



**Immunization
Branch**

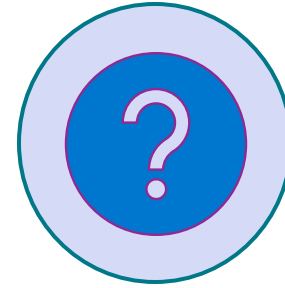
Vaccines for Adults Program:

“Improving Vaccine Uptake in Adults: Strategies, Implementation and Successes”

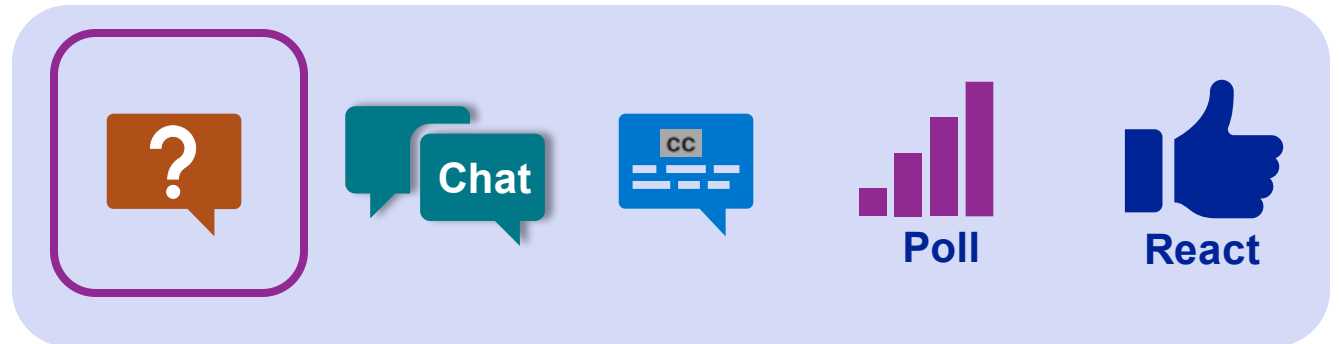
Thursday, September 25, 2025

12:00pm – 1:00pm, PT

Q&A



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



[Links are in blue and underlined](#)

Housekeeping

Reminder to Attendees:



For VFA slides and resources, please click the link here, [VFA Resources on EZIZ](#)



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



If you are having any webinar issues, please email Cecilia.lavu@cdph.ca.gov

Webinar Objectives



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

1. Understand and share Vaccines for Adults (VFA) Program and eligibility updates with clinic staff.
2. Explore various strategies and best practices to help increase adult vaccination rates.
3. Understand respiratory season updates and adult immunization recommendations.
4. Identify updated tools and resources that can be utilized for adult patients.

Agenda: Thursday, September 25, 2025

No.	Item	Speakers	Time (PM)
1	Welcome and Announcements	Leslie Amani, CDPH	12:00 – 12:05
2	VFA Provider Corner: Best Practices	Laura Anderlohr, Family Health Centers of San Diego	12:05 – 12:20
3	Clinical Updates	Lily Horng, MD, PHMO, CDPH	12:20 – 12:30
4	VFA Program Updates	Lindsay Reynoso, CDPH	12:30 – 12:35
5	Program Knowledge Checks	Lindsay Reynoso, CDPH	12:35 – 12:45
6	Resources	Terisha Gamboa, CDPH	12:45 – 12:50
7	Questions and Answers	Rebeca Boyte and CDPH SMEs	12:50 – 12:55
8	Close	Leslie Amani	12:55 – 1:00

Announcements

Leslie Amani, CDPH



Providers' Monthly Webinar: Registration Change

IMPORTANT: Register today for the “CDPH Immunization Updates for Providers” monthly webinar series using the following NEW Zoom registration link: [CDPH Immunization Updates for Providers](https://bit.ly/izproviderwebinar) (bit.ly/izproviderwebinar)

Once registered for the new series, please:

1. Save your new registration information.
2. Add the series to your favored calendar of choice.
3. Delete the old Zoom registration information.



The new provider monthly webinar series sessions will begin next month, **Friday, October 24, 2025.**



Important Update for Archiving

Starting October 2025, we will **no longer** archive:

- EZIZ email listserv communications
- VFA webinar slide decks and recordings on the [EZIZ website](https://eziz.cdph.ca.gov).

California VFA Resources

Popular Links

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

Resources and Job Aids

- VFA Program Management
- Eligibility
- Vaccine Management and Storage & Handling

Tools to Implement the Adult Immunization Standards

- Assess
- Recommend
- Administer or Refer
- Document
- Strategies to Increase Adult Immunization Rates

Webinars

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

Communications

2025

- VFA ACIP Clinical Letter Announcement May 6
 - 2025 ACIP Clinical Letter
- VFA Vaccine Ordering Open (Q2) April 28
- VFA Webinar Save the Date April 3
- VFA Vaccine Ordering Extension February 7
 - Provider Letter Template for Adult RSV Vaccine
- VFA Vaccine Ordering Open (Q1) January 23

2024

- 2025 VFA Recertification Communication December 19
 - 2025 VFA Program Recertification Letter
- 2025 Pre-Recertification Communication December 13
- Adult Immunization Funding Opportunity Announcement December 13
 - Request for Application Release
- VFA Vaccine Ordering Open (Q4) September 25
 - VFA Program Ordering Cadence Calendar and Distribution Table
- VFA Vaccine Ordering Open (Q3) July 15
- VFA Termination Warning Announcement June 7
- VFA Office Hours Part 2 Announcement April 17
- VFA Vaccine Ordering Open (Q2) April 15
 - Placing Vaccine Order Requests Job Aid
 - VFA Program Ordering Cadence Calendar and Distribution Table
- VFA Office Hours Part 1 Announcement April 4
- 2024 ACIP Adult Immunizations Clinical Letter Announcement March 20
 - Clinical Letter: 2024 ACIP Adult Immunizations Schedule
- VFA Program Requirements Lesson Available February 29
- VFA Webinar Registration February 28
- VFA Recertification in myCAVax Part 2 February 15
- VFA Recertification Announcement January 22
 - VFA Provider Requirements At-a-Glance (coming soon)
 - Provider Agreement

[VFA Resources & Communications Page](https://eziz.cdph.ca.gov)

Archiving Update, Continued

Vaccine for Adults (VFA) **program letters will continue** to be archived on the VFA Resources and Communications page **after October 2025.**





VFA Provider Corner: Best Practices

Laura Anderlohr, Family Health Centers of San Diego



For more than 50 years, Family Health Centers of San Diego's (FHCS) mission has been to provide caring, affordable, high-quality health care and supportive services to everyone, with a special commitment to uninsured, low-income and medically underserved persons.

FHCS is one of the top 10 largest federally qualified health centers in the country. We operate more than 90 sites across San Diego County, including 29 primary care clinics, 23 behavioral health facilities, 10 physical rehabilitation clinics, nine dental clinics, five vision clinics, four outpatient substance use treatment programs, three mobile medical units, two mobile counseling centers, two urgent care centers, two PACE centers and a pharmacy. Nearly all our primary care clinics participate in the VFC program, and most clinics also offer VFA, ensuring accessible immunization options for eligible patients across all age groups.

BIOs

Laura Anderlohr is the Supervisor of Vaccine Services at Family Health Centers of San Diego (FHCSD), one of the largest federally qualified health centers in the United States. Since stepping into this role in 2022, Laura has supported immunization efforts across FHCSD's network of clinics, helping to ensure vaccine access and program compliance for underserved populations. Prior to joining FHCSD, she worked as a registered nurse in home care and hospice, where she developed a deep commitment to compassionate, community-based care.

FHCSD Clinical Processes

MA / LVN / RNs

All new MA and Nursing staff are required to attend nursing orientation which includes a class on vaccines.

Immunization Review: Lesson Plan

I. Introduction

- Why vaccinate?
- Where do our vaccines come from?
- What are the storage and handling requirements?
- What are the documentation requirements?
- How do we know which vaccines to give?
- What happens when something goes wrong?

II. Vaccination reasons

- Individual immunity
- Herd immunity
- Protection.

III. Vaccine Procurement

- VFC
- VFA
- State Funded
- Purchased
- Vaccine Company Programs (Merck)

IV. Storage and Handling

- Refrigerator and Freezer Setup
- Temperature Logs
- Temperature Excursions

V. Documentation Requirements

7 Rights of Vaccine Administration

- Right Patient
- Right Vaccine
- Right Time
- Right Injection Site
- Right Dose
- Right Route and Technique
- Right Documentation

Discussion regarding FHCS's Vaccine Policies

VI. Vaccines by Age

First Vaccines (2,4, & 6 months)

- Energix-B (Hep B) (Birth)
- Infanrix (DTaP)
- IPOL (Polio)
- ActHib (HiB)
- Vaxelis (Combo)
- Prevnar 20
- Rotavirus (Rotarix)
- Influenza
- COVID-19 (Moderna)
- RSV (Beyfortus)

12-Month Vaccines

- Havrix (Hep A)
- Varivax (Varicella)
- MMRII (MMR)

15-Month Vaccines

- Dtap/DT
- Hib
- Pneumococcal

18-Month Vaccines

- Hepatitis A (2nd dose)

4-6 years Vaccines

- Kinrix (Dtap/Polio)
- ProQuad (MMR & Varicella)
- Influenza

Vaccines for Adolescents /Teens

- Boostrix or Tenivac/ Tdap/Tenivac
- Gardasil-9/HPV
- MenQuadfi/ Meningococcal A,C,Y&W
- Bexsero/ Meningococcal Group B
- Spikevax/ COVID-19

Pregnancy Vaccines

- Boostrix (Tdap)
- Influenza
- Moderna/Covid-19
- RSV (Abrysvo)

Adult Vaccines

- Boostrix/Tenivac (Tdap/Tenivac)
- Heplisav-B (Hep B)
- Havrix (Hep A)
- Twinrix (Hep A & B)
- Gardasil -9 (HPV)
- Spikevax (Covid-19)
- Influenza
- Shingrix (Shingles)
- Prevnar20 (Pneumococcal)
- RSV

VII. Reporting Issues

- VAERS
- VERP
- MedWatch

VIII. Resources

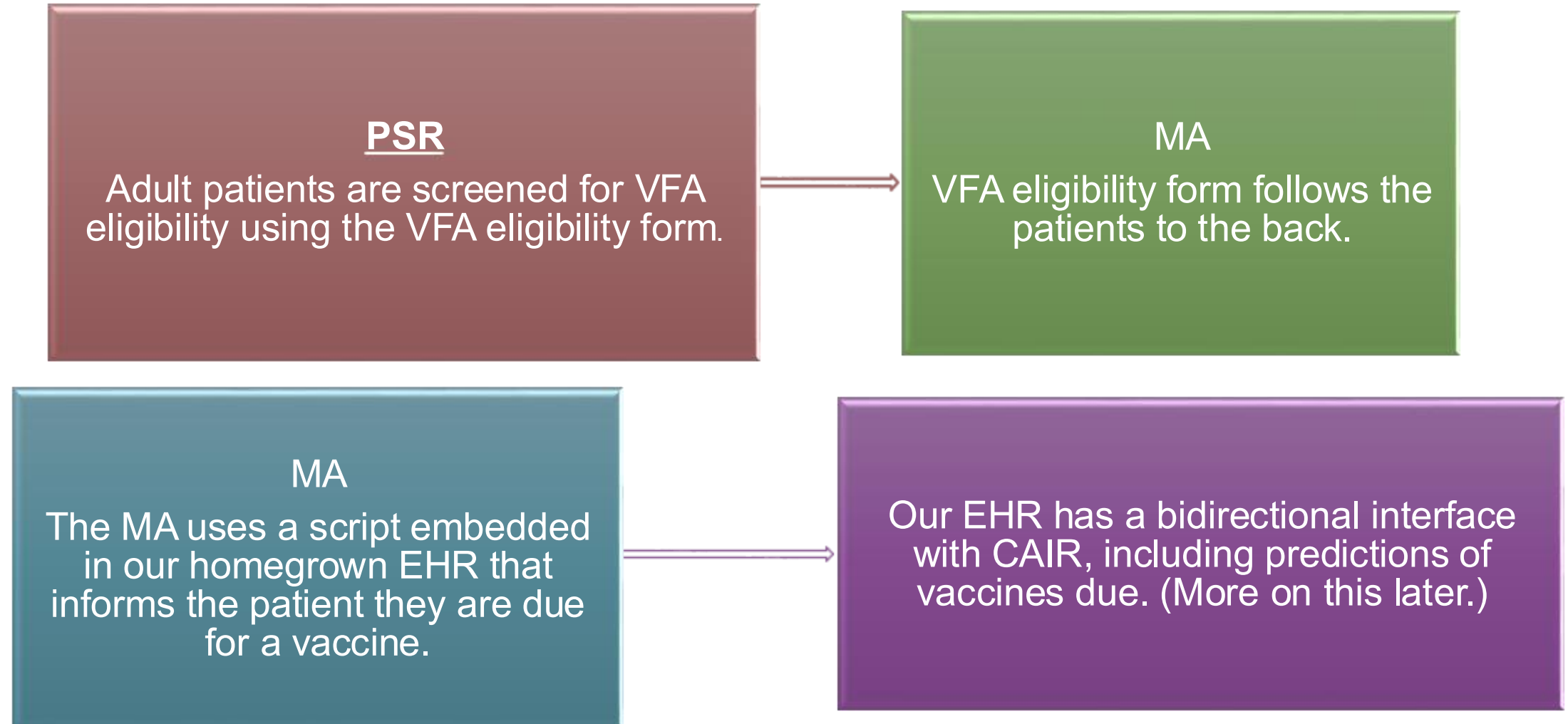
- Immunize.org
- EZIZ
- ACIP/CDC (will be updated soon)
- FHCS's Policies

IX. EXAM (40 questions, 80% passing)

HANDOUTS:

- 0-18 Vaccination schedule
- 19+ Vaccination schedule
- Refrigerator/Freezer setup
- Vaccine (age ranges)
- FHCS's SOP: (Vaccine Preparation, Verification & Administration)

FHCSD Clinical Processes



FHCSD Clinical Processes

MA informs MD

The MD sees that the MA discussed vaccines, patient is aware, and patient is interested in being vaccinated. MD orders it in our EHR.



VFA Vaccines

The MA determines eligibility for VFA vaccines, (age, insurance, availability within the clinic, etc.) using the VFA eligibility form and our internal vaccines by funding source guide.

Funding Source Guide(next slide)

VFA Vaccines

If patient meets the criteria for a VFA vaccine, the MA pulls the vaccine (we try to keep VFC/VFA/Purchased on separate shelves or separate vaccine units.)

Refrigerator example(2 slides)

MA / PSR

The VFA eligibility form is sent to be scanned and uploaded to the patient's chart

VFA/VFC & Purchased Funding Source Guide

VFC/VFA Eligibility Matrix by Funding Source- Coverage for VACCINES (Rev 6/16/25,mo)

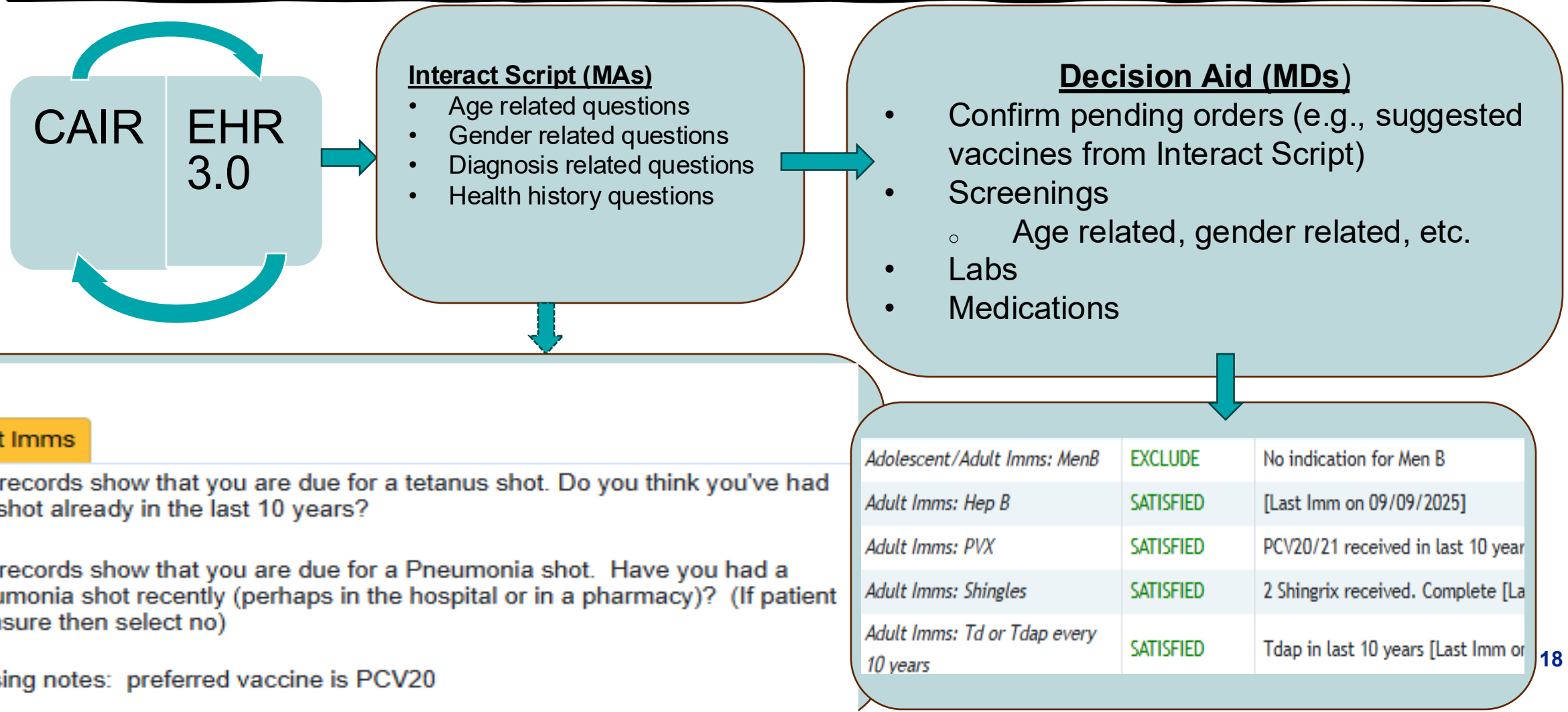
Funding Source	VFC 0-18 Yrs	VFA (317) 19+ Yrs	FHCSD Purchased - Is Patient Responsible for Paying Out of	NOTES
Medi-Cal	YES	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
Blue Shield Promise Medi-Cal PHP CAP	YES	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
MEDI-CAL REGULAR FQHC	YES	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
Medical-Presumptive FQHC	YES	YES	YES	Limited to Flu, Tdap, Hep B (COVID & RSV refer to pharmacy) When possible, refer to participating Pharmacy for vaccine coverage
Medi-cal Restricted	YES	YES	YES	No vaccine coverage
CHG PHP (Commnty Health Grp)	YES	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
Molina Healthcare PHP	YES	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
Rady Children Mcal PHP	YES	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
Non-Contracted PHP**	YES	NO	YES (For Adults)	Refer patient to PCP
Medicare				
Has Medicare Part B, but NOT Part D, patient is eligible for: • Hep A, HPV • MMR, Polio (IPV), RSV • Tdap, Varicella, and Zoster			Has Medicare Part D, but NOT Part B, patient is eligible for: Hep B, PCV20/PCV21	
Blue Shield Medicare Advantage	NO	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
CHG Medicare Advantage	NO	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
Molina Medicare Adv	NO	NO	NO	When possible, refer to participating Pharmacy for vaccine coverage
Medicare FQHC Visits NGS	NO	NO	YES	Hep B, Flu, Pneumo, COVID covered in-office. Refer to Part D Pharmacy for ALL other vaccines
Non-Contracted Medicare**	NO	NO	YES	Refer patient to PCP
NOTES:				
Medicare Part D must be ordered through participating PHARMACY. Not an in-office benefit.				
https://www.cms.gov/files/document/mln908764-medicare-part-d-vaccines.pdf				
Private Insurances				
Aetna PPO	NO	NO	NO	
Blue Shield PPO/CalPers	NO	NO	NO	
Molina Plan Covered California	NO	NO	NO	
Blue Shield Covered California	NO	NO	NO	
Health Net Covered California	NO	NO	NO	
Cigna NonContracted OON**	NO	NO	NO	Pt is responsible if not covered
Anthem NonContracted BlueCross OON**	NO	NO	YES	Refer patient to PCP or participating pharmacy
Geha-ASA	NO	NO	YES	Pt is responsible if not covered
United Healthcare PPO OON**	NO	NO	YES	Pt is responsible if not covered



Vaccine Inventory Labeling:

- Appropriate labels
 - Separated by age and funding source
 - Method: Short-dated vaccines in the front
 - “Use first” labels

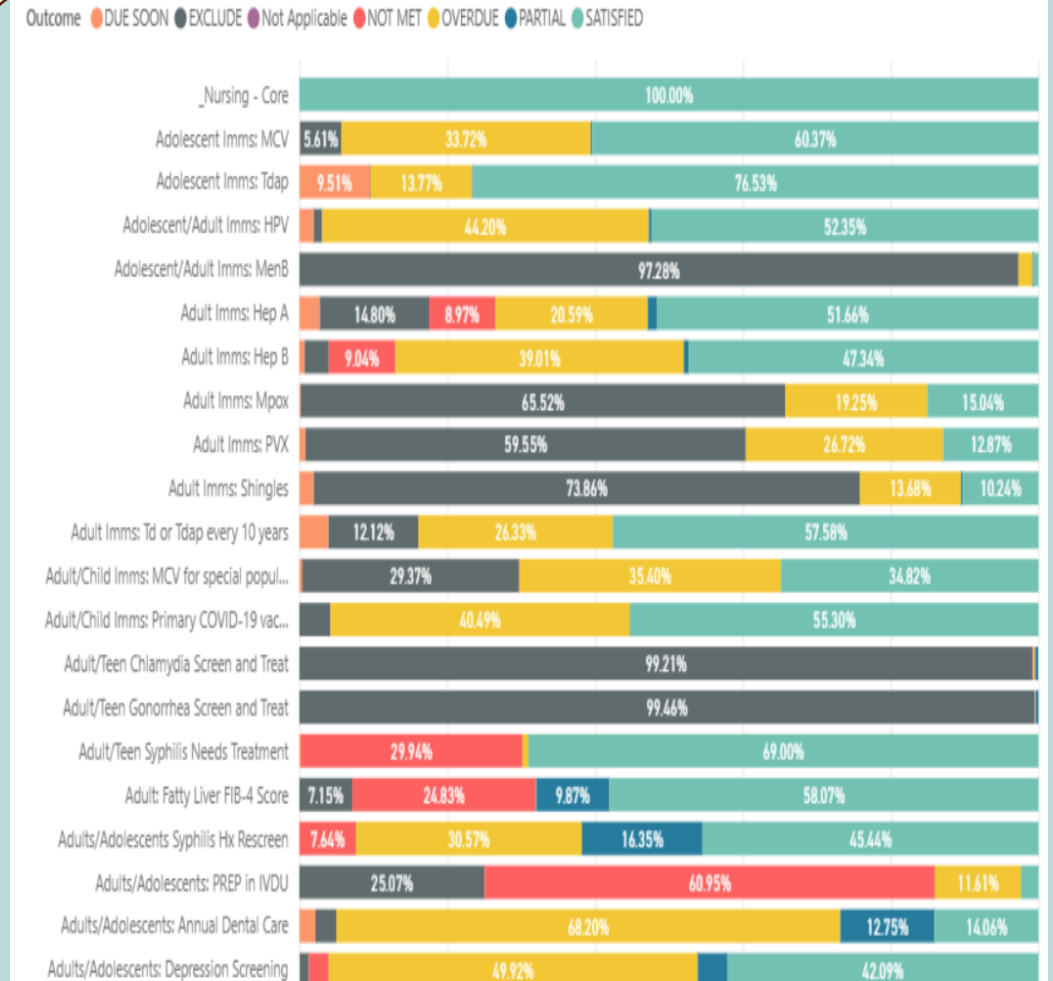
Interact Script



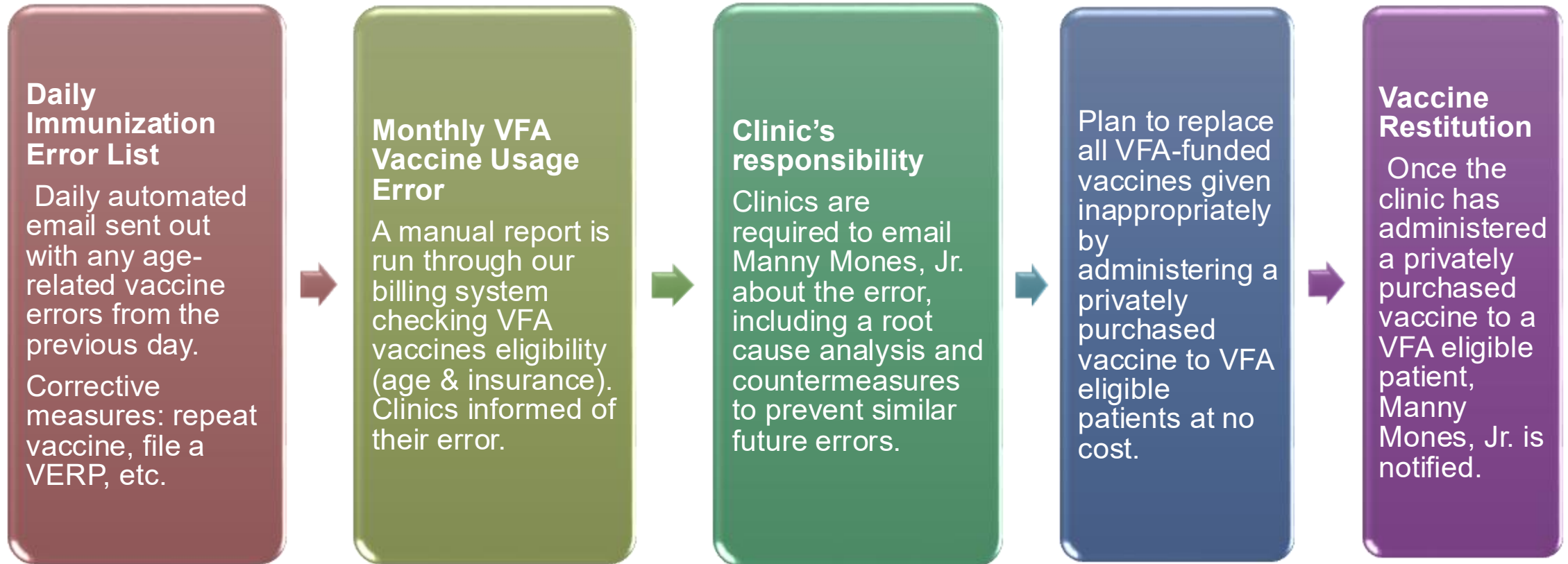
Decision Aid

The Decision Aid in EHR

- Reports pulled through Decision Aid using Power BI
 - Immunization rates, screenings, etc.
 - Can be by category
 - Or by clinic
- Immunization recall lists are possible



Misuse Processes



Quality Assurance: Surveying Clinics

All FHCSD medical clinics surveyed monthly, (7 days before/after prior month survey)
Our vaccine survey tool adapted from VFC/VFA Program Requirements-at-a-Glance guide

- All Temperature logs reviewed (prior/current month)
- All Vaccine units inspected (vaccine separated by funding source, vaccine units set up correctly, etc.)
- Vaccine stock reconciled

Clinics are scored according to findings

- Starting score 100, items scored more heavily depending on the issue:
 - Current temperature not between Min and Max
 - Clinical Management Information System for Medical (CMISM) vaccine inventory in matching what's on hand
 - Temperature Log missing a temperature taken
 - Expired vaccine found in vaccine unit
- <95 requires at Root Cause Analysis

Clinical Update

Lily Horng, MD, Public Health Medical Officer, CDPH

Assembly Bill (AB) 144 and Vaccine Guidance

- [AB 144](#), signed 9/17/25, establishes CDPH as the source for immunization recommendations and preventive services guidelines.
- Baseline recommendations: 1/1/25 Advisory Committee on Immunization Practices (ACIP) and United States Preventive Services Task Force (USPSTF)
 - CDPH can modify based on:
 - American Academy of Pediatrics (AAP),
 - American Academy of Family Physicians (AAFP),
 - American College of Obstetricians and Gynecologists (ACOG),
 - and other professional medical organizations
 - CDPH can issue updates as needed with future FDA or ACIP changes.

AB 144 Provisions and Impacts

- California regulated health insurance plans are required to cover CDPH recommended immunizations.
- Providers administering vaccines in accordance with CDPH guidance are protected from liability. Sunsets January 1, 2030.
- Pharmacists may independently initiate and administer vaccines to patients three years and older without a physician prescription for all CDPH recommended immunizations.
- Baseline and modified immunization recommendations will be posted on the [CDPH Public Health for All](#) website.

ACIP Changes




- The Advisory Committee on Immunization Practices (ACIP) is a group of experts who advise the CDC on vaccine recommendations.
 - Members are appointed by the Secretary of Health and Human Services (HHS).
 - In June 2025, HHS removed all 17 sitting ACIP members. HHS subsequently appointed a total of 12 new members.
 - Meetings with new members occurred in June and September 2025.
- Laws and policies are linked to ACIP recommendations.
 - Affordable Care Act (ACA) mandates reimbursement of recommended vaccines.
 - ACIP determines Vaccines for Children (VFC) Program resolutions.

California Issues Respiratory Virus Immunization Guidance

- California is part of the [West Coast Health Alliance](#) (WCHA). Goals are to focus on evidence-based recommendations from respected national professional organizations and to coordinate with partners to reduce confusion and increase trust.
- WCHA and CDPH shared vaccine recommendations for COVID-19, influenza, and RSV for the 2025 – 2026 respiratory virus season.
- This guidance is informed by trusted national medical groups, including AAP, ACOG, and AAFP.


Consensus WCHA 2025 - 2026 Respiratory Virus Season

Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children 	<ul style="list-style-type: none"> • All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors¹ • All who choose protection¹ 	<ul style="list-style-type: none"> • All 6 months and older 	<ul style="list-style-type: none"> • All younger than 8 months² • All 8-19 months with risk factors
Pregnancy 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • 32-36 weeks gestational age²
Adults 	<ul style="list-style-type: none"> • All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • All 75 years and older • All 50-74 years with risk factors

COVID-19: Populations at Increased Risk Recommended for Vaccination

- Increased occupation or residential risk
 - Health care workers
 - Residents of long-term care facilities or other congregate settings
 - Those with household contacts at high risk
- Those who have never been vaccinated
- Infants and children 6 – 23 months
- Adults 65 years and older
- Medical conditions that increase risk of severe disease



Populations at Increased Risk Recommended for Vaccination Against COVID-19

A. Due to Population Characteristics

CDPH especially recommends vaccination against COVID-19 for the following persons:

- Those with increased occupational or residential risks:
 - Health care workers
 - Residents of long-term care facilities or other congregate settings
 - Those with household contacts who are at high risk for severe COVID-19
- Those who have never been vaccinated against COVID-19
- Infants and children age 6 through 23 months
- Adults age 65 years and older

B. Due to Medical Conditions That Increase the Risk of Severe COVID-19

CDPH especially recommends vaccination against COVID-19 for persons with underlying medical conditions that increase their risk of severe COVID-19 disease. These tables provide examples of such underlying medical conditions but are not meant to be complete lists.

Children and Adolescents – in accordance with AAP Guidance

Category	Examples
Blood diseases	Sickle cell disease
Cancers or other immunosuppressive conditions	Leukemia, receipt of immunosuppressive therapy, primary immunodeficiency, HIV infection, transplant receipt (hematopoietic cell or solid organ)
Cardiovascular diseases	Congenital heart disease
Chronic lung diseases	Asthma or reactive airway disease, chronic lung disease of prematurity, compromised respiratory function, e.g., airway abnormality, tracheostomy, or ventilator dependent)
Gastrointestinal or liver disorders	Feeding tube dependent, Inflammatory bowel disease, chronic liver disease
Metabolic disorders	Diabetes mellitus
Neurologic or neurodevelopmental disorders	Cerebral palsy, epilepsy, intellectual developmental disorder, compromised mobility (e.g., wheelchair dependent)
Obesity	
Pregnancy	
Rheumatologic or autoimmune diseases	Systemic lupus erythematosus, juvenile idiopathic arthritis

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Populations at Increased Risk Recommended for Vaccination Against Covid-19

Populations at Increased Risk Recommended for COVID-19: Due to Medical Conditions

- **Adults**

- Including persons who are planning pregnancy, pregnant, postpartum, or lactating
- Table provides examples and is not meant to be a complete list

- [COVID-19 Vaccine Timing Chart](#)

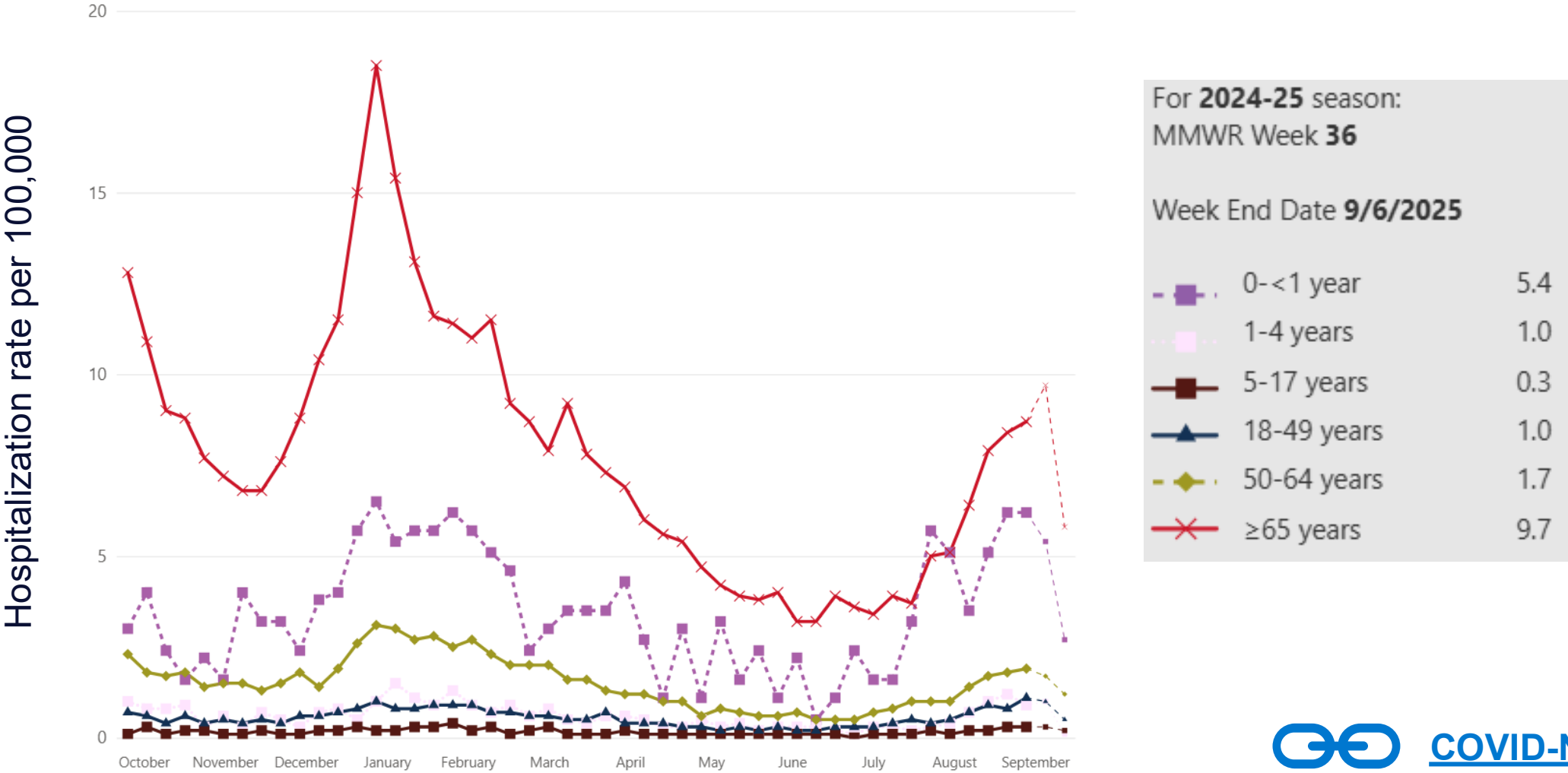
- Adults 65+ should receive 2 doses 6 months apart (2 months minimum interval)
- Immunocompromised should receive multiple doses based on history

[Populations at Increased Risk Recommended for Vaccination Against Covid-19](#)

Category	Examples
Cancers or other immunosuppressive conditions	Hematologic malignancies, receipt of immunosuppressive therapy, primary immunodeficiency, HIV infection, transplant receipt (hematopoietic cell or solid organ)
Cardiovascular disease	Hypertension, coronary artery disease, cardiomyopathies, congestive heart failure, atrial fibrillation, aortic stenosis
Chronic kidney disease	Chronic kidney disease at any stage
Chronic lung disease	Asthma, bronchiectasis, COPD, cystic fibrosis, OSA, interstitial lung disease, pulmonary embolism, pulmonary hypertension, oxygen dependency
Chronic metabolic disease	Diabetes mellitus, type 1 or type 2
Disabilities	Any type of disability including but not limited to ADHD, intellectual and developmental disabilities, learning disabilities, compromised mobility
Gastrointestinal and liver disease	Alcoholic liver disease, non-alcoholic fatty liver disease, cirrhosis, autoimmune hepatitis, ulcerative colitis, Crohn's disease, chronic liver disease
Hematologic disease	Sickle cell disease, thalassemia
Mental Health	Mood disorders including depression and schizophrenia spectrum
Neurologic disorders	Dementia, Alzheimer's disease, Parkinson's disease, seizure disorders, cerebral palsy, cerebrovascular disease, spinal cord injury
Overweight and obesity	
Physical inactivity	
Pregnancy	Pregnancy, postpartum, lactating, planning pregnancy
Rheumatologic and autoimmune disorders	Rheumatoid arthritis, lupus erythematosus, vasculitis
Smoking	Current or former
Substance use disorders	

Oldest and Youngest Age Groups Have the Highest COVID-19 Hospitalization Rates

Weekly Rates of COVID-19 Associated Hospitalizations by Age Group, 2024-25



2025 – 2026 Influenza Vaccine Recommendations

- All persons 6 months and older
 - Adults 65+ recommended to receive enhanced vaccines: high-dose, recombinant, or adjuvanted flu vaccines.
 - Solid organ transplant recipients 18-64 yrs may receive enhanced or standard vaccines.
- Aligned across professional organizations (AAP, AAFP, ACOG)
- ACIP June 2025 meeting
 - Recommended only single-dose formulations of flu vaccines that are free of thimerosal, in contrast to the body of scientific evidence on thimerosal safety.

Influenza Vaccine Product Guide

2025-2026

<p>6 Months & Older</p>	<p>Fluarix® GlaxoSmithKline Biologicals 0.5 mL single-dose syringe</p> <p>Flucelvax® Seqirus 0.5 mL single-dose syringe</p>	<p>FluLaval® GlaxoSmithKline Biologicals 0.5 mL single-dose syringe</p> <p>Fluzone® Sanofi Pasteur, Inc. 0.5 mL single-dose syringe</p>
<p>3 Years & Older</p>	<p>Afluria® Seqirus 0.5 mL single-dose syringe</p>	<p>Fluzone® Sanofi Pasteur, Inc. 5.0 mL multi-dose vial*</p>
<p>9 Years & Older[^]</p>	<p>FluBlok® Sanofi Pasteur, Inc. 0.5 mL single-dose syringe</p>	<p>65 Years & Older[^]</p> <p>FLUAD® Adjuvanted Seqirus 0.5 mL single-dose syringe</p> <p>Fluzone® High-Dose Sanofi Pasteur, Inc. 0.5 mL single-dose syringe</p>
<p>2–49 Years Old & Healthy</p>	<p>FluMist® Astrazeneca 0.2 mL single-dose nasal sprayer</p> <p>Self-Administered FluMist® ** Astrazeneca 0.2 mL single-dose nasal sprayer</p> <p><small>**This product is NOT available via State or VFC Program.</small></p>	

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 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).

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

^ For solid organ transplant recipients aged 18-64, high-dose, adjuvanted, recombinant, and standard-dose flu vaccines are acceptable options.

California Department of Public Health, Immunization Branch

IMM-859 (8/25)

[IMM-859: Influenza Vaccine Product Guide](#)

Adult RSV Vaccine Recommendations

- Adults: 1 dose vaccine
 - Age 75 years and older
 - Age **50** – 74 years old with [risk factors](#)
- AREXVY, ABRYSSVO, or mRESVIA can be given
 - All products will be available through VFA during winter ordering period
- Timing: ideally during late summer/early fall, but can be given year-round
- Single dose only (not annually)

Adults who have already received one RSV vaccine dose (including last year) **should not receive** another dose at this time. RSV vaccine is not currently an annual vaccine.

Factors associated with increased risk* for severe RSV disease include:



Chronic lung disease



Chronic cardiovascular disease



End-stage renal disease or dependence on dialysis



Diabetes mellitus with end-organ damage or requiring insulin or SGLT2 inhibitor



Moderate or severe immunocompromise



Chronic or progressive neurological or neuromuscular conditions

Other factors include:

- » Chronic liver disease
- » Chronic hematologic conditions
- » Severe obesity (BMI ≥ 40 kg/m²)
- » Residence in a nursing home
- » Other conditions or factors that put your patient at increased RSV disease risk

*Self-attestation is sufficient evidence of a risk factor.

Prenatal and Pediatric RSV Immunization Recommendations

- Prenatal vaccination (Abrysvo only) or infant dose of monoclonal antibody (nirsevimab or clesrovimab) for birth-8 months entering 1st RSV season
- Monoclonal antibody (nirsevimab only) for high-risk 8-19 month old children entering 2nd RSV season
- Aligned across professional organizations (AAP, AAFP, ACOG)
- ACIP June 2025 meeting
 - Recommended clesrovimab for age 0-8 months. Added to VFC.

Timing and Administration of COVID-19, Influenza, and RSV Immunizations

	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
COVID-19	Administer as soon as available	However, can be given any time of the year to people eligible for vaccination										
Flu		Ideally administer early fall ¹										
Older adults RSV vaccine		Ideally administer late summer/ early fall										
Maternal RSV vaccine		Administer September through January in most of the continental U.S. ²										
OR												
Infant RSV immunization, nirsevimab*			Ideally administer October through March in most of the continental U.S. ²									

¹ Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

² In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances.

*clesrovimab also available for infants from birth to 8 months

[CDC Presentation](#)

September ACIP Meeting Update

- Recent actions raise questions about commitment to evidence-based recommendations
- Agenda for September 18 – 19 meeting
 - Measles, mumps, rubella, and varicella (MMRV) combination vaccine
 - ACIP removed recommendation as option for children younger than 4 years old which removes parental choice.
 - WCHA, CDPH, and AAP continue to recommend MMRV or MMR + V as options.
 - Hepatitis B vaccine – vote deferred
 - COVID-19 vaccine
 - ACIP recommended for ages 6+ months under shared clinical decision making.
 - Broader than FDA licensure for 2025 – 2026 vaccines

[ACIP Meeting Information](#) | [HHS press release on September ACIP meeting](#)

CalHHS webinar: Vaccine Access and Guidance | How Federal Policy Changes are Impacting a Healthy California for All

SPEAKERS



KIM JOHNSON
Secretary,
California Health &
Human Services
Agency



DR. ERICA PAN
Director & State Public
Health Officer,
California Department
of Public Health



MARY WATANABE
Director,
California Department
of Managed
Health Care

Health Plan Coverage Requirements

Medi-Cal Vaccine Coverage Updates

Key Takeaways and next steps

- Assembly Bill 144 helps to ensure
 - Vaccine recommendations continue to be based on expert guidance
 - Insurance coverage continues for vaccines that are safe and effective
 - Immunizers can continue to administer & have liability protections
- Next Steps:
 - Continue to track ACIP and other federal actions
 - Continue to partner with WCHA
 - Update California recommendations as needed
 - Send out healthcare provider communication
- Upcoming meetings with
 - Pharmacies
 - Public Health for All Californians Together (PHACT) Coalition
 - Private & Public healthcare systems, insurers, CA professional orgs, academic partners, local public health, etc.



[Vaccine Access and Guidance webinar recording](#)
[Vaccine Access and Guidance slides](#)

VFA Program Updates

Lindsay Reynoso, CDPH

Q4 VFA Ordering- Place your order by 9/30!

- We encourage your clinic to please place your order by **Tuesday, September 30**
- Quarter 4 Ordering Window will remain open until **Monday, October 6**
- Ordering Policy:
 - PCV 20/21 and Shingrix will be capped at 40 doses.
 - HPV will be capped at 20 doses. **Note: This will be the last order window HPV will be available. HPV will not be included in the 2025 – 2026 FY.**
 - The VFA program's RSV allocation resets at the start of the new fiscal year.
 - Providers may resume ordering RSV vaccines starting October 1, 2025. The program will allow supplemental orders for this product until the order window is closed.
 - Abrysvo and Arexvy products will be available to order and capped at 20 doses.
 - mRESVIA will be available to order at the next ordering window (January 2026)
 - VFA Program Letter will be sent soon!
 - Caps for all other routine vaccines will remain the same.



Order Processing Delays

The VFA Program has limited 317 funds remaining for the current 2024 – 2025 fiscal year that ends September 30, 2025. When the program reaches its budget limit, order processing will resume at the start of the 2025 – 2026 fiscal year scheduled for October 1, 2025.



VFA Program Updates

- Recent ACIP votes do not currently affect eligibility and vaccines provided by the VFA Program.
- The VFA Program will follow recommendations and guidance by trusted national medical groups, including AAP, ACOG, and AAFP.
- Uninsured and underinsured adults still qualify for VFA vaccines based on CDPH guidance
- CA health plans are required to cover immunizations recommended by CDPH
- CDPH recommendations for the respiratory season are be posted on the [CDPH Public Health for All](https://www.cdph.ca/Programs/CID/DCDC/Pages/Immunization/Pages/Immunization-Recommendations.aspx) website.
- With the close of the CA Bridge Access Program (BAP), limited COVID-19 vaccines for uninsured and underinsured adults will be available to order by Local Health Department (LHD) 317 clinics. Contact your LHD for more information!

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

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

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

California Department of Public Health, Immunization Branch

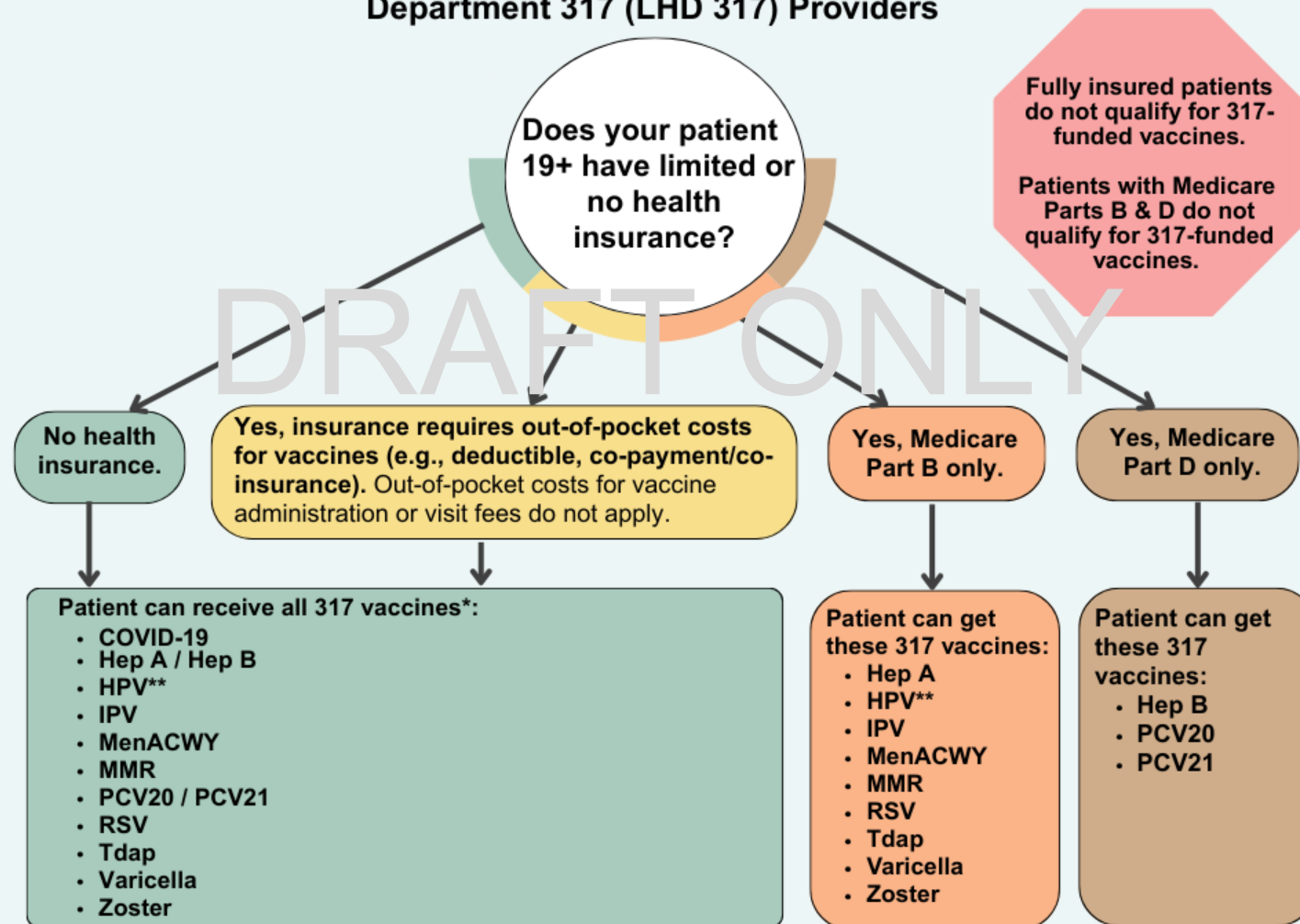
IMM-1222 (4/3/25)

Program Eligibility Knowledge Checks

Lindsay Reynoso, CDPH

Vaccine Eligibility Guide – NEW!

Vaccine Eligibility Guide for Vaccines for Adults (VFA) and Local Health Department 317 (LHD 317) Providers



*317- funded vaccines (VFA/LHD 317) products may vary based on available 317 budget.

**Patients can receive HPV vaccine through the FamilyPact program.



IMM-1570
(9/25)

Knowledge Check – Question 1

- **Greg is 60 years old** and visiting his doctor for an annual routine visit. He has congenital heart disease, and his RSV vaccination history is unknown. **His doctor recommends he gets RSV vaccine. Greg has Medicare Part B, but not Part D.**
- Is Greg eligible to receive the RSV vaccine through the VFA Program?
 - A. Yes
 - B. No



Knowledge Check – Question 1 Answer

- **Greg is 60 years old** and visiting her doctor for an annual routine visit. He has congenital heart disease, and his RSV vaccination history is unknown. **His doctor recommends he gets RSV vaccine. Greg has Medicare Part B, but not Part D.**
 - Is Greg eligible to receive the RSV vaccine through the VFA Program?
- 🏆 **A. Yes**
- B. No




RSV vaccine is not a covered benefit under Medicare Part B; therefore, Greg is eligible to receive RSV vaccine through VFA. ([317 Eligibility Based on Insurance IMM – 1247](#))

Knowledge Check – Question 2

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR for every dose administered. Since Greg is eligible to receive RSV vaccine through the VFA Program, the clinic used their VFA stock.
- What **Eligibility Code** should the clinic select in CAIR?
 - A. V01 – Private
 - B. V02 – V02 VFC Eligible Medi-Cal/CHDP
 - C. V03 – VFC Eligible Uninsured
 - D. V04 – VFC Eligible Native American/ AK Native
 - E. V05 – V05 VFC Eligible Underinsured (FQHC/RHC Only)
 - F. V23 – V23 317 Eligible LHD or HDAS only



Knowledge Check – Question 2

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR for every dose administered. Since Greg is eligible to receive RSV vaccine through the VFA Program, the clinic used their VFA stock.
- What **Eligibility Code** should the clinic select in CAIR?
 - A. V01 – Private
 - B. V02 – V02 VFC Eligible Medi-Cal/CHDP
 - C. V03 – VFC Eligible Uninsured
 - D. V04 – VFC Eligible Native American/ AK Native
 - E. V05 – V05 VFC Eligible Underinsured (FQHC/RHC Only)
 -  **F. V23 – V23 317 Eligible LHD or HDAS only**




The clinic should select V23 317 Eligible because the vaccine was obtained through a 317-funding source program (VFA).

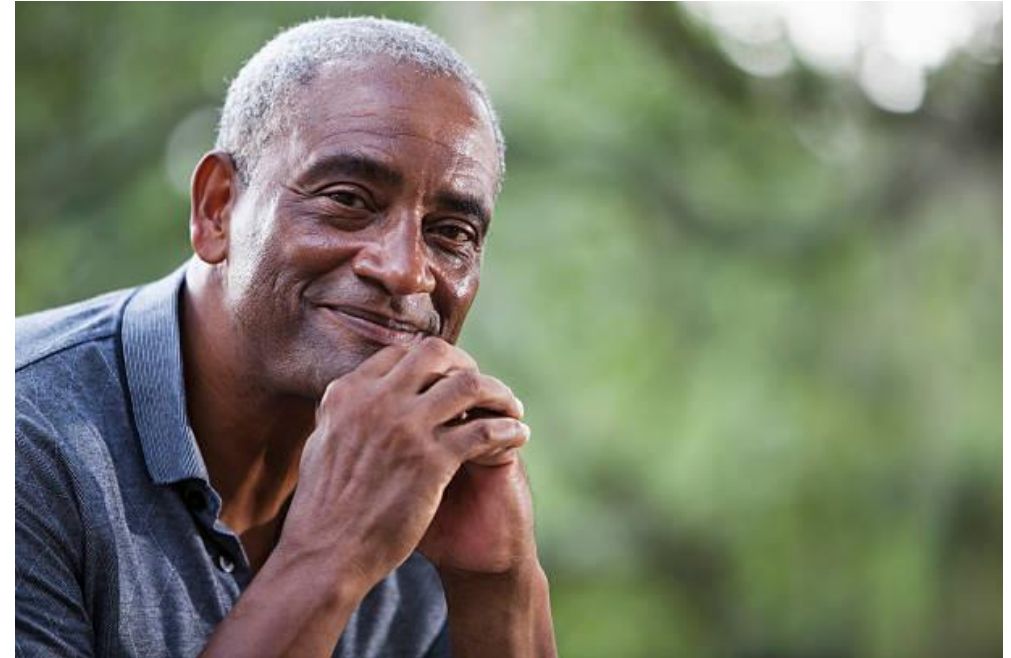
Knowledge Check – Question 3

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR for every dose administered. Since Greg is eligible to receive RSV vaccine through the VFA Program, the clinic used their VFA stock.
- What **Funding Source Code** should the clinic select in CAIR?
 - A. PHC70 – Vaccine stock used was privately funded
 - B. VXC52 – Vaccine stock used was publicly funded by the non-VFC program
 - C. VXC51 – Vaccine stock used was publicly funded by the VFC program
 - D. VSC 50 – Public Vaccine stock used was publicly funded



Knowledge Check – Question 3

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR for every dose administered. Since Greg is eligible to receive RSV vaccine through the VFA Program, the clinic used their VFA stock.
- What **Funding Source Code** should the clinic select in CAIR?
 - A. PHC70 – Vaccine stock used was privately funded
 -  B. **VXC52 – Vaccine stock used was publicly funded by the non-VFC program**
 - C. VXC51 – Vaccine stock used was publicly funded by the VFC program
 - D. VSC 50 – Public Vaccine stock used was publicly funded



VXC52 vaccine stock used was publicly funded by the non-VFC program (VFA)

Knowledge Check – Question 4

- **Marites is 55 years old** and visiting her doctor. After screening, **her doctor recommends she gets Zoster vaccine. She has private insurance with no co-payment for the vaccine.**
- Is Marites eligible to receive the Zoster vaccine through the VFA Program?
 - A. Yes
 - B. No



Knowledge Check – Question 4 Answer

- **Marites is 55 years old** and visiting her doctor. After screening, **her doctor recommends she gets Zoster vaccine. She has private insurance with no co-payment for the vaccine.**
- Is Marites eligible to receive the Zoster vaccine through the VFA Program?
 - A. Yes
 - ☒ B. **No**



Marites has full coverage insurance with zero copayment; therefore, she is not eligible to receive Zoster vaccine through VFA. The clinic should use their private stock or refer Marites to a pharmacy.

Knowledge Check – Question 5

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR, for every dose administered. Since Marites is not eligible to receive Zoster vaccine through the VFA Program, the clinic used their private stock.
- What **Eligibility Code** should the clinic select in CAIR?
 - A. V01 – Private
 - B. V02 – V02 VFC Eligible Medi-Cal/CHDP
 - C. V03 – VFC Eligible Uninsured
 - D. V04 – VFC Eligible Native American/ AK Native
 - E. V05 - V05 VFC Eligible Underinsured (FQHC/RHC Only)
 - F. V23 – V23 317 Eligible LHD or HDAS only



Knowledge Check – Question 5

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR, for every dose administered. Since Marites is not eligible to receive Zoster vaccine through the VFA Program, the clinic used their private stock.
- What **Eligibility Code** should the clinic select in CAIR?
 - ✓ **A. V01 – Private**
 - B. V02 – V02 VFC Eligible Medi-Cal/CHDP
 - C. V03 – VFC Eligible Uninsured
 - D. V04 – VFC Eligible Native American/ AK Native
 - E. V05 - V05 VFC Eligible Underinsured (FQHC/RHC Only)
 - F. V23 – V23 317 Eligible LHD or HDAS only



The clinic should select V01 Private pay / insurance because the vaccine was purchased outside of a public-funding source program.

Knowledge Check – Question 6

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR, for every dose administered. Since Marites is not eligible to receive Zoster vaccine through the VFA Program, the clinic used their private stock.
- What **Funding Source Code** should the clinic select in CAIR?
 - A. PHC70 – Vaccine stock used was privately funded
 - B. VXC52 – Vaccine stock used was publicly funded by the non-VFC program
 - C. VXC51 – Vaccine stock used was publicly funded by the VFC program
 - D. VSC 50 – Public Vaccine stock used was publicly funded



Knowledge Check – Question 6

- Providers must ensure that the correct Provider ID, Funding Source Code, Vaccine Eligibility Code, and NDC Code are documented accurately in CAIR, for every dose administered. Since Marites is not eligible to receive Zoster vaccine through the VFA Program, the clinic used their private stock.
- What **Funding Source Code** should the clinic select in CAIR?

- ✓ **A. PHC70 – Vaccine stock used was privately funded**
- B. VXC52 – Vaccine stock used was publicly funded by the non-VFC program
- C. VXC51 – Vaccine stock used was publicly funded by the VFC program
- D. VSC 50 – Public Vaccine stock used was publicly funded



If a privately purchased vaccine was administered, and the vaccine eligibility code was “not VFC-eligible (private pay/insurance)” the clinic should select funding source code PHC70 for “private funds.”

CAIR Reporting Reminder

Be a reporting PRO!

In CAIR, report the:

Provider ID (Org Code / IIS ID)

Program (Funding Source* **and** Vaccine Eligibility^ *code*)

Product (NDC Code)

*VXC 51 (Vaccines for Children Program), VXC 52 (Vaccines for Adults, Local Health Department 317 Program, State General Fund Program)

^Vaccines for Children (VFC), Vaccines for Adults (VFA), Local Health Department 317 (LHD 317) State General Fund (SGF)

Resources

Terisha Gamboa

VFA Required Documents

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) [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.

VFA Resources Page

California Vaccines for Adults (VFA) Program

2025 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	<p>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.</p> <p>Review and update the VMP at least annually, when VFA Program requirements change, and when staff with designated vaccine-management responsibilities change.</p> <p>Designate a staff member responsible for updating the practice's VMP.</p> <p>Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated.</p> <p>Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.</p> <p>Store the VMP in a location easily accessible by staff, ideally near the vaccine storage units.</p> <p>For practices using mobile units to administer VFA-supplied vaccines: Mobile-only clinics or clinics with mobile units must maintain a current and complete Mobile Unit Vaccine Management Plan and keep it in the mobile unit.</p>	<p>Vaccine Management Plan (IMM-1222)</p> <p>Provider Operations Manual (IMM-1248) Chapter 3</p> <p>Mobile Unit Vaccine Management Plan (IMM-1276)</p>
Key Practice Staff Updated!	<p>Designate and maintain key practice staff in the practice's profile. 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. VFA providers should list staff responsible for servicing the adult patient population and those assuming responsibility for VFA related matters.</p> <p>There are four required VFA key practice staff roles:</p> <ul style="list-style-type: none">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.	<p>Vaccine Coordinator Roles & Responsibilities (IMM-968)</p> <p>VFA Key Practice Staff Change Request Form (IMM-1523)</p> <p>VFA Provider Agreement (IMM-1514)</p> <p>VFA Provider Agreement Addendum (IMM-1515)</p>

California Department of Public Health, Immunization Branch

1

IMM-1270 (12/24)

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.

VFA Provider Agreement (IMM-1514)

Requirements At-a-Glance (IMM-1270)

Provider Agreement Addendum (IMM-1515)

VFA Eligibility Materials – updates coming soon!

Vaccine Eligibility Guidelines

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



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

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

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

California Department of Public Health, Immunization Branch

IMM-1222 (4/3/25)

317 Eligibility Screening & Documentation Requirements



1. Screen for Eligibility

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

✓ Eligible for VFA, LHD 317 and/or BAP (COVID) vaccines if at least 19 years of age and

1. Has no insurance, or
2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.*)

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

3. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A
 - HPV
 - MMR, Polio (IPV)
 - RSV, Tdap
 - Varicella, and Zoster
4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:
 - Hep B, PCV20/PCV21

2. Document Patient's Eligibility

There are three important elements to include when you document a patient's eligibility:

1. Date of screening
2. If patient is eligible for the Vaccines for Adults (VFA), Local Health Department (LHD) 317 and/or CA Bridge Access Program (BAP)
3. If patient is eligible AND at least 19 years of age, document which of the criterion above is met (e.g., "317")

3. Use a Compliant Record Keeping System

• CAIR and Electronic Health/Medical Record (EHR/EMR)

Note: if your practice's EMR/EHR does not capture all the necessary screening elements, they may be documented in the system's notes section.

• CAIR and 317 Eligibility Screening Form (PDF) (IMM-1226)

Make sure to maintain patient eligibility screening records for a minimum of 3 years. [Refer to the 317 CAIR Documentation Requirement.](#)

4. Communicate the Patient's Eligibility

All staff should be knowledgeable of eligibility. Ensure practice protocols are in place so vaccinators know when to use 317-funded versus private vaccines.

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

California Department of Public Health, Immunization Branch

IMM-1476 (3/28/25)

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, LHD 317).

Patient Information

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

Provider Name: _____

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

✓ Eligible for VFA, LHD 317, and/or BAP (COVID) vaccines if at least 19 years of age and

1. Has no insurance, or
2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)¹

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

3. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A, HPV
 - MMR, Polio (IPV), RSV
 - Tdap, Varicella, and Zoster
4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20/PCV21

Document Patient's Eligibility

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

Screening Date	1. Eligible for VFA, LHD 317 and/or CA BAP (COVID) No insurance	2. Eligible for VFA, LHD 317, and/or CA BAP (COVID) Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	5. Not Eligible for VFA, LHD 317 and/or CA BAP Fully insured or both Medicare Part B and D ²
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<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"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

1 The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.
2 Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. To be ineligible for COVID vaccines, insurance must cover vaccines fully without requiring a co-payment.

California Department of Public Health, Immunization Branch

IMM-1226 (4/3/25)

Vaccine Eligibility Guidelines (IMM-1222)

Eligibility Screening Form (IMM-1476)

Eligibility Screening Record (IMM-1226)

VFA Eligibility Materials, (Continued)

317 Eligibility Based on Insurance Status

For LHD 317 and VFA Program Providers

CDPH VFA LHD 317

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

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

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

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

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

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

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

California Department of Public Health, Immunization Branch

IMM-1247 (4/3/25)

317 Eligibility Based on Insurance Status (IMM-1247)

Vaccine Eligibility Guide for Vaccines for Adults (VFA) and Local Health Department 317 (LHD 317) Providers

Does your patient 19+ have limited or no health insurance?

DRAFT ONLY

No health insurance.

Yes, insurance requires out-of-pocket costs for vaccines (e.g., deductible, co-payment/co-insurance). Out-of-pocket costs for vaccine administration or visit fees do not apply.

Yes, Medicare Part B only.

Yes, Medicare Part D only.

Fully insured patients do not qualify for 317-funded vaccines.
Patients with Medicare Parts B & D do not qualify for 317-funded vaccines.

Patient can receive all 317 vaccines*:

- COVID-19
- Hep A / Hep B
- HPV**
- IPV
- MenACWY
- MMR
- PCV20 / PCV21
- RSV
- Tdap
- Varicella
- Zoster

Patient can get these 317 vaccines:

- Hep A
- HPV**
- IPV
- MenACWY
- MMR
- RSV
- Tdap
- Varicella
- Zoster

Patient can get these 317 vaccines:

- Hep B
- PCV20
- PCV21

*317- funded vaccines (VFA/LHD 317) products may vary based on available 317 budget.

**Patients can receive HPV vaccine through the FamilyPact program.

CDPH IMM-1570 (9/25)

CDPH

Immunization Branch

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VFA Vaccines Poster

- Continue to promote and post this poster so patients and staff are aware of access to these vaccines if VFA eligible
- FREE posters are available for ordering! (Print version does not include COVID-19/BAP)
- VFA clinics can request FREE copies from their [local health department](#) (reference IMM-1258)



The poster features a photograph of a healthcare provider in a white coat and blue gloves administering a vaccine to a smiling male patient in a light blue polo shirt. The background is a blurred clinical setting. The text is organized into sections: a header, a central text block, a list of vaccine types, and a footer with logos.



Free Vaccines for Adults

Ask us about getting these vaccines for free* if:

- You are uninsured or
- Your insurance doesn't cover these vaccines

* No charge for getting the vaccine or for the cost of the vaccine. Check with office staff as other fees may apply.

☐ Hepatitis A
☐ Hepatitis B
☐ Human Papillomavirus
☐ Meningitis
☐ Measles, Mumps, Rubella
☐ Pneumonia
☐ Tetanus, Diphtheria
☐ Tetanus, Diphtheria, Whooping Cough
☐ Chickenpox
☐ Shingles
☐ RSV
☐ COVID-19 vaccine (BAP-participating sites only)

 **VFA** California Vaccines for Adults Program  **BAP** California Bridge Access Program

[VFA Vaccines Poster](#)

COVID-19 Vaccine Timing Guide

COVID-19 Vaccine Timing 2025-26 –Routine Schedule

Age	Vaccine	If unvaccinated:	If had any prior doses, give 2025-26 doses:
6 – 23 months	Moderna–Spikevax (pediatric)	1st Dose → 4-8 weeks → 2nd Dose	If 1 prior Moderna dose: 4-8 weeks → 1 If 1 prior Pfizer dose: 4-8 weeks → 1 ≥8 weeks → 2 If ≥2 prior Moderna/Pfizer doses: ≥8 weeks → 1
2 – 4 years ^{AA}	Moderna–Spikevax (pediatric)	1 Dose	If ≥1 prior Moderna/Pfizer dose: ≥8 weeks → 1
5 – 11 years ^{AA}	Moderna–Spikevax (pediatric)	1 Dose	If 1 or more prior doses (of any of the brands), then*: ≥2 months → 1 Spikevax/Comirnaty
	Pfizer–Comirnaty (pediatric)	1 Dose	
12+ years ^{AA}	Pfizer–Comirnaty (adol/adult)	1 Dose	If 1 or more prior doses (of any of the brands), then*: Ages 12–64 years ^{AA} : ≥2 months → 1 Spikevax/Mnexspike/Comirnaty/Nuvaxovid Ages 65+ years: ≥2 months → 1 6 months → 2
	Moderna–Spikevax (adol/adult)	1 Dose	
	Moderna–Mnexspike	1 Dose	
	Novavax–Nuvaxovid	1 Dose	

* An 8-week interval may be preferable for some people, especially for males 12-39 years.

^{AA} Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

[§] Minimum interval 2 months, except for Mnexspike, the minimum interval is 3 months.

^{AA} Children 2-18 years old are recommended vaccination if they are in certain risk groups, have never been vaccinated, or their parent/guardian desires their protection from COVID-19.

View [additional pediatric vaccination guidance](#), and [adult vaccination guidance](#). For storage and administration information, see [COVID-19 Product Guide](#).



COVID-19 Vaccine Timing 2025-26 if Moderately/Severely Immunocompromised

Age	Vaccine	If unvaccinated:	If had any prior doses, give 2025-26 doses:
6 months–4 years	Moderna–Spikevax (pediatric)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months → Additional Dose(s)*	If prior doses of Moderna or Pfizer at 6m-4y: 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)
5 – 11 years	Moderna–Spikevax (pediatric)	1st Dose → 4 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
	Pfizer–Comirnaty (pediatric)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months → Additional Dose(s)*	
12+ years	Pfizer–Comirnaty (adol/adult)	1st Dose → 3 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
	Moderna–Spikevax (adol/adult)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months → Additional Dose(s)*	
	Moderna–Mnexspike	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → 6 months → Additional Dose(s)*	
	Novavax–Nuvaxovid	1st Dose → 3 weeks → 2nd Dose → 6 months → Additional Dose(s)*	

* Further doses may be given under shared clinical decision-making at a minimum interval of 2 months.

^{**} Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Spikevax, Comirnaty, Nuvaxovid, or Mnexspike.

[§] Minimum interval 2 months, except for Mnexspike, the minimum interval is 3 months.

[¶] If >8 weeks passed since the first Novavax dose, any 2025–26 COVID-19 vaccine (Spikevax/Comirnaty/Nuvaxovid/Mnexspike) may be given.




View [additional pediatric vaccination guidance](#), and [adult vaccination guidance](#). For storage and administration information, see [COVID-19 Product Guide](#).



COVID-19 Vaccine Timing Chart

Respiratory Immunization Guides

RSV Season Immunization Recommendations

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
Infants & Children (Clesrovimab, Nirsevimab**) 	<div> October 1 – March 31* <ul style="list-style-type: none"> All infants 0-8 months entering 1st RSV season if mother wasn't vaccinated: Clesrovimab or Nirsevimab** High risk 8-19 month olds entering 2nd RSV season: Nirsevimab** only </div>											
Pregnant people (Abrysvo)* 	<div> September 1 – January 31 between 32-36 weeks gestation* </div>											
Adults 75+ and 50-74 at increased risk (Abrysvo, Arexvy, mRESVIA) 	Offer to eligible, unvaccinated adults. CDC encourages healthcare providers to maximize the benefit of RSV vaccination by offering in late summer or early fall.											

 Recommended immunization timing

***If continuing to immunize outside recommended timeframe, make sure to:**

1. Check with insurers to ensure reimbursement. Keep remaining doses for next RSV season.
2. Unused and unexpired supply of VFC Nirsevimab, Clesrovimab or Abrysvo cannot be returned to McKesson. Label these doses as "Keep for Fall."

****For the 2025-2026 RSV season, IHS guidance is the preferential use of nirsevimab for eligible AI/AN infants and children.**




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California Department of Public Health | Immunization Branch

IMM-1567 (9/25)

Consensus WCHA 2025-2026 Respiratory Virus Season Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children 	<ul style="list-style-type: none"> • All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors¹ • All who choose protection¹ 	<ul style="list-style-type: none"> • All 6 months and older 	<ul style="list-style-type: none"> • All younger than 8 months² • All 8-19 months with risk factors
Pregnancy 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • 32-36 weeks gestational age²
Adults 	<ul style="list-style-type: none"> • All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • All 75 years and older • All 50-74 years with risk factors

1. COVID-19 vaccine is available for persons 6 months and older.

1. COVID-19 vaccine is available for persons 6 months and older.
2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

IMM-1481 (9/15/25)

RSV Season Immunization Recommendations

Consensus WCHA 2025-26 Respiratory Virus Season Immunization Recommendations

RSV Vaccine Fact Sheet

Updated version coming soon!

Vaccine Fact Sheet: Respiratory Syncytial Virus (RSV)









Topic	Abrysvo™	Arexvy	mRESVIA
Manufacturer	Pfizer	GSK	Moderna
Product Info	Detailed prescribing information	Detailed prescribing information	Detailed prescribing information
Protects Against	RSV	RSV	RSV
Approved Ages	<ul style="list-style-type: none"> Individuals ≥60 years of age Pregnant individuals at 32-36 weeks gestational age 	<ul style="list-style-type: none"> Individuals ≥ 60 years of age Individuals 50 through 59 years of age who are at increased risk 	<ul style="list-style-type: none"> Individuals ≥ 60 years of age
Routine Schedule & Intervals	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease One dose for pregnant individuals at 32-26 weeks gestational age using seasonal administration (typically September to January). 	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease 	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease
Administration	(IM) Intramuscular injection	(IM) Intramuscular injection	IM (intramuscular) injection
Packaging	<p>Supplied as a vial of lyophilized antigen component and prefilled syringe of sterile water diluent. Requires reconstitution before use.</p> <p>OR</p> <p>Vaccine is packaged as a vial of lyophilized antigen component and vial of sterile water diluent. Requires reconstitution before use.</p>	<p>Supplied as a vial of lyophilized antigen component and vial of adjuvant suspension. Requires reconstitution before use.</p> <p>Supplied in carton of 10 doses.</p>	<p>Supplied as a pre-filled plastic syringe.</p> <p>Supplied in carton of 1 OR 10 doses.</p>

[Vaccine Fact Sheet: Adult RSV \(IMM-1511\)](#)

Additional Updated Vaccine Fact Sheets









Vaccine Fact Sheet: Hepatitis B

Topic	Recombivax HB®	ENGIRIX-B®	HEPLISAV-B
Manufacturer	Merck Prescribing Info (FDA)	GlaxoSmithKline (GSK) Prescribing Info (FDA)	Dynavax Prescribing Info (FDA)
Protects Against	Hepatitis B Virus	Hepatitis B Virus	Hepatitis B Virus
Approved Ages	<ul style="list-style-type: none">Children from birth - 19 years (Pediatric/Adolescent Formulation)20 years & older (Adult Formulation)	<ul style="list-style-type: none">Children from birth - 19 years (Pediatric/Adolescent Formulation)Adults 20 years & older (Adult Formulation)	18 years & older (Adult Formulation)
Funding Source	  	 	
Routine Schedule	Children: 3-dose series: Birth, 1-2 months & 6-18 months Adults: 3-dose series: 0, 1 & 6 months apart Timing Guide (PDF)	Children: 3-dose series: Birth, 1-2 months & 6-18 months Adults: 3-dose series: 0, 1 & 6 months apart Timing Guide (PDF)	Adults: 2-dose series 1 month apart Timing Guide (PDF)
Minimum Intervals	<ul style="list-style-type: none">4 weeks between dose 1 & 28 weeks between dose 2 & 316 weeks between dose 1 & 3 (3rd dose should not be given before 24 weeks of age)	<ul style="list-style-type: none">4 weeks between dose 1 & 28 weeks between dose 2 & 316 weeks between dose 1 & 3 (3rd dose should not be given before 24 weeks of age)	4 weeks between dose 1 & 2
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Pediatric/Adolescent Formulation: Vaccine packaged as 10 single-dose 0.5mL vials or 10 single-dose 0.5mL pre-filled syringes without needles	Pediatric/Adolescent Formulation: Vaccine packaged as 10 single-dose 0.5mL pre-filled syringes without needles	Vaccine packaged as 1 single-dose 0.5mL pre-filled syringe or 5 single-dose 0.5mL pre-filled syringes

California Department of Public Health, Immunization Branch

IMM-1096 | Page 1 (9/25)

Vaccine Fact Sheet: Pneumococcal



Topic	CAPVAXINE® (PCV21)	PREVNAR 20® (PCV20)	VAXNEUVANCE® (PCV15)	PNEUMOVAX® 23 (PPSV23)
Manufacturer	Merck Prescribing Info (FDA)	Pfizer Prescribing Info (FDA)	Merck Prescribing Info (FDA)	Merck Prescribing Info (FDA)
Protects Against	Pneumococcal disease caused by 21 serotypes of <i>Streptococcus pneumoniae</i> bacteria	Pneumococcal disease caused by 20 serotypes of <i>Streptococcus pneumoniae</i> bacteria	Pneumococcal disease caused by 15 serotypes of <i>Streptococcus pneumoniae</i> bacteria	Pneumococcal disease caused by 23 serotypes of <i>Streptococcus pneumoniae</i> bacteria
Approved Ages	18 years & older	6 weeks & older	6 weeks & older	2 years & older
Funding Source	 	  		 
Routine Schedule	Adults: 1 dose for adults ≥50 years or 19-49 years at increased risk for PD Timing Guide: Children (PDF) Adults (PDF)	Children: 4-dose series at 2, 4, 6 & 12-15 months Adults: 1 dose for adults ≥65 years or 19-64 years at increased risk for PD Timing Guide: Children (PDF) Adults (PDF)	Children: 4-dose series at 2, 4, 6 & 12-15 months Adults: 1 dose for adults >65 years or 19-64 years at increased risk for PD followed by 1 dose of PPSV23 at least 1 year later. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant. Timing Guide: Children (PDF) Adults (PDF)	Children: ≥2 years at increased risk for PD. If previously received at least one dose of PCV20, no PPSV23 doses needed. Adults: 1 dose for adults ≥50 years or 19-49 years at increased risk for PD at least 1 year after previous dose of PCV13 or PCV15. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant. Timing Guide: Children (PDF) Adults (PDF)

California Department of Public Health, Immunization Branch

IMM-1524 | Page 1 (9/25)



Vaccine Fact Sheet: Zoster/Shingles (HZV)

Topic	SHINGRIX
Manufacturer	GlaxoSmithKline (GSK) Prescribing Info (FDA)
Protects Against	Herpes Zoster (shingles)
Approved Ages	18 years & older
Funding Source	 
Routine Schedule	50 years & older, or 19 years & older with weakened immune system, receive 2-dose series
Minimal Intervals	2 - 6 months apart
Administration	Intramuscular (IM) injection
Packaging	Vaccine packaged as 1 dose (1 vial of lyophilized antigen and 1 vial of liquid adjuvant component) or 10 doses (10 vials of lyophilized antigen and 10 vials of liquid adjuvant component)
Storage	Refrigerate between 36° and 46° (2° to 8° C) Protect vaccine from light. Do not freeze. Discard if frozen.
Recommendations	Zoster (Shingles) Vaccine (ACIP) CDC's MMWR (2022)
Program Letter	VFA Clinical Letter (PDF)
Billing Codes	CPT Code for vaccine: 90750 CPT code for administration: 90471 or 90742 ICD-10-CM code: Z23 Administration Modifier for MediCare: GY
Comments	<ul style="list-style-type: none">Licensed in 2017Patients who have had shingles or previously received Zostavax are also recommended to be vaccinated with ShingrixIf administered SC, it is not necessary to repeat dose

Refer to [Vaccine Fact Sheets](#) (bit.ly/vaccinefactsheets).

Vaccine Fact Sheet: Hep B (IMM-1096)

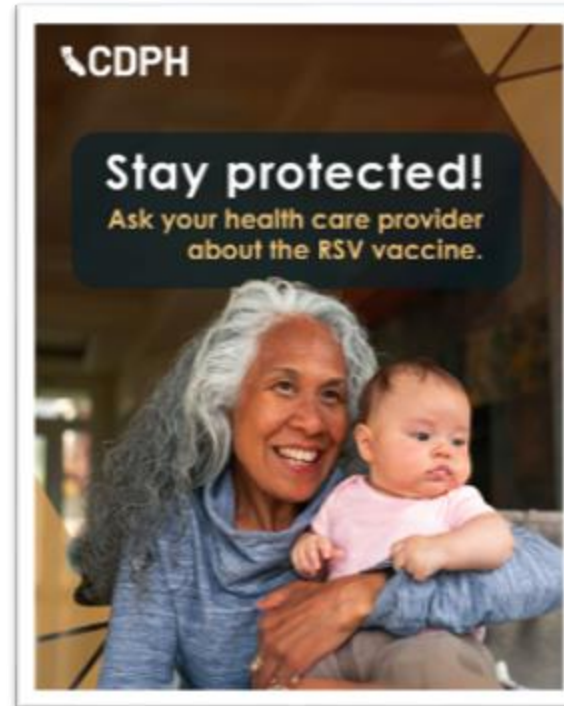
Vaccine Fact Sheet: Pneumococcal (IMM-1524)

Vaccine Fact Sheet: Shingles (IMM-1212)

CDPH Communication Toolkits



[Flu Toolkit](#)

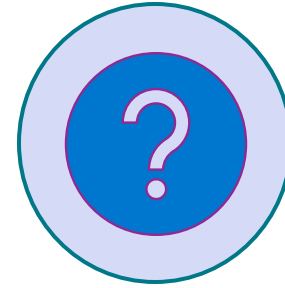


[RSV Toolkit](#)



[Respiratory Virus Prevention Toolkit](#)

Q&A



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



[Links are in blue and underlined](#)

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Questions?

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my317vaccines@cdph.ca.gov

Thank You!



Immunization Branch