



Immunization Branch

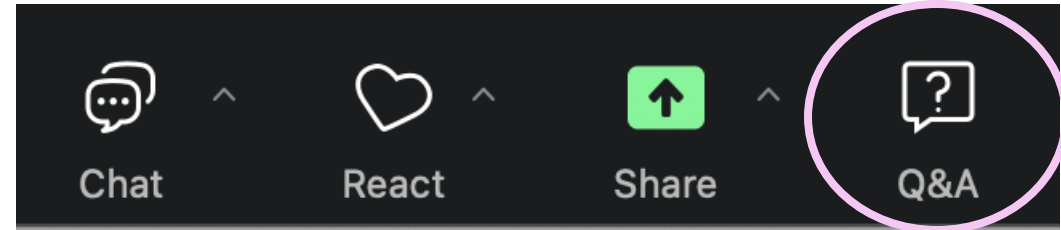
VFC Afternoon TEAch: What's New with Winter Respiratory Viruses?

Thursday, December 5, 2024
12:00 pm – 1:00 pm (PT)

Q&A



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



Housekeeping

Reminder to Attendees:



Today's session is being recorded. For this and previous Afternoon TEAch slides and webinar recordings go to the [IZ Provider Webinars page on EZIZ](#).



To be added to the CDPH email messaging listserv for providers, please email your request to blanca.corona@cdph.ca.gov.



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

Webinar Objectives

- Explain general respiratory vaccination reminders and ACIP updates and apply them to their immunization practice.
- Understand and complete the VFC recertification process for the upcoming program year on the myCAvax platform.
- Identify resources for immunizing against respiratory diseases this winter season and VFC Program recertification.



Agenda: Thursday, December 5, 2024

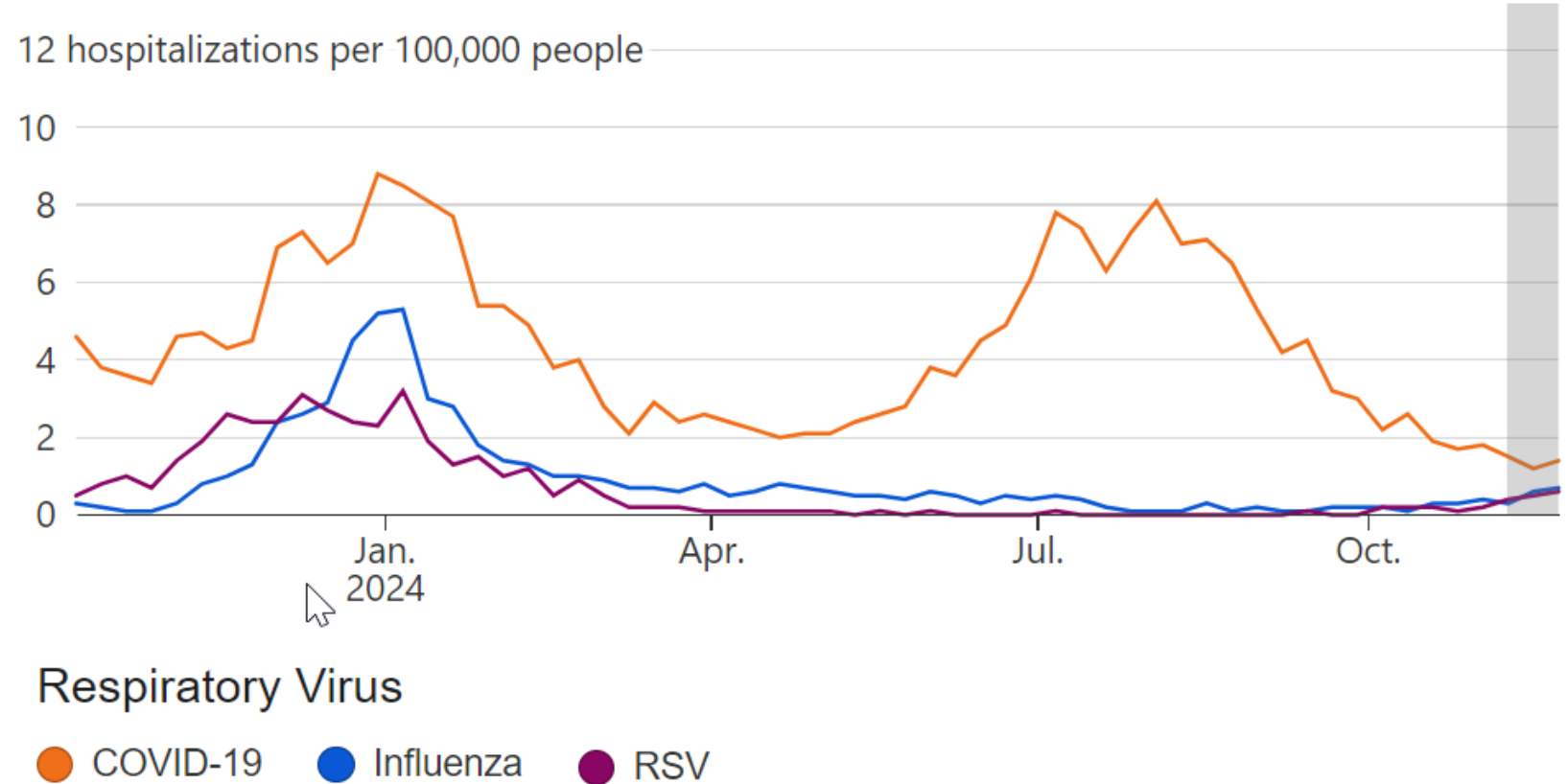
No.	Item	Speakers (CDPH)	Time (PM)
1	Welcome	Diane Evans	12:00 – 12:05
2	Respiratory updates for children and pregnant people	Louise McNitt, MD	12:05 – 12:20
3	Recertification process	Christina Sapad	12:20 – 12:30
4	myCAvax recertification demo	Christina Sapad	12:30 – 12:45
6	Resources	Terisha Gamboa	12:45 - 12:50
7	Questions and Answers	CDPH SMEs	12:50 – 1:00

Respiratory Vaccination Updates for Children and Pregnant People

Louise McNitt, MD

Respiratory Virus Season - COVID, flu and RSV

- COVID-19, flu, and RSV disease peak during fall & winter months



[Severe Viral Respiratory Illness Dashboard \(CDC\), Data as of 11/23/2024](#)

CDPH Respiratory Virus Report

Metric	COVID-19	Flu	RSV
Test Positivity (change)	2.6% (0.5)	4.2% (1.6)	3.6% (0.9)
Percent of Total Admissions (change)	N/A	N/A	0.2% (0.1)
Percent of Total Deaths (change)	0.2% (-0.3)	0.0% (-0.1)	0.0% (0.0)
Total Season Pediatric Deaths* (new)	3 (0)	1 (0)	0 (0)
Wastewater Concentrations (trend)	LOW (PLATEAUING)	N/A	N/A

*Refer to pediatric deaths data notes section.

Key Messages

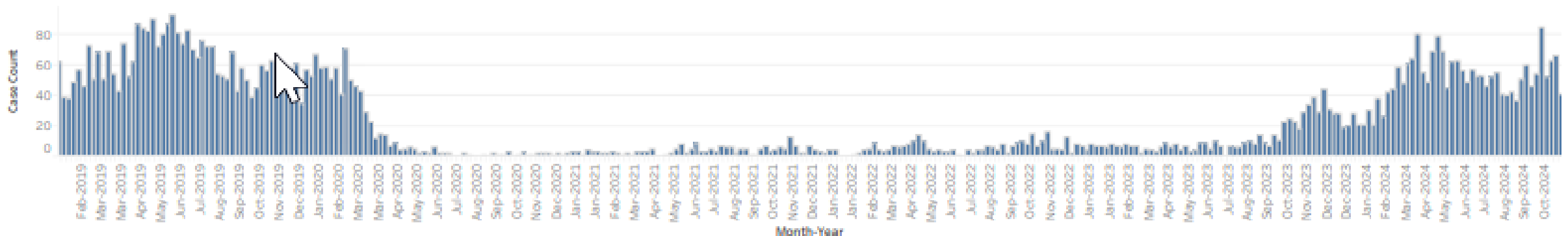
- RSV and influenza activity are low but increasing. COVID-19 is currently low in California.
- As of November 7, 2024, 9.6% of Californians have received an updated COVID-19 vaccine.
- As of November 3, 2024, data reported to the California Immunization Registry show that many Californians who should receive an influenza vaccine have not yet been vaccinated.

Respiratory Virus Report – Week 46

Pertussis is returning to pre-pandemic levels

- Prior to COVID-19 pandemic, cases of pertussis increased every 2-3 years in CA
- Pertussis appears to be rebounding to pre-pandemic “baseline” levels
 - Greatest increases in the Bay Area, and Los Angeles and San Diego Counties

Figure 1. Year to date* pertussis case counts by week of onset -- California, 2019-2024



[CDPH Pertussis Webpage \(Surveillance Reports\)](#) – data as of October 30, 2024

Why Vaccinate Kids?

Among children, those under 5 years of age have the highest rates of hospitalization for:

- Influenza,
- COVID-19, and
- Respiratory Syncytial Virus (RSV)

GET THE FACTS COVID-19, Flu and RSV in Children

In the US, more than **15 million children** have tested positive for COVID-19 since the start of the pandemic. But COVID-19 isn't the only infection we need to look out for.



COVID-19

Caused **22,000**
hospitalizations and



FLU

Caused **20,000**
hospitalizations and



RSV

Causes **58,000-80,000**
hospitalizations and



Vaccines can protect children and their families against all of these severe infections.

Protect your home against unwanted 'intruders' this season by getting vaccinated.



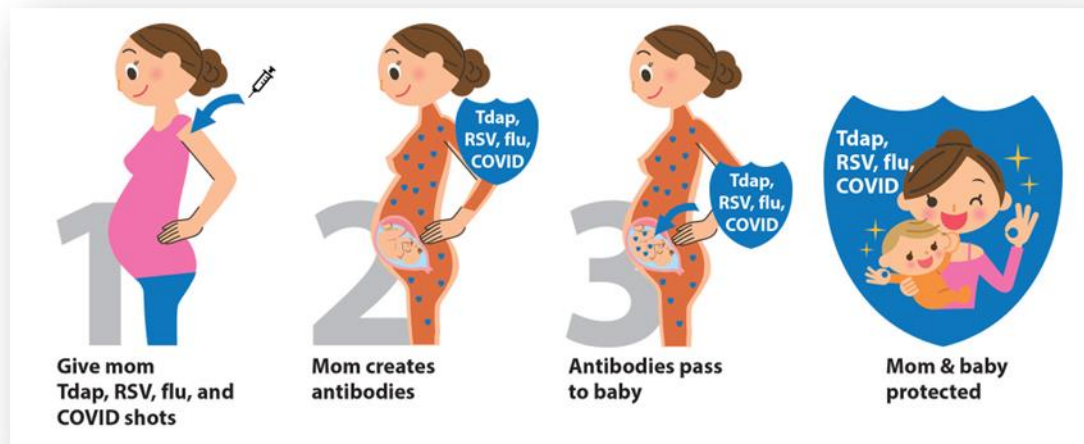
Go to vaccines.gov to check your eligibility for vaccines and to find vaccine appointments near you.



[Respiratory Virus Hospitalization Surveillance Network \(RESP-NET\) | CDC](#)

Why Vaccinate During Pregnancy?

- Infants too young for vaccination are at greatest risk for life-threatening cases of pertussis, COVID-19, flu and RSV
- Immunizing pregnant persons prevents infant hospitalizations and deaths
- Prenatal immunization is the most important tool for preventing morbidity and mortality for both mother and infant

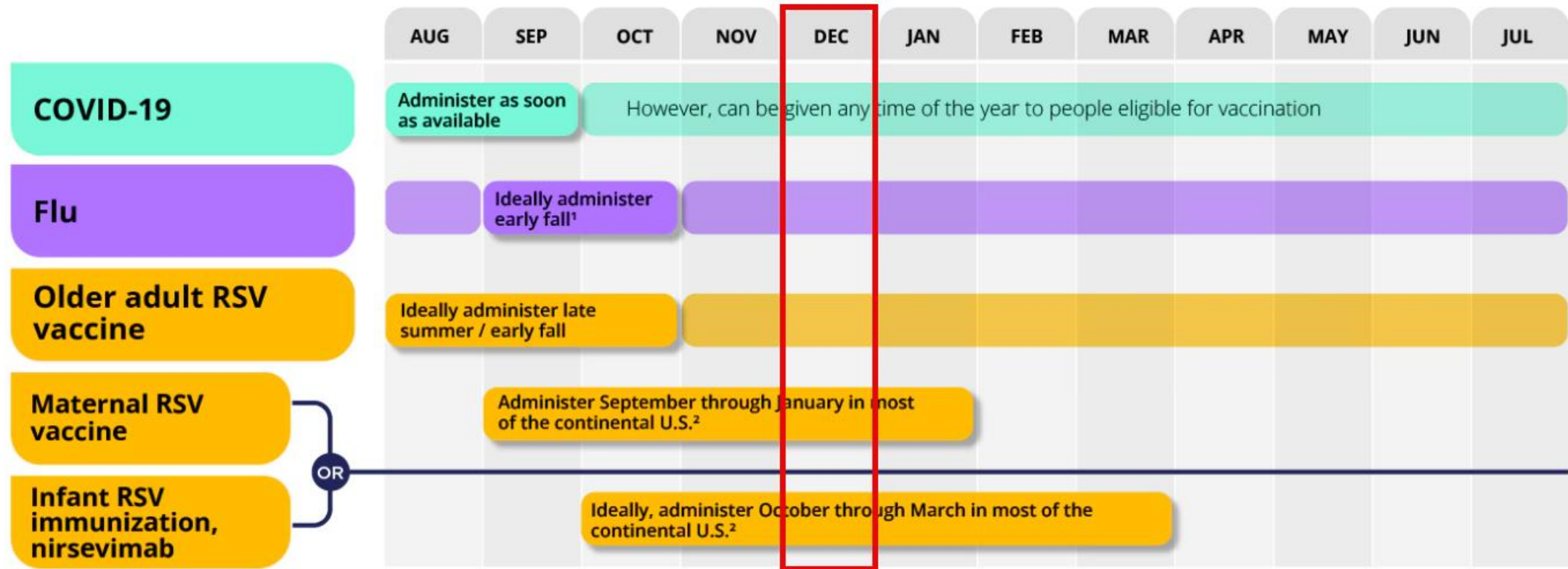


[CDPH: Infographic on prenatal vaccines and antibody transfer to infant](#)

Timing and Administration of Influenza, COVID-19, and RSV Immunizations



Timing and administration of COVID-19, influenza, and RSV immunizations





[Best Practices for Patient Care | Respiratory Illnesses | CDC](#)

Incorporate Respiratory Virus vaccines into the Pediatric Immunization Schedule

- It is safe to give all recommended vaccines at the same time
- Consider using combination vaccine to reduce the number of injections
- [Administration of Multiple Vaccine | CDC](#)

Fall & Winter Immunization Visits

- It is safe and effective to give all recommended vaccines at the same visit.
- Combination vaccines can reduce the number of injections.

6 months of age		12 months of age	
	DTaP		HepA
	IPV		MMR
	Hib		Var
	HepB		Hib
	PCV		PCV
	COVID-19		COVID-19
 Seasonal immunizations 	Influenza		Influenza
	RSV If hasn't received prenatal RSV vaccine or postnatal nirsevimab		RSV If at increased risk of severe RSV disease
Rotavirus (oral) (if RotaTeq used for doses 1 or 2)			

This is a suggested schedule. For alternatives and details, including additional recommendations for high-risk children, consult the [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2024](#) and the [Immunization Timing Blocks](#).

California Department of Public Health, Immunization Branch • EZIZ.org
IMM-1547 (11/24)



[IMM-1547 6-month Visit 11-8-24](#)

Respiratory Vaccination During Pregnancy

- **Tdap**
 - Early part of gestational weeks 27 to 36 of *every* pregnancy
- **Respiratory Syncytial Virus (RSV)**
 - Current recommendation is for a single dose of RSV vaccine (Pfizer Abrysvo) at 32 – 36 weeks gestation
 - If unable to vaccinate mother, vaccinate infants <8 months old during first RSV season
 - Vaccinate infants in subsequent pregnancies (additional doses of RSV vaccine for pregnant people are not recommended at this time)
- **Flu**
 - Can be given during any trimester during flu season
 - Ideally administer in September/October; can give earlier if in third trimester
- **COVID-19**
 - Updated 2024 – 2025 COVID-19 vaccine if not up to date

[Prenatal Care and Routinely Recommended Vaccinations-February 21, 2024](#)

ACIP Updates

Advisory Committee on Immunization Practices (ACIP) Meeting: October 23 – 24, 2024

Topics:

- COVID-19 Vaccines (Vote)
- RSV Immunizations: Maternal/Pediatric and Adult
- Influenza Vaccines (VFC Vote)
- Pneumococcal Vaccines (Vote)
- Meningococcal Vaccines (Vote, VFC Vote)
- Immunization Schedules – Adult and Child/Adolescent Revisions (Vote)
- Human Papillomavirus (HPV), Cytomegalovirus (CMV), Chikungunya, Mpox

[ACIP Recent Meeting Recommendations](#) | [Slides](#) | [Past Meetings Information](#)



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Additional 2024 – 2025 COVID-19 Vaccine Doses Recommended for ≥65 years and Immunocompromised

- Adults 65 years and older **should** receive **two doses** of updated 2024 – 2025 COVID-19 vaccine separated by 6 months.*
- Individuals 6 months and older who are moderately or severely immunocompromised **should** receive **two doses** of updated 2024 – 2025 COVID-19 vaccine separated by 6 months.*
 - Additional doses* (total of 3 or more) of 2024 – 2025 COVID-19 vaccine **may** be given to immunocompromised persons under [shared clinical decision making](#).

*Minimum interval 2 months

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

COVID-19 Vaccine Routine Schedule

For **everyone 65 years and older**:

- **2 doses of updated 2024 – 2025 COVID-19 vaccine at 6-month interval***
 - If unvaccinated and receiving Novavax: 2 dose initial series, followed by 3rd dose of any COVID-19 vaccine 6 months* after 2nd dose.

*Minimum interval 2 months.

[IMM-1396 COVID-19 Vaccine Timing Chart](#)

For online version and details view Interim Clinical Considerations for Use of COVID-19 Vaccines . Schedule is subject to change.			
Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 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 ① 2024-25 Moderna/Pfizer/Novavax
	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 years: ≥2 months ① 2024-25 Moderna/Pfizer/Novavax Ages 65+ years: ≥2 months ① 6 months§ ②
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose	
		6 months*	Ages 65+ years: Additional Dose Moderna/Pfizer/Novavax

* 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.

§ Minimum interval 2 months.



COVID-19 Vaccine: Immunocompromised

For immunocompromised 6 months and older:

- Initial COVID-19 vaccine series (mRNA: 3 doses, Novavax: 2 doses)
- At least 2 doses of 2024 – 2025 COVID-19 vaccine at 6-month interval^{^*}
- Additional doses under shared clinical decision-making*

[^]One dose may be received as part of initial series. At least one dose should be received 6 months* after initial series.

*Minimum interval 2 months.

COVID-19 Vaccine Timing 2024-25 If Moderately/Severely Immunocompromised									
Age	Vaccine	If unvaccinated:					If had any prior doses give 2024-25 doses:		
6 months–4 years	Pfizer Infant/Toddler	1st Dose	3 weeks	2nd Dose	≥8 weeks	3rd Dose	6 months [§]	Additional Dose(s)*	
	Moderna-Pediatric	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose	6 months [§]	Additional Dose(s)*	
5–11 years	Moderna-Pediatric	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose	6 months [§]	Additional Dose(s)*	
	Pfizer-Pediatric	1st Dose	3 weeks	2nd Dose	≥4 weeks	3rd Dose	6 months [§]	Additional Dose(s)*	
12+ years	Pfizer-Adol/Adult (Comirnaty)	1st Dose	3 weeks	2nd Dose	≥4 weeks	3rd Dose	6 months [§]	Additional Dose(s)*	
	Moderna-Adol/Adult (Spikevax)	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose	6 months [§]	Additional Dose(s)*	
	Novavax	1st Dose	3 weeks	2nd Dose					
<p>6 months–4 years:</p> <p>1 prior dose: 3 w 1 ≥8 w 2</p> <p>≥2 prior doses: ≥8 w 1</p> <p>5–11 years:</p> <p>1 prior dose: 4 w 1 ≥4 w 2</p> <p>2 prior doses: ≥4 w 1</p> <p>≥3 prior doses**: ≥8 w 1 (for ages 5+ yrs, Pfizer dose is also OK)</p> <p>12+ years:</p> <p>1 prior dose: 3 w 1 ≥4 w 2</p> <p>2 prior doses: ≥4 w 1</p> <p>≥3 prior doses**: ≥8 w 1</p> <p>1 prior dose: 4 w 1 ≥4 w 2</p> <p>2 prior doses: ≥4 w 1</p> <p>≥3 prior doses**: ≥8 w 1</p> <p>≥1 prior doses**: ≥2 m 1</p>									
<p>* Further doses may be given under shared clinical decision-making at a minimum interval of 2 months. See Table 2 for vial and dosage.</p> <p>** Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.</p> <p>§ Minimum interval 2 months.</p>									

[IMM-1396 COVID-19 Vaccine Timing Chart](#)

Pneumococcal Vaccines

- ACIP and CDC now recommend a pneumococcal conjugate vaccine (PCV) for all PCV-naïve adults **aged ≥50 years**
 - Lowers age-based recommendation from prior age (was ≥ 65 years)
 - [Risk-based recommendation](#) for adults now 19 – 49 years (was 19 – 64 years)
- No preference among adult pneumococcal vaccine options: PCV21, PCV20, or PCV15 + PPSV23
- For patients who previously received pneumococcal doses (PCV13 or PPSV23), refer to CDC guidance.

[CDC Pneumococcal Vaccination for Healthcare Providers](#)

Meningococcal B Vaccines

- ACIP and CDC now recommend MenB-4C (Bexsero®) be administered:
 - As a 2-dose series at **0 and 6 months** for healthy adolescents and young adults aged 16–23 years based on shared clinical decision-making for the prevention of serogroup B meningococcal disease
 - As a 3-dose series at **0, 1–2, and 6 months** when given to persons aged ≥10 years at [increased risk for serogroup B meningococcal disease](#).
- This updated recommendation aligns with [Bexsero® FDA licensure](#) and harmonizes with MenB-FHbp (Trumenba) recommendations.
- No recommendation to recall persons previously vaccinated with MenB-4C (Bexsero) at 0, ≥1 month.

[CDC Meningococcal Vaccination for Healthcare Providers](#)

Recertification Process

Christina Sapad

What is Recertification?

- Annual recertification is a federal requirement to remain enrolled in the VFC Program and continue receiving federally-purchased 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:
 - Completing online training
 - Updating their practice information
 - Updating patient profiles
 - Agreeing to the Program's federal requirements for participation “Provider Agreement”
 - Certifying adherence with all items listed in the “Provider Agreement Addendum”
- The VFC Program will suspend ordering privileges and terminate providers who do not complete the recertification process.

2025 VFC Recertification Timeline

- Anticipated Recertification Launch Date: **Week of December 16, 2024**
- Anticipated Due Date: **Friday, February 14, 2025**
 - **DO NOT WAIT** until the last minute to complete the Recertification Process
 - **Allow ample time** to complete the required EZIZ lessons and the online Recertification Form
- There will be separate Recertification forms for the LHD 317 and VFA Programs and providers enrolled in those programs will see a separate notification.

2025 Recertification Process

- 1 | ENSURE YOUR 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 RECERTIFICATION WORKSHEET**
Use the 2025 Recertification Worksheet to gather information before beginning the Recertification process.
- 3 | COMPLETE REQUIRED EZIZ LESSONS**
Complete required EZIZ lessons before accessing 2025 Recertification. The EZIZ lessons are being updated this year. To receive credit for the annual training requirement, take the lessons once 2025 VFC Recertification launches.
- 4 | ACCESS THE RECERTIFICATION FORM**
Login to your myCAvax account and click on the "Submit Recertification" button.
- 5 | 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. Preview all information before submitting for e-signature.
- 6 | SUBMIT FOR E-SIGNATURE FOR PROVIDER OF RECORD TO REVIEW THE "PROVIDER AGREEMENT" AND "PROVIDER AGREEMENT ADDENDUM"**
The Provider of Record must review and electronically acknowledge compliance with all items outlined in the 2025 "Provider Agreement" and "Provider Agreement Addendum." An email with a link to DocuSign will be sent to the Provider of Record. Recertification is not yet complete, until the Agreements have been electronically signed.

Recertification Process

- Recertification is a multi-step process
- Prepare ahead of time by gathering information on the Recertification Worksheet
 - The worksheet will contain all fields from the online Recertification Form

EZIZ Lessons

- All required EZIZ lessons are being updated this year.
- Allocate enough time for staff to complete all the required 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	Recertification Launch	✓	✓	✓	✓
	Storing Vaccines	Recertification Launch	✓	✓	✓	✓
	Monitoring Storage Unit Temperatures	Recertification Launch	✓	✓	✓	✓
	Conducting a Vaccine Inventory	Recertification Launch	✓	✓	Encouraged	Encouraged
Review & Acknowledge	Provider Operations Manual	Recertification Launch	✓	✓	✓	✓
	Vaccine Management Plan	Recertification Launch	✓	✓	✓	✓

EZIZ Learning History Page

- All required lessons are on the [EZIZ website](#).
- If you have taken the lessons previously, click “RESET” on your EZIZ Learning History page to begin taking the updated lessons.
- **IMPORTANT NOTE!** Since myCAvax is connected to validate EZIZ training lessons, the User ID used to complete the EZIZ training lessons must match the email listed on the myCAvax program location account. Each key practice staff must have a unique email and EZIZ user ID.

Google Custom Search

A one-stop shop for immunization training and resources.

Learning History

For California VFC Recertification:

1. Reset all required lessons completed before December 13, 2024. **RESET**
2. Complete all required lessons for your role.
3. After lessons are completed by staff in all key practice roles, log in to MyVFCvaccines to access the VFC Recertification Form.

Having trouble viewing the lesson?

Required for Vaccine Coordinator, Backup, Provider of Record and Designee

Task	Completed	Certificate	Review
VFC Program Requirements	Completed 11/18/2024	Certificate	Review (Optional)
Storing Vaccines	Completed 11/22/2024	Certificate	Review (Optional)
Monitoring Storage Unit Temperatures	Completed 11/22/2024	Certificate	Review (Optional)
POM Acknowledgement Lesson	Completed 12/16/2020	Certificate	Review
Vaccine Management Plan	Completed 12/16/2020	Certificate	Review

Required for Vaccine Coordinator and Backup

Task	Completed	Certificate	Review
Conducting a Vaccine Inventory	Completed 10/23/2024	Certificate	Review (Optional)

For California VFA Recertification:

Required for Vaccine Coordinator, Backup, Provider of Record and Designee

Task	Begin		
VFA Program Requirements	Begin		

For California LHD 317 Program Recertification:

Required for Vaccine Coordinator, Backup, Provider of Record and Designee

Task	Begin		
LHD 317 Program Requirements	Begin		

My Account

Hi ctest2,

- ▶ Edit Profile
- ▶ Reset individual lessons
- ▶ Automatically reset all lessons for recertification **[NEW]**
- ▶ Logout

Additional Resources

- Audio Transcript for Lessons
- More Demonstration Videos:
 - Pre-filled Syringes
 - Nasal Vaccines
 - Oral Vaccines
 - Educating Parents
 - Documentation
 - Safety

Technical Support

For answers to the most common problems or to contact EZIZ Training technical support, go to [EZIZ Training Frequently Asked Questions](#).

Tell us what you think.

send us an email at MyVFCvaccines@cdph.ca.gov

Recertification Access

- Who can access the 2025 VFC Recertification site?
 - All active providers, including providers on hold, and providers that are suspended for all reasons *except for mandatory corrective actions*
 - User Types: Primary, Backup, Additional and Organization Vaccine Coordinators can access the Recertification Form
- Who cannot access the 2025 Recertification site?
 - Providers suspended for *mandatory corrective actions*
 - Providers who never logged in to myCAvax and have no active users
 - User Types: Provider of Record and Provider of Record Designee cannot access the online Recertification Form (unless they are one of the listed Vaccine Coordinators)

What Happens if Recertification is NOT Completed?

- If Recertification is not submitted by the deadline, program location 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 may affect a provider's status in Medi-Cal

Provider Agreements

- After going through the Recertification Form, the Provider of Record (POR) will receive an email to electronically sign the Provider Agreement and Program Provider Agreement Addendum through DocuSign. **The Agreements must be signed for Recertification to be considered complete.**
 - If the POR did not receive the email, the VC can resend to them via the Recertification page on myCAvax.
- Most requirements have not changed.
- Updates to the Agreements include the following:

For providers that serve any non-VFC eligible population according to their provider profile: I agree to purchase and maintain a separate vaccine inventory to vaccinate my non-VFC eligible population.

Report all VFC-supplied vaccine doses administered to an immunization registry (CAIR or RIDE/Healthy Futures) under the Registry ID for the corresponding provider PIN receiving vaccines; data must include all required VFC screening and administration elements.

Order all ACIP-recommended vaccines (including flu, COVID-19, RSV and special-order vaccines), and non-routine vaccines when indicated or requested, to meet the needs of the total VFC-eligible patient populations reported for the provider PIN.

State of California—Health and Human Services Agency
VACCINES FOR CHILDREN (VFC) PROGRAM

California Department of Public Health

VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

PROVIDER AGREEMENT

Instructions: The official VFC-registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law, who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

**Note: 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.*

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 practice administrator or equivalent:

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.	I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally eligible children who are: A. Federally Eligible: 1. Are an 2. Are an 3. Have a 4. Are under vaccine Federal deputy B. State Vaccine a) In addition vaccine and will Children aged categories (VFC For the vaccine schedules, dosi Immunization: a) In the provid b) The pa other e
3.	

California Vaccines for Children (VFC) Program
Provider Agreement Addendum

CDPH VFC California Vaccines for Children Program

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

A. 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.

B. 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).

C. Immediately report in myCAvax any changes to key practice staff roles (Vaccine Coordinator or Backup, Provider of Record or Designee); any changes to the Provider of Record or Designee require an electronic signature by the Provider of Record.

D. Immediately report to the VFC Program changes to the practice address or account ownership, which may require additional follow-up.

2. Vaccine Management Plan

A. 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.

B. Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.

C. Designate a staff member responsible for updating the practice's management plan.

D. Staff with assigned vaccine-management responsibilities must review, sign, and date the vaccine management plan annually and each time it is updated.

E. Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.

F. Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.

G. 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

A. Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup or the optional Organization Coordinator and Additional Vaccine Coordinator roles) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles.

B. 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.

C. 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.

D. All staff and supervisors who monitor storage unit temperatures or sign off on 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 and actions required after a temperature excursion is discovered.

www.EZIZ.org IMM-1242 (12/24)

Recertification Resources

2025 Recertification

- 1 ENSURE YOUR ACCOUNT IS IN GOOD STANDING**
Provider accounts that are SUSPENDED due to the Recertification form.
- 2 GATHER INFORMATION ON THE RECERTIFICATION WORKSHEET**
Use the 2025 Recertification Worksheet to gather information.
- 3 COMPLETE REQUIRED EZIZ LESSONS**
Complete required EZIZ lessons before accessing the Recertification form.
- 4 ACCESS THE RECERTIFICATION FORM**
Login to your myCavax account and click on the "Recertification" link.
- 5 VERIFY AND UPDATE YOUR PRACTICE INFORMATION**
Verify and update information about your practice staff, patient estimates, vaccine storage, and data logger equipment.
- 6 SUBMIT FOR E-SIGNATURE FOR PROVIDER AGREEMENT AND PROVIDER AGREEMENT ADDENDUM**
The Provider of Record must review and electronically sign the 2025 "Provider Agreement" and "Provider Agreement Addendum" on the DocuSign platform.

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.

VFC Recertification Frequently Asked Questions

Contents

Know what you are looking for? Use the following links to easily locate the answer.

- Managing EZIZ Training Account
- EZIZ Lessons
 - Test-Out Option
 - Learning History Page
- Recertification Site
 - Landing Page
 - Step 1: Practice Profile
 - Step 2: Key Practice Staff
 - Step 3: Vaccine Storage and Temperature Monitoring Equipment
 - Step 4: Provider Population
 - Print Page
- After Recertification

Managing EZIZ Training Account

Q: What information related to my account can be updated?

A: Using the "Edit Profile" link in the blue My Account section in the upper right-hand corner of the following information on file for your account may be updated: First Name, Last Name, Email, Address, and Password and PINs your account is currently linked to.

Q: How do I link my existing EZIZ training account to a VFC PIN?

A: If the PIN you would like your account linked to is not listed on the Edit Profile page, use "Link Account" to link your account to a VFC PIN. When instructed, provide the location you would like to link your training account to. Once zip code is provided, provider sites will display. Choose the "Select" button for the location you would like to link your account to. After selecting the location, it will send you back to the "Edit Profile" page.
TIP: If the PIN does not display in the list of linked PINs, refresh the page.

Q: Can I un-link an EZIZ training account from a VFC PIN?

A: Yes. For individuals, contact VFC Customer Service and provide them with the username for your account and request to un-link your account from a PIN. For active VFC providers, login to your MyVFCVaccines.org account and use the EZIZ Training Accounts link to view all EZIZ training accounts linked to your PIN. Use the checkbox on the right side of the page to mark accounts that you would like to un-link. After the accounts you would like to be removed have been selected, use the Submit button at the bottom of the page to un-link the selected accounts from your PIN.

California Vaccines for Children (VFC) Program RECERTIFICATION WORKSHEET

Use this worksheet to gather information needed ahead of time to complete the online VFC Recertification Form on myCavax.cdph.ca.gov.

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Step 1—Location Information/Shipping			
Location Name		PIN	CAIR/IS ID
Practice Information/Shipping Address (No P.O. Box)		City	ZIP
Shipping Address, Part 2		County	
Tax ID/Employee Identification Number (EIN)		National Provider Identifier (NPI)	Phone Fax
MEDI-CAL Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a mobile facility, or does this facility have mobile units? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.	<input type="checkbox"/> Monday From: To: <input type="checkbox"/> Tuesday From: To: <input type="checkbox"/> Wednesday From: To: <input type="checkbox"/> Thursday From: To: <input type="checkbox"/> Friday From: To:	(Closed for lunch from: to:)	(Closed for lunch from: to:)

Step 2—Key Practice Staff						
Role/Responsibility	Name	Title (MD, DO, NP, PA, PharmD)	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information
Provider of Record			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email for program updates: _____ EZIZ User ID: _____
Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email for program updates: _____ EZIZ User ID: _____
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email for program updates: _____ EZIZ User ID: _____
Provider of Record Designee			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email for program updates: _____ EZIZ User ID: _____

myCAvax Recertification Demo

Completing VFC, VFA or LHD 317 Recertification in myCAvax

VFC

Recertification

Step 2 - Key Practice Staff

In order to proceed, you must have at least the Provider of Record, Primary Vaccine Coordinator, Backup Vaccine Coordinator, and Provider of Record Designee information below. These staff members should be those who manage child patients in the VFC program. Medical Licenses will be submitted to ensure active status of license.

Organization Vaccine Coordinator is an optional role and is subject to CDPH approval. Review the job title for [Organization Vaccine Coordinator](#) role and responsibilities before assigning anyone to this role.

Key Practice Staff must have their E212 program training completed. Please direct any staff members who have not completed the training to the following link: [E212 Training](#).

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

Key Practice Staff

Staff members who are responsible for managing the location

Role	Name	Title	Specialty	Clinic Title	Email	Phone Number	NPID	License No.	E212 Username	Training Complete	Actions
Provider of Record	Lindsay Bradley	MD - Medical Doctor	Pediatrics	Immunization Coordinator	lbradley@mycavax.org	(800) 123-4567	12345	70225	lbradley	<div></div>	<div>View Profile</div> <div>Chat with us</div>
Primary Vaccine Coordinator	Ashley Anderson				ashley@mycavax.org	(777) 777-7776			AMAnderson	<div></div>	<div>View Profile</div> <div>Sign out</div>

[Link to myCAvax recertification demo video](#)

Resources

Terisha Gamboa

Provider Resources on EZIZ

Home
Vaccine Programs
Vaccine Management
Storage Units
Temperature Monitoring
Training & Webinars
Clinic Resources
Patient Resources

[Link to EZIZ Homepage](#)

EZIZ
A one-stop shop for immunization training and resources.

Navigation Menu:

- Home
- Vaccine Programs
- Vaccine Management
- Storage Units
- Temperature Monitoring
- Training & Webinars
- Clinic Resources
- Patient Resources

Contact VFC
Phone: (877) 243-8832
Hours: Mon-Thurs, 9AM-4:30PM; Friday, 9AM-4PM
Send us an email
Fax: (877) 329-9832

- ▶ VFC Field Representatives
- ▶ Find VFC providers
- ▶ Sign up for EZIZ emails
- ▶ Frequently Asked Questions

California's Vaccine Programs

- VFC**: California Vaccines for Children Program
- VFA**: California Vaccines for Adults Program
- BAP**: California Bridge Access Program
- LHD 317**: Local Health Department 317 Program

Ordering & Vaccine Management

- MyCAvax (VFC, VFA, BAP, and 317)
- MyVFCvaccines (read-only)

Storage Requirements

- Vaccine Storage Units
- Digital Data Loggers

Alerts!

- 2024-25 COVID Vaccine**
 - COVID-19 Vaccine Timing Guide (8/30/24)
 - Calendario de la Vacuna COVID-19 (9/10/24)
 - COVID-19 Vaccine Product Guide (9/9/24)
 - More Resources: For Providers | For Patients
 - Vaccine Ordering and Manufacturing Info
- VFC vaccine ordering and management is now live at myCAvax!**
 - Learn more about myCAvax move, recorded trainings and FAQs!
- Holiday Ordering and Distribution for SGF**
 - September/October Calendar

Popular Resources

- ▶ **Protect Your Patients Against RSV!**
 - ▶ RSV Immunization FAQs
 - ▶ Resources for Providers and Patients
- Vaccine Resources**
 - ▶ Vaccine Fact Sheets
 - ▶ Flu
 - ▶ Measles
 - ▶ Mpox
 - ▶ Pertussis
 - ▶ Schedules & Recommendations
 - ▶ For Pharmacies
- CDPH Applications**
 - ▶ **myCAvax** (ordering and management)
 - ▶ **MyVFCvaccines** (read-only)
 - ▶ **My Turn** (COVID/Flu Vaccine Administration System)
 - ▶ **CAIR** (California Immunization Registry)
 - ▶ **My DVR** (Digital Vaccine)




Footer:

- VFC Memos
- Vaccine Order Status
- From CDPH
- VFC Program Letters

EZIZ Respiratory Diseases Pages

- [Flu and Respiratory Diseases](#)
- [COVID-19 Vaccines Resources](#)
- [RSV Immunization 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 75+, and 60-74 at increased risk (Abrysvo, Arexvy, mRESVIA) 	Offer to eligible, unvaccinated adults. 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."

California Department of Public Health | Immunization Branch


Public Health
(7/24)

[RSV Immunization Recommendations](#)

Fall-Winter Immunizations Guide for All Ages

FALL-WINTER IMMUNIZATIONS

	Who is eligible?	What immunizations are recommended?	When should I get it?
Influenza 	6 months and older	<u>Flu vaccines</u> are available as a shot or nasal spray. Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year.	September or October are ideal, but catching up later can still help.
COVID-19 	6 months and older	<u>Updated COVID-19 vaccines</u> protect against severe COVID-19 disease and death.	Get it now if at least two months have passed since your last COVID-19 dose.
RSV (Pregnant Persons) 	Pregnant persons during weeks 32-36 of pregnancy who haven't received RSV vaccine during a prior pregnancy.	<u>Prenatal RSV vaccine</u> helps to reduce the risk of severe RSV disease in infants (baby will receive protection that lasts for months after birth).	Recommended at 32-36 weeks of pregnancy from September to January to help protect your baby during RSV season.
OR			
RSV (Infants and Toddlers) 	All infants from birth to 8 months and children 8-19 months at high risk of severe RSV disease.	<u>Immunization</u> contains preventive antibodies that help fight RSV infections and are <u>90% effective</u> at preventing RSV-related hospitalization.	Before or during RSV season, usually October-March.
RSV (Older Adults) 	75 years and older, 60-74 years at increased risk of severe RSV disease.	<u>RSV vaccine</u> protects older adults against RSV disease.	Available year-round. CDC encourages healthcare providers to maximize the benefit of RSV vaccination by offering in late summer or early fall. Booster doses are not recommended at this time.

Note: you can receive influenza, COVID-19, and RSV immunizations during the same visit.

Where to get vaccinated?

- Contact your doctor, local pharmacy, or visit [MyTurn.ca.gov](https://myturn.ca.gov).
- Need further assistance? Contact your [Local Health Department](#).
- Children who are Medi-Cal eligible, American Indian/Alaskan Native, uninsured and underinsured may get no cost vaccines through the [Vaccines for Children Program](#).

Thanks to Katelyn Jetelina, PhD, MPH and Caitlin Rivers, PhD, MPH for allowing CDPH to adapt this resource.

California Department of Public Health | Immunization Branch

IMM-1481 (8/24)

VACUNAS OTOÑO-INVIERNO

	¿Quiénes pueden vacunarse?	¿Qué vacunas se recomiendan?	¿Cuándo debo recibirla?
Influenza 	6 meses y mayores	Las <u>vacunas contra la influenza</u> están disponibles como inyección o aerosol nasal. La vacuna contra la influenza previene millones de enfermedades y visitas al doctor por la influenza cada año.	Lo ideal es septiembre u octubre, pero ponerse al día más tarde también puede ser útil.
COVID-19 	6 meses y mayores	Las <u>vacunas contra el COVID-19 actualizadas</u> protegen contra enfermedades graves y la muerte por COVID-19.	Vacúnese ahora si han pasado al menos dos meses desde su última dosis de COVID-19.
VRS (Personas Embarazadas) 	Personas embarazadas entre las 32-36 semanas de embarazo que no se han vacunado contra el VRS durante un embarazo anterior.	La <u>vacuna prenatal contra el VRS</u> ayuda a reducir el riesgo de enfermedad grave por VRS en los bebés (ayuda a proteger al bebé meses después de nacer).	Se recomienda entre las 32 y 36 semanas de embarazo, de septiembre a enero, para ayudar a proteger a su bebé durante la temporada del VRS.
O			
VSR (Bebés y niños pequeños) 	Todos los bebés desde el nacimiento hasta los 8 meses y los niños de 8 a 19 meses con alto riesgo de enfermedad grave por VRS	La <u>inmunización</u> contiene anticuerpos preventivos que ayudan a combatir las infecciones por VRS y tienen una <u>eficacia del 90%</u> en la prevención de la hospitalización por el VRS.	Antes o durante la temporada del VRS, usualmente entre octubre a marzo.
VRS (Adultos mayores) 	Mayores de 75 años y adultos entre 60-74 años con mayor riesgo de enfermedad grave por VRS	La <u>vacuna contra el VRS</u> protege a los adultos mayores contra la enfermedad por VRS.	Disponible todo el año. Los CDC animan a los proveedores de salud a maximizar los beneficios de la vacuna contra el VRS ofreciéndola a finales de verano o principios de otoño. No se recomiendan dosis de refuerzo en este momento.

Nota: puede recibir las vacunas contra la influenza, COVID-19 y VRS durante la misma cita.

¿Dónde vacunarse?

- Póngase en contacto con su doctor, farmacia local o visite [MyTurn.ca.gov](https://myturn.ca.gov).
- ¿Necesita más ayuda? Póngase en contacto con su [departamento de salud local](#).
- Los niños que reúnen los requisitos de Medi-Cal, los indios americanos/nativos de Alaska, sin seguro o con seguro limitado pueden recibir vacunas sin costo a través del [Programa de Vacunas para Niños](#).

Gracias a Katelyn Jetelina, PhD, MPH y Caitlin Rivers, PhD, MPH por permitir que el CDPH adapte este recurso.

Departamento de Salud Pública de California | Sección de Inmunización

IMM-1481S (10/24)

Fall-Winter IZ Guide | Spanish – NEW!

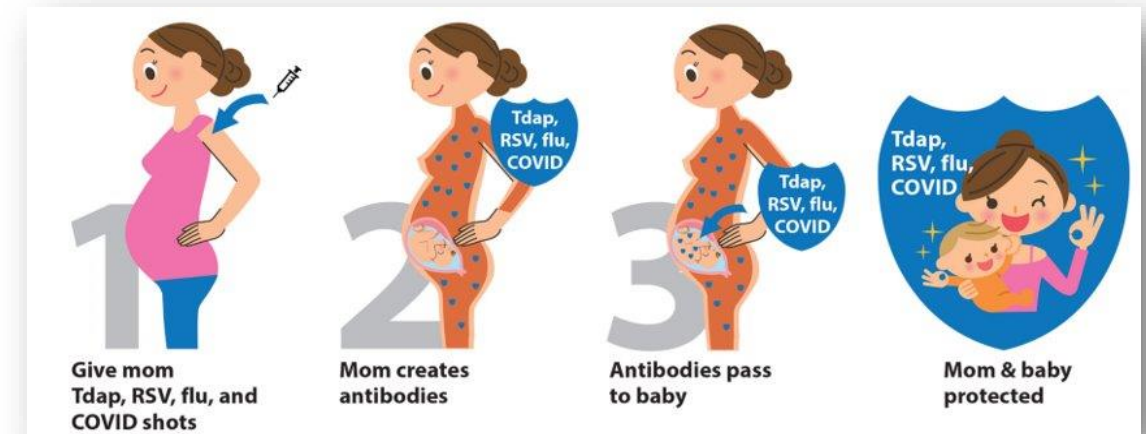
Children's Flu & COVID-19 Vaccines Flyer/Poster

[English](#) | [Spanish](#) - NEW!



Prenatal Care Provider Resources

- [RSV Resources](#)
- [RSV FAQs](#)
- [COVID-19 Resources](#)
- [Prenatal Tdap Toolkit](#)



[Infographic on EZIZ](#)

Patient Materials



You may not realize that changes to your body during pregnancy can put you and your baby at risk for serious complications from flu and COVID-19. Getting COVID-19, flu, RSV (Respiratory Syncytial Virus) and whooping cough shots while you are pregnant can help protect you and your baby from these diseases. The protection you get from the shots passes to your baby in the womb. This helps protect your baby in early life when your baby is most vulnerable to serious infections.

Are these diseases really dangerous for me and my baby?
Yes. Even if you are healthy, you are at higher risk of getting very sick from flu and COVID-19 during pregnancy. Flu and COVID-19 can cause serious complications for both you and your baby such as high fever, pneumonia, hospitalization, pre-term birth, and even stillbirth or death. For babies, catching RSV or whooping cough can lead to trouble breathing, pneumonia, hospitalization, and death. These respiratory viruses are highly contagious and can easily spread from other people to you and your baby. In the first 6 months of life, babies are at highest risk of complications from infections because their immune systems are still developing.

How common are these diseases?
Very common. Each year, flu infects millions of Californians and sends hundreds of sick babies to the hospital. Thousands also catch whooping cough every year. In 2014, over 11,000 people in California became ill with whooping cough, hundreds were

hospitalized, and three infants died. In 2020 and 2021, 1 out of every 4 deaths among pregnant people was due to COVID-19. RSV is a common respiratory virus and is the leading cause of bronchiolitis and pneumonia in babies under a year old. The best way to protect yourself and your baby from these diseases is to get vaccinated.

How can I protect my baby and myself?
The American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC) recommend that all pregnant people get these life-saving shots:

- ☒ **Flu vaccine**—as soon as it becomes available during flu season
- ☒ **Updated COVID-19 vaccine**—if you haven't received it yet
- ☒ **Whooping Cough vaccine (Tdap)**—27 to 36 weeks of pregnancy, even if you got it earlier.
- ☒ **Respiratory Syncytial Virus (RSV) vaccine**—September–January, between 32 and 36 weeks of pregnancy

Getting COVID-19, flu, RSV and whooping cough shots during pregnancy is the only way to protect your baby before birth. If you didn't get your RSV vaccine during pregnancy, make sure to ask about the RSV immunization for your baby when you deliver.

**Pass protection to your baby.
Get immunized during pregnancy.**

California Department of Public Health, Immunization Branch • GetImmunized@CA.gov



For more information, visit:
[CDC website for prenatal vaccination \(bit.ly/CDCpregnantpeople\)](https://www.cdph.ca/Programs/OPA/Pages/NR23-0012.aspx)

get immunized?

Office may have these immunizations. doctor for a prescription to take y. While a prescription is usually may be helpful. Before you go, call to ask for their immunization hours re the shots are covered by your u have Medi-Cal, shots should be r pharmacy. You can also call your find out where your shots may be you get immunized, make sure to e record and bring it to your next ou can also download your digital at myvaccineconnect.cdph.ca.gov

these immunizations?

nant people have safely received ough (Tdap), and COVID-19 ple studies have shown that getting RSV, and Tdap immunizations cy are safe for mother and baby. ons do not affect the growth o f your baby. The most common side shots is a temporary sore arm. It is t to get immunized.

How effective are immunizations?

These immunizations are very effective for pregnant people.

- Getting a flu shot during pregnancy can lower your risk of breathing complications and your baby's risk of catching flu by about half.
- Getting a COVID-19 vaccine during pregnancy lowers the risk of the baby being hospitalized with COVID-19 by more than half.
- Studies have shown that as many as 9 out of 10 babies will be protected against whooping cough if their mothers get a whooping cough shot while pregnant.
- RSV vaccine given during pregnancy has been shown to protect babies through 6 months of age against RSV-associated lower respiratory infections. This means that if you get the RSV vaccine during pregnancy, your baby will most likely not need to get the RSV immunization after birth.

Babies benefit from prenatal immunizations because even if they get sick, the transferred antibodies helps protect from dangerous complications and hospitalization from these diseases.

Rx

Prescriber Name, Address, Phone Number: _____

Patient Name: _____ Date: _____

Vaccines recommended during pregnancy:

☒ **Tdap** (tetanus, diphtheria, pertussis [whooping cough]) at 27 - 36 weeks gestation
0.5 mL IM x 1
Best if given at the earliest date between ___/___/20___ and ___/___/20___

☒ **Inactivated influenza**
0.5 mL IM x 1

☒ **Updated COVID-19 vaccine**
Respiratory Syncytial Virus (RSV) vaccine (ABRYSVOC)—September–January, between 32 and 36 weeks of pregnancy.
0.5 mL IM x 1
Best if given between ___/___/20___ and ___/___/20___

Prescriber's Signature: _____ License #: _____

Please photocopy this form and bring it to your next prenatal visit. This form is not valid without the signature of the prescriber. This form is not valid without the signature of the prescriber. This form is not valid without the signature of the prescriber.

Your baby is counting on you for protection. Get vaccinated.

IMM 1146 (11/23)

California Department of Public Health, Immunization Branch • GetImmunized@CA.gov
This publication was supported by Grant Number H23/CE0022507 from the Centers for Disease Control and Prevention (CDC).

IMM 1146 (11/23)

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 CO-VID-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 CO-VID-19 vaccines?
 - Does my insurance cover these vaccines at your pharmacy?"

IMMUNIZATIONS for a Healthy Pregnancy



Thinking of having a baby?

Get shots before you get pregnant
Whether it is your first baby, or you are planning to have another child, get up-to-date on your vaccines to protect you and your family. Talk with your doctor about which vaccines are right for you.

Pre-Pregnancy Immunization Checklist

- ☒ MMR (measles, mumps, rubella)
- ☒ Flu (influenza)—as soon as vaccine is available
- ☒ Chickenpox
- ☒ Hepatitis B
- ☒ Updated COVID-19
- ☒ Other vaccines recommended by your doctor



Good News!

If you missed getting these vaccines before becoming pregnant, you can get them after your baby is born.

Now that you are pregnant...

Your baby counts on you for BEST protection!
Flu and COVID-19 are more likely to cause serious problems for you and your baby during your pregnancy. Whooping cough and Respiratory Syncytial Virus (RSV) can also be deadly for newborn babies.

Ask your doctor for these vaccines:

- ☒ Tdap (whooping cough vaccine)—at 27-36 weeks of pregnancy, even if you got it before pregnancy
- ☒ Flu—as soon as vaccine is available
- ☒ RSV vaccine—September–January, between 32 and 36 weeks of pregnancy
- ☒ Updated COVID-19 vaccine—if you haven't received it yet.

These vaccines are safe. The protection you get from these vaccines passes to your baby before birth. This will help protect your baby in early life.

Good News!

If you missed getting your RSV vaccine during pregnancy, your baby can get their own RSV immunization soon after birth.



After your baby is born...

Circle your baby with protection
Newborns are too young to get flu, COVID-19 and whooping cough shots. While getting your vaccines during pregnancy is most protective, make sure to get any shots you missed.

To further protect your baby:

- ☒ Keep your baby away from sick people.
- ☒ Ask family, friends, and caregivers to get their flu shot and make sure they are up to date on other shots, like whooping cough and COVID-19.
- ☒ Remind people around your baby to wash their hands often.

Good News!

Getting routine vaccines while you are breastfeeding is safe for you and your baby.



English & Spanish

English & Spanish

Local health departments and clinical providers can order FREE copies using this [form](#).

California Immunization Coalition: ShotbyShot.org



[London's pertussis story](#)

"I sat down on the bed, and I cried because I just had zero control over what was happening to London."



[Emily's RSV story](#)

"I called my parents, and I said you guys need to get here soon; like, she's not okay..."




2024–2025 Vaccine Products Guide

COVID-19 Vaccine Product Guide

CDPH

Check vaccine labels and FDA materials before use to avoid mix-ups.

Package inserts and EUA fact sheets supersede info on vials and carton.













Pfizer				
Infant/Toddler 6 months–4 years	Pediatric 5–11 years	Comirnaty 12+ years	Comirnaty 12+ years	
		Single-Dose Vial 2024-25 Formula image not available		2024-25 Formula
2024-25 Formula	2024-25 Formula			
Packaging	Yellow Cap	Blue Cap		Pre-Filled Syringe
Doses Per Vial	3 doses	1 dose	1 dose	1 dose/syringe
Carton Size	30 doses	10 doses	10 doses	10 doses
NDC-Unit of Sale (carton)	59267-4426-02	59267-4438-02	00069-2403-10	00069-2432-10
NDC-Unit of Use (vial/syringe)	59267-4426-01	59267-4438-01	00069-2403-01	00069-2432-01
CVX Code	308	310	309	309
CPT Code	91318	91319	91320	91320
Program Availability	VFC	VFC	Not available	VFC, CA BAP
Min. Standard Order*	30 doses	10 doses	N/A	10 doses
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.				
Shipping	Ships from manufacturer with dry ice between -90°C and -60°C (-130°F to -76°F)			2° to 8°C (36°F to 46°F)
ULT	Until expiration date at -90°C to -60°C (-130°F to -76°F)			3
Thermal Shipper				3
Freezer				3
Refrigerator	Up to 10 weeks at 2°C to 8°C (36°F to 46°F). Do not refreeze. Write the use-by date on carton—not to exceed expiration.			Until expiration at 2°C to 8°C
Expiration Date	Check the date on the product/carton, or for thawed products refer to the written use-by date.			Check label.
Administration				
Diluent (supplied)	1.1 mL per vial	Do not dilute	Do not dilute	N/A
Dose Volume & Dose	0.3 mL, 3 mcg dose	0.3 mL, 10 mcg dose	0.3 mL, 30 mcg dose	0.3 mL, 30 mcg dose
Refrigerator Thaw Time	Carton/Vial: Up to 2 hours at 2° to 8°C (36°F to 46°F) (Do not refreeze)			N/A
Room Temp Thaw Time	Vial: 30 minutes at up to 25°C (77°F) (Do not refreeze)			N/A
Total Time at Room Temp	Up to 12 hours (including thaw time) at 8°C to 25°C (46°F to 77°F)			
Storage Limits After Puncture (Multi-dose vials): Record puncture and use-by time on vial label.				
Use-By Limit (Discard Time After 1st Puncture)	Discard 12 hours after dilution. Keep at 2°C to 25°C (35°F to 77°F)	N/A	N/A	Use immediately after removing cap, within 4 hours.

* Orders for privately purchased vaccines may have different order minimums.

California Department of Public Health, Immunization Branch

IMM-1399 (9/24/24) Page 1 of 3

COVID-19 Vaccine Product Guide 2024 - 2025

INFLUENZA VACCINE PRODUCT GUIDE					2024-2025
6 MONTHS & OLDER		Fluarix® Trivalent GlaxoSmithKline Biologicals 0.5 mL single-dose syringe		FluLaval® Trivalent GlaxoSmithKline Biologicals 0.5 mL single-dose syringe	
		Flucelvax® Trivalent Seqirus 0.5 mL single-dose syringe		Fluzone® Trivalent Sanofi Pasteur, Inc. 0.5 mL single-dose	
		Afluria® Trivalent Seqirus 5.0 mL multi-dose vial*		Flucelvax® Trivalent Seqirus 5.0 mL multi-dose vial*	
3 YEARS & OLDER		Afluria® Trivalent Seqirus 0.5 mL single-dose syringe		Fluzone® Trivalent Sanofi Pasteur, Inc. 5.0 mL multi-dose vial*	
2–49 YEARS OLD & HEALTHY		FluMist® Trivalent Astrazeneca 0.2 mL single-dose nasal sprayer			
18 YEARS & OLDER		FluBlok® Trivalent Sanofi Pasteur, Inc. 0.5 mL single-dose syringe			
				FluADJ® Adjuvanted Trivalent Seqirus 0.5 mL single-dose syringe	
				Fluzone® High-Dose Trivalent Sanofi Pasteur, Inc. 0.5 mL single-dose syringe	
STORE ALL INFLUENZA VACCINES IN THE REFRIGERATOR. VFC Questions: Call 877-2GET-VFC (877-243-8832) State General Fund (SGF) Flu Program participants can contact: sgfvaccine@cdph.ca.gov					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 2024-25 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). 65+ 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 (8/24)

Flu Product ID Guide (IMM-859)

COVID-19 Vaccine Timing 2024 – 2025

COVID-19 Vaccine Timing 2024-25 –Routine Schedule			
Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 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 2024-25 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*: ≥2 months 2024-25 Formulation: Moderna/Pfizer/Novavax
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3–8 weeks → 2nd Dose	

* 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.

COVID-19 Vaccine Timing 2024-25 if Moderately/Severely Immunocompromised			
Age	Vaccine	If unvaccinated:	If had any prior doses give 2024-25 doses:
6 months–4 years	Pfizer–Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 3 w 1 ≥8 w 2 ≥2 prior doses: ≥8 w 1 ≥2 m Optional Dose*
	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 4 w 1 ≥4 w 2 2 prior doses: ≥4 w 1 ≥2 m Optional Dose*
5–11 years	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	≥3 prior doses**: ≥8 w 1 (for ages 5+ yrs, Pfizer dose is also OK)
	Pfizer–Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	1 prior dose: 3 w 1 ≥4 w 2 2 prior doses: ≥4 w 1
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	≥3 prior doses**: ≥8 w 1
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	1 prior dose: 4 w 1 ≥4 w 2 2 prior doses: ≥4 w 1
	Novavax	1st Dose → 3 weeks → 2nd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	≥3 prior doses**: ≥8 w 1

* An optional dose may be given ≥2 months after the last dose. Further doses may be given at the healthcare provider's discretion. See Table 2 for vial and dosage.
** Ages 5–11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.

California Department of Public Health, Immunization Branch

IMM-1396 (8/30/24) Page 2 of 2

Updated COVID-19 Vaccine Timing Guide


Newest Resource for Meningococcal Vaccines!



Meningococcal and Recommended Vaccines Flyer for College Students

OFF TO COLLEGE?

Starting college means exposures to new friends, new classes, and even new germs! Communal living spaces, crowded social events, and irregular sleeping habits can all leave college students vulnerable to illness. To protect yourself from vaccine-preventable diseases, make sure you are up to date on all recommended vaccines listed below. Some may be required for enrollment—check with your school to confirm. Don't forget to keep up with seasonal vaccines like flu and COVID-19 every year, too!



College Immunization Checklist:

- ☐ Hepatitis B
- ☐ HPV (human papillomavirus)
- ☐ MMR (measles, mumps, rubella)
- ☐ Meningococcal
- ☐ Tdap (tetanus, diphtheria, pertussis)
- ☐ Varicella (chickenpox)


What do I need to know about meningococcal disease?

Meningococcal (me-nin-je-kok-ul) disease is a serious illness caused by bacteria that can infect the blood or areas around the brain and spinal cord. Infection can lead to brain damage, disability, amputation of limbs, and rapid death.

College freshmen in dorms are at higher risk of catching meningococcal disease. The bacteria are spread person-to-person through air droplets. Close contact such as kissing, coughing, living in close quarters, and even sharing things like cups, lip balm, or vape pens can increase your risk of getting the disease.

Meningitis is the most common form of meningococcal disease. Common symptoms of meningitis include stiff neck, headache, high fever, sensitivity to light, and confusion. Contact a healthcare provider right away and do not delay in seeking treatment if you have these symptoms.

Check with your health care provider about which meningococcal vaccines you need.

 CDPH

California Department of Public Health, Immunization Branch

IMM-688 (11-24)

Communication Resources for Respiratory Diseases IZ

2024-2025 Respiratory IZ Talking Points

- Use as reference for conversations, social media/digital messaging, and other communications.

2024-25 RESPIRATORY DISEASES IMMUNIZATION TALKING POINTS

FOR DRAFTING SOCIAL MEDIA MESSAGES, PRESS RELEASES, ARTICLES AND OTHER COMMUNICATIONS:

Respiratory infections like flu, COVID-19, and RSV are common during the fall and winter; serious complications can be prevented by getting immunized when eligible.

- Updated [flu](#) and [COVID-19](#) vaccines are recommended for everyone 6 months and older when available. Respiratory Syncytial Virus (RSV) immunizations are recommended for eligible pregnant people, older adults, infants, and toddlers. These immunizations decrease your chances of getting very sick. Talk to your health care provider today!
- Getting immunized against flu, COVID-19, and RSV means fewer sick days and more time with your loved ones. Get your vaccines today!
- No vaccine is 100%, but even if you catch these viruses while immunized, your symptoms may be less severe, and you are less likely to be hospitalized.
- Getting immunized against these respiratory diseases has been proven safe and effective in preventing serious illness and death in children and adults.
- Flu, COVID-19, and RSV immunizations are the best protection against related hospitalization and death.

We are stronger when we are all protected against respiratory diseases. Talk to your health care provider about getting immunized against flu, COVID-19, and RSV.

- Reduce the chances of spreading respiratory illnesses to those you love. Ask your health care provider today if you and your loved ones are up to date on immunizations.
- Do your part to protect yourselves and your loved ones from serious illness by getting immunized this respiratory season.
- Getting immunized is one way we can look out for one another and keep each other healthy.
- Immunizations can help lessen the burden on our healthcare system during respiratory virus season. Let's keep each other healthy and out of the hospital!

Updated Provider Letter and Robocall Templates

- [Letter to Patients Template](#) (Spanish included)
- [Robocall Messages Template](#) (Spanish included)
- [Infant and Prenatal RSV Provider Letter and Robocall scripts](#) (Spanish included)

Don't Wait, Vaccinate! Template Robocall Messages for Providers

Use these messages to recall pediatric patients for needed flu, COVID, and RSV immunizations.

Message 1:
"Hi there! My name is [your name] and I am calling from [your doctor/clinic name]. I am calling to let you know that your child is due for updated (2024-25) COVID-19 and flu immunizations. If your child is under 8 months of age, they may also be eligible for RSV (Respiratory Syncytial Virus) immunization. Staying up to date on needed immunizations helps protect them from serious illnesses. It is safe, effective, and convenient to get these immunizations at the same visit. Please call us back at [your number] to schedule an appointment. Thank you."

Message 1 in Spanish:
"¡Hola! Mi nombre es [your name] y estoy llamando de parte de [your doctor/clinic name]. Le llamo para informarle que a su hijo(a) le toca recibir las vacunas contra el COVID-19 y la influenza actualizadas del 2024-25. Si su hijo es menor de 8 meses de edad, es posible que también necesite vacunarse contra el VRS (virus respiratorio sincitial). Mantenerse al día con las vacunas necesarias ayuda a protegerlos contra las enfermedades graves. Es seguro, eficaz y conveniente recibir estas vacunas durante la misma cita. Por favor llámenos al [your number] para hacer una cita. Gracias".

TEMPLATE LETTER TO PATIENTS (PEDIATRICS)

Customize this letter to send to families encouraging them to return to the office for COVID-19 and flu immunizations (and RSV immunization, if eligible).

Dear Parents,

This fall and winter season, protect your child from serious flu and COVID-19 illness by getting them immunized. Updated (2024-25) COVID-19 and flu immunizations are recommended for everyone 6 months and older. Viruses change often, and these immunizations help protect against the most common strains that are spreading.

If your baby is under 8 months of age, they may also be eligible for RSV (Respiratory Syncytial Virus) immunization – ask us! RSV usually causes a mild cold in most people, but can be especially sick from RSV.

Even children who are generally healthy can get very sick and even need to be hospitalized from these respiratory illnesses. Millions of people have been immunized safely, and immunizations continue to be rigorously monitored to ensure they are safe for everyone.

Please call our office at (xxx) xxx-xxxx to schedule your child's immunization visit.

With you in health,

Dr. [your name here]

TEMPLATE LETTER TO PATIENTS (PEDIATRICS) SPANISH

Customize this letter to send to families encouraging them to return to the office for updated COVID-19 and flu immunizations (and RSV immunization, if eligible).

Estimados padres,

Esta temporada de otoño e invierno, ayude a prevenir que su hijo(a) se enferme gravemente por la influenza y el COVID-19 vacunándolo. Las vacunas contra el COVID-19 y la influenza actualizadas del 2024-2025 se recomiendan para todas las personas mayores de 6 meses. Los virus cambian con frecuencia, y estas vacunas se han actualizado para proteger contra los tipos más comunes que se están propagando.

Si su bebé tiene menos de 8 meses de edad, es posible que también necesite ponerse la vacuna contra el VRS (virus respiratorio sincitial), ¡pregúntenos! El VRS (virus sincitial respiratorio) suele causar un resfriado leve en la mayoría de las personas pero puede ser muy grave para los bebés.

Incluso los niños que generalmente están sanos pueden enfermarse gravemente e incluso acabar en el hospital por estas enfermedades respiratorias. Millones de personas se han vacunado de manera segura, y a todas las vacunas les siguen dando un estrecho seguimiento para garantizar que sean seguras para todos.

Por favor llame a nuestro consultorio al (xxx) xxx-xxxx para hacer una cita de vacunación para su hijo(a).

Con usted en la salud,

Dr. [your name here]

CDPH Office of Communications Fall-Winter Immunization Messaging



Respiratory Virus Prevention



Flu & COVID-19 Vaccines



Respiratory Syncytial Virus

2024 National Influenza Vaccination Week

- **Happening Now! December 2 - 6, 2024**
- Let's highlight the importance of influenza vaccination! Remind everyone 6 months and older that there's still time to get a flu vaccine this season.
- See CDC's [official NIVW Toolkit](#)



Upcoming Webinar for Prenatal Care Providers



"Immunizing for Two+: Enhancing Maternal Protection and Vaccine Uptake"

Presented by Dr. Neil Silverman

Tuesday, December 10, 2024

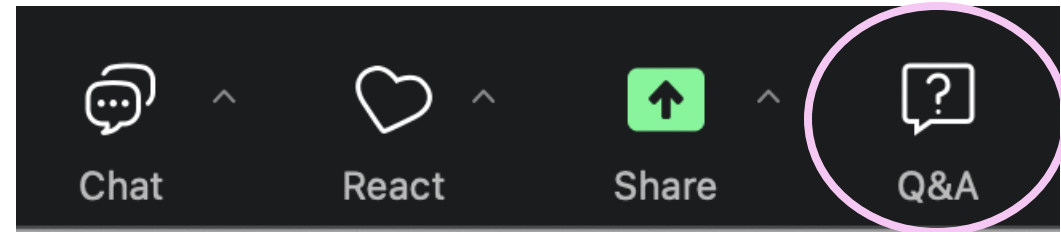
12pm-1pm

[Register here!](#)

Q&A



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





Special Thanks to Today's Presenters:

Louise McNitt, Christina Sapad, Terisha Gamboa

Webinar Planning & Support:

Billie Dawn Greenblatt, Charles Roberts, Blanca Corona,
CDPH Subject Matter Experts

And thank YOU for joining CDPH for this VFC Afternoon TEAch webinar!

Upcoming Webinar Opportunities

CDPH Immunization Updates for Providers

Next session: Friday, December 13, 2024

9:00 am – 10:30 am (PT)

(Updates occur every other Friday)



**Immunization
Branch**