Vaccines for Adults Webinar:
Adult Immunization Update 2021

Immunization Branch,
California Department of Public Health
February 24, 2021
How to Ask a Question

During the webinar, please use one of the following methods to ask a question or make a comment.

**OPTION #1: Q&A Panel**

- Open the **Q&A** panel
- Select Ask: **All Panelists**
- Enter Text, Click **Send**

**OPTION #2: Request to Join Audio**

Use the **Raise Hand** feature to signal the Host that you would like to verbally comment or ask a question.
Agenda

• **Dr. Caterina Liu**, CDPH Public Health Officer; ACIP Recommendations for Adult Immunizations

• **Dr. Jonathan Olumoya**, Regional Medical Director; Vaccinating Adults at St. John’s Well Child and Family Center

• Q&A Session

• Program Updates
ACIP RECOMMENDATIONS FOR ADULT IMMUNIZATIONS

CATERINA LIU, MD, MPH
Standards for Adult Immunization Practice

**ASSESS**
immunization status of all your patients at every clinical encounter.

**RECOMMEND**
vaccines that patients need.

**ADMINISTER or REFER**
your patients to a vaccination provider.

**DOCUMENT**
vaccines received by your patients.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19-26 years</th>
<th>27-49 years</th>
<th>50-64 years</th>
<th>≥65 years</th>
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<tbody>
<tr>
<td>Influenza inactivated (ILIV) or</td>
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<td>Influenza live, attenuated (LAIV)</td>
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Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection.
Recommended vaccination for adults with an additional risk factor or another indication.
Recommended vaccination based on shared clinical decision-making.
No recommendation/Not applicable.
Assess Based on Age

Everyone
- Flu
- Tdap/Td

≤26 Years
- HPV

≥50 Years
- Zoster

≥65 Years
- PPSV23

See ACIP Table 1. for full age-based recommendations
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immuno-compromised (excluding HIV infection)</th>
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<td>PCV13</td>
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<td>HepA</td>
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<td>2 or 3 doses depending on vaccine</td>
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<tr>
<td>HepB</td>
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<td>2, 3, or 4 doses depending on vaccine or condition</td>
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<tr>
<td>Hib</td>
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<td>1 dose</td>
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</tr>
</tbody>
</table>

1. Precaution for LAIV4 does not apply to alcoholics. 2. See notes for influenza; hepatitis A, B, C, mumps, and rubella and varicella vaccinations. 3. Hematopoietic stem cell transplant.
Assess for Indications

**Chronic Disease**
- Diabetes
- Heart disease
- Lung disease
- Alcohol use disorder
- Chronic liver disease
- ESRD on hemodialysis

**Immunocompromised**
- HIV
- Non-HIV Immunosuppression
- Asplenia

**Occupational**
- Health care workers
- Special workplace exposures

**Behavior or Social Conditions**
- MSM
- Drug use
- Homelessness

**Pregnancy**
Resources to Help you Assess

ACIP Adult Immunization Schedule table

CDC vaccine schedules app

AAFP and STFM vaccine schedules app

CDC Patient Vaccine Questionnaire
Highlights: Recent Adult Immunization Schedule Updates

• **Varicella:**  
  – *Shared clinical decision-making* for adults with HIV infection with CD4 count ≥200 cells/mm³ with no evidence of immunity

• **Hep B:**  
  – *Shared clinical decision-making* for patients aged ≥60 years who have diabetes

• **Hep A:**  
  – For travel in countries with high or intermediate endemic hepatitis A, HepA-HepB combination vaccine or Twinrix may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months.

• **MenACWY and MenB**  
  – MenQuadfi (MenACWY-TT) vaccine added because it is now licensed.
  – Booster dose recommendations for groups listed under “Special Situations” and in an outbreak setting (e.g., in community or organizational settings, and among men who have sex with men)
Shared Clinical Decision-Making

- Shared clinical decision-making means there is no “default” for whether or not to vaccinate
- The decision about whether or not to vaccinate is based on provider discretion and an understanding of the individual patient’s characteristics, values, and preferences
- Helpful to understand which specific patients may benefit from immunization
- It’s up to providers to decide whether to raise the issue (but be prepared for patients to raise it as well)
- Visit CDC Shared Clinical Decision-Making FAQs for more info
COVID-19 VACCINES
## Impact of the COVID-19 pandemic

Reported as of 2/22/2021

<table>
<thead>
<tr>
<th>Locale</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>&gt;170 M</td>
<td>&gt;2.3 M</td>
</tr>
<tr>
<td>USA</td>
<td>&gt;27 M</td>
<td>&gt;490,000</td>
</tr>
<tr>
<td>California</td>
<td>&gt;3.3 M</td>
<td>&gt;49,000</td>
</tr>
</tbody>
</table>

http://covid19.who.int
https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days
https://update.covid19.ca.gov/#top
Disparities in California

Positive cases by ethnicity:
- AI/AN: 0.3%
- Asian: 6.8%
- Black: 4.0%
- Latino: 55.1%
- NH/PI: 0.6%
- White: 20.0%
- Multi-Race: 1.5%
- Other: 11.8%

Total deaths by ethnicity:
- AI/AN: 0.3%
- Asian: 11.5%
- Black: 6.3%
- Latino: 46.3%
- NH/PI: 0.6%
- White: 31.6%
- Multi-Race: 1.2%
- Other: 2.2%
COVID-19 Vaccines

- Multiple COVID-19 vaccines are in development and at various phases of clinical trials.
- FDA’s *Emergency Use Authorization* is a process that helps make medical products available quickly during public health emergencies.
  - Recent examples are COVID-19 tests and treatments
  - Vaccines can receive authorization if the initial trial results show safety and effectiveness.
  - Two COVID-19 vaccines have received authorization
- COVID-19 vaccines are being held to the same safety standards as all vaccines.
Comparing vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pfizer-BioNTech</th>
<th>Moderna</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EUA: Ages for use?</strong></td>
<td>16 years and older</td>
<td>18 years and older</td>
</tr>
<tr>
<td><strong>Number of doses?</strong></td>
<td>2 (30 μg, 0.3 mL each)</td>
<td>2 (100 μg, 0.5 mL each)</td>
</tr>
<tr>
<td><strong>Days between doses?</strong></td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td><strong>Storage Temperature?</strong></td>
<td>(-70°C)</td>
<td>(-20°C)</td>
</tr>
</tbody>
</table>
HOW DO MRNA VACCINES WORK?

**HOW IT WORKS**
Through a COVID-19 mRNA vaccine, you receive pieces of mRNA*, harmless genetic material used to create proteins.

*mRNA, which is separate from DNA, is a component found in all cells.

**CREATE**
Your body uses the mRNA to manufacture a version of the spike protein found on the COVID-19 virus.

**LEARN**
The newly created spike protein triggers an immune response — teaching your body to recognize and respond to the virus in a variety of ways.

**REACT**
If you are exposed to the virus in the future, your immune system will quickly recognize the spike protein and begin destroying the virus (i.e., you may never feel sick).

Credit: Houston Methodist
COVID-19 mRNA vaccines are highly effective at preventing COVID-19

- Both vaccines (Pfizer-BioNTech and Moderna) are up to 95% effective
- Vaccines are similarly protective across age, gender, and race/ethnicity
- Vaccines reduce risk of severe COVID-19 disease
- More information is needed to know:
  - Will it prevent vaccinated people from spreading the virus to others?
  - How long will protection last?

https://www.fda.gov/media/144246/download
https://www.fda.gov/media/144434/download
COVID-19 vaccines met same safety standards as all vaccines

Vaccines must pass tough safety measures before they become available like:

- Vaccine trials.
- FDA approval.
- CDC safety monitoring.
- Independent safety monitoring.

- Before authorization: FDA reviews all safety data from clinical trials.
- ACIP reviews all safety data
- California (and other western states) and New York reviewed independently
Existing and new systems will continue to monitor safety as more vaccines are given.
Side effects of COVID-19 vaccination

**Local side effects**
- Pain
- Redness
- Swelling

**Systemic side effects**
- Fatigue
- Headache
- Muscle or joint pain
- Chills
- More common after 2nd dose

- Most side effects
  - are mild to moderate in severity
  - occur within 3 days post-vaccination
  - get better in 1-2 days
- Side effects are not harmful - just a sign that your immune system is kicking into gear.
- Other COVID-19 symptoms like cough, shortness of breath, runny nose, sore throat, or loss of taste/smell have not been seen after vaccination.
## Persons with history of anaphylaxis

### You may get vaccinated if you have:
- food allergy (including egg allergy!)
- pet, venom, environmental allergies
- allergy to oral medication
- latex allergy
- anaphylaxis not related to injectable medication or vaccine
- family history of severe allergic reactions

### Talk to your provider first if you have:
- severe allergic reaction to any other vaccine or injectable therapy

### Do not get vaccine if you have:
- severe allergy to component of vaccine
- severe allergy to first dose

Q. Can COVID-19 vaccines give me COVID-19?

No. None of the COVID-19 vaccines in use or under development use the live virus that causes COVID-19.

- People can experience normal side effects, such as fever, after vaccination. These side effects are signs that the body is building immunity, but do not mean you have COVID-19.

- It takes a few weeks for the body to build immunity after vaccination. A person could be infected with the virus that causes COVID-19 just before or just after vaccination and get sick. This is because the vaccine has not had enough time to provide protection.
Q. Can I get a COVID-19 vaccine at the same time as another vaccine?

No. Wait at least 14 days before getting any other vaccine if you get your COVID-19 vaccine first. If you get another vaccine first, wait at least 14 days before getting your COVID-19 vaccine.

- If a COVID-19 vaccine is inadvertently given within 14 days of another vaccine, you do not need to restart the COVID-19 vaccine series; you should still complete the series on schedule.
- CDC may update this recommendation as more data is available.

https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html
Q. If I had COVID-19, can I get vaccinated?

Yes. People who had SARS-CoV-2 or COVID-19 may still benefit from vaccination. This is because a person may become infected with the virus more than once.

• It’s recommended that you wait until you’ve recovered from the acute illness and no longer need to be isolated before getting vaccinated.
Q. Can the COVID-19 vaccine make me test positive on COVID-19 viral tests?

No. Vaccines currently authorized for use or in development won’t cause you to test positive on viral tests, which are used to see if you have a current infection.

- There is a possibility you may test positive on some antibody tests, which show previous infection. This indicates that the vaccine triggered an immune response in your body and that you have protective antibodies against the virus.
Q. Will I still need to take precautions after getting vaccinated?

**YES!** We need to continue taking precautions while we learn more about these vaccines.

- Certain age groups still cannot get vaccinated (e.g., children). For the time being, they will be at risk for catching and spreading the virus.
- Vaccines are in short supply, and we need to continue to protect others.
CLINICAL SCENARIOS

2021 Adult Immunization Schedule
Celia is a 65-year-old woman with diabetes and heart disease.

Which vaccines do you recommend?
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<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>Not Recommended</td>
<td>3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>Not Recommended</td>
<td>3 doses depending on age and indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>PCV13</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>PPSV23</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>HepA</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>HepB</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>MenACWY</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>MenB</td>
<td>Precaution</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>Hib</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on indication</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Not Recommended</td>
</tr>
</tbody>
</table>

1. Precaution for LAIV4 does not apply to alcoholism. 2. See notes for influenza; hepatitis B, mumps, and rubella vaccinators. 3. Hematopoietic stem cell transplant.

*Vaccinate after pregnancy.
Scenario 1

Celia is a 65-year-old woman with diabetes and heart disease. Which vaccines do you recommend?

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>All ages</td>
</tr>
<tr>
<td>Tdap/Td</td>
<td>All ages (every 10y booster)</td>
</tr>
<tr>
<td>Zoster (RZV)</td>
<td>All adults ≥50</td>
</tr>
<tr>
<td>PPSV23</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Diabetes</td>
</tr>
</tbody>
</table>

Offer COVID-19 vaccine now
Simone is 25-year-old woman who is pregnant. Which vaccines do you recommend?
Table 2: Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2021

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>HIV Infection (CD4 count)</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>MenACWY</th>
<th>MenB</th>
<th>Hib</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap or Td</td>
<td>Not Rec.</td>
<td>1 dose Annually</td>
<td>2 doses</td>
<td>3 doses</td>
<td>2 doses</td>
<td>1 dose</td>
<td>Not Rec.</td>
</tr>
<tr>
<td>MMR</td>
<td>Not Rec.</td>
<td></td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAR</td>
<td>Not Rec.</td>
<td></td>
<td></td>
<td></td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RZV</td>
<td>1 dose at age ≥50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>3 doses through age 26 years</td>
<td></td>
<td>2 or 3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSV23</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB</td>
<td>Precaution</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>3 doses HCT recipients only</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Precaution for LAIV4 does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, and rubella vaccines. 3. Hematopoietic stem cell transplant.
Scenario 2

Simone is a 25-year-old woman who is pregnant. Which vaccines do you recommend?

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>All ages</td>
</tr>
<tr>
<td>Tdap</td>
<td>1 dose of Tdap each pregnancy at 27-36 weeks gestation</td>
</tr>
</tbody>
</table>

Offer COVID-19 vaccine once eligible
Manuel is a 55-year-old man with HIV with a CD4 count $\geq 200$ cells/mm$^3$
Which vaccines do you recommend?
<table>
<thead>
<tr>
<th>Table 1</th>
<th>Recommended Adult Immunization Schedule by Age Group, United States, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine</td>
<td>19–26 years</td>
</tr>
<tr>
<td>Influenza inactivated (IIV) or Influenza recombinant (RIIV)</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>Influenza live, attenuated (LAIV)</td>
<td>or</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap or Td)</td>
<td>1 dose Tdap each pregnancy; 1 dose Td or Tdap for wound management (see notes)</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses depending on indication (if born in 1987 or later)</td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td>2 doses (if born in 1980 or later)</td>
</tr>
<tr>
<td>Zoster recombinant (RZV)</td>
<td>2 doses</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination or condition</td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1 dose</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 dose</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>2 or 3 doses depending on indication</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>2 or 3 doses depending on indication</td>
</tr>
<tr>
<td>Meningococcal A, C, W, Y (MenACWY)</td>
<td>1 or 2 doses depending on indication; see notes for booster recommendations</td>
</tr>
<tr>
<td>Meningococcal B (MenB)</td>
<td>2 or 3 doses depending on vaccine and indication; see notes for booster recommendations</td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 or 3 doses depending on indication</td>
</tr>
</tbody>
</table>

- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
- Recommended vaccination for adults with an additional risk factor or another indication
- Recommended vaccination based on shared clinical decision-making
- No recommendation/Not applicable
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immuno-compromised (including HIV infection)</th>
<th>HIV Infection CD4 count &lt; 200 mm$^{-3}$</th>
<th>Asplenia, complement deficiencies</th>
<th>End-stage renal disease or on hemodialysis</th>
<th>Heart or lung disease, alcoholism$^{1}$</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Health care personnel$^{2}$</th>
<th>Men who have sex with men</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIV4</td>
<td>Not Recommended</td>
<td>1 dose annually</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAIV4</td>
<td>Not Recommended</td>
<td>1 dose annually</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap or Td</td>
<td>1 dose Tdap each pregnancy</td>
<td>1 dose annually</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Not Recommended</td>
<td>1 dose annually</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAR</td>
<td>Not Recommended</td>
<td>1 dose annually</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2V</td>
<td>Not Recommended</td>
<td>1 dose annually</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>Not Recommended</td>
<td>1 dose annually</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13</td>
<td>1 dose</td>
<td>1 dose</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSV23</td>
<td>1 dose</td>
<td>1 dose</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB</td>
<td>Precaution</td>
<td>2 or 3 doses depending on vaccine</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>3 doses HSCCT patients only</td>
<td>1 dose</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses at age ≥50 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Recommended vaccination** for adults who meet age, gender, and other requirements and lack documentation of vaccination, or lack evidence of past infection.
- **Recommended vaccination** for adults with an additional risk factor or another indication.
- **Precaution**—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction.
- **Recommended vaccination** based on shared clinical decision-making.
- **Not recommended/contraindicated**—vaccine should not be administered.

$^{1}$See notes for influenza, hepatitis A, hepatitis B, mumps, and rabies and varicella vaccinations.
$^{2}$See notes for Haemophilus influenzae type b (Hib) and meningooccal vaccines.
$^{3}$Vaccinate after pregnancy.
Manuel is a 55-year-old man with HIV with a CD4 count $\geq 200$ cells/mm$^3$. Which vaccines do you recommend?

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>All ages</td>
</tr>
<tr>
<td>Tdap/Td</td>
<td>All ages (every 10y booster)</td>
</tr>
<tr>
<td>Zoster (RZV)</td>
<td>Age $\geq 50$</td>
</tr>
<tr>
<td>PCV13</td>
<td>HIV</td>
</tr>
<tr>
<td>PPSV23</td>
<td>HIV</td>
</tr>
<tr>
<td>Hep A</td>
<td>HIV</td>
</tr>
<tr>
<td>Hep B</td>
<td>HIV</td>
</tr>
<tr>
<td>MenACWY</td>
<td>HIV</td>
</tr>
</tbody>
</table>

Offer COVID-19 vaccine once eligible.
Provider Resources

- 2021 Adult Immunization Schedule
- Shared Clinical Decision-Making FAQs
- ACIP General Best Practices Updates (Harmonization with ACIP Vaccine-Specific Recommendations)
- CDC Clinical Considerations for mRNA COVID-19 Vaccines
- ACIP Schedule Changes and Guidance
- California COVID-19 Vaccination Program (EZIZ)
- California COVID-19 Vaccination Program Systems Overview
VACCINATING ADULTS AT ST. JOHN’S WELL CHILD AND FAMILY CENTER
JONATHAN OLUMOYA, MD, FAAFP
Vaccinating Adults at St. John’s Well Child and Family Center

Jonathan Olumoya, MD, FAAFP

February 24, 2021
SJWCFC has partnered with Los Angeles County Department of Public Health. As of 2/16/21 we’ve provided over 20,000 doses to healthcare workers and people over 65+
Staying up-to-date with ACIP Vaccine Recommendations

• Discussing updates in team huddles
• Discussing challenges in vaccine supply
• Discussing possible need to prioritize specific patients at clinic level
• Brainstorming ways to overcome vaccine hesitancy
• Getting staff on the same page
Influenza Vaccination

• Text campaign for all of our patients in September 2020
• Increased demand because of the pandemic
• Increased supply (we ordered more)
• Thankfully, we have not seen any influenza cases in 2020-2021
Tdap Vaccination

• In 2019 we did a text campaign using eCW reminding patients to get their Tdap
• Successful in bringing patients in for their preventive screenings
  • We ran into supply issues with the vaccine
Constant Communication with Providers about supply

Private vaccines
- Tdap - 30
- Pneumo 23 - 16
- PCV 13 - 10
- Zoster - 0
- HAV - 29
- MMR - 16
- MMRV - 26
- Td - 7
- HAV - 1
- VZV - 6

Uni/MHCA/Self pay
- Tdap - 94
- Pneumo 13 - 90
- PCV 13 - 22
- Shingrix - 95
- HAV - 85 - 26
- MMR - 17
- HPV - 11
- MMR - 26
- Td - 50
- HAV - 11
- VZV - 27

next order
21 2021

next order
4/2021

1022 - Daisy Terran
THE BEST!!

638
1
2
3

Love
Leverage your Electronic Health Record

eCW has a CAIR2 interface that allows providers to pull in prior vaccinations from CAIR2.
Leverage your Electronic Health Record

eCW has built-in Clinical Decision Support System modules which be activated for specific vaccines.

Practice Configured Alerts can be configured for vaccinations and campaigns more relevant to your specific practice.
Or do analog

• Consider printing out CAIR2 report at each patient visit
• Opportunity to convince patients, especially if there is time
• Some clinics may not want to do this because of time constraints
• Some of our clinics opt to print the CAIR2 report at physicals and well child checks
Thank you

• Any questions?
How to Ask a Question

During the webinar, please use one of the following methods to ask a question or make a comment.

**OPTION #1: Q&A Panel**

- Open the Q&A panel
- Select Ask: All Panelists
- Enter Text, Click Send

**OPTION #2: Request to Join Audio**

Use the Raise Hand feature to signal the Host that you would like to verbally comment or ask a question.
VFA Program Updates

• Next ordering period: April 5-19, 2021
• Next VFA webinar — Summer 2021 TBD
• CAIR Data Reports for Q3 2020 — TBD
Checklist for Data Exchange Users

- Confirm with your EHR vendor that Vaccine Eligibility Category (HL7) code “V07” is correctly mapped.
- Ensure staff correctly record 317 vaccine eligibility in your EHR for administered doses.
- Run a doses administered report to confirm 317 doses are correctly submitted via data exchange.

If you have questions:
- Review previous VFA webinar slides | recording
- Contact CAIRDataExchange@cdph.ca.gov
For manual entry users:

- If your site uses the CAIR inventory feature, make sure your CAIR Power User can select the “317” “Funding Source” when creating vaccine lots in CAIR.
- Make sure you can select 317 Vaccine Eligibility when recording administered doses in CAIR.
- If you need access to CAIR, have your authorized site representative request new user accounts in the CAIR Account Update system.

If you have questions:

- Review previous VFA webinar slides | recording
- Contact your Local CAIR Representative
COVID-19 Vaccine: Patient Resources

**CDC Toolkit**

https://youtu.be/4PXRkfoF7_c
https://youtu.be/Nl-IUZ86K8Y (Spanish)

**Vaccinate All 58 Toolkit**

See more COVID-19 vaccine patient resources at https://eziz.org/covid/patient-resources/

Available in 22 languages
Patient Resources
bit.do/VFAresources

Free Vaccines for Adults

50+?
Protect Against Shingles!

What is Shingles?
- Shingles is a painful rash that can cause long-term nerve pain.
- 1 out of 3 people in the U.S. will get shingles. Your risk goes up as you age.
- Serious complications include pain that can last for months.

Get 2-doses of the New Shingles Vaccine (Shingrix™)
I got another shingles vaccine before 2018. Do I need the new vaccine? Yes! It’s over 90% effective in preventing shingles.
I had shingles already. Do I still need this shot?

Jim’s Story
We’ve been to multiple emergency room visits, multiple eye specialists, and it’s going on four years.
—Jim, shingles survivor. See full “A Shingles Story” at ShotsByShot.org

Do you smoke?
Have asthma, diabetes, or a weakened immune system?

You may be at high risk for pneumonia—a serious lung infection.
Pneumonia can be life-threatening!
- 90,000 Americans get pneumonia every year.
- Nearly half a million are hospitalized.
- About 1.25% die.
If you are 75 or older with any of these conditions, ask your doctor about getting pneumonia shots (pneumococcal 23-valent or 13-valent vaccines).
- Cigarette smoker
- Asthma
- Diabetes
- Certain cancers or having chemotherapy
- Heart, kidney, and liver disease
- Sickle cell disease
- Congestive heart failure
- A cigarette implant
- HIV/AIDS
- A bone marrow or organ transplant

Get your pneumonia shots. They might save your life.
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THANK YOU!

Questions?
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