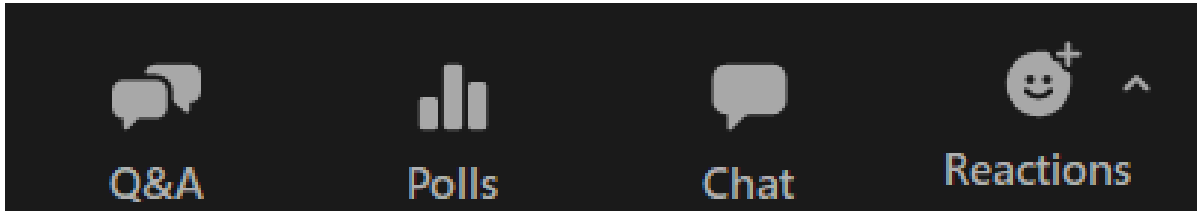
Welcome to CDPH Immunization Branch

Afternoon TEAch Webinar:
Best Practices for Promoting Adolescent Vaccination

Tuesday, March 26, 2023
12:00PM – 1:00PM

Questions

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



Resource links will be dropped into, “Chat”

Housekeeping

Reminder to Panelists:

Please mute yourself when not speaking.

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

Reminder to Attendees:

Today's session is being recorded. Access today's slides and archived presentations at: https://eziz.org/resources/afternoon-teach/.

If you have post-webinar questions, please email diane.evans@cdph.ca.gov.

Webinar Objectives:

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

- Understand and implement effective strategies to address Human Papillomavirus (HPV) vaccine hesitancy among adolescent patients and their parents.
- Explain the 2024 Advisory Committee on Immunization Practices (ACIP) child and adolescent immunization schedule and recommendation updates.
- Explain the requirement for schools that requires them to inform families of HPV vaccination under AB 659.

Agenda: Tuesday, March 26, 2024

No.	Item	Speaker(s)	Time (PM)
1	Welcome	Diane Evans (CDPH)	**12:00 – 12:05**
2	Addressing HPV Vaccine Hesitancy in Multi-Ethnic Communities in Los Angeles	Jennifer Tsui, PhD, MPH (Keck Medicine of USC)	**12:05 – 12:30**
3	ACIP 2024 Schedule Updates for Children and Adolescents	Samantha Johnston, MD, MPH (CDPH)	**12:30 – 12:40**
4	Assembly Bill No. 659, the Cancer Prevention Act	Jennie Chen, MD, MPH (CDPH)	**12:40 – 12:45**
5	Resources	Terisha Gamboa, MPH (CDPH)	**12:45 – 12:50**
6	Questions & Answers	CDPH Subject Matter Experts (SMEs)	**12:50 – 1:00**
Thank you!			

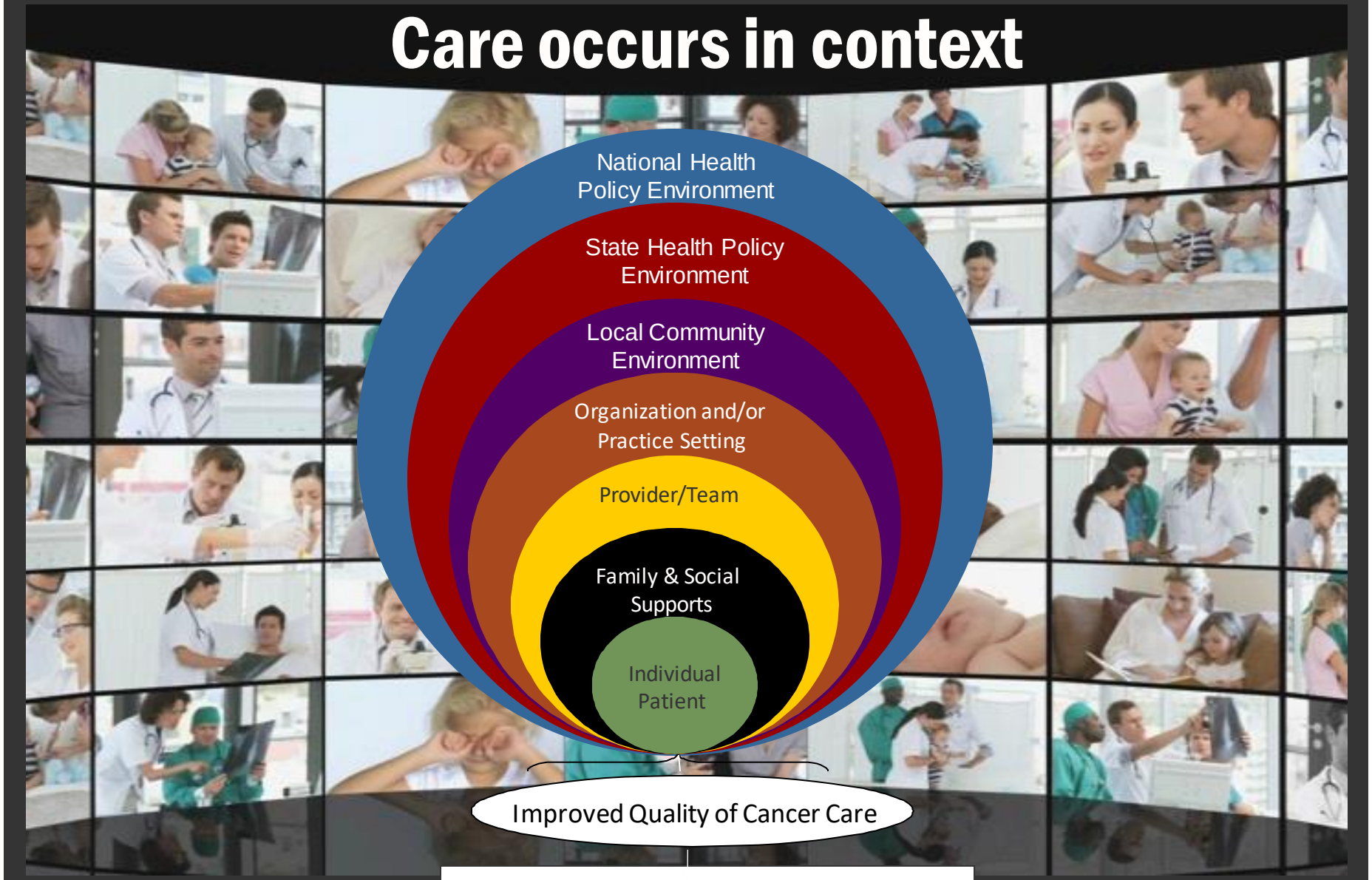
Addressing HPV Vaccine Hesitancy in Multi-Ethnic Communities in Los Angeles

Jennifer Tsui, PhD, MPH

Keck School of Medicine of USC
Department of Population and Public Health Sciences

USC Norris Comprehensive Cancer Center
Keck Medicine of USC

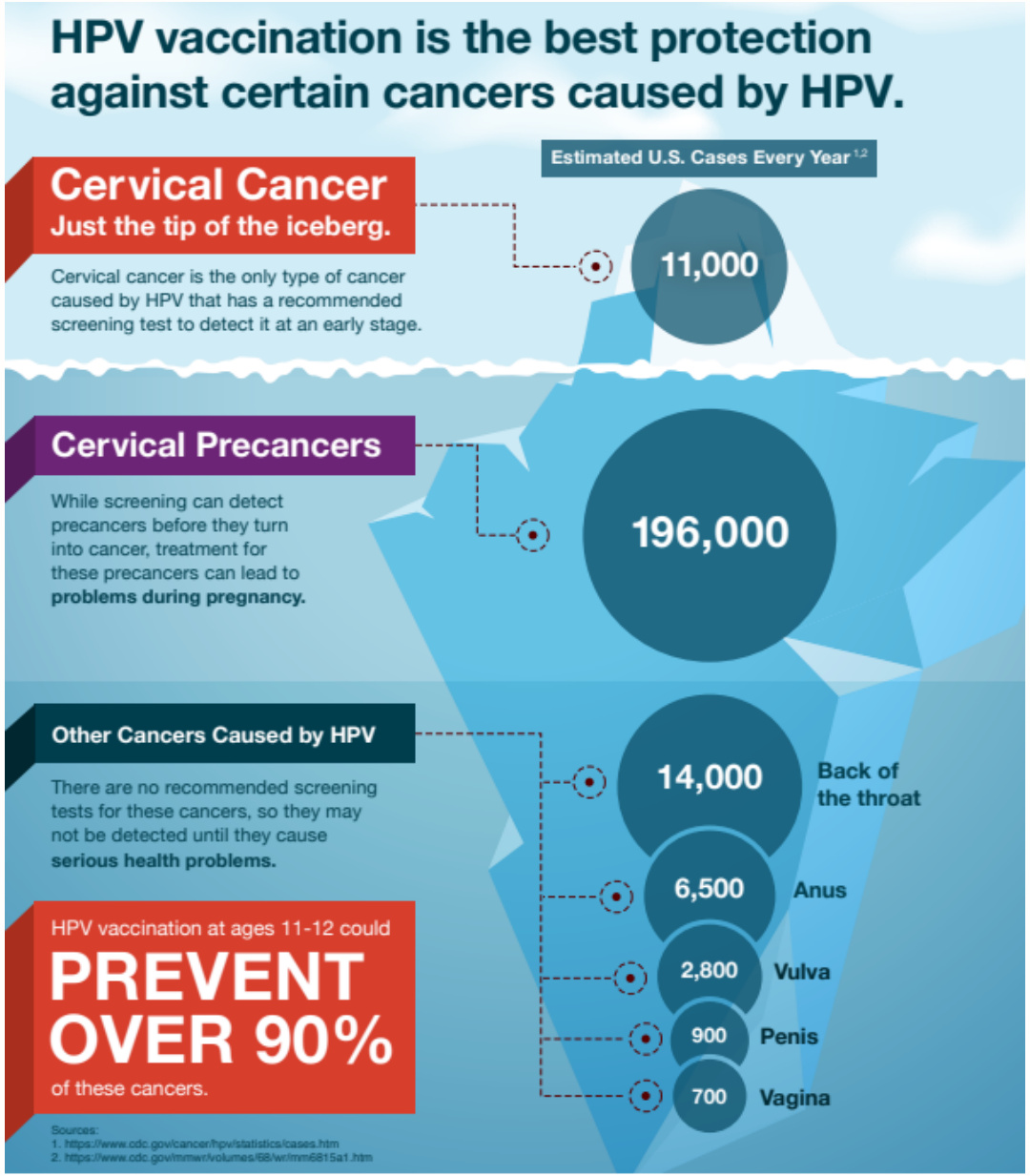
Care occurs in context

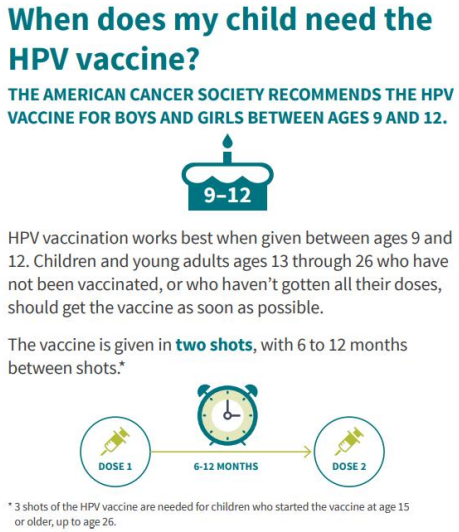


Stephen Taplin, Introduction: Understanding and Influencing Multilevel Factors Across the Cancer Continuum. NCI Multilevel Interventions in Health Care: Building the Foundation for Future Research Meeting, March 4, 2011

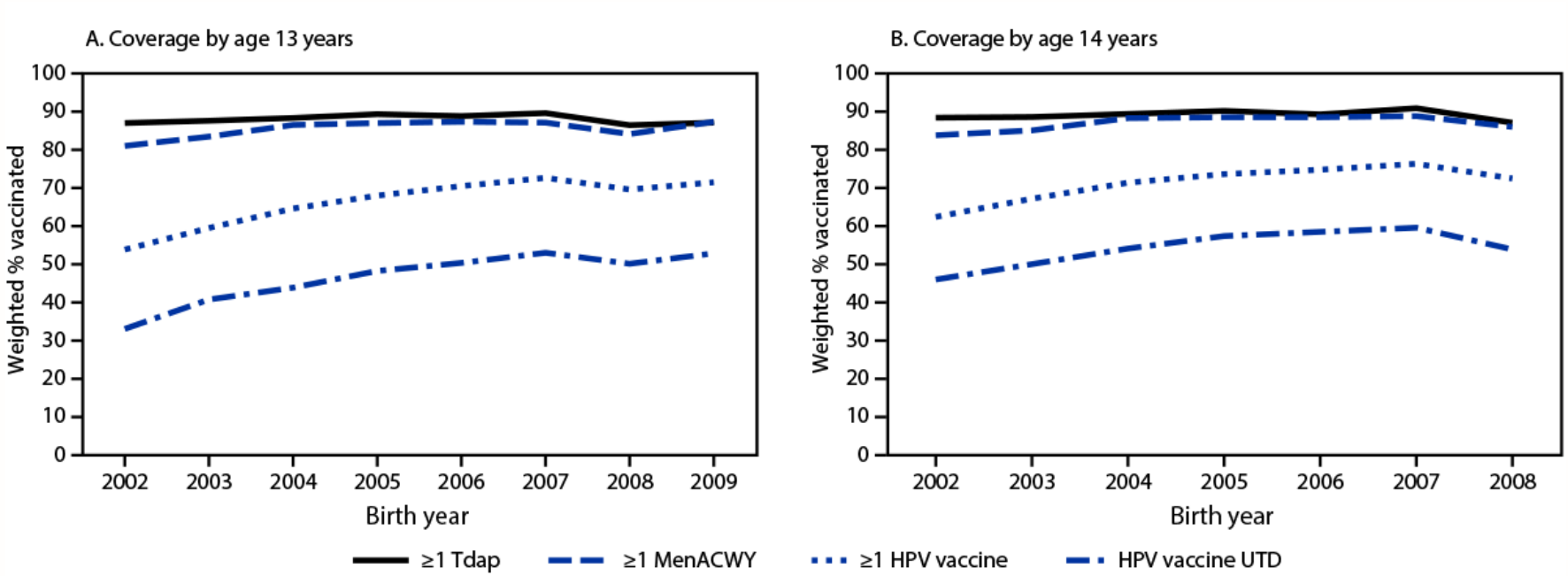
HPV Vaccination Recommendations in US

CDC ACIP recommends routine HPV vaccination for ages 11 or 12 years, as early as age 9.





Adolescent HPV Vaccination in Medically Underserved Communities Remains Low

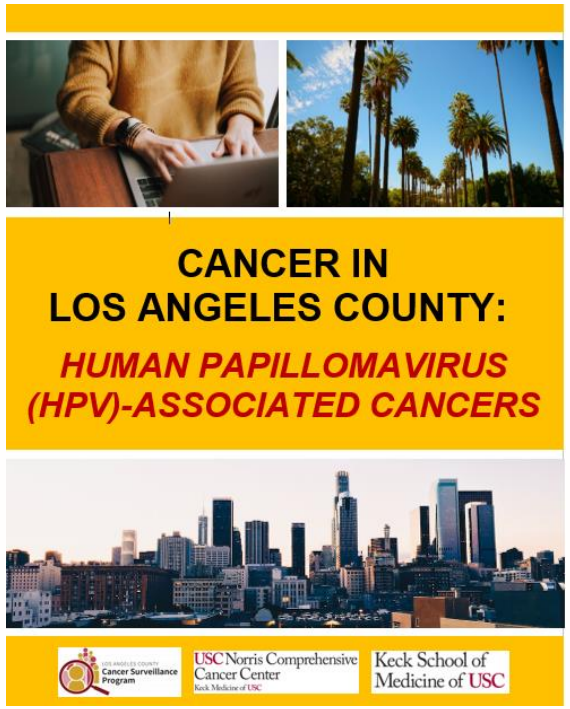


2023 MMWR:
For the first time since 2013, HPV vaccination DID NOT INCREASE among adolescents aged 13–17 years.

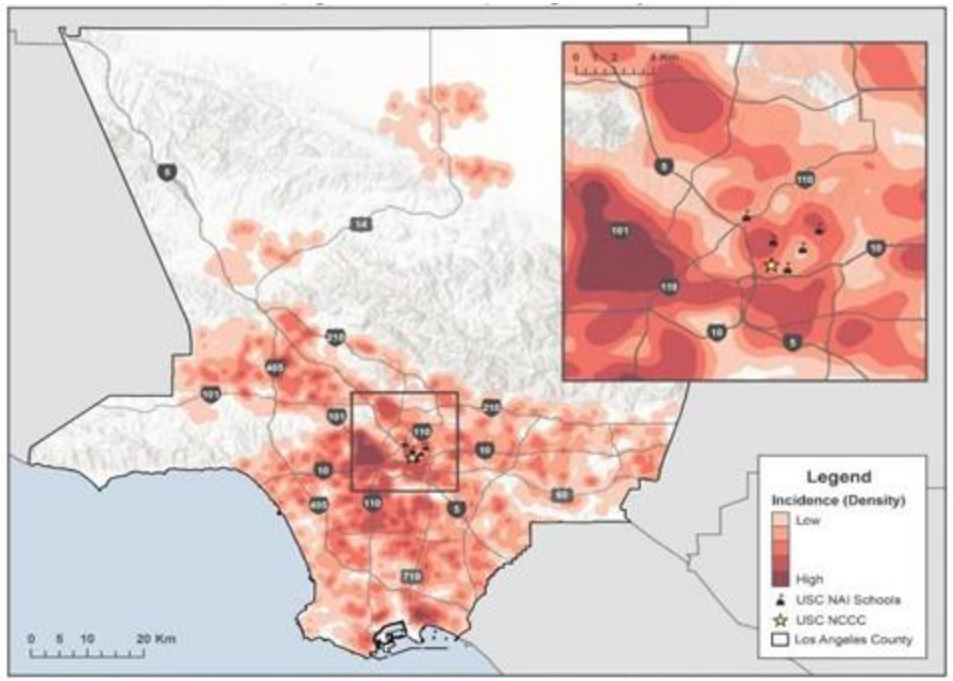
Rates fell among adolescents with Medicaid and remained lowest among the uninsured

Pingali et al, MMWR Morb Mortal Wkly Rep 2023 http://dx.doi.org/10.15585/mmwr.mm7234a3

Improving Uptake of HPV Vaccination is Critical for Cancer Equity



Incidence of cervical cancer in Los Angeles County, 2008-2017

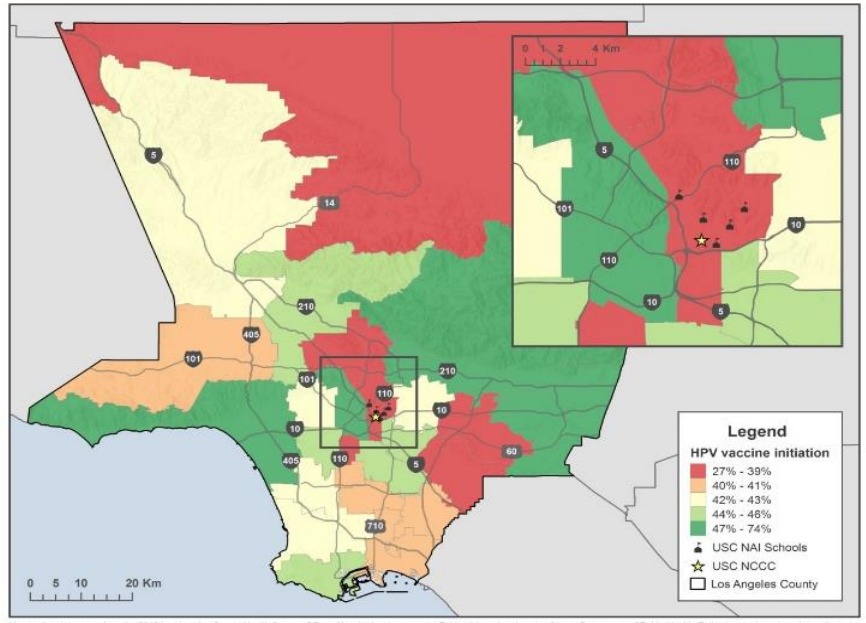


Adolescents (11-17 Years) receiving ≥ 1 dose of HPV vaccine, Los Angeles County (LAC) Health Survey, 2018

	Female (%)	Male (%)
LAC Adolescents	53	41
Adolescent Race/Ethnicity		
Hispanic/Latino	50	43
NH White	61	43
African American	49	41
Asian American	61	27

https://csp.usc.edu/resources-and-publications/

Understanding HPV Vaccine Experiences among Multi-Ethnic Parents in Los Angeles



USC Cancer Center 1 of 11 sites funded by the National Cancer Institute for this HPV vaccine project

USC Norris Comprehensive Cancer Center Team

Jennifer Tsui, PhD MPH
Associate Professor of Preventive Medicine

Lourdes Baezconde-Garbanati, PhD
Professor of Preventive Medicine
Associate Director for Community Outreach and Engagement

W. Martin Kast, PhD
Professor of Molecular Microbiology & Immunology
Director Medical Biology Graduate Program

Bibiana Martinez, MPH
Project Coordinator/Doctoral Student

Michelle Shin, RN, MSN, MPH, PhD
Postdoctoral Fellow

Erika Chen, BS
Research Assistant/MPH Student

NCI Designated Comprehensive Cancer Center

Study Objectives

Study Purpose: Understand HPV vaccine hesitancy in diverse populations in Central and East Los Angeles where HPV Vaccine uptake is low.

Aims:

1. Survey parents from low HPV vaccination areas in LAC (USC NAI)
2. Obtain stakeholder perspectives on the feasibility, adaptability, and sustainability of strategies to address hesitancy.
3. Develop a multi-level intervention to address HPV vaccine hesitancy within low vaccination areas.

Virtual recruitment of middle and high school parents through USC-NAI workshops

USC Neighborhood Academic Initiative (NAI):

- Middle/high school students
- South and East Los Angeles
- First generation students and their families

Recruitment and survey administration

- Self-administered by parents during VIRTUAL multi-language weekend workshops in March 2021
- Inclusion: parents with at least one child ages 9-17 years old
- ~15-20 minutes in length/ $25 gift card incentive

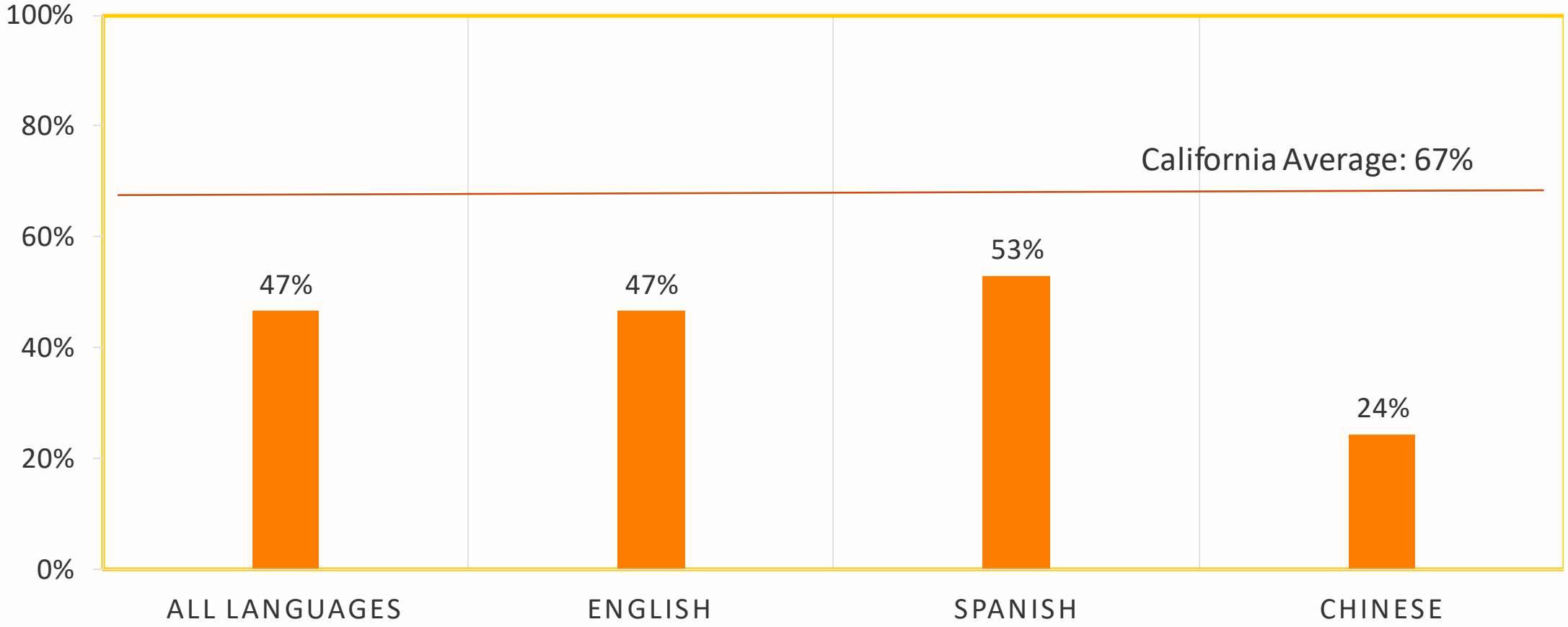
Survey instrument, translation review, recruitment, and study design conducted in collaboration with NAI leadership and staff.

Survey

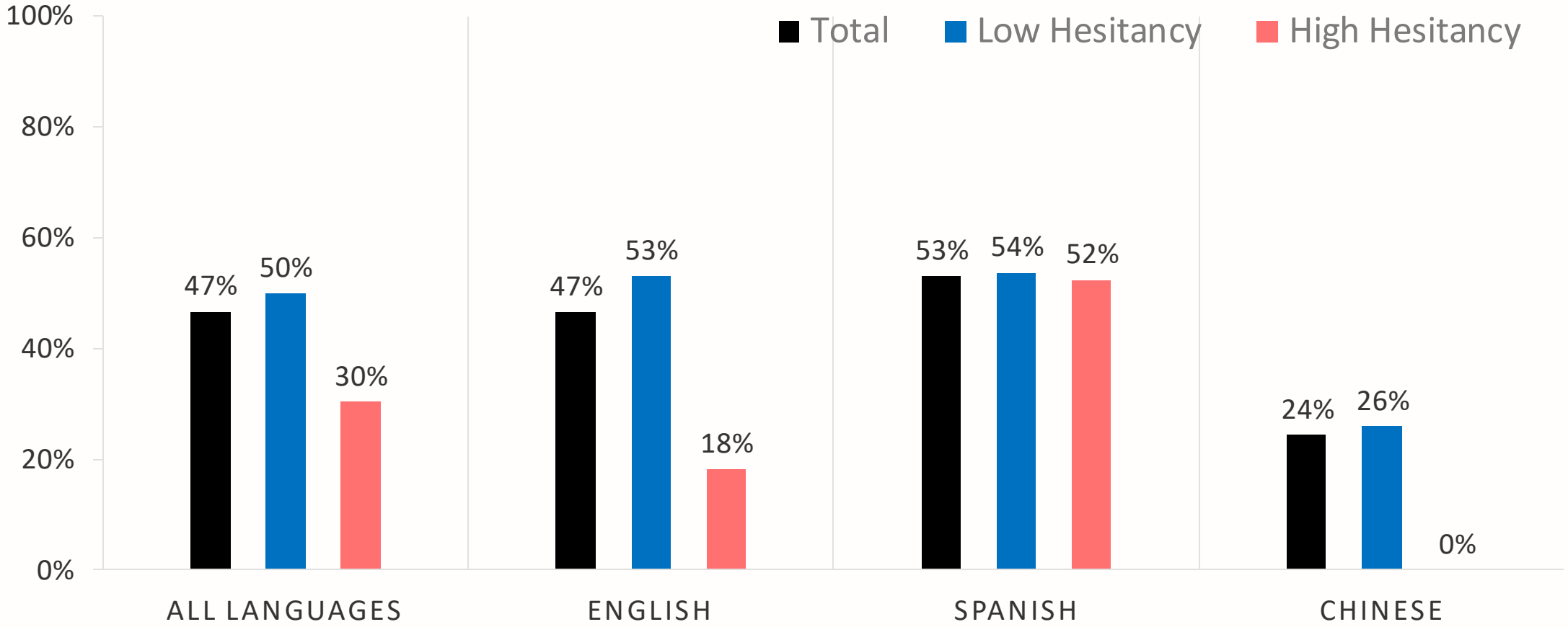
- HPV Vaccination:
  - HPV & HPV vaccine awareness
  - Provider Recommendation
  - Receipt: Initiation, # of shots
  - Parental Hesitancy
  - Experienced negative HPV information
- Parental Medical Mistrust (Thompson GBMMS)
- Parent Acculturation (5-item scale)

- Parent characteristics:
  - Access to care: Insurance type, usual source of care, delay in care during pandemic
  - Demographics: age, gender, race/ethnicity, nativity, education, marital status, income
- Adolescent characteristics:
  - Access to health care
  - Receipt of other adolescent vaccines
  - Demographics: age, gender
- COVID-19 Vaccine Intent

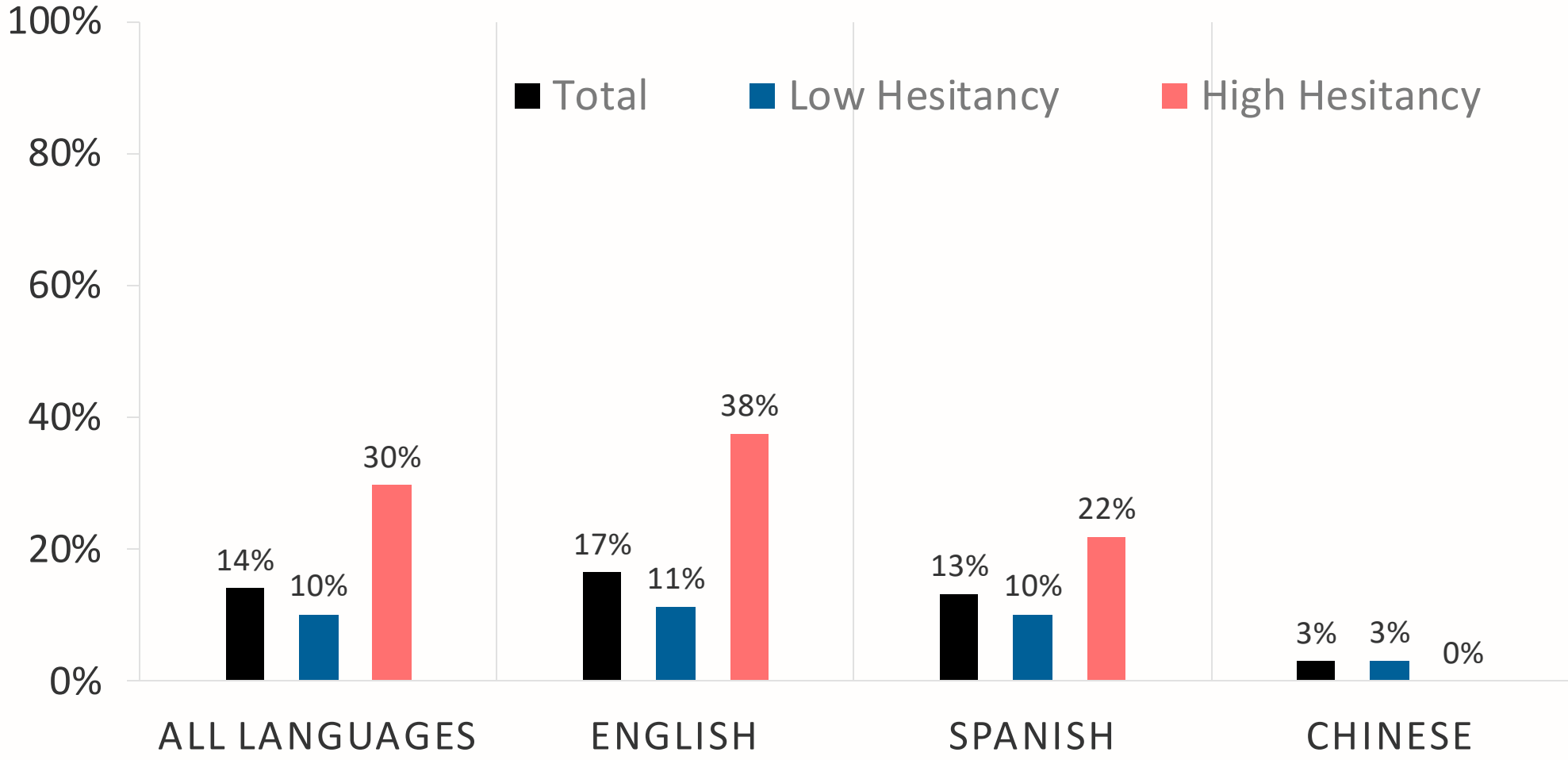
NAI adolescents who received at least 1 dose of the HPV vaccine



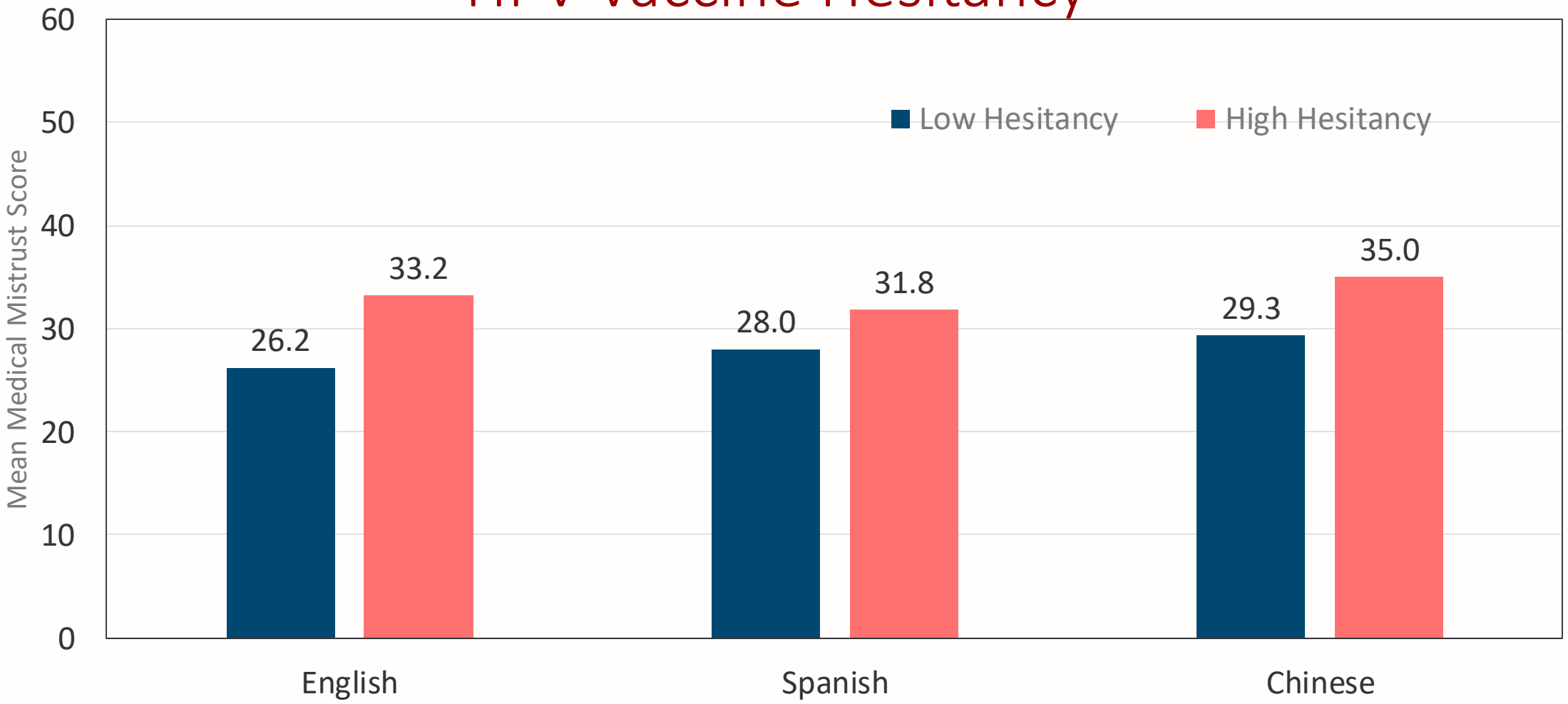
HPV Vaccine Initiation by Parental HPV Vaccine Hesitancy



Receipt of Negative HPV Vaccine Information and Parental HPV Vaccine Hesitancy



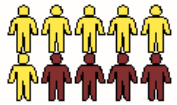
Mean Medical Mistrust Score and Parental HPV Vaccine Hesitancy



HPV Vaccine Hesitancy Information Sheet

THE HPV VACCINE: Did You Know?

HPV vaccination can protect your child against cancer.



4 out of 10 NAI parents feel worried about side effects from the HPV vaccine.

According to the CDC, the HPV vaccine is very safe and effective. There have been no serious side effects from the HPV vaccine in over 20 years.

6 out of 10 NAI parents do not feel the HPV vaccine has been around long enough to be sure it's safe.

The HPV vaccine is older than the first iPhone!

Can my child get the **COVID-19 vaccine** and the **HPV vaccine** at the same time?

Yes! It is safe to get both vaccines at the same time.

Myth: Only females need the HPV Vaccine.

FACT: Children of all genders need the HPV vaccine.

USC Leslie and William McMorrow Neighborhood Academic Initiative

USC Norris Comprehensive Cancer Center
Keck Medicine of USC

Scan this QR code for **clinics that offer the HPV vaccine in LA County.**

For more information on HPV vaccine: https://tinyurl.com/mfrs2n4c

LA VACUNA DEL VPH: ¿Sabía que...?

La vacuna contra el VPH puede proteger a su hijo contra el cáncer

4 de cada 10 padres del NAI se sienten preocupados por los efectos secundarios de la vacuna contra el VPH.

Según el CDC, la vacuna contra el VPH es muy segura y eficaz.
No ha habido efectos secundarios graves de la vacuna del VPH en más de 20 años.

6 de cada 10 padres del NAI no creen que la vacuna contra el VPH haya existido el tiempo suficiente para asegurarse de que es segura.

¡La vacuna contra el VPH es más antigua que el primer iPhone!

¿Mi hijo puede recibir la vacuna del **COVID-19** y **la vacuna del VPH** al mismo tiempo?

¡Sí, es seguro recibir ambas vacunas al mismo tiempo!

Mito: Solo las niñas necesitan recibir la vacuna del VPH

REALIDAD: Los niños de todos los géneros necesitan la vacuna contra el VPH

USC Leslie and William McMorrow Neighborhood Academic Initiative

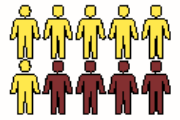
USC Norris Comprehensive Cancer Center
Keck Medicine of USC

Escanee este código QR para ver **las clínicas que ofrecen la vacuna del VPH en el condado de Los Ángeles**

Para más información sobre la vacuna del VPH: https://tinyurl.com/4zam654v

HPV 疫苗：您知道嗎？

HPV 疫苗接種可以保護您的孩子抵抗癌症。



十分之四的 NAI 父母擔心 HPV 疫苗的副作用。

據疾病預防控制中心(CDC)指出，HPV疫苗非常安全且有效。20 多年來，HPV 疫苗沒有出現任何嚴重的副作用。

十分之六的 NAI 父母認為 HPV 疫苗的問世時間還不足以確定其安全性。

HPV 疫苗比第一部蘋果手機的問世時間還早！

我的孩子可以同時接種 **COVID-19** 疫苗和 **HPV** 疫苗嗎？

是的！ 同時接種這兩種疫苗是安全的。

誤解：只有女性需要接種 HPV 疫苗。

事實：所有性別的兒童都需要接種 HPV 疫苗。

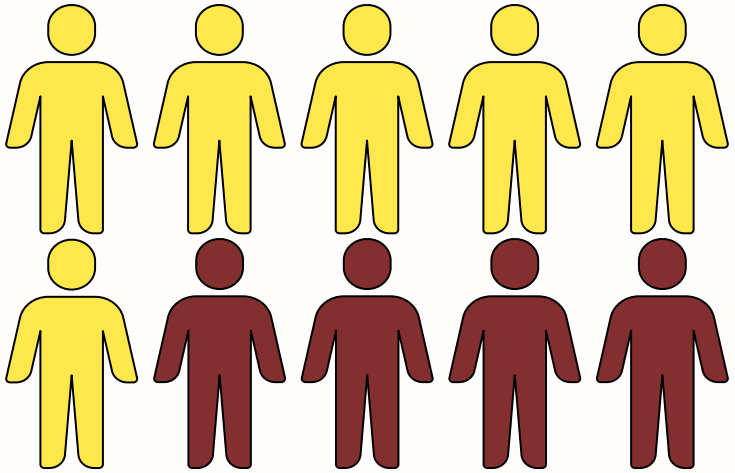
南加大萊斯莉和威廉麥克孟洛社區教育推廣

南加大諾里斯綜合癌症中心

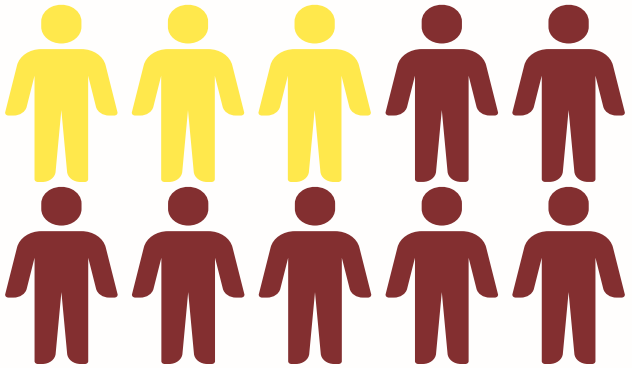
掃描此二維碼 **以獲得提供HPV疫苗的診所名單。**

有關 HPV 疫苗的更多訊息：https://tinyurl.com/4zam654v

6 out of 10 NAI parents do not feel the HPV vaccine has been around long enough to be sure it's safe.

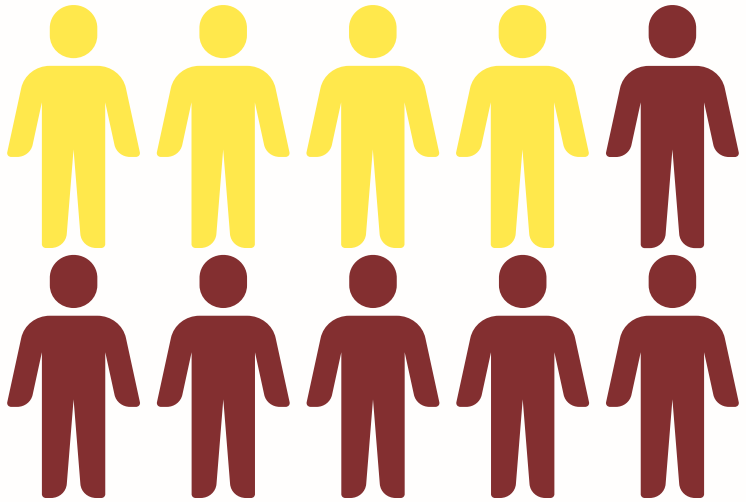


The HPV vaccine is older than the first iPhone!

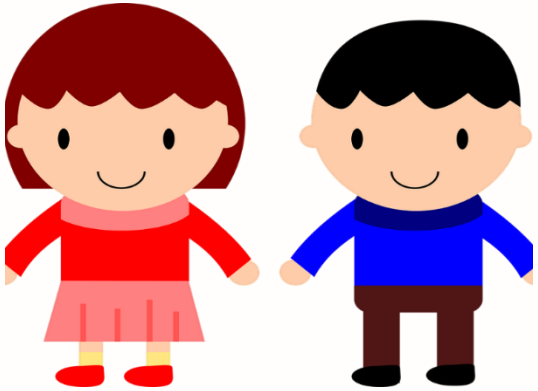


3 out of 10 parents think that getting the HPV vaccine is a good way to protect their child/adolescent from developing HPV-related cancers.

The HPV vaccine can prevent 90%+ of HPV-related cancers: cervical, oropharyngeal (throat), anal, penile, vaginal, and vulvar cancers.



4 out of 10 parents feel that it is important for boys/males to get the HPV vaccine.



Children of <u>all</u> genders benefit from the HPV vaccine.

Delays in Care During COVID-19 Pandemic

More than half of all parents delayed their son/daughter's annual health visit during the COVID-19 pandemic

It is safe to get BOTH the HPV vaccine and COVID-19 vaccine at the same time.

Parent HPV Vaccine Focus Group Findings

Shin *et al. BMC Public Health* (2023) 23:545
https://doi.org/10.1186/s12889-023-15318-2

BMC Public Health

RESEARCH Open Access

Examining multilevel influences on parental HPV vaccine hesitancy among multiethnic communities in Los Angeles: a qualitative analysis

Shin, M. B., Sloan, K. E., Martinez, B., Soto, C., Baezconde-Garbanati, L., Unger, J. B., Kast, W. M., Cockburn, M., & Tsui, J. (2023).

Interpersonal Themes

Parent-Adolescents: Adolescents were active vaccine decision-makers in some families.

"Sometimes girls at a certain age do not listen to dads anymore….if someone else told them about it [HPV vaccine] in the schools, maybe they would be more encouraged to get the [HPV] vaccine." (P2, Spanish FG)

Parent-Family: Family/friends function as both barriers and facilitators to parental decision-making.

"I have several relatives or friends who have daughters of [adolescent] age… And they do not agree to give them the [HPV] vaccine, because it is like insisting that their kids have a sex life, you know? I, myself, do not agree with that." (P2, Spanish FG)

Community Themes

Historical injustices and medical mistrust contribute to vaccine hesitancy among Latinx and AI/AN communities.

"We hear about the sterilization, so we don't know [about getting the COVID-19 vaccine for the children]." (P3 [Spanish-speaking], English-Mixed FG)

Community trusted sources of health information can be used to disseminate vaccine information.

"Ideally, in schools, there should be a qualified person who would tell the girls about that vaccine, the risks, the benefits." (P2, Spanish FG)

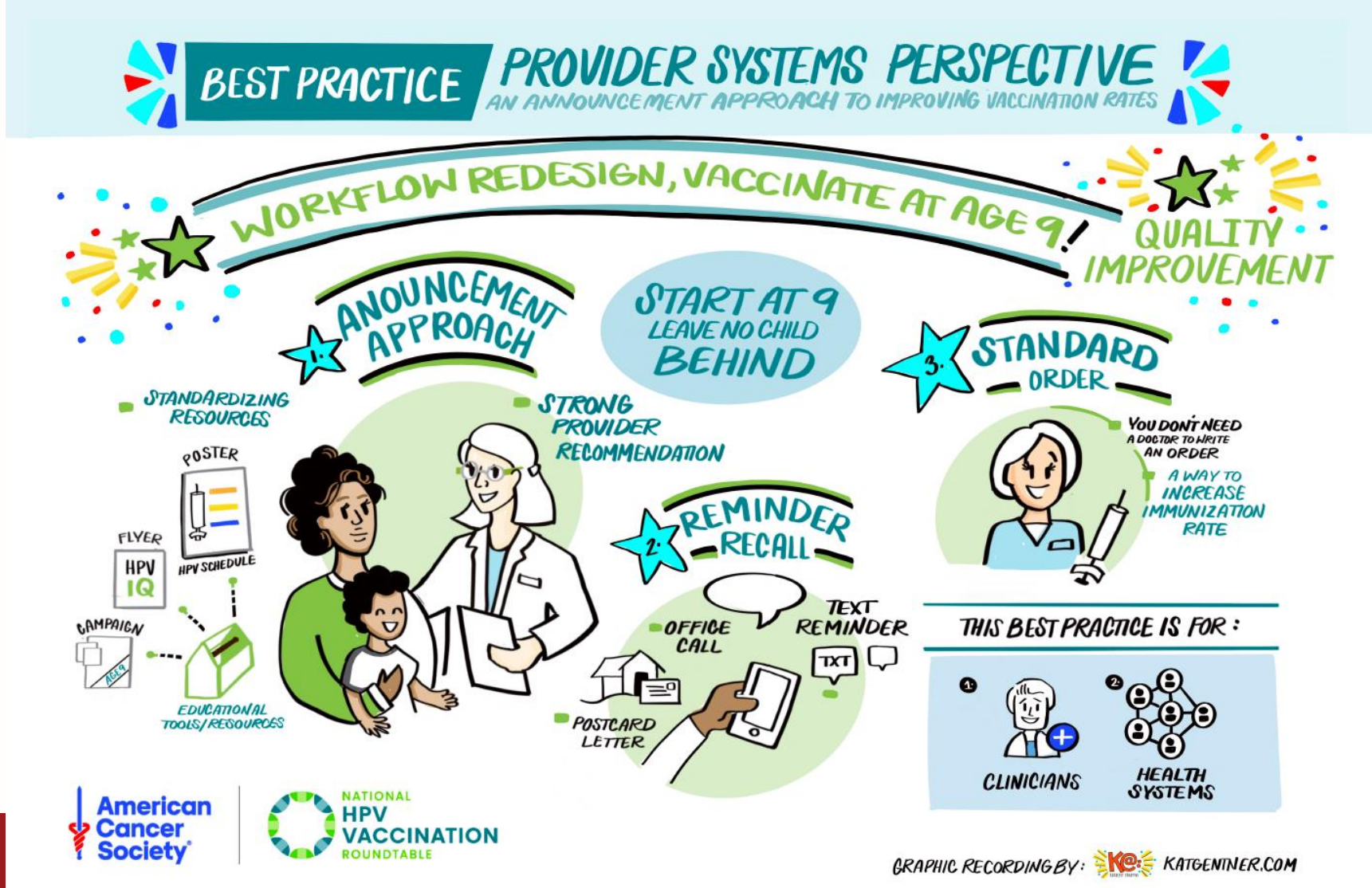
"My wife likes to listen to the [Chinese] radio, where she receives a lot of [health] information." (P2, Chinese FG)

Advancing the implementation of evidence-based strategies for HPV vaccination in safety-net settings

(NCI R37CA242541)

Implementation of strategies to improve HPV vaccination understudied in safety-net healthcare settings

Multiple evidence-based strategies (EBS) for improving HPV vaccination in clinic settings have emerged.



How do we fit evidence-based strategies into the settings (contexts) that need it most?

- Implementation science
- Federally qualified health centers & county/municipal health systems: Primary source of patient care for over 30 million Americans
- Optimal setting for ensuring evidence-based strategies to advance cancer equity.

Study Overview & Multidisciplinary Team

Identify **factors associated with implementation of evidence-based strategies** to improve HPV vaccination for adolescents in safety-net settings (NCI R37CA242541; 2020-2024)

Two regions: Los Angeles and New Jersey

Team science: Primary care research, community based participatory research, implementation science, health policy, mixed methods

Provider Communication (Announcement Approach) Training

Supporting clinicians

- Audit and feedback
- Revise professional roles

CALIFORNIA HPV VACCINATION ROUNDTABLE

HPV IQ Immunization Quality Improvement Tools

Objective

Learn the Announcement Approach to HPV vaccine communication

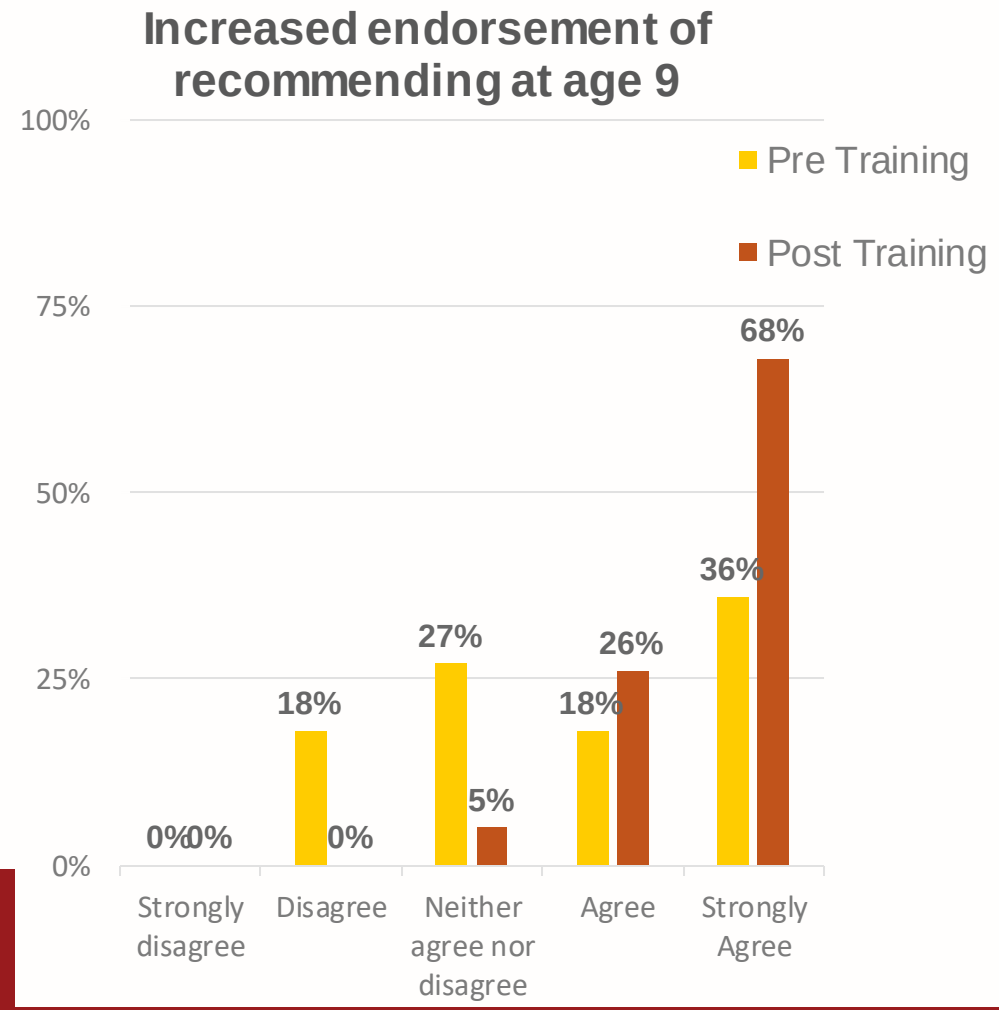
ACTIVITIES

- ✓ Review evidence on why the approach works
- ✓ Build skills in effective vaccine communication
- ✓ Practice the approach

ADAPTATIONS:

- Starting at age 9
- Local/clinic rates
- Impact of the pandemic
- Focusing on relevant parent/community concerns

- Physicians preferred VIRTUAL session during weekly division meeting time
- Attending and resident physicians trained separately
- Delivery of UNC Training Program by CA HPV Vaccine Roundtable



Clinic Staff Education & Workflow Trainings

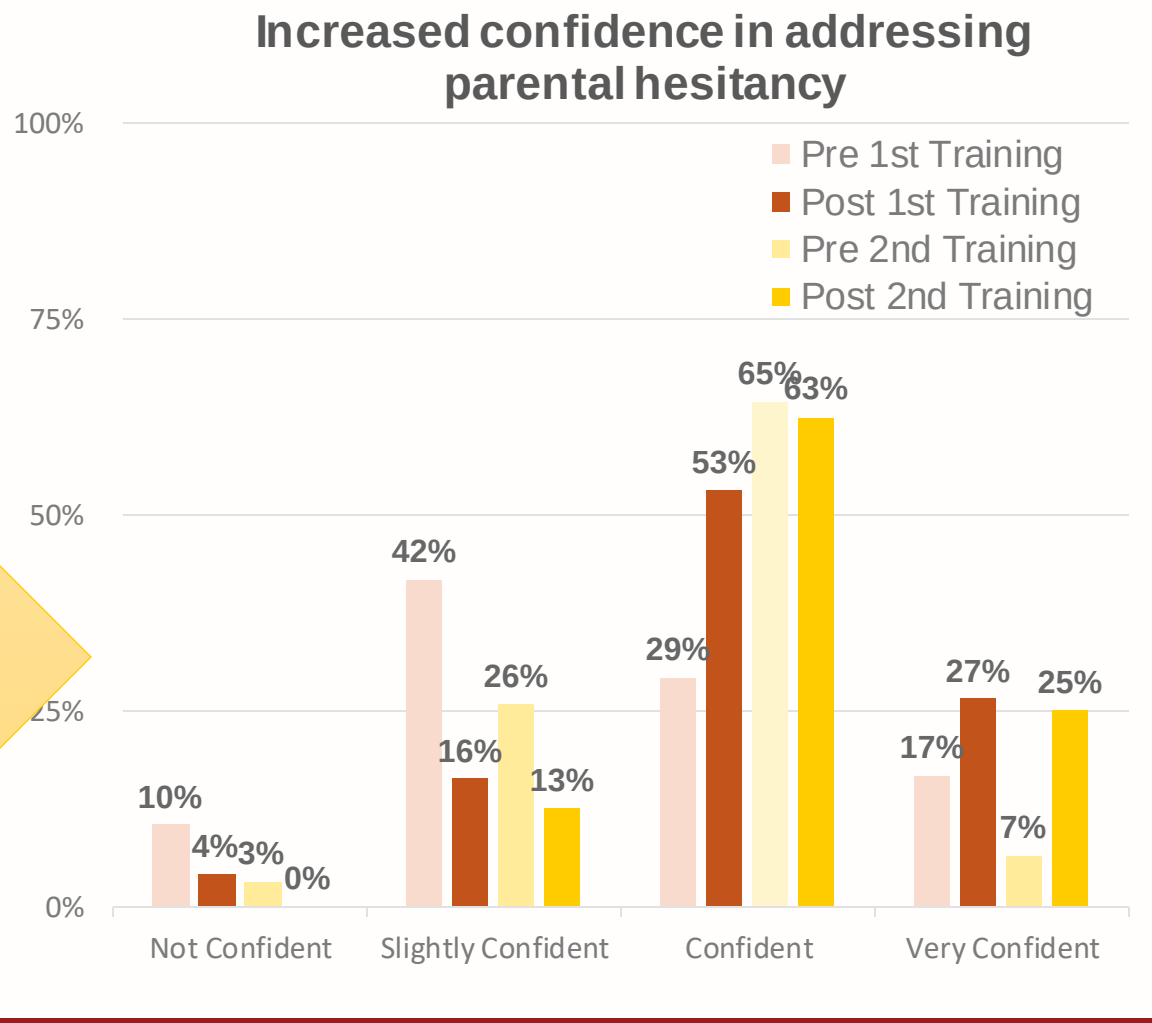
5. Train/educate stakeholders

- Conduct training
- Develop educational materials

ADAPTATIONS:

- Informed by data collection and 1st clinic staff training
- Starting at age 9
- Address parent concerns identified by staff
- Variation in workflows ACROSS FQHC sites
- HPV vaccine messaging in English and Spanish

- FQHC leadership required staff trainings to be IN-PERSON and during set administrative time
- Delivery by USC Norris COE Team and Research Team



Key Approaches for Implementation Science to Improve HPV Vaccine Equity

Equity focus at multiple levels

Engagement with key partners

Multidisciplinary team

Importance of Context

Sustainability and adaptation over time

Keeping up with guidelines & strategies

World Health Organization

Health Topics | Countries | Newsroom | Emergencies

Home / News / WHO updates recommendations on HPV vaccination schedule

WHO updates recommendations on HPV vaccination schedule

20 December 2022 | Departmental news | Reading time: 1 min (333 words)

WHO now recommends:

- **A one or two-dose schedule** for girls aged **9-14 years**
- **A one or two-dose schedule** for girls and women aged **15-20 years**
- Two doses with a 6-month interval for women **older than 21 years**

Public Health Scotland

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Home > News > No cervical cancer cases detected in vaccinated women following HPV immunisation

No cervical cancer cases detected in vaccinated women following HPV immunisation

First published on 22 January 2024

Immunisations

Questions?

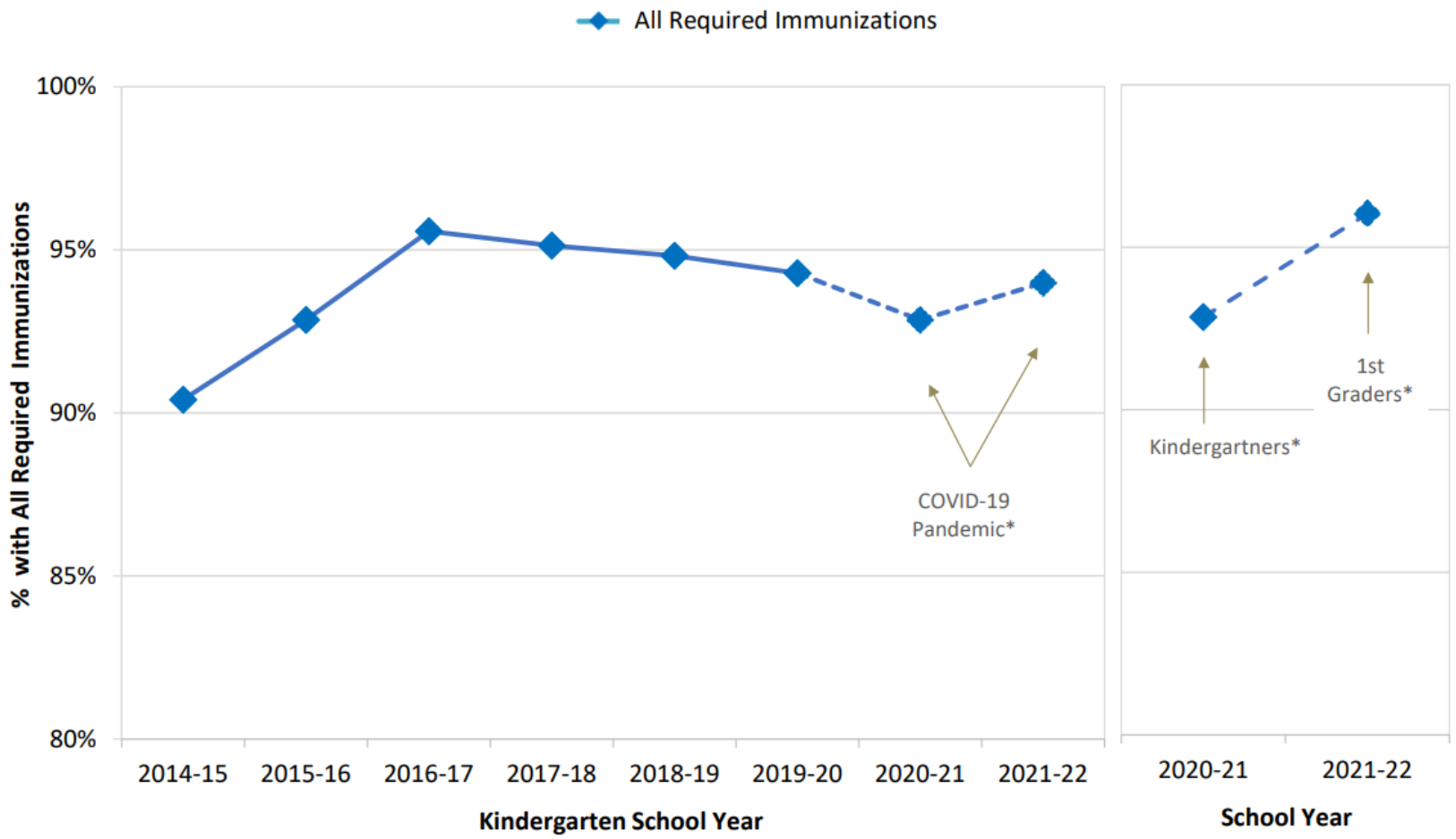
Jennifer Tsui, PhD, MPH
tsuijenn@usc.edu
@JenniferTsuiPhD

ACIP 2024 Child and Adolescent Immunization Schedule Updates

Samantha Johnston, MD, MPH

CDPH Public Health Medical Officer

Percentage of K and 1st grade students with all required immunizations

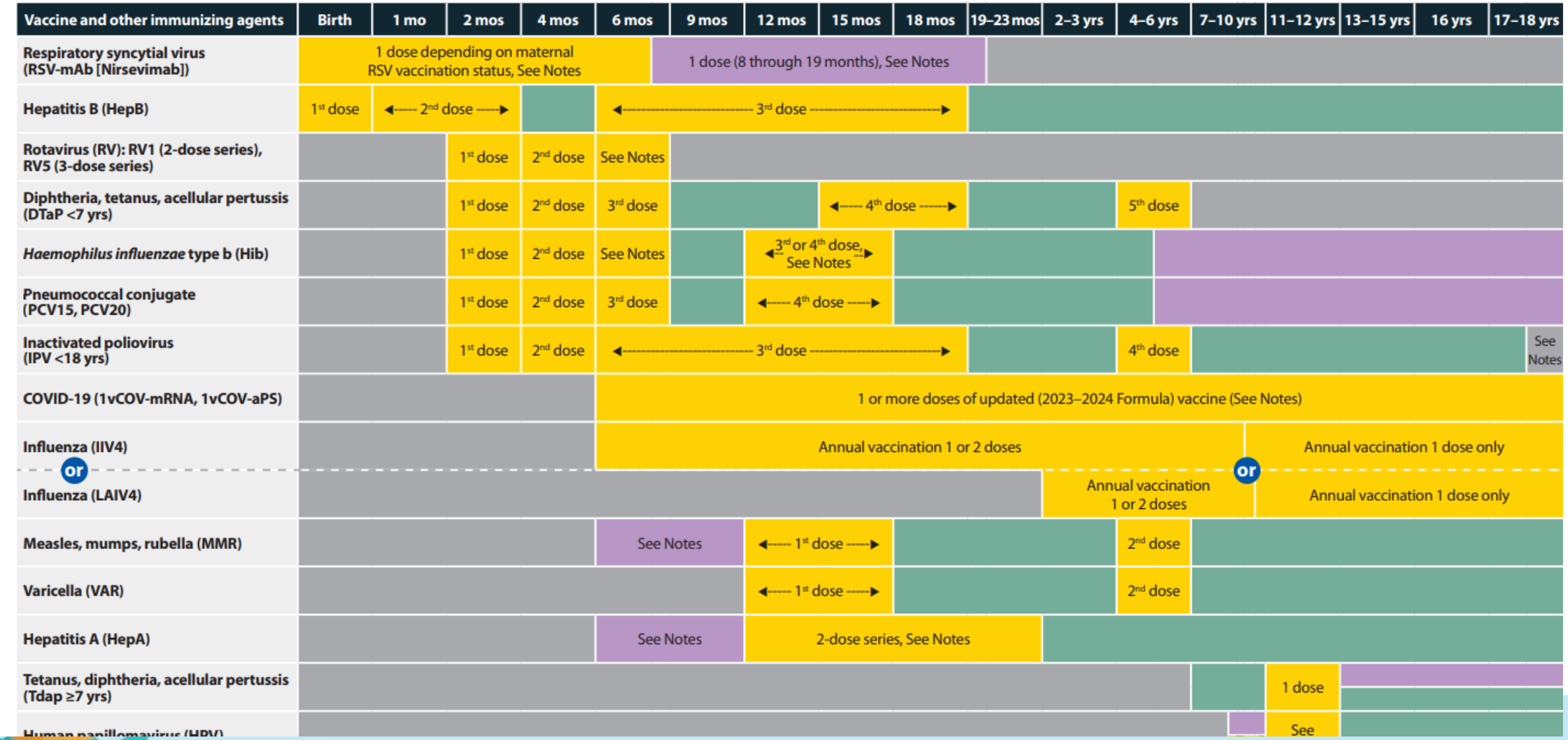


*Immunization and data collection potentially affected by the COVID-19 pandemic.

[2021-22 Kindergarten Summary Report (ca.gov)]

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).



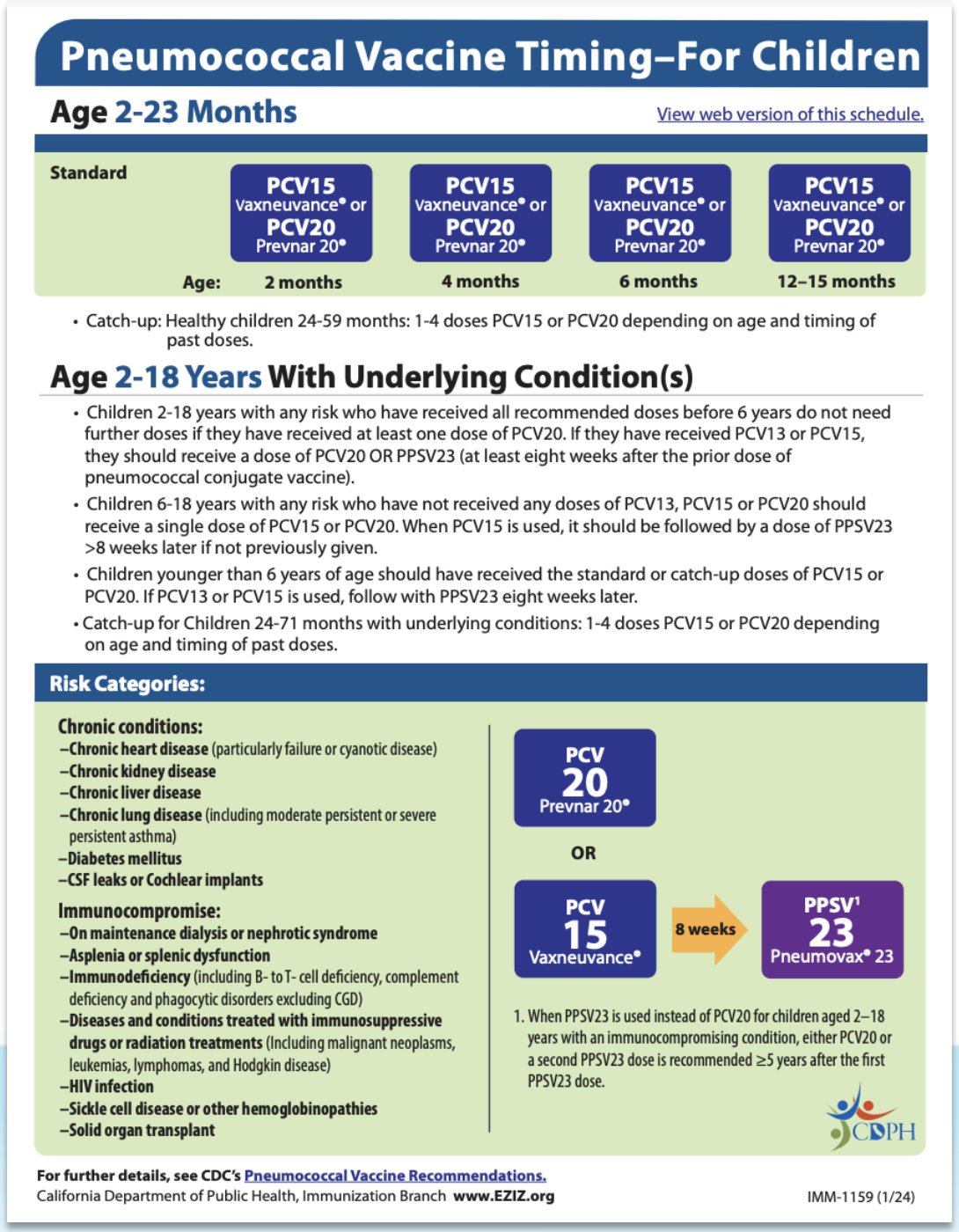
Birth-18 Years Immunization Schedule – Healthcare Providers | CDC

Vaccines Added to and Removed from the 2024 IZ Schedule

Added	Removed
20-valent pneumococcal conjugate vaccine (PCV20, Prevnar 20)	13-valent pneumococcal conjugate vaccine (PCV13)
pentavalent meningococcal vaccine (MenACWY-TT/MenB-FHbp, Penbraya)	MenACWY-D (Menactra)
2023-2024 Formula COVID-19 vaccines	bivalent mRNA COVID vaccines
RSV-mAb (nirsevimab)	diphtheria and tetanus toxoid adsorbed vaccine (DT)
RSV-preF for maternal vaccination (Abrysvo)	
Mpox (Jynneos)	

Pneumococcal vaccine

- Recommendations for 15- and 20-valent pneumococcal conjugate vaccines (PCV15 and PCV20) and pneumococcal polysaccharide vaccine (PPSV23) are updated.
- PCV13 is no longer on the vaccine schedule.
- Chronic kidney disease, chronic liver disease, and persistent asthma that is moderate or severe have been added to the list of medical conditions that increase the risk for invasive pneumococcal disease.
- Pneumococcal ACIP Vaccine Recommendations
- Updated pneumococcal vaccine timing guide - children (CDPH)



Pneumococcal Vaccine Timing–For Children

Age 2-23 Months

View web version of this schedule.

	Age: 2 months	4 months	6 months	12–15 months
Standard	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®

- 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**

PCV 20 Prevnar 20®

OR

PCV 15 Vaxneuvance® → 8 weeks → PPSV[1] 23 Pneumovax® 23

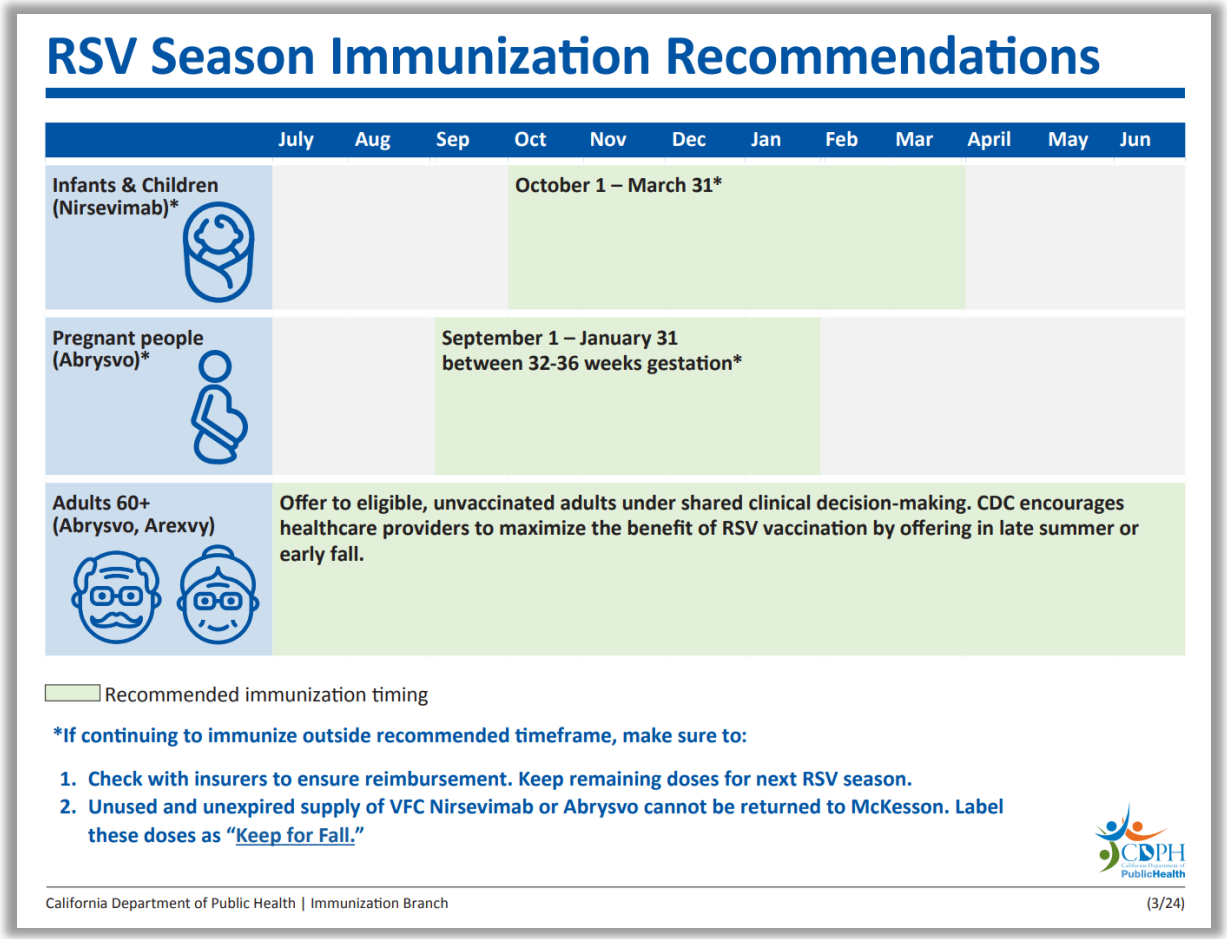
1. When PPSV23 is used instead of PCV20 for children aged 2–18 years with an immunocompromising condition, either PCV20 or a second PPSV23 dose is recommended ≥5 years after the first PPSV23 dose.

CDPH

For further details, see CDC's Pneumococcal Vaccine Recommendations.
California Department of Public Health, Immunization Branch **www.EZIZ.org**
IMM-1159 (1/24)

Respiratory Syncytial Virus (RSV) prevention

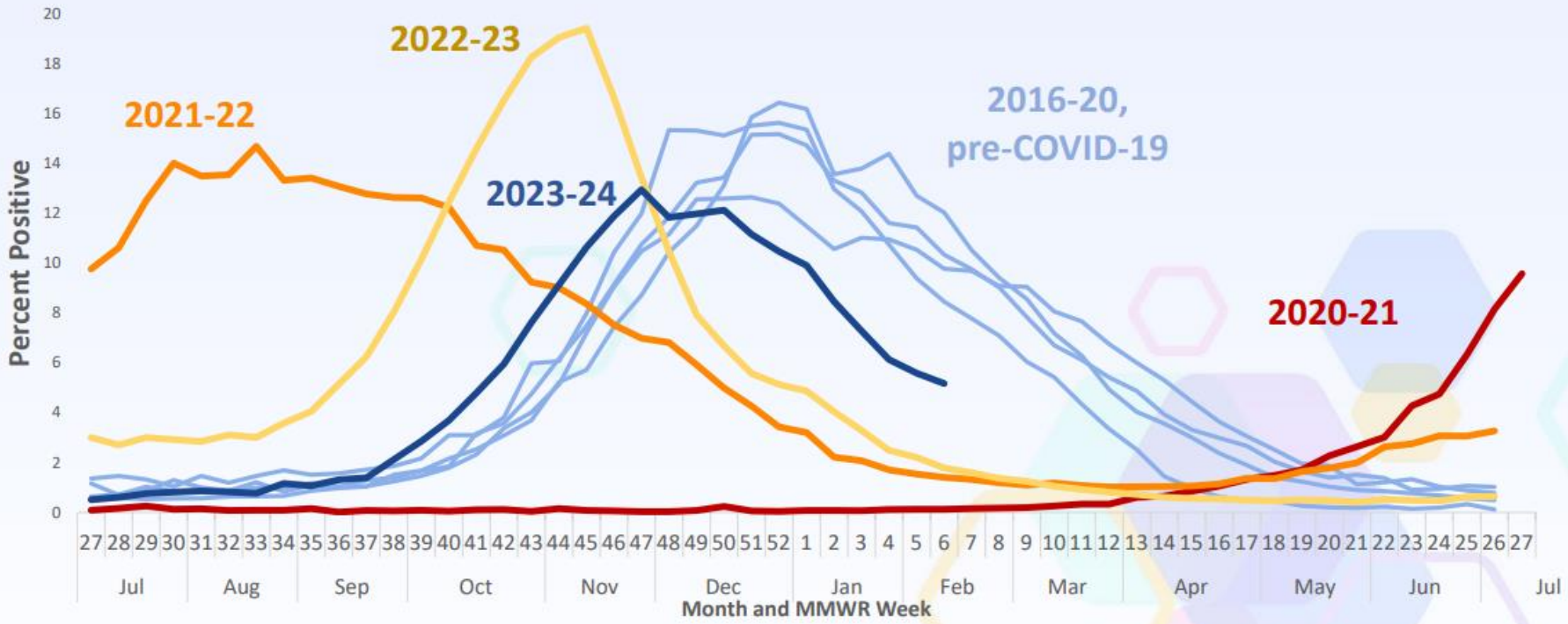
- **RSV-mAb** (nirsevimab, Beyfortus): routine immunization for all infants born **October-March** younger than 8 months, and infants 8-19 months in certain situations.
- Newborns should receive their first dose within 7 days of birth.
- Early Estimates indicate 90% effectiveness against RSV-associated hospitalization in infants.
- **RSV-preF vaccine** (Abrysvo, Pfizer): seasonal prenatal immunization at 32-36 weeks gestation to prevent RSV lower respiratory tract infection in infants.
- RSV ACIP Vaccine Recommendations | CDC
- RSV Immunization Recommendations (CDPH)



Early Estimate of Nirsevimab Effectiveness (CDC)

RSV Seasonality Returning to pre-COVID-19 patterns

National weekly* RSV percent positivity of PCR results, NREVSS July 2016–February 2024



*All results presented from nucleic acid amplification tests which represent >90% of the diagnostic tests reported to NREVSS.
The last three weeks of data may be less complete. NREVSS is an abbreviation for the National Respiratory and Enteric Virus Surveillance System.
For more information on NREVSS, please visit www.cdc.gov/surveillance/nrevss.
RSV: Respiratory Syncytial Virus. Types A and B are reported but not shown separately in this report.
Results are crude, and therefore may differ from smoothed results reported online.

[RSV Vaccination in Older Adults: Work Group Interpretations (cdc.gov)]

COVID-19, Polio, Mpox

COVID-19:

- 1 or more doses of updated (2023-2024 Formula) vaccine
- ACIP plans to vote on 2024-25 vaccine recommendations in June 2024.
- ACIP COVID-19 Vaccine Recommendations | CDC

Inactivated poliovirus vaccine:

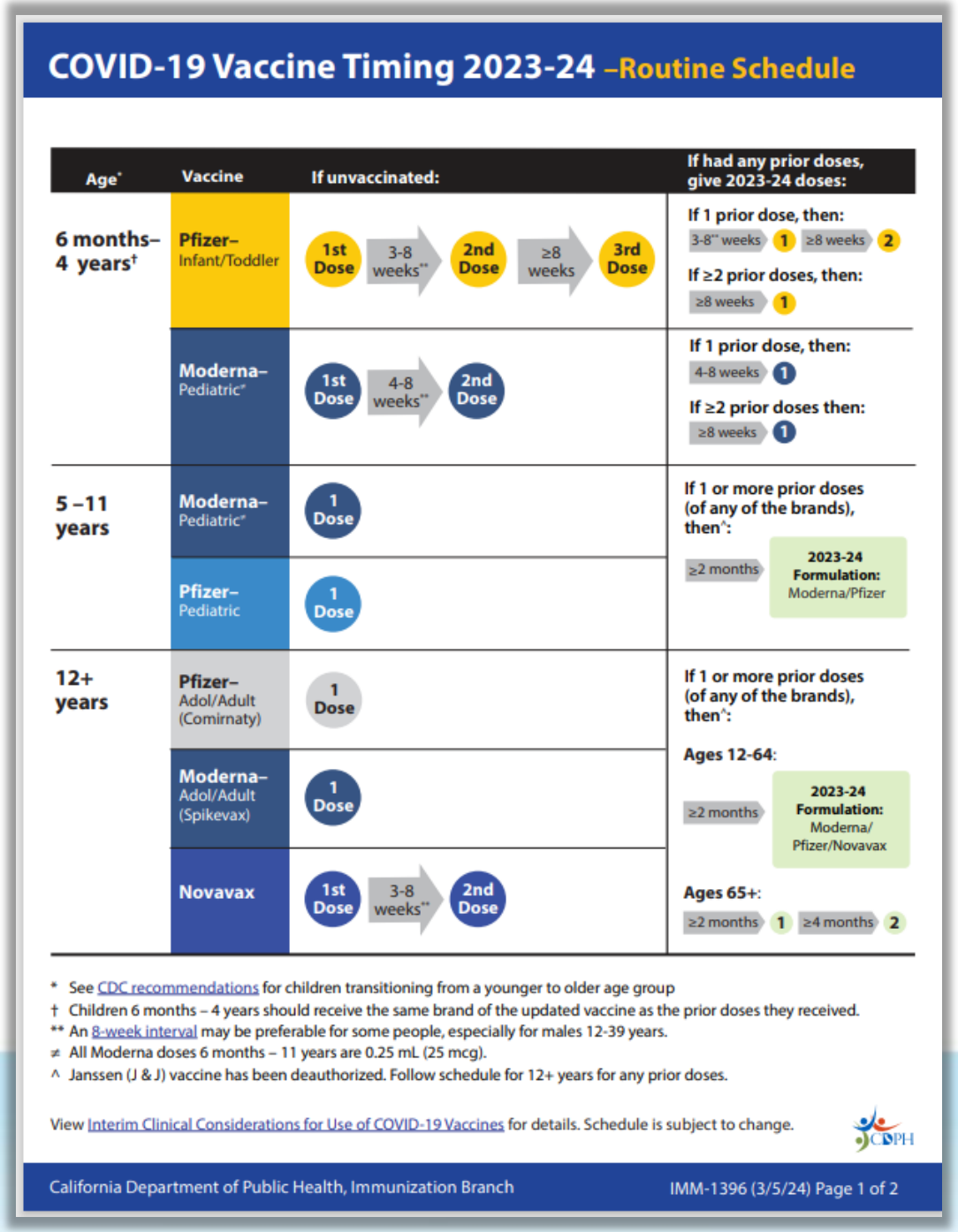
- Single lifetime booster to adolescents 18 years of age who have completed the primary series and are at increased risk for exposure to poliovirus.

Mpox vaccine:

- Recommended for adolescents 18 years at risk for mpox infection
- ACIP Smallpox and Mpox Vaccine Recommendations | CDC
- Mpox vaccine will eventually become available on the commercial market and VFC program; updates to follow.

Updated CDPH COVID-19 vaccine timing chart

- IMM-1396 (English)
- IMM-1396S (Spanish)



COVID-19 Vaccine Timing 2023-24 –Routine Schedule

Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2023-24 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks** → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8** weeks → 1 → ≥8 weeks → 2 If ≥2 prior doses, then: ≥8 weeks → 1
	Moderna–Pediatric≠	1st Dose → 4-8 weeks** → 2nd Dose	If 1 prior dose, then: 4-8 weeks → 1 If ≥2 prior doses then: ≥8 weeks → 1
5–11 years	Moderna–Pediatric≠	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 2023-24 Formulation: Moderna/Pfizer
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then^: Ages 12-64: ≥2 months → 2023-24 Formulation: Moderna/Pfizer/Novavax
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose	Ages 65+: ≥2 months → 1 → ≥4 months → 2

* See CDC recommendations for children transitioning from a younger to older age group
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
** An 8-week interval may be preferable for some people, especially for males 12-39 years.
≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View Interim Clinical Considerations for Use of COVID-19 Vaccines for details. Schedule is subject to change.

California Department of Public Health, Immunization Branch — IMM-1396 (3/5/24) Page 1 of 2

Meningococcal

- **New meningococcal pentavalent vaccine:** Children ≥10 years may receive a single dose of MenABCWY (Penbraya) when both MenACWY and MenB vaccines would be given on the same clinic day.
- ACIP updating adolescent meningococcal vaccine schedule, accounting for changing epidemiology and pentavalent formulation.
- MenABCWY is expected to become available via VFC later in 2024.
- Meningococcal Vaccine Recommendations | CDC
- Meningococcal Timing Guide - routine (CDPH)
- Meningococcal Timing Guide - immunocompromised (CDPH)

Clarifications

***Haemophilus influenzae* type b** (Hib)

- History of severe allergic reaction to dry natural latex was removed as a contraindication, because most vials of Hib vaccines no longer contain latex.

Human papillomavirus (HPV)

- No additional dose is recommended when any HPV vaccine series *of any valency* has been completed using the recommended dosing intervals.

Measles, mumps and rubella (MMR)

- When MMRV is used, the minimum interval between MMRV doses is 3 months.

Diphtheria, Tetanus, Pertussis Vaccines

Clarifications:

- A fifth dose is not necessary if the fourth dose was administered at age ≥4 years and ≥6 months after dose 3.
- The Tdap dose recommended at 11-12 years is the adolescent booster dose.

Contraindication to DTaP

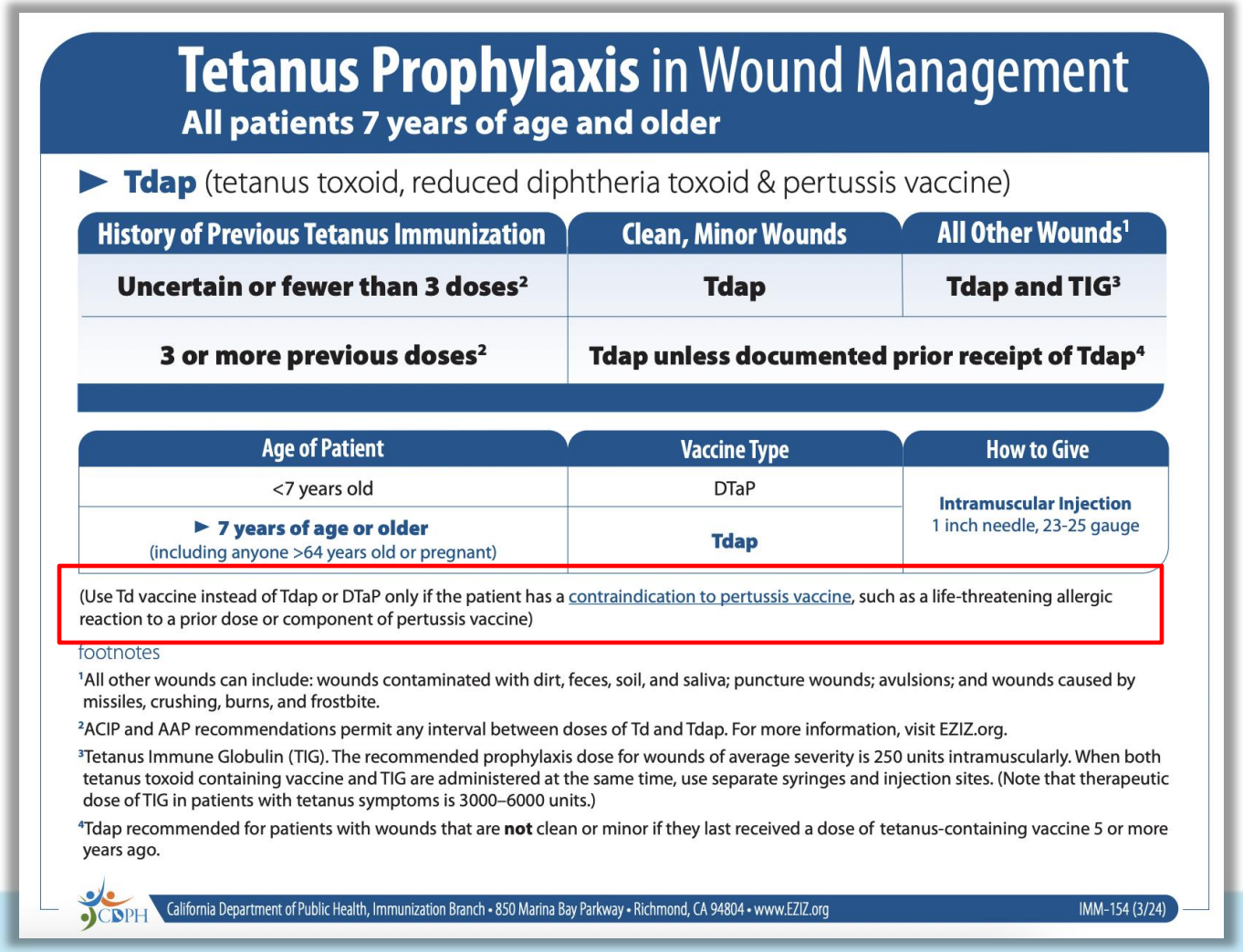
- The only contraindication specific to the pertussis component in DTaP is encephalopathy within 7 days of vaccination, not attributed to another cause.
- For children <7 years who develop a contraindication to DTaP, CDC previously recommended DT instead of DTaP.
- DT vaccine is no longer available in the United States.
- New guidance: for young children with a contraindication to pertussis-containing vaccines, vaccine providers may **administer Td for all recommended remaining doses in place of DTaP.**

Young children with contraindication to pertussis-containing vaccines | CDC

Diphtheria, Tetanus, Pertussis Vaccines

- **While Td vaccine supplies are constrained, providers should transition to use of Tdap** vaccine in lieu of Td vaccine whenever possible, including when a tetanus booster is indicated for wound management.

- The limited supply of Td vaccine needs to be preserved for those with a specific contraindication to pertussis-containing vaccines.



Tetanus Prophylaxis in Wound Management

All patients 7 years of age and older

► **Tdap** (tetanus toxoid, reduced diphtheria toxoid & pertussis vaccine)

History of Previous Tetanus Immunization	Clean, Minor Wounds	All Other Wounds[1]
Uncertain or fewer than 3 doses[2]	Tdap	Tdap and TIG[3]
3 or more previous doses[2]	Tdap unless documented prior receipt of Tdap[4]	

Age of Patient	Vaccine Type	How to Give
<7 years old	DTaP	Intramuscular Injection 1 inch needle, 23-25 gauge
► 7 years of age or older (including anyone >64 years old or pregnant)	Tdap	

(Use Td vaccine instead of Tdap or DTaP only if the patient has a contraindication to pertussis vaccine, such as a life-threatening allergic reaction to a prior dose or component of pertussis vaccine)

footnotes

[1]All other wounds can include: wounds contaminated with dirt, feces, soil, and saliva; puncture wounds; avulsions; and wounds caused by missiles, crushing, burns, and frostbite.

[2]ACIP and AAP recommendations permit any interval between doses of Td and Tdap. For more information, visit EZIZ.org.

[3]Tetanus Immune Globulin (TIG). The recommended prophylaxis dose for wounds of average severity is 250 units intramuscularly. When both tetanus toxoid containing vaccine and TIG are administered at the same time, use separate syringes and injection sites. (Note that therapeutic dose of TIG in patients with tetanus symptoms is 3000–6000 units.)

[4]Tdap recommended for patients with wounds that are **not** clean or minor if they last received a dose of tetanus-containing vaccine 5 or more years ago.

CDPH California Department of Public Health, Immunization Branch • 850 Marina Bay Parkway • Richmond, CA 94804 • www.EZIZ.org IMM-154 (3/24)

Diphtheria, Tetanus, and Pertussis Vaccine Recommendations | CDC

Tetanus Wound Management Flyer

2024-25 Flu Vaccines Expected to be Trivalent

- Current influenza vaccines are **quadrivalent** and contain 2 influenza A (H1N1 & H3N2) and 2 influenza B (Victoria & Yamagata) strains.
- B/Yamagata influenza viruses have not been detected in the world since March 2020.
- Experts recommend this strain be removed, resulting in a **trivalent** flu vaccine.
- 3/5/24 FDA VRBPAC meeting announcement: U.S. manufacturers expected to transition to trivalent influenza vaccines for the 2024-25 season.
- **FDA anticipates an adequate and diverse supply of approved trivalent seasonal influenza vaccines for the U.S. in the 2024-2025 season**.

FDA: Use of Trivalent Influenza Vaccines for the 2024-2025 U.S. Influenza Season
B/Yamagata and Flu Vaccines Summary | CDC

50

Measles Cases and Outbreaks Have Increased Worldwide

- Europe: Over 30,000 cases reported in 2023, 941 in 2022. Large outbreaks have occurred.
- Reflects decreased immunization during pandemic, then recent resumption of travel.
- Most severe impact in Africa, Asia, and the Eastern Mediterranean.
- Exposures abroad have resulted in multiple cases in U.S. among returning travelers.

Dec 2023 WHO News Release
Nov 2023 CDC Report

Clinician Reminders about Measles

Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination

Print

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
March 18, 2024, 12:30 PM ET
CDCHAN-00504

CDPH

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

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

Health Advisory

GAVIN NEWSOM

Fever and Rash? Consider Measles. Traveling Abroad? Protect Against Measles.

2/2/2024

TO: Healthcare Providers

Immediate Respiratory Isolation Recommended for Persons with Suspected Measles

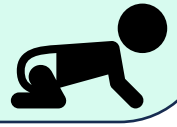
3/14/2024

Afternoon TEACH

[CDC Health Advisory 3/18/2024](#)
[CDPH CAHAN 2/2/2024 and 3/14/2024](#)

MMR Doses Before International Travel

Infants < 12 months of age
- Get an **early dose at 6-11 months.**
- Follow recommended schedule & get another dose at 12-15 months and a final dose at 4-6 years.



Children > 12 months of age
- Get first dose immediately.
- Get 2nd dose 28 days after the 1st dose.

Teens and adults with no evidence of immunity
- Get 1st dose immediately.
- Get 2nd dose 28 days after the first.

Acceptable evidence of immunity against measles includes at least one of the following:
- Written documentation of adequate vaccination
- Laboratory evidence of immunity
- Laboratory confirmation of measles, or
- Birth in the United States before 1957

CDC measles vaccine travel guidance

2024 California Immunization Coalition Summit

Register Today!

Audience: Physicians, pharmacists, nurses, administrators, educators, immunization stakeholders, coalition members, advocates and other providers from the public and private sector who are involved in working on current immunization issues, strategies and activities.

Location: Sacramento, CA

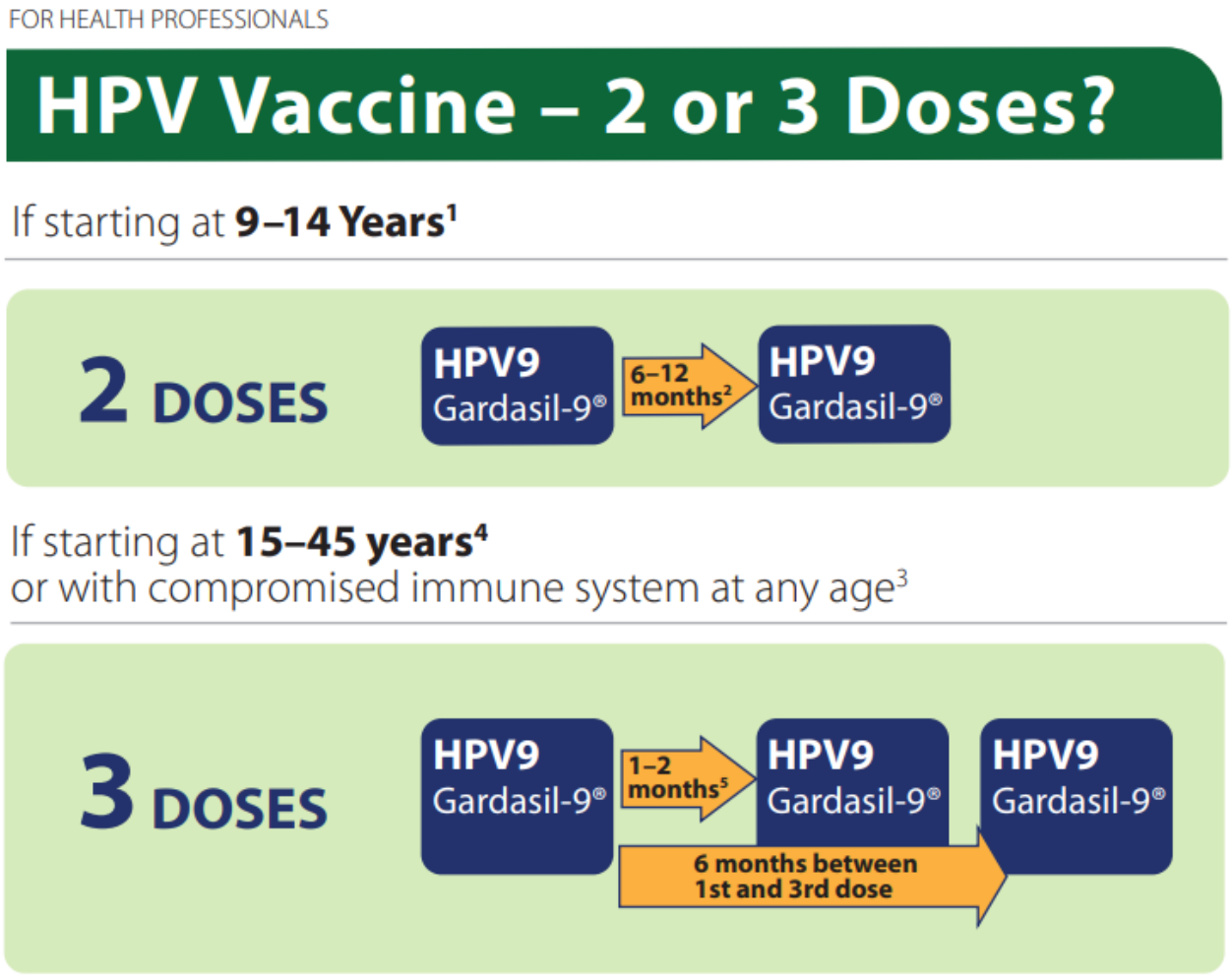
The **2024 California Immunization Coalition Summit** will provide clinical updates and the latest information on issues related to vaccine administration and communication. Participating in this statewide event will provide access to the latest information on immunization issues and communication strategies and will help connect you with public health colleagues and private sector representatives that can assist your work in educating and supporting your community. The Summit is a terrific opportunity to renew our collective vision to make access to vaccinations and disease prevention a reality for all Californians.

Assembly Bill No. 659, The Cancer Prevention Act

Jennie Chen, MD, MPH

CDPH Public Health Medical Officer

HPV Vaccine Schedule



[HPV Vaccine Schedule job aid]

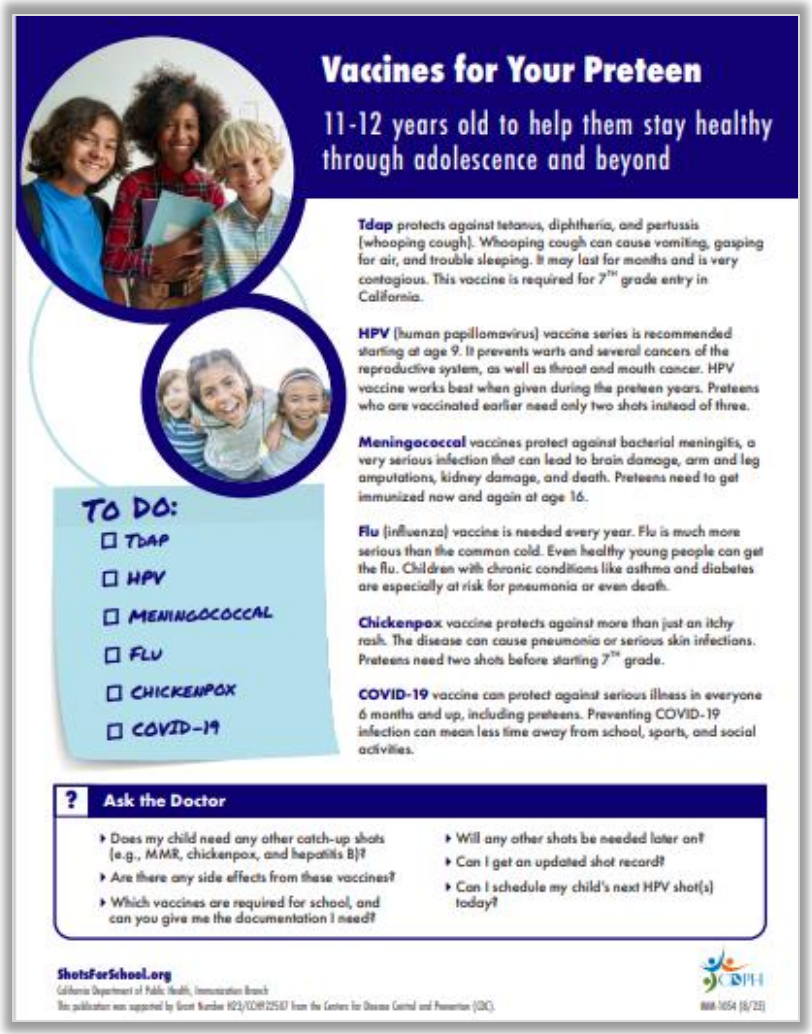
AB 659 – The Cancer Prevention Act

- New amendment for the Health and Safety Code and Education Code to help reduce the burden of cancers caused by human papillomavirus (HPV)

- Effective January 1, 2024, the Cancer Prevention Act requires:
  - Every public and private school notify 6th grade students and their parents/guardians that they are advised to follow current HPV immunization guidelines before starting 8th grade.
  - Students who are 26 years of age or younger be advised to follow current HPV immunization guidelines before enrollment in college.
  - Additional HPV vaccination coverage requirements for the Department of Managed Health Care.

Adolescent Vaccination Resources

- Immunization Promotional Materials for Staff and Patients – California Vaccines for Children (VFC) (eziz.org)
  - Vaccines for Your Preteen flyer – contains information about school-required and routinely recommended vaccines for preteens. Available in multiple languages.
- Shots for School, Resources for Parents page
  - Parents'/Guardians' Guide to Immunizations Required for School Entry – contains information about school-required and routinely recommended vaccines for school-aged children.
- Talking to Parents About HPV Vaccines (cdc.gov)
- How Important is HPV Vaccine for Preteens and Teens? (eziz.org)
- CDPH posted letter with resources for schools



Vaccines for Your Preteen

11-12 years old to help them stay healthy through adolescence and beyond

Tdap protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. This vaccine is required for 7th grade entry in California.

HPV (human papillomavirus) vaccine series is recommended starting at age 9. It prevents warts and several cancers of the reproductive system, as well as throat and mouth cancer. HPV vaccine works best when given during the preteen years. Preteens who are vaccinated earlier need only two shots instead of three.

Meningococcal vaccines protect against bacterial meningitis, a very serious infection that can lead to brain damage, arm and leg amputations, kidney damage, and death. Preteens need to get immunized now and again at age 16.

Flu (influenza) vaccine is needed every year. Flu is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma and diabetes are especially at risk for pneumonia or even death.

Chickenpox vaccine protects against more than just an itchy rash. The disease can cause pneumonia or serious skin infections. Preteens need two shots before starting 7th grade.

COVID-19 vaccine can protect against serious illness in everyone 6 months and up, including preteens. Preventing COVID-19 infection can mean less time away from school, sports, and social activities.

TO DO:
- ☐ TDAP
- ☐ HPV
- ☐ MENINGOCOCCAL
- ☐ FLU
- ☐ CHICKENPOX
- ☐ COVID-19

? Ask the Doctor

- Does my child need any other catch-up shots (e.g., MMR, chickenpox, and hepatitis B)?
- Are there any side effects from these vaccines?
- Which vaccines are required for school, and can you give me the documentation I need?
- Will any other shots be needed later on?
- Can I get an updated shot record?
- Can I schedule my child's next HPV shot(s) today?

ShotsForSchool.org

California Department of Public Health, Immunization Branch

This publication was supported by Grant Number NU23IOE992507 from the Centers for Disease Control and Prevention (CDC).

CDPH

Additional Resources for Providers

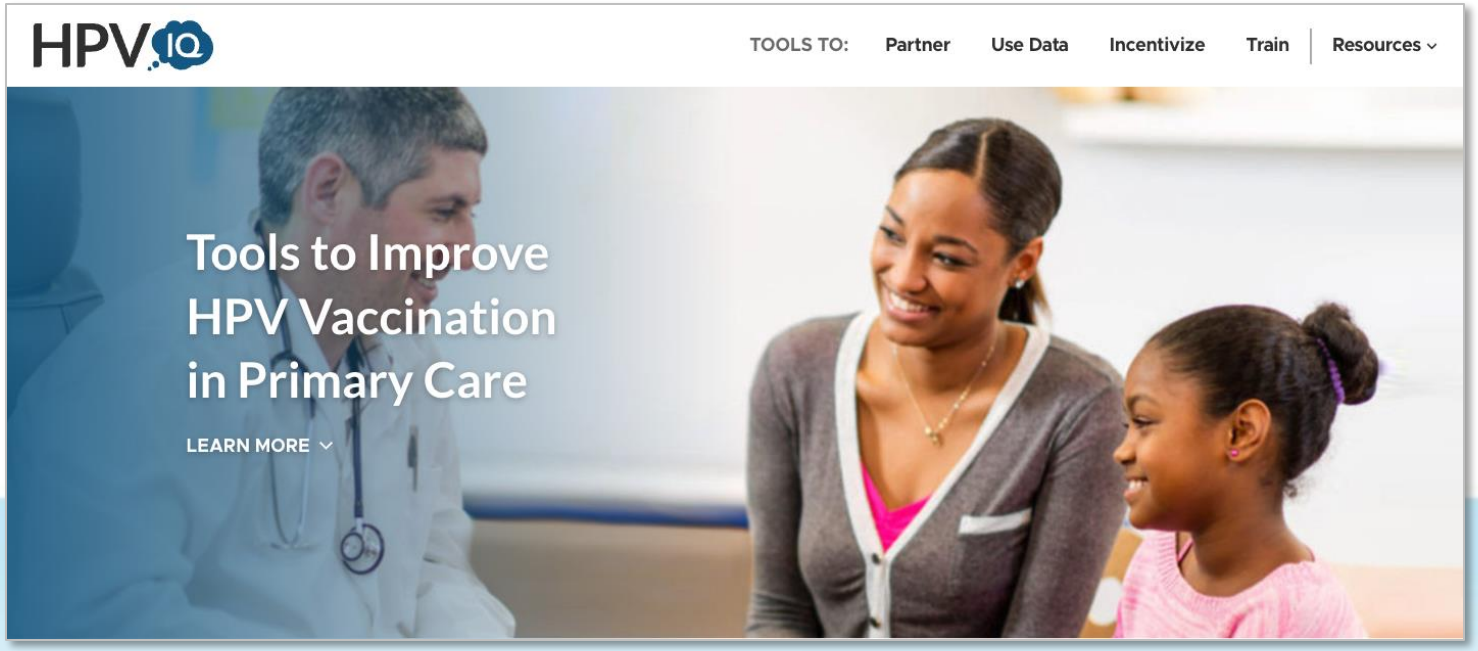
Terisha Gamboa, MPH

Health Educator, CDPH Immunization Branch

Recommendation Resources

HPVIQ.org

- (Presumptive Recommendation = Announcement Approach)
- Training slides, scripts, handouts, and more
  - Videos demonstrate how to announce HPV vaccine for children ages 9-10 and ages 11-12
- Quality improvement tools to carry out HPV vaccination improvement projects



Motivational Interview Resources

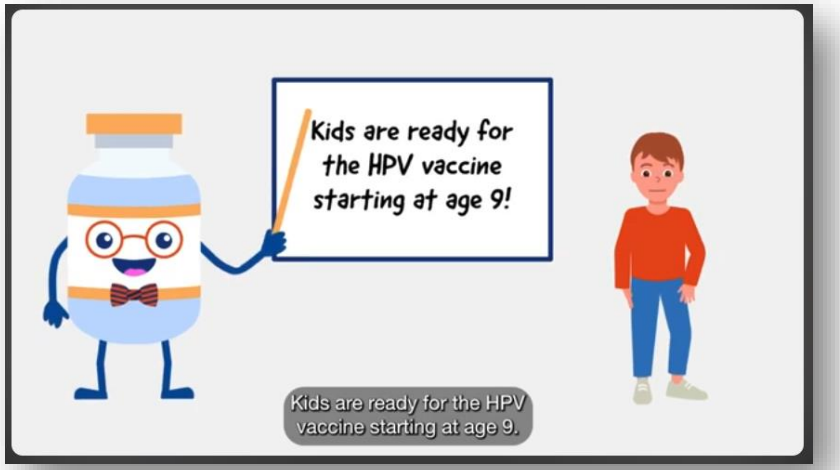
- Motivational interviewing training offered by the Unity Consortium (United for Adolescent Vaccination): https://www.unity4teenvax.org/3cs/

- Building Confidence in Vaccines: A training module for health workers (World Health Organization): https://cdn.who.int/media/docs/default-source/immunizati on/demand/trainingmodule-conversationguide-final.pptx?sfvrsn=32a16425_2

- Communicating With Vaccine Hesitant Families: Proven Tools & Strategies (California Immunization Coalition) https://youtu.be/dE_9yA5uf7I

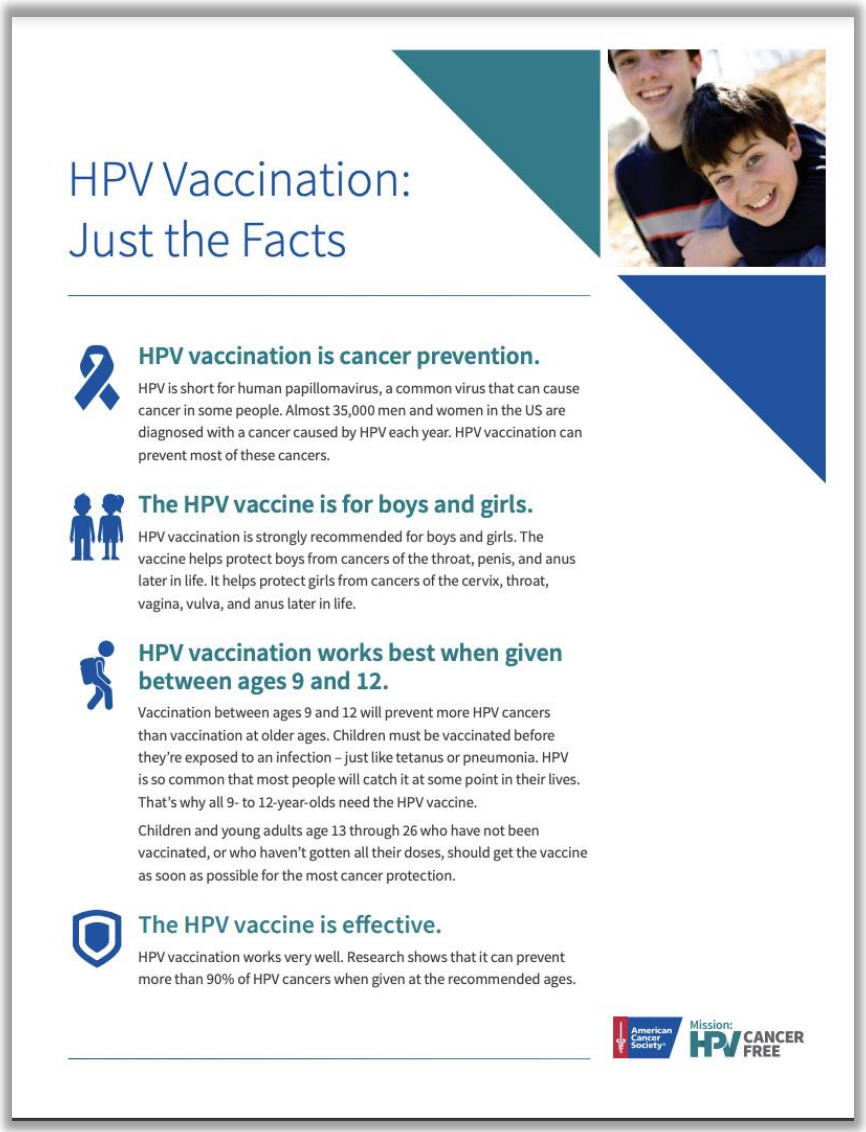
Educational Videos – American Academy of Pediatrics

- How Kids Get Immunity Against Cancers with the HPV Vaccine
- What Types of Cancer Can be Prevented with the HPV Vaccine?
- Why the American Academy of Pediatrics Recommends Initiating HPV Vaccine at Age 9
- If Children are Not Sexually Active, Why Do They Need the HPV Vaccine?



Vaccine Confidence Resources

- Vaccine Safety: Answers to Parents' Top Questions (CDPH, English | Spanish | Ukrainian)
- HPV Vaccination: Just the Facts flyer (American Cancer Society, for parents English | Spanish)
- HPV Vaccination: Just the Facts flyer (American Cancer Society, for providers)
- FAQs on Kids Vaccines video (American Academy of Pediatrics)
- Vaccination Communication: Inoculating Against Misinformation webinar (California Immunization Coalition & San Diego PATH)



HPV Vaccination: Just the Facts

HPV vaccination is cancer prevention.

HPV is short for human papillomavirus, a common virus that can cause cancer in some people. Almost 35,000 men and women in the US are diagnosed with a cancer caused by HPV each year. HPV vaccination can prevent most of these cancers.

The HPV vaccine is for boys and girls.

HPV vaccination is strongly recommended for boys and girls. The vaccine helps protect boys from cancers of the throat, penis, and anus later in life. It helps protect girls from cancers of the cervix, throat, vagina, vulva, and anus later in life.

HPV vaccination works best when given between ages 9 and 12.

Vaccination between ages 9 and 12 will prevent more HPV cancers than vaccination at older ages. Children must be vaccinated before they're exposed to an infection – just like tetanus or pneumonia. HPV is so common that most people will catch it at some point in their lives. That's why all 9- to 12-year-olds need the HPV vaccine.

Children and young adults age 13 through 26 who have not been vaccinated, or who haven't gotten all their doses, should get the vaccine as soon as possible for the most cancer protection.

The HPV vaccine is effective.

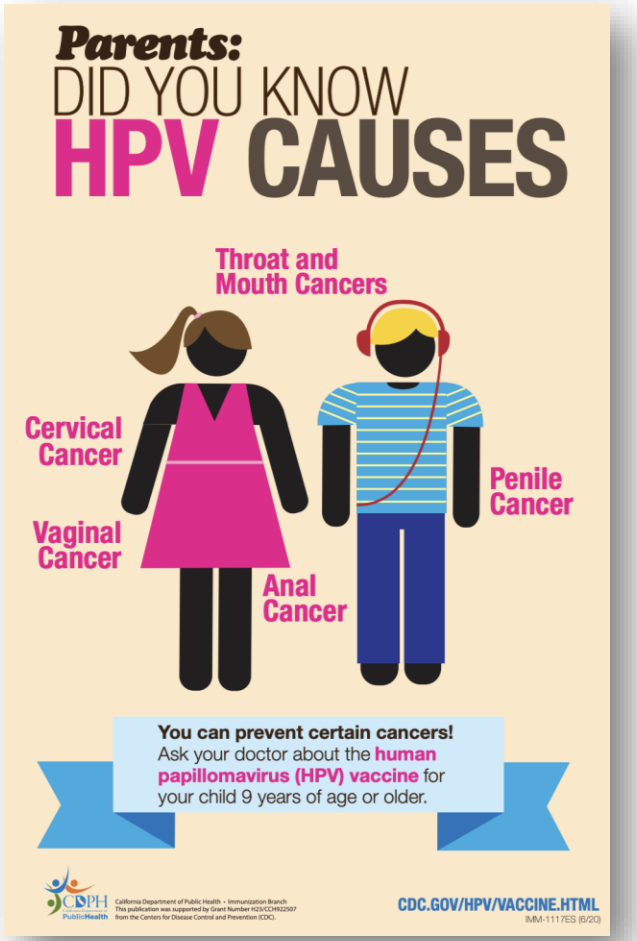
HPV vaccination works very well. Research shows that it can prevent more than 90% of HPV cancers when given at the recommended ages.

American Cancer Society | Mission: HPV CANCER FREE

HPV Vaccination: Just the Facts flyer

Popular Print Resources

IMM-1049



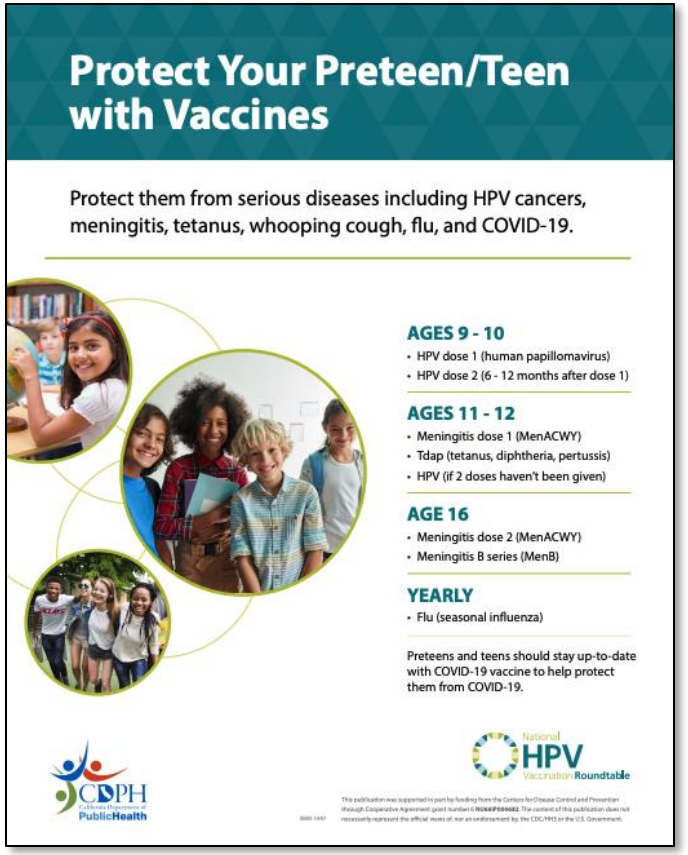
IMM-1117

IMM-1039

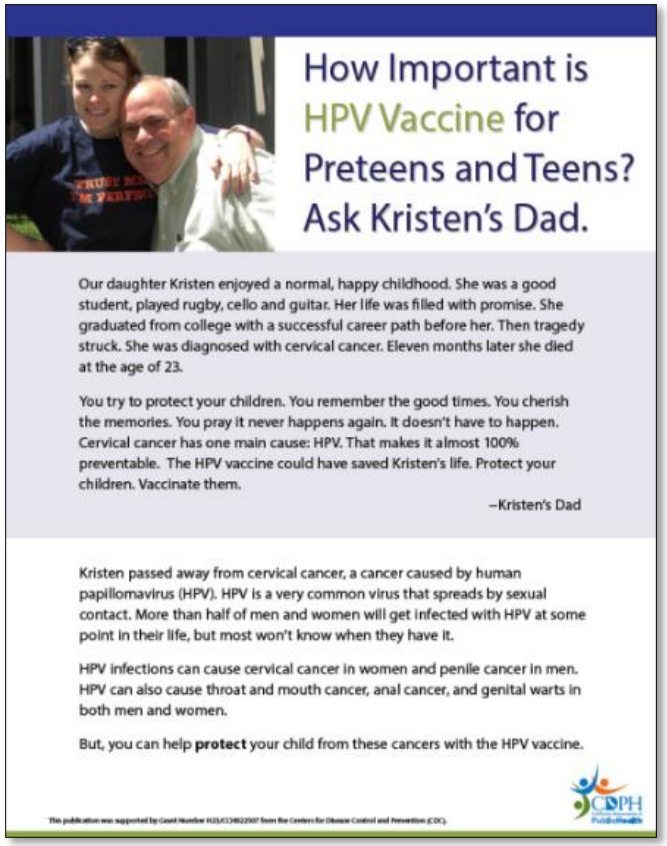
Translated Resources

- Spanish
- Chinese
- Hmong
- Tagalog
- Ukrainian
- Arabic & Vietnamese

NEW

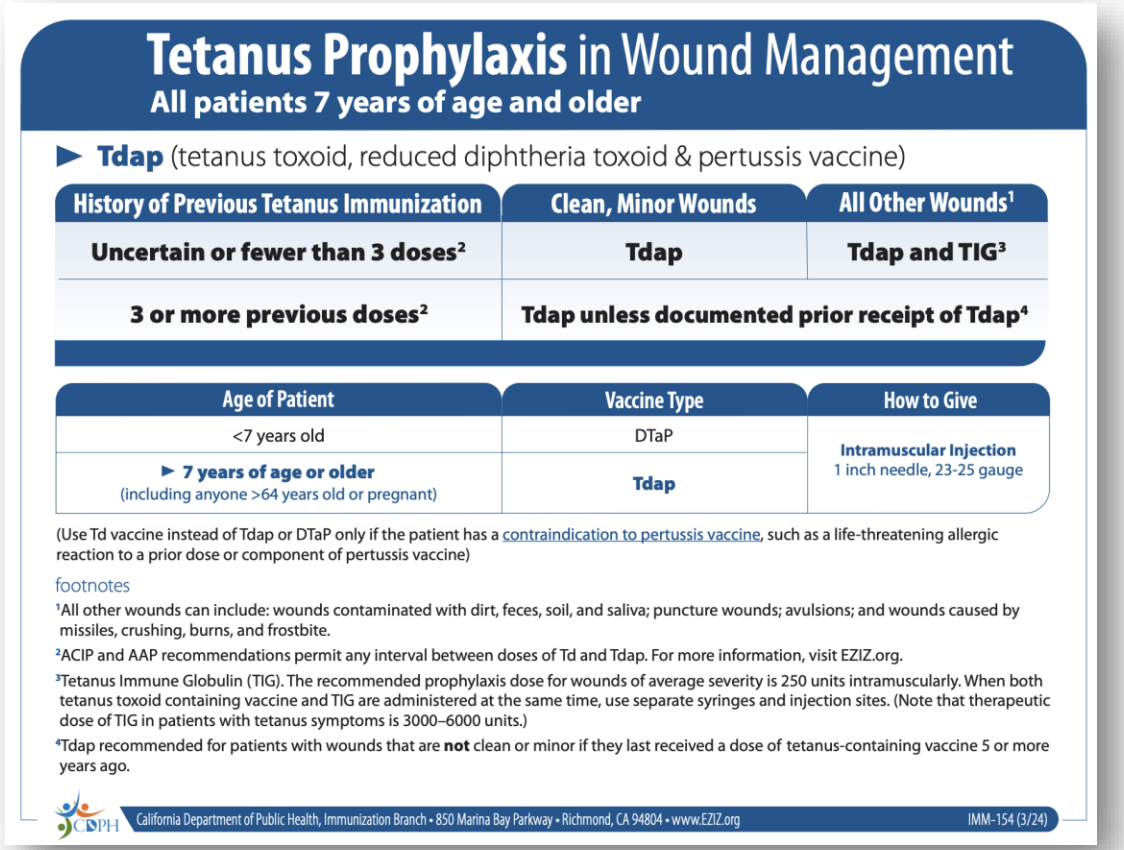


Recommended Vaccines (IMM-1448)



Importance of HPV Vaccine (IMM-1124)

New/Updated Provider Job Aids for Adolescent IZ



Tetanus Prophylaxis in Wound Management

All patients 7 years of age and older

► **Tdap** (tetanus toxoid, reduced diphtheria toxoid & pertussis vaccine)

History of Previous Tetanus Immunization	Clean, Minor Wounds	All Other Wounds[1]
Uncertain or fewer than 3 doses[2]	Tdap	Tdap and TIG[3]
3 or more previous doses[2]	Tdap unless documented prior receipt of Tdap[4]	

Age of Patient	Vaccine Type	How to Give
<7 years old	DTaP	Intramuscular Injection 1 inch needle, 23-25 gauge
► 7 years of age or older (including anyone >64 years old or pregnant)	Tdap	

(Use Td vaccine instead of Tdap or DTaP only if the patient has a contraindication to pertussis vaccine, such as a life-threatening allergic reaction to a prior dose or component of pertussis vaccine)

footnotes

[1]All other wounds can include: wounds contaminated with dirt, feces, soil, and saliva; puncture wounds; avulsions; and wounds caused by missiles, crushing, burns, and frostbite.

[2]ACIP and AAP recommendations permit any interval between doses of Td and Tdap. For more information, visit EZIZ.org.

[3]Tetanus Immune Globulin (TIG). The recommended prophylaxis dose for wounds of average severity is 250 units intramuscularly. When both tetanus toxoid containing vaccine and TIG are administered at the same time, use separate syringes and injection sites. (Note that therapeutic dose of TIG in patients with tetanus symptoms is 3000–6000 units.)

[4]Tdap recommended for patients with wounds that are **not** clean or minor if they last received a dose of tetanus-containing vaccine 5 or more years ago.

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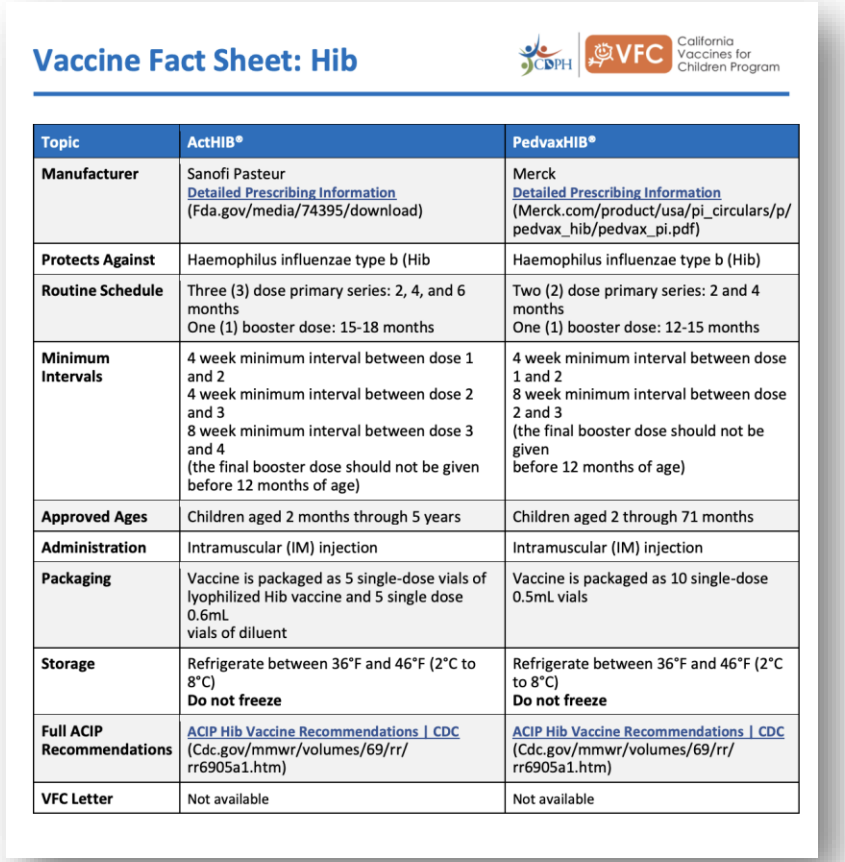
[Tetanus Prophylaxis Job Aid (IMM-154)]



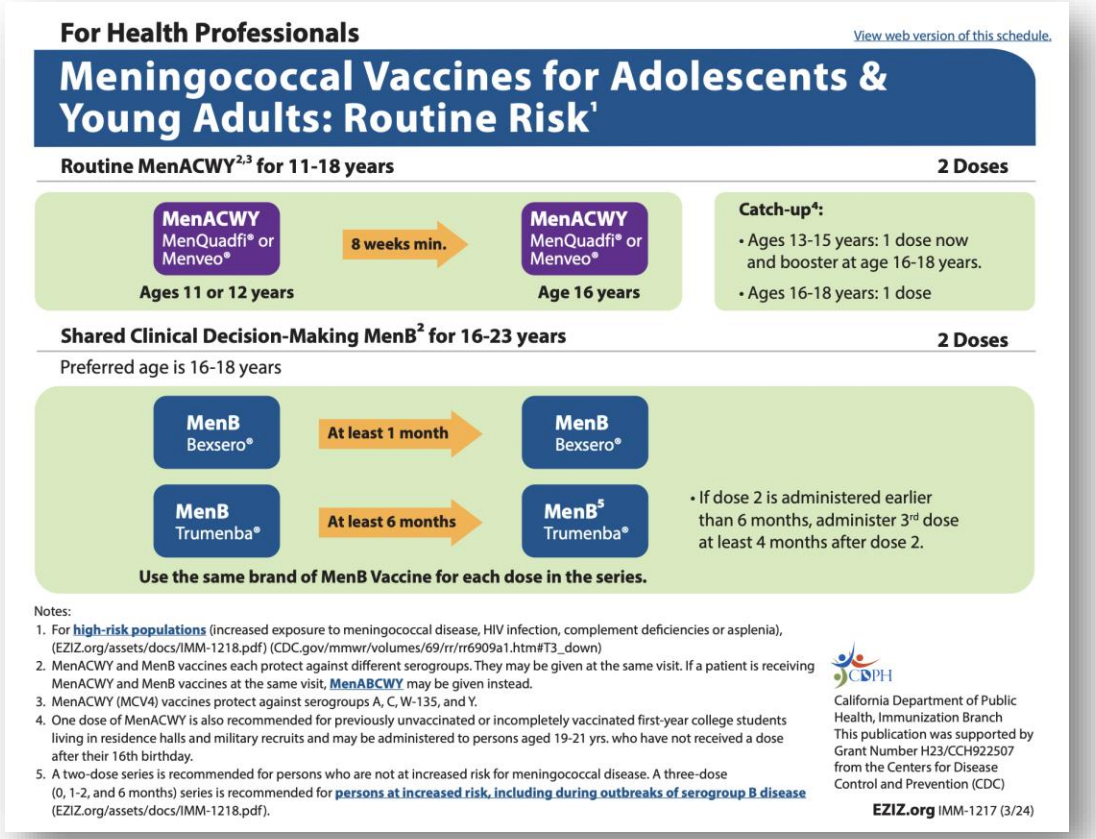
Vaccine Fact Sheet: Hib

CDPH VFC California Vaccines for Children Program

Topic	ActHIB®	PedvaxHIB®
Manufacturer	Sanofi Pasteur Detailed Prescribing Information (Fda.gov/media/74395/download)	Merck Detailed Prescribing Information (Merck.com/product/usa/pi_circulars/p/pedvax_hib/pedvax_pi.pdf)
Protects Against	Haemophilus influenzae type b (Hib	Haemophilus influenzae type b (Hib)
Routine Schedule	Three (3) dose primary series: 2, 4, and 6 months One (1) booster dose: 15-18 months	Two (2) dose primary series: 2 and 4 months One (1) booster dose: 12-15 months
Minimum Intervals	4 week minimum interval between dose 1 and 2 4 week minimum interval between dose 2 and 3 8 week minimum interval between dose 3 and 4 (the final booster dose should not be given before 12 months of age)	4 week minimum interval between dose 1 and 2 8 week minimum interval between dose 2 and 3 (the final booster dose should not be given before 12 months of age)
Approved Ages	Children aged 2 months through 5 years	Children aged 2 through 71 months
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as 5 single-dose vials of lyophilized Hib vaccine and 5 single dose 0.6mL vials of diluent	Vaccine is packaged as 10 single-dose 0.5mL vials
Storage	Refrigerate between 36°F and 46°F (2°C to 8°C) **Do not freeze**	Refrigerate between 36°F and 46°F (2°C to 8°C) **Do not freeze**
Full ACIP Recommendations	ACIP Hib Vaccine Recommendations | CDC (Cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm)	ACIP Hib Vaccine Recommendations | CDC (Cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm)
VFC Letter	Not available	Not available

[Hib Vaccine Fact Sheet (IMM-1094)]

Meningococcal Vaccine Resources



For Health Professionals

View web version of this schedule.

Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk[1]

Routine MenACWY[2,3] for 11-18 years — **2 Doses**

MenACWY MenQuadfi® or Menveo® — 8 weeks min. → MenACWY MenQuadfi® or Menveo®

Ages 11 or 12 years — Age 16 years

Catch-up[4]:
- Ages 13-15 years: 1 dose now and booster at age 16-18 years.
- Ages 16-18 years: 1 dose

Shared Clinical Decision-Making MenB[2] for 16-23 years — **2 Doses**

Preferred age is 16-18 years

MenB Bexsero® — At least 1 month → MenB Bexsero®

MenB Trumenba® — At least 6 months → MenB[5] Trumenba®

- If dose 2 is administered earlier than 6 months, administer 3rd dose at least 4 months after dose 2.

Use the same brand of MenB Vaccine for each dose in the series.

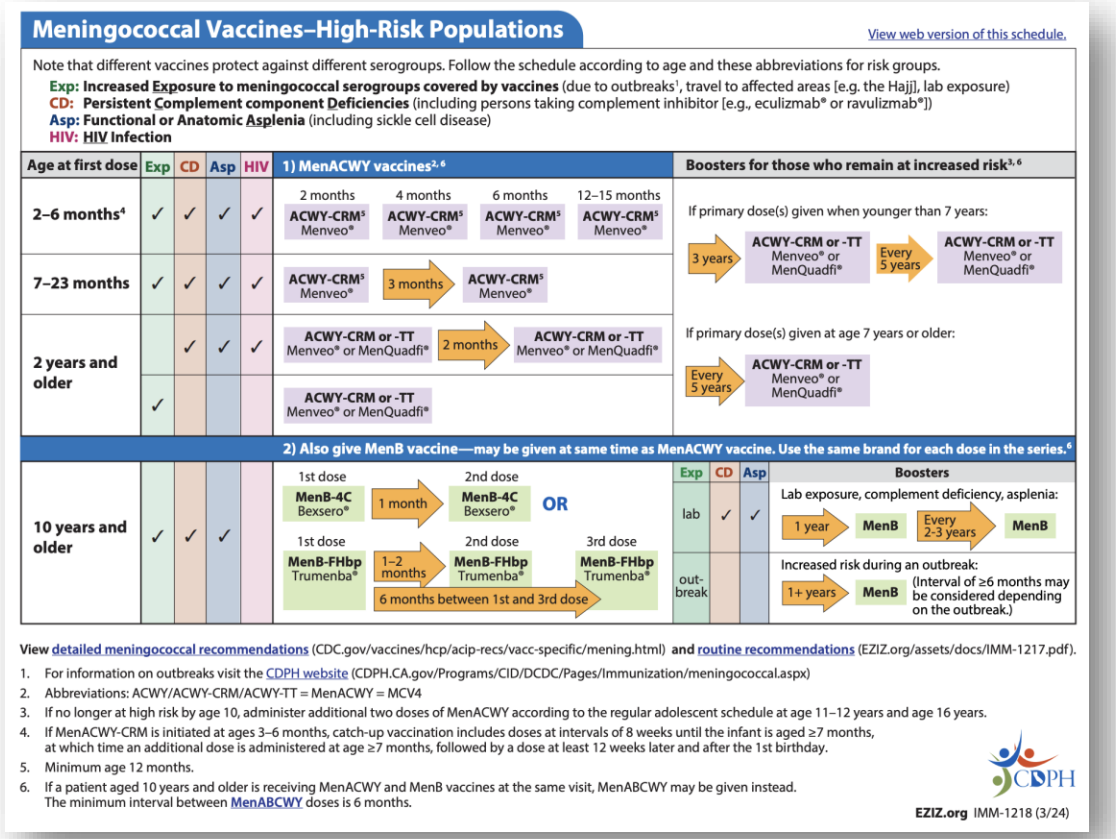
Notes:
1. For high-risk populations (increased exposure to meningococcal disease, HIV infection, complement deficiencies or asplenia), (EZIZ.org/assets/docs/IMM-1218.pdf) (CDC.gov/mmwr/volumes/69/rr/rr6909a1.htm#T3_down)
2. MenACWY and MenB vaccines each protect against different serogroups. They may be given at the same visit. If a patient is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead.
3. MenACWY (MCV4) vaccines protect against serogroups A, C, W-135, and Y.
4. One dose of MenACWY is also recommended for previously unvaccinated or incompletely vaccinated first-year college students living in residence halls and military recruits and may be administered to persons aged 19-21 yrs. who have not received a dose after their 16th birthday.
5. A two-dose series is recommended for persons who are not at increased risk for meningococcal disease. A three-dose (0, 1-2, and 6 months) series is recommended for persons at increased risk, including during outbreaks of serogroup B disease (EZIZ.org/assets/docs/IMM-1218.pdf).

CDPH

California Department of Public Health, Immunization Branch
This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC)

EZIZ.org IMM-1217 (3/24)

[Routine Timing (IMM-1217)]



Meningococcal Vaccines–High-Risk Populations

View web version of this schedule.

Note that different vaccines protect against different serogroups. Follow the schedule according to age and these abbreviations for risk groups.
- Exp: Increased Exposure to meningococcal serogroups covered by vaccines (due to outbreaks[1], travel to affected areas [e.g. the Hajj], lab exposure)
- CD: Persistent Complement component Deficiencies (including persons taking complement inhibitor [e.g., eculizmab® or ravulizmab®])
- Asp: Functional or Anatomic Asplenia (including sickle cell disease)
- HIV: HIV Infection

Age at first dose	Exp	CD	Asp	HIV	1) MenACWY vaccines[2,6]	Boosters for those who remain at increased risk[3,6]
2–6 months[4]	✓	✓	✓	✓	2 months: ACWY-CRM[5] Menveo® — 4 months: ACWY-CRM[5] Menveo® — 6 months: ACWY-CRM[5] Menveo® — 12–15 months: ACWY-CRM[5] Menveo®	If primary dose(s) given when younger than 7 years: 3 years → ACWY-CRM or -TT Menveo® or MenQuadfi® — Every 5 years → ACWY-CRM or -TT Menveo® or MenQuadfi®
7–23 months	✓	✓	✓	✓	ACWY-CRM[5] Menveo® → 3 months → ACWY-CRM[5] Menveo®	
2 years and older		✓	✓	✓	ACWY-CRM or -TT Menveo® or MenQuadfi® → 2 months → ACWY-CRM or -TT Menveo® or MenQuadfi®	If primary dose(s) given at age 7 years or older: Every 5 years → ACWY-CRM or -TT Menveo® or MenQuadfi®
	✓				ACWY-CRM or -TT Menveo® or MenQuadfi®	
2) Also give MenB vaccine—may be given at same time as MenACWY vaccine. Use the same brand for each dose in the series.[6]						
10 years and older	✓	✓	✓		1st dose MenB-4C Bexsero® → 1 month → 2nd dose MenB-4C Bexsero® **OR** 1st dose MenB-FHbp Trumenba® → 1–2 months → 2nd dose MenB-FHbp Trumenba® → 6 months between 1st and 3rd dose → 3rd dose MenB-FHbp Trumenba®	Exp/CD/Asp — lab: ✓ ✓ — out-break: Boosters: Lab exposure, complement deficiency, asplenia: 1 year → MenB → Every 2-3 years → MenB; Increased risk during an outbreak: 1+ years → MenB (Interval of ≥6 months may be considered depending on the outbreak.)

View detailed meningococcal recommendations (CDC.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html) and routine recommendations (EZIZ.org/assets/docs/IMM-1217.pdf).

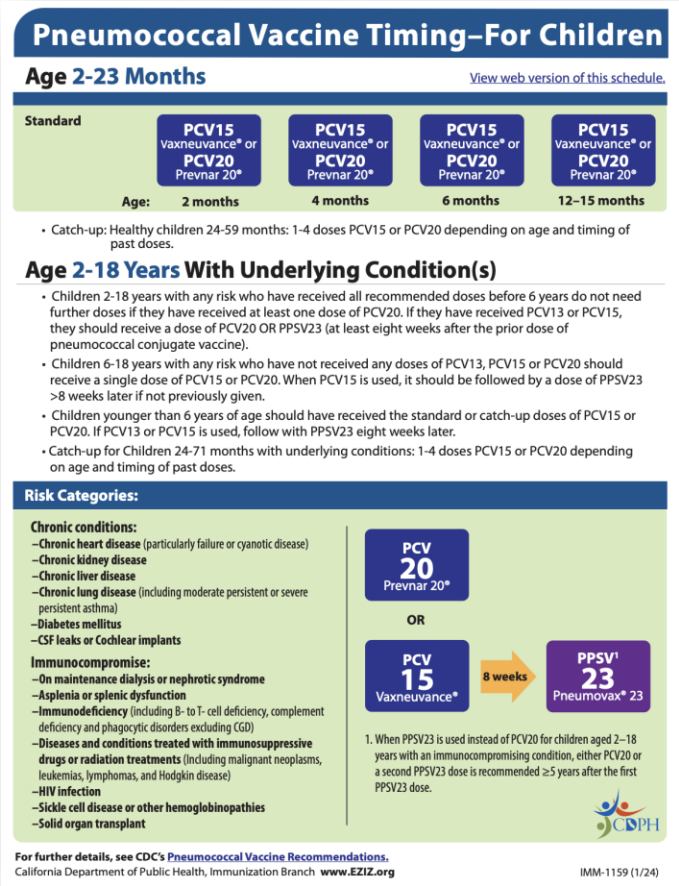
1. For information on outbreaks visit the CDPH website (CDPH.CA.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx)
2. Abbreviations: ACWY/ACWY-CRM/ACWY-TT = MenACWY = MCV4
3. If no longer at high risk by age 10, administer additional two doses of MenACWY according to the regular adolescent schedule at age 11–12 years and age 16 years.
4. If MenACWY-CRM is initiated at ages 3–6 months, catch-up vaccination includes doses at intervals of 8 weeks until the infant is aged ≥7 months, at which time an additional dose is administered at age ≥7 months, followed by a dose at least 12 weeks later and after the 1st birthday.
5. Minimum age 12 months.
6. If a patient aged 10 years and older is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead. The minimum interval between MenABCWY doses is 6 months.

CDPH

EZIZ.org IMM-1218 (3/24)

[High-Risk Populations Timing (IMM-1218)]

Pneumococcal Vaccine Resources



Pneumococcal Vaccine Timing–For Children

Age 2-23 Months

View web version of this schedule.

	Age: 2 months	4 months	6 months	12–15 months
Standard	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®

- 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**

PCV 20 Prevnar 20®

OR

PCV 15 Vaxneuvance® → 8 weeks → PPSV[1] 23 Pneumovax® 23

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** IMM-1159 (1/24)

[Pneumococcal Vaccine Timing Tool (IMM-1159)]

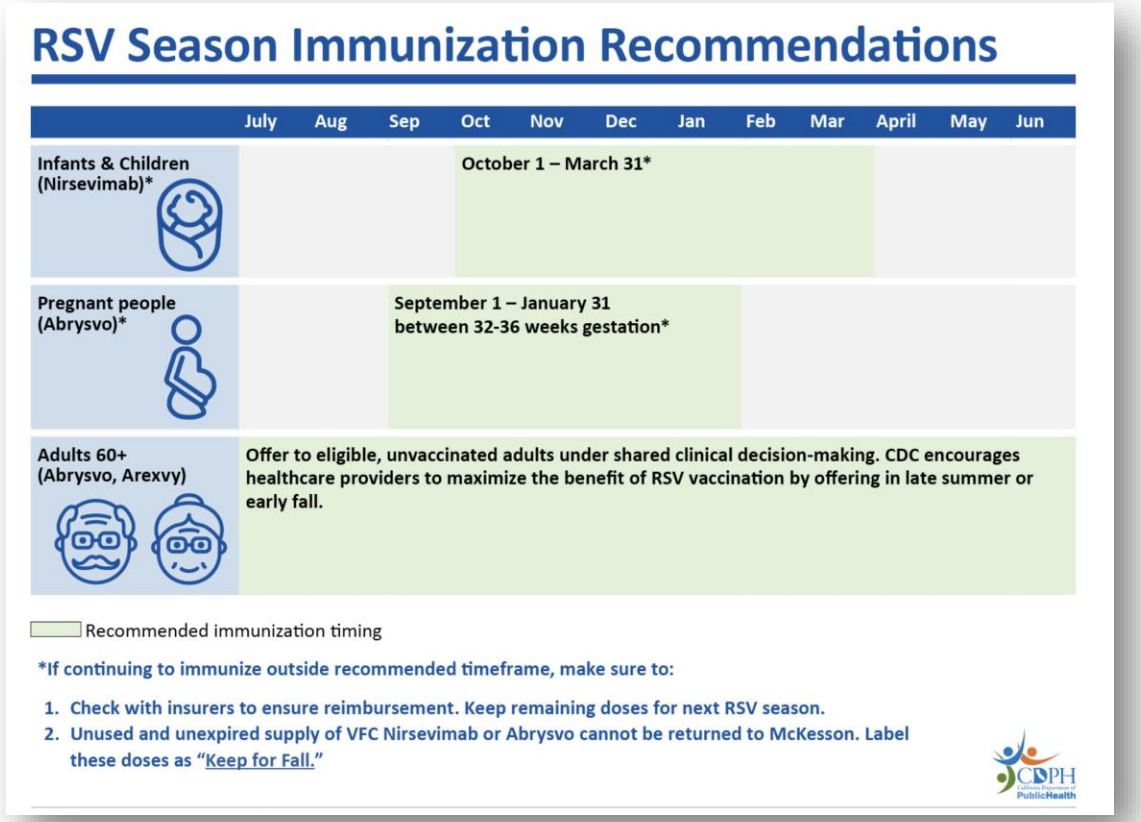
NEW

Vaccine Fact Sheet: Pneumococcal Vaccines

Topic	Prevnar 20® (PCV20)	Vaxneuvance® (PCV15)	Pneumovax® 23 (PPSV23)
Manufacturer	Pfizer	Merck	Merck
Product Info	Detailed Prescribing Information	Detailed Prescribing Information	Detailed Prescribing Information
Protects Against	Pneumococcal disease (PD) caused by 20 serotypes of *Streptococcus pneumoniae**.	PD caused by 15 serotypes of *Streptococcus pneumoniae* bacteria.	PD caused by 23 serotypes of *Streptococcus pneumoniae* bacteria.
Routine Schedule	**Children:** Four (4) dose primary series at 2, 4, 6, and 12-15 months **Adults:** One (1) dose for adults ≥65 years or 19-64 years at increased risk for PD. Refer to: CDPH Pneumococcal Vaccine Timing Guide: Children | Adults	**Children:** Four (4) dose primary series at 2, 4, 6, and 12-15 months **Adults:** One (1) dose for adults >65 years or 19-64 years at increased risk for PD followed by 1 dose of PPSV23 at least 1 year later. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant. Refer to: CDPH Pneumococcal Vaccine Timing Guide: Children | Adults	**Children:** ≥2 years at increased risk for PD. If previously received at least one dose of PCV20, no PPSV23 doses needed **Adults:** One (1) dose for adults ≥65 years or 19-64 years at increased risk for PD at least 1 year after previous dose of PCV13 or PCV15. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant. Refer to: CDPH Pneumococcal Vaccine Timing Guide: Children | Adults
Minimum intervals	4 or 8 weeks depending on age and dose number 2023: Pneumococcal Conjugate Vaccine (PCV)-Catch-up Guidance (cdc.gov)	4 or 8 weeks depending on age of and dose number 2023: Pneumococcal Conjugate Vaccine (PCV)-Catch-up Guidance (cdc.gov)	8 weeks after the most recent PCV dose, if indicated. 2023: Pneumococcal Conjugate Vaccine (PCV)-Catch-up Guidance (cdc.gov)
Approved Ages	6 weeks and older	6 weeks and older	2 years and older
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection	Intramuscular (IM) or Subcutaneous (SC) injection

[Pneumococcal Vaccine Fact Sheet (IMM-1524)]

New RSV Resources!



RSV Season Immunization Recommendations

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
Infants & Children (Nirsevimab)*				October 1 – March 31*								
Pregnant people (Abrysvo)*			September 1 – January 31 between 32-36 weeks gestation*									
Adults 60+ (Abrysvo, Arexvy)	Offer to eligible, unvaccinated adults under shared clinical decision-making. CDC encourages healthcare providers to maximize the benefit of RSV vaccination by offering in late summer or early fall.											

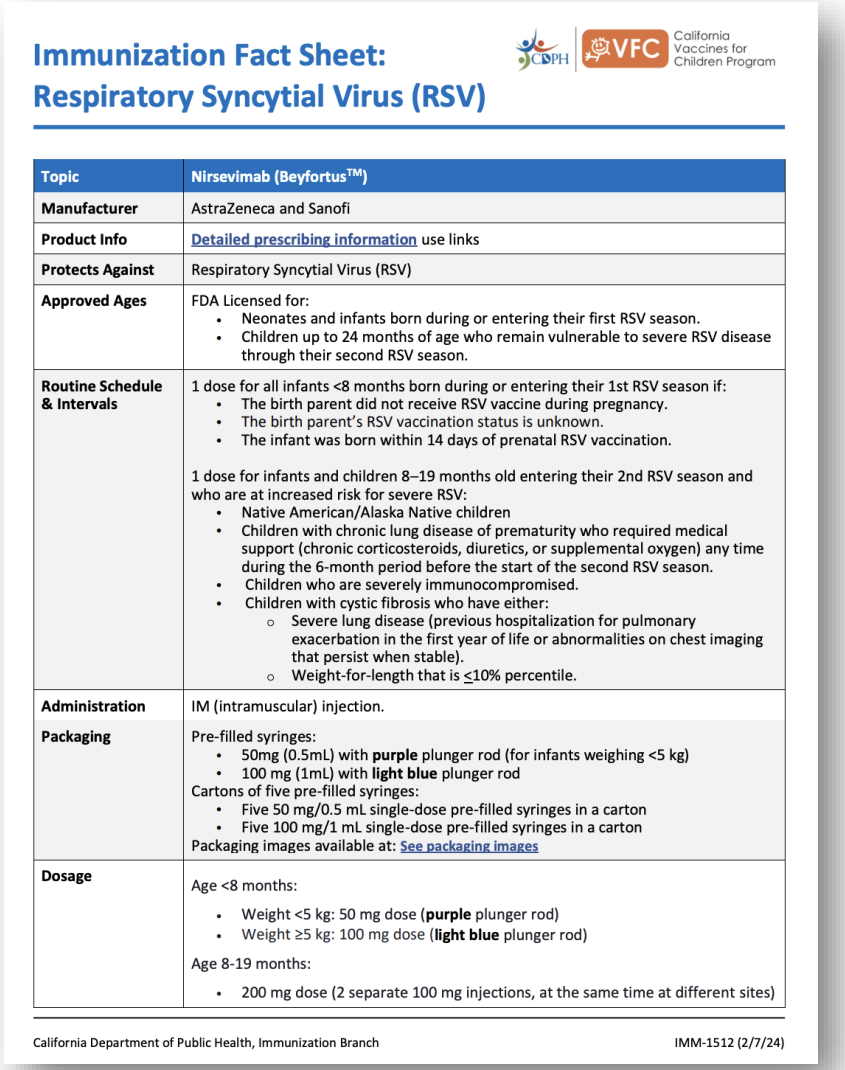
Recommended immunization timing

*If continuing to immunize outside recommended timeframe, make sure to:

1. Check with insurers to ensure reimbursement. Keep remaining doses for next RSV season.
2. Unused and unexpired supply of VFC Nirsevimab or Abrysvo cannot be returned to McKesson. Label these doses as "Keep for Fall."

[RSV Immunization Timing Guide]

NEW



Immunization Fact Sheet: Respiratory Syncytial Virus (RSV)

CDPH | VFC California Vaccines for Children Program

Topic	Nirsevimab (Beyfortus™)
Manufacturer	AstraZeneca and Sanofi
Product Info	Detailed prescribing information use links
Protects Against	Respiratory Syncytial Virus (RSV)
Approved Ages	FDA Licensed for: • Neonates and infants born during or entering their first RSV season. • Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.
Routine Schedule & Intervals	1 dose for all infants <8 months born during or entering their 1st RSV season if: • The birth parent did not receive RSV vaccine during pregnancy. • The birth parent's RSV vaccination status is unknown. • The infant was born within 14 days of prenatal RSV vaccination. 1 dose for infants and children 8–19 months old entering their 2nd RSV season and who are at increased risk for severe RSV: • Native American/Alaska Native children • Children with chronic lung disease of prematurity who required medical support (chronic corticosteroids, diuretics, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season. • Children who are severely immunocompromised. • Children with cystic fibrosis who have either: o Severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable). o Weight-for-length that is ≤10% percentile.
Administration	IM (intramuscular) injection.
Packaging	Pre-filled syringes: • 50mg (0.5mL) with **purple** plunger rod (for infants weighing <5 kg) • 100 mg (1mL) with **light blue** plunger rod Cartons of five pre-filled syringes: • Five 50 mg/0.5 mL single-dose pre-filled syringes in a carton • Five 100 mg/1 mL single-dose pre-filled syringes in a carton Packaging images available at: See packaging images
Dosage	Age <8 months: • Weight <5 kg: 50 mg dose (**purple** plunger rod) • Weight ≥5 kg: 100 mg dose (**light blue** plunger rod) Age 8-19 months: • 200 mg dose (2 separate 100 mg injections, at the same time at different sites)

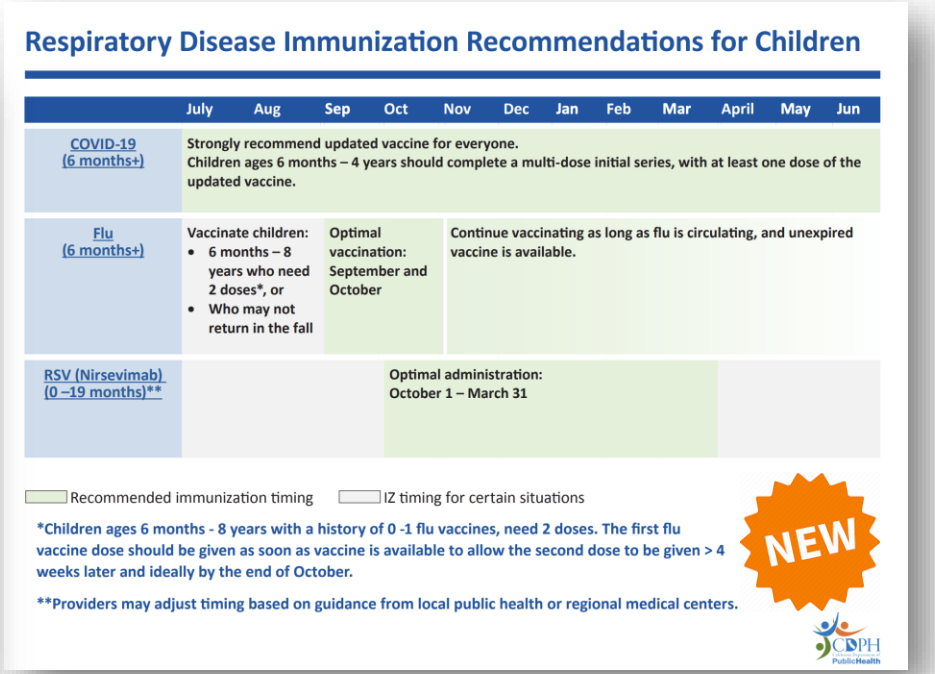
California Department of Public Health, Immunization Branch IMM-1512 (2/7/24)

[Nirsevimab Fact Sheet (IMM-1512)]

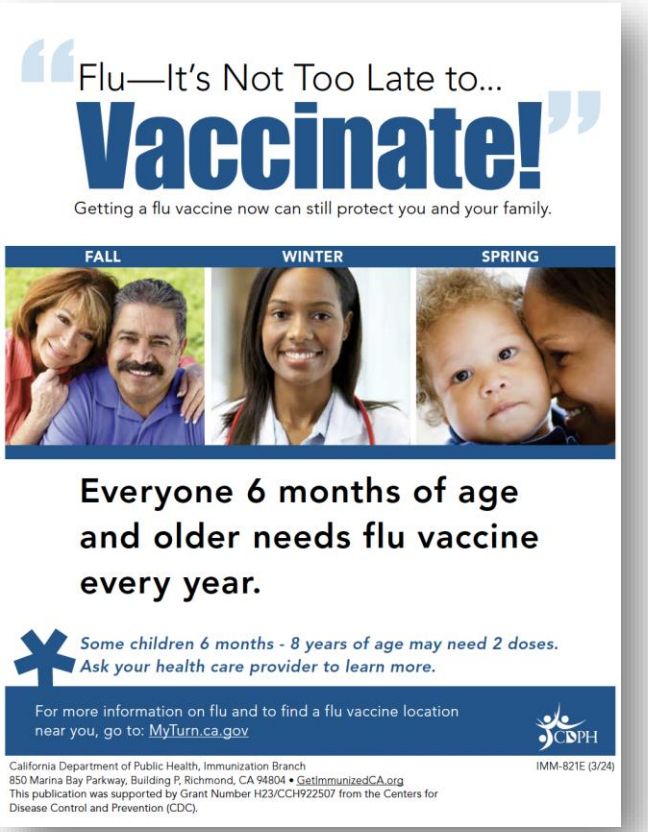
Afternoon TEACH

Late Flu and Respiratory Immunization

[Flu & Respiratory Disease webpage]

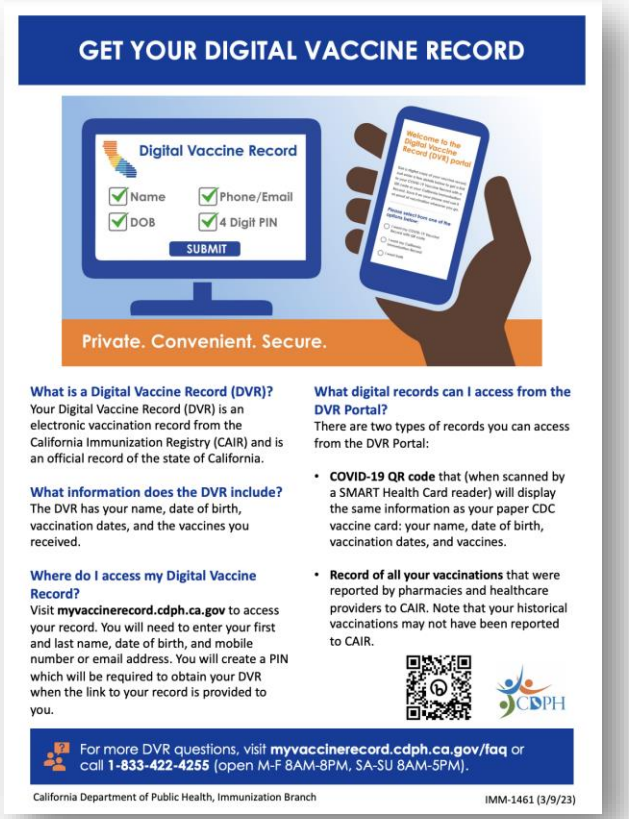


[Respiratory Immunization Timing Guide (IMM-1527)]

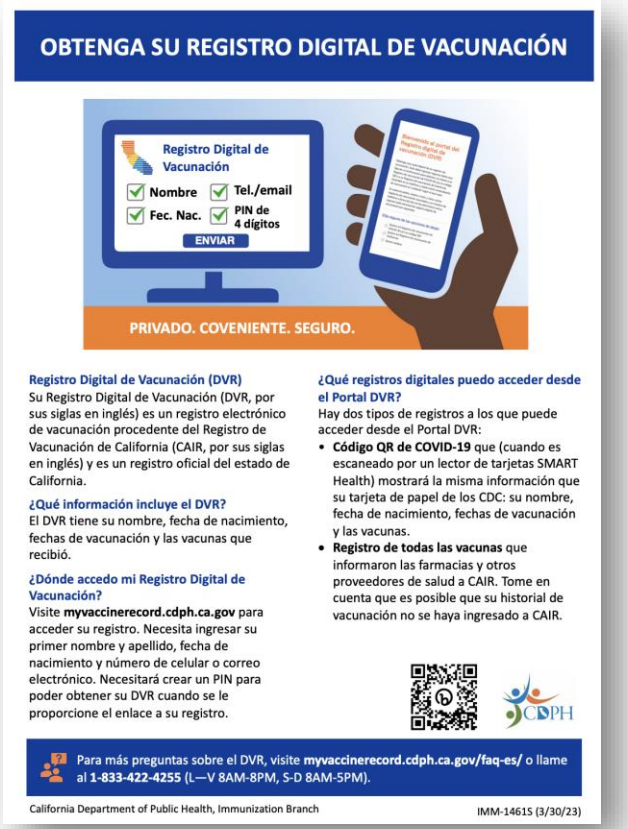


[It's Not Too Late Flu Flyer (IMM-821ES)] [Spanish] | [Russian] | [Chinese]

Digital Vaccine Record



DVR Fact Sheet

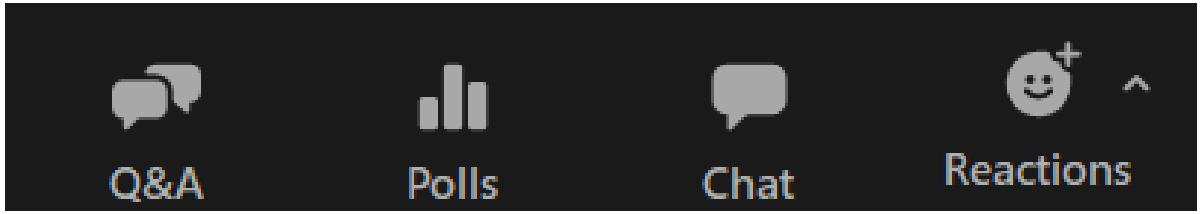


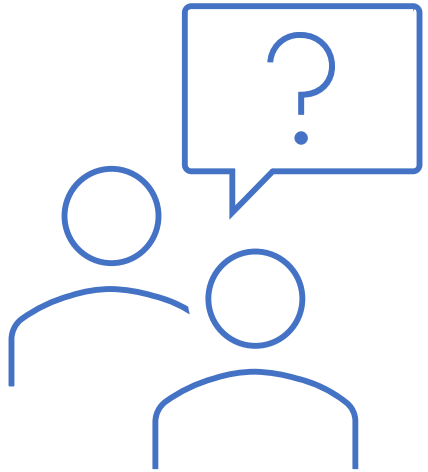
Spanish Version

- To access their DVR, patients should visit the Digital Vaccine Record (DVR) portal (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

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

Immunization Branch Listserv Emails Sign-Up

CDPH Immunizations Updates for Providers

Webinars occur every other Friday.

Register for the next session on
Friday, April 5, 9AM-10:30AM

Special Thanks to Today's Presenters:

Jennifer Tsui, Samantha Johnston, Jennie Chen,

Terisha Gamboa

And the webinar support team:

Billie Dawn Greenblatt, Michael Fortunka

Thank you for joining CDPH for Afternoon TEAch!