COVID-19 Vaccine and Therapeutics FAQs

For providers administering COVID-19 vaccine and treating COVID-19.
Providers may also visit EZIZ COVID-19 Resources for information and updates.

Directions: Click on a category to be directed to related FAQs.

New and Updated FAQs

Q: Is there a preventative COVID-19 treatment for people at high risk for severe illness?

A: PEMGARDA (pemivibart) is a monoclonal antibody that has not been approved, but has [been authorized for emergency use by the Food and Drug Administration (FDA)](#) as a pre-exposure prophylaxis of COVID-19 in certain adults and adolescent individuals (12 years of age and older weighing at least 40 kg) who:

- are not currently infected with SARS-CoV-2, and who have not been known to be exposed to someone who is infected with SARS-CoV-2,
- have moderate-to-severe immune compromise because of a medical condition or because they receive medicines or treatments that suppress the immune system, and they are unlikely to have an adequate response to COVID-19 vaccination.

To view all updates, please visit [CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States.](#)

Refer to [the FDA Frequently Asked Questions on the Emergency Use Authorization (EUA) for Pemgarda (pemivibart) for Pre-exposure Prophylaxis (PrEP) of COVID-19,](#) the [Fact Sheet: Emergency Use Authorization of PEMGARDA (pemivibart),](#) and the [EUA 122 Invivyd PEMGARDA LOA (03222024).](#)

COVID-19 Vaccine Access

1.1 Q: Are COVID-19 vaccinations covered by insurance?

A: COVID-19 vaccines are covered through most health insurance plans, however, there may be out-of-pocket costs. Insured Californians should reach out to their insurance providers and the California Department of Managed Health Care [(DMHC)](#) if they have questions about details of insurance coverage and networks. Also refer to the [DMHC COVID-19 Tests, Vaccines & Treatment fact sheet](#) for more information.

1.2 Q: How do underinsured and uninsured adults get access to COVID-19 vaccines?

A: COVID-19 vaccines for uninsured and underinsured adult populations are available through the Bridge Access Program (BAP), a temporary program which will end on December 31, 2024.

1.3 Q: How do uninsured children access COVID-19 vaccines?

A: 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. In California, COVID-19 vaccines are covered in the VFC program.

1.4 Q: What COVID-19 vaccine access programs are available for Tribal communities?

A: Indian Health Services (IHS) sites can enroll in the [Bridge Access Program (BAP)](#) to provide vaccine for uninsured adults in their communities.

1.5 Q: Where can providers find information about Medi-Cal reimbursement?

A: For Medi-Cal reimbursement information, please contact the Department of Healthcares Services (DHCS) at contactus@dhcs.ca.gov or visit the [DHCS COVID-19 Response Website](#).

Also refer to this [Medi-Cal RX alert](#) to find out more about the updated policy in which COVID-19 vaccines are a Medi-Cal Rx pharmacy benefit for members 3 years and older, pursuant to the Public Readiness and Emergency Preparedness (PREP) Act.

1.6 Q: Can Providers charge patients any fees for the COVID-19 vaccine ordered through myCAvax?

A: Providers cannot charge any fees to patients for any publicly funded COVID-19 vaccine they receive. For more information refer to the Billing & Reimbursement section of the BAP [Requirements at a Glance document](#).

1.7 Q: Where can providers find information on billing and reimbursement for COVID-19 vaccine products?

A: Current Procedural Technology (CPT), National Drug Code (NDC), and CVX codes are available for the 2023-2024 COVID-19 vaccines. Refer to the [COVID-19 Vaccine Related Codes (CDC)](#) and the [CDPH COVID-19 Vaccine Product Guide](#).

1.8 Q: If a provider does not offer COVID-19 vaccine, where can they refer patients?

A: Resources for finding COVID-19 vaccination locations and/or appointments include:
- [My Turn](#)
- [Vaccines.gov](#)
- For VFC-eligible children, [VFC locator](#)

1.9 Q: Where can providers find information about COVID-19 vaccines for long-term care facilities (LTCF)?

A: Providers can find COVID-19 vaccine information for LTCFs in the CDPH LTCF COVID-19 Vaccine Toolkit,asThis resource was developed to help ensure that Long-Term Care (LTC) residents and staff have continued access to COVID-19 vaccines.

Bridge Access Program (BAP)

2.1 Q: What is the Bridge Access Program (BAP)?

A: The Bridge Access Program (BAP) is a temporary measure created to prevent loss of access to free COVID-19 vaccines and treatment for uninsured and underinsured persons aged 19 years and older. For information on BAP eligibility, enrollment resources and more, see CDPH's Bridge Access Program Overview page, BAP Resources page, and HHS Bridge Access Program.

Please note: CDPH encourages correctional facilities needing COVID-19 vaccine support to look at their current systems for purchasing other vaccines and include COVID-19 vaccine in that system. Local Health Department (LHD) may choose to use some of their allocation for correctional facilities.

2.2 Q: How can eligible providers enroll in the California Bridge Access Program (BAP)?

A: Local Health Departments (LHDs), Federally Qualified Health Centers (FQHCs)/Rural Health Centers, tribal clinics, Indian Health Services sites, and additional providers deemed eligible by LHDs have been enrolled in the Bridge Access Program. Providers were asked to complete enrollment by October 27,2023. Interested and eligible providers who did not enroll by the deadline should reach out to their LHD and express interest in enrollment. Multi-County Entities (MCEs) and Correctional Facilities do not qualify.

2.3 Q: Is there required training for Bridge Access Program (BAP) providers?

A: Any staff who store, handle, or administer COVID-19 vaccines must complete COVID-19 Vaccine Product Training, only for products your location will order, prior to receiving vaccine shipments.

Staff who conduct eligibility screening should be trained using Eligibility Based on Insurance Status and Eligibility Screening & Documentation Requirements, and the BAP Provider Operations Manual (POM).

2.4 Q: Where can Bridge Access Programs (BAP)-eligible providers find support?

A: If you are a BAP-eligible provider and need help accessing myCAvax, or if you have any questions about the Bridge Access Program or other provider-related topics, please contact the Provider Call Center at providercallcenter@cdph.ca.gov or call (833) 502-1245, M-F, 8:00AM – 5:00PM, PT.

2.5 Q: What are the reporting requirements for Bridge Access Program (BAP) providers?

A: BAP providers are required to report doses administered (including eligibility category of 317) using My Turn or their electronic health record (EHR) connected to CAIR. All vaccine management reports, including Shipment Incidents, Waste, and Excursion reports must be reported through [myCAvax](#). Providers that report in the wrong system (myVFCvaccines) should email the Provider Call Center or call (833) 502-1245 for guidance on removing or updating the incorrect report and to ensure they make the report in myCAvax.

For more information, please review the [BAP Provider Operations Manual](#), and the [BAP Requirements at a Glance document.](#)

2.6 Q: Are Bridge Access Program (BAP) providers required to display their location?

A: Yes. BAP providers are contractually obligated to add vaccine availability and are required to display their location on Vaccines.gov. This allows eligible COVID-19 vaccine recipients (uninsured and underinsured patients) to find no-cost vaccines. Bridge Access Program vaccines are visible on [Vaccines.gov](#) and [eTrueNorth](#).

See [Display Location on Vaccines.gov (p. 23)](#) for more information. If you need support, please email CARS_HelpDesk@cdc.gov or call 833-748-1979.

2.7 Q: How should providers determine if someone is eligible to receive Bridge Access Program (BAP) doses?

A: To determine eligibility of patients for BAP doses, refer to the CDPH [Eligibility Based on Insurance Status](#) resource.

2.8 Q: Do providers that enroll in the Bridge Access Program (BAP) need to have separate myCAvax accounts for each clinic site?

A: Yes. Providers will have to have separate accounts for each clinic site. CDC requires that COVID-19 vaccines be shipped directly to each clinic location so that BAP sites order and receive vaccines at the location where the doses will be administered.

Pharmacies

3.1 Q: My pharmacy was approved as a BAP provider through eTrueNorth. How do I obtain BAP vaccine supply?

A: Since the pharmacy component of the BAP uses the reimbursement model, there is no separate BAP stock and commercial stock. Pharmacies will use their commercially obtained vaccines, then get reimbursed by the manufacturer for the product, and the administration costs will be covered by the CDC.

3.2 Q: Is the process of getting a COVID-19 vaccine Bridge Access Program (BAP) dose from Walgreens, CVS, and eTrueNorth the same?

A: The process of getting a COVID-19 vaccine through the BAP is the same for CVS and Walgreens. When a patient arrives for their appointment, eligibility will be checked at the point of service.

eTrueNorth patients must first register at http://covidaccess.com/ or call 1-800-635-8611. Eligibility will be checked when the patient registers and, if eligible, a voucher will be given to the patient to bring to the pharmacy.

Vaccines For Children (VFC) Program

4.1 Q: What is the Vaccines for Children (VFC) program?

A: The Vaccines for Children (VFC) Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule.

4.2 Q: Which vaccines are available through the Vaccines for Children (VFC) program?

A: VFC providers can order most routine childhood vaccines that protect against serious diseases. New vaccines, including combination vaccines approved by the FDA and recommended by the Advisory Committee on Immunization Practices (ACIP), are also supplied to enrolled providers through the VFC Program.

4.3 Q: Who can be a Vaccines for Children (VFC) provider?

A: Any provider who has a current California license with prescription-writing privileges may enroll.

4.4 Q: What are the requirements to be a Vaccines for Children (VFC) provider?

A: Refer to the [2024 Program Participation Requirements at a Glance](#) for details.

Vaccine Administration

5.1 Q: Where can I find the 2024 immunization schedules?

A: Refer to the [CDC 2024 Immunization Schedules](#). Also, the CDC recently published two articles in the Morbidity and Mortality Weekly Report (MMWR) summarizing the updated recommendations.

- [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2024](#)

- [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2024](#)

5.2 Q: Which COVID-19 vaccines are recommended for use by the CDC?

A: Updated (2023-2024 formula) Moderna, Novavax, and Pfizer vaccines are available for use in the United States. There is no preferential recommendation for the use of any one COVID-19 vaccine over another when more than one recommended and age-appropriate vaccine is available. Refer to CDC's [Interim Clinical Considerations for the Use of COVID-19 Vaccines](#) for more information.

5.3 Q: What are the current recommendations on immunization practices for use of updated COVID-19 Vaccines 2023-2024?

A: The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccination for everyone ages 6 months and older in the United States for the prevention of COVID-19. There is currently no FDA-approved or FDA-authorized COVID-19 vaccine for children younger than age 6 months.

For the most recent COVID-19 vaccine guidance, refer to the updated Advisory Committee on Immunization Practice (ACIP) [Use of COVID-19 Vaccines](#) page.

5.4 Q: What is the recommended COVID-19 vaccine schedule for adults age 65 years and older?

A: CDC now recommends that all adults ages 65 years and older receive an additional updated 2023-2024 COVID-19 vaccine dose to help protect against severe disease from COVID-19. For more information, see CDC's Interim Clinical Considerations guidance, as well as the CDPH Updated Timing Guide (Spanish version).

5.5 Q: What types of COVID-19 vaccines are available for use in the United States?

A: COVID-19 vaccines authorized or licensed by the U.S. Food and Drug Administration (FDA) currently include:
- Pfizer-BioNTech and Moderna COVID-19 vaccines which are mRNA vaccines.
- Novavax COVID-19 vaccine which is a protein subunit vaccine.

5.6 Q: What are the recommendations on interchangeability of COVID-19 vaccines?

A: There is increased flexibility for interchangeability of COVID-19 vaccines based on updated language from the CDC. Refer to the Interim Clinical Considerations for Use of COVID-19 Vaccines for details.

5.7 Q: Where do providers find information about standing orders for updated COVID-19 vaccines?

A: The Centers for Disease Control and Prevention (CDC) provides information on standing orders for COVID-19 vaccines on their U.S. COVID-19 Vaccine Product Information page. (Also see EZIZ's COVID-19 Vaccine Resources.)

5.8 Q: Are providers required to provide Emergency Use Authorization (EUA) fact sheets to vaccine recipients or their caregivers?

A: Yes. Currently providers are required by law to provide EUA fact sheets to vaccine recipients or their caregivers for all uses of Novavax, and when Moderna or Pfizer vaccines are given to children 6 months through 11 years of age.

For recipients who are 12 years or older receiving Pfizer or Moderna vaccine, a provider should use the COVID-19 Vaccine Information Statement (VIS).

5.9 Q: Can COVID-19 vaccines be co-administered with other vaccines?

A: Yes. COVID-19 vaccines can be co-administered with other vaccines, including flu and RSV. Please see COVID-19 Vaccine Coadministration Tips for a coadministration guide.

5.10 Q: How long after COVID-19 illness can people receive COVID-19 vaccination?

A: People with known current SARS-CoV-2 infection should defer any COVID-19 vaccination at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met. People who recently had SARS-CoV-2 infection **may consider** delaying a primary series dose or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic). For further information, please see CDC Interim Clinical Considerations for Use of COVID-19 Vaccines.

5.11 Q: Where can COVID-19 vaccine providers find information on anaphylaxis management after COVID-19 vaccination?

A: COVID-19 vaccine providers can find information on anaphylaxis management at Recognizing and Responding to Anaphylaxis and Interim Clinical Considerations for Use of COVID-19 Vaccines: Anaphylaxis.

5.12 Q: Where can providers find the latest COVID-19 Vaccine Timing Guide?

A: Providers can find a CDPH updated COVID-19 Vaccine Timing Guide (Spanish) that aligns with FDA authorization and CDC recommendations for the updated 2023-2024 COVID-19 vaccines.

5.13 Q: Where can providers find the latest COVID-19 Vaccine Product Guide?

A: Providers can find a CDPH updated COVID-19 Vaccine Product Guide that aligns with the FDA authorization and CDC recommendations for the updated 2023-2024 COVID-19 vaccines.

5.14 Q: Where can I find information about COVID-19 vaccination and pregnancy?

A: COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. For patient resources, please refer to CDPH Pregnancy and Immunizations Toolkit.

5.15 Q: Are there resources that providers can use to help patients with vaccine hesitancy?

A: Providers can find resources that address vaccine hesitancy from CDPH and CDC.
CDPH vaccine hesitancy resources:
- COVID-19 Vaccine Confidence: Communication Tools and Materials
- Crucial Conversations Webinar Series (archive)

CDC vaccine hesitancy resources:
- How to Address COVID-19 Vaccine Misinformation
- Vaccinate with Confidence

5.16 Q: Do providers need a minor's parental consent to administer COVID-19 vaccine?

A: Generally, a parent or guardian's consent is required for the provision of healthcare, including vaccinations, to minors in California, except under limited circumstances and if the minor is consenting to sexual health services. For more information refer to the following resources:

- California Family Code § 6922
- Emancipated minors
- California Family Code § 6926(a)
- Consent to Immunization
- Vaccine Information Statement
- CA Minor Consent and Confidentiality Laws
- ACLU, Knowing Your Student Health Rights
- CA Consent Law - VaxTeen

Vaccine Storage & Handling

6.1 Q: Is there a refrigerated presentation of COVID-19 vaccine?

A: Yes. As of December 19, 2023, there is a refrigerated Pfizer 12y+ COVID-19 vaccine. This new presentation comes as single-dose pre-filled syringes and must be stored between 2°C - 8°C (36°F and 46°F). For more information and resources, please refer to this CDPH communication, the updated COVID-19 Vaccine Adolescent/Adult (12Y+) fact sheet, and the updated COVID-19 Vaccine Product Guide.

6.2 Q: What do providers need to know about storage and handling of COVID-19 vaccines?

A: For details on vaccine management, refrigerator and freezer setup, monitoring temperatures, transporting vaccines, and inventory management, refer to these CDPH job aids.

6.3 Q: How will COVID-19 vaccine products ship?

A: To find out how the vaccine products will ship, refer to the Vaccine Ordering and Manufacturer Info page.

6.4 Q: Does diluent for Pfizer COVID-19 vaccine for patients 6 months – 4 years of age need to be ordered separately or does it come with the vaccine?

A: Pfizer will provide diluent with their commercial and VFC vaccines indicated for patients 6 months - 4 years of age. Pfizer will supply diluent in a 25-pack. Please note: One vial of diluent is required to reconstitute one multidose vial of vaccine for individuals 6 months through 4 years of age.

6.5 Q: Can providers use expired items in COVID-19 vaccine ancillary kits?

A: **Providers should not use expired needles, syringes, and diluent**. Please check the printed expiration dates of the individual items.

Providers **may** use expired surgical masks if their clinic's policies allow and there is no apparent deterioration of the masks. Please note: Expiration for these items pertain mainly to the deterioration of the masks' straps. Expiration dates for surgical masks can be found printed on the outside of the kit or on boxes within.

6.6 Q: What is the difference between an expiration date and a beyond-use date?

A: An expiration date is determined by the manufacturer as to when the COVID-19 vaccine is no longer acceptable to administer to patients, **regardless of storage conditions**.

A beyond-use date is the last day/time that the COVID-19 vaccine can be safely used after it has been transitioned between storage states (e.g., thawed, refrigerated) or altered (diluted, drawn up for administration, etc.) for patient use. The beyond-use date replaces the manufacturer's expiration date **but never extends it**. Providers should properly dispose of the vaccine on whichever date/time comes first.

Reporting

7.1 Q: As a provider, what are my reporting requirements related to COVID-19 vaccine?

A: Providers are required by law to report all vaccine doses administered, including COVID-19 vaccines into an immunization registry. AB 1797 requires that providers enter:

- Immunization information into the California Immunization Registry (CAIR) OR Healthy Futures/RIDE
- Race and ethnicity information for each patient in the immunization registry to support assessment of health disparities in immunization coverage
- TB test results

7.2 Q: How do providers report Bridge Access Program (BAP) doses administered?

A: Within 24 hours of administering a dose of COVID-19 vaccine to a BAP-eligible patient, administration data will be recorded in the recipient's permanent medical record and submitted to the State's Immunization Information System (CAIR2 or Healthy Futures/RIDE) no later than 72 hours; providers must ensure that the proper vaccine eligibility category of "317" is applied. For more information refer to the BAP [Requirements at a Glance](#).

7.3 Q: How do providers report Vaccines for Children (VFC) eligibility of Bridge Access Program (BAP) or VFC doses?

A: For VFC eligibility, providers must document the results of the eligibility screening in the child's permanent medical record using any of these VFC-compliant record keeping systems:
- Electronic Medical Record (EMR) / Electronic Health Record (EHR) system
- Electronic immunization registry
- VFC "Patient Eligibility Screening Record" or other paper chart

By federal law, the child's permanent medical record (electronic or paper) must reflect the following VFC eligibility data:
- Screening date
- VFC eligibility (Y/N)
- Eligibility criterion (or criteria) that was met

Important. If the electronic system does not store the federally required VFC eligibility data, providers must supplement the permanent record (e.g., by using the VFC "Patient Eligibility Screening Record" 2 or equivalent) to store the required data.

For more information, please see the [VFC Provider Operations Manual](#).

7.4 Q: What is a Digital Vaccine Record (DVR)?

A: A DVR is an electronic vaccination record from the California Immunization Registry (CAIR). For more information refer to the Digital Vaccine Record [General Frequently Asked Questions](#).

7.5 Q: What is the benefit of using a Digital Vaccine Record (DVR)?

A: A California Digital Vaccine Record (DVR) allows patients to access their vaccine records at any time without having to visit a healthcare provider. To access a DVR, patients should visit the [Digital Vaccine Record (DVR) portal](#).

7.6 Q: How can a provider share information with patients about the Digital Vaccine Record (DVR)?

A: Providers can utilize CDPH's DVR Fact Sheets (available in [English](), [Spanish](), [Arabic](), [Simplified Chinese]() and [Traditional Chinese](), [Korean](), [Tagalog]() and [Vietnamese]().

7.7 Q: How long must COVID-19 vaccine providers keep COVID-19 and flu vaccine administration records?

A: COVID-19 vaccine providers must maintain COVID-19 and flu vaccine administration records for a minimum of three years, or longer if it is required by local law. It is each clinic's responsibility to appropriately maintain these records for the required duration.

7.8 Q: How do providers report an adverse event to the COVID-19 vaccine?

A: Adverse reactions should be reported through the Vaccine Adverse Event Reporting System (VAERS) by [Reporting an Adverse Event to VAERS.]()

COVID-19 Therapeutics

8.1 Q: Are there free COVID-19 telehealth treatment options for patients?

A: The California program through Sesame Care and the federal program under eMed are no longer enrolling participants.

If you currently need support for COVID-19 vaccinations, please see the resources below:
- The [Pfizer Patient Assistance Program]() will provide Paxlovid to those uninsured or enrolled in Medicare/Medicaid through 2024. The Pfizer Co-Pay program might also provide savings to those who are commercially insured.
- [CDC's Testing Locator]() can help identify options for no-cost tests near you.
- [Treatment Locator (hhs.gov)]() can identify sites near you which may provide free resources.
- Call 211, a free resource that can connect you to local programs.

8.2 Q: Where can underinsured or uninsured patients find payor assistance programs for Pfizer (Paxlovid) and Merck (Lagevrio) COVID-19 treatments?

A: Underinsured or Uninsured Patients can find payor assistance for Pfizer (Paxlovid) [here]() and for Merck (Lagevrio) [here]().

8.3 Q: Where can providers find COVID-19 medical coverage changes following the end of the public health emergency (PHE)?

A: COVID-19 Vaccine and Therapeutics coverage for Medi-Cal Fee-for-Service, Medi-Cal Managed Care, Medicare, California Regulated Private Health Plans, and the uninsured can be found here.

8.4 Q: How long will EUA–labeled Paxlovid, distributed by USG remain authorized for use?

A: On January 29, the Food and Drug Administration (FDA) announced an important revision to the Paxlovid Emergency Use Authorization (EUA) Letter of Authorization stating that **EUA-labeled Paxlovid distributed by the U.S. government was authorized for use only through March 8, 2024.** Additional information is available in FDA's Paxlovid letter of authorization dated January 29, 2024.

8.5 Q: Can providers still use EUA-labeled Paxlovid?

Q: Paxlovid that was been distributed by the U.S. government was authorized for use only through March 8, 2024.

Check here for Shelf-Life Extension for Specific Lots of Paxlovid | HHS/ASPR

8.6 Q: Can providers still use the United State Government (USG) distributed EUA-labeled Lagevrio?

A: Even though the commercial product is available, USG Lagevrio should be used until it is depleted or expires or is no longer usable, whichever comes first. Jurisdictions and other partners should work with their providers/sites to deplete the USG supply in the field and replace inventory with commercial supply as needed.

Check here for Shelf-Life Extension Evaluation of Lagevrio | Important Update | HHS/ASPR

8.7 Q: Can providers continue to order USG supply of Paxlovid and Lagevrio.

A: USG stopped the traditional threshold/replenishment ordering mechanism for **Paxlovid** products (standard and reduced dose packaging) on November 27, 2023, by setting ordering thresholds to zero for all awardees.

USG closed ordering for **Lagevrio** for all jurisdictions, pharmacy, and other partners on November 10, 2023, at 3:00 PM ET. **Federal entities, other than DoD and VA, can continue to order USG supply beyond November 10.**

8.8 Q: Where can patients and providers find COVID-19 therapeutics?

A: The new COVID-19 Treatment Locator (hhs.gov) is now live which combines the Test to Treat locator & therapeutics locator. It also has U.S. Government (USG) Patient Assistance Program (PAP) participating sites.

Support & Resources

9.1 Q: Where can providers find support with administering and managing COVID-19 vaccine?

A: For myCAvax Help Desk inquiries, providers can email myCAvax.hd@cdph.ca.gov. For My Turn Clinic Help Desk inquiries, providers can email MyTurn.Clinic.HD@cdph.ca.gov. For all other COVID-19 vaccine inquiries, providers can email the Provider Call Center at providercallcenter@cdph.ca.gov or call at (833) 502-1245 (Monday through Friday from 8AM–5PM).

9.2 Q: Where can I access COVID-19 vaccination data dashboards to share with patients?

A: COVID-19 vaccination data dashboards are available at CDC COVID Data Tracker and California Vaccination Progress Data.

9.3 Q: Where can providers access COVID-19 vaccine information to build public confidence in the vaccine?

A: To build public confidence in the COVID-19 vaccine, providers can visit COVID-19 Crucial Conversations Campaign, Vaccinate with Confidence, and Patient Communication Resources.