

March/April 2023

Pennsylvania Immunization Program Newsletter

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VACCINES FOR CHILDREN PROGRAM (VFC)

VFC New Provider Enrollment

The PA VFC program continues to welcome new providers to the program. To streamline the enrollment process, the procedure is 100% online. Please visit the provider enrollment section of PA's [VFC webpage](#) to review the procedure. Providers must apply online to become a new VFC provider. Any applications or documents that are faxed or emailed will not be accepted or reviewed.

RESTRICTION NOTICE: Ordering Tetanus (Td) Vaccines

CDC is experiencing supply shortages for Td through June 2023 and are closely monitoring and restricting Td orders. CDC is recommending providers order Tdap in lieu of Td – except in rare situations of a patient having a specific contraindication to pertussis-containing vaccines.

For more information, visit: [Diphtheria, Tetanus, and Pertussis Vaccine Recommendations | CDC](#)

2023 Immunization Schedules Now Available

The 2023 child/adolescent and adult immunization schedules have been published on CDC's website: [Immunization Schedules | CDC](#). This site includes updates to the 2023 child/adolescent and adult immunization schedules and related schedule resources, including the parent friendly schedule and new catch-up schedule job aids.

The 2023 Parent-Friendly Schedules for Infants & Children and Preteens & Teens have also been added to the Immunizations website, Materials and Resources page: [Immunization Schedules, Materials and Resources \(pa.gov\)](#). The Parent-Friendly Schedules can be printed directly from the webpage or ordered from the Department of Health using the Immunization Materials Order Form: [Immunization Materials · Starter Portal \(pa.gov\)](#).

Vaccine Returns

As a reminder, all vaccine return requests (except COVID vaccines) must be submitted using the electronic form available on the VFC website, Resources and Forms page: [VFC Resources \(pa.gov\)](#).

When completing a return request, the provider will be asked whether they want to receive UPS shipping labels via email. This option is only available to provider sites that already have established routine UPS service. Any provider sites that do not have routine UPS service should select 'No' to request a UPS pick-up. A UPS driver will come to the site with a shipping label to collect the vaccines.

Vaccine returns are managed at no cost to providers. Following the steps outlined above will ensure that providers do not accrue unnecessary charges when returning vaccines. Providers should also remember to check their demographic information in PA-SIIS. It is important that the site's shipping address be accurate at all times. This will guarantee that UPS drivers arrive at the proper locations. For any questions regarding vaccine returns, please contact: RA-pavfc@pa.gov.

PneumoRecs VaxAdvisor Mobile App for Vaccine Providers

The PneumoRecs VaxAdvisor mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. Users simply enter a patient's age, note if the patient has specific underlying medical conditions, and answer questions about the patient's pneumococcal vaccination history.

The app provides patient-specific guidance consistent with the 2023 immunization schedules. To learn more, visit: <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html>

Vaccine Administration Fees

VFC providers cannot charge an eligible child's parent/guardian a fee for the vaccine itself. Providers may, however, charge a fee to administer each vaccine. The legislation that created the VFC Program sets a limit on the dollar amount a provider can charge and be reimbursed for administering vaccines to VFC-eligible children. This means a provider may charge a patient any amount up to, but not exceeding, the regional vaccine administration fee cap. The amount of the administration fee differs from state to state, based on a regional scale determined by Centers for Medicare and Medicaid Services (CMS).

The maximum reimbursement rate that may be charged for the administration of vaccine to Pennsylvania VFC-eligible, non-Medicaid children is currently set at **\$23.14** per dose (not per antigen). VFC-eligible, non-Medicaid children includes American Indian or Alaska Native, children who are uninsured, and children who are underinsured.

Vaccine Planning: Transition to new Rotarix formulation in 2023

On November 4, the FDA approved an oral-dosing applicator-only presentation (liquid formulation) of ROTARIX. This new presentation is fully liquid and therefore does not require reconstitution. The new presentation will replace the current lyophilized formulation, which must be reconstituted before administration.

We anticipate the transition to the new presentation will take place during the first quarter of calendar year 2023. Additional information will be provided once it becomes available.

2023 VFC Reenrollment

Annual reenrollment for the Pennsylvania Immunization (PI) Vaccines for Children (VFC) Program will be open from April 3, 2023 – May 31, 2023. Only those providers that enrolled in VFC *before* January 1, 2023, must complete a reenrollment application. Providers enrolled before January 1, 2023, that do **not** complete reenrollment will **not** have the ability to order PI VFC vaccines beginning June 5, 2023.

To reenroll, providers must complete and submit the reenrollment application online.

During the 2023 reenrollment period, the Division of Immunizations will not accept, review, or follow up on faxed or emailed forms. All policy acknowledgment forms and provider agreements must be submitted online.

2023 VFC Reenrollment FAQ**Q: What web browser is supported by the reenrollment application?**

A: Apple Safari, Google Chrome, Microsoft Edge (Chromium Version), Mozilla Firefox.

Q: Who can sign the provider agreement portion of the reenrollment application?

A: The site's medical director or physician equivalent in most cases. However, a nurse practitioner may sign if a site does not employ an MD or DO. Pharmacists may sign for enrolled pharmacies.

Q: Will I be able to save my progress, close out of the reenrollment application, and return later?

A: Yes.

Q: Will I receive confirmation that my reenrollment application has been received?

A: Yes. You will receive an automated email confirming your successful submission along with a completed copy of your reenrollment application. This confirmation and copy of your application will be sent to your medical director, primary and back up coordinators.

Q: Will I be notified once my application has been processed and accepted?

A: No.

Q: When will I be notified if there are any issues with my application?

A: If there are any issues or missing information, you will be contacted as soon as your application is processed. Applications will be processed in the order that they are submitted. Due to the volume of applications received, it could be several weeks from the time your application is submitted until it is processed.

Q: I received a reminder email to complete a reenrollment application, but someone from my site already submitted one. Do I need to submit another application?

A: No, only one application is required per site. Reminder emails are automated to go out to each site's medical director, primary and back up coordinators. Depending on which individual completes the application, the other two will receive the automated reminder. If you have received the automated confirmation email of successful submission of an application along with a copy of the completed application, you can disregard the automated reminder email.

ADOLESCENT IMMUNIZATIONS PROGRAM

Many vaccines are recommended to protect adolescents against serious infectious diseases. Included in the current Centers for Disease Control and Prevention (CDC) recommendations are vaccines for all adolescents (11-18 years old), ideally starting at the routine age 11–12-year visit, catch-up vaccines, and vaccines for adolescents with specific risk conditions that place them at higher risk of certain diseases or complications.



Vaccines for All Adolescents

- COVID-19 (ages 12 years and older)
- Meningococcal A, C, W, and Y (MenACWY)
- Meningococcal B (may be vaccinated, Category B, permissive recommendation)
- Tetanus, diphtheria, and pertussis (Tdap)
- Influenza
- Human papillomavirus (HPV)

Vaccines for “Catch-up” of Adolescents Not Vaccinated or Not Fully Vaccinated as Children

- Hepatitis A
- Hepatitis B
- Polio
- Measles, mumps, and rubella (MMR)
- Varicella (chickenpox)

Vaccines for Adolescents with Certain Underlying Conditions or Risk Factors

- Hepatitis A
- Pneumococcal disease
- Meningococcal B

Vaccines should be administered at the earliest possible opportunity to achieve immunity and increase the chances of avoiding disease.

- All adolescents should have a routine physical that includes vaccinations at age 11-12 years, with an MenACWY booster vaccine at age 16 years.
- Older adolescents should be vaccinated as soon as possible.

Vaccine Facts

- FACT:** Meningococcal disease most often causes meningitis and blood infection.
- FACT:** One in 10 adolescents who get meningococcal disease will die and two in 10 will have serious long-term complications like hearing loss, brain damage, kidney damage, and limb amputations.
- FACT:** Early symptoms of meningococcal disease may look like a mild illness, but the infection can progress rapidly, killing an otherwise healthy adolescent in 24-48 hours.
- FACT:** The meningococcal vaccine recommended for all adolescents at age 11-12 years and again at age 16 years protects against four types of meningococcal bacteria (A, C, W, and Y).
- FACT:** The serogroup B meningococcal vaccine is recommended for adolescents with certain risk conditions and those living in an area or on a campus experiencing a serogroup B meningococcal disease outbreak.
- FACT:** Meningococcal serogroup B vaccine may be given to adolescents and young adults age 16-23 years, with a preferred age of 16-18 years.
- FACT:** Genital human papillomavirus (HPV) is the most common sexually transmitted infection in the US. There are more than 5.5 million new HPV infections in the US every year.
- FACT:** All HPV vaccines protect against HPV types 16 and 18, which cause the majority of HPV-related cancers. One HPV vaccine also includes protection against five additional types that together cause another 10 percent of HPV-related cancers.
- FACT:** Cases of pertussis (whooping cough) have been on the rise after an all-time low of 1,010 reported cases in 1976.
- FACT:** Whooping cough is most dangerous and deadly in newborn babies who are too young to be vaccinated. The best way to protect them is by vaccinating adolescents and adults around them.
- FACT:** The tetanus, diphtheria, and pertussis booster (Tdap) replace the previously recommended tetanus and diphtheria (Td) booster at age 11-12 years or in older adolescents who need a Td booster.
- FACT:** Immunity from pertussis vaccines given in childhood decreases over time, which is why the Tdap booster vaccine is recommended.
- FACT:** Cases and deaths from most vaccine-preventable diseases targeted since 1980, such as varicella (chickenpox), have declined by 80 percent or more because of widespread immunization.
- FACT:** Influenza vaccination is recommended annually for maximum protection.
- FACT:** Annual influenza vaccination is recommended for everyone age six months and older.
- FACT:** Measles is one of the most contagious viral diseases known. That's why even a small decrease in vaccination rates can lead to many cases.

COVID-19 VACCINE PROGRAM

Harmonization of Bivalent Vaccines to Simplify COVID-19 Vaccine Schedules

CDC has taken steps to simplify COVID-19 vaccine recommendations and allow more flexibility for people at higher risk who want the option to receive an additional COVID-19 vaccine dose. This follows the [regulatory action](#) announced by the FDA on 4/18/2023 authorizing current bivalent vaccines (original and omicron BA.4/BA.5 strains) to be used for all doses administered to individuals 6 months of age and older, including for an additional dose or doses for certain populations.

Updated COVID-19 vaccines are formulated to protect against some of the more recently circulating viruses. Most importantly, COVID-19 vaccines are critical to providing ongoing protection as immunity wanes and the virus continues to mutate.

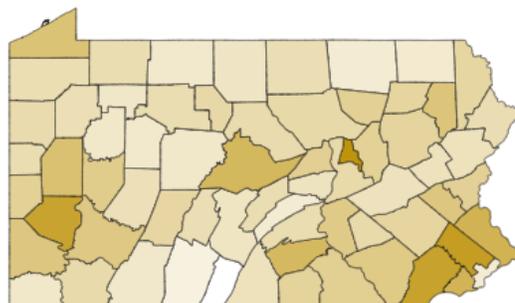
The full FDA release is available at - [Coronavirus \(COVID-19\) Update: FDA Authorizes Changes to Simplify Use of Bivalent mRNA COVID-19 Vaccines | FDA](#)

CDC’s Advisory Committee on Immunization Practices (ACIP) met on 4/19/2023 to discuss these COVID-19 vaccine recommendation changes, and the associated implications and implementation. The members of the advisory committee expressed their support for the changes below:

- CDC’s new recommendations allow an additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised. This allows more flexibility for healthcare providers to administer additional doses to immunocompromised patients as needed.
- **Monovalent (original) COVID-19 mRNA COVID-19 vaccines will no longer be recommended for use in the United States.**
- CDC recommends that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.
 - o **Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.**
 - o For young children, multiple doses continue to be recommended and will vary by age, vaccine, and which vaccines were previously received.

Alternatives to mRNA COVID-19 vaccines remain available for people who cannot or will not receive an mRNA vaccine. CDC’s recommendations for use of (monovalent) Novavax or Johnson & Johnson’s Janssen COVID-19 vaccines were not affected by these recent changes. More details- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC.](#)

Rate per 100,000 Residents Who Have Received a Bivalent Booster Dose Since September 2, 2022, by County



Waste and Disposal of Monovalent mRNA Vaccines

- Providers should stop using all formulations of monovalent mRNA vaccines (Pfizer and Moderna) immediately as of 4/18/2023.
- Remove all monovalent mRNA vaccine from storage units immediately, even if they are not expired. This includes both EUA and BLA products (Comirnaty and Spikevax)
- Dispose of all monovalent mRNA COVID-19 vaccine vials in accordance with local guidelines on regulated medical waste.
- Report all disposed vaccines in PA SIIS following this reference sheet - [QRS PA SIIS 2001 - Documenting Wasted or Expired Vaccine](#) (i.e.- zero out the inventory for monovalent Pfizer and Moderna vaccines)

Public Health Emergency Ending on May 11th

On May 11, 2023, the Federal Public Health Emergency for COVID-19 will end, according to the Department of Health and Human Services. It is important to note that the end of the Public Health Emergency will not affect your site's ability to order COVID-19 vaccines. All enrolled sites with a signed CDC COVID-19 Vaccine Provider Agreement can still order COVID-19 vaccinations via PA SIIS. Despite the end of the official Public Health Emergency, the associated EUAs for COVID formulations will remain valid. Please note that National Emergency Declaration ended on April 10, 2023, and is different from HHS Public Health Emergency.

Please find some important press releases pertaining to Public Health Emergency, PREP Act and commercialization timeline at links below:

[Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap | HHS.gov](#)

[Fact Sheet: HHS Announces Intent to Amend the Declaration Under the PREP Act for Medical Countermeasures Against COVID-19 | HHS.gov](#)

[Fact Sheet: HHS Announces 'HHS Bridge Access Program For COVID-19 Vaccines and Treatments' to Maintain Access to COVID-19 Care for the Uninsured | HHS.gov](#)

Note - In regard to COVID-19 waivers, suspensions, and scope of licenses related to immunizations that providers have, we encourage you to contact your respective licensing boards at the Pennsylvania Department of State (PA DOS) so that you can receive answers to any questions you may have.

Ancillary Supply Kit Equipment and Expiration Dates

The COVID-19 vaccine ancillary kit contents do NOT expire on the same date. Do not discard the entire kit based on the date printed on the label as it does not apply to all the contents of the kit.

- The expiration date for masks and face shields is indicated on the ancillary supply kit label.
- The expiration date for other supplies (needles, syringes, alcohol prep pads, etc.) are printed on the individual packaging. The expiration date printed on the kit's label does NOT apply to supplies with an expiration date printed on the packaging.

Reminder: Check the expiration date BEFORE using any medical equipment. NEVER USE EXPIRED EQUIPMENT. Always discard expired items according to state and local regulations.

V-safe

V-safe tool for COVID-19 and Mpox vaccine monitoring is ending soon. Next generation v-safe for other vaccines under development.

Vaccine Medical Trainings

- **Pfizer** vaccine training webinars have transitioned from live events to ON DEMAND content for all healthcare providers: <https://www.pfizermedicalinformation.com/en-us/medical-updates>
- **Moderna** has educational resources available on their website: <https://eua.modernatx.com/covid19vaccine-eua/providers/resources>.
- **Novavax** offers webinars each Wednesday at 12:00 p.m. ET: <https://novavax.com/officehours>

COVID-19 Vaccines Currently Available in PA SIIIS

Brand	NDC	Description	Minimum order quantity
Pfizer	59267-0304-02	COVID19-PFR-BV PFR 12+ BIVALENT (increments of 180)	180
Pfizer	59267-1404-02	COVID19-PFR-BV PFR-SDV BVAL 12+ (order qty 50 only)	50
Pfizer	59267-0565-02	COV19-PFR-P-BV PFR-P BIVALENT 5-11 (increment 100)	100
Pfizer	59267-0609-02	COV19-PFR-L5-BV PFR L5 BIVALENT (increment 100)	100
Moderna	80777-0282-99	COVID19-MOD-B MOD 18+ BIVALENT (increments of 100)	100
Moderna	80777-0283-99	COV19-MOD-L6-BV MOD L6 BIVALENT (increment 20)	20
Novavax	80631-1012-01	COVID-19 (Novavax); MDV5; 10-pack	100

Resources

Vaccine Expiry Website Tool: <https://lotexpiry.cvdvaccine.com/>

CDC Interim Clinical Considerations for Use of COVID-19 Vaccines: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

List of vaccine safety monitoring tools :[Ensuring COVID-19 Vaccine Safety in the US | CDC](#)

[Vaccine Effectiveness Studies | CDC](#)

Upcoming COCA call (May 11, 2023): [Calls/Webinars | Clinician Outreach and Communication Activity \(COCA\) \(cdc.gov\)](#)

[Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#)

[COVID-19 Vaccination Clinical and Professional Resources | CDC](#)

[Syndicate Credible Health Content | CDC](#)

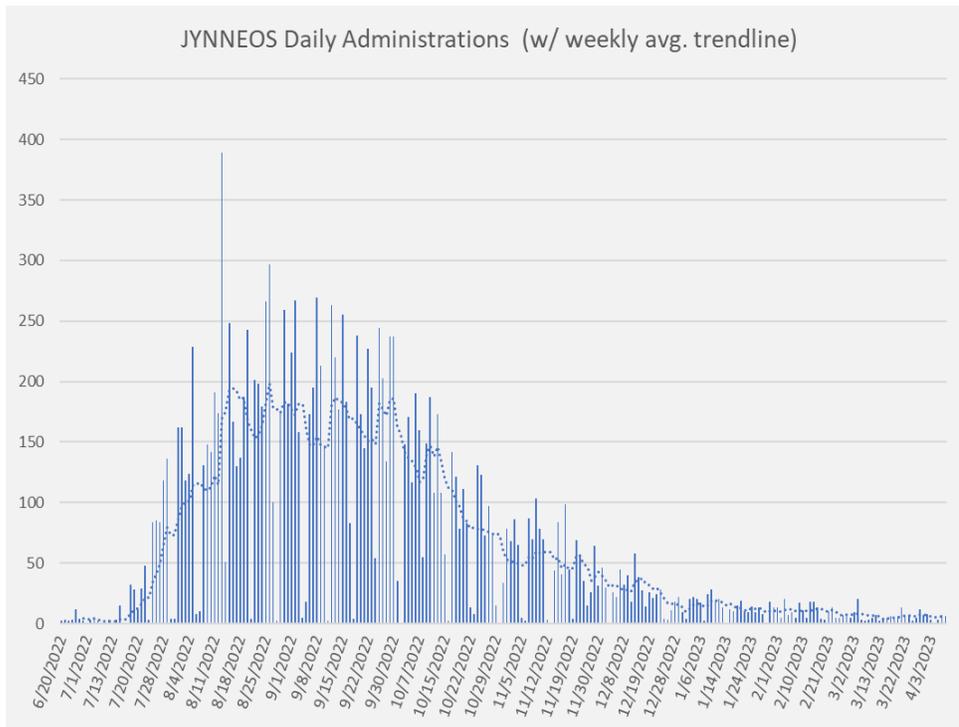
[COVID-19 Vaccine Confidence | CDC](#)

[How to Tailor COVID-19 Vaccine Information to Your Specific Audience | CDC](#)

MPOX VACCINE PROGRAM

State of the Outbreak

New Mpox cases remain on a downward trend across the Commonwealth, including in Philadelphia. The last new Mpox case was in Philadelphia in March 2023. There has been a total of 863 cases in PA; 551 cases in Philadelphia and 312 across the rest of the state. As of April 17, there have been a total of 16,014 doses of JYNNEOS administered.



Ordering JYNNEOS

All order requests for JYNNEOS should continue to be submitted to DOH via the [PADOH Mpox Vaccine Supply Request Form](#). Distribution of the vaccine will be shipped direct-to-site from the Strategic National Stockpile (SNS). Providers may submit JYNNEOS requests any day or time, but DOH only submits orders to SNS on Wednesday. However, the cutoff for weekly processing is Monday at 11:59pm. Orders received after the cutoff will be included in the following week’s order.

ACIP Votes to Use JYNNEOS in Mpox Outbreaks

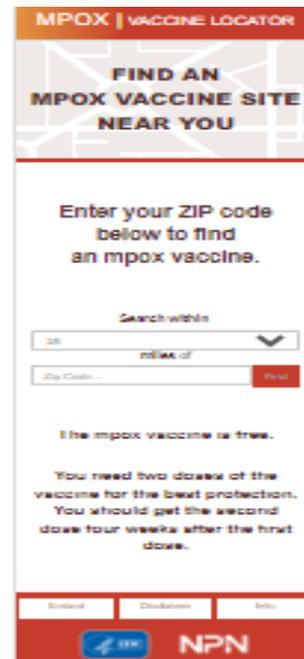
In February 2023, the CDC’s Advisory Committee for Immunization Practices (ACIP) approved, via unanimous vote, the use of the 2-dose JYNNEOS vaccine series for persons aged 18 years and older at risk of Mpox during an Mpox outbreak*. The second dose should be administered one month after dose one. This recommendation has been adopted by the CDC Director and is now official. It will be published in MMWR in the coming months.

**Public health authorities determine whether there is an Mpox outbreak; a single case may be considered an Mpox outbreak at the discretion of public health authorities. Other circumstances in which a public health response may be indicated include ongoing risk of introduction of Mpox into a community due to disease activity in another geographic area.*

Mpox Vaccine locator

If your organization hasn't already, DOH encourages JYNNEOS providers to add their location to the [Mpox Vaccine Locator](#). Click the "Login to contribute" link on the top right, provide your email, then enter your location address, contact information, operating hours, and any other pertinent information for your clients.

If your organization is planning to hold a vaccination event, providers are also encouraged to enter that information under the Promotions Contributor tab to increase community awareness.



JYNNEOS Route of Administration Updates

Intradermal administration (ID) remains the preferred route of administration. While pulling the skin taught, 0.1mL of the JYNNEOS vaccine should be injected intradermally, superficially between the epidermis and hypodermis layers of the skin. The needle bevel should be facing upward and inserted at 5- to 15- degree angle. Typically, the vaccine is administered in the volar aspect of the forearm but if a patient has a history of keloid scarring or concerns regarding the potential stigmatization that may result from the presentation of the wheal, JYNNEOS can also be administered in the upper back below the scapula, or at the deltoid. The production of a pale elevation of the skin (wheal) is desired but not a requirement to be considered a valid administration. If there is leakage that dose is considered a failed dose & should be readministered. If a patient presents for their second JYNNEOS vaccine and had an erythema, induration at the site of the first dose, or requests it, then the second dose should be administered intradermally in the contralateral forearm, deltoid, or upper back below the scapula. Providers are encouraged to have a discussion with the patient regarding the potential routes of administration, as the subcutaneous administration of 0.5mL of JYNNEOS is acceptable, especially with when the patient expressed concerns of stigma. Please see the [CDC's Interim Considerations for Vaccine Administration](#) for more information.

Resources

[Mpox Cases Among Cisgender Women and Pregnant Persons — United States, May 11–November 7, 2022 | MMWR \(cdc.gov\)](#)

[Epidemiology of Human Mpox — Worldwide, 2018–2021 | MMWR \(cdc.gov\)](#)

[Federal Resources About Mpox | HIV.gov](#)

[Mpox Message for 2023: Integrating Mpox Messaging Into Our HIV Response | HIV.gov](#)

BEST PRACTICE REFRESHER

“Shut the Front Door!!!”

One of the most common occurrences amongst VFC/Newborn/Adult vaccine incident reports filed is a temperature excursion caused by a unit door being left open or not shut properly. Since **2021**, there have been **130** incident reports filed for this reason. As a result, **499** vaccine doses have been wasted resulting in **\$54,513.60** in lost vaccines. This is easily the most preventable of all temperature excursions. Below are a few helpful tips to ensure your unit doors remain closed tight.

	<p>Always double check the door when closing it</p> <p>Offices are busy and providers are often rushed but remember the seconds it takes to double check a door could save an hour or more of paperwork filling out an incident report.</p>
	<p>Make sure the unit is level</p> <p>Making sure your unit is level is a great way to ensure your doors stay shut.</p>
	<p>Inspect the seals for frost or wear and tear</p> <p>Ice buildups happen. As does wear and tear. Periodically inspect your unit for these things.</p>
	<p>Inspect the DDL cord to make sure it isn't affecting seals & closure</p> <p>Make sure the cords connecting the probe to the DDL allow for the unit to close properly.</p>
	<p>Consider staggering inventory to limit the time door is open</p> <p>The less time a unit's door is open, the less chance of an excursion happening.</p>
	<p>Consider placing a lock or Velcro strip on your unit</p> <p>Finally, consider putting a lock or a strip of Velcro on you unit. This will all but ensure the doors stay shut tightly and prevent excursions.</p>

SAVE THE DATE

**PENNSYLVANIA
IMMUNIZATION
CONFERENCE**

Purpose	<p>Each year, the Pennsylvania Department of Health, Division of Immunizations and Penn State College of Medicine sponsor a conference to bring immunization partners together to share information, discuss current issues and recommend strategies to improve immunization rates in Pennsylvania.</p>																				
Audience	<p>The Pennsylvania Immunization Conference targets private and public health care professionals from Pennsylvania and the surrounding region. This would include the following:</p> <table border="0" data-bbox="313 743 1477 861"> <tr> <td>Nurses</td> <td>Coalition Members</td> <td>Medical Students</td> <td>Residents</td> <td>Practice Managers</td> </tr> <tr> <td>MAs</td> <td>Health Educators</td> <td>Pediatricians</td> <td>School Nurses</td> <td>Public Health Staff</td> </tr> <tr> <td>Epidemiologists</td> <td>Immunization Professionals</td> <td>Pharmacists</td> <td>NPs</td> <td></td> </tr> <tr> <td>PCPs</td> <td></td> <td>PAs</td> <td>Nursing Students</td> <td></td> </tr> </table>	Nurses	Coalition Members	Medical Students	Residents	Practice Managers	MAs	Health Educators	Pediatricians	School Nurses	Public Health Staff	Epidemiologists	Immunization Professionals	Pharmacists	NPs		PCPs		PAs	Nursing Students	
Nurses	Coalition Members	Medical Students	Residents	Practice Managers																	
MAs	Health Educators	Pediatricians	School Nurses	Public Health Staff																	
Epidemiologists	Immunization Professionals	Pharmacists	NPs																		
PCPs		PAs	Nursing Students																		
PIC 2023	<p>PIC 2023 will be the 27th Annual Statewide Immunization Conference held on Thursday, June 15, 2023, at the Hershey Lodge, Hershey, PA.</p>																				
Agenda	<p>The agenda includes immunization topics with national, state, and local speakers to share information, discuss current issues and recommend strategies to improve immunization rates in Pennsylvania. PIC 2023 Agenda topics include:</p> <table border="0" data-bbox="313 1146 1516 1367"> <tr> <td>2023 Immunization Schedules</td> <td>Travel Vaccines</td> </tr> <tr> <td>Pennsylvania Immunization Coalition (PAIC): Statewide Coordination and Collaboration</td> <td>Respiratory Syncytial Virus (RSV), Epidemiology and Vaccines in Development</td> </tr> <tr> <td>Meningitis B in Pennsylvania: Understanding the Risk and How You Can Help</td> <td>Vaccine Storage and Handling Disaster Prevention</td> </tr> <tr> <td></td> <td>Improving Immunizations Rates Through Community Pharmacies</td> </tr> <tr> <td></td> <td>Pennsylvania Immunization Vaccine Champion Awards</td> </tr> </table>	2023 Immunization Schedules	Travel Vaccines	Pennsylvania Immunization Coalition (PAIC): Statewide Coordination and Collaboration	Respiratory Syncytial Virus (RSV), Epidemiology and Vaccines in Development	Meningitis B in Pennsylvania: Understanding the Risk and How You Can Help	Vaccine Storage and Handling Disaster Prevention		Improving Immunizations Rates Through Community Pharmacies		Pennsylvania Immunization Vaccine Champion Awards										
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Credit	<p>AMA- Penn State College of Medicine designates this live activity for a maximum of <i>6.5 AMA PRA Category 1 Credit(s)TM</i>. Physicians should claim only the credit commensurate with the extent of their participation in the activity</p> <p>Nurses Using AMA Credit Nurses will receive a certificate from PennState College of Medicine verifying their participation in 6.5 hours of approved continuing medical education.</p> <p>Social Work Penn State is an approved provider as defined by Pa. Code Sections 47.36(a)(3), 48.36(a)(3), and 49.36(a)(3). Social workers, marriage and family therapists, and professional counselors licensed by the state of Pennsylvania can earn 6.5 clock hours of continuing education for completing this course.</p>																				

Fees	<p>In-person: \$100/person Internet live course: \$30 /person</p> <ul style="list-style-type: none"> • Fee includes the cost of instruction, online handout materials and all listed meals (meals for in-person attendees only). • Payment is required at the time of on-line registration. If you have any questions or concerns, please email: ContinuingEd@pennstatehealth.psu.edu. • Registrations received after Wednesday, June 14, will incur a \$25 late fee. Cancellations received after Thursday, June 8, will be assessed a \$25 processing fee. No refunds will be made for cancellations received after Monday, June 12.
Registration	<p>Wednesday, March 15, on-line registration opened. Don't delay registering, space is limited. To register to attend and/or serve as an exhibitor, visit: https://ce.med.psu.edu/pennsylvania-immunization-conference/.</p>
PIC 2024	<p>SAVE THE DATE: The 28th Annual Statewide Pennsylvania Immunization Conference (PIC 2024) will be held on Thursday, June 13, 2024, Hershey Lodge, Hershey PA.</p>
Questions	<p>Any questions or concerns, please email: ContinuingEd@pennstatehealth.psu.edu.</p>

UPCOMING EVENTS

VFC New Provider Trainings (3rd Thursday of the month): An email with the registration link will be sent to all new and existing providers prior to each scheduled webinar.

- May 18, 2023, 12:00 – 1:00 p.m.
- June 8, 2023 (2nd Thursday of the month), 12:00 – 1:00 p.m.
- July 20, 2023, 12:00 – 1:00 p.m.

Adolescent Monthly Webinar - For registration, please email jtorresdel@pa.gov with the details on your session preference, your name, credentials, and work affiliation.

COVID Providers Webinar - An email with registration information will be sent to all providers prior to each scheduled webinar.

OBSERVANCES

National Infant Immunization Week takes place April 24 – 30. CDC is activating “Let’s Play Catch Up”, a mini-digital campaign throughout April, May, and June to help address declines in coverage, as demonstrated in the findings from the January MMWRs on NIS-Child Survey data and kindergarten vaccination coverage. This is a part of the [“Let’s RISE” initiative](#) by the CDC. Planning is also underway for a Back-to-School/“Let’s Catch Up” campaign July – September, so stay tuned for more information.

CONTACT US

For all general concerns and questions please call our main line at **888-646-6864**. For program specific inquiries, you can also send us an email to the following resource accounts:

VFC: ra-pavfc@pa.gov

Adolescent & Adult: ra-dhimmunize@pa.gov

COVID: ra-dhccovidvax@pa.gov

Mpox: ra-dhmpox_vax@pa.gov

PA-SIIS (general inquiries): ra-dhpasiis@pa.gov

PA-SIIS (data quality): ra-dhqapasiis@pa.gov



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