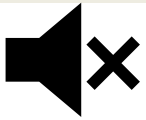
VPDCP Office Hours

Vaccine Preventable Disease Control Program
Los Angeles County Department of Public Health

October 1, 2025

Housekeeping



All participants will be muted during the presentation.

This session is being recorded.

Slides used in today's presentation will be posted on VPDCP Provider Information Hub shortly after the Office Hours

Submit questions in the chat or raise your hand and we will unmute you. Questions will be answered at the end of the presentation.

If you experience technical issues, check your computer audio configuration, try refreshing your browser, or re-joining the webinar again.

Agenda

September ACIP Votes and what it means for VFC	***Dr. Nava Yeganeh***
AB 144 Provisions and Impacts	***Dr. Nava Yeganeh***
Addressing Vaccine Misinformation and Building Vaccine Confidence	***Jocelyn Martinez***
BAP Closeout	***Jerusalem Theodros***
Q&A session	**All panelists**

AB 144 and ACIP September Votes Review

Dr. Nava Yeganeh
Medical Director
Vaccine Preventable Disease Control Program
Los Angeles County Department of Public Health

Percent Positivity of Respiratory Viruses

RESP WATCH

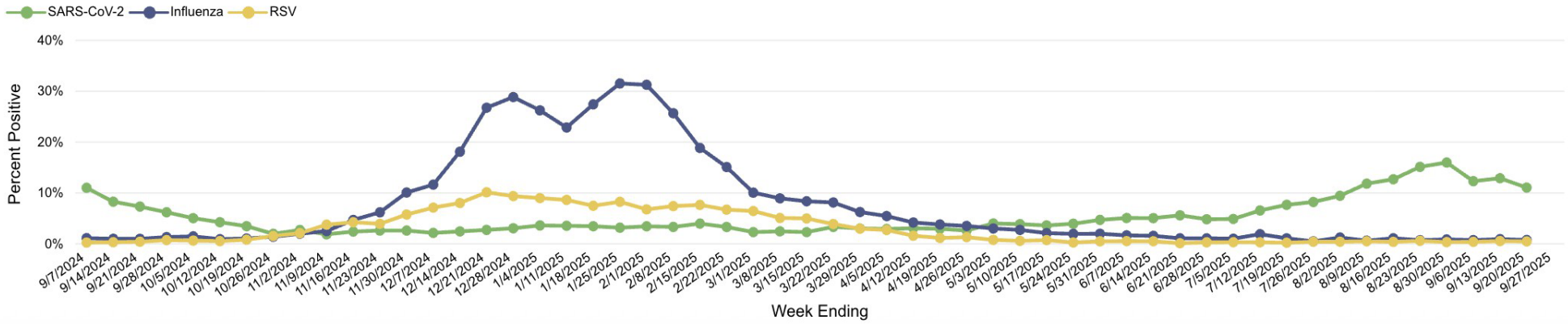
Summary of Los Angeles County Department of Public Health Respiratory Disease Surveillance

MMWR Week: 38
Ending on: 9/20/2025

Respiratory Surveillance At-A-Glance

Virology	Illness**	Severity
In MMWR week 38 :	In MMWR week 38 :	In MMWR week 37 :
→ **0.6%** of specimens tested for **influenza** at LAC sentinel surveillance laboratories were positive.	↓ **3.2%** of **ED visits** were for influenza-like illness.	Pneumonia, influenza, or COVID-19 accounted for **9.5%** of deaths registered in LAC
↓ **10.9%** of specimens tested for **SARS-CoV-2** at LAC sentinel surveillance laboratories were positive.	↓ **1.0%** of **ED visits** were for COVID-19.	Since the start of the 2024-2025 respiratory season, **333** influenza-coded deaths and **421** COVID-coded deaths have been identified through death certificate data.
→ **0.4%** of specimens tested for **RSV** at LAC sentinel surveillance laboratories were positive.	→ **0.1%** of **ED visits** were for influenza. → **0.0%** of **ED visits** were for RSV.	

Percentage of Respiratory Specimens Testing Positive by Viral Etiology, Los Angeles County Sentinel Surveillance Laboratories, 2024-25 Influenza Season



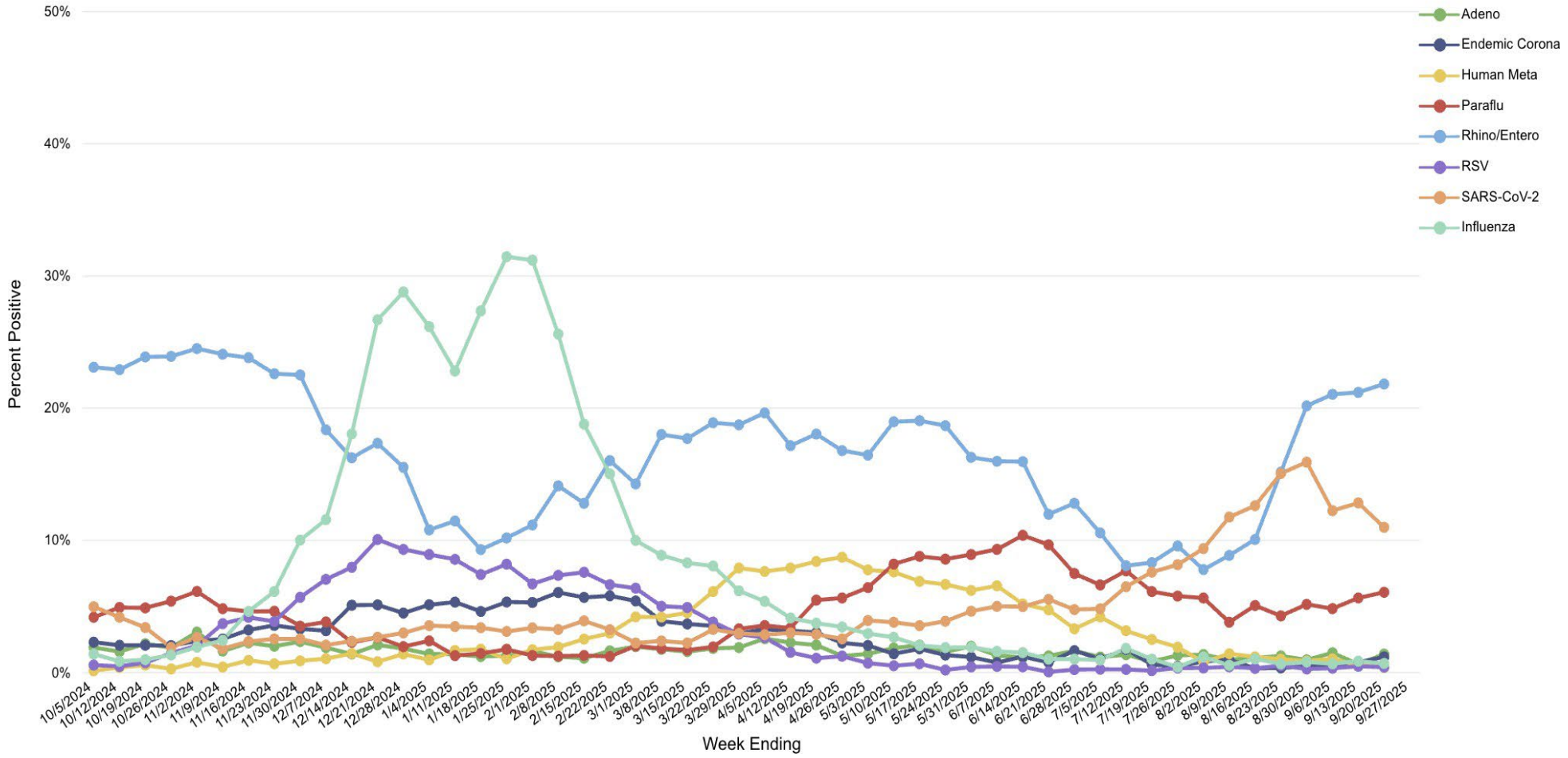
http://ph.lacounty.gov/acd/respwatch/

Non-COVID 19 Respiratory Viruses

County of Los Angeles Public Health

Overview	COVID-19	Flu	RSV

Percentage of Respiratory Specimens Testing Positive by Viral Etiology, Los Angeles County Sentinel Surveillance Laboratories, 2024-25 Influenza Season



COVID-19 2025-26 Vaccine Recommendations

Normal COVID-19 vaccine approval process

ACIP review of considerations for 2025-26 respiratory vaccines

FDA meeting JN.1-lineage

ACIP discussion & recommendations

- Providers order
- Vaccine shipped
- Administrations begin

April 15, 2025 → May 22, 2025 → June 25, 2025 → August → September

COVID-19 vaccine 25-26

- ACIP members fired
- CDC immunization schedules revised
- New ACIP members met, but did not discuss COVID vaccine recs

- American Academy of Pediatric and American College of OB/GYNs released guidance
- Removal of CDC director

- ACIP 9/18-19
- AB 144 passed

Implications of and Response to Federal Public Health Leadership Vacuum

Context

- Confusion about guidance for vaccines and safety measures during respiratory season
- Delayed access to COVID-19 vaccines
- Mounting distrust in public health measures

Response

- Align with western states and national medical associations for guidance and recommended safety measures

Assembly Bill 144 (AB 144)

- On September 17th, 2025, California Governor Newsom signed Assembly Bill (AB) 144 which shifts from the State's reliance on CDC's Advisory Committee for Immunization Practices (ACIP) to the California Department of Public Health (CDPH) for setting vaccine recommendations.
  - Los Angeles County providers should now follow CDPH vaccine recommendations which may differ from ACIP recommendations.
- CDPH recommended vaccines must be covered by California Health Plans, including Medi-Cal managed care plans.
- Liability protection to providers who administer vaccines based on CDPH recommendations
- Allows pharmacists to independently initiate and administer immunizations recommended by CDPH.

CDPH Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children	• All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors[1] • All who choose protection[1]	• All 6 months and older	• All younger than 8 months[2] • All 8-19 months with risk factors
Pregnancy	• All who are planning pregnancy, pregnant, postpartum or lactating	• All who are planning pregnancy, pregnant, postpartum or lactating	• 32-36 weeks gestational age[2]
Adults	• All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection	• All	• All 75 years and older • All 50-74 years with risk factors

1. COVID-19 vaccine is available for persons 6 months and older.
2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

FDA Actions to Date

Moderna

Spikevax

- Approved
  - All individuals 65+
  - 6 months–64 years with ≥ 1 risk condition

mNEXSPIKE

- Approved
  - All individuals 65+
  - 12–64 years with ≥ 1 risk condition

Pfizer

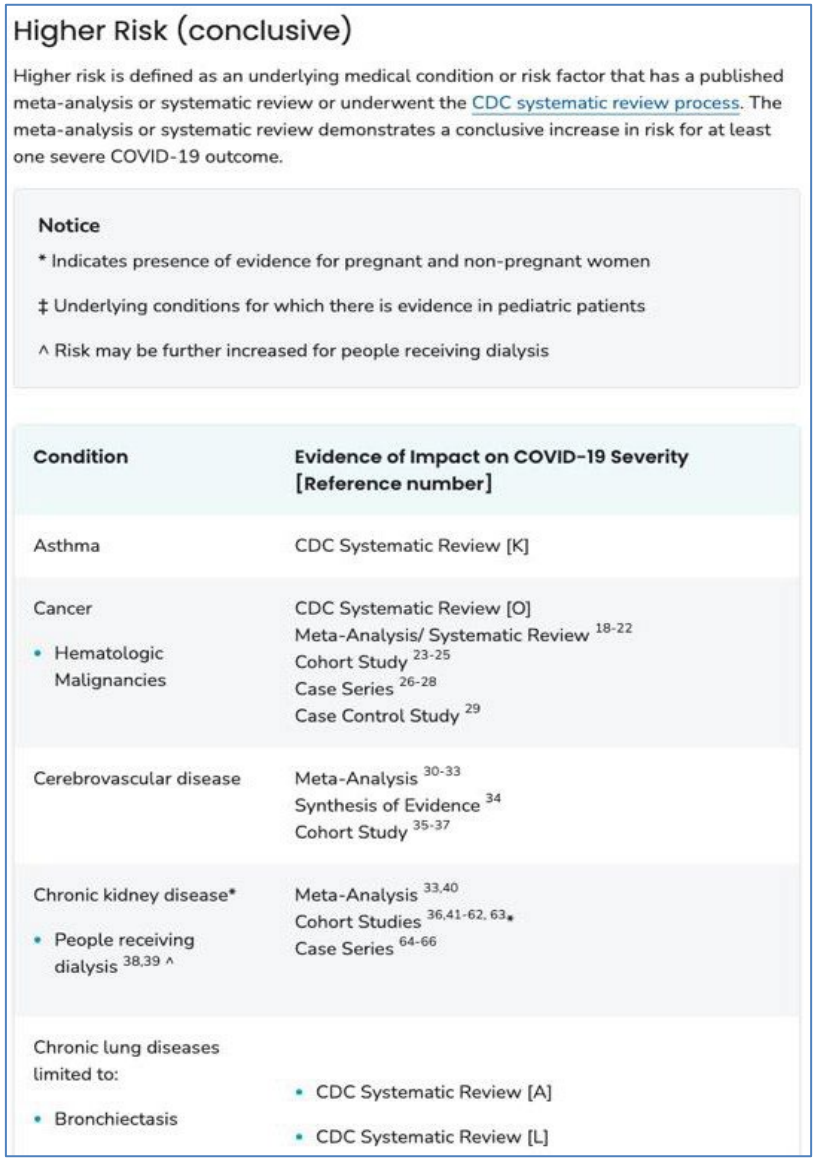
Comirnaty

- Approved
  - All individuals 65+
  - 5–64 years of age with ≥ 1 risk condition

Novavax

Nuvaxovid

- Approved:
  - All individuals 65+
  - 12–64 years of age with ≥ 1 risk condition



Higher Risk (conclusive)

Higher risk is defined as an underlying medical condition or risk factor that has a published meta-analysis or systematic review or underwent the CDC systematic review process. The meta-analysis or systematic review demonstrates a conclusive increase in risk for at least one severe COVID-19 outcome.

Notice

* Indicates presence of evidence for pregnant and non-pregnant women

‡ Underlying conditions for which there is evidence in pediatric patients

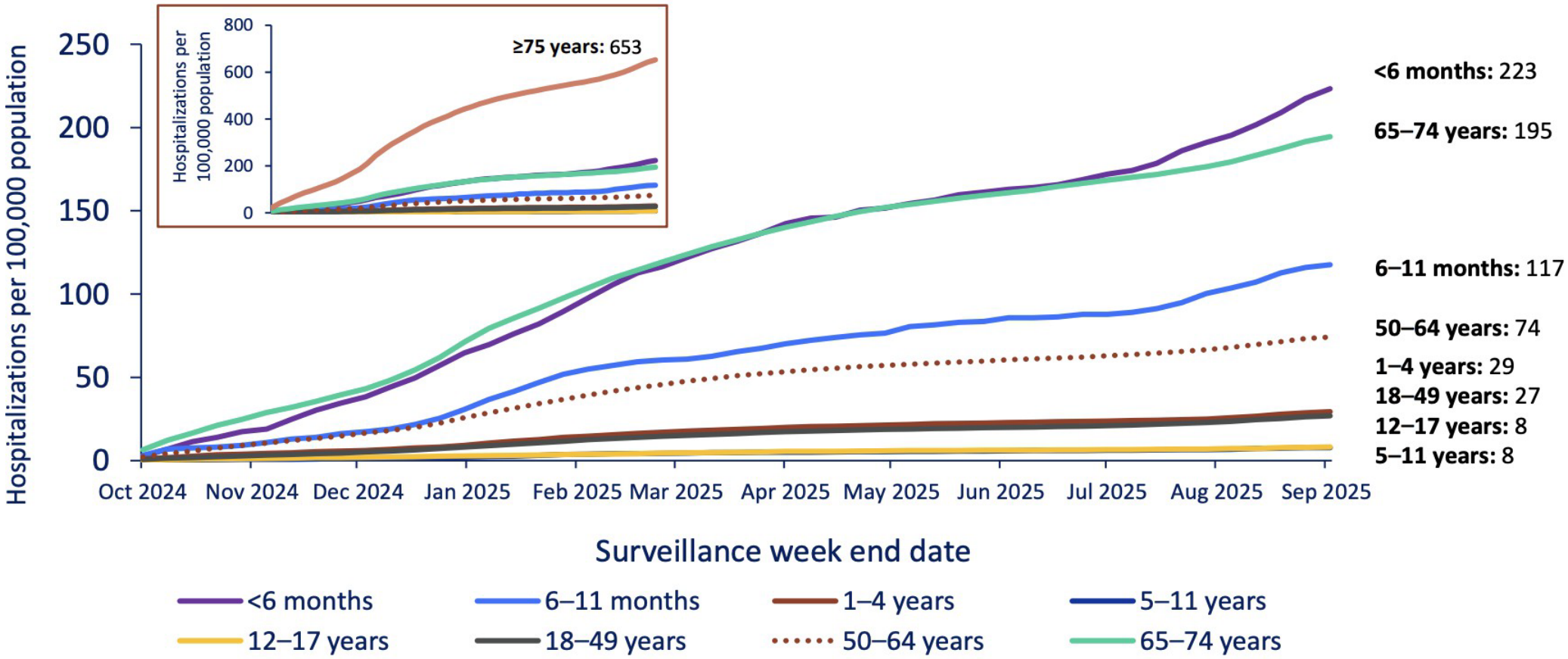
^ Risk may be further increased for people receiving dialysis

Condition	Evidence of Impact on COVID-19 Severity [Reference number]
Asthma	CDC Systematic Review [K]
Cancer • Hematologic Malignancies	CDC Systematic Review [O] Meta-Analysis/ Systematic Review [18-22] Cohort Study [23-25] Case Series [26-28] Case Control Study [29]
Cerebrovascular disease	Meta-Analysis [30-33] Synthesis of Evidence [34] Cohort Study [35-37]
Chronic kidney disease* • People receiving dialysis [38,39 ^]	Meta-Analysis [33,40] Cohort Studies [36,41-62, 63•] Case Series [64-66]
Chronic lung diseases limited to: • Bronchiectasis	• CDC Systematic Review [A] • CDC Systematic Review [L]

https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html

Advisory Committee on Immunizations Practices

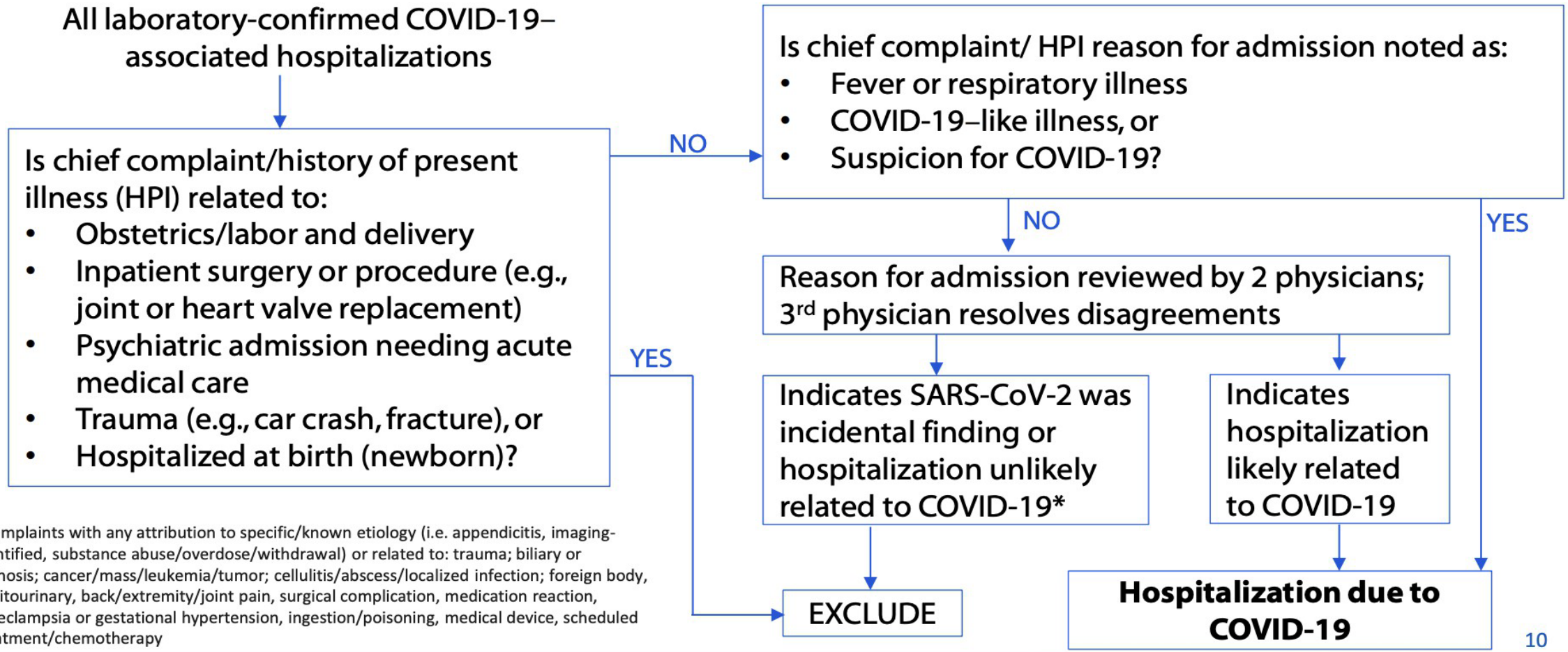
Cumulative COVID-19-associated hospitalization rates are highest among adults aged ≥75 years, followed by infants aged <6 months and adults ages 65–74 years.



Weekly rates of COVID-19–associated hospitalizations per 100,000 population by age group—COVID-NET, October 2024–September 2025

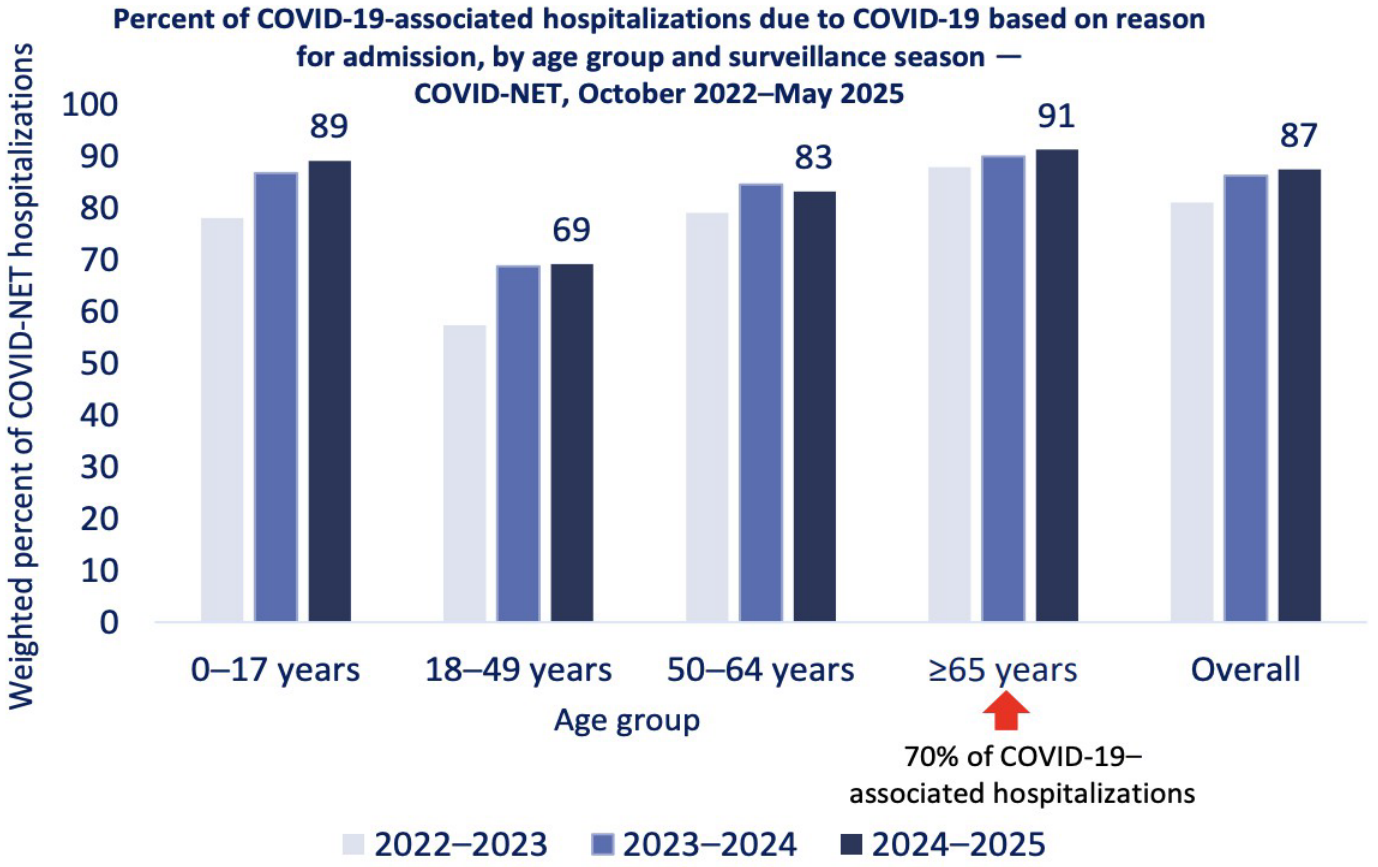
Note that rates are not adjusted for testing. Rates are not limited to admissions where the respiratory infection is the likely primary reason for admission.

How COVID-NET defines hospitalizations due to COVID-19 using likely primary reason for admission



*Complaints with any attribution to specific/known etiology (i.e. appendicitis, imaging-identified, substance abuse/overdose/withdrawal) or related to: trauma; biliary or cirrhosis; cancer/mass/leukemia/tumor; cellulitis/abscess/localized infection; foreign body, genitourinary, back/extremity/joint pain, surgical complication, medication reaction, preeclampsia or gestational hypertension, ingestion/poisoning, medical device, scheduled treatment/chemotherapy

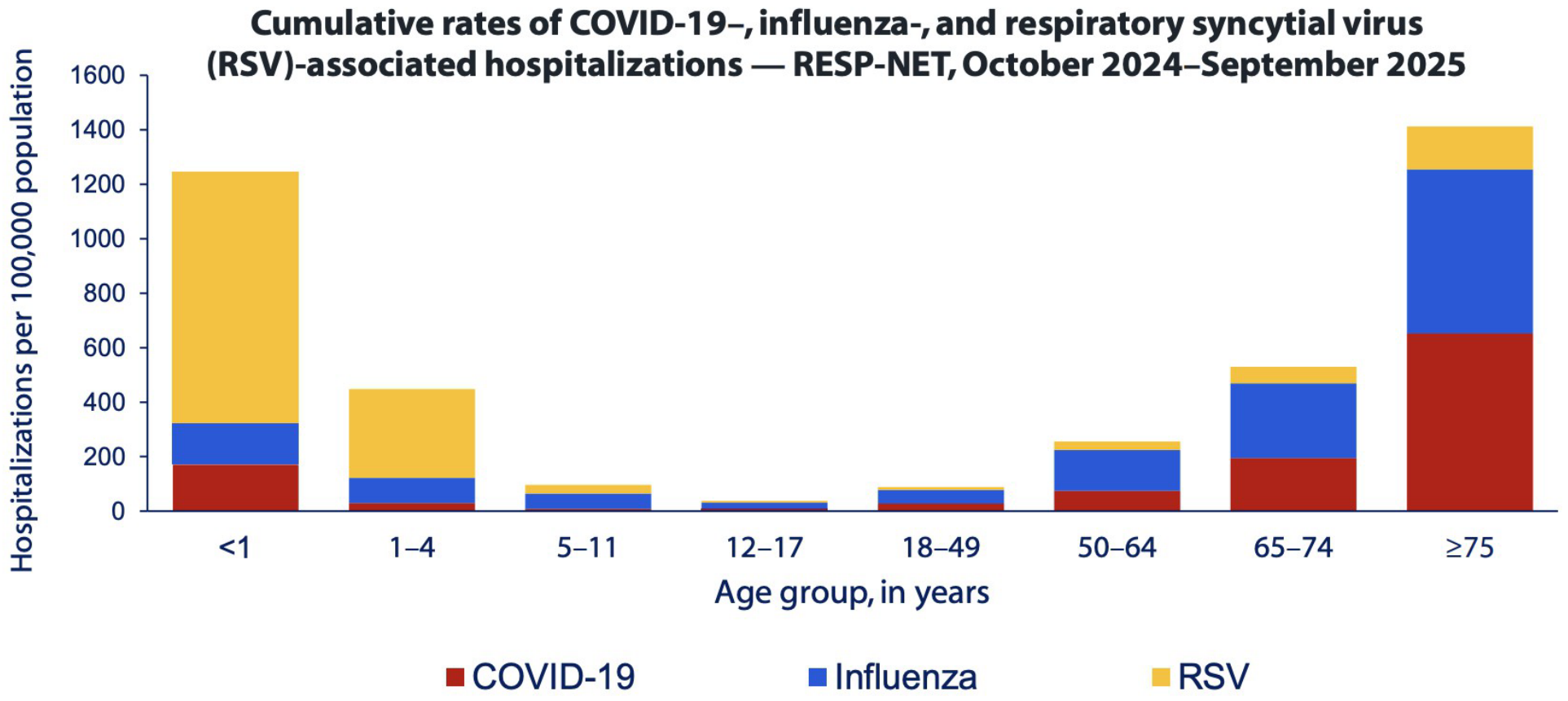
87% of all recent hospitalizations among SARS-CoV-2-positive patients were due to COVID-19 based on reason for admission



- Percent of COVID-19–associated hospitalizations due to COVID-19 have increased over time
  - No longer widespread screening of asymptomatic patients
- Percent of COVID-NET hospitalizations due to COVID-19 increases with age among adults
- Adults ages ≥65 years account for 70% of COVID-19–associated hospitalizations, of which 91% are considered due to COVID-19 based on reason for admission.

Data are posted publicly: https://www.cdc.gov/covid/php/covid-net/index.html. Likely reason for admission due to COVID-19 is defined as SARS-CoV-2-positive test ≤14 days before/during hospitalization AND chief complaint or history of present illness in medical record indicates fever, respiratory illness, COVID-19-like illness, or suspicion for COVID-19-like illness.

Rates of respiratory virus-associated hospitalizations vary by age group and pathogen.

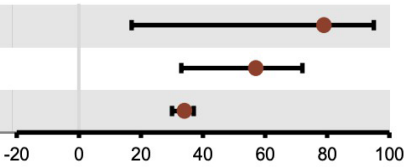


Rates for all three pathogens (COVID-19, influenza, and respiratory syncytial virus [RSV]) are laboratory-confirmed. Data source: https://www.cdc.gov/resp-net/dashboard/
Note that rates are not adjusted for testing or limited to admissions where the respiratory infection is the reason for admission. Influenza surveillance was conducted October 2024–April

VE of 2024-2025 COVID-19 vaccine doses against *emergency department/urgent care encounters* — VISION

September 2024 – May 2025

Age group | COVID-19 vaccination status	Total encounters	SARS-CoV-2-test-positive, N (%)	Median interval since last dose among those vaccinated, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
No updated 2024-2025 COVID-19 vaccine dose*				
9 months-4 years	31,060	809 (3)	392 (282-662)	**Ref**
5-17 years	38,870	926 (2)	972 (710-1,116)	**Ref**
≥18 years	200,933	12,927 (6)	1,068 (742-1,224)	**Ref**
2024-2025 COVID-19 dose received 7-179 days earlier				
9 months-4 years	393	2 (1)	64 (30-98)	**79 (17 to 95)**
5-17 years	2,208	22 (1)	81 (44-122)	**57 (33 to 72)**
≥18 years	40,043	1,694 (4)	89 (50-129)	**34 (30 to 37)**



CDC, unpublished data

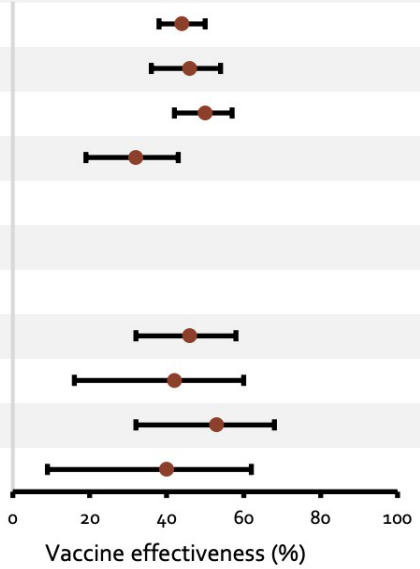
* Includes all individuals who did not receive a 2024-2025 COVID-19 vaccine. For those aged ≥5 years, this includes unvaccinated persons and persons who were vaccinated with ≥1 original monovalent or bivalent COVID-19 doses. For those aged <5 years, children with a partial initial series were excluded. The 2024-2025 dose could have been part of the initial series or in addition to the initial series.

Vaccine effectiveness was calculated by comparing the odds of COVID-19 vaccination in case-patients and control-patients using the equation: (1 – adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. The odds ratio was adjusted for age, sex, race and ethnicity, calendar day, and geographic region.

Effectiveness of *2024–2025 COVID-19 vaccination* against COVID-19–associated *hospitalization* among *immunocompetent* adults aged ≥65 years — VISION and IVY Networks

September 2024 – May 2025

Network/2024-2025 COVID-19 vaccination status/days since dose	COVID-19 case-patients N (Col %)	COVID-19 control-patients N (Col %)	Median interval since last dose among vaccinated*, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
VISION				
No **2024-2025 COVID-19 dose** (Ref)	2,943 (85)	34,900 (74)	958 (508-1,187)	**Ref**
Received **2024-2025 COVID-19 dose** 7–179 days earlier	515 (15)	12,043 (26)	92 (51-132)	**44 (38-50)**
2024-2025 COVID-19 dose, 7–59 days earlier	155 (4)	3,604 (8)	34 (20-47)	**46 (36-54)**
2024-2025 COVID-19 dose, 60–119 days earlier	207 (6)	4,509 (10)	90 (75-104)	**50 (42-57)**
2024-2025 COVID-19 dose, 120–179 days earlier	153 (4)	3,930 (8)	147 (133-162)	**32 (19-43)**
IVY				
No **2024-2025 COVID-19 dose** (Ref)	822 (88)	1,824 (79)	Not available	**Ref**
Received **2024-2025 COVID-19 dose** 7–179 days earlier	110 (12)	499 (21)	92 (55–130)	**46 (32-58)**
2024-2025 COVID-19 dose, 7–59 days earlier	43 (5)	124 (5)	32 (20–46)	**42 (16-60)**
2024-2025 COVID-19 dose, 60–119 days earlier	37 (4)	205 (9)	89 (73–103)	**53 (32-68)**
2024-2025 COVID-19 dose, 120–179 days earlier	30 (3)	170 (7)	146 (130–161)	**40 (9-62)**



Updated from: Link-Gelles, et al. MMWR: https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a1.htm

Vaccine effectiveness was calculated by comparing the odds of 2024–2025 COVID-19 vaccination in case-patients and control-patients using the equation: (1 – adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. For VISION, the odds ratio was adjusted for age, sex, race and ethnicity, calendar day, and geographic region. For IVY, the odds ratio was adjusted for age, sex, race and ethnicity, geographic region (U.S. Department of Health and Human Services Region) and calendar time (biweekly intervals). The "no 2024–2025 dose" group included all eligible persons who did not receive a 2024–2025 COVID-19 vaccine dose, regardless of number of previous COVID-19 vaccine doses. VISION data go through May 2025; IVY data go through April 2025.

*Time since vaccination is for most recent dose, which could have been an original monovalent, bivalent, 2023-2024, or 2024-2025 COVID-19 vaccine.

Additional Safety Presentations — Preliminary Data

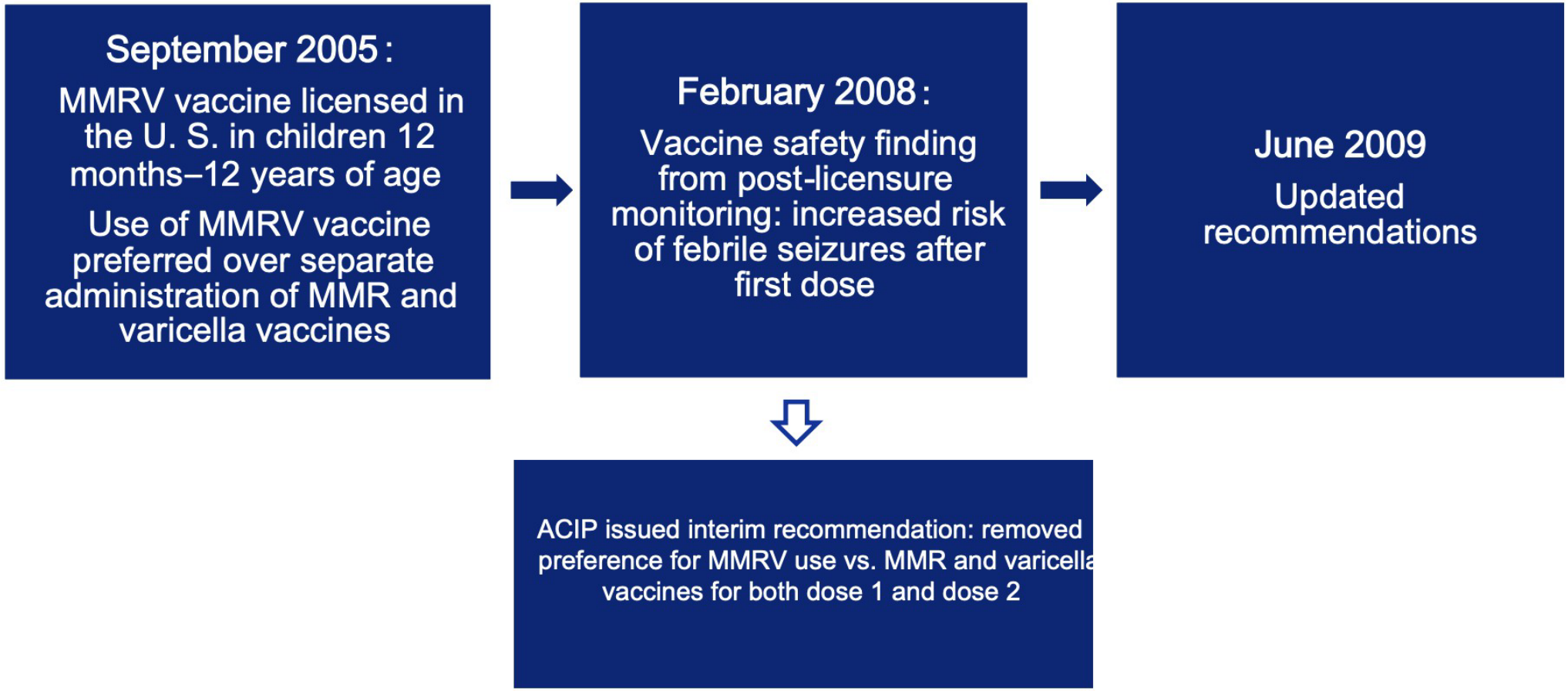
- Dr. Wafik El-Deiry and Dr. Charlote Kuperwasser
  - COVID-19 vaccination, “may” lead to cellular and immune changes; of which long term consequences “are uncertain”
  - Biodistirbution of mRNA after vaccination has been inadequately studied
  - mRNA vaccines increase DNA frame shifting by up to 10x, and that the effects of these frame-shifts “are unknown/understudied”
- Dr. Bruce Carleton
  - Research grant was cancelled in March
  - Preliminary findings on 50 patients who had myocarditis.
    - Genes activated in these patients that were linked to myocarditis which occurred after their COVID-19 vaccination.

ACIP COVID-19 Vaccine Votes

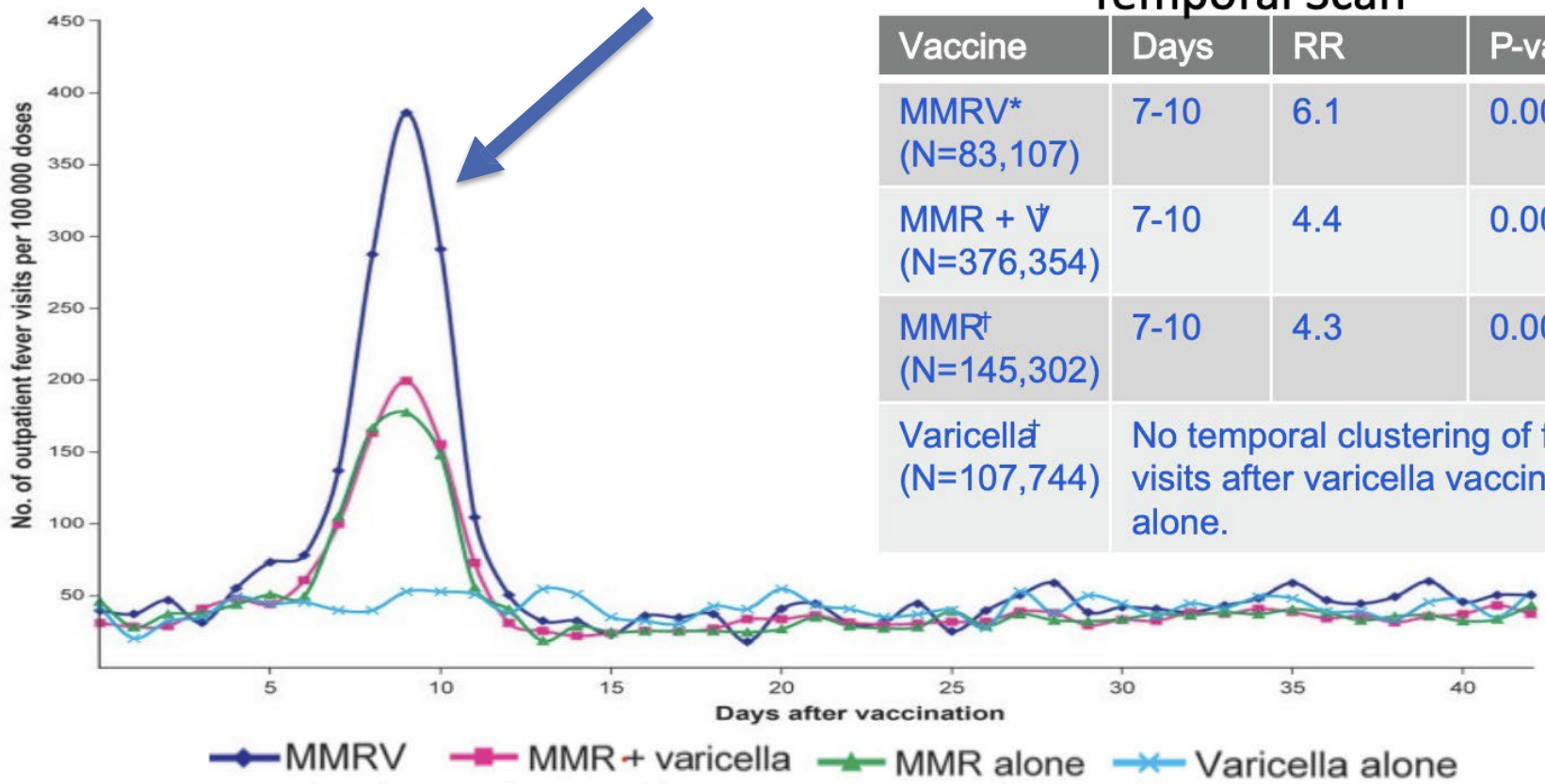
- People aged 65 and older should receive vaccination based on individual-based decision making
- People aged 6 months to 64 years should receive vaccination based on individual-based decision making with emphasis on risks/benefits discussion.
- Providers should promote “consistent and comprehensive informed consent processes… [which] considers adding language accessible to patients and medical providers to describe at least the six risks and uncertainties”
- Health providers should discuss risks/benefits of vaccination with each patient with consideration of risk factors for severe COVID and to discuss “related uncertainties"

MMRV Vaccine

Timeline of recommendations for MMRV vaccine use in the United States



Post-vaccination outpatient fever visits among 12-23-month-olds according to vaccine received by vaccine type, VSD, 2000 –2008



Temporal Scan

Vaccine	Days	RR	P-value
MMRV* (N=83,107)	7-10	6.1	0.001
MMR + V† (N=376,354)	7-10	4.4	0.001
MMR† (N=145,302)	7-10	4.3	0.001
Varicella† (N=107,744)	No temporal clustering of fever visits after varicella vaccination alone.		

* Vaccinated between January 2006 and October 2008; † Vaccinated between January 2000-October 2008

Klein NP, et al. Vaccine Safety Datalink. Measles-mumps-rubella-varicella combination vaccine and the risk of febrile seizures. Pediatrics. 2010 Jul;126(1):e1-8

Risk of febrile seizure after second dose of MMRV: Systematic review and meta-analysis

- **Pre-licensure studies:**

Pool analyses of incidence of febrile seizure and vaccine related febrile seizure following vaccination in healthy children aged 9–24 months.

Dose	Comparison categories (risk window/group)		Febrile seizure			
			No. of studies	Pooled incidence (‰)	Pooled RD (‰, 95% CI)	Pooled RR (95% CI)
Second MMRV dose	MMRV vs. MMRV + others					
	0–28 d	MMRV	1	3.10 (1/323)	0.07 (−8.41, 8.54)	1.02 (0.06, 16.26)
		MMRV + others		3.03 (1/330)		
	7–10 d	MMRV	1	0 (0/323)	0 (−5.98, 5.98)	1.02 (0.02, 51.33)
		MMRV + others		0 (0/1453)		
	MMRV + others vs. others					
	0–28 d	MMRV + others	1	0 (0/347)	0 (−4.09, 4.09)	4.18 (0.08, 210.43)
		Others		0 (0/1453)		
	7–10 d	MMRV + others	1	0 (0/347)	0 (−4.09, 4.09)	4.18 (0.08, 210.43)
		Others		0 (0/1453)		

- **Post-licensure study:**
  - Only included one study of children 4-6 years; no evidence to suggest elevated risk of febrile seizure

Ma SJ, et al. . Risk of febrile seizure after measles-mumps-rubella-varicella vaccine: A systematic review and meta-analysis. *Vaccine*. 2015;33(31):3636-3649.

ACIP MMRV Vaccine Votes

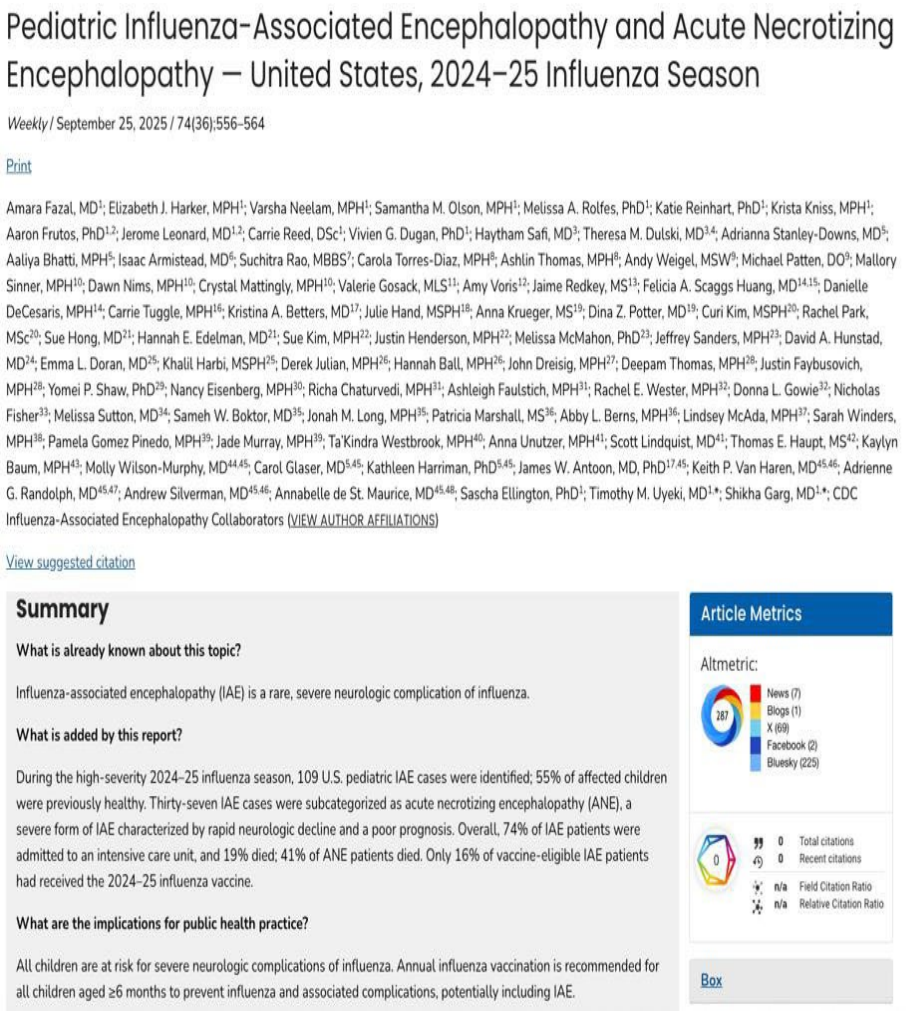
- MMRV vaccine is no longer recommended for children under 4 years of age but can be used for those 4 – 12 years of age

Future Concerns:

- ACIP meeting October 22-23rd
  - Agenda TBD
- Federal messaging:
  - Delaying Hepatitis B vaccine “until 12 years of age”.
    - Ignores the real concern regarding vertical transmission and household transmission
  - Giving MMR as separate vaccines instead of combination vaccine
    - Separate Measles, Mumps, and Rubella vaccines are not available in the US
- Continued chaos and misinformation from federal government.

Flu Recommendations:

- Routine annual influenza vaccination (trivalent) of all persons aged 6 months and older who do not have contraindications.
- Children 6 months to 9 years of age will need 2 doses if they've never received vaccine in the past
- Older adults:
  - High dose (Fluzone)
  - Adjuvanted (Fluad)
  - Recombinant (Flublok)
- Solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens:
  - High dose (Fluzone)
  - Adjuvanted (Fluad)
- Intranasal live vaccine (FluMist) available for 2-49 years of age for those without contraindications



Pediatric Influenza-Associated Encephalopathy and Acute Necrotizing Encephalopathy — United States, 2024–25 Influenza Season

Weekly / September 25, 2025 / 74(36);556–564

Print

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View suggested citation

Summary

What is already known about this topic?

Influenza-associated encephalopathy (IAE) is a rare, severe neurologic complication of influenza.

What is added by this report?

During the high-severity 2024–25 influenza season, 109 U.S. pediatric IAE cases were identified; 55% of affected children were previously healthy. Thirty-seven IAE cases were subcategorized as acute necrotizing encephalopathy (ANE), a severe form of IAE characterized by rapid neurologic decline and a poor prognosis. Overall, 74% of IAE patients were admitted to an intensive care unit, and 19% died; 41% of ANE patients died. Only 16% of vaccine-eligible IAE patients had received the 2024–25 influenza vaccine.

What are the implications for public health practice?

All children are at risk for severe neurologic complications of influenza. Annual influenza vaccination is recommended for all children aged ≥6 months to prevent influenza and associated complications, potentially including IAE.

Article Metrics

Altmetric:

287

News (7)
Blogs (1)
X (69)
Facebook (2)
Bluesky (229)

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0 Total citations
0 Recent citations
n/a Field Citation Ratio
n/a Relative Citation Ratio

Box

https://www.cdc.gov/mmwr/volumes/74/wr/mm7432a2.htm

RSV Recommendations - Unchanged

- Older adults:
  - **75+:** 1 lifetime dose of RSV preF vaccine (Abrysvo, Arexvy, mResvia)
  - **50-74** with increased risk: 1 lifetime dose of RSV vaccine
- Pregnant persons:
  - RSV preF (Abrysvo) given between 32-36 weeks of pregnancy (1 lifetime dose)
- Infants:
  - RSV monoclonal antibody—nirsevimab (Beyfortus) or clesrovimab (Enflonsia) to all infants younger than 8 months entering their first RSV season (October–March) whose birth parent did not receive an RSV vaccine during pregnancy.
- For children aged 8–19 months at increased risk of severe RSV (only nirsevimab is recommended)

Addressing Vaccine Misinformation and Building Vaccine Confidence

Jocelyn Martinez, MPH

Provider Support and Engagement Unit

Vaccine Preventable Disease Control Program

Los Angeles County Department of Public Health

Why are vaccines myths and misinformation a threat to public health and well-being?

- **False information spreads fast.**
  On social media platforms, posts with myths about vaccines often get shared more than posts with facts.

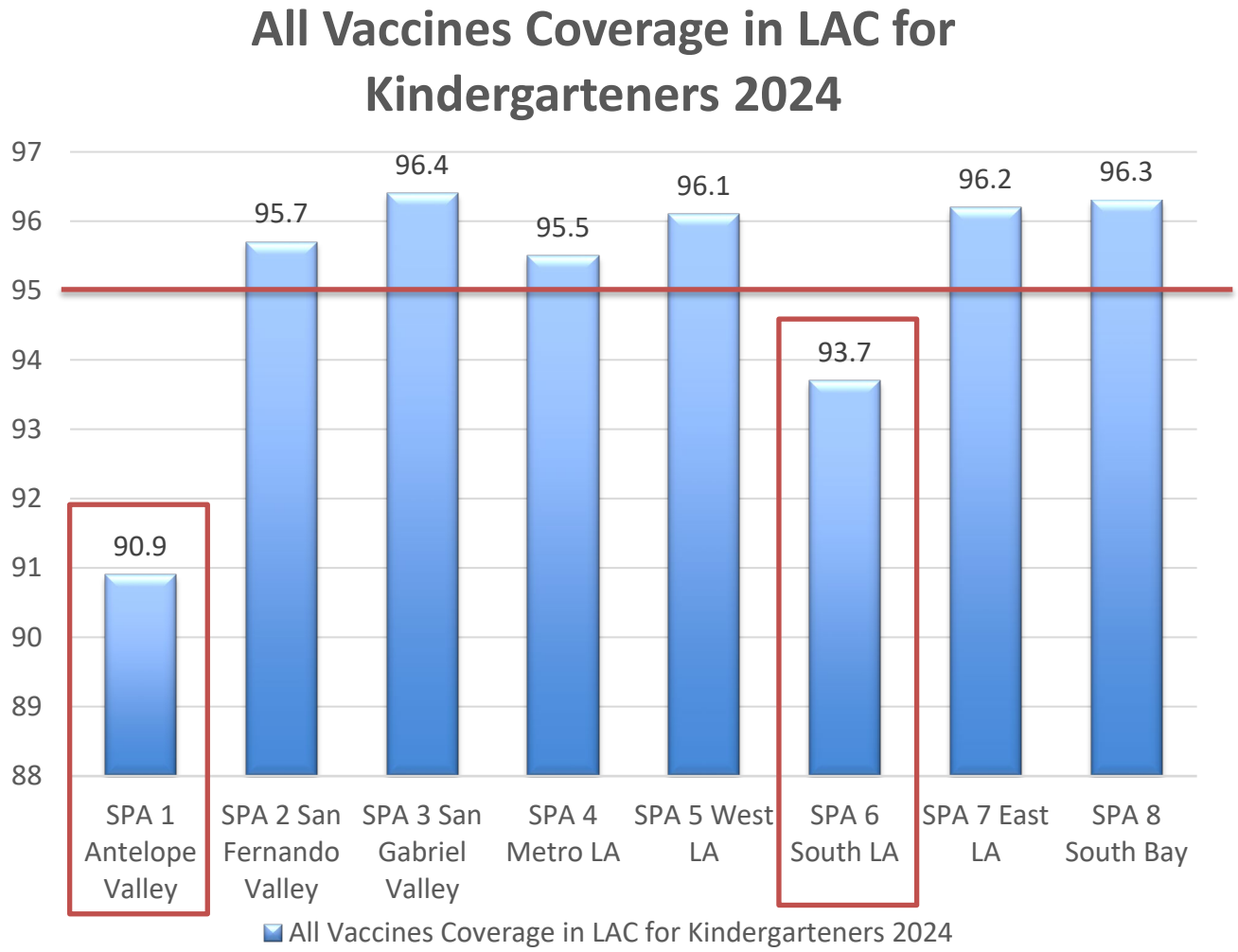
- **Misinformation leads to fear and confusi**
  Some parents skip or delay vaccines because of things they've read online — even if those things aren't true.

Background (continued)

Why are vaccines myths and misinformation a threat to public health and well-being?

- **Vaccine rates are dropping.**
  In the U.S., the rate of kindergarteners fully vaccinated dropped to 93% in recent years. This is lower than the 95% goal needed to keep everyone safe.

Fortunately, in Los Angeles County (LAC) for the 2024 school year there was an increase in vaccine coverage for kindergarteners to 95.5%. However, certain geographic areas have vaccine coverage below 95%.



Background (continued)

Why are vaccines myths and misinformation a threat to public health and well-being?

- **Disease outbreaks are returning.**
  Measles, a disease once gone from the U.S., has come back in some areas due to lower vaccination rates. According to the Centers for Disease Control and Prevention, there have now been more measles cases in 2025 than in any other year since the contagious virus was declared eliminated in the U.S. in 2000.
- **Children and communities are at risk.**
  When fewer people are vaccinated, it makes it easier for diseases to spread — especially to babies, elders, or people with weak immune systems.

Vaccine Confidence

What is Vaccine Confidence?

- Trusting recommended vaccines
- Trusting vaccination providers
- Trusting how vaccines were developed, manufactured, tested/approved, and recommended

Vaccine Confidence Concerns

Distrust

- Historical distrust in:
  - Government
  - Public health
  - Healthcare system
  - Pharmaceutical industries

Misinformation

- Too many sources of information:
  - “TikTok doctors”
  - False media
  - Limited trusted messengers

Vaccine Confidence Concerns (Continued)

Safety

- Fear of potential long-term side effects
- Skepticism of vaccine ingredients

Vaccine Fatigue

- Tired of hearing about vaccines (e.g. COVID-19 vaccine)
- Too many vaccines and vaccine options

How to Increase Vaccine Confidence:

- Listen to concerns
- Meet people where they are in their decision making
- Share accurate information and reliable resources
- Encourage discussion with trusted healthcare providers or community members
- Personal testimonials or storytelling– share your personal experiences

Talking Points About Vaccines:

- Vaccines are safe and effective
- Getting recommended immunizations is a great way to get protected against serious illness, being hospitalized, or even death
- Side effects are normal and should go away in a few days
- It is much safer to get vaccinated than to risk becoming ill from vaccine preventable diseases
- You won't get diseases from the vaccine

Trusted Messengers in Public Health:

- In public health, **trusted messengers** are individuals who hold credibility and influence within their communities. They are important for delivering accurate health information and encouraging healthy behaviors—especially during times of uncertainty or misinformation
- **Healthcare providers** (Doctors, nurses, pharmacists, etc.)
- **Community leaders** (Community health workers, health advocates, faith-based leaders, parent leaders, etc.)

Strategies to Improve Vaccine Confidence

3 Steps to Building Vaccine Confidence

1) Presumptive Approach
Assume parents will vaccinate.
"Your child is due for 2 vaccines today."

→ **Parents consent with no further questions** →

Parents not ready to vaccinate?

2) Strong Recommendation
"I strongly recommend your child get these vaccines today."

→ **Parents accept your recommendation** →

Parents have specific questions or concerns?

3) Motivational Interviewing
Open questions, affirmations, reflective listening, and summary reflections (OARS)

→ **Parents respond positively to your answers** →

Administer recommended vaccine doses

ph.lacounty.gov/vaccines | Adapted from the CDC website https://www.cdc.gov/vaccines-children/hcp/conversation-tips/index.html

The **Truth Sandwich** is a helpful way to respond to vaccine hesitancy.

It opens the door for conversation that clears up vaccine myths and misinformation and shares true, science-based information.

This makes it easier for people to remember the facts.

TRUTH ⇨ **1. Start with the truth**

LIE ⇨ **2. Indicate the lie**

TRUTH ⇨ **3. Return to the truth**

Truth Sandwich Example

Example: Vaccines cause autism.

1. Present correct information.

- **Truth:** Vaccines save millions of lives every year.

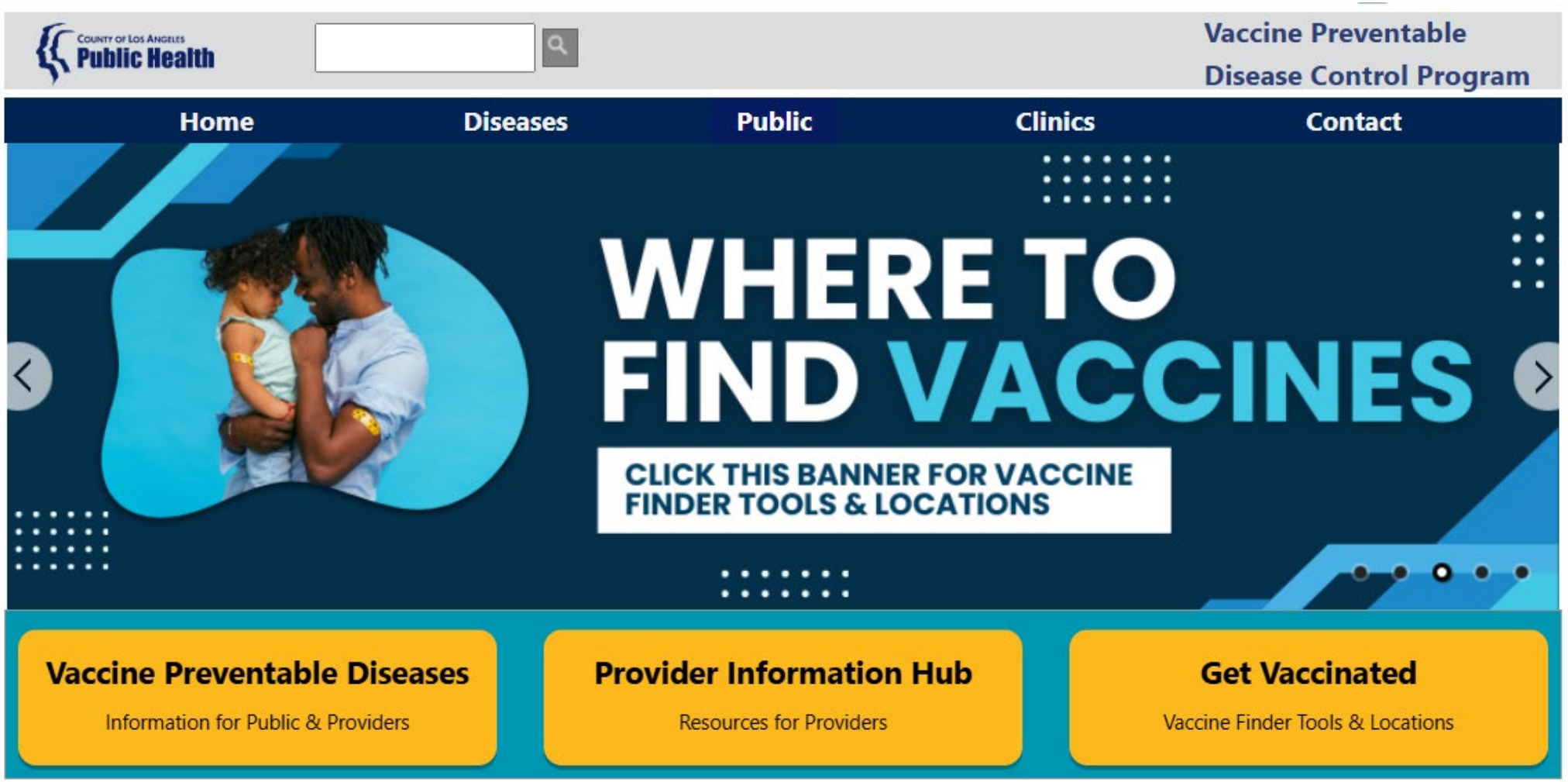
2. Debunk the myth or misinformation.

- **Debunk:** That claim about vaccines causing autism is based on one discredited study.

3. End by reinforcing with a positive message.

- **Truth:** Vaccines are safe and effective for protecting our children and communities from vaccine preventable diseases.

Vaccines Webpage



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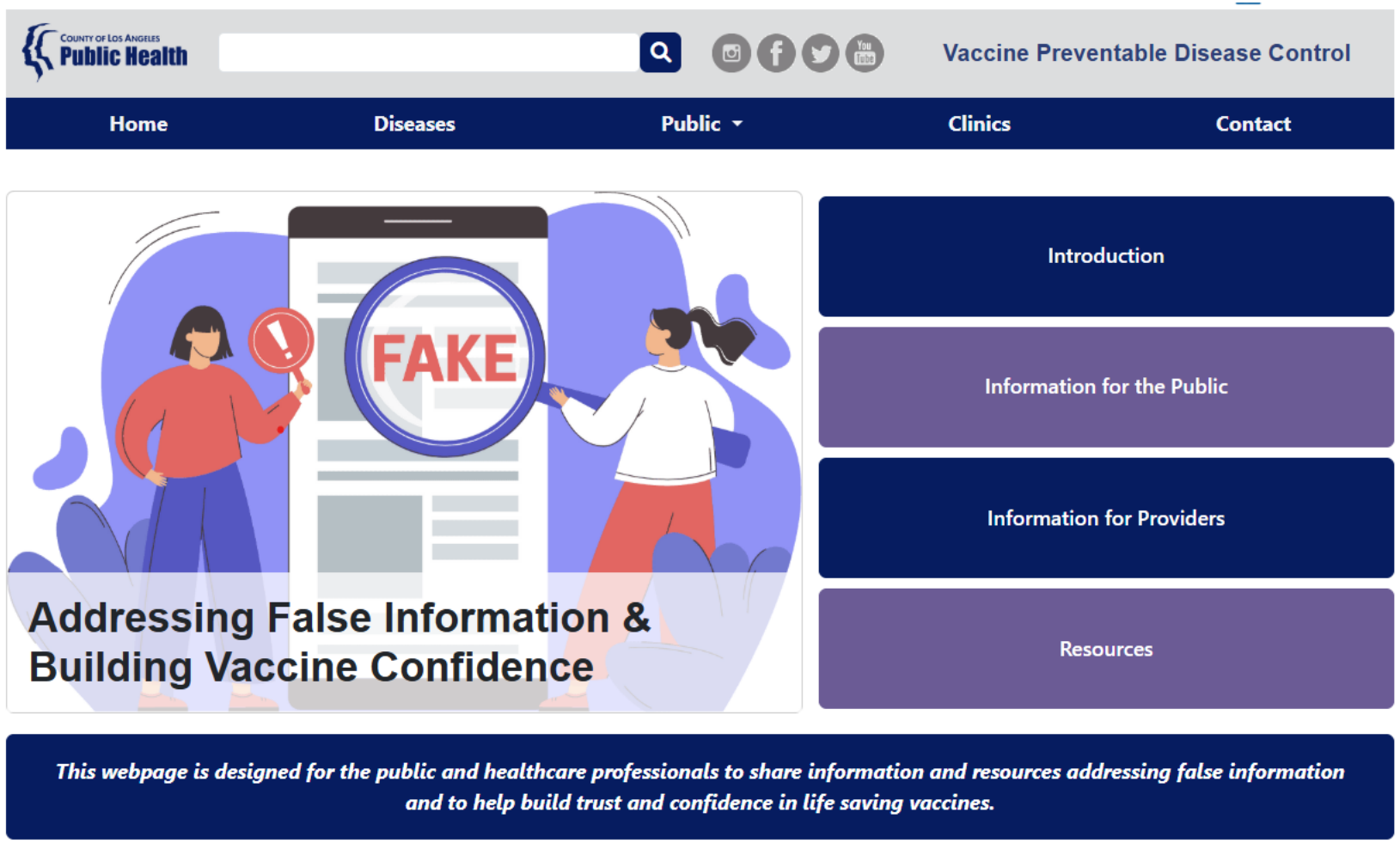
Vaccine Confidence Webpage

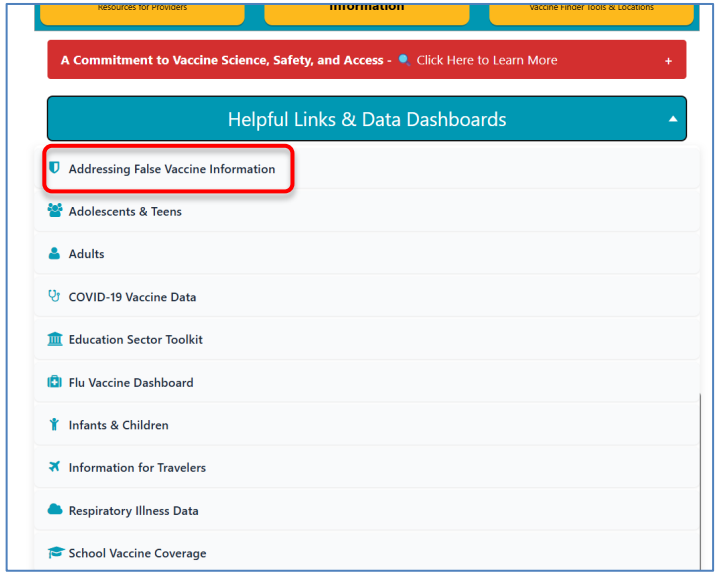


Ph.lacounty.gov/vaccineconfidence

How to Navigate to Vaccine Confidence Webpage

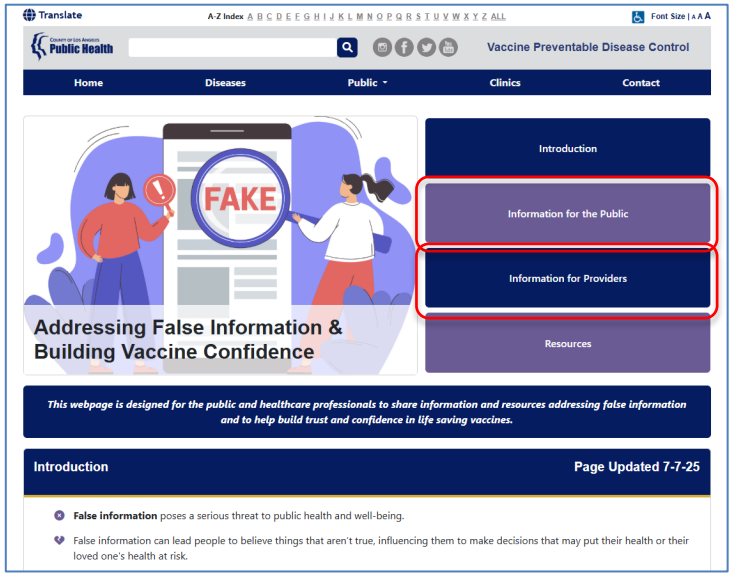
Provider Information Hub

- Reporting Tools
- Vaccine Recommendations
- Upcoming Webinars
- Past Webinars Slides and Recording
- Newsletters and more



Helpful Links & Data Dashboards

- Data Dashboards
- Webpages about special population
- Addressing False Vaccine Information



Addressing False Information & Building Vaccine Confidence

- Introduction
- Information for the Public
- Information for Providers
- Resources

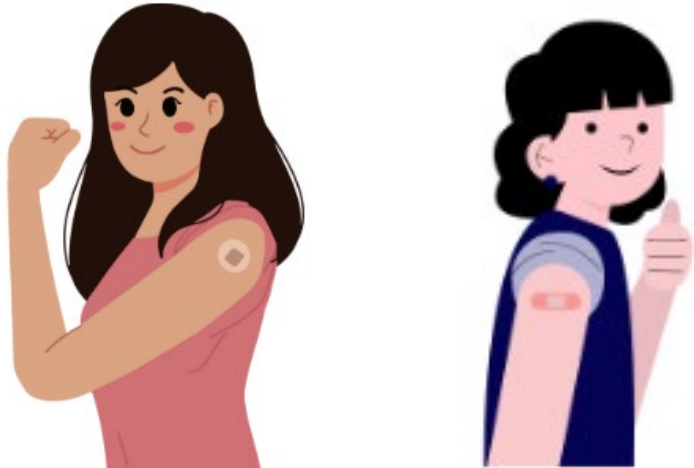
http://publichealth.lacounty.gov/ip/index.htm

Key Takeaways

- **Vaccine Confidence Matters**
  Helping people feel confident about vaccines keeps our families and communities healthy and safe from preventable diseases.

- **Conversations Make a Difference**
  Using clear, respectful, and empathetic communication strategies helps build trust and opens the door for meaningful dialogue about vaccines.

- **Knowledge Empowers Communities**
  Knowing where to find trusted information makes it easier to answer questions and support others in making informed decision about vaccines.



CA BAP Closeout

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Vaccine Preventable Disease Control Program
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CA Bridge Access Program Ending

Reminder: myCAvax CA BAP Program Closure

In preparation for the upcoming **closure** of the myCAvax **CA Bridge Access Program (CA BAP)** - please see below for a **high-level timeline of program closure activities** for participating providers.

Upon expiration of BAP doses, report all BAP waste in myCAvax & download BAP Reports, as needed.

September 2025

October: Continue to report all BAP waste in myCAvax & download BAP Reports, as needed.

October 2025

Mid-November: BAP program is retired / BAP access in myCAvax is removed for BAP providers

November 2025

CA Bridge Access Program Ending (cont.)

- A limited supply of COVID vaccine will be available to LHD-317 providers.
- All BAP providers who are not currently LHD-317 providers will no longer have access to 317-funded COVID vaccines for the Fall 2025 – 2026 respiratory season.

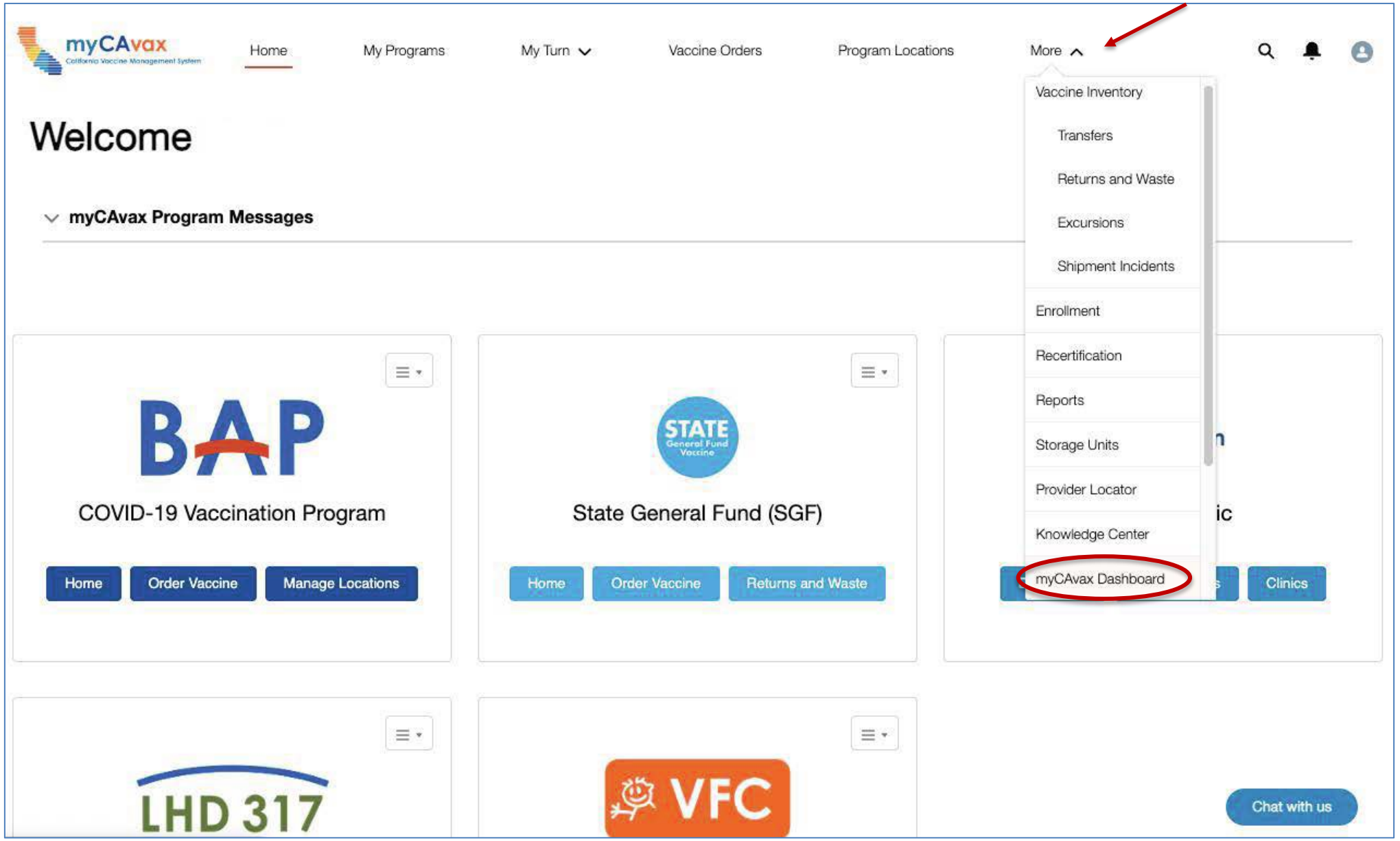
2025-2026 COVID vaccine

- My Turn vaccine locator
- COVID-19 vaccine at LAC DPH clinics
- Always call first to:
  - Specify your insurance status
  - Confirm clinic hours, availability of vaccine, and that they accept appointments from the public.

CA BAP Waste Reporting in myCAvax

- Participating providers must report any BAP waste in myCAvax upon the expiration of doses
- Waste reason is ‘expired’ for expired doses or ‘spoiled’ for deauthorized/unexpired doses
- A return shipping label will be sent to your Primary Vaccine Coordinator one business day after CDPH completes processing (every Wednesday), if email is selected as the return shipping label method.
  - McKesson return label communications will come from UPS Quantum View [mail to: pkginfo@ups.com]
  - Physical mail may take 3-5 business days
  - Drop-off vaccines at an applicable UPS location, or leave it with your UPS driver during a regular delivery
  - Cost of *scheduled* UPS pick-ups are not covered
  - 30-day turnaround
- Job Aid: Recording Returns and Waste
  - You must to be logged into myCAvax to access link

Navigating to the Dashboard



Resources

- Vaccine Program Management email vaccinereq@ph.lacounty.gov
  - 'DPH-VaccineReq'
- If you are not currently on the CDPH Immunization Branch distribution list and would like to be added, register here
- CDPH Immunization Updates for Providers Webinar (occurs once a month) Register for the next session: Friday, October 24, 2025, 9:00 am – 10:30 am (PT)

Thank you!

✉ LACIPInfo@ph.lacounty.gov