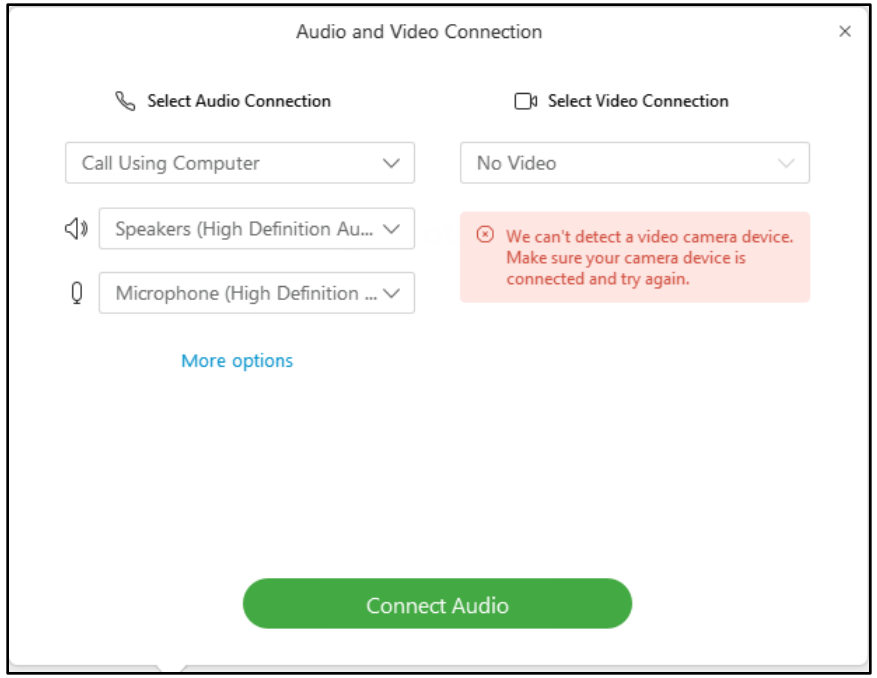
Practical Tips for Strengthening Your Clinic's COVID-19 Vaccination Services

California Department of Public Health
Immunization Branch

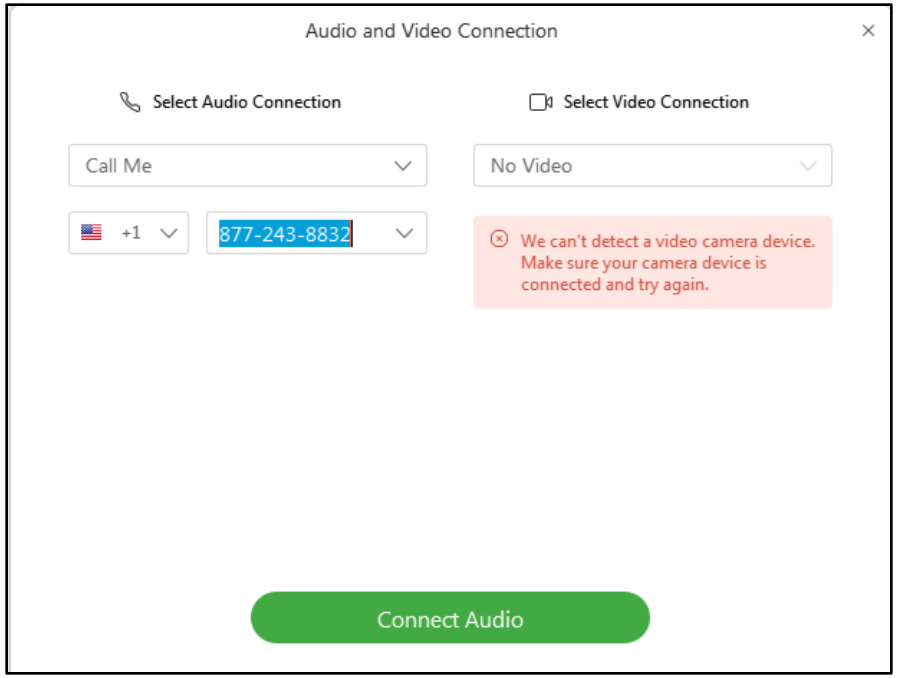
November 10th, 2022

Webinar Tech Tips!

1. Listen to today's webinar through the computer audio

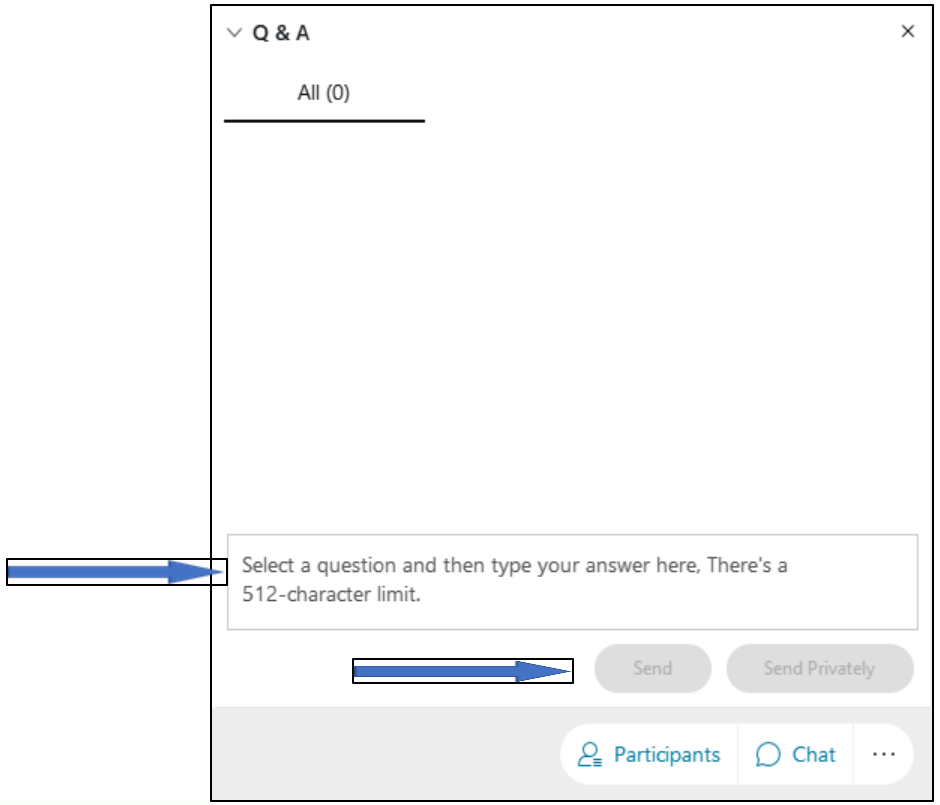


2. If you cannot connect through the computer audio, have WebEx call you



How to Submit Question(s)

As we move through the presentation, type your comments/questions in the Q&A panel, and click SEND.



Technical Difficulties

In case you have technical difficulties during the webinar, use the email address below for assistance.

Cecilia.LaVu@cdph.ca.gov

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Today's Agenda

No.	Item	Speaker	Time (PM)
1	Welcome and Announcements	Steve Vantine (Host)	12:00 – 12:05
2	COVID-19 Vaccine Coverage for Pediatric Patients	Steve Vantine	12:05 – 12:10
3	Pediatric COVID-19 Vaccine Booster Guidance	Floria Chi, MD, MPH	12:10 – 12:16
4	Integrating COVID-19 Vaccination into Clinic Workflow	Yasuko Fukuda, MD FAAP	12:16 – 12:36
5	COVID-19 Vaccine Program Requirements & Compliance	Eugene Beronilla, MPH, COVID-QA Supervisor Francisco Borboa, MPH, COVID-QA Coordinator	12:36 – 12:41
6	KidsVax Grant	Nisha Gandhi, MPH	12:41- 12:43
7	Pediatric COVID-19 Vaccine Checklist	Tammy Pilisuk, MPH	12:43-12:46
8	Provider & Patient Resources	Terisha Gamboa, MPH	12:46-12:49
9	Q&A	Steve Vantine (Host)	12:49 – 1:00

Webinar Objectives:

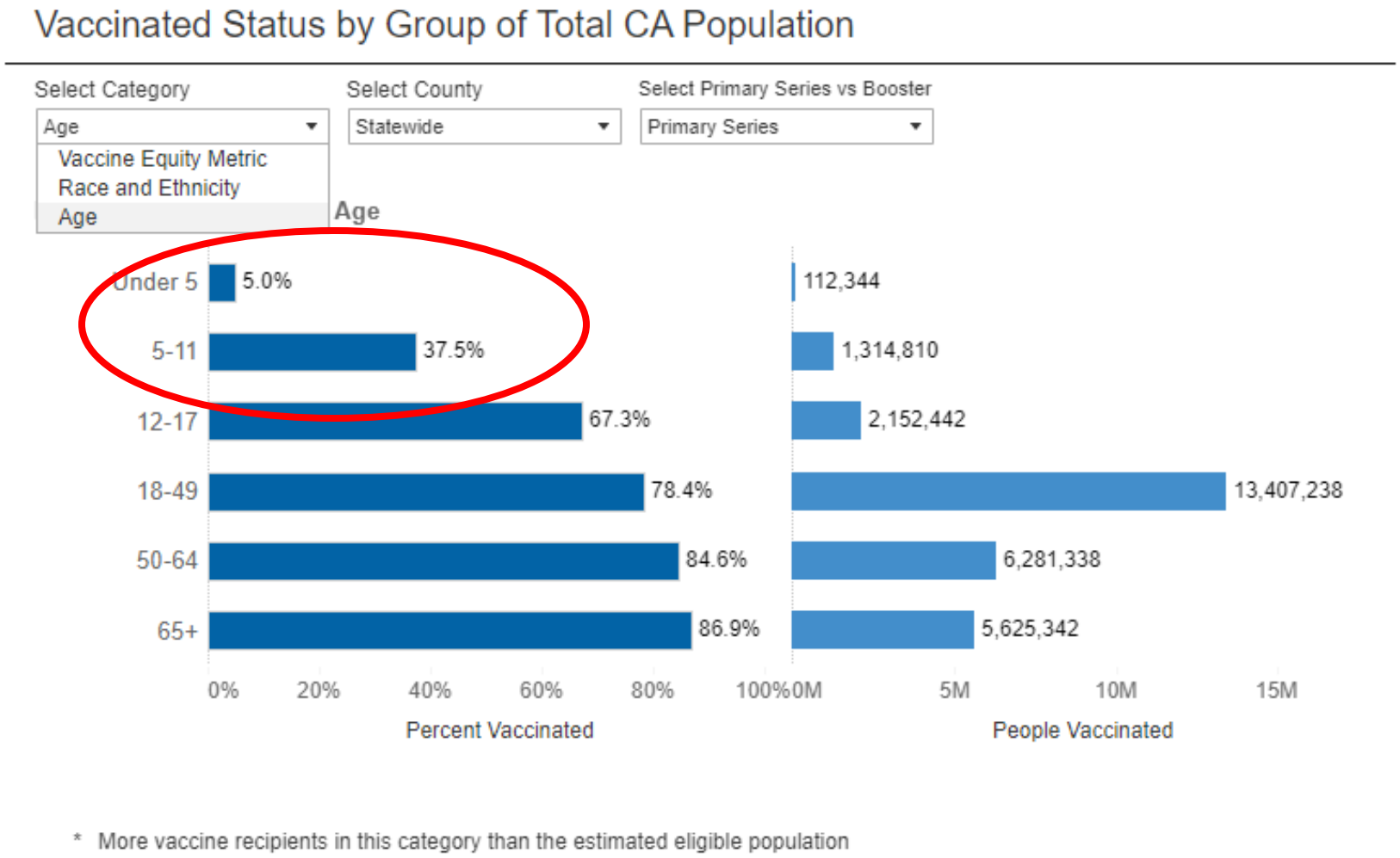
By the end of the presentation, attendees should be able to:

- Discuss the importance of COVID-19 vaccine quality assurance
- Discuss pediatric vaccination trends
- Learn tips for integrating COVID-19 vaccination into routine workflow
- Address common COVID-19 vaccine questions
- Identify patient and provider education resources

COVID-19 Vaccine Coverage for Pediatric Patients

Steven Vantine, Educational Consultant

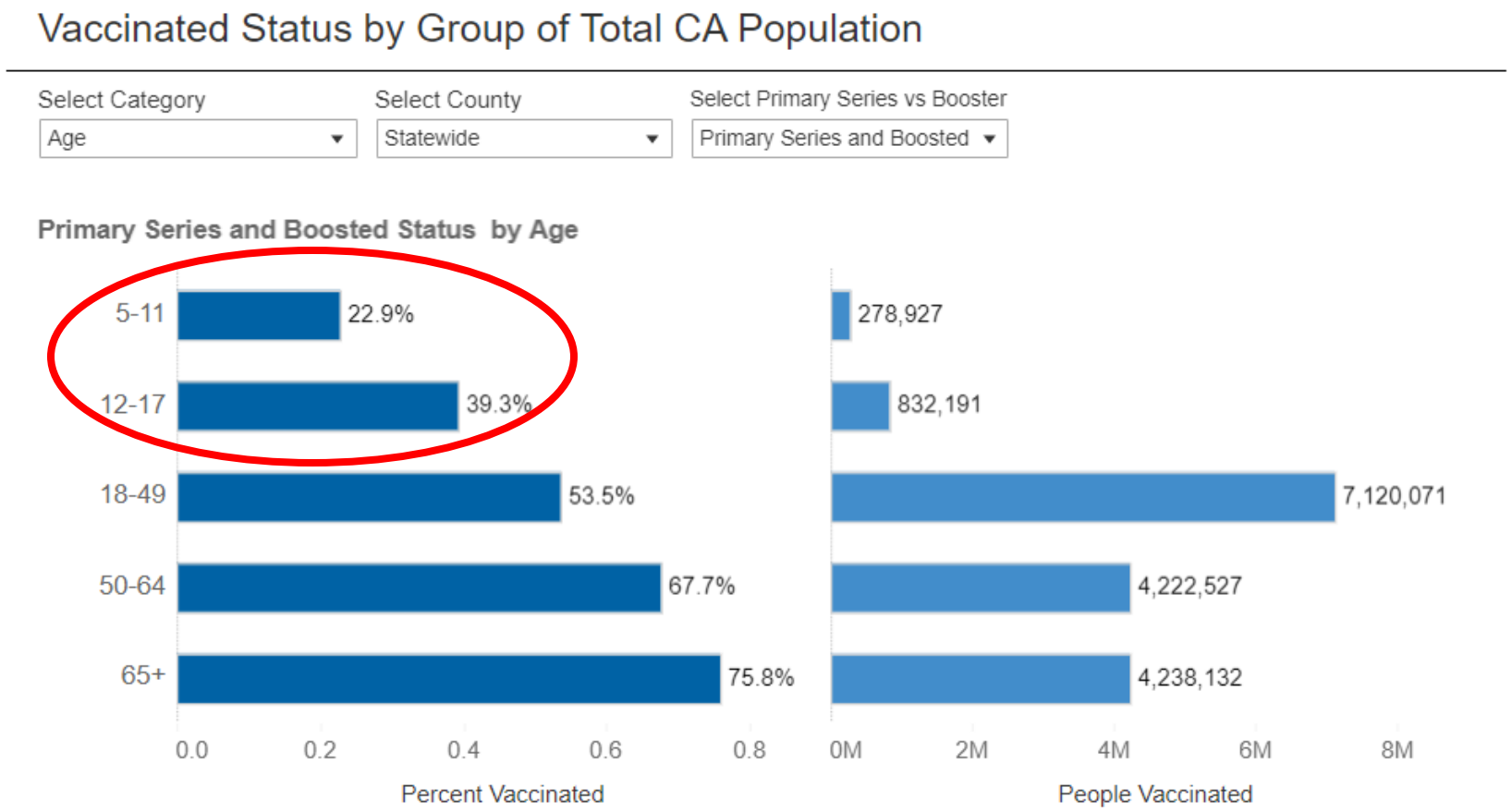
COVID-19 Vaccine Coverage by Age – Primary Series



* More vaccine recipients in this category than the estimated eligible population

[Vaccination data - Coronavirus COVID-19 Response (ca.gov)]

COVID-19 Vaccine Coverage by Age – Primary & Boosted



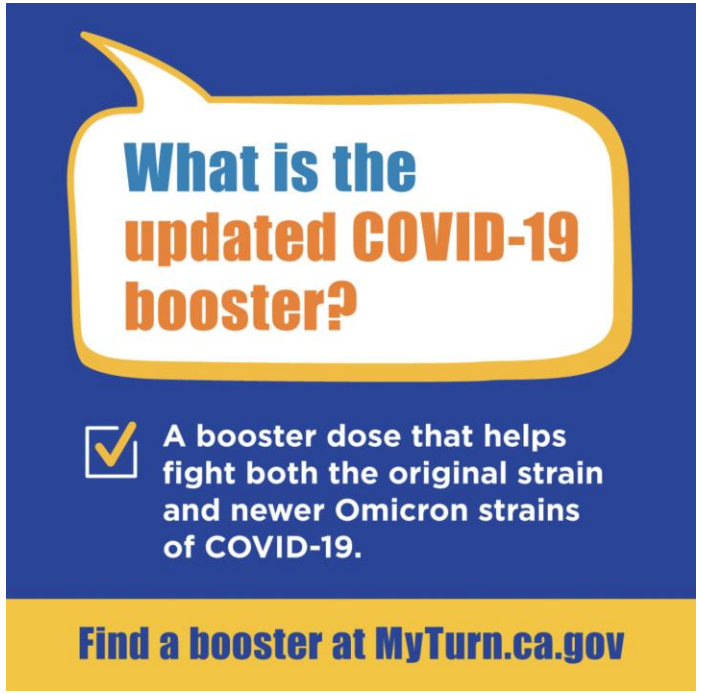
[Vaccination data - Coronavirus COVID-19 Response (ca.gov)]

Pediatric COVID-19 Vaccine Booster Guidance

Floria Chi, MD, MPH

Updated Boosters Now Authorized and Recommended for Children 5 Years and Older

- 10/12/22: FDA issued Emergency Use Authorization (EUA) for updated (bivalent) booster for pediatric populations:
  - Pfizer FDA fact sheet for HCP: 5 years and older
  - Moderna FDA fact sheet for HCP: 6 years and older
- CDC and the Western States Scientific Safety Review Workgroup (WSSSRW) recommend updated boosters for children 5 years and older.
- This new booster recommendation replaces all prior booster recommendations for this age group.
  - Monovalent mRNA vaccines are no longer authorized as a booster dose for people ages 5 years and older. They can still be given for primary series doses.
  - Bivalent booster doses are only to be given as boosters, not for primary series.
  - "Mix-and-match" is allowed: Any homologous or heterologous age-appropriate mRNA vaccine can be used as a booster dose.



CDC Updates COVID-19 Vaccines Include Children Ages 5-11 | CDC Online Newsroom | CDC
Western States Scientific Safety Review Workgroup Statement on Bivalent COVID-19 Boosters for Children
FDA Authorizes Bivalent Booster Dose in Younger Ages
Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States

COVID-19 Fall Booster "Reset" for Ages 5+

- Recommendations are simplified.
- Change from dose counting to 1 bivalent booster for everyone eligible.
- If eligible, a bivalent should not be denied based on total number of doses.

Vaccination History

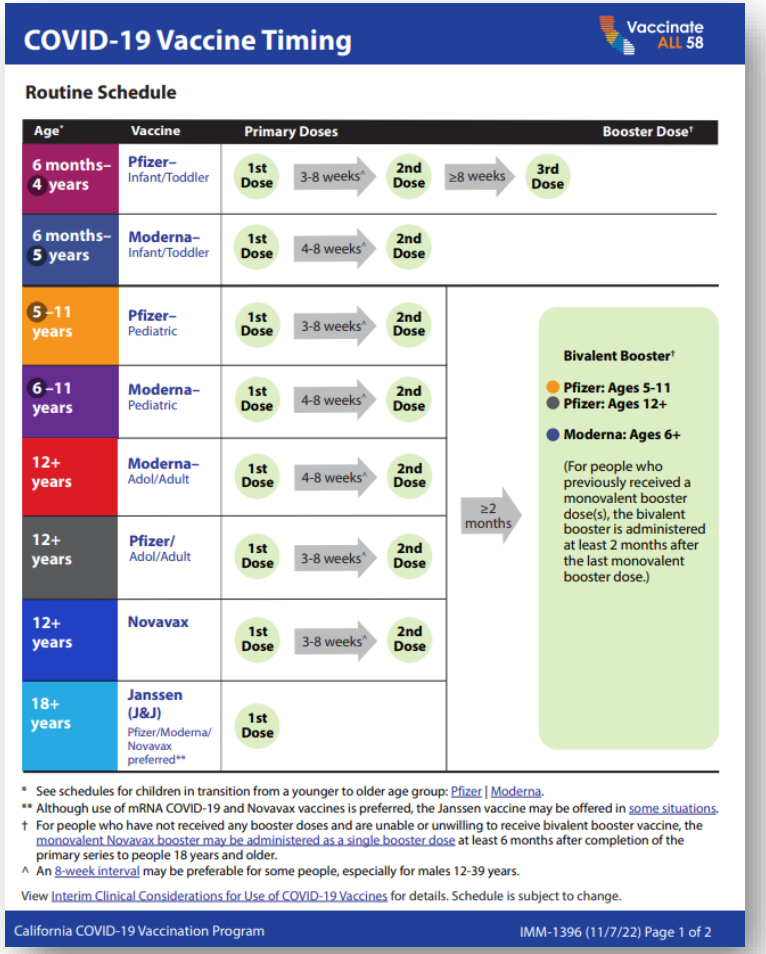
- **Primary series OR**
- **Primary series + 1 booster OR**
- **Primary series + 2 boosters**

At least 2 months

1 Bivalent Booster

Updated

COVID-19 Vaccine Timing by Age



COVID-19 Vaccine Timing

Vaccinate ALL 58

Routine Schedule

Age*	Vaccine	Primary Doses					Booster Dose†
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3-8 weeks^	2nd Dose	≥8 weeks	3rd Dose	
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4-8 weeks^	2nd Dose			
5–11 years	Pfizer–Pediatric	1st Dose	3-8 weeks^	2nd Dose			
6–11 years	Moderna–Pediatric	1st Dose	4-8 weeks^	2nd Dose			
12+ years	Moderna–Adol/Adult	1st Dose	4-8 weeks^	2nd Dose			
12+ years	Pfizer/Adol/Adult	1st Dose	3-8 weeks^	2nd Dose			
12+ years	Novavax	1st Dose	3-8 weeks^	2nd Dose			
18+ years	Janssen (J&J) Pfizer/Moderna/Novavax preferred**	1st Dose					

≥2 months

Bivalent Booster†

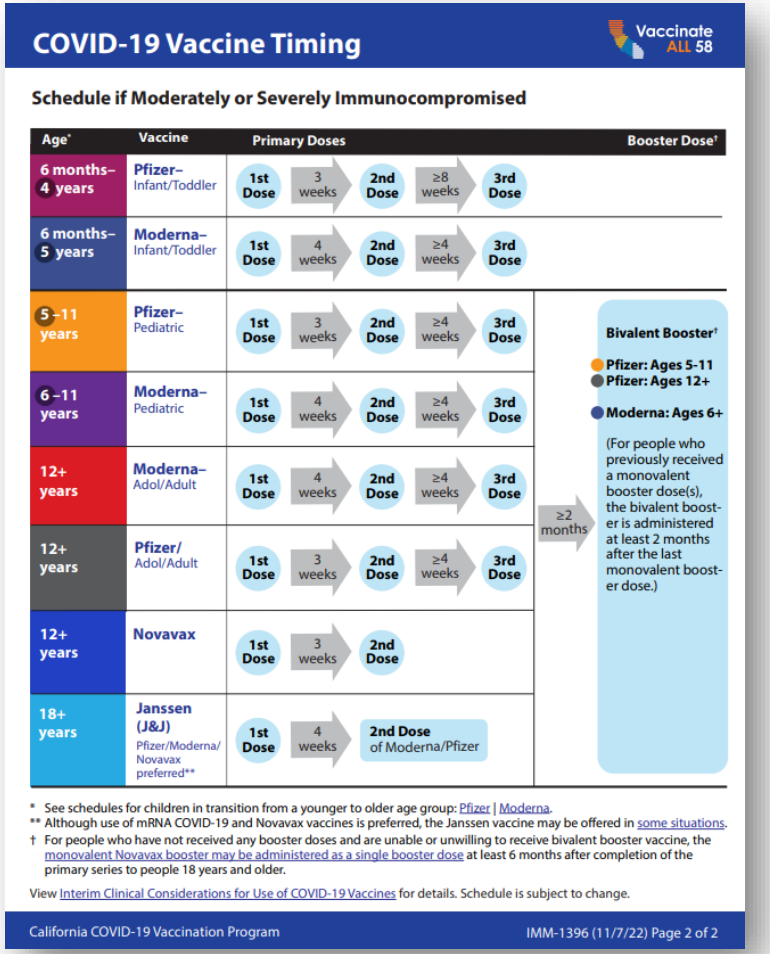
- Pfizer: Ages 5-11
- Pfizer: Ages 12+
- Moderna: Ages 6+

(For people who previously received a monovalent booster dose(s), the bivalent booster is administered at least 2 months after the last monovalent booster dose.)

* See schedules for children in transition from a younger to older age group: Pfizer | Moderna.
** Although use of mRNA COVID-19 and Novavax vaccines is preferred, the Janssen vaccine may be offered in some situations.
† For people who have not received any booster doses and are unable or unwilling to receive bivalent booster vaccine, the monovalent Novavax booster may be administered as a single booster dose at least 6 months after completion of the primary series to people 18 years and older.
^ An 8-week interval may be preferable for some people, especially for males 12-39 years.

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

California COVID-19 Vaccination Program — IMM-1396 (11/7/22) Page 1 of 2



COVID-19 Vaccine Timing

Vaccinate ALL 58

Schedule if Moderately or Severely Immunocompromised

Age*	Vaccine	Primary Doses					Booster Dose†
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3 weeks	2nd Dose	≥8 weeks	3rd Dose	
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose	
5–11 years	Pfizer–Pediatric	1st Dose	3 weeks	2nd Dose	≥4 weeks	3rd Dose	
6–11 years	Moderna–Pediatric	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose	
12+ years	Moderna–Adol/Adult	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose	
12+ years	Pfizer/Adol/Adult	1st Dose	3 weeks	2nd Dose	≥4 weeks	3rd Dose	
12+ years	Novavax	1st Dose	3 weeks	2nd Dose			
18+ years	Janssen (J&J) Pfizer/Moderna/Novavax preferred**	1st Dose	4 weeks	2nd Dose of Moderna/Pfizer			

≥2 months

Bivalent Booster†

- Pfizer: Ages 5-11
- Pfizer: Ages 12+
- Moderna: Ages 6+

(For people who previously received a monovalent booster dose(s), the bivalent booster is administered at least 2 months after the last monovalent booster dose.)

* See schedules for children in transition from a younger to older age group: Pfizer | Moderna.
** Although use of mRNA COVID-19 and Novavax vaccines is preferred, the Janssen vaccine may be offered in some situations.
† For people who have not received any booster doses and are unable or unwilling to receive bivalent booster vaccine, the monovalent Novavax booster may be administered as a single booster dose at least 6 months after completion of the primary series to people 18 years and older.

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

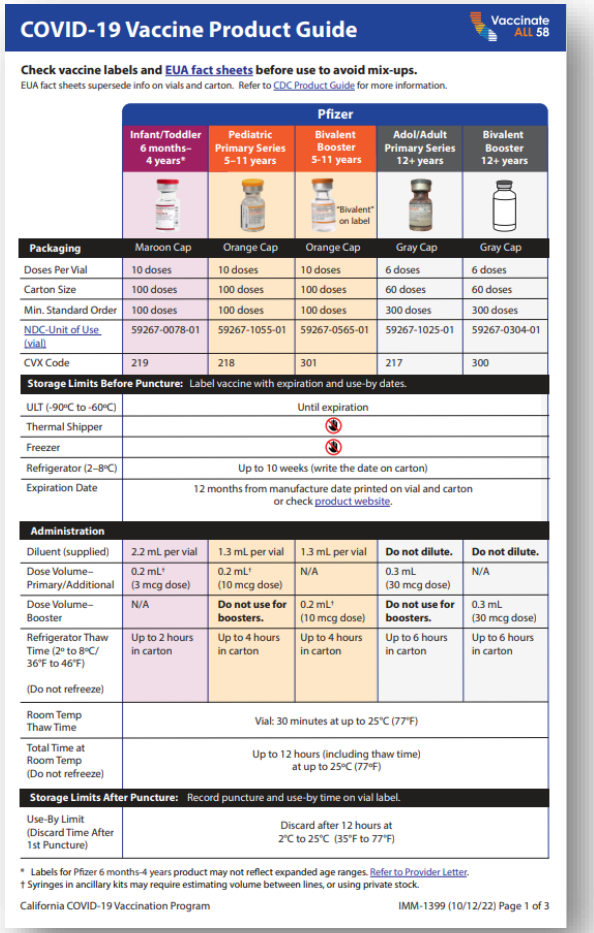
California COVID-19 Vaccination Program — IMM-1396 (11/7/22) Page 2 of 2

COVID-19 Vaccine Timing by Age

Spanish: IMM-1396S Vaccine Timing Chart (eziz.org)

Updated

COVID-19 Vaccine Product Guide



COVID-19 Vaccine Product Guide

Vaccinate ALL 58

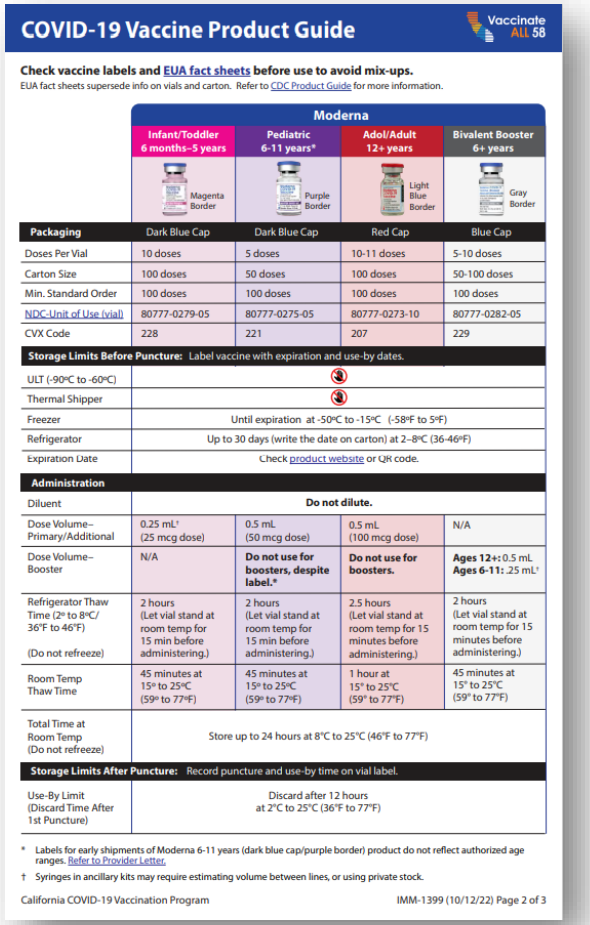
Check vaccine labels and EUA fact sheets before use to avoid mix-ups.

EUA fact sheets supersede info on vials and carton. Refer to CDC Product Guide for more information.

	Pfizer				
	Infant/Toddler 6 months–4 years*	Pediatric Primary Series 5–11 years	Bivalent Booster 5-11 years	Adol/Adult Primary Series 12+ years	Bivalent Booster 12+ years
			"Bivalent" on label		
Packaging	Maroon Cap	Orange Cap	Orange Cap	Gray Cap	Gray Cap
Doses Per Vial	10 doses	10 doses	10 doses	6 doses	6 doses
Carton Size	100 doses	100 doses	100 doses	60 doses	60 doses
Min. Standard Order	100 doses	100 doses	100 doses	300 doses	300 doses
NDC-Unit of Use (vial)	59267-0078-01	59267-1055-01	59267-0565-01	59267-1025-01	59267-0304-01
CVX Code	219	218	301	217	300
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.					
ULT (-90ºC to -60ºC)	Until expiration				
Thermal Shipper	⊘				
Freezer	⊘				
Refrigerator (2–8ºC)	Up to 10 weeks (write the date on carton)				
Expiration Date	12 months from manufacture date printed on vial and carton or check product website.				
Administration					
Diluent (supplied)	2.2 mL per vial	1.3 mL per vial	1.3 mL per vial	**Do not dilute.**	**Do not dilute.**
Dose Volume–Primary/Additional	0.2 mL† (3 mcg dose)	0.2 mL† (10 mcg dose)	N/A	0.3 mL (30 mcg dose)	N/A
Dose Volume–Booster	N/A	**Do not use for boosters.**	0.2 mL† (10 mcg dose)	**Do not use for boosters.**	0.3 mL (30 mcg dose)
Refrigerator Thaw Time (2º to 8ºC/ 36°F to 46°F) (Do not refreeze)	Up to 2 hours in carton	Up to 4 hours in carton	Up to 4 hours in carton	Up to 6 hours in carton	Up to 6 hours in carton
Room Temp Thaw Time	Vial: 30 minutes at up to 25°C (77°F)				
Total Time at Room Temp (Do not refreeze)	Up to 12 hours (including thaw time) at up to 25ºC (77ºF)				
Storage Limits After Puncture: Record puncture and use-by time on vial label.					
Use-By Limit (Discard Time After 1st Puncture)	Discard after 12 hours at 2°C to 25°C (35°F to 77°F)				

* Labels for Pfizer 6 months-4 years product may not reflect expanded age ranges. Refer to Provider Letter.
† Syringes in ancillary kits may require estimating volume between lines, or using private stock.

California COVID-19 Vaccination Program — IMM-1399 (10/12/22) Page 1 of 3



COVID-19 Vaccine Product Guide

Vaccinate ALL 58

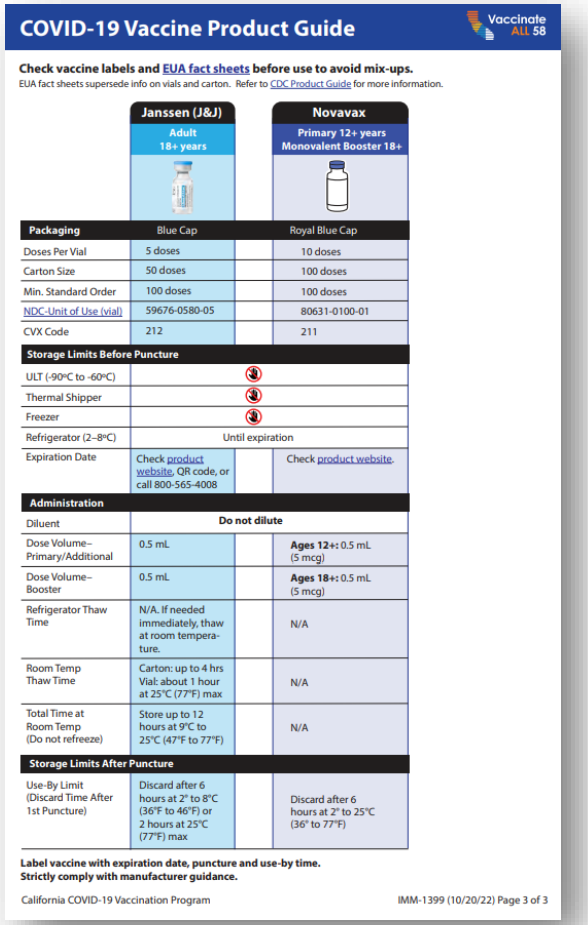
Check vaccine labels and EUA fact sheets before use to avoid mix-ups.

EUA fact sheets supersede info on vials and carton. Refer to CDC Product Guide for more information.

	Moderna			
	Infant/Toddler 6 months–5 years	Pediatric 6-11 years*	Adol/Adult 12+ years	Bivalent Booster 6+ years
	Magenta Border	Purple Border	Light Blue Border	Gray Border
Packaging	Dark Blue Cap	Dark Blue Cap	Red Cap	Blue Cap
Doses Per Vial	10 doses	5 doses	10-11 doses	5-10 doses
Carton Size	100 doses	50 doses	100 doses	50-100 doses
Min. Standard Order	100 doses	100 doses	100 doses	100 doses
NDC-Unit of Use (vial)	80777-0279-05	80777-0275-05	80777-0273-10	80777-0282-05
CVX Code	228	221	207	229
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.				
ULT (-90ºC to -60ºC)	⊘			
Thermal Shipper	⊘			
Freezer	Until expiration at -50ºC to -15ºC (-58ºF to 5ºF)			
Refrigerator	Up to 30 days (write the date on carton) at 2–8ºC (36-46ºF)			
Expiration Date	Check product website or QR code.			
Administration				
Diluent	**Do not dilute.**			
Dose Volume–Primary/Additional	0.25 mL† (25 mcg dose)	0.5 mL (50 mcg dose)	0.5 mL (100 mcg dose)	N/A
Dose Volume–Booster	N/A	**Do not use for boosters, despite label.***	**Do not use for boosters.**	**Ages 12+:** 0.5 mL **Ages 6-11:** .25 mL†
Refrigerator Thaw Time (2º to 8ºC/ 36°F to 46°F) (Do not refreeze)	2 hours (Let vial stand at room temp for 15 min before administering.)	2 hours (Let vial stand at room temp for 15 min before administering.)	2.5 hours (Let vial stand at room temp for 15 minutes before administering.)	2 hours (Let vial stand at room temp for 15 minutes before administering.)
Room Temp Thaw Time	45 minutes at 15º to 25ºC (59º to 77ºF)	45 minutes at 15º to 25ºC (59º to 77ºF)	1 hour at 15° to 25°C (59° to 77°F)	45 minutes at 15° to 25°C (59° to 77°F)
Total Time at Room Temp (Do not refreeze)	Store up to 24 hours at 8°C to 25°C (46°F to 77°F)			
Storage Limits After Puncture: Record puncture and use-by time on vial label.				
Use-By Limit (Discard Time After 1st Puncture)	Discard after 12 hours at 2°C to 25°C (36°F to 77°F)			

* Labels for early shipments of Moderna 6-11 years (dark blue cap/purple border) product do not reflect authorized age ranges. Refer to Provider Letter.
† Syringes in ancillary kits may require estimating volume between lines, or using private stock.

California COVID-19 Vaccination Program — IMM-1399 (10/12/22) Page 2 of 3



COVID-19 Vaccine Product Guide

Vaccinate ALL 58

Check vaccine labels and EUA fact sheets before use to avoid mix-ups.

EUA fact sheets supersede info on vials and carton. Refer to CDC Product Guide for more information.

	Janssen (J&J)	Novavax
	Adult 18+ years	Primary 12+ years Monovalent Booster 18+
Packaging	Blue Cap	Royal Blue Cap
Doses Per Vial	5 doses	10 doses
Carton Size	50 doses	100 doses
Min. Standard Order	100 doses	100 doses
NDC-Unit of Use (vial)	59676-0580-05	80631-0100-01
CVX Code	212	211
Storage Limits Before Puncture		
ULT (-90ºC to -60ºC)	⊘	
Thermal Shipper	⊘	
Freezer	⊘	
Refrigerator (2–8ºC)	Until expiration	
Expiration Date	Check product website, QR code, or call 800-565-4008	Check product website.
Administration		
Diluent	**Do not dilute**	
Dose Volume–Primary/Additional	0.5 mL	**Ages 12+:** 0.5 mL (5 mcg)
Dose Volume–Booster	0.5 mL	**Ages 18+:** 0.5 mL (5 mcg)
Refrigerator Thaw Time	N/A. If needed immediately, thaw at room temperature.	N/A
Room Temp Thaw Time	Carton: up to 4 hrs Vial: about 1 hour at 25°C (77°F) max	N/A
Total Time at Room Temp (Do not refreeze)	Store up to 12 hours at 9°C to 25°C (47°F to 77°F)	N/A
Storage Limits After Puncture		
Use-By Limit (Discard Time After 1st Puncture)	Discard after 6 hours at 2° to 8°C (36°F to 46°F) or 2 hours at 25°C (77°F) max	Discard after 6 hours at 2° to 25°C (36° to 77°F)

Label vaccine with expiration date, puncture and use-by time.
Strictly comply with manufacturer guidance.

California COVID-19 Vaccination Program — IMM-1399 (10/20/22) Page 3 of 3

[COVID-19 Vaccine Product Guide]

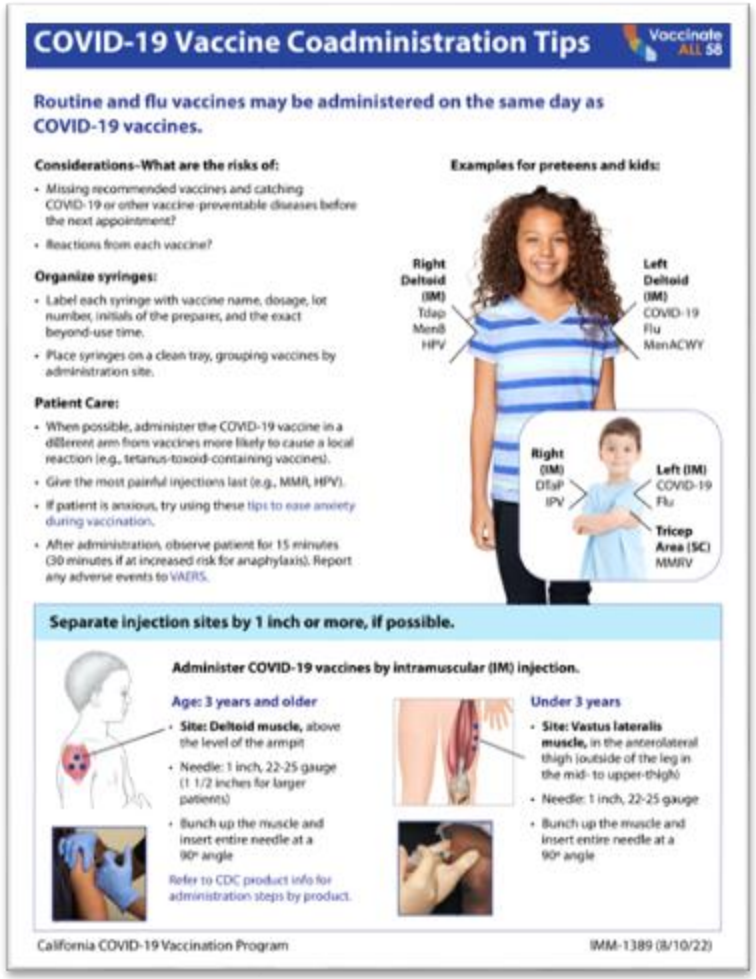
15 Minute Post-vaccination Observation…Now Optional

- 15 min post-vaccination observation period previously recommended by CDC, now updated to:
- Vaccination providers ***should consider*** an observation period:
  - Consider 15 min observation: Adolescents (risk of syncope)
  - Consider 30 min observation:
    - Allergy-related contraindication to a different type of COVID-19 vaccine
    - Non-severe, immediate (onset within 4 hours) allergic reaction after a previous dose of COVID-19 vaccine.
    - Anaphylaxis after non-COVID-19 vaccines or injectable therapies

CDC Interim Clinical Considerations for the Use of COVID-19 Vaccines

COVID-19 and Flu Vaccine Coadministration

- Routine administration of all age-appropriate doses of vaccines simultaneously is recommended as best practice.
- COVID-19 vaccines may be administered regardless of timing of routine and influenza vaccines, including simultaneous administration on the same day.
  - Administer each vaccine in a different injection site (at least 1 inch apart)
  - Administer vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and PCV13, adjuvanted or high-dose influenza) in different limbs, if possible.



CDPH Simultaneous Administration Flyer

CDC Adminstration of Influenza and COVID-19 Vaccines

Clinical Guidance for COVID-19 Vaccination | CDC

Vaccine Administration Route and Site | CDC

Why Should We Immunize Children with COVID-19 Vaccines?

- COVID-19 can sometimes be very severe in children, leading to Multisystem Inflammatory Syndrome in children (MIS-C), Long COVID, hospitalization, and death.
  - Almost half of children younger than 18 years hospitalized with COVID-19 have no underlying conditions.
- While we do see some mild post-vaccination infections, COVID-19 vaccines protect **very well against severe disease**.
  - During the Omicron period, unvaccinated children ages 5-11 were twice as likely to be hospitalized with COVID-19 than vaccinated children. Vaccination lowered the risk of critical COVID-19 by 79%.

Updates to COVID-19 Vaccine Effectiveness in the United States (cdc.gov)
COVID-19 vaccines in Children (cdc.gov)
Clinical Talking Points for Providers of Pediatric Services IMM-1431.pdf (eziz.org)

COVID-19: Top FAQs

1. When is the “best” time to get the updated booster?

- Get the bivalent/updated booster now so you are protected before gathering with friends and family for Thanksgiving.
- Most Californians had their last dose 9 months ago and could greatly benefit from receiving the updated booster.
- I strongly recommended to all my patients 5 years of age and older to get the updated booster at least two months after completing their primary series or any booster dose.

COVID-19: Top FAQs

2. I heard the updated booster is not any better than the older booster. Why should we get the updated boosters?

- Experts agree that booster doses are an important tool to protect against COVID-19.
- These include scientists from Columbia and Harvard whose preliminary studies found similar laboratory results from bivalent and monovalent boosters. These studies were small, with brief follow-up of participants, and measured immune response rather than actual illnesses.
- In contrast, additional laboratory studies using more realistic techniques have found that the immune response to the bivalent booster to be stronger or as strong as the immune response to the monovalent booster.

COVID-19: Top FAQs

3. My son/daughter already had COVID-19. Why should he/she get the updated booster?

- Even if your child has been infected with COVID-19 and had a mild case, it is possible to get COVID-19 again and have a severe case.
- I strongly recommended that she/he get the updated booster dose, especially if it's been more than 3 months after her/his previous infection.
- The updated booster dose can help prevent severe COVID-19 outcomes, including MIS-C, hospitalization, and death.
- Getting the updated booster now will help protect your child against COVID-19 during the winter months, when we typically see the most respiratory infections, including RSV and flu.

Integrating COVID-19 Vaccination into Clinic Workflow

Yasuko Fukuda, MD FAAP

AAP District IX California

Yasuko Fukuda, MD FAAP

Chair, Member of the AAP National Board

American Academy of Pediatrics
over 67.000 pediatricians

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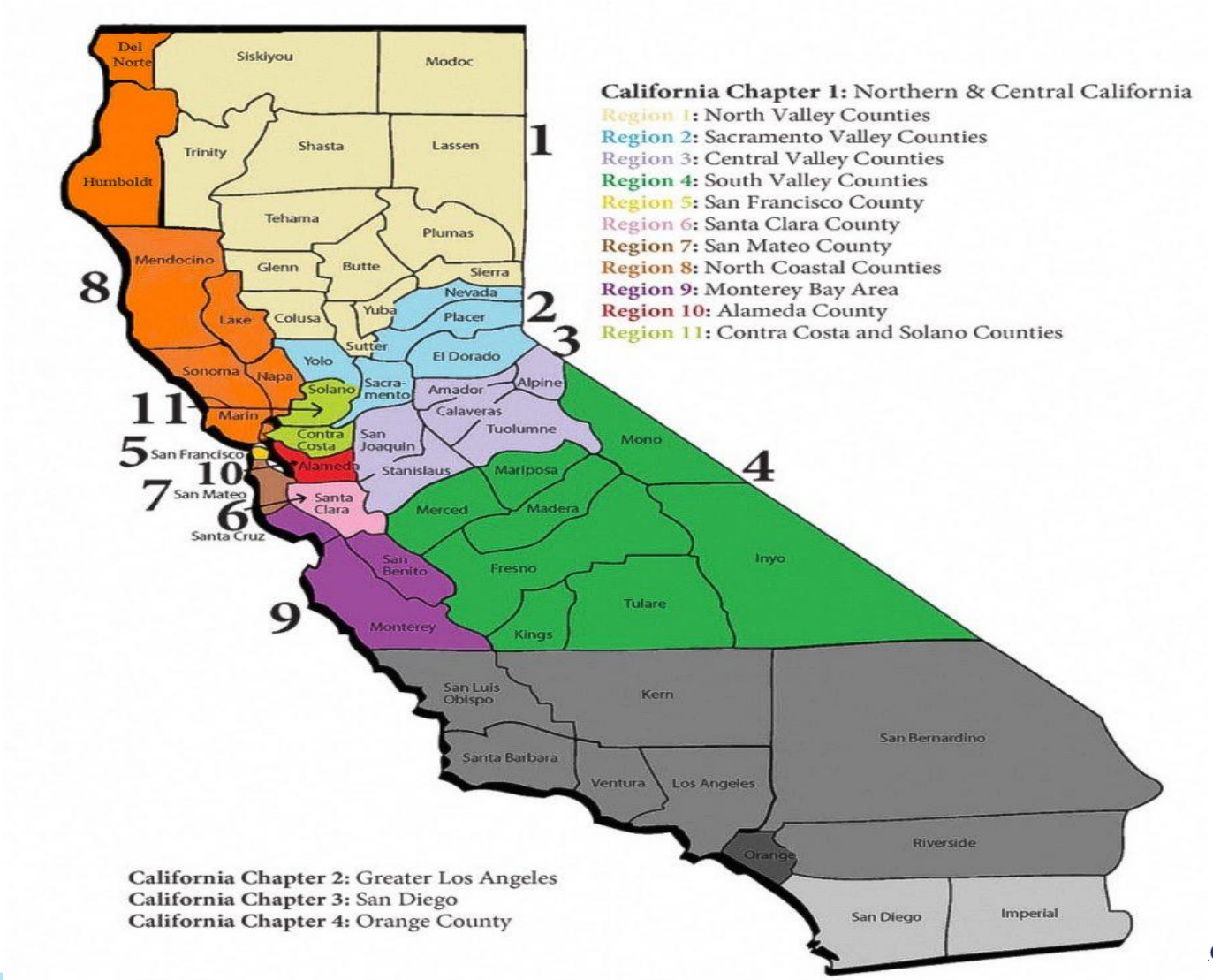


California Chapter 1: Northern & Central California
Region 1: North Valley Counties
Region 2: Sacramento Valley Counties
Region 3: Central Valley Counties
Region 4: South Valley Counties
Region 5: San Francisco County
Region 6: Santa Clara County
Region 7: San Mateo County
Region 8: North Coastal Counties
Region 9: Monterey Bay Area
Region 10: Alameda County
Region 11: Contra Costa and Solano Counties

California Chapter 2: Greater Los Angeles
California Chapter 3: San Diego
California Chapter 4: Orange County

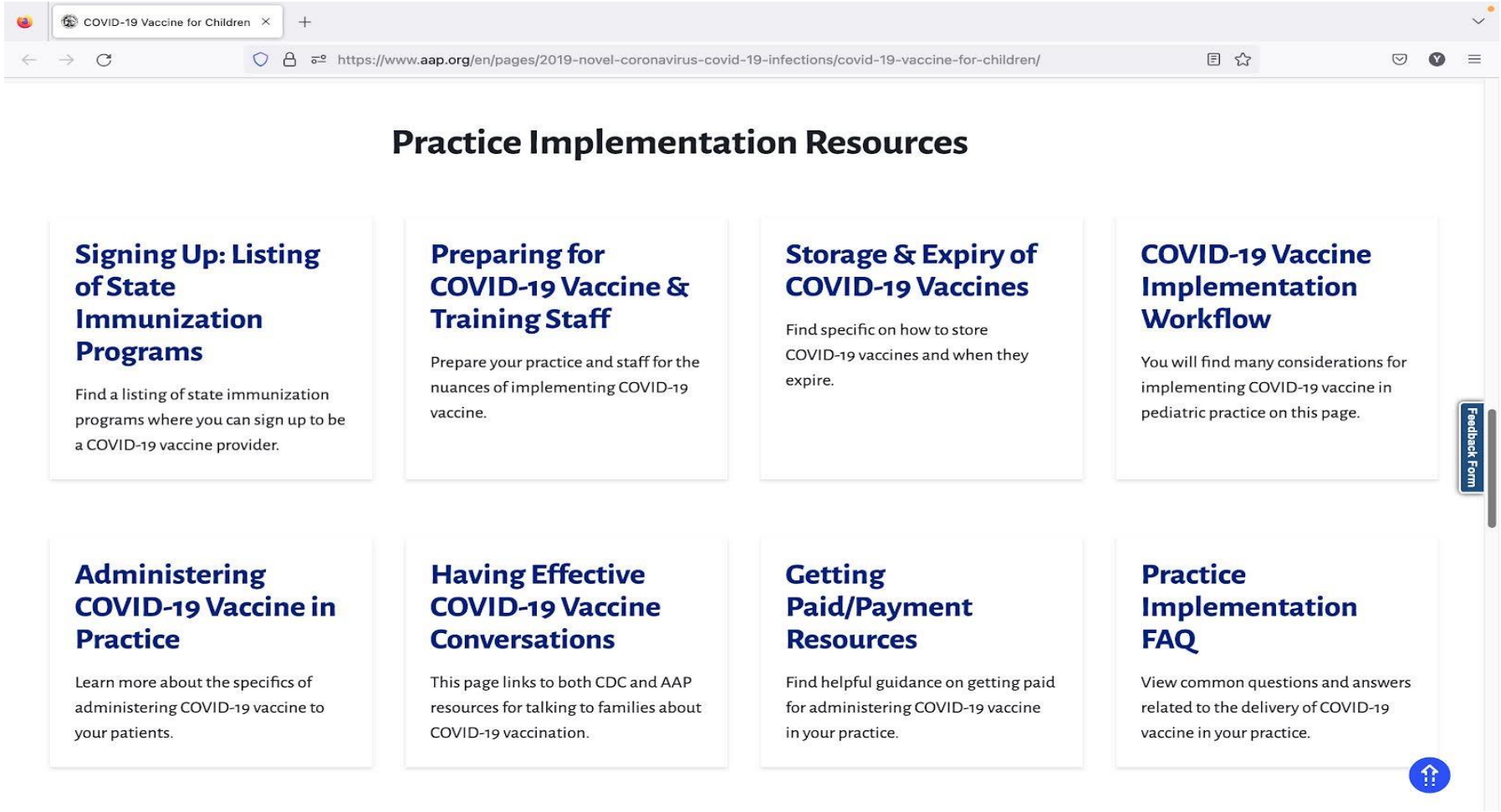
COVID19 Response

- **Activated Leadership and all Experts for rapid response. Partnered w national and state entities**
  - Infectious disease expertise
  - Policy development
  - Advocacy - for Community and Equity
  - Support for pediatric members

SUPPORT FOR PRACTITIONERS

- **COVID Vaccine implementation**
  - AAP Website resources
  - "COVID vaccine implementation"
  - Developed with expertise from the **AAP Section on Administration and Practice Management (SOAPM)**

WWW.AAP.ORG/EN/PAGES/2019-NOVEL-CORONAVIRUS-COVID-19-INFECTIONS/COVID-19-VACCINE-FOR-CHILDREN/



Immunization Programs

- **Managed by each State**
  - Need to become a "vaccine site" with the CA Department of Public Health (CDPH)
  - Coordinated with local County DPH
  - Focus on **Increasing sites who vaccinate**
  - Become a vaccine administrator: https://EZIZ.org/covid/enrollment/
  - For help: (833) 502-1245

Preparing for COVID 19 Vaccine- training Staff
Storage, Expiry, administering in practice

- Knowing the vaccines- Moderna, Pfizer
- Ordering, storing, handling, and administration
- Reporting and Billing
- Challenge: Staff – short in number and working very hard

COVID 19 Vaccine Implementation Workflow

- Scheduling patients – “shot” clinics, part of routine care
- Review records – previous doses, correct version, other shots?
- Consent, Contraindications?, Administer, may need to Observe
- “Normalization” of the vaccine - added as routine – per ACIP
- Include in Well child care, administer with other vaccines.
- Maximizing “missed opportunities”
- Schedule the next shot as they leave the office

COVID 19 VACCINE IMPLEMENTATION WORKFLOW

- Vaccine clinics – including with Flu – consider age specific days
- Standing orders
- Schedule next dose at check out
- Reminder Recall – utilize EMR for data and messages to families
- Not worry about “wastage”

Examples of enhancing opportunities to give COVID vaccine

- Outside or separate clinics for “family” Flu/COVID shots
- Incorporate into Well checks – start with an age group such as 6 mos? Or age 4-5 years?
- One “shot giver” per day dedicated to COVID and Flu vaccines
- Giving shots BEFORE docs go in
- Online sign-up system w questionnaire and consent form
- Coordinate with local health department, school, community

Having Effective COVID 19 vaccine Conversations *(Before the Holidays!)*

Getting paid/Payment Resources

Practice implementation FAQs

COVID 19 Vaccine Administration "Next Step"

- Phasing out of Federal funded vaccine supply
- "Commercialization" of COVID vaccine
- Ensuring Children are not left behind
- Ensuring Pediatric clinicians do not bear the administrative burden of continuing to vaccinate against COVID 19
- Advocating for equitable access for all children

AAP Washington DC Office In Active conversations

- AAP Letter to Ashish Jha, MD,
- Coordinator, White House
- Coronavirus Response Team:

- 4-page letter raising concerns

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

AAP Headquarters
345 Park Blvd
Itasca, IL 60143
Phone: 630/626-6000
Fax: 847/434-8000
www.aap.org

Reply to
AAP Washington Office
601 13th St NW, Suite 400N
Washington, DC 20005
Phone: 202/347-8600
E-mail: kids1st@aap.org

October 6, 2022

Ashish Jha, MD
Coordinator, White House Coronavirus Response Team
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Dr. Jha:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of more than 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults, I write to urge the administration to consider the needs of infants, children and adolescents as the federal government prepares to transition COVID-19 vaccines into a new stage of the pandemic. We also urge you to ensure that the unique needs of children are addressed as we shift from a federally purchased distribution system to one where COVID-19 vaccines are purchased through the commercial marketplace. We also request to meet with you at your earliest convenience to discuss the recommendations in this letter.

The Academy applauds the federal government for its work throughout the past three years guiding the development of safe and effective COVID-19 vaccines. We are grateful that infants and children under the age of 5 years now have access to COVID-19 vaccines – the last population group to benefit from these vaccines. We also look forward to having the bivalent booster shots authorized for children aged 5-11 years in the near future.

Commercializing COVID-19 vaccines now – when most adults have received the vaccines but most younger children have not – has the potential to leave children behind. Since the COVID-19 vaccines became available to Americans in January 2021, the vaccines were provided at no cost to medical providers to administer them, and with no cost sharing for patients receiving them. This system has facilitated clinician ability to administer the vaccines, which has led to vaccination of a substantial percentage of American adults. However, if a switch to commercialization of COVID-19 vaccines happens soon, clinicians who vaccinate children will face challenges that adult clinicians did not have to face. Specifically, clinicians who administer COVID-19 vaccines to infants and children will need to pay for some of the vaccines upfront, with no guarantee that they will be able to recoup the costs of this investment. This could result in inequitable coverage of COVID-19 vaccines for adults and children, with the population that waited longest to have access to the vaccines at risk for facing access challenges with some clinicians unable to purchase the vaccines because of the costs associated with stocking them. As such, we urge the administration to purchase enough COVID-19 vaccine for children now so the vaccines can be provided at no cost to pediatric clinicians, even as the country switches to commercialization of COVID-19 vaccines.

In addition, there are numerous administrative burdens associated with providing COVID-19 vaccines that need to be addressed in order to ensure that pediatricians and other pediatric clinicians can continue to offer COVID-19 vaccines to their patients. Administering COVID-19 vaccines, as well as routine immunizations, has become increasingly complex, requiring clinicians to dedicate additional time for counseling patients and families, staying abreast of ordering logistics and vaccine labeling, maintaining storage space and borrowing requirements, and following the different messages on

AAP Letter to the White House

- ***"Commercialization of COVID 19 vaccines now – when most adults have received the vaccines but most younger children have not - has the potential to leave children behind"***

  - Purchase enough for children now to provide to clinicians
  - Adopt single dose vials or prefilled syringes with better labeling
  - Simplify schedules, make Pfizer & Moderna interchangeable
  - Continue weekly supply, with lower minimum vial orders, flexible returns, longer invoice terms

AAP Letter to the White House (2)

- Encourage pricing guidelines so cost is not exorbitant
- Ensure insurers upload codes, and payment for counseling (whether given or not) is adequate.
- Allow COVID 19 vaccines to be in VFC program
- Relax restrictions on storage for public/private vaccines in separate refrigerators
- Ensure adequate payment levels for VFC as well as private insurers

Transitioning COVID vaccine acquisition

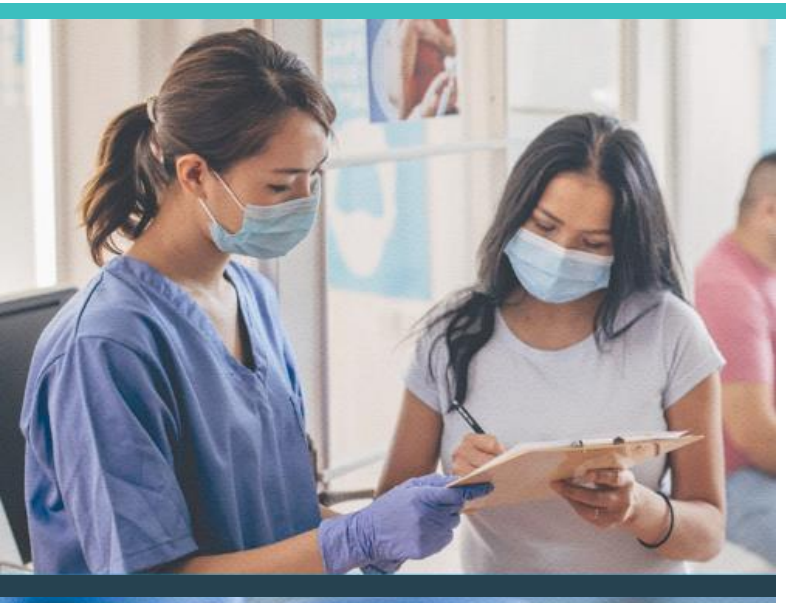
- Discussions in DC that change over to “commercialization” by end of 1st quarter 2023… (it will still be winter!)
- Many details to work out – including Private insurance coverage, VFC program.
- Meanwhile, practices can continue (or start) to vaccinate their families while federal supplies last!
- To enroll in myCAvax: visit https://eziz.org/covid/enrollment/

AAP District IX California Leaders

COVID-19 Vaccine Program Requirements & Compliance

Eugene Beronilla, MPH, COVID-QA Supervisor
Francisco Borboa, MPH, COVID-QA Coordinator

COVID-19 Vaccine QA: Provider Agreement

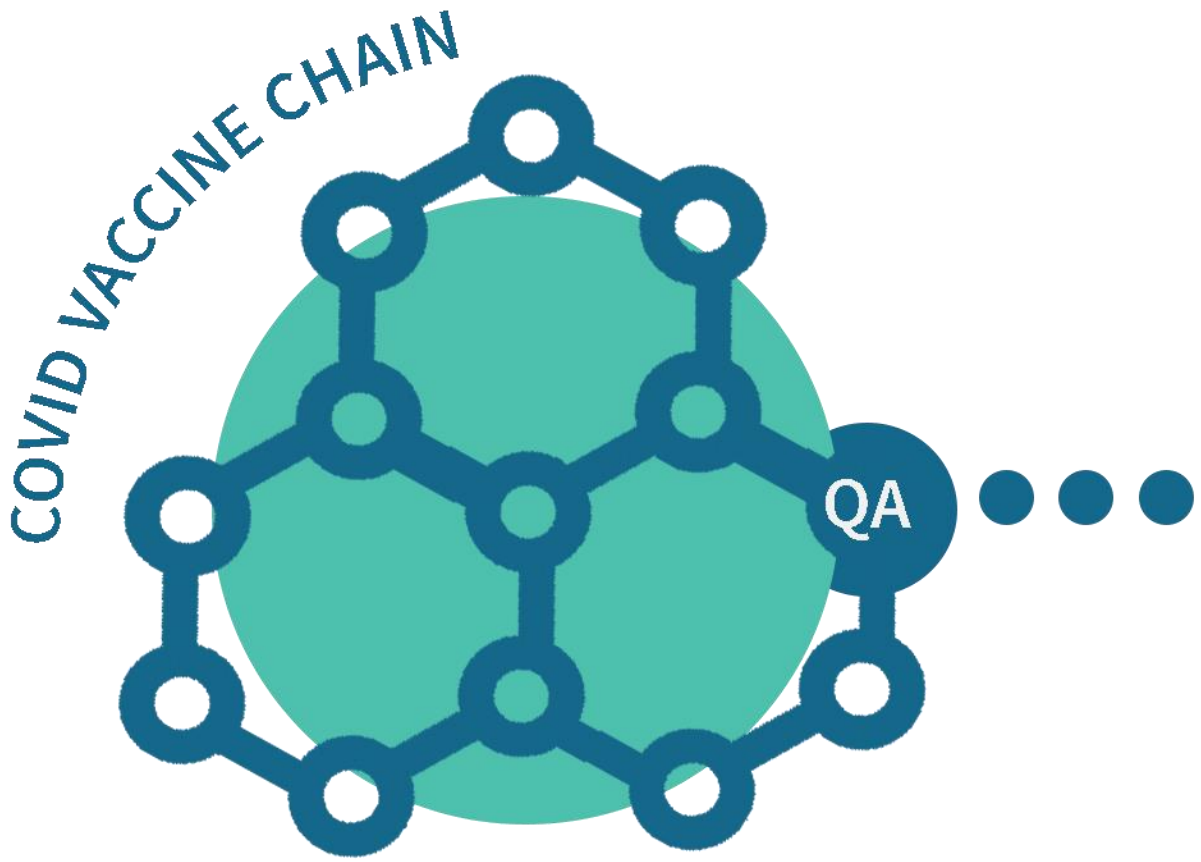


"COVID-19 vaccination providers and depot locations that store or redistribute COVID-19 vaccine must accommodate these (awardee) staff and participate in COVID-19 quality assurance site visits and other educational opportunities associated with COVID-19 vaccination program requirements."

Per the section
"UPDATES - CDC COVID-19 Vaccination Program Provider Agreement Requirements"

COVID-19 Vaccination Provider Requirements and Support | CDC

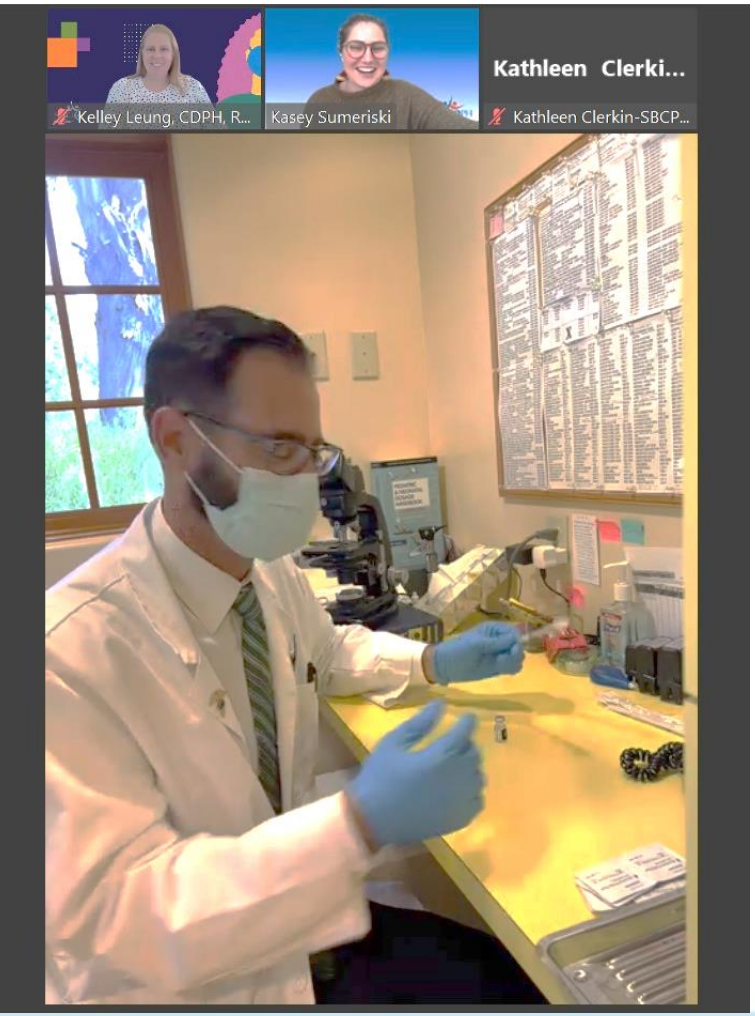
COVID-19 Vaccine QA: Objectives



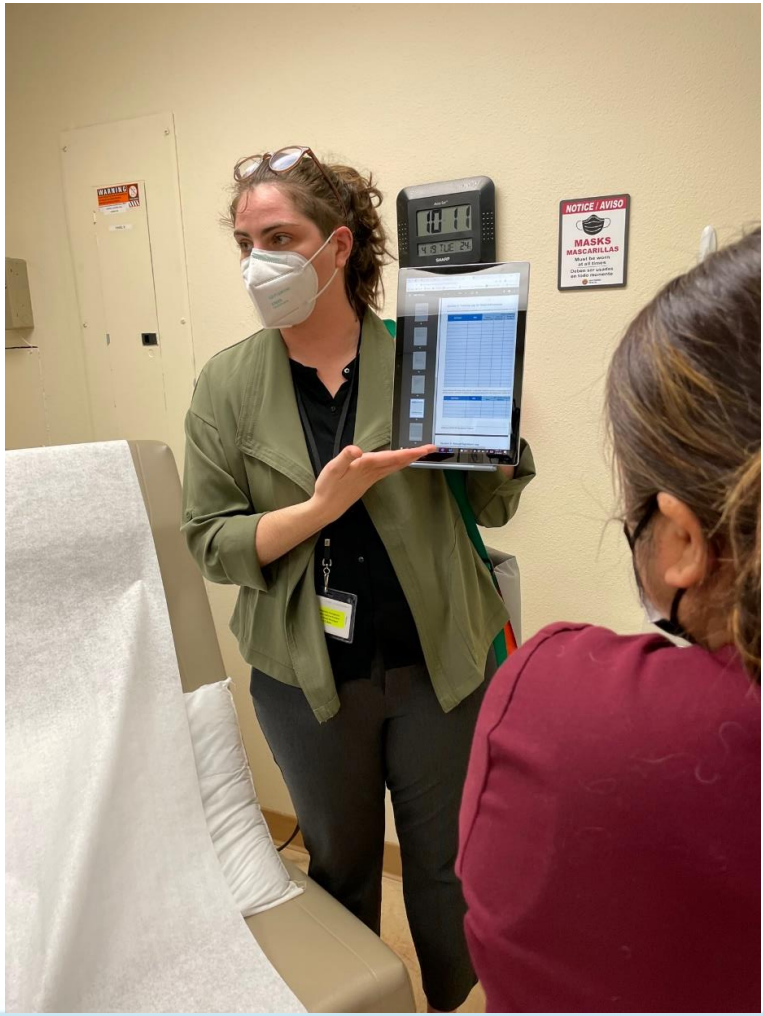
EDUCATION, CORRECTIVE ACTION, & FOLLOW-UPS

- Ensure appropriate COVID-19 vaccine program implementation
  - Storage & handling
  - Vaccine administration and reporting
  - Vaccination procedures
  - Billing
  - Ancillary supplies
- Document lessons learned, best practices, and challenges for program improvement
- Provide tracking and communication between CDPH, COVID providers, and LHJ staff

COVID-19 Vaccine QA: Virtual or In-person



- Safety
- Availability
- Practicality
- Efficiency
- Urgency



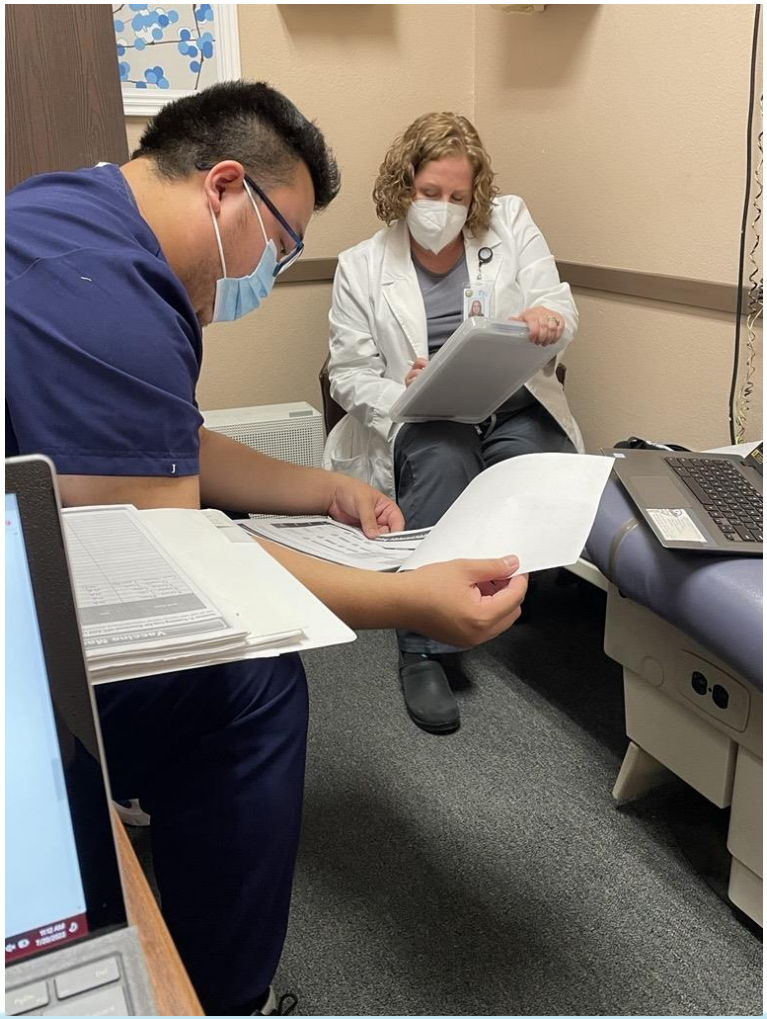
COVID-19 Vaccine QA: Clinical Observation

PREPARATION

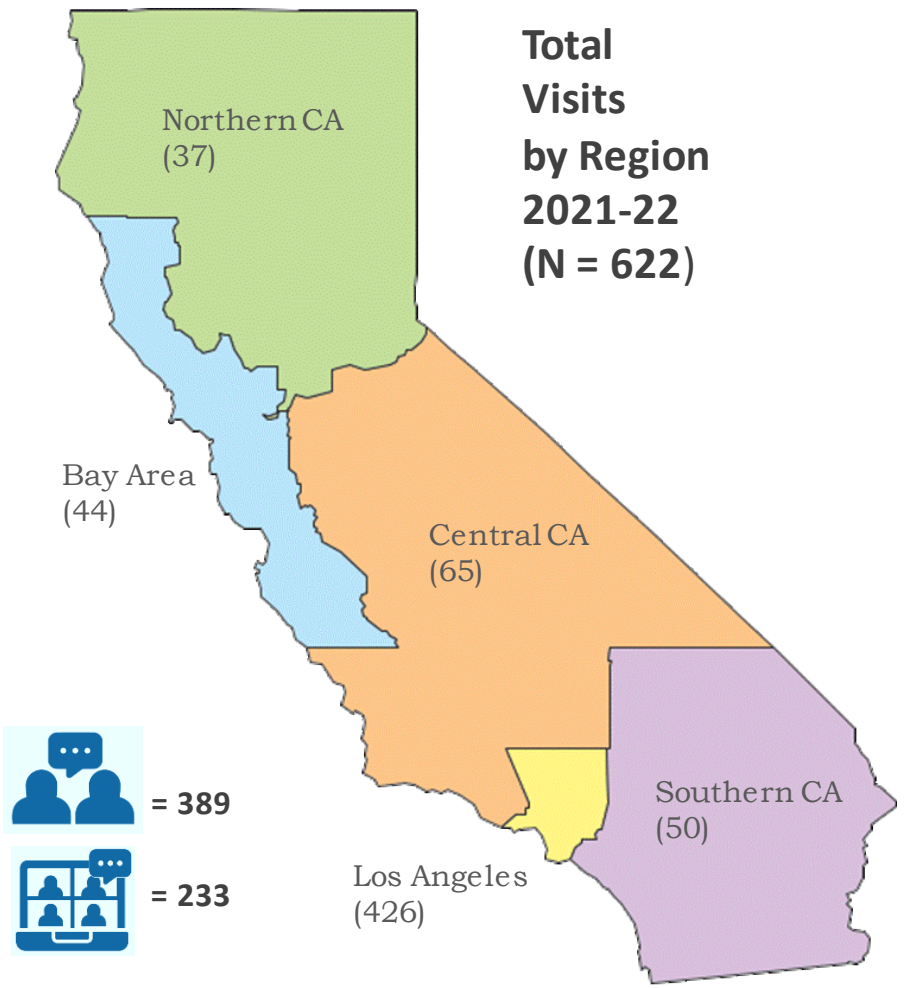
- All vaccine products by indication
- Diluents (volumes, mixing)
- Beyond use dates and labels
- Stations
- Pre/drawing

PROCEDURES

- EUAs
- Contraindication
- Post-vax observations
- Routes of administration
- Intervals
- Errors and reporting

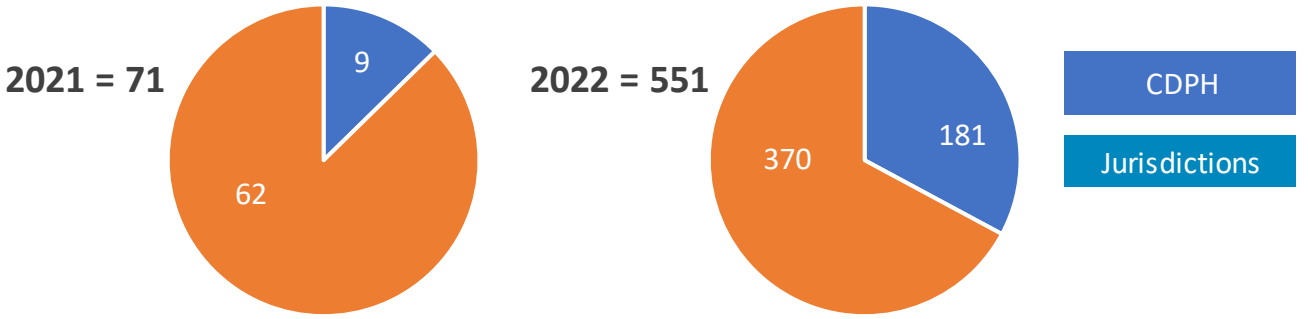


COVID-19 Vaccine QA Update: Regions, Deliverables, & Progress



Total Visits by Region 2021-22 (N = 622)

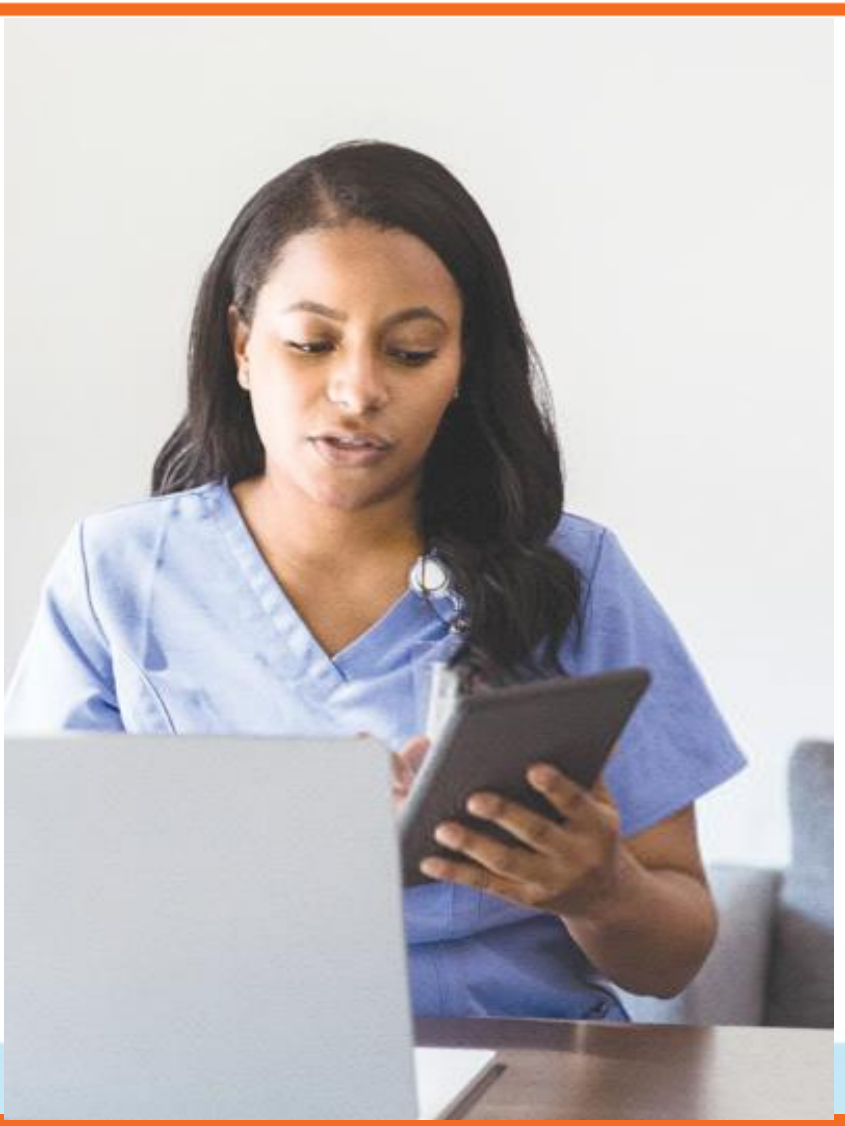
Visits by Year and Teams (N = 622)



2022 Targeted Visits (N = <250)

CATEGORY	GOAL	VISITS as of Sep 30
HRSA (10%)	52	77
IHS (10%)	8	4
OTHER PROVIDERS	100	416
DEPOTS (100%)	<200	54
TOTAL	**360**	**551**

COVID-19 Vaccine QA: Top 5 Noncompliance Areas



1. Vaccine preparation/Labeling syringes appropriately
   Label predrawn vaccines POM Page 112
2. Providing V-safe information sheets to each vaccine recipient CDC V-safe print resources
3. Reporting ancillary supply kit defects to all entities as applicable Reporting shipment incidents POM Page 82-83
4. Responding to vaccine administration errors
   Steps to follow in the event of error POM Page 116
5. Documenting and reporting temperature excursions
   Document and Report all temperature excursions POM 89-91

KidsVaxGrant

Nisha Gandhi, MPH

KidsVaxGrant Can Help!

- KidsVaxGrant will offer VFC Providers $10,000 for enrolling in myCAvax and an extra $5,000 to cover technical support (CAIR enrollment, EHR updates, etc).
- **Get paid now for a step all VFC providers will have to take later!**
  - VFC program will include COVID-19 vaccines as part of routine childhood vaccines.
  - In the future, myCAvax will likely replace myVFCvaccines.
  - Starting January 2023, all providers will have to report doses administered into an immunization registry (AB1797).
- KidsVaxGrant applications will open soon! Stay tuned for additional info.

COVID-19 Vaccine Action Plan

Tammy Pilisuk, MPH

16 VFC “Bright Spot” Clinics Interviewed in 11 Counties

(July-Aug 2022)

- Alameda
- Humboldt
- Los Angeles
- Madera
- Marin
- Mendocino
- Orange County
- San Bernadino
- Santa Clara
- San Luis Obispo
- San Mateo

Mid-large size clinic

Ordering and administering peditaric COVID-19 vaccine

Applied for CalVax and/or KidsVax Grant

Met goal on May 2022 Awareness Card of COVID = 2X MMR + PCV13+ Tdap

Pediatric COVID-19 Checklist

Pediatric COVID-19 Checklist:
Best Practice Strategies from California VFC High-Performing Clinics

"If we don't step up, kids won't get vaccinated." — Eureka Community Health Center

1. Get ready. Get support!

- ☐ **Enroll in MyCAvax** (if not yet enrolled). Get enrollment support to complete the application. Convenient online clinical COVID-19 immunization training is available on-demand.
- ☐ **Promote vaccine availability** to all eligible patients via patient portals, social media posts, flyers and posters.
- ☐ **Review your Awareness Card and goal** on your myVFCvaccines dashboard with your team. Set a goal based on your Awareness Card data.
- ☐ **Access COVID-19 help resources:** COVID Call Center: 833-503-1245, Weekly Provider Q&A Fridays at 9am (see on-demand 30-min quickinars on key vaccination strategies), or biweekly tech support forums Mondays at 12pm.

2. Support effective conversations with parents.

- ☐ **Watch and share CDPH "crucial conversations" webinars,** and download resources to help communicate confidently with parents.
- ☐ **Ensure all clinic staff are vaccinated.** Make vaccination personal. Being able to say, *"I'm vaccinated and so are my own kids and/or loved ones"* builds trust.
- ☐ **Print out and wear "I got my COVID shot" stickers (also in B&W).** Check with your local health department about ordering ready-to-wear stickers and buttons, or post a notice that all staff are vaccinated in your waiting area.

3. Don't miss an opportunity to vaccinate.

- ☐ **Check patients' immunization status** in your EMR or CAIR/IRIDE at every visit. Encourage MAs to use routing slips or other reports to remind physicians to administer COVID-19 vaccines and boosters.
- ☐ **Co-administer COVID-19** with other routine pediatric vaccines, including flu. Share this COVID-19 Co-administration Tips job aid with clinical staff.
- ☐ **Vaccinate siblings or family members** that come along on the visit.
- ☐ **Consider vaccine-only appointments,** walk-ins, and weekend/evening clinics.
- ☐ **Vaccinate every eligible person,** even if it means puncturing a vial at the end of the day.
- ☐ **Have dedicated days/times for COVID-19 vaccination** when demand is high.

4. Book appointments in advance and send reminders.

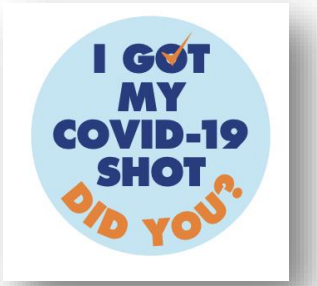
- ☐ **Book appointments for additional doses needed** when scheduling the 1st dose or before families leave the clinic after getting the first shot.
- ☐ **Remind patients of COVID-19 vaccine and booster** appointments via patient portals, text messages, phone calls, or postcards.

5. Monitor inventory to maintain vaccine supply.

- ☐ **Check your pediatric COVID-19 vaccine inventory regularly** (pro-tip: check it daily!)
- ☐ **Re-order in small amounts on myCAvax weekly** to re-stock your vaccine supply.

California Department of Public Health | Immunization Branch. This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC). VFC IMM-1439 (10/22)

- ✓Suggestions on how to improve COVID-19 vaccine coverage
- ✓Simple tip sheet to use and discuss with VFC providers
- ✓Similar to Flu Action Plan
- ✓Includes links to other helpful resources, including:



Available at:
https://eziz.org/assets/docs/COVID19/IMM-1439.pdf

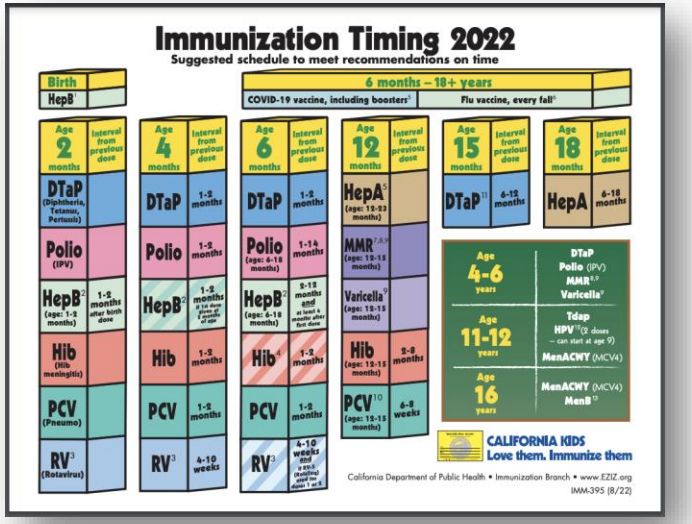
Provider & Patient Resources

Terisha Gamboa, MPH

EZIZ Resources

- [Pediatric COVID-19 Checklist: Best Practice Strategies from California VFC High-Performing Clinics]
- [Recommending COVID-19 Vaccination: Clinical Talking Points]
- [COVID-19 Provider Operations Manual (POM)]

Flu and COVID-19 Vaccine Flyer for Children

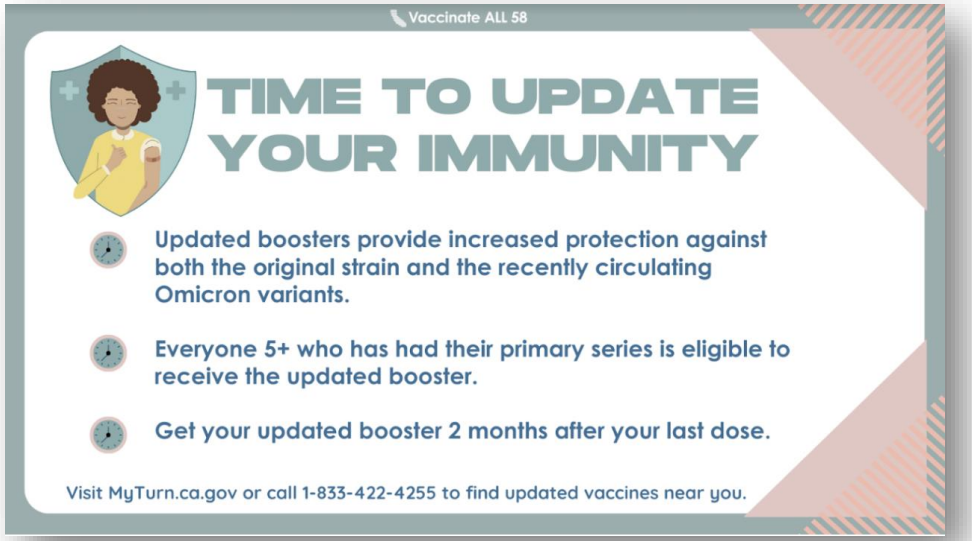


Immunization Block Schedule

Other resources are also available on EZIZ COVID page.

Vaccinate All 58 Campaign

- Updated materials for promotion
- Toolkit.covid19.ca.gov
  - Updated Booster info
  - Messaging for the Whole Family
  - Messaging for Seniors
  - General Messaging – social media messages
    - #CrucialCOVIDConversations
- Promote MyTurn.ca.gov for patients to find nearest flu and COVID-19 vaccine sites



CDC Resources

- Interim Clinical Considerations for Use of COVID-19 Vaccines
- COVID-19 Program Provider Requirements
- Talking with Patients about COVID-19 Vaccination
- Tailoring COVID-19 Information to Your Audience

How to Tailor COVID-19 Vaccine Information to Your Specific Audience

To improve vaccine confidence and COVID-19 vaccination rates, the Centers for Disease Control and Prevention (CDC) shares steps for tailoring messaging and materials to your specific audience.

- Step 1: Understand your audience.
- Step 2: Create tailored messages and materials.
- Step 3: Get audience input and feedback.

Health communications and social marketing work best when they are engaging, relevant, motivating, and actionable.

ShotbyShot COVID-19 Stories

View Elise's Journey with Long COVID

- Visit ShotByShot.org to view personal stories of people affected by COVID-19 disease and other vaccine-preventable diseases.
- Share these stories with your staff and patients.

Questions?