

# Welcome to Talking with Patients about the Updated COVID-19 Vaccine

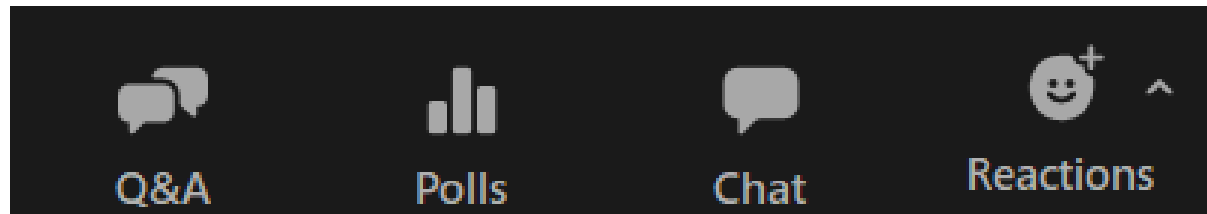


September 27, 2023  
12:00PM – 1:00PM



# Questions

**During today's webinar, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.**



**Resource links will be dropped into, “Chat”**

# Housekeeping

## Reminder to Attendees:



Today's session is being recorded. Access today's slides and archived presentations at: [COVID-19 Crucial Conversations](#)

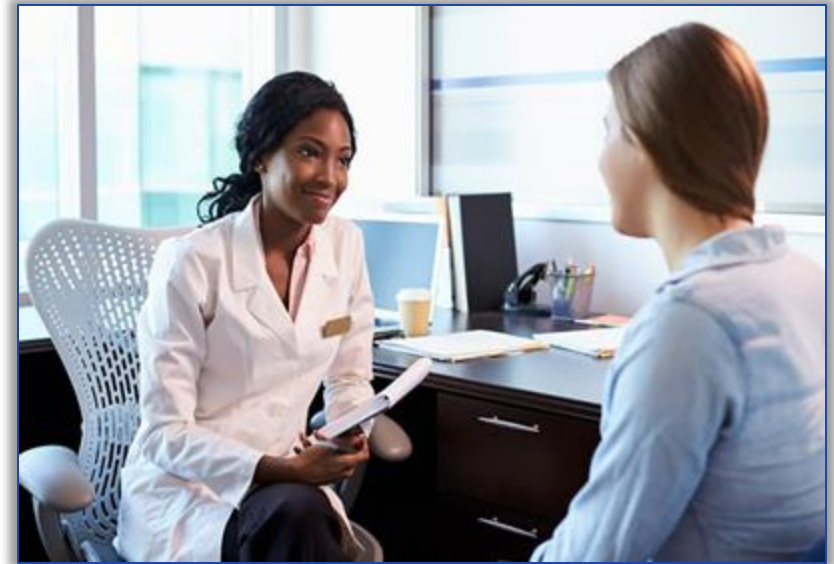


If you have post-webinar questions, please email [diane.evans@cdph.ca.gov](mailto:diane.evans@cdph.ca.gov)

# Webinar Objectives

## Participants will learn:

- Updated COVID-19 vaccine recommendations
- Strategies to effectively counsel patients on the benefits of the updated COVID-19 vaccine
- Specific considerations for talking with populations at higher risk of severe outcomes of COVID-19



# Agenda: September 27, 2023

No.	Item	Speaker(s)	Time (PM)
1	Welcome and Poll	Diane Evans (CDPH)	12:00 – 12:03
2	Talking with Patients about the Updated COVID-19 Vaccine	Alex McDonald, MD, FAAFP, CAQSM	12:03 – 12:40
Questions and Answers			12:40 – 12:55
3	Poll and Resources	Diane Evans (CDPH)	12:55 – 1:00
<b>Thank you!</b>			

# Poll: CDPH appreciates your feedback!

**How confident are you in your ability to effectively discuss the updated COVID-19 vaccine with patients?**

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident



# Talking with Patients about the Updated COVID-19 Vaccine

Alex McDonald, MD, FAAFP, CAQSM



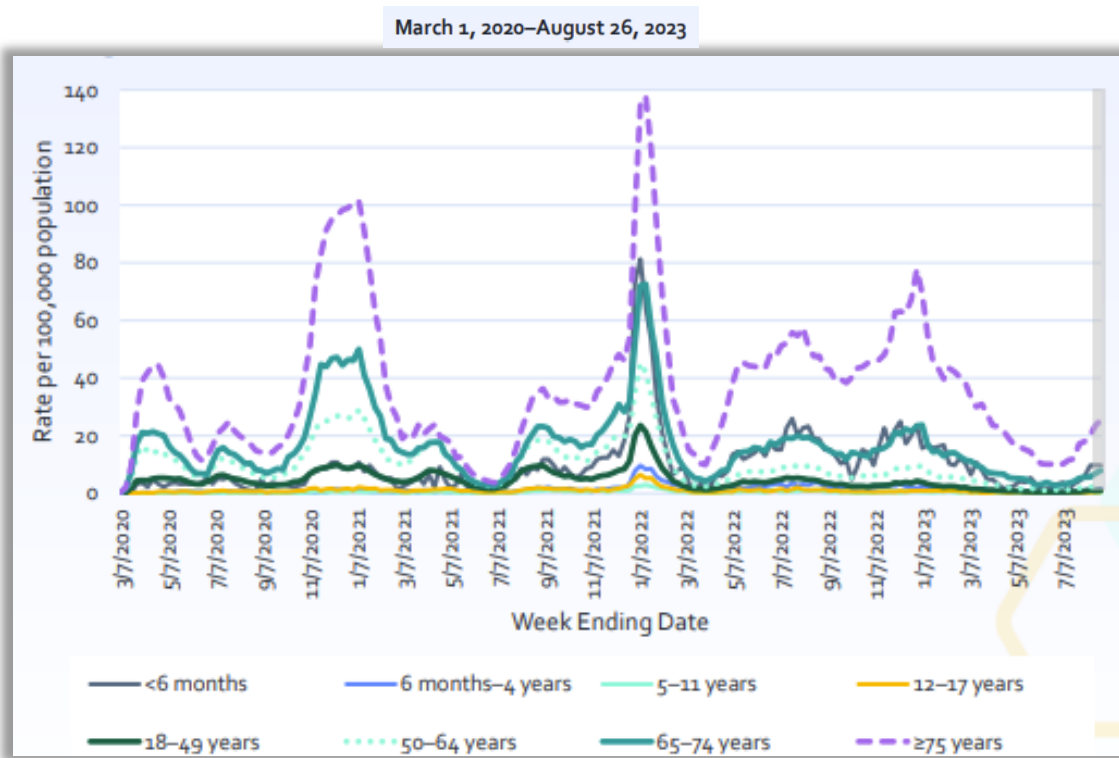


## Updated COVID-19 Vaccine Recommendations

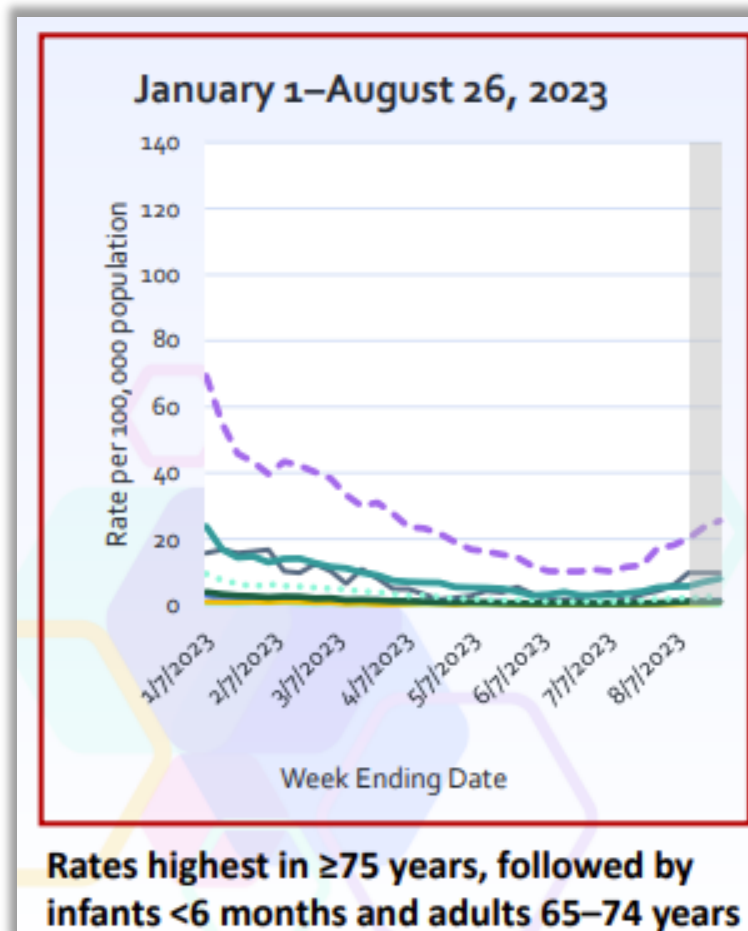


# Weekly Population-Based Rates of COVID-19 Association Hospitalizations

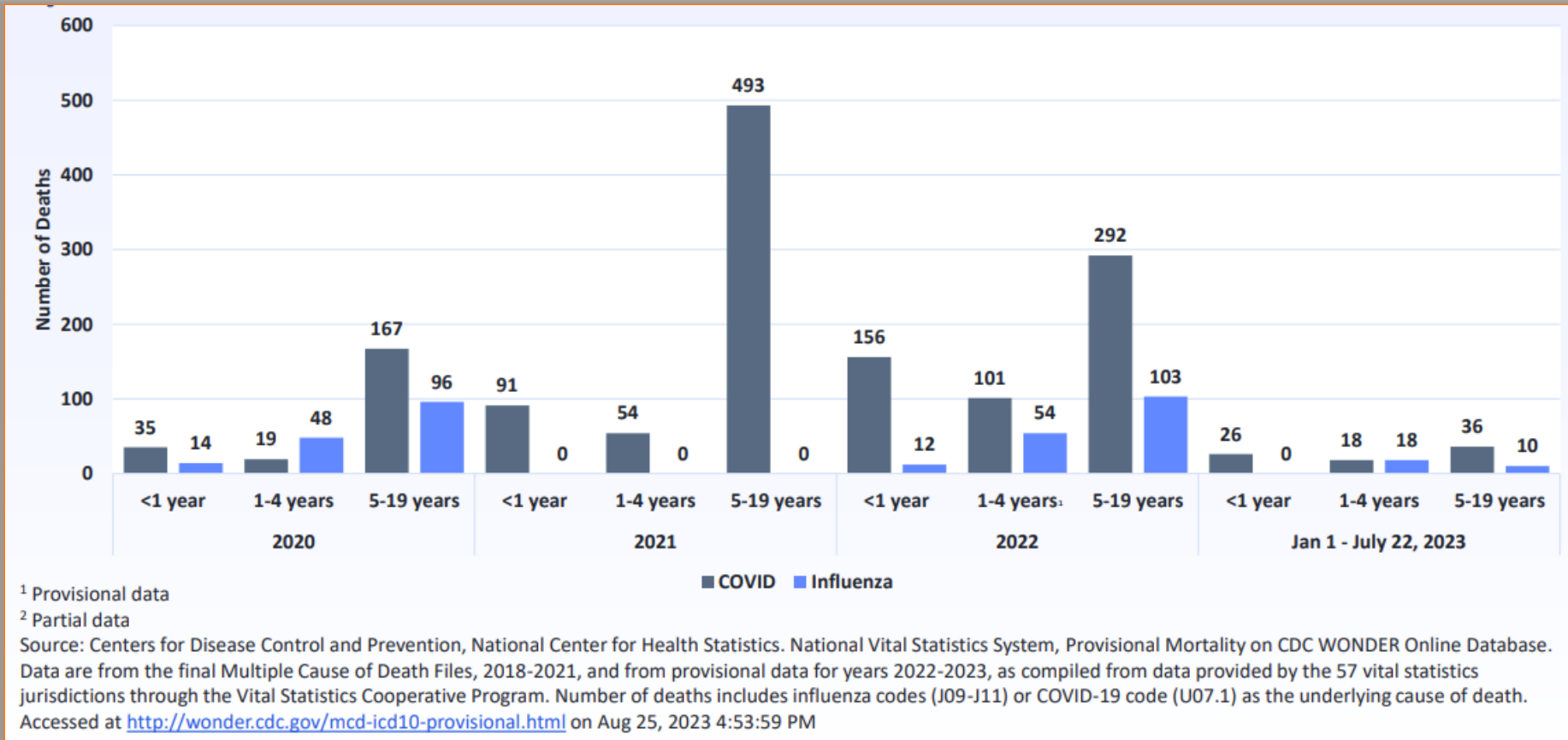
March 2020 – August 26, 2023



Gray boxes indicate potential reporting delays. Interpretation of trends should be excluded from these weeks.



# COVID-19 and Influenza-associated Deaths in Persons Ages 19 years and Younger (By Underlying Cause of Death), by Age and Year



# CDC Recommends Updated 2023-2024 COVID-19 Vaccines for Everyone 6 Months and Older

- The 2023–2024 formulation has been updated to a **monovalent** vaccine based on the Omicron XBB.1.5 sublineage of SARS-CoV-2
- Receiving an updated COVID-19 vaccine is safe and can restore protection against infections and severe disease.
- Vaccination remains the [best protection](#) against COVID-19-related hospitalization and death. Vaccination can also reduce the chance of suffering the effects of [Long COVID](#).
- **The bivalent formulation is no longer authorized (Original and Omicron BA.4/BA.5) and should not be used**
- Updated Novavax 2023-2024 formulation is under FDA review. Original Novavax vaccine is still authorized.

# CDC COVID-19 Updated (Monovalent XBB) Vaccine Summary

Effectiveness	Safety	Risks vs. Benefits
<ul style="list-style-type: none"><li>• Monovalent XBB containing COVID-19 vaccines increase the immune response against the currently circulating variants</li><li>• Last year's updated vaccine was effective at preventing medically attended COVID-19, hospitalization due to COVID-19, and death due to COVID-19</li><li>• Accumulating evidence that COVID-19 vaccination reduces post-COVID conditions among both children and adults</li></ul>	<ul style="list-style-type: none"><li>• COVID-19 vaccines have a high degree of safety</li><li>• Rare events of myocarditis and anaphylaxis have been seen in post-authorization studies; unlikely that updating the formulation would increase adverse event rates</li></ul>	<ul style="list-style-type: none"><li>• Benefits are anticipated in all age groups; benefits of COVID-19 vaccines vary by age and incidence of COVID-19 hospitalizations</li><li>• Benefits outweigh risks in age groups for which risk of myocarditis is highest</li><li>• Modeling projects more hospitalizations and deaths averted when updated doses are universally recommended compared to no recommendation or recommended only for persons <math>\geq 65</math> years</li></ul>

# COVID-19 Vaccine Timing: Routine Schedule

- **Ages 6 months through 4 years**

- Unvaccinated: 2 doses of updated Moderna COVID-19 vaccine or 3 doses of updated Pfizer-BioNTech COVID-19 vaccine
- Previously vaccinated: 1 or 2 doses of updated mRNA vaccine depending on number of previous doses

- **Ages 5 years and older**

- Receive 1 dose of updated (2023–2024 Formula) mRNA COVID-19 vaccine, regardless of previous vaccination history
- No additional doses recommended for people 65+ at this time
- Pediatric age transition: age-appropriate vaccine product and dosage recommended on day of vaccination, **except** for children who receive the Pfizer-BioNTech COVID-19 Vaccine and transition from age 4 years to 5 years during the 3-dose vaccination series (see [Transitioning from a younger to older age group](#))

## COVID-19 Vaccine Timing 2023-24 –Routine Schedule

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

# Clinical Recommendations for Persons with Immunocompromise\*

## Persons with moderate or severe immunocompromise

- Unvaccinated: People 6 months of age and older are recommended to receive 3 homologous doses of either updated Pfizer-BioNTech or Moderna COVID-19 vaccine
- Previously vaccinated: 1 or 2 doses of updated mRNA vaccine depending on number of previous doses
- May receive 1 or more additional updated mRNA COVID-19 vaccine doses, at least 2 months after their last COVID-19 dose

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


\*Description of moderate and severe immunocompromising conditions and treatment  
 CDC Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States



# Coadministration of COVID-19 Vaccine and Other Vaccines

In accordance with [General Best Practice Guidelines for Immunization](#), routine administration of all age-appropriate doses of vaccines simultaneously (coadministration) is recommended for children, adolescents, and adults if there are no contraindications at the time of the healthcare visit.

Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients.

**COVID-19 Vaccine Coadministration Tips** 

**Routine and flu vaccines may be administered on the same day as COVID-19 vaccines.**

**Considerations—What are the risks of:**

- Missing recommended vaccines and catching COVID-19 or other vaccine-preventable diseases before the next appointment?
- Reactions from each vaccine?


**Organize syringes:**

- Label each syringe with vaccine name, dosage, lot number, initials of the preparer, and the exact beyond-use time.
- Place syringes on a clean tray, grouping vaccines by administration site.

**Patient Care:**

- When possible, administer the COVID-19 vaccine in a different arm from vaccines more likely to cause a local reaction (e.g., tetanus-toxoid-containing vaccines).
- Give the most painful injections last (e.g., MMR, HPV).
- If patient is anxious, try using these tips to ease anxiety during vaccination.
- After administration, observe patient for 15 minutes (30 minutes if at increased risk for anaphylaxis). Report any adverse events to VAERS.

**Examples for preteens and kids:**




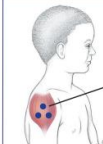
**Separate injection sites by 1 inch or more, if possible.**

**Administer COVID-19 vaccines by intramuscular (IM) injection.**

**Age: 3 years and older**



- **Site: Deltoid muscle**, above the level of the armpit
- **Needle:** 1 inch, 22-25 gauge (1 1/2 inches for larger patients)
- Bunch up the muscle and insert entire needle at a 90° angle

Refer to CDC product info for administration steps by product.



**Under 3 years**

- **Site: Vastus lateralis muscle**, in the anterolateral thigh (outside of the leg in the mid- to upper-thigh)
- **Needle:** 1 inch, 22-25 gauge
- Bunch up the muscle and insert entire needle at a 90° angle



California COVID-19 Vaccination Program IMM-1389 (8/10/22)

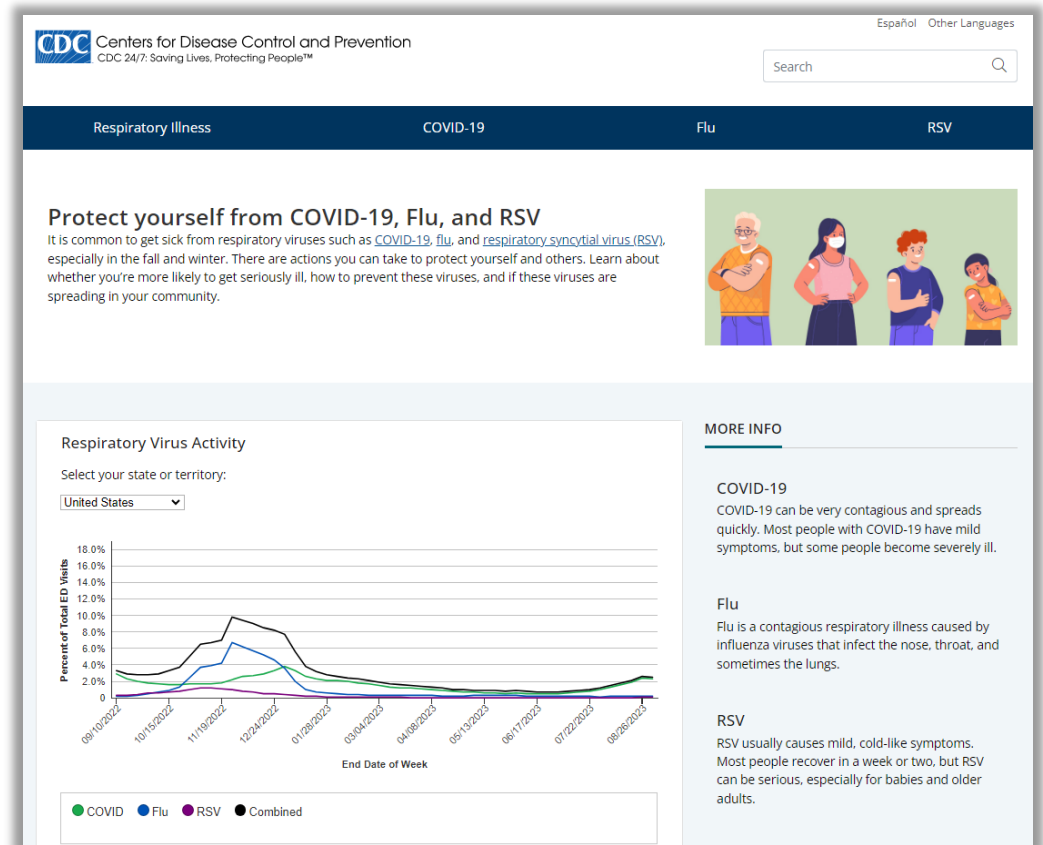
## [COVID-19 Vaccine Coadministration Tips](#)

# Protect yourself from COVID-19, Flu and RSV

## CDC Respiratory Viruses page

[www.cdc.gov/respiratory-viruses/index.htm](http://www.cdc.gov/respiratory-viruses/index.htm)

- CDC recommends that everyone 6 months and older stay up to date on [COVID-19 vaccines](#) and receive a [seasonal flu vaccine](#).
- If you are 60 years and older, talk to your healthcare provider to see if RSV vaccination is right for you.
- CDC recommends [RSV vaccine during 32 through 36 weeks of pregnancy](#) to prevent RSV in infants.
- CDC also recommends nirsevimab for all infants younger than 8 months who are born during or entering their first RSV season, as well as older babies 8 to 19 months old including American Indian or Alaska Native (AIAN) children.



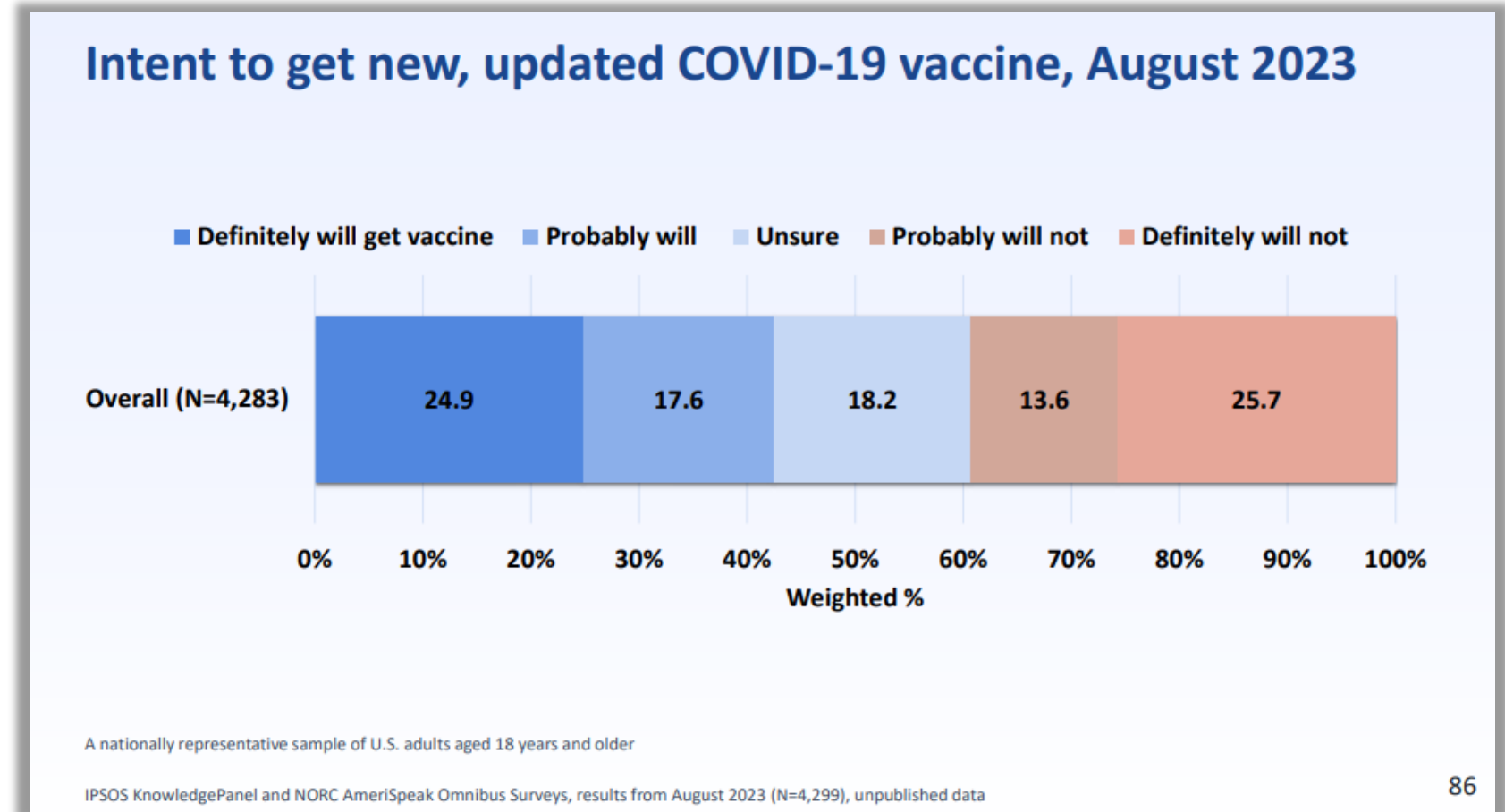




## How to Talk with Patients about the Updated COVID-19 Vaccine

# 2023-2024 mRNA Vaccine Uptake Perceptions

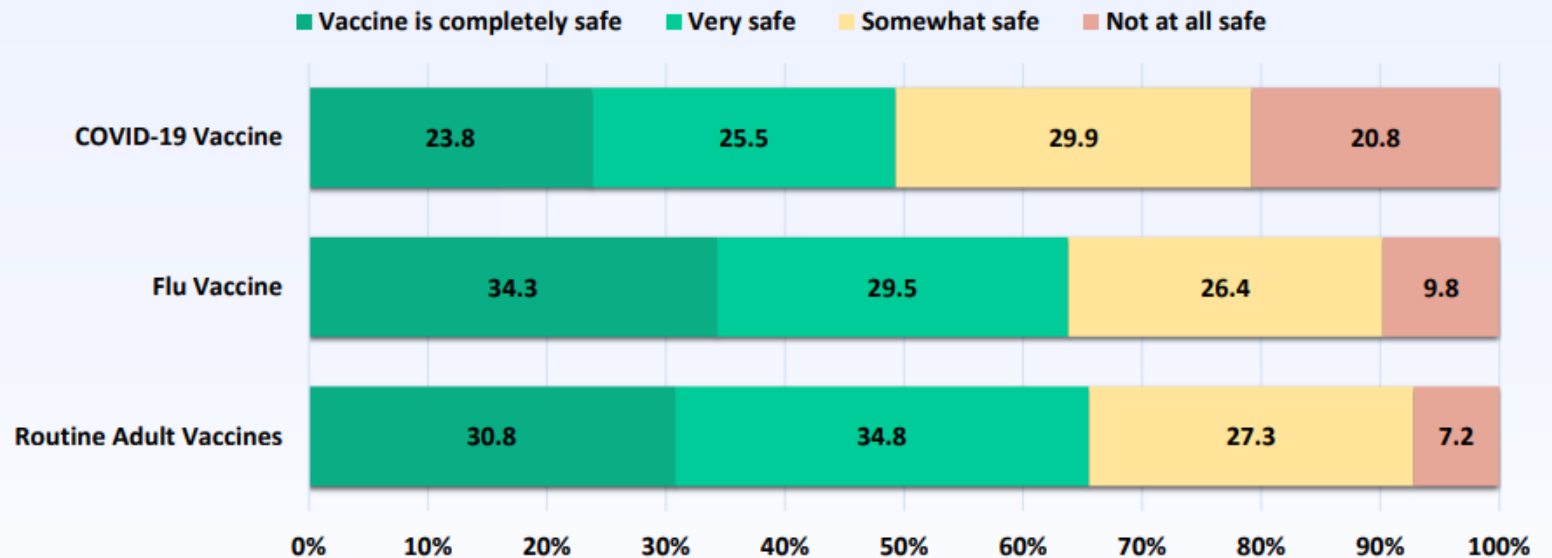
- About 43% of adults reported they will “definitely” or “probably” get the new, updated COVID-19 vaccine.
- In September 2022, 32% of adults reported they planned to get a bivalent booster ([Kaiser Family Foundation](#)) and 21% of US (and CA) adults went on to receive a bivalent booster ([CDC](#)).



# 2023-2024 mRNA Vaccine Uptake Perceptions

- Over 60% of adults believe the flu vaccine is “completely” or “very” safe compared to 49% for COVID-19 vaccine.
- 21% of adults believe the COVID-19 vaccines are “not at all safe” compared to 10% for the flu vaccine.

## Confidence in vaccine safety is higher for influenza and other routine adult vaccines than for COVID-19 vaccine, June 2023



Analysis limited to those who responded to all three survey questions (N=4,164). Omitted category of respondents who answered “not sure” is <1%.


A nationally representative sample of U.S. adults aged 18 years and older

IPSOS KnowledgePanel and NORC AmeriSpeak Omnibus Surveys, results from June 2023 (N=4,214), unpublished data

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# Trending Misinformation about the Updated COVID-19 Vaccine

- New resource for clinicians and other health care providers to help be prepared to respond to patients exposed to recent misinformation.
- [Infodemiology.com](https://infodemiology.com) provides real-time insights about trending vaccine misinformation and tips to respond.
- Insights are derived from large scale media monitoring systems and public health analysts.
- Let's look at the false info spreading following the announcements about the updated vaccines.



The screenshot shows the Infodemiology.com website interface. At the top left is the logo and name 'Infodemiology.com'. To the right is a hamburger menu icon. The main heading reads: 'Weekly **Infodemiology Insights** and recommendations, powered by **real-time data** from across the U.S.' Below this is a paragraph: 'Online health conversations are constantly evolving, exposing patient communities to concerning narratives. Researchers monitor conversations each week to empower health care providers with actionable data to anticipate patient needs.' Another paragraph follows: 'Scroll down to access to real-time dashboards at the national, regional, and state level.' A section titled 'MOST RECENT' is followed by a sub-heading 'Week of September 11, 2023'. The main text of the article begins: 'National False claims that COVID-19 vaccines can lead to autoimmune disease A former news host claims that she developed an autoimmune condition after being vaccinated for COVID-19. She says that her doctor confirmed the connection between the vaccine and autoimmune conditions, and that others have experienced similar issues after vaccination...'. At the bottom left of the article preview, it says 'SEPTEMBER 11, 2023 · 4 MIN READ'.

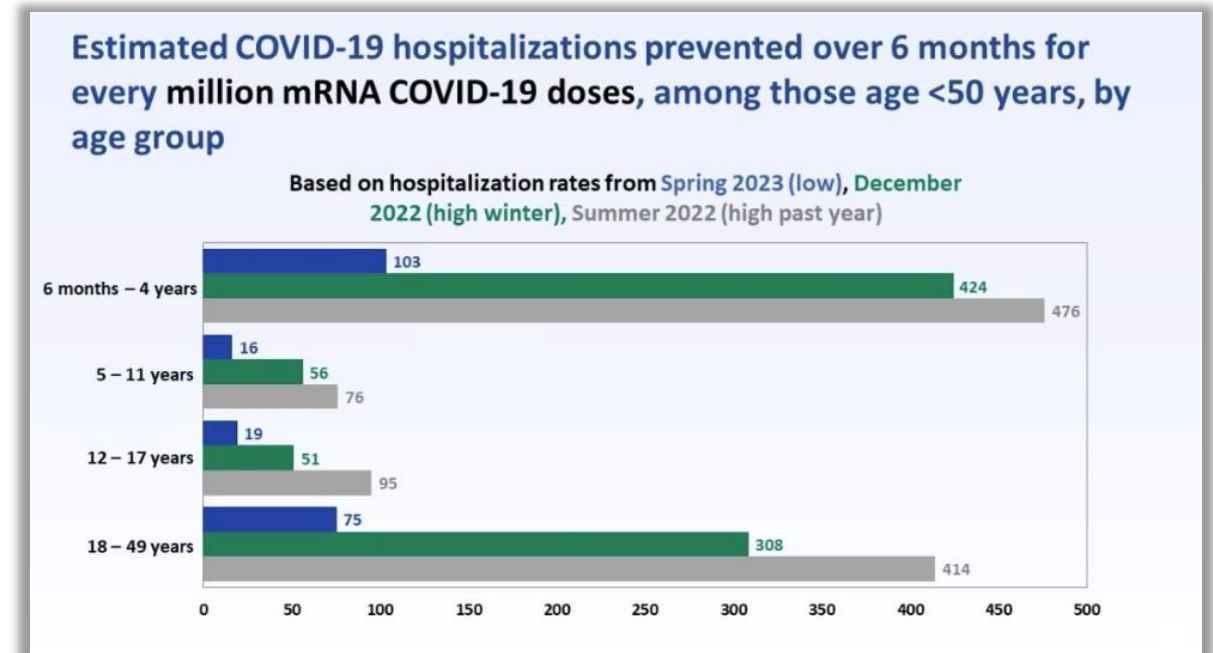
# Recent Trending False Narratives

- **The vaccines don't protect against current COVID-19 variants, have safety "red flags," and cause more harm than good in children and teens.** Fear about safety issues is a leading cause of COVID-19 vaccine hesitancy, especially where children are concerned.
- As [emerging COVID-19 variants](#) fuel a rise in infections in the U.S., multiple politicians and political commentators are promoting the theory that **the U.S. government plans to institute COVID-19 restrictions.** Speculation about COVID-19 restrictions is frequently paired with skepticism about emerging COVID-19 variants and opposition to updated vaccines.
- Vaccine opponents used **two recent studies to advance the myth that COVID-19 vaccines are unsafe.**
  - A [Swiss paper](#) published in July claims that **1 in 35 study participants who received Moderna COVID-19 boosters experienced "myocardial injury."** This paper exaggerated the clinical significance of the elevated troponin levels in the blood of some mRNA vaccine recipients, which were in the normal range of what exercise can produce.
  - A second [non-peer-reviewed study](#) authored by several prominent promoters of vaccine misinformation claimed that the **vaccines were responsible for 74 percent of deaths after COVID-19 vaccination.** The study became an anti-vaccine talking point when it was removed from a medical journal's website for violating screening criteria.

# How to Respond

**The CDC and FDA recommend updated vaccines for everyone over 6 months because they are safe and effective at preventing hospitalization and death.**

- The benefits of COVID-19 vaccination continue to outweigh any potential risks. Serious reactions after COVID-19 vaccination are rare.
- In one study, the risk of cardiac complications, including myocarditis, in males 12-17 years old was **1.8 – 5.6 times higher** after COVID-19 infection than after COVID-19 vaccination.
- The updated vaccines should work well against currently circulating variants of COVID-19, including BA.2.86, and continue to be the best way to protect yourself against severe disease.



# How to Respond

**New COVID-19 variants and waves of infections will continue to emerge as long as the virus circulates.**

- We are still at risk of COVID-19 since the virus continues to change and new variants emerge. Protection from COVID-19 vaccines and infection decline over time.
- COVID-19 burden is currently lower than at previous points in the pandemic; however, the absolute number of hospitalizations and deaths remains high.
- Older adults and persons with weakened immune systems are at highest for severe illness.
- Children and adults with no underlying medical conditions can still experience severe illness due to COVID-19.

# How to Respond

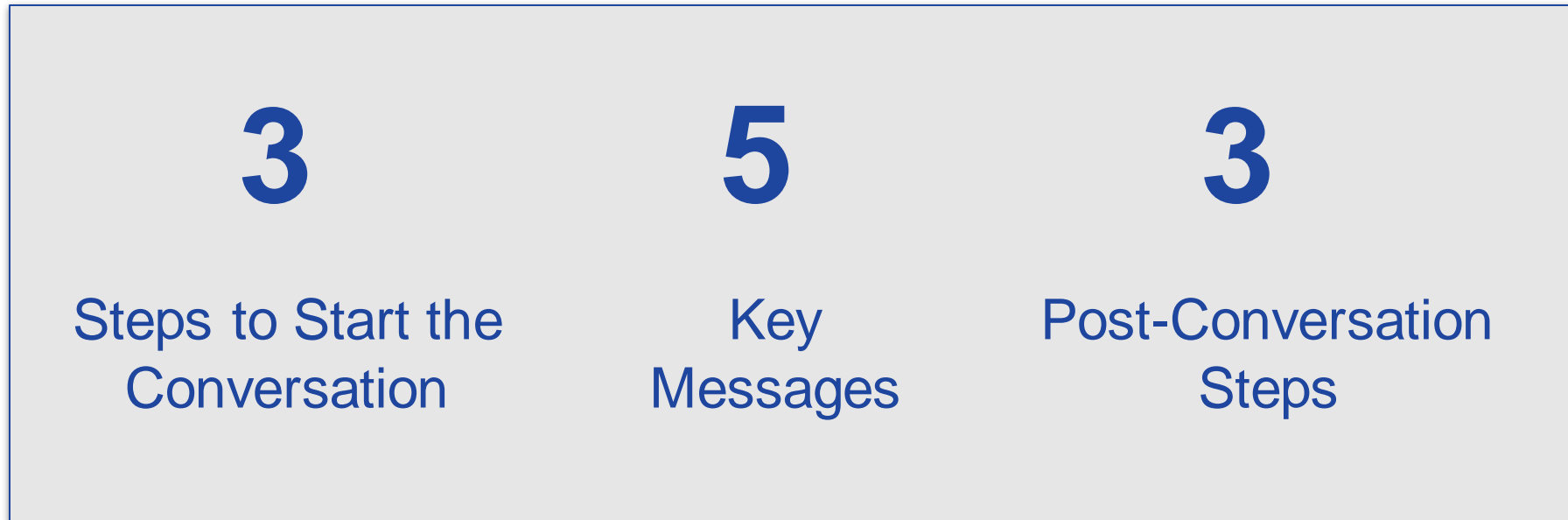
**Peer-reviewed studies and health authority data are the most credible sources on vaccine safety.**

- The overwhelming consensus of nearly three years of research is that COVID-19 vaccines are safe and serious side effects are extremely rare.
- Over two-thirds of the world's population has been safely vaccinated against COVID-19, with no evidence of widespread safety concerns.



# Conversation Methodology

aka Answering Tough Questions/Having Tough Conversations



**To address patients concerns related to myths and misinformation, use the 3-5-3 method.**



# 3 Steps to Initiating/Continuing Conversations

1

## Ask and listen to the answer

“What do you think about the vaccine?”

“Why do you feel that way?”

“What concerns do you have about the vaccine?”

2

## Create an alignment of safety

“I would be scared too. Let’s do what’s safe here.”

“We both want what's safest for you.”

3

## Find common goals

“What reasons would motivate you to get vaccinated?”

Find their personally motivating reason.

# Key Messages

1

## The vaccine will keep you safe.

The updated COVID-19 vaccine will protect you from getting very sick. Over 270 million Americans have been safely vaccinated.



# Key Messages

## 2

**Mild side effects are common. Severe side effects are rare.**

Side effects are a sign that your body is protecting you.

For a few days after vaccination, many people temporarily feel:

- Sore arm (at administration site)
- Tired or fatigue
- Headache
- Muscle pain
- Joint pain



# Key Messages

3

## **Vaccines are very effective.**

The updated COVID-19 vaccine is extremely effective at preventing hospitalization and death.



# Key Messages

## 4 The vaccine is built on 20 years of research and science.

It is good to be careful when new things come along. Health experts took all the necessary steps to produce a safe vaccine, and it was built on 20 years of research and science.



# Key Messages

5

## Have questions? Please ask.

I am glad you want to know more. Ultimately, the choice is yours. Today or when you're ready, go to [myturn.ca.gov](https://myturn.ca.gov) or text your zip code to GETVAX or VACUNA to get your vaccine.



# 3 Steps to End the Conversation

1

## Acknowledge their agency and personal choice

“I want you to get vaccinated today, but ultimately it’s your choice.”

“I’m here as a resource to help you.”

2

## Keep lines of communication open

Trust is a journey. Give folks a way to reach you that you are comfortable with as they consider their decision.

3

## Offer to find a vaccine

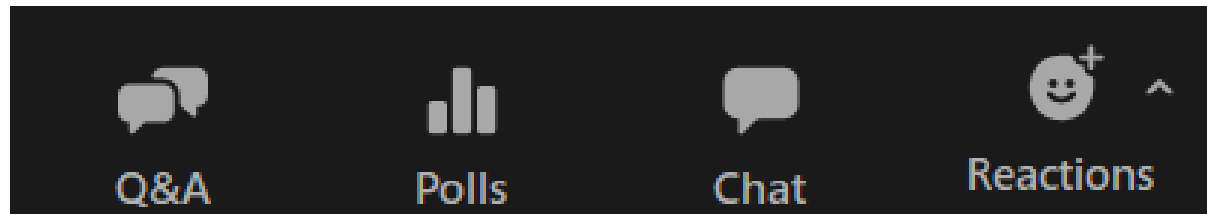
Offer [myturn.ca.gov](https://myturn.ca.gov) or have them text their zip code to GETVAX or VACUNA to find a vaccine location in their neighborhood.





# Questions

**During today's webinar, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.**



**Resource links will be dropped into, “Chat”**

# Poll & Resources

Diane Evans, CDPH

# Poll: CDPH appreciates your feedback!

**Following this webinar, how confident are you in your ability to effectively discuss the updated COVID-19 vaccine with patients?**

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident

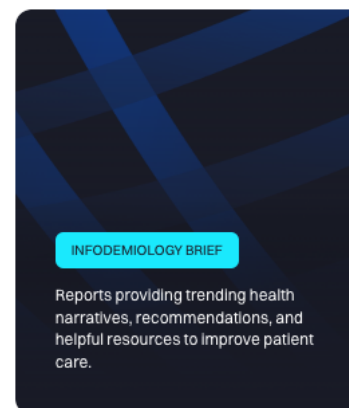




- New resource for clinicians and other health care providers.
- **Infodemiology Brief:** Monthly newsletter with reports on trending health narratives and helpful resources. [Sign up.](#)
- **Insights & Dashboards:** Weekly misinformation updates and national and state dashboards with real-time media data.
- **Infodemiology Training Program:** Learn how to identify and respond to trending health narratives. [Join the waitlist for the October launch.](#)

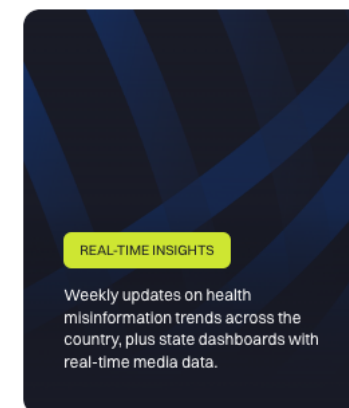
## Curated **infodemiology** resources and tools to deliver better **care**

From the latest research to tailored trainings for doctors and other health care providers, we provide actionable content to help navigate today's information landscape. Explore our resources.



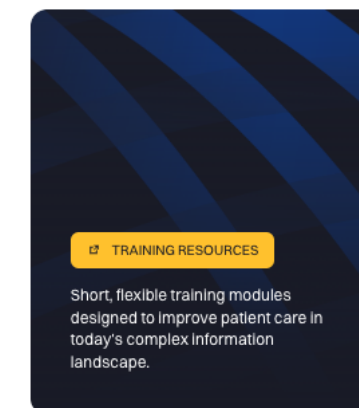
**INFODEMOLOGY BRIEF**

Reports providing trending health narratives, recommendations, and helpful resources to improve patient care.



**REAL-TIME INSIGHTS**

Weekly updates on health misinformation trends across the country, plus state dashboards with real-time media data.




**TRAINING RESOURCES**

Short, flexible training modules designed to improve patient care in today's complex information landscape.

# Digital Vaccine Record

**GET YOUR DIGITAL VACCINE RECORD**



Private. Convenient. Secure.

**What is a Digital Vaccine Record (DVR)?**  
Your Digital Vaccine Record (DVR) is an electronic vaccination record from the California Immunization Registry (CAIR) and is an official record of the state of California.

**What information does the DVR include?**  
The DVR has your name, date of birth, vaccination dates, and the vaccines you received.

**Where do I access my Digital Vaccine Record?**  
Visit [myvaccinerecord.cdph.ca.gov](http://myvaccinerecord.cdph.ca.gov) to access your record. You will need to enter your first and last name, date of birth, and mobile number or email address. You will create a PIN which will be required to obtain your DVR when the link to your record is provided to you.

**What digital records can I access from the DVR Portal?**  
There are two types of records you can access from the DVR Portal:

- **COVID-19 QR code** that (when scanned by a SMART Health Card reader) will display the same information as your paper CDC vaccine card: your name, date of birth, vaccination dates, and vaccines.
- **Record of all your vaccinations** that were reported by pharmacies and healthcare providers to CAIR. Note that your historical vaccinations may not have been reported to CAIR.

**¿Qué registros digitales puedo acceder desde el Portal DVR?**  
Hay dos tipos de registros a los que puede acceder desde el Portal DVR:

- **Código QR de COVID-19** que (cuando es escaneado por un lector de tarjetas SMART Health) mostrará la misma información que su tarjeta de papel de los CDC: su nombre, fecha de nacimiento, fechas de vacunación y las vacunas.
- **Registro de todas las vacunas** que informaron las farmacias y otros proveedores de salud a CAIR. Tome en cuenta que es posible que su historial de vacunación no se haya ingresado a CAIR.


For more DVR questions, visit [myvaccinerecord.cdph.ca.gov/faq](http://myvaccinerecord.cdph.ca.gov/faq) or call 1-833-422-4255 (open M-F 8AM-8PM, SA-SU 8AM-5PM).

California Department of Public Health, Immunization Branch

IMM-1461 (3/9/23)

## DVR Fact Sheet

**OBTenga SU REGISTRO DIGITAL DE VACUNACIÓN**



PRIVADO. COVENIENTE. SEGURO.

**Registro Digital de Vacunación (DVR)**  
Su Registro Digital de Vacunación (DVR, por sus siglas en inglés) es un registro electrónico de vacunación procedente del Registro de Vacunación de California (CAIR, por sus siglas en inglés) y es un registro oficial del estado de California.

**¿Qué información incluye el DVR?**  
El DVR tiene su nombre, fecha de nacimiento, fechas de vacunación y las vacunas que recibió.

**¿Dónde accedo mi Registro Digital de Vacunación?**  
Visite [myvaccinerecord.cdph.ca.gov](http://myvaccinerecord.cdph.ca.gov) para acceder su registro. Necesita ingresar su primer nombre y apellido, fecha de nacimiento y número de celular o correo electrónico. Necesitará crear un PIN para poder obtener su DVR cuando se le proporcione el enlace a su registro.

**¿Qué registros digitales puedo acceder desde el Portal DVR?**  
Hay dos tipos de registros a los que puede acceder desde el Portal DVR:

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Para más preguntas sobre el DVR, visite [myvaccinerecord.cdph.ca.gov/faq-es/](http://myvaccinerecord.cdph.ca.gov/faq-es/) o llame al 1-833-422-4255 (L-V 8AM-8PM, S-D 8AM-5PM).

California Department of Public Health, Immunization Branch

IMM-1461S (3/30/23)

## Spanish Version

- To access their DVR, patients should visit the [Digital Vaccine Record \(DVR\) portal](http://myvaccinerecord.cdph.ca.gov) ([myvaccinerecord.cdph.ca.gov](http://myvaccinerecord.cdph.ca.gov))
- Flyers are also available in [Arabic](#), [Simplified Chinese](#) and [Traditional Chinese](#), [Korean](#), [Tagalog](#) and [Vietnamese](#).
- The DVR request form is also available in the languages listed above to support easy communication. Records are also printable in these languages! See our [DVR FAQs](#) for more information.

# Commercialization at a Glance: Provider Transition Guide

## Commercialization at a Glance: Provider Transition Guide



### California COVID-19 Vaccination Program

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

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

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

California Department of Public Health, IZ Branch

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IMM-1467 (9/15/23)

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

The current information, and other resources, can be found on EZIZ.org using this link: [Commercialization at a Glance: Provider Transition Guide](#).

Updated: 9.15.23

# COVID-19 Vaccine Provider FAQs

- Answers to provider questions
- Updated 9/14/2023
- Currently in its 132nd iteration!



**Q: Following FDA authorization and CDC recommendations for the updated 2023-2024 COVID-19 vaccines, are bivalent mRNA COVID-19 vaccines still authorized for use?**

**A:** No. Bivalent mRNA COVID-19 vaccines are no longer authorized for use. To prevent [vaccine administration errors](#), Providers should report and dispose of COVID-19 vaccines:

- Remove all bivalent mRNA COVID-19 vaccines from storage units regardless of expiration dates.
- Dispose of all bivalent mRNA COVID-19 vaccine vials in pharmaceutical waste containers or comingled pharmaceutical/sharps waste containers in accordance with local regulations and practice protocols for the disposal of regulated medical waste.
- Inactive providers can now report waste in myCAvax. The waste reporting deadline is Saturday, September 30, 2023, by 11:59PM. Report vaccine products as “Waste” in myCAvax and use “Other” to add comment “deauthorized.”

COVID-19 Vaccine FAQs v.132\_9.14.23 1


### COVID-19 Vaccine FAQs

For Providers administering COVID-19 vaccine.  
Providers may also visit [EZIZ.org COVID-19 Webpage](#) and [EZIZ COVID-19 Resources](#) for information and updates.

Directions: [Click on a category to be directed to related FAQs.](#)

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# EZIZ COVID-19 Resources Page

## COVID-19 Vaccine Resources

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

Accessible from BAP Menu and EZIZ Home Page!

## Vaccine Information

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

## Vaccine Administration

## Communicating with Patients

- Resources for Patients
- Vaccine Confidence



California's Vaccine Programs			
<b>VFC</b> California Vaccines for Children Program	<b>VFA</b> California Vaccines for Adults Program	<b>BAP</b> California Bridge Access Program	<b>317</b> Local Health Departments
Ordering & Vaccine Management		Storage Requirements	
<ul style="list-style-type: none"> <li>• MyVFCvaccines (for VFC and VFA)</li> <li>• MyCAvax (for BAP and 317)</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine Storage Units</li> <li>• Digital Data Loggers</li> </ul>		
Alerts!			
<b>2023 COVID-19 Vaccine</b> <ul style="list-style-type: none"> <li>• CDC Recommends Updated 2023-2024 COVID-19 Vaccines for Everyone 6 Months and Older (9/13)</li> <li>• New COVID-19 Vaccine Resources page</li> </ul>			



## Vaccine Information

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

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

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

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

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

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

## Novavax (2021 COVID-19 Vaccine, Adjuvanted)

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

## General Resources

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

## Vaccine Administration

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

## Communicating with Patients

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



# COVID-19 Vaccine Support

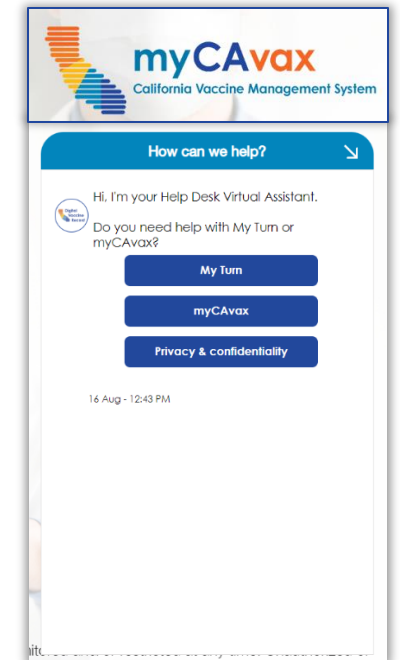
## Provider Call Center

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

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

## myCAvax

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



# Upcoming Opportunities



Friday



Provider Celebration Webinar



Next session: Friday, September 29, 9AM – 10:30AM



Special Thanks to  
Today's Presenter:

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Webinar Planning & Support:

Billie Dawn Greenblatt, Diane Evans, Rachel Jacobs,  
Tyler Janzen, Laura Lagunez-Ndereba,  
Michael Fortunka

