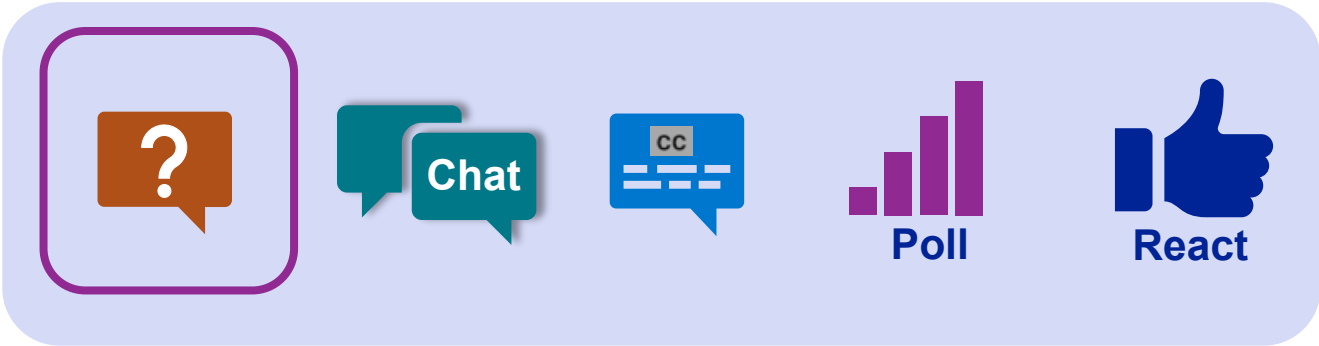
CDPH California Department of Public Health | Immunization Branch

First RSV/Hep B Ordering Overview for VFC Replacement Model Birthing Hospitals

Tuesday, October 27, 2026, 12pm-1pm

Q&A

During today's webinar, please click and open the Q&A icon to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.



Links are in blue and underlined

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Housekeeping

Reminder to Attendees:



For VFC Resources see the VFC Program: Birthing Hospitals page.



Sign up for the EZIZ email listserv to receive immunization updates.



If you have post-webinar-related questions, please email VFCEnrollment@cdph.ca.gov.

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Agenda: Tuesday, October 27, 2026

No.	Item	Presenter	Time (PM)
1	Welcome and Announcements	Eugene Beronilla	12:00 – 12:05
2	Vaccine Ordering	Brenton Louie	12:05 – 12:15
3	myCAvax demo	Lucy Stillman	12:15 – 12:20
4	CAIR: How to Generate Doses Administered Report	Jonah Taranta-Slack	12:20 – 12:25

Agenda: Tuesday, October 27, 2026

No.	Item	Presenter	Time (PM)
5	Vaccine Management	Brenton Louie	12:25 – 12:35
6	Follow Up & Resources	Eugene Beronilla	12:35 – 12:40
7	Q&A	Eugene Beronilla	12:40 – 1:00

Vaccine Ordering

Brenton Louie

Replacement Vaccine Ordering

- Purchase private stock first; VFC Program replaces doses administered to VFC-eligible patients
- Complete VFC-supplied monthly tracking spreadsheet
- Submit monthly replacement requests with completed tracking spreadsheet
- Only doses administered to VFC eligible patients are replaced — wasted doses are NOT eligible for replacement
- Replacement orders to be submitted on the 30th of the following month for doses administered the previous month
- Replacement requests to be submitted by individual locations
- Upon termination: submit final replacement requests to complete repayment

Vaccine Ordering Tips

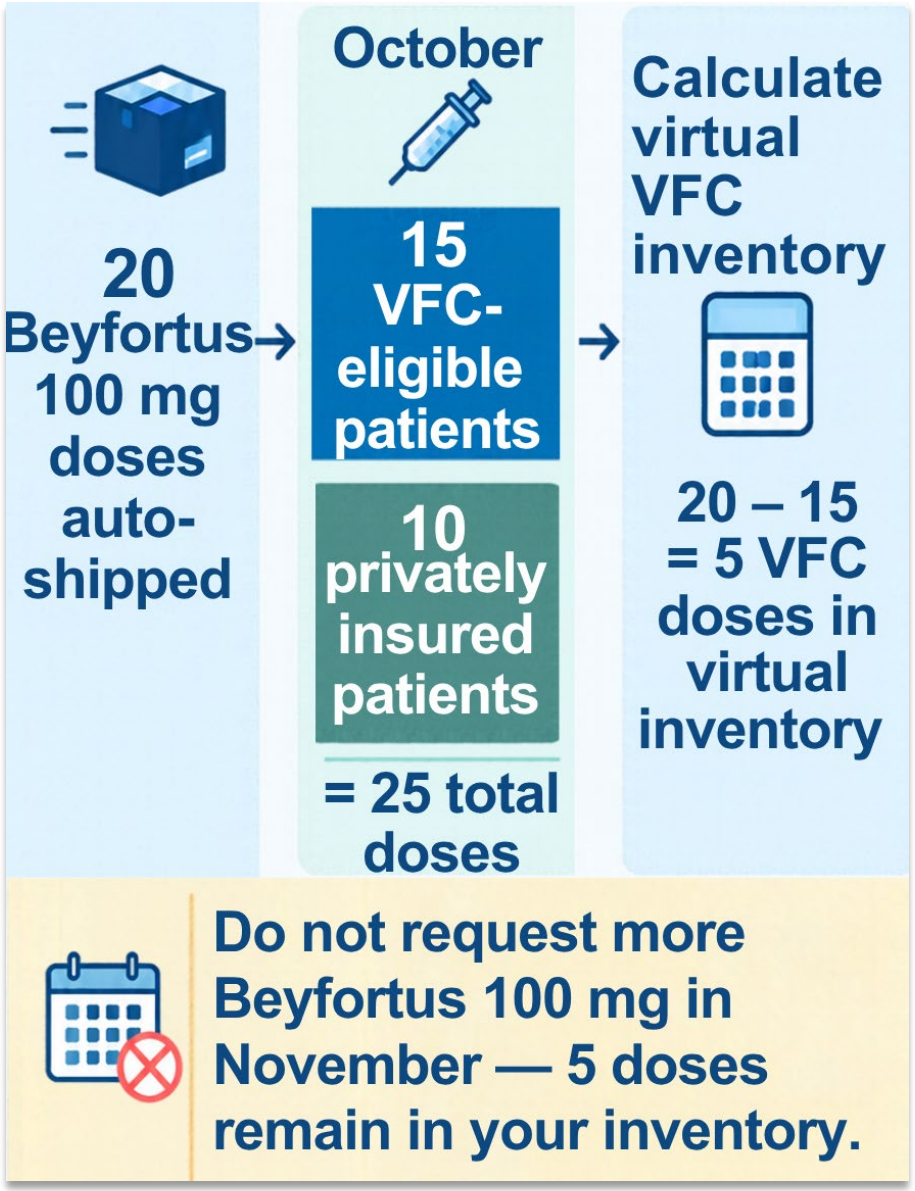
- Ensure doses administered are reported accurately to CAIR and VFC.
- Ensure VFC inventory on hand is also reported accurately.
- Multi-location organizations: designate regional contacts to coordinate replacement requests

RSV Auto-Shipments

- CA VFC Program auto-ships pre-book orders of RSV to help facilitate the distribution of RSV monoclonal antibodies prior to the start of the season.
- Orders for replacement model Providers were not excluded this season, but we will implement processes for next season to exclude Providers enrolled in the replacement program.
- Doses that were auto-shipped can be incorporated into your overall immunization inventory (private doses and VFC doses can be comingled for replacement model Providers), but doses administered to VFC eligible patients still need to be tracked and reported monthly on your VFC order form.
  - Only request doses for replacement AFTER the doses administered to VFC-eligible patients exceed the quantity of doses auto-shipped to your hospital by the VFC Program.
- Replacement model Providers must purchase private stock, then submit a request for VFC vaccines to replace those privately purchased vaccines administered to VFC-eligible patients.

Managing Your Virtual VFC Inventory

- **Example:** If 20 doses of Beyfortus 100 mg were auto-shipped to your site and you administered 15 doses to VFC-eligible patients and 10 to privately insured patients (25 total), your virtual VFC inventory would be 5 doses remaining.
- Because you still have 5 VFC doses in your inventory, you would **not** submit a request for additional doses in the November order.
- Once you have administered more VFC-eligible doses than you were auto-shipped, you may resume submitting requests for replacement doses.



Reporting Inventory for VFC Replacement Orders

- Replacement Model (RM) providers keep a single vaccine inventory for both private and VFC patients.
- However, on-hand inventory must be reported with each VFC order for all VFC providers.
- Since RM providers do not separate inventories, locations report a calculated virtual inventory of VFC doses by applying the percentage of your location's VFC-eligible population to total on-hand inventory of each immunization.

Example:
Calculating VFC On-hand inventory

% VFC-eligible Population: 49%

Total on hand inventory: 100 doses

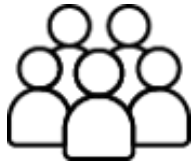
49% of 100 = 49 Doses reported as VFC inventory

Reporting Doses Administered

- Report doses administered with patient eligibility status to CAIR or RIDE/Healthy Futures.
- Must report within 14 days of administration
- In addition to reporting per AB 1797, VFC requirements include: eligibility status, funding source, vaccine name, date, route, lot number, manufacturer, administrator, VIS date, **and NDC number.** For AB 1797, cell phone and email are recommended.
- Accuracy of data submitted to CAIR/RIDE is critical — replacement of vaccines per VFC location is based on this data
- Report adverse events to VAERS (vaccines) or MedWatch (nirsevimab alone)

Vaccine Data Quality – The 3 Ps

Provider



Use Unique IIS ID/OrgCode in myCAvax

Program



Submit Funding Source & Vaccine Eligibility Codes

Product



Submit the NDC Code

VFC Replacement Model Tracking Spreadsheet

Purpose:

- Helps determine the number of doses your practice should request on your VFC order form for replacement of doses administered to VFC-eligible patients
- Utilize the Tracking Spreadsheet to complete your myCAvax VFC Order Form (enter # of doses administered, calculated on-hand inventory, and # of doses to order)
- Submit Tracking Spreadsheet to the VFC Program so that we can validate the information entered on the order form

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Monthly Tracking Spreadsheet

Percentage of VFC-Eligible Patients

Calculated Inventory based on % VFC Population

Practice Information	
VFC Program Location Name	
PIN	
IIS ID	
Percentage of VFC-eligible Patients Seen	20%
Doses Administered Date (Month-Year)	May-26

Vaccine Information		Dose Administration Data by Eligibility from IIS						Inventory and Ordering						Balance	Reconciliation		
		VFC Eligible Patients															
Vaccine Group	Vaccine Product	Medi-Cal	Uninsured	American Indian / Alaskan Native	Total VFC Doses Administered	Private	Total Doses Administered (VFC + Private)	Total Doses On-hand*	Calculated VFC Doses On-hand	Prior Month Doses Remaining / Unordered	Vaccine Doses to be Replaced	Max Doses Available to Order	Doses Requested	Subtotal of Doses Remaining/ Unordered	Previously VFC Eligible, Now Privately Insured	Previously Privately Insured, Now VFC Eligible	Doses Remaining/ Unordered
Hepatitis B	Engerix B Single Dose Syringes - 10 Per Box	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RSV	Beyfortus - 50mg - Single Dose Syringes - 5 Per Box	14	1	0	15	12	27	35	7	1	16	15	15	1	0	1	2
	Beyfortus - 100mg - Single Dose Syringes - 5 Per Box	4	0	1	5	8	13	28	5	3	8	5	5	3	0	0	3

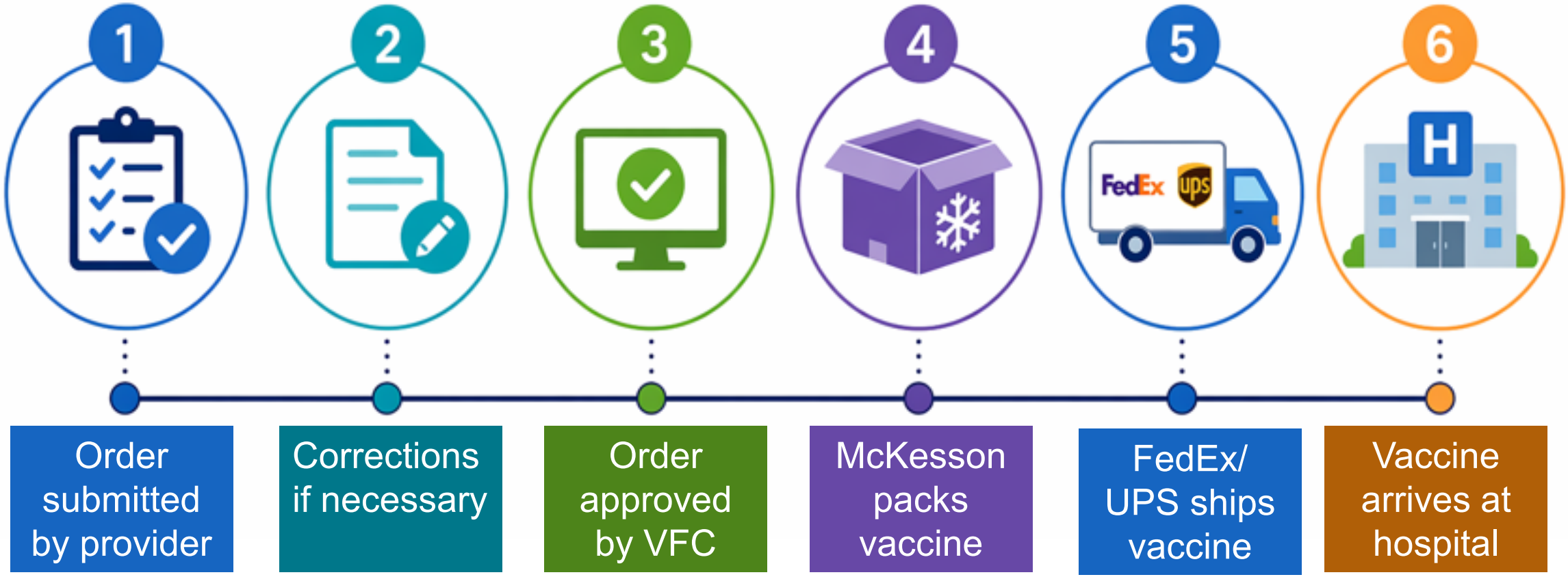
"Vaccine Doses to be Requested" is based on total VFC doses administered and any remaining doses unordered from previous month

"Max Doses Available to Order" takes into consideration the package size

Reconciliation

- Changes to patient eligibility happen occasionally
- Shouldn’t happen too often – document when it does
- VFC Program will work with regional contacts or individual locations, as needed
- Connect with CAIR on how to reconcile those doses in the registry

Order Timeframes



myCAvax Demo

Lucy Stillman

CAIR: How to Generate Doses Administered Report

Jonah Taranta-Slack

Vaccine Management

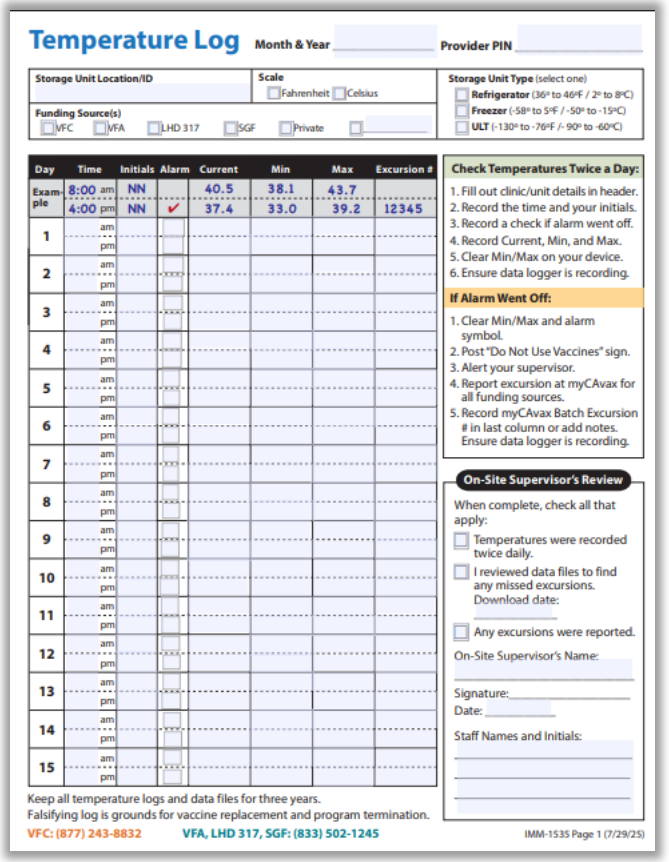
Brenton Louie

Returns & Waste

- Report all spoiled, expired, or wasted VFC-supplied doses in myCAvax before submitting a new order
- Do not report vaccines as spoiled without guidance from manufacturers and/or the VFC Program
- Public portion of lost inventory must be identified; apply VFC-eligible % to total returns
- Report virtual public vaccine waste and request return label in myCAvax
- Only doses administered to VFC-eligible patients are replaced — wasted privately purchased vaccine doses are not replaced through the VFC Program

Storage & Handling

- Record current, min, and max temperatures twice daily (beginning and end of business day)
- Download temperature data files and review every two-week period
- Supervisor must review and sign temperature logs every two weeks
- Report all temperature excursions in myCAvax for all funding sources
- Retain temperature logs and data files for 3 years
- Use hospital universal temperature log (IMM-1535H editable PDF)
- Vaccines exposed to out-of-range temperatures may be deemed non-viable — take immediate corrective action



Temperature Log Month & Year _____ Provider PIN _____

Storage Unit Location/ID _____ 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)

Funding Source(s): ☐ VFC ☐ VFA ☐ LHD 317 ☐ SGF ☐ Private ☐ _____

Day	Time	Initials	Alarm	Current	Min	Max	Excursion #
Example	8:00 am	NN		40.5	38.1	43.7	
	4:00 pm	NN	✓	37.4	33.0	39.2	12345
1	am / pm						
2	am / pm						
3	am / pm						
4	am / pm						
5	am / pm						
6	am / pm						
7	am / pm						
8	am / pm						
9	am / pm						
10	am / pm						
11	am / pm						
12	am / pm						
13	am / pm						
14	am / pm						
15	am / pm						

Check Temperatures Twice a Day:
1. Fill out clinic/unit details in header.
2. Record the time and your initials.
3. Record a check if alarm went off.
4. Record Current, Min, and Max.
5. Clear Min/Max on your device.
6. Ensure data logger is recording.

If Alarm Went Off:
1. Clear Min/Max and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion at myCAvax for all funding sources.
5. Record myCAvax Batch Excursion # in last column or add 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: _____

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 1 (7/29/25)

IMM-1535H

Shipment Incident Reporting

- Never reject vaccine shipments upon delivery
- Receive, inspect, and store vaccine/diluent immediately within manufacturer-recommended temperature ranges
- Report all shipment incidents in myCAvax immediately
- Keep packing slips for all vaccine shipments received (public and private)
- Practice must be open with staff available at least one day per week (other than Monday) for 4+ consecutive hours
- All vaccine transport to/from holding locations or receiving pharmacies must comply with VFC requirements

Vaccine Shortages & Replacement

- Follow VFC Program and manufacturer guidance for all vaccine shortages
- Providers participating in the Replacement Model are not allowed to accept vaccine transfers from other VFC Program locations
- Doses lost to expiration are on the private side — VFC only replaces administered doses
- Order all ACIP-recommended vaccines (i.e., RSV & Hepatitis B immunizations) to meet VFC-eligible population needs
- Providers who fail to order and administer all ACIP vaccines in 12 months may be terminated

Follow up, Resources & Q&A

Eugene Beronilla

Create Demand for RSV & Hepatitis B Immunizations

- This flyer was created in response to concerning trends that families are increasingly declining important, lifesaving early newborn interventions, such as:
  - Vitamin K
  - Hepatitis B vaccine
  - Newborn screening (NBS)
- Endorsed by the American Academy of Pediatrics-California.

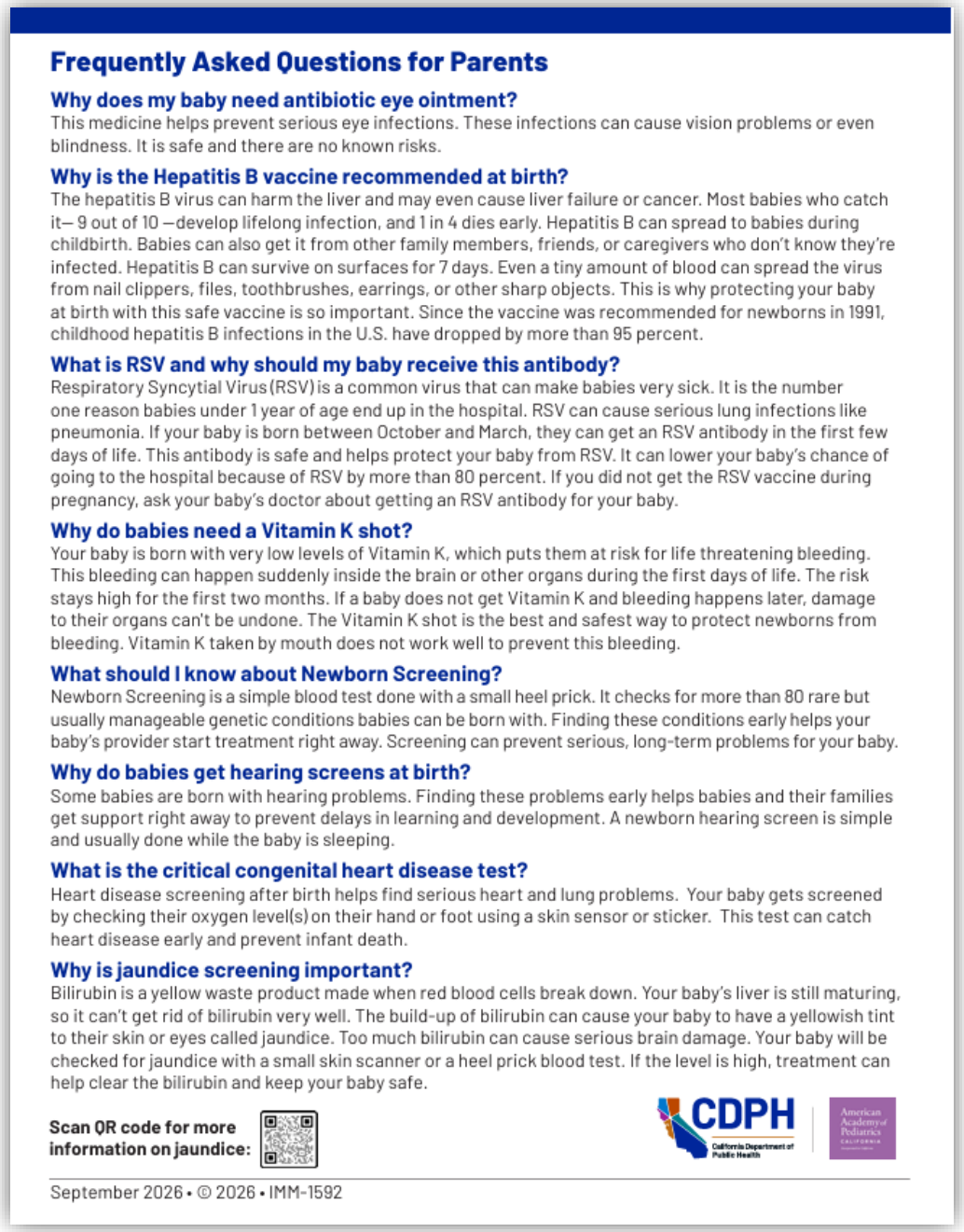


Second Page of New Resources for Parents

- FAQs and myths
- QR codes go to credible resources for more information.

Pediatric providers often don't have the opportunity to adequately recommend these interventions before they are needed.

Request to all birthing hospitals: please provide this flyer to expectant parents (during hospital tours, birthing classes, baby care classes, etc.) so they are informed BEFORE delivery –Thank you!



Frequently Asked Questions for Parents

Why does my baby need antibiotic eye ointment?
This medicine helps prevent serious eye infections. These infections can cause vision problems or even blindness. It is safe and there are no known risks.

Why is the Hepatitis B vaccine recommended at birth?
The hepatitis B virus can harm the liver and may even cause liver failure or cancer. Most babies who catch it— 9 out of 10 —develop lifelong infection, and 1 in 4 dies early. Hepatitis B can spread to babies during childbirth. Babies can also get it from other family members, friends, or caregivers who don't know they're infected. Hepatitis B can survive on surfaces for 7 days. Even a tiny amount of blood can spread the virus from nail clippers, files, toothbrushes, earrings, or other sharp objects. This is why protecting your baby at birth with this safe vaccine is so important. Since the vaccine was recommended for newborns in 1991, childhood hepatitis B infections in the U.S. have dropped by more than 95 percent.

What is RSV and why should my baby receive this antibody?
Respiratory Syncytial Virus (RSV) is a common virus that can make babies very sick. It is the number one reason babies under 1 year of age end up in the hospital. RSV can cause serious lung infections like pneumonia. If your baby is born between October and March, they can get an RSV antibody in the first few days of life. This antibody is safe and helps protect your baby from RSV. It can lower your baby's chance of going to the hospital because of RSV by more than 80 percent. If you did not get the RSV vaccine during pregnancy, ask your baby's doctor about getting an RSV antibody for your baby.

Why do babies need a Vitamin K shot?
Your baby is born with very low levels of Vitamin K, which puts them at risk for life threatening bleeding. This bleeding can happen suddenly inside the brain or other organs during the first days of life. The risk stays high for the first two months. If a baby does not get Vitamin K and bleeding happens later, damage to their organs can't be undone. The Vitamin K shot is the best and safest way to protect newborns from bleeding. Vitamin K taken by mouth does not work well to prevent this bleeding.

What should I know about Newborn Screening?
Newborn Screening is a simple blood test done with a small heel prick. It checks for more than 80 rare but usually manageable genetic conditions babies can be born with. Finding these conditions early helps your baby's provider start treatment right away. Screening can prevent serious, long-term problems for your baby.

Why do babies get hearing screens at birth?
Some babies are born with hearing problems. Finding these problems early helps babies and their families get support right away to prevent delays in learning and development. A newborn hearing screen is simple and usually done while the baby is sleeping.

What is the critical congenital heart disease test?
Heart disease screening after birth helps find serious heart and lung problems. Your baby gets screened by checking their oxygen level(s) on their hand or foot using a skin sensor or sticker. This test can catch heart disease early and prevent infant death.

Why is jaundice screening important?
Bilirubin is a yellow waste product made when red blood cells break down. Your baby's liver is still maturing, so it can't get rid of bilirubin very well. The build-up of bilirubin can cause your baby to have a yellowish tint to their skin or eyes called jaundice. Too much bilirubin can cause serious brain damage. Your baby will be checked for jaundice with a small skin scanner or a heel prick blood test. If the level is high, treatment can help clear the bilirubin and keep your baby safe.

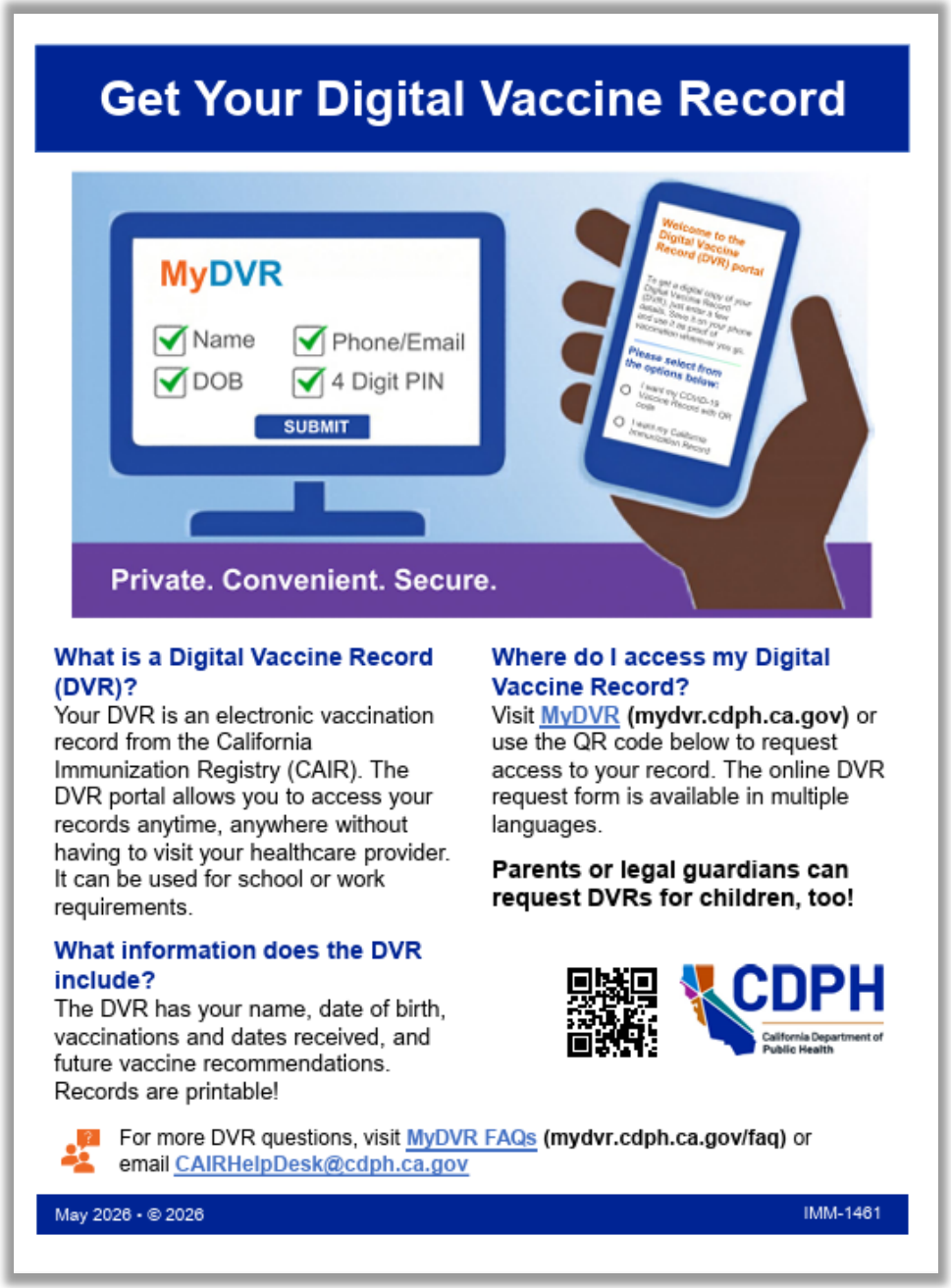
Scan QR code for more information on jaundice:

CDPH California Department of Public Health | American Academy of Pediatrics California

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My DVR

- My Digital Vaccine Record (DVR) gives Californians access to their vaccination record (either complete or COVID-19-only) from the California Immunization Registry (CAIR) quickly and easily from a computer, tablet, or smartphone.
- As an official record, the DVR can be used for school/childcare entry and work or to verify prenatal RSV vaccination at the birthing hospital.
- Patients can access their digital vaccine record at myDVR.cdph.ca.gov.



CDPH Immunization Branch Vaccine Support

Support From	Contact Information
Provider Call Center (PCC) Dedicated to medical providers and Local Health Departments in California, specifically addressing questions about State program requirements, enrollment, and vaccine distribution.	**Hours:** Monday – Thursday 9:00 am – 4:30 pm Friday, 9:00 am – 4:00 pm **Call:** 833-502-1245 **Contact email**: providercallcenter@cdph.ca.gov

CDPH Immunization Branch Vaccine Support

Support From	Contact Information
myCAvax and My Turn Knowledge Center houses key job aids and videos that are updated every release. Log-in credentials required. Virtual Assistant can answer many questions and will direct users to the PCC for live assistance when needed.	**Knowledge Center**: Provider link (myCAvax login required): Providers' myCAvax Knowledge Center **Virtual Assistant**: Providers must login to myCAvax (myCAvax Virtual Assistant) and click the "Chat with us" button on the bottom right of their screen.

CAIR Specific Support

Support From	Contact Information
CAIR Data Exchange (DX) Specialists Questions regarding DX submission errors including: • Eligibility, Lot Number, Trade Name not displaying in CAIR properly • Some or all doses not coming through	**Email CAIR DX Team:** CairDataExchange@cdph.ca.gov Please CC your site's IT or EHR contact if necessary

CAIR Specific Support

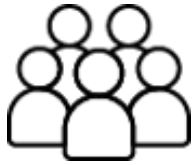
Support From	Contact Information
CAIR Help Desk • All CAIR login/password-related issues (User account disabled, locked, unable to log-in) • User account issues/changes (inactivating, reactivating, upgrading/downgrading, adding/transferring users to other sites, etc.) • Account Update Support • Duplicate/incorrect Patient Records • CAIR system not working/error messages displaying	**Hours:** Monday – Thursday 9:00 am – 4:00 pm Friday, 10:00 am – 4:00 pm **Call:** 800-578-7889 **Contact email**: CAIRHelpDesk@cdph.ca.gov

CAIR Specific Support

Support From	Contact Information
Local CAIR Representatives (LCR) • Org Accounts (enrollment, Org Type changes, site ownership changes, site closure, etc.) • User Role types (Regular, Inventory, QA, etc.) • CAIR features (adding doses, using Inventory, transferring vaccine, running reports, etc.) • Reporting CAIR issues/bugs • Account Update walkthrough	**LCRs** cover all counties/regions in the state. **Find your LCR**: go.cdph.ca.gov/cair-lcr

Remember:
Vaccine Data Quality – The Solution – The 3 Ps

Provider



Use Unique IIS ID/OrgCode in myCAvax

Program



Submit Funding Source & Vaccine Eligibility Codes

Product



Submit the NDC Code

Enroll in VFC today!

CDPH California Department of Public Health | Immunization Branch

Thank you for attending!
Let's work together to protect more infants against RSV.

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