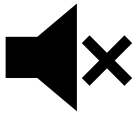
VPDCP Office Hours

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

November 5th, 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

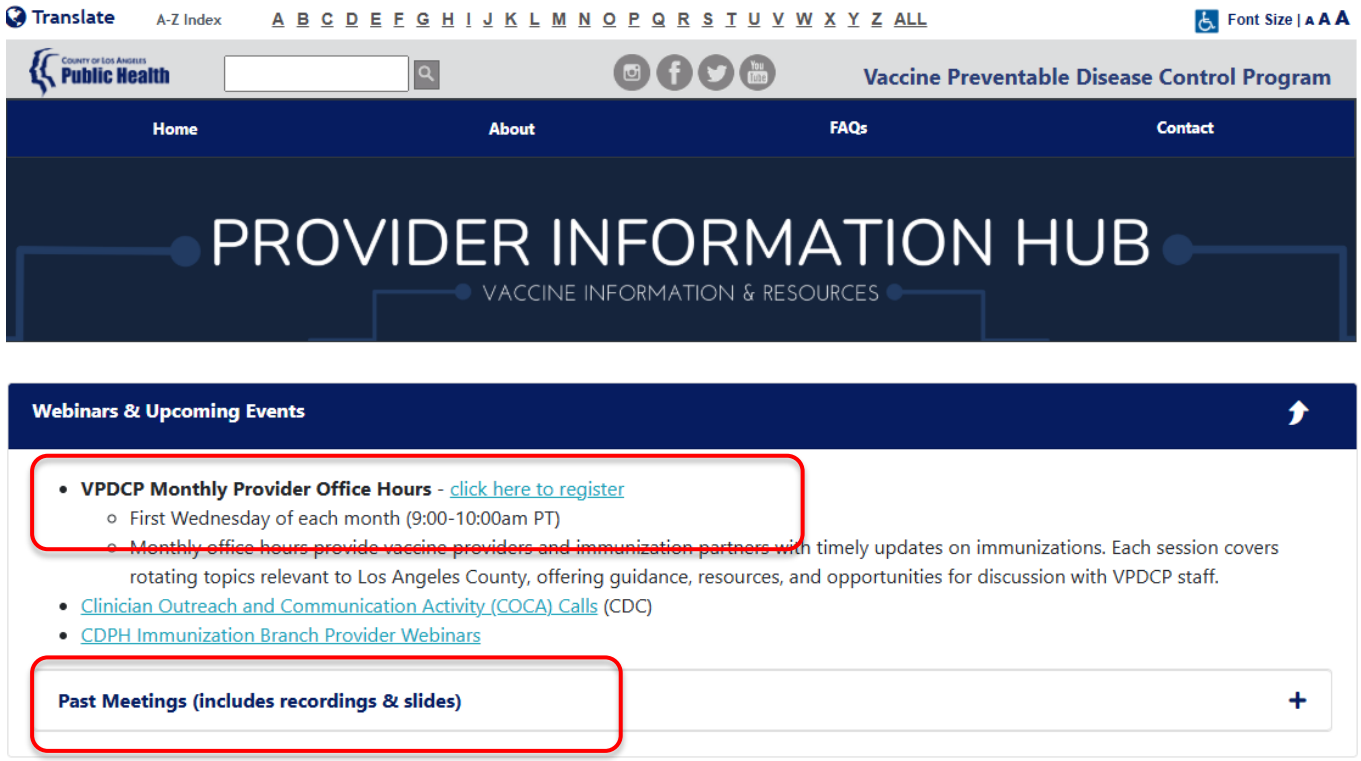
Submit questions in the chat or raise your hand and we will unmute you. Questions will be answered at the end of the presentation.

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

Housekeeping

Forward

Please share the Registration Link for the future sessions with your colleagues.



Agenda

Mpox Update – Highlighting Clade I	***Dr. Rebecca Cohen***
Dengue Update	***Dr. Aiman Halai***
LA County Respiratory Vaccines Dashboard Demonstration	***Sherry Yin***
COVID-19 Vaccines through VFA Program & BAP Closeout	***Jerusalem Theodros***
Holiday & Travel Season Vaccination Reminder	***Michelle Shishkin***
Quick Poll	***All attendees***
Q&A session	***All panelists***

MPOX UPDATE

Dr. Rebecca Cohen

Dr. Rebecca Cohen, Associate Medical Director
Division of HIV and STD Programs

Overview

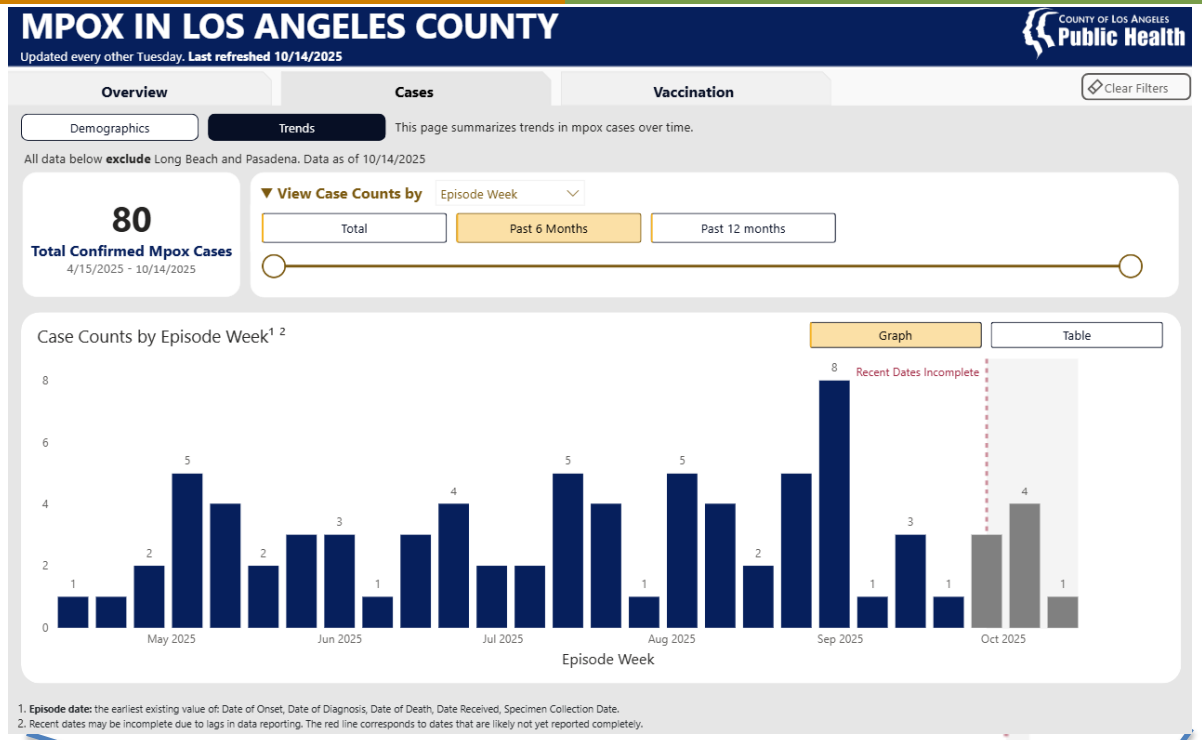
- Epidemiology
- Clinical presentation
- Testing and reporting
- Treatment
- Infection Control
- Vaccination
- Resources

Mpox Epidemiology

Mpox Overview

- Mpox is an infection caused by the monkeypox virus
  - Two types of virus: clade I and clade II
  - Both types cause similar symptoms and can be prevented the same way
- Clade II mpox:
  - In California since 2022 when the global outbreak started
  - Regional clusters, waxing and waning across the US and LAC
- Clade I mpox:
  - 2023: Outbreak in Central & Eastern Africa
  - 2024-2025: Occasional travel-related cases in US and other countries
  - Oct 2025: Community-acquired cases reported in California, Netherlands, Spain, Italy & Portugal

LAC DPH Mpox Dashboard



LAC DPH Mpox Dashboard is available at
http://publichealth.lacounty.gov/media/monkeypox/data/index.htm

Clade I Mpox Cases without Associated Travel Reported in Southern CA, October 2025

- As of October 29th, 2025:
  - **Three confirmed clade I mpox cases without associated travel reported in LA County**
  - These are the first clade I mpox cases in the nation without travel to another country where clade I has been known to be circulating

- Case Similarities:
  - Men who have sex with men
  - Report no international travel, no sexual contact, and no contact with one another in 21 days prior to symptom onset
  - **3 hospitalized (1 ICU); 2 immunocompromised**
  - All isolating at home

- DPH investigation, including contact tracing and symptom monitoring, is ongoing

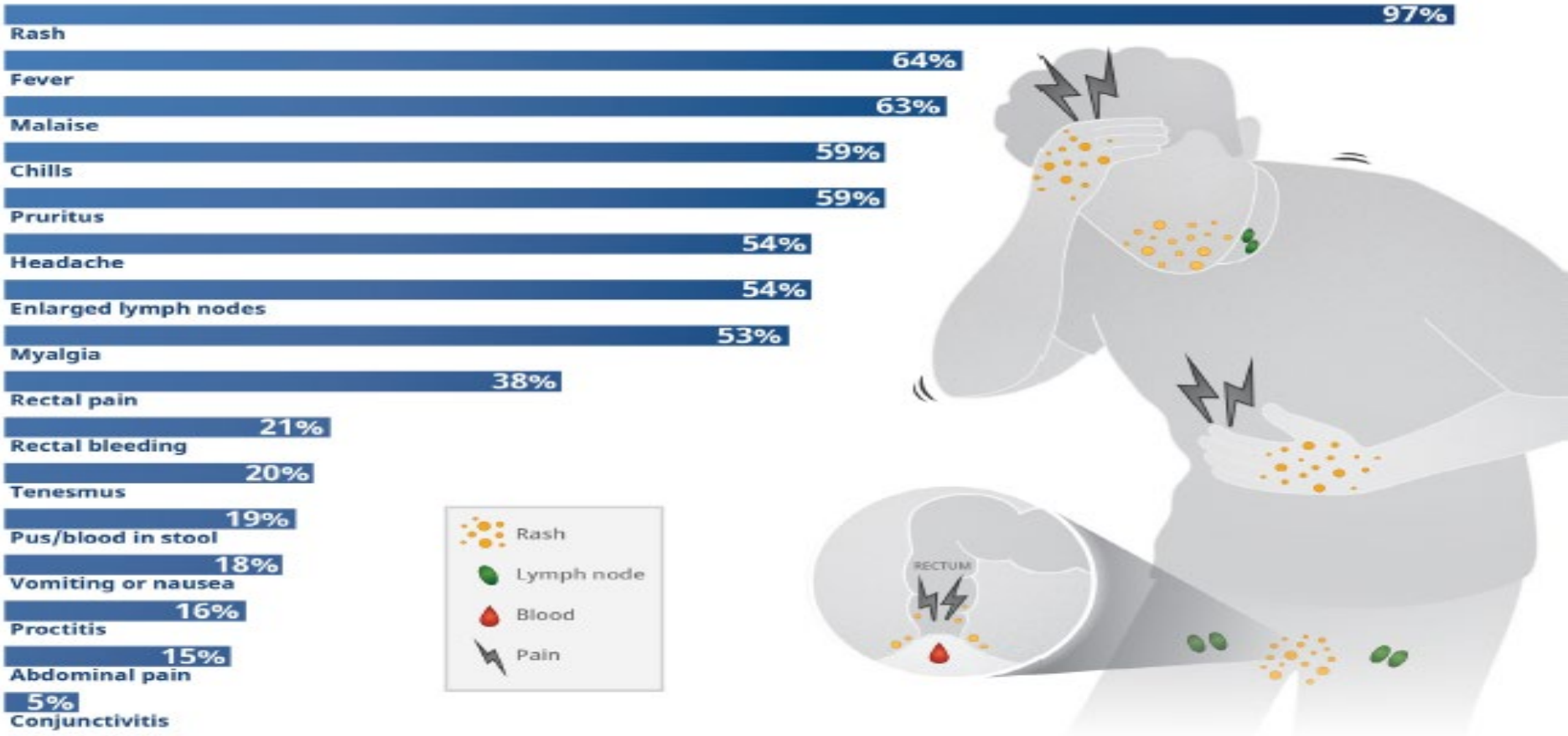
About Clade I Mpox

- Overall risk of clade I mpox to the general population in California and the US remains *low*.
- At this time, clade I mpox has not been shown to be more transmissible than clade II. Transmission studies are ongoing.
- Clade I and II mpox can both transmit through skin-to-skin, sexual or intimate contact (e.g., massage, cuddling), shared living spaces, or personal items.
- Risk of severe mpox disease and hospitalization are highest for people with weakened immune systems.

→ Increasing 2-dose vaccination coverage and education about other prevention strategies are best ways to prevent cases ←

Mpox Clinical Presentation

Mpox cases reported to CDC: Signs and symptoms



Source: Centers for Disease Control and Prevention. Mpox cases reported to CDC: Signs and Symptoms, 2022 Outbreak Cases and Data. December 21, 2022.

Mpox lesions

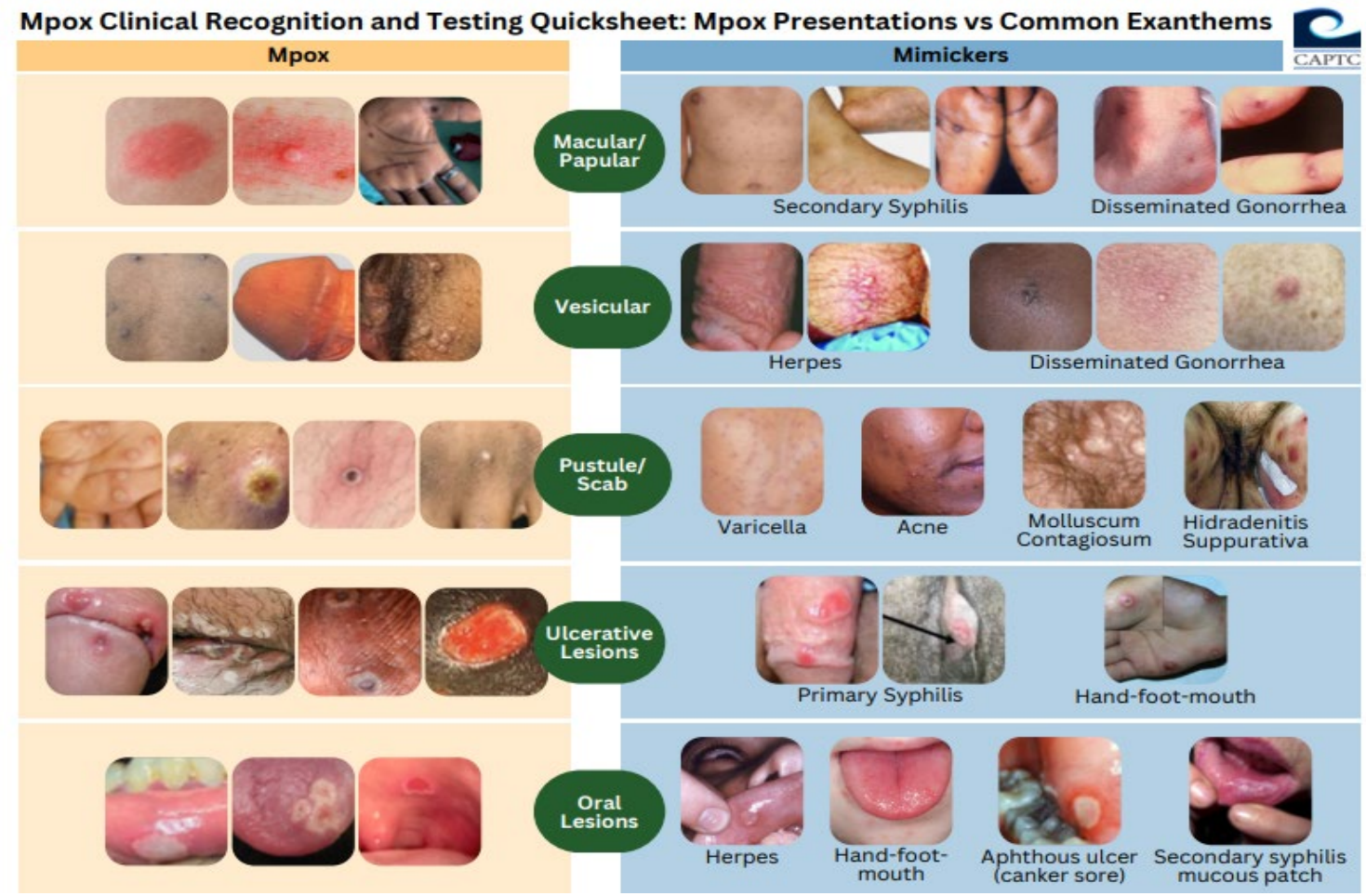
NHS England High Consequence Infectious Disease Network

Monkeypox: Updates about Clinical Diagnosis and Treatment. June 2022 https://emergency.cdc.gov/coca/calls/2022/callinfo_062922.asp

https://laist.com/news/health/lesions-debilitating-pain-monkeypox-experience

For Health Care Providers: Remain Vigilant!

Mpox testing should be considered for patients with compatible signs and symptoms regardless of vaccination status or previous infection

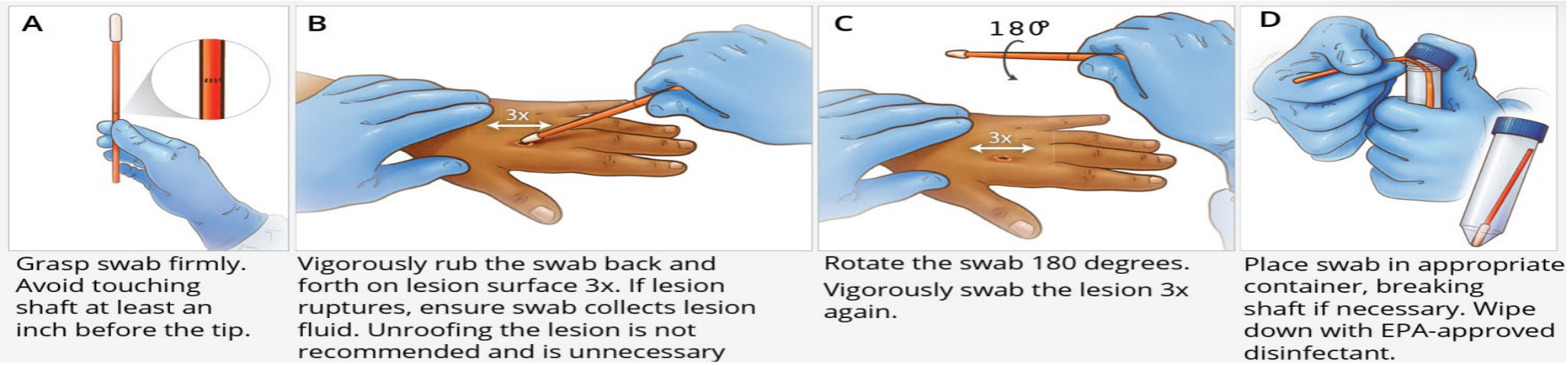


https://californiaptc.com/wp-content/uploads/2025/01/Mpox-Long-Job-Aid-CAPTC-Only-Revised-12.18.24-

Mpox Testing and Reporting

Mpox Testing

- Test the rash of any patient with suspected mpox.
- **Follow specimen collection guidelines and your specific lab submission criteria to collect specimens from 2 lesions.**
- Wear PPE.
- Do not use antiseptic or other topicals before swabbing - may interfere with results.
- **Use 2 sterile synthetic swabs to vigorously swab *each* lesion.**
- Do not de-roof or aspirate lesions due to risk of sharps injury and exposure.
- All major commercial laboratories offer testing for mpox



https://www.std.uw.edu/page/clinical/guides#mpox

Lab testing

- Most labs doing mpox testing
  - Quest will give orthopox and mpox pcr results – if both positive, this is a clade II infection
  - Labcorp and HealthTrackRx laboratories give only orthpox or mpox results
    - These specimens then need to be sent to Public Health Lab to differentiate clade I and II
    - If you use one of these labs and you have a patient who either is a contact to a confirmed clade I case or has traveled to other countries where clade I is circulating, please notify Public Health
- Specimens can be submitted directly to the Public Health Laboratory (PHL)
  - http://publichealth.lacounty.gov/acd/mpox/#public-health-lab-testing

Report Possible Clade I Cases

If you suspect clade I mpox, notify LAC DPH the same day. *Do not wait for laboratory confirmation*.

This includes symptomatic patients who:

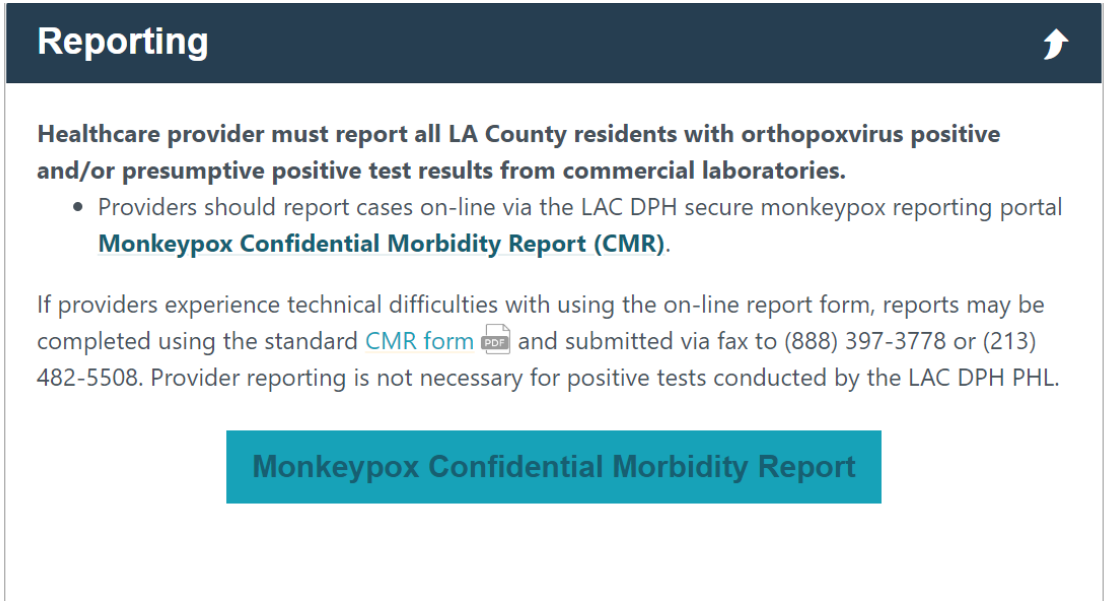
- **Endorse international travel or close contact to an international traveler in the 21 days prior to symptom onset** *or*
- **Endorse close contact to a clade I mpox case** *or*
- **Have preliminary mpox test results that suggest clade I:**
  - Positive orthopoxvirus (NVO+ or OPXV+) with negative clade II MPXV
  - Positive orthopoxvirus (NVO+ or OPXV+) with indeterminate clade II MPXV

Report to Los Angeles County DPH Division of HIV and STD Programs

- Weekdays 8:00am-4:30pm: 213-368-7441
- Weekends and holidays 8:00am-4:30pm or evenings (very urgent situations only): 213-974-1234 and ask for the physician on call.
- We will assist with expedited clade I testing at our public health lab.

Routine Mpox Reporting

- Mpox has mandated reporting for **laboratories (ELR)** *AND* **providers (CMR)**.
- Simple online portal to report via CMR: http://publichealth.lacounty.gov/acd/monkeypox/index.htm#reporting



Reporting

Healthcare provider must report all LA County residents with orthopoxvirus positive and/or presumptive positive test results from commercial laboratories.

- Providers should report cases on-line via the LAC DPH secure monkeypox reporting portal **Monkeypox Confidential Morbidity Report (CMR)**.

If providers experience technical difficulties with using the on-line report form, reports may be completed using the standard CMR form and submitted via fax to (888) 397-3778 or (213) 482-5508. Provider reporting is not necessary for positive tests conducted by the LAC DPH PHL.

Monkeypox Confidential Morbidity Report

Mpox Treatment

General approach:

- Most mpox patients without severe immunocompromise will recover with supportive care and pain control only.
- Patients who are severely ill from mpox or have high-risk conditions that put them at risk for more severe mpox may benefit from mpox-directed treatment.
- There are no treatments specifically for mpox, but there are FDA-regulated medications that may help.

Symptom management:

- Oral analgesics (such as OTC NSAIDs and acetaminophen, and, if needed, prescription opioids)
- Keep lesions clean and dry
- Itching: calamine lotion, petroleum jelly, antihistamines
- Oral lesions: salt water rinses, Rx mouthwashes
- Painful anorectal lesions: stool softeners, anal gels, sitz baths, topical lidocaine

Mpox-Directed Treatment

- There are no treatments specifically for mpox, but there are FDA-regulated medications that may help:
  - Tecovirimat (Tpoxx)
    - Studies (PALM007 and STOMP) showed that while tecovirimat was safe, it did not reduce the time to lesion resolution or improve pain for mild-moderate disease
    - Tpoxx reserved for people with severe disease or at high risk of severe disease
      - http://publichealth.lacounty.gov/acd/mpox/treatment/#tecovirimat
  - Other treatment options for severe disease
    - Brincidofovir/Cidofovir
    - Vaccinia immune globulin intravenous (VIGIV)

Mpox Infection Control

For Infection Preventionists:

- Patients with a possible mpox rash should be roomed promptly and asked to wear appropriate source control
  - (e.g., well-fitted face mask, cover lesions with bandage or clothing)

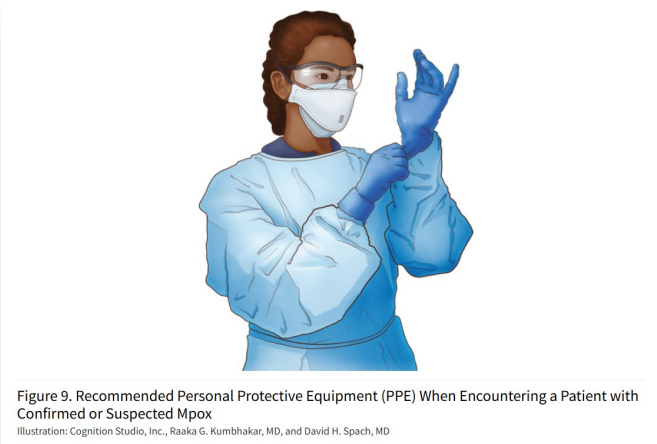


Figure 9. Recommended Personal Protective Equipment (PPE) When Encountering a Patient with Confirmed or Suspected Mpox
Illustration: Cognition Studio, Inc., Raaka G. Kumbhakar, MD, and David H. Spach, MD

Image credit: National STD Curriculum

- Healthcare providers and assisting staff should wear full PPE when evaluating someone with mpox symptoms
  - gloves, gown, eyewear, and a fit-tested N95 respirator

- Full PPE -- when cleaning and disinfecting rooms after a visit

Infection Prevention: Home Isolation & Mpox Post Exposure Prophylaxis (PEP)

- **Any patients being tested for mpox should be advised to isolate at home pending results.**
- Home isolation should continue for the duration of mpox illness, ideally until the rash is healed.
- Isolation, disinfection, and other precautions within the household are recommended.
- Post-exposure prophylaxis (PEP) with JYNNEOS vaccine is recommended for close contacts of people with mpox including household contacts and recent sexual contacts.
  - PEP can be given within 14 days of last exposure but is most effective when given as soon as possible.

Mpox Vaccination

Mpox vaccination

- At this time, the preferred vaccine for mpox protection is **JYNNEOS**
- Two injections, 28 days apart (range 24-35 days)
- Those <18 get subcutaneous injection only. Adults can get SQ or intradermal
- Vaccine is not recommended for:
  - Those who have recovered from mpox
  - Those who have already received 2 Jynneos doses
- Coverage of eligible population
  - 40% 1 dose coverage, 25% 2 dose coverage

Mpox vaccine recommendations

In alignment with California Department of Public Health's recommendations, the mpox vaccine (JYNNEOS) is recommended for any person who:

- Is gay, bisexual, or other man who has sex with men; *or*
- Is transgender, nonbinary, or gender-diverse; *or*
- Has HIV, or is taking/eligible for HIV PrEP or doxy PEP; *or*
- Was exposed to someone with mpox in the last 14 days; *or*
- Is planning travel to sub-Saharan Africa, the Middle East, or a country with a clade I mpox outbreak and anticipates sexual or intimate contact while traveling; *or*
- Anticipates attending a commercial sex event or venue (like a sex club or bathhouse); *or*
- Has a sex partner with any of the above risks; *or*
- Requests mpox vaccination, even if they have not disclosed any risks listed above.

Where to get the mpox vaccine

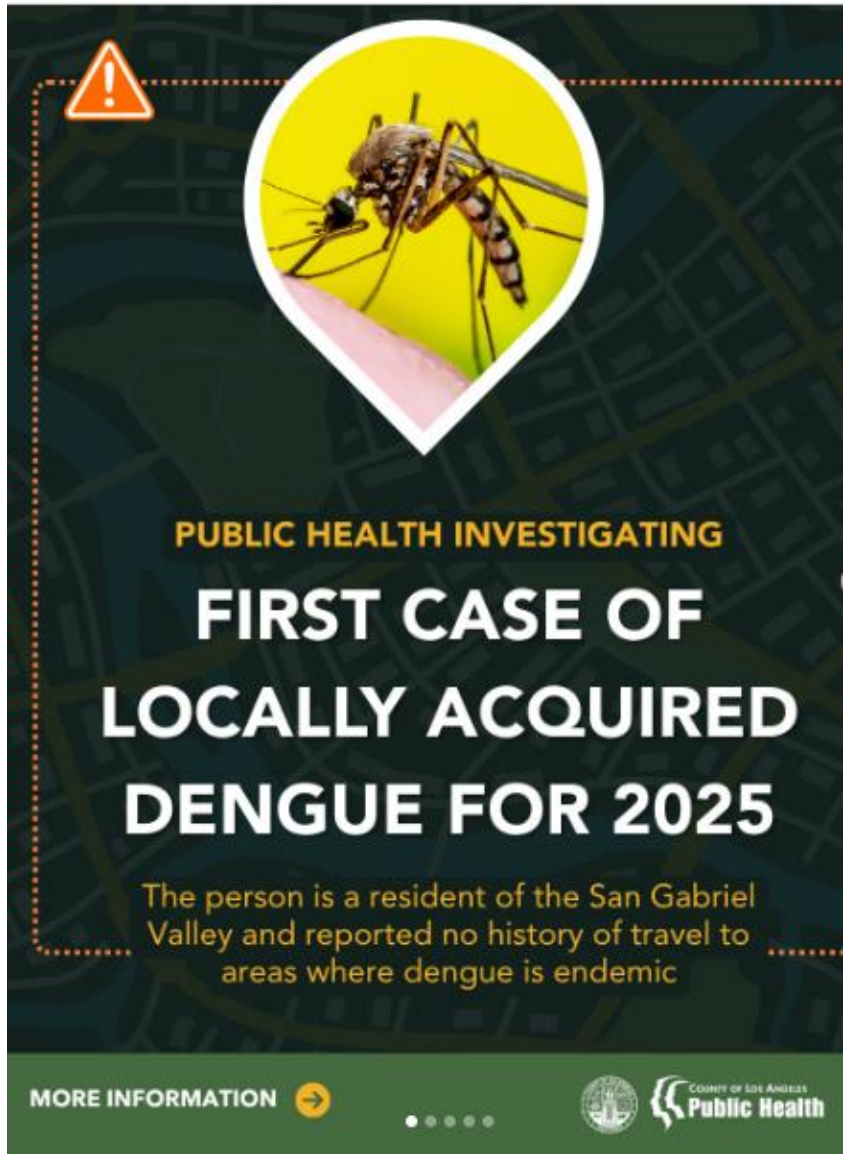
- JYNNEOS is covered by Medi-Cal, most private insurance, and is on ADAP and PrEP-AP formularies for participating providers and pharmacies.
- For insured patients:
  - Many chain pharmacies (e.g., CVS, Walgreens)
  - Through some private clinics or providers (may be limited)
- For uninsured/underinsured patients
  - ADAP, PrEP-AP, and DPH Sexual Health clinics can be utilized.
- For more details: http://publichealth.lacounty.gov/ip/Docs/PublicMpoxReferral.pdf

Resources

- **DPH Websites**
  - For Providers: http://publichealth.lacounty.gov/acd/Mpox/index.htm
  - For the Public: http://publichealth.lacounty.gov/media/monkeypox/
- **CDC: Mpox**
  - https://www.cdc.gov/mpox/index.html
- **UW National STD Curriculum Mpox Clinical Guide**
  - https://www.std.uw.edu/page/clinical/guides#mpox
- **CDPH Mpox Testing Job Aid**
  - https://californiaptc.com/wp-content/uploads/2024/05/Mpox-Long-Job-Aid-3.pdf

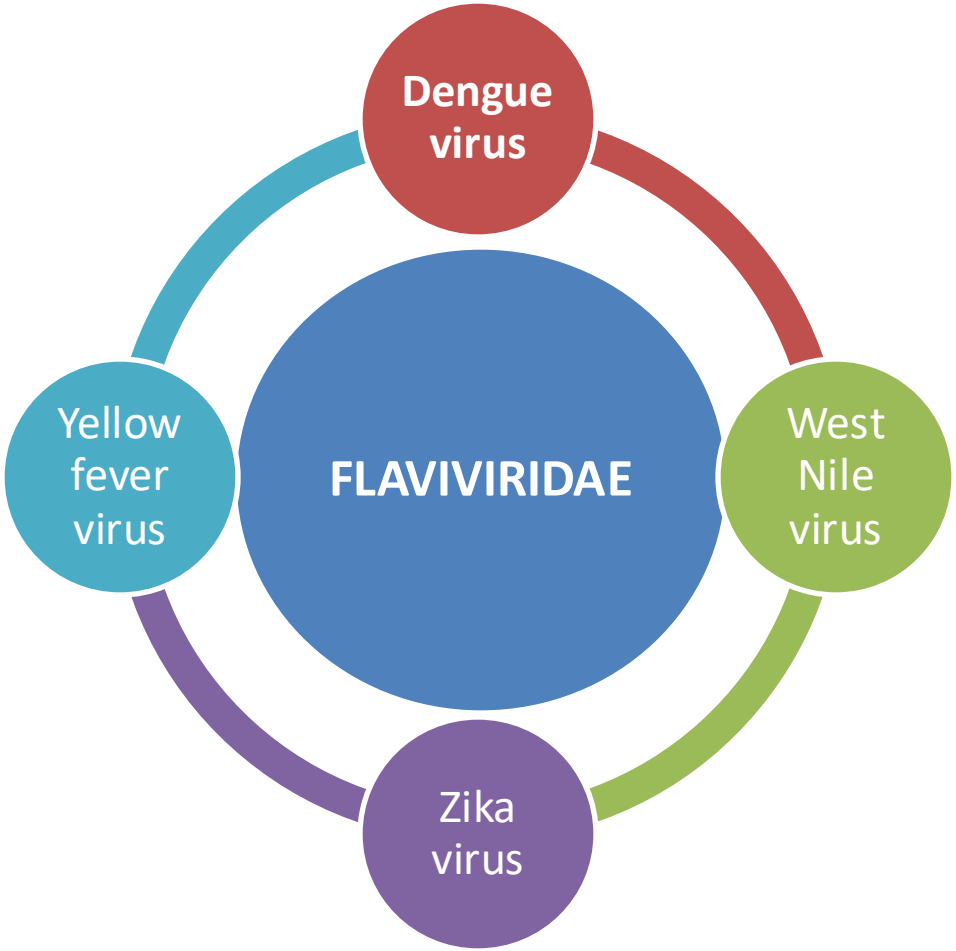
Dengue Update

- Aiman Halai MD, MPH
- Acute Communicable Disease Control Program

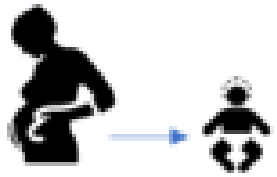

PUBLIC HEALTH INVESTIGATING
FIRST CASE OF LOCALLY ACQUIRED DENGUE FOR 2025
The person is a resident of the San Gabriel Valley and reported no history of travel to areas where dengue is endemic
MORE INFORMATION
Public Health


COMMUNITY AWARENESS AND RESPONSE IS CRUCIAL
San Gabriel Valley Mosquito & Vector Control District
• Public Health is working closely with the San Gabriel Mosquito and Vector Contro District on enhanced surveillance, response measures and active engagement with the community.
• San Gabriel Mosquito and Vector Contro District is trapping and monitoring mosquitoes and taking steps to reduce their population to reduce further spread in the neighborhood.
• Everyone in LA County should take proactive steps to prevent mosquito breeding and mosquito bites.
MORE INFORMATION
Public Health

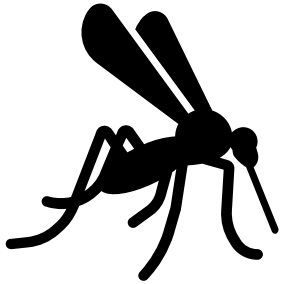
Dengue virus belongs to the same family of viruses as West Nile virus and Zika

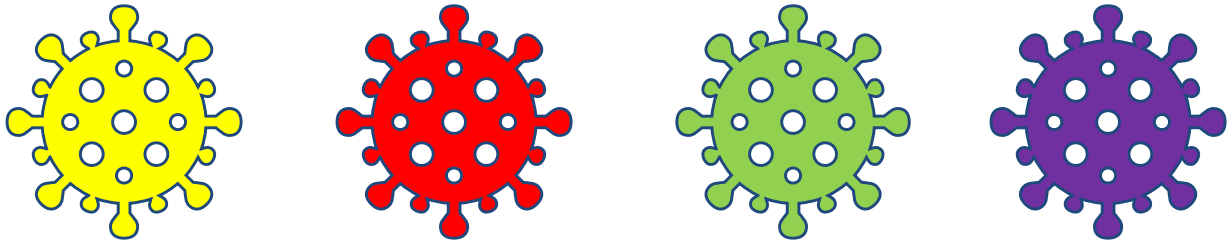


Less common routes:



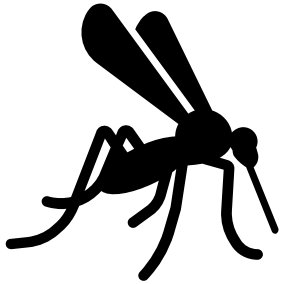
Dengue is caused by four distinct but closely-related viruses

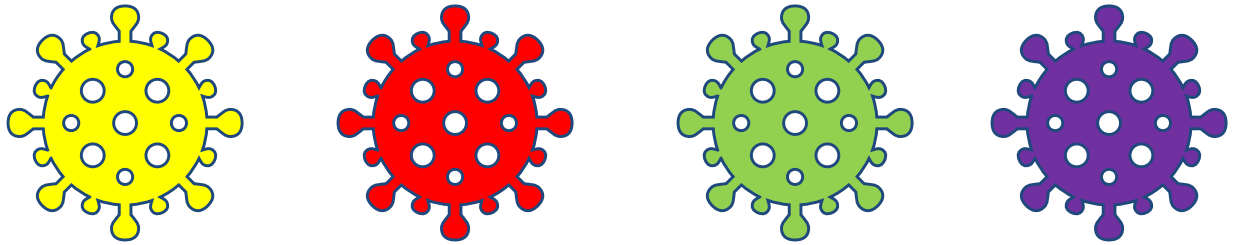




DENV-1 DENV-2 DENV-3 DENV-4

Dengue is caused by four distinct but closely-related viruses





DENV-1 DENV-2 DENV-3 DENV-4

Lifelong type-specific immunity

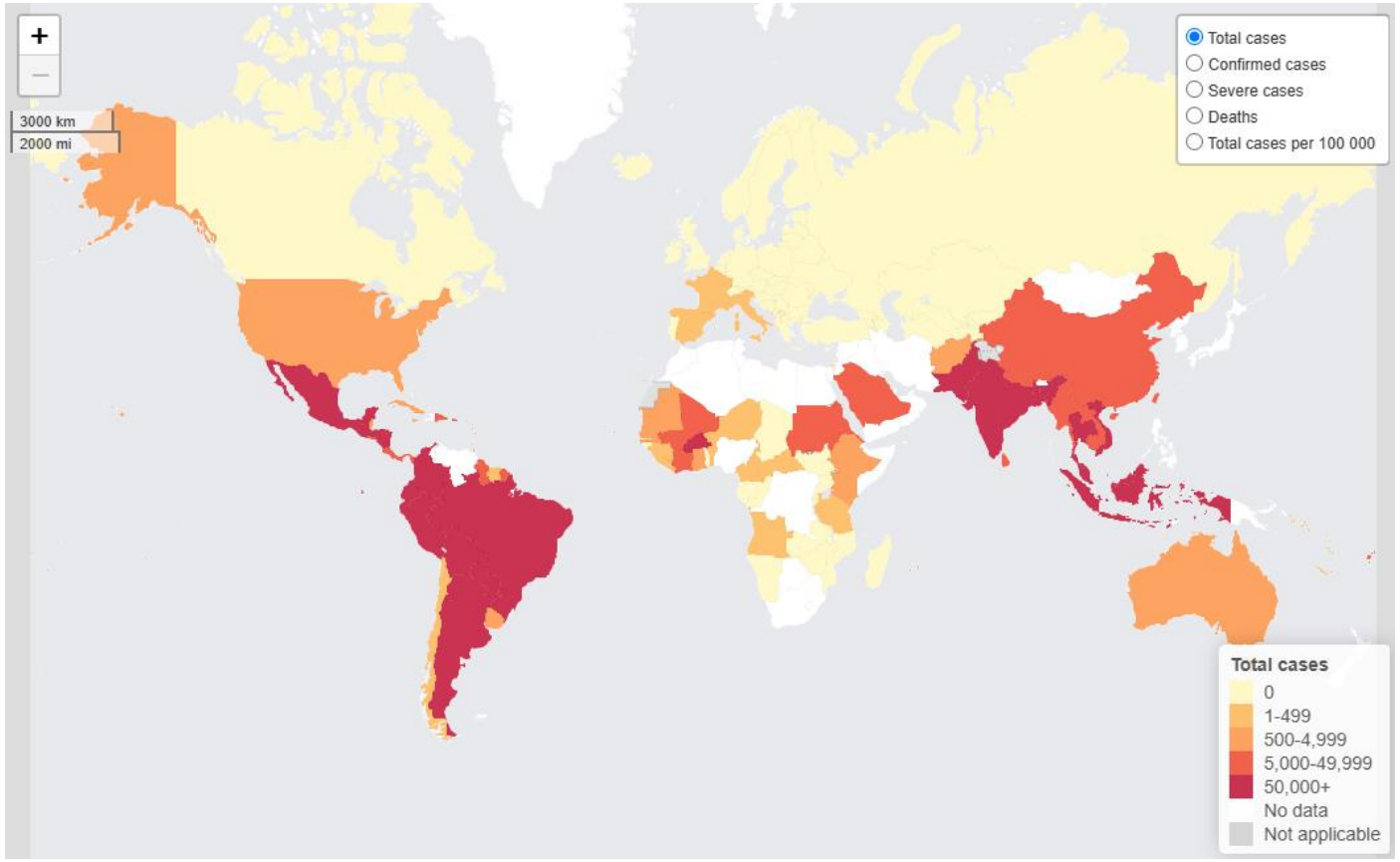
Short-term cross-immunity against other DENV types

Dengue is the most common mosquito-borne disease worldwide.

4 billion people live in areas with a risk of dengue.

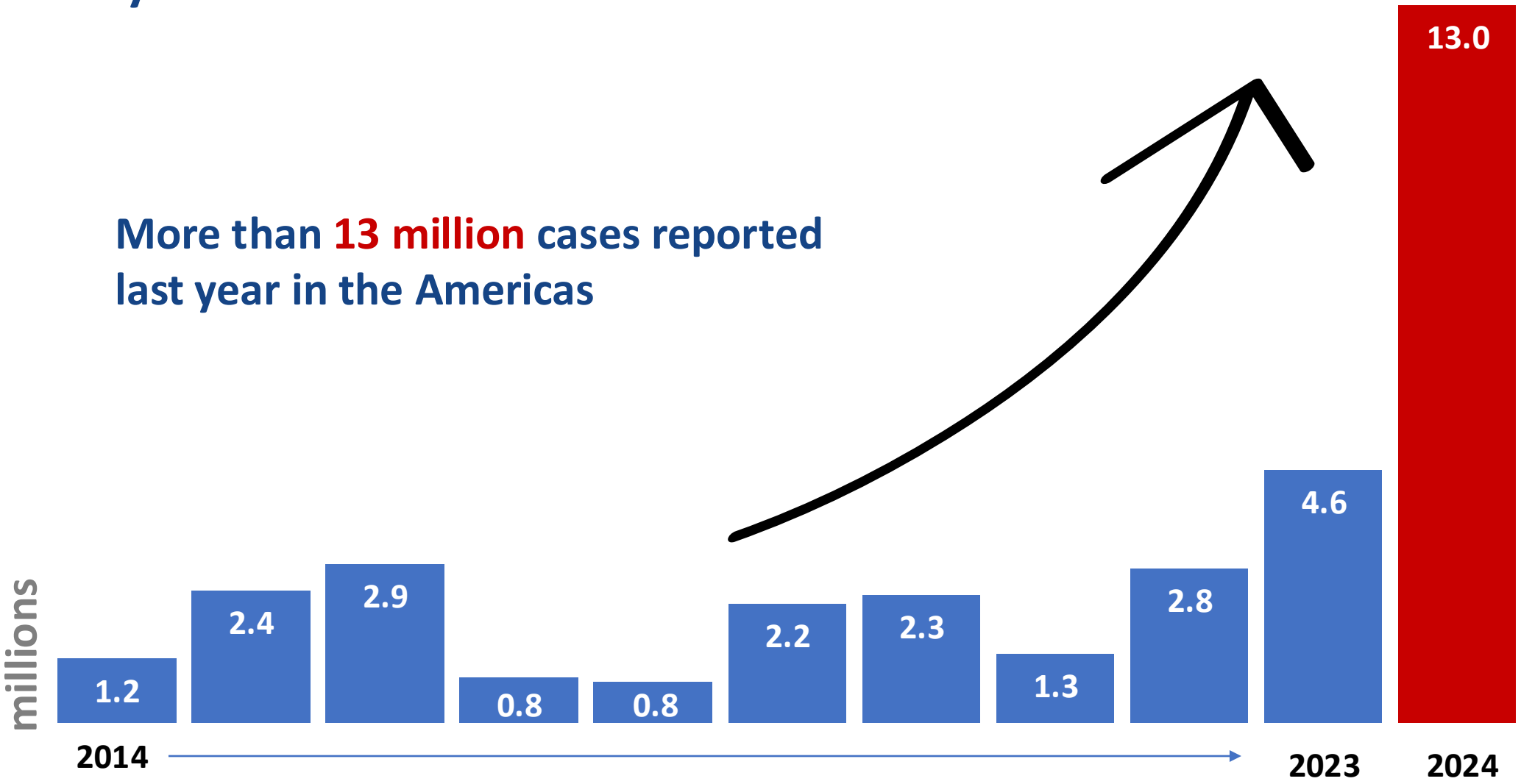
100 million illnesses/year

40,000 deaths/year

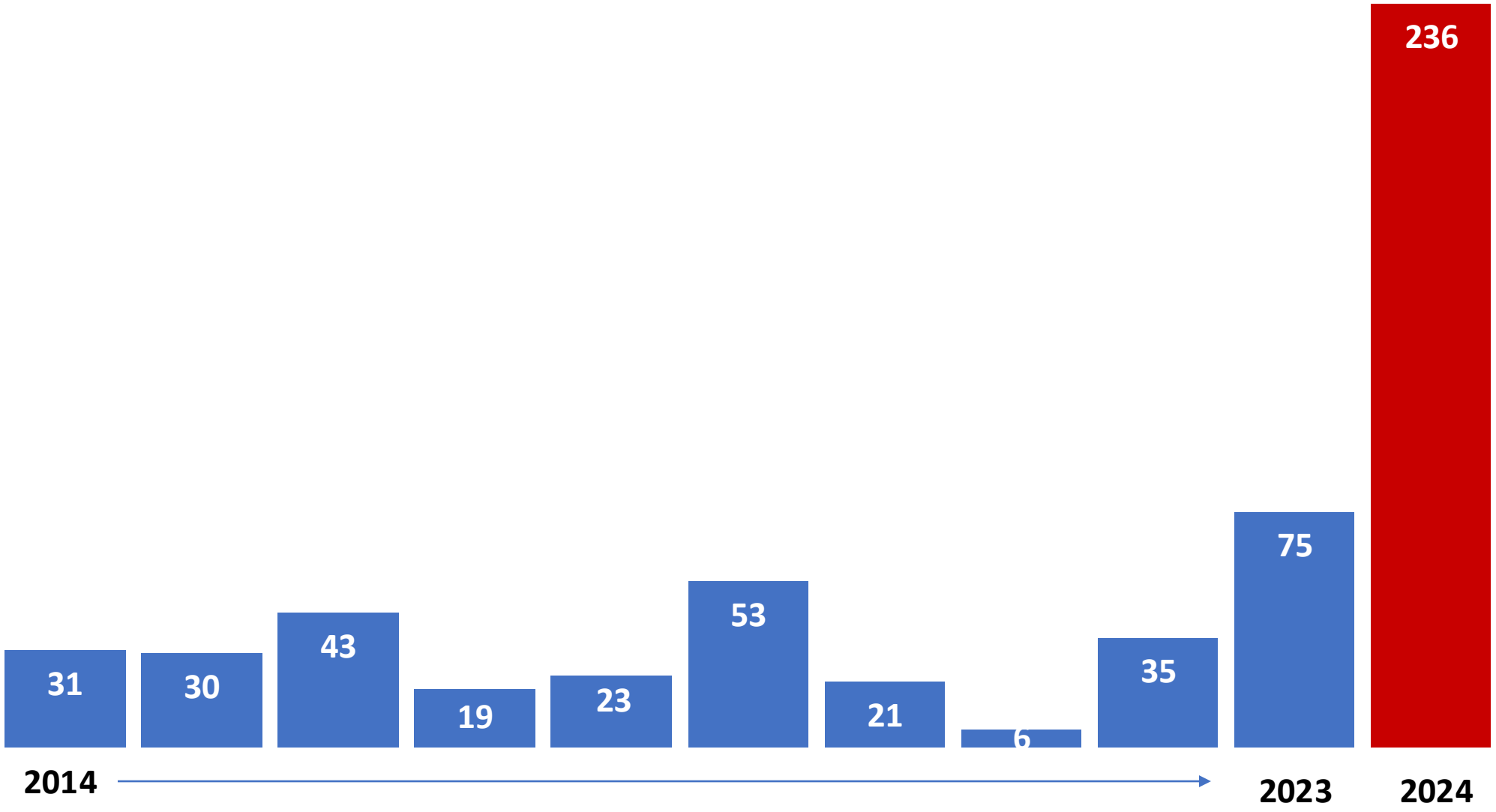


Global dengue cases in the Americas have increased substantially in the recent years

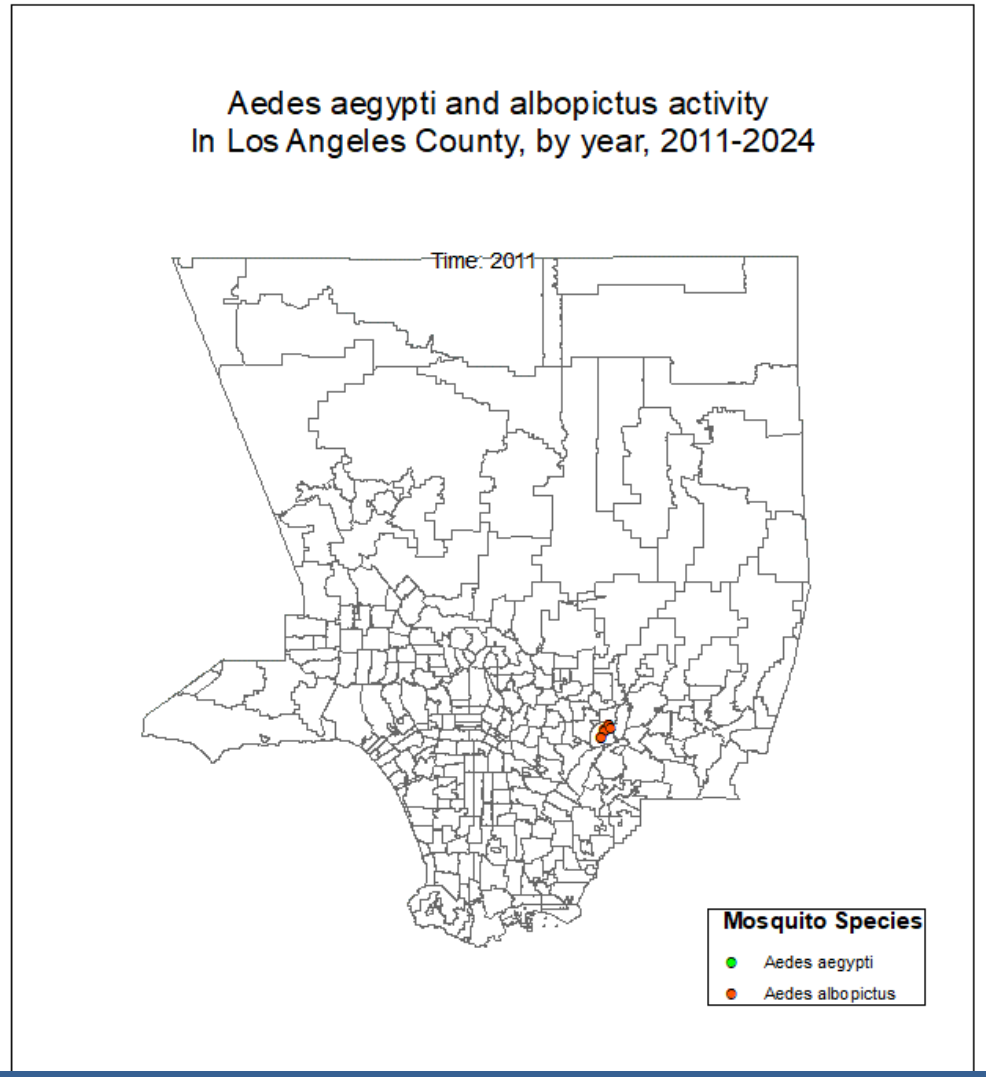
More than **13 million** cases reported last year in the Americas



In Los Angeles County, dengue cases were also at a record-high in 2024.



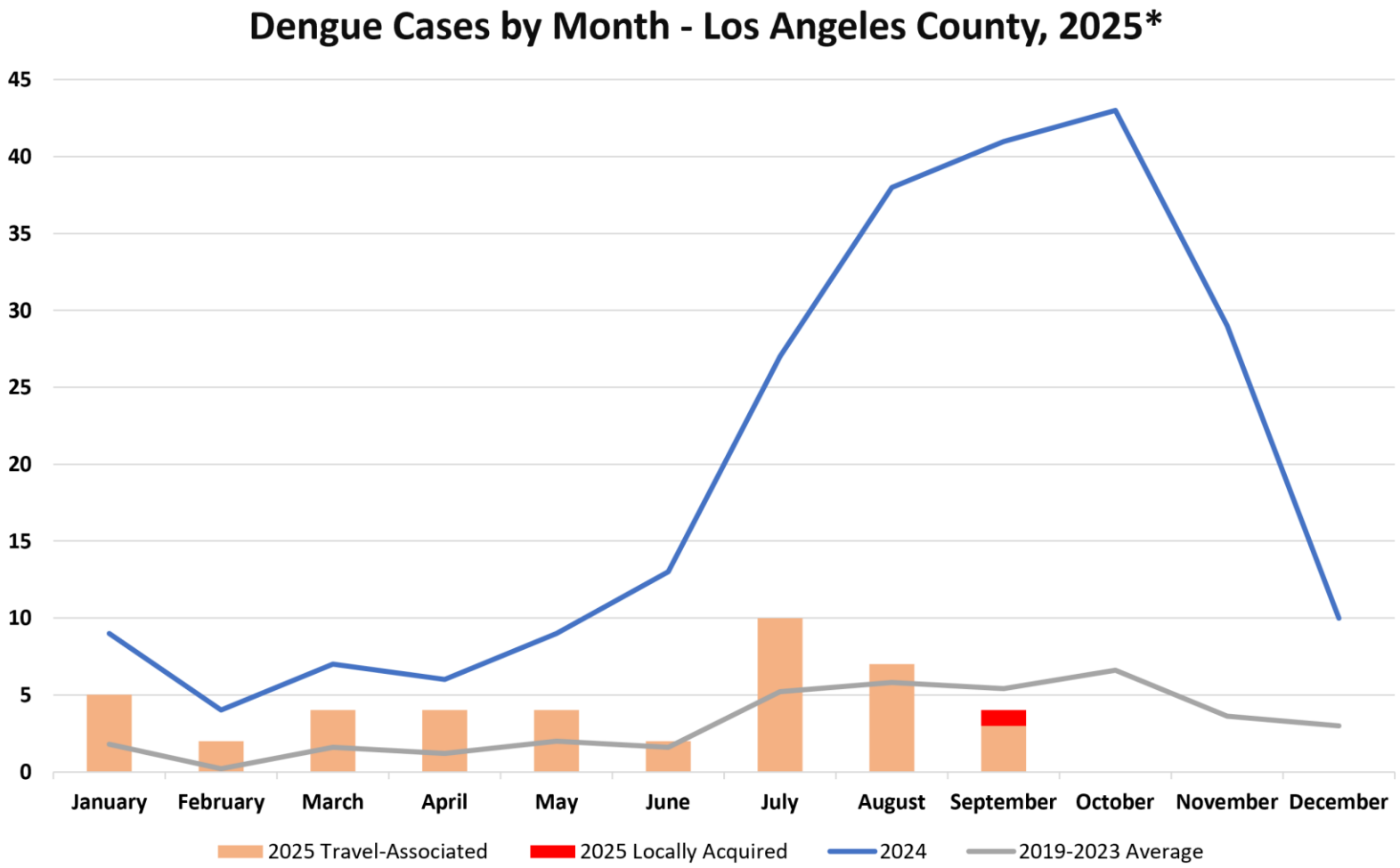
Geographic Expansion of *Aedes* in LA County



The Risk Equation:

Established Vectors + Virus Introduction = Potential for Local Outbreaks

14 locally-acquired cases were identified in 2024



*As of 10/28/2025, Public Health has identified 42 dengue cases (41 travel-associated and 1 locally acquired) in 2025. In 2024, 236 cases (222 travel-associated and 14 locally acquired) were documented, a total that far exceeded the average from the previous five years (2019–2023). Case counts in the past month are under-counted due to delays in reporting. All data is based on symptom onset date and excludes the health jurisdictions of Long Beach and Pasadena.

http://publichealth.lacounty.gov/Dengue

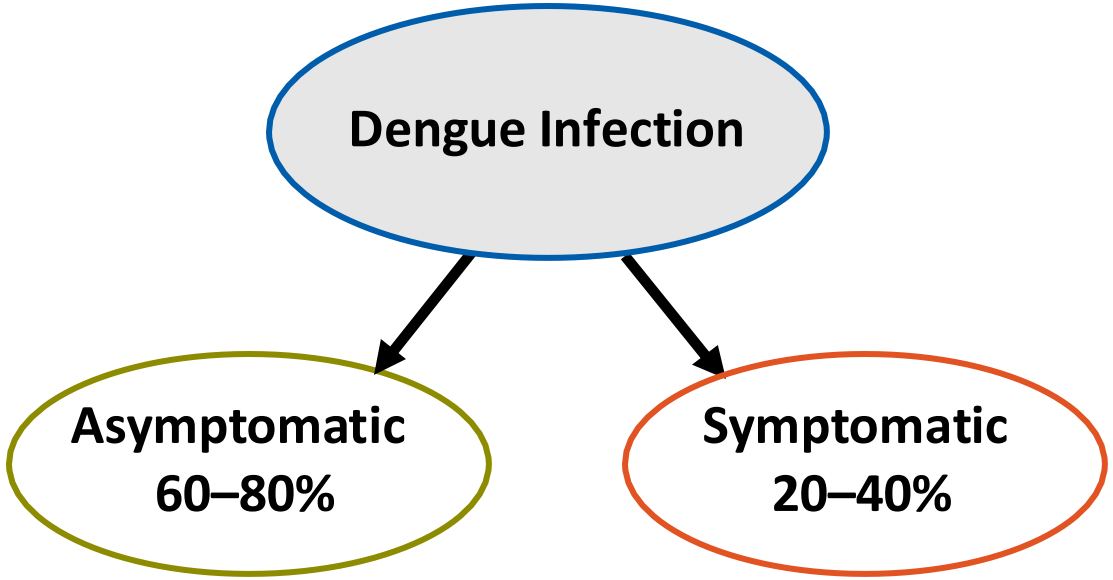
Important for clinicians to:

- **Recognize** dengue
- **Know the warning signs** for progression to severe dengue
- **Manage** dengue patients appropriately
- **Test** appropriately for dengue

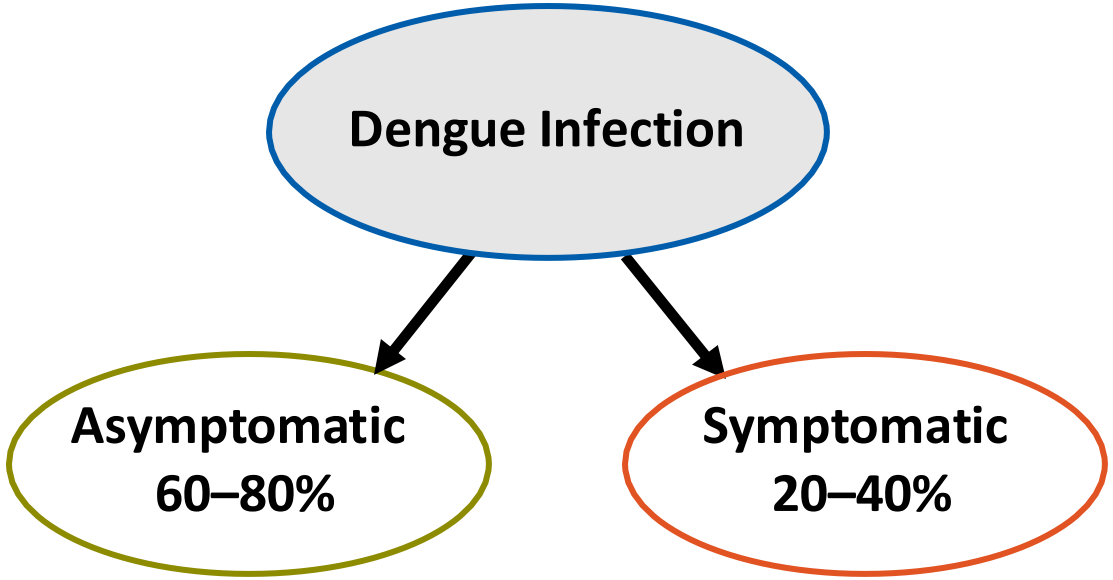
When should you suspect dengue?

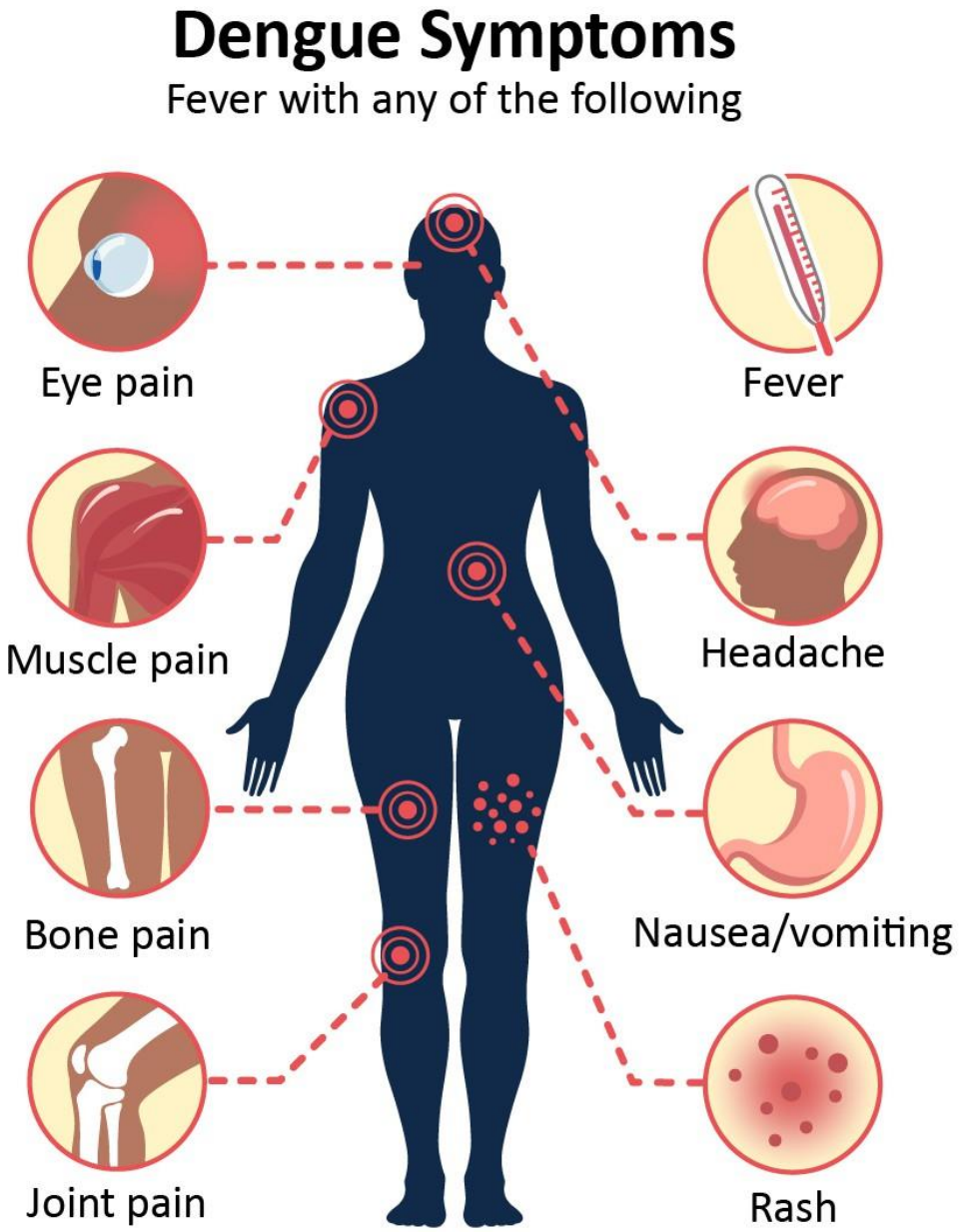
- **All febrile travelers** coming from areas with dengue transmission within 14 days.
    - Ask about a **history of travel among household members**
- Think dengue in patients without recent travel **presenting with consistent symptoms while considering more common causes of febrile illness**.

Dengue Outcomes

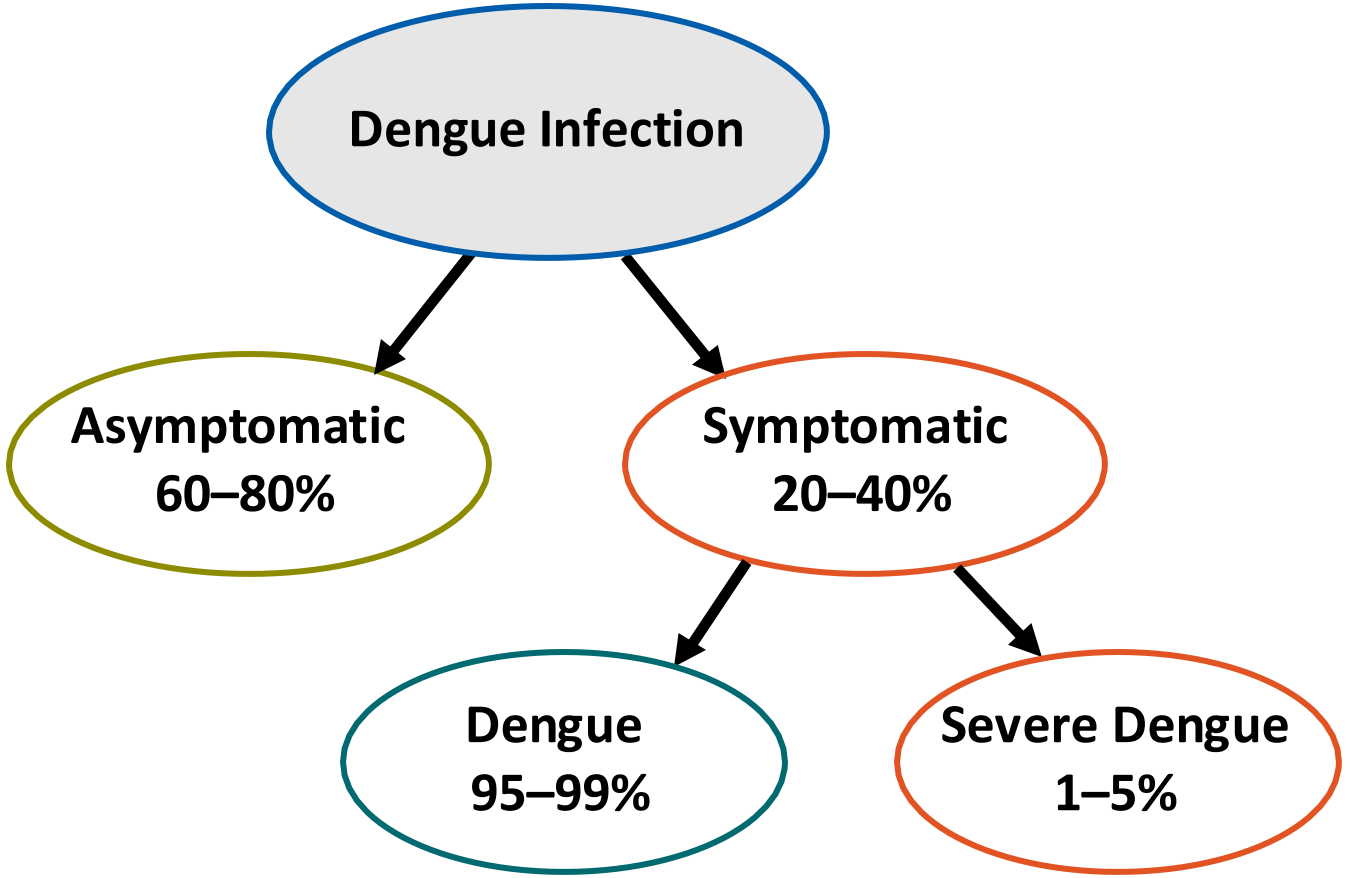


Dengue Outcomes

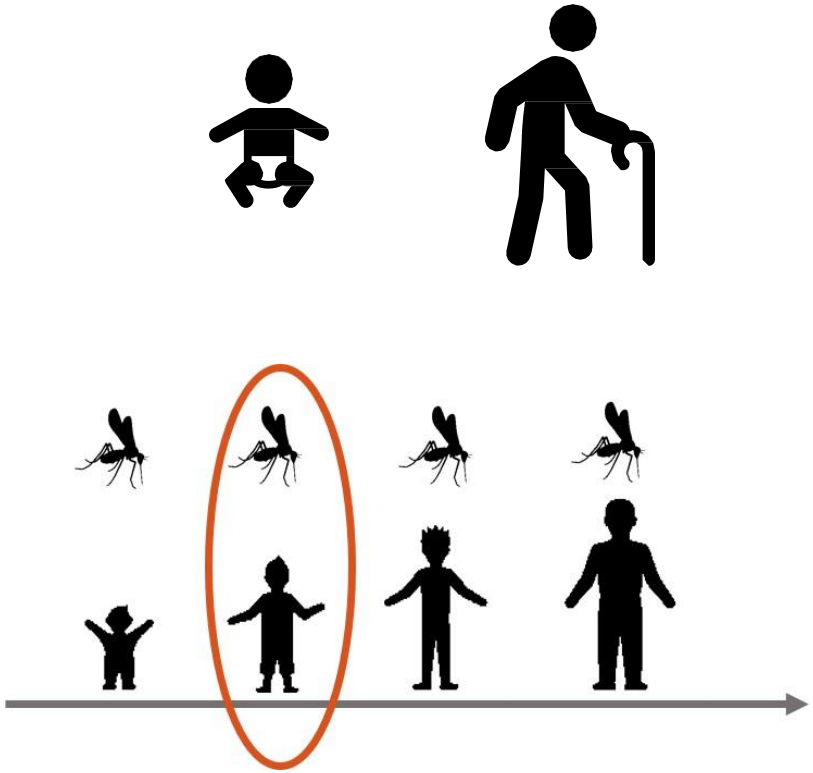




Dengue Outcomes



Risk factors for severe dengue

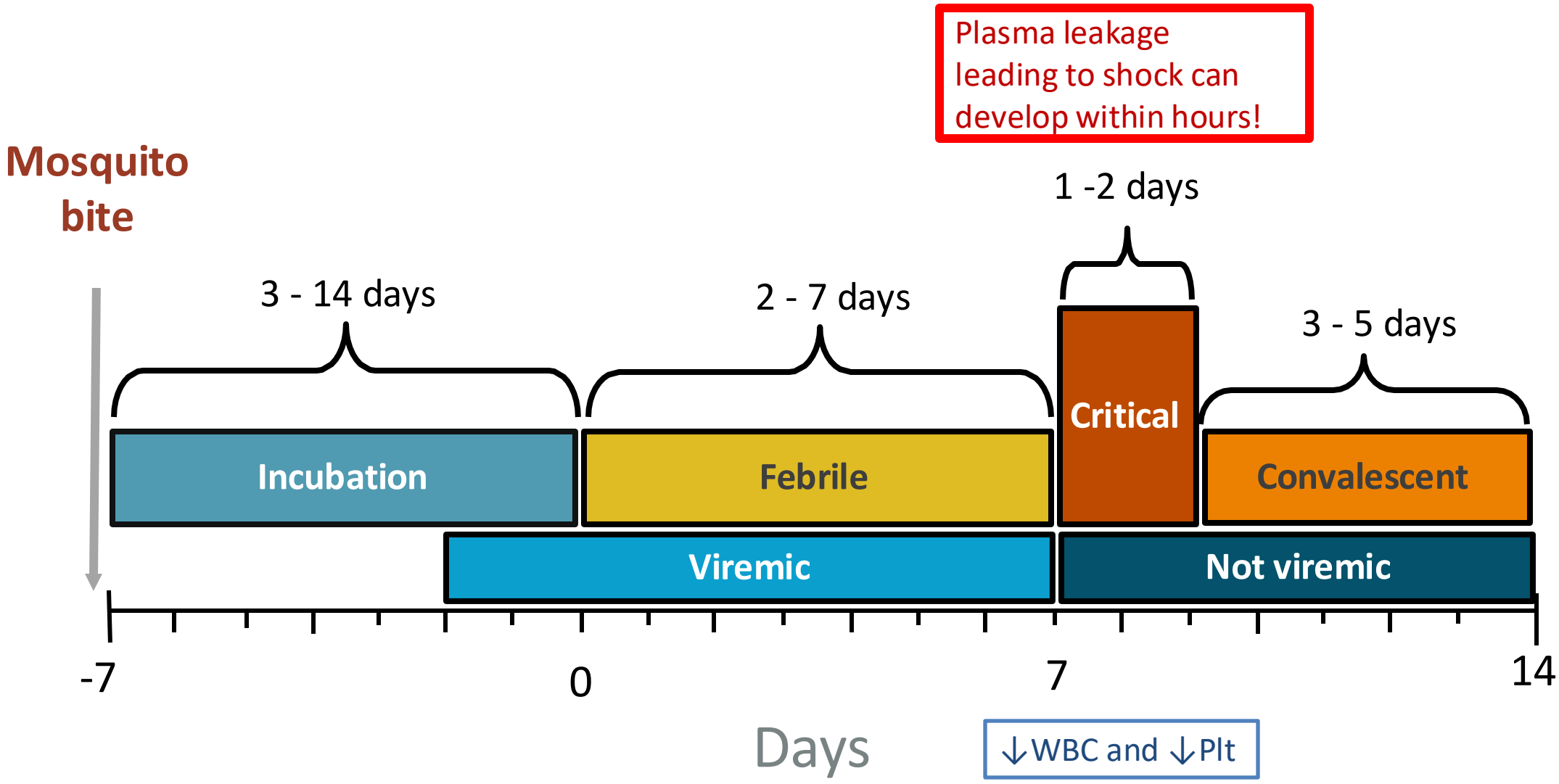


- **Age**
  - Infants born to seropositive mothers
  - Elderly
- **Comorbidities**
  - Asthma, diabetes, obesity, hypertension, sickle cell disease, kidney disease, hypertension, or on anticoagulant therapy
- **Number of dengue infections**
  - 2nd >> 1st, 3rd, 4th infection

How can we prepare for dengue cases?

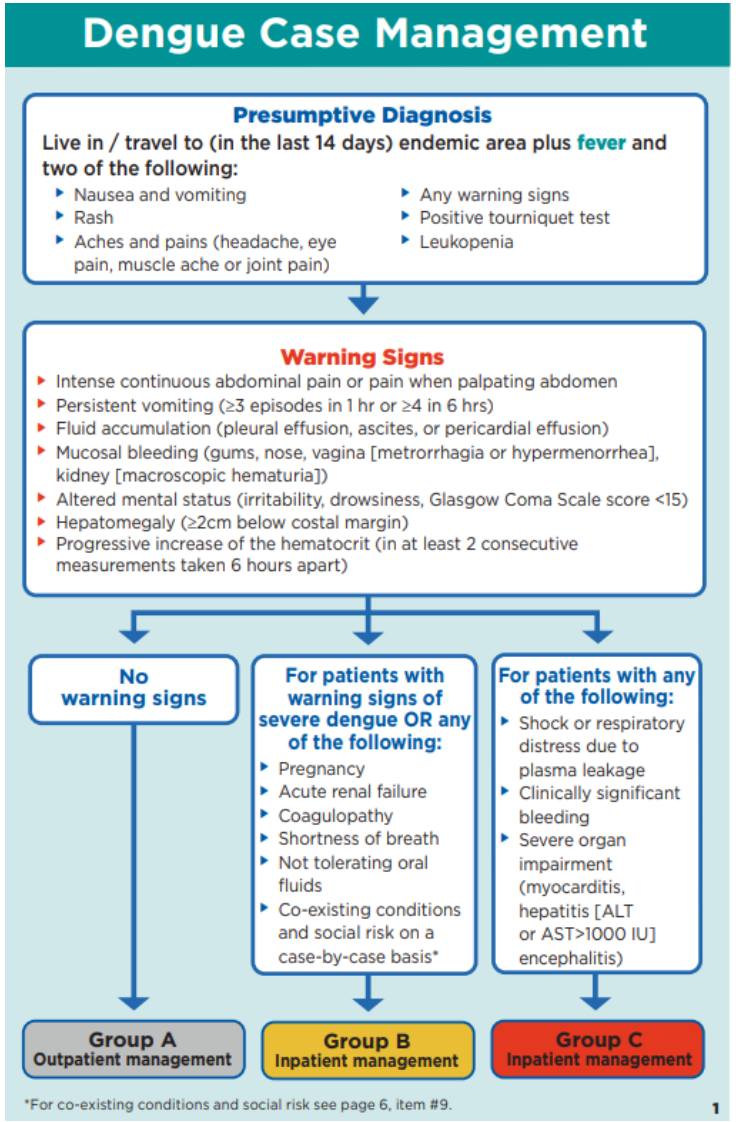
- **Recognize** dengue

- **Know the warning signs** for progression to severe dengue


Plasma leakage leading to shock can develop within hours!
Mosquito bite
1 -2 days
3 - 14 days
2 - 7 days
3 - 5 days
Critical
Incubation
Febrile
Convalescent
Viremic
Not viremic
-7
0
7
14
Days
↓WBC and ↓Plt

Dengue Warning Signs

- Intense continuous **abdominal pain** or tenderness
- **Persistent vomiting**
  - ≥3 episodes in 1 hr or ≥4 in 6 hrs
- **Fluid accumulation**
  - pleural effusion, ascites, or pericardial effusion
- **Mucosal bleeding**
  - gums, nose, vagina (metrorrhagia or hypermenorrhea), kidney (macroscopic hematuria)
- **Altered mental status**
  - irritability, drowsiness, Glasgow Coma Scale score <15
- **Hepatomegaly**
  - ≥2cm below costal margin
- **Progressive increase of hematocrit**
  - in at least 2 consecutive measurements taken 6 hours apart



For further dengue training resources, visit:
https://www.cdc.gov/dengue/hcp/clinical-care/index.html

Early recognition and appropriate treatment of dengue saves lives.

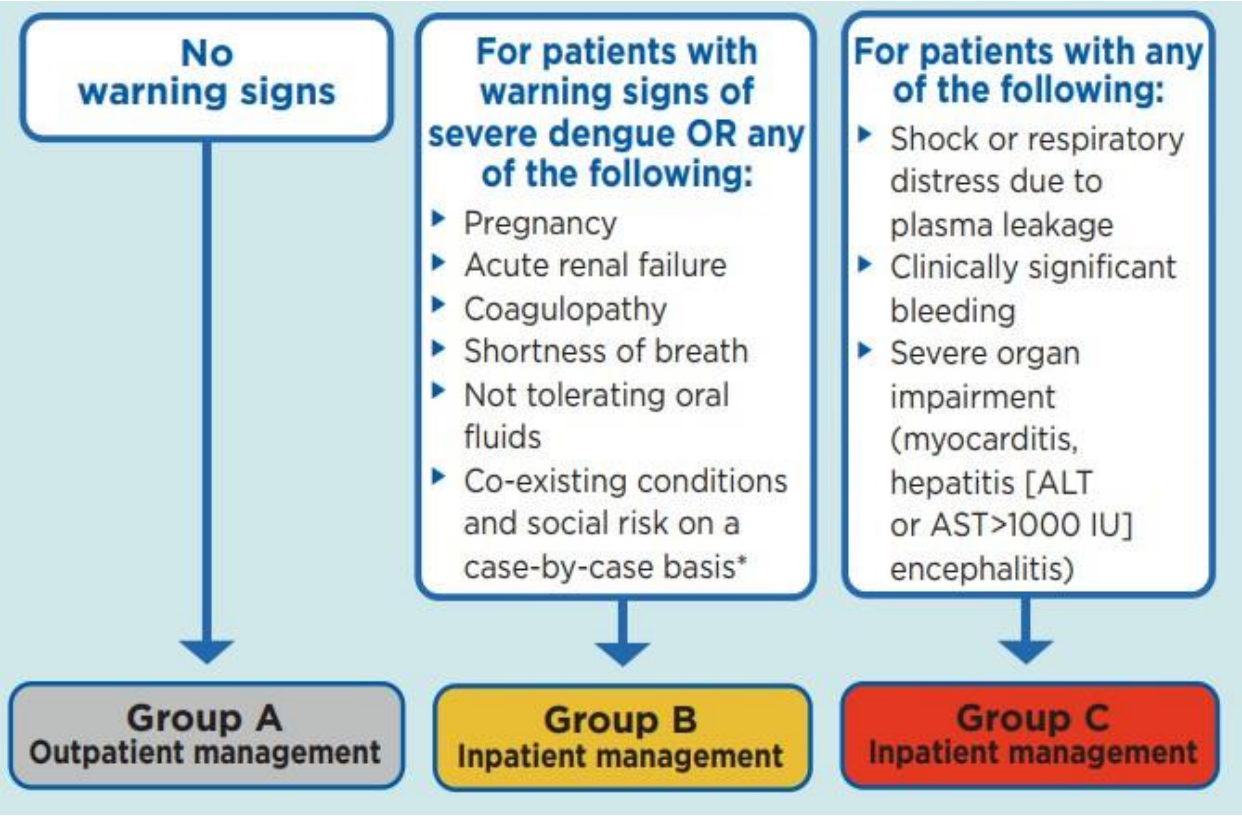
- Up to 13% mortality if severe disease is untreated but can be reduced to <0.05% mortality with appropriate management.
- Standard of care is protocolized IV fluid management, according to WHO guidelines.

Identify shock early!

For further dengue training resources, visit: https://www.cdc.gov/dengue/hcp/clinical-care/index.html

CDC dengue pocket guide and Pan-American Health Organization treatment guidelines are available to guide management

Mosquito bite prevention



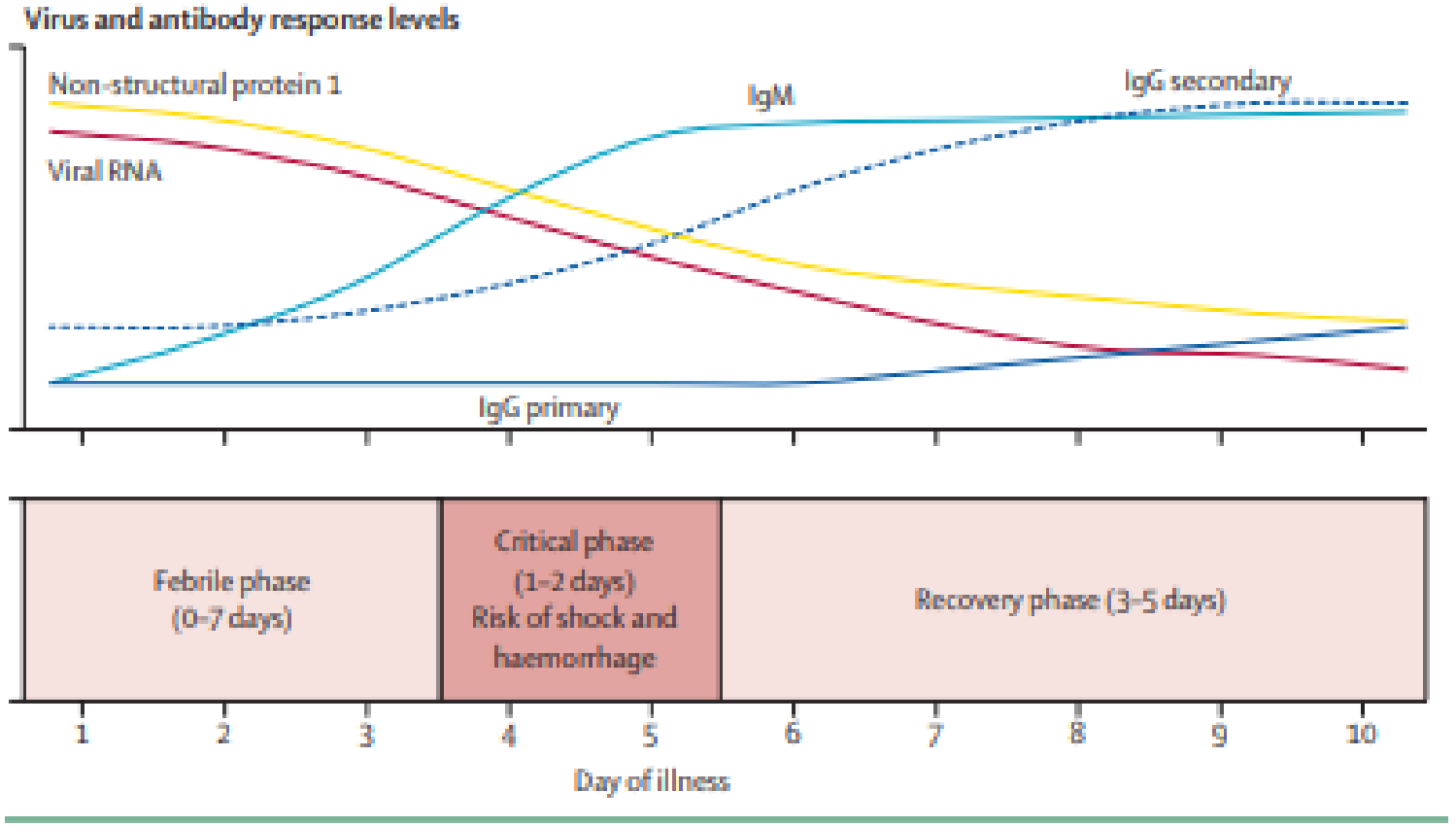
How to test appropriately for dengue

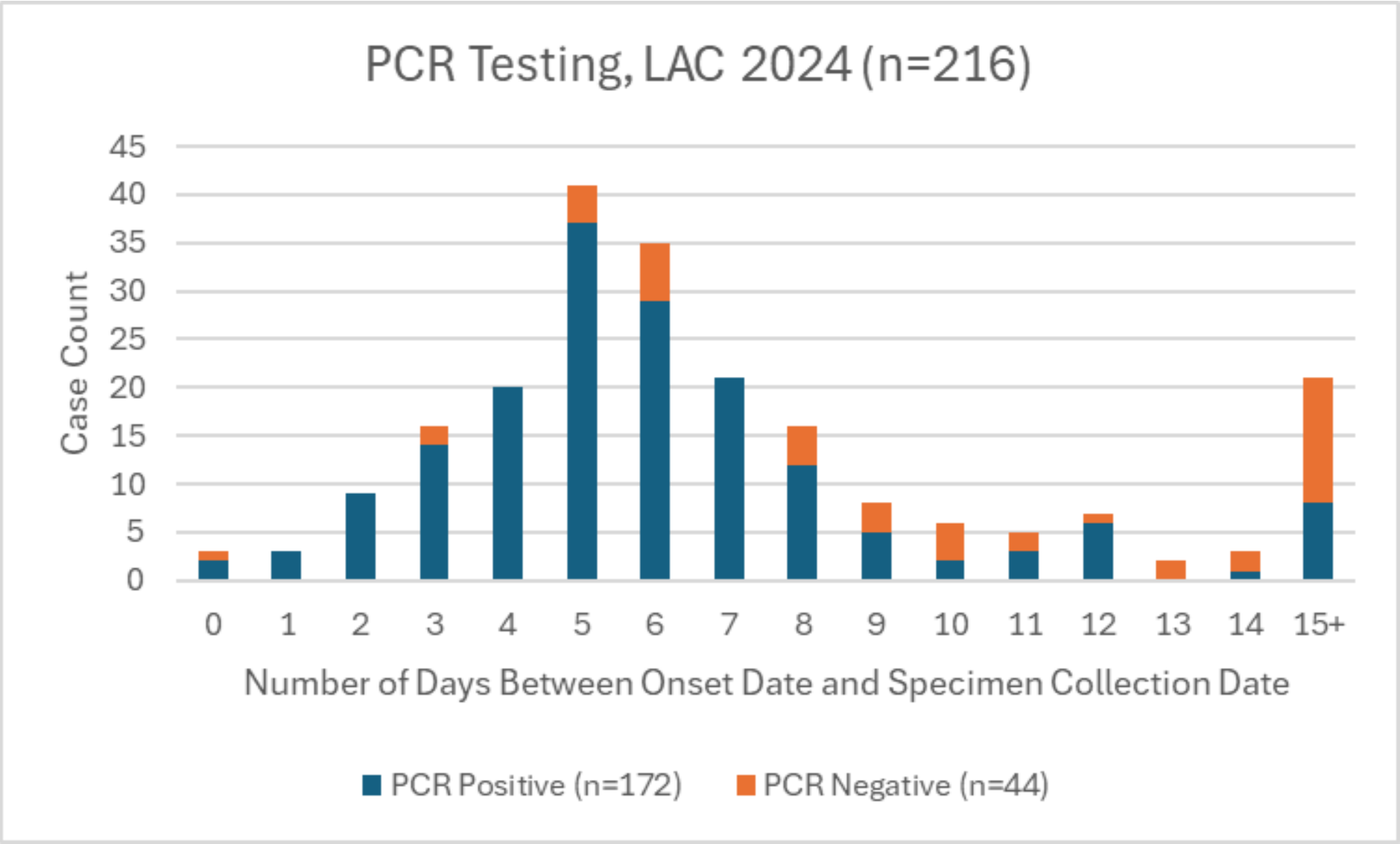
IgM ELISA +
RT-PCR

or

IgM ELISA +
NS1 antigen

WNV IgM



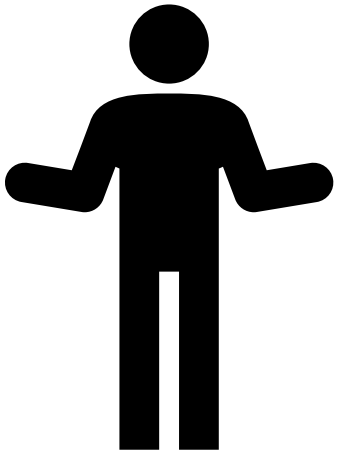


80% of dengue IgM positive specimens were found to be positive by RT-PCR

Dengue introductions will likely continue so prevention is key.

How can we prevent dengue

Use personal protection to reduce mosquito bites



1.https://www.cdc.gov/mosquitoes/prevention/index.html

How can we prevent dengue

A repellent that is registered by the EPA will have a registration number on the label (usually on the back of the container at the bottom of the label).

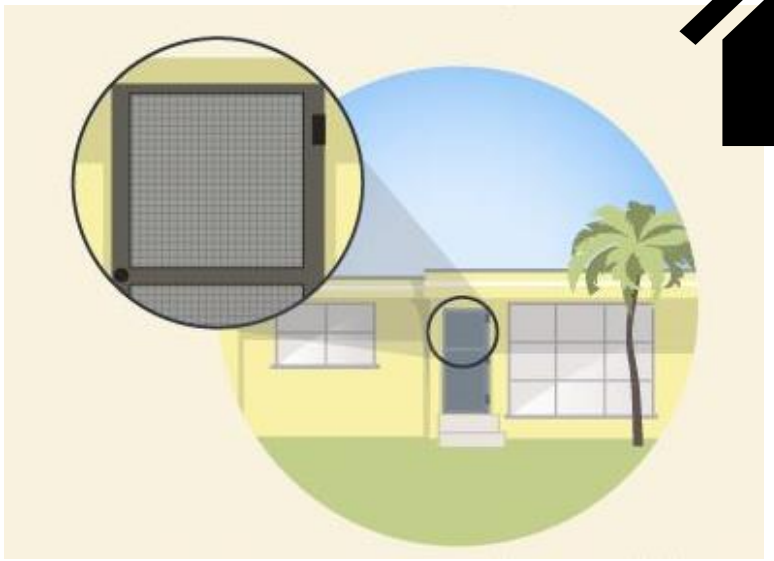
EPA-Registered Repellent Ingredients

- DEET
- Picaridin
- IR3535
- Oil of lemon eucalyptus
- Para-menthane-diol
- 2-undecanone

These ingredients are safe to use and work best to protect against insect bites when used according to label directions.

How can we prevent dengue

Control mosquitoes indoors and outdoors

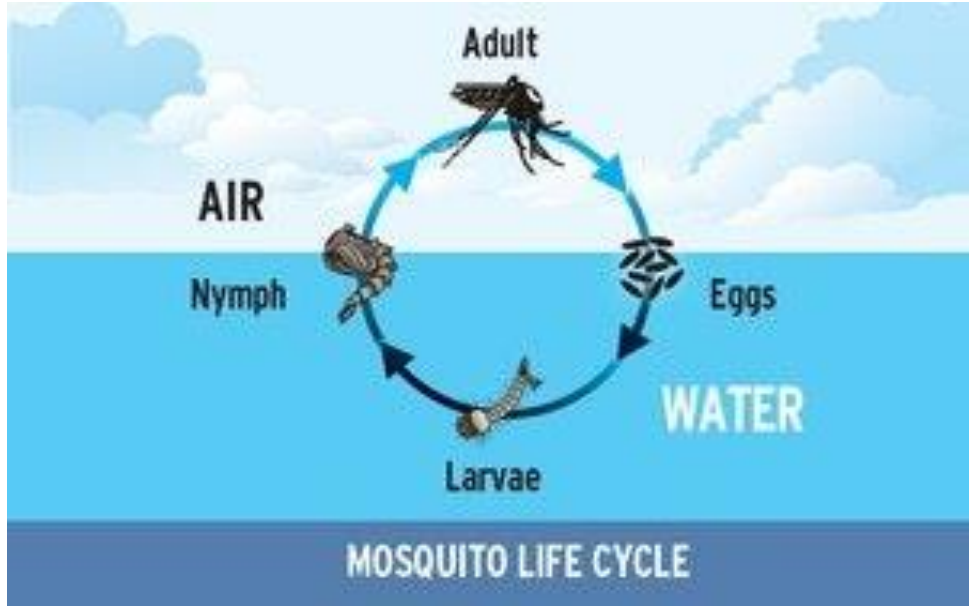


Mosquitoes breed in standing water

1.https://www.cdc.gov/mosquitoes/prevention/index.html

- *Aedes* mosquitoes are known as "container breeders." They love to lay their eggs in containers that hold water, even small amounts. Highly adapted to the urban environment.

- They're strong fliers, but they don't travel very far. That means if you have *Aedes* mosquitoes in your yard, they're probably breeding nearby.



https://www.comptoncreekmad.org

https://www.sgvmosquito.org/aedes-mosquitoes-ankle-biters

Counsel patients before travel

Stay Safe from Mosquito Bites and Dengue While Traveling!

Before You Travel :

- Check if your destination has at risk of dengue.
- Make sure to pack EPA-registered mosquito repellent.
- Bring light-colored, long-sleeved shirts and pants for extra protection.

During Your Trip:

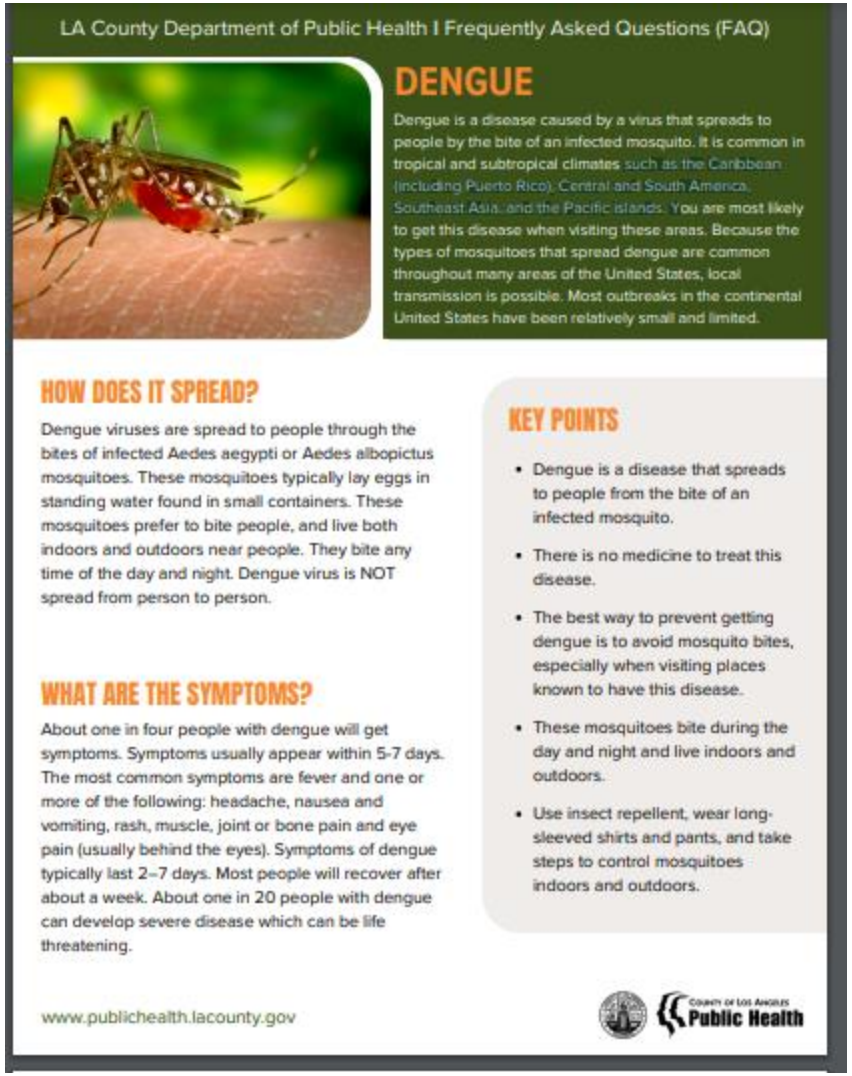
- Apply mosquito repellent every few hours.
- Stay in places with air conditioning or window screens or keep doors and windows closed.

When You Return Home:

- Continue to use repellent for at least 3 weeks even if you have no symptoms.
- If you feel sick, see a doctor right away and mention your recent travels.

LAC DPH Dengue Website:
http://publichealth.lacounty.gov/acd/VectorDengue.htm

To find your Vector Control District by zipcode:
www.socalmosquito.org



Dengue resources for clinicians

- CDC Yellow Book, Dengue Chapter: Dengue | CDC Yellow Book 2024
- Dengue clinical courses, which are available from the CDC (Dengue Clinical Case Management course (DCCM) | Dengue | CDC) and the PanAmerican Health Organization (Self-learning course: Clinical Diagnosis and Management of Dengue | Virtual Campus for Public Health (VCPH/PAHO)).
- A Clinician Outreach and Communication Activity Call developed by the CDC (Webinar Thursday, September 29, 2022 - What Clinicians Need to Know about Dengue in the United States (cdc.gov)).
- A dengue pocket guide to assist clinicians with clinical management of dengue
- A podcast from Emory University's Serious Communicable Disease Program and Project ECHO discusses a case of dengue fever tailored to clinicians (A Case of Dengue Fever | SCDP ECHO Podcast (simplecast.com)).
- Travel Health Notices | Travelers' Health | CDC
- Additional resources can be found here: Dengue for Health Care Providers | Dengue | CDC.
- Clinical Testing Guidance for Dengue

THANK YOU

Uhalai@ph.lacounty.gov

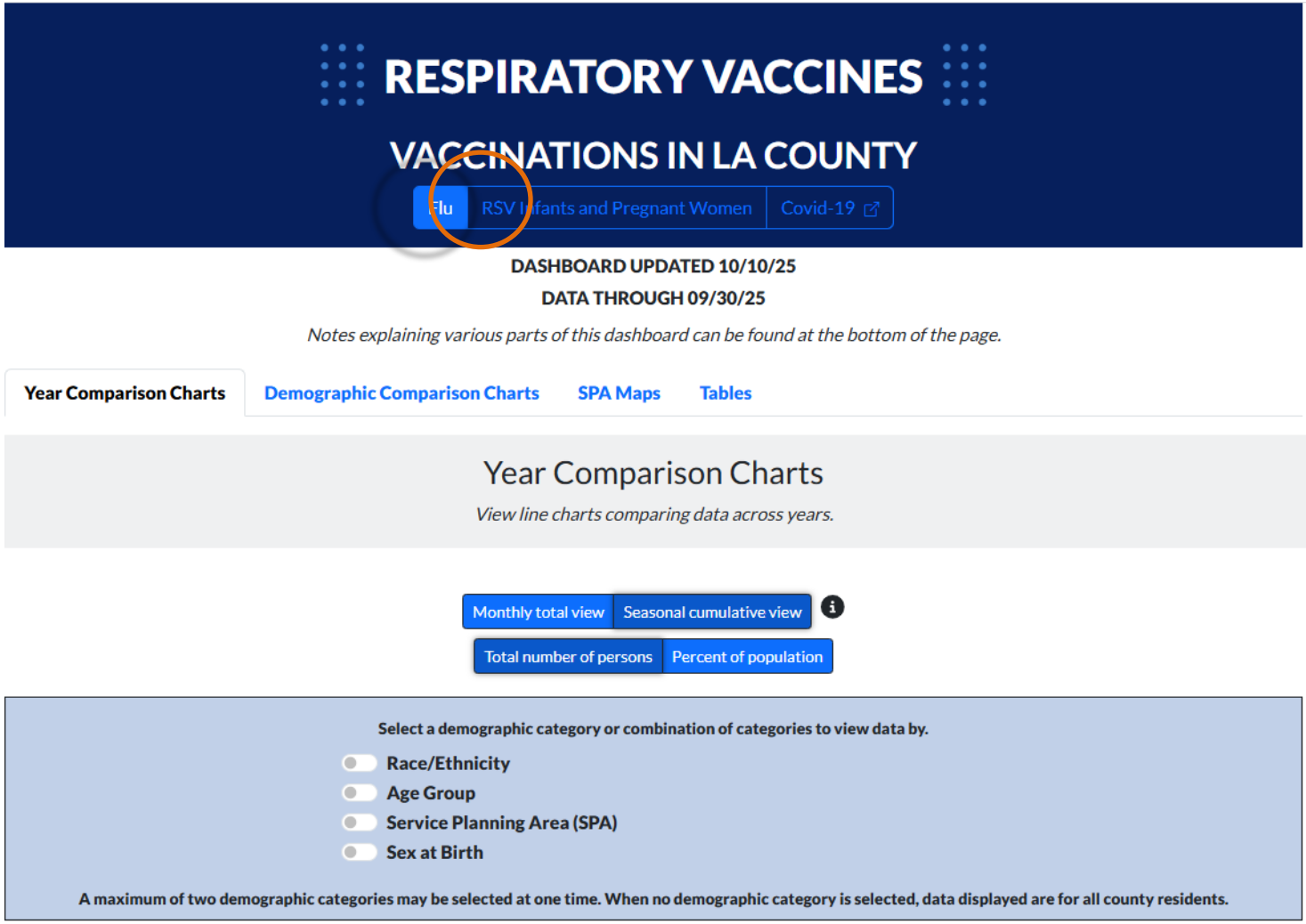
LA County Respiratory Vaccines Dashboard

Sherry Yin, Chief Epidemiologist
Vaccine Preventable Disease Control Program

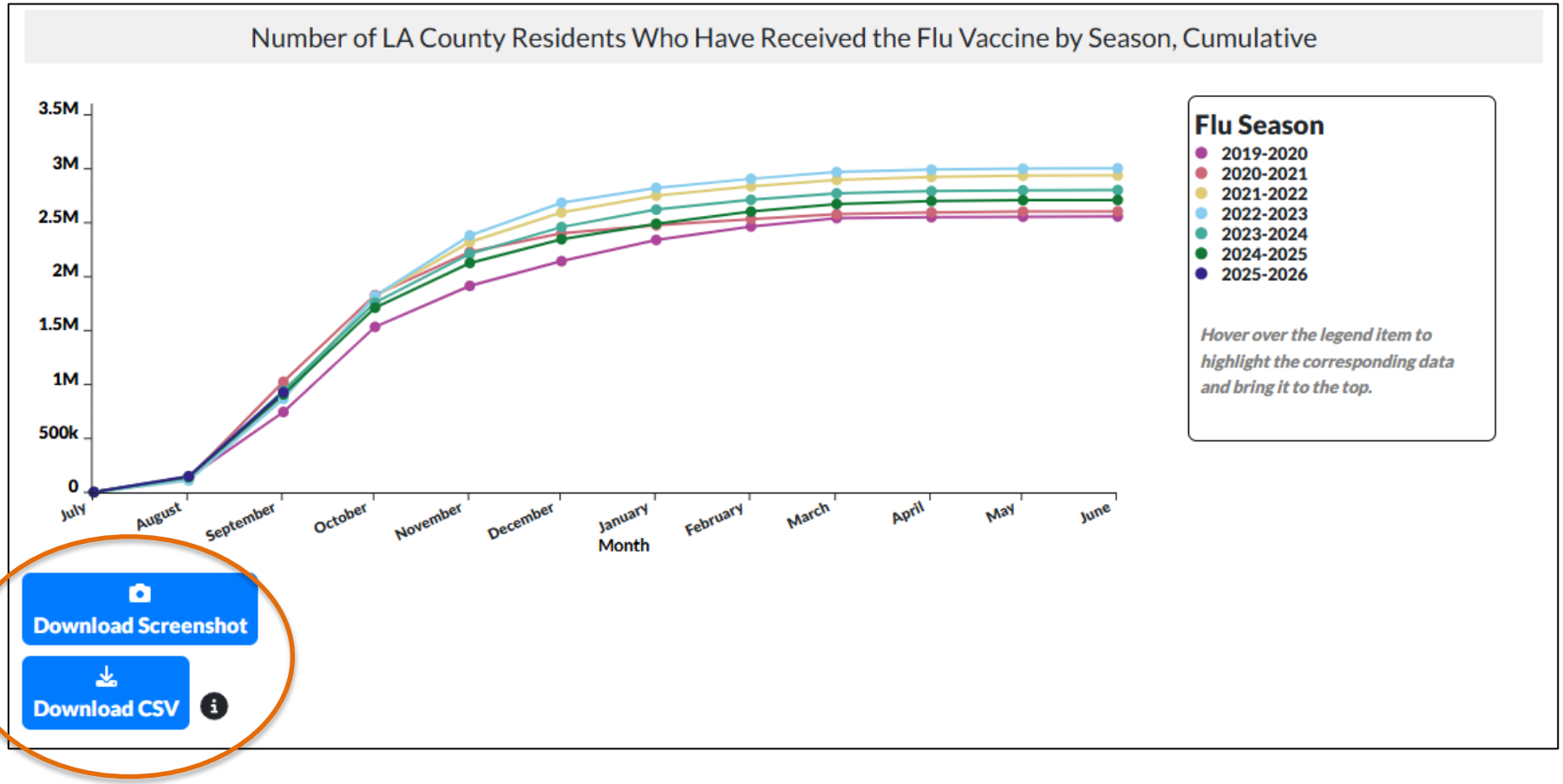
Find it on our homepage!

- Find on our homepage by clicking the “Helpful Links & Data Dashboards” dropdown.
- Or use the direct link: http://ph.lacounty.gov/media/RespiratorySeason/vaccine/
- Dashboard displays administration data and coverage estimates for flu, RSV, and COVID-19 vaccines.

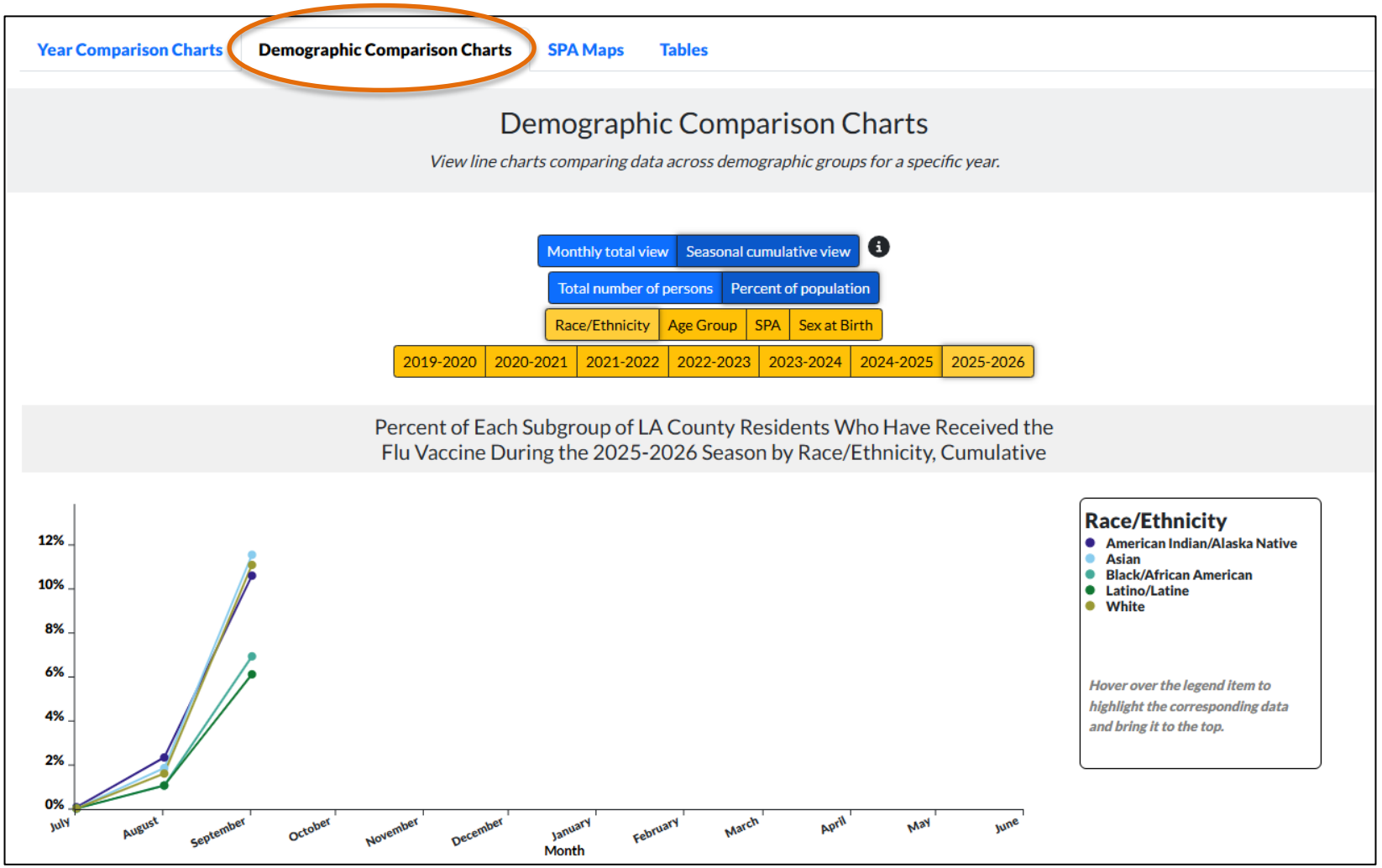
Flu Vaccination Dashboard



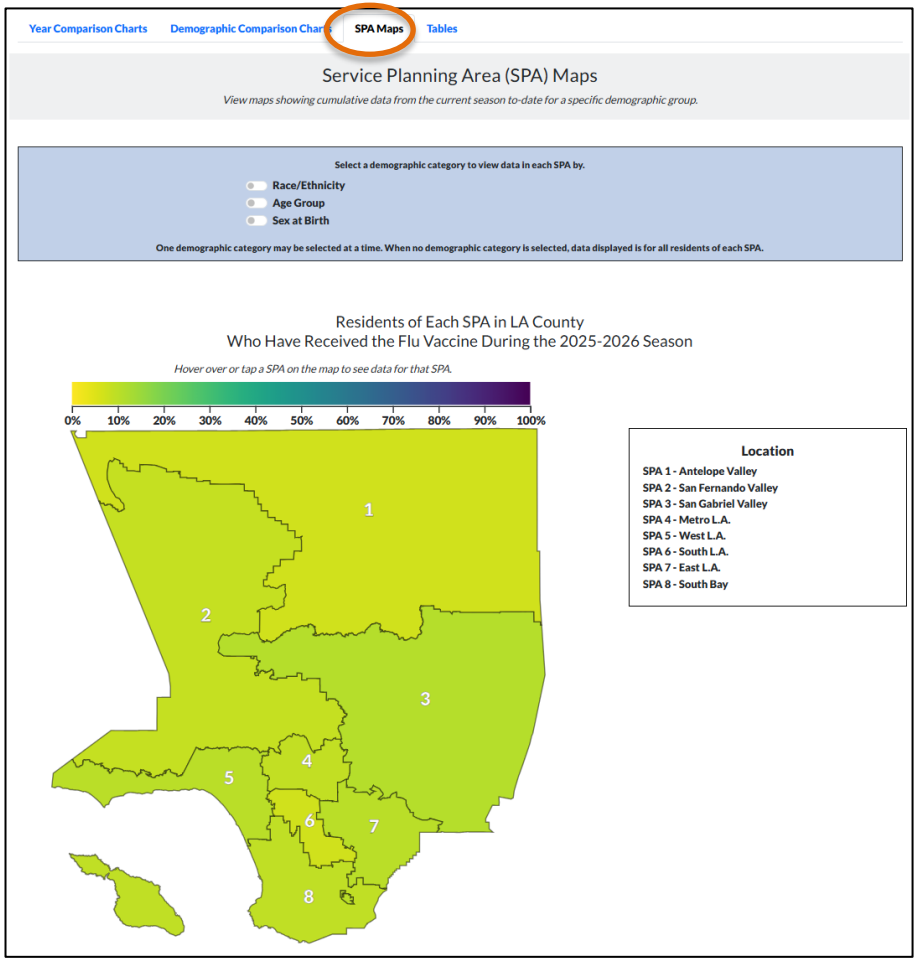
Flu Vaccination Dashboard

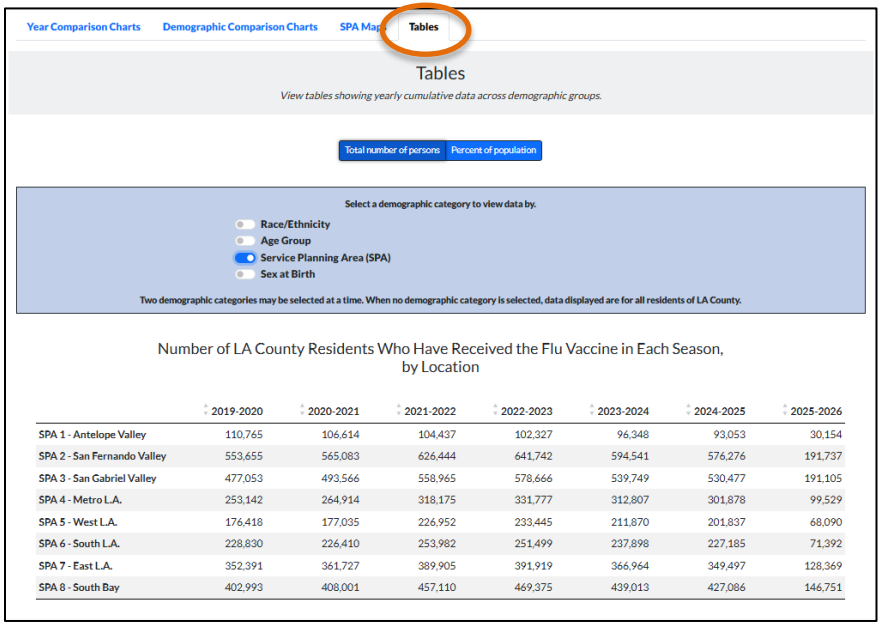


Flu Vaccination Dashboard



Flu Vaccination Dashboard





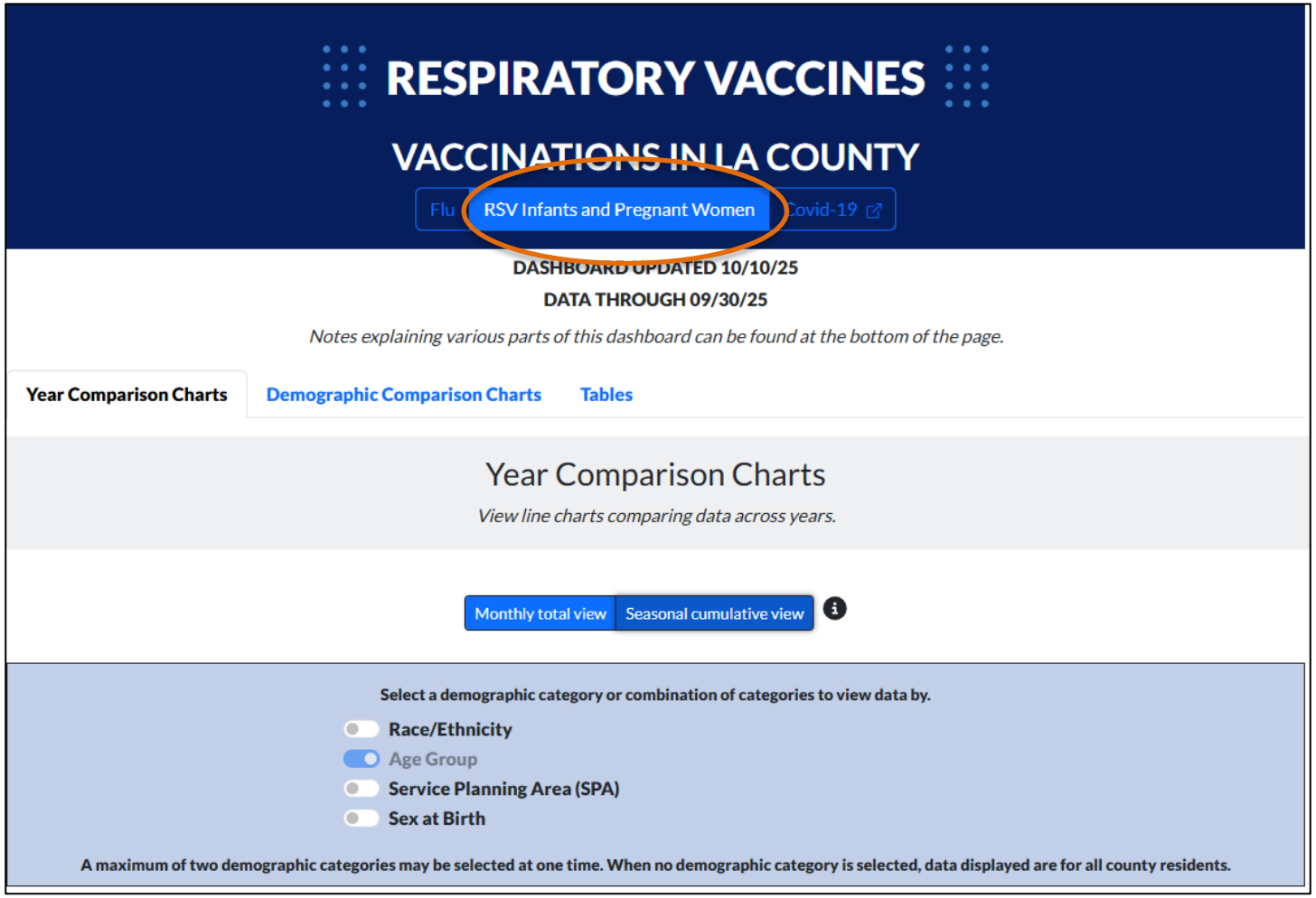
Number of LA County Residents Who Have Received the Flu Vaccine in Each Season, by Location

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
SPA 1 - Antelope Valley	110,765	106,614	104,437	102,327	96,348	93,053	30,154
SPA 2 - San Fernando Valley	553,655	565,083	626,444	641,742	594,541	576,276	191,737
SPA 3 - San Gabriel Valley	477,053	493,566	558,965	578,666	539,749	530,477	191,105
SPA 4 - Metro L.A.	253,142	264,914	318,175	331,777	312,807	301,878	99,529
SPA 5 - West L.A.	176,418	177,035	226,952	233,445	211,870	201,837	68,090
SPA 6 - South L.A.	228,830	226,410	253,982	251,499	237,898	227,185	71,392
SPA 7 - East L.A.	352,391	361,727	389,905	391,919	366,964	349,497	128,369
SPA 8 - South Bay	402,993	408,001	457,110	469,375	439,013	427,086	146,751

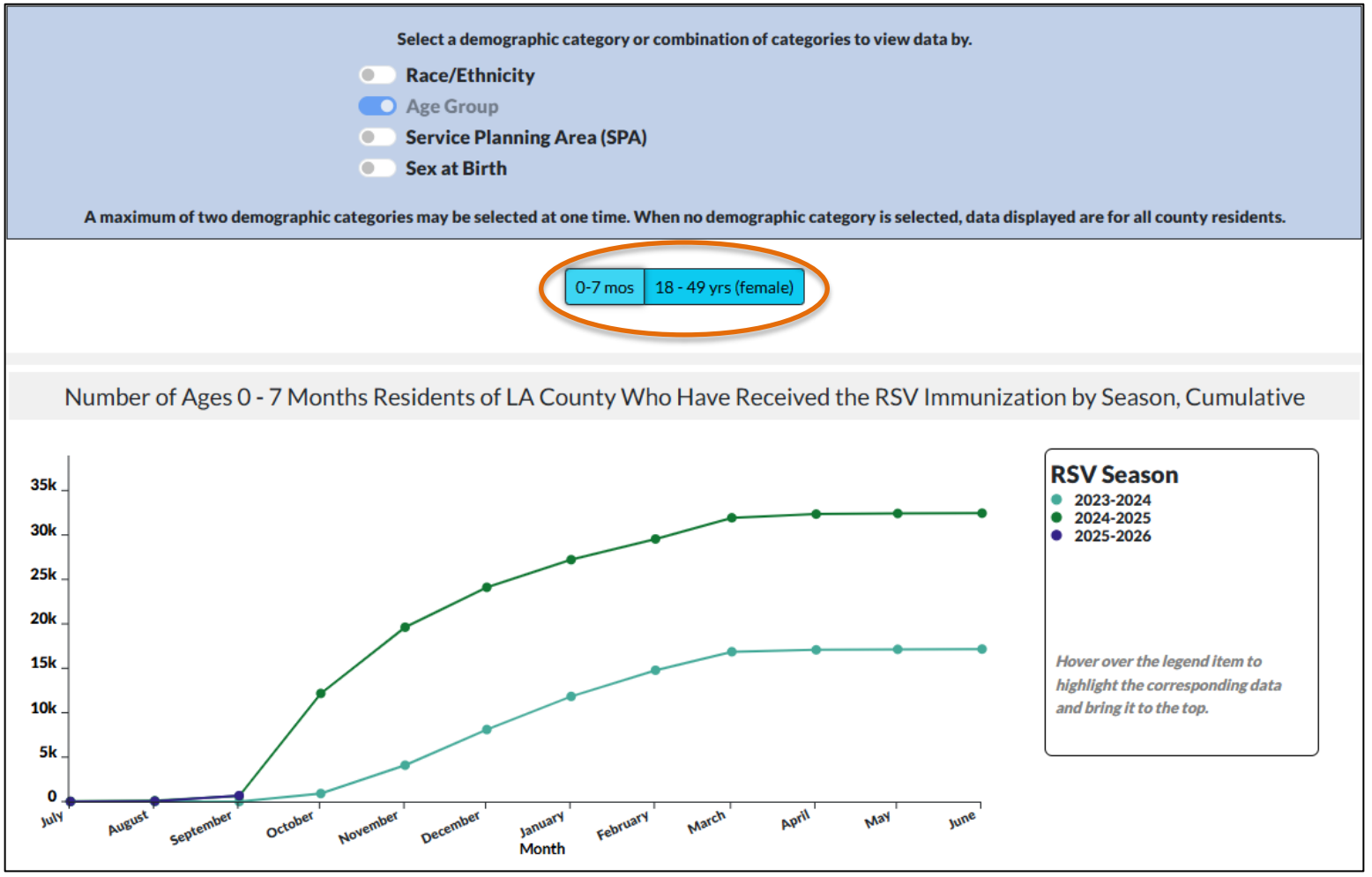
Percent of Each Subgroup of LA County Residents Who Have Received the Flu Vaccine in Each Season, by Location

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
SPA 1 - Antelope Valley	26.9%	25.9%	25.4%	24.8%	23.4%	22.6%	7.3%
SPA 2 - San Fernando Valley	25.8%	26.3%	29.2%	29.9%	27.7%	26.9%	8.9%
SPA 3 - San Gabriel Valley	27.8%	28.8%	32.6%	33.7%	31.5%	30.9%	11.1%
SPA 4 - Metro L.A.	23.3%	24.4%	29.3%	30.5%	28.8%	27.8%	9.2%
SPA 5 - West L.A.	27.3%	27.4%	35.1%	36.1%	32.8%	31.2%	10.5%
SPA 6 - South L.A.	23.2%	22.9%	25.7%	25.5%	24.1%	23.0%	7.2%
SPA 7 - East L.A.	28.1%	28.9%	31.1%	31.3%	29.3%	27.9%	10.2%
SPA 8 - South Bay	26.7%	27.1%	30.3%	31.2%	29.1%	28.3%	9.7%

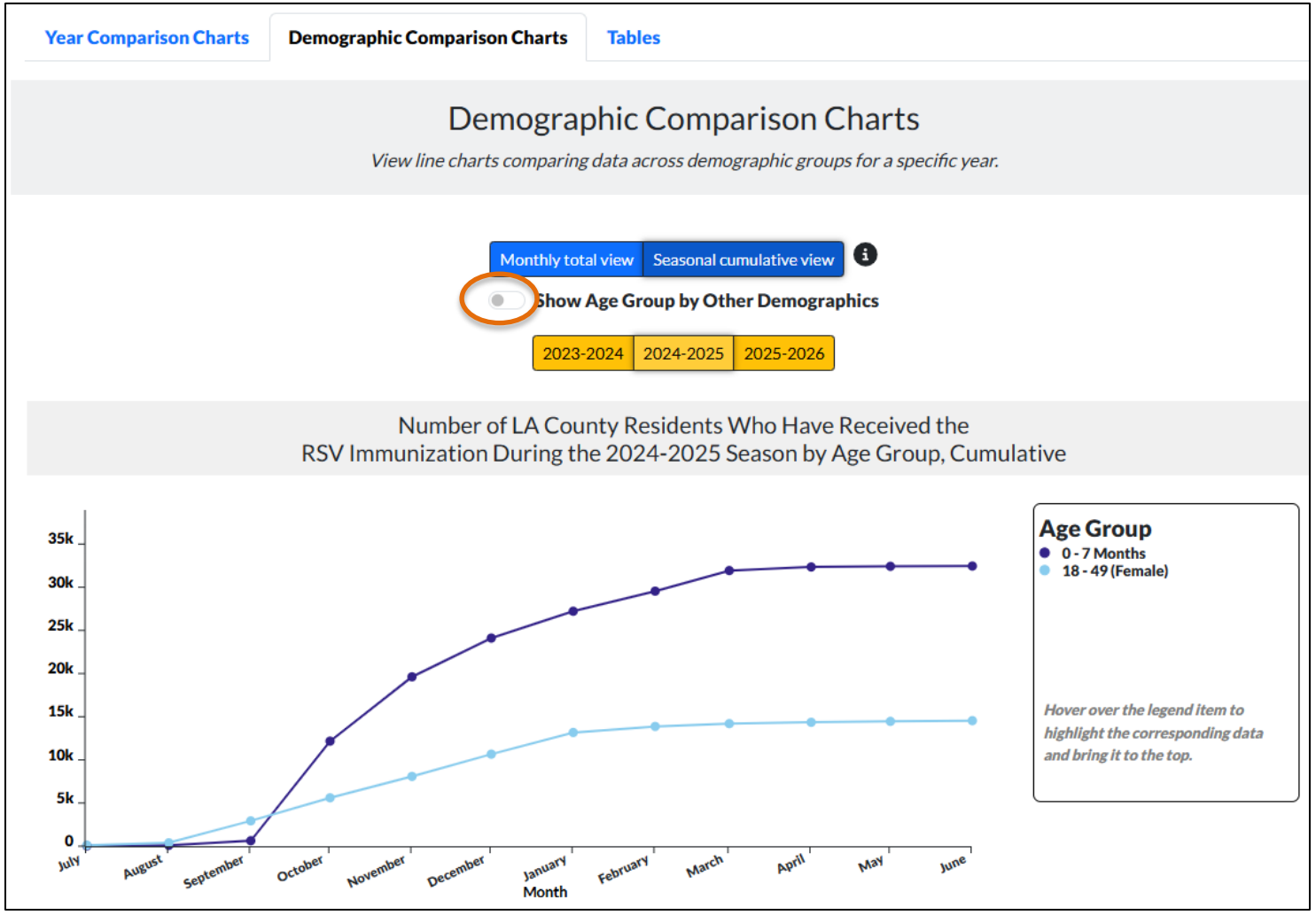
RSV Immunization Dashboard



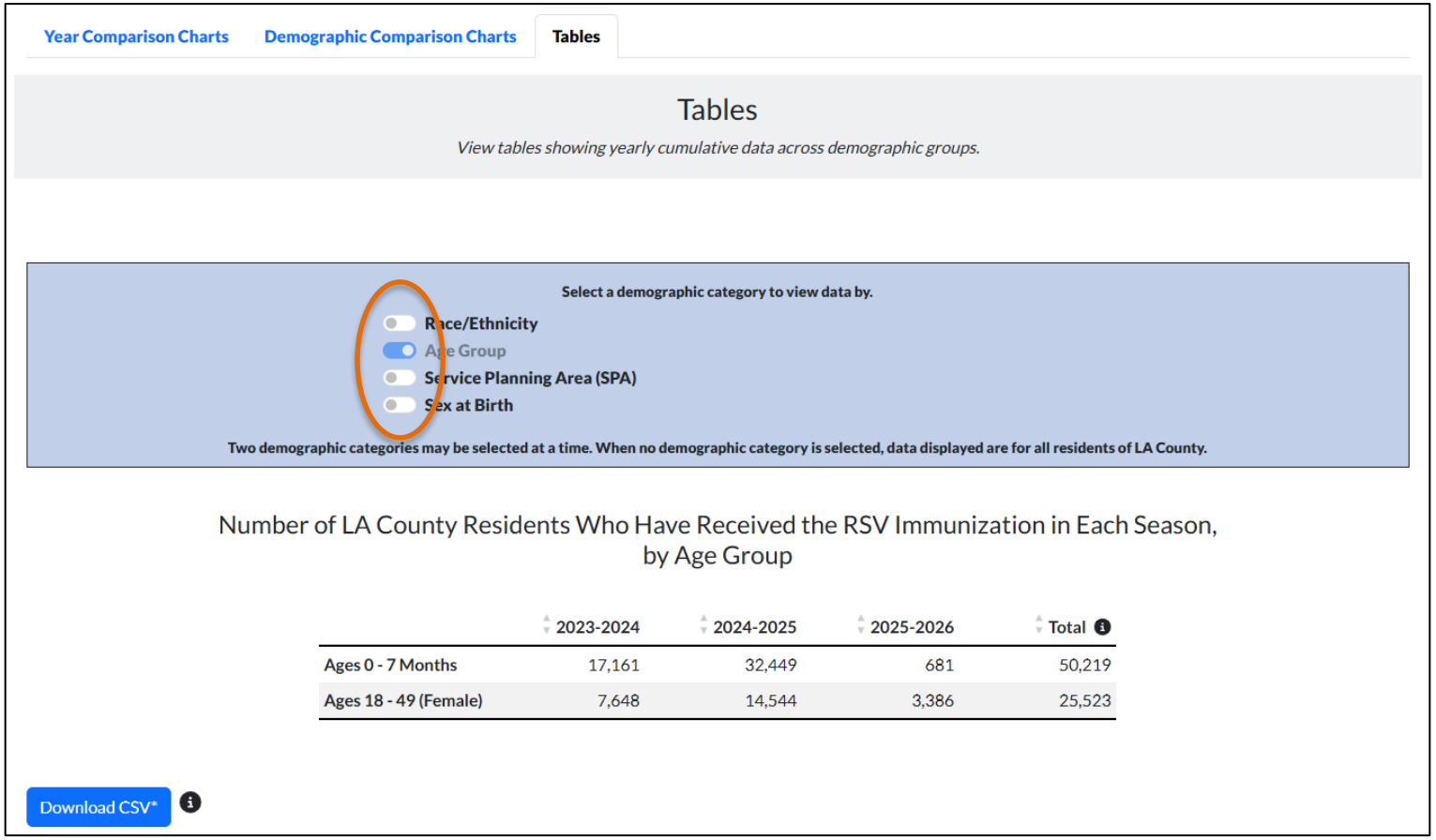
RSV Immunization Dashboard



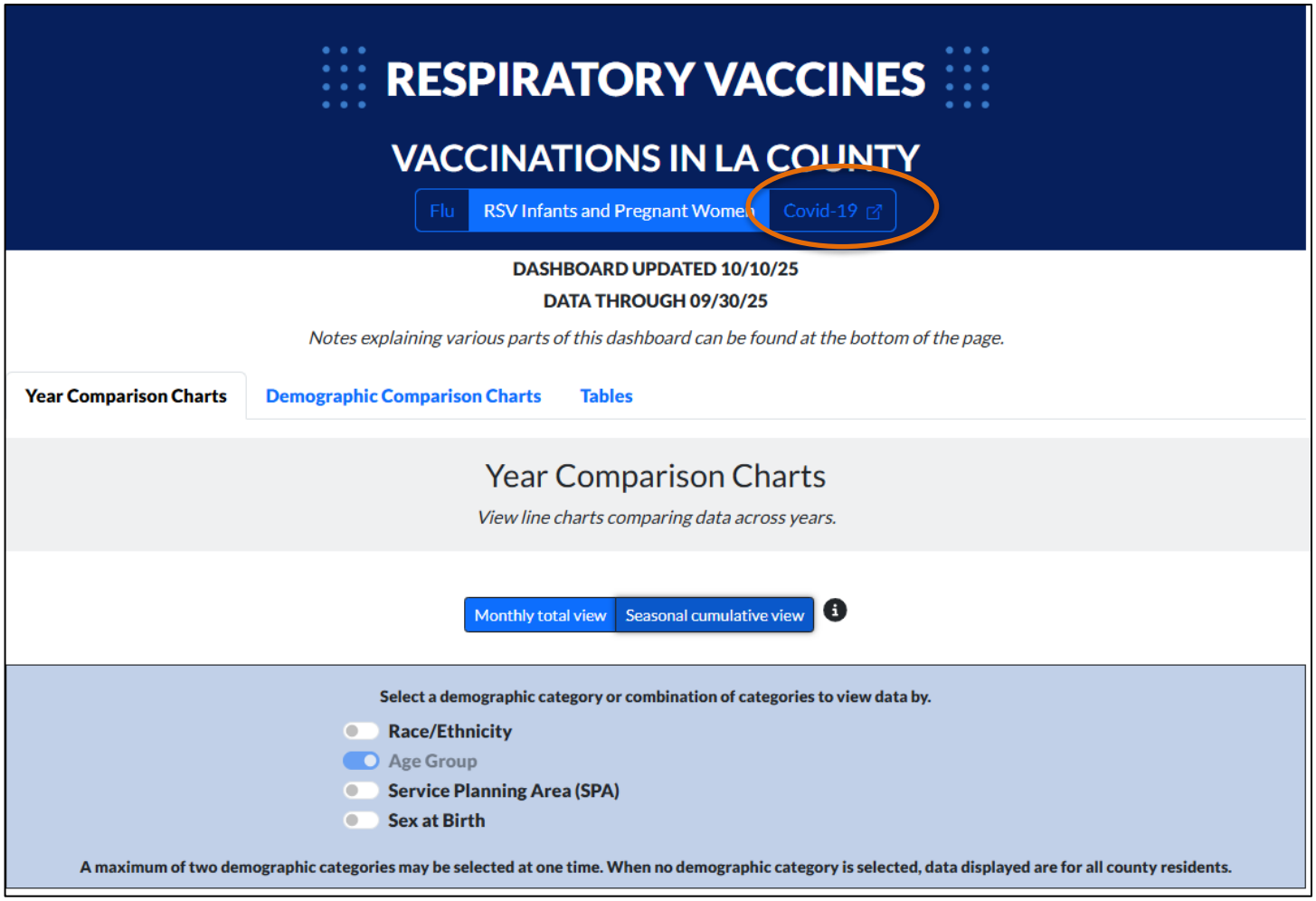
RSV Immunization Dashboard



RSV Immunization Dashboard

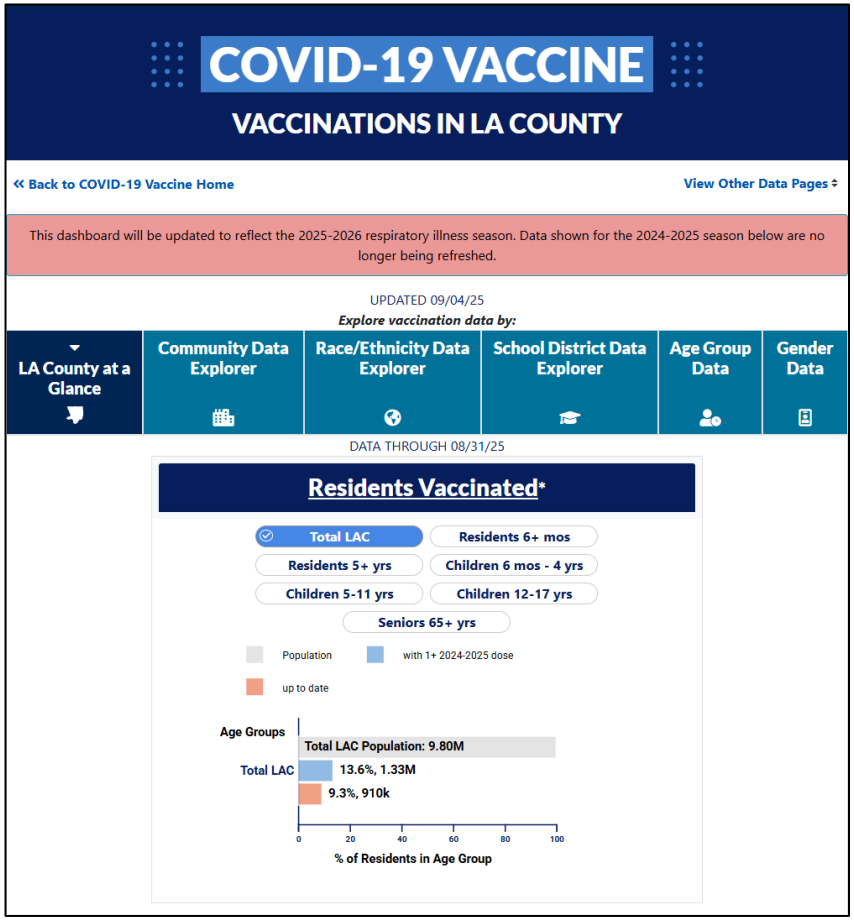


COVID-19 Vaccination Dashboard



COVID-19 Vaccination Dashboard

- Upcoming version will reflect the 2025–2026 respiratory illness season and new vaccine products.
- CDPH dashboard contains state and county-level data: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx



CA BAP Closeout

Limited VFA 2025-2026 COVID-19 Vaccines

Jerusalem Theodros, MPH
Vaccine Program Management Unit

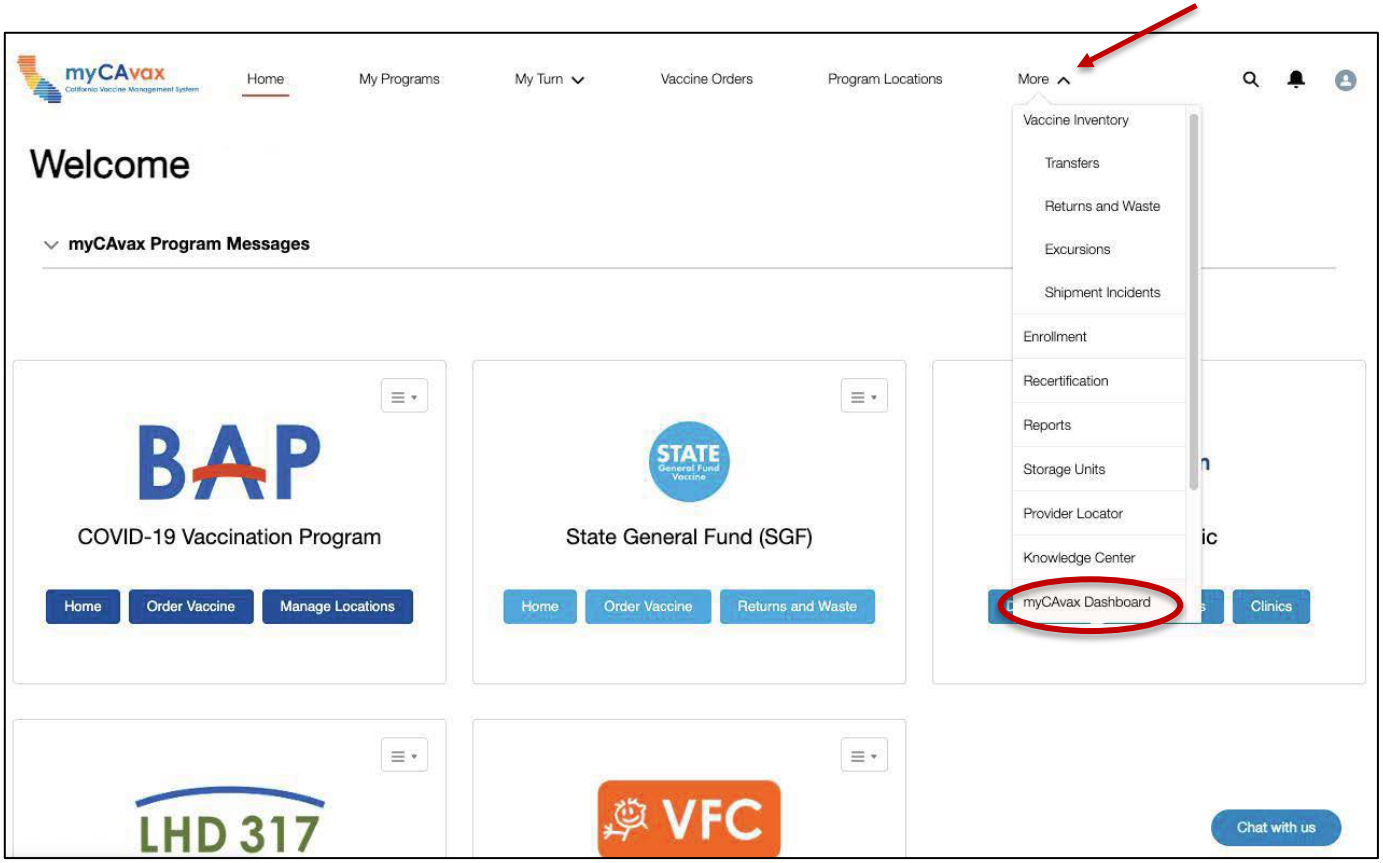
CA Bridge Access Program (BAP) Ending

- Next week, on Wednesday, November 12, 2025, the BAP program tile will be removed from the myCAvax home page, and providers will lose access to BAP features in myCAvax.
- If you are a BAP provider ONLY, you will lose access to the myCAvax system entirely.
- If you are a BAP provider AND you participate in other myCAvax program(s) and/or My Turn, you will only lose access to BAP features in myCAvax. All other myCAvax access will not be impacted.
- 2024 – 2025 COVID-19 vaccines are no longer authorized and should not be administered. Return expired doses distributed through BAP to McKesson and report in myCAvax.
- Complete these BAP closeout activities by **next Tuesday, November 11, 2025**:
  - Remove deauthorized / expired vaccines from your storage units
  - Report transfers and returns / waste in myCAvax
  - Download reports for your records

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



COVID-19 Vaccines Through VFA

- On October 27th, the VFA Program opened a 2-week supplemental special ordering window for COVID-19 vaccine only that will close on **Monday, November 10, 2025** or earlier if allocations have been depleted.
- There are limited amounts of COVID-19 vaccines available for uninsured and underinsured adults aged 19 years and older.
- The program will apply a 20-dose cap for providers on their first order. Subsequent orders for all VFA providers will be based on available supply.
- Other VFA routine vaccines will be unavailable to order during this supplemental ordering period.
- Providers will only be able to order COVID-19 vaccines during this special ordering window. Please mark this order as “supplemental” before submitting.
- For additional details, please review the letter emailed to VFA providers on October 27, 2025.
- Due to the limited 317 budget, VFA enrollment is currently closed.

COVID-19 Vaccines Through VFA cont…

- Redistribution of 317-funded vaccines to outside partners is not allowed.
- Any VFA-eligible adult 19 years and older may receive a dose of VFA COVID-19 vaccine, in accordance with CDPH recommendations.
- COVID-19 vaccines made available through the VFA program may be given only to VFA- eligible patients 19 years of age or older who are uninsured or underinsured.
- 317-funded COVID-19 vaccine doses must be identified with the appropriate 317 eligibility funding category when entering administration information into CAIR.

Manufacturer	Vaccine Name and Packaging	Shipping Conditions
Moderna	Spikevax	Initial shipments will have an expiry of 3-6 months. As the season progresses, dating may be shorter.
Sanofi/Novavax	Nuvaxovid	Providers should expect an expiry of 12/31/2025.
Pfizer	Comirnaty	will ship from the manufacturer refrigerated with at least 12 weeks of shelf life.

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, November 21, 2025, 9:00 am – 10:30 am (PT)

Holiday & Travel Season Vaccination Reminder

Michelle Shishkin, RN, APS
Vaccine Preventable Disease Control Program

Protect Your Patients — Remind Them Before They Travel

More travel + gatherings = higher disease risk

Key vaccines:

- Flu (annual)
- COVID-19 Updated 2025-2026
- RSV
- Tdap / MMR / Varicella

Travel-specific: Hep A/B, Typhoid, Yellow Fever, Chikungunya

Action for providers:

- ✓ Ask about travel plans during visits
- ✓ Offer and document recommended vaccines
- ✓ Send quick reminders via portal/text

Healthy travels start with timely vaccination!

References & Resources

CDC Travel Health: https://wwwnc.cdc.gov/travel

AAP Child and Adolescent Immunization Schedule

AAFP Immunization Schedule for all ages

ACOG Routinely Recommended Maternal Vaccines

CDPH 2025-2026 Respiratory Virus Season Immunization Recommendations

LAC DPH Immunization for Travelers

LAC DPH Vaccine Clinics & Locator Tools