Vaccines for Adults Webinar: Charting the Course for the VFA Program

California Department of Public Health, Immunization Branch

August 7, 2024

12:00 – 1:00PM

Housekeeping

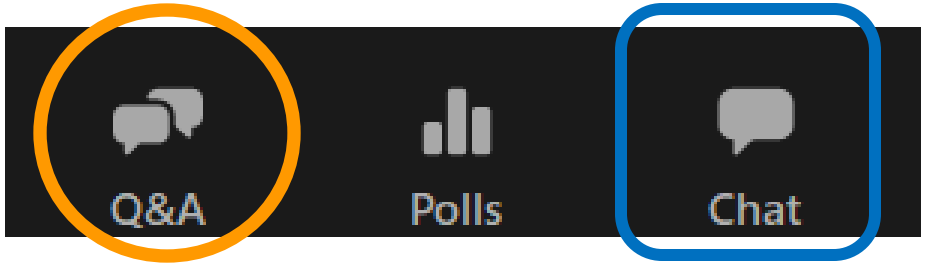
Attendee lines are automatically muted.

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

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

Questions

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



Resource links will be dropped into, "Chat"

Agenda

- **Announcements, myCAvax & Program Updates** – Lindsay Reynoso
- **CAIR Updates –** Michael Powell
- **My Turn Updates –** Josh Pocus and Hannah Shows
- **ACIP and IZ Updates** – Dr. Caterina Liu
- **Resources** – Terisha Gamboa
- **Q&A Session –** Christina Sapad

Webinar Objectives

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

1. Understand and share VFA Program updates with clinic staff.
2. Implement myCAvax, CAIR and MyTurn updates to the clinic's processes and workflow.
3. Explain updates made to adult ACIP vaccine recommendations.
4. Identify updated tools and resources that can be utilized for adult patients.

Announcements, myCAvax and Program Updates

Lindsay Reynoso, CDPH

Upcoming Webinar Opportunities

CDPH IZB Bi-weekly Updates for Providers

Next session: Friday, August 9, 2024

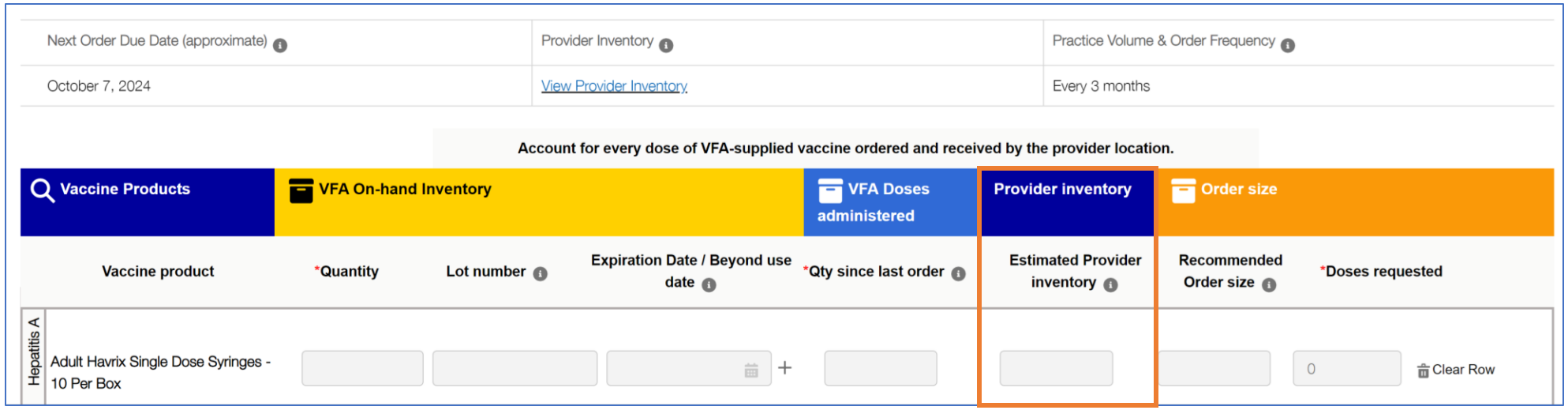
9:00 am – 10:30 am, PT

California Department of Public Health
Immunization Branch

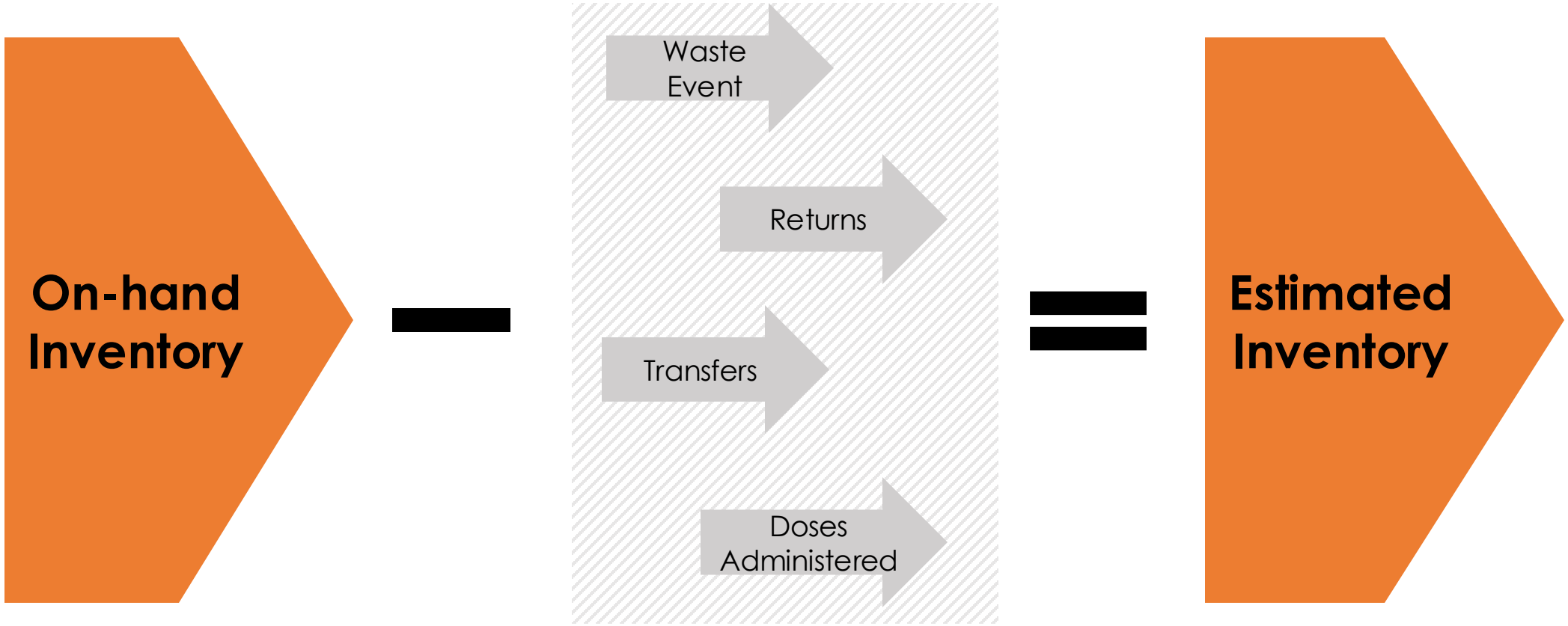
Archived Webinars: https://eziz.org/provider-ed/webinars/

Vaccine Inventory Management

- myCAvax keeps track of your practice's VFA vaccine inventory for each vaccine brand and presentation ordered – these are called Inventory Records.
- When vaccine doses are reported as administered on the VFA vaccine order form, myCAvax deducts that quantity from the Inventory Record.
- The 'Inventory Summary' column on the VFC vaccine order form shows the 'Estimated inventory' and the 'Variance'.
  - **Estimated Inventory:** This number shows the amount in your Inventory Record minus the doses reported in the 'VFC Doses administered' since your last order. The goal is to have your 'VFC On-hand inventory' quantity match the 'Estimated inventory' quantity.
  - **Variance:** This field indicates if you are reporting too many (i.e. "Over by 5") or too few doses (i.e. "Under by 5") in your on-hand inventory, doses administered, or a combination of both. The goal is to have "0" variance.



Reminder: Providers Must Account for All Doses When Managing Vaccine Inventory

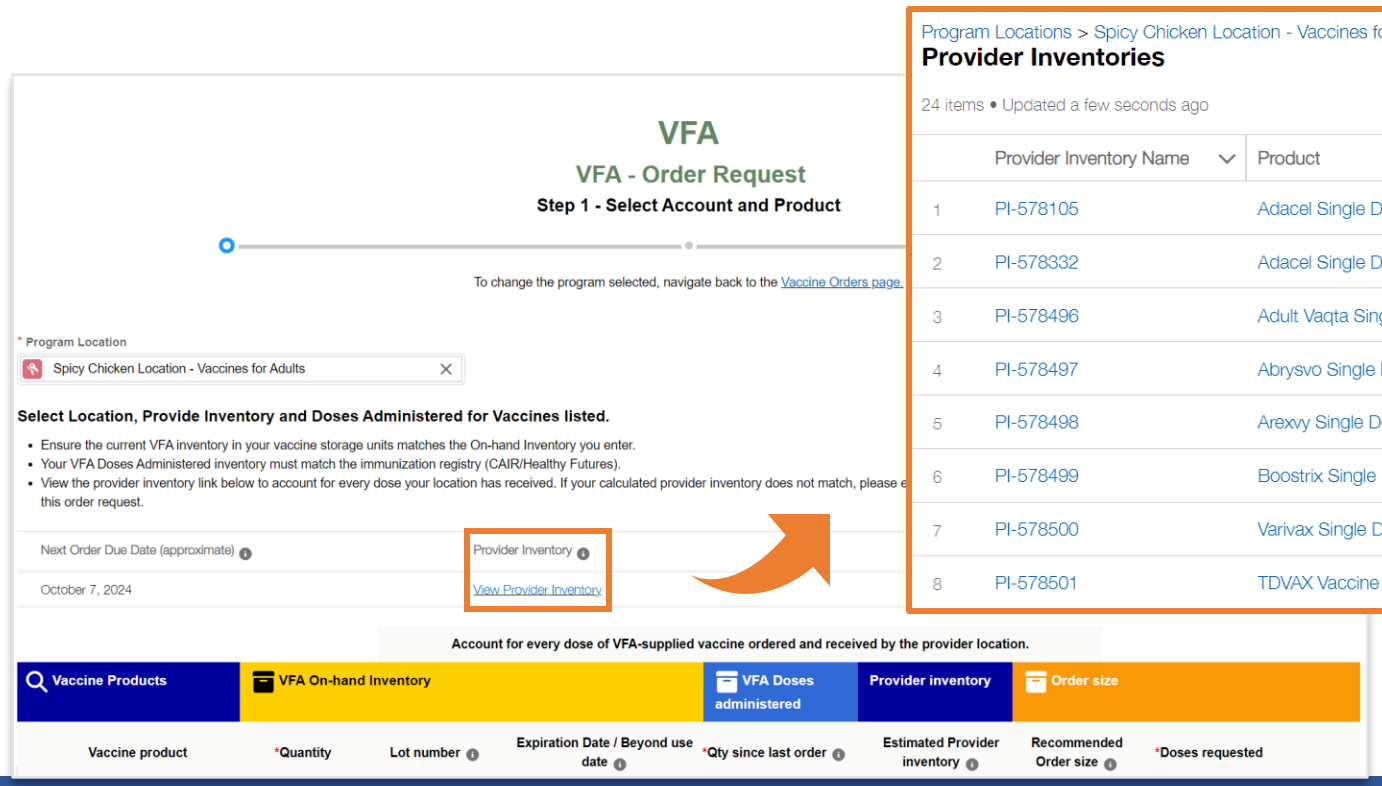


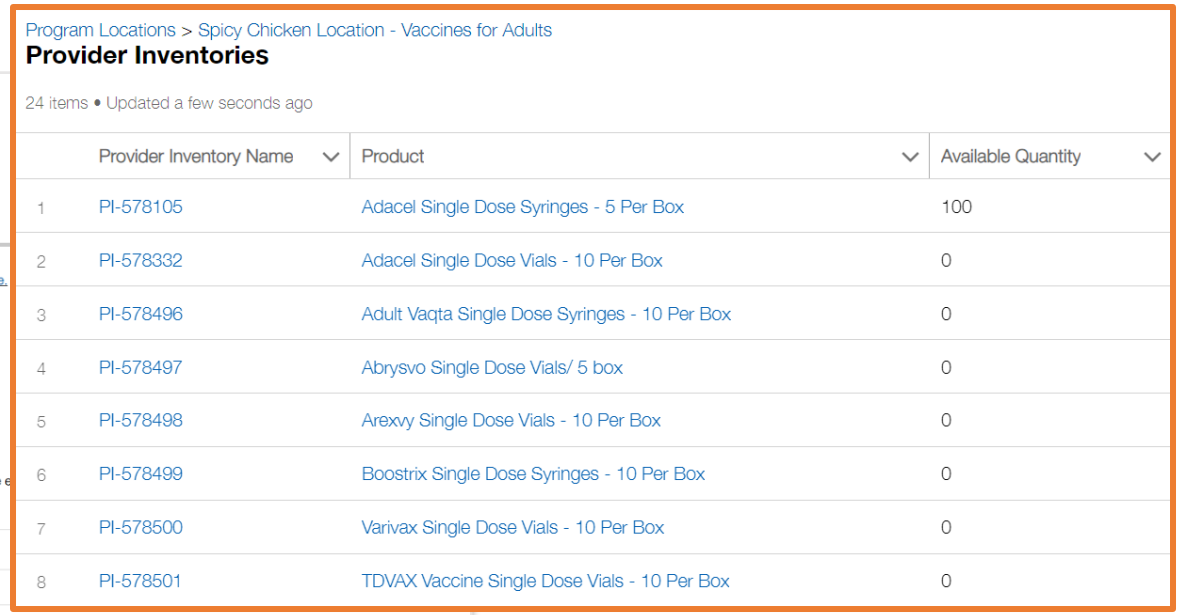
On-hand Inventory – (Waste Event, Returns, Transfers, Doses Administered) = Estimated Inventory

Viewing Provider Inventory on a VFA Vaccine Order Request

Another new feature on Step 1 of a Vaccine Order Request is the 'Provider Inventory' field.

Providers can select 'View Provider Inventory' to navigate to the Provider Inventories page. This table provides a summary of all inventory transactions reported for each product.





Storage and Handling (S&H) Triaging when Reporting an Excursion

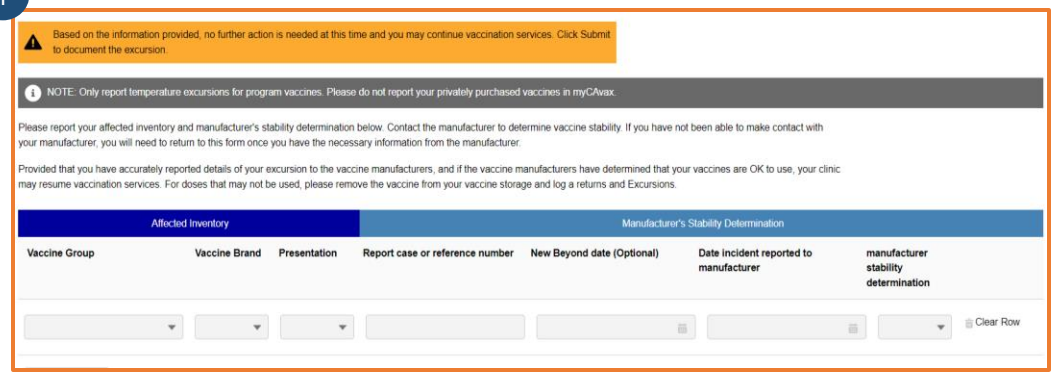
When submitting an excursion report, providers will now receive a triage result based on the excursion information inputted. This message will populate under the file upload prompt once the excursion information is inputted to help inform providers on next steps.

1. If no further action is needed, an orange message will populate, and the Excursion table will be greyed out.

2. If further action is needed, a red message will populate with instructions to contact the manufacturer to determine stability information, and this information will need to be entered in the Excursion table.

3. If temperatures were not recorded, a red message will populate with instructions to label the vaccines as ‘Do not use’, and the ‘Affected Inventory’ column of the Excursion table will need to be filled out.

1



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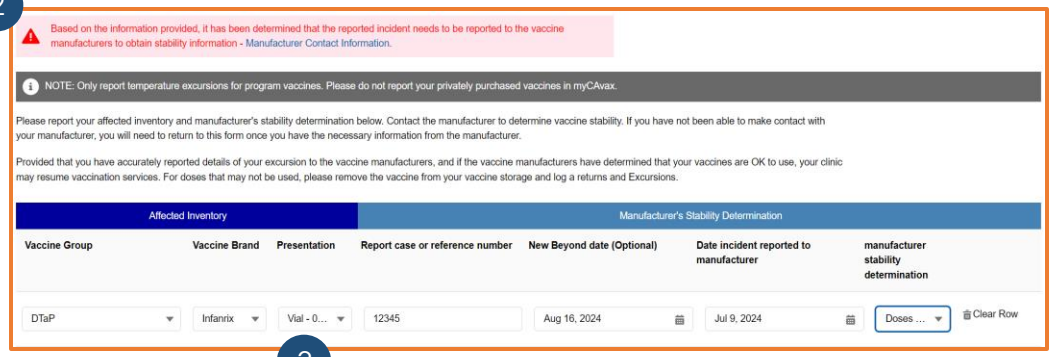

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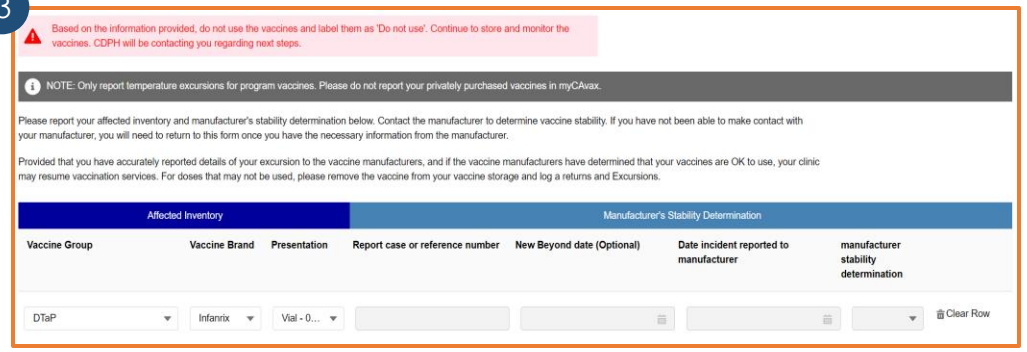
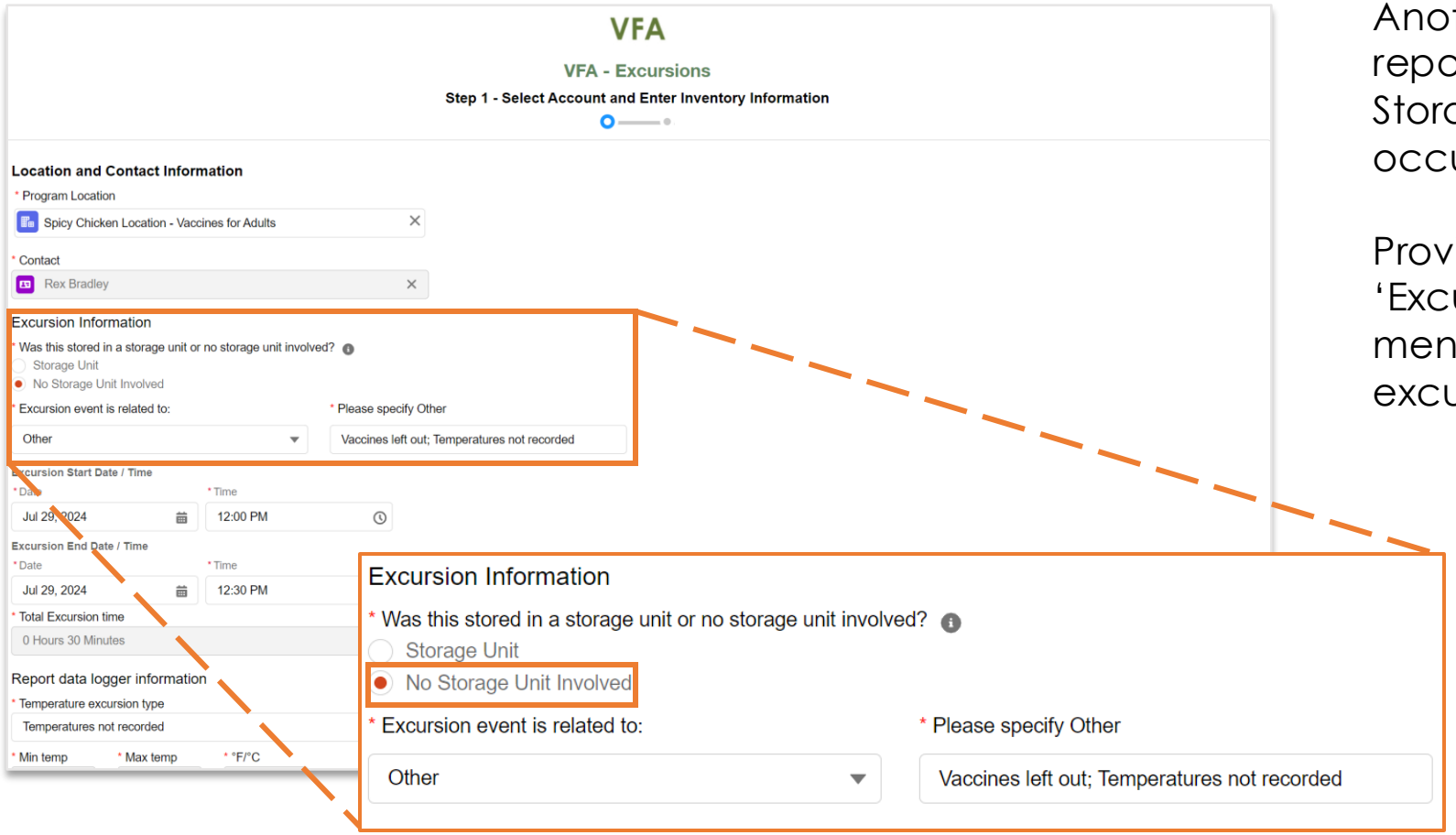


Policy on Storage and Handling Triaging

- Providers do not need to wait for CDPH review of excursions unless it was a "temperatures not recorded" situation.
  - If temperatures were not recorded, CDPH will review the incident and provide follow-up guidance.

- If you were triaged to contact the manufacturer(s), follow their guidance regarding vaccine stability and report results on the excursion form.
  - If vaccines are spoiled, submit a return / waste form.
  - If vaccines are okay to be used, continue vaccination services. No need to wait for CDPH.

Reporting an Excursion with No Storage Unit Involved



Another new feature on the Excursion report page is the option to select 'No Storage Unit Involved' if the excursion occurred outside of a storage unit.

Providers can then select 'Other' from the 'Excursion event is related to' dropdown menu and specify details about the excursion in the 'Please specify Other' field.

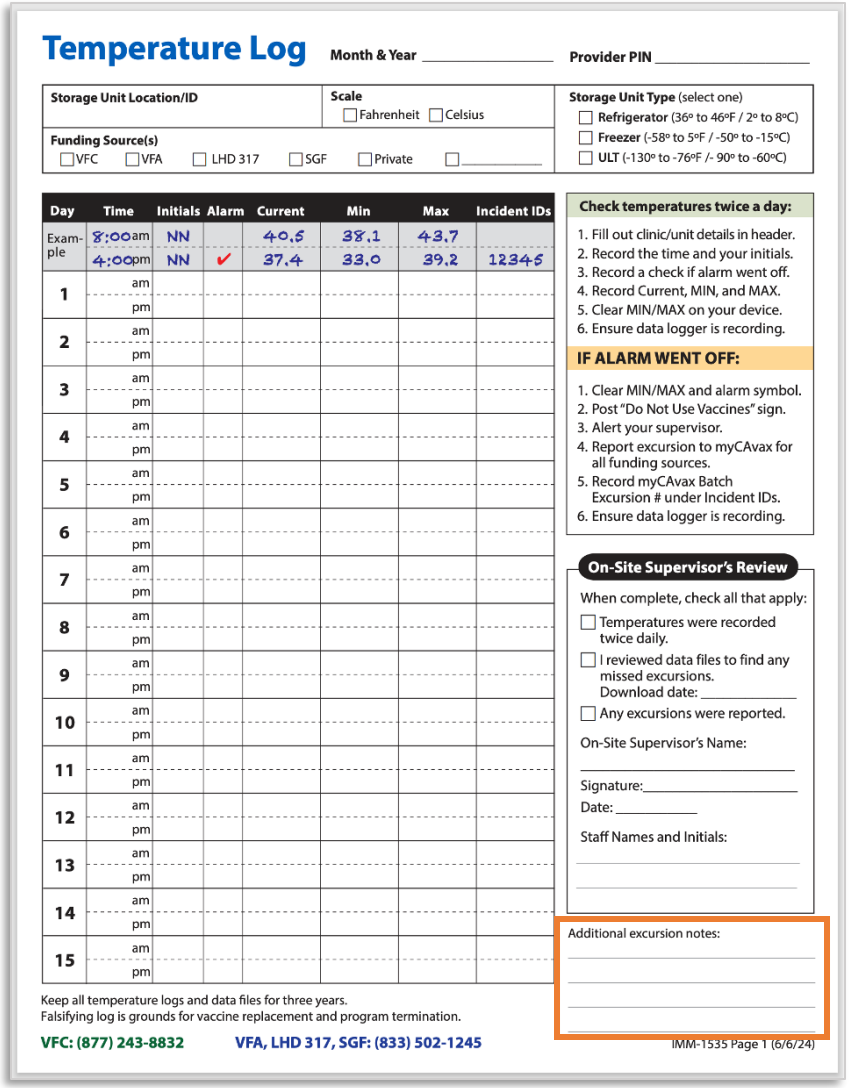
An example scenario would be if an Excursion occurred while the doses were left outside of the storage unit and potentially exposed to room temperature for too long, but the temperatures were not recorded.

Reporting an Excursion with No Vaccines Stored in Unit

This functionality will be available as part of the upcoming myCAvax release on **August 15, 2024**.

In the meantime, providers must continue to document Excursions with no vaccines in the unit in the 'Additional excursion notes' section of their **Manual Temperature Logs** form.

NOTE: After the August 15 release, providers can report excursions with no vaccines in the until in myCAvax.



Temperature Log Month & Year _____ Provider PIN _____

Storage Unit Location/ID | Scale ☐ Fahrenheit ☐ Celsius | Storage Unit Type (select one) ☐ Refrigerator (36º to 46ºF / 2º to 8ºC) ☐ Freezer (-58º to 5ºF / -50º to -15ºC) ☐ ULT (-130º to -76ºF /- 90º to -60ºC)

Funding Source(s) ☐ VFC ☐ VFA ☐ LHD 317 ☐ SGF ☐ Private ☐ _____

Day	Time	Initials	Alarm	Current	Min	Max	Incident IDs
Example	8:00 am	NN		40.5	38.1	43.7	
	4:00 pm	NN	✔	37.4	33.0	39.2	12345
1	am / pm						
2	am / pm						
3	am / pm						
4	am / pm						
5	am / pm						
6	am / pm						
7	am / pm						
8	am / pm						
9	am / pm						
10	am / pm						
11	am / pm						
12	am / pm						
13	am / pm						
14	am / pm						
15	am / pm						

Keep all temperature logs and data files for three years.
Falsifying log is grounds for vaccine replacement and program termination.

VFC: (877) 243-8832 VFA, LHD 317, SGF: (833) 502-1245

Check temperatures twice a day:
1. Fill out clinic/unit details in header.
2. Record the time and your initials.
3. Record a check if alarm went off.
4. Record Current, MIN, and MAX.
5. Clear MIN/MAX on your device.
6. Ensure data logger is recording.

IF ALARM WENT OFF:
1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion to myCAvax for all funding sources.
5. Record myCAvax Batch Excursion # under Incident IDs.
6. Ensure data logger is recording.

On-Site Supervisor's Review

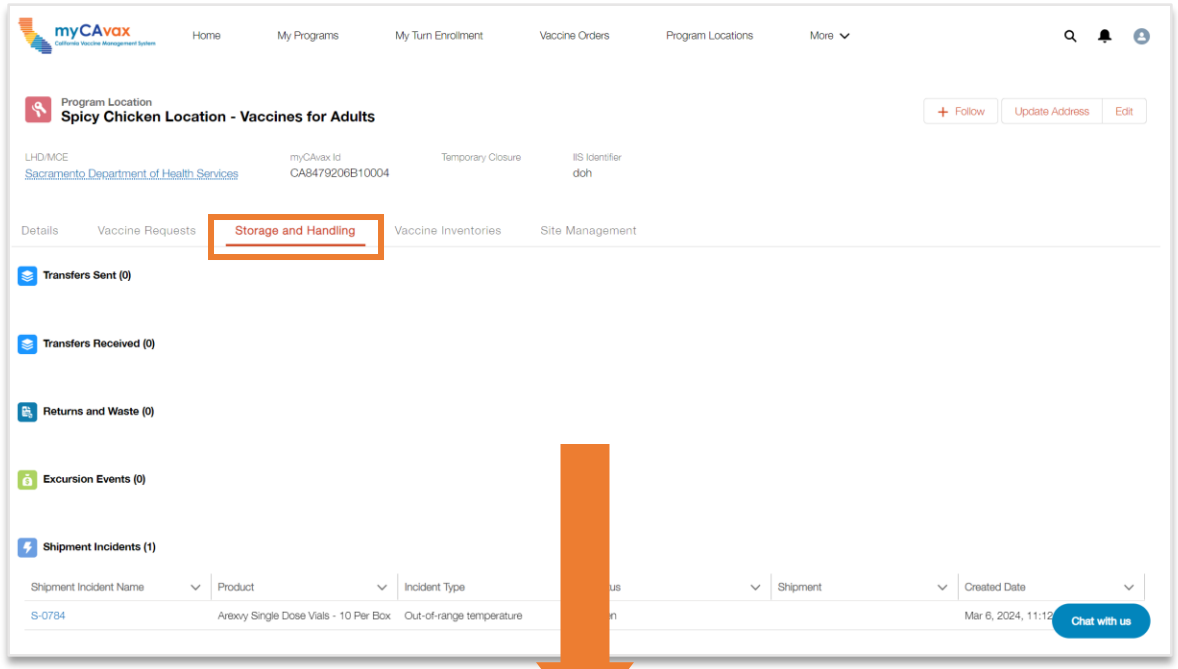
When complete, check all that apply:
☐ Temperatures were recorded twice daily.
☐ I reviewed data files to find any missed excursions. Download date: _____
☐ Any excursions were reported.

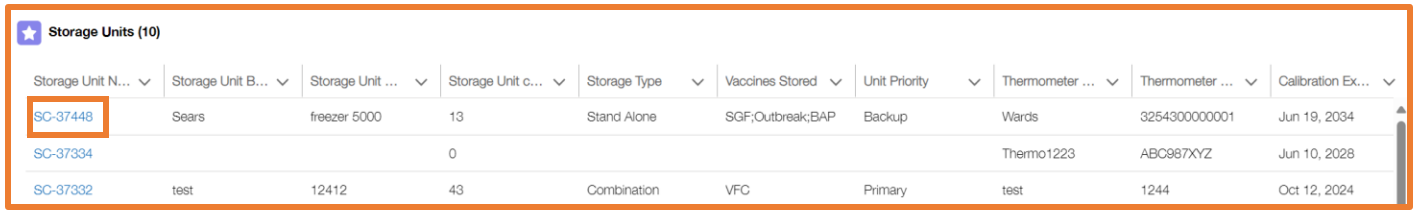
On-Site Supervisor's Name: _____
Signature: _____
Date: _____
Staff Names and Initials: _____

Additional excursion notes: _____

IMM-1535 Page 1 (6/6/24)

Managing Storage Units from a Program Location

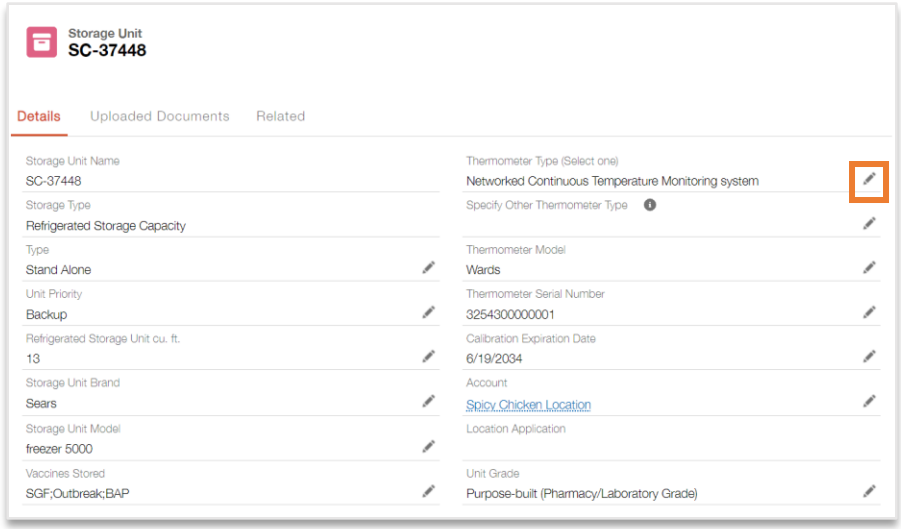




Providers can now manage storage units from the 'Storage and Handling' tab on their VFA Program Location.

Navigate to the Program Location page and click the 'Storage and Handling' tab. Scroll all the way down to see the Storage Units table.

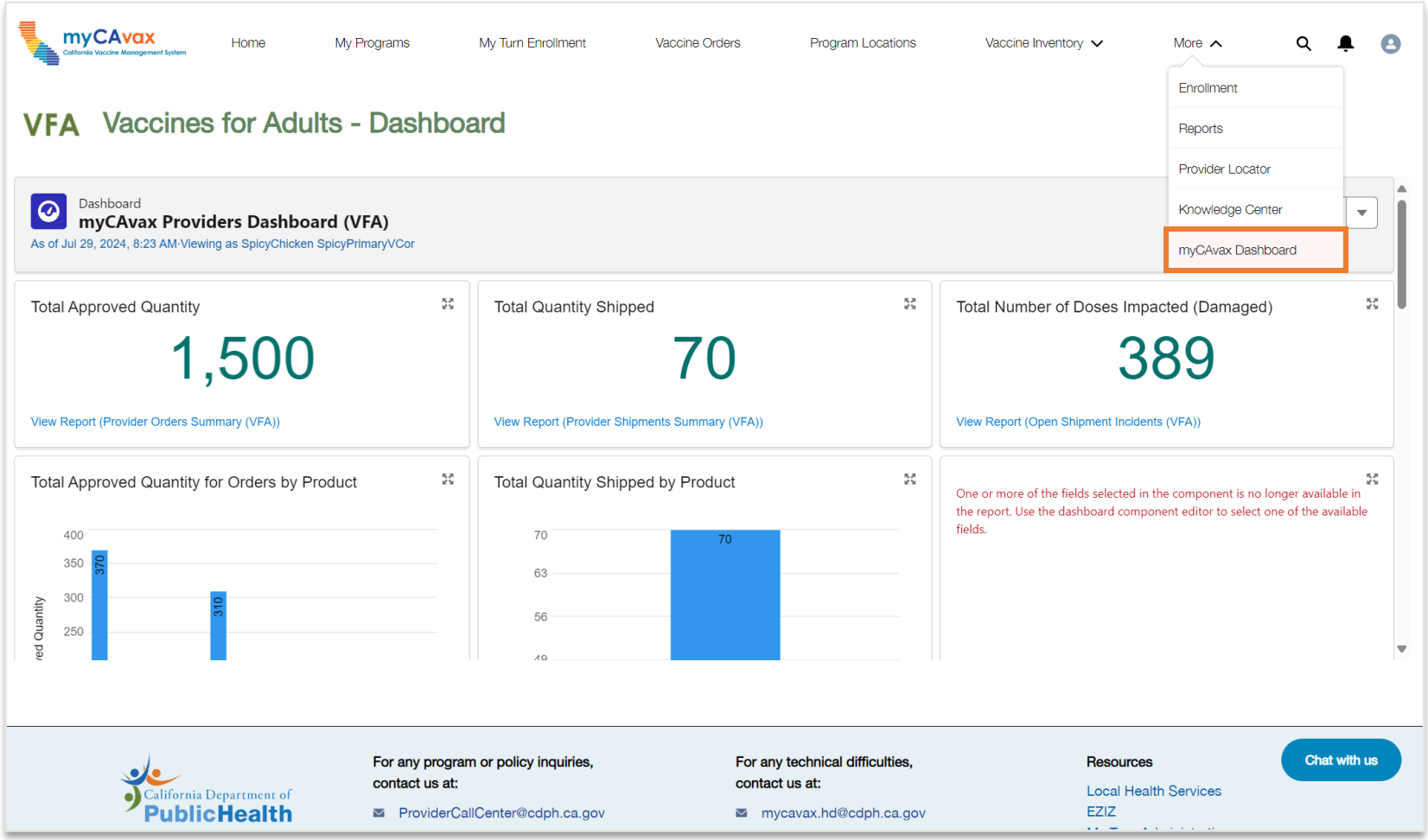
To edit or retire a storage unit, click the unique storage unit name. On the 'Details' tab of the Storage Unit page, edit any of the fields by clicking the pencil icon next to that field.



Viewing Provider Dashboards

To view the myCAvax Providers Dashboard, navigate to the ‘More’ drop-down menu and click ‘myCAvax Dashboard’.

This dashboard features charts and reports summarizing vaccine ordering and inventory management events at this program location.

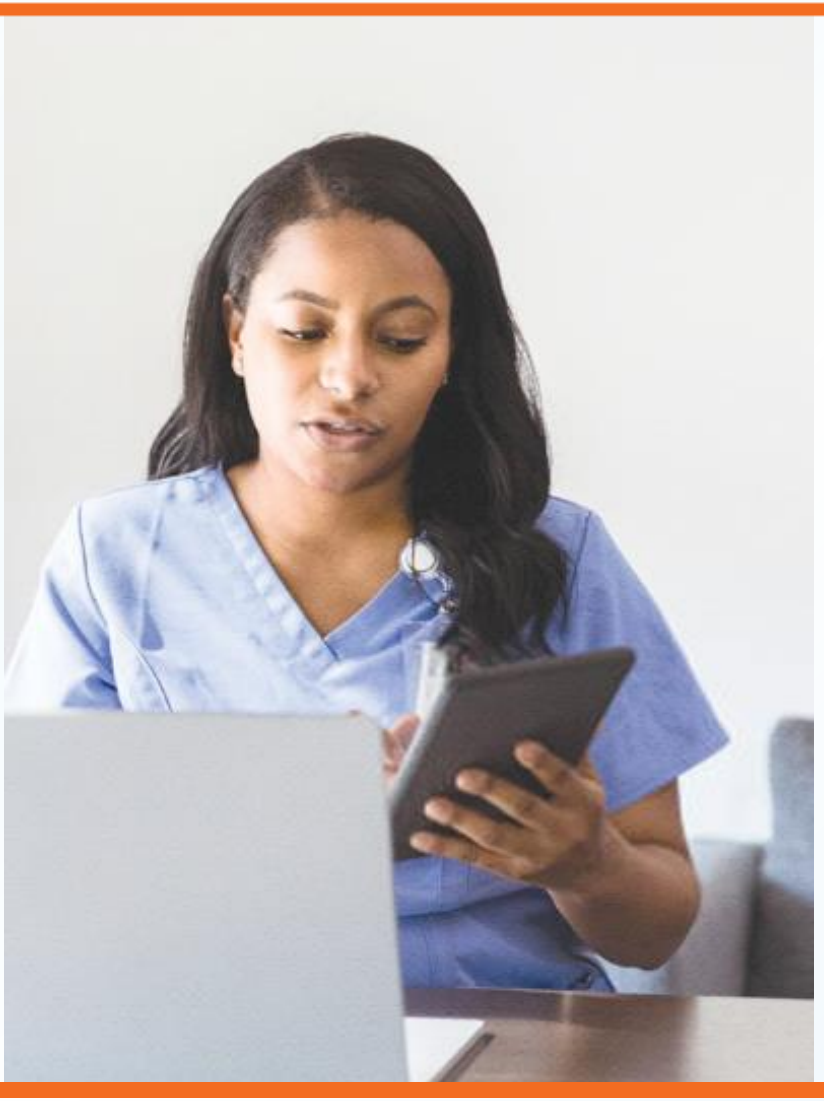


VFA Program Updates

- **Next VFA Ordering Period – Projected October 2024**
  - New Fiscal Year Ordering Policy will be shared in September/October

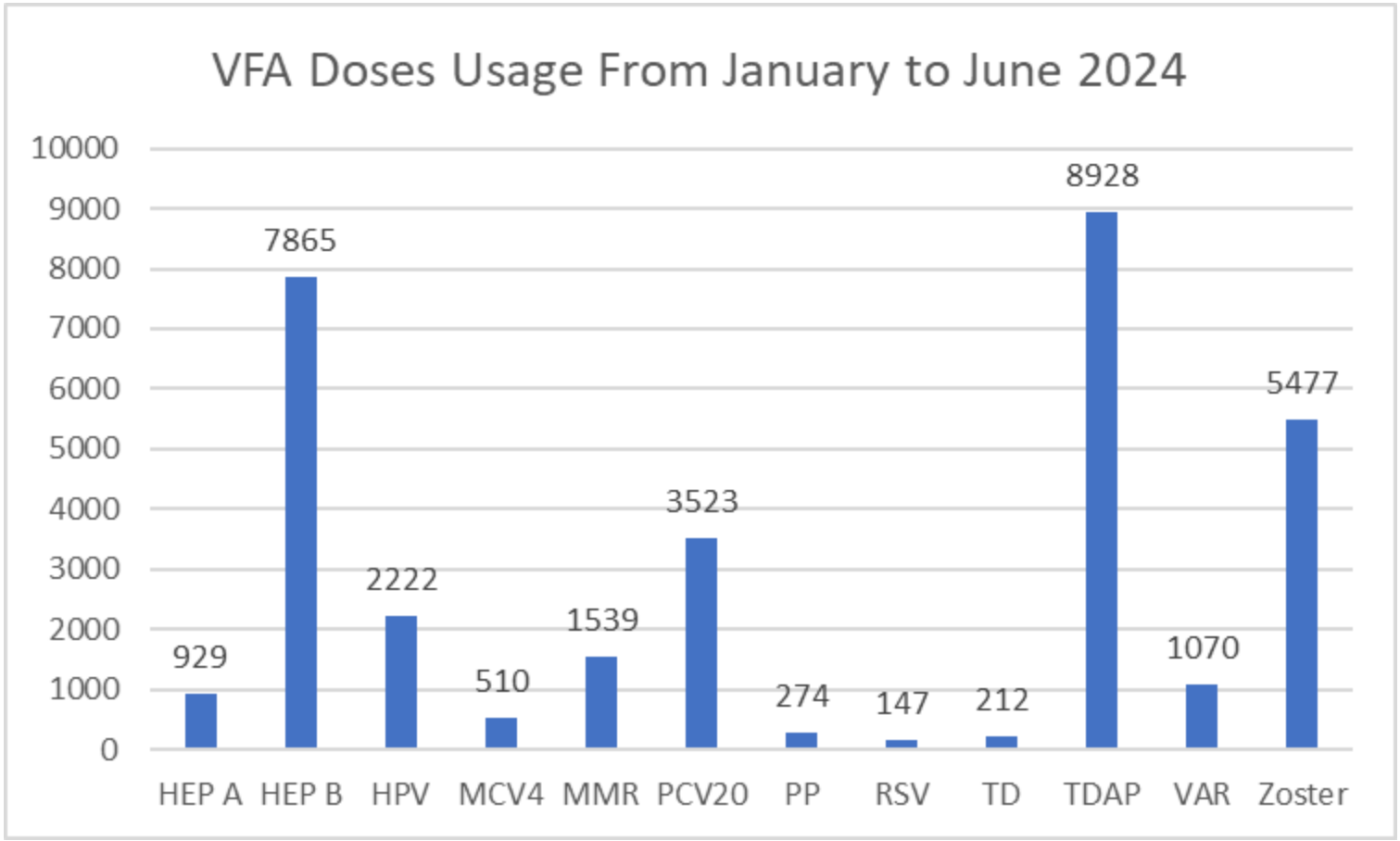
- **VFA Immunization Information Reports – August 2024**
  - Report will include January – June 2024 Data
  - Reports will be emailed to the VFA Provider of Record and Primary Vaccine Coordinator
  - VFA Providers are required to document in or submit through data exchange, the VFA provided immunizations administered to eligible patients as "317" to the local immunization registry

VFA VISITS: Reasons Why CAIR IIS Report <70%



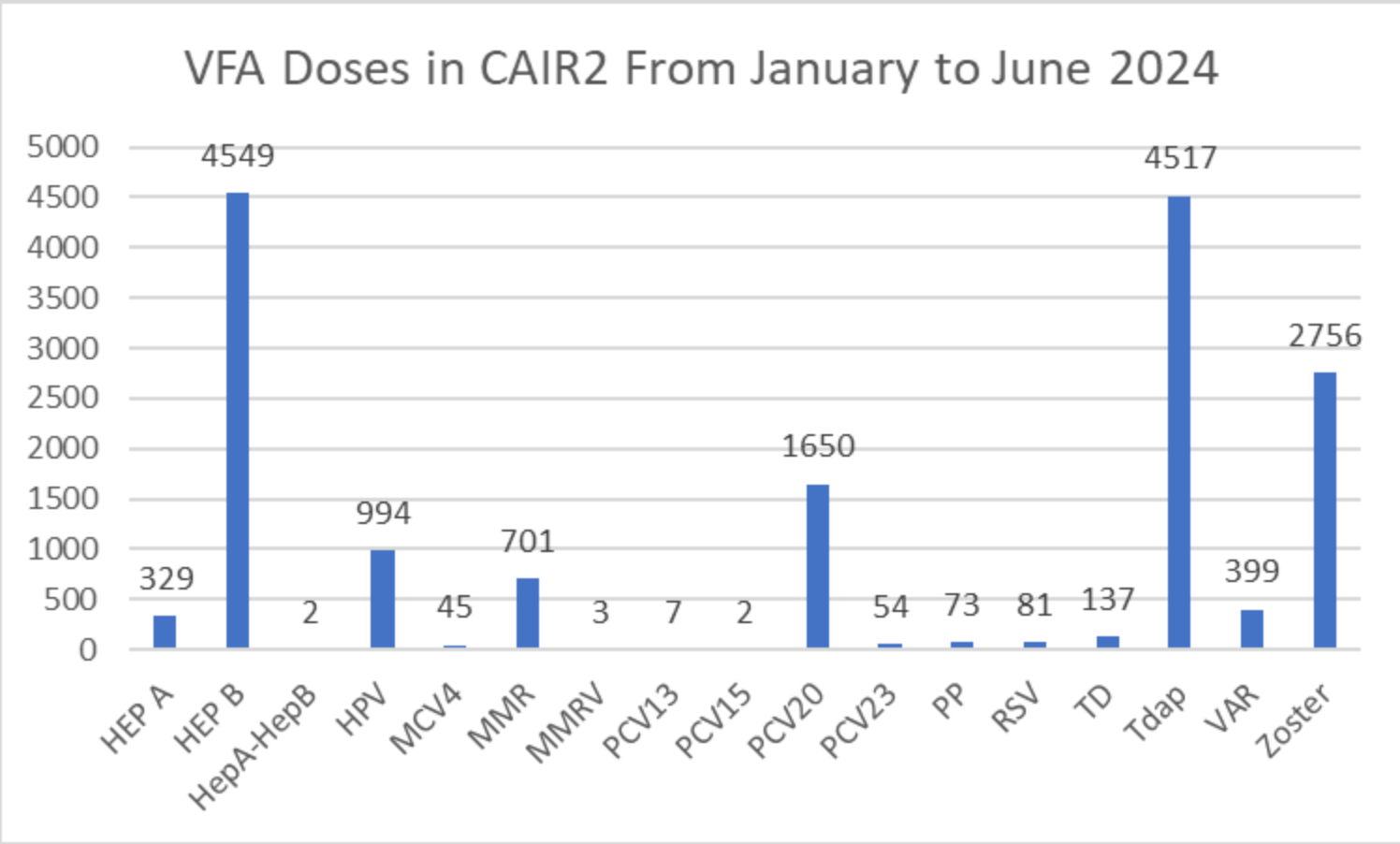
Issue	Number of Site Visits
CAIR and EMR data exchange issues	**58**
Does not apply: CAIR IIS Report rating is above 70%	21
Staff training – staff are selecting the incorrect eligibility category	9
Clinic is lacking the EMR function to document 317 eligibility	5
Staff is unaware of the CAIR documentation requirement	1
Staff to do not have access to CAIR	1
Other	10

VFA Ordering Data: Doses Administered (Self-Reported)

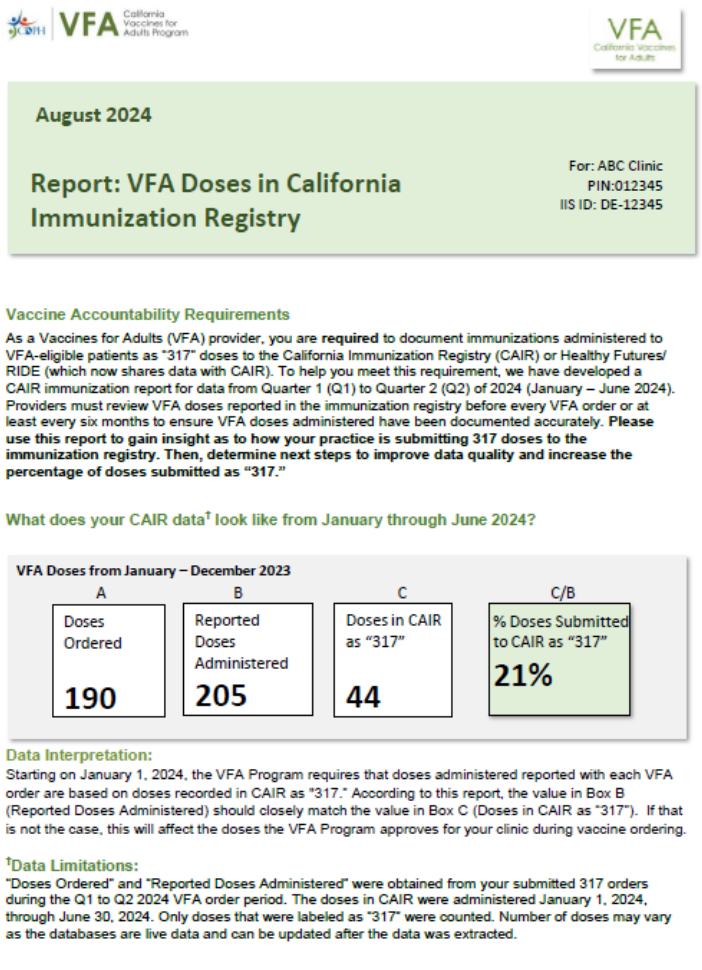


VFA Ordering Data: Doses Administered (CAIR Data)

8.4% of Doses in CAIR2 meet the VFA Requirement



IIS Data Reports



VFA California Vaccines for Adults Program

VFA California Vaccines for Adults

August 2024

Report: VFA Doses in California Immunization Registry

For: ABC Clinic
PIN:012345
IIS ID: DE-12345

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) to Quarter 2 (Q2) of 2024 (January – June 2024). 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 data† look like from January through June 2024?

VFA Doses from January – December 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%

Data Interpretation:

Starting on January 1, 2024, 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.

†Data Limitations:

"Doses Ordered" and "Reported Doses Administered" were obtained from your submitted 317 orders during the Q1 to Q2 2024 VFA order period. The doses in CAIR were administered January 1, 2024, through June 30, 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 Q2 2024. Keep up the amazing work!

Good and Very Good: Great job! You submitted most of your doses correctly for Q1 to Q2 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 Q2 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. Confirm with your EHR vendor that Vaccine Eligibility Category (HL7) code "V23" 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 (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 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**" as the patient's eligibility criteria 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 January 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

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.

CORE DATA ELEMENTS FOR IIS

- **Eligibility (317)**
- Race/ethnicity
- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- **Name and title of the person who administered the vaccine**
- Address of the facility where the permanent record will reside
- Vaccine information statement (VIS)
- Date printed on the VIS
- Date the VIS was given to the patient or parent/guardian

?

?

Are data transferring correctly to

CAIR California Immunization Registry

?

CAIR Updates

Michael Powell, CDPH

CAIR2 – Patients and Doses*

Measure	0-5 yrs	6-18 yrs	19+ yrs	All Ages
Patients In	3,597,822	8,412,554	40,394,145	52,404,521
Patients w/ ≥2 doses	2,386,096	7,481,375	34,399,529	44,267,000
Vaccine Doses	42,309,806	174,589,385	362,705,635	579,604,826

* As of July 22, 2024

CAIR Update

- **7/2/2024 - Sprint 13 / Release 2.8.15**
  - Updated pneumococcal conjugate vaccines (PCV) schedule to align with CDC's recommendations accommodating PCV15 and PCV20
    Pneumococcal Vaccine Recommendations | CDC
  - Updated RSV schedule to allow two doses on the same day through data exchange
- **CAIR User Agreement**
  - Account/password policy
    - 90-day Term
    - Sharing passwords
    - Unique email
      California Immunization Registry

CAIR Update

- **Importance of Accurate Reporting**
  - **Eligibility**
    - CAA01 – State General Funds
    - 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**
    - PHC70 – Vaccine stock used was privately funded
    - VXC51 – Vaccine stock used was publicly funded by the VFC program
    - VXC52 – Vaccine stock used was publicly funded by the non-VFC program
    - VXC50 – Vaccine stock used was publicly funded
  - **Shot Giver**

CAIR Demo

Michael Powell, CDPH

MyTurn Updates

Josh Pocus, CDPH, Hannah Shows, Accenture

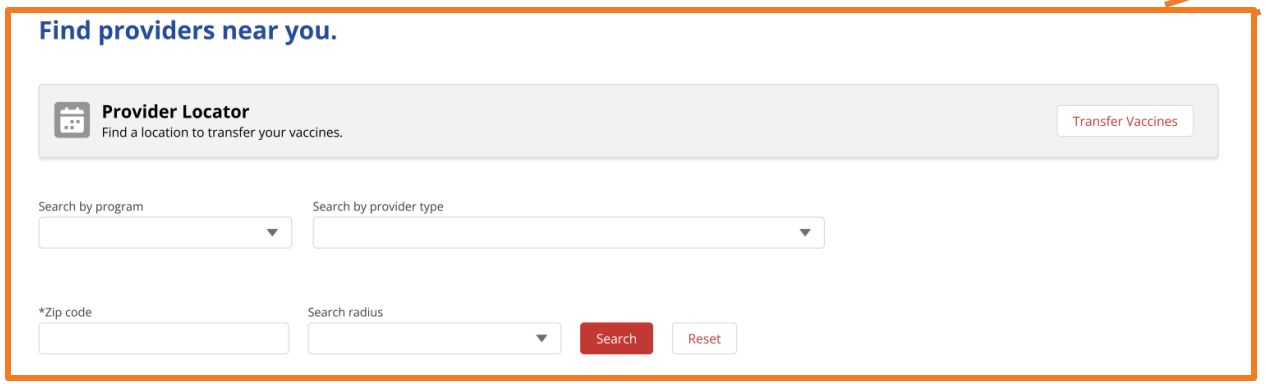
Quick Step Flow Process – My Turn Enrollment

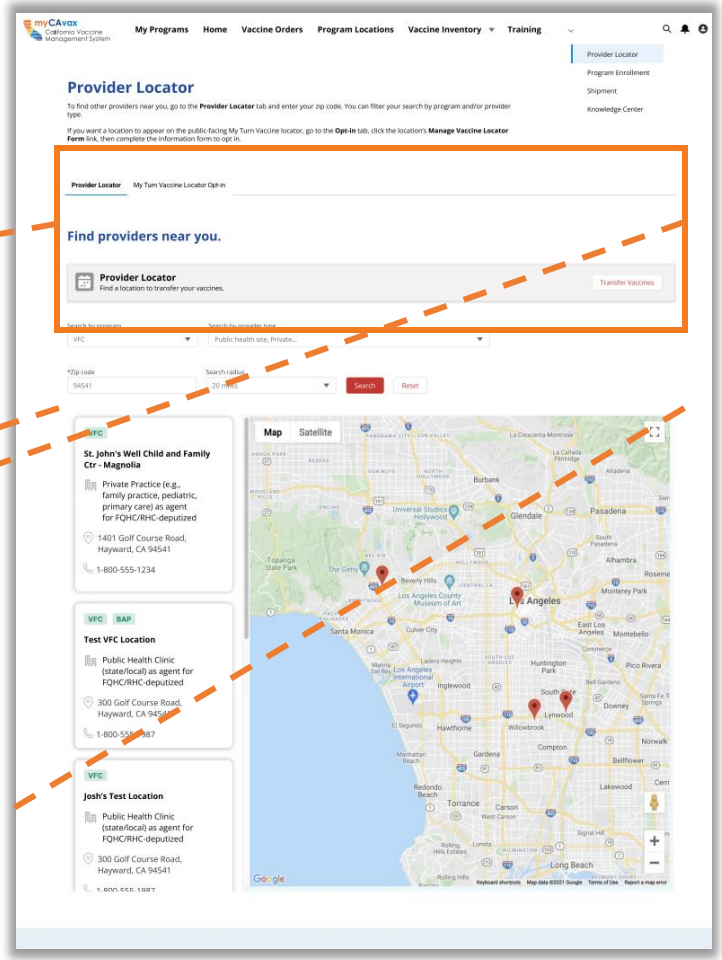
Enrolling in My Turn without a myCAvax account	Enrolling in My Turn with a myCAvax account
1. Visit mycavax.cdph.ca.gov.	1. Log in to myCAvax using your usual credentials.
2. Select the 'My Turn' tab next to the 'Home' tab to view the 'My Turn' landing page.	2. Select the 'My Turn Enrollment' tab from your main navigation bar to view the 'My Turn - Enrollment' page.
3. On the 'My Turn' landing page, select either the 'Enroll your organization' or 'Enroll Now' button. Begin enrolling in My Turn on the 'Step 1 - Create an Account' page.	3. On the 'My Turn - Enrollment' page, select the 'Enroll Location' button. The page redirects to the 'Step 1 - Required Training' page to begin My Turn enrollment.

For more information, view the 'Enrolling in My Turn' Quick Sheet on EZIZ.

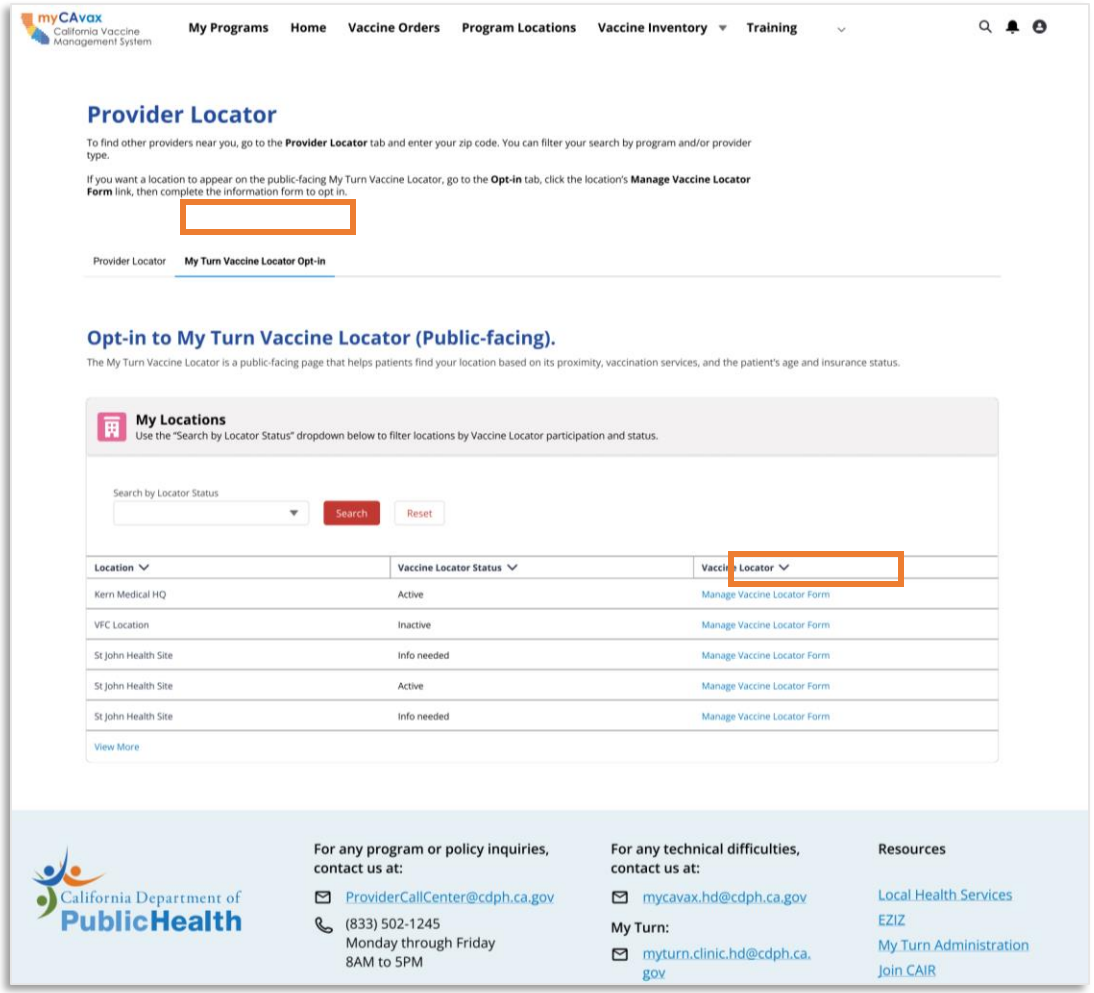
My Turn Locator (Provider Community)

Providers are now be able to use the new 'Provider Locator' feature in myCAvax to find nearby providers by entering their zip codes and filtering by program or provider type.

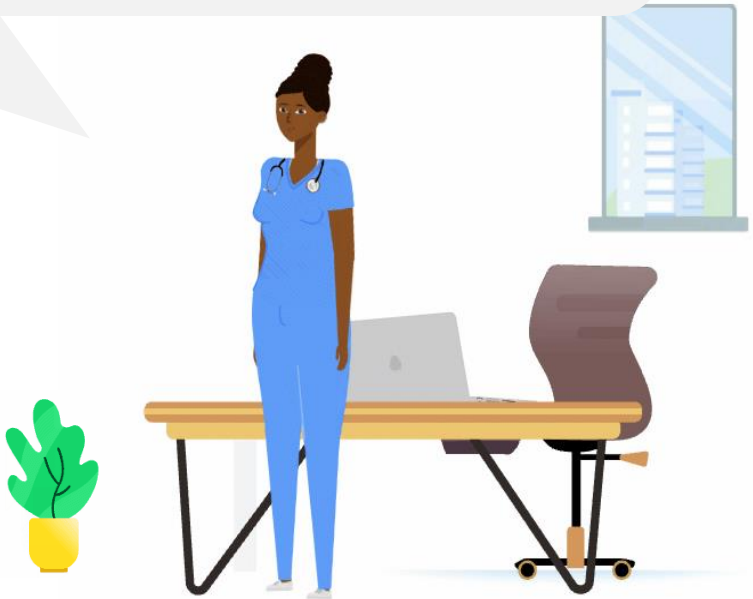




My Turn Locator (Public Site Opt-In)



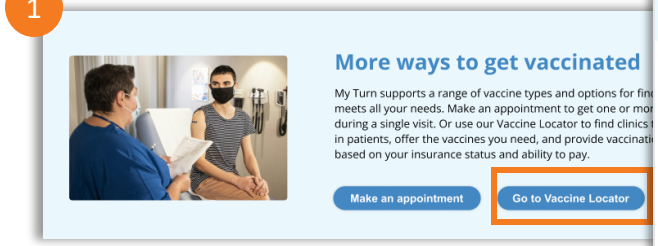
If providers want a location to appear on the 'My Turn Public' portal, they will be able to select the 'My Turn Vaccine Locator Opt-in' tab, click the location's 'Manage Vaccine Locator Form' link, and complete the information form to opt-in.



My Turn Locator (Public Site)

On **June 27th** , patients are now be able to use the new 'Vaccine Locator' tool, which will replace the Walk-in page and include all My Turn Walk-in clinics as well as other providers that opt into this experience.

1



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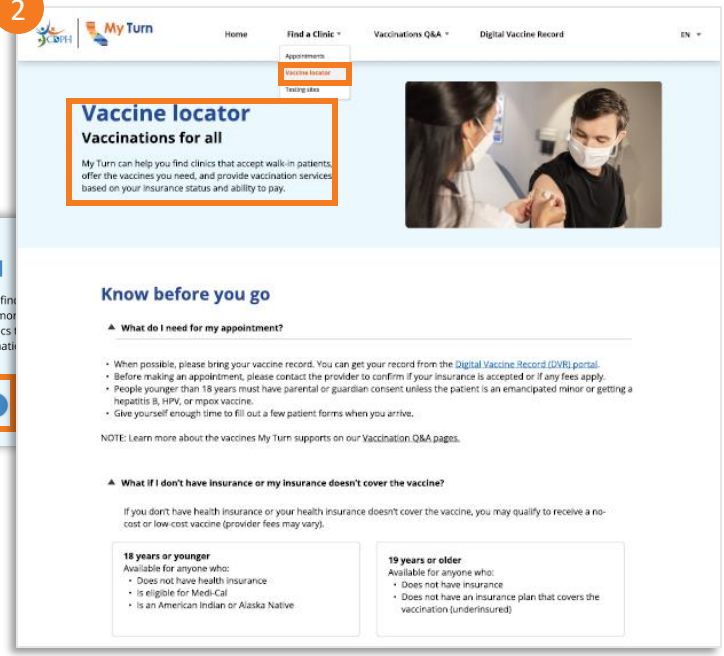

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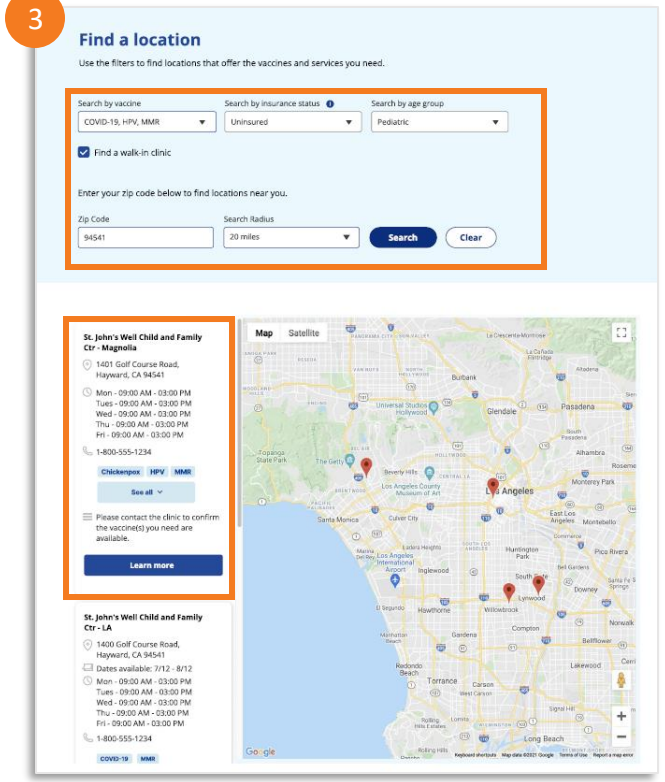
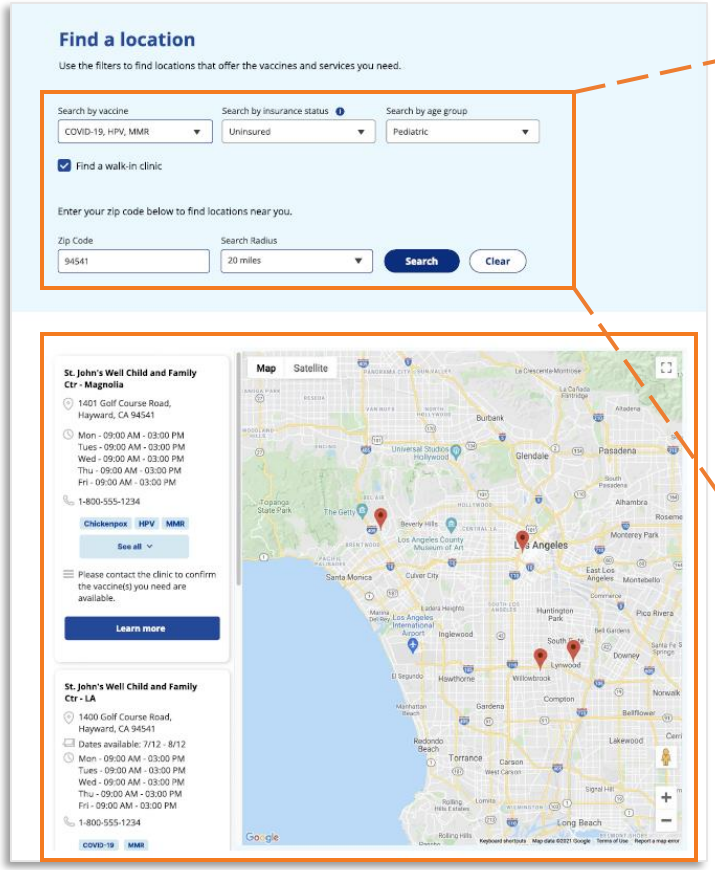
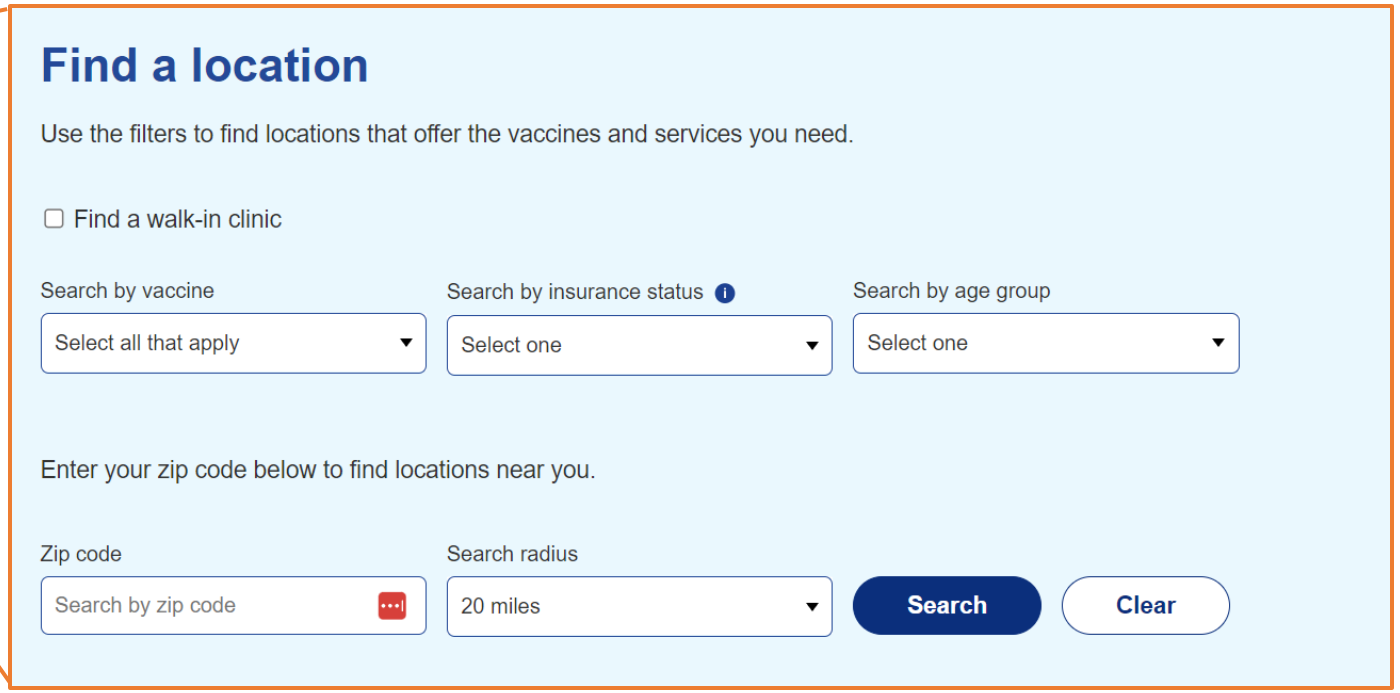


My Turn Locator (Public Site)

With Release 50, patients will be able to use the new 'Vaccine Locator' tool, which will replace the Walk-in page and include all My Turn Walk-in clinics as well as other providers that opt into this experience.





MyTurn Demo

Hannah Shows, Accenture

Clinical Updates

Caterina Liu, CDPH
Public Health Medical Officer

CDC's Advisory Committee on Immunization Practices (ACIP) Meeting: June 26 – 28, 2024

Topics Covered:

- Influenza Vaccines (Vote)
- COVID-19 Vaccines (Vote)
- RSV Vaccines: Adult (Vote), Maternal/Pediatric
- Pneumococcal Vaccines (Vote)
- Combined DTaP-IPV-HIB-Hep B vaccine (Vaxelis) (Vote, VFC Vote)
- Meningococcal, HPV, Chikungunya, Dengue Vaccines

Presentations | Agenda | Webcast Recordings

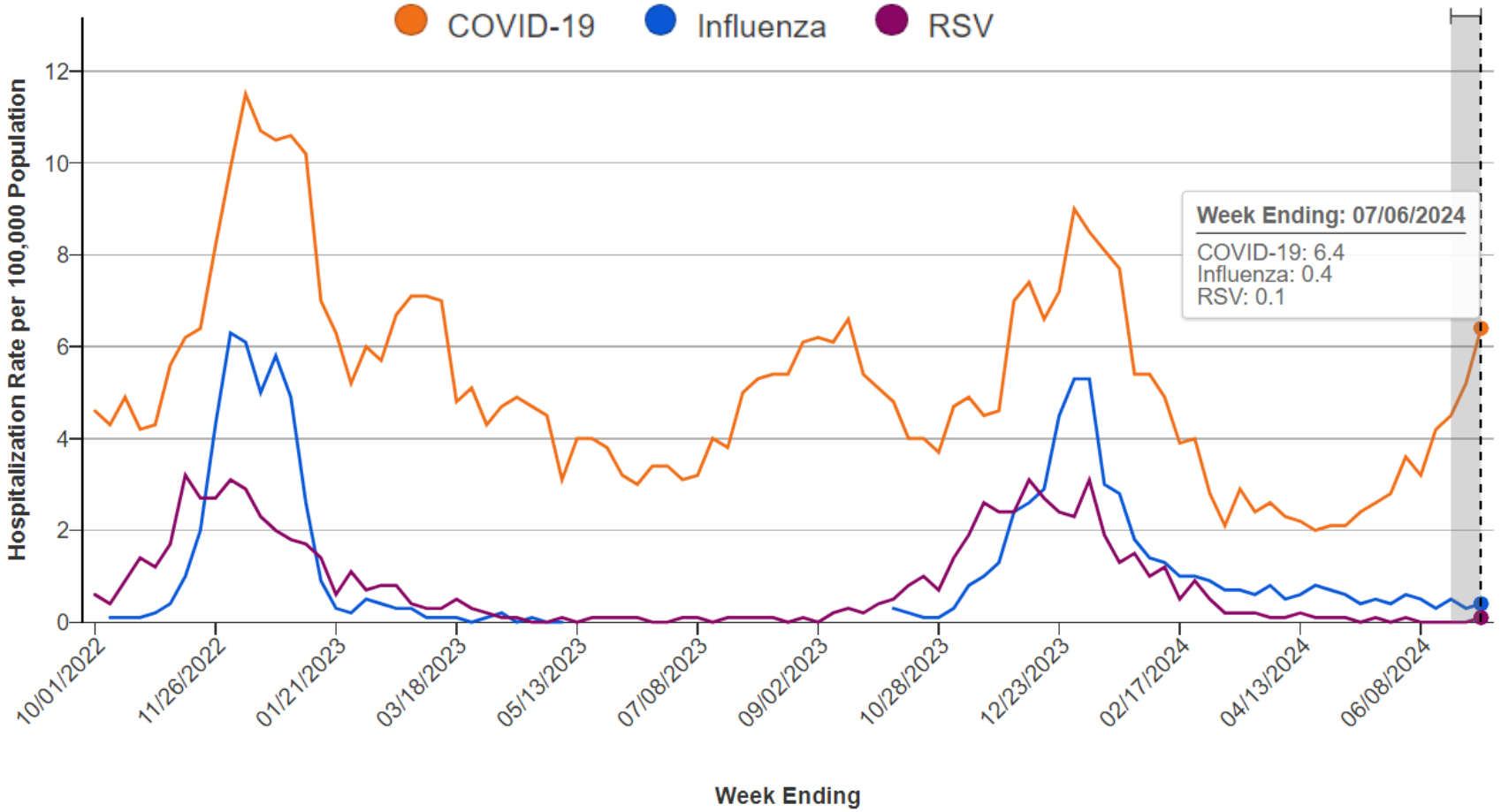
ACIP Recent Meeting Recommendations

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Respiratory Virus Season Overview

- COVID-19, flu, and RSV disease peak during fall & winter months
- COVID-19 still causes many hospitalizations, although decreased from prior years

Weekly Rates of Respiratory Virus-Associated Hospitalizations in California

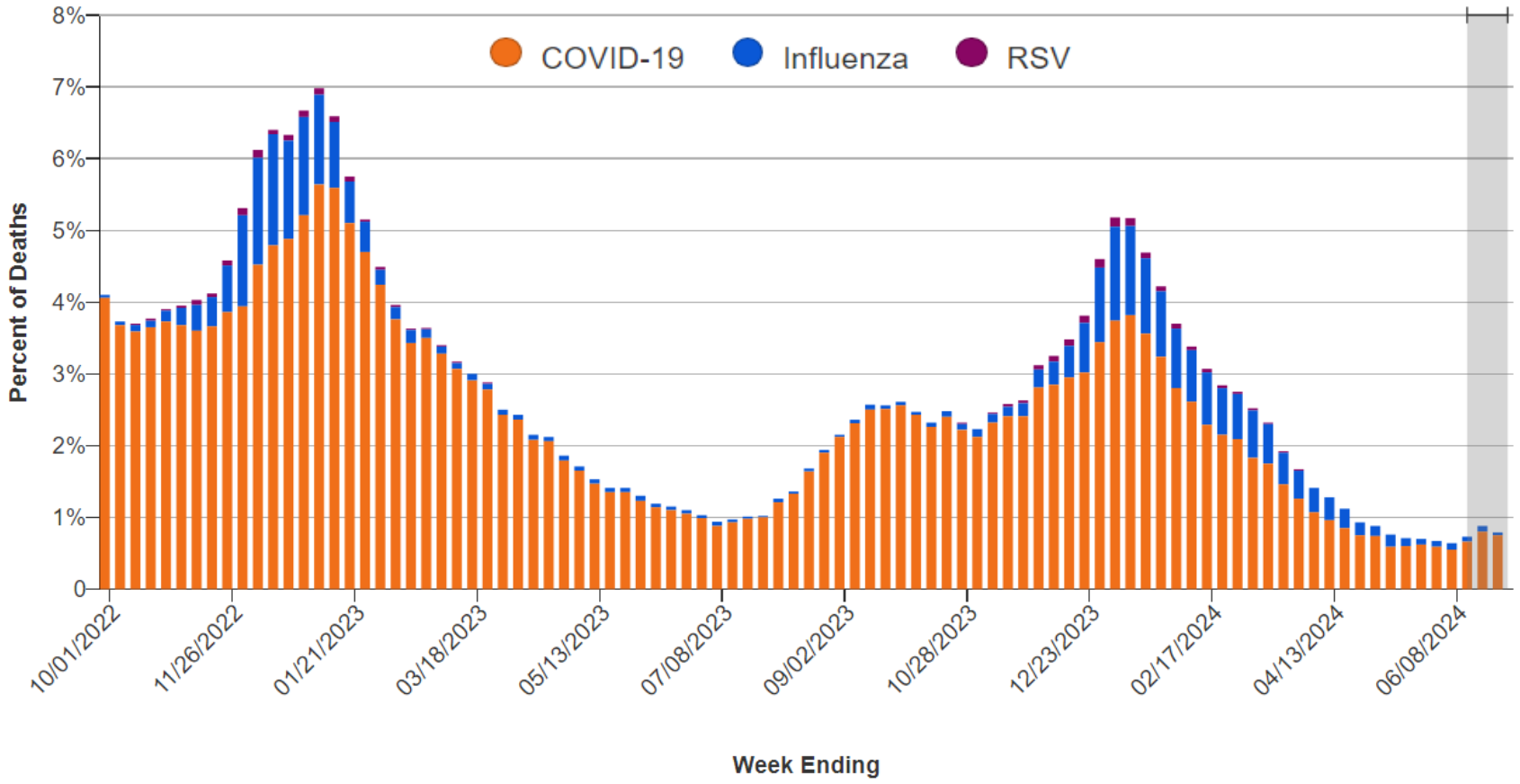


Severe Viral Respiratory Illness Dashboard (CDC), *Data as of 7/6/24*

Trends in Viral Respiratory Deaths in the United States

- COVID-19 still causes many deaths, although decreased from prior years
- COVID-19 still causes more deaths than influenza or RSV

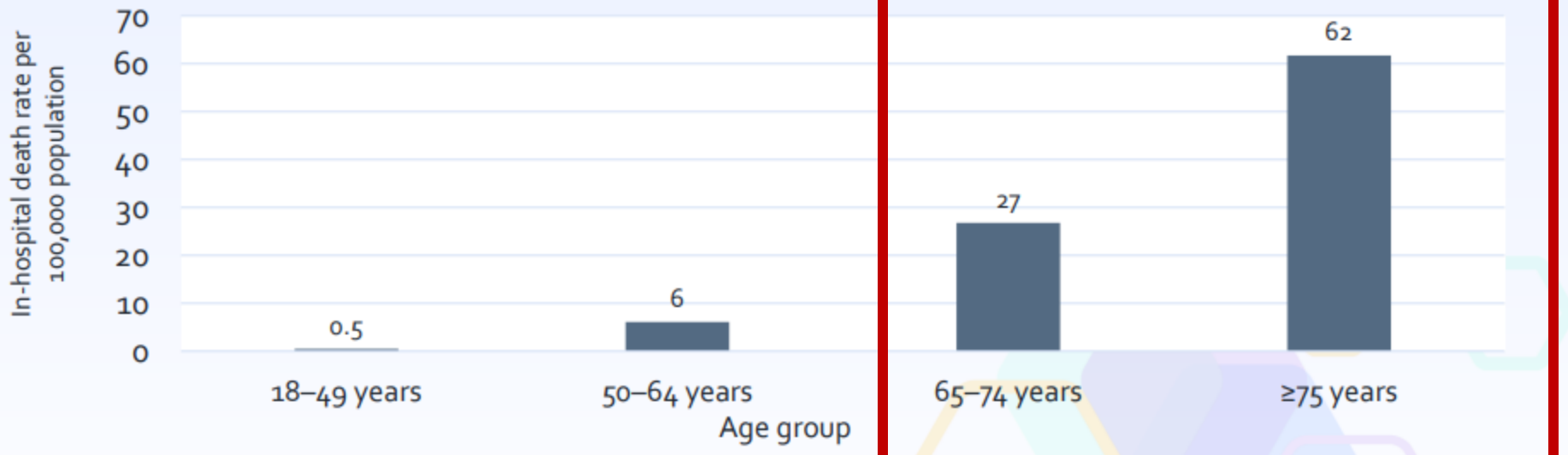
Weekly Percent of Total Deaths Associated with COVID-19, influenza, and RSV



Severe Viral Respiratory Illness Dashboard (CDC), *Data as of 7/6/24*

Most COVID-19 Deaths in 65+

Cumulative In-Hospital Death Rate during COVID-19-Associated Hospitalization per 100,000 Population by Age Group — COVID-NET, October 2023–March 2024

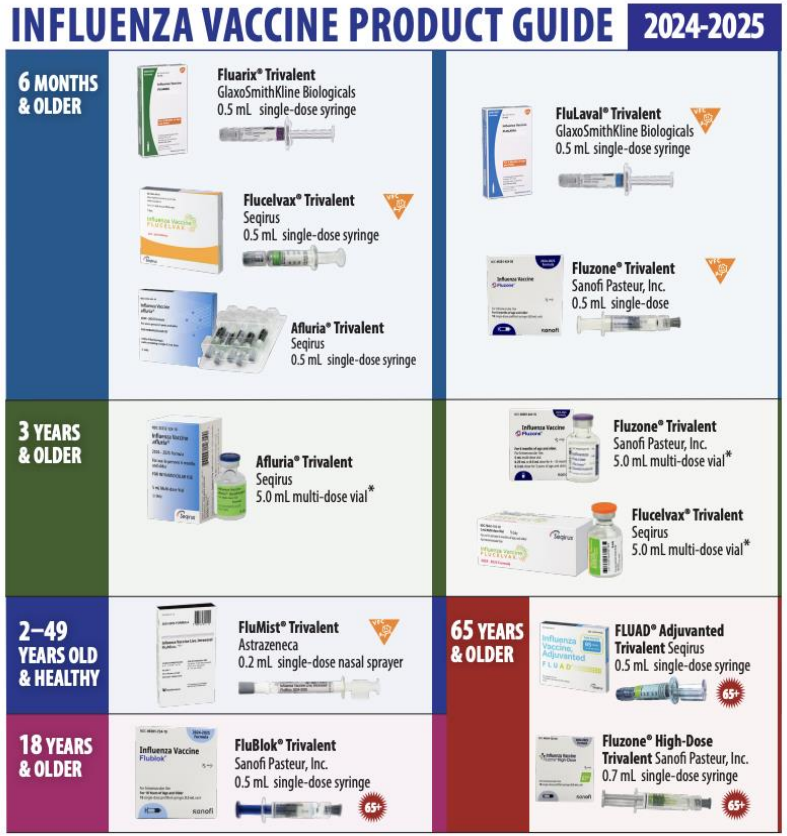


Weighted percent of in-hospital deaths by age group	18–49 years	50–64 years	65–74 years	≥75 years
	3%	15%	32%	50%

[ACIP 6/27/24 Presentation]

Influenza Vaccine Recommendations, 2024-2025

- **Age ≥6 months**: routine annual vaccination
- **Trivalent** 2024-25 Influenza Vaccine Composition
  - Influenza B/Yamagata viruses not detected globally since March 2020. Experts recommended removal of this strain.
  - Flu vaccines now contain 2 A and 1 B virus.
- September and October are the best times for most people to get vaccinated.



Flu ID Guide

Influenza Vaccination: A Summary for Clinicians

Enhanced Influenza Vaccine Recommendations

- **Enhanced vaccine options include**

Type	Description	Brand Name
Adjuvanted	Contains MF59 adjuvant	FLUAD Adjuvanted
High-dose	Contains 4x hemagglutinin vs standard dose vaccines	Fluzone High-Dose
Recombinant	Contains 3x hemagglutinin vs standard dose vaccines	FluBlok

- **Age 65 years and older:**
  - Preferentially recommended to receive any enhanced vaccine
- **Solid organ transplant recipients 18-64 years** on immunosuppressants:
  - Any age-appropriate vaccine, now including all enhanced options

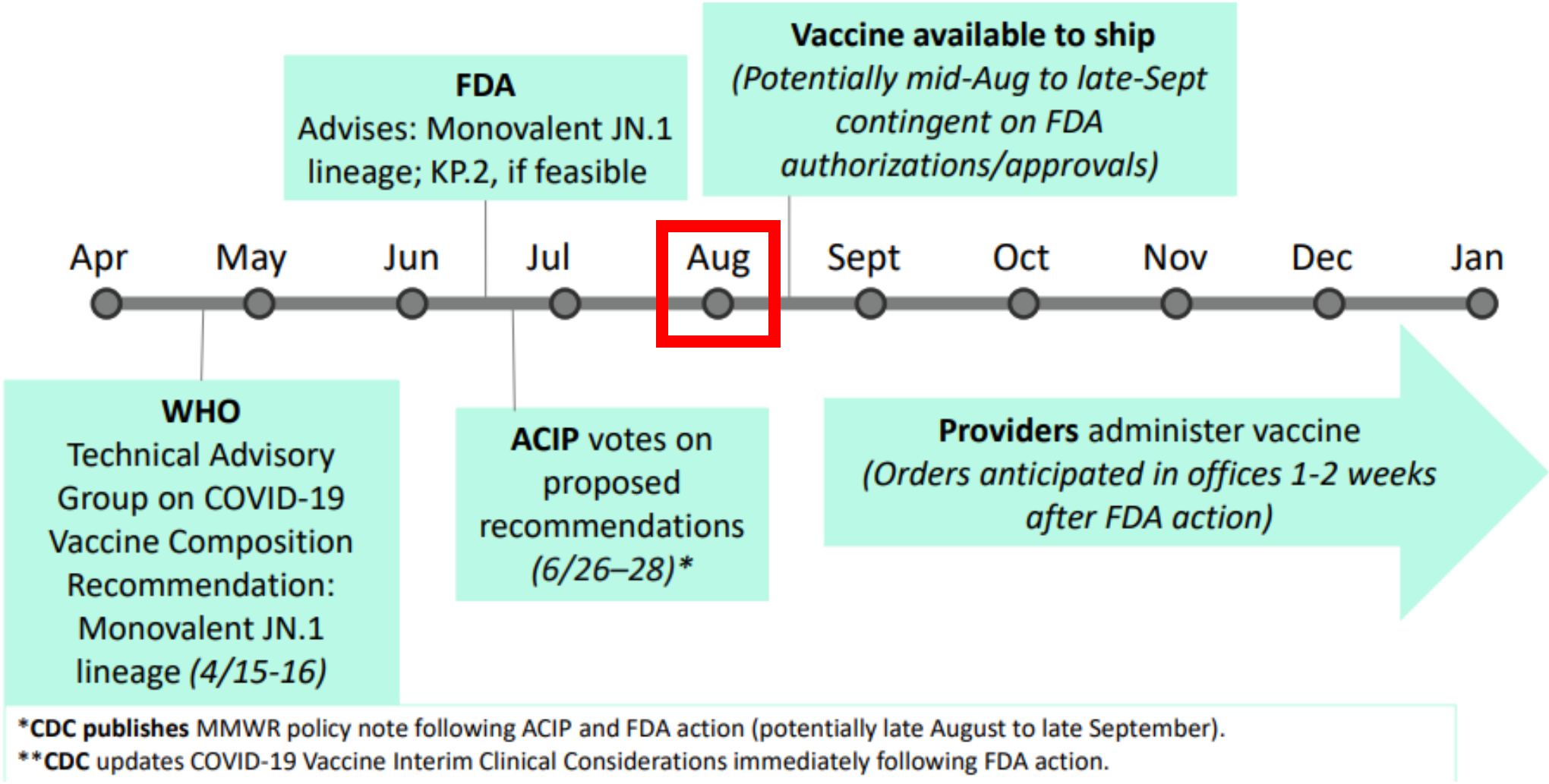
Influenza Vaccination: A Summary for Clinicians

2024-2025 Updated COVID-19 Vaccine

- The 2024–2025 formulation of COVID-19 vaccines has been updated to a **monovalent JN.1 vaccine, with a preference for the KP.2 sublineage if feasible,** based on circulating strains.
- ACIP recommends 2024-2025 COVID-19 vaccines as authorized or approved by FDA in persons ≥6 months of age.
- This recommendation will not take effect until 2024 – 2025 vaccines are authorized/approved by FDA, anticipated in late Summer/early Fall.

Interim Clinical Considerations for Use of COVID-19 Vaccines (CDC)

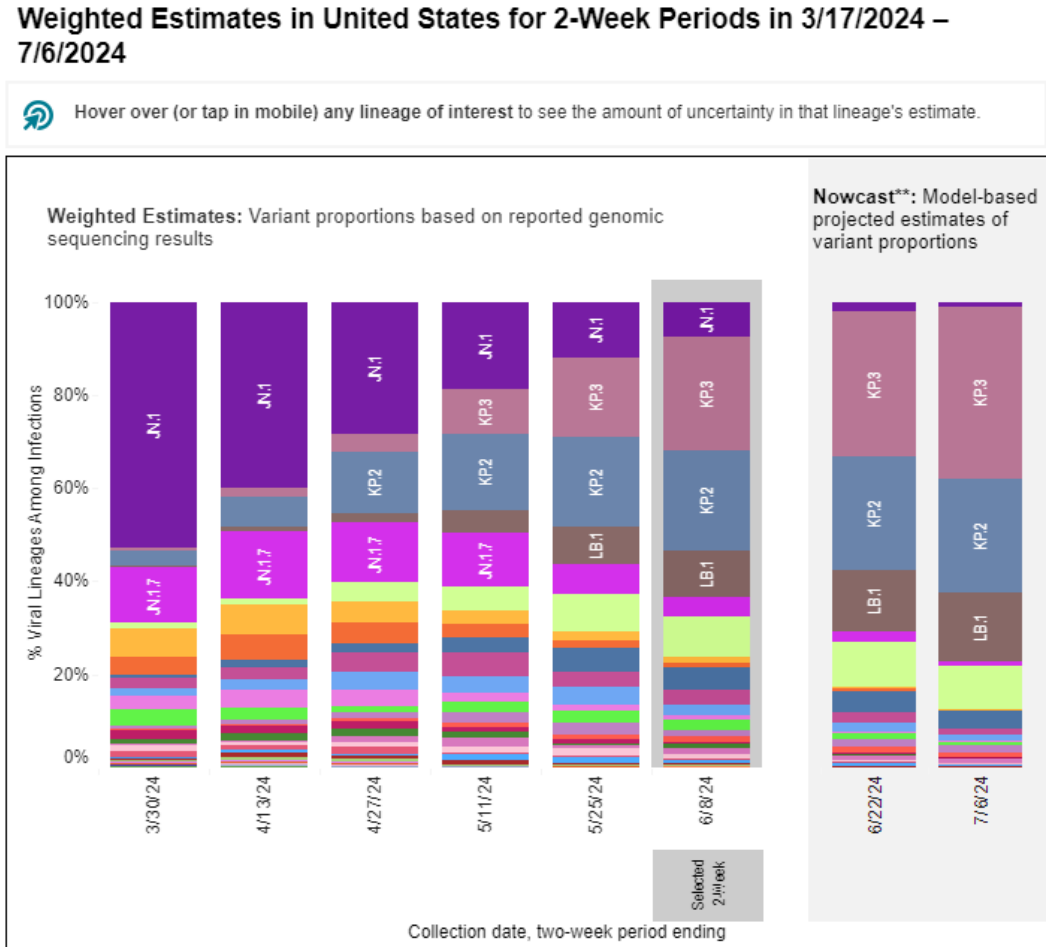
Prospective 2024 COVID-19 Vaccine Timeline



*CDC publishes MMWR policy note following ACIP and FDA action (potentially late August to late September).
**CDC updates COVID-19 Vaccine Interim Clinical Considerations immediately following FDA action.

ACIP 6/27/24 Presentation

Variants and COVID-19 Vaccines



- KP.3 has been the dominant circulating variant and is an Omicron sub-lineage variant of JN.1, closely related to KP.2.
- 2024-2025 COVID-19 vaccine formulations contain JN.1 or KP.2 variants and are expected to provide protection against KP.3.

CDC Variant Tracker; Vaccines and Related Biological Products Advisory Committee Meeting Presentation- Update on Current Epidemiology of COVID-19 and SARS-CoV-2 genomics (fda.gov)

COVID-19 Vaccine Benefits

- Restore and enhance protection against the virus variants currently responsible for most infections and hospitalizations in the US
- Reduced risk of Long COVID
- Reduced risk of COVID-19 associated hospitalization and death

CDC Science and Public Health Approach to Long COVID
ACIP 6/27/24 Pres

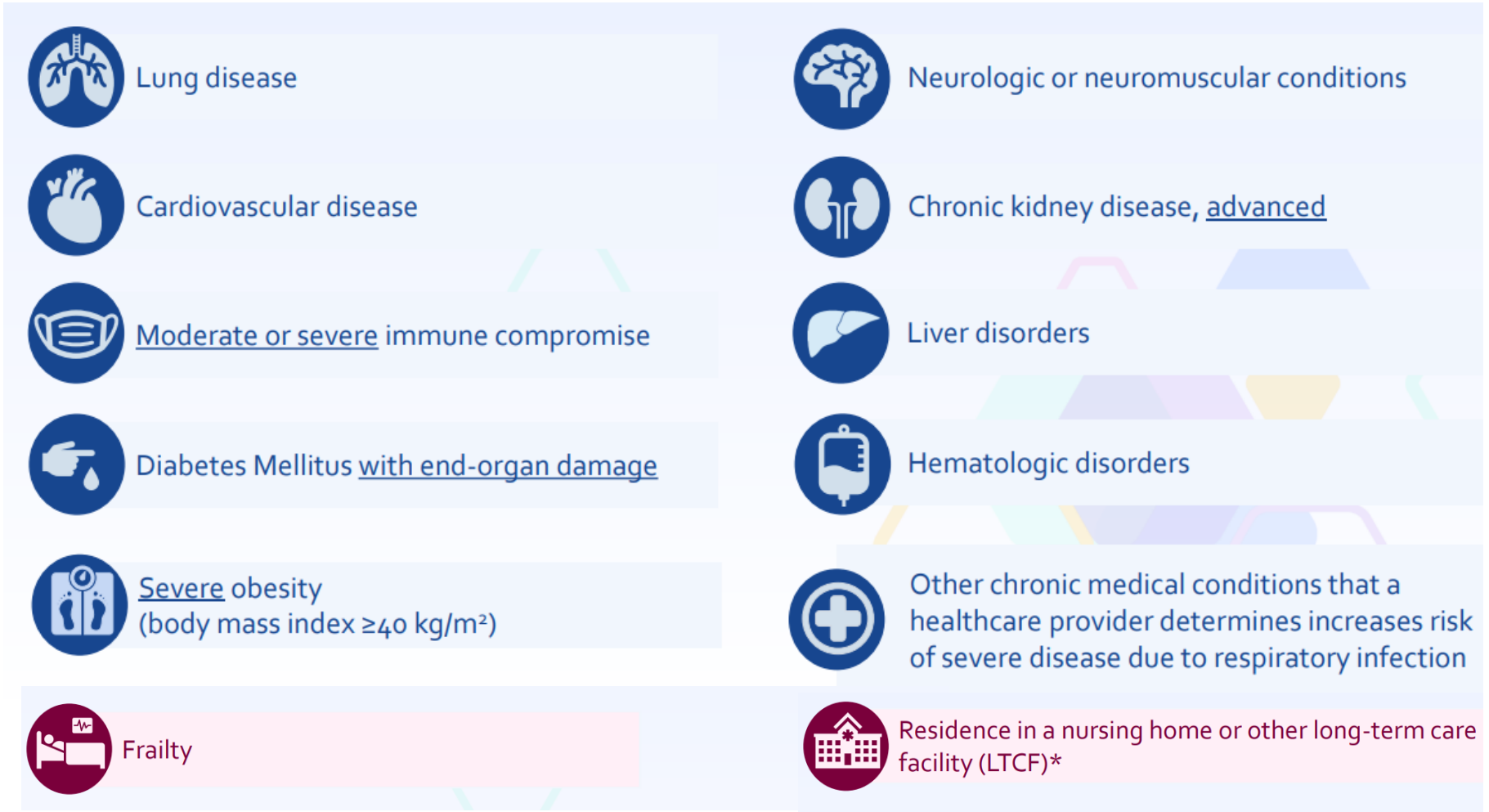
Updated Older Adult RSV Vaccine Recommendations

- ACIP recommends the following older adults **should** receive a single dose of RSV vaccine:
  - Ages 75 years of age and older
  - Ages 60–74 years at increased risk of severe RSV disease
- These recommendations supplant the prior recommendation that adults ≥ 60 years of age **may** receive RSV vaccination, using shared clinical decision-making.
- Insufficient information to currently recommend RSV vaccine for adults 50 – 59 years, but review is ongoing.

RSV Vaccination for Adults 60 Years of Age and Over (CDC)
Evidence to Recommendation Framework: RSV Vaccination (ACIP 6/26/24)

Chronic Medical Conditions Associated with Increased Risk of Severe RSV Disease

- Guidance provides flexibility for clinicians to assess patient risk
- Greatest risk of severe RSV disease in people ages ≥ 75 years and people with ≥ 2 chronic conditions



ACIP 6/26/24: Adult RSV Clinical Considerations

Older Adult RSV Vaccine Timing and Safety

- RSV vaccine is recommended as a **single dose**. Studies are ongoing to assess whether booster(s) are needed.
- May be given year-round; consider giving in late summer or early fall to maximize the benefits of RSV vaccination.
- Risk of Guillain-Barré syndrome (GBS) is rare and continuing to be studied.

ACIP 6/26/24 Presentation

RSV Vaccines – No preferential recommendation

Brand Name	Abrysvo	Arexvy	mRESVIA
Manufacturer	Pfizer	GSK	Moderna
Composition	RSVpreF (protein)	RSVpreF (protein) + adjuvant	mRNA
Recommended groups	-Older Adults - Pregnant at 32-36 weeks GA, from September 1 to January 31	Older Adults*	Older Adults
Year approved	2023	2023	2024

*Arexvy is FDA approved, but not CDC recommended, for adults 50-59 at increased risk of severe RSV

RSV Vaccine Factsheet (CDPH)

RSV Immunization – Maternal/Pediatric

- Recommendation reminders:
  - Maternal RSV vaccine (Abrysvo is the ONLY product approved during pregnancy) for pregnant people at 32–36 weeks' gestation, using seasonal administration (September 1 – January 31), or
  - Monoclonal antibody nirsevimab for infants <8 months of age and infants 8-19 months of age at increased risk for severe RSV disease, from October 1 – March 31.
- Duration of protection is unknown; studies are ongoing.
- For people who previously received maternal RSV vaccine, during future pregnancies:
  - They are not recommended to receive additional doses,
  - Their infants should still receive nirsevimab.

RSV Immunizations (CDC)

Preventing RSV Immunization Administration Errors

- CDC has received reports of errors, including:
  - Arexvy (GSK) given to pregnant people instead of Abrysvo (Pfizer)
  - Adult vaccines administered to children
- Ensure use of the correct RSV prevention product in the correct population.
- Take actions to prevent vaccine administration errors, including automating error prevention alerts in electronic health record systems, ensuring proper education and training on vaccine recommendations
- Healthcare providers are strongly encouraged to report vaccine administration errors to VAERS.

YOU CALL THE SHOTS

Vaccine Administration: Preventing Vaccine Administration Errors

A vaccine administration error is any preventable event that may cause or lead to inappropriate medication use or patient harm.[1] Vaccine administration errors can have many consequences, including inadequate immunological protection, possible injury to the patient, cost, inconvenience, and reduced confidence in the health care delivery system. Take preventive actions to avoid vaccine administration errors and establish an environment that values reporting and investigating errors as part of risk management and quality improvement.

Vaccine administration errors may be due to causes such as:

- Insufficient staff training
- Distraction
- Changes in recommendations
- Lack of standardized protocols
- Patient misidentification
- Using nonstandard or error-prone abbreviations
- Easily misidentified products (e.g. DTaP, DT, Tdap, Td)

If an error occurs, determine how it occurred and take the appropriate actions to put strategies in place to prevent it from happening in the future. The following table outlines common vaccine administration errors and possible preventive actions you can take to avoid errors.

Error(s)	Possible Preventive Actions
Wrong vaccine, route, site, or dosage (amount); or improperly prepared.	Circle important information on the packaging to emphasize the difference between the vaccines.
	Include the brand name with the vaccine abbreviation whenever possible (e.g., PCV13 [Prevnar13]) in orders, medical screens, etc.
	Separate vaccines into bins or other containers according to type and formulation. Use color-coded identification labels on vaccine storage containers.
	Store look-alike vaccines in different areas of the storage unit (e.g., pediatric and adult formulations of the same vaccine on different shelves in the unit).
	Do not list vaccines with look-alike names sequentially on computer screens, order forms, or medical records, if possible.
	Consider using "name alert" or "look-alike" stickers on packaging and areas where these vaccines are stored.
	Consider purchasing products with look-alike packaging from different manufacturers, if possible.
	Establish "Do NOT Disturb" or no-interruption areas or times when vaccines are being prepared or administered.
	Prepare vaccine for one patient at a time. Once prepared, label the syringe with vaccine name.
	Do not administer vaccines prepared by someone else.
	Triple-check work before administering a vaccine and ask another staff member to check.
	Keep reference materials on recommended sites, routes, and needle lengths for each vaccine used in your facility in the medication preparation area.
	Clearly identify diluents if the manufacturer's label could mislead staff into believing the diluent is the vaccine itself.
	Integrate vaccine administration training into orientation and other appropriate education requirements.
	Provide education when new products are added to inventory or recommendations are updated.
	Use standing orders, if appropriate.

1. National Coordinating Council for Medication Error Reporting and Prevention, https://www.nccmerp.org/about-medication-errors

01/05/2021 CS 322053-A

Vaccine Administration: Preventing Vaccine Administration Errors

New Pneumococcal Vaccine Available

- ACIP recommends PCV21 (Capvaxive) as an option for adults ≥ 19 years who currently have a recommendation to receive a dose of PCV
- No current preference for PCV21 over other adult pneumococcal vaccine options (PCV20 or PCV15+PPSV23)
- Pneumococcal vaccine guidance reminder:
  - Pneumococcal vaccination recommended for people ages 65+ or 19-64 years with certain chronic conditions
  - Pneumococcal timing guides will be updated in coming months (CDC | CDPH)

Capvaxive (FDA)

PCV21 Serotypes Differ from Other Vaccines

	1	3	4	5	6A	6B	7F	9V	14	18C	19A	19F	23F	22F	33F	8	10A	11A	12F	15B	2	9N	17F	20	15A	15C	16F	23A	23B	24F	31	35B
PCV15																																
PCV20																																
PPSV23																																
PCV21																																

- Covers serotypes that cause 77 – 85% of invasive pneumococcal disease (IPD) in adults
- Does *not* contain serotype 4 (included in PCV20 and PCV15), which is causing increased IPD in some American Indian and Alaska Native (AIAN) communities and people experiencing homelessness

ACIP Slides 6/27/24: Pneumococcal Vaccines

Other ACIP Topics

- Meningococcal vaccine
  - Updated guidance expected February 2025
  - GSK MenABCWY vaccine under review by FDA
- HPV vaccine recommendations under review by ACIP workgroup
- Chikungunya vaccine recommendations under development
- Dengue vaccine (Dengvaxia) discontinued by manufacturer

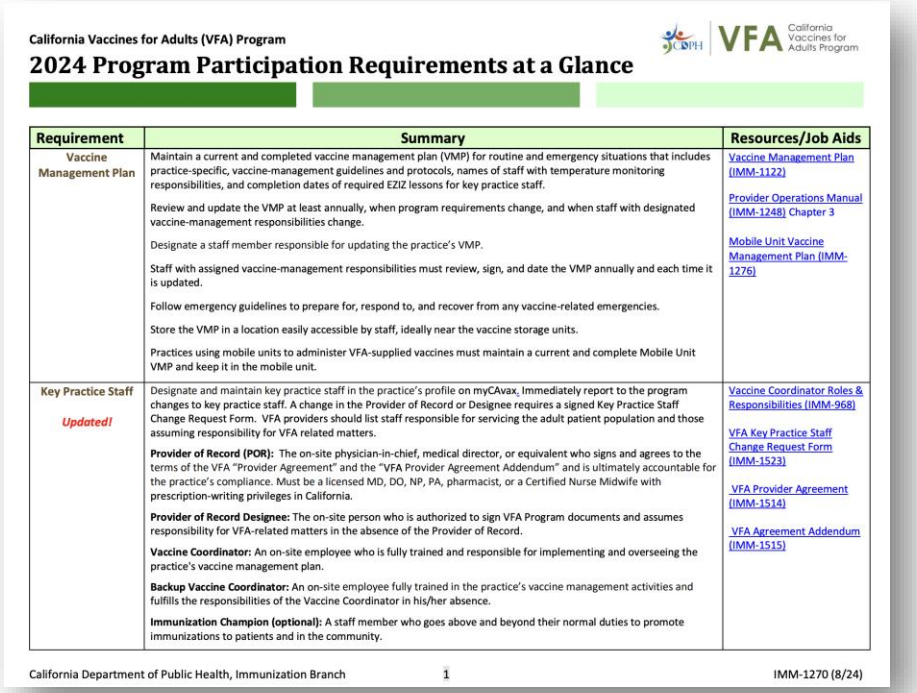
ACIP June 26-28, 2024 Presentation Slides | Immunization Practices | CDC

Resources

Terisha Gamboa, CDPH

Updates to VFA Program Materials

VFA Resources Page



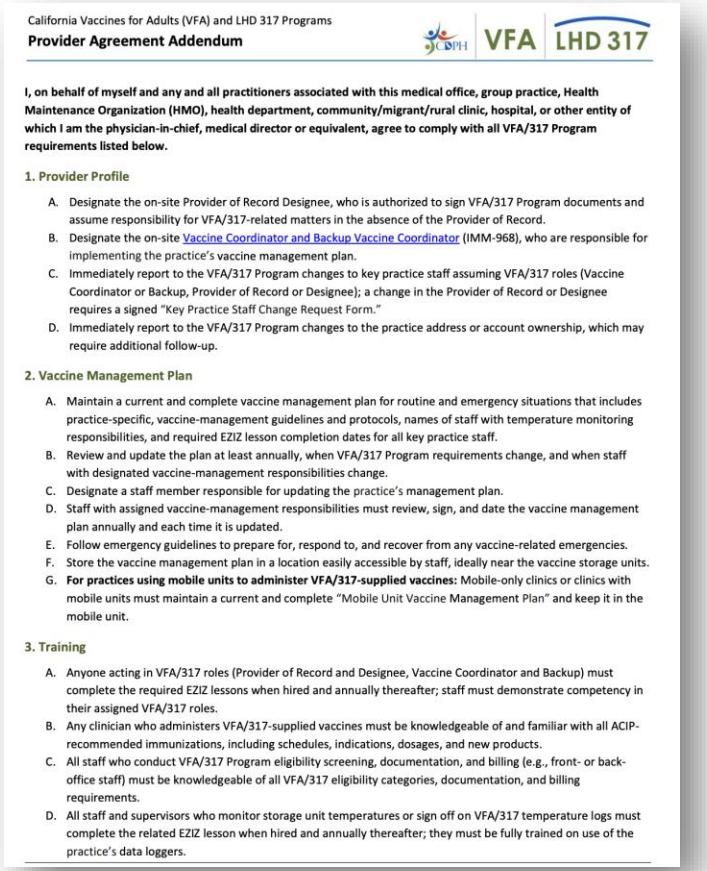
California Vaccines for Adults (VFA) Program

2024 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	Maintain a current and completed vaccine management plan (VMP) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff. Review and update the VMP at least annually, when program requirements change, and when staff with designated vaccine-management responsibilities change. Designate a staff member responsible for updating the practice's VMP. Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated. Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies. Store the VMP in a location easily accessible by staff, ideally near the vaccine storage units. Practices using mobile units to administer VFA-supplied vaccines must maintain a current and complete Mobile Unit VMP and keep it in the mobile unit.	Vaccine Management Plan (IMM-1122) Provider Operations Manual (IMM-1248) Chapter 3 Mobile Unit Vaccine Management Plan (IMM-1276)
Key Practice Staff *Updated!*	Designate and maintain key practice staff in the practice's profile on myCAvax. Immediately report to the program changes to key practice staff. A change in the Provider of Record or Designee requires a signed Key Practice Staff Change Request Form. VFA providers should list staff responsible for servicing the adult patient population and those assuming responsibility for VFA related matters. **Provider of Record (POR):** The on-site physician-in-chief, medical director, or equivalent who signs and agrees to the terms of the VFA "Provider Agreement" and the "VFA Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California. **Provider of Record Designee:** The on-site person who is authorized to sign VFA Program documents and assumes responsibility for VFA-related matters in the absence of the Provider of Record. **Vaccine Coordinator:** An on-site employee who is fully trained and responsible for implementing and overseeing the practice's vaccine management plan. **Backup Vaccine Coordinator:** An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence. **Immunization Champion (optional):** A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.	Vaccine Coordinator Roles & Responsibilities (IMM-968) VFA Key Practice Staff Change Request Form (IMM-1523) VFA Provider Agreement (IMM-1514) VFA Agreement Addendum (IMM-1515)

California Department of Public Health, Immunization Branch 1 IMM-1270 (8/24)

[At-a-Glance (IMM-1270)]



California Vaccines for Adults (VFA) and LHD 317 Programs

Provider Agreement Addendum

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

1. Provider Profile

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

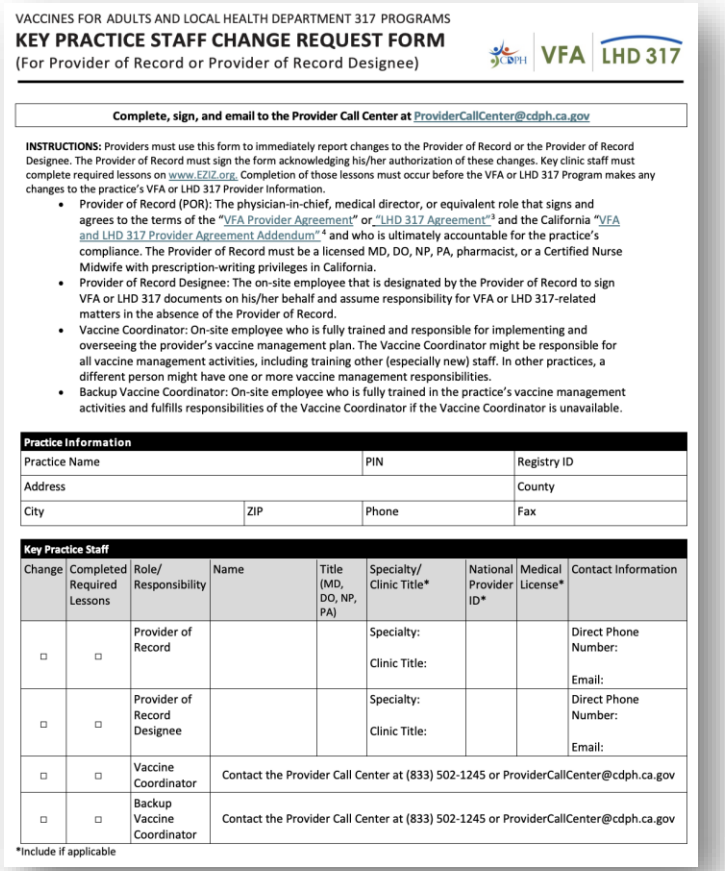
2. Vaccine Management Plan

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

3. Training

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

[Provider Agreement Addendum (IMM-1515)]



VACCINES FOR ADULTS AND LOCAL HEALTH DEPARTMENT 317 PROGRAMS

KEY PRACTICE STAFF CHANGE REQUEST FORM

(For Provider of Record or Provider of Record Designee)

Complete, sign, and email to the Provider Call Center at ProviderCallCenter@cdph.ca.gov

INSTRUCTIONS: Providers must use this form to immediately report changes to the Provider of Record or the Provider of Record Designee. The Provider of Record must sign the form acknowledging his/her authorization of these changes. Key clinic staff must complete required lessons on www.EZIZ.org. Completion of those lessons must occur before the VFA or LHD 317 Program makes any changes to the practice's VFA or LHD 317 Provider Information.

- Provider of Record (POR): The physician-in-chief, medical director, or equivalent role that signs and agrees to the terms of the "VFA Provider Agreement" or "LHD 317 Agreement"[3] and the California "VFA and LHD 317 Provider Agreement Addendum"[4] and who is ultimately accountable for the practice's compliance. The Provider of Record must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.
- Provider of Record Designee: The on-site employee that is designated by the Provider of Record to sign VFA or LHD 317 documents on his/her behalf and assume responsibility for VFA or LHD 317-related matters in the absence of the Provider of Record.
- Vaccine Coordinator: On-site employee who is fully trained and responsible for implementing and overseeing the provider's vaccine management plan. The Vaccine Coordinator might be responsible for all vaccine management activities, including training other (especially new) staff. In other practices, a different person might have one or more vaccine management responsibilities.
- Backup Vaccine Coordinator: On-site employee who is fully trained in the practice's vaccine management activities and fulfills responsibilities of the Vaccine Coordinator if the Vaccine Coordinator is unavailable.

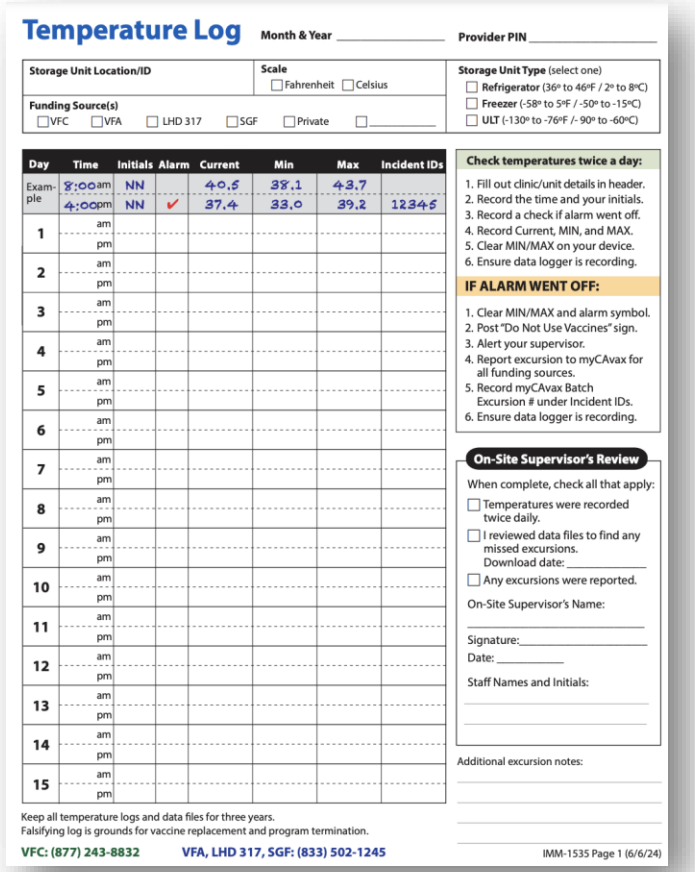
Practice Information			
Practice Name		PIN	Registry ID
Address			County
City	ZIP	Phone	Fax

Key Practice Staff								
Change	Completed Required Lessons	Role/ Responsibility	Name	Title (MD, DO, NP, PA)	Specialty/ Clinic Title*	National Provider ID*	Medical License*	Contact Information
☐	☐	Provider of Record			Specialty: Clinic Title:			Direct Phone Number: Email:
☐	☐	Provider of Record Designee			Specialty: Clinic Title:			Direct Phone Number: Email:
☐	☐	Vaccine Coordinator	Contact the Provider Call Center at (833) 502-1245 or ProviderCallCenter@cdph.ca.gov					
☐	☐	Backup Vaccine Coordinator	Contact the Provider Call Center at (833) 502-1245 or ProviderCallCenter@cdph.ca.gov					

*Include if applicable

[Key Practice Staff Form (IMM-1523)]

Updated Program Materials – Now Universal!



Temperature Log

Month & Year _____ Provider PIN _____

Storage Unit Location/ID	Scale	Storage Unit Type (select one)
Funding Source(s): ☐VFC ☐VFA ☐LHD 317 ☐SGF ☐Private ☐_____	☐Fahrenheit ☐Celsius	☐Refrigerator (36º to 46ºF / 2º to 8ºC) ☐Freezer (-58º to 5ºF / -50º to -15ºC) ☐ULT (-130º to -76ºF / -90º to -60ºC)

Day	Time	Initials	Alarm	Current	Min	Max	Incident IDs
Example	8:00am	NN		40.6	38.1	43.7	
	4:00pm	NN	✓	37.4	33.0	39.2	12345
1	am / pm						
2	am / pm						
3	am / pm						
4	am / pm						
5	am / pm						
6	am / pm						
7	am / pm						
8	am / pm						
9	am / pm						
10	am / pm						
11	am / pm						
12	am / pm						
13	am / pm						
14	am / pm						
15	am / pm						

Check temperatures twice a day:

1. Fill out clinic/unit details in header.
2. Record the time and your initials.
3. Record a check if alarm went off.
4. Record Current, MIN, and MAX.
5. Clear MIN/MAX on your device.
6. Ensure data logger is recording.

IF ALARM WENT OFF:

1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion to myCAvax for all funding sources.
5. Record myCAvax Batch Excursion # under Incident IDs.
6. Ensure data logger is recording.

On-Site Supervisor's Review

When complete, check all that apply:

☐ Temperatures were recorded twice daily.
☐ I reviewed data files to find any missed excursions. Download date: _____
☐ Any excursions were reported.

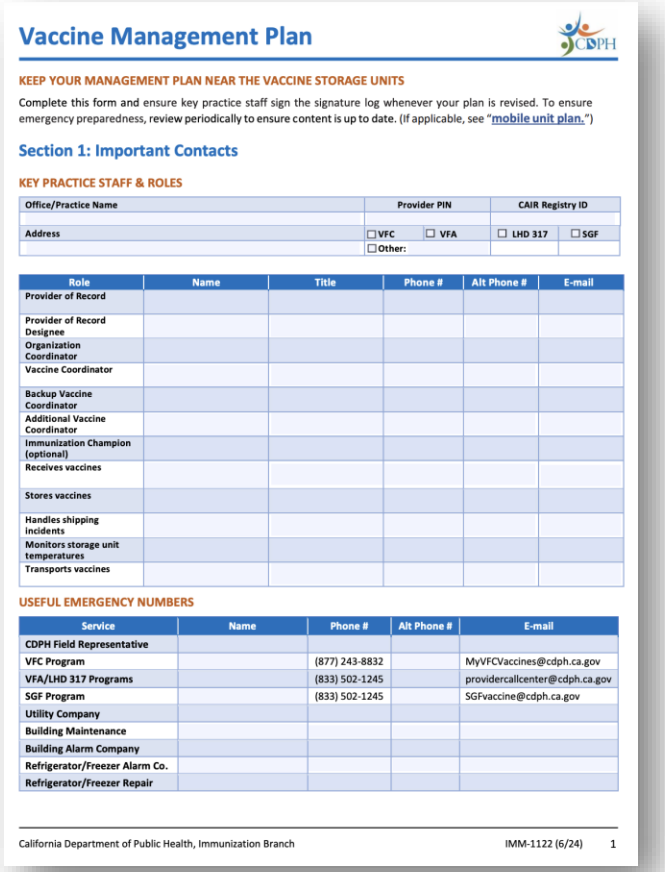
On-Site Supervisor's Name: _____
Signature: _____
Date: _____
Staff Names and Initials: _____

Additional excursion notes: _____

Keep all temperature logs and data files for three years.
Falsifying log is grounds for vaccine replacement and program termination.

VFC: (877) 243-8832 VFA, LHD 317, SGF: (833) 502-1245 IMM-1535 Page 1 (6/6/24)

[Temperature Log (IMM-1535)]



Vaccine Management Plan

KEEP YOUR MANAGEMENT PLAN NEAR THE VACCINE STORAGE UNITS

Complete this form and ensure key practice staff sign the signature log whenever your plan is revised. To ensure emergency preparedness, review periodically to ensure content is up to date. (If applicable, see "mobile unit plan.")

Section 1: Important Contacts

KEY PRACTICE STAFF & ROLES

Office/Practice Name	Provider PIN	CAIR Registry ID
Address	☐VFC ☐VFA ☐LHD 317 ☐SGF ☐Other:	

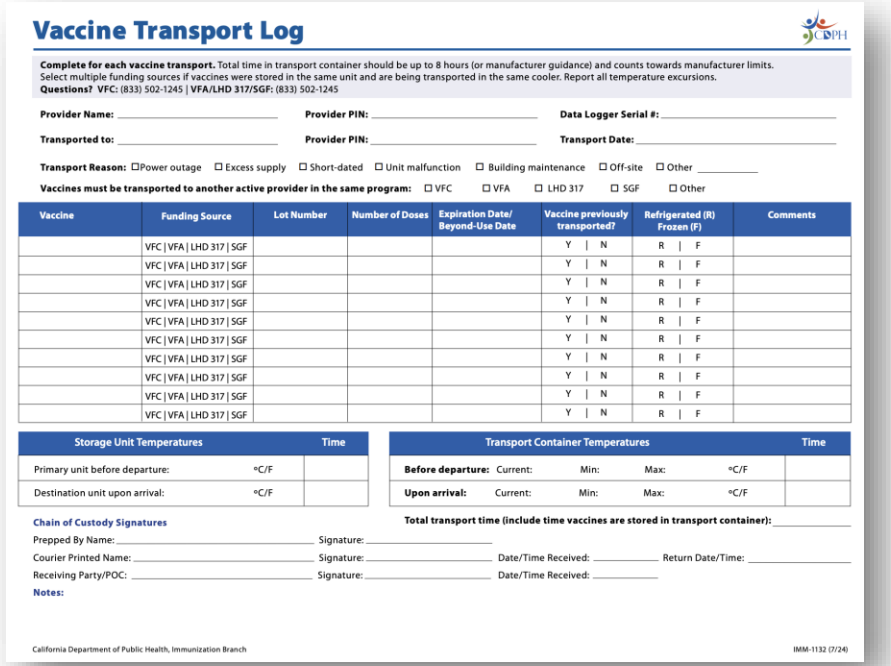
Role	Name	Title	Phone #	Alt Phone #	E-mail
Provider of Record					
Provider of Record Designee					
Organization Coordinator					
Vaccine Coordinator					
Backup Vaccine Coordinator					
Additional Vaccine Coordinator					
Immunization Champion (optional)					
Receives vaccines					
Stores vaccines					
Handles shipping incidents					
Monitors storage unit temperatures					
Transports vaccines					

USEFUL EMERGENCY NUMBERS

Service	Name	Phone #	Alt Phone #	E-mail
CDPH Field Representative				
VFC Program		(877) 243-8832		MyVFCVaccines@cdph.ca.gov
VFA/LHD 317 Programs		(833) 502-1245		providercallcenter@cdph.ca.gov
SGF Program		(833) 502-1245		SGFvaccine@cdph.ca.gov
Utility Company				
Building Maintenance				
Building Alarm Company				
Refrigerator/Freezer Alarm Co.				
Refrigerator/Freezer Repair				

California Department of Public Health, Immunization Branch IMM-1122 (6/24) 1

[Vaccine Management Plan (IMM-1122)]



Vaccine Transport Log

Complete for each vaccine transport. Total time in transport container should be up to 8 hours (or manufacturer guidance) and counts towards manufacturer limits. Select multiple funding sources if vaccines were stored in the same unit and are being transported in the same cooler. Report all temperature excursions.
Questions? VFC: (833) 502-1245 | VFA/LHD 317/SGF: (833) 502-1245

Provider Name: _____ Provider PIN: _____ Data Logger Serial #: _____

Transported to: _____ Provider PIN: _____ Transport Date: _____

Transport Reason: ☐Power outage ☐Excess supply ☐Short-dated ☐Unit malfunction ☐Building maintenance ☐Off-site ☐Other _____

Vaccines must be transported to another active provider in the same program: ☐VFC ☐VFA ☐LHD 317 ☐SGF ☐Other

Vaccine	Funding Source	Lot Number	Number of Doses	Expiration Date/ Beyond-Use Date	Vaccine previously transported?	Refrigerated (R) Frozen (F)	Comments
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	
	VFC | VFA | LHD 317 | SGF				Y | N	R | F	

Storage Unit Temperatures		Time
Primary unit before departure:	°C/F	
Destination unit upon arrival:	°C/F	

Transport Container Temperatures					Time
Before departure:	Current:	Min:	Max:	°C/F	
Upon arrival:	Current:	Min:	Max:	°C/F	

Chain of Custody Signatures

Total transport time (include time vaccines are stored in transport container): _____

Prepped By Name: _____ Signature: _____
Courier Printed Name: _____ Signature: _____ Date/Time Received: _____ Return Date/Time: _____
Receiving Party/POC: _____ Signature: _____ Date/Time Received: _____

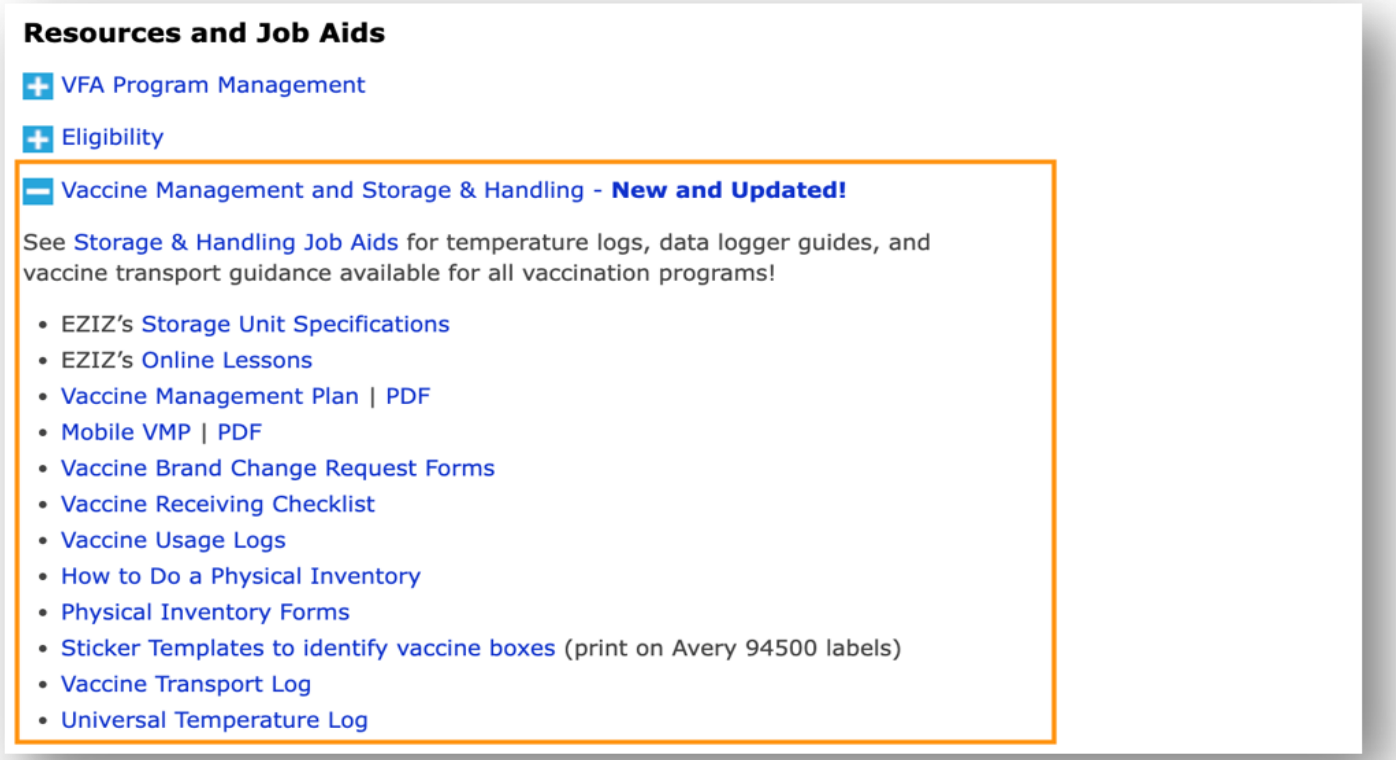
Notes:

California Department of Public Health, Immunization Branch IMM-1132 (7/24)

[Transport Logs (IMM-1132)]

Updates to Other Program Materials

Vaccine Management and Storage and Handling



Resources and Job Aids

VFA Program Management

Eligibility

Vaccine Management and Storage & Handling - **New and Updated!**

See Storage & Handling Job Aids for temperature logs, data logger guides, and vaccine transport guidance available for all vaccination programs!

- EZIZ's Storage Unit Specifications
- EZIZ's Online Lessons
- Vaccine Management Plan | PDF
- Mobile VMP | PDF
- Vaccine Brand Change Request Forms
- Vaccine Receiving Checklist
- Vaccine Usage Logs
- How to Do a Physical Inventory
- Physical Inventory Forms
- Sticker Templates to identify vaccine boxes (print on Avery 94500 labels)
- Vaccine Transport Log
- Universal Temperature Log

Note: Other materials will be updated in the coming months as Bridge Access Program (BAP) is sunsetting. These materials will reflect the removal of BAP. Please stay tuned!

Vaccine Support

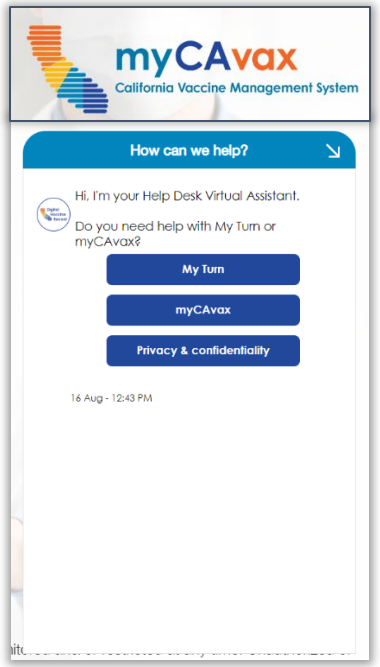
Provider Call Center

Dedicated to medical providers and Local Health Departments in California, specifically addressing questions about State program requirements, enrollment, and vaccine distribution.

- For myCAvax Help Desk inquiries: **myCAvax.hd@cdph.ca.gov**
- For My Turn Clinic Help Desk inquiries: **MyTurn.Clinic.HD@cdph.ca.gov**
- For all other inquiries: **providercallcenter@cdph.ca.gov**
- Phone: (833) 502-1245, Monday through Friday from 8AM–5PM

myCAvax

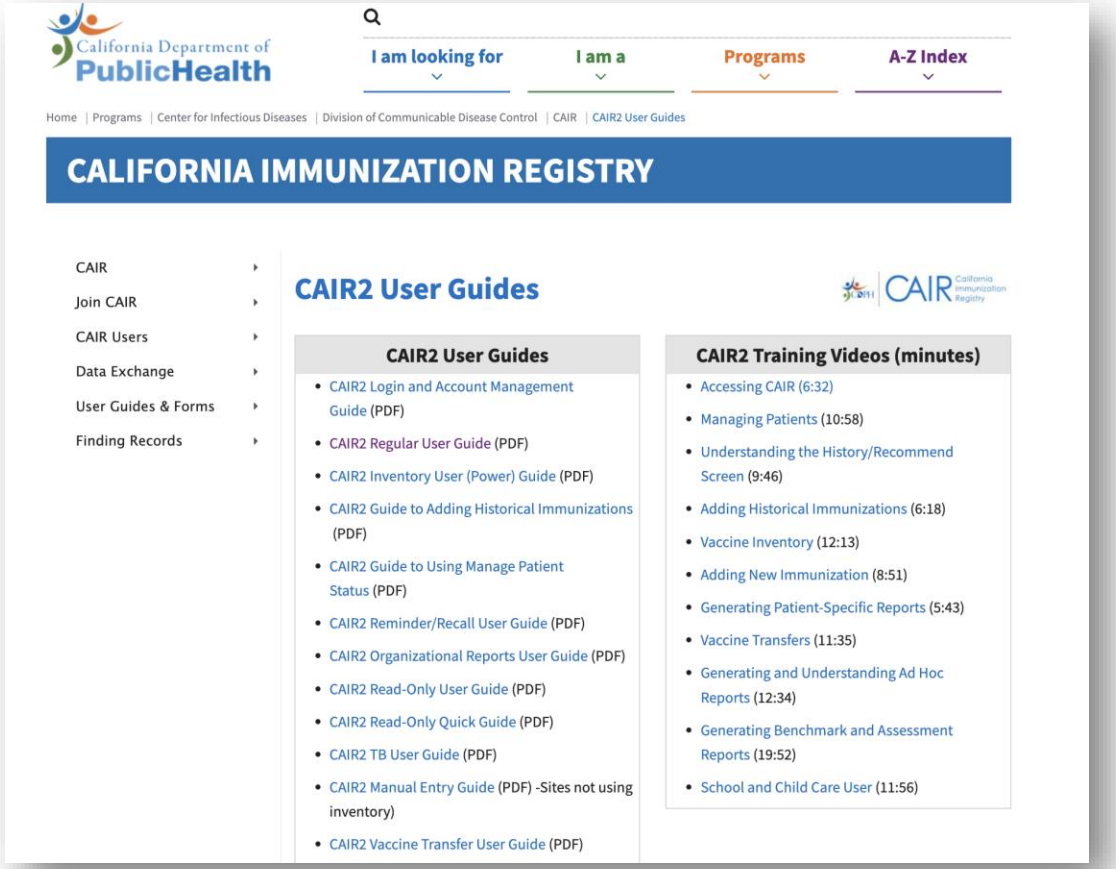
- Virtual Assistant resolves many questions but will direct you to the Provider Call Center queue for live assistance!
- Knowledge Center houses key job aids and videos that are updated every release. Once logged in, you can access job aids from the myCAvax homepage (or at various places throughout the system) using the links as shown below.



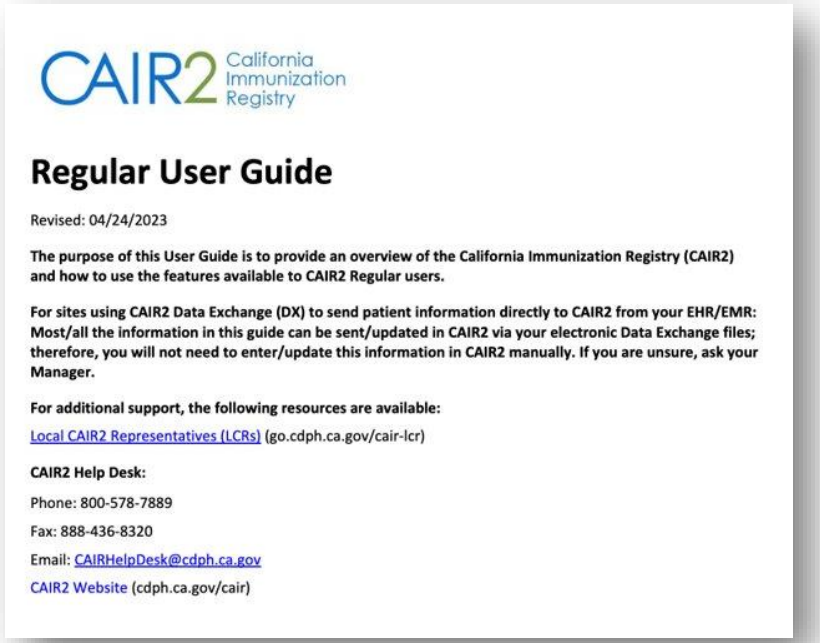
Need help? View our job aids in the Knowledge Center, or contact us.

CAIR2 Resources

CAIR2 User Guides and Training Videos:

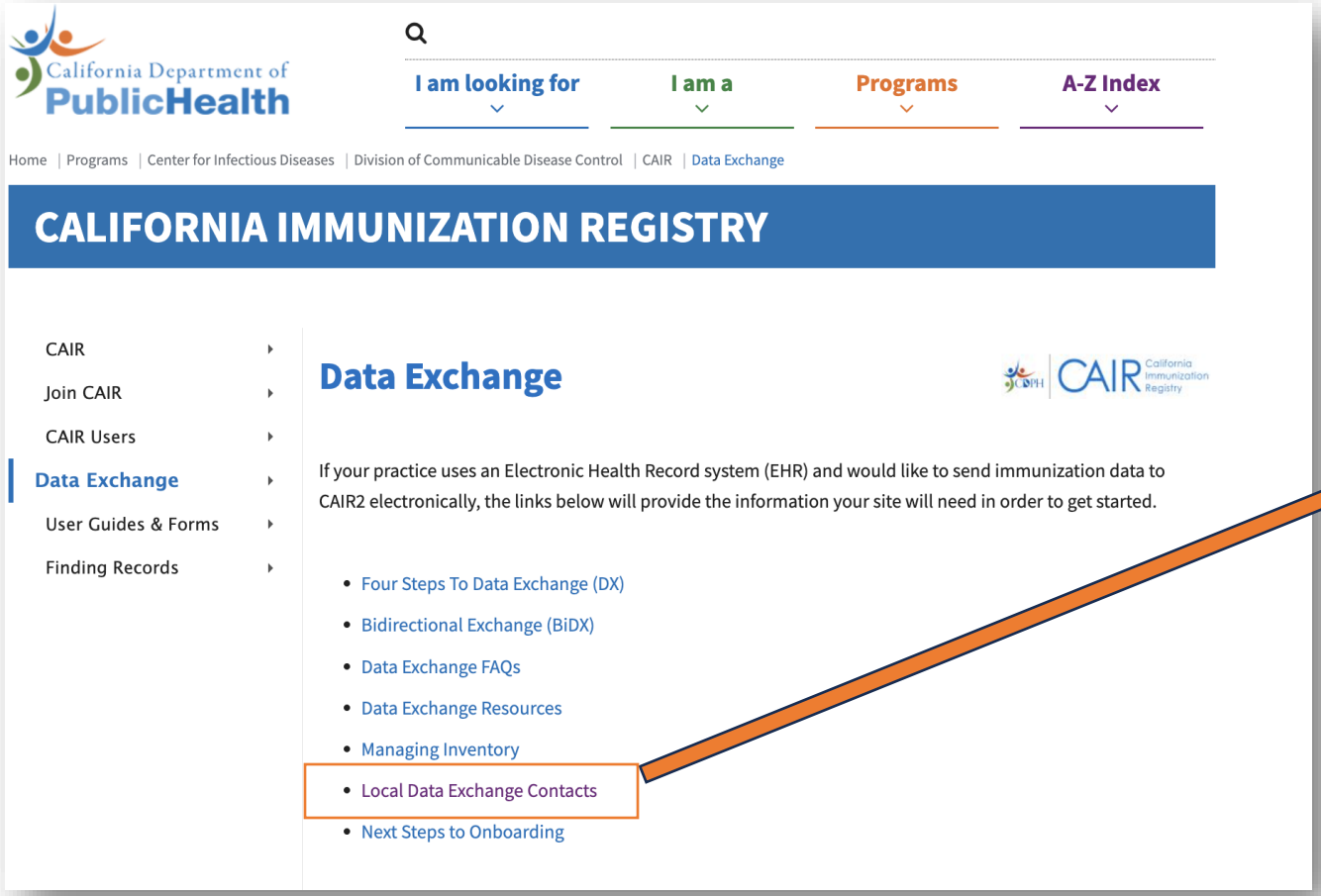


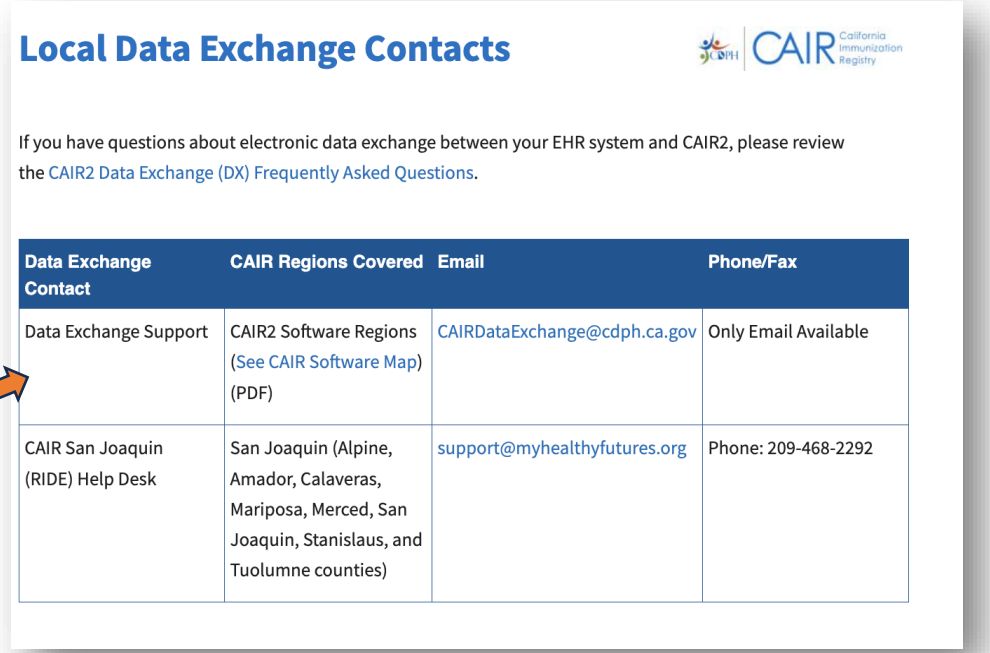
Regular User ID Guide



CAIR2 Resources

Data Exchange Webpage





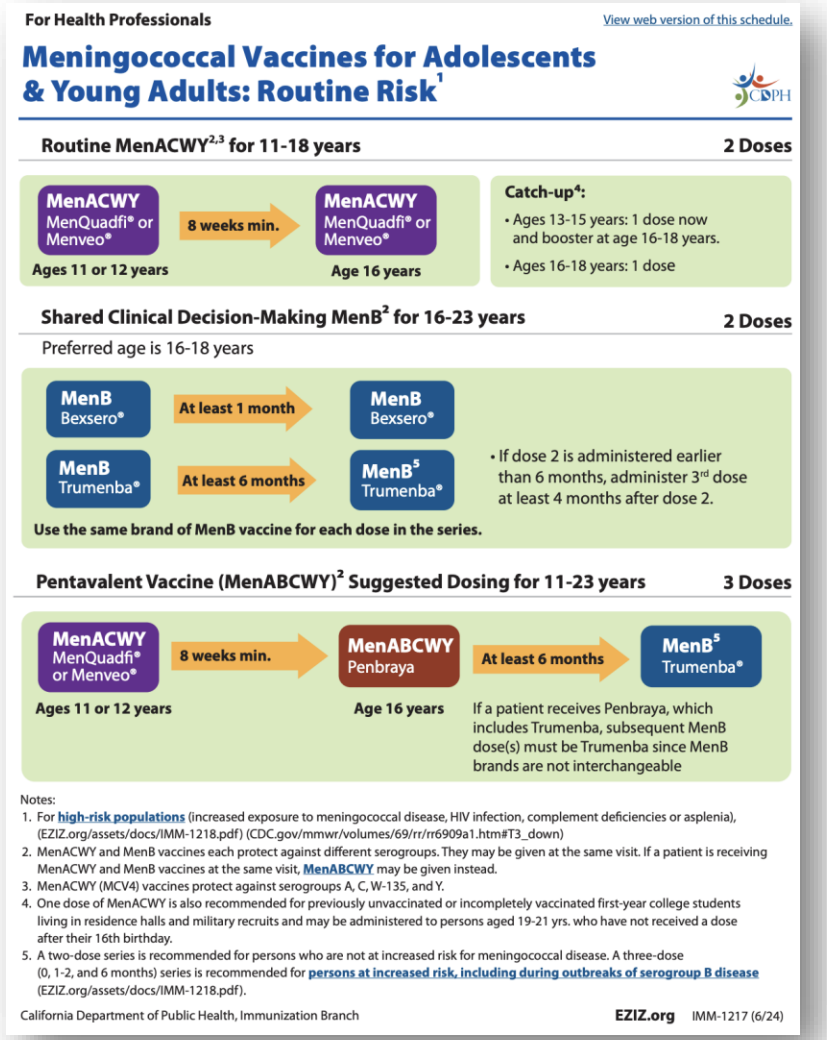
Local Data Exchange Contacts

If you have questions about electronic data exchange between your EHR system and CAIR2, please review the CAIR2 Data Exchange (DX) Frequently Asked Questions.

Data Exchange Contact	CAIR Regions Covered	Email	Phone/Fax
Data Exchange Support	CAIR2 Software Regions (See CAIR Software Map) (PDF)	CAIRDataExchange@cdph.ca.gov	Only Email Available
CAIR San Joaquin (RIDE) Help Desk	San Joaquin (Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties)	support@myhealthyfutures.org	Phone: 209-468-2292

Updated Provider Job Aids

- Meningococcal Job Aids
  - Recommended Schedules - Routine Risk Schedule – updated!
  - Vaccine Fact Sheets
    - MenACWY
    - MenB
    - MenABCWY (Penbraya™) - new!



For Health Professionals

View web version of this schedule.

Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk[1]

Routine MenACWY[2,3] **for 11-18 years** — **2 Doses**

MenACWY MenQuadfi® or Menveo® — Ages 11 or 12 years → 8 weeks min. → MenACWY MenQuadfi® or Menveo® — Age 16 years

Catch-up[4]**:**
- Ages 13-15 years: 1 dose now and booster at age 16-18 years.
- Ages 16-18 years: 1 dose

Shared Clinical Decision-Making MenB[2] **for 16-23 years** — **2 Doses**

Preferred age is 16-18 years

MenB Bexsero® → At least 1 month → MenB Bexsero®

MenB Trumenba® → At least 6 months → MenB[5] Trumenba®

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

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® — Ages 11 or 12 years → 8 weeks min. → MenABCWY Penbraya — Age 16 years → At least 6 months → MenB[5] Trumenba®

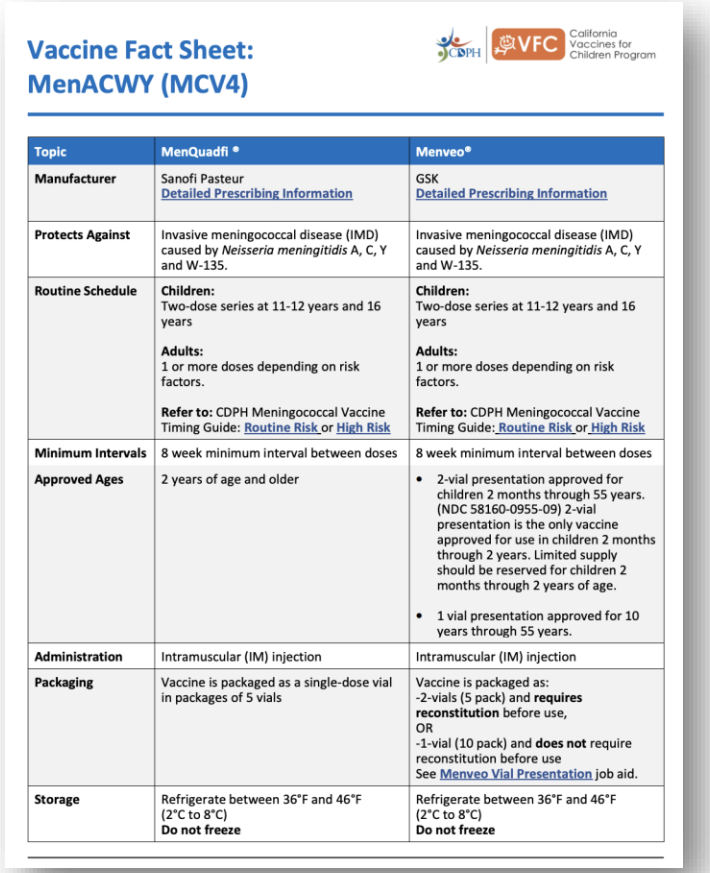
If a patient receives Penbraya, which includes Trumenba, subsequent MenB dose(s) must be Trumenba since MenB brands are not interchangeable

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

California Department of Public Health, Immunization Branch — EZIZ.org — IMM-1217 (6/24)

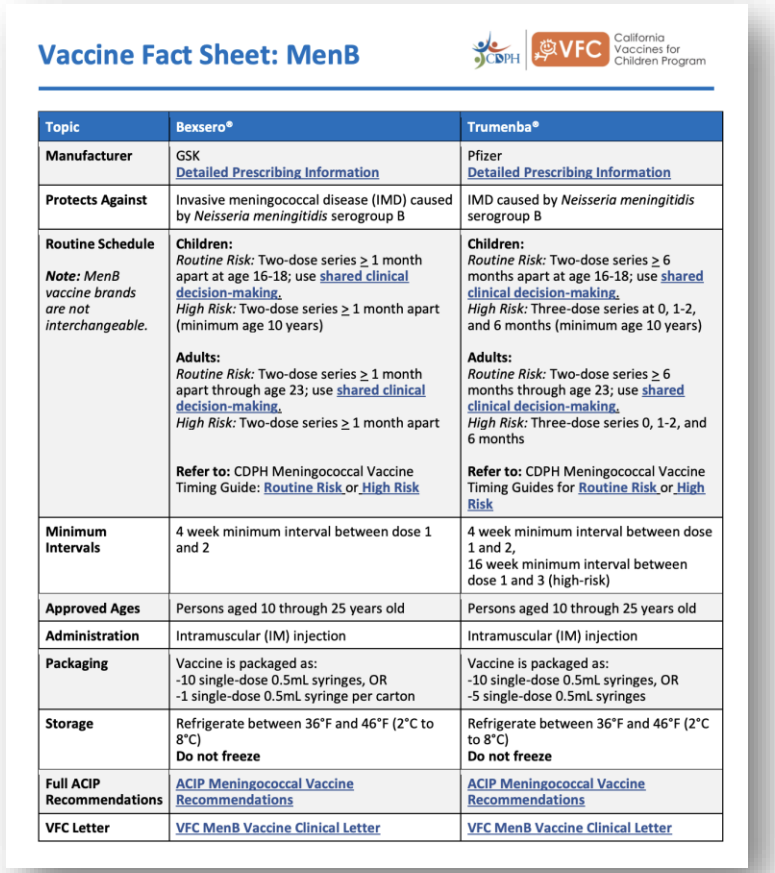
Routine Risk Schedule (IMM-1217)

Updated Vaccine Fact Sheets



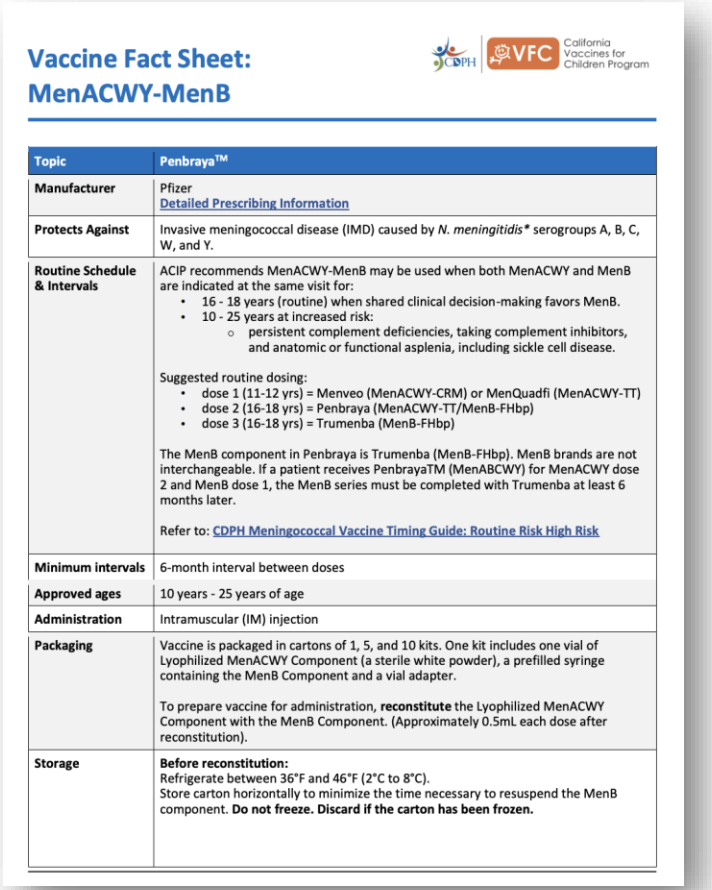
Vaccine Fact Sheet: MenACWY (MCV4)

Topic	MenQuadfi ®	Menveo®
Manufacturer	Sanofi Pasteur Detailed Prescribing Information	GSK Detailed Prescribing Information
Protects Against	Invasive meningococcal disease (IMD) caused by *Neisseria meningitidis* A, C, Y and W-135.	Invasive meningococcal disease (IMD) caused by *Neisseria meningitidis* A, C, Y and W-135.
Routine Schedule	**Children:** Two-dose series at 11-12 years and 16 years **Adults:** 1 or more doses depending on risk factors. **Refer to:** CDPH Meningococcal Vaccine Timing Guide: Routine Risk or High Risk	**Children:** Two-dose series at 11-12 years and 16 years **Adults:** 1 or more doses depending on risk factors. **Refer to:** CDPH Meningococcal Vaccine Timing Guide: Routine Risk or High Risk
Minimum Intervals	8 week minimum interval between doses	8 week minimum interval between doses
Approved Ages	2 years of age and older	• 2-vial presentation approved for children 2 months through 55 years. (NDC 58160-0955-09) 2-vial presentation is the only vaccine approved for use in children 2 months through 2 years. Limited supply should be reserved for children 2 months through 2 years of age. • 1 vial presentation approved for 10 years through 55 years.
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as a single-dose vial in packages of 5 vials	Vaccine is packaged as: -2-vials (5 pack) and **requires reconstitution** before use, OR -1-vial (10 pack) and **does not** require reconstitution before use See Menveo Vial Presentation job aid.
Storage	Refrigerate between 36°F and 46°F (2°C to 8°C) **Do not freeze**	Refrigerate between 36°F and 46°F (2°C to 8°C) **Do not freeze**



Vaccine Fact Sheet: MenB

Topic	Bexsero®	Trumenba®
Manufacturer	GSK Detailed Prescribing Information	Pfizer Detailed Prescribing Information
Protects Against	Invasive meningococcal disease (IMD) caused by *Neisseria meningitidis* serogroup B	IMD caused by *Neisseria meningitidis* serogroup B
Routine Schedule ***Note:*** *MenB vaccine brands are not interchangeable.*	**Children:** *Routine Risk:* Two-dose series ≥ 1 month apart at age 16-18; use shared clinical decision-making. *High Risk:* Two-dose series ≥ 1 month apart (minimum age 10 years) **Adults:** *Routine Risk:* Two-dose series ≥ 1 month apart through age 23; use shared clinical decision-making. *High Risk:* Two-dose series ≥ 1 month apart **Refer to:** CDPH Meningococcal Vaccine Timing Guide: Routine Risk or High Risk	**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) **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 **Refer to:** CDPH Meningococcal Vaccine Timing Guides for Routine Risk or High Risk
Minimum Intervals	4 week minimum interval between dose 1 and 2	4 week minimum interval between dose 1 and 2, 16 week minimum interval between dose 1 and 3 (high-risk)
Approved Ages	Persons aged 10 through 25 years old	Persons aged 10 through 25 years old
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as: -10 single-dose 0.5mL syringes, OR -1 single-dose 0.5mL syringe per carton	Vaccine is packaged as: -10 single-dose 0.5mL syringes, OR -5 single-dose 0.5mL syringes
Storage	Refrigerate between 36°F and 46°F (2°C to 8°C) **Do not freeze**	Refrigerate between 36°F and 46°F (2°C to 8°C) **Do not freeze**
Full ACIP Recommendations	ACIP Meningococcal Vaccine Recommendations	ACIP Meningococcal Vaccine Recommendations
VFC Letter	VFC MenB Vaccine Clinical Letter	VFC MenB Vaccine Clinical Letter



Vaccine Fact Sheet: MenACWY-MenB

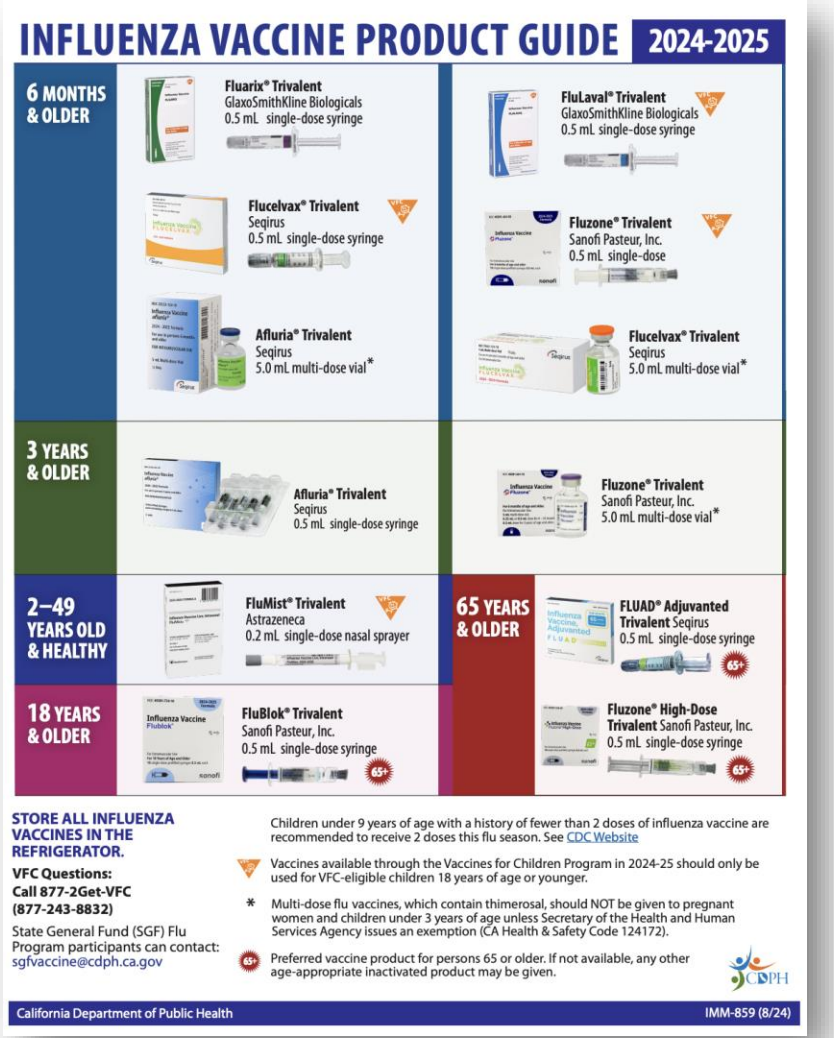
Topic	Penbraya™
Manufacturer	Pfizer Detailed Prescribing Information
Protects Against	Invasive meningococcal disease (IMD) caused by *N. meningitidis** serogroups A, B, C, W, and Y.
Routine Schedule & Intervals	ACIP recommends MenACWY-MenB may be used when both MenACWY and MenB are indicated at the same visit for: • 16 - 18 years (routine) when shared clinical decision-making favors MenB. • 10 - 25 years at increased risk: ○ persistent complement deficiencies, taking complement inhibitors, and anatomic or functional asplenia, including sickle cell disease. Suggested routine dosing: • dose 1 (11-12 yrs) = Menveo (MenACWY-CRM) or MenQuadfi (MenACWY-TT) • dose 2 (16-18 yrs) = Penbraya (MenACWY-TT/MenB-FHbp) • dose 3 (16-18 yrs) = Trumenba (MenB-FHbp) The MenB component in Penbraya is Trumenba (MenB-FHbp). MenB brands are not interchangeable. If a patient receives PenbrayaTM (MenABCWY) for MenACWY dose 2 and MenB dose 1, the MenB series must be completed with Trumenba at least 6 months later. Refer to: CDPH Meningococcal Vaccine Timing Guide: Routine Risk High Risk
Minimum intervals	6-month interval between doses
Approved ages	10 years - 25 years of age
Administration	Intramuscular (IM) injection
Packaging	Vaccine is packaged in cartons of 1, 5, and 10 kits. One kit includes one vial of Lyophilized MenACWY Component (a sterile white powder), a prefilled syringe containing the MenB Component and a vial adapter. To prepare vaccine for administration, **reconstitute** the Lyophilized MenACWY Component with the MenB Component. (Approximately 0.5mL each dose after reconstitution).
Storage	**Before reconstitution:** Refrigerate between 36°F and 46°F (2°C to 8°C). Store carton horizontally to minimize the time necessary to resuspend the MenB component. **Do not freeze. Discard if the carton has been frozen.**

MenACWY (IMM-1064)

MenB (IMM-1219)

MenABCWY (IMM-1533) - new!

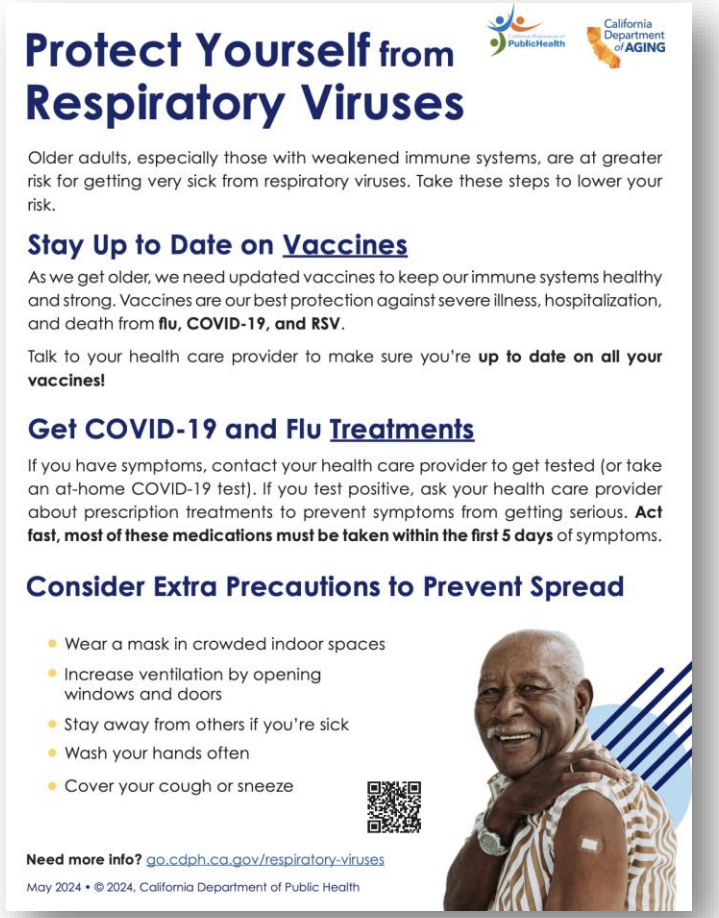
Flu IZ Guide Updated for 2024-25 Season



[Influenza Vaccination ID Guide 2024-2025 (IMM-859)]

Respiratory Diseases Materials

- Flu and Respiratory Diseases EZIZ Page
- Respiratory Diseases IZ Timing Guide - https://eziz.org/assets/docs/IMM-1527.pdf
- Protect Against Respiratory Viruses for Older Adults flyer - new! (pictured here)



Protect Yourself from Respiratory Viruses

Older adults, especially those with weakened immune systems, are at greater risk for getting very sick from respiratory viruses. Take these steps to lower your risk.

Stay Up to Date on Vaccines

As we get older, we need updated vaccines to keep our immune systems healthy and strong. Vaccines are our best protection against severe illness, hospitalization, and death from **flu, COVID-19, and RSV**.

Talk to your health care provider to make sure you're **up to date on all your vaccines!**

Get COVID-19 and Flu Treatments

If you have symptoms, contact your health care provider to get tested (or take an at-home COVID-19 test). If you test positive, ask your health care provider about prescription treatments to prevent symptoms from getting serious. **Act fast, most of these medications must be taken within the first 5 days** of symptoms.

Consider Extra Precautions to Prevent Spread

- Wear a mask in crowded indoor spaces
- Increase ventilation by opening windows and doors
- Stay away from others if you're sick
- Wash your hands often
- Cover your cough or sneeze

Need more info? go.cdph.ca.gov/respiratory-viruses

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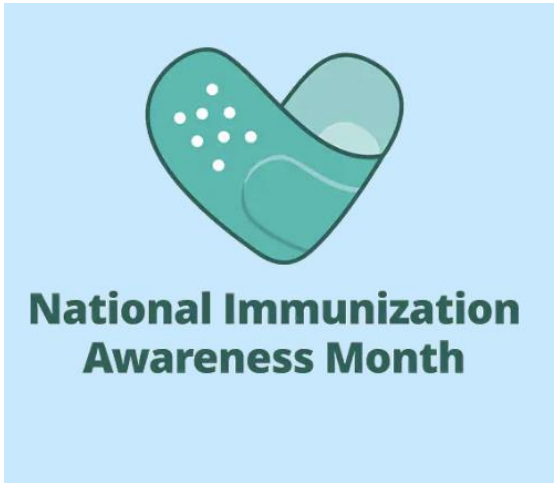
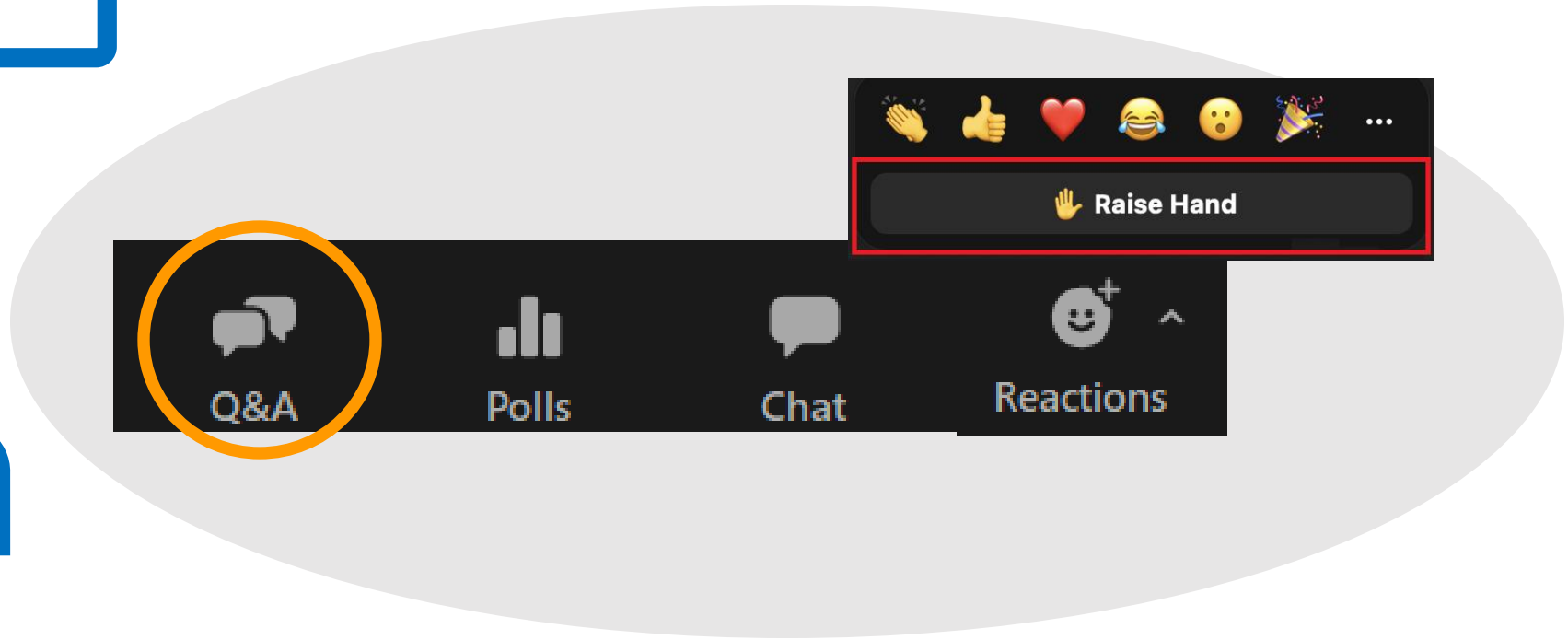
August is National Immunization Awareness Month!

NIAM



Question & Answer Session

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



Thank You!

Please fill out this short VFA webinar evaluation here:
https://forms.office.com/g/kx1TswdT7m

For post webinar questions, please email us:
my317vaccines@cdph.ca.gov

For all other questions email:
ProviderCallCenter@cdph.ca.gov or
my317vaccines@cdph.ca.gov

California Department of Public Health
Immunization Branch