

# Vaccines for Adults Webinar:

## VFA Program Updates & Year- in- Review



Immunization Branch  
California Department of Public Health  
November 15, 2023

# Housekeeping

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Attendee lines are automatically muted.



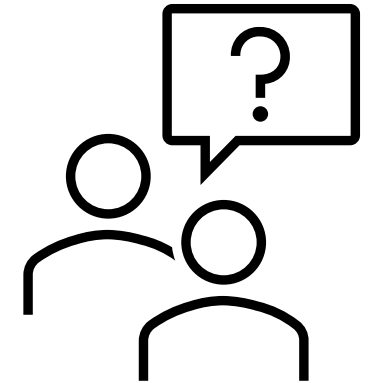
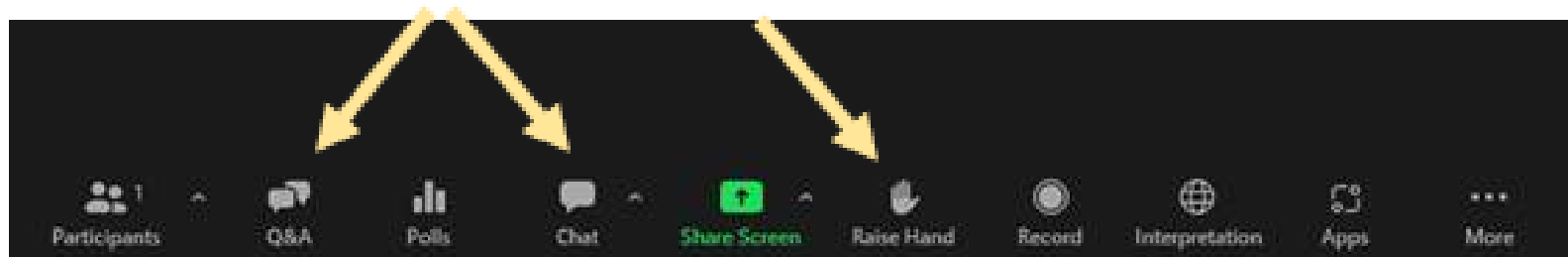
Please access today's slides at <https://eziz.org/vfa-317/vfa-resources/>. The webinar is being recorded and will be posted there after the event.



For webinar troubleshooting, please email Cecilia LaVu at [Cecilia.LaVu@cdph.ca.gov](mailto:Cecilia.LaVu@cdph.ca.gov).

# Questions

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



# Agenda

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- **Program Updates** – Lindsay Reynoso
- **myCAvax Overview & Transition** – Nisha Gandhi
- **ACIP and IZ Updates** – Dr. Caterina Liu
- **Resources** – Terisha Gamboa
- **Q&A Session**

# Webinar Objectives

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

1. Understand and share VFA Program updates and ordering policy changes with clinic staff.
2. Understand the VFA Program's transition plan to the myCAVax system.
3. Explain updates made to adult ACIP vaccine recommendations and maintain knowledge on VFA Program eligibility.
4. Identify updated tools and resources that can be utilized for adult patients.

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Lindsay Reynoso

# PROGRAM UPDATES

# VFA Program Updates

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- **2024 Quarter 1 VFA Ordering Period - January 2024**
  - Vaccine dose requests for the HPV, PCV, and Zoster vaccines will be reduced to 40% of your pre-cap quarterly orders. Order caps for all other vaccines have increased. **This is subject to change.**
  - If you would like to request doses beyond the caps, please include on the order form comment section the vaccine(s), amount and reason. These special requests will be reviewed and approved on a case-by-case basis.
  - Vaccine requests should be based on the needs of your eligible uninsured/underinsured adult population
- **VFC/VFA Recertification - December 2023/January 2024**
  - Last combined recertification cycle with VFC
  - Failure to complete recertification can lead to account suspension

# VFA Program Updates

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- **VFA Satisfaction and End-of-Year Survey – November 2023**
  - Request for feedback on how to improve the program
  - How can the program help with clinic's adult immunization needs
  - Information will be used for future program vaccine planning
- **Bridge Access Program (BAP) Enrollment**
  - Deadline for providers to independently enroll passed on November 6.
    - Interested providers can still complete BAP enrollment by contacting their LHDs or the Provider Call Center: [\(833\) 502-1245](tel:8335021245) or [ProviderCallCenter@cdph.ca.gov](mailto:ProviderCallCenter@cdph.ca.gov)
  - For more information visit: [CDPH Bridge Access Program Home Page](#)



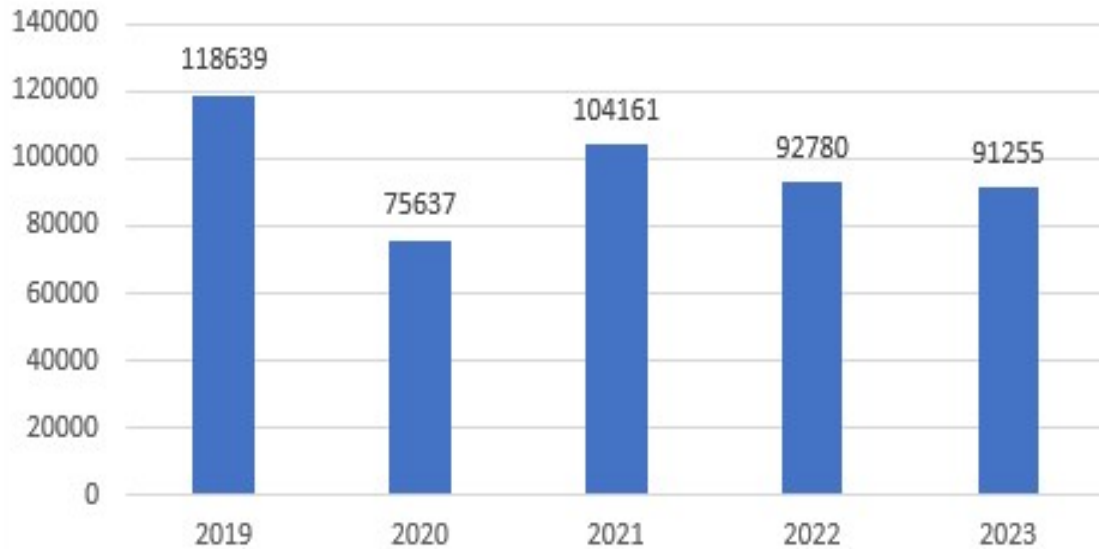
# VFA Program Updates

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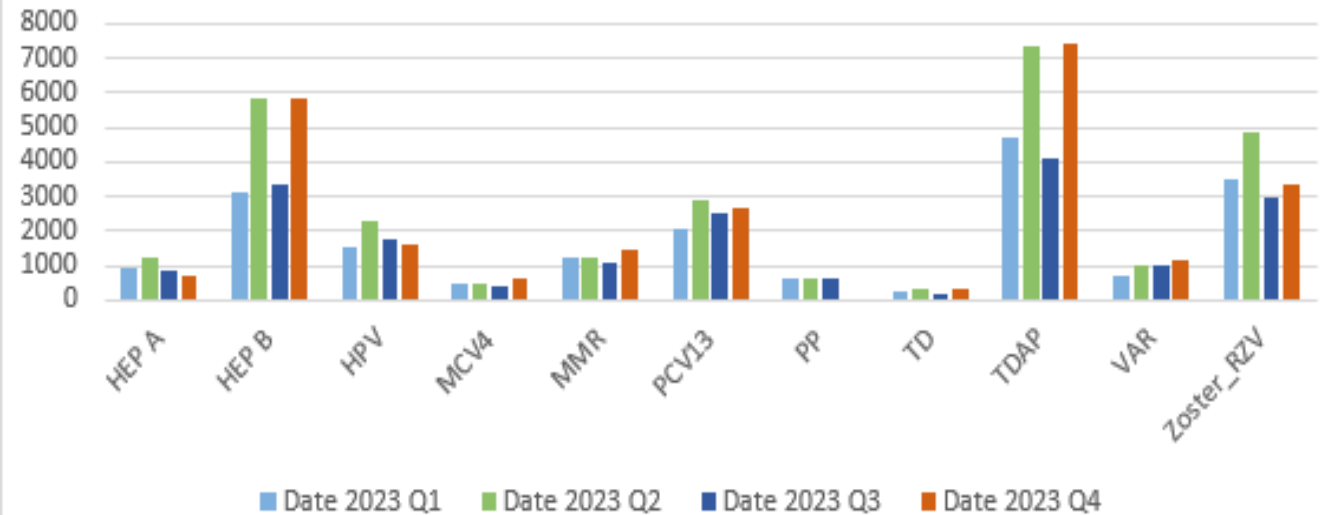
- **VFA and RSV Vaccines**
  - Arexvy and Abrysvo added to CDC Adult Contract
    - CDC to place allocations across jurisdictions
  - Projected to be available in **limited quantities** to VFA providers
    - Possible special ordering available prior to January
  - The VFA Program will make any official announcements as more information becomes available

# VFA Ordering Data: Doses Ordered

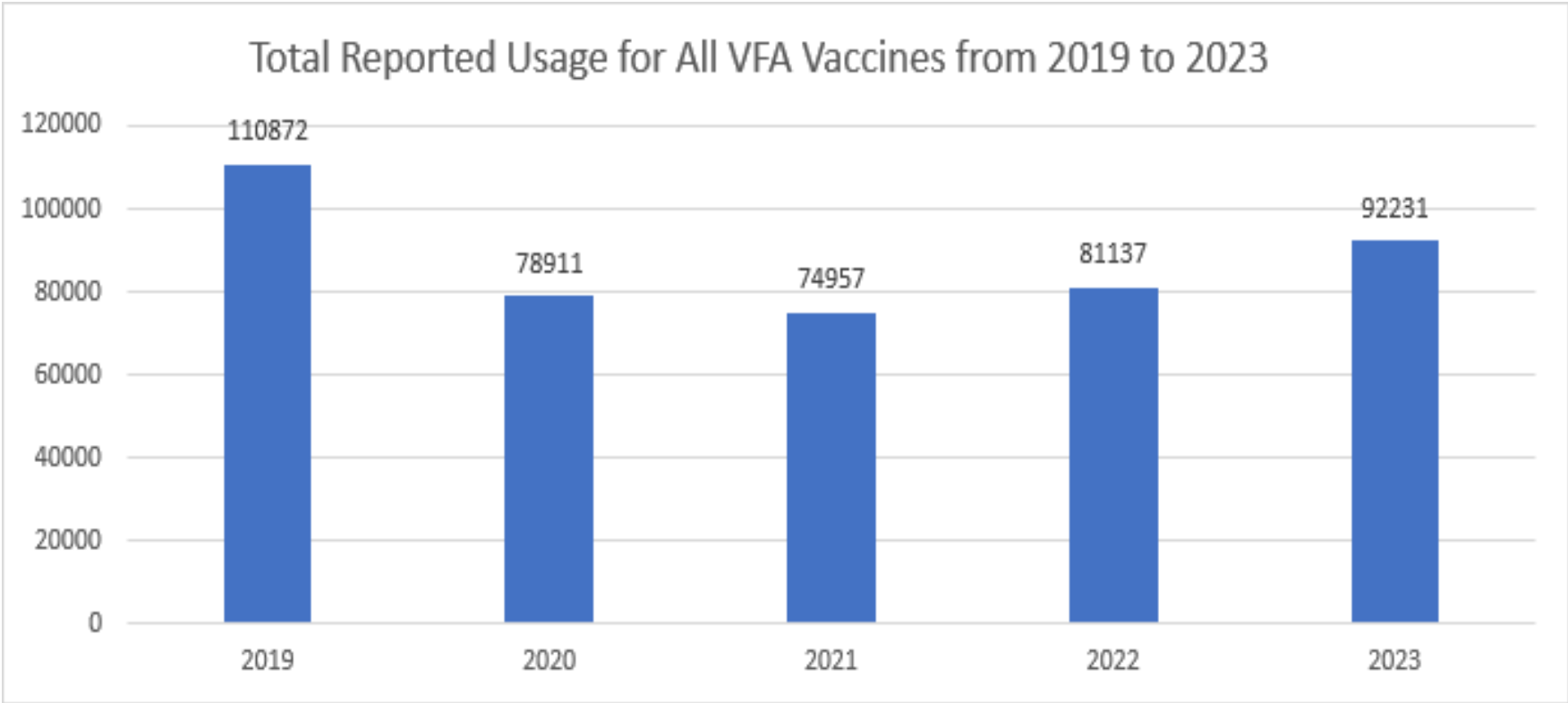
Total Ordered by VFA Providers of All Vaccines From 2019 To 2023



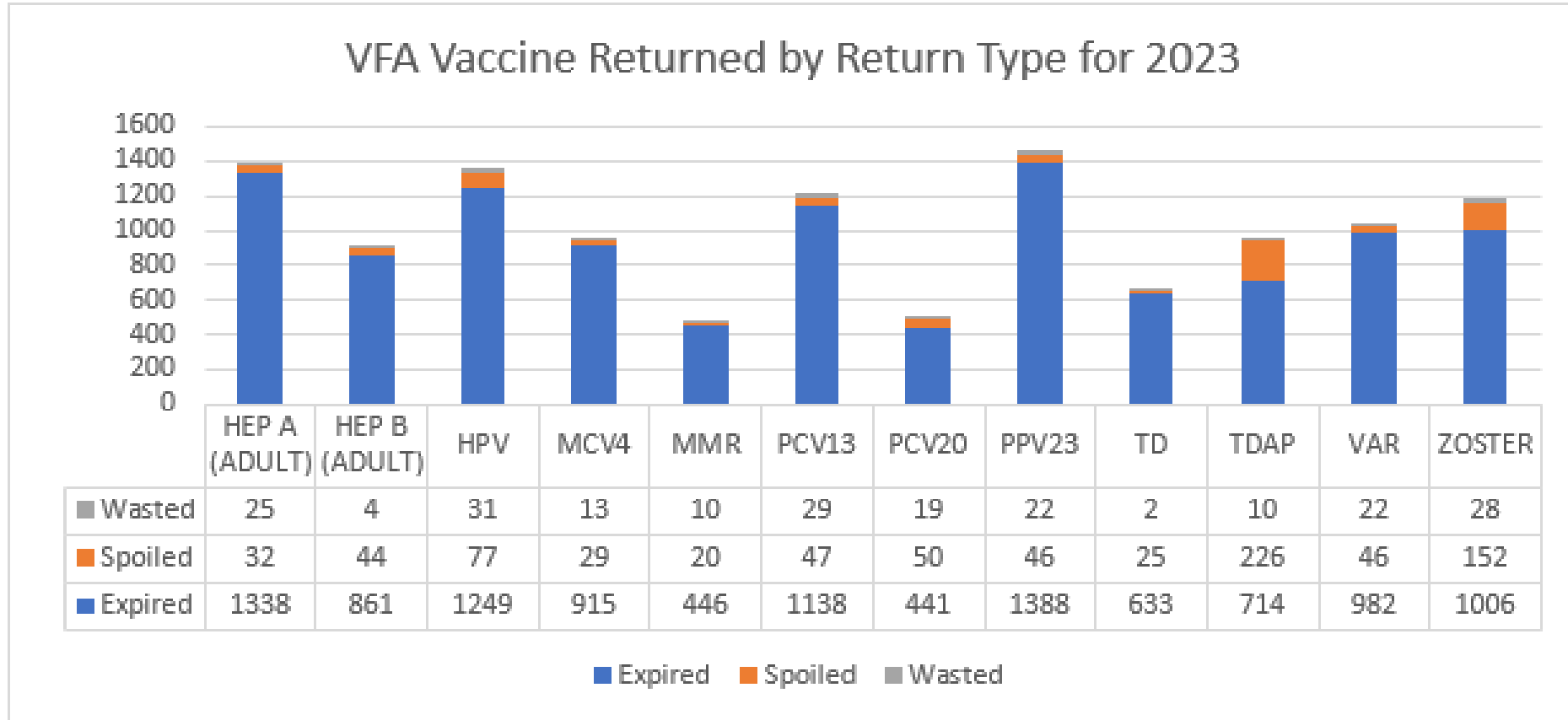
Amount Ordered by Vaccine for Each Quarter of 2023



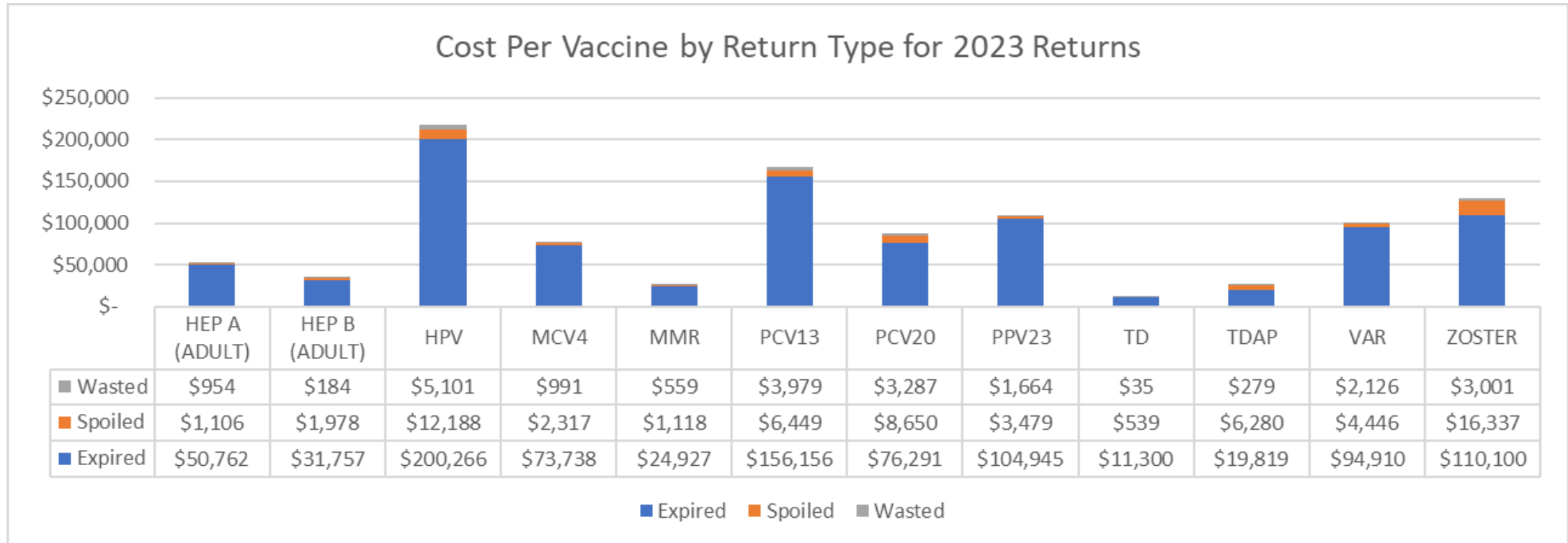
# VFA Ordering Data: Doses Administered (Self-Reported)



# VFA Ordering Data: Doses Returned



# VFA Ordering Data: \$ of Returned Doses



# Immunization Information System/ CAIR Data Reports

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- **CAIR Documentation Requirement**
  - 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 (Q1 – Q2 2023 Report)
  - 2023 Annual Report, Projected Release January 2024

# VFA Program Updates: IIS Reports



## MAIN PAGE



Provider Category: Low Volume  
Order Frequency: Every 3 months

Date of last order: July 27, 2023  
Last order processed on: August 14, 2023  
Order should be submitted on or after: Nov 12, 2023

[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: [October 2021](#) [January 2022](#) [July 2022](#)  
[October 2022](#) [January 2023](#) [July 2023](#)

COVID Awareness Card: [May 2022](#) [October 2022](#)  
[March 2023](#)

VFA IIS Data Report: [April 2023](#) [August 2023](#)



### Orders

[Order VFC Vaccine](#)

[View Order History](#)

### 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 Triage System)

[Report/View Excursions](#)

[Log Out](#)

# Immunization Information System/ CAIR Data Reports

August 2023

VFA  
California Vaccines  
for Adults

## Report: VFA Doses in California Immunization Registry

**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 data from Quarter 1 (Q1) and Quarter 2 (Q2) of 2023 (January – June 2023). 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 June 2023?**

VFA Doses from January – June 2023			
A	B	C	C/B
Doses Ordered	Reported Doses Administered	Doses in CAIR as "317"	% Doses Submitted to CAIR as "317"
190	205	44	21 %

**NEW! Data Interpretation:**

Starting on January 1, 2024, the VFA Program will require that doses administered reported with each VFA order are based on doses recorded in CAIR as "317." According to this report, the value in Box B (Reported Doses Administered) should closely match the value in Box C (Doses in CAIR as "317"). If that is not the case, this will affect the doses the VFA Program approves for your clinic.

**†Data Limitations:**

"Doses Ordered" and "Reported Doses Administered" were obtained from your submitted 317 orders during the Q1 through Q2 2023 VFA order period. The doses in CAIR were administered January 1, 2023, through June 30, 2023. 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: Great Job!** You did an excellent job of submitting doses for Q1 through Q2 2023. Keep up the amazing work!

**Good and Very Good: Congratulations!** You submitted most of your doses correctly for Q1 through Q2 2023. 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 Q2 2023. 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:

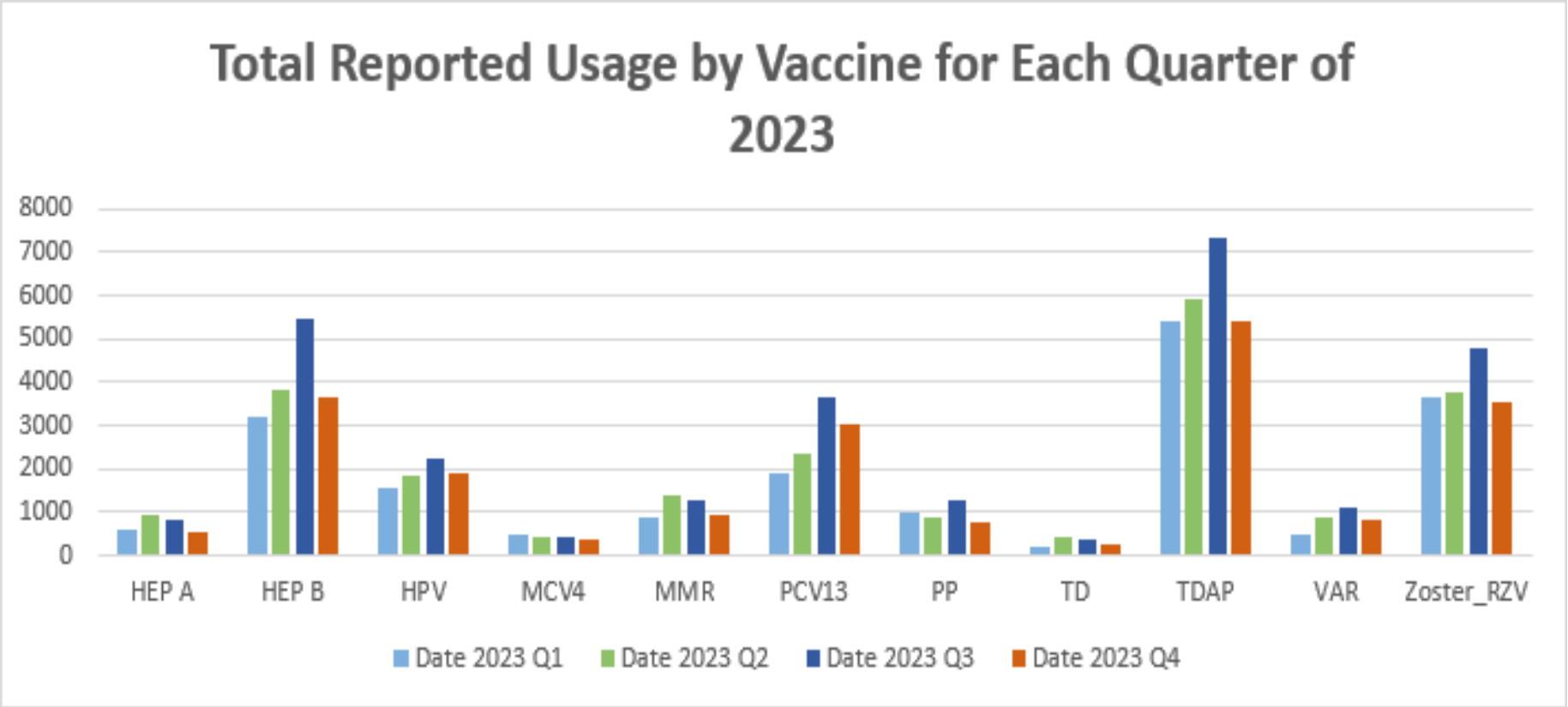
1. If your site uses the CAIR inventory feature, make sure your CAIR Power User selects the "317" "Funding Source" when creating vaccine lots in CAIR. If the "317" funding source is not available to select, contact your [Local CAIR Representative](#).
2. Make sure staff selects "317 Vaccine Eligibility" 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.

#### Healthy Future users:

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

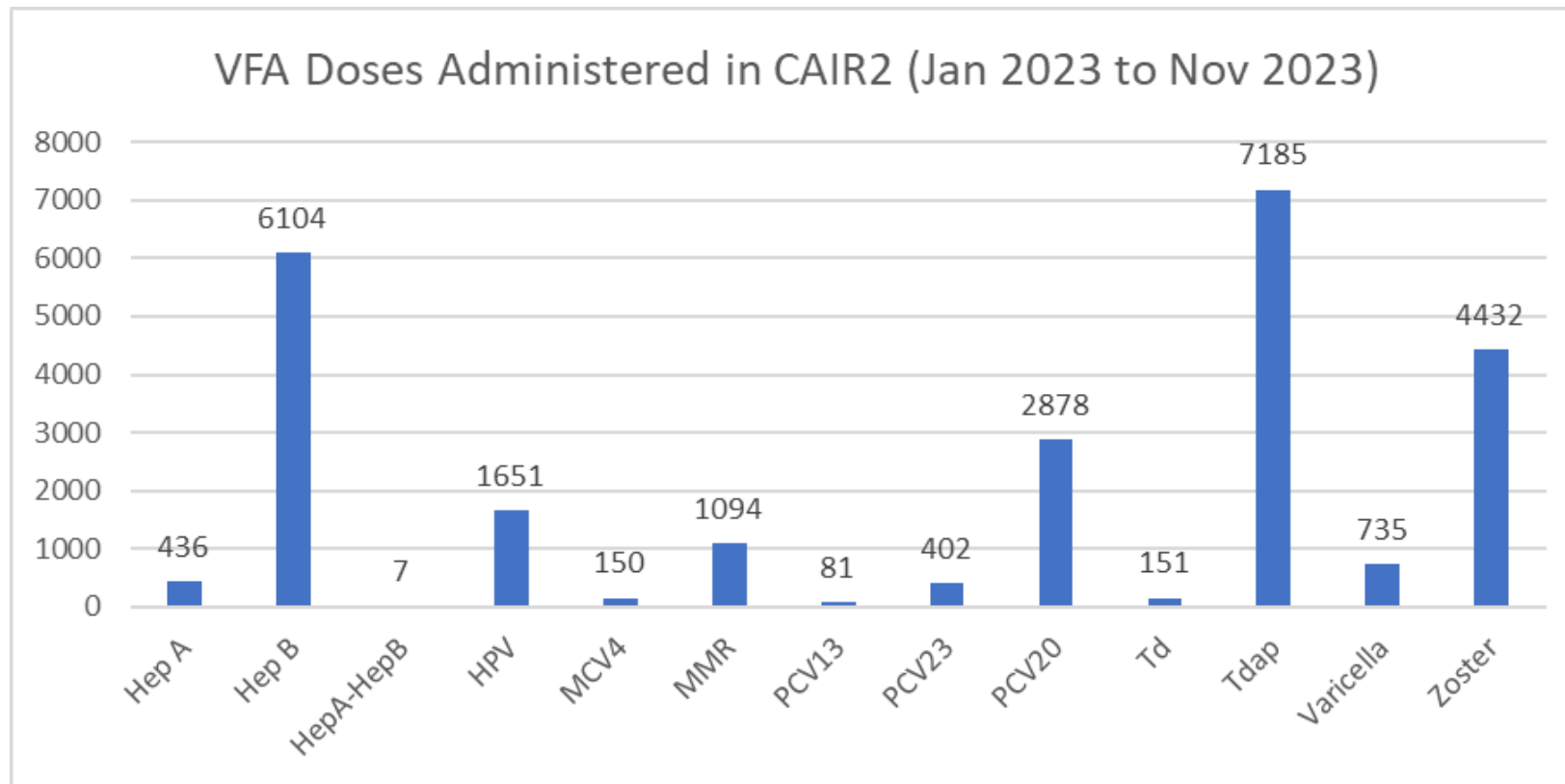


# VFA Ordering Data: Doses Administered (Self-Reported)



# VFA Ordering Data: Doses Administered (CAIR Data)

**27% of Doses in CAIR2 meet the VFA Requirement**



# VFA Program Updates: IIS Reports

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- **IIS/CAIR Data Reports**

- Communication sent to providers:

*Starting on January 1, 2024, the VFA Program will require that doses administered reported with each VFA order are based on doses recorded in CAIR as “317.” Ideally, the number of reported doses administered and the doses in CAIR as “317” should closely match. If that is not the case, this will affect the doses the VFA Program approves for your clinic. Please work with your EHR vendor, Local CAIR Representative, and/or CAIR Data Exchange Specialist to identify and resolve issues as soon as possible.*

**NEW Webpage:** [Guidance on 317/VFA CAIR Documentation Requirement](#)

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Nisha Gandhi

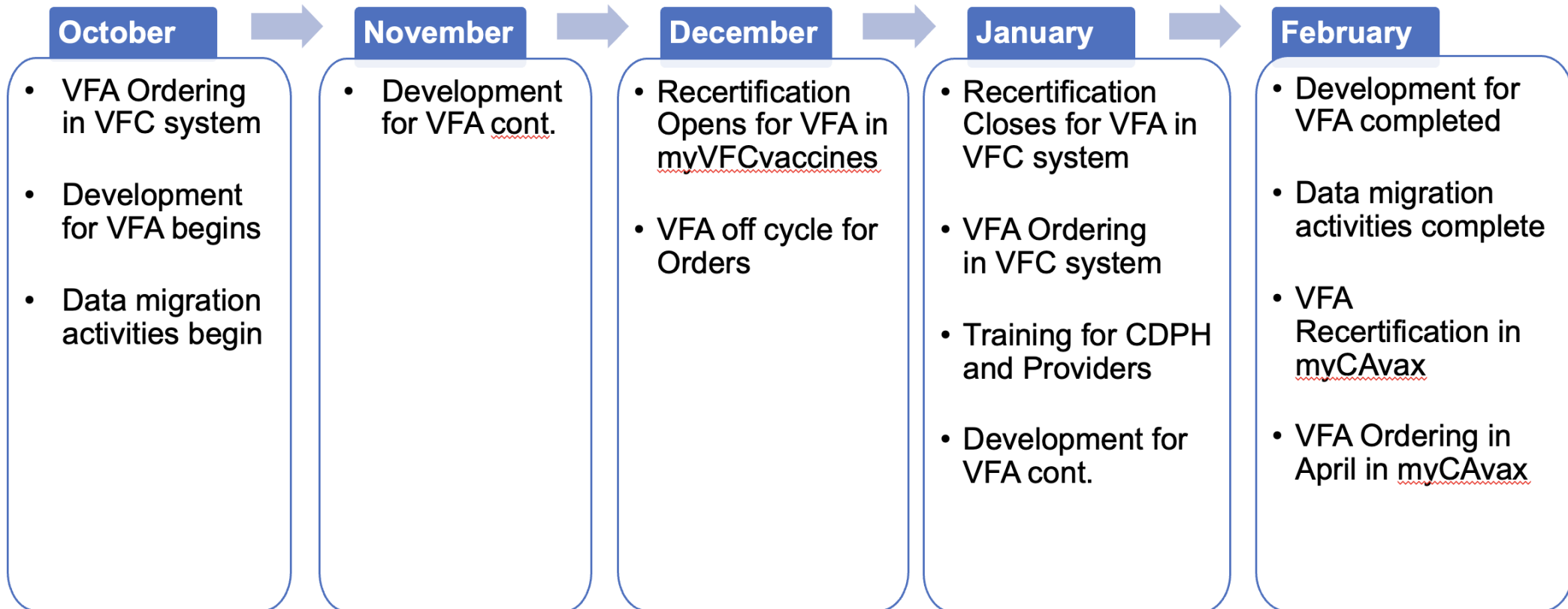
# **myCAvax OVERVIEW & TRANSITION**

# myCAvax Overview

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- myCAvax is a platform used to manage different vaccine programs, including: US COVID-19 Vaccine Program, State General Fund Program, and Bridge Access Program.
- myCAvax allows providers to go in and place orders, update contact info, report waste, temp excursions, and many more tasks!
- 88% of VFA providers already have access to myCAvax.

# VFA Timeline for Transition to myCAvax



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

## **CLINICAL UPDATES**



# Clinical Update Outline

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- Review adult respiratory vaccine guidance
  - Influenza
  - COVID-19
  - RSV
- Additional ACIP updates
- Clinical scenarios






# Influenza Vaccine


- Everyone  $\geq 6$  months of age is recommended to get an annual influenza vaccine.
- High-dose, adjuvanted, or recombinant influenza vaccines are **preferred** for adults ages  $\geq 65$  years. If unavailable, then use any age-appropriate influenza vaccine.
- People with egg allergy may receive any influenza vaccine appropriate for their age and health status; additional safety measures are no longer recommended.
- Influenza vaccines are safe during pregnancy and protect infants from severe illness.

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


Getting a flu vaccine now can protect you throughout the spring!

FALL	WINTER	SPRING
		

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

 Remember — Flu vaccine can still protect you and your family

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



[Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season](#)

(IMM-821ES)

[ACIP Presentation Slides: October 25-26, 2023 Meeting](#)

# COVID-19 Vaccine

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- Everyone  $\geq 6$  months of age is recommended to get the updated 2023-2024 COVID-19 vaccines (monovalent, contains Omicron XBB.1.5 variant).
- Receiving an updated COVID-19 vaccine is safe and can restore protection against infections and severe disease.
- Everyone 5 years of age and older is recommended for a single updated dose as long as it's been at least 2 months since the last dose.
- Multiple doses recommended for infants and toddlers and immunocompromised.
- Coadministration of influenza and COVID-19 vaccines is safe and recommended.

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

[ACIP Presentation Slides: October 25-26, 2023 Meeting](#)

# Updated COVID-19 Vaccine Timing Guide 2023-2024

### 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*: ≥2 months → 2023-24 Formulation: Moderna/Pfizer/Novavax
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose	

\* See CDC recommendations for children transitioning from a younger to older age group  
 † Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.  
 \*\* An 8-week interval may be preferable for some people, especially for males 12-39 years.  
 ‡ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).  
 ^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

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### COVID-19 Vaccine Timing 2023-24 if Moderately/Severely Immunocompromised

Age	Vaccine	If unvaccinated:	If had any prior doses give 2023-24 doses:
6 months–4 years	Pfizer Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 3 w 1 ≥8 w 2 → ≥2 m → Optional Dose* ≥2 prior doses: ≥8 w 1 → ≥2 m → Optional Dose*
	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 4 w 1 ≥4 w 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w 1 → ≥2 m → Optional Dose*
5–11 years	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	≥3 prior doses**: (for ages 5+ yrs, Pfizer dose is also OK) → ≥8 w 1 → ≥2 m → Optional Dose*
	Pfizer–Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer	1 prior dose: 3 w 1 ≥4 w 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w 1 → ≥2 m → Optional Dose* ≥3 prior doses**: (for ages 5+ yrs, Pfizer dose is also OK) → ≥8 w 1 → ≥2 m → Optional Dose*
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	1 prior dose: 3 w 1 ≥4 w 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w 1 → ≥2 m → Optional Dose* ≥3 prior doses**: (for ages 5+ yrs, Pfizer dose is also OK) → ≥8 w 1 → ≥2 m → Optional Dose*
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	1 prior dose: 4 w 1 ≥4 w 2 → ≥2 m → Optional Dose* 2 prior doses: ≥4 w 1 → ≥2 m → Optional Dose* ≥3 prior doses**: (for ages 5+ yrs, Pfizer dose is also OK) → ≥8 w 1 → ≥2 m → Optional Dose*
	Novavax	1st Dose → 3 weeks → 2nd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	≥1 prior doses**: (for ages 5+ yrs, Pfizer dose is also OK) → ≥2 m 1 → ≥2 m → Optional Dose*

\* An optional dose may be given ≥2 months after the last dose. Further doses may be given at the healthcare provider’s discretion. See Table 2 for vial and dosage.  
 \*\* Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.

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[COVID-19 Vaccine Timing Guide 2023-24](#) | [Spanish Version](#)



# COVID-19 Vaccine Product Guide - Updated

**COVID-19 Vaccine Product Guide**

Check vaccine labels and [FDA materials](#) 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 5-11 years	Comimaty 12+ years
	2023-24 Formula	2023-24 Formula	2023-24 Formula
Packaging	Yellow Cap	Blue Cap	Gray Cap
Doses Per Vial	3 doses	1 dose	1 dose
Carton Size	30 doses	10 doses	10 doses
<a href="#">NDC-Unit of Use (vial)</a>	59267-4315-01	59267-4331-01	00069-2362-01
CVX Code	308	310	309
CPT Code	91318	91319	91320
Program Availability	VFC	VFC	VFC, BAP
Min. Standard Order*	30 doses	10 doses	10 doses
<b>Storage Limits Before Puncture:</b> Label vaccine with expiration and use-by dates.			
ULT	Until expiration date at -90°C to -60°C (-130°F to -76°F)		
Thermal Shipper			
Freezer			
Refrigerator	Up to 10 weeks at 2° to 8°C (36°F to 46°F). Write the date on carton-not to exceed expiration.		
Expiration Date	Check the label or <a href="#">Pfizer product website</a> .		
<b>Administration</b>			
Diluent (supplied)	1.1 mL per vial	Do not dilute	Do not dilute
Dose Volume & Dose	0.3 mL 3 mcg dose	0.3 mL 10 mcg dose	0.3 mL 30 mcg dose
Refrigerator Thaw Time (Do not refreeze)	2 hours in carton (2° to 8°C/36°F to 46°F)		
Room Temp Thaw Time (Do not refreeze)	Vial: 30 minutes at up to 25°C (77°F)		
Total Time at Room Temp	Up to 12 hours (including thaw time) at 8°C to 25°C (46°F to 77°F)		
<b>Storage Limits After Puncture (Multi-dose vials):</b> Record puncture and use-by time on vial label.			
Use-By Limit (Discard Time After 1st Puncture)	Discard 12 hours after dilution. Keep at 2°C to 25°C (35°F to 77°F)	N/A	N/A

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

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**COVID-19 Vaccine Product Guide**

Check vaccine labels and [FDA materials](#) before use to avoid mix-ups. EUA fact sheets supersede info on vials and carton. Refer to [CDC Product Guide](#) for more information.

	Moderna			Novavax
	Pediatric 6 months-11 years	Spikevax 12+ years	Spikevax 12+ years	Adol/Adult 12+ years
	2023-24 Product	2023-24 Product	2023-24 Product	2023-24 Product
Packaging	Dark Blue Cap	Dark Blue Cap	Syringe	Royal Blue Cap
Doses Per Vial	1 dose	1 dose	1 dose	5 doses
Carton Size	10 doses	10 doses	10 doses	10 doses
<a href="#">NDC-Unit of Use (vial)</a>	80777-0287-07	80777-0102-04	80777-0102-01	80631-0105-01
CVX Code	311	312	312	211
CPT Code	91321	91322	91322	91304
Program Availability	VFC	VFC, BAP	N/A	VFC, BAP
Min. Standard Order*	10 doses	10 doses	N/A	10 doses
<b>Storage Limits Before Puncture:</b> Label vaccine with expiration and use-by dates.				
ULT				
Thermal Shipper				
Freezer	Until expiration at -50°C to -15°C (-58°F to 5°F)			
Refrigerator	Up to 30 days (not to exceed expiration date) at 2-8°C (36-46°F)			Until expiration at 2-8°C (36-46°F)
Expiration Date	Check <a href="#">Moderna product website</a> or QR code.			<a href="#">Check product website</a>
<b>Administration</b>				
Diluent (supplied)	Do not dilute			
Dose Volume & Dose	0.25 mL 25 mcg	0.5 mL 50 mcg	0.5 mL 50 mcg	Do not dilute 0.5 mL 5 mcg
Refrigerator Thaw Time (Do not refreeze)	45 minutes for single dose vial or 1 hour for syringe at 2°C to 8°C (36°F to 46°F). Let stand at room temp for 15 min before administering.			
Room Temp Thaw Time (Do not refreeze)	15 minutes for single dose vial or 45 minutes for syringe at 15° to 25°C (59° to 77°F)			
Total Time at Room Temp	Store up to 24 hours at 8°C to 25°C (46°F to 77°F)			
<b>Storage Limits After Puncture (Multi-dose vials):</b> Record use-by time on vial.				
Use-By Limit (Discard Time After 1st Puncture)	N/A. Discard after single use.			

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

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**COVID-19 Vaccine Product Guide**

**Do Not Use Deauthorized Products:**  
Use only COVID-19 vaccine products updated for 2023-24.

Pfizer				
Infant/Toddler 6 months-4 years	Pediatric 5-11 years	Adol/Adult 12+ years		
2021 Monovalent	2021 Bivalent	2021 Monovalent, Bivalent, Bivalent		
Moderna				
Infant/Toddler 6 months-5 years	Infant/Toddler 6 months-5 years	6 months+	Pediatric 6-11 years	Adol/Adult 12+ years
2021 Monovalent	2021 Bivalent	2021 Bivalent	2021 Monovalent	2021 Monovalent
Janssen (J&J)		Novavax		
Adult 18+ years	Primary 12+ yrs Booster 18+			
2021 Monovalent	2022 Monovalent			

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# RSV Immunization Products Overview

- **Infants & Toddlers**
  - One dose of nirsevimab is recommended for all infants younger than 8 months of age who are born during — or entering — their first RSV season
  - One dose of nirsevimab is recommended for infants 8 through 19 months of age who are at higher risk of severe disease shortly before or during their second RSV season
- **Pregnant People**
  - RSV vaccine administered between 32-36 weeks of pregnancy, between September-January
- **Older adults**
  - Adults 60 years and older may be eligible for an RSV vaccine, under shared clinical decision making with their health care provider

Who Does It Protect?	Type of Product	Is It for Everyone in Group?
Adults 60 and over	RSV vaccine	Talk to your doctor first
Babies	RSV antibody given to baby	All infants entering or born during RSV season. Small group of older babies for second season.
Babies	RSV vaccine given during pregnancy	Can get if you are 32-36 weeks pregnant during September-January

www.cdc.gov/rsv

[CDC RSV Immunization Infographic](https://www.cdc.gov/rsv)



# Older Adult RSV Vaccine Recommendations

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- Adults aged 60 years and older may receive a single dose of RSV vaccine using shared clinical decision-making.
- Give as early as vaccine supply becomes available and continue to offer vaccination to eligible adults who remain unvaccinated.
- Vaccine options:
  - RSVPreF3 + adjuvant (Arexvy™, GSK)
  - RSVPreF (Abrysvo™, Pfizer)
- Co-administration of RSV vaccines with other adult vaccines during the same visit is a recommended option.
- V-safe now available; encourage your patients to participate.

[CDC RSV Media Statement June 29, 2023](#)










[MMWR: Use of RSV Vaccines in Older Adults: ACIP Recommendations](#)

# Shared Clinical Decision-Making Guidance

- Base the decision to vaccinate on discussion between the provider and the patient, guided by:
  - the patient’s risk for disease and their characteristics, values, and preferences
  - the provider’s clinical discretion
  - vaccine characteristics
- Consider factors associated with severe RSV-associated disease:
  - chronic medical conditions
  - frail or advanced age\*
  - Residents of nursing homes and long-term care facilities\*




\*limited enrollment of these populations in clinical trials

Underlying medical conditions associated with increased risk for severe RSV disease include:

 Chronic lung disease (e.g., COPD and asthma)	 Chronic kidney disease	 Moderate or severe immunocompromise
 Chronic cardiovascular disease (e.g., CHF and CAD)	 Chronic liver disease	 Chronic hematologic disorders
 Chronic or progressive neurologic or neuromuscular conditions	 Diabetes Mellitus	 Any underlying <i>condition</i> that a provider determines might increase the risk of severe RSV disease

---

Other factors associated with increased risk for severe RSV disease include:

 Frailty or advanced age, as determined by the healthcare provider	 Residence in a nursing home or other long-term care facility	 Any underlying <i>factor</i> a provider determines might increase the risk of severe RSV disease
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[Flyer Link](#)

[MMWR: Use of RSV Vaccines in Older Adults: ACIP Recommendations](#)

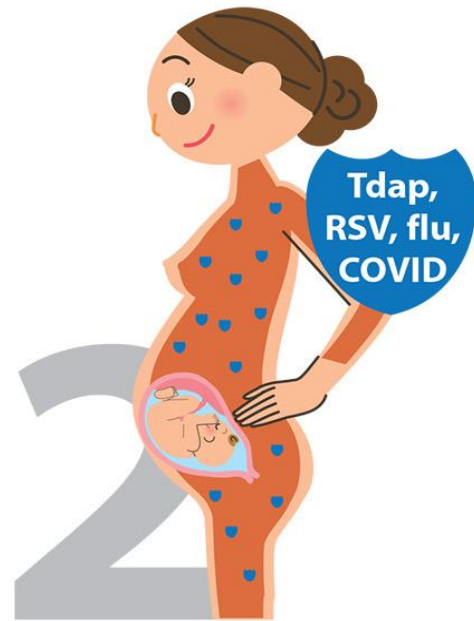
[ACIP Shared Clinical Decision-Making Recommendations: Frequently Asked Questions](#)

# Prenatal RSV Vaccine Recommendations

- RSV vaccine (RSVpreF, Abrysvo™) is recommended at 32 - 36 weeks of pregnancy, September-January.
- People can receive the RSV vaccine on the same day as other prenatal vaccines.
- Most infants only need protection from prenatal RSV vaccine OR infant immunization, but not both.



**Give mom  
Tdap, RSV, flu, and  
COVID shots**



**Mom creates  
antibodies**



**Antibodies pass  
to baby**



**Mom & baby  
protected**



# Nirsevimab Shortage Prioritization



## Prenatal Vaccination

Administer prenatal RSV vaccine (ABRYSCO™, Pfizer) during 32-36 weeks' gestation, September through January.

- Prenatal vaccination may be the best and only option while RSV immunization for infants (nirsevimab) is in short supply.
- Most infants born to vaccinated birth parents will not need nirsevimab.

**Nirsevimab 50mg** for infants <5kg and <8mo without prenatal vaccination<sup>2</sup>

- Administer 50mg of nirsevimab:
  - Now to infants born prior to October
  - Within the first week of life to infants born during RSV season



# Nirsevimab Shortage Prioritization Continued

Nirsevimab 100mg for infants  $\geq 5$ kg and  $< 8$ mo without prenatal vaccination<sup>2</sup>



- Prioritize 100mg for infants at highest risk of severe RSV:
  - Infants  $< 6$  months
  - American Indian and Alaska Native (AI/AN) infants  $< 8$  months
  - Infants 6 to  $< 8$  months with certain high risk conditions.<sup>3</sup>
- For palivizumab-eligible children, follow [AAP recommendations](#) for palivizumab when nirsevimab is not available.

Encourage other preventative measures including:

Everybody

- Recommend everyone around infants are up to date on vaccines including flu, COVID-19, Tdap, and RSV for adults 60 years and older
- Wash hands
- Cover coughs and sneezes
- Clean frequently touched surfaces
- Sick persons should stay away from infants
- Limit number of visitors for infants



Nirsevimab 100mg + Nirsevimab 100mg for children 8-19mo

- For palivizumab-eligible children, suspend nirsevimab use and offer palivizumab per [AAP recommendations](#).
- Offer nirsevimab (**200mg in two 100mg syringes**) to AI/AN children, who are not palivizumab-eligible and live in:
  - Remote regions
  - Communities with known high rates of severe RSV among older infants and toddlers



Footnotes:

1. [CDC Health Alert on Limited Availability of Nirsevimab in the United States](#)

2 Infants  $< 8$  months entering their first RSV season should receive immunization if birth parent's prenatal vaccination status is: unvaccinated, unknown, or vaccinated  $< 14$  days before birth.

3 premature birth at  $< 29$  weeks' gestation, chronic lung disease of prematurity, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.

[11/3 CDPH Letter: Initial Allocation of Limited Nirsevimab \(Beyfortus™\) Supply; Interim CDC Clinical Guidance](#)

# Additional Vaccine Updates

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- CDC Immunization Schedules updated with new addenda summarizing recommendations during the year; 2024 schedule approved
- Two dose JYNNEOS vaccine series recommended for persons 18 years and older at risk for mpox.
  - California cases currently on the rise; encourage vaccination
  - 34.8% of Californians who received 1 dose of JYNNEOS still need dose 2
  - Only 30% of people with HIV have received even 1 dose of JYNNEOS
- Pentavalent MenABCWY vaccine (Penbraya™ from Pfizer) licensed and recommended as an option when MenACWY and MenB vaccines are indicated at the same visit.

[ACIP Presentation Slides: October 25-26, 2023 Meeting](#)  
[ACIP Recommendations](#)



# Scenario 1

---



Manuel is a 64-year-old man with a history of hypertension, diabetes, and chronic obstructive pulmonary disease (COPD) who comes in for a routine appointment.

**“I really don’t want to get sick this winter. I heard about the new RSV vaccine at the grocery store. Should I get it? Should I get my COVID-19 shot too?”**



# Knowledge Check 1A:

---

**Question: Should you recommend the RSV vaccine for Manuel?**

**Options (select all that apply):**

- A. Yes. He has several risk factors for severe RSV disease.
- B. Maybe. It depends on his preferences.
- C. No. We don't have enough safety data yet.
- D. No. He isn't old enough for the vaccine.





# Knowledge Check 1A:

**Question: Should you recommend the RSV vaccine for Manuel?**

**Options (select all that apply):**

- A. Yes. He has several risk factors for severe RSV disease.
- B. Maybe. It depends on his preferences.
- C. No. We don't have enough safety data yet.
- D. No. He isn't old enough for the vaccine.



# Should I get the RSV vaccine?










- **Guidance**

- RSV vaccines are now available for adults 60 years and older
- Shared clinical decision to receive the RSV vaccine

- **Considerations**




- He has multiple risk factors for severe RSV disease
- Vaccine efficacy and safety
- Patient preferences

Underlying medical conditions associated with increased risk for severe RSV disease include:

 Chronic lung disease (e.g., COPD and asthma)	 Chronic kidney disease	 Moderate or severe immunocompromise
 Chronic cardiovascular disease (e.g., CHF and CAD)	 Chronic liver disease	 Chronic hematologic disorders
 Chronic or progressive neurologic or neuromuscular conditions	 Diabetes Mellitus	 Any underlying condition that a provider determines might increase the risk of severe RSV disease

---

Other factors associated with increased risk for severe RSV disease include:

 Frailty or advanced age, as determined by the healthcare provider	 Residence in a nursing home or other long-term care facility	 Any underlying factor a provider determines might increase the risk of severe RSV disease
---	--	---

# Co-administration and Vaccine Timing

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- Flu and COVID-19 vaccines also recommended.
- Healthcare providers can co-administer the vaccines for which a patient is eligible in the same visit.
- When deciding whether to co-administer other vaccines with RSV vaccine at the same visit, consider:
  - Is the patient up to date with currently recommended vaccines?
  - Feasibility of their returning for additional vaccine doses?
  - Risk of acquiring vaccine-preventable disease?
  - Vaccine reactogenicity profiles
  - Patient preferences



# Scenario 1, continued

---



Manuel is a 64-year-old man with a history of hypertension, diabetes, and chronic obstructive pulmonary disease (COPD) who comes for a routine appointment.

**Manuel's insurance requires co-payments for vaccines. Is he eligible for free vaccines?**



# Knowledge Check 1B:

**Question: Is Manuel eligible for free vaccines?**

**Options:**

- A. Yes. He is eligible for BAP-provided COVID-19 vaccine.
- B. Yes. He is eligible for VFA vaccines.
- C. A & B
- D. No.





# Knowledge Check 1B:

**Question: Is Manuel eligible for free vaccines?**

**Options:**

- A. Yes. He is eligible for BAP-provided COVID-19 vaccine.
- B. Yes. He is eligible for VFA vaccines.
- C. A & B
- D. No.



# Scenario 2

Jamie is a 30-year-old woman at 34 weeks gestation who comes in for a routine prenatal appointment.

**Should you recommend RSV vaccine?**



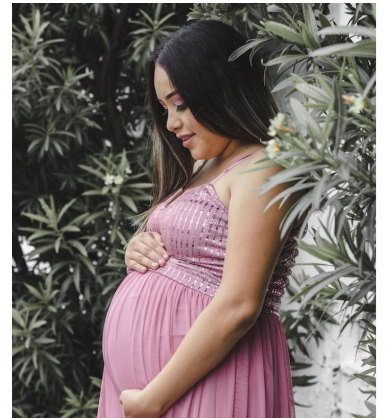


# Knowledge Check 2A:

**Question: Should you recommend RSV vaccine for Jamie?**

**Options (select all that apply):**

- A. Yes. It's recommended at 32 to 36 weeks of pregnancy.
- B. Maybe. I should discuss with Jamie.
- C. No. We don't have enough safety data yet.
- D. No. She isn't old enough for the vaccine.



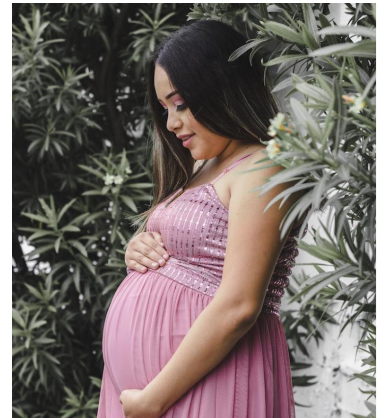


# Knowledge Check 2A:

**Question: Should you recommend RSV vaccine for Jamie?**

**Options (select all that apply):**

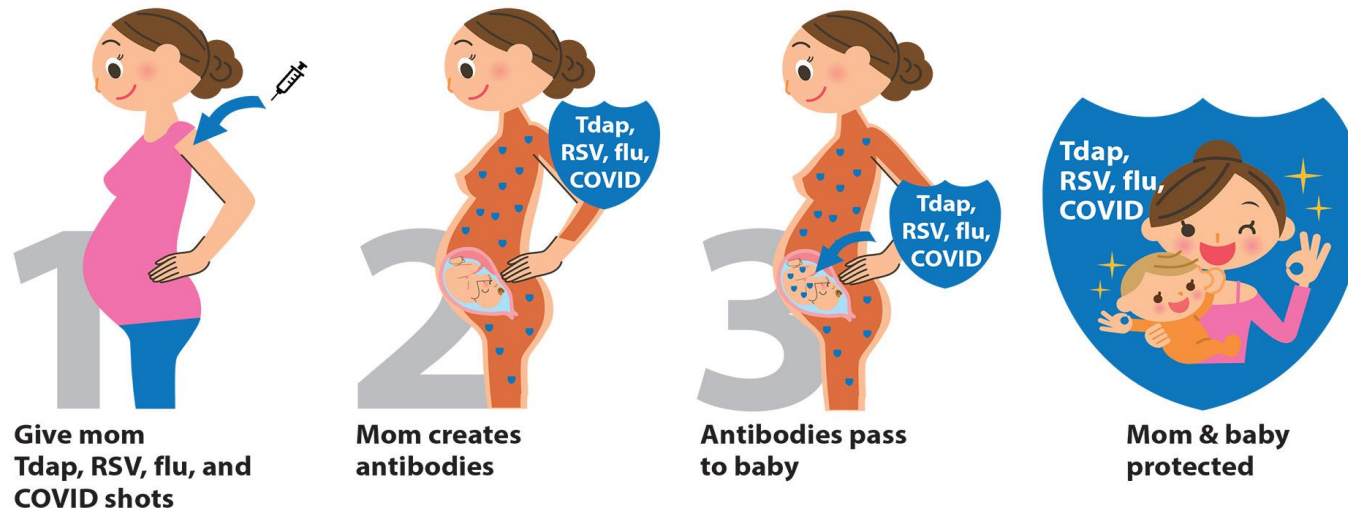
- A. Yes. It's recommended at 32 to 36 weeks of pregnancy.
- B. Maybe. I should discuss with Jamie.
- C. No. We don't have enough safety data yet.
- D. No. She isn't old enough for the vaccine.





# Prenatal RSV Vaccination

- Prenatal RSV vaccine recommended at 32 to 36 weeks of gestation, September through January to prevent severe infant RSV.
- Alternative option would be for infant to receive nirsevimab after birth.
  - There is currently a shortage of nirsevimab across the US, and it is not clear when this shortage will end.



# Scenario 2, continued

Jamie is a 30-year-old woman at 34 weeks gestation who comes in for a routine prenatal appointment.

**Jamie has Medi-Cal for pregnancy. Can you give her VFA vaccines?**





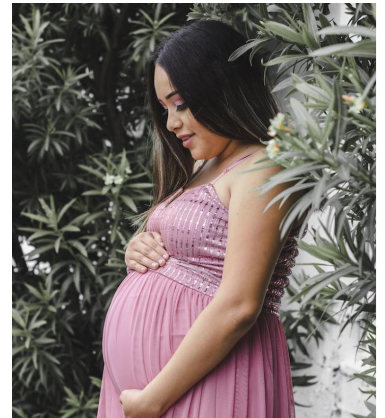


# Knowledge Check 2B:

**Question: Is Jamie eligible for VFA vaccines?**

**Options:**

- A. Yes. Jamie is eligible for VFA vaccines.
- B. No. She has coverage via Medi-Cal.





# Knowledge Check 2B:

**Question: Is Jamie eligible for VFA vaccines?**

**Options:**

A. Yes. Jaime is eligible for VFA vaccines.

 B. No. She has coverage via Medi-Cal.



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Terisha Gamboa

# RESOURCES

# Updated VFA Program Resources

## [VFA Resources page](#)

- Eligibility Screening & Documentation Requirements
- Eligibility Screening Record for adult patients
- VFA/VFC/BAP Eligibility Table

The screenshot shows the EZIZ website interface. At the top, there is a search bar with the text "ENHANCED BY Google" and a search icon. Below the search bar is the tagline "A one-stop shop for immunization training and resources." The main content area is divided into several sections:

- Home** (green button)
- Vaccine Programs** (green button)
- Vaccine Management** (green button)
- Storage Units** (green button)
- Temperature Monitoring** (green button)
- Training & Webinars** (green button)
- Clinic Resources** (green button)
- Patient Resources** (green button)
- Contact VFC** (blue button) with contact information: Phone: (877) 243-8832, Hours: Mon-Thurs, 9AM-4:30PM, Friday, 9AM-4PM, Send us an email, Fax: (877) 329-9832. Below this are links for VFC Field Representatives, Find VFC providers, Sign up for EZIZ emails, and Frequently Asked Questions.
- California VFA Resources** (blue header) containing:
  - Popular Links**
    - 317 (VFA & BAP) Eligibility Screening & Documentation Requirements
    - Vaccination Guidance during a Pandemic (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)
    - 2023 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** (blue header) containing:
    - Eligibility** (blue header) with links:
      - 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** (blue header)
  - Tools to Implement the Adult Immunization Standards** (blue header) containing:
    - Assess** (blue header)
- VFA (317) Resources** (blue header) containing:
  - ▶ About the VFA Program
  - ▶ VFA Resources and Communications
  - ▶ 317 for Local Health Departments

# VFA Eligibility Resources

## 317 (VFA & BAP) 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, 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.

California Department of Public Health, Immunization Branch

IMM-1476 (10/17/23)

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

## 317 (VFA & BAP) 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, 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.

California Department of Public Health, Immunization Branch

IMM-1226 (10/11/23)

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

## 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"> <li>• Medi-Cal/CHDP eligible</li> <li>• Uninsured (no health insurance)</li> <li>• American Indian or Alaskan Native</li> <li>• Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation).</li> </ul>	Adults, 19 years and older: <ul style="list-style-type: none"> <li>• Uninsured (no health insurance)</li> <li>• Underinsured (vaccines are not covered by insurance)</li> </ul>	Adults 19 years and older: <ul style="list-style-type: none"> <li>• Uninsured (no health insurance)</li> <li>• Underinsured (vaccines are not covered by insurance or requires a co-payment)</li> </ul> (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"> <li>• COVID-19</li> <li>• DTaP</li> <li>• Hepatitis A, Hepatitis B</li> <li>• Hib, HPV, Influenza</li> <li>• Meningococcal Conjugate (MenACWY)</li> <li>• MMR</li> <li>• Meningococcal B (MenB)</li> <li>• MMR</li> <li>• Pneumococcal Conjugate (PCV15 and PCV20)</li> <li>• Pneumococcal Polysaccharide (PPSV23)</li> <li>• Polio (IPV)</li> <li>• Rotavirus</li> <li>• RSV (coming soon)</li> <li>• Td, Tdap</li> <li>• Varicella</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• HPV</li> <li>• Meningococcal Conjugate (MenACWY)</li> <li>• MMR</li> <li>• Pneumococcal Conjugate (PCV20)</li> <li>• Td (ONLY when Tdap is not indicated)</li> <li>• Tdap</li> <li>• Varicella</li> <li>• Zoster</li> </ul> For more details about Medicare Part B and/or D eligibility, see <a href="#">IMM-1247</a> .	<ul style="list-style-type: none"> <li>• COVID-19</li> </ul>
Ordering Website	<a href="#">myVFCVACCINES</a>	<a href="#">myVFCVACCINES</a>	<a href="#">myCAvax</a> California Vaccine Management System

California Department of Public Health, Immunization Branch

IMM-1222 (10/17/23)

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





# Updated VFA Program Webpages

**EZIZ** ENHANCED BY Google

*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

**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](#)

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

**EZIZ** ENHANCED BY Google

*A one-stop shop for immunization training and resources.*

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

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

### 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](mailto:my317vaccines@cdph.ca.gov).
  - Email [my317vaccines@cdph.ca.gov](mailto: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  
[Send us an email](#)  
Fax: (877) 329-9832

- ▶ [VFC Field Representatives](#)
- ▶ [Find VFC providers](#)
- ▶ [Sign up for EZIZ emails](#)
- ▶ [Frequently Asked Questions](#)

## [Take Action to Prevent Vaccine Loss](#)

# Respiratory Disease Materials on EZIZ

- COVID-19
  - [COVID-19 Resources](#)
    - [Adults and COVID-19 vaccines \(BAP\)](#)
    - [COVID-19 Vaccines & Pregnancy flyer](#)
- RSV
  - [RSV Resources](#)
    - [FAQs – newly updated!](#)

**Alerts!**

**2023-24 COVID-19 Vaccine**

- COVID-19 Vaccine Resources: For Providers | For Patients
- Vaccine Ordering and Manufacturer Info

**Protect your patients against RSV!**

- RSV Immunization FAQs
- More RSV Resources for Providers and Patients
- Nirsevimab (Beyfortus) Guide

**New/Updated Materials**

- **Accessing COVID-19 Vaccine Infographics for Patients:** each resource has 3 slide options. Please select the one that is best for your audience:
  - Vaccines for Children Infographic [English](#) | [Spanish](#)
  - Bridge Access Program Infographic [English](#) | [Spanish](#)
- **Fall-Winter 2023 Immunizations Infographic**
- Sticker Templates to identify program vaccine (Print on Avery 94500 labels): VFC | VFA | BAP | 317
- Immunization Schedule Using Combination Vaccines

**COVID-19 Vaccines and Pregnancy**

COVID-19 vaccination during pregnancy is safe and effective.

**It's important to stay healthy during pregnancy.**

If you're pregnant, stay up to date with your [COVID-19 vaccines](#).

You're more likely to get very sick from COVID-19 than people who aren't pregnant.

COVID-19 can cause complications such as:

- Hospitalization
- Admission to an intensive care unit (ICU)
- Needing a ventilator or special equipment to breathe
- Death
- Premature birth (before 37 weeks of pregnancy)
- Stillbirth

Getting the COVID-19 vaccine while pregnant will help protect your baby as soon as they are born.

Protect yourself and your family today. Visit [MyTurn.ca.gov](#) to schedule your vaccine appointment or call a health care provider to discuss any questions you have about the COVID-19 vaccines.

Scan the QR code to access the links on this flyer.

August, 2023 • © 2023, California Department of Public Health

# Other Respiratory Diseases Resources

- Flu and COVID-19
  - [Wild to Mild Flu toolkit](#) (CDC)
  - [Get My Flu Shot campaign](#) (CDC)
  - [flu and COVID-19 communication toolkit](#) (CDPH)
- RSV
  - [Respiratory Diseases webpage](#) (CDPH)
  - [RSV webpage](#) (CDPH) - **newly updated!**
    - Communication toolkits for [respiratory virus prevention](#) and [RSV](#) (CDPH)





# Stay Healthy this Virus Season

## 6 Tips for Staying Healthy this Virus Season

Reduce your risk of catching and spreading respiratory viruses like flu, COVID-19 and RSV.



### Stay Up to Date on Vaccines

Vaccines are the best protection against severe illness. Visit [MyTurn.ca.gov](https://myturn.ca.gov) to schedule your vaccines or contact your health care provider.

- **Flu and COVID-19 vaccines** are available for everyone 6 months and older.
- **RSV immunizations** are available for infants and some young children, pregnant people and adults 60 years and older.

### Stay Home if You're Sick

Stay home and away from others if you have any symptoms of [flu](#), [COVID-19](#), or [RSV](#).

### Test and Treat

[Test for COVID-19](#) and flu if you have symptoms. If you test positive, contact your health care provider and ask about medications. Medications work best when started right after symptoms begin. Learn more about [COVID-19 treatments](#).

### Consider Wearing a Mask

Consider [wearing a mask](#) in public indoor or crowded spaces especially if you or your family is at [higher-risk for severe illness](#).

### Wash Your Hands

Wash your hands often, with soap and warm water, for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.

### Cover Your Cough or Sneeze

Cough or sneeze into your elbow, arm, or a disposable tissue. Make sure to wash your hands or sanitize and dispose of your tissue after.




Scan the QR code to see interactive links on this flyer








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[Winter Virus Tip Sheet \(CDPH\)](#)

## FALL-WINTER 2023-24 IMMUNIZATIONS



	Who is eligible?	What immunizations are recommended?	When should I get it?
	6 months and older	<a href="#">Flu vaccines</a> target 4 strains of flu and are available as a shot or nasal spray. Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year.	September or October are ideal, but catching up later can still help.
	6 months and older	<a href="#">Updated COVID-19 vaccines</a> target the Omicron XBB strain to protect against COVID-19 this fall and winter	Get it now to help protect against severe disease (if at least two months since your last COVID-19 shot).
	Pregnant persons during weeks 32-36 of pregnancy	<a href="#">RSV vaccine</a> to reduce the risk of severe RSV disease in infants (baby will receive protection that lasts for months after birth)	Recommended from September to January to help protect your baby during RSV season
	All infants from birth to 8 months and children 8-19 months at high risk of severe RSV disease	<b>OR</b> <a href="#">Immunization</a> contains preventive antibodies that help fight RSV infections and protect children from getting very sick.	Before or during RSV season, usually October-March
	60 years and older	<a href="#">RSV vaccine</a> to protect older adults against RSV disease	Available now - Talk with your doctor to determine if vaccination is right for you.

### Where to get vaccinated?

- Contact your doctor or local pharmacy. Influenza and COVID-19 vaccines continue to be free for most people through their private, Medi-Cal or Medicare insurance plans.
- Check with your insurance on timing of RSV immunization coverage.
- You can receive influenza, COVID-19 and/or RSV immunizations during the same visit.
- Adults without health insurance can get no cost COVID-19 vaccine at many pharmacies and clinics participating in the [Bridge Access Program](#). Visit [vaccines.gov](https://vaccines.gov) to find the nearest location.
- Children who are Medi-Cal eligible, American Indian/Alaskan Native, uninsured and underinsured may get no cost vaccines through the [Vaccines for Children Program](#).

Thanks to Katelyn Jetelina, PhD, MPH and Caitlin Rivers, PhD, MPH for allowing CDPH to adapt this resource.

California Department of Public Health | Immunization Branch IMM-1481 (10/23)

[Fall-Winter 2023-24 Immunizations Infographic \(CDPH\)](#)



# 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



This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC).

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 protect you throughout the spring!



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



*Remember — Flu vaccine can still protect you and your family*

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



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

## “¡No es muy tarde para... Vacunarse!”

¡La vacuna contra la influenza lo puede proteger hasta la primavera!



**Todas las personas mayores  
de 6 meses de edad necesitan  
vacunarse contra la influenza  
todos los años.**



*Recuerde—La vacuna contra la influenza aún puede proteger a usted y a su familia*

Para más información sobre la influenza o para encontrar un lugar donde puede vacunarse, visite: [MyTurn.ca.gov](https://www.MyTurn.ca.gov)



# Additional CDPH Resources for Adult IZ

- [Provider Job Aids Adult Immunizations for...](#)

- [People Living with HIV \(IMM-1450\)](#)
- [Gay, Bisexual, Men who have sex with Men \(GBMSM\) \(IMM-1483\)](#)
- [Sexually Active Persons \(IMM-1484\)](#)

Immunization Recommendations for Sexually Active People <sup>1,3</sup>		
Vaccine	Vaccine Options and Schedule	Recommendations and Considerations <sup>1,2</sup>
<b>Hepatitis A (HepA)</b>	<ul style="list-style-type: none"> <li>Havrix<sup>®</sup>, Vagta<sup>®</sup>: 2 doses, 6 months apart</li> <li>Twincix<sup>®</sup> (combination HepA/HepB): if ages ≥ 18 years: 3 doses, 0, 1, and 6 months apart</li> </ul>	<ul style="list-style-type: none"> <li>Adolescents not vaccinated as young children</li> <li>Adults with <b>risk factors</b>,<sup>4</sup> including:                             <ul style="list-style-type: none"> <li>Men who have sex with men (MSM)<sup>1,5</sup></li> <li>People with HIV (PWH)<sup>5</sup></li> <li>People who use drugs</li> <li>People experiencing homelessness</li> </ul> </li> </ul>
<b>Hepatitis B (HepB)</b>	<ul style="list-style-type: none"> <li>Hepilisav-B<sup>®</sup> (if ages ≥ 18 years): 2 doses, 1 month apart</li> <li>Engerix-B<sup>®</sup>, PreHevrbrio<sup>®</sup> (if ages ≥ 18 years), Recombivax HB<sup>®</sup>: 3 doses, 0, 1, and 6 months apart</li> <li>Twincix<sup>®</sup> (combination HepA/HepB): if ages ≥ 18 years: 3 doses, 0, 1, and 6 months apart</li> </ul>	<ul style="list-style-type: none"> <li>Adolescents not vaccinated as young children</li> <li>Adults ages 19-59 years</li> <li>Adults ages ≥ 60 years with <b>risk factors</b>,<sup>4</sup> including:                             <ul style="list-style-type: none"> <li>Men who have sex with men<sup>3</sup></li> <li>People with HIV<sup>6</sup></li> <li>People who use drugs</li> <li>People with sexual exposure risk</li> <li>People who are incarcerated</li> </ul> </li> </ul>
<b>Human papillomavirus (HPV)</b>	<ul style="list-style-type: none"> <li>Gardasil 9<sup>®</sup>:                             <ul style="list-style-type: none"> <li>ages 9-14 years: 2 doses, 6-12 months apart</li> <li>ages 15-45 years: 3 doses, 0, 1-2, and 6 months apart</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Adolescents and young adults, starting at ages 11-12 years through age 26 years</li> <li>Adults ages 27-45 years, based on shared clinical decision-making</li> </ul>
<b>Meningococcal A, C, W, Y conjugate (MenACWY)</b>	<ul style="list-style-type: none"> <li>MenQuadfi<sup>®</sup>, Menveo<sup>®</sup>:                             <ul style="list-style-type: none"> <li>Adolescents: 2 doses (at ages 11-12 years and 16-18 years); 1 dose (if first dose at ages 16-18 years)</li> <li>Adults at increased risk: 2 doses, 2 months apart; booster every 5 years if risk remains</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Adolescents, starting at ages 11-12 years</li> <li>Adults with <b>risk factors</b>,<sup>4</sup> including:                             <ul style="list-style-type: none"> <li>Men who have sex with men<sup>7</sup></li> <li>Transgender adults who have sex with men<sup>7</sup></li> <li>People with HIV</li> </ul> </li> </ul>
<b>Meningococcal B (MenB)</b>	<ul style="list-style-type: none"> <li>Bexsero<sup>®</sup>: 2 doses, 1 month apart</li> <li>Trumenba<sup>®</sup>: 2 doses, 6 months apart</li> </ul>	<ul style="list-style-type: none"> <li>Adolescents and young adults ages 16-23 years, based on shared clinical decision-making</li> </ul>
<b>Mpox virus<sup>8</sup></b>	<ul style="list-style-type: none"> <li>JYNNEOS<sup>®</sup>: 2 doses, 1 month apart</li> </ul>	<ul style="list-style-type: none"> <li>Adults <b>vulnerable</b> to or seeking added protection.</li> <li>If &lt; 18 years, see <b>Minor Consent for Mpox Treatment</b>.</li> </ul>

- [Sexually Transmitted Disease Control Branch webpage](#)





# VFA Provider Poll!

## Provider Job Aids - Vaccine Fact Sheets

The VFA Team would like your input as we update our VFC/VFA resources!

Please fill out the following questions in the pop-up window about our [Vaccine Fact Sheets](#).

### Vaccine Fact Sheet: MMR



Topic	MMR II *	Priorix
Manufacturer	Merck <a href="#">Detailed Prescribing Information</a>	GlaxoSmithKline (GSK) <a href="#">Detailed Prescribing Information</a>
Protects Against	Measles, Mumps, and Rubella	Measles, Mumps, and Rubella
Routine Schedule	Two (2) dose series: First dose at 12-15 months and second dose at 4-6 years	Two (2) dose series: First dose at 12-15 months and second dose at 4-6 years Adults: 1-2 doses if no evidence of immunity. See <a href="#">CDC guidance: cdc.gov/vaccines/schedules/hcp/imz/adult.html#note-mmr</a>
Minimum Intervals	4 week minimum interval between dose 1 and 2	4 week minimum interval between dose 1 and 2
Approved Ages	12 months and older	12 months and older
Administration	Subcutaneous (SC) or Intramuscular (IM) injection	Subcutaneous (SC)
Packaging	10 single-dose vials of lyophilized vaccine and a separate box of 10 single-dose 0.7mL vials of sterile diluent	10 single-dose 0.5mL prefilled vials without needles. And 10 single dose prefilled ungraduated syringes of sterile water diluent
Storage	Store between -58°F and +46°F (-50°C to +8°C) Recommend storage in freezer protect vaccine from light	Store between 36°F and 46°F (2°C and 8°C) Do not freeze
Full ACIP Recommendations	<a href="#">MMR Recommendations of the Advisory Committee on Immunization Practices (ACIP)</a> (CDC.gov/mmwr/preview/mmwrhtml/00053391.htm)	<a href="#">Priorix Recommendations of the Advisory Committee on Immunization Practices (ACIP)</a> (CDC.gov/mmwr/volumes/71/wr/mm7146a1.htm)
VFC Letter	Not available	<a href="#">Addition to the VFC Formulary: Priorix, a New Formulation of MMR</a> (EZIZ.org/assets/docs/Memo/2022Nov30AdditionToVFCPriorixNewFormulationOfMMR.pdf)

# Upcoming Webinars

For upcoming and archived  
IZB webinars, [click here!](#)



## CDPH Crucial Conversations Webinar

*“Talking with Patients about Staying Safe from Respiratory Viruses During the Holidays.”*

Thursday, November 16

12pm – 1pm

[Register here](#)

## CDPH/CPCA Prenatal Immunization Webinar

Reviewing prenatal and infant vaccinations and related best practices for promoting prenatal immunizations.

Wednesday, December 6

10am-11am

More info to come!



# QUESTION & ANSWER SESSION



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

<https://forms.office.com/g/6Nrwnw67Y>

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

[my317vaccines@cdph.ca.gov](mailto:my317vaccines@cdph.ca.gov)