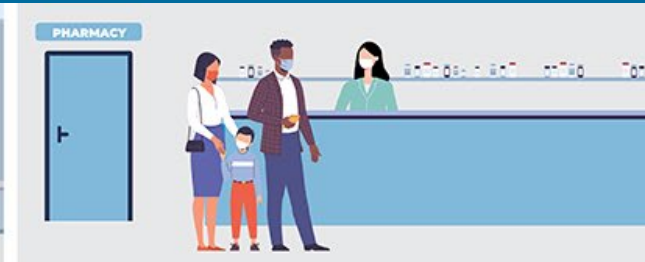




VENTURA COUNTY  
**PUBLIC HEALTH**  
A Department of Ventura County Health Care Agency

*May 7, 2025*

# IMMUNIZATION SKILLS INSTITUTE



**BRITTANY ROMANE, RN, BSN, PHN, MSN**  
**SUPERVISING PUBLIC HEALTH NURSE**

# Vaccine Schedules – ACIP

**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 catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Determine minimum intervals between doses; see the catch-up schedule (Table 2).																							
Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 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])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8 through 19 months), See Notes																	
Hepatitis B (HepB)	1st dose	← 2nd dose →			← 3rd dose →																		
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes																		
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				← 4th dose →				5th dose										
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			← 3rd or 4th dose (See Notes) →															
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			← 4th dose →															
Inactivated poliovirus (IPV)			1st dose	2nd dose	← 3rd dose →								4th dose				See Notes						
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2024–2025 vaccine (See Notes)																		
Influenza (IIV3, cIIV3)					1 or 2 doses annually										or				1 dose annually				
Influenza (LAIV3)													1 or 2 doses annually			or				1 dose annually			
Measles, mumps, rubella (MMR)					See Notes		← 1st dose →					2nd dose											
Varicella (VAR)							← 1st dose →					2nd dose											
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)																
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															1 dose								
Human papillomavirus (HPV)															See Notes								
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)			See Notes															1st dose		2nd dose			
Meningococcal B (MenB-4C, MenB-FHbp)													See Notes										
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy (See Notes)								
Dengue (DEN4CYD: 9–16 yrs)															Seropositive in endemic dengue areas (See Notes)								
Mpox																							
<div><div></div>Range of recommended ages for all children</div> <div><div></div>Range of recommended ages for catch-up vaccination</div> <div><div></div>Range of recommended ages for certain high-risk groups or populations</div> <div><div></div>Recommended vaccination can begin in this age group</div> <div><div></div>Recommended vaccination based on shared clinical decision-making</div> <div><div></div>No Guidance/Not Applicable</div>																							

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No Guidance/Not Applicable

Page 2

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.

# Vaccine Schedules- ACIP

**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 2024–2025 vaccine (See Notes)			2 or more doses of 2024–2025 vaccine (See Notes)
Influenza inactivated (IIV3, ccIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD–IIV3, RIV3, or aIIV3 preferred)
Influenza inactivated (aIIV3; HD–IIV3) Influenza recombinant (RIV3)	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3)	1 dose annually			
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy (See Notes)			60 through 74 years (See Notes)
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 health care 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, PCV21, PPSV23)			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)			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No Guidance/Not Applicable

Page 2

# Vaccine Schedules - EZIZ

## Routine Immunization Timing 2025

Suggested schedule to meet recommendations on time. [Refer to web version.](#)

Birth				6 months – 18+ years							
HepB <sup>1</sup>				COVID-19 vaccine(s) <sup>7</sup>		Flu vaccine, every fall <sup>8</sup>					
RSV <sup>2</sup> (age: 0-8 months)											
Age 2 months	Interval from previous dose	Age 4 months	Interval from previous dose	Age 6 months	Interval from previous dose	Age 12 months	Interval from previous dose	Age 15 months	Interval from previous dose	Age 18 months	Interval from previous dose
DTaP (Diphtheria, Tetanus, Pertussis)		DTaP	1-2 months	DTaP	1-2 months	HepA <sup>9</sup> (age: 12-23 months)		DTaP <sup>13</sup> (age: 15-18 months)	6-12 months	HepA	6-18 months
Polio (IPV)		Polio (IPV)	1-2 months	Polio (age: 6-18 months)	1-14 months	MMR <sup>9,10,11</sup> (ages 12-15 months)					
HepB <sup>3</sup> (age: 1-2 months)	1-2 months after birth dose	HepB <sup>3</sup> if 1st dose given at 2 months	1-2 months	HepB <sup>3</sup> (age: 6-18 months)	2-12 months and ≥4 months after 1st dose	Var <sup>11</sup> (age: 12-15 months)					
Hib <sup>4</sup> (Hib meningitis)		Hib	1-2 months	Hib <sup>6</sup>	1-2 months	Hib (age: 12-15 months)	2-8 months				
PCV (Pneumo)		PCV	1-2 months	PCV	1-2 months	PCV <sup>12</sup> (age: 12-15 months)	8 weeks				
RV <sup>5</sup> (Rotavirus)		RV <sup>5</sup>	4-10 weeks	RV <sup>5</sup> if RotaTeq used for doses 1 or 2	4-10 weeks						

**Age 4-6 years**

DTaP  
Polio (IPV)  
MMR<sup>10, 11</sup>  
Varicella<sup>11</sup>

**Age 11-12 years**

HPV<sup>14</sup> (2 doses, can  
start at age 9)  
MenACWY (MCV4)  
Tdap

**Age 16 years**

MenACWY (MCV4)  
MenB<sup>15</sup>



California Kids  
Love them. Immunize them.

California Department of Public Health, Immunization Branch • EZIZ.org IMM-395 (1/25)

# Vaccine Schedules - CDC

## Your child needs vaccines as they grow! 2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?  
Scan this QR code to find out which  
vaccines your child might need. Or visit  
[www2.cdc.gov/vaccines/childquiz/](http://www2.cdc.gov/vaccines/childquiz/)



VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS
RSV antibody	Depends on mother's RSV vaccine status						Depends on child's health status							
Hepatitis B	Dose 1	Dose 2			Dose 3									
Rotavirus		Dose 1	Dose 2	Dose 3										
DTaP		Dose 1	Dose 2	Dose 3					Dose 4					Dose 5
Hib		Dose 1	Dose 2	Dose 3				Dose 4						
Pneumococcal		Dose 1	Dose 2	Dose 3				Dose 4						
Polio		Dose 1	Dose 2		Dose 3									Dose 4
COVID-19					At least 1 dose of the current COVID-19 vaccine									
Influenza/Flu					Every year. Two doses for some children									
MMR								Dose 1						Dose 2
Chickenpox								Dose 1						Dose 2
Hepatitis A								2 doses separated by 6 months						

### KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

### Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit [wwwnc.cdc.gov/travel](http://wwwnc.cdc.gov/travel) for more information.
3. Your child misses a vaccine recommended for their age.



FOR MORE INFORMATION  
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)  
Or visit: [www2.cdc.gov/vaccines/childquiz/](http://www2.cdc.gov/vaccines/childquiz/)



# Vaccine Schedules - CDC

## What diseases do these vaccines protect against?

BIRTH–6 YEARS OLD

VACCINE-PREVENTABLE DISEASE	DISEASE COMPLICATIONS
<b>RSV (Respiratory syncytial virus)</b> Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia) and small airways of the lungs; especially dangerous for infants and young children
<b>Hepatitis B</b> Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen	Chronic liver infection, liver failure, liver cancer, death
<b>Rotavirus</b> Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool	Severe diarrhea, dehydration, death
<b>Diphtheria*</b> Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Pertussis (Whooping Cough)*</b> Contagious bacterial infection of the lungs and airway; spread through air and direct contact	Infection of the lungs (pneumonia), death; especially dangerous for babies
<b>Tetanus (Lockjaw)*</b> Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin	Seizures, broken bones, difficulty breathing, death
<b>Hib (Haemophilus influenzae type b)</b> Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact	Depends on the part of the body infected, but can include brain damage, hearing loss, loss of arm or leg, death
<b>Pneumococcal</b> Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus	Depends on the part of the body infected, but can include infection of the lungs (pneumonia), blood poisoning, infection of the lining of the brain and spinal cord, death
<b>Polio</b> Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact	Paralysis, death
<b>COVID-19</b> Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death
<b>Influenza (Flu)</b> Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death
<b>Measles (Rubeola)†</b> Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact	Brain swelling, infection of the lungs (pneumonia), death
<b>Mumps†</b> Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact	Brain swelling, painful and swollen testicles or ovaries, deafness, death
<b>Rubella (German Measles)†</b> Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact	Very dangerous in pregnant women; can cause miscarriage or stillbirth, premature delivery, severe birth defects
<b>Chickenpox (Varicella)</b> Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact	Infected sores, brain swelling, infection of the lungs (pneumonia), death
<b>Hepatitis A</b> Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person	Liver failure, death

\*DTaP protects against tetanus, diphtheria, and pertussis

†MMR protects against measles, mumps, and rubella

Last updated April 2025

# Vaccine Schedules - CDC

## Older children and teens need vaccines too! 2025 Recommended Immunizations for Children 7–18 Years Old

Want to learn more?  
Scan this QR code to find out which  
vaccines your child might need. Or visit  
[www2.cdc.gov/vaccines/childquiz/](http://www2.cdc.gov/vaccines/childquiz/)



RECOMMENDED VACCINES	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS
HPV												
Tdap												
Meningococcal ACWY												
Meningococcal B												
Influenza/Flu	Every year. Two doses for some children		Every year									
COVID-19	At least 1 dose of the current COVID-19 vaccine											
Mpox												
Dengue			ONLY if living in a place where dengue is common AND has laboratory test confirming past dengue infection									

### KEY

- ALL children in age group should get the vaccine
- SOME children in age group should get the vaccine
- ALL children in age group can get the vaccine
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

### Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection or is pregnant.
2. Your child is traveling outside the United States. Visit [wwwnc.cdc.gov/travel](http://wwwnc.cdc.gov/travel) for more information.
3. Your child misses any vaccine recommended for their age or for babies and young children.



FOR MORE INFORMATION  
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)  
Or visit: [www2.cdc.gov/vaccines/childquiz/](http://www2.cdc.gov/vaccines/childquiz/)





# Vaccine Schedules – CDC

## What diseases do these vaccines protect against?

7-18 YEARS OLD

VACCINE-PREVENTABLE DISEASE	DISEASE COMPLICATIONS	NUMBER OF VACCINE DOSES
<b>HPV (Human papillomavirus)</b> Contagious viral infection spread by close skin-to-skin touching, including during sex	Genital warts and many types of cancers later in life, including cancers of the cervix, vagina, penis, anus, and throat	2 or 3 doses
<b>Tetanus (Lockjaw)*</b> Infection caused by bacterial spores found in soil and dust everywhere; spores enter the body through wounds or broken skin	Seizures, broken bones, difficulty breathing, death	1 dose at age 11-12 years Additional doses if missed childhood doses 1 dose for dirty wounds
<b>Diphtheria*</b> Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin	Swelling of the heart muscle, heart failure, coma, paralysis, death	1 dose at age 11-12 years Additional doses if missed childhood doses
<b>Pertussis (Whooping Cough)*</b> Contagious bacterial infection of the lungs and airway; spread through air and direct contact	Infection of the lungs (pneumonia), death; especially dangerous for babies	1 dose at age 11-12 years Additional doses if missed childhood doses 1 dose every pregnancy
<b>Meningococcal**</b> Contagious bacterial infection of the lining of the brain and spinal cord or the bloodstream; spread through air and direct contact	Loss of arm or leg, deafness, seizures, death	2 doses. Additional doses may be needed depending on medical condition or vaccine used.
<b>Influenza (Flu)</b> Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death	1 dose each year 2 doses in some children aged 6 months through 8 years
<b>COVID-19</b> Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death	1 or more doses of the current COVID-19 vaccine depending on health status. For more information: <a href="https://www.cdc.gov/covidschedule">www.cdc.gov/covidschedule</a>
<b>Mpox</b> Contagious viral infection spread through close, often skin-to-skin contact, including sex; causes a painful rash, fever, headache, tiredness, cough, runny nose, sore throat, swollen lymph nodes	Infected sores, brain swelling, infection of the lungs (pneumonia), eye infection, blindness, death	2 doses
<b>Dengue</b> Viral infection spread by bite from infected mosquito; causes fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to the liver, heart, and lungs, death	3 doses

\*Tdap protects against tetanus, diphtheria, and pertussis

\*\*Healthy adolescents: Meningococcal ACWY vaccine (2 doses); Meningococcal B vaccine (2 doses if needed).

Last updated April 2025



# HPV Talking Points




## You can say:

"Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and whooping cough. Do you have any questions?"

[Talking with Parents about HPV Vaccination | HPV | CDC](#)

# HPV Talking Points

## Talking to Parents about HPV Vaccine



### HPV VACCINE IS CANCER PREVENTION

Recommend HPV vaccination in the **same way** and on the **same day** as all adolescent vaccines. You can say, "Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and whooping cough. Do you have any questions?" Taking the time to listen and understand parents' concerns can help you respond to their concerns more effectively.

**Why does my child need HPV vaccine?**

HPV vaccine is important because it prevents infections that can cause cancer. That's why we need to start the shot series today.

**How do you know the vaccine works?**

Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.

**Why do they need HPV vaccine at such a young age?**

Vaccines protect your child before they are exposed to a disease. That's why we give the HPV vaccine earlier rather than later, to protect them long before they are ever exposed. Also, if your child gets the shot now, they will only need two doses. If you wait until your child is older, they may end up needing three shots.

**Why do boys need the HPV vaccine?**

HPV vaccination can help prevent future infections that can lead to cancers of the penis, anus, and back of the throat in men.

**Are all of these vaccines actually required?**

I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.

**What diseases are caused by HPV?**

Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

**Is my child really at risk for HPV?**

HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

**I'm worried my child will think that getting this vaccine makes it OK to have sex.**

Studies tell us that getting HPV vaccine doesn't make kids more likely to start having sex. I made sure my child (or grandchild, etc.) got HPV vaccine, and I recommend we give your child her first HPV shot today.

**I'm worried about the safety of HPV vaccine. Do you think it's safe?**

Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We'll have your child stay seated after the shot to help protect him/her.

**Can HPV vaccine cause infertility in my child?**

There is no evidence available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

For more information, visit [cdc.gov/vaccines/conversations](http://cdc.gov/vaccines/conversations)

PN305195  
CS2694539  
Last updated JULY 2019

## Talking to Parents About Infant Vaccines and HPV Vaccines-July 2019

# HPV Talking Points

## What diseases are caused by HPV?

Some HPV infections can cause cancer—like cancer of the cervix, anus, penis, or in the back of the throat—but we can protect your child from getting these cancers in the future with HPV vaccination by starting the vaccine series today.

## How do you know HPV vaccination works?

Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in people who have been vaccinated.

## Is my child really at risk for HPV infection?

HPV is a very common infection in teens and adults, including women and men. Nearly everyone will get HPV at some point in their lives. Starting the vaccination series today will help protect your child from the cancers and diseases caused by HPV later in their lives.

## Why do they need HPV vaccination at such a young age?

Vaccines protect your child before they are exposed to an infection. That's why we give HPV vaccination earlier rather than later, to protect them long before they are ever exposed.

Also, if your child gets the shot now (before they turn 15), they will only need two doses. If you wait until your child is older, they will end up needing three shots.

# Vaccine Laws

## **AB 1797 CAIR**

Vaccine providers must input data into CAIR.

[California Immunization Registry](#)

## **Shots for School web page**

[Shots for School](#)

Title 17

[California Law](#)

## **Medical Exemptions**

- [Exemptions FAQs](#) (updated 3/9/2021)
- New Training module: [How to Process Medical Exemptions](#)

## **Regulations**

- [2019 Changes: FAQs | Text \(PDF\)](#)
- [School Immunization Law](#)

## **Cancer Prevention Act**

- [HPV cancer prevention education requirement](#)

# School Required Vaccines

## California Immunization Requirements for

## K-12<sup>th</sup> Grade (including transitional kindergarten)



Grade	Number of Doses Required of Each Immunization <sup>1,2,3</sup>				
K-12 Admission	4 Polio <sup>4</sup>	5 DTaP <sup>5</sup>	3 Hep B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella
(7th-12th) <sup>8</sup>	K-12 doses + 1 Tdap				
7th Grade Advancement <sup>9,10</sup>	1 Tdap <sup>9</sup>				2 Varicella <sup>10</sup>

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.) One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine  
Hep B = hepatitis B vaccine  
MMR = measles, mumps, and rubella vaccine  
Varicella = chickenpox vaccine

### Instructions:

California schools are required to check immunization records for all new student admissions at TK / Kindergarten through 12th grade and all students advancing to 7th grade before entry. See [shotsforschool.org](http://shotsforschool.org) for more information.

**Unconditionally Admit** a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.\*

**Conditionally Admit** any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled "Exclude If Not Given By"), or
- A temporary medical exemption from some or all required immunizations.\*

IMM-231 (5/24)

California Department of Public Health • Immunization Branch • [ShotsForSchool.org](http://ShotsForSchool.org)

California Immunization Requirements for K-12<sup>th</sup> Grade (continued)

### Conditional Admission Schedule for Grades K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3 <sup>1</sup>	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 <sup>1</sup>	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3 <sup>2</sup>	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
Varicella #2	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

- Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
- If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

**Continued attendance** after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

\* In accordance with 17CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.



IMM-231 (5/24)

California Department of Public Health • Immunization Branch • [ShotsForSchool.org](http://ShotsForSchool.org)

# School Required Vaccines

## Parents/Guardians – Are Your Kids Ready for School?

### REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY



Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

#### Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**  
4 doses OK if one was given on or after 4th birthday;  
3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**  
3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**  
Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

#### New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**  
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

#### Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

#### What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](https://bit.ly/CDCVaccinesByAge) ([bit.ly/CDCVaccinesByAge](https://bit.ly/CDCVaccinesByAge)) and [where you can get your child immunized](https://bit.ly/Where2BVaxed) ([bit.ly/Where2BVaxed](https://bit.ly/Where2BVaxed)).

IMM-222 School (5/24)

California Department of Public Health • Immunization Branch • [ShotsForSchool.org](https://shotsforschool.org)

# Feedback from School Districts

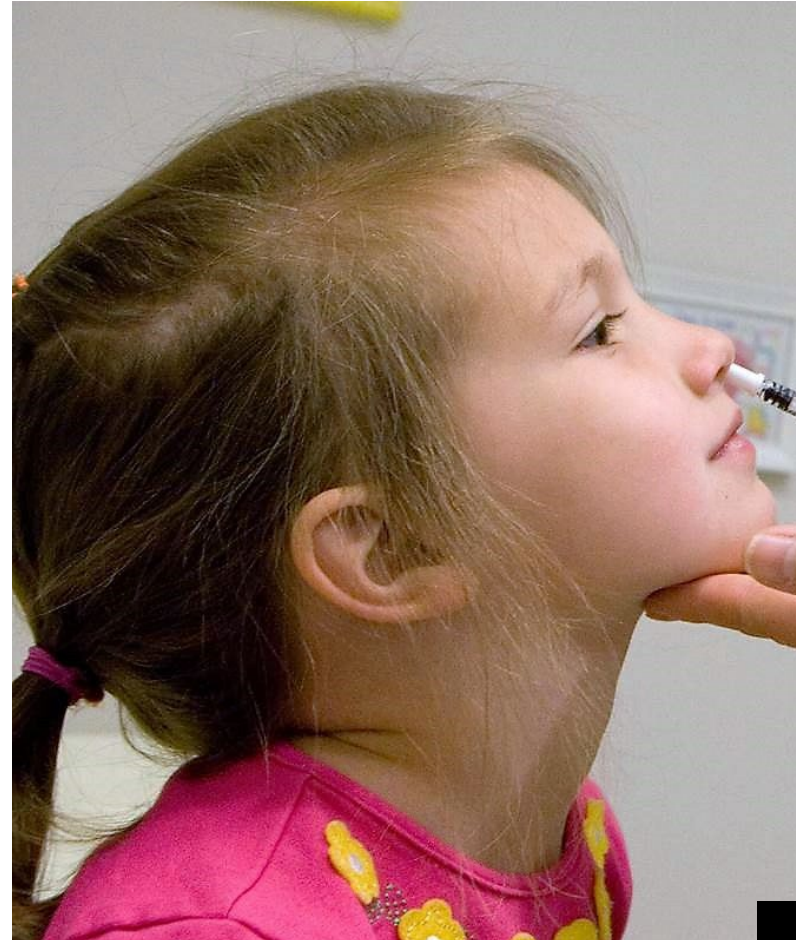
1. Providers waiting until 5<sup>th</sup> birthday to administer school-required vaccinations – delays some student's entry into kindergarten
2. DTaP (5<sup>th</sup> dose): largely missed because of timing
3. Tdap: confusion if DTaP doses missing



# Route for Vaccines

- Intramuscular (IM)
- Subcutaneous (SQ)
- Intradermal
- Oral
- Intranasal

U.S. Vaccine Names | Vaccines & Immunizations | CDC



# Vaccine Route

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
Adenovirus	Adenovirus Type 4 & Type 7		Barr Labs Inc.	Oral (2 Tablets)	1	17-50 years	Live: Approved for military populations
Anthrax	BioThrax®	AVA	Emergent BioSolutions	IM	3	18-65 years	Inactivated, Adj.
Cholera	Vaxchora®		PaxVax	Oral (Liquid)	1	18-64 years	Live Attenuated
COVID-19	Comirnaty®	1vCOV-mRNA	Pfizer	IM	2	≥12 years	mRNA
	SPIKEVAX®	1vCOV-mRNA	ModernaTx	IM	2	≥18 years	mRNA
Dengue	Dengvaxia®	DEN4CYD	Sanofi	SC	3	9-16 years	Live Recombinant
DTaP	Daptacel®	DTaP	Sanofi	IM	5	6 weeks-6 years	Inactivated, Adj.
	Infanrix®	DTaP	GlaxoSmithKline	IM	5	6 weeks-6 years	Inactivated, Adj.
DT	Generic	DT	Sanofi	IM	5	6 weeks-6 years	Inactivated, Adj.: Use when pertussis is contraindicated

# Vaccine Route

<b><i>Haemophilus influenzae</i> type b (Hib)</b>	ActHIB®	Hib (PRP-T)	Sanofi	IM	4	2 months-5 years	Inactivated, Adj. (Tetanus toxoid conjugate)
	Hiberix®	Hib (PRP-T)	GlaxoSmithKline	IM	4	6 weeks-4 years	Inactivated, Adj. (Tetanus toxoid conjugate)
	PedvaxHIB®	Hib (PRP-OMP)	Merck	IM	3	2-71 months	Inactivated, Adj. (Meningococcal conjugate)
<b>Hepatitis A</b>	Havrix®	HepA	GlaxoSmithKline	IM	2	Pediatric: 12 months-18 years Adult: ≥19 years	Inactivated, Adj.
	Vaqtia®	HepA	Merck	IM	2	Pediatric: 12 months-18 years Adult: ≥19 years	Inactivated, Adj.

# Vaccine Route

<b>Hepatitis B</b>	Engerix-B®	HepB	GlaxoSmithKline	IM	3	Pediatric: Birth-19 years Adult: ≥20 years	Recombinant, Adj.
	Recombivax HB®	HepB	Merck	IM	3	Pediatric: Birth-19 years Adult: ≥20 years	Recombinant, Adj.
	Heplisav-B®	HepB	Dynavax Technologies	IM	2	≥18 years	Recombinant, Adj.
<b>Herpes Zoster (Shingles)</b>	Shingrix®	RZV	GlaxoSmithKline	IM	2	≥50 years	Recombinant, Adj.
<b>Human Papillomavirus (HPV)</b>	Gardasil® 9	9vHPV	Merck	IM	2 or 3	9-45 years	Recombinant, Adj. ACIP recommends 9- 26 years

# Vaccine Route

<b>Influenza</b>	Afluria®	IIV3 IIV4	Seqirus	IM	1 or 2	≥5 years	Inactivated
	Fluad®	IIV3	Seqirus	IM	1	≥65 years	Inactivated, Adj.
	Fluarix®	IIV4	GlaxoSmithKline	IM	1 or 2	≥6 months	Inactivated
	Flublok®	RIV4	Sanofi	IM	1	≥18 years	Recombinant, Egg-Free
	Flucelvax®	cclIV4	Seqirus	IM	1 or 2	≥4 years	Cell-Culture
	FluLaval®	IIV4	GlaxoSmithKline	IM	1 or 2	≥6 months	Inactivated
	FluMist®	LAIV4	Medimmune	Intranasal	1 or 2	2-49 years	Live Attenuated
	Fluzone®	IIV3 IIV4	Sanofi	IM	1 or 2	≥6 months	Inactivated
	Fluzone® High-Dose	IIV3	Sanofi	IM	1	≥65 years	Inactivated
<b>Japanese encephalitis</b>	Ixiaro®	JE	Valneva	IM	2	≥2 months	Inactivated, Adj.
<b>Measles, Mumps, Rubella</b>	M-M-R® II	MMR	Merck	SC	2	≥12 months	Live Attenuated

# Vaccine Route

<b>Meningococcal</b>	Menactra®	MCV4 MenACWY-D	Sanofi	IM	2	9 months- 55 years	Inactivated (Diphtheria toxoid conjugate)
	Menveo®	MCV4 MenACWY- CRM	GlaxoSmithKline	IM	2	2 months- 55 years	Inactivated (CRM197 conjugate)
	Trumenba®	MenB-FHbp	Pfizer	IM	2 or 3	10-25 years	Recombinant, Adj.
	Bexsero®	MenB-4C	GlaxoSmithKline	IM	2	10-25 years	Recombinant, Adj.
<b>Pneumococcal</b>	Pneumovax® 23	PPSV23	Merck	IM or SC	1	≥2 years	Inactivated Polysaccharide
	Prevnar 13®	PCV13	Pfizer	IM	4	≥6 weeks	Inactivated, Adj. (CRM197 conjugate)
<b>Polio</b>	Ipol®	IPV	Sanofi	IM or SC	4	≥6 weeks	Inactivated
<b>Rabies</b>	Imovax® Rabies		Sanofi	IM	3 (pre- exposure) 5 (post- exposure)	All ages	Inactivated
	RabAvert®		GlaxoSmithKline	IM	3 (pre- exposure) 5 (post- exposure)	All ages	Inactivated



# Vaccine Route

Rotavirus	RotaTeq®	RV5	Merck	Oral (Liquid)	3	6-32 weeks	Live, Pentavalent
	Rotarix®	RV1	GlaxoSmithKline	Oral (Liquid)	2	6-24 weeks	Live, Monovalent
Tetanus, (reduced) Diphtheria	Tenivac®	Td	Sanofi	IM	1 (Every 10 years)	≥7 years	Inactivated, Adj.
	(Generic)	Td	Massachusetts Biological Labs	IM	1 (Every 10 years)	≥7 years	Inactivated, Adj.
Tetanus, (reduced) Diphtheria, (reduced) Pertussis	Boostrix®	Tdap	GlaxoSmithKline	IM	1	≥10 years	Inactivated, Adj.
	Adacel®	Tdap	Sanofi	IM	1	10-64 years	Inactivated, Adj.
Typhoid	Typhim Vi®		Sanofi	IM	1	≥2 years	Inactivated, Polysaccharide
	Vivotif®		PaxVax	Oral (Capsules)	4	≥6 years	Live Attenuated
Varicella	Varivax®	VAR	Merck	SC	2	≥12 months	Live Attenuated
Vaccinia (Smallpox)	ACAM2000®		Sanofi	Percutaneous	1	All ages	Live Attenuated
Yellow Fever	YF-Vax®	YF	Sanofi	SC	1	≥9 months	Live Attenuated

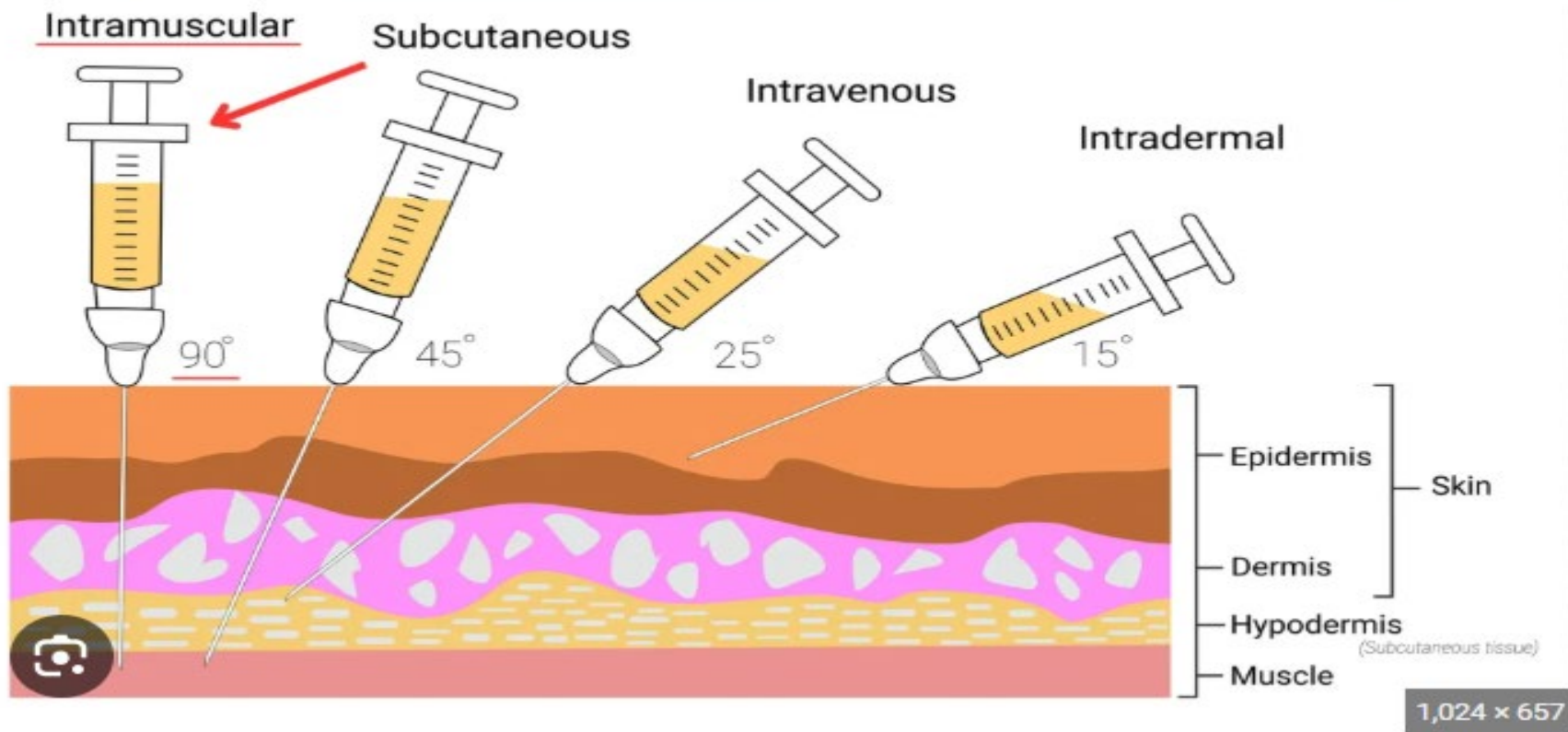


# Vaccine Route

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
DTaP, Polio	Kinrix®	DTaP-IPV	GlaxoSmithKline	IM	1	4-6 years	Inactivated, Adj.: Approved as 5th DTaP and 4th IPV.
	Quadracel®	DTaP-IPV	Sanofi	IM	1	4-6 years	Inactivated, Adj.: Approved as 5th DTaP and 4th IPV.
DTaP, Hepatitis B, Polio	Pediarix®	DTaP-HepB-IPV	GlaxoSmithKline	IM	3	6 weeks-6 years	Inactivated, Adj.: Approved for 2, 4, 6 month doses.
DTaP, Polio, <i>Haemophilus influenzae</i> type b	Pentacel®	DTaP-IPV/Hib	Sanofi	IM	4	6 weeks-4 years	Inactivated, Adj.: Approved for 2, 4, 6, 15-18 month doses.
DTaP, Polio, <i>Haemophilus influenzae</i> type b, Hepatitis B	Vaxelis®	DTaP-IPV-Hib-HepB	Sanofi	IM	3	6 weeks-4 years	Recombinant
Hepatitis A, Hepatitis B	Twinrix®	HepA-HepB	GlaxoSmithKline	IM	3	≥18 years	Inactivated/Recombinant, Adj. Pediatric HepA + Adult HepB
Measles, Mumps, Rubella, Varicella	ProQuad®	MMRV	Merck	SC	2	12 months-12 years	Live Attenuated

# Vaccine Administration

## Comparison of angles of Injections



# Needle Gauge and Length



## Vaccine Administration: Needle Gauge and Length

Vaccines must reach the desired tissue to provide an optimal immune response and reduce the likelihood of injection-site reactions. Needle selection should be based on the:

- Route
  - Age
  - Sex and weight for adults
  - Injection site
- (19 years and older)

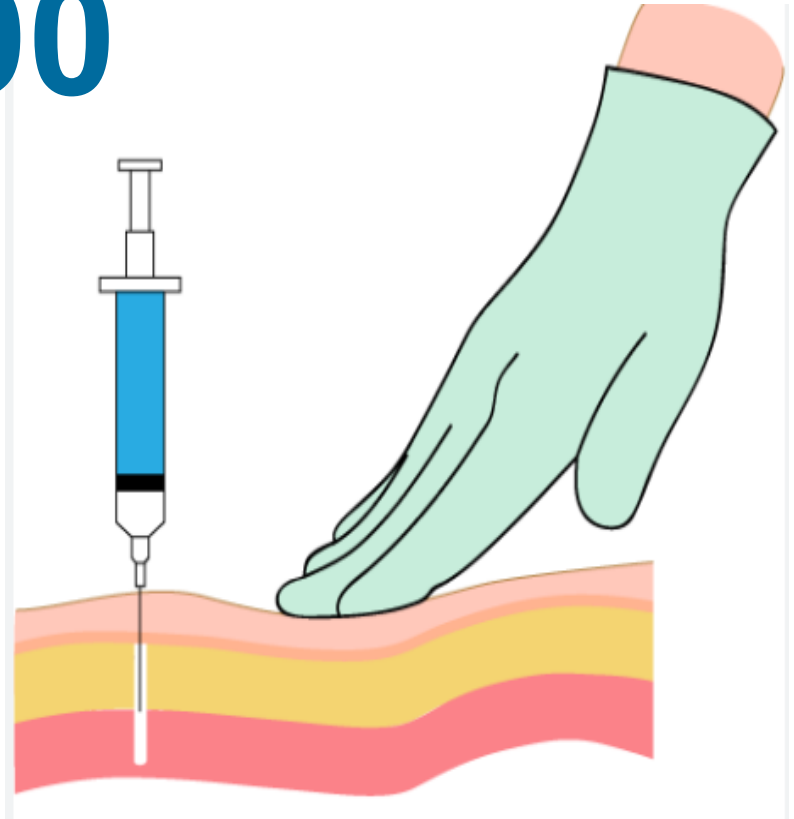
The following table outlines recommended needle gauges and lengths. In addition, clinical judgment should be used when selecting needles to administer injectable vaccines.

Route	Age	Needle gauge and length	Injection site
Subcutaneous injection	All ages	23–25-gauge 5/8 inch (16 mm)	Thigh for infants younger than 12 months of age <sup>1</sup> ; upper outer triceps area for persons 12 months of age and older
	Neonate, 28 days and younger	22–25-gauge 5/8 inch (16 mm <sup>2</sup> )	Vastus lateralis muscle of anterolateral thigh
Intramuscular injection	Infants, 1–12 months	22–25-gauge 1 inch (25 mm)	Vastus lateralis muscle of anterolateral thigh
	Toddlers, 1–2 years	22–25-gauge 1–1.25 inches (25–32 mm)	Vastus lateralis muscle of anterolateral thigh <sup>3</sup>
		22–25-gauge 5/8 <sup>2</sup> –1 inch (16–25 mm)	Deltoid muscle of arm
	Children, 3–10 years	22–25-gauge 5/8 <sup>2</sup> –1 inch (16–25 mm)	Deltoid muscle of arm <sup>3</sup>
		22–25-gauge 1–1.25 inches (25–32 mm)	Vastus lateralis muscle of anterolateral thigh
	Children, 11–18 years	22–25-gauge 5/8 <sup>2</sup> –1 inch (16–25 mm)	Deltoid muscle of arm <sup>3,5</sup>
	Adults, 19 years and older <ul style="list-style-type: none"> <li>▪ 130 lbs (60 kg) or less</li> <li>▪ 130–152 lbs (60–70 kg)</li> <li>▪ Men, 152–260 lbs (70–118 kg)</li> <li>▪ Women, 152–200 lbs (70–90 kg)</li> <li>▪ Men, 260 lbs (118 kg) or more</li> <li>▪ Women, 200 lbs (90 kg) or more</li> </ul>	22–25-gauge 1 inch (25 mm <sup>4</sup> ) 1 inch (25 mm) 1–1.5 inches (25–38 mm) 1–1.5 inches (25–38 mm) 1.5 inches (38 mm) 1.5 inches (38 mm)	Deltoid muscle of arm <sup>3,5</sup>

# IM- Intramuscular Injection



90

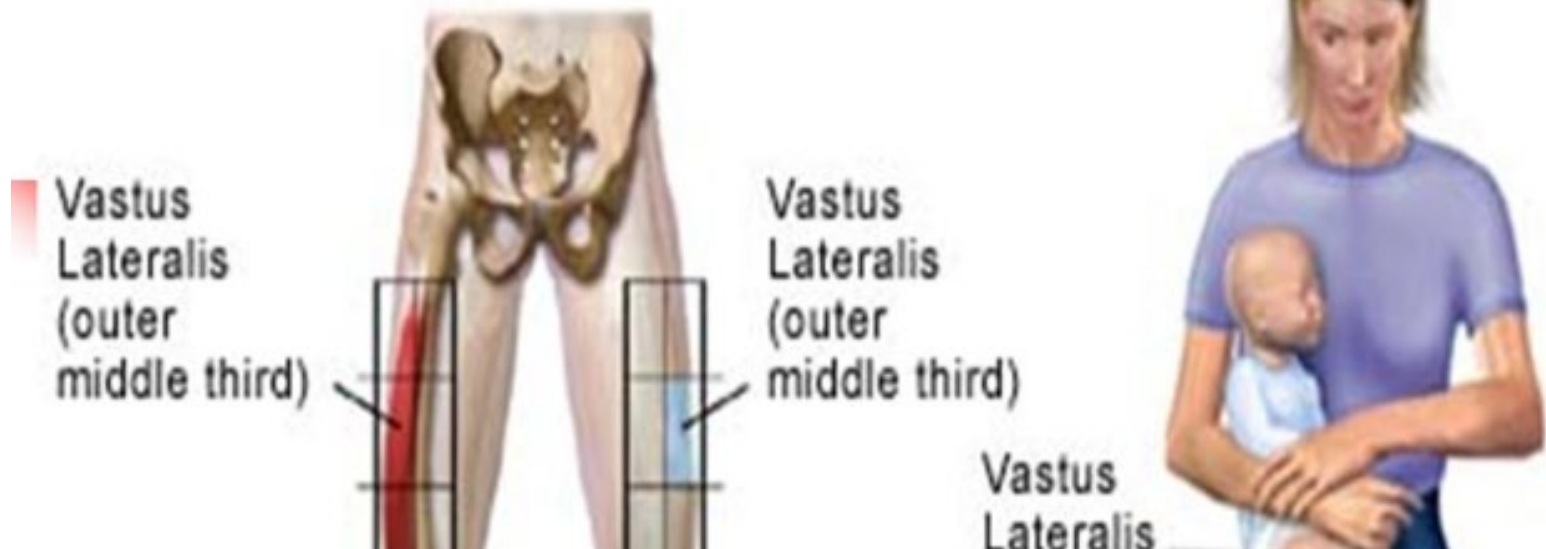


# IM Intramuscular Injection



# IM Intramuscular Injection

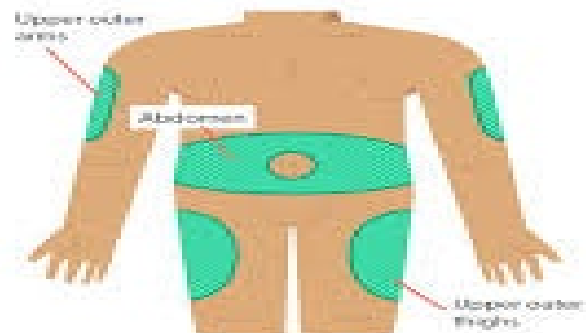
## Intramuscular Injection



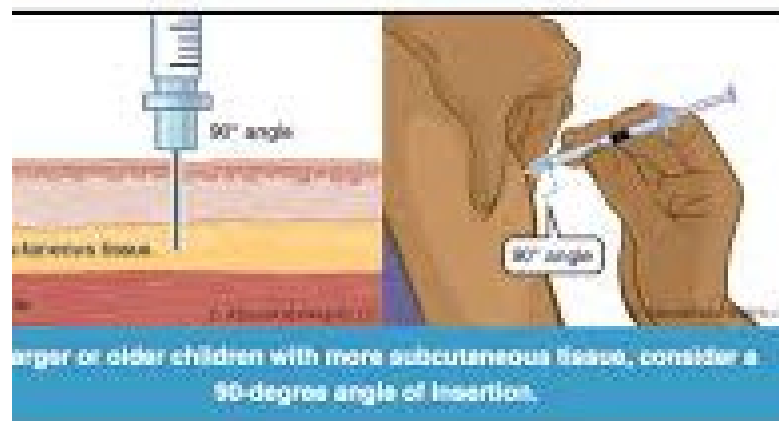
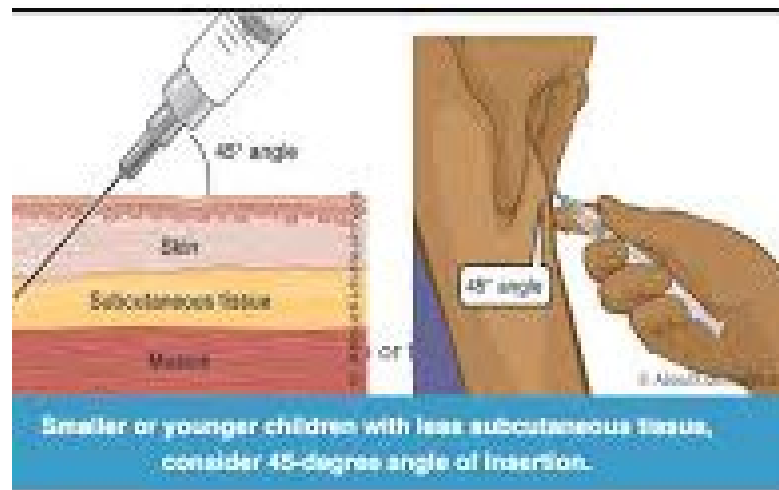
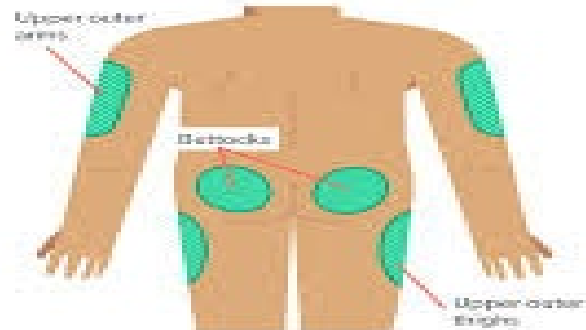
# SQ Administration

## Where to Inject a Subcutaneous Injection

Front

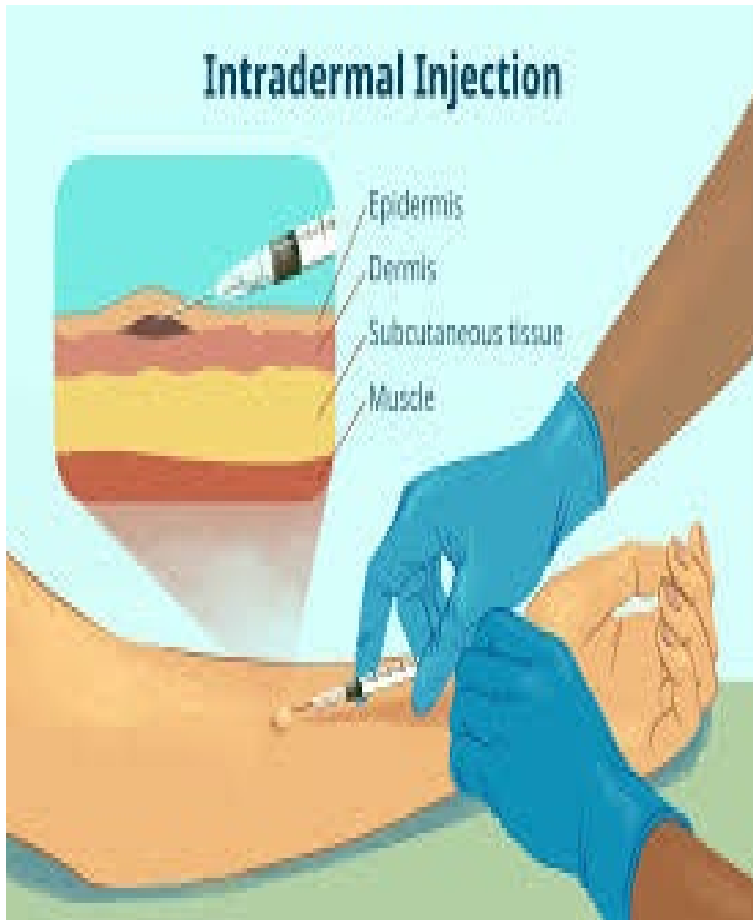


Back





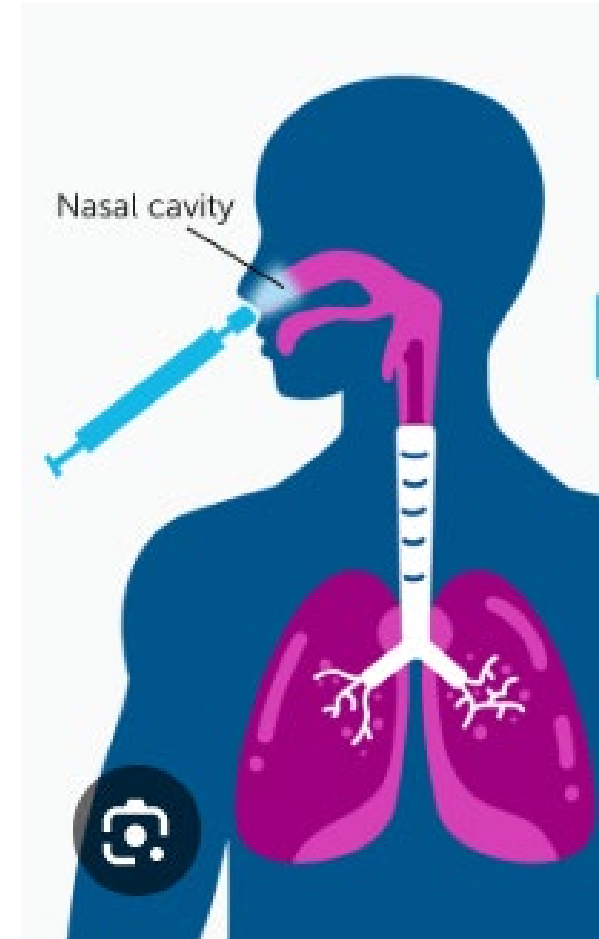
# Intradermal



# Oral



# Intranasal



# Positioning






# Eligibility Chart IMM-1142

## Vaccine and Clinic Eligibility Guidelines by Funding Source



For Health Departments and CDPH Approved Health Department Authorized Sites (Effective 10/1/2024 through 9/30/2025) Revised 4/3/25

Program	 <b>VFC</b> Vaccines for Children Program	 <b>BAP</b> CA Bridge Access Program	 <b>LHD 317</b> Local Health Departments <sup>1, 4, 6</sup>	<b>VFA</b> Vaccines for Adults Program <sup>6</sup>	<b>SGF</b> State General Funds <sup>2</sup>
<b>Funding</b>	VFC-Federal entitlement program for eligible children. Funds are used to pay for vaccines recommended by ACIP and approved into the VFC program.	BAP-Limited federal funds (Section 317) for eligible adult populations to maintain access to COVID-19 vaccines through existing public health infrastructure.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and support limited vaccine supply for outbreak activities via Public Health Departments.	317-Limited federal funds (Section 317) used to pay for adult vaccines recommended by ACIP and included in the VFA Program.	Limited state funds for the purchase of vaccines to prevent respiratory illness.
<b>Age and Eligibility</b>	Children Birth–18 years: <ul style="list-style-type: none"> <li>• Medi-Cal eligible</li> <li>• Uninsured (no health insurance)</li> <li>• American Indian or Alaskan Native</li> <li>• Underinsured: health insurance does not cover vaccines (ONLY if the LHD has a FQHC or RHC designation).</li> </ul>	Adults 19 years and older: <ul style="list-style-type: none"> <li>• Uninsured (no health insurance)</li> <li>• Underinsured (vaccines are not covered by insurance or requires a co-payment)<sup>5</sup></li> </ul> (Adults with Medicare part B and D are considered insured and not eligible to receive 317 BAP vaccines.)	Adults 19 years and older: <ul style="list-style-type: none"> <li>• Uninsured adults (no health insurance)</li> <li>• Underinsured adults (vaccines are not covered by insurance or requires a co-payment)<sup>5</sup></li> <li>• Insured exceptions-Adults part of outbreak control, post-exposure prophylaxis, or disaster relief efforts as approved by CDPH &amp; LHDs.</li> <li>• Household contacts or sexual contacts of HBsAg+ pregnant woman</li> </ul>	Adults 19 years and older: <ul style="list-style-type: none"> <li>• Uninsured adults (no health insurance)</li> <li>• Underinsured adults (vaccines are not covered by insurance or requires a co-payment)<sup>5</sup></li> </ul> (Adults with both Medicare Part B AND Part D are considered fully insured and not eligible to receive VFA vaccines.)	All ages: <ul style="list-style-type: none"> <li>• No restrictions</li> </ul>

# Perinatal Hepatitis B Program

- Requirement for all prenatal providers to draw Hep B Labs for pregnant women
- If pregnant and test positive for Hep B, must notify Public Health (IZ Program)
- IZ RNs will case manage mom and baby through pregnancy, birth, up through 1<sup>st</sup> birthday
  - HBIG & Hep B 1<sup>st</sup> dose (within 12 hours of birth)
  - Hep B 2<sup>nd</sup> dose (2 months)
  - Hep B 3<sup>rd</sup> dose (6 months)
  - Hep B Serologic Test (9-12 months)

# Perinatal Hepatitis B Resources

- California Department of Public Health
  - [Perinatal Hepatitis B Webpage](#)
  - [Perinatal Hepatitis B Post-Exposure Prophylaxis Recommendations - Guidelines for Labor and Delivery Hospitals](#)
- Centers for Disease Control and Prevention
  - [Perinatal Hepatitis B Prevention Program | CDC](#)
  - [Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices](#)
  - [Hepatitis B - Vaccine Preventable Diseases Surveillance Manual | CDC](#)
- American Association for the Study of Liver Disease
  - [Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance](#)



# Contact Information

## **Ventura County Public Health Immunization Program**

Immunization.program@ventura.org

P: 805-981-5211

F: 805-981-5210

Brittany Romane

Clinical Coordinator

[Brittany.romane@ventura.org](mailto:Brittany.romane@ventura.org)

805-844-0097

# THANK YOU!!!



## Immunization Branch

# Vaccines for Children: Successful Compliance Visits

Kelley Leung, BSN, RN, PHN  
Immunization Branch Nurse Consultant

# Agenda

- What is a Compliance Visit?
- Components of Compliance Visit
- Updates: VFC and myCAvax

# **What is a Compliance Visit?**

# Compliance Visits

- As a condition for participation in the VFC Program, providers must allow site visits from VFC representatives
- Educational opportunity designed to improve compliance with program guidelines
- Goals of VFC visit:
  - Identify areas where providers are doing well and areas needing follow up
  - Identify educational needs of VFC providers to help them meet program requirements
  - Ensure that VFC-eligible children receive properly managed and viable vaccines.

# Proactive Not Reactive

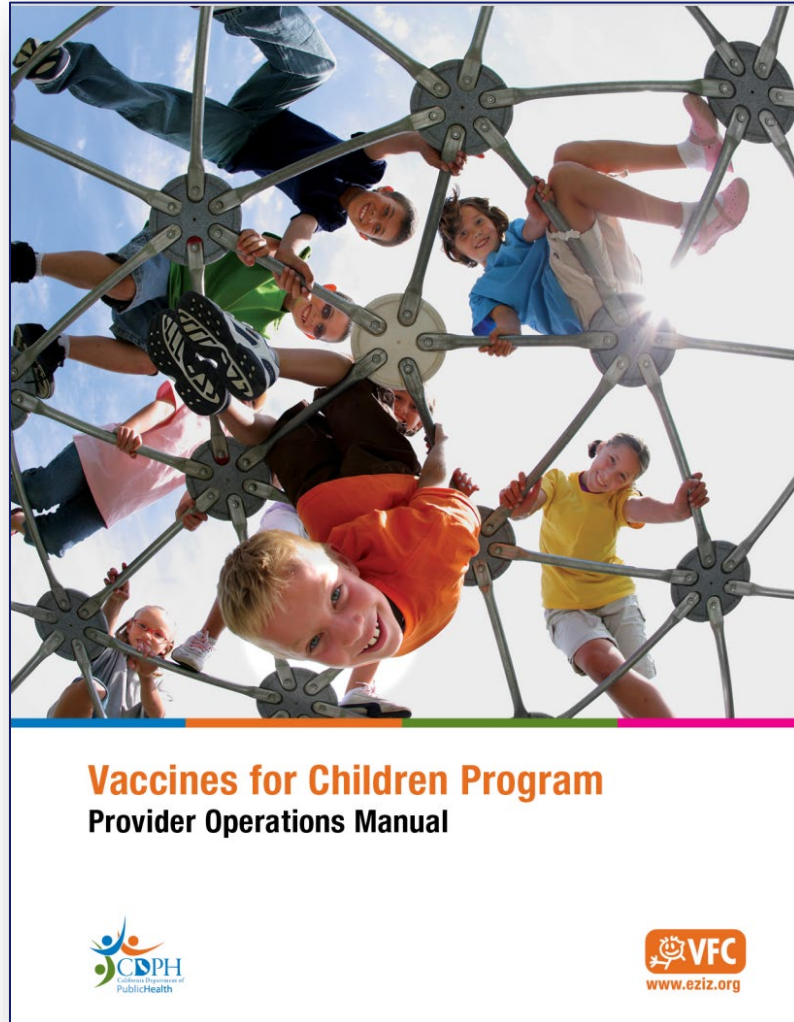
## Successful compliance visits start before the visit is scheduled

- Preparation for a site visit should be a part of your daily routine
- Starts at program enrollment; doing things correctly from the start eliminates the need to rush to prepare for a compliance visit
- Providers are required to maintain ***all*** records related to the VFC Program—paper and electronic—for a minimum of three years and make them available for review upon request
- Organization makes managing program requirements and site visits easier and more efficient



*Remember the goal: safe delivery of effective vaccines to eligible children!*

# Provider Operations Manual



- VFC Program's [Provider Operations Manual](#) (POM) is a reference guide that helps providers stay compliant with program requirements
- This reference guide provides clear instructions regarding requirements, best practices, and procedures
- Keep this manual in an easily accessible location and instruct staff to refer to it as needed to ensure tasks are completed in compliance with program requirements

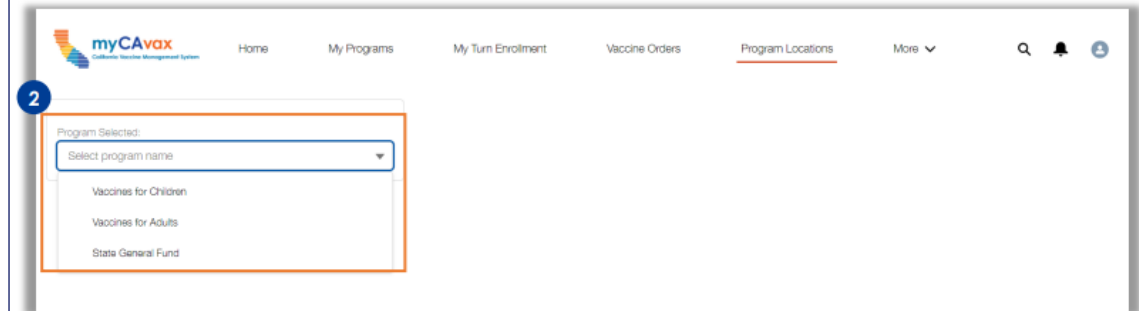


# Components of a Compliance Visit

# VFC Account

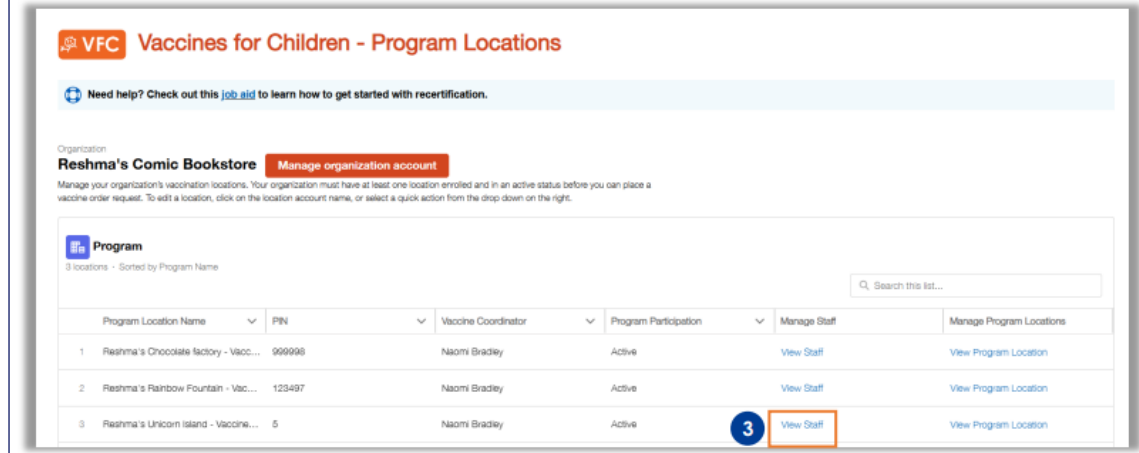
- Changes in key practice staff who have immunization-related responsibilities must be reported to the VFC Program
  - Immediately report any changes to key practice staff roles in myCAvax
  - Any changes to the Provider of Record or Designee require an electronic signature by the Provider of Record.
- All staff with key practice roles must also show proof of completed training for the role they are assigned annually

2. Select the relevant program from the 'Program Selected' dropdown.



The screenshot shows the myCAvax interface with the 'Program Locations' tab selected. A dropdown menu is open, showing the following options: 'Vaccines for Children', 'Vaccines for Adults', and 'State General Fund'. A blue circle with the number '2' is next to the dropdown menu.

3. Click the 'View Staff' hyperlink next to the relevant Program Location on the 'Vaccines for Children - Program Locations' page.



The screenshot shows the 'VFC Vaccines for Children - Program Locations' page. It includes a search bar and a table of program locations. The table has columns for Program Location Name, PIN, Vaccine Coordinator, Program Participation, and Manage Staff. The 'View Staff' link for the third location is highlighted with a blue circle and the number '3'.

	Program Location Name	PIN	Vaccine Coordinator	Program Participation	Manage Staff	Manage Program Locations
1	Reshma's Chocolate factory - Vacc...	999999	Naomi Bradley	Active	<a href="#">View Staff</a>	<a href="#">View Program Location</a>
2	Reshma's Rainbow Fountain - Vacc...	123497	Naomi Bradley	Active	<a href="#">View Staff</a>	<a href="#">View Program Location</a>
3	Reshma's Unicorn Island - Vaccine...	5	Naomi Bradley	Active	<a href="#">View Staff</a>	<a href="#">View Program Location</a>

# VFC Eligibility

In order for children to receive vaccines through the VFC Program:

- 18 years of age or younger
  - Medi-Cal/Medicaid eligible
  - Uninsured/No health insurance
  - American Indian or Alaska Native
  - Underinsured (Only through FQHC or RHC)
- Screen and document VFC Program eligibility at every immunization visit before giving vaccines
  - Have a system so the vaccinator knows when to use VFC-supplied vaccine and when to use private vaccine.

**Patient Eligibility Screening Record for Vaccines for Children Program**

CDPH | VFC | California Vaccines for Children Program

**Patient Information**

Patient Name		Last		First		MI	Date
Date of Birth	Parent/Guardian (if applicable)	Last	First	MI			
Provider Name							

☐ The patient named above qualifies for immunization through the VFC Program because he/she or his/her parent/guardian states the child is 18 years of age or younger and:

**Choose only one of the following.**

(Note: If a child meets two or more of the eligibility qualifications, choose the first one that applies.)

- ☐ is Medi-Cal eligible; or
- ☐ Is uninsured (does not have private health insurance); or
- ☐ Is an American Indian or Alaska Native.
- ☐ Health insurance does not cover vaccines (only at federally qualified and rural health centers).

☐ The patient named above does not qualify for immunization through the VFC Program because he/she has health insurance that pays for vaccines.

**Eligibility Status Verification**

Screening Date	VFC Eligible				Not VFC Eligible
	Medi-Cal Eligible	Uninsured	American Indian/Alaska Native	[Under-insured (health insurance does not cover vaccine(s))]	Insured (Patient has health insurance)

[Eligibility Screening Record IMM-1111](#) | [eziz.org](#)

# CAIR Documentation

- Ensure your location is using the correct CAIR ID for your specific location
- Ensure doses administered are entered promptly (same day) and accurately into the IIS
  - Name of the vaccine
  - Date it was given
  - The route and administration site
  - Vaccine manufacturer and lot number
  - Name/title of the person who administered the vaccine(s)
  - Practice name and address
  - The VIS publication date and date VIS was provided
  - Dose level eligibility (VFC, VFA, Private, etc)
- Check doses administered report to ensure that all data elements are transferring to CAIR

# Data Elements Reporting

**Connect with your  
EHR vendor if fields  
are missing  
information!**

Ensure that VIS  
date is  
documented

Vaccine Group: DTP/aP - Td/Tdap  
Vaccine Display Name: Tdap  
NDC:  
CVX Code: 115  
Trade Name: Unknown  
Vaccine Lot Number: XN575  
Vaccine Eligibility: Unknown  
Funding Source: Unknown  
Dosage From Inventory: Full  
Subpotent Dose: ☐  
Date Provided: 03/14/2025  
Ordering Authority: H   
Administered By: M , RN  
Body Site: LEFT DELTOID  
Administered Route: INTRAMUSCULAR  
Source of Immunization: Unknown  
Disregard Primary Series: ☐  
VIS Date for DTP/aP: Unknown  
VIS Date for Td/Tdap: Unknown  
Entered by Site: Unknown  
Input Source of Record: Created Through Data Exchange

Ensure that doses have  
the eligibility and  
funding source data for  
all doses administered

# Review of Documents

**Maintain all records related to the VFC Program for a minimum of three years and upon request make these records available for review**

- Providers are required to order all ACIP-recommended vaccines according to the provider population, category, order frequency, vaccine usage, and on-hand inventory
- Maintain accurate and separate stock records (e.g., purchase invoices, receiving packing slips) for privately purchased vaccines
- Documents review include:
  - Ordering & inventory worksheets
  - Daily usage logs
  - Vaccine Information Statements
  - Certificates of Calibration
  - Review of vaccine invoices, packing slips
  - Vaccine Management Plan
  - Temperature logs
  - Transport logs

# Vaccine Inventory Requirements

- The goal of the VFC program is to protect patients against all vaccine preventable diseases within their medical home
- Sending patients somewhere else to obtain a needed vaccine creates a barrier to vaccination
- Order all ACIP-recommended and non-routine vaccines according to patient population being served including MenB and PPSV23
- Have policies and procedures in place to make non-routine vaccines available when indicated or requested (or have a plan to get the patient vaccinated):
  - Maintain a minimal number of doses
  - Order as needed

# Vaccine Management Plan

## Vaccine Management Plan



### KEEP YOUR MANAGEMENT PLAN NEAR THE VACCINE STORAGE UNITS

Complete this form and ensure key practice staff sign the signature log whenever your plan is revised. To ensure emergency preparedness, review periodically to ensure content is up to date. (If applicable, see "[mobile unit plan](#).")

### Section 1: Important Contacts

#### KEY PRACTICE STAFF & ROLES

Location Name	Provider PIN	CAIR Registry ID
Address	<input type="checkbox"/> VFC <input type="checkbox"/> VFA <input type="checkbox"/> LHD 317 <input type="checkbox"/> SGF	
	<input type="checkbox"/> Other:	

Role	Name	Title	Phone #	Alt Phone #	E-mail
Provider of Record *					
Provider of Record Designee *					
Vaccine Coordinator *					
Backup Vaccine Coordinator *					
Organization Coordinator					
Additional Vaccine Coordinator					
Immunization Champion (optional)					
Receives vaccines					
Stores vaccines					
Handles shipping incidents					
Monitors storage unit temperatures					
Transports vaccines					

\* Required roles

#### USEFUL EMERGENCY NUMBERS

Service	Name	Phone #	Alt Phone #	E-mail
CDPH Field Representative				
VFC Program		(877) 243-8832		MyVFCVaccines@cdph.ca.gov
VFA/LHD 317 Programs		(833) 502-1245		providercallcenter@cdph.ca.gov
SGF Program		(833) 502-1245		SGFvaccine@cdph.ca.gov
Utility Company				
Building Maintenance				
Building Alarm Company				
Refrigerator/Freezer Alarm Co.				
Refrigerator/Freezer Repair				

- VMP must outline procedures for routine and emergency situations to protect vaccines and minimize loss
- Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change
- Designate a staff member responsible for updating the practice's management plan
- Ensure staff with assigned vaccine-management responsibilities documents annual training, reviews, signs, and dates the VMP annually or when there are changes



# Universal Logs

### 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: (833) 502-1245 | VFA/LHD 317/SGF: (833) 502-1245

Provider Name: \_\_\_\_\_ Provider PIN: \_\_\_\_\_ Data Logger Serial #: \_\_\_\_\_

Transported to: \_\_\_\_\_ Provider PIN: \_\_\_\_\_ Transport Date: \_\_\_\_\_

Transport Reason: ☐ Power outage ☐ Excess supply ☐ Short-dated ☐ Unit malfunction ☐ Building maintenance ☐ Off-site ☐ Other \_\_\_\_\_

Vaccines must be transported to another active provider in the same program: ☐ VFC ☐ VFA ☐ LHD 317 ☐ SGF ☐ Other \_\_\_\_\_

Vaccine	Funding Source	Lot Number	Number of Doses	Expiration Date/ Beyond-Use Date	Vaccine previously transported?	Refrigerated (R) Frozen (F)	Comments
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	
	VFC   VFA   LHD 317   SGF				Y   N	R   F	

#### Storage Unit Temperatures

	°C/F	Time
Primary unit before departure:		
Destination unit upon arrival:		

#### Transport Container Temperatures

	°C/F	Time
Before departure: Current: Min: Max:		
Upon arrival: Current: Min: Max:		

Chain of Custody Signatures

Prepped By Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Courier Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Receiving Party/POC: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

Notes: \_\_\_\_\_

Total transport time (include time vaccines are stored in transport container): \_\_\_\_\_

California Department of Public Health, Immunization Branch

IMM-1132 (7/24)

IMM-1132 Vaccine Transport Log

### Temperature Log

Month & Year \_\_\_\_\_ Provider PIN \_\_\_\_\_

#### Storage Unit Location/ID

Funding Source(s)  
☐ VFC ☐ VFA ☐ LHD 317 ☐ SGF ☐ Private ☐ \_\_\_\_\_

#### Scale

☐ Fahrenheit ☐ Celsius

#### Storage Unit Type (select one)

☐ Refrigerator (36° to 46°F / 2° to 8°C)  
☐ 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 #
16	am pm						
17	am pm						
18	am pm						
19	am pm						
20	am pm						
21	am pm						
22	am pm						
23	am pm						
24	am pm						
25	am pm						
26	am pm						
27	am pm						
28	am pm						
29	am pm						
30	am pm						
31	am pm						

#### Check temperatures twice a day:

- Fill out clinic/unit details in header.
- Record the time and your initials.
- Record a check if alarm went off.
- Record Current, MIN, and MAX.
- Clear MIN/MAX on your device.
- Ensure data logger is recording.

#### IF ALARM WENT OFF:

- Clear MIN/MAX and alarm symbol.
- Post "Do Not Use Vaccines" sign.
- Alert your supervisor.
- Report excursion at myCAVax for all funding sources.
- Record myCAVax Batch Excursion # in last column or in notes.
- Ensure data logger is recording.

#### On-Site Supervisor's Review

When complete, check all that apply:

☐ Temperatures were recorded twice daily.

☐ I reviewed data files to find any missed excursions.  
Download date: \_\_\_\_\_

☐ Any excursions were reported.

On-Site Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Names and Initials: \_\_\_\_\_

Additional excursion notes: \_\_\_\_\_

Keep all temperature logs and data files for three years.  
Falsifying log is grounds for vaccine replacement and program termination.

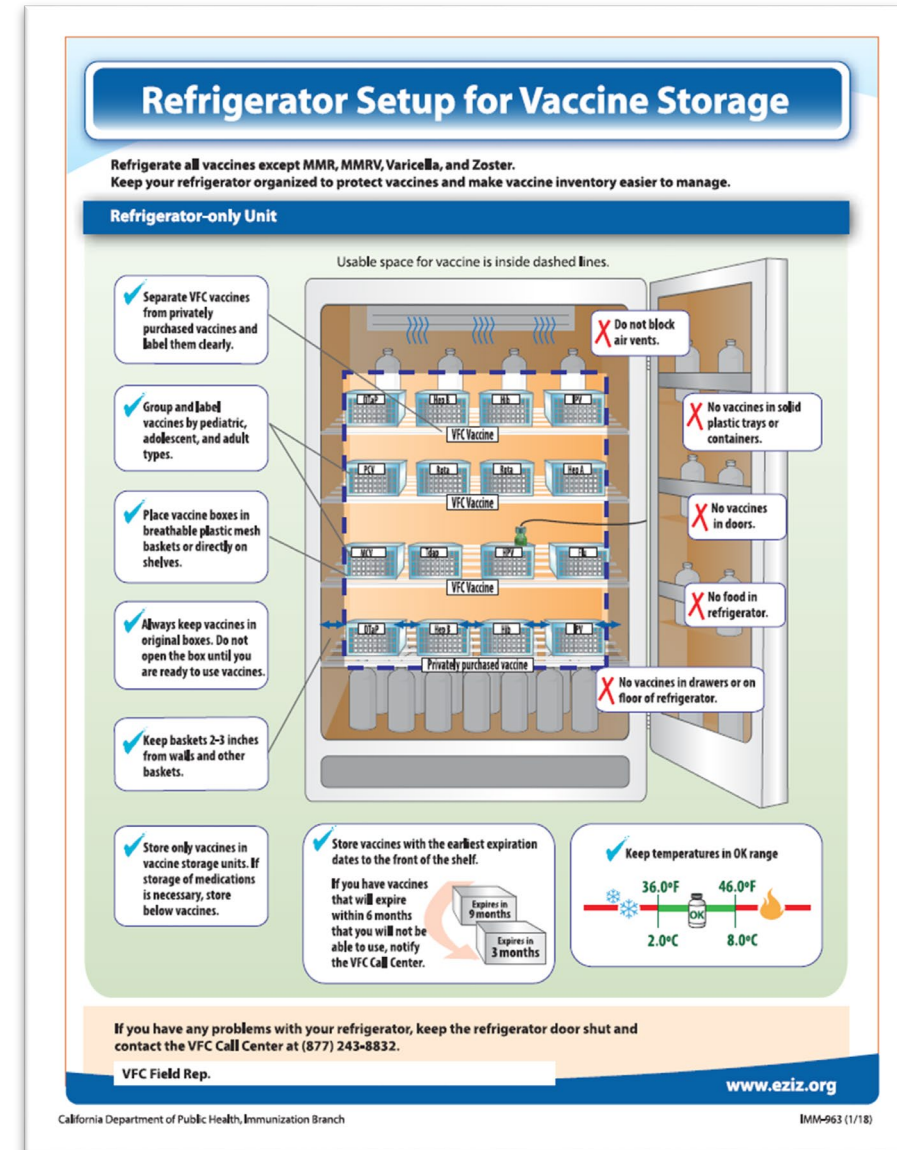
VFC: (877) 243-8832 VFA, LHD 317, SGF: (833) 502-1245

IMM-1535 Page 2 (9/18/24)

IMM-1535 Universal Temperature Log

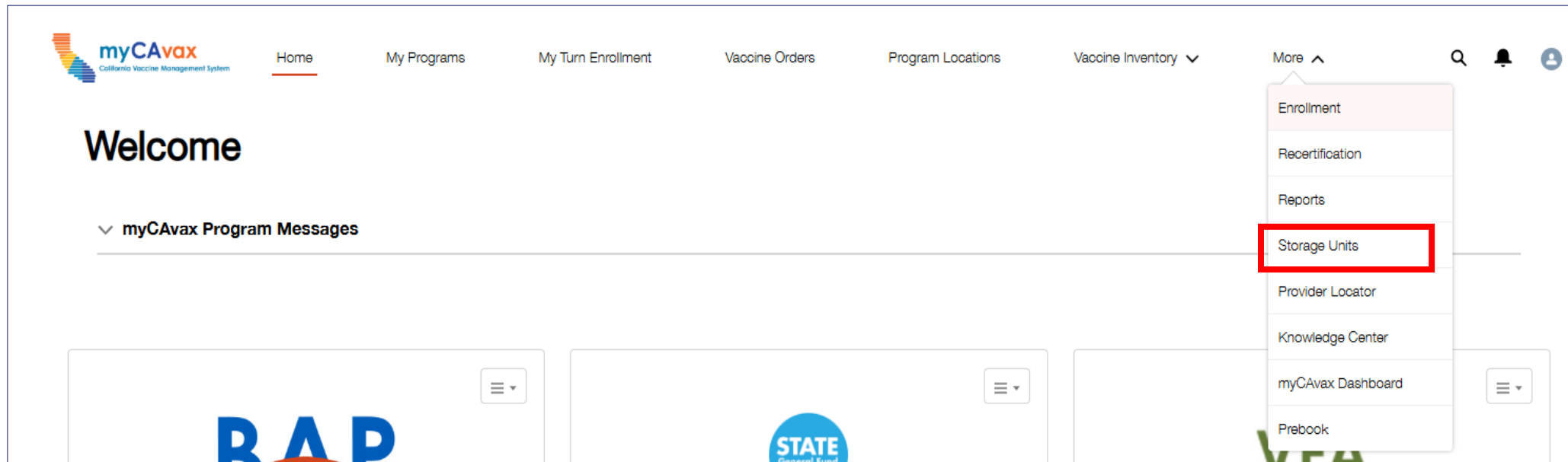
# Storage and Handling

- Storage & handling is a large part of all VFC compliance visits
- VFC Field Reps ask questions from the CDC reviewer guide and look at:
  - At vaccine storage units
  - Temperature monitoring equipment
  - The vaccine inventory inside a unit
- Post “Do Not Unplug” ([IMM-744](#)) signs on electrical outlets and circuit breakers to prevent interruption of power
- Ensure that unit has dedicated wall outlet to ensure that vaccines are safe if a breaker is tripped




# Managing Storage Units

- Self service management of storage units and digital data loggers now done through myCAVax account
- Add new units, update expiration dates for DDLs, update unit priority, upload certificates of calibration
- Make sure that all units and DDL information are up to date with any changes



# Managing Storage Units



Home

My Programs




My Turn Enrollment


Vaccine Orders

Program Locations

Vaccine Inventory ▾

More ▾





Storage Unit

SC-44829

+ Follow

Edit

Details

Uploaded Documents

Related

Storage Unit Name

SC-44829

Storage Type

Refrigerated Storage Capacity

Type

Stand Alone

Unit Priority

Primary

Refrigerated Storage Unit cu. ft.

24

Storage Unit Brand

FOLLETT PED SSC-10119

Storage Unit Model

REF25I-6B-L0000G

Vaccines Stored

SGF;317;VFA;VFC;BAP

Thermometer Type (Select one)

Digital data logger

Specify Other Thermometer Type

Thermometer Model

AC-TMP5PINDIN12-SS30

Thermometer Serial Number

288824230E0000

Calibration Expiration Date

2/07/2028

Account

[Sierra Vista Family Medical Clinic](#)

Location Application

[Sierra Vista Family Medical Clinic - VFC Recertification](#)

Unit Grade

Purpose-built (Pharmacy/Laboratory Grade)


Post

Share an update...


Share


Sort by:


Most Recent Activity ▾



Search this feed...







The background is a solid teal color. On the right side, there is a geometric design consisting of several lines of varying thicknesses that intersect to form a star-like or web-like pattern. The lines are a slightly darker shade of teal than the background.

# **Immunization Quality Improvement for Providers**

# Immunization Quality Improvement for Providers (IQIP)

- IQIP is CDC's provider-level immunization quality improvement (QI) program
- Assists and supports providers by identifying opportunities to improve vaccine uptake and help providers be:
  - Motivated to try new vaccination service delivery strategies and incorporate changes into their current practices
  - Supported in sustaining changes and improvement to their vaccination service delivery
  - Aware of and knowledgeable about vaccination coverage and missed opportunities to vaccinate
  - Able to use available data from the IIS to improve services and coverage
- Local CAIR Representative (LCR) and QA staff are conducting IQIP visits and may be reaching out to providers soon to schedule visits



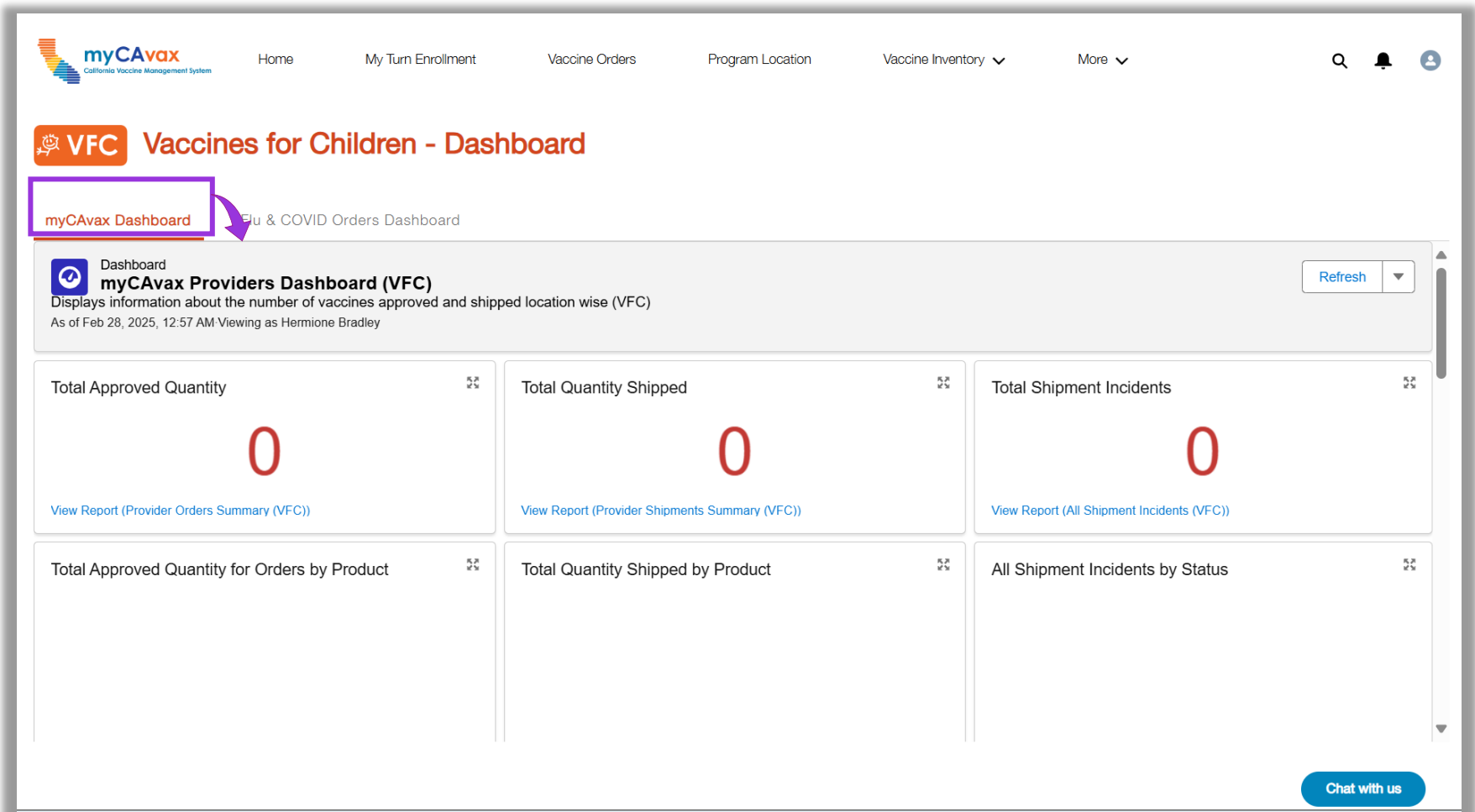


**Updates: VFC and myCAvax**

# Updated VFC Dashboards

VFC providers will have access to two different Dashboards through new tabs on the Vaccines for Children – Dashboard page.

- myCAvax Dashboard:

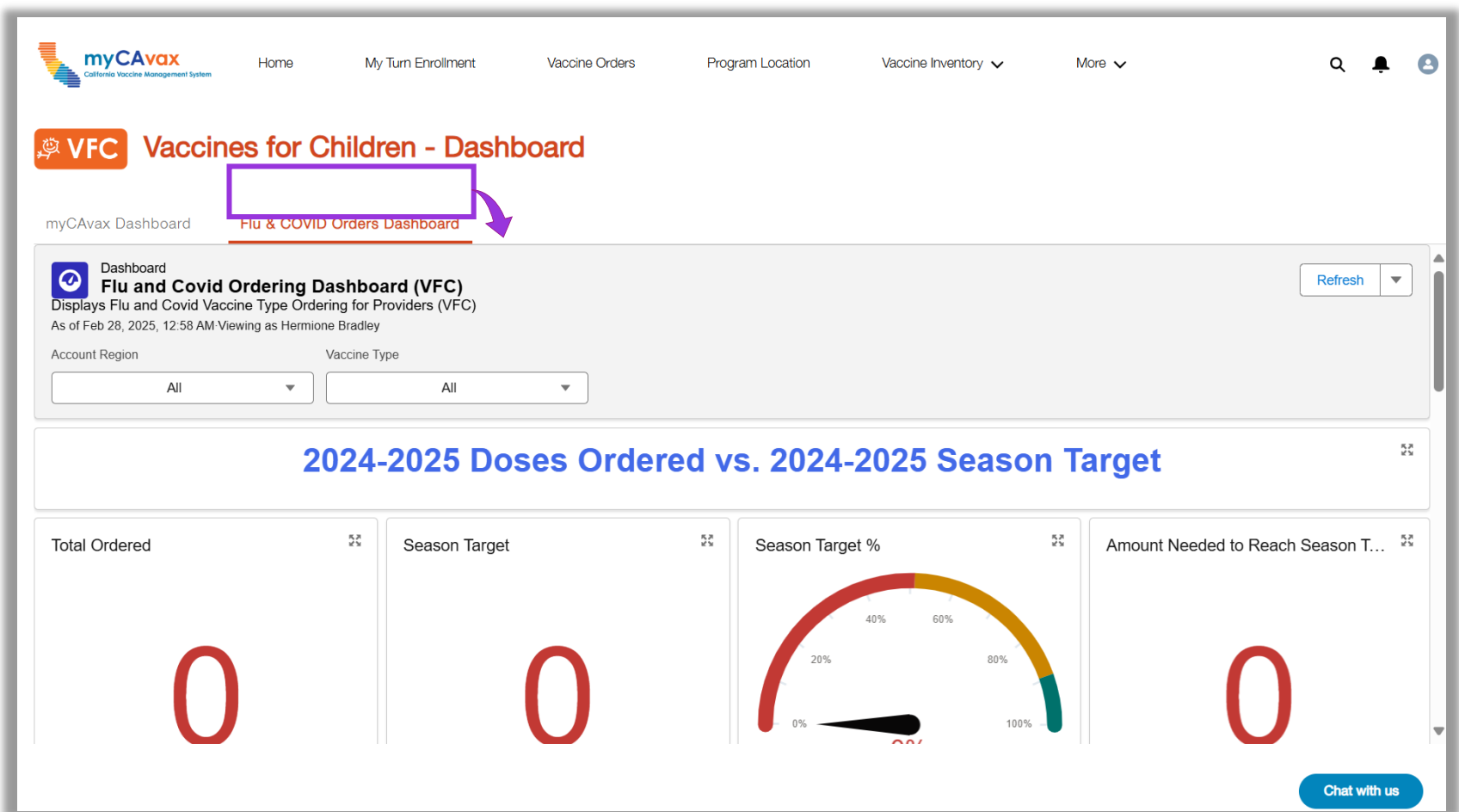




# Updated VFC Dashboards

VFC providers will have access two different Dashboards through new tabs on the Vaccines for Children – Dashboard page.

- Flu & COVID Orders Dashboard:



# VFC Field Representative



California  
Vaccines for  
Children Program

- For VFC related questions or concerns please reach out to your VFC field rep
- Please include your VFC PIN when sending communications to your field rep



VFC Field Rep for Ventura County:

- **Pheng Lee**
- Email: [pheng.lee2@cdph.ca.gov](mailto:pheng.lee2@cdph.ca.gov)
- (559) 417-1543

# Vaccine Support

## Provider Call Center

Dedicated to medical providers and Local Health Departments in California, specifically addressing questions about State program requirements, enrollment, and vaccine distribution.

- For myCAvax Help Desk inquiries: [myCAvax.hd@cdph.ca.gov](mailto:myCAvax.hd@cdph.ca.gov)
- For My Turn Clinic Help Desk inquiries: [MyTurn.Clinic.HD@cdph.ca.gov](mailto:MyTurn.Clinic.HD@cdph.ca.gov)
- For all other inquiries: [providercallcenter@cdph.ca.gov](mailto:providercallcenter@cdph.ca.gov)
- Phone: (833) 502-1245, Monday through Friday from 8:00 am – 5:00 pm

## myCAvax

- Virtual Assistant resolves many questions but will direct you to the Provider Call Center queue for live assistance!
- Knowledge Center houses key job aids and videos that are updated every release. Once logged in, you can access job aids from the myCAvax homepage (or at various places throughout the system) using the links as shown below.



Need help? View our job aids in the [Knowledge Center](#), or [contact us](#).



# Contact Information

**Kelley Leung, BSN, RN, PHN**

Vaccine Preventable Disease Consultant

Immunization Branch

California Department of Public Health

Email: [Kelley.leung@cdph.ca.gov](mailto:Kelley.leung@cdph.ca.gov) | Cell: (909)241-2395



# Immunization Branch