# Welcome to the Required Annual Training State-Purchased Influenza Vaccine





Program (SPIVP) for 2025-2026 Season

**Instructions: When to Complete the Survey** 

As you arrive and take a seat, we strongly recommend completing the Pre-Knowledge Check

**During the training**, progress through the "knowledge check" as we move through the training.

Note: The form cannot be saved and cannot be reopened once closed.

Prefer a direct link?

The survey link will be included in the email containing your training certificate.

Questions? Contact SPIVP

HHSA.countyfluvaccine@sdcounty.ca.gov | Phone 858-505-6724

Scan to begin the Survey ↓

2025-2026 Annual SPIVP
Knowledge Check and Feedback
Form



https://forms.office.com/g/m5DDF6V1Ux

### 2025 Kick the Flu +2 Summit







Join us for our June General Meeting on Wednesday, September 10, 2025 from 8:30 AM - 1:00 PM in-person at the County Operations Center (5520 Overland Ave, San Diego, CA 92123, Chambers) and virtually on Microsoft Teams. \*Stay tuned for more details!

In-Person Registration

Virtual Registration

### **PROVIDER RECOGNITION AWARD 2025-2026**





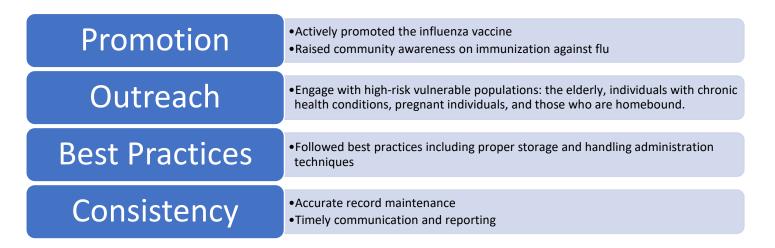
County of San Diego, Public Health Services Epidemiology and Immunization Services Branch

Recognizing Exceptional Providers: A Celebration of Excellence

Our program will honor 3 outstanding providers during the 2025-2026 season.

The certificates will be signed by Dr. Sayone Thihalolipavan, the County's new Public Health Officer (PHO).

Enrolled providers will be evaluated based on the established criteria, utilizing the provided reporting documents, along with any incidents related to storage and handling, as well as the expectations outlined in the provider agreement.





### **OBJECTIVES**





- Understand State-Purchased Influenza Vaccine Program & guidelines
- Understand program provider participation requirements
- Increase knowledge of vaccine management and reporting requirements
- Describe 2025-2026 Influenza Vaccine Products
- Understand administration reporting requirements
- Increase knowledge of CAIR2 and other resources available





## 2025-2026 State-Purchased Influenza Vaccine Provider Training

Mariana Venegas, MSN, RN, PHN
Sr. Public Health Nurse
Vaccine and Surge Coordinator
Epidemiology and Immunization Services Branch

### Program Background

- Vaccine is distributed by California Department of Public Health (CDPH) to local health departments (e.g. County of San Diego).
- Local health departments enroll and distribute vaccine to approved community providers for use in clinics, community events, and mass vaccination efforts.
- The funding source [State General Fund (SGF)] dictates the documentation providers are required to submit such as usage reports, temperature monitoring logs, data logger reports, and vaccine handling incidents, etc.
- CDPH has policies in place that providers are expected to adhere to.











### **Agreement for Use**

#### Who must sign the Agreement

- Primary Vaccine Coordinator
- Backup Vaccine Coordinator
  - Primary and Backup Vaccine Coordinator must be two separate individuals
- Medical Director or Designee
  - Must be licensed medical professional: Medical Doctor, Registered Nurse/ Nurse Practitioner, Physician Assistant, **Pharmacist** 
    - The medical director should sign the agreement whenever possible.
  - When a Designee may sign: Only if the medical director is unavailable (e.g., on leave or the position is vacant) and an interim designee has been appointed.
    - Officially appointed designee must also hold a medical license
- Adobe Digital Signature
  - Date and time stamp required
    - Date and timestamps establish when the document was signed and ensure signatures are valid.









PROVIDER LOCATION INF	ORMATION
Legal Name of Provider Organization	
Location Name	
(If different)	
Address	
(Include City & Zip Code)	
Phone	
MEDICAL DIRECTOR INFO	DRMATI
Name	
Phone	
Email	
CLINIC MANAGER	
Name	
Phone	
Email	
PRIMARY VACCINE COOF	RDINAT
Name	
Phone	
Email	
BACK-UP VACCINE COOF	RDINAT
Name	
Phone	



"County"), the Provider agrees to Department of Public Health Pur





signing this document, you agree to the terms of this agreement and shall adhere to all requirement

Primary Coordinator Print Name	Signature	Date Signed
Back-up Coordinator Print Name	Signature	Date Signed
Medical Director or Designee Print Name	Signature	Date Signed

The provider agreement includes multiple signature tables to accommodate staff changes throughout the season. As new persons are added or replaced, each new person must sign in the next available

Primary Coordinator Print Name	Signature	Date Signed	
Back-up Coordinator Print Name	Signature	Date Signed	
Medical Director or Designee Print Name	Signature	Date Signed	

Primary Coordinator Print Name	8	Signature	Date Signed	
Back-up Coordinator Print Name		Signature	Date Signed	

Mariana. Venegas @sdcounty.ca.gov ov Date: 2025.05.13 10:09:27 -07'00

## **Patient Eligibility**





### **Agreement for Use # 14**

Provider shall not use influenza vaccine provided under this

Agreement to immunize facility employees or contractors.





### **Agreement for Use # 6**

Provider shall follow California Department of Public Health (CDPH) standards for storage and handling of vaccines, including standards related to the transport of vaccines to other clinic sites and to community locations for mass vaccination clinics.





#### Agreement for Use # 8

- Provider shall fulfill program requirements for vaccine management which includes vaccine receipt. Requirements include <u>maintaining</u>
   <u>cold chain conditions</u> upon receipt of any shipped vaccine.
- Provider and its clinic locations shall maintain current receiving hours, shipping addresses and point of contact information in CDPH's myCAvax vaccine management system and with the State-Purchased Influenza Vaccine Program.

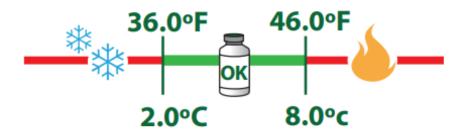
#### **Cold chain monitoring**

- Cold chain refers to a chain of precisely coordinated events in temperature-controlled environments to store, manage and transport vaccines.
- Vaccines must be continuously stored in a limited temperature range; from the time they are manufactured until the moment of vaccination to ensure the vaccine remains viable and protects the person when administered.





## Acceptable Refrigerated Temperature Range







Temperature	Log	Month & Year August 2025	Provider PIN 123456	
-------------	-----	--------------------------	---------------------	--

Storage Unit Location/ID Med Room - Refrigerator 1			Scale  Fahrenheit	Celsius	Storage Unit Type (select one)  Refrigerator (36° to 46°F / 2° to 8°C	
Funding S	ource(s)	LHD 317	<b>▼</b> SGF	Private		☐ Freezer (-58° to 5°F / -50° to -15°C) ☐ ULT (-130° to -76°F /- 90° to -60°C)

Day	Time		Initials	Alarm	Current	Min	Max	Excursion #	Check Temperatures Twice a Day
	8:00 a	m	NN		40.5	38.1	43.7		1. Fill out clinic/unit details in header
le	4:00 F	om	NN	~	37.4	33.0	39.2	12345	2. Record the time and your initials
1	8:02	m	MV		38.1	37.9	40.2		<ol><li>Record a check if alarm went off.</li></ol>
	4:17 F	om	TS		38.0	37.8	40.2		Record Current, Min, and Max.     Clear Min/Max on your device.
2	9:05	ım	TS		38.4	38.1	39.7		Clear Min/max on your device.     Ensure data logger is recording.
_	4:23 #	om	TS		38.5	37.9	39.0		
3		ım			CLOS	ED.			If Alarm Went Off:
_	t	om			OLO.	الا			Clear Min/Max and alarm
4		ım							symbol.  2. Post "Do Not Use Vaccines" sign.
_	t	am							3. Alert your supervisor.
5		ım							4. Report excursion at myCAvax for
_	F	əm							all funding sources.
6	8	ım							<ol> <li>Record myCAvax Batch Excursion # in last column or add notes.</li> </ol>
	- F	am							Ensure data logger is recording.
7	à	m							
•	t	om							On-Site Supervisor's Review
8		m							When complete, check all that
		am							apply:
9		ım							☐ Temperatures were recorded
		om					-		twice daily.
10		im							☐ I reviewed data files to find any missed excursions.
	-	om				-	-		Download date:
11		ım							
	-	am		-		-	-	-	Any excursions were reported.
12		ım							On-Site Supervisor's Name:
	-	om em				-	-	-	
13		om							Signature:
	-	am					_		Date:
14		om							Staff Names and Initials:
	-	am		-			-		Mariana Venegas 🔊
15		om							Taylor Swift 🗘

The Universal Temperature Log can be used for multiple funding sources.

- Fill out all required sections
- Manually record the current, minimum, and maximum temperatures in the morning and an hour before closing using a DDL
- Record to the time on the data logger
  - Do not round up or down
- Indicate on the log when the clinic is closed
- Report temperature excursions in myCAvax
- Complete Supervisor's Review box and sign every two weeks
- Updated 07/29/25: Universal Temperature Log (IMM-1535)

FC: (877) 243-8832 VFA, LHD 317, SGF: (833) 502-1

I-1535 Page 1 (7/29/25)

# O SANOR OF S



#### **Vaccine Transport Requirements**

- Portable refrigerator, qualified container and pack out or hard sided cooler
- VFC approved digital data logger
- Transport Log
  - It is a requirement to use a data logger and complete a transport log anytime vaccine is transported to an offsite event or other location
  - Universal Transport Log (IMM-1132) (updated 05/25)
- Hourly Temperature Log to record temperatures at offsite events
  - Hourly Temperature Log (IMM-1315) (updated 06/09/25)







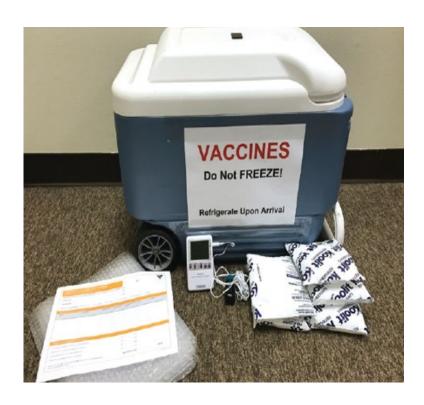


#### **Required Vaccine Transport Supplies**

- External digital data logger
- Conditioned cold packs/ or conditioned frozen water bottles
  - Do not use dry ice or ice cubes in a bag
- Bubble wrap
- Temperature must be within recommended range for at least 15 minutes before placing vaccine in the cooler and transporting
- Transporting Refrigerated Vaccine (IMM-983)







#### **Vericor Cooler – Cool Cube Setup**

- Panels
- Digital data logger
- Panels may be refrigerated or frozen
- Prime panels according to manufacturer instructions
  - Manufacturer instructions: <u>Cool Cube™ Prep Methods & Training</u>
     <u>Videos VeriCor, LLC (vericormed.com)</u>
  - Temperature must be within recommended range for 10 15 minutes
     before placing vaccine in the cooler and transporting









#### **Vaccine Transport Log**



Complete for each vaccine transport. Total time in transport container should be up to 8 hours (or manufacturer guidance) and counts towards manufacturer limits. Select multiple funding sources if vaccines were stored in the same unit and are being transported in the same cooler. Report all temperature excursions. Questions? VFC/VFA/LHD 317/SGF: (833) 502-1245

Provider Name:			Provider PIN	:	Data Logger Serial #: Transport Date:				
Transported to:			Provider PIN	:					
Transport Reason	n: ☐ Power out☐ Building r	5	□ Excess supp	oly □ S ff-site	hort-dated	□ Unit	malfunct	ion	
Vaccines must be	transported to a	nother	active provide	r in the sar	ne program:	□ VFC	□ VFA	☐ LHD 317	□ SGF □ Othe
Vaccine	Funding Source	Lot Nu	mber Numbe	r of Doses	Expiration Date/ Beyond-Use Date		previously ported?	Refrigerated (R) Frozen (F)	Comments
V	FC   VFA   LHD 317   SGF					Y	N	R   F	
V	FC   VFA   LHD 317   SGF					Υ	N	R   F	
V	FC   VFA   LHD 317   SGF					Υ	N	R   F	
V	FC   VFA   LHD 317   SGF					Y	N	R   F	
v	FC   VFA   LHD 317   SGF					Y	N	R   F	
V	FC   VFA   LHD 317   SGF					Y	N	R   F	
V	FC   VFA   LHD 317   SGF					Y	N	R   F	
V	FC   VFA   LHD 317   SGF					Y	N	R   F	
Storage U	nit Temperatures		Time	Transport (	Container Temper	atures			Time
Primary unit before depa	rture:	°C/F		Before dep	arture: Curre	nt: Mir	n: M	ax: °C/F	
Destination unit upon arr	ival:	°C/F		Upon arriv	al: Curre	nt: Min	n: Ma	ax: °C/F	
				Total trai	nsport time (i	nclude tin	ne vaccin	es are stored i	n
Chain of Custody S	Signatures			transpor	t container):				
Prepped By Name:	•		Signature:						
Courier Printed Nan			Signature:		Date/	Time Recei	ved:	Return D	ate/Time:
Receiving Party/PO	C:		Signature:		Date/	Time Recei	ved:		
Notes:									

California Department of Public Health, Immunization Branch

Updated 05/25 IMM-1132.pdf

IMM-1132 (5/25)









#### Vaccine Transport Time Tracker

erent from	this 8-hour time	For Off-Sit	te Clinics	erature				Keep cooler in OK range.
ansport ate	Lot Numbers	Monitor and every hour.		ent, MIN, and M		es on this	form Provider PIN	36.0°F 46.0°F
			200					2.0°C 8.0°c  Check temperatures hourly.
		Time	Initials	Alarm Current	Min	Max	Incident IDs	Fill out clinic details in heade     Record the time and your initials.     Record a check if an alarm went off.     Record Current, MIN, and MA
								If no alarm:
								Clear MIN/MAX.     Ensure data logger is in place and recording.
								IF ALARM WENT OFF:
								1. Clear MIN/MAX and alarm symbol. 2. Post "Do Not Use Vaccines" s 3. Alert your supervisor. 4. Report excursion to myCAva for all funding sources. 5. Record myCAvax Batch Excursion numbers under Incident IDs. 6. Ensure data logger is in place and recording.
		Vaccine T	racking					
		Doses at Start	Funding Source	Lot Numbers	Administered	Wasted	Returned	Data Download Date:// On-Site Supervisor's Name:
								Signature:
								Date://
		Notes:						Staff Names and Initials:

California Department of Public Health, Immunization Branch

event.

Complete hourly logs at each off-site clinic/mass vaccination

- Fill out all required sections
- Complete the Vaccine Transport Time Tracker
- Report temperature excursions in myCAvax
- Record myCAvax Batch Incident ID on the last column or notes section, if applicable
- Complete Supervisor Review section after the event
- Updated 06/09/25: Hourly Temperature Log (IMM-1315)

#### **Vaccine Transport Reminders**

- The cooler should be placed inside the vehicle where you can hear the alarm and/or safely monitor the temperature.
  - Never place the cooler in the trunk.











#### **Offsite Vaccination Events**

#### **Temperature Monitoring**

- Assign a dedicated staff as temperature monitor
- If using an approved refrigerator in a mobile unit, manually record temperatures twice per day on the temperature log
- If using a portable refrigerator or cooler
  - Record temperatures every hour using the Hourly Vaccine Temperature Log.
  - Only take the amount of vaccine you will need for the event
  - The data logger hi/low alarms must be set to alert after one minute so that you are immediately alerted if temperature goes out of range





- The total time the vaccine can be out of the refrigerator is 8 hours
  - The 8 hours includes travel time
- Keep cooler closed as much as possible during the event
- Only remove the amount of vaccine needed from the cooler
- If using a hard sided cooler, consider taking extra cold packs/frozen water bottles especially if warm weather is expected
- Follow the <u>Vaccine Storage and Handling Incident Reporting Process</u> if the vaccines goes out-of-range and use the link to the online form to submit a vaccine handling incident

# Transferring State-Purchased Flu Vaccine





#### **Agreement for Use #25**

 SGF Vaccine cannot be distributed or redistributed within an organization to a site that has not completed an Agreement with the County.

# Transferring State-Purchased Flu Vaccine





- Do not transfer vaccine to an associated clinic or provider without informing the State Flu Program.
  - If the vaccine is transported to another location during an emergency due to a power outage, unit malfunction, natural disaster or other urgent reason, notify the State Flu Program the same day during business hours or within one business day after hours if the vaccine was transported after hours.
  - Vaccines must be transported in a cooler with a data logger and complete a transport log. Download and save transport data logger report.
    - The offsite unit the vaccines are stored in to must meet State Flu Program requirements and the temperatures have been previously monitored to ensure stability.

### **Site Visits**





#### Agreement for Use # 9

- Provider shall allow site visits as requested by the State-Purchased Influenza Vaccine Program.
- Site visits will take place earlier this season.

Items addressed during the site visit

- Storage & handling (equipment & procedures)
- Temperature monitoring documentation
- Accurate and consistent usage reporting



### **Nursing Students**





- The nursing instructor is required to be present at all times.
- Organization must maintain oversight of the vaccine at all times.
- Screening questions/concerns that cannot be answered by the onsite licensed medical personnel and need to be elevated to your organization's Medical Director to determine eligibility.
  - If the Medical Director is not available, refer the individual to their healthcare provider or a County Public Health Center if they are eligible to receive the vaccine.
  - Only staff who hold a medical license should answer medical/vaccine related questions or assess patients.

## **Vaccine Composition**





## The trivalent formulation for the U.S. 2025-2026 influenza season contain the following strains:

#### **Egg-based vaccines**

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Croatia/10136 RV/2023(H3n2)- like virus (Updated)
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

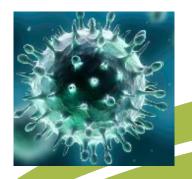
#### Cell or recombinant-based vaccines

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an an A/District of Columbia/27/2023 (H3N2)-like virus; and (Updated)
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

<u>Influenza Vaccine Composition for the 2025-2026 U.S. Influenza Season | FDA How Influenza (Flu) Vaccines Are Made | Influenza (Flu) | CDC</u>







### Vaccine Product Change





### Multidose Vials No Longer Available This Season

 CDC has approved ACIP's recommendation on removal of thimerosal in all flu vaccine products (multidose vials)-HHS Adopts ACIP Recommendation to Remove Thimerosal from All U.S. Influenza Vaccines | HHS.gov

 McKesson must follow all ACIP recommendations for vaccine delivery (regardless of purchaser)

HHS Adopts ACIP Recommendation to Remove Thimerosal from All U.S. Influenza Vaccines | HHS.gov

# **2025-2026 State-Purchased Influenza Vaccine Products**





Brand name	Presentation	Licensure	Priority Group***
Fluzone	0.5mL prefilled syringes	6 months and older	≥ 6 months
Fluarix®	0.5 mL prefilled syringes	6 months and older	≥ 6 months
FluBlok	0.5 mL prefilled syringes	9 years and older	≥ 65 years and older
Flumist	0.2 mL prefilled syringes	2-49 years old and healthy	≥ 2- 49 years old; healthy and non- pregnant

<sup>\*\*\*</sup>Focus on priority groups when determining which vaccine to administer.

IMM-859 INFLUENZA VACCINE PRODUCT GUIDE (eziz.org)

## **2025-2026 State-Purchased Influenza Vaccine Products**





Vaccine Product	Type	Description	Priority Group***
Fluarix®	Egg based	<ul> <li>Trivalent flu vaccines protect against three different main groups of influenza Type A and B viruses.</li> </ul>	≥ 6 months
FluBlok	Recombinant	<ul> <li>This vaccine contains three times the antigen (the part of the vaccine that helps your body build up protection against flu viruses) than other standard-dose inactivated flu vaccines.</li> <li>Does not require an egg-grown vaccine virus.</li> </ul>	≥ 65 years and older
Flumist	Live Attenuated Influenza Vaccine [LAIV]	Made with attenuated (weakened) live influenza viruses.	≥ 2- 49 years old; healthy and non- pregnant

<u>Different Types of Flu Vaccines | Influenza (Flu) | CDC</u>

#### **Vaccine Product Reminders**





#### **FluBlok**

- Priority Groups
  - Flublok vaccine should be prioritized for individuals 65 years and older.
  - Recommended option for 18 to 64 year-old individuals with solid organ transplant recipients on immunosuppressive medications.
  - July 1, 2025: Flublok approved for use in individuals 9 years of age and older.
    - Clinical decision between patient and medical provider to administer Flublok to individuals under 18 years of age based on health status.

Brand name	Presentation	Licensure	Priority Group***
FluBlok**	0.5 mL prefilled syringes	9 years and older	≥ 65 years and older

# 2025-2026 ACIP Influenza Vaccine Recommendations





#### **Pregnant persons:**

- Any licensed, recommended and age-appropriate, preservative free influenza vaccine may be used at any time during pregnancy, before and during the influenza season.
- LAIV4 (live attenuated influenza vaccine) should not be used during pregnancy but can be used postpartum.

#### Why is influenza vaccination important during pregnancy?

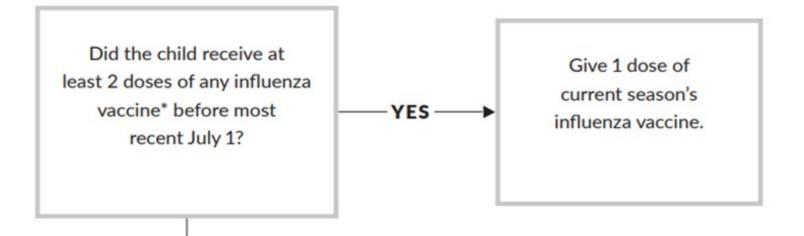
Pregnancy can weaken the immune system, making persons more susceptible to severe illness from influenza. Influenza infection during pregnancy can lead to serious complications for both the pregnant person and the baby, including premature birth, low birth weight, and even death.

### **ACIP Recommendations**

Influenza vaccine dosing algorithm for children aged 6 months through 8 years\*







Give 2 doses of current year's influenza vaccine, spaced at least 4 weeks apart.

NO / DON'T KNOW

#### NOTES:

- Any influenza vaccine dose may be counted. The two doses may be the same or different brands, formulations, or routes of administration (injectable or intranasal).
- Administer a second dose to a 9-year-old child who received their first dose in the current season when they were age 8 years, if they haven't or don't know if they have received 2 doses in prior years.

- For children aged 8 years
   who require 2 doses, both
   doses should be
   administered even if the
   child turns age 9 years
   between dose 1 and dose 2.
- Children aged ≥9 years need only one dose.

<sup>\*</sup> The two doses need not have been received during the same season or consecutive seasons.







All persons aged ≥6 months with egg allergy should receive influenza vaccine unless a contraindication exists.

- Any influenza vaccine that is otherwise appropriate for the recipient's age and health status can be used (egg based or non-egg based).
- Egg allergy in and of itself necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
  - Do not administer the flu vaccine to anyone who has had an allergic reaction, regardless of the component in the vaccine.

## **Egg Allergy**





- Providers are reminded that all vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.
- All vaccination providers should be familiar with their office emergency plan and be certified in cardiopulmonary resuscitation.

### **Patient Assessments**





Each patient should be assessed by a licensed medical professional who exercises clinical judgment to determine if the patient is eligible to receive the vaccine.



### Vaccine Information Statement (VIS)





#### **VACCINE INFORMATION STATEMENT**

#### Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

#### 1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

#### 2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

#### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, lifethreatening allergies
- Has ever had Guillain-Barré Syndrome (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



#### Agreement for Use #20

- It is a Federal requirement to provide a VIS to each patient or legal guardian.
  - Current VIS dated 01/31/2025
  - Vaccine Information Statement: Inactivated Influenza Vaccine (cdc.gov)
  - Vaccine Information Statement: Attenuated Influenza Vaccine, Live, Intranasal (cdc.gov)
  - Provider is responsible for checking for updated versions throughout the season
  - Influenza VIS in various languages
- Allow time for reading and Q&A
- Must have hard copies available to display and if patient requests one.
- Provide CAIR disclosure and obtain consent
  - California Immunization Registry » Patient Forms (cairweb.org)

### **Record Retention**





#### **Agreement for Use #21**

- Medical Records and vaccine management documents must be retained for a minimum of 3 years.
  - Digital copies are acceptable.
- Information includes:
  - Patient demographics
  - Vaccine manufacturer
  - Lot number
  - Expiration date
  - Record of vaccination
  - Temperature logs
  - Transport Logs
  - Data Logger Reports

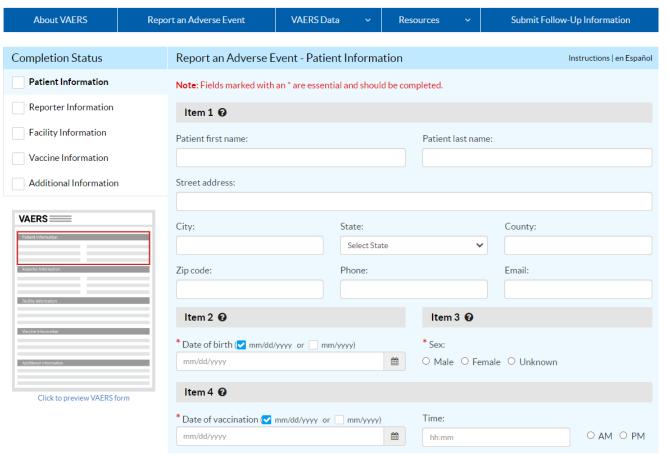


## Vaccine Adverse Event Reporting System (VAERS)









## **Agreement for Use #23**

- Submit a <u>Vaccine Adverse Event</u>
   <u>Report for any adverse health</u>
   events experienced by persons
   receiving the influenza vaccine.
  - Contact the Immunization
     Program within one week if medical attention was required after administering the flu vaccine.
- Submit <u>VERP</u> (Vaccine Error Reporting Program) for vaccine administration errors.

## **Health Officer Order**





- Mandates that all licensed healthcare providers require their health care personnel to receive an annual influenza vaccination, or if they decline, to wear a mask while in contact with patients or working in patient care areas.
  - Duration of Influenza Masking Order
    - Annually from November 1 through March 31 of the following year.
  - Public Health Officer: Dr. Sayone Thihalolipavan

**HCP Flu Mandates** 

## Resources





- County of San Diego State-Purchased Influenza Vaccine Provider Resources
  - State-Purchased Influenza Vaccine Provider Resources (sandiegocounty.gov)
- Job aids, brochures, flyers and information about vaccines
  - www.eziz.org
- Information about Influenza disease, treatment & prevention
  - www.cdc.gov/flu/
- Immunization Action Coalition website with information for providers and patients (including VIS)
  - www.immunize.org

## State-Purchased Influenza Vaccine Program Contact Information





For any questions related to the State Flu Vaccine Program,

email: <a href="https://example.com/html/html/>
<a href="https://example.com/html/html/html/>html/html/html/>html/html/>html/
html/

## **State Flu Clinical Leads**

Mariana Venegas, MSN, RN
Sr. Public Health Nurse
Epidemiology and Immunization Services Branch
Vaccine & Surge Coordinator
Mariana.Venegas@sdcounty.ca.gov
619-980-0419

Naomi Silva, MPH, RN, PHN
Quality Assurance Specialist
Epidemiology and Immunization Services Branch
Clinical Coordinator, State Flu Program
Naomi.Silva@sdcounty.ca.gov
619-373-2934

## State Flu Administrative Lead

Araceli Montera, MPH
Community Health Program Specialist
Epidemiology and Immunization Services Branch
Admin Coordinator, State Flu Program
Aracel.Montera@sdcounty.ca.gov
858-505-6724 | 619-366-7128





## Break Please return in 10 minutes







## State-Purchased Influenza Vaccine Program (SPIVP) Reporting Requirements for 2025-2026 Season

Araceli Montera, MPH – Community Health Program Spc.

State Flu Vaccine Admin Coordinator

Epidemiology and Immunization Services Branch

Araceli.Montera@sdcounty.ca.gov

Office: 858-505-6724 | Phone: 619-366-7128

## **AGENDA**





- 1. Enrollment
- 2. Eligibility Guidelines
- 3. Administration Fee Guidelines
- 4. Allocation
- 5. 2025-2026 Program Forms
  - a. Vaccine Incident
  - b. Weekly Report
  - c. Extension Request

- 6. Vaccine Administration Reports
- 7. myCAvax
- 8. Program Resources
- 9. My Turn
- 10. Reminders





## SPIVP ENROLLMENT

## SPIVP ENROLLMENT OVERVIEW AND TIMELINE





Review and update location account information in myCAvax for accuracy.

Upload Checklist items into myCAvax location account.

**Storage Unit Information** 

**Digital Data Logger Information** 

## **Location Hours**

• Indicate any temporary closures

## **Listed Contacts**

- Vaccine Coordinator
- Backup Vaccine Coordinator
- Clinic Manager
- Medical Director

Enrollment opens July 16, 2025. Deadline for Completion August 6, 2025.

## New Virtual Office Hours: Enrollment Support Includes:

- Live Q&A
- Form walkthroughs
- Drop-in (no appointment needed)

Calendar invites and links are in the enrollment email.





## SPIVP ELIGIBILITY

## SPIVP VACCINE ELIGIBILITY GUIDELINES FOR SGF SAN DIEGO COUNTY PROVIDERS





The priority group for the State General Fund (SGF) Flu vaccine is uninsured and underinsured individuals, as well as those living in rural areas or lacking access to healthcare.

## San Diego LHD SGF Eligibility Guide

Uninsured	A person who has no health insurance coverage
Underinsured	A person who has private health insurance, but the coverage does not include vaccines
American Indian or Alaska Native	Native status requires no additional proof, and providers are not required to verify the patient's eligibility declaration.
Persons with Lower-Incomes	<ul> <li>Persons enrolled in Medicaid (Medi-Cal/CHDP) eligible.</li> <li>Persons enrolled in Medicare,         With priority for individuals who do not have coverage under Part B or Part D.</li> <li>Persons enrolled in Covered California.         Those who fall within the lower federal poverty level (FPL) also qualify.</li> </ul>

**Important Note:** To avoid missing vaccination opportunities, when private stock or VFC is not available it is acceptable to use the State Flu Vaccine within reasonable limits.

## Outreach Event and Mass Vaccination Eligibility Guide

- Screening for insurance eligibility is not required.
- Priority populations must align with the program's focus.
- Vaccine should not be used to vaccinate:
  - Employees or contractors,
  - Privately insured groups,
  - Health fairs organized by employers, or
  - Other activities in which individuals are likely to be covered by private health insurance.





## SPIVP ADMINISTRATION FEE GUIDELINES

## VACCINE ADMINISTRATION FEE GUIDELINES





## Item #13 in the Agreement for Use.

Individuals receiving the SGF vaccine may not be charged for the vaccine itself, but they <u>may be charged for vaccine administration</u> as follows:

- a. \$2.00 as a fee for vaccine administration; OR
- b. Medicare authorized fee (refer to exceptions as noted on CMS website: <a href="https://www.cms.gov/medicare/payment/part-b-drugs/vaccine-pricing">https://www.cms.gov/medicare/payment/part-b-drugs/vaccine-pricing</a>); OR
- c. Persons 65 years and older, who have Part B Medicare coverage, shall not be charged for SGF vaccine or administration fees.





## ALLOCATION

## 2025-2026 ALLOCATION CRITERIA





## Allocation is determined using the criteria below and product availability from CDPH.

- 1. "2025-2026 Interest Form: Estimated Total Doses"
- 2. Program's available allocation within myCAvax
- 3. Reviewing the used doses for the 2024-2025 season.

## Available SGF flu products for 2025-2026 Season:

- Recombinant (65+)
- Preservative-Free Single Dose Syringe
- Live Attenuated Influenza Vaccine [LAIV] by request only



Providers are not limited to the initial total request or the initial allocations.



We will use the Interest Form as the initial allocation method and adjust based on availability.

## 2025-2026 ALLOCATION OF SGF FLU VACCINE





## Once enrollment is approved, you will receive a separate allocation email

We are pleased to share the 2025-2026 State-Purchased Influenza Vaccine Season allocation. Based on the request submitted in the Interest Form, we are notifying you of the initial SGF flu vaccine allocation for your location.

SGF 2025-2026 flu season allocation summary:

Product	Presentation	Licensing Age Group	Allocated Doses
Fluzone	SDS (Single-Dose Syringe)	6 months and older	2,500
Fluarix	SDS (Single-Dose Syringe)	6 months and older	34,500
Flublok	SDS (Single-Dose Syringe)	9 years and older	3,300
FluMist	Live Attenuated Influenza Vaccine [LAIV]	≥ 2- 49 years old	20
<b>Total Doses</b>			40,320

Please review the above information and reply by 5 business days with one of the following:

- 1. Confirmation of the total number of doses and product types listed
- 2. Adjustment request, if your site anticipates a change in demand for the 2025-2026 flu season

## **Allocation Tips**

- ☐ Review the allocation amounts carefully
- **Note** the total number of doses
- ☐ If adjustments are needed, please request a change via email to

HHSA.CountyFluVaccine@sdcounty.ca.gov





# 2025-2026 Program Forms





## Vaccine Incident

## SPIVP VACCINE STORAGE AND HANDLING INCIDENT REPORTING PROCESS





## Storage and Handing Incident Reporting Process

- All storage and handling incidents must be reported to the State-Purchased Influenza Vaccine Program <u>and</u> in myCAvax.
- Timely reporting is important for evaluating vaccine viability and avoiding use delays.

## When to Report:

- 1. When the temperature is <u>outside</u> 36°F-46°F or 2°C-8°C for <u>any amount of time</u>
- 2. Any planned or unplanned power outages <u>where</u> the unit goes out of range
- 3. Vaccine left out at room temperature
- 4. Vaccine not returned to storage refrigerator within 8 hours
- 5. Any Data Loss relating to the Primary Digital Data Logger

## What to Submit:

- ✓ Specific details of the incident
- ✓ Required documents
  - 1. Complete Digital Data logger report with logging points
  - 2. Manufacturer stability report

## Do Not:

1. Submit ONLY to myCAvax

## Storage and Handling Incident Report Form Review

## STATE-PURCHASED INFLUENZA VACCINE STORAGE AND HANDLING INCIDENT REPORTING PROCESS

All incidents related to the storage and handling of State-Purchased Influenza Vaccine must be documented and reported to the State Flu Program. The submitted information helps determine whether the vaccine remains viable and safe for patient administration. When reporting incidents in myCAvax, be sure to select "State General Fund" when entering the required incident data. This information refers to **State-Purchased Influenza Vaccine only**.

## When is it Required to Report a Temperature Excursion or Vaccine Handling Incident?

- When the temperature goes above 46.0°F or 8.0°C for any amount of time
- When the temperature goes below 36.0°F or 2.0°C for any amount of time.
- Any planned or unplanned power outages with vaccine stored in a unit that goes out of range.
- When vaccine is left out at room temperature for longer than recommended or when taken to an outreach event
  and not returned to the refrigerator within 8 hours after being removed.
- When digital data logger (DDL) reports cannot be produced (e.g., deleted DDL reports, data loss, DDL malfunctions, vaccine transported without a DDL).

## Actions to Take for Onsite and Offsite Incidents

## Respond

- Stop administering vaccine from affected unit or cooler and post a "DO NOT USE" sign.
  - Do not discard the vaccines unless directed to do so by the State Flu Program.
- Notify the clinic's Vaccine Coordinator or Clinic Supervisor/Manager immediately.
- Transport the vaccine to an approved alternative storage unit or in-range cooler, if necessary.
- NEVER allow vaccine to remain in a malfunctioning storage unit or out-of-range cooler.
- Identify and address the cause of the temperature excursion before silencing the digital data logger alarm.
- Check the basics: the refrigerator doors not closing, storage unit or DDL malfunction, power outage, etc.

## Compile

Download the digital data logger report to include the date(s) and time(s) affected.



State-Purchased Influenza Vaccine Storage and Handling Incident Report Form

Please complete this form within one business day of discovery of incident. Please upload the following at the end of this form:

 Manufacturer stability report(s),
 Data logger report, including 24 hours prior to the incident you have any questions, please email

HHSA.CountyFluVaccine@sdcounty.ca.g

Instr	uctions:
Store	e vaccines in unit with acceptable range.
Labe	I vaccines "DO NOT USE" until further guidance.
Report	Date *
	EX
Discov	rery Date *
	<b>13</b>
	rery Time *
Please	use the 24 hour format: ##:##
Name	of Person Reporting *
	Number *
•	+1 ()
Phone	Ext.
Practic	ce/Clinic Name *
Contac	et Email *

## myCAvax VACCINE INCIDENT REPORTING PROCESS



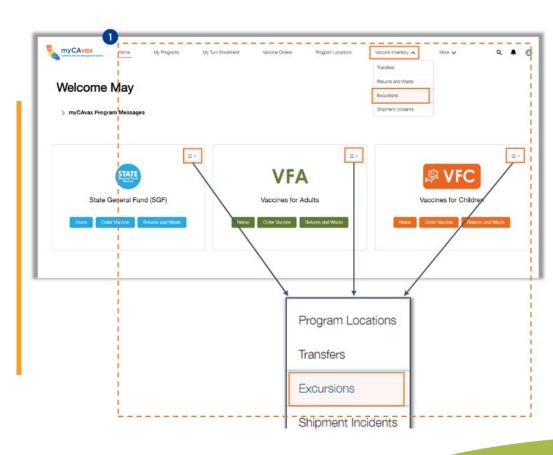


## myCAvax: Recording Temperature Excursions and Shipment Incidents

- 1. Submit "Excursions"
  - Submit 90 days of temperature data
    - Manual temp logs
    - Data logger reports
- 2. Submit "Shipment incidents"
  - Broken, torn, or tampered with
  - Not ordered/incorrect recipient
  - Out-of-range temperatures
  - The "package never arrived"
  - Previously opened
  - Shipping content discrepancies

## Note:

Vaccine clearance will come from SPIVP, not myCAvax.



## 2025-2026 SGF SPIVP VACCINE INCIDENT REPORTING





Report any vaccine incidents to the State Flu Program and myCAvax.

## STATE-PURCHASED INFLUENZA VACCINE STORAGE AND HANDLING INCIDENT REPORTING PROCESS

All incidents related to the storage and handling of State-Purchased Influenza Vaccine must be documented and reported to the State Flu Program. The submitted information helps determine whether the vaccine remains viable and safe for patient administration. When reporting incidents in myCAvax, be sure to select "State General Fund" when entering the required incident data. This information refers to State-Purchased Influenza Vaccine only.

## When is it Required to Report a Temperature Excursion or Vaccine Handling Incident?

- When the temperature goes above 46.0°F or 8.0°C for any amount of time.
- . When the temperature goes below 36.0°F or 2.0°C for any amount of time.
- · Any planned or unplanned power outages with vaccine stored in a unit that goes out of range.
- When vaccine is left out at room temperature for longer than recommended or when taken to an outreach event
  and not returned to the refrigerator within 8 hours after being removed.
- When digital data logger (DDL) reports cannot be produced (e.g., deleted DDL reports, data loss, DDL malfunctions, vaccine transported without a DDL).

## Actions to Take for Onsite and Offsite Incidents

## Respond

- Stop administering vaccine from affected unit or cooler and post a "DO NOT USE" sign.
   Do not discard the vaccines unless directed to do so by the State Flu Program.
- 5 Do not discard the vaccines directed to do so by the state Fig Progra
- $\bullet \quad \textbf{Notify} \ \text{the clinic's Vaccine Coordinator or Clinic Supervisor/Manager immediately}.$
- Transport the vaccine to an approved alternative storage unit or in-range cooler, if necessary.
- NEVER allow vaccine to remain in a malfunctioning storage unit or out-of-range cooler.
- Identify and address the cause of the temperature excursion before silencing the digital data logger alarm.
- . Check the basics: the refrigerator doors not closing, storage unit or DDL malfunction, power outage, etc.

## Compile

- . Download the digital data logger report to include the date(s) and time(s) affected.
  - o The DDL report must include the logging intervals.
- No charts or dots points accepted.
- Document the incident on the temperature log or hourly log.
   Contact the vaccine manufacturer and request stability information for each vaccine product affected based on
  - Inform the manufacturer if the vaccine has been in a previous excursion or incident.

Manufacturer	Phone Number	Vaccine Product	Stability Calculator Link
GlaxoSmithKline (GSK)	1-877-475-6448	Fluarix	<u>GSK</u>
Sanofi Pasteur	1-800-822-2463	Fluzone & FluBlok	Sanofi Pasteur
MedImmune	1-800-236-9933	FluMist	N/A

## Offsite Events

- If an incident occurs at an offsite event during business hours (M-F, 8a-5p): Obtain clearance from the
  manufacturer and report incident as soon as possible to State Flu program, prior to vaccinating clients.
- If an incident occurs at an offsite event during non-business hours: Obtain clearance from the manufacturer.
   The licensed clinical lead will determine if the vaccine is cleared prior to vaccinating clients.

## Submit

- Submit State General Fund Storage and Handling Incident Report online.
- Include specific details about the <u>exact cause</u> of the incident and submit all required documents.
- Submit the incident report to mycAvax and enter the Excursion # on the temperature log, if necessary.
   Follow up if you do not receive a response within one business day (does not include confirmation email) at HHSA.CountyFluVaccine@sdcounty.ca.gov.

←<u>SPIVP</u> Vaccine Incident Form

<u>AND</u>

myCAvax Excursion Event  $\rightarrow$ 





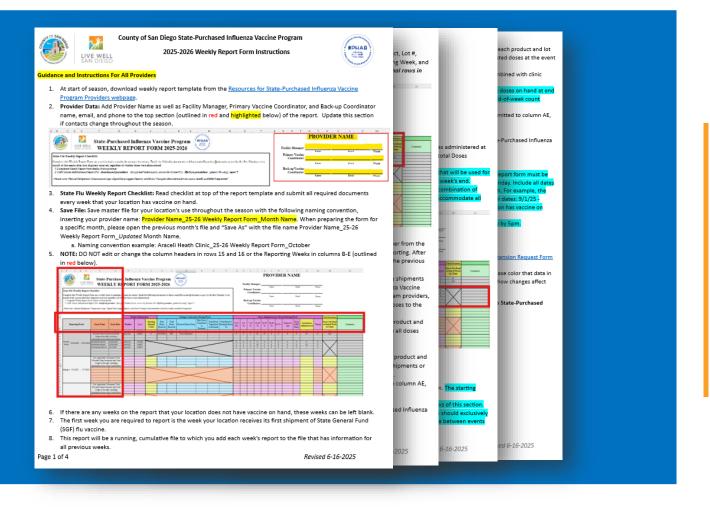


## Weekly Report

## **WEEKLY REPORT FORM INSTRUCTIONS**







## **Instruction Guide**

This 4-page guide provides detailed instructions to help you with filling out the Weekly Report Form.

- ✓ How to complete the form
- ✓ Save and File Naming
- ✓ Important Reminders
- ✓ Required Submission





State Flu Weekly Report F- Complete this Weekly Report F- of Leach month after receiving 1. Completed Weekly Report 2. CARF Doses Administrated A 3. Religement Temperature of 4. Upphal Data Logger Report S. Event Dosementation (# ag.	WEI orm Checklist rm weekly to kee g the first SGF fit. orm (below) in En Seport (For Intellig g	p an accurate i shipment, reg coel format infaced prov	EPORT	T FOR	RM 20:	ments to hin:	nsa.countyli	My Turn pravid				' ا	ok-up	/accine dinator:		OVID Name Name	ER N	Ensi Ensi	-	Phons Phons Phons	-					
	Product Information Changes to Inventory During Veek													Doses	Adminis	tered or	Vasted E	During <b>V</b> e	rek		Final Inventors			Verification	on & Signature	
Reporting Veek:	Event Name	Event Date	Product	Lot #	Starting Manual Count	Date Doses Receive d	Total Doses Receive d	Received Doses From	Doses Transferred or	Doses Transferred or	Transferred or Returned Doses To	6-35 Mo	3-6 7- Yr 1	18 19-49 Y Yr		i0-64 65 Y			Total Doses Administe red	Wasted	Doses On Hand at End of Veek in	Comments	Complete d By (Initials)	Date Submitte d	Certification Statement	Signature (Type Name)
Samp Se SUTSUDUT - SUTUDUT Week	Vot Applical document, inventory and NorthGate Community His	Total Main Total Usage	Fluided Syr Fluidin Syr Fluided Syr Fluidin Syr Fluidin Syr	37568 DAGEY	-	00000	200	Direct Shipment Direct Shipment				0 2 0	0 4	0 0 5 30 0 0 5 20 0 5	0 5	0 K3 5 0	0	0 0 0	8 36 7	0 0 0	87 115		AN	*****	Eg Signing, I certify the listed "Gross on hand" match the State- Purchased hitherase Victorine physical inventory stored in the rerigerator with for the reported week listed.	Aracel Monter
Geek 9/1/2025 - 9/7/2025	Not Applical document, Tota and Tot			otal I	Main I	nvent															X		<u>y</u>		By signing, I certify the listed. Were on hand "match the State" Purchased histories Vaccine physical inventory stored in the	
Reporting Week	:			Total (	Usage		b														X			hand	ng, I certify the listed "dos " match the State-Purchas nza Vaccine physical inven	sed
le 8/25/2025 - E	3/31/2025																								in the refrigerator unit for reported week listed.	

## **State Flu Monthly Report Submission**

- 1. Due on the First Monday of each Month.
- 2. Reporting Weeks included on the form are provided Monday-Sunday (7 days).
- 3. <u>Name files before sending (example: DLR-01.01.2023.</u>
- Email documents to: hhsa.countyfluvaccine@sdcounty.ca.gov.
- 5. DO NOT edit fields or text in each cell zoomed in below (a-c).





State Flu Weekly Report F. Complete this Veekly Report Fo. Complete this Veekly Report Fo. Complete this Veekly Report Fo. 2 CARS Dans Administrated Visited Report Fo. 2 CARS Dans Administrated Visited Report For Present	orm Checklist rm weekly to keep a the first SGF flush orm (below) in Exce Report (For Interfi	an accurate in hipment, regal alformat accod provide	EPORT nventory. En urdless of wh dars : Enor	Γ FOF nal the foll ether dose	RM 202 loving docu es vere give	ments to h	6 nsa.coun	My Turn pravia			-		ack-up V	accine linator	_	OVI Hans Hans	DEI	R NA	Enoil Enoil Enoil	 	Phose Phose						
5. Event Documentation (if app	nicable; nousy re	трегание с		uet Inform		ggav raspo		Changes to Inven	tore Durin	y Veek				Doses	Admin	stered c	r Vas	ted Duri	ing Vee	k		Final Inventors			Verification	on & Signature	
Reporting Veek:	Event Name	Event Date	Product	Lot#	Starting Manual Count	Date Doses Receive d	Total Doses Receive d	Received Doses From	Doses Transferred or	Doses Transferred or	Transferred or Returned Doses To	6-35 Mo	3-6 7-1 Yr Yi	3 19-49 Yr	50-59 Yr		S Yr U	nknown	Estra (MDV Only)	Total Doses Administe red	Wasted	Doses On Hand at End of Veek in	Comments	Complete d By (Initials)	Date Submitte d	Certification Statement	Signature (Type Name)
Samp Ar 82502025 - 80302025 Veek	NorthGate	etal Main otal Usage 8/08/2024 8/08/2024	Flublick Syr Fluarin Syr Flublick Syr Fluarin Syr	J71568 LOASFY J71568 LOASFY	-	*****	100 200	Direct Shipment Direct Shipment				0 2	0 0 0 0 0 0 0 0 5 5	0 20	0 5	0 0	8	0 0	0	13° 55° 8	0	875 145		AM	20222	Ey Signing, I certify the listed "doses on hand" match the State- Purchased billuenza Vaccine physical inventory stored in the	Araceli Montera
	Community Hith		Filseris: Syr	DASFV				<u> </u>	$\leq$			0	0 0	5	2	0	0	0	0	7	0	$\angle$		АМ		rehigerator unit for the reported week listed	
Veek 9/9/2025 - 9/7/2025	Not Applicable document, Total N and Total L	dain Inventory																								By Signing, I certify the listed "doses on hand" match the State- Purchased hillumoa Vaccine	
1 9/1/2025 - 9///2025							>	>	<													X				physical inventory stored in the rehigerator unit for the reported week listed.	
Veek aurone aurone	Not Applicable document, Total N and Total U	dain Inventory																								By Signing, I certify the listed "doses on hand" match the State- Purchased billumos Vaccine	
2 9/9/2025 - 9/14/2025									<b>S</b>											4		X				physical inventory stored in the religious for mile for the reported week listed.	

## **State Flu Monthly Report Checklist**

1. <u>Email</u> documents to

hhsa.countyfluvaccine@sdcounty.ca.gov:

- ☐ CAIR2: Doses Administered Report (For *interface* providers: Encrypted Patient List in .csv or xlsx format) (For *MyTurn* providers: patient list using "report")
- ☐ Refrigerator Temperature Log
- ☐ Digital Data Logger Report
- ☐ Event Documentation: Hourly Temperature Log,
  Transport Log & Digital Data Logger Report For each
  event
- 2. Complete the Weekly Report Form using the Excel document and submit it in Excel format.





## **Reminders**

- ✓ Only Edit rows, can add and remove
- ✓ <u>DO NOT</u> Edit Columns or "Reporting Week" Date on the sheet/form
- ✓ One form is for all provider types; event details are below the inventory.
  - ✓ No need to record "Transferred" vaccines for events.

	PROVIDE	CR NAME	
Facility Manager:			
Primary Vaccine Coordinator:	Name	Email	Phone
	Name	Email	Phone
Back-up Vaccine Coordinator:			
_	Name	Email	Phone

The information in this area can be kept throughout the season and updated only as needed.

## Reports are required with attachments:

- ✓ If flu vaccine is kept or stored at any location
- ✓ If no vaccine was administered during the Month
- ✓ If the clinic is closed or during any holiday, when reporting is due
- ✓ If the due date falls on a holiday, reports are due the following day (Tuesday).

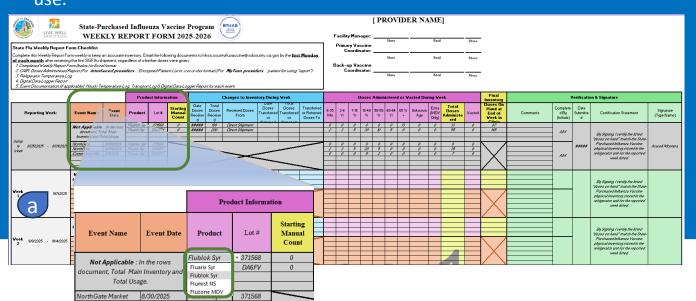
Coordinate coverage to send the program monthly reports when staff are taking time off, the clinic is closed, or for gaps in staffing due to turnover.

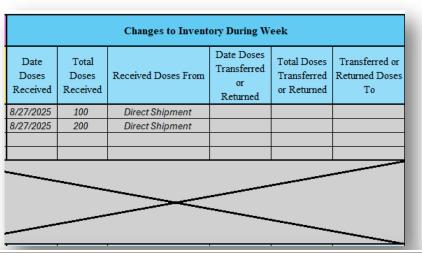




## **State Flu Weekly Report Form**

- 1. Choose Product Use Dropdown \*\*DO NOT Edit/Change\*\*
- 2. Remainder of the form is **manually entered** and does not have a drop-down.
- 3. Received Vaccine: Any Inventory delivered or transferred to your location.
  - a) Direct Shipment = the location received the vaccine from the order that was placed in myCAvax.
  - b) Location Name = The source of the vaccine received, formatted as Organization Location (e.g., SYH Chula Vista Adult)
- 4. <u>Transferred Vaccine</u>: any vaccine inventory relocated into another location for use.





			Dos	ses Adm	inistere	d or Wa	sted During	Week			Final Inventory
6-35 Mo	3-6 Yr	7-18 Yr	19-49 Yr	50-59 Yr	60-64 Yr	65 Yr +	Unknown Age	Extra (MDV Only)	Total Doses Administered	Wasted	Doses On Hand at End of Week in Clinic
0	0	0	0	0	0	13	0	0	13	0	87
2	3	5	30	10	5	0	0	0	55	0	145
0	0	0	0	0	0	8	0	0	8	0	
2	3	5	20	5	0	0	0	0	35	0	
0	0	0	5	2	0	0	0	0	7	0	



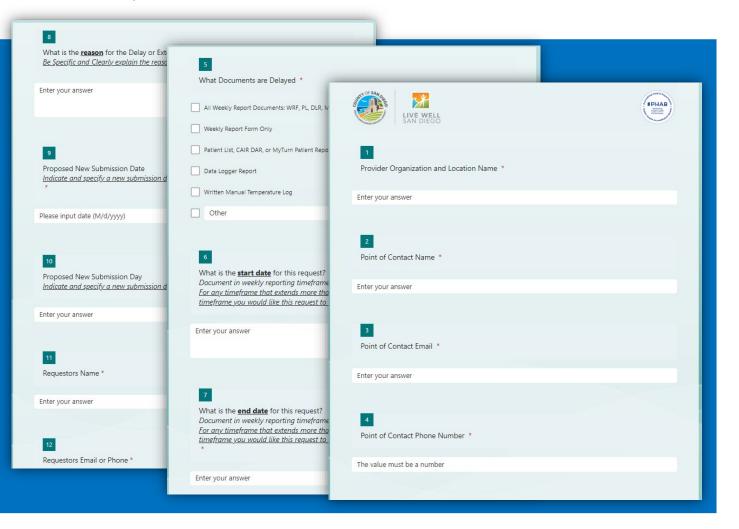


# Extension Request Form

## REQUEST FOR EXTENSION FORM







This document is to be used to request an extension on the Monthly reporting submission when there will be a delay in submitting the monthly report documents or their components.

## Extension Request Form - Weekly Report Form

## Extension Request Form Includes:

- ✓ 14 questions to complete
- ✓ Organization and Location
- ✓ What is being submitted late
  - ✓ Start Date and End Date
  - ✓ Reason for the request
- ✓ Planned New Submission Date





## Vaccine Administration Reports





## CAIR2

## **CAIR2 INVENTORY MANAGEMENT**





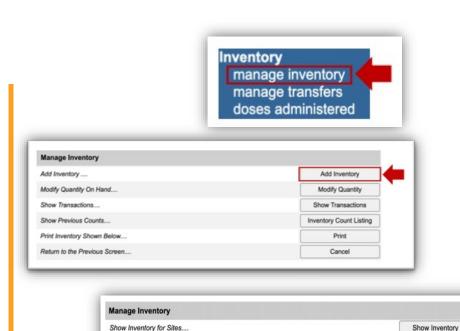
## **Recording Inventory in CAIR2**

This is a requirement *only for providers who manually enter* doses into CAIR2.

Those that use My Turn or participate in Data Exchange (Interface) <u>DO NOT</u> need to enter inventory into CAIR2.

- Add & Update Vaccine Inventory
  - **Show Inventory**: Displays the 'Manage Inventory' screen, which allows creating/adding, viewing, updating, and reporting of inventory.
  - Funding Source: State General Fund.
- 2. Viewing Vaccine Inventory or Transactions Report
  - <u>Transactions Report</u> is used to view all the inventory transactions that have occurred for your site for all or specific lots during a date range. <u>Best Used</u> when verifying missing doses.
- 3. Inventory Alerts
  - Provide the locations vaccine inventory status, expiring soon or low inventory.

**Inventory User (Power) Guide** 



Return to the Previous Screen.

## CAIR2 DOSE ADMINISTERED REPORT (DAR)





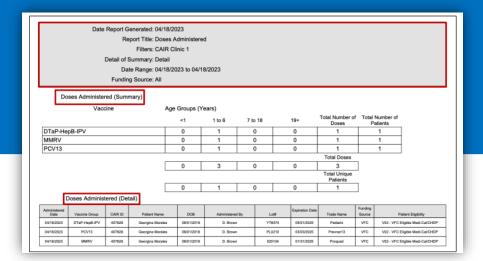
## **Downloading the Doses Administered Report**

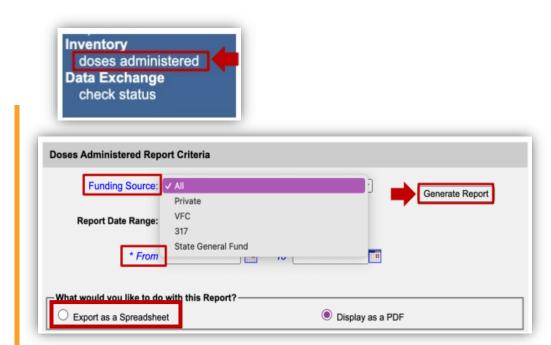
This is a requirement *only for providers who manually enter* doses into CAIR2.

Those that use My Turn or participate in Data Exchange (Interface) <u>DO NOT</u> need to provide the Doses administered Report from CAIR2.

- 1. In CAIR2, click Doses Administered link from left sidebar.
- Select the criteria
  - a. Funding source: All
  - b. Report Range: Reporting Week (7-days)
  - c. Export as Spreadsheet
  - d. Generate Report

## **CAIR2 Regular User Guide**









## Data Exchange - EHR

## ELECTRONIC HEALTH RECORD (EHR) PATIENT REPORT





This is required *only for providers who participate in the Data Exchange (Interface) with CAIR2.* 

Those that manually enter data into CAIR2 or My Turn <u>DO NOT</u> need to include this Electronic Health Record patient list report.

Patient Name	Sex	DOB	Age	Age Category	Date Of Service	Facility Category	Dispense Type	Lot Number	MMInventory Type	Vaccine Administered
	F		51	5. 50-64	01/03/2025		Administer to Patient	DG3TN	Not Purchased - State Funded	Fluarix
	F		50	5. 50-64	01/02/2025		Administer to Patient	N737Y	Not Purchased - State Funded	Fluarix
	M		58	5. 50-64	01/02/2025		Administer to Patient	N737Y	Not Purchased - State Funded	Fluarix
	F		51	5. 50-64	01/02/2025		Administer to Patient	N737Y	Not Purchased - State Funded	Fluarix
	M		64	5. 50-64	01/02/2025		Administer to Patient	N737Y	Not Purchased - State Funded	Fluarix
	F		25	4. 19-49	01/02/2025		Administer to Patient	DG3TN	Not Purchased - State Funded	Fluarix
	F		60	5. 50-64	01/02/2025		Administer to Patient	N737Y	Not Purchased - State Funded	Fluarix
-	F		54	5. 50-64	01/02/2025		Administer to Patient	N737Y	Not Purchased - State Funded	Fluarix
	М		81	6. 65+	01/03/2025		Administer to Patient	N737Y	Not Purchased - State Funded	Fluarix
	М		80	6. 65+	12/31/2024		Administer to Patient	TFAA2409	Not Purchased - State Funded	Flublok

Use a custom patient list report from the EHR and export it as an Excel document.

Select the criteria

- Patient Name
- Date of Birth
- Date of Administration
- Lot number
- Vaccine Product Name
- Facility/Location\*\*
- Age Category
- \*\* for providers with more than one location

Vaccine Administered	6-35 mo	3-6yrs	7-18yrs	19-49yrs	ID50 59yrs	60-64yrs	65+yrs	Outside Range
Fluarix	0	0	0	0	1	0	0	(
Fluarix	0	0	0	0	1	0	0	(
Fluarix	0	0	0	0	1	0	0	(
Fluarix	0	0	0	0	1	0	0	(
Fluarix	0	0	0	0	1	0	0	(
Fluarix	0	0	0	1	0	0	0	(
Fluarix	0	0	0	0	1	0	0	(
Fluarix	0	0	0	0	1	0	0	(
Fluarix	0	0	0	0	0	1	0	(
Flublok	0	0	0	0	0	1	0	(

## **CAIR2 DATA EXCHANGE**

## **Key Links**



**CAIR2** Data Exchange



**Submit Quality Data to CAIR** 



Data Exchange (DX) FAQs



**Managing Vaccine Inventory in CAIR2** 



**Data Exchange Resources** 

CAIR2 Local Data Exchange Contacts & Support: CAIRDataExchange@cdph.ca.gov (Email Only)





## High quality data benefits your clinic and patients:



Supports more accurate vaccine forecasting to decrease missed opportunities and over-vaccination



Supports the ability to assess accurate coverage rates and address gap



Allows the patient immunization record to be portable and follow the patient as they see other providers



Supports assessment efforts for Healthcare Effectiveness Data and Information Set (HEDIS) scores and Pay for Performance (P4P) programs



Helps schools and childcare facilities generate accurate and complete records required for entry

## Take these steps to ensure high data quality with your patient records.

- Make sure that all of your staff enter accurate and complete demographic and shot information into your electronic health record (EHR) system.
- Routinely monitor data exchange submissions (through your EHR or use the 'check status' function in CAIR) to make sure data is submitted successfully.
- If there are any submission errors, contact your EHR vendor right way to resolve any issues.



# CAIR2 DATA EXCHANGE DATA QUALITY MONITORING



Decide how to monitor data exchange (DX) messaging.



Assign staff to monitor data submissions (IT or QI Staff).



Regularly check data exchange monitoring process



Contact your EHR vendor for any issues.

CAIR2 Local Data Exchange Contacts & Support:

CAIRDataExchange@cdph.ca.gov

(Email Only)





# Steps to Set Up Data Quality Monitoring in your Practic

- O Determine how your practice will monitor data exchange (DX) messaging.
  - Some EHRs can receive and display DX acknowledgement (ACK) messages. Consult with your vendor to see if this option is available.
  - If not available, use the DX 'Check Status' function in CAIR2 to monitor DX activity. Access requires 'DX Power' user or 'DX QA' user status in CAIR2.
- Decide who will be responsible for monitoring DX submission (typically IT or OI staff).
- Implement an ongoing, routine data exchange monitoring process (e.g. check submissions daily or weekly, review randomly chosen messages or failed messages only).
  - Periodically (daily, weekly or monthly) compare selected patient records in your EHR with the same patient records in CAIR to ensure that the information in CAIR matches the information in your EHR.
- Contact your EHR vendor when issues arise.
  - Don't ignore issues that may impact proper usage and the accuracy of your patient medical records.
  - Have your EHR contact available and report any issues to them.
  - Don't be afraid to ask for help. They are there to support you.
  - · Work with them to resolve any EHR issues.

Questions? Email CAIRDataExchange@cdph.ca.gov

FOR MORE INFORMATION AND RESOURCES, VISIT CDPH.CA.GOV/CAIR







# My Turn Administered

# My Turn FLU VACCINATION APPOINTMENT REPORT





This is a requirement for providers who Use My Turn for Outreach Events, Mass Vaccination Events only.

Those that manually enter data into CAIR2 or participate in Data Exchange (Interface) **DO NOT** need to include this My Turn report.

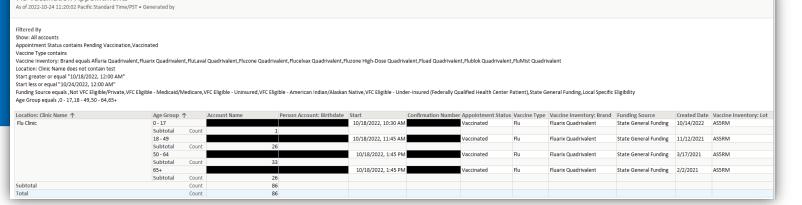
- 1. Custom Build a Report in My Turn
- 2. Select the criteria
  - **Appointment Status**
  - Vaccine Type: Flu
  - **Administered Date**
  - (Flu Product) Vaccine Inventory Brand & Lot #
  - Date Range: Reporting Week (7-days)
  - **Funding Source**
  - Age Group

# Only "Clinic Managers"

- reports

# have access to: ✓ Add & Edit inventory

✓ View and export





## **Benefits of the System**

- ✓ Supports appointments for vaccinations
- ✓ Paperless patient data collection
- ✓ Targeted clinics based on population data and location
- ✓ Walk-In patient registration
- ✓ CAIR Quick Entry Access
- ✓ Single, bulk and batch record uploads to CAIR2





# myCAvax

# **DOCUMENTS IN myCAvax**

## **Knowledge Center Documents in myCAvax**

- Managing Storage Units
- Recording Shipment Incidents
- Recording Returns and Waste
- Recording Temperature Excursions
- Reviewing Shipments
- Placing Vaccine Order Requests

**Training Materials** 

- State General Fund Flu Vaccine FAO
- Getting Started with State General Fund Program in myCAvax for Providers
- State General Fund Flu 101 for Providers
- State General Fund Flu 102 for Providers





#### **Knowledge Center**

We regularly update our training materials. Check back here for the latest articles and quick sheets

**Placing Vaccine Order Requests** 

Recording a Vaccine Transfer

**Recording Shipment Incidents** 

**Recording Returns and Waste** 

**Recording Temperature Excursions** 

**Managing Storage Units** 

View more articles in the Knowledge Center

More training articles

# For myCAvax SGF Flu program or policy inquiries, contact:

ProviderCallCenter@cdph.ca.gov

(833) 502-1245

Monday – Thursday | Friday 9AM to 4:30PM | 9AM to 4PM

### **For Technical Difficulties, contact:**

mycavax.hd@cdph.ca.gov

# SUBMITTING VACCINE ORDER REQUESTS IN myCAvax

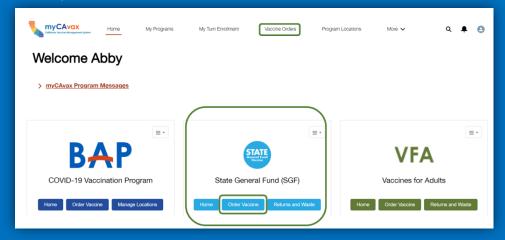




Only accounts with an active SGF program location in myCAvax are eligible to order vaccines.

#### How to Submit an Order in myCAvax

- Click "Order Vaccine" on State General Fund (SGF) Tile
- Enter On-hand Inventory, Doses administered and total doses for each product requested.



### **Vaccine Ordering Tips**

- Review allocated products in the email to prevent rejected orders.
- ✓ Confirm the shipping address and verify the hours in myCAvax.
- ✓ Note: Vaccine order requests are approved twice a week according to the CDPH cadence calendar.

# RECEIVING VACCINE ORDERS DIRECTLY





### **Order Review Days:**

• Local Health Departments (LHD) review and approve orders on **Tuesdays** and **Fridays**.

#### If Missed:

 Orders submitted at or after the cutoff are processed on the next review day.

## **Delivery Timeframe:**

- Tuesday Noon approval → Delivered Thursday/Friday.
- Friday Noon approval → Delivered following Tuesday/Wednesday.

## **Operational Reminders:**

- Keep myCAvax hours updated for holidays/closures.
- Check email for shipment and temperature monitoring alerts.

#### **Important:**

Submit orders well in advance of the LHD approval cutoff—ideally by the close of business on Mondays and Thursdays.

\*Waiting until the deadline risks the order being reviewed in the next cycle, delaying delivery.

#### SGF Ordering & Distribution Calendars

#### For Providers & Local Health Departments

Local health departments review and approve provider direct ship (CDC) flu orders on Tuesdays and Fridays. If an approval deadline is missed, provider orders will be processed the following CDPH transmission date.



Delivery windows are dependent on provider's days/hours of operation. Update hours in myCAvax for any holiday or temporary closures. Watch for emails regarding order confirmations, advance shipment notices of vaccine and temperature monitoring alerts.

#### **Routine Calendar**

The following two-week cadence applies to approved SGF orders only.

LHD Approval	CDPH Transmits Order to CDC	McKesson Receives Order	Order Shipping Window	Estimated Delivery Window
Tuesday Noon	Tuesday EOD	Wednesday	Wed/Thu	Thu/Fri
Friday Noon	Friday EOD	Following Monday	Following Monday	Following Tue/Wed

#### **Holiday Calendar**

No calendars have been finalized.

# RECEIVING VACCINE ORDERS DIRECTLY







#### **Tips for Receiving Vaccine Orders**

- ✓ Never reject a vaccine shipment.
- ✓ Confirm staff are available to accept the vaccine upon receiving the shipment notification.
- ✓ **Check the products** against the packing slip and add "State" stickers.
- ✓ Confirm the funding source indicates SGF, especially if VFC vaccines are included.

Customer P:O.	
SGF12865	

# REPORTING SHIPMENT INCIDENTS IN myCAvax





The shipment incident <u>must be reported on the day it occurs</u> for a quick resolution.

- ✓ If you select the 'Not ordered/incorrect recipient' option in step 5
  - ✓ Indicate whether you agree to keep the doses or not.
  - ✓ If you do not agree to keep the doses, continue to store them until you receive further instructions from the program.
- ✓ Notify the State Flu Program via email after reporting it in myCAvax.



### **Shipment Incident Types:**

- ✓ Broken, torn or tempered with
- ✓ Not Ordered/incorrect recipient
- ✓ Out-of-range temperature
- ✓ Package never arrived
- ✓ Previously Opened
- ✓ Shipping content discrepancies

# **VACCINE TRANSFERS**

## **Vaccine Transfers**

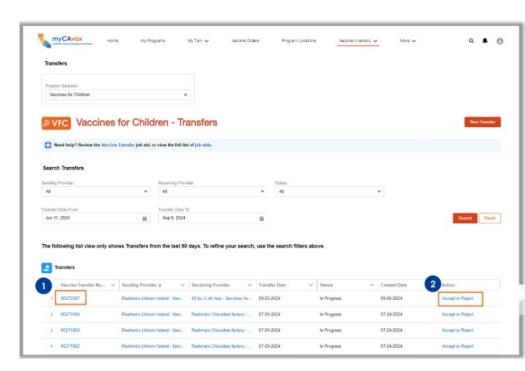
- State General Fund (SGF) Flu Vaccine Transfers can **only be initiated** in myCAvax **by the Local Health Department**.
- Please inform the State Flu Program about any vaccine transfers before moving SGF Flu vaccines.

## Review and Approve a Transfer as the Receiver

- On the "Transfer" page, locate the vaccine transfer order status that is "In Progress."
- Click the "Accept or Reject" option on the transfer
- Changes made after accepting a transfer an email notification will be sent to the Primary and Backup Vaccine Coordinator.







# **VACCINE RETURNS AND WASTE**





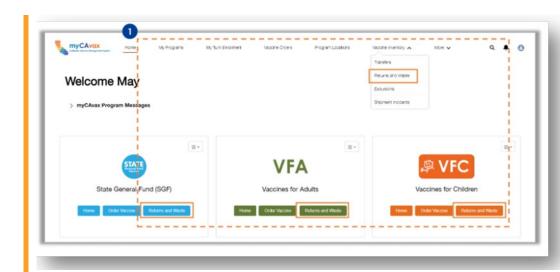
# Recording Vaccine Returns and Waste in myCAvax

- ✓ Select "Returns and Waste" from the "Vaccine Inventory" dropdown or program tile
- ✓ Click the "New Return and Waste" to create a new event
- ✓ You may use the same form for multiple products associated with the selected program.
- ✓ Select Type of Waste:

**Expired** 

Spoiled

Wasted



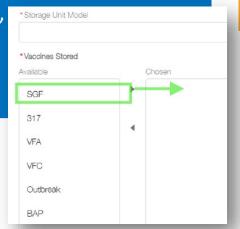
# **MANAGING STORAGE UNITS**

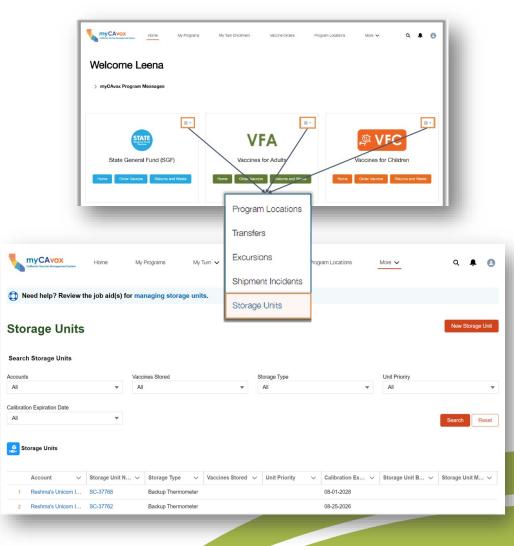




Remember to keep all refrigerator storage units up to date in myCAvax.

- Backup Thermometer
- Primary Refrigerator
- Backup Refrigerator
- Mobile Unit
- No Longer in use
- Add new vaccine storage unit or edit an existing one
- Mark storage units not in use as "No longer in use"
- Add, Edit or Update Storage Unit & DDL details
- Mark storage units with SGF products as "SGF"









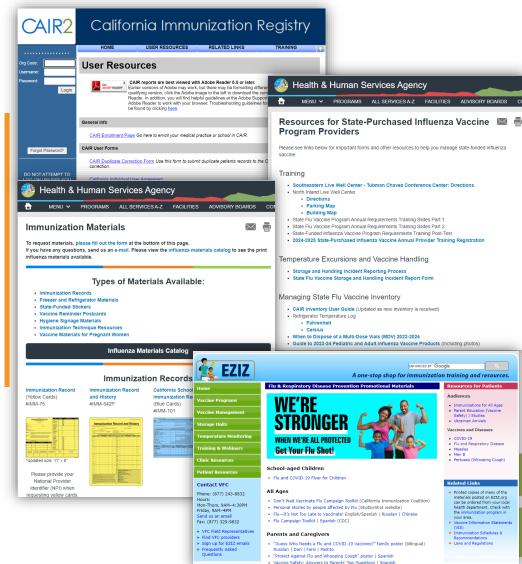
# SPIVP RESOURCES

# State-Purchased Influenza Vaccine Program (SPIVP) Summary of Webpage Resources and Links





- <u>State-Purchased Influenza Vaccine Program</u> and <u>Providers</u> (County website)
- EZIZ
- CAIR2 Portal
- myCAvax
- My Turn
- Immunization Material Requests
  - State Stickers \*Now Available\*
  - Temperature Logs
  - Yellow Cards



# STATE-PURCHASED INFLUENZA VACCINE PROGRAM PROVIDER RESOURCES WEBPAGE





## State-Purchased Influenza Vaccine Program and Providers

- Weekly Report Form and Instructions
- Managing SGF Vaccine Inventory
- Temperature Excursions and Vaccine Handling Incidents
  - \* Updated June 2025\*
  - Process
  - Reporting Form
- Outreach Vaccination Events and Transporting Vaccine
- Training
  - PowerPoint \*Available July 2025\*
  - Location Map and Directions
- Enrollment Packet Documents
- Other Resources: EZIZ & CAIR2



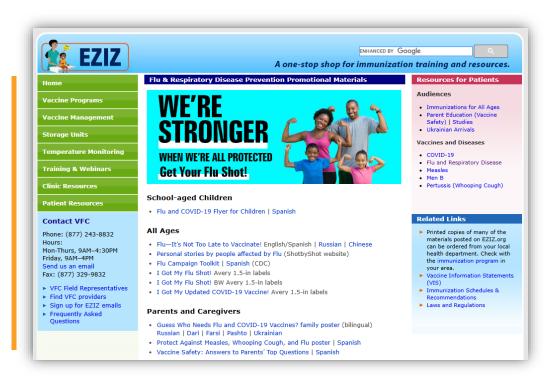
# **EZIZ RESOURCES**

# **EZIZ**

- Flu & Respiratory Disease Prevention Promotional Material
- Training & Webinars
- Temperature Monitoring Documents
- Vaccine Management Details and Documents
- Clinic Resources







# **CAIR2 REQUIREMENT**



AB 1797 effective January 1, 2023 states that providers are required to document and report to the state immunization registry:

- 1. All immunizations administered in California.
- 2. Including the patient's race and ethnicity.

#### **CAIR User Guides**

CAIRHelpdesk@cdph.ca.gov

Phone: 800-578-7889 | Hours: 8am-5pm Monday to Friday







6. Our practice is enrolled in an immunization registry but does not currently submit data. What can we do as an immunizing provider to prepare for this requirement?

The CAIR Team is here to support you along the way. Contact the CAIR Help Desk (CAIRHelpdesk@cdph.ca.gov or 800-578-7889) or your Local CAIR Representative with any questions. For more information about CAIR, visit the CAIR website.

Providers in Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, or Tuolumne counties will need to submit data to Healthy Futures/RIDE. For assistance, contact the Healthy Futures/RIDE Help Desk at (209) 468-2292 or support@myhealthyfutures.org.

# **CAIR2 PORTAL AND NOTIFICATIONS**





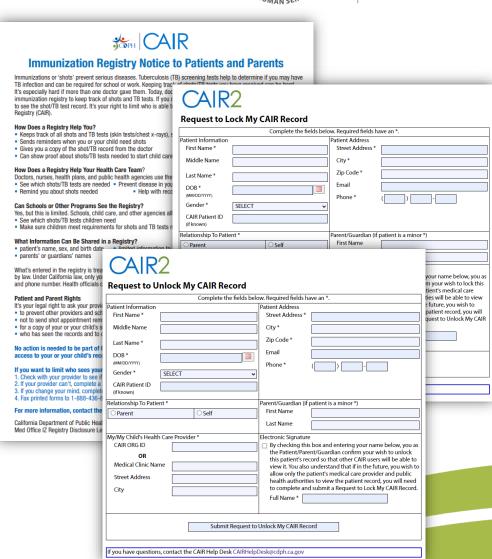
# **CAIR2** Portal

- Immunization Registry Notice to Patients and Parents
- Request to Lock or Unlock My CAIR Record
- Merge Patients Form: CAIR2 Duplicate Record Correction Form
   Allows health care providers to request that duplicated patient records be merged into a single record by the CAIR2 Help Desk.

CAIRHelpdesk@cdph.ca.gov

Phone: 800-578-7889 | Hours: 8am-5pm Monday to Friday





# **CAIR2 ACCOUNT UPDATE INSTRUCTIONS**





## **CAIR2 Account Update**

✓ Can

- Edit organization's contact information,
  - VFC PIN
  - add licensed clinician information
- Validate address
- Add clinician (shot giver) to organization and edit name and title
- Add new user
- Edit user's name, contact information, role (user level), active status (including deactivate)
- Give access to a user for a different organization

CAIR2 San Diego Local CAIR Reps (LCRs):

Angelina Carrillo

Phone: (619) 643-8941

Email: angelina.carrillo@cdph.ca.gov

Ryan Thun

Phone: 559-375-4220

Email: ryan-christopher.thun@cdph.ca.gov

## **CAIR2 Account Update System Instructions**

Revised: 04/02/2025

#### Important Information:

- The CAIR2 Account Update system allows authorized representatives (i.e., supervisors and/or administrators) to:
  - Update site/org account information (e.g., address, contact information).
- Add New Users, add new Shotgivers, update Existing User information, and/or modify User roles.
- Only authorized staff at your organization should log into the CAIR2 Account Update system and submit requests, not individual users. You should limit this task to only one to two staff members at your site.
- Enrolling your site in CAIR2 and submitting an Account Update request does not automatically grant your
  site access to log into CAIR2. Accounts must be requested for those needing access to CAIR2 via the
  Account Update link by following the steps in the New CAIR User Account section. If an employee
  previously had a CAIR2 user account, follow the steps in the CAIR User Transfer/Additional Access section.

#### If you are a Data Exchange (DX) site, please read before requesting any user accounts:

- Often, a 'Quality Assurance (QA)' user role is the only role recommended for DX sites. This role allows the
  user to monitor DX transactions using the 'Check Status' feature, search for patients' immunization
  records, and access site-level reports, including Doses Administered and Reminder/Recall. The 'QA' user
  role does not require training, and your staff will get immediate login access to CAIR2 upon approval of
  the Account Update request. See the CAIR2 User Roles chart to view the features for each user role.
- If your organization administers TB tests, plans to manually correct patient information/doses, or plans to
  manage vaccine inventory in CAIR2, please contact your <u>Local CAIR Representative(s)</u> to verify if your site
  can be granted the option to request Regular or Power user roles.

**Note:** CAIR2 currently cannot accept TB test results sent electronically via a DX submission. To comply with the AB 1797 law, you will need a 'Regular' or 'Power' user to document TB tests in CAIR2 manually. Refer to the <u>AB 1797 Immunization Registry FAQs webpage</u> for more information.

#### For additional support, contact the CAIR Help Desk:

Phone: 800-578-7889

Email: CAIRHelpDesk@cdph.ca.gov



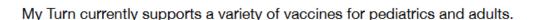


# My Turn





# **Benefits of the System**



#### Clinic Management Portal

- Paperless patient data collection
- Simplified submission to state registry
- Targeted clinics based on population data and location
- QR codes to market your clinic location
- Walk-In patient registration
- Vaccination reporting & analytics

#### **Public Appointment Portal**

- Simplified vaccine eligibility
- Appointment scheduling
- Walk-in location map
- High-traffic site for clinic marketing
- Testing sites
- Email and SMS appointment confirmation/reminders





## **CAIR Quick Entry**

My Turn now supports direct submission of vaccine records to CAIR2 through a feature called CAIR Quick Entry. Providers who enroll in My Turn will automatically receive CAIR Quick Entry access. This tool gives providers the same functionality they are used to in Mass Vax with improvements to efficiency and in the future additional vaccine support. See all the benefits of this feature below:

- Single, bulk, and batch record uploads to CAIR2
- Ability to edit records post-submission
- Supports all CAIR2 vaccines
- Replaces CAIR2 Mass Vax tool

# **My Turn Opportunities for Use**





My Turn Promotional Packet PPT

# Different Opportunities to Promote your Immunization Services on My Turn



Do you have an EHR System you prefer to use?	Do you have an EHR System and still want to use My Turn Public?	No EHR System and want to use all My Turn Features?	Need to submit data to CAIR only?
Use <b>Provider Locator</b>	Use My Turn 3 <sup>rd</sup> Party Clinic	Use All My Turn Features	Use CAIR Quick Entry!
Benefits:	Benefits:	Benefits:	Benefits:
<ul> <li>No access to My Turn needed</li> <li>No set-up necessary</li> <li>No access to My Turn needed</li> <li>Simple opt-in form</li> <li>Lists your location on My Turn Public – Vaccine Locator Page for the public to find</li> <li>Ability to update at any point in time</li> </ul>	<ul> <li>Minimal set-up</li> <li>Minimal clinic management needed</li> <li>Lists your clinic for the public to find but redirects to your scheduling/provider site</li> <li>Ability to update at any point in time</li> </ul>	<ul> <li>Full scheduling and screening process available for users</li> <li>Custom Screening can be added by CDPH</li> <li>Multiple Clinic types and use cases</li> <li>Multi-vaccination support</li> <li>Ability to update at any point in time</li> <li>User management</li> </ul>	<ul> <li>Enroll location in My Turn for access to CQE (simple enrollment process)</li> <li>Data is sent directly to CAIR no setup required</li> <li>Can update/re-submit/cancel records at any time</li> <li>Offline CSV template for mass record uploads</li> </ul>

# **ENROLLING IN My Turn (optional)**





# Enrolling in My Turn with a myCAvax account

- 1. Log in to myCAvax using your credentials.
- 2. Select the 'My Turn Enrollment' tab next to the 'Enrollment' tab to view the 'My Turn Enrollment' page.
- 3. On the Enrollment page, select the 'Enroll Location' button.

  The page redirects to the 'Step 1 -Required Training' page to begin My Turn enrollment.

**Enrolling in My Turn Quick Sheet** 

Contact the CDPH provider call center for Customer Support at 833.502.1245 | email MyTurn.Clinic.HD@cdph.ca.gov

#### Immunization Information System Identification (IIS ID)

- Each provider location is required to have a unique IIS ID (e.g., CAIR Org Code / CAIR ID.) to report their vaccine administration data to CAIR.
- CAIR Org Code/ CAIR ID must match your location information.

Contact the Provider Call Center at:

MyTurn.Clinic.HD@cdph.ca.gov

(833) 502-1245

Monday – Friday, 8 AM – 5 PM PT.

# **My Turn CLINIC TYPES**

Clinic Type	Description	Create This Clinic Type To	
Scheduled Clinic	A scheduled clinic is the standard clinic in My Turn.     Patients can schedule an appointment via MyTurn.ca.gov.     Walk-in appointments can still be accepted, if desired by clinic staff.	Repeat clinics being held continuously     Support a large vaccination site     Offer vaccines to the general public	
Walk-In Clinic	A walk-in clinic allows Clinic Managers (CMs) and Vaccine Administrators (VAs) to register patients on-site, no appointment needed.      Walk-in clinics are added to MyTurn.ca.gov automatically if indicated in My Turn Clinic.	Drive clinic traffic Offer a last-minute clinic Administer extra / unused vaccine doses at end of day Be an alternative to coded clinics	
Coded Clinic	A coded clinic allows patients to schedule an appointment on MyTurn.ca.gov if given an access code.     Codes can be single-use or multi-use codes (used to book multiple appointments).     Clinics / Providers must give the single-use or multi-use codes to their target population.	Target a specific subset of the population, such as vulnerable, hard-to-reach populations Target only existing patients in the Provider network	
Mobile Clinic	A mobile clinic operates out of a transportation vehicle and can move to service multiple locations.      The clinic be visible for appointment scheduling on MyTurn.ca.gov, or it can be hidden.	Provide vaccinations to areas with low clinic coverage Vaccinate homebound patients	
Geofenced Clinic	A <b>geofenced clinic</b> prevents patients from outside the LHJ / Provider's county from viewing and scheduling appointments at the clinic location.	Target patients who live in the Location Pool (County) tied to the clinic	





# Recommended My Turn Clinic Options for Schools Administering Flu Vaccine



Schools can issue unique QR codes to parent / guardians so they may register their student on My Turn.

#### Families can easily find the school's clinic on My Turn and self-register their child in advance.

#### School staff can save time by having families pre-register students and quickly check-in students on clinic day. Considerations:

#### Consideratio

Some families may lack computer access to register on My Turn. If so, the parent / guardian may telephone the public
hotline to register their students or attempt to register in-person (availability may be limited).



Schools can hold closed walk-in clinics, and staff will register students.

#### enefits:

- Families do not need to register their students on My Turn.
- · School staff can pre-register all students in advance via an excel spreadsheet.

#### Considerations

Staff may require additional time to register students on-site or before clinic day.





# Reminders

# WHEN TO CONTACT THE IMMUNIZATION UNIT & REMINDERS





#### When to Contact the Immunization Unit

- To add a new site or location
  - Including mobile sites or units within an organization
- For any **transfer of vaccine** in or outside your organization
- To Submit Weekly Report Form Documentation
  - Reporting <u>begins</u> once providers <u>receive their first</u> shipment of SGF Vaccine.
- Submit any Storage and Handling incident
  - <u>Do not</u> dispose of any vaccine without guidance from the program.

#### Reminders

☐ Annual Training Attendance Certificates will be emailed to each person individually

Please keep these documents for your records; you do not need to send them to us.

□ Complete the knowledge check and evaluation survey

2025-2026 Annual SPIVP
Knowledge Check and Feedback
Form



https://forms.office.com/g/m5DDF6V1Ux





# Thank You

Araceli Montera, MPH – Community Health Program Spc.

Araceli.Montera@sdcounty.ca.gov

Office: 858-505-6724 | Phone: 619-366-7128