



**Immunization
Branch**

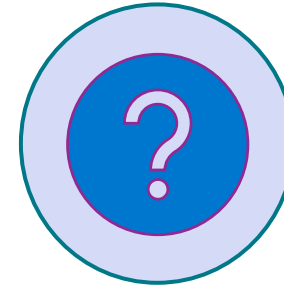
Vaccines for Adults Webinar:

“Bridging Practice and Policy: ACIP Immunization, Eligibility and Registry Documentation Updates”

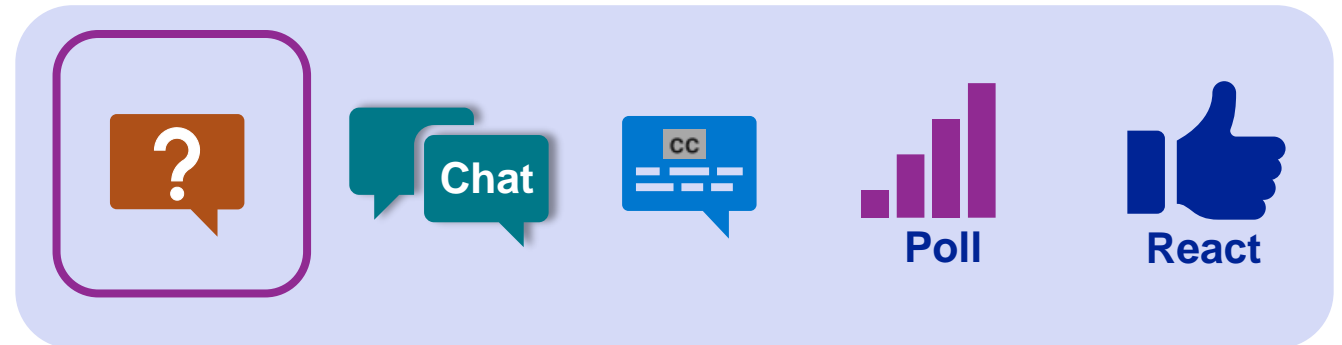
Thursday, April 24, 2025

12:00pm – 1:00pm (PT)

Q&A



During today's webinar, please click and open the Q&A icon to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.



[Links are in blue and underlined](#)

Housekeeping

Reminder to Attendees:



Today's session is being recorded. For slides, webinar recordings, and other postings, see the [VFA Resources Page](#).



For assistance with VFA related questions, please email my317vaccines@cdph.ca.gov.



If you are having any webinar issues, please email blanca.corona@cdph.ca.gov.

Agenda: Thursday, April 24, 2025

No.	Item	Speakers (CDPH)	Time (PM)
1	Welcome and Announcements	Leslie Amani	12:00 – 12:05
2	VFA Program Updates	Lindsay Reynoso	12:05 – 12:15
3	California Immunization Registry (CAIR) Updates	Diana Singh	12:15 – 12:20
4	Program Eligibility Overview	Lindsay Reynoso	12:20 – 12:25
5	Clinical Updates	Caterina Liu, MD, PHMO	12:25 – 12:45
6	Resources	Terisha Gamboa	12:45 – 12:55
7	Questions and Answers	Rebeca Boyte, CDPH SMEs	12:55 – 1:00

Webinar Objectives



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

1. Understand and share VFA Program and eligibility updates with clinic staff.
2. Improve the implementation of CAIR documentation to the clinic's processes and workflow.
3. Explain updates made to the 2025 Adult ACIP Immunization Schedule.
4. Identify updated tools and resources that can be utilized for adult patients.

Announcements

Leslie Amani, CDPH

CDPH Immunization Branch Funding Opportunity: Hepatitis B Demonstration Projects

Request for Application (RFA) Details

- CDPH has released a [RFA](#) to select entities to conduct hepatitis B demonstration projects to serve the most vulnerable and underserved people in California living with or at risk for hepatitis B infection.
- The projects will facilitate two of the following services: hepatitis B vaccination, HBV infection screening, linkage to hepatitis B care, and/or retention in hepatitis B care.
- CDPH will be making \$1,300,000 available for two demonstration projects (\$650,000).
- Funding awarded in the form of local assistance grants.
- Projects will end on 12/31/2027

Key Dates

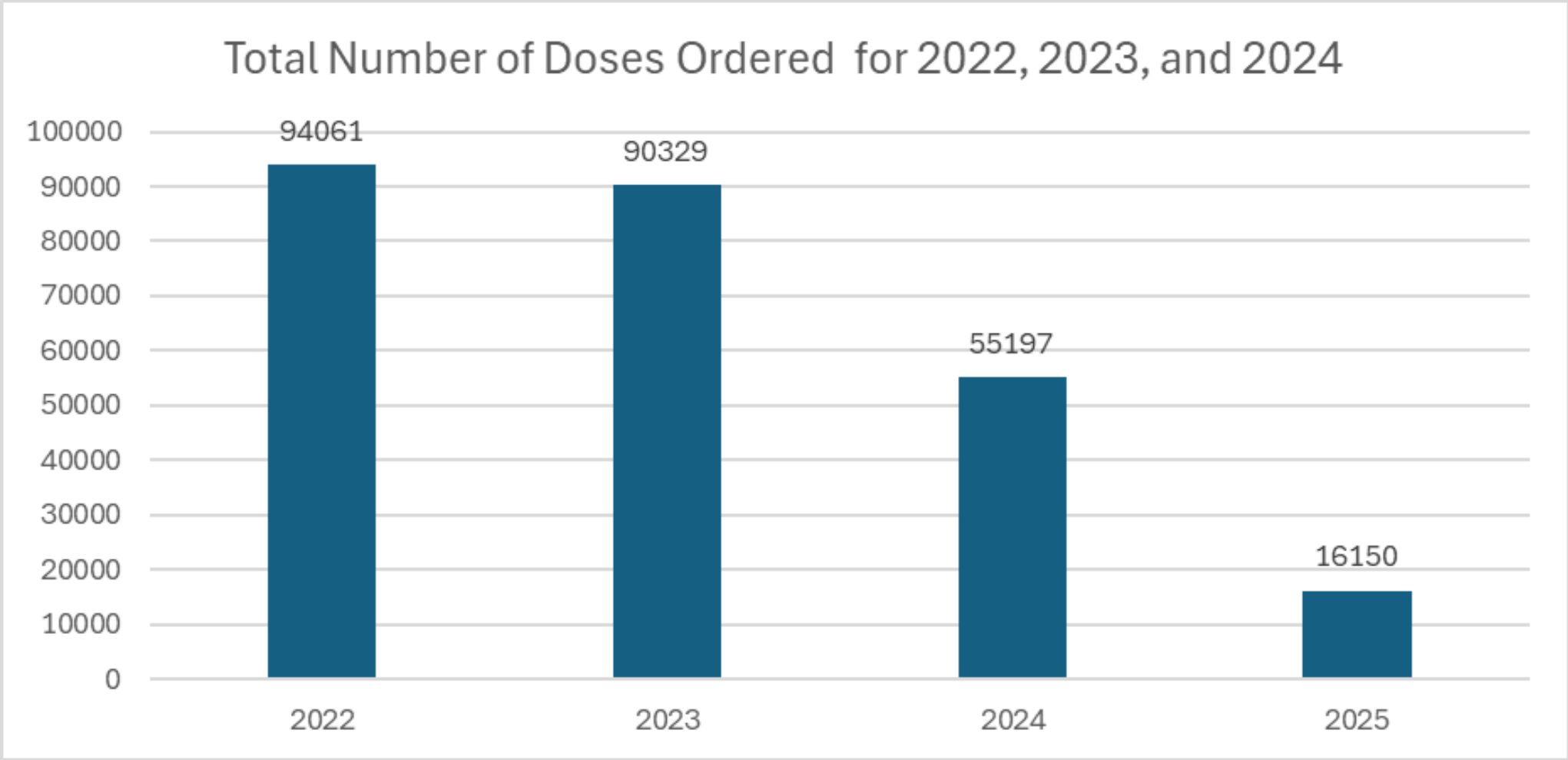
- **RFA Released:**
April 1, 2025
- **Deadline for submitting written questions:**
April 15, 2025, by 5:00 P.M. PT
- **Application submission deadline:**
April 29, 2025, by 5:00 P.M. PT
- **Notice of Intent to Award Released:**
May 27, 2025

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

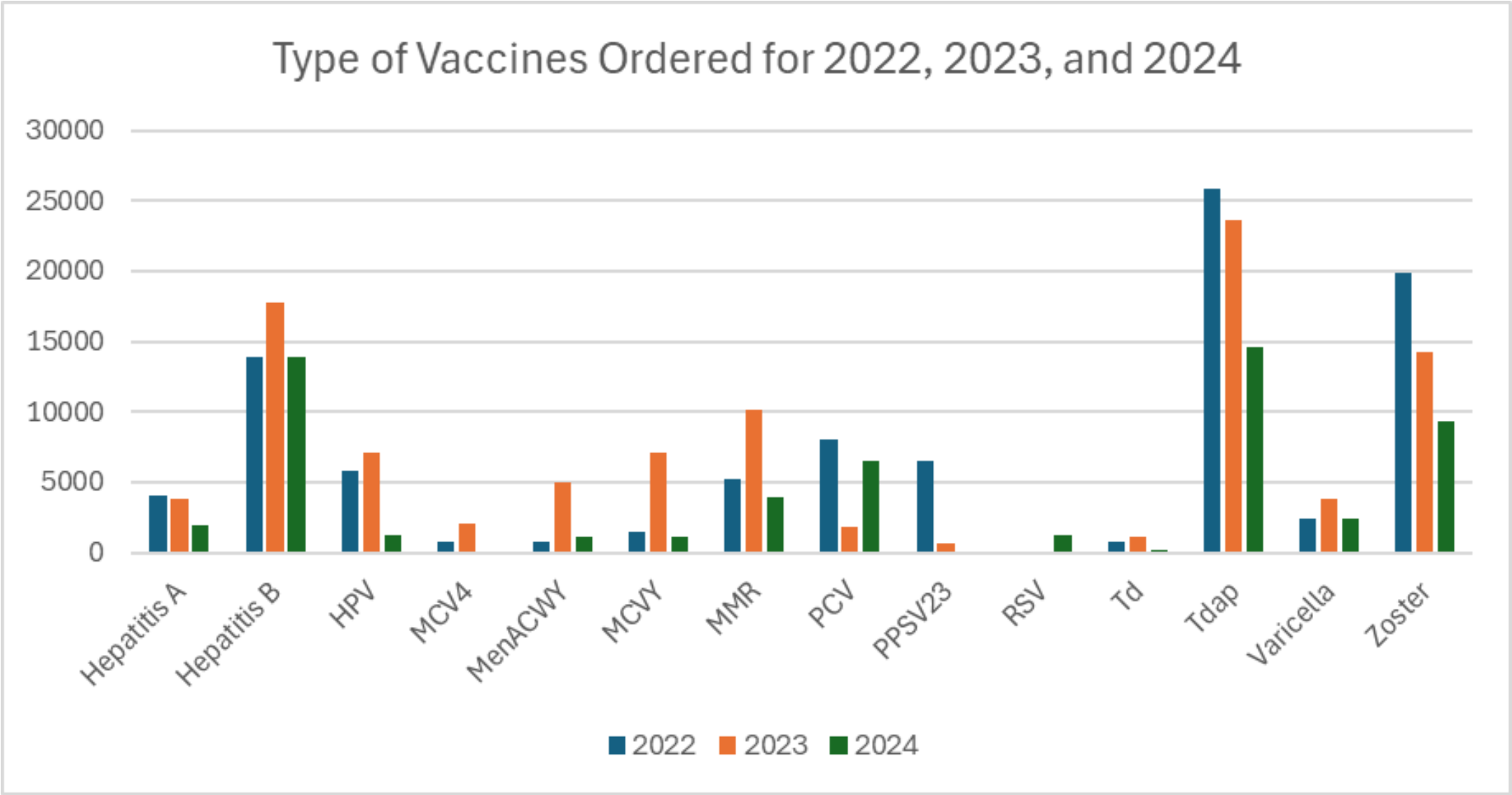
VFA Program Updates

Lindsay Reynoso

VFA Ordering



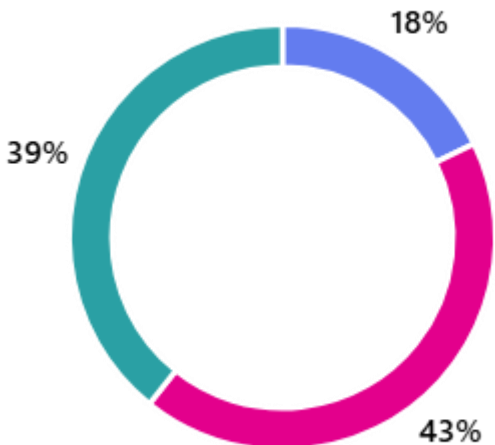
VFA Ordering



VFA Satisfaction Survey Results

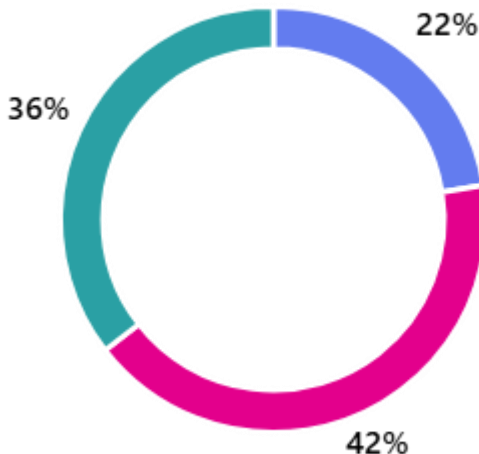
In the past 12 months, have you seen a change in the number of VFA eligible patients (uninsured and underinsured)?

- Increase in VFA eligible patients
- Decrease in VFA eligible patients
- VFA eligible population remained the same



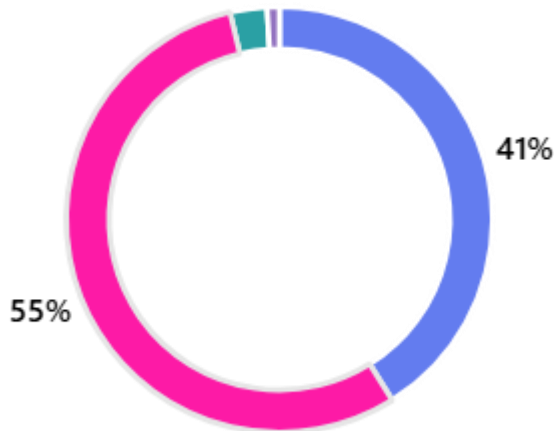
In the past 12 months, have you seen a change in vaccine demand?

- Increase in vaccine demand
- Decrease in vaccine demand
- Vaccine demands has remained the same



In the past 12 months, has your order frequency changed?

- Yes
- No
- Does not apply
- Other



VFA Program Updates

- **VFA Q2 Tentative Dates: April 28 – May 12, 2025**
- Reminder: VFA **does not** offer routine supplemental orders
- Q2 Ordering Policy:
 - **New Products:** HPV and PCV21 (Capvaxive)
 - Vaccine dose requests for HPV, PCV 20/21 and Shingrix will be capped at 40 doses
 - RSV Arexvy vaccine still available
 - VFA sites can **order up to 20 doses of RSV**. Vaccine requests will be approved based on availability and ordering will close once our annual supply has been depleted.
 - Caps for all other routine vaccines will remain the same

Reminder: Switching Vaccine Brands

- If your practice plans on switching to PCV21 from another PCV vaccine product, submit the “[Request to Change Vaccine Brand](#)” form and keep the following information in mind:
 - Implementation of a different vaccine brand or product should be approved by your practice’s medical director or Provider of Record.
 - Staff should be thoroughly informed and educated on changes to vaccines and its impact on vaccine ordering, storage, administration, and documentation.
 - As your practice transitions to a new product, prevent unnecessary vaccine wastage. Your initial request for a new vaccine product may be reduced to help minimize vaccine waste as you transition from the product currently being used by your practice.
 - Implement a plan to deplete excess inventory prior to transitioning to a new product. It is the provider’s responsibility to ensure all VFA-supplied vaccines are used prior to their expiration date or transferred to another VFA/LHD 317 Provider who can use them. Viable unused doses of these individual vaccines cannot be returned to the VFA Program.


No VFA Orders – Account Termination

- The VFA Program will start reviewing VFA providers who have not ordered in 2023 and 2024
- June 2025: Termination of VFA Providers sites who have not ordered
- Program Initiated Disenrollment Letter will be sent to Key Practice Staff
- **Important Note:** VFA enrollment is currently closed. A waiting period may apply for re-enrollment requests if program enrollment is open and available
- [VFA Provider Agreement \(IMM – 1514, #11\)](#)

Required IIS Reporting

- Report all VFA vaccine doses administered to an immunization registry (CAIR2 or Healthy Futures/RIDE), and data must include all required VFA screening, patient's race and ethnicity, and administration elements. Report doses administered under the Registry ID for the corresponding VFA PIN receiving vaccines. ([CAAB1797](#))
- Immunization of VFA-eligible patients will be documented in or submitted through data exchange as “317 Vaccine Eligibility or Vaccine Eligibility Category (HL7) Code V07 or V23” doses to the local immunization information system (CAIR2 or Healthy Futures/RIDE) and documented in an Electronic Health Record (EHR). The total number of patients immunized with Section 317 vaccines and inventory on-hand will be reported to the California Department of Public Health (CDPH) according to reporting guidelines. Review doses reported in the immunization information system periodically, or at a minimum of every 3 months.
- [VFA Provider Agreement #6, #7 \(IMM-1514\)](#)

VFA 2024 Annual Immunization Information System Reports



March 2025

Report: VFA Doses in California Immunization Registry

For: ABC Clinic
PIN: 012345
IIS ID: 123ABCClinic

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 with data for the period between January 1 to December 31, 2024 (Quarter 1 to Quarter 4). 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 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 data¹ look like from January through December 2024?

VFA Doses from January – December 2024			
A	B	C	C/B
Doses Ordered	Reported Doses Administered	Doses in CAIR as "317"	% Doses Submitted to CAIR as "317"
100	75	25	33%

Data Interpretation:

The VFA Program requires 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 during vaccine ordering.

¹Data Limitations:

"Doses Ordered" and "Reported Doses Administered" were obtained from your submitted 317 orders during the Q1 to Q4 2024 VFA order period. The doses in CAIR were administered January 1, 2024, through December 31, 2024. 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 to Q4 2024. Keep up the amazing work!

Good and Very Good: Great job! You submitted most of your doses correctly for Q1 to Q4 2024. Your practice is well-positioned to achieve future excellence. Take steps below to increase accurate data submission.

Needs Improvement: Based on doses reported, you submitted less than 50% of doses accurately for Q1 to Q4 2024. 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. Ensure staff know how to correctly record "317 Funded/VFA" for vaccine eligibility and "Public non-VFC" for Funding Source in your EHR for every administered dose.
2. Confirm with your EHR vendor that the Vaccine Eligibility Category (HLT) code "V07 or V23" and the Vaccine Funding Source code "VXC52" is correctly mapped.
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](#) (page 42), 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 "317" as the "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 "V23 – 317 Eligible LHD or HDA5 Only" as the patient's eligibility criteria and "VXC52-Vaccine stock used was publicly funded by the non-VFC program" as the Funding Source when recording an administered 317 funded vaccine 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
URL: <http://www.myhealthyfutures.org>

Note: Your next report will be sent in August 2025. This report will include a percentage of total doses administered entered correctly into an immunization registry and a corresponding rating.

References:

- *[VFA Provider Agreement](#)
- *[VFA Provider Agreement Addendum](#)

- April 2025: VFA Annual Immunization Information System (IIS) Reports sent to the VFA Provider of Record and Primary Vaccine Coordinator
- The number of reported doses administered and the doses in CAIR as "317" should closely match. Please work with your EHR vendor, Local CAIR Representative, and/or CAIR Data Exchange Specialist to identify and resolve issues as soon as possible!

Steps to Increase Accuracy of Doses Entered

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2. Make sure staff selects "**V23 – 317 Eligible LHD or HDAS Only**" as the patient's eligibility criteria and "**VXC52-Vaccine stock used was publicly funded by the non-VFC program**" as the Funding Source when recording an administered 317 funded vaccine 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.

- Report doses using your location's unique IIS ID
- Ensure staff are documenting the correct:
 - Eligibility Code
 - Funding Source
 - NDC Code
- VFA Providers:
 - Staff should select "317" or "V07/ V23 - 317 Eligible" under eligibility for each 317 funded administered dose.
 - Select "Public non-VFC" or "VXC52" as the Funding Source.
 - Confirm with your EHR vendor these codes are correctly mapped.

VFA Program Updates – IIS Data in myCAvax

- **Release 55** – New CAIR/IIS administration data columns, ‘IIS Qty Used Since Last Order’ and ‘% Doses Submitted to IIS’ have been added to the Doses Administered section in the vaccine order process flow.
 - VFA Providers will be able to view this new order form feature during the Q2 Ordering Period anticipated to open in April 2025
 - VFA Providers will be able to view their 317 doses administered in their IIS account from their last submitted VFA order
 - Provide awareness of the documented CAIR administered doses vs. self reported data. The goal is for these doses to closely match to ensure accuracy and accountability of doses

R55 Enhancements: Adding IIS Information to the VFA, 317, VFC Order Request Pages

- The VFA Request pages were updated to display IIS administration information in two new columns under the 'Doses Administered' section:
 - 'IIS Qty Used Since Last Order' column
 - '% Doses Submitted to IIS' column

Vaccine Products		Doses Administered	
Vaccine products	Qty used since last order	IIS Qty used since last order	% Doses submitted to IIS
Hep-A VAQTA syringes	100	100	100%
Hep-A Havrix syringes	200	50	25%
Hep-B Heplisav-B	Doses admin		

myCavox
California Vaccine Management System

My Programs Home Vaccine Orders Program Locations Vaccine Inventory Training

Need help? Review the job aid(s) for placing vaccine order requests, understanding provider inventory, VFA product guide, shipping cadence and managing storage units.

VFA

VFA - Order Request

Step 1 - Select Account and Product

To change the program selected, navigate back to the Vaccine Orders page.

* Program Location
ABC Location

Provide Inventory and Doses Administered, and Submit Your Vaccine Order

- Ensure the current VFA inventory in your vaccine storage units matches the On-hand inventory you enter
- Your VFA Doses Administered inventory must match the immunization registry (CAIR/Healthy Futures)
- View the provider inventory link below to account for every dose your location has received. If your calculated provider inventory does not match, please ensure that you have reported all transfers, waste events, and returns prior to this order request.

Next Order Due Date (approximate) April 30, 2024
Provider Inventory View Provider Inventory
Practice Volume & Order Frequency Medium (every 2 months)

You are ordering outside of your routine order frequency.

Why are you placing this order? (select all that apply)

- ☒ Seasonal vaccines
- ☒ Increased patient demand
- ☐ Increased vaccine administration
- ☐ Insufficient doses ordered with last order
- ☐ Clinicians added to our clinic
- ☐ Other

Your last order was processed more than 30 days ago. Full inventory reporting and doses administered is required.

Vaccine Products		Doses Administered		VFA On-hand Inventory		Provider Inventory		Order Size		
Vaccine products	Qty used since last order	IIS Qty used since last order	% Doses submitted to IIS	Quantity	Lot number	Expiration / Beyond use date	Estimated Provider Inventory	Variance	*Recommended Order Size	*Doses requested
Hep-A VAQTA syringes	100	100	100%	400	YU0123	11/01/23	500	5	200	200
Hep-A Havrix syringes	200	50	25%	0	EW0167	10/29/21	100	5	500	500
Hep-B Heplisav-B	Doses admin			Qty	Lot number	Exp date			200	200

Cancel Save as draft Next

EMR Documentation Examples

Patient Immunization Record

ADD A NEW IMMUNIZATION *

☒ Administered

☐ Historical

☐ Refused or Not Administered

Influenza vaccine, quadrivalent, adjuvanted * [Edit](#)

☐ Partially administered

DATE ADMINISTERED*
12/28/2020

TIME ADMINISTERED*
10:47 AM

ORDERED BY*
Julian Provider

ADMINISTERED BY*
Julian Provider

ADMINISTERED FACILITY*
Julian Provider Practice

MANUFACTURER*
Select value

NDC CODE*
Select value

LOT*

QTY*
1

DOSE*

UNITS*
mL

EXPIRATION DATE*
MM/DD/YYYY

ROUTE
Select value

BODY SITE
Select value

VIS EDITION
Search

FUNDING SOURCE ⓘ
Select value

VFC FINANCIAL CLASS
Select value

SPECIAL INDICATION
Select indication

REACTION
Select reaction

SELF-PAY RESTRICTION ⓘ
No restriction

COMMENTS
Add a comment

Cancel

Save

EMR Source: Practice Fusion

Document Vaccination

Allergies: HAVE NOT ASKED

Intolerances: HAVE NOT ASKED

* Vaccine:

Record type

New record (performed now)

* Ordered By:

Kary Jones, MD

* Given By:

Kary Jones, MD

* Given On:

04/25/2022

Time:

11:34 am

Manuf:

name of manufacturer...

NDC #:

National Drug Code

Lot #:

lot number...

Expiration:

date...

Dose:

qty...

Units:

mL

in series:

dose (IA)

Method:

administration method...

Site:

administration site...

VIS:

VIS(s) provided to patient...

+ Handouts

Reason:

reason for vaccinating...

Notes:

Notes...

Recall:

--

Program:

--

Funded by:

--

Source:

--

Save

Save & Add Another

Discard


EMR Source: Elation

CDPH

Immunization
Branch

20

EMR Documentation Examples

 **measles/mumps/rubella virus vaccine (MMR 0.5 mL SUBCUT AMB)**
0.5 mL, SUBCUT, x1, priority: Routine, Start: 03/21/25 11:00:00 PDT, Stop: 03/21/25 11:00:00 PDT

*Performed date / time : 03/21/2025 1047 PDT

*Performed by :

Witnessed by :

Education on Med purpose/side effect: [Trend](#)

NDC Number (Clinic Use Only):

*Lot Number :

*Manufacturer :

*Expiration Date :

Funding Source :

Vaccines For Children :

- Not VFC Eligible
- State 317 Special Funds
- State Program Funds/Eligibility
- Unknown
- VFC eligible Medicaid
- VFC eligible Native American/Alaskan
- VFC eligible Underinsured
- VFC eligible Uninsured


*measles/mumps/rubella virus vaccine (MMR 0.5 mL SUBCUT AMB) Volume : 0 ml

*Route : SUBCUT *Site :

Total Volume : 0.5 Infused Over : 0

03/21/2025 03/21/2025 03/21/2025 03/21/2025 03/21/2025 03/21/2025

**Eligibility:
Select "317"**

 **measles/mumps/rubella virus vaccine (MMR 0.5 mL SUBCUT AMB)**
0.5 mL, SUBCUT, x1, priority: Routine, Start: 03/21/25 11:00:00 PDT, Stop: 03/21/25 11:00:00 PDT

*Performed date / time : 03/21/2025 1047 PDT

*Performed by :

Witnessed by :

Education on Med purpose/side effect: [Trend](#)

NDC Number (Clinic Use Only): [Trend](#)

*Lot Number :

*Manufacturer :

*Expiration Date :

Funding Source :

- Public Funds
- Public VFC
- Public non-VFC
- Private Funds
- Federal Funds

**Funding Source:
Select "Public non-
VFC"**

EMR Source: Cerner

CAIR User Interface Documentation

Enter New Immunization

From CAIR Inventory ☒ * Date Administered 08/28/2024 Ordering Authority

Remove	Immunization	* Vaccine Eligibility	* Trade Name-Lot #-Eligibility Code-Exp Date	* Funding Source
<input type="checkbox"/>	MenB	V01 - Private	BEXSERO-J743L5-PVT-12/31/2025	PHC70 - Vaccine stock used v
<input checked="" type="checkbox"/>		* Administered By Carol Brown NP	* Body Site LEFT DELTOID	Route INTRAMUSCULAR Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full

* Vaccine Eligibility

- ✓ CAA01 - State General Funding
- V01 - Private
- V02 - VFC Eligible Medi-Cal/CHDP
- V03 - VFC Eligible Uninsured
- V04 - VFC Eligible Native American/AK Native
- V05 - VFC Eligible Underinsured (FQHC/RHC Only)
- V23 - 317 Eligible LHD or HDAS Only

* Funding Source

✓ VXC52 - Vaccine stock used was publicly funded by the non-VFC program

Dose Full

Note: As a user interface CAIR provider, the site must use the CAIR inventory function to record the NDC code

California Immunization Registry Updates

Diana Singh

Reporting Requirements

- Submit following fields
 - Funding Source
 - Vaccine Eligibility
 - NDC codes
- myCAvax Provider location account
- Use your unique IIS ID/Org Code when reporting into CAIR

Account

Claudia's Kids Satellite 3

Account Owner

Status

Account Record Type

Invalid Organizatio...

Active

Provider Location

Details

Programs

Vaccine Requests

Storage And Han

Account Information

Account Name

Claudia's Kids Satellite 3

Parent Account

[Claudia's Kids](#)

Account Owner

Invalid Organizations

Account Region

San Francisco Bay Area

Owner Role

CDPH

Exclude from VtrckS

☒

Public Vaccine Locator Opt-in

☐

Location Information

IIS Identifier

-003310

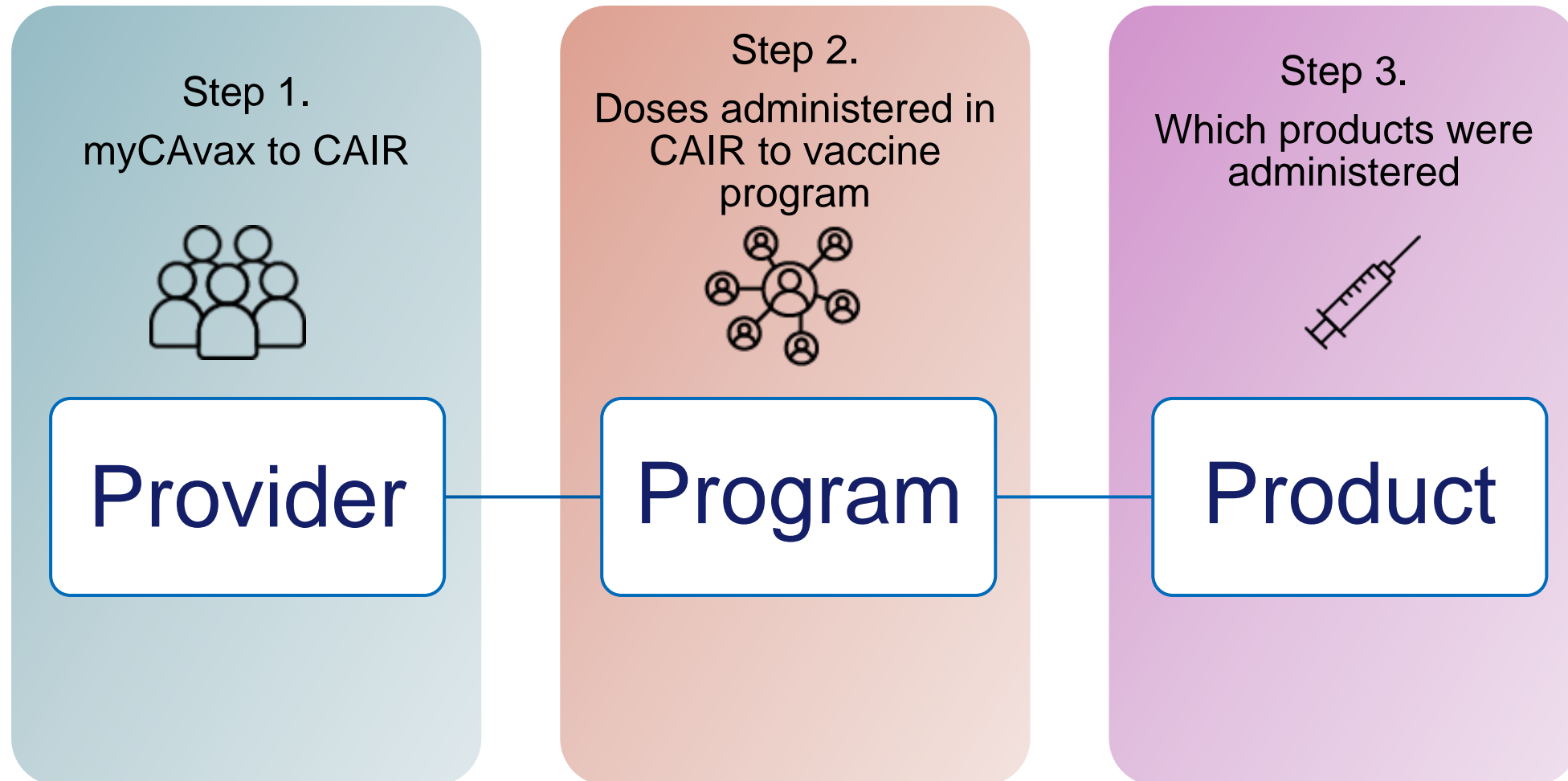
Facility Type

Public

Provider Type

VTrckS ID

Data Mapping Hierarchy – The 3 Ps



Why Submission of These Data Fields is Important

Unique IIS ID/Org Code

Use unique IIS ID/Org code in myCAvax Provider Location Account to report doses administered into CAIR

Allows for matching providers across systems (myCAvax to CAIR), establishes 1-1 relationship



Funding Source & Vaccine Eligibility

Report both funding source and vaccine eligibility to CAIR

Match dose administered to a vaccine program in myCAvax like VFC etc.



NDC Codes

Report NDC codes

Needed to distinguish specific vaccine products that were administered

Current Data For VFA

- In myCAvax 486 active and enrolled VFA providers
- Of those 281, 58% are using their IIS ID/Org Code on location account in myCAvax to report doses to CAIR.
 - 42% are not using their unique IIS ID/Org Code that is listed in your location account in myCAvax.
- 471, 96% of providers are submitting incomplete records where funding source and vaccine eligibility are blank(null) fields.

Common Issues - Troubleshooting

Provider

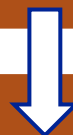
Why don't I see data in on ordering page in myCAvax?



IIS ID/Org Code

Program

Why don't I see numbers, or numbers are incorrect?



Funding Source, Eligibility code

Product

Why don't I see numbers, or numbers are incorrect



NDC Code for correct product

Eligibility Overview

Lindsay Reynoso

VFA Eligibility Updates

New! Starting January 2025, adults with Medicare Part B (without Part D) are eligible for Hepatitis B **regardless of risk**.

Therefore, patients with Medicare Part B **alone** are no longer eligible for Hepatitis B through the VFA Program.

Review: Underinsured Eligibility Definition

- Full definition underinsured for patient eligibility using Section 317 discretionary funding is here (new language in **blue**):
 - A person who has health insurance, but the insurance does not cover any vaccines; a person whose insurance covers only selected vaccines; **a person whose insurance does not provide first-dollar coverage for vaccines.**
- This aligns with definitions used for the Bridge Access Program
- Patient eligibility only applies on use of Section 317 discretionary funding
- First-dollar coverage includes copays, coinsurance, or deductibles. This means that copays, coinsurance, or deductibles will not apply for the administration of any ACIP-recommended vaccines purchased using 317 funding.
 - The expanded definition only applies to the **vaccine cost itself**. Office visit co-pays are assessed separately from 317-funded vaccine eligibility.

VFA Eligibility Review

- Patients 19 years of age and older who are
 - **Uninsured:** Does not have (public or private) health insurance coverage.

Or,

- **Underinsured:** Has health insurance but coverage
 - ▶ **does not** include vaccines OR
 - ▶ **covers only** select vaccines.
 - ▶ **does not include** first dollar coverage or requires a copayment

317 Eligibility Screening Record for Adult Patients

CDPH | VFA | LHD 317 | BAP

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

Patient Information

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

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

✓ Eligible for VFA, LHD 317, 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, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)¹

✓ Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and

3. Has Medicare Part B, but NOT Part D, patient is eligible for:

- Hep A, HPV
- MMR, Polio (IPV), RSV
- Tdap, Varicella, and Zoster

4. Has Medicare Part D, but NOT Part B, patient is eligible for: Hep B, PCV20/PCV21

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, LHD 317 and/or CA BAP (COVID) No insurance	2. Eligible for VFA, LHD 317, and/or CA BAP (COVID) Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	× Not Eligible for VFA, LHD 317 and/or CA BAP Fully insured or both Medicare Part B and D ²
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

¹ The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

² 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 (4/3/25)

Updated: [317 Eligibility Screening Record for Adult Patients \(IMM-1226\)](#)

Patients Eligible for (Certain) VFA Vaccines

Patients who:

- Have Medicare Part B **but not Part D**
- Have Medicare Part D **but not Part B**
- Receive primary care through [County Safety Net Programs](#) are considered **uninsured**
- Are enrolled in the Family PACT program that do **NOT** have public or private insurance

We strongly encourage you to utilize vaccine benefits through County Safety Net Programs and Family PACT for VFA-eligible patients as VFA vaccines are available in limited quantities.

317 Eligibility Based on Insurance Status For LHD 317 and VFA Program Providers		CDPH	VFA	LHD 317
Patient Health Insurance Status	VFA or LHD 317 (317 – Funded Vaccine) Eligibility			
Uninsured/No Insurance (includes those who receive primary care through county safety net programs; these are NOT considered health insurance)	Eligible for ALL VFA or LHD 317 vaccines			
Medi-Cal Fee-For-Service/ Medi-Cal Managed Care Health Plan Directory (bit.ly/CAhealthplans)	NOT Eligible for VFA or LHD 317 vaccines ¹			
Medicare Part B (medical benefit) ² AND Part D (prescription drug benefit)	NOT Eligible for VFA or LHD 317 vaccines			
Medicare Part B Alone ²	Eligible for these routine VFA or LHD 317 vaccines: <ul style="list-style-type: none">• Hep A• HPV• IPV• MMR• RSV• Tdap• Varicella• Zoster			
Medicare Part D Alone ³	Eligible for these routine VFA or LHD 317 vaccines: <ul style="list-style-type: none">• Hep B• PCV20/PCV21			
Insurance NOT through Medi-Cal or Medicare	Only eligible for VFA or LHD 317 vaccines that are NOT covered by patient's private insurance plan ^{4,5}			

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

2. Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Starting January 2025, adults with Medicare Part B (without Part D) are eligible for Hepatitis B regardless of risk.

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

4. Fully-insured adults whose insurance covers the cost of the vaccine(s) are **NOT** eligible for VFA or LHD 317 vaccine(s).

5. The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

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

California Department of Public Health, Immunization Branch

IMM-1247 (4/3/25)


Updated: [317 Eligibility Based on Insurance Status \(IMM-1247\)](#)

Knowledge Test – Scenario 1

- **Lori is 65 years old** and visiting her doctor for an annual routine visit. She has chronic liver disease, and her Hepatitis B vaccination history is unknown. **Her doctor recommends she gets Hepatitis B vaccine. Lori has Medicare Part B, but not Part D.**
- Is Lori eligible to receive the Hepatitis B vaccine through the VFA Program?
 - A. Yes
 - B. No



Knowledge Test – Scenario 1 Answer

- **Lori is 65 years old** and visiting her doctor for an annual routine visit. She has chronic liver disease, and her Hepatitis B vaccination history is unknown. Her doctor recommends she gets Hepatitis B vaccine. Lori **has Medicare Part B, but not Part D.**
- Is Lori eligible to receive the Hepatitis B vaccine through the VFA Program?
 - A. Yes
 -  B. No



Hepatitis B vaccine is a covered benefit under Medicare Part B; therefore, Lori is not eligible to receive Hepatitis B vaccine through VFA. The clinic should use their private stock or refer Lori to a pharmacy.

Knowledge Test – Scenario 2

- Matt is 21 years old and visiting his doctor for an annual routine visit. His immunization records show he received 1 dose of HPV vaccine. After screening, his doctor recommends that Matt receive another dose of HPV vaccine. **Matt is uninsured but enrolled in the Family PACT program.**
- Is Matt eligible to receive the HPV vaccine through the VFA Program?
 - Yes
 - No



Knowledge Test – Scenario 2 Answer

- **Matt is 21 years old** and visiting his doctor for an annual routine visit. His immunization records show he received 1 dose of HPV vaccine. After screening, his doctor recommends that Matt receive another dose of HPV vaccine. **Matt is uninsured but enrolled in the Family PACT program.**
- Is Matt eligible to receive the HPV vaccine through the VFA Program?
 - ✔ A. Yes
 - B. No



Since Matt is 19+ and is uninsured, he is eligible to receive the HPV vaccine through the VFA program. The clinic also has the option to use their private stock and bill Family PACT.

*PACT: Planning Access Care and Treatment Program

Knowledge Test – Scenario 3

- **Nora is 50 years old** and visiting her doctor. After screening, **her doctor recommends she gets PCV. She has private insurance but has a \$25.00 co-payment for the vaccine.**
- Is Nora eligible to receive the PCV vaccine through the VFA Program?
 - A. Yes
 - B. No



Knowledge Test – Scenario 3 Answer

- **Nora is 50 years old** and visiting her doctor. After screening, **her doctor recommends she gets PCV. She has private insurance but has a \$25.00 co-payment for the vaccine.**
- Is Nora eligible to receive the PCV vaccine through the VFA Program?
 - ✔ A. Yes
 - B. No



With the updated definition of “underinsured” , since Nora’s insurance requires a co-payment for the vaccine, she is now eligible to receive it through the VFA Program.

Clinical Update

Caterina Liu MD, CDPH Public Health Medical Officer

Outline

- 2025 Adult Immunization (IZ) Schedule Updates
- April 2025 Advisory on Immunization Practices (ACIP) Meeting Updates
- Measles update

2025 ACIP Adult Schedule Updates

- Additional influenza vaccine options for solid organ transplant recipients
- Updated 2024 – 2025 COVID-19 vaccine
- RSV vaccine updates
- Pneumococcal vaccine updates



[ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, 2025](#)

Advisory Committee on Immunization Practices (ACIP)

Meeting: April 15 – 16, 2025

Topics:

- RSV Immunizations: Adult (Vote) and Maternal/Pediatric
- Influenza Vaccines
- COVID-19 Vaccines
- Meningococcal Vaccines (Vote, VFC Vote)
- Chikungunya Vaccines (Vote)
- Pneumococcal, HPV, Mpox, Cytomegalovirus (CMV), Lyme Disease Vaccines
- Measles epidemiology & outbreaks

[ACIP Meeting Information](#) | [Agenda](#) | [ACIP Recent Meeting Recommendations](#)

[Next ACIP Meeting: Anticipated Votes](#)

Adult Influenza Vaccine Recommendations

- **Adults 65 years and older:**
 - **Preferentially** recommended to receive any enhanced vaccine
- **Adults 18 – 64 years with solid organ transplants on immunosuppression:**
 - **Any** enhanced or standard age-appropriate option (not live)
- **Enhanced vaccine options**

Type	Brand Name	Composition	Licensed for Ages
Adjuvanted	FLUAD Adjuvanted	MF59 adjuvant	65+ years
High-dose	Fluzone High-Dose	4x hemagglutinin vs standard dose	65+ years
Recombinant	FluBlok	3x hemagglutinin vs standard dose	18+ years

[Influenza Vaccination: A Summary for Clinicians | CDC;](#)

[Prevention and Control of Seasonal Influenza with Vaccines: ACIP Recommendations, 2024–25 Influenza Season | MMWR](#)

Influenza Vaccine Composition for 2025-26

- March 15, 2025: FDA made recommendations for the composition of U.S.-licensed influenza vaccines for the 2025 – 26 influenza season.
- The 2025 – 2026 vaccine composition includes an update to the influenza A(H3N2) component.
- June 2025: Anticipated ACIP vote on influenza recommendations.

Egg-Based	Cell Culture and Recombinant
A/Victoria/4897/2022 (H1N1)pdm09-like virus	A/Wisconsin/67/2022 (H1N1)pdm09-like virus
A/Croatia/10136R V/2023 (H3N2)-like virus	A/District of Columbia/27/2023 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus

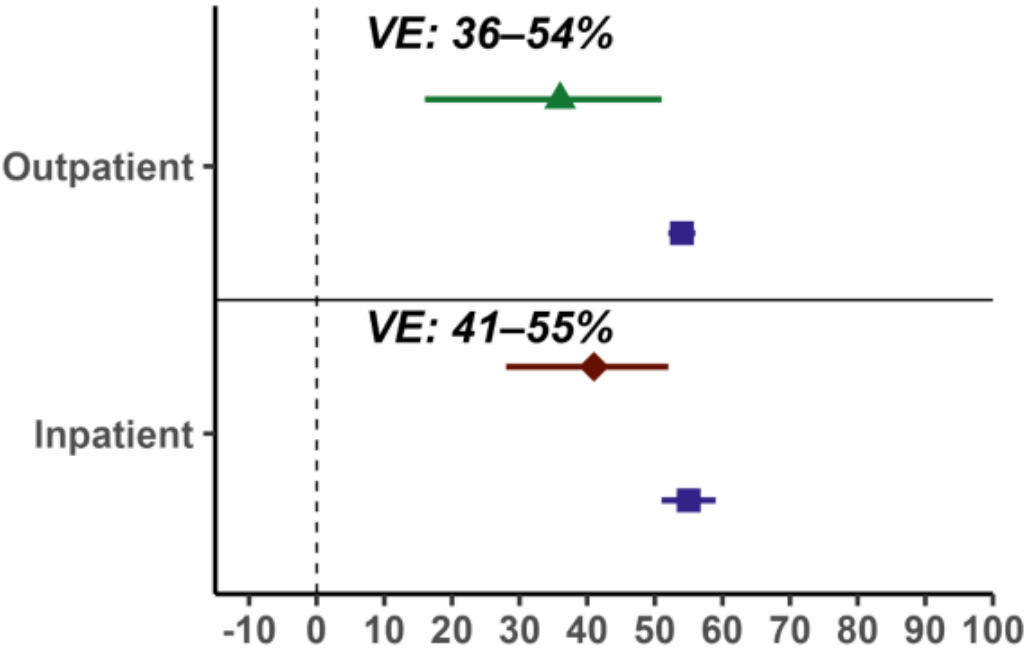
FluMist for Self / Caregiver Administration

- Starting in 2025 – 2026, FluMist (LAIV3) will be available from the manufacturer for privately insured patients for self/caregiver administration via online pharmacy
- ‘FluMist Home’ is an online pharmacy service supporting ordering, delivering, and documenting self/caregiver administration into immunization registry
- Same vaccine product as available in healthcare provider offices
- FluMist for home will have different NDC than FluMist for provider offices

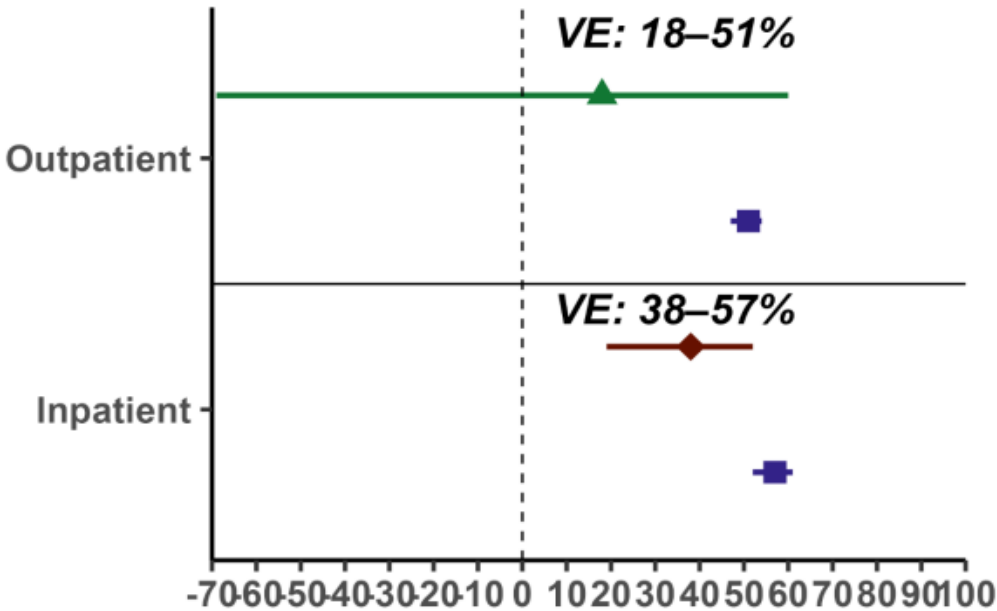
[FluMist for self or caregiver administration | CDC presentation by AstraZeneca](#)

2024 – 2025 Influenza Vaccine Effectiveness

Adult VE against any influenza



Adult (aged ≥65) VE against any influenza

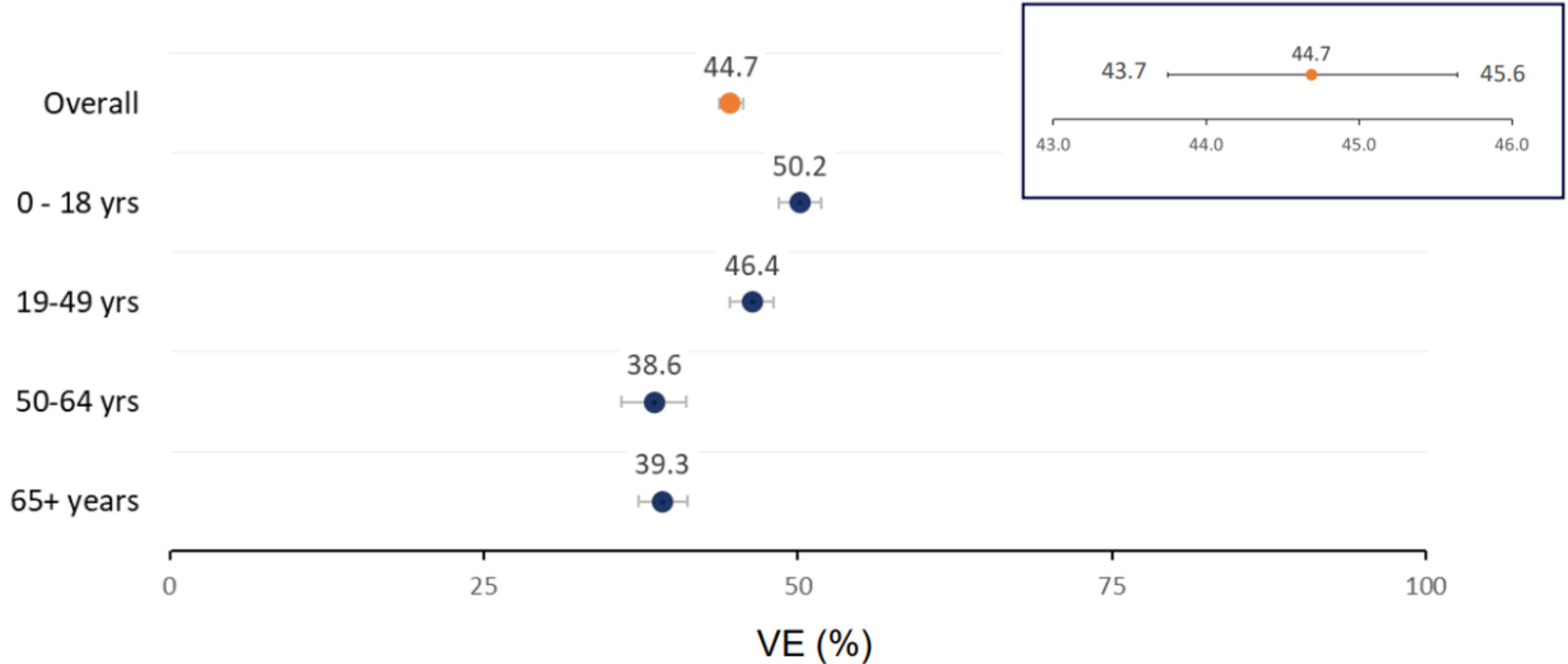


- IVY
- US Flu VE
- VISION

[2024-2025 Influenza Vaccine Effectiveness Update | CDC Presentation by Dr. Frutos](#)

Vaccine effectiveness by age group

California 2024–2025



[Interim Influenza Vaccine Effectiveness Against Laboratory-Confirmed Influenza, California, October 2024-January 2025 | CDC presentation by Drs. Quint and Zhu](#)

Additional 2024 – 2025 COVID-19 Vaccine Doses Recommended for ≥65 Years and Immunocompromised

ACIP and CDC now recommend:

- Adults 65 years and older **should** receive **two doses** of updated 2024 – 2025 COVID-19 vaccine separated by 6 months.*
- Individuals 6 months and older who are moderately or severely immunocompromised **should** receive **two doses** of updated 2024 – 2025 COVID-19 vaccine separated by 6 months.*
 - Additional doses* (total of 3 or more) of 2024 – 2025 COVID-19 vaccine **may** be given to immunocompromised persons under [shared clinical decision making](#).

*Minimum interval 2 months

[ACIP Recommendations | CDC](#); [Clinical Guidance for COVID-19 Vaccination | CDC](#); [CDC Press Release](#)

COVID-19 Vaccines: Preliminary Timeline

- **ACIP Meeting 4/15/25:** Update on ongoing review of considerations for use of 2025–2026 COVID-19 vaccines
- **Spring:** Anticipated FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting to discuss and make recommendations on strain selection for 2025 – 2026 COVID-19 vaccines
- **June ACIP meeting:** Discussion and vote on recommended use of the 2025 – 2026 vaccine
- **Late summer/early fall:** Anticipated 2025 – 2026 COVID-19 vaccine availability

COVID-19 Vaccines: ACIP Summary

- **Hospitalizations**

- 2024 – 2025 COVID-19 hospitalizations lower compared to last season
- COVID-19 hospitalization rates highest among young children (6mo – 4y) and older adults (65+)

- **Vaccine Effectiveness**

- 2024 – 2025 COVID-19 vaccination provided additional protection against ED, urgent care, and hospitalizations (VE ~30-40%)

- **Moderna mRNA-1283 vaccine**

- Moderna reviewed data for their new COVID-19 vaccine option, which they expect to be available by fall

- **Considerations for 2025 – 2026 COVID-19 vaccines**

- Workgroup favoring risk-based vaccine recommendation. Policy options under review:
 - Universal policy
 - Risk-based recommendation
 - Combination of risk-based and universal (e.g. risk-based for 6m-64y, universal for 65+)

Adult RSV Recommendations: April 2025 Update

- **Adults aged ≥ 75 years should receive a single dose of RSV vaccine.**
- **Adults aged 50-74 years old who are at increased risk of severe RSV disease should receive a single dose of RSV vaccine.**
- For adults 50-59 years, current vaccine options are Arexvy and Abrysvo; for adults ≥ 60 years, mResvia is also an option.

[ACIP Presentation: Adult RSV Workgroup Interpretations](#)












[RSV Immunization for Healthcare Providers | CDC](#)

Adult RSV Recommendations: Clinical Considerations

- Benefits of RSV vaccination outweigh risks, including potential risk of GBS and protein-based vaccines, among the populations for whom vaccination is recommended.
- Coadministration of RSV vaccine and other recommended adult vaccines, including influenza and COVID-19 vaccine, is acceptable.
- Adult RSV vaccine may be given year-round but will have the most benefit if given in late summer or early fall.
- Only 1 dose recommended at this time. Adults may need additional doses in the future, but ideal revaccination timing is unknown.

[ACIP Adult RSV Work Group Clinical Considerations \(April 2025\)](#)

Severe RSV Risk Factors

 Chronic cardiovascular disease	 Chronic lung or respiratory disease	 Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy or other end-organ damage or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor	 Severe obesity (body mass index ≥ 40 kg/m ²)
 End stage renal disease/dialysis dependence	 Chronic hematologic conditions	 Chronic liver disease	 Neurological or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness
 Residence in a nursing home	 Moderate or severe immunocompromise	 Other chronic medical conditions or risk factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)	

Britton A, Roper LE, Kotton CN, et al. Use of Respiratory Syncytial Virus Vaccines in Adults Aged ≥ 60 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2024. MMWR Morb Mortal Wkly Rep 2024;73:696-702. DOI: <http://dx.doi.org/10.15585/mmwr.mm7332e1>.

Pneumococcal Vaccines for ≥ 50 years

- ACIP and CDC now recommend a pneumococcal conjugate vaccine (PCV) for all PCV-naïve adults **aged ≥ 50 years**
 - Lowers age-based recommendation from prior age (was ≥ 65 years)
 - [Risk-based recommendation](#) for adults now 19 – 49 years
 - For patients who previously received pneumococcal doses, refer to CDC guidance.
- No preference among adult options: PCV21, PCV20, or PCV15 + PPSV23

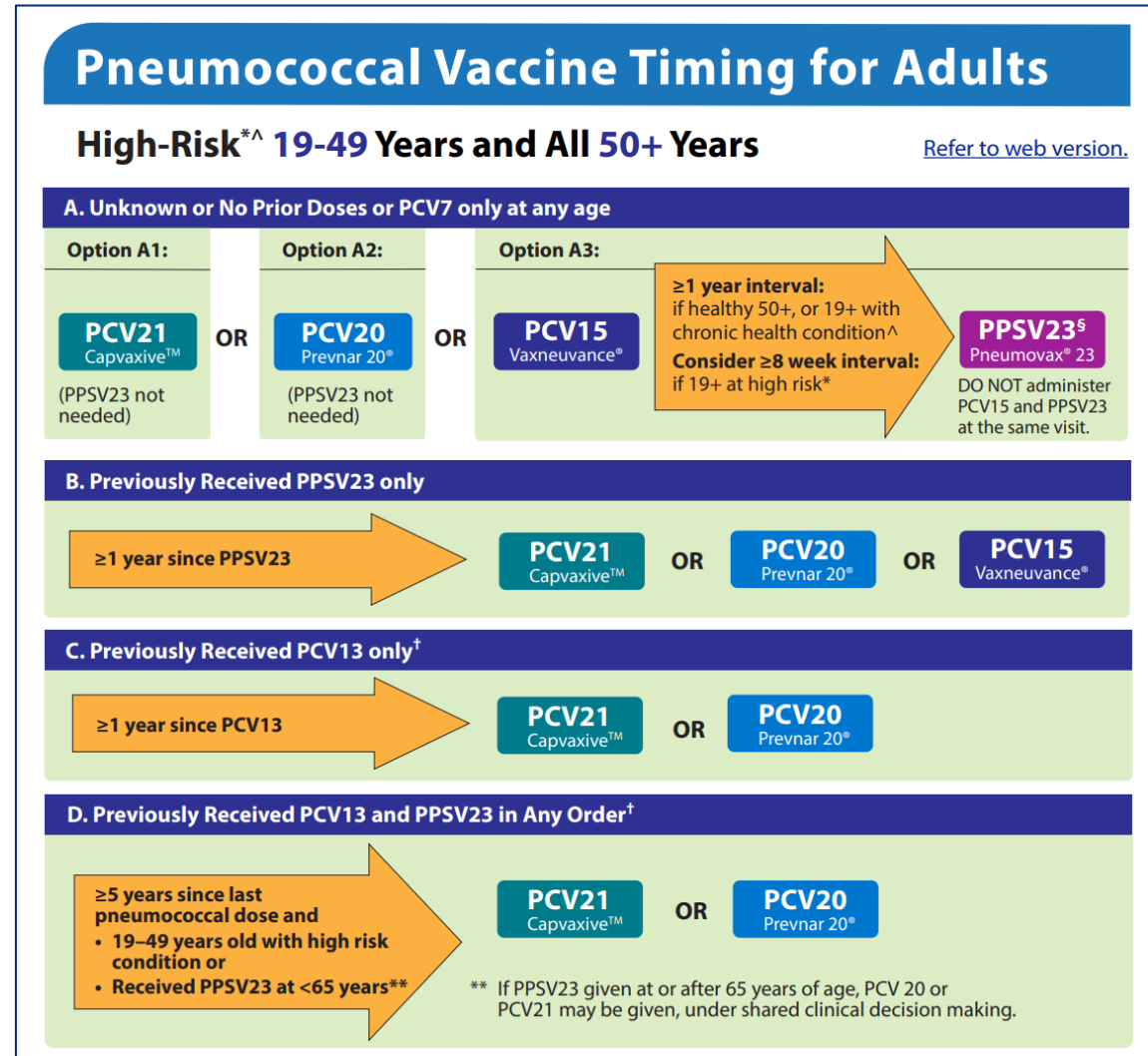
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PCV15																																
PCV20																																
PPSV23																																
PCV21																																

[ACIP Presentation: Pneumococcal WorkGroup Summary](#); [CDC Press Release](#)
[Pneumococcal Vaccination for Healthcare Providers | CDC](#)

Adult Pneumococcal Vaccine Timing Guide

Vaccines available in VFA:

- PCV 20
- PCV 21



[Pneumococcal Vaccine Timing Guide](#)

Future Updates for Pneumococcal Vaccines

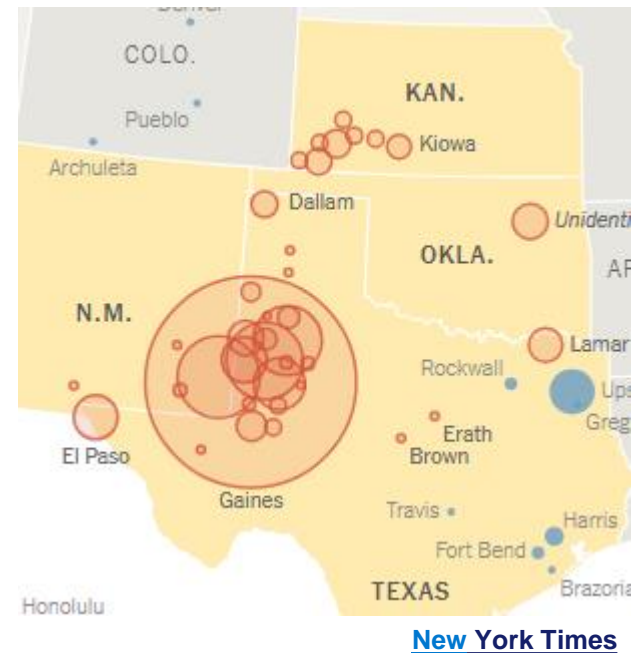
- ACIP Workgroup plans to review literature on pneumococcal vaccine use in pregnant women and hematopoietic stem cell transplant (HSCT) recipients
 - No current recommendation for use during pregnancy
 - HSCT recipients have different vaccination schedule compared to other risk conditions; no current guidance for PCV21
- For June 2025 ACIP meeting, workgroup plans to summarize findings and propose updated clinical guidance on pneumococcal vaccine use.

New Pentavalent Meningococcal Vaccine

- Penmenvax (GSK) - New pentavalent meningococcal vaccine (MenABCWY) approved by FDA and recommended by ACIP
- Recommended when MenACWY and MenB are indicated at the same visit:
 - 1) healthy persons aged 16 – 23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine
 - 2) persons aged ≥ 10 years who are at increased risk for meningococcal disease (e.g., because of persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia)
- Not available in VFA
- CDPH materials will be updated including [timing guides](#) and [vaccine factsheets](#)

Measles: Southwest U.S. Outbreak, as of 4/22/2025

State	Cases	Deaths	Pediatric Cases (<18 years)	Unvaccinated/ unknown vaccine status	Link to TX outbreak
Texas	624	2 children	422 (68%)	602 (96%)	
New Mexico	65	1 adult	37 (57%)	59 (91%)	Cases in counties adjacent to TX
Kansas	37	0	30 (51%)	32 (86%)	Most cases linked to TX/NM cases
Oklahoma	13	0	<i>Not reported</i>	13 (100%)	Most cases linked to TX/NM cases

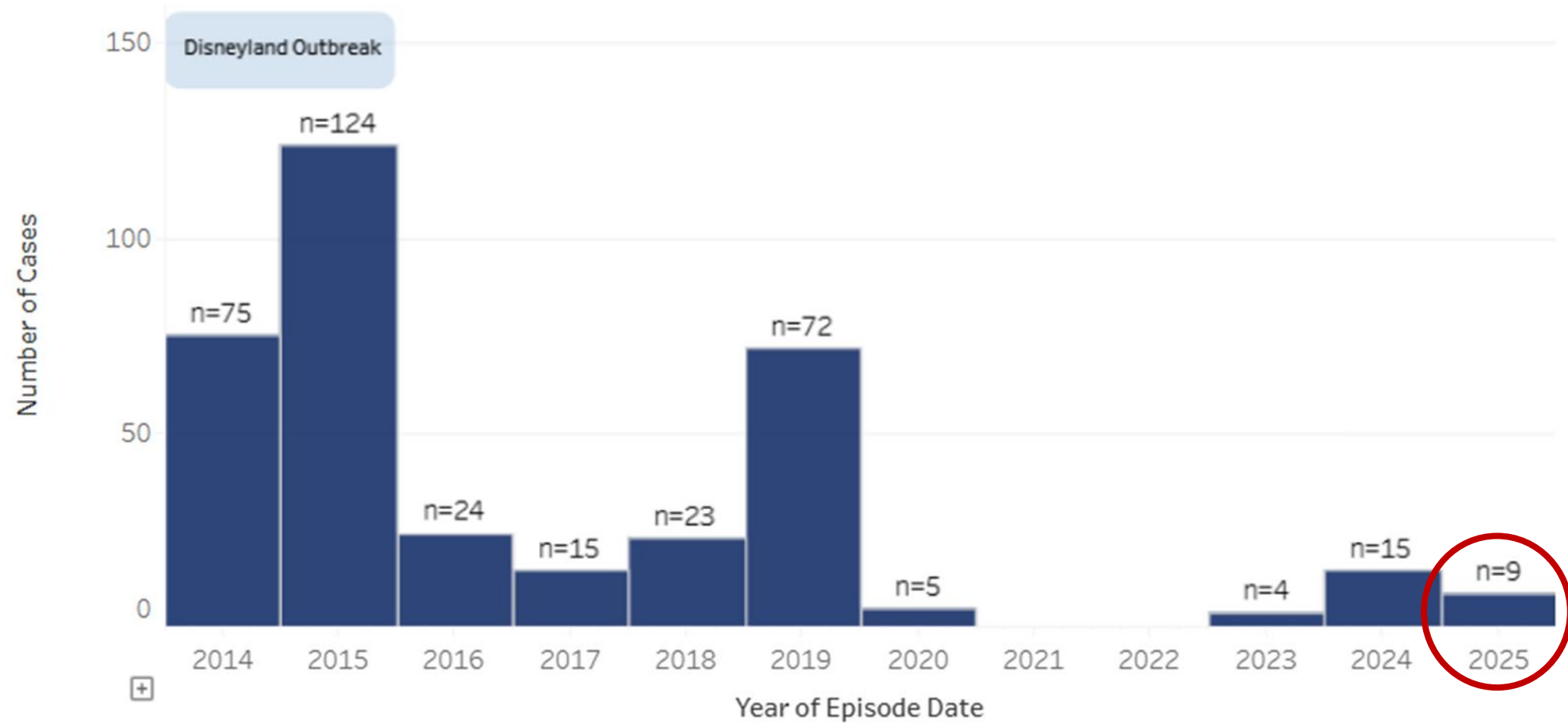


[Measles Cases and Outbreaks \(CDC\)](#)
[Measles Outbreak \(TX\)](#)
[2025 Measles Outbreak Guidance \(NM\)](#)

[Measles Data \(KS\)](#)
[Kansas Measles Outbreak Resource Hub](#)
[Measles \(OK\)](#)

Confirmed Measles Cases by Year, CA, 2014-2025

CDPH Data, as of 4/3/2025



Source: CDPH Immunization Branch Surveillance Data

Measles in California, 2025 YTD: 9 Cases Reported

- 8 had history of international travel
 - Most had history of travel to Asian countries with measles outbreaks
 - 1 is a close contact to such a case
- All **unrelated** to the ongoing outbreak in Western Texas/New Mexico
- Counties: Fresno, Los Angeles, Orange, Placer, Riverside, San Mateo, Tuolumne
- Vaccination Status:
 - Unvaccinated or Unknown: **8** (89%)
 - One dose: **0** (0%)
 - Two doses: **1** (11%)

[CDPH Measles Webpage, updated 4/14/25](#)

[OC Health Care Agency Press Release, 2/13/25](#)

[LA County Press Release, 3/11/25](#)

[Fresno/Madera Press Conference, 3/12/25](#)

[Fresno County Secondary Case Press 3/19/25](#)

[Tuolumne County Press Release, 3/19/25](#)

[Riverside County Press Release, 4/3/2025](#)

MMR Vaccine

- Best method of protection against measles, mumps and rubella
- Part of the routinely recommended US immunization schedule
- One dose has a 93% efficacy against measles
- Two doses have a 97% efficacy against measles
- Rare infections occur in immunized persons, especially in outbreaks.
- Vaccination remains the best way to protect against measles and reduce the risk of severe illness and complications.

[Measles Vaccine Recommendations | CDC](#); [Child Immunization Schedule Notes | CDC](#);
[Adult Immunization Schedule Notes | Vaccines & Immunizations | CDC](#)

Routine MMR Vaccine Recommendations

- Children: 2 doses
 - Dose 1: 12 – 15 months of age
 - Dose 2: 4 – 6 years of age
- Catch up: 1st dose now, 2nd dose in 28 days
- Adults
 - 1 dose or other evidence of immunity if normal risk
 - 2 doses at least 28 days apart if **high risk**, e.g., post-secondary students, healthcare workers, **international travelers**

Evidence of immunity:

- Written documentation of adequate vaccination,
- Laboratory evidence of immunity,
- Laboratory confirmation of measles, or
- Born in U.S. before 1957

[Measles Vaccine Recommendations | CDC](#); [Child Immunization Schedule Notes | CDC](#);
[Adult Immunization Schedule Notes | Vaccines & Immunizations | CDC](#)

International travel MMR vaccination guidance

Before international travel:

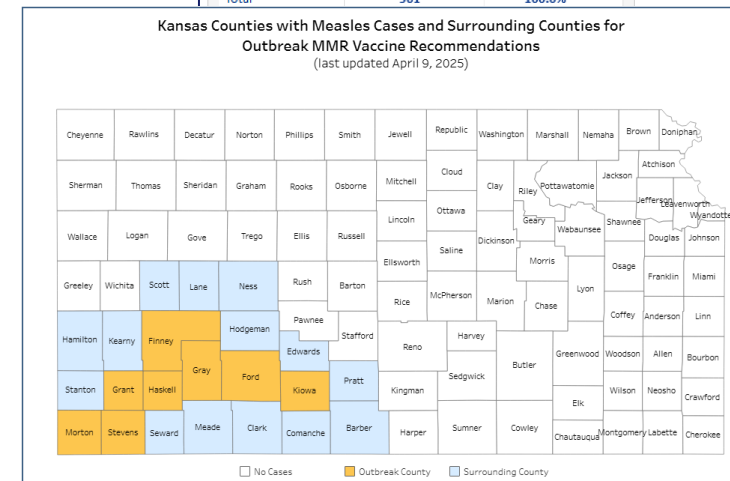
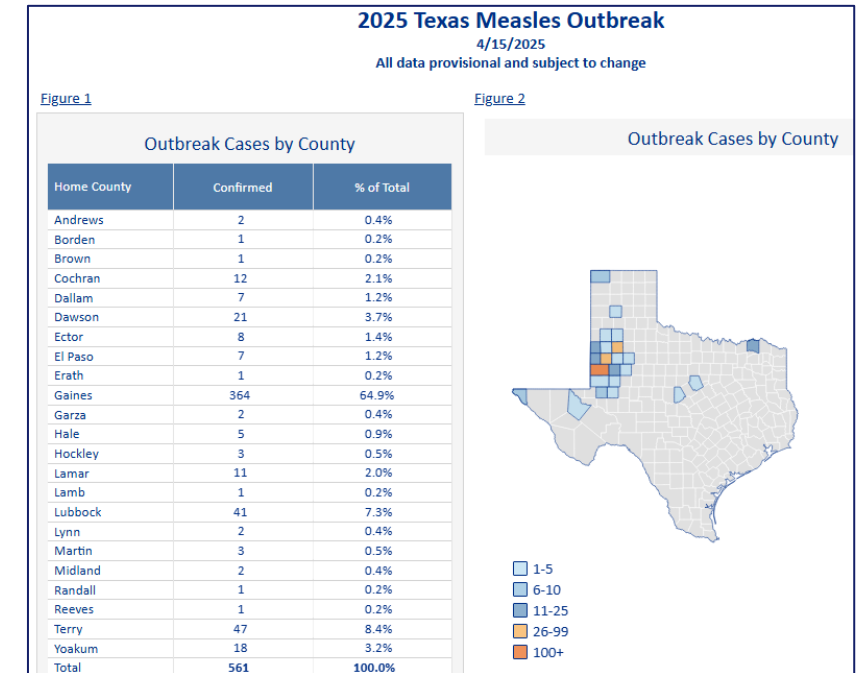
- All ages: up to date measles vaccination
- Ages 6-11 months
 - 1 dose before departure, then routine 2-dose series
- Age 12 months and older
 - First dose now → 2nd dose in 28 days

[MMR Vaccination Recommendations for Outbreak Communities](#) | [Texas](#) | [Kansas](#)
[Measles Vaccine Recommendations](#) | [CDC](#); [Child Immunization Schedule Notes](#) | [CDC](#);
[Adult Immunization Schedule Notes](#) | [Vaccines & Immunizations](#) | [CDC](#)

Domestic outbreak area MMR vaccination guidance

For people who **live in** or **visit** domestic outbreak areas, the additional 6 – 11 month dose or more rapid (28-day) interval between dose 1 and dose 2 may be recommended:


- Follow state and local guidance
 - [Texas DSHS](#) | [Texas measles data](#)
 - [Kansas KDHE](#) | [Kansas measles data](#)
 - [New Mexico DOH](#)
- Discuss with provider



Resources

Terisha Gamboa

VFA Resources Page on EZIZ.org



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Frequently Asked Questions

California VFA Resources

Popular Links

- 2025 Program Participation Requirements at a Glance (updated 12/2024)
- VFA Provider Agreement (updated 12/2024)
- VFA Provider Agreement Addendum (updated 12/2024)
- VFA FAQs (updated June 2024)
- VFA & LHD 317 Programs Recertification Worksheet (updated 12/2024)
- VFA Eligibility Based on Insurance Status (updated 4/2025)
- 317 (VFA & BAP) Eligibility Screening & Documentation Requirements (updated 4/2025)
- 317 Eligibility Screening Record for Adult Patients (updated 4/2025) | Spanish (updated version coming soon)
- VFA/VFC Vaccine Eligibility Table (updated 4/2025)
- Take Action to Prevent Vaccine Loss
- Key Practice Staff Change Request Form (updated 12/2024)
- Universal Temperature Log - New Form! (9/2024)

Resources and Job Aids

+ VFA Program Management

- Eligibility

- 317 (VFA & BAP) Eligibility Screening & Documentation Requirements
- 317 Eligibility Screening Record for Adult Patients | Spanish
- VFA Program Eligibility Based on Insurance Status
- VFA/VFC Vaccine Eligibility Table
- List of County Safety Net Programs for Uninsured
- VFA Patient Vaccine Poster | Spanish | Arabic | Armenian | Cambodian Chinese (Simplified) | Farsi | Hindi | Hmong | Japanese | Korean | Lao Portuguese | Punjabi | Russian | Tagalog | Thai | Vietnamese

+ Vaccine Management and Storage & Handling

VFA (317) Resources

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

» EDIT [vfa-317/pages]



VFA Webpage on EZIZ

Updated VFA Eligibility Guideline Materials

Vaccine and Clinic Eligibility Guidelines by Funding Source

For Health Departments and CDPH Approved Health Department Authorized Sites (Effective 10/1/2024 through 9/30/2025) Revised 4/3/25



Program	VFC Vaccines for Children Program	BAP CA Bridge Access Program	LHD 317 Local Health Departments ^{1,4,6}	VFA Vaccines for Adults Program ⁶	SGF State General Funds ²
Funding	VFC-Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	BAP-Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and support limited vaccine supply for outbreak activities via Public Health Departments.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited state funds for the purchase of vaccines to prevent respiratory illness.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none">• Medi-Cal eligible• Uninsured (no health insurance)	Adults 19 years and older: <ul style="list-style-type: none">• Uninsured (no health insurance)	Adults 19 years and older: <ul style="list-style-type: none">• Uninsured adults (no health insurance)	Adults 19 years and older: <ul style="list-style-type: none">• Uninsured adults (no health insurance)	All ages: <ul style="list-style-type: none">• No restrictions

Vaccine and Clinic Eligibility Guidelines by Funding Source, continued

Program	VFC Vaccines for Children Program	BAP CA Bridge Access Program	LHD 317 Local Health Departments ^{1,4,6}	VFA Vaccines for Adults Program ⁶	SGF State General Funds ²
Clinic Type	• Federally Qualified Health Center (FQHC), Rural Health C • C • H • A • A • J • C • P • b • H • P	• Health Department Clinics • Federally Qualified Health	• Health Department and CDPH Approved Health Department	• Federally Qualified Health Center (FQHC), Rural Health	• State-licensed Community Health Centers

Vaccine and Clinic Eligibility Guidelines by Funding Source, continued

Program	Vaccines for Children Program (VFC)	Bridge Access Program (BAP)	317 Local Health Dept.	Vaccines for Adults Program (VFA)	State General Funds (SGF) ²
Vaccines	<ul style="list-style-type: none">• COVID-19• DTaP• Hepatitis A• Hepatitis B• Hib• HPV• Influenza• Meningococcal ABCWY• Meningococcal B (MenB)• Meningococcal Conjugate (MenACWY)• MMR• MPOX• Pneumococcal Conjugate (PCV15 and PCV20)• Pneumococcal Polysaccharide (PPSV23)• Polio (IPV)• Rotavirus• RSV (Available Fall/Winter)• Td, Tdap• Varicella	<ul style="list-style-type: none">• COVID-19	<ul style="list-style-type: none">• Hepatitis A• Hepatitis B³• HPV• Meningococcal Conjugate (MenACWY)• MMR• Pneumococcal Conjugate (PCV20 and PCV21)• Polio (IPV)• RSV• Tdap• Varicella• Zoster	<ul style="list-style-type: none">• Hepatitis A• Hepatitis B³• HPV• Meningococcal Conjugate (MenACWY)• MMR• Pneumococcal Conjugate (PCV20 and PCV21)• RSV• Tdap• Varicella• Zoster	<ul style="list-style-type: none">• Influenza

Ordering myCAvax

All programs now order vaccines through myCAvax (California Vaccine Management System). SGF flu vaccines are also available through myCAvax (refer to your LHD for other SGF vaccines).

1. Fully insured children and adults are not eligible to receive 317 vaccine routinely (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured). 317 vaccine may not be used in travel clinic settings.
2. Depending on funding, State General Fund vaccines may vary.
3. Starting January 2025, adults with Medicare Part B (without Part D) are eligible for Hepatitis B regardless of risk. See [LHD 317/VFA Eligibility Based on Insurance Status](#) (EZIZ.org/assets/docs/IMM-1247.pdf) for more details.
4. For outbreak control, post-exposure prophylaxis, and/or mass vaccination preparedness efforts. Available as funding permits.
5. The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.
6. Vaccine dose requests are approved based on available 317 funds.

California Department of Public Health, Immunization Branch

IMM-1142 (4/3/25) Page 3

Vaccine Eligibility Guidelines

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



Program	VFC Vaccines for Children Program	VFA Vaccines for Adults Program ⁶	BAP Bridge Access Program
Funding	Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none">• Medi-Cal eligible• Uninsured (no health insurance)• American Indian or Alaskan Native• Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation).	Adults, 19 years and older: <ul style="list-style-type: none">• Uninsured (no health insurance)• Underinsured adults (vaccines are not covered by insurance or requires a co-payment) (Adults with both Medicare Part B AND Part D are considered fully insured and not eligible to receive VFA vaccines.)	Adults 19 years and older: <ul style="list-style-type: none">• Uninsured (no health insurance)• Underinsured (vaccines are not covered by insurance or requires a co-payment) (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.)
Vaccines	<ul style="list-style-type: none">• COVID-19, DTaP• Hepatitis A, Hepatitis B• Hib, HPV, Influenza• Meningococcal ABCWY (Penbraya)• Meningococcal B (MenB)• Meningococcal Conjugate (MenACWY)• MMR, MPOX• Pneumococcal Conjugate (PCV15 and PCV20)• Pneumococcal Polysaccharide (PPSV23)• Polio (IPV), Rotavirus• RSV (Available Fall/Winter Season)• Td, Tdap, Varicella	<ul style="list-style-type: none">• Hepatitis A• Hepatitis B• HPV• Meningococcal Conjugate (MenACWY)• MMR• Pneumococcal Conjugate (PCV20 and PCV21)• RSV• Tdap• Varicella• Zoster For more details about Medicare Part B and/or D eligibility, see IMM-1247.	<ul style="list-style-type: none">• COVID-19

Ordering: All programs now order vaccines through myCAvax (California Vaccine Management System).

* Vaccine dose requests are approved based on available 317 funds.

California Department of Public Health, Immunization Branch

IMM-1222 (4/3/25)

Vaccine & Clinic Eligibility Guidelines by Funding Source (IMM-1142)

Vaccine Eligibility Guidelines (IMM-1222)

Updated 317 Eligibility Materials

317 Eligibility Based on Insurance Status

CDPH | VFA | LHD 317

For LHD 317 and VFA Program Providers

Patient Health Insurance Status	VFA or LHD 317 (317 – Funded Vaccine) Eligibility
Uninsured/No Insurance (includes those who receive primary care through county safety net programs; these are NOT considered health insurance)	Eligible for ALL VFA or LHD 317 vaccines
Medi-Cal Fee-For-Service/ Medi-Cal Managed Care Health Plan Directory (bit.ly/CAhealthplans)	NOT Eligible for VFA or LHD 317 vaccines ¹
Medicare Part B (medical benefit)² AND Part D (prescription drug benefit)	NOT Eligible for VFA or LHD 317 vaccines
Medicare Part B Alone²	Eligible for these routine VFA or LHD 317 vaccines: <ul style="list-style-type: none">• Hep A• HPV• IPV• MMR• RSV• Tdap• Varicella• Zoster
Medicare Part D Alone³	Eligible for these routine VFA or LHD 317 vaccines: <ul style="list-style-type: none">• Hep B• PCV20/PCV21
Insurance NOT through Medi-Cal or Medicare	Only eligible for VFA or LHD 317 vaccines that are NOT covered by patient's private insurance plan ^{4,5}

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

2. Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Starting January 2025, adults with Medicare Part B (without Part D) are eligible for Hepatitis B regardless of risk.

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

4. Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA or LHD 317 vaccine(s).

5. The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

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

California Department of Public Health, Immunization BranchIMM-1247 (4/3/25)

317 Eligibility Screening & Documentation Requirements

CDPH | VFA | LHD 317 | BAP

1. Screen for Eligibility

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

✓ Eligible for VFA, LHD 317 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, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)¹

✓ Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and

3. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:

- Hep A
- HPV
- MMR, Polio (IPV)
- RSV, Tdap
- Varicella, and Zoster

4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:

- Hep B, PCV20/PCV21

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), Local Health Department (LHD) 317 and/or CA Bridge Access Program (BAP)

3. If patient is eligible AND at least 19 years of age, document which of the criterion above is met (e.g., "317")

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 (PDF) (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.

* The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

California Department of Public Health, Immunization BranchIMM-1476 (3/28/25)

317 Eligibility Screening Record for Adult Patients

CDPH | VFA | LHD 317 | BAP

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

Patient Information

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

Provider Name: _____

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

✓ Eligible for VFA, LHD 317, 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, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)¹

✓ Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and

3. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:

- Hep A, HPV
- MMR, Polio (IPV), RSV
- Tdap, Varicella, and Zoster

4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20/PCV21

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, LHD 317 and/or CA BAP (COVID) No insurance	2. Eligible for VFA, LHD 317, and/or CA BAP (COVID) Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	✗ Not Eligible for VFA, LHD 317 and/or CA BAP Fully insured or both Medicare Part B and D ²
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

1 The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

2 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 BranchIMM-1226 (4/3/25)

317 Eligibility Based on Insurance Status (IMM-1247)

317 Eligibility Screening & Documentation Requirements (IMM-1476)

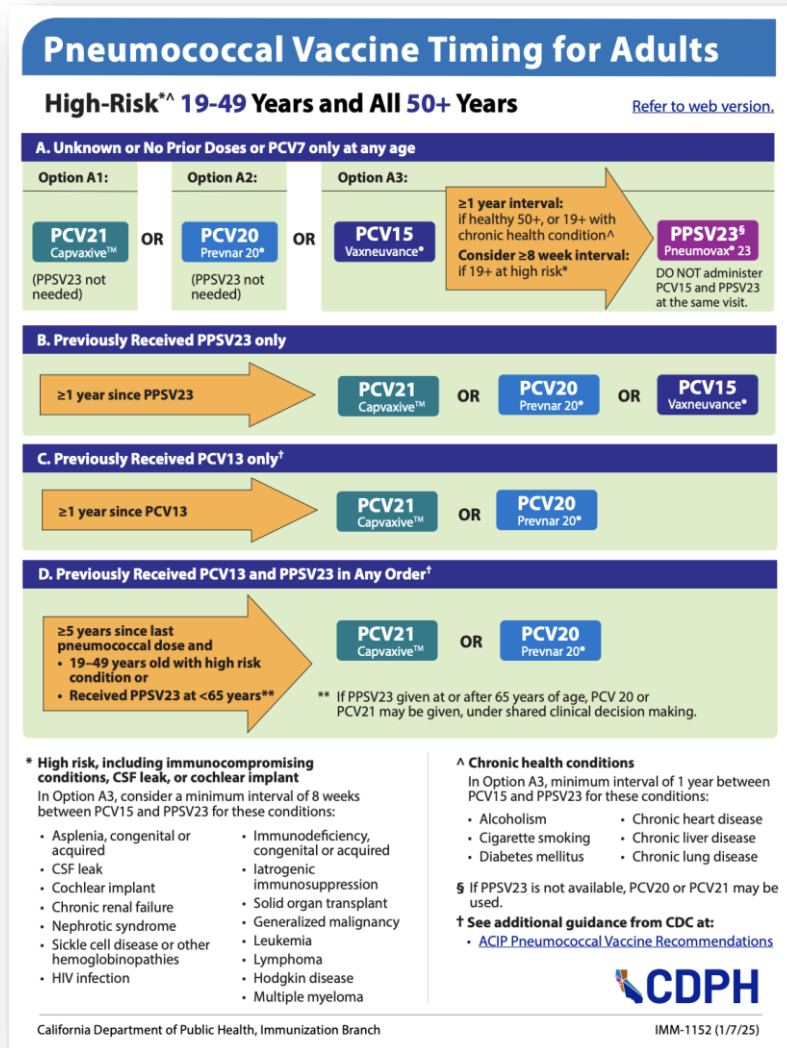
317 Eligibility Screening Record for Adult Patients (IMM-1226)

CDPH

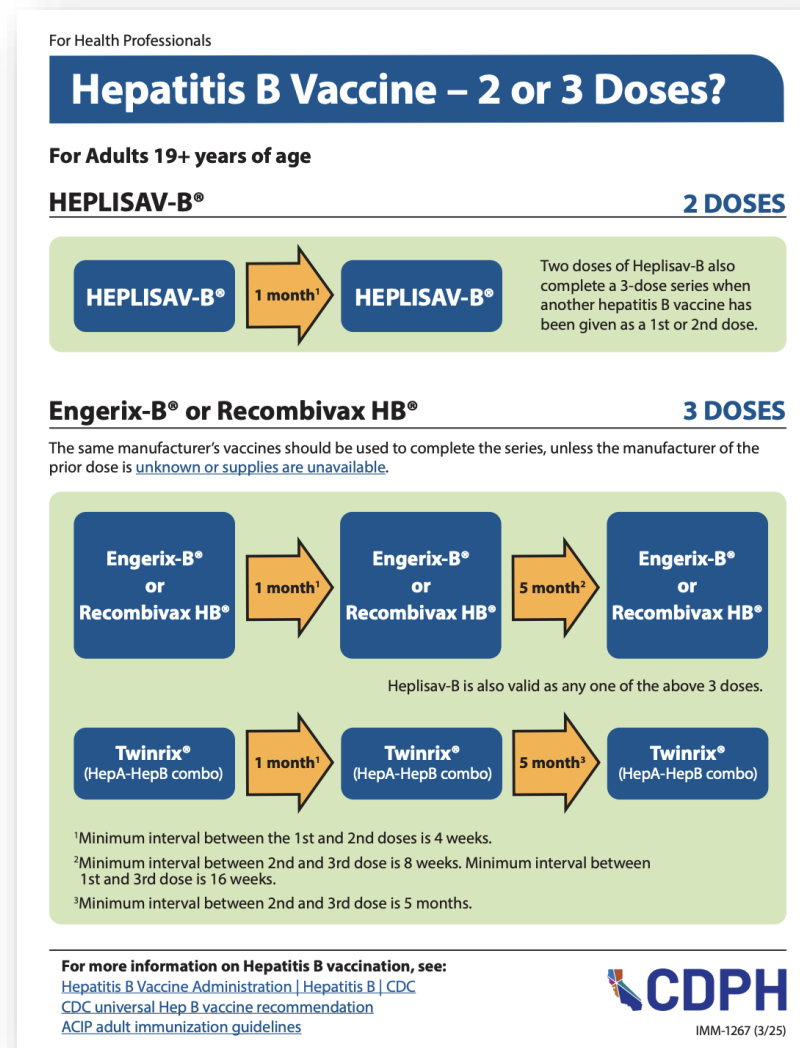
Immunization Branch

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Updated Adult Timing Guides



Adult Pneumococcal Vaccine Timing Guide (IMM-1152)



Adult Hepatitis B Timing Guide (IMM-1267)

Meningococcal Resources

Updated Versions Coming Soon!



NEW!

OFF TO COLLEGE?

Starting college means exposures to new friends, new classes, and even new germs! Communal living spaces, crowded social events, and irregular sleeping habits can all leave college students vulnerable to illness. To protect yourself from vaccine-preventable diseases, make sure you are up to date on all recommended vaccines listed below. Some may be required for enrollment—check with your school to confirm. Don't forget to keep up with seasonal vaccines like flu and COVID-19 every year, too!



College Immunization Checklist:

☐ Hepatitis B

☐ HPV (human papillomavirus)

☐ MMR (measles, mumps, rubella)

☐ Meningococcal

☐ Tdap (tetanus, diphtheria, pertussis)

☐ Varicella (chickenpox)

For Health Professionals

View web version of this schedule.

Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk¹

CDPH

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

MenACWY MenQuadfi[®] or Menveo[®]

8 weeks min.

MenACWY MenQuadfi[®] or Menveo[®]

Ages 11 or 12 years

Age 16 years

Catch-up⁴:

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

Ages 16-18 years: 1 dose

Shared Clinical Decision-Making MenB¹ for 16-23 years 2 Doses

Preferred age is 16-18 years

MenB Bexsero[®]

At least 6 months

MenB Bexsero[®]

MenB Trumenba[®]

At least 6 months

MenB⁵ Trumenba[®]

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

• To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered.

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

Pentavalent Vaccine (MenABCWY)² Suggested Dosing for 11-23 years 3 Doses

MenACWY MenQuadfi[®] or Menveo[®]

8 weeks min.

MenABCWY Penbraya

At least 6 months

MenB⁵ Trumenba[®]

Ages 11 or 12 years

Age 16 years

If a patient receives Penbraya, which includes Trumenba, subsequent MenB dose(s) must be Trumenba since MenB brands are not interchangeable

Notes:

1. For high-risk populations (increased exposure to meningococcal disease, HIV infection, complement deficiencies or asplenia, (EZIZ.org/assets/docs/IMM-1218.pdf) (CDC.gov/mmwr/volumes/69/rr/r6909a1.htm#T3_down)

2. MenACWY and MenB vaccines each protect against different serogroups. They may be given at the same visit. If a patient is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead.

3. MenACWY (MCV4) vaccines protect against serogroups A, C, W-135, and Y.

4. One dose of MenACWY is also recommended for previously unvaccinated or incompletely vaccinated first-year college students living in residence halls and military recruits and may be administered to persons aged 19-21 yrs. who have not received a dose after their 16th birthday.

5. A two-dose series is recommended for persons who are not at increased risk for meningococcal disease. A three-dose (0, 1–2, and 6 months) series is recommended for persons at increased risk, including during outbreaks of serogroup B disease (EZIZ.org/assets/docs/IMM-1218.pdf).

California Department of Public Health, Immunization Branch

EZIZ.org IMM-1217 (1/25)

Meningococcal Vaccines—High-Risk Populations

View web version of this schedule.

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

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

View detailed meningococcal recommendations (CDC.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html) and routine recommendations (EZIZ.org/assets/docs/IMM-1217.pdf).

1. For information on outbreaks visit the CDPH website (CDPH.CA.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx).

2. Abbreviations: ACWY/ACWY-CRM/ACWY-TT = MenACWY = MCV4

3. If no longer at high risk by age 10, administer additional two doses of MenACWY according to the regular adolescent schedule at age 11–12 years and age 16 years.

4. If MenACWY-CRM is initiated at ages 3–6 months, catch-up vaccination includes doses at intervals of 8 weeks until the infant is aged ≥7 months, at which time an additional dose is administered at age ≥7 months, followed by a dose at least 12 weeks later and after the 1st birthday.

5. Minimum age 12 months.

6. If a patient aged 10 years and older is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead. The minimum interval between MenABCWY doses is 6 months. If a patient receives Penbraya, which includes Trumenba, subsequent Men B dose(s) must include Trumenba since MenB brands are not interchangeable.

CDPH

EZIZ.org IMM-1218 (2/25)

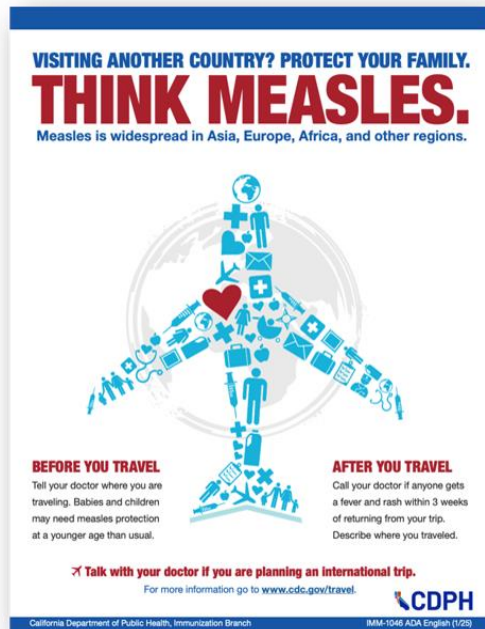
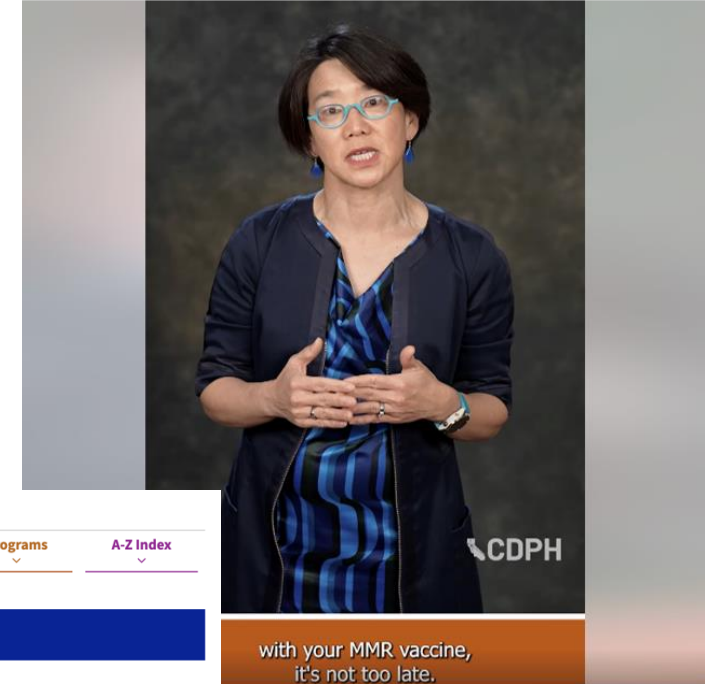
Routine-Risk Timing Guide
(IMM-1217)

High-Risk Timing Guide
(IMM-1218)

Vaccines for College Students Flyer
(IMM-688)

CDPH Resources on Measles

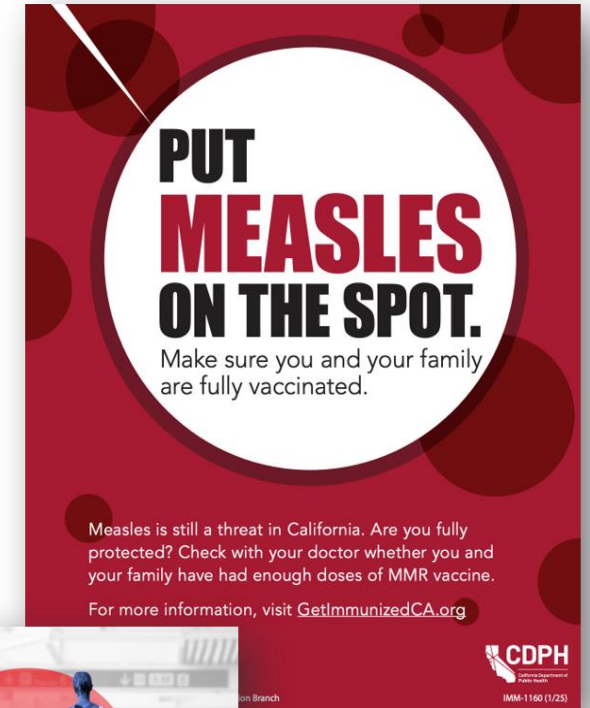
- [Message from CDPH Director, Dr. Erica Pan](#)
- [Press Release](#) – on measles and Kindergarten IZ rates
- [Measles Disease Page](#)
- [Measles Communication Toolkit](#)



A screenshot of the CDPH website's Measles page. The header includes the CDPH logo and navigation links: "I am looking for", "I am a", "Programs", and "A-Z Index". Below the header, it says "Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | Measles". The main heading is "IMMUNIZATION BRANCH". On the left, there is a sidebar with links: "Immunization Home", "Me and My Family", "Health Care Providers", "Disease Info and Reports", "Laws and Regulations", "Vaccinate Ya", and "Weekly Respiratory Virus Report". The main content area is titled "Measles" and contains a list of key points: "The measles-mumps-rubella (MMR) vaccine is effective. Two doses provide 97% protection against measles.", "Measles is very contagious. Measles spreads when someone infected speaks, coughs, sneezes or breathes. It can linger in the air up to 2 hours after the infected person has left.", and "Unvaccinated people are at high risk. Roughly 90% of those unvaccinated and exposed to measles will contract the disease." Below this, it says "Measles Activity in California 2025" and "As of March 25, 2025, eight confirmed measles cases have been reported. The affected jurisdictions are:" followed by a list: "Fresno", "Los Angeles", "Orange", "Placer", "San Mateo", and "Tuolumne". At the bottom, there is a table with two columns: "Month of Rash Onset" and "Number of Cases".

Additional Measles Resources

- ShotbyShot.org - Emmalee's Story
- Immunize.org - Measles Images
- [School Immunization Requirements Page](#)
- [Education on Vaccine Safety Resources Page](#)
- [FAQs Page on Vaccine Safety – Answers to Parent's Questions](#)
- Crucial Conversations Webinar (3/12/25):
["Effective Communication without Confrontation"](#)



Updated Vaccine Fact Sheets

Vaccine Fact Sheet: Pneumococcal Vaccines



Topic	Capvaxine® (PCV21)	Prenar 20® (PCV20)	Vaxneuvance® (PCV15)	Pneumovax® 23 (PPSV23)
Manufacturer	Merck Detailed Prescribing Information	Pfizer Detailed Prescribing Information	Merck Detailed Prescribing Information	Merck Detailed Prescribing Information
Protects Against	Pneumococcal disease caused by 21 serotypes of <i>Streptococcus pneumoniae</i> bacteria.	Pneumococcal disease caused by 20 serotypes of <i>Streptococcus pneumoniae</i> bacteria.	Pneumococcal disease caused by 15 serotypes of <i>Streptococcus pneumoniae</i> bacteria.	Pneumococcal disease caused by 23 serotypes of <i>Streptococcus pneumoniae</i> bacteria.
Approved Ages	18 years and older	6 weeks and older	6 weeks and older	2 years and older
CDPH Immunization Program Offering Product				
Routine Schedule	Adults: One (1) dose for adults ≥50 years or 19-49 years at increased risk for PD.	Children: Four (4) dose primary series at 2, 4, 6, and 12-15 months Adults: One (1) dose for adults ≥65 years or 19-64 years at increased risk for PD.	Children: Four (4) dose primary series at 2, 4, 6, and 12-15 months Adults: One (1) dose for adults ≥65 years or 19-64 years at increased risk for PD followed by 1 dose of PPSV23 at least 1 year later. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant.	Children: ≥2 years at increased risk for PD. If previously received at least one dose of PCV20, no PPSV23 doses needed Adults: One (1) dose for adults ≥50 years or 19-49 years at increased risk for PD at least 1 year after previous dose of PCV13 or PCV15. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant.
Minimum Intervals		4 or 8 weeks depending on age and dose number	4 or 8 weeks depending on age of and dose number	8 weeks after the most recent PCV dose, if indicated.

California Department of Public Health, Immunization Branch

IMM-1524 (4/9/25)

Pneumococcal Vaccines (IMM-1524)

Vaccine Fact Sheet: Hepatitis B



Topic	Recombivax HB®	Engerix-B®	HEPLISAV-B
Manufacturer	Merck Detailed Prescribing Information	GlaxoSmithKline (GSK) Detailed Prescribing Information	Dynavax Detailed Prescribing Information
Protects Against	Hepatitis B Virus	Hepatitis B Virus	Hepatitis B Virus
Approved Ages	Children from birth through 19 years of age (Pediatric/Adolescent Formulation) Adults 20 years and older (Adult Formulation)	Children from birth through 19 years of age (Pediatric/Adolescent Formulation) Adults 20 years and older (Adult Formulation)	Persons aged 18 years of age and older
CDPH Immunization Program Offering Product			
Routine Schedule	Children: Three (3) dose series: Birth, 1-2, and 6-18 months Adults: Three (3) dose series: 0, 1, and 6 months apart	Children: Three (3) dose series: Birth, 1-2, and 6-18 month Adults: Three (3) dose series: 0, 1, and 6 months apart	Adults: Two (2) dose series, one month apart
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)	4 week minimum interval between dose 1 and 2

California Department of Public Health, Immunization Branch

IMM-1096 (4/18/25)

Hepatitis B Vaccines (IMM-1096)

Updated Vaccine Fact Sheets – Coming Soon!

Vaccine Fact Sheet: MenB



Topic	Bexsero®	Trumenba®
Manufacturer	GSK Detailed Prescribing Information	Pfizer Detailed Prescribing Information
Protects Against	Invasive meningococcal disease caused by <i>N. meningitidis</i> serogroup B	Invasive meningococcal disease caused by <i>N. meningitidis</i> serogroup B
Approved Ages	Persons aged 10 through 25 years old	Persons aged 10 through 25 years old
CDPH Immunization Program Offering Product		
Routine schedule¹	<p>Children: Routine Risk: Two-dose series ≥ 6 months apart at age 16-18*; use shared clinical decision-making. High Risk: Three-dose series at 0, 1-2, and 6 months (minimum age 10 years)</p> <p>Adults: Routine Risk: Two-dose series ≥ 6 months apart through age 23*; use shared clinical decision-making. High Risk: Three-dose series 0, 1-2, and 6 months</p> <p>*To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1-2, 6 months) may be administered. Refer to: CDPH Meningococcal Vaccine Timing Guides: Routine Risk or High Risk</p>	<p>Children: Routine Risk: Two-dose series ≥ 6 months apart at age 16-18*; use shared clinical decision-making. High Risk: Three-dose series at 0, 1-2, and 6 months (minimum age 10 years)</p> <p>Adults: Routine Risk: Two-dose series ≥ 6 months through age 23*; use shared clinical decision-making. High Risk: Three-dose series 0, 1-2, and 6 months</p> <p>*To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1-2, 6 months) may be administered. Refer to: CDPH Meningococcal Vaccine Timing Guides: Routine Risk or High Risk</p>
Minimum Intervals	<p>2-dose schedule: 6-month minimum interval between dose 1 and 2.</p> <p>3-dose schedule: 1-month minimum interval between dose 1 and 2, 4-month minimum interval between dose 2 and 3, 6-month minimum interval between dose 1 and 3.</p>	<p>2-dose schedule: 6-month minimum interval between dose 1 and 2.</p> <p>3-dose schedule: 1-month minimum interval between dose 1 and 2, 4-month minimum interval between dose 2 and 3, 6-month minimum interval between dose 1 and 3.</p>
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection

California Department of Public Health, Immunization Branch

IMM-1219 (4/9/25)

MenB Vaccines (IMM-1219)

Vaccine Fact Sheet: Respiratory Syncytial Virus (RSV)



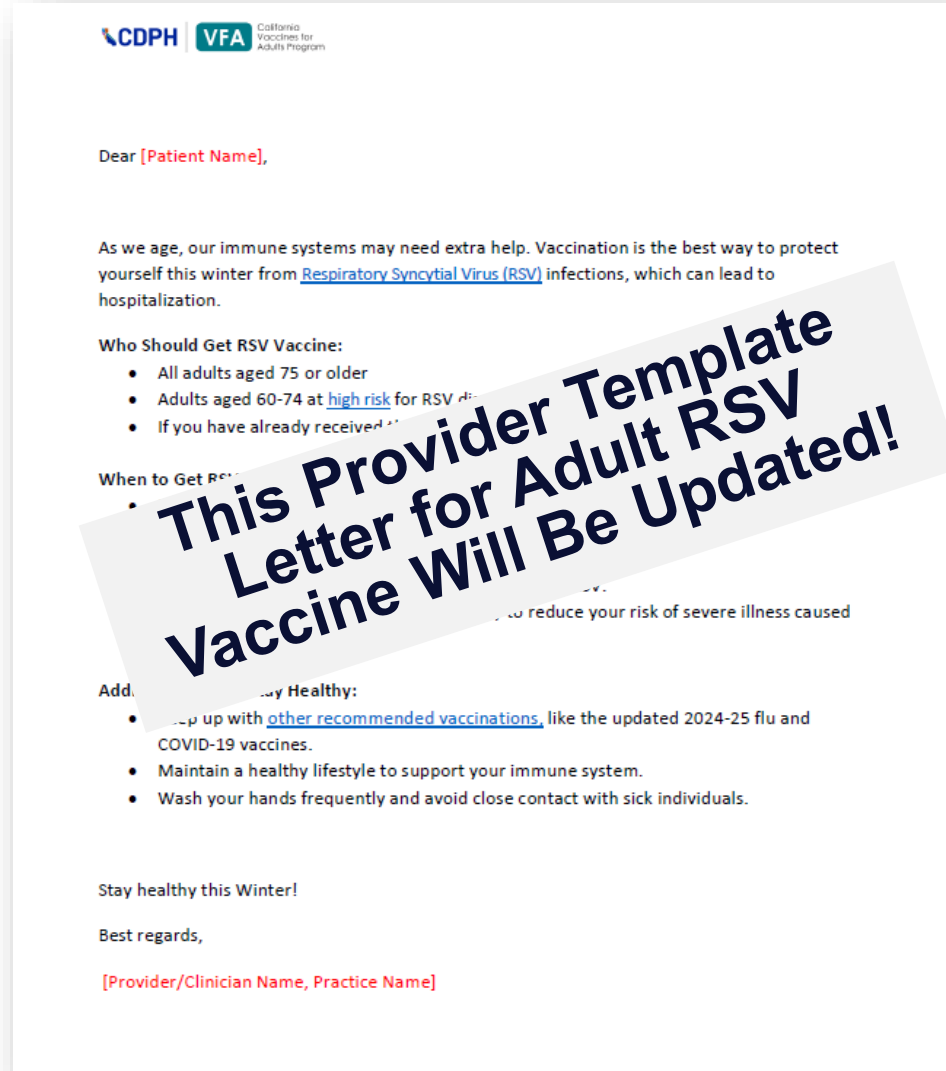
Topic	Abrysvo™	Arexvy	mRESVIA
Manufacturer	Pfizer	GSK	Moderna
Product Info	Detailed prescribing information	Detailed prescribing information	Detailed prescribing information
Protects Against	RSV	RSV	RSV
Approved Ages	<ul style="list-style-type: none"> Individuals ≥ 60 years of age Pregnant individuals at 32-36 weeks gestational age 	<ul style="list-style-type: none"> Individuals ≥ 60 years of age Individuals 50 through 59 years of age who are at increased risk 	<ul style="list-style-type: none"> Individuals ≥ 60 years of age
Routine Schedule & Intervals	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease One dose for pregnant individuals at 32-36 weeks gestational age using seasonal administration (typically September to January). 	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease 	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease
Administration	(IM) Intramuscular injection	(IM) Intramuscular injection	IM (intramuscular) injection
Packaging	<p>Supplied as a vial of lyophilized antigen component and prefilled syringe of sterile water diluent. Requires reconstitution before use.</p> <p>OR</p> <p>Vaccine is packaged as a vial of lyophilized antigen component and vial of sterile water diluent. Requires reconstitution before use.</p>	<p>Supplied as a vial of lyophilized antigen component and vial of adjuvant suspension. Requires reconstitution before use.</p> <p>Supplied in carton of 10 doses.</p>	<p>Supplied as a pre-filled plastic syringe.</p> <p>Supplied in carton of 1 OR 10 doses.</p>

California Department of Public Health, Immunization Branch

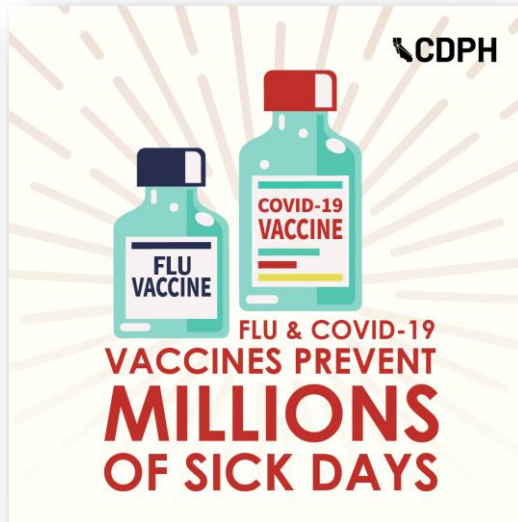
IMM-1511 (9/10/24)

Adult RSV Vaccines (IMM-1511)

Other Updated Provider Materials Coming Soon!



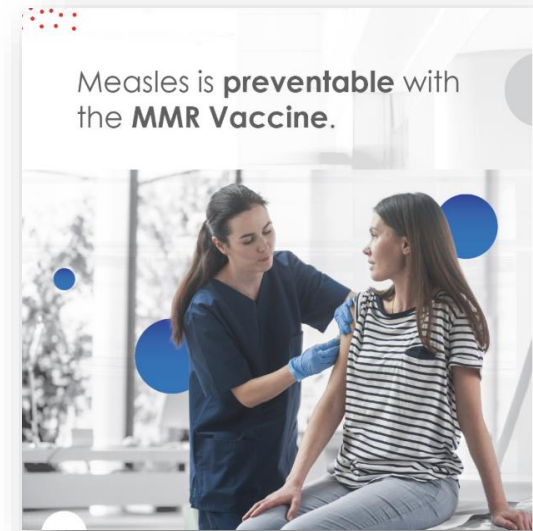
CDPH Office of Communications Immunization Messaging



Flu and COVID-19
Vaccines



RSV Prevention

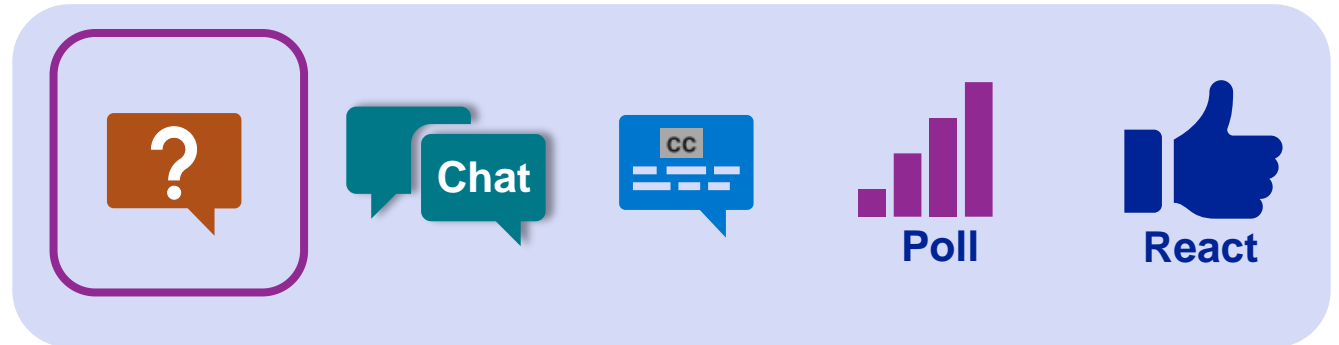


Measles

Q&A



During today's webinar, please click and open the Q&A icon to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.



[Links are in blue and underlined](#)

Post webinar Survey: Your feedback is appreciated!



Thank you for attending today's webinar.

Please take a few moments to complete the [Post-evaluation Survey](#) and provide your feedback!



Questions?

Contact the Provider Call Center
(833) 502 – 1245

ProviderCallCenter@cdph.ca.gov
my317vaccines@cdph.ca.gov

Thank You!



Immunization Branch