

Welcome to  
California Department of Public Health  
Immunization Branch  
**Afternoon TEACH Webinar**

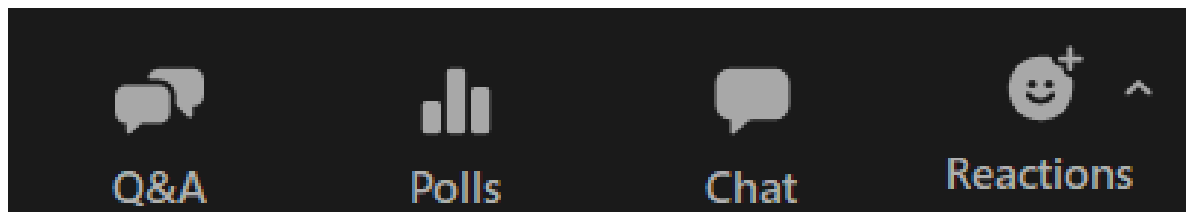
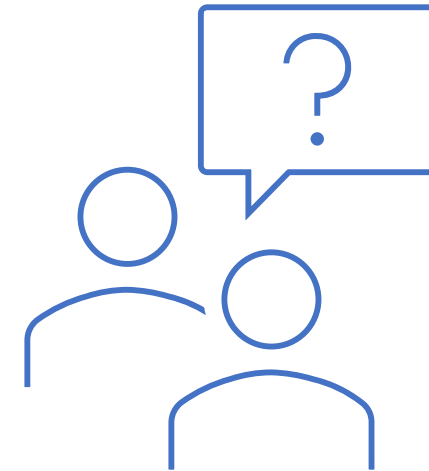


April 26, 2023  
12:00PM – 1:00PM



# Questions

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



**Resource links will be dropped into, "Chat"**



# 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: [eziz.org](http://eziz.org)



If you have post-webinar questions, please email [rachel.jacobs@cdph.ca.gov](mailto:rachel.jacobs@cdph.ca.gov)



# Webinar Objectives:

By the end of the presentation, attendees should be able to:

- Understand updated CDC Advisory Committee for Immunization Practices (ACIP) recommendations for children and adolescents.
- Understand how to meet the AB 1797 requirement.
- Describe how patients can access their Digital Vaccine Record (DVR).
- Identify relevant patient and provider education resources.



# Agenda: Wednesday, April 26, 2023

No.	Item	Speaker(s)	Time (PM)
1	Welcome	Rachel Jacobs (CDPH)	12:00 – 12:03
2	Updated CDC ACIP Immunization Recommendations for Children and Adolescents	Samantha Johnston, MD, MPH (CDPH)	12:03 – 12:25
3	AB 1797 Requirement	Michael Powell, MSc (CDPH)	12:25 – 12:30
4	Digital Vaccine Record (DVR)	Michael Powell, MSc (CDPH)	12:30 – 12:40
5	Resources	Terisha Gamboa, MPH (CDPH)	12:40 – 12:45
6	Q&A	Rachel Jacobs and CDPH Subject Matter Experts (SMEs)	12:45 – 1:00

**Thank you!**



# Updated CDC ACIP Immunization Recommendations for Children and Adolescents

Samantha Johnston, MD, MPH

Medical Officer, CDPH Immunization Branch



# Outline

- Routine Immunization Gaps: Filling in “Pandemic Potholes”
- COVID-19 Vaccine News
- CDC Advisory Committee on Immunization Practices (ACIP) 2023 Child/Adolescent Schedule Updates
- Td/Tdap Updates
- Subcutaneous (SC) or Intramuscular (IM) Administration of Merck Live Virus Vaccines
- Rotavirus Formulation Updates



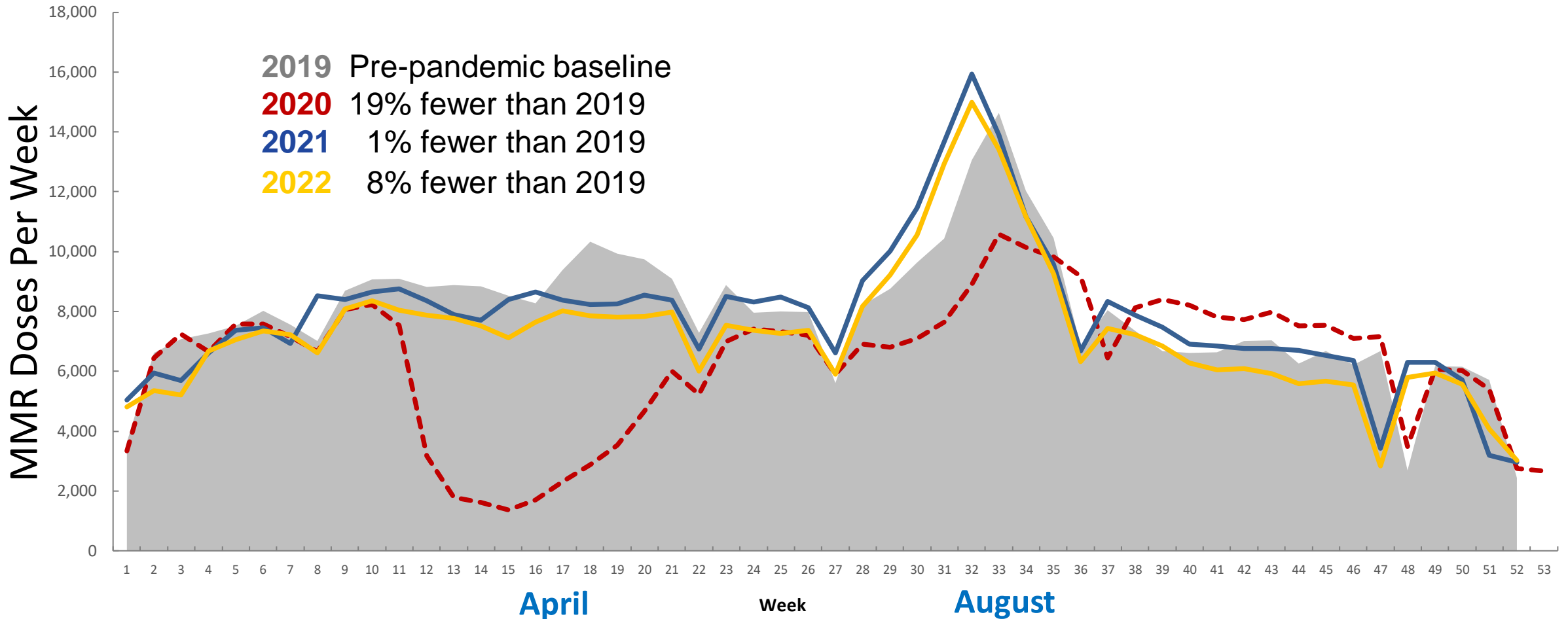
# Routine Immunization During the Pandemic

- Large decreases in routine immunization during the early months of the pandemic.
- Gaps have persisted
- Co-administration with COVID-19 vaccine recommended but infrequent
- Pharmacies have immunized:
  - Many adults against influenza and COVID-19
  - **Fewer children** against these and other diseases



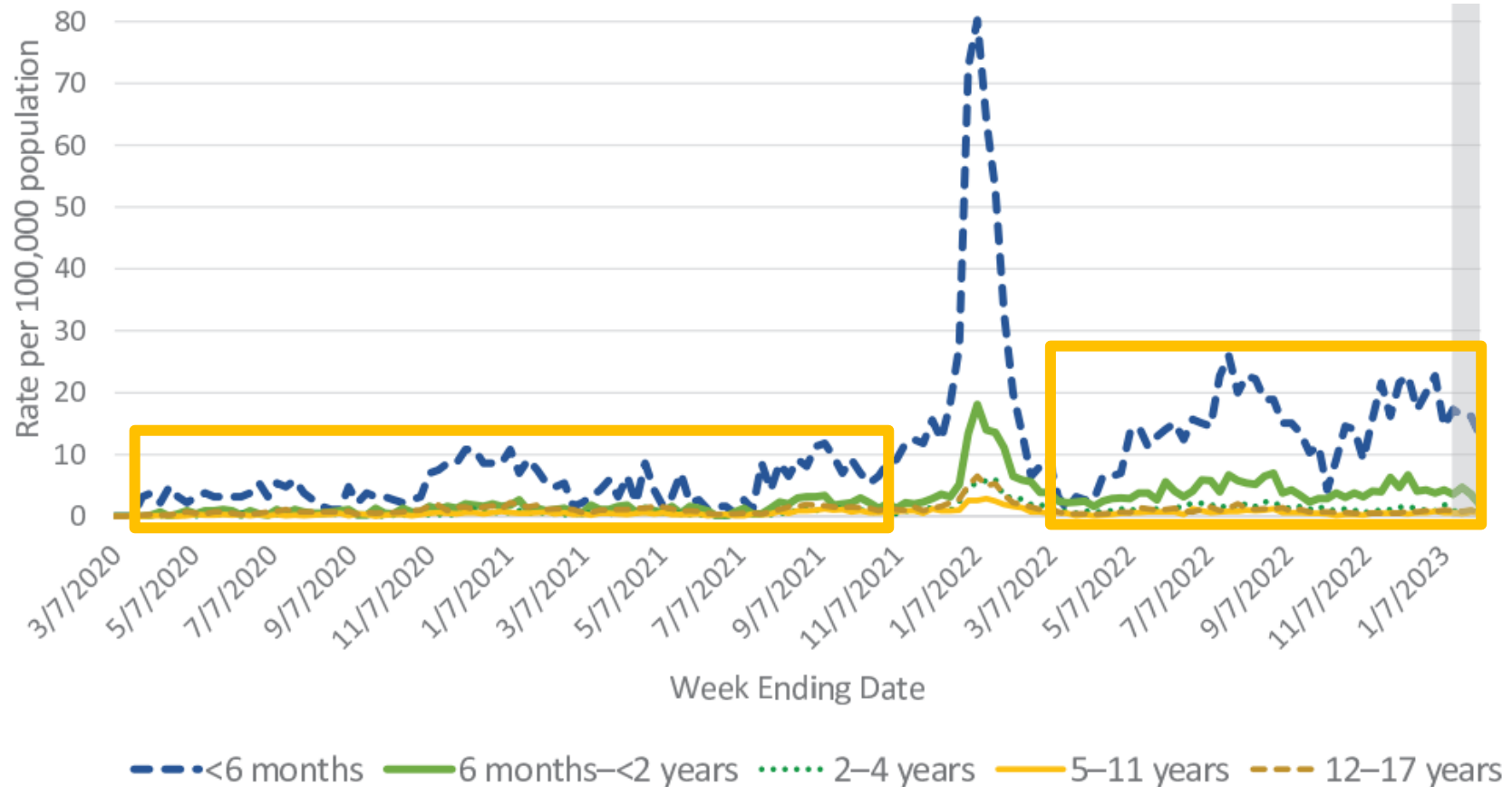


# Measles, Mumps, and Rubella (MMR) Doses in 4-6-Year-Olds Recorded in CAIR by Week



# Weekly Population-Based Rates of COVID-19-Association Hospitalizations among Children and Adolescents Ages 17 Years and Older

March 2020-February 2023 (entire pandemic period)

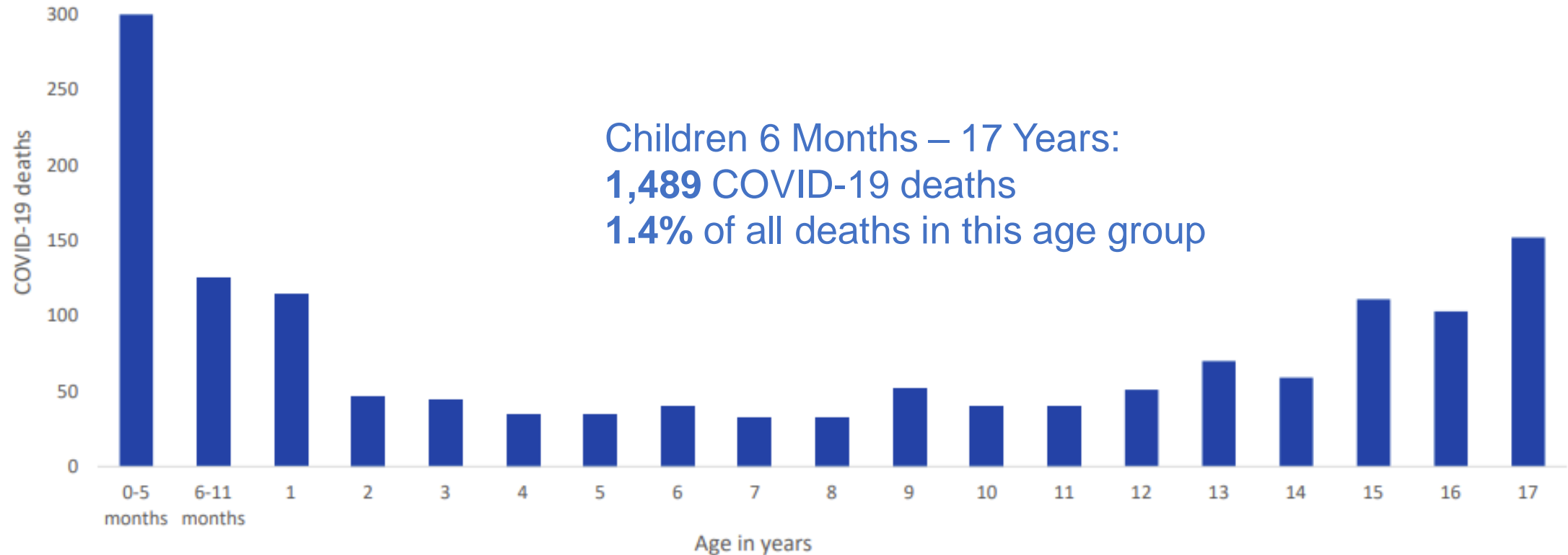


Gray boxes indicated potential reporting delays. Interpretation of trends should be excluded from these weeks.

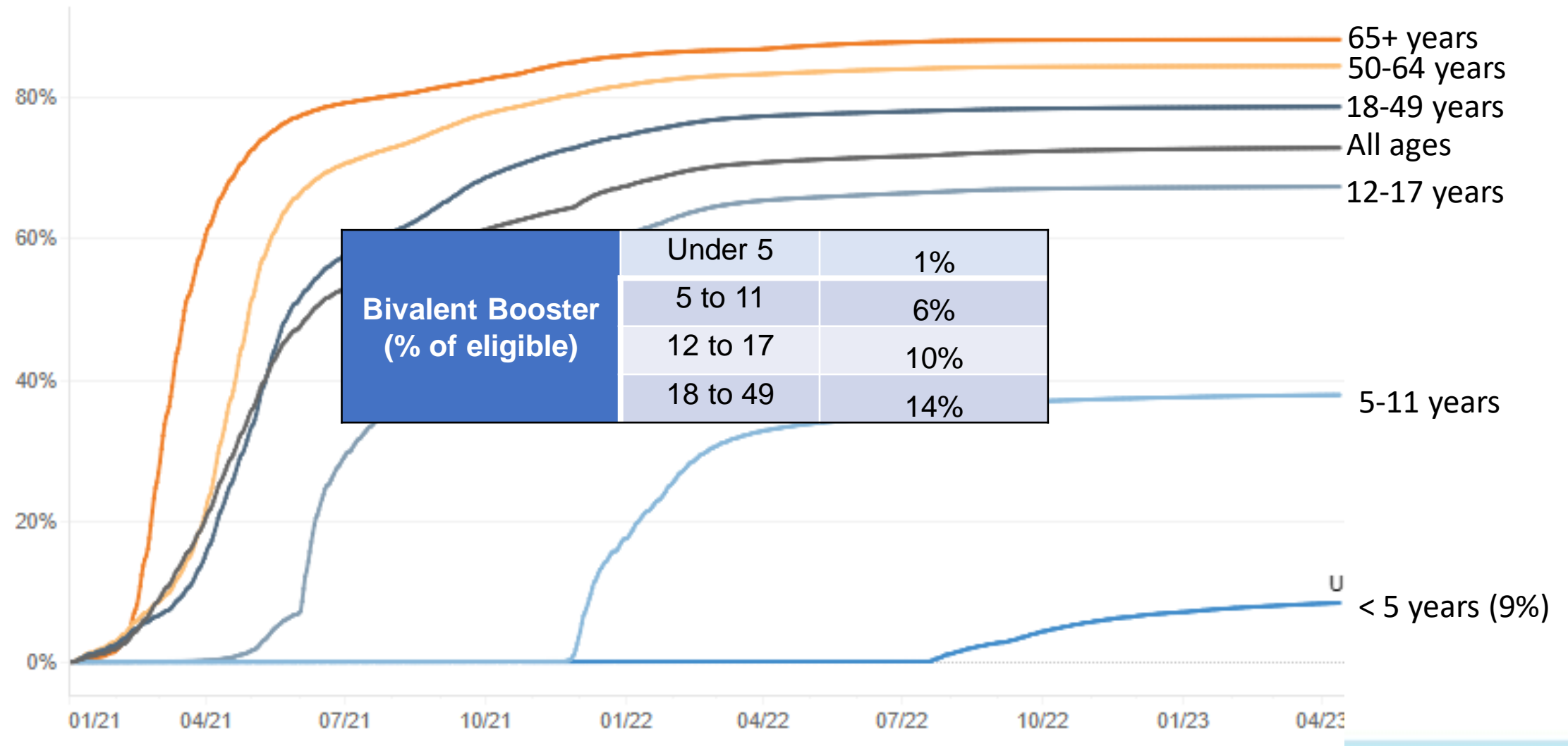


# COVID-19 Deaths in Children and Adolescents by Age Based on Death Certificate Data

January 1, 2020 – February 11, 2023



# Primary series completion by age group in years, California



# COVID-19 Vaccines

- Recommended for ALL individuals 6 months of age and older
- Monovalent vaccines no longer authorized
- Fall 2023
  - Commercialization
  - New Formulation?

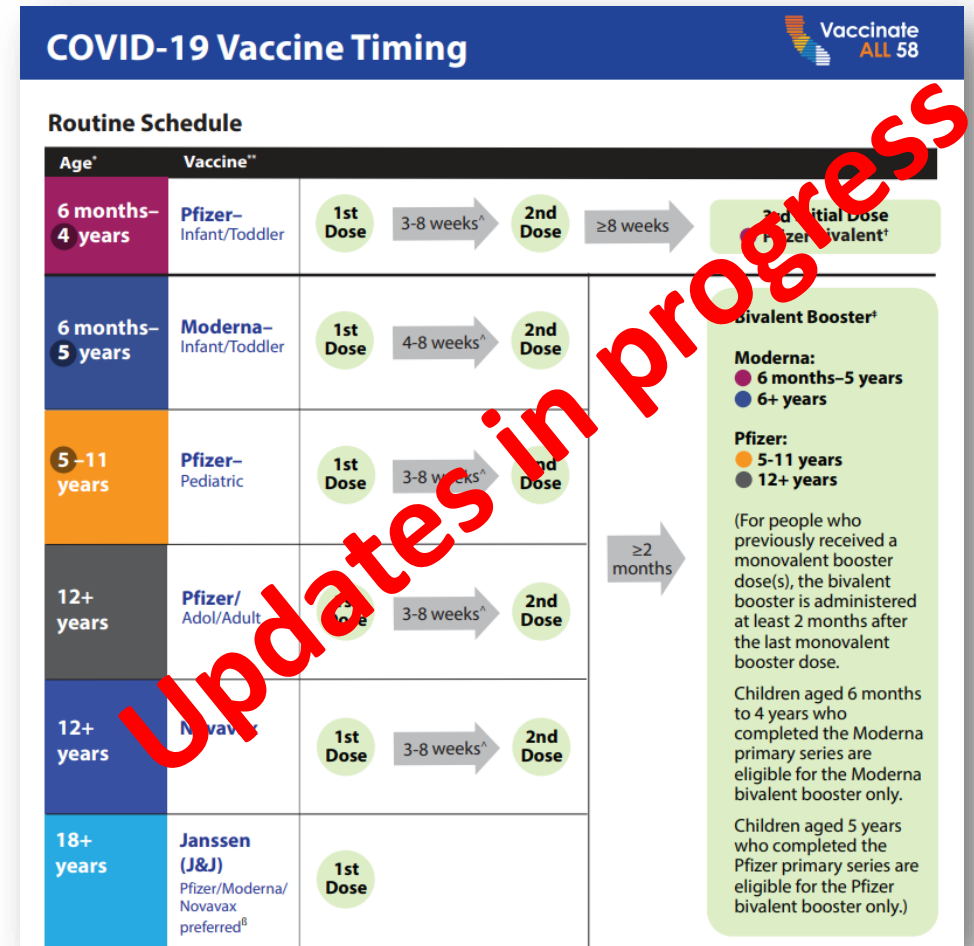
## Resources:

[CDC ACIP COVID-19 Vaccine Recommendations](#)

[COVID-19 Vaccine Timing Guide](#)

[COVID-19 Vaccine eziz.org/covid Page](#)

[CDC: Stay Up to Date with COVID-19 Vaccines Including Boosters](#)





# Hot Off the Presses!

## Bivalent Vaccine Authorization and Recommendations for All Doses

- In mid-April, 2023, FDA amended the emergency use authorization (EUA) of Moderna and Pfizer-BioNTech COVID-19 mRNA vaccines to simplify the schedule for most individuals.
- Bivalent mRNA vaccines are authorized and recommended to be used for **ALL doses** for individuals 6 months and older.
- Monovalent Moderna and Pfizer-BioNTech mRNA COVID-19 vaccines are **no longer authorized** for use in the United States.
  - Deauthorization is NOT related to safety concerns.
- Additional dose for people 65+ and with certain types of immunocompromise.
- No changes to Novavax monovalent and J&J monovalent vaccines.



# Transitioning from the Monovalent to the Bivalent Era: Children without Immunocompromise Aged 6 Months – 4 Years

## Doses previously recommended:

### Moderna:

- **2 monovalent** primary series doses +
- **1 bivalent** booster dose

### Pfizer:

- **2** or **3 monovalent** primary series doses +
- **1 bivalent** primary series dose

## Doses now recommended:

### Customized by COVID-19

vaccination history such that all children receive:

- At least 2 vaccine doses in total *including*
- At least **1 bivalent** dose

### Unvaccinated children:

**Pfizer** vaccine should receive 3 bivalent doses in total

**Moderna** should receive 2 bivalent doses in total

**\*Should receive all doses from the same manufacturer\***



[April 19 CDC ACIP Presentation: Updates to Interim Clinical Considerations for Use of COVID-19 Vaccines](#)

[Clinical Guidance for COVID-19 Vaccination | CDC](#)

# Transitioning from the Monovalent to the Bivalent Era: Children without Immunocompromise Aged 5 Years

## Doses previously recommended:

### Moderna:

- **2 monovalent** primary series doses +
- **1 bivalent** booster dose

### Pfizer:

- **2 or 3 monovalent** primary series doses +
- **1 bivalent** primary series dose

## Doses now recommended:

### Customized so that Moderna recipients receive:

- At least 2 vaccine doses in total *including*
- At least **1 bivalent** dose

### And Pfizer recipients receive:

- At least **1 bivalent** dose

### Unvaccinated children:

**Pfizer** vaccine should receive 1 bivalent doses in total

**Moderna** should receive 2 bivalent doses in total

**\*Should receive all doses from the same manufacturer\***





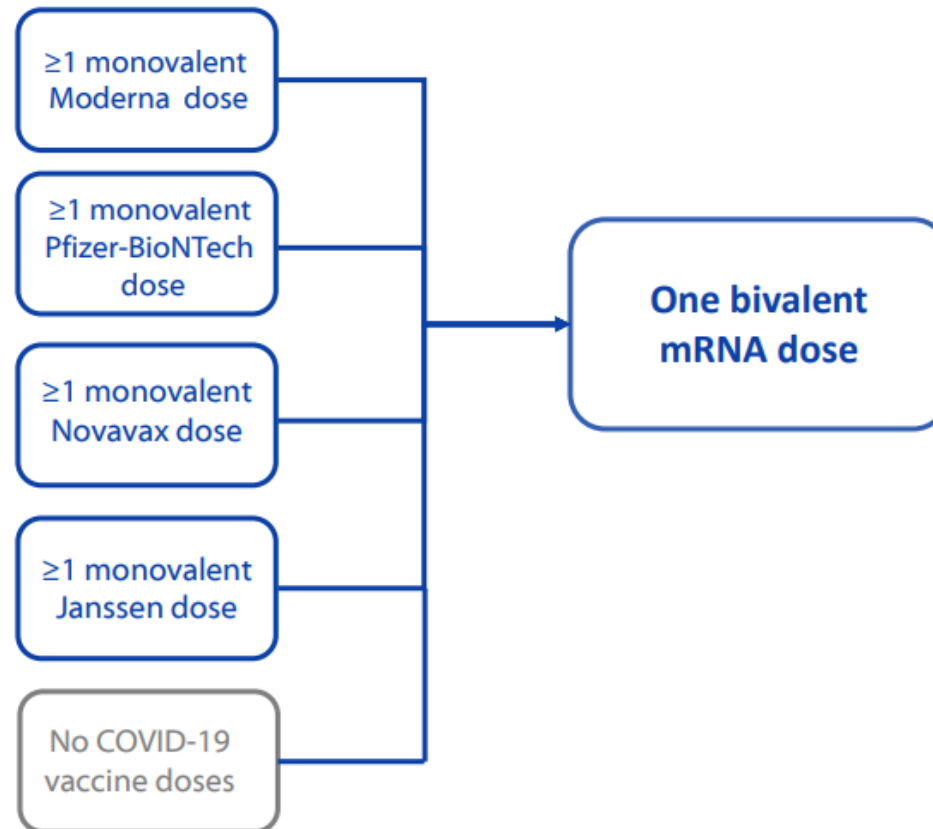
# New Recommendations for People Aged 6 Years and Older Without Immunocompromise Who Have Not Yet Received a Bivalent mRNA Dose

One bivalent  
mRNA dose

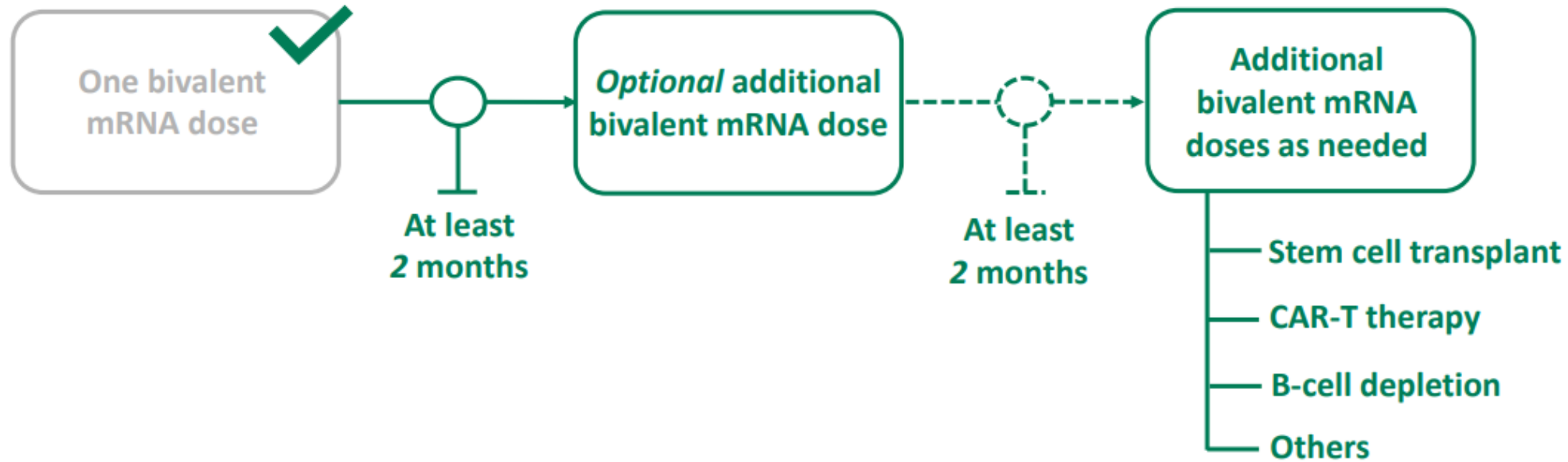
**Most individuals** who have already received a single bivalent dose are **not** currently eligible for another dose.



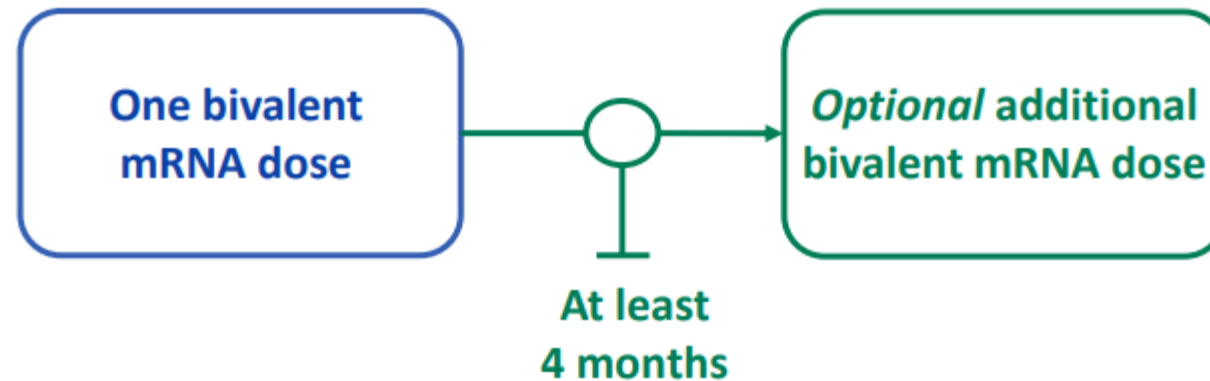
# New Recommendations for People Aged 6 Years and Older Without Immunocompromise Who Have Not Yet Received a Bivalent mRNA Dose, Regardless of COVID-19 Vaccination History



# New Flexibility for People at Higher Risk of Severe COVID-19: People Aged 6 Years and Older *With Immunocompromise* Who Have Already Received a Bivalent mRNA Dose



# People at Higher Risk of Severe COVID-19: People Aged 65 Years and Older



# Detailed Information on COVID-19 Vaccines

For detailed clinical, storage & handling, and vaccine management updates on COVID-19 vaccines, attend the Friday Provider Webinar, every week at 9 AM – 10:30 AM P.T.

[Register here](#)

Detailed tables for children aged 6 months – 4 years and aged 5 years can be found here:

[CDC Clinical Guidance for COVID-19 Vaccination](#)



# Commercialization: U.S. Health and Human Services (HHS)

- Commercialization timeline is unrelated to declarations of public health emergency (to end 5/11/2023)
- Anticipate transition of vaccines to a “more traditional pathway” for procurement, distribution, and payment in early Fall 2023.
- Public health continues distribution of federally-purchased supplies until utilized or expired
- Vaccines will remain free for most U.S. residents through various sources
  - Vaccines for Children (VFC), Children’s Health Insurance Program (CHIP), most commercial insurance, Medicare, Medicaid
- Vaccine may be sold if either licensed or EUA\* from FDA^
- Cost sharing: Unclear as yet



[FAQ - Commercialization of COVID-19 Medical Countermeasures \(hhs.gov\)](https://www.hhs.gov/faq-commercialization-covid-19-medical-countermeasures)

\*Emergency Use Authorization  
^ Food and Drug Administration

# 2023 CDC ACIP Child/Adolescent Schedule

- **COVID-19:** Primary and booster doses now included in routine IZ schedule.
- **Influenza:** Live vaccine should not be given to close contacts of immunosuppressed persons requiring a protected environment.
- **MMR:**
  - New formulation of MMR (Priorix/GSK) FDA licensed/ACIP recommended
  - Measles, mumps, rubella, and varicella (MMRV) added as an option in the MMR row
  - Additional dose recommended during a mumps outbreak



# 2023 CDC ACIP Child/Adolescent Schedule

- **Pneumococcal**

- PCV 15 and PCV 13 may be used interchangeably for healthy and immunocompromised children.
- The 4<sup>th</sup> dose “is only necessary for children aged 12–59 months regardless of risk, or aged 60–71 months with any risk, who received 3 doses before age 12 months.”



[2023: Pneumococcal Conjugate Vaccine \(PCV\) - Catch-up Guidance for Healthy Children 4 months through 4 years of Age](#)



# Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age: Pneumococcal Conjugate Vaccine (PCV)

IF current age is	AND # of previous doses is	AND		THEN	Next dose due <sup>2</sup>	
4 through 6 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1	
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2	
		→	It has <b>not</b> been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1	
	2	→	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (Final Dose) at 12 months of age or older	
		→	It has <b>not</b> been at least 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2	
	7 through 11 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
1		Dose 1 was given <b>before</b> 7 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 <b>and</b> at 12 months of age or older	
			It has <b>not</b> been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1	
		Dose 1 was given at 7 months of age or older	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 <b>and</b> at 12 months of age or older	
2		Dose 2 was given <b>before</b> 7 months of age	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (Final Dose) at least 8 weeks after Dose 3 <b>and</b> at 12 months of age or older	
			It has <b>not</b> been at least 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2	
		Dose 2 was given at 7 months of age or older	→	→	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 <b>and</b> at 12 months of age or older

IF current age is	AND # of previous doses is	AND		THEN	Next dose due <sup>2</sup>	
12 through 23 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1	
	1	Dose 1 was given <b>before</b> 12 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2	
			It has <b>not</b> been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1	
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	Give Dose 2 (Final Dose) today	No additional doses needed	
	2	Both doses were given <b>before</b> 12 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) today	No additional doses needed	
			It has <b>not</b> been at least 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2	
		At least one dose was given at 12 months of age or older	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) today	No additional doses needed	
			It has <b>not</b> been at least 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2	
		Both doses were given at 12 months of age or older <sup>2</sup>	→	→	No dose today	No additional doses needed
			→	→	No dose today	No additional doses needed
	3	All doses were given <b>before</b> 12 months of age	It has been at least 8 weeks since Dose 3	Give Dose 4 (Final Dose) today	No additional doses needed	
		1 or more doses were given at 12 months of age or older	It has <b>not</b> been at least 8 weeks since Dose 3	No dose today	Give Dose 4 (Final Dose) at least 8 weeks after Dose 3	
→			→	No dose today	No additional doses needed	

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next dose due <sup>2</sup>
24 through 59 months	0	→	→	→	Give Dose 1 today	No additional doses needed
	1	Dose 1 was given <b>before</b> 1 <sup>st</sup> birthday	→	→	Give Dose 2 (Final Dose) today	No additional doses needed
			Dose 1 was given <b>before</b> 2 <sup>nd</sup> birthday	It has been at least 8 weeks since Dose 1	Give Dose 2 (Final Dose) today	No additional doses needed
		Dose 1 was given <b>after</b> 1 <sup>st</sup> birthday	It has <b>not</b> been at least 8 weeks since Dose 1	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1	
			Dose 1 was given <b>after</b> 2 <sup>nd</sup> birthday	→	No dose today	No additional doses needed
	2	Dose 1 was given <b>before</b> 12 months of age	Dose 2 was given <b>before</b> 1 <sup>st</sup> birthday	→	Give Dose 3 (Final Dose) today	No additional doses needed
			Dose 2 was given <b>before</b> 2 <sup>nd</sup> birthday	Dose 2 was given <b>before</b> 2 <sup>nd</sup> birthday	Give Dose 3 (Final Dose) today	No additional doses needed
		Dose 1 was given <b>after</b> 12 months of age	Dose 2 was given <b>after</b> 1 <sup>st</sup> birthday	Dose 2 was given <b>after</b> 2 <sup>nd</sup> birthday	No dose today	No additional doses needed
			→	→	No dose today	No additional doses needed
	3	All 3 doses were given <b>before</b> 12 months of age	→	→	Give Dose 4 (Final Dose) today	No additional doses needed
		1 or more doses were given at 12 months of age or older	→	→	No dose today	No additional doses needed



[2023: Pneumococcal Conjugate Vaccine \(PCV\) - Catch-up Guidance for Healthy Children 4 months through 4 years of Age](#)

# 2023 CDC ACIP Child/Adolescent Schedule

- **Dengue:** NOT recommended for non-residents of endemic areas
- **Hepatitis B:** Language added on recommendations for infants born to mothers who are HBsAg + or unknown.
- **HPV:** NOT recommended during pregnancy
- **Meningococcal ACWY:** Menveo one-vial formulation should not be given prior to 10 years.
- **Meningococcal B:**
  - A 3rd dose of **Trumenba** is not needed if 2<sup>nd</sup> dose is given  $\geq 6$  months after the 1<sup>st</sup> dose.
  - A 4<sup>th</sup> dose should be given  $\geq 4$  months after the 3<sup>rd</sup> dose **IF** the 3<sup>rd</sup> dose is given earlier than 4 months after the 2<sup>nd</sup> dose.
- **Polio:** Recommendations added for adults at increased risk for exposure to polioviruses: [Polio Vaccination Recommendations for Specific Groups](#)



# Subcutaneous (SC) or Intramuscular (IM) Administration of Merck Live Virus Vaccines

- MMRII, ProQuad, and Varivax, all manufactured by Merck, may now be given either subcutaneously OR intramuscularly.
- A single dose of each vaccine remains at ~0.5mL.
  - [Package Insert \(Refrigerated\) - ProQuad \(fda.gov\)](#)
  - [Package Insert - MMRII \(fda.gov\)](#)
  - [Package Insert - Varivax \(Refrigerator\) \(fda.gov\)](#)



# Use of Tdap in Lieu of Td

- Tdap vaccine is an acceptable alternative to Td vaccine, including for wound management, except in very rare cases of a specific contraindication to pertussis-containing vaccines.
- Supplies of Td vaccine should be preserved for those with contraindications to pertussis-containing vaccines.
- CDC recommends that vaccination providers transition to use of Tdap vaccine in lieu of Td vaccine whenever possible.



# New Formulation of Rotarix

- In November 2022, FDA approved a fully liquid, oral dosing only presentation of Rotarix vaccine.
- A single dose of the new liquid formulation is 1.5mL (compared to 1 mL of the old formulation).
- The “oral dosing only formulation” does NOT require reconstitution.



# AB 1797 Requirement

Michael Powell, MSc

Chief of Registry & Assessment Section, CDPH Immunization Branch



# Participation in Immunization Information Systems (IIS) Now Mandatory

With the passage of [AB 1797](#), effective January 1, 2023, California healthcare providers who administer vaccines are required to enter:

- **All administered immunizations** into the IIS, either [California Immunization Registry \(CAIR\)](#) or [Healthy Futures/RIDE](#)
- **Race and ethnicity information** for each patient in the IIS to support assessment of health disparities and immunization coverage

**Submitting doses in the ISS helps providers meet participation requirements for Medi-Cal and VFC programs. See [CDPH Letter to California VFC Providers: AB 1797](#).**



# Submit Historical Doses to an IIS

- Historical vaccinations are either vaccinations given by your site in the past (that have not been added to CAIR as new immunizations) or those given by another provider that were never added to CAIR (i.e., are on the patient's Yellow Card, but are not in CAIR).
- **There are important benefits to submitting historical doses for your patients to CAIR.**
  - Having complete patient records in CAIR is essential to ensuring future vaccine recommendations are accurate.
  - As more immunization data are submitted to CAIR and patient records become more complete, more people will access their immunization records through the [Digital Vaccine Record \(DVR\) portal](#). This will help reduce requests from your patients for their immunization records.





# Submit Historical Doses to an IIS

- **To submit historical vaccinations through data exchange (DX)**, please work with your EHR vendor support and a CAIR Data Exchange Specialist ([CAIRDataExchange@cdph.ca.gov](mailto:CAIRDataExchange@cdph.ca.gov)) to discuss submission options.
- **To manually enter historical vaccines**, consult the [CAIR2 Guide to Adding Historical Immunizations](#) (PDF) or view the [Adding Historical Immunizations](#) video.
- Providers in Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, or Tuolumne counties will need to report historical vaccinations to [Healthy Futures/RIDE](#). For assistance, contact the Healthy Futures/RIDE Help Desk at (209) 468-2292 or [support@myhealthyfutures.org](mailto:support@myhealthyfutures.org).



# AB 1797 Resources

- [FAQs](#) page
- Short [video](#) highlighting benefits of using CAIR
- Run [doses administered report](#)
  - See [CAIR user guides](#) to enter doses correctly

## Prepare for the New Immunization Registry Requirement

### What is the new requirement?

AB 1797, a California bill effective January 1, 2023, requires providers to enter immunizations they administer as well as a patient's race and ethnicity into a California immunization registry (CAIR or HealthyFutures/RIDE).



 **Where can I learn more?**  
Visit [bit.ly/AB1797FAQ](https://bit.ly/AB1797FAQ).

### Enroll Now

**There are many benefits to participating in an immunization registry.** To learn more, visit [bit.ly/CAIRvideo](https://bit.ly/CAIRvideo) or to start the enrollment process, visit [cairweb.org](https://cairweb.org).

Providers in Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, or Tuolumne counties will need to enroll in Healthy Futures/RIDE ([www.myhealthyfutures.org](https://www.myhealthyfutures.org)). For assistance, contact the Healthy Futures/RIDE Help Desk at (209) 468-2292 or [support@myhealthyfutures.org](mailto:support@myhealthyfutures.org).



 **We are here to support you along the way**  
Questions? [CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov)  
Phone: 800-578-7889



# Digital Vaccine Record (DVR)

Michael Powell, MSc

Chief of Registry & Assessment Section, CDPH Immunization Branch



# Digital Vaccine Record (DVR)

## Residents can now retrieve both their COVID-19 Vaccine Records and California Immunization Records



The screenshot shows the top of the Digital Vaccine Record (DVR) portal. At the top left is the State of California logo and the text "State of California". At the top right are language options: "English", "Español", "简体字", and "MORE" with a dropdown arrow. Below the header is the "Digital Vaccine Record" logo. The main heading is "Welcome to the Digital Vaccine Record (DVR) portal". The text below explains that users can get a digital copy of their vaccine record by entering details to receive a link to their COVID-19 Vaccine Record with a QR code or their California Immunization Record. It also notes that if a parent or guardian has multiple records, they should enter each request separately. A note states that historically, only COVID-19 vaccinations were required to be reported to CAIR, but as of January 1, 2023, all vaccines are required. It also mentions that if vaccinations were received from a federal agency, users may need to contact those agencies for assistance. A link to "visit our FAQ" is provided. At the bottom, it asks users to select from one of the options below:

- I want my COVID-19 Vaccine Record with QR code
- I want my California Immunization Record
- I want both

### New Features!

- Expanded to include all routine immunizations
- Shows vaccines that may be overdue
- Available in multiple languages
- May be used as documentation for school immunization requirements



<https://MyVaccineRecord.cdph.ca.gov>

# Overdue, Upcoming, and Complete Vaccines

**California Immunization Record**  
 Name: Patient Zero      Date of Birth: 09/26/2020      Date Issued: 03/01/2023

**Coronavirus (COVID-19)** Overdue 09/17/2022 •

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
Pfizer mRNA LNP-S PF 6M<5Y	1	06/30/2022	1y 9m 4d	Fairway Children's Medical Group
Pfizer mRNA LNP-S PF 6M<5Y	2	07/23/2022	1y 9m 27d	Fairway Children's Medical Group

**Diphtheria, Tetanus, Acellular Pertussis (DTP/aP)** Next Dose Due 09/26/2024 •



Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
DTaP-HepB-IPV	1	11/30/2020	0y 2m 4d	YORBA LINDA OFFICE
DTaP-HepB-IPV	2	01/27/2021	0y 4m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	3	04/09/2021	0y 6m 14d	YORBA LINDA OFFICE
DTaP	4	07/06/2022	1y 9m 10d	YORBA LINDA OFFICE

**Hepatitis A (HepA)** Complete •

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
HepA-Ped 2 Dose	1	09/28/2021	1y 0m 2d	YORBA LINDA OFFICE
HepA-Ped 2 Dose	2	07/06/2022	1y 9m 10d	YORBA LINDA OFFICE

**Hepatitis B (HepB)** Complete •

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
HepB-Peds	1	09/27/2020	0y 0m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	2	11/30/2020	0y 2m 4d	YORBA LINDA OFFICE
DTaP-HepB-IPV	Invalid	01/27/2021	0y 4m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	3	04/09/2021	0y 6m 14d	YORBA LINDA OFFICE

 Page 1 of 4 



# Recommended Vaccines Section

This section displays towards the bottom of the DVR if a resident is overdue for a 1<sup>st</sup> dose, or if a 1<sup>st</sup> dose of a vaccine group is due within one year.

Name: Patient Zero

Date of Birth: 07/26/2018

Date Issued: 03/01/2023

Recommended vaccinations we do not see in your record (future recommendations shown in yellow are due within one year):

Vaccine Group	Recommended Date
● Coronavirus (COVID-19)	03/01/2023

**Note:** The recommendations displayed on your DVR are based on guidelines from the Centers for Disease Control and Prevention (CDC). Your healthcare provider may make different vaccine recommendations based on your individual risk factors.

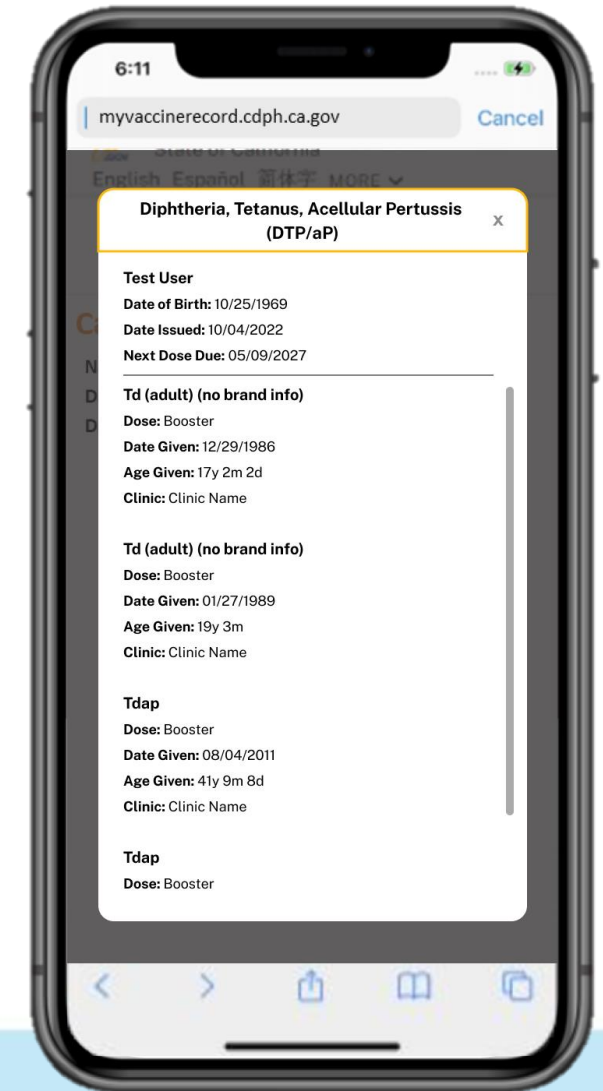
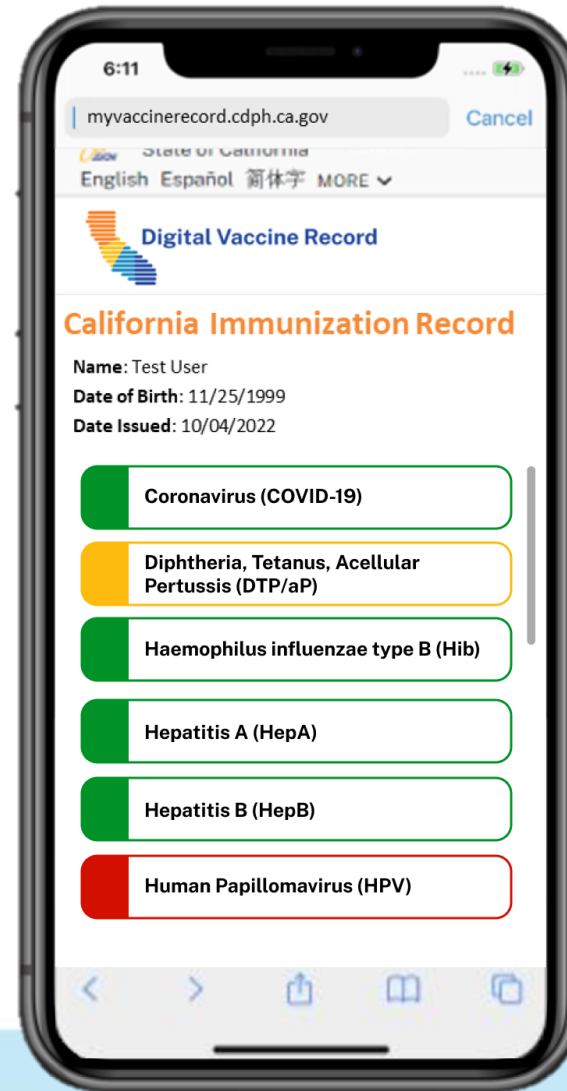
View CDC recommended vaccination schedules on the [CDC Website](#).



# DVR Mobile Experience

The enhanced Mobile Experience provides residents with a more intuitive mobile interface view of their DVR – displaying the same information in an easier-to-read, mobile browser friendly format.

***Residents have more control over the information they choose to share.***



# Digital Vaccine Record Flyer

- Consider posting in your clinics and sharing with your patients
- Includes a QR code directing to [Digital Vaccine Record \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Imz/ImzVaccineRecords.aspx)
- English and Spanish versions available



The flyer is presented in two versions: English (top) and Spanish (bottom). Both versions feature a central graphic of a computer monitor and a smartphone displaying the digital vaccine record interface. The English version has a blue header 'GET YOUR DIGITAL VACCINE RECORD' and a blue footer with contact information. The Spanish version has a blue header 'OBTENGA SU REGISTRO DIGITAL DE VACUNACIÓN' and a blue footer with contact information. The central graphic shows a computer screen with a 'Digital Vaccine Record' form and a smartphone with a 'Welcome to the Digital Vaccine Record (DVR) portal' screen. The form includes fields for Name, Phone/Email, DOB, and 4 Digit PIN, with a 'SUBMIT' button. The smartphone screen shows a QR code and a 'SUBMIT' button. Below the graphic, the English version includes sections: 'What is a Digital Vaccine Record (DVR)?', 'What information does the DVR include?', 'Where do I access my Digital Vaccine Record?', and 'What digital DVR Portal?'. The Spanish version includes sections: '¿Qué registros digitales puedo acceder desde el Portal DVR?', '¿Qué información incluye el DVR?', and '¿Dónde accedo mi Registro Digital de Vacunación?'. A QR code is located in the bottom right corner of the Spanish version.

**GET YOUR DIGITAL VACCINE RECORD**

Private. Convenient. Secure.

**What is a Digital Vaccine Record (DVR)?**  
Your Digital Vaccine Record (DVR) is an electronic vaccination record from the California Immunization Registry (CAIR) and is an official record of the state of California.

**What information does the DVR include?**  
The DVR has your name, date of birth, vaccination dates, and the vaccines you received.

**Where do I access my Digital Vaccine Record?**  
Visit [myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov) to access your record. You will need to enter your first and last name, date of birth, and mobile number or email address. You will create a PIN which will be required to obtain your DVR when the link to your record is provided to you.

**What digital DVR Portal?**  
There are two types of records reported by providers to CAIR.

- **COVID-19 QR Code** - A SMART Health Card that shows the same information as your vaccine card.
- **Record of all vaccinations** - A record of all vaccinations reported by providers to CAIR.

For more DVR questions, visit [myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov) or call 1-833-422-4255 (open M-F 8AM-8PM, SA-SU 8AM-5PM)

California Department of Public Health, Immunization Branch

**OBTENGA SU REGISTRO DIGITAL DE VACUNACIÓN**

PRIVADO. COVENIENTE. SEGURO.

**Registro Digital de Vacunación (DVR)**  
Su Registro Digital de Vacunación (DVR, por sus siglas en inglés) es un registro electrónico de vacunación procedente del Registro de Vacunación de California (CAIR, por sus siglas en inglés) y es un registro oficial del estado de California.

**¿Qué información incluye el DVR?**  
El DVR tiene su nombre, fecha de nacimiento, fechas de vacunación y las vacunas que recibió.

**¿Dónde accedo mi Registro Digital de Vacunación?**  
Visite [myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov) para acceder su registro. Necesita ingresar su primer nombre y apellido, fecha de nacimiento y número de celular o correo electrónico. Necesitará crear un PIN para poder obtener su DVR cuando se le proporcione el enlace a su registro.

**¿Qué registros digitales puedo acceder desde el Portal DVR?**  
Hay dos tipos de registros a los que puede acceder desde el Portal DVR:

- **Código QR de COVID-19** (cuando es escaneado por un lector de tarjetas SMART Health) mostrará la misma información que su tarjeta de papel de los CDC: su nombre, fecha de nacimiento, fechas de vacunación y las vacunas.
- **Registro de todas las vacunas** que informaron las farmacias y otros proveedores de salud a CAIR. Tome en cuenta que es posible que su historial de vacunación no se haya ingresado a CAIR.

Para más preguntas sobre el DVR, visite [myvaccinerecord.cdph.ca.gov/faq-es/](https://myvaccinerecord.cdph.ca.gov/faq-es/) o llame al 1-833-422-4255 (L-V 8AM-8PM, S-D 8AM-5PM).

California Department of Public Health, Immunization Branch

IMM-14615 (3/30/23)



[Digital Vaccine Record Flyer](#)

[Spanish Version](#)



# Additional Resources

Terisha Gamboa, MPH

Health Educator, CDPH Immunization Branch



# Job Aids for Pediatric Providers

- CDC [ACIP's Best Practice Guidelines for Immunization](#)
- CDPH
  - [Pneumococcal Timing Guide for Children](#)
  - [IZ Timing Guide for Infants and Children](#) - just updated!
  - [IZ Schedule with Combination Vaccines](#)
  - [IZ Info and Timing Brochure for Parents](#)

### Pneumococcal Vaccine Timing—For Children

**Age 2-59 Months**

**A. Standard**

PCV13 Prevnar® or PCV15 Vaxneuvac®	PCV13 Prevnar® or PCV15 Vaxneuvac®	PCV13 Prevnar® or PCV15 Vaxneuvac®	PCV13 Prevnar® or PCV15 Vaxneuvac®
Age: 2 months	4 months	6 months	12-15 months

• Catch-up: 1-4 doses depending on age and timing of past doses.  
1-2 doses for children ages 60 through 71 months with underlying conditions listed below.

**Age 2-18 Years With Underlying Condition(s)**

- Do NOT administer PCV13 or PCV15 and PPSV23 at the same visit.
- Complete all recommended doses of PCV13 or PCV15 before giving PPSV23.
- Prior doses count towards doses recommended below and do not need to be repeated.
- If PCV13 or PCV15 series completed previously, or at least 1 dose given at age 6 years or older, no additional PCV13 or PCV15 needed.
- If PPSV23 given previously – wait at least 8 weeks before giving PCV13 or PCV15.
- For group B, wait at least five years before giving a second dose of PPSV23.
- No more than two doses of PPSV23 recommended before age 65 years.

**A. Chronic conditions:**

- Diabetes
- Heart Disease (particularly failure or cyanotic disease)
- Lung disease (excluding asthma, unless immunocompromised by prolonged high-dose oral corticosteroids – see below)

**B. Immunocompromised** (including HIV infection or immunosuppressive treatment), Hemoglobinopathy (including sickle cell disease), Asplenia, Chronic renal failure, or Nephrotic syndrome

**C. CSF leaks or Cochlear implants**

For further details, see: [www.cdph.ca.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html](http://www.cdph.ca.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html)  
 California Department of Public Health, Immunization Branch | www.cdph.ca.gov  
 This publication was supported by Grant Number 1U59CE002027 from the Centers for Disease Control and Prevention (CDC).  
 MM-1119 (02/22)

### What you can do:

- 1 Start your baby's shots on time—at birth.
- 2 Make sure your child stays on schedule (see back).
- 3 Download your child's digital vaccine record at [myvaccinerecord.cdph.ca.gov](http://myvaccinerecord.cdph.ca.gov).
- 4 Comfort your child by:
  - Breastfeeding your baby during and after shots
  - Staying calm yourself
  - Talking in a soothing voice or singing
  - Holding your child
  - Bringing a familiar toy or blanket to use to distract & comfort your child
  - Allowing your child to cry

**Why are immunizations important?**  
 Immunizations can protect your child against serious diseases that can make your child very sick. These diseases can even cause brain damage or death.  
 Immunizations also protect the community. If children are not immunized, they can be a health threat to babies too young or sick to get all their shots.

**Are they safe?**  
 Vaccines are very safe and effective. They prevent diseases by making the immune system stronger. Babies are immunized when they are very young, because some diseases that vaccines prevent are much more dangerous for babies or young children. Sometimes children get mild reactions to the shots, like fever, a sore arm or leg, or swelling where the shot was given. Your doctor or nurse can talk about the risks with you before your children get their shots.

**Immunizations are also called baby shots, boosters, vaccinations, shots, or vaccines.**

**Immunize your child for a lifetime of health.**

**Need more information?**  
 It is important that health information is based on credible science. Your doctor or clinic will give you Vaccine Information Statements to read.

**For more information contact:**  
 American Academy of Pediatrics [aap.org](http://aap.org)  
 Centers for Disease Control and Prevention  
 Hotline: 1-800-232-4636  
[cdc.gov/vaccines](http://cdc.gov/vaccines)  
 vaccines.gov

**The Children's Hospital of Philadelphia** [vaccine.chop.edu](http://vaccine.chop.edu)  
**California Department of Public Health** [GetImmunized.ca.gov](http://GetImmunized.ca.gov)  
**Vaccinate Your Family** [vaccinateyourfamily.org](http://vaccinateyourfamily.org)

**Ask your doctor.**

### Immunization Schedule with Combination Vaccines

EVERY FALL: FLU VACCINE\* for anyone 6 months and older

	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	4-6 YEARS
<b>PEDIARIX® PROQUAD® or KINRIX®</b>	PEDIARIX® DTaP, IPV, Hib	PEDIARIX® DTaP, IPV, Hib	PEDIARIX® DTaP, IPV, Hib	HepA MMR1	DTaP	HepA	QUADRACEL® or KINRIX® DTaP, IPV
<b>PENTACEL® PROQUAD® or KINRIX®</b>	PENTACEL® DTaP, IPV, Hib	PENTACEL® DTaP, IPV, Hib	PENTACEL® DTaP, IPV, Hib	HepA MMR1 MMR2	DTaP	HepA	QUADRACEL® or KINRIX® DTaP, IPV
<b>VAXELIS® PROQUAD® or KINRIX®</b>	VAXELIS® DTaP, IPV, Hib, HepB	VAXELIS® DTaP, IPV, Hib, HepB	VAXELIS® DTaP, IPV, Hib, HepB	HepA MMR1 MMR2	DTaP	HepA	QUADRACEL® or KINRIX® DTaP, IPV

**Make sure the vaccine you administer contains the antigens on the doctor's order. Keep it simple. Stick with the same product.**

1. A dose of Hepatitis B vaccine is not necessary at 6 months if there are no signs of acute and 2 months later for children at risk of a complication.  
 2. If the 6-month dose is not needed, PEDIARIX® may be used for both doses 1 and 2 of the above vaccine series.  
 3. If the 6-month dose is not needed, PENTACEL® is used exclusively for the 2 and 4 month visit doses.  
 4. DTaP immunization series – extended to 18 months. Providers can use their discretion whether to use MMR1, MMR2.  
 5. DTaP is administered as late as 18 months. For more information, consult the Recommended Child and Adolescent Immunization Schedule for Ages 18 years or younger, United States, 2021.  
 6. Live virus vaccines are contraindicated in immunized HIV patients. See California Health and Safety Code § 115122.  
 7. Licensed by FDA for children 4 through 6 years with previous doses of the PEDIARIX® or PENTACEL®. DTaP immunization may, however, include the same manufacturer's DTaP vaccine for each dose in the series. However, substitution should not be allowed between the types of DTaP given unless authorized by a physician or pharmacist. See www.cdc.gov/ncidod/diseases/immunization/other.html.  
 8. Licensed by FDA for children 6 weeks through 4 years of age prior to the DTaP series.  
 9. For more information, see www.cdc.gov/ncidod/diseases/immunization/other.html.  
 10. For more information, see www.cdc.gov/ncidod/diseases/immunization/other.html.  
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 100. For more information, see www.cdc.gov/ncidod/diseases/immunization/other.html.

### Immunization Timing 2023

Suggested schedule to meet recommendations on time

Age	Interval from previous dose	COVID-19 vaccine(s) <sup>1</sup>	Flu vaccine, every fall <sup>2</sup>
Birth			
Age 2 months	Interval from previous dose		
Age 4 months	Interval from previous dose		
Age 6 months	Interval from previous dose		
Age 12 months	Interval from previous dose		
Age 15 months	Interval from previous dose		
Age 18 months	Interval from previous dose		
Age 4-6 years			
Age 11-12 years			
Age 16 years			


**COVID-19 vaccine(s):** 1. For more information, see www.cdc.gov/covid19/vaccines.  
 2. For more information, see www.cdc.gov/flu.  
 3. For more information, see www.cdc.gov/immunization.  
 4. For more information, see www.cdc.gov/immunization.  
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 87. For more information, see www.cdc.gov/immunization.  
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 98. For more information, see www.cdc.gov/immunization.  
 99. For more information, see www.cdc.gov/immunization.  
 100. For more information, see www.cdc.gov/immunization.




# Vaccine Fact Sheets

- MMR
  - MMR-II (Merck) - now **intramuscular** administration
  - Priorix (GSK)
- Other Merck products that are now subcutaneous and **intramuscular** administration
  - ProQuad (MMRV)
  - Varivax (Varicella/chickenpox)
- Rotavirus
  - [Rotarix \(GSK\)](#)
  - RotaTeq (Merck)

Updates coming soon!

		
<b>Brand Name and Manufacturer</b>	Rotarix® GlaxoSmithKline (GSK)	RotaTeq® Merck
<b>Protects Against</b>	Rotavirus	Rotavirus
<b>Routine Schedule</b>	2-dose series at age 2 and 4 months	3-dose series at age 2, 4, and 6 months
<b>Minimum Intervals</b>	4 weeks minimum interval between dose 1 and 2	4 weeks between dose 1 and 2; 4 weeks between dose 2 and 3
<b>Approved for use in</b>	Infants 6 weeks to 24 weeks of age. <a href="https://www.fda.gov/vaccines-blood-biologics/vaccines/rotarix">https://www.fda.gov/vaccines-blood-biologics/vaccines/rotarix</a>	Infants 6 weeks to 32 weeks of age. <a href="https://www.fda.gov/vaccines-blood-biologics/vaccines/rota-teq">https://www.fda.gov/vaccines-blood-biologics/vaccines/rota-teq</a>
<b>Administration</b>	Oral	Oral
<b>Packaging</b>	ROTARIX oral dosing applicator only presentation is supplied as a single, 1.5-mL dose in a prefilled oral dosing applicator with a plunger stopper (NDC 58160-740-02) in a carton of 10 (NDC 58160-740-21)	Vaccine is packaged as 10 single-dose, ready-to-use 2mL pouches
<b>Storage</b>	Store refrigerated at 36° to 46°F (2° to 8°C). <b>DO NOT FREEZE</b>	Refrigerate between 36°F and 46°F (2°C to 8°C). <b>DO NOT FREEZE</b>
<b>Full ACIP Recommendations</b>	<a href="https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html">https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html</a> Minimum age of first dose: 6 weeks and 0 days Maximum age of first dose: 14 weeks and 6 days Maximum age of last dose: 8 months and 0 days	<a href="https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html">https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html</a> Minimum age of first dose: 6 weeks and 0 days Maximum age of first dose: 14 weeks and 6 days Maximum age of last dose: 8 months and 0 days
<b>VFC Letter</b>	<a href="https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html">https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html</a>	<a href="https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html">https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html</a>
<b>Billing Codes</b>	CHDP code: 81 CPT code for vaccine: 90681 CPT code for administration*: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90681 with modifiers -SK (high-risk) and -SL (VFC) ICD-10-CM code (encounter for immunization): Z23 * <a href="https://gsk-pro.com/en-us/therapy-areas/vaccines/coding/gsk-vaccines/rotarix/">https://gsk-pro.com/en-us/therapy-areas/vaccines/coding/gsk-vaccines/rotarix/</a>	CHDP code: 75 CPT code for vaccine: 90681 CPT code for administration*: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90681 with modifiers -SK (high-risk) and -SL (VFC) ICD-10-CM code (encounter for immunization): Z23
<b>Comments</b>	<ul style="list-style-type: none"> <li>• Licensed in 2008.</li> <li>• Infants with severe latex allergies should not receive Rotarix.</li> <li>• Infants diagnosed with severe combined immunodeficiency disease (SCID), a history of intussusception, or a history of uncorrected gastrointestinal tract congenital malformation that would predispose to intussusception should not receive Rotarix.</li> <li>• The lot number to be recorded should be taken from the label on the package/box.</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed in 2006.</li> <li>• Do not begin series in infants older than 14 weeks, 6 days of age.</li> <li>• Infants diagnosed with severe combined immunodeficiency disease (SCID) or a history of intussusception should not receive RotaTeq.</li> </ul>

California Department of Public Health, Immunization Branch IMM-1074 (3-23)





# Updated COVID-19 Talking Points for Pediatric Providers

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



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.

### Families can benefit by discussing COVID-19 vaccination.

The [top reason parents cite](#) for not vaccinating their children is needing 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 from you 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 and the updated (bivalent) COVID-19 booster?

- It's effective. The vaccines do not protect against all COVID-19 infection, but multiple studies have shown it is effective, especially in preventing severe illness and hospitalization, [including against newer variants](#). (See the following links for additional data: [3-to-5-year-olds](#), [5-to-11-year-olds](#), [5-to-17-year-olds](#), [12-to-18-year-olds](#), and [5-to-17-year-olds bivalent](#).) The updated (bivalent) booster provides [additional protection](#) against circulating strains of SARS-CoV-2.
  - Healthy children can have severe COVID-19, too. In fact, [almost half](#) of children younger than 18 years hospitalized with COVID-19 have had no prior health problems.
  - [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.
- [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 best way to prevent MIS-C is to protect against SARS-CoV-2 infection through vaccination and other preventive actions.

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



- The COVID-19 vaccine lowers the risk of MIS-C by [91%](#), [according to data from July-December 2021](#). In [children 5 to 18 years of age](#), vaccination was associated with a reduced chance of getting MIS-C during the Omicron period.
- In California, there have been [over 1,000 cases of MIS-C](#), many of which were admitted to an ICU (as of 12/19/22).
- [Long COVID](#) affects children and adolescents. Children have reported [ongoing respiratory, cardiac, neurologic, and other symptoms](#) following COVID-19 infection. [Research](#) suggests that people who are vaccinated against COVID-19 are less likely to develop long COVID.
  - In a [study](#) of over 3 million children and adolescents, those infected with COVID-19 were more likely to develop [diabetes](#), cardiovascular disorders including blood clots and myocarditis, and kidney disease than those without COVID-19.

### Isn't it true that COVID-19 doesn't affect children?

- Unfortunately, no. As of January 2023 COVID-19 has caused more than [15 million children in the US to become ill](#), [more than 180,000 to be hospitalized](#), and [more than 2,000 to die](#).

### My child already had COVID-19, aren't they protected through natural immunity?

- Even if your child has had COVID-19, [you should still get your child vaccinated](#).
  - Getting a COVID-19 vaccine after having COVID-19 provides added protection against the virus that causes COVID-19.
  - People who already had COVID-19 and do not get vaccinated after their recovery are more likely to get COVID-19 again than those who get vaccinated after their recovery.
- If your child recently had COVID-19, you may consider delaying your child's next vaccine dose (primary dose or booster) by 3 months from when their symptoms started, or if there were no symptoms, from when your child tested positive.

### Are COVID-19 vaccines and boosters safe for my child?

- COVID-19 vaccines are safe. Over 260 million people, including [over 31 million children](#), have safely received the COVID-19 vaccine in the United States and are now protected against serious COVID-19 infection. This includes nearly 3 million doses of the updated booster given to children. Getting vaccinated is 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.
  - COVID-19 vaccine [safety monitoring of over 22,000 children under 5 years old](#) showed vaccination is safe, as have studies in [older children \(5-11 years old\)](#) and [adolescents](#).
  - [Early safety findings](#) for the updated (bivalent) booster in children are similar to those described for monovalent booster vaccination. The most common side effects reported are soreness at injection site, fatigue, and headache.

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



### What about myocarditis?

- Myocarditis, or inflammation of the heart, is a rare side effect of some COVID-19 vaccines, but [in children, myocarditis has been very rare](#).
  - In children 5-11 years old, the risk of myocarditis from COVID-19 vaccination is about [1 in 1 million](#).
  - This risk is higher in male teens, [about 7-10 in 100,000](#), however the risk of myocarditis is [much higher from COVID-19 infection](#) than it is from the vaccine, and myocarditis is usually much more serious after COVID-19 infection than after immunization.
    - This risk can be reduced by a longer interval time between primary series 1<sup>st</sup> and 2<sup>nd</sup> doses, such as 8 weeks.

### Can COVID-19 vaccines affect my child's fertility?

- The vaccines, including vaccine ingredients or antibodies made following vaccination, have not been shown to affect fertility.
  - [Studies](#) show that vaccinated women can get pregnant at the same rates as women who are unvaccinated. A [study](#) of more than 2,000 females and their partners found that COVID-19 vaccination did not affect fertility. A [recent small study of 45 healthy men](#) also did not show any effects of COVID-19 vaccination on fertility.
  - A [study](#) of nearly 4,000 people found a very small, temporary change in menstrual cycle length after vaccination. Periods were late by less than 1 day on average and returned to normal within 1 or 2 months. The changes were temporary and not clinically significant, meaning there was no impact on reproductive health or fertility.
- Hundreds of thousands of people who are pregnant or trying to get pregnant have safely received the COVID-19 vaccine.

### Receive additional tips on having COVID-19 conversations with families.

"COVID-19 Crucial Conversations Campaign" helps healthcare professionals counsel patients on COVID-19 vaccines. Register for upcoming trainings or view archived sessions at the [campaign webpage](#).

### Thank you.

We acknowledge your ongoing efforts to protect children through vaccination. We appreciate your continued partnership in ensuring children and their families are safe and healthy.



## COVID-19 Clinical Talking Points for Pediatric Providers (IMM-1431)

# AB 1797 Resources

- [FAQs](#) page
- Short [video](#) highlighting benefits of using CAIR
- [Doses administered report](#)
  - See [CAIR user guides](#) to enter doses correctly

## Prepare for the New Immunization Registry Requirement

### What is the new requirement?

AB 1797, a California bill effective January 1, 2023, requires providers to enter immunizations they administer as well as a patient's race and ethnicity into a California immunization registry (CAIR or HealthyFutures/RIDE).



 **Where can I learn more?**  
Visit [bit.ly/AB1797FAQ](https://bit.ly/AB1797FAQ).

### Enroll Now

**There are many benefits to participating in an immunization registry.** To learn more, visit [bit.ly/CAIRvideo](https://bit.ly/CAIRvideo) or to start the enrollment process, visit [cairweb.org](https://cairweb.org).

Providers in Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, or Tuolumne counties will need to enroll in Healthy Futures/RIDE ([www.myhealthyfutures.org](https://www.myhealthyfutures.org)). For assistance, contact the Healthy Futures/RIDE Help Desk at (209) 468-2292 or [support@myhealthyfutures.org](mailto:support@myhealthyfutures.org).



 **We are here to support you along the way**  
Questions? [CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov)  
Phone: 800-578-7889




[AB 1797 Communication Flyer](#)

# Digital Vaccine Record

Additional languages still to come!

## GET YOUR DIGITAL VACCINE RECORD



Private. Convenient. Secure.

**What is a Digital Vaccine Record (DVR)?**  
Your Digital Vaccine Record (DVR) is an electronic vaccination record from the California Immunization Registry (CAIR) and is an official record of the state of California.

**What information does the DVR include?**  
The DVR has your name, date of birth, vaccination dates, and the vaccines you received.


**Where do I access my Digital Vaccine Record?**  
Visit [myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov) to access your record. You will need to enter your first and last name, date of birth, and mobile number or email address. You will create a PIN which will be required to obtain your DVR when the link to your record is provided to you.

For more DVR questions, visit [myvaccinerecord.cdph.ca.gov/faq](https://myvaccinerecord.cdph.ca.gov/faq) or call 1-833-422-4255 (open M-F 8AM-8PM, SA-SU 8AM-5PM).

California Department of Public Health, Immunization Branch IMM-1461 (3/9/23)

[DVR Fact Sheet](#)

## OBTENGA SU REGISTRO DIGITAL DE VACUNACIÓN



PRIVADO. COVENIENTE. SEGURO.

**Registro Digital de Vacunación (DVR)**  
Su Registro Digital de Vacunación (DVR, por sus siglas en inglés) es un registro electrónico de vacunación procedente del Registro de Vacunación de California (CAIR, por sus siglas en inglés) y es un registro oficial del estado de California.

**¿Qué información incluye el DVR?**  
El DVR tiene su nombre, fecha de nacimiento, fechas de vacunación y las vacunas que recibió.

**¿Dónde accedo mi Registro Digital de Vacunación?**  
Visite [myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov) para acceder su registro. Necesita ingresar su primer nombre y apellido, fecha de nacimiento y número de celular o correo electrónico. Necesitará crear un PIN para poder obtener su DVR cuando se le proporcione el enlace a su registro.

**¿Qué registros digitales puedo acceder desde el Portal DVR?**  
Hay dos tipos de registros a los que puede acceder desde el Portal DVR:

- **Código QR de COVID-19** que (cuando es escaneado por un lector de tarjetas SMART Health) mostrará la misma información que su tarjeta de papel de los CDC: su nombre, fecha de nacimiento, fechas de vacunación y las vacunas.
- **Registro de todas las vacunas** que informaron las farmacias y otros proveedores de salud a CAIR. Tome en cuenta que es posible que su historial de vacunación no se haya ingresado a CAIR.

Para más preguntas sobre el DVR, visite [myvaccinerecord.cdph.ca.gov/faq-es/](https://myvaccinerecord.cdph.ca.gov/faq-es/) o llame al 1-833-422-4255 (L-V 8AM-8PM, S-D 8AM-5PM).

California Department of Public Health, Immunization Branch IMM-1461S (3/30/23)

[Spanish Version](#)

Vaccinate ALL 58
California COVID-19 Vaccination Program

**Program Updates**

**Program Enrollment**

**My Turn**

**Vaccine Management**

**Vaccine Administration**

**Reporting Requirements**

**Archived Communications**

**Patient Resources**

**Provider Support**

**COVID-19 Provider Call Center**

Email: [Program Info](#)  
Phone: (833) 502-1245  
Hours: Mon-Fri, 8AM-6PM

Contact us for questions about the program or help with accessing documents.

**myCAvax and My Turn**

Email: [myCAvax Technical Support](#)  
[MyTurn Onboarding](#),  
[MyTurn Technical Support](#)  
Phone: (833) 502-1245  
Mon-Fri, 8AM-6PM

My Turn Clinic Translation

### Patient Resources

**Jump to Topic:**

- General Information
- Factsheets, Flyers, and FAQs
- Myths and Misinformation
- Special Populations
- In-language (Translated) Resources
- Campaigns and Toolkits
- Mental Wellness Resources

**General Information**

- COVID-19 Vaccine Info for the Public: [CDC | California](#) (Available in multiple languages) 1/23
- [COVID-19 Vaccines and Allergic Reactions](#) (CDC): Chinese, English, Korean, Spanish, Vietnamese, and others 7/22
- [Digital COVID-19 Vaccine Record](#) (CDPH): Arabic, Chinese, English, Korean, Spanish, Tagalog, Vietnamese 7/22
- [Myocarditis and Pericarditis after Vaccination](#) (CDC): Chinese, English, Korean, Spanish, Vietnamese, and others 9/22
- [Vaccine Recipient Education: Talking to Recipients about COVID-19 Vaccines](#) (CDC) 4/22

**Factsheets, Flyers, and FAQs**

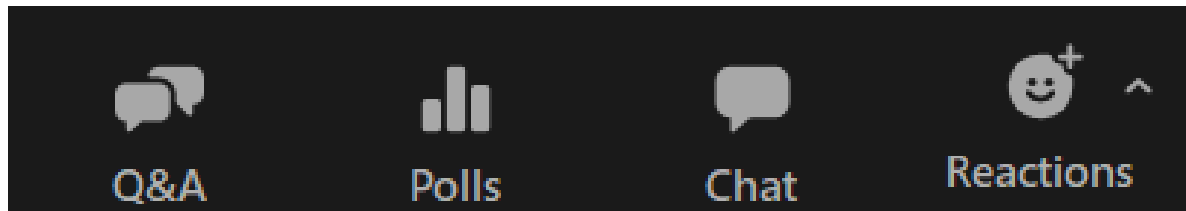
- [Your COVID-19 Vaccination](#) (CDC): Chinese, English, Korean, Spanish, Vietnamese 7/22
- [COVID-19 Vaccination FAQs](#) (CDC): Chinese, English, Korean, Spanish, Vietnamese, and others 2/23
- [Get Vaccine Answers](#) website (Ad Council and COVID Collaborative): Chinese, English, Haitian, Korean, Spanish, Russian, Vietnamese
- [How to Talk to Your Patients about COVID-19 Vaccine](#) (CDC) 11/21
- [Know the Benefits and Risks for COVID-19 Vaccine fact sheet for lower-literacy audiences](#) (CDPH) 5/21 • Spanish, Portuguese
- [Get Your Digital Vaccine Record flyer | Spanish](#)

<https://eziz.org/covid/>



# Questions

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




**Resource links will be dropped into, "Chat"**



# Stay informed!

## Provider Resources on [eziz.org](http://eziz.org) and [eziz.org/covid](http://eziz.org/covid)

### California VFC Program




Rorie is up-to-date on her vaccines

About the VFC Program	EZIZ Training Login
Requirements for Storage Units	MyVFCvaccines: Order, Transfer, Return, Report Excursions
Digital Data Loggers	Forms


#### Alerts!

#### Immunization Schedules Updated for 2023!






- CDC Child and Adolescent Schedule
- Timing Schedule with Blocks
- CDC Adult Schedule

#### Immunization Registry Now Required!



AB 1797 requires California providers to enter immunizations they administer as well as a patient's race and ethnicity into a California immunization registry (CAIR or Healthy Futures/RIDE). Enroll in CAIR today! To learn more, see the AB 1797 FAQs.

### Updates for Providers

 FAQs	 Provider Webinars	 Crucial Conversations	 Training Calendar
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#### Alerts:

#### Vaccine Updates

- Authorization and Recommendation of Bivalent mRNA COVID-19 Vaccines as Primary Series 4/21

#### Clinical Job Aids

- COVID-19 Vaccine Products Guide, Updated 4/20
- COVID-19 Vaccination Schedule (Timing Guide), Updated 4/7  
Spanish version: Calendario de la Vacuna COVID-19 (Guía de Tiempo) Updated 3/17
- Interim Clinical Considerations for Use of COVID-19 Vaccines (CDC)
- Recommending COVID-19 Vaccination: Clinical Talking Points for Providers of Pediatric Services 4/5

#### Provider Operations

- COVID-19 Provider Operations Manual (POM) - Updated 4/10
- Provider Startup Worksheet

#### Now Enrolling Providers of Pediatric Services

- Find Information on How to Enroll
- Dispelling Provider Myths About Joining the California COVID-19 Vaccination Program
- Welcome VFC Providers | Flyer | VFC vs. COVID Programs





# California Providers Stay Informed!

## [Immunization Branch Listserv Emails Sign-Up](#)

COVID-19 Vaccine Provider Listserv Emails:  
Please email [blanca.corona@cdph.ca.gov](mailto:blanca.corona@cdph.ca.gov)



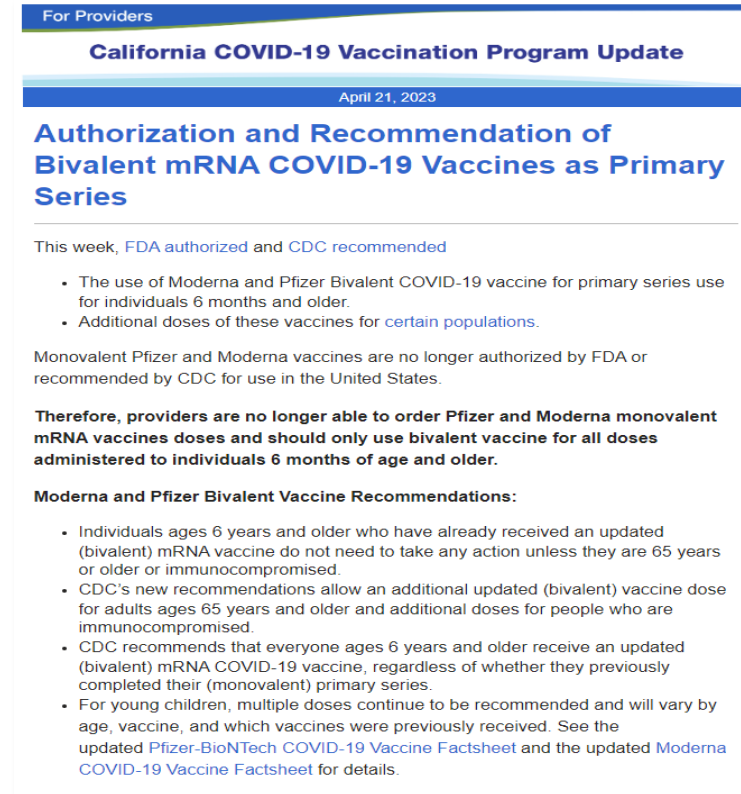
**EZIZ Update**  
Immunization Branch  
April 21, 2023

### National Infant Immunization and World Immunization Week is April 24-30!



Join us in observing [National Infant Immunization Week](#) (NIIW) and [World Immunization Week](#)! Let's recognize our collective achievements in protecting infants and young children from [14 vaccine-preventable diseases](#), drastically reducing death and disability in the U.S. This is also a great opportunity to remind families to stay on track for their children's routine checkups and recommended vaccinations; [Don't Wait – Vaccinate!](#)

On-time vaccination is critical to provide protection against potentially life-threatening diseases. Before the back-to-school immunization rush, take time now to ensure that infants and toddlers are up to date with their vaccines.



**For Providers**  
**California COVID-19 Vaccination Program Update**  
April 21, 2023

### Authorization and Recommendation of Bivalent mRNA COVID-19 Vaccines as Primary Series

This week, [FDA authorized](#) and [CDC recommended](#)

- The use of Moderna and Pfizer Bivalent COVID-19 vaccine for primary series use for individuals 6 months and older.
- Additional doses of these vaccines for [certain populations](#).

Monovalent Pfizer and Moderna vaccines are no longer authorized by FDA or recommended by CDC for use in the United States.

**Therefore, providers are no longer able to order Pfizer and Moderna monovalent mRNA vaccines doses and should only use bivalent vaccine for all doses administered to individuals 6 months of age and older.**

**Moderna and Pfizer Bivalent Vaccine Recommendations:**

- Individuals ages 6 years and older who have already received an updated (bivalent) mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.
- CDC's new recommendations allow an additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised.
- CDC recommends that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.
- For young children, multiple doses continue to be recommended and will vary by age, vaccine, and which vaccines were previously received. See the updated [Pfizer-BioNTech COVID-19 Vaccine Factsheet](#) and the updated [Moderna COVID-19 Vaccine Factsheet](#) for details.



**Special Thanks to  
Today's Presenters:**  
Samantha Johnston, MD, MPH  
Michael Powell, MSc  
Terisha Gamboa, MPH



**Thank you for joining CDPH for Afternoon  
TEAch!**

