

Infusions

SPRING 2026



Closing the Gap: How School Nurses Are Changing the Story for Students with Bleeding Disorders in California



Strengthening Student Health
A SCHOOL NURSES INITIATIVE ON BLEEDING DISORDERS
signsofbleeding.org



Northern California
Bleeding Disorders
Foundation

See on Page 2 for the full story

IN THIS ISSUE



UPCOMING
EVENTS

Page 5



BLEEDING
DISORDERS
MONTH

Page 7



EMERGENCY
GUIDELINES

Page 11



MEDI-CAL
UPDATES

Page 14



Closing the Gap: How School Nurses Are Changing the Story for Students with Bleeding Disorders in California

by Jack Russek, MPH, a second-year osteopathic medical student

Early Diagnosis, Early Treatment

Over the past twelve months, the Northern California Bleeding Disorders Foundation (NCBDF), in close collaboration with school nurses, educators, medical advisors, and advocacy partners across the state, has worked to launch a new school-based initiative aimed at one of the most persistent challenges in bleeding disorder care, delayed diagnosis.





For many girls and boys with inherited bleeding disorders, the first signs appear early in life but go unrecognized for years. Heavy or prolonged menstrual bleeding, frequent nosebleeds, unexplained bruising, or joint symptoms are often dismissed as “normal,” particularly in young people. As a result, diagnostic delays can stretch a decade or more, leading to unnecessary emergency visits, missed school days, avoidable procedures, and significant emotional and physical burdens for students and their families.

This initiative was designed to change that trajectory by intervening at a critical point, within the school health setting, where symptoms are often first noticed and where trusted relationships already exist.

By empowering school nurses and school health staff with education, practical screening tools, and clear referral pathways, NCBDF and its partners are helping move identification of bleeding disorders upstream, closer to the onset of symptoms and earlier in the care journey.

At the heart of the program is a simple but powerful idea, school nurses are trusted frontline providers. They are often the first professionals to hear about heavy periods, recurrent nosebleeds, or bleeding concerns that warrant further attention. With the right tools and support, nurses can help ensure these signs are taken seriously and acted upon.

Over the past year, Ashley Gregory and the NCBDF education team, with guidance from the organization’s Medical Advisory Committee, have worked alongside clinicians and advocacy partners to develop:

-  **A concise, nurse focused training video on recognizing signs of bleeding disorders**
-  **Practical school-based support tools, including period and nosebleed kits**
-  **Clear documentation and referral workflows**
-  **Program evaluation tools to understand what works, what barriers remain, and how the program can improve over time**

This initiative has also been supported by Jack Russek, MPH, a second-year osteopathic medical student whose capstone project focuses on early identification of bleeding disorders and menstrual health equity in school settings. Working closely with NCBDF, Jack helped develop the training content, screening framework, and evaluation tools that will allow the program to be refined, studied, and scaled. His work reflects a broader commitment to integrating rare disease literacy and patient advocacy into medical education and clinical practice.

Importantly, this effort is not isolated to Northern California. The program reflects a growing statewide collaboration involving bleeding disorder chapters across California, with increasing interest from school health leaders and the California Department of Education. The shared goal is scalability, ensuring that students in rural, urban, and underserved districts have equal access to early recognition and appropriate care.

continued on page 3

This work would not be possible without the support of the NCBDP Board of Directors, whose commitment to innovation and equity helped move the initiative from concept to implementation. Special thanks are also due to April Steger and Randy Curtis for their leadership, vision, and encouragement, as well as to the industry partners and manufacturers who stepped forward early to support the program's launch and materials.

As this initiative is unveiled to school nurses, health aides, and school staff across California, it represents more than

new training, it represents a shift toward earlier diagnosis, earlier treatment, and better outcomes for students who too often fall through the cracks.

Looking ahead, NCBDP envisions this program growing year after year, incorporating new voices, expanded partnerships, and continued feedback from school nurses. With sustained collaboration and advocacy at the state level, the path forward is clear, fewer missed diagnoses, fewer years of uncertainty, and healthier futures for students and families across California. 🔥



Strengthening Student Health

A SCHOOL NURSES INITIATIVE ON BLEEDING DISORDERS

signsofbleeding.org

ADVISORY COMMITTEE

Jack Russek

Osteopathic Medical Student (OMS II)
Certified Strength and Conditioning Specialist (CSCS)
Certified Neuro Practitioner (CNP)
Touro University

Glaivy Batsuli, MD

Associate Professor of Pediatrics Pediatric Hematologist
Stanford Hemophilia Treatment Center
Stanford University

Katrina Unpingco, NP

UCSF Benioff Oakland Children's Hemophilia Treatment Center

Gagandeep Kaur RN

Stanford Hemophilia Treatment Center

Kelly Riot, RN, MSN, CPNP-PC

Stanford Hemophilia Treatment Center

Rebeca Lemons MSN, RN, CPHON, BMTCN

Kaiser Oakland
Pediatric Hematology/Oncology

Anthony Ong, DPT

UCSF Benioff Oakland Pediatric Hemophilia Treatment Center

Christina Killian-Benigno, FNP

Rady Children's Hospital Hemophilia Treatment Center

Kerri Borgese RN

Stanford Labor and Delivery
Person with VWD
NorCalBDF board member

FOR PATIENTS WITH HEMOPHILIA B

ACHIEVE NEW HEIGHTS

with proven, long-lasting
bleed protection

IDELVION[®]
Coagulation Factor IX (Recombinant), Albumin Fusion Protein



#1
FACTOR IX
MOST PRESCRIBED FOR PROPHYLAXIS

— ONLY IDELVION DELIVERS —

7^{and} 14 DAY DOSING[†]
FLEXIBILITY +

FDA-APPROVED FOR ADOLESCENTS AND ADULTS

20% STEADY-STATE
TROUGH
LEVELS +

WITH 7-DAY PROPHYLACTIC USE[†]

0 SPONTANEOUS
BLEEDS[§]

LEARN MORE >

* Hemophilia FIX Market Assessment, Third-Party Market Research.

† Once well-controlled (1 month without spontaneous bleeding or requiring dose adjustments on a weekly dose of ≤ 40 IU/kg), people 12 years and older can be transitioned to 14-day dosing.

‡ The average dose for adolescents and adults receiving prophylaxis every 7 days was 37 IU/kg.

§ The median AsBR for people who started on 7- or 14-day prophylaxis was 0. For people who switched to prophylaxis from on-demand, the median AsBR was 0.7. AsBR=annualized spontaneous bleed rate.

IMPORTANT SAFETY INFORMATION

IDELVION[®], Coagulation Factor IX (Recombinant), Albumin Fusion Protein (rFIX-FP), is used to control and prevent bleeding episodes in children and adults with hemophilia B. Your doctor might also give you IDELVION before surgical procedures. IDELVION can reduce the number of bleeding episodes when used regularly as prophylaxis.

IDELVION is administered by intravenous injection into the bloodstream and can be self-administered or administered by a caregiver. Do not inject IDELVION without training and approval from your healthcare provider or hemophilia treatment center.

Tell your healthcare provider of any medical condition you might have, including allergies and pregnancy, as well as all medications you are taking. Do not use IDELVION if you know you are allergic to any of its ingredients, including hamster proteins. Tell your doctor if you previously had an allergic reaction to any FIX product.

Stop treatment and immediately contact your healthcare provider if you see signs of an allergic reaction, including a rash or hives, itching, tightness of chest or throat, difficulty breathing, lightheadedness, dizziness, nausea, or a decrease in blood pressure.

Your body can make antibodies, called inhibitors, against Factor IX, which could stop IDELVION from working properly. You might need to be tested for inhibitors from time to time. IDELVION might also increase the risk of abnormal blood clots in your body, especially if you have risk factors. Call your healthcare provider if you have chest pain, difficulty breathing, or leg tenderness or swelling.

The most common side effects of IDELVION are headache and dizziness. These are not the only side effects possible. Tell your healthcare provider about any side effect that you experience, and contact provider immediately if bleeding does not stop after taking IDELVION.

Please see full prescribing information for IDELVION, including patient product information.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch, or call **1-800-FDA-1088**.

You can also report side effects to CSL Behring's Pharmacovigilance Department at **1-866-915-6958**.

IDELVION is manufactured by CSL Behring GmbH and distributed by CSL Behring LLC. IDELVION[®] is a registered trademark of CSL Behring Lengnau AG.

©2024 CSL Behring LLC 1020 First Avenue, PO Box 61501, King of Prussia, PA 19406-0901 USA

www.CSLBehring.com www.IDELVION.com USA-IDL-0534-NOV24

CSL Behring

UPCOMING EVENTS IN 2026 NORCALBDF.ORG/EVENTS



EDUCATION



CAMPS



MEETS



Northern California
Bleeding
Disorders
Foundation



VIERNES CENA EDUCATIVA

CAMPAGNIA BISTRO - FRESNO, CA



6PM - 8PM

¡Acompaña a Pedro Preciado y Eva Felix en una cena divertida enfocada en la autoabogacía y el empoderamiento de los adolescentes! Se invita a las familias latinas a conectarse, compartir historias y conocer nuestros recursos y apoyo.

Programa en español.



Patrocinado por

sanofi



REGÍSTRESE EN NORCALBDF.ORG/EVENTS

MARCH IS BLEEDING DISORDERS AWARENESS MONTH

**You can ask your mayor to declare your city.
It's easy, an email request starts the process.**

Contact ashley.gregory@norcalbdf.org to get started!



LEGISLATIVE RESOLUTION COMMEMORATING MARCH AS BLEEDING DISORDERS AWARENESS MONTH

**WHEREAS, THE MAYOR OF YOUR CITY CALIFORNIA IS PROUD TO COMMEMORATE MARCH
2026 AS BLEEDING DISORDERS AWARENESS MONTH IN THE CITY OF _____; AND**

**WHEREAS, THIS DESIGNATION WILL FORMALIZE AND EXPAND UPON THE DESIGNATION
40 YEARS AGO OF MARCH 1986 AS "HEMOPHILIA AWARENESS MONTH" BY PRESIDENT
RONALD REAGAN; AND**

**WHEREAS, THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES DESIGNATED
MARCH 2016 AS NATIONAL BLEEDING DISORDERS MONTH; AND**

**WHEREAS, THESE BLEEDING DISORDERS, WHICH SHARE THE INABILITY TO FORM A
PROPER BLOOD CLOT, ARE CHARACTERIZED BY EXTENDED BLEEDING AFTER INJURY,
SURGERY, TRAUMA OR MENSTRUATION AND CAN LEAD TO SIGNIFICANT MORBIDITY AND
CAN BE FATAL IF NOT TREATED EFFECTIVELY; AND**

**WHEREAS, MANY INDIVIDUALS WITH HEMOPHILIA BECAME INFECTED WITH HIV AND
HEPATITIS C IN THE 1980S DUE TO THE CONTAMINATION OF THE BLOOD SUPPLY AND
BLOOD PRODUCTS; AND**

**WHEREAS, THIS AWARENESS MONTH WILL GENERATE GREATER AWARENESS AND
UNDERSTANDING OF NOT ONLY HEMOPHILIA BUT ALL INHERITABLE BLEEDING
DISORDERS, INCLUDING VON WILLEBRAND DISEASE—WHICH ALONE IMPACTS AN
ESTIMATED ONE PERCENT OF THE U.S. POPULATION OR MORE THAN 3.2 MILLION
INDIVIDUALS; AN ESTIMATED (# of individuals) INDIVIDUALS IN (your city) AND**

**WHEREAS, THIS AWARENESS MONTH WILL FOSTER A GREATER SENSE OF COMMUNITY
AND SHARED PURPOSE AMONG INDIVIDUALS WITH ALL INHERITABLE BLEEDING
DISORDERS; AND**

**WHEREAS, THIS AWARENESS MONTH WILL ELEVATE AWARENESS OF, DIAGNOSIS AND
TREATMENT OF, AND ENGAGEMENT IN THE INHERITABLE BLEEDING DISORDERS JOURNEY
BEYOND OUR COMMUNITY TO THE GENERAL PUBLIC, ENABLING THE PREVENTION OF
ILLNESS, UNNECESSARY PROCEDURES, AND DISABILITY; NOW, THEREFORE BE IT
RESOLVED, THAT THIS MAYOR'S OFFICE OF _____ CALIFORNIA PAUSE IN ITS
DELIBERATIONS TO PROUDLY COMMEMORATE MARCH AS BLEEDING DISORDERS
AWARENESS MONTH IN THE CITY OF _____ IN THE STATE OF CALIFORNIA.**



Northern California
**Bleeding
 Disorders**
 Foundation

ADVISOR'S GUIDE FOR PLANNED GIVING

Gifts from Wills and Trusts

When making a charitable gift to a nonprofit organization, it is vital the legal name of the charity, city, and other identifying details be used. To name the Northern California Bleeding Disorders Foundation (NorCalBDF) in your will or trust, please use the following suggested language:

Residual Bequest Language

A residual bequest comes to us after your estate expenses and specific bequests are paid.

I give and devise to the Northern California Bleeding Disorders Foundation; Tax ID #: 94-1638703, located in Morgan Hill, CA, all (or state a percentage) of the rest, residue and remainder of my estate, both real and personal, to be used for its general support (or for the support of a specific fund or program).

Specific Bequest Language

Naming NorCalBDF as a beneficiary of a specific amount from your estate is easy.

I give and devise to the Northern California Bleeding Disorders Foundation; Tax ID#: 94-1638703 located in Morgan Hill, CA, the sum of \$ [amount] (or [asset]) to be used for its general support (or for the support of a specific fund or program).

Contingent Bequest Language

NorCalBDF can be named as a contingent beneficiary in your will or personal trust if one or more of your specific bequests cannot be fulfilled.

If [name] is not living at the time of my demise, I give and devise to the Northern California Bleeding Disorders Foundation Tax ID #:94-1638703, located in Morgan Hill, CA, the sum of \$ [amount] (or all or a percentage of the residue of my estate) to be used for its general support (or for the support of a specific fund or program).

Gifts of Appreciated Securities

Please contact us directly for a stock transfer form at contact@norcalbdf.org 

ALTUVIIIIO[®]
Antihemophilic Factor (Recombinant),
Fc-VWF-XTEN Fusion Protein-ehtl

Connect with an **ALTUVIIIIO**[®] Peer Mentor

ALTUVIIIIO Peer Mentors are real patients or caregivers who have had similar experiences to yours.

You'll have the opportunity to:

- Ask questions
- Hear firsthand experiences
- Learn helpful tips
- Get to know others in the community

Maybe it's because I've always had such great support, but **engaging with others** is the best way for me to stay happy.

—AJ—

AJ | ALTUVIIIIO patient

AJ is a promotional speaker compensated by Sanofi.



[Click here](#) to sign up to meet a Peer today!

sanofi

© 2024 Sanofi. All rights reserved.

ALTUVIIIIO and Sanofi are registered trademarks of Sanofi or an affiliate.

MAT-US-2406913-v1.0-07/2024

THE FEMALE FACTOR MEETS



Last November, The Female Factor Meets gathered in the studio at Mojo Technique by Rodney James—and it was SO much fun. From the moment we started, the energy was high and the vibe was all-in.

We watched people surprise themselves in real time: trying new movements, finding strength they didn't know they had, and pulling off what honestly felt like a physical feat. It wasn't just a workout—it was an invitation to get curious: what else am I capable of?

Big laughs, lots of “wait... I just did that?!” moments, and a room full of support. 10/10 would do it again. This event was sponsored by SpecialtyCareRx.

Find Rodney James at <https://www.facebook.com/themojotechnique> in Union City. 🔥



THE FEMALE FACTOR
affected and connected

Emergency Guideline Bleeding Disorders

Danny's Dose is pleased to announce the first "EMS Model Clinical Guidelines for Treatment of Bleeding Disorders". What does this mean for the bleeding disorders community? Through these "Guidelines", awareness and education, emergency professionals will be armed with the tools to provide adequate emergency care for patients with bleeding disorders. Download them, print them and carry them with you. Familiarize yourself with the procedures and share them with your local Emergency Service Providers. Bring them with you during emergencies and present them during emergencies in the field.



Danny's Dose Alliance Model EMS Clinical Guidelines Bleeding Disorders

Emergency Treatment of Patients with Bleeding Disorders (Hypocoagulation)

NOTE: These guidelines are intended for treating patients with inherited and acquired bleeding disorders that result in hypocoagulation and are not designed for the management of individuals taking anticoagulant medications or those with conditions associated with hypercoagulation.

Brian Froelke, MD FAEMS, **Darlene Shelton**, BSA, Nicholas Salzman, BA, EMT-P, Ashley Pounders, APRN, MSN, FNP-C, Todd Heffern, MD, FACEP, FAEMS, NRP, Joanna Davis, MD, Jon Krohmer, MD, Shveta Gupta, MD, FAAP, Ulrike Reiss, MD, FAAP, David Clark, PhD, Eric Banks, LP, NRP, FAEMS, Randall Schaefer, DNP, RN, ACNS-BC, CEN, Wilma Vinton, BBA, AS, EMT-P, Craig Cooley, MD, MPH, EMT-P, FACEP, FAEMS, Rudy Kink, MD, FAAP, Brian O'Connor, PMD, Cole Darienzo, PMD, Jamison Geracci, BS, EMT-B, Ashley Gregory, Tammy Jones, Jennifer Talley, PhD, Marni Cartelli, CST

Aliases

Most Common:

"Bleeders" -or- "Free bleeder"	Bleeding Disorder
Hemophilia A / Factor 8 Deficiency	Hemophilia B / Factor 9 Deficiency
Other Factor Deficiency (<i>Factors I, II, V, VII, X, XI, XIII</i>)	Platelet Disorders
Von Willebrand Disease / Disorder (VWD)	

Patient Care Goals

1. Treatment and management of acute bleeding
2. Prevention of acute bleeding
3. Timely initiation of emergency clotting factor concentrate (or "Factor") administration
4. Timely initiation of available blood products and/or IV infused Tranexamic Acid (TXA) or other hemostatic agents
5. Management of associated pain
6. Transport to appropriate destination

Patient Presentation

Inclusion Criteria

1. All patients with a diagnosed inherited or acquired bleeding disorder with or without evidence of acute bleeding

Exclusion Criteria

1. Patients with increased clotting risks due to prothrombotic or hypercoagulable disorders (*Such as: Factor V Leiden Mutation, Prothrombin Gene Mutation, Antithrombin Deficiency, Protein C Deficiency, Protein S Deficiency*)

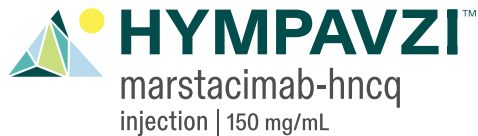
Patient Management

Assessment:

****Immediately treat any life-threatening findings prior to returning to the next assessment category****

1. Identify immediately compressible sources of life-threatening external bleeding and apply direct pressure and hemostatic protocols before moving to secondary assessments
2. Assess Airway
 - a. Assess for head and neck trauma and evidence of expanding hematoma (airway at risk)
 - b. Evaluate for stridor
 - i. Consider airway obstructions as a source
 - c. Consider hemothorax or mediastinal hematoma in trauma
 - i. Reduced lung sounds
3. Assess Breathing
 - a. Consider internal hemorrhage with coughing blood, signs of pulmonary edema
 - b. Consider hemothorax
 - c. Consider pericardial effusion
4. Assess circulation (general perfusion status)
 - a. Presence of pulses
 - b. Mottled skin
 - c. Diaphoretic
 - d. Pallor
 - e. Cold
 - f. END TIDAL CO₂ = <25 ⁽¹⁾

[To see the full document, click here](#)



Scan the QR code to sign up for updates at [HYMPAVZI.com](https://www.HYMPAVZI.com)

For routine prophylaxis in patients 12 years and older with hemophilia A or B without inhibitors

NOW APPROVED

Introducing HYMPAVZI—a once-weekly subcutaneous prophylactic treatment that comes in a fixed-dose,* prefilled pen

*Your first dose (loading dose) of HYMPAVZI is 300 mg (two 150 mg injections). Then you will inject a weekly (maintenance) dose consisting of 1 or 2 injections as prescribed by your healthcare provider. If more than one injection is required to deliver a complete dose, administer each injection at a different injection site.

What is HYMPAVZI?

HYMPAVZI is a prescription medicine used to prevent or reduce the frequency of bleeding episodes in adults and children 12 years of age and older with hemophilia A without factor VIII inhibitors or hemophilia B without factor IX inhibitors.

It is not known if HYMPAVZI is safe and effective in children younger than 12 years old.

IMPORTANT SAFETY INFORMATION

Important: Before you start using HYMPAVZI, it is very important to talk to your healthcare provider about using factor VIII and factor IX products (products that help blood clot but work in a different way than HYMPAVZI). You may need to use factor VIII or factor IX medicines to treat episodes of breakthrough bleeding during treatment with HYMPAVZI. Carefully follow your healthcare provider's instructions regarding when to use factor VIII or factor IX medicines and the prescribed dose during your treatment with HYMPAVZI.

Before using HYMPAVZI, tell your healthcare provider about all of your medical conditions, including if you:

- have a planned surgery. Your healthcare provider may stop treatment with HYMPAVZI before your surgery. Talk to your healthcare provider about when to stop using HYMPAVZI and when to start it again if you have a planned surgery.
- have a severe short-term (acute) illness such as an infection or injury.
- are pregnant or plan to become pregnant. HYMPAVZI may harm your unborn baby.

Females who are able to become pregnant:

- Your healthcare provider will do a pregnancy test before you start your treatment with HYMPAVZI.
- You should use effective birth control (contraception) during treatment with HYMPAVZI and for at least 2 months after the last dose of HYMPAVZI.
- Tell your healthcare provider right away if you become pregnant or think that you may be pregnant during treatment with HYMPAVZI.
- are breastfeeding or plan to breastfeed. It is not known if HYMPAVZI passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription medicines, over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of HYMPAVZI?

HYMPAVZI may cause serious side effects, including:

- **blood clots (thromboembolic events).** HYMPAVZI may increase the risk for your blood to clot. Blood clots may form in blood vessels in your arm, leg, lung, or head and can be life-threatening. Get medical help right away if you develop any of these signs or symptoms of blood clots: swelling or pain in arms or legs; redness or discoloration in your arms or legs; shortness of breath; pain in chest or upper back; fast heart rate; cough up blood; feel faint; headache; numbness in your face; eye pain or swelling; trouble seeing
- **allergic reactions.** Allergic reactions, including rash and itching have happened in people treated with HYMPAVZI. Stop using HYMPAVZI and get medical help right away if you develop any of the following symptoms of a severe allergic reaction: swelling of your face, lips, mouth, or tongue; trouble breathing; wheezing; dizziness or fainting; fast heartbeat or pounding in your chest; sweating

The most common side effects of HYMPAVZI are injection site reactions, headache, and itching.

These are not all the possible side effects of HYMPAVZI. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

Please see Important Facts about HYMPAVZI on the next page or at www.HYMPAVZI.com

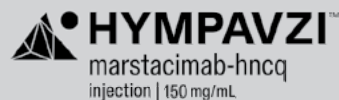


Not actual size.



© 2024 Pfizer Inc. HYMPAVZI is a trademark of Pfizer Inc. All rights reserved. October 2024 PP-HYM-USA-0056

IMPORTANT FACTS



Important information: Before you start using HYMPAVZI, it is very important to talk to your healthcare provider about using factor VIII and factor IX products

(products that help blood clot but work in a different way than HYMPAVZI). You may need to use factor VIII or factor IX medicines to treat episodes of breakthrough bleeding during treatment with HYMPAVZI. Carefully follow your healthcare provider's instructions regarding when to use factor VIII or factor IX medicines and the prescribed dose during your treatment with HYMPAVZI.

What is HYMPAVZI used for?

HYMPAVZI is a prescription medicine used to prevent or reduce the frequency of bleeding episodes in adults and children 12 years of age and older with hemophilia A without factor VIII inhibitors or hemophilia B without factor IX inhibitors.

It is not known if HYMPAVZI is safe and effective in children younger than 12 years old.

What should I tell my healthcare provider before using HYMPAVZI?

Tell your healthcare provider about all your medical conditions, including if you:

- have a planned surgery. Talk to your healthcare provider about when to stop using HYMPAVZI and when to start it again if you have a planned surgery.
- have a severe short-term (acute) illness such as an infection or injury.
- are pregnant or plan to become pregnant. HYMPAVZI may harm your unborn baby.

Females who are able to become pregnant:

- Your healthcare provider will do a pregnancy test before you start your treatment with HYMPAVZI.
 - You should use effective birth control (contraception) during treatment with HYMPAVZI and for 2 months after the last dose of HYMPAVZI.
 - Tell your healthcare provider right away if you become pregnant or think that you may be pregnant during treatment with HYMPAVZI.
- are breastfeeding or plan to breastfeed. It is not known if HYMPAVZI passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription medicines, over-the-counter medicines, vitamins, and herbal supplements.

How should I use HYMPAVZI?

See the detailed "Instructions for Use" that comes with your HYMPAVZI for information on how to inject a dose of HYMPAVZI, and how to properly throw away (dispose of) used HYMPAVZI prefilled syringe or HYMPAVZI prefilled pen.

- Use HYMPAVZI exactly as prescribed by your healthcare provider.
- Your healthcare provider will provide information on the treatment of breakthrough bleeding during your treatment with HYMPAVZI. **Do not** use HYMPAVZI to treat breakthrough bleeding.

What warnings should I know about HYMPAVZI?

HYMPAVZI may cause serious side effects, including:

- **blood clots (thromboembolic events).** HYMPAVZI may increase the risk for your blood to clot in blood vessels in your arm, leg, lung, or head and can be life-threatening. Get medical help right away if you develop any of these signs or symptoms of blood clots:
 - swelling or pain in arms or legs
 - redness or discoloration in your arms or legs
 - shortness of breath
 - pain in chest or upper back
 - fast heart rate
 - cough up blood
 - feel faint
 - headache
 - numbness in your face
 - eye pain or swelling
 - trouble seeing
- **allergic reactions.** Allergic reactions, including rash and itching have happened in people treated with HYMPAVZI. Stop using HYMPAVZI and get medical help right away if you develop any of the following symptoms of a severe allergic reaction:
 - swelling of your face, lips, mouth, or tongue
 - trouble breathing
 - wheezing
 - dizziness or fainting
 - fast heartbeat or pounding in your chest
 - sweating

The most common side effects of HYMPAVZI are injection site reactions, including:

- itching
- swelling
- hardening
- redness
- bruising
- pain

Headache and itching were also common side effects. A serious side effect of swelling in the legs happened in one patient in the clinical trial.

These are not all of the possible side effects of HYMPAVZI. Call your doctor for medical advice about side effects. For more information, ask your doctor.

This information is not comprehensive. How to get more information:

- Talk to your health care provider or pharmacist
- Visit www.HYMPAVZI.com to obtain the FDA-approved product labeling
- Call 1-888-HYMPAV-Z

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



Pfizer Inc., 66 Hudson Blvd East, New York, NY 10001

© 2024 Pfizer Inc. HYMPAVZI is a trademark of Pfizer Inc. All rights reserved. October 2024 PP-HYM-USA-0057

MEDI-CAL REPORTING UPDATE

WHAT THIS MEANS IN PLAIN LANGUAGE

There is a new federal law called the One Big Beautiful Bill Act (OBBBA) that will change how Medicaid works over the next few years. These changes mostly make Medicaid harder to stay enrolled in, even for people who are still eligible.

The biggest risk is people losing coverage because of paperwork, missed notices, or new requirements, not because they no longer qualify.

The most important changes (simplified)

1. More paperwork and check-ins

People on Medicaid will have to prove they are still eligible every 6 months, instead of once a year

If they miss a form, email, letter, or phone call, they could lose coverage.

2. Work / community engagement requirement (starting 2027)

Some adults on Medicaid will need to show 80 hours per month of work, school, volunteering, or similar activities

If they don't report this correctly, they can lose coverage even if they qualify.

3. Less retroactive coverage

Medicaid will only go back 1 month instead of 3 months if someone applies late

That means more people could get stuck with medical bills.

4. New costs for some services (starting 2028)

Some patients may have to pay up to \$35 per medical visit (not for prescription drugs)

Preventive services are usually exempt, but confusion may stop people from seeking care.

Why this matters for your community

More people with bleeding disorders may lose Medicaid accidentally, not intentionally

Patients who rely on high-cost care could face more delays or extra approvals.

Families may not realize they're uninsured until they need treatment.

WHAT YOU NEED TO DO (ACTION ITEMS)

1. Educate families early and often

Tell families Medicaid is changing and will require more attention.

Emphasize: "Even if you still qualify, you can lose coverage if you miss paperwork."

2. Push contact info updates

Encourage families to update their address, email, and phone number with Medicaid regularly

This is one of the biggest risk points.

3. Remind people to open mail

Medicaid notices may come by mail, email, or phone.

Missing one notice can trigger termination

4. Prepare for coverage loss conversations

Be ready to explain Marketplace insurance options if someone loses Medicaid

Open enrollment runs Nov 1, 2025 – Jan 15, 2026, with a Dec 15 deadline for coverage starting Jan 1

5. Reassure patients about care

Let families know that preventive care is generally exempt from new copays so they don't avoid treatment out of fear

BOTTOM LINE (ONE SENTENCE)

Medicaid isn't disappearing, but it's becoming easier to lose, so your role is helping families stay organized, informed, and responsive so they don't fall through the cracks. 🔥



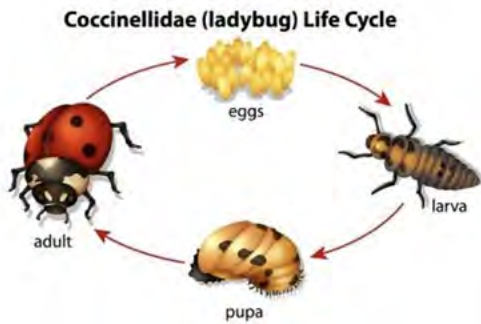
Kid's Page



...and playful adults!

Happy Spring, Kids!

Have you ever wondered how a ladybug gets to be a ladybug? Even if you haven't, it sure is cool to see how special this garden friend is! Check this out!



Lady Bug Fun Facts:

1. Ladybugs can eat up to 5,000 aphids in their lifetime. (Aphids eat vegetables in your garden and can destroy crops!) This makes ladybugs a farmers best friend!
2. Ladybugs aren't always red. (They can even be yellow or have stripes!)
3. Ladybugs hibernate.
4. Ladybug spots (or stripes) are a warning to birds. They say "don't eat me, I am toxic!"
5. Guess what else? Ladybugs can emit stinky blood from their joints to keep predators from eating them!
6. When all else fails, ladybugs can play dead to stop predators from eating them.

Spring Riddles:

1. Q: Does spring March?
2. Q: Which month is the shortest?
3. Q: When is the best time to wash a slinky?
4. Q: When is it impossible to plant spring flower bulbs?
5. Q: What did the seed call the flower?
6. Q: I fall, but I don't get hurt. I pour, but I'm not a jug. I help plants grow, but I'm not the sun. What am I?

- 1.A: No, but April May! 2. A: May, it only has three letters! 3.A: When you are doing spring cleaning!
4. A: When you haven't botany (a botanist works with plants)! 5.A: A baby bloomer. 6.A: Rain.



SPRING



M P N E S T A I H W F D
 B U K Q A P N D R A I N
 I Z D L H E W R E R C B
 R G T X E F R O G M J U
 D N F R B A S P R I N G
 S A G D W Y F J H B O S
 T E L K O B U D S M P C
 N V E S R H G I X A B W
 Y G T D M O L P F Y E I
 S R V A S J K I T E C N
 A O M E L T H B R S W D
 C W U P I D F T M Q A R



BUDS	GREEN	MELT	SPRING
BUGS	GROW	MUD	TREE
BIRDS	KITE	NEST	WARM
DROP	LEAF	RAIN	WIND
FROG	MAY	SEEDS	WORM



CALENDAR

MARCH 2026

3/1/26-3/31/26	Bleeding Disorders Awareness Month	Declare your City! Use this link
3/6/25-3/8/26	Family Camp	Livermore
3/10/25-3/13/26	Western States Hemophilia Regional Network (Region IX)	San Diego
3/21/25-3/24/26	Future Leaders	Sacramento
3/23/26	LEG Day	Sacramento
3/27/26	Education & Lunch	Santa Cruz
3/27/26-3/29/26	The Female Factor Retreat	Santa Cruz
3/29/25	Education & Lunch	Santa Cruz

APRIL 2026

4/2/26	Education & Dinner	Walnut Creek
4/16/26	World Hemophilia Day	Santa Cruz
4/17/26	World Hemophilia Day in Spanish	Fresno
4/25/26	SpringFest Family Education Day	Fresno

MAY 2026

5/1/26-5/3/26	CSL Behring's Junior National Championships	Henderson, NV
5/7/26	Education & Dinner	Monterey
5/16/26	Men's Meetup	San Jose
5/30/26	Asian Infusion	San Jose

JUNE 2026

6/14/26-6/20/26	Camp Hemotion	Coarsegold
-----------------	---------------	------------

JULY 2026

AUGUST 2026

8/13/26-8/15/26	Bleeding Disorders Conference	Orlando, FL
-----------------	-------------------------------	-------------

SEPTEMBER 2026

9/11/26-9/13/26	Familia de Sangre	Anaheim
9/26/26	FallFest/Family Education Day	Santa Rosa

OCTOBER 2026

10/11/26	Education & Dinner	Fresno
10/24/26	Men's Meetup	San Jose

NOVEMBER 2026

11/7/26	Unite for Bleeding Disorders Walk	Walnut Creek
11/7/26	Education & Lunch	Walnut Creek

DECEMBER 2026

12/5/26	WinterFest	San Jose
12/6/26	WinterFest	Fresno

NorCalBDF Northern California Bleeding Disorders Foundation
<https://www.norcalbdf.org>

AFFILIATED ORGANIZATIONS

BDCC Bleeding Disorders Council of California
<https://www.bdcouncilca.org>

HFA Hemophilia Federation of America
<https://www.hemophiliafed.org>

NBDF National Bleeding Disorders Foundation
<https://www.bleeding.org>

NBDF Chapters (See full list at NBDF)

WFH World Federation of Hemophilia
<https://wfh.org>

HEMOPHILIA TREATMENT CENTERS (HTC's)

Stanford University Medical Center

<https://www.stanfordchildrens.org/en/services/hematology>

UCSF Benioff Children's Hospital Oakland

<https://www.ucsfbenioffchildrens.org>

University of California at Davis

<https://health.ucdavis.edu/hemophilia/>

University of California San Francisco

<https://www.ucsfhealth.org/clinics/hemophilia-treatment-center>

Valley Children's Hospital

<https://www.valleychildrens.org>



Northern California Bleeding Disorders Foundation (NCBDF) does not endorse any particular pharmaceutical manufacturer or home care company.

PLEASE NOTE: The companies whose advertisements are listed herein have purchased this space, and are NEVER provided with members' names, addresses or any other personal details. Paid advertisements and paid inserts should not be interpreted as a recommendation from NCBDF, nor do we accept responsibility for the accuracy of any claims made by paid advertisements or paid inserts.

Since we do not engage in the practice of medicine, we always recommend that you consult a physician before pursuing any course of treatment.

Information and opinions expressed in this publication are not necessarily, those of the Northern California Bleeding Disorders Foundation, or those of the editorial staff.

MATERIAL PRINTED IN THIS PUBLICATION MAY BE REPRINTED WITH THE EXPRESS PRIOR WRITTEN PERMISSION FROM THE EXECUTIVE DIRECTOR. SPRING, SUMMER, FALL OR WINTER WITH YEAR MUST BE INCLUDED.

Northern California Bleeding Disorders Foundation is a 501(c)(3) non-profit. Donations are tax-deductible, much needed and appreciated.

BOARD OF DIRECTORS

Randy Curtis
BOARD PRESIDENT

Dawn Pollard
VICE PRESIDENT

Derek Sim
SECRETARY

Anita Bawa
TREASURER

Kerri Borgese, BSN,
RN, IBCLC

Michael Bradley

Leslie Ferber

Mark Helm

Elaine Lai

STAFF

April Steger
EXECUTIVE DIRECTOR

Ashley Gregory
ASSOCIATE DIRECTOR, EDUCATION
& ADVOCACY

Pedro Preciado
OUTREACH & ENGAGEMENT
COORDINATOR BILINGUAL

Charlette Viney
MANAGER, PARTNERSHIPS
AND GRANTS

CONTACT INFORMATION

305 Vineyard Town Center #132
Morgan Hill, CA 95037

Office hours: Mon-Fri, 9am-5pm

www.norcalbdf.org

contact@norcalbdf.org

(510) 658-3324 phone

(510) 658-3384 fax

Infusions

Published four times per year by
Northern California Bleeding Disorders Foundation

Editor

Ashley Gregory, Associate Director, Education & Advocacy

Medical Editor

Tiffany Lucas MD, Medical Director

Contributors

April Steger, Executive Director,

Pedro Preciado, Outreach & Engagement Coordinator Bilingual

2026

PUBLICATION SCHEDULE

ONLINE

MARCH 1 • JUNE 1 • SEPTEMBER 1

**ONLINE AND PRINT VERSION MAILED
DECEMBER 1**

HOW TO:

UPDATE YOUR CONTACT
INFORMATION



BECOME A CONTRIBUTOR
TO INFUSIONS



ADVERTISE IN
INFUSIONS



VISIT OUR
WEBSITE

