



JANUARY 30, 2024

SDIC General Meeting

Greta Suydam, MPH || SDIC CoChair

Heidi DeGuzman, BSN || SDIC CoChair

Nidal Naser || SDIC Chair Elect

Cynthia To, MPH, CHES || Community Health Program Specialist

Ashley McKay, MPH || Health Information Specialist II

Agenda

Formal Welcome and Announcements	<p>SDIC Co-Chairs: Greta Suydam, MPH Senior Key Account Manager Sanofi Pasteur</p> <p>Heidi DeGuzman, BSN UCSD Program Director South Region PHC</p>
Guest Speaker: Cervical Cancer and HPV Vaccinations	<p>Maritza Gomez, MPH(C) Community Health Liaison UCSD Moores Cancer Center</p>
Guest Speaker: Random Digit Dialing Data on HPV for Adolescents and Adults	<p>Alana McGrath, MPH, Epidemiologist II Epidemiology and Immunization Services Branch</p>
BREAK	
Vaccine Distribution Center and Public Health Nursing Updates	<p>April Steely, MSN, RN, PHN, Public Health Nurse Supervisor Epidemiology and Immunization Services Branch</p>
San Diego Epidemiology IZ Data	<p>Danelle Wallace, MPH, Senior Epidemiologist Epidemiology and Immunization Services Branch</p>
CAIR2 Updates	<p>Ryan Thun Local CAIR Representative California Department of Public Health, Immunizations Branch</p>
Vaccines for Children, Vaccines for Adults	<p>Melissa Thun, BSN, PHN Vaccines For Children Junior Field Representative- Southern California Region California Department of Public Health, Division of Communicable Disease Control</p>
State Flu Update	<p>Araceli Montera, MPH, State Influenza Vaccine Program Coordinator Epidemiology and Immunization Services Branch</p>
Announcements	<p>Cynthia To, MPH, CHES Community Health Program Coordinator Epidemiology and Immunization Services Branch</p>

An aerial photograph of a coastal town built on a cliffside overlooking the ocean. The town features numerous houses and buildings, with a prominent white building on the left. The ocean is visible in the foreground, with waves breaking onto a sandy beach. The sky is overcast with soft, grey clouds.

Guest Speaker:

**Maritza Gomez,
MPH(c)**



UC San Diego
Moore's Cancer Center



CERVICAL CANCER SPOTLIGHT

In Our San Diego-Baja California
Region

JANUARY 30, 2024

AGENDA

- Overview of Cervical Cancer
- Cervical Cancer Landscape
 - United States
 - California
 - San Diego
- Regional Variations and Disparities
- Spotlight on HPV Vaccination



OVERVIEW OF CERVICAL CANCER

- The cervix is a small, tubular structure that connects the uterus to the vagina
- In a healthy state, it is lined with normal cervical cells
- The initiation of cancer is associated with the development of precancerous changes in these cervical cells, often caused by high-risk strains of the human papillomavirus (HPV)
- Without adequate screening and treatment, cancer can develop in the individual



HISTORY

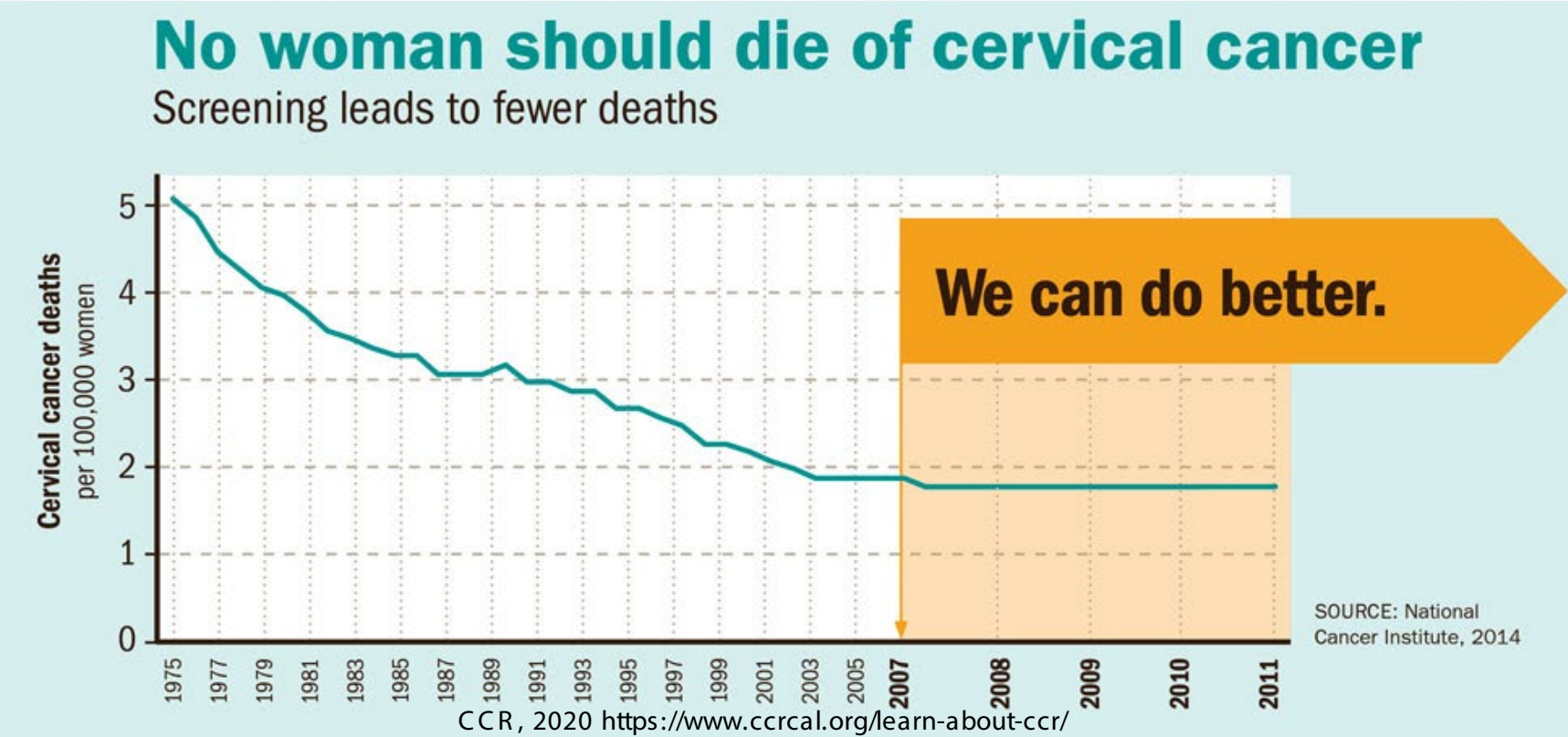
- 1927: George Papanicolaou discovers that cervical cancer can be detected by examining cells
- 1943: Dr. Papanicolaou publishes a paper explaining the effectiveness of using a Pap test to screen for cell abnormalities
- 1976: High-risk HPV is linked to the development of cervical cancer
- 1996: The U.S. Preventive Services Task Force recommends Pap screenings every three years

TODAY'S CERVICAL CANCER LANDSCAPE

Death rates from cervical cancer (CC) have dropped significantly in the last 40 years due to regular [Pap tests](#) - finding cervical precancer before it turns into cancer

But concerningly, CC incidence and death rates in the US have stagnated, and in some regions increased, in recent years:

- In a study published in the International Journal of Gynecological Cancer, almost 30,000 individuals were diagnosed with late-stage cervical cancer between 2001 to 2018
 - Estimated 2023 Diagnoses: 13,960
 - Estimated 2023 Deaths: 4,310 [ACS]



Joung RH, Mullett TW, Kurtzman SH, et al. Evaluation of a National Quality Improvement Collaborative for Improving Cancer Screening. JAMA Netw Open. 2022;5(11):e2242354. doi:10.1001/jamanetworkopen.2022.42354

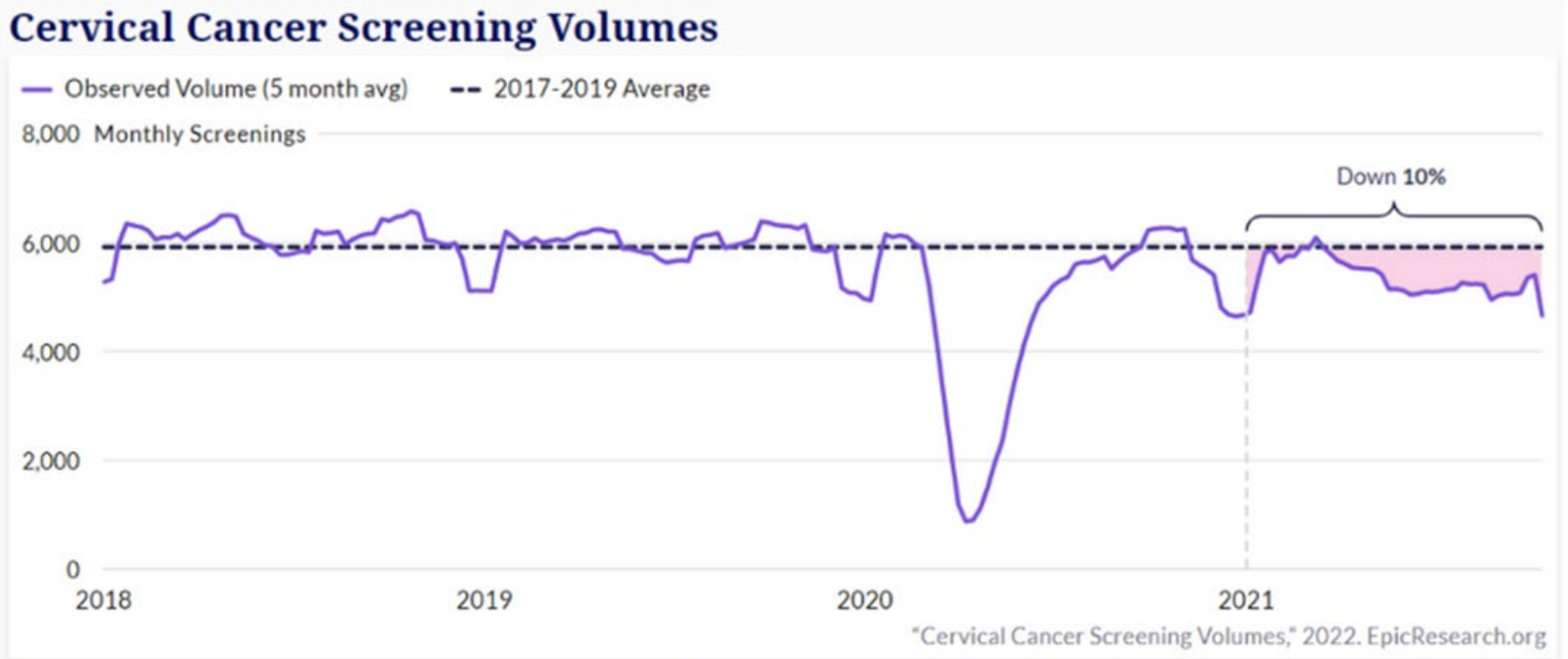


Figure 3. Cervical cancer screenings from January 2018 through October 2021, compared to the historical weekly average.

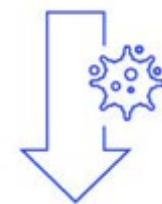
Francoeur AA, Liao C, Caesar MA, et al
The increasing incidence of stage IV cervical cancer in the USA: what factors are related?
International Journal of Gynecologic Cancer 2022;32:1115-1122.

PROGRESS IN PREVENTION FOR YOUTH...

HPV vaccination is cervical cancer prevention

Cervical cancer incidence rates **dropped by 65%** from 2012 through 2019 in women age 20-24 years.

This age group was the first to receive the HPV vaccine.
This decline foreshadows steep reductions in HPV-associated cancers.




American Cancer Society, Cancer Facts & Figures 2023.

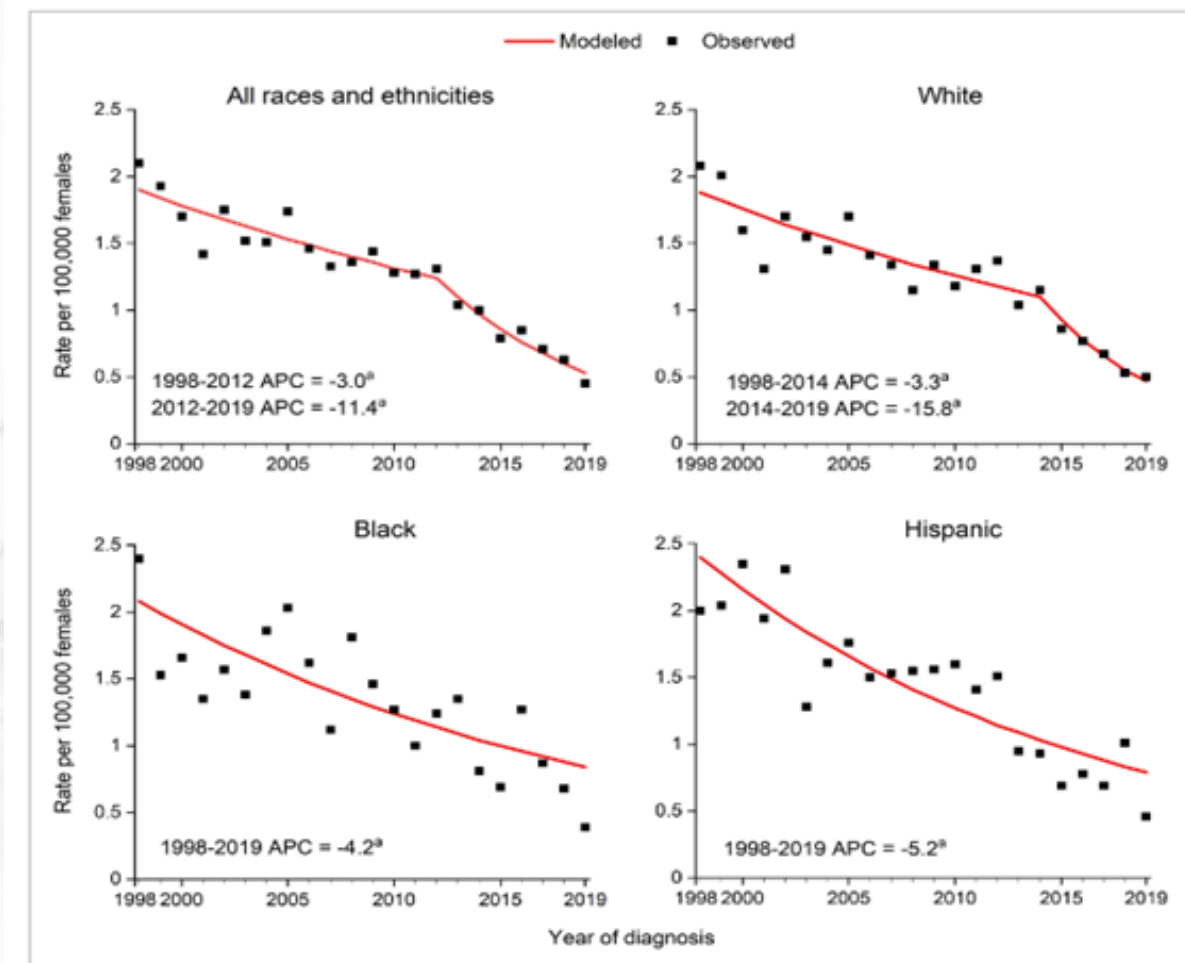


FIGURE 4

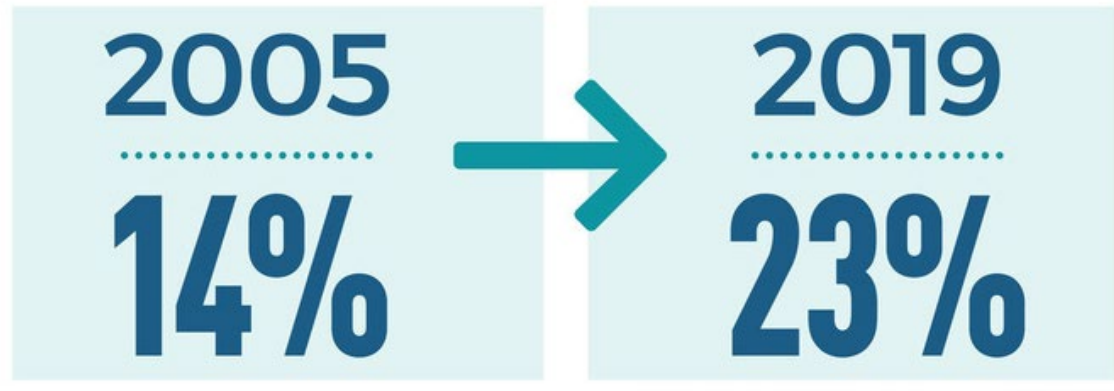
[Open in figure viewer](#) | [PowerPoint](#)

Trends in cervical cancer incidence rates among women aged 20–24 years by race and ethnicity, United States, 1998–2019. Rates are age adjusted to the 2000 US standard population and adjusted for reporting delays. White and Black race are exclusive of Hispanic ethnicity. ^aThe APC is statistically significant ($p < .05$). APC indicates annual percent change.

Takeaway? The HPV vaccine works – comprehensive vaccination of youth is cervical cancer prevention in the next generation, and on time screening for older cohort not eligible for HPV vaccine is critical

BUT ADULT SCREENING CHALLENGES PERSIST

PERCENTAGE OF WOMEN OVERDUE FOR CERVICAL CANCER SCREENINGS



Source: Suk R, et al. doi:10.1001/jamanetworkopen.2021.43582

Prevention and Early Detection Programs Events About Us Newsroom | English GET INVOLVED DONATE

Confusion about insurance coverage for cervical cancer screenings contributes to missed screening

Published on January 2, 2024

Hollings Cancer Center An NCI-Designated Cancer Center

Patient Care Research Giving News About Us Outreach & Engagement

Hollings > News > Latest News > Health Disparities

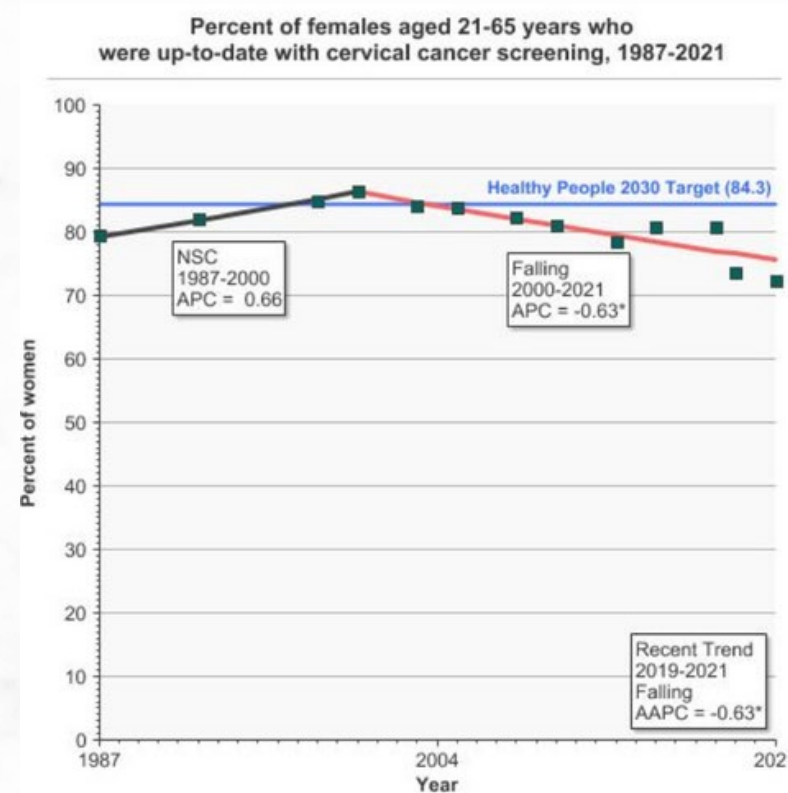
Researchers find cervical cancer rates on the rise in low-income U.S. counties

Leslie Cantu | January 25, 2024



CERVICAL CANCER SCREENING IN THE US

In 2021, 72.4% of women aged 21-65 years were up-to-date with cervical cancer screening.



Cervical Cancer Screening Volumes

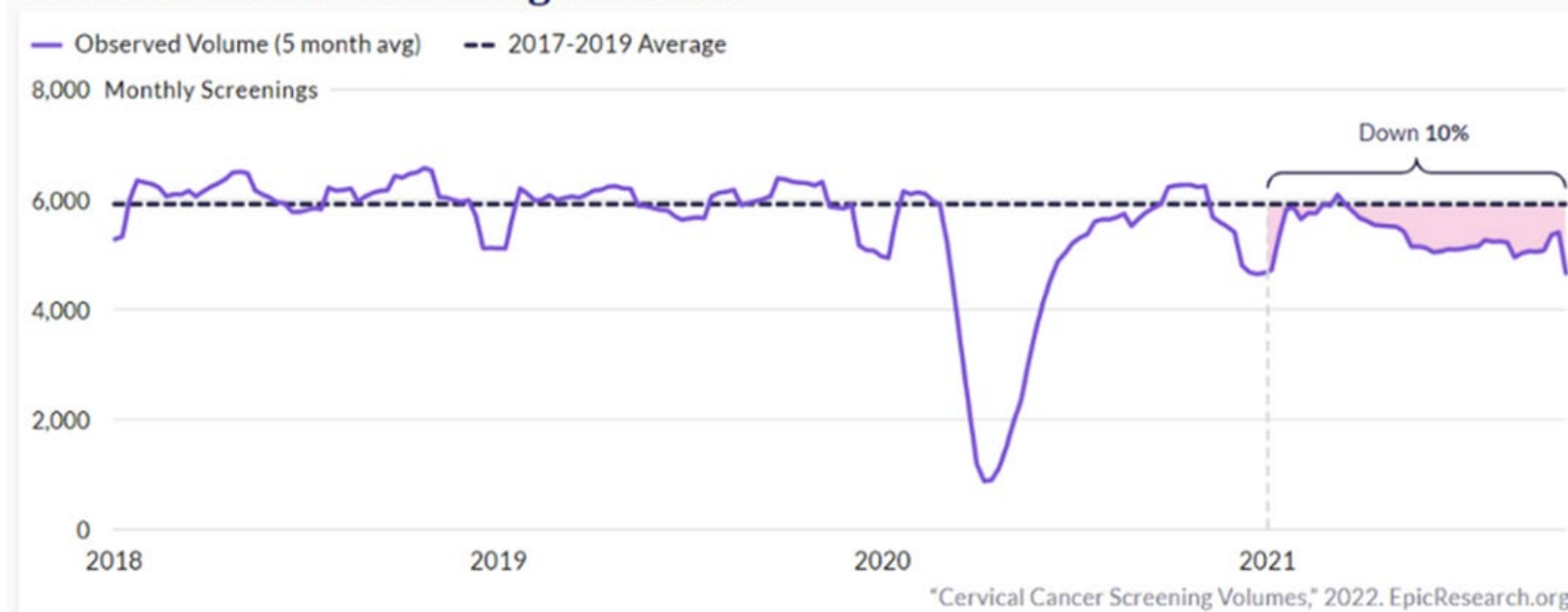
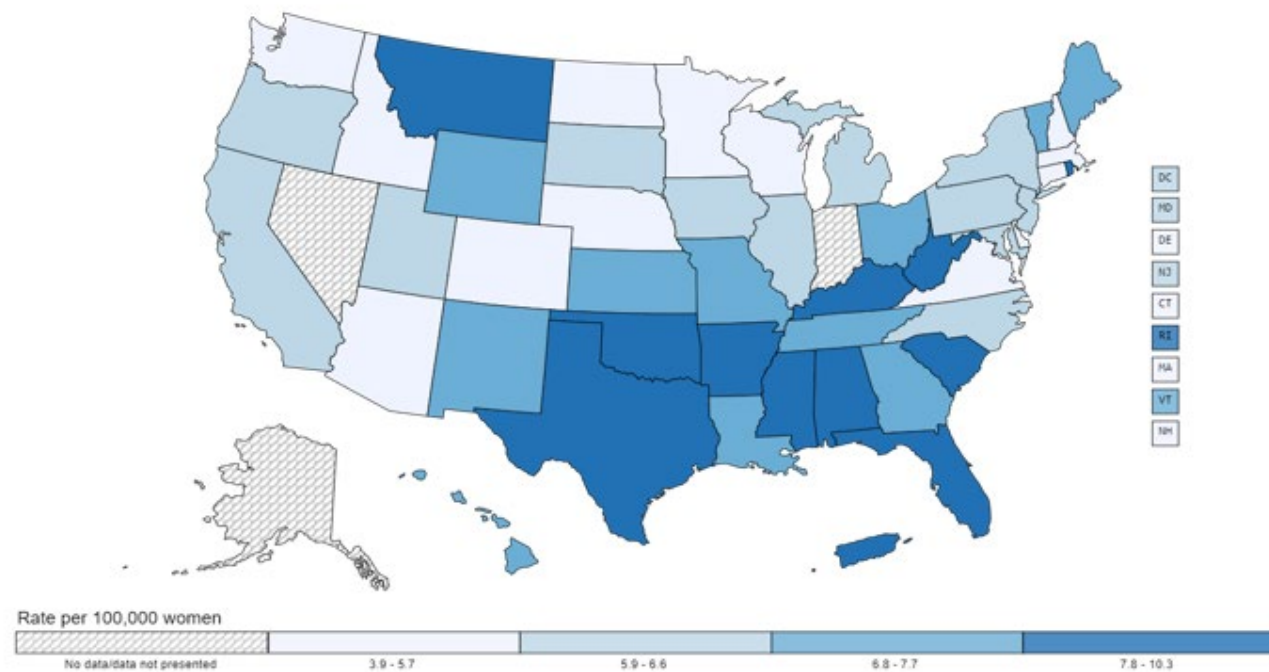


Figure 3. Cervical cancer screenings from January 2018 through October 2021, compared to the historical weekly average.

- Healthy People 2030 Cervical Cancer Screening Goal: 84.3%
- Even at a national level, significant disparities in screening participation are seen by income level and education attainment
 - <200% of federal poverty level - 64.2% up-to-date with screening
 - \geq 200% of federal poverty level - 77.8% up-to-date
 - Less than High School - 59.1%
 - High School - 67.1%
 - Greater than High School - 78.1%

CERVICAL CANCER IN CALIFORNIA

Rate of New Cancers in the United States, 2020
Cervix, All Ages, All Races and Ethnicities, Female



- California cervical cancer screening rate in past 3 years, ages 21-65, 2020 data: 78.47%
 - Slightly above nat'l average, but still below goal
 - Average hides disparities across communities
- From 2000 to 2018 the percentage of cervical cancer cases diagnosed at a late-stage increased; the most recent 10yr period, the proportion diagnosed late-stage remained high (52.6% to 57.9%) and relatively unchanged.
- Nearly 1 in 5 new cervical cancers diagnosed from 2009-2018 were in women 65+ (outside of screening guidelines)
 - More of these women (71%) presented with late-stage disease compared to younger women (48%)
 - This suggests “women have not been adequately screened prior to the upper age cutoff [of 65]”

2020 BRFSS Survey Data

Maguire FB, Islam MM, Hofer BM, Movsisyan AS, Morris CR, Parikh-Patel A, Keegan THM, Wun T. Heat Maps: Trends in LateStage Diagnoses of Screen-Detectable Cancers in California Counties, 2000-2018. Sacramento, CA: California Cancer Reporting and Epidemiologic Surveillance Program, University of California Davis Comprehensive Cancer Center, University of California Davis, June 2021.

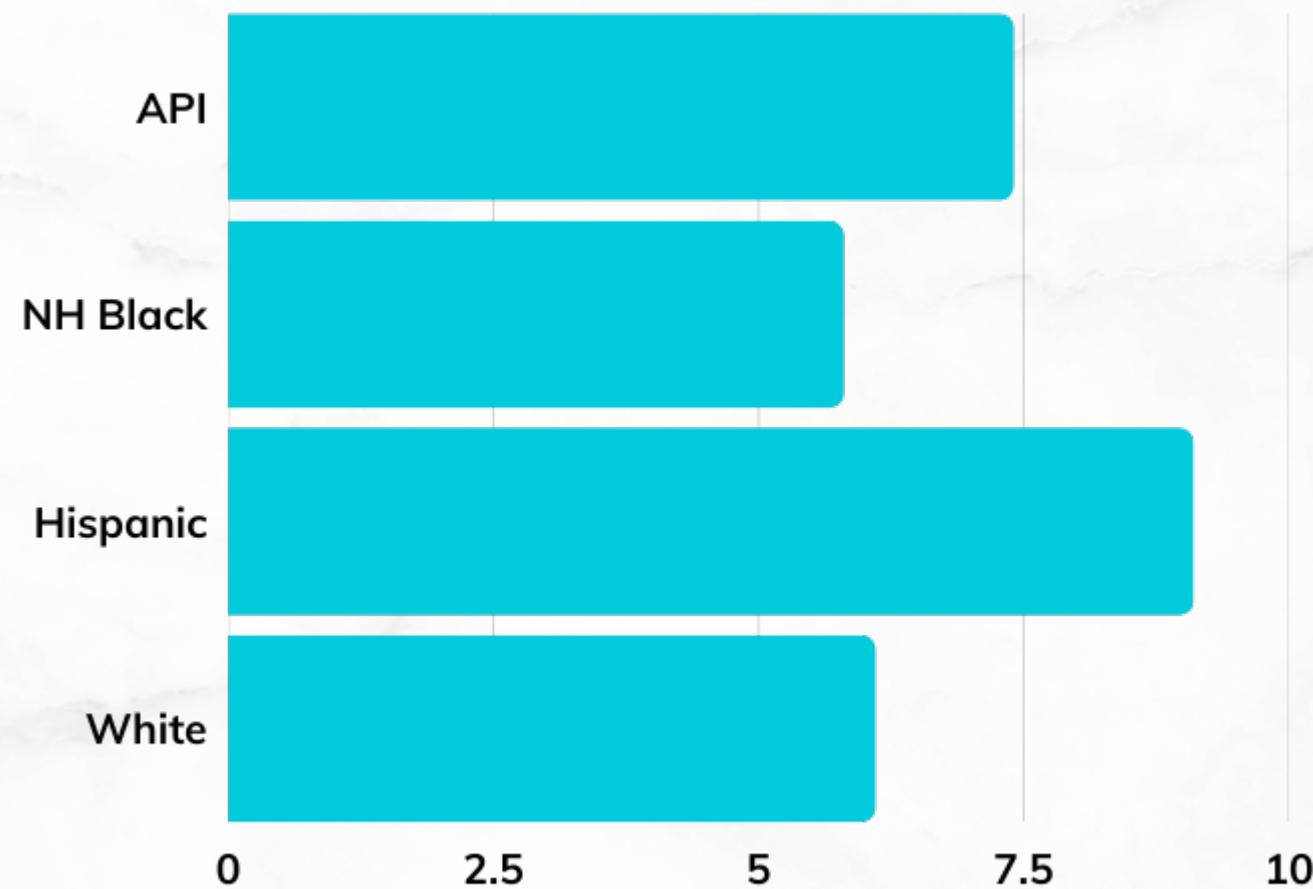
CERVICAL CANCER IN SAN DIEGO



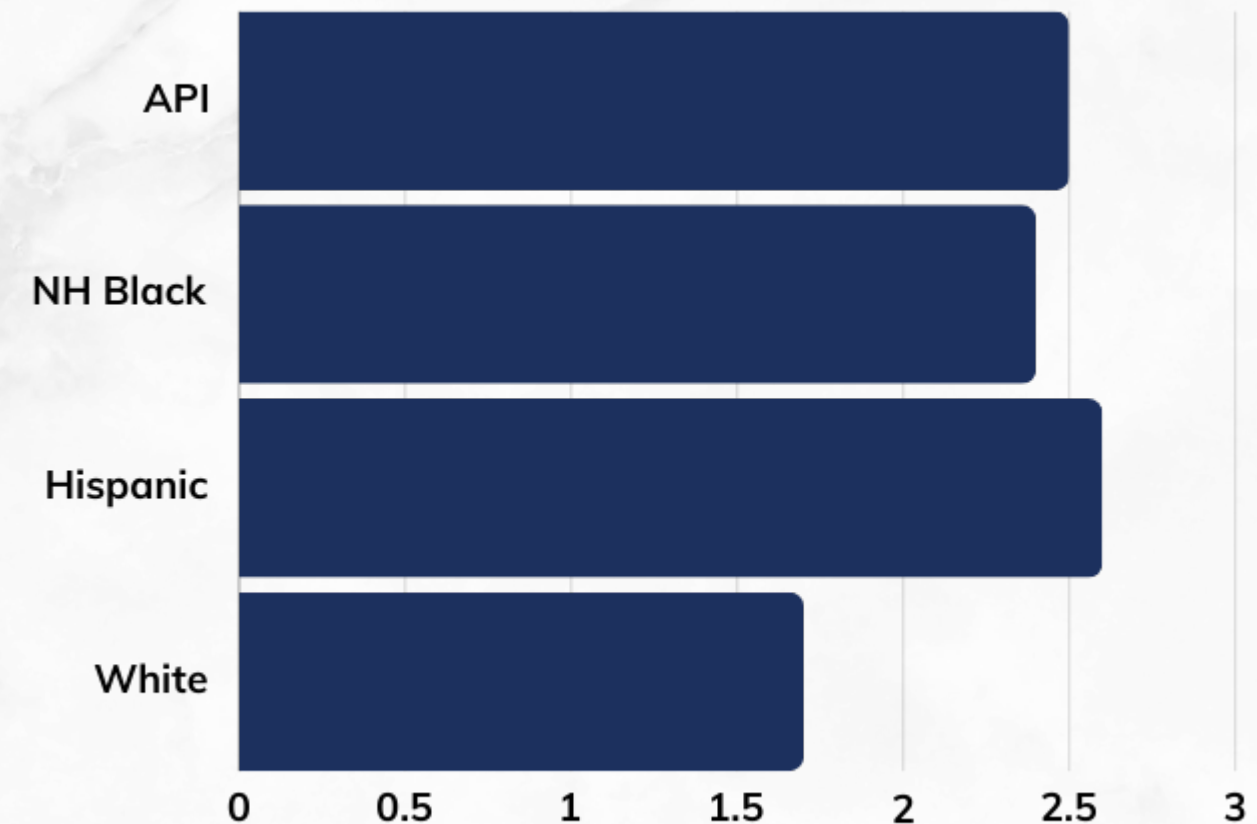
2020 Statistics

- 111 cases in 2020
- 38% of cases in Hispanic/Latine individuals
- 15% in Asian/Asian American individuals
- 74% of cases were in ages 18-64; 26% were aged 65+

CERVICAL CANCER INCIDENCE IN SAN DIEGO COUNTY, RATE PER 100,000 INDIVIDUALS (2011 - 2020)



CERVICAL CANCER MORTALITY IN SAN DIEGO COUNTY, RATE PER 100,000 INDIVIDUALS (2011 - 2020)



CCR, 2020 <https://www.ccrca.org/learn-about-ccr/>

Although cases were not high enough to determine local incidence and mortality rates in San Diego County, national data shows American Indian and Alaska Natives are nearly 2x as likely to develop cervical cancer compared to white women and 4x as likely to die from it.

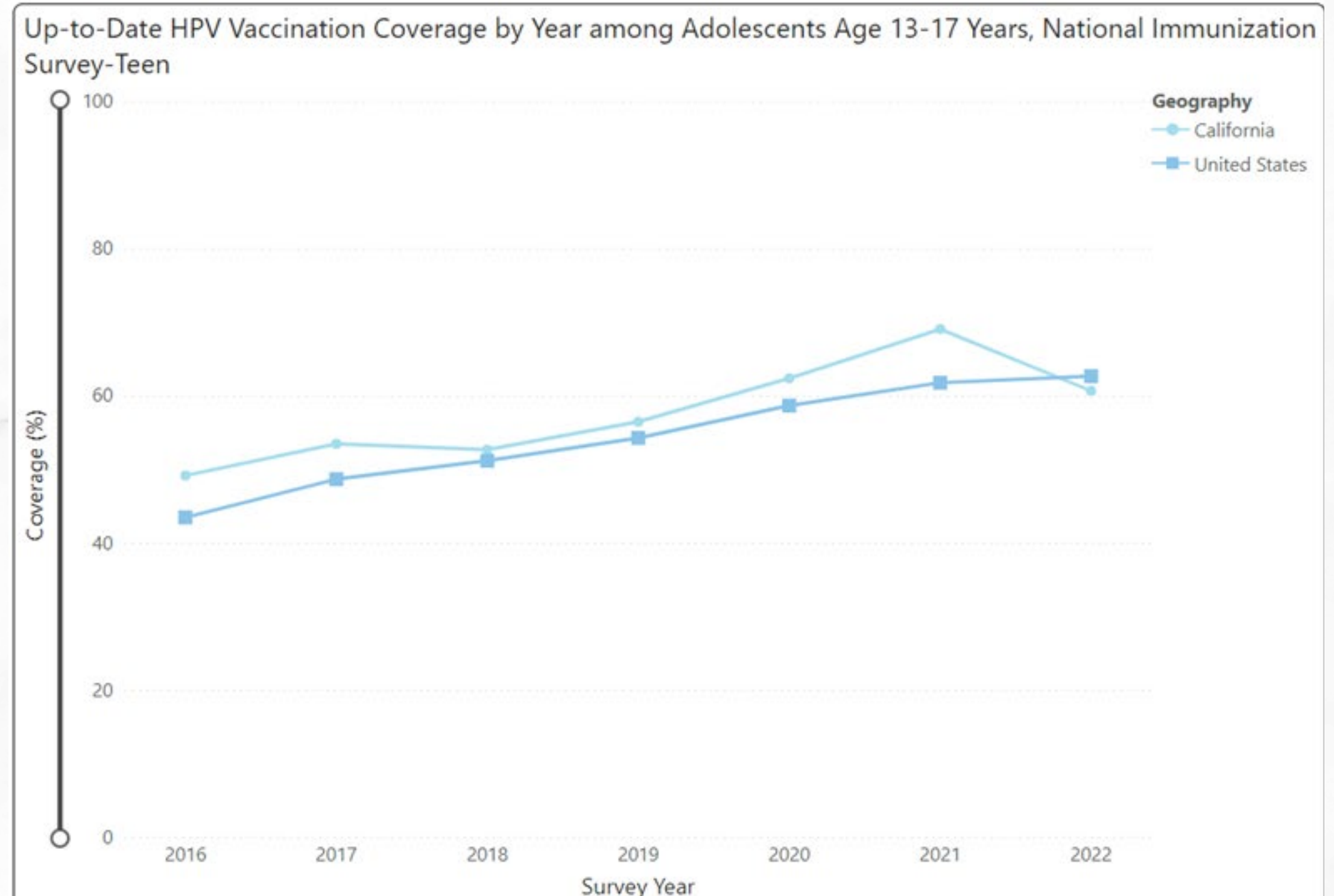
OUR SAN DIEGO FQHC CERVICAL SCREENING RATES

CC HRSA 2017	CC HRSA 2018	CC HRSA 2019	CC HRSA 2020	CC HRSA 2021	CC HRSA 2022
59.22%	57.59%	48.31%	36.47%	38.82%	49.95%
56.47%	62.70%	64.81%	64.12%	58.29%	59.91%
58.28%	57.44%	56.74%	51.96%	55.34%	55.99%
74.92%	66.25%	64.91%	56.00%	60.08%	56.18%
56.22%	63.69%	70.56%	51.39%	65.50%	67.17%
66.12%	74.85%	71.41%	65.70%	65.91%	61.97%
60.20%	63.51%	67.04%	61.48%	63.23%	64.14%
44.82%	48.65%	48.20%	55.69%	55.22%	63.57%
39.46%	38.10%	43.75%	51.04%	14.18%	43.62%
60.96%	62.57%	62.82%	67.00%	65.00%	65.20%
32.83%	32.04%	24.90%	20.08%	17.50%	15.99%
56.67%	62.58%	67.24%	56.94%	67.41%	70.00%
55.51%	57.50%	57.56%	53.16%	52.21%	56.14%

Screening rates for San Diego federally qualified health centers increased 3.93% from 2021 to 2022

ALARMING NEW 2022 HPV VAX DATA FOR CA

- HPV UTD data in CA DIPPED from 2021 to 2022, dropping from 69% to ~61% - below the US average
- For the first time since 2013, HPV vaccination initiation did not increase among adolescents aged 13–17 years
- HPV vaccination initiation fell among adolescents insured by Medicaid and remained lowest among the uninsured (2 of the 4 groups that constitute the VFC-eligible population), highlighting the continued need for outreach among adolescents eligible for the program



SPOTLIGHT: CC IN THE HISPANIC/LATINE COMMUNITY



Hispanic/Latine individuals experience 30%-40% higher CC incidence and mortality than non-Hispanic white women.

Multifaceted Drivers of Disparity

- The American Cancer Society highlights increased risk among women hailing from Mexico and Central and South America, “which is more than threefold higher than that among US women overall, largely due to less access to screening and higher prevalence of HPV infection.”

Top Cancer Sites for Hispanics (2014-2018)

Cancer Incidence Rates per 100,000 – Women			
Cancer	Hispanic Women	Non-Hispanic White Women	Hispanic / Non-Hispanic White Ratio
All Sites	348.4	460.2	0.8
Breast	100.3	137.9	0.7
Cervical	9.3	6.7	1.4
Colon & Rectum	29.3	32.7	0.9
Kidney	12.1	11.7	1.0
Liver & IBD	8.2	4.0	2.1
Lung	24.6	53.9	0.5

NCI 2021. Seer Cancer Statistics Review, 1975-2018. Table 1.25 and SEER*Explorer [Accessed 7/22/2021].

CC SCREENING IN OUR FOREIGN BORN COMMUNITY

In the US, foreign born women are 2x less likely to have received a pap smear in their country of origin as compared with US-born women increasing their risk of underscreening.

Global HPV prevalence also impacts risk:

- The highest prevalence of cervical HPV among women is in sub-Saharan Africa (24%), followed by Latin America and the Caribbean (16%), eastern Europe (14%), and South-East Asia (14%)
- Almost 1 in 3 men worldwide are infected with at least one genital HPV type and around 1 in 5 men are infected with one or more HR-HPV types



Barriers to Screening

- Embarrassment
- Fear that the test/procedure will be painful and/or finding out something may be wrong
- Lack of information about the need for screening and where to go
- Insurance and cost of exams

Endeshaw, M., Clarke, T., Senkomago, V., & Saraiya, M. (2018). Cervical Cancer Screening Among Women by Birthplace and Percent of Lifetime Living in the United States. *Journal of lower genital tract disease*, 22(4), 280–287. <https://doi.org/10.1097/LGT.0000000000000422>

Bruni L et al. Cervical human papillomavirus prevalence in 5 continents: meta-analysis of 1 million women with normal cytological findings. *J Infect Dis*. 2010;202(12):1789–1799. <https://doi.org/10.1093/infdis/jiq179>

Endeshaw, M., Clarke, T., Senkomago, V., & Saraiya, M. (2018). Cervical Cancer Screening Among Women by Birthplace and Percent of Lifetime Living in the United States. *Journal of lower genital tract disease*, 22(4), 280–287. <https://doi.org/10.1097/LGT.0000000000000422>

Bruni, L., Albero, G., Rowley, J., Alemany, L., Arbyn, M., Giuliano, A. R., ... Taylor, M. (2023). Global and regional estimates of genital human papillomavirus prevalence among men: a systematic review and meta-analysis. *The Lancet. Global Health*, 11(9), e1345–e1362. [https://doi.org/10.1016/S2214-109X\(23\)00305-4](https://doi.org/10.1016/S2214-109X(23)00305-4)

Byrd, T. L., Chavez, R., & Wilson, K. M. (2007). Barriers and Facilitators of Cervical Cancer Screening Among Hispanic Women. *Ethnicity & Disease*, 17(1), 129–134. <https://www.jstor.org/stable/48667005>

DRIVERS OF BORDER REGION DISPARITIES

- Factors identified through research include “low health literacy, limited access to affordable screening, and a lack of trained personnel to perform colposcopy, loop electrosurgical excision procedures (LEEP), and appropriate management of women with pre-invasive disease.”

Suggested Strategies

- Community Outreach via CHWs and Promotoras in the area
- Patient Navigation
- Provider Training/Telemonitoring
- Accessible and free health screenings



THINK ABOUT IT...

- Do you interact with people more likely to miss screenings?
- What kinds of barriers do you encounter?
- What successes have you had helping them overcome these obstacles?
- What opportunities are there to improve access and encourage individuals to be screened (or vaccinated)?

KEY TAKEAWAYS:

- There are many obstacles to screening
- It is our duty to help individuals overcome logistical and personal barriers
 - Listening
 - Creative thinking and solutions
 - Providing information, reassurance, practical support



FUTURE PROMISE

HEALTH

HPV vaccine study finds zero cases of cervical cancer among women vaccinated before age 14

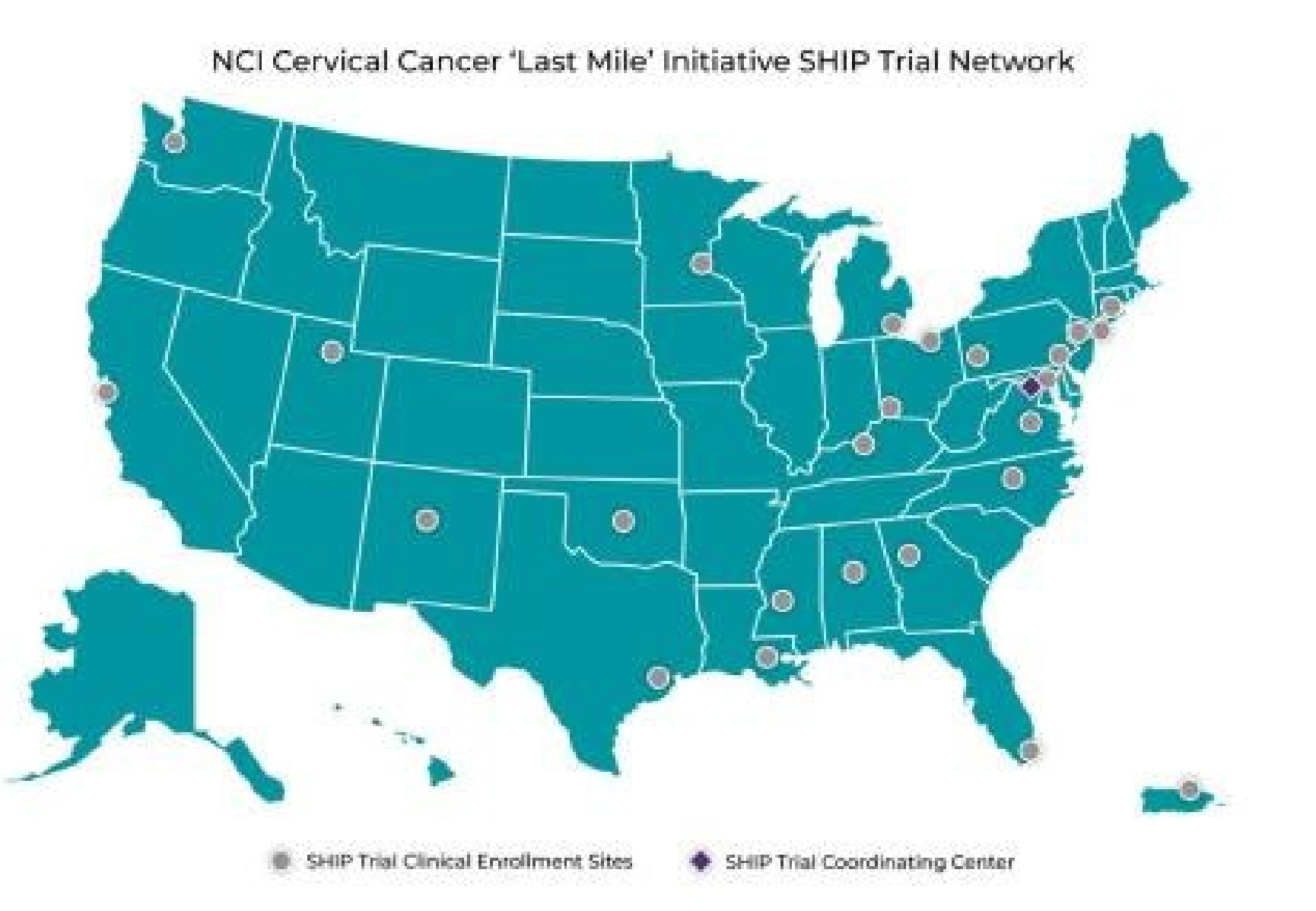
By [Annalisa Merelli](#) Jan. 25, 2024

[Reprints](#)



A nurse delivers a dose of the HPV vaccine at a college western France in October 2023.
DAMIEN MEYER/AFP VIA GETTY IMAGES

NCI Launches Network to Study Self-Collection for HPV Testing to Prevent Cervical Cancer



A Call to Action

For public health and clinical partners in the San Diego-Tijuana region, and community members:

Even one preventable cancer is one too many.

01. Cervical cancer screening rates have not fully recovered from pandemic drops, increasing risk for under-screened women,

- Without action, precancers & cancers will go undetected.

02. Improving outreach & care delivery through quality improvement can improve screening uptake.

- Team-wide, multi-level interventions are most comprehensive for improving screening delivery and managing abnormal results for all patients.

03. Everyone has a role in making San Diego cervical cancer free!



THANK YOU

- ✉ mstackba@health.ucsd.edu
- ✉ mag075@health.ucsd.edu
- 🌐 <https://moorecancercenter.ucsd.edu/>

APPENDIX



CC QI & Needs Assessment Toolkit



01. Patient Survey

Access the cervical cancer screening survey in Spanish [via Qualtrics](#) or email the author to share within Qualtrics or download materials.

Source: [CDC Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

Source: [HRSA: Health Center Patient Survey \(HCPS\)](#)



02. Needs Assessment

Access the quality improvement survey used for this assessment [via Qualtrics](#), or email the author to share within Qualtrics or download materials.

Source: [How to Increase Cancer Screening Rates: A Quality Improvement Toolkit for Busy Office Practices](#)

Source: [Return to Cancer Screening PDSA Quality Improvement Project and Clinical Study](#)



03. Educational Resources

Explore proven cervical cancer education programs online, including clinical and patient -facing education:

- [CDC AMIGAS Program : Promoting Cervical Cancer Screening among Hispanic Women](#)
- [A Su Salud en Acción Program, a National Cancer Institute, Evidence -Based Cancer Control Program](#)

For clinics looking to conduct their own cervical cancer screening needs assessment and quality improvement, there are free quality improvement tools available for your use. Integrate into your clinical practice as needed!



BREAK



Immunization Unit

Vaccine Management Program (VMP)

January 30, 2024

April Steely, MSN, RN, PHN

Public Health Nurse Supervisor

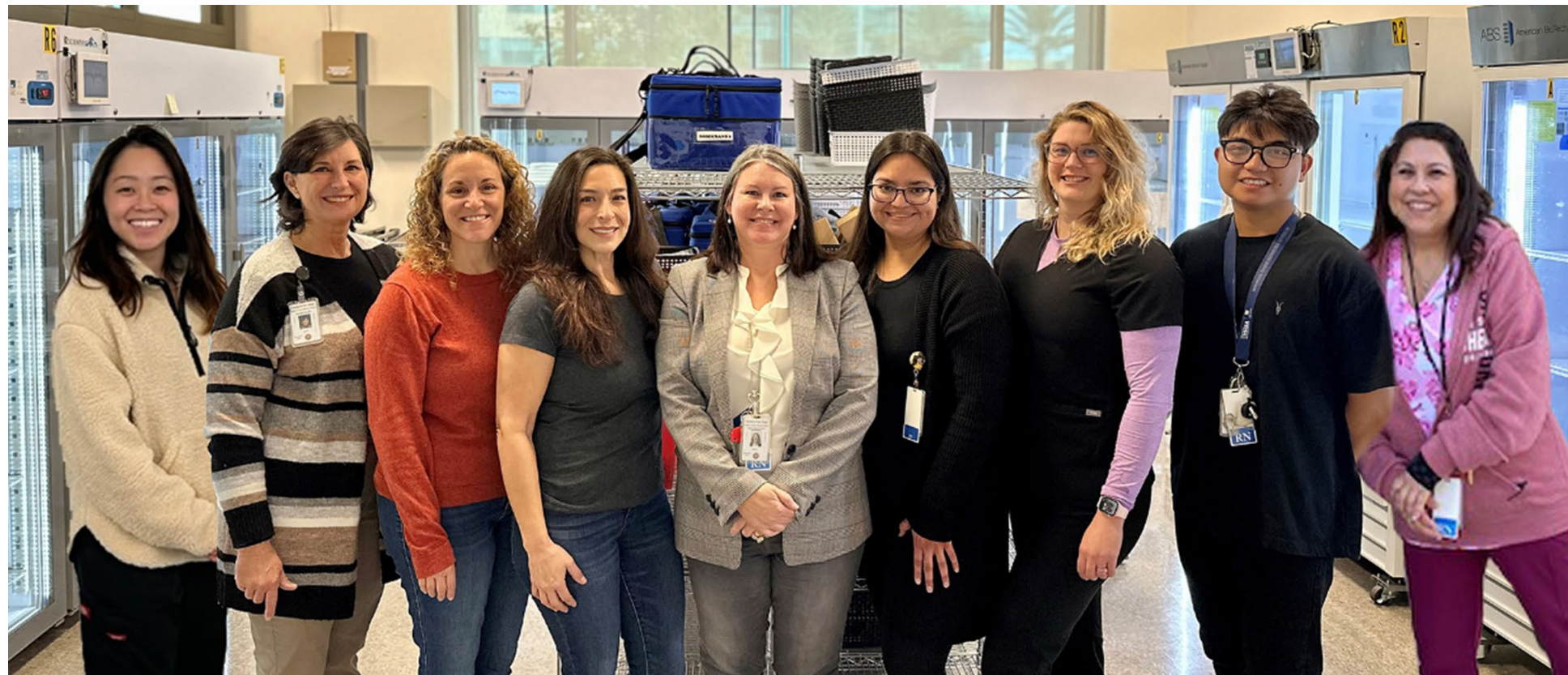
Epidemiology and Immunization Services Branch





Vaccine Distribution Center (VDC) 2023 Summary of Activities

January 1, 2023 to December 31, 2023



Supported Events

Epi PEP—11

POD—12

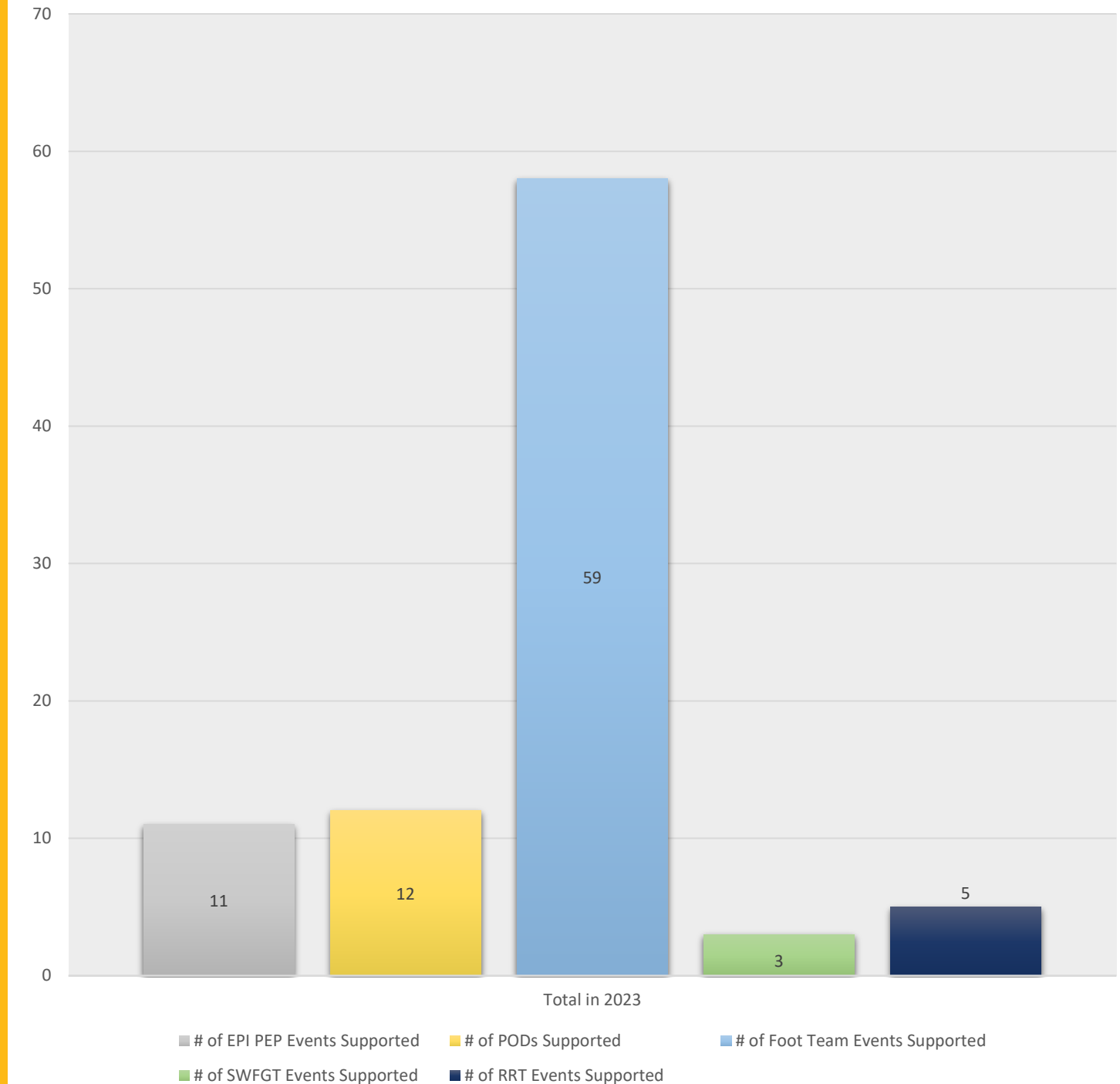
Foot Team—59

School Work Force Grant Team (SWFGT)—3

Rapid Response Team (RRT)—5



Number of Events Supported in 2023

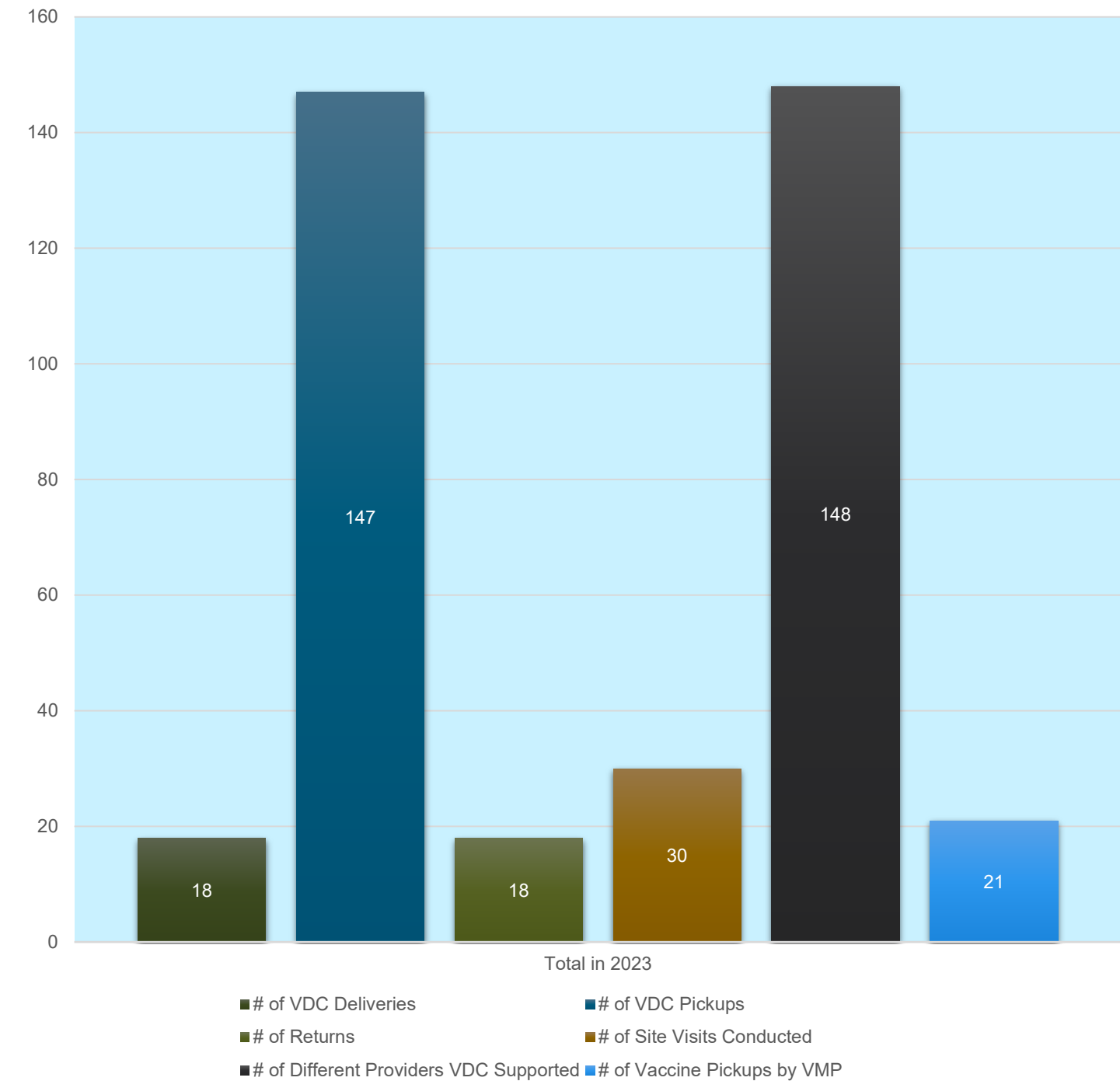


Number of Activities

- VDC Deliveries—18
- VDC Pickups—147
- Returns—18
- Site Visits Conducted—30 (23 In-person and 7 virtual)
- Providers Supported—148
- VMP Vaccine Pickups—21



Number of Events/Providers Supported in 2023



Number of Vaccine/IG Doses Distributed



Foot Teams—2274

Rapid Response Team (RRT)—65

School Work Force Grant Team (SWFGT)—300

CoSD PODs—367

Epidemiology Post Exposure Prophylaxis (EPI PEP)—137

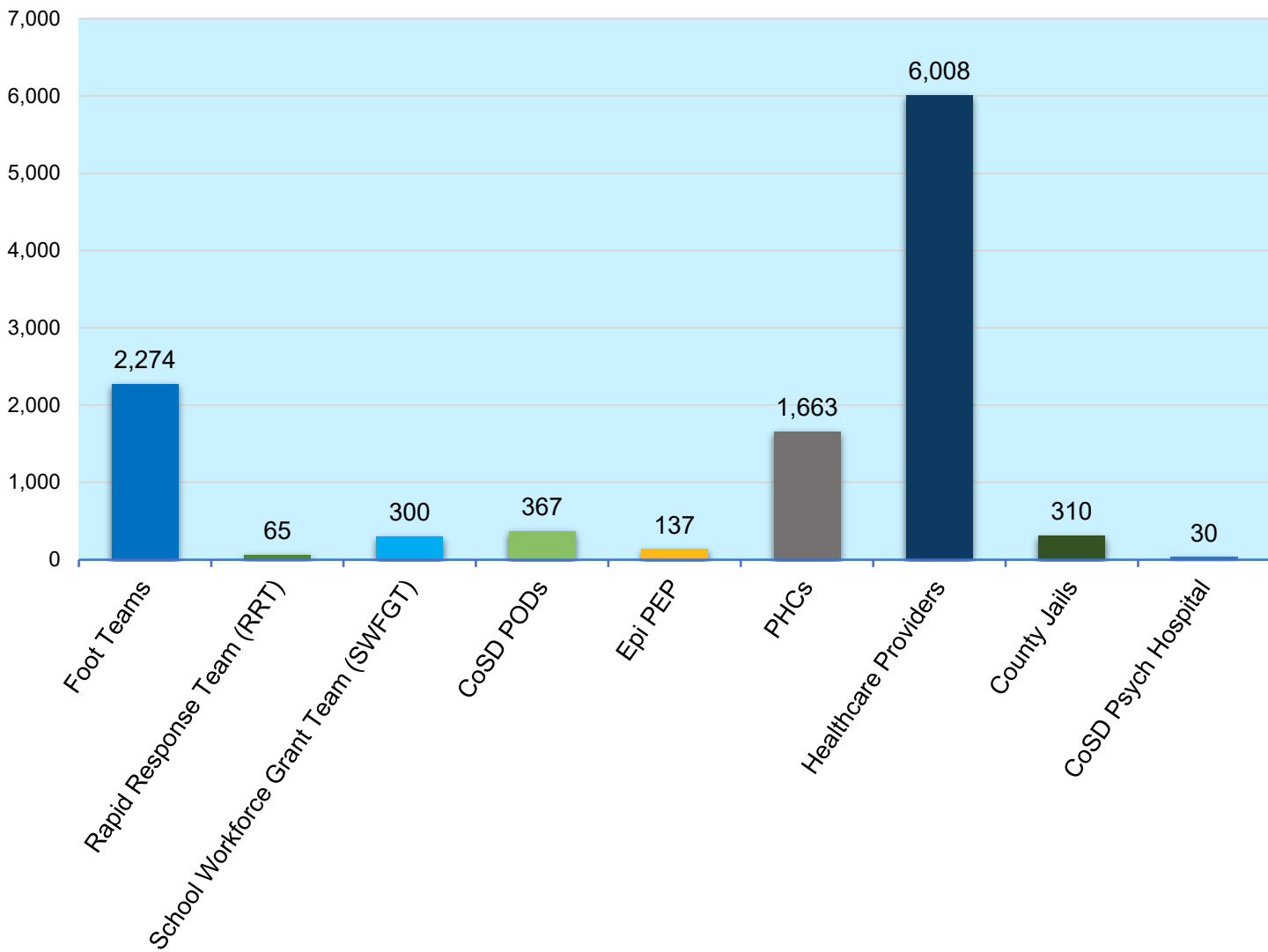
Public Health Centers (PHCs)—1663

Healthcare Providers—6008

County Jails—310

CoSD Psych Hospital—30

Number of Vaccines/IG Distributed in 2023



Vaccine Orders & Shipments



317-Outbreak Funded Orders—16

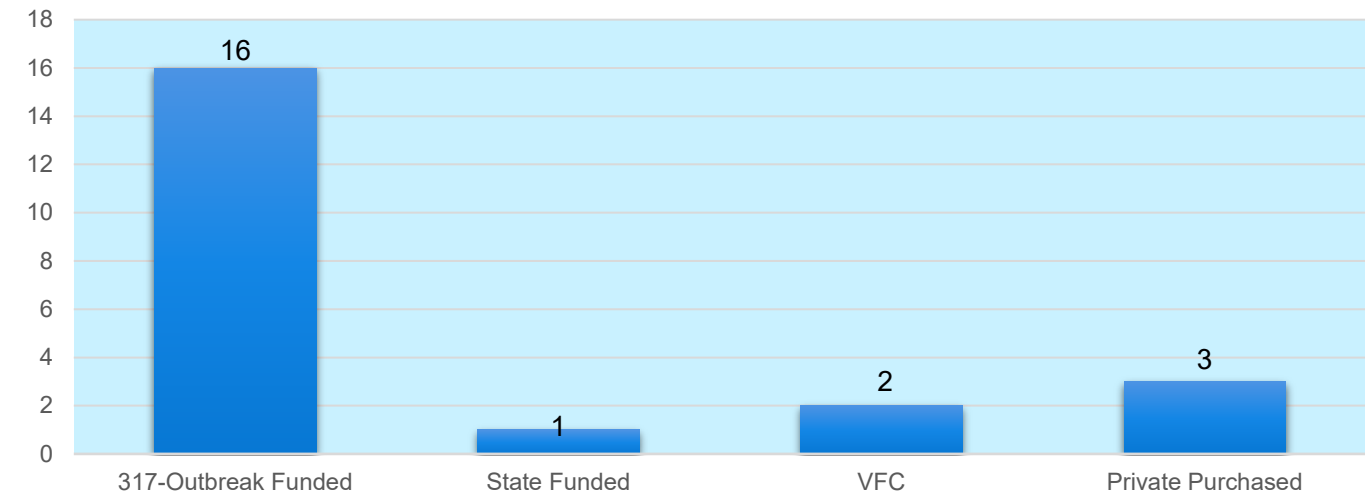
State-Funded Orders—1

Vaccines for Children (VFC) Orders—2

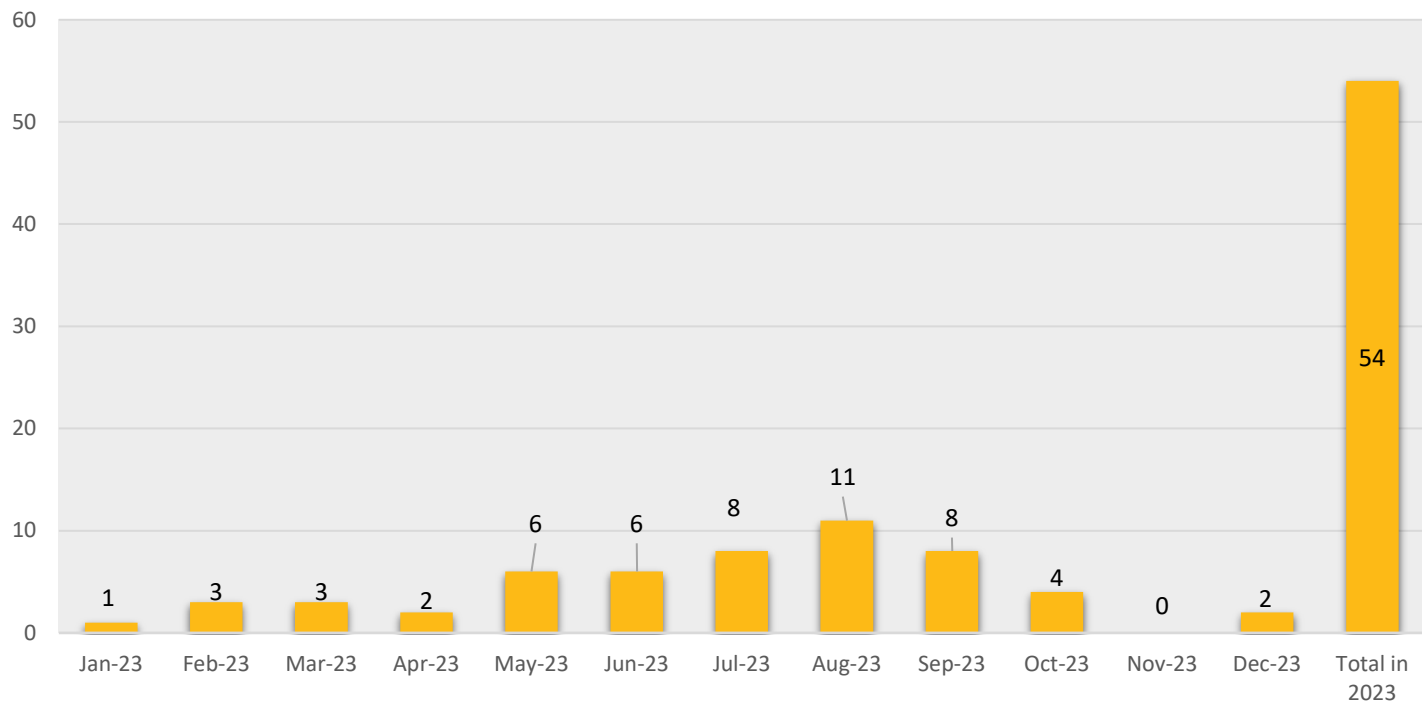
Private-Purchased Orders—3

Shipments Received—54

Number of Orders Placed in 2023



VDC Vaccine Shipments Received in 2023



COVID-19 Shipments and Distributions

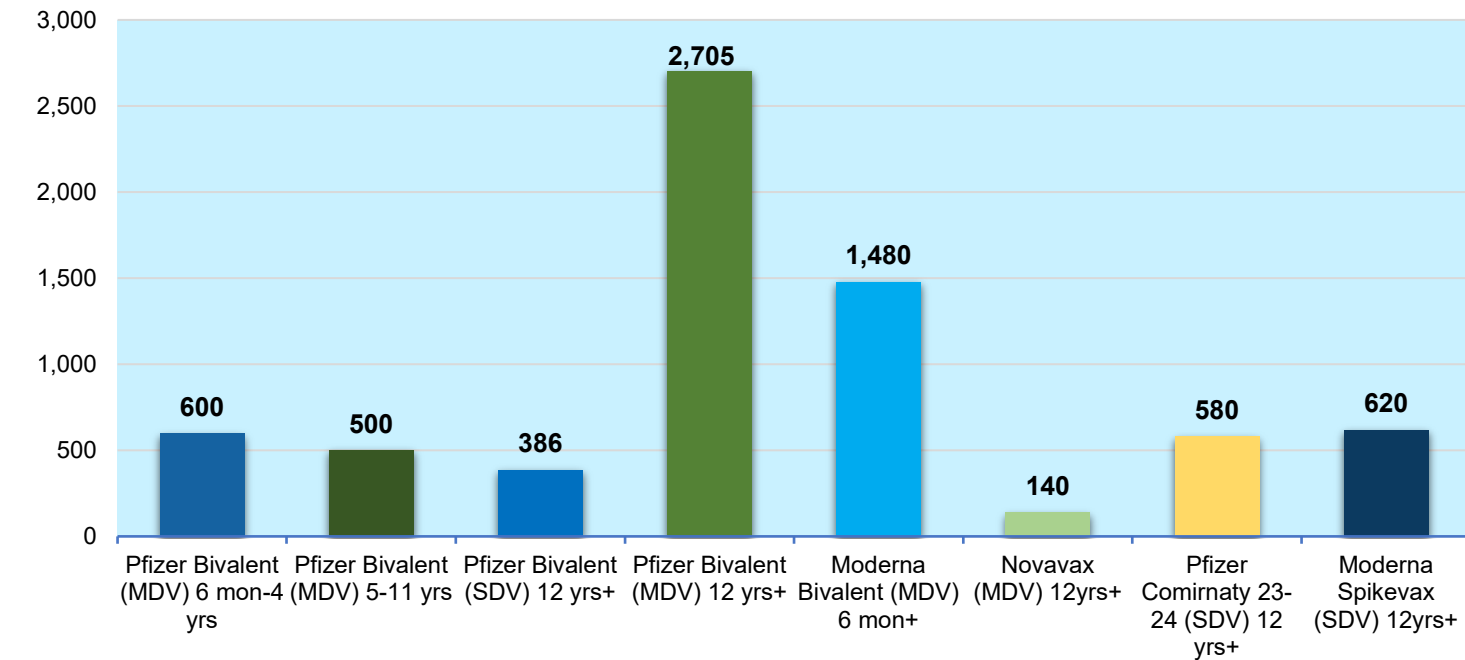


Orders Placed-26 (Private, 317 BAP, and State)

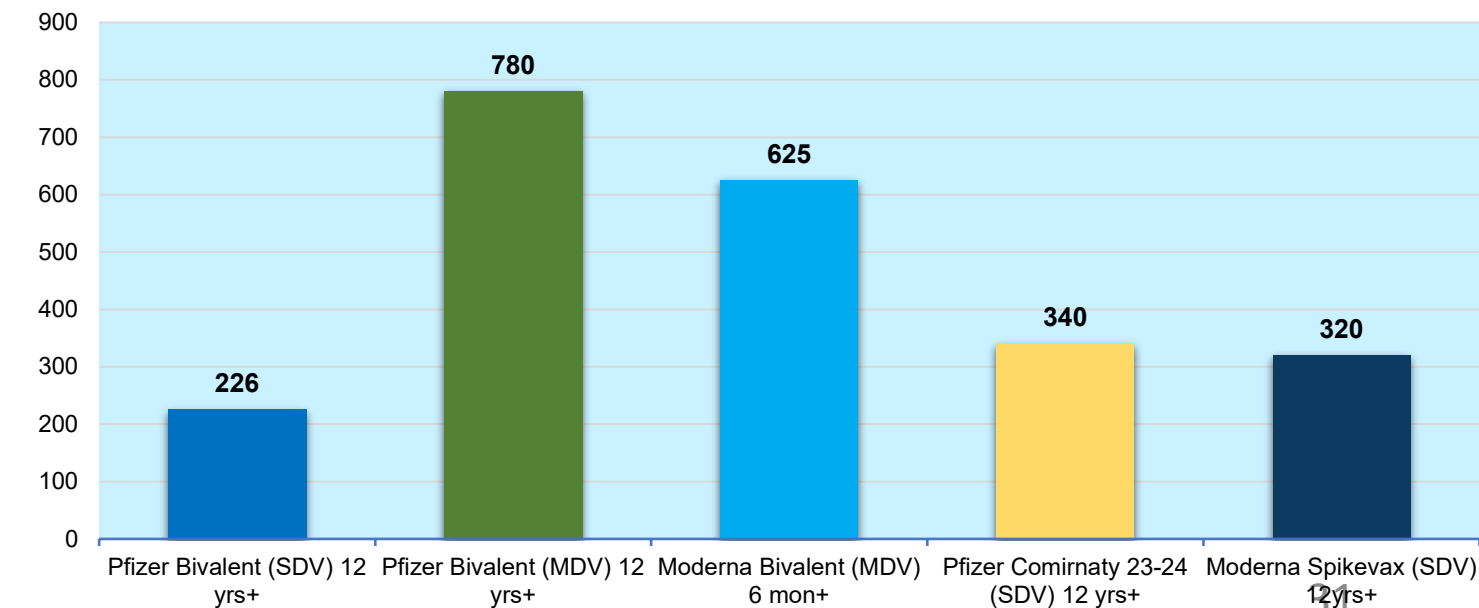
COVID-19 Vaccine Received in 2023—7,011 Doses

COVID-19 Vaccine Distributed in 2023—2,291 Doses

COVID-19 Vaccine Received in 2023



COVID-19 Vaccine Distributions in 2023



State-Flu Shipment and COVID-19 Ancillary Supply Shipment from 2022



LIVE WELL
SAN DIEGO

Hepatitis A Vaccine Administered from VDC Allocations in 2023



CoSD Point of Dispensary (PODs)—165

Foot Teams—512

Rapid Response Team (RRT)—68

Epidemiology Post Exposure Prophylaxis (PEP)—40

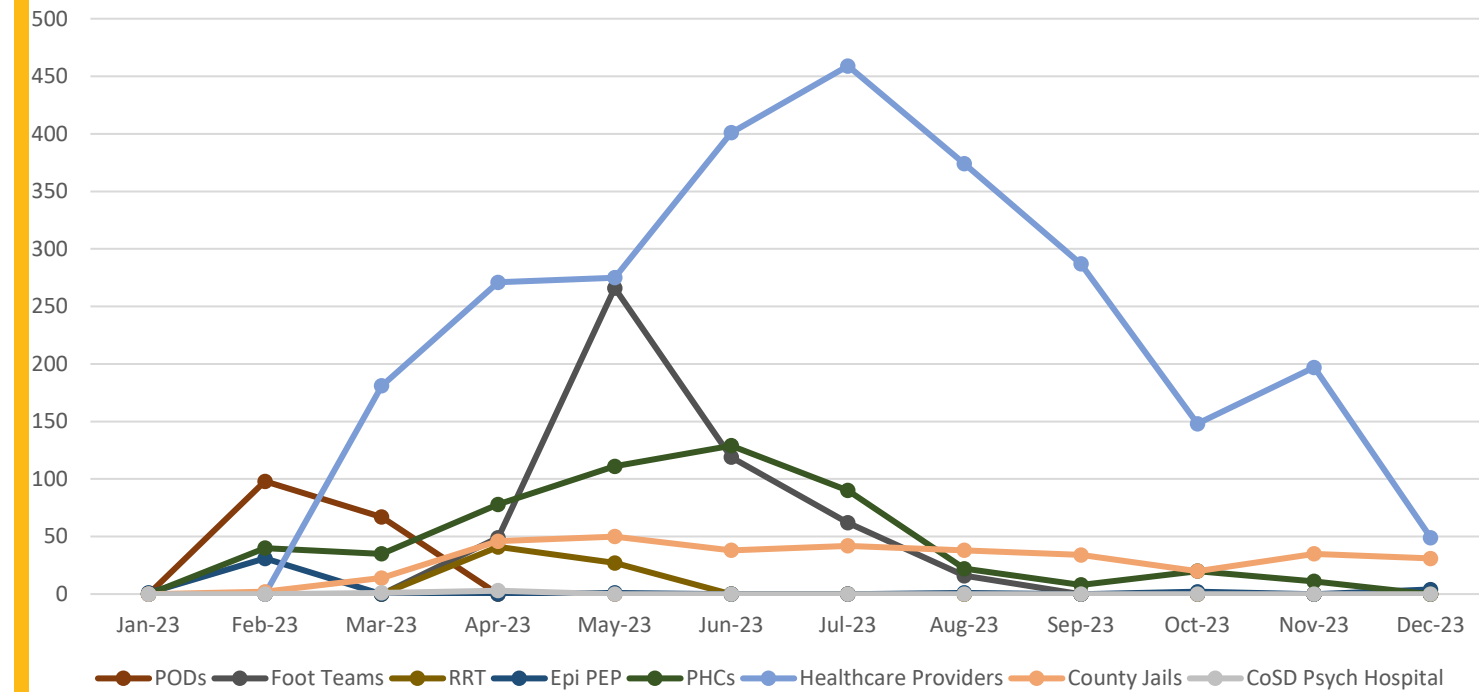
Public Health Centers (PHCs)—544

Healthcare Providers—2,642

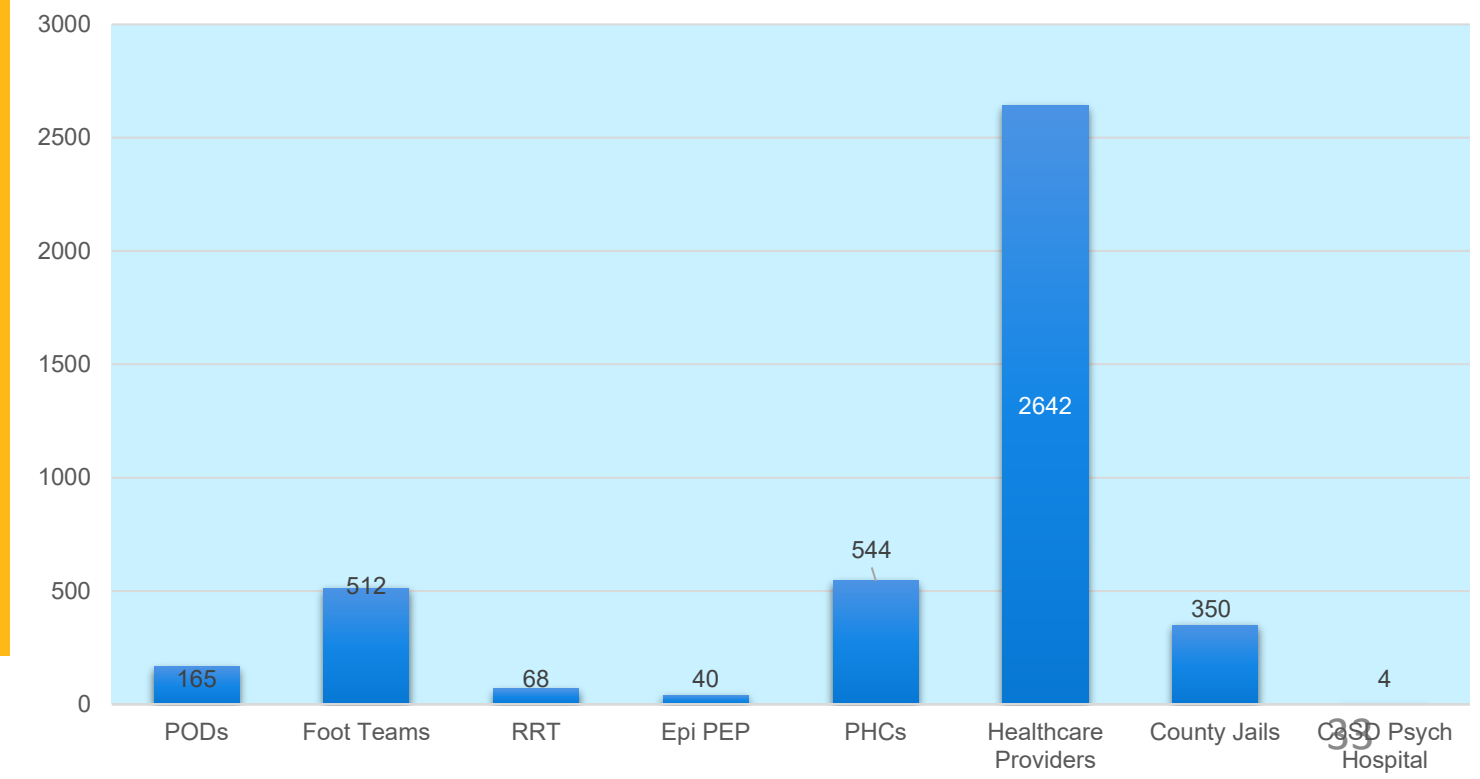
County Jails—350

CoSD Psych Hospital—4

Hepatitis A Vaccine Administered in 2023



Hepatitis A Vaccine Administered in 2023



Data Tracking Tool

Epidemiology and Immunization Services Branch (EISB) Immunization Unit-Vaccine Management Program Data from 01/01/2023 through 12/31/2023



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total in 2023	Comments
Vaccine Orders Placed														
317-Outbreak Funded	0	2	1	1	4	2	3	1	2	0	0	0	16	Number of orders placed and approved
State Funded	0	0	1	0	0	0	0	0	0	0	0	0	1	
VFC	0	0	0	0	0	0	0	1	0	1	0	0	2	
Private Purchased	0	1	0	0	1	0	0	1	0	0	0	0	3	
Number of Vaccine Doses Received														
# of Shipments Received	1	3	3	2	6	6	8	11	8	4	0	2	54	Number of vaccine doses received at the VDC from order shipments
317-Outbreak Funded	0	300	900	200	850	750	200	550	0	1050	0	240	5040	
State Funded	1000	0	0	720	100	0	0	0	300	300	0	0	2420	
VFC	0	0	0	0	0	0	0	0	0	10	0	0	10	
Private Purchased	100	200	0	0	1510	642	0	0	40	20	0	0	2512	
Distributions														
Foot Teams	0	0	0	392	826	537	368	151	0	0	0	0	2274	Number of doses distributed from the VDC
Rapid Response Team (RRT)	0	0	0	0	0	0	32	33	0	0	0	0	65	
School Work Force Grant Team (SWFGT)	0	0	0	0	0	0	44	0	0	256	0	0	300	
CoSD PODs	0	230	137	0	0	0	0	0	0	0	0	0	367	
Epi PEP	1	0	0	60	66	0	0	1	0	2	0	7	137	
PHCs	650	300	0	80	150	203	140	0	40	60	0	40	1663	
Healthcare Providers	1001	340	780	819	386	440	915	270	527	330	200	0	6008	
County Jails	0	20	0	50	60	100	0	30	0	0	50	0	310	
CoSD Psych Hospital	0	10	20	0	0	0	0	0	0	0	0	0	30	
Deliveries														
Foot Teams	0	0	0	0	0	0	0	0	0	0	0	0	0	Number of doses delivered by the VMP team
RRT	0	0	0	0	0	0	0	0	0	0	0	0	0	
SWFGT	0	0	0	0	0	0	0	0	0	0	0	0	0	
Epi PEP	0	0	0	0	0	0	0	0	0	0	0	0	0	
PHCs	40	95	86	0	50	0	0	0	0	0	0	0	271	
Healthcare Providers	60	0	100	0	0	550	100	200	0	0	0	0	1010	
County Jails	0	0	0	40	0	0	0	0	0	0	0	0	40	
CoSD Psych Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	

Data Tracking Tool Cont'd

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total in 2023	Comments
Total # of Hep A Vaccine Administered by Facility														
PODs	0	98	67	0	0	0	0	0	0	0	0	0	165	Number of Hep A doses administered by providers and teams who received Hep A vaccine from the VDC
Foot Teams	0	0	0	49	266	119	62	16	0	0	0	0	512	
RRT	0	0	0	41	27	0	0	0	0	0	0	0	68	
Epi PEP	1	31	0	0	1	0	0	1	0	2	0	4	40	
PHCs	0	40	35	78	111	129	90	22	8	20	11	0	544	
Healthcare Providers	0	0	181	271	275	401	459	374	287	148	197	49	2642	
County Jails	0	2	14	46	50	38	42	38	34	20	35	31	350	
CoSD Psych Hospital	0	0	1	3	0	0	0	0	0	0	0	0	4	
State Flu Program														
Fluarix Allocation	0	0	0	0	0	0	0	0	41,140	0	0	0	41140	State flu allocations, distributions and shipments
Fluzone Allocation	0	0	0	0	0	0	0	0	5,000	0	0	0	5000	
FluAd Allocation	0	0	0	0	0	0	0	0	3,070	0	0	0	3070	
FluMist Allocation	0	0	0	0	0	0	0	0	1,500	0	0	0	1500	
Total State Allocation	0	0	0	0	0	0	0	0	50,710	0	0	0	50710	
# of Vaccine Received at VDC	1000	0	0	720	0	0	0	0	300	300	0	0	2320	
VDC Distributions	1651	380	580	619	136	73	0	0	100	400	0	0	3939	
Covid-19 Program Doses Received														
Pfizer Bivalent (MDV) 6 mon to 4 yrs	0	0	0	0	0	0	0	600	0	0	0	0	600	COVID-19 doses received from private funded, state funded, and 317-BAP funding sources
Pfizer Bivalent (MDV) 5 yrs to 11 yrs	0	0	0	0	0	0	0	500	0	0	0	0	500	
Pfizer Bivalent (SDV) 12 yrs+	0	0	0	49	0	0	67	230	40	0	0	0	386	
Pfizer Bivalent (MDV) 12 yrs+	0	0	0	0	0	5	0	2700	0	0	0	0	2705	
Moderna Bivalent (MDV) 6 mon to 4 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	
Moderna Bivalent (MDV) 5 yrs to 11 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	
Moderna Bivalent (MDV) 6 mon+	0	0	0	100	0	55	225	1100	0	0	0	0	1480	
Novavax (MDV) 12y +	0	0	0	40	10	0	0	30	0	20	0	40	140	
Pfizer Monovalent 23-24 (MDV) 6 mon to <5y	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pfizer Monovalent 23-24 (SDV) 5y to <12y	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pfizer Comirnaty 23-24 (SDV) 12y +	0	0	0	0	0	0	0	0	380	0	0	200	580	
Moderna Monovalent 23-24 (SDV) 6 mon to 11 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	
Moderna Spikevax (SDV) 12yrs +	0	0	0	0	0	0	0	0	620	0	0	0	620	
Covid-19 Program Distributions														
Pfizer Bivalent (MDV) 6 mon to 4 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	COVID-19 doses distributed to providers from the VDC. Includes private funded, state funded, and 317-BAP funding sources
Pfizer Bivalent (MDV) 5 yrs to 11 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pfizer Bivalent (SDV) 12 yrs+	0	0	0	1	5	2	33	85	100	0	0	0	226	
Pfizer Bivalent (MDV) 12 yrs+	0	0	0	0	0	40	20	360	360	0	0	0	780	
Moderna Bivalent (MDV) 6 mon to 4 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	
Moderna Bivalent (MDV) 5 yrs to 11 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	
Moderna Bivalent (MDV) 6 mon+	0	0	0	5	5	25	290	0	300	0	0	0	625	
Novavax (MDV) 12y +	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pfizer Monovalent 23-24 (MDV) 6 mon to <5y	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pfizer Monovalent 23-24 (SDV) 5y to <12y	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pfizer Comirnaty 23-24 (SDV) 12y +	0	0	0	0	0	0	0	0	230	110	0	0	340	
Moderna Monovalent 23-24 (SDV) 6 mon to 11 yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	
Moderna Spikevax (SDV) 12yrs +	0	0	0	0	0	0	0	0	300	20	0	0	320	

Data Tracking Tool Cont'd

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total in 2023	Comments
SD-OEND Program														
Number Received	0	0	0	0	0	0	0	0	40	0	0	0	40	SD-OEND Narcan shipments and distributions
Number Distributed	0	0	0	0	0	0	0	0	0	0	0	0	0	
Number Delivered	0	0	0	0	0	0	0	0	0	0	0	0	0	
# of Events Supported														Number of events supported by the VMP/VDC
# of EPI PEP Events Supported	1	0	0	1	3	0	0	1	0	1	0	4	11	
# of PODs Supported	0	9	3	0	0	0	0	0	0	0	0	0	12	
# of Foot Team Events Supported	0	0	0	8	19	14	12	6	0	0	0	0	59	
# of SWFGT Events Supported	0	0	0	0	0	0	1	0	0	2	0	0	3	
# of RRT Events Supported	0	0	0	0	0	0	2	3	0	0	0	0	5	
# of VDC Deliveries	2	2	6	1	1	3	2	1	0	0	0	0	18	
# of VDC Pickups	10	24	14	11	14	10	15	9	14	17	4	5	147	
# of Returns	2	3	1	1	2	2	6	0	0	0	1	0	18	
# of Site Visits Conducted	7	13	2	1	0	0	1	0	3	3	0	0	30	
# of Different Providers VDC Supported													148	
# of Vaccine Pickups by VMP	0	2	2	3	3	5	1	0	1	3	0	1	21	

Spreadsheet may be found on the S drive: <\\ustlncsd0004\HHSA\PHS\Immun\Clinical Services\Vaccine Management Program\VDC Vaccine Data Project\Final Products>



LIVE WELL
SAN DIEGO

Hepatitis A Tracking Document Example

A	B	C	D	E	F	G	H	I	J	K	L	M	N	P
Location	Vaccine	Lot	Exp Date	Week of (Sun-Mon)	Vials Received	Vials Transferred In	Vials Distributed	Vials Allocated	Vials Returned	Administered FT	Administered Epi PEP	Administered by Other Sites	Wasted	
1														
2	Champions for Health	Havrix	95DB2	12/31/2024	2/15/2023			100						
3	Champions for Health	Havrix	NZ7GR	6/17/2023	3/5/2023			50				21		
4	Champions for Health	Havrix	95DB2	12/31/2024	3/5/2023							62		
5	Champions for Health	Havrix	NZ7GR	6/17/2023	3/12/2023			100				41	1	
6	Champions for Health	Havrix	NZ7GR	6/17/2023	3/19/2023			50				25		
7	Champions for Health	Havrix	NZ7GR	6/17/2023	3/26/2023							32		
8	Champions for Health	Havrix	NZ7GR	6/17/2023	4/1/2023			50				46		
9	Champions for Health	Havrix	95DB2	12/31/2024	4/1/2023							4		
10	Champions for Health	Havrix	NZ7GR	6/17/2023	4/9/2023							84		
11	Champions for Health	Havrix	95DB2	12/31/2024	4/9/2023							2		
12	Champions for Health	Havrix	95DB2	12/31/2024	4/16/2023							32		
13	Champions for Health	Havrix	3J9G4	8/30/2025	4/16/2023			150				45		
14	Champions for Health	Havrix	3J9G4	8/30/2025	4/23/2023							58		
15	Champions for Health	Havrix	3J9G4	8/30/2025	5/1/2023							14	1	
16	Champions for Health	Havrix	772YT	9/23/2025	5/1/2023			50				8		
17	Champions for Health	Havrix	3J9G4	8/30/2025	5/8/2023							14		
18	Champions for Health	Havrix	3J9G4	8/30/2025	5/15/2023							18		
19	Champions for Health	Havrix	772YT	9/23/2025	5/15/2023			90				54		
20	Champions for Health	Havrix	772YT	9/23/2025	5/22/2023							51	1	
21	Champions for Health	Havrix	772YT	9/23/2025	5/29/2023			100				26		
22	Champions for Health	Havrix	772YT	9/23/2025	6/1/2023							26		
23	Champions for Health	Havrix	772YT	9/23/2025	6/4/2023			50				96		
24	Champions for Health	Havrix	772YT	9/23/2025	6/11/2023			100				77		
25	Champions for Health	Havrix	772YT	9/23/2025	6/18/2023			100				125		
26	Champions for Health	Havrix	772YT	9/23/2025	6/25/2023			100				82		
27	Champions for Health	Havrix	772YT	9/23/2025	7/1/2023			100				87		
28	Champions for Health	Havrix	772YT	9/23/2025	7/9/2023			150				72		
29	Champions for Health	Havrix	772YT	9/23/2025	7/16/2023			90				213		
30	Champions for Health	Havrix	772YT	9/23/2025	7/23/2023			120				68		
31	Champions for Health	Havrix	772YT	9/23/2025	7/30/2023			90				19		
32	Champions for Health	Havrix	772YT	9/23/2025	8/1/2023							42		
33	Champions for Health	Havrix	T9TL9	12/5/2025	8/6/2023			100						
34	Champions for Health	Havrix	772YT	9/23/2025	8/6/2023							68		
35	Champions for Health	Havrix	772YT	9/23/2025	8/13/2023							21		
36	Champions for Health	Havrix	T9TL9	12/5/2025	8/13/2023							52	1	



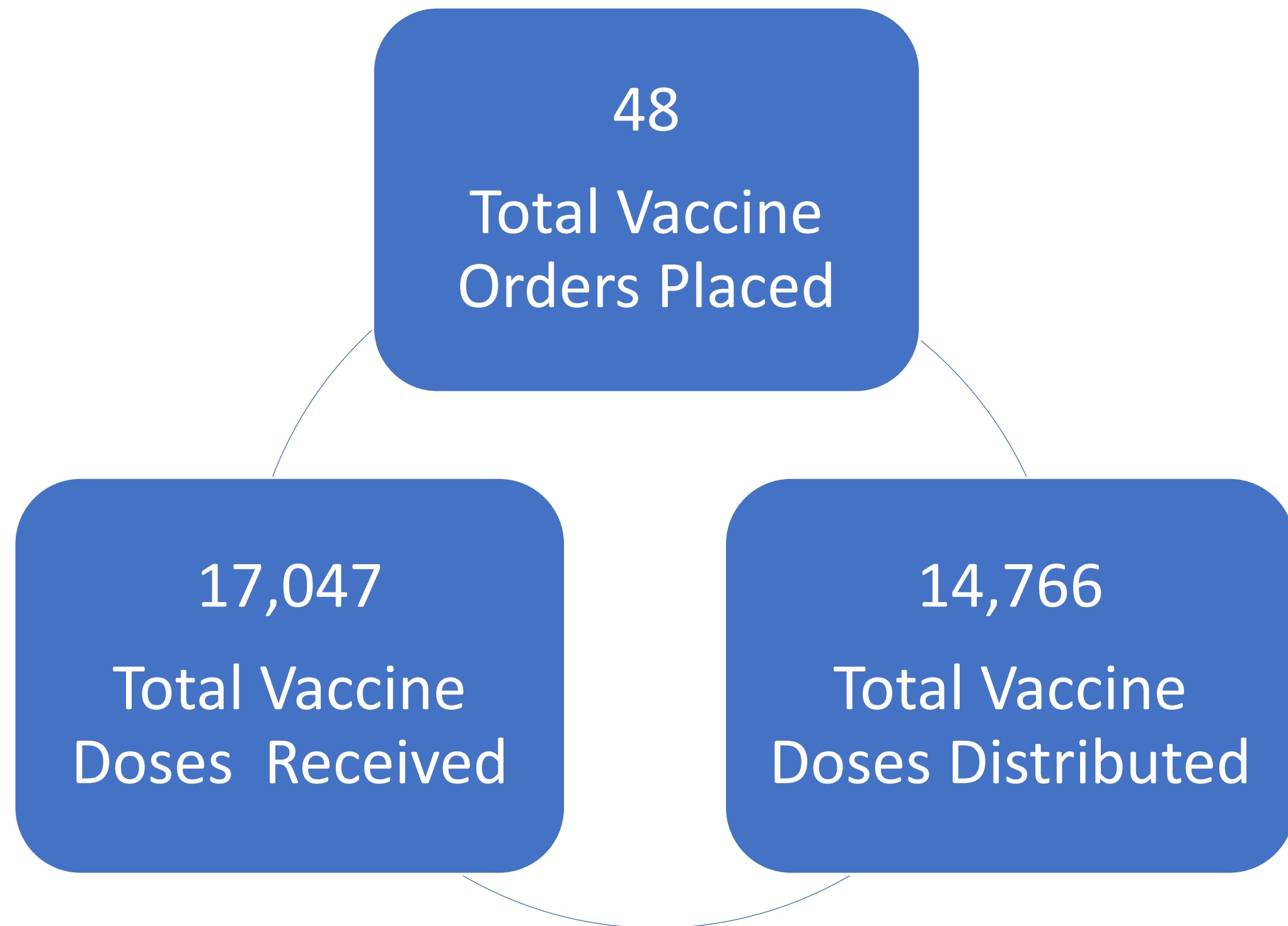
Hepatitis A Tracking Document Example

Hep A Havrix (Adult) Vaccine Orders – LOT # 3J9G4 and 95DB2 and N77GR and 772YT and T9TL9 / 317-Funded (Outbreak Doses)
(Reserved for CFH, Foot Teams, Jails)

The County of San Diego: EISB - Immunization Unit									
Please utilize this log to document all Hep A/Havrix (Adult) 317-funded vaccine orders. This vaccine arrives in a package of 10 single-dose pre-filled syringes.									
Date Ordered	Date Received	Doses Received	Lot #	Exp Date	Doses On Hand	Doses Added	Doses Removed	Total Doses Remaining	Comments
02/13/23	02/15/23	80	3J9G4	08/30/25	0	+80	0	80	CDPH Shipment 1 of 2 on 02/15/23
02/13/23	02/15/23	220	95DB2	12/13/24	80	+220	0	300	CDPH Shipment on 02/15/23
n/a	n/a	n/a	95DB2	12/13/24	300	0	-9	291	EPI-POD at Golden Hall on 02/17/23
n/a	n/a	n/a	95DB2	12/13/24	291	+9	0	300	EPI-POD return Golden Hall on 02/17/23
n/a	n/a	n/a	95DB2	12/13/24	300	0	-25	275	EPI-POD at Alpha Bridge Shelter on 02/21/23
n/a	n/a	n/a	95DB2	12/13/24	275	+25	0	300	EPI-POD return Alpha Bridge Shelter on 02/21/23
n/a	n/a	n/a	95DB2	12/13/24	300	0	-44	256	EPI-POD pickup Alpha Bridge Shelter on 02/22/23
n/a	n/a	n/a	95DB2	12/13/24	256	+32	0	288	EPI-POD return Alpha Bridge Shelter on 02/22/23
n/a	n/a	n/a	95DB2	12/13/24	288	0	-20	268	Delivery to SRPHC on 02/23/23
n/a	n/a	n/a	95DB2	12/13/24	268	0	-30	238	EPI-POD pickup New Vistas on 02/24/23
n/a	n/a	n/a	95DB2	12/13/24	238	+11	0	249	EPI-POD return New Vistas on 02/24/23



Wrap up summary



What's new in 2024

- Vaccine Information Management System (VIMS)
- New staff positions
 - Pharmacy Stock Clerk
- Permanent move to building 5530 at the COC
 - Relocating units, equipment, and supplies



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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.



IMMUNIZATION/VPD EPIDEMIOLOGY UPDATES

JANUARY 30, 2024

Danelle Wallace, MPH

Senior Epidemiologist

Epidemiology and Immunization Services Branch



COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY



LIVE WELL
SAN DIEGO

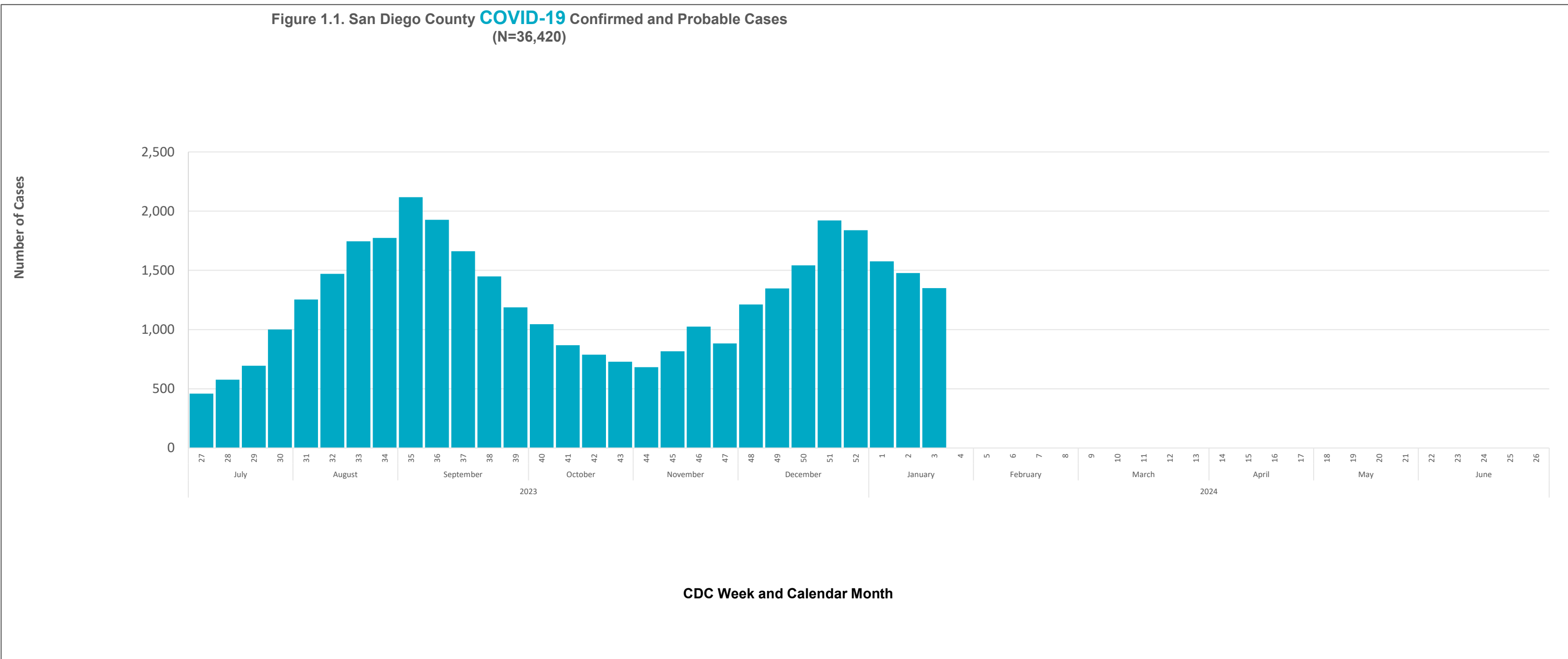


COVID-19 CASES – LOCAL RESULTS



RESPIRATORY SURVEILLANCE UPDATE, 2023-24 YTD

Figure 1.1. San Diego County COVID-19 Confirmed and Probable Cases (N=36,420)



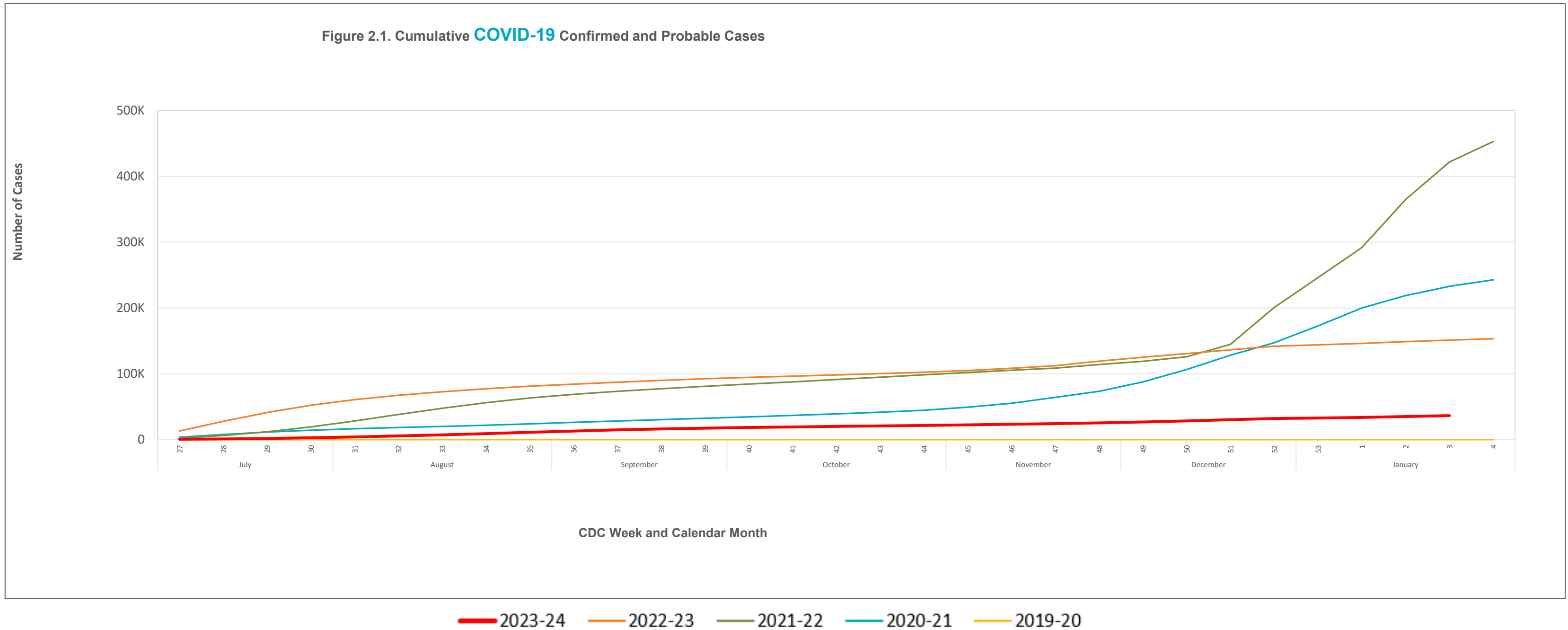
*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

COVID-19 CASES – LOCAL RESULTS



RESPIRATORY SURVEILLANCE UPDATE, 2023-24 YTD

Figure 2.1. Cumulative COVID-19 Confirmed and Probable Cases



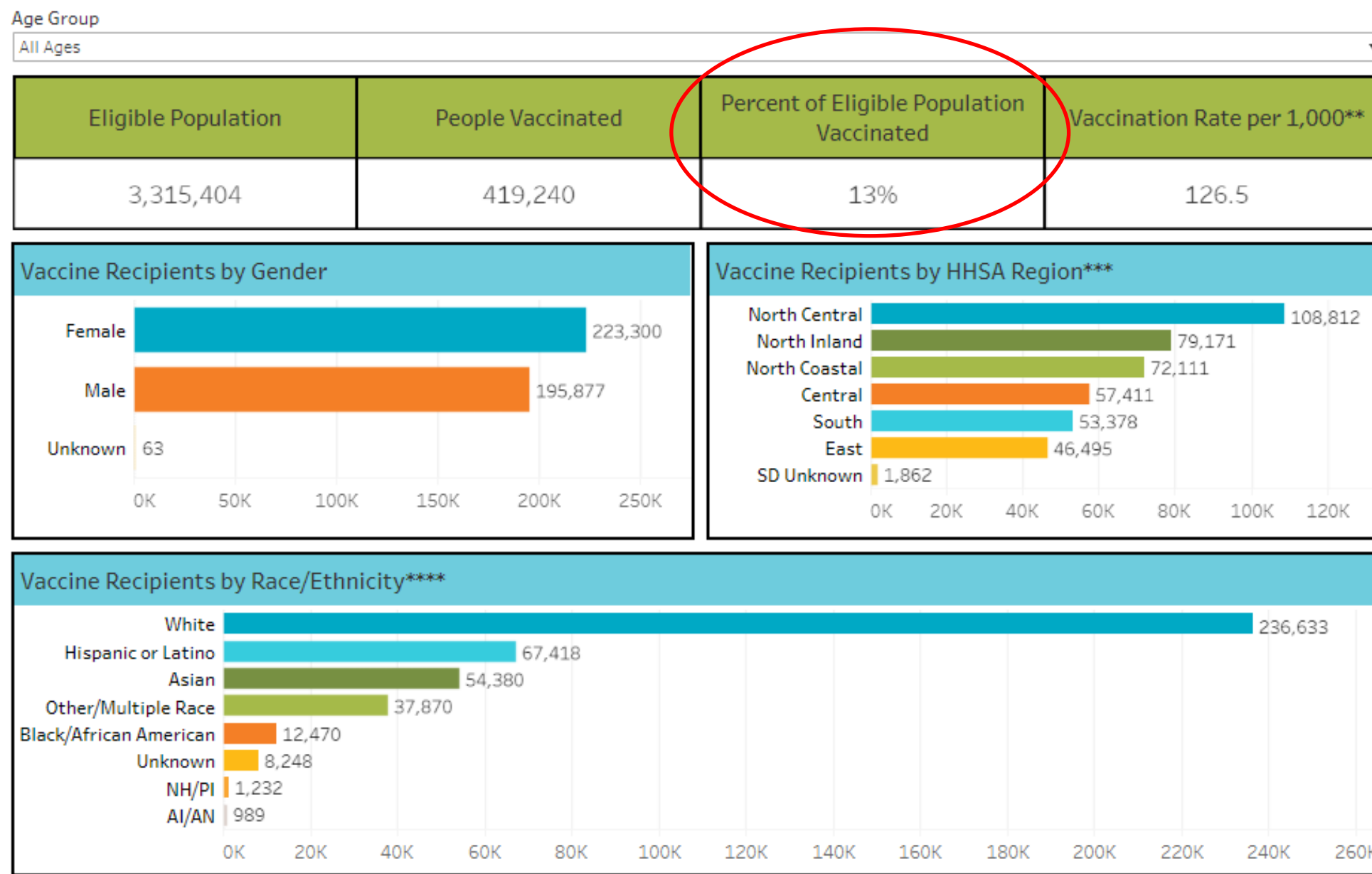
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COVID-19 VACCINES – LOCAL RESULTS



DASHBOARD TRANSITIONED UTD TO REFLECT NEW MONOVALENT VACCINE ON 10/26/2023

Demographics of San Diego County Residents who are Up-to-Date on COVID-19 Vaccination by Age Group



CDC Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives, Protecting People™

Search COVID-19

COVID-19

Stay Up to Date with COVID-19 Vaccines
 Updated Sept. 15, 2023 | Español | Print

What You Need to Know

- CDC recommends the 2023–2024 updated COVID-19 vaccines.
- Everyone aged 5 years and older should get 1 dose of the updated Pfizer-BioNTech or Moderna COVID-19 vaccine to protect against serious illness from COVID-19.
- People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine.
- Children aged 6 months–4 years need multiple doses of COVID-19 vaccines to be up to date, including at least 1 dose of updated COVID-19 vaccine.
- COVID-19 vaccine recommendations will be updated as needed.

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.

[Stay Up to Date with COVID-19 Vaccines | CDC](https://www.cdc.gov/covid19/vaccines)

COVID-19 VACCINES – STATE RESULTS



Statewide vaccination data

This chart shows all vaccinations administered in California, by county of residence.

Total CA Population

County: Age Group:

4,775,085

Up-to-Date Recipients

12.0%

of California Population

94,749,743

Total Doses Administered

Percent of Up-to-Date Persons by County of Residence



See [Data Dictionary](#) for Details.

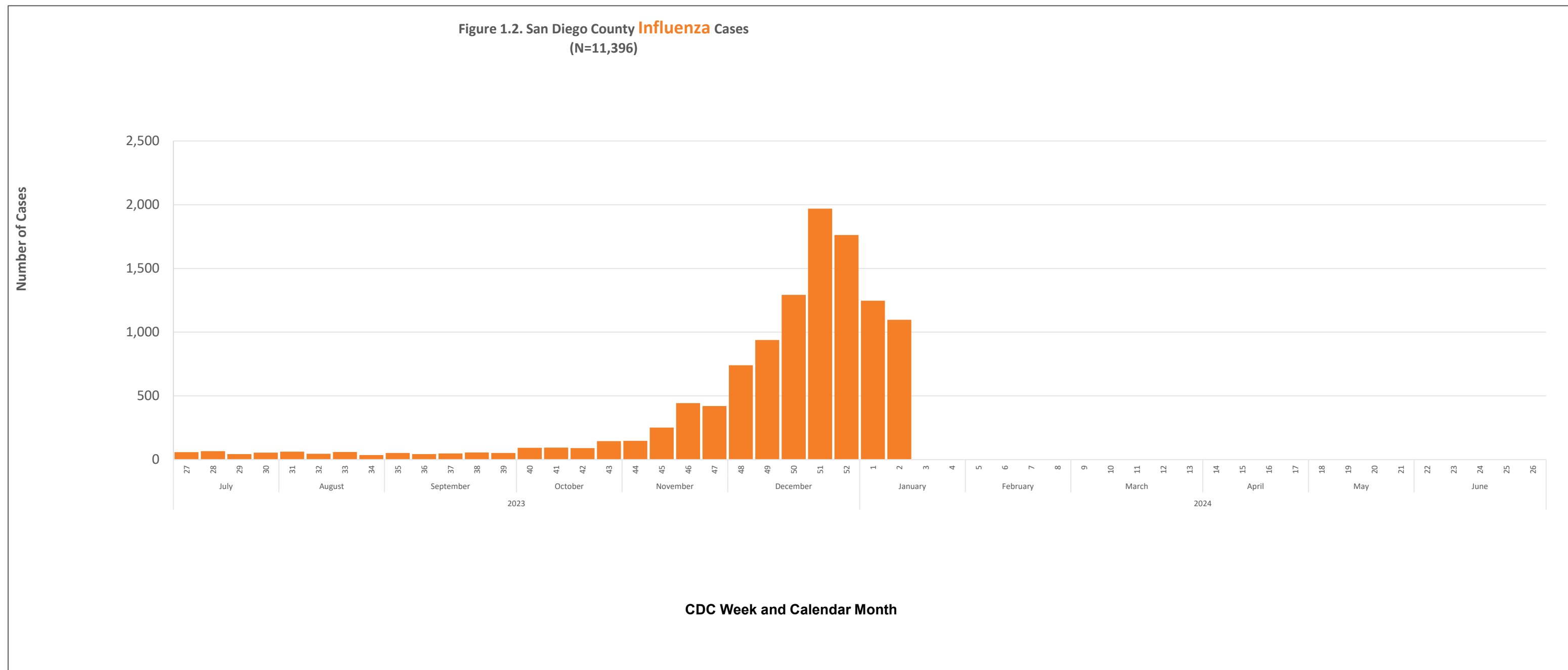


[Vaccination data - Coronavirus COVID-19 Response \(ca.gov\)](https://www.ca.gov/covid-19/vaccination-data)

INFLUENZA CASES – LOCAL RESULTS



RESPIRATORY SURVEILLANCE UPDATE, 2023-24 YTD

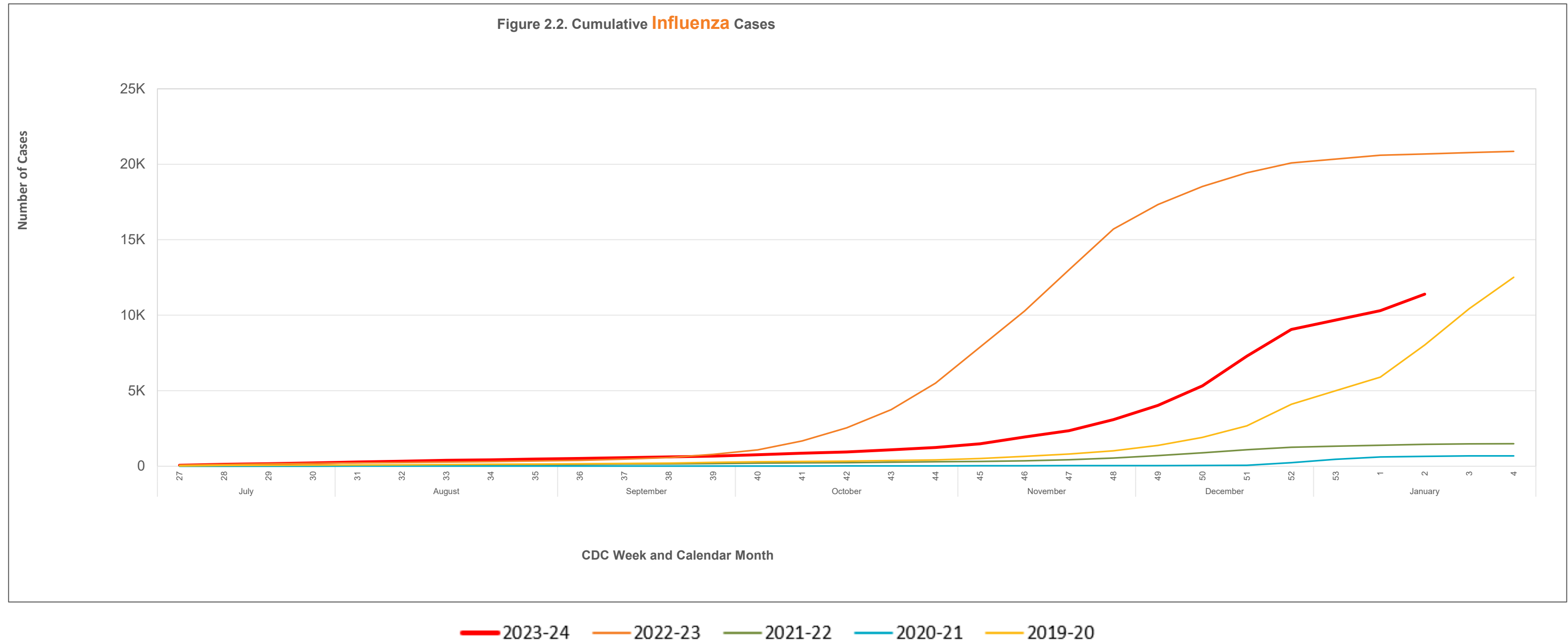


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INFLUENZA CASES – LOCAL RESULTS

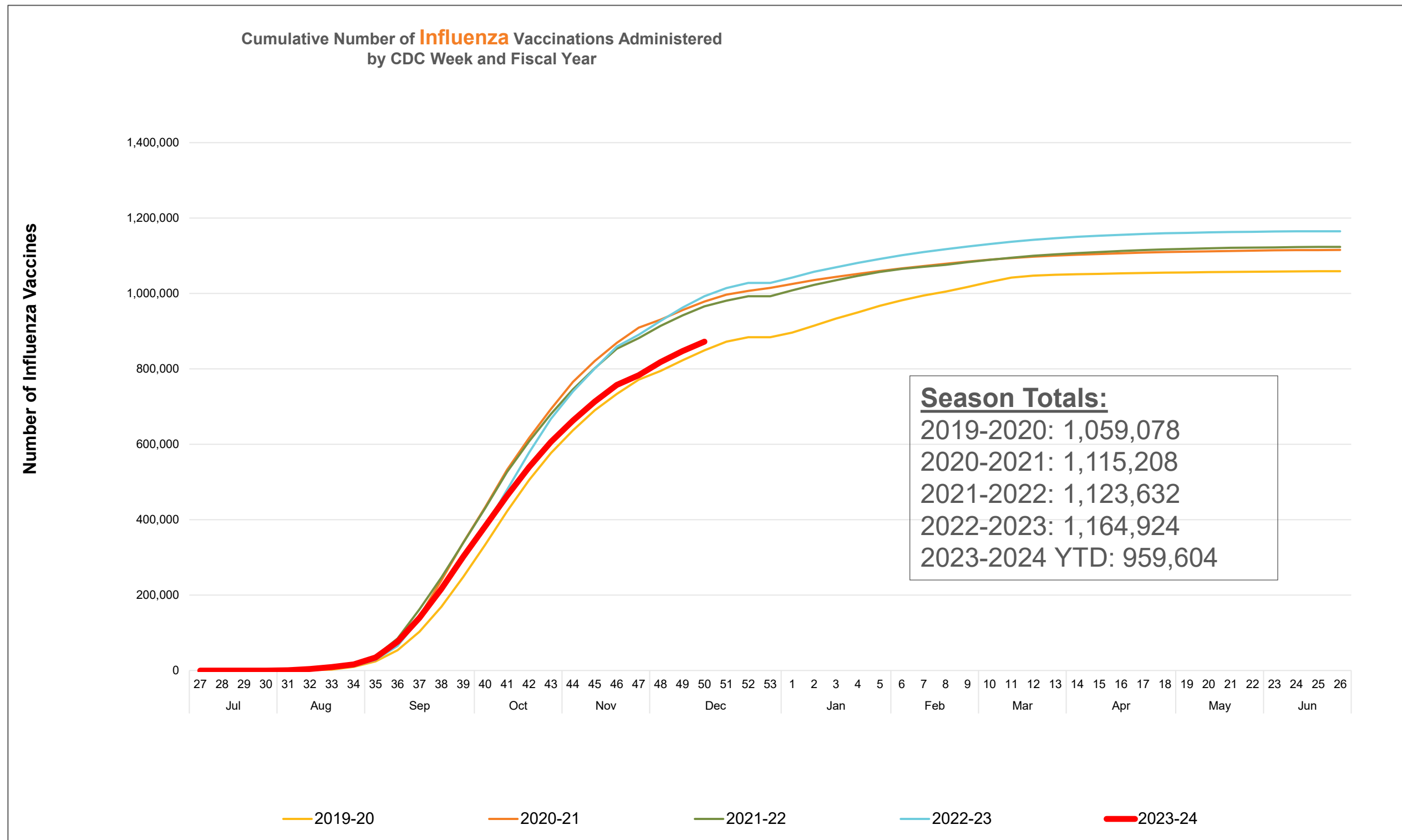


RESPIRATORY SURVEILLANCE UPDATE, 2023-24 YTD



*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.

INFLUENZA VACCINES



**2023-2024:
30% of
eligible
San Diego
residents**

Source: California Immunization Registry (CAIR2), data as of 1/28/2024

INFLUENZA VACCINES



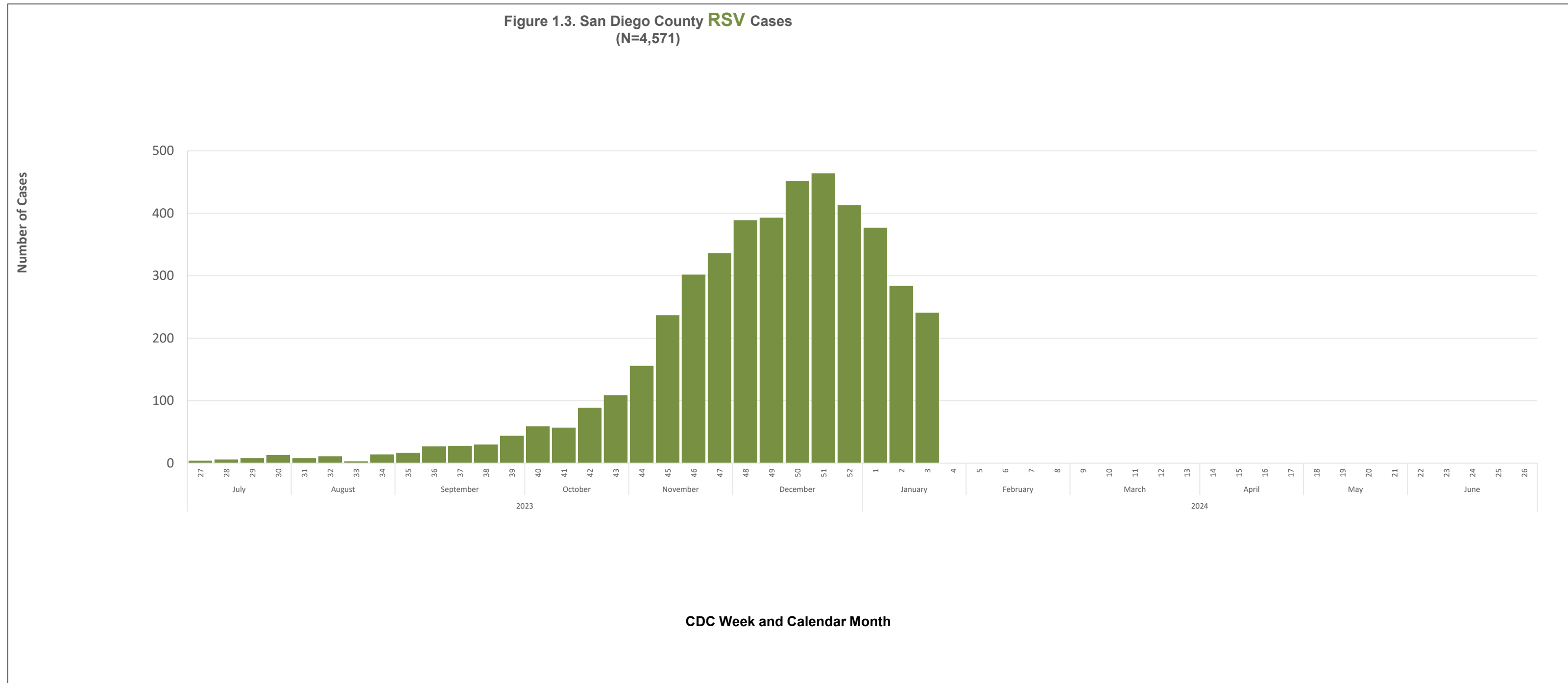
TRIVALENT INFLUENZA VACCINE

- Current influenza vaccines are quadrivalent and contain 2 influenza A and 2 influenza B strains
- Given low levels of circulation of B/Yamagata, experts have recommended this strain be removed, resulting in trivalent.
- We may see both trivalent and quadrivalent vaccines during the 2024-2025 influenza season.
 - If both available, both will be recommended
- Trivalent and quadrivalent flu vaccines have similar safety profiles and are expected to offer similar protection.

RSV CASES – LOCAL RESULTS



RESPIRATORY SURVEILLANCE UPDATE, 2023-24 YTD

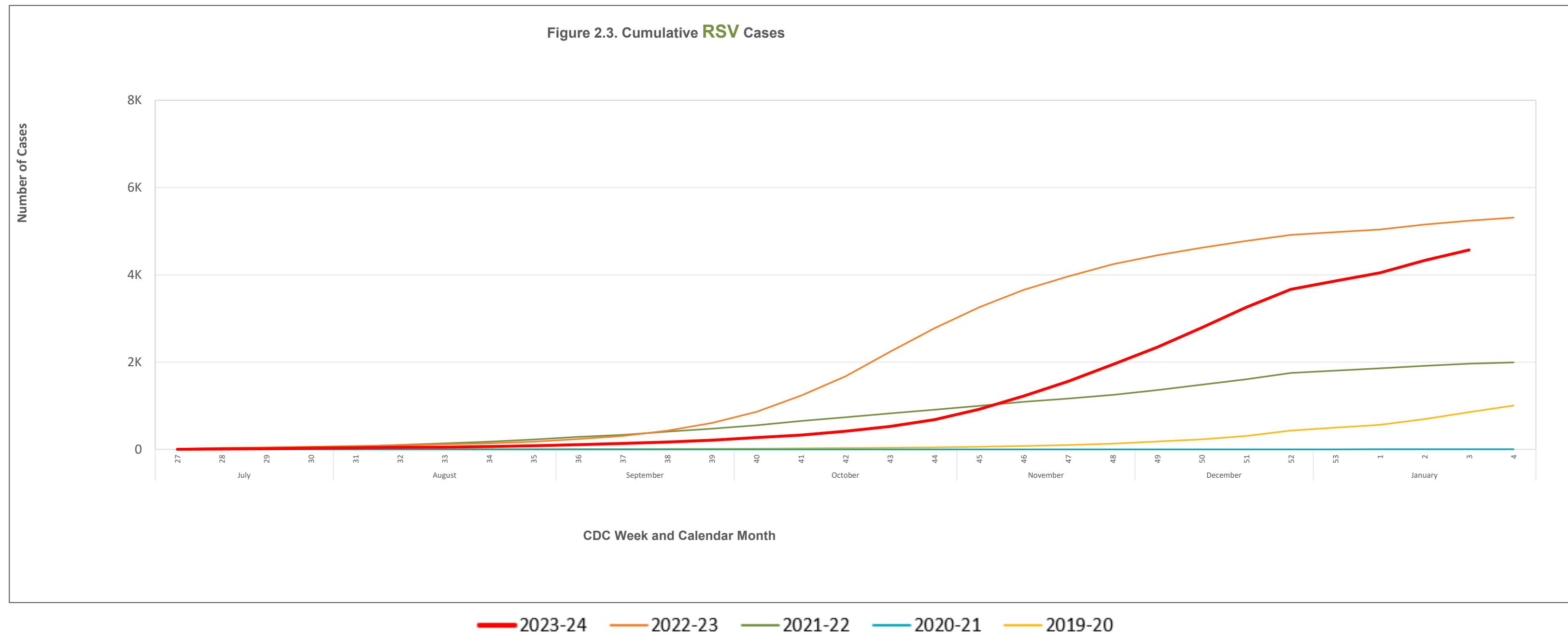


*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

RSV CASES – LOCAL RESULTS



RESPIRATORY SURVEILLANCE UPDATE, 2023-24 YTD



*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.

RSV RECOMMENDATIONS - CDC



Optimizing RSV Protection for Infants with Limited Supply of Nirsevimab (Beyfortus™)¹ — Update January 2024



Prenatal Vaccination

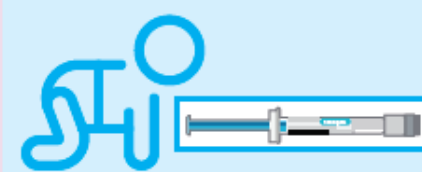
Administer prenatal RSV vaccine (ABRYOVO™, Pfizer) during 32-36 weeks' gestation, September through January.

- Prenatal vaccination may be the best and only option while RSV immunization for infants (nirsevimab) is in short supply.
- Most infants born to vaccinated birth parents will not need nirsevimab.



Nirsevimab 50mg for infants < 5kg and < 8 months without prenatal vaccination²

- Administer:
 - Now—infants born prior to October.
 - Within the first week of life—infants born during RSV season.



Nirsevimab 100mg for infants ≥ 5kg and < 8 months without prenatal vaccination²

- For palivizumab-eligible children, follow [AAP palivizumab recommendations](#) when nirsevimab is not available.



Nirsevimab 200mg (two 100mg doses) for children 8 – 19 months

- For palivizumab-eligible children, follow [AAP palivizumab recommendations](#) when nirsevimab is not available.

**RSV Season is here now!
Use and reorder remaining nirsevimab supplies promptly to protect infants and toddlers.**

Encourage other preventative measures including:

- [Breastfeeding](#) to decrease the risk of severe RSV and hospitalization among infants
- Recommend everyone around infants are up to date on vaccines including flu, COVID-19, Tdap, and RSV for adults 60 years and older
- Wash hands
- Cover coughs and sneezes
- Clean frequently touched surfaces
- Sick persons should stay away from infants
- Limit number of visitors for infants

Footnotes:

¹[Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab to Protect Young Children from Severe Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#)

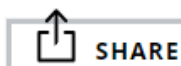
²Infants <8 months entering their first RSV season should receive immunization if birth parent's prenatal vaccination status is: unvaccinated, unknown, or vaccinated <14 days before birth.

CDC warns about RSV vaccine administration errors in babies, pregnant women

News brief | 30 minutes ago.

[Lisa Schnirring](#)

Topics: [Respiratory Syncytial Virus \(RSV\)](#)



The Centers for Disease Control and Prevention (CDC) today warned clinicians about errors in respiratory syncytial virus (RSV) administration in young children and pregnant women, which follows the release of two newly approved RSV vaccines for adults and an injectable RSV monoclonal antibody preventive called nirsevimab (Beyfortus) for babies and young children.

The errors were reported through the CDC's Vaccine Adverse Event Reporting System (VAERS). The CDC described the situation in a COCA Now clinician outreach email.



<https://www.cidrap.umn.edu/respiratory-syncytial-virus-rsv/cdc-warns-about-rsv-vaccine-administration-errors-babies-pregnant>

[emergency.cdc.gov/newsletters/coca/2024/010524a.html#msdyntrid=0PoDY-sIF15fnWDcE9HptWhrTUd-ntaV7Vz8h4fZfG](https://www.cidrap.umn.edu/respiratory-syncytial-virus-rsv/cdc-warns-about-rsv-vaccine-administration-errors-babies-pregnant)

RSV VACCINES



CDC Recommendations

Adults aged 60 years and older

- Adults aged 60 years and older may receive a single dose of RSV vaccine using shared clinical decision-making.


Infants and young children

To prevent severe RSV disease in infants, CDC recommends either maternal RSV vaccination or infant immunization with RSV monoclonal antibody is recommended. Most infants will not need both.

Vaccination for pregnant people

- 1 dose of maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered September through January. Abrysvo is the only RSV vaccine recommended during pregnancy.

Immunization for infants and young children

- 1 dose of nirsevimab for all infants aged 8 months and younger born during or entering their first RSV season.
- 1 dose of nirsevimab for infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season.
- *Note:* A different monoclonal antibody, palivizumab, is limited to children aged 24 months and younger with certain conditions that place them at high risk for severe RSV disease. It must be given once a month during RSV season. Please see [AAP guidelines for palivizumab](#). 

[RSV \(Respiratory Syncytial Virus\) Immunizations | CDC](#)

RSV VACCINES



- There have been 98,255 doses of RSV vaccine and monoclonal antibodies administered to 97,496 individuals
 - Arexvy (for 60+): 72,612 (73.9%)
 - Abrysvo (for 60+ or pregnant): 20,957 (21.3%)
 - Palivizumab and Nirsevimab (babies): 3,684 (3.7%)
- Pharmacies have administered 76.8% of all doses
- Private providers have administered 19.1% of all doses
 - Kaiser – 70.8%
 - Scripps – 8.6%
 - Sharp – 7.0%
 - UCSD – 6.6%
- Peak of administration in mid-November

Source: California Immunization Registry (CAIR2); data as of 1/25/2024

CONTACT



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

Danelle Wallace, Senior Epidemiologist

DanelleRuth.Wallace@sdcounty.ca.gov

(619) 629-1698



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.



CAIR2 Updates:

SDIC: 1/30/24

Ryan Thun

Local CAIR Representative

CA Department of Public Health

Division of Communicable Diseases

Immunization Branch



Recent CAIR2 Changes

Shot Giver Name and Degree/Title Requirement

- California healthcare providers are required by the National Vaccine Childhood Injury Act to document the name and title of the person who administered the vaccine, in addition to other documentation requirements.

Enter New Immunization

From CAIR Inventory * Date Administered 10/23/2023 Ordering Authority

Remove	Immunization	* Vaccine Eligibility	* Trade Name-Lot #-Funding Source- Exp Date	* Administered By
<input type="checkbox"/>	Influenza-seasnl	V02 - VFC Eligible Medi-Cal/C	Fluzone Quad MDV-H374K-VFC-06/30/2025	Janet Smith, LVN

* Body Site LEFT DELTOID Route INTRAMUSCULAR Dose Full

Recent CAIR2 Changes

Additional Race Codes Added

- If Asian or Native Hawaiian are chosen in the Patient Information screen, race subgroup options will appear. This will let the user select them and move them to the selected races. Black, White, and other races may be selected too.

The screenshot shows a 'Patient Information' form with the following elements:

- * Race (select all that apply)**: A group of checkboxes for race selection.
 - American Indian or Alaska Native
 - Asian
 - Black or African-American
 - Native Hawaiian or Other Pacific Islander
 - Other Race
 - White
 - Prefer Not to Say
- Sub-Race Categories**: A list box containing sub-race options for the selected 'Native Hawaiian or Other Pacific Islander' and 'Asian' categories.
 - Native Hawaiian or Other Pacific Islander
 - Tongan
 - Guamanian
 - Fijian
 - Asian
 - Bangladeshi
 - Cambodian
 - Chinese
 - Filipino
- Selected Race(s)**: A list box showing the selected sub-races: 'Native Hawaiian or Other Pacific Islander', 'Samoan', 'Asian', and 'Asian Indian'.
- Buttons**: 'Add >', '< Remove', and '< Remove All' buttons are located between the 'Sub-Race Categories' and 'Selected Race(s)' list boxes.
- * Ethnicity**: A dropdown menu at the bottom of the form.

Recent CAIR2 Changes

HPV Vaccine Now Recommended at Age 9 in CAIR

- CAIR will now forecast initiation of the HPV vaccine series starting at age 9.
- This will show as an alert stating, “Patient is eligible for Earliest Date option for HPV Vaccine,” for 9- and 10-year-old patients in CAIR.
- There are no changes in CAIR to the earliest valid dose of HPV vaccine (9 years) nor the age at which HPV vaccine is due (11-12 years) or considered overdue (13+ years).

Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
<input type="checkbox"/>	COVID-19	SARS-COV-2 (COVID-19) vacc, UNSPECIFIED	02/16/2011	02/16/2011	02/16/2011
	DTP/aP	DTaP, NOS	Maximum Age Exceeded		
	HepA	HepA, NOS	Complete		
<input type="checkbox"/>	HepB	HepB, NOS	08/30/2013	08/30/2013	10/05/2013
	Hib	Hib, NOS	Complete		
<input type="checkbox"/>	HPV	HPV, NOS	08/16/2019	08/16/2021	09/16/2023

Recent CAIR2 Changes

Vaccine Lot Number Entry Requirements

- Users are required to enter the exact lot number issued by the manufacturer when entering vaccine lot numbers into the lot field in CAIR2.
- Please do not add text to the end of the lot number to distinguish between two funding sources (e.g., VFC, Private, SGF, 317).
- Use the Funding Source Field to distinguish lots

Add Vaccine Inventory Information

Site: CAIR Clinic 2

* Vaccine Group: Diphtheria, Tetanus, Acellular Pertussis

* Trade Name: Infanrix

* Manufacturer: GlaxoSmithKline

NDC:

Packaging:

* Lot Number: H374K

* Dose: .5

* Expiration Date: 06/31/2025

* Funding Source: VFC

* Lot Active: Yes

* Quantity on Hand: 50

Cost Per Dose (\$):

Save

Cancel

Recent CAIR2 Changes

Added RSV Infant schedule

Current Age: 1 month, 8 days

Patient Notes (0) [view or update notes](#)

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
RSV	01/23/2024	1 of 1	RSV mAb nirsevimab-alip 0.5 mL 24m [BEYFORTUS 0.5mL ©]	Full				
Vaccines Recommended by Selected Tracking Schedule								
Select	Vaccine Group		Vaccine	Earliest Date	Recommended Date		Past Due Date	
<input type="checkbox"/>	DTP/aP		DTaP, NOS	01/26/2024	02/15/2024		03/15/2024	
<input type="checkbox"/>	HepA		HepA, NOS	12/15/2024	12/15/2024		07/15/2025	
<input type="checkbox"/>	HepB		HepB, NOS	12/15/2023	12/15/2023		03/15/2024	
<input type="checkbox"/>	Hib		Hib, NOS	01/26/2024	02/15/2024		03/15/2024	
<input type="checkbox"/>	Influenza-seasnl		Flu NOS	06/15/2024	06/15/2024		07/15/2024	
<input type="checkbox"/>	MMR		MMR	12/15/2024	12/15/2024		04/15/2025	
<input type="checkbox"/>	PneumoConjugate		PCV13	01/26/2024	02/15/2024		03/15/2024	
<input type="checkbox"/>	Polio		Polio, NOS	01/26/2024	02/15/2024		03/15/2024	
<input type="checkbox"/>	Rotavirus		Rotavirus, NOS	01/26/2024	02/15/2024		03/15/2024	
	RSV		RSV Recombinant Adjuvanted PF IM		Complete			

Recent CAIR2 Changes

COVID vaccine name update:

Replaced Covid vaccine "Pfizer 12y+" with "Pfizer Comirnaty 12Y+" and added .418 mL to the dose size dropdown list - this is one of several dose sizes this formulation includes.

Add Vaccine Inventory Information

Site: CAIR Clinic 12

* Vaccine Group: Coronavirus

* Trade Name: Pfizer Comirnaty 12Y+

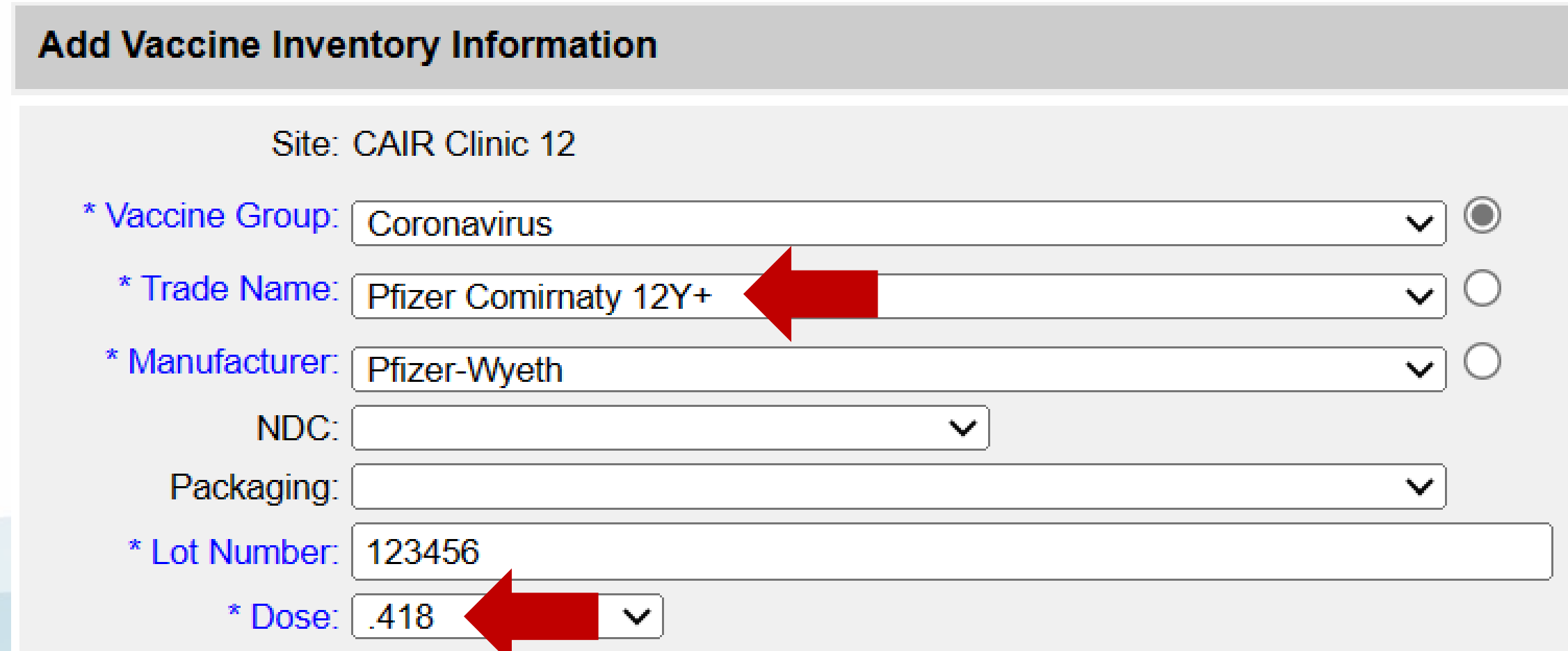
* Manufacturer: Pfizer-Wyeth

NDC:

Packaging:

* Lot Number: 123456

* Dose: .418



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

Who should I contact with my question?

CAIR Help Desk

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

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

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.

COVID, Flu and MPOX Vaccination Providers

Sites giving only 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, caph.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/>

The screenshot shows the CAIR website navigation menu on the left and a welcome banner on the right. The navigation menu includes links for CAIR, Join CAIR, CAIR Users, Data Exchange, User Guides & Forms, and Finding Records. The 'Finding Records' link is highlighted, and a dropdown menu is open, showing options for Digital Vaccine Records, Parent FAQs (English and Spanish), Health Plans, Health Plan Usage Reports, Community Health Centers, and Schools. The welcome banner features a title 'Welcome to the CAIR Inform' and images of a baby, a man, a boy, and a girl. Below the banner, there is a partial view of a text box that reads 'try (CAIR2) is a secu' and 'for California reside'.

CAIR

Join CAIR

CAIR Users

Data Exchange

User Guides & Forms

Finding Records

Hours:
8am-5pm Monday to Friday
CAIRHelpdesk@cdph.ca.gov
Phone: 800-578-7889
Fax: 888-436-8320

Welcome to the CAIR Inform

Digital Vaccine Records

Parent FAQs(English)

- Parent FAQs(Spanish)

Health Plans

- Health Plan Usage Reports

Community Health Centers

Schools

try (CAIR2) is a secu
for California reside

Current COVID/CAIR2 Contact Information

Orange County Local CAIR Representatives:

Albert Lopez: albert.lopez@cdph.ca.gov

Ryan Thun: Ryan-Christopher.Thun@cdph.ca.gov

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?



VFC and VFA Program Updates

Melissa Thun, Junior Field Representative
California Department of Public Health
January 30, 2024

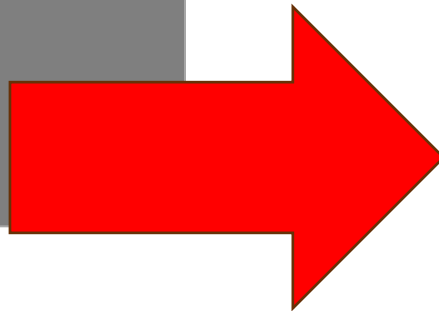
VFC Updates

VFC Shipping Schedule

- VFC is currently reviewing and approving orders without delay. McKesson Specialty, Pfizer, and Merck are also shipping VFC vaccine orders without delay.



Shipping Delay information can be found on EZIZ.org by clicking on the Vaccine Order Status tab



The screenshot shows the EZIZ website interface. At the top left is the EZIZ logo with a family icon. To the right is a search bar with the text 'ENHANCED BY Google' and a magnifying glass icon. Below the logo is a navigation menu with the following items: Home, Vaccine Programs, Vaccine Management, Storage Units, Temperature Monitoring, Training & Webinars, Clinic Resources, and Patient Resources. The main content area is titled 'California's Vaccine Programs' and features four boxes: VFC (California Vaccines for Children Program), VFA (California Vaccines for Adults Program), BAP (California Bridge Access Program), and 317 (Local Health Departments). Below these are two columns: 'Ordering & Vaccine Management' with links to MyVFCvaccines and MyCAvax, and 'Storage Requirements' with links to Vaccine Storage Units and Digital Data Loggers. An 'Alerts!' section highlights '2023-24 COVID-19 Vaccine' with links to resources for providers and patients, and vaccine ordering information. Below that is a section for 'Protect your patients against RSV!' with links to RSV FAQs, resources for providers and patients, and a guide for Nirsevimab. The 'New/Updated Materials' section includes links for Fall-Winter 2023 immunizations, sticker templates for VFC, VFA, BAP, and 317, and an immunization schedule using combination vaccines. At the bottom, there are three tabs: 'VFC Memos', 'Vaccine Order Status' (highlighted with a red box), and 'From CDPH'. Below the tabs is a section for 'Order Processing Updates:'. On the right side of the website, there are sections for 'Hot Topics' (Weekly CDPH Immunization Updates for Providers), 'Popular Resources' (For Patients and Staff, Flu, Mpox, Pertussis, Schedules & Recommendations, VFC Vaccine Fact Sheets, For Pharmacies), and 'CDPH Applications' (My Turn, CAIR, My DVR, CAIR-ME).

2024 VFC Recertification is due tomorrow!!!



- VFC Recertification Launched December 20, 2023 and is due **Wednesday, January 31, 2024**
- Annual 2024 Recertification is completed through MyVFCvaccines

- Annual Recertification and Training **is a federal requirement** to maintain active status in the VFC Program and receive publicly purchased vaccines.
- Recertification maintains your PIN in active status (even if only receiving LHD 317 vaccine for outbreak or SGF vaccine)



- As part of this recertification process, VFA/317 providers will be providing the appropriate contact information (Vaccine Coordinator) for each PIN to communicate with and prepare for part 2 of your recertification process in myCAvax.

VFC 2024 Provider Satisfaction Survey



VFC COVID-19 Vaccines

- COVID-19 vaccine is now available to order from the VFC Program.
- All VFC providers may submit orders for 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 – order requests may be reduced based on available supply allocations from CDC.
- For more information, please refer to the [VFC communication](#) sent on 09/19/2023 and CDPH Memo, [“COVID-19 Vaccine Ordering Through the VFC Program,”](#) sent 09/29/2023.

COVID-19 Resources

COVID-19 Vaccine Resource Page - <https://eziz.org/resources/covid-vaccine/>

Bridge Access Program (BAP) Resource Page - [BAP Resources – California Vaccines for Children \(VFC\) \(eziz.org\)](#)

VFC/BAP Blended Logs:

- [ULT Freezer](#)
- Refrigerator: [Fahrenheit](#) | [Celsius](#)
- Freezer: [Fahrenheit](#) | [Celsius](#)

COVID-19 VIS - [Vaccine Information Statement: COVID-19 \(immunize.org\)](#)

An Emergency Use Authorization (EUA) Fact Sheet must be used when administering any COVID-19 vaccine that is administered under the terms of an FDA EUA (i.e., Pfizer-BioNTech and Moderna mRNA vaccines given to children 6 months through 11 years, or Novavax protein subunit vaccine given to anyone). The COVID-19 VIS may be used when administering fully licensed vaccine (mRNA vaccine to people 12 years and older).

For links to the current EUA Fact Sheets, see Immunize.org's ["Checklist of Current Versions of U.S. COVID-19 Vaccination Guidance and Clinic Support Tools"](#).

Optimizing RSV Protection for Infants with Limited Supply of Nirsevimab (Beyfortus™)¹ — Update January 2024



Prenatal Vaccination

Administer prenatal RSV vaccine (ABRYOVO™, Pfizer) during 32-36 weeks' gestation, September through January.

- Prenatal vaccination may be the best and only option while RSV immunization for infants (nirsevimab) is in short supply.
- Most infants born to vaccinated birth parents will not need nirsevimab.



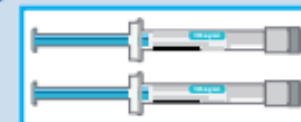
Nirsevimab 50mg for infants < 5kg and < 8 months without prenatal vaccination²

- Administer:
 - Now—infants born prior to October.
 - Within the first week of life—infants born during RSV season.



Nirsevimab 100mg for infants ≥ 5kg and < 8 months without prenatal vaccination²

- For palivizumab-eligible children, follow [AAP palivizumab recommendations](#) when nirsevimab is not available.



Nirsevimab 200mg (two 100mg doses) for children 8 – 19 months

- For palivizumab-eligible children, follow [AAP palivizumab recommendations](#) when nirsevimab is not available.

**RSV Season is here now!
Use and reorder remaining nirsevimab supplies promptly to protect infants and toddlers.**

Encourage other preventative measures including:

- [Breastfeeding](#) to decrease the risk of severe RSV and hospitalization among infants
- Recommend everyone around infants are up to date on vaccines including flu, COVID-19, Tdap, and RSV for adults 60 years and older
- Wash hands
- Cover coughs and sneezes
- Clean frequently touched surfaces
- Sick persons should stay away from infants
- Limit number of visitors for infants

Footnotes:

¹[Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab to Protect Young Children from Severe Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#)

²Infants <8 months entering their first RSV season should receive immunization if birth parent's prenatal vaccination status is: unvaccinated, unknown, or vaccinated <14 days before birth.

New!!

ABRYSVO™ Available for VFC Ordering

- RSV vaccine ABRYSVO™ (NDC: 00069-0344-01) is provided through the VFC Program in a 1-pack, 1-dose vial.
 - The minimum order quantity is 1 dose.
- ABRYSVO™ is recommended for pregnant people during 32 through 36 weeks gestation, using seasonal administration (Sept – January), to prevent RSV lower respiratory tract infection in infants.
- Given the small size of the eligible population and the recommended window for vaccination, the amount of vaccine available within the VFC program is modest. As a result, CDC has allocated doses to each state.
- ABRYSVO™ orders are being processed as urgent for next day delivery (based on provider's availability)

RSV Immunization Administration Errors

- CDC reports of administration errors
 - Relatively uncommon, most described no adverse events
 - Adult vaccines (Pfizer ABRYSVO™ and GSK Arexvy) being administered to children
 - GSK Arexvy being administered to pregnant people (instead of Pfizer ABRYSVO™)
- Updated CDC FAQ pages
 - [Nirsevimab in Young Children](#)
 - [ABRYSVO for Pregnant People](#)

Administration error/deviation	Interim recommendation
For infants and young children who are recommended to receive nirsevimab but received either the Pfizer (ABRYSVO™) or GSK (Arexvy) RSV vaccine in error	Administer a dose of nirsevimab
For pregnant people who have received the GSK RSV vaccine (Arexvy) in error:	Do not give a dose of the Pfizer RSV vaccine (ABRYSVO) Instead, the infant (if younger than 8 months) should receive nirsevimab during RSV season (October through March in most of the continental United States)

Preventing RSV Immunization Administration Errors

- Healthcare providers and facilities should ensure use of the correct RSV prevention product in the correct population and take actions to [prevent vaccine administration errors](#), including automating error prevention alerts in electronic health record systems, ensuring proper education and training on vaccine recommendations, paying
- Healthcare providers are strongly encouraged to report vaccine administration errors to [VERP](#), the Vaccine Error Reporting Program.
- For questions about vaccine administration errors, healthcare providers can submit their questions to NIPINFO@cdc.gov.
- Healthcare providers in the United States with a complex vaccine safety question may request consultation on a vaccine administration error event for a specific patient. Information on how to request a consultation is available at the [Clinical Immunization Safety Assessment \(CISA\) Project](#).

YOU CALL THE SHOTS

Vaccine Administration: Preventing Vaccine Administration Errors

A vaccine administration error is any preventable event that may cause or lead to inappropriate medication use or patient harm.¹ Vaccine administration errors can have many consequences, including inadequate immunological protection, possible injury to the patient, cost, inconvenience, and reduced confidence in the health care delivery system. Take preventive actions to avoid vaccine administration errors and establish an environment that values reporting and investigating errors as part of risk management and quality improvement.

Vaccine administration errors may be due to causes such as:

- Insufficient staff training
- Distraction
- Changes in recommendations
- Lack of standardized protocols
- Patient misidentification
- Using nonstandard or error-prone abbreviations
- Easily misidentified products (e.g. DTaP, DT, Tdap, Td)

If an error occurs, determine how it occurred and take the appropriate actions to put strategies in place to prevent it from happening in the future. The following table outlines common vaccine administration errors and possible preventive actions you can take to avoid errors.

Error(s)	Possible Preventive Actions
Wrong vaccine, route, site, or dosage (amount); or improperly prepared.	Circle important information on the packaging to emphasize the difference between the vaccines.
	Include the brand name with the vaccine abbreviation whenever possible (e.g., PCV13 [Pevnar13]) in orders, medical screens, etc.
	Separate vaccines into bins or other containers according to type and formulation. Use color-coded identification labels on vaccine storage containers.
	Store look-alike vaccines in different areas of the storage unit (e.g., pediatric and adult formulations of the same vaccine on different shelves in the unit).
	Do not list vaccines with look-alike names sequentially on computer screens, order forms, or medical records, if possible.
	Consider using "name alert" or "look-alike" stickers on packaging and areas where these vaccines are stored.
	Consider purchasing products with look-alike packaging from different manufacturers, if possible.
	Establish "Do NOT Disturb" or no-interruption areas or times when vaccines are being prepared or administered.
	Prepare vaccine for one patient at a time. Once prepared, label the syringe with vaccine name.
	Do not administer vaccines prepared by someone else.
	Triple-check work before administering a vaccine and ask another staff member to check.
	Keep reference materials on recommended sites, routes, and needle lengths for each vaccine used in your facility in the medication preparation area.
	Clearly identify diluents if the manufacturer's label could mislead staff into believing the diluent is the vaccine itself.
	Integrate vaccine administration training into orientation and other appropriate education requirements.
Provide education when new products are added to inventory or recommendations are updated.	
Use standing orders, if appropriate.	

1. National Coordinating Council for Medication Error Reporting and Prevention, <https://www.nccmerp.org/about-medication-errors>

Vaccine Administration: Preventing Vaccine Administration Errors

Error(s)	Possible Preventive Actions
Wrong patient	Verify the patient's identity before administering vaccines.
	Educate staff on the importance of avoiding unnecessary distractions or interruptions when staff is administering vaccine.
	Prepare and administer vaccines to one patient at a time. If more than one patient needs vaccines during the same clinical encounter (e.g., parent with two children), assign different providers to each patient, if possible. Alternatively, bring only one patient's vaccines into the treatment area at a time, labeled with vaccine and patient name.
Documentation errors	Do not use error-prone abbreviations to document vaccine administration (e.g., use intranasal route [NAS] to document the intranasal route—not IN, which is easily confused with IM).
	Use ACIP vaccine abbreviations.
	Change the appearance of look-alike names or generic abbreviations on computer screens, if possible.
Improperly stored and/or handled vaccine administered (e.g., expired vaccine given)	Integrate vaccine storage and handling training based on manufacturer guidance and/or requirements.
	Rotate vaccines so those with the earliest expiration dates are in the front of the storage unit. Use these first.
	Remove expired vaccines/diluents from storage units and areas where viable vaccines are stored.
	Isolate vaccines exposed to improper temperatures and contact the state or local immunization program and/or the vaccine manufacturer.
Scheduling errors (e.g., vaccine doses in a series administered too soon)	Use standing orders, if appropriate.
	Create procedures to obtain a complete vaccination history using the immunization information system (IIS), previous medical records, and personal vaccination records.
	Integrate vaccine administration training, including timing and spacing of vaccines, into orientation and other appropriate education requirements.
	For children, especially infants, schedule immunization visits after the birthday.
	Post current immunization schedules for children and adults that staff can quickly reference in clinical areas where vaccinations may be prescribed and administered.
	Post reference sheets for timing and spacing in your medication preparation area. CDC has vaccine catch-up guidance for DTaP, Tdap, Hib, PCV13, and polio vaccines to assist health care personnel in interpreting the catch-up schedule for children.
	Counsel parents and patients on how important it is for them to maintain immunization records.

Adapted with appreciation from Table 11-2, Medication Errors, 2nd ed, by Cohen, Michael. Washington D.C: American Pharmacists Association; 2007.

Healthcare providers are strongly encouraged to report vaccine administration errors to Vaccine Adverse Event Reporting System (VAERS).^{*} To file an electronic report, please see the VAERS website at <https://vaers.hhs.gov/reportevent.html>

^{*} At this time, COVID-19 vaccination has additional VAERS reporting requirements, including required reporting of vaccine administration errors. Please see <https://vaers.hhs.gov/faq.html> for more information.



VAERS, VERP, and MedWatch

Report Immunization Adverse Events & Administration Errors



Reporting information to these national surveillance systems helps ensure patient safety.

Vaccine Adverse Event Reporting System (VAERS)

VAERS collects information about reactions and possible side effects that occur after vaccine is administered. Reactions may happen immediately, hours, days, or weeks after vaccination. Report a reaction even if you are not sure that it was caused by a vaccine.

Examples:

- Fever, local reactions, or other illnesses
- Rare serious reactions, hospitalizations, disability, or death

Your report can help identify and assess:

- Risk factors for particular types of adverse events
- Vaccine lots with increased numbers of reported adverse events
- Safety of new vaccines

Report adverse events to the [VAERS website \(vaers.hhs.gov\)](https://vaers.hhs.gov)

Vaccine Error Reporting Program (VERP)

VERP collects information about preventable vaccine administration errors. These types of errors may make vaccines ineffective, leaving patients unprotected. Report any errors even if the vaccine was not given to a patient.

Examples:

- Incorrect dose
- Wrong or expired product
- Wrong administration site

Your report can help advocate for changes in:

- Vaccine names
- Packaging and labelling
- Other modifications that could reduce the likelihood of vaccine

Report vaccine administration errors to the [Institute for Safe Medication Practices \(ismp.org/form/verp-form\)](https://ismp.org/form/verp-form)

VAERS, VERP, and MedWatch continued

MedWatch:

Health Professionals, consumers, and patients can voluntarily report observed or suspected adverse events for human medical products to FDA.

Report a reaction even if you are not sure that it was caused by a drug. Report any errors even if the drug was not given to a patient. Adverse reactions to nirsevimab/Beyfortus™ would be reported through MedWatch.

Examples of adverse reactions are:

- Unexpected side effects or adverse events can include everything from skin rashes to more serious complications.
- Product quality problems such as information if a product isn't working properly or if it has a defect.
- Product use/medication Errors that can be prevented. These can be caused by various issues, including choosing the wrong product because of labels or packaging that look alike or have similar brand or generic names.
- Mistakes also can be caused by difficulty with a device due to hard-to-read controls or displays, which may cause you to record a test result that is not correct.

Your report can help FDA by:

- Identifying unknown risk for approved medical products.
- Providing timely new safety information on human drugs, medical devices, vaccines, and other biologics.

Report nirsevimab/Beyfortus™ adverse events and immunization errors to the [MedWatch reporting Form \(accessdata.fda.gov/scripts/medwatch/index.cfm\)](https://accessdata.fda.gov/scripts/medwatch/index.cfm)

V-safe Registration for 2023-2024 Updated COVID-19 Vaccine & RSV Immunizations Now Available

- V-safe is a vaccine safety monitoring system that lets you share with CDC how you feel after getting a participating vaccine.
- [V-safe registration](#) is open to anyone who gets a 2023-2024 updated COVID-19 vaccine and/or RSV immunization product
- Help promote V-safe:
 - Encourage vaccine recipients to enroll in V-safe
 - Ask patients to sign up for V-safe using their smartphone, tablet, or computer at vsafe.cdc.gov
 - Share [V-safe factsheets](#) with instructions on how to register and complete health check-ins
 - Hang a [V-safe poster](#) near vaccination areas

2023-24 Influenza Vaccine Supply Update

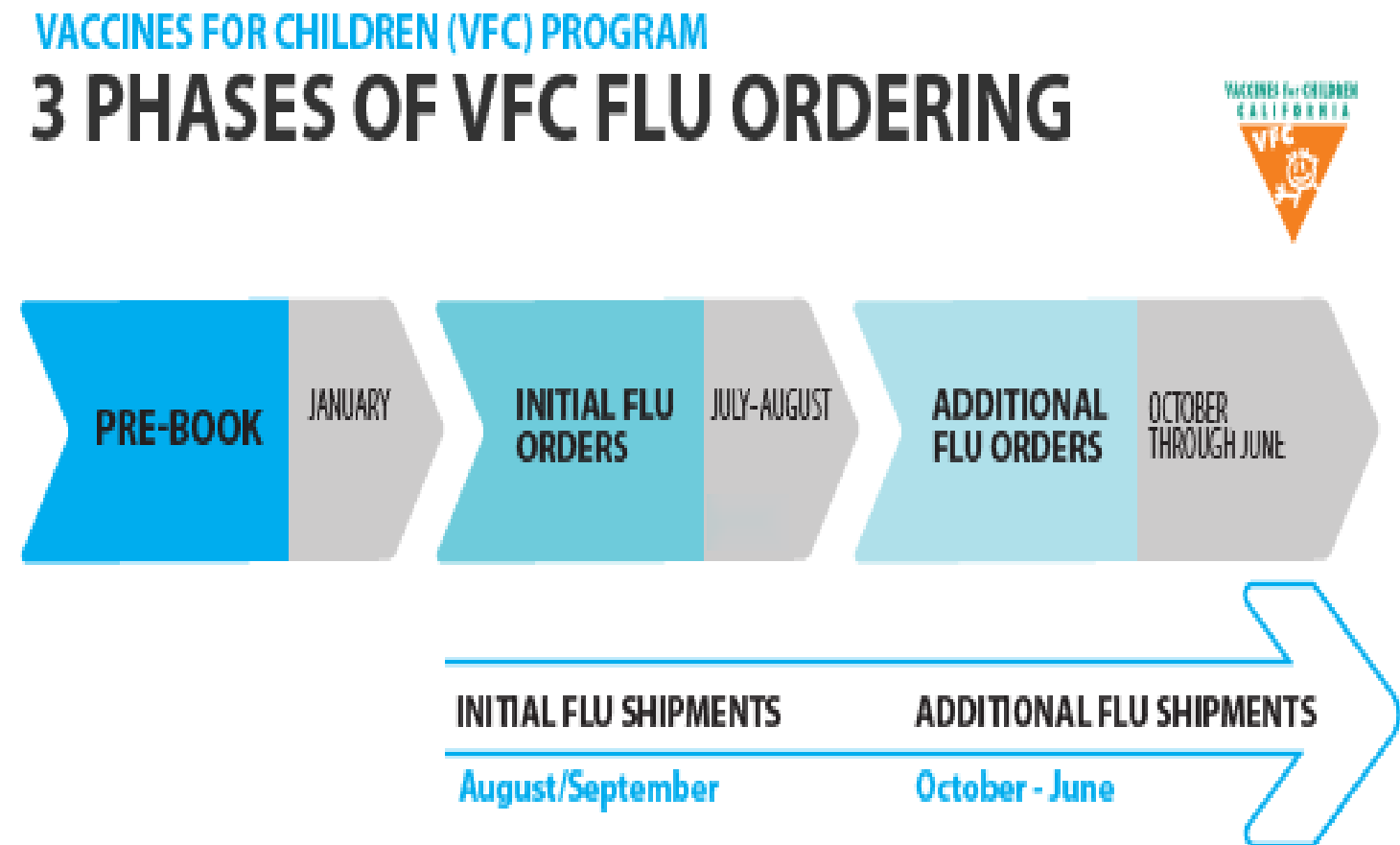
- FluMist® is no longer available to order for the remainder of the 2023-2024 influenza season.
- FluMist® doses are only available through the FluMist® Replacement Program.
 - Please return unused, expiring FluMist® doses for replacement no later than January 31st.
 - Detailed instructions can be found in the FluMist® Replacement Program letter.
- VFC continues to remind providers to order the remaining balance of influenza vaccine your practice prebooked or were allocated for the 2023-2024 season.



Flu vaccine usage and inventory are required with every VFC vaccine order (both flu and nonflu vaccine orders). This must be reported even if you do not plan on requesting additional influenza vaccine doses

VFC 2024-25 Flu Vaccine Pre-Book

- Launch: **1/19/2024**
- VFC Provider Deadline: **February 2, 2024**
- CDC Pre-Book due date: **February 9, 2024**
- Final individual pre-book confirmation emails will be sent to providers after we receive CDC's approval of our CA pre-book.
- Prebooking is the first of three phases of the 2024-2025 VFC flu vaccine order process and will be providers' ONLY chance to provide Flu Product brand preference AND the number of doses needed next season.



Expected 2024-2025 Flu Vaccine Products

- Actual products that will be available for 2024-2025 VFC Flu Ordering will be dependent upon demand, product availability, and doses approved by the CDC.
- Changes for next season:
 - Fluarix will *not* be on the CDC pediatric contract but will be on the CDC adult contract.
 - FluLaval remains on the CDC pediatric contract but will *not* be on the CDC adult contract.

Age Group	Product	Presentation	Manufacturer
6 months-18 years	Flucelvax [®]	Inactivated, No Preservative, 0.5mL single-dose syringe, 10 pack*	Seqirus
	FluLaval [®]	Inactivated, No Preservative, 0.5mL single-dose syringe, 10 pack*	GSK
	Fluzone [®]	Inactivated, No Preservative, 0.5mL single-dose syringe, 10 pack*	Sanofi
2-18 years	FluMist [®]	Live Attenuated, 0.2mL nasal sprayer	AstraZeneca

Flu Vaccine Formulation for 2024-25 Season

Transition to Trivalent Vaccine & VFC Pre-books


- Flu vaccines available for the 2024-2025 season may reflect a mixture of trivalent and quadrivalent vaccines.
 - The quadrivalent vaccines contain 2 influenza A strains and 2 influenza B strains.
 - The trivalent vaccine will contain 2 influenza A strains and 1 influenza B strain.
- The descriptions for flu vaccines in the pre-book do not reference the valency (i.e., trivalent or quadrivalent composition). When CDC confirms the valency after the pre-book, there may be updated NDCs.
- If changes occur, the VFC Program will notify providers of any updates to the NDCs, upon final confirmation of approved pre-books.
- Changes will not be made to the brands, presentations, or quantities.

Expanded Vaccine Recall of Certain Lots of Merck's VAXNEUVANCE™

- In **July 2023**, Merck and the VFC Program had previously sent notices about a **voluntary recall** of certain lots of VAXNEUVANCE™ vaccine.
- Merck is expanding the voluntary recall for VAXNEUVANCE™ due to customer reports of breakage at the syringe flange and/or hub.
- This voluntary partial recall is specific to defects in the syringe and is not related to a quality or safety concern with the vaccine substance manufactured by Merck that is inside the syringe.
- Details about this recall are included in the notification packet that Merck is sending to all providers who received vaccine from one or more of the recalled lots, with specific instructions on returning remaining products.
 - Sedgwick is managing the recall process.
- VFC will be sending out general and targeted communications about the recall to providers.

Confidential

URGENT: VACCINE RECALL

 **MERCK**

January 2024
Event ID: 8681

PRODUCT	Trade Name: Strength:	VAXNEUVANCE™ (Pneumococcal 15-valent Conjugate Vaccine) Suspension for Intramuscular Injection (0.5 mL Prefilled Syringe)																						
	NDA Holder:	Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc. (Merck)																						
	NDC Number:	NDC 0006-4329-01 (Syringe) NDC 0006-4329-02 (1X Carton) NDC 0006-4329-03 (10X Carton)																						
	Package Size:	1 Syringe in 1 Carton: W037992 10 Syringes in 1 Carton: W027275, W036242, W039033, X004289, X005583, X011328, X011332, X012044, X011735																						
	Lot Number/Exp Date:	<table border="1"> <thead> <tr> <th>Lot Number</th> <th>Expiration Date</th> </tr> </thead> <tbody> <tr><td>W037992</td><td>10Dec2024</td></tr> <tr><td>W027275</td><td>09Jul2024</td></tr> <tr><td>W036242</td><td>01Oct2024</td></tr> <tr><td>W039033</td><td>01Oct2024</td></tr> <tr><td>X004289</td><td>10Dec2024</td></tr> <tr><td>X005583</td><td>10Dec2024</td></tr> <tr><td>X011328</td><td>01Jan2025</td></tr> <tr><td>X011332</td><td>01Jan2025</td></tr> <tr><td>X012044</td><td>10Jan2025</td></tr> <tr><td>X011735</td><td>10Jan2025</td></tr> </tbody> </table>	Lot Number	Expiration Date	W037992	10Dec2024	W027275	09Jul2024	W036242	01Oct2024	W039033	01Oct2024	X004289	10Dec2024	X005583	10Dec2024	X011328	01Jan2025	X011332	01Jan2025	X012044	10Jan2025	X011735	10Jan2025
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X005583	10Dec2024																							
X011328	01Jan2025																							
X011332	01Jan2025																							
X012044	10Jan2025																							
X011735	10Jan2025																							
	Distribution:	Distribution by Merck occurred in the United States from 16-Nov-2022 through 28-Jul-2023																						
	Manufactured By:	Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc. West Point, PA 19486 U.S.A.																						
REASON	Merck has received reports of breakage at the syringe flange and/or hub that were identified when the syringe was inspected before administration, while the healthcare professional was securing the needle to the syringe, during vaccine administration or during post-administration (e.g., when activating a safety needle). The breakage resulted in a small number of injuries, including laceration and needle puncture. Corrective Action and Preventative Actions (CAPA) have been implemented at the syringe manufacturer to improve processes to help prevent these defects from recurring in future lots and Merck informed Health Care Providers of the glass breakage issue for syringe breakage and provided guidance for handling and administration to further mitigate the risk of injury for the remaining material on the market until post-CAPA material is supplied. Merck has accelerated the supply of post-CAPA material to the U.S. market and has established a stable supply of this																							

Page 1 of 3

VAXNEUVANCE™ Recall FAQs

If already administered, are the recalled lots considered a valid dose?

- Any administered doses of the recalled lots would still be considered valid. Merck's recall is regarding the syringe breakage and **not about the quality of the vaccine** itself.

How should providers account for the recalled vaccine?

- Since the recalled lots should be returned to Merck via Sedgwick, VFC Providers will not be able to return the vaccines as they would other VFC vaccines. Instead, please submit a Wastage Form through your MyVFCvaccines account to report these doses as non-usable but cannot be returned to the VFC Program.

If you received one of the recalled lots, how can you receive more vaccine?

- You can place a supplemental vaccine order on MyVFCvaccines to request more VAXNEUVANCE® vaccine. If your last order was more than 30 days ago, please include your full vaccine inventory for your other available vaccines on your order form to help with vaccine accountability.

2024 Immunization Schedules

- 2024 pediatric and adult immunization schedules initially released in November 2023
- CDC recently published 2 articles in MMWR* summarizing updated recommendations.
 - [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2024](#)
 - [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2024](#)
- Updated schedules include multiple new vaccine recommendations made during 2023, including:
 - RSV immunizations for infants, pregnant people, and older adults
 - PCV20 for children
 - Pentavalent meningococcal vaccine
 - Mpox vaccine
 - Updates to COVID-19, influenza, and polio vaccine recommendations

VFA Updates

VFA Program Updates

2024 Quarter 1 Ordering Period - VFA Ordering: January 11 – 25 = **CLOSED**

- **Deadline to make order corrections** on MyVFCvaccines, if needed: **Wednesday, January 31** – please be aware RSV ordering is closed. It will become available again in September.
- **Changes to Ordering Policy**
 - Vaccine dose requests for the HPV will be reduced by 80%, PCV, and Zoster vaccines will be reduced by 55% of clinic's pre-cap quarterly orders from Quarter 2 (April 2022). Order caps for all other vaccines will remain the same. **This is subject to change.**
 - Vaccine requests should be based on the needs of your eligible uninsured/underinsured adult population
 - If clinics would like to request doses beyond the caps, please include on the order form comment section the vaccine(s), amount and reason. These special requests will be reviewed and approved on a case-by-case basis.

LHD-317 Program Updates

- LHD-317 January Ordering

Deadline

- **Last day to submit January and February ordering requests: Wednesday, January 31**
- **Deadline to make order corrections on MyVFCvaccines, if needed: Wednesday, February 7**
- **Order requests resume on myCAvax: Tuesday, February 20**

- **Changes to Ordering Policy**

- Vaccine dose requests for the HPV will be reduced by 80%, PCV, and Zoster vaccines will be reduced by 55% of clinic's pre-cap quarterly orders from Quarter 2 (April-June 2022) . Order caps for all other vaccines will remain the same. **This is subject to change.**
- Vaccine requests should be based on the needs of your eligible uninsured/underinsured adult population
- If clinics would like to request doses beyond the caps, please include on the order form comment section the vaccine(s), amount and reason. These special requests will be reviewed and approved on a case-by-case basis.

VFA / LHD 317 Recertification Deadline / Reminder



With the VFA / LHD 317 program being released in myCAvax on **Tuesday, February 20, 2024**, all the VFA / LHD 317 providers must complete the recertification process.

During the VFC recertification process, all the VFA and LHDs providers must:

- Enter / update clinic information in myVFCvaccines by **Wednesday, January 31, 2024**; this information will be migrated and pre-populated in the myCAvax recertification form
- Review and update their site's VFA contact on myVFCvaccines. This will be the only key practice staff information migrated to myCAvax. The VFA contact will be designated as the Primary Vaccine Coordinator in myCAvax.

After VFA / LHD 317 release in myCAvax on **Tuesday, February 20, 2024**:

- Complete the information verification process in myCAvax in **February 2024**
- Update the key practice staff managing the adult population on myCAvax
- Complete all required EZIZ training (Lesson details forthcoming)

The Provider of Record must review, acknowledge, and sign the VFA / LHD 317 Agreement and Addendum on myCAvax to complete the recertification process.

Recertifying in myCAvax



Beginning **February 20, 2024**, if you participate in the VFA or LHD 317 program, you will be prompted to recertify in myCAvax upon logging into the Provider Community.

The screenshot displays the myCAvax user interface. At the top, the navigation bar includes the myCAvax logo and the text "California Vaccine Management System". The navigation menu contains links for Home, My Programs, My Turn Enrollment, Vaccine Orders, Program Locations, Vaccine Inventory, and More. The main content area features a "Welcome Lindsay" message and a section for "myCAvax Program Messages". Below this, there are two program cards. The left card is for the "BAP COVID-19 Vaccination Program" and includes buttons for "Home", "Order Vaccine", and "Manage Locations". The right card is for the "LHD-317 LHD 317" program, marked with a "Recertification Required" icon. It includes buttons for "Home", "Order Vaccine", and "Recertify Locations", with the "Recertify Locations" button highlighted by an orange border.

Recertifying in myCAvax: Updating Contacts



myCAvax
California Vaccine Management System

Home My Programs My Turn Enrollment Vaccine Orders Program Locations Vaccine Inventory More

Need help? Check out your [dashboard](#) to view your past recertification data.

317 - Recertification
Step 2 - Key Practice Staff

In order to proceed, you must have at least the Provider of Record, Primary Vaccine Coordinator, Backup Vaccine Coordinator, and Provider of Record Designee information below. These staff members should be those who manage adult patients in the 317 program. Medical Licenses will be validated to ensure active status of license.

Key Practice Staff
Staff members who are responsible for managing the location

Role	Name	Title	Speciality	Clinic Title	Email	Phone Number	NPI ID	License No.	Training Complete	Actions
Provider of Record										Add Contact
Primary Vaccine Coordinator	Lindsay Test	MD - Medical Doctor	Family Practice	Office Manager	lindsay445b@gmail.com.invalid	(111) 111-1111	777771	4545		Change Contact
Backup Vaccine Coordinator										Add Contact
Provider of Record Designee										Add Contact

Additional Staff Members
Providers who should receive program communications

Role	Name	Title	Speciality	Clinic Title	Email	Phone Number	NPI ID	License No.	Training Complete	Actions
------	------	-------	------------	--------------	-------	--------------	--------	-------------	-------------------	---------

[Add Contact](#)

There are seven steps to the recertification process. On the second step, update and verify key practice staff information.

Information for your vaccine coordinator (LHD 317) or primary VFA contact (VFA) provided during initial recertification will populate here.

VFA Recertification Information

VFA Recertification Resources

- [2024 VFA Agreement](#)
- [2024 VFA and 317 Agreement and Addendum](#)
- [12/27 VFA Recertification Communication](#)
- [1/22 VFA Recertification Reminder](#)
- 2024 VFA Requirements At a Glance (Coming Soon!)
- VFA and LHD-317 myCAvax Recertification Worksheet (Coming Soon!)

For more VFA resources, please visit the [VFA Resources Page](#)

Questions? Email my317vaccines@cdph.ca.gov

Upcoming VFA Vaccine Ordering 101 & 102 Webinars



You are invited to join CDPH for a one-hour 'VFA Vaccine Ordering 101 for Providers' session on **Thursday, February 22, 2024**, from **11:00 AM – 12:00 PM PT** focused on basic navigation of myCAvax and placing vaccine order requests. Please register [here](#) to attend.

You are also invited to join a follow-up to the 'VFA Vaccine Ordering 101 for Providers' session on **Thursday, February 29, 2024**, from **11:00 AM – 12:00 PM PT**. The one-hour 'VFA Vaccine Ordering 102 for Providers' session will be focused on vaccine management tasks, like reporting waste, excursions, and shipping incidents in myCAvax. Please register [here](#) to attend.

There will be an opportunity for Q&A with CDPH in both sessions and they will be recorded / uploaded to the Knowledge Center.

Immunization Branch Closures

- 2/19/2024 – CDPH Branch fully closed
- Order processing will resume on 2/20/2024

SoCal Region Staff Contacts

- **Mary Rebbert, SR Field Representative**

Mary.Rebbert@cdph.ca.gov

619-838-6360

- **Melissa Thun, JR Field Representative**

Melissa.Thun@cdph.ca.gov

213-407-2878

- **Liezl Agatep, Admin Assistant**

liezl.agatep@cdph.ca.gov

(279) 667-0482

- **Manny Mones, Field Representative**

Manny.Mones@cdph.ca.gov

619-609-6206

- **Carol Connell, Field Representative**

Carol.Connell@cdph.ca.gov

619-772-1935

- **Michelle Miranda, Field Representative**

Michelle.Miranda@cdph.ca.gov

619-577-2247

- **Emma Gace, Field Representative**

emma.gace@cdph.ca.gov

(341) 215-7618

- **Raelene Pellos, Field Representative**

raelene.pellos@cdph.ca.gov

(341) 215-7616

State-Purchased Influenza Vaccine Program (SGF) Update

Araceli Montero, MPH

State-Purchased Influenza Vaccine Admin Coordinator

Epidemiology and Immunization Services Branch

Immunization Unit

January 30, 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 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)



Program Enrollment

Enrollment Packet

Received: 108

Approved in myCAvax : 108



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 HHSA.CountyFluVaccine@sdcounty.ca.gov or phone (619) 366-7128.

- Completed and Signed **Agreement for Use of CDPH-Purchased Influenza Vaccine**
- Vaccine Management Plan (VMP) with signature page.
 - State-Purchased Influenza VMP Or Vaccines for Children (VFC) VMP**
 - If you are using the VFC VMP and have more than one refrigerator, please specify which refrigerator will store the State Purchased Influenza Vaccine
- Color** photos of your vaccine **refrigerator where State-Purchased Influenza Vaccine is stored** (front, inside with door open, & label with serial number)
- Color** photos of the front and side of **each data logger** (if applicable) (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 temperature settings for the past 30 days ([E](#) | [C](#))
 - Note:** Data logger reports and refrigerator temperature logs must be submitted for the past 30 days.
- 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 training for the Backup 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 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 HHSA.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



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.

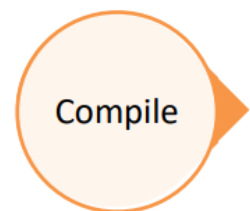
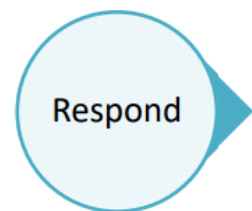
This information refers to **state-purchased influenza vaccine only**. Incidents involving Vaccines for Children (VFC) products, or vaccine from any other funding source stored in the affected storage unit, must be reported to the appropriate program per specific reporting procedures. **Do NOT report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



- **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.

- **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
Sanofi Pasteur	(800) 822-2463
Sequris	(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)

Epidemiology and Immunization Services Branch

Updated July 26, 2023



State-Purchased Influenza Vaccine Storage and Handling Incident Report Form

Please complete this form within one business day of discovery of incident. Please upload the following at the end of this form:

- Manufacturer stability report(s),
- Data logger report, including 24 hours prior to the incident

 If you have any questions, please email HHSA.CountyFluVaccine@sdcounty.ca.gov.

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 *

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

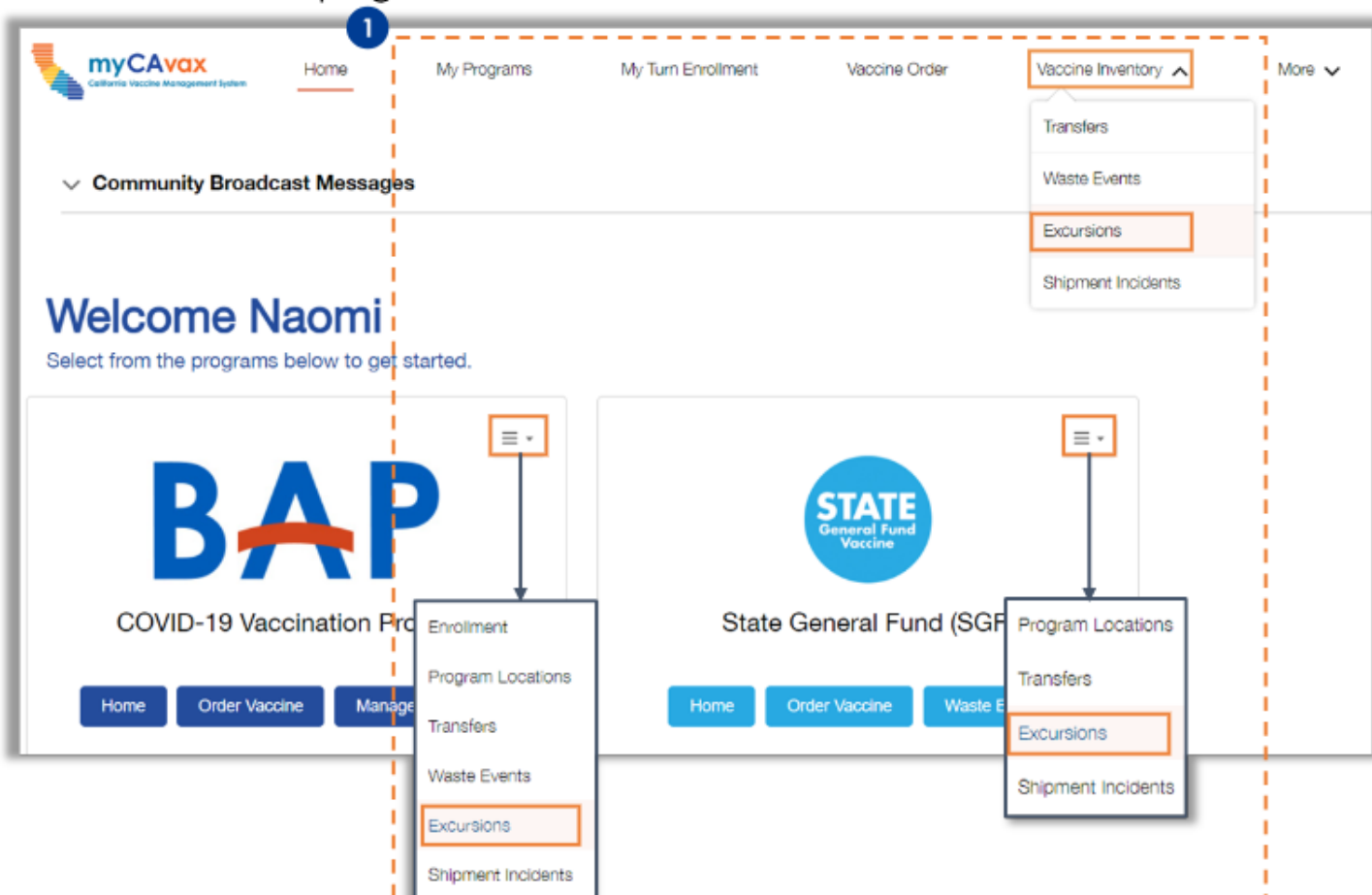


Program Vaccine Incident Reporting Process in myCAvax

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

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

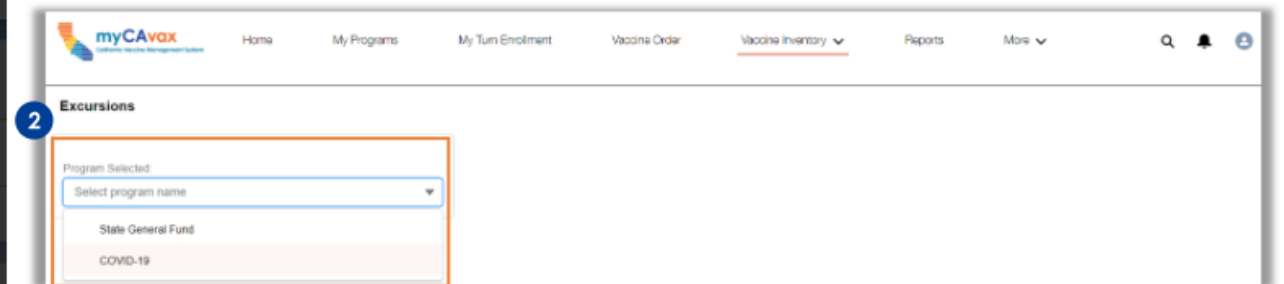
1. On the home page, select 'Excursions' from the 'Vaccine Inventory' dropdown on the navigation bar. Alternatively, select 'Excursions' from the program tiles to navigate to the respective program's 'Excursions' page.



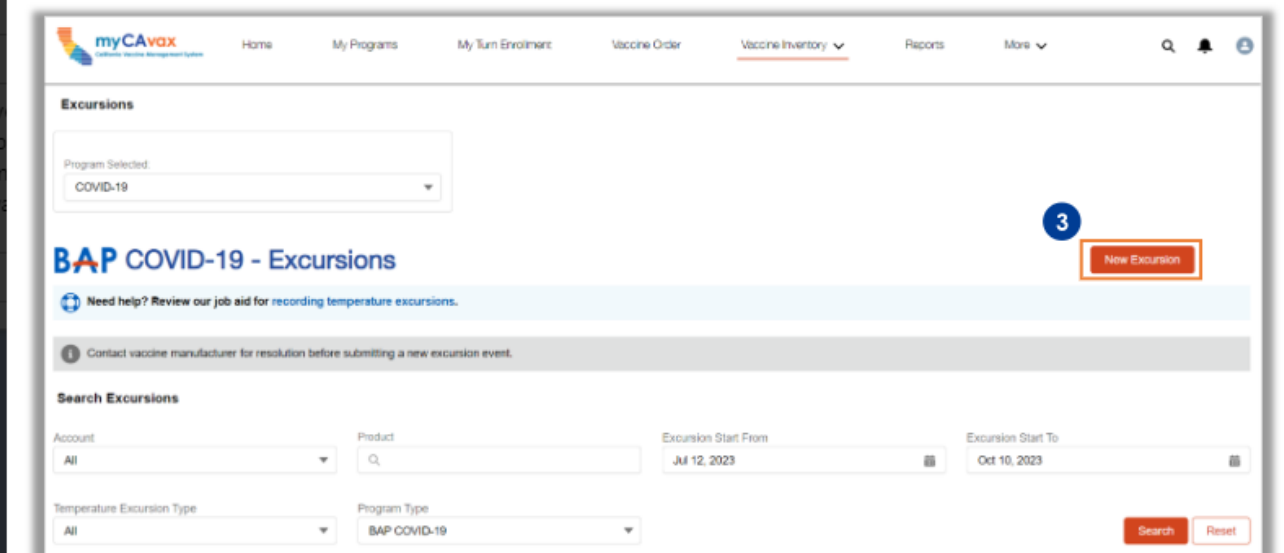
- ✓ All providers must report an excursion when vaccine doses are exposed to temperatures outside the recommended range. Each affected vaccine excursion event requires a report.

Part One: Logging an Excursion Event (2 of 6)

2. Select 'State General Fund' or 'COVID-19' from the 'Program Selected' dropdown.



3. Click the 'New Excursion' button to open the 'New Temperature Excursion' pop-up window.



Note: When a time-sensitive product is exposed to temperatures outside of the recommended range, report the excursion event in the myCAvax system. Contact the vaccine manufacturer for guidance on if the vaccine is still viable.



Annual Flu Training 2023-2024 Season



- Monday February 12, 2024
 - ✓ 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.
- To Cancel any registration, send an email to HHSA.CountyFluVaccine@sdcounty.ca.gov including the registrant's name.

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: 49,710
 - Fluarix PF Syr: 41,140
 - Fluzone MDV: 5,000
 - Flud Syr: 3,070
 - FluMist: 500

Allocated to SGF Providers

- Fluarix PF Syr: 37,790 (99%)
- Fluzone MDV: 4,910 (98%)
- Flud Syr: 2,910 (95%)



2023-2024 State-Purchased Influenza Program Update

Vaccine Orders for SGF Providers

- Received Orders: 433
- Total Doses: 38,990 (78%)
 - Fluarix PF Syr: 34,170 (83%)
 - Fluzone MDV Doses: 2700 (54%)
 - Fludad Syr: 2050 (67%)
 - FluMist: 70 (14%)
- On hand with providers total: 37,930 (76%)

ADU Fluarix SDS (19 yrs - 100+ yrs) - 10/box - 2023-2024 SGF
19 yrs - 100+ yrs

Season Allocation : 37940
Season Allocation Remaining : 0
Doses Requested ⓘ : 60
Available To Ship : 6950
Approved Doses : 0

Remaining Available to Ship: 6950 ✓

Fludad SDS (65 yrs - 100+ yrs) - 10/box - 2023-2024 SGF
65 yrs - 100+ yrs

Season Allocation : 3070
Season Allocation Remaining : 0
Doses Requested ⓘ : 0
Available To Ship : 1020
Approved Doses : 0

Remaining Available to Ship: 1020 ✓

Fluzone Quadrivalent MDV (3 yrs - 100+ yrs) - 2023-2024 SGF
3 yrs - 100+ yrs

Season Allocation : 5000
Season Allocation Remaining : 0
Doses Requested ⓘ : 0
Available To Ship : 2300
Approved Doses : 0

Remaining Available to Ship: 2300 ✓



2023-2024 State-Purchased Influenza Program Update

Vaccine Used for SGF Providers

- Total Doses: 30,946 (62%)
 - Fluarix PF Syr: 27,691 (67%)
 - Fluzone MDV Doses: 2,254 (45%)
 - Fludac Syr: 972 (32%)
 - FluMist: 29 (5%)
- Total Wasted: 229 (.04%)
- On hand with providers total: 6,676 (13%)



2023-2024 SGF Program

Reminder



Weekly reporting is required upon receiving ordered vaccines and should continue until you have finished vaccination and have zero inventory of State Flu on hand.

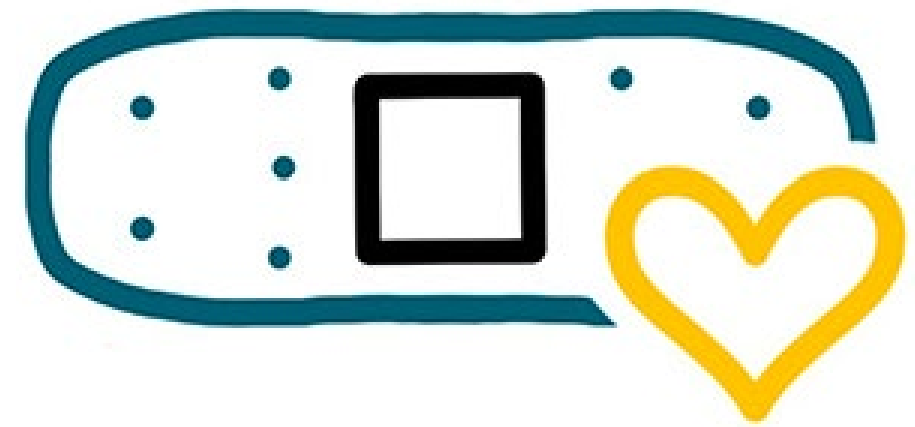


All SGF Providers are required to return any **expired** and unused vaccine doses directly to the manufacture under the SGF provider account in myCAVax.

Reach out to the program redistribute vaccine that is not expired



To ensure that you have an adequate supply of flu vaccines on hand, it is recommended to order doses through myCAVax before depleting your current inventory.



Thank you

Araceli Monterera, 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



Our Mission

The mission of SDIC is to improve the health of San Diego County residents by increasing immunization rates and providing education about vaccine-preventable diseases.

SDIC Connect Newsletter





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

Wednesday, February 21

12:30PM-4:30PM

**3255 Camino del Rio S
San Diego, CA 92108**









RAFFLE TIME!

A scenic view of a coastline with cliffs, a beach, and houses in the background. The text "THANK YOU!" is overlaid in the center.

THANK YOU!