

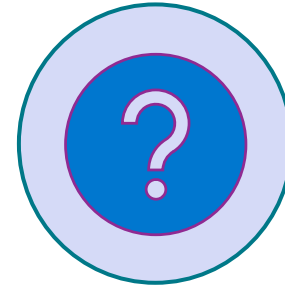


Immunization Branch

CDPH Immunization Updates for Providers

Friday, July 18, 2025
9:00 am – 10:30 am

Q&A



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



[Links are in blue and underlined](#)

Agenda: Friday, July 18, 2025

No.	Topic	Presenters (CDPH)	Time (AM)
1	Welcome, Announcements, and Poll	Leslie Amani	9:00 – 9:05
2	Vaccines for Adults (VFA) Program	Lindsay Reynoso	9:05 – 9:10
3	Vaccines for Children (VFC) Program	Christina Sapad	9:10 – 9:15
4	VFC Flu Improvement Project: Evolution of Improvement 2019 – 2025	Tammy Pilisuk	9:15 – 9:25
5	COVID Control Branch: Epi, Testing, and Treatment	Jessica Watson, MD, MPH	9:25 – 9:35
6	Clinical	Floria Chi, MD	9:35 – 9:45
7	Pharmacy	Edward Salaguinto, PharmD, RPh	9:45 – 9:50
8	Vaccine Management (My Turn / myCAvax)	Josh Pocus, Dan Conway, and Hannah Shows	9:50 – 10:10
9	Resources and Q&A	Leslie Amani and CDPH SMEs	10:10 – 10:30

Announcements

Leslie Amani, CDPH



COVID Control Branch

CDPH's COVID Control Branch plans to launch a COVID-19 Dashboard to monitor summer COVID-19 trends. Check the [CDPH respiratory virus webpage](#) for more information.

For any additional questions, please contact covidepi@cdph.ca.gov.

The screenshot shows the CDPH website. At the top is the CDPH logo and navigation links: "I am looking for", "I am a", "Programs", and "A-Z Index". Below the navigation is a blue banner for the "DIVISION OF COMMUNICABLE DISEASE CONTROL". On the left is a sidebar with links to various branches: "Division of Communicable Disease Control Homepage", "California Reportable Disease Information Exchange (CalREDIE)", "Communicable Disease Emergency Response Program", "Immunization Branch", "Infectious Diseases Branch", "Office of Viral Hepatitis Prevention", "Sexually Transmitted Diseases Control Branch", "Tuberculosis Control Branch", "COVID-19", "COVID-19 Wastewater Surveillance", and "CDC Contact Us". The main content area features a large image of a hand interacting with a digital dashboard. Below the image is the heading "Weekly Respiratory Virus Report". The text states: "This report shows statewide, weekly data for the following illnesses: COVID-19, Influenza, Respiratory Syncytial Virus (RSV)". It also notes that the report updates most Fridays, covers the 2024-2025 season from June 30, 2024, to June 28, 2025, and that the data is reported early and may change in future reports. A disclaimer states: "This report doesn't cover all areas of California, so it might not represent the entire state's public health situation." A final note says: "NOTE: The Week 16 report is the final weekly report for the 2024-2025 respiratory virus season."



Human Papillomavirus Week: August 3 – 9, 2025

California HPV Vaccine week is an annual observance held the first full week of August. The goal of this campaign is to increase awareness of the HPV vaccine and promote the vaccination of adolescents ages 9 – 12. California HPV Vaccine Week is a great way for families, providers, coalitions supporting children's health, and local health departments to get out the message about the importance of the HPV vaccine as cancer prevention.

[CA HPV Vaccine Week webpage](#)





Provider Monthly Webinars

CDPH Immunization Updates for Providers’ webinars move to a **monthly** cadence beginning in July of 2025. Please add the dates to your calendar of choice.

Zoom registration links remain the same.

Providers (Friday Webinars)
August 22, 2025
September 19, 2025
October 24, 2025
November 21, 2025
December 19, 2025

Friday's "Weekly Wrap-Up" is Changing!

Updated Name

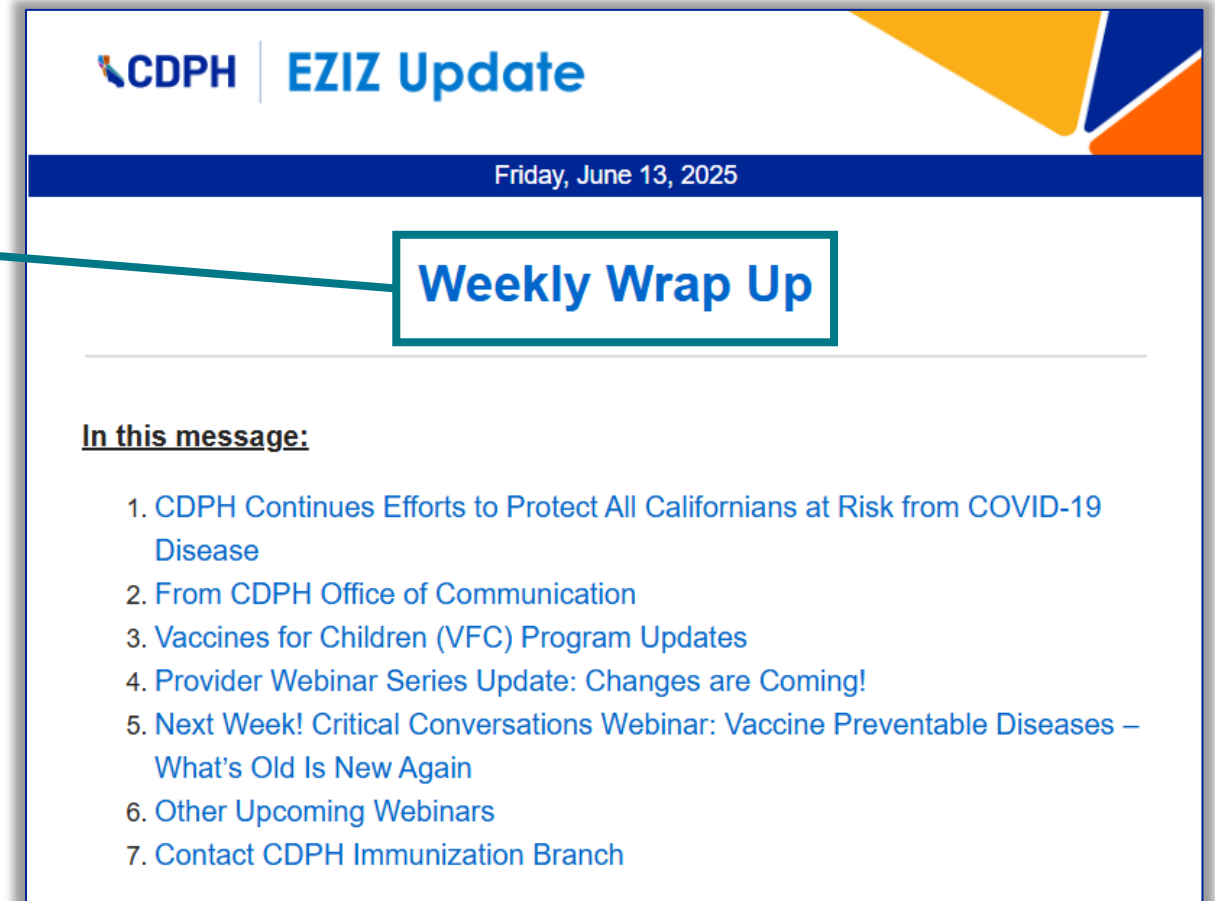
Weekly Wrap-Up is changing its name to,
"CDPH Immunization Updates."

Updated Communication Cadence

The CDPH Immunization Updates will now go out **monthly** to the Immunization (EZIZ) listserv.

To be added to the listserv, please email

blanca.corona@cdph.ca.gov





Poll: 2024 – 2025 COVID-19 Vaccine Products

1. If there is a surge of COVID-19 disease, would you be able to support increased demand for current COVID vaccines?
 - ☐ Yes, we have enough to immunize **adults only**.
 - ☐ Yes, we have enough to immunize **children only**.
 - ☐ Yes, we have enough to immunize **both children and adults**.
 - ☐ No
 - ☐ Unsure
2. Do you plan on ordering more CA BAP and / or VFC COVID vaccines?
 - ☐ Yes, we plan on ordering more **CA BAP doses only**.
 - ☐ Yes, we plan on ordering more **VFC doses only**.
 - ☐ Yes, we plan on ordering **both CA BAP and VFC doses**.
 - ☐ No
 - ☐ Unsure
3. Other / Comments (Write-in)



Vaccines for Adults (VFA) Program

Lindsay Reynoso, CDPH

Q3 VFA Ordering Window

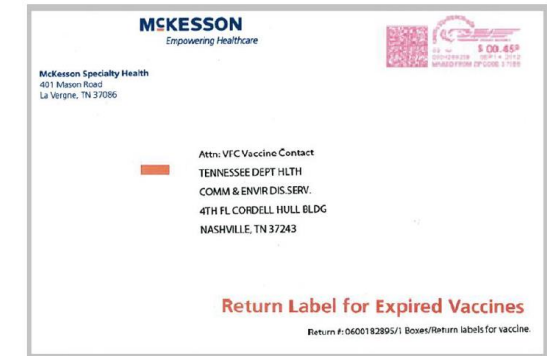
- Quarter 3 Ordering Window: **Monday, July 21 – Monday, August 4**
- Ordering Policy:
 - PCV 20/21 and Shingrix will be capped at 40 doses.
 - HPV will be capped at 20 doses.
 - RSV Arexvy vaccine is still available.
 - RSV will be capped at 20 doses.
 - Caps for all other routine vaccines will remain the same.
- Vaccine requests above the cap will be reviewed and approved based on the available 317 budget. Clinics must provide a valid reason on the order form.

Vaccines for Children (VFC)

Christina Sapad, CDPH

Return 2024 – 2025 Flu Vaccine

- Most flu vaccines expired on June 30, 2025.
- Remove any remaining flu doses from your vaccine storage unit.
- Complete and submit a Return form in myCAvax to request a return shipment label.
- Keep in mind:
 - Do not return any private vaccine doses, broken vials or syringes, or open multi-dose vials.
 - Return shipping labels are only valid for 30 days.
 - UPS return labels requested through email will be sent to the Primary Vaccine Coordinator email address from McKesson Specialty Dist. [pkginfo@ups.com], subject line “**UPS Label Delivery.**”
 - Return labels for standard mail will be sent to the provider location with the wording “**Return Label for Expired Vaccines**” printed in red font.
 - If you do not receive your return label from McKesson within 7 days, contact the VFC Program for further assistance.



2025 – 2026 Supply and Ordering for RSV Monoclonal Antibody Products in the VFC program (1 of 2)

All VFC-enrolled providers that serve VFC-eligible children 19 months of age or younger are required to carry VFC-supplied RSV monoclonal antibody products at the start of RSV season, which typically begins October 1.

- It is a VFC Program requirement to order all ACIP-recommended vaccines (including flu, RSV and special-order vaccines), and nonroutine vaccines when indicated or requested, to meet the needs of the total VFC-eligible patient populations reported for the provider PIN ([VFC Provider Agreement Addendum 8A](#)).
- If you do not see VFC-eligible patients in the age range recommended for RSV immunization, you are not required to pre-book or order RSV monoclonal antibodies.

2025 – 2026 Supply and Ordering for RSV Monoclonal Antibody Products in the VFC program (2 of 2)

Supply

- Anticipated to be sufficient to meet demand and to be available earlier than previous seasons
- Early supply (August-September) allows providers to have on-hand doses ahead of RSV season and be ready to initiate immunization in October.
- CDC will facilitate equitable availability of RSV monoclonal antibody products across VFC Programs, with allocations for VFC products provided every 2 weeks starting as early as the first week of August 2025.

Nirsevimab vs. Clesrovimab

	Nirsevimab	Clesrovimab*
Give to infants <8 months born during or entering 1 st RSV season	Yes	Yes
Dosing	Different doses based on: <ul style="list-style-type: none"> • weight • 1st or 2nd RSV season 	Same dose for all infants
When to administer	October – March	October-March
Recommended for babies 8 – 19-months-old, at risk of severe RSV disease, entering their 2 nd RSV season	Yes	No
Prefilled syringes	Yes	Yes
Cost Per dose	\$556.13	\$556.13

RSV Pre-Book through the VFC Program

- Pre-Book launch date: TBD but likely Friday, August 1, 2025
- Several purposes:
 - Obtain individual provider demand ahead of time (by RSV product).
 - Know who should be prioritized for RSV doses once initial supply is made available (aside from known facilities serving infants).
 - Ability to streamline the shipment of RSV doses once supply becomes available, if we know ahead of time individual provider demand and preference (as early as mid-August).
- Even if you do not pre-book for RSV, you will still have the opportunity to order RSV immunizations on the routine myCAvax order form.
 - Doses will be allocated based on historical ordering patterns or a set amount if newly enrolled.

VFC RSV Pre-Book Products

- Anticipated monoclonal antibodies for RSV Pre-Book:
 - **Nirsevimab - Beyfortus[®]** 50mg and 100mg (Sanofi)
 - **Clesrovimab - Enflonsia[™]** (Merck)
- As Clesrovimab was just recently approved by FDA and recommended by ACIP in June 2025, timeline for availability of the new clesrovimab product on the CDC contracts is not yet known.
- Providers will be prompted to pre-book at least one nirsevimab product to move forward with the RSV pre-book form but will also have the option to pre-book clesrovimab.
 - This is to ensure that providers needing RSV monoclonal antibodies will have at least one product available prior to the start of RSV season.
- RSV Pre-Book will be for infant RSV immunizations.
 - Maternal RSV vaccine (Abrysvo[®]) will not be on the pre-book form but can be ordered on the routine myCAvax order form once available.

RSV Allocations, Order, and Shipment Timelines

Early to mid-August:

- Submit your RSV Pre-Book in myCAvax within 2 weeks after the pre-book form is launched (TBD).

Mid to late August:

- VFC to begin initial RSV shipments of nirsevimab to providers that submitted a RSV pre-book.
- VFC will allocate RSV doses as supply permits. Providers that did not pre-book can order RSV doses if allocations are available.

September:

- Providers should continue building up RSV supply prior to the October 1 start of RSV season.
- VFC will continue to ship RSV orders to providers that submitted an RSV pre-book.
- VFC will continue allocating RSV doses as supply permits. Providers that did not pre-book can order RSV doses if allocations are available.

October through March:

- VFC will continue to ship RSV orders to providers that submitted an RSV pre-book, until a percentage of the pre-booked amount has shipped.
 - The remaining pre-booked amount will be allocated to providers to order and draw down from as needed on their myCAvax order form.
- VFC will continue allocating RSV doses as supply permits. Providers that did not pre-book can order RSV doses if allocations are available.



Immunization Branch

VFC Flu Improvement Project: Evolution of Improvement 2019 – 2025

Tammy Pilisuk, CDPH



VFC's Flu Improvement Project: How Far We've Come!

- 2018 – 2019, VFC flu ordering data revealed clinics were ordering far less flu vaccine than their other routine pediatric vaccines.
- The VFC Flu Improvement Project launched in 2019 – 2020 to address this gap!

Goal:

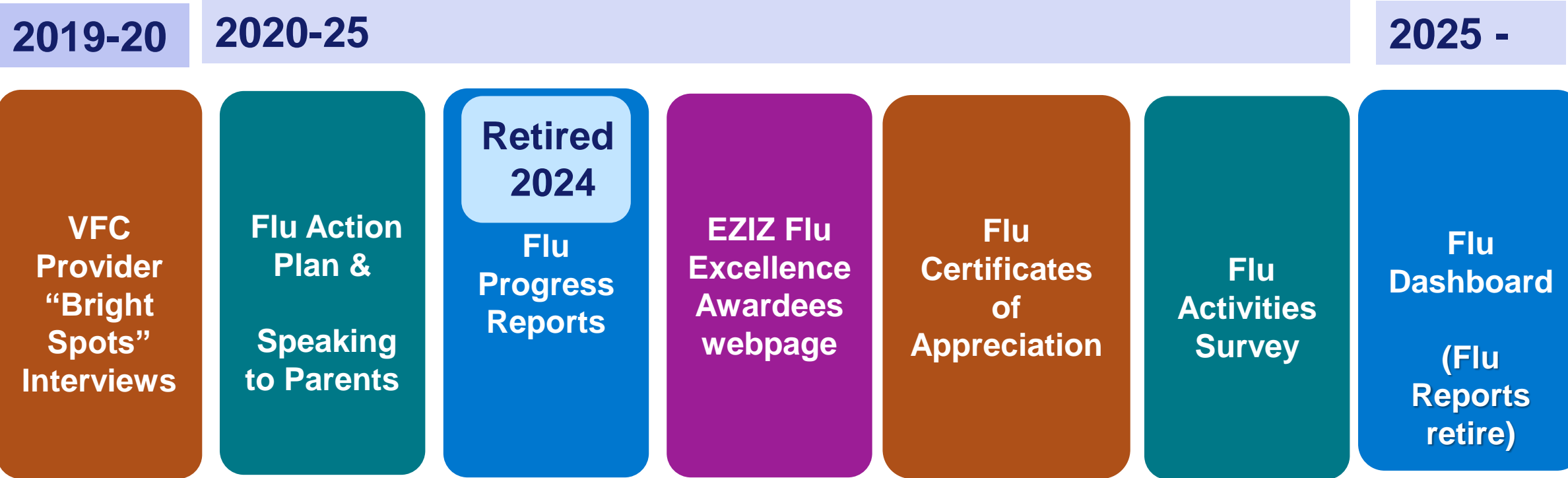
Routinize flu vaccines!

New Concept:

Flu Target: A look-back at each clinic's last season's ordering of other vaccines to create what they are capable of ordering for flu.



VFC Flu Improvement Milestones, Six Years!



Flu Improvement Tools

FLU Vaccination Action Plan

3 Habits of Highly Successful VFC Clinics

Use any of these top flu strategies—gathered from providers like you. Choose a few that you can easily do now and develop a plan to slowly implement the others.

1. Empower Your Staff

Designate a “flu lead” to plan and implement strategies.

- ☐ Identify strategies that can be easily used in your practice.
- ☐ Assign staff to each task.
- ☐ Develop a plan to implement more strategies over time.

Train all staff to communicate about flu vaccine in the same way.

- ☐ Use the “presumptive approach” to set the tone that getting flu vaccine is routine like other vaccines. Assume that patients will get vaccinated. Examples: “I see that Maria has not received her flu shot yet! I’ll get that ready for her now.” Or “Today we’ll be protecting your baby from flu by giving him/her the flu vaccine.”
- ☐ Review Tips for Talking with Parents about Flu Vaccine to address common concerns.
- ☐ Discuss sick visits as an opportunity to immunize and under what circumstances.
- ☐ Arrange annual training for Medical Assistants (MAs) on your flu vaccine products (appropriate ages, who is due for a second dose, etc.). See CDC webinar on Influenza Updates.
- ☐ Encourage your team to use every interaction to promote flu vaccine:
 - Front desk staff can share V/S ahead of time via email or at check-in.
 - MA encourages vaccination.
 - If parent declines, then the provider can ease specific concerns.

Walk the talk. Ensure clinic staff get flu shots.

- ☐ Purchase and offer flu vaccine onsite to staff.
- ☐ Require staff to get a flu shot or offer raffle prizes to encourage vaccination.
- ☐ Document flu vaccine declarations.
- ☐ Create “I got my flu shot” stickers or buttons for staff.

Assigned to: _____

2. Set Goals and Monitor Progress

Assess your flu vaccine needs and set a goal.

- ☐ Estimate your flu vaccine needs through June. Using an EHR or immunization registry, calculate your patient population. Add estimated number of new patients.
- ☐ Review your flu vaccination rates from last season. Compare number of flu doses administered to other routine vaccines.
- ☐ Review your annual “VFC Flu Target” to help you set your practice goals.

Order and schedule:

- ☐ Order and schedule
- ☐ Pre-book
- ☐ Vaccine is
- ☐ Check flu
- ☐ Place add

Schedule:

- ☐ Review flu
- ☐ Compare
- ☐ Troubleshoot

Assigned to: _____

3. Enhance Your Practice

Use your flu vaccine:

- ☐ Regularly
- ☐ Review flu
- ☐ Use prompts
- ☐ Encourage

Create and use:

- ☐ Advertise
- ☐ Empower
- ☐ Recall patients

Make it easy:

- ☐ Start school
- ☐ Offer flu shot
- ☐ Offer flu shot
- ☐ Administer with consent
- ☐ For kids & adolescents

Tips for Speaking with Parents about Flu Vaccine

How to Address Common Concerns

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

“I heard the flu shot can give you the flu.”

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

“My child got vaccinated last year and still got sick.”

- Many other germs cause symptoms similar to flu—your child might have caught one of them.
- Flu vaccine takes 2 weeks to work. Your child may have caught flu/a virus before developing immunity.
- Flu vaccines are not 100% effective. However, even if your child catches the flu, the illness will be much less severe.

“Flu vaccine is not effective. Why bother?”

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

“My child is healthy and doesn’t need a flu shot.”

- Flu viruses mutate constantly, changing yearly.
- Every year, healthy kids who have never caught the flu before, suddenly get it.
- Flu can spread easily at school, while playing with friends, or being out in the community.

August 2024

End-of-Season Flu Vaccine Progress Report

VFC

Clinic Name: San Ysidro Health
King-Chavez Ctr
PIN: 070677
CAIR ID: SD0049_9142

How close did you come to your flu target during 2023-2024?

Use your flu order metrics below and the rating scale to see how your practice did for the past flu season.

Your flu rating (based on doses ordered):

You ordered 100% of your target amount for this flu season (as of June 15, 2024).

Flu Doses for 2023-2024	Ordered:	Your Goal:	% of target met:
	240	220	109

VFC Flu Doses Administered Reported To CAIR 189

Flu administration data from the California Immunization Registry (CAIR)

This past flu season used the first time we added flu administration data from CAIR to this report. Although no target rating was provided for flu vaccine administration, we hope that using the flu doses administered on your flu report offered new insights to you and your team, including opportunities to discover data discrepancies, make data corrections, or identify issues for next year.

Your VFC Flu Rating

Based on your flu vaccine administration, we hope that using the flu doses administered on your flu report offered new insights to you and your team, including opportunities to discover data discrepancies, make data corrections, or identify issues for next year.

EXCELLENT: 100%
VERY GOOD: 75-99%
GOOD: 50-74%
NEEDS IMPROVEMENT: 0-49%

VFC providers who reach excellence by June 30, 2024 will be recognized on E2E.org.

2023

Certificate of Achievement

PRESENTED TO

In recognition of your exceptional performance in influenza vaccine ordering as part of the Vaccines for Children’s Influenza Excellence Initiative. Your practice achieved the “Excellent” rating for ordering over 90% of your target flu doses during the 2022-2023 influenza season. The California Department of Public Health, Immunization Branch thanks you for your participation in the California Vaccines for Children Program and your commitment to protecting your patients and your community against the dangers of influenza. We commend your efforts.

DR. ROBERT SCHECHTER, MD
Chief of Immunization Branch
California Department of Public Health

CDPH
Public Health

[Tips for Speaking with Parents About Flu Vaccine](#)

[Flu Vaccination Action Plan](#)

EZIZ Flu Excellence Awardees Page

VFC clinics achieving excellent rating are recognized on this webpage!

[VFC: Flu Excellence Awardees](#)




Flu Excellence Awardees

Congratulations to the 2024-2025 California VFC Flu Excellence Awardees.

During the 2024-2025 season, the California Vaccines for Children Program (VFC) Program closely monitored ordering data, provided targets and feedback and resources to VFC providers via three personalized reports, and identified 207 practices that reached excellence, ordering 90%-100% of their VFC target flu doses!

The California VFC providers highlighted on this map excelled at protecting their young patients from flu and are recognized by the VFC Program as flu champions! Congratulations to our 2024-2025 awardees. Thank you for protecting California kids against flu!

See Flu Excellence Awardees  on map.

Find VFC "Flu Excellence Awardees"

Enter Address or ZIP Code:

Search Within:

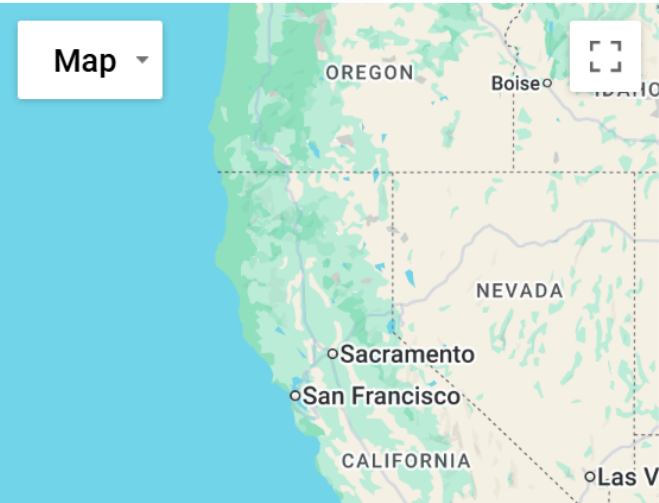
5

 miles

Find Providers

Showing up to 50 closest providers

Map



A map of California with labels for OREGON, NEVADA, CALIFORNIA, Boise, Sacramento, San Francisco, and Las V. A search bar and a 'Find Providers' button are visible on the map interface.

High Praise for Flu Improvement Tools from Clinics

End-of-Season Flu Survey August 2024 (N=543)

89% shared Flu Tips with other clinicians.
81% found Tips useful or very useful.

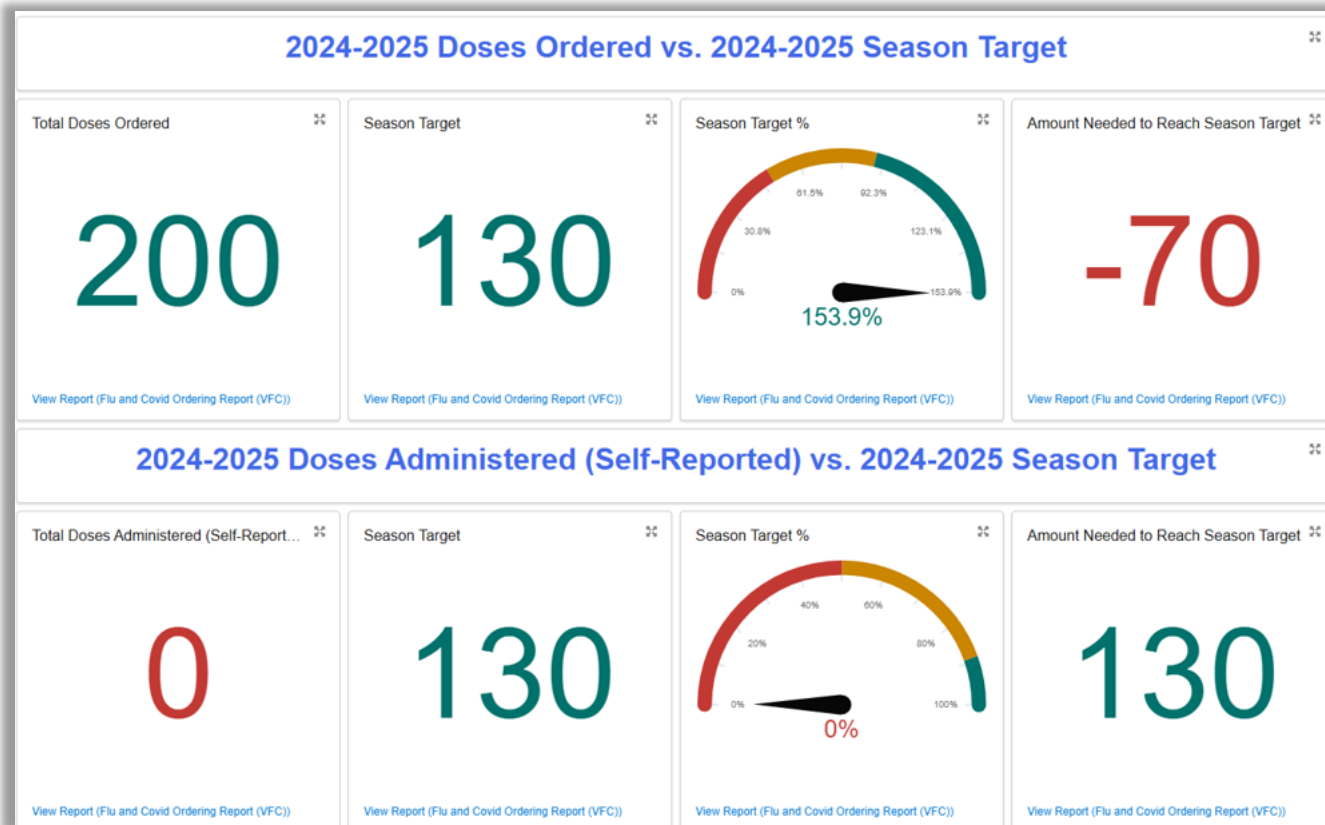
77% Used Flu Action Plan (FAP) Strategies.

85% shared Flu Report with other clinic staff.
80% found Flu Report motivating to improve flu activities.

Top FAP strategies: “Make it easy to come in,” “Order enough and check inventory regularly,” “Train staff to communicate same way, same day.”

Here for Flu Season 2025 – 2026!

New Flu Dashboard on myCAvax



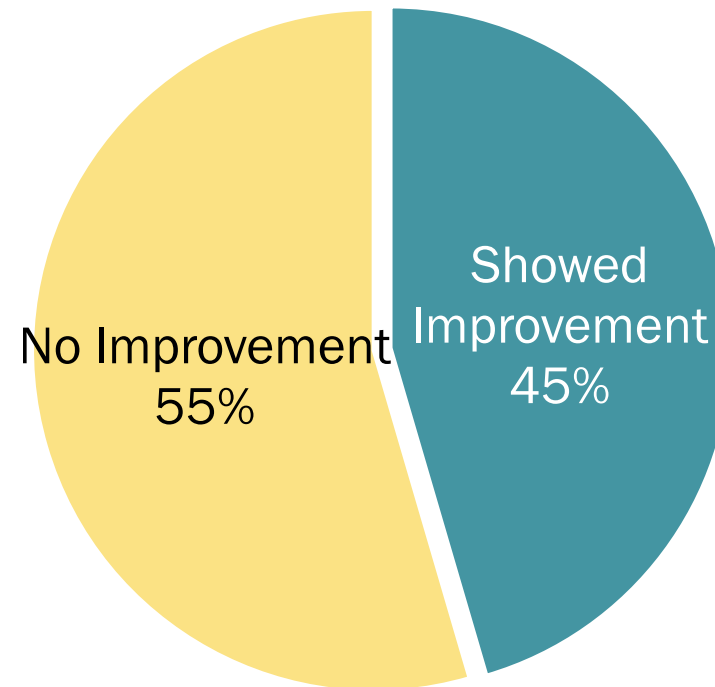
VFC providers will be getting:

- **Job aids** and a **tutorial** to help navigate the dashboard and make the best use of it.
- Access to their up-to-date VFC flu data at any time!

Nearly Half of Clinics Improved

Percent VFC Clinics That Improved Flu Ordering in Year 5

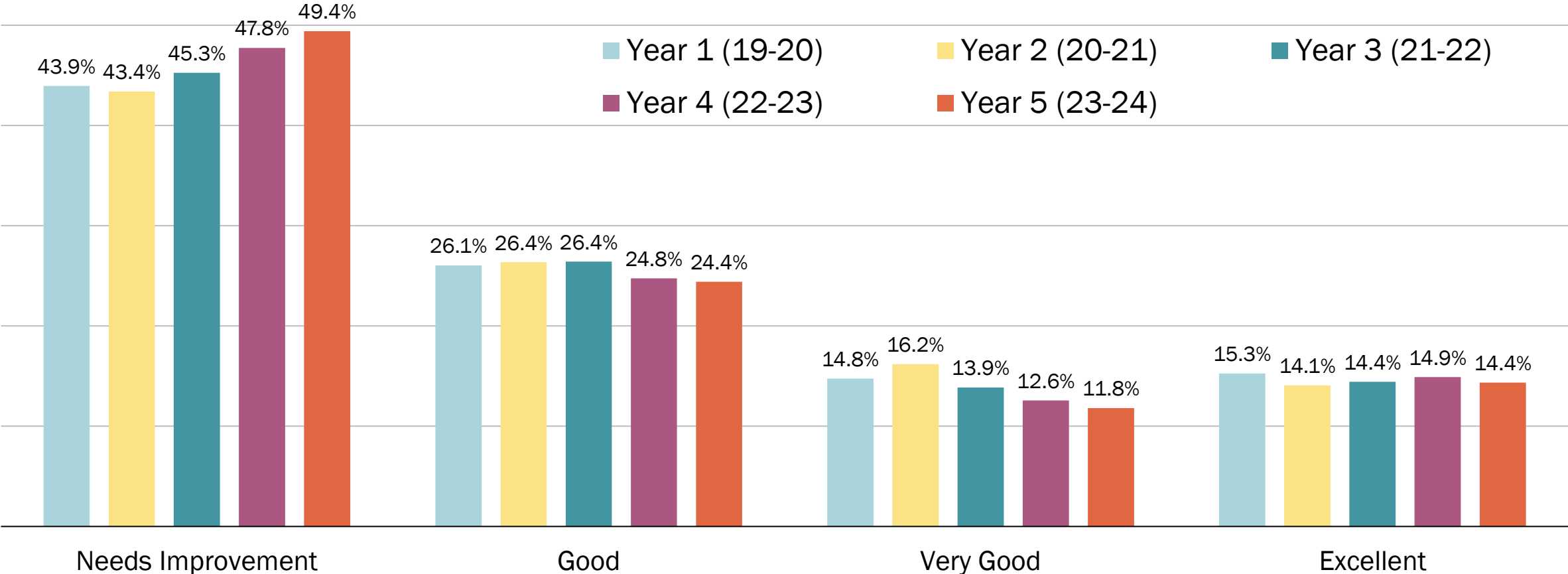
2023-24 | N=2934



Improvement Still Needed

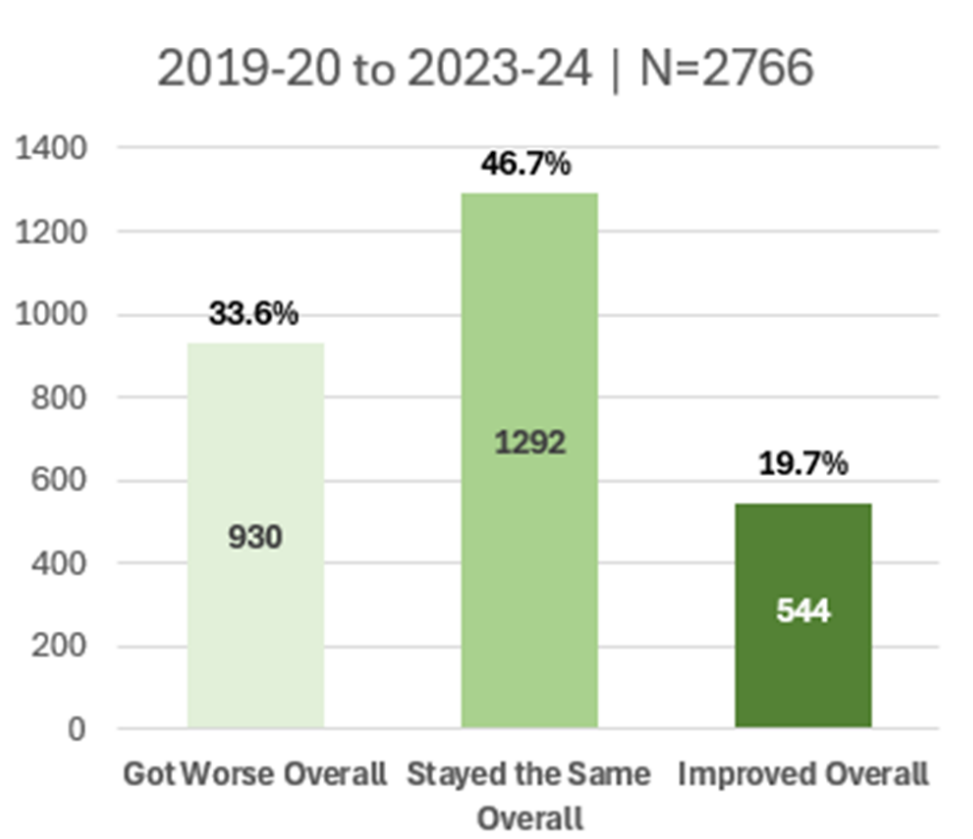
Comparison of Flu Rating Categories Assigned for Years 1-5

Yr 1 (N=3186) | Yr 2 (N=3206) | Yr 3 (N= 2978) | Yr 4 (N=3045) | Yr 5 (N=3072)



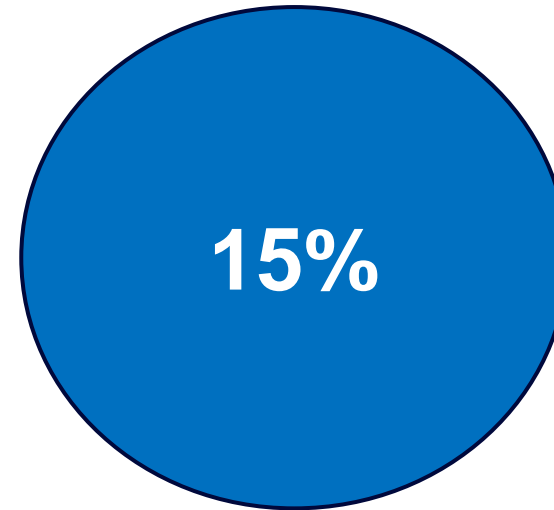
2/3 clinics stayed same or improved over 5 yrs.

Overall Improvement in Rating Categories



Modest improvement in some Clinics over 5 yrs.

Median Improvement Among Clinics that Improved



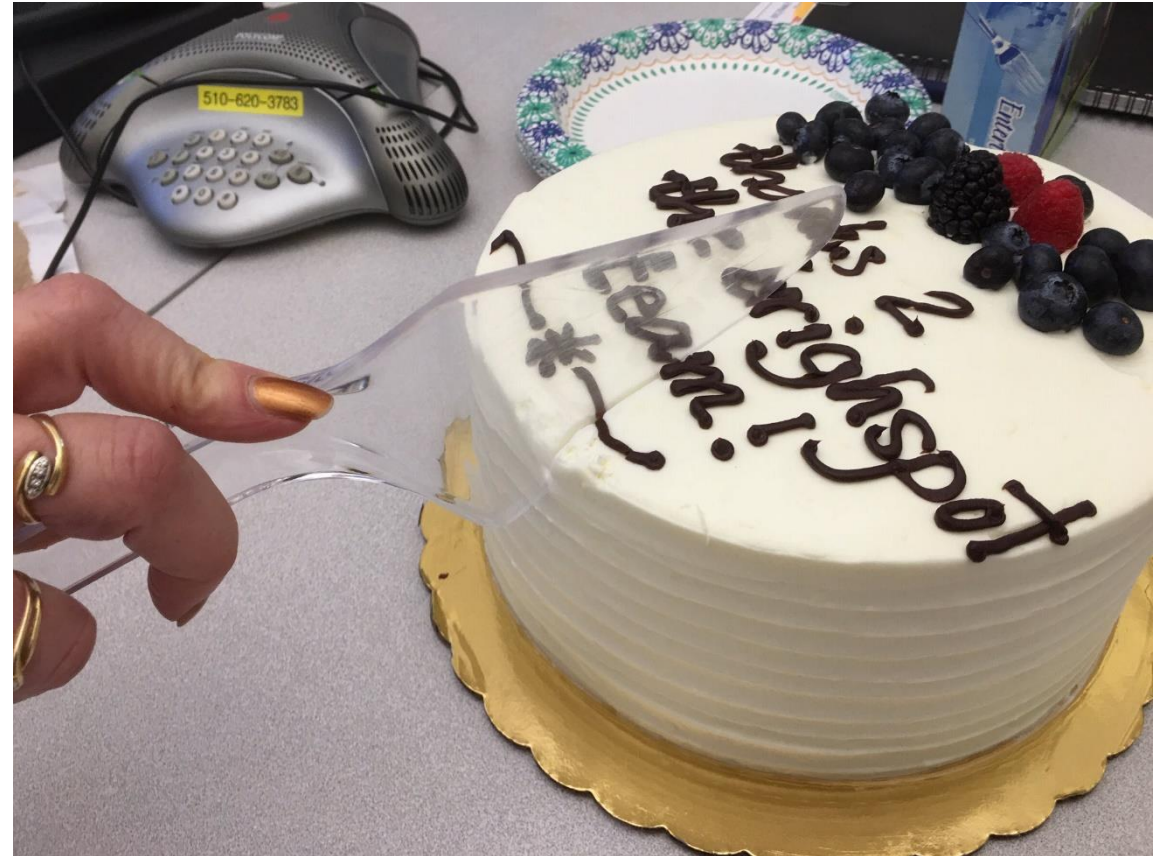
N = 1098 clinics participating
2019-20 - 2023-24

Some Take Aways

- **More clinics continuing to order flu vaccine later in flu season.**
- **Flu Progress Reports, Action Plan, & Speaking Tips for Parents** well received.
- **VFC patients go to pharmacies to get flu shots.** We're interested in a way to account for this in our analysis.
- **Not all clinics improving.** We're looking into what type of clinics and which regions are improving vs. those that are not, and how we might respond. While this effort is unfunded, recommendations will go to VFC.
- **Flu dashboard will put real-time flu QI data in clinic's hands!**
- **Future targets based on flu administration** (via CAIR)—and maybe other respiratory vaccines.

Thank you VFC providers for all you do!

I salute the “Bright Spots” workgroup at the Immunization Branch for all their hard work and VFC Providers for everything you do to keep kids healthy during flu season!





COVID Control Branch Epi, Testing, and Treatment

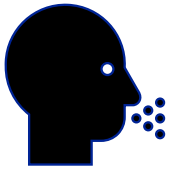
Jessica Watson, MD, MPH, CDPH

Outline

- **COVID-19 Epidemiology June 2024-June 2025**
- **COVID-19: Where are we now**
- **Respiratory Virus Prevention**
- **Key Takeaways**

CA 2024 – 2025 Respiratory Virus Epidemiology and Surveillance Summary

(June 30, 2024-June 28, 2025)



Overall burden of respiratory viruses was lower this year compared to prior years

- In large part due to low COVID-19 activity/severity, especially during winter months



This past winter respiratory virus season was dominated by seasonal influenza

- The cumulative influenza hospitalization rate was 1.9 higher than that of COVID-19
- 36 pediatric influenza deaths compared to 5 pediatric COVID-19 deaths

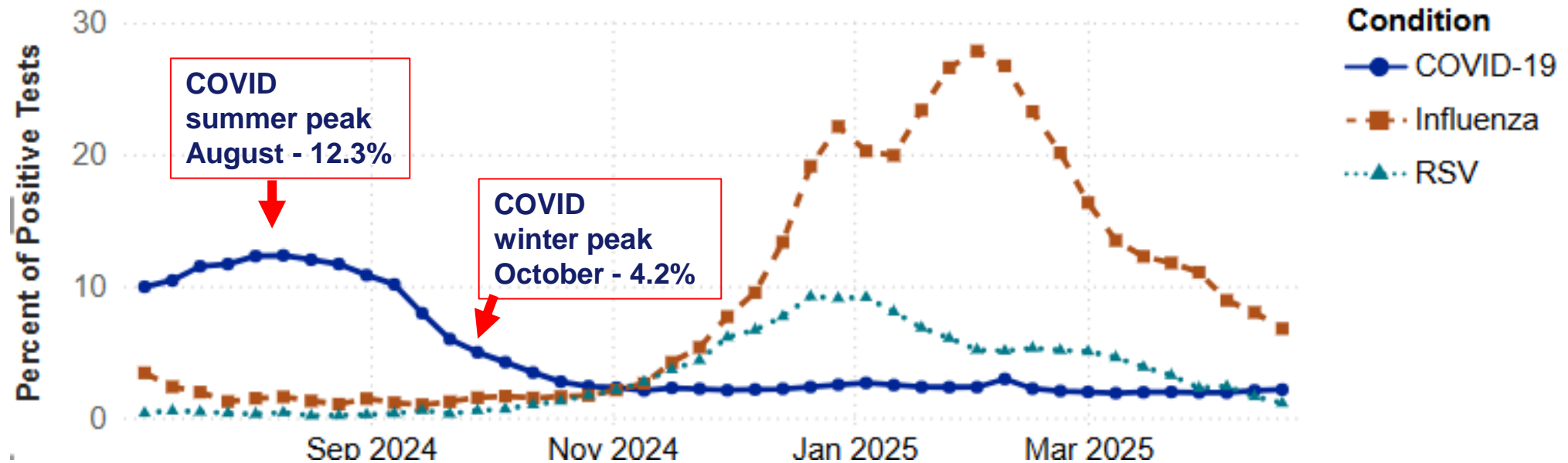


Summer 2024 COVID-19 wave contributed to highest COVID-19 burden for the year

- Seasonality of COVID-19 remains uncertain, summer wave expected

Summary of COVID-19 2024-2025 Activity

Test Positivity for SARS-CoV-2, Influenza, and RSV 2024-2025, as of July 7, 2025



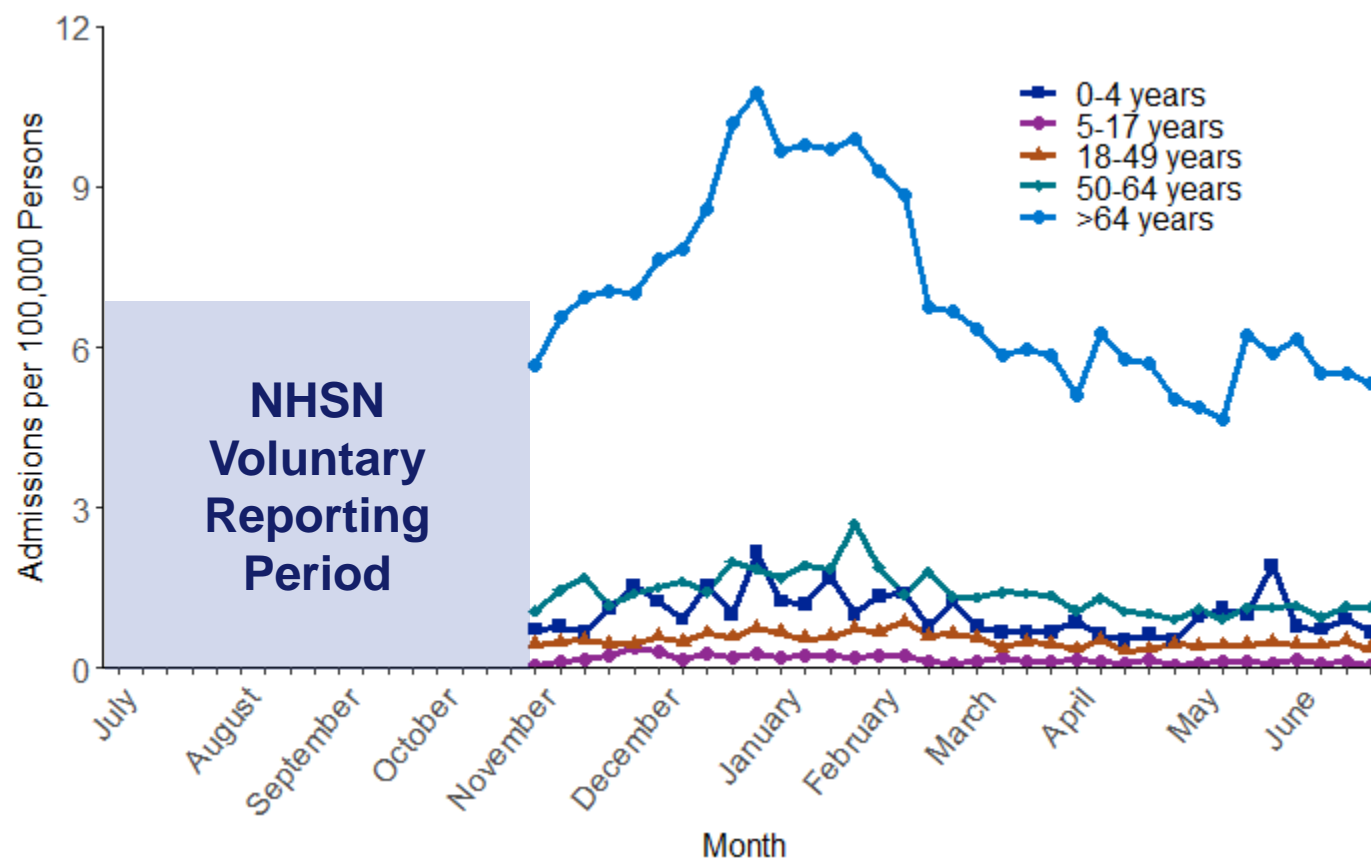
Test Positivity peaked at **12.3% during last summer's wave**, the highest for the fall/winter months was **4.2%**, coming out of the summer wave.

COVID-19 Hospitalizations by Age Group

Age	Cumulative Hospitalizations per 100,000
0-4 years	35.7
5-17 years	5.8
18-49 years	18.3
50-64 years	49.5
65+ years	245.0

- Total hospital admissions since November 1, 2024, were 23,466.
- Older adults and young children continue to have the highest COVID-19 hospitalization rates.

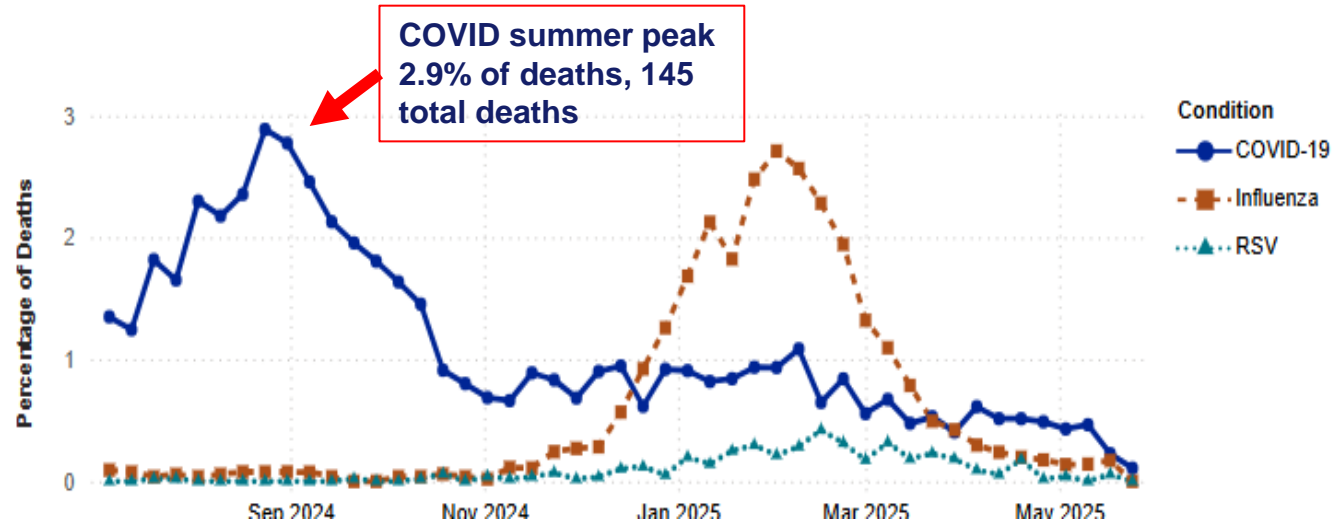
COVID-19 Hospital Admission Rates from NHSN by Age November 1, 2024 – June 28, 2025



Summary of COVID-19 Deaths 2024 – 2025

- There were **2,881 total deaths** and **5 pediatric COVID-19 deaths** for the 2024 – 2025 season.
- Peak **COVID-19 deaths** occurred during last years summer wave at **2.9%** of death certificates with **145 total COVID-19 deaths** at the time of the peak.

Percentage of Deaths Attributed to SARS-CoV-2, Influenza, and RSV, as of July 7, 2025

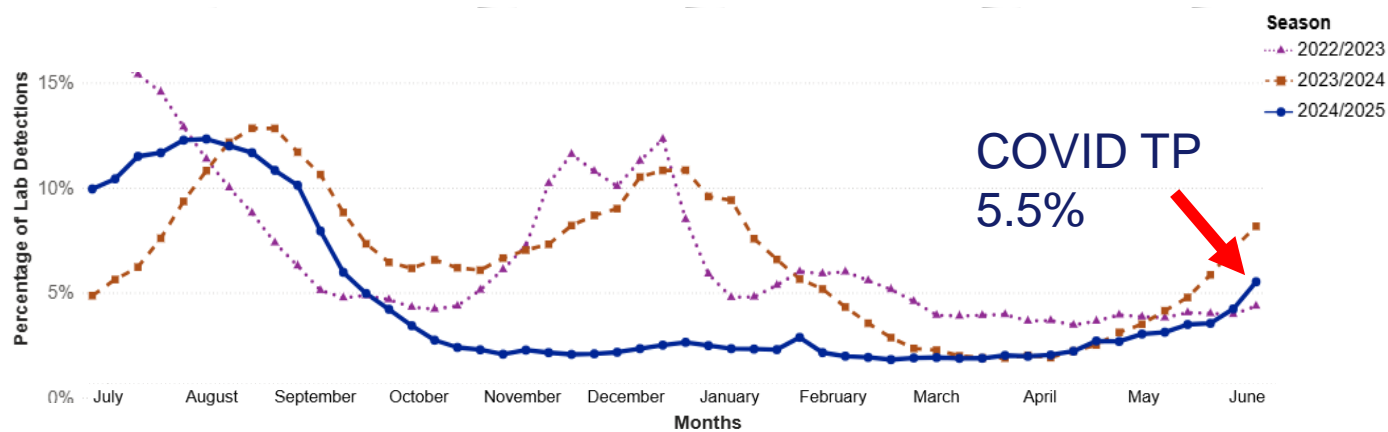


Deaths	Pediatric Deaths
2,881	5

(June 30, 2024-June 28, 2025)

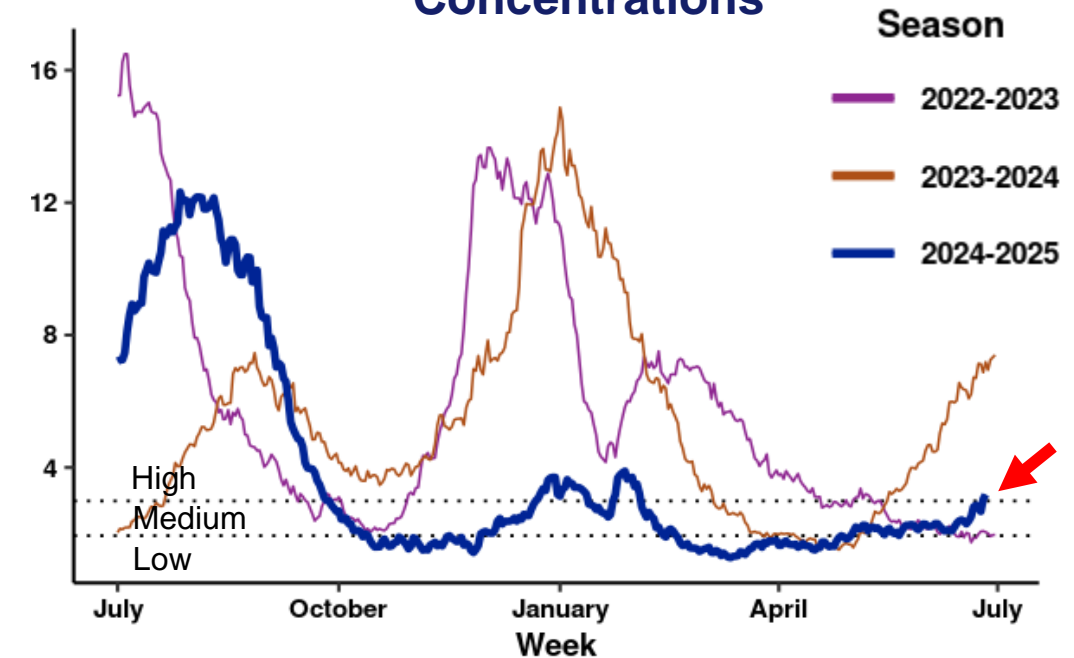
Where are we now with COVID-19 Activity?

Percentage of Positive SARS-CoV-2 Test Results from Electronic Lab Reporting, as of July 7, 2025



- Test positivity remains **low** at this time.
- Steady increase over the past 2 months
- **Lower now (5.5%) than this time last year (8.2%)**

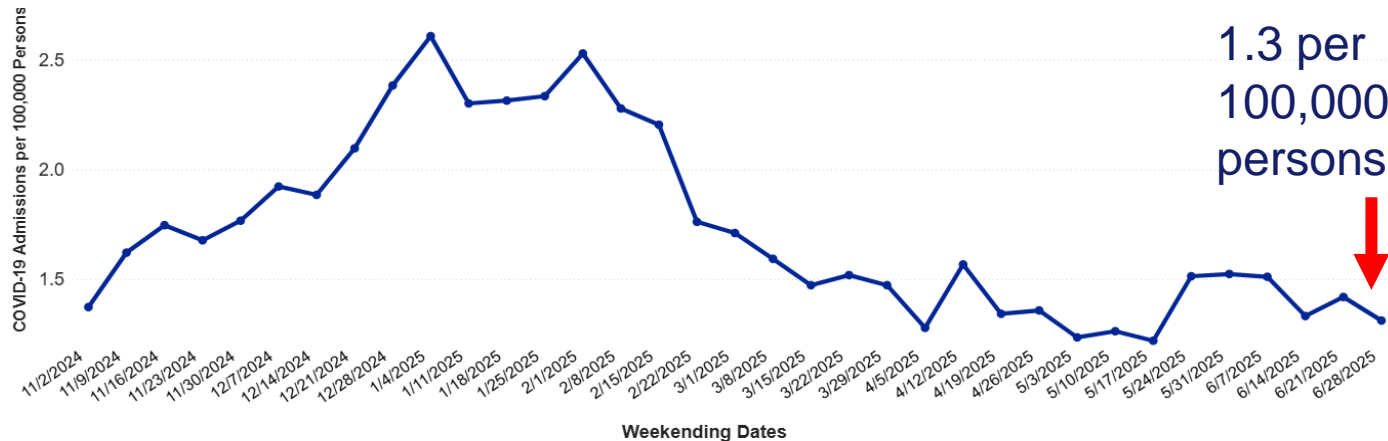
SARS-CoV-2 State Wastewater Concentrations



- Statewide aggregated wastewater concentrations have steadily been **increasing since March.**
- **59% lower** than same time last year

Where are we now with COVID-19 Severity?

COVID-19 Hospital Admission Rate (NHSN), as of July 7, 2025

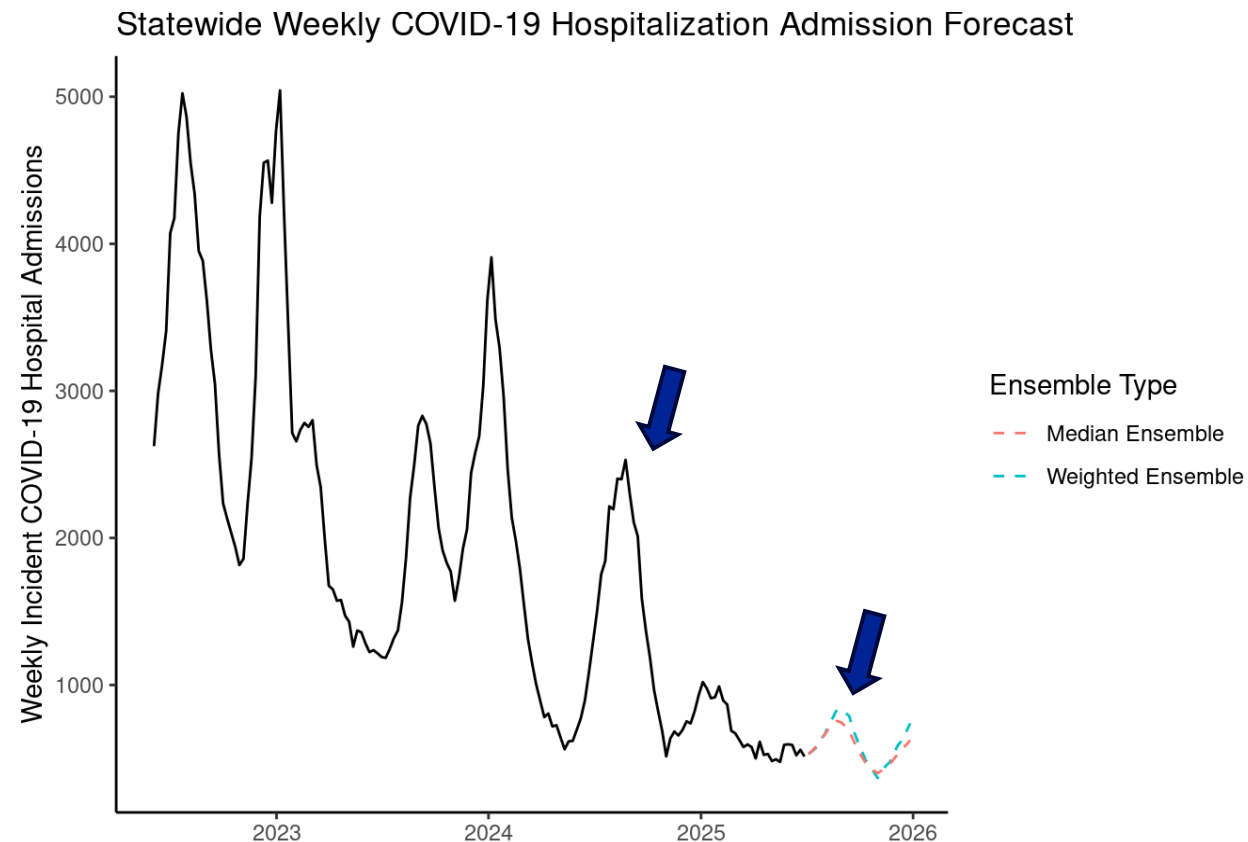


- Hospital admissions are **very low** at 1.3 per 100,000 persons and have been **stable or decreasing** for the past 5 weeks.
- Deaths **decreasing** over the past 2 weeks and are **now 0.3%** of deaths attributed to COVID-19.
 - This time **last season**, deaths had been **increasing** and were **1.1%**.

Current Dominant Circulating Variant: LP.8.1 (decreasing)
Fastest growing variants: XFG ("Stratus") and NB.1.8.1 ("Nimbus")

COVID-19 Forecasting

CDPH medium-term forecasts predict minor summer wave smaller than historical 2024 waves and peaking late August



What does this mean for COVID-19 this summer?

Overall COVID-19 activity and severity indicators are currently LOW but are starting to rise.

- Trends in test positivity over the past two years show peaks in August and troughs in April with COVID-19 activity beginning to rise in late May.
- NB.1.8.1 and XFG variants are increasing but not expected to be more severe and are covered by current COVID-19 vaccine formulations.
- Overall forecast predicts a possible 2025 summer wave smaller than the 2024 summer wave.

Reminder! Help Your Patients Prevent Illness this Summer!

Stay up to date on vaccines

Stay home if you are sick

Wear a well-fitting mask

Cleaning, Sanitizing, and Disinfecting

Wash Your Hands

Cover Your Cough or Sneeze

Take Steps for Cleaner Air



For more information, see [CDPH Respiratory Viruses](#) and [CDC's Preventing Spread of Respiratory Viruses](#)

When you may have a respiratory virus

Return to normal activities when, for at least 24 hours:

- Your symptoms are getting better overall, **and**
- You have not had a fever (and are not using fever-reducing medication).

When you return to your normal activities, take **added precautions** over the next 5 days, when you will be around other people indoors.

- This is especially important to protect people with factors that increase their risk of severe illness from respiratory viruses.

Vaccinating against COVID-19

CDPH recommends that everyone 6 months and older should have access and the choice to receive currently authorized COVID-19 vaccines.

It's not too late to vaccinate!

Adults 65 years and older or immunocompromised are recommended to receive two doses of the 2024 – 2025 COVID-19 vaccine separated by 6 months (minimum interval 2 months).



Testing for Respiratory Pathogens

- Testing can help you decide what to do next.
- FDA has recently approved at-home flu/COVID co-tests.
- Early testing may make treatments available for those at high risk for severe disease.
- For more information see [CDC | Healthcare Providers | Overview of Testing for SARS-CoV-2](#).



Treatment: A Core Strategy to Prevent Progression to Severe Disease

For patients at [high risk](#) of developing severe disease, COVID-19 treatments can reduce the risk of illness complications, including hospitalizations and death.

- ✓ **Paxlovid (Nirmatrelvir/ritonavir)** - non-hospitalized, symptomatic, and meet criteria for risk for severe disease
- ✓ **Veklury (Remdesivir)** - consider if paxlovid is contraindicated
- ✓ **Lagevrio (Molnupiravir)** - alternative therapy for use when the above therapies are not available, feasible to use, or clinically appropriate



Key Takeaways

- **COVID-19 activity is rising. While COVID-19 seasonality is uncertain, a summer wave is expected.**
 - Majority of COVID-19 burden from last year occurred during the 2024 summer wave.
- **Older adults and young children continue to have the highest COVID-19 hospitalization rates.**
- **There are many EFFECTIVE strategies to prevent severe illness:**
 - It's not too late to promote the COVID-19 vaccine, especially in those at risk for severe disease.
 - Promote prevention tools to your patients: stay home and/or take added precautions (e.g., masking, good hygiene, physical distancing, etc.).
 - Test and treat (when indicated) early to reduce the risk of severe disease and complications.

Coming soon: CDPH's COVID Control Branch will launch a COVID-19 Dashboard to monitor summer COVID-19 trends. Check the [CDPH respiratory virus webpage](#) for more information.

Clinical

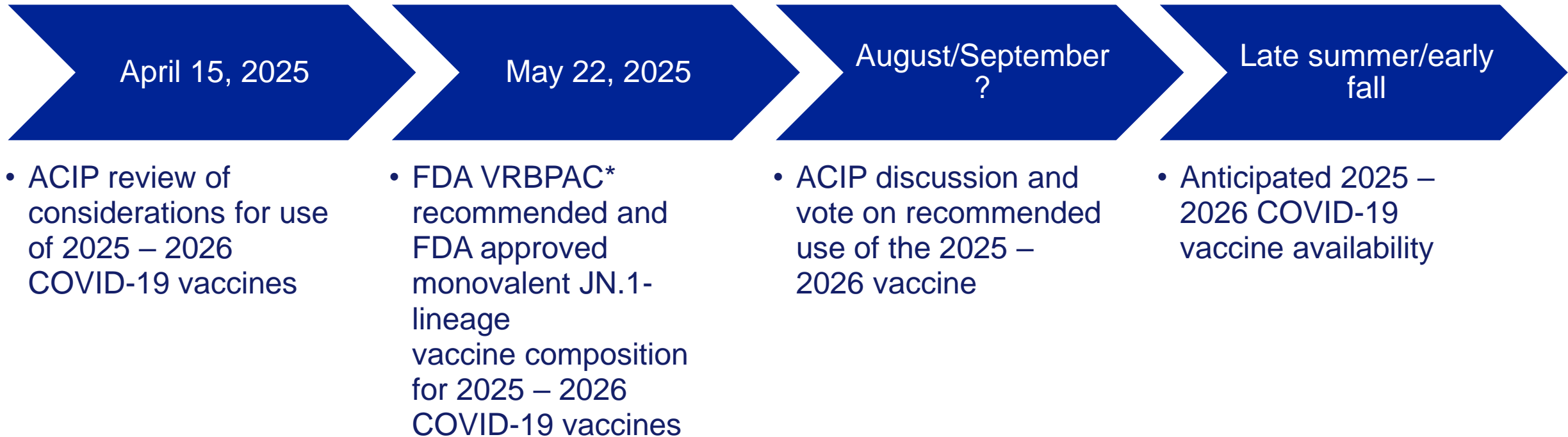
Floria Chi, MD, CDPH

COVID-19 Vaccine Summary

- Effectiveness
 - 2024 – 2025 COVID-19 vaccination is effective in preventing hospitalizations and critical outcomes in adults.
 - Maternal vaccination has been shown to protect infants <6 months of age from severe COVID-19 outcomes.
- Safety
 - COVID-19 vaccines have been continuously monitored through robust safety surveillance.
 - Previously identified and characterized the risk of myocarditis and pericarditis after mRNA COVID-19 vaccination

[ACIP Meeting Materials: June 25-26, 2025, Meeting | ACIP | CDC](#)

2025 – 2026 COVID-19 Vaccines: Preliminary Timeline



*Food and Drug Administration's Vaccines and Related Biologic Products Advisory Committee
[COVID-19 Vaccines \(2025-2026 Formula\) for Use in the United States Beginning in Fall 2025](#) (FDA)

COVID-19 Vaccine Summary

- Recent federal policy statements and changes have raised questions and confusion about recommendations and access to COVID-19 vaccines.
- COVID-19 vaccines continue to be important tools to prevent severe disease in vulnerable populations.
- **CDPH recommends that all individuals age 6 months and older should have access and the choice to receive currently authorized COVID-19 vaccines, with an emphasis on protecting higher risk individuals, such as infants and toddlers, pregnant individuals, and others with risks for serious disease.** (link: [COVID-19 Vaccines](#))
- Insurance coverage for COVID-19 vaccines is still in place.

It's Not Too Late to Vaccinate!

Individuals who are aged 65 years or older or immunocompromised, should receive a second 2024 – 2025 COVID-19 vaccine dose 6 months after the first (minimum interval 2 months).

CARE FOR PATIENTS 65+?

It may be time for
their 2nd dose of
COVID-19 vaccine!



Two doses given 6
months apart keeps their
immunity strong.



Recall your older
adult patients for
their vaccines
today!

CDC Adopts April 2025 ACIP Recommendations

Timeline



April 2025 ACIP topics with votes:

- Chikungunya Vaccines (Vote) –adopted by CDC 5/13/25
- RSV Immunizations: Adult (Vote) & Meningococcal Vaccines (Vote, VFC Vote), adopted by CDC on 6/25/25

[ACIP Meeting Information](#) | [Agenda](#) | [ACIP Recent Meeting Recommendations](#)

Updated Adult RSV Immunization Recommendation

As of 6/25/25, CDC lowered the age RSV immunization is recommended to 50 years:

- Recommendation for single dose of RSV vaccine:
 - All adults aged ≥ 75 years
 - Adults aged **50**-74 years old at increased risk of severe RSV disease (past recommendation was for **60** – 74-year-olds at increased risk)
- Current vaccine options are:
 - Arexvy
 - Abrysvo
 - MRESVIA: [FDA recently expanded approval](#) to 18-59 years at increased risk

[ACIP Presentation: Adult RSV Workgroup Interpretations](#)
[RSV Immunization for Healthcare Providers | CDC](#)

New Pentavalent Meningococcal Vaccine (Penmenvy) Recommendations

- Penmenvy (GSK) - new pentavalent meningococcal vaccine (MenABCWY) approved by FDA and recommended by CDC
- Recommended when both MenACWY and MenB are indicated at the same visit:
 - Healthy persons 16–23 years (routine schedule) when shared clinical decision-making 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 [timing guides](#) and vaccine factsheets

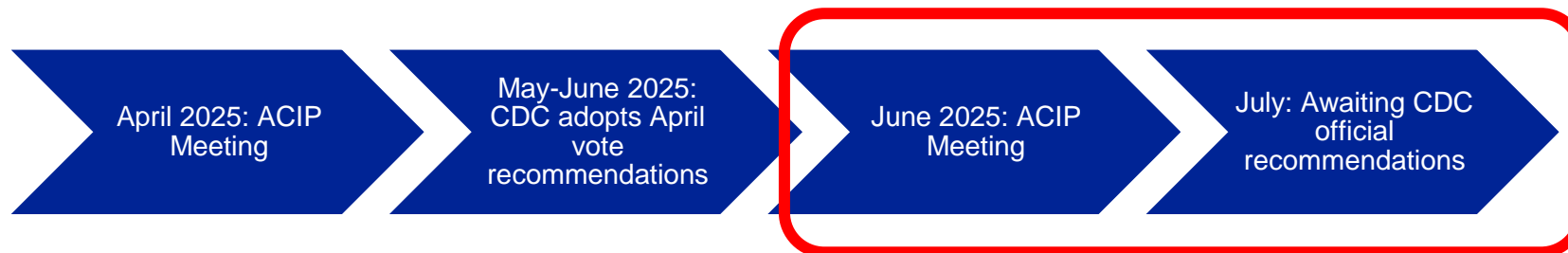
** e.g., persistent complement deficiencies, complement inhibitor use, functional or anatomic asplenia

Advisory Committee on Immunization Practices (ACIP) Meeting: Held on June 25 – 26, 2025

Agenda Topics Were:

- RSV Immunizations: Maternal/Pediatric (Vote, VFC Vote)
- Influenza Vaccines (Vote)
- Thimerosal containing influenza vaccines (Vote)
- COVID-19 Vaccines
- Chikungunya, Anthrax, MMRV Vaccines

[ACIP Meeting Information](#) | [Agenda](#) | [ACIP Recent Meeting Recommendations](#)



Recommendation for New Pediatric RSV Immunization

Awaiting CDC Acceptance*

Clesrovimab

- Clesrovimab is a long-acting monoclonal antibody against RSV that provides passive immunization.
- Clinical trials showed 90% efficacy against infant RSV hospitalization through 150 days.
- Clesrovimab is recommended for all infants <8 months of age born during or entering their first RSV season who are not protected by maternal vaccination.
- No preferential recommendation for clesrovimab vs. nirsevimab in infants.
- Vaccines for Children Program resolution is updated to include clesrovimab.

*If immunizing before [CDC acceptance](#), check with insurers about reimbursement.

[ACIP Meeting Materials: June 25-26, 2025, Meeting | ACIP | CDC](#)
[ENFLONSIA™ \(clesrovimab\) Prescribing Information | FDA](#)

ACIP Vote: Influenza Vaccines for 2025 – 2026 Season

Awaiting CDC Acceptance*

- ACIP **reaffirms** the recommendation for routine annual influenza vaccination of all persons aged 6 months and older who do not have contraindications.
- Updates for 2025-2026 Season
 - Updated trivalent vaccine composition
 - Flumist (LAIV3) for self- or caregiver administration at home
 - Change in age indication for Flublok (RIV3) from ≥ 18 to ≥ 9 years

*If immunizing before [CDC acceptance](#), check with insurers about reimbursement.

[ACIP Meeting Materials: June 25-26, 2025, Meeting | ACIP | CDC](#); [Influenza Vaccine Composition for the 2025-2026 U.S. Influenza Season | FDA](#); [Flublok | FDA](#)

ACIP Vote: Thimerosal Containing Influenza Vaccines

Awaiting CDC Acceptance*



- In contrast to the body of scientific evidence, ACIP recommends children 18 years and younger, pregnant women, and all adults receive seasonal influenza vaccines only in single dose formulations that are free of thimerosal as a preservative.
- For many years, [California law](#) has prohibited administering mercury-containing vaccines to pregnant women or to children <3 years. All routine vaccines are available in formulations that meet the law. ([Laws and Regulations](#), CA HSC 124172)

*If immunizing before [CDC acceptance](#), check with insurers about reimbursement.

[Thimerosal and Vaccines | FDA](#)

[ACIP Meeting Materials: June 25-26, 2025 Meeting | ACIP | CDC](#)

ACIP Changes – CDPH Closely Monitoring

ACIP

- Meetings with new membership: monitoring structure and policies
- Next meeting August/September (dates TBD)

Access via VFC and Medi-Cal

- No change in formulary or administration reimbursement at the current time

Trusted Partners (*AAP, AAFP, ACOG, Immunize.org, ASTHO, VIP, CIC*, etc.*)

- [List of statements](#) from professional organizations following June ACIP
- Modifications to their ongoing role in recommendations, to fill any gaps resulting from changes in ACIP?

[CIDRAP Vaccine Integrity Project \(VIP\):](#)

- [Initiative](#) dedicated to safeguarding vaccine use in the U.S. by convening trusted partners
- Collected input from stakeholders and [made recommendations](#) on what is needed from NGOs to ensure vaccine used based on best available science
- Plan to publish comprehensive report and possibly convene partners to discuss respiratory virus immunization recommendations in late summer

*American Academy of Pediatrics (AAP); American Academy of Family Physicians (AAFP); American College of Obstetricians and Gynecologist (ACOG); Association of State and Territorial Health Officials (ASTHO); Vaccine Integrity Project (VIP); California Immunization Coalition (CIC)

Pharmacy

Edward Salaguinto, PharmD, RPh, CDPH

ACIP Changes (Implications for Pharmacists)

- The Advisory Committee on Immunization Practices (ACIP) is a group of experts who advise the CDC on vaccine recommendations.
 - Members are appointed by the Secretary of Health and Human Services
 - CDC regularly solicits applications and nominations of candidates to fill upcoming vacancies.
 - Seats become vacant as members rotate off the committee.
 - June 2025: Removed the 17 sitting members of the ACIP committee and replaced them with 8 new members (one member withdrew appointment).
- BP&C 4052.8. Initiation and Administration of Vaccines; Requirements
 - A pharmacist may independently initiate and administer any vaccine that has been approved or authorized by the FDA and received an ACIP individual vaccine recommendation published by the CDC for persons three years of age and older.

Impact for Pharmacists

- Thimerosal Containing Influenza Vaccines Not Recommended*
 - Despite the extensive scientific evidence, the ACIP advises that children under 18, pregnant women, and all adults should only receive seasonal flu vaccines in single-dose forms that do not contain thimerosal as a preservative.
- COVID-19 Vaccines - Shift from Universal to Targeted Approach
 - Adults: Recommended
 - Children: Recommendation involves shared clinical decision-making
 - Pregnant Persons: ACIP does not have a specific recommendation against vaccination, but it is also not explicitly contraindicated.*

*Since ACIP currently does not recommend or lacks recommendation, pharmacists would need prescription or collaborative practice agreement (provider protocol).

Vaccine Administration Guidance

Q: Can pharmacists administer vaccines that are FDA approved and/or authorized, but are not yet recommended by ACIP?

A: Yes. But, not on their own. Pharmacists **cannot independently** initiate a vaccine encounter.

- Prescription Required
 - BP&C 4052.(a)(3) - Administer drugs and biological products that have been ordered by a prescriber.
- Collaborative Practice Agreement
 - BP&C 4052.(a)(11) - Administer immunizations pursuant to a protocol with a prescriber.

Awareness: Rite Aid Closures

What Pharmacy Providers and Prescribers Need to Know

- On May 5, 2025, Rite Aid filed for bankruptcy
- The Department of Consumer Affairs, the California State Board of Pharmacy, the Medical Board of California and the Osteopathic Medical Board of California urge all healthcare prescribers to work collaboratively with pharmacists to ensure uninterrupted access to necessary medications for patients.
- Reminder: BP&C 4064 emergency refill of prescriptions without prescriber authorization. It may be helpful to recommend patients bring in their prescription containers when seeking an emergency refill.
- [CA State Board of Pharmacy Statement](#)

Rite Aid Closures: Medi-Cal Emergency Fills

- Reminder: Emergency Fill Policy
 - Review current Emergency Fill policies and procedures.
 - Utilize the Emergency Fill policy for emergent situations when appropriate.
 - Submit a prior authorization (PA) request establishing medical necessity for coverage consideration.

**Medi-Cal Rx**

Reminder: Emergency Fill Policy
July 2, 2025

What Pharmacy Providers Need to Know

Medi-Cal Rx wants to remind pharmacy providers that dispensing a 14-day emergency supply of all products that are Medi-Cal Rx benefits for which delays in access to therapy due to utilization management (UM) claim edits would withhold a medically necessary service is permitted electronically and via paper claim.

Emergency claims will be limited to a 14-day supply and a limit of two fills in a 30-day period for the same product and dose. Claims must be submitted at point of sale (POS) using the Level of Service (LOS) value of '3 – Emergency' to indicate it is an emergency claim (refer to the [Medi-Cal Rx Billing Tips](#) for additional information).

» **Emergency Fills are subject to audits. Pharmacy providers are required to retain documentation of the emergency circumstances for audit purposes.**

What Pharmacy Providers Need to Do

To support member access to therapy, pharmacy providers should take the following actions:

- Review current Emergency Fill policies and procedures.
- Utilize the Emergency Fill policy for emergent situations when appropriate.
- Submit a prior authorization (PA) request establishing medical necessity for coverage consideration.

For more information about the Emergency Fill policy, refer to the *Emergency Fills* section in the [Medi-Cal Rx Provider Manual](#). For more information about establishing medical necessity, refer to the alert titled [Reminder: Establishing Medical Necessity](#), which was last updated on June 3, 2025.

Rite Aid Closures: Guidance for Providers

- What Pharmacy Providers and Prescribers Need to Do:
 - Proactively reaching out to members
 - Be responsive to non-Rite Aid pharmacy requests for new prescriptions
 - Review the scenarios for addressing the impact to Medi-Cal Rx members who currently get their prescriptions filled at a Rite Aid pharmacy
- [Rite Aid Closures: Guidance for Providers](#)



The image shows the cover of a document titled "Rite Aid Closures: Guidance for Providers". The cover has a dark blue header with the Medi-Cal Rx logo (an orange flower) on the left. The title "Rite Aid Closures: Guidance for Providers" is in white, with the date "June 17, 2025" below it. The main body of the document is white with a blue border. It contains two sections: "What Pharmacy Providers and Prescribers Need to Know" and "What Pharmacy Providers and Prescribers Need to Do".

Medi-Cal Rx

Rite Aid Closures: Guidance for Providers
June 17, 2025

What Pharmacy Providers and Prescribers Need to Know

On May 5, 2025, Rite Aid filed for bankruptcy and announced it will be closing its pharmacy locations. This change will impact some Medi-Cal Rx members who currently get their prescriptions filled at Rite Aid.

Some Rite Aid locations plan to transfer members' prescriptions to other pharmacies. To avoid disruption in access to therapy, pharmacy providers and prescribers should encourage members to contact their Rite Aid pharmacy to determine if they need to transfer their prescriptions or if that pharmacy location will transfer their prescriptions for them.

What Pharmacy Providers and Prescribers Need to Do

Prescribers should consider proactively reaching out to members who may be affected by the closure to update their records with the member's preferred pharmacy location. Prescribers should also be responsive to non-Rite Aid pharmacy requests for new prescriptions.

Vaccine Management: My Turn

Josh Pocus, My Turn

What's New in My Turn – Release 60

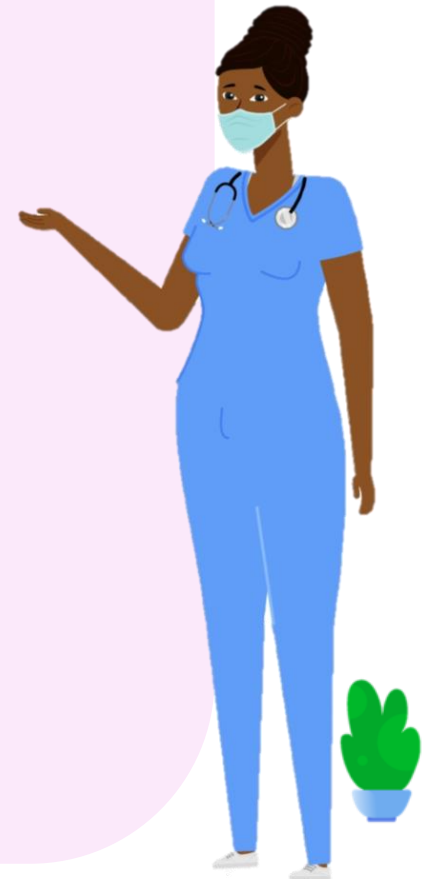
New updates for providers will launch on Thursday, **July 10, 2025!**



Release Highlights



- ✓ Display an error message when scheduling fails due to an invalid vaccine type, duplicate booking, or no clinic availability in the 'Vaccine Appointment' flow.
- ✓ Display the available dates of the clinic based on the data entered on the 'Find a location' card on the 'Vaccine Locator' page.
- ✓ Removed the 'Testing Sites' drop-down under Find a Clinic menu', updated links now redirect COVID-19 FAQ #9 to 'COVID-19 Testing' page and Mpox FAQ #5 to 'Isolation and Infection Control At Home' page in the 'Vaccine FAQs' section.
- ✓ Display an announcement banner notifying the sunseting of the 'Testing Site' page on the My Turn landing page.
- ✓ Moved the Clinic Specific Links Note below the map in the 'Find a location' section on the 'Vaccine Locator' flow.



What's New in My Turn – Release 60

New updates for providers will launch on Thursday, **July 10, 2025!**



Release Highlights

- ✓ Added a new 'CAIR Quick Entry' button in the 'My Turn' tile on the home page.
- ✓ Added a new 'View/Edit CAIR Records' button on the 'CAIR Quick Entry Upload Records' page which redirects to the 'CAIR Quick Entry View & Edit Records' page.
- ✓ Added validation for the 'Phone number'
- ✓ displayed a new 'Mobile Clinic' checkbox and tooltips to the 'Mobile Clinic' and 'Pop-up Clinic' checkboxes in the 'Details' subtab on the 'Clinic' page.
- ✓ Added a new 'Upload CAIR Records' button on the 'CAIR Quick Entry View & Edit Records' page which redirects to the 'CAIR Quick Entry Upload Records' page.
- ✓ Removed the '+New Account' option from the 'Account' field in both the 'New Vaccine Inventory' pop-up and the 'Details' subtab of existing clinics in the 'Vaccine Inventory' flow.
- ✓ Removed the 'Testing Site' option in the 'My Turn Virtual Assistance' flow.
- ✓ Removed the 'Audenz', 'Fluvirin' and 'Influenza A' values from all relevant fields.
- ✓ An email will be received stating that effective from August 1, 2025, all 2024–2025 flu products will be inactivated and removed from My Turn portal.
- ✓ Display the 'Total Doses' field above the 'Doses Available' field in existing inventory records and above the 'Description' field in the 'Vaccine Inventory' flow.



What's Next in My Turn – Release 61



New updates for providers will launch on Thursday, **August 14, 2025!**

My Turn Public

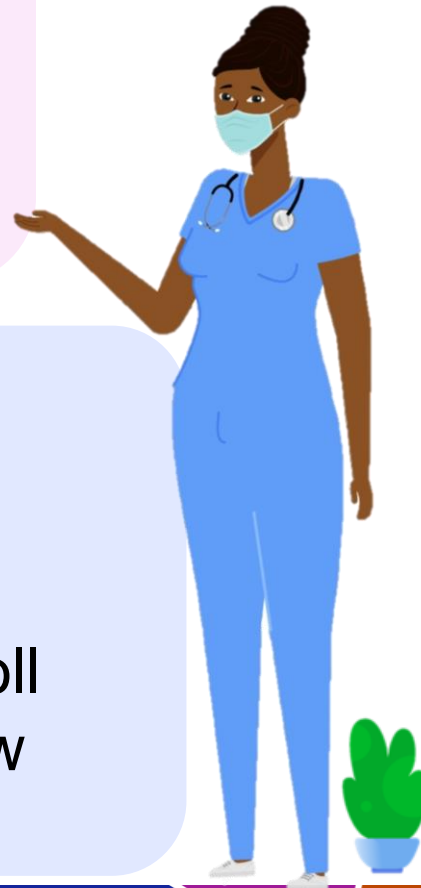
Release Highlights

- ✓ Removed the Pride month banner
- ✓ Display a pop-up notification when an external link is clicked, alerting the users that they are exiting from the 'My Turn' portal

My Turn Clinic

Release Highlights

- ✓ Added the ability to create and select new 2025-26 flu products throughout the system
- ✓ Updated dose options, a revised tooltip, in COVID traditional Clinics
- ✓ Removed the 'Booster' field and 'Johnson & Johnson' brand options
- ✓ Removed the additional scroll whitespace in the create new Vaccine Inventory screen



Updated Provider Call Center Contact Information

E-mail Changes: The Provider Call Center has recently updated their e-mail addresses.

- The **primary contact e-mail** for the **Provider Call Center** is now:
☒ [_providercallcenter@cdph.ca.gov](mailto:providercallcenter@cdph.ca.gov)
- The current e-mail addresses will be **closing****:
☐ _myCAvax.hd@cdph.ca.gov
☐ Myturn.clinic.hd@cdph.ca.gov

****Note:** To account adjustment time to the new primary contact e-mail, the current email addresses are still functioning for the time being. However, Any incoming emails are being redirected to the new primary contact e-mail for the Provider Call Center. Please ensure you update your contacts.

New Business Hours

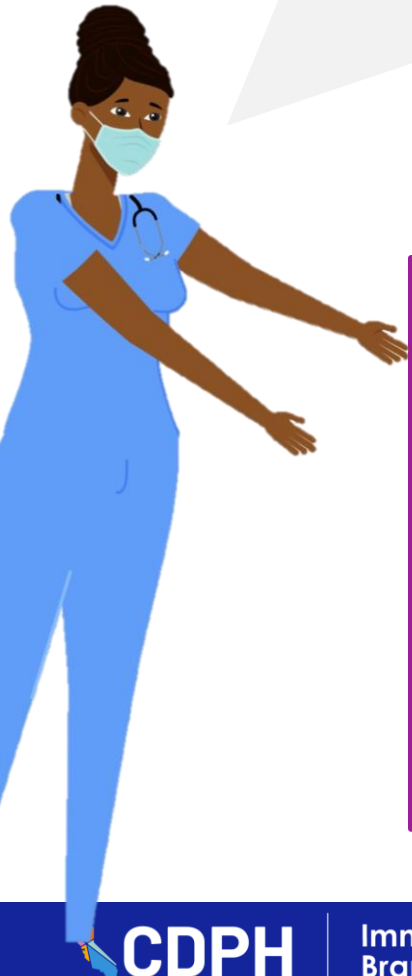
The Provider Call Center has also updated their Business Hours. The **new business hours** are:

- **Monday – Thursday:** 9:00am - 4:30pm
- **Friday:** 9:00am - 4:00pm



Provider Locator – What is it?

The **Provider Locator** feature in myCAvax allows you to find nearby providers by entering their zip code, and filtering by program or provider type.

A screenshot of the myCAvax Provider Locator interface. The interface is titled "Provider Locator" and includes a navigation bar with links to "My Programs", "Home", "Vaccine Orders", "Program Locations", "Vaccine Inventory", and "Training". The main content area is titled "Find providers near you." and features a "Provider Locator" section with a "Transfer Vaccines" button. Below this, there are search filters for "Search by program" (VFC), "Search by provider type" (Public health site, Private...), and a "Zip code" field (94541). A "Search radius" dropdown is set to "20 miles". A "Search" button and a "Reset" button are also present. The results section shows a map of the Los Angeles area with a red pin indicating a provider location. A callout box provides details for "St. John's Well Child and Family Ctr - Magnolia", including its address (1401 Golf Course Road, Hayward, CA 94541) and phone number (1-800-555-1234). The interface also includes a "Resources" section with links to "Local Health Services", "EZIZ", "My Turn Administration", and "Join CAIR".

Find providers near you.



Provider Locator

Find a location to transfer your vaccines.

Transfer Vaccines

Search by program

Search by provider type

*Zip code

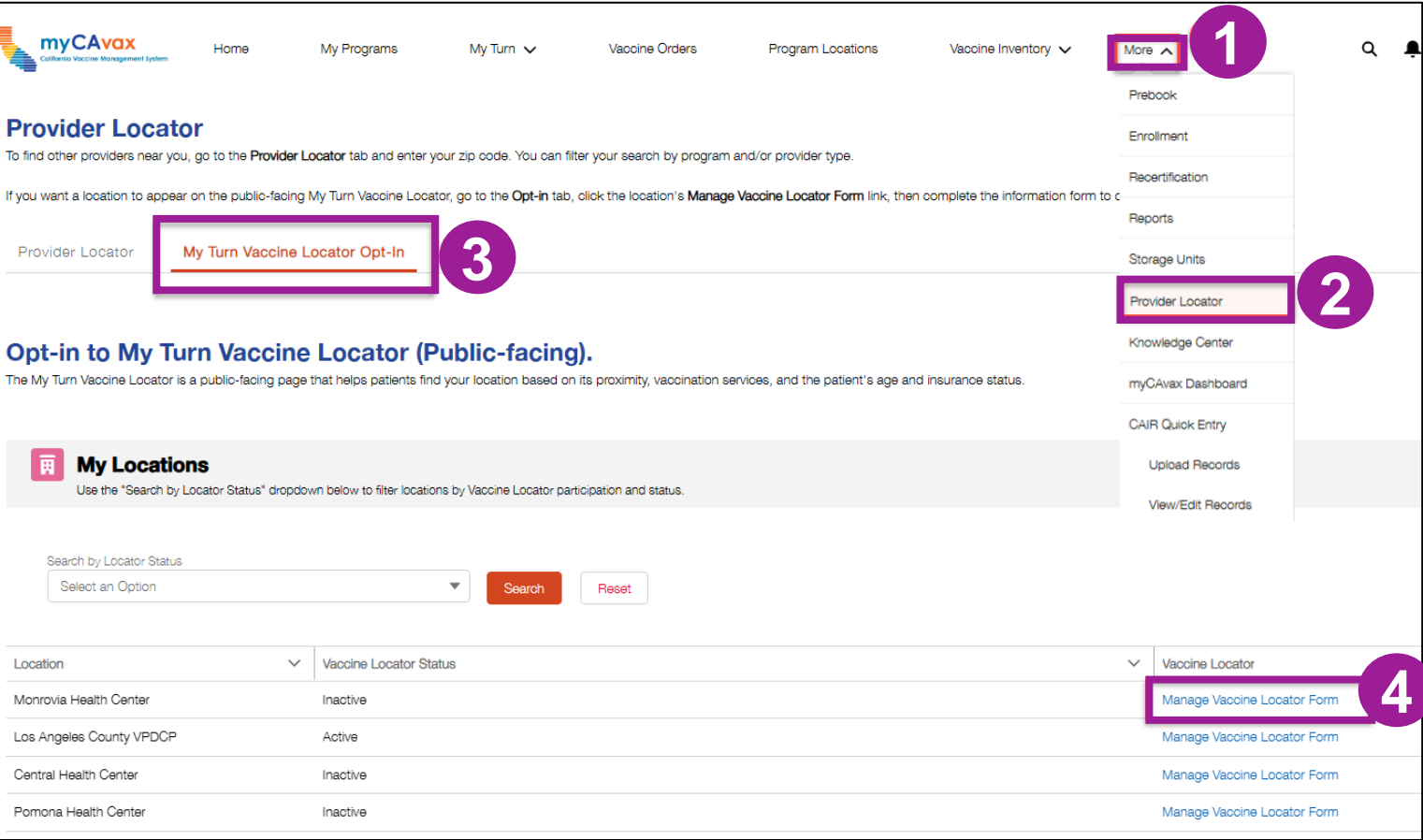
Search radius

Search

Reset

Vaccine Locator – Updates for VFC/VFA/LHD317 Providers - Pt 1.

To find how to **opt-in** and **edit Vaccine Locator** information in myCAvax, please see the image below:

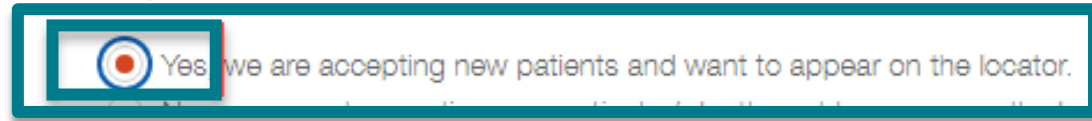


- Opt-In to having clinic locations appear on the ‘My Turn Public’ portal by completing the following steps:

- 1 Select **More** option
- 2 Select **Provider Locator**
- 3 Select **My Turn Vaccine Locator Opt-In**
- 4 Click the location's ‘**Manage Vaccine Locator Form**’ link.

Vaccine Locator – Updates for VFC/VFA/LHD317 Providers - Pt 2.

To find how to **opt-in** and **edit** Vaccine Locator information in myCAvax, please see the images below:



NOTE: Once a clinic location is opted-in, it becomes visible to patients on the My Turn Public portal 'Vaccine Locator' tool.

***Validate Insurance Status Accepted**
(Select all that apply)

☐ Serves insured

☐ Serves Medi-Cal

☐ Serves underinsured

☐ Serves uninsured

***Validate Age Groups Served**
(Select all that apply)

☐ Adults (19+)

☐ Pediatrics (18 years and under)

Provider Location
Monrovia Health Center

My Turn Vaccine Locator Information (Public-facing)

By opting in, this location will appear on the Vaccine Locator on the [My Turn public site](#). Please update your location to ensure myCAvax has the latest information accessible to the public.

***Do you want your location to appear on the Vaccine Locator page on My Turn (public-facing)?**
The My Turn Vaccine Locator is a public-facing page that helps patients find your location based on its proximity to the patient's insurance status. Opting in to the Vaccine Locator page on My Turn does not enable appointment scheduling at your location, [enroll in My Turn](#).

☒ Yes, we are accepting new patients and want to appear on the locator.

☐ No, we are not accepting new patients / don't want to appear on the locator.

***Validate Insurance Status Accepted**
(Select all that apply)

☐ Serves insured

☐ Serves Medi-Cal

☐ Serves underinsured

☐ Serves uninsured

***Validate Age Groups Served**
(Select all that apply)

☐ Adults (19+)

☐ Pediatrics (18 years and under)

My Turn Vaccine Locator Updates for VFC, VFA, and LHD 317 Providers

As we prepare to sunset the VFA / VFC Locator on EZIZ we continue to build upon the **My Turn Vaccine Locator**.

- On **August 14, 2025**, VFA and VFC Providers who **previously opted into the EZIZ Provider Locator** will have their location opted-in to **My Turn Vaccine Locator** for the **VFA, VFC** and **LHD 317** Programs.
 - **Note:** There will be **no impact** for Providers who have previously opted-in.

★ Important Notes and Reminders:

- Please ensure clinic information is up to date to reflect your location's most updated information.
- Hours of operation will not be included – please add this information at any time in myCAvax.





Summer Immunization Clinic Set-Up in My Turn

Please ensure **Summer Immunization Events** and **Clinics** (I.e.: Back-to-School-focused, Pride-focused, etc.) are setup and made available to the public in **My Turn Clinic**.



Summer Immunization Clinic Setup Resources

- [Demo Video | School-Located Vaccine Event Super Clinics](#): Demonstrates how to use the 'Super Clinics' functionality in My Turn to setup a school-located vaccine event, as well as how a parent or guardian would sign up their child for the event.
- [Tip Sheet | Back to School \(BTS\) Immunization Events](#): Provides background information on BTS Immunization Events – including prerequisites, resources, and tips for best practices.
- [Job Aid | Set Up a Clinic](#)*: Provides detailed instructions for Clinic Managers on setting up a Clinic in My Turn – including steps for managing and updating Clinic details as needed.

*Log-in required



Vaccine Management: myCAvax

Dan Conway, myCAvax

Hannah Shows, myCAvax

What's Next in myCAvax? – Release 59

New updates for providers will launch on Wednesday, **July 30, 2025!**

Providers

Release Highlights

In progress Outbreak Program Capabilities

- ✓ Outbreak Program tile will be added to the myCAvax home page for Providers with the Outbreak permission set.
- ✓ Outbreak Excursion capability will be available to create Excursions on the Excursions page for the Outbreak program.
- ✓ Outbreak Order Request page will be available for Outbreak Providers to submit vaccine orders.

Return and Waste Events page – Outbreak Program

- ✓ Existing Outbreak Providers will be able to create return and waste events on the Return and Waste Events page.

VFC Enrollment - File Upload

- ✓ File upload limit will be increased to 60 MB on the 'Step 9 – File Upload' page in the VFC Enrollment flow.

Temporary Closure Verbiage Update

- ✓ Temporary Closure explanation language will be updated on all Program Order Review pages better describing that orders will be held from being sent to CDC for fulfillment.

Relabeled Flu Orders Dashboard Tile

- ✓ 'Flu & COVID Orders Dashboard' tile will be relabeled as 'Flu Orders Dashboard' on the Vaccines for Children – Dashboard page.

Updated Prebook Order Form Verbiage

- ✓ Language will be updated to remove 'flu' reference, so the Prebook Order form pages are more vaccine general to support Prebook ordering RSV vaccine.



Reminder: myCAvax CA BAP Upcoming Program Closure



The myCAvax **CA Bridge Access Program (CA BAP)** will be **closing late summer or early Fall 2025**.

We still have vaccine doses available. Please continue to submit orders, as needed.



Reminder: Expired Flu Doses

With most flu vaccines having expired after **June 30, 2025** – **Please ensure expired Flu Vaccines are reported in myCAvax and returned to McKesson.**

Enter Expired Flu Doses in myCAvax:

1. Upon expiration, remove any remaining flu doses from your vaccine storage unit.
2. Submit a Return Form in myCAvax to request a return shipment label.

➤ Important Notes:

- Return shipment labels are only valid for 30 days.
- UPS return labels requested through email will be sent to the Primary Vaccine Coordinator email address.



myCAvax Providers Account Management: VFC/VFA/LHD 317 Programs

Providers can manage myCAvax accounts for **Key Practice Staff, Medical Staff, and Communication Staff** roles in a **VFC, VFA, or LHD 317** Program Location.

Providers can complete the following account management actions through the **VFC Manage Staff** page in myCAvax:

1 Add a Program Location Staff member to a previously unassigned Role

- Click the **+Manage Role** hyperlink in the **Name** column for a blank row

2 Update account settings for a Role with an existing Program Location Staff member

- Click the **Manage Role** hyperlink in the **Actions** column

VFC Manage Staff

Program Location: **Rashma's Unicorn Island - Vaccines for Children**

Manage Staff

The following tables show your key practice staff, medical staff, and communication staff. To update a role assignment, click on 'Manage Role'. To remove a contact, click on the trash icon. Provider of Record, Provider of Record Designee, Primary Vaccine Coordinator, and Backup Vaccine Coordinator roles cannot be removed.

For Organization Vaccine Coordinator, Provider of Record, and Designee roles, you can only submit one request at a time. To see pending requests, check the Pending Requests tab. To cancel a pending change and place a new change request, press the 'Cancel' button on the pending request, then return to the key practice staff table and select 'Manage Role'.

Please Note: Only enter business or public information (no personal emails, phone numbers, or addresses).

Current Staff Pending/Closed Updates

Key Practice Staff
Staff members who are responsible for managing the program.

Role	Name	Title	Specialty	Clinic Title	Email	Phone Number	NPI ID	License No.	EZIZ Username	Actions
Organization Vaccine Coordinator	Naomi Bradley	MD - Medical Doctor	Family Practice	Immunization Coordinator	mycavaxxx+228@gmail.com	(123) 456-7890	7576556454	72225	EZIZ Naomi	Manage Role
Organization Vaccine Coordinator	Abby Bradley	MD - Medical Doctor	Internal Medicine	Office Manager	mycavaxxx+222@gmail.com	(439) 719-8427	7238676475	72225	EZIZ Abby	Manage Role
Organization Vaccine Coordinator	Max Solomon	DO - Doctor of Osteopathy Medicine	Family Practice	Immunization Coordinator	mycavaxxx+1901@gmail.com	(978) 756-4563	98765564	7503	twrSolomon	Manage Role
Provider of Record	Rae Bradley	MD - Medical Doctor	Family Practice	Immunization Coordinator	mycavaxxx+999@gmail.com	(314) 624-6765	523535	72225	twrBradley	Manage Role
Provider of Record Designee	+ Manage Role									



Provider Support Resources – myCAvax Account Management

The following job aids are available for Providers to reference with instructions on **managing myCAvax account changes** for **VFA, VFC, and LHD 317 Program Location** staff members.



- [Job Aid | Managing Staff in a Program Location](#)
Provides an overview of how providers can manage account changes for Key Practice Staff, Medical Staff, and Communication Staff roles in a Program Location
- [Job Aid | Managing myCAvax Provider Accounts](#)
Provides an overview of how providers can edit organization and location accounts.

2025 – 2026 RSV VFC Prebook – Launching Soon!



In preparation for the upcoming **Respiratory Syncytial Virus (RSV)** season, the VFC Program is introducing **RSV Pre-Book** in myCAvax for FY 25/26.

Start date: **TBD**, but likely **Friday, August 1, 2025**.



myCAvax RSV Pre-Book Demo

Presenter: Hannah Shows

Resources and Q&A

Leslie Amani, CDPH



Upcoming Webinar: CDPH and ACOG

When: Tuesday, August 26, 2025

Time: 12:00pm – 1:00pm, PT

Title: Affirming Maternal Vaccination Against Seasonal Respiratory Illness

Description: The American College of Obstetricians and Gynecologists (ACOG) and CDPH invite providers to attend this webinar featuring panelist Neil Silverman, MD, ACOG, who will provide guidance and tips for counseling and coding as he reinforces and reaffirms the role of maternal vaccination to protect both mother and baby against seasonal respiratory illness.

Webinar Registration Link: [Affirming Maternal Vaccination Against Seasonal Respiratory Illness](#)



CDPH Immunization Branch Vaccine Support

Support from

Provider Call Center (PCC)

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

myCAvax and My Turn

Knowledge Center houses key job aids and videos that are updated every release. Log-in credentials required.

Virtual Assistant can answer many questions and will direct users to the PCC for live assistance when needed.

Contact Information

Hours:

Monday – Thursday 9:00 am – 4:30 pm

Friday, 9:00 am – 4:00 pm

Contact email: providercallcenter@cdph.ca.gov

Knowledge Center: Provider link (Error message will appear until myCAvax login is complete): [Providers' myCAvax Knowledge Center](#)

LHD link (myCAvax login required): [LHDs myCAvax Log-in](#)

Virtual Assistant: Providers must login to myCAvax ([myCAvax Virtual Assistant](#)) and click the 'Chat with us' button on the bottom right of their screen.

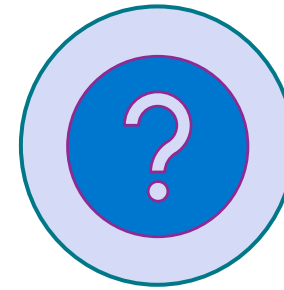


CAIR Support: Contact Information

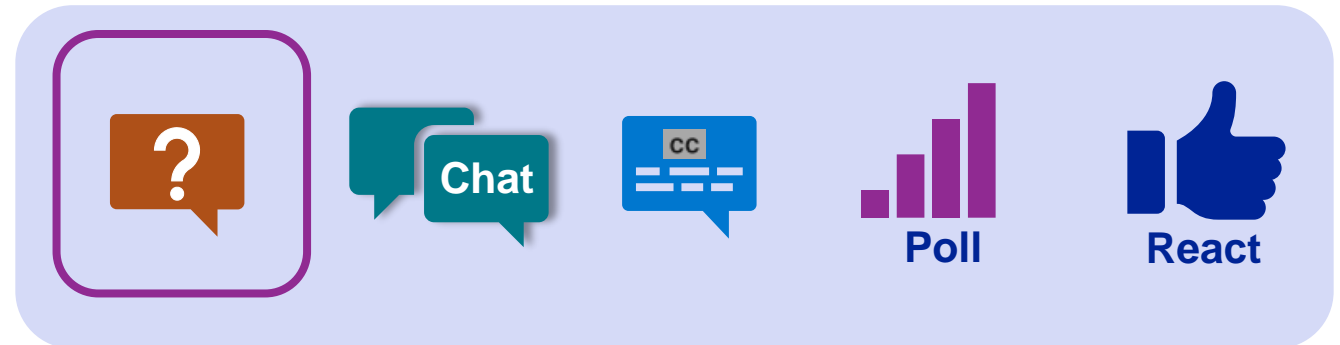


- CAIR Contact Information
 - General Information
 - [California Immunization Registry](#)
 - Help Desk
 - CAIRHelpDesk@cdph.ca.gov
 - 800-578-7889
 - Data Exchange
 - CAIRDataExchange@cdph.ca.gov

Q&A



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



[Links are in blue and underlined](#)

Thank you for attending!



Immunization
Branch

Next CDPH Immunization Updates for Providers
Friday, August 22, 2025