



# GENERAL MEETING

WEDNESDAY, FEBRUARY 1<sup>ST</sup>  
12:30 – 3:00 PM





# FORMAL WELCOME AND ANNOUNCEMENTS - AGENDA

TIME (PM)	ITEM
12:30 – 12:45	Formal Welcome
12:45 – 1:15	Advisory Committee on Immunization Practices Guidelines
1:15 – 1:40	Preteen Vaccine Week 2023: Getting Involved in San Diego
1:40 – 1:50	Announcements
1:50 – 2:05	Break (15min)
2:05 – 2:40	-Vaccine Preventable Disease Update -State Flu Update -San Diego Epidemiology IZ Data
2:40 – 3:00	Vaccines for Children and CAIR2 Updates







**Special Announcement!**

# ACIP and the Immunization Schedule

---

MARK H. SAWYER

UCSD SCHOOL OF MEDICINE

RADY CHILDREN'S HOSPITAL SAN DIEGO

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				← 4 <sup>th</sup> dose →			5 <sup>th</sup> dose						
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes			← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →										
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →										
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	← 3 <sup>rd</sup> dose →						4 <sup>th</sup> dose							
Influenza (IIV4)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
<b>or</b>														<b>or</b>				
Influenza (LAIV4)												Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose						
Varicella (VAR)							← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose						
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																1 dose		
Human papillomavirus (HPV)																See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Meningococcal B (MenB-4C, MenB-FHbp)																		
Pneumococcal polysaccharide (PPSV23)																		
Dengue (DEN4CYD; 9-16 yrs)																Seropositive in endemic areas only (See Notes)		

Range of recommended ages for all children
  Range of recommended ages for catch-up vaccination
  Range of recommended ages for certain high-risk groups
  Recommended vaccination can begin in this age group
  Recommended vaccination based on shared clinical decision-making
  No recommendation/not applicable

# Objectives

---

- Describe the groups most important for developing vaccine policy in the United States
- Talk about the broad input that ACIP receives and what it considers when making recommendations
- Explain where to find information in the CDC vaccine schedule
- Describe some alternative resources for information about the vaccine schedule

# ACIP Vaccine Schedule: It's all in there

---

- The minimum age to give vaccines
- What routine vaccines you may need to be given for international travel
- What high risk conditions are indications to give certain vaccine
- The standard abbreviations used for vaccines
- How to get people caught up who are behind on immunizations
- And more....!

# What is in the CDC vaccine schedule

---

## How to use the child and adolescent immunization schedule

**1**

Determine recommended vaccine by age  
**(Table 1)**

**2**

Determine recommended interval for catch-up vaccination  
**(Table 2)**

**3**

Assess need for additional recommended vaccines by medical condition or other indication  
**(Table 3)**

**4**

Review vaccine types, frequencies, intervals, and considerations for special situations  
**(Notes)**

**5**

Review contraindications and precautions for vaccine types  
**(Appendix)**

Who comes up with all  
this?

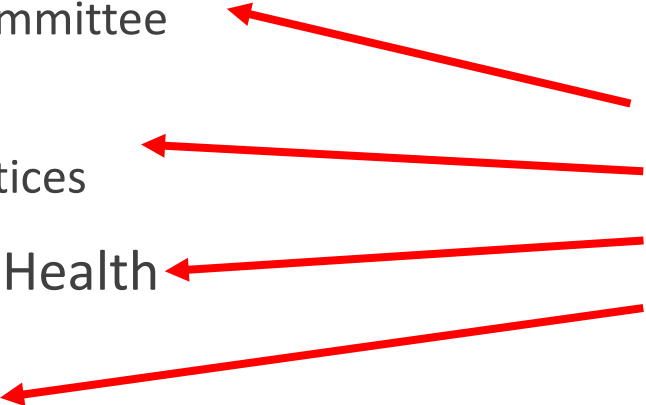
---

# Who makes the decisions about what vaccines we give?

---

- Vaccine manufacturers
- Federal Drug Administration (FDA)
  - Vaccines and Related Biologics Advisory Committee
- Centers for Disease Control (CDC)
  - Advisory Committee on Immunization Practices
- California State Department of Public Health
- Professional Associations
  - American Academy of Pediatrics (AAP)
  - American Association of Family Physicians (AAFP)
  - American College of Obstetrics and Gynecology (ACOG)
  - American College of Physicians (ACP)

These don't  
always agree!!





# ACIP-the early days



# ACIP Now



# ACIP Structure

---

- CDC Leadership from NCIRD
- Executive Secretary
- 15 voting members with broad expertise
  - Infectious Disease
  - Pediatrics
  - Family Practice/Internal Medicine
  - Public Health
  - Nursing
  - Community

# ACIP Structure-Liaison Members

---

AAP

AAFP

ACP

AMA

ACOG

SAM

NMA

ACHA

AGS

AHIP

AOA

APhA

APTR

SHEA

HICPAC

BIO

PhRMA

IHS

DOD

DVA

HRSA

CMS

NIH

FDA

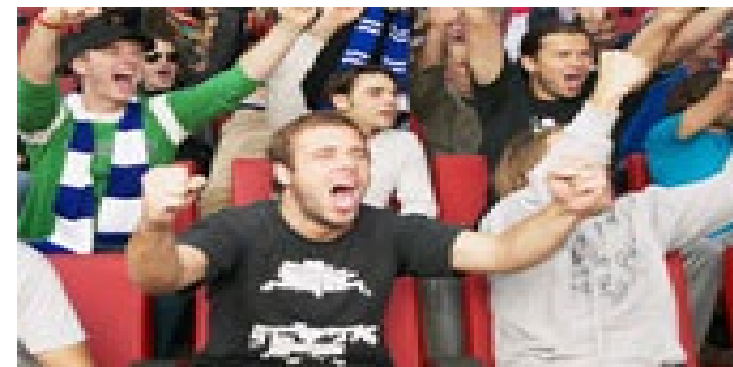
NVPO

NACCHO

NACI

DOH, UK

NICCHP, Mexico



# Considerations for Recommending a New Vaccine

---

- Burden and risk of disease in the community
- Effectiveness of the vaccine
- Safety of the vaccine
- Cost-benefit analysis
- Feasibility/Vaccine Availability
- Cost/reimbursement for providers
- Patient/parental preferences

It doesn't count until it  
is published in MMWR!

---

# ACIP Immunization Schedule

## General approach

- Give vaccines as early in life as is justified by rates of disease and as early as they will work
- Cluster vaccines at similar ages to facilitate delivery and access
- Provide some flexibility

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →				5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →										
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		← 4 <sup>th</sup> dose →										
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	← 3 <sup>rd</sup> dose →							4 <sup>th</sup> dose					
Influenza (IIV4)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
Influenza (LAIV4)												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Varicella (VAR)							← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															1 dose		
Human papillomavirus (HPV)															See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)				See Notes										1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Meningococcal B (MenB-4C, MenB-FHbp)																	
Pneumococcal polysaccharide (PPSV23)																	
Dengue (DEN4CYD; 9–16 yrs)																	Seropositive in endemic areas only (See Notes)

Range of recommended ages for all children
  Range of recommended ages for catch-up vaccination
  Range of recommended ages for certain high-risk groups
  Recommended vaccination can begin in this age group
  Recommended vaccination based on shared clinical decision-making
  No recommendation/not applicable

# Immunization General Principles

---

- Young children need multiple doses of most vaccines in order to develop a good immune response
- Certain vaccines don't work well in the first two years of life due to maternal antibodies or immaturity of the immune system
- Some vaccines are only important at certain ages (e.g. rotavirus, Hib)
- Minimum ages are very important-doses given before the minimum age need to be repeated
- Maximum ages are a guideline and used by schools to determine status
- You never have to restart a series based on the time since the last dose
- Incomplete series offer incomplete protection



# Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES  
2022

## Vaccines in the Child and Adolescent Immunization Schedule\*

Vaccine	Abbreviation(s)	Trade name(s)
Dengue vaccine	DEN4CYD	Dengvaxia <sup>®</sup>
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel <sup>®</sup> Infanrix <sup>®</sup>
Diphtheria, tetanus vaccine	DT	No trade name
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB <sup>®</sup> Hiberix <sup>®</sup> PedvaxHIB <sup>®</sup>
Hepatitis A vaccine	HepA	Havrix <sup>®</sup> Vaqta <sup>®</sup>
Hepatitis B vaccine	HepB	Engerix-B <sup>®</sup> Recombivax HB <sup>®</sup>
Human papillomavirus vaccine	HPV	Gardasil 9 <sup>®</sup>
Influenza vaccine (inactivated)	IIV4	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist <sup>®</sup> Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II <sup>®</sup>
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra <sup>®</sup> Menveo <sup>®</sup> MenQuadfi <sup>®</sup>
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero <sup>®</sup> Trumenba <sup>®</sup>
Pneumococcal 13-valent conjugate vaccine	PCV13	Prenar 13 <sup>®</sup>
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23 <sup>®</sup>
Poliovirus vaccine (inactivated)	IPV	IPOL <sup>®</sup>
Rotavirus vaccine	RV1 RV5	Rotarix <sup>®</sup> RotaTeq <sup>®</sup>
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel <sup>®</sup> Boostrix <sup>®</sup>
Tetanus and diphtheria vaccine	Td	Tenivac <sup>®</sup> Tdvax <sup>™</sup>
Varicella vaccine	VAR	Varivax <sup>®</sup>
<b>Combination vaccines</b> (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix <sup>®</sup>
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel <sup>®</sup>
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix <sup>®</sup> Quadracel <sup>®</sup>
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis <sup>®</sup>
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad <sup>®</sup>

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

## How to use the child and adolescent immunization schedule

- 1** Determine recommended vaccine by age (**Table 1**)
- 2** Determine recommended interval for catch-up vaccination (**Table 2**)
- 3** Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
- 5** Review contraindications and precautions for vaccine types (**Appendix**)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)), American Academy of Physician Associates ([www.aapa.org](http://www.aapa.org)), and National Association of Pediatric Nurse Practitioners ([www.napnap.org](http://www.napnap.org)).

### Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

### Questions or comments

Contact [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays



Download the CDC Vaccine Schedules app for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html)

### Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)
- ACIP Shared Clinical Decision-Making Recommendations [www.cdc.gov/vaccines/acip/acip-scdm-faqs.html](http://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html)



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

Scan QR code  
for access to  
online schedule




CS310020-A





## Table 1 Recommended Child and Adolescent Immunization Schedule for a


**These recommendations must be read with the notes that follow.** For those who fall behind or start late, provide catch-up vaccination. To determine minimum intervals between doses, see the catch-up schedule (Table 2).


Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →				
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes				
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →	
<i>Haemophilus influenzae</i> type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →		
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		← 4 <sup>th</sup> dose →		


 Range of recommended ages for all children

 Range of recommended ages for catch-up vaccination

 Range of recommended ages for certain high-risk groups

 Recommended vaccination can begin in this age group

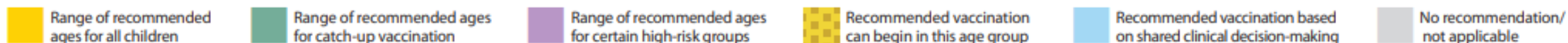
 Recommended vaccination based on shared clinical decision-making

 No recommendation/not applicable

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Measles, mumps, rubella (MMR)					See Notes		← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Varicella (VAR)							← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			



**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Pneumococcal polysaccharide (PPSV23)											See Notes						
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic areas only (See Notes)			



# Children with high-risk conditions

---

- Children with high-risk conditions may need vaccines at different ages
  - Meningococcal (MCV) vaccine as young as 2 months of age
  - Pneumococcal polysaccharide (PPSV) at 2 years of age
  - Pneumococcal conjugate (PCV) older than 5 years
- Children with high-risk conditions may need extra doses of vaccine
- Children with high-risk conditions may need to avoid some vaccines
  - MMR, varicella, rotavirus, LAIV, dengue not given to immunocompromised children

**Table 3**

**Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2022**

Always use this table in conjunction with Table 1 and the Notes that follow.

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count <sup>1</sup>		Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leak or cochlear implant	Asplenia or persistent complement deficiencies	Chronic liver disease	Diabetes
			<15% or total CD4 cell count of <200/mm <sup>3</sup>	≥15% and total CD4 cell count of ≥200/mm <sup>3</sup>						
Hepatitis B	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Rotavirus	Yellow	Red (SCID <sup>2</sup> )	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Diphtheria, tetanus, and acellular pertussis (DTaP)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Haemophilus influenzae</i> type b	Yellow	Yellow	Yellow with dots	Yellow	Yellow	Yellow	Yellow	Yellow with dots	Yellow	Yellow
Pneumococcal conjugate	Yellow	Yellow	Yellow with dots	Yellow	Yellow	Yellow with dots	Yellow	Yellow with dots	Yellow	Yellow with dots
Inactivated poliovirus	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Influenza (IIV4) or Influenza (LAIV4)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Influenza (LAIV4)	Red	Red	Red	Red	Orange	Red (Asthma, wheezing: 2–4yrs <sup>3</sup> )	Red	Red	Orange	Orange
Measles, mumps, rubella	Yellow (*)	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Varicella	Yellow (*)	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Hepatitis A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Tetanus, diphtheria, and acellular pertussis (Tdap)	Yellow with dots	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Human papillomavirus	Red (*)	Yellow	Yellow with dots	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal ACWY	Yellow	Yellow	Yellow with dots	Yellow	Yellow	Yellow	Yellow	Yellow with dots	Yellow	Yellow
Meningococcal B	Orange	Purple	Purple	Purple	Purple	Purple	Purple	Yellow with dots	Purple	Purple
Pneumococcal polysaccharide	Purple	Yellow	Yellow with dots	Yellow	Yellow	Yellow with dots	Yellow	Yellow with dots	Yellow	Yellow with dots
Dengue	Orange	Red	Red	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Vaccination according to the routine schedule recommended
  Recommended for persons with an additional risk factor for which the vaccine would be indicated
  Vaccination is recommended, and additional doses may be necessary based on medical condition or vaccine. See Notes.
  Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
  Contraindicated or not recommended—vaccine should not be administered
  No recommendation/not applicable

<sup>1</sup> For additional information regarding HIV laboratory parameters and use of live vaccines, see the *General Best Practice Guidelines for Immunization, "Altered Immunocompetence,"* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html) and Table 4-1 (footnote J) at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).  
<sup>2</sup> Severe Combined Immunodeficiency  
<sup>3</sup> LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

# Do children with kidney failure need Haemophilus influenzae vaccine above age 5?

**Table 3**

**Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2022**

Always use this table in conjunction with Table 1 and the Notes that follow.

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count <sup>1</sup>		Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leak or cochlear implant	Asplenia or persistent complement deficiencies	Chronic liver disease	Diabetes
			<15% or total CD4 cell count of <200/mm <sup>3</sup>	≥15% and total CD4 cell count of ≥200/mm <sup>3</sup>						
Hepatitis B	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Rotavirus	Grey	Orange	Orange	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
		Red (SCID <sup>2</sup> )								
Diphtheria, tetanus, and acellular pertussis (DTaP)	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Haemophilus influenzae</i> type b	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Pneumococcal conjugate	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Yellow: Vaccination according to the routine schedule recommended

Purple: Recommended for persons with an additional risk factor for which the vaccine

Yellow with grid: Vaccination is recommended, and additional doses may be necessary based on medical

Orange: Precaution—vaccine might be indicated if benefit of protection outweighs risk

Red: Contraindicated or not recommended—vaccine should not be administered

Grey: No recommendation/not applicable



What if people are  
behind?

---

**Table 2**

**Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022**

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks <i>and</i> at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
<i>Haemophilus influenzae</i> type b	6 weeks	<b>No further doses needed</b> if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	<b>No further doses needed</b> if previous dose was administered at age 15 months or older 4 weeks if current age is younger than 12 months <i>and</i> first dose was administered at younger than age 7 months <i>and</i> at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown 8 weeks <i>and</i> age 12 through 59 months (as final dose) if current age is younger than 12 months <i>and</i> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <i>and</i> first dose was administered before the 1 <sup>st</sup> birthday <i>and</i> second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB® and were administered before the 1st birthday	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate	6 weeks	<b>No further doses needed</b> for healthy children if first dose was administered at age 24 months or older 4 weeks if first dose was administered before the 1 <sup>st</sup> birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after	<b>No further doses needed</b> for healthy children if previous dose was administered at age 24 months or older 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years 6 months (as final dose) if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday	
Human papillomavirus	9 years	<b>Routine dosing intervals are recommended.</b>			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks <i>and</i> at least 16 weeks after first dose		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older			
Dengue	9 years	6 months	6 months		



## Table 2

### Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks <i>and</i> at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months

Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday	
Human papillomavirus	9 years	Routine dosing intervals are recommended			

# Polling question

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →					
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes					
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →		
Human influenza type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose →			

Can you give DTaP dose #4 at 13 months of age?

- a) Yes
- b) No
- c) I don't know

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2022.

### Additional information

#### COVID-19 Vaccination

**COVID-19 vaccines are recommended for use within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. ACIP recommendations for the use of COVID-19 vaccines can be found at [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html).**

CDC's interim clinical considerations for use of COVID-19 vaccines can be found at [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html).

- Consult relevant ACIP statements for detailed recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccination requirements and recommendations is available at [www.cdc.gov/travel/](http://www.cdc.gov/travel/).
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html), and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31<sup>st</sup> ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see [www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html).

### Dengue vaccination (minimum age: 9 years)

#### Routine vaccination

- Age 9–16 years living in dengue endemic areas **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see [www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s\\_cid=rr7006a1\\_w](http://www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w) and [www.cdc.gov/dengue/vaccine/hcp/index.html](http://www.cdc.gov/dengue/vaccine/hcp/index.html)

### Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

#### Routine vaccination

- 5-dose series at age 2, 4, 6, 15–18 months, 4–6 years
  - Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - Retrospectively:** A 4<sup>th</sup> dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

#### Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

#### Special situations

- Wound management in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see [www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm](http://www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm).

### Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

#### Routine vaccination

- ActHIB®**, **Hiberix®**, **Pentacel®**, or **Vaxelis®**: 4-dose series (3 dose primary series at age 2, 4, and 6 months, followed by a booster dose\* at age 12–15 months)
  - \*Vaxelis® is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- PedvaxHIB®**: 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)

#### Catch-up vaccination

- Dose 1 at age 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at age 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.

- Dose 1 before age 12 months and dose 2 before age 15 months:** Administer dose 3 (final dose) at least 8 weeks after dose 2.
- 2 doses of PedvaxHIB® before age 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- 1 dose administered at age 15 months or older:** No further doses needed
- Unvaccinated at age 15–59 months:** Administer 1 dose.
- Previously unvaccinated children age 60 months or older who are not considered high risk:** Do not require catch-up vaccination

For other catch-up guidance, see Table 2. Vaxelis® can be used for catch-up vaccination in children less than age 5 years. Follow the catch-up schedule even if Vaxelis® is used for one or more doses. For detailed information on use of Vaxelis® see [www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm](http://www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm).

#### Special situations

##### Chemotherapy or radiation treatment:

###### Age 12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

*Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.*

##### Hematopoietic stem cell transplant (HSCT):

- 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history

##### Anatomic or functional asplenia (including sickle cell disease):

###### Age 12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

###### Unvaccinated\* persons age 5 years or older

- 1 dose

##### Elective splenectomy:

###### Unvaccinated\* persons age 15 months or older

- 1 dose (preferably at least 14 days before procedure)

##### HIV infection:

###### Age 12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

###### Unvaccinated\* persons age 5–18 years

- 1 dose

##### Immunoglobulin deficiency, early component complement deficiency:

###### Age 12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

\*Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)

## Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

### Routine vaccination

- 5-dose series at age 2, 4, 6, 15–18 months, 4–6 years
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4<sup>th</sup> dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

## Hepatitis A vaccination

(minimum age: 12 months for routine vaccination)

### International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A ([www.cdc.gov/travel/](http://www.cdc.gov/travel/)):
  - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between age 12–23 months.
  - **Unvaccinated age 12 months or older:** Administer dose 1 as soon as travel is considered.

## Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV4], 18 years [recombinant influenza vaccine, RIV4])

### Special situations

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: see Appendix listing contraindications and precautions
- **Severe allergic reaction (e.g., anaphylaxis) to a vaccine component or a previous dose of any influenza vaccine:** see Appendix listing contraindications and precautions

## Measles, mumps, and rubella vaccination

(minimum age: 12 months for routine vaccination)

### Special situations

#### International travel

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- **Unvaccinated children age 12 months or older:** 2-dose series at least 4 weeks apart before departure

## Human papillomavirus vaccination

(minimum age: 9 years)

- **Interrupted schedules:** If vaccination schedule is interrupted, the series does not need to be restarted.
- No additional dose recommended when any HPV vaccine series has been completed using the recommended dosing intervals.



# Vaccine trivia

---

- Does a 6-year-old who has had 3 DTaP doses, the most recent at age 4 years, need a tetanus booster if they step on a nail?
- If a 3yo with leukemia received their last Hib dose 1 week before diagnosis and start of chemotherapy does the dose need to be repeated?
- Can people who get hives when they eat eggs receive egg-based influenza vaccines?
- Can you give a 13yo MMRV?
- Does OPV received in another country in 2019 count for school entry requirements in the U.S.?
- Does a 9yo who receives a Tdap to complete their primary series still need the 11-12yo dose of Tdap?

**Guide to Contraindications and Precautions to Commonly Used Vaccines**

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions available at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and ACIP's Recommendations for the Prevention and Control of 2021-22 seasonal influenza with Vaccines available at [www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm](http://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm).

**Interim clinical considerations for use of COVID-19 vaccines including contraindications and precautions can be found at [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)**

Vaccine	Contraindications <sup>1</sup>	Precautions <sup>2</sup>
Influenza, egg-based, inactivated injectable (IIV4)	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV of any valency)</li> <li>Severe allergic reaction (e.g., anaphylaxis) to any vaccine component<sup>3</sup> (excluding egg)</li> </ul>	<ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Persons with egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using egg-based IIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.</li> <li>Moderate or severe acute illness with or without fever</li> </ul>
Influenza, cell culture-based inactivated injectable [(cclIV4), Flucelvax <sup>®</sup> Quadrivalent]	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to any cclIV of any valency, or to any component<sup>3</sup> of cclIV4</li> </ul>	<ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using cclIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.</li> <li>Moderate or severe acute illness with or without fever</li> </ul>
Influenza, recombinant injectable [(RIV4), Flublok <sup>®</sup> Quadrivalent]	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component<sup>3</sup> of RIV4</li> </ul>	<ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, cclIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.</li> <li>Moderate or severe acute illness with or without fever</li> </ul>
Influenza, live attenuated [LAIV4, Flumist <sup>®</sup> Quadrivalent]	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV of any valency)</li> <li>Severe allergic reaction (e.g., anaphylaxis) to any vaccine component<sup>3</sup> (excluding egg)</li> <li>Children age 2 – 4 years with a history of asthma or wheezing</li> <li>Anatomic or functional asplenia</li> <li>Immunocompromised due to any cause including, but not limited to, medications and HIV infection</li> <li>Close contacts or caregivers of severely immunosuppressed persons who require a protected environment</li> <li>Pregnancy</li> <li>Cochlear implant</li> <li>Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak</li> <li>Children and adolescents receiving aspirin or salicylate-containing medications</li> <li>Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days</li> </ul>	<ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Asthma in persons aged 5 years old or older</li> <li>Persons with egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using LAIV4 (which is egg based), administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.</li> <li>Persons with underlying medical conditions (other than those listed under contraindications) that might predispose to complications after wild-type influenza virus infection [e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)]</li> <li>Moderate or severe acute illness with or without fever</li> </ul>

- When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)
- When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)
- Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at [www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states)



# Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES  
**2022**

## How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (**Table 1**)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (**Table 2**)
- 3** Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
- 4** Review contraindications and precautions for vaccine types (**Appendix**)

### Vaccines in the Adult Immunization Schedule\*

Vaccine	Abbreviation(s)	Trade name(s)
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB® Hepolisav-B®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 15-valent conjugate vaccine	PCV15	Vaxneuvance™
Pneumococcal 20-valent conjugate vaccine	PCV20	Prevnar 20™
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix

\*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American College of Physicians ([www.acponline.org](http://www.acponline.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)), and American Academy of Physician Associates ([www.aapa.org](http://www.aapa.org)), and Society for Healthcare Epidemiology of America ([www.shea-online.org](http://www.shea-online.org)).

### Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

### Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide (PPSV23) and zoster (RZV) vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

### Questions or comments

Contact [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules app for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html).

### Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)
- Travel vaccine recommendations: [www.cdc.gov/travel](http://www.cdc.gov/travel)
- Recommended Child and Adolescent Immunization Schedule, United States, 2022: [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)
- ACIP Shared Clinical Decision-Making Recommendations: [www.cdc.gov/vaccines/acip/acip-scdm-faqs.html](http://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html)

Scan QR code for access to online schedule



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

CS310021-A



**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
<b>Influenza inactivated (IIV4) or Influenza recombinant (RIV4)</b> or <b>Influenza live, attenuated (LAIV4)</b>	1 dose annually			
<b>Tetanus, diphtheria, pertussis (Tdap or Td)</b>	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) 1 dose Tdap, then Td or Tdap booster every 10 years			
<b>Measles, mumps, rubella (MMR)</b>	1 or 2 doses depending on indication (if born in 1957 or later)			
<b>Varicella (VAR)</b>	2 doses (if born in 1980 or later)	2 doses		
<b>Zoster recombinant (RZV)</b>	2 doses for immunocompromising conditions (see notes)		2 doses	
<b>Human papillomavirus (HPV)</b>	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
<b>Pneumococcal (PCV15, PCV20, PPSV23)</b>	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
<b>Hepatitis A (HepA)</b>	2 or 3 doses depending on vaccine			
<b>Hepatitis B (HepB)</b>	2, 3, or 4 doses depending on vaccine or condition			
<b>Meningococcal A, C, W, Y (MenACWY)</b>	1 or 2 doses depending on indication, see notes for booster recommendations			
<b>Meningococcal B (MenB)</b>	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
<b>Haemophilus influenzae type b (Hib)</b>	1 or 3 doses depending on indication			

  Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
   Recommended vaccination for adults with an additional risk factor or another indication
  Recommended vaccination based on shared clinical decision-making
  No recommendation/ Not applicable

**Table 2** Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2022

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 percentage and count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism <sup>1</sup>	Chronic liver disease	Diabetes	Health care personnel <sup>2</sup>	Men who have sex with men
			<15% or <200 mm <sup>3</sup>	≥15% and ≥200 mm <sup>3</sup>							
IIV4 or RIV4 or LAIV4	1 dose annually										
	Contraindicated					Precaution				or 1 dose annually	
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	Contraindicated*	Contraindicated	1 or 2 doses depending on indication								
VAR	Contraindicated*	Contraindicated		2 doses							
RZV		2 doses at age ≥19 years			2 doses at age ≥50 years						
HPV	Not Recommended*	3 doses through age 26 years			2 or 3 doses through age 26 years depending on age at initial vaccination or condition						
Pneumococcal (PCV15, PCV20, PPSV23)		1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)									
HepA				2 or 3 doses depending on vaccine							
HepB	3 doses (see notes)	2, 3, or 4 doses depending on vaccine or condition									
MenACWY		1 or 2 doses depending on indication, see notes for booster recommendations									
MenB	Precaution	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib		3 doses HSCT <sup>3</sup> recipients only		1 dose							

  Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
   Recommended vaccination for adults with an additional risk factor or another indication
   Recommended vaccination based on shared clinical decision-making
   Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction
   Contraindicated or not recommended—vaccine should not be administered.
   No recommendation/Not applicable

\*Vaccinate after pregnancy.

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

# What the colors mean

---



Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection



Recommended vaccination for adults with an additional risk factor or another indication



Recommended vaccination based on shared clinical decision-making



No recommendation/  
Not applicable

**Everyone**

**Give this vaccine if specific risk factors are present**

**You and your patient decide**

**Not recommended**

# Should a 30yo person get HPV vaccine?

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A	2 or 3 doses depending on vaccine			

- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
- Recommended vaccination for adults with an additional risk factor or another indication
- Recommended vaccination based on shared clinical decision-making
- No recommendation/ Not applicable

# Tune in!!

---

- Next meeting is February 22-24, 2023
- <https://www.cdc.gov/vaccines/acip/meetings/index.html>
  - Agenda
  - Webcast (live and recorded)
  - PowerPoint presentations
  - Public Comment

# What's coming in 2023

---

- PCV20 for children
- RSV vaccine for seniors
- Combined Meningococcal ACWY and Men B vaccine
- Chikungunya vaccine
- New approach to COVID vaccines
  - Harmonization of primary series and booster vaccines composition
  - Reduced number of doses for the primary series, at least for low-risk populations
  - Updated strain selection in May-June for the upcoming fall
  - ?annual boosting



# Resources

---

- CDC: <https://www.cdc.gov/vaccines/>
- CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx>
- SD Immunization Branch: <http://www.sdiz.org/>
- Immunization Action Coalition: <https://www.immunize.org/>
- CHOP Vaccine Education Center: <https://www.chop.edu/centers-programs/vaccine-education-center>

# Summary

---

Immunizations are an important public health intervention

Policy making and communication about immunizations is challenging

The CDC immunization schedule is the primary road map for negotiating complicated vaccine administration questions

CDC, CDPH, San Diego HHSa Immunization Branch have excellent resources online



# **Preteen Vaccine Week 2023: Getting Involved in San Diego**

**Margaux Stack-Babich, MPH**

**Community Outreach and Engagement Coordinator**

**UCSD Moores Cancer Center**

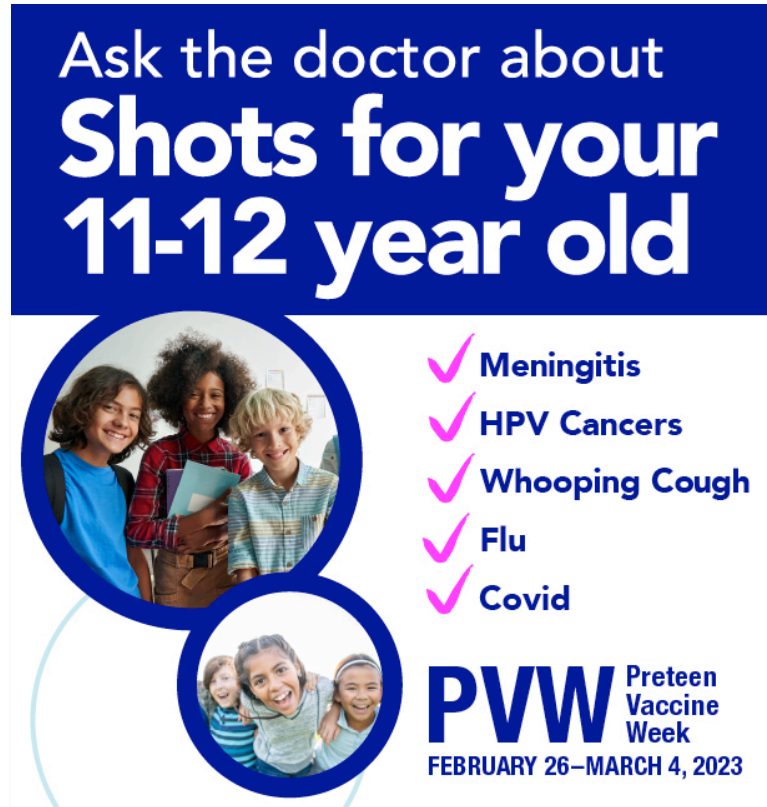
*Slide Authors: California Department of Public Health*

# Agenda

- **What is Preteen Vaccine Week?**
- **Update on Adolescent Immunization Coverage**
- **PVW 2023**
  - **Getting Involved in San Diego**

# What is Preteen Vaccine Week?

Ask the doctor about  
**Shots for your  
11-12 year old**



- ✓ Meningitis
- ✓ HPV Cancers
- ✓ Whooping Cough
- ✓ Flu
- ✓ Covid

**PVW** Preteen  
Vaccine  
Week  
FEBRUARY 26-MARCH 4, 2023

- Annual observance to promote the preteen doctor visit & raise awareness about routinely recommended immunizations for preteens
- School requirements:
  - Tdap
  - Chickenpox

# Who?

- Local Health Jurisdictions
- Coalitions
- Schools
- Medi-Cal Managed Care Plans
- Other partners

# Why?

- Organize planning
- Learn about tools and resources
- Unified approach = amplified
- Share ideas with each other for PVW and beyond

# Where?

- Health departments
- Schools
- Provider offices
- Health fairs
- Partner organizations
- Social media



# **UPDATE ON ADOLESCENT IMMUNIZATION COVERAGE**

# Estimated vaccination coverage: Adolescents aged 13-17 years

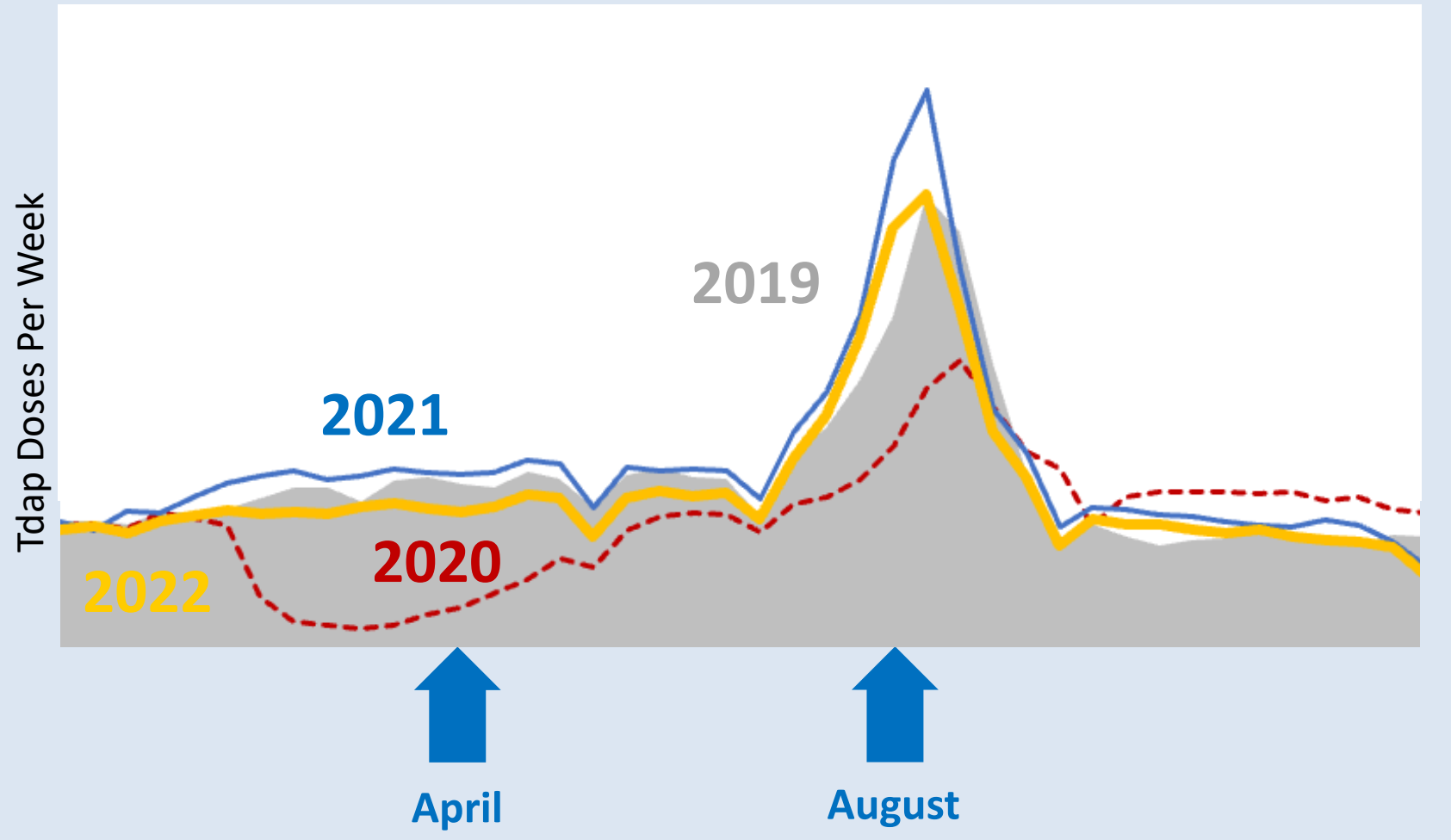
	Females		Males		≥1 Tdap	≥1 Men ACWY	≥2 Var
	≥1 HPV	HPV UTD	≥1 HPV	HPV UTD			
<b>Healthy People 2030 Objective (13-15 years)</b>		<b>80%</b>		<b>80%</b>	removed	removed	removed
<b>US 2021</b>	79%	64%	75%	60%	90%	89%	92%
<b>CA 2021</b>	<b>81%</b>	<b>67%</b>	<b>83%</b>	<b>71%</b>	<b>89%</b>	<b>87%</b>	<b>88%</b>
CA 2020	83%	69%	73%	56%	90%	85%	86%
Source: <i>NIS-Teen, US, 2021 &amp; 2020</i>							

# Immunization Deficit During the Pandemic

## Tdap in 11-to-13-Year-Olds\*

### *Compared with 2019*

- In 2020, there was a 21% deficit (-79,508/378,290)
- In 2021, there was an 8% surplus (31,997/378,290)
- In 2022, there was a 5% deficit (-19,995/184,355)



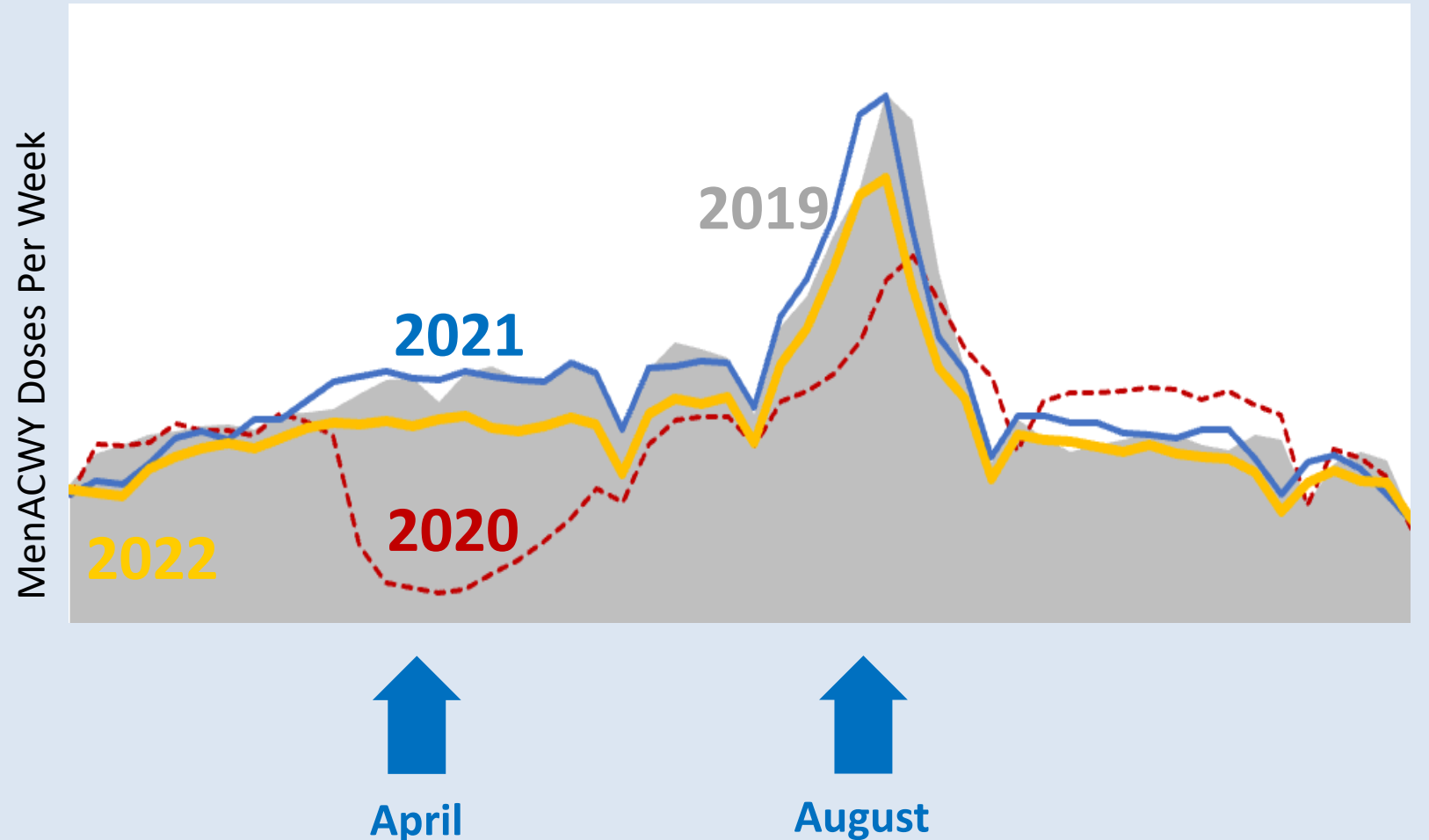
\*All Tdap doses for children ages 11-13 years submitted to CAIR2 by MMWR week, from 2019- 2022

# Immunization Deficit During the Pandemic

## MenACWY in 11-to-13-Year-Olds\*

### *Compared with 2019*

- In 2020, there was a 20% deficit (-80,998/394,389)
- In 2021, there was a 1% deficit (-3,569/394,389)
- In 2022, there was a 14% deficit (-56,063/394,389)



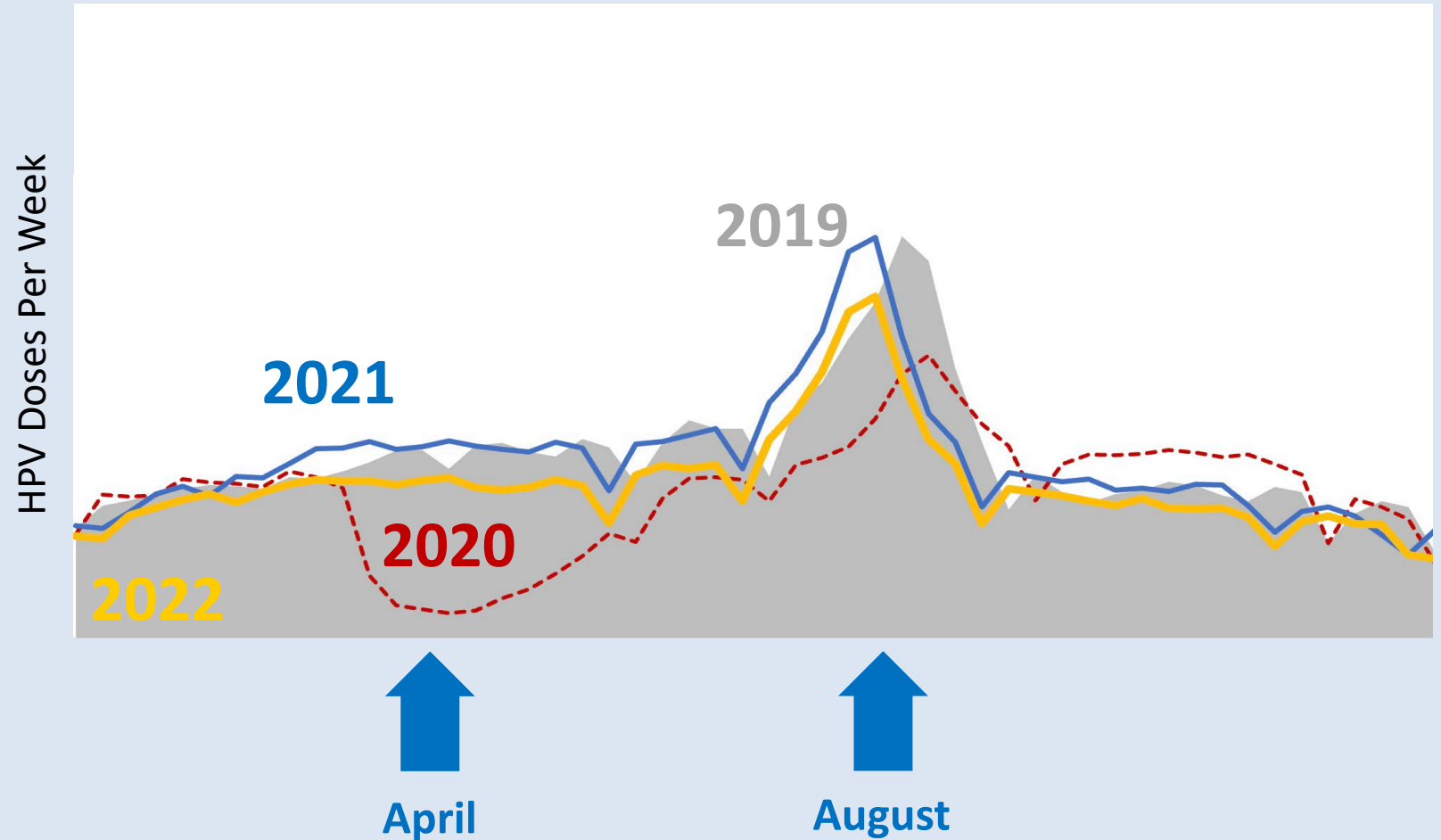
\*All MenACWY doses for children ages 11-13 years submitted to CAIR2 by MMWR week, from 2019-2022

# Immunization Deficit During the Pandemic

## HPV vaccine in 11-to-13-Year-Olds\*

### Compared with 2019

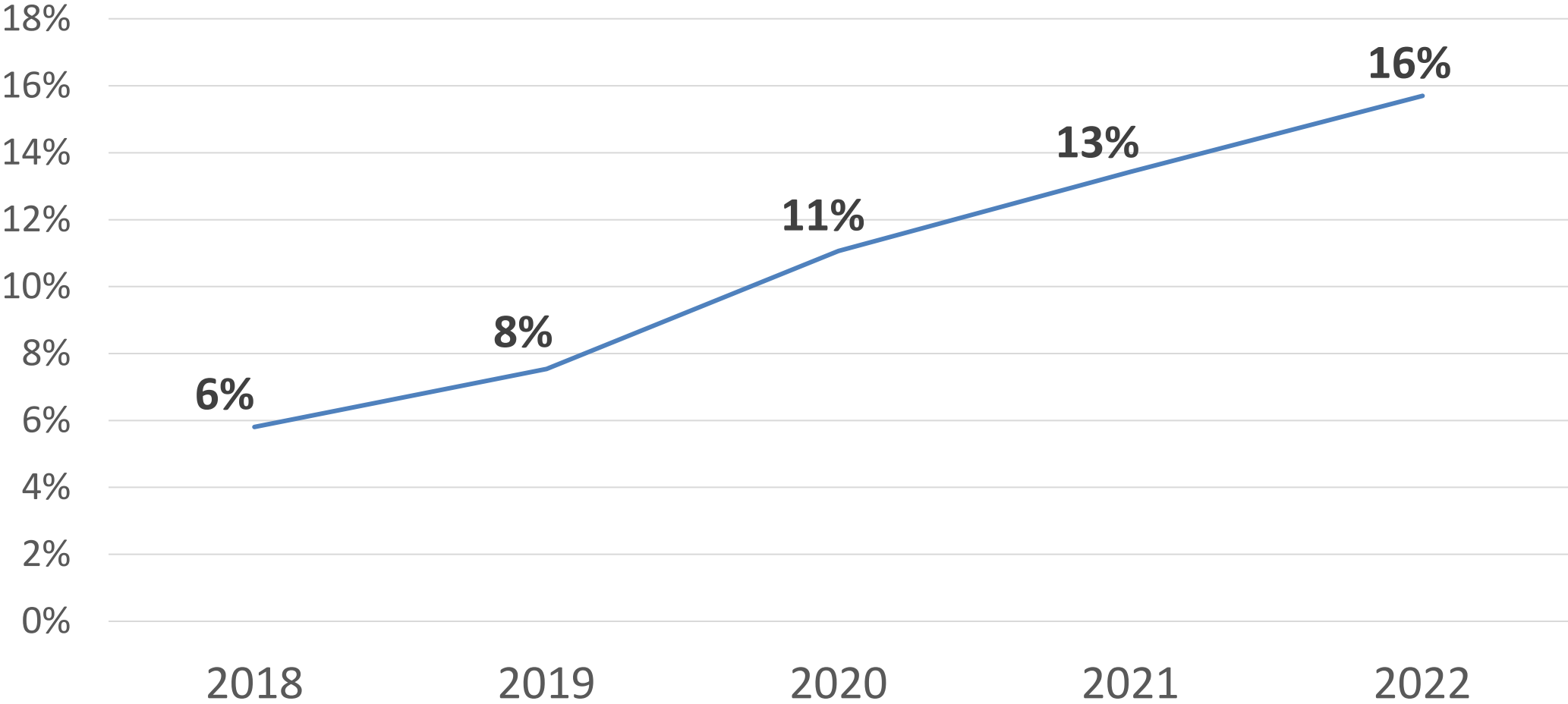
- In 2020, there was a 19% deficit (-69,140/365,730)
- In 2021, there was a 1% deficit (-2,462/365,730)
- In 2022, there was a 14% deficit (-52,311/365,730)



\*Children ages 11-13 years with a first dose of HPV vaccine submitted to CAIR2 by MMWR Week, from 2019-2022

# Proportion Initiating HPV Vaccination at Age 9 or 10 Years

Among 9-to-15-year-olds\*



\* Proportion who were 9 or 10 years old at series initiation, comparison by year, of adolescents aged 9-15 who received their 1<sup>st</sup> does during the calendar year,, 2018-2022. Source: CAIR2 52



# 9 Benefits to Starting HPV Vaccination at Age 9

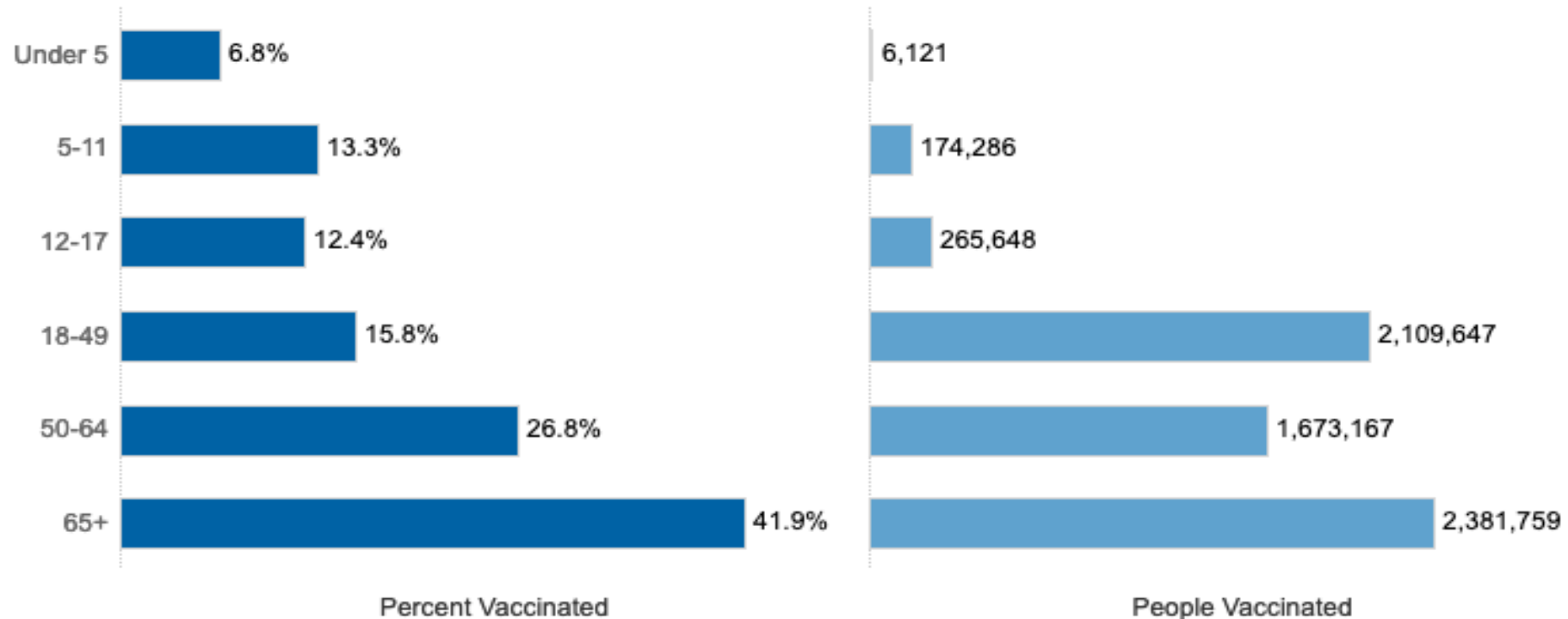
- 1. More time to complete the series by 13**
- 2. Strong immune response**
- 3. Vaccinate before exposure**
- 4. Decreases questions about sexual activity from parents**
- 5. Decreases requests for only school-required shots**
- 6. Decreases number of shots administered per visit**
- 7. Increases # of vaccinations, and therefore number of cancers prevented**
- 8. Shown to increase vaccination rates**
- 9. Highly acceptable to systems, providers, and parents**

# COVID-19 Vaccination Status by Age Group

## Vaccinated Status by Group of Total CA Population

Measure:  Category:  County:

### Bivalent Booster Status by Age





**Protect Their Health  
for the Years Ahead**

**Preteen Vaccine Week  
February 26–March 4, 2023**

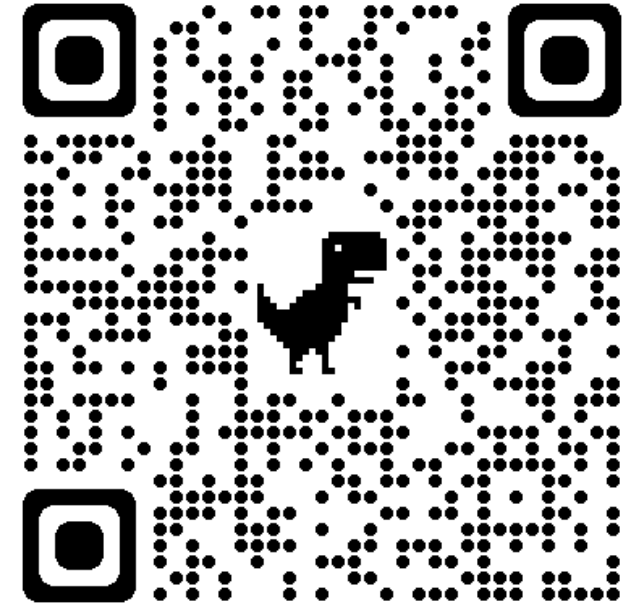
**PRETEEN VACCINE WEEK 2023**

# PVW 2023

- February 26 – March 4
- School-located vaccination events
- HPV vaccine starting at 9 years

- Find campaign resources at QR code or:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Campaigns.aspx#>



# Updated Resources

**VACCINES FOR YOUR PRETEEN**

Learn about vaccines to help your preteen stay healthy through adolescence and beyond.

**To Do**

- Tdap
- HPV
- Meningococcal
- Flu
- Chickenpox

**Vaccine recommendations for 11-12 year olds**

Tdap protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. The Tdap booster helps older kids because their baby shots wear off. Tdap is required for 7th grade entry in California.

HPV (human papillomavirus) vaccine is recommended for preteen girls and boys. It prevents some cancers, including cervical cancer, and genital warts. HPV vaccine works best when given during the preteen years before the start of sexual activity, which can spread HPV infection. The vaccine is given in three shots over six months.

Meningococcal protects against the devastating bacterial infection meningococcal meningitis. The infection can cause brain damage, arm and leg amputations, kidney damage, and death. It is more common among teens and young adults who are in close contact with others at home or school. The vaccine protects with one shot now and a booster at age 16.

Flu (influenza) is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma or diabetes are especially at risk for pneumonia or even death. Flu vaccine is needed every year.

Chickenpox (varicella) is more than just an itchy rash. It can cause pneumonia or other skin infections. Kids need two shots, but many don't get their second shot. Ask your doctor if your preteen needs a chickenpox shot.

Enter your info here

GetImmunizedCa.org IMM-1054ES  
© 2022 California Department of Public Health

## Vaccines for Your Preteen

Learn about vaccines to help your preteen stay healthy through adolescence and beyond.

### Vaccine recommendations for 11-12 year olds

**Tdap** protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. This vaccine is required for 7<sup>th</sup> grade entry in California.

**HPV** (human papillomavirus) vaccine series is recommended starting at age 9. It prevents warts and several cancers of the reproductive system, as well as throat and mouth cancer. HPV vaccine works best when given during the preteen years. Preteens who are vaccinated earlier need only two shots instead of three.

**Meningococcal** vaccines protect against bacterial meningitis, a very serious infection that can lead to brain damage, arm and leg amputations, kidney damage, and death. Preteens need to get immunized now and again at age 16.

**Flu** (influenza) vaccine is needed every year. Flu is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma and diabetes are especially at risk for pneumonia or even death.

**Chickenpox** vaccine protects against more than just an itchy rash. The disease can cause pneumonia or serious skin infections. Preteens need two shots before starting 7<sup>th</sup> grade.

**COVID-19** vaccine can protect against serious illness in everyone 6 months and up, including preteens. Preventing COVID-19 infection can mean less time away from school, sports, and social activities.

**TO DO:**

- Tdap
- HPV
- MENINGOCOCCAL
- FLU
- CHICKENPOX
- COVID-19

**Ask the Doctor**

- Does my child need any other catch-up shots (e.g., MMR, chickenpox, and hepatitis B)?
- Are there any side effects from these vaccines?
- Which vaccines are required for school, and can you give me the documentation I need?
- Will any other shots be needed later on?
- Can I get an updated shot record?
- Can I schedule my child's 2nd and 3rd HPV shot(s) today?

**ShotsForSchool.org**  
IMM-1054ES (10/22)  
California Department of Public Health  
Immunization Branch-850 Marina Bay Pkwy-Richmond CA 94804

## PROTECT Their Health for the Years Ahead

Immunize your Preteen Today!

**Vaccine Recommendations for 11-12 year olds:**

**TO DO:**

- Tdap (tetanus, diphtheria, pertussis) This shot is required for 7th grade entry and protects against three dangerous diseases, including whooping cough.
- HPV (human papillomavirus) The series of shots recommended for boys and girls protects against some cancers, including cervical cancer and genital warts.
- Meningococcal This shot protects against infections that can cause brain damage, arm and leg amputations, kidney damage, and death. Preteens need to get immunized now and again at age 16.
- Flu Everyone needs flu vaccine every year! Flu is much more serious than the common cold. Even healthy young people can get the flu.
- Chickenpox Kids need two chickenpox shots. Check with your doctor to make sure your preteen gets both. Chickenpox is more than just an itchy rash. It can cause pneumonia or serious infections.

Add your clinic info here

© 2022 California Department of Public Health

## Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

**AGES 9 - 10**

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 - 12 months after dose 1)

**AGES 11 - 12**

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, pertussis)
- HPV (if 2 doses haven't been given)

**AGE 16**

- Meningitis dose 2 (MenACWY)
- Meningitis B series (MenB)

**YEARLY**

- Flu (seasonal influenza)

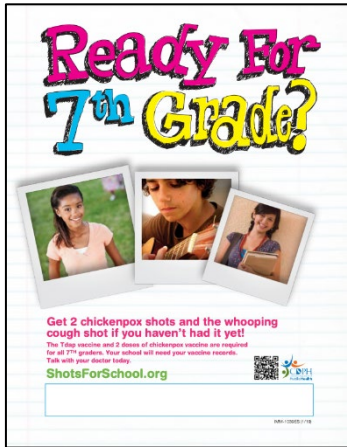
Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.

**National HPV Vaccination Roundtable**

**CDPH** California Department of Public Health

This publication was supported in part by funding from the Centers for Disease Control and Prevention through Cooperative Agreement grant number 6U49CE000682. The content of this publication does not necessarily represent the official views of, nor an endorsement by the CDC/NIH in the U.S. Government.

# Updated Resources



## Ready For 7<sup>th</sup> Grade?

**Get the whooping cough shot and 2 chickenpox shots if you haven't had them yet!**

**Ask your doctor for any other recommended vaccines.**

The Tdap vaccine and 2 doses of chickenpox vaccine are required for all 7<sup>th</sup> graders. Your school will need your vaccine records. Talk with your doctor today.

[ShotsForSchool.org](http://ShotsForSchool.org)

IMM-1039 (10/22)

[IMM-1039](#)

FOR HEALTH PROFESSIONALS

## HPV Vaccine – 2 or 3 Doses?

If starting at **9–14 Years<sup>1</sup>**

**2 DOSES**

HPV9 Gardasil-9\* → HPV9 Gardasil-9\*

6–12 months<sup>2</sup>

If starting at **15–45 years<sup>4</sup>**  
or with compromised immune system at any age<sup>3</sup>

**3 DOSES**

HPV9 Gardasil-9\* → HPV9 Gardasil-9\* → HPV9 Gardasil-9\*

1–2 months<sup>2</sup>

6 months between 1st and 3rd dose

Footnotes:

- Vaccination is routinely recommended at ages 11–12 years and can start at age 9. For those with a history of sexual abuse or assault, vaccination at age 9 is recommended. Catch-up vaccination recommended for all adolescents over 13 years.
- Minimum acceptable interval is 5 months.
- Includes conditions that reduce cell-mediated or humoral immunity, such as B lymphocyte antibody deficiencies, T lymphocyte complete or partial defects, HIV infection, malignant neoplasms, transplantation, autoimmune disease, or immunosuppressive therapy. The recommendation for a 3 dose schedule does not apply to persons <15 years with asplenia, asthma, chronic granulomatous disease, chronic liver disease, chronic lung disease, chronic renal disease, central nervous system anatomic barrier defects (e.g., cochlear implant), complement deficiency, diabetes, heart disease, or sickle cell disease.
- Recommended for all persons through age 26. Shared clinical decision-making is recommended for some adults aged 27–45 years who are not adequately vaccinated.
- Minimum acceptable interval is 4 weeks between the 1st and 2nd dose and 12 weeks between the 2nd and 3rd dose.

Additional Notes:

- If the vaccination schedule is interrupted, the series does not need to be restarted.
- The number of recommended doses is based on age at administration of the first dose.
- HPV9 may be used to continue or complete a vaccination series started with 4vHPV or 2vHPV.

For more information, see: [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html)  
California Department of Public Health, Immunization Branch. [www.cdph.ca](http://www.cdph.ca)  
This publication was supported by Grant Number H23/CCH923507 from the Centers for Disease Control and Prevention (CDC)

IMM-1254 (10/22)

[IMM-1254](#)



# Translated Resources

- Spanish
- Chinese
- Hmong
- Russian
- Tagalog
- Ukrainian

**Vaccines for Your Preteen**  
Learn about vaccines to help your preteen stay healthy through adolescence and beyond.

**Vaccine recommendations for 11-12 year olds**

**Tdap** protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. This vaccine is required for 7<sup>th</sup> grade entry in California.

**HPV** (human papillomavirus) vaccine series is recommended starting at age 9. It prevents warts and several cancers of the reproductive system, as well as throat and mouth cancer. HPV vaccine works best when given during the preteen years. Preteens who are vaccinated earlier need only two shots instead of three.

**Meningococcal** vaccines protect against bacterial meningitis, a very serious infection that can lead to brain damage, arm and leg amputations, kidney damage, and death. Preteens need to get immunized now and again at age 16.

**Flu** (influenza) vaccine is needed every year. Flu is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma and diabetes are especially at risk for pneumonia or even death.

**Chickenpox** vaccine protects against more than just an itchy rash. The disease can cause pneumonia or serious skin infections. Preteens need two shots before starting 7<sup>th</sup> grade.

**COVID-19** vaccine can protect against serious illness in everyone 6 months and up, including preteens. Preventing COVID-19 infection can mean less time away from school, sports, and social activities.

**TO DO:**

- Tdap
- HPV
- MENINGOCOCCAL
- FLU
- CHICKENPOX
- COVID-19

**Ask the Doctor**

- Does my child need any other catch-up shots (e.g., MMR, chickenpox, and hepatitis B)?
- Are there any side effects from these vaccines?
- Which vaccines are required for school, and can you give me the documentation I need?
- Will any other shots be needed later on?
- Can I get an updated shot record?
- Can I schedule my child's next HPV shot(s) today?

**ShotsForSchool.org**  
This publication was supported by Grant Number 1U49CE002207 from the Centers for Disease Control and Prevention (CDC).

MM-1054ES (10/22)  
California Department of Public Health  
Immunization Branch-850 Marina Bay Parkway-Richmond CA 94804

**CSPH**  
California State Public Health

[IMM-1054](#)

**Protect Your Preteen/Teen with Vaccines**

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.

**AGES 9 - 10**

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 - 12 months after dose 1)

**AGES 11 - 12**

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, pertussis)
- HPV (if 2 doses haven't been given)

**AGE 16**

- Meningitis dose 2 (MenACWY)
- Meningitis B series (MenB)

**YEARLY**

- Flu (seasonal influenza)

Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.

**National HPV Vaccination Roundtable**

This publication was supported in part by funding from the Centers for Disease Control and Prevention through Cooperative Agreement grant number 1U49CE002207. The content of this publication does not necessarily represent the official views of, nor an endorsement by, the CDC/NIH or the U.S. Government.

**CSPH**  
California State Public Health

[IMM-1448](#)

**How Important is HPV Vaccine for Preteens and Teens? Ask Kristen's Dad.**

Our daughter Kristen enjoyed a normal, happy childhood. She was a good student, played rugby, cello and guitar. Her life was filled with promise. She graduated from college with a successful career path before her. Then tragedy struck. She was diagnosed with cervical cancer. Eleven months later she died at the age of 23.

You try to protect your children. You remember the good times. You cherish the memories. You pray it never happens again. It doesn't have to happen. Cervical cancer has one main cause: HPV. That makes it almost 100% preventable. The HPV vaccine could have saved Kristen's life. Protect your children. Vaccinate them.

—Kristen's Dad

Kristen passed away from cervical cancer, a cancer caused by human papillomavirus (HPV). HPV is a very common virus that spreads by sexual contact. More than half of men and women will get infected with HPV at some point in their life, but most won't know when they have it.

HPV infections can cause cervical cancer in women and penile cancer in men. HPV can also cause throat and mouth cancer, anal cancer, and genital warts in both men and women.

But, you can help protect your child from these cancers with the HPV vaccine.

This publication was supported by Grant Number 1U49CE002207 from the Centers for Disease Control and Prevention (CDC).

**CSPH**  
California State Public Health

[IMM-1124](#)

# Misinformation Resources

- Vaccine Safety: Answers to Parents' Top Questions (CDPH, [English](#) | [Spanish](#) | [Russian](#))
- HPV Vaccination: Just the Facts (ACS, for parents [English](#) | [Spanish](#))
- HPV Vaccination: Just the Facts (ACS, for [providers](#))
- [Vaccination Communication: Inoculating Against Misinformation](#) (California Immunization Coalition & San Diego PATH)
  - [Follow-up Q&A session Tuesday, January 31<sup>st</sup> at noon](#) (coming soon)

# Order Materials for PVW 2023


If you're interested in ordering materials for Preteen Vaccine Week, visit

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/IZ\\_Materials.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/IZ_Materials.html)


and click on the **Request Materials** button

or e-mail [izinfo.hhsa@sdcounty.ca.gov](mailto:izinfo.hhsa@sdcounty.ca.gov)


**Preteen Vaccine Week Order Form**  
For use by CA Health Departments ONLY!




IMM-1054ES  
Parent Preteen IZ flyer




IMM-1447ES  
Protect Your Preteen poster



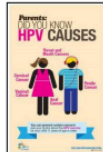
IMM-1039ES  
Ready for 7th Grade flyer




IMM-1049  
HPV Fotonovela




IMM-1124  
How Important is HPV Vaccine?  
And Spanish! IMM-1124S




IMM-1117ES  
Parents: Did You Know? poster



IMM-1205ES  
School-friendly poster



IMM-1129  
HPV Vaccine Appt Reminder Card  
And Spanish! IMM-1129S



IMM-1048  
One Shot Heroes DVD

IMM#	Item Name	Total Quantity
IMM-1054ES	Parent Preteen Immunization flyer (2-sided English/Spanish)	
IMM-1447ES	Protect Your Preteen poster, 11"x17" (2-sided English/Spanish)	
IMM-1039ES	Ready for 7th Grade? flyer (2-sided English/Spanish)	
IMM-1049	HPV Bilingual Fotonovela (English/Spanish)	
IMM-1124	How Important is HPV Vaccine? flyer	
IMM-1124S	How Important is HPV Vaccine? flyer (Spanish)	
IMM-1117ES	Parents: Did You Know? poster, 11"x17" (2-sided English/Spanish)	
IMM-1205ES	Hey! Did You Know? poster, 11"x17" (2-sided English/Spanish)	
IMM-1129	HPV Vaccine Appointment Reminder Card	
IMM-1129S	HPV Vaccine Appointment Reminder Card (Spanish)	
IMM-1048	One Shot Heroes DVD: short fictional movie about importance of preteen shots (may be used in schools or other youth settings)	

Requester's Name: \_\_\_\_\_ Clinic/Practice: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Send to: Mario Gutierrez by Friday, February 3, 2023  
 Email: [Mario.Gutierrez@cdph.ca.gov](mailto:Mario.Gutierrez@cdph.ca.gov)  
 Supplies of some items are limited. Orders may be adjusted accordingly.

**Stay Tuned for Vaccine Promotion and Clinics in the SD Community - Consider Hosting An Event!**

# Campaign Kit



- Action Plan
- Preteen Vaccine Week Order Form Template
- Talking Points
- Suggested Activities
- Social Media Messages
- Press Release
- Healthcare Provider e-Blast
- School Staff e-Blast
- Letter from School Nurse to Parents
- Template Proclamation
- Appendix: Resources and web links

Access on [CDPH website](https://www.cdpd.org/)

or directly at: [http://eziz.org/assets/docs/PVW/PVW\\_Campaign\\_Kit.pdf](http://eziz.org/assets/docs/PVW/PVW_Campaign_Kit.pdf)

# Suggested Activities

## Social Media and Traditional Media Activities

- Update your website
- Share materials electronically
- Post on social media
- Distribute printed PVW materials

## Activities to Engage Providers

- Encourage use of R/R
- Host IZ update seminar
- Encourage providers to vaccinate against HPV at age 9

## Activities to Engage Schools

- Listserv notice to parents
- Show how to use CAIR
- Attend school nurses meeting
- Hold school-based vaccination clinic

## Activities to Engage Other Partners

- Partner with WIC
- Library display

- Least time-consuming
- Activities that require some time and/or resources
- Most time-consuming



# Suggested Social Media Messages

Monday,  
February 27  
General  
Awareness

Ask the doctor about  
**Shots for your  
11-12 year old**

- ✓ Meningitis
- ✓ HPV Cancers
- ✓ Whooping Cough
- ✓ Flu
- ✓ Covid

**PVW** Preteen  
Vaccine  
Week  
FEBRUARY 26-MARCH 4, 2023

Tuesday,  
February 28  
COVID-19

**What are the  
benefits of the  
updated COVID-19  
vaccines?**

The updated bivalent dose of COVID-19 is now an important tool to improve protection against currently circulating variants as well as prior strains.

**Find a vaccine at MyTurn.ca.gov**

Wednesday,  
March 1  
Whooping  
Cough

**ALL ABOUT WHOOPING COUGH**

One person with pertussis can infect up to **15 other people**

2019 vs 2020: Tdap vaccination dropped 21% in adolescents age 11-13 years in California

**↓ 21%**

**DROP IN TDAP VACCINATION**  
AGE 11-13

California law requires that incoming 7th grade students are immunized with Tdap (Tetanus, Diphtheria and Pertussis).

Data Source: CDC

Thursday,  
March 2  
Meningitis

**ALL ABOUT MENINGITIS**

**90%**

MenACWY vaccine has decreased rates of meningococcal disease by 90%

Vaccine recommendations are:

- One dose of MenACWY vaccine at age 11-12
- Booster dose of MenACWY vaccine at age 16
- Two doses of MenB vaccine at age 16-23

Survivors can have long-term disabilities, such as loss of limb(s), deafness, nervous system problems, or brain damage

**DEATHS** 10%  
IN TEENS WHO GET THE DISEASE

**LONG TERM DISABILITY** 15%  
IN TEENS WHO GET THE DISEASE

Data Source: CDC

Friday,  
March 3  
HPV

**"I HAD A LOT OF QUESTIONS AND I WAS REALLY SCARED... MOST OF ALL, I WANTED TO KNOW IF MY DAD WAS GOING TO DIE."**

**-MATTHEW**

READ MATTHEW'S STORY ABOUT SUPPORTING HIS DAD THROUGH HPV THROAT CANCER TREATMENT AT [SHOTBYSHOT.ORG](http://SHOTBYSHOT.ORG)

California Cancer Center



**#PreteenVaxCA**



*Reasons to join:*

**Connections!**

**Collaboration!**

**Community!**

SDIC Steering Committee members help make thoughtful decisions for SDIC's meeting topics, biannual summits, short- and long-term goals, branding, and other activities that support SDIC's mission statement.

If you would like to volunteer as an SDIC Steering Committee member for 2023, please email [Cynthia.To@sdcounty.ca.gov](mailto:Cynthia.To@sdcounty.ca.gov)

Visit [sdizcoalition.org](http://sdizcoalition.org) for more information!

# ADDITIONAL ANNOUNCEMENTS





# 15 MIN BREAK

## UP NEXT...

- Vaccine Preventable Disease Program Updates
- State Flu Updates
- San Diego Epidemiology Updates
- Vaccines for Children and CAIR2 Updates





- **Vaccine Preventable Disease Program Updates (15min)**
- **State Flu Update (10min)**
- **San Diego Epidemiology IZ Data (10min)**
- **Vaccines for Children and CAIR2 Updates (15min)**



# SDIC SERVICE DELIVERY IMMUNIZATION VACCINE PREVENTABLE DISEASES PROGRAM

## CLINICAL TEAM UPDATE

FEBRUARY 1, 2023

*Masha Djuric, RN, PHN Supervisor*



# PROGRAM UPDATE



## IMMUNIZATIONS

Vaccine Preventable Diseases PROGRAM		VACCINE PROGRAM	
1	PHN Supervisor	1	PHN Supervisor
1	QAS	2	QAS's
3	Senior PHN's	2	Senior PHN's
4	PHN's	4	PHN's
2	School workforce grant RN's	2	Vaccine Support
2	Senior HIMT		
2	HIMT (Vacant)		
2	Clinical Support		





# Immunization Unit (sandiegocounty.gov)

## Immunization Unit



The San Diego County Immunization Unit's mission is to eliminate vaccine-preventable diseases by improving vaccine coverage for all San Diegans. Our tools are disease investigation and control, education, community collaboration, health and vaccine assessments, school law, and the California Immunization Registry.

*Relevant California Health and Safety Code Sections include 120100-122420, 120325-120380, and 120400-120435.*

**Did you receive a call about a study on immunizations?—Learn More!**

**Fight the Flu  
2022-2023**

**Seasonal Influenza  
Materials**



 Get A Flu Vaccine Every Ye... 

**A FLU VACCINE  
EVERY YEAR.**



### Immunization Unit Navigation Menu

- [Immunization Home Page](#)
- [Vaccines for All Ages and Stages](#)
- [Immunization Requirements for Child Care and TK/K-12 Schools](#)
- [Seasonal Influenza-Flu](#)
  - [Flu Vaccine Locations](#)
  - [Sitios de Vacunas](#)
  - [Flu Resources and Materials](#)
  - [Guidance for High Risk Groups](#)
  - [Health Conditions and Flu Complications](#)
  - [Healthcare Personnel Flu Season Mandates](#)
- [Immunization Clinic Locations](#)
- [California Immunization Registry \(CAIR2\) San Diego](#)
- [State-Funded Influenza Vaccine Program](#)

# Digital Vaccine Record (ca.gov)



## Welcome to the Digital Vaccine Record (DVR) portal

Get a digital copy of your vaccine record. Just enter a few details below to get a link to your COVID-19 Vaccine Record with a QR code or your California Immunization Record. Save it on your phone and use it as proof of vaccination wherever you go.

If you are a parent or guardian and have multiple vaccine records associated with a single cell phone number or email address, enter each Digital Vaccine Record request separately.

NOTE: It is possible that some or all vaccine doses you received were not reported to the California Immunization Registry (CAIR), and therefore your Digital Vaccine Record may not be complete. Historically, only COVID-19 vaccinations were required to be reported to CAIR and effective January 1, 2023, all vaccines are required to be reported.

If you received your vaccinations from a federal agency (e.g., Department of Defense, Indian Health Services, or Veterans Affairs), you may need to contact those agencies for assistance with your vaccination record.

If you have questions about your vaccination record, [visit our FAQ](#).

---

### Please select from one of the options below:

- I want my COVID-19 Vaccine Record with QR code
- I want my California Immunization Record
- I want both



## San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

January 26, 2023

### COVID-19

Cases

133,683

Deaths

305

Outbreaks\*

322

7/3/2022 – 1/21/2023

### Influenza

Cases

20,638

Deaths

39

Outbreaks\*

22

7/3/2022 – 1/21/2023

\*In residential/ congregate settings

### Report Content Links

Page 2: [COVID-19 and Influenza Fiscal Year-to-Date Overview](#)

Page 3: [COVID-19 and Influenza Cases by Episode Week, Fiscal Year-to-Date](#)

Page 4: [Cumulative COVID-19 and Influenza Cases](#)

Page 5: [COVID-19 and Influenza Case Trends Over Time](#)

Page 6: [Emergency Department Data: COVID-like Illness and Influenza-like Illness](#)

Page 7: [Monthly COVID-19 Cases, Hospitalizations, and Deaths by Age](#)

Page 8: [Influenza Case Counts by Age](#)

Page 9: [COVID-19 and Influenza Outbreaks and Co-Infections](#)

Page 10: [COVID-19 and Influenza Deaths](#)

Page 11: [Summary of Deaths, Fiscal Year-to-Date](#)

Page 12: [Vaccinations Administered](#)

Page 13: [COVID-19 Hospitalizations and Deaths by Vaccination Status](#)

Page 14: [Wastewater Surveillance](#)

Page 15: [COVID-19 Surveillance on Variants](#)

Page 16: [Respiratory Syncytial Virus \(RSV\) Surveillance](#)

Please visit the COVID-19 data dashboards on the County of San Diego COVID-19 [website](#). Additional COVID-19 data are available there in a more interactive format.

Most data in this report are presented by fiscal year, which runs July 1–June 30. Because data are also presented by CDC disease week, which runs Sunday–Saturday, we start the data for 2022-23 on July 3, 2022.

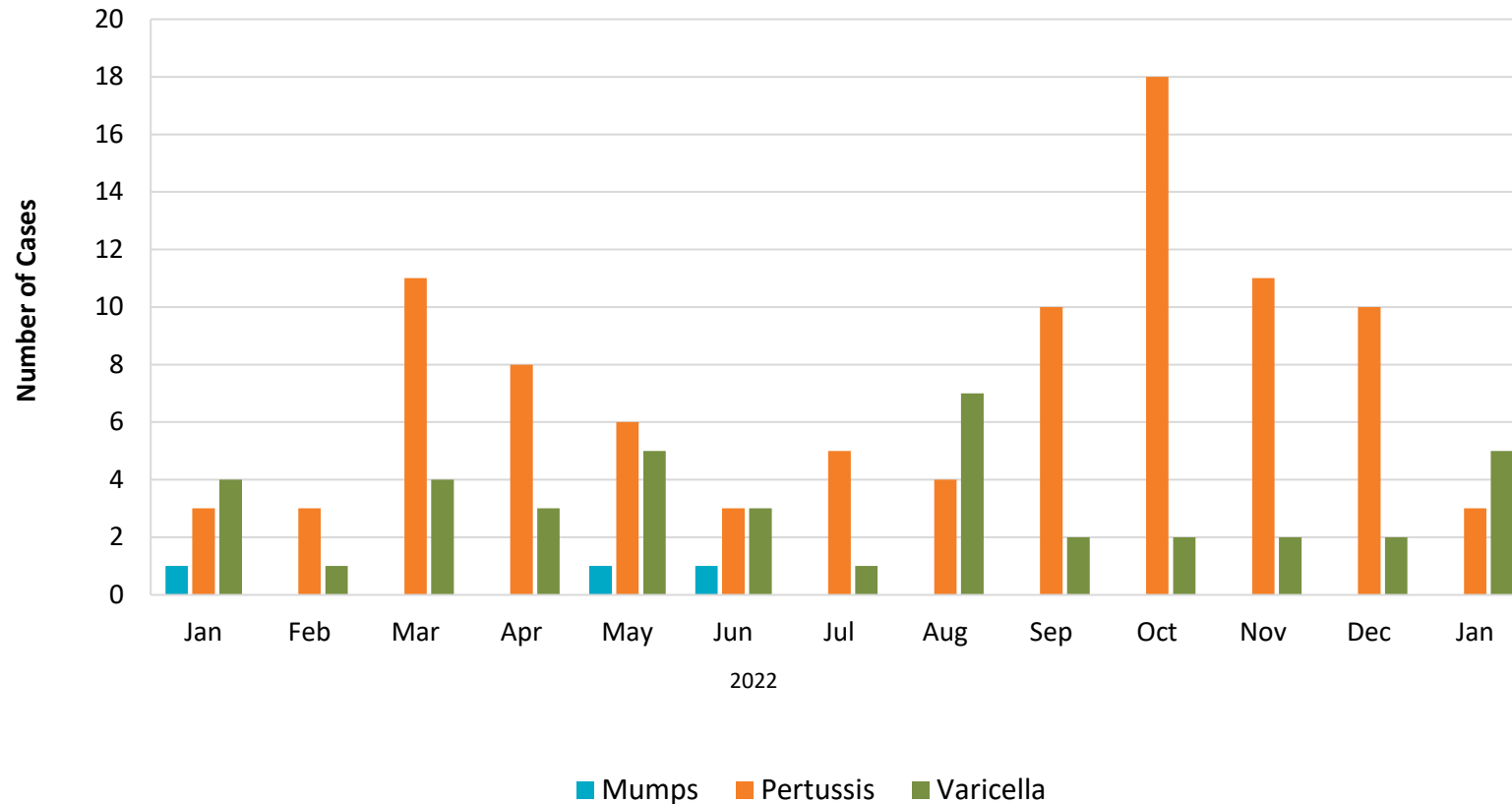
Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org) (619) 692-8499

# 2022 VPD DATA



Select Vaccine-Preventable Infections by Month, 2022-23 YTD\*

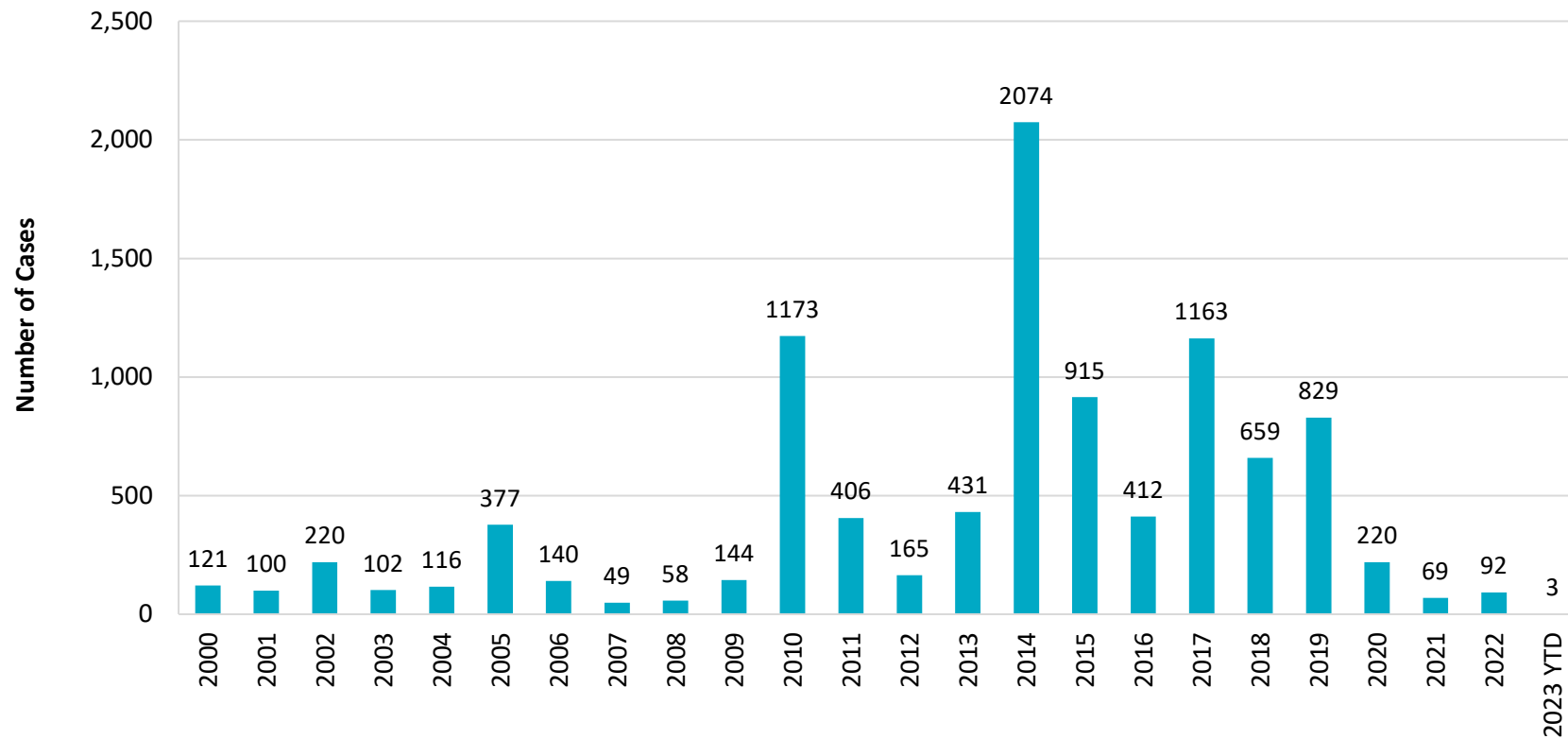


\* 2023 data are year to date; current as of 01/27/23. Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, EISB.

# PERTUSSIS



**San Diego County Pertussis Annual Total Cases by Year of Onset,  
2000-2023 YTD\***



\* 2023 data are year to date; current as of 01/27/23. Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, EISB.



# PERTUSSIS IN SCHOOLS



## 33 Pertussis school notifications sent in 2022-2023 YTD

**People of all ages need WHOOPING COUGH VACCINES**

DTaP for young children	Tdap for preteens	Tdap for pregnant women	Tdap for adults
<ul style="list-style-type: none"> <li>✓ 2, 4, and 6 months</li> <li>✓ 15 through 18 months</li> <li>✓ 4 through 6 years</li> </ul>	<ul style="list-style-type: none"> <li>✓ 11 through 12 years</li> </ul>	<ul style="list-style-type: none"> <li>✓ During the 27-36th week of each pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>✓ Anytime for those who have never received it</li> </ul>

[www.cdc.gov/whoopingcough](http://www.cdc.gov/whoopingcough)

أعزائنا الوالدين/الأوصياء

لقد لوحظ حصول حالات من مرض السعال الديكي (pertussis) في مدرستنا/ الرعلة الصحية / صفوفنا الفرقة من المحتمل أن يكون طفلك قد تعرض لهذا المرض الشديد **البيجور** والذي يسبب سعال شديد جدا ، لا يوجد لقاح وقائي ناجح 100% ، ولذا حتى الأشخاص المصطنق /الملقحين معرضين للإصابة بمرض السعال الديكي ولكن الأعراض **تنتشر** عادة أقل حدة.

إن السعال الديكي ينتشر عن طريق الهواء عندما ي sneeze أو يسعل الشخص المريض. إن الأطفال الرضع والصغار بالمر معرضين للإف ، حتى خفيفة، والسعال بين

**Fecha:**

RE: EXPOSICIÓN A LA TOS FERINA

Estimado padre/tutor:

ة أسبوعين أو أكثر وقد يصحها

Ha habido un(os) caso(s) de tos ferina en **nuestro/a escuela/guardería/salón/equipo**. Su hijo/a pudo haber sido expuesto/a a esta enfermedad sumamente contagiosa que causa tos severa. Ya que ninguna vacuna protege al 100% **con los medicamentos administrados** **evitan enfermedades de tos ferina, pero los síntomas regularmente**

، يتم التعامل مع هذا المرض

[DATE]

الاطفال المرضى في المنزل لعين

La tos ferina se propaga por el aire cuando pequeños corren el mayor peligro contra enfermedad. Los síntomas regularmente nariz, fiebre ligera y tos ocasional. La tos podrían resultar en:

RE: PERTUSSIS EXPOSURE

خلال) أو لقاح Tdap (للمراهقين

Dear Parent/Guardian,

- un chillido agudo al inhalar aire
- vómito o arcadas
- ahogo o ponerse morado/a

En niños más grandes y adultos, los sint que duran dos semanas o más y pueden pegajoso. Estos ataques pueden empeorar puede sentir bien y no tener síntomas.

[Immunization Pro](#)

ديكي ، ينبغي تحديد موعد لأطفالهم بالمرض بعد احتكاكه بشخص

Please notify your child's doctor if your child develops symptoms of pertussis. Notify the childcare if your doctor suspects your child is ill with pertussis. Ill children should stay home until completion of five days of antibiotic therapy to prevent spreading the disease to others.

**About Pertussis**

- Pertussis is spread through the air when an ill person coughs or sneezes. Infants and young children are at highest risk of life threatening complications from the disease. Their symptoms most often include cold symptoms such as runny nose, slight fever, and occasional cough. The cough becomes worse, turning into coughing spasms that may be followed by:
- a crowing (whooping) sound on breathing in
  - vomiting or gagging
  - choking or turning blue

Para ayudar a proteger contra la tos ferix

1. Consulte con su doctor para ver apropiada de vacunas de DTaP.
2. Lávese las manos frecuentemente
3. Visite los sitios [Whooping Cough \(sandiegocounty.gov\)](#) para aprender
4. Los padres de niños sin síntomas: contra la tos ferina, pueden cons profilaxis después de ser expuestos con una persona con tos ferina p

Si tiene más preguntas sobre la tos ferix: Agencia de Salud y Servicios Humanos presione la tecla número 5 para hablar o electrónico a [PHS-IZPHN.HHSA@sdcgov.ca.gov](mailto:PHS-IZPHN.HHSA@sdcgov.ca.gov)

Atentamente

There has been a case of Pertussis (Whooping Cough) in **[Name of facility]**. Your child may have been exposed to this highly contagious disease that causes severe coughing. Because no vaccine is 100% protective, even immunized persons can become ill with pertussis, but the symptoms are usually milder.

Please notify your child's doctor if your child develops symptoms of pertussis. Notify the childcare if your doctor suspects your child is ill with pertussis. Ill children should stay home until completion of five days of antibiotic therapy to prevent spreading the disease to others.

Pertussis is spread through the air when an ill person coughs or sneezes. Infants and young children are at highest risk of life threatening complications from the disease. Their symptoms most often include cold symptoms such as runny nose, slight fever, and occasional cough. The cough becomes worse, turning into coughing spasms that may be followed by:

- a crowing (whooping) sound on breathing in
- vomiting or gagging
- choking or turning blue

In older children and adults, pertussis symptoms include aggravating coughing attacks that last for two weeks or longer and may be accompanied by vomiting, gagging, and sticky mucus production. These attacks may worsen at night. Between the coughing attacks, the person may feel well and have no symptoms.

- To help protect against getting ill from Pertussis:
1. Check with your doctor to see if your child is up to date with the appropriate number of DTaP (childhood) vaccine doses. Your child should continue to get their vaccines as recommended on the vaccination schedule. If your child is behind on their vaccinations, they should be placed on a catch-up schedule.
  2. Teenagers and adults need a Pertussis booster Tdap, too. People 10 years and older should receive one Tdap vaccination.
  3. Wash hands frequently.
  4. Visit the websites [CDC - Whooping Cough \(Pertussis\)](#) or the [Immunization Program \(sandiegocounty.gov\)](#) to learn more about pertussis.

If you have any additional questions regarding pertussis, you may call the County of San Diego Health and Human Services Agency, Immunization Branch at (866) 358-2966 and press 5 to speak with a Public Health Nurse or email [PHS-IZPHN.HHSA@sdcgov.ca.gov](mailto:PHS-IZPHN.HHSA@sdcgov.ca.gov).

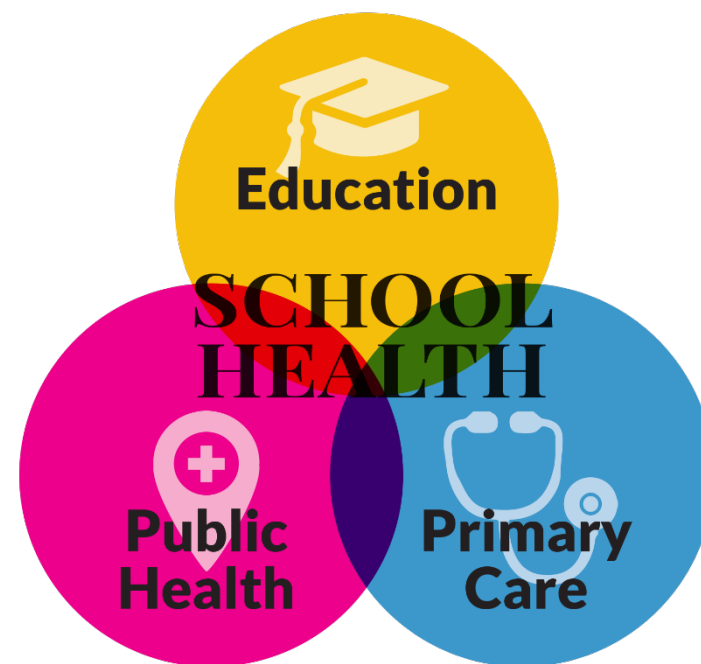
Sincerely,

## PURPOSE

- Increase immunization rates in school-aged children

## PLANNED TASKS AND ACTIVITIES

- Education of students and families
- Education of school administration
- Education of school health personnel
- Immunization events (PODs)
- Collection of data





# IMMUNIZATION SKILLS INSTITUTE (ISI)



## Immunizations Skills Institute (ISI)

The Immunization Skills Institute (ISI) is hands-on training to assist with medical assistants and other allied health care professionals on storage, handling, and administration of vaccines in collaboration with Public Health Nurses in the San Diego County.



Presented by the County of San Diego - Health & Human Services



# VPD PROGRAM CLINICAL TEAM



- Masha Djuric, PHN Supervisor  
[Maria.Djuric@sdcounty.ca.gov](mailto:Maria.Djuric@sdcounty.ca.gov)
- Stephanie Daniels, RN - QAS  
[Stephanie.Daniels@sdcounty.ca.gov](mailto:Stephanie.Daniels@sdcounty.ca.gov)
- Fadumo Ismail, Senior PHN  
[Fadumo.Ismail@sdcounty.ca.gov](mailto:Fadumo.Ismail@sdcounty.ca.gov)
- Yasmin Gaddum, Senior PHN  
[Yasmin.Gaddum@sdcounty.ca.gov](mailto:Yasmin.Gaddum@sdcounty.ca.gov)
- Kevin Mendoza, Senior PHN  
[Kevin.Mendoza@sdcounty.ca.gov](mailto:Kevin.Mendoza@sdcounty.ca.gov)
- Rachel Jonas, PHN  
[Rachel.Jonas@sdcounty.ca.gov](mailto:Rachel.Jonas@sdcounty.ca.gov)
- Sammie Fezzey, PHN  
[Samantha.Fezzey@sdcounty.ca.gov](mailto:Samantha.Fezzey@sdcounty.ca.gov)
- Raquel Blackshere, PHN  
[Raquel.Blackshere2@sdcounty.ca.gov](mailto:Raquel.Blackshere2@sdcounty.ca.gov)
- Emma King, PHN  
[Emma.King@sdcounty.ca.gov](mailto:Emma.King@sdcounty.ca.gov)

## CLINICAL SUPPORT

- Maria Arevalo, Senior HIMT  
[Maria.Arevalo@sdcounty.ca.gov](mailto:Maria.Arevalo@sdcounty.ca.gov)
- Alyssa Gomez, Senior HIMT  
[Alyssa.Gomez1@sdcounty.ca.gov](mailto:Alyssa.Gomez1@sdcounty.ca.gov)
- Adriana Cruz, Clinical Assistant  
[Adriana.Cruz@sdcounty.ca.gov](mailto:Adriana.Cruz@sdcounty.ca.gov)
- Patty Novoa, Clinical Assistant  
[Patricia.Novoa@sdcounty.ca.gov](mailto:Patricia.Novoa@sdcounty.ca.gov)

## SCHOOL WORKFORCE GRANT

- Francesco Cortez, Agency RN  
[Francesco.Cortez@sdcounty.ca.gov](mailto:Francesco.Cortez@sdcounty.ca.gov)
- Melissa Simon, Agency RN  
[Melissa.Simon@sdcounty.ca.gov](mailto:Melissa.Simon@sdcounty.ca.gov)

Immunization VPD Program disease reports and inquiries are made:

Monday-Friday 8am – 5pm:  
Immunization PHN Line 866-358-2966 option 5  
or by sending an email to  
[PHS-IZPHN.HHSA@sdcounty.ca.gov](mailto:PHS-IZPHN.HHSA@sdcounty.ca.gov)

After-hours, weekends & holidays: 858-565-5255



# QUESTIONS



# RESOURCES



- [All Diseases and Conditions \(ca.gov\)](#)
- [Ask the Experts: Experts Answer Questions About Vaccines \(immunize.org\)](#)
- [Data and Reports \(sandiegocounty.gov\)](#)
- [Digital Vaccine Record \(ca.gov\)](#)
- [Epidemiology Program \(sandiegocounty.gov\)](#)
- [Immunization Program \(sandiegocounty.gov\)](#)
- [SDIC Home \(sdizcoalition.org\)](#)
- [Shots for School \(ca.gov\)](#)



*On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.*



# STATE FLU VACCINE PROGRAM UPDATES

---

February 1, 2023

*Araceli Montera, MPH*

*State Flu Vaccine Admin Coordinator*



# THANK YOU!



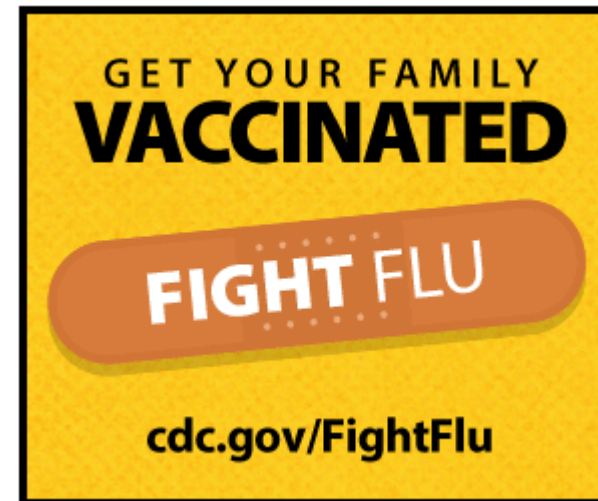
LIVE WELL  
SAN DIEGO

- Continued Partnership in the State-Funded Flu program
- Promoting flu vaccination and Vaccinating the Community
- Weekly report to email:  
[HNSA.countyfluvaccine@sdcounty.ca.gov](mailto:HNSA.countyfluvaccine@sdcounty.ca.gov)
- CAIR : Data Entry
  - CAIR Help Desk

Phone: 800-578-7889

Email: CAIRHelpDesk@cdph.ca.gov.

Hours are 8:00 a.m. - 5:00 p.m. Monday - Friday,



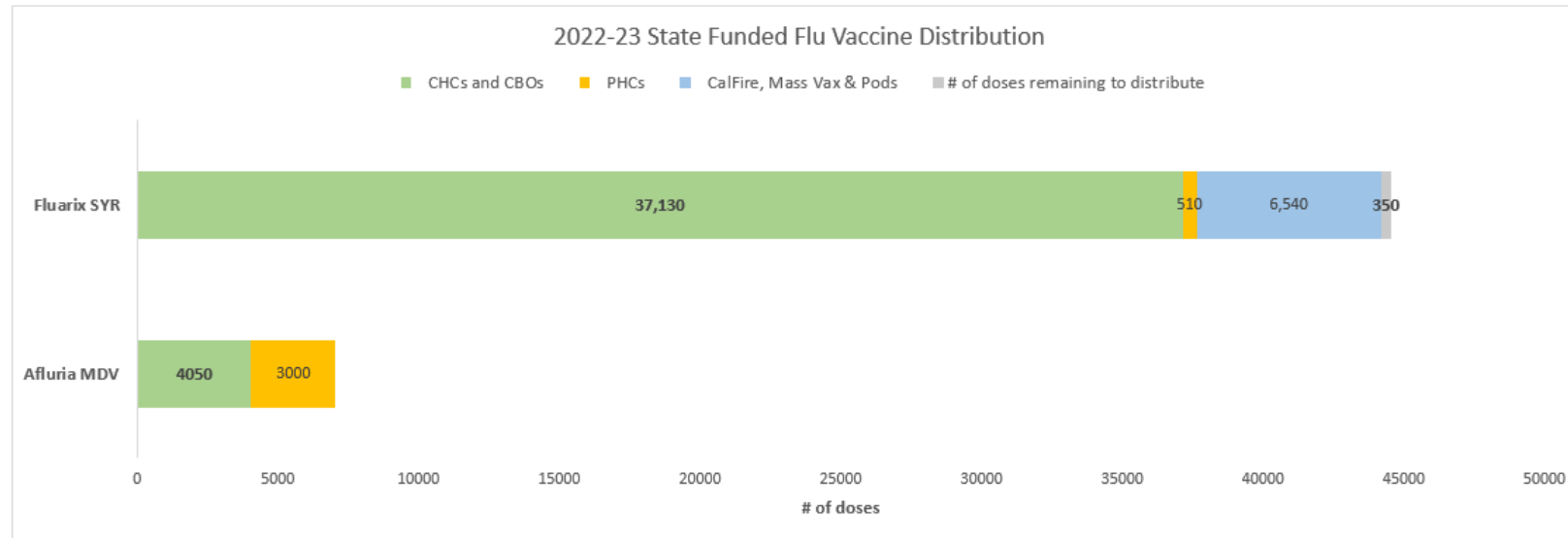




## INVENTORY ON HAND: 350 DOSES / 35 BOXES

### DISTRIBUTION

	<i>Afluria MDV</i>	<i>Fluarix SYR</i>	<i>Total</i>
<b># doses distributed to providers</b>	<b>7050</b>	<b>44,180</b>	<b>51230</b>
<i>CHCs and CBOs</i>	4050	37,130	41180
<i>PHCs</i>	3000	510	3510
<i>CalFire, Mass Vax &amp; Pods</i>	0	6,540	6540
<b># of doses remaining to distribute</b>	<b>0</b>	<b>350</b>	<b>350</b>



# CURRENT INVENTORY



- ✓ Allocated vaccine is 100%
- ✓ If you require more vaccine, email requests to [HHSA.countyfluvaccine@sdcounty.ca.gov](mailto:HHSA.countyfluvaccine@sdcounty.ca.gov)
  - ✓ We request that your overall usage be at 90% or higher
- ✓ Provider that are part of an organization, Redistribute among sister sites.
  - ✓ If you need assistance to transfer outside your organization, please work with the program to assist with coordination
    - ✓ Vaccine redistribution: Extra vaccine on hand or limited vaccine

	<b>Afluria MDV</b>		<b>Fluarix SYR</b>		<b>Total</b>	
	#	%	#	%	#	%
doses received from State	7,050	100%	44,530	100%	51,580	100%
doses allocated	7,050	100%	44,530	100%	51,580	100%
doses remaining to distribute <sup>5</sup>	-	0%	350	1%	350	1%
doses administered <sup>6</sup>	5,729	81%	37,072	86%	42,801	85%
doses wasted <sup>7</sup>	344	5%	601	1%	945	2%
doses with Providers	977	14%	6,507	15%	7,484	15%

\*The % total indicates average from the total doses received

5. The amount of doses remaining to distribute.

6. The amount of doses administered based on the weekly reports. The denominator of the percentage is the total # of doses that providers have received.

7. The amount of doses wasted based on the weekly reports. The denominator of the percentage is the total # of doses that providers have received.

# WEEKLY REPORT



## REMINDER

- Fill out the date range Monday – Sunday dates only
- Remove old information / Reported data
- Document vaccine transfer for events or outside of your clinic. Include the clinic name and person name.
- Weekly manual count of flu vaccine and this matches the inventory on the weekly report
- CAIR users:
  - ✓ Add new vaccine Inventory & funding source must be “State General Fund”
- Weekly Report on sandiegocounty.gov website State-Funded Influenza Resource Page.

**HHSA** | **LIVE WELL SAN DIEGO** | **State-Purchased Influenza Vaccine Program Weekly Report**  
2022-2023

**Instructions:**

- Complete all applicable sections of this form. Use page 2 for recording usage and waste at off-site vaccination events.
- Submit this form, weekly on Mondays, to [hhsa.countyflu@sdcounty.ca.gov](mailto:hhsa.countyflu@sdcounty.ca.gov). Include all required attachments:
  - CAIR Dose administered Report\*  Digital Data logger report
  - Refrigerator temperature log  \*Interface providers only: Encrypted patient list in .xlsx/.csv format. Include patient name, DOB, vaccine name & lot #, vaccination date and the administered clinic name.

POD: \_\_\_\_\_ Region: \_\_\_\_\_ Reporting week: 9/12/2022 - 9/18/2022  
 Organization: \_\_\_\_\_ Facility/Site: \_\_\_\_\_ Monday Sunday

**Vaccine Received/Transferred- List vaccines received from or transferred to another site including off-site events for the reporting week**

Date	Product Name	Lot #	Quantity	Received or transferred	Site received from or Site transferred to
9/13/2022	Fluarix	123ABC	200	<input type="checkbox"/> Received from B <input type="checkbox"/> Transferred to C	COC Warehouse
9/14/2022	Fluarix	123ABC	50	<input checked="" type="checkbox"/> Received from B <input type="checkbox"/> Transferred to C	Event name 1
9/15/2022	Fluarix	123ABC	20	<input type="checkbox"/> Received from B <input checked="" type="checkbox"/> Transferred to C	Event Name 2
9/16/2022	Fluarix	123ABC	50	<input type="checkbox"/> Received from B <input checked="" type="checkbox"/> Transferred to C	Event Name 3
9/16/2022	Fluarix	ABC421	200	<input type="checkbox"/> Received from B <input type="checkbox"/> Transferred to C	COC Warehouse
9/16/2022	Fluarix	ABC421	10	<input type="checkbox"/> Received from B <input checked="" type="checkbox"/> Transferred to C	PHC Region

**Vaccine Usage- Count of vaccines administered, per age group for main clinic use only if applicable. Do not include off-site usage here.**

Product name	Lot #	6-35 mo	3-6 yr	7-18 yr	19-49 yr	50-59 yr	60-64 yr	65 yr+	Total doses used
Fluarix	123ABC	0	5	9	1	8	5	2	30 D
Fluarix	ABC421	0	0	0	0	0	0	0	0 D
									0 D
									0 D

**Vaccine Inventory- Physical inventory count\* of each vaccine at the end of the reporting week (A+B-C-D-E+F= Number of doses on hand)**

Product name	Lot #	Last week's Number of doses on hand* A	Quantity of doses received B	Quantity of doses transferred C	Total doses administered Do NOT include outreach info here			Extra doses (MDV only) F	Number of doses on hand* end of the week (Monday-Sunday)
					D	E	F		
Fluarix	123ABC	0	200	120	30	0	0	50	
Fluarix	ABC421	0	200	10	0	0	0	190	

Do not use this report for temperature excursions. Email documents to [HHSa.CountyFluVaccine@sdcounty.ca.gov](mailto:HHSa.CountyFluVaccine@sdcounty.ca.gov). \*\*report leaky vials ASAP

# TIPS FOR SPEAKING ABOUT THE FLU VACCINE



## MOST COMMON CONCERNS

- I heard the Flu shot can give you the flu.
- I was vaccinated last year and still got sick.
- I'm Concerned about side effects.
- I don't care so much about flu since COVID-19.



### Tips for Speaking with Parents about Flu Vaccine

#### How to Address Common Concerns

#### I heard the flu shot can give you the flu.

- Flu vaccines are made with killed or weakened viruses that cannot give you the flu.
- Sometimes the body's immune response after vaccination can make some people feel a little ill, and that's normal. For example, some kids may get a slight fever, but that's their body building antibodies to protect them from flu.

#### My child got vaccinated last year and still got sick.

- Many other germs cause symptoms similar to flu—your child might have caught one of them.
- Flu vaccine takes 2 weeks to work. Your child may have caught flu/a virus before developing immunity.
- Flu vaccines are not 100% effective. However, even if your child catches the flu, the illness will be much less severe.

#### Flu vaccine is not effective. Why bother?

- Flu is very serious and can cause pneumonia, hospitalization, and death.
- Without the flu vaccine, your child has zero added protection if he/she gets exposed. It's not worth the risk. Healthy children who were vaccinated **lowered their chance of dying from flu by 65%**. That's pretty remarkable.
- A recent study suggests that flu vaccine protected most kids against severe disease even when the vaccine wasn't a perfect match for the virus.

#### My child is healthy and doesn't need a flu shot.

- Flu viruses mutate constantly, changing yearly.
- Every year, healthy kids who have never caught the flu before, suddenly get it.
- Flu can spread easily at school, while playing with friends, or being out in the community.
- I got my flu shot. I also immunized my kids. As your doctor/nurse, I want your family to also be protected.
- Scarlet died from flu complications at age 5; to her mother's regret, she was not vaccinated. Watch *Scarlet's Story* and share with clinic staff and parents.

#### I'm concerned about side effects.

- Vaccines, like any medication, can cause side effects. Most flu effects are mild, e.g., pain or redness in the arm.
- This should go away quickly. If you have any concerns after getting vaccinated, please call us.

#### I don't want vaccines with thimerosal/mercury

- Most flu vaccine is thimerosal-free.
- For kids under 3: you'll be getting the vaccine without any thimerosal. Flu vaccine with or without thimerosal is safe and effective.
- If parents are still concerned, you can show this 3 minute video: *Is there Mercury in Vaccines?* by the Children's Hospital of Philadelphia.

#### The flu is just like a bad cold—it's not serious.

- Flu viruses are not the same as a cold. When a person catches the flu, they often have a fever and body aches; most also have to miss days of work or school. When complications set in, flu can be life-threatening. While babies, pregnant women, those with certain health conditions, and seniors are at highest risk, even healthy children can die from flu.
- Last year Flu sent 4 million Americans to the doctor 100,000 were hospitalized and 5,000 people died, including 43 children.

#### My child is afraid of needles.

- If available, offer the LAIV (nasal spray) flu vaccine.
- Let younger children sit in their parents' laps; practice **distraction techniques**. Suggest the parent bring a favorite snack, book or toy for comfort.
- Allow an older child to listen to music and ask them to take deep breaths.
- Reassure the parent and their child so they keep calm, and be honest about the pinch.
- Be supportive and offer praise. You can say: "I know you seemed worried about your visit today, but you did it! I'm so proud of you for being so brave! Maybe it will even get a little easier next time."

#### I don't care so much about flu since COVID-19.

- Flu and COVID are both unpredictable and can be very serious. I recommend vaccination against both. If your child needs a COVID vaccine or booster, it's safe, effective and convenient to get both vaccines today.





## STATE FLU VACCINE INCIDENT REPORTING PROCESS

- Report to our Program:
  - Data Loss
  - Out of Range Temperature
  - Vaccine left out
- Please Do not report “State Flu Vaccine” to SHOTS.
- Use the most updated Incident report form when reporting the State Flu Vaccine.
- Fill out all sections of the Incident Report

### State Purchased Flu Vaccine Storage and Handling Incident Reporting Process

Temperature excursions and vaccine handling incidents may damage vaccines and can impact vaccine viability. Any temperature excursion must be documented and reported to State Flu Vaccine Program. The information reported on storage and handling incidents is used to determine whether a vaccine is likely to be viable and can be administered to patients. Timely and accurate reporting of temperature excursions is essential to a successful determination of vaccine viability.

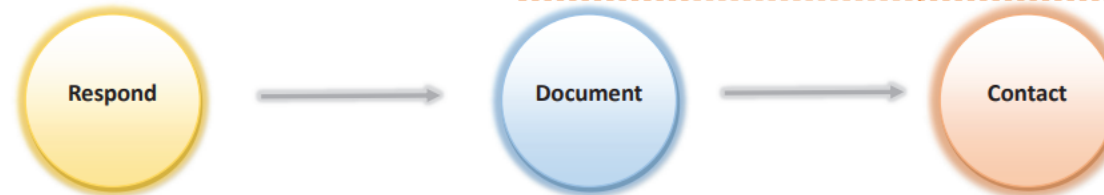
This information refers to **State Funded Flu vaccine only**. If you have VFC or vaccine from other funding sources in the affected storage unit, report the excursion to those programs and follow program specific reporting procedures. **Do NOT report State Funded Influenza Vaccine temperature excursions to VFC/SHOTS or on MyVFCvaccines.org.**

#### When is it required to report a temperature excursion?

- \*When the temperature goes above 46°F or 8°C for any amount of time.
- \*When the temperature goes below 36°F or 2°C for any amount of time.

#### When is it required to report a vaccine handling incident?

- \*When vaccine was left out at room temperature for longer than 1 hour or left in cooler and not returned to the refrigerator within 8 hours of being removed.
- \*When data logger reports cannot be produced (e.g., deleted data logger reports, data logger malfunctions and/or stops logging, vaccine transported without a data logger).



- \* **IMMEDIATELY** stop administering vaccine from affected unit and post a “DO NOT USE” sign. Do not discard the vaccines.
- \* Notify the Vaccine Coordinator or report the problem to supervisor.
- \* If needed, transport the vaccine to an alternative unit or storage location in an appropriate cooler. NEVER allow vaccine to remain in a non-functioning unit.
- \* Do not turn off the alarm until you have identified and addressed the cause of the temperature excursion.
- \* Check the basics: storage unit malfunction, storage unit doors not properly closing, data logger settings, power outage.

- \*Download the data logger report.
- \*Enter a note on the manual temperature log
- \*Complete the [State-General Fund Incident Report Form](#).
- \*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
Sequiris	855-358-8966

- \***Email** the manufacturer stability information, incident report form, and data logger report to: [HHSA.CountyFluVaccine@sdcounty.ca.gov](mailto:HHSA.CountyFluVaccine@sdcounty.ca.gov)
- \*Contact the State Flu Vaccine Coordinator: 619-366-7128 (Monday—Friday, 8am to 5pm)
  - ◆ If out of office, contact Sr. Public Health Nurse: 619-980-0419
- \*You will receive an email notification from the State Flu Program whether or not the vaccine can be used.
- After Hours Excursions at Vaccination Event:**
- \*Follow manufacturer recommendations for use or discontinued use of vaccine. Email the required documents listed above within one business day to [HHSA.CountyFluVaccine@sdcounty.ca.gov](mailto:HHSA.CountyFluVaccine@sdcounty.ca.gov)



# VACCINE INCIDENT REPORTING



## STATE GENERAL FUND (SGF) VACCINE STORAGE & HANDLING INCIDENT REPORT

Instructions: Store vaccines in unit with acceptable range. Label vaccines "DO NOT USE" until further guidance.

REPORT DATE	DISCOVERY DATE AND TIME	NAME OF PERSON REPORTING	PHONE
PRACTICE/CLINIC NAME		PIN	EMAIL

### Problem:

- Temperature above 46.0°F (8.0°C)
- Temperature below 36°F (2.0°C)
- Vaccine left out – Room temperature
- Other: \_\_\_\_\_

### Cause of the Problem:

- Broken/malfunctioned data logger
- Storage unit Malfunction
- Unit unplugged
- Vaccine left in cooler longer than 8 hours
- Other: \_\_\_\_\_
- Power outage
- Door left open
- Compromised Shipment

**Storage Unit:** Brand/Make Name: \_\_\_\_\_ Model #: \_\_\_\_\_

	Type of Unit	Unit Grade	For Temperature Stability
Refrigerator	<input type="checkbox"/> Stand-alone <input type="checkbox"/> Under-counter	<input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Commercial <input type="checkbox"/> Biologic	Est. # of water bottles: _____

### Digital Data Logger:

- Digital data logger with probe in a buffered solution
- Data logger serial # or equipment ID #: \_\_\_\_\_
- Location of probe:  Center of unit  Other: \_\_\_\_\_ / / \_\_\_\_\_
- Calibration Expiration Date: \_\_\_\_\_
- How often are MIN/MAX cleared? \_\_\_\_\_

### Description of the Incident:

- Affected vaccines administered to patients
- Affected vaccines involved in previously reported S&H incident  
Dates: \_\_\_\_\_

Please fill out the following information for State Funded Flu Vaccine Only

Date and Time excursion occurred: \_\_\_\_\_ Temperature \_\_\_\_\_ °F/C Range \_\_\_\_\_ Total Min \_\_\_\_\_

Date, time and temperature when returned within range: \_\_\_\_\_

List all State Flu vaccine products affected: \_\_\_\_\_

Case number and the manufacturer recommendation for use for each State Flu vaccine product:

Case #: \_\_\_\_\_ Recommendation: \_\_\_\_\_

Case #: \_\_\_\_\_ Recommendation: \_\_\_\_\_

Brief summary of the incident: \_\_\_\_\_

Action Taken: \_\_\_\_\_

VFC vaccines stored in the unit (Yes/No) \_\_\_\_\_ If Yes, was incident reported to SHOTS (Yes/No) \_\_\_\_\_

Send the Incident report, Manufacturer stability report(s), and Data logger report including 24 hours prior to the excursion incident to email

[HHSA.CountyFluVaccine@sdcountry.ca.gov](mailto:HHSA.CountyFluVaccine@sdcountry.ca.gov) within one business day.

- Use the most updated Incident report form when reporting the State Flu Vaccine.
- Fill out all sections of the Incident Report





*Thank you*



Araceli Montera, MPH

[Araceli.Montera@sdcounty.ca.gov](mailto:Araceli.Montera@sdcounty.ca.gov)

State influenza Vaccine Program Coordinator

P: 619-679-2686 | [HHSA.CountyFluVaccine@sdcounty.ca.gov](mailto:HHSA.CountyFluVaccine@sdcounty.ca.gov)



# Immunization Epidemiology Data Updates

---

Presented at the San Diego Immunization Coalition (SDIC) Meeting  
February 1, 2023

***Danelle Wallace, MPH***

*Senior Epidemiologist*

*Epidemiology & Immunization Services Branch*

*Public Health Services*



# COVID-19 Vaccines



## Weekly Vaccine Data for 1/26/2023:

**Doses received: 10,303,625**

**Doses administered: 8,513,846**

**San Diego County Residents Primary Series\*: 2,693,247**

- **% Fully Vaccinated Primary Series: 80.5%**

**Booster Doses Administered to SD County Residents\*\*: 1,518,255**

- **% Eligible with Booster: 60.8%**

**Bivalent Booster Doses Administered^: 556,351**

- **% with Bivalent Booster: 22.3%**

\*Primary vaccine series completion is defined as receipt of 2 vaccine doses for persons over the age of 5 who received Pfizer -BioNTech, Moderna, NovaVax, Astrazeneca, or recipient of 2 doses for persons who received unspecified U.S.-authorized or approved COVID-19 vaccine, or receipt of 1 dose for persons who received Janssen. For those 6 months to 4 years of age, primary vaccine series completion is defined a receipt of 3 vaccine doses for persons who received Pfizer-BioNTech, or receipt of 2 doses for persons who received Moderna. Immunocompromised status cannot be determined, therefore, the recommended primary vaccine series schedule is not listed for immunocompromised individuals ages 6 months to 4 years.

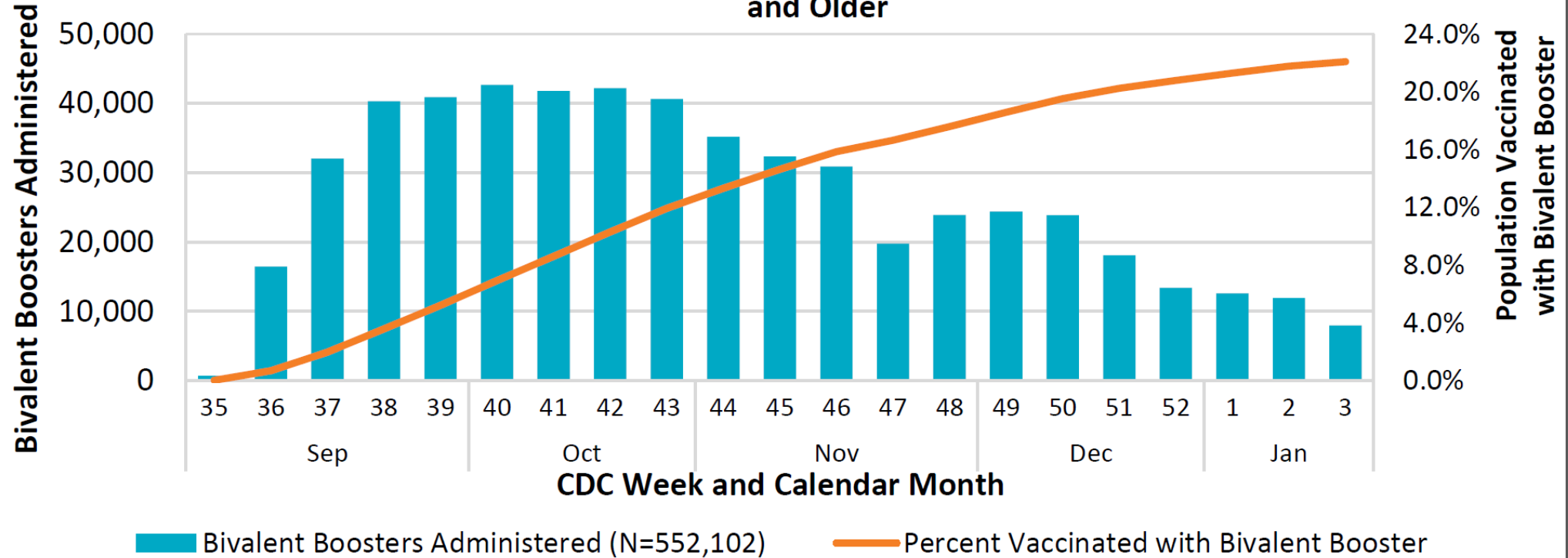
\*\*Booster eligibility is updated each week as the number of San Diego County residents who have completed their primary vaccine series are eligible to receive a booster dose. Individuals are eligible for a monovalent booster dose if 1) they are 5 years of age and older AND 2) the appropriate time period has passed since completing their primary vaccine series. Additionally, residents may receive a bivalent booster dose if 1) they are 5 years of age and older AND 2) at least 2 months have passed after completing their primary vaccine series.

^Bivalent booster eligibility is updated each week as the number of San Diego County residents are eligible to receive a bivalent booster dose. Individuals are eligible for a bivalent booster dose if 1) they are 5 years of age and older (for a Pfizer bivalent booster) or 6 years of age and older (for a Moderna bivalent booster) AND 2) at least 2 months have passed after completing their primary vaccine series or at least 2 months have passed after their most recent monovalent booster dose.



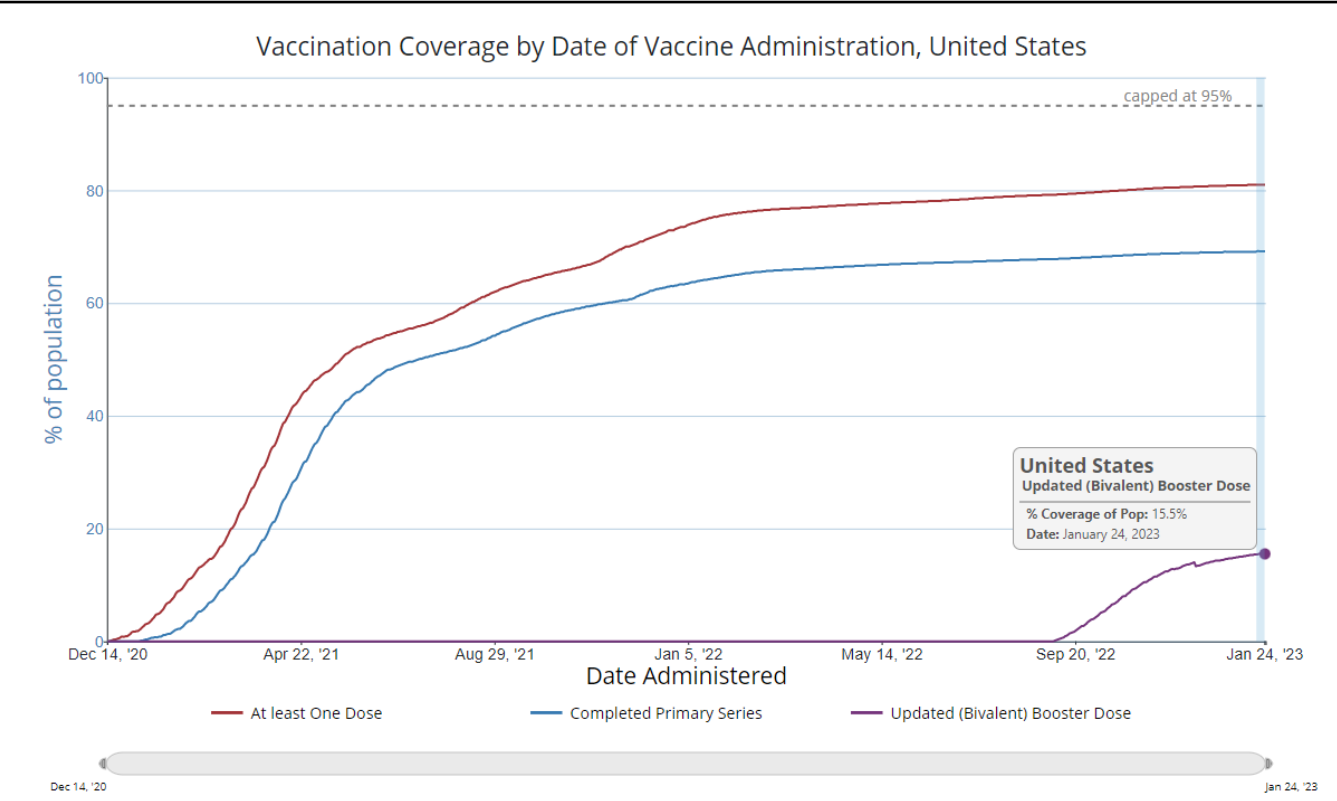
## Vaccinations Administered

Figure 18. Number of **COVID-19** Bivalent Boosters and Cumulative Percent of Persons Vaccinated With a Bivalent Booster, San Diego County Residents Age 5 Years and Older

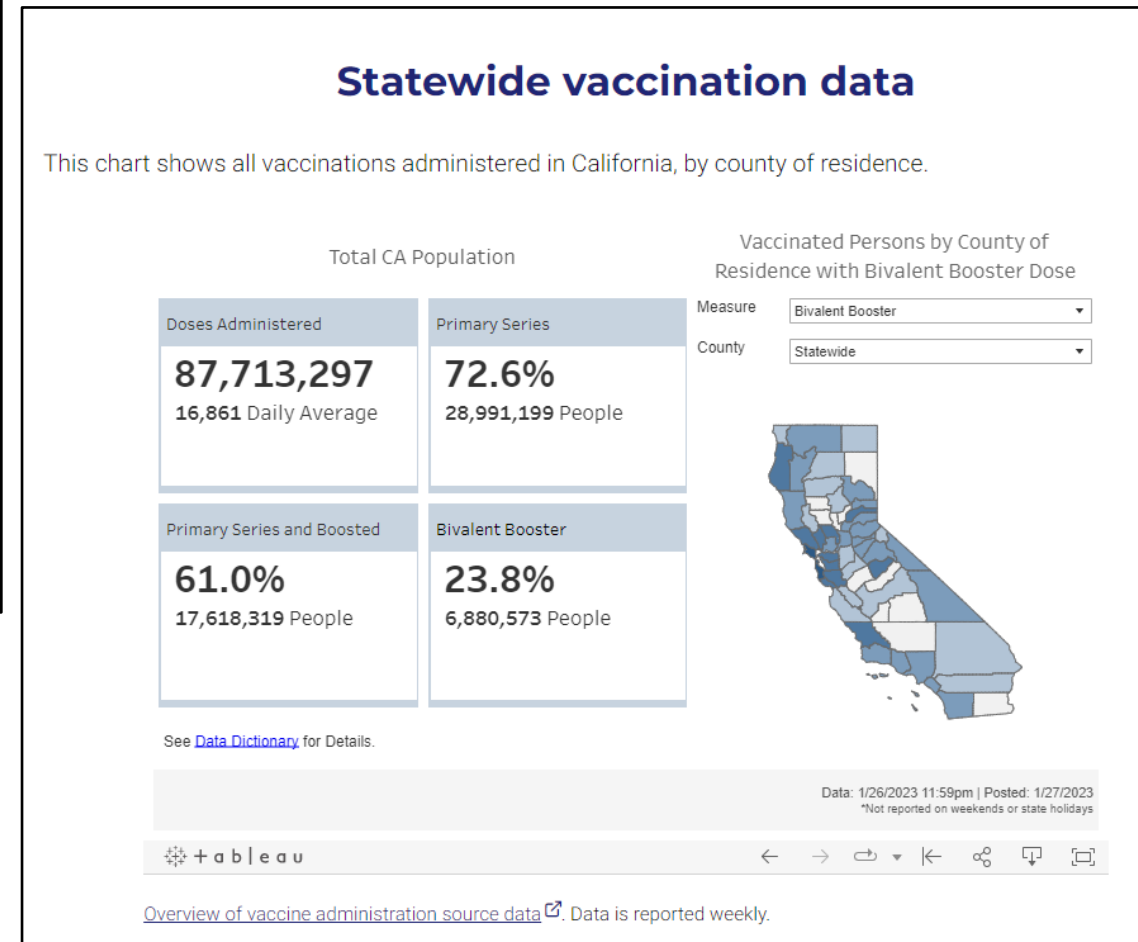


The bars show COVID-19 bivalent boosters administered, not individuals vaccinated. The line shows the percent of persons vaccinated with bivalent boosters per the dose and schedule regimen for the vaccine received. The bivalent vaccine was authorized for use in the United States in late August, so the data shown are since the bivalent vaccine became available.

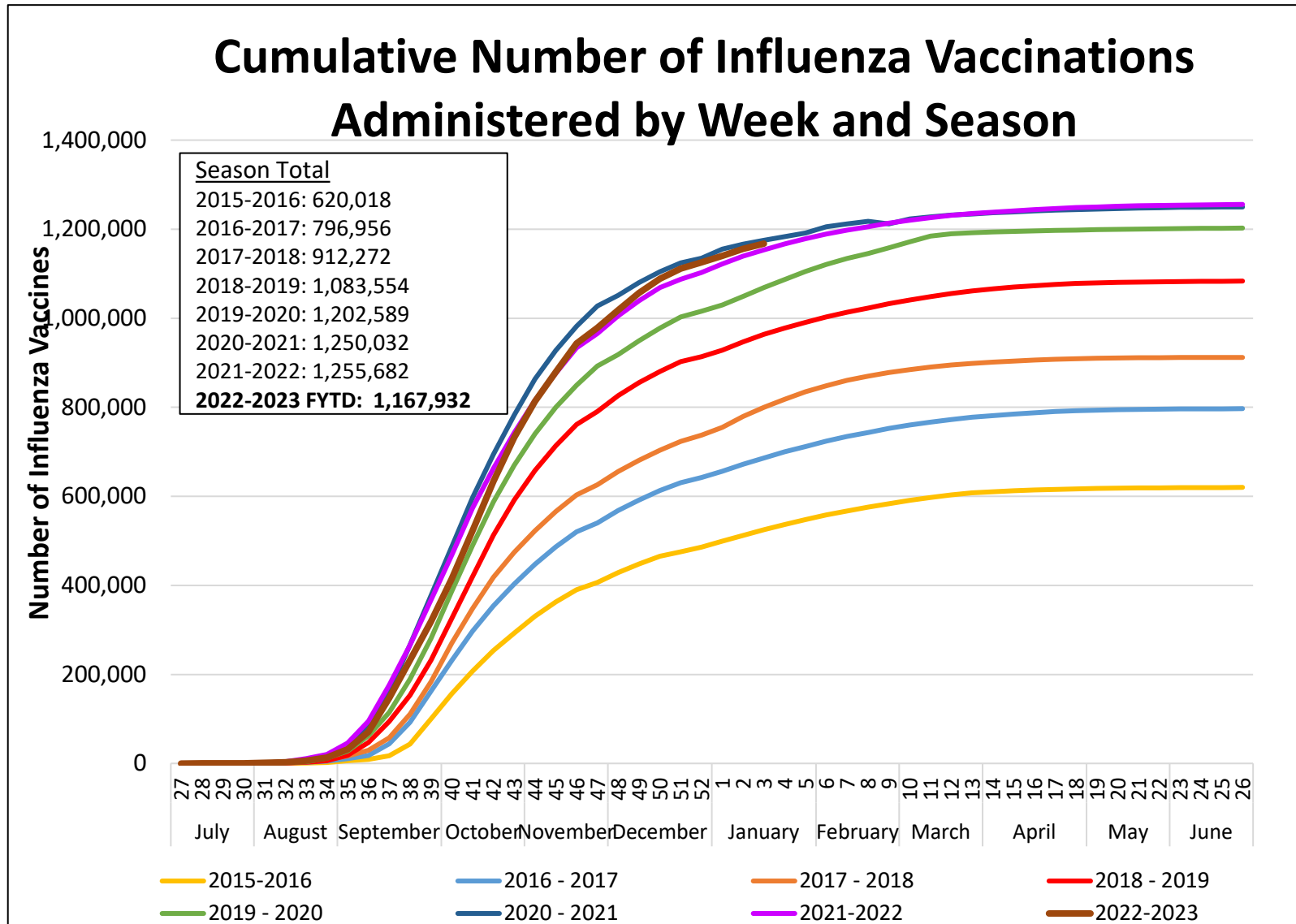
# COVID-19 Vaccines



- Nationally, the bivalent booster coverage rate is 15.5%.
- Statewide, the bivalent booster coverage rate is 23.8%.



# Influenza Vaccines







- **Media/ad hoc data requests**
- **Breakthrough analyses – COVID**
- **School Workforce grant – coverage rates for childhood immunizations**
- **CalSRVSS - Community respiratory virus surveillance**
- **COVID-19 vaccine matching projects - jails**



Contact information:

Danelle Wallace, MPH

Senior Epidemiologist

Epidemiology and Immunization Services Branch

[DanelleRuth.Wallace@sdcounty.ca.gov](mailto:DanelleRuth.Wallace@sdcounty.ca.gov)

(619) 629-1698



# VFC Program Updates

February 1<sup>st</sup>, 2023

Mary Rebbert, Senior VFC Field Representative  
California Department of Public Health

# VFC Clinic Visits – In Person & Virtual

- **Compliance Visits:** **Mostly in-person**
  - VFC Representatives review fundamentals of vaccine storage & handling, management, vaccine eligibility screening, and documentation.
  - Schedule = every other year
- **Storage & Handling Visits:** **Scheduled Visits only**
  - Spot checks focusing on assessing storage & handling practices within the clinic
  - Schedule = as needed

# VFC Clinic Visits – In Person & Virtual

- **Immunization Quality Improvement for Providers (IQIP)**  
**Visits: In-person or Virtual**

Purpose is to promote & support the implementation of provider-level immunization quality improvement strategies designed to increase vaccine uptake of ACIP recommended vaccines.

Strategies include:

- Schedule the next immunization visit before the patient leaves the clinic
- Leverage Registry to increase immunization coverage rates
- Give a strong vaccine recommendation (HPV for adolescents)
- Strengthening Vaccine Communication = **NEW**

# VFC Updates – Recertification

- Recertification, **Deadline 1/31/2023**
  - Please complete all steps in the VFC Recertification process, including completing the required lessons on EZIZ.
  - Not completing VFC Recertification will result in suspension of vaccine ordering and eventual termination from the VFC Program.
  - VFC site will be slow due to high traffic this week, please be patient and try to operate the website in off hours.



# 2023-2024 Flu Pre-Book – NOW OPEN

- Communication sent out 1/20/2023
- **Expected Deadline: Feb 3<sup>rd</sup> 2023**

## Expected Product Availability

Actual products that will be available for 2023-2024 VFC Flu Ordering will be dependent upon demand, product availability, and doses approved by the CDC.

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

*\*Preservative-free vaccines should be prioritized for administration to pregnant teens under 18 years of age but may also be used in children 3-18 years of age. According to the Health and Safety Code Section 124172, pregnant women or children younger than three years old may only receive vaccine doses that contain trace levels or no mercury.*

# VFC Shipping Schedule

- Currently no shipment delays
- Future closure dates: 2/20/2023
  - Observance of President's Day

# Vaxneuvance™ (Pneumococcal 15-valent Conjugate Vaccine, Merck)

- Available December 2st, 2022
- [Information Letter](#)
- Please have offices submit a [Brand Switch Form](#), signed by the Provider of Record, if your offices would like to switch and order this vaccine.
- PCV13 and PCV15 can be used interchangeably according to currently recommended PCV13 dosing and schedules.
- The definition of persons 2-18 years at increased risk of pneumococcal disease who are also recommended for PPSV23 has not changed.

# PRIORIX™ (MMR Vaccine, GSK)

- Available December 7<sup>th</sup>, 2022
- [Information Letter](#)
- Please have offices submit a [Brand Switch Form](#), signed by the Provider of Record, if your offices would like to switch and order this vaccine.
- **Please note that MMR is now under “Men B” on the order form.**
- Although PRIORIX™ is another brand of MMR vaccine, it is recommended to be stored under refrigerator temperatures of between 36° and 46°F (2° and 8°C) per the vaccine manufacturer recommendations.
- We continue to recommend storage of MMR®II (MMR Vaccine, Merck) under freezer temperatures of between -58° and 5°F (-50° and -15°C) per the vaccine manufacturer recommendations.
- Please follow vaccine manufacturer recommendations for storage of all VFC vaccines.

# VFA Program

- [Webinar is recorded and posted - January 2023](#)
- This webinar will cover VFA program updates, immunization recommendations, and a special presentation from Community Health Centers of the Central Coast to discuss their best practices on PCV20 usage.
- No open enrollments this year, 2023
- Ordering for the first quarter is closed, 1/20/2023

# VFC Program: KidsVaxGrant 3.0

- **Application Dates: 1/12/2023 to 2/3/2023**
- **This will be the last grant!**
- **Target outreach population:**
  - 978 identified VFC registered providers who have not enrolled in myCAvax
- **Grant funding opportunities:**
  - \$10,000 for target VFC providers who enroll in myCAvax and attest to placing a minimum of 1 vaccine order within 30 days of award notification
  - \$5,000 supplemental grant to those myCAvax enrollees who elect to opt in to enhance/upgrade their electronic health record system
- Partnership with Physicians for a Healthy California (PHC) offered exclusively to VFC providers
- [www.phcdocs.org/Programs/CalVaxGrant](http://www.phcdocs.org/Programs/CalVaxGrant)



# Digital COVID-19 Vaccine Record Portal

In late February 2023, the Digital Vaccine Record (DVR) portal will be enhanced to provide vaccine group recommendations based on an open-source Evaluator.

Vaccine group, Vaccine, Series, Date Given, Age Given, and Clinic that Administered or transcribed will continue to be pulled directly from the registry.

**California Immunization Record**  
 Name: Patient Zero      Date of Birth: 09/26/2020      Date Issued: 01/19/2023

**Coronavirus (COVID-19)**      Overdue 09/17/2022 •

Vaccine	Series	Date Given	Age Given	Clinic that Administered or Transcribed
Pfizer mRNA LNP-S PF 6M-5Y	1 of 3	06/30/2022	1y 9m 4d	Fairway Children's Medical Group
Pfizer mRNA LNP-S PF 6M-5Y	2 of 3	07/23/2022	1y 9m 27d	Fairway Children's Medical Group

**Diphtheria, Tetanus, Acellular Pertussis (DTP/aP)**      Next Dose Due 09/26/2024 •

Vaccine	Series	Date Given	Age Given	Clinic that Administered or Transcribed
DTaP-HepB-IPV	1 of 5	11/30/2020	0y 2m 4d	YORBA LINDA OFFICE
DTaP-HepB-IPV	2 of 5	01/27/2021	0y 4m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	3 of 5	04/09/2021	0y 6m 14d	YORBA LINDA OFFICE
DTaP	4 of 5	07/06/2022	1y 9m 10d	YORBA LINDA OFFICE

**Hepatitis A (HepA)**      Complete •

Vaccine	Series	Date Given	Age Given	Clinic that Administered or Transcribed
HepA-Ped 2 Dose	1 of 2	09/28/2021	1y 0m 2d	YORBA LINDA OFFICE
HepA-Ped 2 Dose	2 of 2	07/06/2022	1y 9m 10d	YORBA LINDA OFFICE

**Hepatitis B (HepB)**      Complete •

Vaccine	Series	Date Given	Age Given	Clinic that Administered or Transcribed
HepB-Peds	1 of 4	09/27/2020	0y 0m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	2 of 4	11/30/2020	0y 2m 4d	YORBA LINDA OFFICE
DTaP-HepB-IPV	3 of 4	01/27/2021	0y 4m 1d	YORBA LINDA OFFICE
DTaP-HepB-IPV	4 of 4	04/09/2021	0y 6m 14d	YORBA LINDA OFFICE

Page 1 of 4

The DVR will evaluate the resident's immunization history and provide recommendations if a vaccine group is complete, has a dose due soon, or has a dose that is overdue.

**Need more help?**

For other questions, contact:  
[1-833-422-4255](tel:1-833-422-4255)

M-F 8AM-8PM, Sa-Su 8AM-5PM

**NOTE:** If you need to update or need help locating your DCVR, submit a request through the [Virtual Assistant](#). We're unable to update your DCVR over the phone.



# CAIR2 Updates: SDIC Meeting

Date: 02/01/2023

## **Mary Rebbert, MPH, CHES**

Vaccines For Children Program

Senior Field Representative - Southern California Region

CA Department of Public Health, Division of Communicable Diseases

Immunization Branch



# Agenda

- CAIR Website has Moved
- San Diego Immunization Registry (SDIR)
- CAIR is now Statewide
- AB1797
- CAIR Enrollment
- CAIR Training Registration
- COVID-19 & Flu IZ Providers
- Immunization Record Requests
- COVID-19 IZ Record Discrepancies
- Medical Exemptions
- Resources

# CAIR WEBSITE HAS MOVED



HOME ABOUT CAIR JOIN CAIR CAIR USERS PARENTS AND GENERAL PUBLIC SCHOOLS AND CHILD CARE TRAINING LOGIN

**CAIR** California Immunization Registry  
Connected & Protected

The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents.

**CAIRweb is moving to a new location!**  
Check out the new [CDPH website for CAIR](https://cdph.ca.gov) to find all the same information. This old website address ([cairweb.org](https://cairweb.org)) will be redirected in upcoming weeks.

Hours:  
9am-4pm Monday to Thursday  
10am-4pm Friday  
[CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov)  
Phone: 800-578-7889  
Fax: 888-436-8320

Looking for Your Immunization Record?  
[Request Digital COVID-19 Vaccine Record](#) | [Troubleshoot Problems](#)  
[Request Complete Immunization History](#)

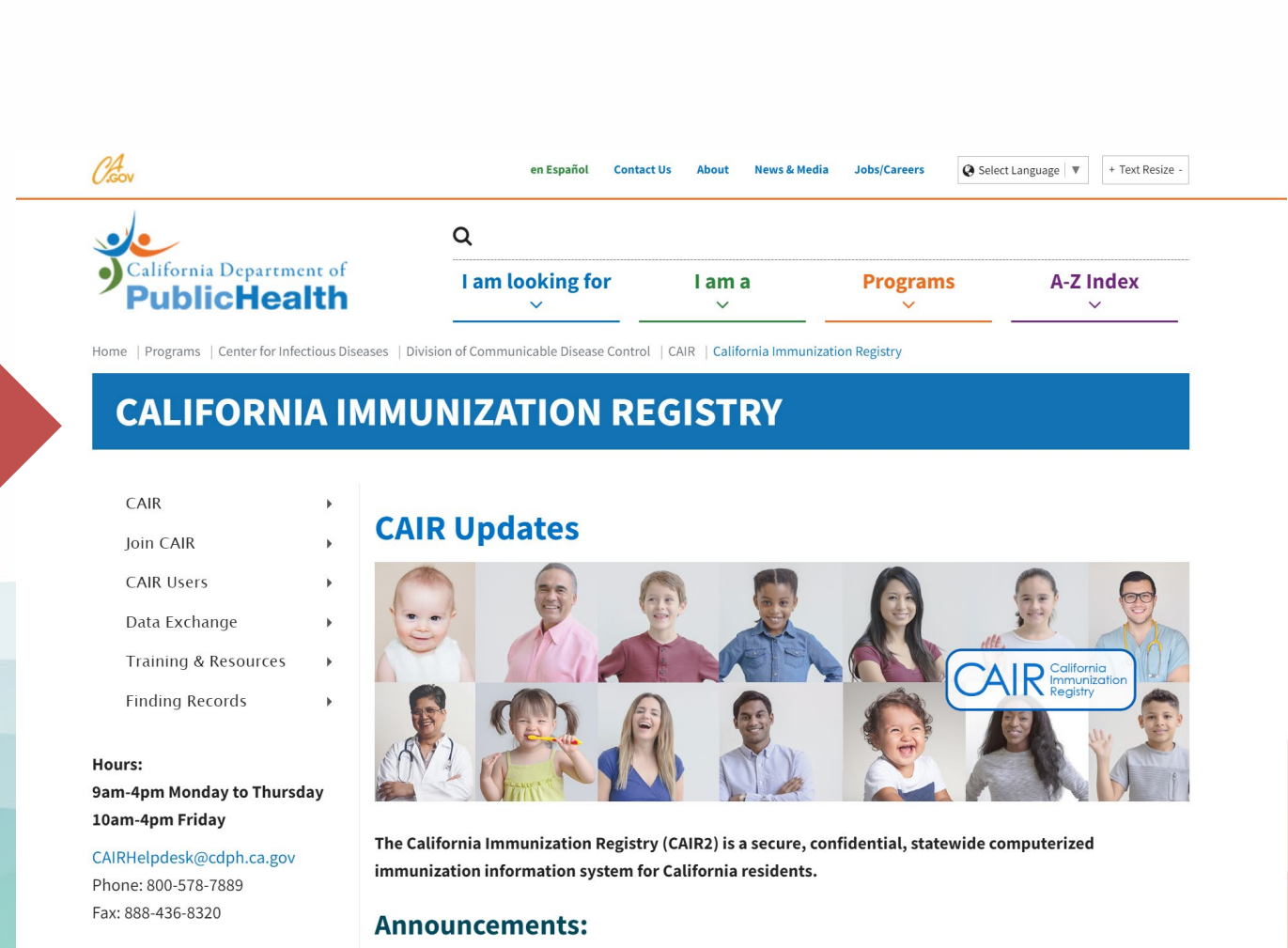
COVID-19 Vaccination Resources  
[Learn More](#) [Snowflake \(for counties/hlth plans\)](#) [Patient Status \(for providers\)](#)

Need A Unique IIS ID (= CAIR2 Org Code) To Participate in the COVID-19 TPA Program? [Enroll in CAIR2 Now](#)

To access the California Immunization Registry Medical Exemptions (CAIR-ME) web site, click [here](#)

Manage Patient Status – Remove 'Inactive' Patients From Your CAIR2 Reports!  
[Learn More](#)

Enroll Your Organization in CAIR2!  
[Enroll to submit information electronically from your EHR](#)  
[Enroll to enter information manually into CAIR2](#)



CA Gov en Español Contact Us About News & Media Jobs/Careers Select Language Text Resize

California Department of Public Health

I am looking for I am a Programs A-Z Index


Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | CAIR | California Immunization Registry

## CALIFORNIA IMMUNIZATION REGISTRY

- CAIR
- Join CAIR
- CAIR Users
- Data Exchange
- Training & Resources
- Finding Records

Hours:  
9am-4pm Monday to Thursday  
10am-4pm Friday  
[CAIRHelpdesk@cdph.ca.gov](mailto:CAIRHelpdesk@cdph.ca.gov)  
Phone: 800-578-7889  
Fax: 888-436-8320

### CAIR Updates



The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents.

### Announcements:

CAIR Home page: [cdph.ca.gov/cair](https://cdph.ca.gov/cair)

LCR page: [go.cdph.ca.gov/cair-lcr](https://go.cdph.ca.gov/cair-lcr)



# San Diego Immunization Registry (SDIR)

SDIR migration to CAIR2 occurred on **April 25, 2022**

- SDIR users are now using CAIR2 and no longer using SDIR
- All patient records from SDIR are in CAIR2

## Provider Support:

Local CAIR Representatives (LCRs): [go.cdph.ca.gov/cair-lcr](https://go.cdph.ca.gov/cair-lcr)

## CAIR Help Desk

Phone: 800-578-7889 option #9

Email: [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)

## CAIR Data Exchange Specialists

Email: [CAIRDataExchange@cdph.ca.gov](mailto:CAIRDataExchange@cdph.ca.gov)

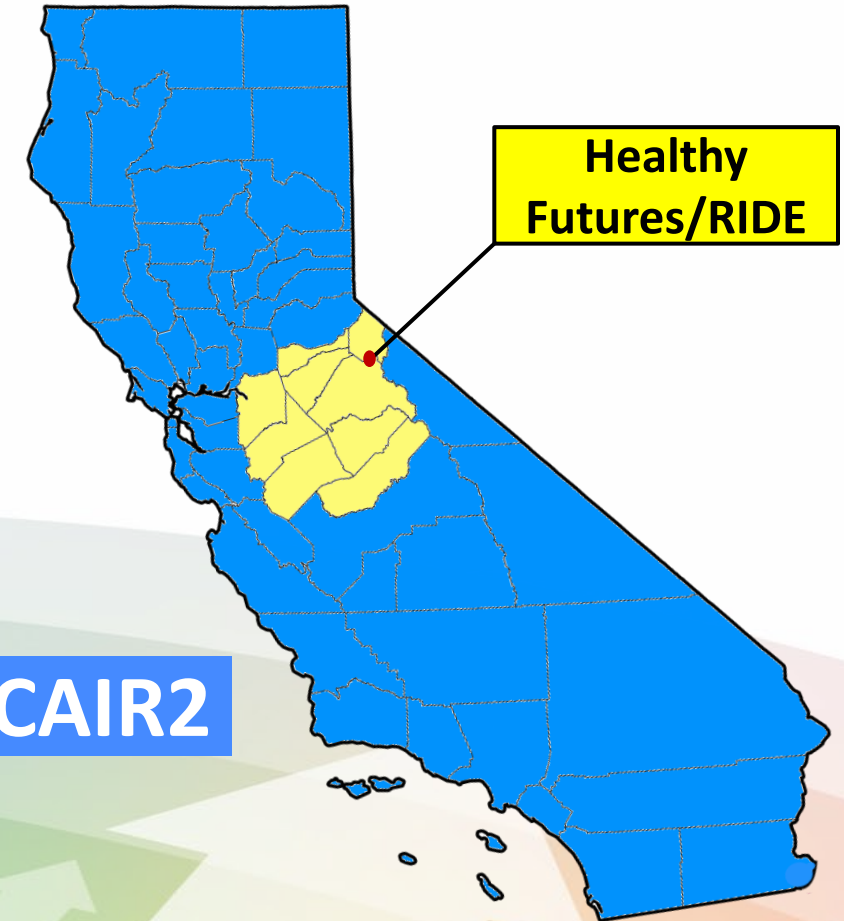




# CAIR2 is Now Statewide!

**Healthy Futures/RIDE and CAIR2 now share patient records via an automated data connection!**

- Healthy Futures/RIDE (HF) still maintains its own IZ Registry and HF users only use the HF Registry, they do not use CAIR2
- HF users can access a CAIR2 patient record via the data connection and add that patient to the HF Registry
- Updates to patient records and new records entered in HF also go into CAIR2 via the data connection

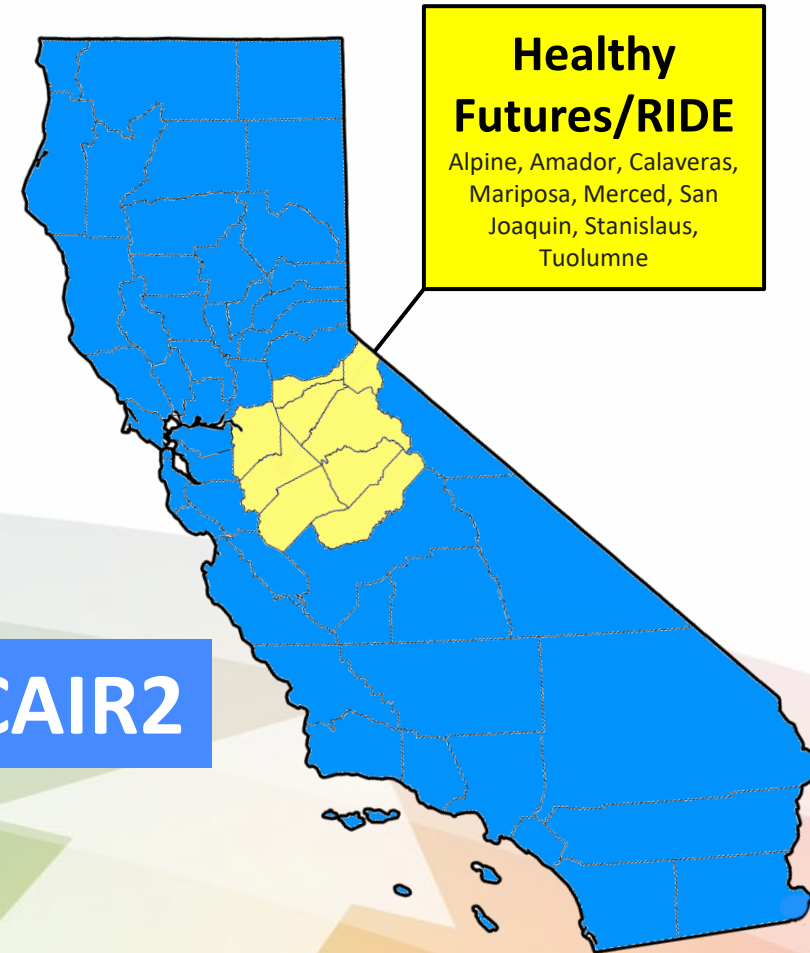


# AB1797: Effective January 1, 2023

All California healthcare providers who administer vaccines are required to:

**Enter/submit patient vaccination information to a CA Immunization Registry: CAIR2 or Healthy Futures (HF)/RIDE**

- CAIR2 users submit to CAIR2; HF/RIDE users submit to HF/RIDE
- Includes all vaccinations given for all ages
- TB test results must also be reported





# AB1797 (con't)

Healthcare providers must also enter/submit the Race and Ethnicity for each patient receiving vaccinations to CAIR2 or Healthy Futures/RIDE. This is to support the assessment of health disparities in immunization coverage.

- If a patient prefers not to share this information, the provider is able to select/submit a “Prefer not to say” option in the IZ Registry.
- From 1/1/2023 to 1/1/2026, the law also allows Schools and licensed Childcare facilities to look-up students’ COVID-19 vaccination status in the IZ Registry for attendance purposes.

**For more information go to our AB1797 FAQs:**

<https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/AB1797-Registry-FAQs.aspx>



# CAIR Enrollment

## ➤ Not enrolled?

Enroll here

## ➤ Already enrolled?

**Supervisors only:** Update your site/user information – e.g. add users, shot givers

## ➤ Not sure of your enrollment status or if your site is enrolled in CAIR2?

- Contact your LCR



en Español

Contact Us

About

News & Media

Jobs/Careers

Select Language

+ Text Resize -



I am looking for

I am a

Programs

A-Z Index

Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | CAIR | California Immunization Registry

## CALIFORNIA IMMUNIZATION REGISTRY

CAIR

Join CAIR

CAIR Users

Data Exchange

Training & Resources

Finding Records

Hours:

9am–4pm Monday to Thursday

10am–4pm Friday

CAIRHelpdesk@cdph.ca.gov

Phone: 800-578-7889

Fax: 888-436-8320

## CAIR Updates

CAIR Sign In

Account Update

CAIR User FAQs

Local CAIR Representatives (LCR)

CAIR Help Desk

Coverage Levels (COGASA)

CAIR2 User Group



The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents.

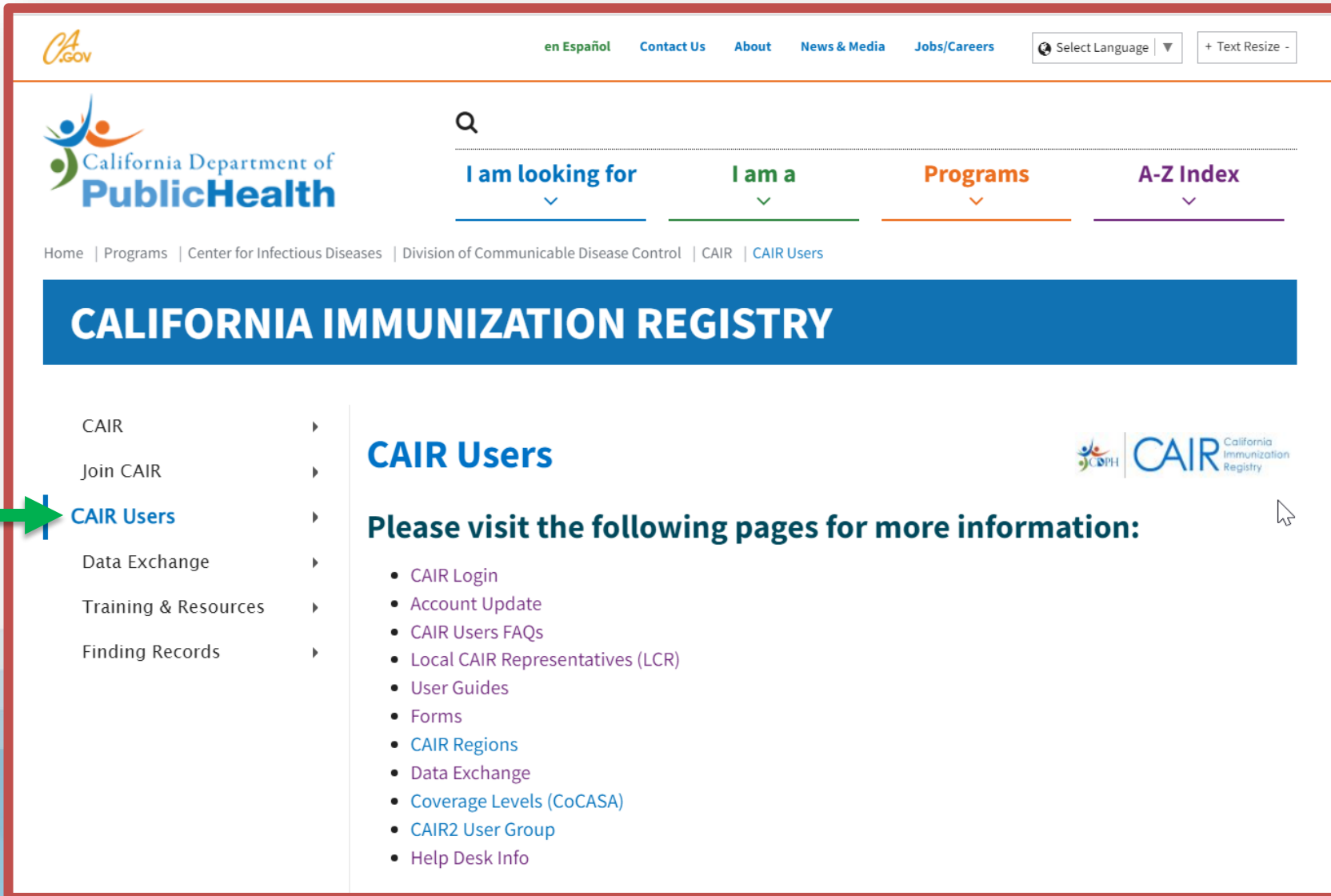
Welcome to the new CAIR informational website!

CAIR Home page: [cdph.ca.gov/cair](https://cdph.ca.gov/cair)

LCR page: [go.cdph.ca.gov/cair-lcr](https://go.cdph.ca.gov/cair-lcr)



# Existing CAIR Users



The screenshot shows the CAIR website interface. At the top left is the CA.gov logo. The top navigation bar includes links for 'en Español', 'Contact Us', 'About', 'News & Media', and 'Jobs/Careers', along with a language selection dropdown and a text resize button. Below the navigation is the California Department of Public Health logo and a search bar. A secondary navigation bar contains 'I am looking for', 'I am a', 'Programs', and 'A-Z Index' dropdown menus. A breadcrumb trail reads: Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | CAIR | CAIR Users. A large blue banner displays 'CALIFORNIA IMMUNIZATION REGISTRY'. On the left, a sidebar menu lists: CAIR, Join CAIR, CAIR Users (highlighted with a green arrow), Data Exchange, Training & Resources, and Finding Records. The main content area features the 'CAIR Users' heading, a CAIR logo, and the text 'Please visit the following pages for more information:' followed by a bulleted list of links: CAIR Login, Account Update, CAIR Users FAQs, Local CAIR Representatives (LCR), User Guides, Forms, CAIR Regions, Data Exchange, Coverage Levels (CoCASA), CAIR2 User Group, and Help Desk Info.

# COVID-19 & Flu IZ Providers

- If a site is documenting only COVID-19 or COVID-19 and Flu vaccinations in CAIR they will use **My Turn** or submit to CAIR via **Data Exchange**
- **Using My Turn for Flu-only providers**
  - New Providers joining CAIR (or existing ones) that give Flu-only can now use My Turn for Flu-only activities. The site does *not* need to be a Covid provider to use My Turn for Flu.
- **My Turn** automatically uploads COVID-19 and Flu IZ doses in CAIR

## My Turn Contact Information

### Website:

<https://eziz.org/covid/myturn/>

### My Turn Flu Only Info:

<https://eziz.org/covid/myturn/flu/>

### My Turn Flu Only Enrollment:

<https://eziz.org/assets/docs/COVID19/MyTurnFlu-EnrollmentKit2.pdf>

### Onboarding email:

[myturnonboarding@cdph.ca.gov](mailto:myturnonboarding@cdph.ca.gov)

Help desk: [myturninfo@cdph.ca.gov](mailto:myturninfo@cdph.ca.gov)



# Immunization Record Requests

➤ The general public may request their Covid-only record or their full CAIR Immunization Record directly on: [cph.ca.gov/cair](https://cph.ca.gov/cair)

➤ Digital Covid-19 Vaccine Record (DCVR) request: <https://myvaccinerecord.cdph.ca.gov/>

The screenshot shows the California Department of Public Health website. At the top, there is a search bar and navigation links: "I am looking for", "I am a", "Programs", and "A-Z Index". Below this is a breadcrumb trail: "Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | CAIR | California Immunization Registry". The main heading is "CALIFORNIA IMMUNIZATION REGISTRY". On the left, a menu lists: "CAIR", "Join CAIR", "CAIR Users", "Data Exchange", "Training & Resources", and "Finding Records". The "Record Request Forms" link is highlighted with an orange box and an arrow pointing from the text on the left. Below the menu, there are "Hours" (9am-4pm Monday to Thursday, 10am-4pm Friday), contact information (CAIRHelpdesk@cdph.ca.gov, Phone: 800-578-7889, Fax: 888-436-8320), and a "CAIR Updates" section with a grid of photos of diverse people. A "CAIR" logo is also visible. At the bottom, there is a note: "Please bookmark this page or use the shortcut: CDPH.ca.gov/CAIR. The old website address (cairweb.org) will be".



# Medical Exemptions (ME)

- Through **CAIR-ME**, providers can issue and manage standardized medical exemptions for children in school or childcare.
- **MEs are not entered or tracked in CAIR2.**
- Sites do **not** need CAIR2 accounts to enter MEs.
- CAIR-ME Contact:  
[medicalexemptions@cdph.ca.gov](mailto:medicalexemptions@cdph.ca.gov).

Please visit the CAIR-ME website for more information:

The screenshot shows the CAIR website interface. At the top, there is a navigation bar with the 'PublicHealth' logo and several dropdown menus for 'CAIR Lookup', 'CAIR', 'Programs', and 'CAIR-USA'. Below this is a breadcrumb trail: Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | CAIR | Schools. A prominent blue banner reads 'CALIFORNIA IMMUNIZATION REGISTRY'. On the left, a vertical menu lists: CAIR, Join CAIR, CAIR Users, Data Exchange, Training & Resources, and Finding Records. The 'Finding Records' item is circled in red. The main content area features the heading 'How CAIR Helps Schools and Child Care Facilities' with the CAIR logo. Below this heading is a list of bullet points: 'The School and Childcare Roster Lookup (SCRL) is now available! An invitation to register was sent to authorized CAIR2 School Users on 10/25/22. This new application quickly returns the immunization status for each child on your roster found in the California Immunization Registry (CAIR), using pre-K or K-12 immunization requirements. You can easily see which children are up to date or behind on their immunizations.', 'CAIR Helps Schools and Child Care Facilities (PDF) Learn the benefits!', 'CAIR2 Training Videos and Quick Guides (Tip sheet for log-in, search, & printing of CAIR2 reports)', 'Sharing Student Shot Records with CAIR2 (PDF) To have your school immunization record system exchange data with CAIR, have your IT support review these steps and contact the CAIR2 Help Desk for more information. To evaluate your needs, a Data Exchange Specialist may be assigned to help you.', and 'The Shots for School website provides information about CA child care/school immunization requirements and also includes a child care/school lookup to determine how well immunized your child's school/child care is.' At the bottom of the content area, the heading 'School/Childcare Medical Exemption Page' is circled in red, followed by the text: 'Starting January 1st 2021, parents wishing to obtain medical exemptions from school/childcare vaccination requirements for their children will need to request those exemptions at the link below.' and a link to 'CAIR2 Medical Exemptions Page'.





# Local CAIR2 Reps for San Diego County

<https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-users-LCR.aspx>

<p>San Diego Immunization Registry (SDIR) Region</p>	<p><b>Local CAIR Rep (LCR):</b> <b>Giselle Garcia</b> Phone: 559-228-5804 Email: <a href="mailto:giselle.garcia@cdph.ca.gov">giselle.garcia@cdph.ca.gov</a></p> <p><b>Karla Corado</b> Phone: 213-351-7472 Email: <a href="mailto:kcorado@ph.lacounty.gov">kcorado@ph.lacounty.gov</a></p>	<p>San Diego</p>
--	--	------------------

# CAIR2 Contact Information

**Local CAIR Representatives (LCRs):** [go.cdph.ca.gov/cair-lcr](https://go.cdph.ca.gov/cair-lcr)

## **CAIR Help Desk**

Phone: 800-578-7889 option #9

Email: [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)

## **CAIR Data Exchange Specialists**

Email: [CAIRDataExchange@cdph.ca.gov](mailto:CAIRDataExchange@cdph.ca.gov)

## **Medical Exemptions (ME)**

Email: [MedicalExemptions@cdph.ca.gov](mailto:MedicalExemptions@cdph.ca.gov)

## **COVID Call Center**

Phone: 833-502-1245

Email: [COVIDCallCenter@cdph.ca.gov](mailto:COVIDCallCenter@cdph.ca.gov)

# Thank you!



# Personnel Updates - Vacancies

- VFC Field Representative – **New 1/27/2023**
  - [Job Link](#)
- Local CAIR2 Rep – San Diego – **New 1/27/2023**
  - [Job Link](#)

# SoCal Region Staff Contacts

- **Mary Rebbert, SR Field Representative**  
[Mary.Rebbert@cdph.ca.gov](mailto:Mary.Rebbert@cdph.ca.gov)  
619-838-6360
- **Melissa Thun, JR Field Representative**  
[Melissa.Thun@cdph.ca.gov](mailto:Melissa.Thun@cdph.ca.gov)  
213-407-2878
- **Manny Mones, Field Representative**  
San Diego County & Imperial County  
[Manny.Mones@cdph.ca.gov](mailto:Manny.Mones@cdph.ca.gov)  
619-609-6206
- **Carol Connell, Field Representative**  
San Bernardino County  
[Carol.Connell@cdph.ca.gov](mailto:Carol.Connell@cdph.ca.gov)  
619-772-1935
- **Michelle Miranda, Field Representative**  
SoCal Region Float  
[Michelle.Miranda@cdph.ca.gov](mailto:Michelle.Miranda@cdph.ca.gov)  
619-577-2247

## Local CAIR Reps:

- **Ashley Diaz – Imperial, Riverside & San Bernardino Counties**  
[Ashley.Diaz@cdph.ca.gov](mailto:Ashley.Diaz@cdph.ca.gov)
- **Angelina Carrillo, Orange County**
  - In Training
- **Marisol Delgado – CAIR Trainer**  
[marisol.delgado@cdph.ca.gov](mailto:marisol.delgado@cdph.ca.gov)



## **2023 SDIC General Meeting Series**

Every first Wednesday of even months from 12:30pm – 3:00pm

Next Meeting: Wed. April 5<sup>th</sup>, 2023

Save the Date: 4/5, 6/7, 8/2, 10/4, 12/1

COC Chambers

5520 Overland Avenue

San Diego, CA 92123

**Thank you!**