CDPH California Department of Public Health | Immunization Branch

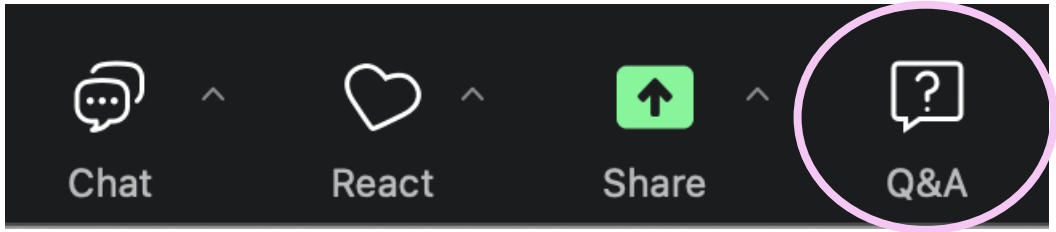
Talking with Families about Fall Immunizations: COVID-19, Flu, RSV

Tuesday, October 22, 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 Crucial Conversations 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

- The current landscape of COVID-19, flu, and RSV immunizations
- Key messages for understanding common immunization concerns for families
- How to improve confidence in having conversations with families about vaccinations this fall
- Considerations to make when communicating with families and be able to access communication tools/educational resources

Agenda: Tuesday, October 22, 2024

No.	Item	Speaker	Time (PM)
1	Welcome	Diane Evans, CDPH	12:00 – 12:05
2	Talking with Families about Fall Immunizations: COVID-19, Flu, RSV	Dr. Ilan Shapiro	12:05 – 12:35
3	Resources	Terisha Gamboa, CDPH	12:35 – 12:45
4	Discussion, Questions & Answers	Dr. Ilan Shapiro and CDPH Subject Matter Experts (SMEs)	12:45 – 12:55
5	Wrap-Up	Diane Evans, CDPH	12:55 – 1:00

Thank you for attending today!

Poll: CDPH Appreciates Your Feedback!

How confident are you in your ability to speak effectively with families about fall immunizations?

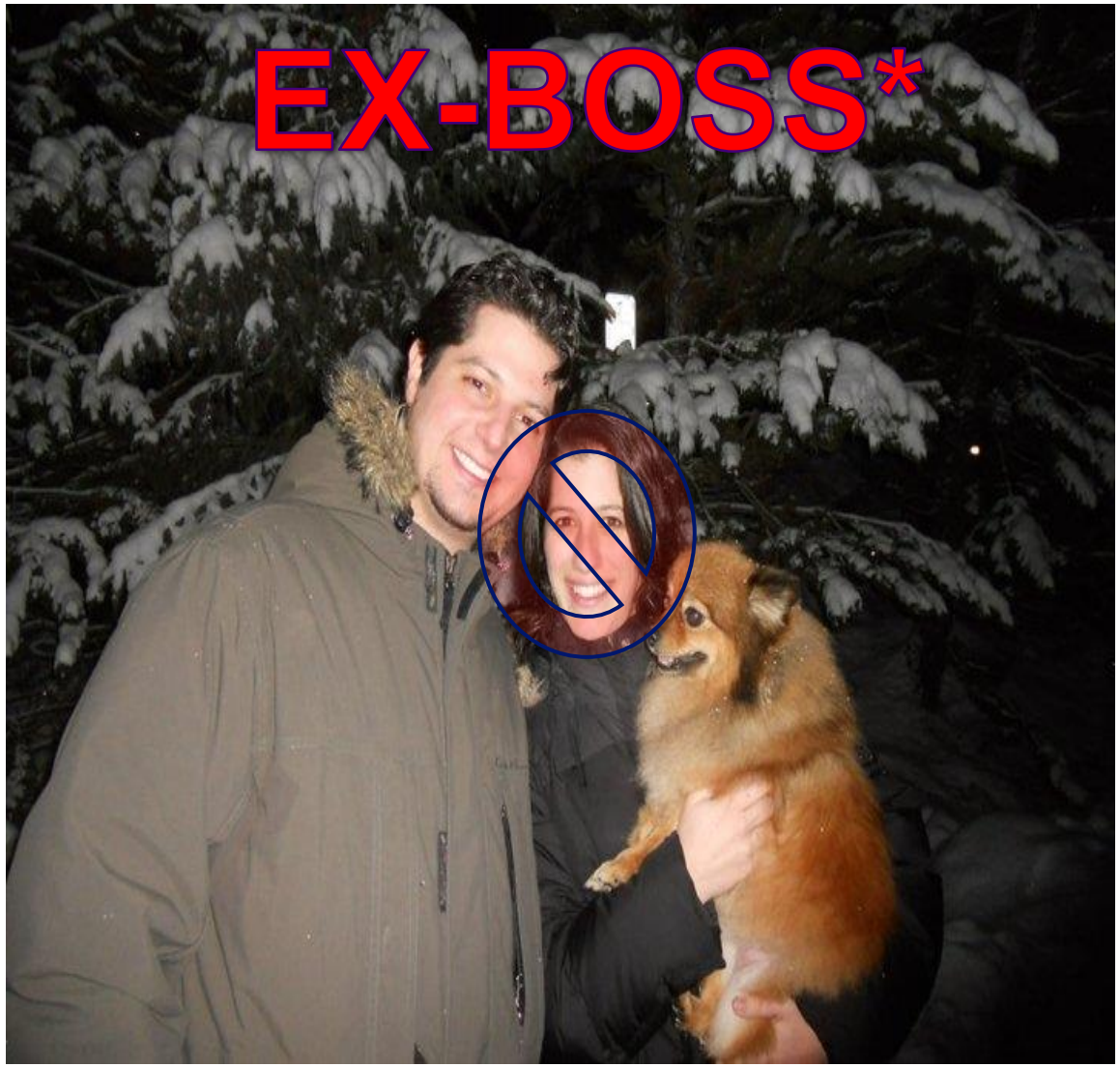
- ❑Very confident
- ❑Confident
- ❑Somewhat confident
- ❑Slightly confident
- ❑Not confident

Talking with Families about Fall Immunizations: COVID-19, Flu, RSV

Ilan Shapiro, MD, MBA, FAAP, FACHE

Chief Health Correspondent and Medical Affairs Officer

DISCLOSURE

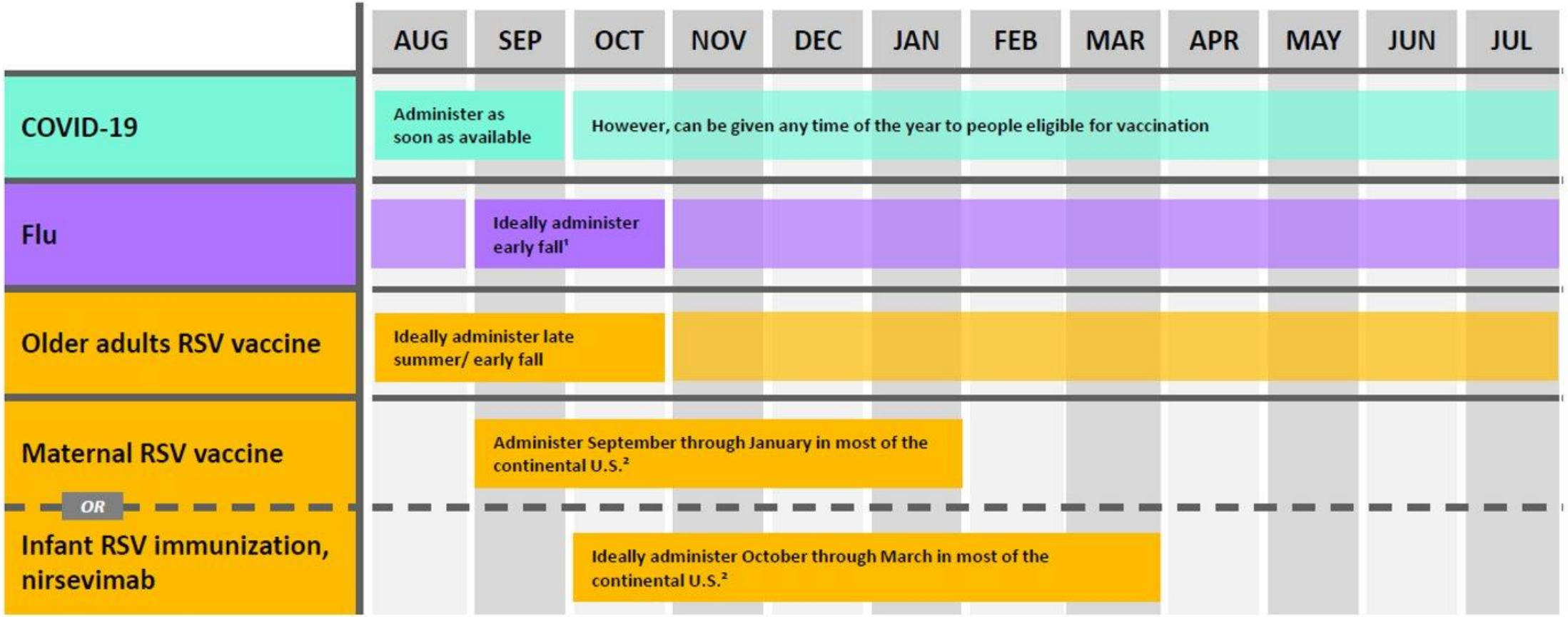


DISCLOSURE

Boss Team

We are Tired…But the Viruses are Ready to Work!

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



[1] Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

[2] In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances.

[CDC Presentation]

CAN YOU VACCINATE ALL AT ONCE?

Co-Administration of Flu, COVID-19, & RSV Vaccines

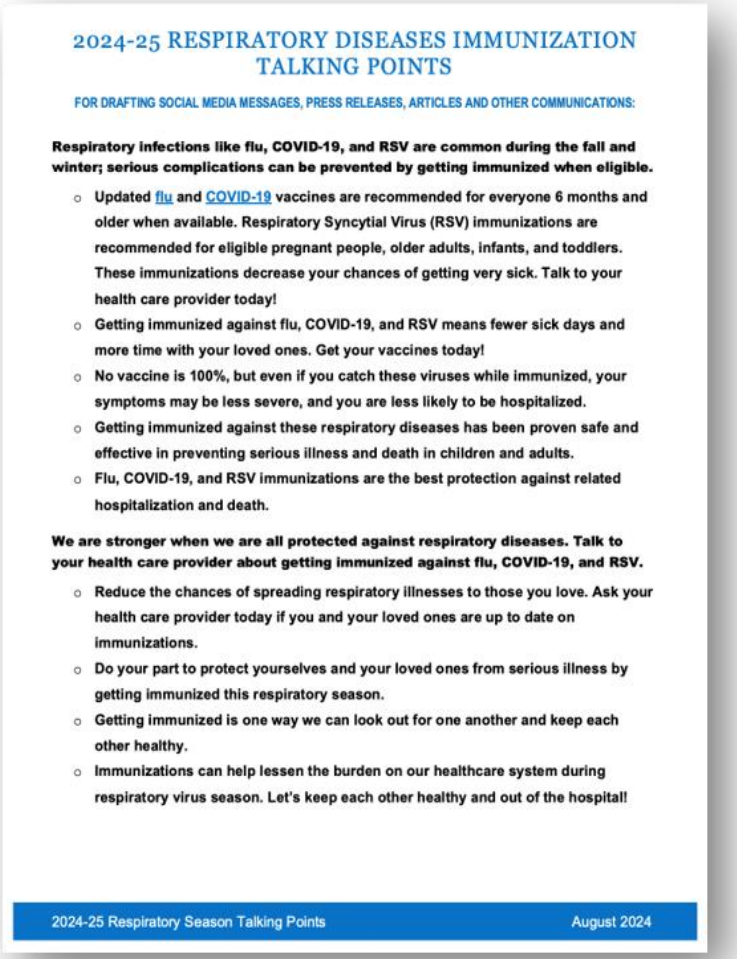
- **May offer all recommended respiratory virus vaccines during one visit**.
- Patients should be aware they **may experience more side effects**, like fever and fatigue; **however, these side effects are generally mild or moderate and only last a day or two**.
- For **patients at high risk** of becoming seriously ill from one of these diseases, the benefits of timely protection from coadministration likely outweigh the possible risks of increased side effects.
- If the provider is confident there will be additional opportunities to vaccinate, and the patient prefers to receive these vaccines during different visits, there is **no minimum wait period between vaccines**.
- **The most important thing is that patients receive <u>all</u> their recommended vaccines in a <u>timely</u> way** to protect against these major respiratory diseases this fall and winter virus season.

CDC Provider Toolkit Preparing Patients for the Fall and Winter Virus Season, Clinical Guidance, Coadministration

What about Respiratory Syncytial Virus (RSV)?

Respiratory Virus Season Talking Points

- Found on EZIZ Flu and Respiratory Disease Page Under "Toolkits and Campaigns"
- Tool to help draft communications for vaccinating against flu, COVID-19, and RSV
- Messaging is around "respiratory virus season" in fall and winter, bundling all three



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.

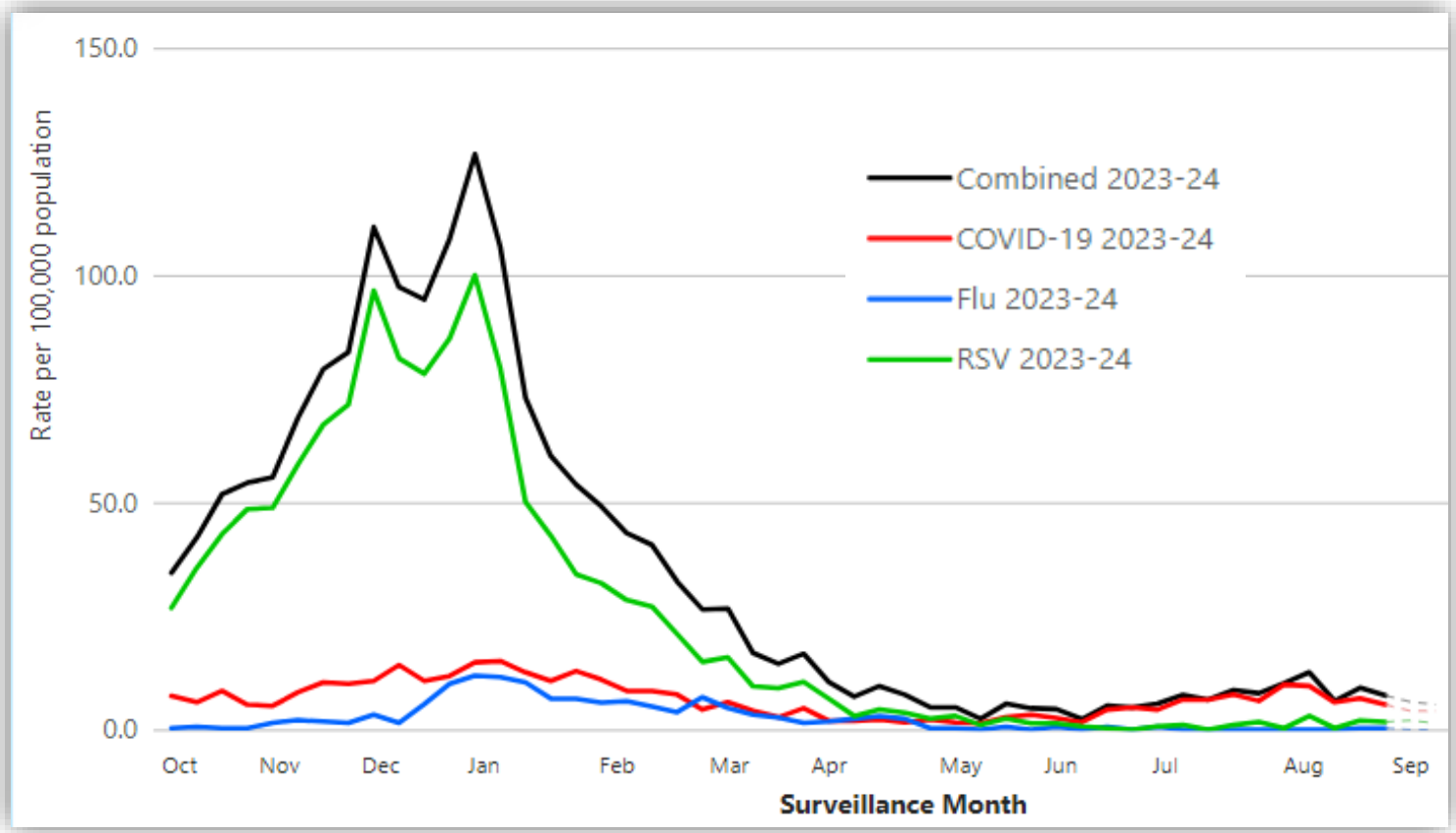
- Updated flu and COVID-19 vaccines are recommended for everyone 6 months and older when available. Respiratory Syncytial Virus (RSV) immunizations are recommended for eligible pregnant people, older adults, infants, and toddlers. These immunizations decrease your chances of getting very sick. Talk to 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!

2024-25 Respiratory Season Talking Points August 2024

Weekly Rates of Respiratory Virus-Associated Hospitalizations for Infants <1 year old, October 2023 – September 2024



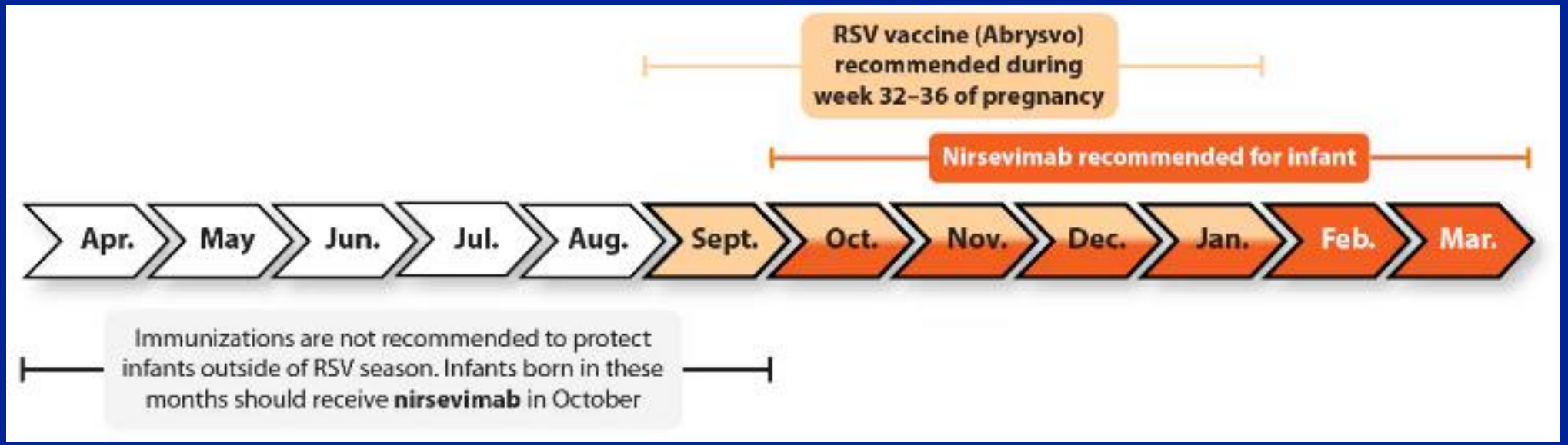
At its peak in the 2023 – 2024 season (week ending Dec. 30, 2023), **RSV accounted for nearly 80% of all infant respiratory hospitalizations.**

Data last updated September 27, 2024, [Respiratory Virus Hospitalization Surveillance Network (RESP-NET) | RESP-NET | CDC]

Early Estimate of Nirsevimab Effectiveness for Prevention of RSV Hospitalization Among Infants Entering their First RSV Season, October 2023 – February 2024

Early Estimate of Nirsevimab Effectiveness for Prevention of RSV–Associated Hospitalization Among Infants Entering Their First RSV Season — Oct 2023–Feb 2024 | MMWR (cdc.gov); ACIP June 2024 slides: Summary of nirsevimab effectiveness in infants

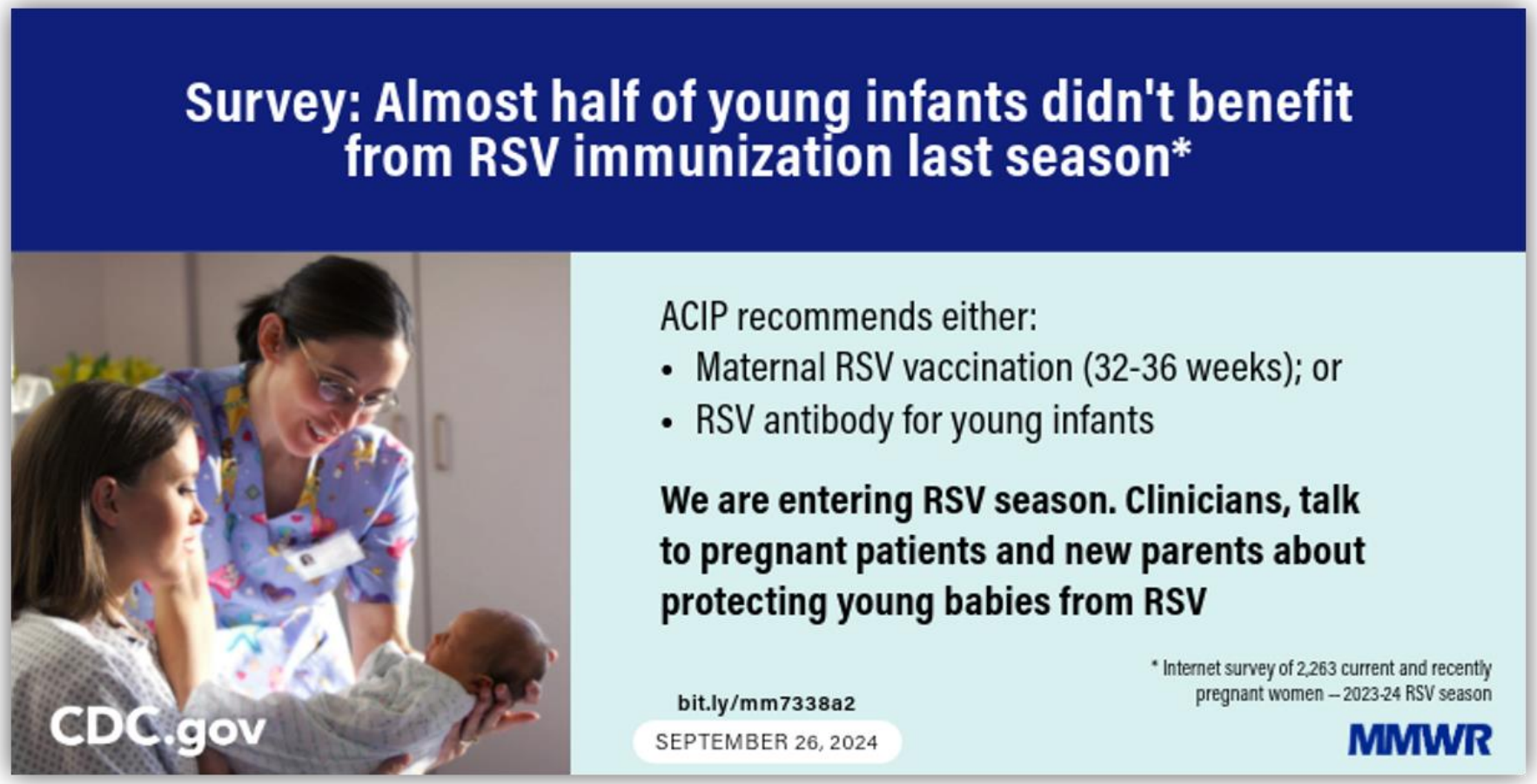
RSV Immunization – Maternal / Pediatric



For most infants, administration of both products is **not** needed.

[CDC Clinical Guidance for Infants and Young Children]

Maternal RSV Vaccination and Receipt of Nirsevimab by Infants Aged <8 Months — United States, April 2024



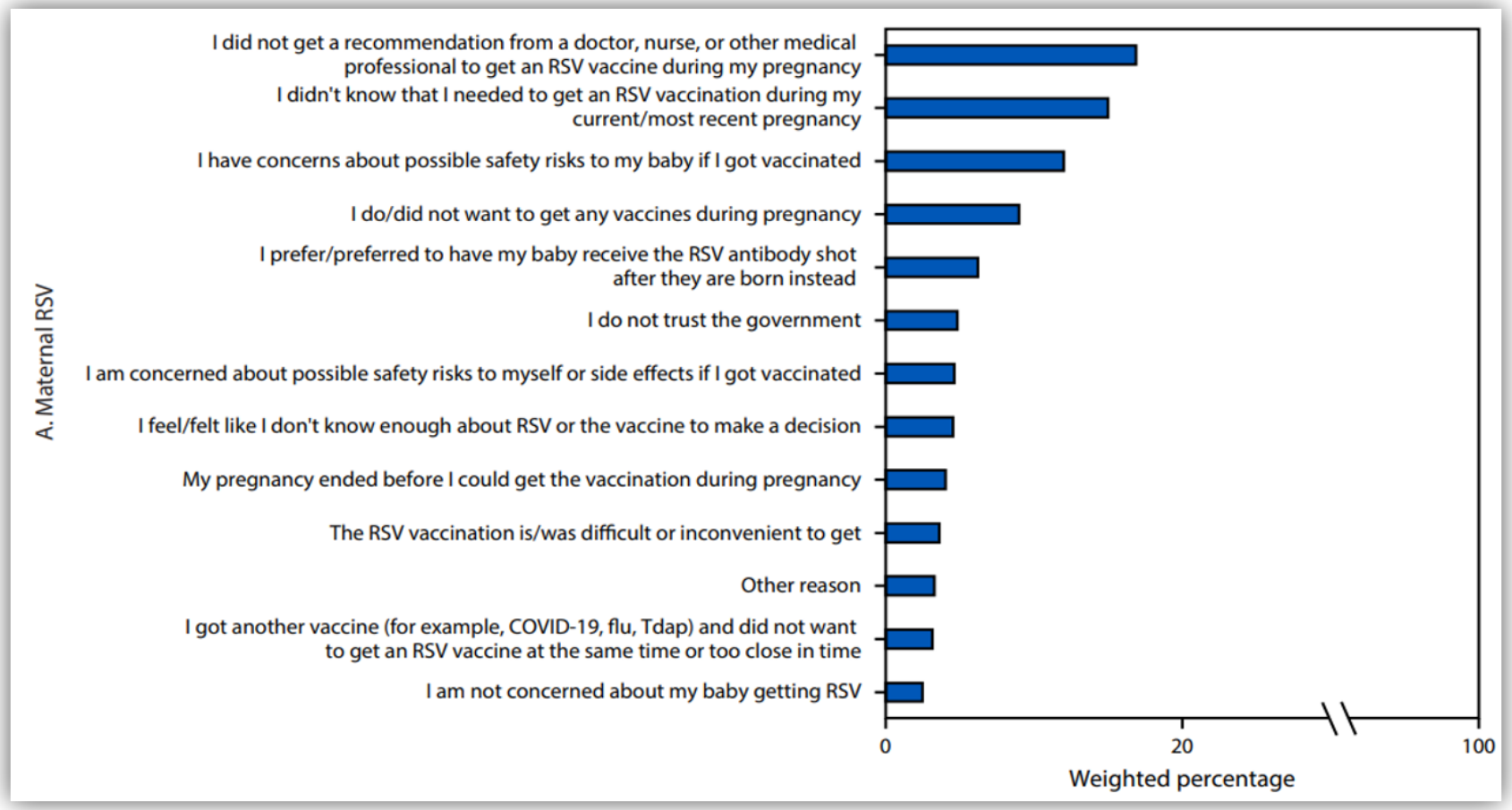
[MMWR: Maternal Respiratory Syncytial Virus Vaccination and Receipt of RSV Antibody (Nirsevimab) by Infants Aged <8 Months]

Maternal RSV Vaccination and Receipt of Nirsevimab by Infants Aged <8 Months — United States, April 2024

- Survey from 3/26/2024 – 4/11/2024
- Sample: 2,263 women, reported being pregnant since 8/1/2023.
- Results:
  - Maternal RSV vaccine coverage: 33%
  - Nirsevimab coverage among infants: 45%
  - 56% of infants protected by maternal RSV, nirsevimab, or both
  - **Nearly half of women surveyed did not report provider recommendation of maternal or infant RSV immunization**
  - Provider recommendation associated with higher coverage

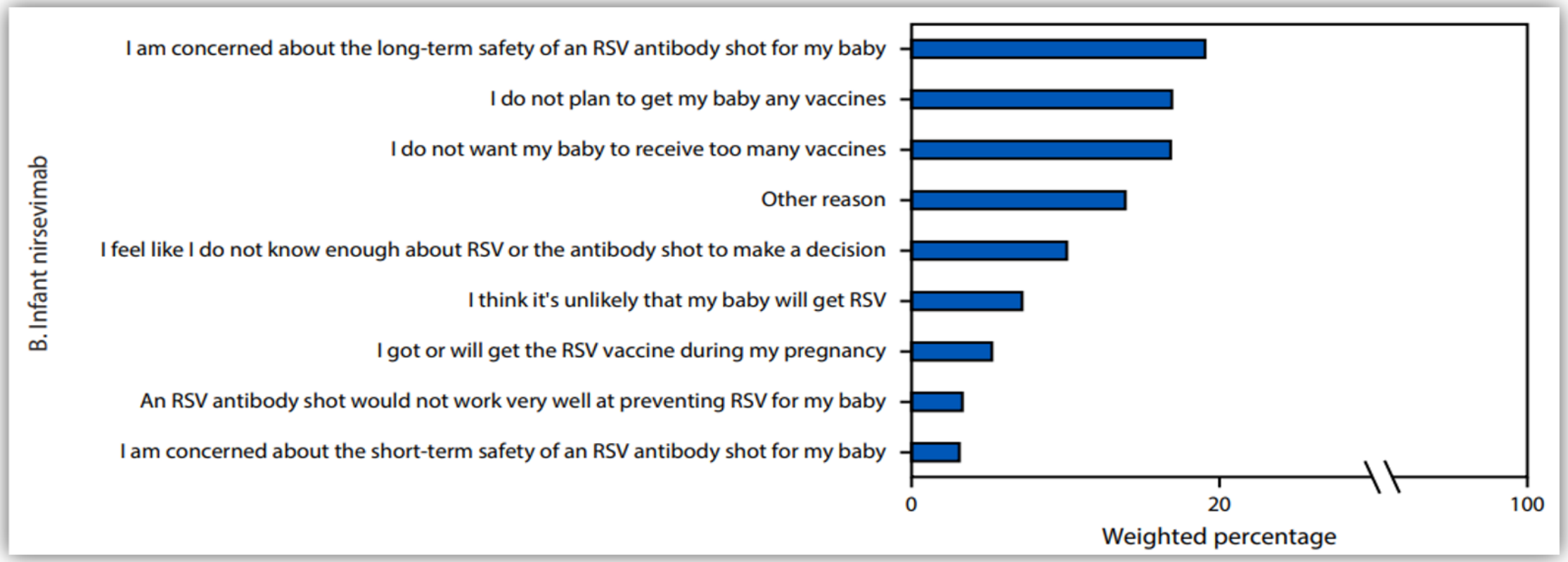
MMWR: Maternal Respiratory Syncytial Virus Vaccination and Receipt of RSV Antibody (Nirsevimab) by Infants Aged <8 Months

Reason Reported for Not Receiving Maternal RSV Immunization



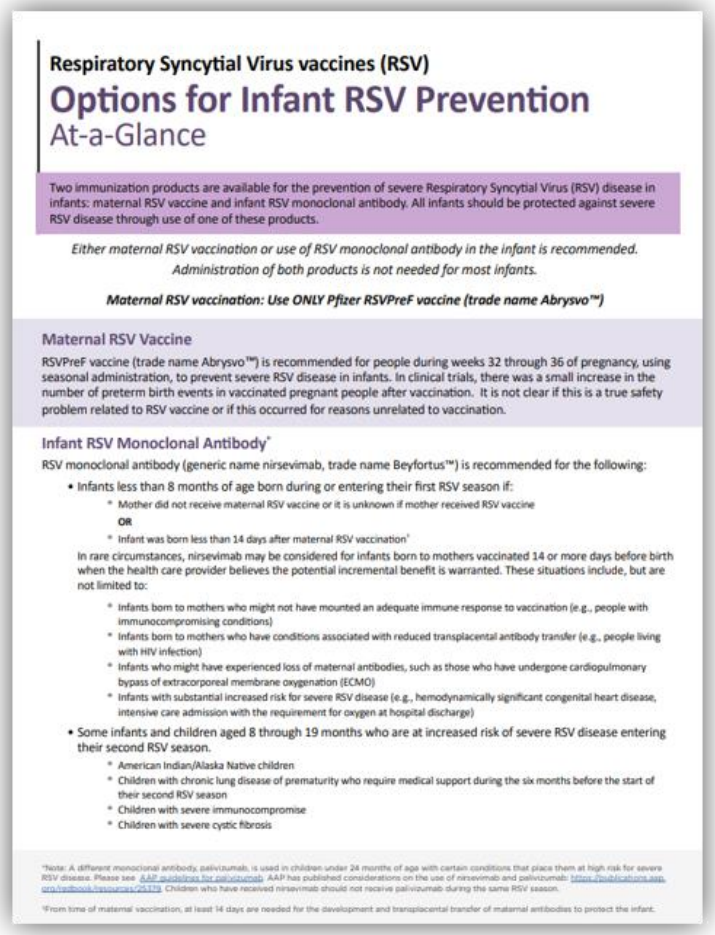
[MMWR: Maternal Respiratory Syncytial Virus Vaccination and Receipt of RSV Antibody (Nirsevimab) by Infants Aged <8 Months]

Reason Reported for Not Receiving Infant RSV Immunization



[MMWR: Maternal Respiratory Syncytial Virus Vaccination and Receipt of RSV Antibody (Nirsevimab) by Infants Aged <8 Months]

New Provider Resource: Infant RSV Prevention At-A-Glance (CDC)



Respiratory Syncytial Virus vaccines (RSV)

Options for Infant RSV Prevention At-a-Glance

Two immunization products are available for the prevention of severe Respiratory Syncytial Virus (RSV) disease in infants: maternal RSV vaccine and infant RSV monoclonal antibody. All infants should be protected against severe RSV disease through use of one of these products.

Either maternal RSV vaccination or use of RSV monoclonal antibody in the infant is recommended. Administration of both products is not needed for most infants.

Maternal RSV vaccination: Use ONLY Pfizer RSVPreF vaccine (trade name Abrysvo™)

Maternal RSV Vaccine

RSVPreF vaccine (trade name Abrysvo™) is recommended for people during weeks 32 through 36 of pregnancy, using seasonal administration, to prevent severe RSV disease in infants. In clinical trials, there was a small increase in the number of preterm birth events in vaccinated pregnant people after vaccination. It is not clear if this is a true safety problem related to RSV vaccine or if this occurred for reasons unrelated to vaccination.

Infant RSV Monoclonal Antibody*

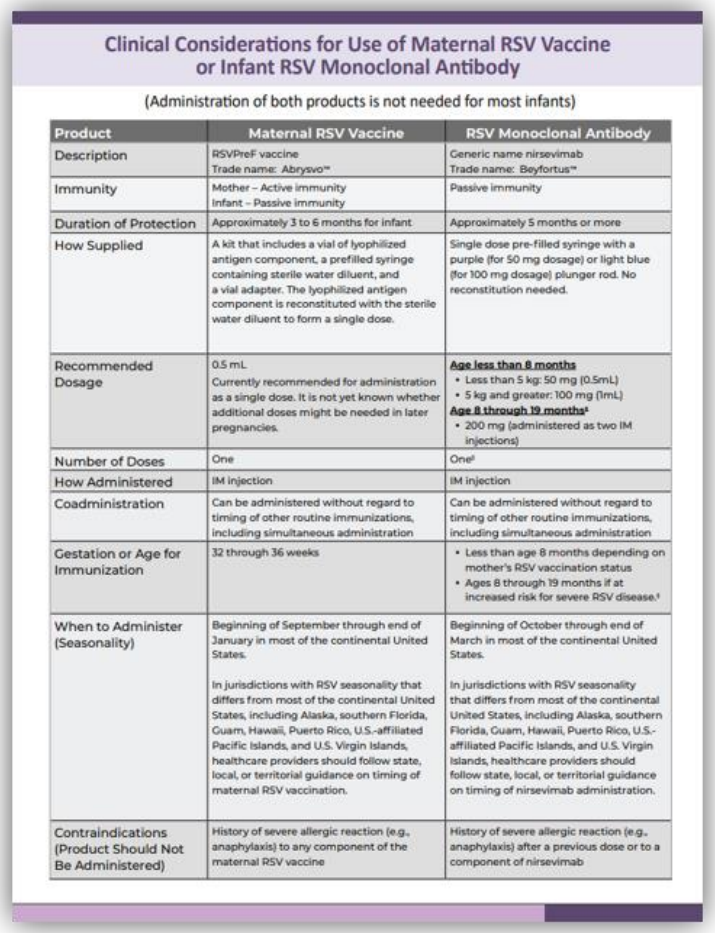
RSV monoclonal antibody (generic name nirsevimab, trade name Beyfortus™) is recommended for the following:

- Infants less than 8 months of age born during or entering their first RSV season if:
  - Mother did not receive maternal RSV vaccine or it is unknown if mother received RSV vaccine
  - **OR**
  - Infant was born less than 14 days after maternal RSV vaccination†

  In rare circumstances, nirsevimab may be considered for infants born to mothers vaccinated 14 or more days before birth when the health care provider believes the potential incremental benefit is warranted. These situations include, but are not limited to:
  - Infants born to mothers who might not have mounted an adequate immune response to vaccination (e.g., people with immunocompromising conditions)
  - Infants born to mothers who have conditions associated with reduced transplacental antibody transfer (e.g., people living with HIV infection)
  - Infants who might have experienced loss of maternal antibodies, such as those who have undergone cardiopulmonary bypass of extracorporeal membrane oxygenation (ECMO)
  - Infants with substantial increased risk for severe RSV disease (e.g., hemodynamically significant congenital heart disease, intensive care admission with the requirement for oxygen at hospital discharge)
- Some infants and children aged 8 through 19 months who are at increased risk of severe RSV disease entering their second RSV season.
  - American Indian/Alaska Native children
  - Children with chronic lung disease of prematurity who require medical support during the six months before the start of their second RSV season
  - Children with severe immunocompromise
  - Children with severe cystic fibrosis

*Note: A different monoclonal antibody, palivizumab, is used in children under 24 months of age with certain conditions that place them at high risk for severe RSV disease. Please see AAP guidelines for palivizumab. AAP has published considerations on the use of nirsevimab and palivizumab: https://publications.aap.org/redbook/resources/20179. Children who have received nirsevimab should not receive palivizumab during the same RSV season.

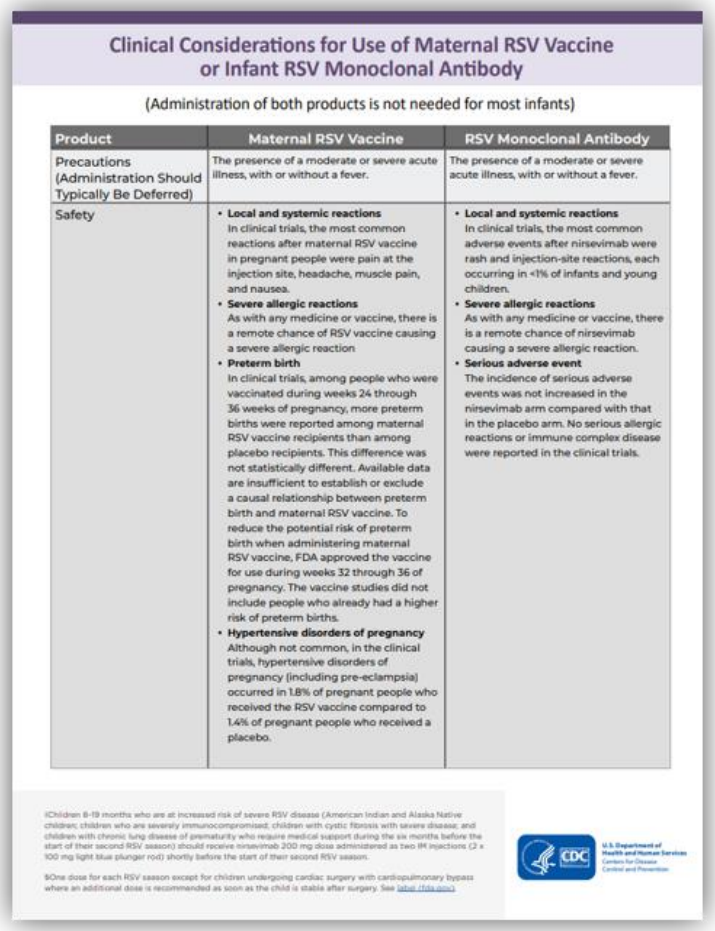
†From time of maternal vaccination, at least 14 days are needed for the development and transplacental transfer of maternal antibodies to protect the infant.



Clinical Considerations for Use of Maternal RSV Vaccine or Infant RSV Monoclonal Antibody

(Administration of both products is not needed for most infants)

Product	Maternal RSV Vaccine	RSV Monoclonal Antibody
Description	RSVPreF vaccine Trade name: Abrysvo™	Generic name nirsevimab Trade name: Beyfortus™
Immunity	Mother – Active immunity Infant – Passive immunity	Passive immunity
Duration of Protection	Approximately 3 to 6 months for infant	Approximately 5 months or more
How Supplied	A kit that includes a vial of lyophilized antigen component, a prefilled syringe containing sterile water diluent, and a vial adapter. The lyophilized antigen component is reconstituted with the sterile water diluent to form a single dose.	Single dose pre-filled syringe with a purple (for 50 mg dosage) or light blue (for 100 mg dosage) plunger rod. No reconstitution needed.
Recommended Dosage	0.5 mL Currently recommended for administration as a single dose. It is not yet known whether additional doses might be needed in later pregnancies.	**Age less than 8 months** • Less than 5 kg: 50 mg (0.5mL) • 5 kg and greater: 100 mg (1mL) **Age 8 through 19 months[1]** • 200 mg (administered as two IM injections)
Number of Doses	One	One[1]
How Administered	IM injection	IM injection
Coadministration	Can be administered without regard to timing of other routine immunizations, including simultaneous administration	Can be administered without regard to timing of other routine immunizations, including simultaneous administration
Gestation or Age for Immunization	32 through 36 weeks	• Less than age 8 months depending on mother's RSV vaccination status • Ages 8 through 19 months if at increased risk for severe RSV disease.[1]
When to Administer (Seasonality)	Beginning of September through end of January in most of the continental United States. In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, healthcare providers should follow state, local, or territorial guidance on timing of maternal RSV vaccination.	Beginning of October through end of March in most of the continental United States. In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, healthcare providers should follow state, local, or territorial guidance on timing of nirsevimab administration.
Contraindications (Product Should Not Be Administered)	History of severe allergic reaction (e.g., anaphylaxis) to any component of the maternal RSV vaccine	History of severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of nirsevimab



Clinical Considerations for Use of Maternal RSV Vaccine or Infant RSV Monoclonal Antibody

(Administration of both products is not needed for most infants)

Product	Maternal RSV Vaccine	RSV Monoclonal Antibody
Precautions (Administration Should Typically Be Deferred)	The presence of a moderate or severe acute illness, with or without a fever.	The presence of a moderate or severe acute illness, with or without a fever.
Safety	• **Local and systemic reactions** In clinical trials, the most common reactions after maternal RSV vaccine in pregnant people were pain at the injection site, headache, muscle pain, and nausea. • **Severe allergic reactions** As with any medicine or vaccine, there is a remote chance of RSV vaccine causing a severe allergic reaction • **Preterm birth** In clinical trials, among people who were vaccinated during weeks 24 through 36 weeks of pregnancy, more preterm births were reported among maternal RSV vaccine recipients than among placebo recipients. This difference was not statistically different. Available data are insufficient to establish or exclude a causal relationship between preterm birth and maternal RSV vaccine. To reduce the potential risk of preterm birth when administering maternal RSV vaccine, FDA approved the vaccine for use during weeks 32 through 36 of pregnancy. The vaccine studies did not include people who already had a higher risk of preterm births. • **Hypertensive disorders of pregnancy** Although not common, in the clinical trials, hypertensive disorders of pregnancy (including pre-eclampsia) occurred in 1.8% of pregnant people who received the RSV vaccine compared to 1.4% of pregnant people who received a placebo.	• **Local and systemic reactions** In clinical trials, the most common adverse events after nirsevimab were rash and injection-site reactions, each occurring in <1% of infants and young children. • **Severe allergic reactions** As with any medicine or vaccine, there is a remote chance of nirsevimab causing a severe allergic reaction. • **Serious adverse event** The incidence of serious adverse events was not increased in the nirsevimab arm compared with that in the placebo arm. No serious allergic reactions or immune complex disease were reported in the clinical trials.

[1]Children 8-19 months who are at increased risk of severe RSV disease (American Indian and Alaska Native children; children who are severely immunocompromised; children with cystic fibrosis with severe disease; and children with chronic lung disease of prematurity who require medical support during the six months before the start of their second RSV season) should receive nirsevimab 200 mg dose administered as two IM injections (2 x 100 mg light blue plunger rod) shortly before the start of their second RSV season.

§One dose for each RSV season except for children undergoing cardiac surgery with cardiopulmonary bypass where an additional dose is recommended as soon as the child is stable after surgery. See label (fda.gov)

RSV Immunization – Maternal / Pediatric Resources

RSV Immunization for Children 19 Months & Younger | CDC (healthcare providers)

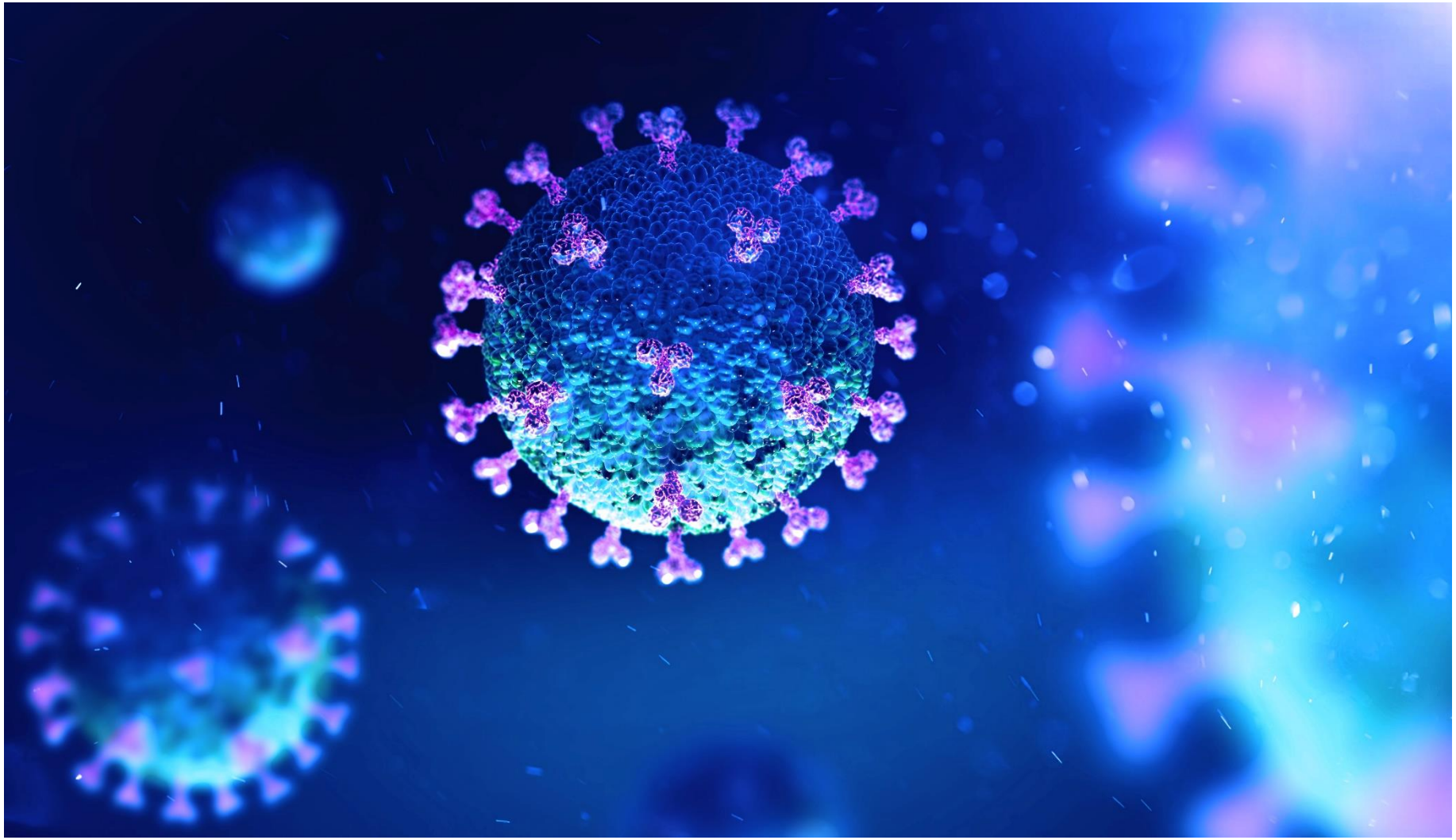
Immunizations to Protect Infants | RSV | CDC (public)

IMM-1480 Nirsevimab Guide to Prevent Severe RSV in Infants & Toddlers (eziz.org)

Use of the Pfizer RSV Vaccine During Pregnancy: ACIP Recommendations 2023 | MMWR (cdc.gov)

Nirsevimab for the Prevention of RSV in Infants/Children: ACIP Recommendations 2023 | MMWR (cdc.gov)

What about COVID-19?



FDA Approves and Authorizes Updated 2024 – 2025 COVID-19 Vaccines

- Updated 2024 – 2025 vaccines
  - mRNA COVID-19 vaccines (Moderna and Pfizer) contain KP.2 strain.
  - Novavax vaccine contains the JN.1 strain.
  - Current main variant is KP.3.1.1, from the JN.1 lineage and closely related to selected strains.
  - Receiving an updated 2024-2025 COVID-19 vaccine this fall provides better protection against the current strains.
- **All 2023 – 2024 COVID-19 vaccines are no longer authorized and should not be administered.**
  - If a deauthorized product (e.g., a 2023-2024 COVID-19 vaccine) is administered, report the error to **VAERS**. For more info: **VAERS/VERP/MedWatch Jobaid**.
  - A 2024-2025 COVID-19 vaccine should be given at least 2 months since the last dose of any COVID-19 vaccine. See **CDC Guidance for Administration Errors**.

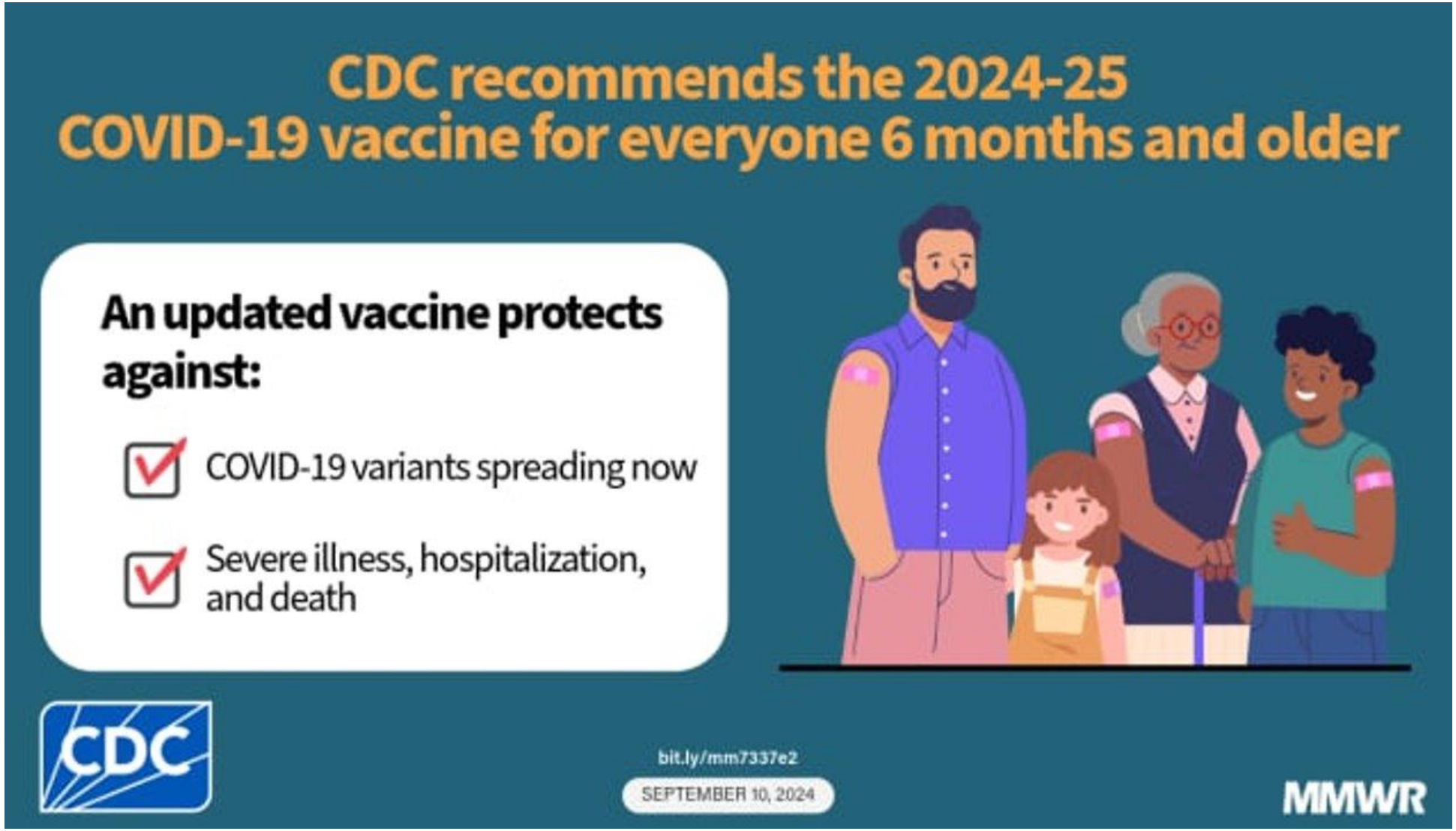
CDC Recommends Updated 2024 – 2025 COVID-19 Vaccines for Everyone 6 Months and Older

Overall, CDC recommendations are similar to guidance from 2023 - 2024, with the exception that an additional (second) dose for 65+ is not currently recommended.

- ACIP will monitor available data and update recommendations as needed.

FDA Emergency Use Authorization	FDA approved/licensed
Pfizer COVID-19 Vaccine (2024-2025 Formula) 6 months-11 years EUA Fact Sheet for Recipients/Caregivers	Comirnaty 12 years and older VIS
Moderna COVID-19 Vaccine (2024-2025 Formula) 6 months-11 years EUA Fact Sheet for Recipients/Caregivers	Spikevax 12 years and older VIS
Novavax COVID-19 Vaccine (2024-2025 Formula) 12 years and older EUA Fact Sheet for Recipients/Caregivers	

Clinical Guidance for COVID-19 Vaccination | CDC; COVID-19 Vaccine Emergency Use Instructions (EUI) Resources | CDC; COVID-19 Vaccines | FDA; U.S. COVID-19 Vaccine Product Information | CDC



[Use of COVID-19 Vaccines for Persons Aged ≥6 Months: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–2025. MMWR]

Last But Not Least: Influenza

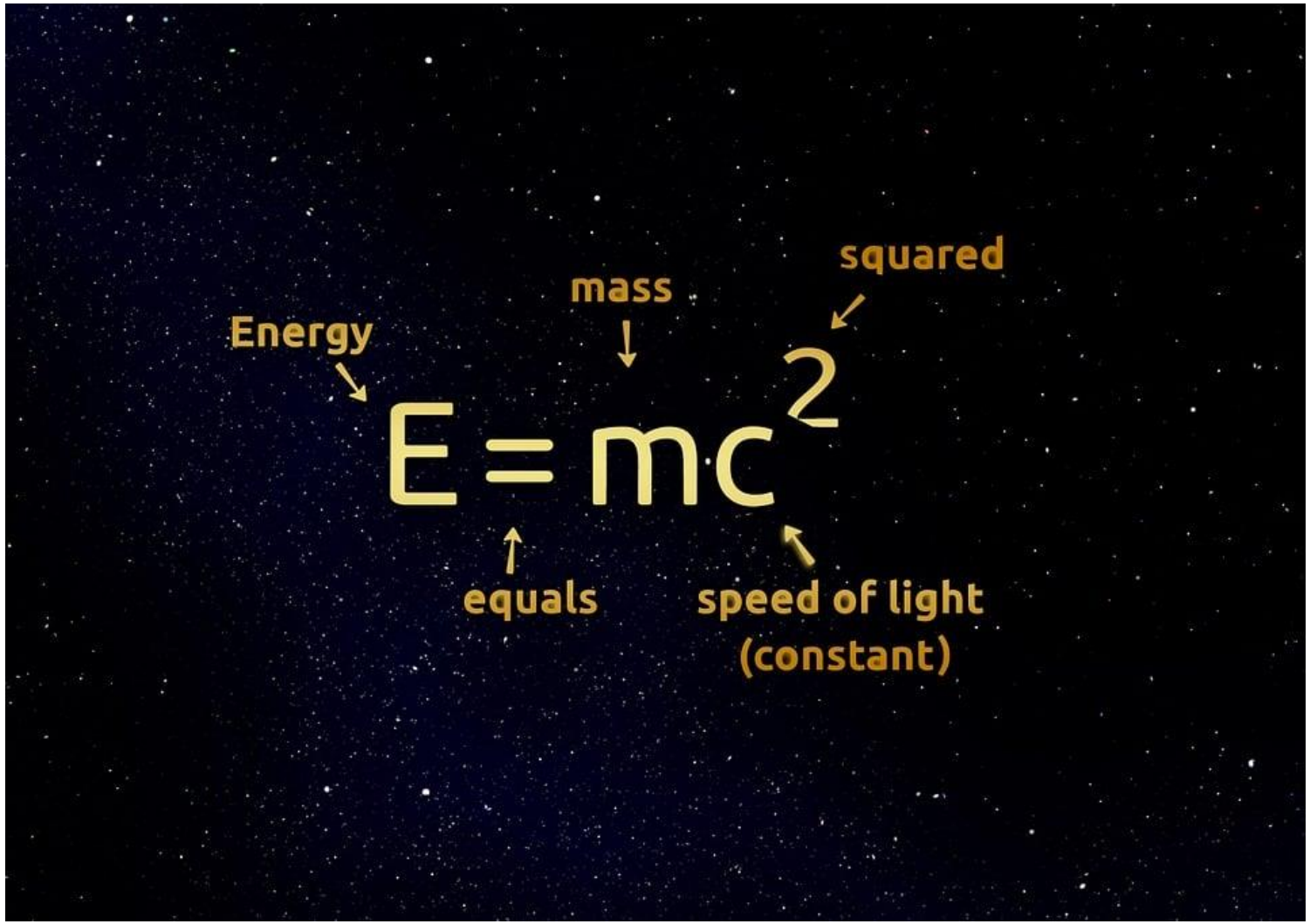
Influenza Vaccine Recommendations

- **Children 6 months through 8 years** who did not receive ≥2 doses of flu vaccine before July 1, 2024: 2 doses of flu vaccine, ≥4 weeks apart
- Enhanced vaccine options include:

Type	Description	Brand Name
Adjuvanted	Contains MF59 adjuvant	FLUAD Adjuvanted
High-dose	Contains 4x hemagglutinin vs standard dose vaccines	Fluzone High-Dose
Recombinant	Contains 3x hemagglutinin vs standard dose vaccines	FluBlok

- **Solid organ transplant recipients 18-64 years** on immunosuppressants**:**
  - Any age-appropriate vaccine, now including all enhanced options
- **Age 65 years and older:**
  - Preferentially recommended to receive any enhanced vaccine

What Is The Mathematical Equation?



Vaccines: A Core Prevention Strategy

COVID-19 and Flu 2024-25 Vaccines

Everyone ages 6 months and older

RSV Immunization to Protect Babies

Pregnant people during week 32–36 of pregnancy starting Sept 1 through RSV season (vaccine)

or

Babies entering or born during the RSV season (monoclonal antibodies)

RSV vaccine for Older Adults who haven't gotten an RSV vaccine before

People ages 60-74 at high risk of severe RSV

and

Everyone ages 75 and older

You may get flu, COVID-19, and RSV vaccines during the same visit.

CDC Presentation

Conversation Methodology

3	5	3
Steps to Start the Conversation	Key Messages	Post-Conversation Steps

To address patients concerns related to myths and misinformation, use the 3-5-3 method.

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

“What reasons would motivate you to get vaccinated?”

Find their personally motivating reason.

Key Messages

1

It is okay to have questions.

Key Messages

2

It is okay to get influenza and COVID-19 protection at the same time.

Key Messages

3

We are starting the season.

Key Messages

4

1 week of sickness?

Key Messages

5

Have questions? Please ask.

I am glad you want to know more. Ultimately, the choice is yours. Today or when you're ready, go to **myturn.ca.gov** or text your zip code to GETVAX or VACUNA to get your vaccine.

3 Steps to End the 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

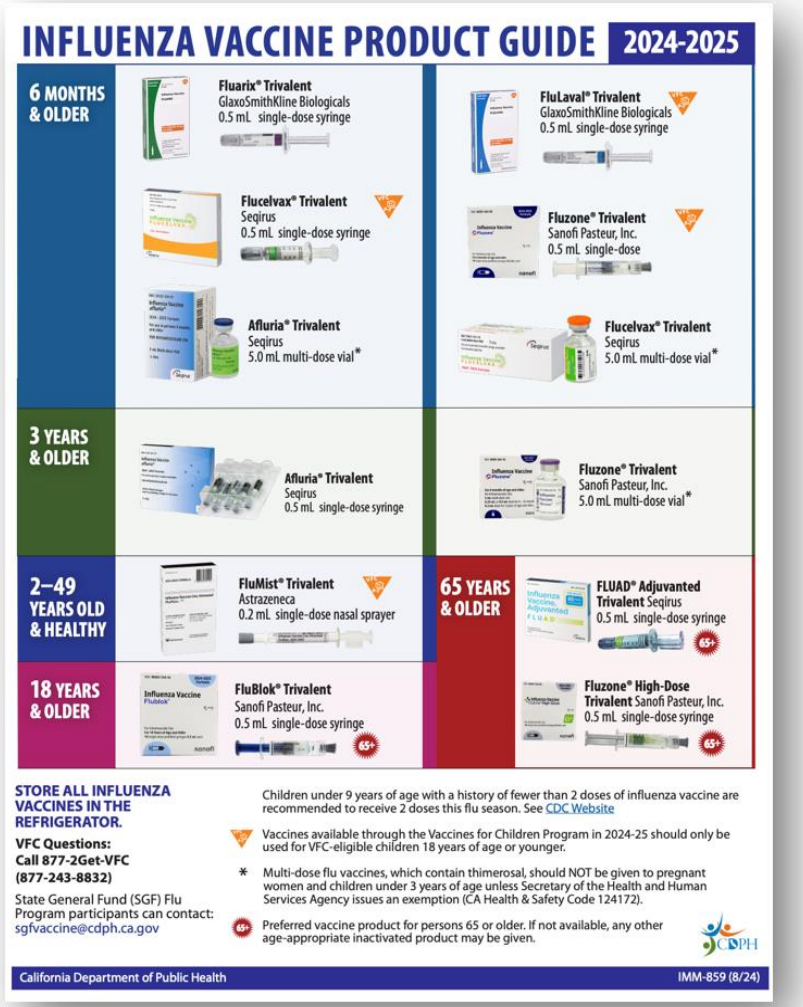
Offer to find a vaccine

Offer myturn.ca.gov or have them text their zip code to GETVAX or VACUNA to find a vaccine location in their neighborhood.

Resources & Poll

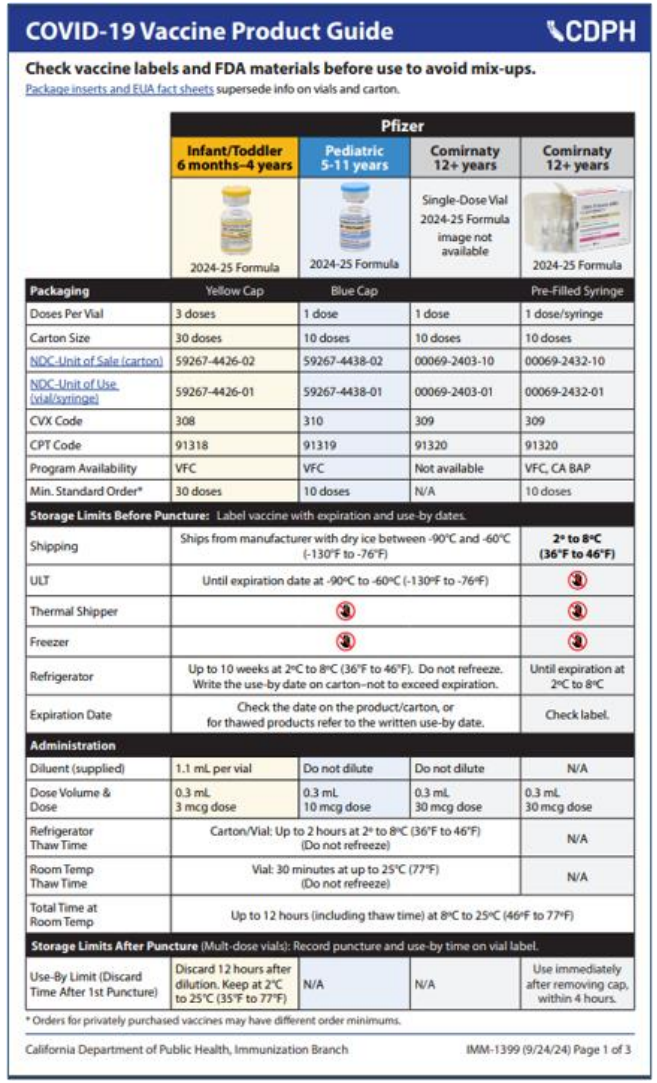
Terisha Gamboa, CDPH

Influenza Vaccine Identification Guide 2024 –2025



[Flu Product ID Guide (IMM-1481)]

COVID-19 Product Guide 2024 – 2025



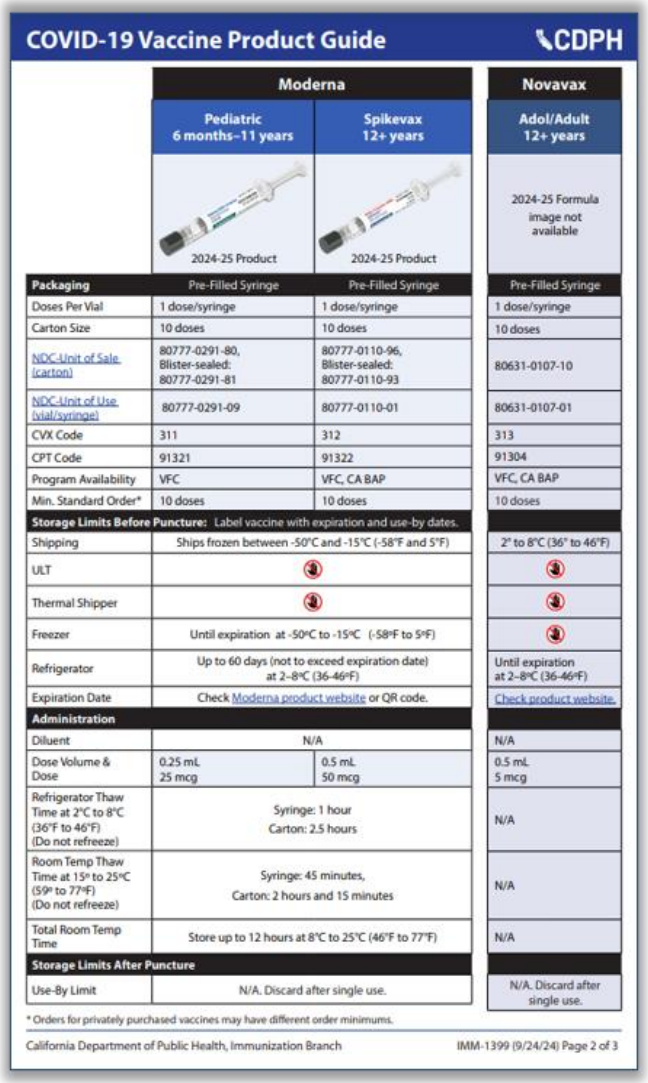
COVID-19 Vaccine Product Guide — CDPH

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
	2024-25 Formula	2024-25 Formula	Single-Dose Vial 2024-25 Formula image not available	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)			⊘
Thermal Shipper	⊘			⊘
Freezer	⊘			⊘
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 (Mult-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.

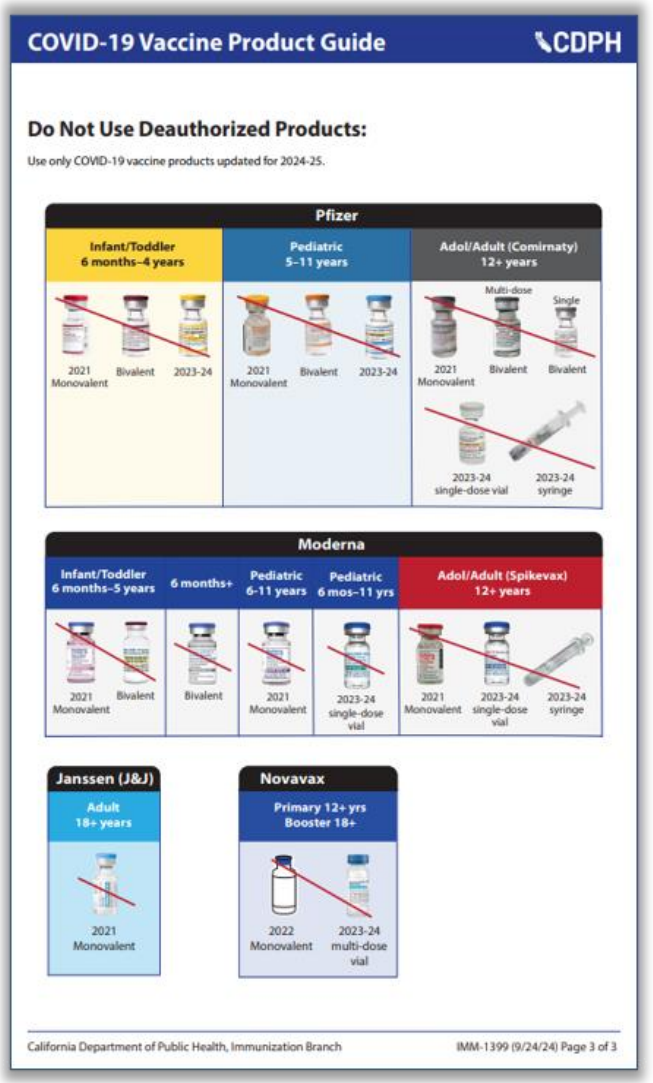
* Orders for privately purchased vaccines may have different order minimums.



COVID-19 Vaccine Product Guide — CDPH

	Moderna		Novavax
	Pediatric 6 months–11 years	Spikevax 12+ years	Adol/Adult 12+ years
	2024-25 Product	2024-25 Product	2024-25 Formula image not available
Packaging	Pre-Filled Syringe	Pre-Filled Syringe	Pre-Filled Syringe
Doses Per Vial	1 dose/syringe	1 dose/syringe	1 dose/syringe
Carton Size	10 doses	10 doses	10 doses
NDC-Unit of Sale (carton)	80777-0291-80, Blister-sealed: 80777-0291-81	80777-0110-96, Blister-sealed: 80777-0110-93	80631-0107-10
NDC-Unit of Use (vial/syringe)	80777-0291-09	80777-0110-01	80631-0107-01
CVX Code	311	312	313
CPT Code	91321	91322	91304
Program Availability	VFC	VFC, CA BAP	VFC, CA BAP
Min. Standard Order*	10 doses	10 doses	10 doses
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.			
Shipping	Ships frozen between -50°C and -15°C (-58°F and 5°F)		2° to 8°C (36° to 46°F)
ULT	⊘		⊘
Thermal Shipper	⊘		⊘
Freezer	Until expiration at -50°C to -15°C (-58°F to 5°F)		⊘
Refrigerator	Up to 60 days (not to exceed expiration date) at 2–8°C (36-46°F)		Until expiration at 2–8°C (36-46°F)
Expiration Date	Check Moderna product website or QR code.		Check product website.
Administration			
Diluent	N/A		N/A
Dose Volume & Dose	0.25 mL 25 mcg	0.5 mL 50 mcg	0.5 mL 5 mcg
Refrigerator Thaw Time at 2°C to 8°C (36°F to 46°F) (Do not refreeze)	Syringe: 1 hour Carton: 2.5 hours		N/A
Room Temp Thaw Time at 15° to 25°C (59° to 77°F) (Do not refreeze)	Syringe: 45 minutes, Carton: 2 hours and 15 minutes		N/A
Total Room Temp Time	Store up to 12 hours at 8°C to 25°C (46°F to 77°F)		N/A
Storage Limits After Puncture			
Use-By Limit	N/A. Discard after single use.		N/A. Discard after single use.

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



COVID-19 Vaccine Product Guide — CDPH

Do Not Use Deauthorized Products:

Use only COVID-19 vaccine products updated for 2024-25.

Pfizer

Infant/Toddler 6 months–4 years	Pediatric 5–11 years	Adol/Adult (Comirnaty) 12+ years
2021 Monovalent, Bivalent, 2023-24	2021 Monovalent, Bivalent, 2023-24	Multi-dose: 2021 Monovalent, Bivalent; Single: Bivalent; 2023-24 single-dose vial, 2023-24 syringe

Moderna

Infant/Toddler 6 months–5 years	6 months+	Pediatric 6-11 years	Pediatric 6 mos–11 yrs	Adol/Adult (Spikevax) 12+ years
2021 Monovalent, Bivalent	Bivalent	2021 Monovalent	2023-24 single-dose vial	2021 Monovalent, 2023-24 single-dose vial, 2023-24 syringe

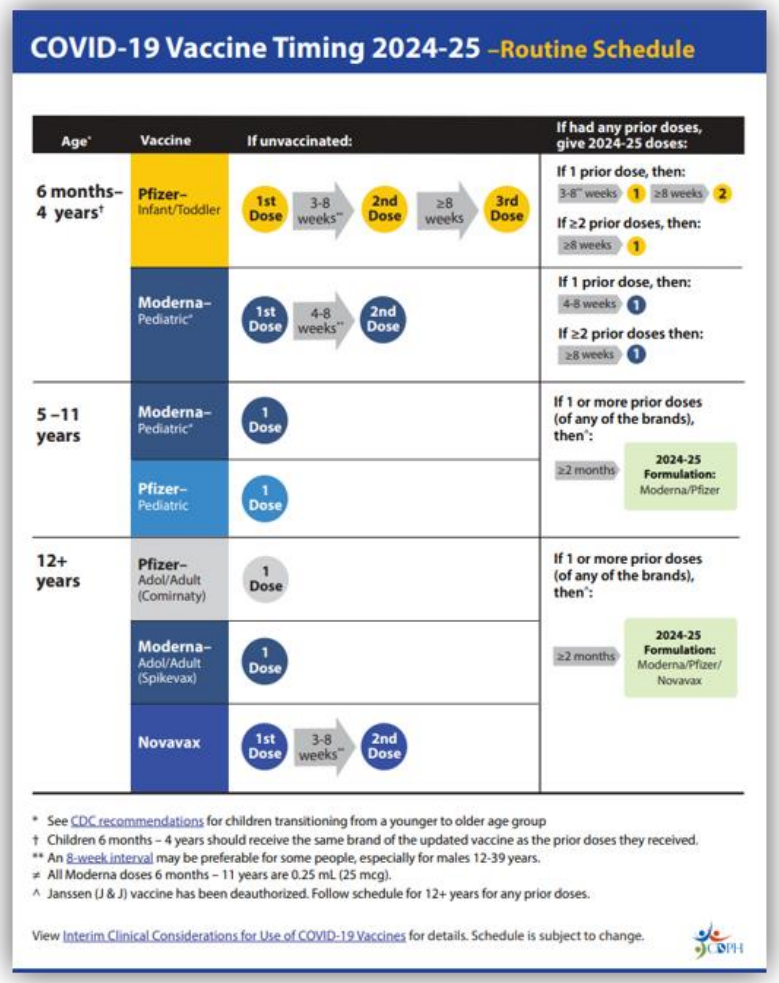
Janssen (J&J)

Adult 18+ years: 2021 Monovalent

Novavax

Primary 12+ yrs Booster 18+: 2022 Monovalent, 2023-24 multi-dose vial

COVID-19 Vaccine Timing 2024 – 2025

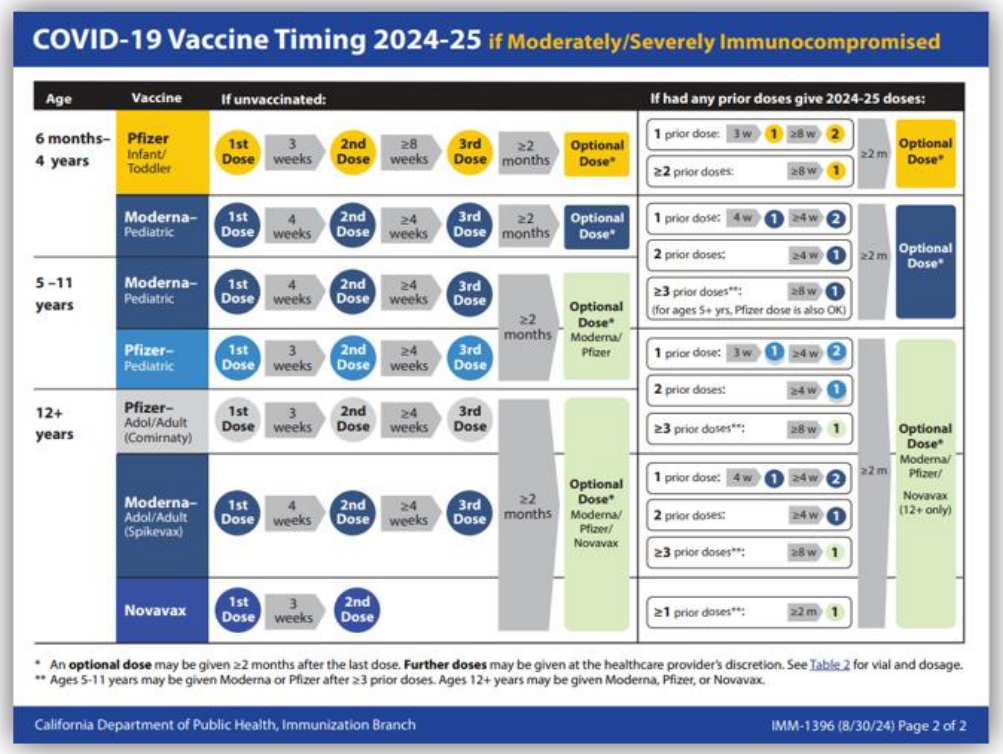


COVID-19 Vaccine Timing 2024-25 –Routine Schedule

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

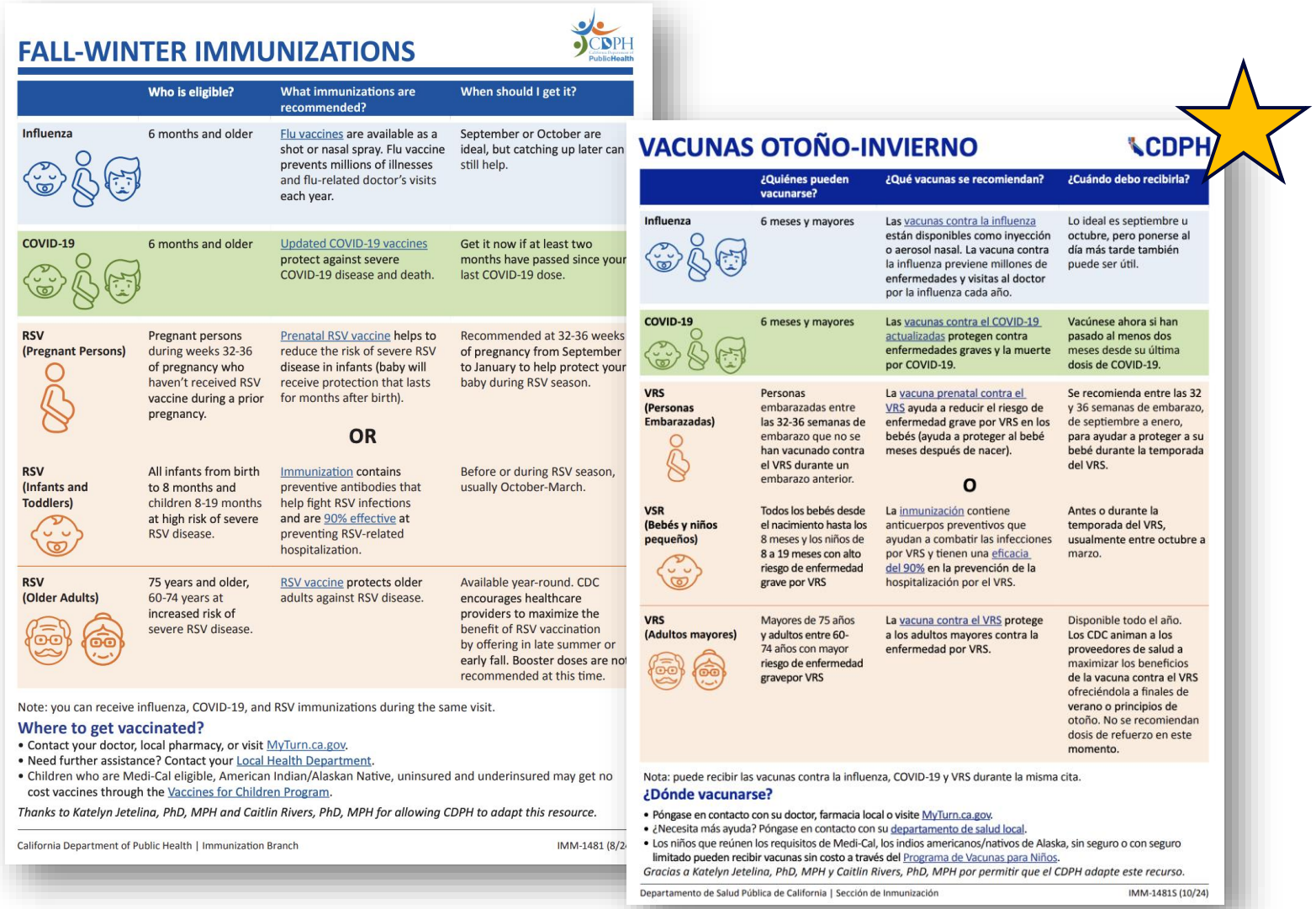
Age	Vaccine	If unvaccinated:	If had any prior doses give 2024-25 doses:
6 months–4 years	Pfizer Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 3 w → 1 → ≥8 w → 2; ≥2 prior doses: ≥8 w → 1; ≥2 m → Optional Dose*
	Moderna–Pediatric	1st Dose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

* 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

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	Flu vaccines 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	Updated COVID-19 vaccines 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.	Prenatal RSV vaccine helps to reduce the risk of severe RSV disease in infants (baby will receive protection that lasts for months after birth). **OR**	Recommended at 32-36 weeks of pregnancy from September to January to help protect your baby during RSV season.
RSV (Infants and Toddlers)	All infants from birth to 8 months and children 8-19 months at high risk of severe RSV disease.	Immunization contains preventive antibodies that help fight RSV infections and are 90% effective 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.	RSV vaccine 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.
- 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 (8/2

VACUNAS OTOÑO-INVIERNO

	¿Quiénes pueden vacunarse?	¿Qué vacunas se recomiendan?	¿Cuándo debo recibirla?
Influenza	6 meses y mayores	Las vacunas contra la influenza 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 vacunas contra el COVID-19 actualizadas 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 vacuna prenatal contra el VRS ayuda a reducir el riesgo de enfermedad grave por VRS en los bebés (ayuda a proteger al bebé meses después de nacer). **O**	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.
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 inmunización contiene anticuerpos preventivos que ayudan a combatir las infecciones por VRS y tienen una eficacia del 90% 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 gravepor VRS	La vacuna contra el VRS 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?

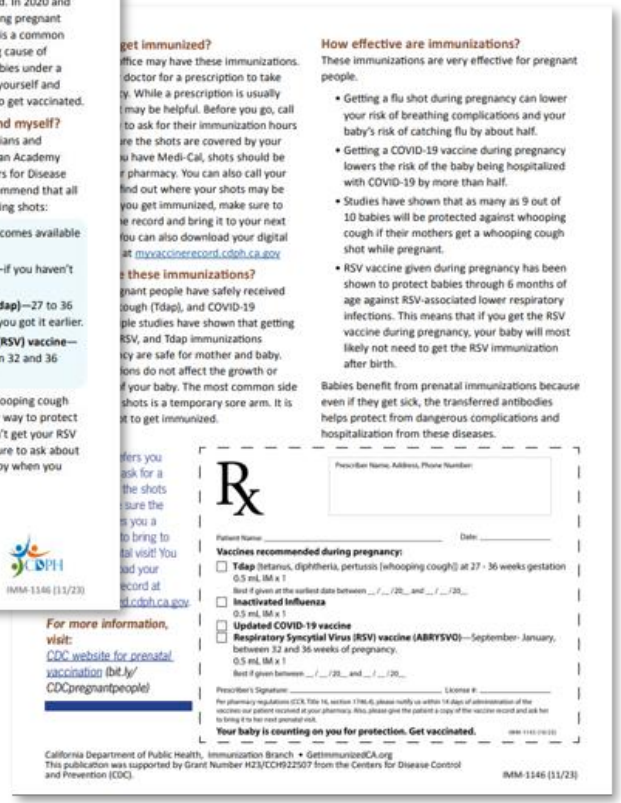
- Póngase en contacto con su doctor, farmacia local o visite MyTurn.ca.gov.
- ¿Necesita más ayuda? Póngase en contacto con su departamento de salud local.
- Los niños que reúnen los requisitos de Medi-Cal, los indios americanos/nativos de Alaska, sin seguro o con seguro limitado pueden recibir vacunas 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.

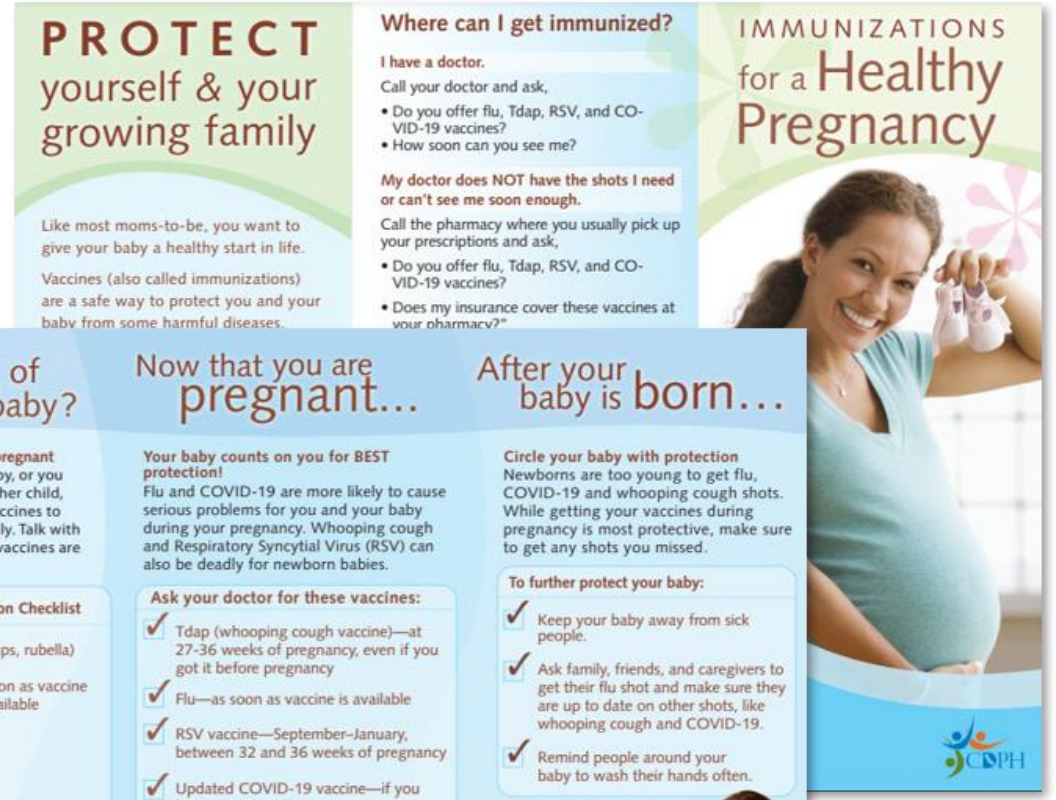
Departamento de Salud Pública de California | Sección de Inmunización IMM-1481S (10/24)

Fall-Winter IZ Guide | Spanish – NEW!

Prenatal Materials



English & Spanish



English & Spanish

Local health departments and clinical providers can order FREE copies using this form.

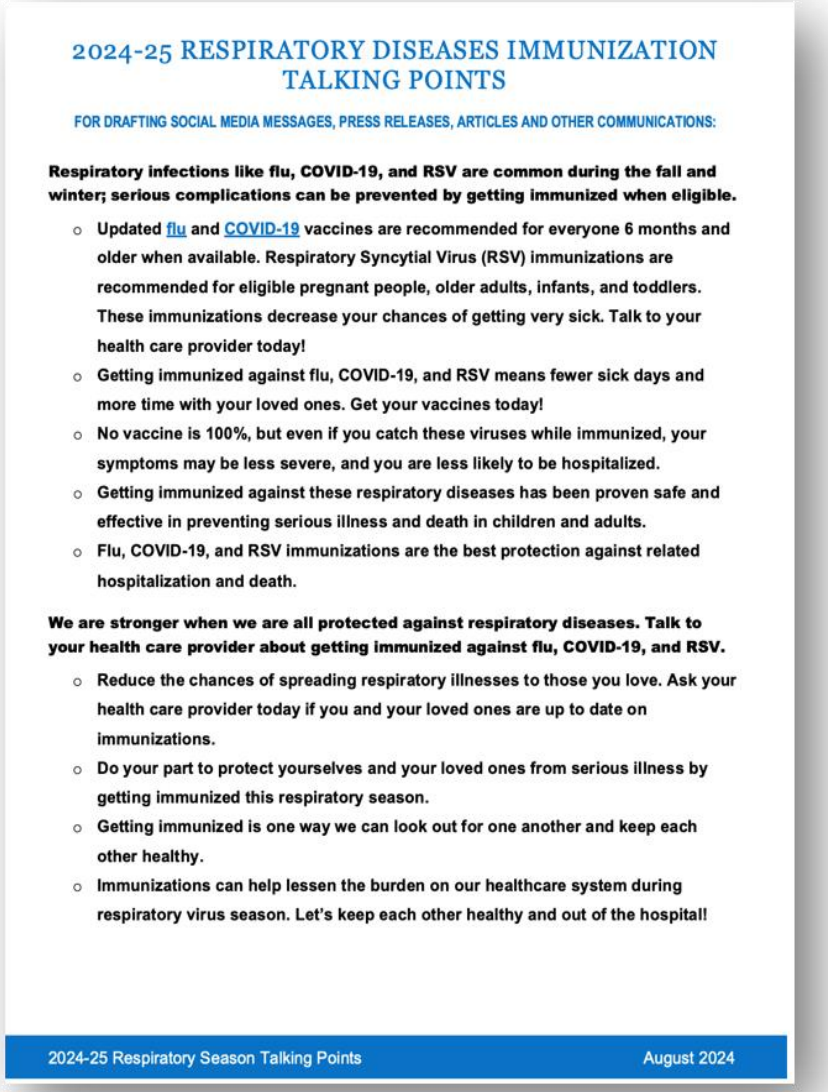
Children's Flu & COVID-19 Vaccines Flyer/Poster

English | Spanish - NEW!

Respiratory Diseases IZ Talking Points

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.

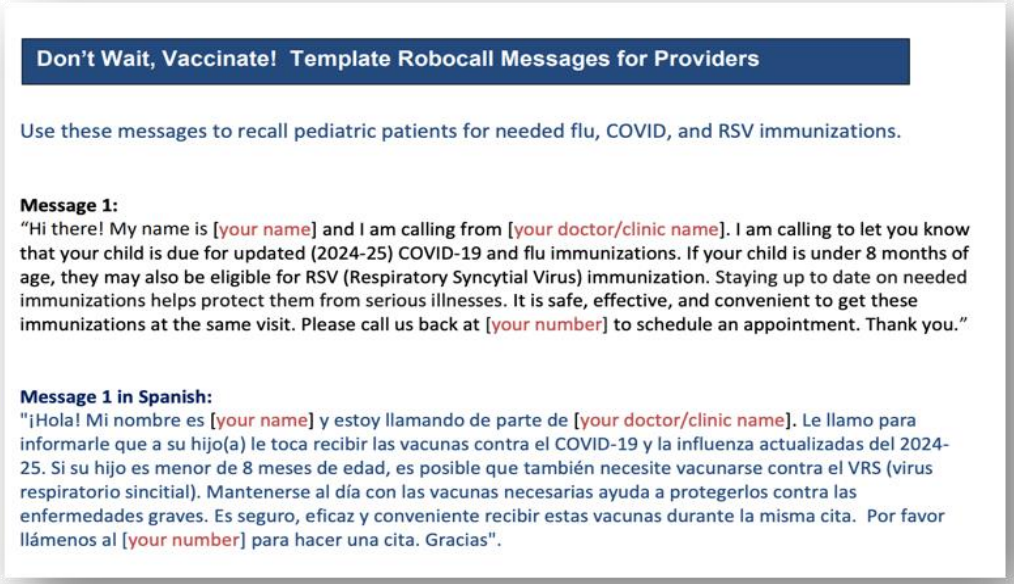
We are stronger when we are all protected against respiratory diseases. Talk to your health care provider about getting immunized against flu, COVID-19, and RSV.

- 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!

2024-25 Respiratory Season Talking Points August 2024

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)

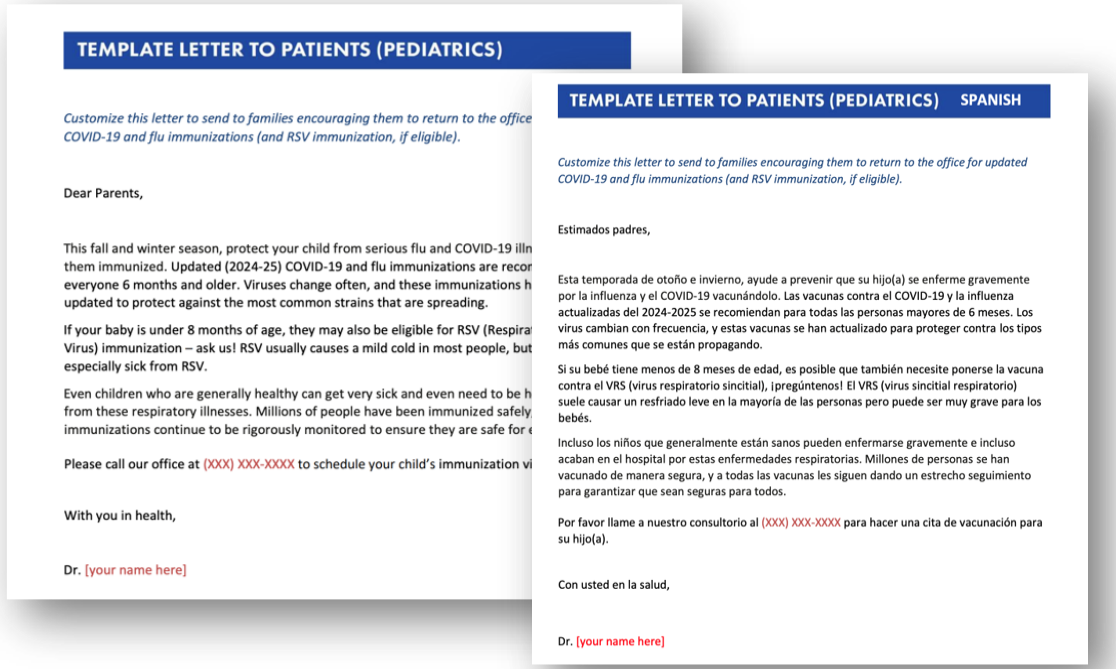


Don't Wait, Vaccinate! Template Robocall Messages for Providers

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 updated 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 illn
them immunized. Updated (2024-25) COVID-19 and flu immunizations are recor
everyone 6 months and older. Viruses change often, and these immunizations h
updated to 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 (Respira
Virus) immunization – ask us! RSV usually causes a mild cold in most people, but
especially sick from RSV.

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

Please call our office at (XXX) XXX-XXXX to schedule your child's immunization vi

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 acaban 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.

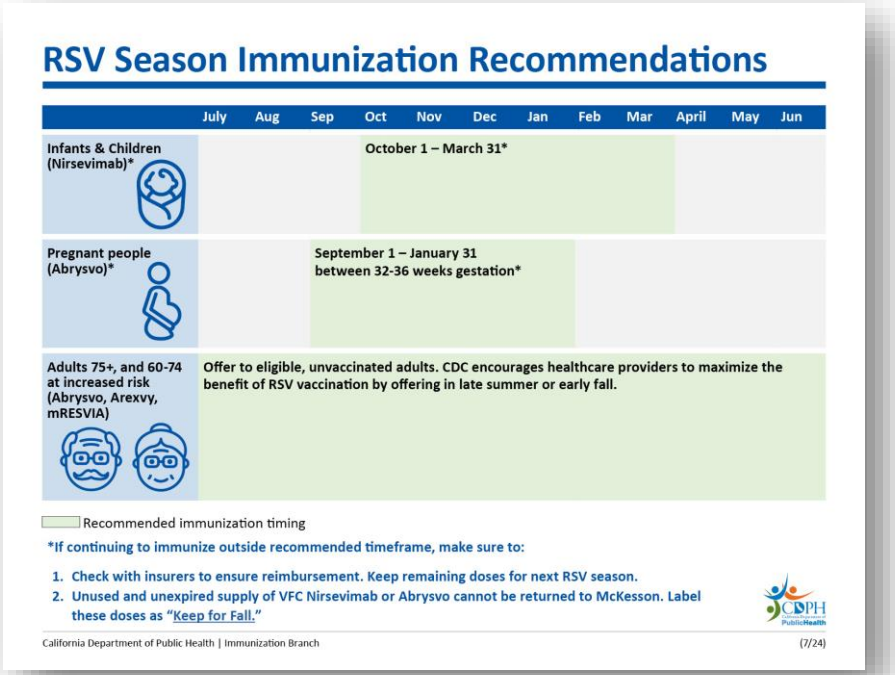
Por favor llame a nuestro consultorio al (XXX) XXX-XXXX para hacer una cita de vacunación para su hijo(a).

Con usted en la salud,

Dr. [your name here]

EZIZ Respiratory Diseases Pages for Providers

- [Flu and Respiratory Diseases Page]
- [COVID-19 Vaccines Resources]
- [RSV Immunization Resources Page]



RSV Season Immunization Recommendations

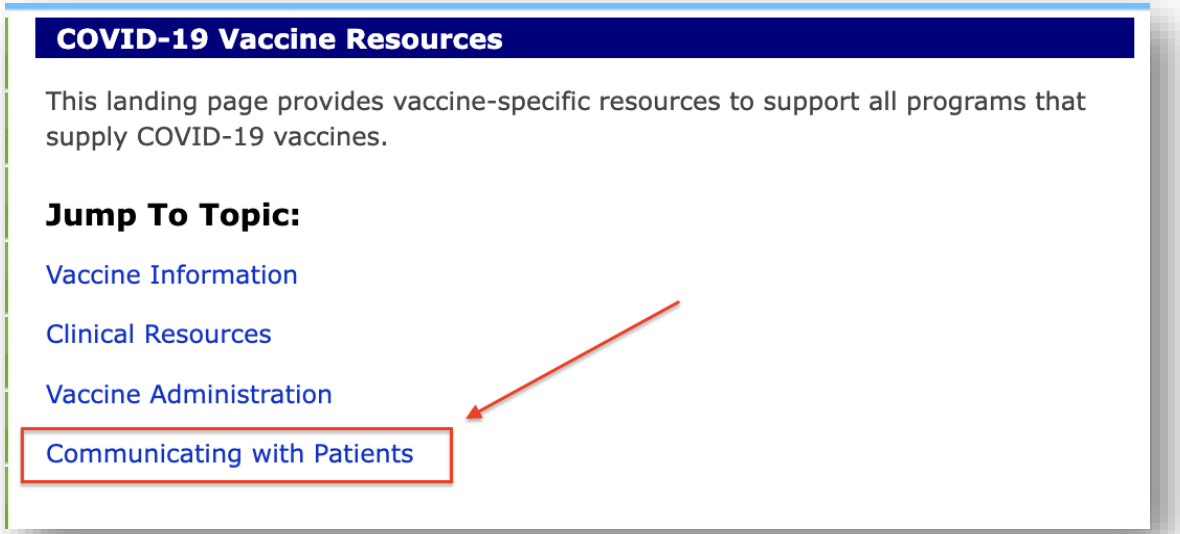
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
Infants & Children (Nirsevimab)*				October 1 – March 31*								
Pregnant people (Abrysvo)*			September 1 – January 31 between 32-36 weeks gestation*									
Adults 75+, and 60-74 at increased risk (Abrysvo, Arexvy, mRESVIA)	Offer to eligible, unvaccinated 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 (7/24)



COVID-19 Vaccine Resources

This landing page provides vaccine-specific resources to support all programs that supply COVID-19 vaccines.

Jump To Topic:

Vaccine Information

Clinical Resources

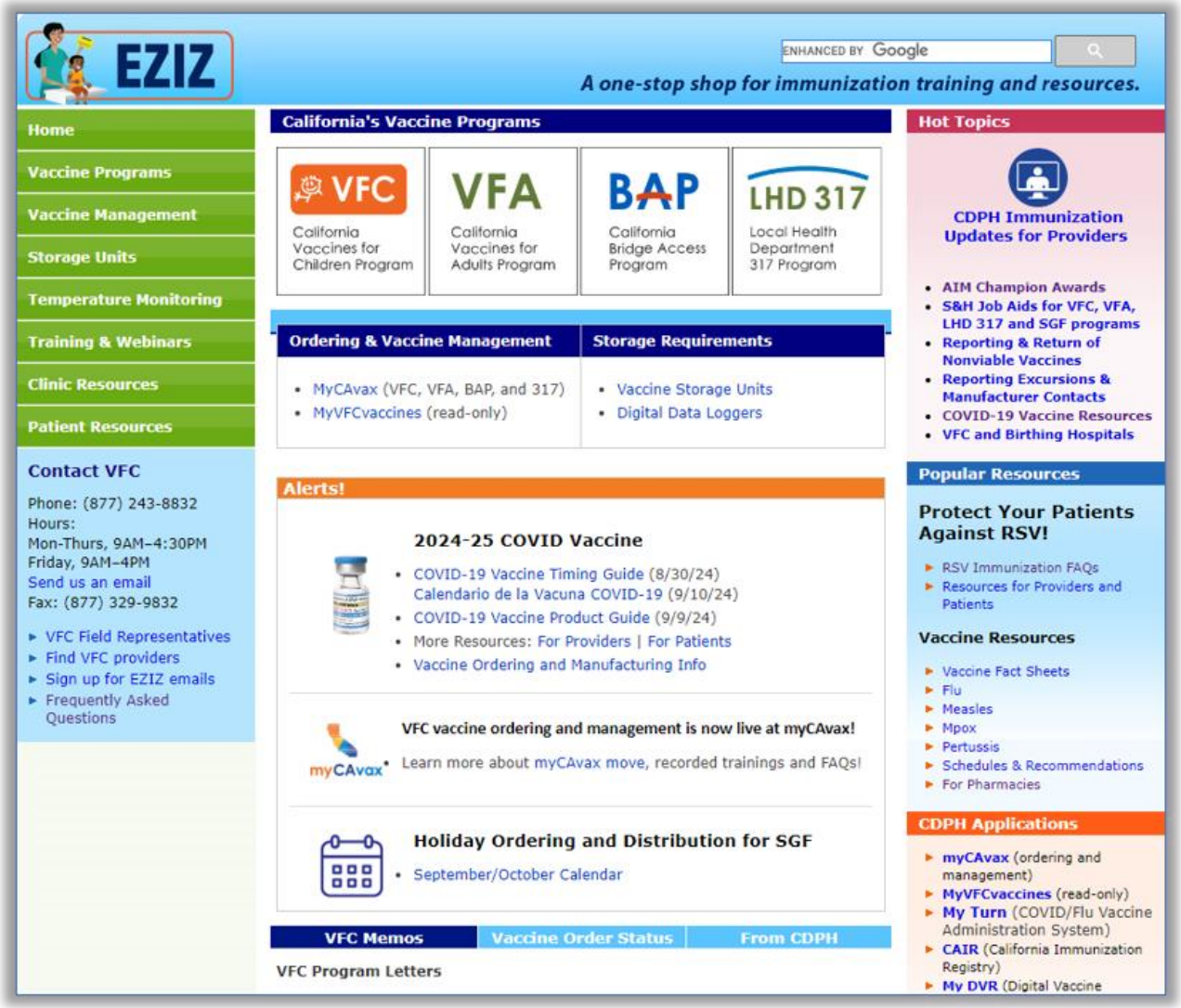
Vaccine Administration

Communicating with Patients

Resources on EZIZ

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

[Link to EZIZ Homepage]



CDPH Office of Communications
Fall Immunization Messaging

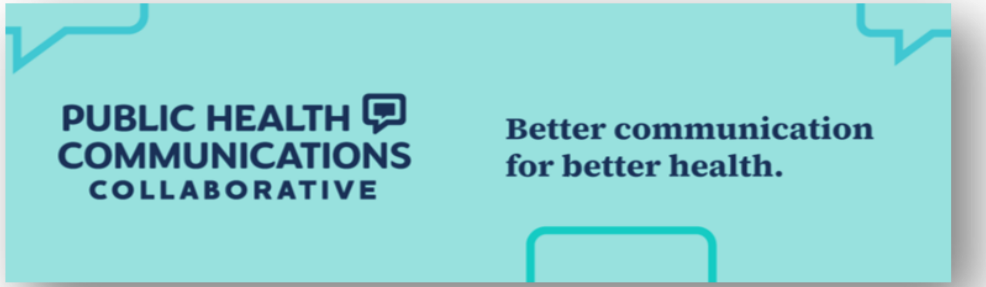
[Respiratory Virus Prevention]

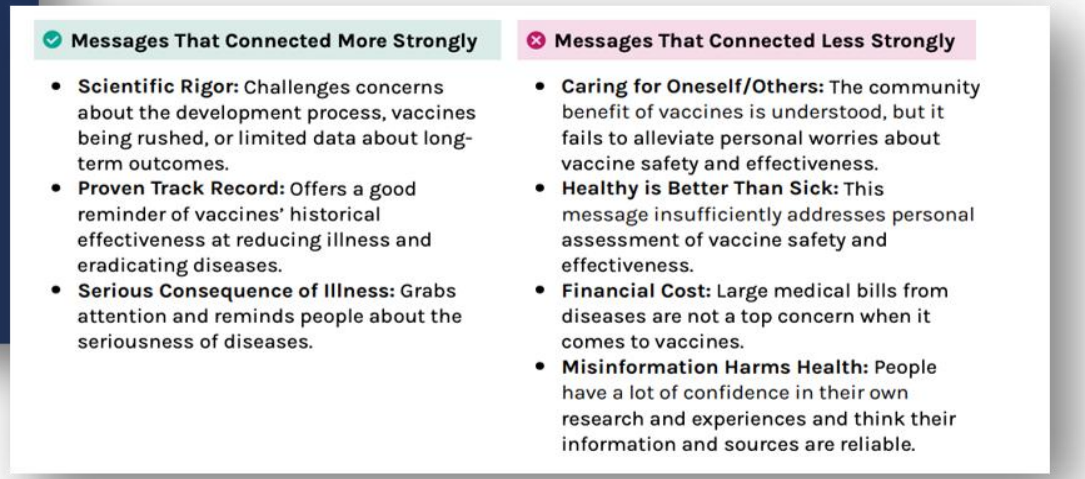
[Flu & COVID-19 Vaccines]

[Respiratory Syncytial Virus]

Additional Communication Resources

- Public Health Communications Collaborative
- Guide for Communicating More Effectively About Vaccines
- Approaches to effective vaccine communication, webinars, and more here!





Messages That Connected More Strongly

- **Scientific Rigor:** Challenges concerns about the development process, vaccines being rushed, or limited data about long-term outcomes.
- **Proven Track Record:** Offers a good reminder of vaccines' historical effectiveness at reducing illness and eradicating diseases.
- **Serious Consequence of Illness:** Grabs attention and reminds people about the seriousness of diseases.

Messages That Connected Less Strongly

- **Caring for Oneself/Others:** The community benefit of vaccines is understood, but it fails to alleviate personal worries about vaccine safety and effectiveness.
- **Healthy is Better Than Sick:** This message insufficiently addresses personal assessment of vaccine safety and effectiveness.
- **Financial Cost:** Large medical bills from diseases are not a top concern when it comes to vaccines.
- **Misinformation Harms Health:** People have a lot of confidence in their own research and experiences and think their information and sources are reliable.

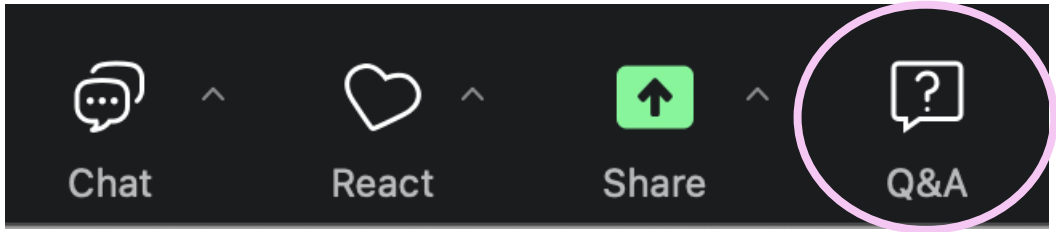
Poll: CDPH Appreciates Your Feedback!

How confident are you in your ability to speak effectively with families about fall immunizations?

- ❑Very confident
- ❑Confident
- ❑Somewhat confident
- ❑Slightly confident
- ❑Not confident

Discussion, 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.



Upcoming Webinar Opportunities

CDPH Immunization Updates for Providers

Next session: Friday, November 1, 2024

9:00 am – 10:30 am (PT)

(Updates occur every other Friday.)

CDPH California Department of Public Health | Immunization Branch

Special Thanks to Today's Presenter:

Ilan Shapiro, MD

Webinar Planning & Support:

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

And thank YOU for joining CDPH for this Crucial Conversations webinar!