VPDCP Provider OFFICE HOURS

Vaccine Preventable Disease Control Program

September 3, 2025

Housekeeping

All participants will be muted during the presentation.

Any resources used in today's presentation will be emailed to the participants shortly after the Office Hours

Submit questions in the chat or raise your hand to ask a question. Questions will be answered at the end of the presentation.

If you experience technical issues, check your computer audio configuration, try refreshing your browser, or re-joining the webinar again.

Agenda

- **Update on Respiratory Virus Vaccines** - *Dr. Nava Yeganeh*
- **VPDCP Website** - *Erika Fetterolf*
- **Best Practices for Vaccine Storage & Handling** - *Shelby Redman*
- **VFC Updates** - *Jerusalem Theodros*
- **SGF Influenza Vaccine Ordering Timeline for the 2025–2026 Season** - *Jerusalem Theodros*
- **Quick Poll**
- **Q&A session**

Update on Respiratory Virus Vaccines

Preparing for Fall/Winter Respiratory Season

Dr. Nava Yeganeh
Medical Director
Vaccine Preventable Disease Control Program
Los Angeles County Department of Public Health

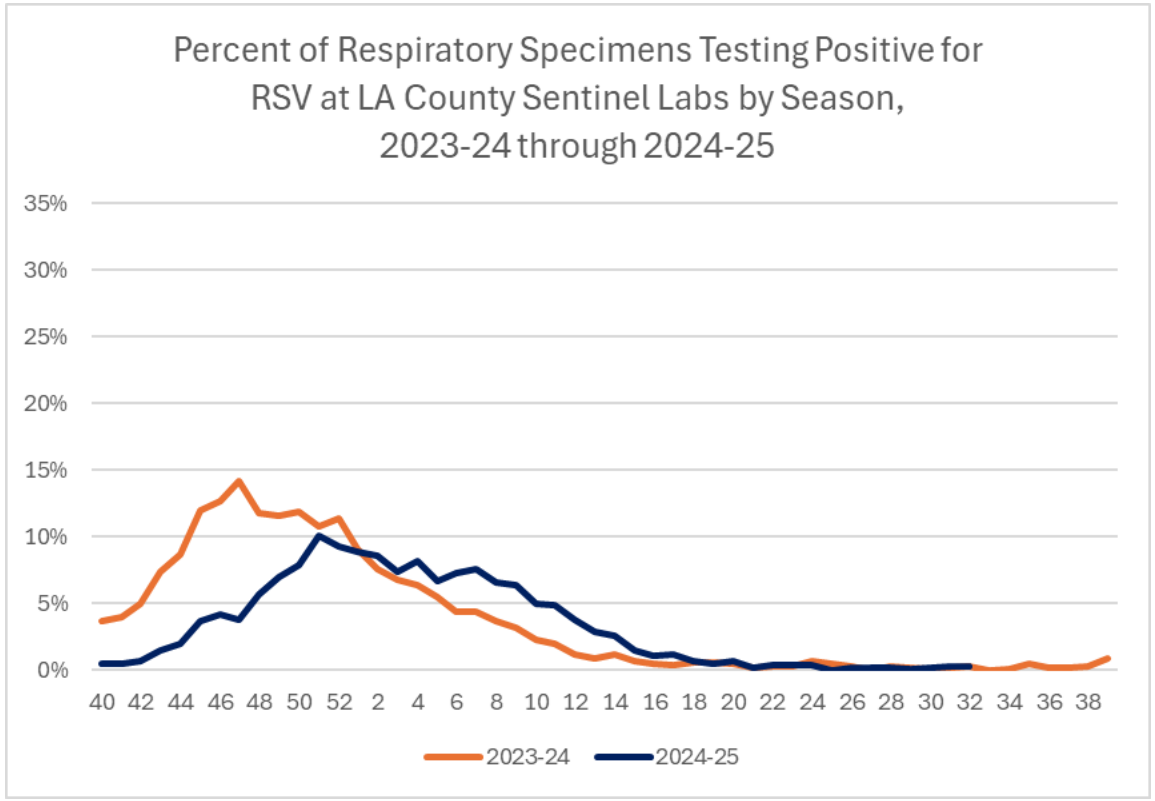
Disclaimer

- This presentation was current as of September 3, 2025
- More information and slides can be found on the ACIP website or the LAC DPH Vaccine Preventable Disease page

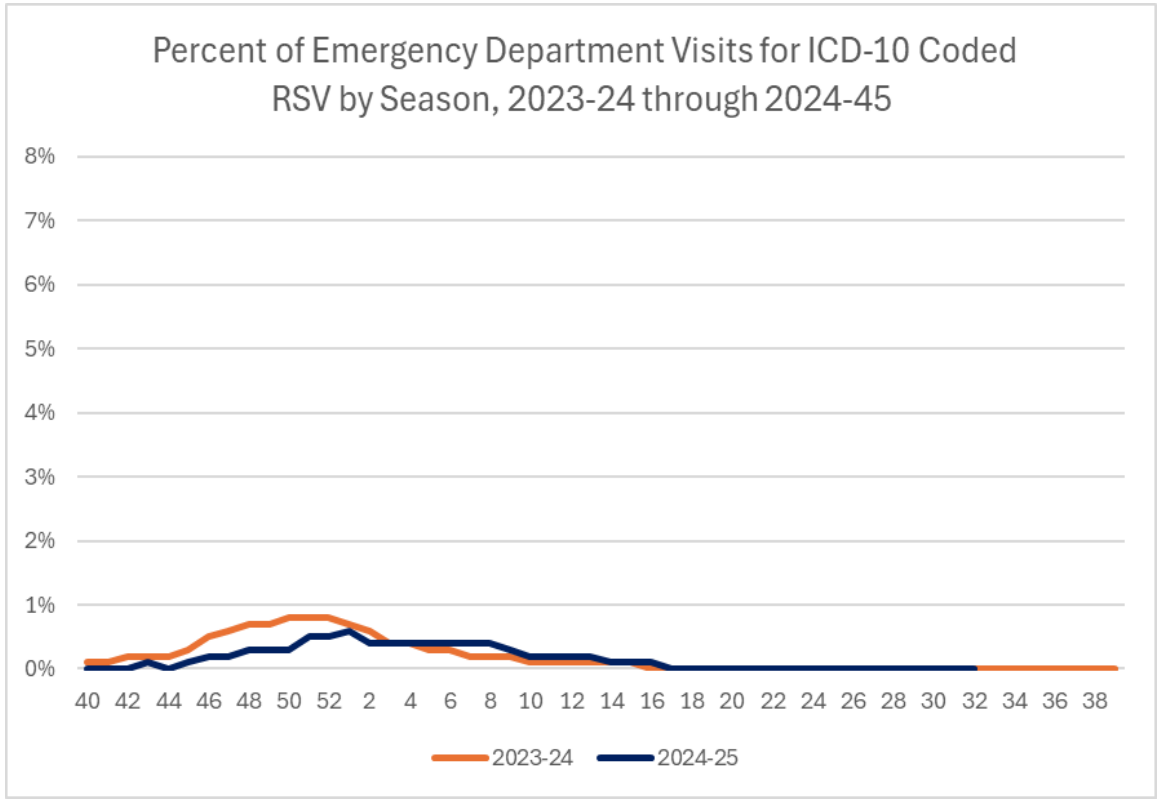
RSV Activity and Immunizations

RSV Data Los Angeles County

Sentinel Percent Positivity Data



Syndromic ED Visit Data



Summary of recommendations for infants

In 2023 two products were approved by FDA and subsequently recommended by CDC and ACIP

Maternal RSV vaccine

Abrysvo, Pfizer

Pregnant women 32 through 36 weeks' gestation

Administer September through January in most of the continental United States†

Nirsevimab

Beyfortus, Sanofi & AstraZeneca

All infants ages <8 months*

Second season dose for children ages 8–19 months at increased risk of severe RSV disease

Administer October through March in most of the continental United States† (as early as possible¥)

New

Clesrovimab

Enflonasia, Merck

Approved by FDA on 6/9/2025

All infants ages <8 months*

Administer October through March in most of the continental United States† (as early as possible¥)

*_**Either**_ maternal RSV vaccine or nirsevimab is given to protect infants against severe RSV disease – only one is needed in most instances

Immunizations to prevent RSV disease in infants

Nirsevimab effectiveness:

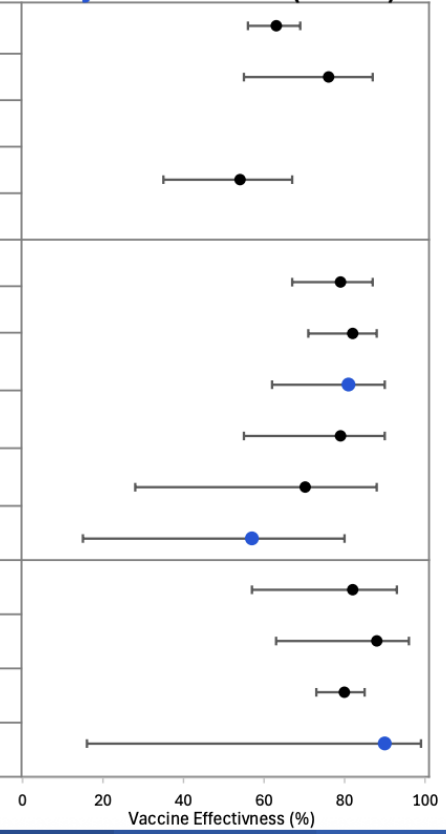
- 63-75% ED visits
- 79-82% hospitalization
- 80-82% critical illness requiring ICU admission

Maternal vaccination:

- 54% ED encounters
- 70-79% hospitalizations

Summary of RSV prevention product effectiveness (PE) among infants in their first RSV season, 2024–2025

Outcome	Product	CDC Network	Product Efficacy*/Effectiveness (95% CI)
RSV-associated ED visit	Nirsevimab	VISION	63 (56-69)
		NVSN	76 (55-87)
		Clinical Trial	Not Applicable
	Maternal Vaccine	VISION	54 (35-67)
		Clinical Trial	Not Applicable
RSV-associated hospitalization	Nirsevimab*	VISION	79 (67-87)
		NVSN	82 (71-88)
		Clinical Trial	81 (62-90)
	Maternal Vaccine†	VISION	79 (55-90)
		NVSN	70 (28-88)
		Clinical Trial	57 (15-80)
RSV-associated Intensive Care Unit (ICU) admission	Nirsevimab*	VISION	82 (57-93)
		NVSN	88 (63-96)
		Overcoming	80 (73-85)
		Clinical Trial	90 (16-99)



*Jones et al. *MMWR* 2023. Available: https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm
†Kampmann et al. *NEJM* 2023. Available: https://www.nejm.org/doi/full/10.1056/NEJMoa2216480

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Slide from ACIP meeting June 26, 2025

Choose One Product to Prevent Severe RSV Disease in Infants

Maternal RSV vaccination
- Pfizer Abrysvo

- or -

Infant RSV antibody
- Nirsevimab
- Clesrovimab*

Most infants will *not* need both maternal vaccination and an RSV antibody.

RSV recommendations

Older adults:

- 75+: 1 lifetime dose of RSV preF vaccine (Abrysvo, Arexvy, mResvia)
- 50-74 with underlying conditions: 1 lifetime dose of RSV

Pregnant persons:

- RSV pre-F (Abrysvo) given between 32-36 weeks of pregnancy (1 lifetime dose)

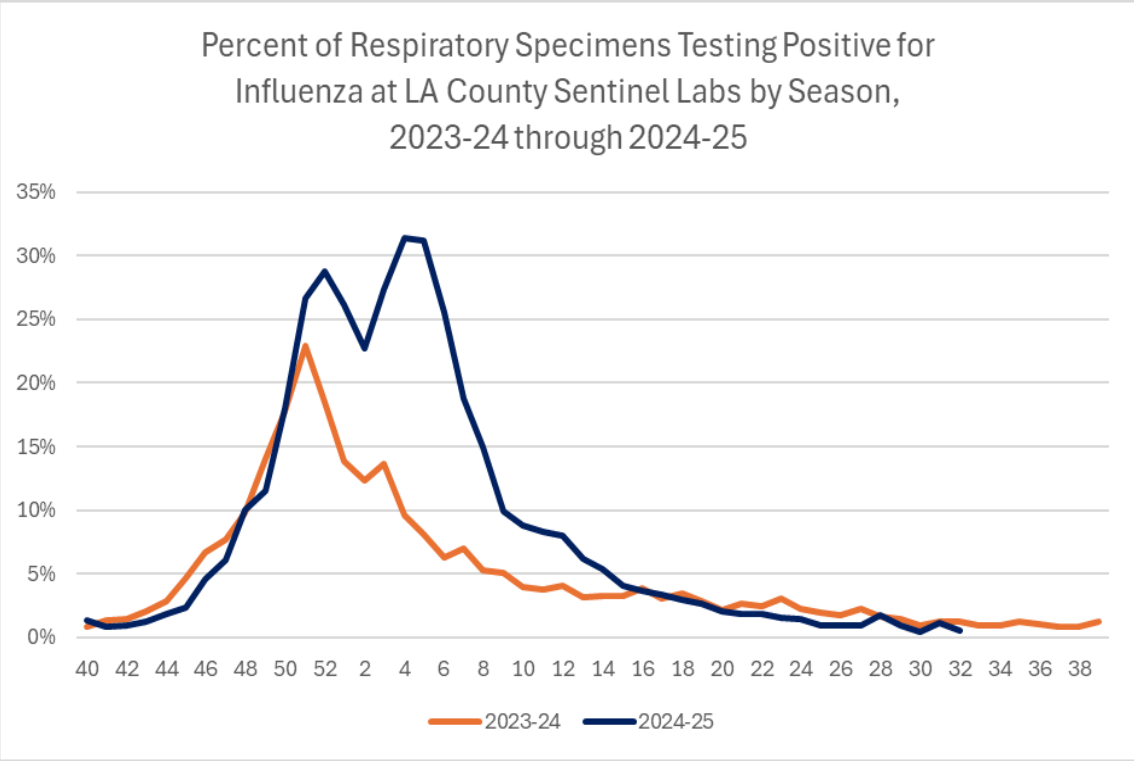
Infants:

- RSV monoclonal antibody—nirsevimab (Beyfortus) or clesrovimab (Enflonsia) to all infants younger than 8 months entering their first RSV season (October–March) whose birth parent did not receive an RSV vaccine during pregnancy.
- For children aged 8–19 months at increased risk of severe RSV, **only nirsevimab** is recommended.

Influenza activity and vaccine

Influenza Data

Sentinel Percent Positivity Data



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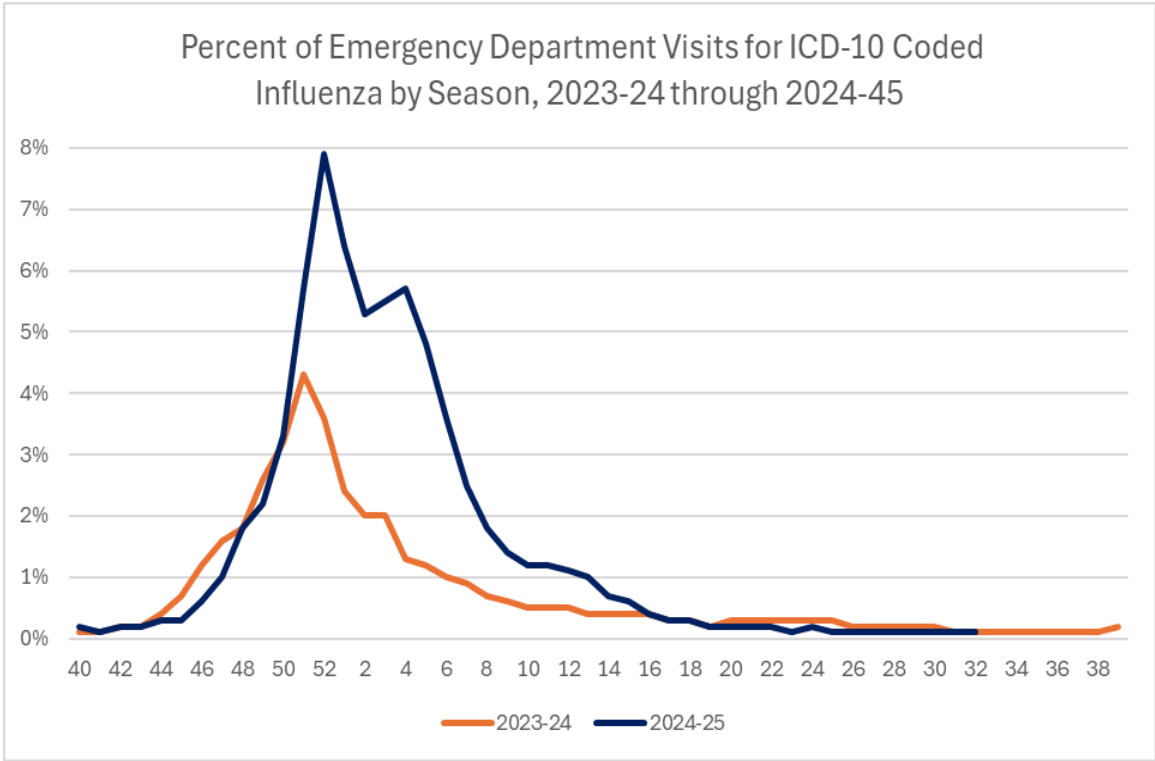
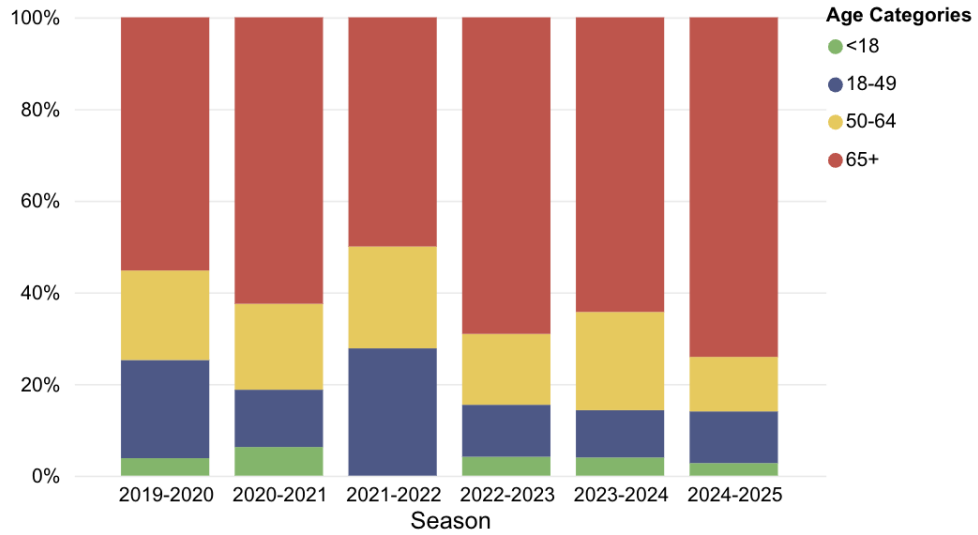


Severity- Influenza Associated Deaths

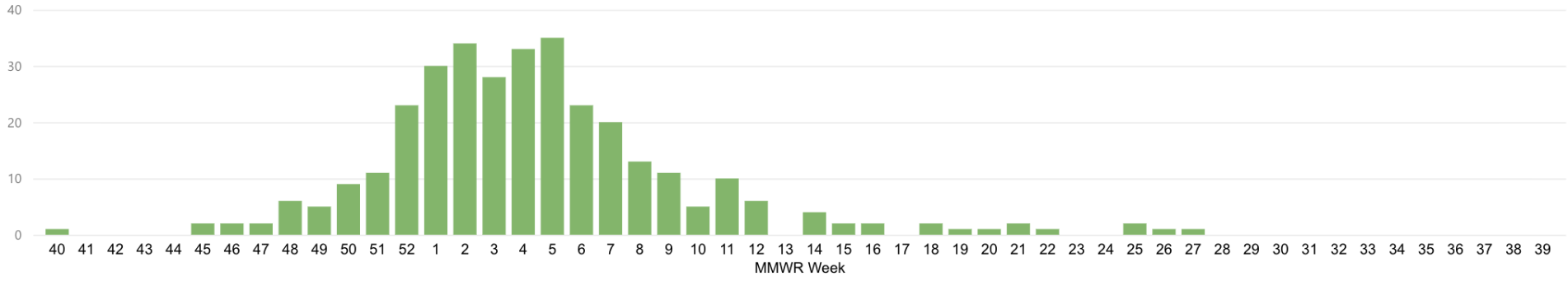
Influenza Coded Death Certificates by Age Category and Season: Influenza Seasons 2019-2020 Through 2024-2025



Influenza Coded Deaths by Season: Influenza Seasons 2019-2020 Through 2024-2025

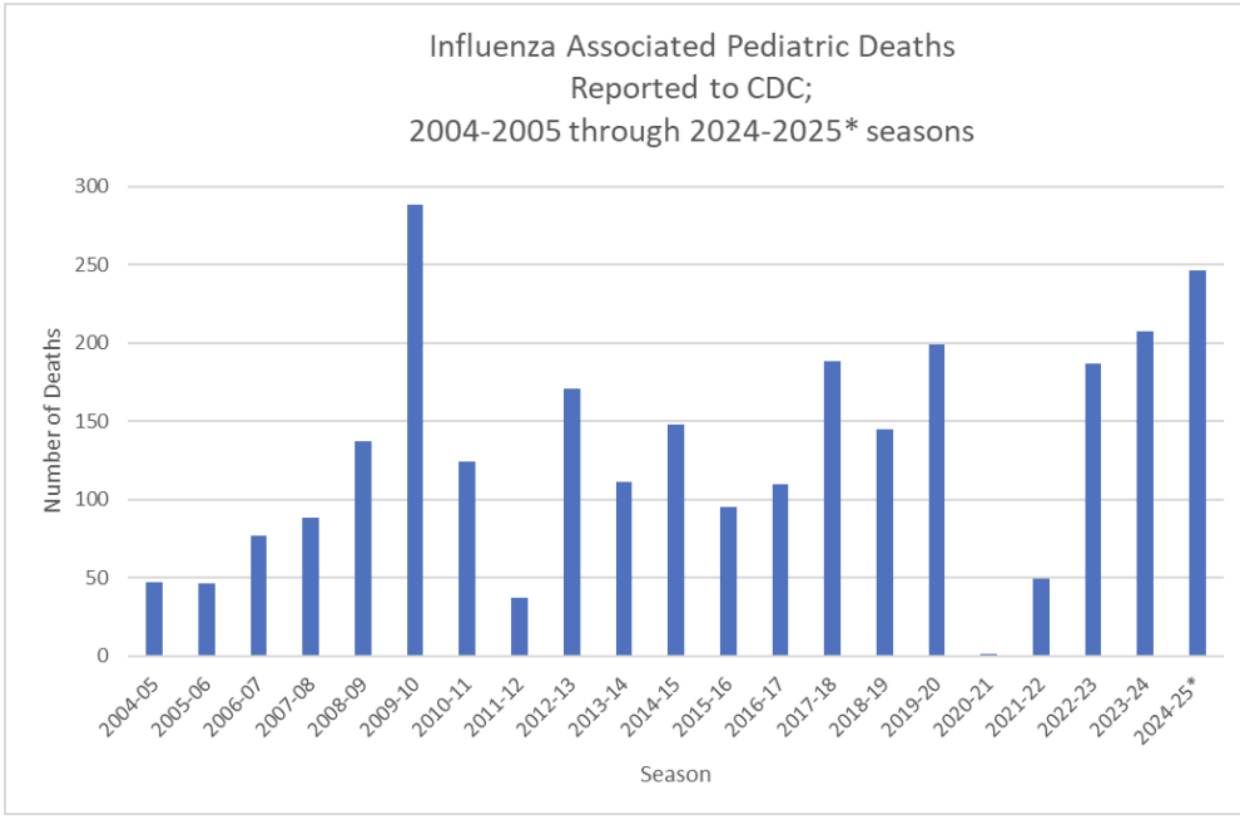
Season	Total
2019-2020	210
2020-2021	16
2021-2022	18
2022-2023	97
2023-2024	126
2024-2025	328

Number of Influenza Coded Death Certificates By MMWR Week: 2024-2025 Season



Pediatric Death

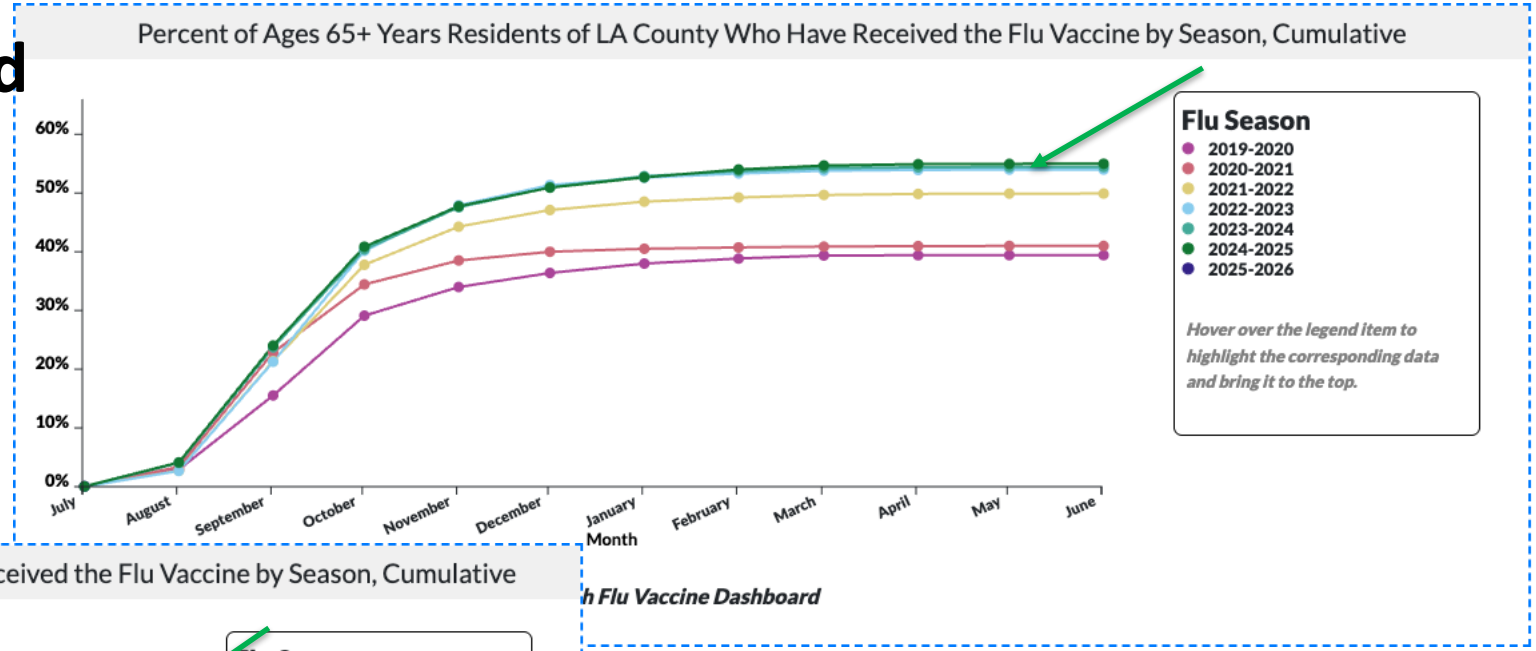
- 246 deaths
- All age groups affected
  - 0-5 months: 7%
  - 6-23 months: 13%
  - 2-4 years: 18%
  - 5-11 years: 37%
  - 12-17 years: 26%
- 42% had no known high risk underlying medical condition
- 40% had a bacterial co-infection of a sterile site
- 89% of those eligible for influenza vaccination were not fully vaccinated

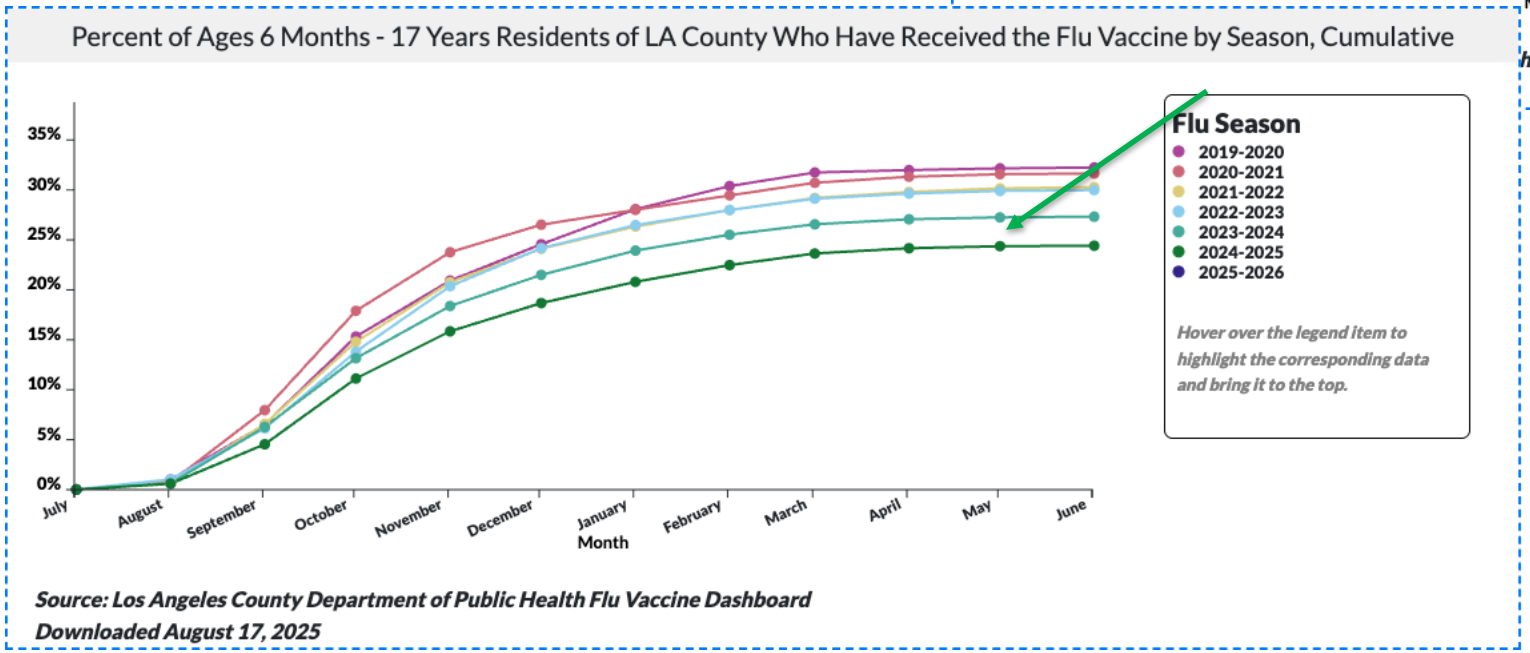


Through June 7, 2025 https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html 6

Influenza vaccine dashboard

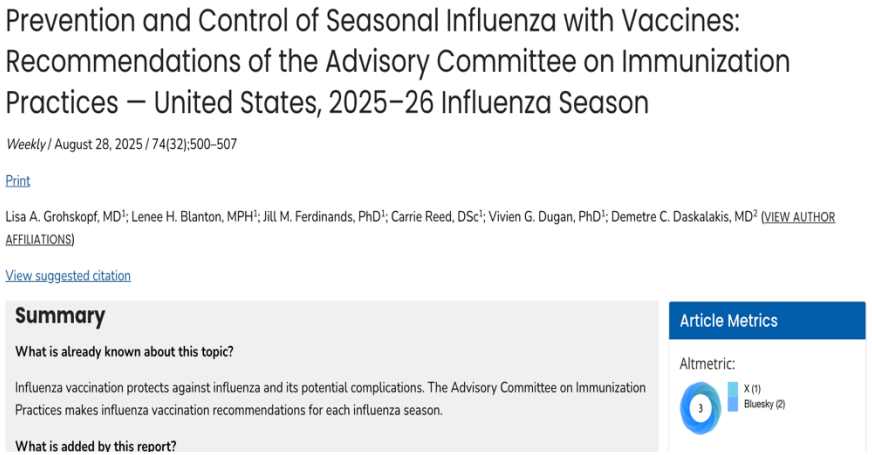
- Can look at trends by age, race, sex at birth, service planning area





LAC recommendations:

- LAC DPH urges provider to follow ACIP recommendation for routine annual influenza vaccination (trivalent) of all persons aged 6 months and older who do not have contraindications.
- Children 6 months to 9 years of age will need 2 doses if they've never received vaccine in the past
- Older adults: high dose (Fluzone), adjuvanted (Fluad) or recombinant (Flublok)
- Solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens: high dose (Fluzone) or adjuvanted (Fluad)
- Intranasal live vaccine (FluMist) available for 2-49 years of age for those without contraindications



Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season

Weekly / August 28, 2025 / 74(32);500–507

Print

Lisa A. Grohskopf, MD[1]; Lenee H. Blanton, MPH[1]; Jill M. Ferdinands, PhD[1]; Carrie Reed, DSc[1]; Vivien G. Dugan, PhD[1]; Demetre C. Daskalakis, MD[2] (VIEW AUTHOR AFFILIATIONS)

View suggested citation

Summary

What is already known about this topic?

Influenza vaccination protects against influenza and its potential complications. The Advisory Committee on Immunization Practices makes influenza vaccination recommendations for each influenza season.

What is added by this report?

Article Metrics

Altmetric:

3

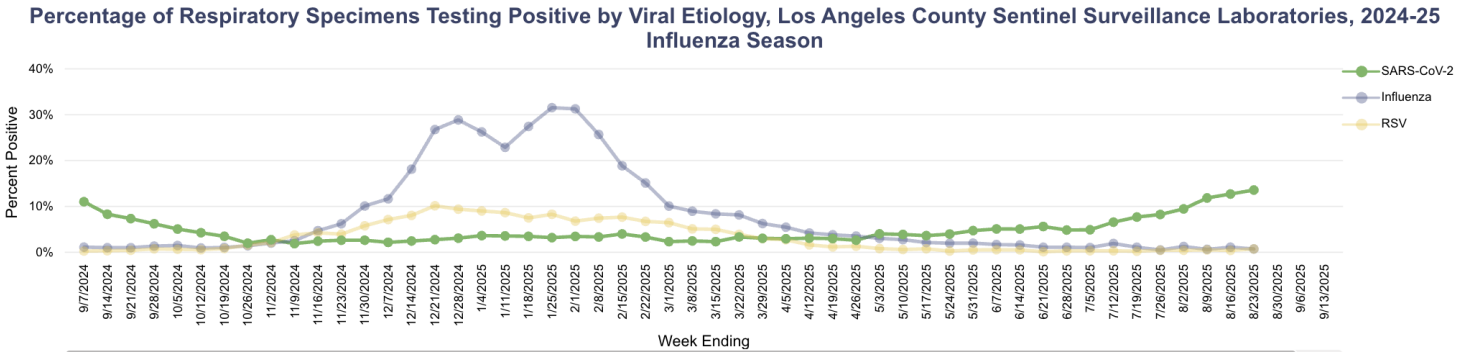
X (1)
Bluesky (2)

https://www.cdc.gov/mmwr/volumes/74/wr/mm7432a2.htm

COVID-19 Disease Activity and 2025-26 Vaccine recommendations

COVID-19 Data

Sentinel Percent Positivity Data



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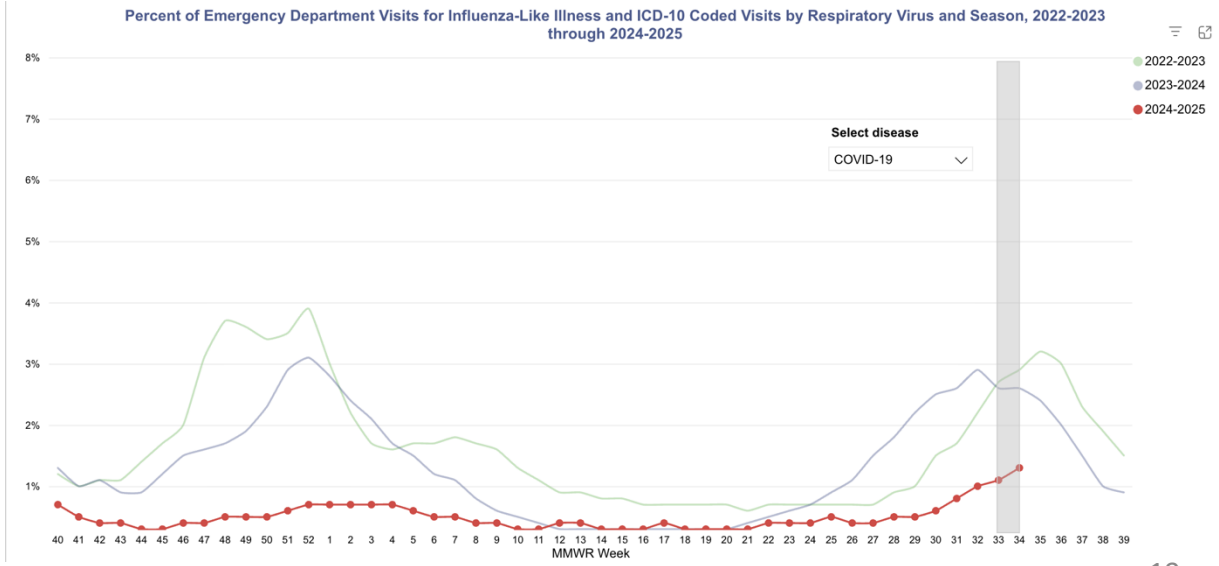
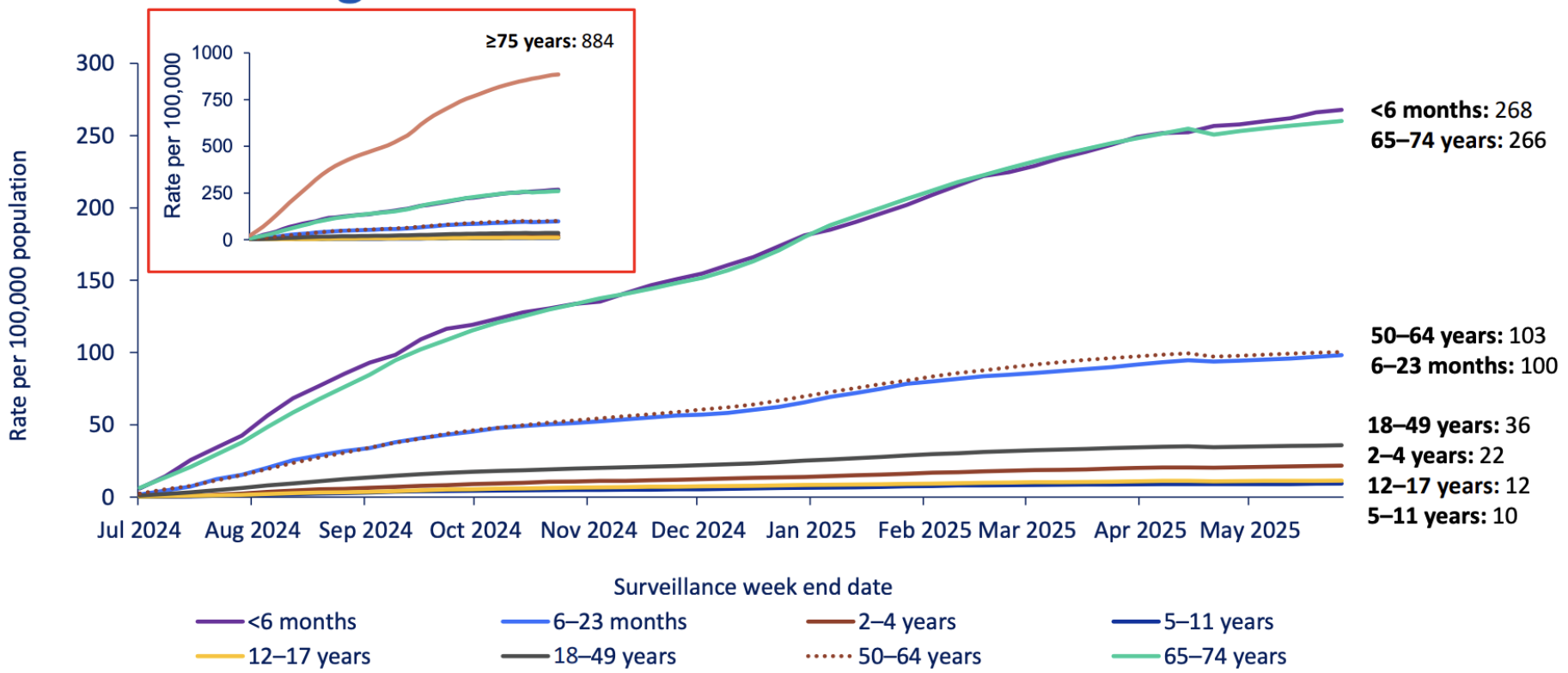


Cumulative COVID-19-associated hospitalization rates are highest among adults aged ≥75 years, followed by adults aged 65–74 years and infants aged <6 months.

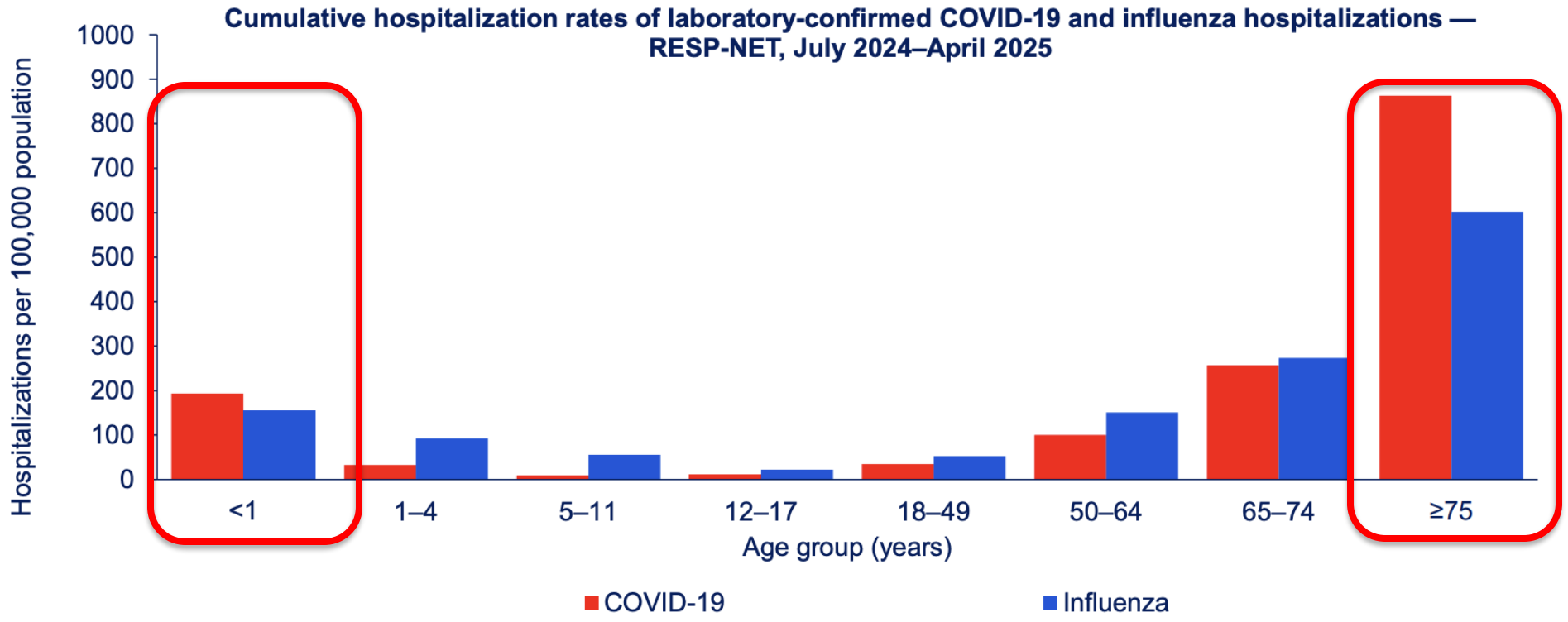


Weekly rates of COVID-19–associated hospitalizations per 100,000 population by age group—COVID-NET, July 2024–May 2025

Note that rates are not adjusted for testing. Rates are not limited to admissions where the respiratory infection is the likely primary reason for admission.

Slides from ACIP meeting June 25, 2025

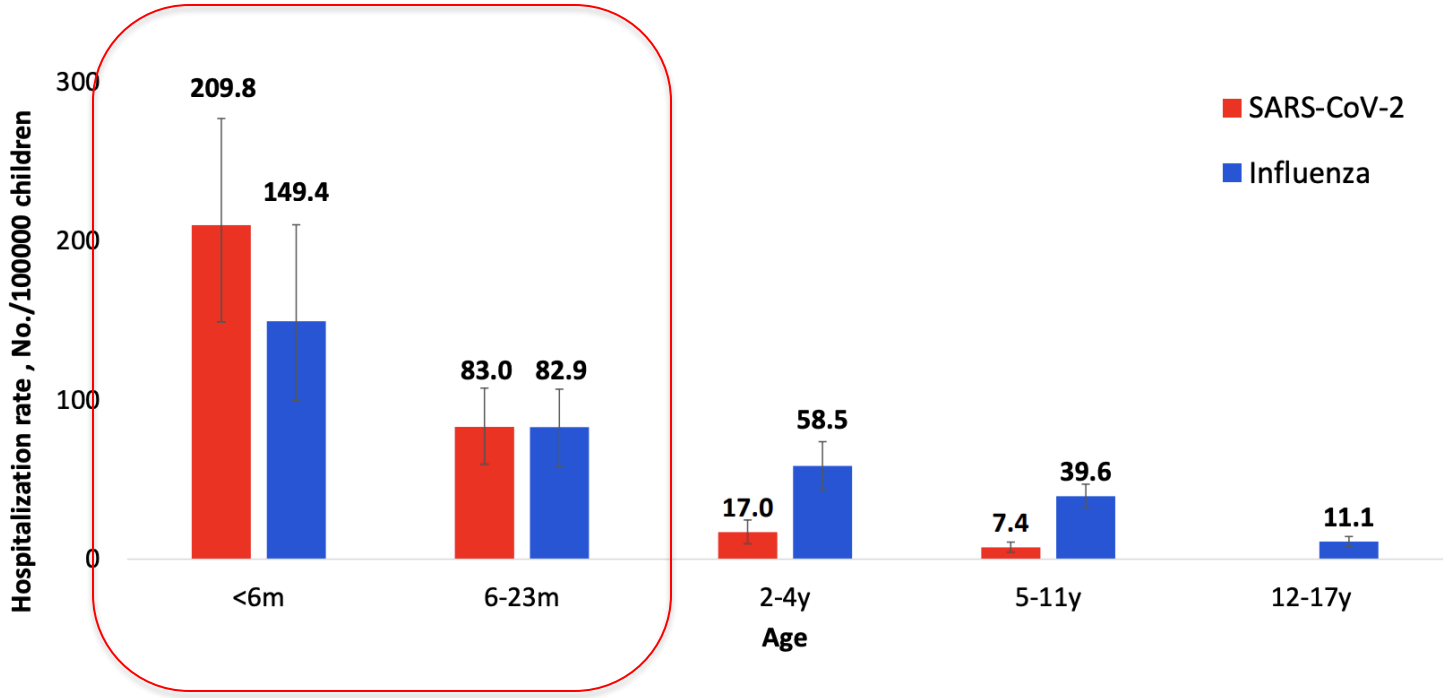
From July 2024 – April 2025, a period that included a high severity influenza season[1], more infants <1 and adults ≥75 had hospitalizations associated with COVID-19 than influenza.



Cumulative hospitalization rates with laboratory-confirmed SARS-CoV-2 and influenza hospitalizations — RESP-NET, July 2024–April 2025. Note that influenza surveillance is conducted from October–April annually. Data source: https://www.cdc.gov/resp-net/dashboard/. Note that rates are not adjusted for testing nor limited to admissions where the respiratory infection is the likely primary reason for admission. [1]https://www.cdc.gov/flu/php/surveillance/in-season-severity.html

Slides from ACIP meeting June 25, 2025

The highest rates for COVID-19 in the New Vaccine Surveillance Network were observed in infants <6 months of age.



Pediatric COVID-19 and influenza hospitalization rates among children <18 years, New Vaccine Surveillance Network (NVSN), July 2024- March 2025. Rate estimates with standard error >30 due to few detections are not presented. Annual rates presented July – June of each season, with exception of 2024-2025, which represents July 2024 – March 2025.
NVSN, unpublished data

- No COVID-19 vaccine products are approved for infants ages <6 months
  - Dependent on maternal vaccinations
- 22% admitted in the ICU
- 71% of those <6 months hospitalized did not have an underlying conditions

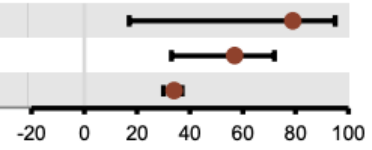
Slides from ACIP meeting June 25, 2025

COVID-19 Vaccine Effectiveness

VE of 2024-2025 COVID-19 vaccine doses against *emergency department/urgent care encounters* — VISION

September 2024 – May 2025

Age group | COVID-19 vaccination status	Total encounters	SARS-CoV-2-test-positive, N (%)	Median interval since last dose among those vaccinated, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
No updated 2024-2025 COVID-19 vaccine dose*				
9 months-4 years	31,060	809 (3)	392 (282-662)	**Ref**
5-17 years	38,870	926 (2)	972 (710-1,116)	**Ref**
≥18 years	200,933	12,927 (6)	1,068 (742-1,224)	**Ref**
2024-2025 COVID-19 dose received 7-179 days earlier				
9 months-4 years	393	2 (1)	64 (30-98)	**79 (17 to 95)**
5-17 years	2,208	22 (1)	81 (44-122)	**57 (33 to 72)**
≥18 years	40,043	1,694 (4)	89 (50-129)	**34 (30 to 37)**



CDC, unpublished data

* Includes all individuals who did not receive a 2024-2025 COVID-19 vaccine. For those aged ≥5 years, this includes unvaccinated persons and persons who were vaccinated with ≥1 original monovalent or bivalent COVID-19 doses. For those aged <5 years, both those in the referent group and those in the vaccinated group were required to have completed an initial series. The 2024-2025 dose could have been part of the initial series or in addition to the initial series.

Vaccine effectiveness was calculated by comparing the odds of COVID-19 vaccination in case-patients and control-patients using the equation: (1 − adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. The odds ratio was adjusted for age, sex, race and ethnicity, calendar day, and geographic region.

- Overall vaccine effectiveness (VE) against ER/urgent care encounters for the 2024-25 season was:
  - 79% for 9 months-4 years
  - 57% for 5-17 years
  - 34% for 18+ years.

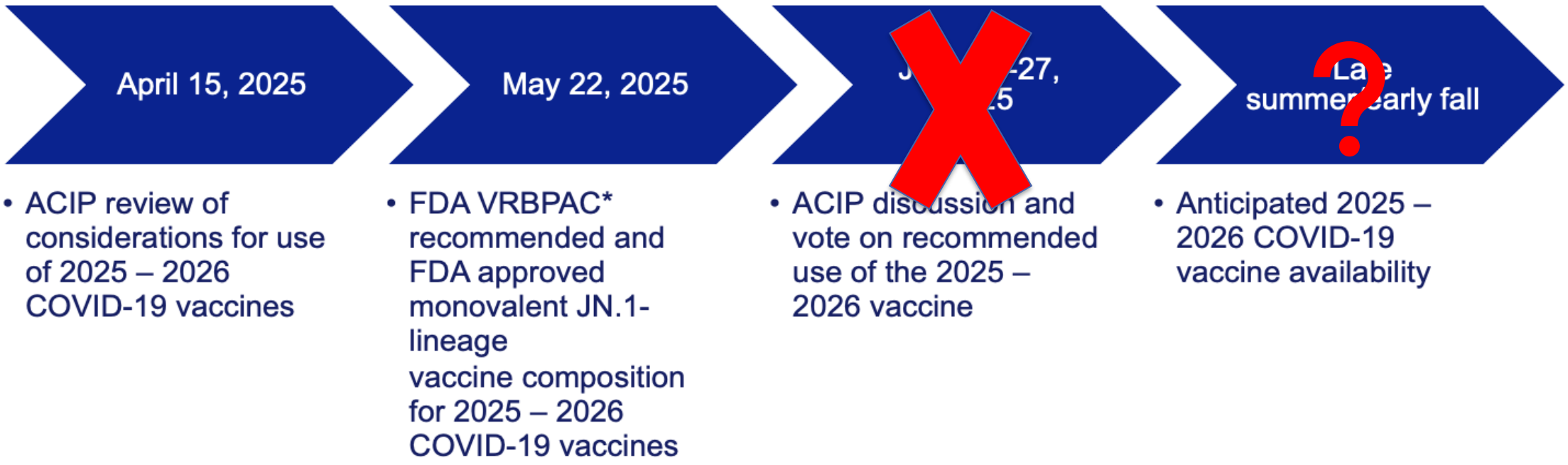
Slides from ACIP meeting June 25, 2025

Advisory Committee on Immunization Practices:

The Advisory Committee on Immunization Practices (ACIP) is an apolitical advisory group established in March 1964 by the U.S. Surgeon General to provide expert advice on vaccine use to the Centers for Disease Control and Prevention (CDC) and the Secretary of Health and Human Services (HHS).

1. Recommends use of vaccines (schedule, intervals, targeted population) to CDC director, and eventually, to vaccine providers
2. Under Affordable Care Act, all ACIP recommended vaccines should be available to patients without cost sharing (FREE!)

Normal COVID-19 vaccine approval process



New FDA leadership published new COVID framework in *New England Journal of Medicine:*
Age 65+ years (all)
Age 6 months-64 years with risk factors

FDA advisory group meets

RFK Jr posts on social media

CDC immunization schedules revised

RFK Jr (HHS sec) terminates all 17 ACIP members

RFK Jr (HHS sec) hires 8 new ACIP members. In general, less experienced.

ACIP meets—no vote on COVID-19 vaccines

FDA approves COVID vaccines with limitations for 6 m-64 yo

Maybe ACIP meeting

May 20 | May 22 | May 27 | May 30 | June 9 | June 11 | June 25 | August 27 | September

Pregnancy and recent pregnancy are listed as risk factors.

Chose JN.1. (LP.8.1)

Exclude healthy children, healthy pregnant women

Children: shared clinical decision-making. Pregnancy: recommendation removed.

No transparency for change in licensure

Subsequent removal of CDC director

AAP/ACOG recs published

?

FDA Actions To Date

Moderna

Spikevax

- Approved
  - All individuals 65+
  - 6 months to 64 years of age with at least one underlying condition

mNEXSPIKE

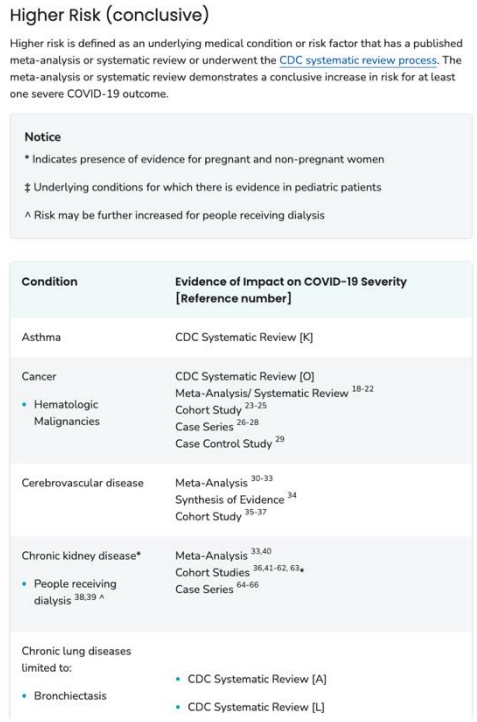
- Approved
  - for 65+
  - 12–64 years with ≥1 risk condition

Pfizer Comirnaty

- Approved
  - All individuals 65+
  - 5-64 years of age with underlying condition

Novavax Nuvaxovid

- Approved:
  - All individuals 65 years and older
  - 12-64 years of age with at least one underlying condition



Higher Risk (conclusive)

Higher risk is defined as an underlying medical condition or risk factor that has a published meta-analysis or systematic review or underwent the CDC systematic review process. The meta-analysis or systematic review demonstrates a conclusive increase in risk for at least one severe COVID-19 outcome.

Notice

* Indicates presence of evidence for pregnant and non-pregnant women

‡ Underlying conditions for which there is evidence in pediatric patients

^ Risk may be further increased for people receiving dialysis

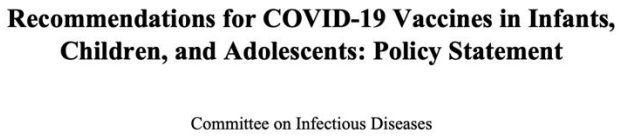
Condition	Evidence of Impact on COVID-19 Severity [Reference number]
Asthma	CDC Systematic Review [K]
Cancer • Hematologic Malignancies	CDC Systematic Review [O] Meta-Analysis/ Systematic Review [18-22] Cohort Study [23-25] Case Series [26-28] Case Control Study [29]
Cerebrovascular disease	Meta-Analysis [30-33] Synthesis of Evidence [34] Cohort Study [35-37]
Chronic kidney disease* • People receiving dialysis [38,39] ^	Meta-Analysis [33,40] Cohort Studies [36,41-62, 63*] Case Series [64-66]
Chronic lung diseases limited to: • Bronchiectasis	• CDC Systematic Review [A] • CDC Systematic Review [L]

https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html

Recommendations to date:

CDC recommendations

- "Shared Clinical Decision Making for children"


Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement

Committee on Infectious Diseases

AAP recommendations

- For all children 6 months-23 months of age
- For all children 2-18 years of age with risk factors including :
  - Persons at high risk of severe COVID-19
  - Residents of long-term care facilities or other congregate settings
  - Persons who have never been vaccinated against COVID-19
  - Persons whose household contacts are at high risk for severe COVID-19
- For all children whose parents desire protection.

American College of Obstetrics and Gynecology

- All pregnant persons should receive an updated COVID-19 vaccine at any point during pregnancy, when planning to become pregnant, in the post portum period or when lactating

ACIP

- Meeting in September

It's been a week of chaos at the CDC. Here are 5 things to know

AUGUST 29, 2025 · 2:23 PM ET

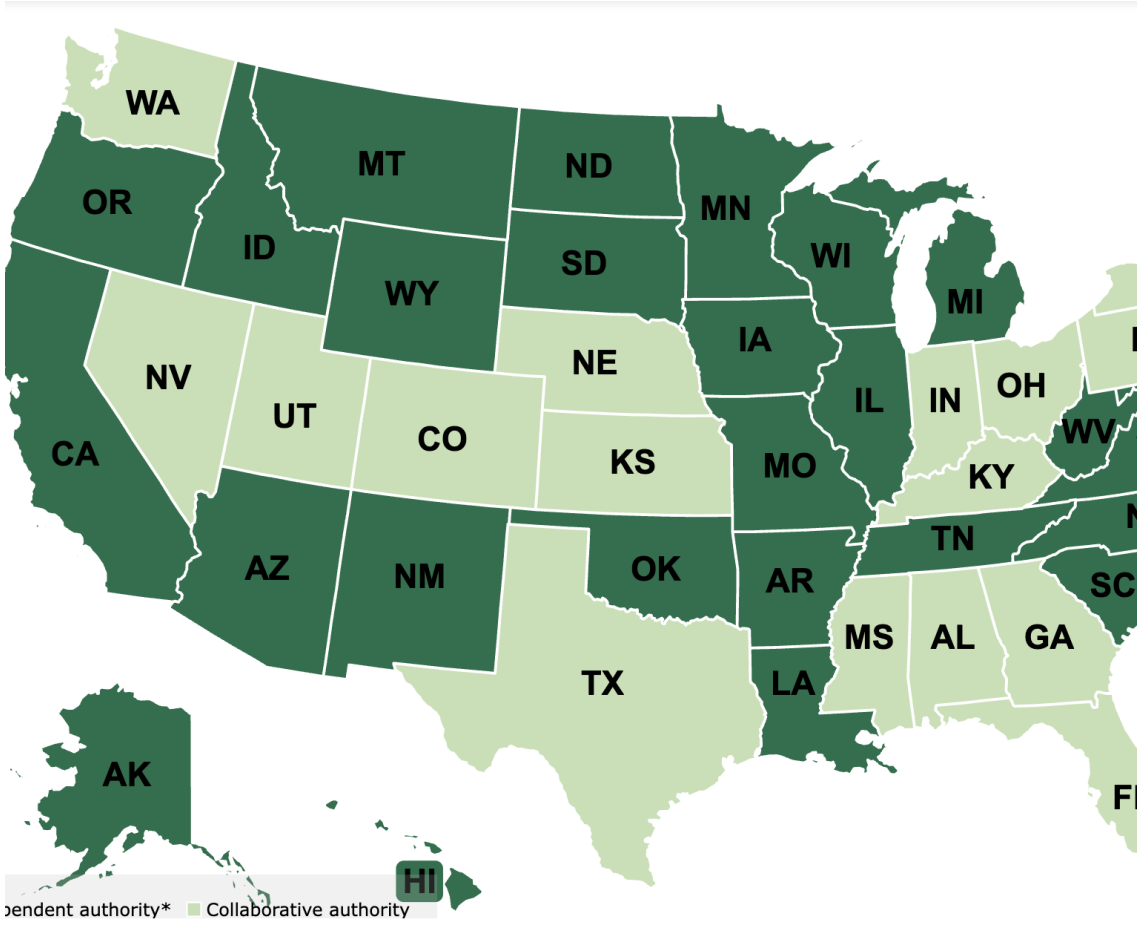
By Selena Simmons-Duffin, Diane Webber

LAC Interim Guidance for providers regarding COVID-19 vaccines

- Along with the California Department of Public Health, the Los Angeles County Department of Public Health endorses recently released vaccination guidance from the American Academy of Pediatrics and American College of Obstetrics and Gynecology, both of which have recommended the COVID-19 vaccines for certain children and all pregnant and lactating people
- With COVID-19 cases also rising in LA County, Public Health strongly encourages people at higher risk — such as young children aged 6-23 months, persons aged 65 years and older, pregnant people, and those 6 months and older with underlying health conditions — to get the updated vaccine as soon as it's available from their medical provider or nearby pharmacy.

Current landscape—COVID vaccine

- CA pharmacy administration is linked to ACIP recommendations for everyone 3+. For children under 3, it's linked to a prescription.
- Currently, ACIP/CDC recommends vaccinevfor for all 6 months and older—may change with next ACIP meeting.
- Physicians can continue to prescribe and administer all vaccines to all children, even if it's now considered "off-label"



https://naspa.us/resource/2024-pharmacist-immunization-authority/

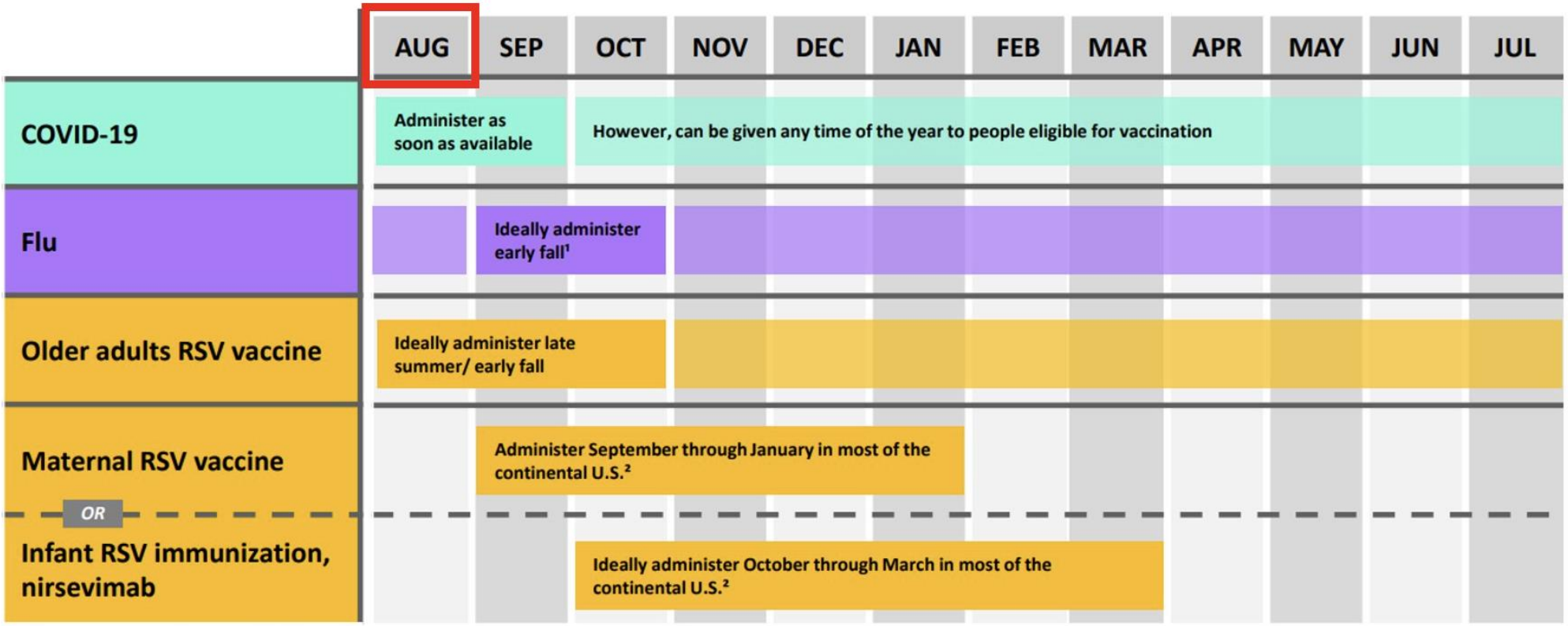
Vaccine financing: No ACIP recommendations

Payment:

- Minimum coverage requirements are not linked to FDA updates — only to ACIP recommendations and the CDC Immunization Schedule.
  - Insurance companies can always choose to cover more than they are required.
- Federal law requires no-cost coverage in commercial health plans only for vaccines on the CDC's Immunization Schedules, but health plans, including Medicaid programs and commercial insurance, can choose to cover additional vaccines beyond that baseline. Medicare Part B, including Medicare Advantage, and Medicaid coverage for children cover the COVID-19 vaccines without cost.

https://commonhealthcoalition.org/wp-content/uploads/2025/07/Fall-2025-Respiratory-Vaccine-Planning_Scenario-Planning-Toolkit-for-Payers.pdf

Timing and Administration of COVID-19, Influenza, and RSV Immunizations



[1] Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

[2] In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances.

CDC Presentation

VPDCP Webpages: Resources for Providers

Erika Fetterolf, MPH
Vaccine Preventable Disease Control Program
Los Angeles County Department of Public Health

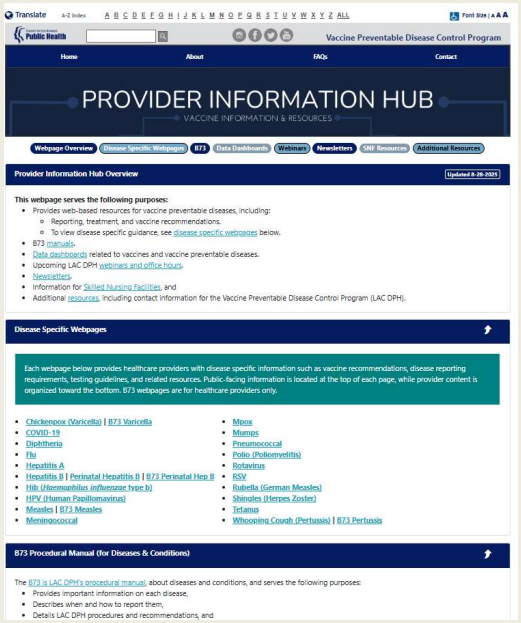
Today's Focus: Two Webpages

Homepage

- ph.lacounty.gov/**vaccines**

Provider Information Hub

- ph.lacounty.gov/**providers**

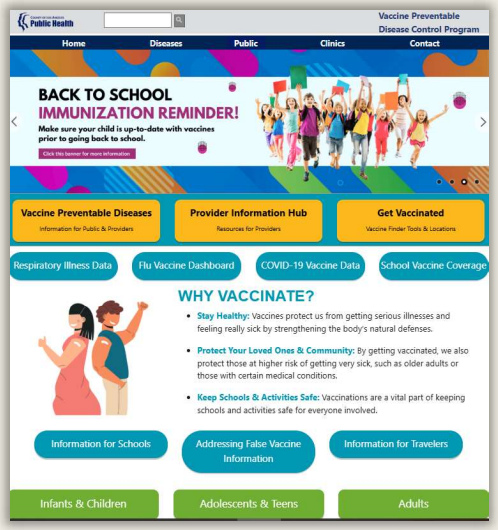


Getting to the Program Landing Page:

1. ph.lacounty.gov/vaccines [direct]
2. ph.lacounty.gov/ip [direct]
3. ph.lacounty.gov [LAC DPH homepage]

Homepage & VPDCP Webpages

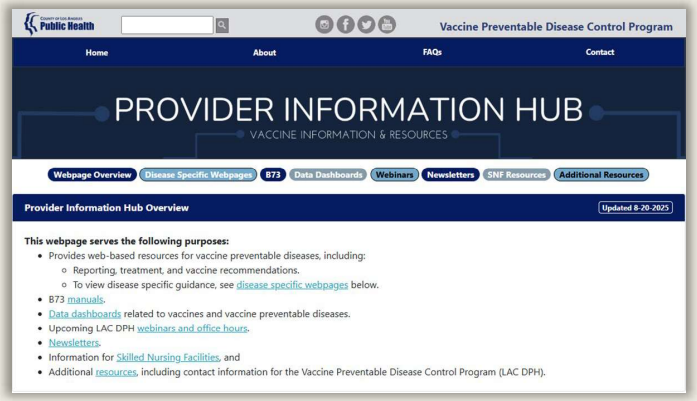
- Homepage: ph.lacounty.gov/**vaccines**
- 39 webpages
  - 3 population specific
    - Adults, teens, & infants
  - 21 disease specific
    - Includes information for both providers and the public
  - B73 web based (vs. PDF)
  - School Toolkit & School-Located Vaccine Clinic Toolkit
  - Addressing False Info & Building Vaccine Confidence
  - Travelers
  - Provider Information Hub
  - Clinics/Vaccine Locator



Homepage includes vaccine locations, FAQs in multiple languages, rotating banner with relevant information, and links to all sub pages of the VPDCP program.

Provider Information Hub

- ph.lacounty.gov/**providers**
- Centralized webpage for providers
  - Direct links to disease webpages, B73, data dashboards
  - Skilled Nursing Facility section
  - Webinars/upcoming events
    - Includes previous recordings
  - Additional resources



Storage and Handling Best Practices Review

Shelby Redman
Vaccine Program Management Unit

Types of Storage Units

UNIT	DESCRIPTION
Stand-alone	• Self-contained units that are refrigerator-only or freezer-only. • Range in size from compact, under-the-counter styles to large pharmaceutical grade units
Combination	• Refrigerator and freezer in same unit with separate exterior doors
Pharmaceutical	• Purpose-built grades are specifically designed to maintain consistent temperatures for storage of vaccines or biologics in pharmacy, biologic, or lab settings
Commercial	• Intended to store food and beverages in commercial settings • NOT designed to store biologics
Household	• Intended for food storage in homes and offices • Experience frequent temperature fluctuations • NOT designed to store biologics

General Requirements for ALL Storage Units

- Maintain consistent in-range temperatures
- Defrost automatically
- Seal tightly and close properly
- Have sufficient capacity to store all vaccines
- Be primarily used for vaccine storage.

Requirements for ONLY Refrigerators

- Compact units with capacity of 11 cubic feet or less MUST be pharmacy grade (or biologic grade)
- BEST to use a pharmacy or biologic grade unit (stand-alone or combination)

Requirements for ONLY Freezers

- Only store vaccines. Nothing else should be stored in the freezer.
- BEST to use a pharmacy or biologic grade unit (stand-alone or combination)

Examples of Acceptable Refrigerators

Accucold Medical purpose-built for pharmacy, medication, and vaccine applications

Helmer Scientific 13.3 cu.ft.

ABS 2.5 CU. FT. CAPACITY PREMIER PHARMACY/VACCINE UNDERCOUNTER REFRIGERATOR BUILT-IN LEFT HINGED

Whirlpool 17.78 cu. ft. Freezerless Refrigerator in White

Unacceptable Units

- Units that do not hold temperature well
- Units that pose a risk to vaccine because of how they are designed
- Compact household refrigerators
- Household combination refrigerator/freezer
- Dormitory style or bar-style
- Manual defrost refrigerators
- Convertible units

Examples of Unacceptable Refrigerators

Accucold - 1.7 cu.ft. commercial all-refrigerator for built-in general-purpose use

Danby DAR055D1O 24 Inch Wide 5.5 Cu. Ft. Energy Star Free Standing Compact Outdoor Refrigerator with LED Interior Lighting and Door Alarm from the Silhouette Series

Kenmore 13.5 cu. ft. Upright Convertible Freezer/ Refrigerator

More on Storage Units

- The EZIZ website has job aids and information on Vaccine Storage Units

Temperature Monitoring

Digital Data Loggers (DDLs)

- Devices that continuously read and record temperatures
  - Monitor temperatures even when the clinic/pharmacy is closed
- Alert you to temperature excursions
- Save the recorded temperature data as an electronic file (data logger reports) for analysis of temperature trends over time

Digital Data Logger Requirements

Accuracy	+/-1.0°F (+/-0.5°C)
Logging interval	Programmable (at least every 30 minutes)
Memory storage	4000 readings or more
Buffered temperature probe	•Only use the buffered probe bundled with the device •Detachable from unit, or permanently embedded in a buffer if the temperature monitoring system can be calibrated •Immersed in a vial filled with thermal buffer material, including liquid up to 60 mL (e.g., glycol, ethanol, or glycerin), loose media (e.g., sand or glass beads), or a solid block of material (e.g., Teflon® or aluminum)
Digital display	•Active external display •Must include current, MIN, and MAX temperatures •Must be near the vaccine storage units and temperature logs •Low-battery indicator
Alarm capabilities	•Programmable •Visual or audible alarm to signal out-of-range temperatures
Reports	•Must generate a summary report of recorded temperatures that include minimum and maximum temperatures •Total time out of range (if any), and alarm settings •Generates PDF or secure PDF reports

How to Monitor Temperatures

- Vaccines need to stay in range of their storage temperature
  - Refrigerator 36°F to 46°F (2°C to 8°C)
  - Freezer -58°F to 5°F (-50°C to -15°C)
  - ULT -130°F to -76°F (-90°C to -60°C)
- Record temperature of the storage unit in the morning and evening on your daily temp log Temperature Log
  - Record if the alarm went off and any out-of-range temperatures
  - Report temperature excursions (out-of-range temperatures) in myCAvax
- Every two weeks, you need to download temperature data files and review for any unreported out-of-range temperatures

What to do if the DDL alarm goes off:

- Post a sign on the unit that states "DO NOT USE VACCINES"
  - Do NOT use the vaccines unless advised by a manufacturer to do so
- Download and review the data file
- Report in myCAvax! ALL excursions need to reported.
- Contact the vaccine manufacturer
- Put the DDL back in place to record

Specific instructions for recording temperatures and alarms: How to Record Temperatures Job Aid

Recording excursions in myCAvax: Recording Temperature Excursions

Why monitor temperatures?

- Ensures viability of vaccine
- Ensures patient safety
- Ensures storage units are properly functioning
- Reduces waste

Expiration Dates and Beyond-use Dates

Expiration Date vs. Beyond-Use Date: When to dispose of vaccine?

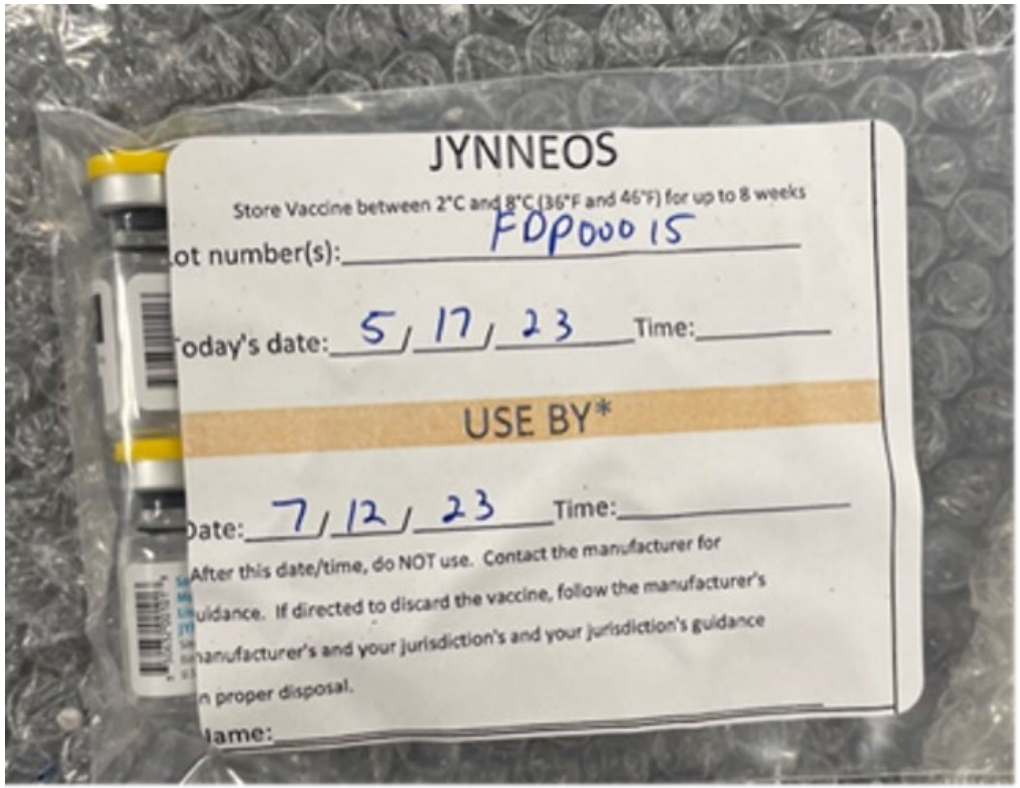
- Expiration date
  - The **final day that the vaccine can be administered**
  - Manufacturer determines this date
- Beyond-use date (BUD)
  - The **last date or time that a vaccine can be safely used after it has been moved from one storage state to another** (e.g., frozen to refrigerated) **or altered** for patient use (e.g., diluted, drawn up for administration)
  - Provider determines this date
  - BUD replaces the expiration date but never extends it!
- Use the earlier date to determine when to dispose of vaccines!

Which To Use: Expiration Date or Beyond-Use Date?

- Use the earlier date!
- BUD is NOT always earlier than the expiration date
- Example: JYNNEOS
  - Expiration date: October 31, 2024
  - BUD: December 13, 2024 (8 weeks from when it was moved to refrigerator)

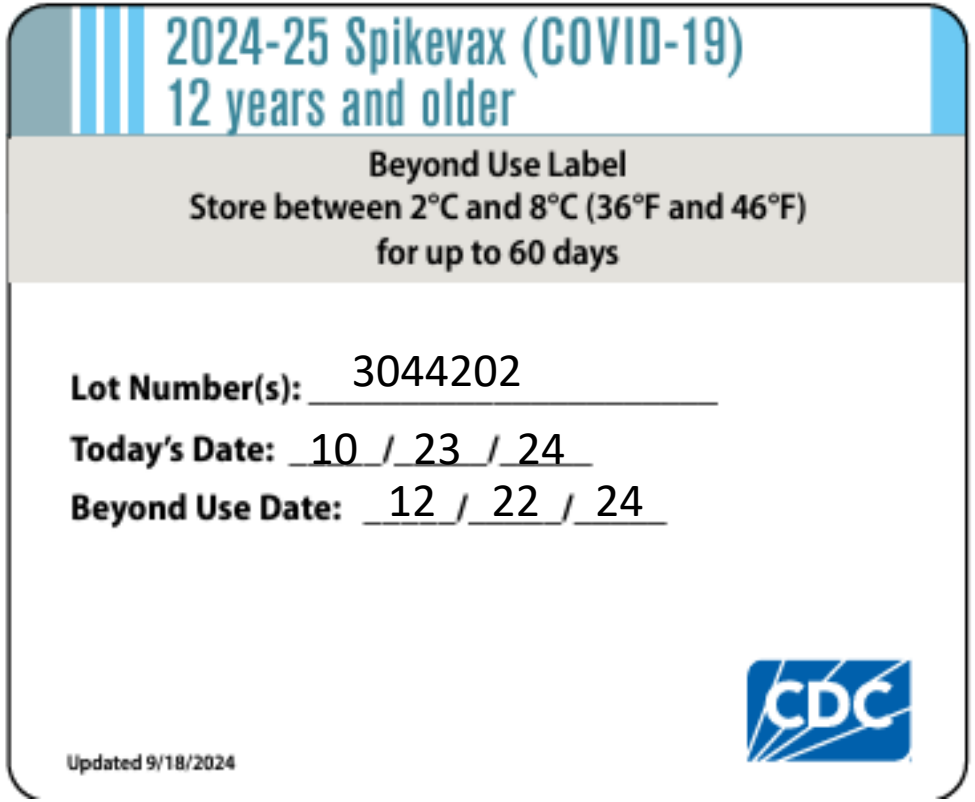
Beyond-Use Dates

- Calculate BUD based on the package insert or Emergency Use Authorization (EUA) Fact Sheet for Healthcare providers will tell you how to calculate the BUD
- BUD labels can be used for inventory management



BUD Labels for COVID-19 Vaccine

- BUD Labels for COVID-19, Influenza, RSV Vaccine Products (updated June 2, 2025)
- Example: Spikevax in the refrigerator



Resources for Storage and Handling

- EZIZ Storage & Handling Job Aids
- CDC Vaccine and Storage Handling Toolkit
- COVID-19 Vaccine Product Guide

VFC Flu and RSV
COVID-19 Updates
CA BAP Closeout
State General Fund (SGF) Flu

Jerusalem Theodros, MPH
Vaccine Program Management Unit

VFC Pre-book

	RSV	Flu
Pre-book amount to ship automatically	12.5%*	50%*
Remaining pre-booked doses	Allocated to your practice so that you can order throughout the season.	Allocated to your practice so that you can order throughout the season.
Providers that *did not* pre-book	Initial orders will not be shipped automatically by VFC. You may receive allocation based on availability. Submit requests on the routine order form in myCAvax.	Initial orders will not be shipped automatically by VFC. You may receive allocation based on availability. Submit requests on the routine order form in myCAvax.

*Initial orders to arrive in multiple shipments, not all at once. This is because supply arrives at McKesson in increments.

VFC Resources

- To view your allocations, go to the New Order page, select the Program Name and “View Allocation”
- myCAvax demo @ 1 hr 13 min 33 sec
- VFC Flu FAQ
- VFC Flu letter
- Flu product guide

COVID-19 Vaccines

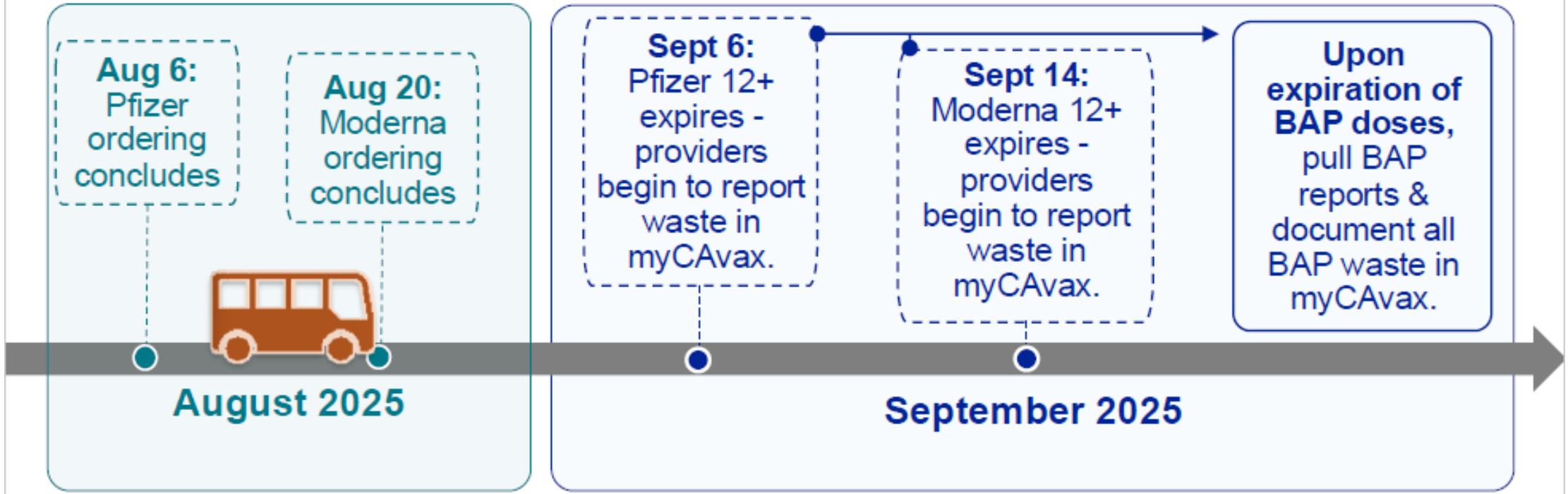
- Pfizer 6 months to 4 years product was deauthorized because EUA was revoked.
- Moderna has confirmed they plan to increase vaccine supply for children aged 11y and younger. Moderna is currently finalizing internal planning to determine specific volume and timing and is actively working to help mitigate any potential supply gap.
- Awaiting additional information about COVID-19 vaccine supply for the 2025–2026 season.

CA Bridge Access Program Ending

- With the end of funds supporting CA BAP Program vaccine supply availability, all BAP providers who are not currently in the LHD-317 Program will no longer have access to 317-funded COVID vaccines for the Fall 2025-2026 respiratory season.
- CDPH will share program closeout details as they become available.
- Awaiting guidance on deauthorization of 2024-2025 COVID-19 vaccine

Reminder: myCAvax CA BAP Program Closure

In preparation for the upcoming **closure** of the myCAvax **CA Bridge Access Program (CA BAP)** - please see below for a **high-level timeline of program closure activities** for participating providers.

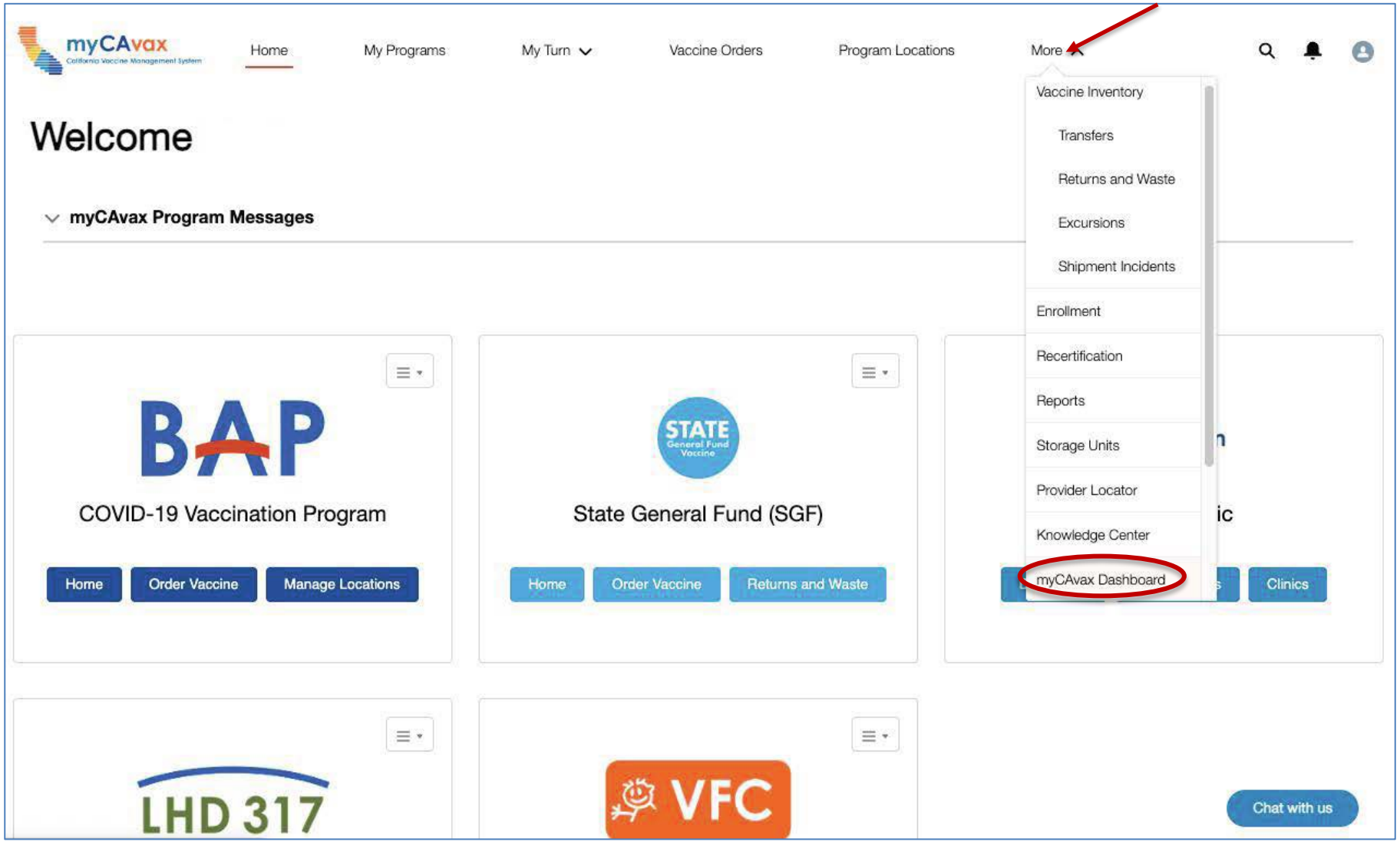


CDPH | BAP

CA BAP Waste Reporting in myCAvax

- Participating providers must report any CA BAP waste in myCAvax upon expiration of doses.
- A return shipping label will be sent to your Primary Vaccine Coordinator one business day after CDPH completes processing (every Wednesday), if email is selected as the return shipping label method.
  - McKesson return label communications will come from UPS Quantum View [mail to: pkginfo@ups.com]
  - Physical mail may take 3-5 business days
  - Drop-off vaccines at an applicable UPS location, or leave it with your UPS driver during a regular delivery
  - Cost of *scheduled* UPS pick-ups are not covered
  - 30-day turnaround
- Job Aid: Recording Returns and Waste
  - You must be logged into myCAvax to access link

Navigating to the Dashboard



State General Fund (SGF) Flu

- Participation materials for the 2025-2026 SGF program emailed to Primary and Back-up Vaccine Coordinators on Tuesday, August 19th.
- SGF ordering is currently open for Fluarix and Flublok.
- Fluzone SDS will be available for order once supply arrives at McKesson.
- Ensure that you have a refrigerator assigned to the SGF program in myCAvax with non-expired calibration.
- While the myCAvax order form lists two Fluarix products, adult and pediatric, these products are the same. It is reflected this way for CDPH to internally track the funding source that is being used. Regardless of which Fluarix label you select, you will receive the same product (6 months+).

CAIR Reporting – SGF Flu

- Use the Org code/IIS ID associated with your myCAvax location account when reporting doses administered in your EHR/CAIR.
- Record:
  - NDC Code
  - Lot number
  - Eligibility category = “State General Fund Vaccines” or Code “CAA01”
  - Funding source = “State General Fund”
- CAIR data exchange users are responsible for ensuring that eligibility and funding codes are correctly mapped. The CAIR Data Exchange Team also provides support to test that codes are being mapped correctly and can be reached by email at CAIRDataExchange@cdph.ca.gov

Resources

- Vaccine Program Management email vaccinereq@ph.lacounty.gov
  - 'DPH-VaccineReq'
- If you are not currently on the CDPH Immunization Branch distribution list and would like to be added, register here
- CDPH Immunization Updates for Providers Webinar (occurs once a month) Register for the next session: Friday, September 19, 2025, 9:00 am – 10:30 am (PT)