



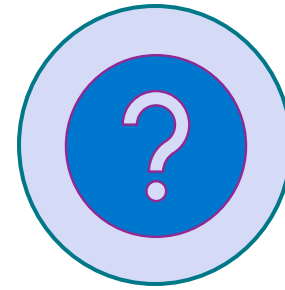
**Immunization  
Branch**

## **Vaccines for Adults Webinar:**

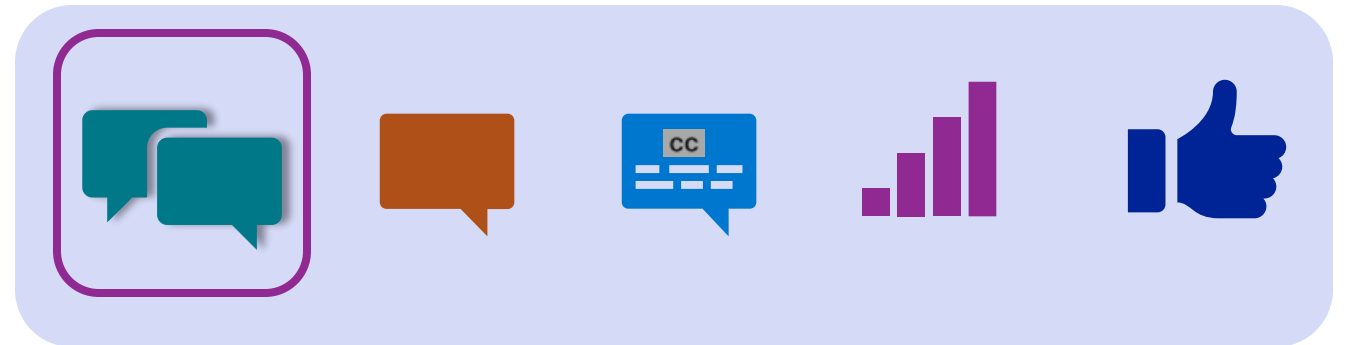
# **“Looking Ahead: Recertification Essentials, Program and ACIP Updates”**

Wednesday, December 11, 2024

12:00pm – 1:00pm (PT)



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.



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



If you are having an webinar issues, please email [Cecilia.Lavu@cdph.ca.gov](mailto:Cecilia.Lavu@cdph.ca.gov).

# Agenda: Wednesday, December 11, 2024

No.	Item	Speakers (CDPH)	Time (PM)
1	Announcements	Lindsay Reynoso	12:00 – 12:05
2	VFA Program and Eligibility Updates	Lindsay Reynoso	12:05 – 12:15
3	Recertification Overview	Lindsay Reynoso	12:15 – 12:20
4	MyCAvax recertification demo	Hannah Shows	12:20 – 12:35
6	Clinical Updates	Lily Horng, MD, PHMO	12:35 – 12:50
7	Resources	Terisha Gamboa	12:50 – 12:55
8	Questions and Answers	Christina Sapad & 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 program eligibility updates with clinic staff.
2. Understand and complete the VFA recertification process for the upcoming program year on the myCAvax platform.
3. Explain updates made to adult ACIP immunization recommendations.
4. Identify updated tools and resources that can be utilized for adult patients.




# CDPH – Request for Applications

- **Who:** California FQHCs/FQHC look-alikes
- **What:** To assess and improve adult immunization levels in Community Health Centers
- **Grant Period:** Upon Approval - June 2025
- **Amount:** Two awards of \$130,054 each
- **Applications Due:** January 10, 2025
- **RFA Link:** EZIZ Link Coming Soon
- **Contact:** [AdultImmunization@cdph.ca.gov](mailto:AdultImmunization@cdph.ca.gov)



State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
Director and State Public Health Officer

**DATE:** December 13, 2024

**TO:** California Federally Qualified Health Centers (FQHCs)

**FROM:** Robert Schechter, MD  
Branch Chief  
Immunization Branch

**SUBJECT:** Request for Application to assess and improve adult immunization levels in Community Health Centers: Funding for Upon Approval - June 2025 for two (2) awards of up to \$130,054 each; Applications Due 1/10/2025

**GRANT AGREEMENT FUNDING ANNOUNCEMENT/RELEASE**  
Adult immunization levels are low nationwide, with disparities noted by race/ethnicity, income level, and insurance status. (See [Routine Vaccinations: Adult Rates Vary by Vaccine Type and Other Factors | U.S. GAO](#)). The Centers for Disease Control and Prevention (CDC) urges health organizations to improve adult vaccinations, whether by expanding the number of vaccines offered, raising public and provider awareness, partnering to encourage vaccination, or reducing economic barriers to routine vaccines.


The California Department of Public Health (CDPH) Immunization Branch is seeking to award a large Federally Qualified Health Center (FQHC) to assess immunization levels and implement quality improvement activities to strengthen immunization practices in an identified adult patient population. Applicants will select a specific vaccine and an adult patient population based on local priorities with accompanying justification. CDPH Immunization Branch will provide support and technical assistance to the grantee.

The grant term is Upon Approval to 6/30/2025.

CDPH has authority to grant funds for the Project under

- Health and Safety Code, Section 120440 (C): to compile and disseminate statistical information of immunization status on groups of patients or clients or populations in California, without identifying information for these patients or clients included in these groups or populations.
- Health and Safety Code Section HSC 131085 (a) (2), (5) and (b) (4): The department may perform any of the following activities relating to the protection, preservation, and advancement of public health and award grants for the performance of the activity.
- Health and Safety Code, Section 120440 (K)(2), which permits collection of immunization data from all ages including adults.

Immunization Branch / Division of Communicable Disease Control  
850 Marina Bay Parkway, Bldg. P, 2nd Floor, Richmond, CA 94804  
(510) 620-3737 • FAX (510) 620-3774 • Internet Address: [CDPH Immunization Branch](https://www.cdph.ca.gov/Programs/DCDC/DCDC/Pages/ImmunizationBranch.aspx)



# Program Updates

Lindsay Reynoso

# VFA Program Updates



- **Anticipated Recertification Launch Date: **Week of December 16, 2024****
- **Anticipated Due Date: **Friday, February 14, 2025****
  - There will be separate Recertification forms for the VFC, LHD 317, VFA Programs
- **Next VFA Ordering Period: Projected January 2025**
- **Annual VFA Immunization Information Reports: January 2025**
  - January 1, 2024 – December 31, 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 immunizations given to VFA eligible patients as “317” to the local immunization registry



# VFA Annual IIS Reports



January 2025

Report: VFA Doses in California Immunization Registry

For: ABC Clinic  
PIN: 012345  
IIS ID: DE12345

### 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 June 30, 2024 (Quarter 1 and Quarter 2). 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<sup>1</sup> 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	50	25	50%

### 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.

### <sup>1</sup>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 (HLT) code "V07 or 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](#) 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 "V07 or 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 10 mins, 12 sec) and view [these guides and videos](#). Contact your [Local CAIR Representative](#) if you have further questions.

### Healthy Future users:

Phone: 209-468-2282  
Fax: 209-462-2019  
Email: [support@myhealthyfutures.org](mailto: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](#)

- 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!

The background is a solid blue color with a large, abstract geometric shape on the right side. This shape is a dark blue triangle pointing towards the right, with several lines radiating from its right vertex towards the right edge of the frame, creating a starburst or sunburst effect. The lines are also dark blue but slightly lighter than the triangle's fill.

# Eligibility Updates

Lindsay Reynoso

# Updated 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

*\* Note: Document is a mockup. Updated document will be available and distributed soon!*

**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).

**Patient Information**

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

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

✓ **Eligible for VFA and/or BAP (COVID) vaccines if at least 19 years of age and**

- Has no insurance, or
- 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.)
- Has insurance which requires co-payment (BAP only)

✓ **Eligible for certain VFA vaccines if at least 19 years of age and**

- Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
  - Hep A, Hep B (if considered low risk for Hep B)
  - MMR, RSV, Varicella, and Zoster
  - Tdap
- Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20

**Document Patient's Eligibility**

Write the screening date and check appropriate status. (Note: verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).

Screening Date	1. Eligible for VFA and CA BAP (COVID) No insurance	2. Eligible for VFA and CA BAP (COVID) Underinsured	3. Eligible for CA BAP (COVID) Insurance requires co-pay	4 & 5. Eligible for some VFA vaccines Medicare Part B or Part D only	× Not Eligible for VFA Fully insured or both Medicare Part B and D* × Not Eligible for CA BAP Fully insured w/ no co-pay*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<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 (11/12/24)

# 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.

*\* Note: Document is a mockup. Updated document will be available and distributed soon*

## CA Vaccines for Adults (VFA) Program Eligibility Based on Insurance Status



Patient Health Insurance Status	VFA (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 vaccines
Medi-Cal Fee-For-Service/ Medi-Cal Managed Care <a href="https://bit.ly/CAhealthplans">https://bit.ly/CAhealthplans</a>	NOT Eligible for VFA vaccines <sup>1</sup>
Medicare Part B (medical benefit) <sup>2</sup> AND Part D (prescription drug benefit)	NOT Eligible for VFA vaccines
Medicare Part B Alone <sup>2</sup>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• DTPa</li> <li>• Hep B (patient NOT high or medium risk)</li> <li>• Hep A</li> <li>• Varicella</li> <li>• RSV</li> <li>• MMR</li> </ul>
Medicare Part D Alone <sup>3</sup>	Eligible for these routine VFA vaccines: <ul style="list-style-type: none"> <li>• PCV20</li> <li>• Hep B</li> </ul>
Insurance NOT through Medi-Cal or Medicare	Only eligible for VFA vaccines that are NOT covered by patient's private insurance plan <sup>4,5</sup>

<sup>1</sup>Full scope Medi-Cal covers all ACIP-recommended vaccines.

<sup>2</sup>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). Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B will cover Hep B vaccine when a patient is considered high or medium risk for contracting Hepatitis B. These include patients who have diabetes, work in health care and have frequent contact with blood or other body fluids; live with someone who is a Hep B carrier; are men who have sex with men; use illicit injectable drugs; have End Stage Renal Disease; have hemophilia; or are clients or staff at institutions for the developmentally disabled.

<sup>3</sup>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.

<sup>4</sup>Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA vaccine(s).

<sup>5</sup>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, 50 years and older, and 26-49 years, regardless of immigration status. All other Medi-Cal eligibility rules apply, including income limits.




# Knowledge Test – Scenario 1

- Agnes is 50 years old and visiting her doctor for an annual routine visit. After screening, her doctor recommends that she receive the Zoster vaccine. **She has private insurance but has a \$20.00 co-payment for the vaccine.**
- **Is Agnes eligible to receive the Shingrix vaccine through the VFA Program?**
  - Yes
  - No



# Knowledge Test – Scenario 1 Answer

- Agnes is 50 years old and visiting her doctor. After screening, her doctor recommends that she receive the Zoster vaccine. **She has private insurance but has a \$20.00 co-payment for the vaccine.**
- **Is Agnes eligible to receive the Shingles vaccine through the VFA Program?**
  - A. Yes 
  - B. No



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


# Knowledge Test – Scenario 2

- Saul is 65 years old and visiting his doctor for an annual routine visit. He has never received any pneumococcal vaccines, and **his doctor recommends he gets PCV20. He has Medicare Part B, but not Part D.**
- **Is Saul eligible to receive the PCV20 vaccine through the VFA Program?**
  - A. Yes
  - B. No





# Knowledge Test – Scenario 1 Answer

- Saul is 65 years old and visiting his doctor for an annual routine visit. He has never received any pneumococcal vaccines, and **his doctor recommends he gets PCV20. He has Medicare Part B, but not Part D.**
- **Is Saul eligible to receive the PCV20 vaccine through the VFA Program?**
  - A. Yes
  - B. No 




Pneumococcal vaccine is a covered benefit under Medicare Part B; therefore, Saul is not eligible to receive PCV20 through VFA. The clinic should use their private stock or refer Saul to a pharmacy.

# Knowledge Test – Scenario 3

- Alyssa is 27 years old and, pregnant and visiting her doctor for her 28 week check up. Her doctor recommends she gets Tdap. She has emergency Medi-Cal insurance.
- **Is Alyssa eligible to receive the Tdap vaccine through the VFA Program?**
  - A. Yes
  - B. No



# Knowledge Test – Scenario 3 Answer

- Alyssa is 27 years old and, pregnant and visiting her doctor for her 28 week check up. Her doctor recommends she gets Tdap. She has emergency Medi-Cal insurance.
- **Is Alyssa eligible to receive the Tdap vaccine through the VFA Program?**
  - A. Yes
  - B. No 



Patients with full scope Medi-Cal coverage, whether fee-for-service or managed care and emergency Medi-Cal are NOT eligible for VFA vaccines. Full scope and emergency Medi-Cal covers all ACIP-recommended vaccines.



# Updated Eligibility Documents: Coming Soon!

- [Vaccine and Clinic Eligibility by Funding Source \(IMM-1142\)](#)
- [Vaccine Eligibility Guidelines \(IMM-1222\)](#)

## 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)

Program	VFC Vaccines for Children Program	BAP CA Bridge Access Program	LHD 317 Local Health Departments <sup>1</sup>	VFA Vaccines for Adults Program	SGF State General Funds <sup>2</sup>
<b>Funding</b>	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 through 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.
<b>Age and Eligibility</b>	Children Birth-18 years: • Medi-Cal eligible • Uninsured (no health insurance) • American Indian or Alaska Native • Underinsured (does not cover if the LHD has designation).	Adults 19 years and older: • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance or requires a co-payment)	Adults 19 years and older: • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance or requires a co-payment)	Adults 19 years and older: • Underinsured adults (vaccines are not covered by insurance or requires a co-payment)	All ages: • No restrictions

## Vaccine Eligibility Guidelines

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

Program	VFC Vaccines for Children Program	VFA Vaccines for Adults Program	BAP Bridge Access Program
<b>Funding</b>	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) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.
<b>Age and Eligibility</b>	Children Birth-18 years: • Medi-Cal eligible • Uninsured (no health insurance) • American Indian or Alaska Native • Underinsured: health insurance does not cover vaccines (ONLY if the LHD is a FQHC or RHC designation)	Adults, 19 years and older: • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance or requires a co-payment)	Adults 19 years and older: • 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.)
<b>Vaccines</b>	<ul style="list-style-type: none"> <li>COVID-19</li> <li>DTaP</li> <li>Hepatitis A, Hepatitis B</li> <li>Hib, HPV, Influenza</li> <li>Meningococcal Conjugate (MenACWY)</li> <li>Meningococcal B (MenB)</li> <li>MMR</li> <li>Pneumococcal Conjugate (PCV15 and PCV20)</li> <li>Pneumococcal Polysaccharide (PPSV23)</li> <li>Polio (IPV)</li> <li>Rotavirus</li> <li>RSV (coming soon)</li> <li>Td, Tdap</li> <li>Varicella</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Meningococcal Conjugate (MenACWY)</li> <li>MMR</li> <li>Pneumococcal Conjugate (PCV20)</li> <li>RSV (limited doses available Fall/Winter Season)</li> <li>Tdap</li> <li>Varicella</li> <li>Zoster</li> </ul> <p>For more details about Medicare Part B and/or D eligibility, see IMM-1247.</p>	<ul style="list-style-type: none"> <li>COVID-19</li> </ul>

## 317 Eligibility Screening & Documentation Requirements

### 1. Screen for Eligibility

Eligibility screening must be completed for all patients enrolled in the CA Bridge Access Program and/or other routinely recommended vaccines through 317 funds (e.g., VFA).

#### Eligible for VFA and/or BAP (317)

- Has no insurance, or
- Is underinsured (public or private health insurance with a fixed dollar limit which has not been reduced or requires a co-payment)
- Has insurance which requires a co-payment
- Has Medicare Part B, but NOT:
  - Hep A
  - Hep B (if considered low risk)
  - MMR, RSV, Varicella, and Zoster
  - Tdap
- Has Medicare Part D, but NOT:
  - Hep B, PCV20

#### Eligible for certain VFA vaccines

- Has Medicare Part B, but NOT:
  - Hep A
  - Hep B (if considered low risk)
  - MMR, RSV, Varicella, and Zoster
  - Tdap
- Has Medicare Part D, but NOT:
  - Hep B, PCV20

### 2. Document Patient's Eligibility

There are three important elements to document:

- Date of screening
- If patient is eligible for the Vaccine
- If patient is eligible AND at least one of the above

### 3. Use a Compliant Record

- CAIR and Electronic Health/Health Information System (EHR/EMR/EHR) documented in the system's main record
  - CAIR and 317 Eligibility Screening Record
- Make sure to maintain patient eligibility screening records in a secure, accessible location.

### 4. Communicate the Patient's Eligibility

All staff should be knowledgeable to use 317-funded versus private insurance.

\*saying "The adult person would be responsible for the cost of the vaccine visit fees."

California Department of Public Health, Immunization Branch

## 317 Eligibility Screening Record for Adult Patients

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).

### Patient Information

Patient Name (Last, First, MI): \_\_\_\_\_

Provider Name: \_\_\_\_\_

### Eligibility Criteria for 317-Funded Vaccines

#### Eligible for VFA and/or BAP (317)

- Has no insurance, or
- Is underinsured (public or private health insurance with a fixed dollar limit which has not been reduced or requires a co-payment)
- Has insurance which requires a co-payment
- Has Medicare Part B, but NOT:
  - Hep A
  - Hep B (if considered low risk)
  - MMR, RSV, Varicella, and Zoster
  - Tdap
- Has Medicare Part D, but NOT:
  - Hep B, PCV20

#### Eligible for certain VFA vaccines

- Has Medicare Part B, but NOT:
  - Hep A
  - Hep B (if considered low risk)
  - MMR, RSV, Varicella, and Zoster
  - Tdap
- Has Medicare Part D, but NOT:
  - Hep B, PCV20

### Document Patient's Eligibility

Write the screening date and check if patient is eligible for the vaccine and if patient is eligible AND at least one of the above.

Screening Date	1. Eligible for VFA and CA BAP (COVID)	2. VFA Eligible
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

1 The adult person would qualify for 317-funded vaccine. This policy does not apply for an adult patient enrolled in Medi-Cal or Medi-Cal I vaccine fully without requiring a co-payment.

California Department of Public Health, Immunization Branch

## CA Vaccines for Adults (VFA) Program Eligibility Based on Insurance Status

Patient Health Insurance Status	VFA (317 - Funded Vaccine) Eligibility
<b>Uninsured/No Insurance</b> (includes those who receive primary care through county safety net programs; these are NOT considered health insurance)	Eligible for ALL VFA vaccines
<b>Medi-Cal Fee-For-Service/ Medi-Cal Managed Care</b> ( <a href="https://bit.ly/CAhealthplans">https://bit.ly/CAhealthplans</a> )	NOT Eligible for VFA vaccines <sup>1</sup>
<b>Medicare Part B (medical benefit)<sup>2</sup> AND Part D (prescription drug benefit)</b>	NOT Eligible for VFA vaccines
<b>Medicare Part B Alone<sup>3</sup></b>	Eligible for these routine VFA vaccines: • Zoster • Tdap • Hep B if patient NOT high or medium risk • Hep A • Varicella • RSV • MMR
<b>Medicare Part D Alone<sup>4</sup></b>	Eligible for these routine VFA vaccines: • PCV20 • Hep B
<b>Insurance NOT through Medi-Cal or Medicare</b>	Only eligible for VFA vaccines that are NOT covered by patient's private insurance plan <sup>5</sup>

<sup>1</sup>Full scope Medi-Cal covers all ACIP-recommended vaccines.

<sup>2</sup>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). Similarly, Hep B vaccine is only available to low-risk patients through VFA because Medicare Part B will cover Hep B vaccine when a patient is considered high or medium risk for contracting Hepatitis B. These include patients who have diabetes, work in health care and have frequent contact with blood or other body fluids; live with someone who is a Hep B carrier; are men who have sex with men; use illicit injectable drugs; have End Stage Renal Disease; have hemophilia; or are clients or staff at institutions for the developmentally disabled.

<sup>3</sup>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.

<sup>4</sup>Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA vaccine(s).

<sup>5</sup>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 50 years and older and 26-49 years regardless of immigration status. All other Medi-Cal eligibility rules apply, including income limits.

- [317 Eligibility Screening & Documentation Requirements \(IMM-1476\)](#)
- [317 Eligibility Screening Record \(IMM-1226\)](#)
- [Eligibility Based on Insurance Status \(IMM-1247\)](#)

# 2025 VFA Recertification

Lindsay Reynoso

# What is Recertification?

- Annual recertification and training is a program requirement to continue receiving publicly purchased vaccines in the VFA Program.
- Providers agree to comply with VFA Program participation requirements, update practice information, and provide updated estimates of all VFA-eligible and privately insured adults who will be immunized in the coming year.
- Through Recertification, the VFA Program can verify that the practice is eligible for continued enrollment and has a current and valid California medical license to prescribe and administer vaccines.
- A separate recertification form must be completed if enrolled in other CDPH IZ programs (VFC).

- **Anticipated Launch Date: Week of December 16, 2024**
- **Anticipated Due Date: Friday, February 14, 2025**

## 2025 Recertification Process

- 1 | ENSURE YOUR ACCOUNT IS IN GOOD STANDING**  
Provider accounts that are **SUSPENDED** due to Mandatory Corrective Actions will not be able to access the Recertification form.
- 2 | GATHER INFORMATION ON THE RECERTIFICATION WORKSHEET**  
Use the 2025 Recertification Worksheet to gather information before beginning the Recertification process.
- 3 | COMPLETE REQUIRED EZIZ LESSONS**  
Complete required EZIZ lessons before accessing 2025 Recertification. The EZIZ lessons are being updated this year. To receive credit for the annual training requirement, take the lessons once 2025 VFC Recertification launches.
- 4 | ACCESS THE RECERTIFICATION FORM**  
Login to your [myCAvax](#) account and click on the "Submit Recertification" button.
- 5 | VERIFY AND UPDATE YOUR PRACTICE INFORMATION**  
Verify and update information about your practice, including Registry ID, delivery times, [key](#) practice staff, patient estimates, vaccine storage and data logger equipment, and health-care providers who will be administering immunizations. Preview all information before submitting for e-signature.
- 6 | SUBMIT FOR E-SIGNATURE FOR PROVIDER OF RECORD TO REVIEW THE "PROVIDER AGREEMENT" AND "PROVIDER AGREEMENT ADDENDUM"**  
The Provider of Record must review and electronically acknowledge compliance with all items outlined in the 2025 "Provider Agreement" and "Provider Agreement Addendum." An email with a link to DocuSign will be sent to the Provider of Record. Recertification is not yet complete, until the Agreements have been electronically signed.

# Recertification Process

- Recertification is a multi-step process
- Prepare ahead of time by gathering information on the Recertification Worksheet (Coming Soon)
  - The worksheet will contain all fields from the online Recertification Form

# EZIZ Lessons

		Vaccine Coordinator & Backup Coordinator	Provider of Record & Provider's Designee
Training Lesson	VFA Providers: VFA Program Requirements*	Required	Required
	LHD 317 Providers: LHD 317 Program Requirements*		
	Storing Vaccines	Encouraged	Encouraged
	Monitoring Storage Unit Temperatures	Encouraged	Encouraged
	Conducting a Vaccine Inventory**	Encouraged	Encouraged
	Vaccine Management Plan	Encouraged	Encouraged

- VFA or LHD 317 Program Requirements Training should have a **completion date of 12/1/2024 or later to receive credit**
- Although the myCAvax system will only validate the VFA Program Requirements training lesson, it is highly encouraged that key practice and other related staff complete the other EZIZ lessons.
- Apart from the VFA Program Requirements lesson, all other EZIZ lessons are being updated this year.



# EZIZ Learning History Page

- All required lessons are on the [EZIZ website](#).
- If you have taken the lessons previously, click “RESET” on your EZIZ Learning History page to begin taking the updated lessons.
- **IMPORTANT NOTE!** Since myCAvax is connected to validate EZIZ training lessons, the User ID used to complete the EZIZ training lessons must match the email listed on the myCAvax program location account. Each key practice staff must have a unique email and EZIZ user ID.

**EZIZ** Google Custom Search  **A one-stop shop for immunization training and resources.**

**Learning History**

**For California VFC Recertification:**

1. Reset all required lessons completed before December 13, 2024. **RESET**
2. Complete all required lessons for your role.
3. After lessons are completed by staff in all key practice roles, log in to MyVFCvaccines to access the VFC Recertification Form.

Having trouble viewing the lesson?

**Required for Vaccine Coordinator, Backup, Provider of Record and Designee**

Requirement	Completed	Certificate	Review (Optional)
VFC Program Requirements	Completed 11/18/2024	Certificate	Review (Optional)
Storing Vaccines	Completed 11/22/2024	Certificate	Review (Optional)
Monitoring Storage Unit Temperatures	Completed 11/22/2024	Certificate	Review (Optional)
POM Acknowledgement Lesson	Completed 12/16/2020	Certificate	Review
Vaccine Management Plan	Completed 12/16/2020	Certificate	Review

**Required for Vaccine Coordinator and Backup**

Requirement	Completed	Certificate	Review (Optional)
Conducting a Vaccine Inventory	Completed 10/23/2024	Certificate	Review (Optional)

**For California VFA Recertification:**

**Required for Vaccine Coordinator, Backup, Provider of Record and Designee**

Requirement	Action
VFA Program Requirements	Begin

**For California LHD 317 Program Recertification:**

**Required for Vaccine Coordinator, Backup, Provider of Record and Designee**

Requirement	Action
LHD 317 Program Requirements	Begin

**My Account**

Hi ctest2,

- ▶ Edit Profile
- ▶ Reset individual lessons
- ▶ **Automatically reset all lessons for recertification [NEW]**
- ▶ Logout

**Additional Resources**

- Audio Transcript for Lessons
- More Demonstration Videos:
  - Pre-filled Syringes
  - Nasal Vaccines
  - Oral Vaccines
  - Educating Parents
  - Documentation
  - Safety

**Technical Support**

For answers to the most common problems or to contact EZIZ Training technical support, go to [EZIZ Training Frequently Asked Questions](#).

**Tell us what you think.**

send us an email at [MyVFCvaccines@cdph.ca.gov](mailto:MyVFCvaccines@cdph.ca.gov)

# Who has access to the Recertification Form?

- All active providers, including providers on hold, and providers that are suspended for all reasons except for mandatory corrective actions
- Staff who are listed with the following roles:
  - Primary Vaccine Coordinator
  - Back Up Vaccine Coordinator
  - Organizational Coordinator
  - Additional Vaccine Coordinator
- Who **cannot** access the 2024 Recertification site?
  - Providers suspended for mandatory corrective actions
  - Providers who never logged in to myCAvax and have no active users
  - User Types: Provider of Record and Provider of Record Designee cannot access the online Recertification Form (unless they are one of the listed Vaccine Coordinators)

# What Happens if Recertification is NOT Completed?

- If Recertification is not submitted by the deadline, account will be placed on Hold then Suspended
- When in suspended status, providers will not be able to:
  - Submit a vaccine order
  - Transfer in vaccines
- After several reminder and warning communications, providers who still have not Recertified will be terminated from the VFA Program
  - To re-enroll in VFA, the provider will have to wait until enrollment is available. Currently, VFA enrollment is closed based on the limited budget.

# New VFA Recertification Page



Home

My Turn Enrollment

Vaccine Orders

Program Location

Vaccine Inventory ▾

Enrollment

More ▾



## Recertification

Program Selected:

Vaccines for Adults ▾

## VFA Vaccines for Adults (VFA) - Recertification

Need Help? Check out this [job aid](#) to learn how to get started with recertification.

Organization

**KZ Super Hospital**

Please re-certify any of the following program locations that have not yet been re-certified for this recertification year.

**Program Name**  
All  
4 locations · Sorted by Program Location Name

Program Location Na... ↑ ▾	PIN ▾	Recertification Year ▾	Recertification Status ▾	Program Participation ▾	Overdue Warning ▾	Manage Program Locations
1 Great Clinic - Vaccines for Ad...	094311	2025	In Progress	Active		<a href="#">View Recertification</a>
2 Great Clinic - Vaccines for Ad...	94311	2024	E-Signature Requested	Active	Deactivated	<a href="#">View Recertification</a>
3 Terrific Medical Center - Vacc...	012345	2025	In Progress	Active		<a href="#">View Recertification</a>
4 Terrific Medical Center - Vacc...	221122	2024	E-Signature Requested	Active	Deactivated	<a href="#">View Recertification</a>

# Key Practice Staff

**myCAVax**  
California Vaccine Management System

Home My Turn Enrollment Vaccine Orders Program Location Vaccine Inventory Enrollment More

Need help? Check out your [dashboard](#) to view your past recertification data.

VFA

## Recertification

### Step 2 - Key Practice Staff

In order to proceed, you must have at least the Provider of Record, Primary Vaccine Coordinator, Backup Vaccine Coordinator, and Provider of Record Designee information below. These staff members should be those who manage adult patients in the VFA program. Medical Licenses will be validated to ensure active status of license.

Organization Vaccine Coordinator is an optional role and is subject to CDPH approval. Review the job aid(s) for [Organization Vaccine Coordinator roles and responsibilities](#) before assigning anyone to this role.

Key Practice Staff must have their EZIZ program training completed. Please direct any staff members who have not completed the training to the following link: [EZIZ training](#).

Please Note: Only enter business or public information (no personal emails, phone numbers, or addresses)

**Key Practice Staff**  
Staff members who are responsible for managing the location

Role	Name	Title	Speciality	Clinic Title	Email	Phone Number	NPI ID	License No.	EZIZ Username	Training Complete	Actions
Provider of Record	Ayumi Taniguchi	MD - Medical Doctor	Internal Medicine	Medical Director	marysol4219+ayumi@gmail.com	(555) 987-9876	2352313412	22851	ataniguch	✓	<a href="#">Manage Role</a>
Primary Vaccine Coordinator	Max Solomon		Family Practice	VFC Coordinator	marysol4219+max@gmail.com	(111) 111-1111			testSolom	✓	<a href="#">Manage Role</a>
Backup Vaccine Coordinator	Rex Bradley		Pediatrics	Clinic Manager	marysol4219+rex@gmail.com	(888) 888-8888			testBradle	✓	<a href="#">Manage Role</a>
Provider of Record Designee	Rex Bradley		Pediatrics	Clinic Manager	marysol4219+rex@gmail.com	(888) 888-8888			testBradle	✓	<a href="#">Manage Role</a>

Additional Vaccine Coordinator [Add Contact](#)

**Additional Staff Members**  
Providers who should receive program communications

Role	Name	Title	Speciality	Clinic Title	Email	Phone Number	NPI ID	License No.	Actions

[Add Contact](#)

[Back](#) [Next](#) [Save as draft](#)

- Enter all key practice staff (required):
  - Provider of Record
  - Vaccine Coordinator
  - Backup Vaccine Coordinator
  - Provider of Record Designee
- Optional Key Practice Staff:
  - Organization Coordinator
  - Additional Vaccine Coordinator
- Additional Staff Members (Communication Staff)

to CDPH approval.

Phone Number	NPI ID	License No.	EZIZ Username	Training Complete	Actions
(555) 987-9876	2352313412	22851	ataniguch3	✓	<a href="#">Manage Role</a>

[Add Contact](#)

- **NEW** myCAVax will validate the required EZIZ lessons
- The clinic will not be able to move forward unless all KPS have completed training

# Vaccine Storage Units

## Recertification

### Step 3 - Vaccine Storage Units

**i** You must have storage equipment on site (not in transit, or on order) before submitting this form.

#### Vaccine storage unit details

Confirm all units that will be used to store vaccines, indicate at least one unit as the primary storage unit for vaccines, verify your unit's certificate of calibration is still valid, and upload a copy of their certificate of calibration. If you have a storage unit that is no longer in use, designate the Unit priority as 'No longer in use'.

Note: If your certificate of calibration has an expired date, you will be able to proceed with recertification but your order may not be processed.

#### Refrigerated storage 36°F to 46°F (2°C to 8°C)

Vaccines Stored	Storage Unit Priority	Storage Unit Grade	Storage Unit Type	Storage Unit Capacity cu.ft	Storage Unit Brand	Storage Unit Model	Thermometer Type	Thermometer Model	Thermometer serial number	Calibration Expiration Date	Action
VFA	Primary	Household	Stand Alone	16	Frigidaire	Frigidaire 1000	Digital data log...	Thermco	ABCD1234	11/7/2025	

Add Refrigerator

#### Frozen storage -58°F to 5°F (-15°C to -25°C)

Vaccines Stored	Storage Unit Priority	Storage Unit Grade	Storage Unit Type	Storage Unit Capacity cu.ft	Storage Unit Brand	Storage Unit Model	Thermometer Type	Thermometer Model	Thermometer serial number	Calibration Expiration Date	Action
VFA	Primary	Household	Upright Freezer	11	Kenmore	Kenmore 500	Digital data log...	Thermco	ABCD123	11/7/2025	

Add Freezer

#### Ultra Frozen storage -76°F to -112°F (-60°C to -80°C)

Vaccines Stored	Storage Unit Priority	Storage Unit Grade	Storage Unit Type	Storage Unit Capacity cu.ft	Storage Unit Brand	Storage Unit Model	Thermometer Type	Thermometer Model	Thermometer serial number	Calibration Expiration Date	Action
-----------------	-----------------------	--------------------	-------------------	-----------------------------	--------------------	--------------------	------------------	-------------------	---------------------------	-----------------------------	--------

Add ultra freezer

- Update vaccine storage units and temperature monitoring equipment (if needed) for units storing VFA vaccines
- Verify the clinic's DDL calibration expiration dates are current
- **NEW** Upload a valid and current DDL certificate of calibration

# Patient Population



## VFA

### Recertification

#### Step 4 - Provider Population

#### Vaccination Provider Profile

Provide the following patient vaccination estimates for your location. Please refer to the [Vaccine Eligibility Guidelines](#) for more information.

Estimated number of uninsured VFA-eligible patients who will receive immunizations at your location during the upcoming 12 month period.

*19-26 years old	*27-49 years old	*50-64 years old	*65+ years old
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Estimated number of underinsured VFA-eligible patients who will receive immunizations at your location during the upcoming 12 month period. <sup>1</sup>

*19-26 years old	*27-49 years old	*50-64 years old	*65+ years old
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Estimated number of privately insured non-VFA patients who will receive immunizations at your location during the upcoming 12 month period.

*19-26 years old	*27-49 years old	*50-64 years old	*65+ years old
<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

\* What data source did you use to confirm/modify your patient population.

Report the estimated number of VFA and non-VFA eligible adults to be immunized at your practice

**NEW!** Clinics will now have to reported estimated number of VFA eligible patients by eligibility type (uninsured OR underinsured)

# Health Care Providers with Prescription Writing Privileges

Need help? Check out your [dashboard](#) to view your past recertification data.



## VFA Recertification

### Step 5 - Health Care Providers with Prescription Writing Privileges

In order to proceed, you must have at least one medical staff listed. Medical staff are health care providers with prescription writing privileges and all licenses must be verified. Health-care provider medical licenses will be validated electronically. Please make sure you enter the name **exactly** as it appears on the medical license. Do not include middle name, middle initial, or title (e.g., MD, DO, etc.). You can verify that you have the correct license numbers through the [California Department of Consumer Affairs website](#).

The first contact listed in your Medical staff will be your Provider of Record. To update this contact, please go back to Step 2.

Please Note: Only enter business or public information (no personal emails, phone numbers, or addresses)

**Medical Staff**  
Providers with prescription writing privileges

First Name	Last Name	Email	NPI ID	Medical License Number	Title	Specialty	Clinic Title	License Verification	Actions
Ayumi	Taniguchi	marysol4219+ayumi@gmail.com	2352313412	22851	MD - Medical Doctor	Internal Medicine	Medical Director	✓	
Brinn	<input type="text" value="Miller"/>	marysol4219+brinn@gmail.com	<input type="text" value="8778877432"/>	<input type="text" value="118116"/>	<input type="text" value="MD - Medical Doctor"/>	<input type="text" value="Pediatrics"/>	<input type="text" value="Other"/>	✓	<a href="#">Remove Contact</a>

[+Add new medical staff](#)

- Provider licenses will need to be verified to move forward with submitting the Recertification
- Sites can verify licenses via the [Department of Consumer Affairs website](#).



# Step 6 – Review Recertification Information

Need help? Check out your [dashboard](#) to view your past recertification data.

**VFA**

**Recertification**

**Step 6 - Review Recertification Information**

Your recertification is not complete yet. Please review the information provided and go back if you need to make changes. Otherwise, click 'Submit for E-Signature' to complete the process.

**Provider Location Information**

Location Name  
Terrific Medical Center - VFA Recertification

Phone  
(888) 777-5555

Provider Type  
Health Center – Federally Qualified Health Center / Rural Health Clinic

PIN  
012345

National Provider Id  
1234567

Tax ID/EIN  
1234

CA/RI/IS ID  
1234567890

Does your location  
Yes

Role	Name	Title	Email	Phone Number	NPI ID	Lice
Primary Vaccine Coordinator	Max Solomon		marysol4219-max@gmail.com	(111) 111-1111		
Backup Vaccine Coordinator	Rex Bradley		marysol4219+rex@gmail.com	(888) 888-8888		
Provider of Record Designee	Rex Bradley		marysol4219+rex@gmail.com	(888) 888-8888		

**Optional key practice staff**  
These roles are optional and are subject to CDPH approval. Assigning a contact to this role is not mandatory.

Role	Name	Title	Email	Phone Number	NPI ID	Lice
Organization Vaccine Coordinator	Ayumi Taniguchi	MD - Medical Doctor	marysol4219+ayumi@gmail.com	(555) 987-9876	2352313412	2285

**Additional Staff Members**  
Providers who should receive program communications.

Role	Name	Email	Phone Number

**Storage Units**

Vaccine storage capacity and unit details

Refrigerated storage 36°F to 46°F (2°C to 8°C)

Vaccines Stored	Storage Unit Priority	Storage Unit Grade	Storage Unit Type	Storage Unit Capacity cu.ft.	Storage Unit Brand	Storage Unit Model	Thermometer Type	Thermometer Model	Thermometer serial number
VFA	Primary	Household	Stand Alone	16	Frigidaire	Frigidaire 1000	Digital data logger	Thermco	ABCD1234

Frozen storage -58°F to 5°F (-15°C to -25°C)

Vaccines Stored	Storage Unit Priority	Storage Unit Grade	Storage Unit Type	Storage Unit Capacity cu.ft.	Storage Unit Brand	Storage Unit Model	Thermometer Type	Thermometer Model	Thermometer serial number
VFA	Primary	Household	Upright Freezer	11	Kenmore	Kenmore 500	Digital data logger	Thermco	ABCD123

**Backup Thermometer**

Thermometer Type	Thermometer Model	Thermometer Serial Number	Calibration Expiration Date	Intention of use
Digital data logger	Thermco	EFGH1234	11/7/2025	Refrigerator

**Shipping and Vaccine Administration Address**

Street Address 1  
28666 Rancho Ave

Street Address 2

City  
Madera

State  
CA

Zip Code  
93638

County  
Madera

Delivery Instructions  
Leave at front desk

**Backup Thermometer**

Thermometer Type	Thermometer Model	Thermometer Serial Number	Calibration Expiration Date	Intention of use
Digital data logger	Thermco	EFGH1234	11/7/2025	Refrigerator

**Provider Population**

Estimated number of uninsured VFA-eligible patients who will receive immunizations at your location during the upcoming 12 month period.

19-26 years old	27-49 years old	50-64 years old	65+ years old
10	10	30	40

Estimated number of privately insured non-VFA patients who will receive immunizations at your location during the upcoming 12 month period.

19-26 years old	27-49 years old	50-64 years old	65+ years old
20	20	50	50

What data source did you use to confirm/modify your patient population?  
EHR  
Please specify EHR  
NextGen

**Health Care Providers with Prescription Writing Privileges**

Medical Staff

Providers with Prescription Writing Privileges at this facility.

First Name	Last Name	Email	NPI Id	License Number	Title	Specialty	License Verification
Ayumi	Taniguchi	marysol4219+ayumi@gmail.com	2352313412	22851	MD - Medical Doctor	Internal Medicine	true
Brinn	Miller	marysol4219+brinn@gmail.com	8778877432	118116	MD - Medical Doctor	Pediatrics	true

# POR E-Signature Request Email

Sandbox: E-Signature Required for Vaccines for Adults Inbox x



**myCAVax Program Notification** <no-reply-mycavax@cdph.ca.gov>  
to marciaczaj+myrex22@gmail.com



Hello Rex,

Recertification has been submitted by Megan Brunner for the following program:

**Summer Location - Vaccines for Adults**  
**PIN: 153395**

Your electronic signature is required to complete submission of your Recertification.

Please click on the **Review Document** button below to sign the Provider Agreements.

[Review document](#)

If you have questions, email [ProviderCallCenter@cdph.ca.gov](mailto:ProviderCallCenter@cdph.ca.gov) or call (833) 502-1245, Monday through Friday from 8am to 5pm.



Thank you,  
*California COVID-19 Vaccination Program*

This email was sent to you as a member of myCAVax. Use of the service and website is subject to our Terms of Use and Privacy  
© 2024 myCAVax. All rights reserved.

\*\*\*\*\*THIS E-MAIL ADDRESS IS NOT MONITORED. PLEASE DO NOT REPLY TO THIS E-MAIL.\*\*\*\*\*

# Review and Sign Agreement and Agreement Addendum via DocuSign



## Review and continue

Message from Docusign UATCASITCA User, UATVXN - California Department of Public Health

Hello,

Recertification has been submitted for the following program:

Vaccines for Adults

Your electronic signature is required to complete submission of your Recertification.

Please click on the Review Document button below to sign the Provider Agreements.

If you have questions, email [ProviderCallCenter@cdph.ca.gov](mailto:ProviderCallCenter@cdph.ca.gov) or call (833) 502-1245, Monday through Friday from 8am to 5pm.

This email was sent to you as a member of myCAvax. Use of the service and website is subject to our Terms of Use and Privacy

\*\*\*\*\*THIS E-MAIL ADDRESS IS NOT MONITORED. PLEASE DO NOT REPLY TO THIS E-MAIL.\*\*\*\*\*

Change Language - English (US) ▼

Other Options ▼

Continue

# POR – Review and Sign VFA Agreement and Agreement Addendum



## Vaccines for Adults (VFA) Provider Agreement

To receive federally-funded Section 317 vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent.

- Section 317 vaccines will be administered to any individual aged 19 years and older, who is uninsured or underinsured. Patients covered by Medi-Cal are considered insured and NOT eligible for the VFA program. Staff will consult the [VFA Vaccine Eligibility Based on Insurance](#) table as needed to determine specific vaccine eligibility for patients. Eligibility screening will be conducted prior to the administration of vaccine doses. Verification of eligibility can be obtained verbally from the individual. All staff, including front office and billing staff, will be knowledgeable of VFA eligibility.
- Section 317 vaccines will be administered in compliance with the most recent immunization schedule, dosage, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) unless: a) in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient; or b) the patient declines particular immunizations.
- Patients immunized with Section 317 vaccines will not be billed for the cost of the vaccine nor be charged an administration fee. All systems will be checked to ensure patients are not charged and vaccine cost will not be billed.
- Current Vaccine Information Statements (VIS) will be offered prior to each vaccination. Vaccine administration records will be maintained in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) <https://vaers.hhs.gov/>.
- Organization will be enrolled in a local immunization information system (CAIR or RIDE/Healthy Futures).
- 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. ([CA AB1797](#))
- 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.
- Doses administered reported with each VFA order must match doses recorded in an immunization information system (CAIR2, or Healthy Futures/RIDE) as "317." Registry data will be used to approve vaccine orders.
- The patient's recorded 317 eligibility status and all records related to the VFA program will be retained for three (3) years. If requested, these records will be made available to the California Department of Public Health (CDPH). Records include, but are not limited to, vaccine administration documentation, billing records, medical records that verify receipt of vaccine, and vaccine temperature log records. Release of such records will be bound by federal and state privacy laws.
- Standards for vaccine ordering, reporting and management will be followed as outlined in the [Provider Agreement Addendum](#). Detailed information on ordering can be found at <https://eziz.org/vfa-317/>.
- Order vaccines according to the quarterly VFA order frequency; providers who have not ordered vaccines in the past calendar year may be terminated from the VFA Program.
- Organization will operate in a manner intended to avoid fraud and abuse of Section 317 vaccines. **Fraud:** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law. **Abuse:** provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
- Authorized representatives of the VFA Program will be permitted to visit the facility in order to review compliance with policies and procedures. Provider agrees to implement and complete corrective actions identified during the visit.
- Vaccine purchased with Section 317 federal funds that are deemed non-viable due to provider negligence will be replaced on a dose-for-dose basis.
- The term of this agreement is from **January 1, 2025** until vaccine doses are completely administered. Section 317 vaccines can continue to be administered until its expiration date.

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/LHD 317 Program requirements listed below.

### 1. Provider Profile

- Designate the on-site Provider of Record Designee, who is authorized to sign VFA/LHD 317 Program documents and assume responsibility for VFA/LHD 317-related matters in the absence of the Provider of Record.
- Designate the on-site [Vaccine Coordinator and Backup Vaccine Coordinator](#) (IMM-968), who are responsible for implementing the practice's [vaccine management plan](#) (IMM-1122).
- Immediately report in myCAvax any changes to key practice staff roles (Vaccine Coordinator or Backup, Provider of Record or Designee); any changes to the Provider of Record or Designee require an electronic signature by the Provider of Record.
- Immediately report to the VFA/LHD 317 Program changes to the practice address or account ownership, which may require additional follow-up.

### 2. Vaccine Management Plan

- Maintain a current and complete [vaccine management plan](#) (IMM-1122) 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.
- Review and update the plan at least annually, when VFA/LHD 317 Program requirements change, and when staff with designated vaccine-management responsibilities change.
- Designate a staff member responsible for updating the practice's management plan.
- Staff with assigned vaccine-management responsibilities must review, sign, and date the vaccine management plan annually and each time it is updated.
- Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.
- Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.
- For practices using mobile units to administer VFA/LHD 317-supplied vaccines:** Mobile-only clinics or clinics with mobile units must maintain a current and complete [mobile unit vaccine management plan](#) (IMM-1276) and keep it in the mobile unit.

### 3. Training

- Anyone acting in VFA/LHD 317 roles (Provider of Record and Designee, Vaccine Coordinator and Backup, or the optional Organization Coordinator and Additional Vaccine Coordinator roles) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFA/LHD 317 roles.
- Any clinician who administers VFA/LHD 317-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
- All staff who conduct VFA/LHD 317 Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all VFA/LHD 317 eligibility categories, documentation, and billing requirements.

No significant changes were made to 2025 VFA requirements in:

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

# VFA End of Year Satisfaction Survey

## 2024 VFA Satisfaction and End-of-Year Survey

We appreciate your participation in the Vaccines for Adults (VFA) Program and want to do our best to support you and your staff!

Your opinion is important for continued success of California's VFA Program. This survey is confidential and should take about 5 minutes to complete.

Thank you!

\* Required

### Program Participation

1. Organization/Clinic Name \*



# Recertification Documents: Coming Soon!

- \*Note: materials should be ready by recertification launch, December 16!



December XX, 2024

TO: California Vaccines for Adults (VFA) Provider

FROM: Robert Schechter, M.D., Immunization Branch  
Center for Infectious Disease Control  
Division of Communicable Disease Control

SUBJECT: 2025 Annual VFA Recertification

## BACKGROUND

Thank you for your continued participation in the VFA program. The 2025 Annual Recertification and training are program requirements for all providers participating in the VFA Program. No recertification process will result in suspension of your account or termination from the VFA Program.

Through recertification, providers agree to comply with program requirements, update practice information, and provide information for eligible and privately insured adults who will be immunized in the VFA Program then verifies that the practice is eligible for a valid California medical license to prescribe and administer vaccines.

## SUBMIT 2024 VFA RECERTIFICATION BY FEBRUARY 1

The 2025 VFA Recertification form is now available on myCvax. Your completed recertification by Friday, February 1, 2025 will be valid through 2025.

Immunization Branch / Division of Communicable Disease Control  
850 Marina Bay Parkway, Bldg. P, 2nd Floor  
(510) 620-3737 • FAX (510) 620-3774 • Internet: [www.cdph.ca.gov](http://www.cdph.ca.gov)



## 2025 Recertification Process

- ENSURE YOUR ACCOUNT IS IN GOOD STANDING**  
Provider accounts that are SUSPENDED due to Mandatory Corrective Action will not be eligible for the Recertification form.
- GATHER INFORMATION ON THE RECERTIFICATION WORKSHEET**  
Use the 2025 Recertification Worksheet to gather information before beginning the recertification process.
- COMPLETE REQUIRED EZIZ LESSONS**  
Complete required EZIZ lessons before accessing 2025 Recertification. The recertification process will be updated this year. To receive credit for the annual training requirement, take the recertification process.
- ACCESS THE RECERTIFICATION FORM**  
Login to your myCvax account and click on the "Submit Recertification" button.
- VERIFY AND UPDATE YOUR PRACTICE INFORMATION**  
Verify and update information about your practice, including Registry ID, practice staff, patient estimates, vaccine storage and data logger equipment who will be administering immunizations. Preview all information before submitting.
- SUBMIT FOR E-SIGNATURE FOR PROVIDER OF RECORD TO REVIEW "PROVIDER AGREEMENT" AND "PROVIDER AGREEMENT ADDENDUM"**  
The Provider of Record must review and electronically acknowledge compliance in the 2025 "Provider Agreement" and "Provider Agreement Addendum." The recertification process will be updated this year. Recertification is not valid until the Provider of Record Agreements have been electronically signed.

DO NOT SUBMIT THIS WORKSHEET TO THE VFA or LHD 317 PROGRAMS

Step 1— Location Information/Shipping			
Location Name			
Practice Information/Shipping Address (No P.O. Box)			
Shipping Address, Part 2			
Tax ID/Employee Identification Number (EIN)		National Provider Identifier (NPI)	
MEDI-CAL Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a mobile facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.		From: _____ To: _____	
<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday		<input type="checkbox"/> Saturday	
Step 2 — Key Practice Staff			
Role/Responsibility	Name	Title (MD, DO, NP, PA, PharmD)	Specialty/Clinic Title
Provider of Record			Specialty: _____ Clinic Title: _____
Vaccine Coordinator			Specialty: _____ Clinic Title: _____
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____
Provider of Record Designee			Specialty: _____ Clinic Title: _____



## 2025 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-relevant vaccines must maintain a current and complete Mobile Unit VMP and keep it in the mobile unit.	<a href="#">Vaccine Management Plan (IMM-1222)</a>  <a href="#">Provider Operations Manual (IMM-1248) Chapter 3</a>  <a href="#">Mobile Unit Vaccine Management Plan (IMM-1276)</a>
Key Practice Staff	Designate and maintain key practice staff in the practice's profile on myCvax. Immediately report in myCvax any changes to key practice staff roles (Vaccine Coordinator or Backup, Provider of Record or Designee); any changes to the Provider of Record or Designee require an electronic signature by the Provider of Record. VFA providers should list staff responsible for servicing the adult patient population and those assuming responsibility for VFA related matters.  <b>Updated!</b>  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.	<a href="#">Vaccine Coordinator Roles &amp; Responsibilities (IMM-968)</a>  <a href="#">VFA Key Practice Staff Change Request Form (IMM-1523)</a>  <a href="#">VFA Provider Agreement (IMM-1514)</a>  <a href="#">VFA Provider Agreement Addendum</a>



# myCAvax Recertification Demo

Hannah Shows, Accenture

# Recertification Step-by-Step Process - Demo

**VFC**

## Recertification

### Step 2 - Key Practice Staff

In order to proceed, you must have at least the Provider of Record, Primary Vaccine Coordinator, Backup Vaccine Coordinator, and Provider of Record Designer information below. These staff members should be those who manage child patients in the VFC program. Medical Licenses will be added to ensure active status of license.

Organizational Vaccine Coordinator is an optional role and is subject to CDPH approval. Review the job title(s) for Organizational Vaccine Coordinator roles and responsibilities before assigning anyone to this role.

Key Practice Staff must have their E2E program training completed. Please direct any staff members who have not completed the training to the following link: E2E training

Please Note: Only enter business or public information (no personal email, phone numbers, or addresses).

#### Key Practice Staff

Staff members who are responsible for managing the location

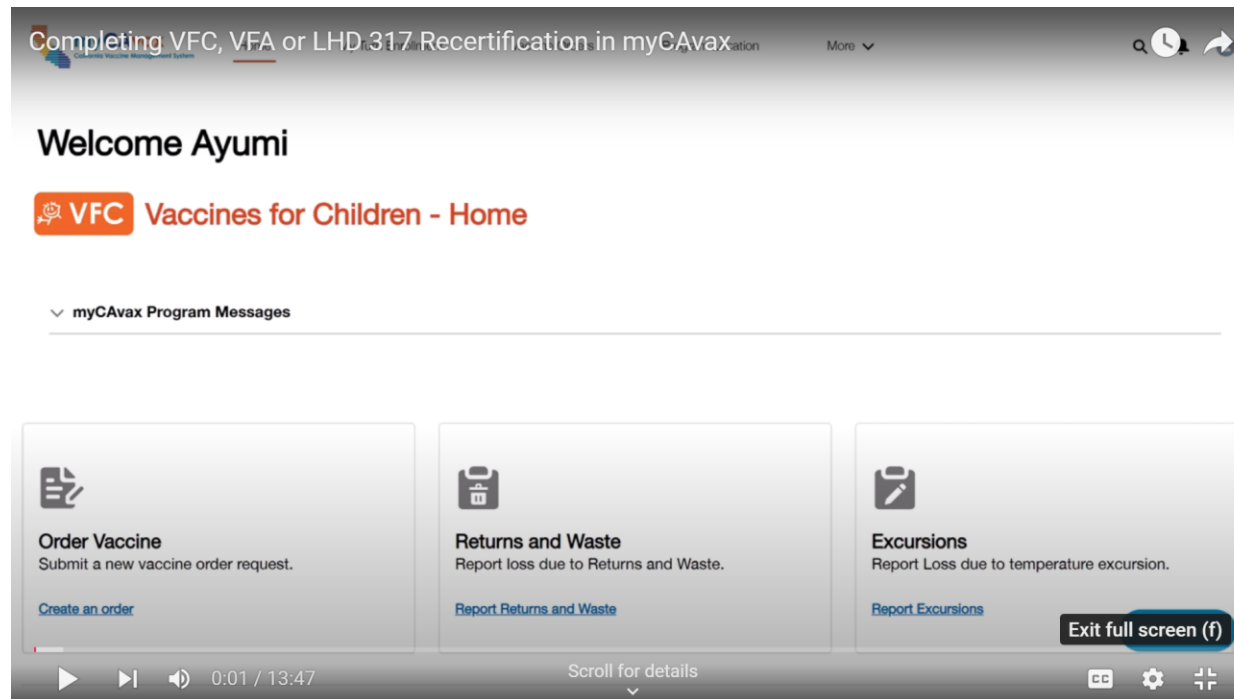
Role	Name	Title	Specialty	Clinic Title	Email	Phone Number	NPI ID	License No.	E2E Username	Training Complete	Actions
Provider of Record	Lindsay Bradley	MD - Medical Doctor	Pediatrics	Immunization Coordinator	lbradley@hennepin.org	(888) 122-4567	12345	72226	LBradley	✓	<a href="#">Chat with us</a>
Primary Vaccine Coordinator	Ashon Mulsom				amulsom@hennepin.org	(777) 777-7776			AMulsom	✓	<a href="#">Remove Staff</a>

Note: The process is showing the VFC Process. With the exception of Step 6, everything else for VFA is the same. A link to the video will be shared after the webinar



# Recertification Step-by-Step Process - Video

- Recertification Job Aid in Knowledge Center (accessible through Community/Provider site only). Staff must be signed into myCAvax in order to access the resource/recording.
- <https://mycavax.cdph.ca.gov/s/article/Recertifying-Vaccines-for-Children-Vaccines-for-Adults-VFA-and-LHD-317-Program-Locations>



# My Turn Locator (VFA and LHD 317 Providers)

- If VFA providers want to opt in the My Turn Vaccine Locator, you will need to navigate to the Vaccine Locator Tab on your myCAvax Homepage outside of Recertification.
- Step-by-Step process to Opt-In to the My Turn Vaccine Locator:
  - [July 2024 Webinar Recording](#)
  - [July 2024 Webinar Slides](#)

# Questions or Need Assistance?

Contact the Provider Call Center

**(833) 502 - 1245**






**[ProviderCallCenter@cdph.ca.gov](mailto:ProviderCallCenter@cdph.ca.gov)**

# Clinical Update

Lily Horng MD, CDPH Public Health Medical Officer

# Current CDPH Weekly Respiratory Virus Report

- [CDPH Respiratory Virus Report](#) contains COVID-19, influenza and RSV surveillance data in California
- Data as of November 24-30, 2024 week
- Replaces the CDPH Respiratory Dashboard and the weekly Flu and Respiratory Virus Surveillance Report

	COVID-19	FLU	RSV
 Test Positivity (change)	2.2% (0.0)	7.5% (2.3)	6.0% (1.8)
 Percent of Total Admissions (change)	N/A	N/A	0.4% (0.2)
 Percent of Total Deaths (change)	1.0% (0.4)	0.0% (-0.3)	0.0% (0.0)
 Total Season Pediatric Deaths (new)	3 (0)	1 (0)	0 (0)
 Wastewater Concentrations (trend)	LOW (PLATEAUING)	N/A	N/A

## Key Messages

- RSV and influenza activity are low but increasing. COVID-19 is currently low in California.
- As of November 7, 2024, 9.6% of Californians have received an updated COVID-19 vaccine.
- Data reported to the California Immunization Registry show that many Californians who should receive an influenza vaccine have not yet been vaccinated.

# Advisory Committee on Immunization Practices (ACIP) Meeting: October 23 – 24, 2024

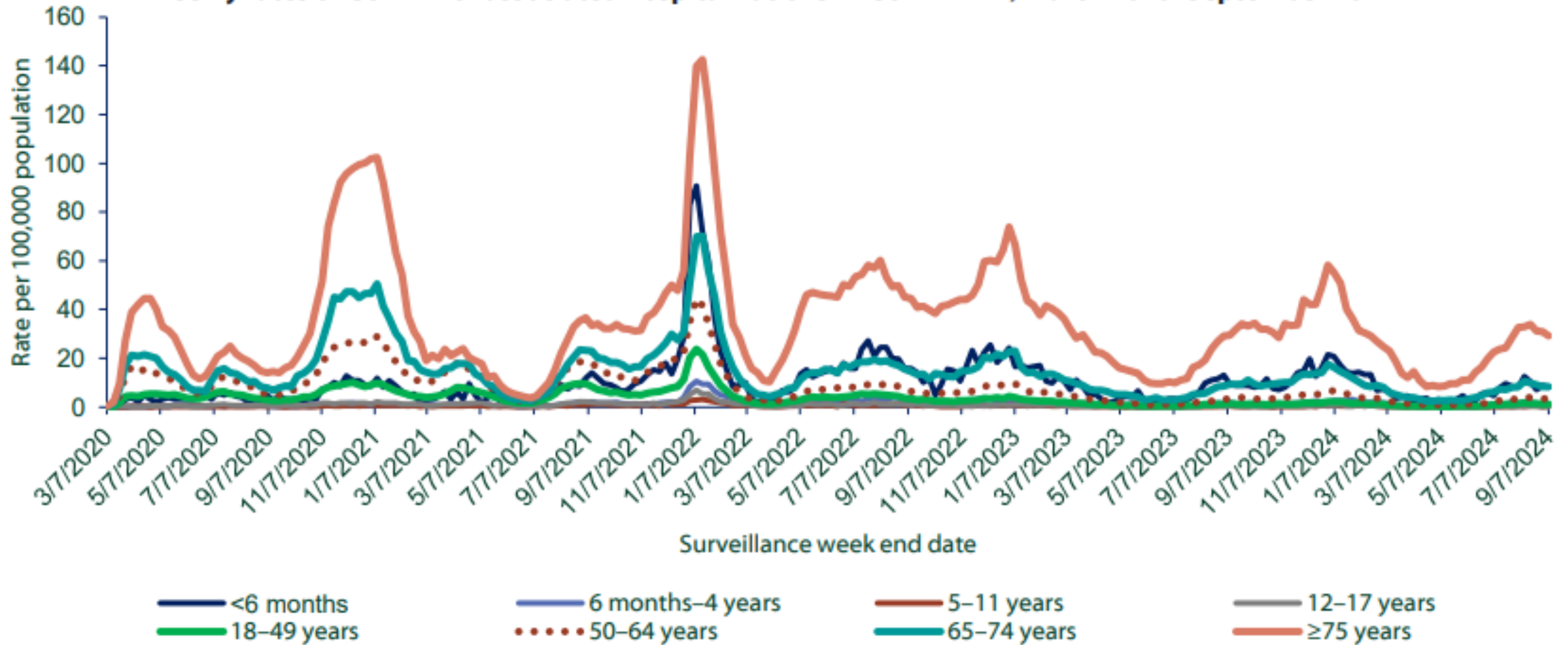
## Topics:

- COVID-19 Vaccines (Vote)
- Pneumococcal Vaccines (Vote)
- Influenza Vaccines (VFC Vote)
- RSV Immunizations: Maternal/Pediatric and Adult
- Meningococcal Vaccines (Vote, VFC Vote)
- Immunization Schedules – Adult and Child/Adolescent Revisions (Vote)
- Human Papillomavirus (HPV), Cytomegalovirus (CMV), Chikungunya, Mpox

[ACIP Recent Meeting Recommendations](#) | [Slides](#) | [Past Meetings Information](#)

# COVID-19 Hospitalizations Highest Among Persons $\geq 75$ years, Followed by $<6$ months and 65-74 Years

Weekly rates of COVID-19-associated hospitalizations — COVID-NET, March 2020–September 2024



## [ACIP Presentation: COVID-19-Associated Hospitalizations Update](#)

# COVID-19 Vaccine Effectiveness Update

## Effectiveness of 2023-2024 COVID-19 vaccines against critical outcomes in immunocompetent adults ≥65 years, Medicare and VISION data

Outcome	Analysis	Vaccine effectiveness, % (95% CI)
Thromboembolic events*	Medicare, ESKD adults ≥65y, 2023-2024 vaccine, median follow-up days=74	53 (23-71)
Death	Medicare, ESKD adults ≥65y, 2023-2024 vaccine, median follow-up days=104	47 (15-67)
	VISION, adults ≥65y, 2023-2024 vaccine, median follow-up days=34	69 (57-78)
ICU admission/death	VISION, adults ≥65y, 2023-2024 vaccine, median follow-up days=89	56 (42-68)
	VISION, adults ≥65y, 2023-2024 vaccine, median follow-up days=149	43 (18-60)

Abbreviations: ESKD = end stage kidney disease; y = years; IMV = invasive mechanical ventilation; ICU = intensive care unit



# 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](#)

# Pneumococcal Vaccines for $\geq 50$ years

- ACIP and CDC now recommend a pneumococcal conjugate vaccine (PCV) for all PCV-naive adults **aged  $\geq 50$  years**
  - Lowers age-based recommendation from prior age (was  $\geq 65$  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

	1	3	4	5	6	6	7	9	1	1	1	2	2	3	8	1	1	1	1	2	9	1	2	1	1	1	2	2	2	3	3		
					A	B	F	V	4	C	A	F	F	F		A	A	F	B		N	F	0	A	C	F	A	B	F	1	5		
PCV15																																	
PCV20																																	
PPSV23																																	
PCV21																																	

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

# 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](#)

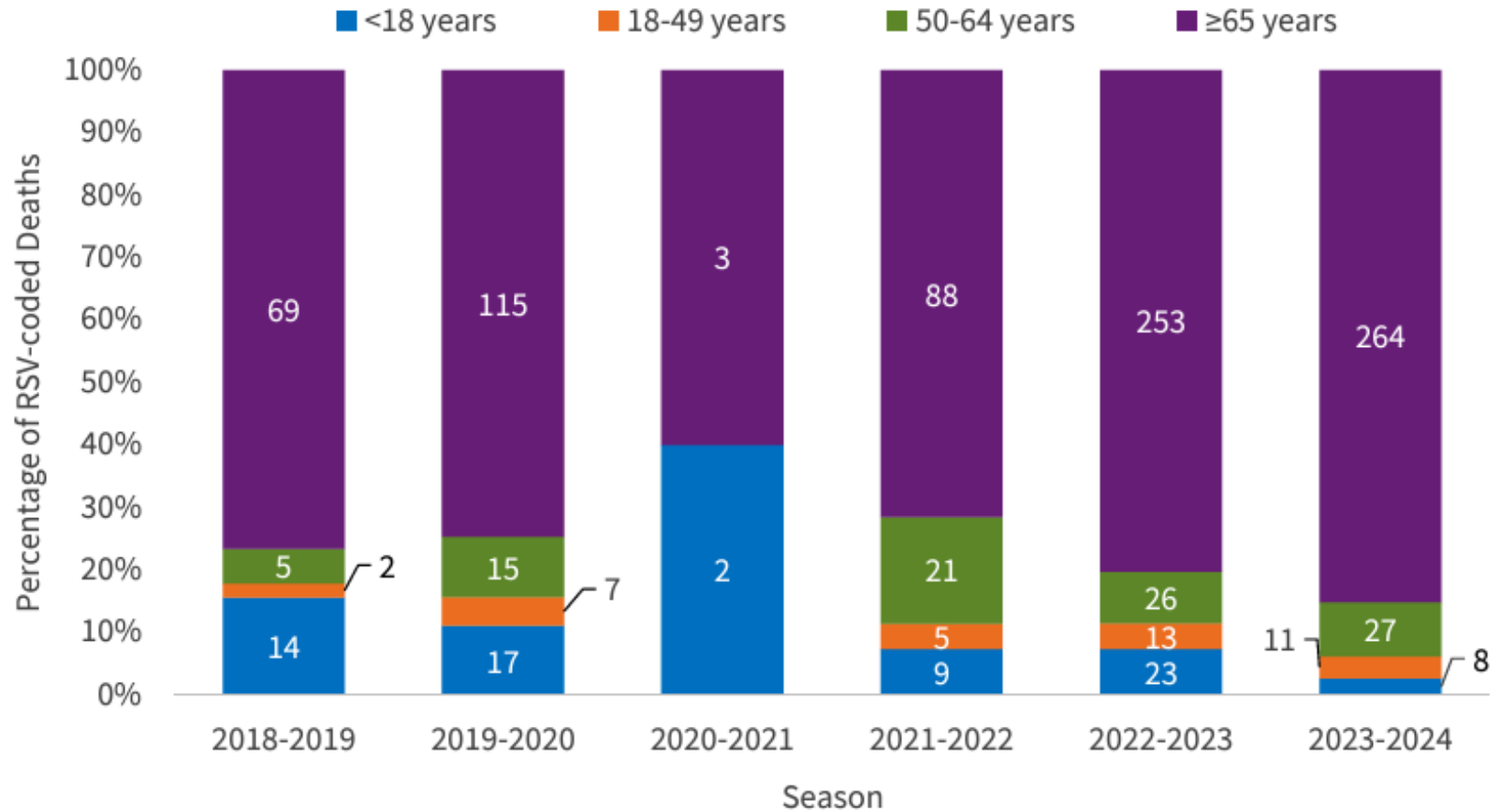
# Adult RSV Recommendations: Summer 2024 Update

- **Adults aged  $\geq 75$  years should receive a single dose of RSV vaccine.**
- **Adults aged 60-74 years old who are at increased risk of severe RSV disease should receive a single dose of RSV vaccine.**
- 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.

[ACIP Presentation: Adult RSV Workgroup Interpretations](#)  
[RSV Immunization for Healthcare Providers | CDC](#)

# RSV Deaths Highest in Adults $\geq 65$ Years

Figure 17. Age Distribution of RSV-coded Deaths from Death Certificates, 2018–2024 Season to Date



[CDPH Weekly Flu and Respiratory Virus Report for 3/23/24](#)

# Respiratory Syncytial Virus (RSV) Immunizations

Brand Name	Composition	Recommended Groups
ABRYSSVO (Pfizer)	Protein	<ul style="list-style-type: none"><li>• Older Adults*</li><li>• Pregnant persons to protect infants</li></ul>
AREXVY (GSK)	Protein + adjuvant	Older Adults**
mRESVIA (Moderna)	mRNA	Older Adults
Nirsevimab; Beyfortus (Sanofi)	Monoclonal antibody	Infants and young children

\*[ABRYSSVO](#) and \*\*[AREXVY](#) are FDA approved, but not CDC recommended, for younger adults at [increased risk of severe RSV](#)

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

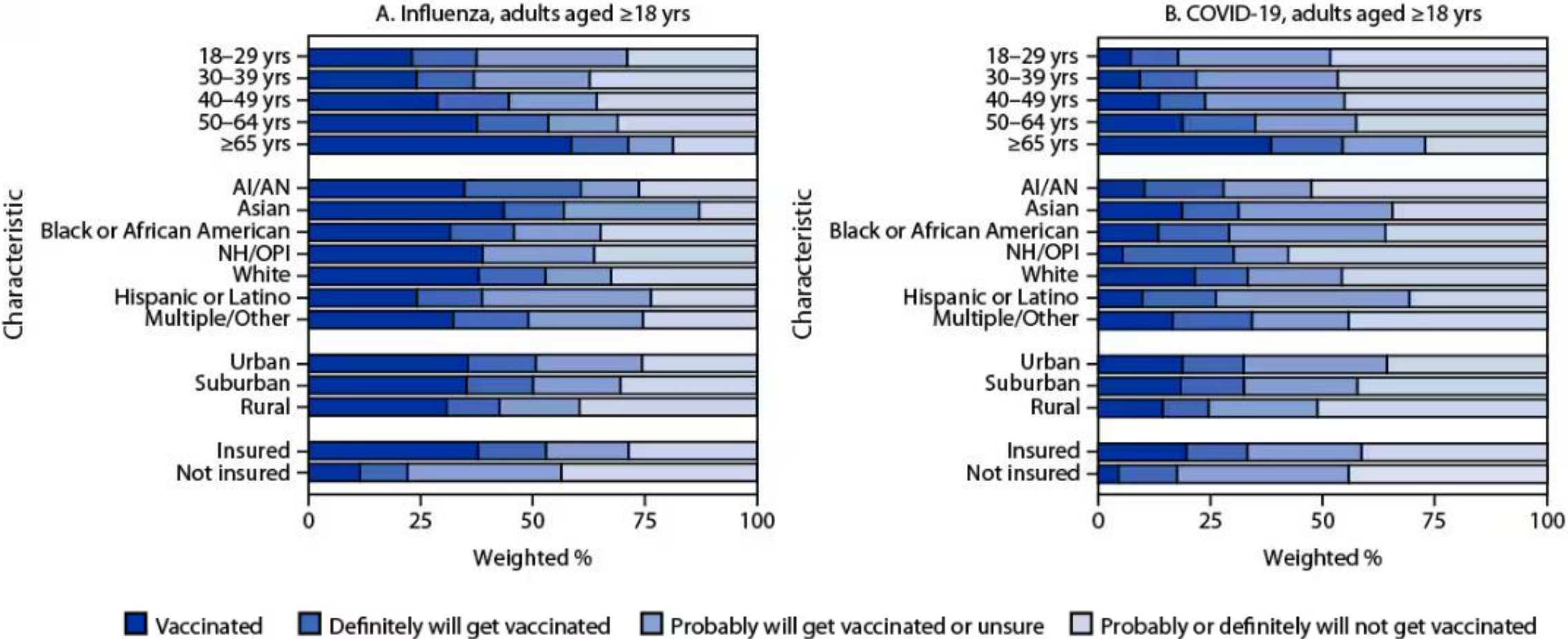
# Meningococcal B Vaccines

- ACIP and CDC now recommend MenB-4C (Bexsero®) be administered:
  - As a 2-dose series at **0 and 6 months** for healthy adolescents and young adults aged 16–23 years based on shared clinical decision-making for the prevention of serogroup B meningococcal disease
  - As a 3-dose series at **0, 1–2, and 6 months** when given to persons aged ≥10 years at [increased risk for serogroup B meningococcal disease](#).
- This updated recommendation aligns with [Bexsero® FDA licensure](#) and harmonizes with MenB-FHbp (Trumenba) recommendations.
- No recommendation to recall persons previously vaccinated with MenB-4C (Bexsero) at 0, ≥1 month.

[ACIP Presentation: Meningococcal \(10/24/24\); CDC Meningococcal Vaccination for Healthcare Providers](#)

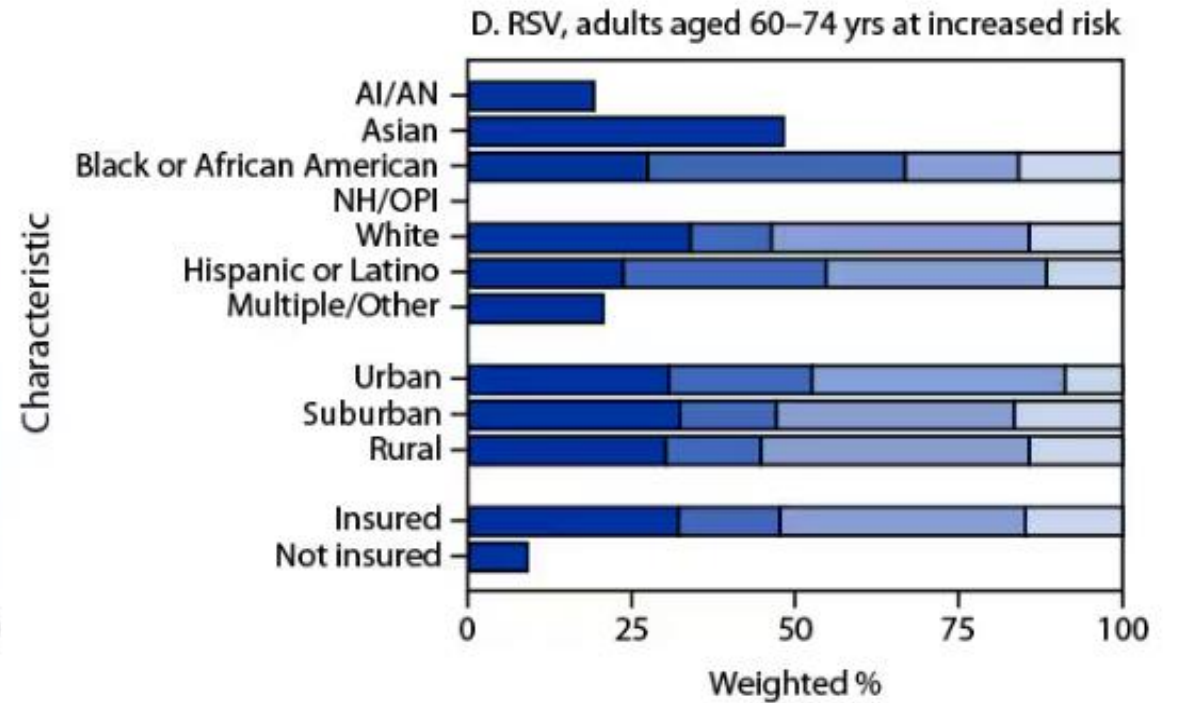
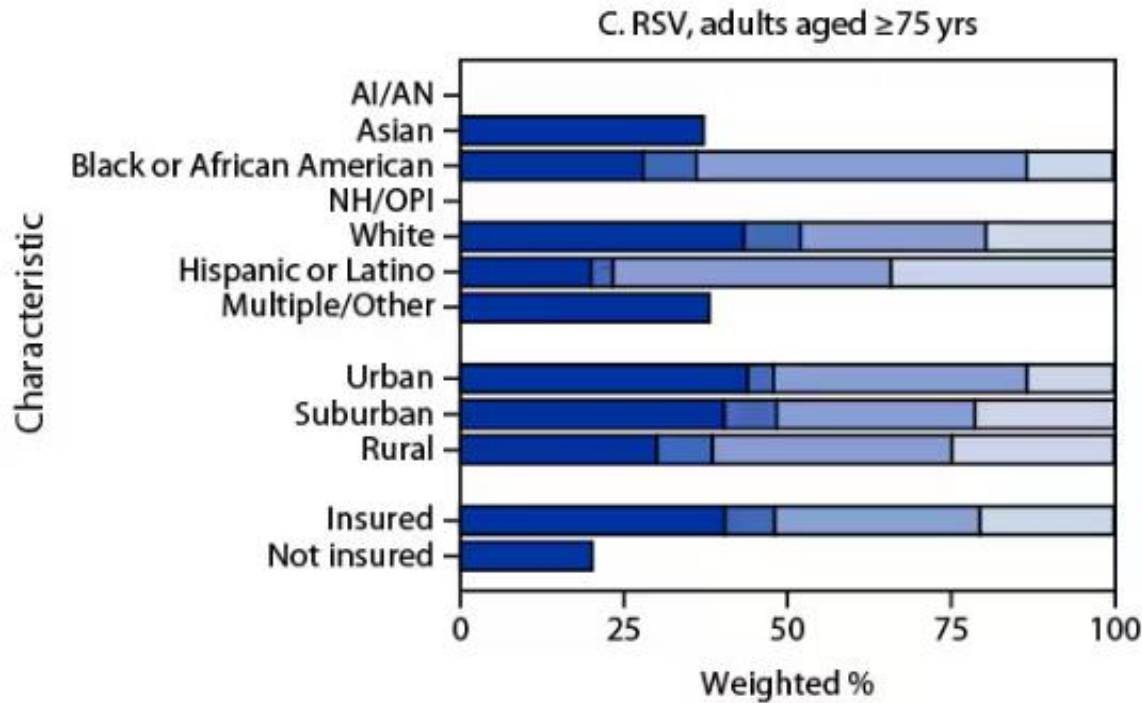


# Influenza, COVID-19, and Respiratory Syncytial Virus Vaccination Coverage Among Adults - United States, Fall 2024 | MMWR



**Abbreviations:** AI/AN = American Indian or Alaska Native; NH/OPI = Native Hawaiian or other Pacific Islander; RSV = respiratory syncytial virus.

# Influenza, COVID-19, and Respiratory Syncytial Virus Vaccination Coverage Among Adults - United States, Fall 2024 | MMWR



■ Vaccinated   
 ■ Definitely will get vaccinated   
 ■ Probably will get vaccinated or unsure   
 ■ Probably or definitely will not get vaccinated

**Abbreviations:** AI/AN = American Indian or Alaska Native; NH/OPI = Native Hawaiian or other Pacific Islander; RSV = respiratory syncytial virus.

# Resources

Terisha Gamboa

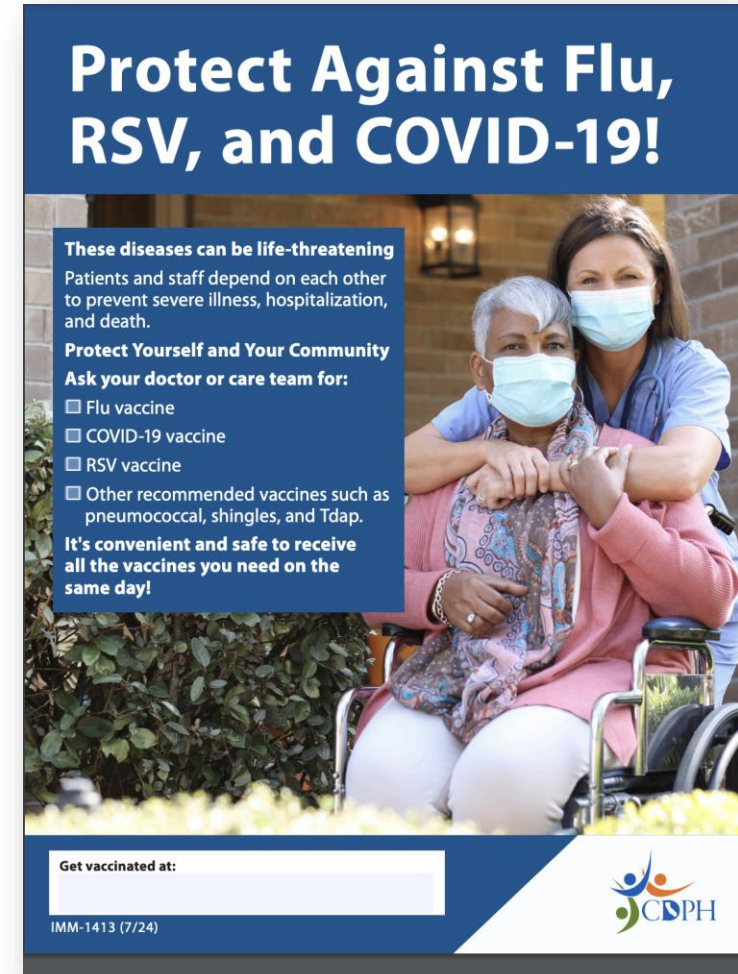
Contact your Local Health Department for these stickers

# VFA Program Update: VFA Stickers Now Available!



# EZIZ Respiratory Diseases Pages

- [Flu and Respiratory Diseases Page](#)
- [COVID-19 Vaccines Resources](#)
- [RSV Vaccines Resources](#)



**Protect Against Flu, RSV, and COVID-19!**

**These diseases can be life-threatening**  
Patients and staff depend on each other to prevent severe illness, hospitalization, and death.


**Protect Yourself and Your Community**  
**Ask your doctor or care team for:**

- Flu vaccine
- COVID-19 vaccine
- RSV vaccine
- Other recommended vaccines such as pneumococcal, shingles, and Tdap.

**It's convenient and safe to receive all the vaccines you need on the same day!**

Get vaccinated at:

IMM-1413 (7/24)




The flyer features a photograph of an older woman in a wheelchair being supported by a caregiver, both wearing face masks. The background is a dark blue gradient with white text.

[Respiratory Disease IZ Flyer for Older Adults](#)








# Respiratory Immunization Resources

## 2024-25 Fall-Winter Immunization Guide | Spanish – NEW!



### FALL-WINTER IMMUNIZATIONS

Who is eligible?	What immunizations are recommended?	When should I get it?
<b>Influenza</b> 	<b>6 months and older</b> <b>Flu vaccines</b> are available as a shot or nasal spray. Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year.	September or October are ideal, but catching up later can still help.
<b>COVID-19</b> 	<b>6 months and older</b> <b>Updated COVID-19 vaccines</b> protect against severe COVID-19 disease and death.	Get it now if at least two months have passed since your last COVID-19 dose.
<b>RSV (Pregnant Persons)</b> 	<b>Pregnant persons</b> during weeks 32-36 of pregnancy who haven't received RSV vaccine during a prior pregnancy.	<b>Prenatal RSV vaccine</b> helps to reduce the risk of severe RSV disease in infants (baby will receive protection that lasts for months after birth).
<b>OR</b>		
<b>RSV (Infants and Toddlers)</b> 	<b>All infants</b> from birth to 8 months and children 8-19 months at high risk of severe RSV disease.	<b>Immunization</b> contains preventive antibodies that help fight RSV infections and are <b>90% effective</b> at preventing RSV-related hospitalization.
<b>RSV (Older Adults)</b> 	<b>75 years and older</b> , 60-74 years at increased risk of severe RSV disease.	<b>RSV vaccine</b> protects older adults against RSV disease.
		Available year-round. CDC encourages healthcare providers to maximize the benefit of RSV vaccination by offering in late summer or early fall. Booster doses are not recommended at this time.


Note: you can receive influenza, COVID-19, and RSV immunizations during the same visit.

**Where to get vaccinated?**






- Contact your doctor, local pharmacy, or visit [MyTurn.ca.gov](https://www.myturn.ca.gov).
- Need further assistance? Contact your [Local Health Department](#).
- Children who are Medi-Cal eligible, American Indian/Alaskan Native, uninsured and underinsured may get no cost vaccines through the [Vaccines for Children Program](#).

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

California Department of Public Health | Immunization Branch IMM-1481 (8/24)



### VACUNAS OTOÑO-INVIERNO

¿Quiénes pueden vacunarse?	¿Qué vacunas se recomiendan?	¿Cuándo debo recibirla?
<b>Influenza</b> 	<b>6 meses y mayores</b> Las <b>vacunas contra la influenza</b> están disponibles como inyección o aerosol nasal. La vacuna contra la influenza previene millones de enfermedades y visitas al doctor por la influenza cada año.	Lo ideal es septiembre u octubre, pero ponerse al día más tarde también puede ser útil.
<b>COVID-19</b> 	<b>6 meses y mayores</b> Las <b>vacunas contra el COVID-19 actualizadas</b> protegen contra enfermedades graves y la muerte por COVID-19.	Vacúnese ahora si han pasado al menos dos meses desde su última dosis de COVID-19.
<b>VRS (Personas Embarazadas)</b> 	Personas embarazadas entre las 32-36 semanas de embarazo que no se han vacunado contra el VRS durante un embarazo anterior.	La <b>vacuna prenatal contra el VRS</b> ayuda a reducir el riesgo de enfermedad grave por VRS en los bebés (ayuda a proteger al bebé meses después de nacer).
<b>O</b>		
<b>VRS (Bebés y niños pequeños)</b> 	Todos los bebés desde el nacimiento hasta los 8 meses y los niños de 8 a 19 meses con alto riesgo de enfermedad grave por VRS.	La <b>inmunización</b> contiene anticuerpos preventivos que ayudan a combatir las infecciones por VRS y tienen una <b>eficacia del 90%</b> en la prevención de la hospitalización por el VRS.
<b>VRS (Adultos mayores)</b> 	Mayores de 75 años y adultos entre 60-74 años con mayor riesgo de enfermedad grave por VRS.	La <b>vacuna contra el VRS</b> protege a los adultos mayores contra la enfermedad por VRS.
		Disponible todo el año. Los CDC animan a los proveedores de salud a maximizar los beneficios de la vacuna contra el VRS ofreciéndola a finales de verano o principios de otoño. No se recomiendan dosis de refuerzo en este momento.

Note: puede recibir las vacunas contra la influenza, COVID-19 y VRS durante la misma cita.

**¿Dónde vacunarse?**

- Póngase en contacto con su doctor, farmacia local o visite [MyTurn.ca.gov](https://www.myturn.ca.gov).
- ¿Necesita más ayuda? Póngase en contacto con su [departamento de salud local](#).
- Los niños que reúnen los requisitos de Medi-Cal, los indios americanos/nativos de Alaska, sin seguro o con seguro limitado pueden recibir vacunas sin costo a través del [Programa de Vacunas para Niños](#).

Gracias a Katelyn Jetelina, PhD, MPH y Caitlin Rivers, PhD, MPH por permitir que el CDPH adapte este recurso.

Departamento de Salud Pública de California | Sección de Inmunización IMM-1481S (10/24)

# Vaccine Product Guides 2024 –2025

COVID-19 Vaccine Product Guide				
Pfizer				
	Infant/Toddler 6 months–4 years	Pediatric 5–11 years	Comirnaty 12+ years	Comirnaty 12+ years
			Single-Dose Vial 2024-25 Formula image not available	
	2024-25 Formula	2024-25 Formula		2024-25 Formula
Packaging	Yellow Cap	Blue Cap		Pre-Filled Syringe
Doses Per Vial	3 doses	1 dose	1 dose	1 dose/syringe
Carton Size	30 doses	10 doses	10 doses	10 doses
NDC-Unit of Sale (carton)	59267-4426-02	59267-4438-02	00069-2403-10	00069-2432-10
NDC-Unit of Use (vial/syringe)	59267-4426-01	59267-4438-01	00069-2403-01	00069-2432-01
CVX Code	308	310	309	309
CPT Code	91318	91319	91320	91320
Program Availability	VFC	VFC	Not available	VFC, CA BAP
Min. Standard Order*	30 doses	10 doses	N/A	10 doses
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.				
Shipping	Ships from manufacturer with dry ice between -90°C and -60°C (-130°F to -76°F)		2° to 8°C (36°F to 46°F)	
ULT	Until expiration date at -90°C to -60°C (-130°F to -76°F)			
Thermal Shipper				
Freezer				
Refrigerator	Up to 10 weeks at 2°C to 8°C (36°F to 46°F). Do not refreeze. Write the use-by date on carton—not to exceed expiration.		Until expiration at 2°C to 8°C	
Expiration Date	Check the date on the product/carton, or for thawed products refer to the written use-by date.		Check label.	
Administration				
Diluent (supplied)	1.1 mL per vial	Do not dilute	Do not dilute	N/A
Dose Volume & Dose	0.3 mL 3 mcg dose	0.3 mL 10 mcg dose	0.3 mL 30 mcg dose	0.3 mL 30 mcg dose
Refrigerator Thaw Time	Carton/Vial: Up to 2 hours at 2° to 8°C (36°F to 46°F) (Do not refreeze)		N/A	
Room Temp Thaw Time	Vial: 30 minutes at up to 25°C (77°F) (Do not refreeze)		N/A	
Total Time at Room Temp	Up to 12 hours (including thaw time) at 8°C to 25°C (46°F to 77°F)			

## COVID-19 Vaccines ID Guide

INFLUENZA VACCINE PRODUCT GUIDE		2024-2025
6 MONTHS & OLDER	<b>Fluarix® Trivalent</b> GlaxoSmithKline Biologicals 0.5 mL single-dose syringe	<b>FluLaval® Trivalent</b> GlaxoSmithKline Biologicals 0.5 mL single-dose syringe
	<b>Flucelax® Trivalent</b> Seqirus 0.5 mL single-dose syringe	<b>Fluzone® Trivalent</b> Sanofi Pasteur, Inc. 0.5 mL single-dose
	<b>Afluria® Trivalent</b> Seqirus 5.0 mL multi-dose vial*	<b>Flucelax® Trivalent</b> Seqirus 5.0 mL multi-dose vial*
3 YEARS & OLDER	<b>Afluria® Trivalent</b> Seqirus 0.5 mL single-dose syringe	<b>Fluzone® Trivalent</b> Sanofi Pasteur, Inc. 5.0 mL multi-dose vial*
2–49 YEARS OLD & HEALTHY	<b>FluMist® Trivalent</b> Astrazeneca 0.2 mL single-dose nasal sprayer	<b>FLUAD® Adjuvanted Trivalent</b> Seqirus 0.5 mL single-dose syringe
18 YEARS & OLDER	<b>FluBlok® Trivalent</b> Sanofi Pasteur, Inc. 0.5 mL single-dose syringe	<b>Fluzone® High-Dose Trivalent</b> Sanofi Pasteur, Inc. 0.5 mL single-dose syringe

**STORE ALL INFLUENZA VACCINES IN THE REFRIGERATOR.**

**VFC Questions: Call 877-2Get-VFC (877-243-8832)**  
State General Fund (SGF) Flu Program participants can contact: sgfvaccine@cdph.ca.gov

Children under 9 years of age with a history of fewer than 2 doses of influenza vaccine are recommended to receive 2 doses this flu season. See [CDC Website](#).

Vaccines available through the Vaccines for Children Program in 2024-25 should only be used for VFC-eligible children 18 years of age or younger.

\* Multi-dose flu vaccines, which contain thimerosal, should NOT be given to pregnant women and children under 3 years of age unless Secretary of the Health and Human Services Agency issues an exemption (CA Health & Safety Code 124172).

Preferred vaccine product for persons 65 or older. If not available, any other age-appropriate inactivated product may be given.

California Department of Public Health IMM-859 (8/24)

## Flu Vaccines ID Guide



# Updated COVID-19 Vaccine Timing Chart

## COVID-19 Vaccine Timing 2024-25 –Routine Schedule

For online version and details view [Interim Clinical Considerations for Use of COVID-19 Vaccines](#).  
Schedule is subject to change.

Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8 weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1
	Moderna–Pediatric	1st Dose → 4-8 weeks → 2nd Dose	If 1 prior dose, then: 4-8 weeks 1 If ≥2 prior doses then: ≥8 weeks 1
5–11 years	Moderna–Pediatric	1 Dose	If 1 or more prior doses (of any of the brands), then*: ≥2 months 1 2024-25 Moderna/Pfizer/Novavax
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then*: Ages 12-64 years: 2 months 1 2024-25 Moderna/Pfizer/Novavax Ages 65+ years: 2 months 1 6 months§ 2
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks → 2nd Dose	

\* See CDC recommendations for children transitioning from a younger to older age group.  
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.  
\*\* An 8-week interval may be preferable for some people, especially for males 12-39 years.  
‡ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).  
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.  
§ Minimum interval 2 months.  
¶ If >8 weeks passed since the first Novavax dose, any 2024–25 COVID-19 vaccine (Moderna/Pfizer/Novavax) may be given.

CDPH  
California Department of Public Health, Immunization Branch  
IMM-1396 (11/4/24) Page 1 of 2

## COVID-19 Vaccine Timing 2024-25 if Moderately/Severely Immunocompromised

Age	Vaccine	If unvaccinated:	If had any prior doses give 2024-25 doses:
6 months–4 years	Pfizer Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → 6 months§ → Additional Dose(s)*	1 prior dose: 3 w 1 ≥8 w 2 ≥2 prior doses: ≥8 w 1 6 m¶ Additional Dose(s)*
	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months§ → Additional Dose(s)*	1 prior dose: 4 w 1 ≥4 w 2 2 prior doses: ≥4 w 1 6 m¶ Additional Dose(s)*
5–11 years	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months§ → Additional Dose(s)*	1 prior dose: 4 w 1 ≥4 w 2 2 prior doses: ≥4 w 1 ≥3 prior doses**: ≥8 w 1 (for ages 5+ yrs, Pfizer dose is also OK) 6 m¶ Additional Dose(s)*
	Pfizer–Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months§ → Additional Dose(s)*	1 prior dose: 3 w 1 ≥4 w 2 2 prior doses: ≥4 w 1 ≥3 prior doses**: ≥8 w 1 6 m¶ Additional Dose(s)*
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months§ → Additional Dose(s)*	1 prior dose: 3 w 1 ≥4 w 2 2 prior doses: ≥4 w 1 ≥3 prior doses**: ≥8 w 1 6 m¶ Additional Dose(s)*
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months§ → Additional Dose(s)*	1 prior dose: 4 w 1 ≥4 w 2 2 prior doses: ≥4 w 1 ≥3 prior doses**: ≥8 w 1 6 m¶ Additional Dose(s)*
	Novavax	1st Dose → 3 weeks → 2nd Dose → 6 months§ → Additional Dose(s)*	≥1 prior doses**: ≥2 m 1 6 m¶ Additional Dose(s)* Moderna/ Pfizer/ Novavax (12+ only)

\* Further doses may be given under shared clinical decision-making at a minimum interval of 2 months. See Table 2 for vial and dosage.  
\*\* Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.  
§ Minimum interval 2 months.  
¶ If >8 weeks passed since the first Novavax dose, any 2024–25 COVID-19 vaccine (Moderna/Pfizer/Novavax) may be given.

CDPH  
California Department of Public Health, Immunization Branch  
IMM-1396 (11/4/24) Page 2 of 2

## IMM-1396 COVID-19 Vaccine Timing Chart

# Updated COVID-19 VIS

**VACCINE INFORMATION STATEMENT**

**COVID-19 Vaccine:**  
**What You Need to Know**

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vi](http://www.immunize.org/vi)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vi](http://www.immunize.org/vi)

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**1. Why get vaccinated?**

COVID-19 vaccine can prevent COVID-19 disease. Vaccination can help reduce the severity of COVID-19 disease if you get sick.

COVID-19 is caused by a coronavirus called SARS-CoV-2 that spreads easily from person to person. COVID-19 can be mild to moderate, lasting only a few days, or it can be severe, requiring hospitalization, intensive care, or a ventilator to help with breathing. COVID-19 can also result in death.

COVID-19 symptoms may appear 2 to 14 days after exposure to the virus. A person can have mild, moderate, or severe symptoms.

- Symptoms can include fever; chills; cough; shortness of breath or difficulty breathing; fatigue (tiredness); muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea; vomiting; and diarrhea.
- More serious symptoms can include trouble breathing; persistent pain or pressure in the chest; new confusion; inability to wake or stay awake; and pale, gray, or blue-colored skin, lips, or nail beds (depending on skin tone).

Older adults and people of any age with certain underlying medical conditions (like heart or lung disease or diabetes) are more likely to get very sick with COVID-19.

After COVID-19 illness, some people get Long COVID, a chronic condition with symptoms lasting 3 months or longer. Symptoms of Long COVID may get better, get worse, or stay the same.

People who are up to date with COVID-19 vaccination have a lower risk of severe illness, hospitalization, and death from COVID-19 than people who are not up to date. COVID-19 vaccination is the best way to prevent Long COVID.

Getting a COVID-19 vaccine helps the body learn how to defend itself from the disease and reduces the risk for severe illness and complications. Additionally, COVID-19 vaccines can offer added protection to people who have already had COVID-19, including protection against being hospitalized if they become infected with COVID-19 again.

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**2. COVID-19 vaccine**

Updated 2024–2025 COVID-19 vaccine is recommended for everyone 6 months of age and older. This includes people who are pregnant, breastfeeding, trying to get pregnant now, or who might become pregnant in the future.

2024–2025 COVID-19 vaccines for infants and children 6 months through 11 years of age are available under Emergency Use Authorization from the U. S. Food and Drug Administration (FDA). Please refer to the Fact Sheets for Recipients and Caregivers for more information.

For people 12 years of age and older, 2024–2025 COVID-19 vaccines, manufactured by ModernaTX, Inc. or Pfizer, Inc., are approved by FDA.

Novavax COVID-19 Vaccine Adjuvanted (2024–2025 Formula) vaccine is available under Emergency Use Authorization from FDA for people 12 years and older. Please refer to the Fact Sheet for Recipients and Caregivers for more information.

- **Everyone 6 months of age and older** is recommended to receive an age-appropriate FDA-approved or authorized updated 2024–2025 COVID-19 vaccine.
- **Certain people, such as those who have medical conditions or are taking medications that affect the immune system**, may need additional doses of COVID-19 vaccine. Your health care provider can advise you.

 **U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION**

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**3. Talk with your health care provider**

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of COVID-19 vaccine** or has any **severe, life-threatening allergies**
- Has had **myocarditis** (inflammation of the heart muscle) or **pericarditis** (inflammation of the lining outside of the heart)
- Has had **multisystem inflammatory syndrome** (called MIS-C in children and MIS-A in adults)

In some cases, your health care provider may decide to postpone COVID-19 vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill, including with COVID-19, should usually wait until they recover.

COVID-19 vaccine may be given at the same time as other vaccines.

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**4. Risks of a vaccine reaction**

- Pain, swelling, and redness where the shot is given, fever, tiredness (fatigue), headache, chills, muscle pain, joint pain, nausea, vomiting, and swollen lymph nodes can happen after COVID-19 vaccination.
- Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have been seen rarely after COVID-19 vaccination. These risks have been observed most frequently in adolescent and young adult males. The chance of this occurring is low.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

V-Safe is a safety monitoring system that lets you share with CDC how you, or your dependent, feel after getting COVID-19 vaccine. You can find information and enroll in V-Safe at [vsafe.cdc.gov](https://vsafe.cdc.gov).

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**5. What if there is a serious problem?**

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

Seek medical attention right away if the vaccinated person experiences chest pain, shortness of breath, or feelings of having a fast-beating, fluttering, or pounding heart after COVID-19 vaccination. These could be symptoms of myocarditis or pericarditis.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do not give medical advice.

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**6. Countermeasures Injury Compensation Program**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit the program's website at [www.hrsa.gov/cicp](http://www.hrsa.gov/cicp), or call 1-855-266-2427.

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**7. How can I learn more?**

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for COVID-19 Fact Sheets, package inserts, and additional information at [www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines](http://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's COVID-19 vaccines website at [www.cdc.gov/covid/vaccines/index.html](http://www.cdc.gov/covid/vaccines/index.html).

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Vaccine Information Statement  
**COVID-19 Vaccine**

10/17/2024

OFFICE  
USE  
ONLY 

## COVID-19 VIS

# Updated RSV Resources for Adult Patients

- [RSV FAQs](#)
- [RSV Vaccine Fact Sheet](#)  
(Abrysvo, Arexvy, and mRESVIA)

## Vaccine Fact Sheet: Respiratory Syncytial Virus (RSV)



Topic	Abrysvo™	Arexvy	mRESVIA
<b>Manufacturer</b>	Pfizer	GSK	Moderna
<b>Product Info</b>	<a href="#">Detailed prescribing information</a>	<a href="#">Detailed prescribing information</a>	<a href="#">Detailed prescribing information</a>
<b>Protects Against</b>	RSV	RSV	RSV
<b>Approved Ages</b>	<ul style="list-style-type: none"> <li>Individuals ≥60 years of age</li> <li>Pregnant individuals at 32-36 weeks gestational age</li> </ul>	<ul style="list-style-type: none"> <li>Individuals ≥ 60 years of age</li> <li>Individuals 50 through 59 years of age who are at increased risk</li> </ul>	<ul style="list-style-type: none"> <li>Individuals ≥ 60 years of age</li> </ul>
<b>Routine Schedule &amp; Intervals</b>	<ul style="list-style-type: none"> <li>One dose for individuals ≥ 75 years of age</li> <li>One dose for individuals 60-74 years who are at <b>increased risk</b> of severe disease</li> <li>One dose for pregnant individuals at 32-26 weeks gestational age using seasonal administration (typically September to January).</li> </ul>	<ul style="list-style-type: none"> <li>One dose for individuals ≥ 75 years of age</li> <li>One dose for individuals 60-74 years who are at <b>increased risk</b> of severe disease</li> </ul>	<ul style="list-style-type: none"> <li>One dose for individuals ≥ 75 years of age</li> <li>One dose for individuals 60-74 years who are at <b>increased risk</b> of severe disease</li> </ul>
<b>Administration</b>	(IM) Intramuscular injection	(IM) Intramuscular injection	IM (intramuscular) injection
<b>Packaging</b>	<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>

# Updated Pneumococcal Vaccines Guidance

**Pneumococcal Vaccine Timing** DO NOT administer PCV15 and PPSV23 at the same visit.

**Age 65+ Years: All**  
**Age 19-64 Years: Only if High-Risk\*\***

**A. Unknown or No Prior Doses of PCV or PPSV23**

Option A1: **PCV20** (Pneumovax® 20\*) (PPSV23 not needed) OR Option A2: **PCV15** (Vaxneuvance®)

*≥1 year interval if: healthy 65+, or 19+ with other risks\**  
*Consider ≥8 week interval if: 19+ at highest-risk\**

**B. Previously Received PPSV23**

*≥1 year since PPSV23* → **PCV20** (Pneumovax® 20\*)

**C. Previously Received PCV13\***

*≥1 year since PCV13* → **PPSV23** (Pneumovax® 23)

**D. Previously Received PCV15 and PPSV23 in Any Order†**

**PCV20** (Pneumovax® 20\*) OR **PPSV23** (Pneumovax® 23)

**\*Immunocompromising conditions, CSF leak or cochlear implant**  
 In Option A2, consider a minimum interval of 8 weeks between PCV15 and PPSV23 for these conditions:

- Asplenia, congenital or acquired
- CSF leak
- Cochlear implant
- Chronic renal failure
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies
- HIV infection
- Immunodeficiency, congenital or acquired
- Iatrogenic immunosuppression
- Solid organ transplant
- Generalized malignancy
- Leukemia
- Lymphoma
- Hodgkin disease
- Multiple myeloma

**†Other risk factors**  
 In Option A2, minimum interval of 1 year between PCV15 and PPSV23 for these conditions:

- Alcoholism
- Cigarette smoking
- Diabetes mellitus
- Chronic heart disease
- Chronic liver disease
- Chronic lung disease

†Additional guidance from CDC at <https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm>  
 For further details, see: [www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm](https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm)  
 California Department of Public Health, Immunization Branch [www.cdph.ca.gov](https://www.cdph.ca.gov)

IMM-1152 (1/24)

[Pneumococcal Vaccine Timing Guide \(IMM-1152\)](#)

## Vaccine Fact Sheet: Pneumococcal Vaccines



Topic	Prevnar 20® (PCV20)	Vaxneuvance® (PCV15)	Pneumovax® 23 (PPSV23)
<b>Manufacturer</b>	Pfizer	Merck	Merck
<b>Product Info</b>	<a href="#">Detailed Prescribing Information</a>	<a href="#">Detailed Prescribing Information</a>	<a href="#">Detailed Prescribing Information</a>
<b>Protects Against</b>	Pneumococcal disease (PD) caused by 20 serotypes of <i>Streptococcus pneumoniae</i> *.	PD caused by 15 serotypes of <i>Streptococcus pneumoniae</i> bacteria.	PD caused by 23 serotypes of <i>Streptococcus pneumoniae</i> bacteria.
<b>Routine Schedule</b>	<b>Children:</b> Four (4) dose primary series at 2, 4, 6, and 12-15 months  <b>Adults:</b> One (1) dose for adults ≥65 years or 19-64 years at increased risk for PD.	<b>Children:</b> Four (4) dose primary series at 2, 4, 6, and 12-15 months  <b>Adults:</b> One (1) dose for adults ≥65 years or 19-64 years at increased risk for PD. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant.	<b>Children:</b> One (1) dose for children ≥2 years at increased risk for PD. If previously received at least one dose of PPSV23, PPSV23 doses needed  <b>Adults:</b> One (1) dose for adults ≥65 years or 19-64 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.
<b>Minimum intervals</b>	4 or 8 weeks depending on age and dose number  <a href="#">2023: Pneumococcal Conjugate Vaccine (PCV)-Catch-up Guidance (cdc.gov)</a>	4 or 8 weeks depending on age of and dose number  <a href="#">2023: Pneumococcal Conjugate Vaccine (PCV)-Catch-up Guidance (cdc.gov)</a>	8 weeks after the most recent PCV dose, if indicated.  <a href="#">2023: Pneumococcal Conjugate Vaccine (PCV)-Catch-up Guidance (cdc.gov)</a>
<b>Approved Ages</b>	6 weeks and older	6 weeks and older	2 years and older
<b>Administration</b>	Intramuscular (IM) injection	Intramuscular (IM) injection	Intramuscular (IM) or Subcutaneous (SC) injection

California Department of Public Health, Immunization Branch

IMM-1524 (2/26/24)

[Pneumococcal Vaccine Fact Sheet \(IMM-1524\)](#)



# Newest Resource for Meningococcal Vaccines!



## Meningococcal and Recommended Vaccines Flyer for College Students

### 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)

#### What do I need to know about meningococcal disease?

Meningococcal (me-nin-je-kok-ul) disease is a serious illness caused by bacteria that can infect the blood or areas around the brain and spinal cord. Infection can lead to brain damage, disability, amputation of limbs, and rapid death.

**College freshmen in dorms are at higher risk of catching meningococcal disease.** The bacteria are spread person-to-person through air droplets. Close contact such as kissing, coughing, living in close quarters, and even sharing things like cups, lip balm, or vape pens can increase your risk of getting the disease.

Meningitis is the most common form of meningococcal disease. Common symptoms of meningitis include stiff neck, headache, high fever, sensitivity to light, and confusion. Contact a healthcare provider right away and do not delay in seeking treatment if you have these symptoms.

Check with your health care provider about which meningococcal vaccines you need.



California Department of Public Health, Immunization Branch

IMM-688 (11-24)

# Communication Resources for Respiratory Diseases IZ

## 2024-2025 Respiratory IZ Talking Points

- Use as reference for conversations, social media/digital messaging, and other communications.

### 2024-25 RESPIRATORY DISEASES IMMUNIZATION TALKING POINTS

FOR DRAFTING SOCIAL MEDIA MESSAGES, PRESS RELEASES, ARTICLES AND OTHER COMMUNICATIONS:

**Respiratory infections like flu, COVID-19, and RSV are common during the fall and winter; serious complications can be prevented by getting immunized when eligible.**

- Updated [flu](#) and [COVID-19](#) vaccines are recommended for everyone 6 months and older when available. Respiratory Syncytial Virus (RSV) immunizations are recommended for eligible pregnant people, older adults, infants, and toddlers. These immunizations decrease your chances of getting very sick. Talk to your health care provider today!
- Getting immunized against flu, COVID-19, and RSV means fewer sick days and more time with your loved ones. Get your vaccines today!
- No vaccine is 100%, but even if you catch these viruses while immunized, your symptoms may be less severe, and you are less likely to be hospitalized.
- Getting immunized against these respiratory diseases has been proven safe and effective in preventing serious illness and death in children and adults.
- Flu, COVID-19, and RSV immunizations are the best protection against related hospitalization and death.

**We are stronger when we are all protected against respiratory diseases. Talk to your health care provider about getting immunized against flu, COVID-19, and RSV.**

- Reduce the chances of spreading respiratory illnesses to those you love. Ask your health care provider today if you and your loved ones are up to date on immunizations.
- Do your part to protect yourselves and your loved ones from serious illness by getting immunized this respiratory season.
- Getting immunized is one way we can look out for one another and keep each other healthy.
- Immunizations can help lessen the burden on our healthcare system during respiratory virus season. Let's keep each other healthy and out of the hospital!

2024-25 Respiratory Season Talking Points

August 2024



# CDPH Office of Communications Fall Immunization Messaging



Respiratory Virus Prevention



Flu & COVID-19 Vaccines



Respiratory Syncytial Virus

# 2024 National Influenza Vaccination Week

- December 2 – 6, 2024
- NIVW is an annual awareness week to highlight importance of influenza vaccination. Remind everyone 6 months and older there's still time to get a flu vaccine this season!
- See CDC's [Official NIVW Toolkit](#) for resources



# Q & A

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# Thank You!

Questions?

Contact the Provider Call Center

(833) 502 – 1245

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

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





# Immunization Branch

Please take a few  
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feedback!

<https://forms.office.com/q/MMKrzu0BCy>





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