

Welcome to Talking with Older Adults about COVID-19 Vaccines and Treatment



Vaccinate ALL 58

Together we can end the pandemic.

Wednesday, May 10, 2023

12:00PM – 1:00PM





Continuing Medical Education Disclosure

Disclosure:

All planners, staff, and others involved with this activity have reported no relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

This activity has not received commercial support.

Housekeeping



This session is being recorded. Please access today's slides and recording through the following link: [EZIZ COVID Crucial Conversations](#)

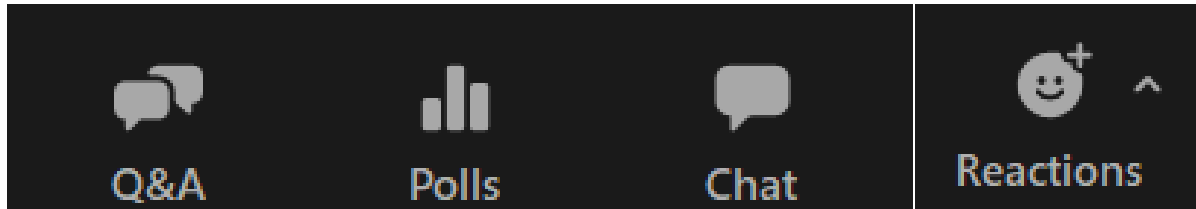


Please use the “Q&A” or “raise your hand” functions to ask questions.

For follow-up questions, please email rachel.jacobs@cdph.ca.gov.

Questions

During today's webinar, please use the Q&A panel to ask your questions.



Resource links will be dropped into, "Chat"

Agenda: Wednesday, May 10, 2023

No.	Item	Speaker(s)	Time (PM)
1	Welcome	Rachel Jacobs (CDPH)	12:00 – 12:05
2	Talking with Older Adults about COVID-19 Vaccines and Treatment	Javier M. Sánchez, M.D.	12:05 – 12:40
Questions & Answers			12:40 – 12:55
3	Resources, Poll, and Wrap-Up	Rachel Jacobs (CDPH)	12:55 – 1:00

Poll: CDPH appreciates your feedback!

How confident are you in your ability to effectively discuss COVID-19 vaccines and treatment with older adults?

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



Javier M. Sánchez, M.D.

Assistant Clinical Professor, UC Riverside School of Medicine

President, San Bernadino County Medical Society

Partner, Southern California Permanente Medical Group

Family Physician at SBC Kaiser Permanente

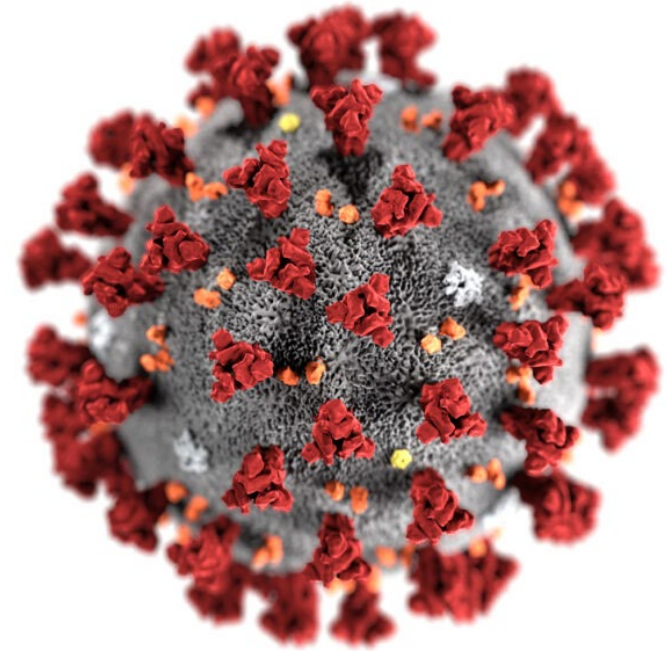
#ThisIsOurShot/#VacunateYa



Goals and Objectives

Participants will learn:

- The current landscape of COVID-19 among seniors
- Sources of COVID-19 information for seniors
- How to prescribe COVID-19 treatment
- Strategies to build relationships with seniors and effectively discuss COVID-19 vaccines and treatment



Older Californians Month – May 2023

- Intended to recognize the invaluable contributions of millions of older adults to our past, present, and future.
- California is home to more than nine million residents aged 60 or older.
- By the end of the decade, 11 million Californians will be age 60 or older, and over one million will be 85 or older.
- Older Californians enrich our families, communities, and economy through diverse life experiences, cultures, and contributions.



Current COVID-19 Landscape U.S. Statistics

Daily Update for the United States

Cases

New Cases (Weekly Total)

77,294

Case Trends



Mar 2023

May 2023

Deaths

New Deaths (Weekly Total)

1,109

Death Trends



Mar 2023

May 2023

Hospitalizations

New Admissions (Daily Avg)

1,360

Admission Trends



Apr 2023

May 2023

Vaccinations

% with Updated Booster Dose

16.9%

Total Population



Total Cases

104,618,931

Total Deaths

1,131,819

Current Hospitalizations

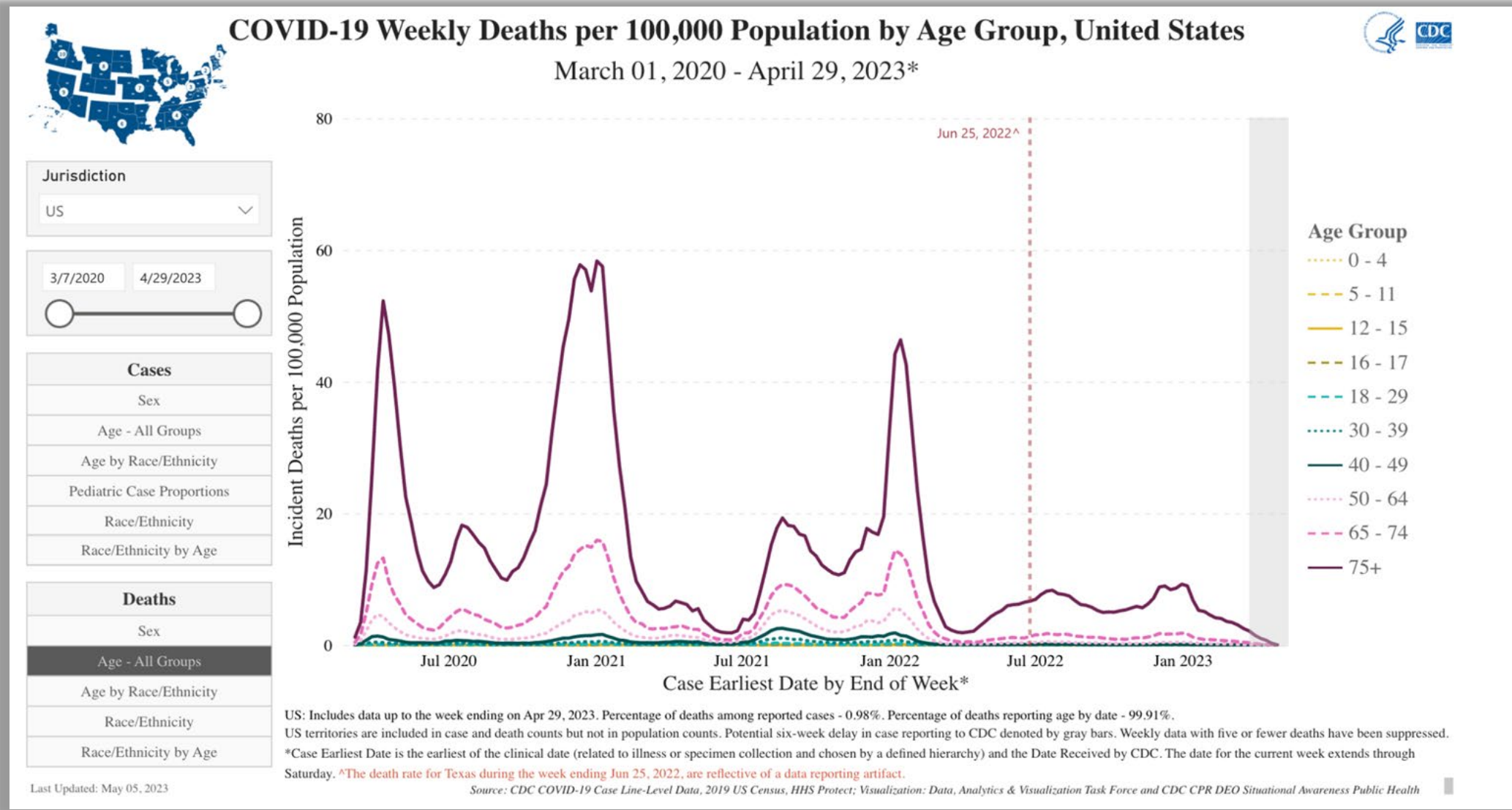
8,563

Total Updated Booster Doses

56,087,602

CDC | Data as of: May 4, 2023 5:52 PM ET. Posted: May 4, 2023 6:50 PM ET

Current COVID-19 Landscape U.S. Statistics



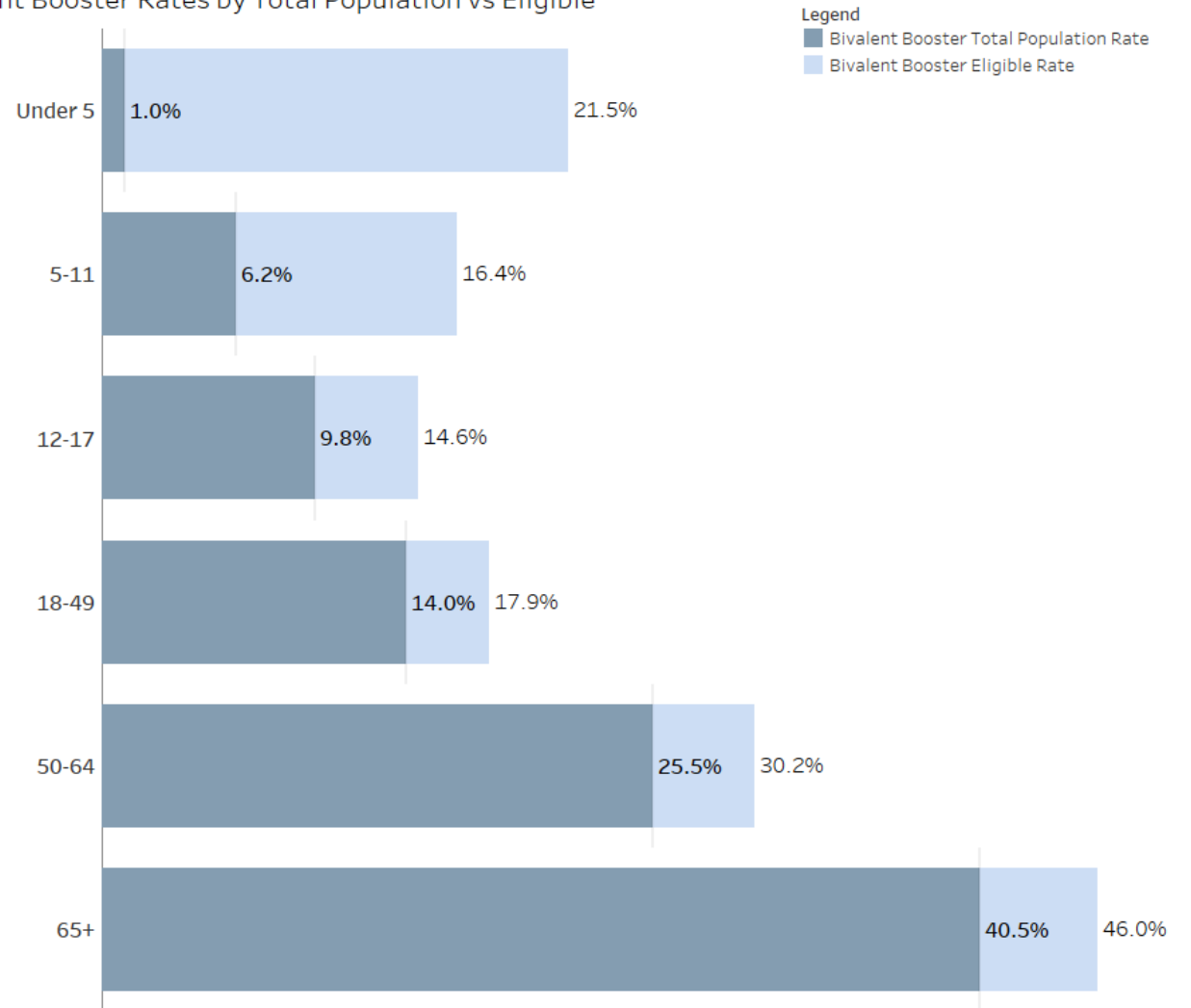
Bivalent Booster Uptake By Age

California Data as of May 1, 2023

Total Population & Eligible Population

- Statewide, **18.7%** of the **total population** has received a bivalent booster, **25.8%** of the **eligible population** has received a bivalent booster

Bivalent Booster Rates by Total Population vs Eligible



Age Disparity in COVID-19 Cases & Deaths Worsened

Data as of April 4, 2023

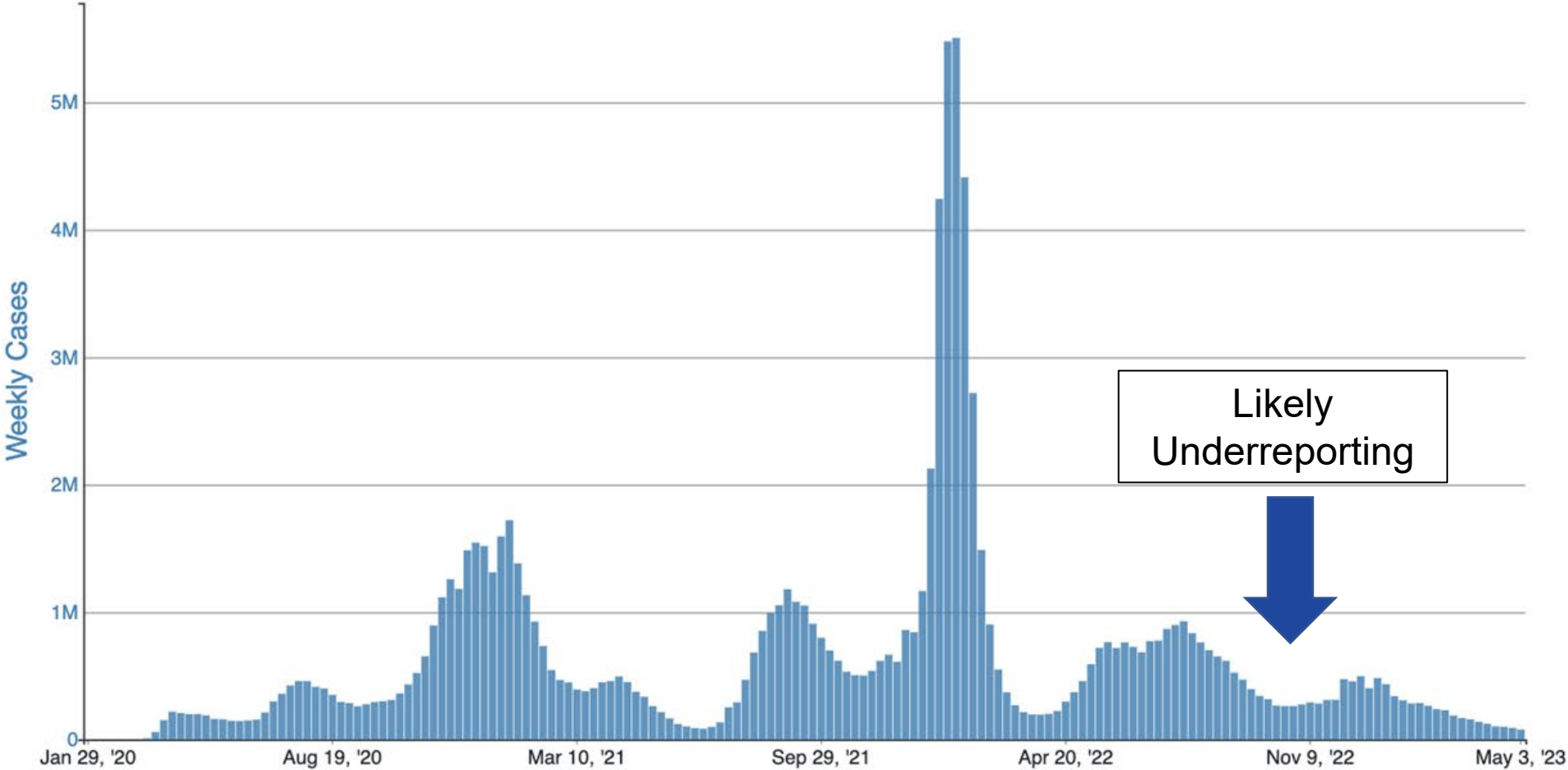
Cases and Deaths Associated with COVID-19 by Age Group
in California

Age Group	No. Cases	Percent Cases	No. Deaths	Percent Deaths	Percent CA Population
<5	383,609	3.4	36	0.0	5.8
5-17	1,580,130	14.1	62	0.1	16.7
18-34	3,481,895	31.1	1,684	1.7	24.3
35-49	2,588,100	23.1	6,248	6.2	19.3
50-59	1,416,858	12.6	11,070	10.9	12.5
60-64	553,295	4.9	9,220	9.1	5.9
65-69	398,130	3.6	10,661	10.5	5.0
70-74	285,808	2.6	11,623	11.5	4.1
75-79	198,009	1.8	11,926	11.8	2.7
80+	313,632	2.8	38,773	38.3	3.9
missing	6,699	0.1	7	0.0	0.0
Total	11,206,165	100.0	101,310	100.0	100

Weekly Trends in Number of COVID-19 Cases

United States Data, CDC

Weekly Trends in Number of COVID-19 Cases in The United States Reported to CDC



Patients at High Risk of Severe COVID-19

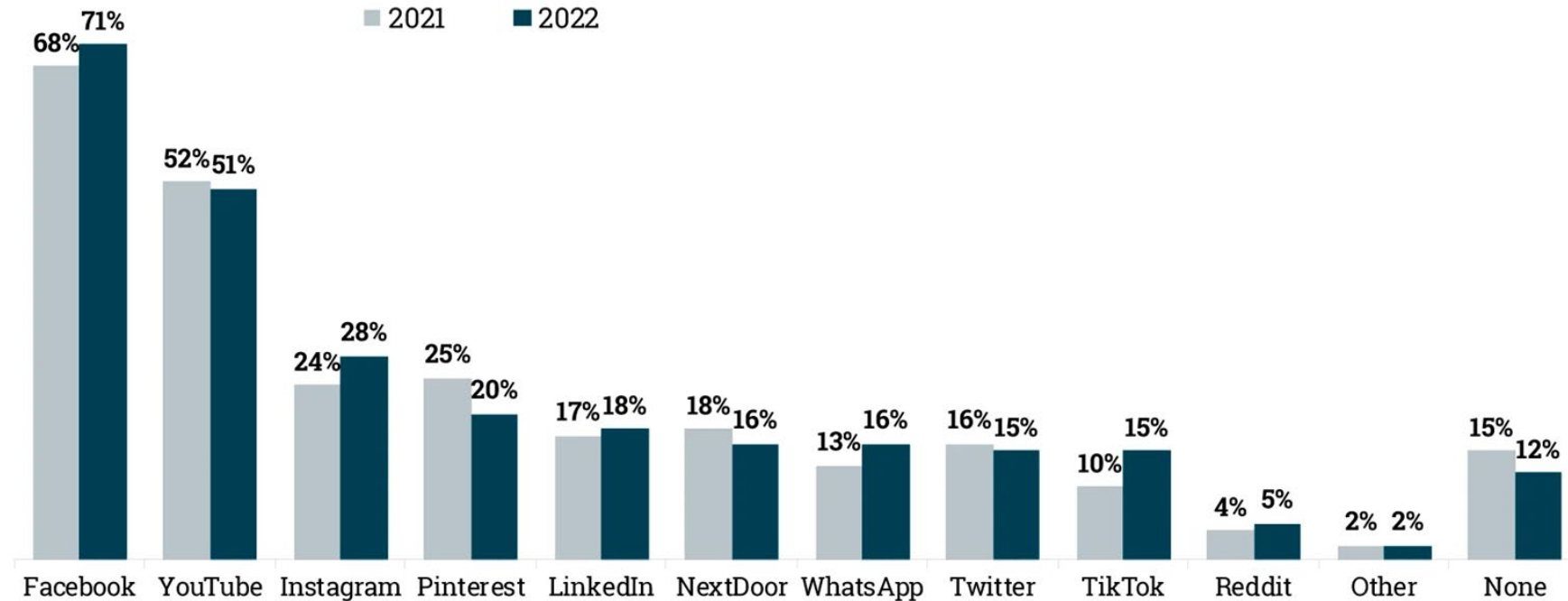
- Age >50
- Asthma
- Cancer
- Chronic Kidney Disease
- Stroke (CVA)
- Chronic Liver Disease
- Chronic Lung Disease
 - Chronic obstructive pulmonary disease (COP), pulmonary arterial hypertension (CAH), bronchiectasis
- Diabetes
- Obesity BMI >30
- Chronic Mental Health
 - Bipolar, Schizophrenia
- Pregnancy
- Physical Inactivity
- Immunocompromised
- Smoker
- Cardiac – Coronary artery disease (CAD), congestive heart failure (CHF)

Sources of Health Info for Seniors



Social Media Platforms and News Sources for Older Adults

Social Media Use by US Adults Ages 50+



Published on MarketingCharts.com in January 2023 | Data Source: AARP

2022 results are based on an online survey fielded from September 23-October 6, 2022 among 2,095 US adults ages 50 and older

Q: "Which of the following social media platforms do you use?"

Public Good News Report on Vaccine Misinformation

- The majority of the world's online vaccine opposition comes from the United States, and increasingly from the government.
- Vaccine misinformation has increased over time, despite domestic and global efforts.
- The top 20 social media accounts spreading vaccine misinformation disproportionately include health care professionals and journalists.

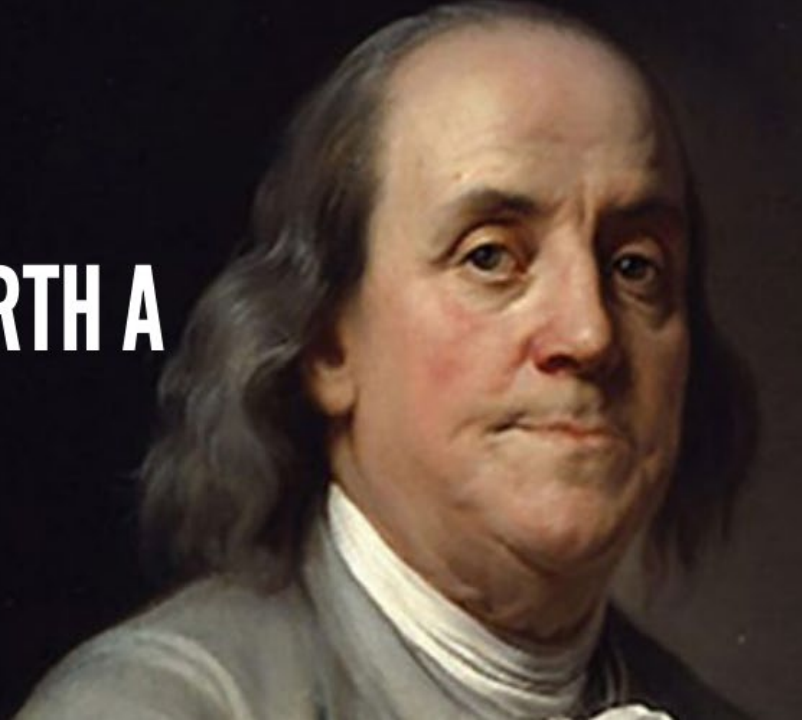


The Bottom Line

- Over **70%** of vaccine opposition originates from the U.S.
 - Between March 2022 and March 2023, 71% of all English and Spanish language vaccine opposition and misinformation originated in the U.S.
- Other countries with English speakers (Canada, the U.K., Australia and India) make up the top vaccine opposition sources and account for more than 90% of opposition content.

**AN OUNCE OF
PREVENTION IS WORTH A
POUND IN CURE**

Benjamin Franklin



**COVID-19 Vaccination is Our Best Tool
in Preventing COVID!**

COVID-19 Vaccine Effectiveness

AN UPDATED COVID-19 VACCINE HELPS SAVE LIVES

Vaccinated people* who received an updated COVID-19 vaccine were

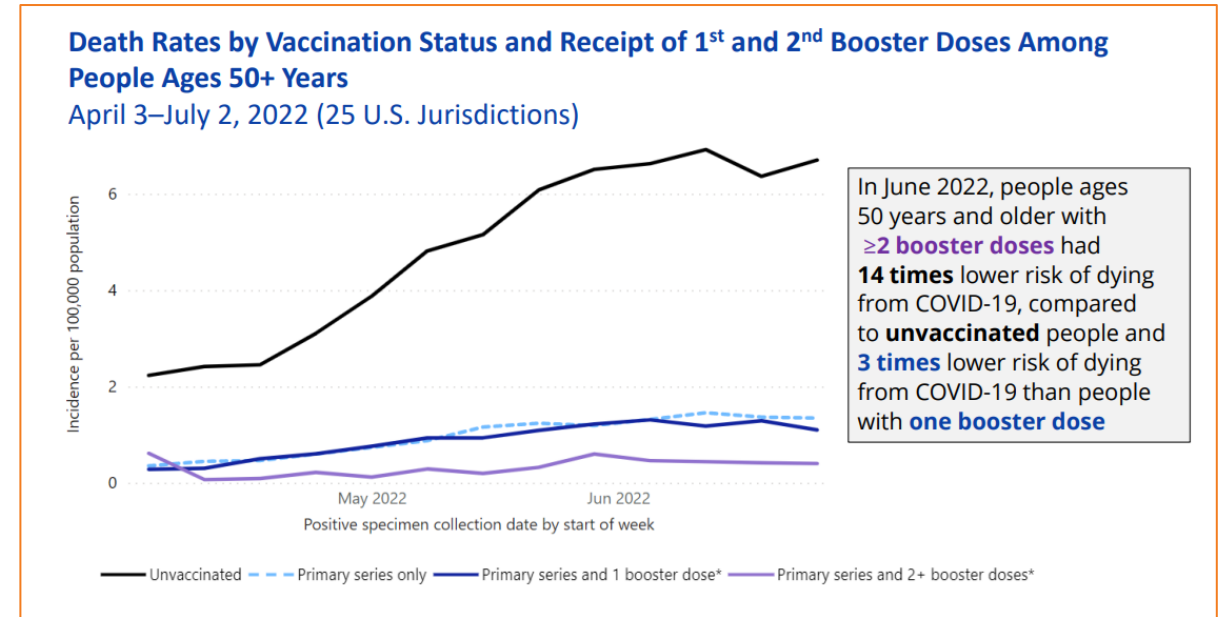
14X less likely to die
compared with those who received no vaccine

3X less likely to die
compared with those who received only the original COVID-19 vaccine(s)

People ages 12+ who got their last COVID-19 vaccine dose before September 2022 should get an updated vaccine

* Completed the original COVID-19 vaccine primary series and/or original booster(s)

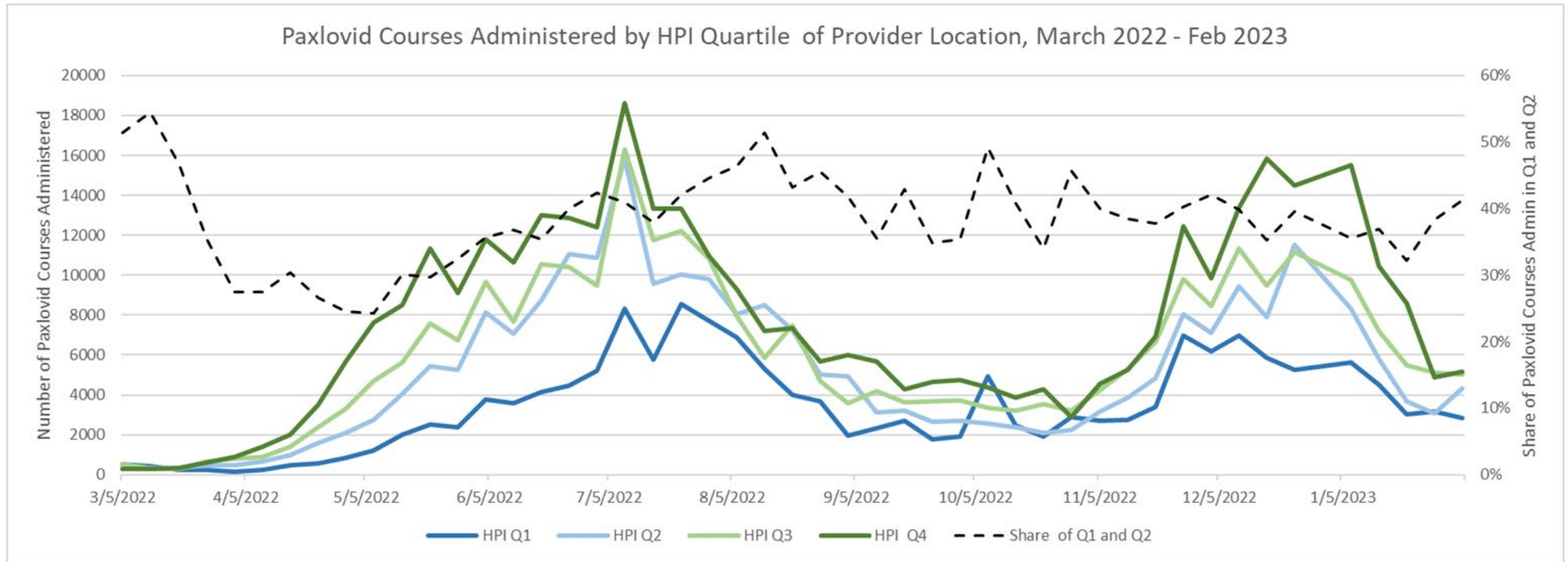
bit.ly/mm7206a3 **MMWR** FEBRUARY 10, 2023





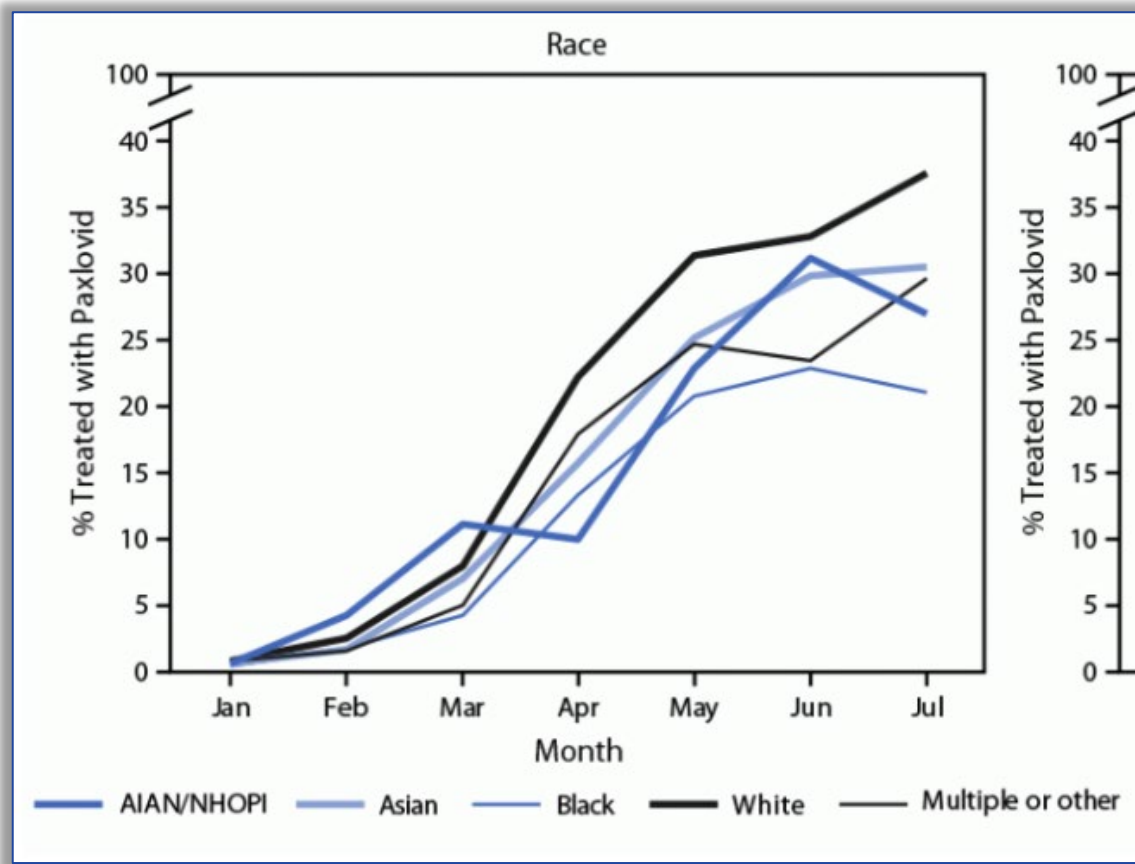
COVID-19 Therapeutics Data

Disparities in COVID-19 Treatments: HPI Quartiles



This chart uses the Healthy Places Index 3.0 (HPI), developed by the Public Health Alliance of Southern California. The HPI uses a range of data sources and indicators to calculate a measure of community conditions ranging from the most to the least healthy based on economic, housing, and environmental measures. Scores range from **less healthy community conditions in Quartile 1** to **more healthy community conditions in Quartile 4**.

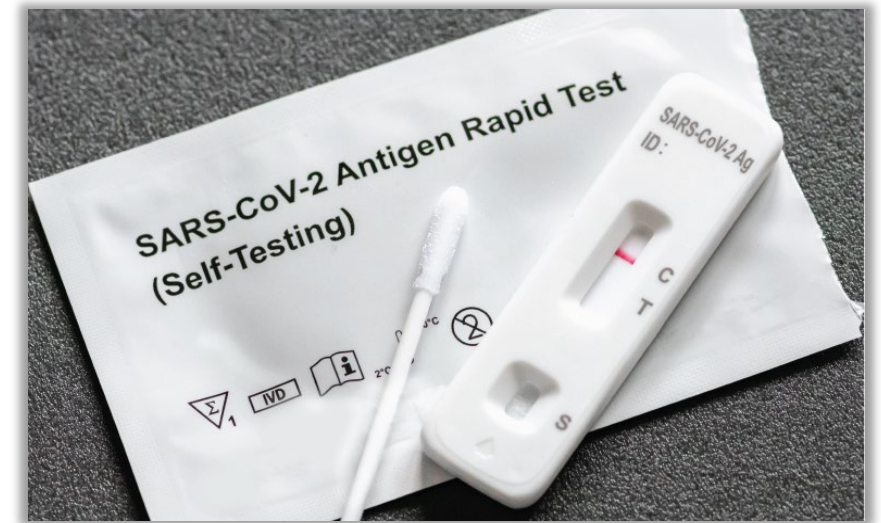
Racial and Ethnic Disparities in COVID-19 Treatment



During April–July 2022, the percentage of COVID-19 patients ages 20 years and older treated with Paxlovid was 36% and 30% lower among Black and Hispanic patients than among White and non-Hispanic patients, respectively.

Testing! Testing! Testing!

- Early testing and treatment is key.
- Many treatment options require initiation in the first 5 days.
- When in doubt, test!
- Based on FDA EUA, a positive test is not required for Paxlovid Rx, only a current diagnosis (which can be based on exposure and symptoms)
- Testing is widely available
- **Note:** Lack of testing should not be a barrier to prescribing therapeutics.



Outpatient Treatment (Preferred)

- Early treatment has shown to reduce progression to severe illness or hospitalization
- **Nirmatrelvir with ritonavir (Paxlovid)** – PO bid x5 days
- **Remdesivir (Veklury)** - IV daily x 3 days



Outpatient Treatment (Alternative)

- **Molnupiravir** - PO bid x 5 days (Alternative therapy. For use when the preferred therapies are not available, feasible to use, or clinically appropriate)

Monoclonal Antibodies

Monoclonal Antibodies - not currently authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants in the United States.

Nirmatrelvir with Ritonavir (Paxlovid)

- Nirmatrelvir oral protease inhibitor that is active against M^{PRO}, a viral protease that plays an essential role in viral replication
- Ritonavir a strong cytochrome P450 (CYP) 3A4 inhibitor and pharmacokinetic boosting agent that has been used to boost HIV protease inhibitors
- Coadministration of ritonavir is required to increase nirmatrelvir concentrations to the target therapeutic range
- Treatment initiated within 5 days of symptoms onset
- **Nirmatrelvir 300 mg with ritonavir 100 mg (Paxlovid)** orally (PO) twice daily for 5 days in nonhospitalized patients aged ≥12 years

Nirmatrelvir with Ritonavir (Paxlovid)

- **Drug-drug interactions**
 - Ritonavir component CYP-450 inhibition
 - [COVID-19 Drug Interactions website](#)
- **Viral Rebound**
 - Rebound symptoms can also occur in the absence of treatment
 - Rebound not associated with progression to severe illness
- **Chronic Kidney Disease**
 - Dose reduce to nirmatrelvir 150 mg - ritonavir 100 mg twice daily in patients with GFR ≥ 30 to < 60 mL/min)
- **Other**
 - Taste alterations “cherry motor oil”, diarrhea, hypertension, and myalgia
 - Mint or gum may be helpful

Before Prescribing

- Renal function and liver tests are not required.
- Asking a patient regarding liver or kidney health is enough.
- Use your best clinical judgment.
- Standing Paxlovid orders with RN assessment are acceptable.

Remdesivir

- Nucleotide Prodrug – binds to the viral RNA-dependent RNA polymerase and inhibits viral replication by terminating RNA transcription prematurely
- Intravenous remdesivir patients aged ≥ 28 days
- IV 200 mg as a single dose on day 1, followed by 100 mg once daily.
- Non-hospitalized patients should be started within 7 days of symptom onset - administered for 3 days.
- Hospitalized patients should be started within 7 days of symptom onset - administered for 5 days or until discharge.

Remdesivir

- Side Effects
 - Nausea, elevated transaminase levels, an increase in partial thromboplastin time (PTT), anaphylaxis
- Baseline Labs
 - Glomerular filtration rate (GFR), liver function, and prothrombin time tests
 - Discontinued if alanine transaminase (ALT) increases to >10 times the upper limit of normal
- Chronic Kidney Disease
 - Not to be used in patients with $\text{GFR} \leq 30 \text{ mL/min}$
- Pregnancy
 - Not included in clinical trial, but good real-world data is reassuring

Molnupiravir

- Alternative agent
- Elderly patients may be candidates for this medication
- No known drug interactions
- Chronic Kidney Disease
 - No dosing adjustment
- Diarrhea, nausea, and dizziness
- Adults >18
- Cannot use in pregnancy
 - Contraception 4 days after completing course
 - **Note:** Males should be advised to use contraception for at least 3 months after the last dose of Molnupiravir

Review of Studies Supports Use of Molnupiravir for Some Patients

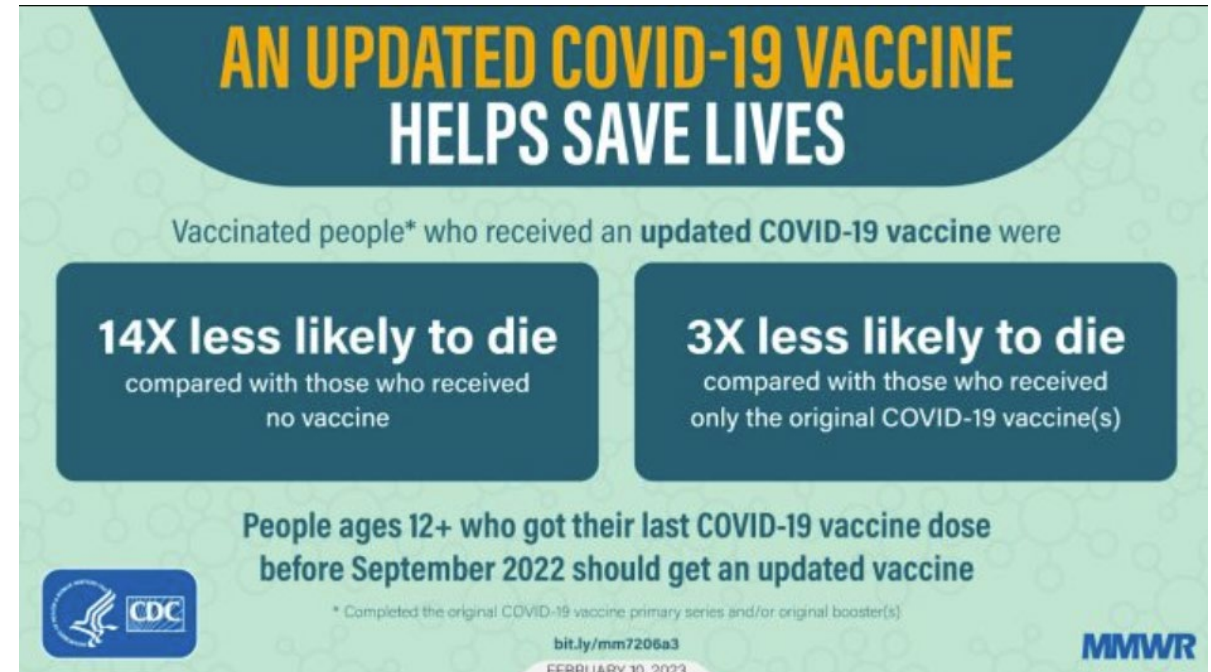
- Relevant evidence regarding molnupiravir:
 - Risk reduction for severe disease is likely 30-50%
 - **Probable benefit in the highest risk or very elderly (>75) has been confirmed in several studies now**
 - Possible symptom and viral load reduction benefits
 - Probable teratogen, long-term risks are unknown – not for use in patients <18 years old, pregnant people, or if there is a risk of conception
- The National Institutes of Health (NIH) recommends use of oral nirmatrelvir/ritonavir (Paxlovid) as the first line COVID-19 treatment option, or IV remdesivir (Veklury) when Paxlovid is clinically contraindicated. When clinical and/or logistical constraints prevent the use of both of these medications, **molnupiravir can be an effective option for many patients.**



Talking with Patients about COVID-19 Vaccines and Therapeutics

“Is the updated COVID-19 booster really necessary?”

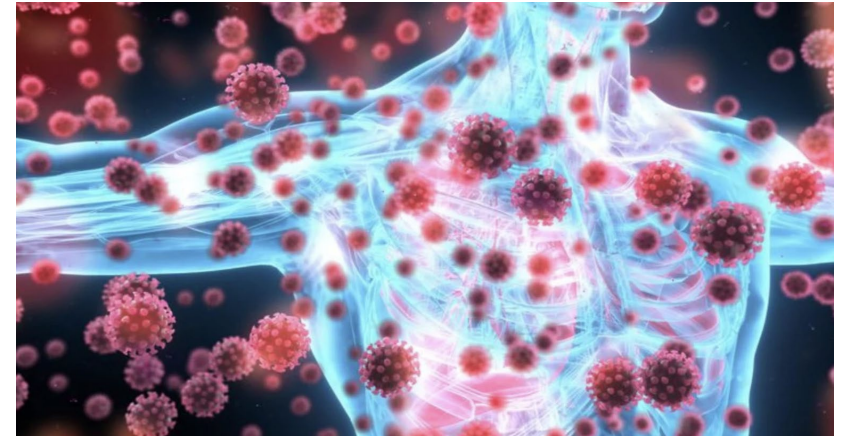
- The updated COVID-19 booster vaccine is **strongly recommended** for all individuals ages 6 months and older.
- COVID-19 vaccines, including booster doses, have been added to the [CDC routine immunization schedules](#).
- Recent data shows that the updated booster provides:
 - Added protection against symptomatic infection in individuals 5 years of age and older
 - Added protection against emergency department (ED) visits and hospitalizations in adults 18 years of age and older



[CDC MMWR: COVID-19 Incidence and Mortality Among Unvaccinated and Vaccinated Persons Ages 12 Years and Older: 2.10.2023](#)

“I already had COVID-19. Why do I need the vaccine?”

- Getting vaccinated still provides the best protection against severe illness, hospitalizations, and death from COVID-19
- Getting vaccinated provides an extra layer of protection against COVID-19.



“I’m not that sick. Why do I need treatment?”

- COVID-19 treatment needs to be started within 5 or 7 days of symptom onset. If you wait until symptoms worsen, it may be too late.
- Mild symptoms can progress to severe symptoms.
- Treatment can significantly reduce your risk of severe illness, hospitalization and may reduce risk of long COVID.



“I’m not high risk.”

Most adults are at risk of serious complications from COVID-19

- Obesity BMI >30
- Physical Inactivity
- **Age >50 years**
- Unvaccinated



“Do treatments have dangerous side effects?”

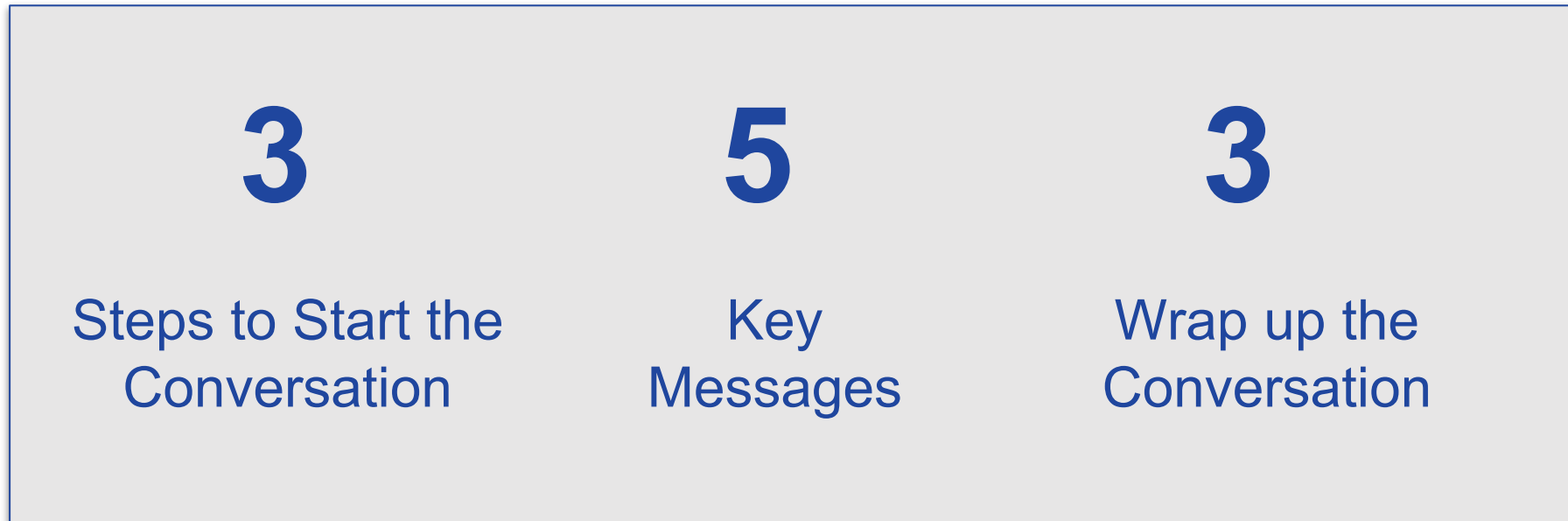
- Always a concern, which is why discussion with a clinician is required
- Paxlovid study <10% had side effects
 - Bad taste (6%)
 - Diarrhea (3%)
- Drug-drug interactions need to be carefully assessed.

“Do medications cause COVID-19 rebound?”

- COVID-19 rebound can occur with or without treatment.
- Less than 20% of people experience COVID-19 rebound.
 - Rebound has been reported at higher rates in those who take Paxlovid, although not always statistically significant.
- If symptoms do return, they are often mild.



Conversation Methodology



To address patients concerns related to COVID-19 vaccines and therapeutics, use the 3-5-3 method.



3 Steps to Initiating/Continuing Conversations

1

Ask and listen to the answer

“What do you think about COVID-19 vaccines and treatments?”

“Why do you feel that way?”

“What concerns do you have about the medications?”

2

Create an alignment of safety

“I also want to weigh the risks and benefits. Let’s decide together what’s safest here.”

“We both want what’s safest for you, right now and into your future.”

3

Find common goals

“We all want to be able to recover quickly without needing hospitalization.”

“What reasons would motivate you to take the vaccine/treatments?”

Find their personally motivating reason.

Key Messages

1

The vaccine and treatments will keep you safe.

The vaccine and treatments will protect you from getting very sick and may prevent long COVID. More than 12.7 billion vaccine doses have been given all over the world. Over one million Californians have safely taken Paxlovid.



Key Messages

2

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

Mild vaccine side effects are a sign that your body is protecting you. Adverse events are rare.

Treatment side effects happen in less than 1 out of every 10 people. During treatment, some people temporarily have:

- Unpleasant taste in the mouth (mints can help)
- Diarrhea
- General malaise



Key Messages

3

The vaccines and treatment are very effective.

Vaccines and treatment are extremely effective at preventing hospitalization and death from COVID-19 and its variants.



Key Messages

4

Rebound is often misunderstood.

Viral rebound can happen with or without treatment and is usually mild. Most people do not get rebound.



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.

Offer [COVID-19 Vaccine and Treatment Patient Education](#) to get treated.



3 Steps to Wrap Up the Conversation

1

Acknowledge their agency and personal choice

“I want you to get vaccinated and/or treated 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 more information

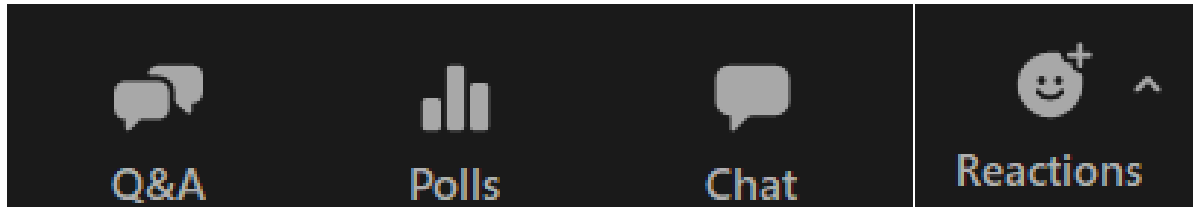
Offer myturn.ca.gov or have them text their zip code to GETVAX or VACUNA to find a free vaccine location in their neighborhood.

Offer [COVID-19 Vaccine and Treatment Patient Education](#).



Questions

During today's webinar, please use the Q&A panel to ask your questions.



Resource links will be dropped into, "Chat"

Poll and Resources

Rachel Jacobs, CDPH

Poll: CPDH appreciates your feedback

Following this webinar, how confident are you in your ability to effectively discuss COVID-19 vaccines and treatment with older adults?

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



CDPH Older Adults Communication Toolkit

Vaccines For Adults 50+

Recommended by CDC



1. **Coronavirus (COVID-19)** - primary series & updated booster
2. **SEASONAL FLU (INFLUENZA)** - once a year
3. **TDAP BOOSTER SHOT** - every 10 years
4. **SHINGLES** - 2 doses within 6 months
5. **Pneumococcal/Pneumonia**

Visit [MyTurn.ca.gov](https://www.myturn.ca.gov) or call (833) 422-4255 to find a COVID-19 vaccine near you.

CHOOSE TO BOOST

When you first completed your primary dose, your immune system learned how to recognize and destroy the COVID-19 virus.

After a period of time, it is necessary to refresh or update this new skill. **The updated booster has been designed to bring new information to your immune system to help you fight the recently circulating COVID-19 variants.**

Choose to boost! Get your updated booster 2 months after the last COVID-19 dose you received.

Visit [myturn.ca.gov](https://www.myturn.ca.gov) or call 1 (833) 422-4255 to find a vaccination location near you.



Vaccinate ALL 58

Protect your loved ones by getting your updated COVID-19 booster



Updated boosters provide increased protection against both the original strain and the recently circulating Omicron variants.

It doesn't matter which COVID vaccine brand you got or how many boosters you've received.

Get your updated booster 2 months after your last dose.

Older adults are at a high risk for severe illness from COVID.

Find updated vaccines near you:

Visit [MyTurn.ca.gov](https://www.myturn.ca.gov) or call 1-833-422-4255

Vaccinate ALL 58


Therapeutics Myths and Facts Job Aid

COVID-19 Therapeutics Myths and Facts

How to dispel misinformation about treatments

MYTH:
I don't need medication for a mild-to-moderate illness.


PROVIDER ANSWER:
Lots of us are used to waiting out similar cold and flu symptoms to see if they get "bad enough" to need treatment. COVID-19 is different: lots of us are still at risk of having our mild or moderate symptoms develop into something more serious. The treatments can keep you out of the hospital and prevent you from dying, and early evidence shows they may even reduce your chance of developing long COVID.





MYTH:
I'm not high risk.

PROVIDER ANSWER:
Most of us don't think of ourselves as "high risk." However, there are many factors that can make even very healthy people more susceptible to becoming very ill from COVID-19. The truth is: the majority of adults fit into one of these categories. They include:

1. Anyone over age of 50.
2. People living with diabetes, mental conditions (anxiety, depression, ADHD, and more), chronic lung disease (including asthma), chronic kidney disease, and cardiovascular disease.
3. People who are overweight, physically inactive, or who smoke.
4. People who are negatively affected by social determinants of health, such as race, ethnicity, socio-economic status, or limited access to healthcare.
5. People who are unvaccinated or not up-to-date with vaccinations.



Scan the QR code to read more about COVID-19 treatment resources.




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COVID-19 Therapeutics Myths and Facts:

MYTH:
Treatments have serious side effects.


PROVIDER ANSWER:
Of course, we all worry about side effects! Fortunately, most people have little-to-no side effects. In clinical studies of Paxlovid, side effects occurred for less than 10% of patients. The most common side effect of Paxlovid is an unpleasant taste in the mouth, which occurred for 6% of people; smaller percentages of people have experienced diarrhea (3%), hypertension (1%), and/or muscle aches (1%).

Abdominal pain and general malaise have also been noted outside of clinical studies. Some other medications may need to be adjusted while you are taking Paxlovid. If you cannot take Paxlovid for any reason, you may be offered molnupiravir (Lagevrio) instead. Molnupiravir has very few side effects, but you cannot take it if you are pregnant.




MYTH: Rebound caused by treatments is common and can be dangerous.

PROVIDER ANSWER:
Rebound has been in the news a lot! The thing that most people don't realize is that viral rebound happens in people who don't take treatments as well as those who do, and less than 1 in 5 people experience rebound. It does happen somewhat more frequently among people who take Paxlovid. For some people, taking Paxlovid will help you test negative sooner. But for some, the symptoms may return. The good news is that if your symptoms do return, they tend to be mild and do not require repeating the treatment.



HELPFUL RESOURCES FOR PROVIDERS:

- [COVID-19 Therapeutics Decision Aid \(hhs.gov\)](#)
- [Underlying Medical Conditions Associated with Risk for Severe COVID-19 | CDC](#)
- [Information Sheet: Paxlovid Eligibility and Effectiveness \(hhs.gov\)](#)
- [Have questions? Email COVIDRxProviders@cdph.ca.gov](#)



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Resources



- Join **#ThisIsOurShot / #VaccinateYa** for newsletters about COVID-19 and vaccine-related talking points, and social media tips for physicians:

<https://thisisourshot.info/> / <https://vaccinateya.com/>



- Join **Shots Heard Round the World** to connect with a network of health professionals dedicated to combating online harassment of HCPs: <https://shotsheard.org/>

COVID-19 Vaccine Resources and Support

Type of Support

Description

Updated 11.15.22



COVID-19 Provider Call Center

The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution, including the Vaccine Marketplace.

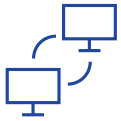
- Email: covidcallcenter@cdph.ca.gov
- Phone: (833) 502-1245, Monday through Friday from 8AM–6PM



Enrollment Support

For Provider enrollment support, please contact myCAVax Clinic Operations at

- Email: myCAvaxinfo@cdph.ca.gov



myCAVax Help Desk

Dedicated staff provide up-to-date information and technical support on the myCAVax system.

- Email: myCAVax.HD@cdph.ca.gov
- Phone: (833)-502-1245, option 3, Monday through Friday 8AM–6PM

For training opportunities: <https://eziz.org/covid/education/>

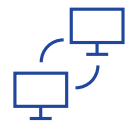


My Turn Clinic Help Desk

For **onboarding support** (those in the process of onboarding): myturnonboarding@cdph.ca.gov

For **technical support** with My Turn Clinic for COVID-19 and flu vaccines: mail to: MyTurn.Clinic.HD@cdph.ca.gov or (833) 502-1245, option 4: Monday through Friday 8AM–6PM

For job aids, demos, and training opportunities: flu at <https://eziz.org/covid/myturn/flu/> and COVID at <https://eziz.org/covid/myturn/>



Archived Communications

For archived communications from the COVID-19 Provider Call Center about the California COVID-19 Vaccination Program visit

- Website: [EZIZ Archived Communications](#)

COVID-19 Therapeutics Resources and Support



Type of Support

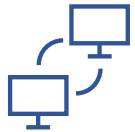
Description

Updated 2.21.23



Clinical Guidance

COVID-19 Therapeutics Warmline: 1-866-268-4322 (866-COVID-CA) is a real time resource for all CA health care providers to access clinical consultation **Monday through Friday 6 am – 5 pm.** (Messages left after hours will be returned on the next business day.) You will be able to speak to a clinician or pharmacist from the UCSF National Clinician Consultation Center.



General Information

[CDPH COVID-19 Treatments Webpage](#) (provides general information for healthcare providers, allocations, distribution and ordering, drug facts sheets, and additional resources)

- [CDPH COVID-19 Treatments Job Aid](#) (questions and answers for the public on COVID-19 therapeutics)

[COVID-19 Therapeutics Best Practices Checklist](#) (testing, prescribing, dispensing, and more)

[Frequently Asked Questions document](#) for clinics, providers, and pharmacists



Locating Resources

Finding Providers and Test-to-Treat Sites

- [COVID-19 Therapeutics Locator](#) (arcgis.com) or call 1-800-232-0233 (TTY 888-720-7489)
- [Test-to-Treat](#) (hhs.gov)



Questions

For general CDPH Therapeutics questions, please email COVIDRxProviders@cdph.ca.gov

For ordering, program inquiries, signing up new HPoP Accounts: please e-mail CDPHTherapeutics@cdph.ca.gov

Upcoming Opportunities



Monday

My Turn and myCAvax Office Hours

Next session: Monday, May 15, 12PM-1PM

Friday

Provider Webinar

Next session: Friday, May 12, 9AM-10:30AM



Special Thanks to

Today's Presenter:

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