



**Immunization
Branch**

CDPH Immunization Updates for the California Healthcare Best Practices Conference

November 5, 2025

3:30 – 4:30 PM (PT)

Agenda: November 5, 2025 | 3:30 – 4:30 PM (PT)

No.	Topic	Presenters (CDPH)	Time (PM)
1	Welcome and Learning Objectives		3:30 – 3:35 PM
2	Clinical and Legislative Updates	Louise McNitt, MD, MPH	3:35 – 3:50 PM
3	CA Immunization Registry (CAIR)	Michael Powell, MSc	3:50 – 4:05 PM
4	Vaccines for Children (VFC), Vaccines for Adults (VFA) , and Resources	Colleen Mallen	4:05 – 4:25 PM
5	Q&A	All Panelists	4:25 – 4:30 PM

Learning Objectives

- Describe a recent legislative change impacting vaccination in California.
- Describe and implement two immunization best practices for protecting tribal communities against vaccine preventable disease in your Tribal or Urban Indian healthcare clinic and/or outreach setting.
- 3 Understand vaccine schedules and pediatric adult immunization recommendations.
- 4 Identify two updated tools and resources that can be of benefit to local immunization program development.
- 5 Identify two ways in which your program can benefit from use of CAIR for managing and updating your immunization program records to improve patient care

Clinical & Legislative Updates

Louise McNitt, MD, MPH

New Legislation AB 144




- AB 144 establishes California Department of Public Health (CDPH) as the source for immunization and preventive services recommendations
- Baseline recommendations based on Advisory Committee on Immunization Practices (ACIP) and US Preventive Services Task Force (USPSTF) published as of 1/1/25
- CDPH can issue updates as needed
- California regulated health plans are required to cover these immunizations and services

CDPH Immunization Recommendations

- Recommendations are based on guidance from trusted medical and scientific organizations:
 - [The American Academy of Pediatrics \(AAP\)](#)
 - [The American College of Obstetricians and Gynecologists \(ACOG\)](#)
 - [The American Academy of Family Physicians \(AAFP\)](#)
- Health insurance plans regulated in California are required to cover immunizations recommended by CDPH.
- Persons providing immunizations as recommended by CDPH have liability protections.
- Pharmacists may administer immunizations recommended by CDPH to patients three years and older without a prescription from a physician.

Consensus WCHA 2025-2026 Respiratory Virus Season Immunization Recommendations

Printable PDF of
CDPH Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children  <ul style="list-style-type: none"> All 6-23 months All 2-18 years or never vaccinated for COVID-19 All who are in contact with others with risk All who choose 			
Pregnancy  <ul style="list-style-type: none"> All who are pregnant, postpartum, or lactating 			
Adults  <ul style="list-style-type: none"> All 65 years and older All younger than 65 with risk factors All who are in contact with others with risk All who choose 			

Children and adolescents through age 18 years:

CDPH recommends immunization of children and adolescents in accordance with the [American Academy of Pediatrics \(AAP\) immunization schedule \(PDF\) \(version September 17, 2025\)](#).

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the Notes.

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)						1 dose	
Hepatitis B (HepB)	1 st dose	2 nd dose						
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)			1 st dose	2 nd dose	See Notes			
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			
Inactivated poliovirus (IPV)			1 st dose	2 nd dose				
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)						1 or more		
Influenza								
Measles, mumps, and rubella (MMR)					See Notes			
Varicella (VAR)								
Hepatitis A (HepA)					See Notes			

- COVID-19 vaccine is available for persons 6 months and older.
- Protect infants with either prenatal RSV vaccine or postnatal RSV vaccine.
- RSV vaccination during pregnancy or for adults is recommended.

Public Health for All

Adults age 19 years and older:

CDPH recommends immunization of adults in accordance with the [American Academy of Family Physicians \(AAFP\) immunization schedule \(PDF\) \(version August 28, 2025\)](#).

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated 2025-2026 vaccine See Notes			2 or more doses of 2025-2026 vaccine See Notes
Influenza inactivated (IIV3, ccIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or allV3 preferred)
Influenza inactivated (allV3; HD-IIV3)	Solid organ transplant See Notes			
Influenza live, attenuated (LAIV3)				
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.		50 through 74 (See notes.)	>75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
Measles, mumps, rubella (MMR)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, See Notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions		2 doses	

Vaccine Recommendations for Children

- CDPH recommends immunization of children and adolescents in accordance with the [American Academy of Pediatrics \(AAP\) immunization schedule](#).

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)													
Hepatitis B (HepB)	1 st dose	2 nd dose			3 rd dose					See Notes									
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)			1 st dose	2 nd dose	See Notes														
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose	See Notes			4 th dose	See Notes		5 th dose							
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes	See Notes			3 rd or 4 th dose (See Notes)	See Notes									
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose	See Notes			4 th dose	See Notes									
Inactivated poliovirus (IPV)			1 st dose	2 nd dose	3 rd dose					See Notes		4 th dose	See Notes						
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)							1 dose of 2025–2026 vaccine (See Notes)		1 dose of 2025–2026 vaccine (See Notes)					
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)				
Measles, mumps, and rubella (MMR)					See Notes			1 st dose	See Notes				2 nd dose	See Notes					
Varicella (VAR)								1 st dose	See Notes				2 nd dose	See Notes					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)					See Notes						
Tetanus, diphtheria, and acellular pertussis (Tdap >7 yrs)																		1 st dose	

Vaccine Recommendations for Adults

CDPH recommends immunization of adults in accordance with [American Academy of Family Physicians \(AAFP\) immunization schedule](#).

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated 2025-2026 vaccine See Notes			2 or more doses of 2025-2026 vaccine See Notes
Influenza inactivated (IIV3, cclIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or allIV3 preferred)
Influenza inactivated (allIV3; HD-IIV3)	Solid organ transplant See Notes			
Influenza live, attenuated (LAIV3)				
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.		50 through 74 (See notes.)	>75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, See Notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)			See Notes	See Notes See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3 or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			

Medi-Cal Coverage Updates

- Medical will cover vaccines recommended by the following groups:
 - Advisory Committee on Immunization Practices (ACIP)
 - American Academy of Pediatrics (AAP)
 - American College of Obstetricians and Gynecologists (ACOG)
 - American Academy of Family Physicians (AAFP)
 - California Department of Public Health (CDPH)
- [Medi-Cal Coverage of Vaccines](#)



Medi-Cal Coverage Updates

- Medi-Cal will continue to cover COVID-19 vaccinations for all persons age 6 months or older
- Vaccines for Children (VFC) only covers vaccines that are ACIP-recommended
- Medi-Cal will cover childhood vaccines outside of VFC if recommended by listed medical societies or CDPH
- Medi-Cal will continue to cover vaccines administered by pharmacists
- [Medi-Cal Coverage of Vaccines](#)

CalHHS Webinar

- California Health and Human Services Agency (CalHHS) presented webinar on how federal policy changes are affecting vaccine access and guidance
- Link to webinar recording: [Vaccine Access and Guidance | How Federal Policy Changes are Impacting a Healthy California for All](#)
- Link to slides: [CalHHS Connect: How Federal Policy Changes are Impacting a Healthy California for All](#)

SPEAKERS



KIM JOHNSON
Secretary,
California Health &
Human Services
Agency



DR. ERICA PAN
Director & State Public
Health Officer,
California Department
of Public Health



MARY WATANABE
Director,
California Department
of Managed
Health Care

Public Health for All Website Updates

- [SB144 Provider Letter](#) - New law impacting California immunization policy effective 9/17/25
- Visit [Public Health for All Vaccine Recommendations](#) to learn more about CDPH Immunization recommendations
- Visit [Public Health for All Vaccines Questions and Answers](#) to learn more about vaccine access
- Find links on the [Public Health for All](#) website:

Public Health for All ▶	Vaccine Questions & Answers
Future of Public Health	CDPH Immunization Recommendations
State of Public Health Report	Respiratory Viruses Hub
Strategic Plan 2025-30	Respiratory Viruses Healthcare Professionals Hub

September ACIP Meeting Summary

- Measles, mumps, rubella, and varicella (MMRV) combination vaccine
 - No longer recommended by ACIP for children under 4 years old due to previously known, small increased risk of febrile seizures when combination vaccine is given for the 1st dose
 - Removes option for parents to choose fewer injections for children under 4 who are due for both MMR and VZV vaccines
 - WCHA, CDPH, and AAP continue to recommend MMRV or MMR + V as options
- Hepatitis B vaccine – vote deferred
- COVID-19 vaccine
 - Recommended under shared clinical decision making (also known as individual decision making) for everyone 6 months and over

CDPH MMRV Recommendations

- CDPH recommendations align with [AAP immunization schedule](#)
 - AAP expresses no preference between MMR plus monovalent varicella vaccine or MMRV for toddlers receiving their first MMR and varicella vaccination.
 - Parents should be counseled about the rare possibility of their child developing a febrile seizure 1 to 2 weeks after the first dose of MMRV
 - For the 2nd dose at 4 – 6 years, MMRV generally is preferred over MMR plus monovalent varicella to minimize the number of injections

CA Immunization Registry (CAIR)

Michael Powell, MSc

CAIR2 – Patients and Doses*

<i>Measure</i>	<i>0-5 yrs</i>	<i>6-18 yrs</i>	<i>19+ yrs</i>	<i>All Ages</i>
Patients In	3,484,874	8,555,308	42,114,718	54,154,907
Patients w/ ≥ 2 doses	2,352,347	7,420,066	35,925,445	45,697,858
Vaccine Doses	41,584,707	177,542,131	415,316,369	634,443,207

* As of October 6, 2025

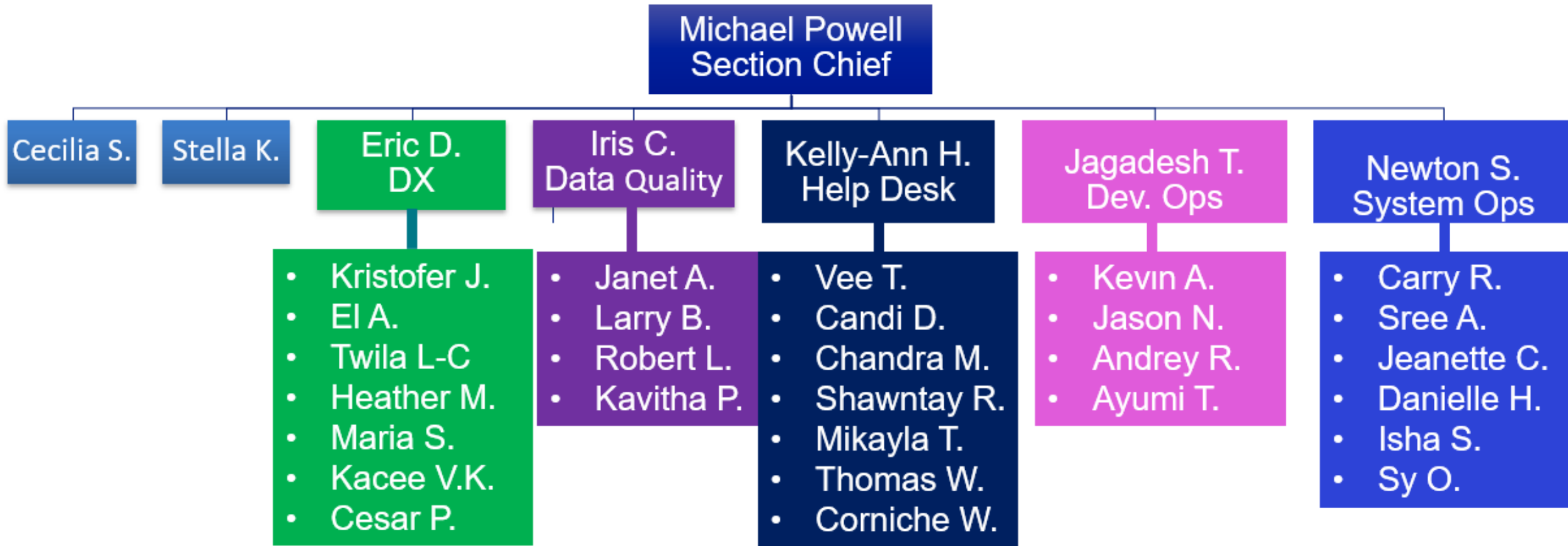
Tribal/IHS Participation in CAIR

- Total Tribal/IHS Organizations in CAIR: 90
- Patients per Organization: 0 – 48,378
- Total Patients Across All Organizations: 408,062

Immunization Doses by Age Group

<i>Measure</i>	<i>0-5 yrs</i>	<i>6-18 yrs</i>	<i>19+ yrs</i>	<i>All Ages</i>
Vaccine Doses	1,400,695	415,033	802,334	2,618,724

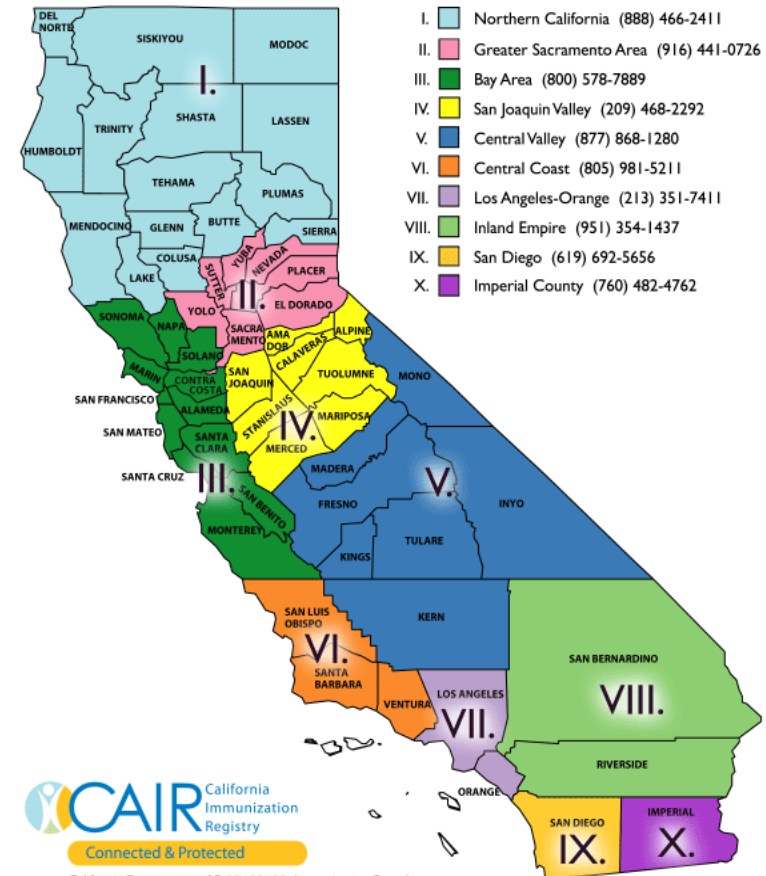
Org Chart



The CAIR System – *Early 2016*

- Consortium of 10 regional registries – no data linkage
- 7 used same ‘CAIR’ software (87% of population; 51 of 61 jurisdictions)
- The ‘CAIR 7’ registries were hosted at UCB and managed by CDPH/IZB staff

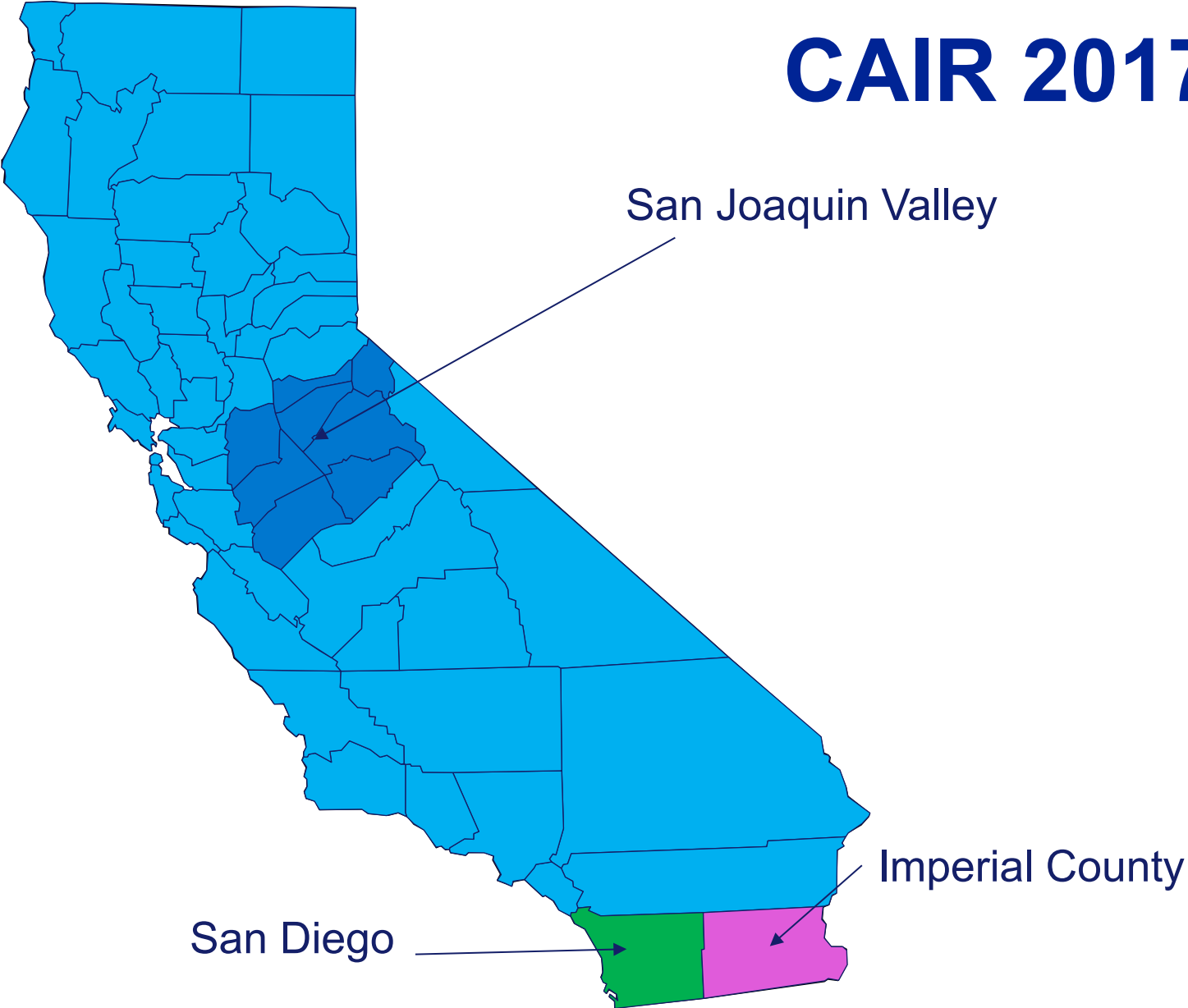
California Immunization Registry (CAIR)



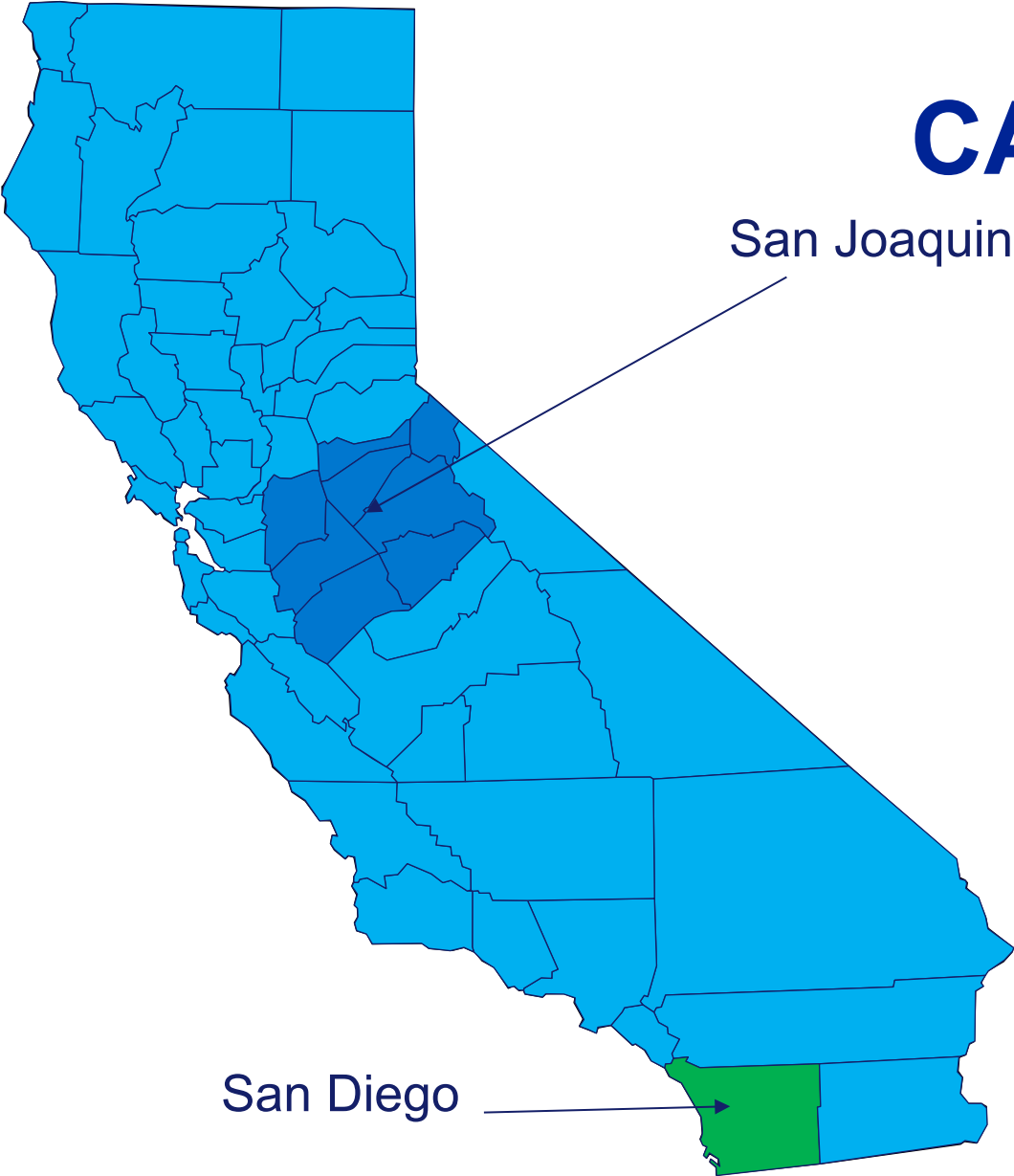
California Department of Public Health, Immunization Branch
850 Marina Bay Parkway, Building P, 2nd Floor, Richmond, CA 94804
www.ca-siis.org (510) 620-3737

APRIL 2008

CAIR 2017



CAIR 2018

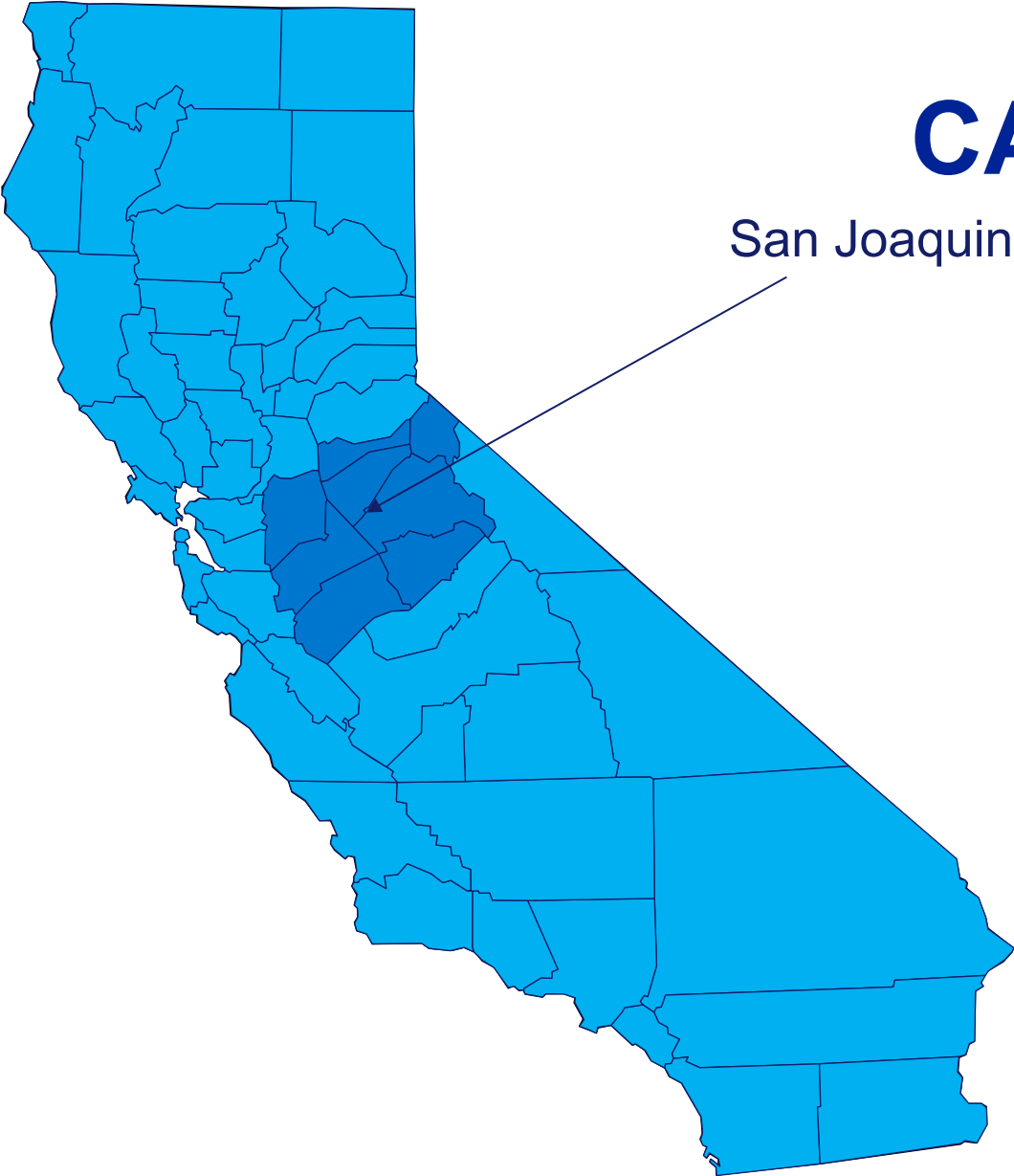


San Joaquin Valley

San Diego

CAIR 2022

San Joaquin Valley



AB 1797

- Approved by Governor September 27, 2022
- Amends Health and Safety Code 120440, which governs Immunization Registry data use
- Mandates ALL vaccines administered in California be reported to the Immunization Registry
- Adds required data elements to include race and ethnicity
- From 1/1/2023 to 1/1/2026, allows schools/childcare to lookup COVID-19 vaccination status for attendance purposes

Legislative Updates

- [Bill Text - SB-957 Data collection: sexual orientation, gender identity, and intersex status.](#)
- [Bill Text - SB-1016 Latino and Indigenous Disparities Reduction Act.](#)

CAIR Quick Entry

CAIR Quick Entry View & Edit Records

Records
All
14 Items

Search Records

Location Name

Clinic Name

Status

*Submitted From

*Submitted To

Vaccine Family

Manufacturer Name

Vaccine

DOB

Last Name

First Name

Created by

Search
Reset

<input type="checkbox"/>	Record ID	IIS Status	Location ...	Clinic Na...	Vaccine ...	Manufact...	Vaccine	Date Adminis...	First Name	Last Name	Date of Birth	Created ...	Created By
<input type="checkbox"/>	347	Warning	Willow Netwo...		Coronavirus	Pfizer	Pfizer COVID ...	Feb 17, 2023	Rocky	Ramsey	Feb 11, 1958	Feb 1, 2024	Testing Payas...
<input type="checkbox"/>	348	Warning	Willow Netwo...		DENGUE	Sanofi Paste...	DENGVAXIA	Jan 29, 2024	Rocky	Ramsey	Feb 11, 1958	Feb 1, 2024	Testing Payas...
<input type="checkbox"/>	349	Warning	Willow Netwo...		DENGUE	Sanofi Paste...	DENGVAXIA	Jan 29, 2024	Harry	Carpenter	Feb 13, 1996	Feb 1, 2024	Testing
<input type="checkbox"/>	391	Warning	Willow Netwo...	Test & Clinic ...	Adeno	Barr Laborat...	Adeno T4 an...	Feb 26, 2024	Chris	Stevens	Feb 12, 2024	Feb 26, 2024	tsstest cm

Chat with us

Backlog Status

- Pending Record
 - Fancy term for a possible duplicate record that needs to be reviewed
- DVR Remediation
 - When a report is received that a vaccine records has inaccurate information the record is reviewed and updated abiding by our policies and procedures
- Prior to pandemic
 - 1.2 million pending records
 - No dedicated staff to manage pendings
 - No automation

Backlog Status

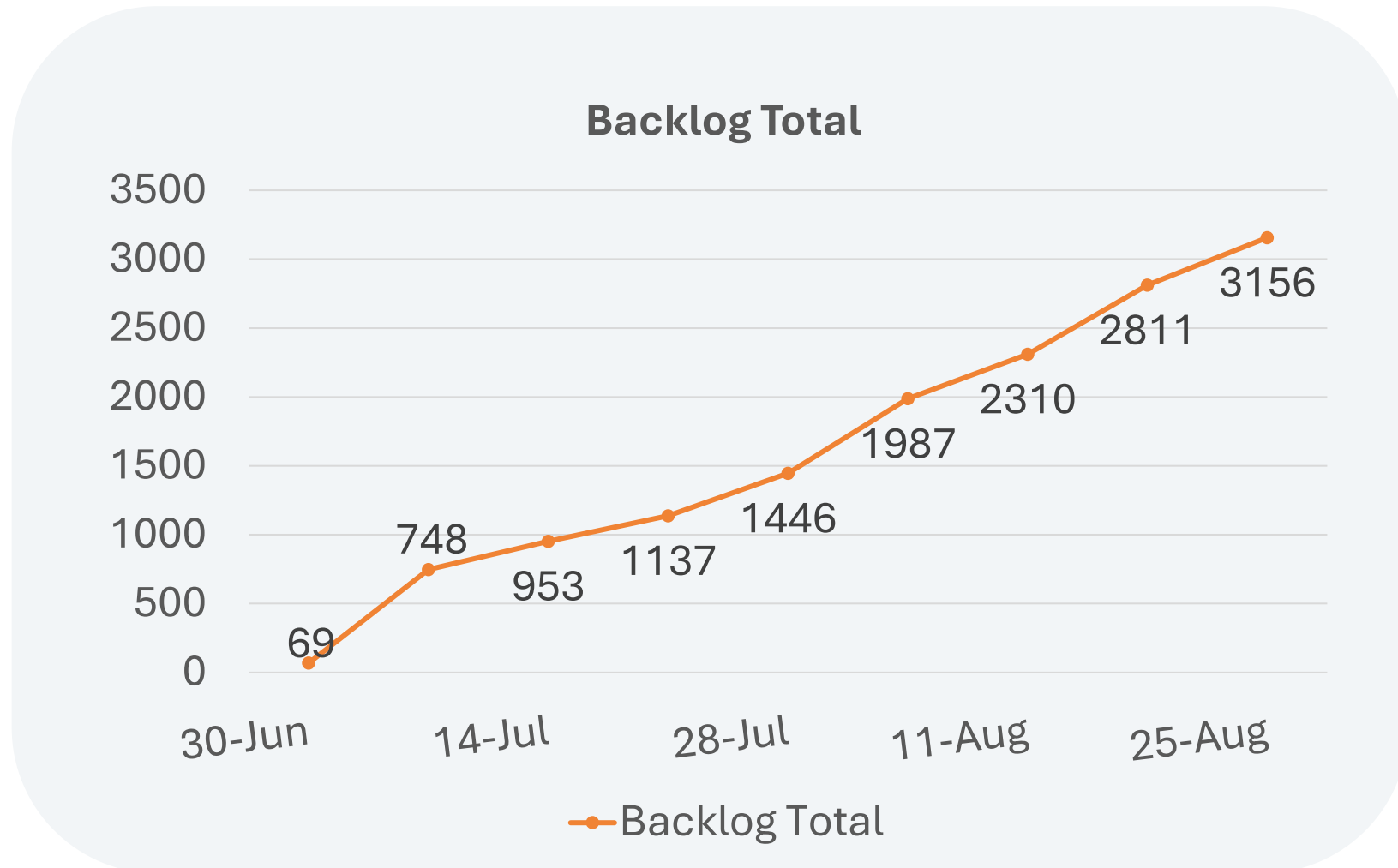
- During pandemic
 - Added 1.4 million COVID pending records
 - Contracted staff to manage pending records
 - Deployed Digital Vaccine Record
 - Introduced need to remediate record inaccuracies reported by individuals
 - Deployed automation

Backlog Status Continued

- Backlog Progress
 - Resolved all pending COVID records
 - Resolved all pending non-COVID records (as of August 2023)
 - Combination of automation and staff able to reduce manual upkeep of incoming pending records and DVR remediation
- Post Pandemic
 - Staff contracts ended
 - Automation continues to run

Digital Vaccine Record Backlog

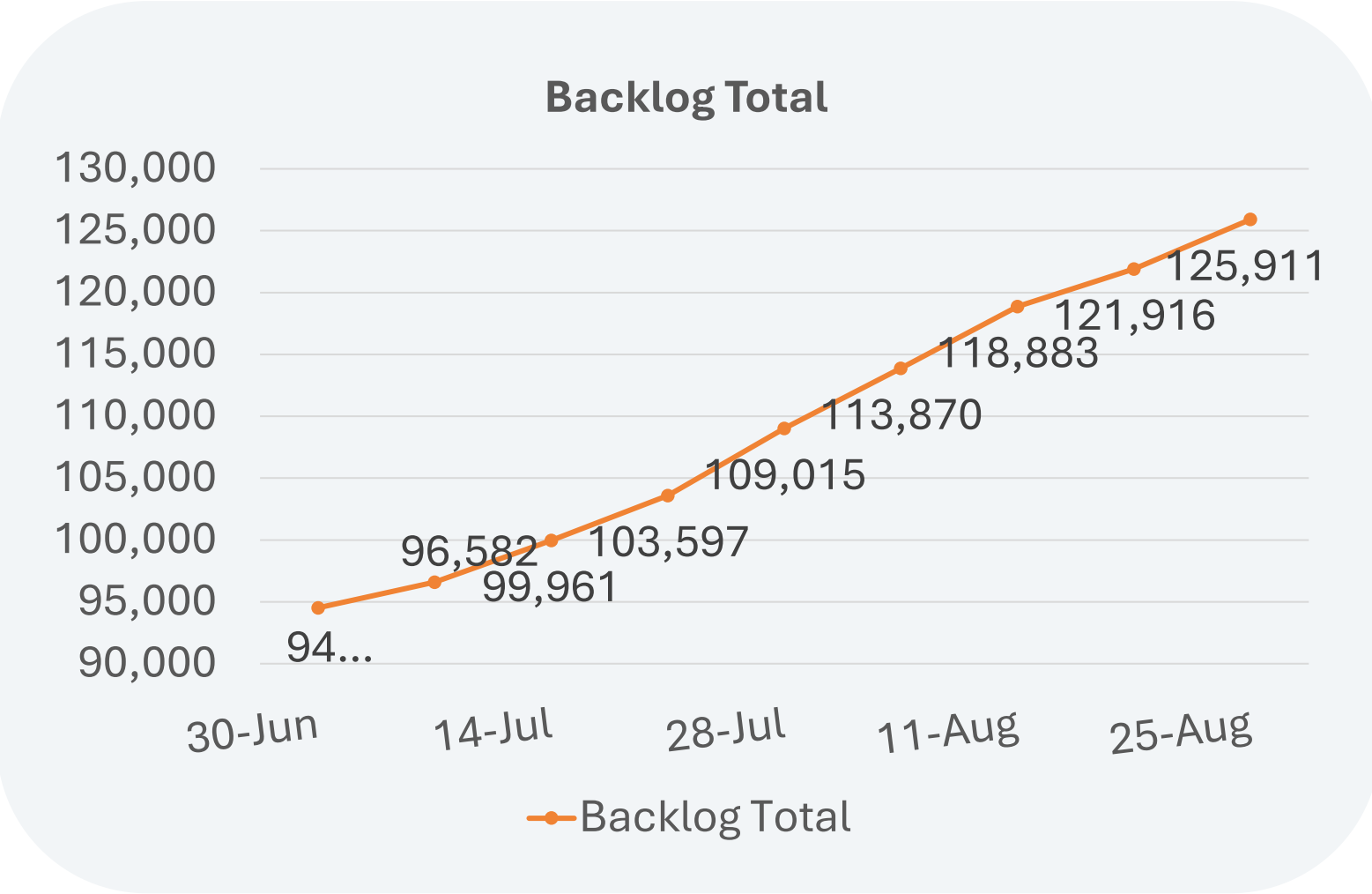
- **Critical Acceleration:** DVR backlog is up +3,087 since 6/30. August is running ~428 requests/week, slightly faster than July's ~345/week.
- **Volume Milestone:** DVR backlog stands at 3,156 as of 8/25/2025 (+1,169 added in August).
- **Operational Impact:** These delays directly affect digital record delivery, limiting California residents' ability to access timely vaccination proof.



At current pace, DVR backlog could exceed 8,500 by 12/1/25.

Pending Backlog

- **Critical Acceleration:** Pending backlog has grown by 31,391 requests since June 30th, averaging ~4,000 new requests per week in August.
- **Volume Milestone:** Pending backlog stands at 125,911 as of 8/25/2025 — a sharp rebound after prior major reductions, signaling a renewed upward trend.
- **Operational Impact:** Limited resources mean some organizations' vaccine inventory is not being deducted daily as in the past, delaying accuracy for these organizations.

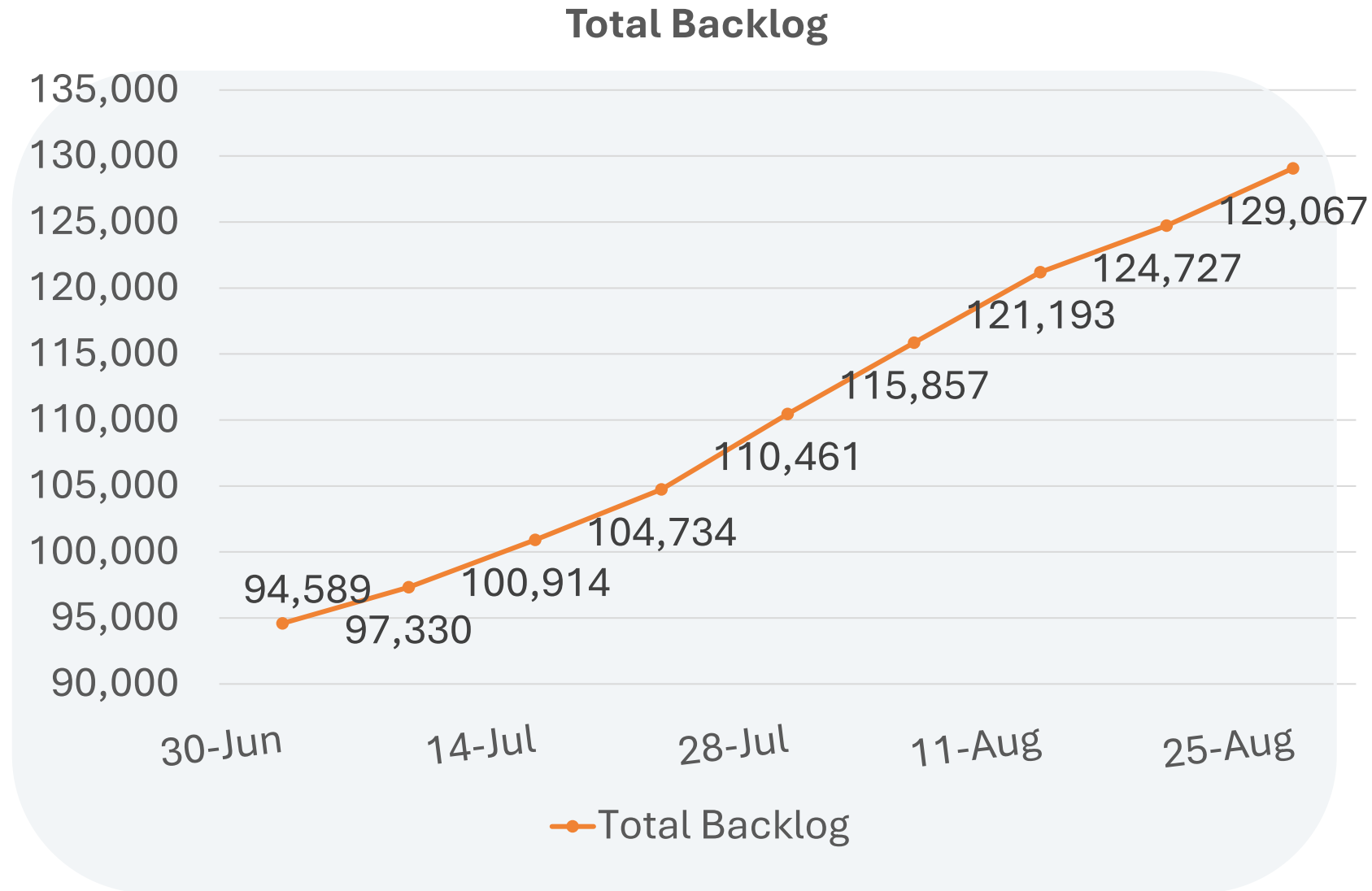


At current pace, Pending backlog could exceed 180,000 by 12/1/25.

Total Backlog

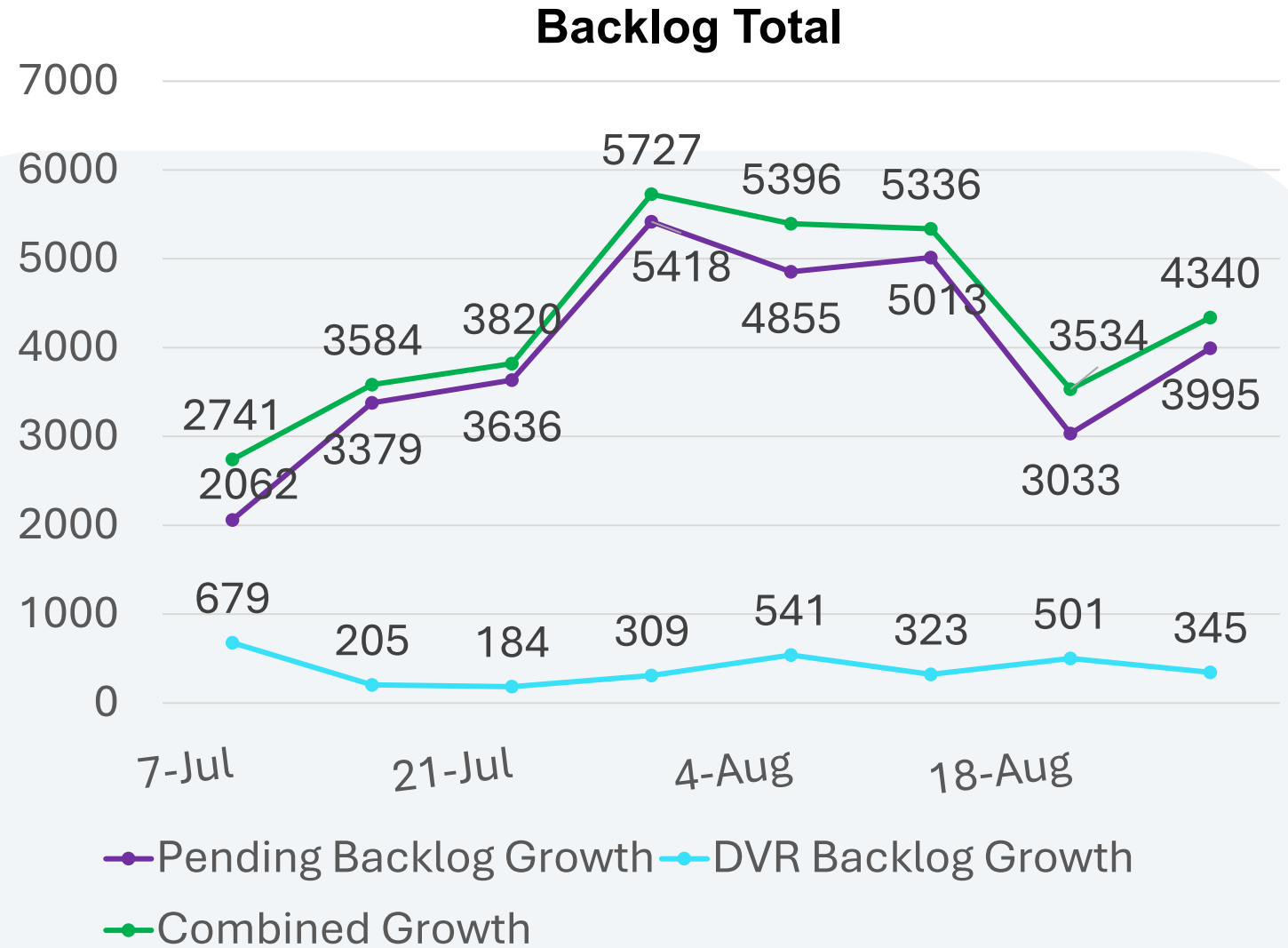
- **Historic Highs:** Combined backlog reached 129,067 as of 8/25/2025, up +34,478 since 6/30 (~36% increase).
- **Escalating Burden:** August added +13,210, averaging ~4,400/week — faster than July's ~4,000/week.
- **Funding Imperative:** Continued trajectory signals the need for immediate reinforcements to prevent continuous delays.

At current pace, total backlog could exceed 188,500 by 12/1/25.



Weekly Backlog Growth

- **Record Pace:** August averaged ~4,652 new requests/week, up from ~3,968/week in July, a ~17% month-over-month increase.
- **Volume Drivers:** In August, Pending averaged ~4,224/week (91%) and DVR ~428/week (9%), yielding a combined ~4,652/week.
- **Forward Outlook:** If growth remains at August levels, combined backlog will expand by another 18,000+ in September.



August Average Weekly Increase:
DVR – 428
Pending – 4,224

Backlog Expectations

- Be patient
 - We recognize the importance of time record resolution, and we ask that you be patient in leaner times
- Expect Delays
 - Turnaround time will be longer than usual.
- Automation
 - We will continue to explore automation improvements to reduce manual workload.
- Transparency Matters
 - We will continue to provide updates on improvements or any procedure changes
- Your support helps
 - Letting us know about potential issues early helps us resolve issues sooner, and in this case may help prevent further backlog.

CAIR and My DVR Contact Information

- CAIR Contact Information
 - General Information
 - [California Immunization Registry](#)
 - Help Desk
 - CAIRHelpDesk@cdph.ca.gov
 - 800-578-7889
 - Data Exchange
 - CAIRDataExchange@cdph.ca.gov
 - My DVR
 - [Digital Vaccine Record \(ca.gov\)](#)
 - [DVR Virtual Assistant](#)

CAIR and My DVR Contact Information

Michael Powell

Michael.Powell@cdph.ca.gov

Vaccines for Children and Vaccines for Adults

Colleen Mallen



Immunization Branch



Vaccines for Children (VFC) Update

California Department of Public Health, Immunization
Branch

VFC Program Background

- The Vaccines for Children (VFC) program has been helping families protect their children since 1994.
- VFC covers the cost of vaccines for children whose parents or guardians may not be able to afford them.
- It provides public-purchased vaccine for eligible children at no charge to VFC-enrolled public and private providers
- **VFC Patient Eligibility:**
 - ✓ 0-18 years of age and meets one of the following:
 - ✓ Medi-cal/Medi-Cal eligible
 - ✓ Uninsured
 - ✓ American Indian/Alaska Native (regardless of insurance status)
 - ✓ Underinsured (at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) only)

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses

(29.8 million hospitalizations)



more than the current population of the entire U.S.A.

help avoid **1,052,000** deaths



greater than the population of Seattle, WA

save nearly **\$2.2 trillion** in total societal costs

(that includes \$479 billion in direct costs)



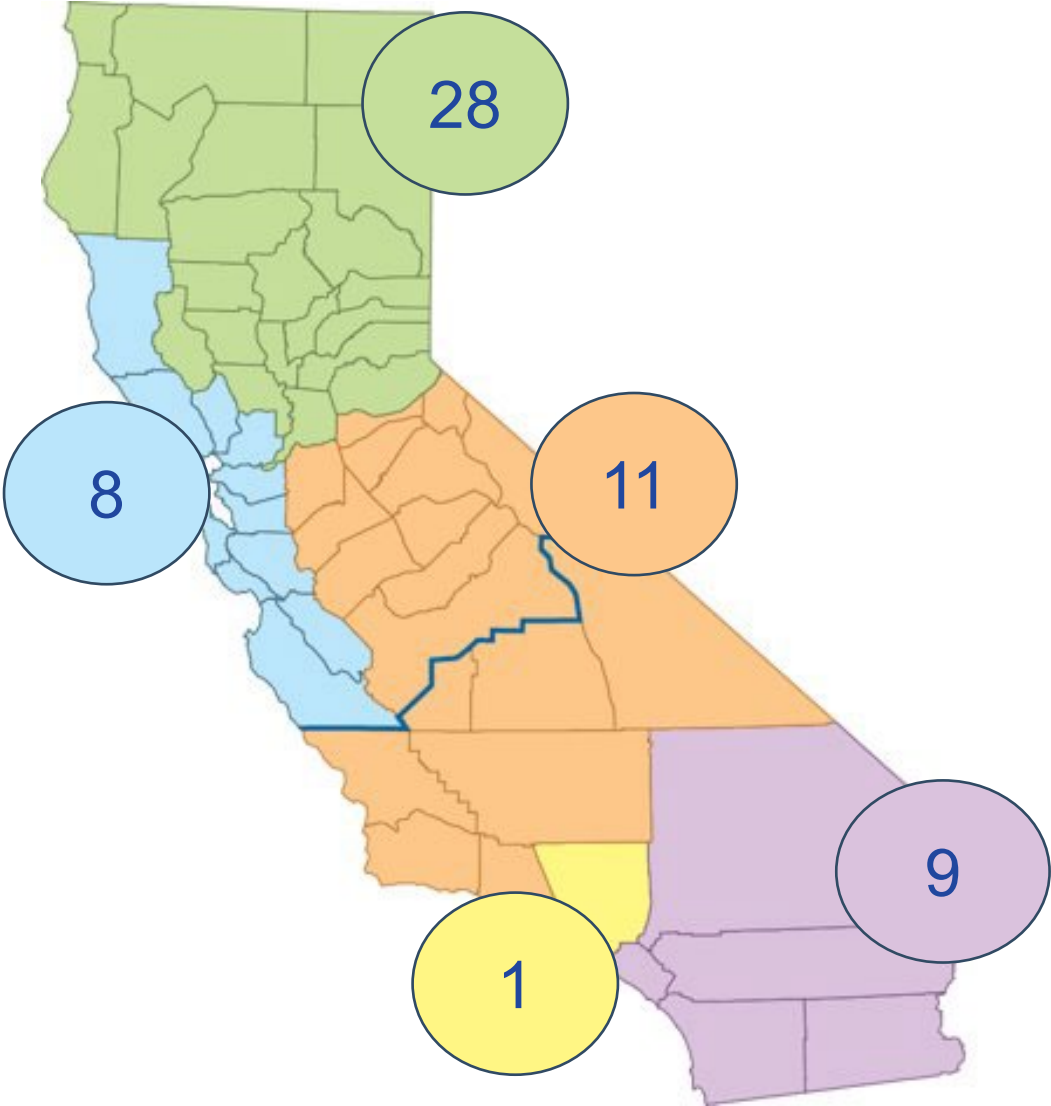
more than \$5,000 for each American

VFC in California

- California is the largest VFC state in the nation with **2,910** active VFC Providers.
- 57 American Indian/Tribal Health Clinics actively enrolled in VFC
- In 2024, American Indian/Tribal Health Clinics
 - Ordered **65,936** doses total of VFC vaccines and vaccinating 10,725 American Indian Children

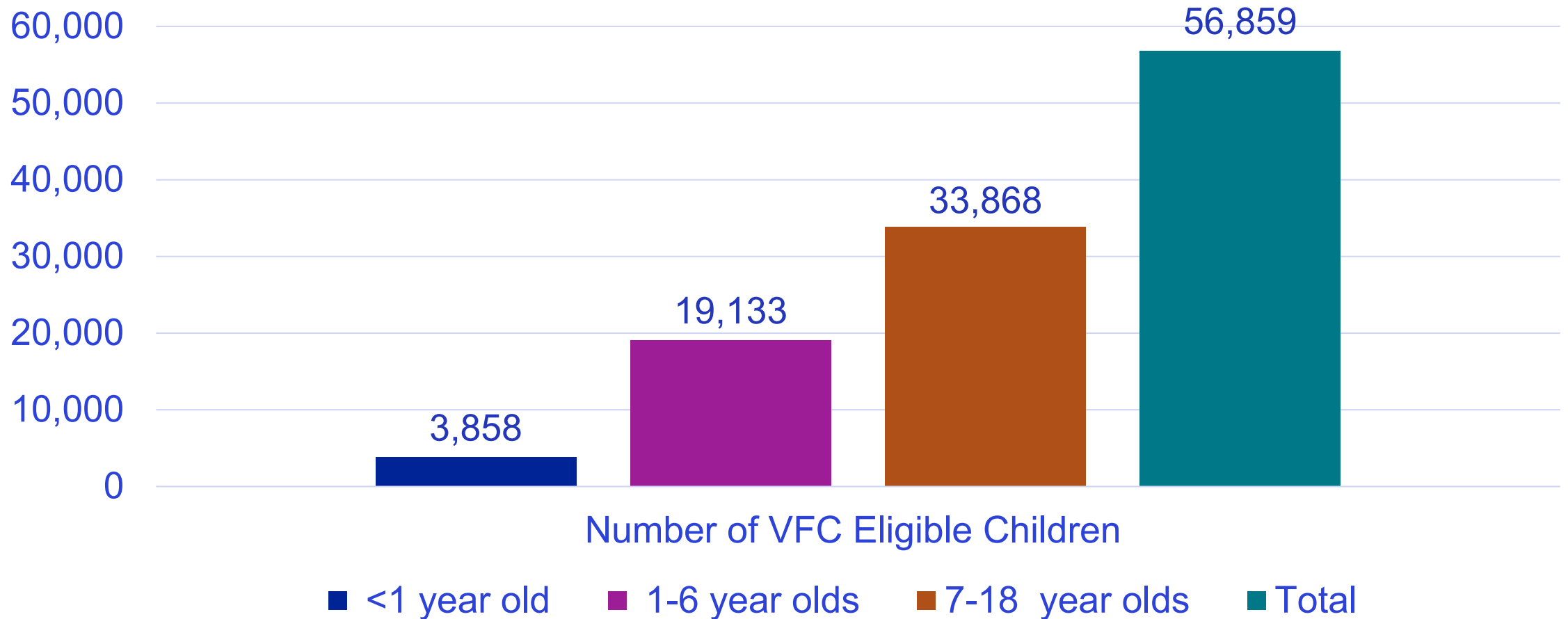
IHS Sites Enrolled in VFC Program

- Northern CA = 28
- Bay Area = 8
- Central CA = 11
- Los Angeles County = 1
- Southern CA = 9



Estimates of Native American/Native Alaskan Children Served by VFC

Based on 2025 VFC Recertification, American Indian/Tribal Health Clinics VFC eligible population.



New Pentavalent Meningococcal Vaccine: Penmenvy

- Penmenvy (GSK) - new pentavalent meningococcal vaccine (MenABCWY) approved by FDA and recommended by ACIP
- Recommended when both MenACWY and MenB are indicated at the same visit:
 - Healthy persons 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine
 - Persons ≥ 10 years who are at increased risk for meningococcal disease**

*If immunizing before [CDC acceptance](#), check with insurers about reimbursement.

** e.g., persistent complement deficiencies, complement inhibitor use, functional or anatomic asplenia

New Pentavalent Meningococcal Vaccine: Penmenvy Continued

- MenB brands are not interchangeable
 - GSK: Penmenvy (MenABCWY) contains Bexsero (MenB)
 - Pfizer: Penbraya (MenABCWY) contains Trumenba (MenB)
- CDPH materials will be updated including [timing guides](#) and vaccine factsheets

VFC 2025 – 2026 COVID-19 Vaccine Ordering

- Now available for ordering as of October 6, 2025.
- To ensure access for any child in your care whose family seeks protection, **CDPH strongly encourages VFC providers to order COVID-19 vaccine**, even though ordering is not currently required by CDC.
- COVID-19 vaccines may not be available to your patients at other sites, as most providers will not accept outside patients, and most pharmacies do not immunize young children. **Not offering vaccine at your facility may lead to missed or delayed immunization or significant costs to families.**



Health and Human Services Agency
California Department of Public Health



Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

October 14, 2025

IZB-FY-25-26-03

TO: California Vaccines for Children (VFC) Providers

FROM: Robert Schechter, M.D., Chief, Immunization Branch *RS*
Division of Communicable Disease Control
Center for Infectious Diseases

SUBJECT: **VFC 2025-2026 COVID-19 Vaccine Ordering**



- ✓ 2025-2026 COVID-19 vaccines are now available!
- ✓ Children 6 to 23 months receive either 1 or 2 doses of updated vaccine depending on vaccination history.
- ✓ Children 2 years and older receive 1 dose of updated vaccine.

Background

Updated 2025-2026 COVID-19 vaccines are now available for ordering through the VFC Program for VFC-eligible persons 6 months through 18 years of age.

Key updates include:

- To more closely target currently circulating variants, 2025-2026 COVID-19 vaccines have been updated to strains based on the Omicron JN.1 lineage of SARS-CoV-2.
 - mRNA vaccines (from Moderna or Pfizer) are based on the LP.8.1 strain of JN.1
 - Protein-based vaccine Nuvaxovid (distributed by Sanofi, manufactured by Novavax) is based on JN.1
- Moderna Spikevax COVID-19 vaccine is the only 2025-2026 vaccine for children younger than 5 years old.
- All 2024-2025 COVID-19 vaccines are no longer authorized and should not be used.
- The [COVID-19 Vaccine Timing Guide](#) is updated for 2025-2026.

California Vaccines for Children (VFC) Program
850 Marina Bay Parkway, Building P, 2nd Floor, Richmond CA 94804
(510) 243-8832 • FAX (877) 329-9832 • [EZIZ.org](#) • [CDPH.ca.gov](#)



Updated 2025 – 2026 COVID-19 Vaccines Now Available to Order Through VFC

Vaccine Group	Manufacturer	Vaccine Name and Packaging	NDC
COVID 6 months – 11 years	Moderna	Spikevax, Single-Dose Syringes – 10 per box	80777-0113-80
COVID 5 years – 11 years	Pfizer	Comirnaty, Single-Dose Vials – 10 per box	00069-2501-10
COVID 12 years – 18 years	Pfizer	Comirnaty, Single-Dose Syringes – 10 per box	00069-2528-10
	Moderna	Spikevax, Single-Dose Syringes – 10 per box	80777-0112-96
	Sanofi (under license from Novavax)	Nuvaxovid, Single-Dose Syringes – 10 per box	80631-0207-10

COVID-19 VFC Stock

- The California VFC program includes COVID-19 vaccines in its Non-Routine Vaccine Availability Plan.
 - Providers may opt to order and maintain a minimum number of doses in stock or choose to order doses before a patient's scheduled appointment.
 - Providers will not be penalized for any vaccine loss resulting from unused expired or outdated COVID-19 vaccines.

2025 – 2026 VFC Flu Vaccine

- For providers that pre-booked, the VFC Program has completed automatic shipment of orders so that providers can have at least 50% of their approved pre-book request.
 - Exception for Fluvad and Fluzone High Dose - minimum of 10 doses have been sent to providers that requested this for patients 18 years of age with a solid organ transplant
- Any remaining pre-booked doses will be allocated to your account. If you did not pre-book flu vaccines, doses will be allocated based on remaining supply.
- Once doses are allocated, you may request flu vaccine on your myCAvax routine VFC order form. Continue to request flu vaccine throughout the remainder of the flu season, up to your allocated amount.

Available 2025 – 2026 VFC Flu Products

Group	Flu Product	Manufacturer	NDC
6 mos – 18 yrs	Fluarix PFS	GSK	58160-0912-52
	Flucelvax® PFS	Seqirus	70461-0655-03
	FluLaval PFS	GSK	19515-0904-52
	Fluzone PFS	Sanofi	49281-0425-50
2 – 18 yrs	FluMist sprayer	AstraZeneca	66019-0112-10
18 – year-old solid organ transplant recipients	Fluzone High-Dose PFS	Sanofi	49281-0125-65
	Fluad PFS	Seqirus	70461-0025-03

RSV: Leading Cause of Infant Hospitalization

- In first year of life, 68% of infants are infected with RSV; by 24 months old nearly all children had at least one RSV infection (97%).¹
- Healthy, full-term infants account for over 70% of medically attended RSV encounters² (outpatient, emergency, and inpatient).
- Many infants experience multiple medically attended visits from a single RSV infection.²
- ~80% of hospitalized infants have **no** underlying medical problems.³

1) [Risk of Primary Infection and Reinfection With Respiratory Syncytial Virus | JAMA Pediatrics](#) 2) [Healthcare utilization during acute medically attended episodes of respiratory syncytial virus-related lower respiratory tract infection among infants in the United States – PMC](#) 3) [Respiratory Syncytial Virus–Associated Hospitalizations Among Children Less Than 24 Months of Age | Pediatrics | American Academy of Pediatrics](#)



[2024 - 2025 Data Nirsevimab was Effective Against:](#)
ER visits= 63 – 76%
Hospitalization= 79 – 82%
ICU admission= 80 – 88%

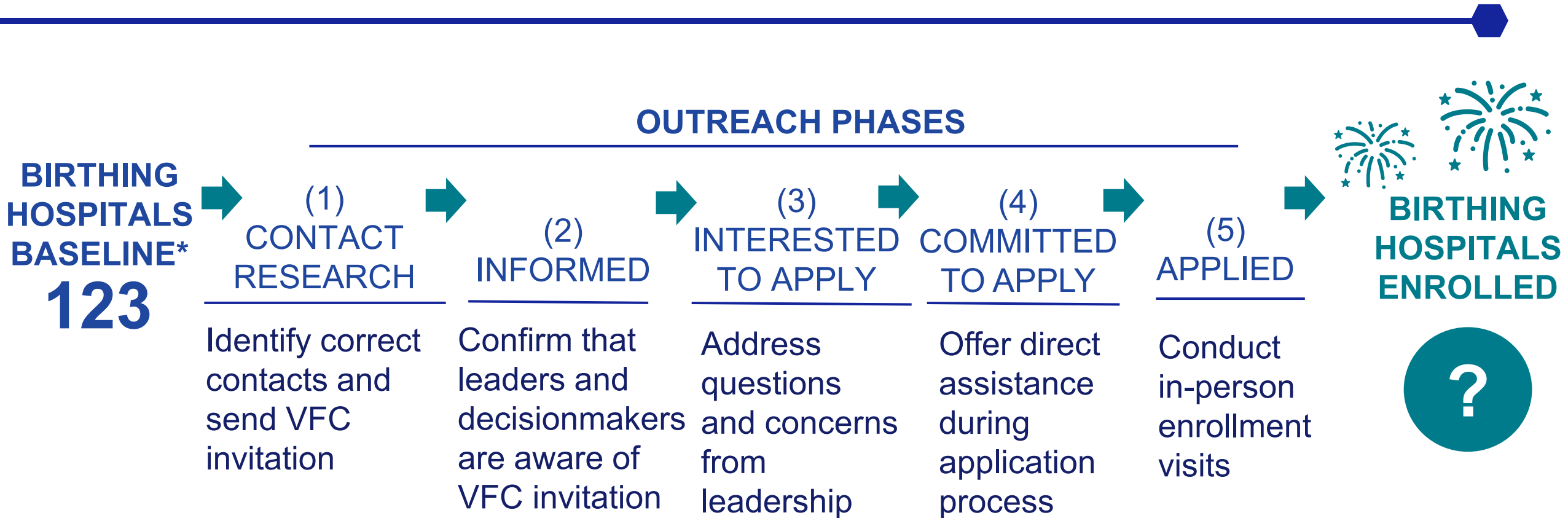
RSV Allocations

- Once additional supply becomes available, remaining pre-booked doses will be allocated to providers' accounts.
- Providers that did not pre-book have already been allocated a minimum amount of RSV doses based on available supply.
- Once doses are allocated, you may request RSV immunization on your [myCAvax](#) routine VFC order form.

2025 – 2026 VFC RSV Products

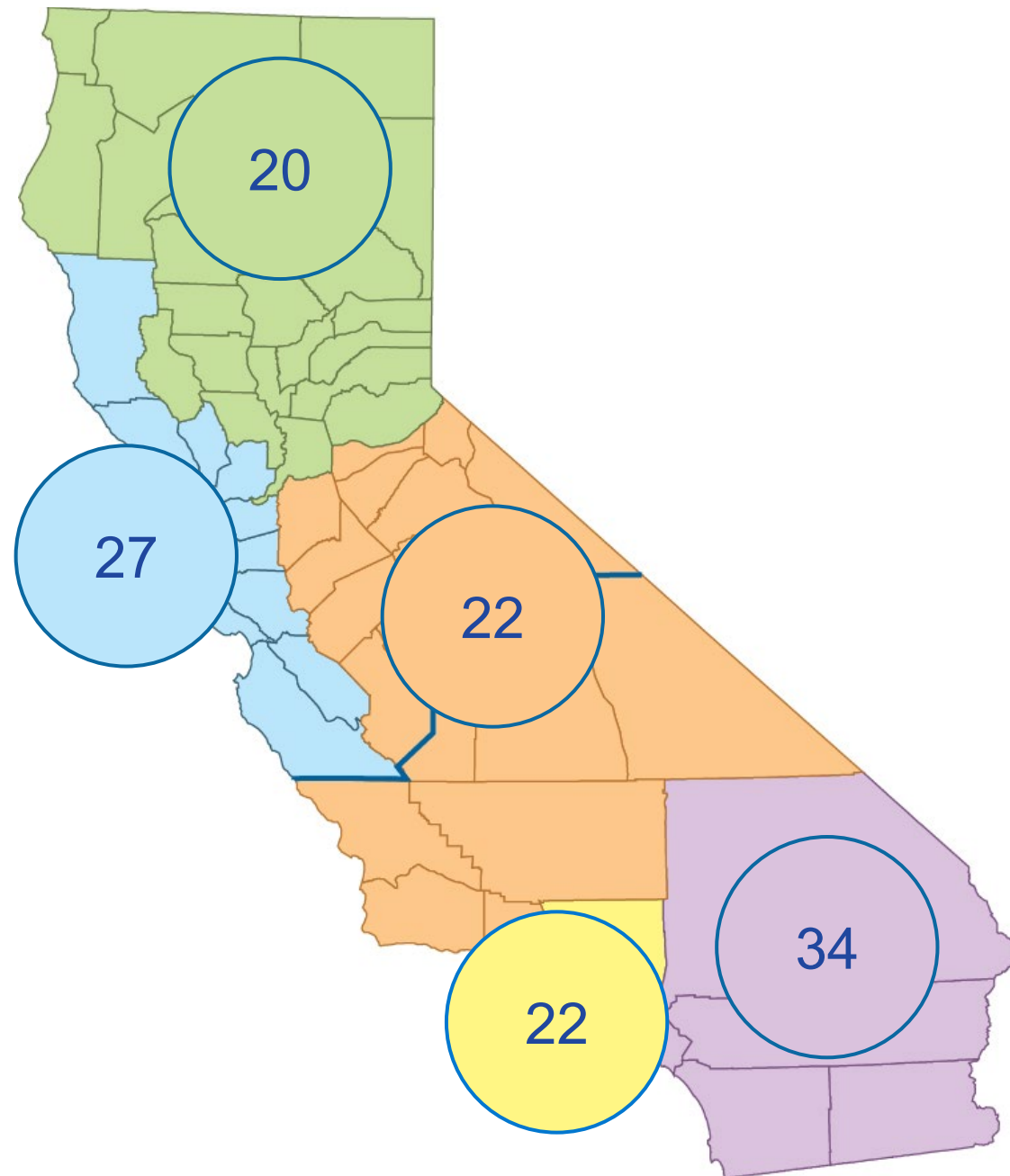
- RSV Monoclonal antibodies to administer from October through March:
 - **Nirsevimab - Beyfortus[®]** 50mg and 100mg (Sanofi)
 - [For 2025-2026 RSV season, IHS guidance is for the preferential use of Nirsevimab for AI/AN eligible infants and children](#)
 - **Clesrovimab - Enflonsia[™]** (Merck)
- Maternal RSV vaccine (**Abrysvo[®]**) for VFC-eligible pregnant patients is now available for ordering on the routine myCAvax order form.
 - 1 pack – 1 dose vial; new NDC: 00069-2465-01 for the [Act-O-Vial presentation](#)
 - Maternal RSV vaccine is recommended to be administered from September through January.

RSV: 2025-26 BIRTHING HOSPITAL OUTREACH FOR VFC ENROLLMENT



Current as of 8/18/25 10:30 AM. Updated data pending.

2025-26 Birthing Hospital Outreach for VFC Invitation



2025-26 Birthing Hospital Outreach for VFC Invitation by County

County and # Birthing Hospitals

ALAMEDA	3	RIVERSIDE	7
AMADOR	1	SACRAMENTO	4
CONTRA COSTA	3	SAN BENITO	1
DEL NORTE	1	SAN BERNARDINO	6
EL DORADO	2	SAN DIEGO	6
FRESNO	2	SAN FRANCISCO	3
HUMBOLDT	2	SAN JOAQUIN	3
IMPERIAL	2	SAN LUIS OBISPO	3
INYO	1	SAN MATEO	2
KERN	4	SANTA CLARA	4
KINGS	1	SANTA CRUZ	2
LAKE	2	SHASTA	1
LASSEN	1	SISKIYOU	2
LOS ANGELES	20	SOLANO	1
MARIN	1	SONOMA	1
MENDOCINO	1	STANISLAUS	1
MERCED	2	TEHAMA	1
MONTEREY	3	TULARE	1
NAPA	2	TUOLUMNE	1
NEVADA	2	VENTURA	2
ORANGE	13	YOLO	2

Your Help is Needed

- VFC staff continue to do targeted outreach to enrolled providers who are serving Native American patients who have not ordered RSV
- VFC staff continue to make efforts to onboard birthing hospitals
 - VFC could use your help to reach out and enroll in VFC. Your help birthing facilities that deliver Native American babies
- Please contact: VFCEnrollment@cdph.ca.gov



Vaccines for Adults (VFA) Overview

- The California Vaccines for Adults (VFA) program was created by the California Department of Public Health (CDPH) to increase adult vaccination rates and decrease disparities in immunization coverage
- The VFA Program provides no-cost vaccines for uninsured or underinsured adults 19 years of age and older
- The purpose is to integrate the standards for adult immunization practice into routine adult clinical care
 - **ASSESS** immunization status of all adult patients at every visit
 - Strongly **RECOMMEND** vaccines that adult patients need
 - **ADMINISTER** needed vaccines or **REFER** to a provider who can immunize
 - **DOCUMENT** vaccines received by your adult patients

Vaccines for Adults (VFA) Overview

- Expand access to 317-funded vaccines to eligible Community Health Centers (CHCs) in California
 - Federal 317 budget used for VFA Quarterly Provider Orders, 61 Local Health Department Orders and Outbreak Prevention Efforts
- To be eligible to participate in the VFA program, providers must:
 - Have experience providing a safety net for uninsured and underinsured adults
 - Be enrolled in the California Immunization Registry (CAIR) or Healthy Futures
- Total of **489** providers enrolled in the California VFA Program
 - **8** American Indian/Tribal Health Clinics enrolled in VFA
 - Due to the program's limited budget, VFA enrollment is currently closed

Updated “Underinsured” Eligibility Definition

- Full definition underinsured for patient eligibility using Section 317 discretionary funding is here (new language in **blue**):
 - A person who has health insurance, but the insurance does not cover any vaccines; a person whose insurance covers only selected vaccines; **a person whose insurance does not provide first-dollar coverage for vaccines.**
- Patient eligibility only applies on use of Section 317 discretionary funding
- First-dollar coverage includes copays, coinsurance, or deductibles. This means that copays, coinsurance, or deductibles will not apply for the administration of any ACIP-recommended vaccines purchased using 317 funding.
 - The expanded definition only applies to the **vaccine cost itself**. Office visit co-pays are assessed separately from 317 -funded vaccine eligibility.

VFA Eligibility Review

- Patients 19 years of age and older who are
- **Uninsured:** Does not have (public or private) health insurance coverage.

Or,

- **Underinsured:** Has health insurance but coverage
 - ▶ does not include vaccines OR
 - ▶ covers only select vaccines.
 - ▶ does not include first dollar coverage or requires a copayment

**Note: Document is currently undergoing updates to remove BAP*

317 Eligibility Screening Record for Adult Patients | CDPH | VFA | LHD 317 | BAP

At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the CA Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA, LHD 317).

Patient Information

Patient Name (Last, First, MI): _____ Date of Birth: _____
 Provider Name: _____

Eligibility Criteria for 317-Funded Vaccines (e.g., VFA, LHD 317, and BAP)

✓ **Eligible for VFA, LHD 317, and/or BAP (COVID) vaccines if at least 19 years of age and**

1. Has no insurance, or
2. Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)¹

✓ **Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and**

3. Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A, HPV
 - MMR, Polio (IPV), RSV
 - Tdap, Varicella, and Zoster
4. Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20/PCV21

Document Patient's Eligibility

Write the screening date and check appropriate status. (Note: verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).

Screening Date	1. Eligible for VFA, LHD 317 and/or CA BAP (COVID) No insurance	2. Eligible for VFA, LHD 317, and/or CA BAP (COVID) Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	× Not Eligible for VFA, LHD 317 and/or CA BAP Fully insured or both Medicare Part B and D ²
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

1 The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.
 2 Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. To be ineligible for COVID vaccines, insurance must cover vaccines fully without requiring a co-payment.

California Department of Public Health, Immunization Branch | IMM-1226 (4/3/25)

Patients Eligible for (Certain) VFA Vaccines

Patients who:

- Have Medicare Part B but not Part D
- Have Medicare Part D but not Part B
- Receive primary care through [County Safety Net Programs](#) are considered uninsured
- Are enrolled in the Family PACT program that do NOT have public or private insurance

We strongly encourage you to utilize vaccine benefits through County Safety Net Programs and Family PACT for VFA-eligible patients as VFA vaccines are available in limited quantities.

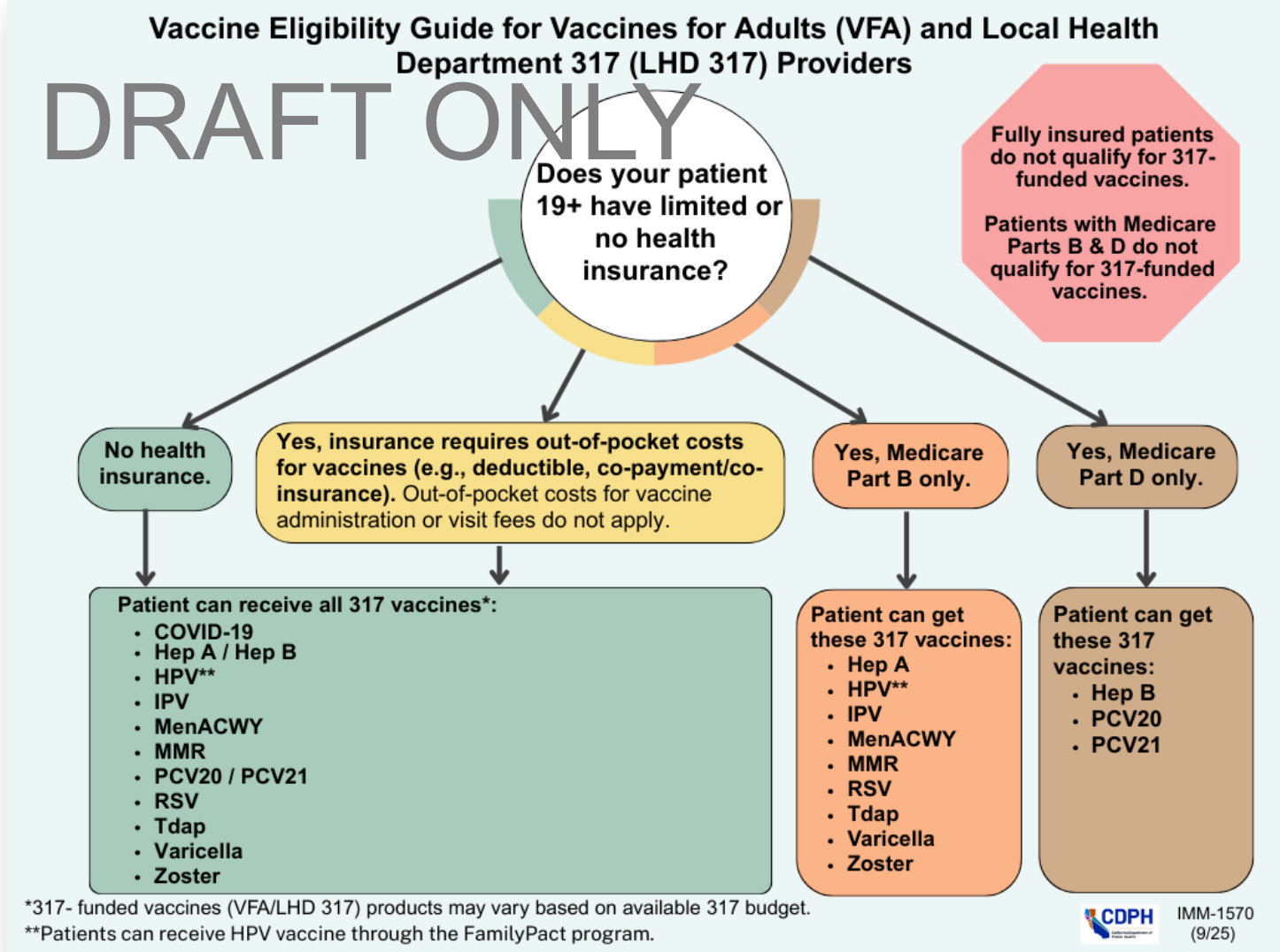
[317 Eligibility Based on Insurance Status \(IMM-1247\)](#)

317 Eligibility Based on Insurance Status For LHD 317 and VFA Program Providers	
Patient Health Insurance Status	VFA or LHD 317 (317 – Funded Vaccine) Eligibility
Uninsured/No Insurance (includes those who receive primary care through county safety net programs; these are NOT considered health insurance)	Eligible for ALL VFA or LHD 317 vaccines
Medi-Cal Fee-For-Service/ Medi-Cal Managed Care Health Plan Directory (bit.ly/CAhealthplans)	NOT Eligible for VFA or LHD 317 vaccines ¹
Medicare Part B (medical benefit)² AND Part D (prescription drug benefit)	NOT Eligible for VFA or LHD 317 vaccines
Medicare Part B Alone²	Eligible for these routine VFA or LHD 317 vaccines: <ul style="list-style-type: none">• Hep A• HPV• IPV• MMR• RSV• Tdap• Varicella• Zoster
Medicare Part D Alone³	Eligible for these routine VFA or LHD 317 vaccines: <ul style="list-style-type: none">• Hep B• PCV20/PCV21
Insurance NOT through Medi-Cal or Medicare	Only eligible for VFA or LHD 317 vaccines that are NOT covered by patient's private insurance plan ^{4,5}

1. Full scope Medi-Cal covers all ACIP-recommended vaccines.
2. Medicare Part B covers: influenza, pneumococcal, and other vaccines (i.e., Td, Hep B, and Rabies) directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., Td is covered as preventative care for tetanus when patient has a wound). Starting January 2025, adults with Medicare Part B (without Part D) are eligible for Hepatitis B regardless of risk.
3. Except for vaccines covered under Part B, Medicare Part D generally covers all commercially available vaccines needed to prevent illness. Contact your patient's plan to find out about coverage.
4. Fully-insured adults whose insurance covers the cost of the vaccine(s) are NOT eligible for VFA or LHD 317 vaccine(s).
5. The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.
Recent changes in California law have gradually expanded access to full-scope Medi-Cal for adults ages [19-25 years](#), [26-49 years](#), [50 years and older](#) and regardless of immigration status. All other Medi-Cal eligibility rules apply, including income limits.

California Department of Public Health, Immunization Branch IMM-1247 (4/3/25)

Vaccine Eligibility Guide – NEW!



Fully insured patients do not qualify for 317-funded vaccines.

Patients with Medicare Parts B & D do not qualify for 317-funded vaccines.

VFA Eligibility Materials – updates coming soon!

Vaccine Eligibility Guidelines

For Community Health Centers (CHCs) enrolled in California vaccine programs



Program	VFC Vaccines for Children Program	VFA Vaccines for Adults Program*	BAP Bridge Access Program
Funding	Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none"> Medi-Cal eligible Uninsured (no health insurance) American Indian or Alaskan Native Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FOHC or RHC designation). 	Adults, 19 years and older: <ul style="list-style-type: none"> Uninsured (no health insurance) Underinsured adults (vaccines are not covered by insurance or requires a co-payment) (Adults with both Medicare Part B AND Part D are considered fully insured and not eligible to receive VFA vaccines.)	Adults 19 years and older: <ul style="list-style-type: none"> Uninsured (no health insurance) Underinsured (vaccines are not covered by insurance or requires a co-payment) (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.)
Vaccines	<ul style="list-style-type: none"> COVID-19, DTaP Hepatitis A, Hepatitis B Hib, HPV, Influenza Meningococcal ABCWY (Penbraya) Meningococcal B (MenB) Meningococcal Conjugate (MenACWY) MMR, MPOX Pneumococcal Conjugate (PCV15 and PCV20) Pneumococcal Polysaccharide (PPSV23) Polio (IPV), Rotavirus RSV (Available Fall/Winter Season) Td, Tdap, Varicella 	<ul style="list-style-type: none"> Hepatitis A Hepatitis B HPV Meningococcal Conjugate (MenACWY) MMR Pneumococcal Conjugate (PCV20 and PCV21) RSV Tdap Varicella Zoster For more details about Medicare Part B and/or D eligibility, see IMM-1247.	<ul style="list-style-type: none"> COVID-19

Ordering: All programs now order vaccines through myCAvax (California Vaccine Management System).

*Vaccine dose requests are approved based on available 317 funds.

California Department of Public Health, Immunization Branch

IMM-1222 (4/3/25)

317 Eligibility Screening & Documentation Requirements



1. Screen for Eligibility

Eligibility screening must be conducted prior to the administration of any 317-funded vaccine (e.g., Vaccines for Adults, Local Health Department (LHD) 317 and CA Bridge Access Programs). Eligibility is self-reported by the patient and verification of eligibility can be obtained verbally from the patient.

- ✓ **Eligible for VFA, LHD 317 and/or BAP (COVID) vaccines if at least 19 years of age and**
 - Has no insurance, or
 - Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)*
- ✓ **Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and**
 - Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A
 - HPV
 - MMR, Polio (IPV)
 - RSV, Tdap
 - Varicella, and Zoster
 - Has Medicare **Part D**, but **NOT Part B**, patient is eligible for:
 - Hep B, PCV20/PCV21

2. Document Patient's Eligibility

There are three important elements to include when you document a patient's eligibility:

- Date of screening
- If patient is eligible for the Vaccines for Adults (VFA), Local Health Department (LHD) 317 and/or CA Bridge Access Program (BAP)
- If patient is eligible AND at least 19 years of age, document which of the criterion above is met (e.g., "317")

3. Use a Compliant Record Keeping System

• **CAIR and Electronic Health/Medical Record (EHR/EMR)**
Note: if your practice's EMR/EHR does not capture all the necessary screening elements, they may be documented in the system's notes section.

• **CAIR and 317 Eligibility Screening Form (PDF) (IMM-1226)**

Make sure to maintain patient eligibility screening records for a minimum of 3 years. [Refer to the 317 CAIR Documentation Requirement.](#)

4. Communicate the Patient's Eligibility

All staff should be knowledgeable of eligibility. Ensure practice protocols are in place so vaccinators know when to use 317-funded versus private vaccines.

* The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.

California Department of Public Health, Immunization Branch

IMM-1476 (3/28/25)

317 Eligibility Screening Record for Adult Patients



At each immunization visit, determine if patients are eligible for COVID-19 vaccines (if participating in the CA Bridge Access Program) and/or other routinely recommended vaccines through 317 funds (e.g., VFA, LHD 317).

Patient Information

Patient Name (Last, First, MI): _____ Date of Birth: _____

Provider Name: _____

Eligibility Criteria for 317-Funded Vaccines (e.g., VFA, LHD 317, and BAP)

- ✓ **Eligible for VFA, LHD 317, and/or BAP (COVID) vaccines if at least 19 years of age and**
 - Has no insurance, or
 - Is underinsured (public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached, a person whose insurance does not provide first-dollar coverage for vaccines or requires a co-payment.)*
- ✓ **Eligible for certain VFA or LHD 317 vaccines if at least 19 years of age and**
 - Has Medicare **Part B**, but **NOT Part D**, patient is eligible for:
 - Hep A, HPV
 - MMR, Polio (IPV), RSV
 - Tdap, Varicella, and Zoster
 - Has Medicare **Part D**, but **NOT Part B**, patient is eligible for: Hep B, PCV20/PCV21

Document Patient's Eligibility

Write the screening date and check appropriate status. (Note: verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request.)

Screening Date	1. Eligible for VFA, LHD 317 and/or CA BAP (COVID) No insurance	2. Eligible for VFA, LHD 317, and/or CA BAP (COVID) Underinsured	3 & 4. Eligible for some VFA or LHD 317 vaccines Medicare Part B or Part D only	× Not Eligible for VFA, LHD 317 and/or CA BAP Fully insured or both Medicare Part B and D ²
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part B <input type="checkbox"/> Part D	<input type="checkbox"/>

1 The adult person would qualify for 317-funded vaccines if they have any copay, co-insurance, and/or deductible for the cost of the vaccine. This policy does not apply for any co-pay, etc., for administration or office visit fees.
2 Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. To be ineligible for COVID vaccines, insurance must cover vaccines fully without requiring a co-payment.

California Department of Public Health, Immunization Branch

IMM-1226 (4/3/25)

Vaccine Eligibility Guidelines (IMM-1222)

Eligibility Screening Form (IMM-1476)

Eligibility Screening Record (IMM-1226)

Vaccines for Adults (VFA) Overview

- Most vaccines routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) are available through the program
- Enrolled providers place quarterly VFA orders through the **myCAvax** ordering platform and vaccine management system
 - Strategic planning for quarterly orders based on available 317 budget

*Due to the limited 317 budget and inclusion of more vaccines into the program, HPV is currently not available for routine ordering for FY 2025 - 2026

- Hepatitis A
- Hepatitis B
- HPV
- Meningococcal Conjugate (MenACWY)
- MMR
- Pneumococcal Conjugate (PCV20 and PCV21)
- RSV
- Tdap
- Varicella
- Zoster


ACIP vs. CDPH Guidance

- Recent ACIP votes do not currently affect eligibility and vaccines provided by the VFA Program.
- The VFA Program will follow recommendations and guidance by trusted national medical groups, including AAP, ACOG, and AAFP.
- Uninsured and underinsured adults still qualify for VFA vaccines based on CDPH guidance

Vaccine Eligibility Guidelines

For Community Health Centers (CHCs) enrolled in California vaccine programs



Program	 VFC Vaccines for Children Program	VFA Vaccines for Adults Program*	BAP Bridge Access Program
Funding	Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none"> • Medi-Cal eligible • Uninsured (no health insurance) • American Indian or Alaskan Native • Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FOHC or RHC designation). 	Adults, 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured adults (vaccines are not covered by insurance or requires a co-payment) (Adults with both Medicare Part B AND Part D are considered fully insured and not eligible to receive VFA vaccines.)	Adults 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance or requires a co-payment) (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.)
Vaccines	<ul style="list-style-type: none"> • COVID-19, DTaP • Hepatitis A, Hepatitis B • Hib, HPV, Influenza • Meningococcal ABCWY (Penbraya) • Meningococcal B (MenB) • Meningococcal Conjugate (MenACWY) • MMR, MPOX • Pneumococcal Conjugate (PCV15 and PCV20) • Pneumococcal Polysaccharide (PPSV23) • Polio (IPV), Rotavirus • RSV (Available Fall/Winter Season) • Td, Tdap, Varicella 	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • HPV • Meningococcal Conjugate (MenACWY) • MMR • Pneumococcal Conjugate (PCV20 and PCV21) • RSV • Tdap • Varicella • Zoster For more details about Medicare Part B and/or D eligibility, see IMM-1247.	<ul style="list-style-type: none"> • COVID-19

Ordering: All programs now order vaccines through myCAvax (California Vaccine Management System).


* Vaccine dose requests are approved based on available 317 funds.


California Department of Public Health, Immunization Branch

IMM-1222 (4/3/25)

ACIP vs. CDPH Guidance Continued

- CA health plans are required to cover immunizations recommended by CDPH
- CDPH recommendations for the respiratory season are be posted on the [CDPH Public Health for All](#) website.
- With the close of the CA Bridge Access Program (BAP), limited COVID-19 vaccines for uninsured and underinsured adults will be available to order by Local Health Department (LHD) 317 clinics. Contact your LHD for more information!

Vaccine Eligibility Guidelines
For Community Health Centers (CHCs) enrolled in California vaccine programs 

Program	 VFC Vaccines for Children Program	VFA Vaccines for Adults Program*	BAP Bridge Access Program
Funding	Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.
Age and Eligibility	Children Birth–18 years: <ul style="list-style-type: none"> • Medi-Cal eligible • Uninsured (no health insurance) • American Indian or Alaskan Native • Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FOHC or RHC designation). 	Adults, 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured adults (vaccines are not covered by insurance or requires a co-payment) (Adults with both Medicare Part B AND Part D are considered fully insured and not eligible to receive VFA vaccines.)	Adults 19 years and older: <ul style="list-style-type: none"> • Uninsured (no health insurance) • Underinsured (vaccines are not covered by insurance or requires a co-payment) (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.)
Vaccines	<ul style="list-style-type: none"> • COVID-19, DTaP • Hepatitis A, Hepatitis B • Hib, HPV, Influenza • Meningococcal ABCWY (Penbraya) • Meningococcal B (MenB) • Meningococcal Conjugate (MenACWY) • MMR, MPOX • Pneumococcal Conjugate (PCV15 and PCV20) • Pneumococcal Polysaccharide (PPSV23) • Polio (IPV), Rotavirus • RSV (Available Fall/Winter Season) • Td, Tdap, Varicella 	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • HPV • Meningococcal Conjugate (MenACWY) • MMR • Pneumococcal Conjugate (PCV20 and PCV21) • RSV • Tdap • Varicella • Zoster For more details about Medicare Part B and/or D eligibility, see IMM-1247.	<ul style="list-style-type: none"> • COVID-19

Ordering: All programs now order vaccines through myCAvax (California Vaccine Management System).
* Vaccine dose requests are approved based on available 317 funds.

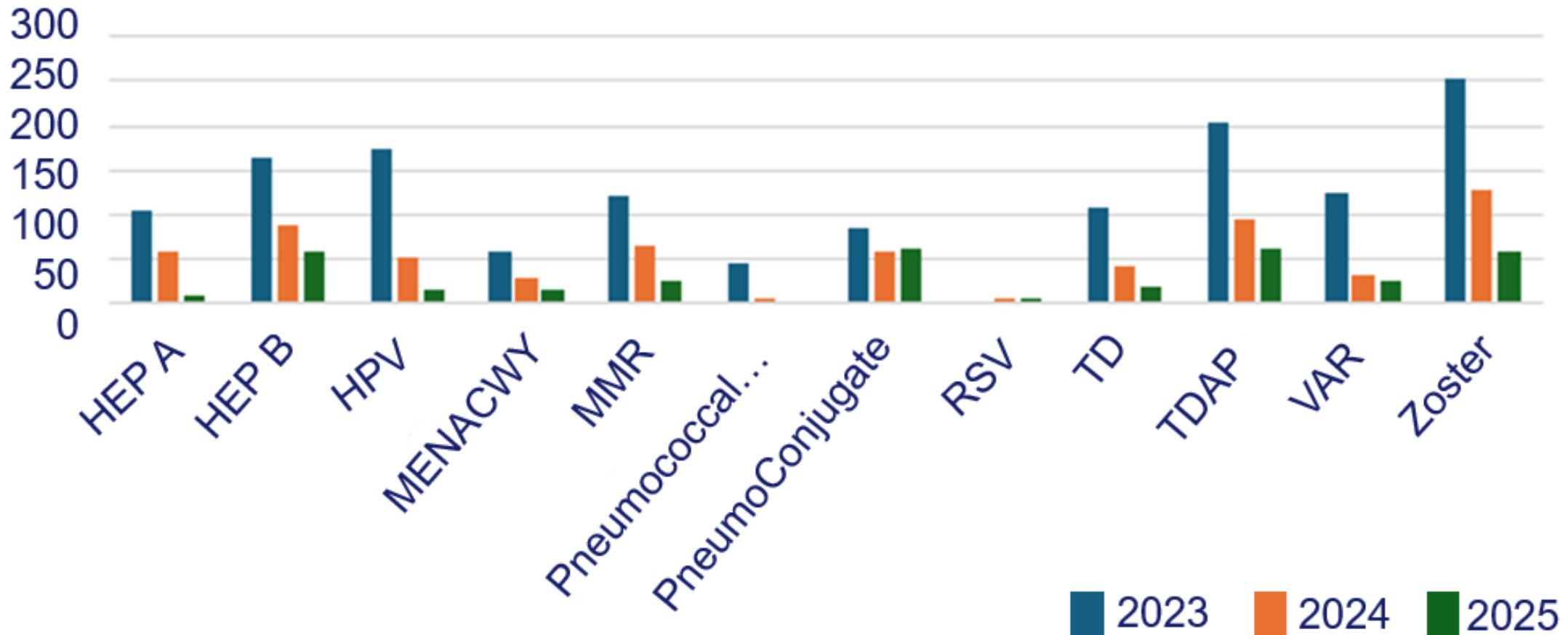
California Department of Public Health, Immunization Branch IMM-1222 (4/3/25)

Enrolled VFA IHS Clinics: Ordering Data



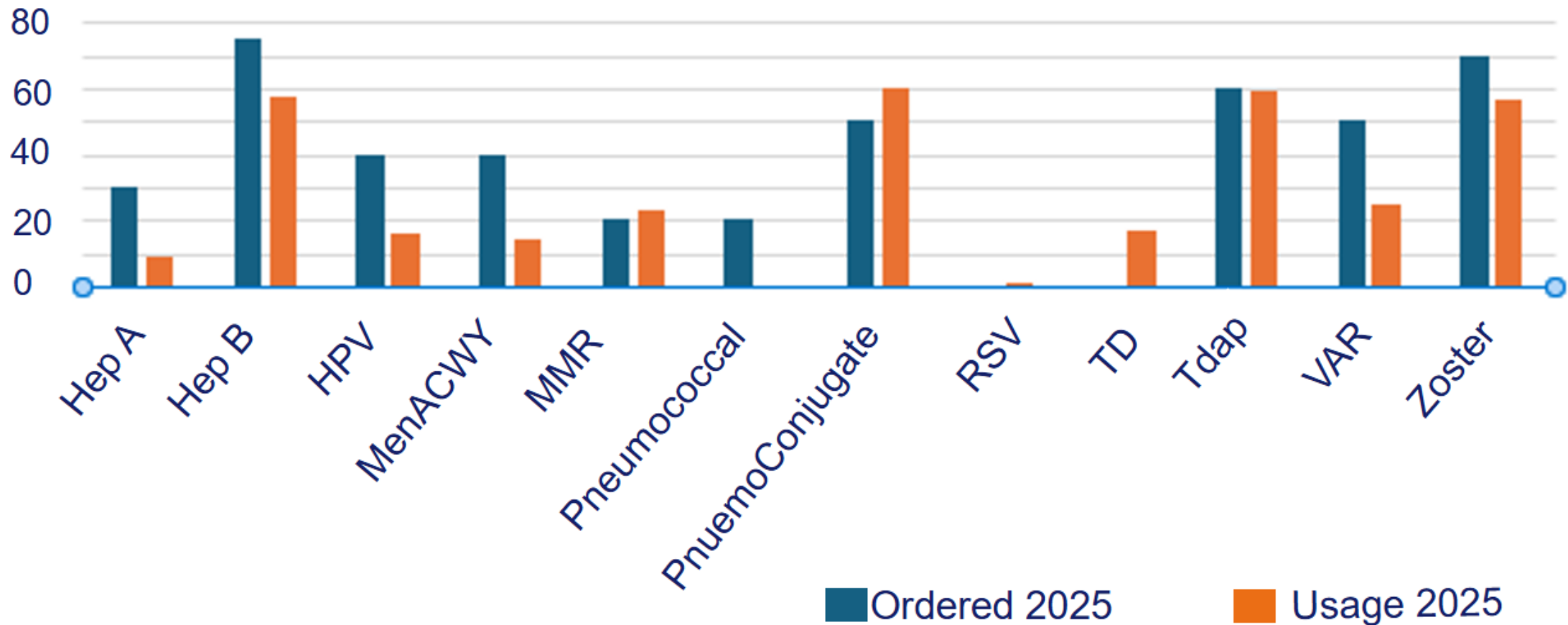
Enrolled VFA HIS Clinics: Usage Data

VFA Tribal Health Reported Usage by Product
2023 to 2025



Enrolled VFA IHS Clinics: 2025 Ordering and Usage Data

VFA Tribal Health Reported Order and Usage by Product for 2025



VFA Program Updates

- Next VFA Ordering Cycle: **Projected January 2026**
- VFA Recertification: **Projected Launch December 2025**

CAIR Reporting Reminder

Be a reporting PRO!

In CAIR, report the:

Provider ID (Org Code / IIS ID)

Program (Funding Source* **and** Vaccine Eligibility^ *code*)

Product (NDC Code)

*VXC 51 (Vaccines for Children Program), VXC 52 (Vaccines for Adults, Local Health Department 317 Program, State General Fund Program)

^Vaccines for Children (VFC), Vaccines for Adults (VFA), Local Health Department 317 (LHD 317) State General Fund (SGF)

EMR Documentation Examples

Patient Immunization Record

ADD A NEW IMMUNIZATION *

Administered Historical Refused or Not Administered

Influenza vaccine, quadrivalent, adjuvanted * [Edit](#)

Partially administered

DATE ADMINISTERED* 12/28/2020 TIME ADMINISTERED* 10:47 AM ORDERED BY* Julian Provider ADMINISTERED BY* Julian Provider ADMINISTERED FACILITY* Julian Provider Practice

MANUFACTURER* Select value NDC CODE* Select value LOT* QTY* 1 DOSE* UNITS* mL EXPIRATION DATE* MM/DD/YYYY

ROUTE BODY SITE VIS EDITION

Select value Select value Search

FUNDING SOURCE* Select value VFC FINANCIAL CLASS* Select value SPECIAL INDICATION Select indication

REACTION SELF-PAY RESTRICTION* No restriction COMMENTS Add a comment

[Cancel](#) [Save](#)

EMR Source: Practice Fusion

Document Vaccination

Allergies: HAVE NOT ASKED Intolerances: HAVE NOT ASKED

* Vaccine: [Yellow box]

Record type
New record (performed now) ▼

* Ordered By: [?] Kary Jones, MD

* Given By: [?] Kary Jones, MD

* Given On: 04/25/2022 Time: 11:34 am

Manuf: name of manufacturer...

NDC #: National Drug Code

Lot #: lot number...

Expiration: date...

Dose: qty... Units: mL # in series: # dose (IA)

Method: administration method...

Site: administration site...

VIS: VIS(s) provided to patient... + Handouts

Reason: reason for vaccinating...

Notes: Notes...

Recall: -- ▼

Program: -- ▼

Funded by: -- ▼

Source: -- ▼

[Save](#) [Save & Add Another](#) [Discard](#)

EMR Source: Elation

EMR Documentation Examples

measles/mumps/rubella virus vaccine (MMR 0.5 mL SUBCUT AMB)
0.5 mL, SUBCUT, x1, priority: Routine, Start: 03/21/25 11:00:00 PDT, Stop: 03/21/25 11:00:00 PDT

*Performed date / time : 03/21/2025 1047 PDT
*Performed by : [Redacted]
Witnessed by : [Redacted]

Education on Med purpose/side effect: [Dropdown] [Trend](#)

NDC Number (Clinic Use Only): [Text Box] ←

*Lot Number : [Text Box]
*Manufacturer : [Dropdown]
*Expiration Date : [Date Picker]
Funding Source : [Dropdown] ←

Vaccines For Children : [Dropdown]
[Redacted]
Not VFC Eligible
State 317 Special Funds ←
State Program Funds/Eligibility
Unknown
VFC eligible Medicaid
VFC eligible Native American/Alaskan
VFC eligible Underinsured
VFC eligible Uninsured

*measles/mumps/rubell Volume : 0 ml

*Route : SUBCUT *Site : [Dropdown]
Total Volume : 0.5 Infused Over : 0

**Eligibility
Select "317"**

measles/mumps/rubella virus vaccine (MMR 0.5 mL SUBCUT AMB)
0.5 mL, SUBCUT, x1, priority: Routine, Start: 03/21/25 11:00:00 PDT, Stop: 03/21/25 11:00:00 PDT

*Performed date / time : 03/21/2025 1047 PDT
*Performed by : [Redacted]
Witnessed by : [Redacted]

Education on Med purpose/side effect: [Dropdown] [Trend](#)

NDC Number (Clinic Use Only): [Text Box] [Trend](#)

*Lot Number : [Text Box]
*Manufacturer : [Dropdown]
*Expiration Date : [Date Picker]

Funding Source : [Dropdown]
Public Funds
Public VFC
Public non-VFC ←
Private Funds
Federal Funds

**Funding Source:
Select "Public
non-VFC"**

EMR Source: Cerner

CAIR User Interface Documentation

Enter New Immunization

From CAIR Inventory * Date Administered 08/28/2024 Ordering Authority

Remove	Immunization	* Vaccine Eligibility	* Trade Name-Lot #-Eligibility Code-Exp Date	* Funding Source
<input type="checkbox"/>	MenB	V01 - Private	BEXSERO-J743L5-PVT-12/31/2025	PHC70 - Vaccine stock used v
<input checked="" type="checkbox"/>		* Administered By Carol Brown NP	* Body Site LEFT DELTOID	Route INTRAMUSCULAR Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full
<input checked="" type="checkbox"/>		* Administered By	* Body Site	Route Dose Full

- * Vaccine Eligibility
- ✓ CAA01 - State General Funding
 - V01 - Private
 - V02 - VFC Eligible Medi-Cal/CHDP
 - V03 - VFC Eligible Uninsured
 - V04 - VFC Eligible Native American/AK Native
 - V05 - VFC Eligible Underinsured (FQHC/RHC Only)
 - V23 - 317 Eligible LHD or HDAS Only

* Funding Source

✓ VXC52 - Vaccine stock used was publicly funded by the non-VFC program

Dose Full

Note: As a user interface CAIR provider, the site must use the CAIR inventory function to record the NDC code

Resources

- VFA Program Resources: <https://eziz.org/vfa-317/vfa-resources/>
- Immunization Promotional Materials for All Ages: <https://eziz.org/resources/immunization-promo-materials/>

Respiratory Immunization Guides

RSV Season Immunization Recommendations

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun	
Infants & Children (Clesrovimab, Nirsevimab**)				October 1 – March 31* <ul style="list-style-type: none"> All infants 0-8 months entering 1st RSV season if mother wasn't vaccinated: Clesrovimab or Nirsevimab** High risk 8-19 month olds entering 2nd RSV season: Nirsevimab** only 									
Pregnant people (Abrysvo)*			September 1 – January 31 between 32-36 weeks gestation*										
Adults 75+ and 50-74 at increased risk (Abrysvo, Arexvy, mRESVIA)	Offer to eligible, unvaccinated adults. CDC encourages healthcare providers to maximize the benefit of RSV vaccination by offering in late summer or early fall.												

Recommended immunization timing

*If continuing to immunize outside recommended timeframe, make sure to:

1. Check with insurers to ensure reimbursement. Keep remaining doses for next RSV season.
2. Unused and unexpired supply of VFC Nirsevimab, Clesrovimab or Abrysvo cannot be returned to McKesson. Label these doses as "Keep for Fall."

**For the 2025-2026 RSV season, IHS guidance is the preferential use of nirsevimab for eligible AI/AN infants and children.

This publication was supported by a Centers for Disease Control and Prevention (CDC) grant. Its contents do not necessarily represent the views of CDC.

California Department of Public Health | Immunization Branch



IMM-1567 (9/25)

Consensus WCHA 2025-2026 Respiratory Virus Season Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children	<ul style="list-style-type: none"> All 6-23 months All 2-18 years with risk factors or never vaccinated against COVID-19 All who are in close contact with others with risk factors¹ All who choose protection¹ 	<ul style="list-style-type: none"> All 6 months and older 	<ul style="list-style-type: none"> All younger than 8 months² All 8-19 months with risk factors
Pregnancy	<ul style="list-style-type: none"> All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> 32-36 weeks gestational age²
Adults	<ul style="list-style-type: none"> All 65 years and older All younger than 65 years with risk factors All who are in close contact with others with risk factors All who choose protection 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> All 75 years and older All 50-74 years with risk factors

1. COVID-19 vaccine is available for persons 6 months and older.

2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

IMM-1481 (9/15/25)

RSV Season Immunization Recommendations

Consensus WCHA 2025-26 Respiratory Virus Season Immunization Recommendations

RSV Vaccine Fact Sheet

Updated version coming soon!

Vaccine Fact Sheet: Respiratory Syncytial Virus (RSV)



Topic	Abrysvo™	Arexvy	mRESVIA
Manufacturer	Pfizer	GSK	Moderna
Product Info	Detailed prescribing information	Detailed prescribing information	Detailed prescribing information
Protects Against	RSV	RSV	RSV
Approved Ages	<ul style="list-style-type: none"> Individuals ≥60 years of age Pregnant individuals at 32-36 weeks gestational age 	<ul style="list-style-type: none"> Individuals ≥ 60 years of age Individuals 50 through 59 years of age who are at increased risk 	<ul style="list-style-type: none"> Individuals ≥ 60 years of age
Routine Schedule & Intervals	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease One dose for pregnant individuals at 32-26 weeks gestational age using seasonal administration (typically September to January). 	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease 	<ul style="list-style-type: none"> One dose for individuals ≥ 75 years of age One dose for individuals 60-74 years who are at increased risk of severe disease
Administration	(IM) Intramuscular injection	(IM) Intramuscular injection	IM (intramuscular) injection
Packaging	<p>Supplied as a vial of lyophilized antigen component and prefilled syringe of sterile water diluent. Requires reconstitution before use.</p> <p>OR</p> <p>Vaccine is packaged as a vial of lyophilized antigen component and vial of sterile water diluent. Requires reconstitution before use.</p>	<p>Supplied as a vial of lyophilized antigen component and vial of adjuvant suspension. Requires reconstitution before use.</p> <p>Supplied in carton of 10 doses.</p>	<p>Supplied as a pre-filled plastic syringe.</p> <p>Supplied in carton of 1 OR 10 doses.</p>

Vaccine Fact Sheet:
Adult RSV
(IMM-1511)

CDPH Communication Toolkits



Flu Toolkit



RSV Toolkit



Respiratory Virus Prevention Toolkit

CDPH Communication and Webinar

- Send the Email Provider Updates on Wednesdays.
 - [Provider Email Sign Up](#)
- Send the Email Monthly IZ Updates following the Provider Webinar.
- Store emails, webinar videos and slide decks *from September 2025 and earlier*, on EZIZ until January 2026.
- New **Provider webinar video** recordings **will** be posted to EZIZ, a few days after the webinar.

CDPH Friday Provider Webinars

- The CDPH Immunization Branch conducts a webinar for all providers every month.
- These webinars provide useful information such as clinical updates, as well as updates on vaccine supply, vaccine management and VFC Program information.
- [Zoom Registration](#)

Questions and Answers

All Panelists



Immunization Branch