the shot, feeling tired, headache, muscle pain, chills, fever, or nausea.
- Apply a cool, wet cloth to the area to reduce any soreness where the vaccine was administered. Use or exercise the arm.
- Advise on what pain relievers can be used to help alleviate soreness or other side effects. Aspirin is not recommended for children and adolescents. Instead, use acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin).

California COVID-19 Vaccination Program IMM-1401 (10/25/21)

Archived Webinar: Crucial Conversations

Talking with Parents About COVID-19 Vaccines for Children

Eric Ball, MD, FAAFP

#ThisIsOurShot, American Academy of Pediatrics (AAP-CA), Children's Immunization Coalition (CIC)

Language to Use with Parents

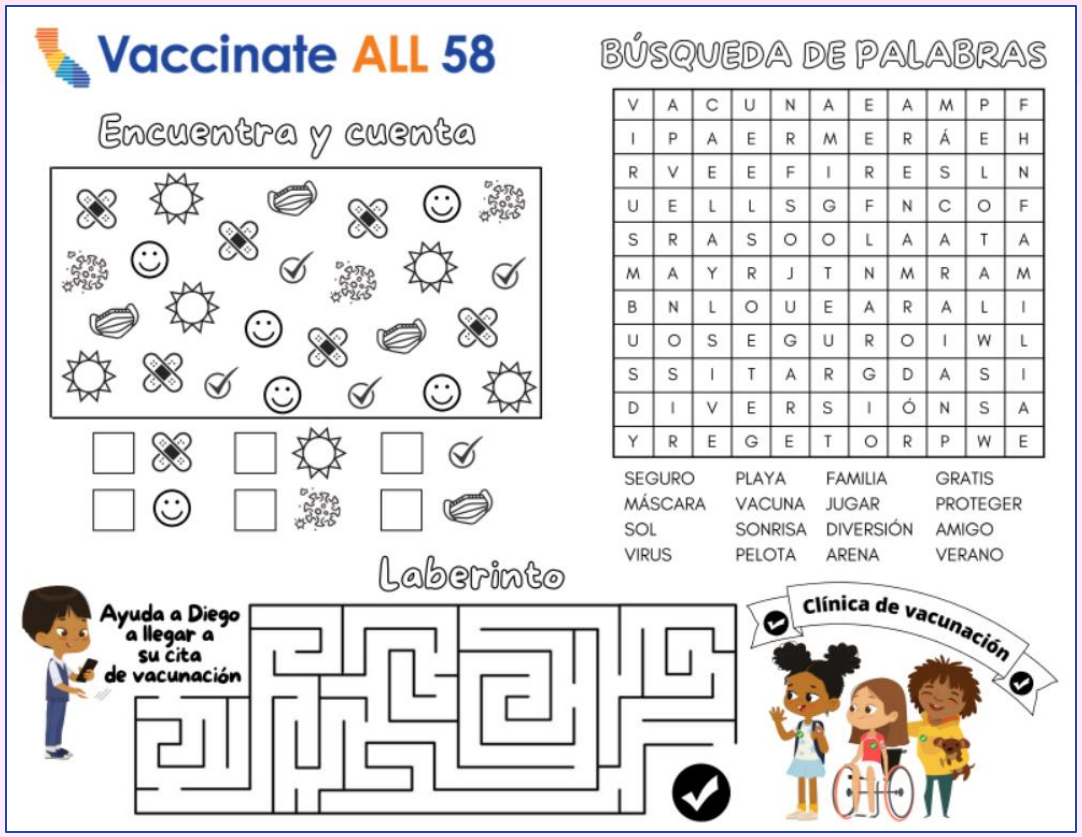
Do Say	Don't Say
Vaccination	Injection or shot
A safe and effective vaccine	A vaccine developed quickly
Authorized by FDA based on clinical testing	Approved by FDA; Operation Warp Speed; Emergency Use Authorization*
Get the latest information.	There are things we still don't know.
Keep your family safe; keep those most vulnerable safe.	Keep your country safe.
Public Health	Government
Health/medical experts and doctors	Scientists
People who have questions	People who are hesitant, skeptical, resistant, or "anti-vaxxers"

** The perceived speed of vaccine development is a current barrier among many audiences.*
These recommendations are based partly on research conducted by the de Beaumont Foundation.

#THIS IS OUR SHOT #VACUNATE YA

American Academy of Pediatrics CALIFORNIA

Resources: KidsSprint Toolkit & Graphics



Upcoming Webinar: CIC COVID Conversations

CDPH invites you to join the California Immunization Coalition (CIC) for an upcoming COVID Conversations #11 featuring Dr. Yvonne A. Maldonado, MD, FAAP, FPIDS, FIDSA, Stanford University School of Medicine and Dr. Robert Schechter, MD, MSC, Chief Immunization Branch, CDPH.

Topic: Preparing California for Infant/Toddler COVID-19 Vaccinations

When: Wednesday, June 22, 2022

Time: 6:00PM – 7:00PM PDT

To register and send questions in advance use the

COVID Conversations Webinar Link

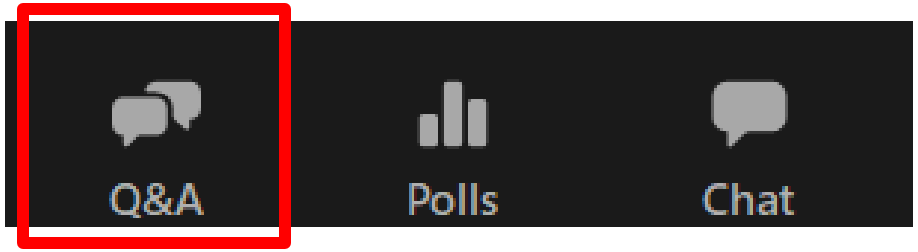
Poll 2: Your feedback is appreciated!

1. What challenges do you face in offering the Infant/Toddler vaccine(s)? [Write-in]

2. What assistance is needed to begin offering the Infant/Toddler vaccine(s)? [Write-in]

Q&A: Planning for Infant/Toddler COVID-19 Vaccinations

During today's session, please use the Q&A panel to ask your questions so our subject matter experts can respond directly.



Wrap-up

Leslie Amani, CDPH

Additional Support

Type of Support	Description	Updated 6.6.22
COVID-19 Provider Call Center	The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution, including the Vaccine Marketplace. • Email: covidcallcenter@cdph.ca.gov • Phone: (833) 502-1245, Monday through Friday from 8AM–6PM
Enrollment Support	For Provider enrollment support, please contact myCAvax Clinic Operations at • Email: myCAvaxinfo@cdph.ca.gov
myCAvax Help Desk	Dedicated staff provide up-to-date information and technical support on the myCAvax system. • Email: myCAvax.HD@Accenture.com • Phone: (833)-502-1245, option 3, Monday through Friday 8AM–6PM For training opportunities: https://eziz.org/covid/education/
My Turn Clinic Help Desk	For **onboarding support** (those in the process of onboarding): myturnonboarding@cdph.ca.gov For **technical support** with My Turn Clinic for COVID-19 and flu vaccines: MyTurn.Clinic.HD@Accenture.com or (833) 502-1245, option 4: Monday through Friday 8AM–6PM For job aids, demos, and training opportunities: flu at https://eziz.org/covid/myturn/flu/ and COVID at https://eziz.org/covid/myturn/
Archived Communications	For archived communications from the COVID-19 Provider Call Center about the California COVID-19 Vaccination Program visit • Website: EZIZ Archived Communications

Thank you for attending today's webinar!