

Vaccines for Adults Webinar: 2024 ACIP Updates and Best Practices for Adult Immunizations



Immunization Branch
California Department of Public Health
March 13, 2024

Housekeeping



Attendee lines are automatically muted.



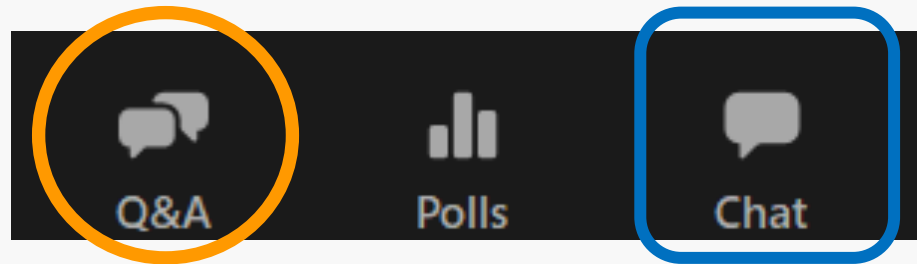
Please access today's slides at <https://eziz.org/vfa-317/vfa-resources/>. The webinar is being recorded and will be posted there after the event.



For webinar troubleshooting, please email Cecilia LaVu at Cecilia.LaVu@cdph.ca.gov.

Questions

During the webinar, please use the **Q&A panel** to submit written comments and questions so VFA program staff can respond directly.



Resource links will be dropped into, "Chat"



Agenda

- **Announcement & Program Updates** – Lindsay Reynoso
- **Peer to Peer Presentation**– Golden Valley Health Centers
- **ACIP and IZ Updates** – Dr. Caterina Liu
- **Resources** – Terisha Gamboa
- **Q&A Session**

Webinar Objectives

At the end of this webinar, participants will be able to:

1. Understand and share VFA Program updates with clinic staff.
2. Explore various strategies and best practices to help increase adult vaccination rates.
3. Explain updates made to adult ACIP vaccine recommendations.
4. Identify updated tools and resources that can be utilized for adult patients.

Lindsay Reynoso, CDPH

ANNOUNCEMENTS & PROGRAM UPDATES

CDPH Provider Webinars

- The CDPH Immunization Updates for Providers Webinar series are scheduled a biweekly (every other Friday) cadence.

Next session: Friday, March 22, 2024, from 9AM – 10:30AM

- Please use the [CDPH Immunization Updates for Providers Zoom Registration Link](#) to join the sessions.
- Archived Webinars: <https://eziz.org/provider-ed/webinars/>

CDPH appreciates your attendance. Thank you for all that you are doing for the health and wellness of all Californians!


CDPH Immunization Branch Funding Opportunity: Hepatitis B Demonstration Projects

Request for Application (RFA) Details

- The California Department of Public Health has released a [RFA](#) to select entities to conduct hepatitis B demonstration projects to serve the most vulnerable and underserved people in California living with or at risk for hepatitis B infection.
- The projects will provide or facilitate three or more of the following services: hepatitis B vaccination, HBV infection screening, linkage to hepatitis B care, and/or retention in hepatitis B care.
- CDPH will be making \$2,000,000 available for two demonstration projects (\$1,000,000 each).
- Funding will be awarded in the form of local assistance grants.
- Duration of the funding period will be three years from the date of award.

Key Dates

- **RFA Released:**
March 5, 2024
- **Deadline for submitting written questions:**
March 19, 2024, by 5:00 P.M. PST
- **Application submission deadline:**
April 2, 2024, by 5:00 P.M. PST
- **Notice of Intent to Award Released:**
April 30, 2024

 **All inquiries must be in writing:**
HepBDemoProjects@cdph.ca.gov

VFA and LHD 317 Programs Now Live in myCAvax!

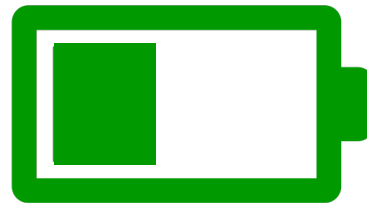


VFA Recertification Completion



Great work! **43%** of VFA-eligible providers completed recertification so far.

As of **Monday, March 11, 2024**, **233** out of **540** VFA-eligible providers have completed recertification



myCAvax VFA Recertification Part 2



Important Reminder: Complete Recertification to have access to Vaccine Ordering and Vaccine Management Functions (Reporting Transfers, Returns, Waste, Excursions)

1. Primary Vaccine Coordinator, originally the VFA Contact, must log in to myCAvax to complete VFA Recertification.
 - Unsure of your site's contact? Reach out to the Provider Call Center for assistance.
 - Additional staff (Back Up Vaccine Coordinators and Additional Coordinators) will **not** have access to the VFA account until the Primary Vaccine Coordinator completes Recertification in myCAvax.
2. Collect all medical license numbers for providers with prescription writing privileges. **Sites will be unable to move forward in the myCAvax recertification process until all licenses have been verified.** Verify license numbers from the [California Department of Consumer Affairs](#).
3. The VFA Provider of Record must sign the [2024 Provider Agreement](#) and [Provider Agreement Addendum](#) on myCAvax (electronically via DocuSign).

Recertification – Training

For California VFA Recertification:

<u>Required for Vaccine Coordinator, Backup, Provider of Record and Designee</u>			
VFA Program Requirements	Completed 02/21/2024	Certificate	Review

For California LHD 317 Program Recertification:

<u>Required for Vaccine Coordinator, Backup, Provider of Record and Designee</u>			
LHD 317 Program Requirements	Completed 02/21/2024	Certificate	Review

VFA providers are required to complete the [EZIZ training](#) as soon as possible.

CDPH will be reviewing to confirm training completion.

Previously Recorded VFA Trainings: EZIZ Links



The [slides](#) and [recording](#) of the "VFA 101 Recertification and Vaccine Ordering in myCAvax" session hosted on **Thursday, February 22, 2024**, are available on [EZIZ](#).

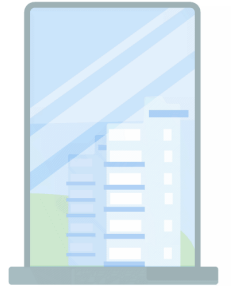
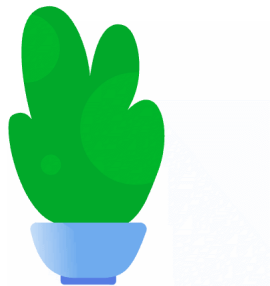
The [slides](#) and [recording](#) of the "VFA 102 Vaccine Inventory Management in myCAvax" session hosted on **Thursday, February 29, 2024**, are available on [EZIZ](#).

myCAvax Knowledge Center

The screenshot shows the myCAvax user interface. At the top left is the myCAvax logo (California Vaccine Management System). The navigation bar includes: Home, My Turn Enrollment, Vaccine Orders, Program Location, Vaccine Inventory (with a dropdown arrow), Reports, and More (with an upward arrow). The 'More' dropdown menu is open, showing 'myCAvax Dashboard' and 'Knowledge Center', with the latter highlighted by a red box. A large green arrow points from the center of the page towards this dropdown menu. Below the navigation bar, the user is greeted with 'Welcome Lindsay' and 'VFA Vaccines for Adults - Home'. A section for 'myCAvax Program Messages' contains a notification: 'Join our webinar on Thursday sign up here'. The main content area features three cards: 'Order Vaccine' (Submit a new vaccine order request, Create an order), 'Returns and Waste' (Report loss due to Returns and Waste, Report Returns and Waste), and 'Excursions' (Report Loss due to temperature excursion, Report Excursions). A 'Chat with us' button is located in the bottom right corner of the interface.

VFA / LHD 317: Finding Support Through System Transition

If you have questions regarding the 317 or VFA program requirements or the myCAvax system, contact the Provider Call Center at (833) 502-1245 or providercallcenter@cdph.ca.gov, Mon–Fri, 8.00 AM – 5.00 PM PT.



VFA Program Updates

- **2024 Quarter 2 VFA Ordering Period – April 2024**
 - VFA sites will be *not* have access to the next quarterly ordering cycle **until recertification has been completed.**
 - **January 2024 (Q1) Ordering Policy:** Vaccine dose requests have been reduced for:
 - HPV to 80%
 - PCV and Zoster vaccines to 55% of your pre-cap quarterly orders.
 - Order caps for all other vaccines remain the same. **This is subject to change.**
 - Starting April, Td vaccine will no longer be available from the VFA Program.
 - If you would like to request doses beyond the caps, please include:
 - vaccine(s), quantity and reason on the comment section of order form. (Special requests are reviewed and approved on a case-by-case basis.)

Limited Td Vaccine Supply

- MassBiologics has discontinued production of TdVax™. Supply of TdVax™ is anticipated to last through June.
- Sanofi is taking steps to increase their available supply of Td (Tenivac®) for the US and will be implementing ordering controls until the supply has increased.
- Supply of Td vaccine in US market anticipated to be constrained through 2024.
- Temporary ordering controls are in place in the public and private sectors. As a result, CDC has put allocations into place for all three Td vaccine presentations (Grifols vials; Sanofi vials; and Sanofi syringes).
- Due to the limited allocations and restrictions, supply is not enough to support both the VFC and VFA programs.
- Tetanus, diphtheria, and acellular pertussis (Tdap) vaccines are available without supply constraints.

Limited Td Vaccine Supply

- **Transition to use of Tdap** vaccine in lieu of Td vaccine whenever possible **while Td vaccine supplies are constrained**, including when a tetanus booster is indicated for wound management.
- The limited supply of Td vaccine needs to be preserved for those with a [specific contraindication to pertussis-containing vaccines](#).

[CDC Vaccines and Preventable Diseases \(VPD\): Diphtheria, Tetanus, and Pertussis Vaccine Recommendations](#)

Elaine Soriano MD and Myisha Reed, Golden Valley Health Centers

BEST PRACTICES FOR ADULT IMMUNIZATIONS: PEER-TO-PEER SHARING

The Road to Improved Immunization with Pneumococcal Vaccine Among Diabetic Patients

Elaine Joy Soriano, MD, & Myisha Reed
Golden Valley Health Centers

Who We Are...

- FQHC (Federally Qualified Health Center)
- 45 locations throughout Stanislaus, Merced and San Joaquin Counties
- 150,000 unique patients with 450,000 encounters per year, diverse population of patients
- NCQA (PCMH), The Joint Commission Accredited
- Scope of Practice: Medical, Dental, Behavioral including Psychiatry & Telepsychiatry, Podiatry, Sports Medicine, Optometry, Chiropractor, other specialties and comprehensive support, PACE (Program for All inclusive Care for the Elderly)



Our Mission

We provide access to high quality health care for all, serving with dignity, respect and compassion.





Our Vision

By living our core values, we will be recognized as an employer and provider of choice, where everyone feels genuinely cared for and valued.

CORE VALUES



Collaboration
Advocacy
Integrity
Innovation
Respect

Objectives

1. To share our experience and journey towards improved pneumococcal vaccination among Diabetic patients.
2. To share how we leveraged innovation and Epic optimization as part of our immunization/QI workflow.
3. To share our successes, challenges, and lessons learned.

Background

- We started with over 12,000 Diabetic patients 19 years old and above with a vaccination rate of 14%.
- Patients with diabetes are at increased risk for poor outcomes from pneumococcal infections which include pneumonia, bacteremia, meningitis, and ear infections.

Goal

Identify the immunization barriers and gaps in care, and create strategies to improve the pneumococcal vaccination rate among Diabetic patients 19 years and older from 14% to 30%



Strategies

- ✓ Identify DM patients due for pneumococcal vaccine with care gap alert during Pre-visit planning.
- ✓ Identify DM patients who need pneumococcal vaccine during huddle ahead of in-person visit, regardless of the visit type.
- ✓ Use the care gap list for population management and outreach with nurse-driven Immunization Hubs using a standing order.
- ✓ Incorporate immunization in DM care gap clinics.
- ✓ Offer immunization in the urgent care setting.

Additional Strategies

- ✓ Text Message Campaign
- ✓ Provider care team /Staff engagement through healthy competition.
- ✓ Reach Unhoused patients through our Street Medicine program.
- ✓ Marketing – website, social media, flyers and digital signage for patient education and awareness

Marketing and Outreach Strategies

- Text messaging (English/Spanish)
 - Outreach to 582 patients for diabetes appointments. (~9% response)
 - *“At GVHC your health is our priority! Our records show you are due for your blood pressure or diabetes checkup. Schedule an appointment today! Simply reply to this text.”*
 - Outreach to patients for pneumococcal vaccine. Over 100 responses.
 - *“Message from your provider: Diabetic patients should get a pneumococcal vaccine to reduce risk of severe infection if exposed. Protect your immune system. Call 209-722-GVHC for appt!”*
- Digital signage: displays in clinic waiting areas
- Social media posts
- Website
 - Blog post for Immunization Awareness Month (August)
 - Immunization assessment and schedule added to website
- Patient flyers distributed at clinic sites

Marketing Content – Website



Printable Immunization Schedule

19+ Years

YOU NEED VACCINES THROUGHOUT YOUR LIFE

Adults need to keep their vaccinations up to date because immunity from childhood vaccines can wear off over time. You are also at risk for different diseases as an adult. Vaccination is one of the most convenient and safest preventive care measures available.

Use the CDC Adult Assessment Vaccine Tool below to find out which vaccine(s) you need based on age, health conditions, job, and other factors.


The Adult Vaccine Assessment Tool



August is National Immunization Awareness Month

[Adult Medicine](#)
[COVID-19](#)
[Family Medicine](#)
[Health Education](#)
[Immunizations & Vaccines](#)
[News](#)
[Pediatrics](#)
[Women's Health](#)

 August 22, 2023
  2:08 pm

 English

Marketing Content – Flyer and Social Media



WHAT IS PNEUMOCOCCAL DISEASE?

Pneumococcal diseases are caused by a type of bacteria called pneumococcus. These infections can lead to serious health problems like pneumonia, bacteremia, and meningitis. Although young children can get sick from pneumococcal disease, older adults are at the highest risk of getting very sick or even dying from it.

WHO SHOULD GET THE PNEUMOCOCCAL VACCINE?

Children 5-18 years old and adults 19-64 years old who cannot fight infection due to weakened immune systems, or have certain medical conditions such as diabetes, chronic heart, lung or kidney disease and other conditions that increase their risk of infection are advised to get the pneumococcal vaccine.

Adults between the ages of 19 and 64, who have certain health conditions such as diabetes, face an elevated risk of experiencing adverse outcomes due to pneumococcal infections.

SCHEDULE YOUR APPOINTMENT TODAY!

To schedule an appointment for your pneumococcal vaccination, call or text 209-722-GVHC (4842)



Med_002

Golden Valley Health Centers
Aug 31 · 🌐

Don't underestimate the risks of pneumococcal disease. Adults aged 19-64 with diabetes have a higher risk for pneumococcal infections.

By getting the pneumococcal vaccine, you're taking an important step towards safeguarding your health. Let's prioritize prevention, together!

Learn more by visiting, <https://bit.ly/3NpPwYp>


#PreventionIsKey #DiabetesCare

No subestimes los riesgos de la enfermedad neumocócica. Los adultos de 19 a 64 años con diabetes tienen un mayor riesgo de infecciones neumocócicas.

Al vacunarse contra el neumococo, está dando un paso importante para proteger su salud. ¡Prioricemos la prevención juntos!

Más información en: <https://bit.ly/3NpPwYp>

See translation



Like Comment Share

goldenvalleyhealthcenters



2 likes
goldenvalleyhealthcenters Did you know adults aged 19-64 with diabetes are at a higher risk for pneumococcal infections?

But there's good news! You can reduce that risk by getting vaccinated. Don't miss out on the benefits of the pneumococcal vaccine.

Learn more by visiting, <https://bit.ly/3NpPwYp>

#StayProtected #DiabetesAwareness

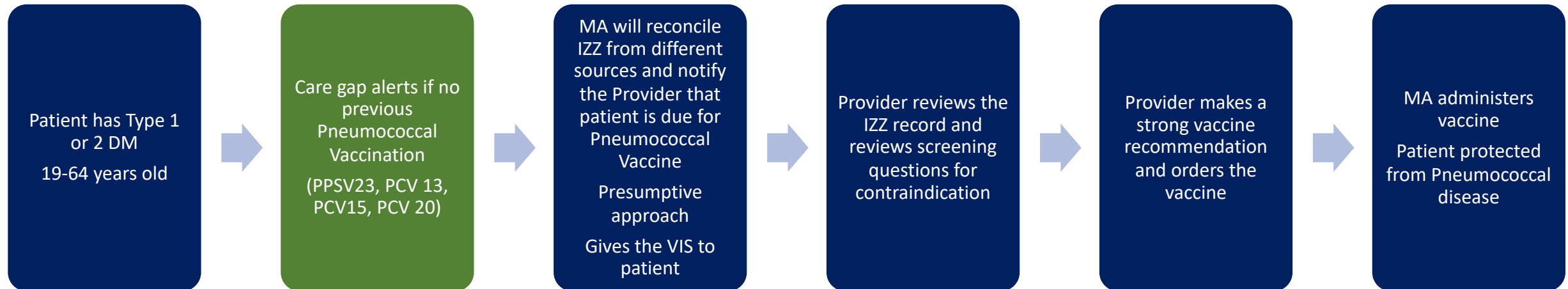
¿Sabías que los adultos de 19 a 64 años con diabetes tienen un mayor riesgo de infecciones por neumococo?

¡Pero hay buenas noticias! Puede reducir ese riesgo vacunándose. No se pierda los beneficios de la vacuna contra el neumococo.

Obtenga más información visitando <https://bit.ly/3NpPwYp>

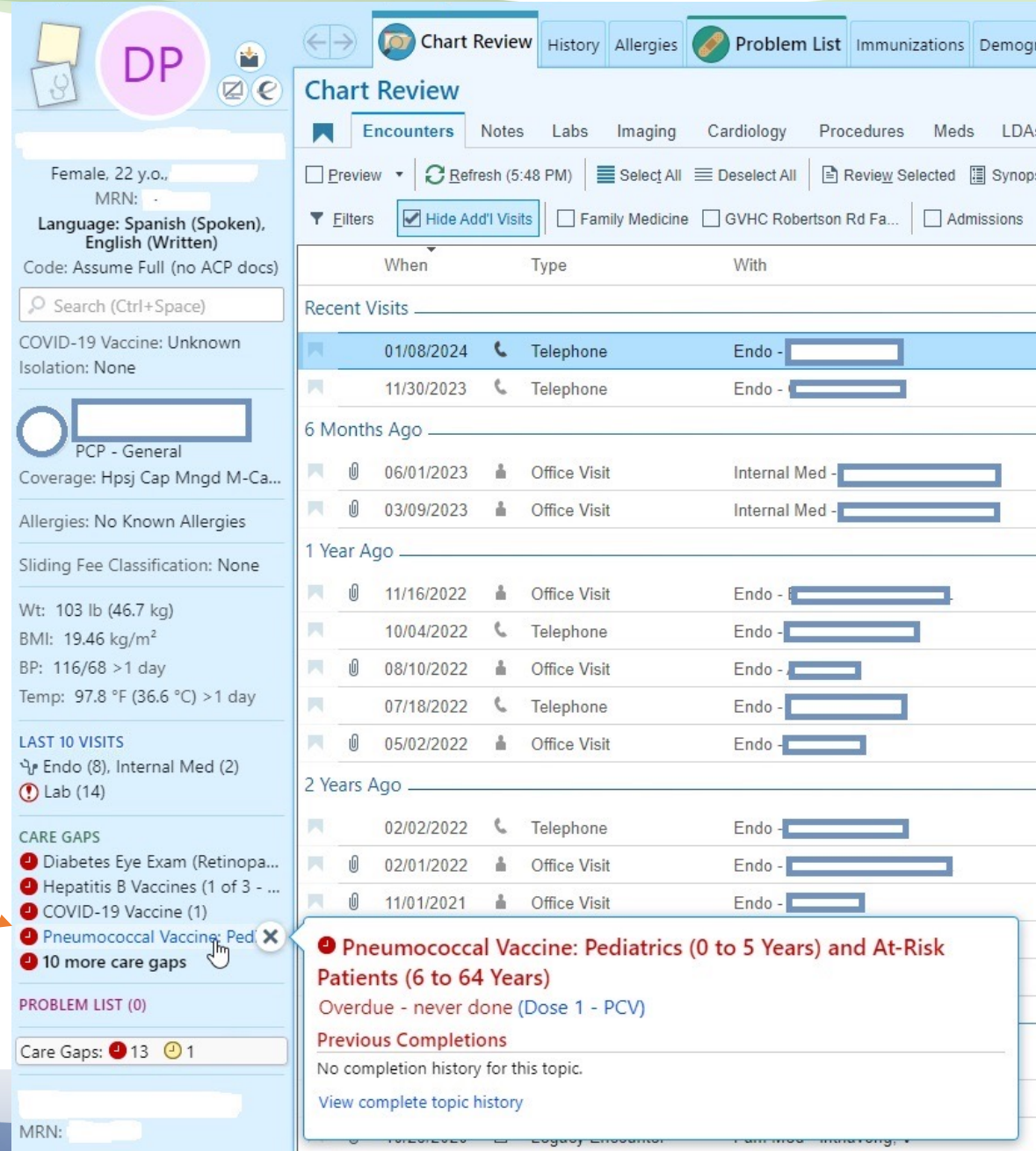
August 17 · See translation

Workflow for Care Gap Alert



Care Gap Alert

Care gap alert in
Storyboard



The screenshot shows a medical chart review interface for a patient. The left sidebar contains patient information and care gap alerts. The main area displays a list of recent visits, and a detailed view of a specific care gap is shown at the bottom.

Patient Information:
 Female, 22 y.o., [redacted]
 MRN: [redacted]
 Language: Spanish (Spoken), English (Written)
 Code: Assume Full (no ACP docs)
 COVID-19 Vaccine: Unknown
 Isolation: None
 PCP - General
 Coverage: Hpsj Cap Mngd M-Ca...
 Allergies: No Known Allergies
 Sliding Fee Classification: None
 Wt: 103 lb (46.7 kg)
 BMI: 19.46 kg/m²
 BP: 116/68 >1 day
 Temp: 97.8 °F (36.6 °C) >1 day

CARE GAPS:
 Diabetes Eye Exam (Retinopa...
 Hepatitis B Vaccines (1 of 3 - ...
 COVID-19 Vaccine (1)
 Pneumococcal Vaccine: Ped...
 10 more care gaps

PROBLEM LIST (0)
 Care Gaps: 13 1

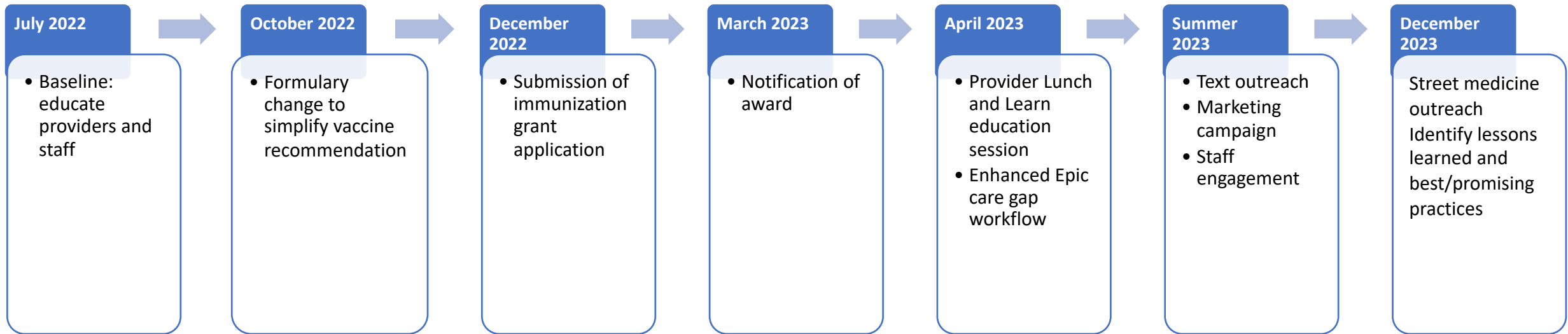
Chart Review - Recent Visits:

When	Type	With
01/08/2024	Telephone	Endo - [redacted]
11/30/2023	Telephone	Endo - [redacted]
6 Months Ago		
06/01/2023	Office Visit	Internal Med - [redacted]
03/09/2023	Office Visit	Internal Med - [redacted]
1 Year Ago		
11/16/2022	Office Visit	Endo - [redacted]
10/04/2022	Telephone	Endo - [redacted]
08/10/2022	Office Visit	Endo - [redacted]
07/18/2022	Telephone	Endo - [redacted]
05/02/2022	Office Visit	Endo - [redacted]
2 Years Ago		
02/02/2022	Telephone	Endo - [redacted]
02/01/2022	Office Visit	Endo - [redacted]
11/01/2021	Office Visit	Endo - [redacted]

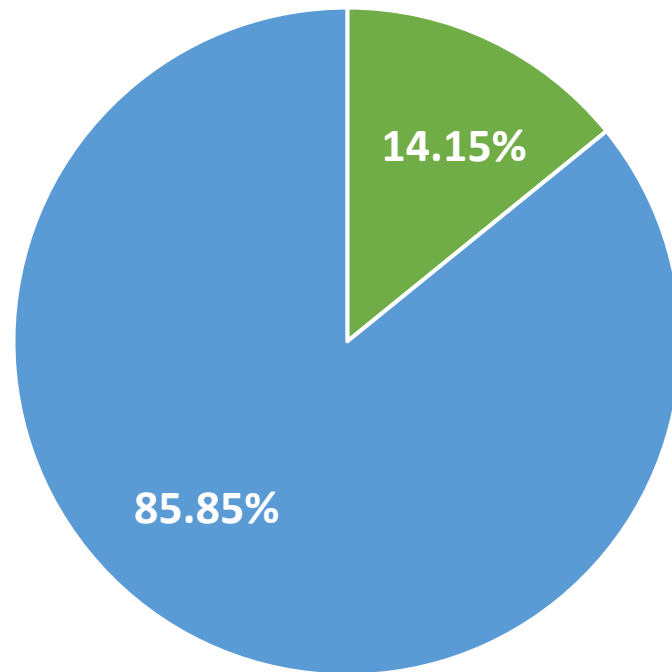
Care Gap Detail:
 Pneumococcal Vaccine: Pediatrics (0 to 5 Years) and At-Risk Patients (6 to 64 Years)
 Overdue - never done (Dose 1 - PCV)
 Previous Completions
 No completion history for this topic.
[View complete topic history](#)

Care gap
detail

Project Timeline



Baseline data – July 2022



■ vaccinated ■ unvaccinated

- 14.15% of patients with type 1 and type 2 diabetes were vaccinated for pneumococcal disease (1704 patients)
 - Primarily patients with type 2 diabetes (99%)

Project Steps

Develop and utilize tools

- Identify Prevnar 20 as vaccine to meet care item. Educate provider teams.
- Use Epic to drive performance by configuring care gap to alert for high risk patients.
- Identify tools to support offsite vaccination activities.

Patient care delivery points

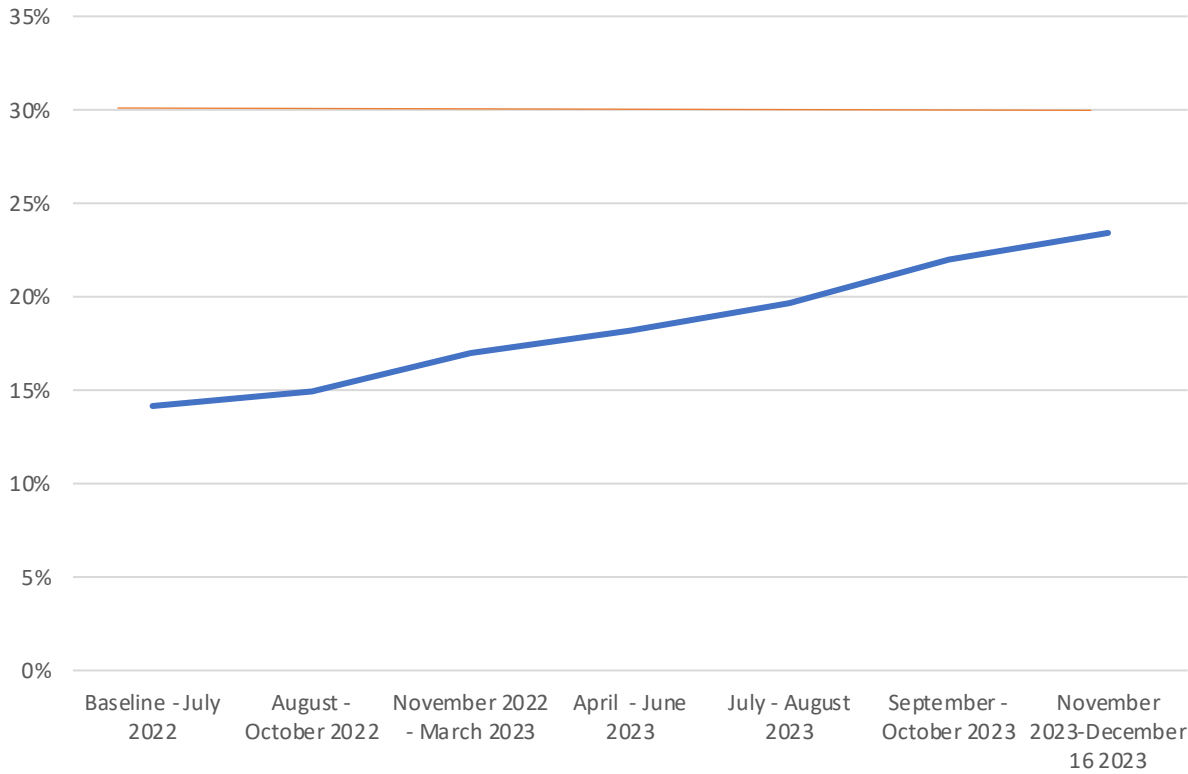
- Family practice/adult medicine clinics
- Care gap clinics addressing patients with diabetes
- Immunization hubs
- Urgent care

Patient marketing

- Text message campaign
- Digital signage in clinic lobbies
- Social media and website
- Patient flyers

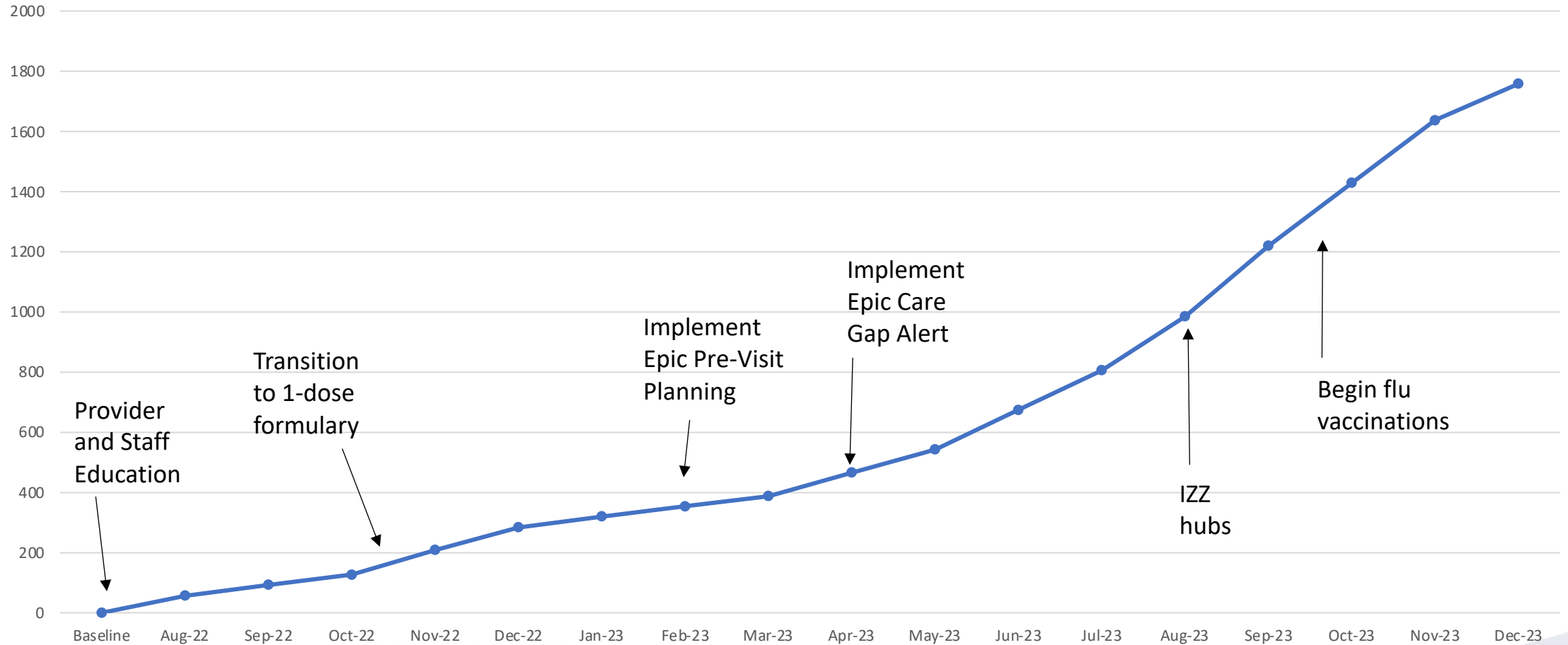
Total Diabetic Patients Vaccinated

Total Vaccinated



- 1560 additional adult patients with diabetes vaccinated since August 2022. Ending rate of 23.41%.
 - At least 11.6% (182 patients) VFA eligible
- Project goal was 30%
- Denominator increased by approximately 1900 patients since July 2022. Without increase, vaccination rate would be as high as ~27%.

Total Pneumococcal Vaccinations Administered



Service Delivery Points

- Adult and Family Practice Settings
- Immunization Hubs
 - Text message outreach to adult patients with diabetes
 - 70 administrations
- Care Gap Clinics
 - Included targeted efforts for diabetes care, including vaccinations
- Street Medicine Outreach
 - Vaccine outreach and education to 45 unhoused patients

Service Delivery Point: Urgent Care Pilot

- Pilot project period: September 4 – December 16, 2023
- Vaccination rate: 3.5% (13/375 patients vaccinated)
- Barriers
 - Patients defer immunization believing vaccine will aggravate symptoms.
 - Time constraints and addressing urgent concerns for the visit.
 - Staffing
- Lessons learned
 - Presence of flyers in the exam rooms and waiting areas were helpful for provider-patient conversations about vaccine eligibility.
 - Adequate staffing is essential to success.
 - Full participation of all team members and team communication is necessary.

Best Practices/Lessons Learned

- Pre-visit planning is helpful. This is still an area of growth.
- Identify each at-risk/eligible patient. Using the care gap alert function can help to streamline this process.
- Incorporate vaccine as part of preventive medicine/comprehensive diabetes care.
- Engage all members of the provider care team for better outcomes.
- Utilize a collaborative workflow to involve all members of the team (MAs, nurses, and providers).
- Maximize program/financial resources to make vaccine available.

Thank you!



Elaine Joy Soriano, MD

Regional Medical Director

elsoriano@gvhc.org

Myisha Reed

Quality Improvement
Project Manager

mreed@gvhc.org

Caterina Liu MD, MPH, CDPH Public Health Medical Officer
CLINICAL UPDATES



2024 CDC Immunization Schedules Available

- CDC Immunization Schedules posted earlier and have addendum for updates after schedule is published:
 - [Recommended Child and Adolescent Immunization Schedule](#), United States, 2024
 - [Recommended Adult Immunization Schedule](#), United States, 2024
- Key adult immunization updates include:
 - RSV vaccine for pregnant people and older adults
 - Updated 2023-2024 COVID-19 vaccine
 - Addition of pentavalent meningococcal vaccine as an option



ACIP Meeting: February 28-29, 2024

- Vaccine topics with votes
 - COVID-19
 - Chikungunya
 - VFC – Diphtheria, Tetanus, and Pertussis
- Other ACIP topics (no vote)
 - RSV vaccine
 - Influenza vaccine
 - Polio
 - Meningococcal
 - Pneumococcal
 - Vaxelis (combined DTaP, IPV, Hib, Hep B)

[ACIP Meeting Presentations, February 28-29, 2024](#)

[ACIP Recent Meeting Recommendations](#)

[Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States](#)

CDC Recommends COVID-19 Vaccine Additional Dose for Adults 65+

CDC recommends that persons ≥ 65 years of age receive an **additional dose** of 2023-2024 COVID-19 vaccine, **at least 4 months** after previous updated (2023-2024) COVID-19 vaccine dose

September 2023

- Updated 2023-2024 Vaccine (monovalent, XBB.1 component) recommended for all individuals 6 months+

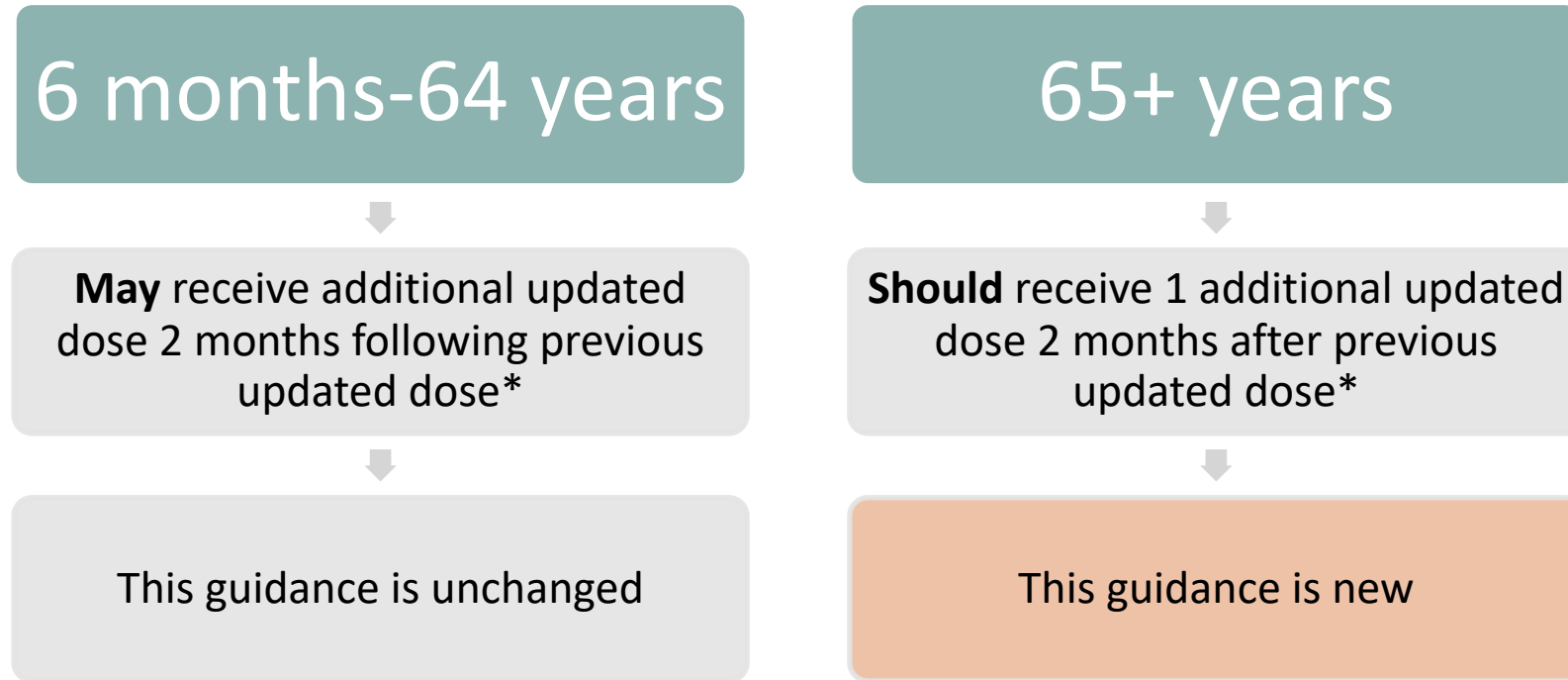


February 2024

- **Recommendation for additional (second) dose for adults 65+**

[CDC Director Press Release, February 28, 2024](#)
[Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States](#)

Guidance for Immunocompromised People



*Further additional doses may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances, at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

Updated CDPH Timing Guide

English version
[IMM 1396](#)

Spanish version
[IMM 1396S](#)

COVID-19 Vaccine Timing 2023-24 –Routine Schedule

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

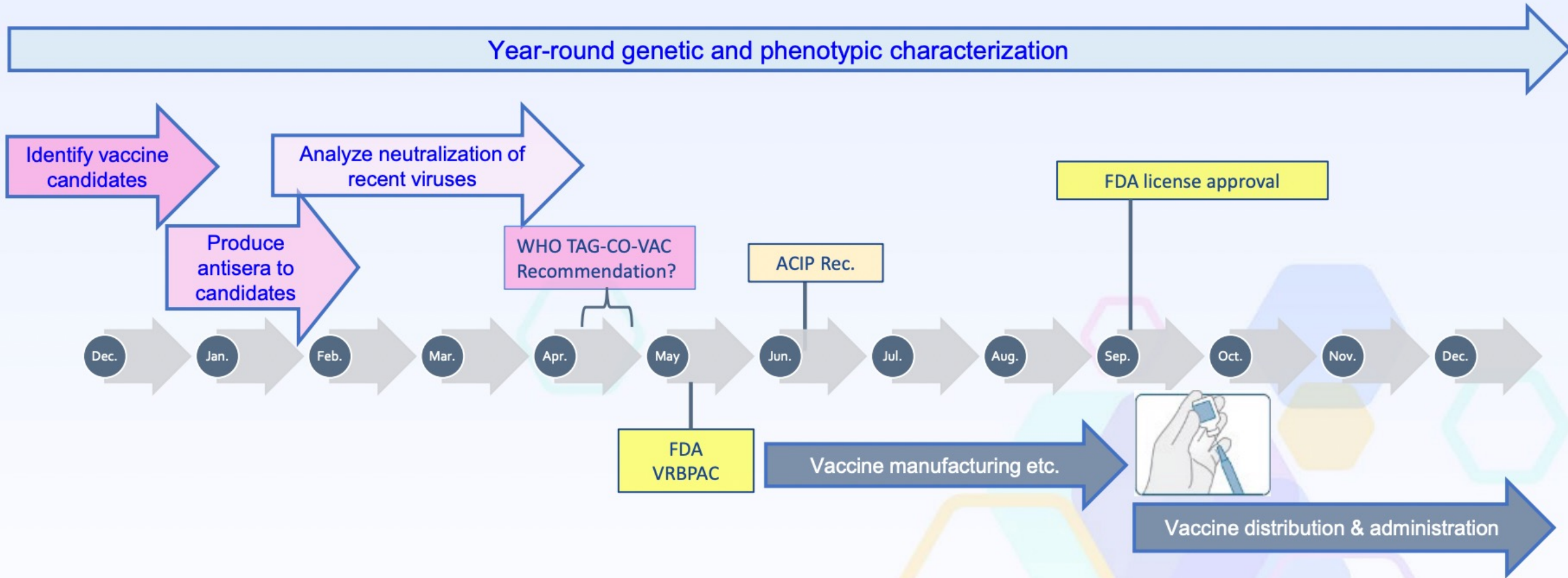
Summary

- COVID-19 hospitalizations peaked in late December/early January; however, there are still approximately 20,000 new hospital admissions and 2,000 deaths due to COVID-19 each week.
- Risk of severe illness due to COVID-19 is highest in those ≥ 65 years.
- Receipt of 2023-2024 COVID-19 vaccine provides protection against JN.1 and other circulating variants. For adults ≥ 65 years, vaccine effectiveness from fall vaccine dose is expected to wane and additional dose may restore protection.
- Greatest benefit of a vaccine dose would be in those who have **not yet received a 2023-2024 dose**, particularly older adults and those with underlying medical conditions.



[Evidence to Recommendations Framework:
Additional Dose of 2023-2024 Formula COVID-19
Vaccine in Older Adults](#)
[Presented by Megan Wallace, DrPH, MPH](#)

Revised Time Frame for 2024-2025 COVID-19 Vaccine Availability



Proposed changes: WHO-TAG-CO-VAC mid-late April (exact date to be determined), FDA VRBPAC in May, ACIP in June

Slide for discussion purposes. Information is approximated and exact timelines for manufacturing are inferred.

WHO: World Health Organization | TAG-CO-VAC: Technical Advisory Group on Covid-19 Vaccine Composition | FDA: Food and Drug Administration | VRBPAC: Vaccines and Related Biologic Products Advisory Committee | ACIP: Advisory Committee on Immunization Practices

[Vaccines and Related Biological Products Advisory Committee May 16, 2024 Meeting Announcement - 05/16/2024 | FDA](#)

[Meeting link here](#)

RSV Updates

- Safety review of *potential* risk of Guillain Barre Syndrome (GBS) in older adults (60+)
 - Estimated benefits of RSV vaccination outweigh potential risks when vaccination is implemented using the current recommendation that adults aged ≥ 60 years may receive RSV vaccination, using shared clinical decision-making.
- Timing of RSV vaccine in older adults (60+)
 - Best time for RSV vaccine is late summer/early fall for eligible, unvaccinated adults who decide with their healthcare provider to get one.
- Policy issues to be addressed in June 2024
 - Moderna mRNA-1345 vaccine for use in adults aged ≥ 60 years
 - GSK RSV vaccine for use in adults aged 50– 59 years at increased risk for RSV disease
 - Consideration of whether shared clinical decision-making remains the preferred policy option



Other ACIP Topics

- **Influenza**
 - Vaccination with a 2023-24 influenza vaccine [reduced the risk](#) for influenza outpatient visits and hospitalizations among all age groups across 22 US states
 - [Interim 2023-2024 vaccine effectiveness \(VE\) estimates](#) from California data also show vaccine is protective
 - Various platforms and methods have yielded VE estimates for this season ranging from 45-67%
- **Meningococcal** – Considerations for revision of the adolescent meningococcal vaccine schedule
- **Pneumococcal** – New vaccine (PCV21) Phase 3 trials
- **Polio** – Discussion of potential use of novel type 2 oral poliovirus vaccine as an outbreak control measure in the U.S.
- **Vaxelis (combined DTaP, IPV, Hib, Hep B)** – Considerations for use of Vaxelis in American Indian & Alaska Native infants
- **Chikungunya** – Recommendations for certain people
- **Diphtheria, Tetanus, Pertussis** – Addition of Td vaccine for use in children < 7 years of age for whom receipt of the pertussis component is contraindicated. (VFC)

[ACIP Meeting Presentations, February 28-29, 2024](#)

Terisha Gamboa, CDPH

RESOURCES

Updated VFA Program Resources

[VFA Program Webpage](#)

California Vaccines for Adults (VFA) Program

2024 Program Participation Requirements at a Glance

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

California Department of Public Health, Immunization Branch

IMM-1270 (2/24)

[2024 VFA Program Requirements At-a-Glance \(IMM-1270\)](#)



Vaccines for Adults (VFA) Provider Agreement

To receive federally-funded Section 317 vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent.

- Section 317 vaccines will be administered to any individual aged 19 years and older, who is uninsured or underinsured. Patients covered by Medi-Cal are considered insured and NOT eligible for the VFA program. Staff will consult the [VFA Vaccine Eligibility Based on Insurance](#) table as needed to determine specific vaccine eligibility for patients. Eligibility screening will be conducted prior to the administration of vaccine doses. Verification of eligibility can be obtained verbally from the individual. All staff, including front office and billing staff, will be knowledgeable of VFA eligibility.
- Section 317 vaccines will be administered in compliance with the most recent immunization schedule, dosage, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) unless: a) in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient; or b) the patient declines particular immunizations.
- Patients immunized with Section 317 vaccines will not be billed for the cost of the vaccine nor be charged an administration fee. All systems will be checked to ensure patients are not charged and vaccine cost will not be billed.
- Current Vaccine Information Statements (VIS) will be offered prior to each vaccination. Vaccine administration records will be maintained in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the [Vaccine Adverse Event Reporting System \(VAERS\)](#).
- Organization will be enrolled in a local immunization information system (CAIR or RIDE/Healthy Futures).
- Report all VFA vaccine doses administered to an immunization registry (CAIR2 or Healthy Futures/RIDE), and data must include all required VFA screening, patient's race and ethnicity, and administration elements. Report doses administered under the Registry ID for the corresponding VFA PIN receiving vaccines. ([CA AB1797](#))
- Immunization of VFA-eligible patients will be documented in or submitted through data exchange as "317 Vaccine Eligibility or Vaccine Eligibility Category (HL7) Code V07" doses to the local immunization information system (CAIR2 or Healthy Futures/RIDE) and documented in an Electronic Health Record (EHR). The total number of patients immunized with Section 317 vaccines and inventory on-hand will be reported to the California Department of Public Health (CDPH) according to reporting guidelines. Review doses reported in the immunization information system periodically, or at a minimum of every 3 months.
- Doses administered reported with each VFA order must match doses recorded in an immunization information system (CAIR2 or Healthy Futures/RIDE) as "317." Registry data will be used to approve vaccine orders.
- The patient's recorded 317 eligibility status and all records related to the VFA program will be retained for three (3) years. If requested, these records will be made available to the California Department of Public Health (CDPH). Records include, but are not limited to, vaccine administration documentation, billing records, medical records that verify receipt of vaccine, and vaccine temperature log records. Release of such records will be bound by federal and state privacy laws.

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IMM-1514 (1/26/24)

[Provider Agreement \(IMM-1514\)](#)

California Vaccines for Adults (VFA) and LHD 317 Programs
Provider Agreement Addendum



I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFA/317 Program requirements listed below.

1. Provider Profile

- Designate the on-site Provider of Record Designee, who is authorized to sign VFA/317 Program documents and assume responsibility for VFA/317-related matters in the absence of the Provider of Record.
- Designate the on-site [Vaccine Coordinator](#) and [Backup Vaccine Coordinator](#) (IMM-968), who are responsible for implementing the practice's vaccine management plan.
- Immediately report to the VFA/317 Program changes to key practice staff assuming VFA/317 roles (Vaccine Coordinator or Backup, Provider of Record or Designee); a change in the Provider of Record or Designee requires a signed "Key Practice Staff Change Request Form."
- Immediately report to the VFA/317 Program changes to the practice address or account ownership, which may require additional follow-up.

2. Vaccine Management Plan

- Maintain a current and complete vaccine management plan for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff.
- Review and update the plan at least annually, when VFA/317 Program requirements change, and when staff with designated vaccine-management responsibilities change.
- Designate a staff member responsible for updating the practice's management plan.
- Staff with assigned vaccine-management responsibilities must review, sign, and date the vaccine management plan annually and each time it is updated.
- Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.
- Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.
- For practices using mobile units to administer VFA/317-supplied vaccines:** Mobile-only clinics or clinics with mobile units must maintain a current and complete "Mobile Unit Vaccine Management Plan" and keep it in the mobile unit.

3. Training

- Anyone acting in VFA/317 roles (Provider of Record and Designee, Vaccine Coordinator and Backup) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFA/317 roles.
- Any clinician who administers VFA/317-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
- All staff who conduct VFA/317 Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all VFA/317 eligibility categories, documentation, and billing requirements.
- All staff and supervisors who monitor storage unit temperatures or sign off on VFA/317 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.

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IMM-1515 (2/27/24)

1

[Provider Agreement Addendum \(IMM-1515\)](#)



Updated VFA Program Resources

[VFA Resources page](#)

Home

Vaccine Programs

Vaccine Management

Storage Units

Temperature Monitoring

Training & Webinars

Clinic Resources

Patient Resources

Contact VFC

Phone: (877) 243-8832
Hours:
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Friday, 9AM-4PM
Send us an email
Fax: (877) 329-9832

► VFC Field Representatives
► Find VFC providers
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► Frequently Asked Questions

California VFA Resources

Popular Links

- Vaccines for Adults & Local Health Department 317 Programs RECERTIFICATION WORKSHEET
- 317 (VFA & BAP) Eligibility Screening & Documentation Requirements
- Clinical Considerations for Use of COVID-19 Vaccines in the US (CDC)
- VFA/VFC Vaccine Eligibility Table
- VFA Patient Vaccine Poster | Spanish | Arabic | Armenian | Cambodian Chinese (Simplified) | Farsi | Hindi | Hmong | Japanese | Korean | Lao Portuguese | Punjabi | Russian | Tagalog | Thai | Vietnamese
- VFA FAQs (April 2023)
- 2024 Program Participation Requirements at a Glance
- VFA Eligibility Based on Insurance Status
- 317 Eligibility Screening Record for Adult Patients
- Take Action to Prevent Vaccine Loss

Resources and Job Aids

- Eligibility
- 317 (VFA & BAP) Eligibility Screening & Documentation Requirements
- 317 Eligibility Screening Record for Adult Patients | Spanish
- VFA Program Eligibility Based on Insurance Status
- VFA/VFC Vaccine Eligibility Table
- List of County Safety Net Programs for Uninsured

- Vaccine Management
- Vaccine Receiving Log and Checklist
- Daily Usage Log
- How to Do a Physical Inventory
- Physical Inventory Form
- Sticker Templates to Identify vaccine boxes (Print on Avery 94500 labels)
- Storage and Handling
- Frozen Vaccine Transport Log
- Refrigerated Vaccine Transport Log
- EZIZ training

VFA (317) Resources

- About the VFA Program
- VFA Resources and Communications
- 317 for Local Health Departments

Free Vaccines for Adults

Ask us about getting these vaccines for free* if:

- You are uninsured or
- Your insurance doesn't cover these vaccines

* No charge for getting the vaccine or for the cost of the vaccine. Check with office staff as other fees may apply.

- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Meningitis
- Measles, Mumps, Rubella
- Pneumonia
- Tetanus, Diphtheria
- Tetanus, Diphtheria, Whooping Cough
- Chickenpox
- Shingles
- RSV
- COVID-19 vaccine (BAP-participating sites only)

California Department of Public Health, Immunization Branch

[VFA Vaccine Poster \(IMM-1258\)](#)

Now including RSV vaccines!

Updated VFA Eligibility Resources

CA Vaccines for Adults (VFA) Program Eligibility Based on Insurance Status



Patient Health Insurance Status	VFA (317 – Funded Vaccine) Eligibility
Uninsured/No Insurance (includes those who receive primary care through county safety net programs; these are NOT considered health insurance)	Eligible for ALL VFA vaccines
Medi-Cal Fee-For-Service/ Medi-Cal Managed Care https://bit.ly/CAhealthplans	NOT Eligible for VFA vaccines ¹
Medicare Part B (medical benefit)² AND Part D (prescription drug benefit)	NOT Eligible for VFA vaccines
Medicare Part B Alone²	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> • Zoster • Tdap • Td if patient does NOT have a wound • Hep B if patient NOT high or medium risk • Hep A • Varicella • RSV • HPV • MMR
Medicare Part D Alone³	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> • PCV20 • Hep B
Insurance NOT through Medi-Cal or Medicare	Only eligible for VFA vaccines that are NOT covered by patient's private insurance plan ⁴

¹Full scope Medi-Cal covers all ACIP-recommended vaccines.

² Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B will cover Hep B vaccine when a patient is considered high or medium risk for contracting Hepatitis B. These include patients who have diabetes, work in health care and have frequent contact with blood or other body fluids; live with someone who is a Hep B carrier; are men who have sex with men; use illicit injectable drugs; have End Stage Renal Disease; have hemophilia; or are clients or staff at institutions for the developmentally disabled.

³Except for vaccines covered under Part B, Medicare Part D generally covers all commercially available vaccines needed to prevent illness. Contact your patient's plan to find out about coverage.

⁴Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA vaccine(s), even if the insurance includes a high deductible or co-pay, the plan's deductible has not been met, or the insurance has cost sharing.

Recent changes in California law have gradually expanded access to full-scope Medi-Cal for adults ages 19-25 years 50 years and older and 26-49 years regardless of immigration status. All other Medi-Cal eligibility rules apply, including income limits.

[317 Eligibility Screening & Documentation VFA Eligibility Based on Insurance Status \(IMM-1247\)](#)

Vaccine Eligibility Guidelines

For Community Health Centers (CHCs) enrolled in California vaccine programs



Program	VFC Vaccines for Children Program	VFA Vaccines for Adults Program	BAP Bridge Access Program
Funding	Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none"> • Medi-Cal/CHDP eligible • Uninsured (no health insurance) • American Indian or Alaskan Native • Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation). 	Adults, 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance) 	Adults 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance or requires a co-payment) (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.)
Vaccines	<ul style="list-style-type: none"> • COVID-19 • DTaP • Hepatitis A, Hepatitis B • Hib, HPV, Influenza • Meningococcal Conjugate (MenACWY) • Meningococcal B (MenB) • MMR • Pneumococcal Conjugate (PCV15 and PCV20) • Pneumococcal Polysaccharide (PPSV23) • Polio (IPV) • Rotavirus • RSV (coming soon) • Td, Tdap • Varicella 	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • HPV • Meningococcal Conjugate (MenACWY) • MMR • Pneumococcal Conjugate (PCV20) • RSV (Available Fall/Winter Season) • Td (ONLY when Tdap is not indicated) • Tdap • Varicella • Zoster For more details about Medicare Part B and/or D eligibility, see IMM-1247.	<ul style="list-style-type: none"> • COVID-19
Ordering Website	myVFCVACCINES	myCAvax California Vaccine Management System	myCAvax California Vaccine Management System

California Department of Public Health, Immunization Branch

IMM-1222 (1/30/24)

[Vaccine Eligibility Guidelines for VFC, VFA, BAP \(IMM-1222\)](#)



Eligibility Screening Resources

317 Eligibility Screening & Documentation Requirements



1. Screen for Eligibility

Eligibility screening must be conducted prior to the administration of any 317-funded vaccine (e.g., Vaccines for Adults and Bridge Access Programs). Eligibility is self-reported by the patient and verification of eligibility can be obtained verbally from the patient.

✓ Eligible for VFA and/or BAP (COVID) vaccines if at least 19 years of age and

1. Has no insurance, or
2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached)
3. Has insurance which requires co-payment (BAP only)

✓ Eligible for certain VFA vaccines if at least 19 years of age and

4. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A
 - Hep B (if considered low risk for Hep B)
 - HPV, MMR, RSV, Varicella, and Zoster
 - Td (if no wound exposure) and Tdap
5. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:
 - Hep B, PCV20

2. Document Patient's Eligibility

There are three important elements to include when you document a patient's eligibility:

1. Date of screening
2. If patient is eligible for the Vaccines for Adults (VFA) and/or Bridge Access Program (BAP)
3. If patient is eligible AND at least 19 years of age, document which of the criterion above is met

3. Use a Compliant Record Keeping System

• CAIR and Electronic Health/Medical Record (EHR/EMR)

Note: if your practice's EMR/EHR does not capture all the necessary screening elements, they may be documented in the system's notes section.

• CAIR and 317 Eligibility Screening Form (IMM-1226)

Make sure to maintain patient eligibility screening records for a minimum of 3 years. [Refer to the 317 CAIR Documentation Requirement.](#)

4. Communicate the Patient's Eligibility

All staff should be knowledgeable of eligibility. Ensure practice protocols are in place so vaccinators know when to use 317-funded versus private vaccines.

[317 Eligibility Screening & Documentation Requirements \(IMM-1476\)](#)

317 Eligibility Screening Record for Adult Patients



At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA).

Patient Information

Patient Name (Last, First, MI): _____ Date of Birth: _____
 Provider Name: _____

Eligibility Criteria for 317-Funded Vaccines (e.g., VFA and BAP)

✓ Eligible for VFA and/or BAP (COVID) vaccines if at least 19 years of age and

1. Has no insurance, or
2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached)
3. Has insurance which requires co-payment (BAP only)

✓ Eligible for certain VFA vaccines if at least 19 years of age and

4. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A, Hep B (if considered low risk for Hep B)
 - HPV, MMR, RSV, Varicella, and Zoster
 - Td (if no wound exposure) and Tdap
5. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20

Document Patient's Eligibility

Write the screening date and check appropriate status. (Note: verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).


Screening Date	1. Eligible for VFA and BAP (COVID) No insurance	2. Eligible for VFA and BAP (COVID) Underinsured	3. Eligible for BAP (COVID) Insurance requires co-pay	4 & 5. Eligible for some VFA vaccines Medicare Part B or Part D only	× Not Eligible for VFA Fully insured or both Medicare Part B and D* × Not Eligible for BAP Fully insured w/ no co-pay*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

* Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. To be ineligible for COVID vaccines, insurance must cover vaccines fully without requiring a co-payment.

[317 \(VFA & BAP\) Eligibility Screening Record \(IMM-1226\)](#)



Important Program Actions



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A one-stop shop for immunization training and resources.

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

CAIR Requirement for Documenting 317-Funded Vaccines

It is **required** to properly document administered 317-funded adult vaccines (e.g., Vaccines for Adults (VFA) and Bridge Access Program (BAP) in your Electronic Health Record (EHR) system **AND** CAIR2 or Healthy Futures/RIDE.

This can be done one of the following ways outlined in the steps below:


A. Manual entry into CAIR2 or Healthy Futures/RIDE:

1. If your site uses the CAIR inventory feature, make sure your CAIR Power User selects the "317" funding source when creating vaccine lots in CAIR. If the "317" funding source is not available to select, contact your [Local CAIR Representative](#).
2. Make sure staff selects "317 Vaccine Eligibility" when recording an administered dose in CAIR. If the 317 Vaccine eligibility is not available to select, contact your [Local CAIR Representative](#).
3. If staff need access to CAIR, have your authorized site representative request new user accounts in the [CAIR Account Update](#) system.
4. For more information about recording 317 doses accurately, watch this [VFA webinar](#) (at 16 mins. 12 sec) and view [these guides and videos](#). Contact your [Local CAIR Representative](#) if you have further questions.

B. Through data exchange as "317" doses to the CAIR2 or Healthy Futures/RIDE:

1. Confirm with your EHR vendor that Vaccine Eligibility Category (HL7) code "V07" is correctly mapped.
2. Ensure staff know how to correctly record 317 vaccine eligibility in your EHR for every administered dose.
3. Confirm 317 doses are correctly submitted via data exchange by running a "doses administered" report. Watch this [VFA webinar](#) (at 30 mins. 54 sec), [consult this guide](#), and visit the [CAIR](#) for additional training.
4. If staff need access to CAIR, request a Data Exchange Quality Assurance (DX QA) account at [CAIR Account Update](#).
5. Contact your [Local Data Exchange Representative](#) if you have further questions.

BAP Support



California Bridge Access Program

Program Information


- ▶ [BAP Overview](#)
- ▶ [BAP Resources](#)
- ▶ [COVID-19 Vaccine Resources](#)
- ▶ [Implementation Timeline](#)
- ▶ [CAIR Requirement](#)
- ▶ [Communications & Webinars](#)

Provider Call Center

- ▶ Phone: (833) 502-1245
Hours: Mon-Fri, 8AM-5PM
- ▶ Email: [Program Info](#)
[myCAvax Technical Support](#)
[MyTurn Technical Support](#)

Vaccine Manufacturers

- ▶ [Ordering & Contact Info](#)



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A one-stop shop for immunization training and resources.

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- Clinic Resources
- Patient Resources

Short-Dated Vaccines

Take Action to Prevent Vaccine Loss: Utilizing Short-dated Vaccines

Recommended Strategies

1. Check your 317-funded VFA vaccine inventory to identify short-dated vaccines. As part of proper vaccine management, the clinic should be conducting a routine [physical inventory](#) and reviewing [usage reports](#) monthly.
2. Place any short-dated vaccines towards the front of the vaccine storage unit to ensure these doses are used first.
3. Recall patients who need to be vaccinated. Schedule patients to come in to use doses before they expire.
4. If you cannot use the vaccines before they expire, contact the VFA Program **6 months before the expiration date to request permission to transfer. You can only transfer 317-funded vaccines to another VFA provider or a local health department (LHD) clinic.**
 - Each vaccine transport exposes vaccines to potentially inappropriate temperature conditions. CDC discourages routine vaccine transport because manufacturers do not generally recommend it or provide any guidance. While being transported to alternative locations, temperatures must be monitored and recorded using VFC transport logs.
 - Notify the Central Office at 1-877-243-8832 and follow up with an email to my317vaccines@cdph.ca.gov.
 - Email my317vaccines@cdph.ca.gov with your VFC PIN, the number of doses, the expiration date, and the VFC PIN of the receiving VFA/LHD provider.
 - To find a provider in your area who can use the doses, search the [provider map](#). Once you have located a provider near you, call them to ask if they are able to take the doses. **Note: The red pin indicates the office is a VFA Provider.**
 - Follow the appropriate [transporting vaccine instructions](#).
 - The VFA Program discourages transferring varicella-containing vaccine because of sensitive temperature requirements.
 - The VFA Program also discourages transferring open boxes. Do not transfer partially used multi-dose vials.
 - If a temperature excursion occurs during transport, report the incident on the VFC Storage and Handling Online Triage System (SHOTS) to receive guidance if manufacturers should be contacted regarding vaccine viability.

Contact VFC

Phone: (877) 243-8832
Hours:
Mon-Thurs, 9AM-4:30PM
Friday, 9AM-4PM
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Take Action to Prevent Vaccine Loss

[CAIR Requirement for Documenting 317-funded Vaccines](#)

Updated Provider Job Aids

Updated Vaccine Fact Sheets

Tetanus Prophylaxis in Wound Management

All patients 7 years of age and older

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

History of Previous Tetanus Immunization	Clean, Minor Wounds	All Other Wounds ¹
Uncertain or fewer than 3 doses ²	Tdap	Tdap and TIG³
3 or more previous doses²	Tdap unless documented prior receipt of Tdap⁴	

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

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

footnotes

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

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

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

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

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

Tetanus Prophylaxis (Tdap) Job Aid (IMM-154)

Vaccine Fact Sheet: Respiratory Syncytial Virus (RSV)

Topic	Abrysvo™	Arexvy
Manufacturer	Pfizer	GSK
Product Info	Detailed prescribing information	Detailed prescribing information
Protects Against	RSV	RSV
Approved Ages	<ul style="list-style-type: none"> Individuals ≥60 years of age Pregnant individuals at 32-36 weeks gestational age 	Individuals ≥60 years of age
Routine Schedule & Intervals	<ul style="list-style-type: none"> One dose for individuals 60 years of age and older using shared clinical decision-making. One dose for pregnant individuals at 32-36 weeks gestational age using seasonal administration (typically September to January). 	One dose for individuals 60 years of age and older using shared clinical decision-making .
Administration	(IM) Intramuscular injection	(IM) Intramuscular injection
Packaging	Supplied in a kit that includes a vial of lyophilized antigen component, a prefilled syringe containing sterile water diluent component and a vial adapter. Supplied in cartons of 1, 5, or 10 kits.	Supplied in 2 vials that must be reconstituted prior to administration (lyophilized antigen component and adjuvant suspension). Supplied in carton of 10 doses.
Dosage	0.5mL single dose after reconstitution	0.5mL single dose after reconstitution
Storage	<p>Before reconstitution:</p> <p>Store refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton.</p> <p>Preparation:</p> <p>Prepare by reconstituting the lyophilized antigen component (a sterile white powder) with the accompanying prefilled syringe containing sterile water diluent component.</p> <p>Do not freeze. Discard if the carton has been frozen.</p>	<p>Before reconstitution:</p> <p>Adjuvant suspension component vial and lyophilized antigen component vials must be refrigerated at 2°C to 8°C (36°F to 46°F) in original package.</p> <p>Preparation:</p> <p>Prepare by reconstituting the lyophilized antigen component (a sterile white powder) with the accompanying adjuvant suspension component (an opalescent, colorless to pale brownish sterile liquid).</p>



Adult RSV Vaccines Fact Sheet (IMM-1511)



Pneumococcal Vaccines Job Aids



NEW!

Pneumococcal Vaccine Timing

DO NOT administer PCV15 and PPSV23 at the same visit.

Age 65+ Years: All
Age 19-64 Years: Only if High-Risk*^A

VFA PCV20 is available from the Vaccines for Adults Program

A. Unknown or No Prior Doses of PCV13 or PPSV23

Option A1: PCV20 (Pneumovax 20*) VFA OR PCV15 (Vaxneuvance*)
 (PPSV23 not needed)

Option A2: PCV15 (Vaxneuvance*) OR PCV20 (Pneumovax 20*) VFA
 ≥1 year interval if: healthy 65+, or 19+ with other risks*
 Consider ≥8 week interval if: 19+ at highest-risk*

B. Previously Received PPSV23

≥1 year since PPSV23 → PCV20 (Pneumovax 20*) VFA OR PCV15 (Vaxneuvance*)

C. Previously Received PCV13[†]

≥1 year since PCV13 → PCV20 (Pneumovax 20*) VFA OR PPSV23 (Pneumovax 23)

D. Previously Completed Series of PCV13 and PPSV23 in Any Order[†]

≥5 years since PCV13 or PPSV23 → PCV20 (Pneumovax 20*) VFA OR PPSV23 (Pneumovax 23)

***Immunocompromising conditions, CSF leak or cochlear implant**
 In Option A2, consider a minimum interval of 8 weeks between PCV15 and PPSV23 for these conditions:

- Asplenia, congenital or acquired
- CSF leak
- Cochlear implant
- Chronic renal failure
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies
- HIV infection
- Immunodeficiency, congenital or acquired
- Iatrogenic immunosuppression
- Solid organ transplant
- Generalized malignancy
- Leukemia
- Lymphoma
- Hodgkin disease
- Multiple myeloma

†Other risk factors
 In Option A2, minimum interval of 1 year between PCV15 and PPSV23 for these conditions:

- Alcoholism
- Cigarette smoking
- Diabetes mellitus
- Chronic heart disease
- Chronic liver disease
- Chronic lung disease

[†]Additional guidance from CDC at [Pneumococcal Vaccine Timing for Adults](https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm)
 For further details, see: www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm
 California Department of Public Health, Immunization Branch www.EZIZ.org

IMM-1152 VFA (1/2024)

Vaccine Fact Sheet: Pneumococcal Vaccines

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

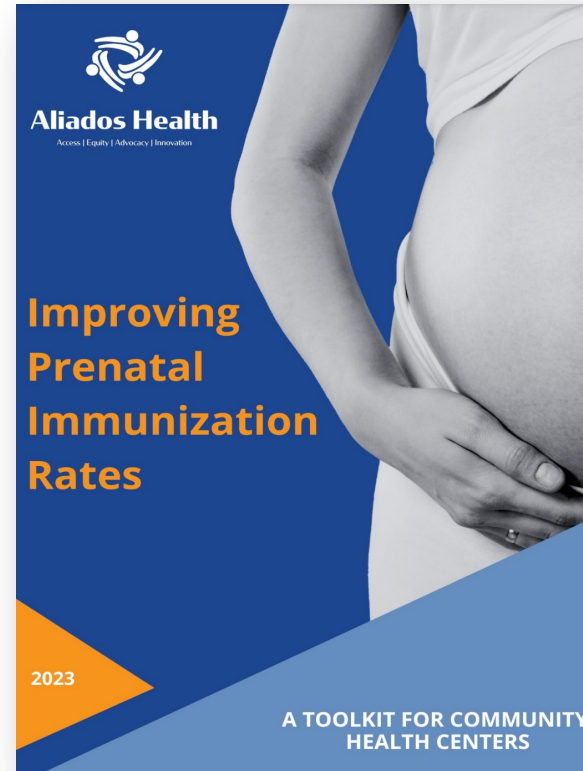
[Pneumococcal Vaccines Fact Sheet \(IMM-1524\)](#)

[Pneumococcal Vaccines Timing Guide \(IMM-1152\)](#)



Prenatal IZ Resources

- [Toolkit to Improve Prenatal Immunization Rates](#) (Aliados Health)
- [Expecting? Protect Yourself and Your Baby Against Flu, RSV, Whooping Cough, and COVID-19 flyer](#) | [Spanish](#) (CDPH)
- [Immunizations for a Healthy Pregnancy brochure](#) | [Spanish](#) (CDPH)



[Pregnancy Brochure \(IMM-887\)](#)

Additional Provider Job Aids

Meningococcal Vaccines Timing Guides

For Health Professionals [View web version of this schedule.](#)

Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk¹

Routine MenACWY^{2,3} for 11-18 years **2 Doses**

Catch-up⁴:

- Ages 13-15 years: 1 dose now and booster at age 16-18 years.
- Ages 16-18 years: 1 dose

Shared Clinical Decision-Making MenB² for 16-23 years **2 Doses**

Preferred age is 16-18 years

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

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

Notes:

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

California Department of Public Health, Immunization Branch
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EZIZ.org IMM-1217 (3/24)

[Routine Timing for Young Adults \(IMM-1217\)](#)

Meningococcal Vaccines—High-Risk Populations [View web version of this schedule.](#)

Note that different vaccines protect against different serogroups. Follow the schedule according to age and these abbreviations for risk groups.
Exp: Increased Exposure to meningococcal serogroups covered by vaccines (due to outbreaks¹, travel to affected areas [e.g. the Hajj], lab exposure)
CD: Persistent Complement component Deficiencies (including persons taking complement inhibitor [e.g., eculizumab⁵ or ravulizumab⁶])
Asp: Functional or Anatomic Asplenia (including sickle cell disease)
HIV: HIV Infection

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

2) Also give MenB vaccine—may be given at same time as MenACWY vaccine. Use the same brand for each dose in the series.⁶

Notes:

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

California Department of Public Health, Immunization Branch
EZIZ.org IMM-1218 (3/24)

[High-Risk Populations Timing Guide \(IMM-1218\)](#)



Additional Patient Materials

Are you 65+?

Protect yourself with vaccines!



As you get older, your risk of disease complications increases. Ask your doctor or pharmacist about:

- ✓ Flu
- ✓ Pneumonia
- ✓ COVID-19
- ✓ RSV
- ✓ Shingles
- ✓ Tdap

It is easy to get immunized. You can get all these shots at the same time.

Don't wait, stay up to date! Getting immunized can save your life.

Learn more at [CDC.gov](https://www.cdc.gov) or call 1-800-CDC-INFO



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IMM-1131 (9/23)

[Older Adults \(60+\) Vaccines Flyer \(IMM-1131\) | Spanish](#)


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

Getting a flu vaccine now can still protect you and your family.


FALL WINTER SPRING



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

 *Some children 6 months - 8 years of age may need 2 doses. Ask your health care provider to learn more.*

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



California Department of Public Health, Immunization Branch
850 Marina Bay Parkway, Building P, Richmond, CA 94804 • [GetImmunizedCA.org](https://www.getimmunizedca.org)
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IMM-821E (3/24)

[Flu - It's Not Too Late Flyer \(IMM-821ES\)](#)



Ask your health care provider if the new **RSV VACCINE** is right for you

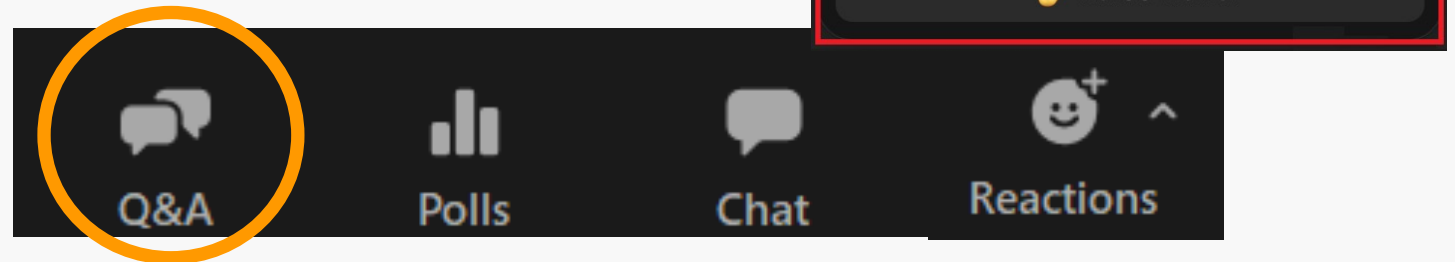
Are you **60** or older?



[RSV webpage](#) | [RSV Toolkit](#)

Question & Answer Session

Please use the Q&A panel to ask your questions or use the Raise Hand feature so VFA program staff can respond directly.



**Please fill out this short VFA webinar
evaluation here!**

<https://forms.office.com/g/G54CfTvCMr>

**If you have any questions/concerns,
please email us:**

my317vaccines@cdph.ca.gov

or

ProviderCallCenter@cdph.ca.gov

**THANK
YOU!**