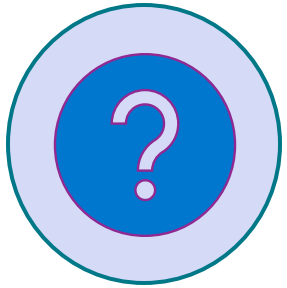
CDPH | VFC California Vaccines for Children Program

VFC Afternoon TEAch: Spring Immunization Updates

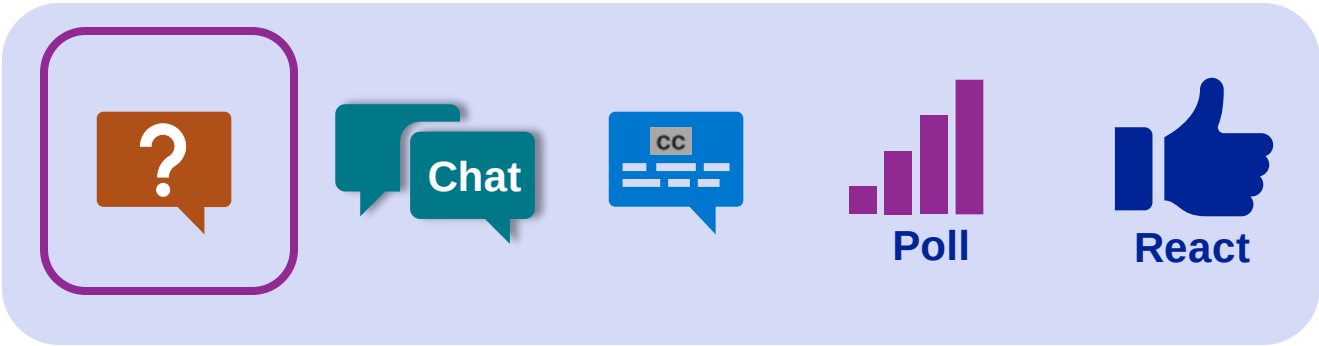
Wednesday, April 9, 2025

12:00 pm – 1:00 pm, PT

Q&A



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



Links are in blue and underlined

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Housekeeping

Reminder to Attendees:

Today's session is being recorded. For this and previous Afternoon TEAch slides and webinar recordings go to the IZ Provider Webinars page on EZIZ.

To be added to the CDPH email messaging listserv for providers, please email your request to blanca.corona@cdph.ca.gov.

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

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Webinar Objectives

- Explain updates to the 2025 Pediatric ACIP Schedule and closing RSV season.
- Promote Adolescent Immunization Action Week to patients and partners and share resources to increase adolescent immunizations and stay up to date with them.
- Identify updated and relevant resources for pediatric immunizations.

Agenda: Wednesday, April 9, 2025

No.	Item	Speakers (CDPH)	Time (PM)
1	Welcome	Leslie Amani	12:00 – 12:05
2	CA VFC 30 Years Announcement	Christina Sapad	12:05 – 12:15
3	2025 Immunization (IZ) Schedule Updates	Samantha Johnston, MD, MPH	12:15 – 12:20
4	Measles Outbreak	Samantha Johnston, MD, MPH	12:20 – 12:25
5	School Immunization Updates	Samantha Johnston, MD, MPH	12:25 – 12:35
6	RSV Immunization Updates	Kyle Rizzo	12:35 – 12:40
7	Adolescent Immunization Action Week	Jane Grey	12:40 – 12:45
8	Resources	Terisha Gamboa	12:45 – 12:50
9	Questions and Answers	CDPH SMEs	12:50 – 1:00
10	Close	Leslie Amani	1:00

CA VFC 30 Years Announcement

Christina Sapad

30 Years Protecting Children

- 2024 marked the 30th anniversary of the Vaccines for Children Program!
- 3 decades reducing barriers to vaccines!
- Since its implementation, the VFC program has provided more than **71.5 billion doses** of pediatric vaccines to more than 37,000 vaccine providers across the US.

- Through these efforts, the program has reduced disparities, increased immunization rates, saved countless lives, and helped prevent the spread of infectious diseases.

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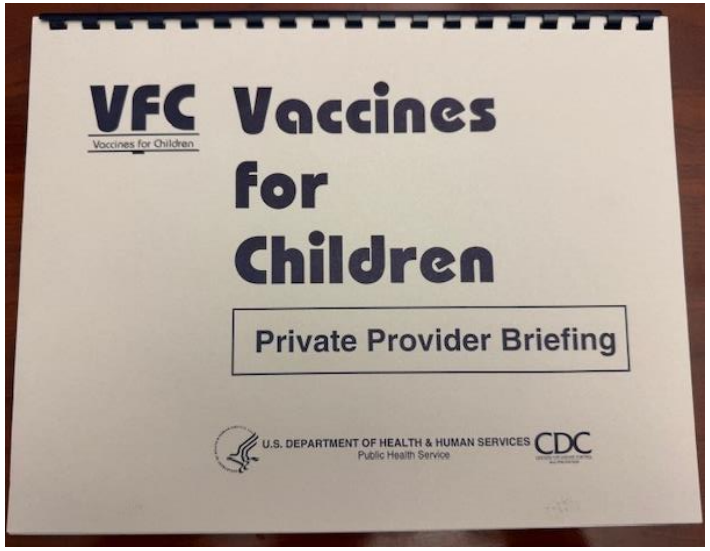
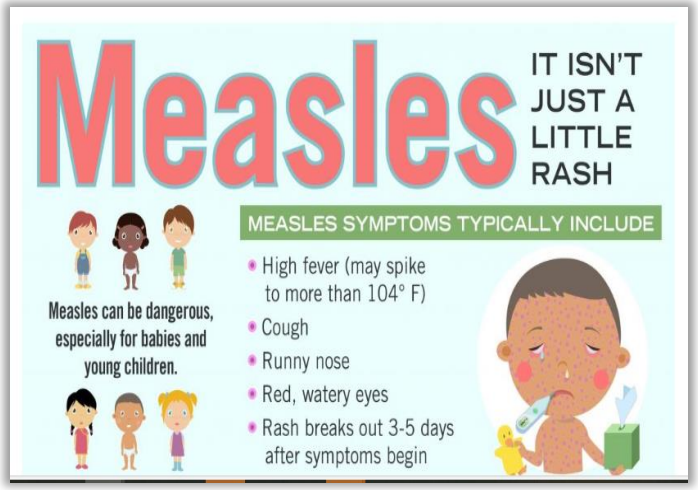
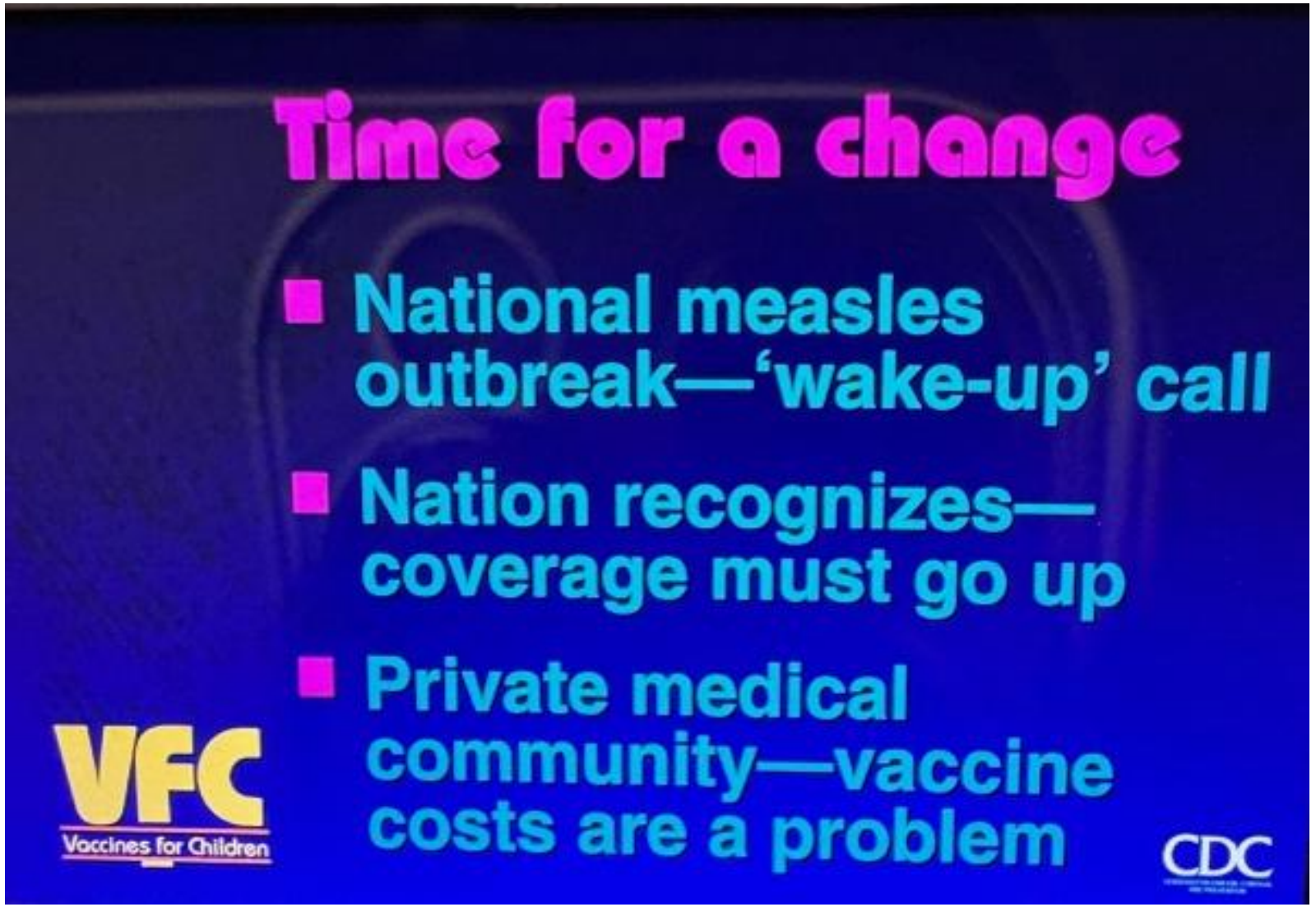
Vaccines on the Move!

- In 1994, the program begun to get off the ground despite concerns about the government's ability to safely store and distribute vaccines.
- CDC developed solutions to ensure that vaccines went where they were needed most and that vaccine providers understood the new program.
- In the same year, provider briefing and outreach materials were provided to each state to immediately begin recruitment into the Program

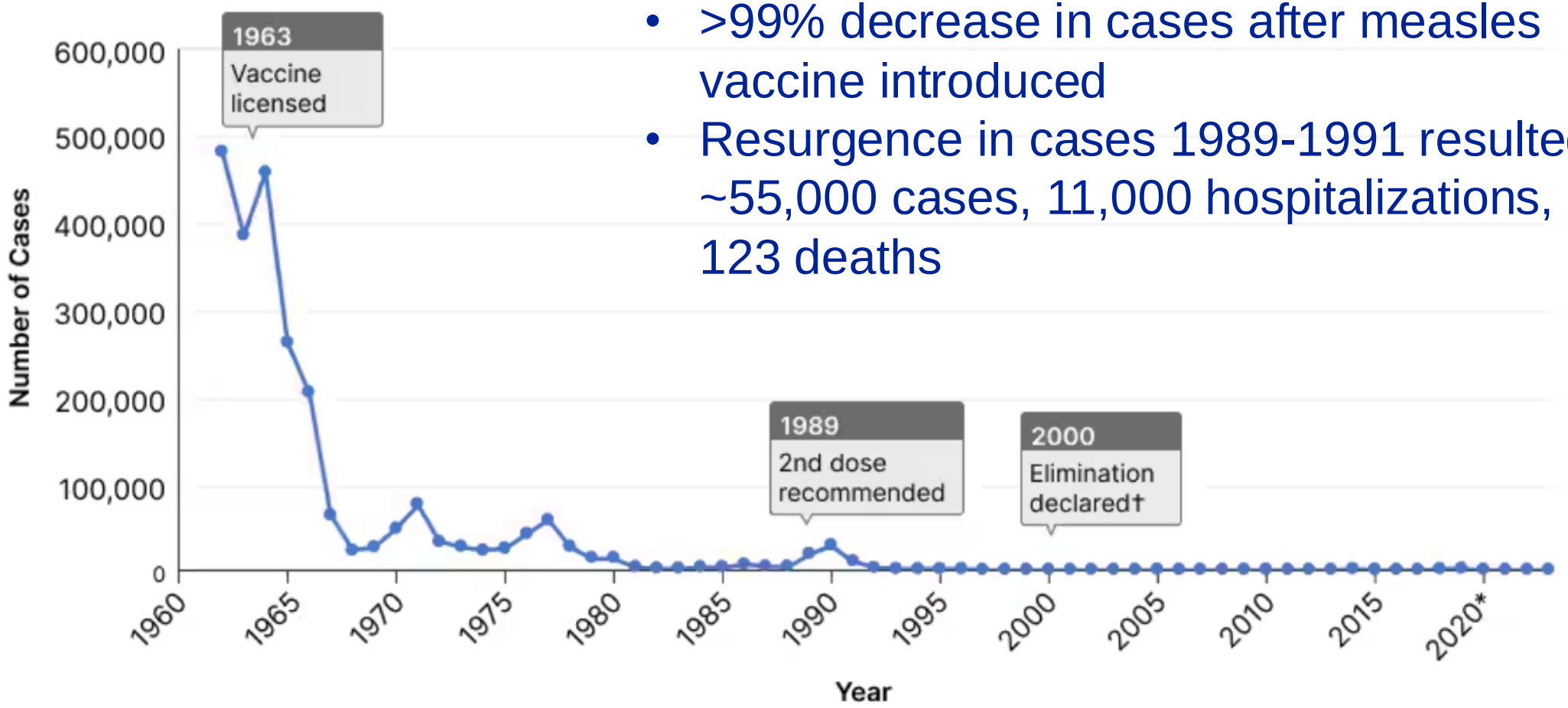


Measles: Call to Action!





Reported Measles Cases in the United States, 1962 – 2023



- >99% decrease in cases after measles vaccine introduced
- Resurgence in cases 1989-1991 resulted in ~55,000 cases, 11,000 hospitalizations, and 123 deaths

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[Measles Cases and Outbreaks (CDC)]

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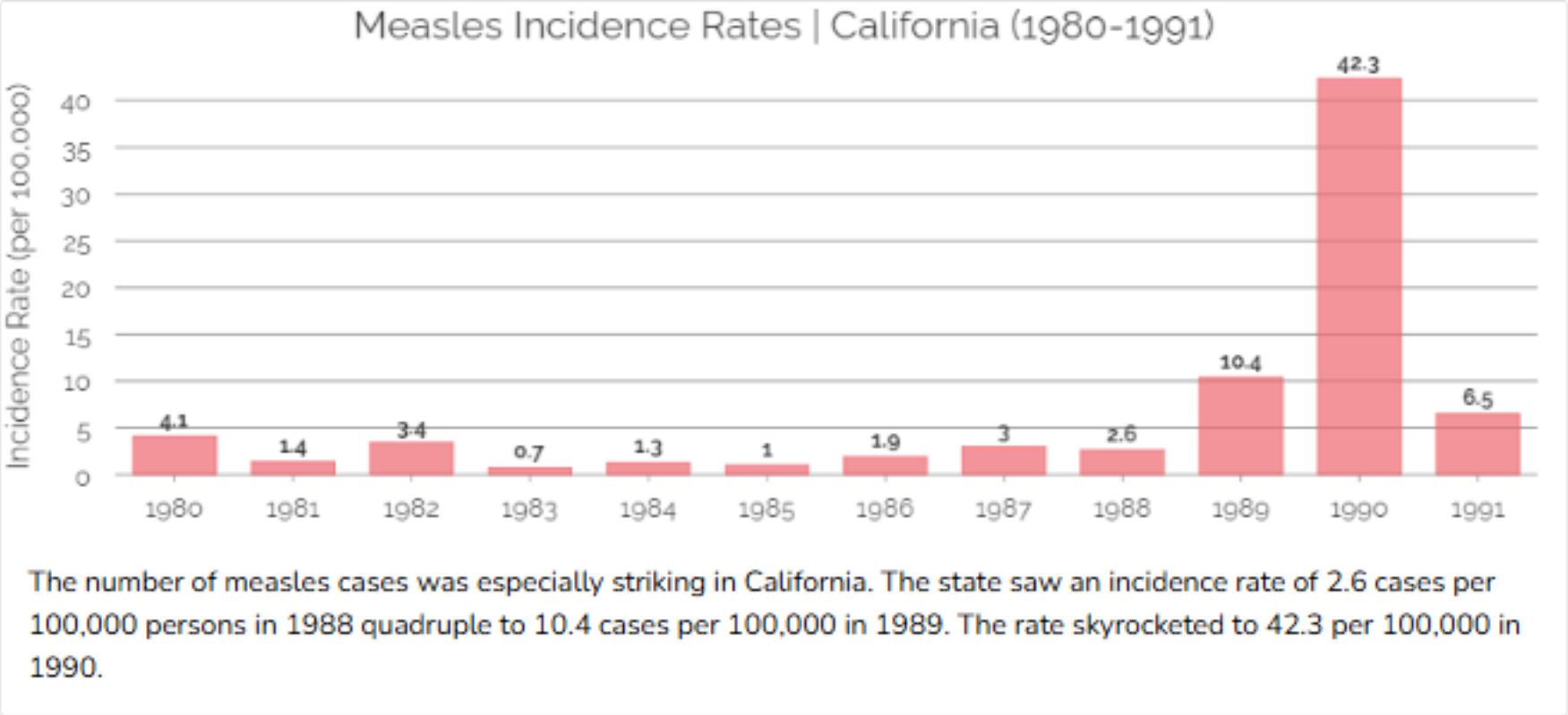
1990 Measles Resurgence in California



The number of measles cases was especially striking in California. The state saw an incidence rate of 2.6 cases per 100,000 persons in 1988 quadruple to 10.4 cases per 100,000 in 1989. The rate skyrocketed to 42.3 per 100,000 in 1990.

[A Nation in Crisis: The 1989-1991 Measles Epidemic]

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1990 Measles Resurgence in California

- In California, resurgence of measles resulted in **16,400** cases, **3,390** hospitalizations, **75** deaths.
- Regions affected by the outbreak were low-income communities where families lacked access to affordable vaccines.
- Highest numbers identified in Hispanic communities in Los Angeles and the San Joaquin Valley.
- Outbreaks also occurred among vaccinated school-aged children.

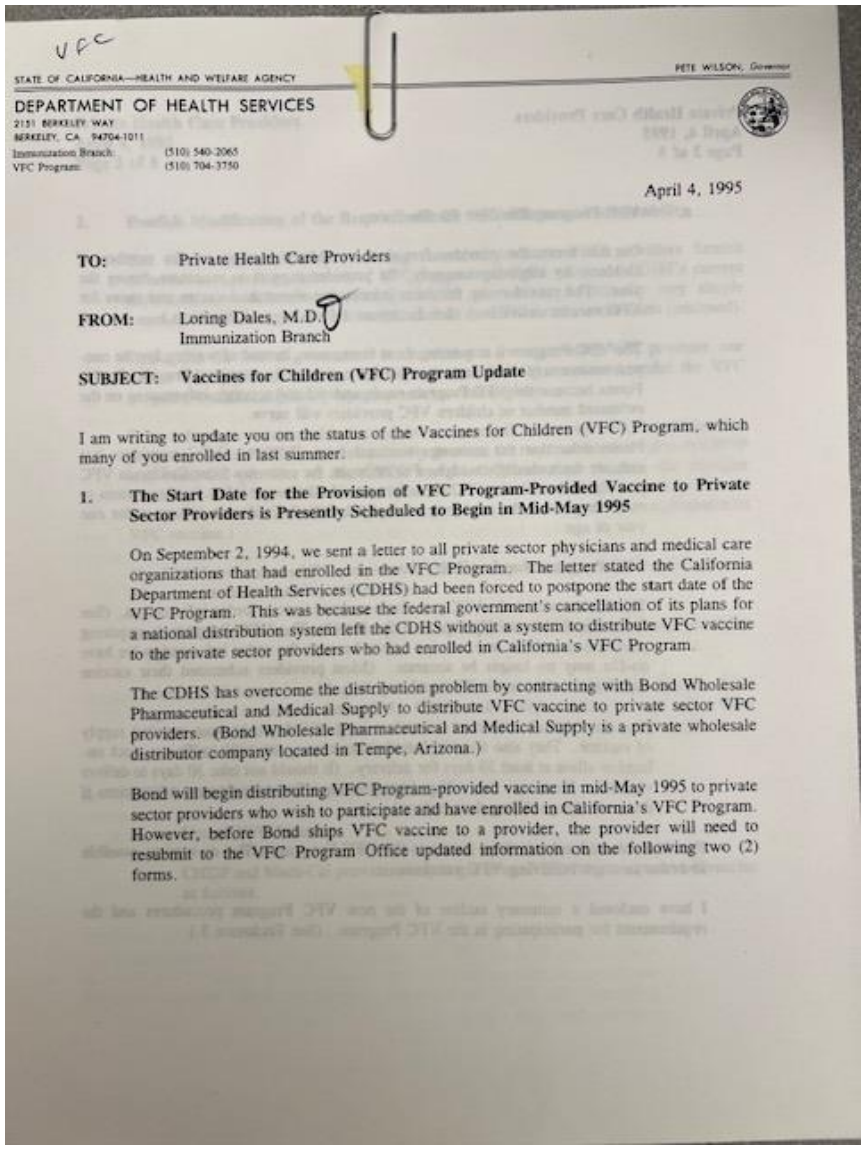
[Measles epidemic from failure to immunize - PMC]

The Problem…

- A major cause of the resurgence was a large number of preschool children who had not been vaccinated against measles.
- Investigations showed that vaccine cost was a major impediment to preschool children getting vaccinated, particularly those who were uninsured.
- Children were going in to see their primary care providers and they didn't have access to the vaccine.
- Families facing financial barriers to the cost of vaccines resorted to out-of-pocket costs, local public health clinics operated by local health department, or no vaccinations at all.

2025 Marks 30th Anniversary of the California Vaccines for Children Program!

While program launch and enrollment of private providers across states and California started shortly after the creation of VFC in 1994, the program implementation was delayed until May 1995, until the state could have its own centralized distribution system for private providers enrolled in VFC soon after its creation.



VFC

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704-1011
Immunization Branch: (510) 540-2065
VFC Program: (510) 704-3750

April 4, 1995

TO: Private Health Care Providers

FROM: Loring Dales, M.D.
Immunization Branch

SUBJECT: **Vaccines for Children (VFC) Program Update**

I am writing to update you on the status of the Vaccines for Children (VFC) Program, which many of you enrolled in last summer.

1. **The Start Date for the Provision of VFC Program-Provided Vaccine to Private Sector Providers is Presently Scheduled to Begin in Mid-May 1995**

On September 2, 1994, we sent a letter to all private sector physicians and medical care organizations that had enrolled in the VFC Program. The letter stated the California Department of Health Services (CDHS) had been forced to postpone the start date of the VFC Program. This was because the federal government's cancellation of its plans for a national distribution system left the CDHS without a system to distribute VFC vaccine to the private sector providers who had enrolled in California's VFC Program.

The CDHS has overcome the distribution problem by contracting with Bond Wholesale Pharmaceutical and Medical Supply to distribute VFC vaccine to private sector VFC providers. (Bond Wholesale Pharmaceutical and Medical Supply is a private wholesale distributor company located in Tempe, Arizona.)

Bond will begin distributing VFC Program-provided vaccine in mid-May 1995 to private sector providers who wish to participate and have enrolled in California's VFC Program. However, before Bond ships VFC vaccine to a provider, the provider will need to resubmit to the VFC Program Office updated information on the following two (2) forms.

Throughout 2025,
join us and celebrate the positive impact of the California VFC Program, and its participating VFC Providers in improving California's children health!

2025 Immunization Schedule Updates

Samantha Johnston, MD, MPH

2025 Immunization Schedule Updates

COVID-19:

- 1 or more doses of updated 2024-25 formula vaccine.
- Additional doses recommended for immunocompromised children.
- For healthy children 6 months - 4 years and immunocompromised children receiving initial vaccine series: **Doses should be from same manufacturer**
- ACIP COVID-19 Vaccine Recommendations

Haemophilus influenzae type b (Hib) vaccines:

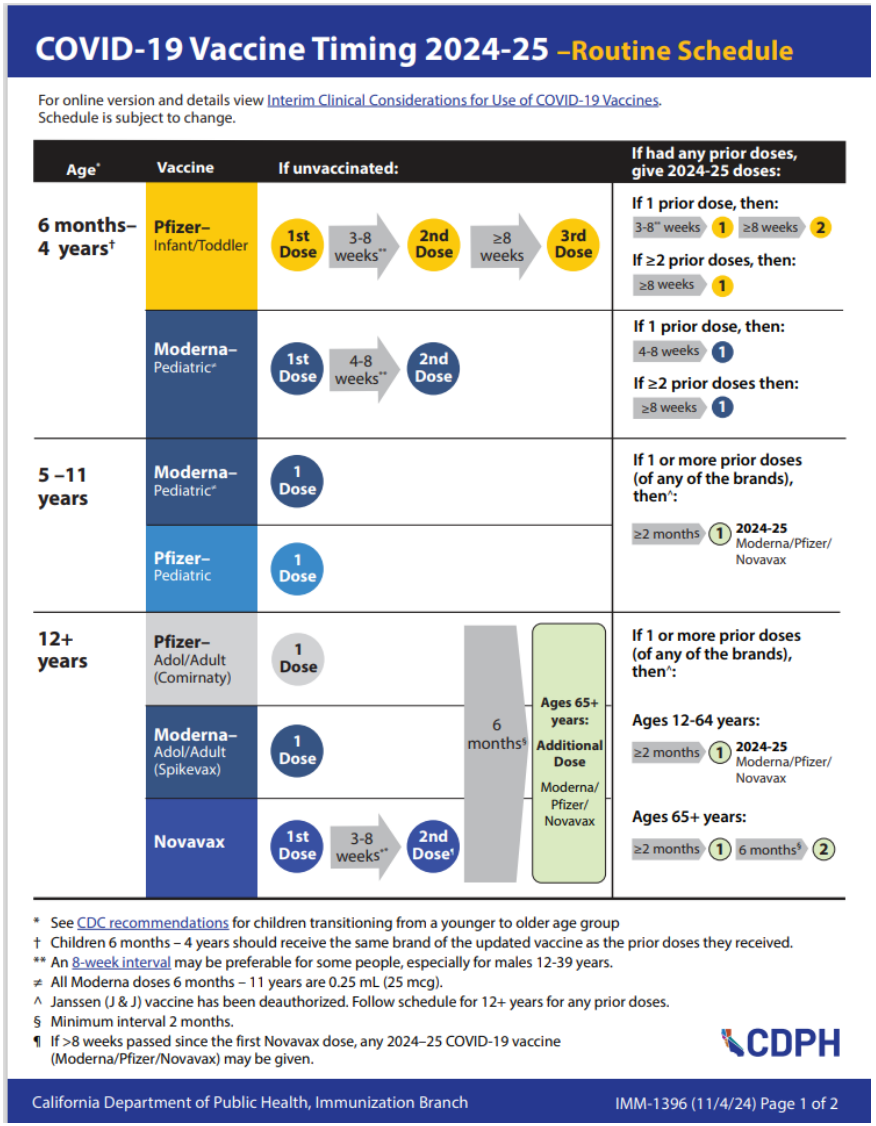
- Hexavalent Vaxelis and monovalent PRP-OMP PedvaxHIB are the two preferred vaccines for American Indian/Alaska Native infants.
- ACIP Haemophilus Influenzae Type B (Hib) Vaccine Recommendations

Influenza

- 2024 – 2025 influenza vaccines are trivalent.
- 18-year-old solid organ transplant recipients receiving immunosuppressive medications may receive high-dose inactivated and adjuvanted inactivated vaccines with no preference over other age-appropriate flu vaccines.
    1. Note: high-dose and adjuvanted influenza vaccines are not available for 2024-25 season but will be for 2025 - 2026 season.
- ACIP Influenza (Flu) Vaccine Recommendations

Updated CDPH COVID-19 Vaccine Timing Chart

- COVID-19 Vaccine Timing 2024-25 Routine Schedule IMM-1396 (English)
- COVID-19 Vaccine Timing 2024-25 Routine Schedule IMM-1396S (Spanish)



COVID-19 Vaccine Timing 2024-25 –Routine Schedule

For online version and details view Interim Clinical Considerations for Use of COVID-19 Vaccines.
Schedule is subject to change.

Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks** → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8** weeks → 1 → ≥8 weeks → 2 If ≥2 prior doses, then: ≥8 weeks → 1
	Moderna–Pediatric≠	1st Dose → 4-8 weeks** → 2nd Dose	If 1 prior dose, then: 4-8 weeks → 1 If ≥2 prior doses then: ≥8 weeks → 1
5–11 years	Moderna–Pediatric≠	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 1 → 2024-25 Moderna/Pfizer/Novavax
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose → 6 months§ → Ages 65+ years: Additional Dose Moderna/Pfizer/Novavax	If 1 or more prior doses (of any of the brands), then^: Ages 12-64 years: ≥2 months → 1 → 2024-25 Moderna/Pfizer/Novavax Ages 65+ years: ≥2 months → 1 → 6 months§ → 2
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose¶	

* See CDC recommendations for children transitioning from a younger to older age group
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
** An 8-week interval may be preferable for some people, especially for males 12-39 years.
≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.
§ Minimum interval 2 months.
¶ If >8 weeks passed since the first Novavax dose, any 2024–25 COVID-19 vaccine (Moderna/Pfizer/Novavax) may be given.

CDPH

California Department of Public Health, Immunization Branch — IMM-1396 (11/4/24) Page 1 of 2

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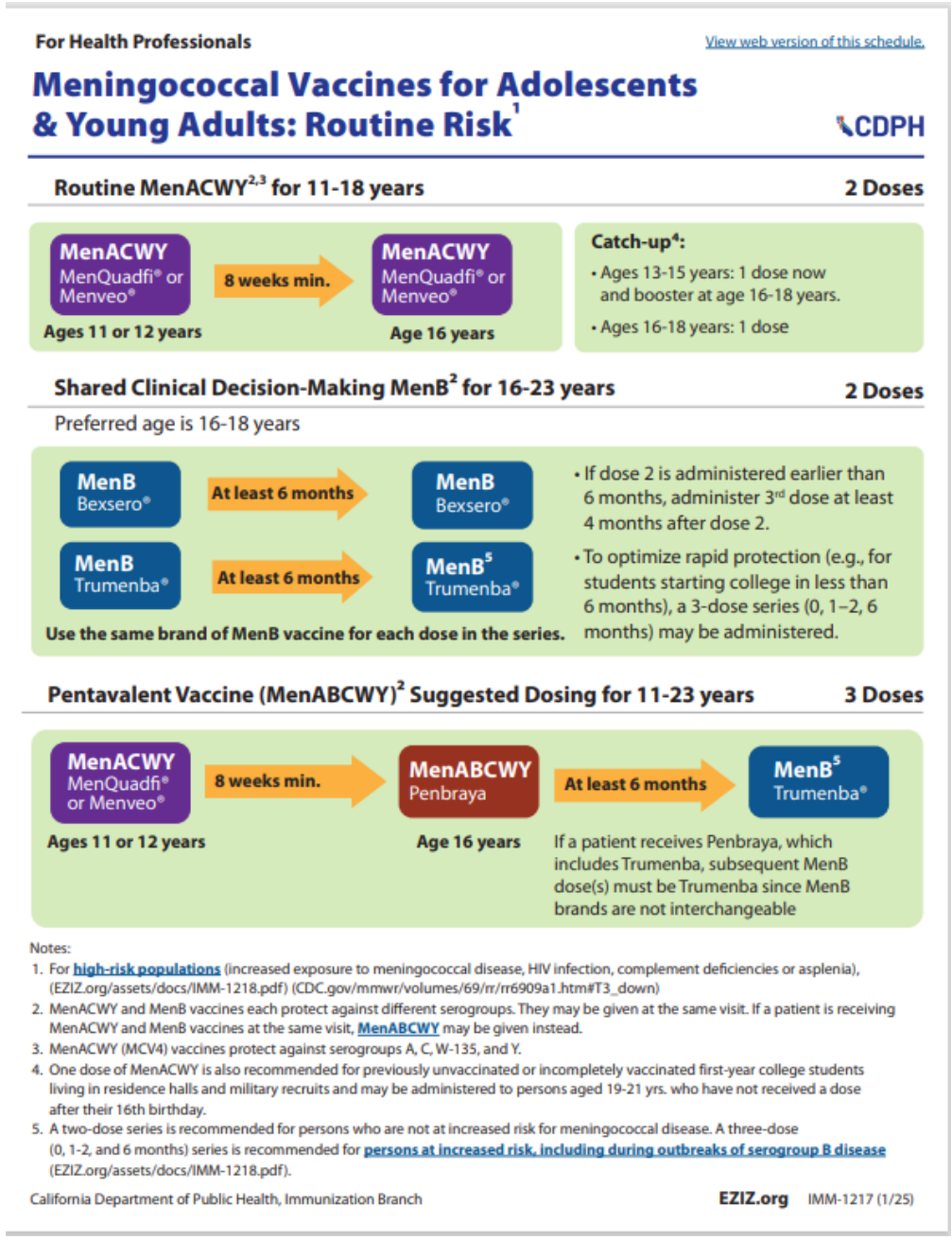
2025 IZ Schedule Updates

- **Meningococcal serogroup B** Bexsero
  - Is now **a two-dose series for healthy adolescents** and a **three-dose series for those at increased risk of disease**.
  - Patients who need rapid protection (e.g., outbreak) can choose a three-dose series.
- ACIP Meningococcal Vaccine Recommendations
- Meningococcal Timing Guide - routine (CDPH)
- Meningococcal Timing Guide - immunocompromised (CDPH)



For Health Professionals

View web version of this schedule.

Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk[1]

CDPH

Routine MenACWY[2,3] for 11-18 years — **2 Doses**

MenACWY MenQuadfi® or Menveo® — Ages 11 or 12 years → 8 weeks min. → MenACWY MenQuadfi® or Menveo® — Age 16 years

Catch-up[4]:
- Ages 13-15 years: 1 dose now and booster at age 16-18 years.
- Ages 16-18 years: 1 dose

Shared Clinical Decision-Making MenB[2] for 16-23 years — **2 Doses**

Preferred age is 16-18 years

MenB Bexsero® → At least 6 months → MenB Bexsero®

MenB Trumenba® → At least 6 months → MenB[5] Trumenba®

Use the same brand of MenB vaccine for each dose in the series.

- If dose 2 is administered earlier than 6 months, administer 3rd dose at least 4 months after dose 2.
- To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered.

Pentavalent Vaccine (MenABCWY)[2] Suggested Dosing for 11-23 years — **3 Doses**

MenACWY MenQuadfi® or Menveo® — Ages 11 or 12 years → 8 weeks min. → MenABCWY Penbraya — Age 16 years → At least 6 months → MenB[5] Trumenba®

If a patient receives Penbraya, which includes Trumenba, subsequent MenB dose(s) must be Trumenba since MenB brands are not interchangeable

Notes:
1. For high-risk populations (increased exposure to meningococcal disease, HIV infection, complement deficiencies or asplenia), (EZIZ.org/assets/docs/IMM-1218.pdf) (CDC.gov/mmwr/volumes/69/rr/rr6909a1.htm#T3_down)
2. MenACWY and MenB vaccines each protect against different serogroups. They may be given at the same visit. If a patient is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead.
3. MenACWY (MCV4) vaccines protect against serogroups A, C, W-135, and Y.
4. One dose of MenACWY is also recommended for previously unvaccinated or incompletely vaccinated first-year college students living in residence halls and military recruits and may be administered to persons aged 19-21 yrs. who have not received a dose after their 16th birthday.
5. A two-dose series is recommended for persons who are not at increased risk for meningococcal disease. A three-dose (0, 1-2, and 6 months) series is recommended for persons at increased risk, including during outbreaks of serogroup B disease (EZIZ.org/assets/docs/IMM-1218.pdf).

California Department of Public Health, Immunization Branch — EZIZ.org — IMM-1217 (1/25)

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Men B Updated Job Aids

Meningococcal Vaccines–High-Risk Populations

View web version of this schedule.

Note that different vaccines protect against different serogroups. Follow the schedule according to age and these abbreviations for risk groups.

Exp: Increased Exposure to meningococcal serogroups covered by vaccines (due to outbreaks[1], travel to affected areas [e.g. the Hajj], lab exposure)
CD: Persistent Complement component Deficiencies (including persons taking complement inhibitor [e.g., eculizmab® or ravulizmab®])
Asp: Functional or Anatomic Asplenia (including sickle cell disease)
HIV: HIV Infection

Age at first dose	Exp	CD	Asp	HIV	1) MenACWY vaccines[2,6]	Boosters for those who remain at increased risk[3,6]
2–6 months[4]	✓	✓	✓	✓	2 months: ACWY-CRM[5] Menveo® → 4 months: ACWY-CRM[5] Menveo® → 6 months: ACWY-CRM[5] Menveo® → 12–15 months: ACWY-CRM[5] Menveo®	If primary dose(s) given when younger than 7 years: 3 years → ACWY-CRM or -TT Menveo® or MenQuadfi® → Every 5 years → ACWY-CRM or -TT Menveo® or MenQuadfi®
7–23 months	✓	✓	✓	✓	ACWY-CRM[5] Menveo® → 3 months → ACWY-CRM[5] Menveo®	
2 years and older		✓	✓	✓	ACWY-CRM or -TT Menveo® or MenQuadfi® → 2 months → ACWY-CRM or -TT Menveo® or MenQuadfi®	If primary dose(s) given at age 7 years or older: Every 5 years → ACWY-CRM or -TT Menveo® or MenQuadfi®
	✓				ACWY-CRM or -TT Menveo® or MenQuadfi®	

2) Also give MenB vaccine—may be given at same time as MenACWY vaccine. Use the same brand for each dose in the series.[6]

Age at first dose	Exp	CD	Asp	HIV	MenB vaccines	Boosters	Exp	CD	Asp
10 years and older	✓	✓	✓		1st dose MenB-4C Bexsero® → 1–2 months → 2nd dose MenB-4C Bexsero® → 6 months between 1st and 3rd dose → 3rd dose MenB-4C Bexsero® 1st dose MenB-FHbp Trumenba® → 1–2 months → 2nd dose MenB-FHbp Trumenba® → 6 months between 1st and 3rd dose → 3rd dose MenB-FHbp Trumenba®	Lab exposure, complement deficiency, asplenia: 1 year → MenB → Every 2-3 years → MenB	lab	✓	✓
						Increased risk during an outbreak: 1 year → MenB (Interval of ≥6 months may be considered depending on the outbreak.)	out-break		

View detailed meningococcal recommendations (CDC.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html) and routine recommendations (EZIZ.org/assets/docs/IMM-1217.pdf).

1. For information on outbreaks visit the CDPH website (CDPH.CA.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx).
2. Abbreviations: ACWY/ACWY-CRM/ACWY-TT = MenACWY = MCV4
3. If no longer at high risk by age 10, administer additional two doses of MenACWY according to the regular adolescent schedule at age 11–12 years and age 16 years.
4. If MenACWY-CRM is initiated at ages 3–6 months, catch-up vaccination includes doses at intervals of 8 weeks until the infant is aged ≥7 months, at which time an additional dose is administered at age ≥7 months, followed by a dose at least 12 weeks later and after the 1st birthday.
5. Minimum age 12 months.
6. If a patient aged 10 years and older is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead. The minimum interval between MenABCWY doses is 6 months. If a patient receives Penbraya, which includes Trumenba, subsequent Men B dose(s) must include Trumenba since MenB brands are not interchangeable.

CDPH
EZIZ.org IMM-1218 (2/25)

For Health Professionals

View web version of this schedule.

Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk[1]

CDPH

Routine MenACWY[2,3] for 11-18 years — 2 Doses

MenACWY MenQuadfi® or Menveo® (Ages 11 or 12 years) → 8 weeks min. → MenACWY MenQuadfi® or Menveo® (Age 16 years)

Catch-up[4]:
- Ages 13-15 years: 1 dose now and booster at age 16-18 years.
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Preferred age is 16-18 years

MenB Bexsero® → At least 6 months → MenB Bexsero®
MenB Trumenba® → At least 6 months → MenB[5] Trumenba®

Use the same brand of MenB vaccine for each dose in the series.

- If dose 2 is administered earlier than 6 months, administer 3rd dose at least 4 months after dose 2.
- To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered.

Pentavalent Vaccine (MenABCWY)[2] Suggested Dosing for 11-23 years — 3 Doses

MenACWY MenQuadfi® or Menveo® (Ages 11 or 12 years) → 8 weeks min. → MenABCWY Penbraya (Age 16 years) → At least 6 months → MenB[5] Trumenba®

If a patient receives Penbraya, which includes Trumenba, subsequent MenB dose(s) must be Trumenba since MenB brands are not interchangeable

Notes:
1. For high-risk populations (increased exposure to meningococcal disease, HIV infection, complement deficiencies or asplenia), (EZIZ.org/assets/docs/IMM-1218.pdf) (CDC.gov/mmwr/volumes/69/rr/rr6909a1.htm#T3_down)
2. MenACWY and MenB vaccines each protect against different serogroups. They may be given at the same visit. If a patient is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead.
3. MenACWY (MCV4) vaccines protect against serogroups A, C, W-135, and Y.
4. One dose of MenACWY is also recommended for previously unvaccinated or incompletely vaccinated first-year college students living in residence halls and military recruits and may be administered to persons aged 19-21 yrs. who have not received a dose after their 16th birthday.
5. A two-dose series is recommended for persons who are not at increased risk for meningococcal disease. A three-dose (0, 1-2, and 6 months) series is recommended for persons at increased risk, including during outbreaks of serogroup B disease (EZIZ.org/assets/docs/IMM-1218.pdf).

California Department of Public Health, Immunization Branch — EZIZ.org IMM-1217 (1/25)

- Meningococcal Timing Guide - routine (CDPH)
- Meningococcal Timing Guide - immunocompromised (CDPH)
- Feb 2025: new MenABCWY formulation FDA approved (Penmenvy, GSK)

Clarifications

- **Dengue**
  - Recommended only for seropositive populations 9-16 years in endemic areas.
- **Diphtheria, tetanus and acellular pertussis-containing (DTaP)**
  - May administer Td for children < 7 years with specific contraindication to pertussis component of DTaP.
- **Inactivated poliovirus (IPV)**
  - Catch-up vaccination is recommended for 18-year-olds known or suspected to be unvaccinated or incompletely unvaccinated.
- **Measles, mumps and rubella virus (MMR)**
  - Children ≥ 12 months vaccinated with one dose of MMR and planning international travel should receive a second dose ≥ four weeks after the first.
- **Measles, mumps, rubella and varicella virus (MMRV)**
  - MMRV vaccine is contraindicated in HIV-infected people.
- **Respiratory syncytial virus (RSV)**
  - Ideal timing of nirsevimab for infants born October through March is during the birth hospitalization.
  - Infants born to people who received RSV vaccine during a previous pregnancy should receive nirsevimab.

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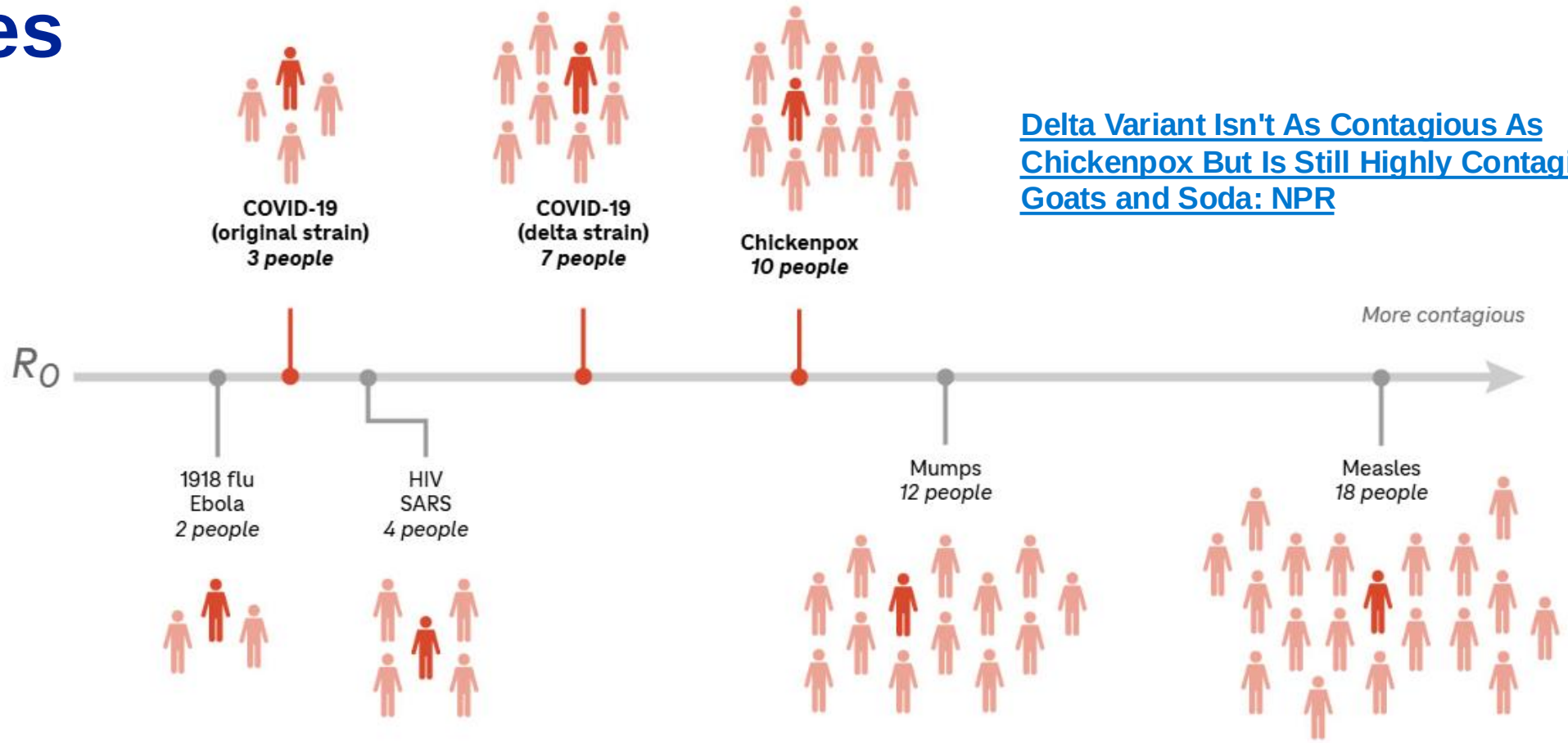
[ACIP Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2025 | MMWR]

Afternoon TEACH

Measles Outbreak

Samantha Johnston, MD, MPH

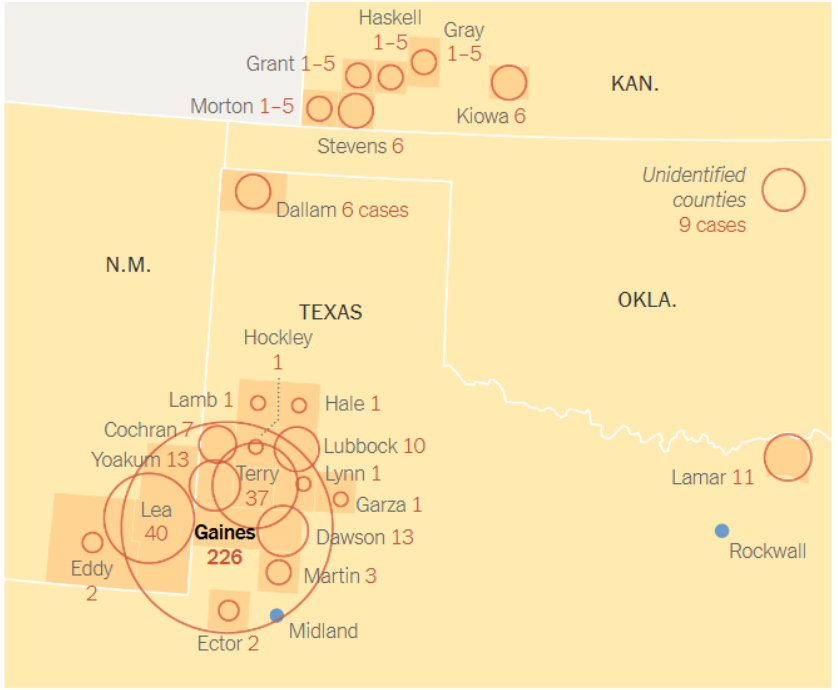
Measles



[Delta Variant Isn't As Contagious As Chickenpox But Is Still Highly Contagious: Goats and Soda: NPR]

Measles: Texas & New Mexico Outbreak, as of 4/8/2025

- TX: **505 cases**, 57 (11%) hospitalized, 2 deaths
  - Fatalities: 2 previously healthy, unvaccinated children
  - ~70% of cases younger than age 18 years
    - >30% younger than age 5 years
  - 98% of cases unvaccinated or unknown status
    - Few (2%) with at least one dose of MMR
- NM: **54 cases**, adjacent to affected TX counties
  - 1 death – unvaccinated adult
- OK: **8 confirmed, 2 probable cases** linked to TX/NM cases
- KS: 24 cases from same genotype: exposure links unclear
- OH: 10 cases, all unvaccinated, linked to international travel



https://www.nytimes.com/interactive/2025/health/measles-outbreak-map.html

Measles Outbreak | Texas DSHS

Texas announces second death in measles outbreak | Texas DSHS

Measles Cases - New Mexico

NM deceased resident tested positive for measles

Cases of Measles in Oklahoma Reported

Measles Cases and Outbreaks | | CDPH

Kansas Measles Outbreak Updates

Ohio Confirms Measles outbreak

Epicenter

Concentrated in close-knit religious/cultural community

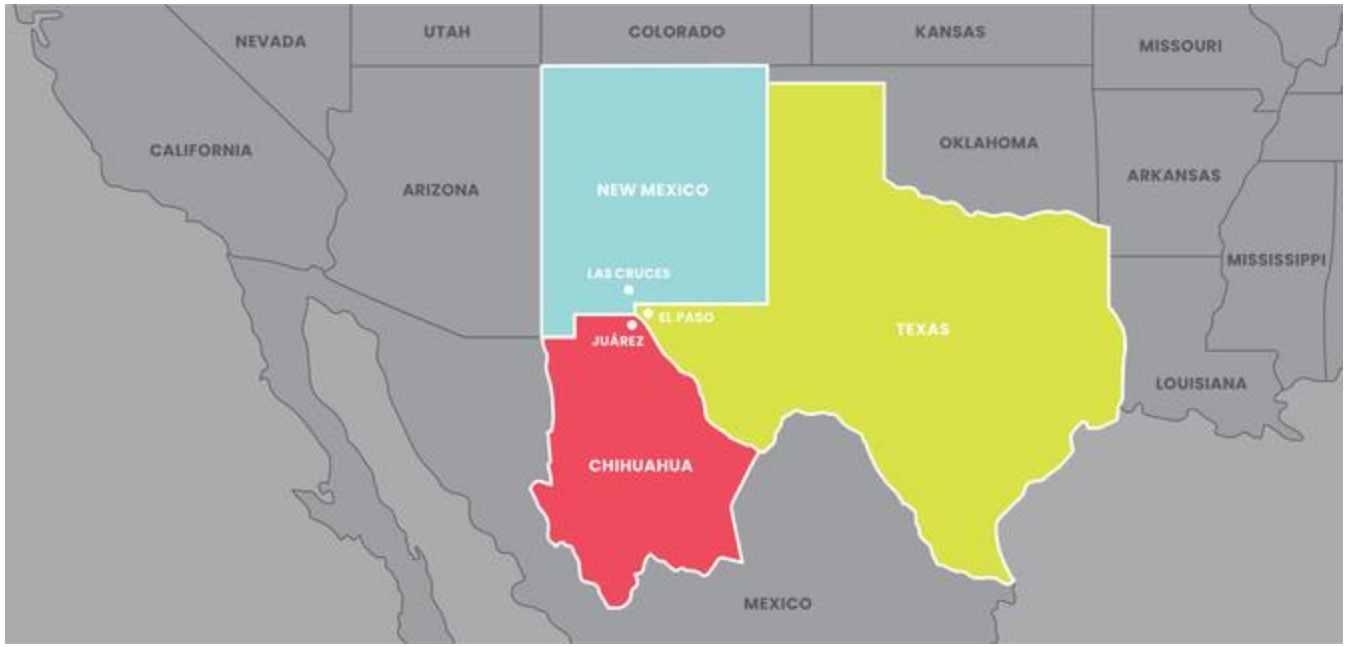
- Lower vaccination rates, higher school exemption rates
- Not uniformly opposed to vaccines
- Links to communities in Canada (ON, MB) and Mexico (CHIH)
- Analogous outbreaks: 2014, OH (n ~400); 2018-19, NY/NJ (>1K)

Public Health Response including

- Offering daily immunization clinics
- Increased access to testing
  - Reports of limited acceptance of testing or immunization
- Offering additional MMR dose to infant 6-11 months of age
  - If age 1+ years, offering first dose now, second dose in 28 days

Measles: Chihuahua, Northern Mexico

- Chihuahua, Mexico: 39 cases, index with travel to Gaines County, TX
  - >75% of cases younger than age 15 years
  - 100% unvaccinated



[Actualmente en México hay 43 casos confirmados de sarampión; 39 en Chihuahua y en Oaxaca 4 - March 18, 2025]

Canadian Outbreak: Fall 2024 – Present

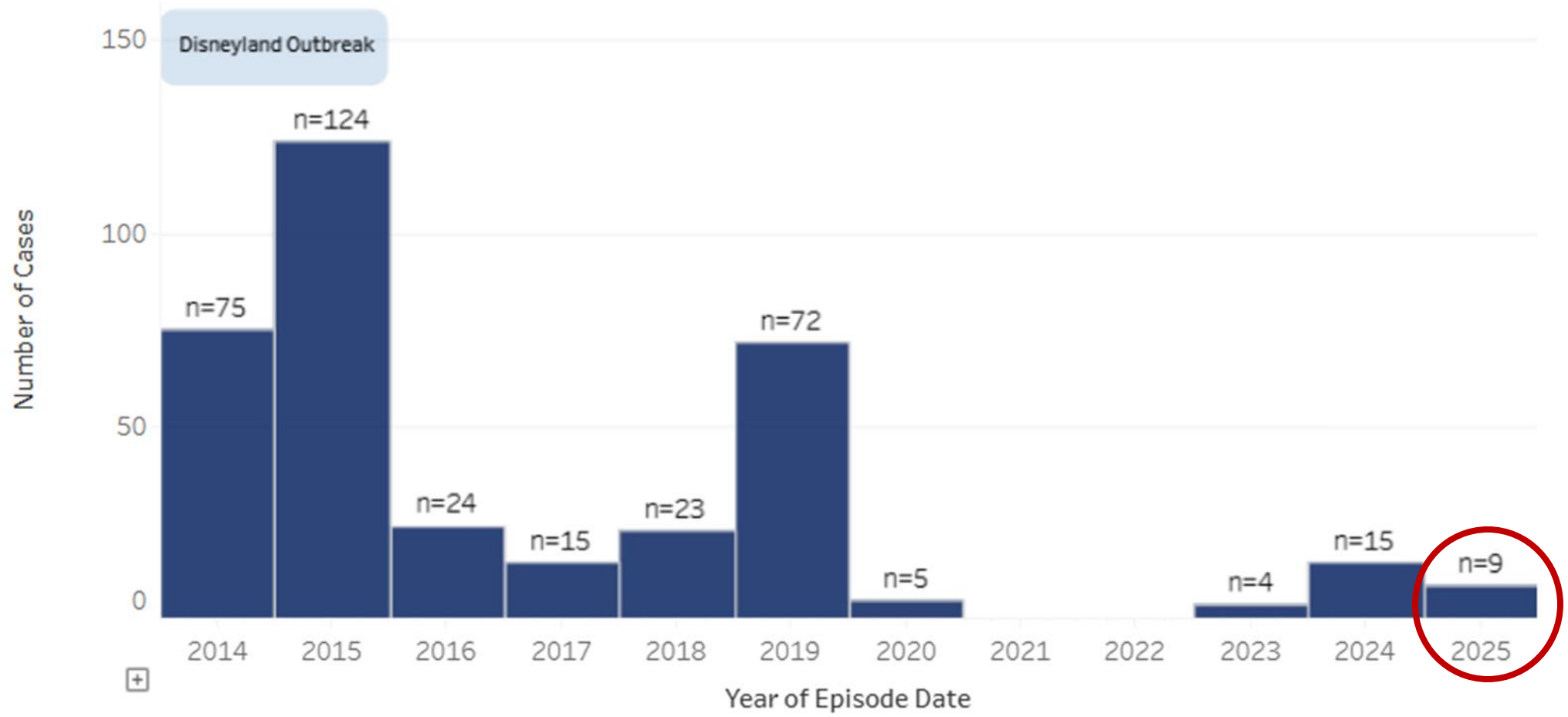
We have seen measles cases on the rise in southwestern Ontario linking back to an exposure at a large gathering with guests from Mennonite communities in New Brunswick last fall. As of February 26, 2025, there were 177 cases of measles reported in Ontario related to this outbreak predominantly in Grand Erie and Southwestern public health units. Additionally, exposures and subsequent cases have been reported in Manitoba form family visits in Ontario.

Over 90% of cases in Ontario linked to this outbreak are among unimmunized individuals. Cases could spread in any unvaccinated community or population but are disproportionately affecting some Mennonite, Amish, and other Anabaptist communities due to a combination of under-immunization and exposure to measles in certain areas.

Ontario Ministry of Health Letters to Medical Officers of Health March 7, 2025: Measles Preparedness and Responsek

Confirmed Measles Cases by Year, CA, 2014-2025

CDPH Data, as of 4/3/2025



Source: CDPH Immunization Branch Surveillance Data

Measles in California, 2025 YTD: 9 Cases Reported

- 8 had history of international travel
  - Most had history of travel to Asian countries with measles outbreaks
  - 1 is a close contact to such a case
- All **unrelated** to the ongoing outbreak in Western Texas/New Mexico
- Counties: Fresno, Los Angeles, Orange, Placer, Riverside, San Mateo, Tuolumne
- Vaccination Status:
  - Unvaccinated or Unknown: **8** (89%)
  - One dose: **0** (0%)
  - Two doses: **1** (11%)

CDPH Measles Webpage, updated 4/1/25

OC Health Care Agency Press Release, 2/13/25

LA County Press Release, 3/11/25

Fresno/Madera Press Conference, 3/12/25

Fresno County Secondary Case Press 3/19/25

Tuolumne County Press Release, 3/19/25

Riverside County Press Release, 4/3/2025

Measles Alerts

WHO warns of measles surge in Vietnam

In 2024, Vietnam reported more than 45,550 suspected measles cases, including 7,583 confirmed infections and 16 deaths linked to the disease.

Vietnam+ (VietnamPlus)

February 6, 2025 at 18:41:01

Hanoi launches measles vaccination campaign for infants under 9 months

February 11, 2025

Hanoi's measles vaccination campaign aims to reach 95% of the eligible infants across the city's 30 districts and township.

Vietnam+ (VietnamPlus)

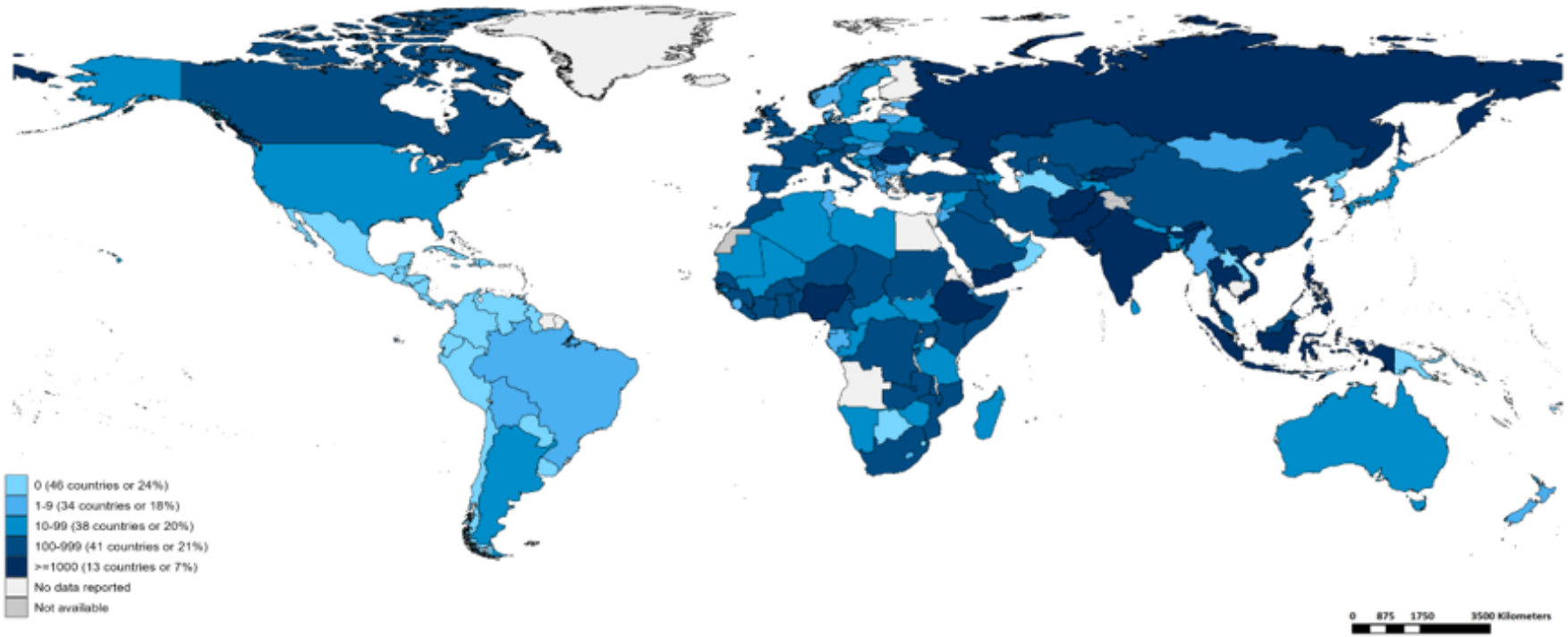
HEALTH ALERT – MEASLES IN VIETNAM

December 19, 2024

U.S. Embassy & Consulate in Vietnam

Number of Reported Measles Cases (Last 6 months)

Aug 2024 - Jan 2025



Country	Cases*
Yemen	7,584
Pakistan	6,661
India**	6,532
Thailand	6,224
Ethiopia	4,596
Romania	4,478
Afghanistan	4,358
Indonesia	3,346
Kyrgyzstan	2,966
Viet Nam	1,835

World Health Organization

Data source: IVB Database

Disclaimer: The boundaries and names shown and the designations used on this map do notimply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes: Based on data received 2025-03 - Surveillance data from 2024-08 to 2025-01 - * Countries with highest number of cases for the period - **WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification of suspected measles in the WHO VPD Surveillance Standards. Thus numbers might be different between what WHO reports and what India reports.

[WHO global-mr-update]

MMR Vaccine

- Routinely recommended US immunization schedule
- One dose is 93% effective against measles
- Two doses are 97% effective against measles
- Rare infections occur in immunized persons, especially in outbreaks.
- Vaccination remains the best way to protect against measles and reduce the risk of severe illness and complications.

Measles Vaccine Recommendations | CDC; Child Immunization Schedule Notes | CDC; Adult Immunization Schedule Notes | Vaccines & Immunizations | CDC

Routine MMR Vaccine Recommendations

- Children: 2 doses
  - Dose 1: 12-15 months
  - Dose 2: 4-6 years of age
- Adults
  - 1 dose or other evidence of immunity* if normal risk
  - 2 doses at least 28 days apart if **high risk**, e.g., post-secondary students, healthcare workers, international travelers

*Evidence of immunity:

- Written documentation of adequate vaccination,
- Laboratory evidence of immunity,
- Laboratory confirmation of measles, or
- Born in U.S. before 1957

Measles Vaccine Recommendations | CDC; Child Immunization Schedule Notes | CDC; Adult Immunization Schedule Notes | Vaccines & Immunizations | CDC

MMR Vaccination Travel Guidance

Before international travel:

- All ages: Up to date measles vaccination
- Ages 6-11 months, 1 dose before departure, then routine 2-dose series
- Age 12 months and older: First dose now → 2nd dose in 28 days

MMR Vaccination Recommendations for Outbreak Communities | Texas | Kansas

Measles Vaccine Recommendations | CDC; Child Immunization Schedule Notes | CDC; Adult Immunization Schedule Notes | Vaccines & Immunizations | CDC

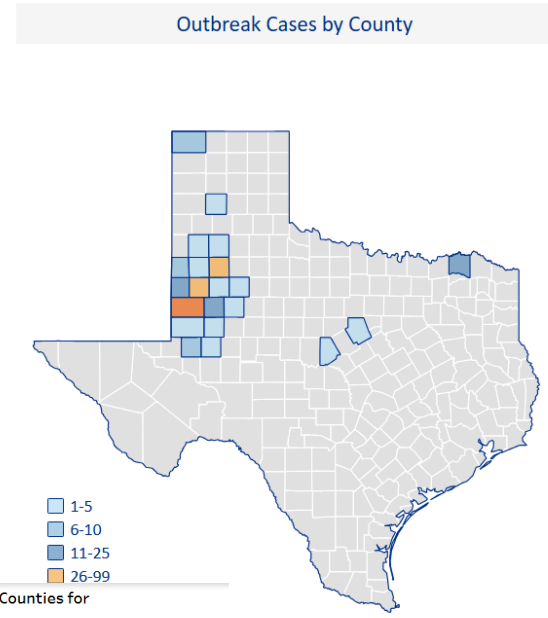
MMR vaccination travel guidance

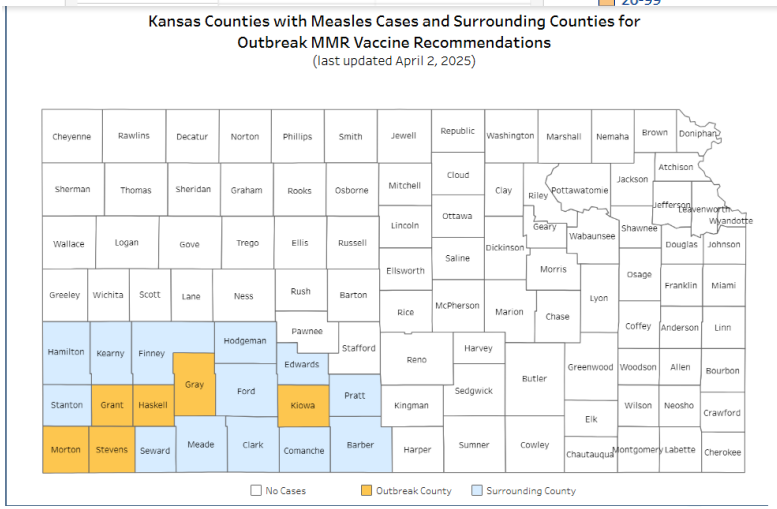
The additional 6-11 months dose or more rapid (28-day) interval may be recommended for residents or travelers to domestic outbreak areas:

- Discuss with provider
- Follow state and local guidance: Texas MMR guidance and Kansas MMR guidance
- Outbreak updates: Texas DSHS and Kansas KDHE

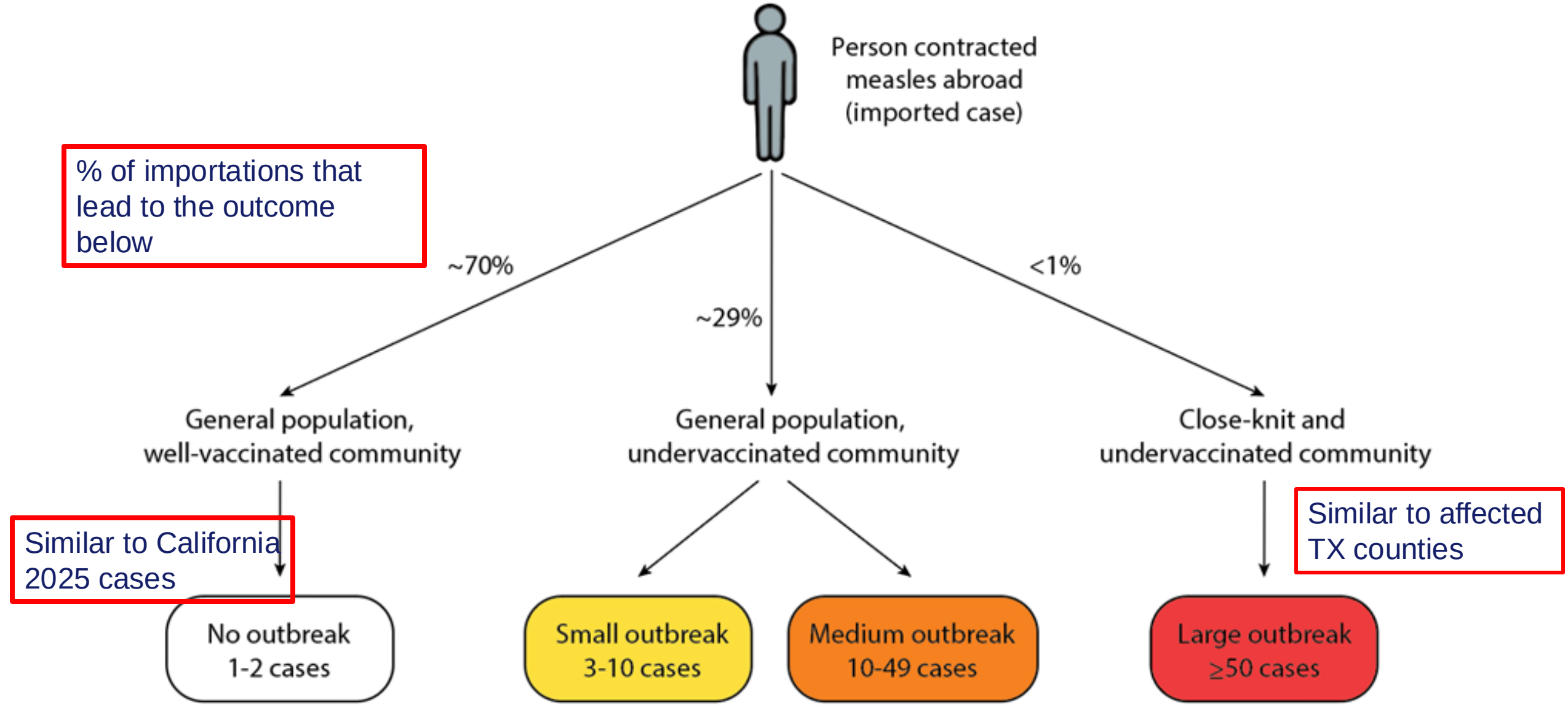
Outbreak Cases by County

Home County	Confirmed	% of Total
Andrews	1	0.2%
Borden	1	0.2%
Brown	1	0.2%
Cochran	10	2.0%
Dallam	7	1.4%
Dawson	20	4.0%
Ector	8	1.6%
Erath	1	0.2%
Gaines	328	65.0%
Garza	2	0.4%
Hale	5	1.0%
Hockley	3	0.6%
Lamar	11	2.2%
Lamb	1	0.2%
Lubbock	36	7.1%
Lynn	2	0.4%
Martin	3	0.6%
Midland	1	0.2%
Randall	1	0.2%
Terry	46	9.1%

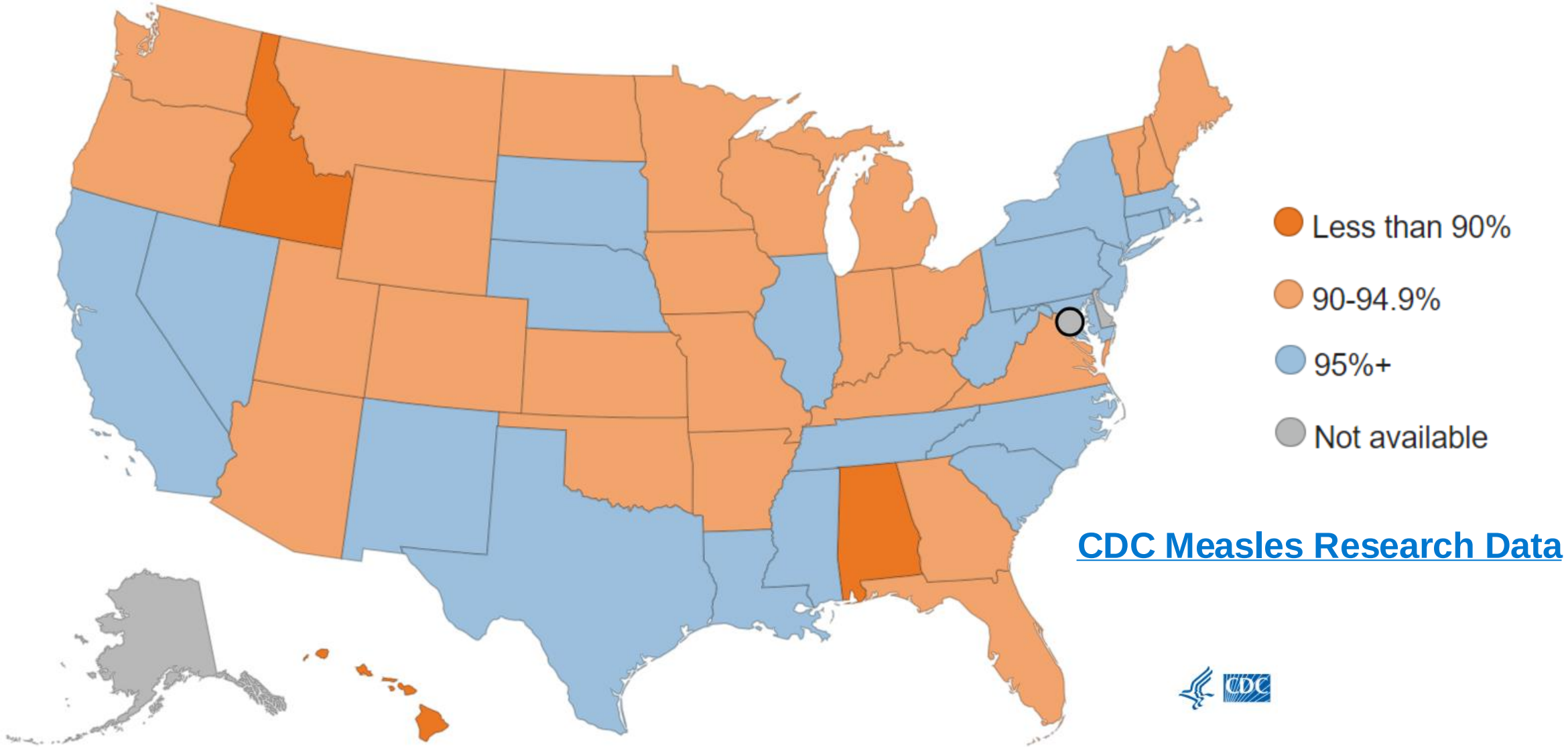




Assessing Measles Outbreak Risk in the United States | NCIRD | CDC

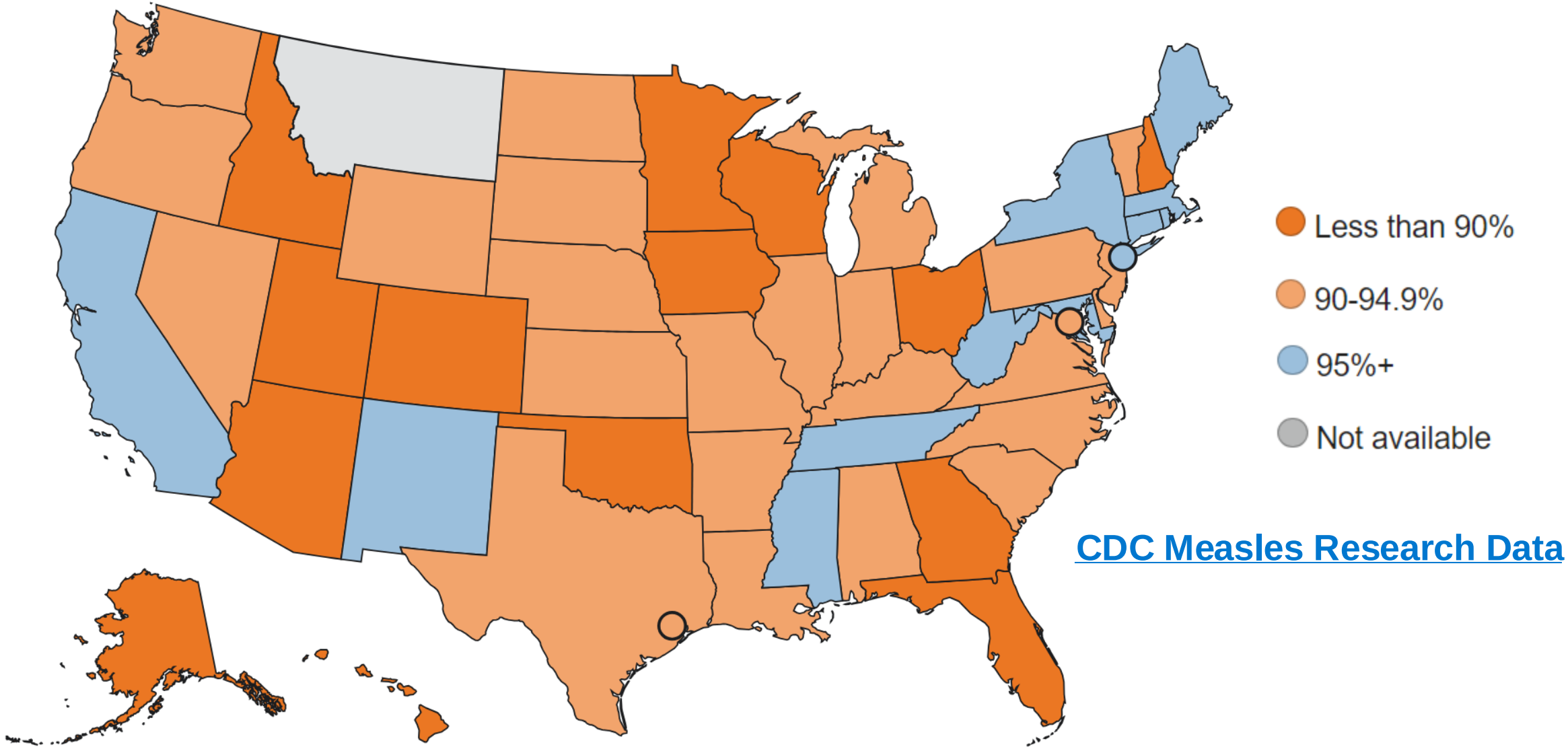


2+ MMR Vaccine Coverage for Kindergarteners, 2019 – 2020



[CDC Measles Research Data]

2+ MMR Vaccine Coverage for Kindergarteners, 2023 – 2024



[CDC Measles Research Data]

Suspect Measles? Isolate and Call your Local Health Department (LHD)

1. **Prevent spread:** Mask and isolate the patient immediately in an airborne infection isolation room (AIIR), if possible

2. **Promptly notify** your local health department (LHD) to report suspected measles cases, before laboratory confirmation.

3. **Collect specimens for testing:**
   - The preferred test is a measles polymerase chain reaction (PCR) test
     - Throat or NP swab and urine (Measles testing guidance)
   - Measles IgM testing is frequently falsely positive and is not recommended.

4. **Submit specimens to a public health lab (PHL), this is the preferred option**
   - **Many local health departments can test for measles:**
     - Faster
     - Allows access to the specimen for additional testing, if needed
     - Preferred over commercial lab (i.e., Quest) testing.

School Immunization Updates

Samantha Johnston, MD, MPH

Students Admitted at TK/K–12 Need Records of:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
  (4 doses OK if one was given on or after 4th birthday. 3 doses OK if one was given on or after 7th birthday.)
  For 7th–12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.

- **Polio (OPV or IPV) — 4 doses**
  (3 doses OK if one was given on or after 4th birthday. Oral polio vaccine [OPV] doses given on or after Ap 2016, do not count.)

- **Hepatitis B — 3 doses**
  (Required at admission to any grade except 7th grade)

- **Measles, Mumps, and Rubella (MMR) — 2 doses**
  (Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

The TK/K–12 immunization requirements apply to new admissions and transfers for all grades, including 7th grade, and students whose exemptions are no longer valid.

Students Advancing to 7th Grade Need Records of:

- **Tetanus, Diphtheria, Pertussis (Tdap) —1 dose**
  (Whooping cough booster usually given at 11 years and up)

- **Varicella (Chickenpox) — 2 doses**
  (Usually given at ages 12 months and 4-6 years)

Shots Required for Transitional Kindergarten and 7th Grade

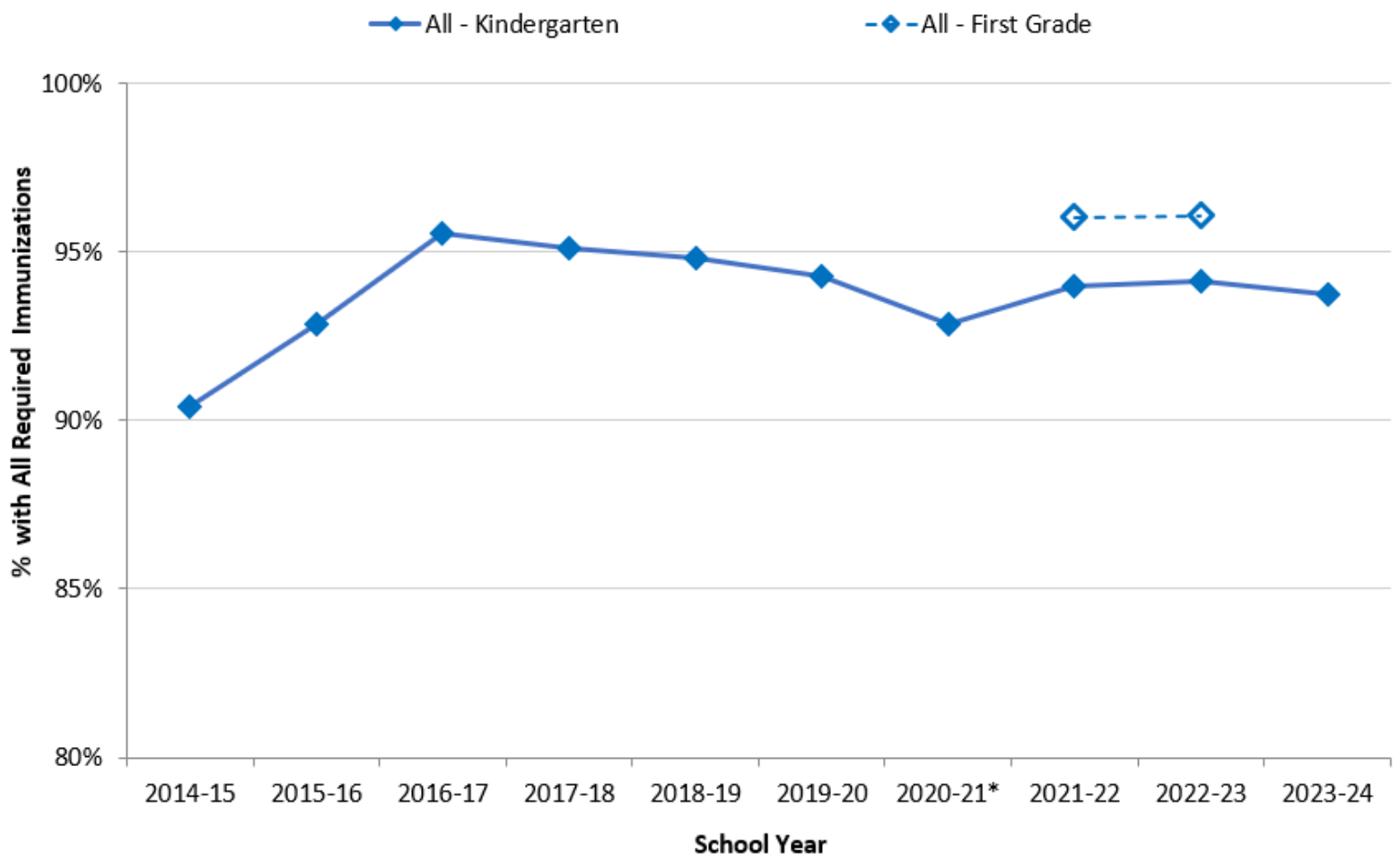
CDPH | VFC

Afternoon TEACH

Percent of Kindergarten Students with All Required Immunizations

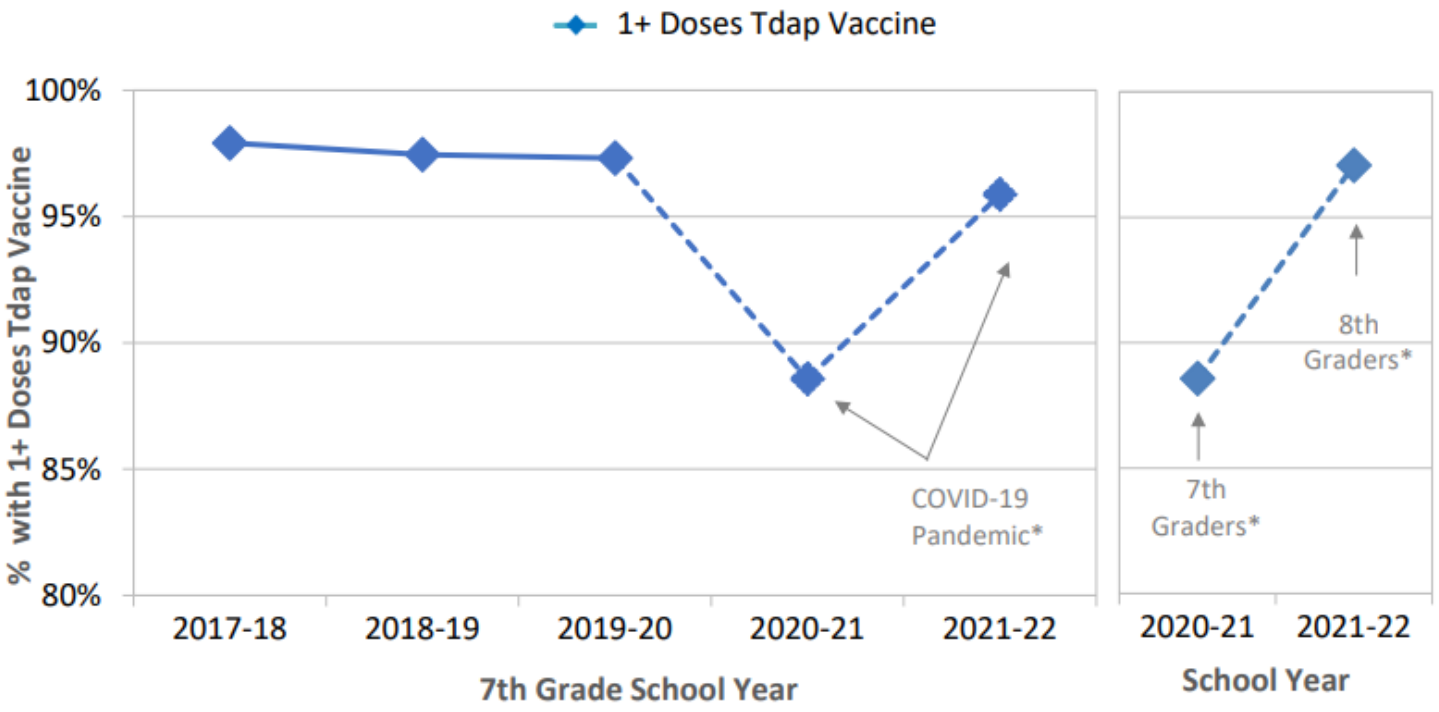
[Transitional Kindergarten & 7th Grade-Reports]

Figure 1. Percentage of Students with All Required Immunizations by School Year, Kindergarten 2014-2015 to 2023-2024, and First Grade 2021-2022 to 2022-2023

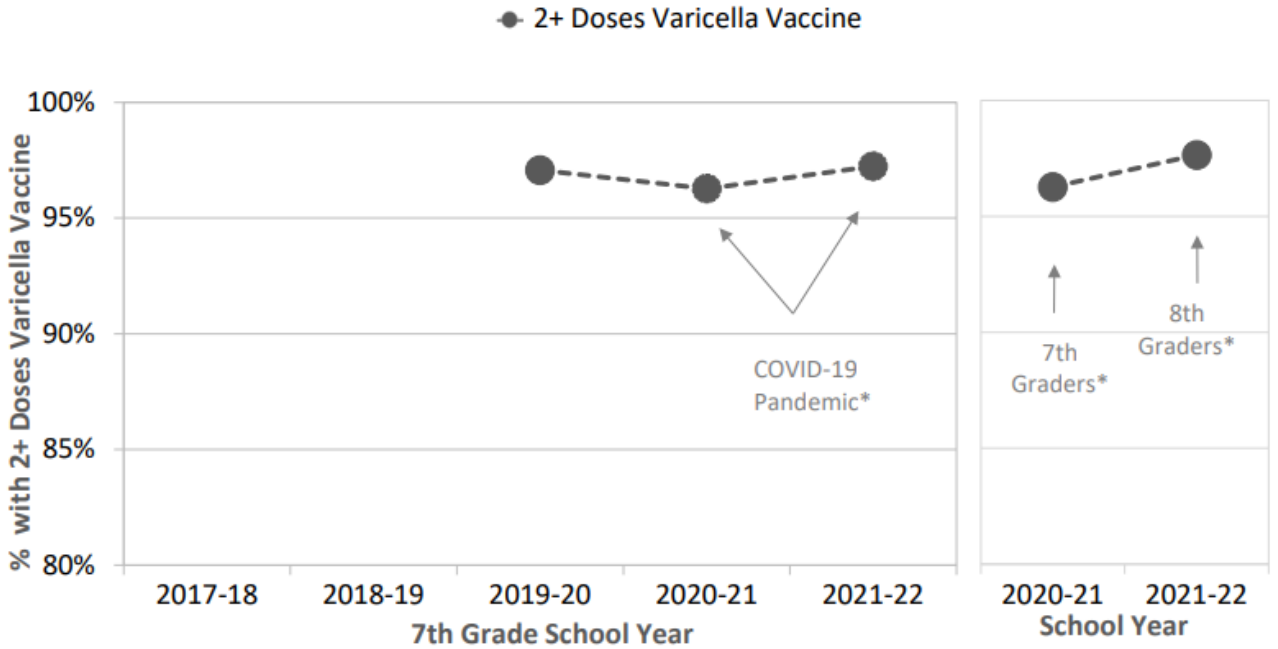


*School beginning during first year of COVID-19 pandemic.

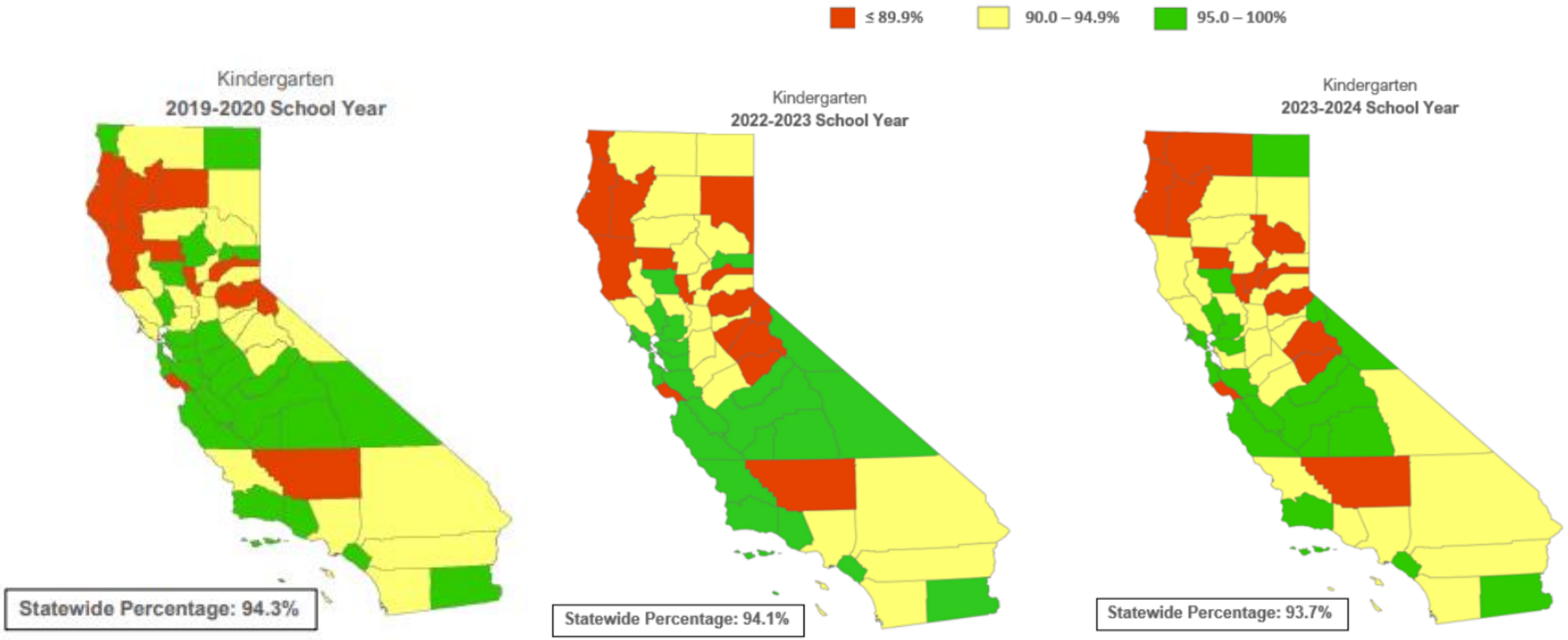
Percent of 7th Grade Students with Required Tdap and Varicella



[2020 - 2022 7th Grade Summary Report]

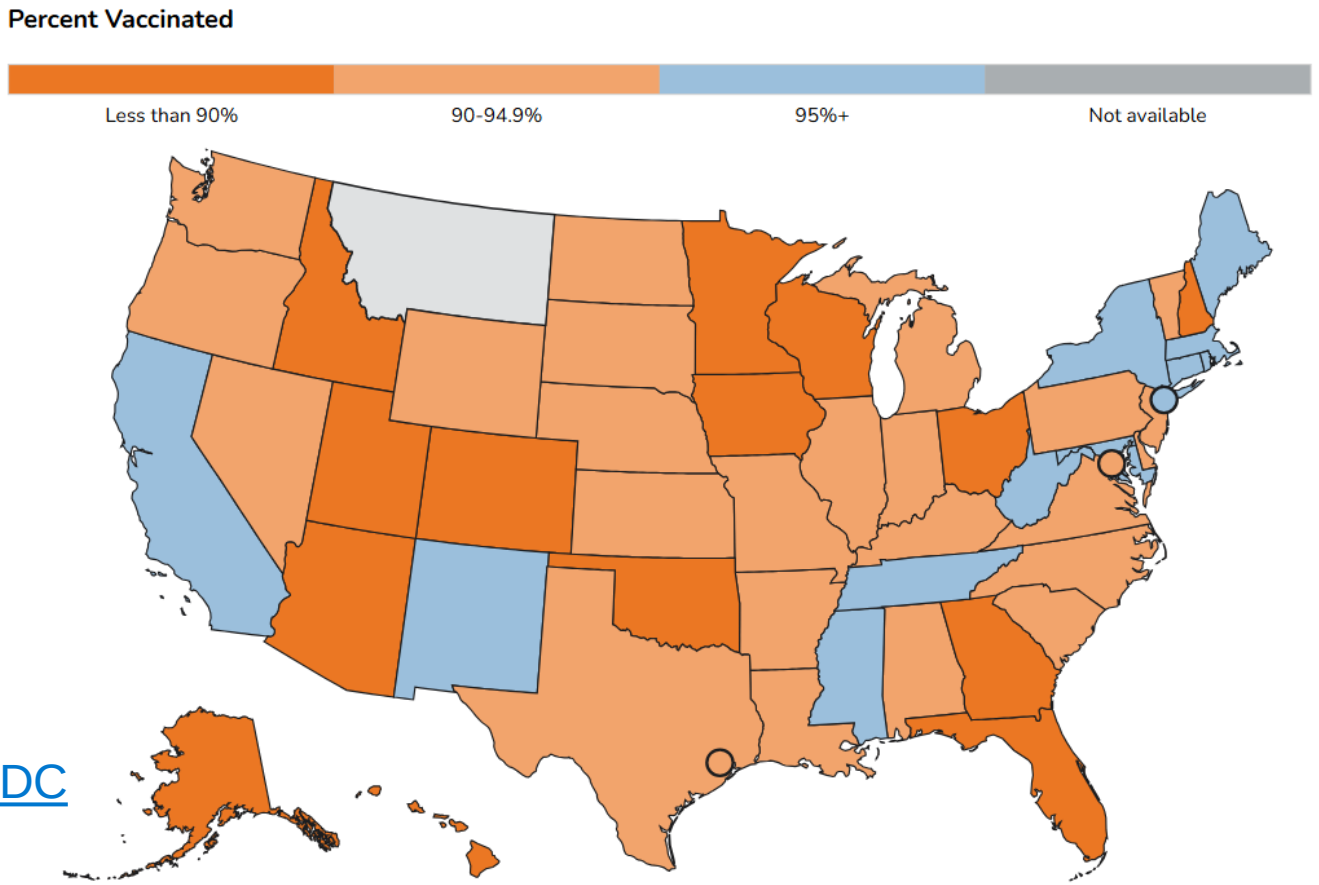


Kinder Students with All Required Immunizations



U.S Kindergarten MMR Vaccine Coverage

- When measles immunization rates stay above 95%, most people are protected through “herd” immunity.
- At local levels, coverage may vary considerably, with pockets of very low or very high coverage.
- Outbreaks can occur when measles enters a community with low vaccination rates.
- More vaccine coverage data, can be found via this link to VaxView.



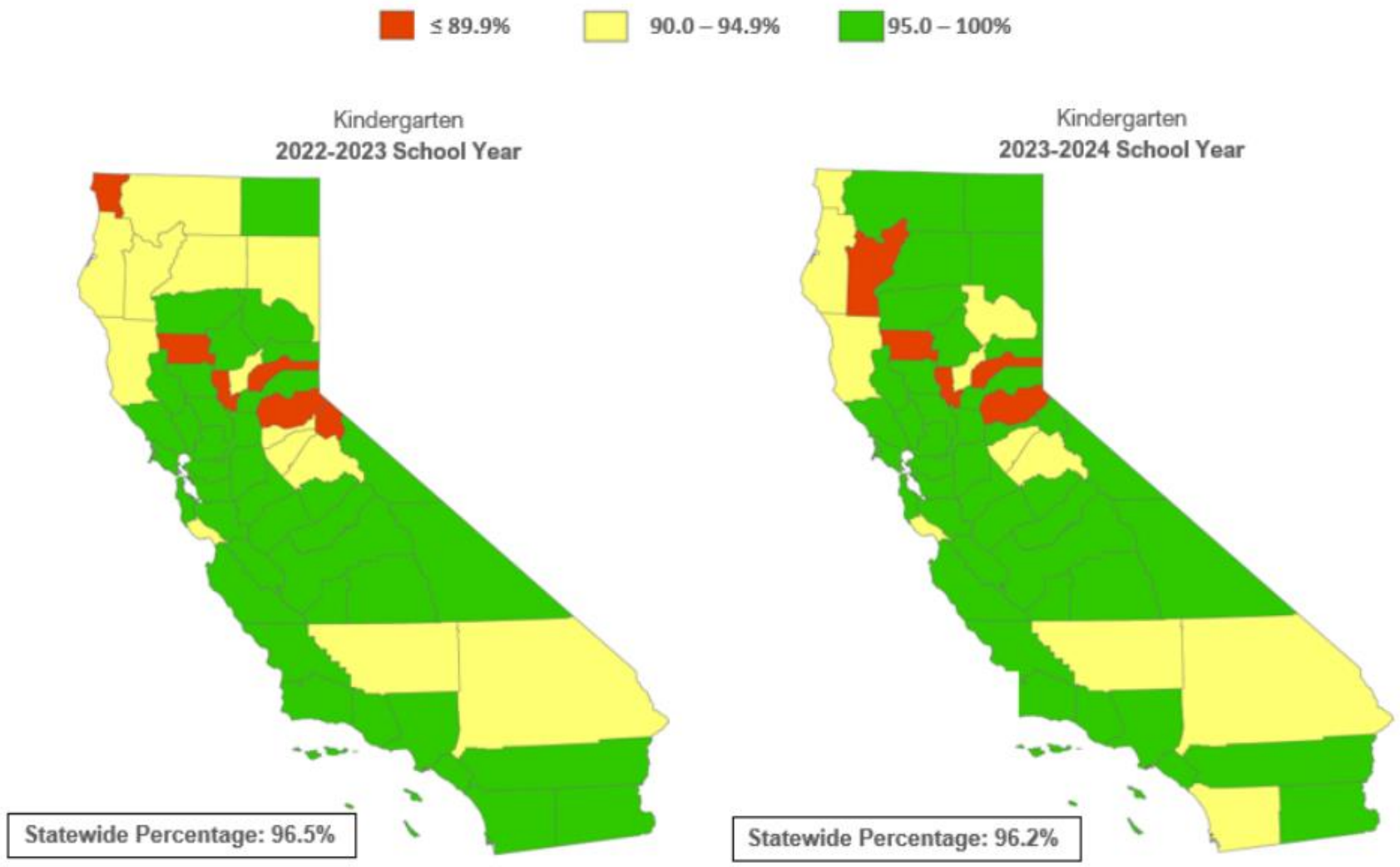
Measles Cases and Outbreaks | Measles (Rubeola) | CDC

California kindergarten immunization rates in 2023-2024 remain higher than national rates reported by CDC:

	MMR	DTP	Polio	Varicella
California	96.2%	95.4%	96.1%	95.7%
U.S.	92.7%	92.3%	92.6%	92.4%

Kinder Students with >2 doses MMR vaccine

- 569,680 entering K
- MMR IZ rates ranged from 75.8% to >99%
- 16 counties reported K MMR IZ rates <95% (28%) in 2023-2024
  - 5 counties <90%



Percentage of K Students by Reported Admission Status

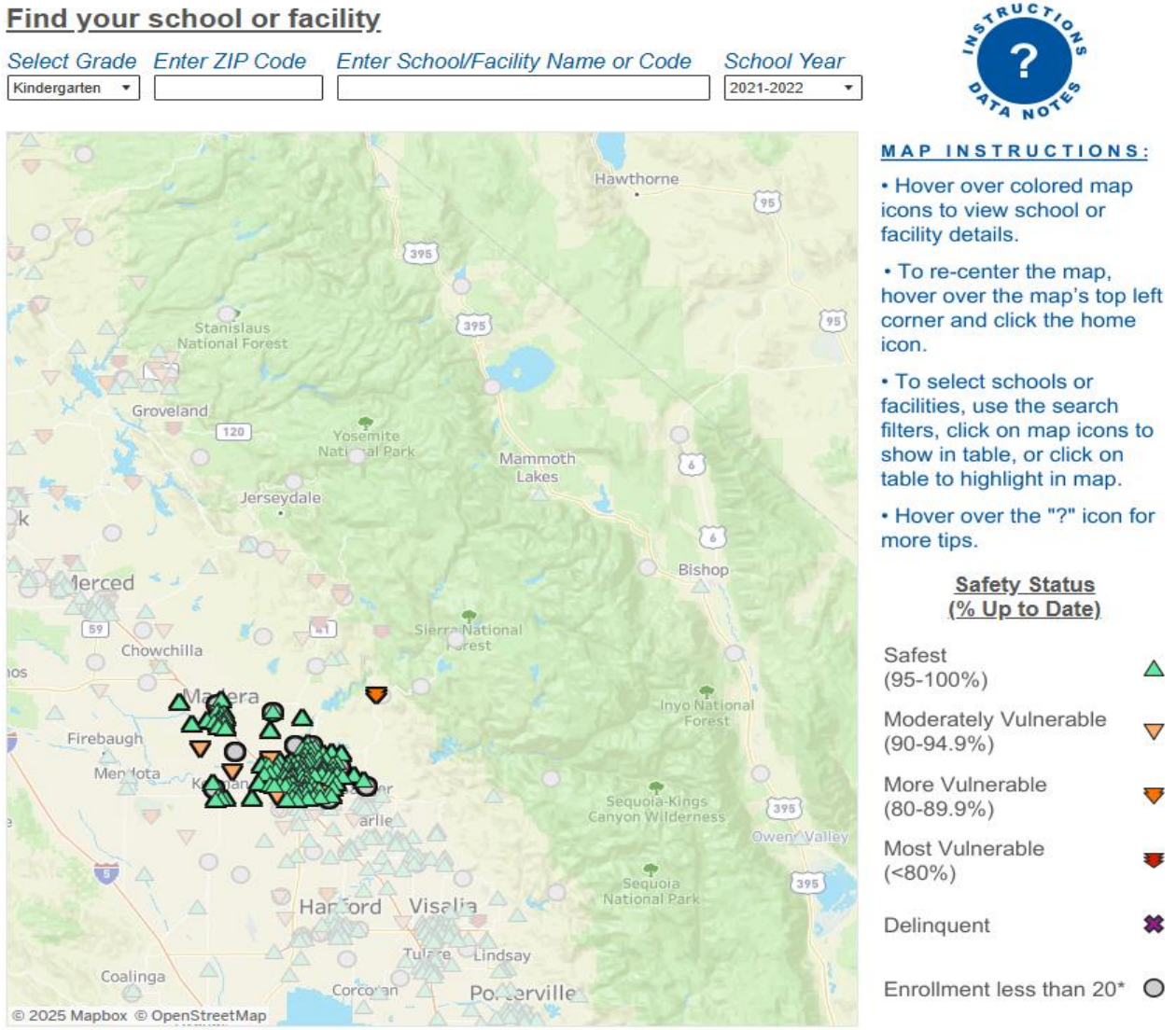
- Conditional: admitted while catching up
- PBE: personal belief exemptions, eliminated in CA 2015
- Other: not UTD and attending public independent study (IS), not receiving classroom instruction, IEP, home based.
  - 74% in public IS program
- PME: permanent medical exemption
  - (0.1% in 2023 – 2024)

Figure 4. Percentage of Kindergarten Students by Reported Admission Status by School Year, 2016-2017 to 2023-2024

^ Other children lacking required immunizations under criteria specified in SB 277.
*School beginning during first year of COVID-19 pandemic.

School Vaccine Rates by County: Kindergarten

[How well Vaccinated is Your School or Child Care Facility?]



RSV Immunization Updates

Kyle Rizzo

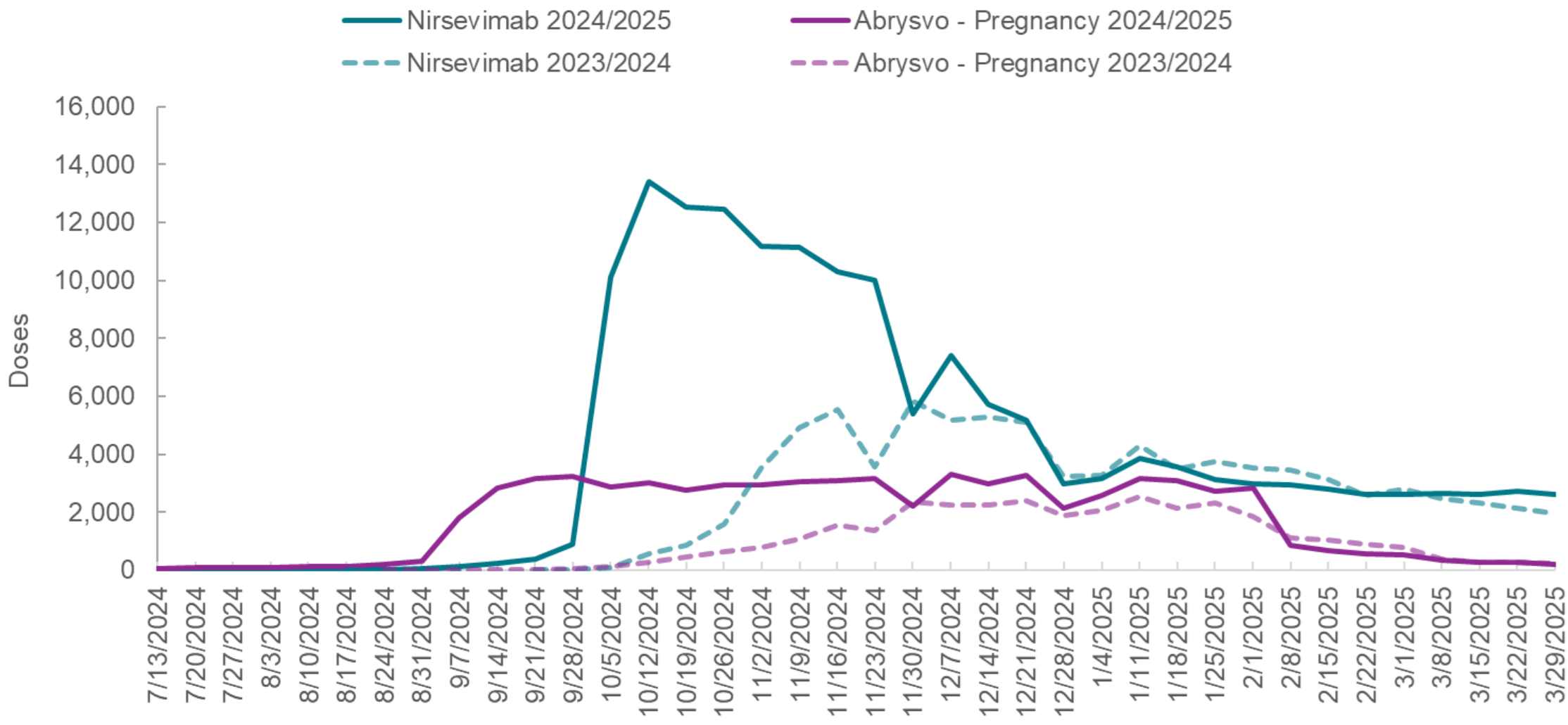
The following information comes from data reported to the California Immunization Registry (CAIR). This information is preliminary and subject to change.

Total RSV Immunizations Administered by Season

Immunization	2023 – 2024		2024 – 2025	
	Doses	% of Total	Doses	% of Total
Abrysvo® (Adults, 60+)	281,233	20.6	232,490	27.7
Arexvy (Adults, 60+)	962,614	70.6	353,631	42.2
mRESVIA (Adults, 60+)	86	0.0	25,519	3
Abrysvo® (Pregnancy)	34,530	2.5	68,130	8.1
Nirsevimab (0-24 Months)	85,823	6.3	158,783	18.9
Total	**1,364,286**	**100**	**838,553**	**100**

Notes. The 2024 – 2025 totals reflect immunizations reported to date. Vaccine recipients reporting female sex and age 15 – 45 years are included in the pregnant person category for Abrysvo® vaccinations.

Total Weekly Pregnant Person and Infant RSV Immunization Doses Administered



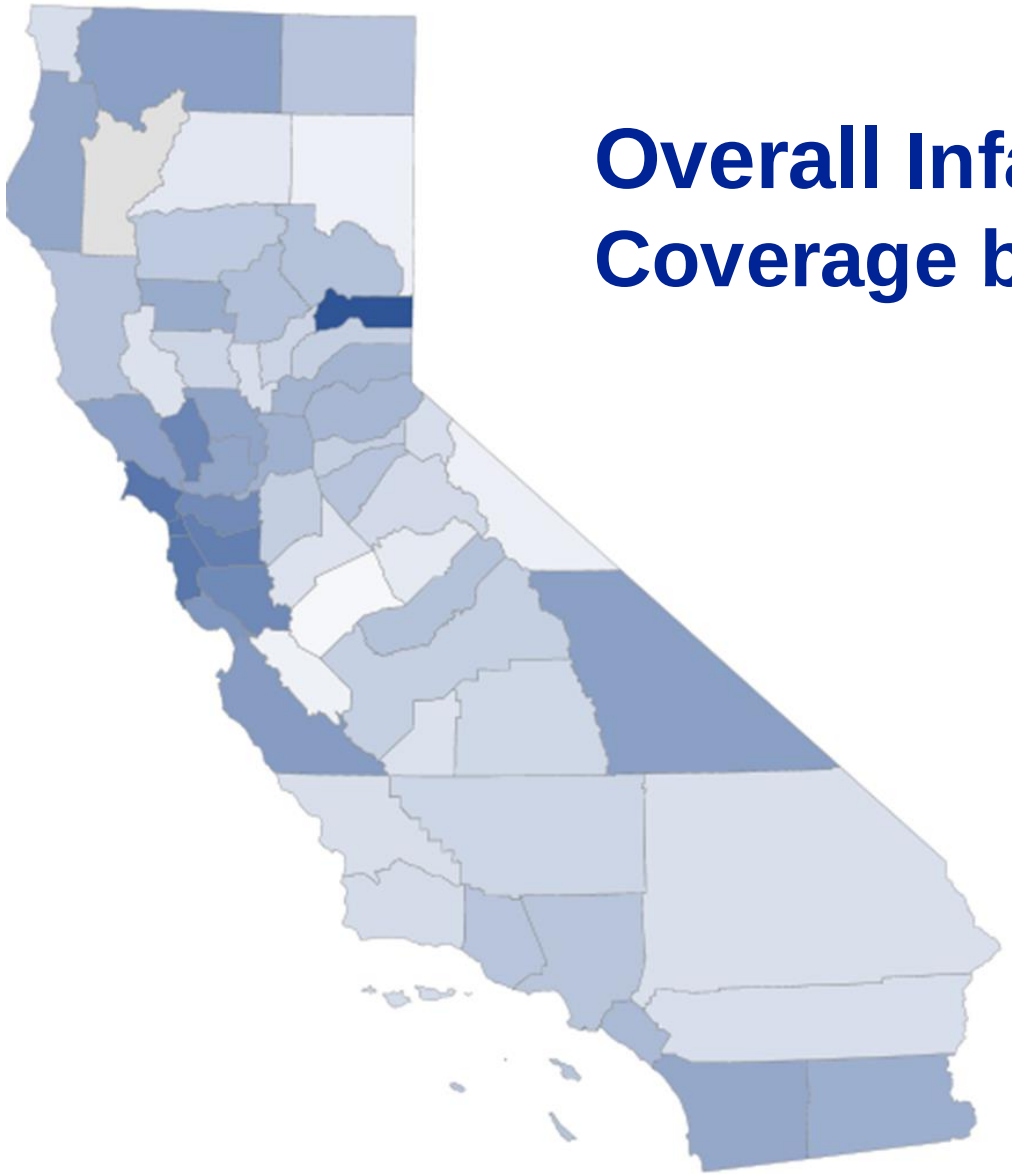
Cumulative RSV Immunization Coverage to Protect Infants, by Season

All RSV Immunizations[1]		Nirsevimab[1]		Abrysvo®[2]	
2023-2024	2024-2025	2023-2024	2024-2025	2023-2024	2024-2025
27%	51%	19%	35%	15%	33%

[1]Among infants.

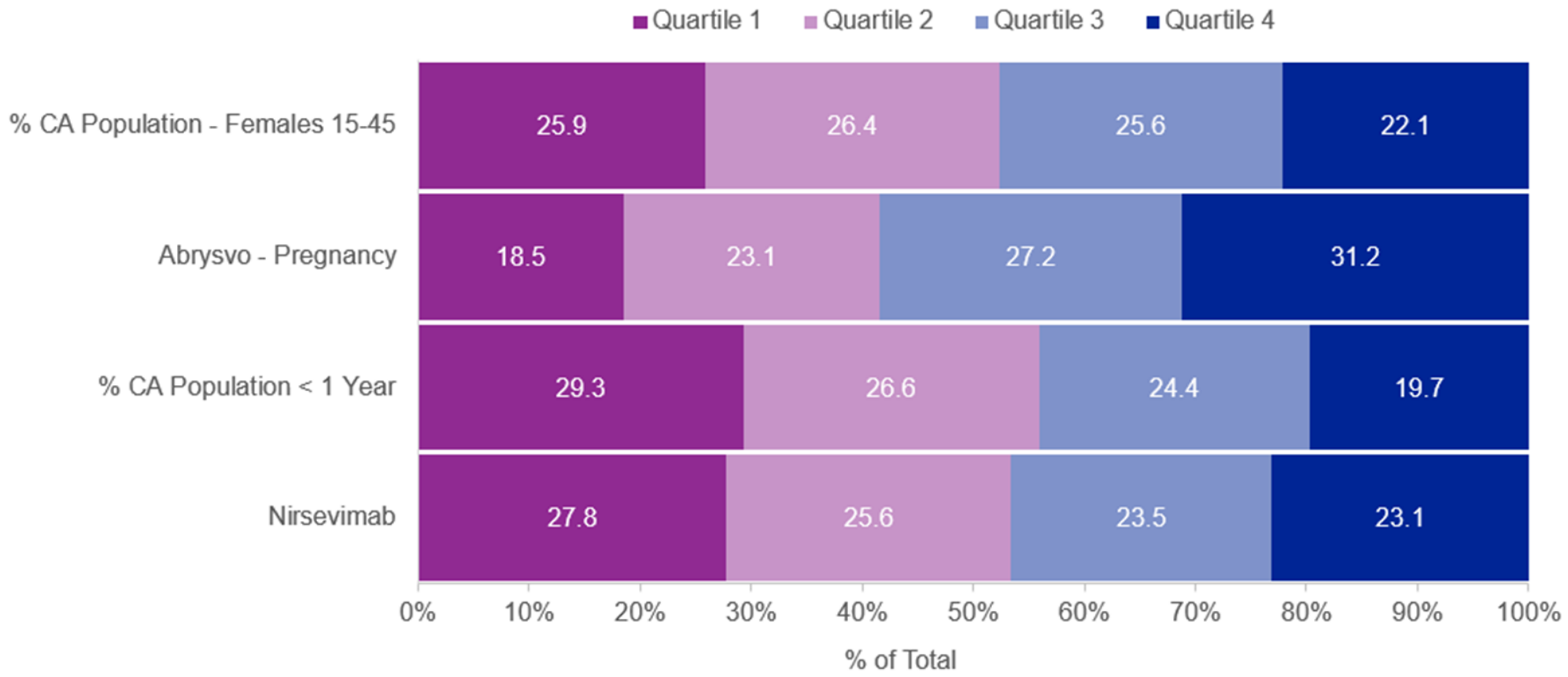
[2]Among pregnancies 32-36 weeks gestation.
All RSV immunizations include both nirsevimab and Abrysvo® doses administered.

Overall Infant RSV Immunization Coverage by County, 2024-2025



Median (%): 47
Interquartile range (%): 59.3 – 37.5

HPI Quartile by Select RSV Immunization Recipients, 2024 – 2025



Note. The Healthy Places Index (HPI) is a composite measure of community-health conditions. Quartile 1 represents communities with the least healthy conditions and Quartile 4 represents communities with the healthiest conditions.

Pediatric RSV Immunization Highlights

- Compared with the 2023 – 2024 season, we observed:
  - 97% increase in maternal Abrysvo vaccinations
  - 85% increase in nirsevimab immunizations
- Substantial differences in RSV immunization uptake by county; represents an opportunity for outreach and assistance.
- Approximately 21% of nirsevimab doses have been administered by hospitals; hospital outreach to remain a primary focus.
- Despite low admin of nirsevimab in hospitals, 53% of eligible (i.e., born October 2024-present) infants received nirsevimab within first week of life.

Adolescent Immunization Action Week

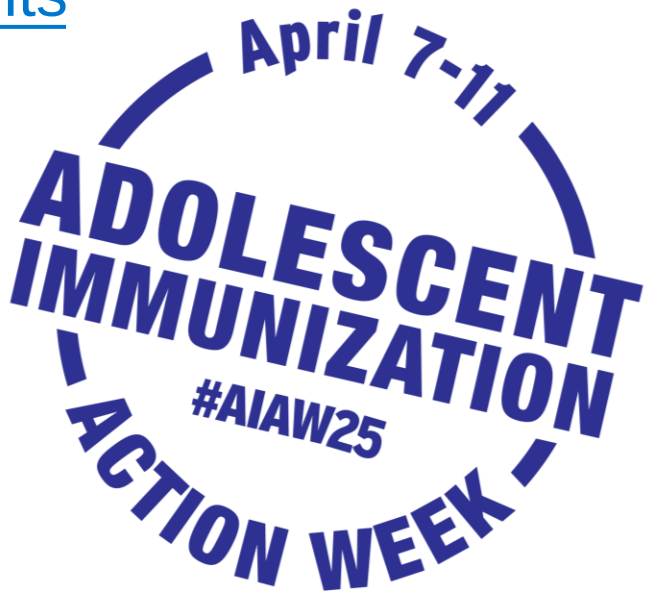
Jane Grey

Join us in celebrating April 7-11, 2025
Adolescent Immunization Action Week

Ways you can participate:

- Remind/recall parents of adolescents to schedule needed vaccination appointments
- Educate patients and parents about vaccines for adolescents
- Post to social media

For information about the campaign and resources, contact jane.grey@cdph.ca.gov

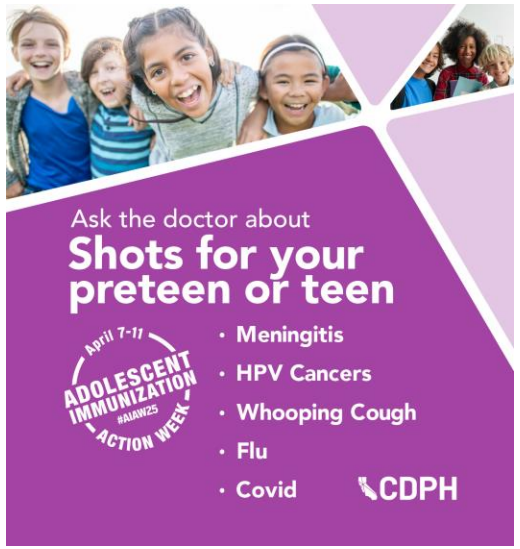


Online Resources for Partners

- Adolescent Immunization Action Week (AIAW) campaign page
- AIAW Campaign Toolkit
- Infographs / Web banners (also found on the campaign page)
  - Protect Their Health web banner (Spanish)
  - General AIAW infograph (Spanish)
  - Whooping Cough infograph (Spanish)
  - Meningitis infograph (Spanish)

Suggested Social Media Messages

Monday, April 7
General Awareness

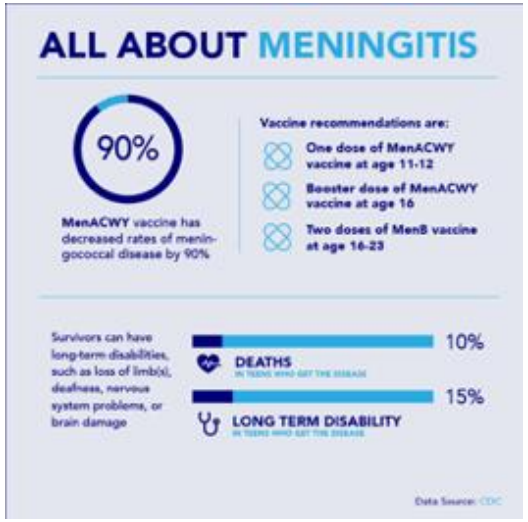


Tuesday, April 8
HPV

Wednesday, April 9
Checkups

Thursday, April 10
Pertussis

Friday, April 11
Meningitis



Available at:
[Assets on EZIZ: PVW / AIAW Campaign Kit]

Resources

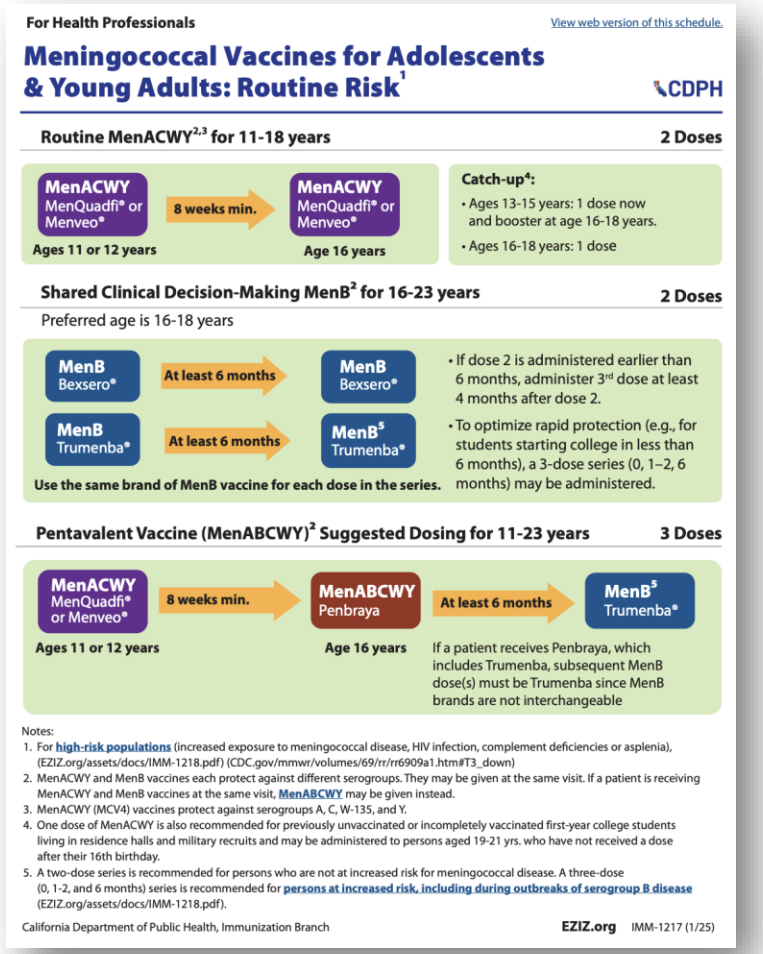
Terisha Gamboa

Resources on EZIZ

- Home
- Vaccine Programs
- Vaccine Management
- Storage Units
- Temperature Monitoring
- Training & Webinars
- Clinic Resources
- Patient Resources

[Link to EZIZ Homepage]

Meningococcal Vaccine Timing Guides



For Health Professionals

View web version of this schedule.

Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk[1]

CDPH

Routine MenACWY[2,3] for 11-18 years — 2 Doses

MenACWY MenQuadfi® or Menveo® (Ages 11 or 12 years) → 8 weeks min. → MenACWY MenQuadfi® or Menveo® (Age 16 years)

Catch-up[4]:
- Ages 13-15 years: 1 dose now and booster at age 16-18 years.
- Ages 16-18 years: 1 dose

Shared Clinical Decision-Making MenB[2] for 16-23 years — 2 Doses

Preferred age is 16-18 years

MenB Bexsero® → At least 6 months → MenB Bexsero®

MenB Trumenba® → At least 6 months → MenB[5] Trumenba®

Use the same brand of MenB vaccine for each dose in the series.

- If dose 2 is administered earlier than 6 months, administer 3rd dose at least 4 months after dose 2.
- To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered.

Pentavalent Vaccine (MenABCWY)[2] Suggested Dosing for 11-23 years — 3 Doses

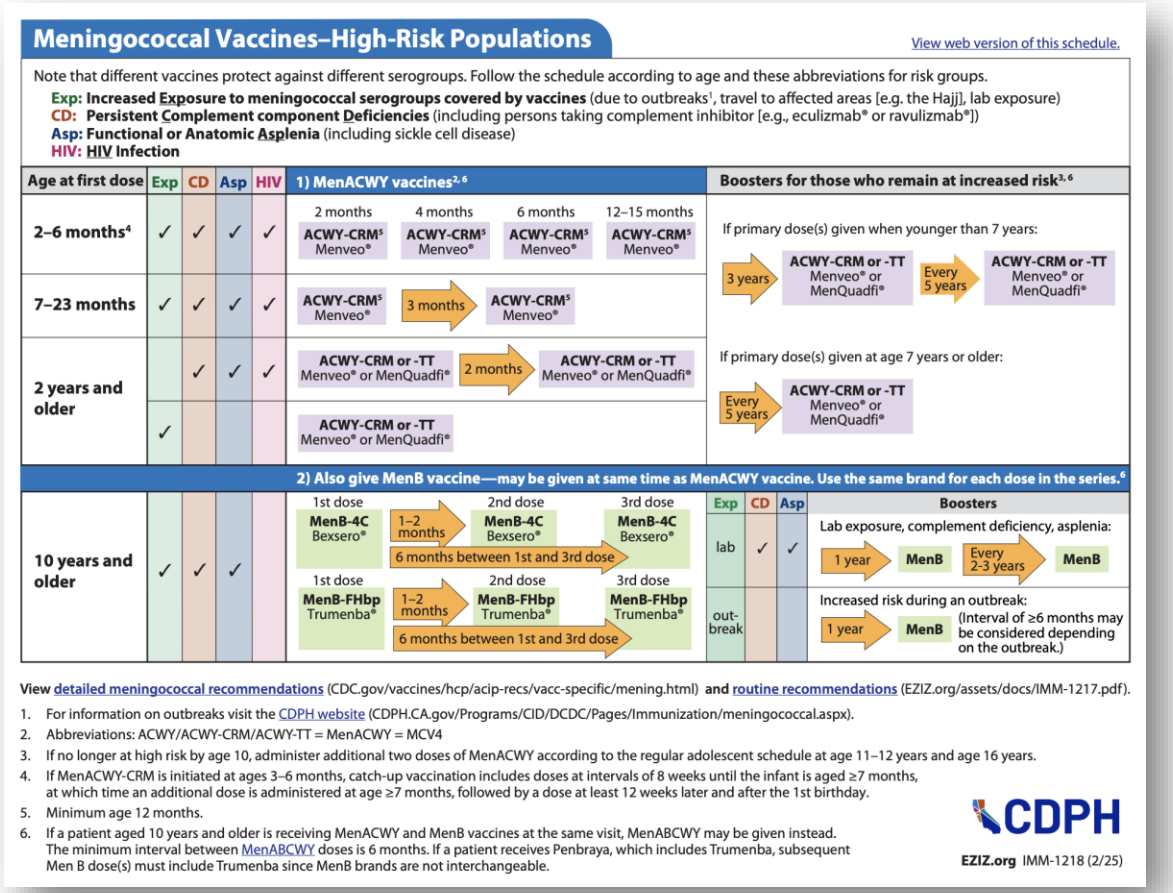
MenACWY MenQuadfi® or Menveo® (Ages 11 or 12 years) → 8 weeks min. → MenABCWY Penbraya (Age 16 years) → At least 6 months → MenB[5] Trumenba®

If a patient receives Penbraya, which includes Trumenba, subsequent MenB dose(s) must be Trumenba since MenB brands are not interchangeable

Notes:
1. For high-risk populations (increased exposure to meningococcal disease, HIV infection, complement deficiencies or asplenia), (EZIZ.org/assets/docs/IMM-1218.pdf) (CDC.gov/mmwr/volumes/69/rr/rr6909a1.htm#T3_down)
2. MenACWY and MenB vaccines each protect against different serogroups. They may be given at the same visit. If a patient is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead.
3. MenACWY (MCV4) vaccines protect against serogroups A, C, W-135, and Y.
4. One dose of MenACWY is also recommended for previously unvaccinated or incompletely vaccinated first-year college students living in residence halls and military recruits and may be administered to persons aged 19-21 yrs. who have not received a dose after their 16th birthday.
5. A two-dose series is recommended for persons who are not at increased risk for meningococcal disease. A three-dose (0, 1-2, and 6 months) series is recommended for persons at increased risk, including during outbreaks of serogroup B disease (EZIZ.org/assets/docs/IMM-1218.pdf).

California Department of Public Health, Immunization Branch — EZIZ.org IMM-1217 (1/25)

[Routine-Risk Timing Guide (IMM-1217)]



Meningococcal Vaccines–High-Risk Populations

View web version of this schedule.

Note that different vaccines protect against different serogroups. Follow the schedule according to age and these abbreviations for risk groups.
- **Exp:** Increased Exposure to meningococcal serogroups covered by vaccines (due to outbreaks[1], travel to affected areas [e.g. the Hajj], lab exposure)
- **CD:** Persistent Complement component Deficiencies (including persons taking complement inhibitor [e.g., eculizmab® or ravulizmab®])
- **Asp:** Functional or Anatomic Asplenia (including sickle cell disease)
- **HIV:** HIV Infection

Age at first dose	Exp	CD	Asp	HIV	1) MenACWY vaccines[2,6]	Boosters for those who remain at increased risk[3,6]
2–6 months[4]	✓	✓	✓	✓	2 months: ACWY-CRM[5] Menveo®; 4 months: ACWY-CRM[5] Menveo®; 6 months: ACWY-CRM[5] Menveo®; 12–15 months: ACWY-CRM[5] Menveo®	If primary dose(s) given when younger than 7 years: 3 years → ACWY-CRM or -TT Menveo® or MenQuadfi® → Every 5 years → ACWY-CRM or -TT Menveo® or MenQuadfi®
7–23 months	✓	✓	✓	✓	ACWY-CRM[5] Menveo® → 3 months → ACWY-CRM[5] Menveo®	
2 years and older		✓	✓	✓	ACWY-CRM or -TT Menveo® or MenQuadfi® → 2 months → ACWY-CRM or -TT Menveo® or MenQuadfi®	If primary dose(s) given at age 7 years or older: Every 5 years → ACWY-CRM or -TT Menveo® or MenQuadfi®
	✓				ACWY-CRM or -TT Menveo® or MenQuadfi®	

2) Also give MenB vaccine—may be given at same time as MenACWY vaccine. Use the same brand for each dose in the series.[6]

Age at first dose	Exp	CD	Asp	HIV	MenB vaccines	Exp	CD	Asp	Boosters
10 years and older	✓	✓	✓		1st dose MenB-4C Bexsero® → 1–2 months → 2nd dose MenB-4C Bexsero® → 6 months between 1st and 3rd dose → 3rd dose MenB-4C Bexsero® 1st dose MenB-FHbp Trumenba® → 1–2 months → 2nd dose MenB-FHbp Trumenba® → 6 months between 1st and 3rd dose → 3rd dose MenB-FHbp Trumenba®	lab	✓	✓	Lab exposure, complement deficiency, asplenia: 1 year → MenB → Every 2-3 years → MenB
						out-break			Increased risk during an outbreak: 1 year → MenB (Interval of ≥6 months may be considered depending on the outbreak.)

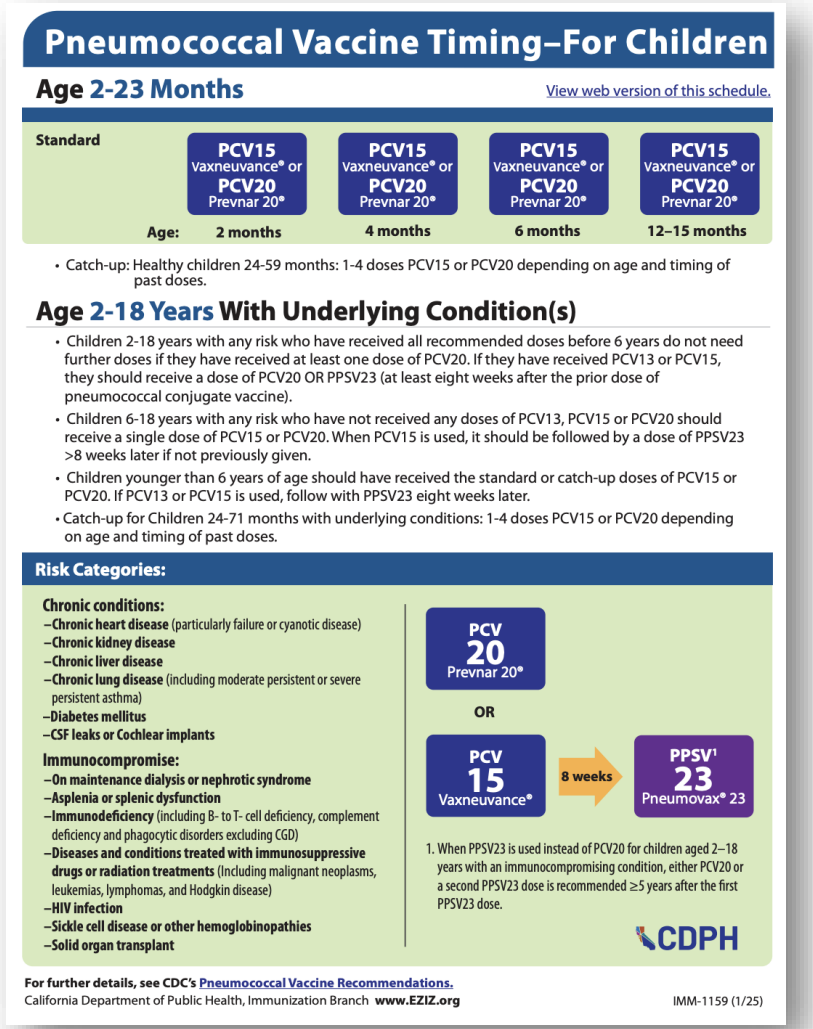
View detailed meningococcal recommendations (CDC.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html) and routine recommendations (EZIZ.org/assets/docs/IMM-1217.pdf).

1. For information on outbreaks visit the CDPH website (CDPH.CA.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx).
2. Abbreviations: ACWY/ACWY-CRM/ACWY-TT = MenACWY = MCV4
3. If no longer at high risk by age 10, administer additional two doses of MenACWY according to the regular adolescent schedule at age 11–12 years and age 16 years.
4. If MenACWY-CRM is initiated at ages 3–6 months, catch-up vaccination includes doses at intervals of 8 weeks until the infant is aged ≥7 months, at which time an additional dose is administered at age ≥7 months, followed by a dose at least 12 weeks later and after the 1st birthday.
5. Minimum age 12 months.
6. If a patient aged 10 years and older is receiving MenACWY and MenB vaccines at the same visit, MenABCWY may be given instead. The minimum interval between MenABCWY doses is 6 months. If a patient receives Penbraya, which includes Trumenba, subsequent Men B dose(s) must include Trumenba since MenB brands are not interchangeable.

CDPH — EZIZ.org IMM-1218 (2/25)

[High-Risk Timing Guide (IMM-1218)]

Updated Resource: Pneumococcal Timing Guide



Pneumococcal Vaccine Timing–For Children

Age 2-23 Months

View web version of this schedule.

Standard	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®	PCV15 Vaxneuvance® or PCV20 Prevnar 20®
Age:	2 months	4 months	6 months	12–15 months

- Catch-up: Healthy children 24-59 months: 1-4 doses PCV15 or PCV20 depending on age and timing of past doses.

Age 2-18 Years With Underlying Condition(s)

- Children 2-18 years with any risk who have received all recommended doses before 6 years do not need further doses if they have received at least one dose of PCV20. If they have received PCV13 or PCV15, they should receive a dose of PCV20 OR PPSV23 (at least eight weeks after the prior dose of pneumococcal conjugate vaccine).
- Children 6-18 years with any risk who have not received any doses of PCV13, PCV15 or PCV20 should receive a single dose of PCV15 or PCV20. When PCV15 is used, it should be followed by a dose of PPSV23 >8 weeks later if not previously given.
- Children younger than 6 years of age should have received the standard or catch-up doses of PCV15 or PCV20. If PCV13 or PCV15 is used, follow with PPSV23 eight weeks later.
- Catch-up for Children 24-71 months with underlying conditions: 1-4 doses PCV15 or PCV20 depending on age and timing of past doses.

Risk Categories:

Chronic conditions:
- **Chronic heart disease** (particularly failure or cyanotic disease)
- **Chronic kidney disease**
- **Chronic liver disease**
- **Chronic lung disease** (including moderate persistent or severe persistent asthma)
- **Diabetes mellitus**
- **CSF leaks or Cochlear implants**

Immunocompromise:
- **On maintenance dialysis or nephrotic syndrome**
- **Asplenia or splenic dysfunction**
- **Immunodeficiency** (including B- to T- cell deficiency, complement deficiency and phagocytic disorders excluding CGD)
- **Diseases and conditions treated with immunosuppressive drugs or radiation treatments** (Including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease)
- **HIV infection**
- **Sickle cell disease or other hemoglobinopathies**
- **Solid organ transplant**

PCV 20 Prevnar 20®

OR

PCV 15 Vaxneuvance® → 8 weeks → PPSV[1] 23 Pneumovax® 23

1. When PPSV23 is used instead of PCV20 for children aged 2–18 years with an immunocompromising condition, either PCV20 or a second PPSV23 dose is recommended ≥5 years after the first PPSV23 dose.

CDPH

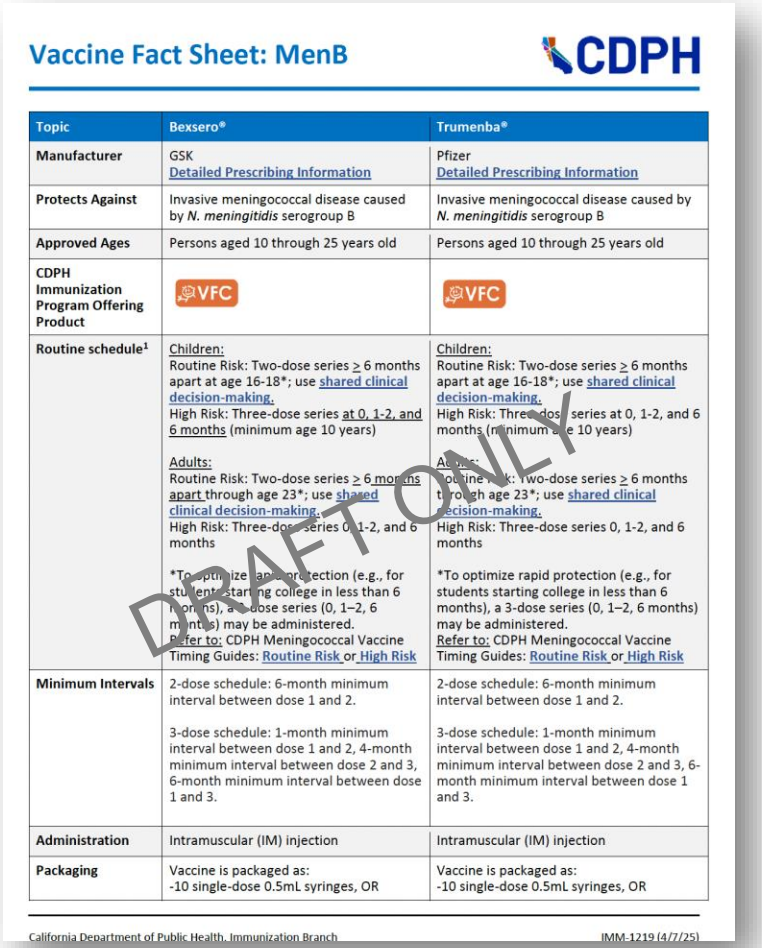
For further details, see CDC's Pneumococcal Vaccine Recommendations.

California Department of Public Health, Immunization Branch **www.EZIZ.org**

IMM-1159 (1/25)

Pediatric Pneumococcal Timing Guide (IMM-1159)

Updated Vaccine Fact Sheets Coming Soon!



Vaccine Fact Sheet: MenB

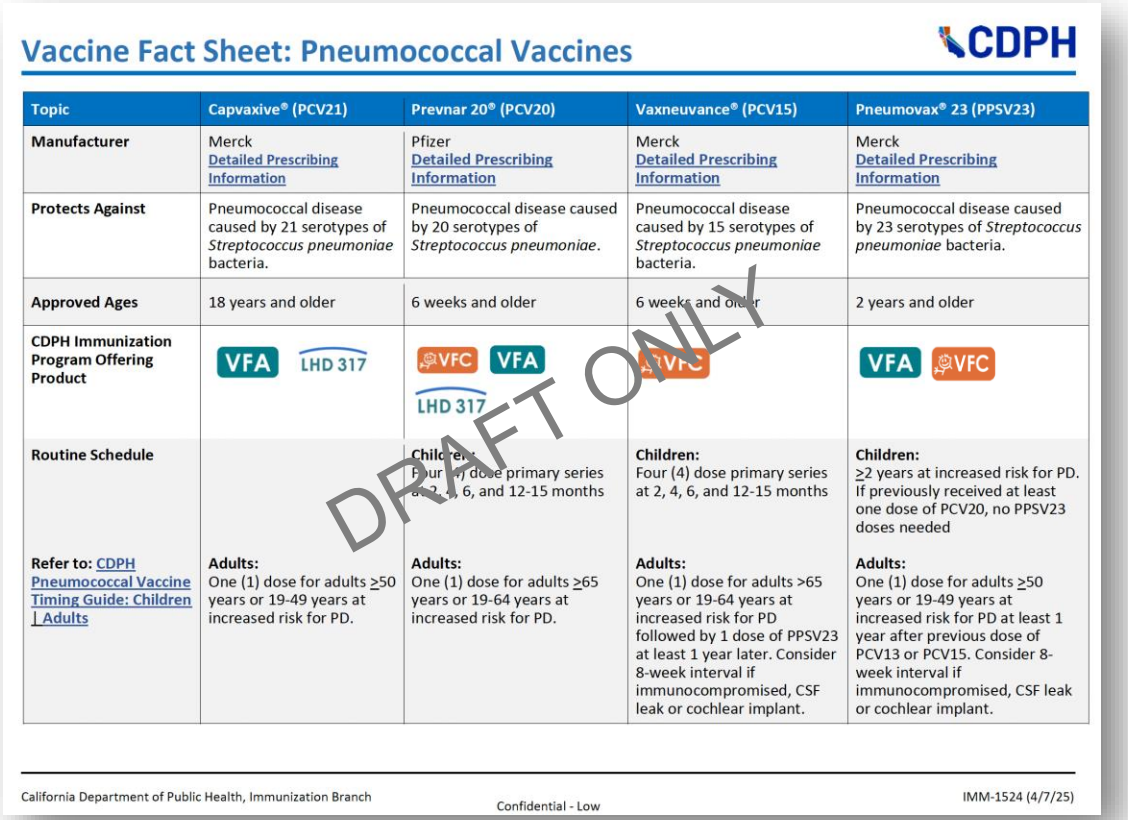
CDPH

Topic	Bexsero®	Trumenba®
Manufacturer	GSK Detailed Prescribing Information	Pfizer Detailed Prescribing Information
Protects Against	Invasive meningococcal disease caused by *N. meningitidis* serogroup B	Invasive meningococcal disease caused by *N. meningitidis* serogroup B
Approved Ages	Persons aged 10 through 25 years old	Persons aged 10 through 25 years old
CDPH Immunization Program Offering Product	VFC	VFC
Routine schedule[1]	Children: Routine Risk: Two-dose series ≥ 6 months apart at age 16-18*; use shared clinical decision-making. High Risk: Three-dose series at 0, 1-2, and 6 months (minimum age 10 years) Adults: Routine Risk: Two-dose series ≥ 6 months apart through age 23*; use shared clinical decision-making. High Risk: Three-dose series 0, 1-2, and 6 months *To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered. Refer to: CDPH Meningococcal Vaccine Timing Guides: Routine Risk or High Risk	Children: Routine Risk: Two-dose series ≥ 6 months apart at age 16-18*; use shared clinical decision-making. High Risk: Three-dose series at 0, 1-2, and 6 months (minimum age 10 years) Adults: Routine Risk: Two-dose series ≥ 6 months through age 23*; use shared clinical decision-making. High Risk: Three-dose series 0, 1-2, and 6 months *To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered. Refer to: CDPH Meningococcal Vaccine Timing Guides: Routine Risk or High Risk
Minimum Intervals	2-dose schedule: 6-month minimum interval between dose 1 and 2. 3-dose schedule: 1-month minimum interval between dose 1 and 2, 4-month minimum interval between dose 2 and 3, 6-month minimum interval between dose 1 and 3.	2-dose schedule: 6-month minimum interval between dose 1 and 2. 3-dose schedule: 1-month minimum interval between dose 1 and 2, 4-month minimum interval between dose 2 and 3, 6-month minimum interval between dose 1 and 3.
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as: -10 single-dose 0.5mL syringes, OR	Vaccine is packaged as: -10 single-dose 0.5mL syringes, OR

California Department of Public Health, Immunization Branch IMM-1219 (4/7/25)

DRAFT ONLY

[MenB Vaccine Fact Sheet (IMM-1219)]



Vaccine Fact Sheet: Pneumococcal Vaccines

CDPH

Topic	Capvaxive® (PCV21)	Prevnar 20® (PCV20)	Vaxneuvance® (PCV15)	Pneumovax® 23 (PPSV23)
Manufacturer	Merck Detailed Prescribing Information	Pfizer Detailed Prescribing Information	Merck Detailed Prescribing Information	Merck Detailed Prescribing Information
Protects Against	Pneumococcal disease caused by 21 serotypes of *Streptococcus pneumoniae* bacteria.	Pneumococcal disease caused by 20 serotypes of *Streptococcus pneumoniae*.	Pneumococcal disease caused by 15 serotypes of *Streptococcus pneumoniae* bacteria.	Pneumococcal disease caused by 23 serotypes of *Streptococcus pneumoniae* bacteria.
Approved Ages	18 years and older	6 weeks and older	6 weeks and older	2 years and older
CDPH Immunization Program Offering Product	VFA LHD 317	VFC VFA LHD 317	VFC	VFA VFC
Routine Schedule		Children: Four (4) dose primary series at 2, 4, 6, and 12-15 months	Children: Four (4) dose primary series at 2, 4, 6, and 12-15 months	Children: ≥2 years at increased risk for PD. If previously received at least one dose of PCV20, no PPSV23 doses needed
Refer to: CDPH Pneumococcal Vaccine Timing Guide: Children | Adults	Adults: One (1) dose for adults ≥50 years or 19-49 years at increased risk for PD.	Adults: One (1) dose for adults ≥65 years or 19-64 years at increased risk for PD.	Adults: One (1) dose for adults >65 years or 19-64 years at increased risk for PD followed by 1 dose of PPSV23 at least 1 year later. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant.	Adults: One (1) dose for adults ≥50 years or 19-49 years at increased risk for PD at least 1 year after previous dose of PCV13 or PCV15. Consider 8-week interval if immunocompromised, CSF leak or cochlear implant.

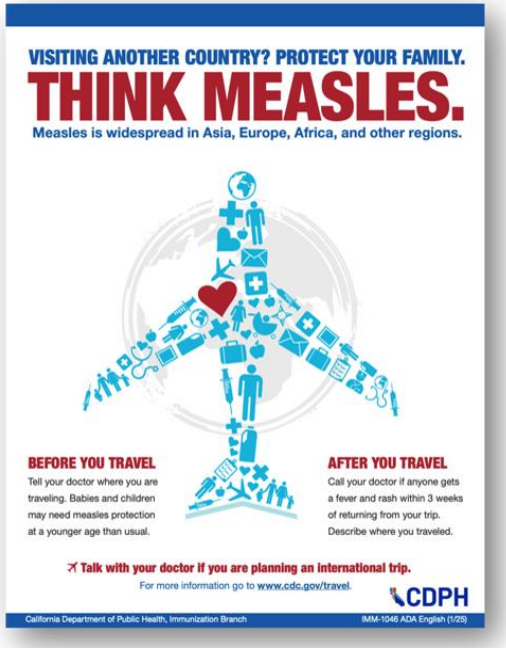
California Department of Public Health, Immunization Branch Confidential - Low IMM-1524 (4/7/25)

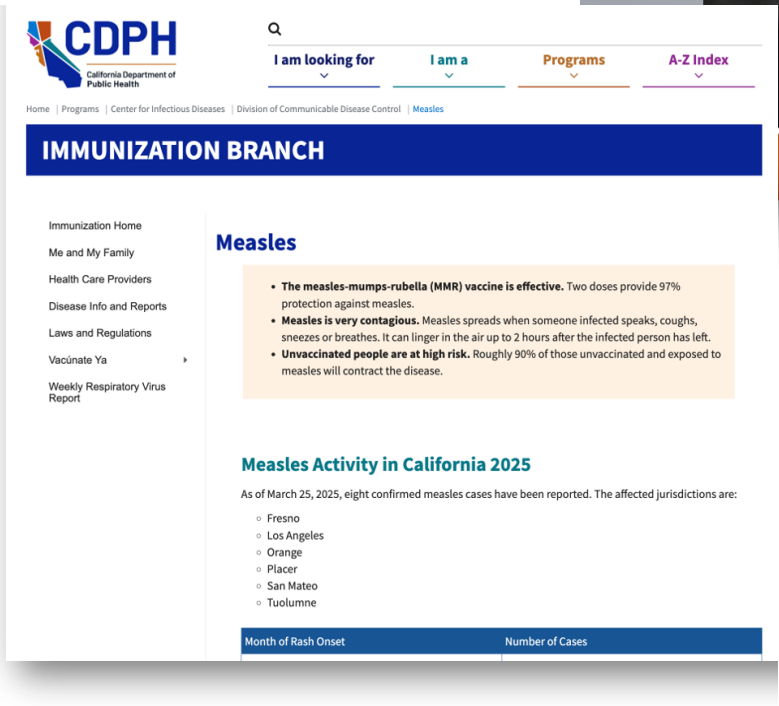
DRAFT ONLY

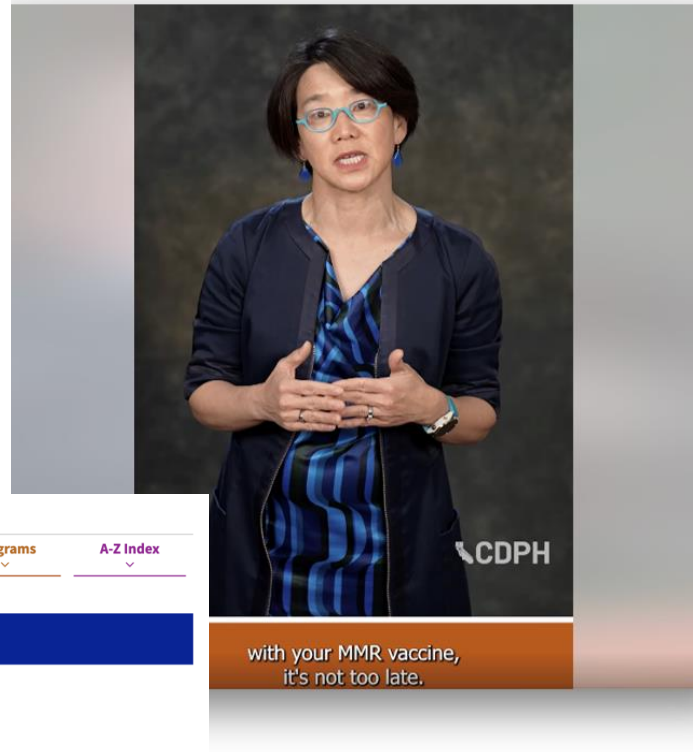
[Pneumococcal Vaccine Fact Sheet (IMM-1524)]

CDPH Resources on Measles

- Message from CDPH Director, Dr. Erica Pan
- Press Release – on measles and Kindergarten IZ rates
- Measles Disease Page
- Measles Communication Toolkit



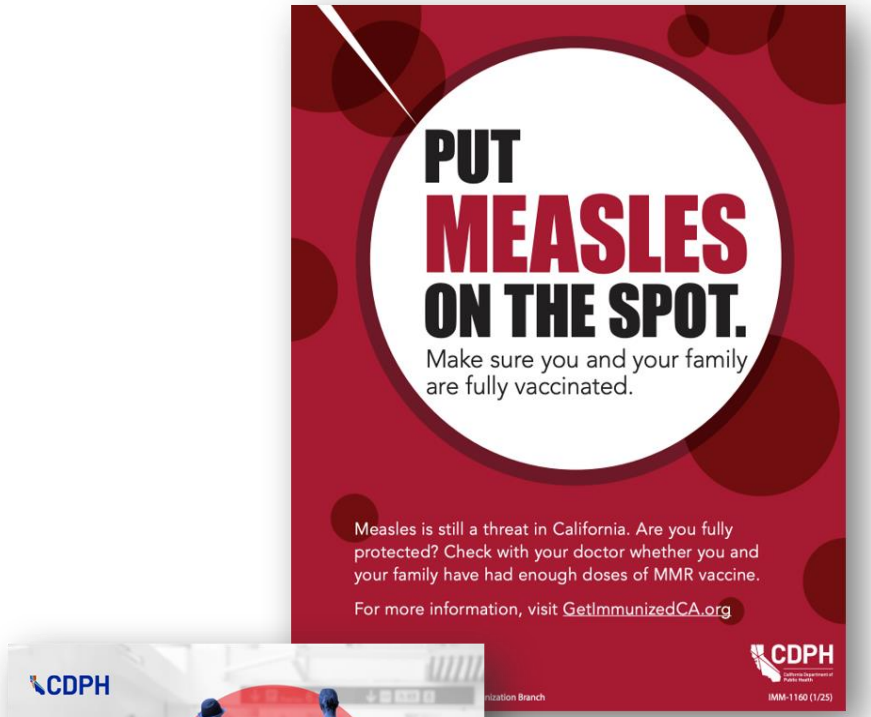




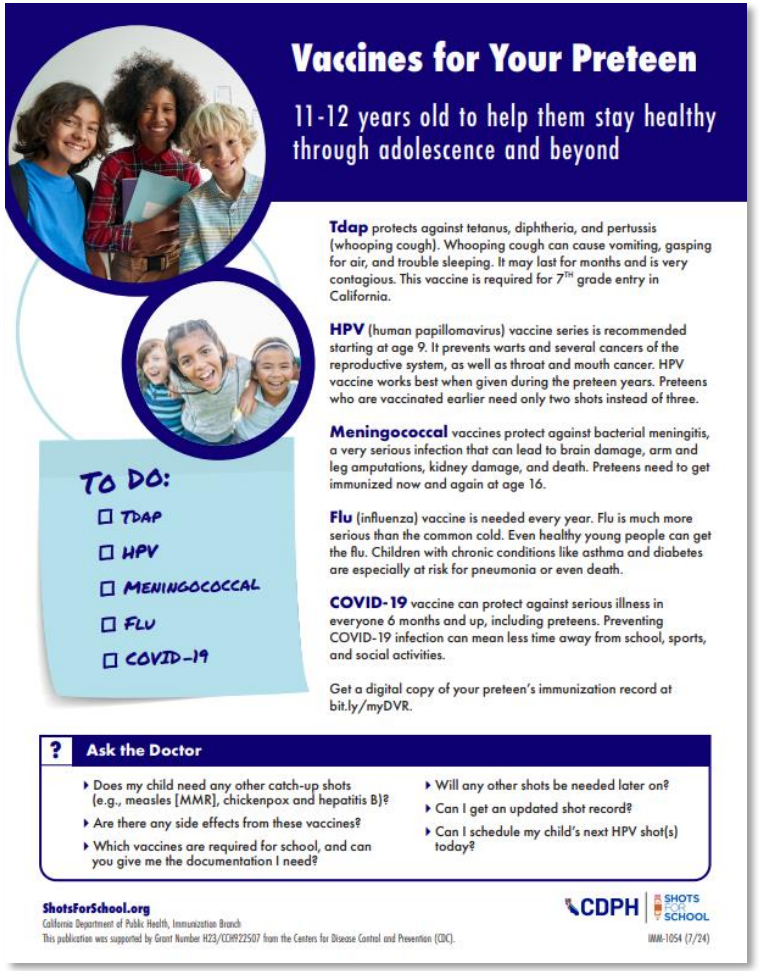
Additional Measles Resources

- ShotbyShot.org - Emmalee's Story
- Immunize.org - Measles Images
- School Immunization Requirements Page
- Education on Vaccine Safety Resources Page
- FAQs Page on Vaccine Safety – Answers to Parent's Questions
- Crucial Conversations Webinar (3/12/25):

"Effective Communication without Confrontation"



Resources on Adolescent Immunizations



Vaccines for Your Preteen

11-12 years old to help them stay healthy through adolescence and beyond

Tdap protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can cause vomiting, gasping for air, and trouble sleeping. It may last for months and is very contagious. This vaccine is required for 7th grade entry in California.

HPV (human papillomavirus) vaccine series is recommended starting at age 9. It prevents warts and several cancers of the reproductive system, as well as throat and mouth cancer. HPV vaccine works best when given during the preteen years. Preteens who are vaccinated earlier need only two shots instead of three.

Meningococcal vaccines protect against bacterial meningitis, a very serious infection that can lead to brain damage, arm and leg amputations, kidney damage, and death. Preteens need to get immunized now and again at age 16.

Flu (influenza) vaccine is needed every year. Flu is much more serious than the common cold. Even healthy young people can get the flu. Children with chronic conditions like asthma and diabetes are especially at risk for pneumonia or even death.

COVID-19 vaccine can protect against serious illness in everyone 6 months and up, including preteens. Preventing COVID-19 infection can mean less time away from school, sports, and social activities.

Get a digital copy of your preteen's immunization record at bit.ly/myDVR.

TO DO:

- ☐ TDAP
- ☐ HPV
- ☐ MENINGOCOCCAL
- ☐ FLU
- ☐ COVID-19

? Ask the Doctor

- Does my child need any other catch-up shots (e.g., measles [MMR], chickenpox and hepatitis B)?
- Are there any side effects from these vaccines?
- Which vaccines are required for school, and can you give me the documentation I need?
- Will any other shots be needed later on?
- Can I get an updated shot record?
- Can I schedule my child's next HPV shot(s) today?

ShotsForSchool.org
California Department of Public Health, Immunization Branch
This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC).
CDPH | SHOTS FOR SCHOOL
IMM-1054 (7/24)

- Vaccines for Your Preteen flyer
- Protect Your Preteen/Teen with Vaccines flyer
- Ready for 7th Grade flyer

Available in print from your local health department and in additional languages at Immunization Promotional Materials on EZIZ.

Resources on HPV Vaccination

- How Important is HPV Vaccine for Preteens and Teens flyer*
- Fotonovela on HPV vaccine for Latino parents for preteens – now with Mixteco translation!

Available in print from your local health department.

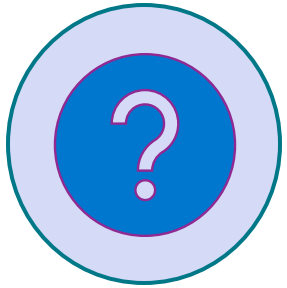
CDPH Office of Communications Immunization Messaging

[Respiratory Virus Prevention]

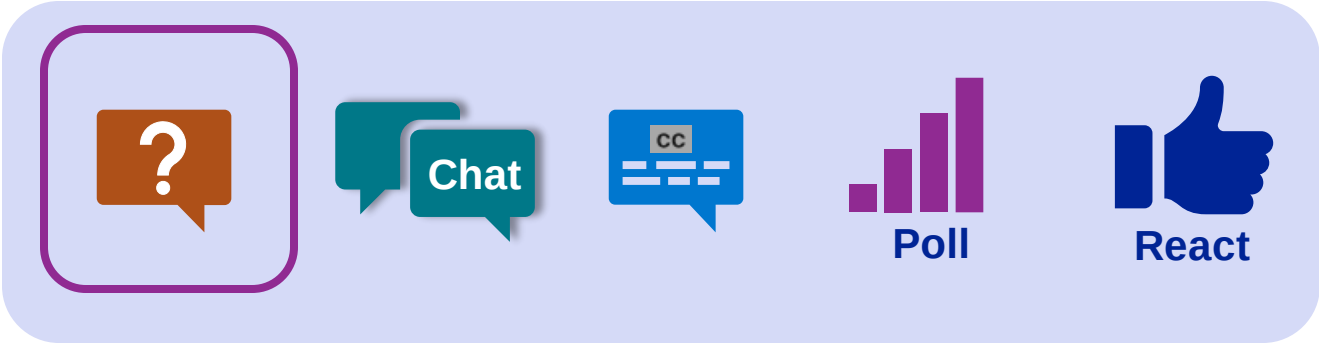
[Routine Immunizations]

[Measles]

Q&A



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



Links are in blue and underlined

Thank you for attending today's session!

CDPH | VFC California Vaccines for Children Program

Special Thanks to Today's Presenters:

Samantha Johnston, Kyle Rizzo, Christina Sapad, Jane Grey, Terisha Gamboa

Webinar Planning & Support:

Billie Dawn Greenblatt, Charles Roberts, Blanca Corona,
CDPH Subject Matter Experts

And, again, thank YOU for joining CDPH for this VFC Afternoon TEAch webinar!