

Vaccines for Adults Webinar:

Best Practices for Adult Immunizations



Immunization Branch
California Department of Public Health
July 12, 2023

Housekeeping



Attendee lines are automatically muted.



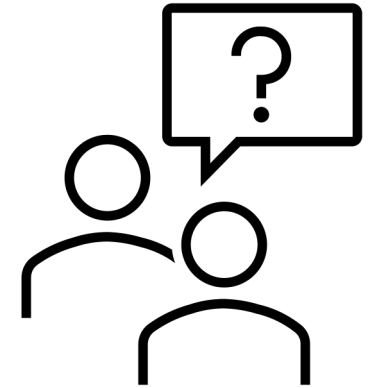
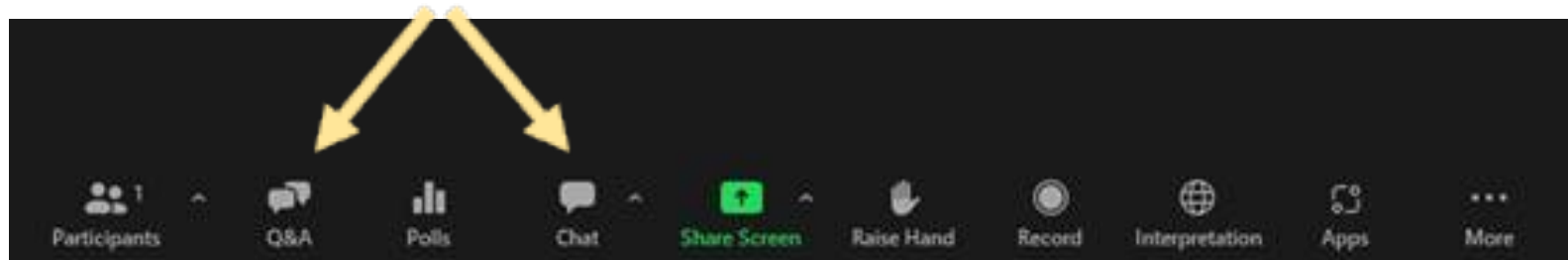
Please access today's slides at <https://eziz.org/vfa-317/vfa-resources/>. The webinar is being recorded and will be posted there after the event.



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

Questions

During the webinar, open the **Double Bubble Q&A** to submit written comments or questions.



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 changes made to adult ACIP vaccine recommendations.
4. Identify updated tools and resources that can be utilized for adult patients.

Agenda

- **Peer-to-Peer Presentation** – AltaMed Medical Group
- **ACIP and IZ Updates** – Dr. Jennie Chen
- **Program Updates** – Nisha Gandhi & Lindsay Reynoso
- **Resources** – Terisha Gamboa
- **Q&A Session**

AltaMed Medical Group

Jeffrey Arroyo, MD; Ivelys Vega, RN; Rosa Vazquez; Stacy DeCario RN, BSN

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

Best Practices for Adult Immunizations

VFA Webinar July 12, 2023



AltaMed

QUALITY CARE WITHOUT EXCEPTION™

AltaMed Mission and Vision

- We are on a mission to eliminate disparities in health care access and outcomes by providing superior quality health and human services through an integrated delivery system for Latino, multi-ethnic and often-overlooked communities in Southern California.
- Our goal is to be the leading community-based provider of quality health care and human services.
- Ensuring our Team has to the tools they need to provide this level of care and our patients know what care is available to them are key components to our success.

AltaMed Vaccines for Adults Program: Best Practices

Prepared by Stacy Decario, RN, BSN

Director of Vaccines



AltaMed Health Services Vaccine Programs

- AltaMed Health Services has 14 clinics participating in the Vaccines for Adults (VFA) program and 23 in the Vaccines for Children (VFC) programs.
- The keys to the success of our vaccine programs include: communication, education and the availability of vaccines.



Care Gaps and Standing Orders

- AltaMed utilizes the Epic electronic charting system which allows us to create Care Gaps to alert the care team when a patient is due for a vaccine anytime the patient's chart is opened.
- This allows us to notify patients if they are due or overdue for a vaccine when they come in for a routine visit, an illness, or even to pick up a prescription.
- A patient can often receive a vaccine without needing to see a physician with the use of our standing orders. This increases access to vaccines by making it easier to schedule appointments.

Vaccine Care Gaps

Why are they useful?

- Advisory Committee on Immunization Practices (ACIP) recommendations can change annually or more frequently.
- New vaccines regularly approved.
- Different schedules based on routine vs catch up vs at risk populations.

Multiple sources of truth but limited time in clinic:

- California Immunization Registry (CAIR) vs Electronic Medical Record (EMR) recommendations can vary.
- Nuances as to who is considered an at risk population.
- The need to standardize when implementing standing orders for nursing staff.

Pneumococcal Vaccine Background

- On October 20, 2021 ACIP released updates to pneumococcal vaccine recommendations for high risk and senior patients to align with newly released vaccines (PCV-15 and PCV-20).
- AltaMed released the “Pneumococcal Vaccine Care Gap” on Feb 9, 2022.
 - Prior to this, providers ordered based on their understanding of ACIP recommendations.

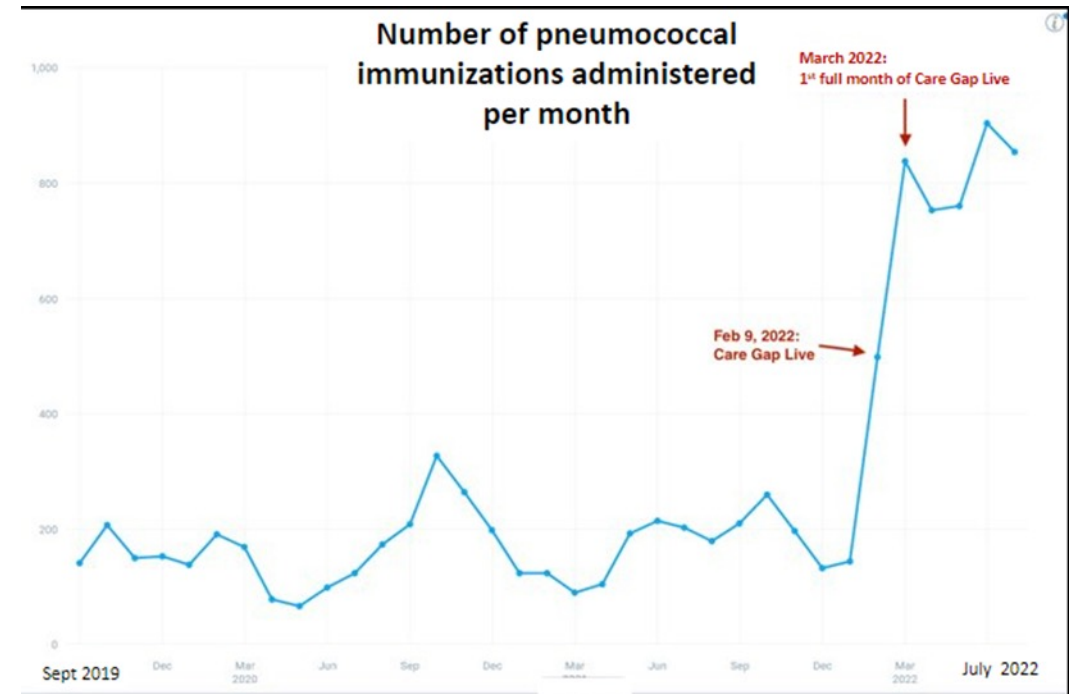


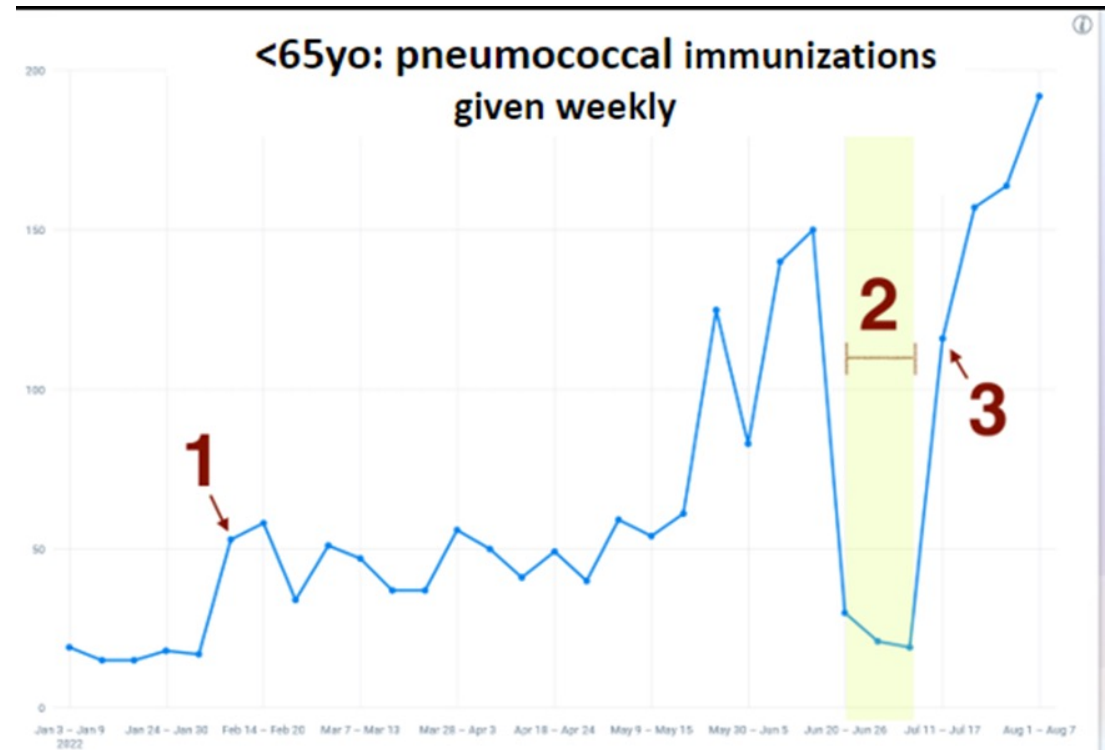
Figure 1: Total number of pneumococcal immunizations given monthly. With implementation of care gap reminders, the number given increased immediately.

Care Gap Implementation

- Our EMR released general framework for new vaccine schedules based on CDC Clinical Decision Support for Immunization (CDSi).
- Great for forecasting follow up vaccine schedules based on previously administered vaccines.
- Requires clinical review of risk groups to determine which diagnoses are clinically appropriate.
 - Reviewed by Clinical Informatics and Infection Prevention teams.
- After implementing, kept communication open for providers to send examples of any concerns related to Care Gap accuracy.
 - Helped to build trust in the Care Gap and standing orders.

What If We Turn Off Care Gap?

- 1) Care Gap live
- 2) <65 year old high risk Care Gap turned off
- 3) Care Gap turned on again



Education and

Communication

- Back office staff begin learning about Care Gaps in New Hire Orientation. The Clinical Education Team reviews what Care Gaps are and how to engage with the patient when they are due for a vaccine.
- Staff is also taught to review the patient's immunization history, including CAIR, to verify the information is current and accurate before administering any vaccines.



Education on Care Gaps

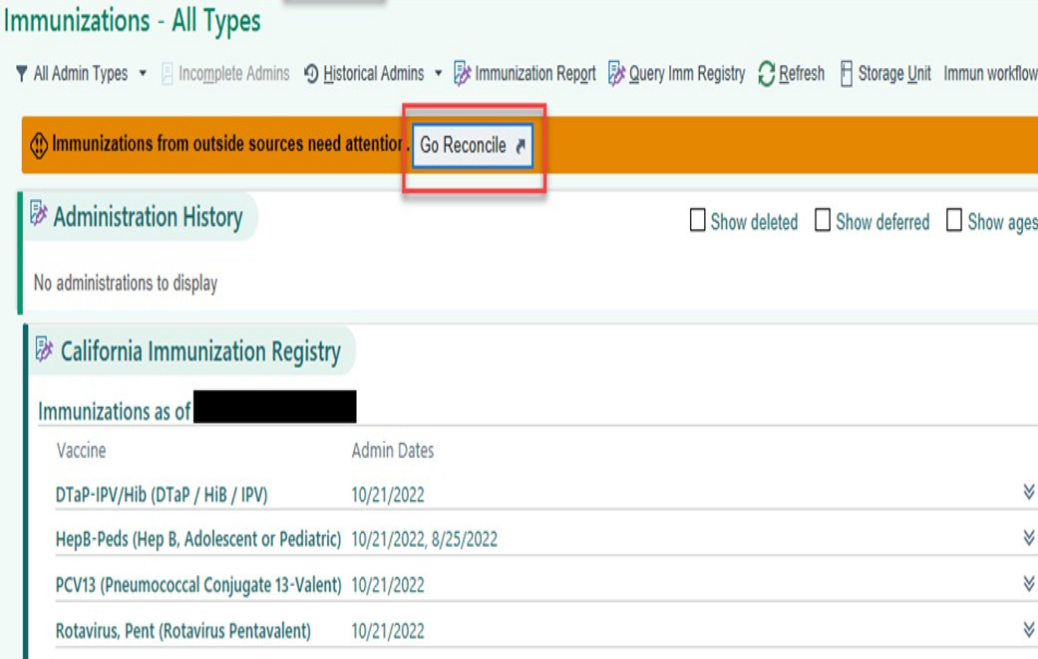
- Standard Proactive approach – ability to visualize current and future items to proactively address and/or create appointments as applicable.

The screenshot displays a patient's medical record with a 'Care Gaps' section. The patient's ID is G3P0021. The 'Care Gaps' section is divided into three categories: Overdue, Due Soon, and Upcoming. The 'Overdue' section includes 'Colorectal Cancer Screening (Colonoscopy - Preferred) (Every 10 Years)' and 'Cervical Cancer Screening (Pap Smear - Preferred) (Every 3 Years)'. The 'Due Soon' section includes 'Hepatitis B Vaccines (2 of 2 - CpG 2-dose series)'. The 'Upcoming' section includes 'COVID-19 Vaccine (4 - Booster for Pfizer series)', 'TB Screening (Yearly)', and 'DTaP/Tdap/Td Vaccines (3 - Td or Tdap)'. A yellow tooltip is visible over the 'Hepatitis B Vaccines' entry, stating 'Open a SmartSet to address open care gaps'. The interface also shows patient demographics, vital signs, and a 'Start Review' button.

Category	Item	Frequency	Last Completed / Ordered
Overdue	Colorectal Cancer Screening (Colonoscopy - Preferred)	Every 10 Years	Last ordered: Oct 14, 2022
	Cervical Cancer Screening (Pap Smear - Preferred)	Every 3 Years	Last ordered: Oct 14, 2022
Due Soon	Hepatitis B Vaccines (2 of 2 - CpG 2-dose series)		Last completed: Oct 14, 2022
Upcoming	COVID-19 Vaccine (4 - Booster for Pfizer series)		Last completed: [Redacted]
	TB Screening (Yearly)		Last completed: [Redacted]
	DTaP/Tdap/Td Vaccines (3 - Td or Tdap)		Last completed: May 7, 2018

Education on Immunization History

- Reviewing patient's immunization history, including CAIR.
 - Staff can also make updates to CAIR when needed.
- Our Epic system works with CAIR so we can receive current information from CAIR. Any vaccines we administer at AltaMed are automatically transmitted to CAIR.
- A banner prompts staff to reconcile from CAIR when appropriate.



Immunizations - All Types

▼ All Admin Types ▾ Incomplete Admins ↻ Historical Admins ▾ Immunization Report Query Imm Registry Refresh Storage Unit Immun workflow

⚠ Immunizations from outside sources need attention. [Go Reconcile](#)

Administration History Show deleted Show deferred Show ages

No administrations to display

California Immunization Registry

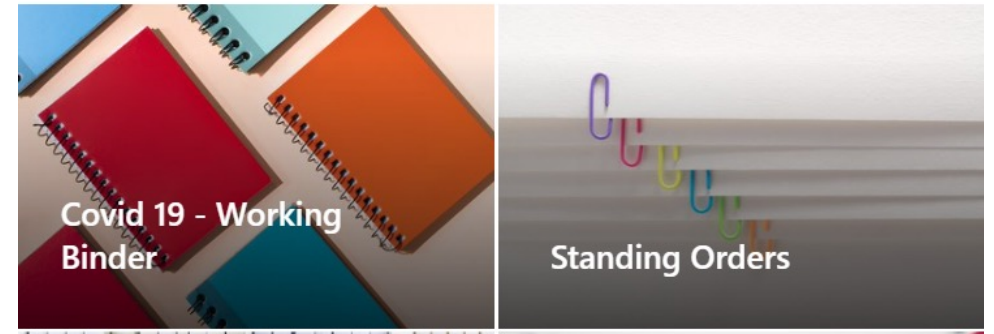
Immunizations as of [REDACTED]

Vaccine	Admin Dates	
DTaP-IPV/Hib (DTaP / Hib / IPV)	10/21/2022	▼
HepB-Peds (Hep B, Adolescent or Pediatric)	10/21/2022, 8/25/2022	▼
PCV13 (Pneumococcal Conjugate 13-Valent)	10/21/2022	▼
Rotavirus, Pent (Rotavirus Pentavalent)	10/21/2022	▼

Ongoing Education and Communication

- As new vaccine information is released, Care Gaps are developed and SmartSets created. Multiple methods of communication are utilized both before and after the update.
- New vaccine information and refresher sessions are reviewed during online meetings and through scheduled email communications.
- To ensure back office staff receives adequate training on new vaccine information, LMS Education Modules are created.
- We recently added a Vaccine page to our Nursing SharePoint intranet site. This page offers a central location to find vaccine related resources.

V Vaccines



Care Gaps in Action

- In February 2022, we initiated new Shingrix Care Gaps based on the ACIP recommendations to provide the Shingles Vaccine, Shingrix, to patients 50 years and older.
- All physicians and back office staff were educated on this new Care Gap and the results were impressive.
 - Prior to the Care Gaps, from February 2021 – November 2021, AltaMed provided 1,319 Shingrix vaccines.
 - After implementing Care Gaps, from February 2022 – November 2022, we administered 14,636 Shingrix vaccines.
 - Since the Care Gaps were initiated, we have administered over 20,500 Shingrix vaccines.



Communications Strategies to Promote Vaccine Information to Patients

- Monthly patient e-newsletter.
- IVR messages on the patient service center line.
- Signage at clinics and screen savers on exam room laptops and TV screens.
- Regular social media posts and geo-targeted campaigns.
- Dedicated COVID-19 vaccines page on our website.
- Blog articles on Health and Wellness page on our website.
- Targeted text message and mailing campaigns.



Available Vaccines at AltaMed

Learn more about which one is right for you.



After the Vaccine

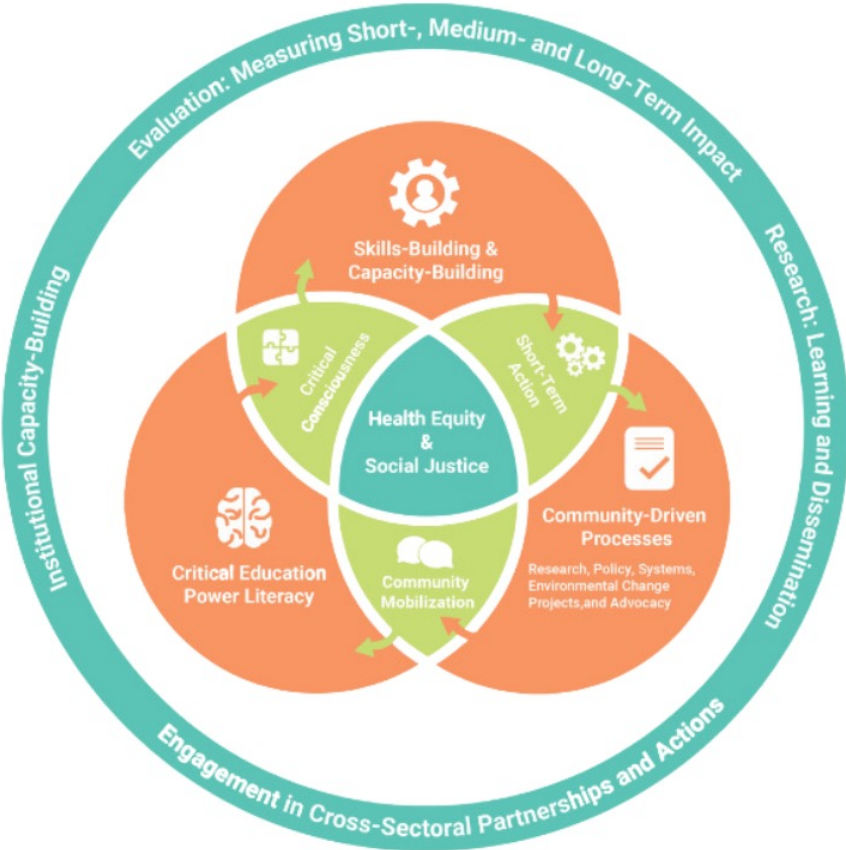
After getting vaccinated, it is normal to experience side effects. See what you should expect after each dose.

Community-Centered Approaches for COVID-19 Response, Vaccination and Mitigation: Community Members as Central Public Health Agents of Change

Prepared by Rosa Vazquez
Campaign Management and Community Engagement Consultant
AltaMed Institute for Health Equity



Community Research and Organizing Team



Mission: Advance health equity and social justice by engaging community residents and patients as partners in addressing social determinants of health and underlying inequities.



COVID-19 Vaccination and Community Recovery Campaign



Aims:

- (1) To reduce vaccine disparities in predominantly Latinx communities in Southeast Los Angeles and Central Orange County
- (2) To holistically engage community members and community stakeholders as partners in COVID-19 response, mitigation and recovery efforts

Program Team

Community Advisory Board

Street Vendor Ambassadors

Partners

Community-Led

- Rosa Vazquez
- 6 Leads
- 32 CHW Fellows

- 25 Community leaders
- Community Surveys

Collective Implementation

- Inclusive Action
- 50 Street Vendors

- 82 Small Businesses
- 65 Schools
- 43 CBOs

Reach Community:
Grassroot Outreach Campaigns

Respond to & Learn From Community:
Service Referrals Barrier Reduction

Community Workforce Development:
CHWs

Mobilize Community:
Community Advisory Board
Street Vendors
Youth Ambassadors

Vaccination Connection:
Pop-Up Clinics
Vax Appointments
Hotline

Community-Centered Approach

PHASE 5: PARTICIPATORY EVAL & DISSEMINATION



- Community Evaluation Sessions
- Dissemination Campaigns
- Collective data-driven decision making processes

PHASE 4: COMMUNITY-LED ITERATION



- Analyze & Disseminate Vaccine Outreach & Education Outcomes
- Iteration Action Plans
- Data Infrastructure review

PHASE I: LANDSCAPE ANALYSIS AND STRATEGY DEVELOPMENT

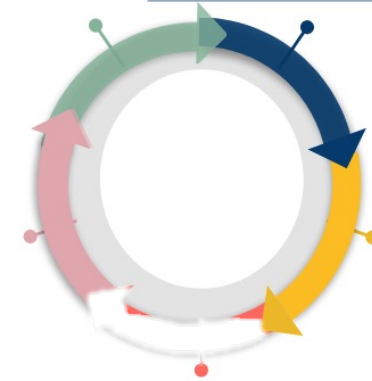


- Community COVID assessment & asset mapping
- Continuous Pulse Checks
- Strategy & Pilot development based on those learnings

PHASE 2: CO-DEVELOPMENT OF INTERVENTIONS



- CAB+ Fellows
- Planning Sessions



PHASE 3: COMMUNITY-ENGAGED IMPLEMENTATION

- Recruitment and training of partners
- Weekly or Monthly Calls to Action
- Co-implementation of community awareness & mobilization campaigns
- Reporting and Data Collection Processes

Impact Outcomes

Community Outreach Outcomes

252,835
TOTAL
REACH



135
Materials
Developed



293
Number of
Events



13,000+
Doors
Knocked



6,500+
Survey
Responses



8,500+
Hotline
Calls



26
Townhalls



Service Delivery Outcomes



15,068
Vaccine
Appointments



7,963
Testing



3,321+
Vaccine
Transportation
Services



3,042
Linkages to
Care



15,000+
Social Service
Referrals

Community Engagement and Activation



371
Volunteers



93
Digital
Partners



28
Community
Ambassadors



65
School
Messengers



50
Street
Vendors

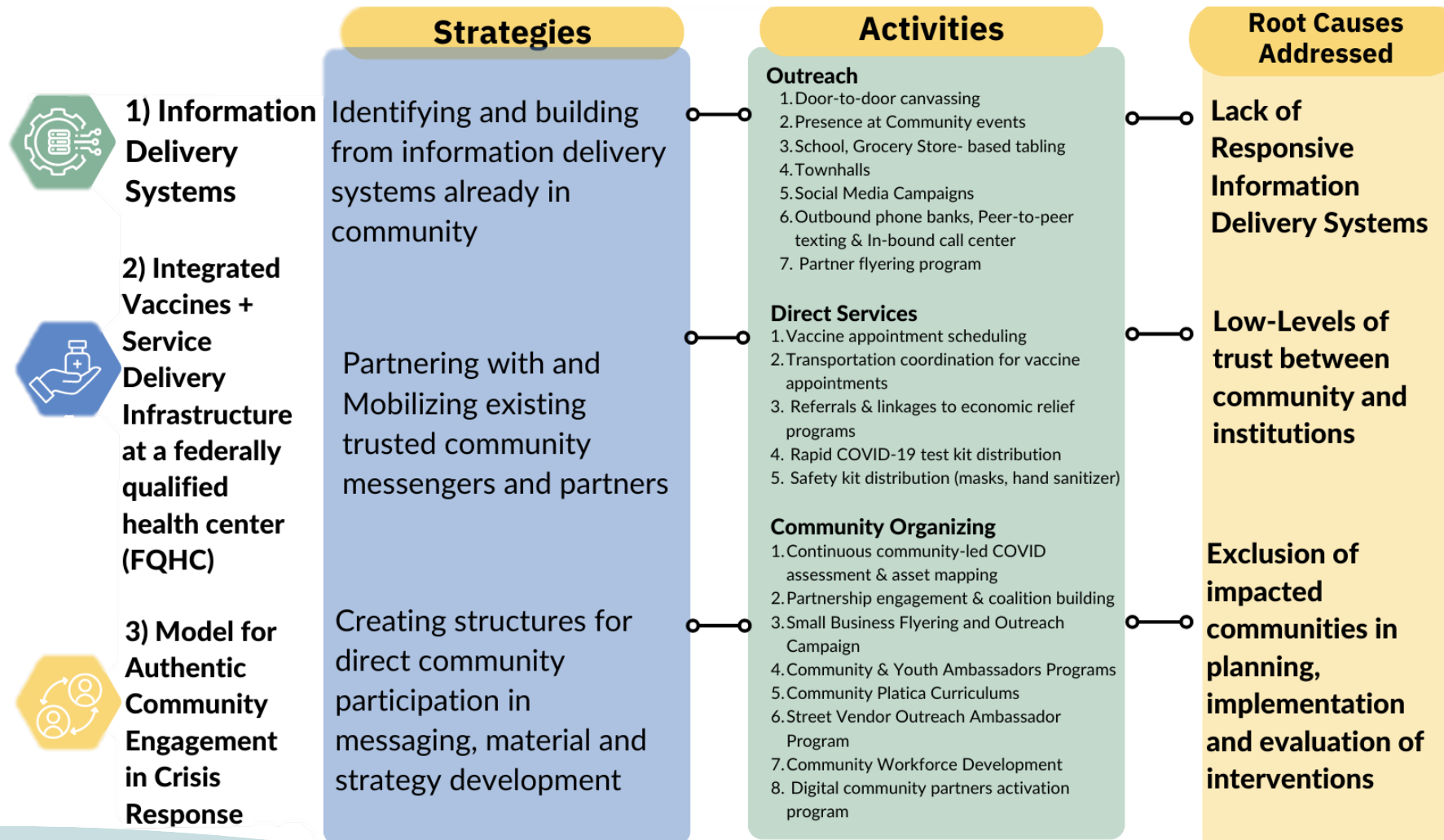


82
Small
Businesses

AltaMed

QUALITY CARE WITHOUT EXCEPTION™

Enhancing Confidence



Case Study: Mobilizing Street Entrepreneurs for COVID-19



Program Overview:

- (1) Engage and mobilize 50 Street Entrepreneurs from across LA county around COVID-19 vaccine outreach
- (2) Partner with Street Entrepreneurs to more effectively deliver vaccine and COVID information to priority communities

Street Entrepreneurs as *trusted* community messengers:

- Extensive community networks
- Outreach and community relationship building experience
- Lived expertise in navigating systemic issues and disproportionately impacted by the pandemic

Street Vending Entrepreneur Vaccine Ambassador Program

1



Co-planning meetings and debrief sessions

Street entrepreneurs and our team engaged in co-planning and debrief sessions every month.

2



Community Action Plan

Street entrepreneurs planned their activities and set their own goals for vaccine outreach and education.

3



Outreach strategies and materials

Street entrepreneurs engaged in outreach beyond their workplaces, recruited other street entrepreneurs and created vaccine goodie bags.

Goodie Bags



Flower Cards



Placards



Outreach and Distribution Outcomes



Outreach

- Reached over 165,000 community members
- Distribute between 8,000 and 10,000 flyers a month
- Co-created over 11 outreach materials

Service Connection

- Distributed over 3,000 COVID Safety kits
- Informed the creation of a food pantry and accessible covid testing site database that informed flyers
- Connected 2,000+ community members to our campaign
- COVID vaccination among undocumented communities & food pantry and rental assistance awareness campaign

Community Empowerment

- Activated 6 other street vendors as community messengers
- Distributed more than 50 flyer packets for distribution at other vendor locations and small businesses

Co-development

Co-developed 3 vaccine outreach campaigns that leverage service connection as a central strategy:

- (1) COVID-testing reached 60,000+
- (2) Food pantry and rental assistance awareness campaign: 30,000 +
- (3) COVID Vaccine Updates (continuous campaign): 75,000+

Other Outcomes

- Supported 3 external different community resource and vaccine events
- Attended 5 different (externally held) COVID vaccine and recovery community listening sessions to advocate for changes in policies around vaccines and COVID



Strategies for Success

Best Practices

Outreach

- Meet community where they truly are
- Engage local and trusted community messengers
- Break down physical barriers to vaccines
- Create long-term relationships with community by building infrastructure for continuous engagement

Centering Community Voices and Needs

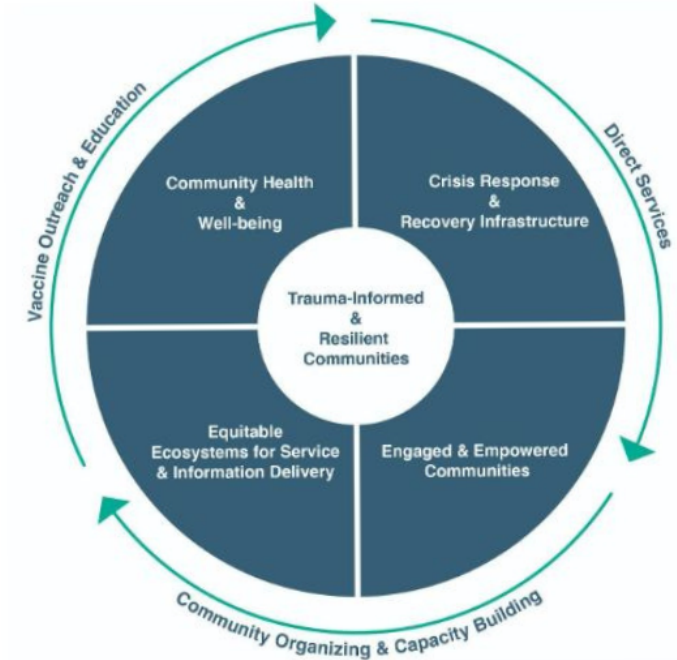
- Provide and connect community to basic social services
- Empathy-first messaging
- Compensate community members for any and all labor
- Community and Youth Ambassador Programs or Advisory Boards

Co-learn, Unlearn, Relearn

- Engage with community as partners
- Be intentional about power dynamics in how you plan events and curriculum(s)
- Acknowledge that Community is the experts in their own experience and create spaces where they are able to share that expertise

Create structures for community engagement and empowerment

- What are your community feedback loops?
- How are you activating community and not just informing or persuading them
- Develop messages that respond to community priorities



If you have questions on our Community-Centered Approaches for COVID-19 Response, Vaccination and Mitigation, feel free to contact:
Rosa Vazquez, rovazquez@altamed.org.

Thank you to all who contributed to this presentation:

- Dr. Jeffery Arroyo
- Dr. Sherrill Brown
- Dr. Christina Jung
- Ivelys Vega
- Rosa Vazquez
- Andrea Ceja
- Mayra Ceballos
- Tiffany Chiu
- Alma Arenas

A white computer keyboard is partially visible in the upper right corner of the image. A black stethoscope is positioned diagonally across the white surface, with its chest piece resting near the keyboard and its earpieces extending towards the bottom right.

Jennie Chen, MD, MPH, CDPH Public Health Medical Officer

CLINICAL UPDATES

CDC Advisory Committee on Immunization Practices (ACIP) Meeting, June 21-23, 2023

- Topics covered:

- COVID-19 vaccines
- Influenza vaccines (vote)
- RSV vaccines for adults (vote) and children/pregnant people (no vote)
- Pneumococcal vaccine in children (vote)
- Polio vaccine for adults (vote)
- Mpox vaccine
- Meningococcal vaccines
- Dengue & chikungunya vaccines
- Vaccine Safety

[Presentation Documents](#) & [YouTube Link](#)

COVID-19 Vaccine Updates

- **Topics covered:**
 - COVID-19 epidemiology and vaccine effectiveness
 - Infection-induced and hybrid immunity
- No votes on updated recommendations for COVID-19 vaccines

Reminder: 2023-2024 COVID-19 Vaccine Formulation

- FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) voted on 6/15/23 to recommend an update of the COVID-19 vaccine to a monovalent XBB.1.5-lineage composition for the 2023-2024 formulation.
- CDC ACIP has not yet made a recommendation for the 2023-2024 formulation of COVID-19 vaccine.

[Vaccines and Related Biological Products Advisory Committee June 15 2023 Meeting Announcement Recommendation for the 2023-2024 Formula of COVID-19 vaccines in the U.S.](#)

Policy Considerations for Fall 2023-2024 COVID-19 Vaccine Composition Change

Policy on COVID-19 vaccine composition change will be coordinated with FDA for regulatory action and CDC for recommendations for use.



Bivalent Vaccines Protect Against Severe Illness

VISION: Absolute VE of *monovalent* and *bivalent* booster doses against *hospitalization* and *critical illness* among immunocompetent adults aged ≥18 years, during *XBB* predominance – January – May 2023

mRNA Dosage Pattern	Total tests	SARS-CoV-2-test-positive, N (%)	Median interval since last dose, days (IQR)	Adjusted VE (95% CI)
Hospitalization				
Unvaccinated (ref)	4,979	409 (8)	--	Ref
Monovalent doses only	11,279	980 (9)	469 (375-605)	9 (-4 to 20)
Bivalent booster, 7-89 days earlier	1,045	60 (6)	65 (43-79)	51 (35 to 63)
Bivalent booster, 90-179 days earlier	4,654	419 (9)	139 (119-157)	20 (7 to 32)
Critical illness				
Unvaccinated (ref)	4,652	82 (2)	--	Ref
Monovalent doses only	10,439	140 (1)	469 (375-602)	28 (3 to 46)
Bivalent booster, 7-89 days earlier	994	9 (1)	65 (43-78)	58 (15 to 79)*
Bivalent booster, 90-179 days earlier	4282	47 (1)	139 (119-157)	48 (23 to 65)

CDC unpublished data. VE estimates adjusted for age, sex, race and ethnicity, geographic region, and calendar time.
 * These interim estimates are imprecise, which might be because of a relatively small number of persons in each level of vaccination or case status. This imprecision indicates the actual VE may be substantially different from the point estimate shown, and estimates should therefore be interpreted with caution. Additional data accrual should increase precision and allow appropriate interpretation.
 Variant predominance based on regional circulation: <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



Next Steps

- No changes to FDA or CDC guidance have been made at this time.
- **Continue to recommend bivalent mRNA COVID-19 vaccines.**
 - Bivalent mRNA COVID-19 vaccines protect against severe COVID-19 from currently circulating XBB lineage variants.
 - People who receive a bivalent mRNA vaccine now will most likely be eligible for the Fall 2023 composition (with appropriate interval between doses).
- Reminder:
 - National recommendations, primarily from the FDA and CDC, will suffice as the basis for proceeding in California.
 - Western States Scientific Safety Review Workgroup (WSSSRW) has disbanded.

Influenza Vaccines

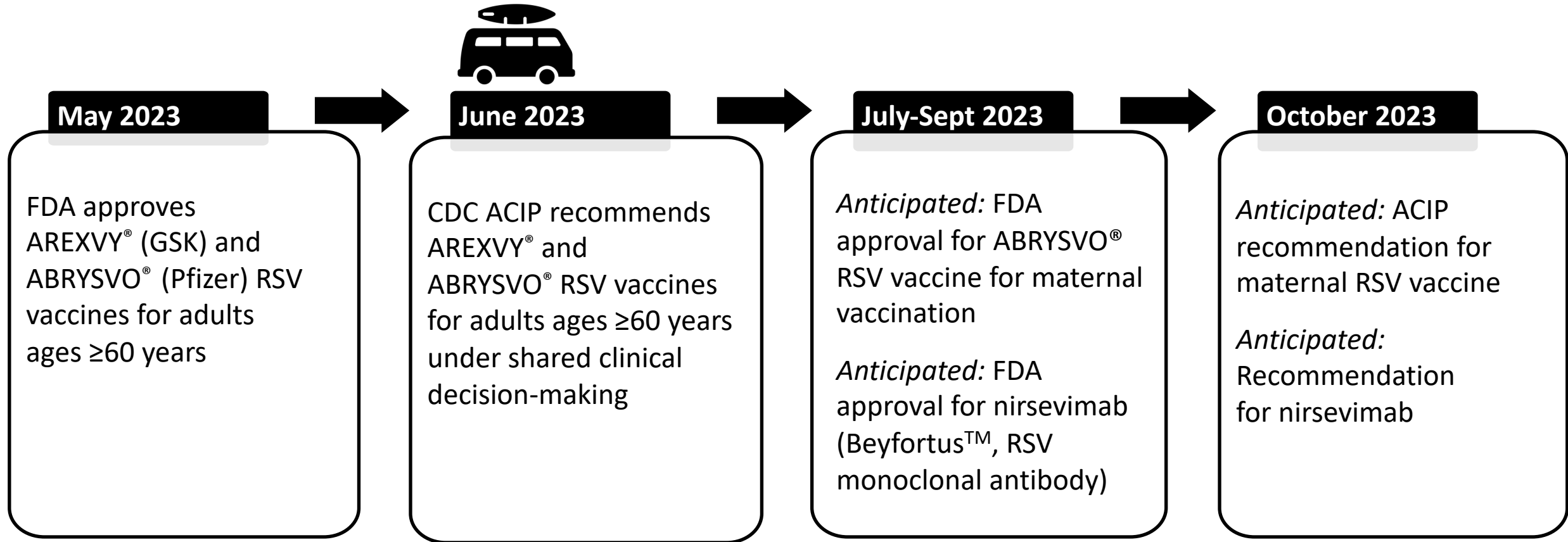
Voting Questions

- **Vote #1:** All persons ages \geq 6 months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.
- **Vote #2:** Affirm the updated MMWR Recommendations and Reports, "*Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2023-2024 Influenza Season*"

Committee vote #1 & #2, 6/21/23: **Unanimous Yes (14/14 panel members)**

- CDC Director endorsed recommendation; MMWR publication expected in August

Respiratory Syncytial Virus (RSV) Products Timeline



RSV Vaccine (Adult)

Voting Questions

- **Vote #1 (amended):** Adults 65 years of age and older may receive a single dose of RSV vaccine, using shared clinical decision-making.

Committee vote #1, 6/21/23: **Yes (9), No (5)**

- **Vote #2:** Individual adults aged 60-64 years may receive a single dose of RSV vaccine, using shared clinical decision-making.

Committee vote #2, 6/21/23: **Yes (13), Abstain (1)**

Shared Clinical Decision-Making

- For shared clinical decision-making recommendations, there is no default—the decision about whether to vaccinate may be informed by the best available evidence of who may benefit from vaccination.
- Shared clinical decision-making recommendations are generally covered by private insurers under the Affordable Care Act.
- Additional RSV vaccine guidance and information is expected from CDC.

Next Steps for Older Adult RSV Vaccine

- CDC Director endorsed ACIP recommendation for use of RSV vaccine for older adults using shared clinical decision-making.
- Adults at the highest risk for severe RSV illness include older adults, adults with chronic heart or lung disease, adults with weakened immune systems, and adults living in nursing homes or long-term care facilities.
- Full recommendations will be published in *Morbidity and Mortality Weekly Report (MMWR)* in the coming months.

RSV Vaccine (Pediatric/Maternal)

Topics covered:

- Economic analyses
 - Clinical considerations for nirsevimab (pediatric monoclonal antibody) and RSV maternal vaccine

Future policy questions

- Should vaccination with Pfizer RSVPreF vaccine (120µg antigen, 1 dose IM given 24–36 weeks gestation) be recommended for pregnant people to prevent RSV disease in infants?
- Should one dose of nirsevimab be recommended for infants born during or entering their first RSV season and <8 months of age at time of immunization?
- Should one dose of nirsevimab be recommended for children who are at increased risk of severe RSV disease entering their second RSV season and <20 months of age at time of immunization?

Nisha Gandhi and Lindsay Reynoso

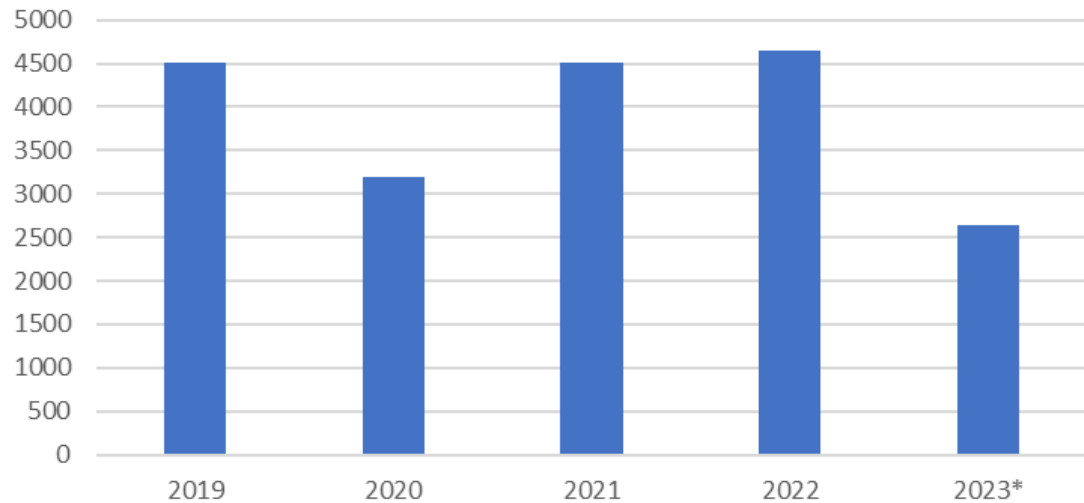
PROGRAM UPDATES

VFA Program Updates

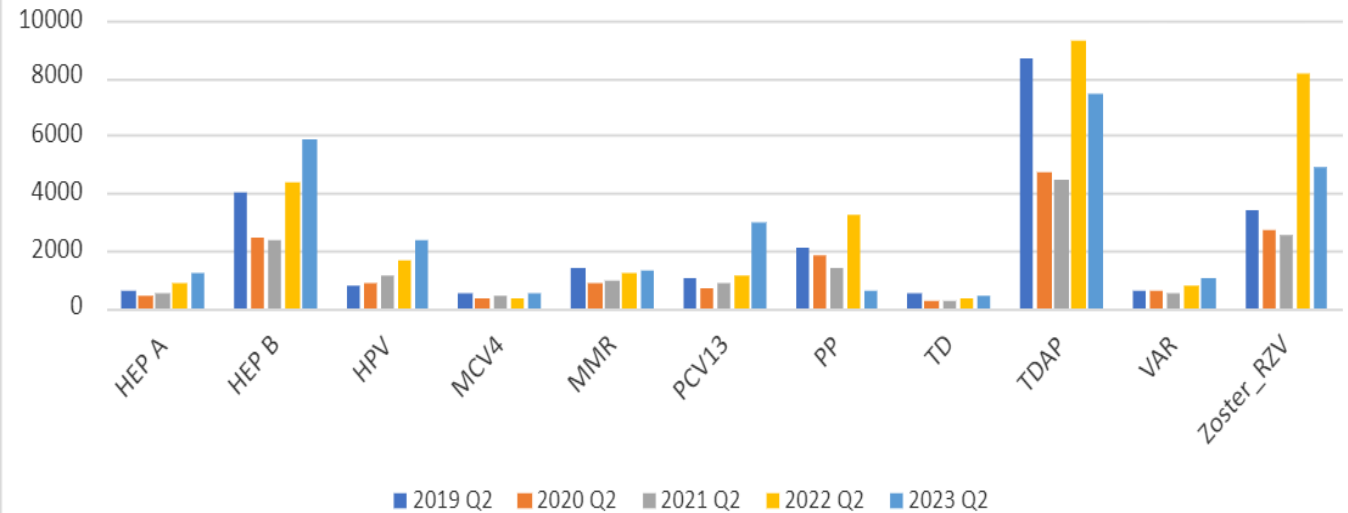
- Next ordering period: Late July (Exact Dates TBD)
 - Once ordering is available, an official announcement will be sent
 - Reviewing remaining Federal Fiscal Year (FFY) budget, and will need to make reductions to caps for Q3
 - Plans for Q4 Ordering
- Next VFA webinar — Winter 2023 (TBD)

VFA Ordering Data

Total Quantity Ordered by VFA Provider from 2019 to End of May 2023



Q2 Order by Vaccine (2019-2022)



Immunization Information System/ CAIR Data Reports

- VFA Providers are required to document in or submit through data exchange, the immunizations given to VFA eligible patients as “317” to the local immunization registry
- IIS/CAIR Data Reports
 - **Now Posted** on MyVFCVaccines account (2022 Annual Report)
 - Q1 – Q2 2023 Reported, Projected Release August 2023

Immunization Information System/ CAIR Data Reports

myVFCVACCINES

MAIN PAGE

Izzy the Bear- Pediatrics MD
PIN: 888888

Provider of Record: I'ma Person
Provider of Record email: test_provider@cdph.ca.gov
Vaccine Coordinator: I'ma Person
Order confirmation email: megan.brunner@cdph.ca.gov
Add'l order confirmation email: megan.brunner@cdph.ca.gov
Phone: (877) 243-8832
Address: 850 Marina Bay Pkwy
Richmond, CA 94804

Provider Category: Low Volume
Order Frequency: Every 3 months

Date of last order:
Last order processed on:

[Current Provider's Information](#) | [Update Practice Information](#)
[Key Practice Staff Change Request](#)
[EZIZ Training Accounts Linked to PIN](#)
VFC Practice Profile: [2022](#) [2021](#) [2020](#) [2019](#) [2018](#) [2017](#) [2016](#)
Flu Progress Report: [July 2021](#) [October 2021](#) [January 2022](#)
[July 2022](#) [October 2022](#) [January 2023](#)
COVID Awareness Card: [May 2022](#) [October 2022](#)
[March 2023](#)
VFA IIS Data Report: [April 2023](#)

Orders
[Flu Order](#)
[Order VFC Vaccine](#)
[Order 317 Vaccine](#)

Inventory
[Enter Returns & Transfers](#)
[View Returns & Transfers](#)
[View Shipping History](#)

Recertification
[View Recertification](#)

SHOTS
All temperature excursions must be reported through SHOTS (Storage and Handling Online Temperature System)

<https://eziz.org/myvfcvaccines/>

Immunization Information System/ CAIR Data Reports

April 2023

Report: VFA Doses in California Immunization Registry

For:
Center
PIN:
IIS ID:

Vaccine Accountability Requirements.

As a Vaccines for Adults (VFA) provider, you are required to document immunizations administered to VFA-eligible patients as "317" doses to the California Immunization Registry (CAIR) or Healthy Futures/ RIDE, which now shares data with CAIR. To help you meet this requirement, we have developed a CAIR immunization report for Quarter 1 (Q1) to Quarter 4 (Q4) of 2022 (January – December 2022). Providers must review VFA doses reported in the immunization registry before every VFA order or at least every six months to ensure VFA doses administered have been documented accurately. **Please use this report to gain insight as to how your practice is doing at submitting 317 doses to the immunization registry. Then, determine next steps to improve data quality and increase the percentage of doses submitted as "317".**

What does your CAIR data† look like from January through December 2022?

VFA Doses from January – December 2022

A	B	C	C/B
Doses Ordered	Reported Doses Administered	Doses in CAIR as "317"	% Doses Submitted to CAIR as "317"
310	339	293	86 %

†Data Limitations:

"Doses Ordered" and "Reported Doses Administered" were obtained from your submitted 317 orders during the Q1 through Q4 2022 VFA order period. The doses in CAIR were administered January 1, 2022, through December 31, 2022. Only doses that were labeled as "317" were counted. Number of doses may vary as the databases are live data and can be updated after the data was extracted.

Determine Your Rating:

Ratings are based on % of target reached:

EXCELLENT: ≥90%
VERY GOOD: 71%-89%
GOOD: 51%-70%
NEEDS IMPROVEMENT: ≤50%

Excellent: Congratulations! You did an excellent job of submitting doses for Q1 through Q4 2022. Keep up the amazing work!

Good and Very Good: Congratulations! You submitted most of your doses correctly for Q1 through Q4 2022. Your practice is well-positioned to achieve future excellence. Take steps below to increase accurate data submission.

Needs Improvement: Based on doses reported administered, you submitted less than 50% of doses accurately for Q1 through Q4 2022. Take steps below to increase accurate data submission.

Steps to Increase the Accuracy of Doses Entered into CAIR or Healthy Futures:

Ensure you are submitting only your site's doses to the registry using the correct IIS ID. For sites submitting data through Healthy Futures, see contact information below if you have questions.

CAIR data exchange users:

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 [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.

CAIR manual entry users:

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 not, contact your [Local CAIR Representative](#).
2. Make sure staff selects 317 Vaccine Eligibility when recording an administered dose in CAIR. If they can't, 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.

Healthy Future users:

Phone: 209-468-2292
Fax: 209-462-2019
Email: support@myhealthyfutures.org
URL: <http://www.myhealthyfutures.org>

COVID-19 Vaccine Transition to Commercialization


- Anticipated timeline: **Early Fall 2023**
- Vaccine availability for pediatric and adult populations to follow current models for non-COVID-19 vaccines.
- **Adult populations:**
 - Anticipate **limited** vaccine supply will be made available through the **Bridge Access Program (BAP)** for uninsured/under insured adults.
 - Vaccines for insured adults will be private supply, obtained via established processes, like non-COVID vaccines.
 - For most private insurance plans, vaccines recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), including COVID-19 vaccines, will be fully covered without a co-pay thanks to the Affordable Care Act.
 - For Medicare Part B beneficiaries, COVID-19 vaccinations are covered without cost sharing, and this will continue.
 - For Medicare Part D/equivalent plans, ACIP-recommended vaccines will be fully covered at no cost, because of the Inflation Reduction Act.
 - Medi-Cal- anticipate will cover COVID-19 vaccines.

HHS Bridge Access Program: Background

- The purpose of this program is to help maintain access to COVID-19 care (vaccines and therapeutics) **for uninsured adults, 19 years of age and older**, through existing public health infrastructure, HRSA-supported health centers (i.e., Health Centers), and participating pharmacies, via two major components:
 - Provide support for the existing public sector vaccine safety net, implemented and maintained by state immunization programs, Local Health Departments, and HRSA supported health centers.
 - Create a funded partnership with pharmacy chains that will enable them to continue offering free COVID-19 vaccinations and treatments.

PROGRAM OVERVIEW

Bridge Access Program for COVID-19 Vaccines and Treatments



Under the management and oversight of the CDC, the Bridge Access Program will continue to ensure access to COVID-19 vaccines and treatments after commercialization of these products in **Fall 2023 through December 2024.**

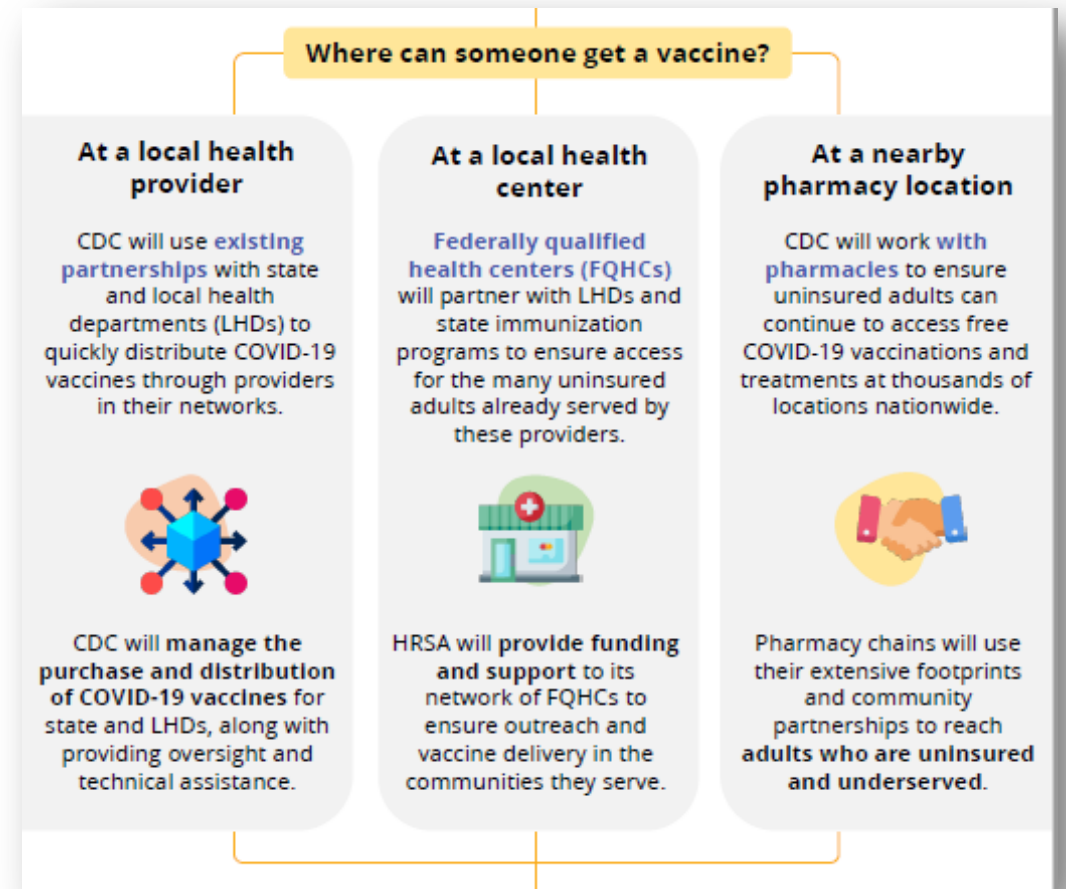
Who's eligible?
The 25-30 million adults without insurance, in addition to those whose insurance does not provide cost-free coverage for COVID-19 vaccines and treatments.

Is this program permanent?
This program serves as a temporary bridge to the permanent and comprehensive Vaccines for Adults Program proposed in the FY23 and FY24 President's Budgets.



HHS Bridge Access Program: Existing Public Health Infrastructure Component (Preliminary Details)

- CDC will negotiate federal contracts with manufacturers and purchase COVID-19 vaccines made available to states for ordering.
- Total doses available to each state are still TBD.
- Vaccines will be purchased with 317 Funds and must be used exclusively for vaccinating uninsured/under-insured adults.
- Program participation requirements will be guided by the 317 Program.
- Details on how the program will be implemented this fall are still forthcoming.
 - Likely Vaccine Ordering and Provider Management will continue to be supported by myCAvax systems and COVID teams.

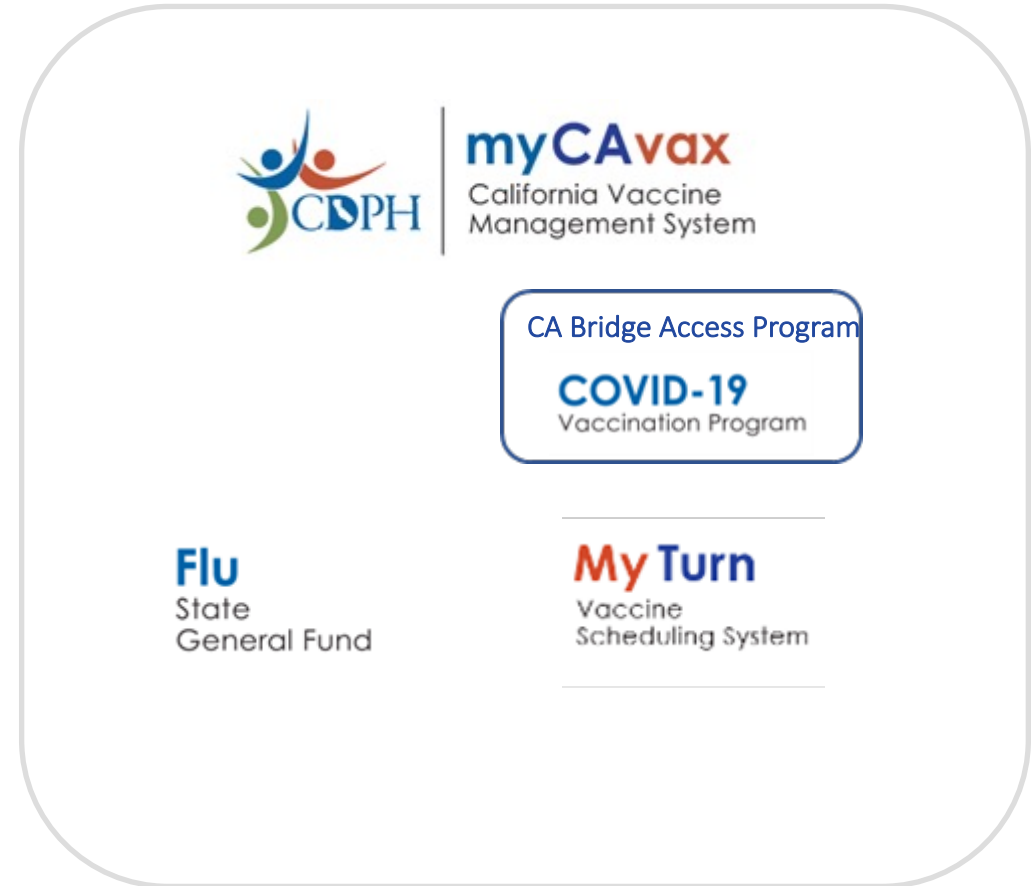


Preparing for the Adult California COVID-19 Bridge Access Program

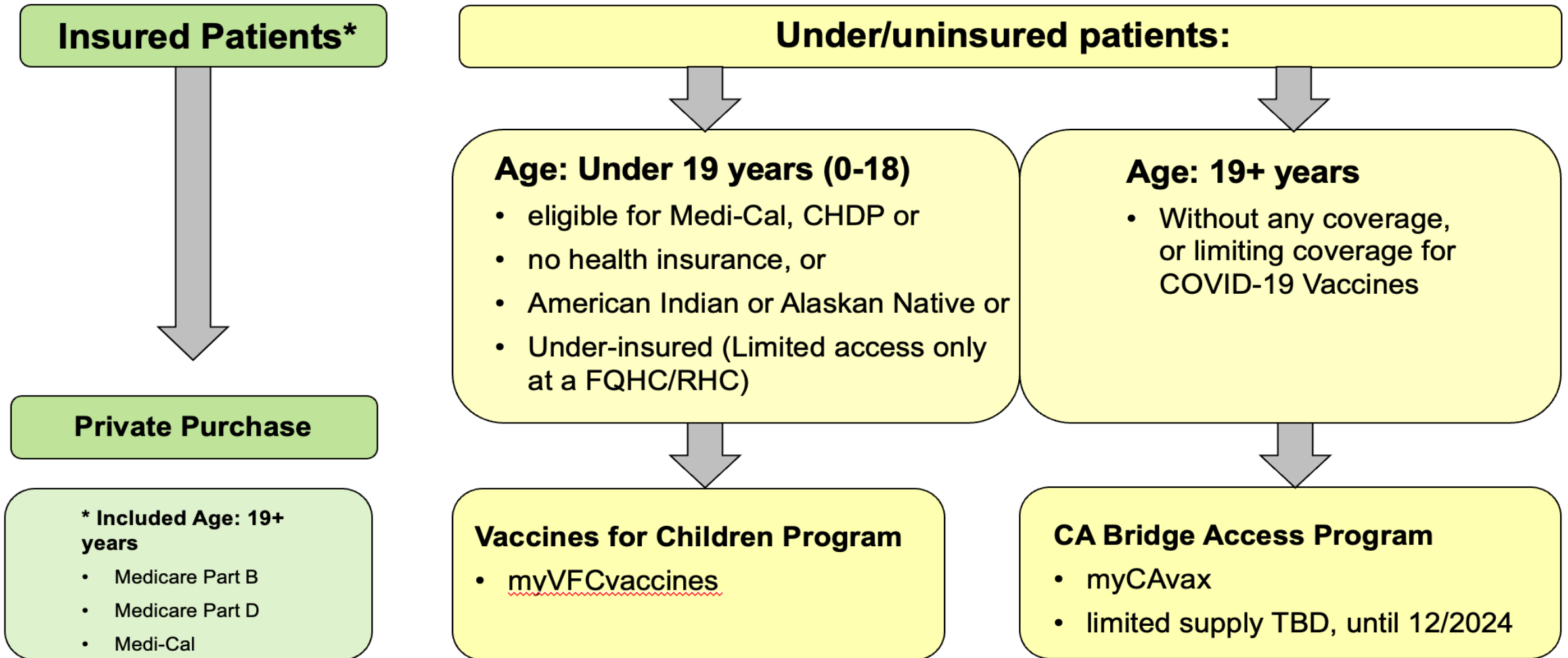


COVID-19 Vaccines through the CA Bridge Access Program

- It is likely [myCAvax](#) will be the system used to support continued vaccine ordering and distribution through the CA BAP.
- Preparations include:
 - System assessment of changes needed to modify the COVID-19 Program and adapt it for the CA BAP
 - Looking at enrolled provider types to determine future select provider participation in CA BAP
 - Determining closeout steps for all other providers
 - Discuss enrollment flows and approvals



COVID-19 Vaccine Distribution



Terisha Gamboa

RESOURCES

VFA Program Resources

VFA Resources Webpage:

- VFA Program FAQs – UPDATED!
- Take Action to Prevent Vaccine Loss – NEW! ★

The screenshot shows the EZIZ website interface. On the left is a vertical navigation menu with items: Home, Vaccine Programs, Vaccine Management, Storage Units, Temperature Monitoring, EZIZ Training, Job Aids & Resources, and Contact VFC. On the right, under the heading 'California VFA Resources', there is a 'Popular Links' section. A yellow arrow points to this section. Below it, several links are listed, with 'VFA FAQs (April 2023)' and 'Take Action to Prevent Vaccine Loss' highlighted by red boxes. The top right of the page features the text 'ENHANCED BY Google' and 'A one-stop shop for immunization training'.

The document is titled 'Take Action to Prevent Vaccine Loss: Utilizing Short-dated Vaccines'. It includes a section for 'Recommended Strategies' with the following numbered list:

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.
 - o 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.
 - o Notify the Central Office at 1-877-243-8832 and follow up with an email to my317vaccines@cdph.ca.gov.
 - o 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.
 - o 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.**

The screenshot shows the 'Frequently Asked Questions' page for the VFA program. It features the logos for 'VFA California Vaccines for Adults' and 'CDPH'. The 'PROGRAM OVERVIEW' section includes the following text:

1. Q: What is the VFA program?
A: The California Vaccines for Adults (VFA) program has been created by the California Department of Public Health (CDPH) to increase adult vaccination rates and decrease disparities in immunization coverage by:

- Providing no-cost vaccine for uninsured or underinsured adults 19 years of age and older to eligible California health centers:
 - Federally Qualified Health Centers (FQHCs)
 - FQHC Look-Alikes
 - Rural Health Centers (RHCs)
 - Tribal Health Centers
 - Indian Health Services (IHS) Centers
 - Community Health Centers (CHCs)
- Assisting centers participating in the program in integrating the [standards for adult immunization practice](#) into routine clinical care.

Provider Job Aids

- Hep B Vaccination & Screening Guide – UPDATED!
- Vaccine Fact Sheets – updates in progress



ENHANCED BY Google

Vaccine Fact Sheets

Download these 1-page, quick-reference fact sheets that provide information about routine schedules, minimum intervals, approved for use age ranges, administration routes, billing codes, storage, and more.

- DTaP-IPV-Hib-HepB combination vaccine (VAXELIS™)
- DTaP (Daptacel®, Infanrix®)
- DTaP-HepB-IPV combination vaccine (Pediarix®)
- DTaP-IPV combination vaccine (Kinrix®, Quadracel™)
- DTaP-IPV/Hib combination vaccine (Pentacel®)
- Hepatitis A (Havrix®, VAQTA®)
- Hepatitis B (Recombivax HB®, Engerix-B®)
- Hepatitis A and B combination vaccine (Twinrix®)
- Hib (ActHIB®, PedvaxHIB®, Hiberix®)
- HPV (Gardasil®)
- IPV (IPOL®)
- MCV4 (Menactra®, Menveo®, MenQuadfi™)
- MenB (Bexsero®, Trumenba®)
- MMR (M-M-R®II, PRIORIX™)
- MMRV (ProQuad®)
- Pneumococcal Conjugate (PREVNAR 13®, VAXNEUVANCE™, PREVNAR 20™)
- PPSV23 (Pneumovax®23)
- Rotavirus (Rotarix®, RotaTeq®)
- Td (Tenivac®)
- Tdap (Adacel®, Boostrix®)
- Varicella/Chickenpox (Varivax®)
- Zoster/Shingles (Shingrix®, Zostavax®)

Contact VFC

Phone: 1-877-243-8832
 Business hours:
 Monday - Thursday: 9 am - 4:30 pm
 Friday: 9 am - 4 pm
 Fax: 1-877-329-9832

- ▶ Find a VFC field representative in your area
- ▶ Find other VFC provider offices in your area
- ▶ Send us your comments at MyVFCVaccines@cdph.ca.gov

Vaccine Fact Sheet: Hepatitis B

Topic	Recombivax HB®	Engerix-B®
Manufacturer	Merck Detailed Prescribing Information (gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Havrix/pdf/HAVRIX.PDF)	GlaxoSmithKline (GSK) Detailed Prescribing Information (Gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Engerix-B/pdf/ENGERIX-B.PDF)
Protects Against	Hepatitis B Virus	Hepatitis B Virus
Routine Schedule	Three (3) dose series: Birth, 1-2, and 6-18 months	Three (3) dose series: Birth, 1-2, and 6-18 month
Minimum Intervals	4 week minimum interval between dose 1 and 2 8 week minimum interval between dose 2 and 3 16 week minimum interval between dose 1 and 3 (dose 3 should not be given before 24 weeks of age)	4 week minimum interval between dose 1 and 2 8 week minimum interval between dose 2 and 3 16 week minimum interval between dose 1 and 3 (dose 3 should not be given before 24 weeks of age)
Approved Ages	Children from birth through 19 years of age	Children from birth through 19 years of age
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as 10 single-dose 0.5mL vials or 10 single-dose 0.5mL pre-filled syringes without needles	Vaccine is packaged as 10 single-dose 0.5mL vials or 10 single-dose 0.5mL pre-filled syringes without needles
Storage	Refrigerate between 35°F and 46°F (2°C to 8°C) Do not freeze	Refrigerate between 35°F and 46°F (2°C to 8°C) Do not freeze
Full ACIP Recommendations	ACIP Recommendations (Cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html)	ACIP Recommendations (Cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html)
VFC Letter	Not available	Not available

IMM-1096

Hepatitis B Virus (HBV) Vaccination and Screening in Adults

Who should be vaccinated?

Ages:

- <60 years: All adults
- ≥60 years: If risk factors or desiring vaccination ([CDC website](#))

Which vaccines are recommended?

CDC recommends any of the following:

- 2-dose series (0, 1 month interval): Heplisav-B*
- 3-dose series (0, 1, 6 months interval):
 - Engerix-B*
 - Recombivax HB*
 - PreHevbrio*
 - Twinrix* (combination Hep A/Hep B).

Can I vaccinate and screen at the same visit?

- Yes! If screening reveals immunity or chronic infection, do not administer further doses.
- If screening shows no evidence of past infection or immunity, then complete the vaccination series.

Who should be screened?

- All adults 18 years and older, at least once ([CDC website](#))
- At every pregnancy ([CDC website](#))
- California adults at high risk of HBV who are receiving primary care - *required by state law**
- Repeat screening based on risk factors and clinical judgment

What tests should be used?†

[CDC recommends](#) panel with:

- HBsAg (hepatitis B surface antigen)
- Anti-HBs (hepatitis B surface antibody)
- Total anti-HBc (hepatitis B core antibody)

Next steps after a positive test?

- Refer to hepatitis B experienced clinician
- Recommend [lifestyle modification and prevention of transmission](#).

Hepatitis B Serologic Test Interpretation

Clinical State	HBsAg	Total anti-HBs	Total anti-HBc	Action
Acute infection	Positive	Negative	Positive (IgM anti-HBc)	Link to HBV infection care
Chronic infection	Positive	Negative	Positive	Link to HBV infection care
Resolved infection	Negative	Positive	Positive	Counsel about HBV infection reactivation risk
Immune (immunization)	Negative	Positive	Negative	Reassure if history of HepB vaccine series completion; if partially vaccinated, complete vaccine series per ACIP recommendations
Susceptible	Negative	Negative	Negative	Offer HepB vaccine per ACIP recommendations
Isolated core antibody	Negative	Negative	Positive	Consider specialist consult

For more details: [CDC website](#)

† United States Preventive Services Task Force (USPSTF) recommends initial screening with HBsAg; if positive results, then test for anti-HBs and anti-HBc. California law (AB 789) is based on USPSTF guidelines.

* In pregnant people previously screened for Anti-HBs and total antiHBc, HBsAg alone can be tested in subsequent pregnancies.

California Department of Public Health | IMM-1453 (6/23)

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Other Resources

Free Hepatitis B Screening & Vaccination Webinar

DATE: July 20, 2023

TIME: 12:00 p.m. to 1:00 p.m. (PST)



In this webinar, presenters will discuss the new universal adult hepatitis B screening guidance from the CDC, review universal adult vaccination recommendations, and discuss best practices for hepatitis B screening and vaccination in a community clinic setting (North East Medical Services).

LEARNING OBJECTIVES

- Learn new universal hepatitis B screening guidance from the CDC;
- Review hepatitis B vaccination recommendations; and,
- Discuss best practices for implementation of hepatitis B screening and vaccination in a community clinic setting.



QUESTION & ANSWER SESSION

THANK YOU!

my317vaccines@cdph.ca.gov

Please fill out this short VFA webinar evaluation here!

<https://www.surveymonkey.com/r/KKMWBFZ>