

Welcome to CDPH Immunization Branch  
Vaccines for Children (VFC)  
Afternoon TEACH Webinar:  
What's New with Winter Respiratory Viruses?

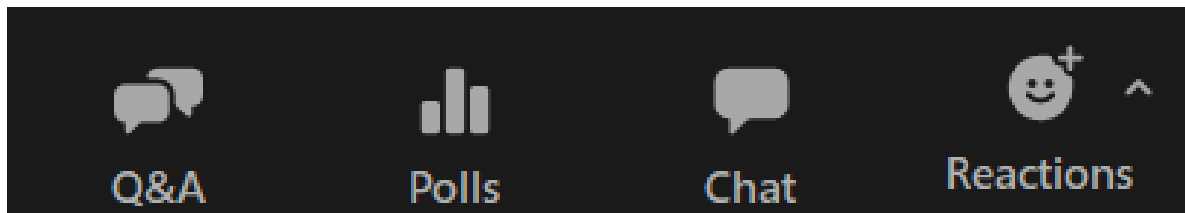
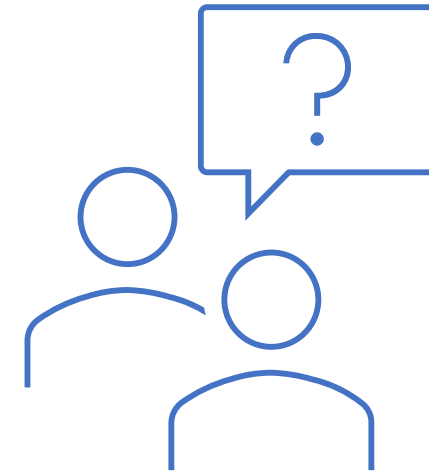


December 7, 2023  
12:00PM – 1:00PM



# 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: <https://eziz.org/resources/afternoon-teach/>.



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



# Webinar Objectives:

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

- Understand the clinical recommendations on Maternal RSV vaccine
- Understand the latest vaccine storage and handling guidelines and be able to implement them
- Review Annual Vaccines for Children (VFC) recertification process and requirements for 2024
- Identify relevant patient and provider education resources

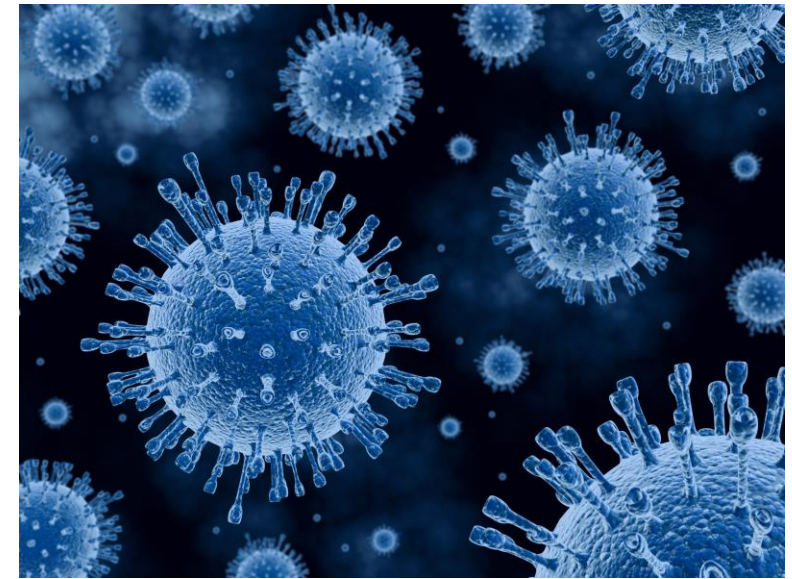


# Agenda: Thursday, December 7, 2023

No.	Item	Speaker(s)	Time (PM)
1	Welcome	Diane Evans, MPH (CDPH)	12:00 – 12:03
2	Clinical recommendations on Maternal RSV vaccine	Samantha Johnston, MD, MPH (CDPH)	12:03 – 12:15
3	Vaccine storage and handling updates	Michele Barkus and Kelley Leung, RN (CDPH)	12:15 – 12:25
4	VFC recertification process: recommendations and updates	Christina Sapad (CDPH)	12:25 – 12:35
5	CAIR reporting requirements	Kelley Leung, RN (CDPH)	12:35 – 12:40
6	Resources	Terisha Gamboa, MPH (CDPH)	12:40 – 12:45
7	Questions & Answers	CDPH Subject Matter Experts (SMEs)	12:45 – 1:00

**Thank you!**





# Clinical Recommendations on Maternal RSV Vaccine

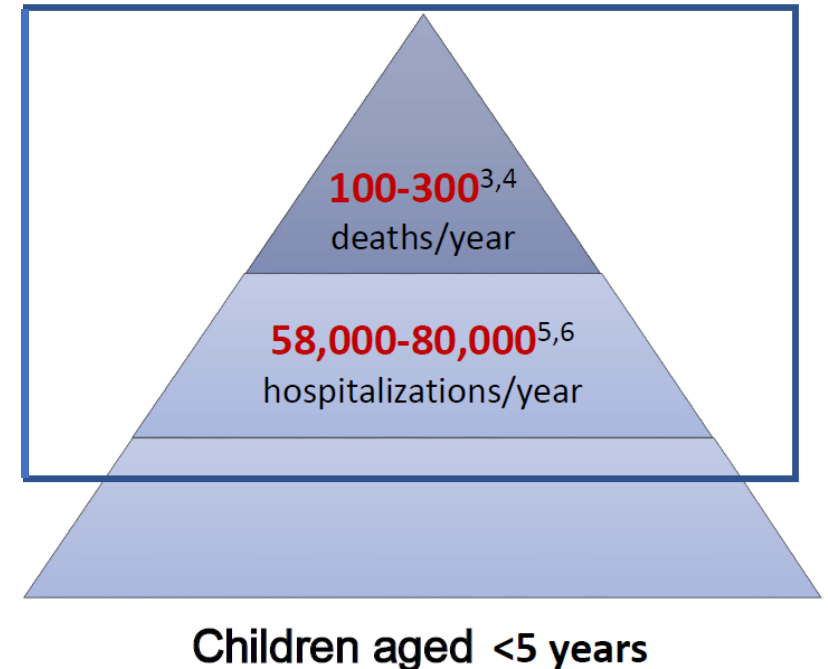
Samantha Johnston, MD, MPH

Medical Officer, CDPH Immunization Branch

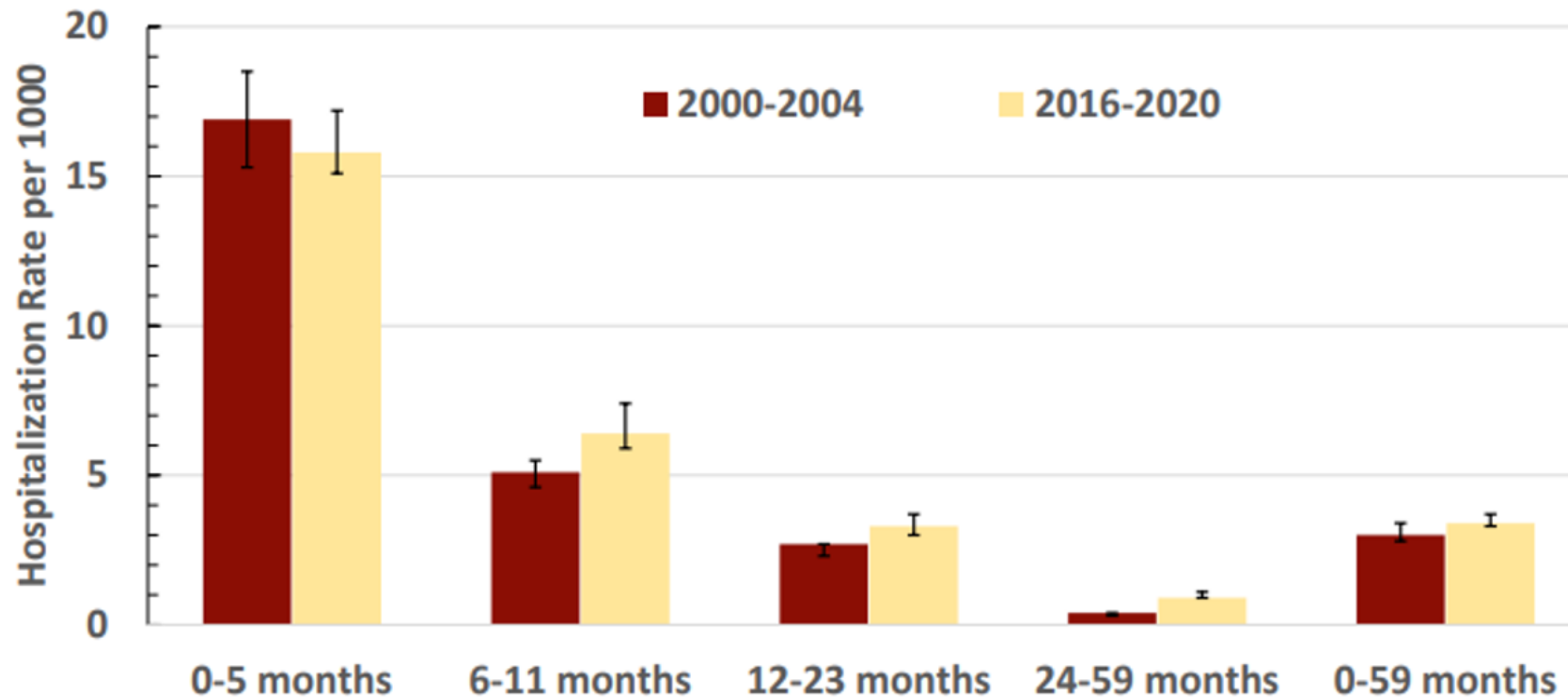


# Respiratory Syncytial Virus (RSV)

- Affects all ages and usually causes mild upper respiratory tract symptoms
- In infants, young children and older adults, RSV can result in severe lower respiratory tract disease
  - Bronchiolitis
  - Pneumonia
  - Asthma, COPD, CHF exacerbations



# RSV-Associated Hospitalization Rates are Highest in Children 0-5 months of age



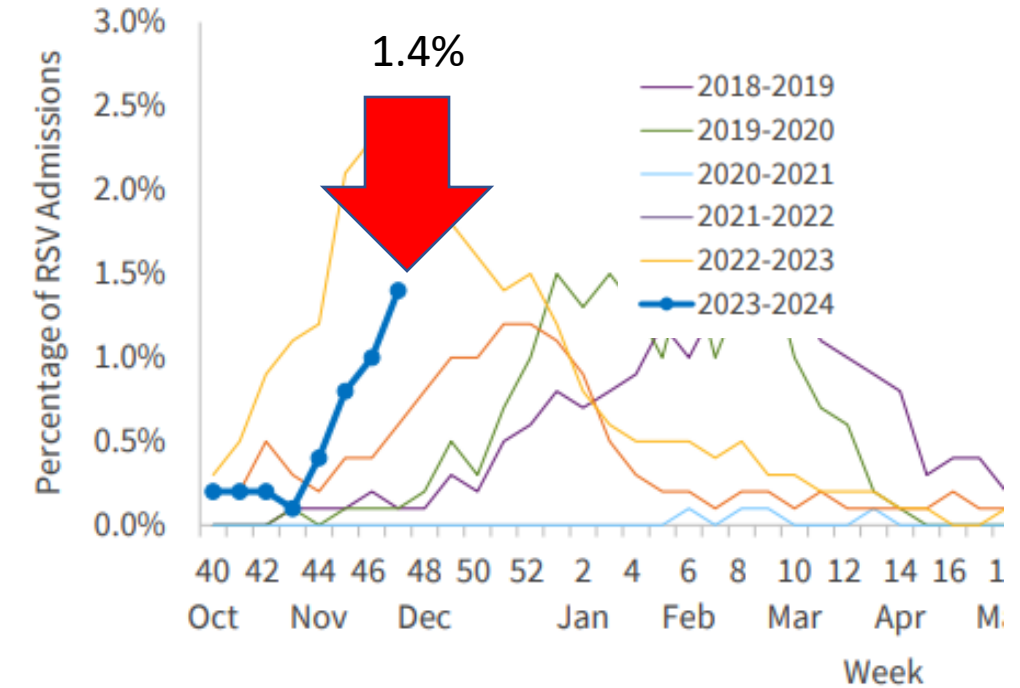
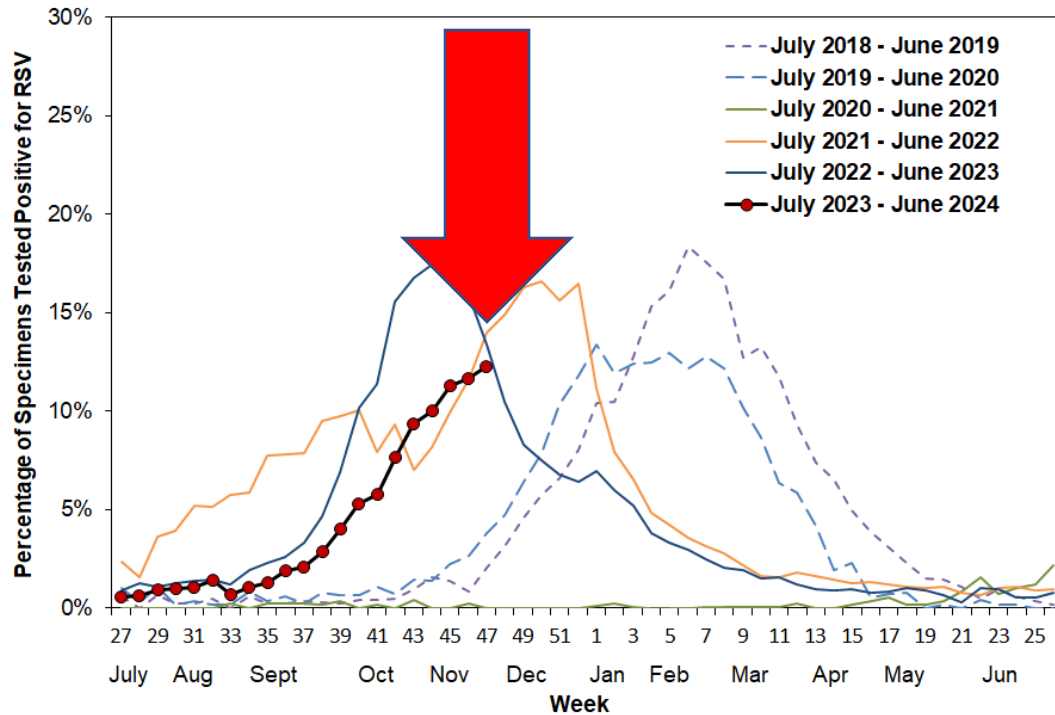
2000-2004: Adapted from Hall et al, NEJM 2009; 2016-2020: CDC unpublished data





# RSV Detections and Admissions Rising

Figure 13. Percentage of RSV Admissions in Kaiser Permanente 2024 Season to Date



Note: Data have been shifted so that week 1 aligns across years.



# Options to prevent severe RSV in early life

## New options for 2023-2024

- Prenatal RSV immunization at 32-36 weeks gestational age
- Postnatal nirsevimab
  - Birth hospitals
  - Outpatient visits

## Ongoing options

- Seasonal monthly palivizumab
  - For high-risk
- Breastfeeding
- Hand and respiratory hygiene, distancing, limiting visitors

### All Infants <8 Months Entering 1st RSV Season

without prenatal vaccination during 32-36 weeks gestational age\*

If born October-March  
1 dose in <1 week of birth

If born April-September  
1 dose in October/November

Weight <5kg

Nirsevimab  
50mg

OR

Weight ≥5kg

Nirsevimab  
100mg

or as soon as possible during  
the RSV season

### High-Risk Children 8-19 Months Entering 2nd RSV Season

200mg dose  
before RSV season

Nirsevimab\*\*  
100mg

+

Nirsevimab\*\*  
100mg

or as soon as possible during  
the RSV season

(Two 100mg syringes, same day, different sites,  
regardless of weight)



# ACIP and AAP Recommend Nirsevimab

- All infants aged < 8 months born during or entering their first RSV season, including those recommended by the AAP to receive palivizumab.
- Infants and children aged 8-19 months who are at [increased risk of severe RSV disease](#) and entering their second RSV season, including those recommended by AAP to receive palivizumab.
- Detailed information on palivizumab eligibility can be found at [AAP guidance on use of palivizumab to prevent RSV.](#)



# Nirsevimab (Beyfortus™) Shortage

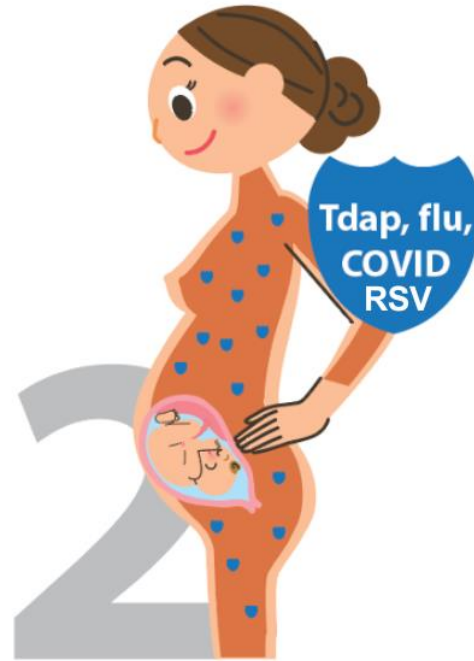
- Demand for nirsevimab has been high and has resulted in the current shortage
- CDC issued dosage prioritization [interim recommendations](#) October 23, 2023
- AAP FAQs in line with CDC guidance and updated periodically
- Pediatricians are encouraged to use doses of nirsevimab they have now and not try to conserve for later in the season
- Providers should encourage pregnant patients to receive RSVpreF (Abrysvo) during 32 to 36 6/7 weeks gestation
  - RSVpreF3 vaccine (Arexvy, GSK) should **not** be used during pregnancy
- Joint [ACOG, SMFM, and AAP Statement on Nirsevimab Shortage](#) encourages maternal vaccination



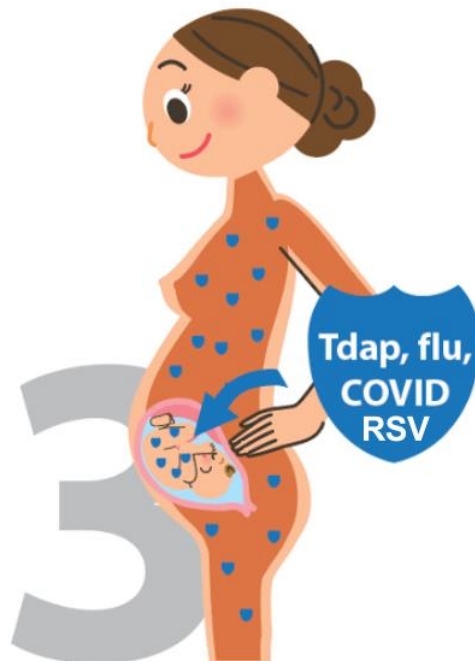
# Immunization During Pregnancy is Important



**Give mom  
Tdap, flu, RSV,  
and COVID shots**



**Mom creates  
antibodies**



**Antibodies pass  
to baby**



**Mom & baby  
protected**



# Efficacy of RSV vaccines

Product	Population	Reduction in severe RSV-associated LRTD
RSVpreF Abrysvo (Pfizer) When given 32-36 weeks gestation	Infants $\leq 90$ days old	91%
RSVpreF Abrysvo (Pfizer) When given 32-36 weeks gestation	Infants $\leq 180$ days old	77%
Nirsevimab	Infants born $\geq 29$ weeks gestation through first RSV season	81% (hospitalization) 90% (ICU admission)



[ABRYSSVO | FDA](#)

[AREXVY | FDA](#)

[FDA Approves First Vaccine for Pregnant Individuals to Prevent RSV in Infants | FDA](#)

[GRADE: Nirsevimab, Season 1 | CDC](#)

# Coming soon to VFC!

RSVpreF (Abrysvo, Pfizer) will soon be available for ordering through VFC!

Estimated January 2024, VFC eligible pregnant patients will be able to receive vaccination if within 32-36 weeks gestation. Please stayed tuned, more information will be sent out!







# Optimizing RSV Protection for Infants with Limited Supply of Nirsevimab<sup>1</sup>



## Prenatal Vaccination

Administer prenatal RSV vaccine (ABRYOVO™, Pfizer) during 32-36 weeks' gestation, September through January.

- Prenatal vaccination may be the best and only option while RSV immunization for infants (nirsevimab) is in short supply.
- Most infants born to vaccinated birth parents will not need nirsevimab.





## Nirsevimab 50mg for infants <5kg and <8mo without prenatal vaccination<sup>2</sup>

- Administer 50mg of nirsevimab:
  - Now to infants born prior to October
  - Within the first week of life to infants born during RSV season



### Footnotes:

1. [CDC Health Alert on Limited Availability of Nirsevimab in the United States](#)

2 Infants <8 months entering their first RSV season should receive immunization if birth parent's prenatal vaccination status is: unvaccinated, unknown, or vaccinated <14 days before birth.

3 premature birth at <29 weeks' gestation, chronic lung disease of prematurity, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.

- For infants weighing <5 kg, ACIP recommendations are **unchanged**
- [AAP FAQs](#):
  - Where 50mg doses are limited, pediatricians should assess which patients are at higher risk for severe RSV disease, due to very young age (such as neonates) or due to underlying conditions (such as prematurity), and therefore should be prioritized for nirsevimab.
- Avoid using two 50mg doses for infants weighing  $\geq 5$  kilograms ( $\geq 11$  pounds)



# Nirsevimab 100mg for infants $\geq 5\text{kg}$ and $< 8\text{mo}$ without prenatal vaccination<sup>2</sup>



- Prioritize 100mg for infants at highest risk of severe RSV:
  - Infants  $< 6$  months
  - American Indian and Alaska Native (AI/AN) infants  $< 8$  months
  - Infants 6 to  $< 8$  months with certain high risk conditions.<sup>3</sup>
- For palivizumab-eligible children, follow AAP recommendations for palivizumab when nirsevimab is not available.

## Footnotes:

1. [CDC Health Alert on Limited Availability of Nirsevimab in the United States](#)

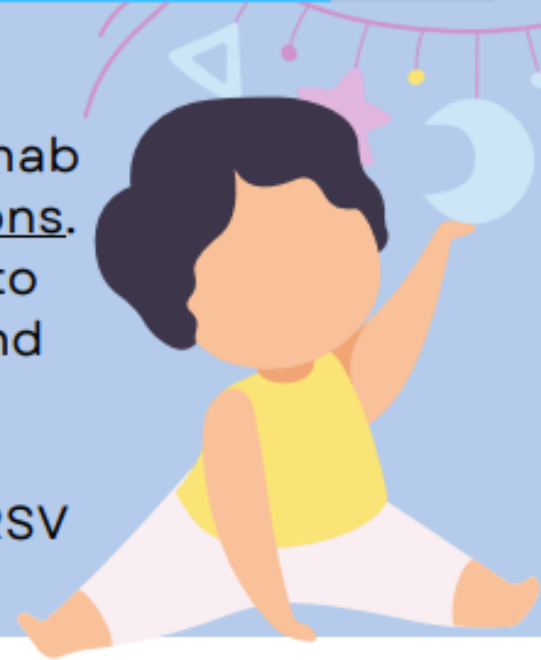
2 Infants  $< 8$  months entering their first RSV season should receive immunization if birth parent's prenatal vaccination status is: unvaccinated, unknown, or vaccinated  $< 14$  days before birth.

3 premature birth at  $< 29$  weeks' gestation, chronic lung disease of prematurity, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.



# Nirsevimab 100mg + Nirsevimab 100mg for children 8-19mo

- For palivizumab-eligible children, suspend nirsevimab use and offer palivizumab per AAP recommendations.
- Offer nirsevimab (**200mg in two 100mg syringes**) to AI/AN children, who are not palivizumab-eligible and live in:
  - Remote regions
  - Communities with known high rates of severe RSV among older infants and toddlers



## Footnotes:

1. [CDC Health Alert on Limited Availability of Nirsevimab in the United States](#)

2 Infants <8 months entering their first RSV season should receive immunization if birth parent's prenatal vaccination status is: unvaccinated, unknown, or vaccinated <14 days before birth.

3 premature birth at <29 weeks' gestation, chronic lung disease of prematurity, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.



## Encourage other preventative measures including:

Everybody

- Recommend everyone around infants are up to date on vaccines including flu, COVID-19, Tdap, and RSV for adults 60 years and older
- Wash hands
- Cover coughs and sneezes
- Clean frequently touched surfaces
- Sick persons should stay away from infants
- Limit number of visitors for infants





# When and How to Wash Your Hands | Handwashing | CDC



## Infection Control Actions to stop the spread of viral respiratory infections like influenza, RSV, and COVID-19.

Respiratory viruses can be in the nose, mouth, airway, and lungs. Talking, sneezing, and coughing can spread these germs into the air.

Masks block these germs.

When used correctly, respirators filter germs - very large to very small - as air is breathed in and out.

Wearing masks and respirators in healthcare facilities will protect you, your patients, and your coworkers.

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

PROJECT FIRSTLINE

[cdc.gov/ProjectFirstline](https://cdc.gov/ProjectFirstline)

## Infection Control Actions to stop the spread of viral respiratory infections like influenza, RSV, and COVID-19.

Hand hygiene and routine cleaning & disinfection help remove or destroy respiratory viruses.

Practicing these infection control actions together effectively stops the spread of germs.

**How?**

Alcohol-based sanitizer inactivates viral particles.

Soap and water carry viral particles off the skin.

EPA-registered disinfecting products destroy the virus.

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

PROJECT FIRSTLINE

[cdc.gov/ProjectFirstline](https://cdc.gov/ProjectFirstline)



# American Academy of Pediatrics (AAP) RSV Prevention Page

## RSV Prevention Products

The following are products to prevent severe RSV infection in children.

### Nirsevimab (Beyfortus)

A monoclonal antibody product included in the Vaccines for Children Program and offering long-lasting protection and was recently recommended for all infants in the 2023-2024 RSV season.

#### Nirsevimab Frequently Asked Questions

Get answers to your questions about nirsevimab.

#### Ordering & Product Information

Considerations for calculating and financing your orders, product cost, formulation and storage requirements.

#### Implementation Resources

View these tools to assess readiness and guide implementation of nirsevimab administration in inpatient and outpatient settings.

#### Administration, Dosing and Schedule

Find the latest recommendations for nirsevimab, dosing guidance and how it is administered.

#### Nirsevimab Administration Visual Guide

An algorithm to guide practices and facilities who are administering nirsevimab.

#### Payment and Coding

Learn more about what codes to use to get paid for administering nirsevimab in your practice.

### Palivizumab (Synagis)

A short-acting monoclonal antibody product, available since 1998 and recommended for high-risk infants and young children.

#### Palivizumab Policy

Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection

#### Palivizumab Technical Report

Palivizumab Prophylaxis in Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection



# Additional Resources

- [American Academy of Pediatrics Respiratory Syncytial Virus Prevention](#)
- [The American College of Obstetricians and Gynecologists \(ACOG\) Maternal Respiratory Syncytial Virus Vaccination Practice Advisory](#)
- [CDC RSV Immunizations Overview](#)
- [CDC RSV Immunization for Infants and Young Children](#)
- [CDC RSV Vaccine for Pregnant People](#)
- [RSV Vaccination for Pregnant People | CDC](#)





# Vaccine Storage and Handling Updates

Michele Barkus and Kelley Leung, RN

CDPH Immunization Branch



# Storage and Handling

## Resources

[Data Logger Specifications \(EZIZ\)](#)

[Certificate of Calibration QuickGuide \(IMM-1119\)](#)

Identify and report every temperature excursion from any data logger that is recording temperatures for a unit storing VFC vaccines, to the Storage and Handling Online Triage System (SHOTS)

Feature	Description
Accuracy	+/-1.0°F (+/-0.5°C)
Logging interval	Programmable (at least every 30 minutes)
Memory storage	4000 readings or more
Buffered temperature probe	<ul style="list-style-type: none"><li>Only use the buffered probe bundled with the device</li><li>Detachable from unit, or permanently embedded in a buffer as long as the temperature monitoring system can be calibrated</li><li>Immersed in a vial filled with thermal buffer material, including liquid up to 60 mL (e.g., glycol, ethanol, or glycerin), loose media (e.g., sand or perlite), or a solid block of material (e.g., Teflon® or aluminum)</li></ul>
Digital display	<ul style="list-style-type: none"><li>Active external display</li><li>Must include current, MIN, and MAX temperatures</li><li>Must be in close proximity to the vaccine storage units and</li><li>Low-battery indicator</li></ul>
Alarm capabilities	<ul style="list-style-type: none"><li>Programmable</li><li>Visual or audible alarm to signal out-of-range temperatures</li></ul>
Reports	<ul style="list-style-type: none"><li>Must generate a summary report of recorded temperatures maximum temperatures</li><li>Total time out of range (if any), and alarm settings</li><li>Generates PDF or secure PDF reports</li></ul>

### Certificate of Calibration Quick Guide


The VFC Program requires calibration testing every two to three years or according to the manufacturer's suggested timeline.

A Certificate of Calibration (also known as a Report of Calibration) must include key pieces of information. Information required on the certificate depends on whether the laboratory performing calibration testing is an accredited or non-accredited laboratory.

Before sending your device for calibration, check with the calibration company to verify required information will be included on your certificate. 2-point calibration is preferred and will allow a data logger to be tested in refrigerator and freezer environments.

#### Accredited Laboratory (Preferred)

If an accredited laboratory is performing calibration testing, one of these logos will be on the certificate of calibration:



This logo may appear on the certificate. It represents a group of accreditation organizations such as the ones whose logos appear above.

In addition, the following information must be included on the certificate:

- Name and address of laboratory conducting the test
- Name of device (enables product identification)
- Model number (enables product identification)
- Serial number (enables product identification)
- Date of calibration (Report or Issue Date)
- Measurement results for the device:
  - Instrument pass or in tolerance testing result
  - OR
  - Documented uncertainty [must be within ±1°F (±0.5°C)]

#### Non-accredited Laboratory

If a non-accredited laboratory is performing calibration testing, the following information must be included on the certificate:

- Statement that calibration testing conforms to ISO IEC 17025 standards
- Name and address of laboratory conducting the test
- Name of device (enables product identification)
- Model number (enables product identification)
- Serial number (preferred)
- Date of calibration (report or issue date)
- Calibration expiration date
- Measurement results for the device:
  - Instrument pass or in tolerance testing result
  - OR
  - Documented uncertainty [must be within ±1°F (±0.5°C)]

**! Hand written certificates of calibration are strongly discouraged**

eziz.org  
IMM-1119 (1/25)



# Storage and Handling cont.

## Preparation for Recertification

Gather certificates of calibration for your clinic's data loggers and check expiration dates

[Calibration Guidance \(EZIZ\)](#)

[Calibration Testing](#)

Targeted communication to providers with expired or expiring certificates of calibration coming soon

The image displays two screenshots of the EZIZ website. The left screenshot is titled "Question to Ask Vendors about Digital Data Loggers" and lists various questions for vendors regarding data logger specifications and calibration services. The right screenshot is titled "Storage & Handling Resources" and provides a "Calibration Testing Made Easy" checklist and lists additional resources like "Data Logger Calibration Testing" and "Accredited Calibration Labs".



# Storage and Handling COVID Vaccine

**REFRIGERATOR**

Store vaccines between  
2°C and 8°C  
(36°F and 46°F)

**Pfizer**- 10 weeks  
**Moderna**-30 days  
**Novavax**- Mfr.  
expiration

**FREEZER**

Store vaccines between  
-50°C and -15°C  
(-58°F and +5°F)

**Moderna**- Mfr.  
Expiration

**Ultra-Low Freezer**

Store Vaccines Between  
-90°C to -60°C  
(-130°F to -76°F)

**Pfizer**- Mfr.  
Expiration



# Vaccines for Children (VFC) Recertification Process: Recommendations and Updates

Christina Sapad

CDPH Immunization Branch



# What is Recertification?

- Annual recertification is a federal requirement to remain enrolled in the VFC Program and continue receiving federally subsidized vaccines.
- Recertification is an online process, typically launched at the end of the calendar year.
- Recertification allows enrolled providers to renew their participation in the VFC Program by:
  - updating their information,
  - completing online training,
  - updating patient profiles,
  - agreeing to the Program's federal requirements for participation “Provider Agreement”,
  - and certifying adherence with all items listed in the “Provider Agreement Addendum.”
- The VFC Program will suspend ordering privileges for providers who do not complete the recertification process.



# Recertification Process

- 1 | ENSURE YOUR VFC ACCOUNT IS IN GOOD STANDING**  
Provider accounts that are SUSPENDED due to Mandatory Corrective Actions will not be able to access the Recertification form.
- 2 | GATHER INFORMATION ON THE VFC RECERTIFICATION WORKSHEET**  
Use the 2024 VFC Recertification Worksheet to gather information before beginning the Recertification process.
- 3 | COMPLETE REQUIRED EZIZ LESSONS**  
Complete required EZIZ lessons in order to access 2024 VFC Recertification. Any lessons that were completed prior to December 1, 2023 will not receive credit for 2024 Recertification.
- 4 | LOGIN TO THE VFC RECERTIFICATION FORM**  
Login with your practice's VFC PIN and ZIP Code on your MyVFCVaccines account. Then click on the "Submit Recertification Form" button.

- 5 | REVIEW YOUR VFC PRACTICE PROFILE**  
Your VFC Practice Profile displays your current practice volume; order frequency; total vaccine doses ordered, expired, wasted, and spoiled; 2023 VFC patient estimates; and a comparison of vaccines administered with target usage.
- 6 | VERIFY AND UPDATE YOUR PRACTICE INFORMATION**  
Verify and update information about your practice, including Registry ID, delivery times, key practice staff, patient estimates, vaccine storage and data logger equipment, and health-care providers who will be administering immunizations.
- 7 | REVIEW "PROVIDER AGREEMENT" AND "PROVIDER AGREEMENT ADDENDUM"**  
The Provider of Record must review and electronically acknowledge compliance with all items outlined in the 2024 VFC "Provider Agreement" and CA VFC Program "Provider Agreement Addendum" on the Recertification form.
- 8 | SUBMIT THE 2024 VFC RECERTIFICATION FORM**  
Once the 2024 VFC Recertification form has been submitted, the system will generate an e-mail confirmation of submission to all key practice staff plus the person submitting the Recertification form.





# 2024 Recertification for VFC, 317, VFA

- Target launch: **mid to late December 2023**
- Due date: **January 31, 2024**
- 2024 Recertification is through **myVFCvaccines** for the VFC, 317, and VFA Programs
- All public and private providers must recertify yearly
  - Even if an LHD clinic is only receiving 317 vaccine for outbreak or SGF vaccine
  - Recertification maintains the PIN's active status
- New providers that enrolled prior to December 2023 will also be expected to complete 2024 VFC Recertification.





# Recertification Access

- Who can access the 2024 VFC Recertification site?
  - All active providers, including providers on hold, and providers that are suspended for all reasons *except for mandatory corrective actions*
- Who cannot access the 2024 Recertification site?
  - Providers suspended for *mandatory corrective actions*
- What will prevent providers from moving forward with Recertification?
  - Incomplete EZIZ trainings
  - No Registry ID (CAIR or Healthy Futures/RIDE)



# What Happens if Recertification is NOT Completed?

- If Recertification is not submitted by the deadline, account will be suspended
- When in suspended status, providers will not be able to:
  - Submit a vaccine order
  - Transfer in vaccines
- After several reminder and warning communications, providers who still have not Recertified will be terminated from the VFC Program
  - To re-enroll in VFC, there may be a waiting period until the next Recertification cycle
  - Termination from the VFC Program will affect a provider's status in Medi-Cal and the Child Health and Disability Prevention Program (CHDP)



# Required EZIZ Lessons

✓ = Required Lesson		When to Start Lesson	Key Practice Staff			
			Vaccine Coordinator	Backup Vaccine Coordinator	Provider of Record	Provider of Record Designee
Lessons	VFC Program Requirements*	December 2023	✓	✓	✓	✓
	Storing Vaccines*	December 2023	✓	✓	✓	✓
	Monitoring Storage Unit Temperatures*	December 2023	✓	✓	✓	✓
	Conducting a Vaccine Inventory*	December 2023	✓	✓	Encouraged	Encouraged
Review & Acknowledge	Provider Operations Manual	December 2023	✓	✓	✓	✓
	Vaccine Management Plan	December 2023	✓	✓	✓	✓

\*Test-out option available



# Provider Agreement, Addendum and At a Glance

PROVIDER AGREEMENT	
<p>To receive publicly funded vaccines at no cost, I agree to the following conditions on behalf of myself and all practitioners, nurses, and others associated with the health care facility of which I am the medical director or practice administrator or equivalent:</p>	
1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligible (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category on children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> <li>Are an American Indian or Alaska Native;</li> <li>Are enrolled in Medicaid;</li> <li>Have no health insurance;</li> <li>Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.</li> </ol> <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> <li>In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible," I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.</li> </ol> <p>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are <u>not</u> eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none"> <li>In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;</li> <li>The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li> </ol>
4.	I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

California Vaccines for Children (VFC) Program  
Provider Agreement Addendum



I, on behalf of myself and **any and all** practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

### 1. Provider Profile

- Designate the on-site Provider of Record Designee, who is authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- Designate the on-site **Vaccine Coordinator and Backup Vaccine Coordinator** (IMM-968), who are responsible for implementing the practice's **vaccine management plan** (IMM-1122).
- Immediately report to the VFC Program changes to key practice staff assuming VFC roles (Vaccine Coordinator or Backup, Provider of Record or Designee); a change in the Provider of Record or Designee requires a signed **"Key Practice Staff Change Request Form"** (IMM-1166).
- Immediately report to the VFC Program changes to the practice address or account ownership, which may require additional follow-up.

### 2. Vaccine Management Plan

- Maintain a current and complete **vaccine management plan** (IMM-1122) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff.
- Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.
- Designate a staff member responsible for updating the practice's management plan.
- Staff with assigned vaccine-management responsibilities must review, sign, and date the vaccine management plan annually and each time it is updated.
- Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.
- Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.
- For practices using mobile units to administer VFC-supplied vaccines:** Mobile-only clinics or clinics with mobile units must maintain a current and complete **"Mobile Unit Vaccine Management Plan"** (IMM-1276) and keep it in the mobile unit.

### 3. Training

- Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles.
- Any clinician who administers VFC-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
- All staff who conduct VFC Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all VFC eligibility categories, documentation, and billing requirements.
- All staff and supervisors who monitor storage unit temperatures or sign off on VFC temperature logs must complete the related EZIZ lesson when hired and annually thereafter; they must be fully trained on use of the practice's data loggers.
- Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered.

www.EZIZ.org

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IMM-1242 (12/23)

California Vaccines for Children (VFC) Program

## 2024 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	<p>Maintain a current and completed vaccine management plan (VMP) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff.</p> <p>Review and update the VMP at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.</p> <p>Designate a staff member responsible for updating the practice's VMP.</p> <p>Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated.</p> <p>Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.</p> <p>Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.</p> <p><b>For practices using mobile units to administer VFC-supplied vaccines:</b> Mobile-only clinics or clinics with mobile units must maintain a current and complete Mobile Unit Vaccine Management Plan and keep it in the mobile unit.</p>	<p><a href="#">Vaccine Management Plan (IMM-1122)</a></p> <p><a href="#">Provider Operations Manual (IMM-1248) Chapter 3</a></p> <p><a href="#">Mobile Unit Vaccine Management Plan (IMM-1276)</a></p>
Key Practice Staff	<p>Designate and maintain key practice staff in the practice's profile. Immediately report to the VFC Program changes to key practice staff. A change in the Provider of Record or Designee requires a signed Key Practice Staff Change Request Form.</p> <p>There are four required VFC roles:</p> <p><b>Provider of Record (POR):</b> The on-site physician-in-chief, medical director, or equivalent, who signs the VFC "Provider Agreement" and the California VFC Program "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.</p> <p><b>Provider of Record Designee:</b> The on-site person who is authorized to sign VFC Program documents and assumes responsibility for VFC-related matters in the absence of the Provider of Record.</p> <p><b>Vaccine Coordinator:</b> An on-site employee who is fully trained and responsible for implementing and overseeing the practice's vaccine management plan.</p> <p><b>Backup Vaccine Coordinator:</b> An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence.</p> <p><b>Immunization Champion (optional):</b> A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.</p>	<p><a href="#">Vaccine Coordinator Roles &amp; Responsibilities (IMM-968)</a></p> <p><a href="#">VFC Key Practice Staff Change Request Form (IMM-1166)</a></p>

California Department of Public Health, Immunization Branch

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IMM-1240 (12/23)



# CDC VFC Provider Agreement Updates

The Provider Agreement has been updated to address specific considerations related to nirsevimab. Here is a summary of the changes that were made:

- **Under the Medical Director or Equivalent Section**
  - Definition of “vaccine” as it is used by the VFC program: For the purposes of the VFC program, the term ‘vaccine’ is defined as any FDA-authorized or licensed, ACIP-recommended product for which ACIP approves a VFC resolution for inclusion in the VFC program.
- **Under the Provider Agreement Section #8**
  - Requirement to provide patients with an Immunization Information Statement (as opposed to a Vaccine Information Statement [VIS]) prior to administration of nirsevimab.
  - Requirement to report adverse events following administration of nirsevimab to MedWatch, unless co-administered with a vaccine.
  - **Note: we have also updated language regarding COVID-19 EUAs fact sheets and VISs:** If a COVID-19 Vaccine Information Statement (VIS) is not available, providers should provide information prior to vaccination as follows: EUA Fact Sheet for Recipients, Emergency Use Instructions (EUI), or BLA package insert, as applicable.
- **Under the Provider Agreement Added Requirements Section #9c**
  - Added to the word recommendations to the following statement: “Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Public Health Vaccines for Children Program storage and handling recommendations and requirements;”
- **Under the Pharmacy/Specialty Provider Section**
  - Added to the definition of “walk-in” the following statement: “Walk-in” may also include VFC-eligible newborn infants at a birthing facility.



# Key Requirement: Offer All ACIP Recommended Immunizations

- The VFC Program is a federal entitlement program in which the VFC-eligible patient is entitled to receive all ACIP-recommended immunizations.
- With the addition of new immunizations into the VFC Program, remember to order all age-appropriate immunizations for your patients!
  - Example of immunizations for all age-groups that your practice must be ordering:
    - **COVID-19 vaccine (6 months and up)**
    - **Flu vaccine (6 months and up)**
  - Note: birthing hospitals are only required to order the following immunizations:
    - Hep B
    - Nirsevimab
- Even after completing 2024 Recertification, providers who have not ordered routine immunizations in the past year will be terminated from the VFC Program

I certify that the estimates I have provided are a true reflection of my pediatric patient population according to the data source selected.   
Below are the age-appropriate ACIP-recommended vaccines that I will provide based on my patient estimates.

- If I have patients ages 1 year or younger, I will order and provide the following vaccines: DTaP, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, Rotavirus,
- If I have patients ages 1-6 years, I will order and provide the following vaccines: DTaP, Hep A, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, MMR, Varicella,
- If I have patients ages 7-18 years, I will order and provide the following vaccines: HPV, Influenza, Meningococcal Conjugate, Tdap





**VFC Update**

December XX, 2023

## 2024 VFC Recertification is Coming Soon! Start Planning Now

**BACKGROUND**

The Vaccines for Children (VFC) Program's Annual Recertification is almost here! The VFC Program's 2024 Recertification will be available in December/January, with exact dates to be announced in the coming weeks. Recertification is a federal requirement that must be completed annually by enrolled providers to continue receiving publicly funded vaccines. New providers that enrolled prior to December 2023 will also be expected to complete 2024 VFC Recertification. Providers will have until the end of January 2024 to complete the process once the system is available.

The following steps will help your practice get started and collect required information on the [Recertification Worksheet](#) ahead of time. Not completing Recertification by the deadline will lead to immediate suspension of vaccine ordering privileges and may lead to termination from the VFC Program. Multiple warning communications will be sent prior to account termination, however, once a practice is terminated from the VFC Program, termination cannot be reversed. If interested in re-enrollment, the practice must wait until the next Recertification cycle and may be subject to conditional enrollment.

**PREPARE FOR RECERTIFICATION NOW**

- 1. Wait Until Recertification Launch to Complete All Required EZIZ Lessons**

To receive credit for the annual training requirement, only take the lessons once 2024 VFC Recertification launches; do not start the EZIZ Lessons until announced by the VFC Program. Key practice staff must complete or test-out of all required lessons to meet VFC's annual federal educational requirement prior to accessing the online Recertification page.

Plan ahead: [VFC Recertification](#)

**CALIFORNIA VACCINES FOR CHILDREN (VFC) PROGRAM**

## 2024 VFC Recertification Process

- 1 ENSURE YOUR VFC ACCOUNT IS IN GOOD STANDING**  
Provider accounts that are **SUSPENDED** due to Mandatory Corrective Actions will not be able to access the Recertification form.
- 2 GATHER INFORMATION ON THE VFC RECERTIFICATION WORKSHEET**  
Use the 2024 VFC Recertification Worksheet to gather information before beginning the Recertification process.
- 3 COMPLETE REQUIRED EZIZ LESSONS**  
Complete required EZIZ lessons in order to access 2024 VFC Recertification. Any lessons that were completed prior to December 1, 2023 will not receive credit for 2024 Recertification.
- 4 LOGIN TO THE VFC RECERTIFICATION FORM**  
Login with your practice's VFC PIN and ZIP Code on your MyVFCVaccines account. Then click on the "Submit Recertification Form" button.
- 5 REVIEW YOUR VFC PRACTICE PROFILE**  
Your VFC Practice Profile displays your current practice volume; order frequency; total vaccine doses ordered, expired, wasted, and spoiled; 2023 VFC patient estimates; and a comparison of vaccines administered with target usage.
- 6 VERIFY AND UPDATE YOUR PRACTICE INFORMATION**  
Verify and update information about your practice, including Registry ID, delivery times, key practice staff, patient estimates, vaccine storage and data logger equipment, and health-care providers who will be administering immunizations.
- 7 REVIEW "PROVIDER AGREEMENT" AND "PROVIDER AGREEMENT ADDENDUM"**  
The Provider of Record must review and electronically acknowledge compliance with all items outlined in the 2024 VFC "Provider Agreement" and CA VFC Program "Provider Agreement Addendum" on the Recertification form.
- 8 SUBMIT THE 2024 VFC RECERTIFICATION FORM**  
Once the 2024 VFC Recertification form has been submitted, the system will generate an e-mail confirmation of submission to all key practice staff plus the person submitting the Recertification form.

IMM-1277 (12/23)

State of California—Health and Human Services Agency  
California Department of Public Health

**VACCINES FOR CHILDREN (VFC) PROGRAM**  
**VFC RECERTIFICATION WORKSHEET**

Use this worksheet to gather information needed ahead of time to complete the online VFC Recertification Form on [MyVFCVaccines.org](#).

**DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.**

**Practice Information/Shipping**

Practice Name	PIN	Registry ID
Practice Information/Shipping Address (No P.O. Box)	City	ZIP
Shipping Address, Part 2	County	
Employee Identification Number (EIN)	National Provider Identifier (NPI)	Phone
CHDP Provider? Yes <input type="radio"/> No <input type="radio"/>	MEDI-CAL Provider? Yes <input type="radio"/> No <input type="radio"/>	Would you like to be on the VFC online locator? Yes <input type="radio"/> No <input type="radio"/>
myCvax ID:	For Federally Qualified Health Centers (FQHC) ONLY, name of Parent FQHC Organization:	

**DELIVERY:** Check all days and times you may receive vaccine. If closed during lunch hour, please specify.

Tuesday	From: _____ To: _____	(Closed for lunch from: _____ to: _____)
Wednesday	From: _____ To: _____	(Closed for lunch from: _____ to: _____)
Thursday	From: _____ To: _____	(Closed for lunch from: _____ to: _____)
Friday	From: _____ To: _____	(Closed for lunch from: _____ to: _____)

Role/Responsibility	Name	Title (MD, RN, PA, Pharm)	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information
Provider of Record			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>
Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>
Provider of Record Designee			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>
VFA Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>
Additional Staff to Receive VFC Communications			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>

Page 1 of 4

IMM-1207 (12/23)

# Upcoming Recertification Communications/Resources



# Targeted Communications

- **Providers with expired or soon-to-expire digital data loggers**

- Provider Agreement Addendum 7C: [Calibrate primary and backup devices](#) every two to three years or according to the manufacturer's suggested timeline (both device and probe together)—ideally by a laboratory with accreditation from an ILAC MRA signatory body.

- **Providers with no Registry ID**

- Registry ID will be a required field on the 2024 Recertification Form.
- Registry ID should be specific to each location and should not be a shared ID.
- Providers without an immunization registry ID will not be able to move forward with 2024 Recertification.





# Online Recertification Form Updates

**Vaccines for Children (VFC) Program Provider eRecertification Form**

**1**  
Practice Profile

**2**  
Key Practice Staff

**3**  
VFC/317 Vaccine Storage and Temperature Monitoring Equipment

**4**  
Provider Population

**5**  
Health Care Providers with Prescription Writing Privileges

**6**  
Provider Agreement Addendum

**7**  
VFC Provider Agreement

**8**  
Preview / Complete

It is a federal requirement that the Provider of Record of each enrolled site to which VFC Program vaccines will be delivered must complete and re-submit this form at least once a year. Enrolled sites should update their information whenever (1) the estimated number of eligible children to be served changes; (2) the status of the facility changes (e.g. a private provider becomes an agent of a federally qualified health center, etc.), or (3) the persons with prescription-writing privileges changes. To change your provider type, please contact the VFC customer service line at 1-877-243-8832

Practice Information / Shipping Address		
PRACTICE NAME Test Practice	PIN 999999	REGISTRY ID (IF YOU HAVE ONE) ⓘ
VACCINE DELIVERY / SHIPPING ADDRESS (NO P.O. BOX) * 850 Marina Bay Pkwy	CITY * Richmond	ZIP * 94804
VACCINE DELIVERY ADDRESS, PART 2	SPECIAL INSTRUCTIONS FOR DELIVERY (IF ANY)	COUNTY * ALAMEDA
EMPLOYER ID NUMBER (EIN) * ⓘ 99 - 9999999	PRACTICE NATIONAL PROVIDER IDENTIFIER (NPI) * ⓘ 1234567890	PHONE * 877 - 243 - 8832
CHDP PROVIDER? * <input checked="" type="radio"/> Yes <input type="radio"/> No	MEDI-CAL PROVIDER? * <input checked="" type="radio"/> Yes <input type="radio"/> No	FAX 877 - 329 - 8832
WOULD YOU LIKE TO BE ON THE VFC ONLINE LOCATOR? * <input type="radio"/> Yes <input checked="" type="radio"/> No		
FACILITY TYPE? Other Public Health		
DELIVERY DAYS AND TIMES * Please enter all of the days and times that your practice can receive vaccine shipments. If closed during lunch hour, please specify. *Closed From/To fields are not required if you accept deliveries during all hours of operation. Providers must be on site with appropriate staff available to receive vaccines at least one day a week other than Monday, and for at least four consecutive hours during the day.		
Tuesday	Open From: 8:00AM To: 5:00PM	Closed/Lunch From: 10:00AM To: 2:00PM
Wednesday	Open From: 10:00AM To: 6:00PM	Closed/Lunch From: 10:30AM To: 2:00PM
Thursday	Open From: -- To: --	Closed/Lunch From: -- To: --
Friday	Open From: 8:00AM To: 7:00PM	Closed/Lunch From: 10:00AM To: 2:00PM

\* = required field ⓘ = more information

**Save & Continue >>**

## Page 1 - Practice Profile

- Update your practice information, including delivery dates and times.
- Registry ID will be a required field
- Option to enter myCAvax ID if practice is currently enrolled in the Bridge Access Program (BAP) or the State General Fund (SGF) Flu Program



# Key Practice Staff

**Vaccines for Children (VFC) Program Provider eRecertification Form**

You have selected the same staff member for Provider of Record and Provider of Record Designee.  
You have selected the same staff member for Vaccine Coordinator and Backup Vaccine Coordinator.  
Confirm below that the correct staff is listed.

**1**  
Practice Profile

**2**  
Key Practice Staff

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VFC Provider Agreement

**8**  
Preview / Complete

Please enter a current and valid medical license number for the Provider of Record. Medical Licenses will be validated to ensure active status of license. Please do not put 0- in front of the license number (e.g. number should be '1234', not '01234').  
Medical license that cannot be validated will result in an incomplete 2023 Recertification for your practice.

I confirm that the correct staff is listed.

Role / Responsibility	Name *	Title	Specialty and Clinic Title *	License Information *	Direct Phone Number *	Email *
<b>Provider of Record</b> (as confirmed at completion of EZIZ training requirement) <span style="color: red;">❗</span>	Adela Martinez ▾	PharmD ▾	SPECIALTY: None ▾ CLINIC TITLE: * None ▾	NATIONAL PROVIDER ID (NPI): 999999999 MEDICAL LICENSE NUMBER: NP ▾ 9999	510 - 555 - 5555 EXT: <input type="text"/>	EMAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS. mbrunner@cdph.ca.gov PLEASE RE-TYPE EMAIL mbrunner@cdph.ca.gov
<b>Vaccine Coordinator</b> (as confirmed at completion of EZIZ training requirement) <span style="color: red;">❗</span>	Adela Martinez ▾		SPECIALTY: -- ▾ CLINIC TITLE: * Medical Assistant ▾		510 - 555 - 5555 EXT: <input type="text"/>	EMAIL ADDRESS FOR VACCINE ORDER CONFIRMATIONS, OFFICIAL VFC LETTERS AND MEMOS. <span style="color: red;">❗</span> mbrunner@cdph.ca.gov PLEASE RE-TYPE EMAIL mbrunner@cdph.ca.gov
<b>Backup Vaccine Coordinator</b> (as confirmed at completion of EZIZ training requirement) <span style="color: red;">❗</span>	Adela Martinez ▾		SPECIALTY: -- ▾ CLINIC TITLE: * Medical Assistant ▾		510 - 555 - 5555 EXT: <input type="text"/>	EMAIL ADDRESS FOR VACCINE ORDER CONFIRMATIONS, OFFICIAL VFC LETTERS AND MEMOS. mbrunner@cdph.ca.gov PLEASE RE-TYPE EMAIL mbrunner@cdph.ca.gov
<b>Provider of Record Designee</b> (as confirmed at completion of EZIZ training requirement) <span style="color: red;">❗</span>	Adela Martinez ▾		SPECIALTY: -- ▾ CLINIC TITLE: * Medical Assistant ▾		510 - 555 - 5555 EXT: <input type="text"/>	EMAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS. mbrunner@cdph.ca.gov PLEASE RE-TYPE EMAIL mbrunner@cdph.ca.gov
<b>Primary VFA Contact</b> (person responsible for managing your practice's Vaccines for Adults (VFA))	Adela Martinez ▾	-- ▾	SPECIALTY: None ▾ CLINIC TITLE: * None ▾		510 - 555 - 5555 EXT: <input type="text"/>	EMAIL ADDRESS FOR OFFICIAL VFA LETTERS AND MEMOS. mbrunner@cdph.ca.gov PLEASE RE-TYPE EMAIL mbrunner@cdph.ca.gov

- Enter all key practice staff:
  - Provider of Record
  - Vaccine Coordinator
  - Backup Vaccine Coordinator
  - Provider of Record Designee
  
- Only users who have completed the required EZIZ trainings will be selectable from the drop-down.



# Storage and Temperature Monitoring Equipment

Vaccines for Children (VFC) Program Provider eRecertification Form

1 Practice Profile   2 Key Practice Staff   3 VFC/317 Vaccine Storage and Temperature Monitoring Equipment   4 Provider Population   5 Health Care Providers with Prescription Writing Privileges   6 Provider Agreement Addendum   7 VFC Provider Agreement   8 Previous / Complete

Review and update the vaccine storage unit and temperature monitoring equipment on file used to store federally-purchased vaccines (VFC, 317). Ensure that the information provided (brand, model number, serial number, calibration expiration date) is current and correct.

To add a vaccine storage unit and associated temperature monitoring device, all fields must be filled out. To remove a vaccine storage unit and associated temperature monitoring device, all information entered must be cleared. Click "Add more" to view additional lines to add or remove vaccine storage units and associated temperature monitoring equipment.

Vaccine Storage Units (used to store VFC/317 vaccines)

INDICATE YOUR REFRIGERATOR STORAGE UNIT TYPE(S) BELOW:

1) REFRIGERATOR TYPE: * Stand-Alone	UNIT USE: * Primary	UNIT GRADE: * Commercial	UNIT LOCATION/ID: * Back Office (Main)	BRAND, MODEL: * Superfridge	CAPACITY IN CUBIC FEET: * 15.5
THERMOMETER TYPE: * Data Logger	CALIBRATION EXPIRATION DATE: * 05/25/2024	VACCINES STORED: * Both	THERMOMETER MODEL: * Log Tag/Tred 30	THERMOMETER SERIAL NUMBER: * 987654321	
2) REFRIGERATOR TYPE: * Stand-Alone	UNIT USE: * Primary	UNIT GRADE: * Commercial	UNIT LOCATION/ID: * Back Office (Backup)	BRAND, MODEL: * Superfridge	CAPACITY IN CUBIC FEET: * 13
THERMOMETER TYPE: * Data Logger	CALIBRATION EXPIRATION DATE: * 03/05/2024	VACCINES STORED: * Both	THERMOMETER MODEL: * VFC400	THERMOMETER SERIAL NUMBER: * ?	
3) REFRIGERATOR TYPE: * Auto-dispensing Doorless unit	UNIT USE: * Primary	UNIT GRADE: * Purpose-built (Pharmacy/Laboratory Grade)	UNIT LOCATION/ID: * Vaccine Robot	BRAND, MODEL: * Mr. Roboto	CAPACITY IN CUBIC FEET: * 16.7
THERMOMETER TYPE: * Data Logger	CALIBRATION EXPIRATION DATE: * 08/12/2025	VACCINES STORED: * VFC	THERMOMETER MODEL: * Robot DDL	THERMOMETER SERIAL NUMBER: * ?	

Add more  
Add more  
Add more  
Add more

- Update your vaccine storage unit and temperature monitoring equipment if needed.
- Make sure your DDL calibration expiration dates are current.
- “Ultra-cold freezer” added as an option under Freezer Type for those that have ultra-low temperature freezers for Pfizer COVID vaccine storage (not required).



# Provider Population

**Vaccines for Children (VFC) Program Provider eRecertification Form**

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VFC Provider Agreement

8  
Preview / Complete

The VFC-eligible patient population has been pre-filled for your practice based on usage data reported by your practice. Review and confirm or modify the VFC patient population estimates for your practice based on the actual patient population served by your practice. Enter the number of privately insured patients that will be seen by your practice in the upcoming year.

**Provider Population**

ESTIMATED NUMBER OF ALL PATIENTS 0-18 YEARS WHO WILL RECEIVE IMMUNIZATIONS IN YOUR PRACTICE DURING THE UPCOMING 12-MONTH PERIOD, BY CATEGORY (BOTH VFC AND PRIVATELY INSURED PATIENTS).

*Note: these numbers are calculated based on your VFC vaccine usage history. Update the numbers as necessary and add the number of privately insured patients based on the number of patients seen during the previous 12-months.*

Category	< 1 yr	Ages 1-6 yrs	Ages 7-18 yrs	TOTALS
	Number of patients *	Number of patients *	Number of patients *	
TOTAL VFC Eligible	2	0	0	2
1. CHDP/Medi-Cal Eligible	2	0	0	2
2. Uninsured	0	0	0	0
3. Am. Indian/Alaska Native	0	0	0	0
4. Underinsured (FQHCs and RHCs only)	Underinsured children may be immunized with VFC-supplied vaccines ONLY at FQHCs and RHCs. This option does not apply to your provider type.			
Privately Insured	0	0	0	0
ALL CHILDREN	2	0	0	2

Percentage of patients 0-18 yrs of age in your practice who are VFC-eligible:

(Estimated number of all adults 19 years of age and older (317/VFA eligible and Privately Insured), who will receive immunizations in your clinic during the upcoming 12-month period, according to the Immunization Branch Eligibility Table for the Use of State-supplied Vaccines (excluding Influenza immunization). Enter patient estimates by eligibility category and by age:

Category	19-26	27-49	50-64	≥65
317 Eligible	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-317/VFA Eligible	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What data source did you use to confirm/modify your patient population?

Please specify:

In the last year, has the number of children you immunized:

Acknowledge that our practice does not see privately insured patients based on the source selected above.

*Misrepresentation of your patient estimates may lead to fraud.*

I certify that the estimates I have provided are a true reflection of my pediatric patient population according to the data source selected.

Below are the age-appropriate ACIP-recommended vaccines that I will provide based on my patient estimates.

- If I have patients ages 1 year or younger, I will order and provide the following vaccines: DTaP, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, Rotavirus.
- If I have patients ages 1-6 years, I will order and provide the following vaccines: DTaP, Hep A, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, MMR, Varicella.
- If I have patients ages 7-18 years, I will order and provide the following vaccines: HPV, Influenza, Meningococcal Conjugate, Tdap.

I certify that I have reviewed the provided patient estimates. I have edited or confirmed the estimates and they are a true reflection of my pediatric patient population according to the data source selected.

\* required field i = more information

- Actual patient population figures are needed to forecast the estimated number of VFC and non-VFC eligible children to be immunized at your practice during 2024.
- Message will display the change in patient estimates based on the number of patients they enter.
- Added COVID-19 and RSV to the required vaccines that are listed by age group in the attestation of products that should be offered for your patient population



# Health Care Providers with Prescription Writing Privileges

**Vaccines for Children (VFC) Program Provider eRecertification Form**

**1**  
Practice Profile

**2**  
Key Practice Staff

**3**  
VFC/317 Vaccine Storage and Temperature Monitoring Equipment

**4**  
Provider Population

**5**  
Health Care Providers with Prescription Writing Privileges

**6**  
Provider Agreement Addendum

**7**  
VFC Provider Agreement

**8**  
Preview / Complete

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**Health Care Providers with Prescription Writing Privileges**

*Instructions: You must use this form to list all other health care providers at your facility with prescription writing privileges who will administer VFC-supplied vaccines. Note: It is not necessary to include the names of all staff who may administer VFC vaccine, but rather only those who possess a medical license or are authorized to write prescriptions.*

#	LAST NAME *	FIRST NAME *	NATIONAL PROVIDER ID (NPI) *	MEDICAL LICENSE NUMBER *	TITLE *	SPECIALTY *	
1	<input type="text" value="Aguiluz"/>	<input type="text" value="Claudia"/>	<input type="text" value="8888888888"/>	<input type="text" value="NP"/> <input type="text" value="5555"/>	<input type="text" value="MD"/>	<input type="text" value="Pediatrics"/>	<a href="#">Delete</a>
2	<input type="text" value="Pickett"/>	<input type="text" value="Kenia"/>	<input type="text" value="1212121212"/>	<input type="text" value="A"/> <input type="text" value="121212"/>	<input type="text" value="MD"/>	<input type="text" value="None"/>	<a href="#">Delete</a>

ADD NEW PROVIDERS:

#	LAST NAME *	FIRST NAME *	NATIONAL PROVIDER ID (NPI) *	MEDICAL LICENSE NUMBER *	TITLE *	SPECIALTY *
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/> <input type="text"/>	<input type="text" value="--"/>	<input type="text" value="--"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/> <input type="text"/>	<input type="text" value="--"/>	<input type="text" value="--"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/> <input type="text"/>	<input type="text" value="--"/>	<input type="text" value="--"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/> <input type="text"/>	<input type="text" value="--"/>	<input type="text" value="--"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/> <input type="text"/>	<input type="text" value="--"/>	<input type="text" value="--"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/> <input type="text"/>	<input type="text" value="--"/>	<input type="text" value="--"/>

\* = required field    i = more information

- Provider licenses will be verified. If provider license has not been verified, account will be placed on hold.
- You can verify your staff's license numbers ahead of time through the California Department of Consumer Affairs website:  
<https://www.breeze.ca.gov/data/mart/loginCADCA.do>.





# Provider Agreement Addendum

**Vaccines for Children (VFC) Program Provider eRecertification Form**

**1**  
Practice Profile

**2**  
Key Practice Staff

**3**  
VFC/317 Vaccine Storage and Temperature Monitoring Equipment

**4**  
Provider Population

**5**  
Health Care Providers with Prescriptions Writing Privileges

**6**  
**Provider Agreement Addendum**

**7**  
VFC Provider Agreement

**8**  
Review / Complete

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**California Vaccines for Children (VFC) Program Provider Agreement Addendum**

**IMPORTANT:** The following section must be completed by the Provider of Record. This is a legal agreement between the Provider of Record and the VFC Program. To renew participation in the VFC Program and receive publicly funded vaccines, the clinic's Provider of Record must review and agree to the following conditions on behalf of himself/herself and all the practitioners, nurses, and others associated with this clinic.

**I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.**

- 1. Provider Profile**
  - Designate the on-site Provider of Record Designee, who is authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
  - Designate the on-site **Vaccine Coordinator and Backup Vaccine Coordinator** (IMM-968), who are responsible for implementing the practice's **vaccine management plan** (IMM-1122).
  - Immediately report to the VFC Program changes to key practice staff assuming VFC roles (Vaccine Coordinator or Backup, Provider of Record or Designee); a change in the Provider or Record or Designee requires a signed **"Key Practice Staff Change Request Form"** (IMM-1166).
  - Immediately report to the VFC Program changes to the practice address or account ownership, which may require additional follow-up.
- 2. Vaccine Management Plan**
  - Maintain a current and complete **vaccine management plan** (IMM-1122) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff.
  - Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.
  - Designate a staff member responsible for updating the practice's management plan.
  - Staff with assigned vaccine-management responsibilities must review, sign, and date the vaccine management plan annually and each time it is updated.
  - Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.
  - Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.
  - For practices using mobile units to administer VFC-supplied vaccines:** Mobile-only clinics or clinics with mobile units must maintain a current and completed **"Mobile Unit Vaccine Management Plan"** (IMM-1276) and keep it in the mobile unit.
- 3. Training**
  - Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles.
  - Any clinician who administers VFC-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
  - All staff who conduct VFC Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all VFC eligibility categories, documentation, and billing requirements.
  - All staff and supervisors who monitor storage unit temperatures or sign off on VFC temperature logs must complete the related EZIZ lesson when hired and annually thereafter; they must be fully trained on use of the practice's data loggers.
  - Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered.
  - Conduct regular vaccine transport drills to maintain competency and readiness for emergencies.
- 4. Vaccine Storage Units**
  - Have refrigerators and freezers that comply with **VFC vaccine storage unit requirements**: Very high volume provider locations must use purpose-built (pharmacy-, biologic-, or laboratory-grade) refrigerators. Other provider locations may use refrigerators and freezers that are purpose-built (preferred) or commercial-grade (acceptable). Household-grade, stand-alone refrigerators are discouraged. Purpose-built combination units, including auto-dispensing units without doors, are allowed. (Note: Only specialty provider locations, such as birthing hospitals, are not required to have a freezer unit).
  - Manual-defrost freezers are allowed for use if the practice has access to an alternate storage unit when defrosting the freezer (Note: Defrost manual-defrost freezers only when frost exceeds 1cm or the manufacturer's suggested limit). The alternate storage unit must have appropriate freezer temperatures and be monitored using a **VFC-compliant digital data logger**. Never store VFC-supplied vaccines in a cooler.
  - Never use any of the following for routine vaccine storage: household-grade, combination refrigerator-freezers; compact, household-grade, stand-alone refrigerators with capacity 11 cubic feet or less; dormitory-style or bar-style combination refrigerator/freezers; manual-defrost refrigerators; convertible units; cryogenic (ultra-low) freezers; or any vaccine transport unit (including coolers and battery-operated units).
  - Purchase new refrigerators (purpose-built) or freezers (any grade) if existing storage units malfunction frequently or experience frequent temperature excursions.
  - For provider locations designated solely as mass vaccinators:** Only use purpose-built, vaccine transport units for transport and on-site storage.
- 5. Vaccine Storage Unit Configuration**
  - Prepare vaccine refrigerators and vaccine freezers** (IMM-962) following VFC Program requirements.
  - Place **water bottles** (in refrigerators) and ice packs (in freezers only) to stabilize temperatures. (Exception for pharmaceutical grade and purpose-built, auto-dispensing units without doors. Follow manufacturer's guidance.)
  - Place data logger buffered probes in the center of refrigerators and freezers. (Exception for pharmaceutical grade and purpose-built, auto-dispensing units without doors. Follow manufacturer's guidance.)
  - Place data logger digital displays outside vaccine storage units to allow temperature monitoring without opening vaccine storage unit doors. (Exception for purpose-built, auto-dispensing units without doors.)
  - Plug the vaccine refrigerator and freezer directly into nearby, dedicated wall outlets that do not have built-in GFI circuit switches and are not controlled by light switches; never plug vaccine storage units into extension cords, or power strips or surge protectors with an on-off switch.
  - Post **"Do Not Unplug"** (IMM-744) signs on electrical outlets and circuit breakers to prevent interruption of power.
  - Set up vaccine refrigerators and vaccine freezers** (IMM-965) following VFC Program requirements.
  - Clearly identify unit space or containers that will store VFC-supplied and privately purchased vaccines
  - Allocate enough space to position vaccines or baskets 2-3 inches away from walls, storage unit floor, and other baskets to allow space for air circulation. (Exception for purpose-built, auto-dispensing units without doors.)
  - Post **VFC temperature logs** on vaccine storage unit doors or in an easily accessible location.

- Review Addendum which will include updated language





# Provider Agreements

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**8**  
Preview / Complete

---

**VFC PROVIDER AGREEMENT**

**IMPORTANT:** The following section must be completed by the Provider of Record. This is a legal agreement between the Provider of Record and the VFC Program. To renew participation in the VFC Program and receive publicly funded vaccines, the clinic's Provider of Record must review and agree to the following conditions on behalf of himself/herself and all the practitioners, nurses, and others associated with this clinic.

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

- I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
- I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
  - Federally Vaccine-eligible Children (VFC-eligible)
    - Are an American Indian or Alaska Native;
    - Are enrolled in Medicaid;
    - Have no health insurance;
    - Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.
  - State Vaccine-eligible Children
    - In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.
- For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:
  - In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;
  - The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
- I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
- I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
- I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$26.03 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
- I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
- I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
- I will comply with the requirements for vaccine management including:
  - Ordering vaccine and maintaining appropriate vaccine inventories;
  - Not storing vaccine in dormitory-style units at any time;
  - Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Public Health Vaccines for Children Program storage and handling requirements;
  - Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
- I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:

**Fraud:** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

**Abuse:** provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.
- I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.
- For pharmacies, urgent care, or school located vaccine clinics, I agree to:
  - Vaccinate all "walk-in" VFC-eligible children and
  - Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.

- Federal VFC Provider Agreement
- LHDs will also see the *317 Provider Agreement*
- VFA providers will also see the *VFA Provider Agreement*
- Provider of Record will need to electronically sign all applicable agreements



# CAIR Reporting Requirements

Kelley Leung, RN

CDPH Immunization Branch



# CAIR/RIDE Registry IDs

[AB 1797](#), a new California bill effective January 1, 2023, requires all California providers to enter every immunization administered, as well as a patient's race and ethnicity into the California Immunization Registry ([CAIR](#)) OR [Healthy Futures/RIDE](#).

All active participants of California's VFC Program are required to enter all vaccine doses administered into CAIR or RIDE.

**Providers without immunization registry IDs won't be able to move forward with 2024 Recertification.**

If you're not sure if your practice is already participating in an immunization registry or have other support needs, please contact: CAIR Help Desk ([CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov) or 800-578-7889) OR Healthy Futures/RIDE Help Desk ([support@myhealthyfutures.org](mailto:support@myhealthyfutures.org) or 209-468-2292).



# CAIR/RIDE VFC Documentation Requirements

If you are already submitting doses to an immunization registry, here are a few tips and reminders:

- ✓ Doses reported as administered in your routine VFC vaccine requests should match doses reported as administered in the registry! You can run doses administered reports to verify that doses administered are being accurately recorded in the registry vs. doses you may be tracking in an administration log.
- ✓ Make sure VFC eligibility status is being recorded appropriately and submitted accordingly.

VFC Eligible	Vaccine Eligibility
<b>VFC Eligible Subtotal</b>	
	VFC Eligible Medi-Cal/CHDP
	VFC Eligible Uninsured
	VFC Eligible Underinsured (FQHC/RHC Only)
	VFC Eligible Native American/AK Native
<b>Not VFC Eligible Subtotal</b>	
	Private Insurance
	Unknown
	317 Eligible LHD or HDAS Only
	State General Funding



# Additional Resources for Providers

Terisha Gamboa, MPH

Health Educator, CDPH Immunization Branch



# RSV Resources

- [RSV EZIZ page for patients and providers](#)
- [FAQs – just updated!](#)
- [Nirsevimab Immunization Shortage Infographic](#)

## Just Updated Prenatal and Parental Materials!

- [Immunizations for Healthy Pregnancy | Spanish](#)
- [Expecting? Protect your Baby from RSV, COVID-19, and whooping cough! | Spanish](#)
- [Parents Brochure on Immunizations | Spanish](#)



**PROTECT**  
yourself & your  
growing family

Like most moms-to-be, you want to give your baby a healthy start in life.

Vaccines (also called immunizations) are a safe way to protect you and your baby from some harmful diseases.

**Where can I get immunized?**

I have a doctor.  
Call your doctor and ask,  
• Do you offer flu, Tdap, RSV, and COVID-19 vaccines?  
• How soon can you see me?

**My doctor does NOT have the shots I need or can't see me soon enough.**  
Call the pharmacy where you usually pick up your prescriptions and ask,  
• Do you offer flu, Tdap, RSV, and COVID-19 vaccines?  
• Does my insurance cover these vaccines at your pharmacy?  
(Note: If you have Medi-Cal, shots should be covered at this pharmacy.)  
• What are your immunization clinic hours?

The pharmacy I usually go to for prescriptions does not offer the vaccines I need, or my insurance does not cover them there.  
Call your health plan's member services.  
(This number is usually on the back of your insurance card.) Ask,  
• What nearby pharmacies do you cover?  
Call the nearby pharmacies and ask,  
• Do you offer flu, Tdap, RSV, and COVID-19 vaccines?  
• What are your immunization clinic hours?

Vaccines.gov  
ImmunizationForWomen.org  
(800) CDC-INFO/(800) 232-4636

**IMMUNIZATIONS**  
for a **Healthy**  
Pregnancy

CDPH  
California Department of  
Public Health

IMM-887 (10/23)

[Immunizations for a Healthy Pregnancy \(IMM-887\)](#)





# Additional Resources

## General IZ Resources

- [2024 Child and Adolescent Immunization Schedule \(ACIP\)](#) – more to come next webinar!
- [Vaccines by age \(0-18 years\)](#) (CDC)

## RSV Resources

- [RSV Immunizations General Info Page](#) (CDC)
- [RSV FAQs](#) (CDC)
- [American Academy of Pediatrics FAQs on RSV](#) (AAP)
- [Taj's Story](#) (ShotbyShot)

A screenshot of the ShotByShot.org website. The header includes the logo 'ShotByShot.org' with the tagline 'stories of vaccine preventable diseases'. Navigation links for Home, Browse Stories & Tools, Resources, and About Us are visible. The main content area is titled 'Taj's Story' and includes filters for RSV, Infant and Toddler, USA, Oregon, and English. A quote from a parent is displayed: "I said, 'You've got to be joking! How can he get it twice in six months?'" followed by a 'Download Infographic' button. Below this is a paragraph of text describing Taj's hospitalization. A photo shows a baby in a hospital bed with medical equipment. To the right of the photo is a detailed text account of the parent's experience.

**ShotByShot.org**  
stories of vaccine preventable diseases

Home | Browse Stories & Tools | Resources | About Us

### Taj's Story


RSV | Infant and Toddler | USA | Oregon | English

**Infographic**  
Download Infographic

“ I said, “You’ve got to be joking! How can he get it twice in six months?!” ”

*Taj was 12 months old the first time he was hospitalized for four days with RSV bronchiolitis. Six months later, he was hospitalized again. His mother, Susan from Oregon, shares what happened.*

#### Tell us about Taj getting sick.



It started with a bad cough and fever. I expected it to peak around 3-5 days and get better, but that didn't happen. I called the advice nurse because he was breathing so quickly, and they recommended I bring him to the emergency department. When we got there, it was like he wasn't sick enough. His temp wasn't 'that high', blood oxygenation was good...they gave him Tylenol and sent us home. The next morning he was even worse so we brought him to a different hospital. They tested him for RSV and the test came back positive. He had many breathing treatments, and they worked around the clock to control his fever and suction out excess mucus. He was put on high flow oxygen and had to get an IV put in to stay hydrated, he also couldn't eat because babies can't eat on high flow oxygen, he later lot of weight. After four days, he was well enough to return home.

# VFC Program Updated Resources

## Updated with COVID-19 and RSV immunization info!

- [Vaccines Receiving Checklist \(IMM-1112\)](#)
- [Vaccine Physical Inventory Form \(IMM-1052\)](#)
- [VFC Daily Usage Log \(IMM-1053\)](#)

**Vaccines for Children (VFC) Program Daily Usage Log (Pediatric)** Date: \_\_\_\_\_ Ordering Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Instructions:** Keep this log near your vaccines. Fill in today's date and patient info then make a check for each vaccine administered. At the end of the day, write the number of vaccines administered under Daily Total. Before ordering vaccines, add up the daily totals since the previous order and record under Order Period Total. File all usage logs for three years.

Patient Name (or medical record #)	Date of Birth	COVID-19	DTaP	DTaP-HepB-IPV	DTaP-IPV-Hib-HepB	DTaP-IPV	HepA	HepB	Hib	IPV	PCV 15	PCV 20	RSV	RSV	RV	MMR	MMR	MMRV	VAR	FROZEN		
																				MMR only	Pro-Quad	Varivax
		Moderna Novavax Pfizer	Dap-tacel Infantrix	Pediarix	Vaxelis	Kimrix Quadra-cel	Pentacel	VAZTA Havrix	Engerix-B Heplicav-B Recombivax HB	ActiHB Hibervac-Hib	IPOL	Vaxovance	Prevnar 20	Byfortus 50mg	Byfortus 100mg	Rotarix RotaTeq	Priorix only	MMR only	Pro-Quad	Varivax		
<b>Daily Total:</b>																						
<b>Order Period Total:</b>																						

Log taken by: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

California Department of Public Health, Immunization Branch IMM-1053 (10/23)

**Vaccines for Children (VFC) Program Vaccine Physical Inventory Form** DATE: \_\_\_\_\_

**Instructions:** 1. Complete this form before you order VFC vaccine. 2. Transfer all lot numbers, expiration dates, and total doses on hand from this form to your VFC vaccine order.

**Refrigerator**

Vaccine	Brand	Presentation	Doses/Box	Lot Numbers	Expiration Date	# Doses On Hand	Additional Space		Total Doses On Hand
							Expiration Date	# Doses On Hand	
COVID-19	<input type="checkbox"/> Moderna <input type="checkbox"/> Novavax <input type="checkbox"/> Pfizer	Vials	<input type="checkbox"/> 10 <input type="checkbox"/> 30						
DTaP	<input type="checkbox"/> Daptacel <input type="checkbox"/> Infanrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10						
DTaP-HepB-IPV	Pediarix	Syringes	10						
DTaP-IPV-Hib-HepB	Vaxelis	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10						
DTaP-IPV	<input type="checkbox"/> Kimrix <input type="checkbox"/> Quadra-cel	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10						
DTaP-IPV-Hib	Pentacel	Vials	5						
HepA	<input type="checkbox"/> Vaxta <input type="checkbox"/> Havrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10						
HepB	<input type="checkbox"/> Engerix-B <input type="checkbox"/> Recombivax HB	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10						
Hib	<input type="checkbox"/> ActiHB <input type="checkbox"/> Hibervac-HB	Vials	<input type="checkbox"/> 15 <input type="checkbox"/> 10						
IPV	Gardasil 9	Syringes	10						
IPV	IPOL	Vials	10						
Men ACWY	<input type="checkbox"/> Menveo <input type="checkbox"/> MenQuadfi	Vials	5						
MenB	<input type="checkbox"/> Bexsero® <input type="checkbox"/> Trimenbat	Syringes	10						
MMR	Priorix only	Vials	10						
PCV	<input type="checkbox"/> Vaxovance <input type="checkbox"/> PCV15 <input type="checkbox"/> Prevnar 20 <input type="checkbox"/> PCV20	Syringes	10						
PPSV23	Prevnar23®	Syringes	10						
RSV	<input type="checkbox"/> Byfortus (50mg) <input type="checkbox"/> Byfortus (100mg)	Syringes	5						
RV	<input type="checkbox"/> Rotarix <input type="checkbox"/> RotaTeq	<input type="checkbox"/> Vials <input type="checkbox"/> Tubes	<input type="checkbox"/> 10 <input type="checkbox"/> 25						
Td	<input type="checkbox"/> Triavac® <input type="checkbox"/> Tet Vaccine (TDVAX®)	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10						
Tdap	<input type="checkbox"/> Adacel <input type="checkbox"/> Boostrix	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	<input type="checkbox"/> 15 <input type="checkbox"/> 10						

Highlights indicate special order VFC vaccines.

California Department of Public Health, Immunization Branch IMM-1052 (11/23)

**Vaccines for Children (VFC) Program Vaccine Receiving Checklist**

**Instructions:** Use the checklist when your clinic receives vaccines. Complete this form to report any discrepancies or shipping issues after vaccines are stored. **Never reject or return a vaccine shipment.**

Clinic Name: \_\_\_\_\_ Pin: \_\_\_\_\_

Date Mckesson Vaccine Received: \_\_\_\_\_ Date Merck Vaccine Received: \_\_\_\_\_

**1. Inspect package**

If the package shows any of these problems, note them on this form.  
 previously opened  broken, torn, or tampered with  not addressed to your clinic

**2. Open package immediately**

Refrigerated vaccines ship with temperature indicators.  
 • Read the indicators to determine if vaccines were exposed to out-of-range temperatures.  
 • If the MonitorMark index reads 3-5, record the number on this form. Index: \_\_\_\_\_  
 • If the FREEZEmarker indicator does not show a check mark or is not activated, note the issue on this form.  
 no check mark  not activated

Varicella-containing vaccines come with a shipper insert that identifies the allowable shipping time.  
 • Check the packing slip's shipment date to determine how long the vaccines were in transit.  
 • If the shipment arrived beyond the allowed time, note the issue on this form.  
 exceeds shipping time

COVID-19 Vaccines follow the same shipping timelines for routine vaccines but note differences upon receiving certain vaccines. Check the packing slip's shipment date to determine how long the vaccines were in transit.  
 • Moderna (SPIKEVAX®) vaccine ships frozen between -50°C and -15°C (-58°F and 5°F) and has a TagAlert.  
 • Novavax vaccine ships with routine refrigerated vaccines at temperatures between 2°C to 8°C (36°F to 46°F). The MonitorMark and FREEZEmarker should be included with shipment.  
 • Pfizer vaccine ships on dry ice on ultra low temperature conditions (ULT) between -90°C and -60°C (-130°F to -76°F) and has a logger. Please ensure receiving staff have been properly trained on shipment inspection, dry ice safety and storage in the corresponding units.

For vaccines with diluent (6m-4y) diluent will be shipped separately and will arrive at the same time or before vaccines arrive.

**3. Check for shipment discrepancies**

• Compare the shipment contents (funding source, vaccines, and diluents) to the packing slip and approved doses on your VFC order confirmation.  
 • If there are any discrepancies, note the brand received and the number of doses/diluent missing or extra doses on the next page.  
 • Note any vaccines with expiration dates less than six months.

**4. Store vaccines**

• Store vaccines in areas designated for VFC vaccines. Store vaccines with the earliest expiration date in the front. Refer to IMM-963 and IMM-966.

**5. Report issues immediately**

• Report all damage or shipment issues immediately.  
 • Fax this completed form and the packing slip to the VFC Call Center at (877) 329-9832.  
 • Call the VFC Call Center at (877) 243-8832 for further instructions.

California Department of Public Health, Immunization Branch IMM-1112 (11/23)



[Daily Usage Log \(IMM-1053\)](#)

[Inventory Form \(IMM-1052\)](#)

[Receiving Checklist \(IMM-1112\)](#)

# Additional Updated Provider Job Aids

- Pneumococcal Timing Guide for Children (IMM-1159)
- MenACWY Vaccine Fact Sheet (IMM-1064)

## Pneumococcal Vaccine Timing—For Children

**Age 2-23 Months** [View web version of this schedule.](#)

Standard	PCV15 Vaxneuvance® or PCV20 Prennar®	PCV15 Vaxneuvance® or PCV20 Prennar®	PCV15 Vaxneuvance® or PCV20 Prennar®	PCV15 Vaxneuvance® or PCV20 Prennar®
	Age: 2 months	4 months	6 months	12–15 months

• Catch-up: Healthy children 24-59 months: 1-4 doses PCV15 or PCV20 depending on age and timing of past doses.

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

- Children 2-18 years with any risk who have received all recommended doses before 6 years do not need further doses if they have received at least one dose of PCV20. If they have received PCV13 or PCV15, they should receive a dose of PCV20 OR PPSV23 (at least eight weeks after the prior dose of pneumococcal conjugate vaccine).
- Children 6-18 years with any risk who have not received any doses of PCV13, PCV15 or PCV20 should receive a single dose of PCV15 or PCV20. When PCV15 is used, it should be followed by a dose of PPSV23 >8 weeks later if not previously given.
- Children younger than 6 years of age should have received the standard or catch-up doses of PCV15 or PCV20. If PCV13 or PCV15 is used, follow with PPSV23 eight weeks later.
- Catch-up for Children 24-71 months with underlying conditions: 1-4 doses PCV15 or PCV20 depending on age and timing of past doses.

#### Risk Categories:

**Chronic conditions:**

- Chronic heart disease (particularly failure or cyanotic disease)
- Chronic kidney disease
- Chronic liver disease
- Chronic lung disease (including moderate persistent or severe persistent asthma)
- Diabetes mellitus
- CSF leaks or Cochlear implants

**Immunocompromise:**

- On maintenance dialysis or nephrotic syndrome
- Asplenia or splenic dysfunction
- Immunodeficiency (including B- to T- cell deficiency, complement deficiency and phagocytic disorders excluding CGD)
- Diseases and conditions treated with immunosuppressive drugs or radiation treatments (Including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease)
- HIV infection
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

1. When PPSV23 is used instead of PCV20 for children aged 2–18 years with an immunocompromising condition, either PCV20 or a second PPSV23 dose is recommended ≥5 years after the first PPSV23 dose.

For further details, see CDC's [Pneumococcal Vaccine Recommendations](#).  
California Department of Public Health, Immunization Branch [www.EZIZ.org](http://www.EZIZ.org) IMM-1159 (10/23)

## Vaccine Fact Sheet: MenACWY (MCV4)

California Vaccines for Children Program

Topic	MenQuadfi *	Menveo*
<b>Manufacturer</b>	Sanofi Pasteur <a href="#">Detailed Prescribing Information</a>	GSK <a href="#">Detailed Prescribing Information</a>
<b>Protects Against</b>	Invasive Meningococcal Disease caused by <i>Neisseria meningitidis</i> A, C, Y and W-135.	Invasive Meningococcal Disease caused by <i>Neisseria meningitidis</i> A, C, Y and W-135.
<b>Routine Schedule</b>	Two-dose series at 11-12 years and 16 years	Two-dose series at 11-12 years and 16 years
<b>Special situations schedule</b>	Details available in <ul style="list-style-type: none"> <li>• <a href="#">ACIP Immunization Schedule</a> and</li> <li>• <a href="#">CDPH Meningococcal Immunization for High-Risk Groups</a></li> </ul>	Details available in <ul style="list-style-type: none"> <li>• <a href="#">ACIP Immunization Schedule</a> and</li> <li>• <a href="#">CDPH Meningococcal Immunization for High-Risk Groups</a></li> </ul>
<b>Minimum Intervals</b>	8 week minimum interval between doses	8 week minimum interval between doses
<b>Approved Ages</b>	2 years of age and older	<ul style="list-style-type: none"> <li>• 2-vial presentation approved for children 2 months through 55 years.</li> <li>• 1 vial presentation approved for 10 years through 55 years.</li> </ul>
<b>Administration</b>	Intramuscular (IM) injection	Intramuscular (IM) injection
<b>Packaging</b>	Vaccine is packaged as a single-dose vial in packages of 5 vials	Vaccine is packaged as 2-vials (5 pack) and <b>requires reconstitution</b> before use. OR 1-vial (10 pack) and <b>does not require reconstitution</b> before use.
<b>Storage</b>	Refrigerate between 36°F and 46°F (2°C 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="#">ACIP MCV4 Vaccine Recommendations   CDC</a>	<a href="#">ACIP MCV4 Vaccine Recommendations   CDC</a>
<b>VFC Letter</b>	<a href="#">VFC MenQuadfi Clinical Letter</a>	<a href="#">VFC Menveo Clinical Letter</a>

## [MenACWY Fact Sheet \(IMM-1064\)](#)

## [Pneumococcal Timing Guide for Children \(IMM-1159\)](#)





# Additional Provider Job Aids

## Updated Flu, COVID-19, RSV Job Aids

- [Pediatric/Adult Influenza Vaccine Guide \(IMM-859\)](#)
- [VFC Flu Usage Log \(IMM-1053F\)](#)
- [Block Timing Schedule \(IMM-395\) | Spanish](#)

### Immunization Timing 2023

Suggested schedule to meet recommendations on time. Refer to web version.

Birth		6 months – 18+ years									
HepB <sup>1</sup>		COVID-19 vaccine(s) <sup>2</sup> Flu vaccine, every fall <sup>3</sup>									
RSV <sup>2</sup> (age: 0-8 months)											
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
DTaP <sup>4</sup> (Diphtheria, Tetanus, Pertussis)		DTaP	1-2 months	DTaP	1-2 months	HepA <sup>5</sup> (age: 12-23 months)		DTaP <sup>12</sup>	6-12 months	HepA	6-18 months
Polio (IPV)		Polio (IPV)	1-2 months	Polio	1-1.4 months	MMR <sup>6,13</sup> (ages: 12-15 months)					
HepB <sup>3</sup> (age: 1-2 months)	1-2 months after birth dose	HepB <sup>3</sup> (if 1st dose given at 2 months)	1-2 months	HepB <sup>3</sup> (age: 6-18 months)	2-12 months and 24 months after 1st dose	Var <sup>10</sup> (age: 12-15 months)		<b>Age 4-6 years</b> DTaP Polio (IPV) MMR <sup>6</sup> Varicella <sup>10</sup>			
Hib (Hib meningitis)		Hib	1-2 months	Hib <sup>5</sup>	1-2 months	Hib (age: 12-15 months)	2-8 months	<b>Age 11-12 years</b> HPV <sup>14</sup> (2 doses, can start at age 9) MenACWY (MCV4)			
PCV (Pneumo)		PCV	1-2 months	PCV	1-2 months	PCV <sup>11</sup> (age: 12-15 months)	6-8 weeks	<b>Age 16 years</b> MenACWY (MCV4) MenB <sup>14</sup>			
RV <sup>1</sup> (Rotavirus)		RV <sup>1</sup>	4-10 weeks	RV <sup>1</sup> (if Rotarix used for doses 1 or 2)	4-10 weeks			California Kids Love them. Immunize them.			

California Department of Public Health, Immunization Branch • EZIZ.org IMM-395 (9/23)

### 2023-2024 FLU USAGE LOG

#### VACCINES FOR CHILDREN (VFC) PROGRAM

PIN: \_\_\_\_\_ Usage Period: \_\_\_\_ to \_\_\_\_

INSTRUCTIONS: Keep this log near your vaccines. Fill in today's date, patient info and then make a check for each vaccine administered. Upon completion of this form, count the number of checks for each vaccine and write in the Usage Period Total. VFC flu vaccine usage since the previous order and current flu vaccine inventory must be reported with each vaccine order. File all usage logs for 3 years.

Today's Date	Patient Name (or medical record)	Date of Birth	Fluarix <sup>®</sup> 0.5 mL syringes	FluLaval <sup>®</sup> 0.5 mL syringes	Fluzone <sup>®</sup> 0.5 mL syringes	FluMist <sup>®</sup> 0.2 mL sprayer	Flucelvax <sup>®</sup> 0.5 mL syringes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

[VFC Flu Usage Log \(IMM-1053F\)](#)

## PEDIATRIC/ADULT INFLUENZA VACCINE 2023-2024

6 MONTHS & OLDER	<b>Fluarix<sup>®</sup> Quadrivalent</b> GlaxoSmithKline Biologicals 0.5 mL single-dose syringe	<b>FluLaval<sup>®</sup> Quadrivalent</b> GlaxoSmithKline Biologicals 0.5 mL single-dose syringe
	<b>Flucelvax<sup>®</sup> Quadrivalent</b> Seqirus 0.5 mL single-dose syringe	<b>Fluzone<sup>®</sup> Quadrivalent</b> Sanofi Pasteur, Inc. 0.5 mL single-dose
	<b>Afluria<sup>®</sup> Quadrivalent</b> Seqirus 0.5 mL single-dose syringe	<b>Fluzone<sup>®</sup> Quadrivalent</b> Sanofi Pasteur, Inc. 0.5 mL single-dose vial
3 YEARS & OLDER	<b>Afluria<sup>®</sup> Quadrivalent</b> Seqirus 5.0 mL multi-dose vial <sup>*</sup>	<b>Fluzone<sup>®</sup> Quadrivalent</b> Sanofi Pasteur, Inc. 5.0 mL multi-dose vial <sup>*</sup>
2-49 YEARS OLD & HEALTHY	<b>FluMist<sup>®</sup> Quadrivalent</b> MedImmune Vaccines, Inc. 0.2 mL single-dose nasal sprayer	<b>65 YEARS &amp; OLDER</b> <b>FLUAD<sup>®</sup> Adjuvanted Quadrivalent</b> Seqirus 0.5 mL single-dose syringe
	<b>FluBlok<sup>®</sup> Quadrivalent</b> Protein Sciences 0.5 mL single-dose syringe	
18 YEARS & OLDER		<b>Fluzone<sup>®</sup> High-Dose Quadrivalent</b> Sanofi Pasteur, Inc. 0.7 mL single-dose syringe

**STORE ALL INFLUENZA VACCINES IN THE REFRIGERATOR.**

VFC Questions: Call 877-2GET-VFC (877-243-8832)

Children under 9 years of age with a history of fewer than 2 doses of influenza vaccine are recommended to receive 2 doses this flu season. See CDC Website

Vaccines available through the Vaccines for Children Program in 2023-24 should only be used for VFC-eligible children 18 years of age or younger.

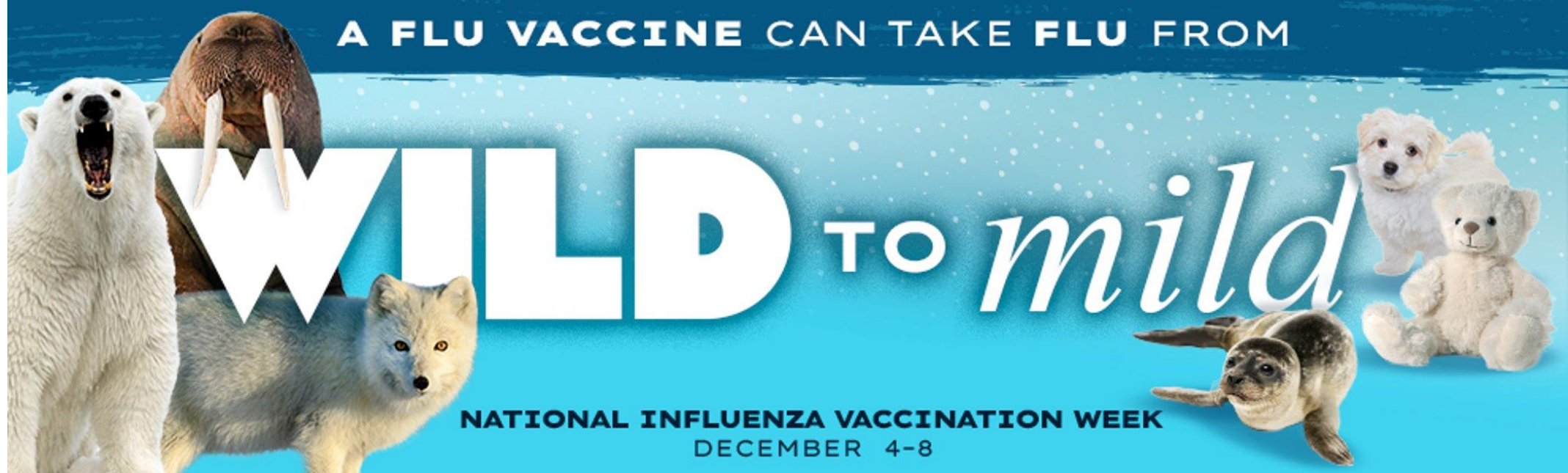
\* Multi-dose flu vaccines, which contain thimerosal, should NOT be given to pregnant women and children under 3 years of age unless Secretary of the Health and Human Services Agency issues an exemption (CA Health & Safety Code 124172).

<sup>65+</sup> Preferred vaccine product for persons 65 or older. If not available, any other age-appropriate inactivated product may be given.

California Department of Public Health IMM-859 (8/23)

[Pediatric/Adult Flu Vaccine Guide \(IMM-859\)](#)





- Late Season Flu Vaccination Campaign
- [Communication Toolkit:](#)
  - Social Media Messages
  - Template Matte Release
  - Sample Newsletter Blurb
  - Patient Reminder Messages

**December 4-8, 2023**, we will observe National Influenza Vaccination Week, a reminder for everyone 6 months and older that there's still time to get a flu vaccine this season.





# Additional Late Flu Promotional Materials

A **FLU VACCINE** CAN TAKE **FLU** FROM **WILD** TO *mild*

Parents, talk to your child's doctor about a flu vaccine to help tame flu's more serious symptoms.

**TAME FLU FOR YOUR CHILD.**

**NATIONAL INFLUENZA VACCINATION WEEK**  
DECEMBER 4-8

#FIGHT FLU  
CDC

A **FLU VACCINE** CAN TAKE **FLU** FROM **WILD** TO *mild*

**NATIONAL INFLUENZA VACCINATION WEEK**  
DECEMBER 4-8

#FIGHT FLU  
CDC

“Flu—It’s Not Too Late to...  
**Vaccinate!**”

Getting a flu vaccine now can protect you throughout the spring!

FALL WINTER SPRING

**Everyone 6 months of age and older needs flu vaccine every year.**

Remember — Flu vaccine can still protect you and your family

For more information on flu and to find a flu vaccine location near you, go to: [MyTurn.ca.gov](http://MyTurn.ca.gov)

CDC

“¡No es muy tarde para...  
**Vacunarse!**”

¡La vacuna contra la influenza lo puede proteger hasta la primavera!

OTOÑO INVIERNO PRIMAVERA

**Todas las personas mayores de 6 meses de edad necesitan vacunarse contra la influenza todos los años.**

Recuerde—La vacuna contra la influenza aún puede proteger a usted y a su familia

Para más información sobre la influenza o para encontrar un lugar donde puede vacunarse, visite: [MyTurn.ca.gov](http://MyTurn.ca.gov)

CDC

[NIVW Toolkit](#) #Fightflu





# Digital Vaccine Record

**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](http://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 records can I access from the DVR Portal?**  
There are two types of records you can access from the DVR Portal:

- **COVID-19 QR code** that (when scanned by a SMART Health Card reader) will display the same information as your paper CDC vaccine card: your name, date of birth, vaccination dates, and vaccines.
- **Record of all your vaccinations** that were reported by pharmacies and healthcare providers to CAIR. Note that your historical vaccinations may not have been reported to CAIR.




For more DVR questions, visit [myvaccinerecord.cdph.ca.gov/faq](http://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](http://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/](http://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)

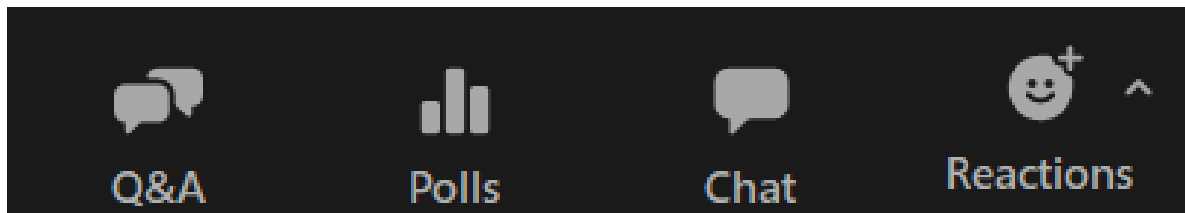
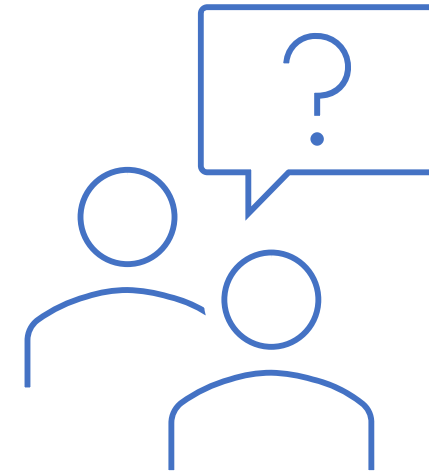
[Spanish Version](#)

- To access their DVR, patients should visit the [Digital Vaccine Record \(DVR\) portal](http://myvaccinerecord.cdph.ca.gov) ([myvaccinerecord.cdph.ca.gov](http://myvaccinerecord.cdph.ca.gov))
- Flyers are also available in [Arabic](#), [Simplified Chinese](#) and [Traditional Chinese](#), [Korean](#), [Tagalog](#) and [Vietnamese](#).
- The DVR request form is also available in the languages listed above to support easy communication. Records are also printable in these languages! See our [DVR FAQs](#) for more information.



# 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](https://eziz.org)

 California Vaccines for Children Program	 California Vaccines for Adults Program	 California Bridge Access Program	 Local Health Departments
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## Alerts!



### 2023 COVID-19 Vaccine

- [CDC Recommends Updated 2023-2024 COVID-19 Vaccines for Everyone 6 Months and Older \(9/13\)](#)
- [Resources](#)

## COVID-19 Vaccine Resources

### Vaccine Information

- [COVID-19 Vaccine Access & Ordering \(Infographic\)](#)
- [COVID-19 Vaccine Product Guide](#)
- [COVID-19 Vaccine Timing Guide | Spanish](#)

## [EZIZ COVID-19 Resources](#)





# Upcoming Crucial Conversations Webinar

**Topic:** Having Respectful and Caring Immunization Conversations with Older Adults in Black, Indigenous, People of Color (BIPOC) Communities

**Description:** Discover the current landscape of respiratory viruses for older adults and learn key messages for addressing common vaccine concerns among older adults in BIPOC communities.

**Speaker:** Asha Shajahan, M.D., MHSA

**When:** Wednesday, December 13, 2023

**Time:** 12PM - 1PM, PT

Please register [here](#)

The graphic is a vertical orange rectangle with a white curved top-right corner. At the top right is the California Department of Public Health logo. A blue speech bubble at the top left contains the text 'Crucial Conversations'. Below it, a white rounded rectangle contains the webinar details. To the right of this text is a circular portrait of Asha Shajahan. At the bottom right are two purple circular social media icons with the text '#THIS IS OUR SHOT' and '#VACU NATE YA'. At the bottom center is a purple button with white text that says 'Register here!'.

**Crucial Conversations**

Upcoming Webinar:  
**Having Respectful and Caring Immunization Conversations with Older Adults in BIPOC Communities**

Please join  
**Asha Shajahan, M.D., MHSA**  
Discover the current landscape of respiratory viruses for older adults and learn key messages for addressing common vaccine concerns among older adults in Black, Indigenous, People of Color (BIPOC) Communities.

**Wednesday, December 13, 2023  
12:00PM - 1:00PM PT**

**Register here!**

California Department of Public Health

#THIS IS OUR SHOT #VACU NATE YA



# Weekly CDPH Immunizations Updates for Providers



[Register for the next session](#)

Friday, December 8, 9AM-10:30AM



## Special Thanks to Today's Presenters:

Samantha Johnston

Michele Barkus,

Christina Sapad, Kelley Leung

Terisha Gamboa



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

