



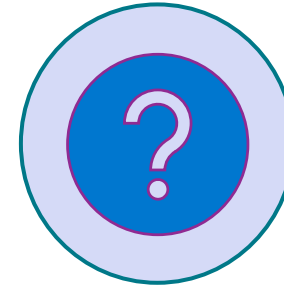
Immunization Branch

VFC-Enrolled Hospitals: Replacement Model

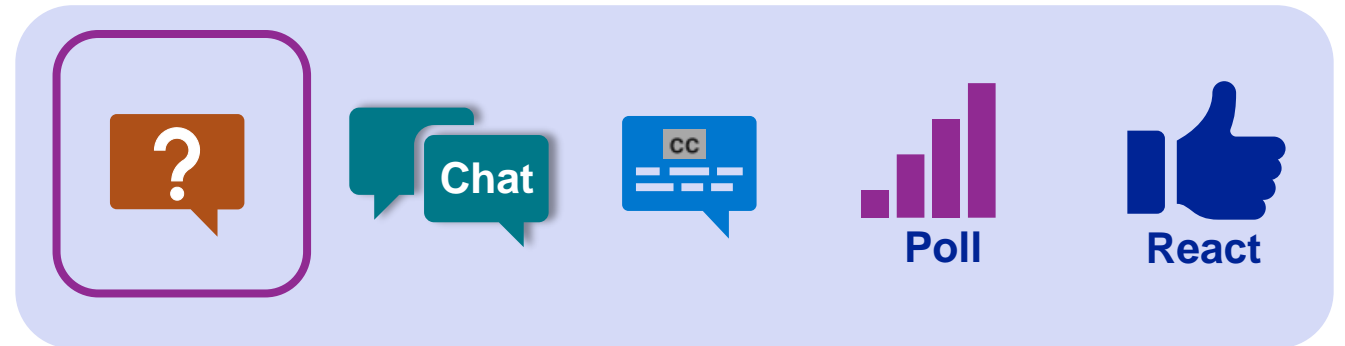
Thursday, July 10, 2025

12:30 pm – 1:30 pm

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 VFC Resources, including today's slides, see the [VFC Program: Birthing Hospitals](#) page.



To be added to the CDPH email messaging listserv for providers, please email your request to blanca.corona@cdph.ca.gov.



If you have post-webinar-related questions, please email MyVFCVaccines@cdph.ca.gov.

Agenda: Tuesday, July 10, 2025

No.	Item	Presenter	Time (PM)
1	Welcome	Leslie Amani	12:30 – 12:35
2	Impact of Respiratory Syncytial Virus (RSV) Disease	Kelley Leung, RN	12:35 – 12:40
3	RSV Immunization Supply	Christina Sapad	12:40 – 12:45
4	Replacement Model (RM) Overview	Colleen Mallen	12:45 – 12:50
5	Replacement Model Enrollment Process	Colleen Mallen	12:50 – 12:55
6	Replacement Model Requirements	Claudia Aguiluz	12:55 – 1:00
7	Vaccine Management and Accountability	Brenton Louie	1:00 – 1:10
8	Replacement Model Enrollment Process	Kelley Leung and Claudia Aguiluz	1:10 – 1:15
9	Resources and Q&A	Leslie Amani	1:15 – 1:30

Impact of RSV Disease

Kelley Leung, RN, CDPH

Burden of RSV Disease in the U.S.



2.1 million outpatient visits among children <5 years old



500,000 emergency room visits



58,000 to 80,000 hospitalizations among children <5 years old



100 to 300 deaths in children aged <5 years each year



The cost of RSV hospitalization can vary from \$10,214 for full-term infants (0–11 months) to \$57,406 for extremely premature infants

RSV: Leading Cause of Infant Hospitalization

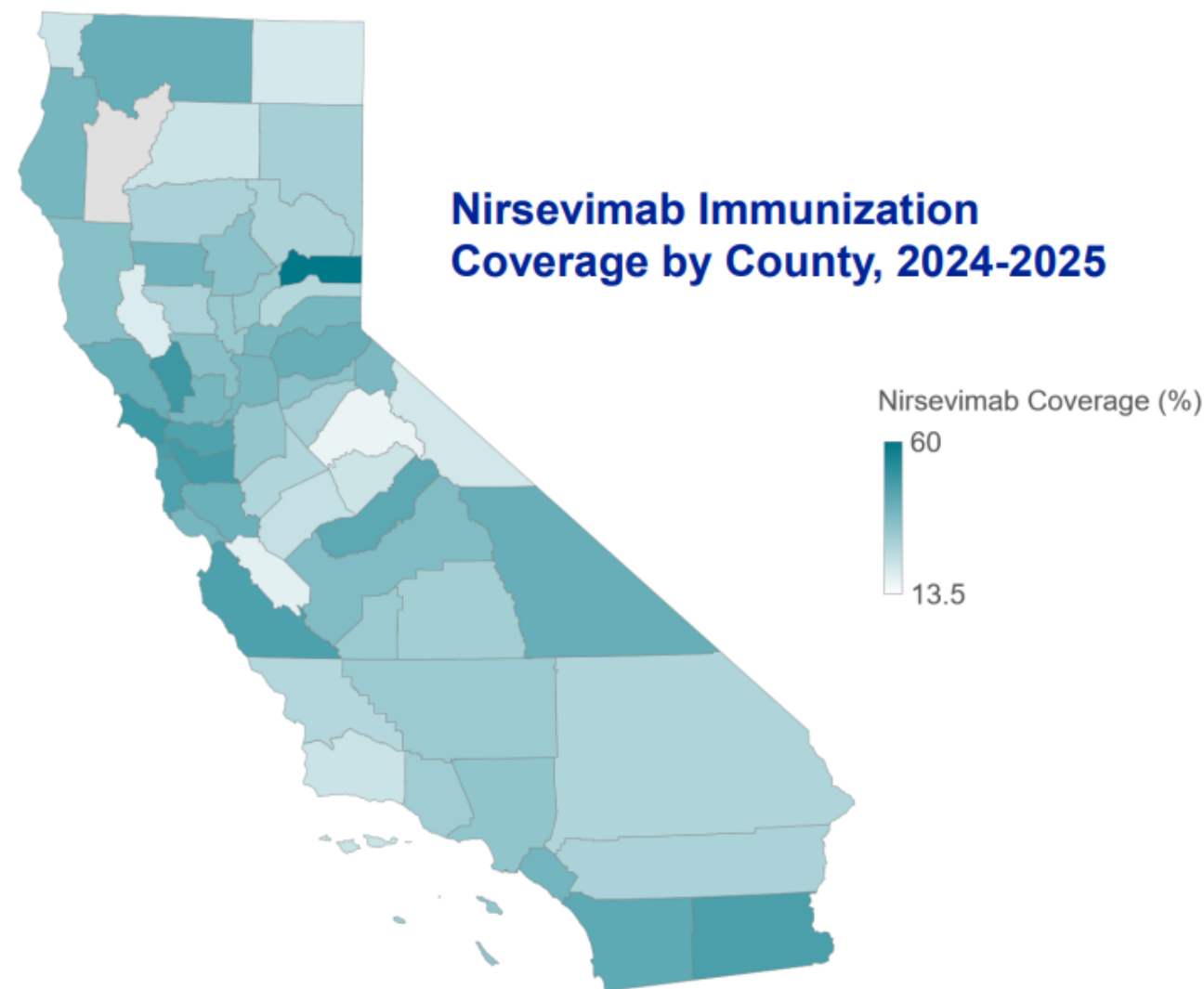
- In first year of life 68% of infants are infected with RSV; by 24 months old nearly all children had at least one RSV infection (97%)¹
- Healthy, full-term infants account for over 70% of medically attended RSV encounters² (outpatient, emergency, and inpatient)
- Many infants experience multiple medically attended visits from a single RSV infection²
- ~80% of hospitalized infants have **no** underlying medical problems³

1) [Risk of Primary Infection and Reinfection With Respiratory Syncytial Virus | JAMA Pediatrics](#) 2) [Healthcare utilization during acute medically attended episodes of respiratory syncytial virus-related lower respiratory tract infection among infants in the United States – PMC](#) 3) [Respiratory Syncytial Virus–Associated Hospitalizations Among Children Less Than 24 Months of Age | Pediatrics | American Academy of Pediatrics](#)



2024 - 2025 Data
Nirsevimab was
Effective Against:
ER visits= 63-76%
Hospitalization= 79-82%
ICU admission= 80-88%

Nirsevimab Coverage by County



Rank	County	%
1	Sierra County	60
2	Napa County	49
3	Marin County	49
4	Alameda County	48
5	San Francisco County	47
6	Imperial County	47
7	Monterey County	46
8	San Mateo County	46
9	Contra Costa County	46
10	Madera County	43
	<i>Median</i>	34
50	Shasta County	23
51	Santa Barbara County	23
52	Del Norte County	23
53	Mariposa County	23
54	Mono County	22
55	Modoc County	21
56	Lake County	20
57	San Benito County	19
58	Tuolumne County	17
59	Trinity County	14

Note. Immunization coverage is for infants ≤ 8 months old only.

Nirsevimab Birth Doses Administered in CA

as of April 23, 2025

- Overall, 14,051 (8.8%) doses of nirsevimab have been given to infants within two days of birth.
 - 20.4% of birth doses given have been administered by VFC Program birth hospitals
 - Remaining birth doses have been administered by non-VFC hospitals (60.3%) and among other outpatient providers (19.3%)
- Among infants (n=68,658) born from October 2024 to present who have received nirsevimab:
 - 20.1% received nirsevimab within two days of birth.
 - 53.0% received nirsevimab within the first week of life.



Birthing Hospital Enrollment in the VFC Program: An effort to Facilitate Nirsevimab Administration

- To protect newborns against RSV, infants born during October through March, should receive nirsevimab in the first week of life; **ideally** during the birth hospitalization*.
- According to a recent release from the National Health Interview Survey (NHIS), babies without commercial insurance (~45 in the US%) are less likely to be seen by their primary care provider (PCP) within one week of birth than are children who are commercially insured.
- Birthing facilities and their staff are critical to ensuring newborns are protected against RSV before hospital discharge, including newborns who qualify for the Vaccines for Children (VFC) Program.

[*Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR](#)

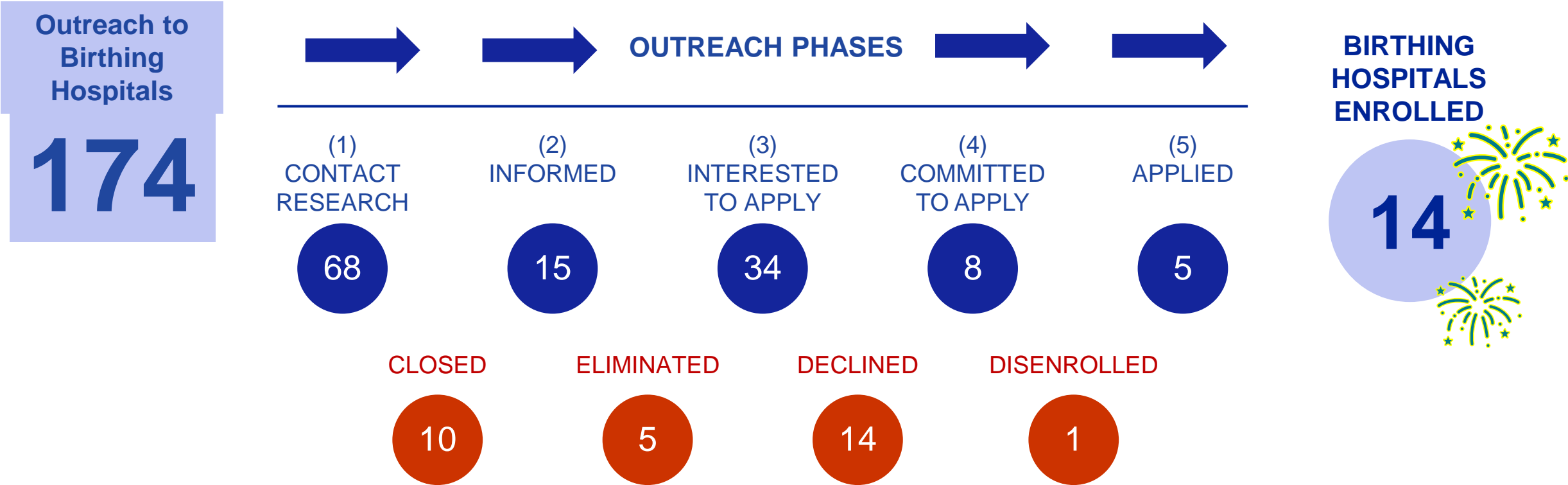


Birthing Hospitals in California

- **238** hospitals provide birthing services, as of 2022.
- In 2022, these facilities delivered **114,487 Medi-Cal births**.
- From 2023 – 2024, CDPH focused intense efforts to recruit and enroll birthing hospitals in the CA VFC Program.
- Recruitment efforts for unenrolled hospitals will continue this Summer-Fall 2025.
- After careful research into which facilities continue to provide birthing services in 2025 (as of June 2025), **213** facilities provide birthing services in CA:
 - **55** (26%) are enrolled in VFC Program
 - **158** (74%) not currently enrolled



RSV: 2024 – 2025 Birthing Hospital Outreach for VFC Enrollment



Current as of 4/1/25 9 AM

RSV Immunization Supply

Christina Sapad, CDPH

2025 – 2026 Supply and Ordering for RSV Monoclonal Antibody Products in the VFC program

- Supply
 - Anticipated to be sufficient to meet demand and to be available earlier than previous seasons
 - Early supply (August-September) allows providers to have on-hand doses ahead of RSV season and be ready to initiate vaccination in October.
 - CDC will facilitate equitable availability of RSV monoclonal antibody products across VFC Programs, with allocations for VFC products provided every 2 weeks starting as early as the first week of August 2025.
 - Note:
 - For nirsevimab, increased availability of 50mg doses at the beginning of the season is anticipated.
 - Newly licensed clesrovimab will be available once it has been added to CDC's VFC contracts

Nirsevimab vs. Clesrovimab

	Nirsevimab	Clesrovimab*
Give to infants <8 months born during or entering 1 st RSV season	Yes	Yes
Dosing	Different doses based on: <ul style="list-style-type: none"> • weight • 1st or 2nd RSV season 	Same dose for all infants
When to administer	October – March	October-March
Recommended for babies 8 – 19-month-old, at risk of severe RSV disease, entering their 2 nd RSV season	Yes	No
Prefilled syringes	Yes	Yes
Cost Per dose	\$556.13	\$556.13

RSV Pre-Book through the VFC Program

- Pre-Book launch date: TBD but likely Friday, August 1, 2025
- Several purposes:
 - Obtain individual provider demand ahead of time (by RSV product).
 - Know who should be prioritized for RSV doses once initial supply is made available (aside from known facilities serving infants).
 - Ability to streamline the shipment of RSV doses once supply becomes available, if we know ahead of time individual provider demand and preference (as early as mid-August).
- Even if you do not pre-book for RSV, you will still have the opportunity to order RSV immunizations on the routine myCAvax order form.
 - Doses will be allocated based on historical ordering patterns or a set amount if newly enrolled.

VFC RSV Pre-Book Products

- Anticipated monoclonal antibodies for RSV Pre-Book:
 - Nirsevimab (Beyfortus[®] 50mg and 100mg)
 - Clesrovimab (Enflonsia[™] – new Merck product that was recently licensed)
- RSV Pre-Book will be for infant RSV immunizations.
 - Maternal RSV vaccine (Abrysvo[®]) will not be on the pre-book form but can be ordered on the routine myCAvax order form once available.
- In the meantime, discuss with your clinic leadership about the number of RSV immunizations you anticipate needing for the next season.

Replacement Model (RM) Overview

Colleen Mallen, CDPH

The Replacement Model (RM)

A process that begins with providers supplying the initial vaccine inventory for their patient population; as doses are administered to VFC-eligible children, the doses are replaced by the VFC program.

- ✓ VFC-enrolled Birthing Hospitals have the option to enroll as a replacement model (RM) provider.
- ✓ A separate application must be completed and approved by CDC
- ✓ Meets all RM eligibility criteria
- ✓ Complies with all other CA VFC Program Requirements

Note: Dose replacement can only begin after CDC approval.

Replacement

vs.

Traditional

1st order

- Order private vaccine

- Order private vaccine and VFC vaccine (potential allocations)

Subsequent VFC Order

- Report doses used on VFC patients to be replaced (potential allocations). Submit doses administered report

- Report VFC patients' doses used from VFC stock. To order vaccine, estimate doses needed based on VFC usage and VFC inventory.

Inventory

- **All private** doses. Virtual inventory is reported while ordering.

- VFC and private doses are **separate**.

Eligibility Screening

- Prior to ordering: Must be reported accurately when order is placed

- Prior to vaccination: Must be accurate before patient is immunized

Documentation in CAIR

- All doses administered must fully and accurately be documented in CAIR including patient's VFC eligibility.

- All doses administered must fully and accurately be documented in CAIR including patient's VFC eligibility.

Replacement Model Enrollment Process

Colleen Mallen, CDPH



Steps to Enroll in the Replacement Model (RM)

Step 1: Enroll in VFC

- ☐ Application is Submitted in myCAvax
- ☐ Enrollment visit with Field Representative

Step 2: Submit Replacement Model Application

- ☐ On application, explain how hospital will meet Replacement Model (RM) requirements: Provide a detailed explanation of policies, procedures, training and documentation processes they will implement to comply with VFC and RM requirements.
- ☐ Additional meetings with CDPH and birthing hospitals may be required.
- ☐ CDPH and CDC review / approval required (CDC approval can take approx. 2 weeks)
- ☐ If replacement model application needs additional review, please allow for 2 additional weeks after resubmission.

Step 3: Participate in the Replacement Model

- ☐ Doses will only be replaced for doses administered after the date of RM application approval.
- ☐ CDPH Field Services visit 3 – 6 months after RM enrollment.

Site Visits for VFC Replacement Model Providers

- Replacement Model Providers agree to an initial site visit to review vaccine management processes. Any needed corrections will be communicated during visit and in writing.
- Follow-up visit after approval for Replacement Model.
- Field Representatives will conduct a random review of patient charts to validate VFC eligibility was documented accurately and reported.

Replacement Model Requirements

Claudia Aguiluz, CDPH

Criteria for Birthing Hospitals to Enroll in the VFC Replacement Model

All criteria must be met.

- ☐ Patient's eligibility status at the dose level must be captured through CAIR and the hospital's EHR system.
- ☐ Birthing hospital has the capacity to purchase enough doses for private and VFC-eligible children.
- ☐ Birthing Hospital complies with all other CA VFC Program Requirements.
- ☐ Nirsevimab is administered to all babies; administration is not limited to NICU-admitted babies.
- ☐ Approved Replacement Model Providers must comply with all VFC program requirements.

At a Glance: Vaccine Replacement Model (RM) Requirements

In addition to core VFC program participation requirements, RM providers must agree and adhere to a set of requirements (some additional, some modified) in the following key areas:

- ✓ Patient eligibility screening and documentation
- ✓ Use of an Immunization Information System (IIS) to capture dose level eligibility
- ✓ Inventory management
- ✓ Vaccine ordering
- ✓ Vaccine returns

California Vaccines for Children (VFC) Program

CDPH | VFC

2025 Requirements at a Glance for Vaccine Replacement Model

For Participating Birthing Hospitals, Pharmacies, and Large Healthcare Systems

VFC-approved birthing hospitals, pharmacies and large healthcare systems are invited to apply through the Vaccine Replacement Model to replenish private vaccine stock administered to VFC-eligible children. Facilities must have the capacity to use their private funds to establish initial vaccine stock for use in providing vaccination services to all patients they serve. Once enrolled, entities must always maintain a vaccine inventory that is sufficient to cover both their private and VFC patients. Therefore, replacement model facilities must have the means to purchase private stock for VFC-eligibility children and request replacement for doses administered to eligible patients based on documented vaccine administration (including eligibility at the dose level) and reporting to the California Immunization Registry (CAIR or RIDE/Health Futures). Additional oversight is required, and enrollment must be approved by the Centers for Disease Control and Prevention (CDC).

Instructions: See "Summary" column for requirements identified in the [VFC Provider Agreement \(PDF\)](#) and [Provider Agreement Addendum \(PDF\)](#). See "Replacement Model Modifications" for modifications and exceptions to general provider requirements. For detailed coverage of general VFC policies and procedures, please refer to the [VFC Provider Operations Manual \(PDF, 7.7 MB\)](#).

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Requirements at a Glance for Vaccine Replacement Model

At a Glance: Vaccine Replacement Model

1

2

3

4

VFC Requirements at a Glance for Vaccine Replacement Model

Requirements	Summary	Replacement Model Modifications	Resources/Job Aids
	<ul style="list-style-type: none"> Complete vaccination record card per practice protocols. Schedule next appointment (if recommended). Recommend Digital Vaccination Record. 		
VFC Eligibility Screening & Documentation	<p>For children to receive vaccines through the VFC Program, provider locations must screen for VFC eligibility criteria and document VFC Program eligibility in the child's permanent medical record — at each immunization visit. Follow VFC Program requirements for patient eligibility screening and documentation:</p> <ul style="list-style-type: none"> Document eligibility from birth through 18 years of age for VFC eligibility (Medi-Cal eligible, uninsured, American Indian/Alaska Native, and underinsured children seen at a FQHC or RHC) to vaccine administration—at every immunization visit. Document all elements of VFC's "Patient Eligibility Screening Record" form, including the screening date, VFC eligibility (Y/N), and any eligibility criterion (or criteria) if met. Keep all VFC eligibility records on file for three years, even after your provider location is no longer participating in the VFC Program (due to provider-initiated withdrawal or VFC-initiated termination). 	<p>All elements are applicable for every location but with modifications.</p> <p>Locations will screen and document VFC eligibility status through their EHR for each immunization encounter; eligibility status (including insurance information) will be documented during the registration process and updated as necessary prior to vaccine administration to change the vaccine dose to VFC vaccine, if eligible.</p> <p>Locations will maintain dose-level eligibility through their EHR and report patient eligibility category to CAIR (or RIDE/Healthy Futures) through a data interface or CAIR manual data entry.</p>	<p>Eligibility Screening Record for Birthing Hospitals (PDF)</p> <p>Patient Eligibility Screening Record form (PDF)</p> <p>Does Your Child Qualify flyer (PDF)</p> <p>Eligibility & Documentation Requirements (PDF)</p> <p>Provider Operations Manual, Chapter 2</p>
ACIP Recommendations	The VFC Program entitles eligible children to all vaccines recommended by the Advisory Committee on Immunization	All elements are applicable for every	CDC Recommended

California Department of Public Health, Immunization Branch

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IMM-1240H | Page 5 (6/25)



[Requirements at a Glance for Vaccine Replacement Model](#)

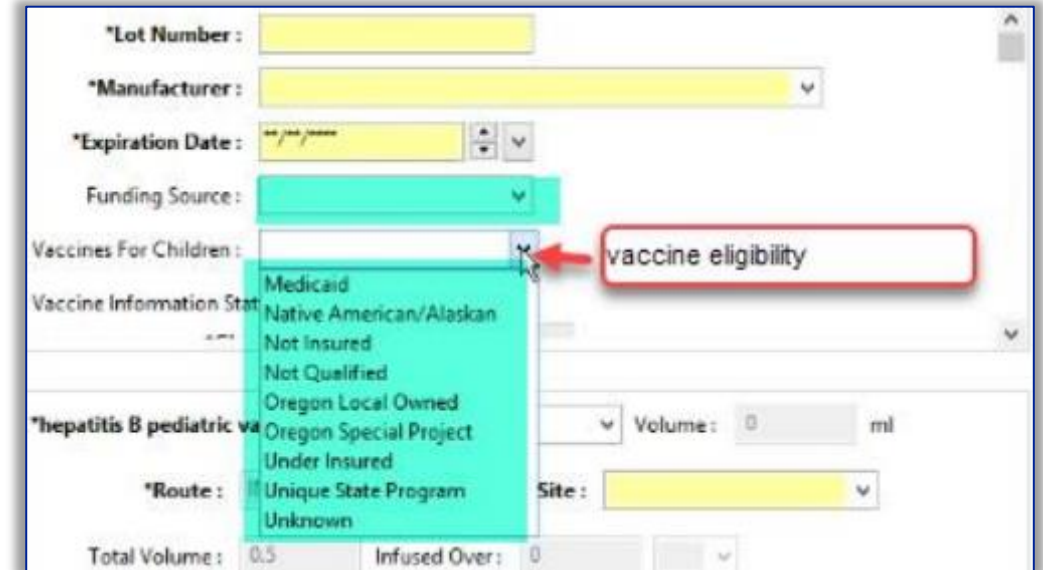
Key Contact Role and Responsibilities



- Hospitals are strongly encouraged to select ONE main point of contact to be responsible for coordinating:
 - a) Program and supply updates
 - b) Training staff on VFC accountability and the replacement model
 - c) Vaccine ordering and management tasks:
 - i. Reviewing all documents for accuracy and completeness before submitting to VFC
 - ii. Monitoring IIS doses administered reports to ensure data quality
- Large organizations that are enrolling multiple locations are encouraged to have one main point of contact to coordinate activities for all enrolled locations.

Eligibility Screening and Documentation for RM

- Locations will screen and document VFC eligibility status through their EHR for each immunization encounter:
 - Eligibility status (including insurance information) can be documented during the registration process
 - Updated as necessary prior to vaccine administration, to change the vaccine dose to VFC vaccine, if eligible.
- Locations will maintain dose-level eligibility through their EHR.
- Must report patient eligibility category to CAIR (or RIDE/Healthy Futures) through a data interface or manual data entry.
- Replacement of doses is based on administration data recorded into CAIR or RIDE/Healthy Futures, therefore accuracy must be ensured.



The screenshot displays a vaccine administration form with the following fields and options:

- *Lot Number: [Text input]
- *Manufacturer: [Dropdown menu]
- *Expiration Date: [Date input]
- Funding Source: [Dropdown menu]
- Vaccines For Children: [Dropdown menu]
- Vaccine Information Stat: [Dropdown menu]
- *hepatitis B pediatric va: [Dropdown menu]
- *Route: [Dropdown menu]
- Site: [Dropdown menu]
- Volume: [Text input] ml
- Total Volume: 0.5
- Infused Over: 0

A red box labeled "vaccine eligibility" points to the "Vaccines For Children" dropdown menu, which is open and shows the following options: Medicaid, Native American/Alaskan, Not Insured, Not Qualified, Oregon Local Owned, Oregon Special Project, Under Insured, Unique State Program, and Unknown.

Document VFC Eligibility in CAIR

Providers must document patient Eligibility (and doses administered) in the California Immunization Registry (CAIR). Eligibility documentation must include these elements:

- ☐ Date of Screening
- ☐ Is the patient VFC-eligible?
- ☐ Document in CAIR

From there:

- ☐ Maintain patient eligibility screening records for a minimum of 3 years.

Document VFC Eligibility in CAIR

VFC Eligibility Screening & Documentation Requirements



1. Screen for VFC Eligibility at Every Immunization Visit

You are required to screen ALL children (birth through 18 years) in your practice at every immunization encounter prior to administering VFC vaccines.

2. Determine Which Eligibility Criterion Is Met

To be VFC-eligible, patients must meet at least one of these four criteria:

- **Medicaid-eligible (or enrolled):** Has Medi-Cal as primary or secondary coverage
- **American Indian (AI) or Alaska Native (AN):** As defined by the Indian Health Care Improvement Act
- **Uninsured:** A child who has no health insurance coverage. **Underinsured:** A child who has private health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines.
- **Underinsured:** A child who has private health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).

Verification of patient/parent response or self-identification of eligibility criterion (or criteria) is not required. No other factor may be considered when screening for VFC eligibility.

3. Document VFC Eligibility in CAIR

Providers must document patient eligibility (and doses administered) in the California Immunization Registry (CAIR). Eligibility documentation must include these elements:

- Date of screening
- Whether or not the patient is VFC-eligible
- Which eligibility criterion (or criteria) was met (e.g., Medicaid-eligible, American Indian or Alaskan Native, uninsured, or underinsured)

Maintain patient eligibility screening records for a minimum of 3 years.

4. Ensure Vaccinators Only Use VFC-Supplied Vaccines for VFC Children

Staff who conduct VFC-eligibility screening are not necessarily vaccinators. Update practice protocols so vaccinators know when to use VFC-supplied vaccine and when to use private stock. Group and label VFC and private vaccines separately to prevent errors.



California Department of Public Health, Immunization Branch

IMM-1161 (6/24)

Registry Org Codes: Accountability and Reporting

- Providers are assigned a unique ID (CAIR2 Org Code/IIS ID) that is used to submit their immunization data into the registry and is used for a specific VFC location in myCAvax
 - EHR via data exchange
 - Manual entry of vaccine administration information into the registry
- Unique CAIR2 Org Code/IIS ID for the specific VFC location must be listed in myCAvax
 - If you aren't sure what CAIR2 Org Code/IIS ID your organization uses, contact your IT department, Informatics department, or EHR vendor.

Note: Org Code for reporting VFC doses should only be associated with one VFC location.

Vaccine Dose Entry Requirements

Every vaccine dose administered must be documented and reported into the registry promptly; same day is ideal, minimally within 14 days

Every dose submitted to the registry must contain the following data:

- Patient identifier (Hospital MRN)
- Patient first and last name
- Patient date of birth
- Patient sex
- Patient address
- Patient cell phone/email
- Patient race/ethnicity
- Ordering Authority
- Date of administration
- Vaccination code (NDC)
- Vaccine lot number, expiration date, & manufacturer
- Name & title of the administering provider
- VFC program eligibility
- Vaccine funding source

Registry Documentation Requirements

[AB 1797 \(Akila Weber, 2022\), a California bill effective January 1, 2023, amends the immunization statute, Health and Safety Code Section 120440](#)

All California healthcare providers who administer vaccines are required to:

- Enter/submit patient vaccination information to a CAIR or Healthy Futures/RIDE
- Enter all administered vaccines for all ages including nirsevimab for babies
- Race and ethnicity information for each patient
- TB test results must also be reported



California
LEGISLATIVE INFORMATION

Vaccine Management and Accountability

Brenton Louie, CDPH

Vaccine Management and Accountability

- Utilizing proper and efficient vaccine management habits is vital for successfully implementing the VFC Program.
 - Ordering: Replenish stock on-hand for patients and ensures timely administration
 - Managing vaccine inventory: Ensures sufficient stock at all times, minimizes vaccine waste
 - Documenting dose administration data: Informs when additional doses may need to be ordered, or which patients still need doses
 - Returning wasted vaccines: Prevents patients from receiving nonviable vaccines
- Reports: Allows automation and review of larger samples of information to guide future vaccine management decisions.

VFC Replacement Model Provider Order Submission

- VFC Vaccine Replacement order must be submitted through myCAvax by the 15th of each month for the doses administered during the previous calendar month
- Documentation must be submitted to MyVFCVaccines@cdph.ca.gov to support vaccine requests per VFC PIN:
 1. Aggregate Excel report (using CDPH supplied template) of doses administered to VFC-eligible patients at the location
 2. A patient-level report containing vaccine information, patient name, birth date and age, date of vaccination and VFC eligibility status.

CDPH-supplied Aggregate Report Template (1 of 2)

VFC Program Location Name							
PIN							
IIS ID							
Doses Administered Date (Month-Year)	July-25						
		Dose Administration Data by Eligibility					
Vaccine Group	Vaccine Product	VFC Eligible Patients				Private	Total Doses Administered (VFC + Private)
				American Indian / Alaskan Native	Total VFC Doses Administered		
		Medi-Cal	Uninsured				
Hepatitis B	Recombivax HB Single Dose Syringes - 10 Per Box	19	1	1	21	17	38
	Engerix B Single Dose Syringes - 10 Per Box	0	0	0	0	0	0
	Beyfortus - 50mg - Single Dose Syringes - 5 Per Box	14	1	0	15	12	27
	Beyfortus - 100mg - Single Dose Syringes - 5 Per Box	4	0	1	5	8	13

CDPH-supplied Aggregate Report Template (2 of 2)

VFC Program Location Name											
PIN											
IIS ID											
Doses Administered Date (Month-Year)	July-25										
		Ordering Data							Balance		
Vaccine Group	Vaccine Product	Total Doses On-hand	Calculated VFC Doses On-hand	Prior Month Doses Remaining/ Unordered	Vaccine to Order	Max Doses Available to Order	Actual Doses Ordered	Subtotal of Doses Remaining/ Unordered	Previously VFC Eligible, Now Privately Insured	Previously Privately Insured, Now VFC Eligible	Doses Remaining/ Unordered
Hepatitis B	Recombivax HB Single Dose Syringes - 10 Per Box	44	24	6	27	20	20	7	1	0	6
	Enderix B Single Dose Syringes - 10 Per Box	0	0	0	0	0	0	0	0	0	0
RSV	Beyfortus - 50mg - Single Dose Syringes - 5 Per Box	35	19	1	16	15	15	1	0	1	2
	Beyfortus - 100mg - Single Dose Syringes - 5 Per Box	28	10	3	8	5	5	3	0	0	3

- Total number of VFC doses administered may be more or less than the actual amount supplied in a box.
- If less doses have been administered than the maximum amount available in a package, those doses can be added to the following month's order.

Reporting Inventory for VFC Replacement Orders

- Replacement Model providers maintain one vaccine inventory supply for both privately insured and VFC-eligible patients-they do not separate their private vaccine inventory from their VFC vaccine inventory.
- However, on-hand inventory must be reported with each VFC orders
- Since VFC inventory cannot be physically counted, order inventory is a virtual or calculated
 - Determine the percentage of VFC-eligible newborns
 - Then apply this percentage to vaccine inventory in vaccine storage units

Categories	Number	Percentage of patient population
VFC eligible recipients	435	49.5%
Privately insured (non-VFC eligible) recipients	444	50.5%
Estimated non-VFC eligible births (based on previous year)	378	51%
Estimated VFC-eligible births (based on previous year)	363	49%
Purchased/on-hand doses (from previous year)	346	
Reserved doses (upcoming year)	NA	

Ordering Vaccine and Reporting VFC Inventory

Example:

- **Inventory:** 120 total doses in inventory, calculate 50% = 60 VFC doses
- **Doses Administered:** Based on CAIR Reports = 32 doses

Account for every dose of VFC-supplied vaccine ordered and received by the provider location.

Vaccine Products

VFC On-hand Inventory

VFC Doses administered

Inventory Summary

Order size

Vaccine product	Quantity	Lot number	Expiration Date / Beyond use date	Qty since last order	Estimated inventory	Variance	Recommended Order size	Doses requested	Order size reason	Comments
Beyfortus - 50mg - Single Dose Syringes - 5 Per Box				0	0			0		
Beyfortus - 100mg - Single Dose Syringes - 5 Per Box	60	XYZ	1/24/2026	32	0			0		

Ordering Vaccine and Reporting VFC Inventory

Example:

- **Doses Requested:**
 - Beyfortus package size: 5 per box
 - Order based on doses administered, rounding down to the nearest package size
 - 32 doses administered means the amount requested would be rounded down to 30
 - 2 doses were administered and not replaced by this order – add this amount to next month’s vaccine replacement order

Account for every dose of VFC-supplied vaccine ordered and received by the provider location.

Vaccine Products	VFC On-hand Inventory	VFC Doses administered	Inventory Summary	Order size						
Vaccine product	Quantity	Lot number ⓘ	Expiration Date / Beyond use date ⓘ	Qty since last order ⓘ	Estimated inventory ⓘ	Variance ⓘ	Recommended Order size ⓘ	Doses requested	Order size reason ⓘ	Comments
Beyfortus - 50mg - Single Dose Syringes - 5 Per Box				0	0			0		
Beyfortus - 100mg - Single Dose Syringes - 5 Per Box	60	XYZ	1/24/2026 +	32	0			30		

Ordering Vaccine and Reporting VFC Inventory

Example:

- Next month's order, add any doses that were not replaced from the previous month
 - Next order: 48 VFC doses administered
 - Add 2 doses not replaced in previous month, for a total of 50 VFC doses requested

Account for every dose of VFC-supplied vaccine ordered and received by the provider location.

Vaccine Products	VFC On-hand Inventory	VFC Doses administered	Inventory Summary	Order size						
Vaccine product	Quantity	Lot number ⓘ	Expiration Date / Beyond use date ⓘ	Qty since last order ⓘ	Estimated inventory ⓘ	Variance ⓘ	Recommended Order size ⓘ	Doses requested	Order size reason ⓘ	Comments
Beyfortus - 50mg - Single Dose Syringes - 5 Per Box	<input type="text"/>	<input type="text"/>	<input type="text"/> ⓘ	+ <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		
Beyfortus - 100mg - Single Dose Syringes - 5 Per Box	<input type="text"/>	<input type="text"/>	<input type="text"/> ⓘ	+ <input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		

Returning VFC Vaccine with RM Providers

- ☐ All VFC providers agree to return nonviable (spoiled/wasted/expired) vaccine through myCAvax.
- ☐ Report nonviable vaccines in myCAvax.
- ☐ Select the “Return Shipping Method” to receive a return label by mail or email for all eligible returns.
- ☐ Return vaccines within 30 days to prevent expiration of return label.

Example from the RM Application:

The VFC-portion of the inventory being returned must be identified and the spoiled/expired doses returned to the centralized distributor. Hospitals can “virtually” identify VFC inventory by applying the percentage of VFC patients to the total vaccine returns.”

Returning VFC Vaccine for RM Providers

Example:

If 6 doses are spoiled during a power outage:

- 50% must be reported through myCAvax
- Report 3 doses as spoiled

The screenshot shows the myCAvax interface for reporting a return and waste item. The form is titled "Returns and Waste Items" with the ID "WS-501730". It has tabs for "DETAILS" and "RELATED". The "DETAILS" tab is active, showing a form with various fields. The "Information" section is expanded, showing "Returns and Waste Details". The "Date Wastage Occurred" is set to "9/1/2024". The "Type of Wastage" is set to "Spoiled". The "Return Label Delivery Method" is set to "Email". The "Vaccine Storage" is set to "SC-07167". The "Waste Reason" is set to "None". The "Number Of Boxes Required" is set to "1". The "Total Doses Wasted" is set to "3". The "Total Doses Wasted" field is highlighted in yellow. The "Waste Reason" field is also highlighted in yellow.

myCAvax
California Vaccine Management System

Home My Programs My Turn Vaccines Orders Program Locations

Returns and Waste Items
WS-501730

DETAILS RELATED

* = Required information

> Information

▼ Returns and Waste Details

* Date Wastage Occurred
9/1/2024

* Type of Wastage
Spoiled

Return Label Delivery Method
Email

Vaccine Storage
SC-07167

Waste Reason
None

Number Of Boxes Required
1
This field is calculated upon save

* Reason Reason
Natural Disaster or power outage

Total Doses Wasted
3

Vaccine Returns and Waste

- Wasted doses are not replaced by the VFC Program.
- Facilities may not request replacement doses for wasted doses of private vaccine.



VFC Replacement Model Vaccine Order Approval

- The VFC Program will review the vaccine order submitted, along with CAIR/RIDE administration data reported, once the CDPH-supplied Aggregate Report template is completed and submitted.
- If any information is missing or inaccurate, the order will be returned to the Primary Vaccine Coordinator for corrections.
 - Please ensure timely review and resubmission of orders as needed to prevent vaccine order approval and shipping.

VFC Replacement Model Vaccine Order Accountability

- Only doses administered to VFC-eligible patients are replaced; wasted/spoiled/expired doses are not replaced by the VFC Program.
- Knowingly requesting replacement doses in excess of doses used, would constitute fraud.
- Upon termination, locations are responsible for submitting final vaccine replacement requests to complete repayment.

Available Reports in CAIR

PRD 2.8.23

.....

Patients
manage patient status
Data Exchange
check status
Query Only
view patient report
Reports
reminder / recall
check reminder status
cocasa extract
check request status
ad hoc list report
ad hoc count report
ad hoc report status
vaccine eligibility
assessment report
check assessment
benchmark report
check benchmark
manage custom letters
group patients
check group status
check reminder list
check vaccine elig status
doses administered
accountability report
request
check vaccine
accountability
state supplied flu report
state supplied vaccine
report

- **Dose Based Eligibility Report**

- Displays total number of vaccine doses given sorted by patient age and eligibility. Often asked for during VFC recertification.

- **Doses Administered Report**

- Displays all doses that were administered during a specific time frame sorted by vaccine and patient age

Replacement Model Application and Enrollment Process

Kelley Leung, RN, and Claudia Aguiluz, CDPH

Application Overview

- Document combines **RM policy** and **instructions** on how to implement RM requirements.
- Applications must be completed
- Submit completed applications to:
 - VFCEnrollment@cdph.ca.gov

Application for CDC Vaccine Replacement Model



Instructions: VFC enrolled birthing hospitals, pharmacies and large healthcare systems who are interested in participating in VFC using the CDC vaccine replacement model that replenishes private vaccine stock administered to VFC-eligible children must complete this application. This application documents how your entity intends to implement the CDC Vaccine Replacement policy. Sections will include areas where facilities can describe in more detail processes and procedures that are unique to their organization/location. The California Department of Public Health (CDPH) will review your application and may provide feedback or requested changes before forwarding the completed application to CDC for review and approval. CDPH will keep enrollees informed throughout the approval process. Please email any questions to VFCEnrollment@cdph.ca.gov.

Organization/Facility			
Organization/Facility name:		CDPH USE ONLY - VTrckS ID:	
Street Address 1:		VFC PIN:	CAIR Org or RIDE ID:
Street Address 2:		County:	
City:		State:	Zip:
Telephone:		Fax:	
Type of Facility (check all that apply): <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Community pharmacy <input type="checkbox"/> Birthing-only hospital <input type="checkbox"/> Large healthcare system			
Multi-location Organization			
<input type="checkbox"/>	Check if you are applying for multiple locations within your organization (Complete Addendum A)		Number of locations enrolling:
Please describe your structure (i.e. types of sites)			
Check which setting where you are intending to provide VFC vaccines (CHECK ALL THAT APPLY): <input type="checkbox"/> In-patient <input type="checkbox"/> L&D <input type="checkbox"/> NICU <input type="checkbox"/> Outpatient <input type="checkbox"/> Other, Specify:			

Provider of Record			
Last Name:		First Name:	Middle Initial:
Title:		Licensure Type (MD, PA, NP, PharmD etc.) Number:	
Telephone:		Email:	
Street Address 1:		Suite/Building #:	
City:	County:	State:	Zip:

California Department of Public Health, Immunization Branch/Confidential - Low

IMM-1541A (01/2025)

Application Overview

Open text fields included in application where provider describes customized processes and procedures specific to their organization or individual practice.

CDPH reviews sections where providers select options or describes processes and procedures specific to their organization or individual practice.

Implementation of CDC Replacement Policy

Enrolled replacement model facilities must have policies and procedures in place to enable the following:

1. Screen and document VFC patient eligibility (including required eligibility categories) for each immunization encounter at the dose level electronically either using the facility's electronic health record (EHR) system and/or report all doses administered to the California's Immunization Registry (CAIR) or RIDE/Healthy Futures.

1. Facility must verify a patient's insurance coverage, screen, and document their VFC eligibility status for each vaccination encounter.
2. Dose-level eligibility, as it applies to the VFC program, describes a patient's eligibility to receive VFC vaccine (including "Not VFC-eligible") and is determined for each patient for each vaccination encounter.
3. Facility must determine and document a patient's VFC eligibility category by considering their age (birth through 18 years old) AND if they are VFC eligible or not. If patients are VFC eligible, how according to [VFC Eligibility Screening and Documentation Requirements](#)

Indicate how VFC eligible documentation will be documented (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> electronic health record (EHR) systems | <input type="checkbox"/> the immunization registry (CAIR or RIDE/Healthy Futures) | <input type="checkbox"/> VFC Eligibility Screening form (IMM-1111)* |
|---|---|---|

* Can be used if the EHR is not capable at time of application to meet documentation requirements with the understanding that the expectation is that facility's EHR will capture VFC eligibility documentation in a future upgrade/enhancement. In using the screening form, facility understands that they will be manually entering required data elements into CAIR or RIDE/Healthy Futures.

Please describe the method and the selected tools your organization/facility will be using to screen and document patients' VFC eligibility as described for each of the above elements. Include screenshots of how your selected system captures the VFC eligibility categories documented. Attach additional documents as necessary.

CDPH USE ONLY:

Review: ☐ Approved ☐ Sent back for revisions By: _____ Date: _____

Feedback:

Visit Verification: ☐ Met Requirement

Include with Application Submission

- With their application, hospitals will submit at least one of the following:
 - Purchase invoices for Hepatitis B and RSV products
 - Proof of reservation of RSV products
- Invoices or proof of reservation must show sufficient inventory to administer doses to publicly and privately insured infants until the first replacement order can be processed.

☐ By checking this box, the facility understands that once approved for the replacement model, facility will purchase pediatric vaccines to meet the demands of newborn patients who are VFC eligible and privately insured.

Please provide the information based on previous year's population:

	Number	Percentage of patient population
Estimated VFC-eligible births		
Estimated non-VFC eligible births		
Total annual births		

Summary: RM Application and Approval

- VFC-enrolled hospital completes and submits application
- Hospital verifies CAIR reporting requirements are met
- Application reviewed by CDPH
- CDPH provides feedback
- CDPH schedules and conducts a Replacement Model site visit
- Application is submitted to CDC for approval
- Replacement model can start once CDC approves application

Support and Resources

Leslie Amani, CDPH



Enrolling Hospitals in the VFC Program

Webinar: Enrolling Hospitals in the VFC Program

When: Tuesday, July 29, 2025

Time: 1:00 pm – 2:00 pm

1 More Webinar
Opportunity!

Topic: This webinar is intended for birthing hospitals interested in enrolling in VFC. The VFC enrollment team will provide a high-level overview of the enrollment process, suggest immediate next steps, and answer any questions you may have.

Registration link: [Enrolling Hospitals in the VFC Program](#)



Replacement Model for VFC-Enrolled Hospitals

Webinar: Replacement Model for VFC-Enrolled Hospitals

When: Thursday, July 31, 2025

Time: 12:30 pm – 1:30 pm

Topic: This webinar is intended for VFC Enrolled Birthing Hospitals interested in becoming Replacement Model providers. The VFC Enrollment Team will provide an overview of the requirements, application process, immediate next steps, and answer any questions you might have.

Registration link for webinar:

[July 31, 2025, Replacement Model for VFC-Enrolled Hospitals](#)

1 More Webinar
Opportunity!

At a Glance: Vaccine Replacement Model

California Vaccines for Children (VFC) Program

CDPHVFCCalifornia Vaccines for Children Program

2025 Requirements at a Glance for Vaccine Replacement Model

For Participating Birthing Hospitals, Pharmacies, and Large Healthcare Systems

VFC-approved birthing hospitals, pharmacies and large healthcare systems are invited to apply through the Vaccine Replacement Model to replenish private vaccine stock administered to VFC-eligible children. Facilities must have the capacity to use their private funds to establish initial vaccine stock for use in providing vaccination services to all patients they serve. Once enrolled, entities must always maintain a vaccine inventory that is sufficient to cover both their private and VFC patients. Therefore, replacement model facilities must have the means to purchase private stock for VFC-eligibility children and request replacement for doses administered to eligible patients based on documented vaccine administration (including eligibility at the dose level) and reporting to the California Immunization Registry (CAIR or RIDE/Health Futures). Additional oversight is required, and enrollment must be approved by the Centers for Disease Control and Prevention (CDC).

Instructions: See “Summary” column for requirements identified in the [VFC Provider Agreement \(PDF\)](#) and [Provider Agreement Addendum \(PDF\)](#). See “Replacement Model Modifications” for modifications and exceptions to general provider requirements. For detailed coverage of general VFC policies and procedures, please refer to the [VFC Provider Operations Manual \(PDF, 7.7 MB\)](#).

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Vaccine Management Requirements.....	9
Other Participation Requirements.....	22

Requirements at a Glance for Vaccine Replacement Model

VFC Program Overview on EZIZ



The screenshot shows the EZIZ website interface. At the top, there's a header with the EZIZ logo and the tagline "A one-stop shop for immunization training and resources." Below the header, there's a navigation menu on the left with links to Home, Vaccine Programs, Vaccine Management, Storage Units, Temperature Monitoring, Training & Webinars, Clinic Resources, and Patient Resources. The main content area is divided into three columns. The first column, titled "About the VFC Program", contains a "Background" section with text about the VFC Program and its history, and a "For Providers: How the Program Works" section with a list of links. The second column, titled "VFC Resources", contains sections for "Provider Requirements", "Annual Recertification", and "Enrollment", each with a list of links. The third column, titled "Related Links", contains a list of links. The bottom of the page features a footer with the CDPH logo and the text "Immunization Branch".

Home

Vaccine Programs

Vaccine Management

Storage Units

Temperature Monitoring

Training & Webinars

Clinic Resources

Patient Resources

Contact VFC

Phone: (877) 243-8832
Hours:
Mon-Thurs, 9AM-4:30PM
Friday, 9AM-4PM
Send us an email
Fax: (877) 329-9832

- ▶ VFC Field Representatives
- ▶ Find VFC providers
- ▶ Sign up for EZIZ emails
- ▶ Frequently Asked Questions

About the VFC Program

Background

The Vaccines for Children (VFC) Program helps families by providing vaccines at no cost to providers who serve eligible children from birth through 18 years of age. The VFC Program has earned high marks from California doctors for making it easy to provide high-quality care to their patients.

The VFC Program is administered at the national level by the Centers for Disease Control and Prevention (CDC) and the National Center for Immunization and Respiratory Diseases. The program was established by an act of Congress in 1993.

The California VFC Program is administered by the California Department of Public Health (CDPH) Immunization Branch and has enrolled more than 4,000 public and private provider sites since its inception in 1995.

For Providers: How the Program Works

CDC contracts with vaccine manufacturers to buy vaccines at reduced rates. Enrolled providers order federally funded vaccines through their state VFC Program and receive routine vaccines (including influenza) at no cost.

- + [What are the provider benefits?](#)
- + [How do I get vaccines?](#)
- + [Which vaccines are covered?](#)
- + [What children are eligible?](#)
- + [Who can be a VFC provider?](#)
- + [VFC Program Requirements](#)
- + [What is Medi-Cal's relationship with VFC?](#)

Additional resources:

- [Becoming a VFC Provider](#)
- [VFC Program for Birthing Hospitals | FAQs for Birthing Hospitals](#)
- [Immunization Quality Improvement for Providers \(IQIP\) Program](#)

VFC Resources

Provider Requirements

- ▶ [General Requirements](#)
- ▶ [VFC Eligibility Screening & Documentation](#)
- ▶ [Immunization Quality Improvement for Providers \(IQIP\)](#)

Annual Recertification

- ▶ [Who, When, Where and What You Need to Do](#)
- ▶ [Training Requirement](#)

Enrollment

- ▶ [How the Program Works](#)
- ▶ [How to Enroll](#)
- ▶ [Frequently Asked Questions](#)

Related Links

- ▶ [ACIP Recommendations](#)
- ▶ [CDC Immunization Schedules](#)

[What are the provider benefits?](#)

[How do I get vaccines?](#)

[Which vaccines are covered?](#)

[What children are eligible?](#)

[Who can be a VFC provider?](#)

[VFC Program Requirements](#)

[What is Medi-Cal's relationship with VFC?](#)

[VFC Program Overview Webpage](#)

VFC Program Birthing Hospitals Webpage



The screenshot shows the 'VFC Program: Birthing Hospitals' webpage. The header features the 'EZIZ' logo, a search bar, and the tagline 'A one-stop shop for immunization training and resources.' A left sidebar contains a navigation menu with links to Home, Vaccine Programs, Vaccine Management, Storage Units, Temperature Monitoring, Training & Webinars, Clinic Resources, and Patient Resources. The main content area is titled 'VFC Program: Birthing Hospitals' and includes sections for enrollment, resources, materials, staff training, parent education, and webinars.

Home

Vaccine Programs

Vaccine Management

Storage Units

Temperature Monitoring

Training & Webinars

Clinic Resources

Patient Resources

VFC Program

Phone: (877) 243-8832
Hours PST:
Mon-Thurs, 9AM-4:30PM
Friday, 9AM-4PM
Email:
MyVFCVaccines@cdph.ca.gov
Fax: (877) 329-9832

► VFC Field Representatives
► Find VFC providers
► Sign up for EZIZ emails

Provider Call Center

For VFA, LHD 317, and SGF, myCAvax and MyTurn Clinic IT support
Phone: (833) 502-1245
Hours PST:
Mon-Thurs, 9AM-4:30PM
Friday 9AM-4PM
Email:
providercallcenter@cdph.ca.gov

VFC Program: Birthing Hospitals

Want to become a VFC-enrolled birthing hospital?

How to enroll in VFC:

1. See the [VFC Program Enrollment](#) process to get started.
2. Contact the VFC Program Call Center (877) 243-8832 or VFCEnrollment@cdph.ca.gov for any questions.
3. See these [FAQs](#) for additional information.

Not sure if VFC is right for you?

View one of the Win-Win webinars listed below to get answers to many of the top questions for hospitals considering enrollment.

Resources for hospitals enrolling in VFC

- [FAQs for Birthing Hospitals](#)
- [Birthing Institutions and the Vaccines for Children Program \(AIM\)](#)
- [VFC Program Benefits for Hospitals \(CDC\)](#)
- [VFC Recruitment Letter from Dr. Robert Schechter, Immunization Branch](#)
- [Hospital Enrollment Checklist](#) - allows your facility to gather information needed to complete your VFC application expeditiously

Materials to design VFC processes in your hospital

- [Eligibility Screening Form](#)
- [VFC Administration/Inventory Log - HepB/nirsevimab only](#)
- [Digital VFC Temperature Log \(for hospital-use only\)](#)
- [VFC Eligibility Workflow Examples \(Riverside University Health System\)](#) coming soon!

Staff Training

- [Pharmacy Temperature Monitoring Competency Check-off \(Riverside University Health System\)](#)

Parent Education

- [Nirsevimab Parent Education \(Riverside University Health System\)](#)
- [RSV Immunization Information Statement \(IIS\) \(CDC\)](#)

Webinars

- [Enrolling Hospitals in the Vaccines for Children \(VFC\) Program](#)
 - July 8, 2025: Slides

VFC Program for Birthing Hospitals Webpage

- How to Enroll in VFC
- Resources for Hospitals
- Materials
- Staff Training
- Parent Education
- Webinars



CDPH Immunization Branch Vaccine Support

Support from

Provider Call Center (PCC)

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

myCAvax and My Turn

Knowledge Center houses key job aids and videos that are updated every release. Log-in credentials required.

Virtual Assistant can answer many questions and will direct users to the PCC for live assistance when needed.

Contact Information

Hours:

Monday – Thursday 9:00 am – 4:30 pm

Friday, 9:00 am – 4:00 pm

Contact email: providercallcenter@cdph.ca.gov

Knowledge Center: Provider link (myCAvax login required): [Providers' myCAvax Knowledge Center](#)
LHD link (myCAvax login required): [LHDs myCAvax Log-in](#)

Virtual Assistant: Providers must login to myCAvax ([myCAvax Virtual Assistant](#)) and click the 'Chat with us' button on the bottom right of their screen.



CAIR Support: Contact Information



- CAIR Contact Information
 - General Information
 - [California Immunization Registry](#)
 - Help Desk
 - CAIRHelpDesk@cdph.ca.gov
 - 800-578-7889
 - Data Exchange
 - CAIRDataExchange@cdph.ca.gov

Who should I Contact for CAIR Questions?

CAIR Help Desk

CAIRHelpDesk@cdph.ca.gov ; 800-578-7889

- All CAIR password-related issues
- User account disabled, locked, unable to log-in
- User account issues/changes (inactivating, reactivating, upgrading/downgrading, adding/transferring users to other sites, etc.)
- Account Update (how to submit, status of submitted requests, etc.)
- SCRL/CAIR Hub
- Duplicate/incorrect Patient Records
- CAIR system not working/error messages displaying
- Did not receive Completion of CAIR Training email or CAIR log-in information email



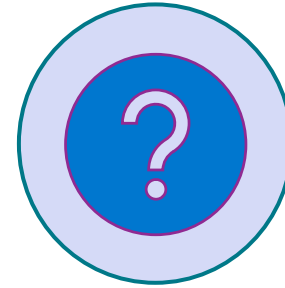
Provider Monthly Webinars

CDPH Immunization Updates for Providers’ webinars move to a **monthly** cadence beginning in July of 2025. Please add the dates to your calendar of choice.

Registration link: [CDPH Immunization Updates for Providers Monthly Webinar](#)

Providers (Friday Webinars)
July 18, 2025
August 22, 2025
September 19, 2025
October 24, 2025
November 21, 2025
December 19, 2025

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.



Thank you for attending today's webinar!



**Immunization
Branch**