

2023 SDIC General Meeting

10/06/2023

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SDIC Mission Statement

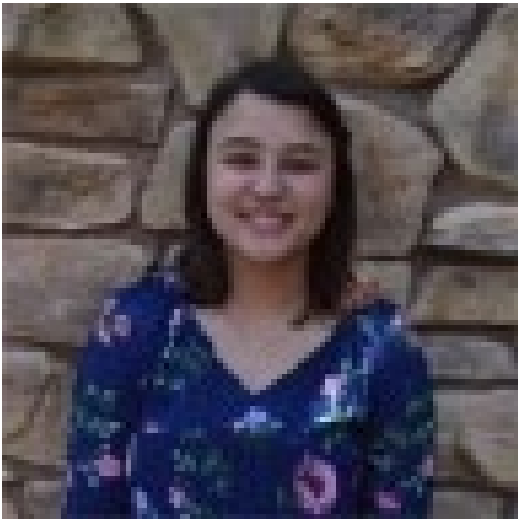
The San Diego Immunization Coalition's mission is to increase immunization rates and improve the health of the residents of San Diego County by raising awareness and providing education about vaccine-preventable diseases. One of the ways we do this is by hosting a General Meeting that consists of presentations from guest speakers, County, and State public health staff.

Agenda

- **Formal Welcome and Announcements (10 min)**
- **Perinatal Hepatitis B Prevention Program (30 min)**
- **Vaccines in Pregnancy: COVID-19, Flu, Tdap, and RSV (30 min)**
- BREAK**
- **CAIR2 Updates (10 min)**
- **Vaccines for Children, Vaccines for Adults (15 min)**
- **San Diego Epidemiology IZ Data (10 min)**
- **COVID-19 Vaccine California Bridge Access Program (10 min)**
- **State Flu Update (15 min)**
- **Announcements (5 min)**

*Thank
You*





Rachel Jonas, BSN, RN, PHN

Rachel Jonas is a public health nurse with the County of San Diego. She has been working in the immunization unit of the county's Epidemiology and Immunization Services branch for the last 4 years after being part of the county's nurse residency program. Fun facts about Rachel include that she has an unhealthy obsession with Diet Coke, loves long walks down the aisles of Costco, and named her dog Archie after the main character in the Archie comics.



PERINATAL HEPATITIS B PREVENTION PROGRAM

SDIC General Meeting

Rachel Jonas, Public Health Nurse

October 6, 2023



COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY



LIVE WELL
SAN DIEGO



PHAB
Advancing
Public Health
Performance

OVERVIEW



- Provide general information about hepatitis B and the burden of disease
- Explain the history of hepatitis B vaccine, safety, and effectiveness as well as Hepatitis B Immune Globulin (HBIG)
- Explain what the Perinatal Hepatitis B Prevention Program (PHPP) is and our role.
- Review the role of prenatal care providers, labor and delivery hospitals, and pediatricians in preventing perinatal hepatitis B transmission
- Show available resources for patients and providers



HEPATITIS B INFECTIONS



- The hepatitis B virus can cause both acute and chronic infection.
- Chronic hepatitis B infections can lead to liver cancer and cirrhosis.
 - With 15%-25% of those with chronic hepatitis B dying from one of these complications¹
- Estimated that between 580,000 to 1.17 million people in the U.S. are living with hepatitis B²

2 in 3
Asian Americans with hepatitis B
DON'T KNOW
THEY'RE INFECTED

GET TESTED

The infographic is enclosed in a red border with a folded-top-left corner. It features the text "2 in 3" in large red and black font, followed by "Asian Americans with hepatitis B" in grey, "DON'T KNOW" in bold black, and "THEY'RE INFECTED" in bold red. Below this is a row of three stylized human figures: two red and one grey. A dotted line separates the figures from the text "GET TESTED" in bold black and red. At the bottom, there are three logos: the CDC logo, the "KNOW HEPATITIS B" logo, and the "Hep B United" logo with the website address "hepbunited.org".

HEPATITIS B INFECTIONS AND ITS EFFECT ON INFANTS



- “Each year in the US, more than 24,000 infants are born to mothers who are chronically infected with HBV”³
- Risk of developing chronic hepatitis B infection is up to 90% among those infected as infants, compared to approximately 5% among those infected as adults¹



HISTORY OF HEPATITIS B VACCINE



- The first hepatitis B vaccine became commercially available in the US in 1982¹
- Since 1986, hepatitis B vaccines produced by recombinant DNA technology have been available⁵



Single-antigen Hepatitis B Vaccines				
Vaccine	Age Group	Dose	Volume	# Doses
Engerix-B	0-19 years	10 µg	0.5 ml	3
Recombivax HB	0-19 years	5 µg	0.5 ml	3
Combination Hepatitis B Vaccines (not to be used for the birth dose)				
Vaccine	Age Group	Antigens Used	Volume	# Doses
Pediarix	6 weeks thru 6 years.	10 mcg recombinant HBsAg plus DTaP, IPV (Engerix-B + Infanrix + IPV)	0.5 ml	3
Vaxelis	6 weeks thru 4 years.	10mcg recombinant HBsAg plus DTaP, IPV, Hib (Pentacel + Recombivax HB)	0.5 ml	3

SAFETY AND EFFECTIVENESS



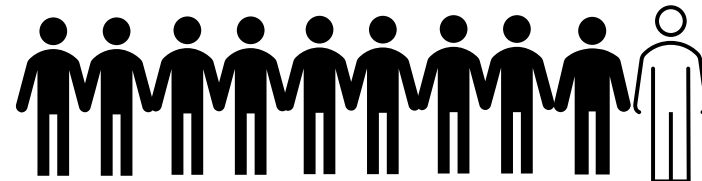
SAFETY

- “Since 1982, more than an estimated 70 million adolescents and adults and more than 60 million infants and children have received at least one dose of hepatitis B vaccine in the US”¹



EFFECTIVENESS

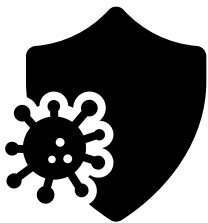
- “At least 9 out of 10 healthy young adults and more than 9 out of 10 infants, children, and adolescent develop protective antibodies and subsequent immunity to hepatitis B virus infection”¹



HEPATITIS B IMMUNE GLOBULIN (HBIG)



- Provides antibodies to fight the hepatitis B virus (HBV)⁶
- Provides temporary protection⁶
- Prepared from the plasma of donors with high concentrations of anti-HBs⁶
- It is 71% effective at preventing hepatitis B from being passed to a baby during birth⁶



PERINATAL HEPATITIS B TRANSMISSION



VACCINATE YOUR BABY AGAINST HEPATITIS B
IT COULD SAVE YOUR BABY'S LIFE.

WHAT IS HEPATITIS B?



HEPATITIS B is a serious liver disease caused by the HEPATITIS B VIRUS.



HEPATITIS B OFTEN DOESN'T CAUSE SYMPTOMS. Many people can live with hepatitis B for years without feeling sick.



1 IN 4 people living with hepatitis B can develop serious liver problems, INCLUDING LIVER CANCER.



DID YOU KNOW?



All pregnant women are routinely tested for hepatitis B.



People who find out they have hepatitis B can take steps to keep their baby and family protected.



The HEPATITIS B VACCINE is the 1st cancer prevention vaccine.

- 85%-95% of perinatal hepatitis B infections can be prevented with appropriate post exposure prophylaxis and vaccination⁷
- Per CDC:
 - “Without postexposure immunoprophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.”⁸

PERINATAL HEPATITIS B PREVENTION PROGRAM



- Provides case management and support to mothers, families, and providers.
 - Goal: to prevent transmission of hepatitis B from mother to baby.
- Reviews all positive Hepatitis B labs for females of childbearing age 14 - 45-year-olds.
 - In the state of CA, all pregnant women are required to be tested for hepatitis B under California Health and Safety Codes (125080 and 125085)⁸



PERINATAL HEPATITIS B PREVENTION PROGRAM



- Opens new cases once it is identified that a woman is hepatitis B positive and pregnant.
- Provides education to mothers/families about hepatitis B, our program, and gather additional information.
- Works with prenatal care providers, labor and delivery hospitals, and pediatricians.



RESPONSIBILITIES OF PROVIDERS



COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY



LIVE WELL
SAN DIEGO



PRENATAL CARE PROVIDERS



Responsibilities⁷

- Test pregnant women for hepatitis B surface antigen (HBsAg) and hepatitis B Virus DNA (HBV DNA “viral load”)
 - Individuals with viral loads $\geq 200,000$ are at an increased risk of perinatal transmission and are recommended to receive antiviral treatment.
- Re-test before delivery if patient is diagnosed with hepatitis or was at risk of acquiring hepatitis B during their pregnancy
- Refer all hepatitis B positive pregnant women to a PCP or liver specialist for further medical management
- Report cases to San Diego County PHPP
- Send hepatitis B surface antigen positive lab report to planned delivery hospital
- Educate

Discrepant HBsAg Results

Order the following labs:

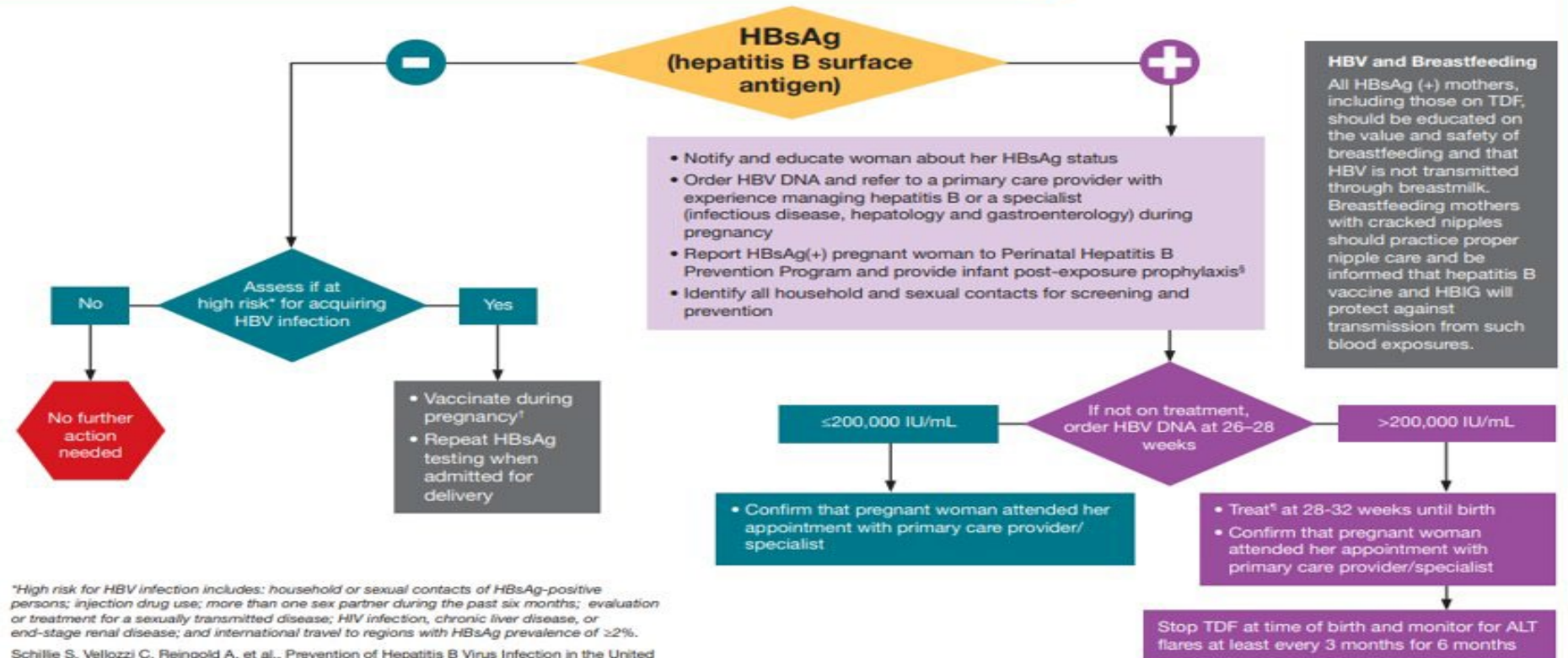
- Repeat HBsAg
- Hepatitis B Core Antibody Total (total anti-HBc)
- Hepatitis B Core Antibody IgM (IgM anti-HBc)
- Hepatitis B Virus DNA (HBV DNA)



CDC SCREENING ALGORITHM



Screening and Referral Algorithm for Hepatitis B Virus (HBV) Infection Among Pregnant Women



HBV and Breastfeeding
All HBsAg (+) mothers, including those on TDF, should be educated on the value and safety of breastfeeding and that HBV is not transmitted through breastmilk. Breastfeeding mothers with cracked nipples should practice proper nipple care and be informed that hepatitis B vaccine and HBIG will protect against transmission from such blood exposures.

*High risk for HBV infection includes: household or sexual contacts of HBsAg-positive persons; injection drug use; more than one sex partner during the past six months; evaluation or treatment for a sexually transmitted disease; HIV infection, chronic liver disease, or end-stage renal disease; and international travel to regions with HBsAg prevalence of $\geq 2\%$.

Schillie S, Vellozzi C, Reingold A, et al., Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018; 67(No. RR-1):1-34.

Originally adapted with permission from the Hepatitis B Foundation, from Apuzzio et. al. 2012. <http://www.hepb.org/assets/Uploads/Final-OB-publications-The-Female-Patient.pdf>

[†]Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et. al. for more information).

[§]Hepatitis B vaccine birth dose and Hepatitis B immune globulin (HBIG) (refer to Schillie et. al. for more information).

[‡]Tenofovir disoproxil fumarate (TDF) should be used for the treatment of pregnant women.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

www.cdc.gov/hepatitis

Updated December 2021

MANAGING DISCREPANT RESULTS

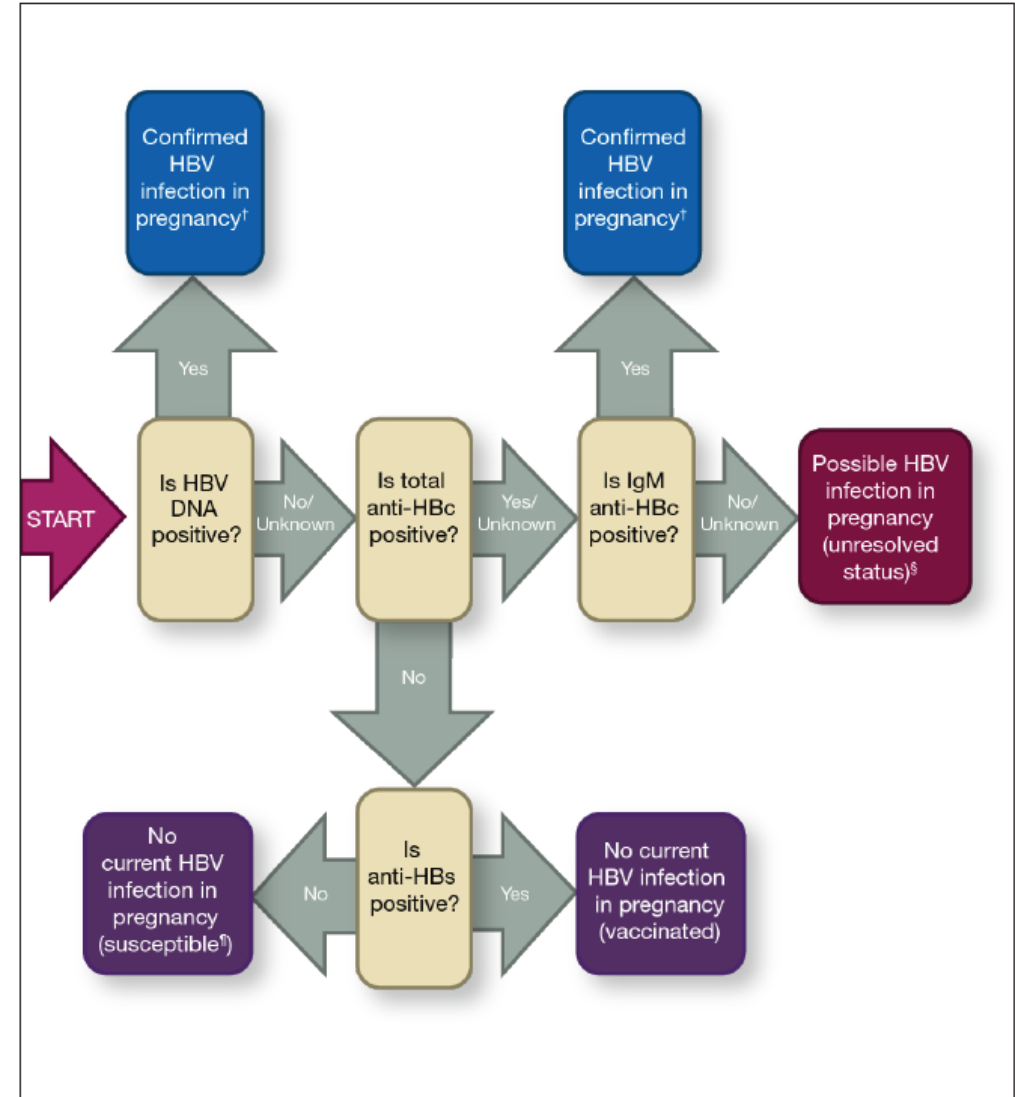


Table. Interpretation of HBV markers of infection following discrepant HBsAg lab results during pregnancy

HBsAg results: First HBsAg positive and second HBsAg negative in same pregnancy

Additional Tests*	Results of additional testing†	Interpretation	Action
HBV DNA Total anti-HBc IgM anti-HBc Anti-HBs	Detected Positive Positive Positive	Resolving acute infection§	<ul style="list-style-type: none"> Refer to PHBPP Infant needs post-exposure prophylaxis¶
HBV DNA Total anti-HBc IgM anti-HBc Anti-HBs	Not detected Positive Negative Negative	False positive HBsAg** (first test) with a history of HBV infection cleared prior to pregnancy OR False negative HBsAg (second test) possible mutant††	<ul style="list-style-type: none"> Refer to PHBPP Infant needs post-exposure prophylaxis§§
HBV DNA Total anti-HBc IgM anti-HBc Anti-HBs	Detected Positive Negative Negative	Occult infection	<ul style="list-style-type: none"> Refer to PHBPP Infant needs post-exposure prophylaxis
HBV DNA Total anti-HBc IgM anti-HBc Anti-HBs	Detected Positive Positive Negative	Chronic HBV infection with false negative HBsAg (possible mutant††)	<ul style="list-style-type: none"> Refer to PHBPP Infant needs post-exposure prophylaxis
HBV DNA Total anti-HBc IgM anti-HBc Anti-HBs	Not detected Positive Negative Positive	False positive HBsAg** (first test) with a history of HBV infection cleared prior to pregnancy OR resolved acute infection during pregnancy	<ul style="list-style-type: none"> Refer to PHBPP Infant needs post-exposure prophylaxis§§
HBV DNA Total anti-HBc IgM anti-HBc Anti-HBs	Not detected Negative Negative Negative	False positive HBsAg** (first test) and potentially susceptible†††	<ul style="list-style-type: none"> Do not refer to PHBPP Vaccinate infant per routine guidelines
HBV DNA Total anti-HBc IgM anti-HBc Anti-HBs	Not detected Negative Negative Positive	False positive HBsAg** (first test) and potentially vaccinated	<ul style="list-style-type: none"> Do not refer to PHBPP Vaccinate infant per routine guidelines

Algorithm for managing pregnant persons with discrepant HBsAg results*



LABOR AND DELIVERY HOSPITALS



Responsibilities⁷

- Review mother's HBsAg lab report at time of admission
- Administer post-exposure prophylaxis (PEP) appropriately
- Report any infants born to hepatitis B positive mothers to San Diego County PHPP
- Investigate any errors in PEP administration and report it to our program
- Education

Examples of PEP errors include:

- Vaccine and HBIG were administered in the same thigh
- Hepatitis B vaccine and/or HBIG were administered more than 12 hours after birth
- Hepatitis B vaccine and/or HBIG were not administered at all



MATERNITY HOSPITAL

PEP FOR INFANTS < 2000 GRAMS AT BIRTH



Hepatitis B Vaccine Schedules for Preterm Infants Weighing < 2000 gm by Maternal Hepatitis B Surface Antigen (HBsAg) Status^o

MATERNAL HBsAg STATUS	RECOMMENDATION	
	DOSE	AGE
POSITIVE	Hep B vaccine & Hepatitis B immune globulin (HBIG) ⁺	< 12 hours
	Vac1 Hep B vaccine*	1 month
	Vac2 Hep B vaccine	2-4 months
	Vac3 Hep B vaccine ^o	6-7 months (Pediarix or monovalent vaccine) 12-15 months (Comvax)
	Serology testing	9 months or 1-2 months after Vac 3. Do not test before 9 months of age or ≤ 4 weeks of the most recent vaccine dose.
UNKNOWN	Hep B vaccine & HBIG ⁺	≤ 12 hours of birth
	Test mother for HBsAg immediately: If positive, continue series as above↑ If negative, continue series as below↓	
NEGATIVE	Vac1 Hep B vaccine	At 1 month, or at hospital discharge*
	Vac2 Hep B vaccine	2-4 months
	Vac3 Hep B vaccine ^o	6-18 months ^o

PEP FOR INFANTS \geq 2000 GRAMS AT BIRTH



MOTHER'S HBsAg RESULT	SINGLE ANTIGEN VACCINE	
	DOSE	AGE
POSITIVE	1 Hep B vaccine and HBIG	within 12 hrs of birth
	2 Hep B vaccine	1-2 months
	3 Hep B vaccine	6 months [⊖]
	Serology testing for HBsAg and anti-HBs	9 months
UNKNOWN	1 Hep B vaccine	within 12 hrs of birth
	HBIG, if test result is positive	within 7 days
	Test mother for HBsAg immediately. If positive, continue series as above [↑] . If negative, continue series as below [↓]	
NEGATIVE	1 Hep B vaccine [∇]	Before discharge
	2 Hep B vaccine	1-2 months
	3 Hep B vaccine [⊖]	6-18 months



PEDIATRICIANS



Responsibilities¹³

- Ensure PEP was administered correctly
- Notify our program you are providing care to an infant exposed to a hepatitis B positive mother
- Administration and documentation of hepatitis B vaccines
- Order Post-Vaccine Serology Testing
- Refer infants who are positive for hepatitis B to a gastroenterologist for further follow-up



HEPATITIS B VACCINE SCHEDULE



VACCINATING INFANTS BORN TO HBsAg POSITIVE PATIENTS: $\geq 2,000G$

Infants Born to HBsAg Positive Patients: $\geq 2,000$ grams (≥ 4.4 lbs) at birth					
	≤ 12 Hours of Birth	1 month	2 months	4 months	6 months
Single Antigen Vaccine Series	1 st Dose	2 nd Dose			3 rd Dose
Single Antigen + Combination Vaccine Series	1 st Dose (single antigen vaccine)		2 nd Dose	3 rd Dose	4 th Dose



HEPATITIS B VACCINE SCHEDULE



VACCINATING INFANTS BORN TO HBsAg POSITIVE PATIENTS: < 2,000G

Infants Born to HBsAg Positive Patients: < 2,000 grams (<4.4 lbs) at birth						
	≤ 12 Hours of Birth	1 month	2 months	3 months	4 months	6 months
Single Antigen Vaccine Series	1 st Dose	2 nd Dose	3 rd Dose			4 th Dose
Single Antigen + Combination Vaccine Series	1 st Dose (single antigen vaccine)		2 nd Dose		3 rd Dose	4 th Dose



POST VACCINATION SEROLOGIC TESTING



Pediatricians should order post-vaccination serologic testing (PVST) for hepatitis B exposed infants once the following criteria are met:¹³

- Infant received their full vaccine series.
- 1-2 months have passed since the infant received their last dose of hepatitis B vaccine.
- Child is at least 9 months of age (ideally PVST should be collected between 9-12 months of age).



POST VACCINATION SEROLOGIC TESTING



Post vaccination serologic testing consists of the following tests:⁷

1) Hepatitis B surface antigen (HBsAg)

AND

2) Hepatitis B surface antibody (quantitative) (anti-HBs)

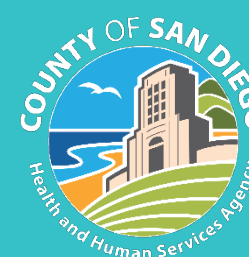


INTERPRETING PVST RESULTS



HBsAg Result	Anti-HBs Result	Interpretation	Next Steps
Negative	Positive (anti-HBs \geq 10 mIU/mL)	Immune	Test results should be reported to our program.
Negative	Negative (anti-HBs <10 mIU/mL)	Susceptible	Infants should receive an additional dose of hepatitis B vaccine, followed by repeated PVST 1-2 months after vaccination. If the infant remains susceptible after this additional dose, administer the rest of the second three-dose vaccine series and retest for both HBsAg and anti-HBs 1-2 months after.
Positive	Negative (anti-HBs <10 mIU/mL)	Infected	HBsAg-positive infants should be referred to appropriate medical follow-up and reported to our program as a perinatal hepatitis B case.

INFORMATION SHEETS



County of San Diego Perinatal Hepatitis B Prevention Program Prenatal Care Provider Information Sheet

10/2023

The County of San Diego Perinatal Hepatitis B Prevention Program (PHPP) provides case management and support to local mothers, families, and medical providers with the goal of preventing perinatal, or mother-to-baby, transmission of Hepatitis B virus infection.

Prenatal Care Providers and Prenatal Clinics please:

- **Order** Hepatitis B Surface Antigen (HBsAg) for all pregnant women
 - Required by California Health and Safety Codes (125080 and 125085)
 - The recommendation is to be tested for Hepatitis B with each pregnancy, even if she has been tested during a previous pregnancy
- **Contact** County of San Diego's PHPP to notify us when a pregnant patient under your care is Hepatitis B positive
- **Order** Hepatitis B Virus DNA (HBV DNA) quantitative testing to determine the woman's level of infectivity
 - Hepatitis B Virus DNA (HBV DNA) $\geq 200,000$ IU/mL is associated with an increased risk of perinatal transmission of hepatitis B virus
 - All Hepatitis B positive women should be referred to a specialist to see if any further evaluation and/or treatment is warranted
 - Please refer to Screening and Referral Algorithm for Hepatitis B Virus Infection Among Pregnant Women on CDC's website: https://www.cdc.gov/hepatitis/hbv/pdfs/prenatalhbsagtesting_508.pdf
- **Document** a clear note in patient's prenatal record indicating patient's Hepatitis B positive status
- **Send** patient's Hepatitis B lab to the planned delivery hospital
- **Notify and educate** your patient that she will receive a call from one of our nurse case managers to introduce her to the PHPP
 - Please provide your patient our county's parents and guardians' brochure that has information about our program. Please email or call us if you do not currently have the brochure
 - Please have these brochures readily available in your office to give to patients when they visit
 - Please contact us if you would like to receive additional Hepatitis B resources for your patients and we would be happy to send them to you



County of San Diego Perinatal Hepatitis B Prevention Program Labor and Delivery Hospital Information Sheet

3/2023

The County of San Diego Perinatal Hepatitis B Prevention Program (PHPP) provides case management and support to local mothers, families, and medical providers with the goal of preventing perinatal, or mother-to-baby, transmission of Hepatitis B virus infection.

Labor and Delivery Hospitals please:

- **Review** pregnant woman's Hepatitis B Surface Antigen (HBsAg) lab report at time of admission
 - The only **acceptable** lab to determine Hepatitis B status is **Hepatitis B surface antigen (HBsAg)**, but if there is only a **positive Hepatitis Be Antigen (HBeAg)** lab or a positive **Hepatitis B Virus DNA (HBV DNA)** lab, these women should be treated as being Hepatitis B positive
 - Please **DO NOT** determine status by reading transcription notes
- **Order** Hepatitis B Surface Antigen (HBsAg) lab for women with unknown Hepatitis B status at the time they are admitted
- Follow the **guidelines** below for **Hepatitis B vaccine and Hepatitis B immune globulin (HBIG) administration for the infant** based on the woman's Hepatitis B status



	Infant birth weight ≥ 2000 grams	Infant birth weight < 2000 grams
Mother's Hepatitis B status is POSITIVE	Administer Hepatitis B vaccine and HBIG within 12 hours of birth in separate limbs	
Mother's Hepatitis B status is UNKNOWN	Administer Hepatitis B vaccine within 12 hours of birth. If you find out that mother is Hep B positive, HBIG should be given as soon as possible, and no later than 7 days after birth	Administer Hepatitis B vaccine and HBIG within 12 hours of birth
Mother's Hepatitis B status is NEGATIVE	Administer Hepatitis B vaccine within 24 hours of birth	Administer 1 dose at 1 month of age or hospital discharge (whichever is earlier and even if weight is still $< 2,000$ grams)

- Please complete the form from our website when a Hepatitis B positive pregnant woman has delivered
- **Post-exposure Prophylaxis (PEP) Error** protocol (if applicable)
 - PEP Errors include: HBIG or Hepatitis B Vaccine given after 12 hours of birth, HBIG and Hepatitis B Vaccine given in same site, or HBIG or Hepatitis B Vaccine was not administered
 - Please use and send the PEP Error form on our website to explain the error and why it occurred. This needs to be reported back to CDPH within 5 business days
 - Please call us at 866-358-2966 option 5 as soon as you discover the PEP error has occurred

County of San Diego Perinatal Hepatitis B Prevention Program Pediatrician Information Sheet

3/2023

The County of San Diego Perinatal Hepatitis B Prevention Program (PHPP) provides case management and support to local mothers, families, and medical providers with the goal of preventing perinatal, or mother-to-baby, transmission of Hepatitis B virus infection.

Pediatricians and Pediatric Clinics please:

- **Ask** about maternal history regarding Hepatitis B status
- **Contact** PHPP to notify us that an infant exposed to Hepatitis B at birth is under your care
- **Check** infant's hospital birth record to ensure post exposure prophylaxis (PEP) (Hepatitis B vaccine and Hepatitis B Immune Globulin-HBIG) were administered within 12 hours of birth at the delivery hospital (refer to the table below)
- **Review and educate** parents on Hepatitis B vaccine schedule (Follow the guidelines below for children born to Hepatitis B positive mothers)



	Infant birth weight ≥ 2000 grams		Infant birth weight < 2000 grams	
	Single antigen	Combination	Single antigen	Combination
Birth dose (within 12 hrs of birth)	1 st dose of Hepatitis B vaccine* + Hepatitis B Immune Globulin (administer in separate limbs) *1 st dose is always single antigen vaccine and not a combination vaccine			
1 months			2 nd dose	
2 months	2 nd dose	2 nd dose	3 rd dose (between 2-3 months)	2 nd dose
4 months		3 rd dose		3 rd dose
6 months	3 rd dose	4 th dose	4 th dose	4 th dose

- **Administration and documentation** of Hepatitis B vaccines
 - Send us **child's current immunization record after every Hepatitis B vaccine administration**
- **Complete Post-Vaccine Serology Testing (PVST)** once the following criteria are met:
 - Child has **completed** 3-4 dose Hepatitis B vaccine series
 - Child is at least **9 months old** and last dose of Hepatitis B vaccine was **1 to 2 months ago**
 - PVST includes **Hepatitis B surface antigen (HBsAg) AND Hepatitis B surface antibody quantitative (anti-HBs)**
 - Once results are available, please **send** us a fax or encrypted email with the **infant's lab reports**



Scan the code to learn more.



Scan the code to learn more.



Scan the code to learn more.



NEW WEBSITE



SanDiegoCounty.gov Home



Health & Human Services Agency



MENU ▾

PROGRAMS

ALL SERVICES A-Z

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CONTACT

Perinatal Hepatitis B Prevention Program



The County of San Diego Perinatal Hepatitis B Prevention Program provides case management and support to local mothers and medical providers with the goal of preventing perinatal, or mother-to-baby, transmission of hepatitis B virus infection.

Hepatitis B is a viral liver disease that can be spread via:

- sexual transmission
- injection drug use
- blood borne/body fluid exposures
- mother to baby at birth

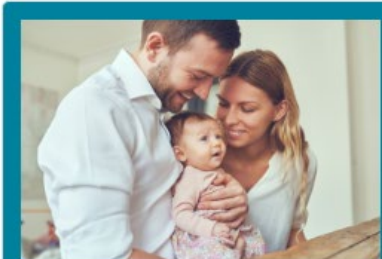
Individuals that are diagnosed with Hepatitis B may be asymptomatic or can experience symptoms such as fatigue, fever, yellow skin and eyes (jaundice), abdominal pain, and change in color of stool.

When an infant is born to a Hepatitis B positive mother, 70-95% of those infants will develop a chronic infection if they do not receive the appropriate vaccines at birth and early childhood. Chronic Hepatitis B can cause many health issues including liver cancer, liver failure, and death.



[Perinatal Hepatitis B Prevention Program \(sandiegocounty.gov\)](https://www.sandiegocounty.gov)

Website
QR Code



Parents and
Guardians



Prenatal Care
Providers



Labor and Delivery
Hospitals



Vaccine & Lab Info



Pediatricians



Resources & Materials

CONTACT INFORMATION



COUNTY OF SAN DIEGO

PERINATAL HEPATITIS B PREVENTION PROGRAM

- Email: PHS-PerinatalHepB.HHSA@sdcounty.ca.gov
- Fax: **619-692-5677**
- Website: <https://tinyurl.com/PHBPP-SanDiego>
- Phone: **866-358-2966 option 5** – leave a message and a public health nurse will return your call
- After hours / Weekends – **858-565-5255** and ask to speak to the Immunization nurse on call



Scan here to
learn more!



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and re-accredited by the Public Health Accreditation Board on August 21, 2023.

REFERENCES



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- 14) California Department of Public Health. (2022). Preventing Hepatitis B in Children: Guidelines for Pediatric Providers. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/PerinatalHepB-PediatricProviderQuicksheet.pdf>
- 15) Centers for Disease and Control. (2021). Management of Infants Born to Women with Hepatitis B Virus Infection for Pediatricians. <https://www.cdc.gov/vaccines/programs/perinatal-hepb/downloads/HepB-Provider-tipsheet-508.pdf>



Kirstie Perrotta, MPH

Kirstie is a member of the SDIC steering committee since 2020. She currently works as a Teratogen Information Specialist with the MotherToBaby program where she counsels people who are pregnant and breastfeeding about a variety of exposures, including medications, supplements, and vaccines, during pregnancy and lactation. She serves on the board as the affiliate liaison and co-chair of the Emerging Issues Task Force, which is responsible for keeping up with the latest data and recommendations related to emergent issues such as Zika, monkeypox, and COVID-19. In addition to having an interest in the prevention of infectious diseases during pregnancy, she enjoys the opportunity to counsel women on the risks vs. benefits of using medication during pregnancy to treat mental health conditions such as depression and anxiety. Please welcome Kirstie!



Vaccines in Pregnancy

COVID-19, Flu, Tdap, and RSV

Kirstie Perrotta, MPH
MotherToBaby California
San Diego Immunization Coalition
General Meeting - October 6, 2023



Vaccines Currently Recommended For Use In Pregnancy



get your
Flu Shot



GET MY COVID-19 VACCINE!
UC San Diego Health

Name		Date		Healthcare Professional or Clinic Site	
1 st Dose COVID-19		mm dd yy		Petco Park	
2 nd Dose COVID-19		mm dd yy			
Other		mm dd yy			
Other		mm dd yy			

Member (medical record or IIS record number) MI



Learning Objectives:


1. Understand what the MotherToBaby service can offer and how to reach us
2. Understand the risks of a COVID-19 and flu infection during pregnancy
3. Understand the risks of pertussis and RSV in infants and the importance of prenatal vaccination
4. Understand the available data and current recommendations for COVID-19, flu, Tdap, and RSV vaccines during pregnancy





MotherToBaby

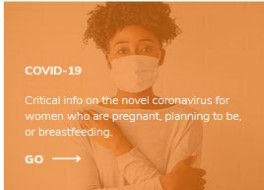
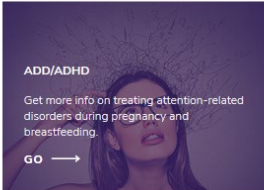

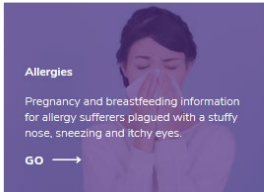
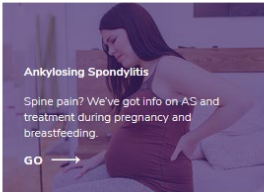
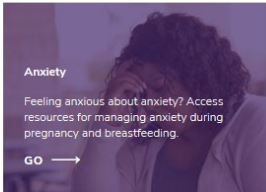
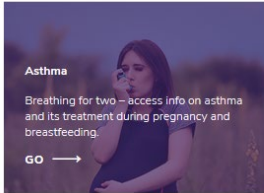


- MotherToBaby provides evidence-based information on various exposures during pregnancy and while breastfeeding
- We specialize in answering questions about medications, vaccines, chemicals, herbal products, substances of abuse, maternal health conditions and much

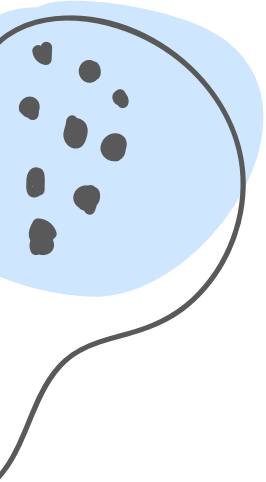


Is It Safe for Me and My Baby?
Expert, confidential & no-cost information about medications and other exposures during pregnancy and breastfeeding by phone, text, email and chat.

ASK OUR EXPERTS

Explore Our Most Popular Topics

 <p>COVID-19 Critical info on the novel coronavirus for women who are pregnant, planning to be, or breastfeeding.</p> <p>GO →</p>	 <p>ADD/ADHD Get more info on treating attention-related disorders during pregnancy and breastfeeding.</p> <p>GO →</p>	 <p>Alcohol More harmful than cocaine, meth or heroin – why you should avoid alcohol if pregnant or breastfeeding.</p> <p>GO →</p>
 <p>Allergies Pregnancy and breastfeeding information for allergy sufferers plagued with a stuffy nose, sneezing and itchy eyes.</p> <p>GO →</p>	 <p>Ankylosing Spondylitis Spine pain? We've got info on AS and treatment during pregnancy and breastfeeding.</p> <p>GO →</p>	 <p>Anxiety Feeling anxious about anxiety? Access resources for managing anxiety during pregnancy and breastfeeding.</p> <p>GO →</p>
 <p>Asthma Breathing for two – access info on asthma and its treatment during pregnancy and breastfeeding.</p> <p>GO →</p>	 <p>Cannabis Marijuana, pot, whatever you call it – we've got info you need if pregnant or breastfeeding.</p> <p>GO →</p>	 <p>Colds & Flu The 4-1-1 on sniffing, sneezing, coughing, aching, and fever during pregnancy and breastfeeding.</p> <p>GO →</p>



- Our free service is available to people who are pregnant, breastfeeding, healthcare professionals, and the general public via chat, text, phone, and email in both English and Spanish
- Resources include fact sheets, blogs, and podcast episodes
- More than 100,000 women and their health care providers seek information from MotherToBaby every year

COVID-19 mRNA Vaccines (Moderna | Spikevax® and Pfizer | Comirnaty®)

This sheet is about exposure to COVID-19 mRNA vaccines in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is COVID-19?

COVID-19 (short for Coronavirus Disease 2019) is an illness caused by a virus (called SARS-CoV-2). The virus easily spreads from person to person through respiratory droplets that come from our mouths and noses when we breathe, talk, cough, or sneeze. For more information on COVID-19, please see the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/covid-19/>.

What are COVID-19 mRNA vaccines?

COVID-19 messenger RNA (mRNA) vaccines help protect against the virus that causes COVID-19. The COVID-19 mRNA vaccines approved for use in the United States are known as Moderna/Spikevax® and Pfizer/Comirnaty®. These vaccines do not contain live virus that could cause COVID-19. The Centers for Disease Control and Prevention have more information about mRNA vaccines here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>. The mRNA vaccine is effective at preventing COVID-19, but can greatly reduce the chance of getting very sick from the virus.

For most people who are pregnant, recently pregnant, or breastfeeding, COVID-19 mRNA vaccines doses (called a primary series), followed by recommended booster doses. People who have weaker immune systems have different dosing recommendations. Talk to your healthcare provider; contact a MotherToBaby chat or visit the CDC website to learn how to stay up to date with your COVID-19 vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>.

For more information on other types of COVID-19 vaccines that are available, please see the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/covid-19-viral-vector-vaccine/> and <https://mothertobaby.org/fact-sheets/covid-19-protein-subunit-vaccine/>.

Are COVID-19 mRNA vaccines safe?
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Does getting a COVID-19 mRNA vaccine affect my pregnancy?
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I just got a COVID-19 mRNA vaccine. What should I do?

Sertraline (Zoloft®)

This sheet is about exposure to sertraline in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare providers.

What is sertraline?

Sertraline is a medication that has been used to treat depression, obsessive compulsive disorder, premenstrual dysphoric disorder (a severe form of premenstrual syndrome), and panic disorder. Sertraline belongs to the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs). The brand name for sertraline is Zoloft®.

I take sertraline. Can it make it harder for me to get pregnant?

It is not known if sertraline can make it harder to become pregnant. Or a slightly lower chance of achieving a pregnancy.

I just found out I am pregnant. Should I stop taking sertraline?

Talk with your healthcare providers before making any changes to how you take your medication. Your healthcare provider might suggest that you slowly stop taking this medication suddenly can cause some people to have withdrawal symptoms. If you stop this medication during pregnancy, please see our fact sheet at <https://mothertobaby.org/fact-sheets/depression-pregnancy/pdf/>.

Does taking sertraline increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. Use of sertraline and the chance of miscarriage in people first 35 days of pregnancy and those who stopped filling prescriptions is not known.

Does taking sertraline increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. Reports of more than 20,000 pregnancies exposed to sertraline. While the chance for heart defects or other birth defects, most studies have not found an increased chance for birth defects when sertraline is used. Overall, the available data do not suggest that above the background risk.

Could taking sertraline cause other pregnancy complications?

Some pregnancy complications have been reported more often when people take SSRIs during pregnancy. Research has also shown that when depression or anxiety is left untreated during pregnancy, there could be an increased chance for pregnancy complications. This makes it difficult to know if it is the medication, the untreated depression (or anxiety), or other factors that may increase the chance for these problems.

Some, but not all, studies have suggested that when people who are pregnant take SSRIs during the second half of the pregnancy, their babies might have an increased chance for a serious lung condition called persistent pulmonary hypertension. Persistent pulmonary hypertension happens in 1 or 2 out of 1,000 births. Among the studies looking at this, the overall chance for pulmonary hypertension when an SSRI was used in pregnancy was less than 1/100 (less than 1%).

A recent analysis which combined results from several studies reported that the chance for persistent pulmonary hypertension might be increased if an SSRI was used during pregnancy, but could not determine if this was actually due to medication exposure or to other exposures that pregnant people who take SSRIs have in common, such as higher rates of smoking.



Seasonal Influenza (the Flu)

This sheet is about exposure to seasonal influenza in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is influenza?

Influenza is an infection of the respiratory (breathing) tract. It is often called the flu. The symptoms of influenza are fever, headache, chills, muscle aches, coughing, congestion, runny nose, and sore throat. Influenza sometimes causes vomiting and diarrhea.

The typical flu season is from October through May of each year, and usually has the most activity between December and February. The types (strains) of viruses that cause seasonal influenza can change each year.

Is the flu contagious? How does the virus spread?

Yes, the flu is very contagious. The virus is spread through contact with respiratory droplets from the nose and mouth of infected individuals a day before they feel sick until their symptoms are gone. When people cough, sneeze, or talk, droplets containing the virus are spread through the air. These droplets can travel up to 6 feet from the person and can enter the mouth/noses of people nearby or fall and land on surfaces, such as tables and toys.

The time between exposure to a flu virus and the onset of symptoms (incubation period) is between 1 and 4 days. Adults who have the flu are most contagious in the first 3 to 4 days after their illness starts. Children can be infectious for a longer period.

Can having the flu make it harder for me to become pregnant?

Studies have not looked to see if having the flu will make it harder to become pregnant.

Does having the flu increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. Some studies suggest a higher chance for pregnancy loss while other studies do not. Based on the available data, it is not known if the flu will increase the chance for miscarriage.

Can having the flu during pregnancy cause birth defects?

Every pregnancy starts out with a 3-5% chance of having a baby with a birth defect. This is called the background risk. Having the flu during pregnancy has not been proven to cause birth defects.

Fever is a possible symptom of the flu. A high fever in the first trimester can increase the chance of certain birth defects. Acetaminophen has been recommended to reduce fever in pregnancy. If you get sick with the flu or any other illness and develop a fever, talk with your healthcare provider to confirm if taking acetaminophen is okay for you. For more information about fever and pregnancy, see the related fact sheet at <https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/>, and for information on acetaminophen, please see <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>.

Does having the flu increase the chance for pregnancy complications?

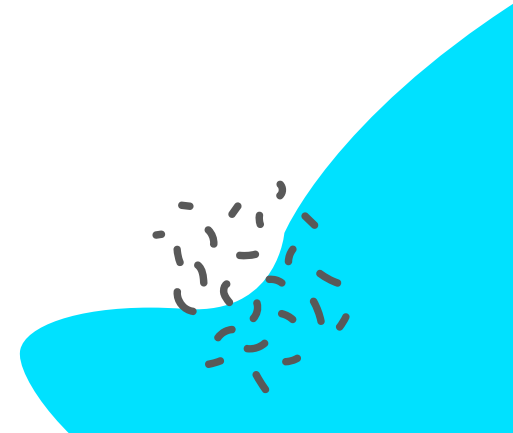
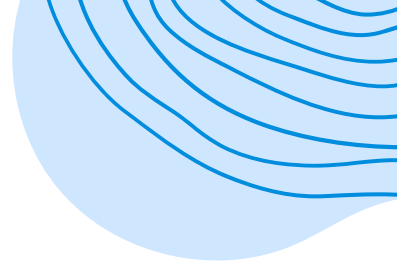
Being pregnant can increase the chance of developing serious complications from the flu compared to persons with the flu who are not pregnant. Some of the serious complications reported include respiratory distress (severe breathing problems) and being hospitalized. If a person who is pregnant becomes very sick from the flu, this can also increase the chance of pregnancy complications, such as delivery before 37 weeks of pregnancy (preterm delivery). It is important to talk with your healthcare provider if you are pregnant and have symptoms of the flu.

Does having the flu cause long-term problems in learning and behavior for the baby?

Studies on long-term problems have looked at whether having the flu in pregnancy could lead to later mental health conditions like schizophrenia. These studies have not been able to prove that having the flu during pregnancy will increase the chance for the baby to later develop a mental health condition.



COVID-19 in Pregnancy



COVID-19 in Pregnancy

- **Miscarriage:** The available studies on COVID-19 infections in pregnancy have not suggested an increased chance of miscarriage above the background risk in all pregnancies of 15-20%.
- **Birth Defects:** There is a background risk for birth defects in all pregnancies of 3-5%. The available studies on COVID-19 infection in pregnancy have not reported an increased chance for birth defects.
 - **Fever:** Fever is a possible symptom of COVID-19. A high fever in the first trimester can increase the chance of neural tube defects. If a pregnant person develops a fever early in pregnancy it is important to treat it.

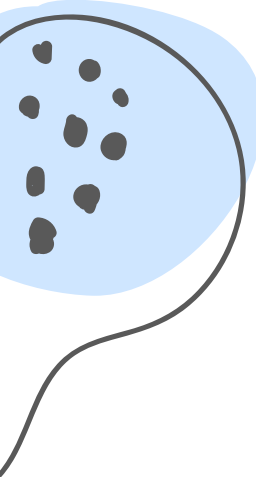


COVID-19 in Pregnancy

Pregnancy Complications:

Does having COVID-19 increase the chance of other pregnancy related problems?

Studies have shown that people who are pregnant or recently pregnant and get COVID-19 have higher chances of becoming very sick, being admitted to intensive care, and needing to be put on a ventilator (machine that helps you breathe). Some studies have also reported a higher chance of death. The chance of these outcomes is higher among people who also have other underlying health conditions, such as obesity, pre-pregnancy diabetes, and/or chronic hypertension. Just as in the general population, pregnant people who are up to date on COVID-19 vaccines are less likely to get infected, and less likely to get severely ill, be hospitalized, or die from a COVID-19 infection.



Pregnant San Diego Woman Dies from COVID-19



By José A. Álvarez, County of San Diego Communications Office

NEWS

After Unvaccinated Pregnant Woman Dies of COVID, Family Urges Vaccinations

BY XANDER LANDEN ON 2/10/22 AT 12:33 PM EST

Large new review underscores the risks of Covid-19 during pregnancy

By Brenda Goodman
Updated 6:37 AM EST, Tue January 17, 2023

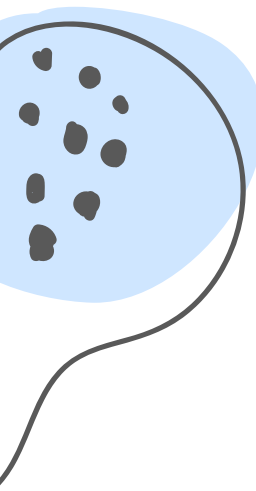




COVID-19 in Pregnancy

Pregnancy Complications:

Having COVID-19 in pregnancy can increase the chance of preterm delivery (birth before 37 weeks of pregnancy). Some studies have also reported increased chances of stillbirth, preeclampsia (dangerously high blood pressure), blood clots, and the need for emergency c-section. Sometimes the virus can infect the placenta (called placentitis), which can lead to problems with how well the placenta works to support the pregnancy and the baby's growth and development. Having COVID-19 can also make it harder to manage other health conditions that are common in pregnancy, such as other infections or high blood pressure. People who are up to date with COVID-19 mRNA vaccines in pregnancy are less likely to experience pregnancy complications from a COVID-19 infection than people who are not up to date.



Health Care
“God, No, Not Another Case.” COVID-Related Stillbirths Didn’t Have to Happen.

by Dusa Eidels
Aug. 4, 6 a.m. EDT

Coronavirus May Increase Premature Births, Studies Suggest

New studies provide more evidence that pregnant women may get severe Covid-19 symptoms and have an increased risk of pregnancy loss.

Share full article



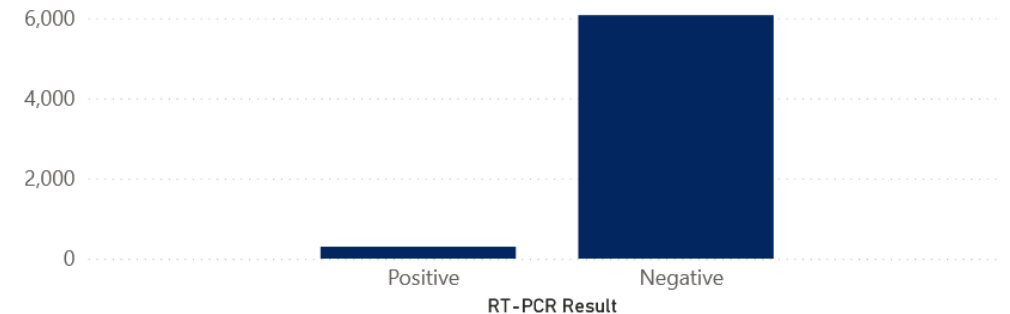
COVID-19 in Pregnancy

- **Vertical Transmission:** The virus can pass from a pregnant person to their baby during pregnancy, but this appears to be rare.
- The chance of the baby getting the virus during or shortly after delivery may be higher if the mother has an active infection at the time of delivery.
- Most infants who test positive shortly after delivery have only mild or no symptoms, and fully recover from the virus.



Laboratory Testing Results for SARS-CoV-2 among Infants Born to People with COVID-19 Who Were Tested at the Birth Hospitalization*

Laboratory testing information was available for 6,398 (7.8%)** infants.



*Within the first three days of life or at the birth hospitalization and less than 14 days after birth.

**All positive SARS-CoV-2 results are reported, but negative results may not be reported or monitored in all jurisdictions.

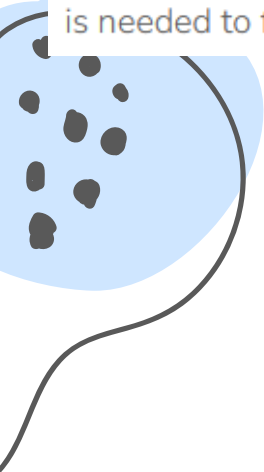


COVID-19 in Pregnancy

Does having COVID-19 in pregnancy cause long-term problems in learning or behavior for the baby?

Two studies have looked at the development of infants ages 5-11 months born to people who had COVID-19 during pregnancy. Most of the COVID-19 infections were mild or asymptomatic (no symptoms). These studies found no differences in cognition (thinking), communication, motor (movement) skills, problem solving, or personal-social skills in the infants.

Two other studies reported that infants born to people who had COVID-19 during pregnancy were more likely to be diagnosed with a neurodevelopmental (brain-related) issue by one year of age. In one of these studies, the issues were mostly related to motor skills and speech and language, and were more common following COVID-19 infection in the 3rd trimester. In the other study, only male infants were more likely to have been diagnosed with a neurodevelopmental issue. Since these studies could not control for all the things that might have affected the children's development (such as the home environment, other possible exposures in pregnancy, and stress from the pandemic), it is not clear if having COVID-19 in pregnancy affects long-term development in children. More research is needed to fully understand the possible long-term effects of a COVID-19 infection during pregnancy.



COVID-19 Vaccines in Pregnancy



Audience Question:

How many pregnant people are up to date with COVID-19 vaccines?

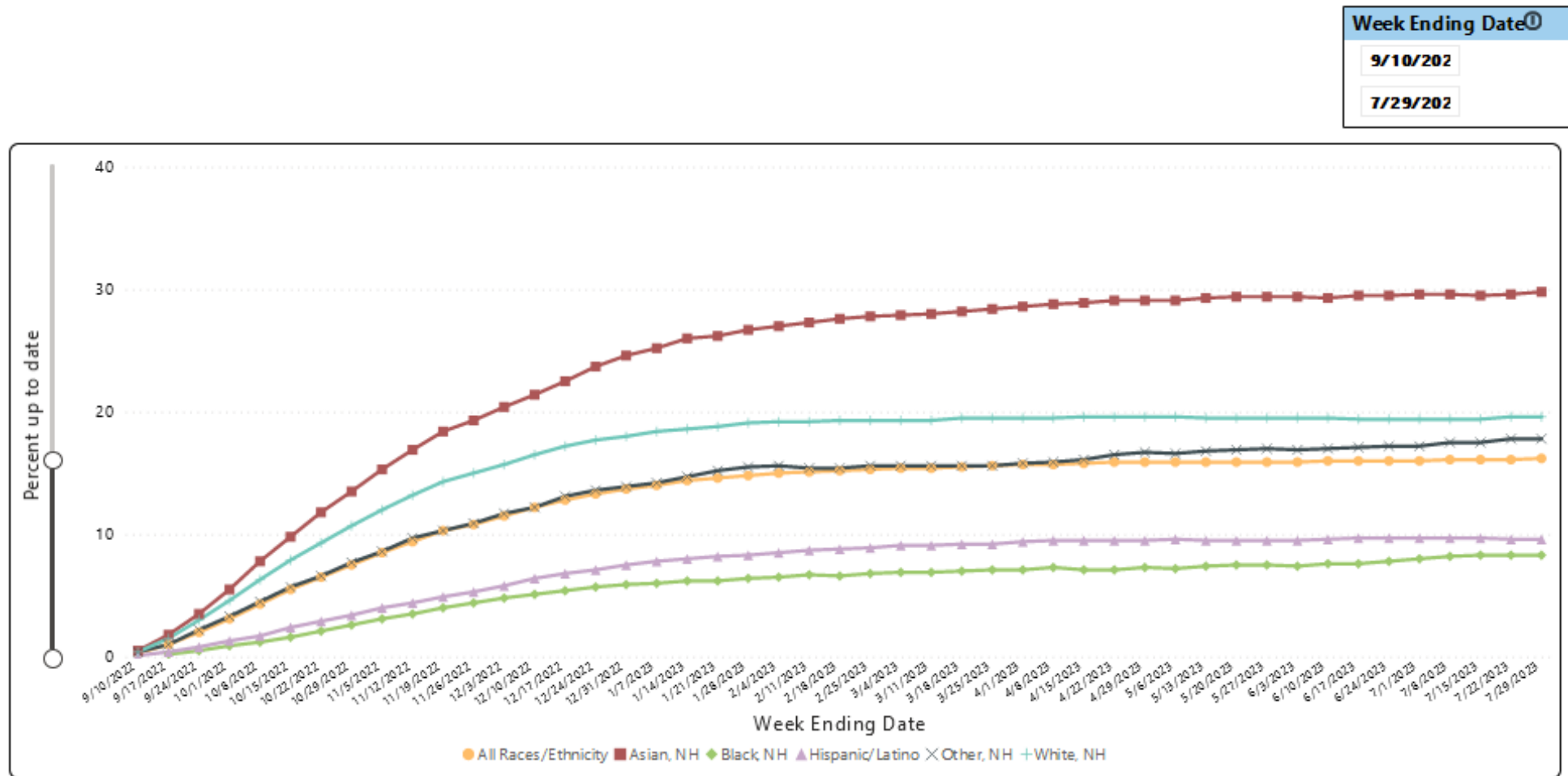
- 1. 16%**
- 2. 43%**
- 3. 22%**



COVID-19 vaccination among pregnant people aged 18-49 years overall, by race and ethnicity, and date reported to CDC - Vaccine Safety Datalink,* United States

[View Footnotes and Download Data](#)

Figure : Percent of pregnant people ages 18–49 years who are up to date with COVID-19 vaccines overall and by race and ethnicity — Vaccine Safety Datalink, September 1, 2022 – July 29, 2023



*CDC recommended bivalent boosters to persons age ≥12 years starting September 1, 2022. Data on bivalent boosters among pregnant persons was available starting September 4, 2022, and includes doses received starting September 1, 2022.

Reasons for Vaccine Hesitancy

COVID-19 vaccine hesitancy and acceptance among pregnant people contacting a teratogen information service

Kirstie Perrotta,^{1,2} Angela Messer,^{1,2} Sonia Alvarado,^{1,2} Mara Gaudette,^{1,2} Cindy Tran,² and Gretchen Bandoli²

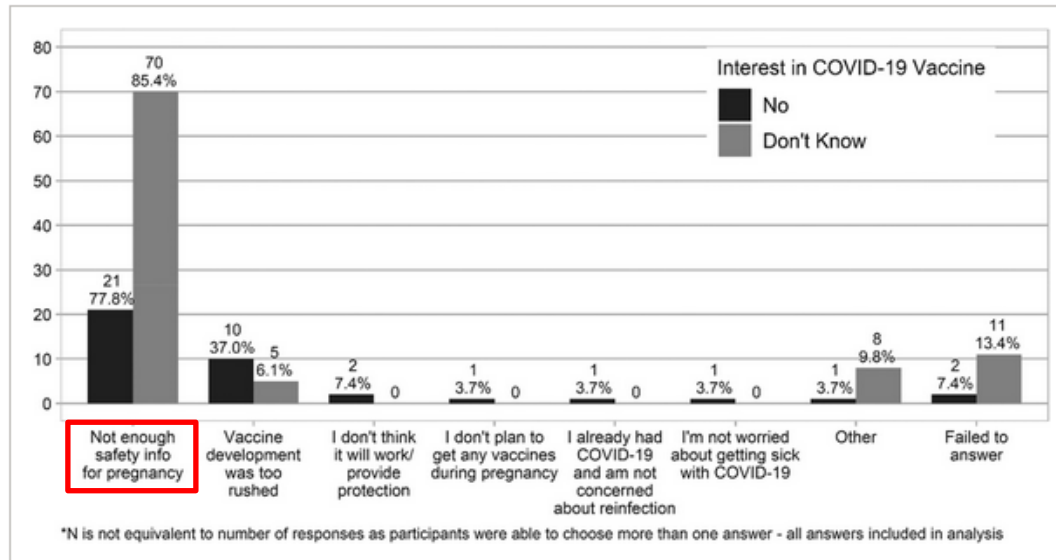


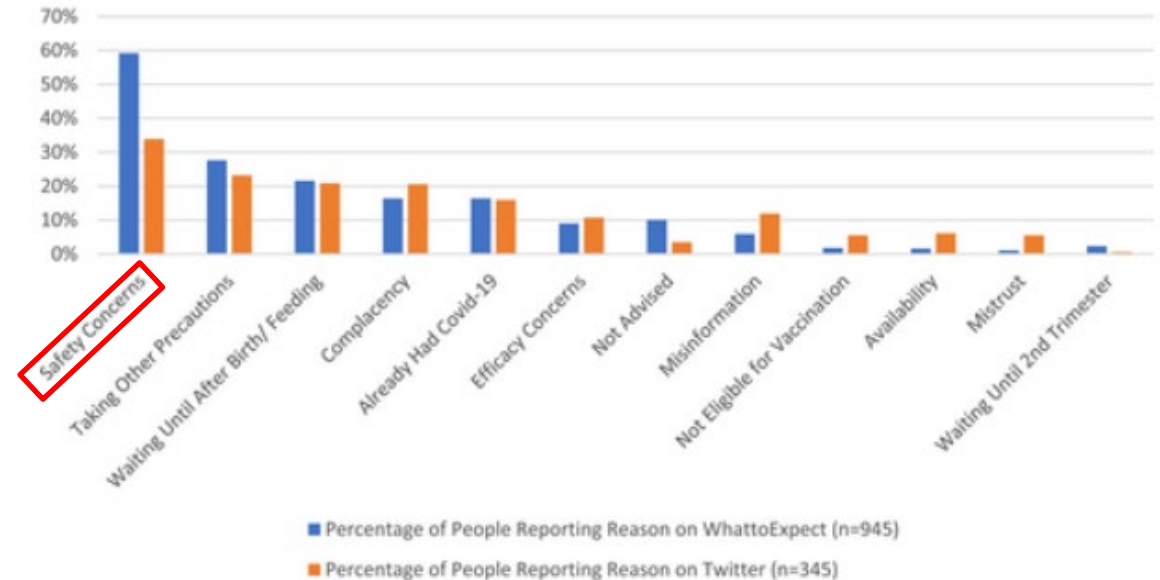
FIGURE 3

[Open in figure viewer](#) | [PowerPoint](#)

Answers to survey question 7: 'Why do you NOT want to get vaccinated during pregnancy?' among those that said 'No' (n = 27) and 'Don't Know' (n = 82) to vaccination

Social media and COVID-19 vaccination hesitancy during pregnancy: a mixed methods analysis

S. Golder¹, A. C. E. McRobbie-Johnson, A. Klein, F. G. Polite, G. Gonzalez Hernandez





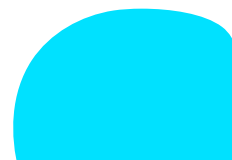
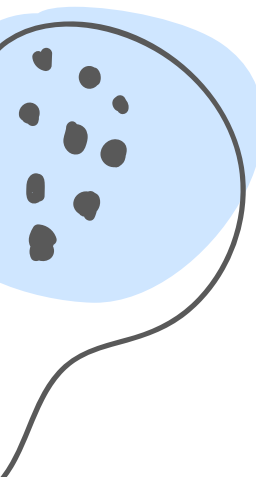
COVID-19 Vaccines in Pregnancy

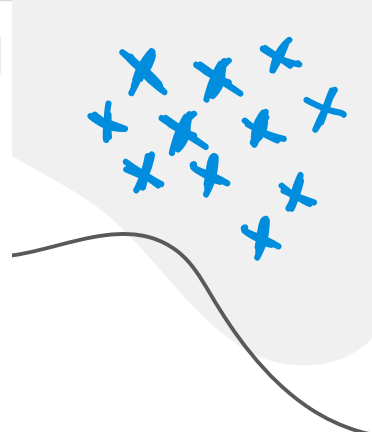
CDC, ACOG, SMFM, and AAP all recommend that pregnant people stay up to date with recommended COVID-19 vaccines

Recommendation for Everyone Aged 5 Years and Older

Get 1 updated COVID-19 vaccine

Everyone aged 5 years and older should get **1 updated COVID-19 vaccine**, at least two months after getting the last dose of any [COVID-19 vaccine](#).

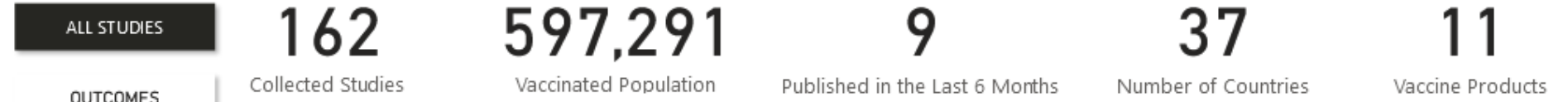




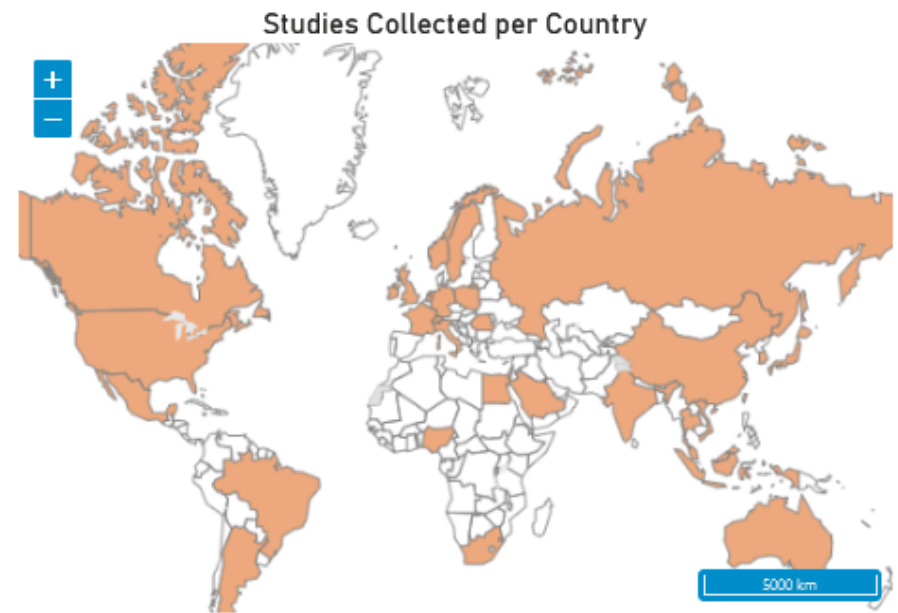
COVID-19 Vaccines for Pregnant Persons: A Living Systematic Review and Meta-Analysis

Last update was made on 9/22/2023

This is a regularly updated, comprehensive database and synthesis of published literature relating to COVID-19 vaccines in pregnancy. To start your search, click on any given country on the map to see all collected studies or click on the Outcomes tab for details on studies reporting on Maternal Pregnancy Outcomes, Maternal Adverse Events Following Immunization, Infant Safety Outcomes, Vaccine Efficacy/Effectiveness Outcomes, and Immunogenicity. For more information on the Living Systematic Review (LSR) and inclusion criteria, click the Methodology and About tabs.
Filters applied: None

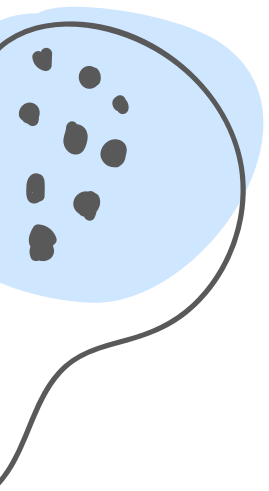
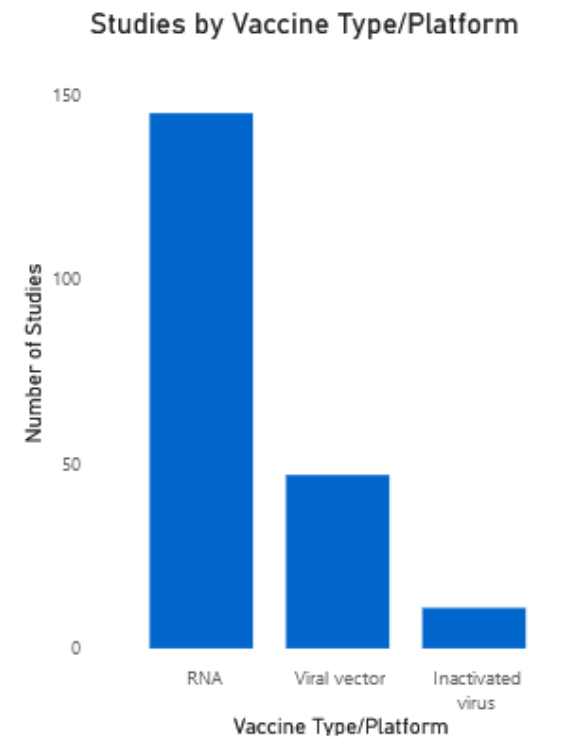


- METHODOLOGY
 - SUMMARY TABLES
 - META-ANALYSIS**
- Filters
- PUBLICATION DATE
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 - VACCINE
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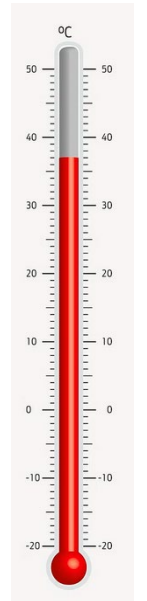
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

World Health Organization
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COVID-19 mRNA Vaccines in Pregnancy

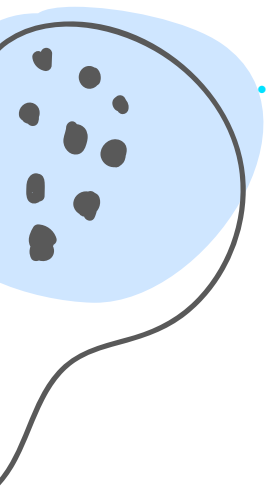
- **Miscarriage:** Multiple studies have found that getting a COVID-19 mRNA vaccine during pregnancy does not increase the chance of miscarriage.
- **Birth Defects:** The available studies have not found an increased chance for birth defects when a person receives a COVID-19 mRNA vaccine during the first trimester of pregnancy.
 - Fever is a possible side effect of COVID-19 vaccines. A high fever in the first trimester can increase the chance of certain birth defects.
 - If a pregnant person develops a fever early in pregnancy it's important that they treat it



COVID-19 mRNA Vaccines in Pregnancy

- **Pregnancy Complications:** Studies have found no increased chance for pregnancy-related problems or newborn complications such as stillbirth, preterm delivery (before 37 weeks of pregnancy), babies born smaller than expected, low Apgar scores, NICU admission, or neonatal death when a COVID-19 mRNA vaccine is given anytime during pregnancy.

• **Long Term Effects:** It will take time to follow the children of people who were vaccinated in pregnancy in order to answer this question. However, based on what is known about how these vaccines work in the body, getting a COVID-19 mRNA vaccine is not expected to cause long-term problems for the child.

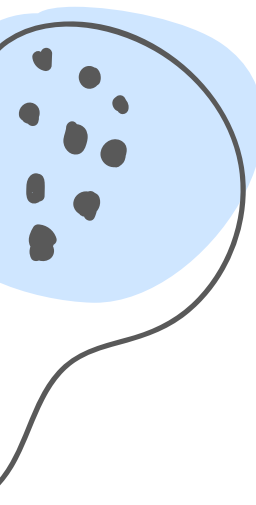


COVID-19 mRNA Vaccines in Pregnancy



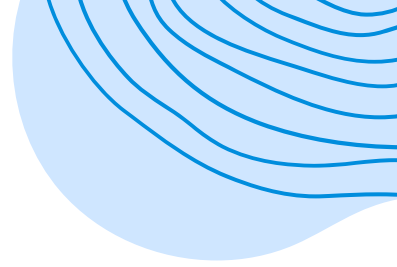
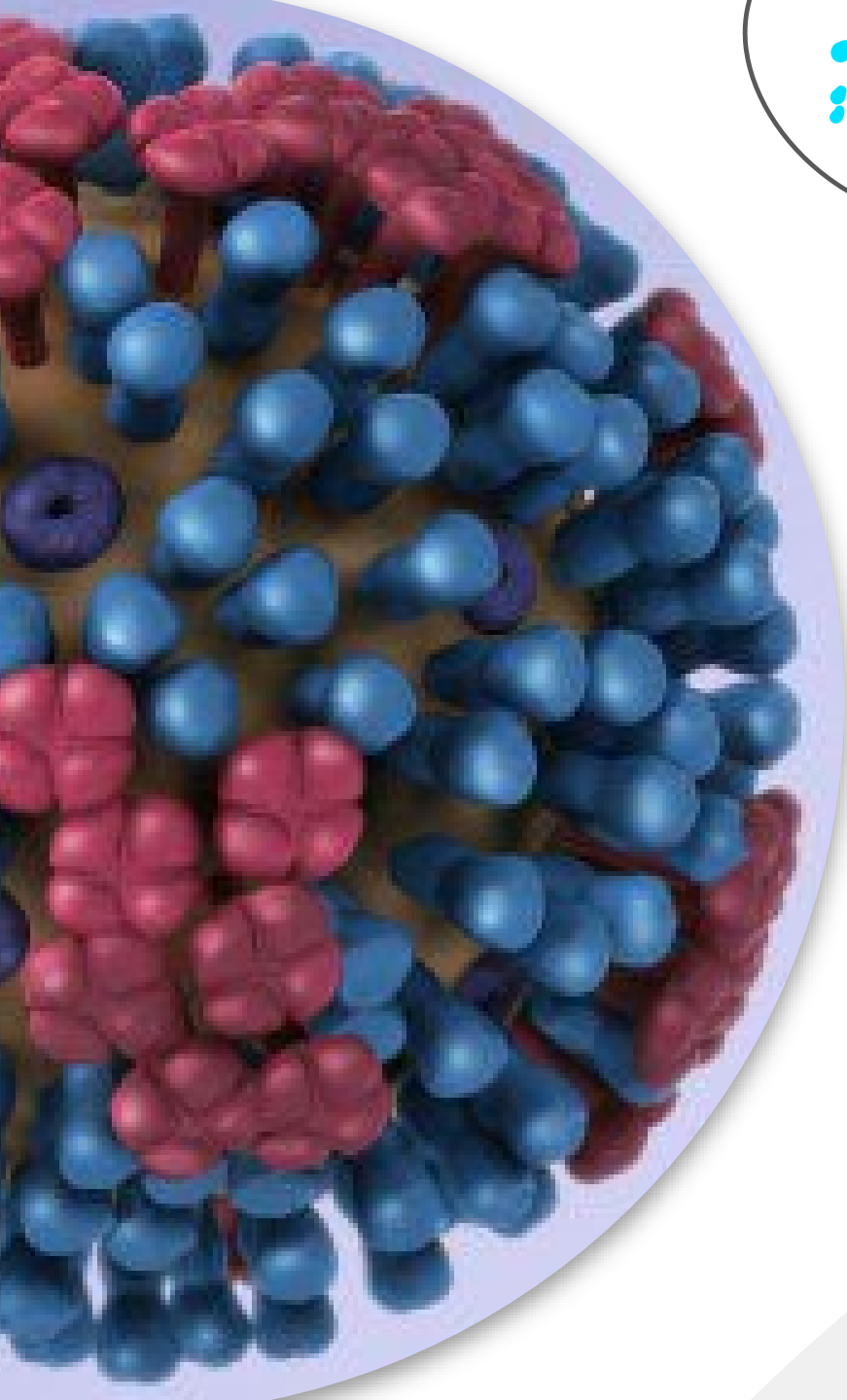
Does getting a COVID-19 mRNA vaccine during pregnancy protect the baby from the virus after delivery?

The antibodies that a person makes after getting a COVID-19 mRNA vaccine during pregnancy can pass to the developing baby. Research has shown that more antibodies pass to the baby after getting COVID-19 mRNA vaccines in pregnancy than after having a COVID-19 infection in pregnancy. Studies have also shown that the infants of people who became up to date with COVID-19 vaccines during pregnancy have greater protection against COVID-19 after delivery and are less likely to be hospitalized with COVID-19.

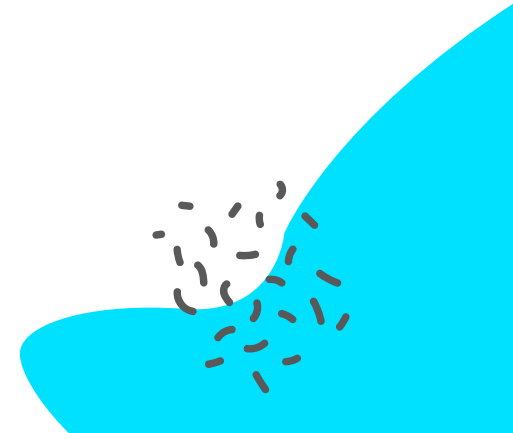


When a person who is pregnant gets a COVID-19 vaccine, the antibodies produced can cross the placenta and reach the developing baby.





Influenza in Pregnancy



CDC estimates* that, from October 1, 2022 through April 30, 2023, there have been:

27 – 54 million
flu **illnesses**



12 – 26 million
flu **medical visits**



300,000 – 650,000
flu **hospitalizations**

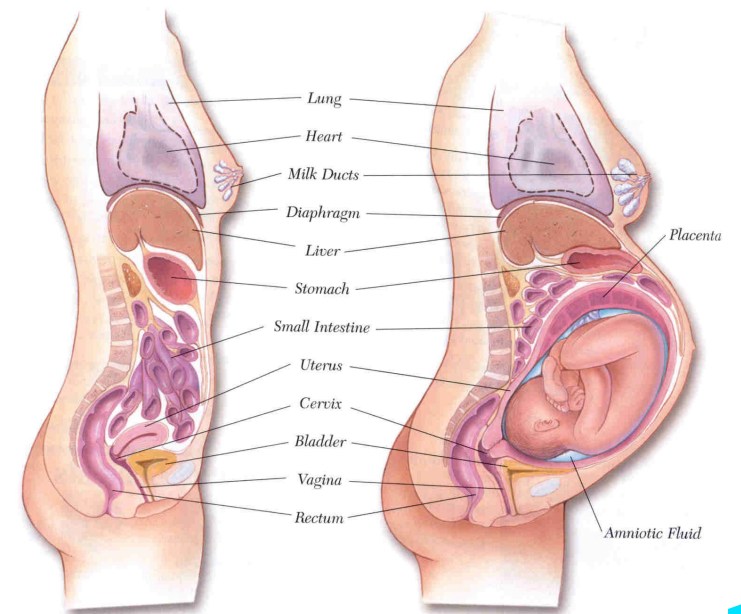
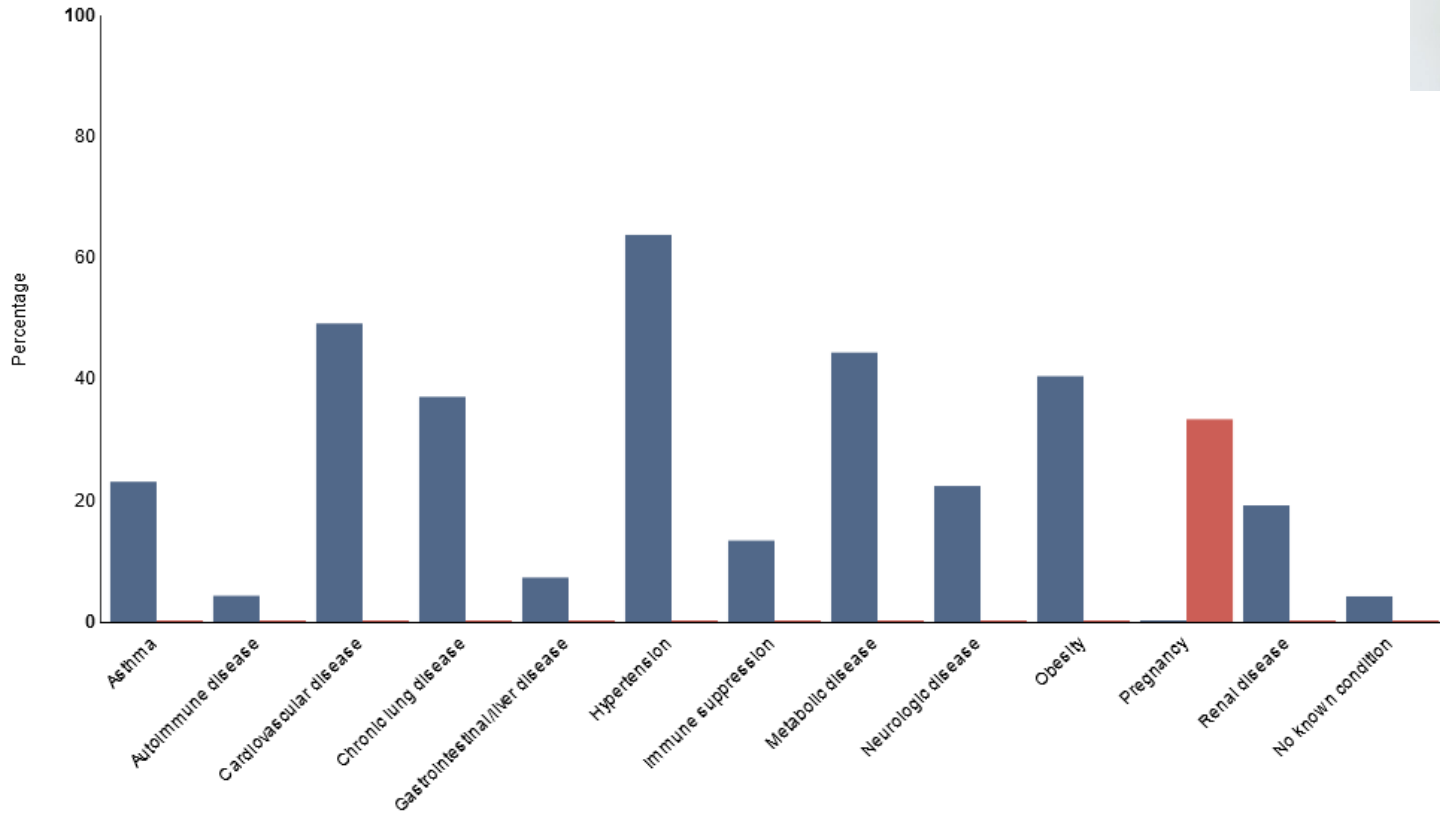


19,000 – 58,000
flu **deaths**



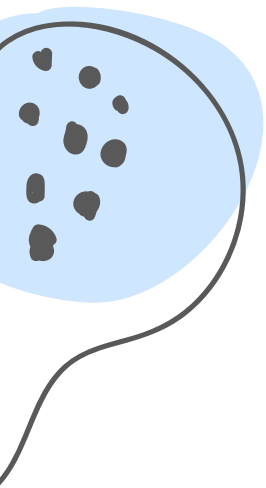
Influenza in Pregnancy

Selected Underlying Medical Conditions: 2022-23 Season



Influenza in Pregnancy

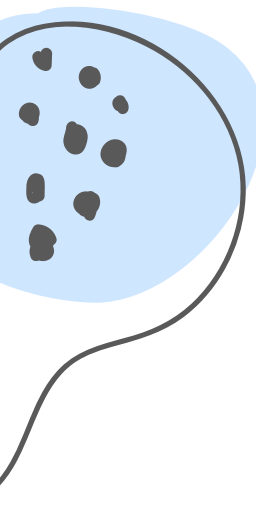
- **Miscarriage:** It is not known if the flu will increase the chance for miscarriage
- **Birth Defects:** The available studies have not found an increased chance for birth defects when a person gets the flu during pregnancy
- **Fever:** Fever is a possible symptom of the flu. A high fever in the first trimester can increase the chance of certain birth defects.
- If a pregnant person develops a fever for any reason early in pregnancy it's important that they treat it.



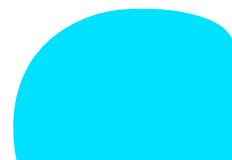
Influenza in Pregnancy



Pregnancy Complications: Being pregnant can increase the chance of developing serious complications from the flu compared to persons with the flu who are not pregnant. Some of the serious complications reported include respiratory distress and being hospitalized. If a person who is pregnant becomes very sick from the flu, this can also increase the chance of pregnancy complications, such as preterm delivery.



Long Term Effects: Studies on long-term problems have looked at whether having the flu in pregnancy could lead to later mental health conditions like schizophrenia. These studies have not been able to prove that having the flu during pregnancy will increase the chance for the baby to later develop a mental health condition.



Flu Vaccine in Pregnancy



Audience Question:

How many pregnant people received the flu vaccine during the 2022-2023 season?

- 1. 33%**
- 2. 49%**
- 3. 56%**

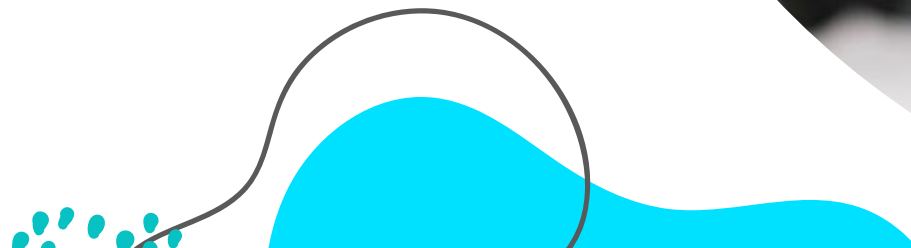
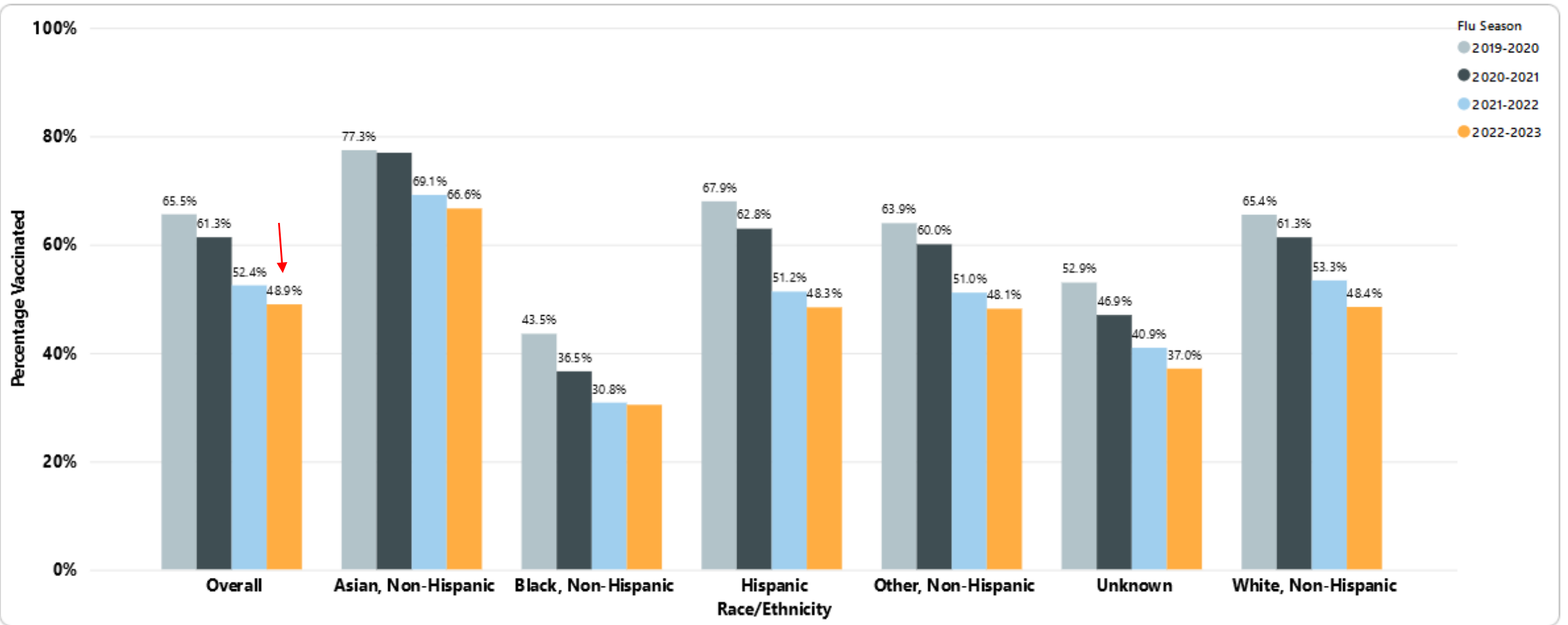


Figure 3B. Cumulative Influenza Vaccination Coverage*, by Month, Flu Season, and Race/Ethnicity, Pregnant Persons 18–49 Years, United States
Data Source: Vaccine Safety Datalink
Data are current through April 22, 2023





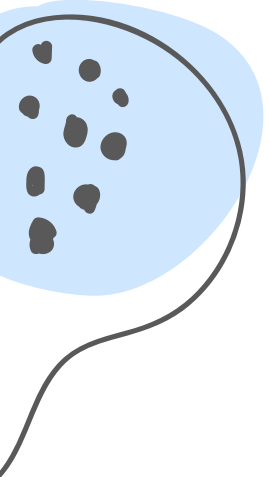
Flu Vaccine in Pregnancy

- The flu shot has been recommended in pregnancy since 1960. The vaccine offers protection for the mom and protective antibodies for the baby.
- Numerous studies have shown that the flu vaccine is not associated with a risk for miscarriage, birth defects, pregnancy complications, or long-term effects.

CDC recommends that all pregnant people receive

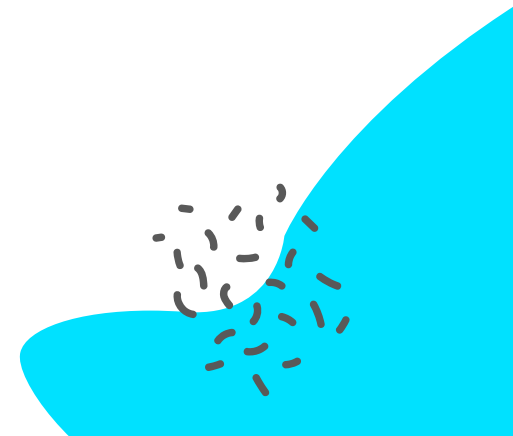
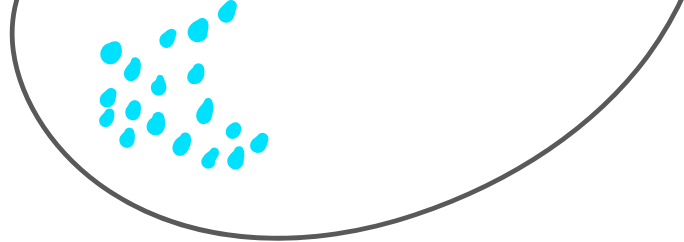
a flu vaccine at any time during pregnancy

- The flu shot should be administered by the end of October, but vaccination later in the flu season can still provide some benefit
- Vaccination during July and August can be considered for pregnant persons who are in the third trimester (CDC MMWR 2022)





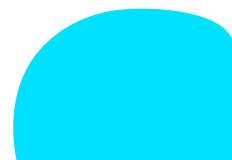
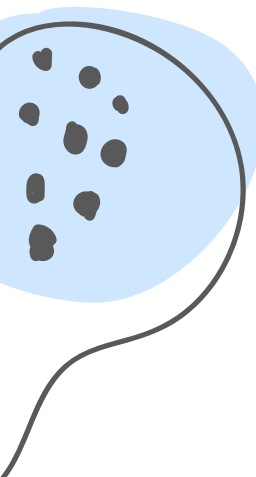
Tetanus, Diphtheria, and Pertussis in Pregnancy



Tetanus, Diphtheria, Pertussis in Pregnancy



TETANUS (T)	DIPHTHERIA (D)	PERTUSSIS (P) (whooping cough)
<p>Causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.</p> <p><small>U.S. Reported Tetanus Cases, 1950-2021</small></p>	<p>Can lead to difficulty breathing, heart failure, paralysis, or death</p>	<p>Can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. It can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.</p> <p><small>U.S. Reported Pertussis Cases, 2017-2021</small></p>
	<p>1996 – 2018: 14 cases and 1</p>	<p>All data from CDC, 2023</p>





Whooping Cough in Infants

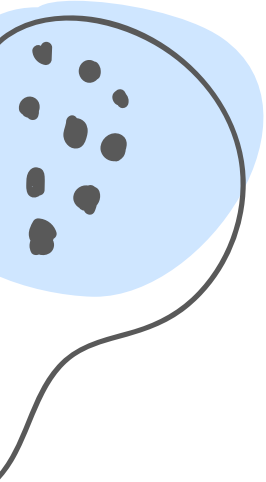
About one third of babies younger than 1 year old who get whooping cough need care in the hospital.

- 2 in 3 (68%) will have **apnea**
- 1 in 5 (22%) get **pneumonia**
- 1 in 50 (2%) will have **convulsions**
- 1 in 150 (0.6%) will have **encephalopathy** 1 in 100 (1%) will **die**

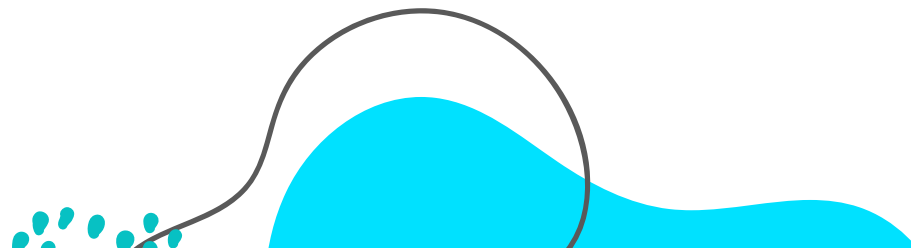
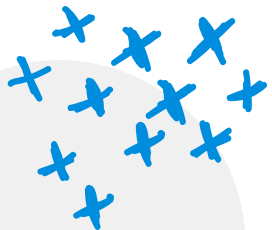


PERTUSSIS CASES:

2017	18,975
2018	15,609
2019	18,617
2020	6,124
2021	2,116



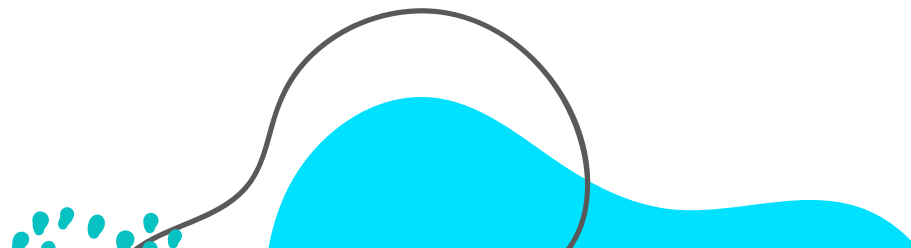
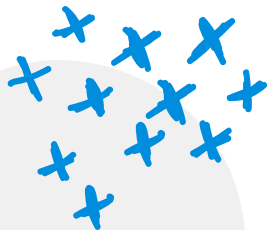
Tdap Vaccine in Pregnancy



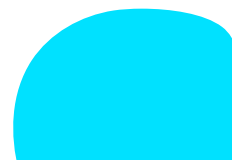
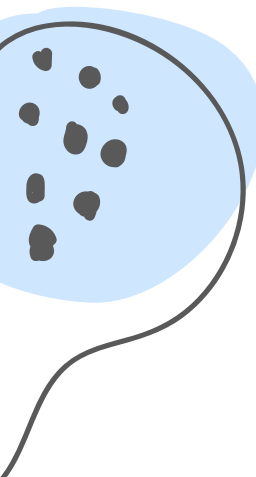
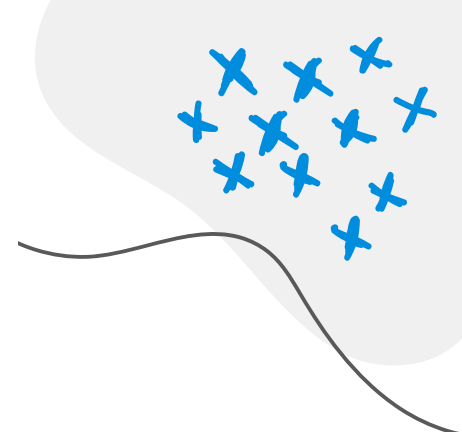
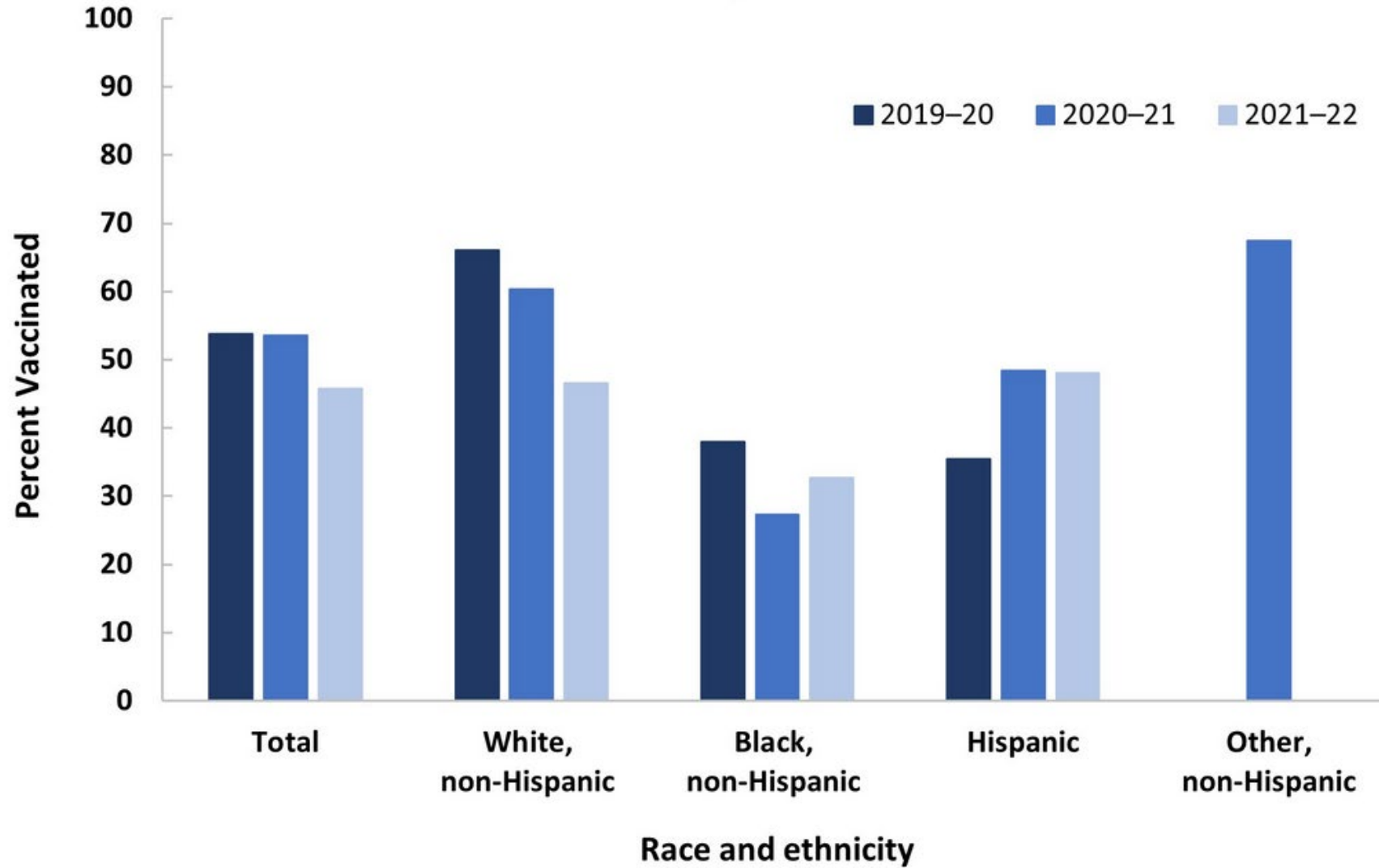
Audience Question:

How many people received the Tdap vaccine during pregnancy in 2021-2022?

- 1. 54%**
- 2. 39%**
- 3. 46%**



Tdap



Tdap Vaccine in Pregnancy

- The Tdap vaccine has been recommended in pregnancy since 2011.
- No increased risk for miscarriage, birth defects, or pregnancy complications has been seen in numerous studies looking at the use of Tdap in pregnancy.
- When pregnant people receive the Tdap vaccine, the antibodies that are produced can cross the placenta and reach the developing baby, which can provide some protection for the baby during the first few months of life.

CDC recommends that all pregnant people receive a Tdap vaccine between 27 and 36 weeks of every pregnancy

Pertussis/Tdap vaccine (“Whooping Cough” vaccine)

Help Us Better Understand the Tdap (“Whooping Cough”) Vaccine in Pregnancy

MotherToBaby is currently enrolling pregnant people in a study examining the use of the Tdap (tetanus, diphtheria, and pertussis) vaccine during pregnancy. All of our pregnancy research is observational and is conducted by phone — no changes to your normal routine or travel required.

“We believe our study results can help women and their doctors become better informed about the Tdap vaccine during pregnancy.”

— Christina Chambers, PhD, MPH, Lead Investigator, MotherToBaby Pregnancy Studies

Are you currently pregnant? Did you receive the Tdap vaccine at any point in your current pregnancy? If you answered “yes” to both of these questions, then you have the opportunity to help us learn more about the Tdap vaccine in pregnancy.

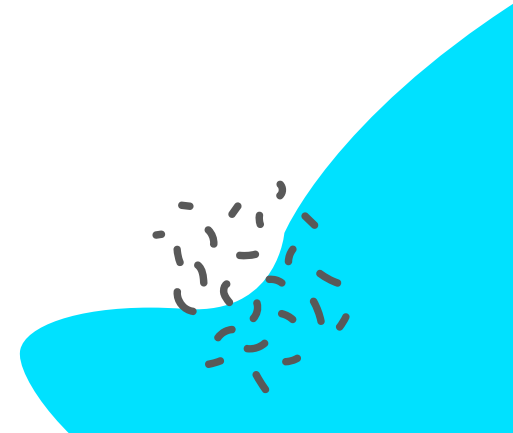
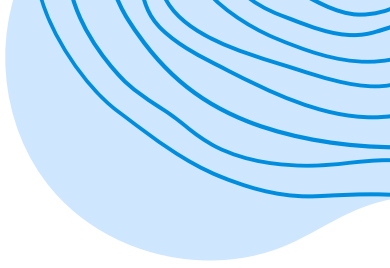
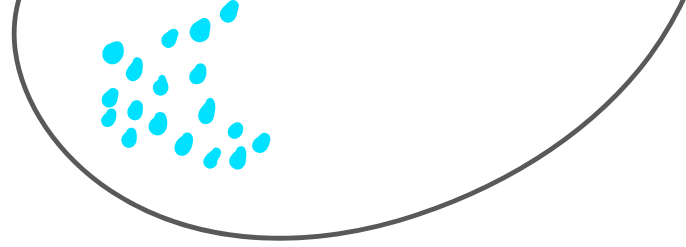
Will you take the step and become our partner? Make an impact on the health of future families today by joining our Tdap Vaccine & Pregnancy Study!

JOIN A STUDY

REFER A PATIENT



RSV in Pregnancy



RSV in Pregnancy



REPROTOX® Documents - RESPIRATORY SYNCYTIAL VIRUS

Synonyms/Related Agents:

1. RSV (RESPIRATORY SYNCYTIAL VIRUS)

Last Revision Date: 8/26/2022

Quick take: We did not locate adequate information on the possible pregnancy effects of respiratory syncytial virus infection.

- Data on RSV infections in pregnancy is very limited
- RSV infections in pregnancy are rare as most people have had the virus initially in childhood. However, re-infection can occur.
- Mild cold-like symptoms in most adults, not typically tested for
- In one small study, half of the infants born to women who had RSV in the third trimester developed respiratory problems



RSV in Infants

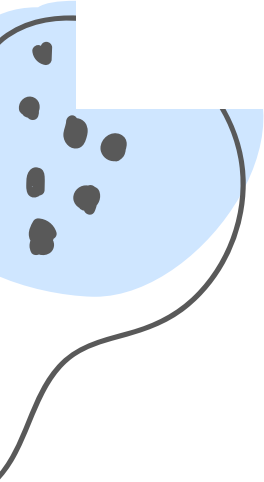


RSV Burden Estimates

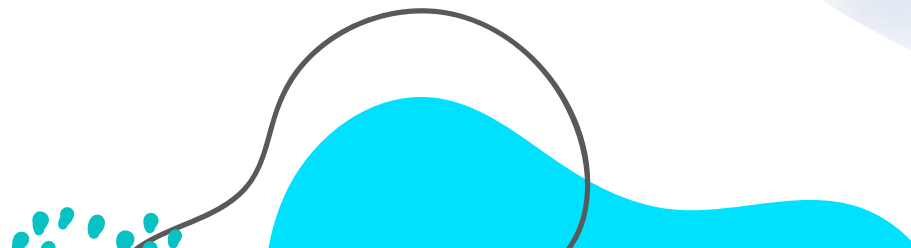
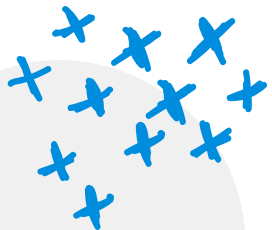
Each year in the United States, RSV leads to approximately:

- 2.1 million outpatient (non-hospitalization) visits among children younger than 5 years old.⁽¹⁾
- 58,000-80,000 hospitalizations among children younger than 5 years old.^(1,2,3)
- 60,000-160,000 hospitalizations among adults 65 years and older.⁽⁴⁻⁸⁾
- 6,000-10,000 deaths among adults 65 years and older.⁽⁹⁻¹¹⁾
- 100-300 deaths in children younger than 5 years old.⁽¹¹⁾

RSV treatment for hospitalized infants costs \$709.6 million annually



RSV Vaccine in Pregnancy



Audience Question:

When is the RSV vaccine recommended during pregnancy?

- 1. 27-36 weeks**
- 2. 36-40 weeks**
- 3. 32-36 weeks**



RSV Vaccine in Pregnancy

The CDC recommends the RSV vaccine for people who are 32-36 weeks pregnant during RSV season. In most of the US, RSV season takes place from September to January

- The RSV vaccine that has been approved for use in the US is a protein subunit vaccine called Abrysvo™.
- Getting the RSV vaccine causes a person to develop antibodies against RSV. These antibodies can pass from the person who is pregnant to the developing baby, helping protect the infant from severe RSV infection for about 6 months after they are born.



RSV Vaccine in Pregnancy

- Miscarriage – No data
- Birth defects – No data

• **Pregnancy Complications:** A clinical trial compared over 3,600 people who received the RSV vaccine between 24 and 36 weeks of pregnancy to a group that did not receive the vaccine. Between the two groups, there were no significant differences in pregnancy-related problems, such as low birth weight. Slightly more preterm deliveries were seen in those who received the vaccine compared to those who did not. In most cases, the preterm deliveries happened a month or more after getting the vaccine. It is not clear from this study if preterm deliveries were due to the vaccine or to other factors. The recommendation to get the vaccine closer to the end of pregnancy (32-36 weeks) allows time for antibodies to pass to the baby before delivery but lowers the chance of delivering early from the vaccine (if there is a chance) since the vaccine is given closer to full term.

- Long-term outcomes: No data

RSV Vaccine in Pregnancy

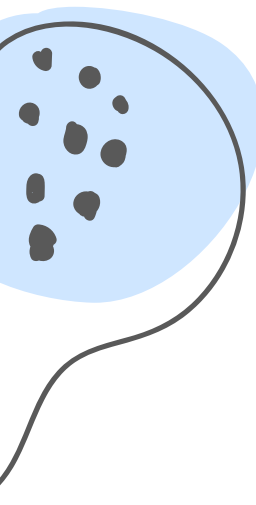
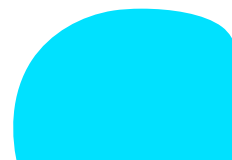


Most infants will either receive antibodies from the maternal vaccination or nirsevimab, a monoclonal antibody given after delivery

The CDC recommends nirsevimab be given to infants younger than 8 months born during or entering first RSV season if:

- Their mother did not receive RSV vaccine
- Mother's vaccination status is unknown
- The infant is born less than 14 days after the mother's vaccination

In rare cases, the antibody can be given in addition to maternal vaccination:

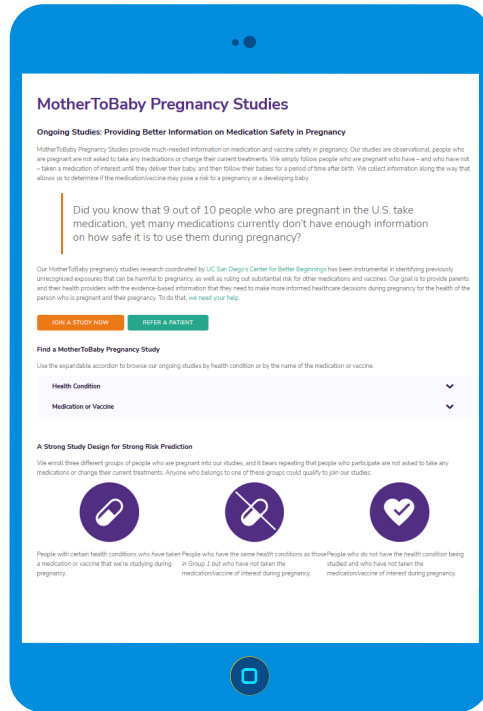
- Conditions in pregnant people resulting in an inadequate immune response to vaccine or decrease in transplacental antibody transfer
 - Infants who have undergone cardiopulmonary bypass (loss of maternal antibodies)
 - Infants with sufficiently increased risk for severe disease
- 
- 

Main Takeaways



- Flu and COVID-19 can increase risks for the pregnant person and the developing baby.
- RSV and whooping cough are known concerns for infants and prenatal vaccination offers a way to protect babies from birth.
- There are now 4 vaccines recommended for use in pregnancy. All 4 vaccines are not expected to increase risks to the pregnancy.
- Seasonal administration of flu and RSV vaccines is taking place now, and updated COVID-19 shots are available. Pregnant people should be vaccinated!
- MotherToBaby is an excellent resource that is available to answer questions about any exposures in pregnancy and while breastfeeding.

MotherToBaby Pregnancy Studies



MotherToBaby Pregnancy Studies are observational research studies designed to gather much-needed information on exposures in pregnancy. People who are pregnant are not asked to take any medications or change their current treatments. We simply follow people who are pregnant who have – and who have not – taken a medication of interest and collect data on their babies for a period of time after birth. This helps us determine if the medication/vaccine may pose a risk to a pregnancy or a developing baby.

Refer your patients today!

Call: 877.311.8972

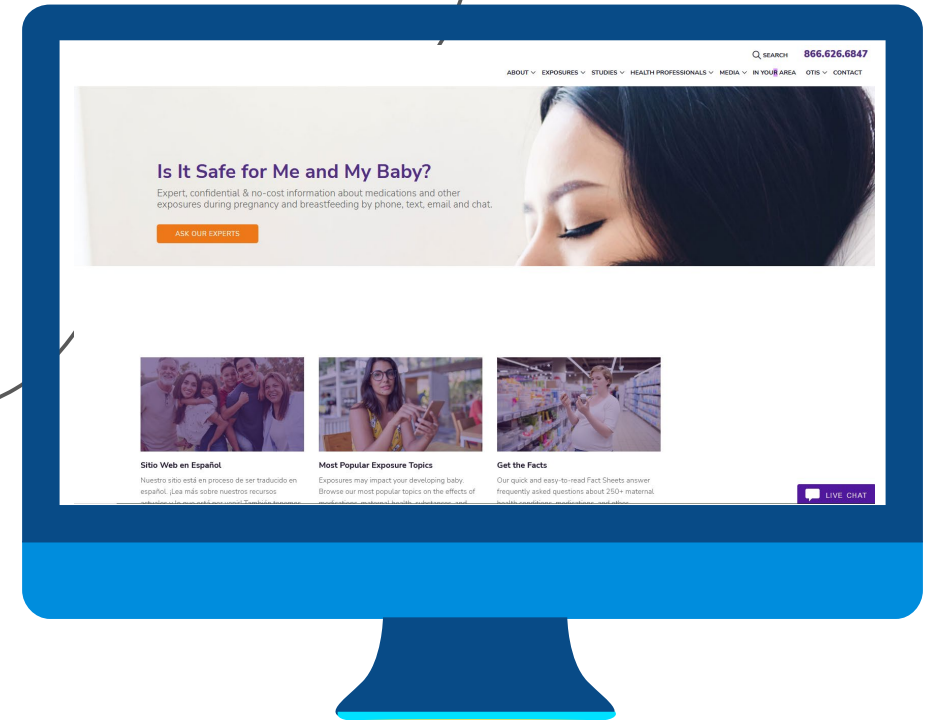
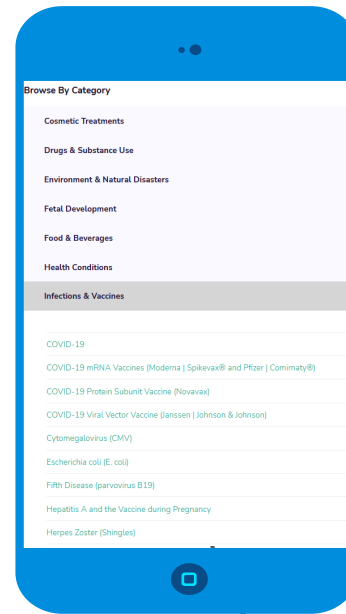
Visit: <https://mothertobaby.org/pregnancy-studies/>

Contact MotherToBaby Today!

We are happy to answer your questions about any exposures in pregnancy or lactation!

Call: 866.626.6847

Visit: www.mothersbaby.org





Thank You!



Happy to take any questions now, or by email:

kperrotta@ucsd.edu



15 minute break!

VACCINES for CHILDREN
CALIFORNIA



VFC and VFA Program Updates

Mary Rebbert, Senior Field Representative
California Department of Public Health
October 6th 2023

VFC Updates

VFC Shipping Schedule

- Due to the increased volume of orders, VFC's vaccine distributor McKesson is currently experiencing a backlog of shipping routine non-COVID vaccine orders, resulting in delayed shipments. McKesson is working to significantly reduce the backlog and plans to ship older orders first until the backlog is cleared.
- Flu and COVID vaccine orders are shipping separately and are NOT affected by the delay.
- Vaccine orders and shipments will not be impacted by a government shutdown. Vaccine orders will continue to be reviewed and processed as normal.



Shipping Delays can be found on EZIZ.org

EZIZ
A one-stop shop for immunization training and resources.

Home
Vaccine Programs
Vaccine Management
Storage Units
Temperature Monitoring
EZIZ Training
Job Aids & Resources

California VFC Program

Alerts!

Immunization Schedules Updated for 2023!

- CDC Child and Adolescent Schedule
- Timing Schedule with Blocks
- CDC Adult Schedule

Immunization Registry Now Required!

AB 1797 requires California providers to enter immunizations they administer as well as a patient's race and ethnicity into a California immunization registry (CAIR or Healthy Futures/RIDE). Enroll in CAIR today! To learn more, see the AB 1797 FAQs.

VFC Memos **Vaccine Order Status** From CDPH

VFC Program Letters

- AB 1797 - New Requirement to Submit Immunization Data April 21
- 2023 ACIP Child and Adolescent Immunization Schedule and other vaccines updates April 14
- Vaxneuvance™ Now Available for Ordering! December 1
 - Vaxneuvance™ Vaccine Information Letter
- VFC 2022-2023 Seasonal Influenza Vaccine Information September 8

Hot Topics

- Drop in Immunizations During COVID-19
- Immunizations During COVID-19 Resources
- Mass Vaccination During COVID-19 Resource List
- Vaccine Management During Public Safety Power Shutoffs
- Immunization Quality Improvement for Providers (IQIP) Program
- 2022 AIM's Immunization Champion

Popular Resources

- ▶ For Patients and Staff
- ▶ Flu
- ▶ Measles
- ▶ Pertussis
- ▶ Schedules & Recommendations
- ▶ VFC Vaccine Fact Sheets
- ▶ For Pharmacies

VFC Memos **Vaccine Order Status** From CDPH

Order Processing Updates:

There are currently no delays in the processing of federally-supplied vaccine requests. Received requests are promptly reviewed, approved and processed by the VFC Program's Customer Service Center. As of Thursday, March 16, 2023, McKesson has resumed regular shipping of all VFC vaccine orders.

Due to the COVID-19 pandemic, UPS has temporarily adjusted their signature guidelines for all shipments within the United States. Signatures may not be required, meaning vaccine orders may be left unattended at provider offices or delivered.

Regular Vaccine Supply Information:

Through June 2023, CDC has instituted temporary ordering controls to mitigate a potential supply constraint for Td vaccine. Once our allocation is exceeded for the month, Td vaccine will be unavailable to order until our allocation is refreshed the following month. Please remember to order and administer **Tdap** instead of **Td** whenever possible.

Vaccine Supply

- CDC has instituted ongoing ordering controls to mitigate a potential supply constraint for Td vaccine. Once our allocation is exceeded for the month, Td vaccine will be unavailable to order until our allocation is refreshed the following month. Please remember to order and administer Tdap instead of Td whenever possible.

BRAND	NDC	NDC Description	Currently Unavailable?
TENIVAC	49281-0215-15	TD; 10-pack of syringes	Yes
TENIVAC	49281-0215-10	TD; 10-pack of single dose vials	No
TDVAX	13533-0131-01	TD; 10-pack of single dose vials	Yes

Transition from Prevnar 13[®] to Prevnar 20[®]

- Pfizer's Pneumococcal Conjugate Vaccine Prevnar 20[®] builds on Prevnar 13[®] and includes 7 additional serotypes.
- Beginning September 1, 2023, Prevnar 20[®] (PCV-20) will be available for ordering through the VFC Program.
 - Prevnar 13[®] (PCV 13) will be turned off from ordering at the same time.
- To minimize vaccine waste, current Prevnar 13[®] orders may be reduced.
- Vaccine requests will continue to be reviewed and approved based on existing on-hand inventory and usage.
- Continue to vaccinate your patients with your existing stock of Prevnar 13[®] until you are ready to order more pneumococcal conjugate vaccine.
- *The “VFC Provider Request Form to Update Vaccine Brand Products Administered” will NOT be required for PCV-13 to PCV-20, unless provider is switching from VAXNEUVANCE[®] (PCV-15)*

Menveo 1-vial[®]

- GSK's new Meningococcal Conjugate Vaccine **Menveo 1-vial[®]** will be available for VFC ordering starting September 1, 2023.
- How is this different from the current 2-vial presentation?
 - The new **Menveo 1-vial[®]** presentation (10 pack) does not require reconstitution and is approved for use in persons 10 years through 55 years
 - The existing **Menveo 2-vial[®]** presentation (5 pack) requires reconstitution and is approved for use in persons aged 2 months through 55 years.
- GSK will continue to make both products available to support vaccination for children as young as 2 months of age.
- Menveo 2-vial[®] should be prioritized for use in children aged 2 months through 2 years of age at [high risk for Meningococcal disease](#), as it will be the only meningococcal conjugate vaccine approved for use in this age group.
- Menveo 2-vial[®] will still be available in limited allocations from CDC and will have a minimum order quantity of 1-dose.

VFC Flu Shipments, 10/03/23

- The California Vaccines for Children (VFC) Program will process remaining initial orders of flu vaccine. Percentages of initial orders are listed below. Orders will be processed on **Friday, October 6, 2023**, for shipments arriving the **week of October 9**.

- IMPORTANT:** If your clinic will be closed in the next few weeks, please notify the VFC Program immediately at 1-877-243-8832 to prevent any shipping incidents. **Orders cannot be cancelled once they have been processed and shipments must not be refused when delivered!**

<u>Product</u>	<u>Age Group</u>	<u>Supply</u>
Fluarix [®] Quadrivalent Preservative Free 0.5mL, Single-Dose Syringes, GSK	6 months-18 years	- <u>All initial orders have been shipped in full.</u>
Flucelvax [®] Quadrivalent Preservative Free 0.5mL, Single-Dose Syringes, Seqirus	6 months-18 years	<u>All initial orders have been shipped in full.</u>
FluLaval [®] Quadrivalent Preservative Free 0.5mL, Single-Dose Syringes, GSK	6 months-18 years	<u>All initial orders have been shipped in full.</u>
Fluzone [®] Quadrivalent Preservative Free 0.5mL, Single-Dose Syringes, Sanofi	6 months-18 years	<u>Orders of 100 doses or less</u> have been shipped in full. <u>Orders over 100 doses;</u> remaining 30% of initial order will be processed
FluMist [®] Quadrivalent Preservative Free 0.2mL, Intranasal Sprayer, AstraZeneca	2 years-18 years	<u>Orders of 100 doses or less</u> have been shipped in full. <u>Orders over 100 doses;</u> remaining 50% of initial order will be processed

VFC Flu Resources

VACCINES for CHILDREN CALIFORNIA

California Vaccines for Children (VFC) Program 2023-2024 Flu Order Frequently Asked Questions

VACCINES FOR CHILDREN (VFC) PROGRAM
3 PHASES OF VFC FLU ORDERING

PRE-BOOK JANUARY **INITIAL FLU ORDERS** JULY-AUGUST **ADDITIONAL FLU ORDERS** OCTOBER THROUGH JUNE

INITIAL FLU SHIPMENTS: August/September
ADDITIONAL FLU SHIPMENTS: October - June

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- [5. FLU VACCINE DISTRIBUTION](#)
- [6. SEASON TARGET AND VFC FLU PROGRESS REPORTS](#)

PRE-BOOK (PHASE 1) – WINTER, BEFORE NEXT FLU SEASON

What is Pre-book?

- Pre-book is the first of three phases in the VFC Flu order process. During this phase, all providers are required to pre-book flu doses with us for the upcoming flu season by determining their total vaccine need and submitting a request. This will guide our pre-booking with CDC.

Why do I have to pre-book for the upcoming influenza season when the current season is not even over?

- The California VFC Program is required to submit its annual influenza vaccine supply pre-book to Centers for Disease Control and Prevention (CDC) for each upcoming flu season in February each year.
- The number of doses requested by California VFC providers during the Influenza Pre-Book process is used to guide the California VFC Program to know how many doses will be needed in the upcoming season to adequately support providers in their efforts to ensure that all VFC eligible patients are provided their annual influenza vaccination.

2023-2024 VFC Flu Order Frequently Asked Questions
Page 1 of 7

IMM-1291 (8/23)

VACCINES for CHILDREN CALIFORNIA

California Vaccines for Children (VFC) Program 2023-2024 Initial Flu Order Confirmation Quick Guide

The VFC Program's Initial Flu Order Confirmation system will be available to VFC Providers through [myVFCVACCINES](#) from August 14, 2023 through August 24, 2023.

ORDER SUBMISSION

Not all providers need to confirm their initial order! For providers who submitted a 2023-2024 pre-book, VFC has automatically confirmed 50% of your confirmed pre-book for your initial order. Vaccine will arrive in multiple shipments once supply is available. No further action is required.

However, the Initial Flu Order Confirmation system is available at [myVFCVACCINES](#) for:

- Providers who did not submit a pre-book in January 2023. The number of doses available for the initial flu order are a percentage of your 2023-2024 season target. Additional doses may be requested in Phase 3 of VFC Flu Ordering starting this Fall.
- OR
- Providers who would like to receive less than 50% of their confirmed pre-book.

Keep in mind:

- The maximum number of doses that may be requested for the initial flu order will be displayed by brand.
- Doses allocated for the initial order cannot be shifted between brands.
- Providers have two (2) weeks to review and confirm their initial flu order.

TIPS FOR A SUCCESSFUL FLU VACCINATION SEASON

PLAN for upcoming flu season

Discuss and outline key strategies to achieve high influenza vaccination coverage rates for your patients and decrease missed opportunities for vaccination.

- Review the [Flu Action Plan: 3 Habits of Highly Successful VFC Clinics](#) (IMM-1274) with staff and implement strategies not currently in use.
- Use the presumptive approach – don't ask! Tell patients they are due for flu vaccination.
- Review talking points for vaccine hesitant parents on [EZIZ.org](#) and [CDC.gov](#)

PREPARE for your initial flu order:

Return expired flu from the previous season. If your practice has any expired flu doses from the previous flu season, immediately remove them from your refrigerator and submit an online Return/Transfer form.

Make sure you can store all the doses. Initial orders will be sent in multiple shipments as vaccine supply arrives at VFC's national vaccine distribution center. Orders cannot be canceled once sent for fulfillment.

Watch out for email notifications that will be sent to the practice's vaccine coordinator and back-up coordinator upon processing of the order. Flu vaccine orders are processed as VFC receives inventory and orders are sent to the VFC Program's national vaccine distributor for fulfillment.

Ensure your clinic's open hours for vaccine delivery are up-to-date at all times, especially for the weeks that initial flu orders will be delivered. Successful and timely delivery of your shipment depends on your delivery information listed in your "MyVFCVaccines" account.

AFTER initial orders:

Order additional doses during Phase 3 of VFC Flu Ordering (starting this Fall) as needed throughout the season. The initial order is to get your practice started for the season.

Report flu vaccine doses administered since the previous order and current on-hand inventory before accessing the routine vaccine order form during Phase 3 of VFC Flu Ordering.

IMM-1290 (8/23)

VFC Flu Resources



2023-2024 FLU USAGE LOG VACCINES FOR CHILDREN (VFC) PROGRAM

PIN: _____ Usage Period: ___/___ to ___/___

INSTRUCTIONS: Keep this log near your vaccines. Fill in today's date, patient info and then make a check for each vaccine administered. Upon completion of this form, count the number of checks for each vaccine and write in the *Usage Period Total*. VFC flu vaccine usage since the previous order and current flu vaccine inventory must be reported with each vaccine order. File all usage logs for 3 years.

Today's Date	Patient Name (or medical record)	Date of Birth	Fluarix® 0.5 mL syringes	Flulaval® 0.5 mL syringes	Fluzone® 0.5 mL syringes	Flumist® 0.2 mL sprayer	Flucelvax® 0.5 mL syringes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
Usage Period Total:							

Log taken by: _____ PAGE _____ OF _____

IMM-1053F (8/23)

Flu Usage Log - Updated!

PEDIATRIC/ADULT INFLUENZA VACCINE 2023-2024

6 MONTHS & OLDER

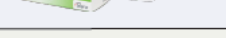
Fluarix® Quadrivalent
GlaxoSmithKline Biologicals
0.5 mL single-dose syringe



Flucelvax® Quadrivalent
Seqirus
0.5 mL single-dose syringe



Afluria® Quadrivalent
Seqirus
0.5 mL single-dose syringe



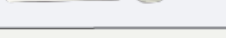
FluLaval® Quadrivalent
GlaxoSmithKline Biologicals
0.5 mL single-dose syringe



Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose



Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose vial



3 YEARS & OLDER

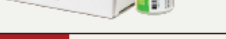
Afluria® Quadrivalent
Seqirus
5.0 mL multi-dose vial*



Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
5.0 mL multi-dose vial*



Flucelvax® Quadrivalent
Seqirus
5.0 mL multi-dose vial*



2-49 YEARS OLD & HEALTHY

FluMist® Quadrivalent
MedImmune Vaccines, Inc.
0.2 mL single-dose nasal sprayer



65 YEARS & OLDER

FLUAD® Adjuvanted Quadrivalent
Seqirus
0.5 mL single-dose syringe



18 YEARS & OLDER

FluBlok® Quadrivalent
Protein Sciences
0.5 mL single-dose syringe



Fluzone® High-Dose Quadrivalent
Sanofi Pasteur, Inc.
0.7 mL single-dose syringe



STORE ALL INFLUENZA VACCINES IN THE REFRIGERATOR.

VFC Questions:
Call 877-2Get-VFC
(877-243-8832)

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

65+ Vaccines available through the Vaccines for Children Program in 2023-24 should only be used for VFC-eligible children 18 years of age or younger.

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

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



California Department of Public Health

IMM-859 (8/23)

Pediatric/Adult Influenza Vaccine 2023-2024

RSV Immunization Products Recap

- On 9/22/2023, members of CDC's Advisory Committee on Immunization Practices (ACIP) voted to recommend Pfizer's bivalent RSVpreF vaccine (trade name Abrysvo) for prevention of RSV lower respiratory tract infection in infants
- **New immunization products now available for the following groups:**
- Infants & Toddlers
 - One dose of nirsevimab is recommended for all infants younger than 8 months of age who are born during — or entering — their first RSV season
 - One dose of nirsevimab is recommended for infants 8 through 19 months of age who are at higher risk of severe disease shortly before or during their second RSV season
- Pregnant People
 - RSV vaccine administered between 32-36 weeks of pregnancy, between September-January
- Older adults
 - Adults 60 years and older may be eligible for an RSV vaccine, under shared clinical decision making with their health care provider

Resources – RSV Vaccine in Pregnancy

- [ACIP Meeting Slides - September 22, 2023](#)
- [Bivalent Prefusion F Vaccine in Pregnancy to Prevent RSV Illness in Infants](#)
- Be on the lookout for future materials:
 - Updated CDC RSV webpages, VIS
 - [Morbidity and Mortality Weekly Report \(MMWR\)](#)

Updated CDC Vaccines & Preventable Disease Pages

RSV

- What Parents of Young Children Should Know
- What Older Adults Should Know
- For Healthcare Professionals: Immunization for Young Children
- Immunization Information Statement
- For Healthcare Professionals: Vaccination for Older Adults
- FAQs about RSV Immunization for Young Children
- FAQs About RSV Vaccine for Adults

Vaccines and Preventable Diseases

Vaccines & Preventable Diseases Home

Vaccines by Disease

- Chickenpox (Varicella)
- Dengue
- Diphtheria
- Flu (Influenza)
- Hepatitis A
- Hepatitis B
- Hib
- Human Papillomavirus (HPV)
- Measles
- Meningococcal
- Mumps
- Pneumococcal
- Polio
- Rotavirus
- RSV

RSV Vaccination for Older Adults 60 Years of Age and Over

[Print](#)

What types of RSV vaccines are there?

There are two RSV vaccines licensed by the U.S. Food and Drug Administration for use in adults 60 and older in the United States:

- RSVPreF3 (Arexvy)
- RSVpreF (Abrysvo)

Both vaccines contain a part of the RSV virus. Both vaccines work by causing an immune response that can protect you from respiratory disease if you are infected with RSV in the future.

Who should talk to their health care provider about RSV vaccination?

Adults 60 years and older should talk with their health care provider about getting RSV vaccination. There is no maximum age for getting RSV vaccination.

If you're 60 or older, your health care provider might recommend RSV vaccination if you have a weakened immune system from illness (e.g., cancer, organ transplant, or if you live in a nursing home), or if you live in a nursing home, or if you live in a long-term care facility, or if you live in a community with a high risk of severe RSV disease and an RSV vaccine is available.

Even if you had RSV infection in the past, RSV vaccination is still recommended. There is no specific length of time that you must wait until you recover before receiving an RSV vaccine. You can get an RSV vaccine.

Who should not get RSV vaccination?

You should not get the RSV vaccine Arexvy if you've ever had an allergic reaction to any component of Arexvy. Information about Arexvy can be found [here](#).

You should not get the RSV vaccine Abrysvo if you've ever had an allergic reaction to any component of Abrysvo. Information about Abrysvo can be found [here](#).

Healthcare Providers: RSV Prevention Information RSV Immunization for Infants and Young Children

IMMUNIZATION INFORMATION STATEMENT

Respiratory Syncytial Virus (RSV) Preventive Antibody: What You Need to Know

Why get immunized with a RSV preventive antibody?
A respiratory syncytial virus (RSV) preventive antibody can prevent severe lung disease caused by RSV.

RSV is a common respiratory virus that usually causes mild, cold-like symptoms but can also affect the lungs. Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing.

Anyone can become infected by RSV, and almost all children get an RSV infection by the age of 2. While most children recover from an RSV infection in a week or two, RSV infection can be severe in some young children, causing difficulty breathing, low oxygen levels, and dehydration. RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) in children younger than 1 year of age. Children who get sick from RSV may be hospitalized, and some might even die.

RSV Preventive Antibodies

The RSV preventive antibody (generic name nirsevimab, trade name Beyfortus) is a shot that prevents RSV infection. Antibodies are proteins that the body's immune system produces to fight off harmful germs. Like traditional vaccines, preventive antibodies are immunizations that protect against a specific pathogen. While both are immunizations, the way they provide immunity is different. Traditional vaccines stimulate the recipient's immune system to produce antibodies. Preventive antibodies are immunizations that provide antibodies directly to the recipient.

Respiratory Syncytial Virus (RSV) Preventive Antibody: Immunization Information Statement (IIS)

Vaccines and Preventable Diseases

Vaccines & Preventable Diseases Home

Vaccines by Disease

- Chickenpox (Varicella)
- Dengue
- Diphtheria
- Flu (Influenza)
- Hepatitis A
- Hepatitis B
- Hib
- Human Papillomavirus (HPV)
- Measles
- Meningococcal
- Mumps
- Pneumococcal
- Polio
- Rotavirus
- RSV

Frequently Asked Questions About RSV Vaccine for Adults

[Print](#)

Two Respiratory Syncytial Virus (RSV) vaccines are approved for people ages 60 years and older:

- Arexvy (GSK adjuvanted RSV vaccine)
- Abrysvo (Pfizer RSV vaccine)

CDC recommends that adults ages 60 years and older may receive RSV vaccination, using shared clinical decision-making (SCDM). This means that health care providers should talk to these individuals about whether RSV vaccination is appropriate for them.

- Is RSV an important cause of disease among older adults?
- What vaccines are approved for prevention of RSV, and is there a difference between them?
- What does it mean to use a shared clinical decision-making (SCDM) recommendation for RSV vaccine?
- Which adults are most likely to benefit from RSV vaccination?
- What should I tell patients about the side effects of RSV vaccine?
- How should I administer RSV vaccine?
- Do I need to reconstitute RSV vaccine?
- Where should I store RSV vaccine?

Vaccines and Preventable Diseases

Vaccines & Preventable Diseases Home

Vaccines by Disease

- Chickenpox (Varicella)
- Dengue
- Diphtheria
- Flu (Influenza)
- Hepatitis A
- Hepatitis B
- Hib
- Human Papillomavirus (HPV)
- Measles
- Meningococcal
- Mumps
- Pneumococcal
- Polio
- Rotavirus
- RSV

Healthcare Providers: RSV Prevention Information

RSV Immunization for Infants and Young Children

[Print](#)

On This Page

- Recommendations for using Nirsevimab
- Nirsevimab Efficacy
- Timing of Nirsevimab Administration
- Nirsevimab Safety
- Contraindications and Precautions
- Storage and Handling of Nirsevimab
- About Nirsevimab
- Administering Nirsevimab

Respiratory syncytial virus (RSV) is the most common cause of hospitalization in infants and can cause serious illness and death in infants and young children.

There are two injectable monoclonal antibody products that help protect infants and young children from lower respiratory tract infection caused by RSV:

- Nirsevimab (Beyfortus)
- Palivizumab (Synagis)

Recommendations for Using Nirsevimab

One dose of nirsevimab is recommended for all infants younger than 8 months of age who are born during — or entering — their first RSV season.

Additionally, a dose of nirsevimab is recommended for some children aged 8 through 19 months old who are at increased risk for severe RSV disease and entering their second RSV season. The following children aged 8 through 19 months are recommended to get a dose shortly before or during their second RSV season:

- American Indian/Alaska Native children
- Children with chronic lung disease of prematurity who require medical support during the six months before the start of their second RSV season
- Children with severe immunocompromise
- Children with severe cystic fibrosis

Vaccines and Preventable Diseases

Vaccines & Preventable Diseases Home

Vaccines by Disease

- Chickenpox (Varicella)
- Dengue
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- Hepatitis A
- Hepatitis B
- Hib
- Human Papillomavirus (HPV)
- Measles
- Meningococcal
- Mumps
- Pneumococcal
- Polio
- Rotavirus
- RSV

Frequently Asked Questions About RSV Immunization for Children 19 Months and Younger

[Print](#)

- What is the difference between nirsevimab and a traditional vaccine?
- Nirsevimab Indication, Dosage and Schedule
- Who is recommended to receive nirsevimab?
- Can children at increased risk for severe RSV disease receive nirsevimab during their first RSV season if 8 through 11 months?
- For children ages 8 through 19 months who are recommended to receive nirsevimab during their second RSV season, what is the minimum interval between doses given in first and second RSV season?
- Can I give nirsevimab to children ages 20 months and older who are at increased risk for severe RSV disease?
- Do the recommended ages for nirsevimab refer to the age at time of immunization?

RSV Vaccination for Older Adults 60 Years of Age and Over

Frequently Asked Questions About RSV Vaccine for Adults

Frequently Asked Questions About RSV Immunization for Children 19 Months and Younger

Unannounced Storage and Handling Visits

- In July 2023, VFC Field Reps will resume Unannounced Storage and Handling Visits for VFC Providers
- These were on pause during the COVID-19 pandemic
- Allow Field Reps to spot check providers
- CDPH-issued memo about resuming these activities will be sent to VFC Providers this month

CAIR2 Requirement

- It is a VFC Program Requirement to submit doses administered to CAIR2.
- Program letter sent 4/21/2023
- VFC Field Reps and Local CAIR Reps are conducting outreach to providers not submitting doses and providers that are not enrolled in CAIR2.



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




GAVIN NEWSOM
Governor

April 21, 2023

IZB-FY-22-23-15

TO: California Vaccines for Children (VFC) Providers

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

SUBJECT: AB 1797 – New Requirement to Submit Immunization Data

Key takeaways from this letter:



- ✓ State law (AB 1797) now requires all California providers to report vaccine administration information into a California Immunization Registry.
- ✓ VFC Program requirements also include reporting vaccine administration into a California Immunization Registry.
- ✓ Steps and Tips for your practice to submit required vaccine administration information.

COVID-19 Vaccines and the VFC Program



Ordering Covid-19 Vaccines - VFC

- COVID-19 vaccine is now available to order from the VFC Program. To allow for smaller but more frequent orders, the VFC Program is allowing all providers to order COVID-19 vaccines monthly, but you may need to report your full VFC vaccine inventory if your last order was more than 30 days ago.
- Order enough COVID-19 vaccine that can be used within the monthly order timeframe, but keep in mind that vaccine requests may be reduced based on available supply allocations from CDC.
- For more information, please refer to the [VFC communication that was sent on September 19, 2023](#). The COVID-19 clinical program letter, with detailed clinical information about the updated COVID-19 vaccines will be sent soon.






Vaccine and Clinic Eligibility Guidelines by Funding Source

For Health Departments and CDPH Approved Health Department Authorized Sites (Effective 10/01/2023 through 9/30/2024)



Program	 Vaccines for Children Program	 Bridge Access Program	317 Local Health Departments ¹	VFA Vaccines for Adults Program	SGF State General Funds ²
Funding	VFC-Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	BAP-Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and support limited vaccine supply for outbreak activities via Public Health Departments.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited state funds for the purchase of vaccines to prevent respiratory illness.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none"> • Medi-Cal/CHDP eligible • Uninsured (no health insurance) • American Indian or Alaskan Native • Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation). 	Adults 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance) 	Adults 19 years and older: <ul style="list-style-type: none"> • Uninsured adults (no health insurance) • Underinsured adults (vaccines are not covered by insurance) • Insured exceptions-Adults part of outbreak control, post-exposure prophylaxis, or disaster relief efforts as approved by CDPH & LHDs. • Household contacts or sexual contacts of HBsAg+ pregnant woman 	Adults 19 years and older: <ul style="list-style-type: none"> • Uninsured adults (no health insurance) • Underinsured adults (vaccines are not covered by insurance) 	All ages: <ul style="list-style-type: none"> • No restrictions
Clinic Type	<ul style="list-style-type: none"> • Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and State-licensed • Community Health Centers • Health Department and CDPH Approved Health Department Authorized Sites • Juvenile halls/youth correctional facilities • Private providers, School-based clinic, Hospitals, Pharmacies (pilot program) 	<ul style="list-style-type: none"> • Health Department Clinics • Federally Qualified Health Center (FQHC), Rural Health Center (RHC) • Tribal Clinics • Indian Health Services • Limited sites designated by Local Health Department as BAP Provider 	<ul style="list-style-type: none"> • Health Department and CDPH Approved Health Department Authorized Sites (HDAS) • Juvenile halls/youth correctional facilities (for 19-25 years of age) 	<ul style="list-style-type: none"> • VFC enrolled Federally Qualified Health Center (FQHC), Rural Health Center (RHC) 	<ul style="list-style-type: none"> • State-licensed Community Health Centers • Federally Qualified Health Center (FQHC), Rural Health Center (RHC) • Health Department and CDPH Approved Health Department Authorized Sites (HDAS) • Private provider • School-based clinic



Program	Vaccines for Children Program (VFC)	Bridge Access Program (BAP)	317 Local Health Dept.	Vaccines for Adults Program (VFA)	State General Funds (SGF)
Vaccines	<ul style="list-style-type: none"> • COVID-19 • DTaP • Hepatitis A • Hepatitis B • Hib • HPV • Influenza • Meningococcal Conjugate (MenACWY) • Meningococcal B (MenB) • MMR • Pneumococcal Conjugate (PCV15 and PCV20) • Pneumococcal Polysaccharide (PPSV23) • Polio (IPV) • Rotavirus • RSV (coming soon) • Td, Tdap • Varicella 	<ul style="list-style-type: none"> • COVID-19 	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B³ • HPV • Meningococcal Conjugate (MenACWY) • MMR • Pneumococcal Conjugate (PCV20) • Td only when Tdap is not indicated⁴ • Tdap • Varicella • Zoster 	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • HPV • Meningococcal Conjugate (MenACWY) • MMR • Pneumococcal Conjugate (PCV20) • Td only when Tdap is not indicated • Tdap • Varicella • Zoster 	<ul style="list-style-type: none"> • Influenza • Tdap (children only)
Ordering Website		 California Vaccine Management System			 California Vaccine Management System for flu vaccine (refer to your LHD for other vaccines)

1. Fully insured children and adults are not eligible to receive 317 vaccine routinely (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured). 317 vaccine may not be used in travel clinic settings.
 2. Depending on funding, State General Fund vaccines may vary.
 3. Adults with Medicare Part B (without Part D) are eligible if they are at low-risk for Hepatitis B. See [VFA Eligibility Based on Insurance Status](https://eziz.org/assets/docs/IMM-1247.pdf) (EZIZ.org/assets/docs/IMM-1247.pdf) for more details.
 4. Adults with Medicare Part B (without Part D) are eligible if they are receiving Td as a routine vaccine (i.e., do not have a wound). See [VFA Eligibility Based on Insurance Status](https://eziz.org/assets/docs/IMM-1247.pdf) (EZIZ.org/assets/docs/IMM-1247.pdf) for more details.

COVID-19 Resources

- Resource Page - <https://eziz.org/resources/covid-vaccine/>

COVID-19 Vaccine Information Statements (VISs)

Currently, providers are required by law to provide EUA fact sheets to vaccine recipients or their caregivers for all uses of Novavax and when Moderna or Pfizer vaccines are given to children 6 months through 11 years of age. For recipients who are 12 or older receiving Pfizer or Moderna vaccine, a provider may use the manufacturer's package insert (COMIRNATY Patient Package Insert or SPIKEVAX Patient Package Insert), written FAQs, or any other document (including provider-produced information materials) to inform patients about the benefits and risks of that vaccine. CDC will publish a Vaccine Information Statement this fall. See [CDC Vaccine Information Statements Page](#).

Updated refrigerator and freezer logs that include instructions for both VFC and BAP.

They are located on the [BAP Resources](#) page.

- VFC/BAP Blended Logs:
 - [ULT Freezer](#)
 - Refrigerator: [Fahrenheit](#) | [Celsius](#)
 - Freezer: [Fahrenheit](#) | [Celsius](#)

Manual Temperature Log Update: 9/26/23

Ultra Low Temperature Freezer Log

(For Pfizer COVID-19 Vaccine)

MONTH & YEAR REFRIGERATOR LOCATION/ID myCAvax ID VFC PIN

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT
Example	8:00 a.m.	NN		-76.1C
	4:00 p.m.	NN	✓	-65.2C
1	a.m.			
	p.m.			
2	a.m.			
	p.m.			
3	a.m.			
	p.m.			
4	a.m.			
	p.m.			
5	a.m.			
	p.m.			
6	a.m.			
	p.m.			
7	a.m.			
	p.m.			
8	a.m.			
	p.m.			
9	a.m.			
	p.m.			
10	a.m.			
	p.m.			
11	a.m.			
	p.m.			
12	a.m.			
	p.m.			
13	a.m.			
	p.m.			
14	a.m.			
	p.m.			
15	a.m.			
	p.m.			

Notes:

Keep all temperature logs and data files for three years

VFC Program: (877) 243-8832 B/

Freezer Temperature Log (°F)

MONTH & YEAR FREEZER LOCATION/ID myCAvax ID VFC PIN

Refrigerator Temperature Log (°F)

MONTH & YEAR REFRIGERATOR LOCATION/ID myCAvax ID VFC PIN

Day	Time	Initials	Alarm	Current	Min	Max	myCAvax/SHOTS ID
Example	8:00 am	NN		40.5	38.1	43.7	
	4:00 pm	NN	✓	37.4	33.0	39.2	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	a.m.						
	p.m.						
5	a.m.						
	p.m.						
6	a.m.						
	p.m.						
7	a.m.						
	p.m.						
8	a.m.						
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	p.m.						
13	a.m.						
	p.m.						
14	a.m.						
	p.m.						
15	a.m.						
	p.m.						

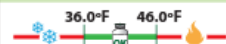
Notes:

Keep all temperature logs and data files for three years.

VFC Program: (877) 243-8832 BAP: (833) 502-1245

Instructions

Keep refrigerator in OK range:



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, myCAvax ID and VFC PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.
5. Clear MIN/MAX.
6. Ensure data logger is recording.

IF ALARM WENT OFF:

1. Post "Do Not Use Vaccines" sign.
2. Alert your supervisor.
3. Report excursion to myCAvax for BAP vaccine and to MyVFCvaccines.org for VFC vaccine. Follow instructions provided.
4. Record incident ID from myCAvax (BAP) and SHOTS (VFC).

Supervisor's Review

When log is complete, check all that apply:

- Month/year/location/ID/PIN are recorded.
- Temperatures were recorded twice daily.
- I reviewed data files for all the days on this log to find any missed excursions.
- Date downloaded: _____
- Any excursions were reported to myCAvax (BAP) or SHOTS (VFC).
- We understand that falsifying this log is grounds for vaccine replacement and termination from the BAP/VFC programs.

On-Site Supervisor's Name: _____

Signature: _____

Date: _____

Staff Names and Initials: _____

IMM-1434 Page 1 (9/26/23)

Instructions

Keep freezer in OK range:



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, myCAvax ID and VFC PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.
5. Clear MIN/MAX.
6. Ensure data logger is recording.

IF ALARM WENT OFF:

1. Post "Do Not Use Vaccines" sign.
2. Alert your supervisor.
3. Report excursion to myCAvax for BAP vaccine and to MyVFCvaccines.org for VFC vaccine. Follow instructions provided.
4. Record incident ID from myCAvax (BAP) and SHOTS (VFC).

Supervisor's Review

When log is complete, check all that apply:

- Month/year/location/ID/PIN are recorded.
- Temperatures were recorded twice daily.
- I reviewed data files for all the days on this log to find any missed excursions.
- Date downloaded: _____
- Any excursions were reported to myCAvax (BAP) or SHOTS (VFC).
- We understand that falsifying this log is grounds for vaccine replacement and termination from the BAP/VFC programs.

On-Site Supervisor's Name: _____

Signature: _____

Date: _____

Staff Names and Initials: _____

IMM-1449F Page 1 (9/26/23)

- Updated manual temperature logs for the VFC and BAP Programs.
- Updated on 9/26/2023, and published on the website, 10/5/2023.
- Outlines how to report temperature excursions for VFC vaccines (on your myVFCVaccines.org account) and BAP vaccines (report to MyCAVax).
- Please start using them 10/16/2023.
- Do not re-write, shred or throw out old manual temperature logs.



Updated COVID-19 Vaccine Timing Guide 2023-2024

COVID-19 Vaccine Timing 2023-24 –Routine Schedule			
Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2023-24 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks* → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8* weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1
	Moderna–Pediatric*	1st Dose → 4-8 weeks* → 2nd Dose	If 1 prior dose, then: 1 month 1 If ≥2 prior doses then: 2 months 1
5–11 years	Moderna–Pediatric*	1 Dose	If 1 or more prior doses (of any of the 4 brands), then*: ≥2 months Updated 2023-24 Formulation Moderna/Pfizer
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose	
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax (2021)	1st Dose → 3-8 weeks* → 2nd Dose 2023-24 formulation coming soon!	

* See CDC recommendations for children transitioning from a younger to older age group
 † Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
 ** An 8-week interval may be preferable for some people, especially for males 12-39 years.
 † All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
 ‡ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

California Department of Public Health, Immunization Branch IMM-1396 (9/14/23) Page 1 of 2

COVID-19 Vaccine Timing 2023-24 if Moderately/Severely Immunocompromised			
Age	Vaccine	If unvaccinated:	If had any prior doses give 2023-24 doses:
6 months–4 years	Pfizer Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 3 w 1 ≥8 w 2 ≥2 m Optional Dose* ≥2 prior doses: ≥8 w 1 ≥2 m Optional Dose*
	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose*	1 prior dose: 4 w 1 ≥4 w 2 ≥2 m Optional Dose* 2 prior doses: ≥4 w 1 ≥2 m Optional Dose*
5–11 years	Moderna–Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	≥3 prior doses: ≥8 w 1 (for ages 5+ yrs, Pfizer dose is also OK) ≥2 m Optional Dose*
	Pfizer–Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	1 prior dose: 3 w 1 ≥4 w 2 ≥2 m Optional Dose* (Moderna/Pfizer) 2 prior doses: ≥4 w 1 ≥2 m Optional Dose* (Moderna/Pfizer)
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	≥3 prior doses**: ≥8 w 1 ≥2 m Optional Dose* (Moderna/Pfizer)
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	1 prior dose: 4 w 1 ≥4 w 2 ≥2 m Optional Dose* (Moderna/Pfizer) 2 prior doses: ≥4 w 1 ≥2 m Optional Dose* (Moderna/Pfizer) ≥3 prior doses**: ≥8 w 1 ≥2 m Optional Dose* (Moderna/Pfizer)
	Novavax (2021)	2023-24 formulation coming soon! 1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → Updated 2023-24 Formulation Moderna/Pfizer → ≥2 months → Optional Dose* (Moderna/Pfizer)	If 1 or more prior doses, then: ≥8 weeks Updated 2023-24 Formulation Moderna/Pfizer ≥2 m Optional Dose* (Moderna/Pfizer)

* An optional dose may be given ≥2 months after the last dose. Further doses may be given at the healthcare provider's discretion. See Table 2 for vial and dosage.
 ** Ages 5+ years may be given Moderna or Pfizer after ≥3 prior doses.

California Department of Public Health, Immunization Branch IMM-1396 (9/20/23) Page 2 of 2



COVID-19 Vaccine Product Guide - Updated

COVID-19 Vaccine Product Guide

Check vaccine labels and FDA materials before use to avoid mix-ups.
EUA fact sheets supersede info on vials and carton. Refer to [CDC Product Guide](#) for more information.

	Pfizer		
	Infant/Toddler 6 months-4 years	Pediatric 5-11 years	Comirnaty 12+ years
	2023-24 Formula	2023-24 Formula	2023-24 Formula
Packaging	Yellow Cap	Blue Cap	Gray Cap
Doses Per Vial	3 doses	1 dose	1 dose
Carton Size	30 doses	10 doses	10 doses
NDC/Unit of Use (vial)	59267-4315-01	59267-4331-01	00069-2362-10
CVX Code	302	301	300
CPT Code	91318	91319	91320
Program Availability	VFC	VFC	VFC, BAP
Min. Standard Order*	30 doses	10 doses	10 doses
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.			
ULT	Until expiration date at -90°C to -60°C (-130°F to -76°F)		
Thermal Shipper			
Freezer			
Refrigerator	Up to 10 weeks at 2° to 8°C (36°F to 46°F). Write the date on carton—not to exceed expiration.		
Expiration Date	Check the label or Pfizer product website .		
Administration			
Diluent (supplied)	1.1 mL per vial	Do not dilute	Do not dilute
Dose Volume & Dose	0.3 mL 3 mcg dose	0.3 mL 10 mcg dose	0.3 mL 30 mcg dose
Refrigerator Thaw Time (Do not refreeze)	2 hours in carton (2° to 8°C/36°F to 46°F)		
Room Temp Thaw Time (Do not refreeze)	Vial: 30 minutes at up to 25°C (77°F)		
Total Time at Room Temp	Up to 12 hours (including thaw time) at 8°C to 25°C (46°F to 77°F)		
Storage Limits After Puncture (Multi-dose vials): Record puncture and use-by time on vial label.			
Use-By Limit (Discard Time After 1st Puncture)	Discard 12 hours after dilution. Keep at 2°C to 25°C (35°F to 77°F)	N/A	N/A

* Orders for privately purchased vaccines may have different order minimums.

California Department of Public Health, Immunization Branch IMM-1399 (9/14/23) Page 1 of 3

COVID-19 Vaccine Product Guide

Check vaccine labels and FDA materials before use to avoid mix-ups.
EUA fact sheets supersede info on vials and carton. Refer to [CDC Product Guide](#) for more information.

	Moderna			Novavax
	Pediatric 6 months-11 years	Spikevax 12+ years	Spikevax 12+ years	Adol/Adult 12+ years
	2023-24 Product	2023-24 Product	2023-24 Product	2021 Product (new product coming soon)
Packaging	Dark Blue Cap	Dark Blue Cap	Syringe	Royal Blue Cap
Doses Per Vial	1 dose	1 dose	1 dose	5 doses
Carton Size	10 doses	10 doses	10 doses	50 doses
NDC/Unit of Use (vial)	80777-0287-07	80777-0102-04	80777-0102-01	80631-0102-01
CVX Code	311	312	312	211
CPT Code	91321	91322	91322	91304
Program Availability	VFC	VFC, BAP	TBD	TBD
Min. Standard Order*	10 doses	10 doses	TBD	TBD
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.				
ULT				
Thermal Shipper				
Freezer	Until expiration at -50°C to -15°C (-58°F to 5°F)			
Refrigerator	Up to 30 days (not to exceed expiration date) at 2-8°C (36-46°F)			Until expiration
Expiration Date	Check Moderna product website or QR code.			Check product website.
Administration				
Diluent (supplied)	Do not dilute			
Dose Volume & Dose	0.25 mL 25 mcg	0.5 mL 50mcg	0.5 mL 50mcg	Do not dilute
Refrigerator Thaw Time (Do not refreeze)	45 minutes for single dose vial or 1 hour for syringe at 2°C to 8°C (36°F to 46°F). Let stand at room temp for 15 min before administering.			
Room Temp Thaw Time (Do not refreeze)	15 minutes for single dose vial or 45 minutes for syringe at 15° to 25°C (59° to 77°F)			
Total Time at Room Temp	Store up to 24 hours at 8°C to 25°C (46°F to 77°F)			
Storage Limits After Puncture (Multi-dose vials) Record use-by time on vial.				
Use-By Limit (Discard Time After 1st Puncture)	N/A. Discard after single use.			

* Orders for privately purchased vaccines may have different order minimums.

California Department of Public Health, Immunization Branch IMM-1399 (9/14/23) Page 2 of 3

COVID-19 Vaccine Product Guide

Do Not Use Deauthorized Products:
Use only COVID-19 vaccine products updated for 2023-24.

Pfizer					
Infant/Toddler 6 months-4 years		Pediatric 5-11 years		Adol/Adult 12+ years	
2021 Monovalent	Bivalent	2021 Monovalent	Bivalent	2021 Monovalent	Bivalent

Moderna				
Infant/Toddler 6 months-5 years	Infant/Toddler 6 months-5 years	6 months+	Pediatric 6-11 years	Adol/Adult 12+ years
2021 Monovalent	Bivalent	Bivalent	2021 Monovalent	2021 Monovalent

Janssen (J&J)
2021 Monovalent

California Department of Public Health, Immunization Branch IMM-1399 (9/14/23) Page 3 of 3



EZIZ COVID-19 Resources Page

Accessible from BAP Menu and EZIZ Home Page!

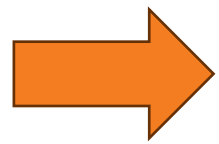
Vaccine Information

- COVID-19 Vaccine Access & Ordering infographic
- COVID-19 Product & Timing Guides (**Updates coming soon!**)
- EUA Fact Sheets, package inserts, FDA pages, manufacturer websites
- General resources including guidance about fall products from FDA & CDC

Vaccine Administration

Communicating with Patients

- Resources for Patients
- Vaccine Confidence



COVID-19 Vaccine Resources

This landing page provides vaccine-specific resources to support all programs that supply COVID-19 vaccines. Relevant links are still being moved from the former EZIZ/COVID page. Please check back!

Vaccine Information

There is not a COVID-19 Vaccine Information Statement. Federal law allows up to 6 months for a new VIS to be used. EUA Fact Sheets for Recipients should be provided to patients at the time of vaccination for approved vaccine products. (See CDC guidance.)

- COVID-19 Vaccine Access & Ordering (Infographic)
- COVID-19 Vaccine Product Guide
- COVID-19 Vaccine Timing Guide | Spanish

Pfizer-BioNTech (2023-24 COVID-19 Vaccine, mRNA)

- Approval of Comirnaty for 12Y+: [Provider Letter](#) | [Package Insert](#) | [COMIRNATY \(FDA\)](#)
- Authorization under EUA for 6M-11Y: [Provider Letter](#) | [Fact Sheet for HCPs](#) | [Fact Sheet for Recipients & Caregivers](#) | [Pfizer-BioNTech COVID-19 Vaccine \(FDA\)](#)
- Websites: [Manufacturer](#) | [CDC Resources](#)

Moderna (2023-24 COVID-19 Vaccine, mRNA)

- Approval of Spikevax for 12Y+: [Provider Letter](#) | [Package Insert](#) | [FDA page](#)
- Authorization under EUA for 6M-11Y: [Provider Letter](#) | [Fact Sheet for HCPs](#) | [Fact Sheet for Recipients & Caregivers](#) | [Moderna COVID-19 Vaccine \(FDA\)](#)
- Websites: [Manufacturer](#) | [CDC Resources](#)

Novavax (2021 COVID-19 Vaccine, Adjuvanted)

- Authorization under EUA for 12Y+: [Fact Sheet for HCPs](#) | [Fact Sheet for Recipients & Caregivers](#) | [Novavax COVID-19 Vaccine \(FDA\)](#)
- Websites: [Manufacturer](#) | [CDC Resources](#)

General Resources

- CDC Recommends Updated COVID-19 Vaccine for Fall/Winter Virus Season (CDC)
- Updated mRNA COVID-19 Vaccines to Better Protect Against Currently Circulating Variants (FDA)
- Updated COVID-19 Vaccines for Use in the United States Beginning in Fall 2023 (FDA)
- Resources for the Fall Respiratory Illness Season (COVID-19, Flu and RSV) (FDA)

Vaccine Administration

- Interim Clinical Considerations for Use of COVID-19 Vaccines (CDC)
- ACIP Recommended Immunization Schedules: [Child and Adolescent](#) | [Adult](#) (CDC)
- Coadministration of COVID-19 Vaccines (CDC) | [Coadministration Tips \(graphic\)](#)
- [Reporting Adverse Events to VAERS](#)
- [Reporting Race & Ethnicity](#)
- [Tips to Ease Anxiety During Vaccination](#)
- [Vaccine Administration Checklist](#) (to be updated after FDA authorizations)
- [More Job Aids](#)

Communicating with Patients

- COVID-19 Vaccine Resources for Patients
- COVID-19 Vaccine Confidence



CA Bridge Access Program Provider Operations Manual

This manual provides step-by-step instructions and links to available resources.

Audience:

- Existing COVID-19 vaccine providers new to BAP
- New BAP organizations & locations

Startup Guide

This section walks you through the initial preparations now that your enrollment application is approved. Once all steps are complete, your site should be ready to order vaccines.

Providers managing COVID-19 vaccinations, or other operations managers or supervisors, may wish to help incorporate COVID-19 vaccinations into practice protocols.

Participants

Provider or operations manager/supervisor
Organization & Location Vaccine Coordinators

Follow the **Startup Worksheet** to complete your tasks

Before We Start

- [Clinic Operations Setup](#)
- [Systems Setup](#)
- [Vaccine Management Preparations](#)
- [Staff Readiness](#)

9/1/23

Startup Worksheet
(for new organizations & locations)

California Bridge Access Program

Provider Operations Manual

Updates on new vaccine products posted after FDA authorization

no-cost COVID-19 vaccines

thank you

California Bridge Access Program

Click to Navigate
Table of Contents

Appendices
Important contacts

Infrequent Tasks
Introduce new vaccines, change staff or contacts, set up new storage unit, and data logger

Startup Guide

1

Ordering Vaccines

About vaccine orders
Submitting vaccine order requests
Minimizing shipment delays
When to expect vaccines

2

Receiving & Storing Vaccine Shipments

Vaccine products
About receiving shipments
Moderna
Novavax
Pfizer-BioNTech
Reporting shipment incidents

3

Routine Tasks & Reporting

Recurring tasks & frequency
Reporting requirements

4

Managing Vaccine Inventory

About inventory management
Monitoring temperatures
Reporting temperature excursions
Expiration & beyond-use dates
Wastage & missed opportunities
Reporting & returns of nonusable doses
Transporting vaccines
Transferring vaccine

5

Patient Visit

Patient visit checklist
Eligibility Screening & Documentation
How to Screen & Document Eligibility
Vaccine preparation & administration
Responding to administration errors
Billing & Reimbursement

New EZIZ BAP Resources Page!

Eligibility Screening & Documentation

Eligibility Based on Insurance Status

Bridge Access Program

A limited supply of COVID-19 vaccine will be made available through the Bridge Access Program for uninsured and underinsured adults (19 years and older) to prevent loss of access when vaccines transition to the commercial market. Insured patients—including patients covered by Medicare and Medi-Cal—are **NOT** eligible for the COVID-19 vaccines provided through this program. This temporary program will sunset at the end of 2024.

✓ Eligible for COVID-19 Vaccine through BAP (317 Funds)

Patient health insurance status:

- Uninsured/No Insurance** (includes those who receive primary care through county safety net programs; these are NOT considered health insurance)
- Underinsured** (has health insurance, but the insurance does not include any vaccines; insurance covers only selected vaccines; insurance does not provide first-dollar coverage for vaccines.)
- Insurance NOT through Medi-Cal or Medicare** (only eligible for COVID-19 vaccines if **NOT** covered by patient's private insurance plan)¹

✗ Not Eligible for COVID-19 Vaccine through BAP (317 Funds)

Patient health insurance status:

- Medi-Cal Fee-For-Service/Medi-Cal Managed Care** (bit.ly/CAhealthplans)
- Medicare Part B** (medical benefit) **AND Part D** (prescription drug benefit)
- Medicare Part B Alone**
- Medicare Part D Alone**
- Insurance NOT through Medi-Cal or Medicare**¹

1. Fully insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for COVID-19 vaccine—even if the insurance includes a high deductible or co-pay, the plan's deductible has not been met, or the insurance has cost sharing.

California Department of Public Health, Immunization Branch | IMM-1473 (9/23)

317 (VFA & BAP) Eligibility Screening & Documentation Requirements

1. Screen for Eligibility

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

- ✓ Eligible for VFA and/or BAP (COVID) vaccines if at least 19 years of age and**
 - Has no insurance, or
 - Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached)
- ✓ Eligible for certain VFA vaccines if at least 19 years of age and**
 - Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A
 - Hep B (if considered low risk for Hep B)
 - HPV, MMR, Varicella, and Zoster
 - Td (if no wound exposure) and Tdap
 - Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:
 - Hep B, PCV20

2. Document Patient's Eligibility

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

- Date of screening
- If patient is eligible for the Vaccines for Adults (VFA) and/or Bridge Access Program (BAP)
- If patient is eligible **AND** at least 19 years of age, document which of the criterion above is met

3. Use a Compliant Record Keeping System

- CAIR and Electronic Health/Medical Record (EHR/EMR)**
Note: if your practice's EMR/EHR does not capture all the necessary screening elements, they may be documented in the system's notes section.
- CAIR and 317 Eligibility Screening Form (IMM-1226)**

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

4. Communicate the Patient's Eligibility

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

California Department of Public Health, Immunization Branch | IMM-1476 (8/31/23)

317 (VFA & BAP) Eligibility Screening Record for Adult Patients

At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA).

Patient Information

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

Provider Name: _____

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

- ✓ Eligible for VFA and/or BAP (COVID) vaccines if at least 19 years of age and**
 - Has no insurance, or
 - Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached)
- ✓ Eligible for certain VFA vaccines if at least 19 years of age and**
 - Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A
 - Hep B (if considered low risk for Hep B)
 - HPV, MMR, Varicella, and Zoster
 - Td (if no wound exposure) and Tdap
 - Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:
 - Hep B, PCV20

Document Patient's Eligibility

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

Screening Date	✓ Eligible for VFA and BAP (COVID) (No insurance)	✓ Eligible for VFA and BAP (COVID) (Underinsured)	✓ Eligible for some VFA vaccines (Medicare Part B or Part D only)	✗ Not Eligible for BAP (COVID) (Medicare Part B or Part D only)	✗ Not Eligible for VFA or BAP (COVID) (Both Medicare Part B & D or insurance pays for vaccines*)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

* Note: adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured.

California Department of Public Health, Immunization Branch | IMM-1226 (8/28/23)

BAP Resources

Program Participation

- Requirements at a Glance
- Provider Operations Manual (POM)
- Required Vaccine Product Training

Eligibility Screening & Documentation

- BAP Eligibility Based on Insurance Status
- 317 (VFA & BAP) Eligibility Screening and Documentation Requirements
- 317 (VFA & BAP) Eligibility Screening Record | Spanish
- VFA & BAP Patient Vaccine Poster | Spanish
- Vaccine Program Eligibility Guidelines (for Community Health Centers)
- CAIR Requirement for Documenting 317-Funded Vaccines

2023-24 COVID-19 Vaccine Information

Please see EZIZ's COVID-19 Vaccine Resources for vaccine administration job aids plus materials from FDA, CDC and vaccine manufacturers.

[Eligibility Cheat Sheet](#)

[Step-by-step Instructions](#)
(includes options for reporting to CAIR)

[Screening Record](#)
(for small practices with no EHR)

[BAP Resources](#)

Commercialization at a Glance: Provider Transition Guide

Commercialization at a Glance: Provider Transition Guide



California COVID-19 Vaccination Program

Commercialization is the transition of COVID-19 medical countermeasures—vaccines, treatments, and test kits—previously purchased by the U.S. Government (USG) to established pathways of procurement, distribution, and payment by both public and private payers. This guide summarizes the [HHS Commercialization Transition Guide](#), [HHS Bridge Access Program Fact Sheet](#), and CDPH guidance as the USG prepares to stop distributing COVID-19 vaccines and vaccines transition to the commercial market. Updated topics highlighted below. Sections include:

- Fall Transition Timeline
- Sunsetting of the Federal COVID-19 Vaccination Program
- Commercialization of COVID-19 Vaccines
- Anticipated Vaccination Schedule for the Fall

Topic	Guidance	Effective Date
Section 1	Fall Transition Timeline	
	<p>Week of July 31, 2023</p> <ul style="list-style-type: none"> • CDC set vaccine thresholds to 0- in anticipation of decreased vaccine demand • Providers were asked to order a 2-month vaccine supply to last until new products are approved by FDA • Vaccine doses can still be ordered by States, but the processes, timing, and evidence for ordering processing will change. Based on doses ordered, we ask CDC for allocations, wait 1-3 days for doses, then transmit orders to CDC. 	
	<p>August 3-Early September</p> <ul style="list-style-type: none"> • Providers may still submit additional Small Orders if needed. But these are NOT sent to CDC. These are fulfilled locally/TPR. • Larger orders are now only available to LHDs/MCEs. • ALL healthcare providers are advised to begin planning, prebooking or procuring COVID-19 vaccine doses for privately insured individuals. • States begin to plan closeout of USG COVID-19 Program, and implementation of much smaller Bridge Access Program, and addition of COVID-19 vaccines to VFC Programs. 	
	<p>TBD (expected early to mid-September)</p> <ul style="list-style-type: none"> • FDA decisions and amendments to Emergency Use Authorizations (EUAs) / Biologics License Applications (BLAs) Approve new products, and de-authorized current products. • Concurrently, USG WILL discontinue distribution of current COVID-19 vaccine composition. • Advisory Committee on Immunization Practices (ACIP) discussion on COVID-19 epidemiology and vaccine effectiveness and CDC recommendation. • CDPH and LHDs work on BAP provider enrollment, and prepare for COVID-19 ordering for BAP Provider and VFC Providers. 	
	<p>TBD (ACIP Recommendation + 2 weeks=Late September/Early October)</p> <ul style="list-style-type: none"> • Fall vaccine availability for administration begins across all eligible age groups, with corresponding vaccine supply based on insurance coverage, and eligibility (for providers participating in VFC or CA's Bridge Access Program) • Providers will dispose of any remaining supply of de-authorized COVID-19 vaccines 	

California Department of Public Health, IZ Branch

1

IMM-1467 (9/8/23)

CDPH has created a multiple-page “Commercialization Provider Transition Guide”.

The current information, and other resources, can be found on EZIZ.org using this link:

[Commercialization at a Glance: Provider Transition Guide](#)

Updated: 9.8.23

COVID-19 Vaccine Support


Provider Call Center

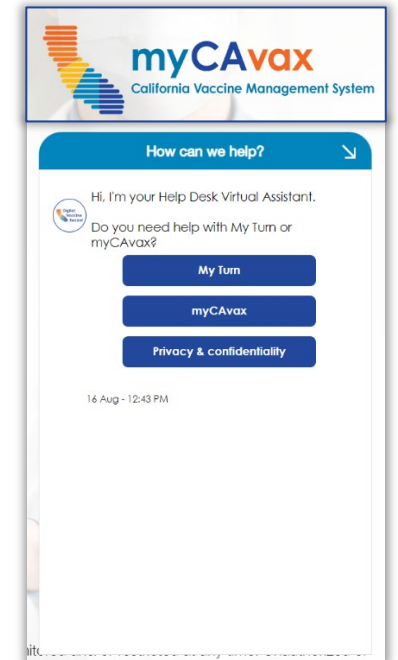
Dedicated to medical providers and Local Health Departments in California, specifically addressing questions about State program requirements, enrollment, and vaccine distribution.

- For myCAvax Help Desk inquiries: myCAvax.hd@cdph.ca.gov
- For My Turn Clinic Help Desk inquiries: MyTurn.Clinic.HD@cdph.ca.gov
- For all other inquiries: providercallcenter@cdph.ca.gov
- Phone: (833) 502-1245, Monday through Friday from 8AM–5PM

myCAvax

- Virtual Assistant resolves many questions but will direct you to the Provider Call Center queue for live assistance!
- Knowledge Center houses key job aids and videos that are updated every release. Once logged in, you can access job aids from the myCAvax homepage (or at various places throughout the system) using the links as shown below.

 Need help? View our jobs aids in the Knowledge Center, or contact us.



COVID-19 Therapeutics Resources

Type of Support

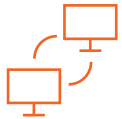
Description

Updated 8.31.23



Clinical Guidance

As of August 31, the COVID-19 Therapeutics Warmline: [1-866-268-4322 \(866-COVID-CA\)](tel:1-866-268-4322) is no longer staffed for provider COVID-19 Therapeutics questions. For general question Therapeutics questions, please email: COVIDRxProviders@cdph.ca.gov



General Information

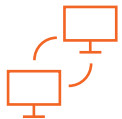
[CDPH COVID-19 Treatments Webpage](#) (provides general information for healthcare providers, allocations, distribution and ordering, drug facts sheets, and additional resources)
[CDPH COVID-19 Treatments Job Aid](#) (questions and answers for the public on COVID-19 therapeutics)
[COVID-19 Therapeutics Best Practices Checklist](#) (testing, prescribing, dispensing, and more)
[Frequently Asked Questions document](#) for clinics, providers, and pharmacists



Locating Resources

Finding Providers and Test-to-Treat Sites

- [COVID-19 Therapeutics Locator](#) (arcgis.com)
- [Test-to-Treat](#) (hhs.gov)



LHJ Therapeutics SharePoint

Primary source for recorded webinars, slides, datasets and HPOP reporting information. (For access, email JEOCuser54@cdph.ca.gov)

- [Therapeutic Weekly Email Update](#) files (SharePoint)
- [CDPH Therapeutics HPOP Account Verification & Reporting](#) information



Questions

For general CDPH Therapeutics questions, please email COVIDRxProviders@cdph.ca.gov
For ordering, program inquiries, signing up new HPOP Accounts: please e-mail CDPHTherapeutics@cdph.ca.gov

VFA Updates

VFA Program Updates

Q4 VFA and 317 Ordering: Projected October 16-27, 2023

- VFA Providers: 40% reduction of HPV, PCV, and Zoster of April 2022 orders
- 317 LHDs: 40% reduction of HPV, PCV, and Zoster of Q2 2022 (April-June) average

Winter VFA Webinar: Projected November

VFA transition to MyCAVax: Early 2024

Immunization Information System (IIS) Data Reports

- **Now Posted!** (Q1 – Q2 2023 Report)VFC Admin Site and MyVFCVaccines

VFA Program Updates

- No open enrollments this year, 2023
- VFA Compliance Visits:
 - Goal – Review immunization-related practices & assess a clinic's compliance with VFA program requirements



MAIN PAGE



Provider Category: Low Volume
Order Frequency: Every 3 months

Date of last order: July 27, 2023
Last order processed on: August 14, 2023
Order should be submitted on or after: Nov 12, 2023

[Current Provider's Information](#) | [Update Practice Information](#)

[Key Practice Staff Change Request](#)

[EZIZ Training Accounts Linked to PIN](#)

VFC Practice Profile [2022](#) [2021](#) [2020](#) [2019](#) [2018](#) [2017](#) [2016](#)

Flu Progress Report: [October 2021](#) [January 2022](#) [July 2022](#)
[October 2022](#) [January 2023](#) [July 2023](#)

COVID Awareness Card: [May 2022](#) [October 2022](#)
[March 2023](#)

VFA IIS Data Report: [April 2023](#) [August 2023](#)



Orders

[Order VFC Vaccine](#)

[View Order History](#)

Inventory

[Enter Returns & Transfers](#)

[View Returns & Transfers](#)

[View Shipping History](#)

Recertification

[View Recertification](#)

SHOTS

All temperature excursions must be reported through SHOTS (Storage and Handling Online Triage System)

[Report/View Excursions](#)

[Log Out](#)

Immunization Information System/ CAIR Data Reports

August 2023

VFA
California Vaccines
for Adults

Report: VFA Doses in California Immunization Registry

Vaccine Accountability Requirements.

As a Vaccines for Adults (VFA) provider, you are **required** to document immunizations administered to VFA-eligible patients as "317" doses to the California Immunization Registry (CAIR) or Healthy Futures/ RIDE (which now shares data with CAIR). To help you meet this requirement, we have developed a CAIR immunization report for data from Quarter 1 (Q1) and Quarter 2 (Q2) of 2023 (January – June 2023). Providers must review VFA doses reported in the immunization registry before every VFA order or at least every six months to ensure VFA doses administered have been documented accurately. **Please use this report to gain insight as to how your practice is doing at submitting 317 doses to the immunization registry. Then, determine next steps to improve data quality and increase the percentage of doses submitted as "317."**

What does your CAIR data† look like from January through June 2023?

VFA Doses from January – June 2023

A	B	C	C/B
Doses Ordered 190	Reported Doses Administered 205	Doses in CAIR as "317" 44	% Doses Submitted to CAIR as "317" 21 %

NEW! Data Interpretation:

Starting on January 1, 2024, the VFA Program will require that doses administered reported with each VFA order are based on doses recorded in CAIR as "317." According to this report, the value in Box B (Reported Doses Administered) should closely match the value in Box C (Doses in CAIR as "317"). If that is not the case, this will affect the doses the VFA Program approves for your clinic.

†Data Limitations:

"Doses Ordered" and "Reported Doses Administered" were obtained from your submitted 317 orders during the Q1 through Q2 2023 VFA order period. The doses in CAIR were administered January 1, 2023, through June 30, 2023. Only doses that were labeled as "317" were counted. Number of doses may vary as the databases are live data and can be updated after the data was extracted.

Determine Your Rating:

Ratings are based on % of target reached:

EXCELLENT: ≥90%
VERY GOOD: 71%-89%
GOOD: 51%-70%
NEEDS IMPROVEMENT: ≤50%

Excellent: Great Job! You did an excellent job of submitting doses for Q1 through Q2 2023. Keep up the amazing work!

Good and Very Good: Congratulations! You submitted most of your doses correctly for Q1 through Q2 2023. Your practice is well-positioned to achieve future excellence. Take steps below to increase accurate data submission.

Needs Improvement: Based on doses reported administered, you submitted less than 50% of doses accurately for Q1 through Q2 2023. Take steps below to increase accurate data submission.

Steps to Increase the Accuracy of Doses Entered into CAIR or Healthy Futures:

Ensure you are submitting only your site's doses to the registry using the correct IIS ID. For sites submitting data through Healthy Futures, see contact information below if you have questions.

CAIR data exchange users:

1. Confirm with your EHR vendor that Vaccine Eligibility Category (HL7) code "V07" is correctly mapped.
2. Ensure staff know how to correctly record 317 vaccine eligibility in your EHR for every administered dose.
3. Confirm 317 doses are correctly submitted via data exchange by running a "doses administered" report. Watch this VFA webinar (at 30 mins, 54 sec), consult this guide, and visit CAIR for additional training.
4. If staff need access to CAIR, request a Data Exchange Quality Assurance (DX QA) account at [CAIR Account Update](#).
5. Contact your [Local Data Exchange Representative](#) if you have further questions.

CAIR manual entry users:

1. If your site uses the CAIR inventory feature, make sure your CAIR Power User selects the "317" "Funding Source" when creating vaccine lots in CAIR. If the "317" funding source is not available to select, contact your [Local CAIR Representative](#).
2. Make sure staff selects "317 Vaccine Eligibility" when recording an administered dose in CAIR. If the 317 Vaccine eligibility is not available to select, contact your [Local CAIR Representative](#).
3. If staff need access to CAIR, have your authorized site representative request new user accounts in the [CAIR Account Update](#) system.
4. For more information about recording 317 doses accurately, watch this [VFA webinar](#) (at 16 mins, 12 sec) and view [these guides and videos](#). Contact your [Local CAIR Representative](#) if you have further questions.

Healthy Future users:

Phone: 209-468-2292
Fax: 209-462-2019
Email: support@myhealthyfutures.org
URL: <http://www.myhealthyfutures.org>

Immunization Information System/ CAIR Data Reports

- **IIS/CAIR Data Reports**

- 9/15 – Communication sent to providers:

- Starting on January 1, 2024, the VFA Program will require that doses administered reported with each VFA order are based on doses recorded in CAIR as “317.” Ideally, the number of reported doses administered and the doses in CAIR as “317” should closely match. If that is not the case, this will affect the doses the VFA Program approves for your clinic. Please work with your EHR vendor, Local CAIR Representative, and/or CAIR Data Exchange Specialist to identify and resolve issues as soon as possible.
- 400+ providers have a 0% grade

- **NEW:** Field staff to review report during VFA Site Visits

- **NEW Webpage:** [Guidance on 317/VFA CAIR Documentation Requirement](#)

VFA Program Updates: RSV

- **Reviewing VFA Ordering Policy for 2023-2024 Fiscal Year**
 - CDC Contract Price for RSV Vaccines still TBD
 - Review CAIR data on demand of RSV vaccines in the following months
 - Plans to survey LHDs and VFA providers on RSV vaccine plans
 - Anticipate making **limited amounts** available in **January 2024**
 - The VFA Program will make any official announcements as more information becomes available.

VFA Resources

- **NEW** - [IMM-1476, 317 Eligibility Screening and Documentation Requirements](#)

317 (VFA & BAP) Eligibility Screening & Documentation Requirements



1. Screen for Eligibility

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

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

1. Has no insurance, or
2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached)

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

3. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A
 - Hep B (if considered low risk for Hep B)
 - HPV, MMR, Varicella, and Zoster
 - Td (if no wound exposure) and Tdap
4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:
 - Hep B, PCV20

2. Document Patient's Eligibility

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

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

3. Use a Compliant Record Keeping System

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

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

• CAIR and [317 Eligibility Screening Form \(IMM-1226\)](#)

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

4. Communicate the Patient's Eligibility

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

VFA Resources

- **UPDATED** – [IMM-1226, 317 Eligibility Screening Record for Adult Patients](#)

317 (VFA & BAP) Eligibility Screening Record for Adult Patients

At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA).

Patient Information

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

Provider Name: _____

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

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

- Has no insurance, or
- Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached)

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

- Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A
 - Hep B (if considered low risk for Hep B)
 - HPV, MMR, Varicella, and Zoster
 - Td (if no wound exposure) and Tdap
- Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:
 - Hep B, PCV20

Document Patient's Eligibility






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

Screening Date	✓ Eligible for VFA and BAP (COVID) (No insurance)	✓ Eligible for VFA and BAP (COVID) (Underinsured)	✓ Eligible for some VFA vaccines (Medicare Part B or Part D only)	✗ Not Eligible for BAP (COVID) (Medicare Part B or Part D only)	✗ Not Eligible for VFA or BAP (COVID) (Both Medicare Part B & D or insurance pays for vaccines*)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

* Note: adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured.
California Department of Public Health, Immunization Branch IMM-1226 (8/28/23)

VFA Resources

- **UPDATED** – [IMM-1222, Vaccine Eligibility Guidelines for Community Health Centers](#)

Vaccine Eligibility Guidelines For Community Health Centers (CHCs) enrolled in California vaccine programs			
Program	 VFC Vaccines for Children Program	VFA Vaccines for Adults Program	 BAP Bridge Access Program
Funding	Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP.	Limited federal grant (317) funds for populations not served by the VFC program to purchase selective adult vaccines.	Limited federal grant funds for adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure
Age and Eligibility	Children, Birth–18 years: <ul style="list-style-type: none"> • Medi-Cal/CHDP eligible • Uninsured (no health insurance) • American Indian or Alaskan Native 	Adults, 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance) 	Adults, 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance)
Vaccines	<ul style="list-style-type: none"> • COVID-19 • DTaP • Hepatitis A • Hepatitis B • Hib • HPV • Influenza • Meningococcal Conjugate (MenACWY) • Meningococcal B (MenB) • MMR • Pneumococcal Conjugate (PCV15 and PCV20) • Pneumococcal Polysaccharide (PPSV23) • Polio (IPV) • Rotavirus • Td, Tdap • Varicella 	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • HPV • Meningococcal Conjugate (MenACWY) • MMR • Pneumococcal Conjugate (PCV20) • Td (ONLY when Tdap is not indicated) • Tdap • Varicella • Zoster For more details about Medicare Part B and/or D eligibility, see IMM-1247 .	<ul style="list-style-type: none"> • COVID-19
Ordering Website	 myVFCVACCINES	 myVFCVACCINES	 myCAVax California Vaccine Management System

California Department of Public Health, Immunization Branch

IMM-1222 (8/29/23) Page 1

VFA Resources

• UPDATED– IMM-1142, Vaccine and Clinic Eligibility by Funding Source for LHDs

Vaccine and Clinic Eligibility Guidelines by Funding Source

For Health Departments and CDPH Approved Health Department Authorized Sites (Effective 10/01/2023 through 9/30/2024)



Program	VFC Vaccines for Children Program	BAP Bridge Access Program	317 Local Health Departments ¹	VFA Vaccines for Adults Program	SGF State General Funds ²
Funding	VFC-Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	BAP-Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and support limited vaccine supply for outbreak activities via Public Health Departments.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited state funds for the purchase of vaccines to prevent respiratory illness.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none"> Medi-Cal/CHDP eligible Uninsured (no health insurance) American Indian or Alaskan Native Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation). 	Adults 19 years and older: <ul style="list-style-type: none"> Uninsured (no health insurance) Underinsured (vaccines are not covered by insurance) 	Adults 19 years and older: <ul style="list-style-type: none"> Uninsured adults (no health insurance) Underinsured adults (vaccines are not covered by insurance) Insured exceptions-Adults part of outbreak control, post-exposure prophylaxis, or disaster relief efforts as approved by CDPH & LHDs. Household contacts or sexual contacts of HBsAg+ pregnant woman 	Adults 19 years and older: <ul style="list-style-type: none"> Uninsured adults (no health insurance) Underinsured adults (vaccines are not covered by insurance) 	All ages: <ul style="list-style-type: none"> No restrictions
Clinic Type	<ul style="list-style-type: none"> Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and State-licensed Community Health Centers Health Department and CDPH Approved Health Department Authorized Sites Juvenile halls/youth correctional facilities Private providers, School-based clinic, Hospitals, Pharmacies (pilot program) 	<ul style="list-style-type: none"> Health Department Clinics Federally Qualified Health Center (FQHC), Rural Health Center (RHC) Tribal Clinics Indian Health Services Limited sites designated by Local Health Department as BAP Provider 	<ul style="list-style-type: none"> Health Department and CDPH Approved Health Department Authorized Sites (HDAS) Juvenile halls/youth correctional facilities (for 19-25 years of age) 	<ul style="list-style-type: none"> VFC enrolled Federally Qualified Health Center (FQHC), Rural Health Center (RHC) 	<ul style="list-style-type: none"> State-licensed Community Health Centers Federally Qualified Health Center (FQHC), Rural Health Center (RHC) Health Department and CDPH Approved Health Department Authorized Sites (HDAS) Private provider School-based clinic

Vaccine and Clinic Eligibility Guidelines by Funding Source, continued

Program	Vaccines for Children Program (VFC)	Bridge Access Program (BAP)	317 Local Health Dept.	Vaccines for Adults Program (VFA)	State General Funds (SGF)
Vaccines	<ul style="list-style-type: none"> COVID-19 DTaP Hepatitis A Hepatitis B Hib HPV Influenza Meningococcal Conjugate (MenACWY) Meningococcal B (MenB) MMR Pneumococcal Conjugate (PCV15 and PCV20) Pneumococcal Polysaccharide (PPSV23) Polio (IPV) Rotavirus RSV (coming soon) Td, Tdap Varicella 	<ul style="list-style-type: none"> COVID-19 	<ul style="list-style-type: none"> Hepatitis A Hepatitis B³ HPV Meningococcal Conjugate (MenACWY) MMR Pneumococcal Conjugate (PCV20) Td only when Tdap is not indicated⁴ Tdap Varicella Zoster 	<ul style="list-style-type: none"> Hepatitis A Hepatitis B HPV Meningococcal Conjugate (MenACWY) MMR Pneumococcal Conjugate (PCV20) Td only when Tdap is not indicated Tdap Varicella Zoster 	<ul style="list-style-type: none"> Influenza Tdap (children only)
Ordering Website		 California Vaccine Management System			 California Vaccine Management System for flu vaccine (refer to your LHD for other vaccines)

1. Fully insured children and adults are not eligible to receive 317 vaccine routinely (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured). 317 vaccine may not be used in travel clinic settings.
 2. Depending on funding, State General Fund vaccines may vary.
 3. Adults with Medicare Part B (without Part D) are eligible if they are at low-risk for Hepatitis B. See [VFA Eligibility Based on Insurance Status \(EZIZ.org/assets/docs/IMM-1247.pdf\)](#) for more details.
 4. Adults with Medicare Part B (without Part D) are eligible if they are receiving Td as a routine vaccine (i.e., do not have a wound). See [VFA Eligibility Based on Insurance Status \(EZIZ.org/assets/docs/IMM-1247.pdf\)](#) for more details.

Thank you!

Lindsay.Reynoso@cdph.ca.gov

my317vaccines@cdph.ca.gov

Immunization Schedule Updates, 10/4/23

- In case you were not aware, CDC has issued updated ACIP schedules adding an addenda listing the new or updated 2023 recommendations for COVID-19 vaccine, RSV (Abrysvo vaccine, Nirsevimab monoclonal antibody), Poliovirus vaccine, Influenza vaccine, and Pneumococcal (PCV15, PCV20) vaccines.
- [Recommended Child and Adolescent Immunization Schedule](#),
- United States, 2023
- [Recommended Adult Immunization Schedule](#), United States,
- 2023

SoCal Region Staff Contacts

- **Mary Rebbert, SR Field Representative**
Mary.Rebbert@cdph.ca.gov
619-838-6360
- **Melissa Thun, JR Field Representative**
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- **Michelle Miranda, Field Representative**
SoCal Region Float
Michelle.Miranda@cdph.ca.gov
619-577-2247
- **Emma Gace, In Training**
- **Raelene Pellos, In Training**

COVID-19 Vaccine California Bridge Access Program



Naomi Silva MPH, RN

Epidemiology and Immunization Services Branch

Quality Assurance Specialist | Vaccine Management Program

[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)

COVID-19 Vaccine Commercialization



What is commercialization?

- Commercialization is the transition of COVID-19 vaccines from purchase by the U.S. Government into more traditional pathways of procurement, distribution, and payment.

How can COVID-19 vaccine providers prepare for commercialization?

- **Screen and assess** patient population by insurance type, age and vaccination status.
- **Order and administer** COVID-19 vaccine through the Vaccines for Children (VFC) program for **VFC eligible patients** 0-18 years of age.
- **Enroll, order and administer** COVID-19 vaccine through the California Bridge Access program for **uninsured** adults 19 years and older.
- **Purchase** COVID-19 vaccine for **insured** adults 19 years and older if serving an insured adult patient population.

California Bridge Access Program for COVID-19 Vaccine



What is the Bridge Access Program (BAP)?

- Centers for Disease Control and Prevention's Bridge Access Program will provide **eligible** providers with **no-cost** COVID-19 vaccine to **under/uninsured** adults (19 years and older) after these products move onto the commercial market in the **Fall of 2023**.
- The California Bridge Access Program is funded from **September 2023** to **December 2024**.
- **Eligible** providers include Public Health Departments, Federally Qualified Health Centers, Tribal/Rural Health Services, and Indian Health Services.
- A National Vaccine for Adults program is anticipated to continue providing vaccines for **uninsured** adults in the United States at the conclusion of the BAP.

California Bridge Access Program for COVID-19 Vaccine in San Diego



What will the Bridge Access Program (BAP) look like in San Diego County?

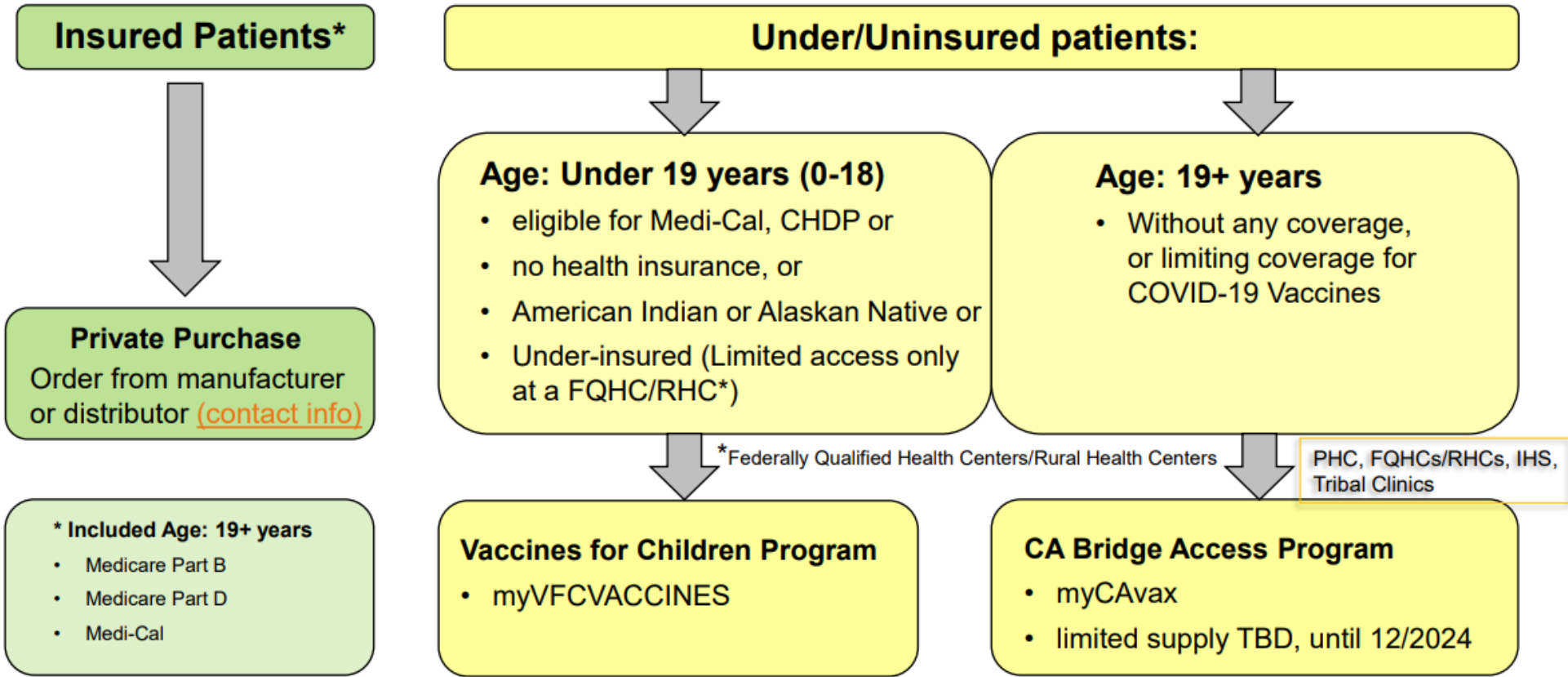
- **Public Health** Component of CA BAP
 - **Anticipate** 85 active providers
 - County of San Diego Public Health Centers and the Immunization Unit's Vaccine Distribution Center are included in this number.
- **Pharmacy** Component of CA BAP
 - CVS, Walgreen's and other independent and chain pharmacies are participating
 - Pharmacy receives reimbursement for vaccination of **uninsured** patients.
 - Active locations are required to display availability on Vaccines.gov.
- **Allocations** (based on estimates of **uninsured** adults)
 - **Public Health** Component
 - **California:** 380,000 doses allocated.
 - **San Diego:** 23,920 doses available to order via myCAvax.
 - **Pharmacy** Component
 - **California:** 380,000 doses available for reimbursement.

COVID-19 Vaccine Ordering Pathways



Post Commercialization: Vaccine Access & Ordering

Follows more traditional pathways for purchasing vaccines



California Department of Public Health (CDPH) Resources



[COVID-19 Commercialization at a Glance – Providers](#)

[Vaccine and Clinic Eligibility Guidelines by Funding Source](#)



Vaccine and Clinic Eligibility Guidelines by Funding Source

For Health Departments and CDPH Approved Health Department Authorized Sites (Effective 10/01/2023 through 9/30/2024)



Program	VFC Vaccines for Children Program	BAP Bridge Access Program	317 Local Health Departments ¹	VFA Vaccines for Adults Program	SGF State General Funds ²
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[Who Can Receive Low-Cost Immunizations at Health Departments](#)

[BAP Program Overview](#)

[BAP Requirements at a Glance](#)





THANK YOU

[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and re-accredited by the Public Health Accreditation Board on August 21, 2023.

State-Purchased Influenza Vaccine Program Update

Araceli Montero, MPH

State-Purchased Influenza Vaccine Admin Coordinator

October 6, 2023



2023-2024 State-Purchased Influenza Program

Provider Resource Webpage

- Vaccine Incident Reporting Process
- Weekly Report Forms
- Mass Vaccination Forms
- Vaccine Information Statement
- Temperature Log Forms
 - Refrigerator temperature logs
 - Vaccine Transport logs
 - CAIR disclosure forms

Resources for State-Purchased Influenza Vaccine Program Providers

Please see links below for important forms and other resources to help you manage state-funded influenza vaccine.

2023-2024 Annual State-Purchased Influenza Training Map

- 2023-2024 Annual State-Purchased Influenza Training Map

Enrollment Packet State-Purchased Influenza Vaccine

- Cover Letter State Influenza Vaccine Program
- Packet Checklist State Influenza Vaccine
- Agreement of use for CDPH Influenza Vaccine
- State-Purchased Influenza Vaccine Management Plan
- Vaccine for Children Vaccine Management Plan
- Refrigerator Temp Logs: Fahrenheit | Celsius
- 2023-2024 State-Purchased Influenza Vaccine Annual Provider Training (Flyer)

Training

- State Flu Vaccine Program Annual Requirements Training Slides Part 1
- State Flu Vaccine Program Annual Requirements Training Slides Part 2
- State-Funded Influenza Vaccine Program Requirements Training Post-Test

Receiving State Flu Vaccine

- Guidelines for Transporting Refrigerated Vaccine
- Refrigerated Vaccine Transport Log
- Vaccine Pick-Up from the County Operations Center
- Directions Vaccine Pick-Up from the County Operations Center-COC
- State Flu Training Flyer

Managing State Flu Vaccine Inventory

- CAIR Inventory User Guide (Updated as new inventory is received)
- Refrigerator Temperature Log
 - Fahrenheit
 - Celsius
- When to Dispose of a Multi-Dose Vials (MDV) 2022-2023
- Guide to 2022-23 Pediatric and Adult Influenza Vaccine Products (Including photos)

Weekly Report Form

- Clinic Provider 2023-2024 State Flu Program Weekly Report Form - Fillable
- Outreach Event Short 2023-2024 State Flu Program Weekly Report Form - Fillable
- Outreach Provider 2023-2024 State Flu Program Weekly Report Form - Fillable

Resources for Outreach Vaccination Events

- Mass Vaccination Registration and CAIR Disclosure Form Template (Available in English, Spanish, and Arabic)
- Hourly Temperature Log for Outreach Events
- Storage and Handling Reminders for Vaccination Events and Transporting Vaccine
- Medical Solid Waste Security—Frequently Asked Questions and Best Practices
- Department of Environmental Health Medical Waste at Temporary Events Website
- MyTurn Flu Vaccination Registration Form (English)



LIVE WELL
SAN DIEGO

Program Enrollment



2023-2024 State-Purchased Influenza Vaccine Packet Checklist

Please use this checklist to collect all program requirements. Checklist items should be submitted for **each facility**. You do not have to return this checklist, please make every attempt to name items accordingly and send all required documentation at one time using the online Qualtrics link given to your clinic. Contact the State Flu Vaccine Program Coordinator at HSA.CountyFluvaccine@sdcounty.ca.gov or phone (619) 366-7128.

- Completed and Signed **Agreement for Use of CDPH-Pur**
- Vaccine Management Plan (VMP) with signature page.
 - State-Purchased Influenza VMP Or Vaccines for Children**
 - If you are using the VFC VMP and have more than one refrigerator will store the State Purchased Influenza Vaccine
- Color** photos of your vaccine **refrigerator where State-Purchased** (front, inside with door open, & label with serial number)
- Color** photos of the front and side of each **data logger** (if clearly visible, that will be **used for the State Purchased Influenza Vaccine**)
- Data logger report displaying current, MIN and MAX temperature settings for the past 30 days [\(E\) \(C\)](#)
- Refrigerator temperature logs, displaying current, MIN and MAX [\(E\) \(C\)](#)
 - Note:** Data logger reports and refrigerator temperature logs
- Copy of calibration certificates for main and backup data loggers
- Confirmation of Scheduling for the Annual State Influenza Vaccine training by the Vaccine Coordinator and Backup Coordinator
- Completion of the Annual State Influenza Vaccine Program by the Vaccine Coordinator and Backup Coordinator
- Certificates of Completion on the EZIZ annual required t Back-up Vaccine Coordinator, available here: <https://eziz.org> show completion dates of 12/15/2022 or later to be valid
 - Storing Vaccines
 - Monitoring Storage Unit Temperatures
 - Conducting a Vaccine Inventory

**When purchasing new data loggers, new devices must be a temperature data since the device was last reset; summary temperatures, total time out of range (if any), and alarm set Excel spreadsheets are not acceptable. Please see Data Logger Data Loggers – California Vaccines for Children (VFC) [\(eziz.org\)](#)*



State-Purchased Influenza Vaccine Packet Submission

Use this form to submit all program requirements. Each item must be submitted for **each facility**. Contact the State-Purchased Influenza Vaccine Program at HSA.CountyFluvaccine@sdcounty.ca.gov or by phone (619) 366-7128.

Please have the following documentation ready for upload:

- Agreement for Use of CDPH-Purchased Influenza Vaccine (2023-2024)
- Vaccine Management Plan (VMP) with Signature Page
- Vaccine Refrigerator - Color Photos
 - Front
 - Inside with door open
 - Label with the unit serial number
- Primary and Back-up Data loggers - Color Photos
 - Fronts
 - Sides with serial number
 - Calibration certificates
- Data Logger Report
 - Must show:
 - Alarm settings
 - Current temperature
 - Min and Max temperatures
 - Most recent 30 days
- Refrigerator Temperature Log. **Must match data logger timeframe.**
- EZIZ Completion Certificates taken after 12/01/2022.
 - The following completion certificates for the Vaccine Coordinator and Back-up Coordinator:
 - Storing Vaccines
 - Monitoring Storage Unit Temperatures
 - Conducting a Vaccine Inventory

Enrollment Packet

Received: 108

Approved in myCAvax : 79



Program Vaccine Incident Reporting Process

Temperature Excursions and Vaccine Handling

- Storage and Handling Incident Reporting Process
- State Flu Vaccine Storage and Handling Incident Report Form

State-Purchased Influenza Vaccine Storage and Handling Incident Reporting Process

Temperature excursions and vaccine handling incidents may damage vaccines and impact vaccine viability. All storage and handling incidents must be documented and reported to the State-Purchased Influenza Vaccine Program. The information reported is used to determine whether the vaccine remains viable and can be safely administered to patients. Timely and accurate reporting of **all incidents** is essential to a successful determination of vaccine viability.

This information refers to **state-purchased influenza vaccine only**. Incidents involving Vaccines for Children (VFC) products, or vaccine from any other funding source stored in the affected storage unit, must be reported to the appropriate program per specific reporting procedures. **Do NOT report state-purchased influenza vaccine storage and handling incidents to VFC/SHOTS.**

When is it required to report a temperature excursion?

- When the temperature goes above 46.0°F or 8.0°C for **any amount of time**.
- When the temperature goes below 36.0°F or 2.0°C for **any amount of time**.
- Any planned or unplanned power outages with vaccine in a unit that goes out of range.

When is it required to report a vaccine handling incident?

- When vaccine was left out at room temperature for longer than recommended or not returned to the refrigerator within 8 hours of being removed.
- When digital data logger (DDL) reports cannot be produced (e.g., deleted DDL reports, data loss, DDL malfunctions, vaccine transported without a DDL)

Respond

- Stop administering vaccine from affected unit and post a "DO NOT USE" sign on the unit and vaccines. Do not discard the vaccines.
- Notify the clinic Vaccine Coordinator or Clinic Supervisor/Manager immediately.
- Transport the vaccine to an approved alternative unit or storage location in an appropriate cooler, if necessary.
- NEVER allow vaccine to remain in a malfunctioning storage unit.
- Identify and address the cause of the temperature excursion before you silence the DDL alarm.
- Check the basics: storage unit doors not properly closing, storage unit malfunction, DDL settings, power outage, etc.

Epidemiology and Immunization Services Branch

Compile

- Download the digital data logger (DDL) report.
- Document incident on the manual temperature log
- Contact the vaccine manufacturer and request stability information for each vaccine product affected based on this incident.
 - Inform manufacturer if vaccine has experienced previous excursion/ incident.

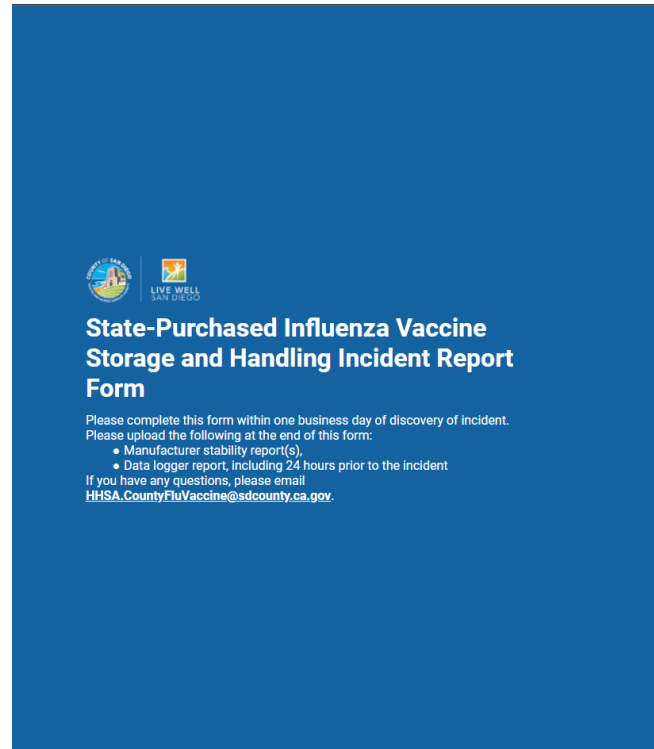
GSK Stability Calculator

GlaxoSmithKline (GSK)	(888) 825-5249
Sanoofi Pasteur	(800) 822-2463
Seqirus	(855) 358-8966

Submit

- Submit State General Fund Storage and Handling Incident Report [online](#).
 - Include all required information and documentation: e.g., DDL report, stability report.
- Follow up if you do not receive a response within one business day (does not include confirmation email), email HHSACountyFluVaccine@sdcountry.ca.gov.
- Additional contact information:
 - State Flu Vaccine Administrative Coordinator (619) 366-7128 (Monday - Friday, 8am to 5 pm)
 - State Flu Vaccine Clinical Coordinator (619) 373-2934 (Monday - Friday, 8am to 5pm)
 - Vaccine and Surge Coordinator (619) 980-0419 (Monday - Friday 7:30am to 4pm)

Updated July 26, 2023



Instructions:

Store vaccines in unit with acceptable range.

Label vaccines "DO NOT USE" until further guidance.

Report Date *

Discovery Date *

Discovery Time *
Please use the 24 hour format: ##:##

Name of Person Reporting *

Phone Number *
+1 () - -

Phone Ext.

Practice/Clinic Name *

Contact Email *

Problem *

Temperature too warm [above 46.0°F (8.0°C)]

Temperature too cold [below 36°F (2.0°C)]

Data Loss

Other



Annual Flu Training 2023-2024 Season



- Tuesday October 17, 2023
- Tuesday November 7, 2023
 - ✓ New Incoming Staff
 - ✓ Changes in Vaccine Coordinator or Back-Up Coordinator
 - ✓ Program knowledge
- Register in Advance
- Provide the information of the intended person during the registration process.

scan the
QR code below to
register:



For more information contact:

State Flu Vaccine Team

HHSA.CountyFluVaccine@sdcounty.ca.gov

2023-2024 State-Purchased Influenza Program Update

Allocation from CDPH

- Total Doses: 50,710
 - Fluarix PF Syr: 41,140
 - Fluzone MDV: 5,000
 - Fluad Syr: 3,070
 - FluMist: 1,500

Allocated to SGF Providers

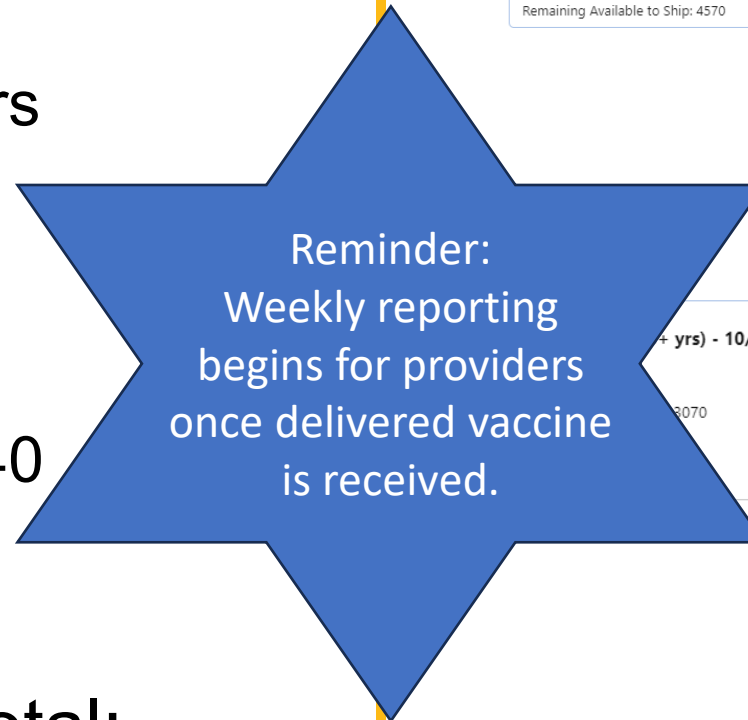
- Fluarix PF Syr: 36,070 (94%)
- Fluzone MDV: 5,000 (100%)
- Fluad Syr: 2,940 (96%)
- FluMist: 1,500 (100%)



2023-2024 State-Purchased Influenza Program Update

Vaccine Orders for SGF Providers

- Received Orders: 68
- Total Doses: 9,040
 - Fluarix PF Syr: 8,280
 - Fluzone MDV Doses: 740
 - Fluad Syr: 0
 - FluMist: 20
- On hand with providers total: 9,040



Fluzone Quadrivalent MDV (3 yrs - 100+ yrs) - 2023-2024 SGF
3 yrs - 100+ yrs
Season Allocation : 5000
Season Allocation Remaining : 0
Doses Requested : 330
Available To Ship : 4570
Approved Doses : 0
Remaining Available to Ship: 4570

FluMist Intranasal (2 yrs - 49 yrs) - 10/box - 2023-2024 SGF
2 yrs - 49 yrs
Season Allocation : 1500
Season Allocation Remaining : 0
Doses Requested : 0
Available To Ship : 1500
Approved Doses : 0
Remaining Available to Ship: 1500

+ yrs) - 10/box - 2023-2024 SGF
3070

ADU Fluarix SDS (19 yrs - 100+ yrs) - 10/box - 2023-2024 SGF
19 yrs - 100+ yrs
Season Allocation : 37940
Season Allocation Remaining : 13380
Doses Requested : 610
Available To Ship : 22170
Approved Doses : 0



Thank you

Araceli Montera, MPH

State Influenza Vaccine Admin Coordinator

O: (858) 505-6724 | C: (619) 366-7128

HHSA.CountyFluVaccine@sdcounty.ca.gov



Upcoming Events

- Wednesday, 10/25 – Vaccinations for Adults at Long Term Care Facilities Virtual Summit
- Thursday, 11/9 – Immunization Skills Institute



VACCINATIONS FOR ADULTS AT LONG TERM CARE FACILITIES
VIRTUAL SUMMIT

Wednesday, October 25
10:30 am - 12 pm, via Zoom

Join Us! Keeping our clients safe during the upcoming winter months from COVID, Flu and RSV starts now. Please join us for a virtual webinar on the importance of vaccinations and infection prevention strategies in skilled nursing, long term care facilities, congregate care, and other programs and facilities serving medically fragile and aging adults.

Register here:
[https://us02web.zoom.us/meeting/register/tZUpdQGhgTsqGNQifOTtOZU3DR4YmDKTNiz#/registration](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZUpdQGhgTsqGNQifOTtOZU3DR4YmDKTNiz#/registration)

Meeting ID:
814 3897 0020

Nurse CE Credit
Provider approved by California Board of Registered Nursing
Provider CEP#199A for 1.5 contact hours

CHES® - CECHS
CATEGORY 1 CONTINUING EDUCATION CONTACT HOURS COORDINATED BY THE INSTITUTE FOR PUBLIC HEALTH Multiple Event/Provider approved by the National Commission for Health Education Credentialing, Inc. Provider Number 10963

SPEAKERS

Priyanka Saxena, DO, MPH
California Department of Public Health

Albert Lopez
California Department of Public Health

Mara Rauhauser, BSN, RN
County of San Diego HHSA

Mark Sawyer, MD
University of California San Diego
Rady Children's Hospital

Emily Do, PharmD, JD, MBA, BCPS, CHC, CSSBB
County of San Diego HHSA



IMMUNIZATION TECHNIQUES
Safe • Effective • Caring

The innovative course will train medical personnel (e.g., medical assistants, pharmacists, nurses) on current, effective, and caring immunization techniques. Provider #CEP579 is approved by the California Board of Registered Nursing (BRN) to provide 1 continuing education contact hour offered for this training.

Topics covered:

- Best practices
- Needle selection
- Injection sites
- Routes of administration and after care
- Vaccine storage & handling
- Immunization preparation
- Vaccine preparation
- Immunization documentation

Thursday, Nov. 9
12:30PM-4:30PM
5560 Overland Ave
San Diego, CA 92123

 COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

 LIVE WELL SAN DIEGO

 IPHAB

Thank you!

See you in

2024