

JUNE 4, 2024

SDIC General Meeting

Greta Suydam, MPH || SDIC GChair
Heidi DeGuzman, BSN || SDIC GChair
Cynthia To, MPH, CHES || Community Health Program Special
Ashley McKay, MPH || Community Health Promotion Specialist



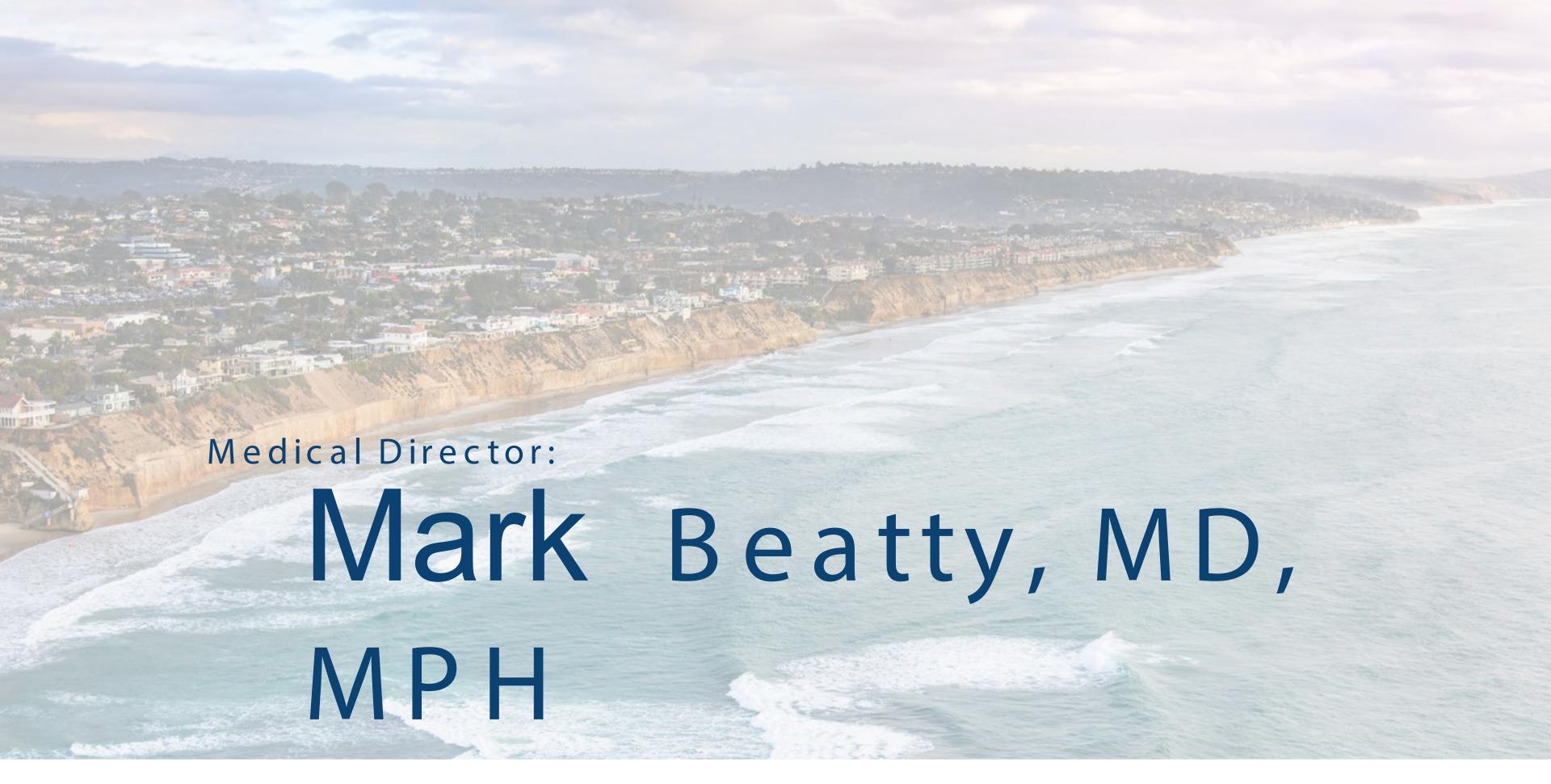
	SDIC Co-Chairs			
Formal Welcome and Announcements (10 min)	Greta Suydam, MPH Senior Key Account Manager Sanofi Pasteur	Heidi DeGuzman, BSN UCSD Program Director South Region PHC	12:30	
Medical Director Updates (10 min)	Mark Beatty, MD Epidemiology and Immunization Services B	12:40 – 12:50		
Children and Adolescent Vaccinations for Childcare and Schools + VFC/VFA Updates (40 min)	Kelsey Florio, RN COVID-19 Vaccine Nurse Consultant California Department of Public Health Imm	12:50 – 1:30		
2023-24 School Immunization Annual Reporting Results (30 min)	Lindsay McMurdo, MAS Community Health Program Specialist Epidemiology and Immunization Services B	1:30 – 2:00		
BREAK	15 minutes	15 minutes		
Vaccines for LGBTQ+ Community (30 min)	Julie Çelebi, MD, MS, FAAFP Associate Clinical Professor and Wellness I Medical Education and the Department of F University of California, San Diego	2:15 – 2:45		
CAIR (10 min)	Ryan Thun Local CAIR Representative California Department of Public Health, Imn	2:45 – 2:55		
San Diego Epidemiology IZ Data (10 min)	Sahar Nafez-Sabzwari, MPH Epidemiologist II Epidemiology and Immunization Services B	2:55 – 3:05		
State Flu Update (15 min)	Araceli Montera, MPH State Influenza Vaccine Program Coordinat Epidemiology and Immunization Services B	3:05 – 3:20		
Announcements (10 min)	Cynthia To, MPH, CHES Community Health Program Coordinator Epidemiology and Immunization Services B	3:20 – 3:30		



Mission

The mission of the San Diego Immunization Coalition is to increase immunization rates and improve the health of the residents of the San Diego County by raising awareness and providing education about vaccine-preventable diseases.

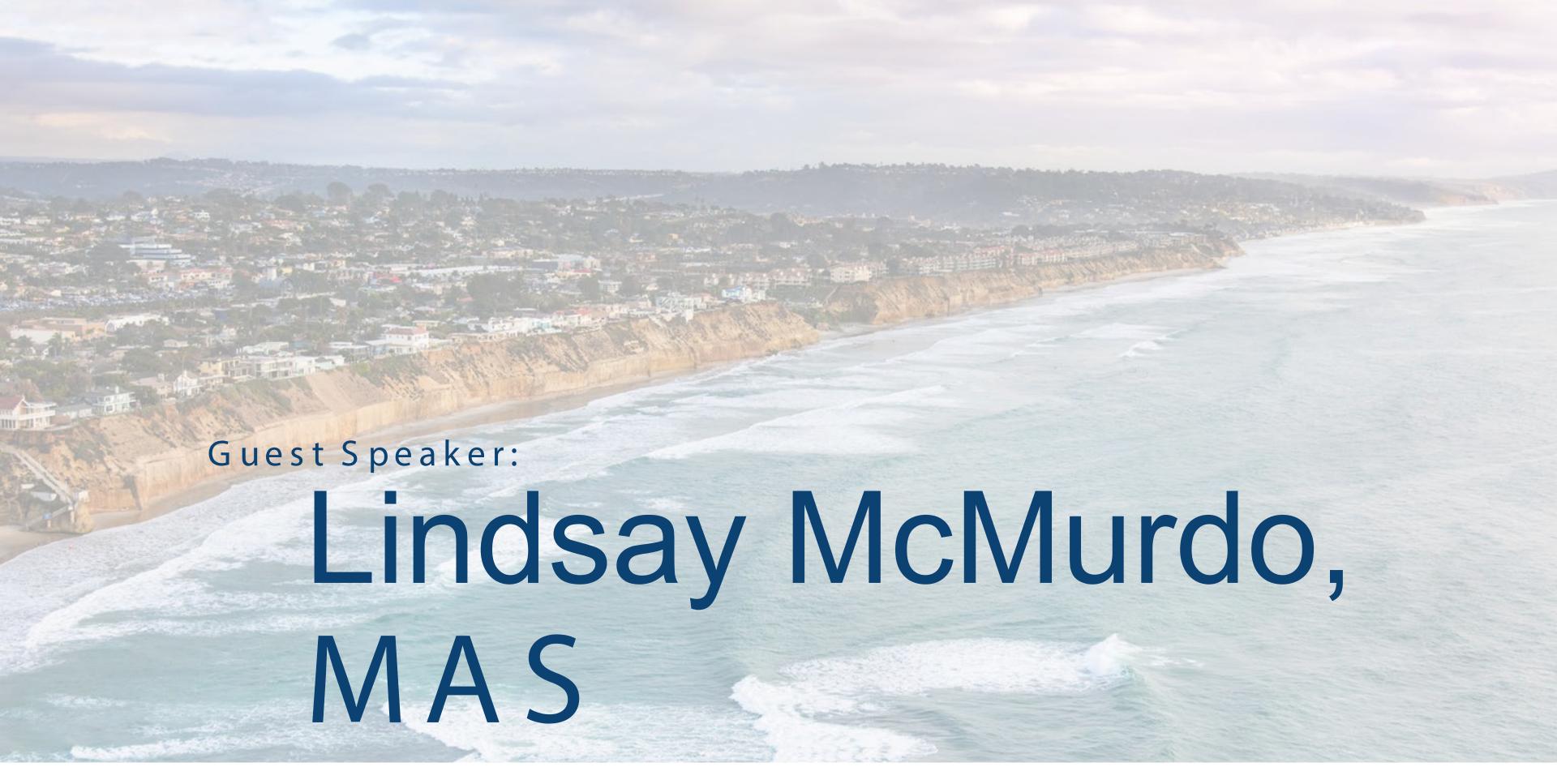




















2023-2024 SCHOOL IMMUNIZATION ANNUAL REPORTING RESULTS

Final Report 2014-2024

Lindsay McMurdo, MAS

Community Health Program Specialist

Epidemiology & Immunization Services Branch
Public Health Services
June 4, 2024

Agenda

BACKGROUND

- Purpose
- Glossary
- Overview of Immunization Laws
- Immunization Requirements
- Immunization Reporting

METHODS

RESULTS

- Immunization Coverage Executive Summary 2023-2024
- Childcare Immunization Coverage Over Time 2014-2024
- Kindergarten Immunization Coverage Over Time 2014-2024
- 7th grade Immunization Coverage Over Time 2014-2024

RECOMMENDATIONS AND NEXT STEPS







Purpose of Presentation

- To summarize and share the findings of the 2023-2024 annual reporting cycle and trends in immunization coverage in San Diego County over time from 2014-2024
- Provide informed recommendations and suggestions to improve processes for future annual reporting cycle and continued compliance with California state immunization law.



KEY DEFINITIONS

- Head Start: Federally funded pre-kindergarten program that supports children from birth to age 5 through services that include early learning and development.
- Transitional Kindergarten (TK): Is the first year of a two-year kindergarten program. Transitional Kindergarten students are reported along with kindergarten students for the purposes of annual reporting.



KEY DEFINITIONS

- Individualized Education Program (IEP): A document that outlines the special education services and supports that a student with special needs will receive.
 Documents are unique to each child. Students with IEPs are not required to be up to date with required immunizations, but schools must maintain a copy of the student's blue card.
- Independent Study: An alternative to classroom-based instruction for students. This type of instruction is available to pupils from TK through high school.



KEY ACRONYMS

- CDPH: California Department of Public Health
- COSD: County of San Diego
- IEP: Individualized Education Plan
- **IZ**: Immunization
- OLRI: Other Lacking Required Immunizations
- PME: Permanent Medical Exemption
- TME: Temporary Medical exemption
- UTD: Up-To-Date





IMMUNIZATION ABBREVIATIONS

- DTaP: Diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
- Tdap: Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
- MMR: Measles, mumps, and rubella vaccine
- Hib: Haemophilus influenzae, type b vaccine
- Hep B: Hepatitis B vaccine
- Var: Varicella vaccine, also known as chicken pox vaccine



Overview of Immunization Laws

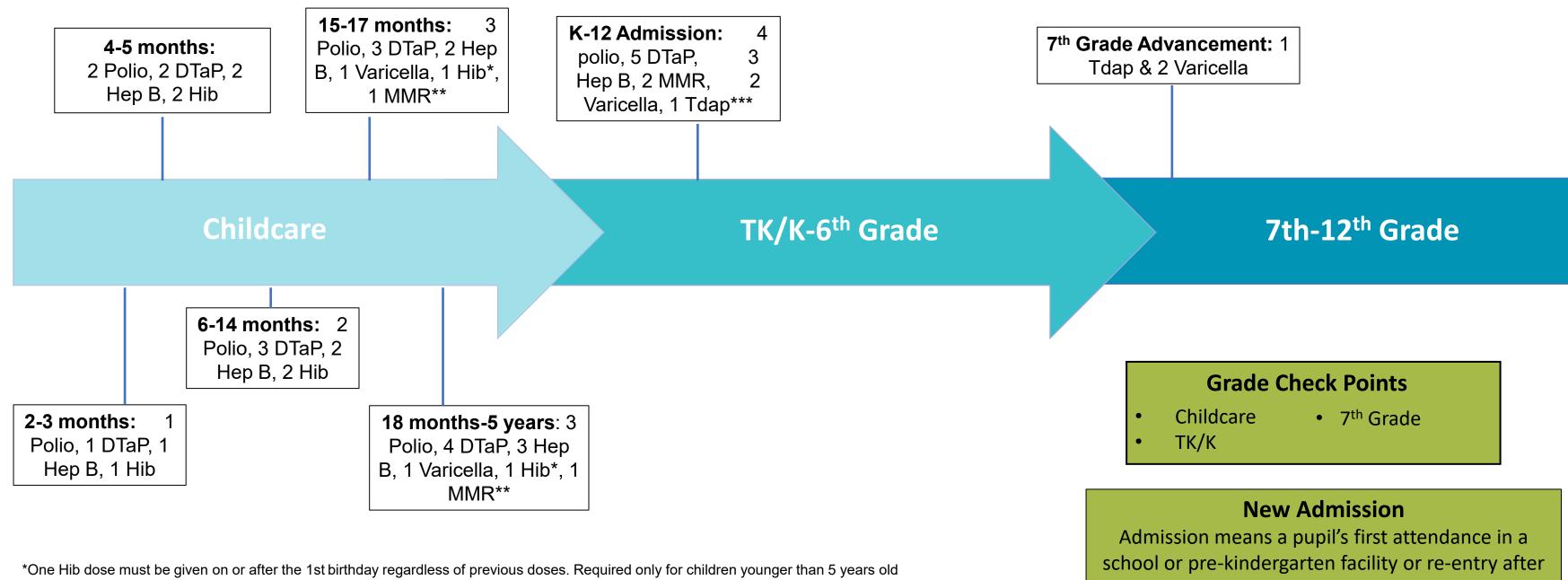
CALIFORNIA IMMUNIZATION LAW

- California Health and Safety Code, Section 120325-120375
 - Children in California are required to receive certain immunizations to attend public or private schools and childcare facilities.
 - Schools and childcare facilities are required to enforce these requirements, maintain record, and submit reports.
 - Children in homeschool, independent study programs, or those with an IEP do not have to meet immunization requirements, but schools must maintain immunization records and report immunization status.
- California Code of Regulations Title 17 Division 1, Chapter 4, Subchapte
 - Regulations specifying California School Immunizations.



Immunization Requirements

DOSES REQUIRED BY AGE WHEN ENROLLED & AT EACH CHECKPOINT AFTER ENTRY



^{**}Must be given on or after 1st birthday

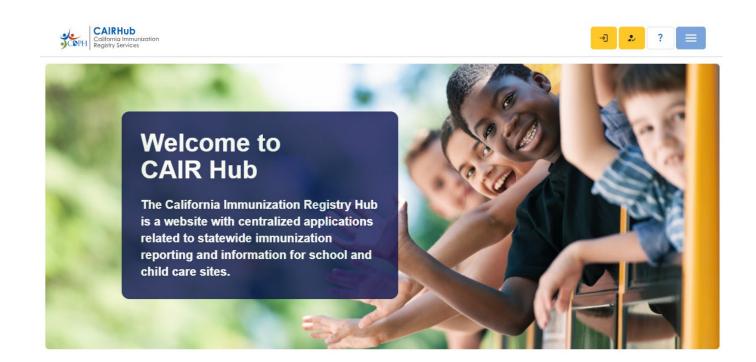
withdrawing from a previous enrollment

^{***}For 7th-12th graders, at least one dose of pertussis containing vaccine is required on or after the 7th birthday.

Immunization Reporting

OVERVIEW

- All California Schools and Childcare facilities are required to assess and annually report the immunization status of their enrollees.
- Reports were submitted for childcare,
 TK/Kindergarten and 7th grade.
 - Schools and childcares review the child's Blue Card on file and tally the child's reporting status.
 - Reports were submitted through the new reporting website on the CAIR Hub.







Immunization Reporting

UNCONDITIONAL

CONDITIONAL

OVERDUE

Definition:

Child met all state immunization requirements to attend school.

Definition:

The child has all the vaccines that s/he/they can get, but the next doses are due again soon.

Definition:

The child does not have the required doses or is past the conditional window period.





Methods Overview

PURPOSE OF THIS ANALYSIS WAS TO DETERMINE:

- Reporting Year Results for 2023-2024
 - Coverage rate of required vaccinations
 - Rate of vaccine exemptions
- Historical Comparison for 2014-2024
 - Coverage rate of required vaccinations
 - Rate of vaccine exemptions



Methods Overview

DATA COLLECTION

- Eligible San Diego County schools and childcares self reported the immunization status of their enrollees on the CAIR Hub.
- Reports submitted to CAIR Hub for each grade were aggregated into single, downloadable .xlsx data within the CAIR Hub platform.

DATA ANALYSIS

- Data was analyzed using SAS version 9.4
- Coverage and status variables were computed for each vaccine/status for each grade level using equations provided by CPDH and weighted by school enrollment.









Immunization Reporting

Immunization Coverage Summary 2023-2024 Executive Summary





OVERVIEW

- Total students enrolled
- 2. Number of reports submitted
- 3. Percent of childcares and schools with TK/K with >10% conditional or overdue students
- 4. Number of students with conditional or overdue status at childcares and TK/K
- 5. Percent of schools with 7th grade with >10% Tdap or Varicella conditional or overdue students
- 6. Number of students in 7th grade conditional or overdue for Tdap or varicella
- 7. Percent of PMEs by grade level

- 8. Childcare vaccination coverage
- 9. Childcare vaccination coverage by facility type
- 10. Kindergarten vaccination coverage
- 11. Kindergarten vaccination coverage by facility type
- 12. 7th grade vaccination coverage
- 13. 7th grade vaccination coverage by facility type





1

NUMBER OF STUDENTS ENROLLED BY GRADE LEVEL IN SAN DIEGO COUNTY DURING THE 2023-2024 SCHOOL YEAR

Grade Level	Number of Students		
Childcare	37,935		
TK/Kindergarten	48,838		
7 th Grade	39,288		





2

NUMBER OF REPORTS SUBMITTED BY GRADE LEVEL DURING 2023-2024 ANNUAL REPORTING

Grade Level	Total Number of Sites	Percent Reported
Childcare	912	100%
TK/Kindergarten	690	100%
7 th Grade	454	100%

Data Source: 2023-2024 CAIR Hub Immunization Reporting Portal.

3

PERCENT OF CHILDCARES AND SCHOOLS WITH TK/KINDERGARTEN AND 7TH GRADE WITH >10% CONDITIONAL AND OVERDUE STUDENTS

Grade Level	Total Number of Sites	Total Number of Sites with Enrollees	Number of sites with >10% conditional & overdue students	Percent of sites with >10% conditional & overdue students
Childcare	912	800	46	5.7%
TK/Kindergarten	690	631	21	3.3%
7 th Grade-Varicella	454	385	5	1.3%
7 th Grade-Tdap	454	385	15	3.9%







NUMBER OF STUDENTS IN CHILDCARE AND TK/KINDERGARTEN WITH CONDITIONAL AND OVERDUE STATUS

Grade Level	Number of Students	Number of Conditional Students without TME	Number of Conditional students with TME	Percent conditional	Number of students overdue	Percent Overdue
Childcare	37,935	422	42	1.2%	370	1.0%
TK/Kindergarten	48,838	901	27	1.9%	255	0.5%





5

NUMBER OF STUDENTS IN 7TH GRADE WITH TDAP CONDITIONAL AND OVERDUE STATUS

Grade Level	Number of Students	Number of Students with Tdap TME	Percent conditional	Number of students with Tdap Overdue	Percent Overdue
7 th grade	39,288	8	0.0002%	286	0.7%





Data Source: 2023-2024 CAIR Hub Immunization Reporting Portal.

6

NUMBER OF STUDENTS IN 7TH GRADE WITH VARICELLA CONDITIONAL AND OVERDUE STATUS

Grade Level	Number of Students	Number of Students conditional for varicella w/o TME	Number of students conditional for varicella w/TME	Percent of students conditional for varicella	Number of students overdue for varicella	Percent of students overdue for varicella
7 th grade	39,288	107	8	0.3%	130	0.3%





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PERCENT OF PMES BY GRADE LEVEL

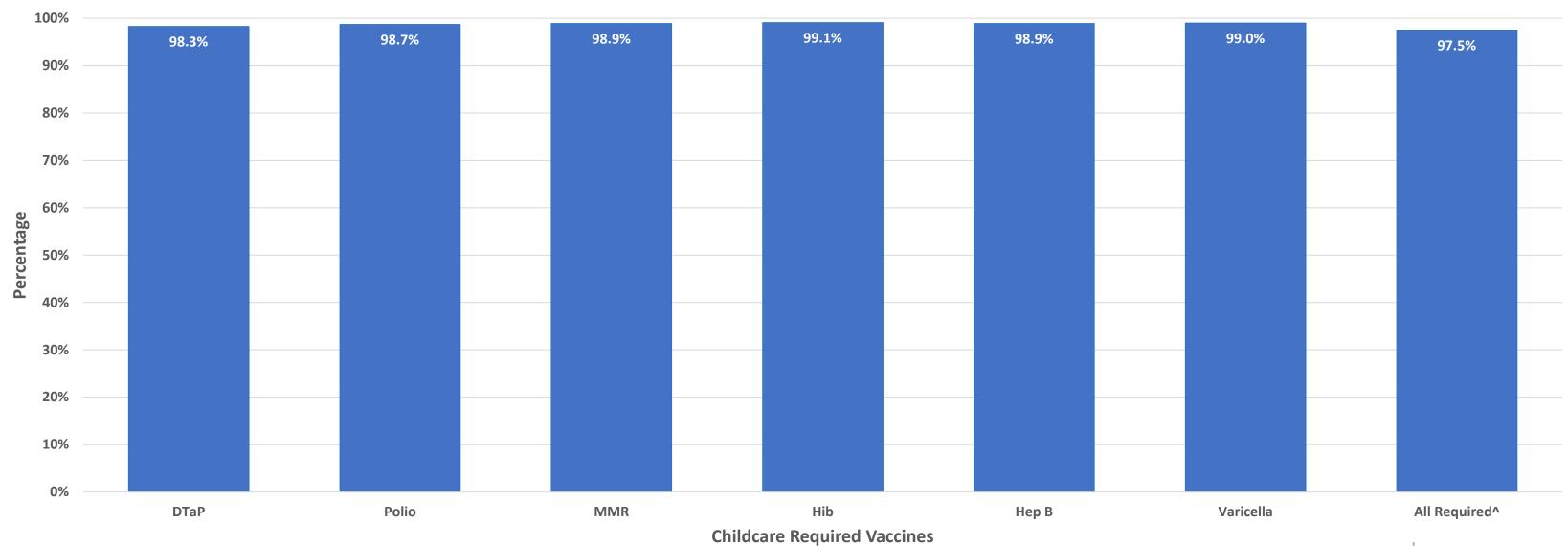
Grade Level	Number of Students	Number of PMEs	PME (%)	Tdap PME (%)	Varicella PME (%)
Childcare	37,935	22	0.1%		
TK/Kindergarten	48,838	45	0.1%		
7 th Grade	39,288	78 Varicella PMEs 25 Tdap PMEs	_	0.1%	0.3%





Childcare 2023-2024 Executive Summary





*UTD means that at ages 18 months-5 years, children should have 3 Polio, 4 DTaP, 3 Hep B, 1 Varicella, 1 HIB, and 1 MMR total. ^All required is not an average percent of the number of students UTD with required vaccines, it is the percent of students who have all required vaccines.



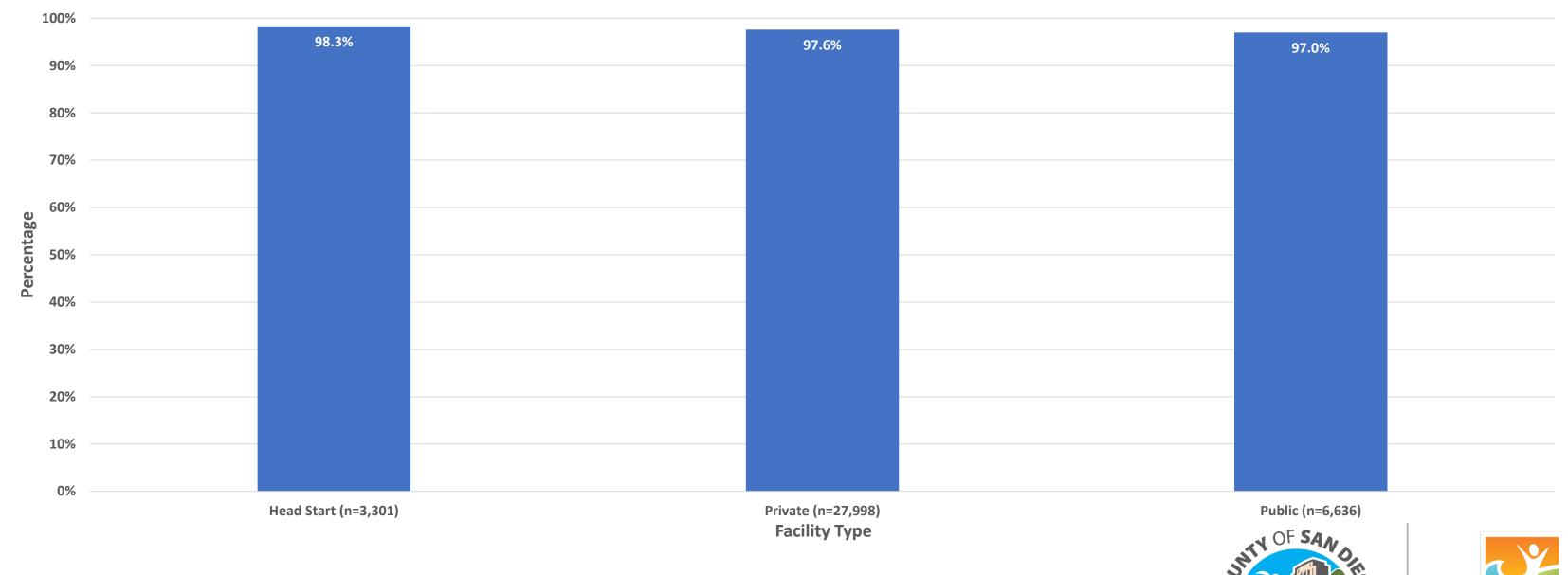


Data Source: 2023-2024 CAIR Hub Immunization Reporting Portal.

Childcare 2023-2024 Executive Summary

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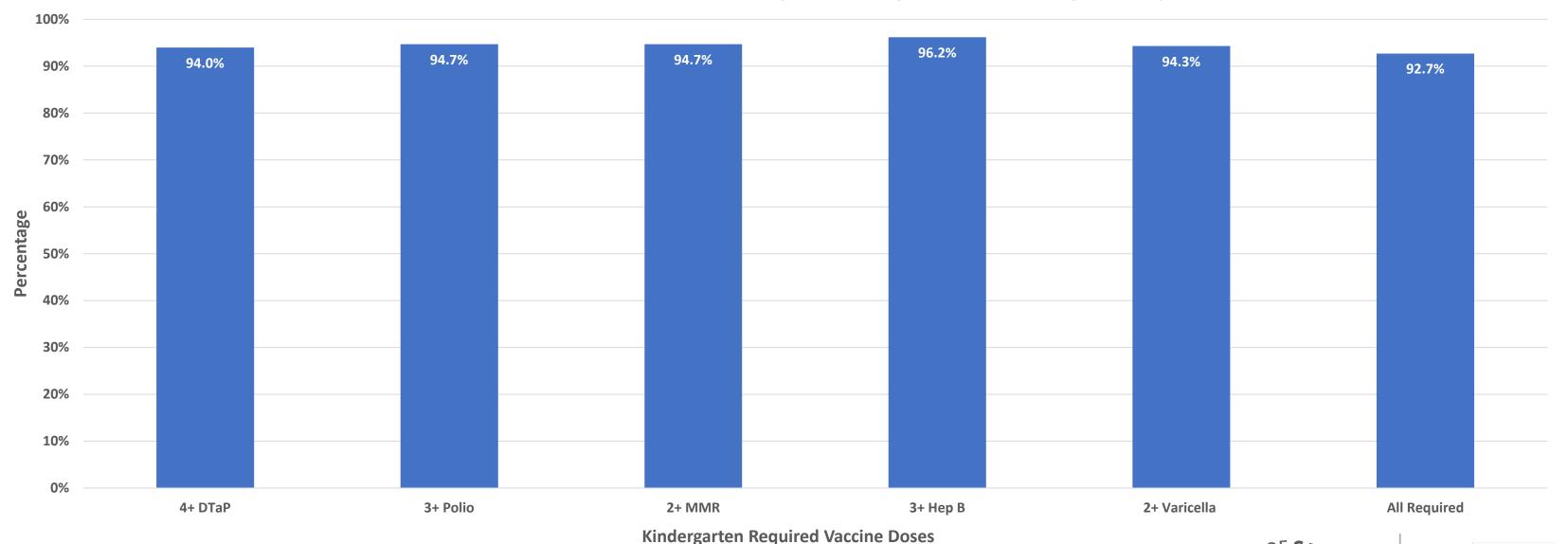


Data Source: 2023-2024 CAIR Hub Immunization Reporting Portal.

TK/Kindergarten 2023-2024 Executive Summary

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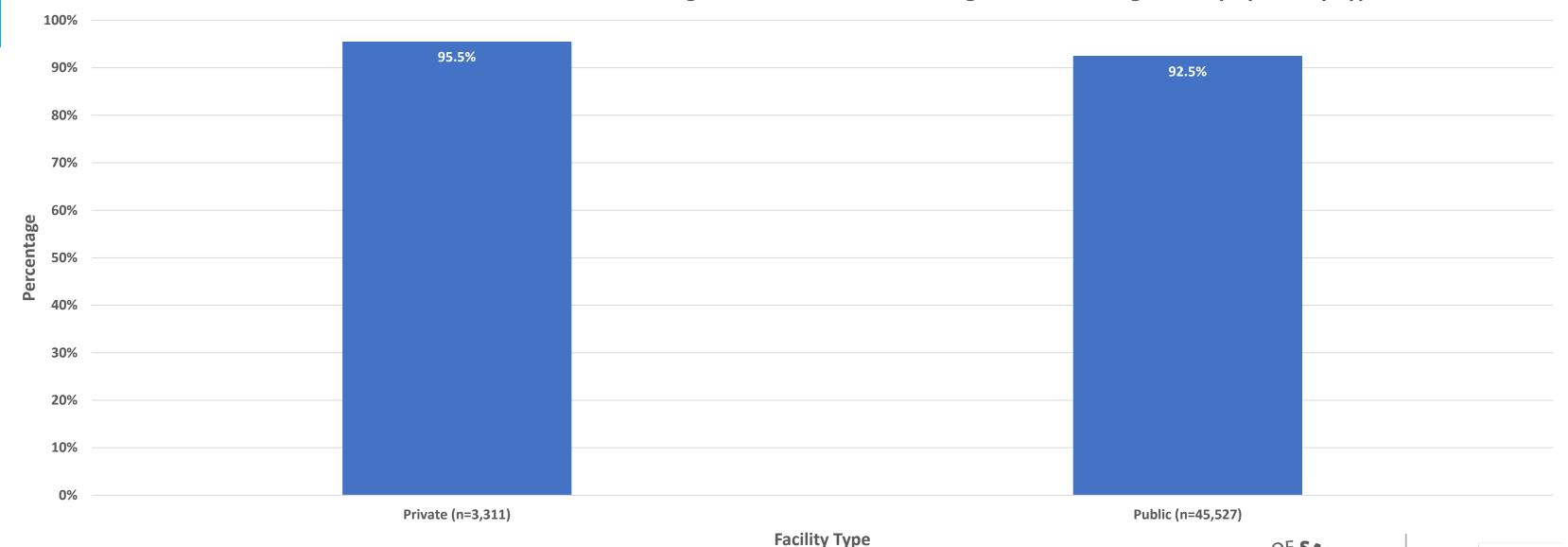
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TK/Kindergarten 2023-2024 Executive Summary

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Percent of Students with UTD Immunization Coverage at Schools with TK/Kindergarten in San Diego County by Facility Type



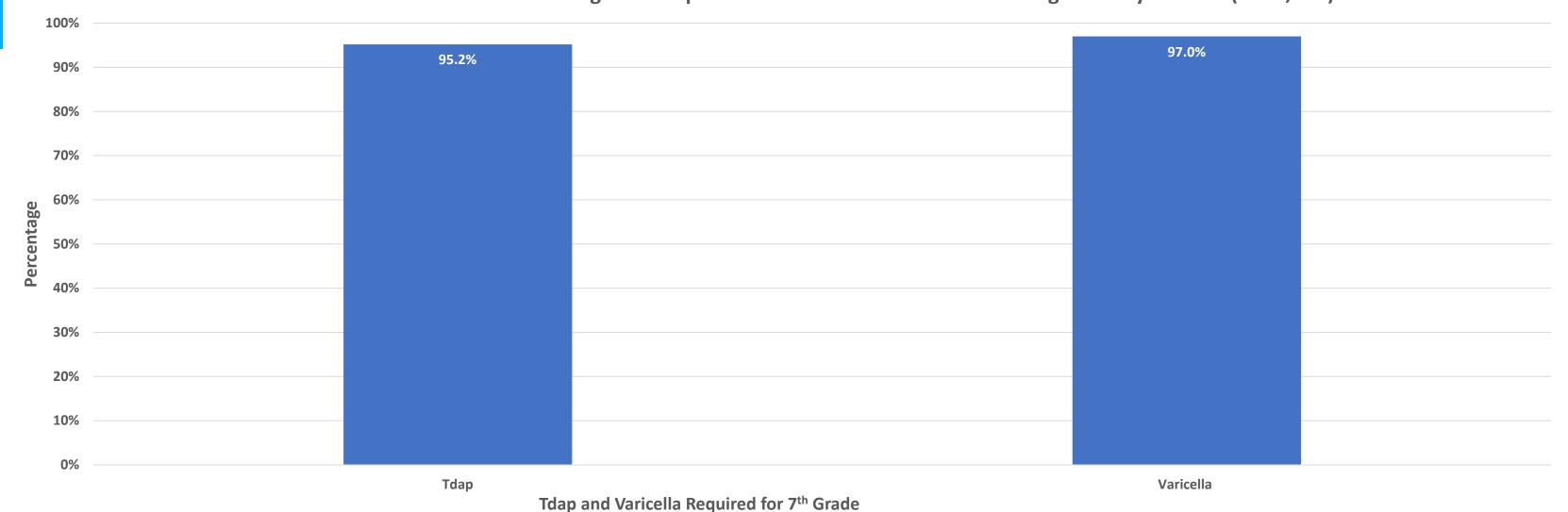
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7th Grade 2023-2024 Executive Summary

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Percent of students with UTD Coverage for Tdap and Varicella in 7th Grade in San Diego County Schools (n=39,288)



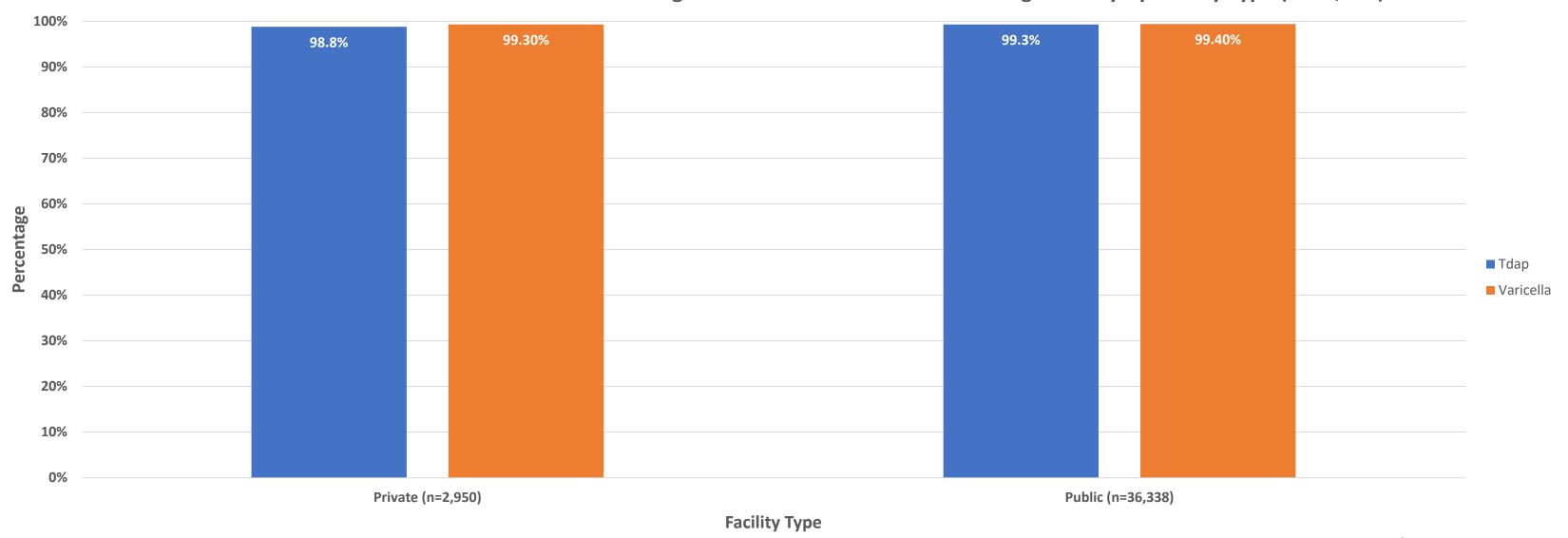




7th Grade 2023-2024 Executive Summary

13

Percent of Students with UTD Immunization Coverage at Schools in 7th Grade in San Diego County by Facility Type (n=39,288)







Immunization Reporting

Immunization Coverage Summary 2014-2024 Childcare





2014-2024 Childcare Immunization Coverage Over Time

OVERVIEW

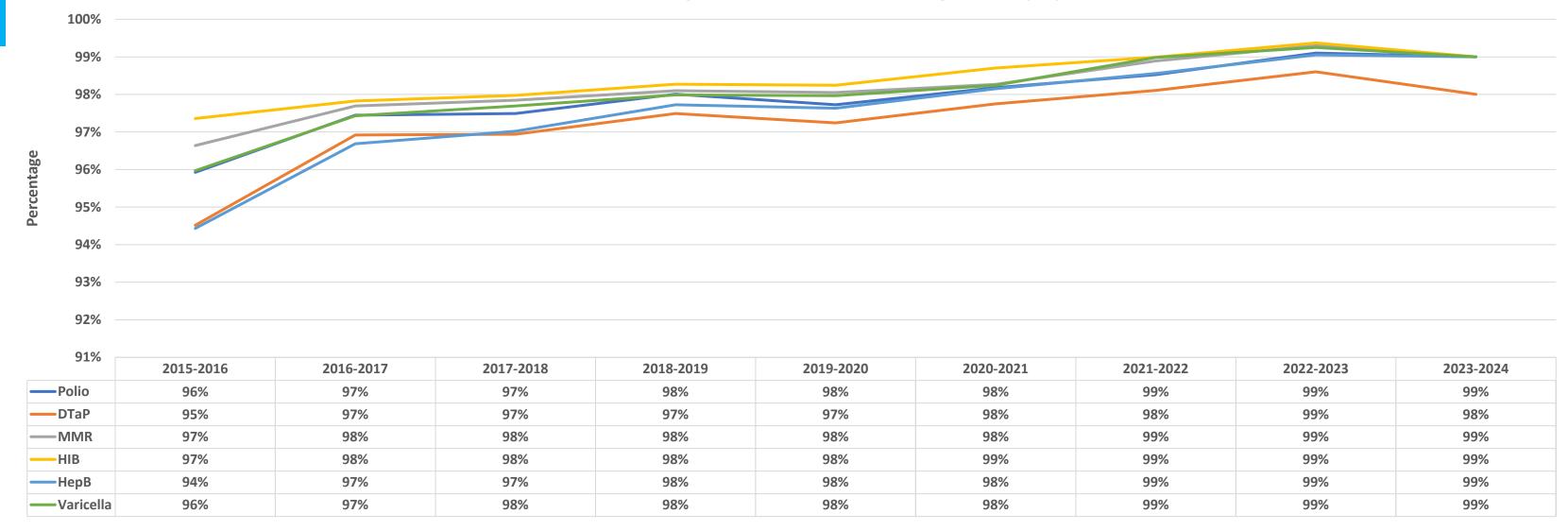
- 1. Vaccination coverage
- 2. Vaccination coverage in San Diego County compared to the State of California
- 3. Percent of students with conditional and overdue status
- 4. Percent of students with PMEs and OLRIs





2014-2024 Childcare Immunization Coverage Over Time

Percent of Vaccination Coverage at Childcares in San Diego County by School Year

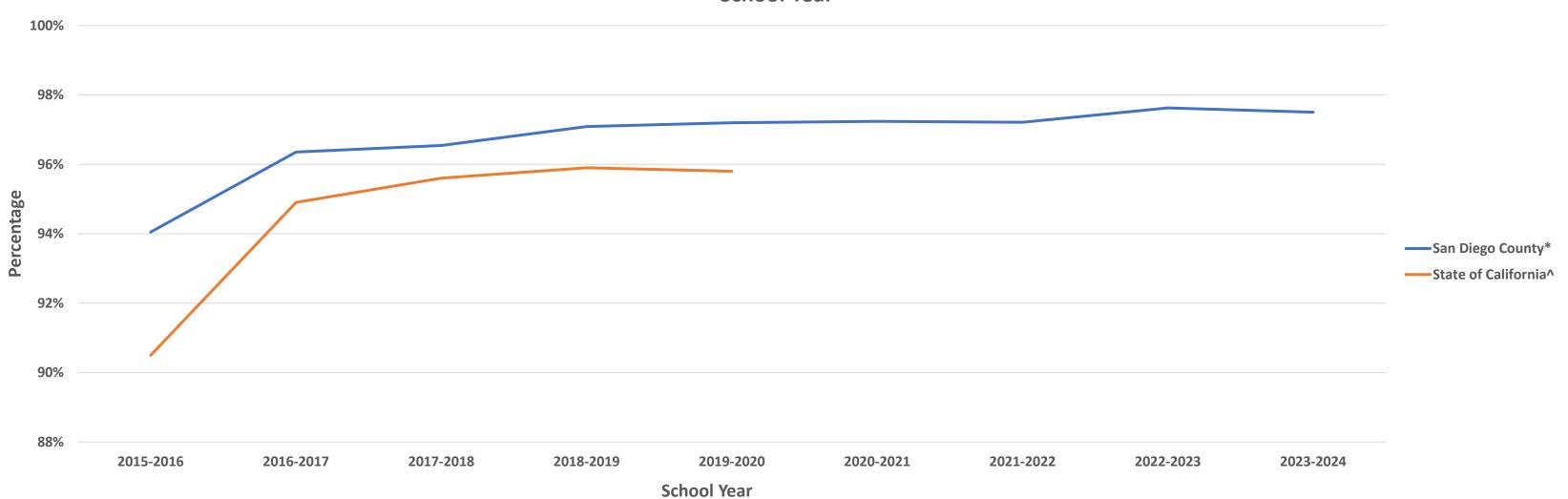






2014-2024 Childcare Immunization Coverage Over Time

Percent of students with UTD Immunization Coverage at Childcares in San Diego County Compared to the State of California by **School Year**



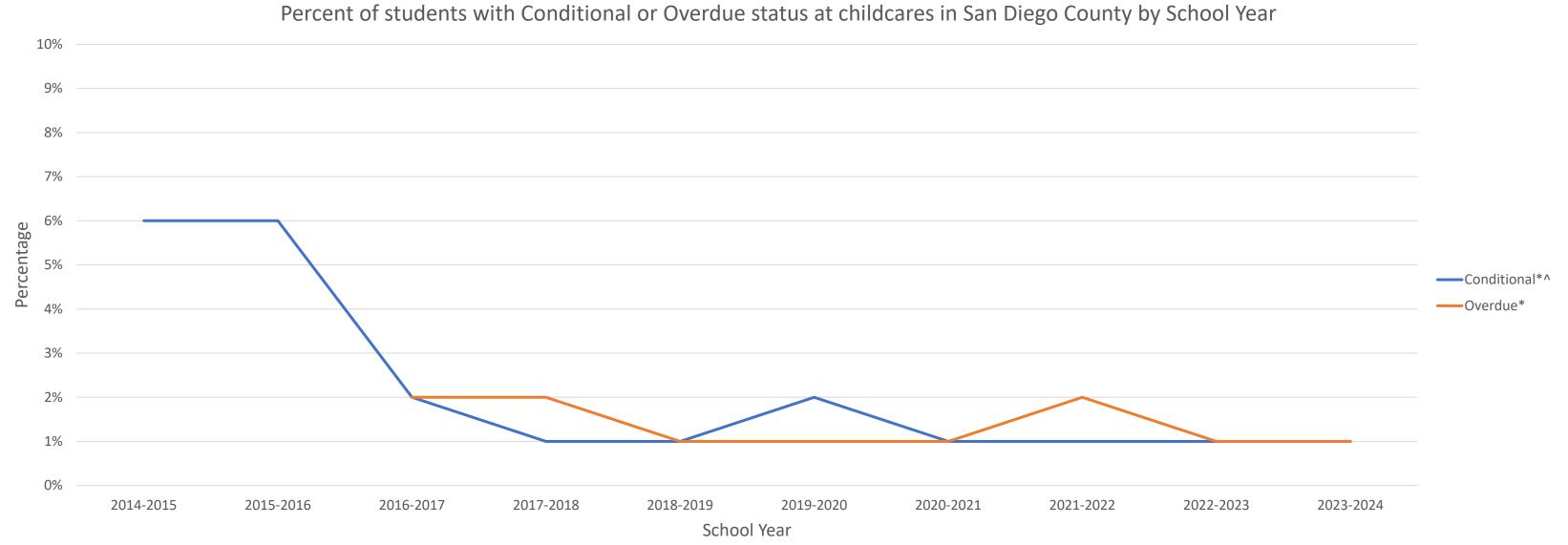
^{*}San Diego County mean UTD coverage estimates are weighted by school enrollment. UTD is the # of students with all required vaccines, PME, and IEP, divided by enrollment. Ratios are multiplied by 100 to determine percentages.

[^]California estimates represent the average mean of UTD students across all counties in California. Data is pre-analyzed by CDPH. Data from CDPH not yet public for 2020 on.





2014-2024 Childcare Immunization Coverage Over Time



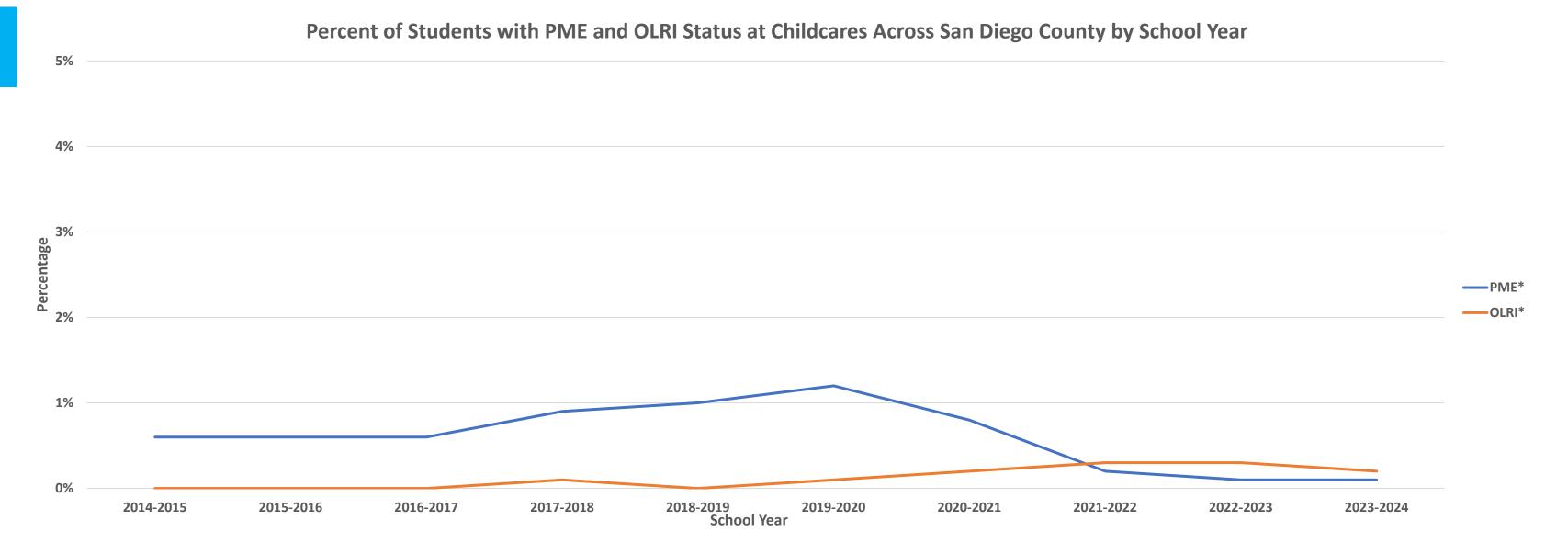
^{*}San Diego County conditional overdue estimates are weighted by school enrollment. Conditional is the # of students with conditional statues with or without a TME on file, divided by total enrollment. Overdue is the # of students who are missing a vaccine they are eligible for, divided by enrollment. Each ratio was multiplied by 100 to determine a percentage.

[^] With the passing of Senate Bill 277 as of January 1, 2016, personal beliefs exemptions cannot be submitted to exempt a student from a state required vaccine





2014-2024 Childcare Immunization Coverage Over Time



^{*}San Diego County PME and OLRI estimates are weighted by school enrollment. PME is the # of students with a PME on file, divided by total enrollment. OLRI is equal to the number of students with an IEP divided by total enrollment. Each ratio was multiplied by 100 to determine a percentage.





Immunization Reporting

Immunization Coverage Summary 2014-2024 TK/Kindergarten





2014-2024 Kindergarten Immunization Coverage Over Time

OVERVIEW

- 1. Vaccination coverage
- 2. Vaccination coverage in San Diego County compared to the State of California
- 3. Percent of students with conditional and overdue status
- 4. Percent of students with PMEs and OLRIs



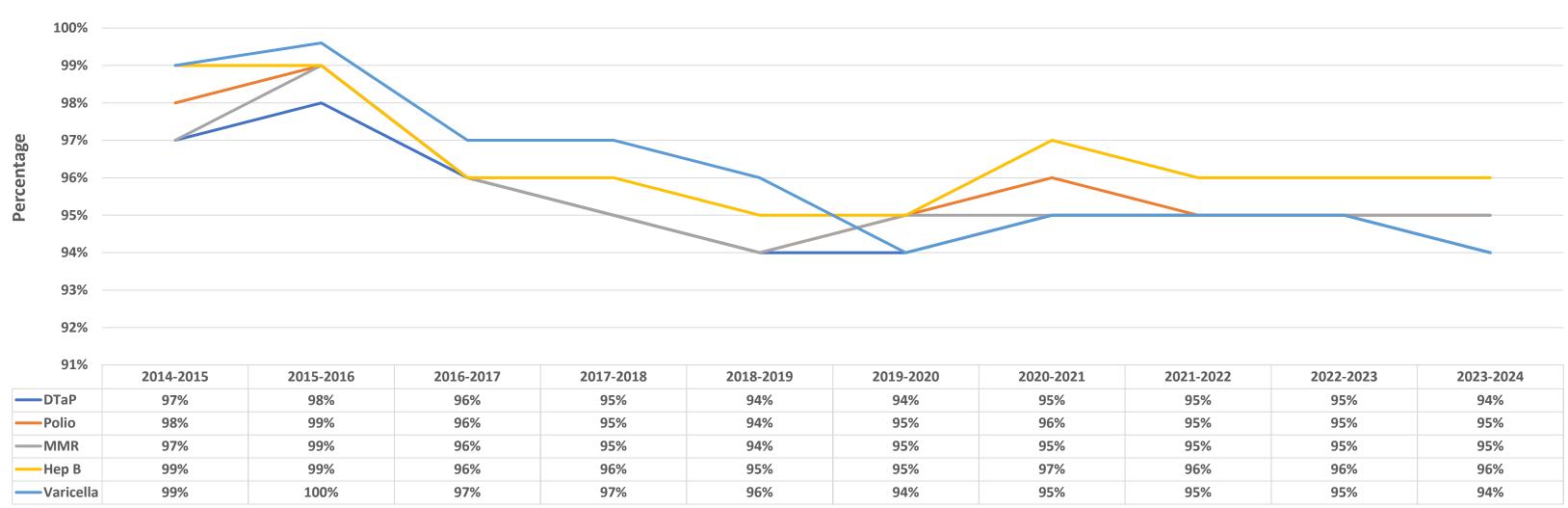


2014-2024 Kindergarten

Immunization Coverage Over Time

101%

Percent of Vaccination Coverage at Kindergartens in San Diego County by School Year



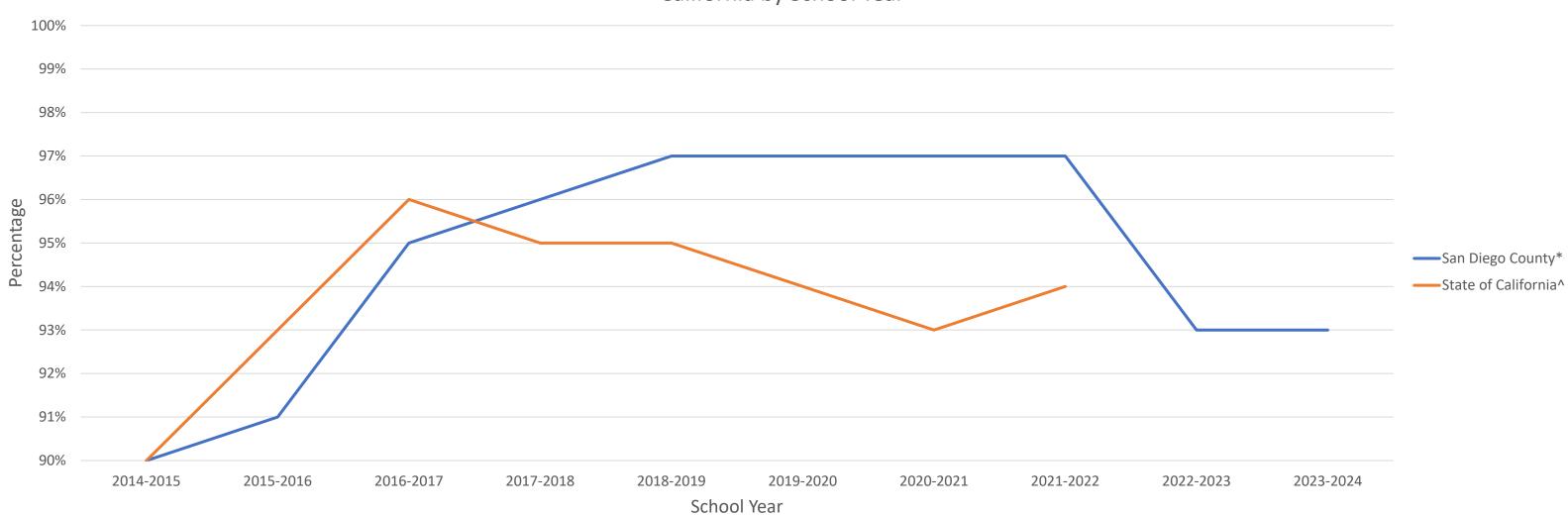




2014-2024 Kindergarten Immunization Coverage Over Time

2

Percent of students with UTD Immunization coverage at TK/Kindergartens in San Diego County Compared to the State of California by School Year



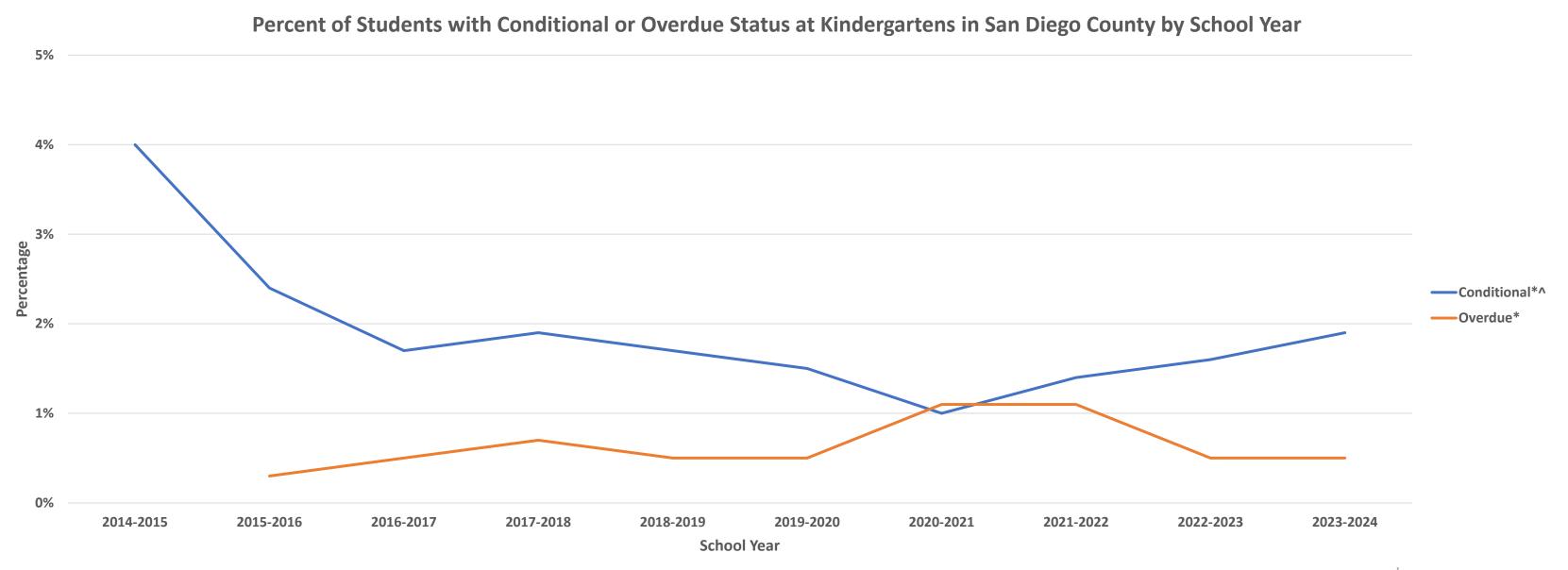
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2014-2024 Kindergarten Immunization Coverage Over Time



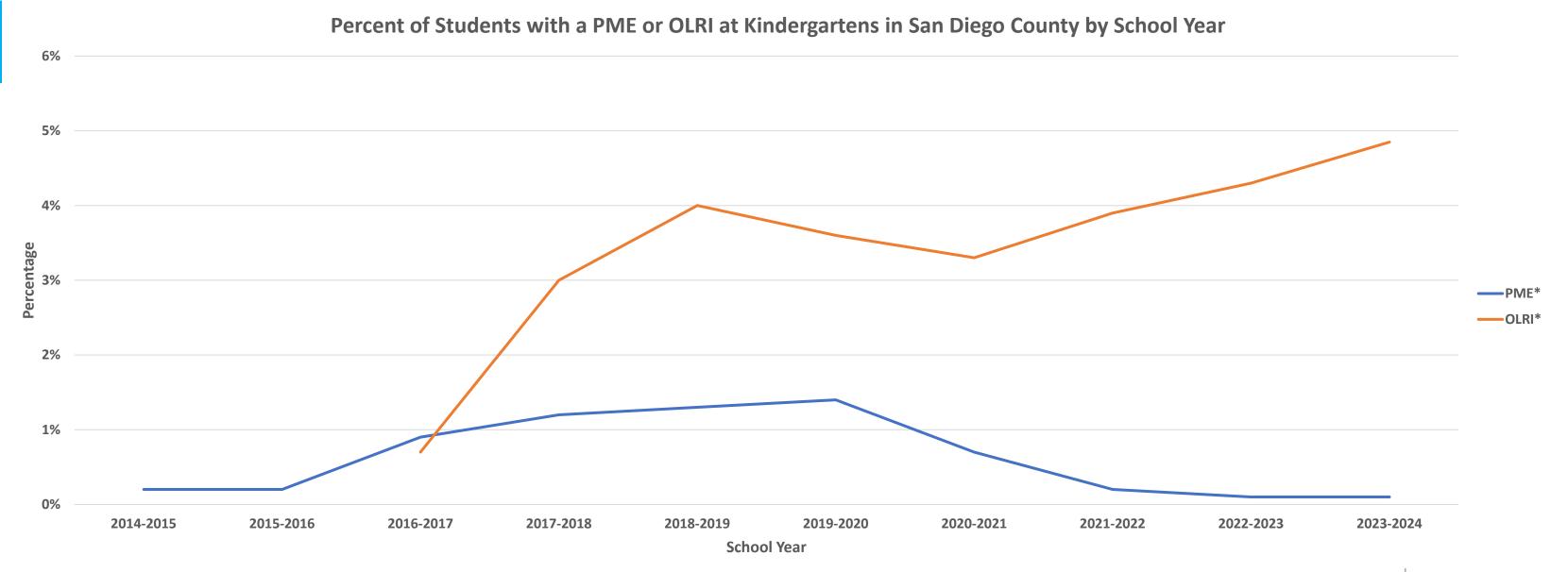
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2014-2024 Kindergarten Immunization Coverage Over Time



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Immunization Reporting

Immunization Coverage Summary 2014-2024 7th Grade



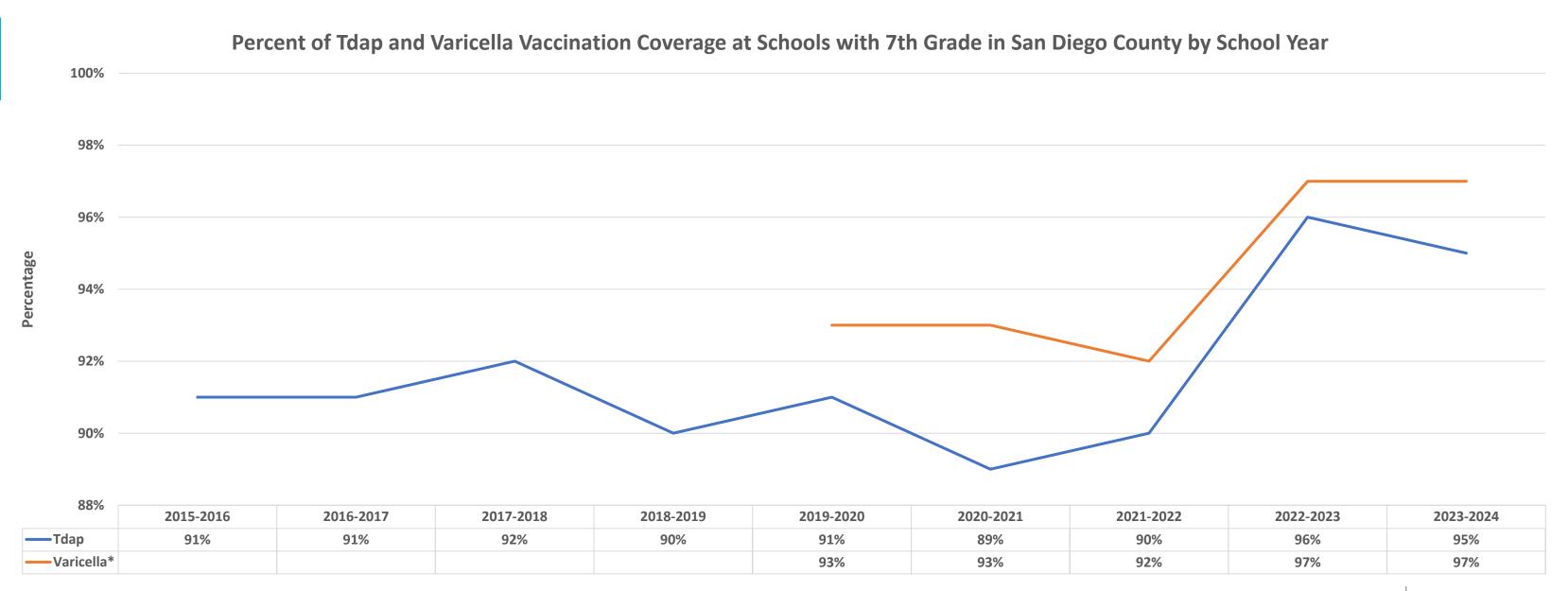


OVERVIEW

- 1. Tdap and Varicella vaccination coverage
- 2. Vaccination coverage in San Diego County compared to the State of California
- 3. Percent of students with conditional or overdue for Tdap
- 4. Percent of students conditional or overdue for Varicella
- 5. Percent of students with PMEs and OLRI for Tdap
- 6. Percent of students with PMEs or OLRI for Varicella





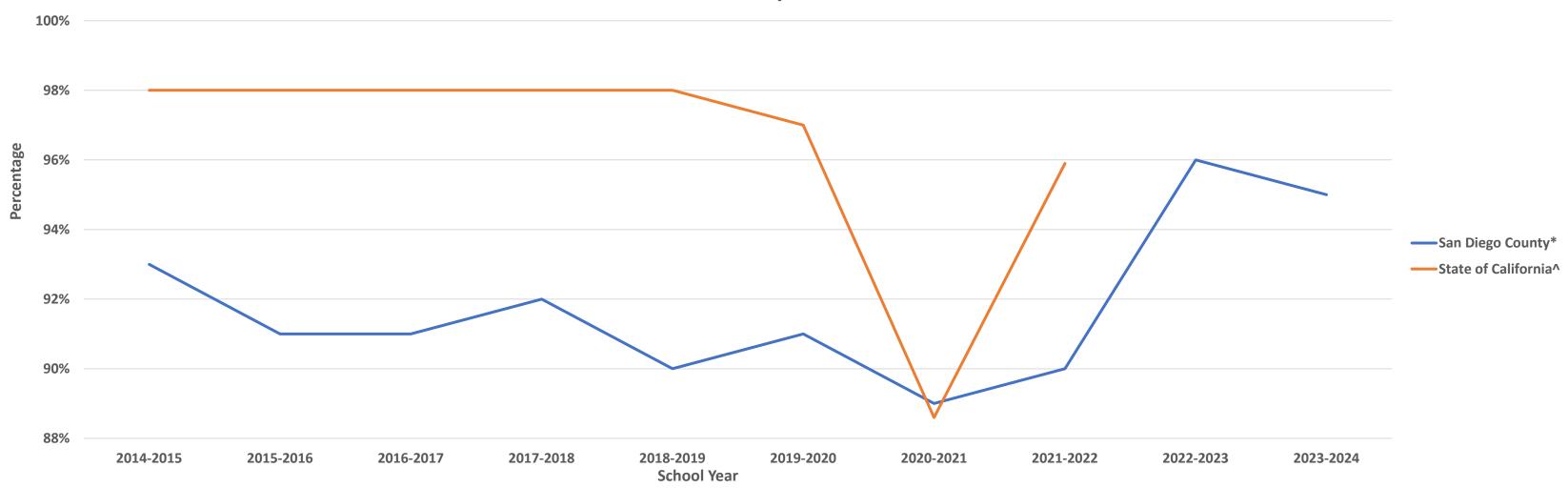


^{*}Varicella vaccination information began being captured in 2019-2020 reporting cycle.





Percent of students with UTD Immunization Coverage for Tdap in the 7th Grade in San Diego County Compared to State of California by School Year

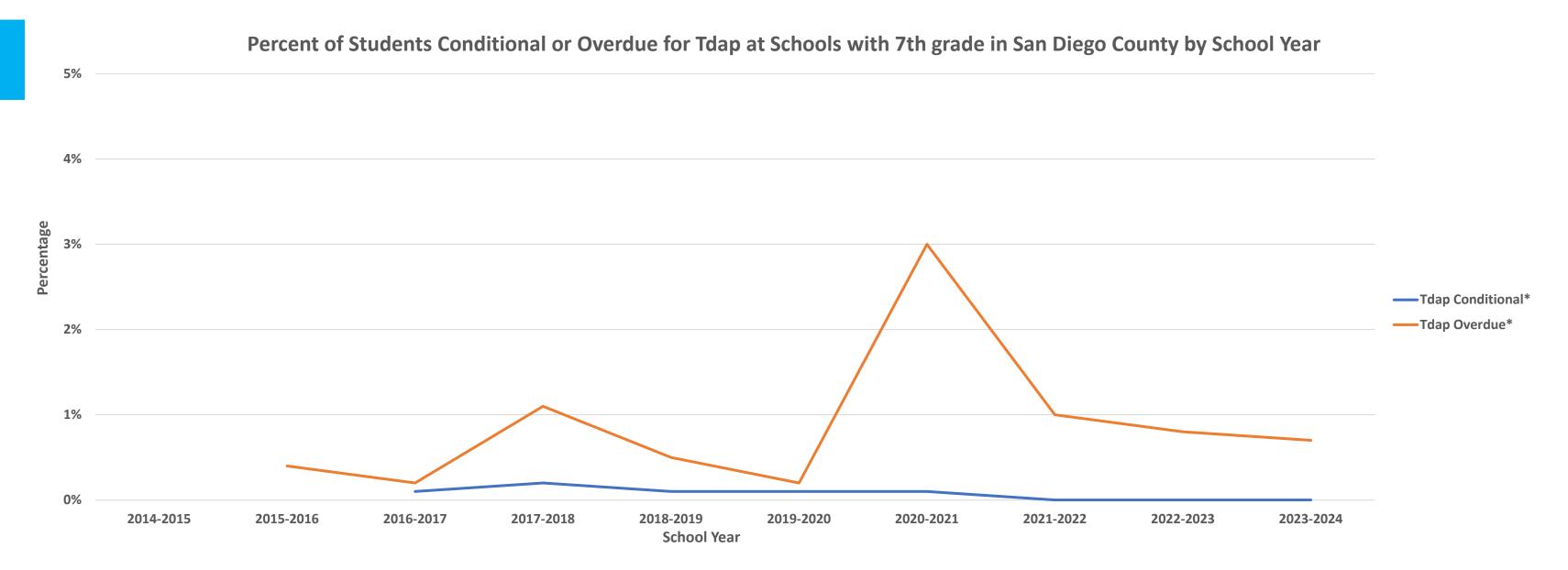


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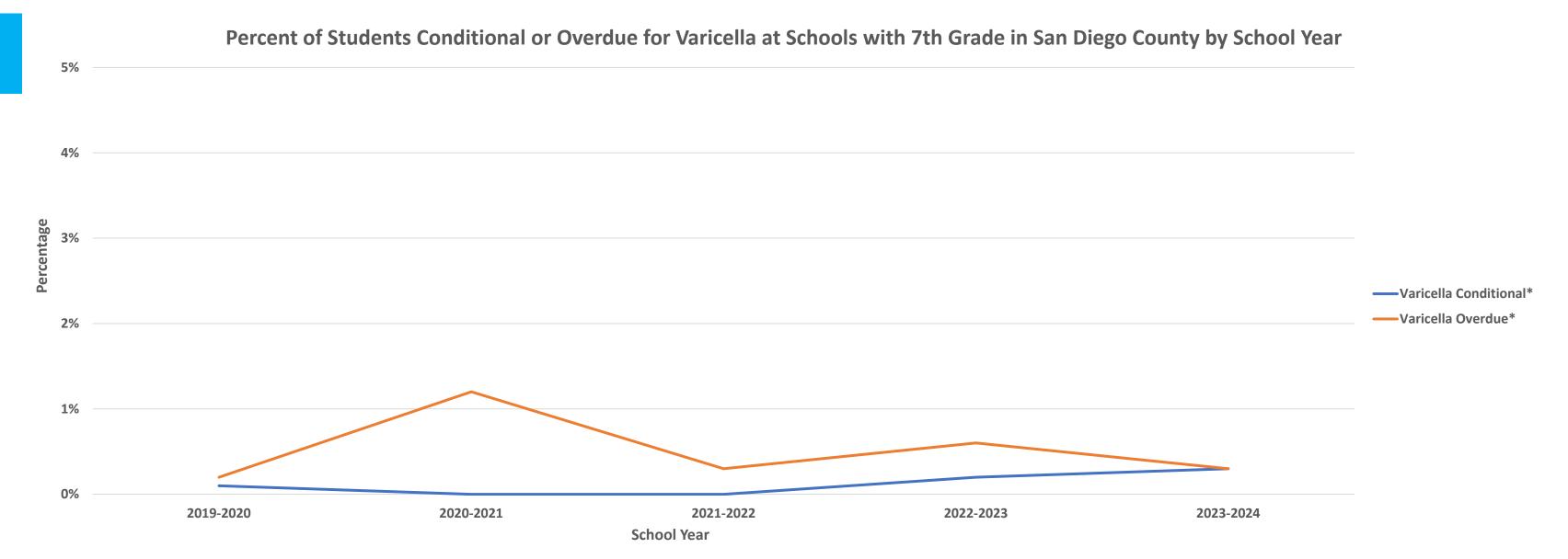
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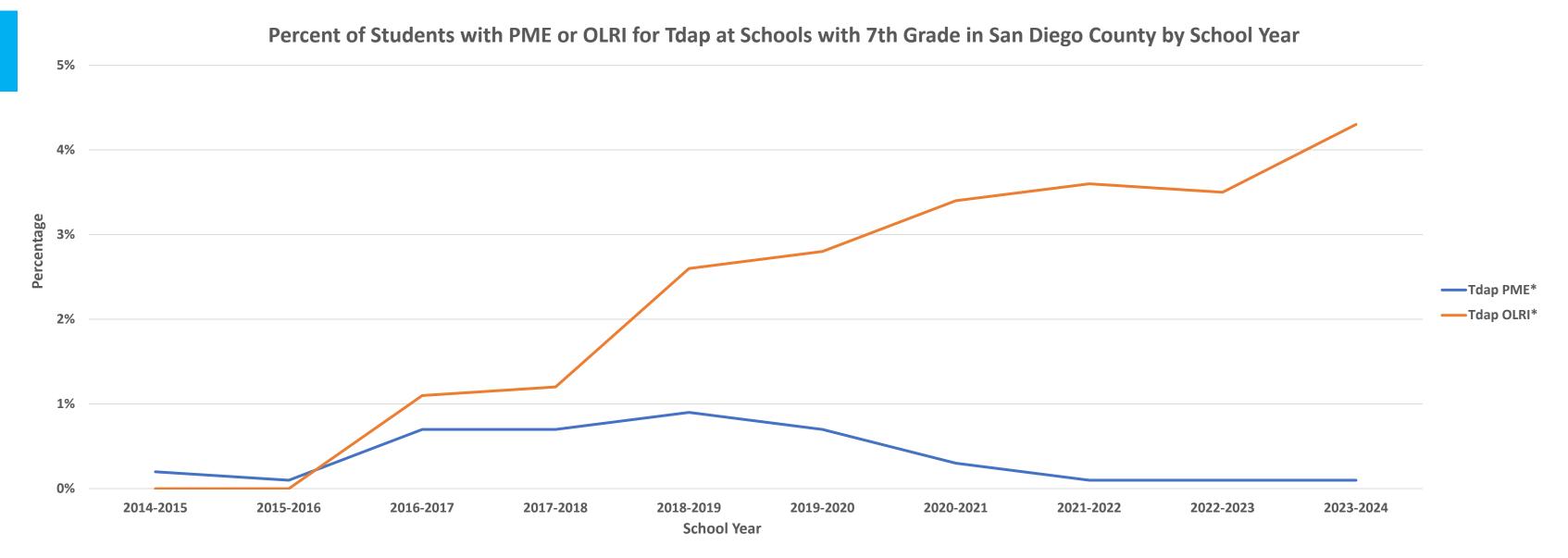




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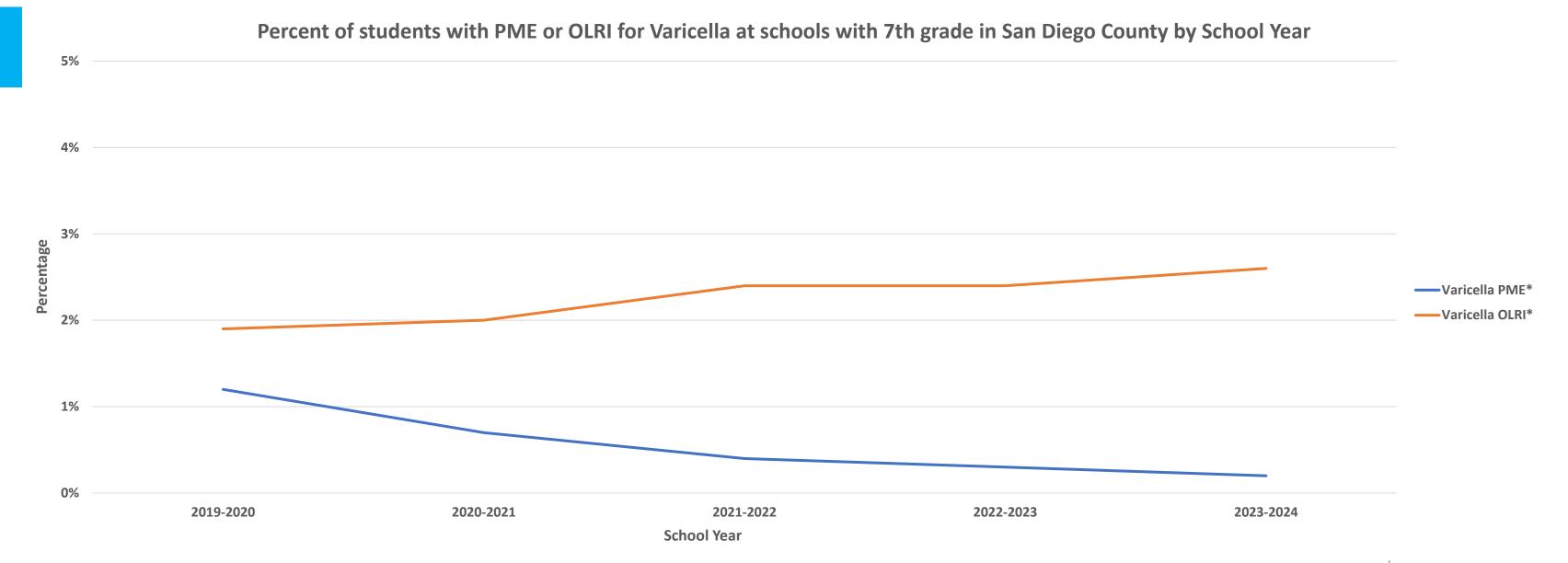




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^{*} San Diego County PMEs and OLRIs are weighted by enrollment. PME is the # of students with a PME on file, divided by total enrollment. OLRI is equal to the number of students with an IEP, Independent study, or homebased study divided by total enrollment. Each ratio was multiplied by 100 to determine a percentage.





RECOMMENDATIONS AND NEXT STEPS

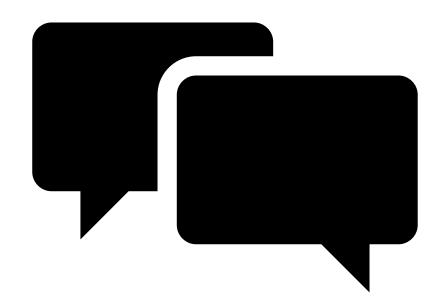




IMPROVEMENTS FOR NEXT REPORTING CYCLE (2024-25)

Communication

- Implementation of system to review point of contact information prior to annual reporting cycle.
- Utilize Power Automate tool to send personalized reminder emails to schools/childcares that still need to report.
- At the beginning of the reporting cycle continue to reach out to schools and childcares that are known to have duplicates in the system to resolve the issue in a timely manner.
- Continue to remind schools/childcares that have already reported that they can update their report till the deadline.
- Work with CDE and home-based school organizations to find ways to partner with home schools to increase understanding of reporting requirements and encourage timely reporting.







IMPROVEMENTS FOR NEXT REPORTING CYCLE (2024-25)

School and Childcare Best Practices

- Contact the school compliance team if you continue to receive reminder emails after submitting report.
- Ensure contact information is up to date.
- Report early and edit reporting data as needed until the deadline.
- Sign up for CAIR Hub at the beginning of the reporting cycle.



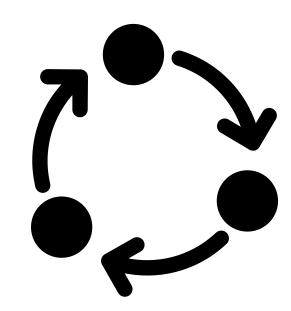




AREAS OF OPPORTUNITY FOR IMPROVING VACCINATION RATES

In 2023-2024, TK/Kindergarten grade levels showed the lowest percentage of students up-to-date on all required immunizations and the lowest overall vaccination coverage rate for reporting cohorts.

- Schools should ensure they have procedures in place to follow up with conditional or overdue students.
- County Immunization Unit developing and sharing tools and strategies to help improve vaccination rates through immunization tracking tools, educational materials and guidance, and school-based vaccination clinics.
- Use targeted outreach and health promotion methods to address different barriers that may prevent children from being up to date with specific school required vaccines (not a one size fits all approach).







AREAS OF OPPORTUNITY FOR IMPROVING VACCINATION RATES

Increasing percentage of TK/Kindergarten and 7th grade students with other lacking required immunizations.

- Although <u>students that fall within the OLRI category are not required to be up to date with school required vaccines</u>, resources and health promotional materials should be shared with the parents/guardians of these students regularly to ensure they are receiving updated vaccine information.
- Continue to educate schools/childcares on review periods for IEPs and the criteria children in independent study must meet to not be required to be UTD with immunizations.







Next Steps

SHARE RESULTS

- Results of Annual Reporting will be shared continuously be shared with schools, childcare facilities and other stakeholders including San Diego County Office of Education, San Diego Immunization Coalition, and at IZ Network Update meetings.
- IZ Coverage Maps on the County of San Diego website has been updated with the results of the 2023-2024 Annual Report

SELECTIVE REVIEW SITE VISITS

- On-site review to be conducted with County selected schools and childcare facilities April-June months.
 - During visits reviewers will evaluate the student immunizations records at each facility to ensure their compliance with CA school immunization law.



Questions?







Lindsay McMurdo, MAS

Community Health Program Specialist Epidemiology & Immunization Services Branch Izinfo.hhsa@sdcounty.ca.gov

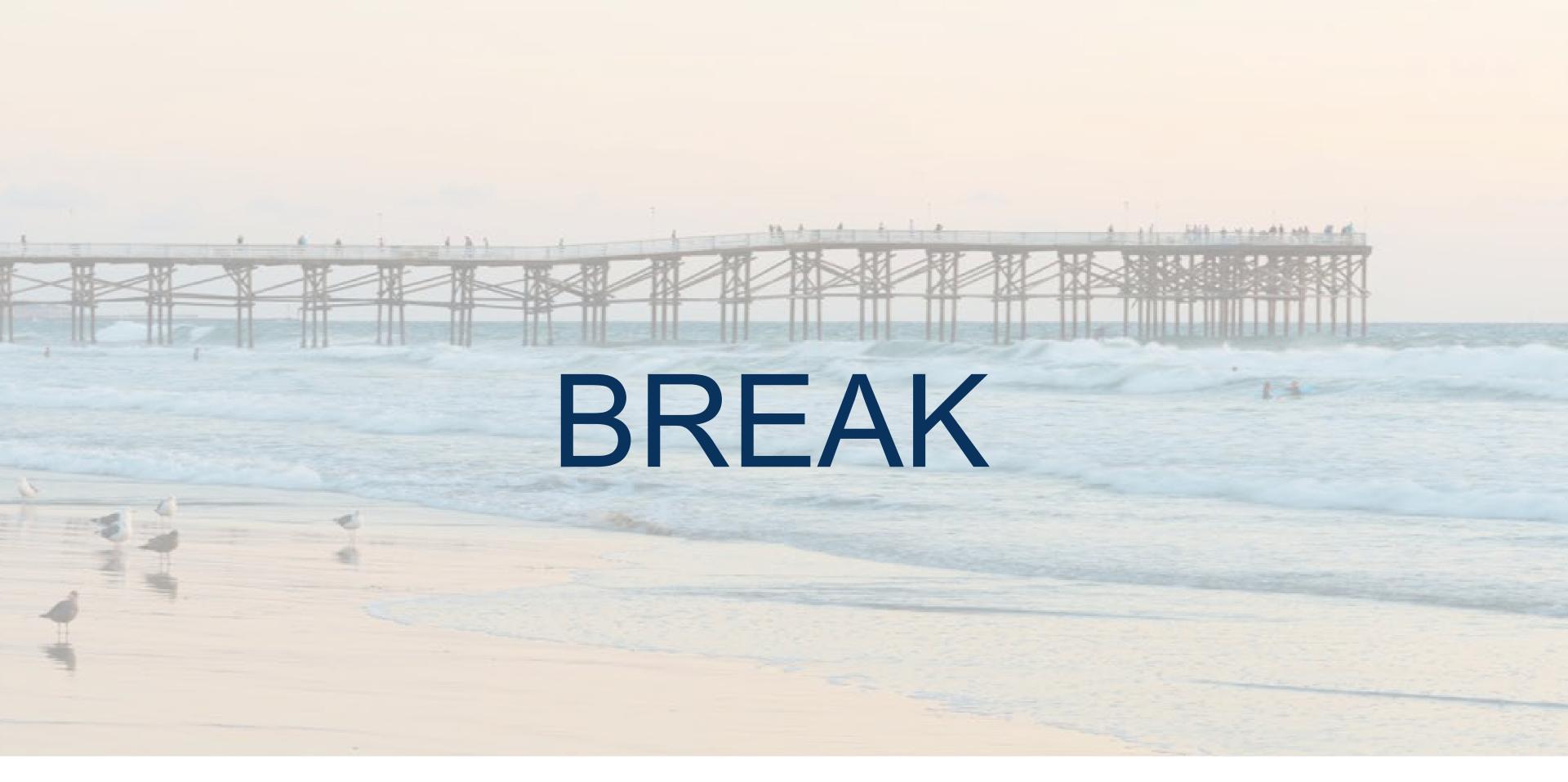




THANK YOU FOR LISTENING!



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 was re-accredited by the Public Health Accreditation Board on August 21, 2023.









VACCINES FOR THE LGBTQ+ COMMUNITY

Julie Çelebi, MD, MS, FAAFP
Associate Clinical Professor
Department of Family Medicine
University of California San Diego



OBJECTIVES

• Describe best practice guidelines in vaccination of LGBTQ+ patients

DISCLOSURES

None

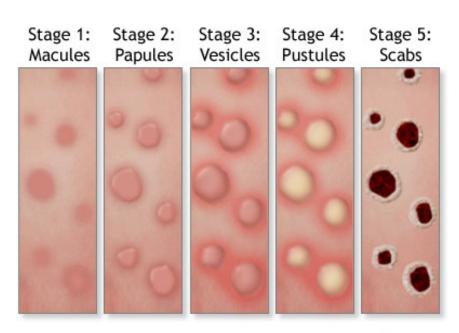
ABOUT ME

- Family medicine physician, care of all ages
- Outpatient care, inpatient care, non-surgical obstetrics
- LGBTQ+ health interests
 - o Gender-affirming care
 - o Family planning, reproductive health
 - o Pre- and post-exposure prophylaxis
 - o STI screening and treatment



MPOX

- Outbreak started in 2022
- Flu-like symptoms with evolving rash, 1–3 weeks after exposure
- Treatment is supportive, antivirals only for high risk
- Post-exposure prophylaxis available for asymptomatic individuals



*ADAM.

MPOX: JYNNEOS VACCINE



• Live virus, but non-replicating - safe for immunocompromised

Source: cdc.gov

- Indications:
 - Gay, bisexual, or other same-gender loving men who have sex with men or are transgender, gender non-binary, or gender-diverse AND in the last 6 months have had, or expect to have:
 - One or more sexually transmitted infections
 - More than one sexual partner, or anonymous sexual or intimate contact
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where mpox transmission is occurring

MPOX POST-EXPOSURE PROPHYLAXIS (PEP)

- High risk:

 PEP ASAP –

 2 doses, 4wk apart
- Intermediate risk: consider PEP

Risk stratification and management after an exposure to mpox (monkeypox)

Exposure category	Community	Health care setting	Management*
Intermediate	 ■ Being within 6 feet for 3 hours or more (cumulative) of an unmasked person with mpox without wearing a surgical mask or respirator Or ■ Contact between an exposed individual's intact skin with either: The skin lesions or bodily fluids from a source patient with mpox Materials (eg, linens, clothing, objects, sex toys) that have contacted the skin lesions or bodily fluids of a person with mpox without having been disinfected or laundered^Δ Or ■ Contact between an exposed individual's clothing with either: * The person with mpox's skin lesions or bodily fluids The person with mpox's soiled linens or dressings 	 Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked patient with mpox without wearing a surgical mask or respirator Unprotected contact between an exposed individual's intact skin and the skin lesions or bodily fluids from a patient with mpox or soiled materials (eg, linens, clothing) Activities resulting in contact between an exposed HCP's clothing and the patient's skin lesions or bodily fluids or their soiled materials while not wearing a gown[¥] 	Post-exposure vaccination determined on a case- by-case basis * Monitor for 21 days

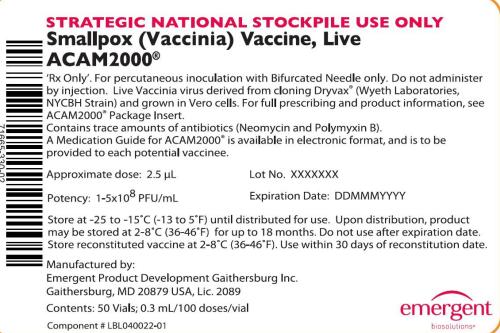
uptodate.com

WHAT ABOUT ACAM2000?

exposure to orthopoxvirus infections

- Store at -25 to -15°C (-13 to 5°F) until distribm up to stored at 2-8°C (36-46°F) for up to 1
 Store reconstituted vaccine at 2-8°C (36-46°F) for up to 1
 Manufactured by:
 Emergent Product Development Gaithersburg, MD 20879 USA, Lic. 2089
 Contents: 50 Vials; 0.3 mL/100 doses/vial
 Component # LBL040022-01

 Licensed to prevent smallpox, ACIP recommends ACAM 2000 for people at risk of
- Not safe for immunocompromised individuals contains live, replicating virus
- CDC recommends JYNNEOS over ACAM2000 due to fewer potential side effects
- ACAM2000 not being used in the current mpox outbreak







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



GAVIN NEWSON

Health Advisory: Recommendation for Meningococcal Vaccine (MenACWY) for Men who have Sex with Men (MSM)—Florida Meningococcal Outbreak

June 6, 2022

Situation Summary

Since April 2022, in response to an ongoing <u>outbreak of serogroup C invasive meningococcal</u> <u>disease (IMD) in Florida</u>, <u>CDC has encouraged</u> gay, bisexual, and other men who have sex with men (MSM) to:

- · Receive quadrivalent meningococcal conjugate vaccine (MenACWY) if they live in Florida
- Talk with their healthcare provider about getting MenACWY if traveling to Florida

MSM have previously been at increased risk for serogroup C IMD, whether during 2015-2016 outbreaks in Southern California and other US urban areas, or outside of outbreaks. Over the next months, MSM and transgender persons who have sex with men in California may have increased exposure to meningococcal infection from travel to Florida or attendance at events with MSM from around the country, including but not limited to Pride events in June 2022.

Vaccination Recommendations

CDPH encourages clinicians to offer MenACWY to MSM and transgender persons who have sex with men.

- MenACWY may be particularly beneficial for MSM and who plan to travel to Florida or to attend gatherings (especially crowded venues) with MSM and transgender persons who have sex with men from around the country.
- Persons with ongoing exposure whose most recent dose of MenACWY was at least 5 years ago should receive a booster dose of MenACWY.

MENINGITIS VACCINE

For MSM and transgender patients having sex with men

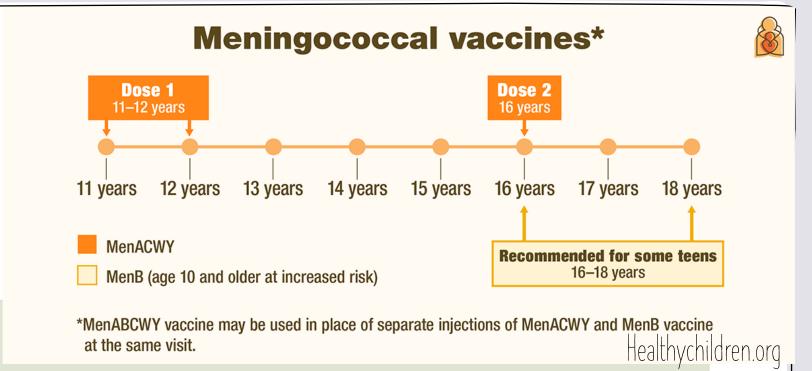
MENINGITIS VACCINE SERIES

MenACWY (Menveo, MenQuadfi)

• Single dose, booster every 5 years

MenB: not routine, consider for ages 16-23

- Bexsero: 0 & 1 month
- Trumenba: 0, 1–2 & 6 months



HEPATITIS A VACCINE

- Recommended universal vaccination <18yo and for any age with risk factors
- Risk factors: MSM, housing insecurity, chronic liver disease, HIV, recreational drug use, incarceration, travel
- We need to do better! Vaccination coverage among MSM estimated at 25%-45% overall.
- 2016–2018 California outbreak
- Vaccine: 2 doses, 6 months apart



cdc.qov

Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022

Weekly / April 1, 2022 / 71(13);477-483

- ACIP recommends universal vaccination for everyone under age 60, and >60yo with risk factors
- Additional risk factors:
 - o MSM, multiple sex partners, history of STI
 - housing insecurity, recreational drug use, incarceration
 - o chronic liver disease, HIV, dialysis, diabetes
 - HBSAq+ sex partner or household contact

TABLE 1. General Adult Dosing of FDA-Approved Monovalent HBV Vaccines^{2-6,a,b}

	Heplisav-B ^c	Engerix-B	Recombivax-HB	PreHevbrio ^d
FDA approval date	20173	1989 ⁵	19864	20216
General adult dosing ²	2 doses (20 mcg/0.5 mL each) IM on a 0- and 1-month schedule	3 doses (20 mcg/1.0 mL each) IM on a 0-, 1-, and 6-month schedule	3 doses (10 mcg/1.0 mL each) IM on a 0-, 1-, and 6-month schedule	3 doses (10 mcg/1.0 mL each) IM on a 0-, 1-, and 6-month schedule

CpG, cytosine phosphoguanine; HBV, hepatitis B virus; IM, intramuscular.

HEPATITIS B VACCINES

https://www.ajmc.com/view/evolving-considerations-for-choice-of-hepatitis-b-vaccine

^aDoes not include bivalent HBV vaccines (eg, Twinrix, Pediarix, Vaxelis).

^bThe focus of this table is general adult dosing of monovalent HBV vaccines. See appropriate prescribing information for each product for all dosing schedules.

^{&#}x27;Heplisav-B vaccine uses recombinant hepatitis B surface antigen and CpG 1018 toll-like receptor 9 agonist adjuvant.

^dPreHevbrio is a 3-antigen vaccine.

BIVALENT HEPATITIS A/B VACCINE

Combination vaccines: Recommended dosages and schedules					
VACCINE	AGE GROUP	VOLUME	# DOSES	SCHEDULES/DOSING INTERVALS	
Pediarix DTaP+HepB+IPV (GSK)	6 wks through 6 yrs	0.5 mL	3	For newborns, give monovalent hepatitis B vaccine within 24 hrs of birth; then give Pediarix at age 2 mos, 4 mos, 6 mos ⁴	
Vaxelis DTaP+IPV+Hib+HepB (Sanofi)	6 wks through 4 yrs	0.5 ml	3	2, 4, 6 mos ⁴	
Twinrix	10 vec and aldor	1.0 mL	3	0, 1, 6 mos	
HepA+HepB (GSK)	18 yrs and older	1.0 mL	4	0, 7, 21-30 days, 12 mos	

HUMAN PAPILLOMAVIRUS VACCINE

- Can start series as early as age 9
- Age <15: 2 doses, 6–12 months apart
- Age \geq 15: 3 doses at 0, 1-2, 6 months
- Recommended for all up to age 26
- Recommended for some age 27-45 consider sexual hx
- Don't re-vaccinate if prior vaccination with HPV-4 series

	Bivalent 2vHPV (Cervarix)	Quadrivalent 4vHPV (Gardasil)	9-Valent 9vHPV (Gardasil 9)
Manufacturer	GlaxoSmithKline	Merck	Merck
Year licensed and for whom	October 2009, females	June 2006, females; October 2009, males	December 2014, females and males
HPV types included	16, 18	6, 11, 16, 18	6, 11, 16, 18, 31 33, 45, 52, 58
Contraindications	Hypersensitivity to latex*	Hypersensitivity to yeast	Hypersensitivity to yeast
Dosing schedule	3-dose series: 0, 1, 6 months	3-dose series: 0, 2, 6 months	3-dose series: 0, 2, 6 months

https://www.npwomenshealthcare.com/boosting-hpv-vaccination-rates-call-action/

HPV VACCINE SCHEDULE & DOSES

Don't wait to vaccinate. The American Cancer Society recommends that boys and girls get the HPV vaccine starting at age 9. Age matters. When you vaccinate your child on time, you give them the best protection from HPV cancers. In fact, HPV cancer prevention decreases the longer you wait to vaccinate.



6-12 months apart
Begin at age 9 years old for
a better immune response.





1st dose at visit one 2nd dose 1-2 months later 3rd dose 6 months after 1st dose

https://hpvroundtable.org/hpv-vaccines-recommendations/

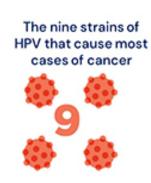
HPV VACCINE: NOT JUST PREVENTIVE??

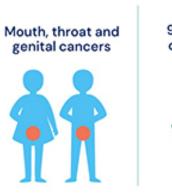
> J Am Acad Dermatol. 2020 Jan;82(1):202-212. doi: 10.1016/j.jaad.2019.04.067. Epub 2019 May 11.

The human papillomavirus vaccine as a treatment for human papillomavirus-related dysplastic and neoplastic conditions: A literature review

Christine T Pham ¹, Margit Juhasz ², Calvin T Sung ³, Natasha Atanaskova Mesinkovska ²

What does the HPV vaccine protect against?









In the majority of cases, an infection with HPV will clear without symptoms

https://www.bristol.ac.uk/news/2023/february/hpv-vaccine-lesson.html

Role of human papillomavirus (HPV) vaccination on HPV infection and recurrence of HPV related disease after local surgical treatment: systematic review and meta-analysis

BMJ 2022; 378 doi: https://doi.org/10.1136/bmj-2022-070135 (Published 03 August 2022)

OTHER ROUTINE VACCINES

Yearly influenza vax

COVID-19 vax - likely yearly as routine

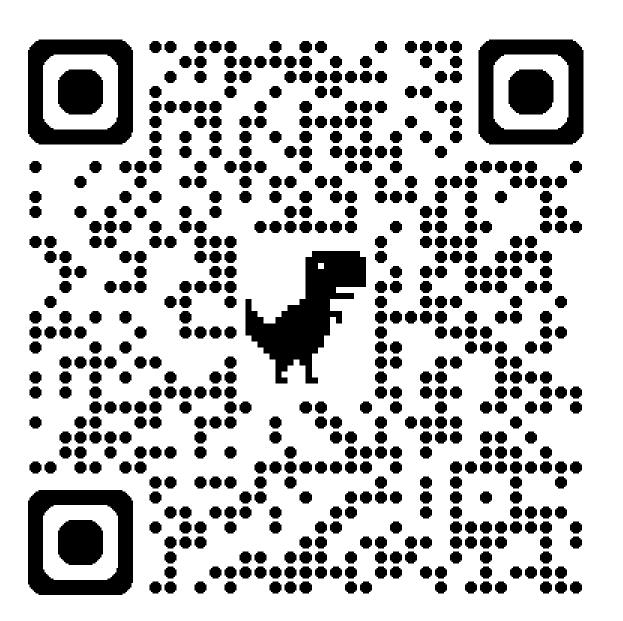
- 4mo booster for patients >65yo
- 2mo booster for mod-severe immunocompromised

REFERENCES

- cdc.qov
- hhs.qov
- cdph.ca.qov
- immunize.orq
- healthychildren.org
- medlineplus.qov
- uptodate.com
- Pham CT, Juhasz M, Sung CT, Mesinkovska NA. The human papillomavirus vaccine as a treatment for human papillomavirus-related dysplastic and neoplastic conditions: A literature review. J Am Acad Dermatol. 2020 Jan;82(1):202–212. doi: 10.1016/j.jaad.2019.04.067. Epub 2019 May 11. PMID: 31085272. BMJ 2022;378:e070135. Role of human papillomavirus (HPV) vaccination on HPV infection and recurrence of HPV related disease after
- local surgical treatment: systematic review and meta-analysis

QUESTIONS?

jcelebi@health.ucsd.edu









CAIR2 Updates:

SDIC: 6/4/24

Ryan Thun

Local CAIR Representative

CA Department of Public Health

Division of Communicable Diseases

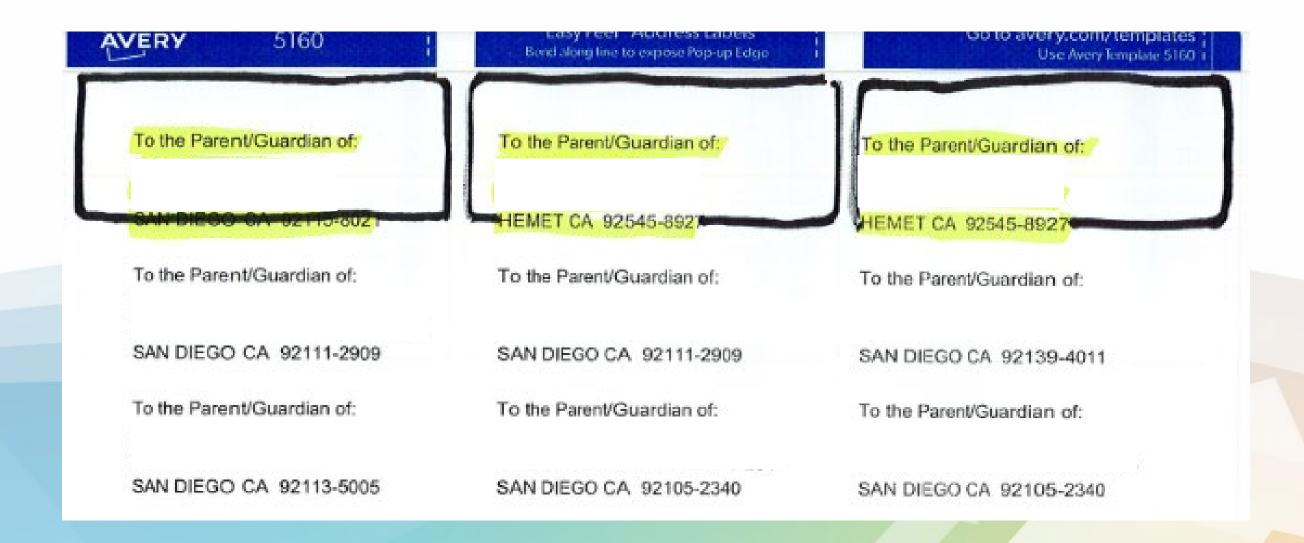
Immunization Branch



Version: 03/07/2024

Reminder/Recall (R/R) labels now align and print correctly

Please use Avery 5160 labels to print R/R labels, otherwise, info will be cut off





Print Inventory Report

Now displays the correct info based on the radio buttons the user selects

Print



Current CAIR Inventory Count
Pin Number DOH, California Immunization Program,
04/17/2024, SGF, VFC, 317 and PVT, Active

Time Printed: 02:15 PM

Vaccine Group	Trade Name	NDC	Lot Number	Funding Source	Intent	Packaging	Expiration Date	Active	Inventory on Hand	Doses Administered	Physical Count
Adeno	Adeno T4		12345/xxx	VFC			08/08/2024	Υ	10	0	
COVID-19	Pfizer Bivalent 5-11Y	59267-0565-01	2323	SGF	PED	10 MULTI-DOSE VIAL	12/31/2024	Υ	20	0	
COVID-19	Pfizer Comirnaty (Gray Cap) 12Y+	59267-1025-02	1884759	VFC	PED	CARTON, 195 MULTI- DOSE VIALS	06/11/2024	Υ	100	0	
COVID-19	Pfizer COVID (Orange Cap) 5-11Y		PZ2323	SGF			12/31/2024	Υ	20	0	
COVID- Seasonal	Pfizer Comirnaty 12Y+	00069-2362-01	BIO1234	SGF	PED	0.48 mL in 1 VIAL, SINGLE-DOSE	10/31/2024	Υ	20	0	
DTP/aP- HepB-Polio	Pediarix		Peds1234Rtest	VFC			10/10/2024	Υ	20	0	
DTP/aP- HepB-Polio	Pediarix	58160-0811-11	RDPED3	VFC	PED	DTAP/HEP B/IPV 1 DOSE VIALS	04/05/2025	Υ	10	0	
HPV	Cervarix	58160-0830-34	1674655729HP V	VFC	PED	HPV, bivalent	09/17/2030	Υ	20	0	
MMR- Varicella	Proquad		Proquad1	VFC			10/10/2024	Υ	10	0	
		EU633 UUU4 U3									



Doses Administered Report

19-year-olds will now display in the correct 19+ age group (previously, they were being counted in the 7-18 age group)

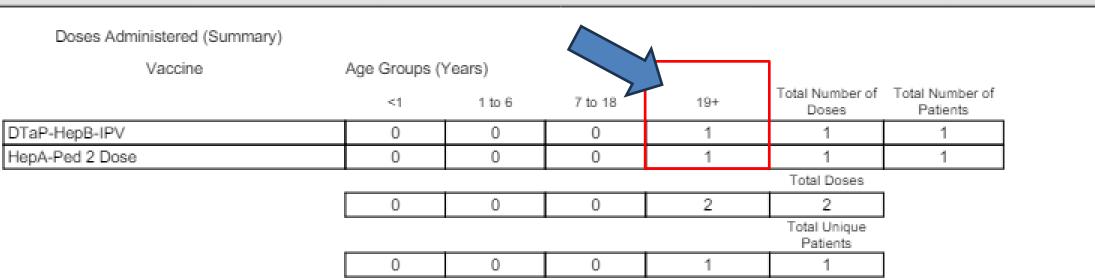
Current Age: 19 years, 8 months, 1 day

Shots given:

HepA <u>04/17/2024</u> HepB <u>04/17/2024</u>



Date Report Generated: 04/17/2024
Report Title: Doses Administered
Filters: CAIR Clinic 12
Detail of Summary: Detail
Date Range: 04/17/2024 to 04/17/2024
Funding Source: All





New Covid Schedule

All recommendations on the Vaccines Recommended by Selected Tracking Schedule section of the Immunization History screen will display Vaccine Group 'COVID-Seasonal' with the Vaccine displaying COVID-Seasonal NOS

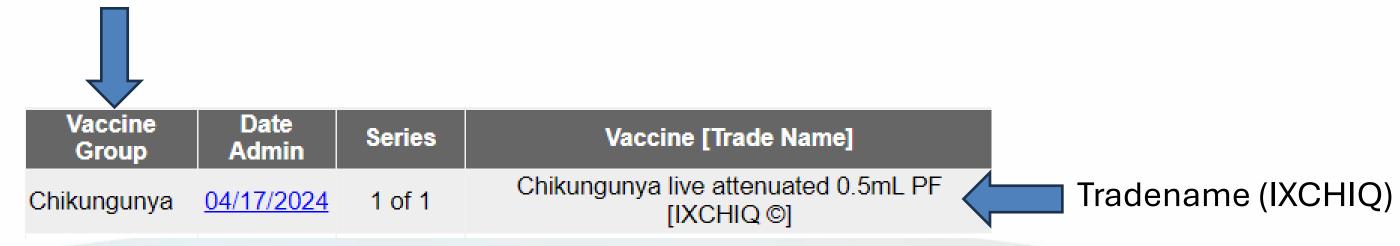
Vaccine	/accines Recommended by Selected Tracking Schedule					
Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date	
	COVID-Seasonal	COVID-Seasonal NOS	04/16/2021	04/16/2021	04/16/2021	
	DTP/aP	DTaP, NOS	1	Maximum Age Exceed	ed	
	<u>HepA</u>	HepA, NOS	10/16/2023	10/16/2023	11/18/2023	
	<u>HepB</u>	HepB, NOS	08/16/1974	08/16/1974	08/16/1974	
	Hib, NOS			Maximum Age Exceeded		
	Influenza-seasni	Flu NOS	08/16/2023	08/01/2023	08/16/2023	
	Pneumococcal	Pneumococcal conjugate PCV20	08/16/2021	08/16/2021	08/16/2021	
	<u>Polio</u>	Polio, NOS	10/26/2023	10/26/2023	12/28/2023	
	RSV	RSV Recombinant Adjuvanted PF IM	08/16/2016	08/16/2016	08/16/2016	
	<u>Td/Tdap</u>	Tdap	10/26/2023	10/26/2023	11/28/2023	
	<u>Varicella</u>	Varicella	08/16/1969	08/16/1969	08/16/1969	
	<u>Zoster</u>	Zoster Live	08/16/2006	08/16/2006	08/16/2007	



New Travel Vaccine Added

Added Chikungunya travel vaccine to CAIR

Added Vaccine Group



Vaccines Recommended by Selected Tracking Schedule

Schedule

 Select
 Vaccine Group
 Vaccine
 Earliest Date
 Recommended Date
 Past Due Date

 Chikungunya
 Chikungunya live attenuated 0.5mL PF
 Complete



Tick-Borne Encephalitis Vaccine Series Added

Adult and Child Series Added
Both are invoke-on-use (not routinely recommended).

Child series (age range 1-16 yrs). Series has 3 doses

	1 through 15 years of age
First dose	Day 0
Second dose	1 to 3 months after the first vaccination
Third dose	5 to 12 months after the second vaccination

Adult Series age 186+ months (15.5 yrs). Series has 3 doses

16 years of age and older	
Day 0	First dose
14 days to 3 months after the first vaccination	Second dose
5 to 12 months after the second vaccination	Third dose

A booster dose (4th dose) may be given at least 3 years after completion of the primary IZ series if ongoing exposure or re-exposure to Tick-Borne Encephalitis virus is expected.

Group le	d Display Name		Name		
140	Tick-borne	Tick-borne ence	phalitis		TBE
	Vaccine (ID) Name	CPT Code	CVX Code		Trade Na
	ick-borne encephalitis 0.25mL	90626	223	TICOVAC.25	

Grou	up Id Display Name		Name	Grou
140	Tick-borne	Tick-borne ence	phalitis	TBE
	Vaccine (ID) Name	CPT Code	CVX Code	Trade Name
	(910) Tick-borne encephalitis ina .5mL	ectPF0 90627	224	TICOVAC.50

Updated Vaccine schedules COVID

 Added the additional Covid19 vaccine dose recommendation for Adults 65+: ACIP recommends that persons ≥ 65 years of age should receive an additional dose of 2023-2024 Formula COVID-19 vaccine.

Hep B

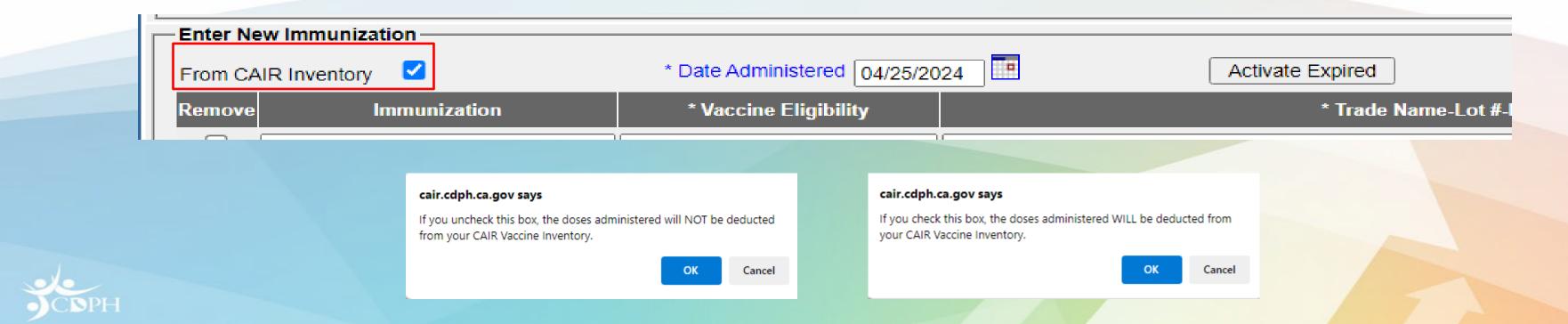
- Peds schedule: Fixed the schedule so that Valid doses are no longer showing as Invalid.
- Fixed the HepB series that contains HIB vaccine:
- Removed the Menhibrix vaccine which was listed as an acceptable vaccine in the HepB (Pediarix) series.
- The min and max ages for the existing Peds and Adults schedules were updated.

Vaccin	Vaccines Recommended by Selected Tracking Schedule					
Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date	
	<u>Chikungunya</u>	Chikungunya live attenuated 0.5mL PF		Complete		
	COVID-Seasonal	COVID-Seasonal NOS	08/16/2009	08/16/2009	08/16/2009	
	DTP/aP	DTaP, NOS	N	/laximum Age Exceed	ed	
	<u>HepA</u>	HepA, NOS	09/17/2024	09/17/2024	10/17/2024	
	<u>HepB</u>	HepB, NOS	04/17/2024	04/17/2024	04/17/2024	
	<u>Hib</u>	Hib, NOS	N	/laximum Age Exceed	ed	
	<u>HPV</u>	HPV, NOS	08/16/2013	08/16/2015	09/16/2017	
	<u>Influenza-seasnl</u>	Flu NOS	08/16/2023	08/01/2023	08/16/2023	
	Men ACWY	MCV4, NOS	08/16/2020	08/16/2020	08/16/2022	
	MMR	MMR	08/16/2005	08/16/2005	12/16/2005	
	<u>Polio</u>	Polio, NOS	10/17/2024	10/17/2024	11/17/2024	
	RSV	RSV Recombinant Adjuvanted PF IM	08/16/2064	08/16/2064	08/16/2064	
	Td/Tdap	Tdap	10/17/2024	10/17/2024	05/17/2025	
	<u>Varicella</u>	Varicella	08/16/2017	08/16/2017	08/16/2017	



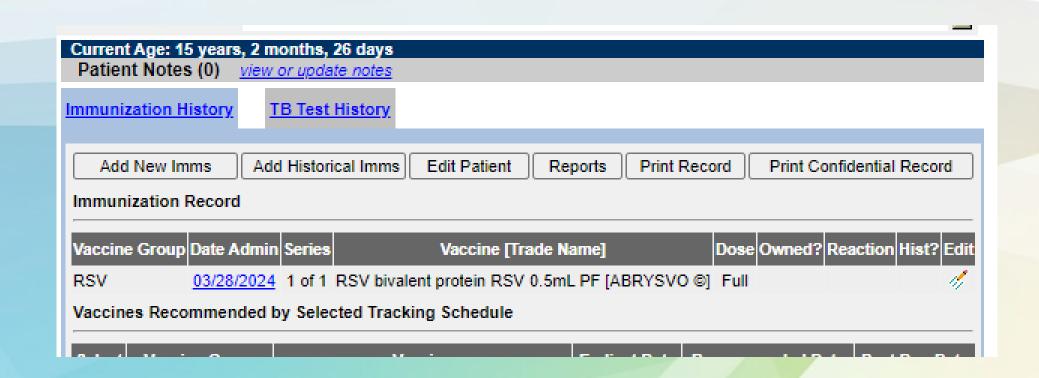
From CAIR Inventory Checkbox

- Disabled the "From CAIR Inventory" checkbox from being available for selection (greyed out) if the organization does not have Inventory in CAIR.
- If a site does have active inventory in CAIR, the checkbox will always default to being checked to deduct from inventory.
- When the user selects to uncheck the box for an org with inventory, a pop-up message will appear, "If you uncheck this box, the doses administered will NOT be deducted from your CAIR Vaccine Inventory".
- If the box is rechecked, there will be a new pop-up message that says, "If you check this box, the dose
 administered WILL be deducted from your CAIR Vaccine Inventory".



RSV for Pregnancy

- No general recommendation, but patient must be Female between age 15 years and 50 years to count as valid.
- Contains 1 dose of Abrysvo.
- Patient Comment (Pregnancy) suggested but not required. If no pregnancy comment on file, the dose will still count as valid.



RSV for Infants and Adults

Infants

 No general recommendation in CAIR, since it is up to provider/parent/guardian decision. Will count as valid if given within appropriate age-ranges for vaccine being given. If series has additional doses CAIR2 will recommend future doses once initial dose is given.

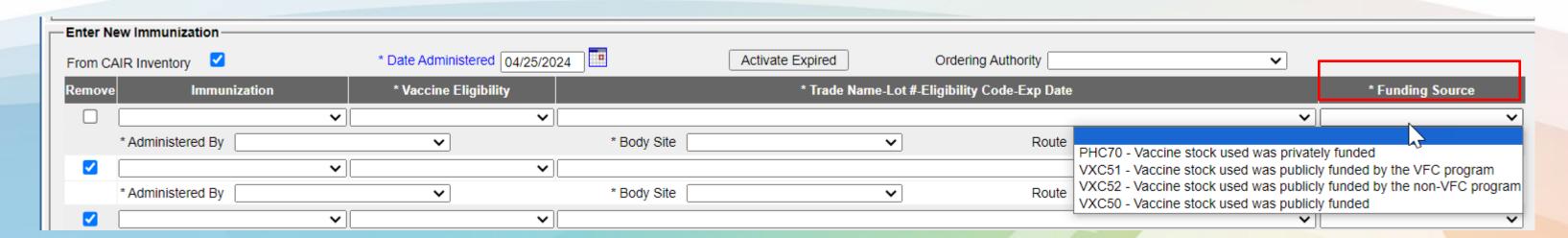
Adults

- No general recommendation in CAIR2, since it is up to provider/patient decision, but should be given routinely at age 60+ and will be counted as valid.
- If series has additional doses, CAIR2 will recommend future doses once initial dose is given.



New Funding Sources Added

- To account for the new Bridge Access Funding Program.
- More guidance coming soon
 - VXC50: This is for the new Bridge Access Program. This means that the provider got the doses from the new Bridge Access Program (BAP)
 - VXC51: This is VFC vaccine
 - VXC52: This is both for 317 and SGF vaccine
 - VXC70: This is truly 'private' vaccine stock the provider purchased it with their own money





Added Flu Vaccines That Were Missing

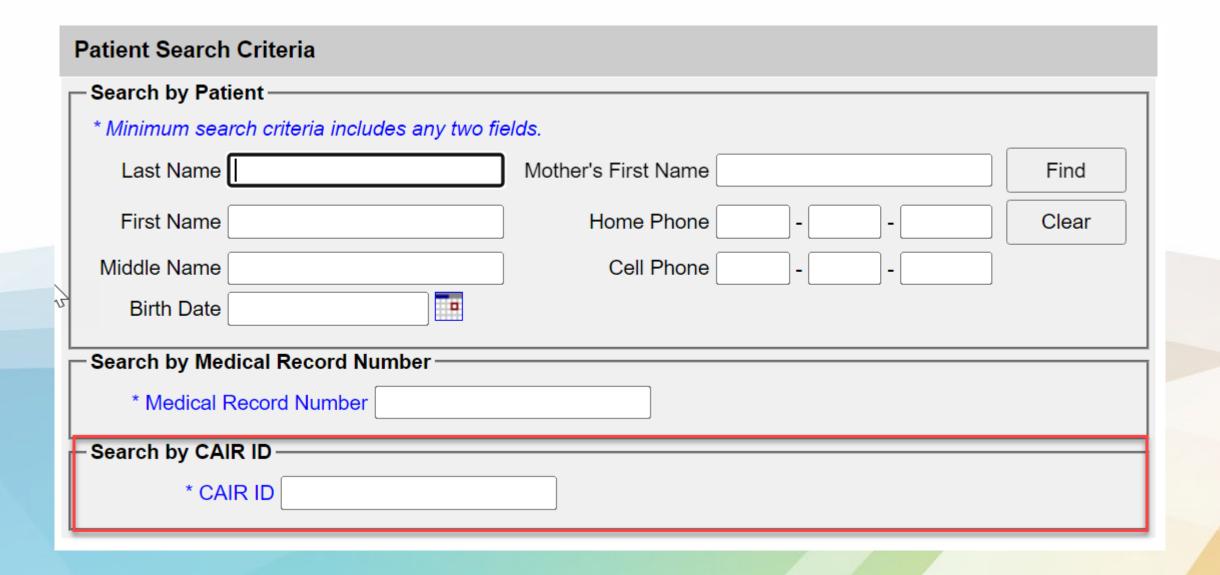
 Added the newest Southern Hemisphere vaccines as Non-US Codes (For historical and DX entries)

Vaccine Name	Trade Name
Influenza South Hem	Fluzone Quadrivalent
Ped PF	Pediatric PF
Influenza South Hem	Fluzone Quadrivalent
PF	PF
Influenza South Hem	Fluzone Quadrivalent
Quad wPres	wP
Influenza South Hem	Fluzone Quadrivalent
High Dose Quad	High Dose



New Search Options for QA Users

Search by CAIR ID has been added as an option for Data Exchange QA users





COVID, Flu and MPOX Vaccinination Providers

Sites giving <u>only</u> COVID, Flu and/or MPOX vaccinations must use **MyTurn or CAIR Data Exchange (DX) to submit these doses to CAIR.**

Applies to all new sites enrolling in CAIR and existing sites not yet submitting immunization info to CAIR. Note: A site does *not* need to be a Covid provider to use MyTurn.

- MyTurn now includes CAIR Quick Entry (CQE) and bulk-upload features and accepts all vaccines
- Sites currently using CAIR Mass Vax may continue until Mass Vax is retired later this year; sites will need to transition to MyTurn or DX at that time

Note: CAIR DX and MyTurn automatically upload doses into CAIR

MyTurn

General information:

https://eziz.org/administration/myturn/

Enrollment:

https://mycavax.cdph.ca.gov/s/my-turn

HelpDesk:

Email: Myturninfo@cdph.ca.gov

Phone: (833) 502-1245

CAIR Data Exchange:

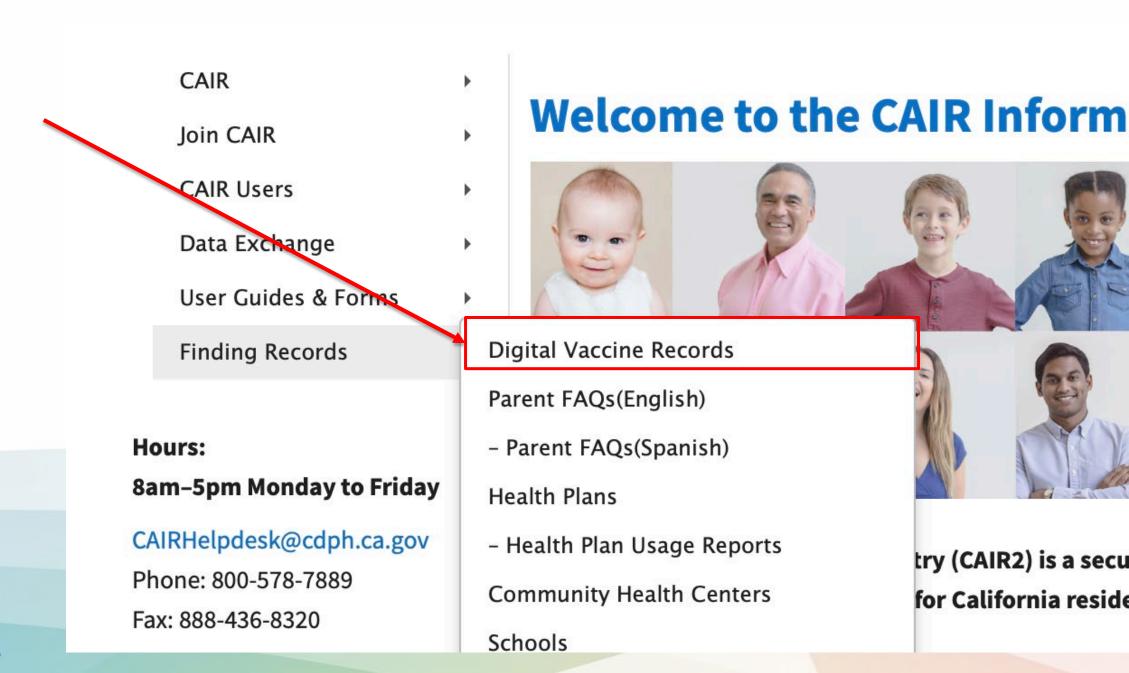
Email: CAIRDataExchange@cdph.ca.gov



Immunization Record Requests

- The public may request their COVID Immunization Record or full CAIR Immunization Record from our home page, cdph.ca.gov/cair:
 - Click Finding Records or
 - ➢ Hover over Finding Records and Select Digital Vaccine Records
- You can also request your records via this direct link: Digital Vaccine Record (DVR) portal:

https://myvaccinerecord.cdph.ca.gov/





Who should I contact with my question?



Your Local CAIR Representative (LCR)

go.cdph.ca.gov/cair-lcr

- Org Accounts (enrollment, Org Type changes, site ownership changes, site closure, etc.)
- User Role types (e.g., Regular, Power, QA, etc.)
- Account Update walkthrough
- CAIR training issues/questions
- CAIR features (adding doses, using Inventory, transferring vaccine, running reports, etc.)
- AB1797

- Reporting CAIR issues/bugs
- CAIR VFC-related questions
- Locked/Not-disclosed patient records
- Transitioning from manual use of CAIR to Data Exchange (DX)
- Inactivating Shotgivers in your CAIR
 'Admin By' dropdown
- Ordering CAIR Disclosure posters





Contact the CAIR Help Desk if you need help with:

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

- All CAIR password-related issues
- User account disabled, locked, unable to log-in
- User account issues/changes
 (inactivating, reactivating,
 upgrading/downgrading,
 adding/transferring users to other
 sites, etc.)
- Account Update (how to submit, status of submitted requests, etc.)

- Duplicate/incorrect Patient Records
- CAIR system not working/error messages displaying
- Did not receive Completion of CAIR Training email or CAIR log-in information email



Tips for Contacting the CAIR Help Desk

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

Business Hours: Monday - Friday 8:00am-5:00pm

Passwords:

- Always try the Forgot Password? Button first.
- If that doesn't work, your supervisor must email the Help Desk and include your site's CAIR Org Code, your CAIR Username, a description of the issue (including a screenshot if possible) to verify that you are still employed at the organization and to request your password be reset.

Calls:

- There is no voicemail. All calls are answered live during Business Hours in the order they are received.
- If you are unable to reach someone, send an email.

Email:

- Always include your CAIR Org Code, CAIR Username, a description of the issue and screenshot if possible.
- Allow 24-48 hours for a response to give the Help Desk time to research/troubleshoot the issue as needed.

Additional Contacts

• SCRL / CAIR Hub:

Cairhub@cdph.ca.gov or call 800-578-7889

Medical Exemptions:

medicalexemptions@cdph.ca.gov

School Reporting:

shotsforschool@cdph.ca.gov



Current COVID/CAIR2 Contact Information

Orange County Local CAIR Representatives:

Albert Lopez: Albert.Lopez@cdph.ca.gov | 510-672-4328

Ryan Thun: Ryan-Christopher.Thun@cdph.ca.gov | 559-375-4220

Provider Call Center:

Email: providercallcenter@cdph.ca.gov

Phone: (833) 502-1245

CAIR Help Desk

Phone: 800-578-7889 option #4

Email: CAIRHelpDesk@cdph.ca.gov

CAIR Data Exchange Specialists

Email: CAIRDataExchange@cdph.ca.gov

Thank you!

Questions?







Immunization/Vaccine Preventable Diseases Epidemiology Updates June 4, 2024

Sahar Nafez-Sabzwari, MPH

Epidemiologist II

Epidemiology and Immunization Services Branch (EISB)

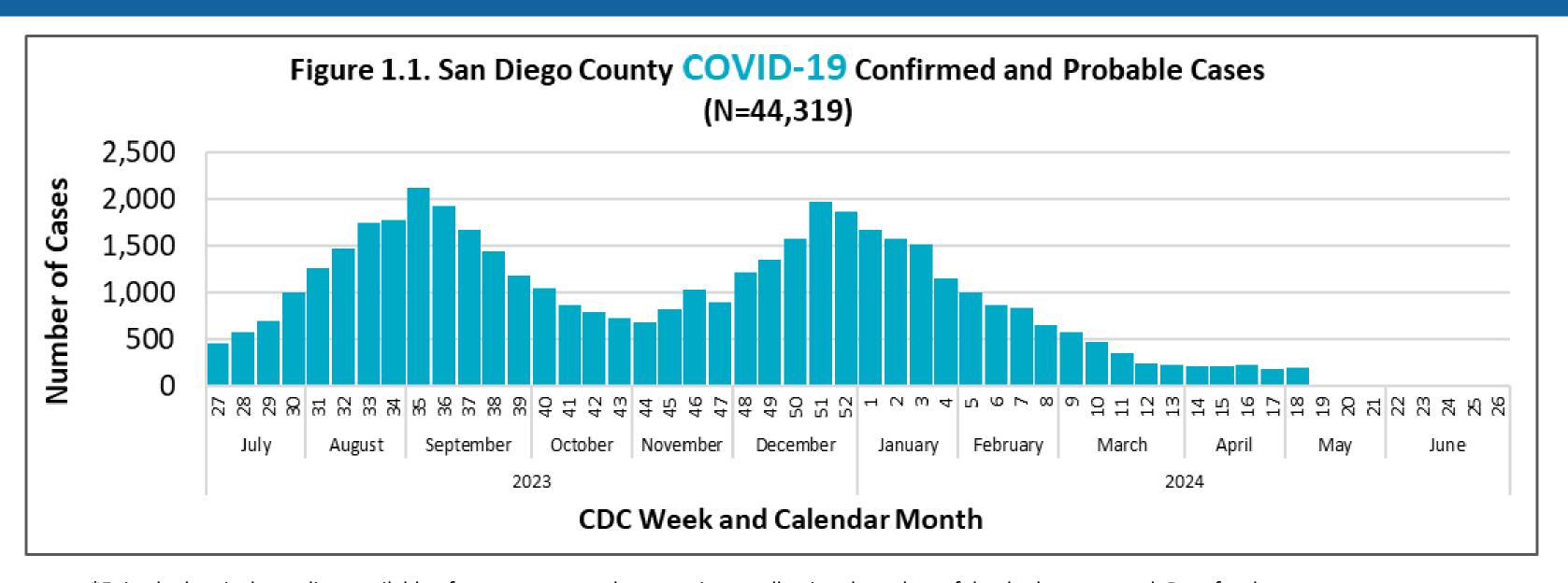


COVID-19 Case and Vaccination Trends





COVID-19 Cases – Local Results



^{*}Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

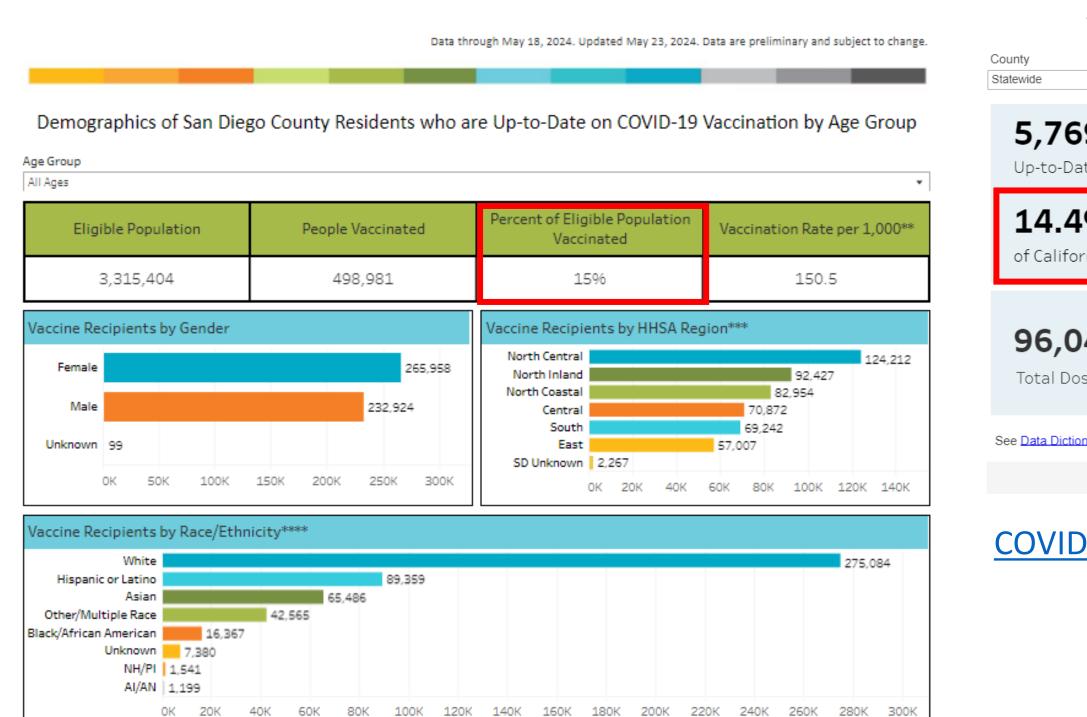
Data source: County of San Diego communicable disease registry (WebCMR) Data through 5/4/2024

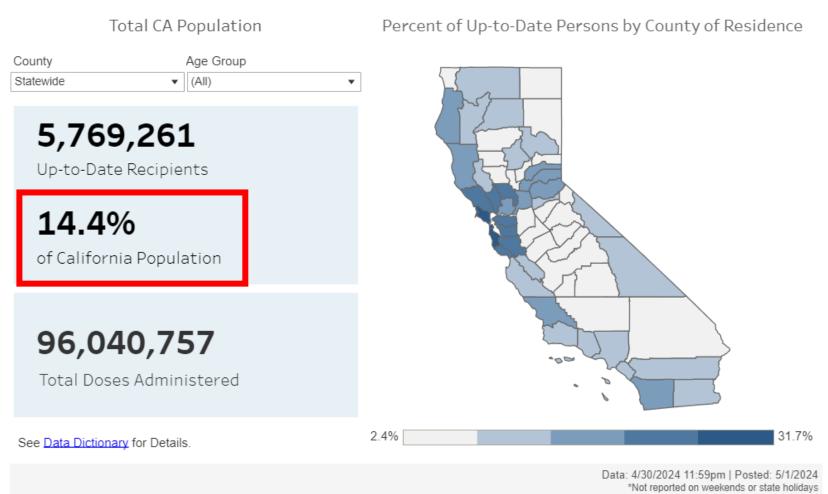






COVID-19 Vaccines – Local versus State Results





COVID Vaccine Data (ca.gov)





COVID-19 Vaccines – Second Doses for People 65+

Count of People 65+ with Second Dose of 23-24 COVID Formulation	Population 65+ in San Diego County	Percent Vaccinated Second Dose
28,073	518,695	5.41%

Data source: California Immunization Registry (CAIR2)

Data through 5/12/2024





2024/25 COVID-19 Vaccine

COVID-19: FDA VRBPAC Meeting Postponed

- Now, June 5, 2024: the FDA Vaccines and Related Biologic Products Advisory
 Committee (VRBPAC) will meet to discuss and make recommendations on the
 selection of strain(s) to be included in the 2024-2025 Formula for COVID-19
 vaccines.
 - This new date will allow for additional time to obtain surveillance data and other information so VRBPAC will have more up-to-date information when discussing and making recommendations. FDA does not anticipate that the date change will impact COVID-19 vaccine availability for the Fall.
- June 26-28, 2024: CDC ACIP anticipated to review and vote on recommendations for 2024-25 season
- Late Summer Fall: 2024-25 vaccine anticipated to be available for use

FDA VRBPAC Meeting Announcement (rescheduled 6/5/24)

ACIP Meeting 2/28/24: COVID-19 vaccine policy and next steps (cdc.gov)





Timeline of 2024/25 COVID-19 Vaccine

Revised Time Frame for 2024-2025 COVID-19 Vaccine Availability Year-round genetic and phenotypic characterization Analyze neutralization of Identify vaccine recent viruses candidates FDA license approval Produce WHO TAG-CO-VAC ACIP Rec. antisera to Recommendation? candidates FDA Vaccine manufacturing etc VRBPAC Rescheduled to 6/5/24 Vaccine distribution & administration Proposed changes: WHO-TAG-CO-VAC mid-late April (exact date to be determined), FDA VRBPAC in May, ACIP in June Slide for discussion purposes. Information is approximated and exact timelines for manufacturing are inferred. WHO: World Health Organization | TAG-CO-VAC: Technical Advisory Group on Covid-19 Vaccine Composition | FDA: Food and Drug Administration | VRBPAC: Vaccines and Related Biologic Products Advisory Committee | ACIP: Advisory Committee on Immunization Practices Vaccines and Related Biological Products Advisory Committee May 16, 2024 Meeting Announcement - 05/25/2024 | FDA



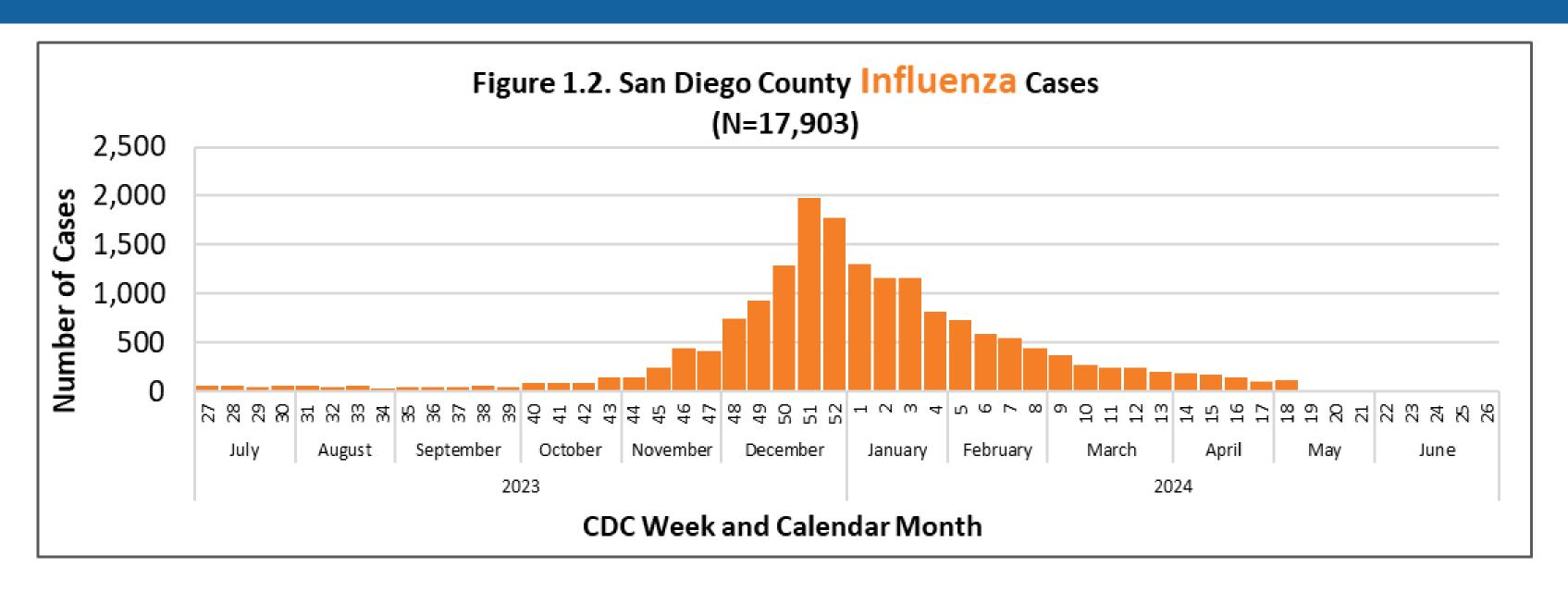


Influenza Case and Vaccination Trends





Influenza Cases – Local Results



^{*}Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Data source: County of San Diego communicable disease registry (WebCMR)

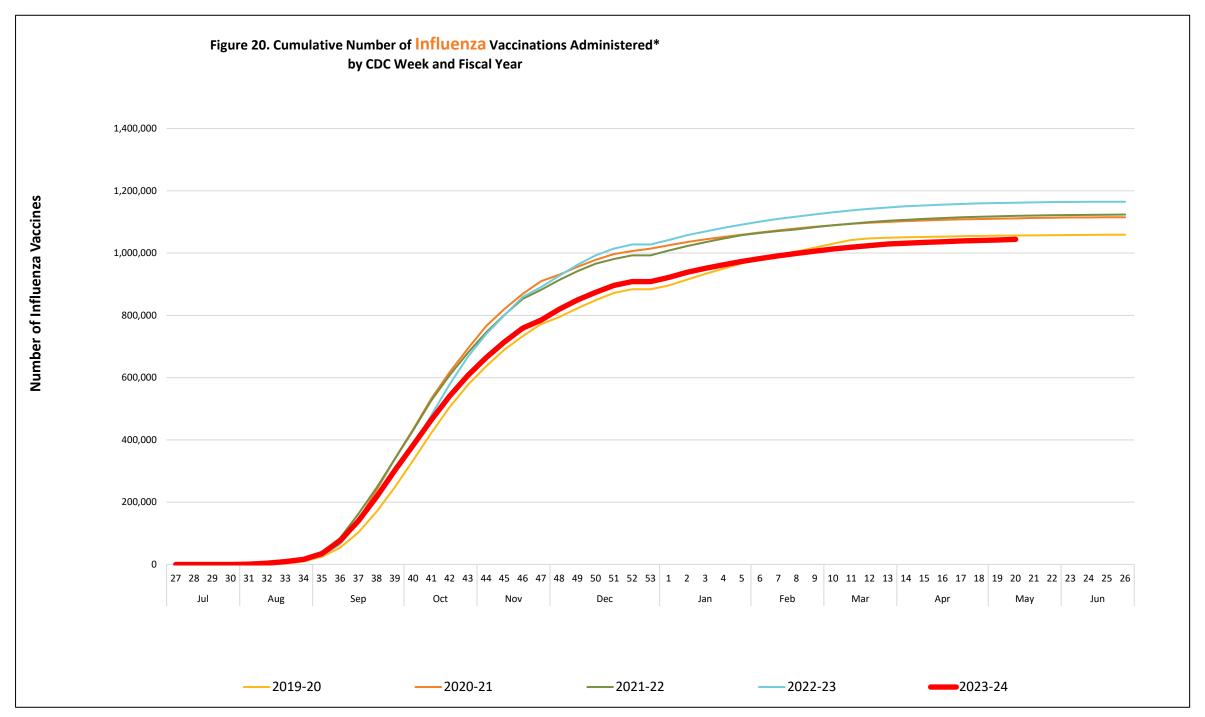
Data through: 5/4/2024

Respiratory Viruses Surveillance (sandiegocounty.gov)





Influenza Vaccines – Local Numbers



Data source: California Immunization Registry (CAIR2)

Data through: 5/4/2024

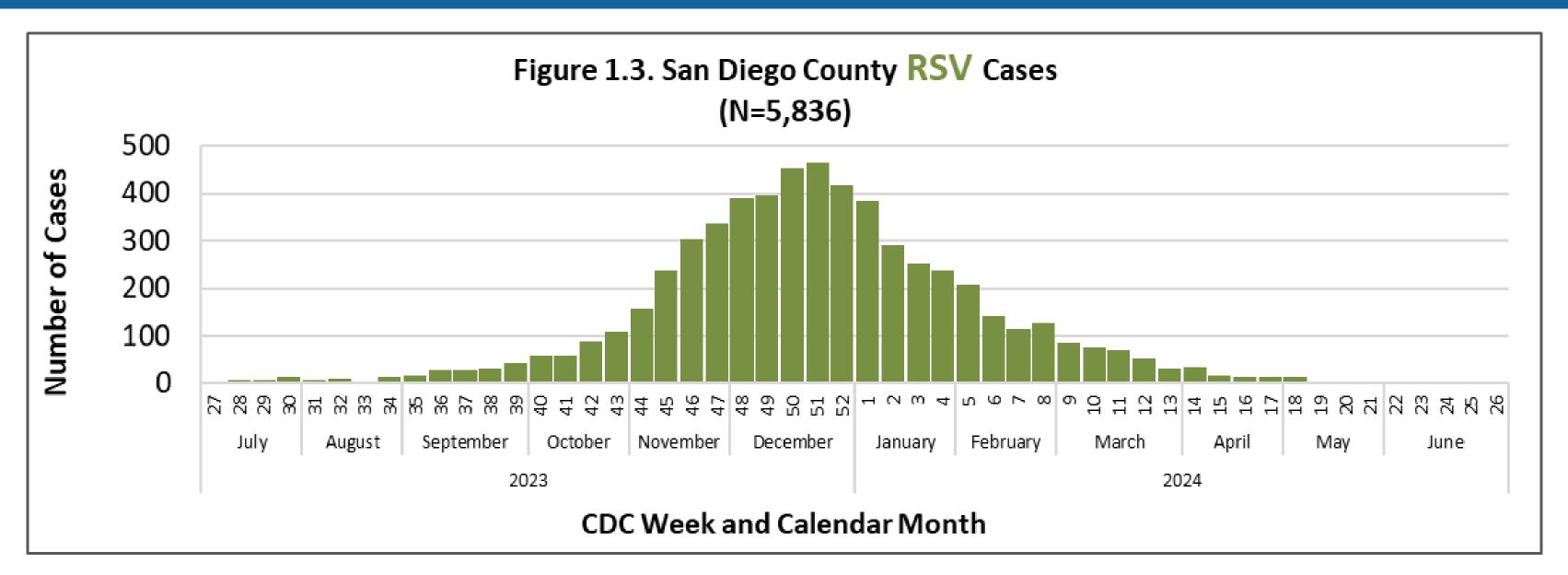


RSV Case and Vaccination Trends





RSV Cases – Local Results



^{*}Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Data source: County of San Diego communicable disease registry (WebCMR)

Data through: 5/4/2024





RSV Vaccines – Local Results

- There have been 119,370 doses of RSV vaccine and monoclonal antibodies administered to 118,278 individuals
 - Arexvy (for 60+): 85,654 (71.8%)
 - Abrysvo (for 60+ or pregnant): 26,273 (22.0%)
 - Palivizumab and Nirsevimab (babies): 7,422 (6.2%)
- Pharmacies have administered 77.0% of all doses
- Private providers have administered 19.6% of all doses
 - Kaiser 73.1%
 - Scripps 10.5%
 - Sharp 9.8%
 - UCSD 5.9%
- Peak of administration in mid-November





Random Digit Dialing Surveys





Random Digit Dialing (RDD) Surveys

- The County of San Diego conducts Random Digit Dialing (RDD) telephone surveys to assess immunization coverage rates and knowledge, attitudes, and beliefs about vaccines among San Diego County residents.
- Coverage rates serve as a measure of trends in community adherence to the Center for Disease Control and Prevention (CDC) schedule of recommended immunizations.
- The County of San Diego has been conducting RDD telephone surveys in different age groups since 1995, with the most recent survey being completed in 2021.
- Immunization coverage rates in four different populations are assessed:
 - Children 19-35 months of age
 - Adolescents 11-17 years of age
 - Pregnant women and mothers of children <36 months of age
 - Adults 18 years of age and older
- The 2024 RDD is slated to occur summer through winter 2024.





Contact



For questions or comments, please contact the County of San Diego Immunization Unit.

Sahar Nafez-Sabzwari, Epidemiologist II

sahar.nafezsabzwari@sdcounty.ca.gov

(619) 261-1502



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 was re-accredited by the Public Health Accreditation Board on August 21, 2023.

State-Purchased Influenza Vaccine Program (SGF) Update

Araceli Montera, MPH
State-Purchased Influenza Vaccine Admin Coordinator
Epidemiology and Immunization Services Branch
Immunization Unit
June 4, 2024





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

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)

- . 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
- · 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,
- . 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)





SGF 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

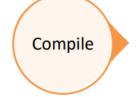
When is it required to report a vaccine handling incident?

- * 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)



- * Stop administering vaccine from affected unit and post a "DO NOT USE" sign on the unit and vaccines. Do not discard * Document incident on the manual temperature log
- 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
- * 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



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

GSK Stability Calculator

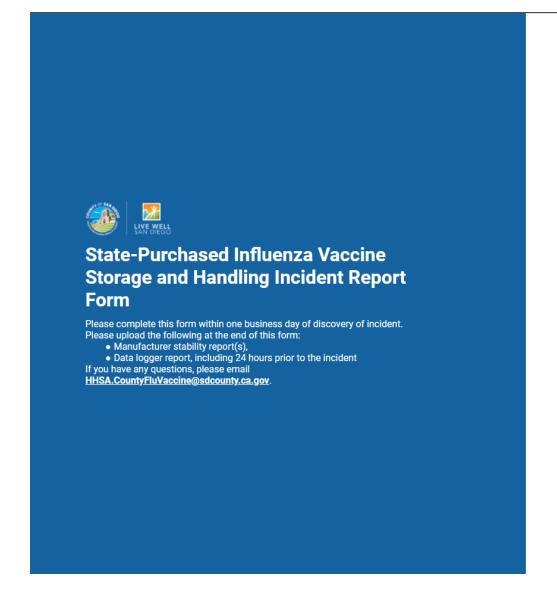
GlaxoSmithKline (GSK)	(888) 825-5249
Sanofi Pasteur	(800) 822-2463
Sequiris	(855) 358-8966



- 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 HHSA.CountyFluVaccine@sdcounty.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



Continue to report for any SGF doses on hand up to expiration 6/30/2024

Labalia ada	"DO NOT HOE" wat I foutly an avide as
Label vaccine	s "DO NOT USE" until further guidance.
Report Date *	
31	
Discovery Date *	
;	
Discovery Time * Please use the 24	nour format: ##:##
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	eporting *
Phone Number * +1 ()	
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+1 () Phone Ext.	
Phone Number * +1 () Phone Ext. Practice/Clinic Nat	

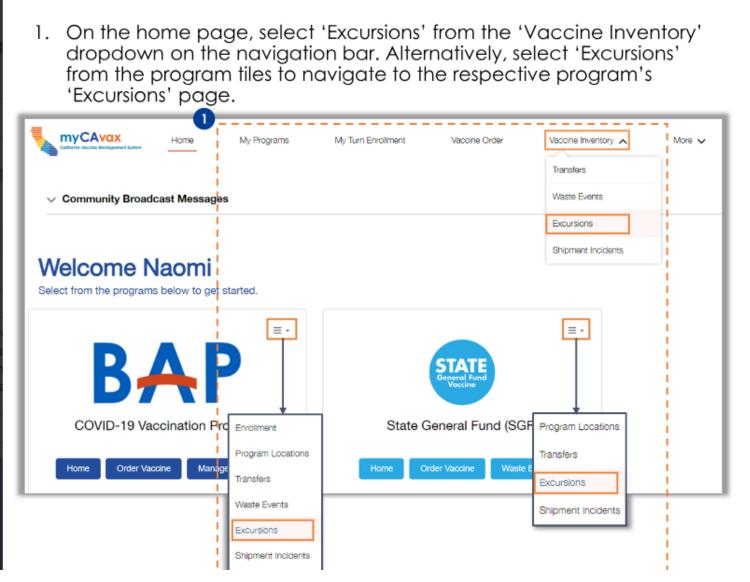




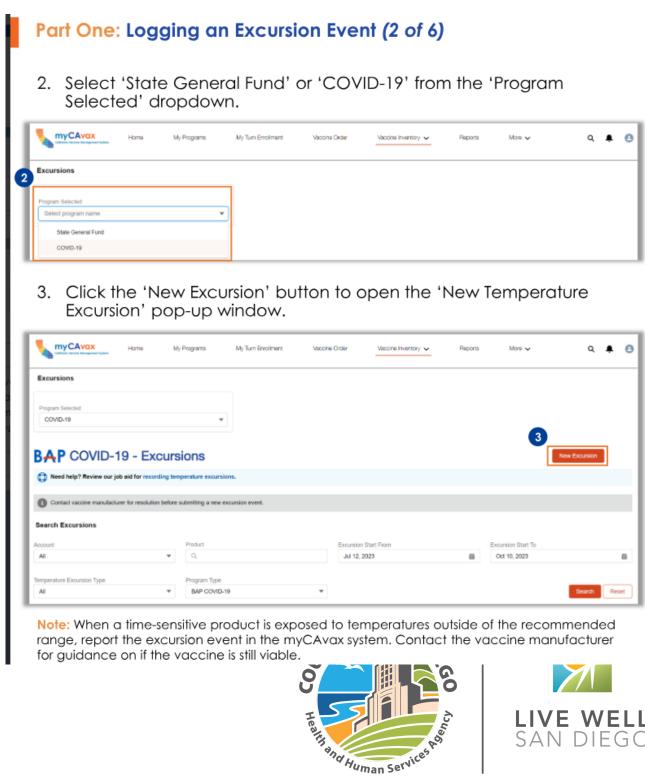
Program Vaccine Incident Reporting Process in myCAvax

✓ Purpose is to provide an overview of reporting a vaccine excursion event.

Part One: Logging an Excursion Event (1 of 6)



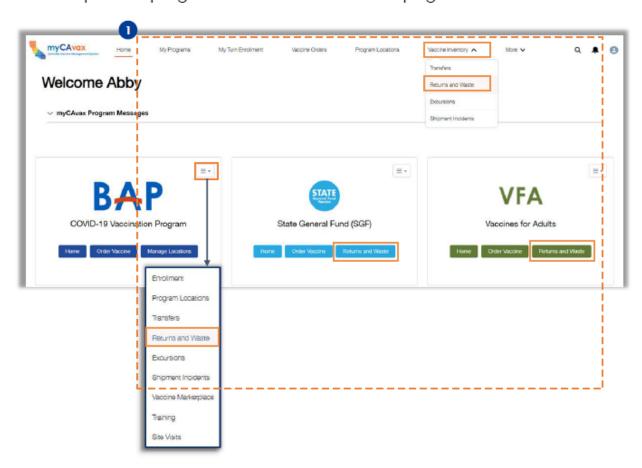
✓ All providers must report an excursion when vaccine doses are exposed to temperatures outside the recommended range. Each affected vaccine excursion event requires a report.



Program Vaccine Return of Expired SGF Doses

- All expired State Influenza vaccines must be recorded in myCAvax and returned to McKesson.
- Please choose the **email option** to expediate the process.
- You will receive the return shipping label the day after the order is processed by CDPH so do not be alarmed if the label does not arrive in your email immediately.
- See the job aid in myCAvax for step-by-step instructions on recording waste in myCAvax.
- Note: although the examples are for the BAP COVID-19 program the process is similar for the State General Fund program.

 On the home page, select 'Returns and Waste' from the 'Vaccine Inventory' dropdown on the navigation bar. Alternatively, select 'Returns and Waste' from the program tiles to navigate to the respective program's 'Returns and Waste' page.



Unable to record waste if vaccine is not expired





2023-2024 State-Purchased Influenza Program Update

Vaccine Used for SGF Providers

- Total Doses: 39,099 (82%)
 - Fluarix PF Syr: 34,557
 - Fluzone MDV Doses: 2,853
 - Fluad Syr: 1,655
 - FluMist: 34
- Total Wasted: 493 (1%)
- On hand with providers total: 2,659 (5%)







2023-2024 SGF Program

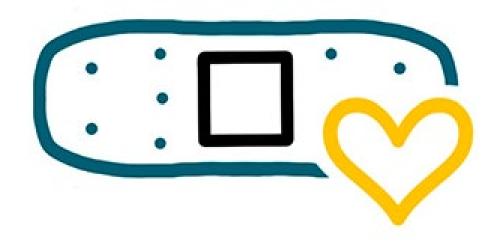




Weekly reporting continue until you have finished vaccination and have zero inventory of State Flu on hand. Last Weekly Report July 1, 2024



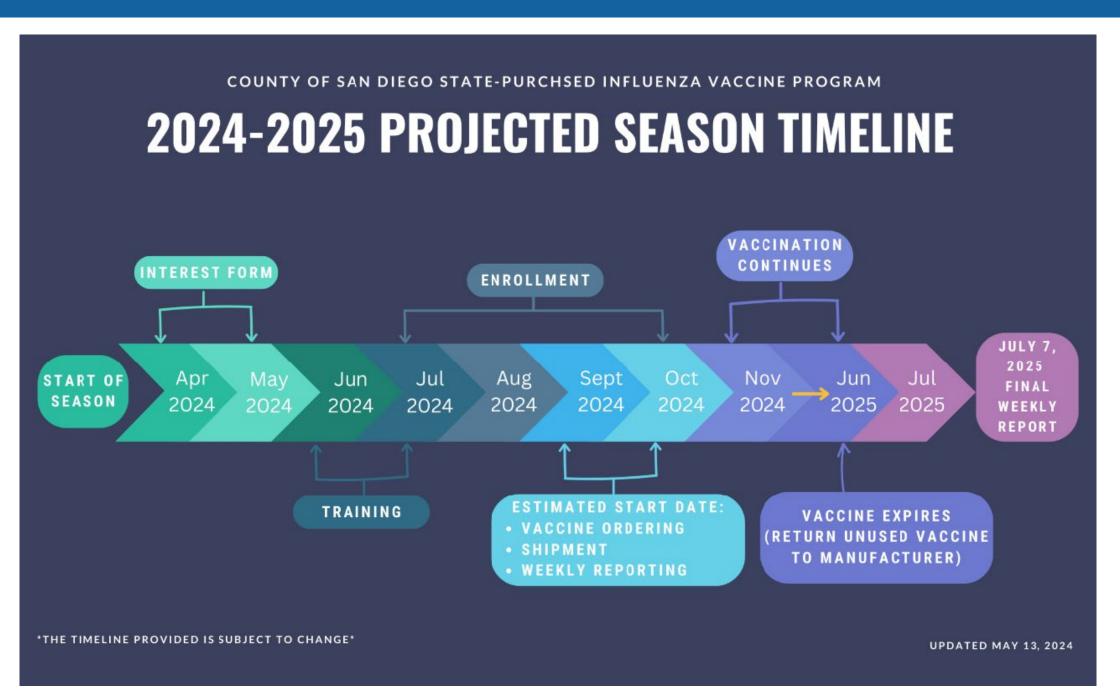
All SGF Providers are required to return any <u>expired</u> and unused vaccine doses directly to the manufacture under the SGF provider account in myCAvax.







2024-2025 SGF Program Timeline



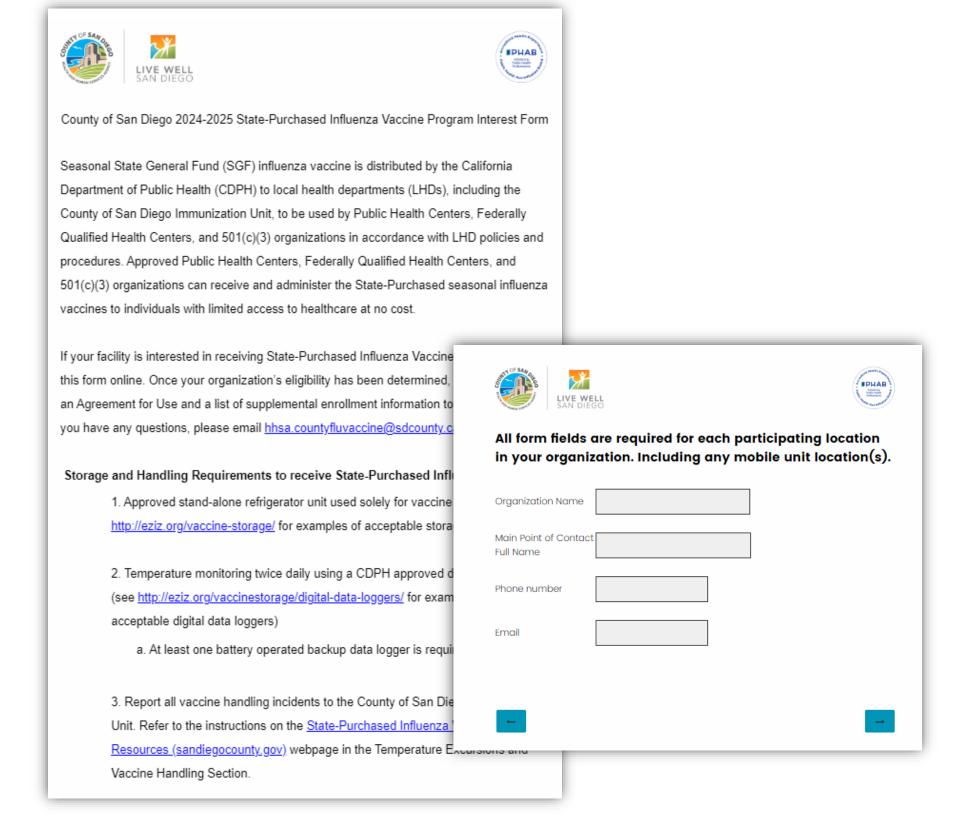
- April May 2024: Interest Form
- June July 2024: Annual Training
- July Oct 2024: Enrollment
- Sept Oct 2024: Start Date (Ordering, Shipment, Weekly Reporting)
- Nov 2024 June 2025: Vaccination
- July 7, 2025: Final Weekly Report

- **This timeline is subject to change
- **Interest and enrollment can occur at any point in the season





2024-2025 SGF Program Interest Form



Interest Form

Received: 119

- Organization Refers to the group the location is lead by
- <u>Location</u> refers to a specific site where services are provided

Forms received later are not included in upcoming season communications.





Annual Flu Training 2024-2025 Season







Who should attend:

- ✓ Primary Vaccine Coordinator and Backup Vaccine Coordinator
 - ✓ Program knowledge
 - ✓ New Incoming Staff

□ Register in Advance
☐ Provide the information of the intended person during the registration process.
☐ To Cancel any registration, use check box on the registration form.

Training Date *

Trainings will be scheduled at:

- Southeastern Live Well Center: 5101 Market St, San Diego, CA 92114
 - Tuesday, 6/11/2024, 9AM 11AM
 - Tuesday, 6/25/2024, 1PM 3PM
 - Thursday, 7/11/2024, 9AM 11AM
 - Thursday, 7/18/2024, 1PM 3PM
- North Inland Live Well Center: 649 W Mission Ave, Escondido, CA 92025
 - Tuesday, 6/18/2024, 9AM 11AM

Direction and location details will be sent out with the registration confirmation.

Select

If you have previously registered for a training and would like to cancel that registration, please check the following box. This is to prevent duplicate registrations and have a better reflection of seat availability for each training.

■ This is a re-registration, please cancel my previous registration.

For more information contact:

State Flu Vaccine Team

HHSA.CountyFluVaccine@sdcounty.ca.gov

2024-2025 SGF Program





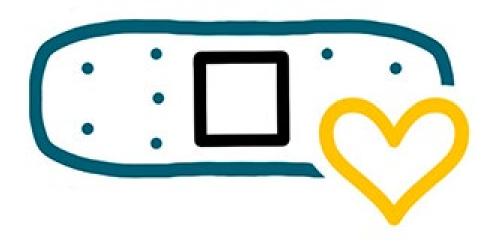
<u>Submit</u> Interest Form for the 2024-25 Flu Season to be included in any upcoming communications



Enroll & Attend 2024-2025 Mandatory Annual State Flu Training



Supplemental Enrollment Packets will be requested from providers including guidance on submission









Araceli Montera, MPH
State Influenza Vaccine Admin Coordinator
Epidemiology and Immunization Services
Branch

Immunization Unit

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

HHSA.CountyFluVaccine@sdcounty.ca.gov





Upcoming Events

July

- 23 Physician's Advisory Committee (PAC) Meeting
- 25 Immunization Skills Institute

August

- 7 PAC Vaccines for Women (PAC-V4W) Subcommittee Meeting
- 29 20th Annual Kick the Flu Summit









