

Welcome to Today's Webinar:

Talking with Patients about Staying Safe from Respiratory Viruses During the Holidays

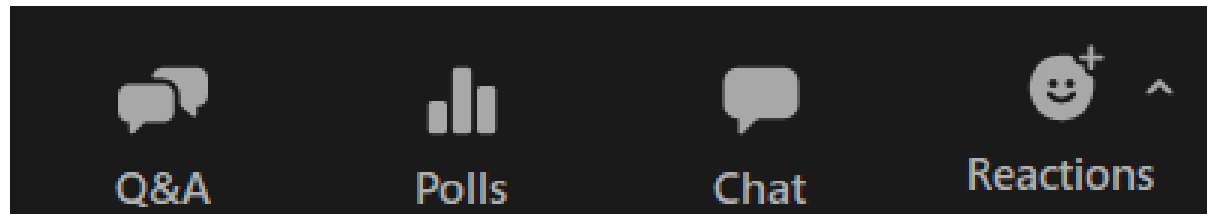


November 16, 2023
12:00PM – 1:00PM



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](#)

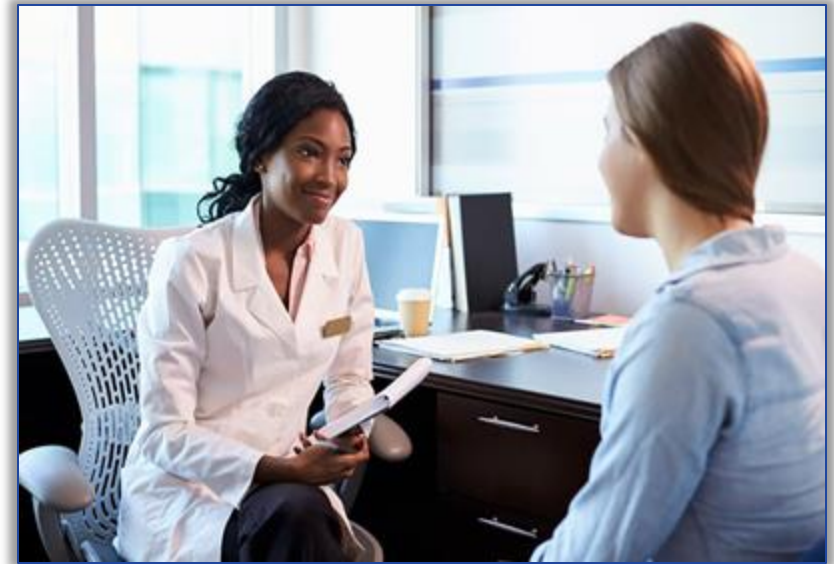


If you have post-webinar questions, please email diane.evans@cdph.ca.gov

Webinar Objectives

Participants will learn:

- Recent data on COVID-19, flu, and respiratory syncytial virus (RSV)
- Strategies for increasing vaccine acceptance
- How to effectively counsel patients on the risk and spread of respiratory viruses during the holiday season



Agenda: Thursday, November 16, 2023

No.	Item	Speaker(s)	Time (PM)
1	Welcome and Poll	Diane Evans (CDPH)	12:00 – 12:05
2	Talking with Patients about Staying Safe from Respiratory Viruses During the Holidays	Sharon Goldfarb, DNP, RN, FNP-BC	12:05 – 12:40
Questions and Answers			12:40 – 12:55
3	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 discuss staying safe from respiratory viruses during the holidays with your patients?

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



Talking with Patients about Staying Safe from Respiratory Viruses During the Holidays

Sharon Goldfarb, DNP, RN, FNP-BC





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Lily Rubin-Miller, MPH



Sharon Goldfarb
DNP, RN, FNP-BC

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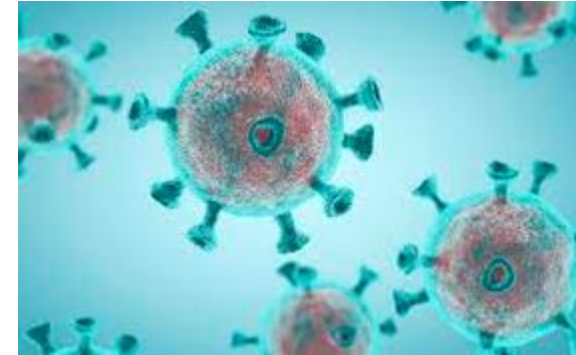
Vanessa Kerr, MEd

Recent data on COVID-19, flu, and respiratory syncytial virus (RSV)



The “Tripledemic” of 2022

- Last year from December - February we saw a peak in the circulation of three viruses, dubbed a “tripledeemic” by the media
- Rates of flu and RSV were markedly higher in the 2022 winter into early 2023. Experts hypothesize that this could be due to a number of factors:
 - Pandemic precautions slowed the spread of COVID-19, but also affected the spread of RSV and influenza
 - Not as much herd immunity for influenza and RSV because fewer infections the past couple years
- Young children, older adults have far higher rates of hospitalization and death
- Many hospitals experienced overwhelming rates of hospitalizations and shortages of medicines



Recent Data on COVID-19 Infections

- Since the end of the public health emergency on May 11, 2023 data is reported less frequently and less reliably
 - Harder to track cases, because many people test at home or do not test at all, and cases are no longer required to be reported to the federal government
 - At home antigen test approved
- Hospitalizations are one of our most reliable metrics for understanding spread/impact of COVID-19 at this point
 - Data will be incomplete for the most recent weeks
- Slight rise in test positivity in late August across the country, followed by a rise in hospitalizations and deaths in September



	HOSPITAL ADMISSIONS DAILY AVG.	PER 100,000	14-DAY CHANGE	WEEKLY DEATHS OCT. 22 TO 28	PER 100,000	PCT. OF DEATHS OCT. 1 TO 28	14-DAY CHANGE
United States	3,809	1.1	-6%	596	0.2	2.4%	-2%
California >	324	0.8	-3%	24	<0.1	1.9%	-17%

Recent Data on COVID-19 Vaccinations

- COVID-19 Vaccines
 - Last year's COVID-19 vaccine was bivalent, meaning it protected against the original strain of the virus in addition to Omicron
 - This year's updated COVID-19 vaccine is monovalent, meaning it only targets XBB.1.5
 - XBB.1.5, an Omicron descendant, was the dominant variant through May 2023
- Two closely related variants, EG.5 and HV.1, now comprise roughly half of the COVID-19 cases in the United States
- Only 6.7% of Californians are up-to-date with their COVID-19 vaccines.



Updated COVID-19 Vaccine Timing Guide 2023-2024

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 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 2023-24 Formulation: Moderna/Pfizer/Novavax
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks → 2nd Dose	

* See [CDC recommendations](#) for children transitioning from a younger to older age group
 † Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
 ** An 8-week interval may be preferable for some people, especially for males 12-39 years.
 ‡ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
 †† Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

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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 (for ages 5+ yrs, Pfizer dose is also OK) ≥2 m Optional Dose*
	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* 2 prior doses: ≥4 w 1 ≥2 m Optional Dose* ≥3 prior doses**: ≥8 w 1 ≥2 m Optional Dose*
12+ years	Pfizer–Adol/Adult (Comirnaty)	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	1 prior dose: 3 w 1 ≥4 w 2 ≥2 m Optional Dose* 2 prior doses: ≥4 w 1 ≥2 m Optional Dose* ≥3 prior doses**: ≥8 w 1 ≥2 m Optional Dose*
	Moderna–Adol/Adult (Spikevax)	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	1 prior dose: 4 w 1 ≥4 w 2 ≥2 m Optional Dose* 2 prior doses: ≥4 w 1 ≥2 m Optional Dose* ≥3 prior doses**: ≥8 w 1 ≥2 m Optional Dose*
	Novavax	1st Dose → 3 weeks → 2nd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax	≥1 prior doses**: ≥2 m 1 ≥2 m Optional Dose*

* An optional dose may be given ≥2 months after the last dose. Further doses may be given at the healthcare provider's discretion. See [Table 2](#) for vial and dosage.
 ** Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.

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COVID-19 Vaccine Product Guide - Updated

COVID-19 Vaccine Product Guide

Check vaccine labels and [FDA materials](#) before use to avoid mix-ups.
EUA fact sheets supersede info on vials and carton. Refer to [CDC Product Guide](#) for more information.

	Pfizer		
	Infant/Toddler 6 months–4 years	Pediatric 5–11 years	Comirnaty 12+ years
	2023-24 Formula	2023-24 Formula	2023-24 Formula
Packaging	Yellow Cap	Blue Cap	Gray Cap
Doses Per Vial	3 doses	1 dose	1 dose
Carton Size	30 doses	10 doses	10 doses
NDC (List of Use Data)	59267-4315-01	59267-4331-01	00069-2362-01
CVX Code	308	310	309
CPT Code	91318	91319	91320
Program Availability	VFC	VFC	VFC, BAP
Min. Standard Order*	30 doses	10 doses	10 doses
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.			
ULT	Until expiration date at -90°C to -60°C (-130°F to -76°F)		
Thermal Shipper	❌		
Freezer	❌		
Refrigerator	Up to 10 weeks at 2° to 8°C (36°F to 46°F). Write the date on carton—not to exceed expiration.		
Expiration Date	Check the label or Pfizer product website .		
Administration			
Diluent (supplied)	1.1 mL per vial	Do not dilute	Do not dilute
Dose Volume & Dose	0.3 mL 3 mcg dose	0.3 mL 10 mcg dose	0.3 mL 30 mcg dose
Refrigerator Thaw Time (Do not refreeze)	2 hours in carton (2° to 8°C/36°F to 46°F)		
Room Temp Thaw Time (Do not refreeze)	Vial: 30 minutes at up to 25°C (77°F)		
Total Time at Room Temp	Up to 12 hours (including thaw time) at 8°C to 25°C (46°F to 77°F)		
Storage Limits After Puncture (Multi-dose vials): Record puncture and use-by time on vial label.			
Use-By Limit (Discard Time After 1st Puncture)	Discard 12 hours after dilution. Keep at 2°C to 25°C (35°F to 77°F)	N/A	N/A

* Orders for privately purchased vaccines may have different order minimums.

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COVID-19 Vaccine Product Guide

Check vaccine labels and [FDA materials](#) before use to avoid mix-ups.
EUA fact sheets supersede info on vials and carton. Refer to [CDC Product Guide](#) for more information.

	Moderna			Novavax
	Pediatric 6 months–11 years	Spikevax 12+ years	Spikevax 12+ years	Adol/Adult 12+ years
	2023-24 Product	2023-24 Product	2023-24 Product	2023-24 Product
Packaging	Dark Blue Cap	Dark Blue Cap	Syringe	Royal Blue Cap
Doses Per Vial	1 dose	1 dose	1 dose	5 doses
Carton Size	10 doses	10 doses	10 doses	10 doses
NDC (List of Use Data)	80777-0287-07	80777-0102-04	80777-0102-01	80631-0105-01
CVX Code	311	312	312	211
CPT Code	91321	91322	91322	91304
Program Availability	VFC	VFC, BAP	N/A	VFC, BAP
Min. Standard Order*	10 doses	10 doses	N/A	10 doses
Storage Limits Before Puncture: Label vaccine with expiration and use-by dates.				
ULT	❌			❌
Thermal Shipper	❌			❌
Freezer	Until expiration at -50°C to -15°C (-58°F to 5°F)			❌
Refrigerator	Up to 30 days (not to exceed expiration date) at 2–8°C (36–66°F)			Until expiration at 2–8°C (36–66°F)
Expiration Date	Check Moderna product website or QR code.			Check product website.
Administration				
Diluent (supplied)	Do not dilute			
Dose Volume & Dose	0.25 mL 25 mcg	0.5 mL 50 mcg	0.5 mL 50 mcg	Do not dilute
Refrigerator Thaw Time (Do not refreeze)	45 minutes for single dose vial or 1 hour for syringe at 2°C to 8°C (36°F to 46°F). Let stand at room temp for 15 min before administering.			
Room Temp Thaw Time (Do not refreeze)	15 minutes for single dose vial or 45 minutes for syringe at 15° to 25°C (59° to 77°F)			
Total Time at Room Temp	Store up to 24 hours at 8°C to 25°C (46°F to 77°F)			
Storage Limits After Puncture (Multi-dose vials): Record use-by time on vial.				
Use-By Limit (Discard Time After 1st Puncture)	N/A. Discard after single use.			

* Orders for privately purchased vaccines may have different order minimums.

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COVID-19 Vaccine Product Guide

Do Not Use Deauthorized Products:

Use only COVID-19 vaccine products updated for 2023-24.

Pfizer		
Infant/Toddler 6 months–4 years	Pediatric 5–11 years	Adol/Adult 12+ years
2021 Monovalent	Bivalent	2021 Monovalent
2021 Monovalent	Bivalent	2021 Monovalent
2021 Monovalent	Bivalent	2021 Monovalent
2021 Monovalent	Bivalent	2021 Monovalent
2021 Monovalent	Bivalent	2021 Monovalent

Moderna				
Infant/Toddler 6 months–5 years	Infant/Toddler 6 months–5 years	6 months+	Pediatric 6–11 years	Adol/Adult 12+ years
2021 Monovalent	Bivalent	Bivalent	2021 Monovalent	2021 Monovalent

Janssen (J&J)	Novavax
Adult 18+ years	Primary 12+ yrs Booster 18+
2021 Monovalent	2022 Monovalent

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This is a suggested schedule. For alternatives and details, including additional recommendations for high-risk children, consult the Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023.

1. Monovalent HepB vaccine is recommended within 24 hours of birth for stable infants weighing >2 kg. For others, see schedule.
2. Infants will need RSV immunization at <8 months of age if prenatal RSV vaccine was not given at 32-36 weeks gestation. One dose of RSV immunization (monoclonal antibody) is also recommended for specified children 8 -19 months who are at increased risk of severe RSV and entering their 2nd RSV season.
3. A dose of HepB vaccine is not necessary at 4 months if doses are given at birth and 2 months but may be included as part of a combination vaccine. The final dose (3RD/4TH) should be given after age 24 wks. and at least 16 wks. after 1st dose.
4. Administer first dose at age 6 wks-14 wks. (Max. age: 14 wks., 6 days). Max. age for final dose in the series: 8 months, 0 days. If any dose of RV5 is given or product is unknown, a total of three RV doses are needed.
5. This 6 month Hib dose is not indicated if PedvaxHIB® is used exclusively for the 2 and 4 month infant doses.
6. See CDC guidelines for doses and intervals for healthy or immunocompromised children.
7. Two doses given at least 4 weeks apart are recommended for ages 6 months–8 years who are getting flu vaccine for the first time.
8. Refer to CDC guidelines for vaccinating children 6-11 months prior to international travel.
9. Min. interval between 1ST and 2ND dose is 4 wks. Two MMR doses should still be given on or after 12 months of age.
10. Minimum intervals: Ages 1-12 year: 3 months. Ages 13 years and older: 4 weeks.
MMRV may be used when both MMR and Varicella vaccines are indicated. For the 1st dose at 12-15 months, MMR and varicella vaccines should typically be given unless the parent or caregiver prefers MMRV.
11. Final dose of PCV series should be given at ≥12 months of age or after.
12. The 4th dose of DTaP may be administered as early as 12 months, provided at least 6 months have elapsed since the 3RD DTaP dose.
13. HPV vaccine should be given on a 0, 6-12 month schedule for 9-14 year olds (min. interval is 5 months). If patient immunocompromised or initiates series at 15 years or older, use a 3 dose schedule (0, 1-2, 6 months).
14. A MenB vaccine series may be given to all persons 16 through 23 years of age. See MMWR for details.

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IMM-395 (10/23)

Immunization Timing 2023

Suggested schedule to meet recommendations on time. Refer to web version.

Birth		6 months – 18+ years									
		COVID-19 vaccine(s) ¹					Flu vaccine, every fall ²				
Age	Interval from previous dose	Age	Interval from previous dose	Age	Interval from previous dose	Age	Interval from previous dose	Age	Interval from previous dose	Age	Interval from previous dose
2 months		4 months	1-2 months	6 months	1-2 months	12 months		15 months	6-12 months	18 months	6-18 months
DTaP ³ (Diphtheria, Tetanus, Pertussis)		DTaP		DTaP		HepA ⁴ (age 12-23 months)		DTaP ³		HepA	
Polio (IPV)		Polio (IPV)		Polio (age 6-18 months)	1-14 months	MMR ^{5,6,7} (ages 12-15 months)					
HepB ⁸ (age 1-2 months)	1-2 months after birth dose	HepB ⁸ (if 1st dose given at 2 months)	1-2 months	HepB ⁸ (age 6-18 months)	2-12 months and 24 months after 1st dose	Var ⁹ (age 12-15 months)					
Hib (PRP-tet)		Hib	1-2 months	Hib	3-2 months	Hib (age 12-15 months)	2-8 months				
PCV (Pneumo)		PCV	1-2 months	PCV	1-2 months	PCV ¹⁰ (age 12-15 months)	4-8 weeks				
RV ¹¹ (Rotavir)		RV ¹¹	4-10 weeks	RV ¹¹ (if Rotarix used for doses 1 or 2)	4-10 weeks						

Age 4-6 years: DTaP (IPV), Polio (IPV), MMR^{5,6,7}, Varicella⁹

Age 11-12 years: Tdap, HPV¹² (2 doses, can start at age 9), MenACWY (MCV4)

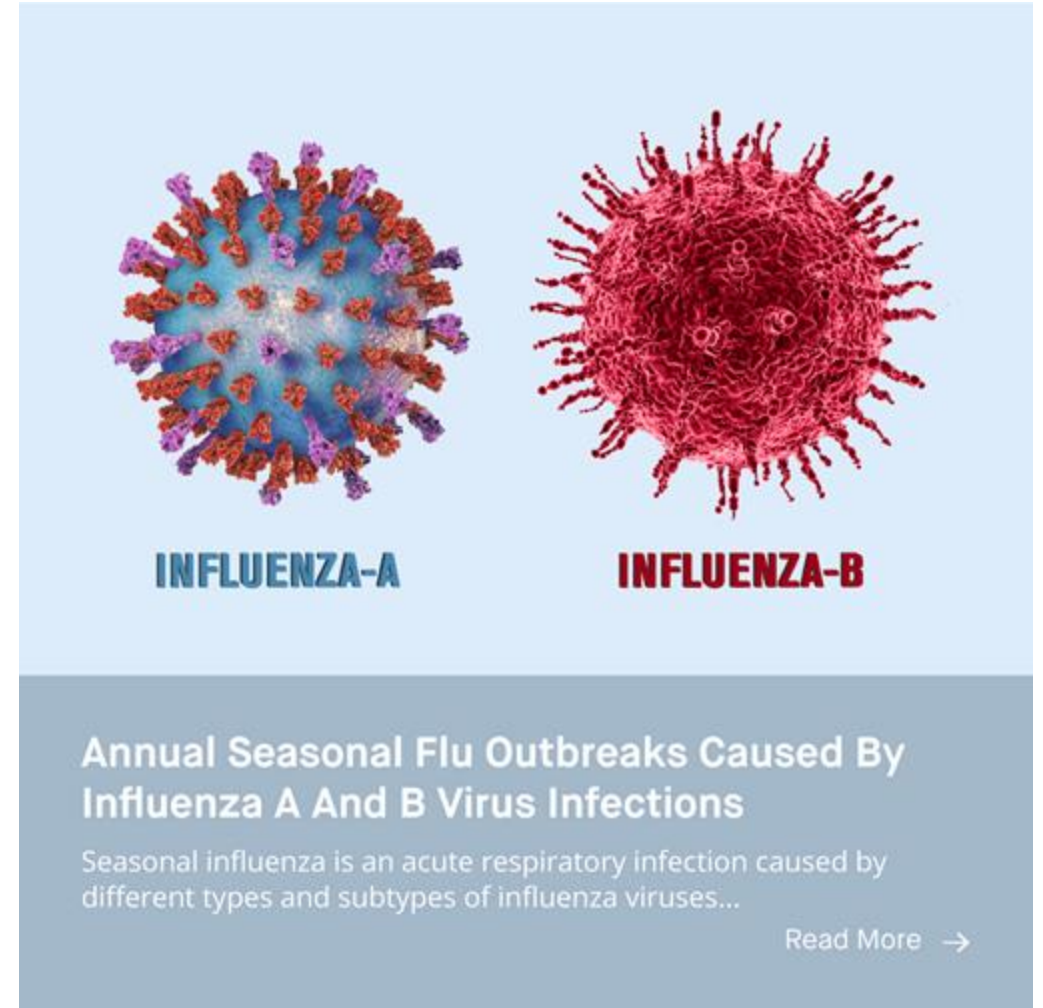
Age 16 years: MenACWY (MCV4), MenB¹³

California Kids Love them. Immunize them.
California Department of Public Health, Immunization Branch • CDZ.org IMM-395 (10/23)

This is a suggested schedule. For alternatives and details, including additional recommendations for high-risk children, consult the Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023.

Recent Data on Influenza Vaccines

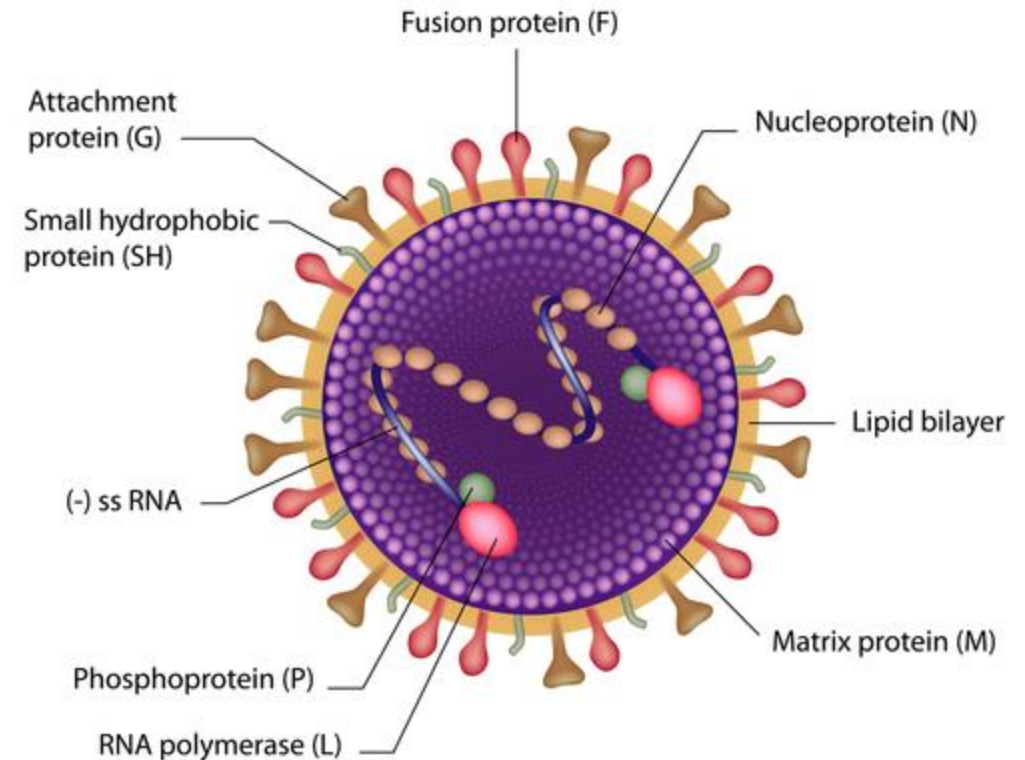
- All flu vaccines for the 2023-2024 season will be quadrivalent (four-component).
 - Protective against two A viruses and two B viruses
- The 2023 Southern Hemisphere seasonal influenza vaccine reduced the risk for hospitalizations by 52%.
- This is a helpful metric for predicting vaccine protection in the Northern Hemisphere for the upcoming influenza season
- Circulating influenza viruses in the Southern Hemisphere were genetically similar to those targeted by the 2023–24 Northern Hemisphere influenza vaccine formulation.



Recent Data on RSV

- [RSV is the leading cause of hospitalization in infancy](#)
- Most deaths from RSV are in infants younger than 6 months old
- RSV leads to about 2.1 million outpatient visits annually, between 58,000 and 80,000 hospitalizations, and 100–300 deaths among children under 5
- For patients 65 or older, each year brings about 60,000–120,000 hospitalizations and 6,000–10,000 deaths
- RSV activity is already increasing in California (per recent CDPH Health Advisory)

Respiratory Syncytial Virus



Recent Data on RSV Immunizations

- In May the FDA approved the first vaccine for RSV called **Arexvy**, created by GlaxoSmithKline Biologicals.
- In August the FDA approved another RSV vaccine called **Abrysvo**, created by Pfizer, that can be used in pregnant individuals and offers protection to infants for up to 6 months after birth.
- Also in August, **Nirsevimab** an antibody shot was approved for use in infants and some toddlers.



RSV Immunization Products Overview

- **Infants & Toddlers**

- One dose of nirsevimab is recommended for all infants younger than 8 months of age who are born during — or entering — their first RSV season
- One dose of nirsevimab is recommended for infants 8 through 19 months of age who are at higher risk of severe disease shortly before or during their second RSV season




- **Pregnant People**


- RSV vaccine administered between 32-36 weeks of pregnancy, between September-January

- **Older adults**

- Adults 60 years and older may be eligible for an RSV vaccine, under shared clinical decision making with their health care provider

New Immunizations to Protect Against Severe RSV

Who Does It Protect?	Type of Product	Is It for Everyone in Group?
 Adults 60 and over	RSV vaccine	Talk to your doctor first
 Babies	RSV antibody given to baby	All infants entering or born during RSV season. Small group of older babies for second season.
OR		
 Babies	RSV vaccine given during pregnancy	Can get if you are 32-36 weeks pregnant during September-January

www.cdc.gov/rsv 

[CDC RSV Immunization Infographic](http://www.cdc.gov/rsv)

Recent Data on RSV Vaccine Efficacy

- **Arexvy**
 - GSK reported an overall efficacy of 82.6% against lower respiratory tract disease during the first season, 77.3% for mid-season, and 67.2% over two seasons. Against severe disease, efficacy was 94.1% during the first season, 84.6% at mid-season, and 78.8% over two seasons.
- **Abrysvo**
 - Showed an efficacy of almost 89% against lower respiratory tract disease involving at least three symptoms in the first year after vaccination, and 78.6% mid-way through a second season in the data presented to the FDA.
- Currently recommended as 1 dose for older adults.



Attitudes around vaccination

- Only 22% of US adults are worried about themselves or someone in their family getting infected with influenza (flu)
 - COVID-19 (23%)
 - Respiratory syncytial virus (RSV) (19%)
- Nearly two-thirds of US adults (65%) agree that vaccination is the best preventive measure against flu-related hospitalizations and deaths, but 43% of US adults do not plan to or are unsure if they will get vaccinated against flu
 - Only 40% plan to get vaccinated against COVID-19
 - Among adults age 60 years and older, only 40% plan to get vaccinated against RSV.



Strategies for increasing vaccine uptake and counseling patients during the holidays



Strategies

1. Build the Relationship
2. Education and Information
3. Tailored Messaging with Active Listening
4. Empathic Inquiry
5. Motivational Interviewing
6. Vaccine Clinics and Accessibility
7. Reminder Systems
8. Collaborate with Other Healthcare Professionals
9. Community Outreach
10. Continuous Monitoring
11. Cultural Humility



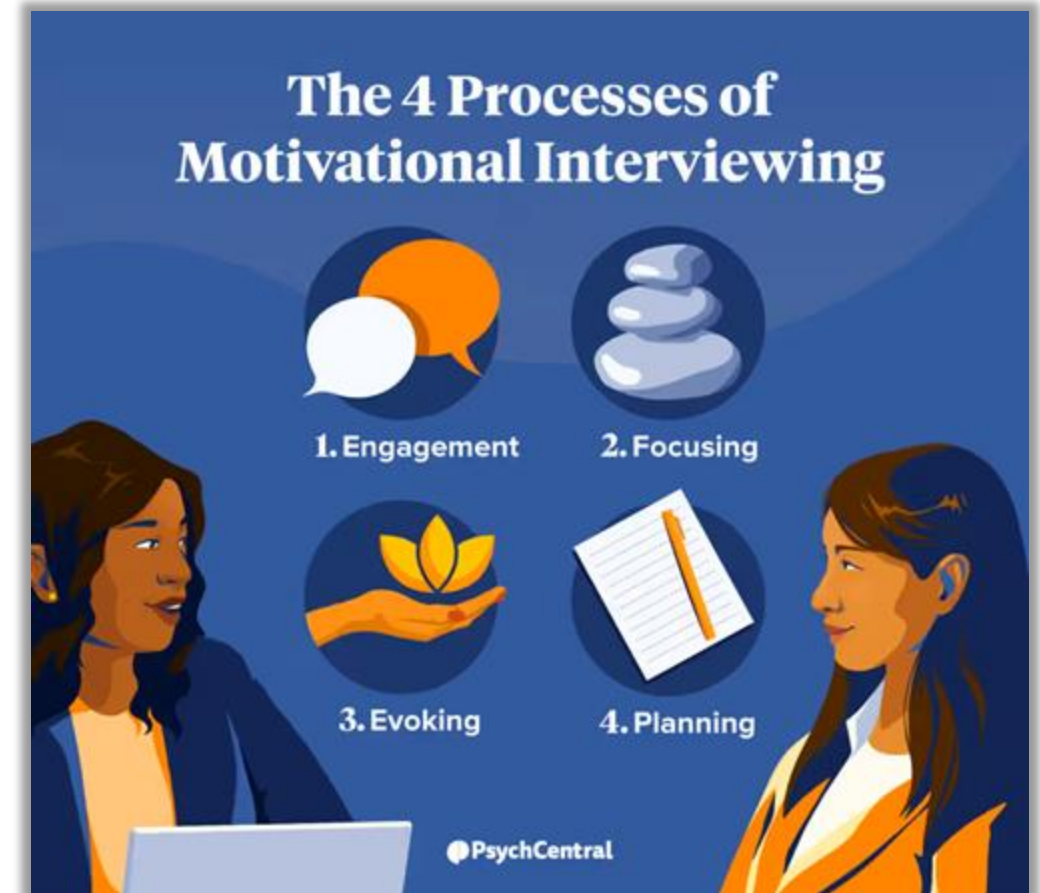
Education and Information



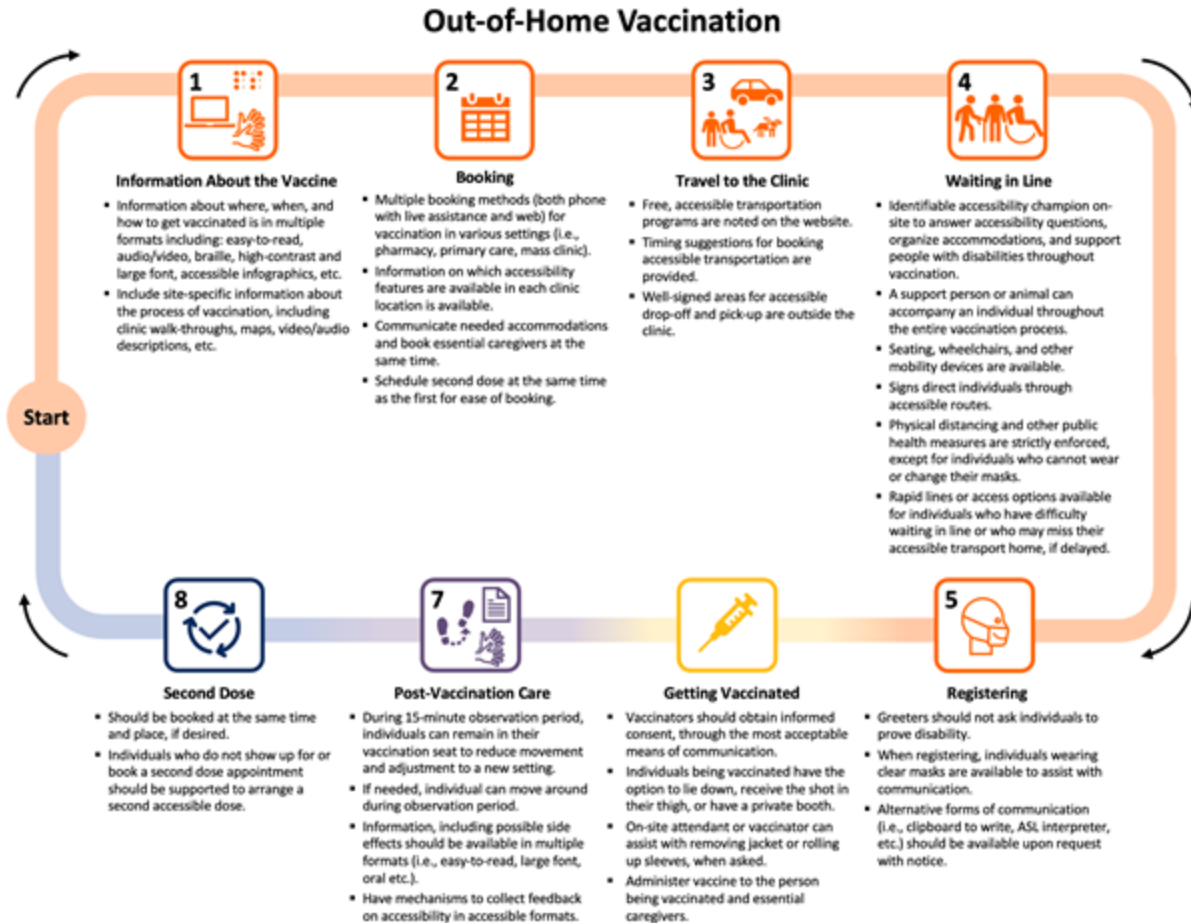
- Provide clear and accurate information about the benefits and safety of vaccines.
- Address common misconceptions and concerns.
- Explain the differences between the flu, RSV, and COVID-19 vaccines and why they are important and safe.
- Use easy-to-understand language and visuals to convey information.

Tailored Messaging with Active Listening

- Customize your message to the patient's specific concerns or needs. Patients may have different reasons for vaccine hesitancy, so addressing these individually can be more effective.
- Develop strong communication and active listening skills to understand and address patient concerns.
- Empathic inquiry and motivational interviewing.
- Encourage patients to ask questions and provide clear answers.



Vaccine Clinics and Accessibility



- Make vaccines readily available and accessible in healthcare facilities, clinics, or community settings.
- Offer convenient hours, walk-in appointments, travel support, and online scheduling to accommodate various patient schedules.
- Consider making it fun.

Reminder Systems

Implement a reminder system to notify patients when it's time for their vaccines or booster shots. This can be done through phone calls, texts, apps, or emails.



Collaborate with Other Healthcare Professionals



Work together with physicians, pharmacists, nurse practitioners, physician assistants, nurses, medical assistants, community health workers, peer workers, and other healthcare providers to ensure a coordinated approach.

Community Outreach

- Participate in community events or collaborate with local organizations to provide information and vaccination services.
- Think outside of the box- churches, barber shops, workplaces, schools.
- Use social media and other online platforms to reach a wider audience.



Continuous Monitoring

COMMUNITY HEALTH ASSESSMENT TOOLKIT



- Look at SDOH
- Regularly track vaccination rates and identify areas with lower uptake
- Involve the community members in planning
- Adjust strategies accordingly

Cultural Humility, Structural Racism, & Implicit Biases

- Be sensitive to cultural and language differences in your patient population. Tailor your approach to respect cultural beliefs and practices.
- Recognize and actively work to reduce health disparities that may exist within specific cultural or ethnic groups. This involves advocating for equitable healthcare policies and services.
- Check structural barriers and implicit biases.



Cultural Competency vs. Cultural Humility

- Cultural humility is a commitment to actively engage in the process of:
 - Lifelong learning and critical self-reflection
 - Recognizing and challenging power imbalances
 - Patient focused interviewing and care strategies
 - Community-based research and advocacy
 - Pursuing institutional accountability
 - ALL THE TIME!!

Safety Precautions for Celebrating the Holidays

- Home dinners are safer than restaurants
- Virtual gatherings are the safest
- Stay home if sick
- Mask precautions
- Handwashing
- Testing before arriving
- Get vaccinated

PLEASE screen for loneliness- some clients are alone on the holidays.

6 Tips for Staying Healthy this Virus Season

Reduce your risk of catching and spreading respiratory viruses like flu, COVID-19 and RSV.

Stay Up to Date on Vaccines
Vaccines are the best protection against severe illness. Visit [MyTurn.ca.gov](https://myturn.ca.gov) to schedule your vaccines or contact your health care provider.

- **Flu and COVID-19 vaccines** are available for everyone 6 months and older.
- **RSV immunizations** are available for infants and some young children, pregnant people and adults 60 years and older.

Stay Home if You're Sick
Stay home and away from others if you have any symptoms of flu, COVID-19, or RSV.

Test and Treat
[Test for COVID-19](#) and flu if you have symptoms. If you test positive, contact your health care provider and ask about prescription treatments. Act fast, most of these medications must be taken within the first 5 days of symptoms. Learn more about [COVID-19 treatments](#).

Consider Wearing a Mask
Consider [wearing a mask](#) in public indoor or crowded spaces especially if you or your family is at [higher-risk for severe illness](#).

Wash Your Hands
Wash your hands often, with soap and warm water, for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.

Cover Your Cough or Sneeze
Cough or sneeze into your elbow, arm, or a disposable tissue. Make sure to wash your hands or sanitize and dispose of your tissue after.

Scan the QR code to see interactive links on this flyer

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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. Misrepresentation of preliminary studies stoke COVID-19 vaccine safety fears

- Preliminary studies are an important part of vaccine safety research, but they can also be used to promote misleading narratives. Vaccine opponents often misinterpret or intentionally misrepresent the results or significance of these studies to give a false impression that COVID-19 vaccines are unsafe. In a recent example, an [FDA preprint study](#) flagged seizures as a potential safety signal for COVID-19 vaccines in young children.

2. Conspiracies claim COVID-19 vaccine myocarditis risk was covered up

- Conspiracies that health authorities and vaccine manufacturers misled the public about COVID-19 vaccine risks are common online, often accompanying misleading document “leaks.”

3. Vaccine opponents use current events to amplify messages

- Social media users who promote anti-vaccine rhetoric often latch onto current events and major news stories to find new audiences and expand the reach of their message. This trend continued in October as vaccine opponents seized on the conflict in Israel and Gaza to advance anti-vaccine talking points.

How to Respond

1) Our country's vaccine safety monitoring systems are working.

- Preliminary and non-peer reviewed research cannot be used to draw conclusions about COVID-19 vaccine safety.
- There is no evidence that COVID-19 vaccines increase stroke risk in any age group. The data showing a potential seizure risk in young children is preliminary, and further analysis suggests it may represent a false risk.
- Researchers investigate all potential safety signals to ensure that vaccines are as safe as possible. The detection of extremely rare safety signals is a sign that vaccine safety monitoring systems are working as they should.
- Experts, including both studies' authors, continue to encourage COVID-19 vaccination for those who are eligible.

How to Respond

2) Infections like COVID-19 are the most common cause of myocarditis.

- Federal health authorities were the first to alert the public to myocarditis as a potential risk of mRNA COVID-19 vaccines shortly after detecting the safety signal.
- There is considerable evidence from two years of research that myocarditis after COVID-19 vaccination is extremely rare, typically mild, and often resolves on its own.
- Infections like COVID-19 are the most common cause of myocarditis. You are much more likely to have myocarditis after a COVID-19 infection than you are after vaccination.

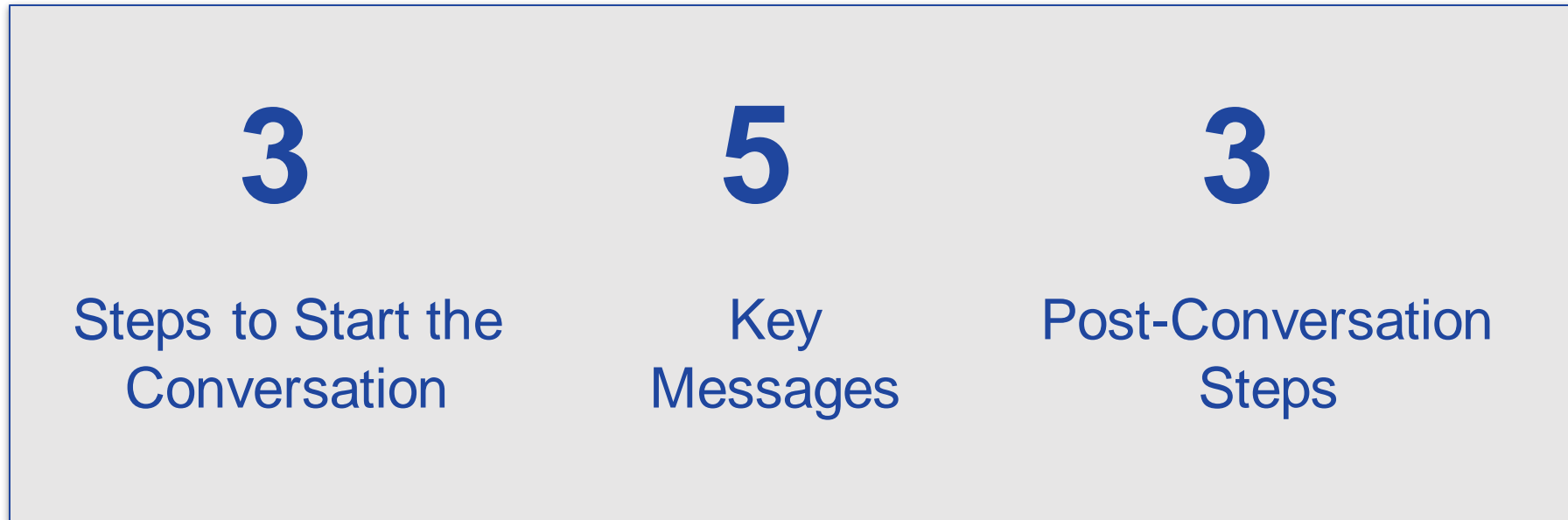
How to Respond

3) Billions of people have been vaccinated against COVID-19. The vaccines are safe.

- Social media posts often exploit tragic and widely covered news stories to spread anti-vaccine messages.
- There is strong evidence showing that COVID-19 vaccines are not linked to widespread health issues or deaths.
- In fact, vaccine clinical trials, three years of safety monitoring, and real-world data clearly demonstrate the safety of the mRNA vaccines.

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 vaccines?”

“Can you tell me about your past experiences with vaccines?”

“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 Message



Have questions? Please ask.



Sign up to get notified when it's your turn to get the COVID-19 vaccine.

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, but ultimately it’s your choice if and when.”

“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

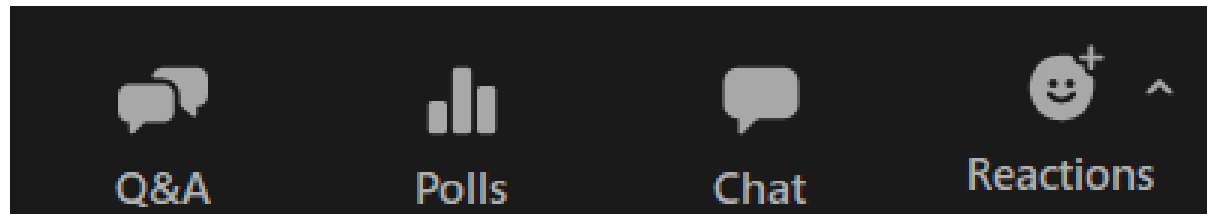
Offer to find a vaccine

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



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!

How confident are you in your ability to effectively discuss staying safe from viruses during the holidays with your patients?

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



Infodemiology.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](#).



Infodemiology.com

Real-Time Insights

Infodemiology Brief

About

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.



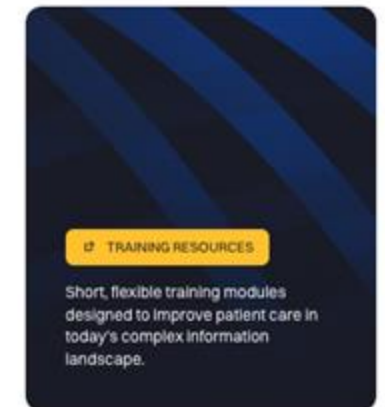
INFODEMOLOGY BRIEF

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



EZIZ.ORG

(Easy Immunization)

Please bookmark
<https://eziz.org/>
for immunization
updates, resources,
and guidance

The screenshot shows the EZIZ website homepage. The top navigation bar includes the EZIZ logo, a search bar, and the tagline "A one-stop shop for immunization training and resources." The left sidebar contains a menu with items: Home, Vaccine Programs, Vaccine Management, Storage Units, Temperature Monitoring, **Training & Webinars** (circled), Clinic Resources, and Patient Resources. Below the menu is contact information for VFC. The main content area is divided into several sections: "California's Vaccine Programs" with icons for VFC, VFA, BAP, and 317; "Ordering & Vaccine Management" and "Storage Requirements" with links to MyVFCvaccines, MyCAvax, Vaccine Storage Units, and Digital Data Loggers; "Alerts!" featuring a "2023 COVID-19 Vaccine" section with links to CDC recommendations and COVID-19 resources; a "Protect your patients against RSV!" section with links to RSV FAQs and resources; and an "Immunization Registry Now Required!" section with text about AB 1797. The right sidebar contains "Hot Topics" with a "Weekly CDPH Immunization Updates for Providers" section (circled) listing "Timing Schedule with Blocks (Updated for RSV)" and "COVID-19 Vaccine Resources" (circled); "Popular Resources" with links for patients and staff, flu, mpox, pertussis, schedules, and fact sheets; and "CDPH Applications" with links for My Turn, CAIR, My DVR, and CAIR-ME.

RSV (RESPIRATORY SYNCYTIAL VIRUS)



RSV (Respiratory Syncytial Virus)

Symptom Management & Care

ALERT: There is currently a nationwide supply shortage of nirsevimab (Beyfortus™) (RSV monoclonal antibody) to protect infants and toddlers against severe RSV disease. Medical practices should prioritize limited supplies of nirsevimab to infants at highest risk of severe RSV disease until additional supply is available.

Respiratory Syncytial Virus (RSV) Webpage

Webpage includes:

- Introduction
- Prevention Tips
- Resources and Guidance
- Communication Toolkit
- Resources for Public Health
- Clinical Guidance

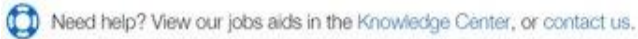
COVID-19 Vaccine Support

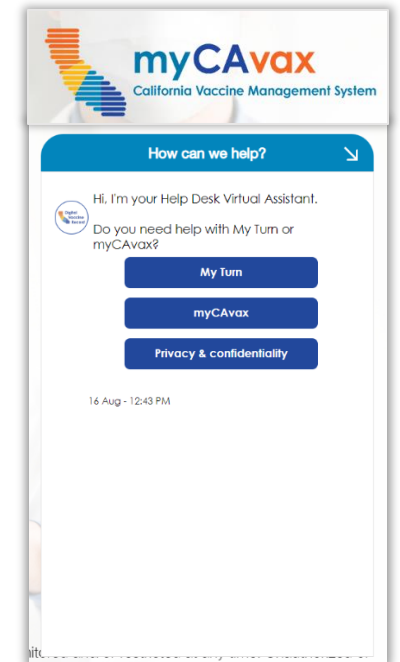
Provider Call Center

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
- For My Turn Clinic Help Desk inquiries: MyTurn.Clinic.HD@cdph.ca.gov
- For all other inquiries: 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. 



Stay Healthy this Virus Season

6 Tips for Staying Healthy this Virus Season

Reduce your risk of catching and spreading respiratory viruses like flu, COVID-19 and RSV.

Stay Up to Date on Vaccines
Vaccines are the best protection against severe illness. Visit [MyTurn.ca.gov](https://myturn.ca.gov) to schedule your vaccines or contact your health care provider.

- **Flu and COVID-19 vaccines** are available for everyone 6 months and older.
- **RSV immunizations** are available for infants and some young children, pregnant people and adults 60 years and older.



Stay Home if You're Sick
Stay home and away from others if you have any symptoms of [flu](#), [COVID-19](#), or [RSV](#).

Test and Treat
[Test for COVID-19](#) and flu if you have symptoms. If you test positive, contact your health care provider and ask about medications. Medications work best when started right after symptoms begin. Learn more about [COVID-19 treatments](#).

Consider Wearing a Mask
Consider [wearing a mask](#) in public indoor or crowded spaces especially if you or your family is at [higher-risk for severe illness](#).

Wash Your Hands
Wash your hands often, with soap and warm water, for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.

Cover Your Cough or Sneeze
Cough or sneeze into your elbow, arm, or a disposable tissue. Make sure to wash your hands or sanitize and dispose of your tissue after.









Scan the QR code to see interactive links on this flyer



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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
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.

OR

Where to get vaccinated?

- Contact your doctor or local pharmacy. 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 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](#).

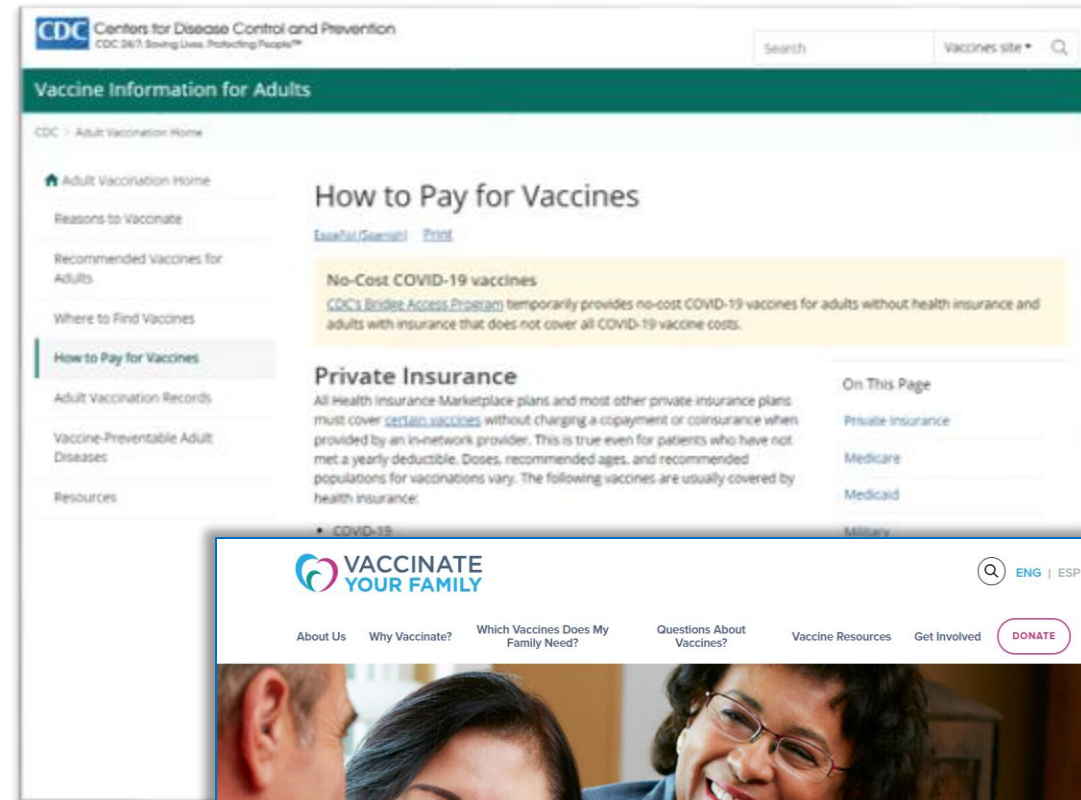
Thanks to Katelyn Jetelina, PhD, MPH and Caitlin Rivers, PhD, MPH for allowing CDPH to adapt this resource.

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

How to Pay for Vaccines

New CDC resource covers:

- Private Insurance
- Medicare
- Medicaid
- Military
- No Insurance (for adults and children)



Upcoming Webinar Opportunities

CDPH Immunization Updates for Providers

Next session: Friday, November 17, 2023

9AM – 10:30AM



Special Thanks to

Today's Presenter:

Sharon Goldfarb, DNP, RN, FNP-BC

Webinar Planning & Support:

Dr. Caterina Liu, MD, MPH

Vanessa Kerr, Med, Lily Rubin-Miller, MPH

Billie Dawn Greenblatt, Michael Fortunka, Charles Roberts, Diane Evans, Tyler Janzen, and Laura Lagunez-Ndereba

