



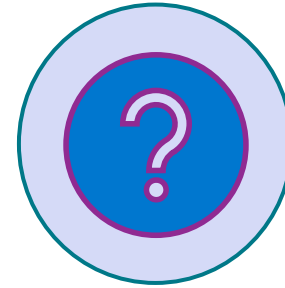
Immunization Branch

Win-Win: Why Birthing Hospitals Choose VFC

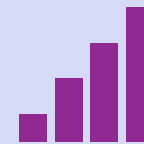
Wednesday, November 6, 2024

12:00 pm – 1:00 pm

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.



Agenda: Wednesday, November 6, 2024

No.	Topic	Presenters (CDPH)	Time (PM)
1	Welcome and Poll	Leslie Amani	12:00 – 12:05
2	Overview: Vaccines for Children	Colleen Mallen	12:05 – 12:10
3	Targeted Outreach Efforts: Why You Were Invited!	Colleen Mallen	12:10 – 12:15
4	Why You Need to Enroll in VFC	Kelley Leung, RN	12:15 – 12:30
5	How to Enroll in VFC	Christina Sapad	12:30 – 12:40
6	The Replacement Model	Colleen Mallen	12:40 – 12:45
7	Resources and Poll	Kelley Leung, RN	12:45 – 12:50
8	Q&A	Leslie Amani and CDPH SMEs	12:50 – 1:00

Poll

Leslie Amani, CDPH



Poll: Please Share Your Response!

**1. Is your hospital currently offering RSV immunizations?
(Choose all that apply.)**

- A. Yes. We administer to all babies.
- B. Yes, but we only administer to NICU* babies.
- C. Yes, but we only administer to privately-insured babies.
- D. Not yet, but we are planning to.
- E. No.

2. Comment / Other



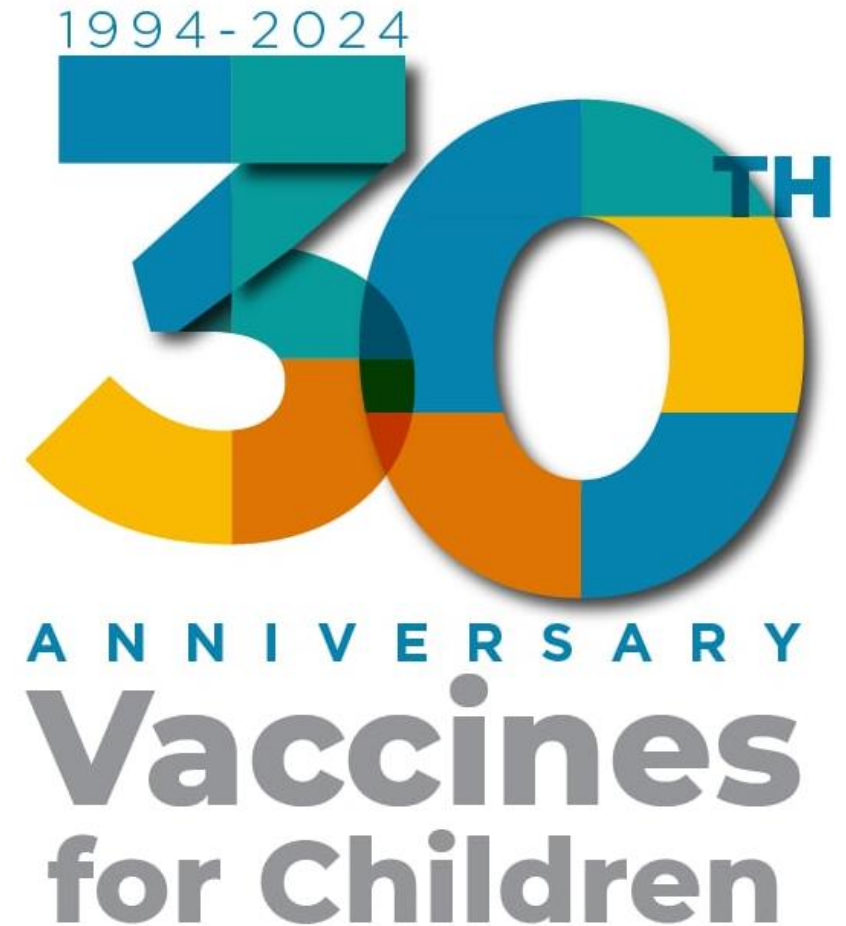
*Neonatal Intensive Care Unit

What is Vaccines For Children?

Colleen Mallen, CDPH

Vaccines for Children (VFC) Program

- VFC is a federally-funded program which provides all routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to the participating healthcare provider.
- In California, over 50% of children under 19 years of age are eligible to receive VFC supplied vaccines.
- Eligible children are entitled to receive all Advisory Committee on Immunization Practices (ACIP) recommended vaccines through VFC.
- Any healthcare provider authorized in the state of California to prescribe vaccines may enroll in the California Vaccines for Children Program and offer age-appropriate ACIP recommended vaccines.



Who is Eligible to Receive VFC Vaccines

Children from birth through 18 years of age that meet one of the following criteria:

- Enrolled or eligible for Medi-Cal/Medicaid
- Uninsured/No health insurance
- American Indian or Alaska Native
- Underinsured (at an FQHC or RHC)



Does your child qualify for no-cost vaccines?

Ask about the Vaccines for Children Program. We're helping California's families.

Children from birth through 18 years of age must meet at least one criteria:

- Eligible for Medi-Cal (or enrolled)
- American Indian or Alaskan Native
- No health insurance
- Underinsured*

Our staff will check if you qualify every time your child gets immunized. There may be a vaccine administration fee for non-Medi-Cal patients. VFC vaccines cannot be denied even if you can't pay.

* If your private insurance does not cover all vaccines, you can receive VFC vaccines for no cost at a Federally Qualified Health Center or a Rural Health Center. Find a location at EZIZ.org/vfc/provider-locations.

  California Vaccines for Children Program

[Job Aid: Does Your Child Qualify for No-Cost Vaccines](#)

Targeted Outreach Efforts: Why You Were Invited!

Colleen Mallen, CDPH



Birth Hospitals in California

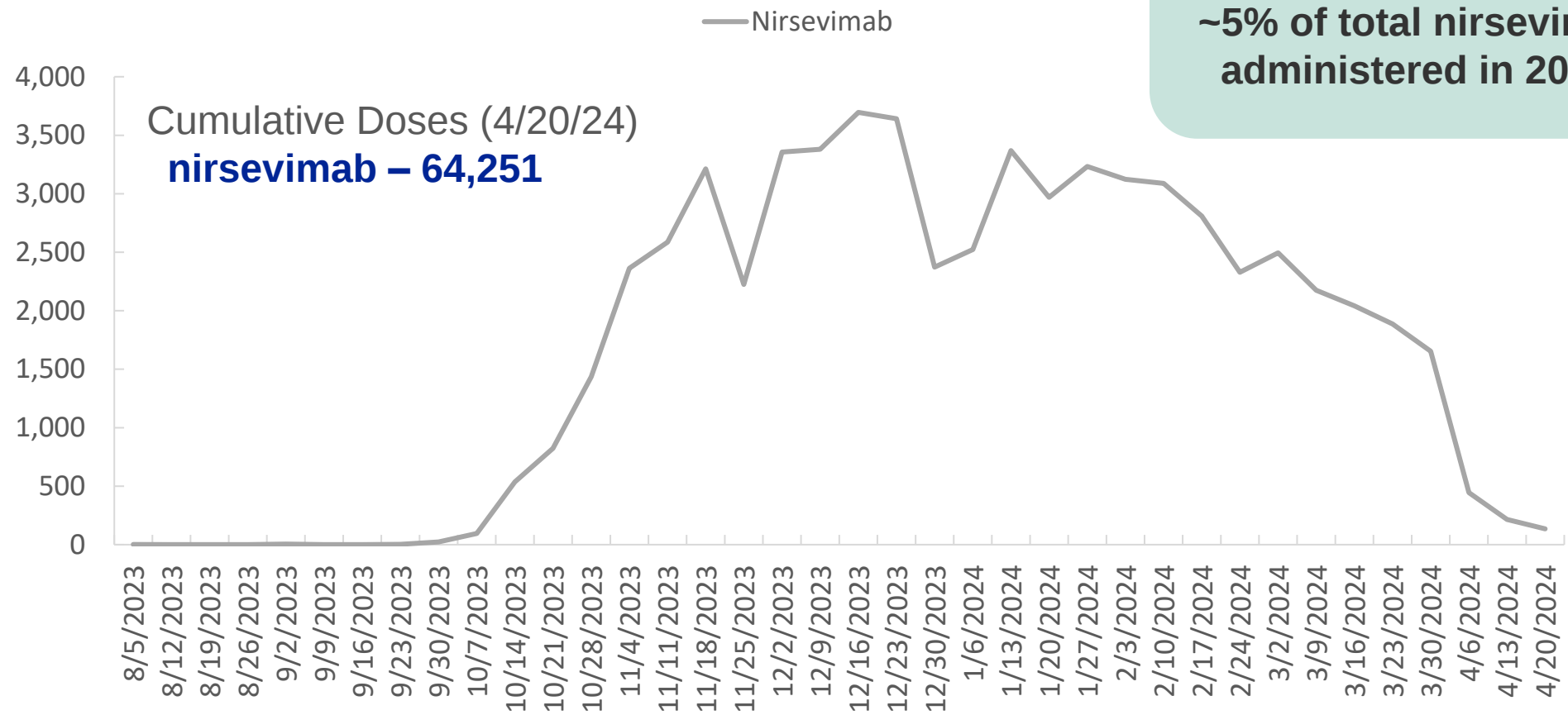
238 hospitals provide birthing services, as of 2022.

- **64** (27%) already enrolled in VFC Program
- **174** (73%) not currently enrolled,
 - In 2022, these facilities delivered **114,487 Medi-Cal births**
 - Since outreach efforts began earlier this year, 9 birthing facilities have enrolled in VFC, and 9 new applications are in review.



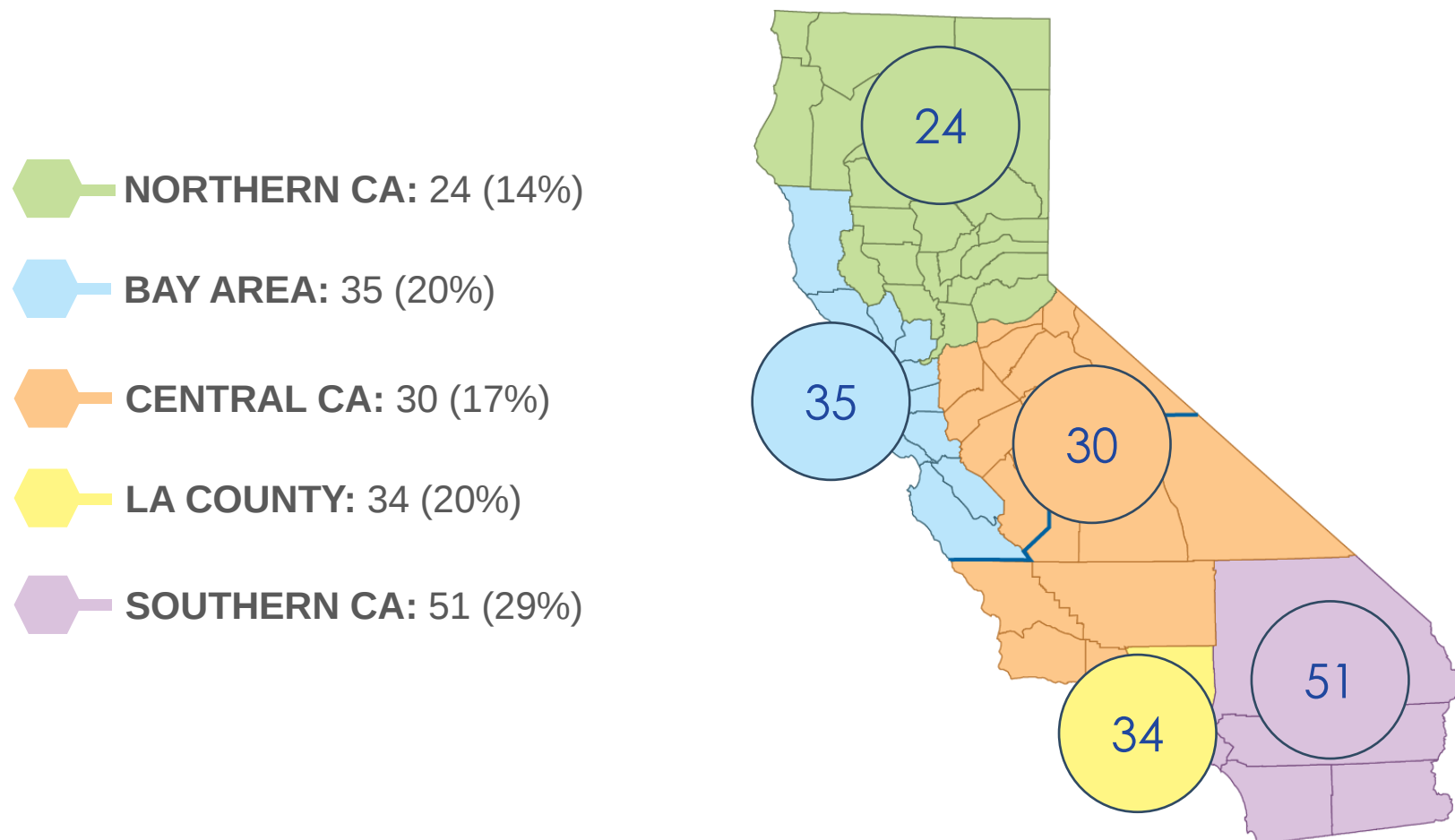
Low Administration of Nirsevimab Doses Concerning

174 hospitals not enrolled in the VFC Program, only accounted for ~5% of total nirsevimab doses administered in 2023 – 2024



Nirsevimab Doses Administered in CA during 2023 – 2024

RSV: BIRTHING HOSPITALS TARGETED FOR VFC ENROLLMENT (N=174)



Current as of June 2024, based on 2022 Medi-Cal Births

Why You Need to Enroll in VFC

Kelsey Florio, RN, CDPH

Shot by Shot: Emily's RSV Story



[ShotbyShot: Emily's Story](#)



Save Infants!

- Each year in the U.S., RSV causes approximately 58,000 – 80,000 hospitalizations, and 100 – 500 deaths in children under 5 years of age.
- Early estimates indicate [nirsevimab is 90% effective](#) at preventing RSV hospital admissions in infants.
- Over 50% of California's newborns qualify for VFC.



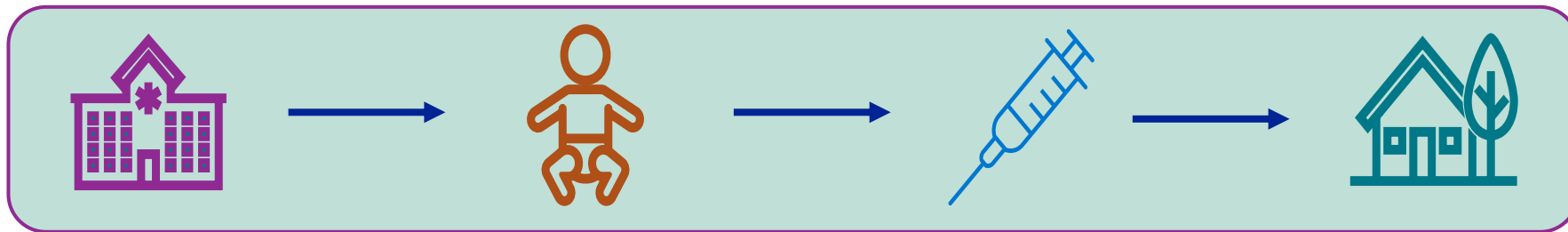
<https://www.cdc.gov/acip/downloads/slides-2023-02-22-24/RSV-Pediatric-02-Hutton-508.pdf>

[Journal of Infect. Dis. - RSV - Systematic Review](#)

Hospitals Can Help Bridge the Gap!

Hospitals play a critical role in ensuring access to vulnerable babies!

- The ACIP recommends one dose of respiratory syncytial virus (RSV) immunization [i.e., Beyfortus™] at or within 1 week of birth.
- Infants with a prolonged hospital stay should receive nirsevimab shortly before discharge.
- Hospitals have been identified as the best point of access for nirsevimab doses.



[AAP - nirsevimab Administration](#)

CDC: VFC Program Benefits for Hospitals Flyer

Vaccines for Children (VFC)

Program Benefits for Hospitals

The Vaccines for Children (VFC) program provides all routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to participating healthcare providers.

VFC Program Benefits for Hospitals

Birth hospitals, newborn nurseries, and Neonatal Intensive Care Units (NICUs) play a critical role in ensuring newborns are protected against respiratory syncytial virus (RSV). Children who are publicly insured and uninsured (versus privately insured) have higher odds of missing well-child visits.^{1,2} Administering RSV vaccination in the birthing hospital before discharge is a critical way of ensuring protection against RSV infection for uninsured or underinsured infants who may be less likely to have a well-child visit within the first week of life, especially for newborns who have had prolonged hospitalizations related to prematurity or other causes.

For infants born in the continental United States between the months of October – March, the ACIP recommends one dose of respiratory syncytial virus (RSV) immunization [i.e., Beyfortus™] at or within 1 week of birth if the mother did not receive RSV vaccination **OR** mother's RSV vaccination status is unknown **OR** if the mother received RSV vaccine **less than 14 days** prior to delivery.

For infants born during October through March, nirsevimab should be administered in the first week of life – ideally during the birth hospitalization.

For more information on nirsevimab recommendations and the child immunization schedule, please visit [Child Immunization Schedule Notes | CDC](#)

Facilitators to VFC Program Enrollment

Birth hospitals, nurseries, and NICUs may enroll in the VFC program as "Specialty Providers" if approved by their jurisdiction's VFC program

- **Specialty Providers** are providers who offer limited care in a specialized environment or for a specific age group within the general population of children aged 0–18 years (e.g., pharmacy or urgent care offering just influenza and/or COVID-19 vaccines or birth hospitals offering only nirsevimab and hepatitis A vaccination birth dose.)

Birth hospitals, if enrolled as Specialty Providers, may enroll in VFC through a virtual enrollment visit with their jurisdiction's VFC program.

- During respiratory virus seasons or an outbreak, jurisdictions may conduct virtual enrollment visits for specialty providers to expedite program enrollment.

Vaccine Order Replacement Model

- A vaccine ordering replacement model is where providers supply the initial vaccine stock for their patient population and, as doses are used for VFC-eligible children, those doses are replaced by the awardee.



¹ Wolf, E. R., Hochheimer, C. J., Sabo, R. T., DeVoe, J., Wasserman, R., Geissal, E., Opel, D. J., Warren, N., Puro, J., O'Neill, J., Pecsok, J., & Krist, A. H. (2018). Gaps in well-child care attendance among primary care clinics serving low-income families. *Pediatrics*, 142(5), e20174019. <https://doi.org/10.1542/peds.2017-4019>

² Kujawski, S. A., Yao, L., Wang, H. E., Carias, C., & Chen, Y. T. (2022). Impact of the COVID-19 pandemic on pediatric and adolescent vaccinations and well-child visits in the United States: A database analysis. *Vaccine*, 40(5), 706-713. <https://doi.org/10.1016/j.vaccine.2021.12.064>

- The model is intended to allow large systems and hospitals with financial means to use their private funds to establish an initial vaccine stock for use in providing vaccination services to all the patients they serve.
- Providers, including birthing hospitals, covered under these replacement models are **not required to maintain separate stocks of public and private vaccines**. Instead, they can electronically account for their public and private vaccine inventories. Additional information on requirements is available on pages 48-49 of the [VFC Operations Guide](#).

COVID-19 and Nirsevimab Private Stock Allowance

VFC providers are typically required to stock all ACIP-recommended vaccines to all their privately insured patients. This helps reduce chances that a provider borrows VFC vaccine(s) for a privately insured patient and is unable to pay back that dose.

- VFC providers are NOT currently required to meet this private inventory requirement for COVID-19 vaccine and/or nirsevimab while operations for these products are expanded.
- For hospitals that do stock nirsevimab for privately insured patients, they are also only required to stock the minimum-sized packaging available and not for all of their privately insured patients.
- VFC providers will be required to meet all the private stock requirements by **August 31, 2025**.

Please note that VFC program policies and allowances may vary by jurisdiction, please contact your [state/local/territorial VFC program](#) for more information.

VFC Program Storage Unit and Temperature Monitoring Requirements

The VFC program has flexible storage unit and temperature monitoring requirements. For specific VFC storage and handling requirements, please review the [VFC Operations Guide](#) or contact your [state/local/territorial VFC program](#).

VFC Program Enrollment

To enroll in the VFC Program:

- Contact your [state/local/territorial VFC Program coordinator](#) to request enrollment.
- Complete and return the State Provider Enrollment forms as soon as possible.
- Prepare for a site visit to review the program's administrative requirements and proper storage and handling of vaccines once you have completed and returned the enrollment forms.

Please visit the CDC website for more [information about the VFC program](#).

CDC VFC Program Benefits Flyer

For infants born during October through March, nirsevimab should be administered in the first week of life – **ideally during the birth hospitalization.**

Healthcare Access Gaps

- Access to routine appointments is sub-optimal; across all insurance types, California ranked 49th (out of 51 States & DC) in percentage of kids receiving a check up.
- For infants with publicly funded insurance, approximately 1 in 4 babies were unable to get an outpatient visit within the recommended 5 days of discharge.



[California Children's Report Card| Children Now](#)

Benefits of VFC Program Enrollment for Birth Hospitals

VFC Program covers the entire cost of immunizations for eligible patients:

- Single dose of Hep B at birth was previously the only immunization recommended for newborns
 - **Commercial Cost: ~\$28 / dose**
- Nirsevimab is now recommended for newborns at birth during respiratory virus season
 - **Commercial Cost: ~\$520 / dose**
- The financial impact for the implementation of nirsevimab is significant.
 - Based on 2022 Medi-Cal Births alone (114, 487) among non enrolled hospitals, Cost of nirsevimab = \$59.5 M

[CDC Vaccines Programs VFC - Price List](#)



Save Costs!

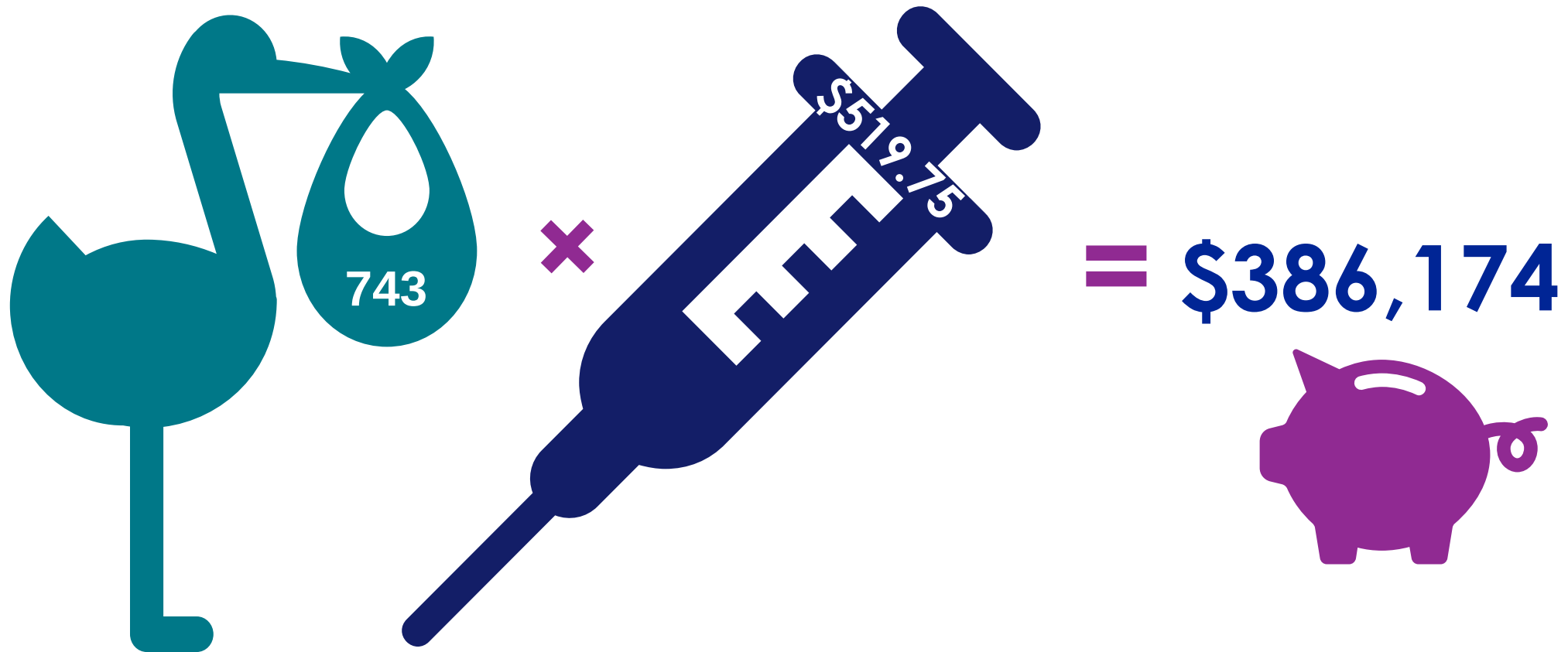


Average cost of admission for an unimmunized
infant admitted for RSV infection

[ACIP Meeting - 2/23 - RSV - Hutton](#)

[Journal of Infect. Dis. - RSV - Systematic Review](#)

Average Out-of-Pocket Nirsevimab Costs



VFC is the **ONLY** way to receive no-cost doses for Medi-Cal eligible babies

- If your hospital does not enroll you will not receive reimbursement for doses administered to Medi-Cal eligible babies.
- You **MUST** be enrolled in VFC to receive the doses of nirsevimab at no-cost for VFC-eligible babies.



Birthing Hospitals Honor Roll

- Recognizes California birthing and neonatal hospitals enrolled in VFC that have administered nirsevimab doses to VFC-eligible children.



Join your peers by enrolling in VFC!

Kern Kern Medical Hospital – Bakersfield	Santa Barbara Lompoc Valley Medical Center Hospital
Long Beach MemorialCare Miller Children's and Women's Hospital	Ventura Ventura County Medical Center Santa Paula Hospital
Los Angeles Adventist Health and Rideout Adventist Health White Memorial Medical Center Antelope Valley Medical Center CHA Hollywood Presbyterian Medical Center East Los Angeles Doctors Hospital Emanate Health Queen of the Valley Hospital Glendale Memorial Hospital	
Riverside Riverside University Health System Medical Center	
San Bernardino Arrowhead Regional Medical Center	
San Joaquin San Joaquin General Hospital Child Advocacy Center	

How to Enroll in VFC and Get Access to Vaccines

Christina Sapad, CDPH

Birthing/Neonatal Hospitals and VFC Requirements

VFC providers must maintain an adequate supply of vaccines for all age-appropriate, ACIP-recommended vaccines for their patient population—excluding influenza, which is allocated separately.

- Only required to carry Hep B and nirsevimab
- Potential to use replacement model may impact how hospitals meet inventory management, eligibility screening, and vaccine ordering requirements

Enrollment Support and Requirements

- [Hospital Enrollment Checklist](#) info needed for application
- [EZIZ Training](#)
- [Storage & Handling](#)
 - Refrigerators
 - Digital Data Loggers
- [Enroll in CAIR or RIDE](#)
- Specialized support for enrolling in VFC
 - Email vfcenrollment@cdph.ca.gov with questions
 - Schedule a call to verify readiness
 - [Weekly Wednesday, 1:30 – 2:00 pm, VFC Hospital Enrollment Office Hours](#)



Enrollment support team
will help with tailored
enrollment process!

VFC Program Enrollment is a Simple Process!

- Submit VFC enrollment application via myCAvax
 - [Active or previous myCAvax Account](#)
 - [Need to enroll in myCAvax](#)
- Prioritized enrollment for hospitals

VFC

Vaccines for Children

The Vaccines for Children (VFC) Program helps families by providing vaccines at no cost to providers who serve eligible children from birth through 18 years of age.

[Enroll your organization](#)



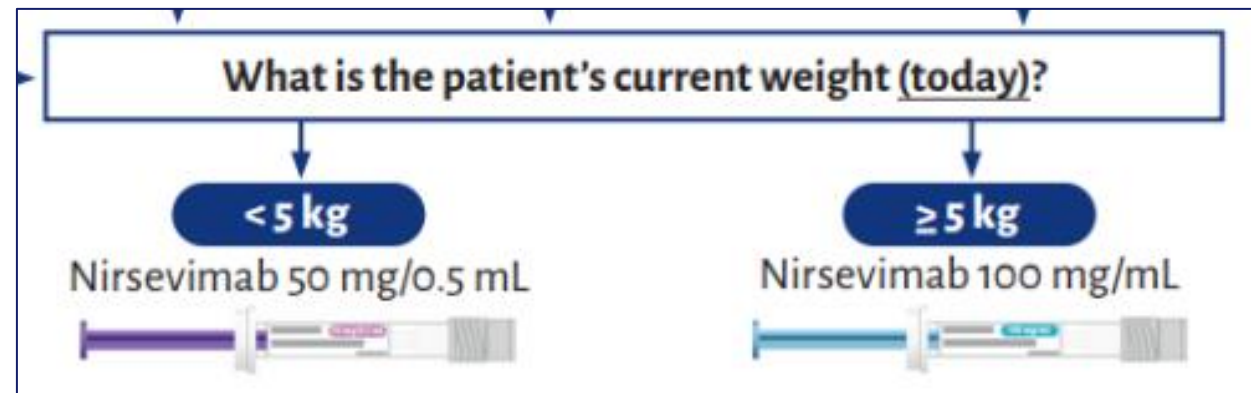
[Chat with us](#)

VFC Enrollment: Setting Up for Success

- Once VFC application is submitted:
 - Field Staff personnel will contact you with any questions or clarifications.
 - Schedule enrollment site visit
 - Review and assist with meeting VFC program requirements and best practices
 - Provide resources and education
 - Answer your questions

VFC Ordering Guidelines

- VFC immunizations are ordered through myCAvax
- Typical RSV Season is from October through March, but nirsevimab ordering occurs prior to the season
- Infants born during RSV season or infants <8 months entering their first RSV season should receive one weight-based dose:
 - <5kg= 50mg nirsevimab
 - >5 kg= 100mg nirsevimab



The Replacement Model

Colleen Mallen

CA VFC Hospital Enrollments:

VFC Vaccine Replacement Model Enrollment

Vaccine Replacement: A process for vaccine replacement of private vaccine stock used for VFC eligible children, which is allowable (and approved by CDC) only if:

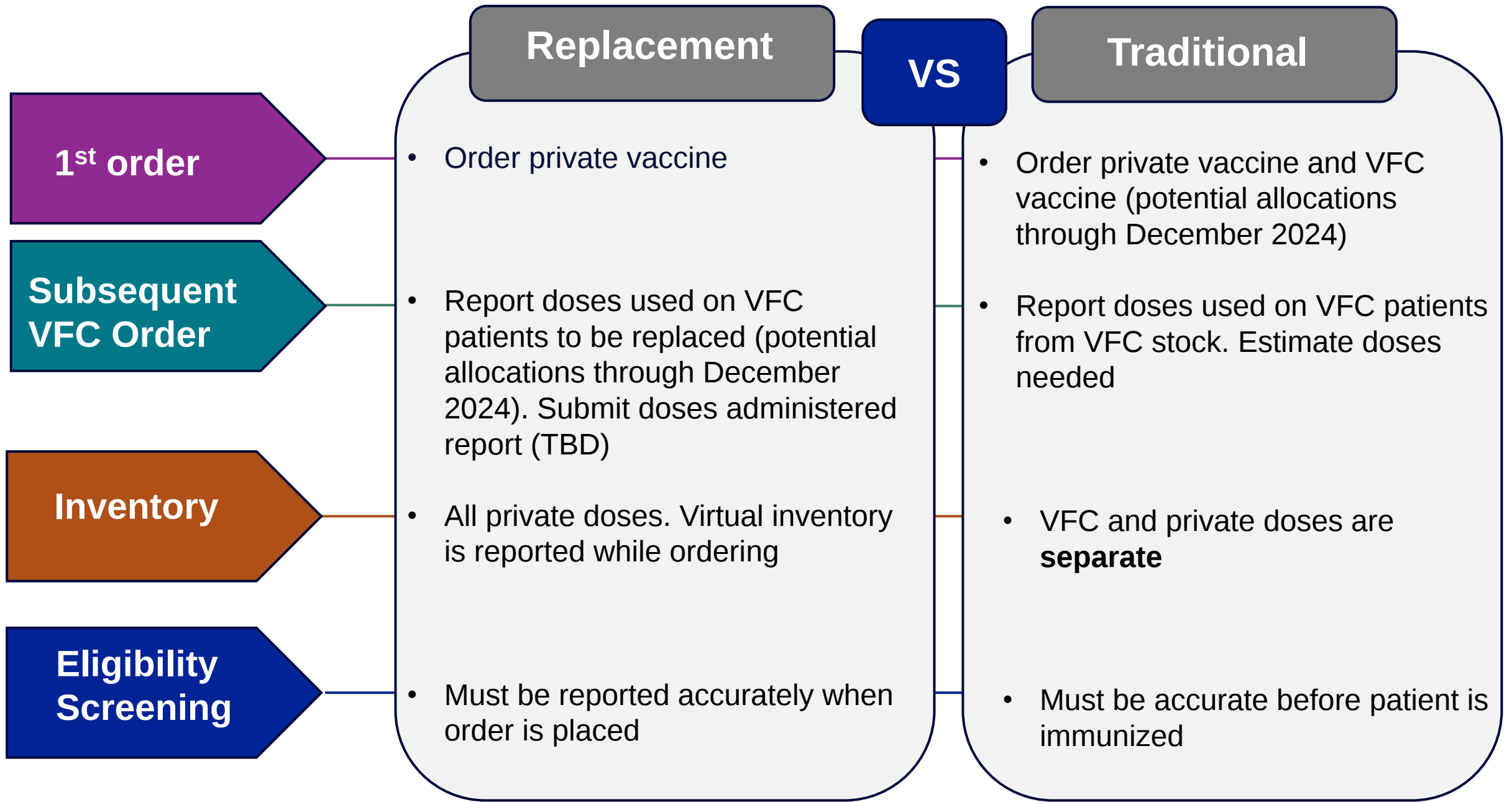
- ✓ VFC screening and documentation occurs for each immunization encounter.
- ✓ Patient's eligibility status at the dose level can be captured through CAIR and the provider's EHR system.
- ✓ An individual provider has the capacity to purchase private stock for VFC eligible children.
- ✓ The total public vaccine inventory reported with vaccine orders must represent the public portion of the Provider's inventory on hand.
- ✓ Public vaccine returns are submitted to represent the public portion of the total vaccine returns.
- ✓ There is compliance with all other CA VFC Program Requirements.
- ✓ CA's VFC Program assess doses administered data prior to fulfilling replacement vaccine requests.

Option for Replacement Model Birthing Hospitals Only

Step 1 – Apply to become VFC provider on myCAvax

Step 2 - Application process (Pilot)

- Meet replacement model requirements
- CDPH and birthing hospital may have additional meetings to discuss plan & additional trainings may be required
- CDPH will approve plan and submit to CDC
 - Doses will only be replaced for doses administered after the Replacement Model application is approved



Resources

Kelsey Florio, RN, CDPH



Enrollment Support

- All sessions are Wednesdays from 1:30 pm -2:00 pm
- Open Office Hours style support – join with any enrollment questions or attend for enrollment process walk-through
- Zoom link to register: [VFC Hospital Enrollment Seminar](#)
- Dates (Register once to attend any / all dates):
 - Wednesday, November 13, 2024
 - Wednesday, November 20, 2024
 - Wednesday, December 4, 2024
 - Wednesday, December 11, 2024
 - Wednesday, December 18, 2024



VFC for Birthing Hospitals on EZIZ



ENHANCED BY Google

A one-stop shop for immunization training

Home

Vaccine Programs

Vaccine Management

Storage Units

Temperature Monitoring

Training & Webinars

Clinic Resources

Patient Resources

Contact VFC

Phone: (877) 243-8832

Hours:

Mon-Thurs, 9AM-4:30PM

Friday, 9AM-4PM

[Send us an email](#)

Fax: (877) 329-9832

[VFC Field Representatives](#)

[Find VFC providers](#)

VFC Program: Birthing Hospitals

Want to become a VFC-enrolled birthing hospital?

1. See the [VFC Program Enrollment](#) process to get started.

2. Join us for special enrollment seminars for birthing hospitals every Wednesday at 1:30pm now through August 28, 2024. [Register today](#) for the next seminars!

3. Contact the VFC Program Call Center (877) 243-8832 or at VFCEnrollment@cdph.ca.gov or see these [FAQs](#) for additional information.

Not sure if VFC is right for you?

View one of the Win-Win webinars listed below to get answers to many of the top questions for hospitals considering enrollment.

Resources for hospitals enrolling in VFC

[Hospital Enrollment Checklist](#) - allows your facility to gather information needed to complete your VFC application expeditiously

[Birthing Institutions and the Vaccines for Children Program \(AIM\)](#)

[VFC Recruitment Letter from Dr. Robert Schechter, Immunization Branch](#)

[FAQs for Birthing Hospitals](#)

Materials



EZIZ - VFC Birthing Hospitals



Enrollment Checklist

Enrollment Checklist for Birthing and Pediatric Hospitals: Nirsevimab (Beyfortus™)



This planning checklist is for birthing hospitals and hospitals with birthing wards who want to enroll in [California's Vaccines For Children \(VFC\) Program](#) which offers eligible newborns no-cost immunizations at birth to prevent respiratory syncytial virus (RSV) and Hepatitis B. This checklist will help your site meet VFC enrollment requirements and prepare to receive RSV immunization nirsevimab (Beyfortus™). A brief summary of nirsevimab clinical guidance is available at the end of this document.

Nirsevimab Planning Checklist

✓	Facility Protocol and Education
	Ensure that your facility is enrolled in the California VFC Program . Your facility should establish a process to document VFC eligibility in your EMR/patient record and/or CAIR for each dose administered. Email program enrollment questions to VFCEnrollment@cdph.ca.gov .
	Update billing processes for private insurance and VFC-eligible children if needed.
	Establish a process to make birthing hospital and clinic staff aware of nirsevimab availability and recommendations. Download the CDPH Nirsevimab timing tool . Dosage depends on patient age and weight: • Age 0-8 months old: 50 mg if <5 kg, 100 mg if ≥5 kg • Age 8-19 months old at high risk of severe RSV: 200 mg (2x100 mg)
	Plan how to communicate nirsevimab availability, priority groups, safety, and efficacy to patients. Share nirsevimab effectiveness and safety information from CDC , including Nirsevimab Immunization Information Sheet (IIS) , and the FDA .
	Ensure education on documentation needs (EMR, electronic birth certificate, etc.) are provided to staff.
	Develop a process to screen newborns for birth parent's RSV vaccine status during pregnancy.
	Establish a process to obtain parental consent for nirsevimab. Share with parents the CDC's Nirsevimab Immunization Information Sheet (IIS) .
	Update current facility vaccination/medication administration protocols, if needed.
	Implement standing orders for your practice, if applicable. See templates and FAQs .
	Determine when nirsevimab will be administered post-delivery and pre-discharge at the hospital. Infants with prolonged hospitalization (e.g., preterm infants) should be immunized ideally shortly before discharge or promptly after discharge.
	Develop a process for outpatient clinic administration to eligible infants born outside of RSV season (well-child visits, walk-in clinics, influenza clinics, etc.), including outreach to parents/caregivers about coming to clinic for RSV immunization ahead of their first RSV season . Providers should use every opportunity to administer nirsevimab to eligible infants. This includes administration during well-child visits as well as other visits to ensure no missed opportunities for immunization.
	Develop a process for administration to children 8 to 19 months old at increased risk of severe RSV entering their second RSV season. Note: ACIP recommendations for second RSV season administration include all American Indian and Alaska Native children. Report adverse events: • If nirsevimab is administered alone, report adverse events to MedWatch. • If nirsevimab is co-administered with a vaccine, report adverse events to VAERS only.

California Department of Public Health, Immunization Branch

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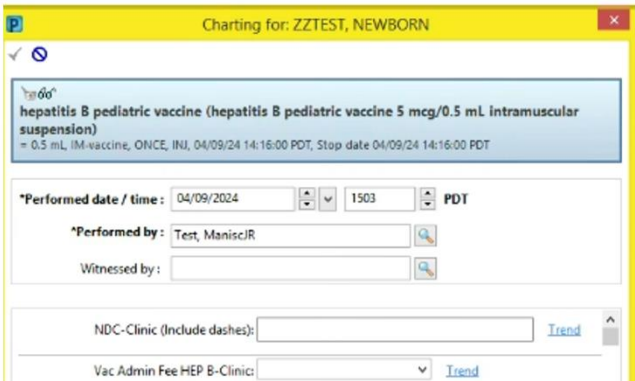
Expedite your application process:
Use the [Enrollment Checklist](#) to
gather all needed info prior to starting
your application.

Electronic Health Record (EHR) Resources

Example EHR Solutions from VFC-enrolled Hospitals

Hospital A Example: Using Oracle/Cerner

The mother's/patient's health plan is listed in the patient chart and can also be found on the registration document that is uploaded in the notes section of the chart. Based on the health plan, the nurse will determine the patient's eligibility and document on the order.



Hospital B Example: Using a Smart Phrase

CODE:

For Beyfortus (nirsevimab) and/or Hepatitis B vaccine:
VFC eligibility: {YES (DEF)/NO:30429675}
Screened: @TD@
Eligibility criterion: {VFC ELIGIBILITY REASON:19915}

LIST (CODE):

System SmartList – VFC ELIGITILITY REASON	
Choice	Default?
Medicaid	☐
American Indian/Alaska Native	☐
Uninsured	☐
Underinsured (health insurance does not cover cost of vaccines)	☐
Does Not Meet Eligibility Criteria	☐

WHAT IT LOOKS LIKE FOR THE END-USER:

For Beyfortus (nirsevimab) and/or Hepatitis B vaccine:

Example EHR Solutions from VFC-enrolled Hospitals



Poll: Please Share Your Response!

Following today's webinar, do you plan to enroll in VFC?



A. Yes! 

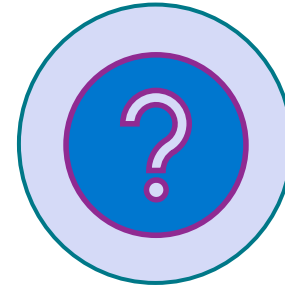
B. I am interested but would like help with the application.

C. I do not plan to apply.

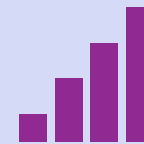
D. I am already enrolled.



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.



Appendix

The background features a large, dark teal shape on the left and a light blue shape on the right, separated by a diagonal line. On the right side, there are several thin, dark teal lines radiating from a central point, creating a star-like or web-like pattern.

Your Questions Answered...

Q: How can I best handle dispensing logistics?

Answer: You can integrate inventory selection by funding source into your electronic health record (EHR), so pharmacy dispenses the proper dose.

Answer: You can train nursing staff to select proper dose from unit on the floor (pt VFC-eligibility banner in EHR, log, note from ordering provider).

Your Questions Answered...

Q: Could we apply local restrictions or are we mandated to administer Beyfortus® to all neonates as soon as they are born?

A: Enrolled facilities must follow VFC Program guidelines and administer doses to all eligible babies.

Q: Would it be possible to keep track of how many neonates were qualified for the VFC program and submit the # at the end of the year?

A: Hospitals approved to enroll in VFC as a Vaccine Replacement Model may administer private doses of nirsevimab and submit replacement requests to VFC on a monthly basis.

Your Questions Answered...

Q: Can supply chain meet the patient needs yet?

A: Supply levels for nirsevimab are expected to support program needs.

Q: How are allocations awarded?

A: Based on available supply, and eligible Vaccines for Children (VFC) populations, CDC will provide upfront allocations to states to begin ordering.



Immunization Branch

For support, please email
VFCErollment@cdph.ca.gov