

Immunization Branch

Enrolling Hospitals in the Vaccines for Children (VFC) Program

Tuesday, July 8, 2025 1:00 pm – 2:00 pm Q&A

CDPH

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





Housekeeping

Reminder to Attendees:

For VFC Resources, including today's slides, see the <u>VFC Program: Birthing Hospitals</u> page.



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



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

Agenda: Tuesday, July 8, 2025

No.	Item	Presenter	Time (PM)
1	Welcome and Announcements	Leslie Amani	1:00 – 1:05
2	Impact of Respiratory Syncytial Virus (RSV) Disease	Kelley Leung, RN	1:05 – 1:10
3	RSV Vaccine Supply	Christina Sapad	1:10 – 1:15
4	VFC Program Background and Overview	Claudia Aguiluz	1:15 – 1:20
5	VFC Program Enrollment	Colleen Mallen	1:20 – 1:30
6	Overcoming VFC Enrollment Barriers Tips from VFC-Enrolled Birthing Hospitals:	Kelly Leung, RN	1:30 – 1:35
7	VFC Program Requirements	Colleen Mallen	1:35 – 1:40
8	CAIR and Documentation	Iris Cheever	1:40 – 1:45
9	Resources and Q&A	Leslie Amani	1:45 – 2:00

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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



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

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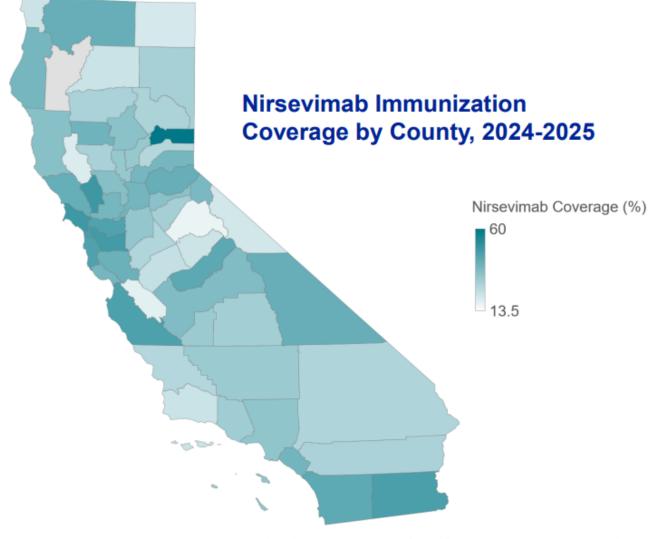
RSV: Leading Cause of Infant Hospitalization

- 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 infection.²
- ~80% of hospitalized infants have no underlying medical problems.³

1) <u>Risk of Primary Infection and Reinfection With Respiratory Syncytial Virus | JAMA</u> <u>Pediatrics 2)Healthcare utilization during acute medically attended episodes of respiratory</u> <u>syncytial virus-related lower respiratory tract infection among infants in the United States –</u> <u>PMC 3) Respiratory Syncytial Virus–Associated Hospitalizations Among Children Less</u> <u>Than 24 Months of Age | Pediatrics | American Academy of Pediatrics</u> <u>2024 - 2025 Data</u> <u>Nirsevimab was</u> <u>Effective Against:</u> 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
	Median	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.



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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 Vaccines for Children (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 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

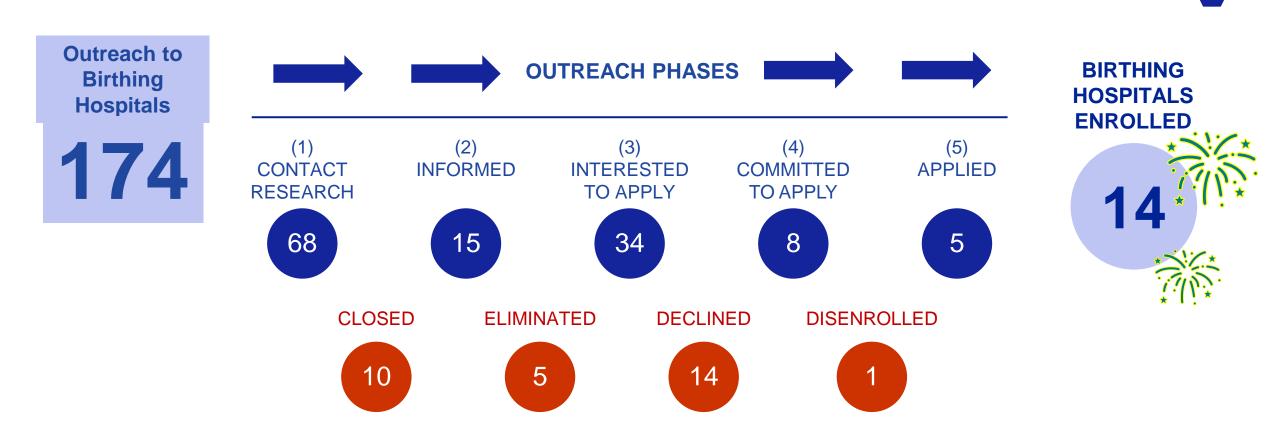
- **238** hospitals provide birthing services, as of 2022.
- In 2022, these facilities delivered 114,487 Medi-Cal births.
- From 2023 2024, CDPH focused intense efforts to recruit and enroll birthing hospitals in the CA VFC Program.
- Recruitment efforts for unenrolled hospitals will continue this summer-fall 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

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RSV: 2024 – 2025 Birthing Hospital Outreach for VFC Enrollment





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 immunization 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	Clesrovimab*	
Yes	Yes	
 Different doses based on: weight 1st or 2nd RSV season 	Same dose for all infants	
October – March	October-March	
Yes	No	
Yes	Yes	
\$556.13	\$556.13	
	Yes Different doses based on: • weight • 1 st or 2 nd RSV season October – March Yes	

RSV Pre-Book through the VFC Program

- Pre-Book launch date: TBD but likely Friday, August 1, 2025
- Several purposes:

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- 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

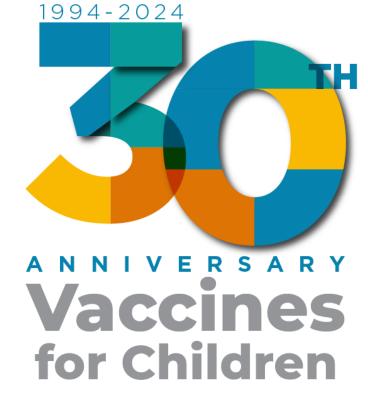
- Anticipated monoclonal antibodies for RSV Pre-Book:
 - Nirsevimab (Beyfortus[®] 50mg and 100mg)
 - Clesrovimab (Enflonsia[™] new Merck product that was recently licensed)
- RSV Pre-Book will be for infant RSV immunizations.
 - Maternal RSV vaccine (Abrysvo[®]) will not be on the pre-book form but can 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.



VFC Program Background and Overview Claudia Aguiluz, CDPH

Vaccines for Children (VFC) Program

- VFC is a federally funded program which provides all routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to the participating healthcare provider.
- In California, over 50% of children under 19 years of age are eligible to receive VFC supplied vaccines.
- Eligible <u>children are entitled</u> to receive all Advisory Committee on Immunization Practices (ACIP) recommended vaccines through VFC.
- Any healthcare provider authorized in the State of California to prescribe vaccines may enroll in the California Vaccines for Children Program and offer age-appropriate ACIP recommended vaccines.



Who is Eligible to Receive VFC Vaccines

Children from birth through 18 years of age that meet one of the following criteria:

- Enrolled or eligible for Medi-Cal/Medicaid
- Uninsured/No health insurance
- American Indian or Alaska Native

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Underinsured (at an FQHC* or RHC**)



Ask about the Vaccines for Children Program. We're helping California's families.

Children from birth through 18 years of age must meet at least one criteria:

- Eligible for Medi-Cal (or enrolled)
- American Indian or Alaskan Native
- No health insurance
- Underinsured*

Our staff will check if you qualify every time your child gets immunized. There may be a vaccine administration fee for non-Medi-Cal patients. VFC vaccines cannot be denied even if you can't pay.

* If your private insurance does not cover all vaccines, you can receive VFC vaccines for no cost at a Federally Qualified Health Center or a Rural Health Center. Find a location at EZIZ.org/vfc/provider-locations.



Job Aid: Does Your Child Qualify for No-Cost Vaccines

How the VFC Program Works

- VFC provides all ACIP recommended vaccines at no cost to enrolled providers.
- Vaccine supply for the VFC Program is purchased federally, at reduced pricing thanks to annually CDC negotiated federal contracts.
- VFC vaccine supply is centrally located within 2 major vaccine depots at CDC's vaccine distributor, McKesson Specialty.
- Enrolled providers place vaccine requests at set order periodicity, provide doses administered since their last order, and indicate vaccine doses remaining on inventory.
- Upon order approval, vaccines are shipped directly to the approved address on file for the ordering provider.
- Annually, all active VFC providers are required to complete a VFC Recertification process, agreeing to the Program's participation requirements.

Provider Participation in the Vaccines for Children Program

- California operates the largest VFC program in the nation with over 3,465 active VFC Providers.
 - 55 birthing hospitals are actively participating in CA's VFC Program; ~5% of total VFC birthing hospital participation in the US (1,012 enrolled facilities)
- In 2024, VFC providers
 - Ordered 7,334,164 doses of VFC vaccines
 - Total worth of vaccines ordered was over \$633 million.



Impact of the VFC Program

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2023 will:

prevent **508** million illnesses

help avoid **1,129,000** deaths

save nearly \$2.7 trillion in total

SOCIETAL COSTS (that includes \$540 billion in direct casts)

more than \$8,000 for each American

ion of Seattle, WA

daved 2021 analysis uning methodolour "As adredium immunication during the Northweeks Children Program two-Orthod Staring, 150





www.cdc.gov/vaccines/vfcprogram/

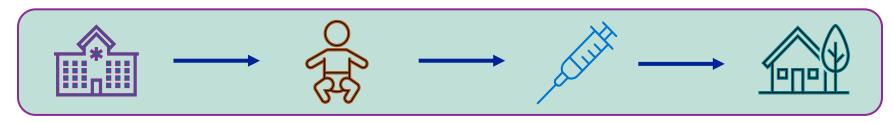


VFC Program Enrollment for Hospitals Colleen Mallen, CDPH

Hospitals Can Help Bridge the Gap!

Hospitals play a critical role in ensuring access to vulnerable babies!

- The ACIP recommends one dose of RSV immunization ideally during birth hospitalization.
- Access to routine appointments is sub-optimal: across all insurance types, <u>California ranked 49th (out of 51 states & DC)</u> in percentage of kids receiving check-ups.
- Hospitals have been identified as the <u>best point of access</u> for RSV immunization for newborns.
- Over 50% of California's newborns qualify for VFC.





Checklist: Enrollment in the CA VFC Program

Review VFC program enrollment resources and steps.

- Designate key hospital staff to meet VFC roles.
- Complete required <u>Trainings on EZIZ</u>.
- □ Prepare and Complete <u>VFC Program Enrollment Application</u>.
- **EHR** system readiness review
- Determine vaccine "Management Model" (Traditional vs. Replacement Model*) for your hospital.
- □ Prepare for and complete a VFC Enrollment Site Visit.

*Vaccine Replacement Model requires further steps to enroll.

1st order

Subsequent VFC Order



Eligibility Screening

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Documentation in CAIR

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Replacement

- Order private vaccine
- Report doses used on VFC patients to be replaced (potential allocations). Submit doses administered report
- All private doses. Virtual inventory is reported while ordering.
- Prior to ordering: Must be reported accurately when order is placed
- All doses administered must fully and accurately be documented in CAIR including patient's VFC eligibility.

VS.

Traditional

- Order private vaccine and VFC vaccine (potential allocations)
- Report VFC patients' doses used from VFC stock. To order vaccine, estimate doses needed based on VFC usage and VFC inventory.
 - VFC and private doses are separate.
 - Prior to vaccination: Must be accurate before patient is immunized
 - All doses administered must fully and accurately be documented in CAIR including patient's VFC eligibility.

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Replacement Model for VFC-Enrolled Hospitals

Webinar: Replacement Model for VFC-Enrolled Hospitals

When: Thursday, July 10, 2025, or 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 links for webinars:

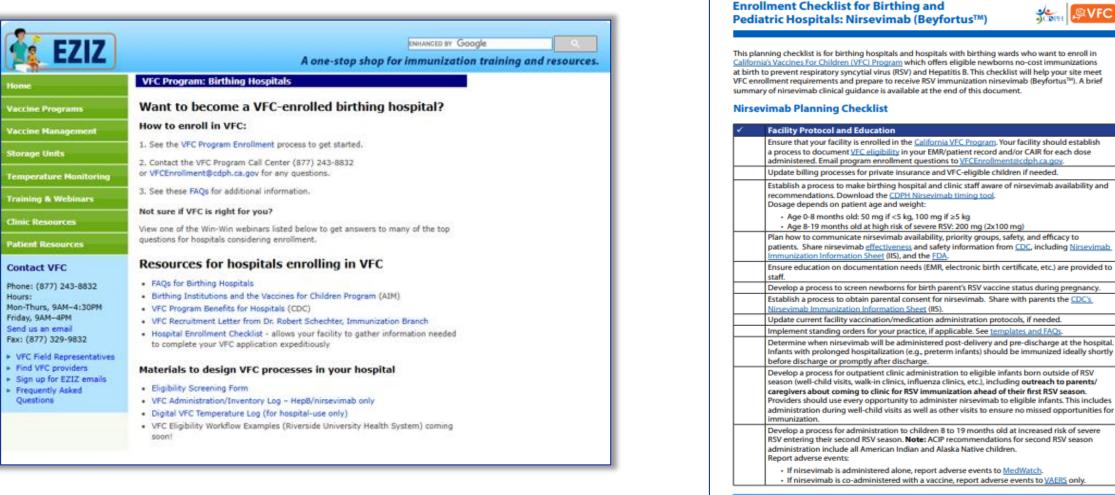
July 10, 2025, Replacement Model for VFC-Enrolled Hospitals

July 31, 2025, Replacement Model for VFC-Enrolled Hospitals



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Enrollment Resources and Checklist for Birthing Hospitals



VFC Program: Birthing Hospitals – California Vaccines for Children (VFC)

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IMM-1485 (6/10/24) Page 1

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California Department of Public Health, Immunization Branch

Gather Information Ahead of Time: VFC Enrollment Worksheet

Use this worksheet to gather information needed to complete and submit a VFC enrollment application via myCAvax.

VFC Enrollment Worksheet

&CDPH

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State of California—Health and Human Services Agency VACCINES FOR CHILDREN (VFC) PROGRAM

PROVIDER ENROLLMENT WORKSHEET

Use this worksheet to gather the necessary information then enroll at myCAvax.

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM

Practice Information/Shipping						
Practice Name				Contact Person		
Practice Information/Shipping Address (No P.O. Box)				Registry ID)	
Shipping Address, Part 2				ZIP		
Employer Identification Number (EIN)	National Provider Ider	ntifier (NPI)	Phone	Fax		
MEDI-CAL Provider? OYes ONo	Add to VFC online loca	OYes ONo				
DELIVERY: Checkalldaysand times Tue from: rou may receive vaccine. If closed during Wed from: Wed from:	ta: (Closed for lunch from: to: (Closed for lunch from:		Thu Franc ta: Fri Franc ta:	(Closed for lanch from: to: (Closed for lanch from: to:)	
lote: Your practice must be open at least 4 consecutive he Facility Type	urs for one day					
Rural Health Center (RHC)* C Other Public Heath C State Licensed Community Health Center (non-Federal) */fyou marked FQHC ar RHC you must submit a photocopy: Name of Parent FQHC:	American Indian/ Tribal Health Clinic Youth Correctional Fac School-Based Clinic College/University Family Planning/STD C Refugee Health Center Migrant Health Center Drug Treatment Cente styver FQHC or RHC Results/Center	ilities (Indiv Privat Or C Birthi C Pharn C Privat	e Practice idual or Group) e Hospital/	JALTY or SPECIALTY CLINIC TYP Pediatrics Family Practice Internal Medicine Adolescent Health Multi-Specialty Ob/Gyn Family Planning American Indian/ Native American Health Clinic		
Key Practice Staff Role/Responsibility Nam	Title (MD,DO, NP,PA, PhamD)	Specialty/Clinic Title	National Med ProviderID Licen		nation	
Provider of Record		Specialty:		Direct Phone Number: Email:		
Vaccine Coordinator		Specialty: Clinic Title:		Direct Phone Number: Email:		
Backup Vaccine Coordinator		Specialty: Clinic Title:		Direct Phone Number: Email:		
Provider of Record Designee		Specialty:		Direct Phone Number:		

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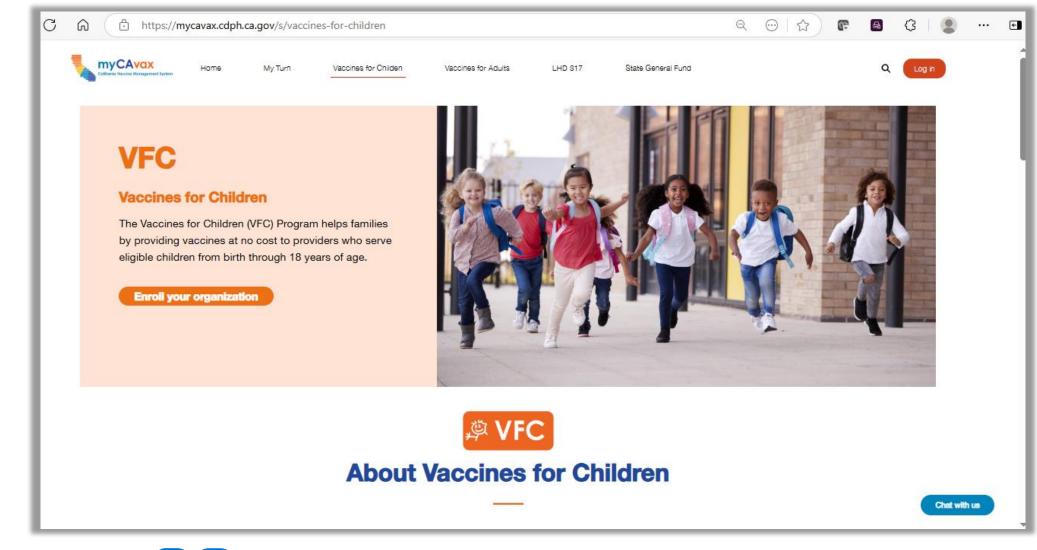
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California Department of Public Health

Roles and Responsibilities of Staff

Role	Responsibilities	Optimal Staff in Birthing Hospital
Provider of Record	The physician-in-chief, medical director, or equivalent role that signs and agrees to the terms of the VFC "Provider Agreement" and the California VFC Program "Provider Agreement Addendum" and who is ultimately accountable for the practice's compliance. The Provider of Record must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.	 CMO Head of Pediatrics Dept.
Provider of Record Designee	The on-site person that is designated by the Provider of Record to sign VFC documents on his/her behalf and assume responsibility for VFC-related matters in the absence of the Provider of Record.	Pharmacy DirectorLead pharmacist
Vaccine Coordinator	An on-site employee who is fully trained and responsible for implementing and overseeing the provider's vaccine management plan.	 Pharmacy Director Pharmacy Buyer Pharmacy Operations Manager
Back-up Vaccine Coordinator	An on-site employee who is fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator if the Vaccine Coordinator is unavailable	 Clinical Pharmacist Pharmacy Admin Asst.

Submitting Your Enrollment Application



Generational States For Children Program Enrollment

CDPH

Expectations: VFC Program Enrollment Timelines

- VFC Program staff will prioritize birthing hospital enrollment and may utilize additional staffing resources.
- After an application is submitted, central office staff will review for completeness and license verifications.
- The application is then sent to a regional VFC Field Staff who will schedule, complete, and recommend approval for the site for VFC enrollment
 - Field staff will contact applicants within 5 business days to schedule an enrollment visit and/or gather additional information as needed.
- Hospitals interested in the Vaccine Replacement Model require additional enrollment steps, and CDC approval is required in addition to CA's VFC Program enrollment approval.



Overcoming VFC Enrollment Barriers Tips from VFC-Enrolled Birthing Hospitals

Kelley Leung, RN, CDPH



Identify a VFC and/or nirsevimab champion

Educate key staff on enrollment steps

VFC Enrollment Success Tips





Call on VFC Staff

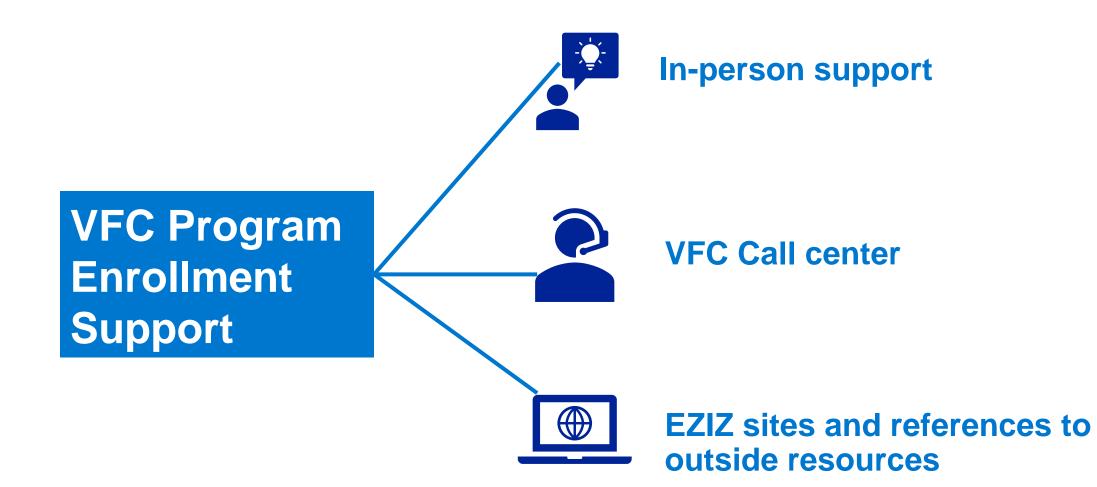
Identify a VFC Champion

- Identify a staff member who promotes VFC enrollment & RSV immunization.
- Possesses strong communication skills.
- Dedicated to implementation of the VFC program.
- Actively works toward overcoming enrollment barriers.



Who can be YOUR champion?

- Medical Director
- Chief Medical Officer
- Head of Pediatrics
- Lead Pharmacist
- Infection Prevention Staff
- Nursing Leadership
- Parent Advocates





VFC Program Requirements

Colleen Mallen, CDPH

Birthing / Neonatal Hospitals and VFC Requirements

VFC providers must maintain an adequate supply of all ageappropriate, ACIPrecommended vaccines for their patient population.

- Only required to carry Hep B and nirsevimab
- Potential to use replacement model may impact how hospitals meet inventory management, eligibility screening, and vaccine ordering requirements.



Enrollment Support and Requirements

- Hospital Enrollment Checklist info needed for application
- EZIZ Training
- Enroll in CAIR or RIDE
- Specialized support for enrolling in VFC
 - Email <u>vfcenrollment@cdph.ca.gov</u> with questions
 - Schedule a call to verify readiness



Enrollment support team will help with tailored enrollment process!

Storage and Handling of VFC Vaccines

- Acceptable <u>Refrigerators</u>
 - Able to maintain temperatures between 36.0°F and 46.0°F (2.0°C and 8.0°C)
- Digital Data Loggers
 - Current Certificate of Calibration
 - Download and save in an accessible location twice a month.
- Use VFC Supplied <u>VFC Temp Logs</u>.
- Report all out of range temperatures to <u>myCAvax Reporting system</u>.
- Complete and maintain a Vaccine Management Plan.





Documentation Requirements for the VFC Program

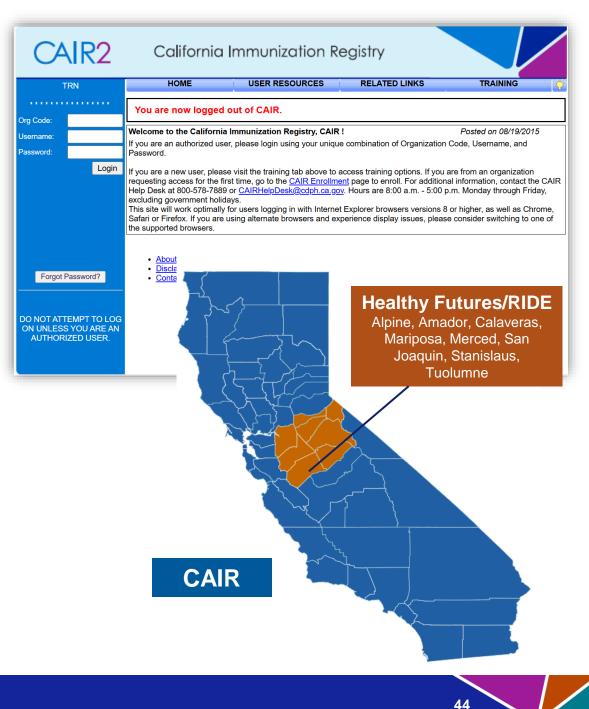
- Retain electronic and paper-based records for VFC program for 3 years including:
 - Completed temperatures logs and data logger download files
 - VFC eligibility records
 - Privately purchased vaccine invoices

CAIR and Documentation

Iris Cheever, CDPH

What is CAIR?

- The California Immunization Registry (CAIR) is a secure, confidential, statewide computerized immunization information system for California residents.
 - Providers in the greater San Joaquin Valley use a different software known as RIDE (Healthy Futures).



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 tied to 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.



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



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:

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- 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

Confidential - Low

Available Reports in CAIR

PRD 2.8.23

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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

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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





- CAIR Contact Information
 - General Information
 - <u>California Immunization Registry</u>
 - Help Desk
 - <u>CAIRHelpDesk@cdph.ca.gov</u>
 - 800-578-7889
 - Data Exchange
 - <u>CAIRDataExchange@cdph.ca.gov</u>

Resources

Leslie Amani, CDPH

Replacement Model for VFC-Enrolled Hospitals

Webinar: Replacement Model for VFC-Enrolled Hospitals

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Time: 12:30 pm – 1:30 pm

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July 10, 2025, Replacement Model for VFC-Enrolled Hospitals

July 31, 2025, Replacement Model for VFC-Enrolled Hospitals



Enrolling Hospitals in the VFC Program

Webinar: Replacement Model for VFC-Enrolled Hospitals

When: Tuesday, July 29, 2025

Time: 1:00 pm – 2:00 pm



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



At a Glance: Vaccine Replacement Model

California Vaccines for Children (VFC) Program

CDPH Processor

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 <u>VFC Provider Agreement (PDF)</u> and <u>Provider Agreement</u> <u>Addendum (PDF)</u>. 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 <u>VFC Provider Operations Manual (PDF, 7.7 MB)</u>.

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	Staffing Requirements	
	Vaccine Administration Requirements	
	Vaccine Management Requirements	
	Other Participation Requirements	

Requirements at a Glance for Vaccine Replacement Model

ShotbyShot Stories: Emily's Story



Emily's Story on ShotbyShot

Emily shares the heart-breaking story of her young daughter who was hospitalized with RSV and ultimately succumbed to the disease. She wants to use her daughter's story as a way to increase awareness about RSV so she can help other families prevent such a tragedy. (*Courtesy, National Coalition for Infant Health*)

Visit ShotbyShot.org for Information

VFC Program Overview on EZIZ

	A one-stop shop for immunizatio About the VFC Program	VFC Resources
Home	About the Vic Program	Provider Requirements
Vaccine Programs	Background	General Requirements
Vaccine Management	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 Eligibility Screening & Documentation
Storage Units	VFC Program has earned high marks from California doctors for making it easy to provide high-quality care to their patients.	 Immunization Quality Improvement for Providers (IQIP)
Temperature Monitoring	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	Annual Recertification
Training & Webinars	Respiratory Diseases. The program was established by an act of Congress in 1993.	 Who, When, Where and Wh You Need to Do
Clinic Resources	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.	Training Requirement Enrollment
Patient Resources Contact VFC	For 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	 How the Program Works How to Enroll Frequently Asked Question
Phone: (877) 243-8832 Hours:	providers order federally funded vaccines through their state VFC Program and receive routine vaccines (including influenza) at no cost.	Related Links
Mon-Thurs, 9AM-4:30PM Friday, 9AM-4PM Send us an email	What are the provider benefits?	 ACIP Recommendations CDC Immunization Schedu
Fax: (877) 329-9832	How do I get vaccines?	
VFC Field Representatives	Which vaccines are covered?	
 Find VFC providers Sign up for EZIZ emails 	H What children are eligible?	
 Frequently Asked Questions 	Ho 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 	

What are the provider benefits?		
How do I get vaccines?		
Which vaccines are covered?		
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VFC Program Requirements		
What is Medi-Cal's relationship with		

VFC Program Overview Webpage



VFC?

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: <u>CDPH Immunization Updates for Providers Monthly Webinar</u>

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

CDPH Immunization Branch Vaccine Support

Support from	Contact Information
Provider Call Center (PCC)	Hours:
Dedicated to medical providers and Local Health Departments in California, specifically addressing	Monday – Thursday 9:00 am – 4:30 pm Friday, 9:00 am – 4:00 pm
questions about State program requirements, enrollment, and vaccine distribution.	Contact email: providercallcenter@cdph.ca.gov
myCAvax and My Turn Knowledge Center houses key job aids and videos that are updated every release. Log-in credentials required.	Knowledge Center: Provider link (myCAvax login required): <u>Providers' myCAvax Knowledge Center</u> LHD link (myCAvax login required): <u>LHDs myCAvax Log-in</u>
Virtual Assistant can answer many questions and will direct users to the PCC for live assistance when needed.	Virtual Assistant : Providers must login to myCAvax (<u>myCAvax</u> <u>Virtual Assistant</u>) and click the 'Chat with us' button on the bottom right of their screen.



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!



CDPH California Department of Public Health