

Welcome to Today's Webinar: Having Respectful and Caring Immunization Conversations with Older Adults in Black, Indigenous, People of Color (BIPOC) Communities

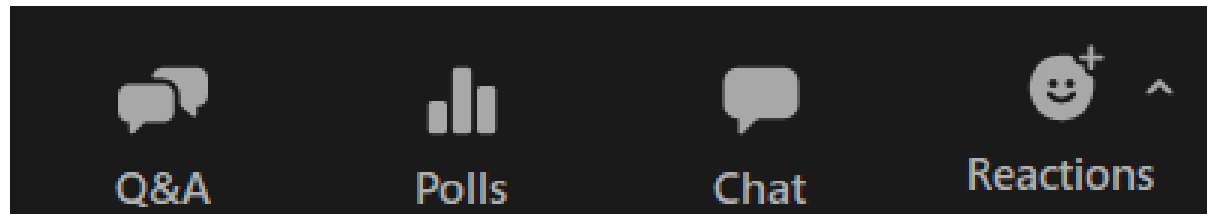


December 13th, 2023
12:00PM – 1:00PM



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](#)

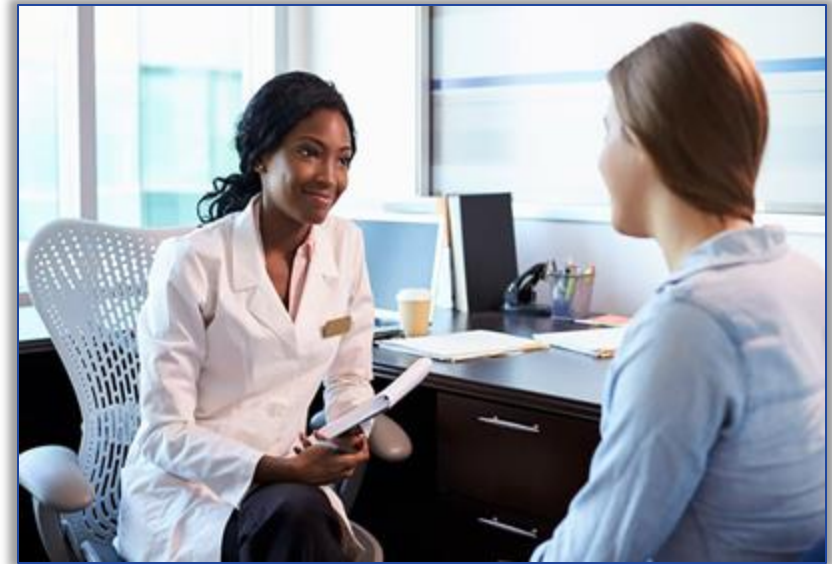


If you have post-webinar questions, please email diane.evans@cdph.ca.gov

Webinar Objectives

Participants will learn:

- The current landscape of COVID-19, flu, and respiratory syncytial virus (RSV) for older adults
- Key messages for addressing common vaccine concerns among older adults in BIPOC communities
- Access to resources and considerations to make when communicating with older adults in BIPOC communities



Agenda: Thursday, November 16, 2023

No.	Item	Speaker(s)	Time (PM)
1	Welcome and Poll	Diane Evans (CDPH)	12:00 – 12:05
2	Having respectful and caring immunization conversations with older adults in BIPOC communities	Asha Shajahan, M.D, MHSA	12:05 – 12:40
3	Questions & Answers	Asha Shajahan, M.D., MHSA, Caterina Liu, MD, MPH (CDPH)	12:40-12:55
4	Poll and Resources	Diane Evans (CDPH)	12:55 – 1:00

Thank you!

Poll: CDPH appreciates your feedback!

How confident are you in your ability to effectively have immunization conversations with older adults in BIPOC communities?

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



Having Respectful and Caring Immunization Conversations with Older Adults in BIPOC communities

Asha Shajahan, M.D, MHSA



Potential Holiday Tripledemic



+

1. COVID-19
2. Influenza
3. RSV

Tried & Tested Tips for Staying Safe this Holiday Season

1. Stay Up to Date on Vaccines
2. Stay Home if You're Sick
3. Test and Treat
4. Consider Wearing a Mask
5. Wash Your Hands
6. Cover Your Cough or Sneeze

Older adults especially from **BIPOC** communities are at **elevated risk** of hospitalization, disability, and death associated with **COVID-19, Flu and RSV**

Vaccines save lives at every age. For older adults, they're all the more important because ...



Our immune system weakens as we grow older.



Older adults are at higher risk of dying from vaccine-preventable illnesses.



Getting vaccinated helps protect babies and children who are too young for vaccines.



Getting our shots helps us protect immunocompromised people in the community.




Vaccines prevent illnesses that cause serious, life-changing complications.








Most vaccines are covered by Medicare or private insurance.

Which vaccines are recommended for older adults?

- Seasonal Influenza
- Shingles
- Pneumonia (pneumococcal disease)
- Tetanus/diphtheria/pertussis (Tdap)
- COVID-19
- RSV



FALL-WINTER 2023-24 IMMUNIZATIONS

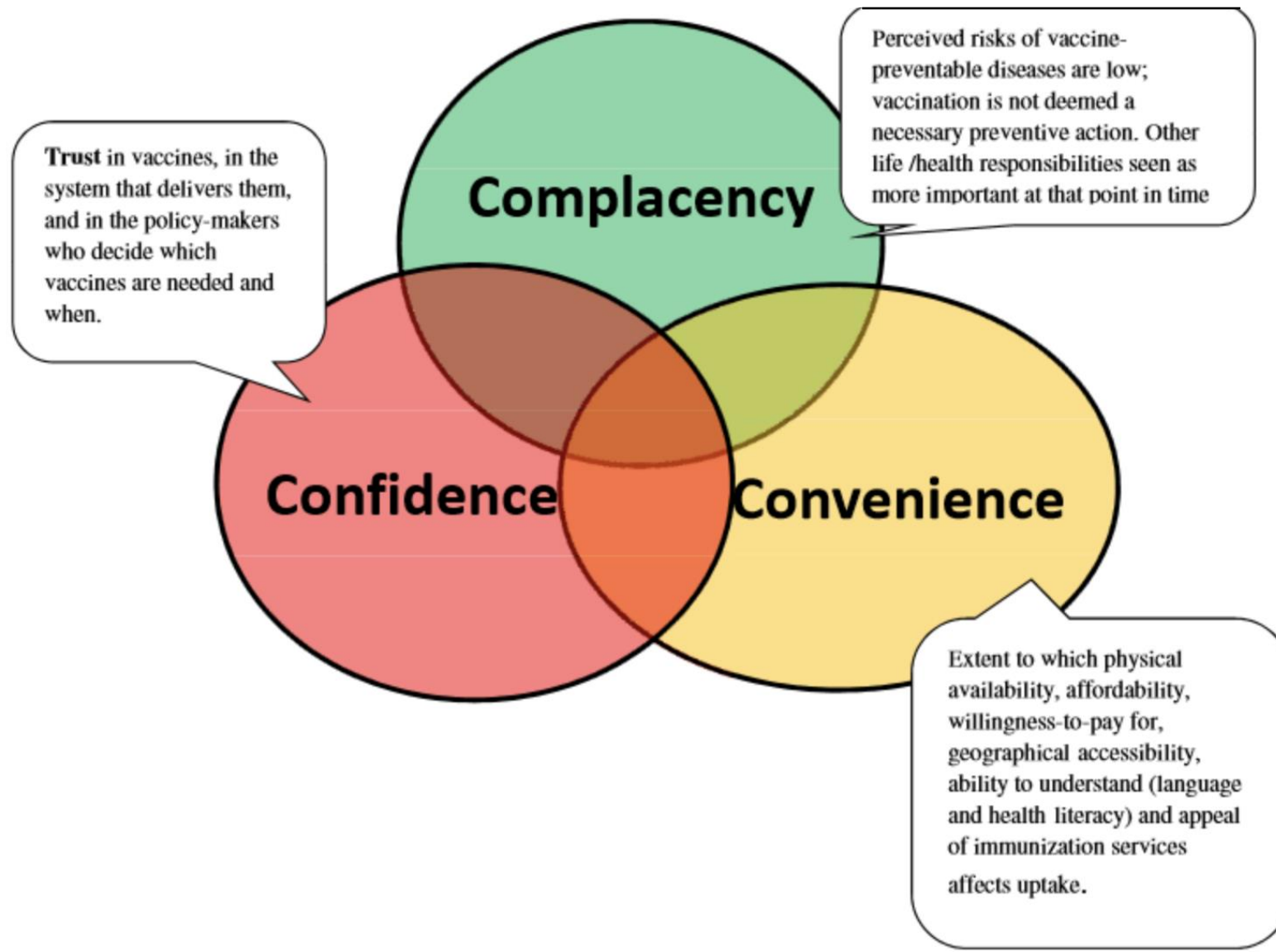
	Who is eligible?	What immunizations are recommended?	When should I get it?
 Influenza	6 months and older	Flu vaccines target 4 strains of flu and are available as a shot or nasal spray. Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year.	September or October are ideal, but catching up later can still help.
 COVID-19	6 months and older	Updated COVID-19 vaccines target the Omicron XBB strain to protect against COVID-19 this fall and winter	Get it now to help protect against severe disease (if at least two months since your last COVID-19 shot).
 RSV (Pregnant Persons)	Pregnant persons during weeks 32-36 of pregnancy	RSV vaccine to reduce the risk of severe RSV disease in infants (baby will receive protection that lasts for months after birth)	Recommended from September to January to help protect your baby during RSV season
OR			
 RSV (Infants and Toddlers)	All infants from birth to 8 months and children 8-19 months at high risk of severe RSV disease	Immunization contains preventive antibodies that help fight RSV infections and protect children from getting very sick.	Before or during RSV season, usually October-March
 RSV (Older Adults)	60 years and older	RSV vaccine to protect older adults against RSV disease	Available now - Talk with your doctor to determine if vaccination is right for you.

Where to get vaccinated?

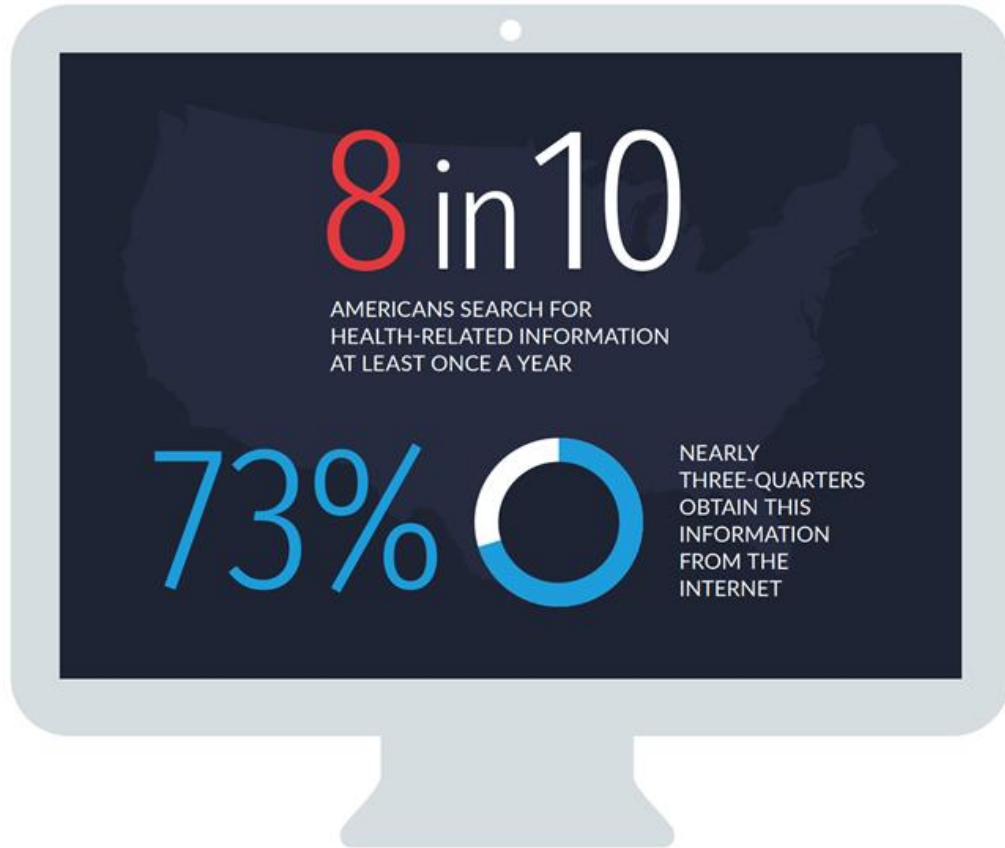
- Contact your doctor or local pharmacy or visit [MyTurn.ca.gov](https://www.myturn.ca.gov). Influenza and COVID-19 vaccines continue to be free for most people through their private, Medi-Cal or Medicare insurance plans.
- Check with your insurance on timing of RSV immunization coverage.
- You can receive influenza, COVID-19 and/or RSV immunizations during the same visit.
- Adults without health insurance can get no cost COVID-19 vaccine at many pharmacies and clinics participating in the [Bridge Access Program](#). Visit [Vaccines.gov](https://www.vaccines.gov) to find the nearest location.
- Children who are Medi-Cal eligible, American Indian/Alaskan Native, uninsured and underinsured may get no cost vaccines through the [Vaccines for Children Program](#).

Thanks to Katelyn Jetelina, PhD, MPH and Caitlin Rivers, PhD, MPH for allowing CDPH to adapt this resource.

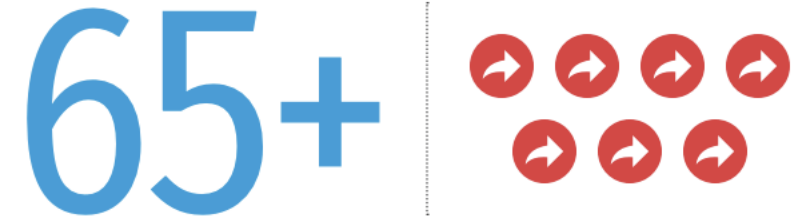
California Department of Public Health | Immunization Branch IMM-1481 (10/23)



Medical Misinformation

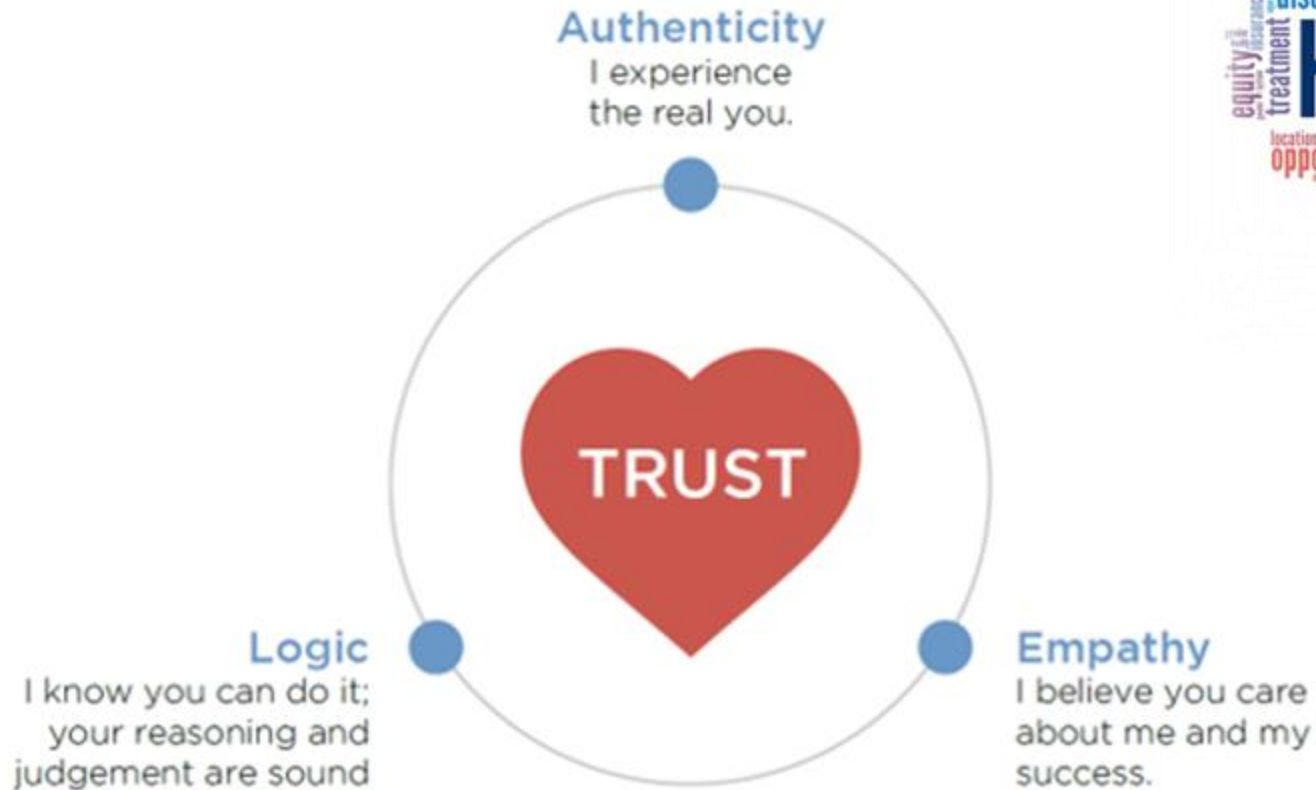


(The Great American Search, 2018)



THOSE OVER THE AGE OF 65 WERE SEVEN
TIMES MORE LIKELY TO SHARE POLITICAL
'FAKE NEWS' ON FACEBOOK THAN WERE
THOSE BETWEEN 18 AND 29

TRUST is the Key Currency



Public & Physician Trust in the U.S. Health Care System

- **32% of patients** say their trust in the health care system decreased during the pandemic
- **90% of physicians** believe patients can easily schedule appointments, but **24% of patients disagree**
- **51% of physicians** do not think the health care system discriminates against people
- **41% of female patients report discrimination** based on gender, compared to 12% of male patients

Only 34% Americans have Confidence in Healthcare

Confidence in healthcare has been declining and, most concerning, has accelerated during the current COVID-19 era. Some sobering facts from the [NEJM](#) and the [NY Times](#):

” *In 1966, more than **three-fourths** of Americans had great confidence in medical leaders; today, only 34 percent do. Compared with people **in other developed countries**, Americans are considerably less likely to trust doctors, and only a quarter express confidence in the health system.*

*During some recent disease outbreaks, less than **one-third** of Americans said they trusted public health officials to share complete and accurate information. Only 14 percent trust the federal government to do what's right most of the time.*

Dimensions Affecting Trust

Patient/Clinician:

Fidelity

Honesty

Confidentiality

Competence

Health literacy

Continuity of care

Perceived COI

Power dynamics

Care Coordination

System Factors:

Equity

Environment

Community integration

Leadership

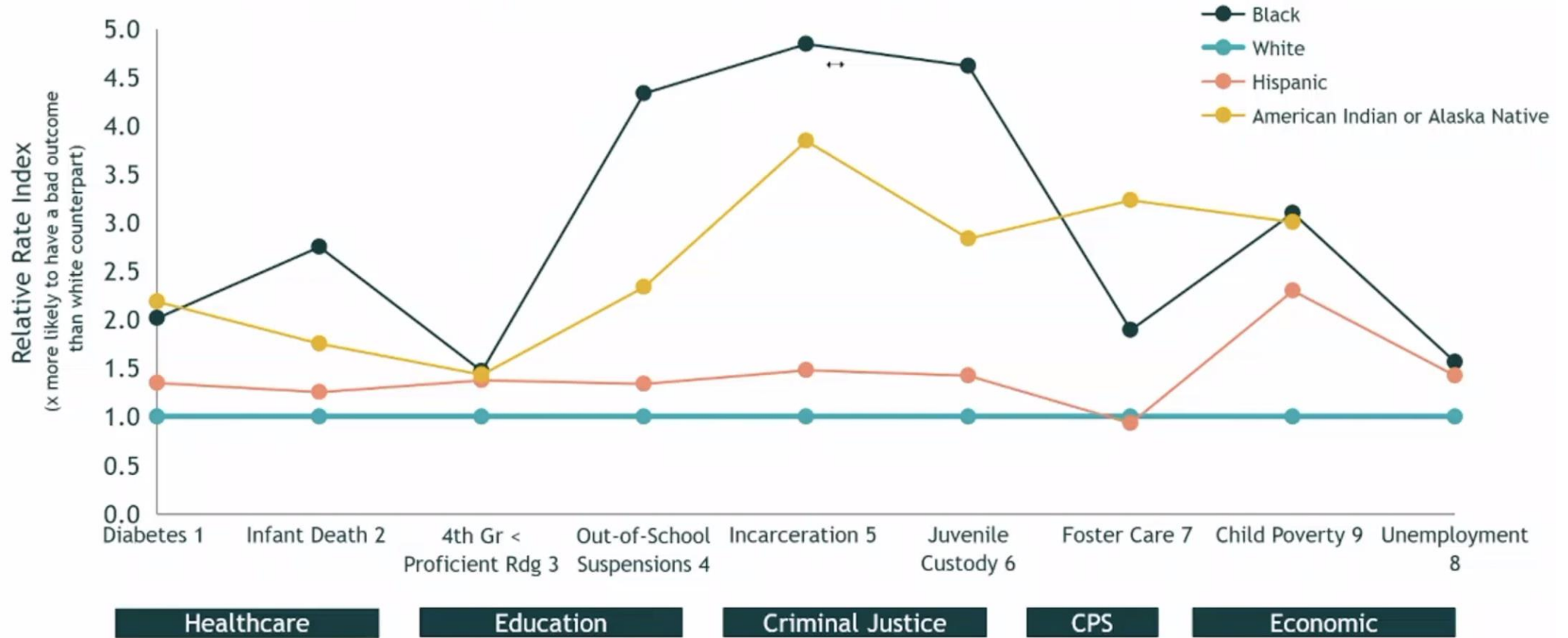
Transparency

Research integrity

Patient engagement

Racial inequities across national systems

Measures Across Health, Education, Criminal Justice, Child Welfare, and Economic Well-being in the US



1. Kaiser Family Foundation, 2019 2. Kids Count Data Center-The Annie E. Casey Foundation, 2019 3. Kids Count Data Center-The Annie E. Casey Foundation, 2019 4. Kids Count Data Center-The Annie E. Casey Foundation, 2015-2016 5. The Sentencing Project, 2019 6. The Sentencing Project, 2019 7. Kids Count Data Center-The Annie E. Casey Foundation, 2018 8. BLS-Employment Status, 2020 9. Kids Count Data Center-The Annie E. Casey Foundation, 2019

Medical Mistrust and Its Impacts

Trust in health care among Americans has declined in recent decades, and it's worse among Black Americans.

Black Americans are more likely than whites to say they don't trust their physician

In an October 2020 poll, 7 of 10 Black Americans say they're treated unfairly by the health care system and 55% percent say they distrust it.

Mistrust may prevent people from getting care.

People who say they mistrust health care organizations are less likely to take medical advice, keep follow-up appointments, or fill prescriptions.

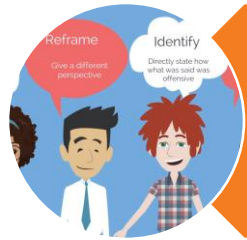
People who say they mistrust the system are much more likely to report being in poor health.



Expectations From Patients



Someone cares about me



I could trust them



Someone listened to me

Perspective

Addressing Vaccine Hesitancy in BIPOC Communities — Toward Trustworthiness, Partnership, and Reciprocity

Sandra C. Quinn, Ph.D., and Michele P. Andrasik, Ph.D.

July 8, 2021

N Engl J Med 2021; 385:97-100

DOI: 10.1056/NEJMp2103104

[Article](#) [Figures/Media](#)

[Metrics](#)

[4 References](#) [79 Citing Articles](#) [2 Comments](#)

THE DEVASTATION OF THE COVID-19 pandemic has been rippling through Black, Indigenous, and People of Color (BIPOC) communities throughout the United States. The Centers for Disease Control and Prevention has reported horrifyingly disproportionate age-adjusted rates of cases, hospitalizations, and deaths. Black

Americans have had hospitalization and death rates 9 times as high as those for White Americans; American Indians and Alaska Natives have seen 9 times as many cases and 4 times as many deaths as White Americans; and Latinx/Hispanic Americans have faced 3 times as many deaths as their White counterparts.¹

Simultaneously, the United States has been reeling from police shootings, Black Lives Matter protests, and an emboldened White supremacist movement that perpetrated the January 6, 2021, attack on the U.S. Capitol.

As national surveys continue to report hesitancy in BIPOC communities over receiving Covid-19 vaccines, the social, economic, and political backdrop helps us understand the experiences and circumstances that feed

Audio Interview



Interview with Dr. Michele Andrasik on promoting Covid-19 vaccine access and uptake by building relationships. (17:31)

[Download](#)

This Issue

Views **10,793** | Citations **21** | Altmetric **109** | Comments **1**

Viewpoint | Trust in Health Care

June 7, 2019

Building Trust in Health Systems to Eliminate Health Disparities

Donald E. Wesson, MD, MBA^{1,2}; Catherine R. Lucey, MD³; Lisa A. Cooper, MD, MPH^{4,5}

» [Author Affiliations](#)

JAMA. 2019;322(2):111-112. doi:10.1001/jama.2019.1924

 [Editorial Comment](#)

Full
Text

Health systems play a vital role in enhancing the health of the communities they serve, including historically underserved populations with disparate health outcomes. Eliminating health disparities is a critical aspect of enhancing population health that requires collaborative input from multiple entities including health systems, government agencies, community organizations, and residents. A lack of clarity among contributing entities about the roles and responsibilities of health systems in addressing root causes of health disparities make the challenging goal of eliminating them even more so. This raises questions in communities served about the extent to which health systems are truly committed to advancing health. The resulting tension compounds the historic lack of trust between health systems and underserved communities and undermines collaborative work toward mutually beneficial outcomes of improved health. Health system leaders need to lead in addressing this tension by building and sustaining trust with and for their communities.

So Don't Forget to Understand THE story...

**TRUST IS ONE
OF THE MOST
IMPORTANT
THINGS IN A
RELATIONSHIP.
IT WON'T
WORK, IF YOU
DON'T TRUST
EACH OTHER.**

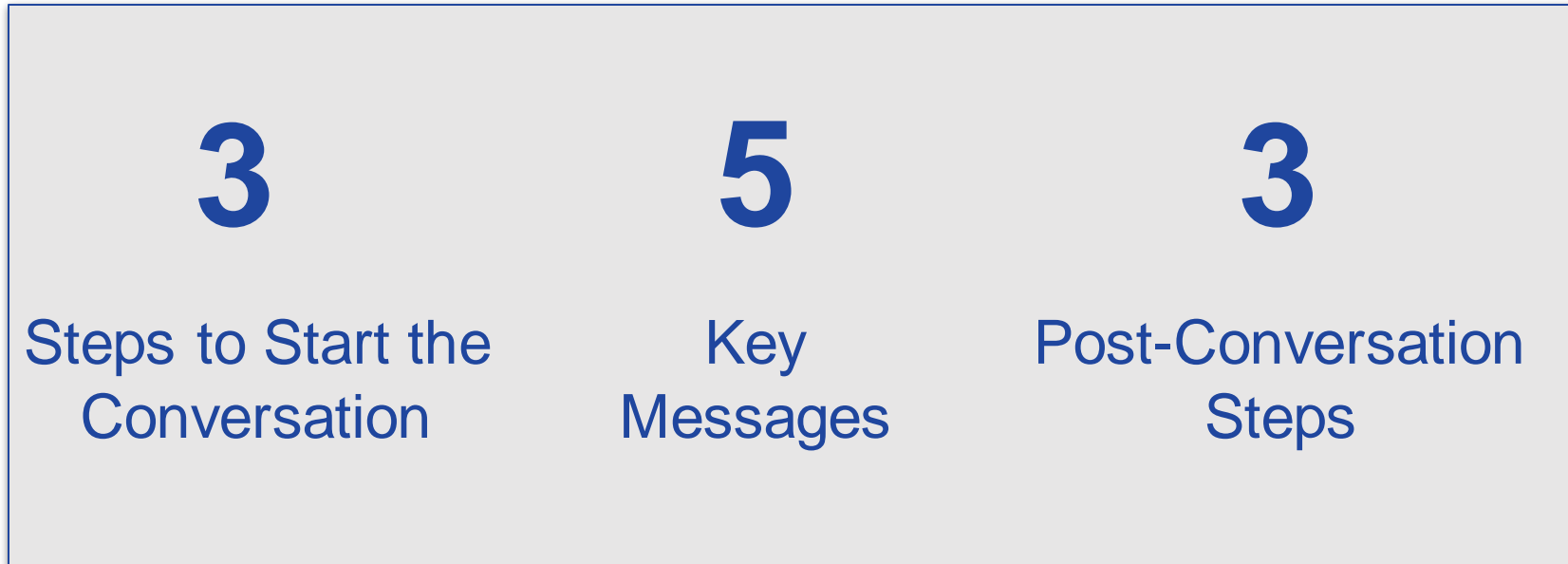
Story is a medicine which
strengthens and arights the
individual and the community.

Clarissa Pinkola Estés



Conversation Methodology

aka Answering Tough Questions/Having Tough Conversations with Compassion, Connection, and Collaboration



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



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

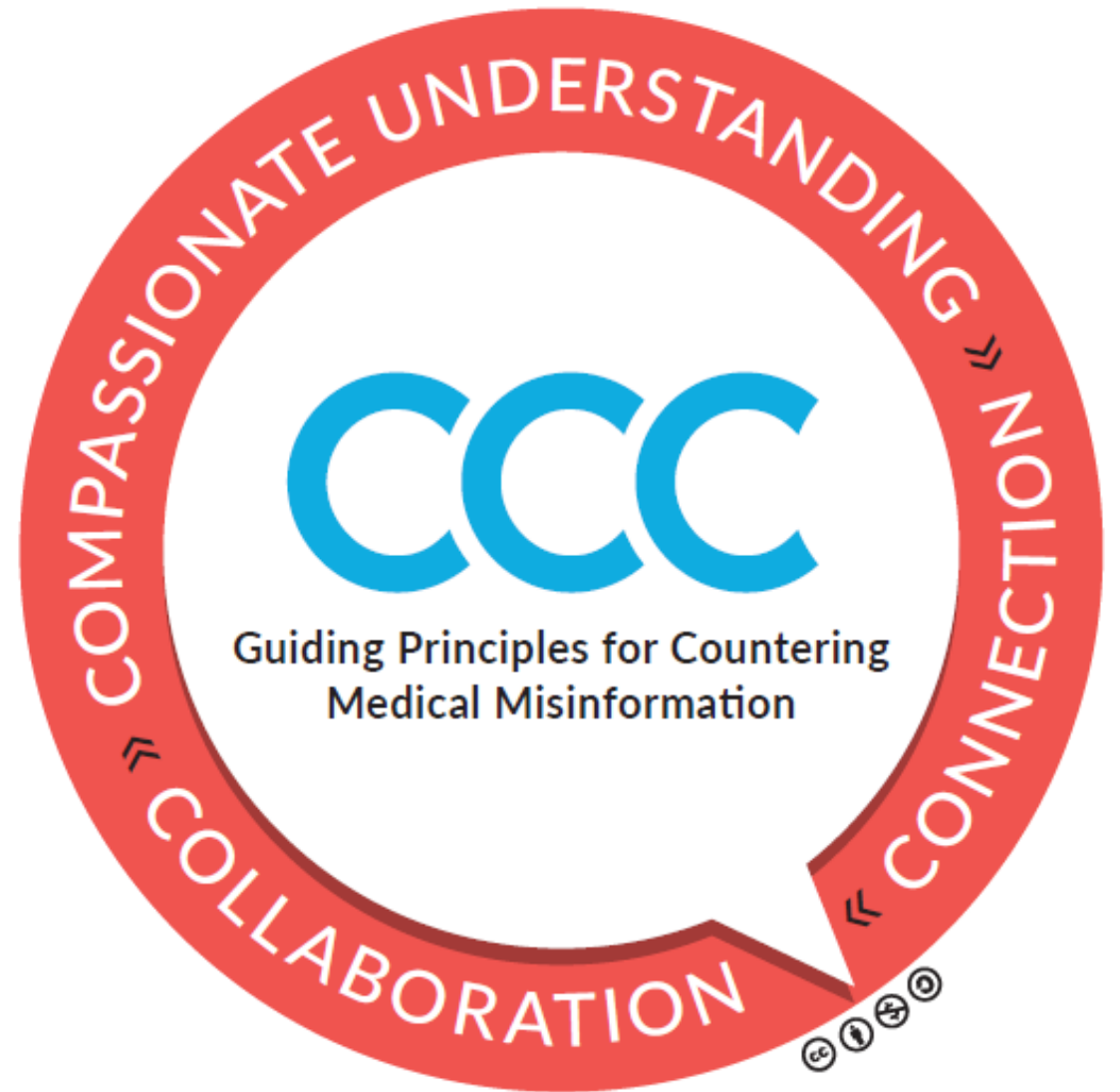
Find common goals

“What reasons would motivate you to get vaccinated?”

Find their personally motivating reason.

The 3C Model for Healthcare Providers

1. Compassionate Understanding
2. Connection
3. Collaboration



Apply Compassionate Understanding

Tip 1: Initiate Bi-Directional Conversation

“Why do you feel that way?”

“Can you tell me more?”

“What do you know about that treatment?”

“What concerns you about that treatment?”

Tip 2: Allow for Patient Self-Expression

Providers should actively listen, employ an open posture, and offer non-verbal cues that demonstrate that they are actively trying to understand the patient. Patients may share cultural beliefs, fears, hesitations, or areas of concern that they wished they knew more about.

Tip 3: Identify what matters to the patient

“Can you share with me what matters most to you in this decision?”

“Can you teach me more about your needs?”

“Why does [e.g. this alternative medicine] appeal to you?”

Understand patient motivations to help frame your response

Motivation	Response Framing	What to Say
Collective Interests & Social Motivations	Appeal to in-group (members of the patient's community) norms & highlight social group approval	<i>"Almost half the girls your age have received the HPV vaccine"</i>
Political Affiliations	Highlight an overarching identify or highlight bi-partisan support	<i>"A lot of Republican Congress Members were at first suspicious of the vaccine but after consulting their expert advisors about the evidence of its safety, most of them have received the vaccine"</i>
Align with Individual Interests & Values	Focus on how their decision could be beneficial to others	<i>"Getting vaccinated for the flu is an important way we can protect the people we love, like our grandparents, who are more susceptible"</i>

Strengthen Connection

Tip 4: Meet with Compassion

“Thank you for sharing so openly with me about your concerns and goals for your health.”

“I’m so happy you are looking into your health.”

“I applaud your commitment to your child's health.”

Tip 5: Confirm what is true and what is false

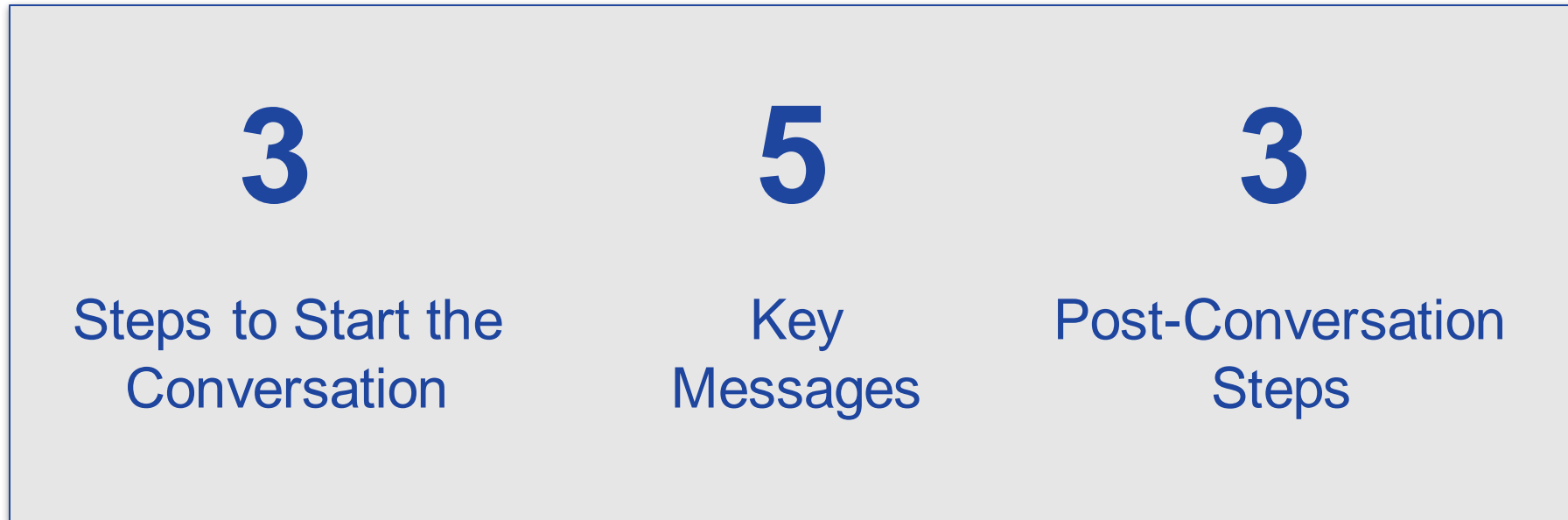
“Would you like for me to share with you my understanding of the latest research around [treatment]?”

“I am curious to know what questions you have based upon the information that I just shared.”

“How are you feeling right now, especially after receiving that new information?”

Conversation Methodology

aka Answering Tough Questions/Having Tough Conversations



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



Key Messages

1

Vaccines will keep you safe

Vaccines will protect you from getting very sick



Key Messages

2

Mild side effects are common

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

Each vaccine is extremely effective at preventing hospitalization and death



Key Messages

4

Health experts took all the necessary steps to produce safe vaccines



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 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 or have them text their zip code to GETVAX or VACUNA to find a vaccine location in their neighborhood.



COVID-19: Still a lot of misinformation out there



Infodemiology.com

- New resource for clinicians and other health care providers to help be prepared to respond to patients exposed to recent misinformation.
- [Infodemiology.com](https://www.infodemiology.com) provides real-time insights about trending vaccine misinformation and tips to respond.

Weekly **Infodemiology Insights** and recommendations, powered by **real-time data** from across the U.S.

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.

Click below to access to real-time dashboards at the national, regional, and state level.

Dashboards

National Region

Social media posts attribute COVID-19 vaccines to excess deaths

National

Multiple social media posts attributed COVID-19 vaccines to excess deaths. One of the top posts featured a video of a Puerto Rican Congressi...

NOVEMBER 06, 2023 · 1 MIN READ

False claims about mRNA COVID-19 vaccines circulate

National

Several social media posts are claiming that COVID-19 mRNA vaccines are dangerous because of their ability to stimulate the production of sp...

Recent Trending False Narratives

1) **Studies misrepresented to falsely claim that vaccines cause heart damage**

Anti-vaccine narratives often misrepresent or misinterpret the findings of legitimate studies. In one recent example, vaccine opponents claimed that two studies that found trace amounts of inactive vaccine mRNA in heart tissue prove that mRNA vaccines cause heart damage, a claim that one of the studies' authors disputed.

2) **Vaccine opponents misuse health data to falsely link COVID-19 vaccines to excess deaths**

Vaccine opponents continue to promote the false narrative that COVID-19 vaccines increased excess deaths, often misusing and manipulating official mortality data. Non-peer reviewed “analyses” attempt to baselessly link millions of deaths to COVID-19 vaccines. A recent extreme example of mortality data misuse involved a New Zealand health worker who was arrested for allegedly accessing and distributing private health data to a prominent COVID-19 vaccine opponent, who falsely claimed that the data showed that COVID-19 vaccines caused 13 million deaths worldwide.

How to Respond

1) Worried about your heart? Get vaccinated. You're more likely to have heart issues after a COVID-19 infection than after vaccination.

- COVID-19 vaccination is not associated with an increased risk of cardiac events—COVID-19 infection is. In fact, COVID-19 vaccination may decrease the risk of heart attack, stroke, and other cardiovascular issues in people who have had COVID-19.
- Contrary to claims by vaccine opponents, none of their cited studies found evidence of permanent heart damage. The referenced studies were either not in humans or detected mild, transient heart tissue inflammation or scarring but no signs of heart damage or impaired heart function.
- Billions of people worldwide have received COVID-19 vaccines, with only extremely rare instances of myocarditis, or heart inflammation, being reported. Research consistently shows the rarity of post-vaccination heart complications and that COVID-19 infection carries a higher risk of heart complications than COVID-19 vaccination, even in higher-risk groups like teenage boys and young men.

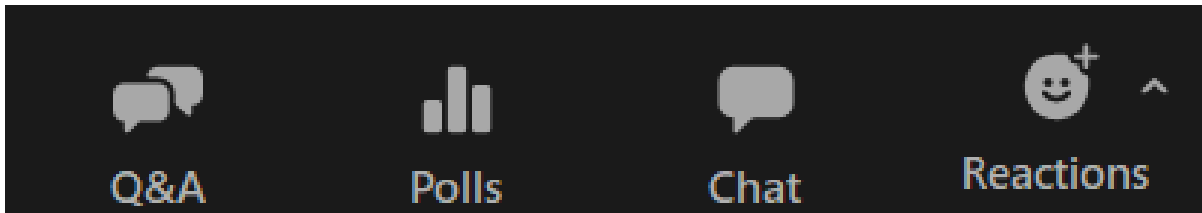
How to Respond

2) Data from billions of vaccinated people show that COVID-19 vaccines save lives.

- With over two-thirds of the world's population vaccinated, studies show that COVID-19 vaccination is not linked to increased mortality.
- Claims that COVID-19 vaccines killed millions are based on the false assumption that excess deaths after the COVID-19 vaccine rollout must be related to the vaccines. In reality, excess deaths closely correspond with spikes in COVID-19 infections, not COVID-19 vaccination rates.

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”

Time for our next poll

Diane Evans, CDPH

Poll: CDPH appreciates your feedback!

How confident are you in your ability to effectively have immunization conversations with older adults in BIPOC communities?

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



A Moment of Gratitude...and Celebration

Diane Evans, CDPH

#ThisIsOurShot / #VACUNATEYA

COVID-Vaccine Conversations

Having a conversation about the COVID vaccine is the first step to building trust. These conversations often take time and can be challenging. Prepare yourself for the conversation with our [COVID Vaccine Conversation Guide](#), which outlines effective messages and specific language insights to help you have meaningful conversations.

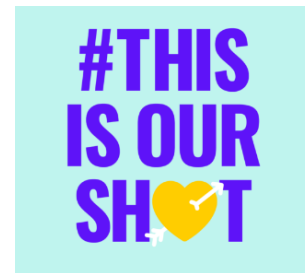
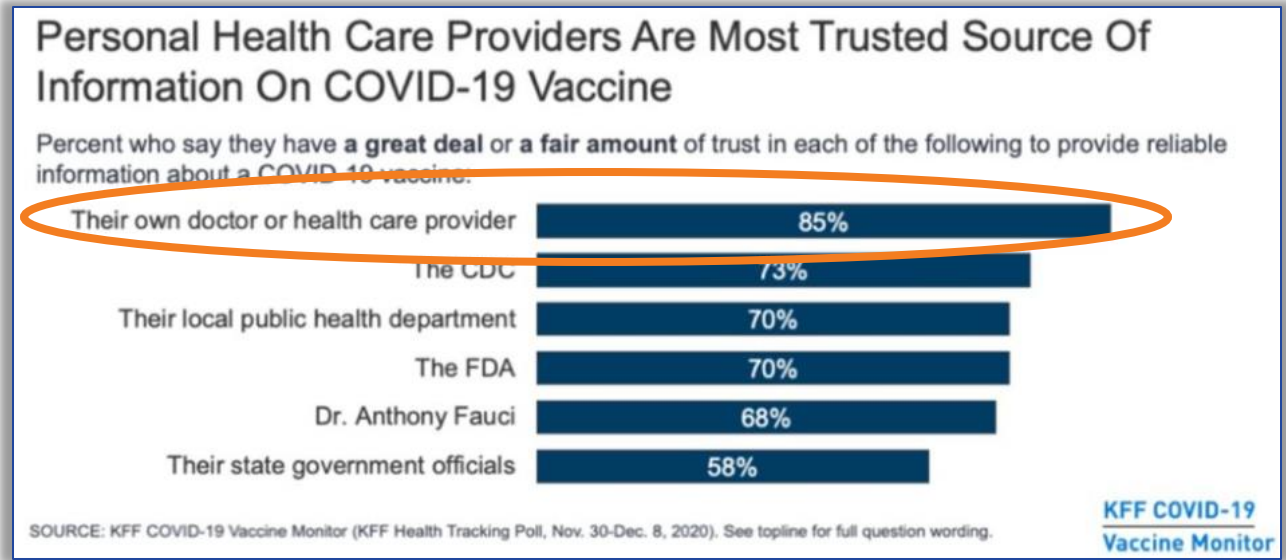
START THE CONVERSATION

Learn how to start the important conversation about getting the COVID-19 vaccine

INICIAR LA CONVERSACIÓN

aprenda a cómo iniciar la importante conversación sobre cómo recibir las vacunas contra el COVID19

Combating Misinformation



Crucial Conversations Webinars: Speakers



Atul Nakhasi, MD, MPP



Eric Ball, MD,
FAAFP



Alex McDonald,
MD, FAAFP,
CAQSM



Vicki Chan, MD



Sharon Goldfarb,
DNP, RN, FNP-BC



Emma Olivera,
MD, FAAP



Donna White Carey,
MD, FAAP



Ilan Shapiro, MD, MBA,
FAAP, FACHE

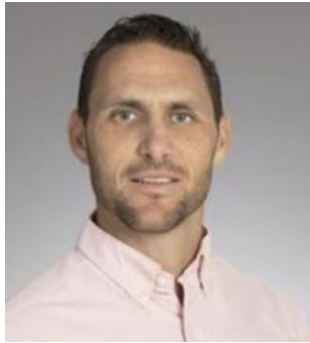


Asha Shajahan, MD, MHSA

Crucial Conversations Webinars: Speakers



Javier M. Sánchez, MD



Skye Heston, MD



Hussain Lalani, MD, MPH



Karina Miranda, MSN, RN



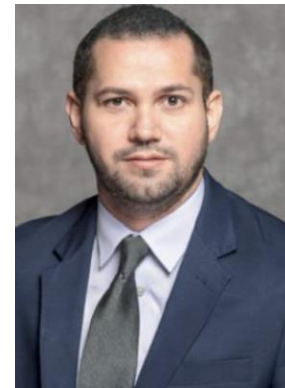
Tomás J. Aragón, MD, DrPH



Jorge Reyes Salinas,
Equality CA



Erin Arendse,
Equity CA



Ricardo Correa, MD, EdD,
FACE, FACP, FACMQ



Michael Policar, MD, MPH

Crucial Conversations Webinars: Topics

Talking with Patients about...

Parents and Vaccines for
Infants and Toddlers

Staying Safe from Respiratory
Viruses During the Holidays

The Fall COVID-19, Flu, and RSV
Season

The Updated COVID-19 Vaccine

Parents and Kids about COVID-19
Vaccines

Using Social Media to Counter
COVID-19 Misinformation

Older Adults and COVID-19
Vaccines and Treatments

Strategies for Nurses to Build Trust with
Vaccine-Hesitant Patients

Having Respectful and Caring Conversations
with Older Adults in BIPOC Communities

Hablando con los Padres Sobre las Vacunas Contra
el COVID-19 para Bebés y Niños Pequeños

Long COVID

Back to School

Hablando con los Padres Sobre la Vacunacion
contra el COVID-19 para el Regreso a Clases

Patients in the LGBTQ+ Community
about COVID-19 Vaccines

COVID-19 Vaccines and
Pregnancy & Fertility

COVID-19 Therapeutics

Spanish Speaking Patients about
COVID-19 Vaccines and Booster Doses

COVID-19 Vaccines for Children

Patients in Rural Communities
about COVID-19 Vaccines

Parents about COVID-19 Vaccines for
School-Ages Children

Vaccine-Hesitant Colleagues about
COVID-19 Vaccination

Patients in Latinx Communities
about COVID-19 Vaccines

Black Communities and COVID-
19 Vaccines

Crucial Conversations Webinars: The Impact



Total Webinars = 44

Attendees = 8,843

YouTube views of webinar recordings = 5,649

At each webinar, attendees were surveyed at the beginning and at the end regarding their confidence in their ability to speak to patients about the session topic.

On average, there was an **increase by 37%** as attendees rated their ability at “confident” or “very confident”, post-webinar!



Resources

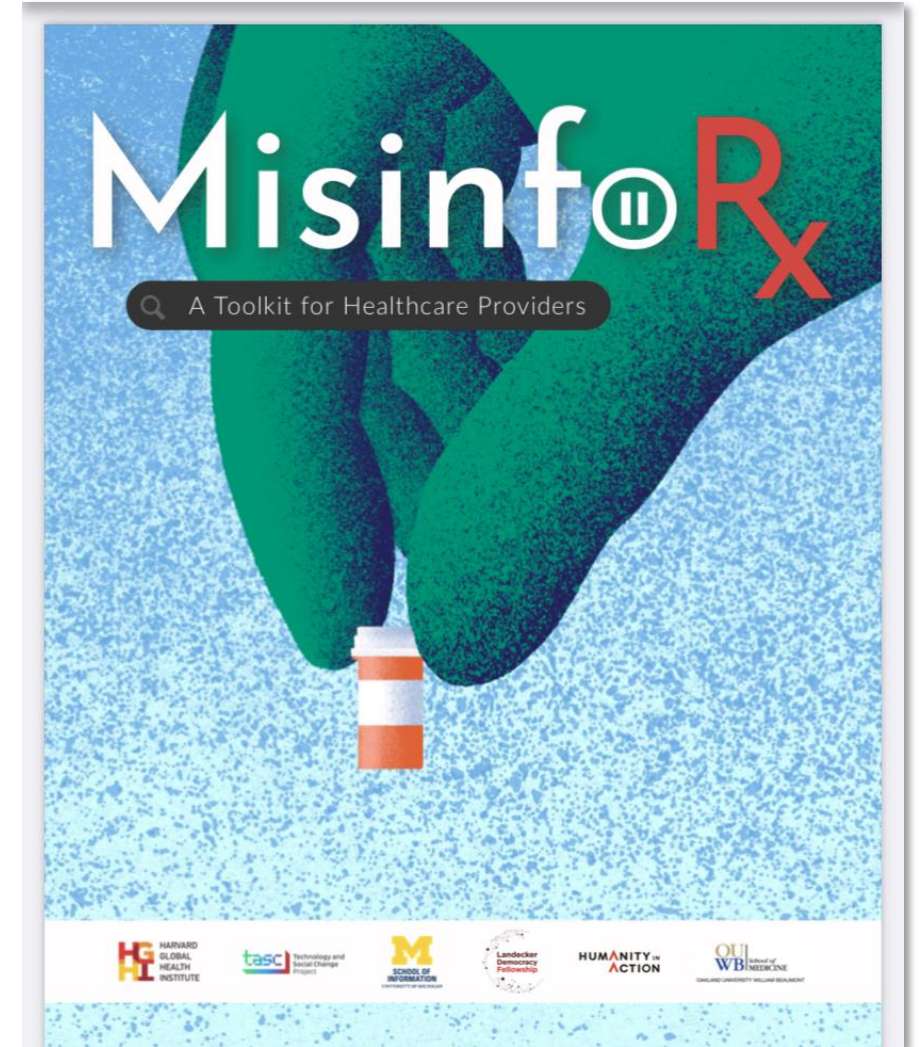
Diane Evans, CDPH

Download the toolkit!

misinforx.com/download

Questions?

Asha Shajahan: msshajahan@gmail.com

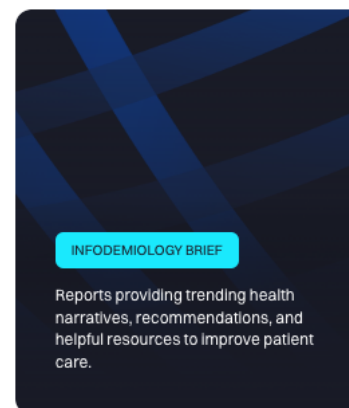


- New resource for clinicians and other health care providers.
- **Infodemiology Brief:** Monthly newsletter with reports on trending health narratives and helpful resources. [Sign up](#).
- **Insights & Dashboards:** Weekly misinformation updates and national and state dashboards with real-time media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



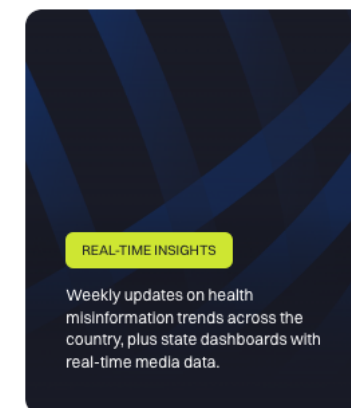
Curated **infodemiology** resources and tools to deliver better **care**

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.



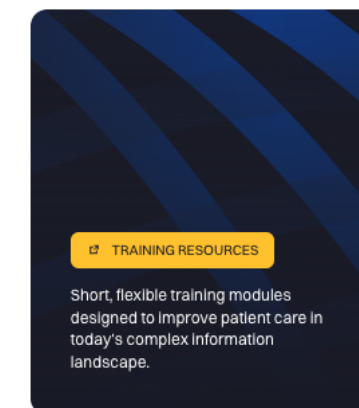
INFODEMOLOGY BRIEF

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.

New COVID-19 vaccine education videos

New COVID-19 education videos tailored for different populations.

Available for sharing from [Public Good News](#), [ThisIsOurShot](#), and [VacunateYa](#).

General population



Immunocompromised



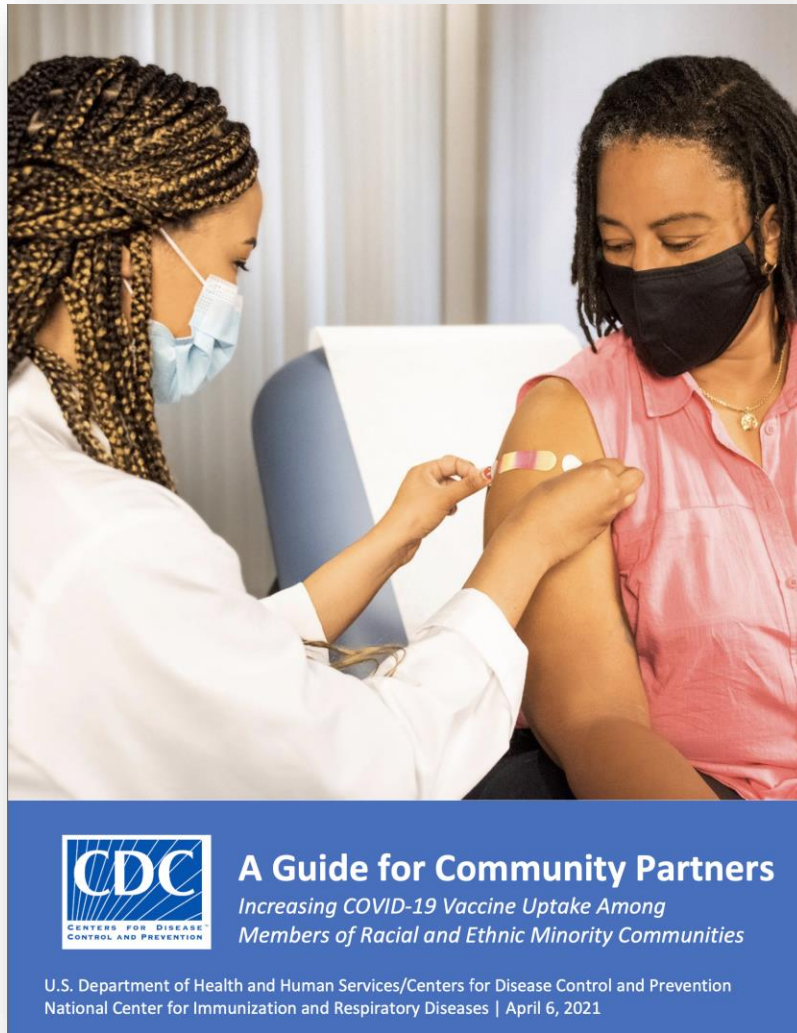
Older adults



Young adult BIPOC



A Guide for Community Partners (available in Spanish)



A Guide for Community Partners
Increasing COVID-19 Vaccine Uptake Among Members of Racial and Ethnic Minority Communities

How to Use the Guide for Community Partners

The **Guide for Community Partners** is a resource for organizations with community-level reach that are looking to get engaged in or support COVID-19 vaccination confidence and access in racial and ethnic minority communities.

If you are looking to:

Find potential strategies, interventions, and ready-made messages and materials to use, look to:

- **Page 7** for potential needs in the community regarding vaccine confidence and access
- **Page 9** for potential strategies and interventions that increase vaccination confidence and uptake in racial and ethnic minority communities
- **Page 12** for potential challenges with implementation of vaccination efforts
- **Page 14** for a list of ready-made resources and toolkits for community partners
- **Page 16** for example questions to gather feedback from community members



For information on who and how to connect with others on efforts to increase COVID-19 vaccination confidence and access in communities, look to:

- **Page 3** to learn more about issues related to vaccine access and hesitancy in racial and ethnic minority communities
- **Page 4** for an overview of an approach for community partners
- **Page 5** for information on funding and other opportunities for community partners
- **Pages 6, 8, and 13** for additional ways to support states, territories, and localities in vaccination efforts as a community partner



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CDPH Respiratory Viruses Resources

RESPIRATORY VIRUSES



Many respiratory viruses, like [influenza \(flu\)](#), [COVID-19](#), and respiratory syncytial virus (RSV), circulate year-round in the US and California, typically with more activity in fall and winter (October – March).

Respiratory viruses can cause cold or flu-like symptoms, and can be more serious in some people. They are typically spread by direct contact with a person who has a respiratory virus (through coughing or sneezing) or indirect contact with a person who has a respiratory virus (from items an infected person touched).

How Can I Protect Myself and My Community?

You can use strategies and tools to lower your chances of catching a respiratory virus and reduce your likelihood of getting very sick if you do catch one. These actions can also help lower your chances of spreading a respiratory virus, including to others at higher risk of severe illness.

- **Stay up to date on vaccines:** Vaccines are the best way to protect against severe illness and death. Flu, COVID-19, and RSV immunizations are available now, and you can get them at the same time. Visit [MyTurn.ca.gov](https://myturn.ca.gov) or talk to a health care provider to schedule your appointment.
 - **Seasonal flu & COVID-19 vaccines are available for:**
 - Everyone 6 months and older.
 - **RSV immunization is now available and recommended:**
 - All infants younger than 8 months
 - Infants/toddlers 8 through 19 months at [high risk for severe RSV](#).
 - People who are pregnant at 32 to 36 weeks of pregnancy
 - Adults 60 years and older
- **Stay home if you're sick:** Staying home when you're sick slows the spread of flu, RSV, COVID-19, and even the common cold.
- **Test and treat:** Test for COVID-19 and flu if you have symptoms (like fever, cold, cough, sore throat, loss of taste or s

Who is at Higher Risk for Serious Illness?

Anyone can get a respiratory virus like COVID-19, flu and RSV, but some people have a higher risk of getting very sick, including:

- **Older adults:** As people get older, they are more likely to have underlying health conditions and weakened immune systems. The risk of getting very sick and dying from respiratory viruses increases with age.
- **Younger children:** The immune systems of infants and young children are still developing. Their lungs and airways are smaller, making viruses that affect the airways more dangerous. This risk is usually highest early in infancy and lessens as children grow and get older.
- **People with weakened immune systems:** This includes people taking medicines after an organ transplant or people with certain cancers. This is because they have lower ability to fight off viruses, and their bodies may have a harder time building strong protection from an immunization or past illness.
- **People with disabilities:** People with disabilities are at increased likelihood of having underlying health conditions and may be at higher risk because of [social determinants of health](#).
- **People who are pregnant:** Pregnancy changes a person's immune system and places stress on the body, making it more difficult to fight off an illness.
- **People with certain underlying health conditions** such as chronic lung disease (like asthma), heart disease, or obesity.

Disease & Data Information



COVID-19



Flu



RSV



Data Dashboard

Communications Toolkits:

- [COVID-19 Treatments](#)

Resources:

- [2023-2024 Immunization Guide](#)



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California's Vaccine Programs

 VFC California Vaccines for Children Program	 VFA California Vaccines for Adults Program	 BAP California Bridge Access Program	 317 Local Health Departments
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Ordering & Vaccine Management

- MyVFCvaccines (for VFC and VFA)
- VFC Holiday Ordering Calendar
- MyCAvax (for BAP and 317)

Storage Requirements

- Vaccine Storage Units
- Digital Data Loggers

Alerts!

2023-24 COVID-19 Vaccine

- COVID-19 Vaccine Resources: [For Providers](#) | [For Patients](#)
- [Vaccine Ordering and Manufacturer Info](#)

Protect your patients against RSV!

- [RSV Immunization FAQs](#)
- [Resources for Providers and Patients](#)

Holiday Ordering & Distribution Cadence Calendars

- [CA BAP COVID-19 Vaccine Program – Holiday Ordering & Distribution Calendar](#)
- [CA SGF Flu Vaccination Program – Holiday Ordering & Distribution Calendar](#)

New/Updated Materials

- Vaccines for 65+ poster: [English](#) | [Spanish](#)
- Vaccines for Pregnant Women flyer: [English](#) | [Spanish](#)
Brochure: [English](#) | [Spanish](#)
- [Fall-Winter 2023 Immunizations Infographic](#) | [Spanish](#)

Hot Topics

Weekly CDPH Immunization Updates for Providers

- [Immunization Registry Requirements](#)
- [COVID-19 Vaccine Resources](#)

Popular Resources

- ▶ [For Patients and Staff](#)
- ▶ [Flu](#)
- ▶ [Mpox](#)
- ▶ [Pertussis](#)
- ▶ [Schedules & Recommendations](#)
- ▶ [VFC Vaccine Fact Sheets](#)
- ▶ [For Pharmacies](#)

CDPH Applications

- ▶ [My Turn](#) (COVID/Flu Vaccine Administration System)
- ▶ [CAIR](#) (California Immunization Registry)
- ▶ [My DVR](#) (Digital Vaccine Records)
- ▶ [CAIR-ME](#) (Medical Exemptions from Immunizations for School and Child Care)

Upcoming Webinar Opportunities

CDPH Immunization Updates for Providers

Next session: Friday, December 15, 2023

9AM – 10:30AM



Special Thanks to
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