Welcome to
Talking with Patients About COVID-19 and Flu Vaccines

December 7, 2022
12:00PM - 1:00PM
Continuing Medical Education Disclosure

All planners, staff, and others involved with this activity have reported no relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

This activity has not received commercial support.

Dr. Alex McDonald’s children
Housekeeping

For Panelists: Please remember to mute yourself when not speaking.

For Attendees: This session is being recorded. Please access today’s slides and recording through the following link: EZIZ COVID Crucial Conversations

Please use “Q&A” to ask questions.

For post-webinar questions, contact rachel.jacobs@cdph.ca.gov
During today's session, please use the Q&A panel to ask your questions.
Webinar Objectives

Participants will learn:

• The current rates and impact of flu and COVID-19 in our communities

• Strategies to discuss and increase vaccine administration

• How to effectively counsel patients on the risk and spread of respiratory viruses this holiday season
## Agenda: Wednesday, December 7, 2022

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Speaker(s)</th>
<th>Time (PM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome</td>
<td>Rachel Jacobs (CDPH)</td>
<td>12:00 – 12:05</td>
</tr>
<tr>
<td>2</td>
<td>Talking with Patients about COVID-19 and Flu Vaccines</td>
<td>Alex McDonald, MD, CAQSM, FAAFP (#ThisIsOurShot)</td>
<td>12:05 – 12:40</td>
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<tr>
<td></td>
<td><strong>Questions &amp; Answers</strong></td>
<td></td>
<td>12:40 – 12:55</td>
</tr>
<tr>
<td>3</td>
<td>Poll, Resources, and Wrap-Up</td>
<td>Rachel Jacobs (CDPH)</td>
<td>12:55 – 1:00</td>
</tr>
</tbody>
</table>
Poll: CDPH appreciates your feedback!

How confident are you in your ability to effectively talk with patients about COVID-19 and flu vaccines?

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident
Talking with Patients about COVID-19 and Flu Vaccines
Alex McDonald, MD, CAQSM, FAAFP
Co-Founder of #ThisIsOurShot
CA Influenza Weekly Report
Ending Nov 26, 2022

**Influenza Highlights**

- **23.3%** Laboratory flu positivity
- **8.8%** Outpatient ILI activity
- **3.7%** Hospital flu admissions
- **36** Deaths since 10/2/2022
- **12** Outbreaks since 10/2/2022

**Influenza Activity Levels**

- Minimal
- Low
- Moderate
- High
- Very High

**Geographic Area**

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Activity Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Statewide</td>
<td>High</td>
</tr>
<tr>
<td>Northern Region</td>
<td>Moderate</td>
</tr>
<tr>
<td>Bay Area Region</td>
<td>Moderate</td>
</tr>
<tr>
<td>Central Region</td>
<td>Moderate</td>
</tr>
<tr>
<td>Upper Southern Region</td>
<td>High</td>
</tr>
<tr>
<td>Lower Southern Region</td>
<td>High</td>
</tr>
</tbody>
</table>
Flu Vaccine Benefits

• 2019-2020 flu vaccines prevented an estimated
  o 7.5 million influenza illnesses
  o 3.7 million flu medical visits
  o 105,000 flu hospitalizations
  o 6,300 deaths
• Reduce risk of doctor office visits by 40%-60%.
• Reduce risk of hospitalization by 40%
• Reduced ICU admissions by 30-60%
• Reduced children’s risk of severe life-threatening influenza by 75%
• Reduced a pregnant person’s risk of being hospitalized with flu by 40%
• Vaccination during pregnancy helps protect their infants from flu in their first few months of life.

Despite the many benefits offered by flu vaccination, only about half of Americans get an annual flu vaccine.

As of November 5, 2022, only 31% of all children in CA had received a flu vaccine.
Flu Resources

- CDPH/EZIZ Flu Promotional materials: Flu & Respiratory Disease Prevention Promotional Materials – California Vaccines for Children (VFC)
- Immunizeca.org Toolkit: #DontWaitVaccinate – California Immunization Coalition
- Association of Immunization Managers Toolkit: National Influenza Vaccination Week 2022 Social Media Toolkit
Weekly Trends in Number of COVID-19 Cases in California Reported to CDC

Likely Underreporting
Boosters Uptake Trends: California as of November 28, 2022

- Statewide, only 17.7% of the eligible population has received a bivalent booster.
- Of all bivalent booster doses, 64% have gone to 50+ population.
Infant/Toddler Vaccination Trends: California
as of November 28, 2022

- Only **6.6%** of children under 5 have completed their primary series
- Infant/Toddlers in Healthier Places Q4 **>10x more** likely to have their primary series completed than Infant/Toddlers in Least Healthy Places Q1

- Unvaccinated
- Vaccinated with primary series only
- Vaccinated with primary series and 1+ booster dose*

**Omicron**

In June 2022, **unvaccinated** people ages ≥5 years had **8X higher** COVID-19-associated death rates compared to those with at least **one booster dose**

This was a decrease from ~**20X** during January-March 2022
Death Rates by Vaccination Status and Receipt of 1\textsuperscript{st} and 2\textsuperscript{nd} Booster Doses Among People Ages 50+ Years
April 3–July 2, 2022 (25 U.S. Jurisdictions)

In June 2022, people ages 50 years and older with \geq 2 booster doses had 14 times lower risk of dying from COVID-19, compared to unvaccinated people and 3 times lower risk of dying from COVID-19 than people with one booster dose.
Figure 1
Share of COVID-19 Deaths by Vaccination Status, 30 Jurisdictions In the U.S., September 2021 To August 2022, Age 18 and Over

All adults  |  Adults age 50 and older  |  Elderly ages 65 and older

<table>
<thead>
<tr>
<th>Month</th>
<th>Unvaccinated</th>
<th>Vaccinated with primary series</th>
<th>Vaccinated with booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep '21</td>
<td>77%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Oct '21</td>
<td>75%</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Nov '21</td>
<td>72%</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Dec '21</td>
<td>70%</td>
<td>24%</td>
<td>5%</td>
</tr>
<tr>
<td>Jan '22</td>
<td>59%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>Feb '22</td>
<td>61%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Mar '22</td>
<td>57%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Apr '22</td>
<td>41%</td>
<td>23%</td>
<td>36%</td>
</tr>
<tr>
<td>May '22</td>
<td>38%</td>
<td>24%</td>
<td>38%</td>
</tr>
<tr>
<td>Jun '22</td>
<td>38%</td>
<td>23%</td>
<td>38%</td>
</tr>
<tr>
<td>Jul '22</td>
<td>39%</td>
<td>23%</td>
<td>38%</td>
</tr>
<tr>
<td>Aug '22</td>
<td>42%</td>
<td>22%</td>
<td>36%</td>
</tr>
</tbody>
</table>

NOTE: Partially vaccinated people are excluded from this CDC data source. Share of adult population by vaccination status is for the end of each month.
SOURCE: KFF analysis of CDC data • PNG
Percentage of U.S. Population with COVID-19 Antibodies, by Age

Estimate from study of at least 45,810 blood samples collected between December 2021 and February 2022

Vaccination, especially in children, is still our best defense

CDC, Clarke, et al. 2022 “Seroprevalence of Infection-Induced SARS-CoV-2 Antibodies.”
Vaccine Equity by Age: United States

Primary Series Completion, Booster Dose Eligibility, and Booster Dose Receipt by Age, United States

<table>
<thead>
<tr>
<th>Age Group</th>
<th>US Pop</th>
<th>Fully Vaccinated</th>
<th>1st Booster Eligible</th>
<th>1st Booster Received</th>
<th>2nd Booster Eligible</th>
<th>2nd Booster Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11 Years</td>
<td>28,744,900</td>
<td>30.4% (8.73M)</td>
<td>27.3% (7.86M)</td>
<td>3.8% (1.10M)</td>
<td>60.3% (15.3M)</td>
<td>58.7% (14.9M)</td>
</tr>
<tr>
<td>12-17 Years</td>
<td>25,304,508</td>
<td>69.2% (96.7M)</td>
<td>68.1% (50.2M)</td>
<td>17.0% (4.30M)</td>
<td>69.2% (96.7M)</td>
<td>68.1% (50.2M)</td>
</tr>
<tr>
<td>18-49 Years</td>
<td>139,763,772</td>
<td>82.2% (52.3M)</td>
<td>80.7% (51.4M)</td>
<td>27.3% (38.2M)</td>
<td>82.2% (52.3M)</td>
<td>80.7% (51.4M)</td>
</tr>
<tr>
<td>50-64 Years</td>
<td>63,659,835</td>
<td>92.0% (50.4M)</td>
<td>89.2% (48.9M)</td>
<td>43.3% (27.5M)</td>
<td>92.0% (50.4M)</td>
<td>89.2% (48.9M)</td>
</tr>
<tr>
<td>65+ Years</td>
<td>54,792,026</td>
<td>64.9% (35.5M)</td>
<td>61.9% (33.9M)</td>
<td>26.2% (14.4M)</td>
<td>64.9% (35.5M)</td>
<td>61.9% (33.9M)</td>
</tr>
</tbody>
</table>
### Vaccine Equity by Race/Ethnicity: United States

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Booster dose received once eligible</th>
<th>No booster dose received once eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>40.7%</td>
<td>59.3%</td>
</tr>
<tr>
<td>American Indian/Alaska Native, Non-Hispanic</td>
<td>45.8%</td>
<td>54.2%</td>
</tr>
<tr>
<td>Asian, Non-Hispanic</td>
<td>60.3%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>43.6%</td>
<td>56.4%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander, Non-Hispanic</td>
<td>47.7%</td>
<td>52.3%</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>54.5%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Multiple, Non-Hispanic</td>
<td>54.0%</td>
<td>46.0%</td>
</tr>
</tbody>
</table>

- Booster dose received once eligible
- No booster dose received once eligible
Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection

CDC Morbidity and Mortality Weekly Report:

- Data used from ICATT (Increasing Community Access To Testing) national program to assess vaccine effectiveness of the Omicron BA.4/BA.5 containing bivalent booster
- Analysis of 360,626 immunocompetent adults 18 years and older who received Covid-19 testing at retail pharmacies between September-November 2022
- Tests were collected predominantly in areas with higher social vulnerability
Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection

CDC Morbidity and Mortality Weekly Report:

Relative vaccine effectiveness of a single bivalent mRNA COVID-19 booster dose against symptomatic SARS-CoV-2 infection received after ≥ 2 monovalent vaccine doses, by age group and interval since last monovalent dose

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Relative VE: last monovalent dose received 2-3 months ago</th>
<th>Relative VE: last monovalent dose received ≥8 months ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49 years</td>
<td>30% (22%-37%)</td>
<td>56% (53%-58%)</td>
</tr>
<tr>
<td>50-64 years</td>
<td>31% (24%-38%)</td>
<td>48% (45%-51%)</td>
</tr>
<tr>
<td>65+ years</td>
<td>28% (19%-35%)</td>
<td>43% (39%-46%)</td>
</tr>
</tbody>
</table>

rVE was calculated by comparing the odds of receiving a bivalent booster dose (after 2, 3, or 4 monovalent doses) versus not receiving a bivalent booster dose (but receiving 2, 3, or 4 monovalent doses).
An updated (bivalent) COVID-19 booster provides additional protection against symptomatic COVID-19 illness*

COVID-19 spread has increased during the last two winters; stay up to date with COVID-19 vaccination

* Among immunocompetent adults with COVID-19-like symptoms, the vaccination status of 121,687 adults with a positive COVID-19 test was compared to that of 238,939 adults with a negative COVID-19 test.
Anticipated Bivalent Vaccine Expansion for Additional Pediatric Groups*

- Pfizer bivalent vaccine: For 6 months through 4 years as a **third dose** for primary series completion
  - Those who already received 3 monovalent Pfizer doses may not be authorized to receive a bivalent booster dose
- Moderna bivalent vaccine: for 6 months through 5 years as a **booster dose**
  - Not anticipated to have mix-and-match authorization
  - CDC anticipated to provide recommendation in mid-December, pending FDA authorization

*Preliminary data that may be subject to change
Providers should offer flu and COVID-19 vaccines to eligible patients at the same visit.

Studies looking at coadministration have shown that immunogenicity is similar between those who received co-administered COVID-19 vaccine and seasonal influenza vaccine (SIV) and those who received these vaccines separately.
Discussing COVID-19 Vaccines during Flu Vaccinations: Raising Awareness and Urgency

- Parents may be unaware that their infants/toddlers are eligible for COVID-19 vaccines.
- Parents may not think their children need the COVID-19 vaccine.
- Vaccine safety is top concern among parents
How to Talk About Vaccines
To address patients concerns related to myths and misinformation, use the 3-5-3 method.

**Converse Methodology**

AKA: Answering Tough Questions/Having Tough Conversations

<table>
<thead>
<tr>
<th>3</th>
<th>5</th>
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<tbody>
<tr>
<td>Steps to Start the Conversation</td>
<td>Key Messages</td>
<td>Post-Conversation Steps</td>
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**Guiding Principles for Countering Medical Misinformation**

*Compassionate Understanding & Collaboration*
The 3C Model for Healthcare Providers

1. Compassionate Understanding
2. Connection
3. Collaboration
Start with One Conversation

- Focus on having a productive **first** conversation. This sets the stage for future action and conversations.

- **Meet people where they are** and learn about how they feel about the updated COVID-19 vaccine.
3 Steps to Initiating/Continuing Conversations

1. Ask and listen to the answer
   “What do you think about the vaccine?”
   “Why do you feel that way?”
   “What concerns do you have about the vaccine?”

2. Create an alignment of safety
   “I would be scared too. Let’s do what’s safe here.”
   “We both want what's safest for you.”

3. Find common goals
   “We all want to be able to safely be with our loved ones again.”
   “What reasons would motivate you to get vaccinated?”
   Find their personally motivating reason.
Proceed with Care and Empathy

- People are tired of COVID-19 and exhausted about talking about it.
- It has dramatically changed our lives over the past 3 years.
- Every family has experienced COVID-19 over the last 3 years in some capacity and people feel like “experts” because of that.
- Some people have sick family/friends/kids they care for or live with.

**Tailor** the conversation accordingly.
Key Messages

1. The vaccines will keep you safe.

Vaccines will protect you from getting very sick from COVID-19 and flu.
Key Messages

Mild side effects are common.

Side effects are a sign that your body is protecting you. For a few days after vaccination, many people temporarily feel:

- Sore arm (at administration site)
- Tired or fatigue
- Headache
- Muscle pain
- Joint pain
Key Messages

3

Vaccines are very effective.

Each vaccine is extremely effective at preventing hospitalization and death from COVID-19 and flu.
The vaccines are built on years of research and science.

It is good to be careful when new things come along. Health experts took all the necessary steps to produce safe vaccines. The COVID-19 vaccine was built on 20 years of research and science.
Have questions? Please ask.

I am glad you want to know more. Ultimately, the choice is yours.

- When you’re ready, go to myturn.ca.gov or text your zip code to GETVAX or VACUNA to get your COVID-19 vaccine.
- Flu vaccines are widely available (doctor’s office, grocery store, pharmacy).
3 Steps Post-Conversation

1. Acknowledge their agency and personal choice
   “I want you to get vaccinated today, but ultimately it’s your choice.”
   “I’m here as a resource to help you.”

2. Keep lines of communication open
   Trust is a journey. Give folks a way to reach you that you are comfortable with as they consider their decision.

3. Offer to find a vaccine
   Offer myturn.ca.gov or have them text their zip code to GETVAX or VACUNA to find a free vaccine location in their neighborhood.
Frequently Asked Questions
If I had COVID-19 recently, do I need an updated booster?

It depends.

- Booster vaccination after COVID-19 infection should be at **deferred at least until recovery from the acute illness** (if symptoms were present) and criteria to discontinue isolation have been met.
- In addition, people who recently had SARS-CoV-2 infection may consider **delaying a primary series dose or booster dose by 3 months** from symptom onset or positive test (if infection was asymptomatic).
Can I get the updated COVID-19 booster if I have not been vaccinated with the primary series?

No.

The updated COVID-19 booster vaccine does not replace initial vaccination (primary series).

If it’s your first time getting the COVID-19 vaccine, you can get Moderna, Novavax, or Pfizer-BioNTech.
Can I mix and match my COVID-19 vaccine and booster?

Yes!

Eligible individuals can receive either age-appropriate Moderna or Pfizer-BioNTech updated COVID-19 booster regardless of which initial vaccine they received.
When is the best time to get the updated booster?

If it has been 2 months since your last dose, now is a great time!

We want our bodies to build up their defenses before it gets very cold this winter and people are spending more time indoors.
Can I get the flu vaccine and updated COVID-19 booster together?

Yes!

It is safe to get both vaccines at the same time, either in the same arm or in different arms.
5 Key Tips to Staying Healthy this Winter
From Dr. Tomás Aragón

Get Vaccinated, Boosted (and Treated)
Flu and COVID-19 vaccines continue to be your best defense to limit severe illness and death – and you can get both at the same time. If you test positive for COVID-19, contact your doctor or a test-to-treat site immediately to seek treatment. Treatments work best when started right after symptoms begin.

Stay Home if You’re Sick!
It’s crucial to stay home if you are feeling ill. Avoid close contact with others to protect them and take the time you need to heal. This is especially important for respiratory viruses like the flu, RSV and COVID-19, which can lead to more severe illness.

Wear a Mask
There is no vaccine for RSV, so wearing a mask can significantly slow the spread and protect babies and young children who do not yet have immunity and are too young to wear a mask themselves. Wearing a mask in indoor public places is a good way to limit the spread of germs.

Wash Your Hands
Your mom was right: Frequent handwashing, with soap and warm water – for at least 20 seconds, is an easy way to prevent getting sick and spreading germs.

Cover Your Cough or Sneeze
Remember to cough or sneeze into your elbow, your arm, or a disposable tissue to help prevent the spread of winter viruses. Just make sure to wash your hands or sanitize and dispose of your tissue after.
Resources

Join #ThisIsOurShot / #VacunateYa for newsletters about COVID-19 and vaccine-related talking points, and social media tips for physicians: https://thisisourshot.info/ / https://vacunateya.com/

Join Shots Heard Round the World to connect with a network of health professionals dedicated to combating online harassment of HCPs: https://shotsheard.org/

Health Defend is the evolution of these three programs. It is designed to educate, empower, equip, and defend healthcare professionals so they feel confident amplifying their trusted voice through social media. https://www.healthdefend.com/
Poll & Resources
Rachel Jacobs, CDPH
Following this webinar, how confident are you in your ability to effectively talk with patients about COVID-19 and flu vaccines?

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident
Joint Letter: Strong Recommendation for Flu and COVID-19 Vaccines

CDPH partnered with the American Academy of Pediatrics (CA), California Academy of Family Physicians, California Immunization Coalition, and California Medical Association on a joint letter urging providers of pediatric services to continue to make strong recommendations for flu and COVID-19 vaccines. Please share with your immunization staff and partners.
COVID-19 is a Childhood Illness Infographic

ONLY 1 OF 6
PARENTS SAY THEIR CHILD'S DOCTOR RECOMMENDED THE COVID-19 VACCINE.

- As a trusted source, your recommendation can influence the decision to vaccinate.
- If you choose not to enroll, have a referral plan in place to ensure that your patients get vaccinated elsewhere.

MAKE NO MISTAKE
COVID-19 IS A CHILDHOOD ILLNESS

COVID-19 CAN BE SERIOUS FOR KIDS.

OVER 1500 DEATHS
Over 1530 children have died from COVID-19 in the US since the start of the pandemic.

122,000 HOSPITALIZATIONS
About 1 in 3 children hospitalized with COVID-19 in the US were admitted to the ICU, similar to the rate among adults.

2X HIGHER HOSPITALIZATION RATE
Hospitalization rates among unvaccinated children ages 5-11 were 2x as high compared to vaccinated children during Omicron pre-dominant period in the US.

PEDiatric Vaccination COVERAGE IS LOW, ESPECIALLY FOR CALIFORNIA'S MOST VULNERABLE CHILDREN
Toolkits, Fliers, Conversation Guides, and Videos

#ThisIsOurShot Toolkit
COVID-19 Crucial Conversations Campaign
### COVID-19 Vaccine Support

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19 Provider Call Center</strong></td>
<td>The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution, including the Vaccine Marketplace.</td>
</tr>
<tr>
<td></td>
<td>• Email: <a href="mailto:covidcallcenter@cdph.ca.gov">covidcallcenter@cdph.ca.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Phone: (833) 502-1245, Monday through Friday from 8AM–6PM</td>
</tr>
<tr>
<td><strong>Enrollment Support</strong></td>
<td>For Provider enrollment support, please contact myCAvax Clinic Operations at <a href="mailto:myCAvaxinfo@cdph.ca.gov">myCAvaxinfo@cdph.ca.gov</a> with myCAvax Help Desk.</td>
</tr>
<tr>
<td></td>
<td>• Email: <a href="mailto:myCAvaxinfo@cdph.ca.gov">myCAvaxinfo@cdph.ca.gov</a></td>
</tr>
<tr>
<td><strong>myCAvax Help Desk</strong></td>
<td>Dedicated staff provide up-to-date information and technical support on the myCAvax system.</td>
</tr>
<tr>
<td></td>
<td>• Email: <a href="mailto:myCAvax.HD@cdph.ca.gov">myCAvax.HD@cdph.ca.gov</a></td>
</tr>
<tr>
<td></td>
<td>• Phone: (833)-502-1245, option 3, Monday through Friday 8AM–6PM</td>
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<tr>
<td></td>
<td>For training opportunities: <a href="https://eziz.org/covid/education/">https://eziz.org/covid/education/</a></td>
</tr>
<tr>
<td><strong>My Turn Clinic Help Desk</strong></td>
<td>For onboarding support (those in the process of onboarding): <a href="mailto:myturnonboarding@cdph.ca.gov">myturnonboarding@cdph.ca.gov</a></td>
</tr>
<tr>
<td></td>
<td>For technical support with My Turn Clinic for COVID-19 and flu vaccines: mail to: <a href="mailto:MyTurn.Clinic.HD@cdph.ca.gov">MyTurn.Clinic.HD@cdph.ca.gov</a> or (833) 502-1245, option 4: Monday through Friday 8AM–6PM</td>
</tr>
<tr>
<td><strong>Archived Communications</strong></td>
<td>For archived communications from the COVID-19 Provider Call Center about the California COVID-19 Vaccination Program visit</td>
</tr>
<tr>
<td></td>
<td>• Website: <a href="https://eziz.org/covid/myturn/communication">EZIZ Archived Communications</a></td>
</tr>
</tbody>
</table>
California Providers Stay Informed!
To be added to CDPH messaging services is as easy as 1-2-3!

1. COVID-19 Vaccine Provider Listserv Emails: Please email blanca.corona@cdph.ca.gov

2. COVID Therapeutics:
   - COVID Tx Providers Newsletter Sign Up
     - First Name
     - Last Name
     - Email
     - Organization/Clinic
     - Role/Title
     - Sign up to the following newsletters:
       - COVID Tx Providers/LHJs
     - [Submit]

3. mpox Newsletter Sign Up
   - First Name
   - Last Name
   - Email
   - Organization/Clinic
   - Role/Title
   - Sign up to the following newsletters:
     - mpox Providers, LHJ & Leadership
     - [Submit]

COVID-19 Therapeutics Newsletter Sign-up
Mpox Newsletter Sign-up
Upcoming Opportunities

Monday

My Turn and myCAvax Office Hours
Next session: Monday, December 12, 12PM-1PM

Friday

Provider Consolidated Webinar
Next session: Friday, December 9, 9AM-10:30AM

Note: New session length of 90-minutes to include COVID-19 Vaccine, COVID-19 Therapeutics, MPX Vaccine, and MPX Therapeutics
Special Thanks to
Today's Presenter:
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Webinar Planning & Support:
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