2026 VPDCP Office Hours

February Session:
LA County Measles Situational Update & HPV Vaccine Recommendations

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

February 4, 2025

Housekeeping

All participants are muted during the presentation.

This session is being recorded.

Slides used in today's presentation and the recording 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.

2026 VPDCP Office Hours

Description: Monthly Office Hours hosted by the Los Angeles County Department of Public Health's Vaccine Preventable Disease Control Program (VPDCP) provide VFC providers and immunization partners with timely updates on immunizations. Each session covers rotating topics relevant to Los Angeles County, offering guidance, resources, and opportunities for discussion with VPDCP staff.

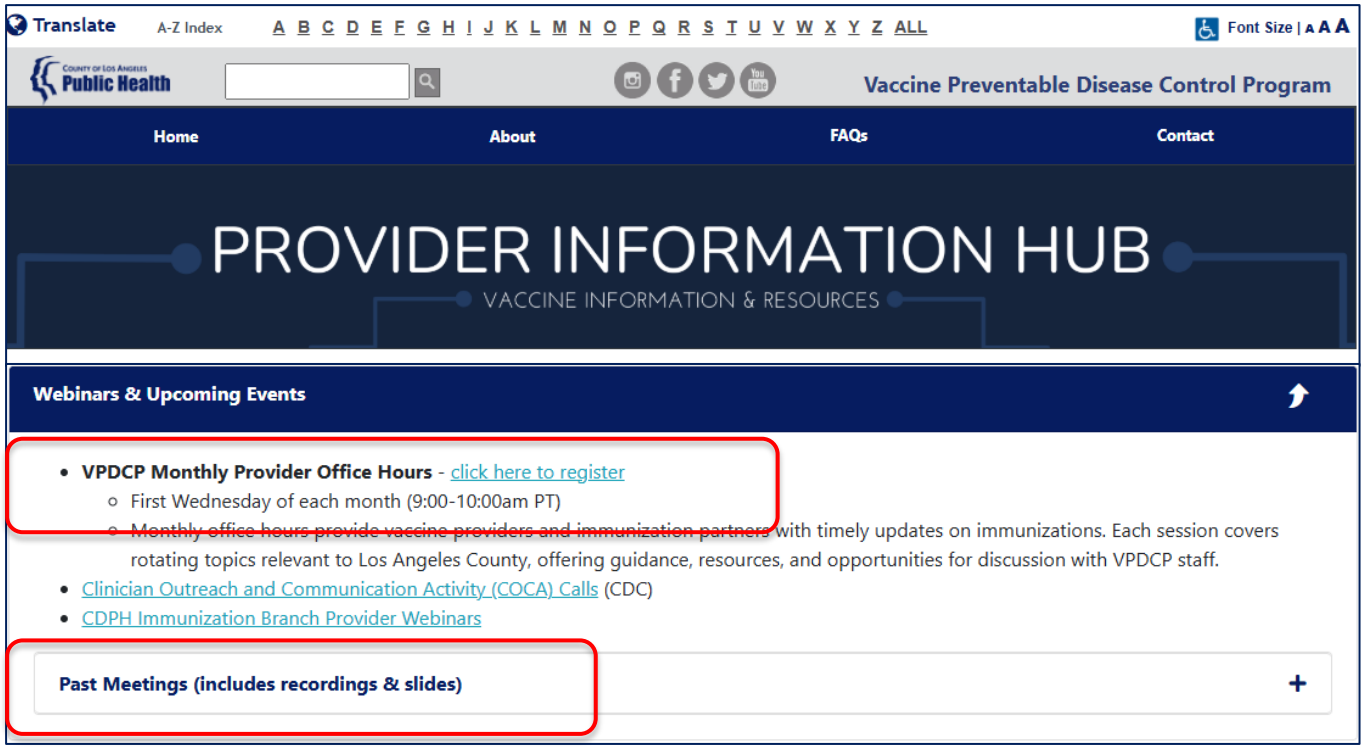
First Wednesday of the month

12:00 – 1:00 pm

Registration link

Reminders

Please share the registration information for the future sessions with your colleagues or refer them to the [VPDCP Provider Information Hub]



Agenda

Announcements	***Michelle Shishkin***
Measles Update in LA County	***Faith Washburn***
HPV Vaccination Recommendation	***Jocelyn Martinez***
VFC Flu Pre-Book, SGF Flu Updates	***Jerusalem Theodros***
Quick Poll	***All attendees***
Q&A session	***All panelists***

Announcements

LAHAN Los Angeles County Health Alert Network

LAC DPH Health Alert

Multiple Measles Cases in LA County

February 3, 2026

County of Los Angeles Public Health

This message is intended for all healthcare providers.

Please distribute as appropriate.

Key Messages

- Los Angeles County Department of Public Health (LAC DPH) is investigating three confirmed, unrelated measles cases, all associated with recent travel and public exposures. Additional cases are possible.
- Maintain a high index of suspicion for measles in any patient with febrile rash illness and collect travel history and assess measles immunity in all such patients. Recent investigations highlight the importance of early recognition and immediate reporting of suspected measles, as delays can lead to additional community and healthcare facility exposures.
- Healthcare providers should 1) ensure patients are up to date with measles-containing vaccines (MMR or MMRV) or have presumptive evidence of immunity, 2) immunize all travelers aged 6 months or older without documented immunity, and 3) immediately report suspected measles to LAC DPH to coordinate testing at public health labs.
- All healthcare personnel should have documented measles immunity.

Situation

Since January 30, 2026, LAC DPH has identified three confirmed, unrelated measles cases associated with recent international travel. Two cases involve LA County residents, and one involves a visitor from a country with an ongoing outbreak. LAC DPH is investigating multiple public exposures related to these cases.

Based on recent investigations, early recognition and prompt reporting of suspected measles are essential to reduce community and healthcare exposures.

LAHAN Los Angeles Health Alert Network

Preparing for Measles in the Healthcare Setting

Faith Washburn, MPH
Vaccine Preventable Disease Control Program

2/04/2026

All about measles

Outline

- General Measles overview
- Factors contributing to measles outbreak risk in the US
- Case numbers Globally + United States + LAC
- Measles vaccine and efficacy
- Classic Measles Presentation and timeline of symptoms
- Complications
- High Level Overview of Diagnosis: PCR of NP/Throat, Urine, serology
- Measles in the Healthcare Setting

Measles is HIGHLY contagious

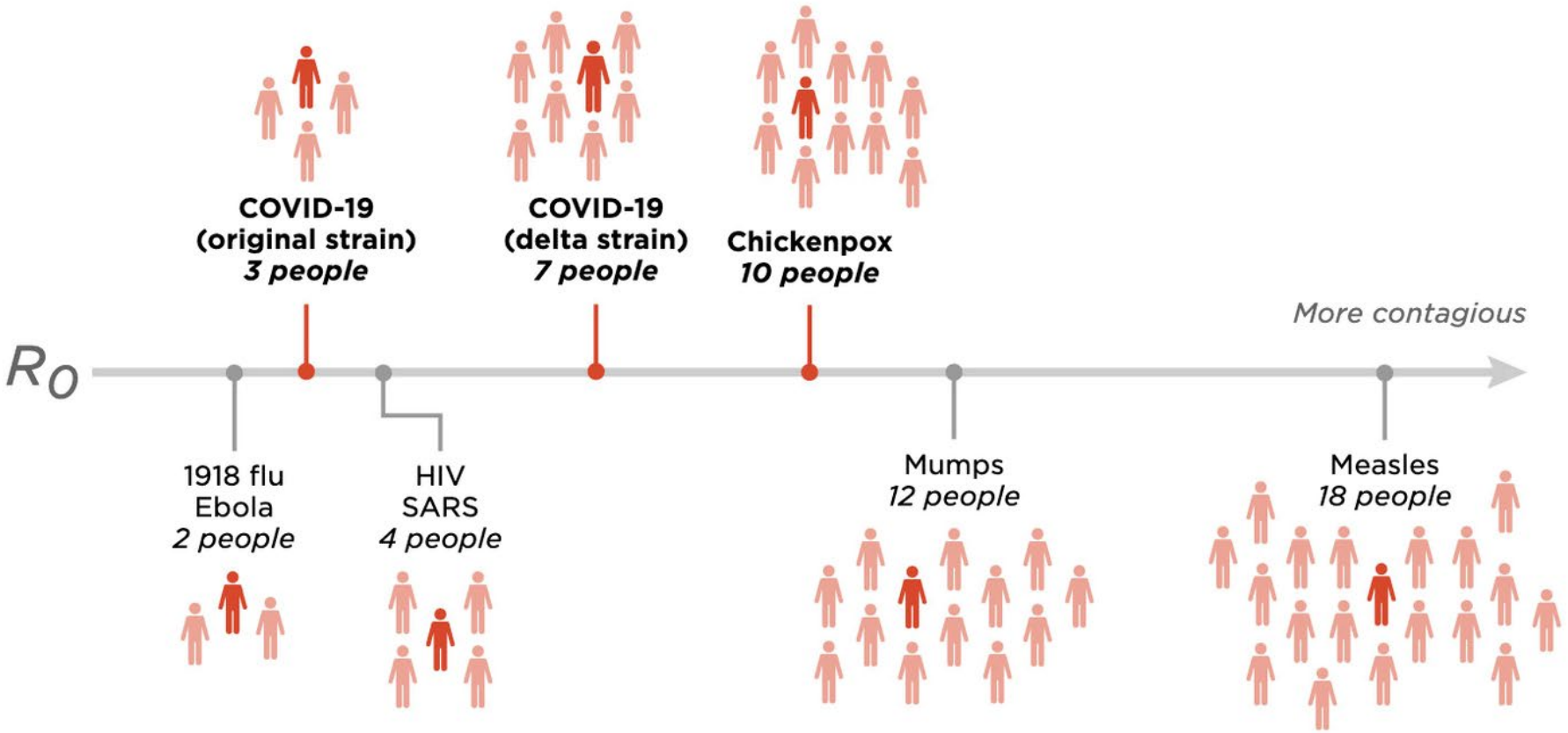
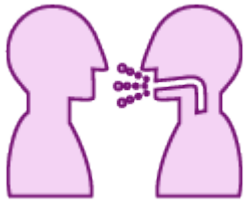


Image source: https://media.npr.org/assets/img/2021/08/11/seamus-contagiousness-3-20210810_wide-778cb0a01c02994046f726426d7ed0251a37a54f.png?s=1400&c=100&f=png

Measles Transmission



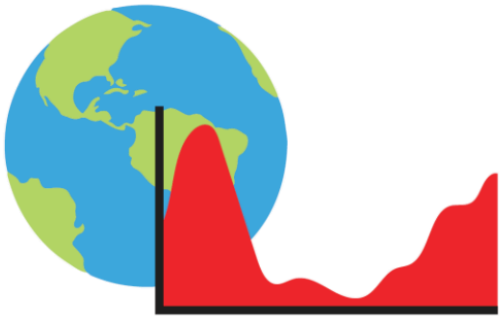
Spreads through air when infected person talks, breathes, coughs, or sneezes

Can stay in the air and live on surfaces for 2 hours after case has left

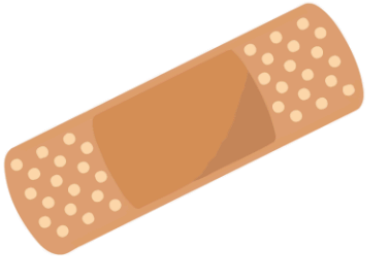
90% chance of becoming infected if exposed and not vaccinated

Image: https://www.cdc.gov/measles/transmission.html

Measles outbreak risk in the U.S. depends on two main factors:



Global measles activity



MMR vaccination coverage in the U.S.

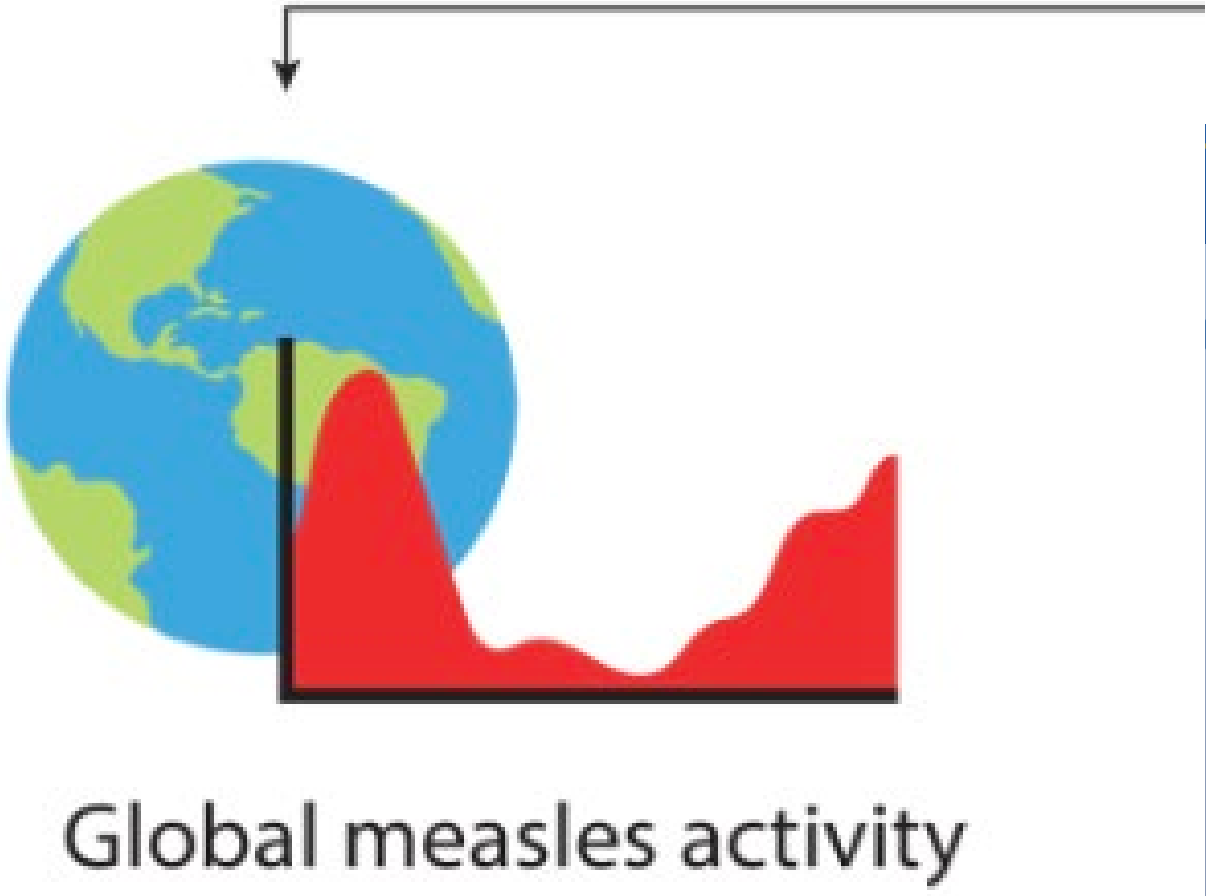
https://www.cdc.gov/ncird/whats-new/measles-outbreak-risk-in-us.html#

Measles activity:

Globally

United States

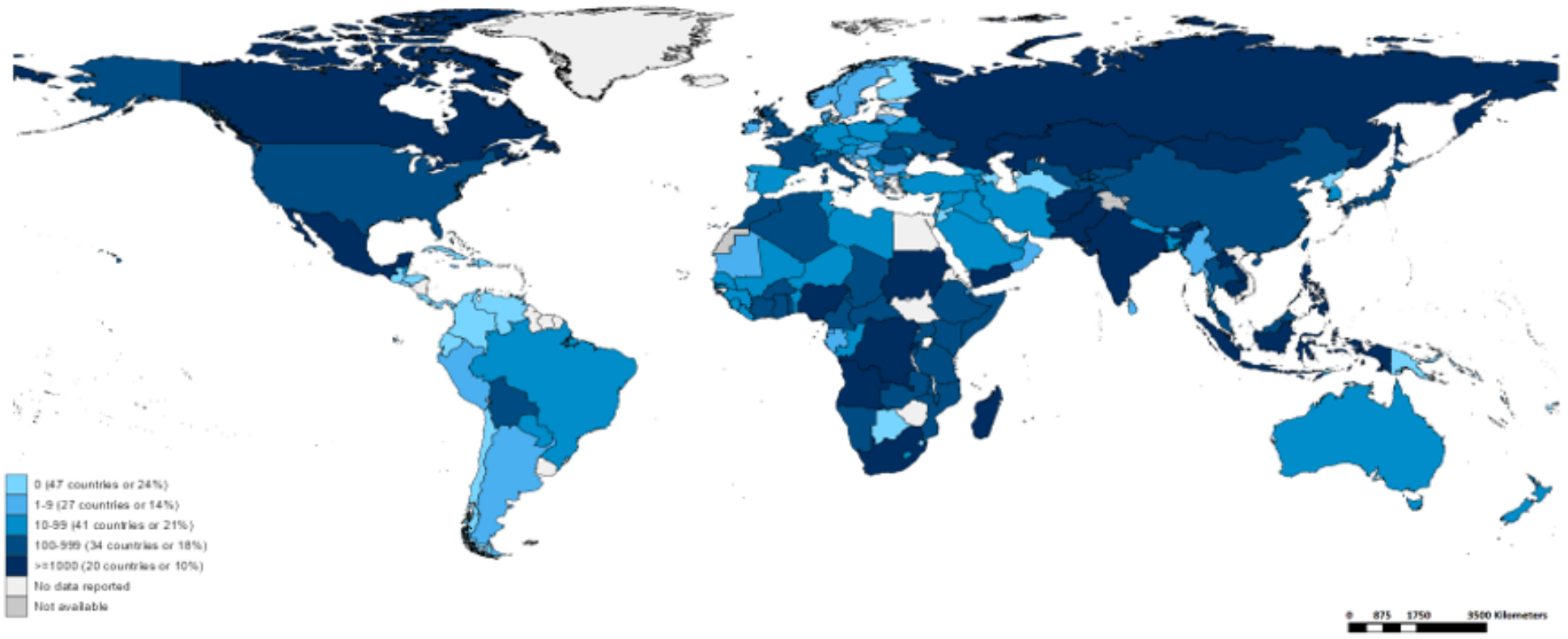
LAC



Global measles activity


International Travel Risk

Number of Reported Measles Cases (Last 6 months)



World Health Organization

Map production: World Health Organization, 2026. All rights reserved
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.

Country	Cases*
Indonesia	14,406
Yemen	9,277
Mongolia	8,483
Pakistan	8,310
India**	8,184
Angola	5,823
Nigeria	4,676
Mexico	3,164
Russian Federation	2,939
Lao People's Democratic Republic	2,859

Data source: [WHO - https://immunizationdata.who.int/docs/librariesprovider21/measles-and-rubella/global-mr-update.pptx](https://immunizationdata.who.int/docs/librariesprovider21/measles-and-rubella/global-mr-update.pptx)
Accessed 2/4/26

Measles Cases are on the rise

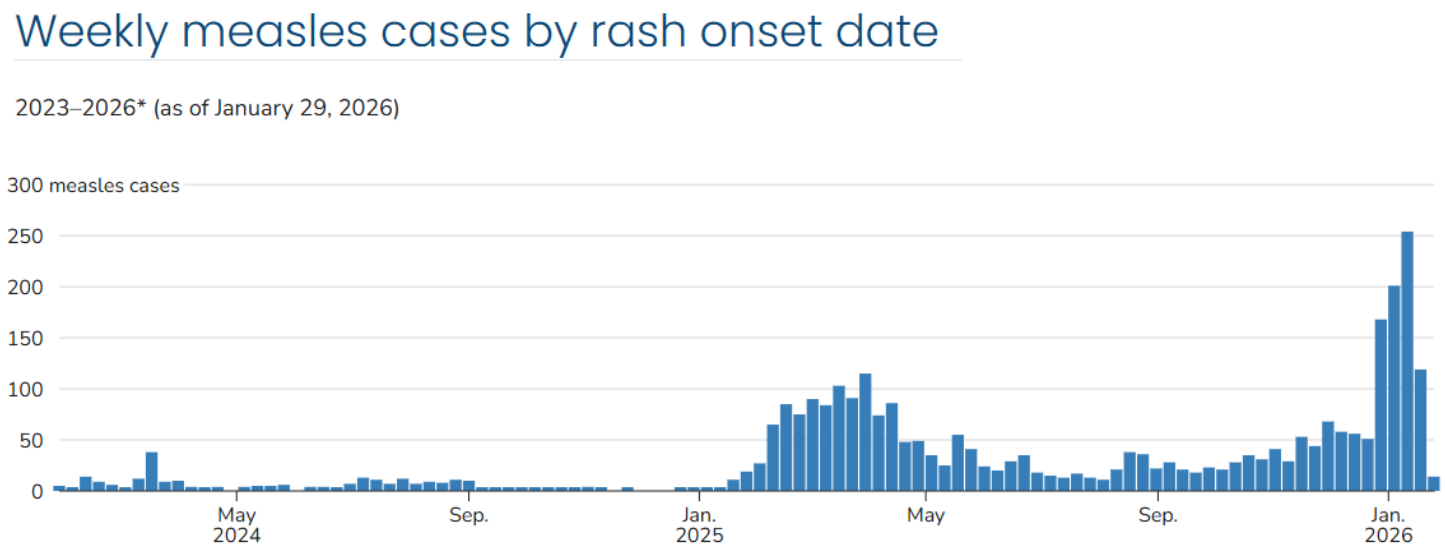
Total U.S. measles cases in 2025: **2,255**

U.S. measles cases from Jan 1-29, 2026: **588**

Source: https://www.cdc.gov/measles/data-research/index.html
Accessed 02/04/2026

U.S. Measles Cases, 2026

- 49 outbreaks in 2025; 2 new outbreaks in 2026



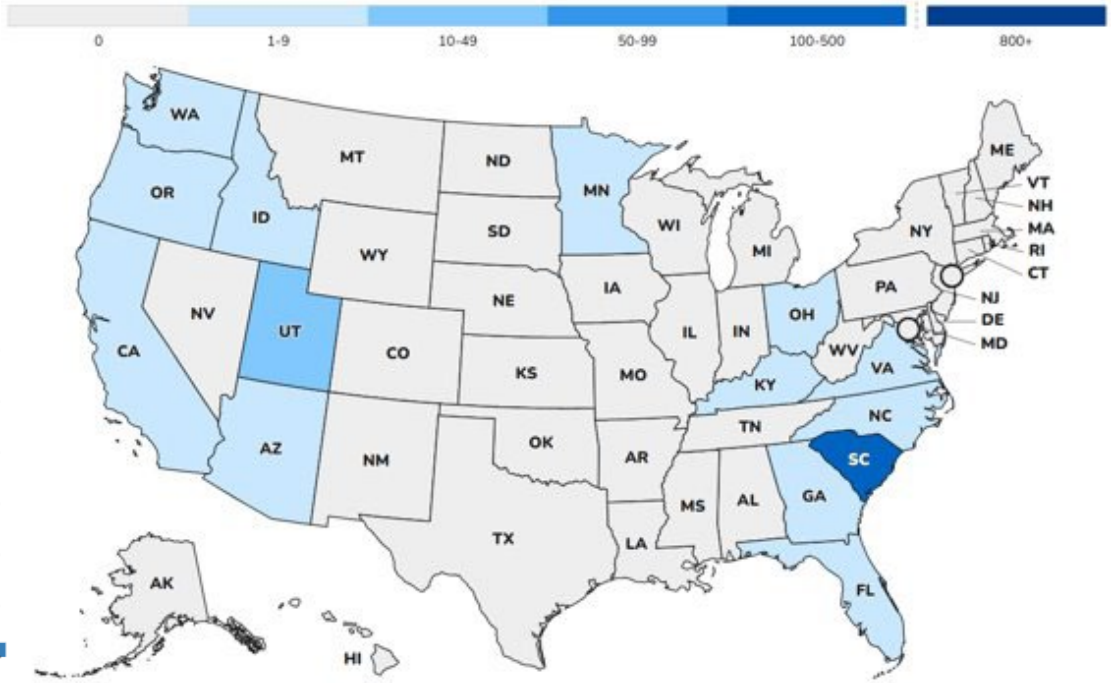
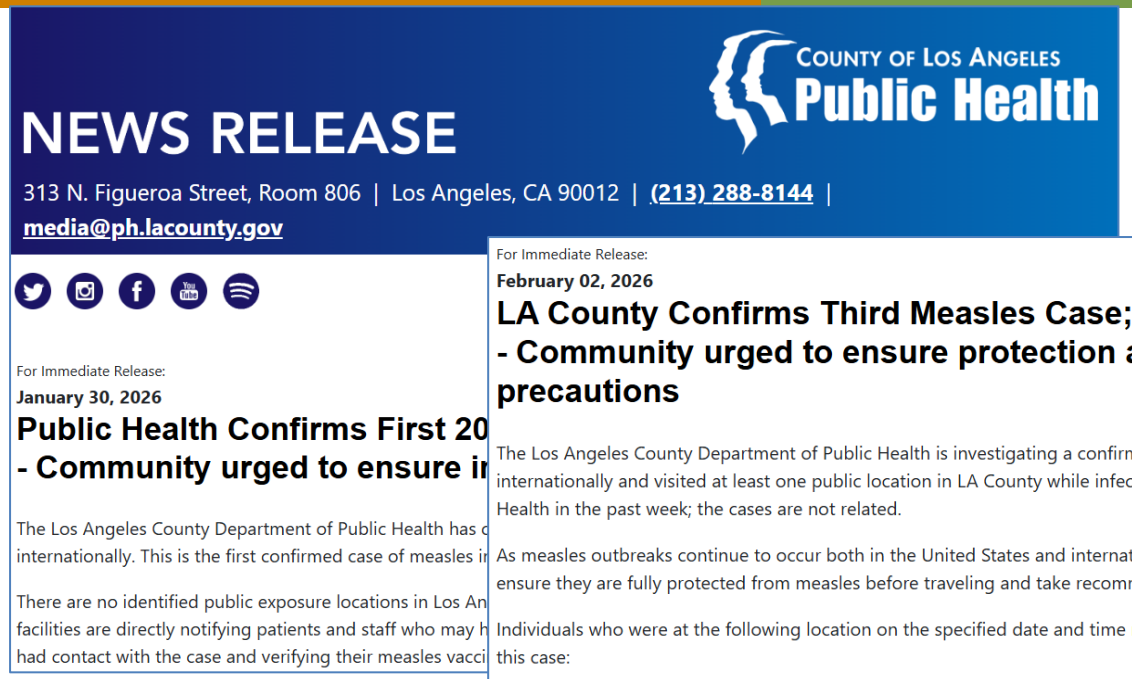


Image: Number of Measles Cases by State, 2026

Source: https://www.cdc.gov/measles/data-research/index.html

Measles Cases On the Rise

- **25 confirmed** cases in 2025 in California
  - 10 cases present in LA County during infectious period
- **9 confirmed** cases in Jan 2026 in California
  - 3 LA County cases



NEWS RELEASE

313 N. Figueroa Street, Room 806 | Los Angeles, CA 90012 | (213) 288-8144 | media@ph.lacounty.gov

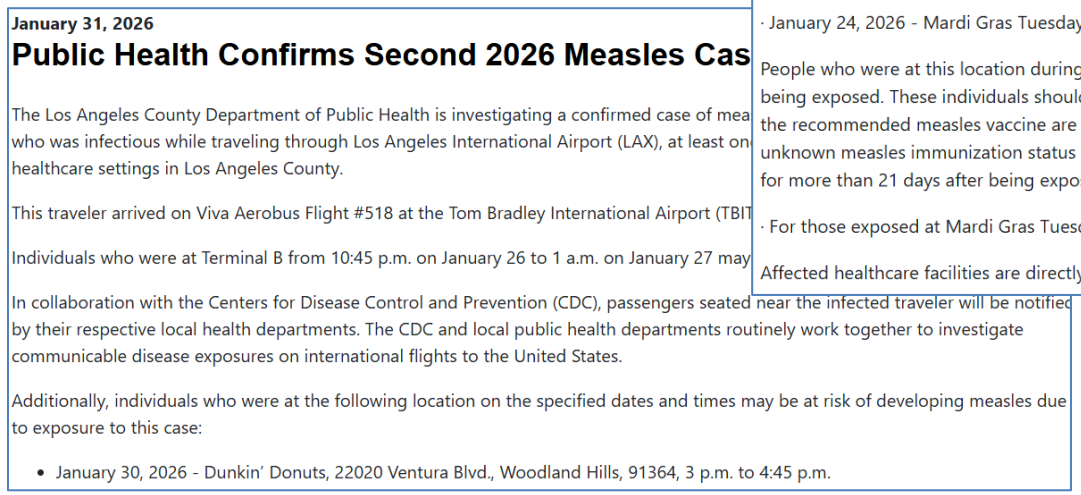
For Immediate Release:

January 30, 2026

Public Health Confirms First 20
- Community urged to ensure i

The Los Angeles County Department of Public Health has c
internationally. This is the first confirmed case of measles i

There are no identified public exposure locations in Los An
facilities are directly notifying patients and staff who may h
had contact with the case and verifying their measles vacci



January 31, 2026

Public Health Confirms Second 2026 Measles Cas

The Los Angeles County Department of Public Health is investigating a confirmed case of mea
who was infectious while traveling through Los Angeles International Airport (LAX), at least on
healthcare settings in Los Angeles County.

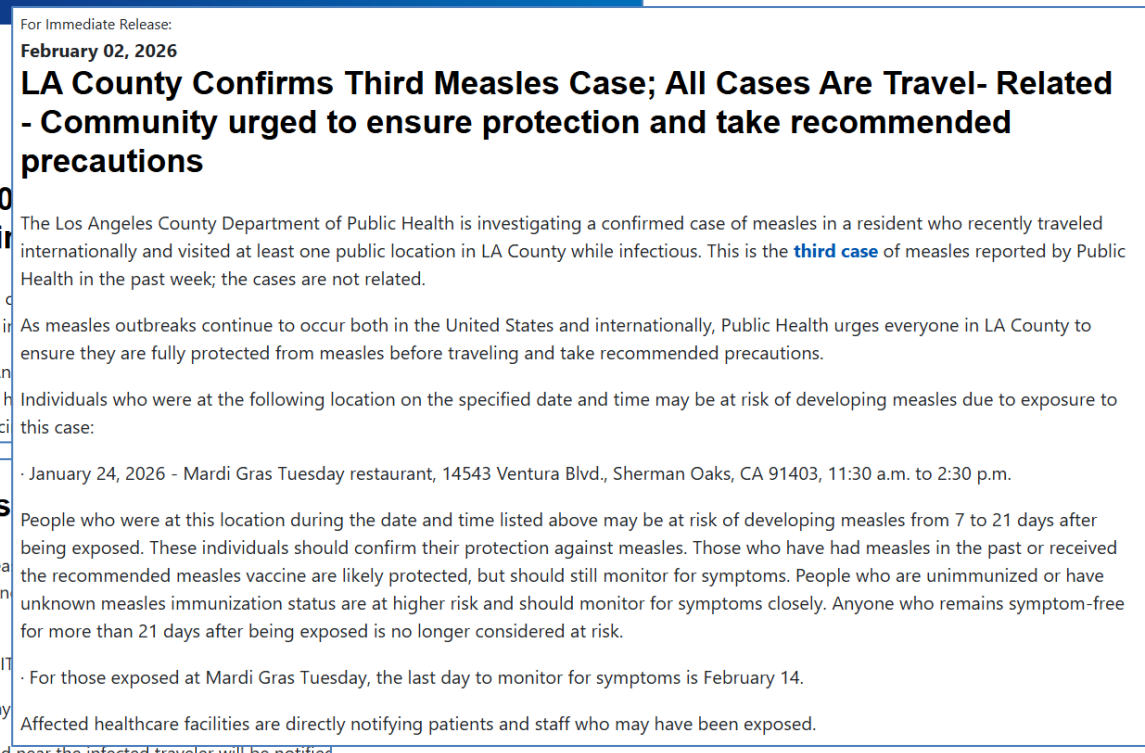
This traveler arrived on Viva Aerobus Flight #518 at the Tom Bradley International Airport (TBIT

Individuals who were at Terminal B from 10:45 p.m. on January 26 to 1 a.m. on January 27 may

In collaboration with the Centers for Disease Control and Prevention (CDC), passengers seated near the infected traveler will be notified by their respective local health departments. The CDC and local public health departments routinely work together to investigate communicable disease exposures on international flights to the United States.

Additionally, individuals who were at the following location on the specified dates and times may be at risk of developing measles due to exposure to this case:

- January 30, 2026 - Dunkin' Donuts, 22020 Ventura Blvd., Woodland Hills, 91364, 3 p.m. to 4:45 p.m.



For Immediate Release:

February 02, 2026

LA County Confirms Third Measles Case; All Cases Are Travel- Related - Community urged to ensure protection and take recommended precautions

The Los Angeles County Department of Public Health is investigating a confirmed case of measles in a resident who recently traveled internationally and visited at least one public location in LA County while infectious. This is the **third case** of measles reported by Public Health in the past week; the cases are not related.

As measles outbreaks continue to occur both in the United States and internationally, Public Health urges everyone in LA County to ensure they are fully protected from measles before traveling and take recommended precautions.

Individuals who were at the following location on the specified date and time may be at risk of developing measles due to exposure to this case:

· January 24, 2026 - Mardi Gras Tuesday restaurant, 14543 Ventura Blvd., Sherman Oaks, CA 91403, 11:30 a.m. to 2:30 p.m.

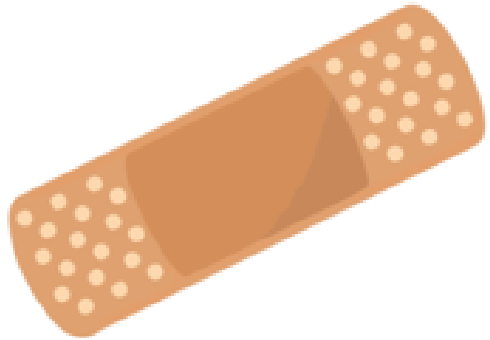
People who were at this location during the date and time listed above may be at risk of developing measles from 7 to 21 days after being exposed. These individuals should confirm their protection against measles. Those who have had measles in the past or received the recommended measles vaccine are likely protected, but should still monitor for symptoms. People who are unimmunized or have unknown measles immunization status are at higher risk and should monitor for symptoms closely. Anyone who remains symptom-free for more than 21 days after being exposed is no longer considered at risk.

· For those exposed at Mardi Gras Tuesday, the last day to monitor for symptoms is February 14.

Affected healthcare facilities are directly notifying patients and staff who may have been exposed.

Source:
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx
Accessed 02/03/26

Vaccine coverage



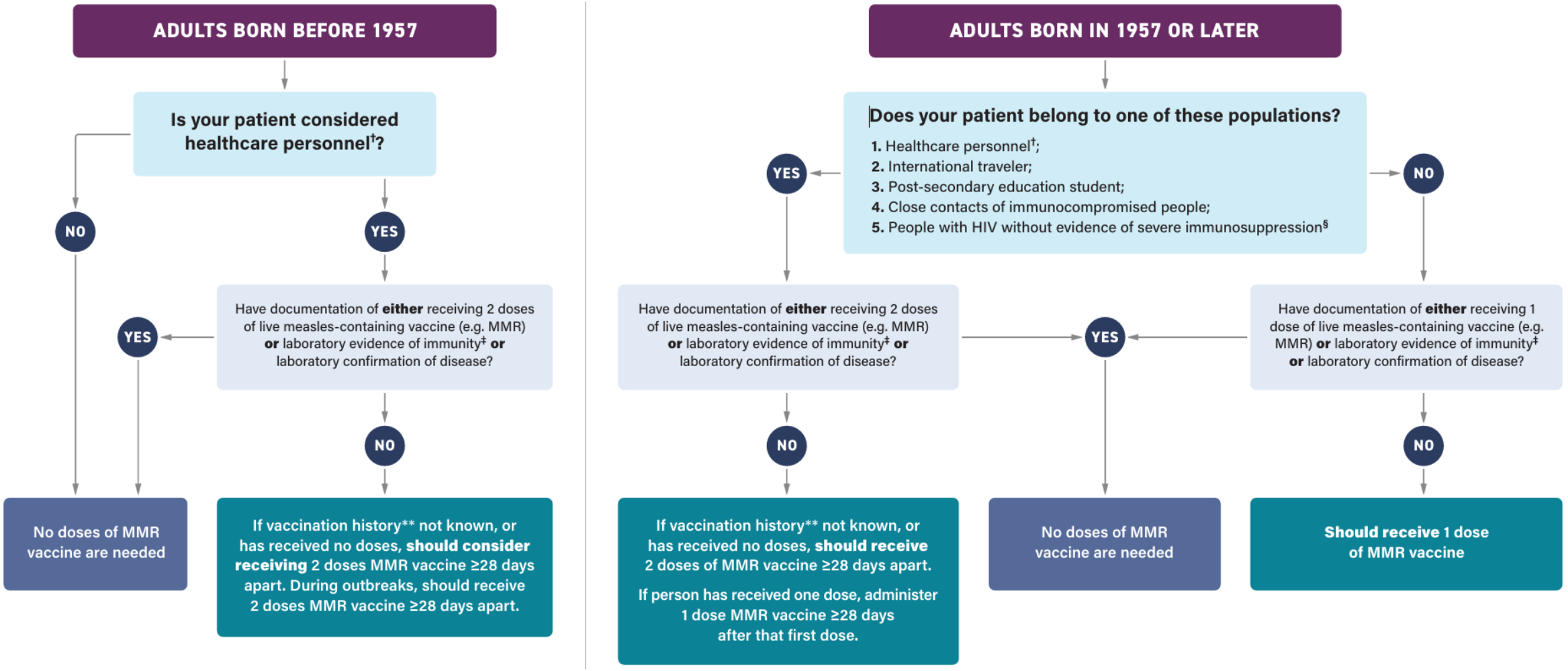
MMR vaccination coverage in the U.S.

Vaccine

- First licensed in 1963 in the United States as measles vaccine
- Licensed in 1971 as MMR
- Live attenuated vaccine
- Highly effective
  - 1 dose: 93% protection
    - First dose recommended 12-15 months
    - Can be given between 6-11 months of age
  - 2 doses: 97% protection
    - Recommended 4-6 years of age
    - Can be given as soon as 28 days after Dose 1

Measles vaccine recommendations for non-pregnant adults* aged ≥19 years by birth year—United States

This infographic for healthcare providers summarizes ACIP and CDC recommendations



*MMR vaccine should NOT be administered during pregnancy. Refer to Adult Immunization Schedule by Age | Vaccines & Immunizations | CDC (www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html) for more contraindications and precautions, and other details.

†Healthcare personnel include all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

‡Acceptable laboratory evidence of immunity includes: measles IgG in serum (equivocal results should be considered negative).

§Refer to Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013 (www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm) for details about absence of severe immunosuppression. In addition to the adults belonging to one of these population groups, health departments may consider a second dose for adults (including visitors) who have received one dose who are living in or traveling to domestic areas with sustained, community-wide measles transmission affecting adults where there is ongoing risk of exposure.
Refer to VPD surveillance manual (www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html).

**A small number (<5%) of adults vaccinated between 1963–1967 received an inactivated (killed) measles vaccine. Check documentation to ensure that the adult did not receive inactivated vaccine. Adults who received killed vaccine, or do not know what type of vaccine they received between 1963–1967, should receive 1 or 2 doses of current MMR vaccine (i.e. those killed or unknown doses do not count).

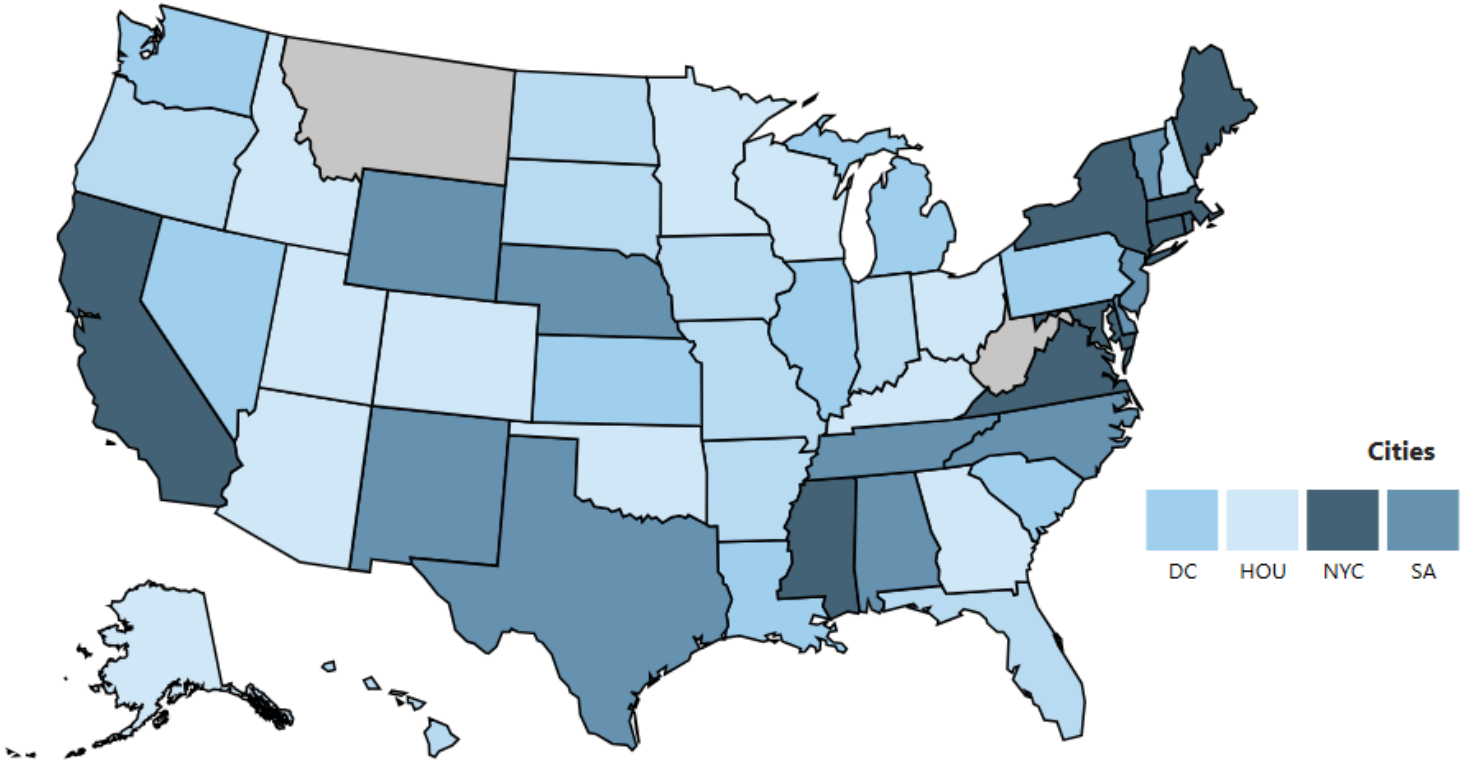
Source: https://www.cdc.gov/measles/downloads/adult-mmr-algorithm-508.pdf

Important notes

- A dose 6-11 months of age can be given for travel or outbreak response
  - Does not count towards 2 doses but can offer protection
- Additionally, can get an “accelerated” series, with second dose 4 weeks after first dose
  - Teenagers and adults without evidence of immunity

Infants under 12 months old who are traveling	Children over 12 months old	Teens and adults with no evidence of immunity*
• Get **an early dose at 6 through 11 months** • Follow the recommended schedule and get another dose at 12 through 15 months and a final dose at 4 through 6 years	• Get **first dose immediately** • Get second **dose 28 days after first dose**	• Get **first dose immediately** • Get second **dose 28 days after first dose**

Other recent news: Vaccine coverage among Kindergartners 2024-25



Legend – Coverage (%)

78.5 - 88.7
88.8 - 90.8
90.9 - 92.7
92.8 - 95.2
95.3 - 98.2
Not Available

Source: https://www.cdc.gov/schoolvaxview/data/index.html

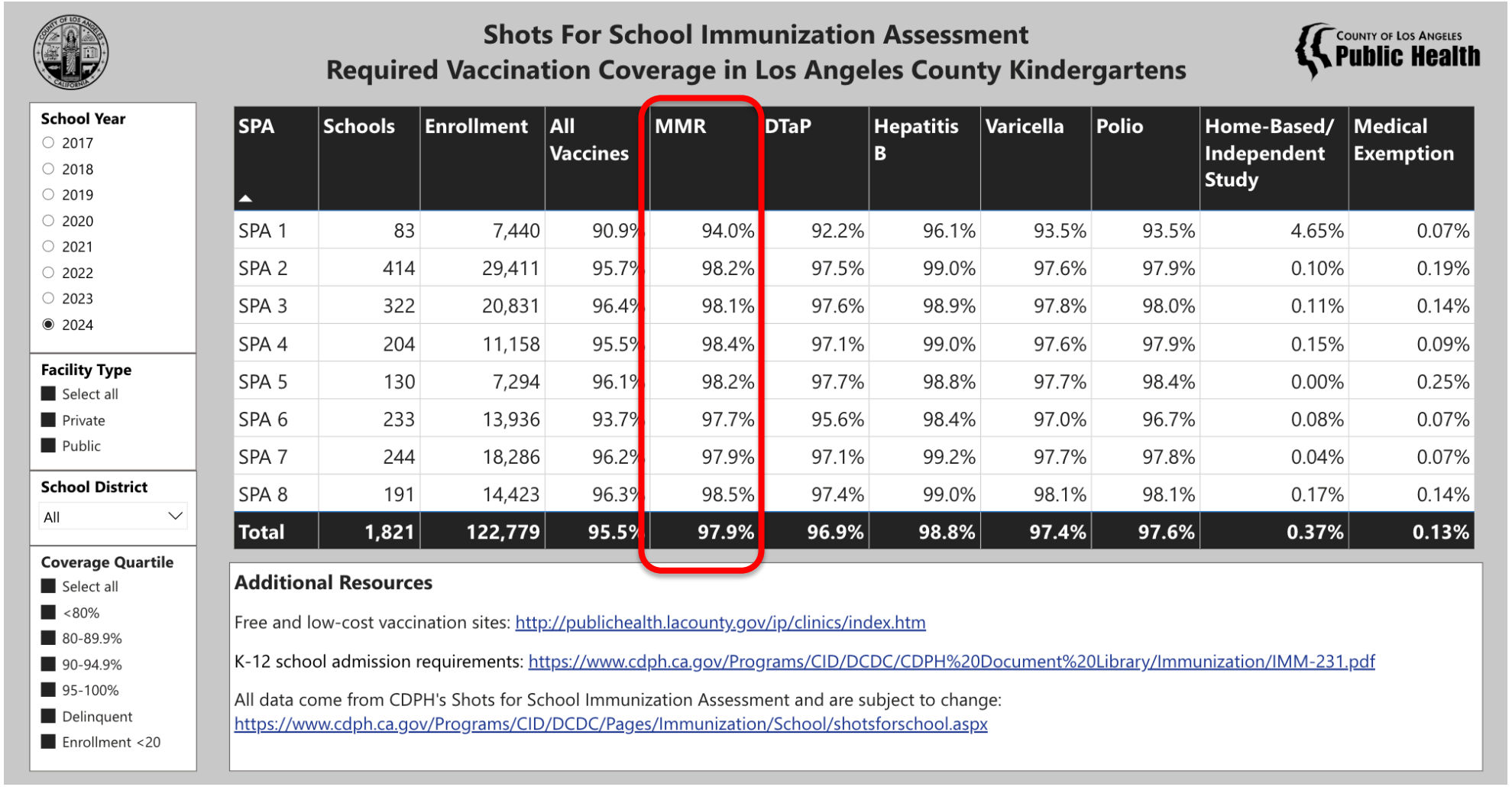
MMR Coverage over time among US Kindergartners

	2019-20	2020-21	2021-22	2022-2023	2023-24	2024-25
MMR (2 doses)	95.2	93.9	93.0	93.1	92.7	92.5

286,000 kindergartners did not receive MMR vaccines during the 2024-2025 school season

Required Vaccines for Kindergarten and Childcare, 2024-25 School Year—Los Angeles County

Up-to-date vaccination coverage among students in **kindergarten**



Shots For School Immunization Assessment
Required Vaccination Coverage in Los Angeles County Kindergartens

School Year
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024

Facility Type
- Select all
- Private
- Public

School District
All

Coverage Quartile
- Select all
- <80%
- 80-89.9%
- 90-94.9%
- 95-100%
- Delinquent
- Enrollment <20

SPA	Schools	Enrollment	All Vaccines	MMR	DTaP	Hepatitis B	Varicella	Polio	Home-Based/ Independent Study	Medical Exemption
SPA 1	83	7,440	90.9%	94.0%	92.2%	96.1%	93.5%	93.5%	4.65%	0.07%
SPA 2	414	29,411	95.7%	98.2%	97.5%	99.0%	97.6%	97.9%	0.10%	0.19%
SPA 3	322	20,831	96.4%	98.1%	97.6%	98.9%	97.8%	98.0%	0.11%	0.14%
SPA 4	204	11,158	95.5%	98.4%	97.1%	99.0%	97.6%	97.9%	0.15%	0.09%
SPA 5	130	7,294	96.1%	98.2%	97.7%	98.8%	97.7%	98.4%	0.00%	0.25%
SPA 6	233	13,936	93.7%	97.7%	95.6%	98.4%	97.0%	96.7%	0.08%	0.07%
SPA 7	244	18,286	96.2%	97.9%	97.1%	99.2%	97.7%	97.8%	0.04%	0.07%
SPA 8	191	14,423	96.3%	98.5%	97.4%	99.0%	98.1%	98.1%	0.17%	0.14%
Total	**1,821**	**122,779**	**95.5%**	**97.9%**	**96.9%**	**98.8%**	**97.4%**	**97.6%**	**0.37%**	**0.13%**

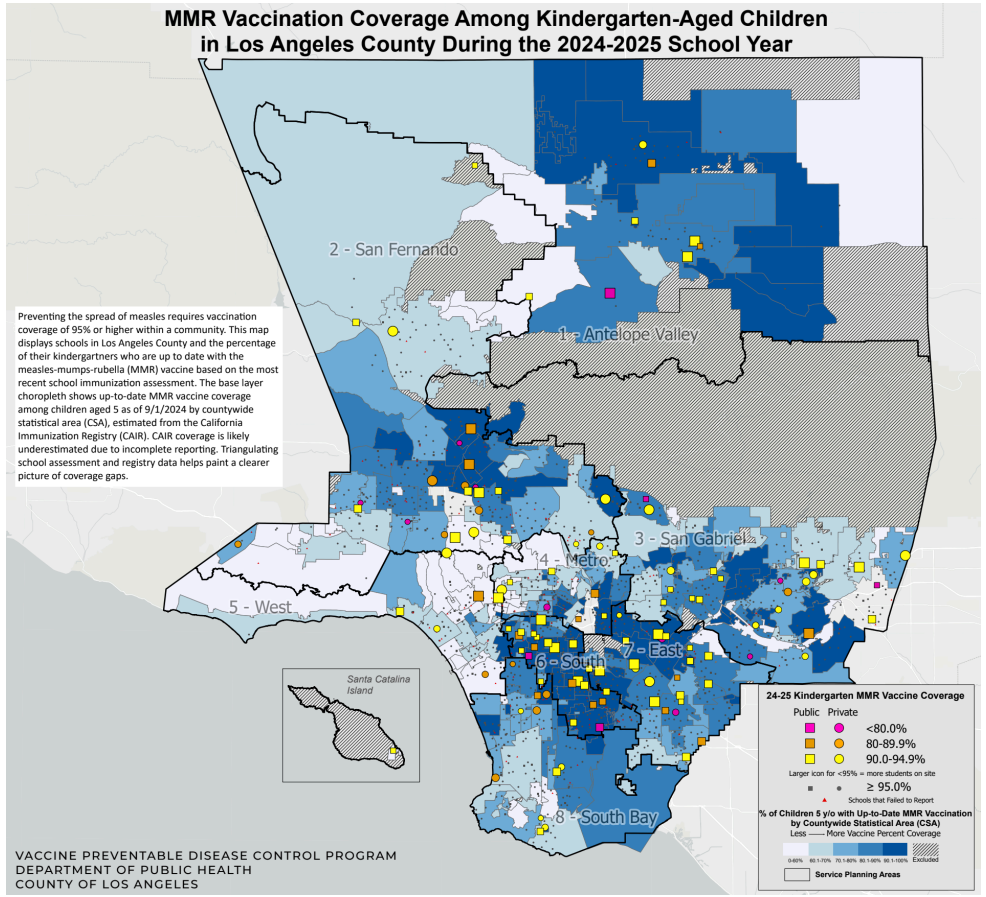
Additional Resources

Free and low-cost vaccination sites: http://publichealth.lacounty.gov/ip/clinics/index.htm

K-12 school admission requirements: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-231.pdf

All data come from CDPH's Shots for School Immunization Assessment and are subject to change: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/shotsforschool.aspx

Many children are still vulnerable to infection



- Target coverage to prevent outbreaks:
  - **95% or higher**

Based on last year's schools/childcares report, kindergartens with low coverage are clustered in:

- San Fernando Valley
- South
- East San Gabriel Valley

Does my patient have measles?

Fever & 3 C's

- Cough
- Conjunctivitis
- Coryza
- Fever starts low grade and progresses to high

2-3 days after initial sx onset

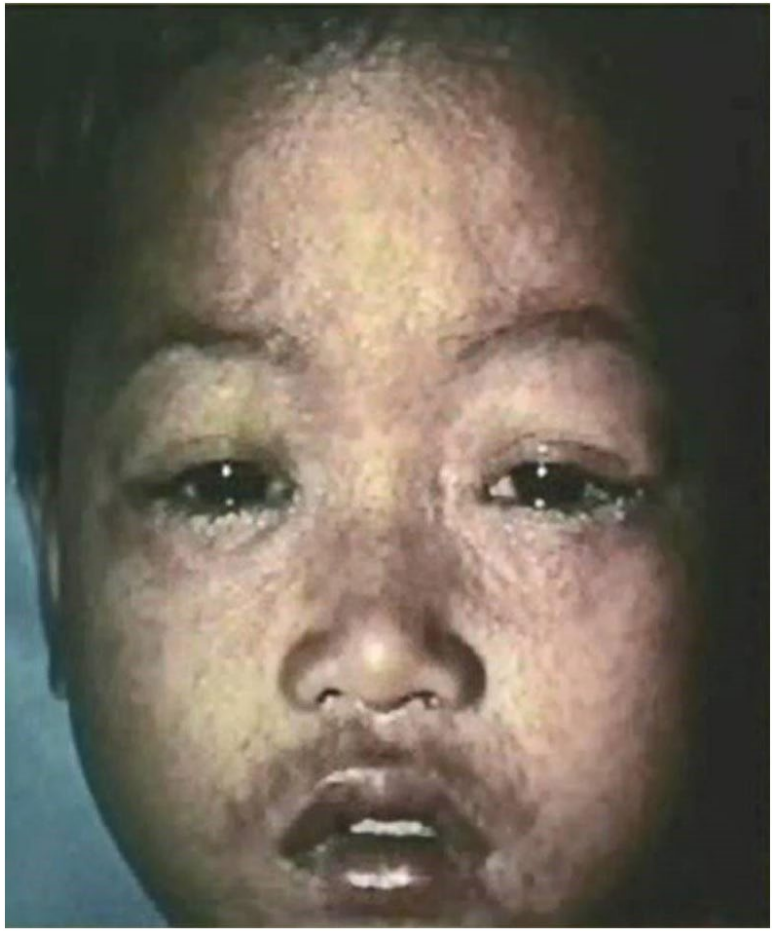
Koplik Spots

- Tiny white spots in mouth

3-5 days after initial sx onset

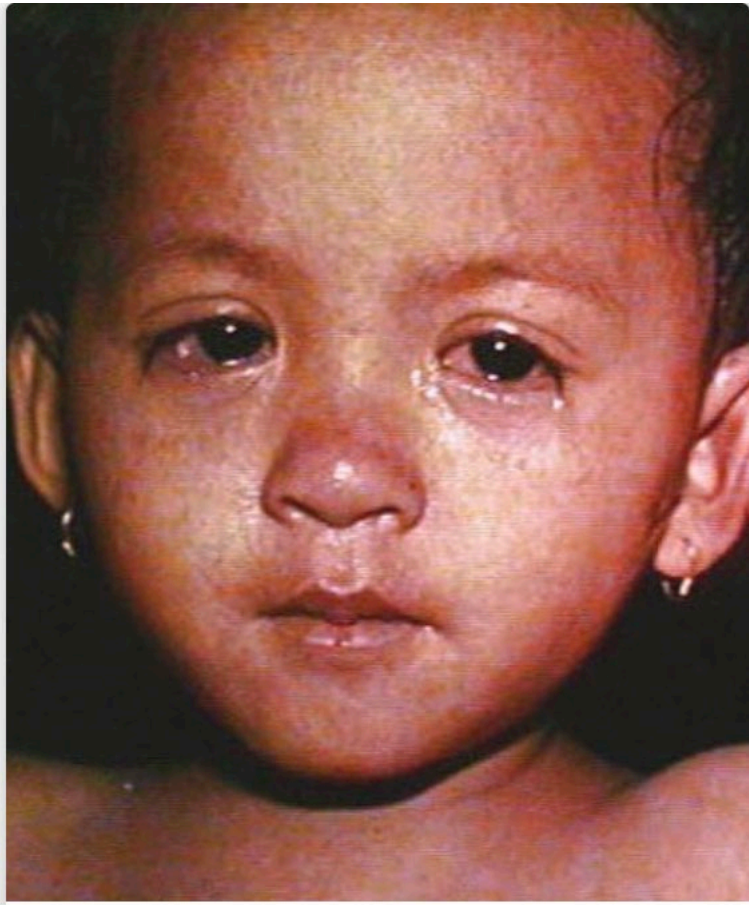
Rash

- Starts on face/hairline
- Spreads downward to neck, trunk extremities
- Not itchy
- Small raised bumps may also appear on top of the flat red spots.
- Maculopapular - The spots may become joined together as they spread from the head to the rest of the body (maculopapular)



Young, dark-skinned child with watery eyes, runny nose, and raised rash.

Child with a classic measles rash after four days.



Eyes of a child with measles

https://www.cdc.gov/measles/symptoms/photos.html

Complications:

- **Common:**
  - Diarrhea (8%)
  - Otitis Media (7-9%)
  - Pneumonia (1-6%)
  - Immune amnesia--reset the immune system, lose immunity to other infections
- **Rare but serious**
  - Hospitalizations (14-25%)
  - Encephalitis 1/1000
  - Death: 1-3/1000
  - Later…subacute sclerosing panencephalitis (SSPE): 7-11/100,000

Immunocompromised individuals

- MMR may be contraindicated
- With increasing levels of immunosuppression
  - More atypical signs and symptoms
    - Atypical rash that's transient OR severe and desquamating
  - High risk for complications
    - 20% without rash, diagnosed after complications (pneumonia, liver failure, encephalitis) or at autopsy
- Key to diagnosis in this population is an awareness of community and epidemiologic risk.

When to Suspect Measles

Consider measles in any patient with

- febrile rash
- clinically compatible symptoms (cough, coryza, conjunctivitis, Koplik spots) *especially* if they are unvaccinated or under-vaccinated or have any of the following risk factors in the past 4 weeks:
  - **Travel**, especially international or domestic through an international airport
  - Contact with someone with a febrile rash illness
  - Exposure to a known or possible measles case

If you suspect measles, **contact VPDC right away** at

213-351-7800 – DON'T WAIT FOR LABS!

Diagnosis

Diagnosis: PCR of NP/throat and Urine specimens

- RT-PCR can be performed on NP, throat swabs and urine
    - Most sensitive from onset of rash—>10 days after rash
- Offered by public health labs, but also Quest/LabCorp as well as other commercial labs
- Public Health Lab strongly preferred!
    - Faster turn-around time
    - PCR can assist in genotyping and MeVA
    - Outbreak tracking
    - Can determine if virus is wild-type vs vaccine derived

Diagnosis-Serology

Important to have high clinical suspicion for measles when ordering tests to make the diagnosis

- **IgG:** Can be used to measure immunity
    - Avidity: Can help with breakthrough measles cases among vaccinated individuals
- **IgM:** Should not be used to diagnose measles alone—use in conjunction with PCR
    - Detection starts 1-3 days after rash, detected for 6-8 weeks
    - Can have cross reactivity with other viruses, meaning positive predictive value declines when disease likelihood is low
    - Fully vaccinated individuals
    - No epidemiologic link

UPDATED WEBSITE: ph.lacounty.gov/measles

B73: Measles

Provides important information on reporting, procedures, recommendations, and links to LAC DPH investigation forms.

Webpage

Checklist: Managing Patients Suspected of Having Measles

A checklist to provide clinicians with step-by-step guidance for evaluating patients suspected to have measles, helping to reduce the spread and facilitate Public Health investigations.

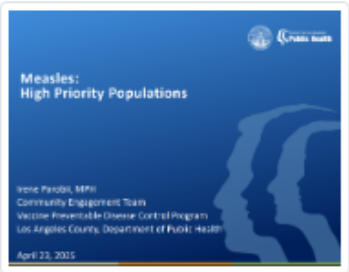
Checklist

Preparing Your Facility for Suspect & Confirmed Measles Cases

Guidance for preparing hospitals and healthcare facilities for suspect and confirmed measles cases.

Guidance Document

Measles: High Priority Populations



A presentation from LAC DPH on measles high priority populations and strategies/considerations to improve vaccine confidence and uptake.

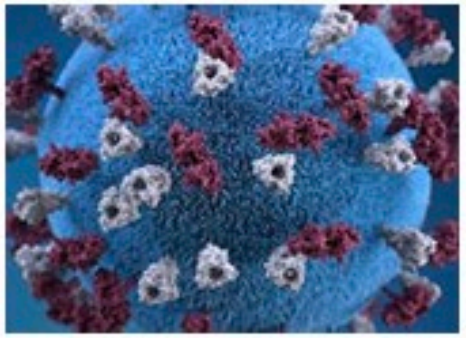
Presentation (PDF)

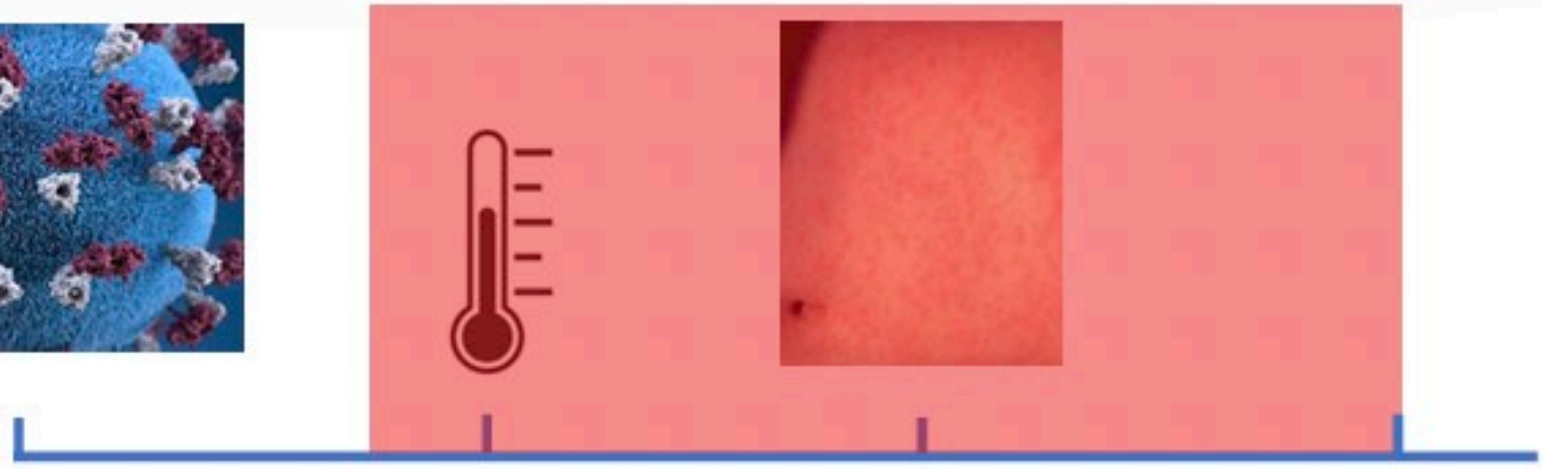
1. B73 Measles
2. Preparing Your Facility for Suspect and Confirmed Measles Cases
3. Check List: Managing Patients Suspected of Having Measles
4. Measles: High Priority Populations

Secondary Prevention

Investigating measles in the community

Measles – Typical Timeline





Incubation Period: -21 to -7 days

Infectious Period:
4 days before rash to 4 days after rash

Source: CDC COCA Call 2023

Case management

Isolation:

- Case-patients should be isolated for **four** days after rash onset
    - People with immunocompromising conditions with measles may require more prolonged isolation

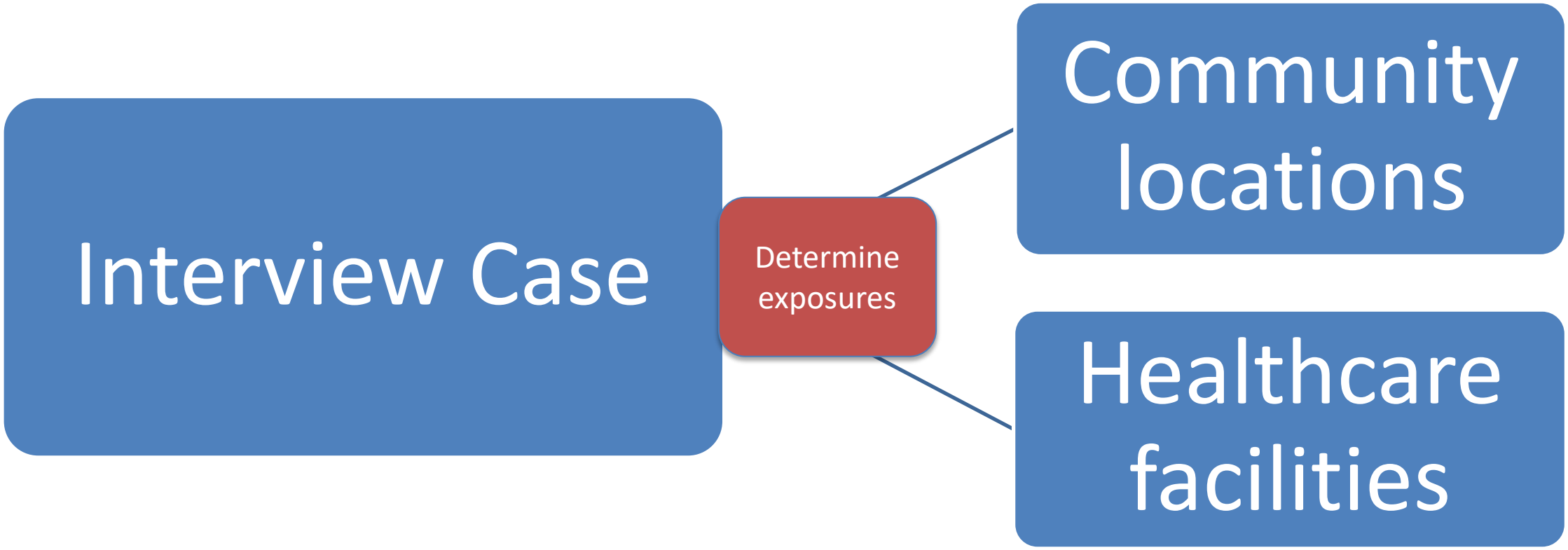
Contact tracing:

- Detailed history of activities during infectious period
    - All individuals in the same airspace 4 days before and 4 days after rash onset

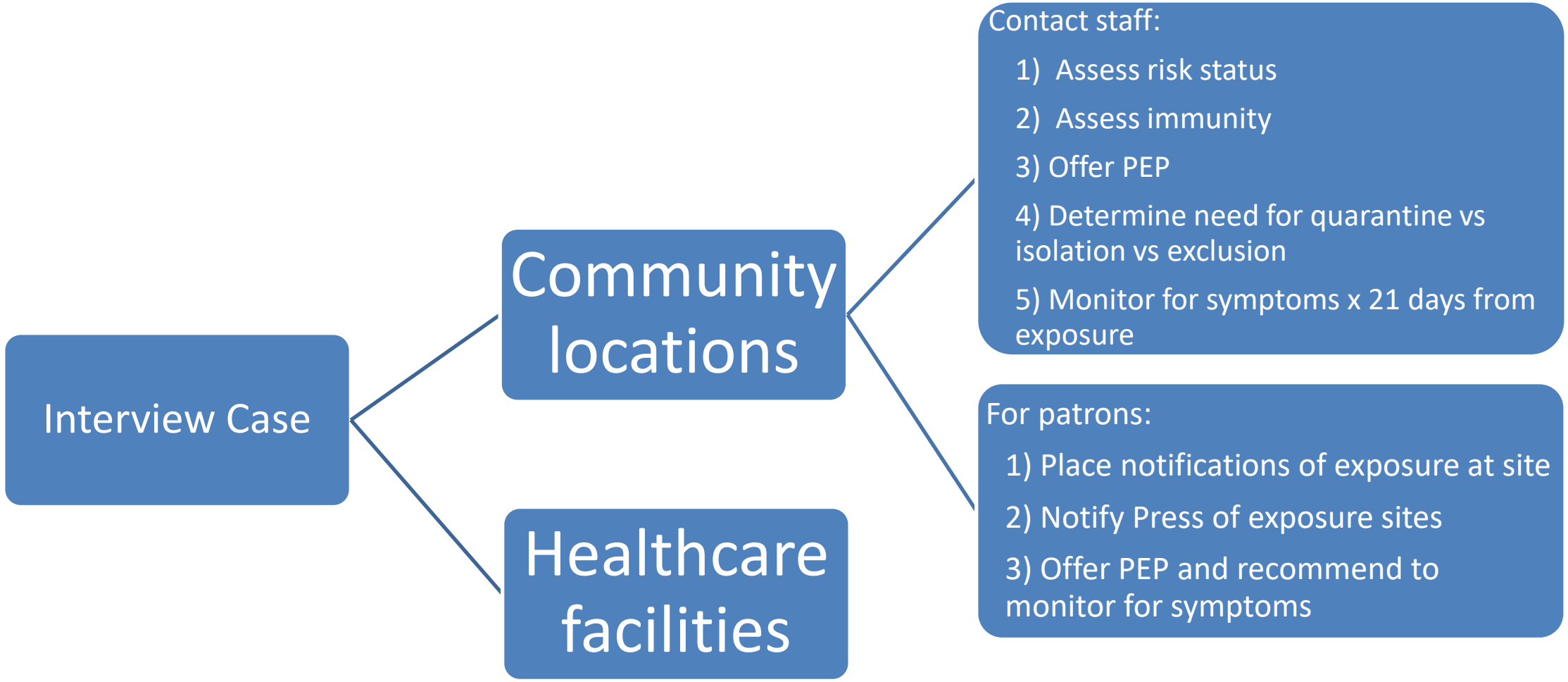
Contacts

- Sharing the same airspace with a person infectious with measles e.g., same classroom, home, clinic waiting room, airplane etc., or being in these areas up to 1 hour after the infectious person has left the area
    - Although CDC recommends using a 2-hour window, there is little evidence for measles transmission >60 minutes after an infectious person has left the setting.
    - Exposure criteria apply even if the infectious person was masked.

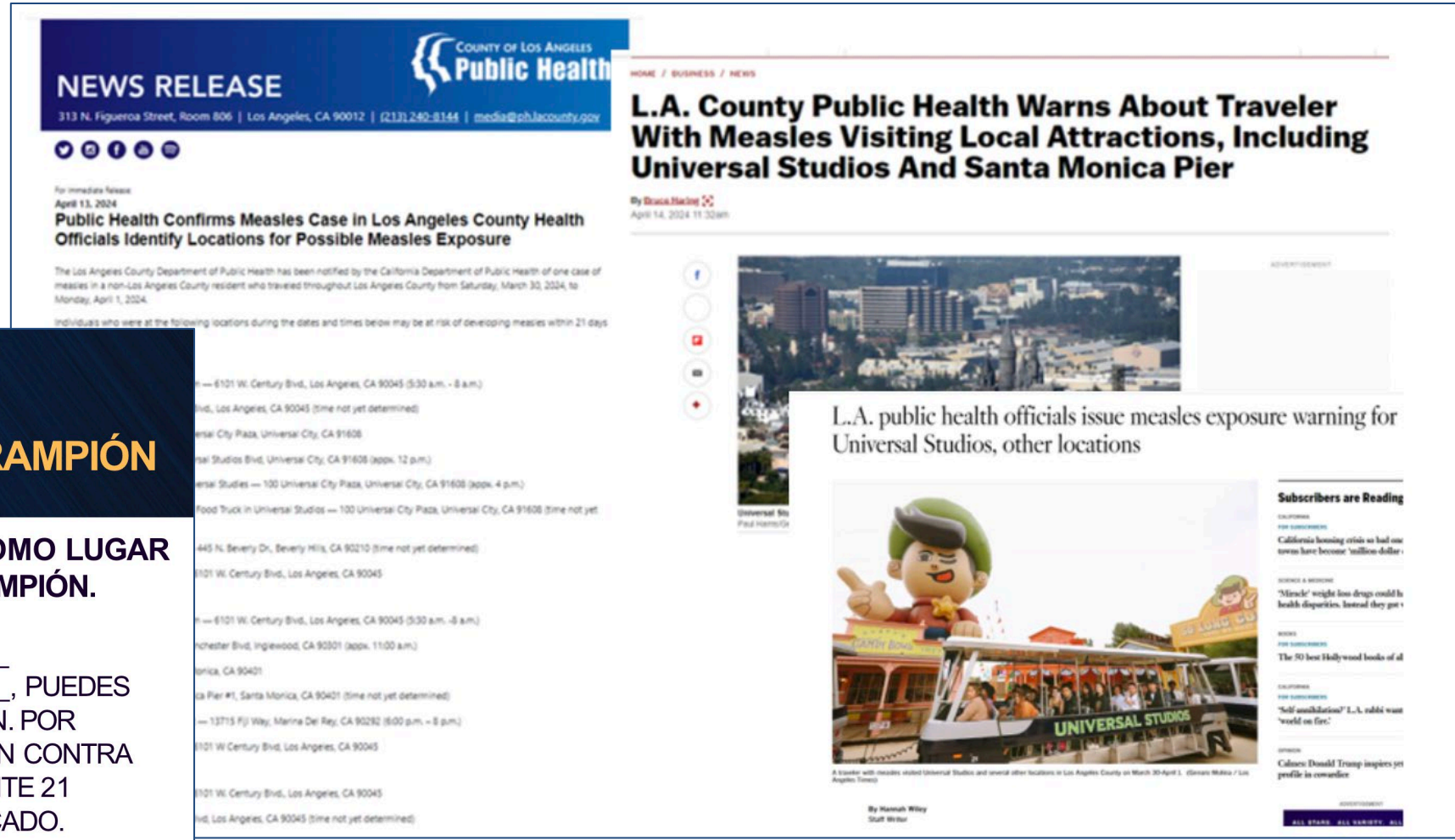
Public Health responsibilities



Public Health responsibilities



Notification of Public



NEWS RELEASE

313 N. Figueroa Street, Room 806 | Los Angeles, CA 90012 | (213) 240-8144 | media@ph.lacounty.gov

April 13, 2024

Public Health Confirms Measles Case in Los Angeles County Health Officials Identify Locations for Possible Measles Exposure

The Los Angeles County Department of Public Health has been notified by the California Department of Public Health of one case of measles in a non-Los Angeles County resident who traveled throughout Los Angeles County from Saturday, March 30, 2024, to Monday, April 1, 2024.

Individuals who were at the following locations during the dates and times below may be at risk of developing measles within 21 days

HOME / BUSINESS / NEWS

L.A. County Public Health Warns About Traveler With Measles Visiting Local Attractions, Including Universal Studios And Santa Monica Pier

By Bruce Haring

April 14, 2024 11:32am

L.A. public health officials issue measles exposure warning for Universal Studios, other locations

UNIVERSAL STUDIOS

Subscribers are Reading

ATENCIÓN:

AVISO DE EXPOSICIÓN AL SARAMPIÓN

ESTE LUGAR HA SIDO IDENTIFICADO COMO LUGAR DE EXPOSICIÓN AL SARAMPIÓN.

SI ESTUVISTE EN ESTE LUGAR_____
ENTRE LAS HORAS DE_____, PUEDES CORRER EL RIESGO DE CONTRAER SARAMPIÓN. POR FAVOR, CONFIRMA TU ESTADO DE VACUNACIÓN CONTRA EL SARAMPIÓN Y VIGILA LOS SÍNTOMAS DURANTE 21 DÍAS DESPUÉS DEL DÍA ANTERIORMENTE INDICADO.

LLAMA INMEDIATAMENTE A UN PROFESIONAL SANITARIO SI EXPERIMENTAS:

- FIEBRE ALTA

1) Assess Risk Status: Low-Risk

- **Low-risk setting:**
  - A low-risk setting is one in which transmission risk is low and multiple high-risk contacts are not present (NOT HCW, work with infants, work with immunocompromised individuals)

- **Low-risk contact:**
  - Not high risk of experiencing severe measles illness, or to/from whom the transmission potential is not high.
    - Examples: immunocompetent, >12 months of age
    - NOT pregnant, NOT a healthcare worker, and NOT a household contact (or other person with prolonged exposure)

2) Assess immunity for Low-Risk Contacts:

Presumptive Immunity

- were born prior to 1957
- were born in **any** country in 1976 or later AND attended a U.S. primary or secondary school
- have written documentation with date of receipt of at least one dose of measles-containing vaccine given on or after their first birthday in 1968 or later
- have a documented IgG positive test for measles
- have laboratory confirmation of previous measles disease
- served in the U.S. armed forces
- entered the U.S. as a permanent U.S. resident or became one in 1996 or later (i.e., have a “green card”)

Exposure management:
3) Post Exposure prophylaxis (PEP)

PEP within the target window may provide measles protection or modify the clinical course of disease among susceptible people

MMR

- Should be given within 72 hours (3 days) of initial measles exposure
- Vaccination can be given after this window, but would only be expected to protect from future exposures and is not considered “adequate PEP”

Immunoglobulin

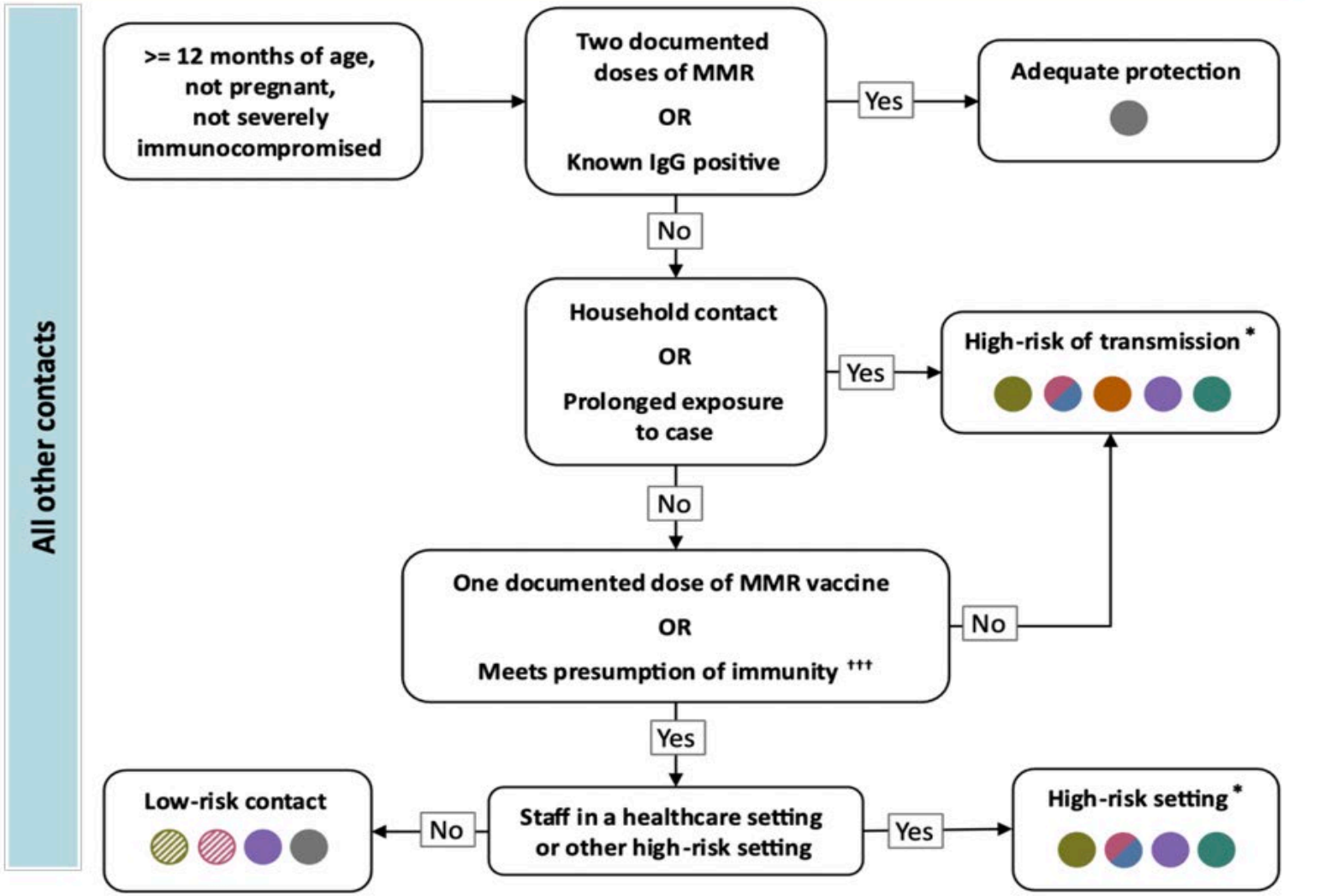
- Needs to be given within 6 days of initial exposure
- Can be given intramuscularly (IMIG) or intravenously (IVIG)
  - IVIG should be prioritized for adults at high risk of severe disease

4) Monitor for Symptoms

If there is no evidence of immunity AND appropriate PEP: Exclusion vs Quarantine

- **Quarantine:** Home isolation for non-immune contacts who have not received PEP
  - If quarantine is implemented, it should begin on day 7 after the date of first exposure through day 21 after the date of last exposure.
- **Exclusion:** High-risk settings (healthcare settings, infant daycare, etc.)
  - If exclusion of those other than healthcare workers is implemented, it should begin on day 7 after the date of **first** exposure through day 21 after the date of **last** exposure (day of exposure is day 0)
  - For healthcare workers, CDC recommends starting exclusion on day 5.
  - If received IG for PEP, exclusion should extend through day 28 after **last** exposure

Management of contacts not at risk of severe disease



CDPH Quicksheet: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-Quicksheet.pdf

High-Risk contacts

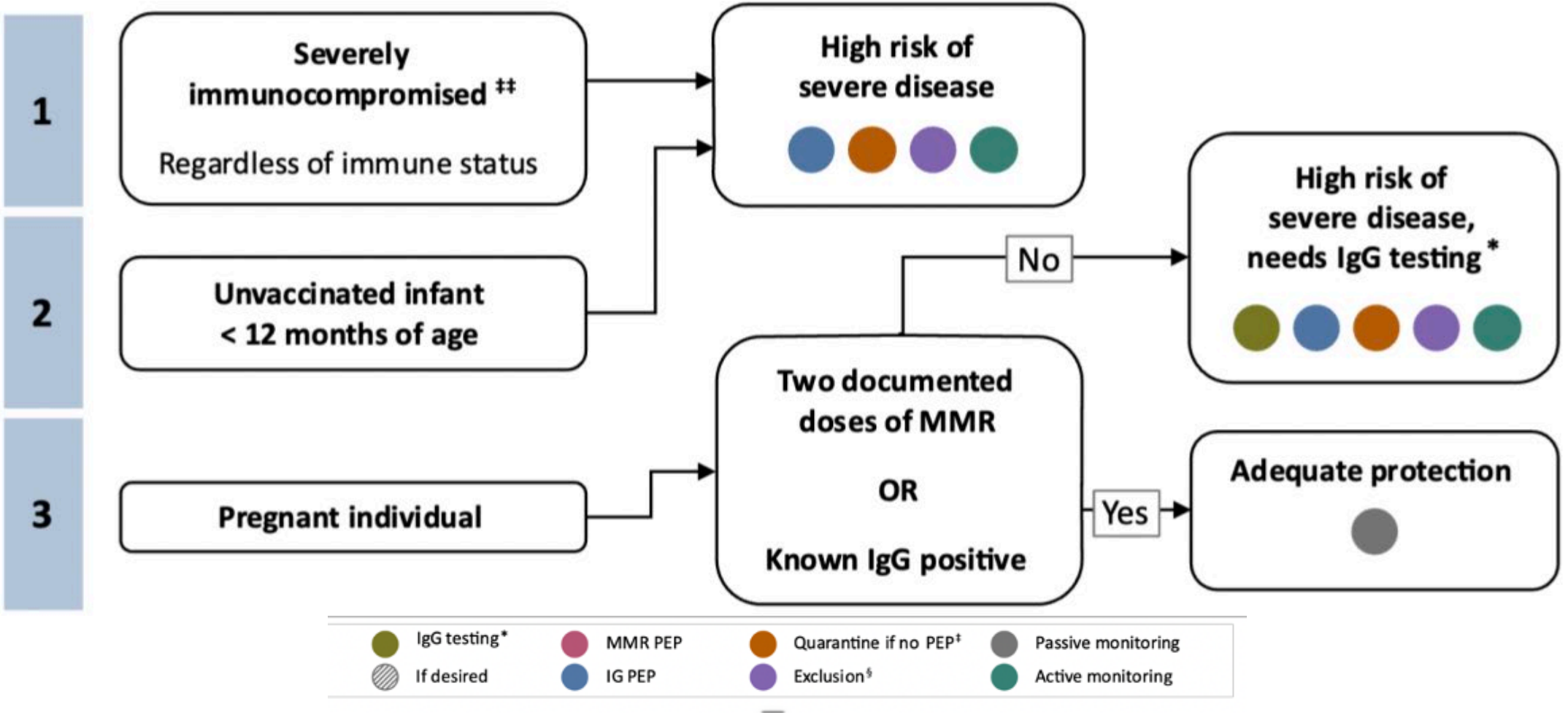
May experience severe illness if they become infected with measles or to whom the transmission potential is high:

- Infants
- Household contacts or other prolonged exposure (e.g., Uber driver)
- Immunocompromised persons
- Pregnant persons

Presumptive Immunity for High-Risk (pregnant) Individuals

- Documentation of two doses of measles vaccine given in 1968 or later, separated by at least 28 days, with the first dose on or after the first birthday
- A documented **IgG positive** test for measles
- Laboratory confirmation of previous disease

Management of contacts at risk of severe disease



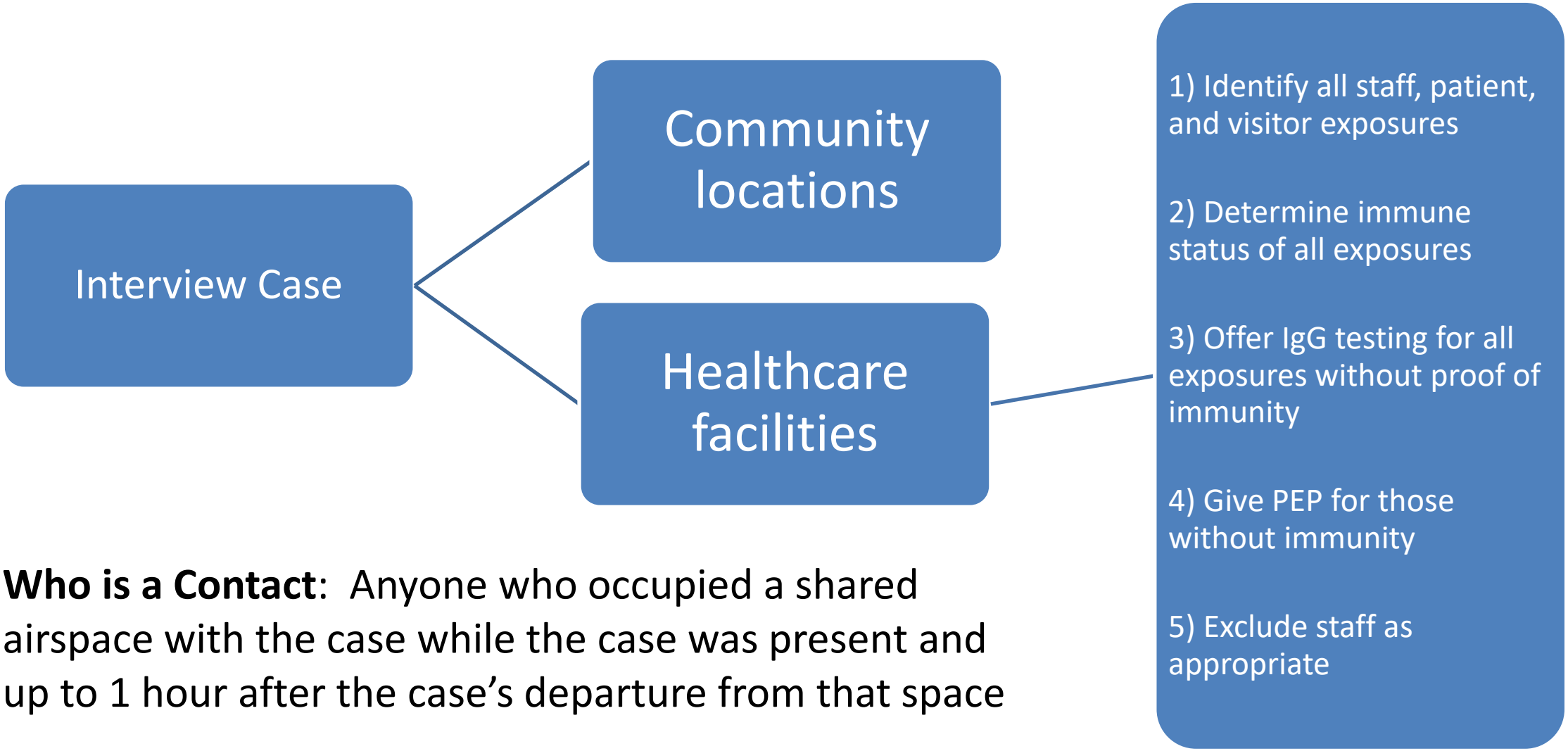
CDPH Quicksheet: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-Quicksheet.pdf

Measles cases in the healthcare setting

Outline

- Contact tracing responsibilities for healthcare facilities
    - Facility and DPH roles
    - Expectations for handling exposed staff
- How to prevent measles transmission in the healthcare setting
    - Establishing staff immune status
    - Appropriate triaging
    - Infection prevention principles

Health Care Facility responsibilities



Who is a Contact: Anyone who occupied a shared airspace with the case while the case was present and up to 1 hour after the case's departure from that space

Post Exposure prophylaxis

PEP within the target window may provide measles protection or modify the clinical course of disease among susceptible people

MMR

- Should be given within 72 hours (3 days) of initial measles exposure
- Vaccination can be given after this window, but would only be expected to protect from future exposures and is not considered “adequate PEP”

Immunoglobulin

- Needs to be given within 6 days of initial exposure
- Can be given intramuscularly (IMIG) or intravenously (IVIG)
  - IVIG should be prioritized for adults at high risk of severe disease

If there is no evidence of immunity: Exclusion vs Quarantine

- **Quarantine:** Home isolation for non-immune contacts who have not received PEP
  - If quarantine is implemented, it should begin on day 7 after the date of first exposure through day 21 after the date of last exposure.
- **Exclusion** for healthcare workers
  - Should begin on day 5 after the date of first exposure through day 21 after the date of last exposure (day of exposure is day 0)
  - Exclusion is required for anyone without 2 documented MMRs or serologic evidence of immunity, even if they received PEP

Contacts who work in a healthcare setting or other high-risk setting	IgG testing*	PEP	Quarantine if no PEP‡	Exclusion§	Monitoring
High-risk for severe disease due to personal medical history and without 2 documented MMR vaccine doses or serologic evidence of immunity	See Table 1				
Low risk for severe disease and with 1 documented MMR vaccine dose and no serologic evidence of immunity	Yes	MMR	No	Yes	Active
Low risk for severe disease and with no documented MMR vaccine doses and no serologic evidence of immunity	Yes	MMR	Yes	Yes	Active
With 2 documented MMR vaccine doses or serologic evidence of immunity	No	No	No	No	Passive

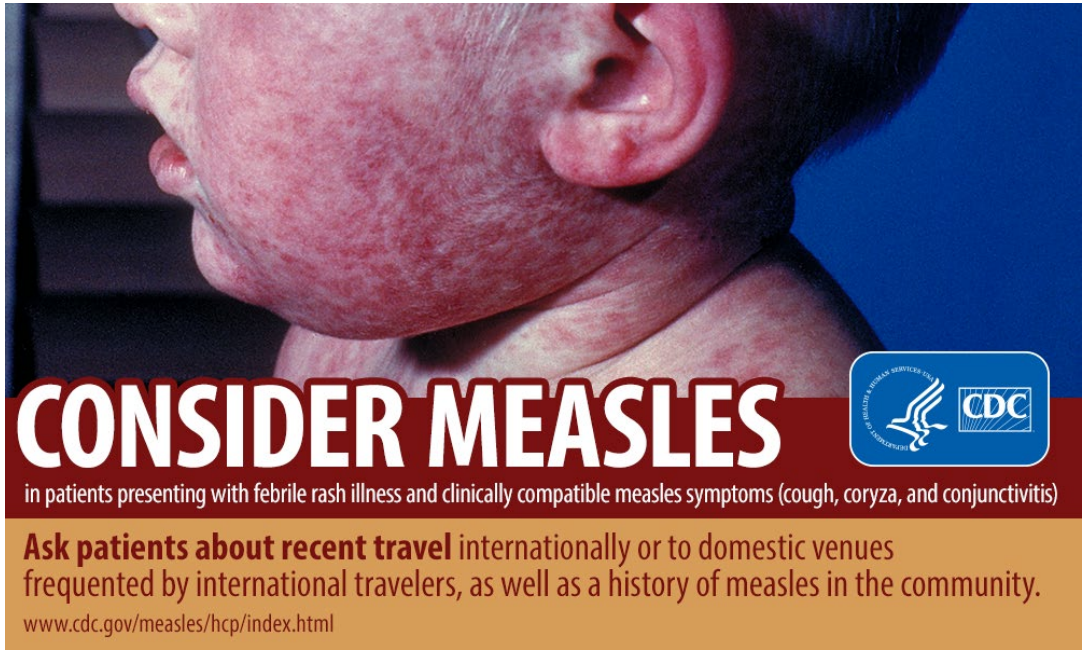
How to prepare your facility for measles

Accounting for staff immunity

- Obtain documentation of measles immunity at hiring or ASAP
    - Consider offering IgG testing for any worker unable to provide documentation
    - Consider offering MMR for any non-immune workers
- Those born before 1957 are presumed immune, but should be considered for vaccination anyway if they do not have other evidence of immunity
    - CDC advises people in this group receive 2 doses of MMR during outbreak scenarios
- Use incidence of cases to re-engage staff regarding immunity testing or receiving MMR vaccine.

When to suspect measles

- Any patient with fever and rash with cough, runny nose, and conjunctivitis who:
  - Is unvaccinated or under-vaccinated
  - Has recent travel, especially internationally or through a US international airport
  - Had contact with another person with a febrile rash illness
  - Was exposed to a known or possible measles case



Preparing staff

- Hospitals that are prepared for measles avoid exposure follow-up when measles cases present
- Consider the following preparations:
  - Post measles warning outside of ED
  - Educate triage to identify potential cases upon entry to ED and divert these individuals to appropriate isolated areas
  - Ensure good adherence to respiratory hygiene, cough etiquette, and hand hygiene among staff
  - If cases have been detected in the community, consider screening visitors prior to entry

Photos courtesy of CDC image library

Triaging and Infection Prevention

- Immediately place any suspect case into **private airborne isolation room**
    - Airborne precautions remain in place **until 4 days after rash onset**
    - Severely immunocompromised patients require airborne precautions for duration of illness
- Any workers without documented presumptive evidence of measles immunity should be excluded from contact with the suspect case if immune workers are available

Report to Public Health

- If you think you have a case, please call DPH **immediately** to help facilitate testing and to receive additional guidance!
  - Weekdays 8:00 am – 5:00 pm: Call **213-351-7800** - Epidemiologist on Duty
  - Non-business hours/weekends: Call **213-974-1234** - Administrative Officer on Duty

Traffic Control

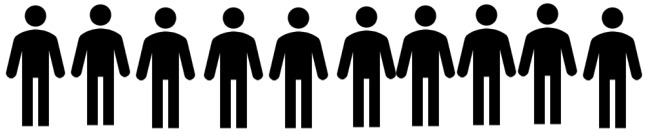
- Limit suspect case's transportation outside of their room – use for essential diagnostic and therapeutic procedures only
    - Patient should **always be wearing facemask during transport**
    - Transport route and process should include minimal contact with person's not essential to patient's care
- Limit suspect case's visitors to those who are both necessary for the patient's well-being and have presumptive evidence of immunity

Considerations on Cleaning, Disinfection, and Regulated Medical Waste

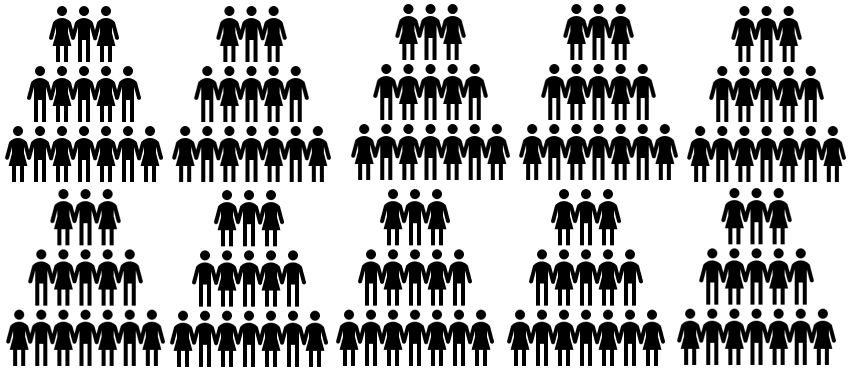
- **Standard cleaning and disinfection procedures are appropriate for measles**
- **EPA-registered disinfectants should be used per the manufacturer's instructions for use**
- **No special management of measles waste is required**
  - Follow federal and local regulations for management of regulated medical waste

Measles: 2 examples

- **Hospital A**
  - Exposures:
    - HCW = 11 (10 immune)
    - Pts = 0
  - Closed in 2 days after 1 HCW titer required

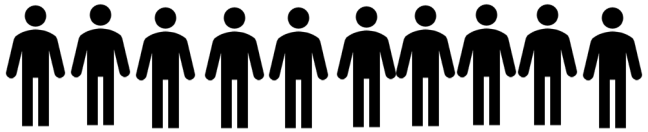


- **Hospital B**
  - Exposures:
    - HCW = 53
    - Pts = 99
  - Required multiple vaccinations and titers of HCW, pts
  - Took 2+ weeks of work to close investigation

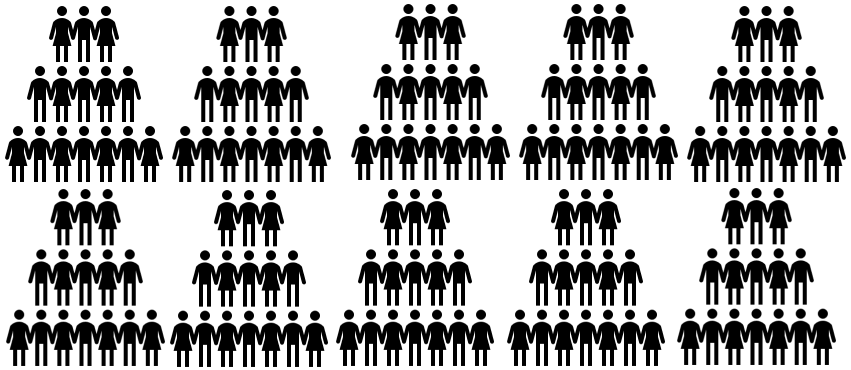


Measles: 2 examples

- **Hospital A**
  - Posted signage
  - Triaged to NPIR immediately
  - Had provider immune status to measles available
  - Escort with mask through back door (avoiding ED)



- **Hospital B**
  - Prolonged wait in ED waiting room
  - Prolonged wait in ED before being placed in NPIR
  - Provider measles immune status not available



Wrapping Things Up

- Fever + Generalized maculopapular rash + 1 or more of the 3 C's = ***THINK MEASLES!***
    - Recent travel, un/under-immunized, or sick contacts = ***EVEN HIGHER CHANCE***
- If a suspect measles patient enters your facility = ***MASK*** *and* ***ISOLATE ASAP!***
    - ➢ Call VPDC Weekdays 8:00 am - 5:00 pm: **213-351-7800** - Epidemiologist on Duty
    - ➢ Non-business hours/weekends: **213-974-1234** - Administrative Officer on Duty
- **Before** you get a suspect measles patient, assess your staff's immunity:
    - 2 MMR doses or positive IgG test
- Visit our measles B73 website for everything you want to know about measles investigations in LA County: http://publichealth.lacounty.gov/ip/b73/measlesindex.htm

Contact: VPDC@ph.lacounty.gov
213-351-7800

Faith Washburn, MPH
Lead Epidemiologist, LA County DPH
Vaccine Preventable Disease Investigations & Response
Fwashburn@ph.lacounty.gov

Pediatric Immunizations Updates & HPV Vaccine Recommendations

Vaccine Preventable Disease Control Program

Presented by: Jocelyn Martinez, MPH

February 4, 2026

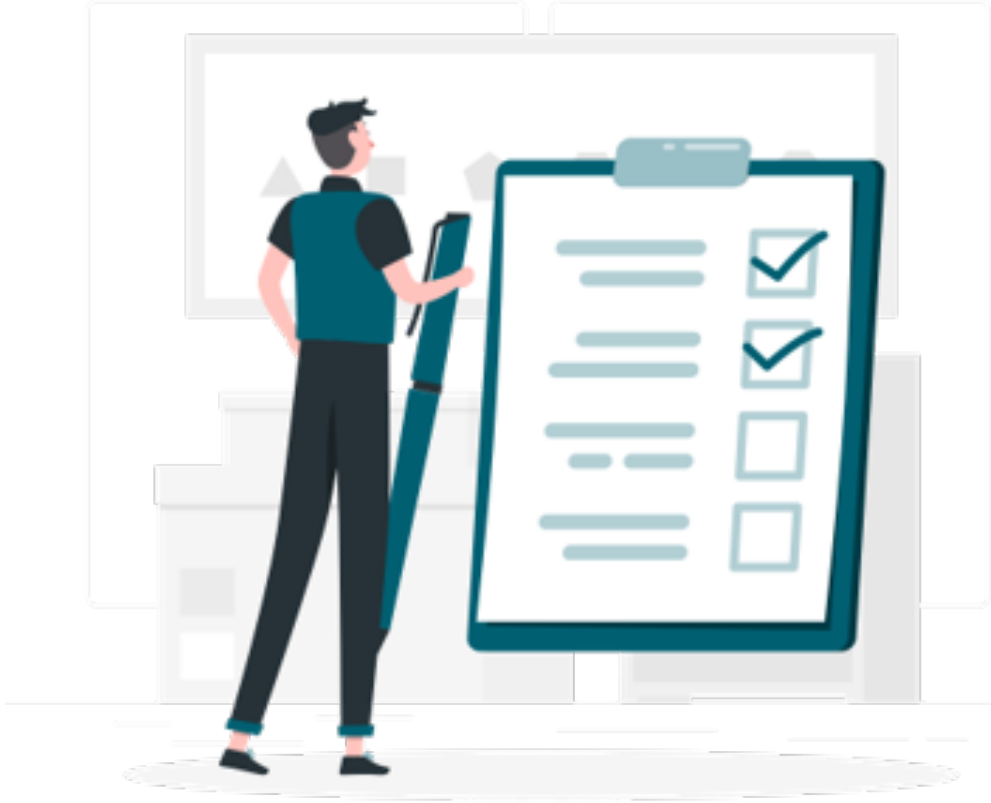
Presentation Overview

1) 2026 Child and Adolescent Immunization Schedule

2) HPV Vaccine Recommendations

3) Resources

4) Upcoming Campaigns



2026 Child and Adolescent Immunization Schedule

2026 AAP Recommended Immunization Schedule

- CDPH endorses the 2026 AAP Immunization Schedule
- Schedule differs from recent CDC changes
- Evidence-based guidance for providers

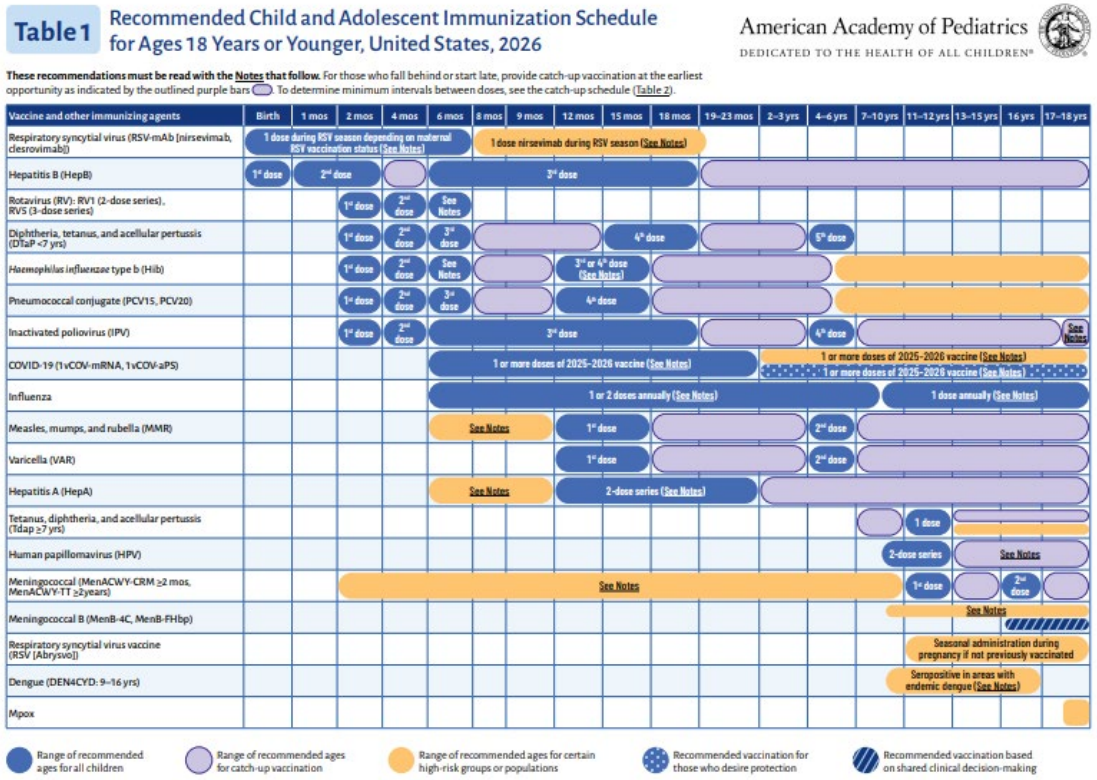


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

American Academy of Pediatrics
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These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)												
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose								4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)								1 or more doses of 2025–2026 vaccine (See Notes)					1 or more doses of 2025–2026 vaccine (See Notes)
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)					See Notes			1st dose					2nd dose					
Varicella (VAR)								1st dose					2nd dose					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1 dose			
Human papillomavirus (HPV)															2-dose series		See Notes	
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy if not previously vaccinated			
Dengue (DEN4CYD: 9–16 yrs)															Seropositive in areas with endemic dengue (See Notes)			
Mpox																		

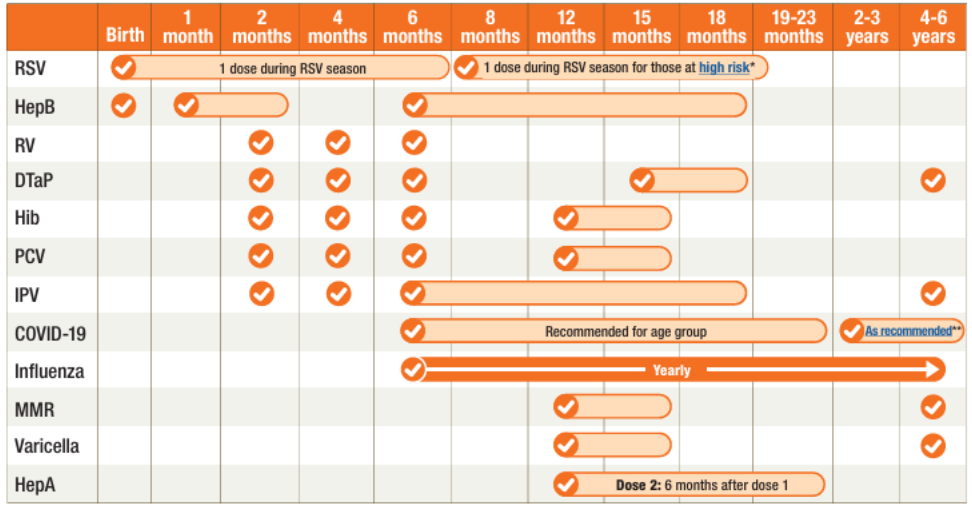
Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination for those who desire protection
Recommended vaccination based on shared clinical decision-making

1.https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/publichealth4all/AB-144-recommendations.aspx#children
2.https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf

Parent and Caregiver Facing Immunization Schedules

AAP Recommended Immunization Schedule — 2026

Children Birth Through 6 Years Old



For more information, visit healthychildren.org/immunizationschedules.

*https://www.healthychildren.org/rsv
**https://www.healthychildren.org/covid-19

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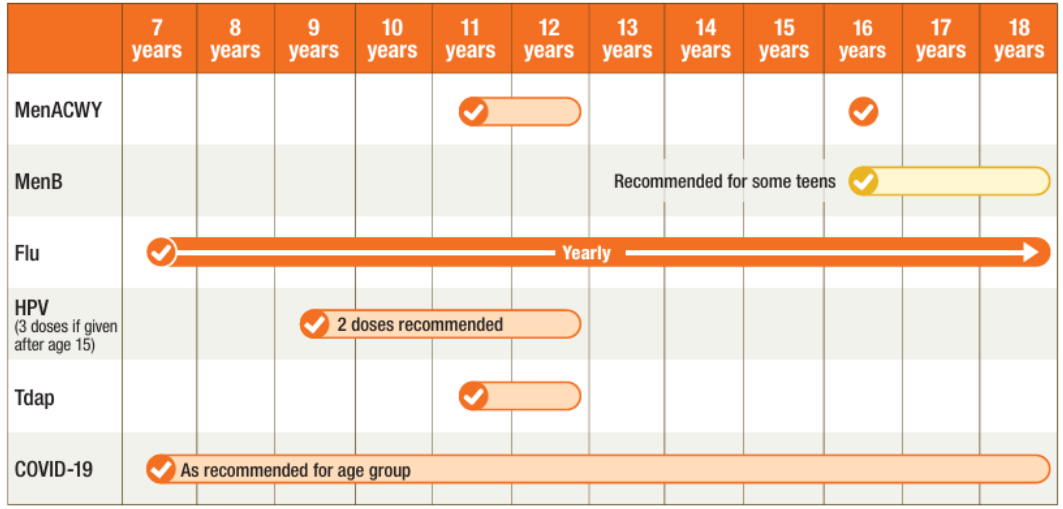
AAP Recommended Immunization Schedule — 2026

Adolescents 7 Through 18 Years Old



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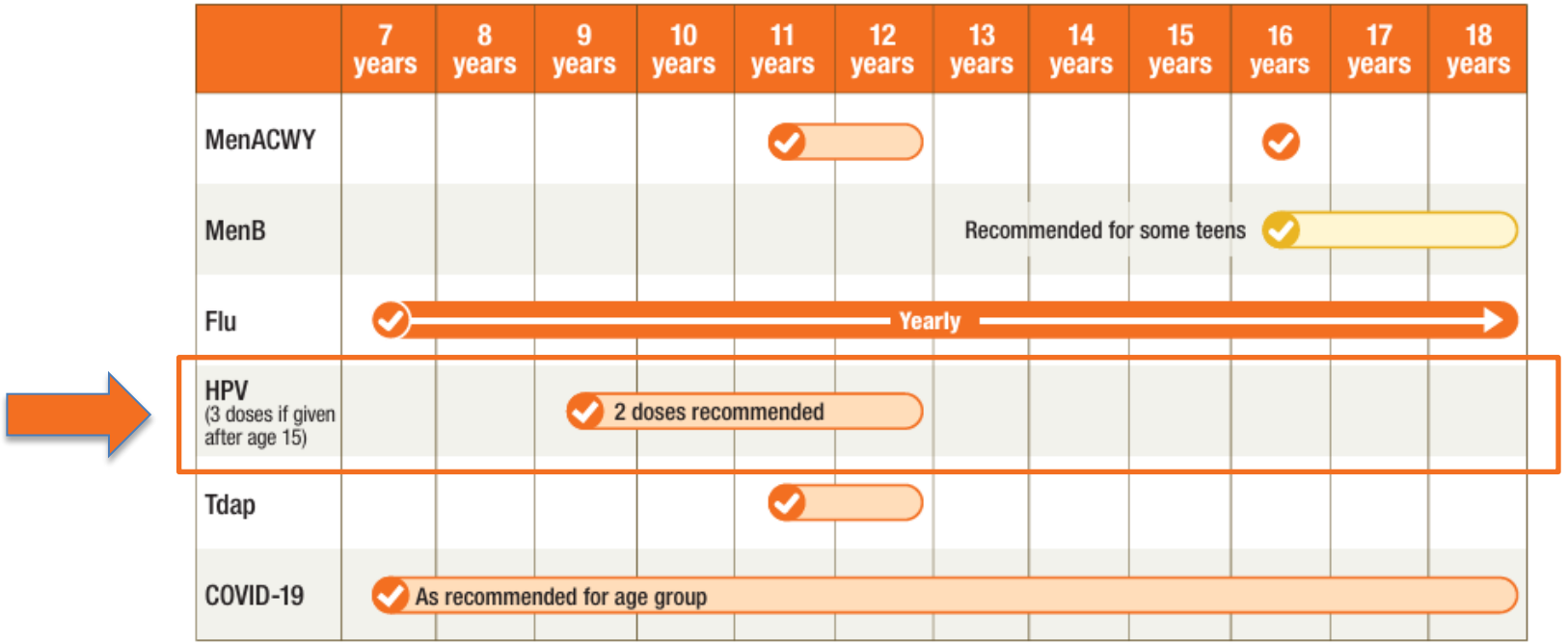
1.healthychildren.org/immunizationschedules

Human Papillomavirus (HPV) Vaccine Recommendations

Introduction

AAP Recommended Immunization Schedule — 2026

Adolescents 7 Through 18 Years Old



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1. https://publications.aap.org/aapnews/news/32833/Teen-HPV-vaccination-stalls-while-other-vaccines

HPV Background

- HPV is a very common virus
- Causes at least six types of cancer
- Nearly all adults are exposed in their lifetime
- Vaccination in adolescence **prevents over 90% of HPV-related cancers**

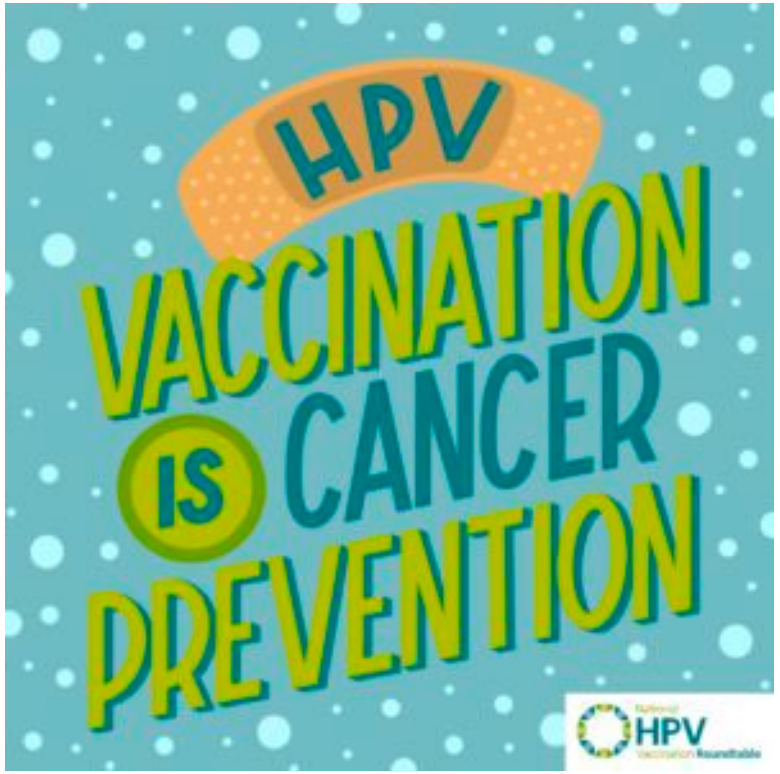


Image Source: HPV Roundtable

1.http://ph.lacounty.gov/ip/diseases/HPV/index.htm

HPV-Associated Cancer Burden in U.S.

HPV-associated cancer cases per year

- 49,908 cancers occur each year in parts of the body commonly linked to HPV in the U.S.
  - **Females:** 27,081 (54%)
  - **Males:** 22,827(46%)
- HPV causes **39,300** cancers per year

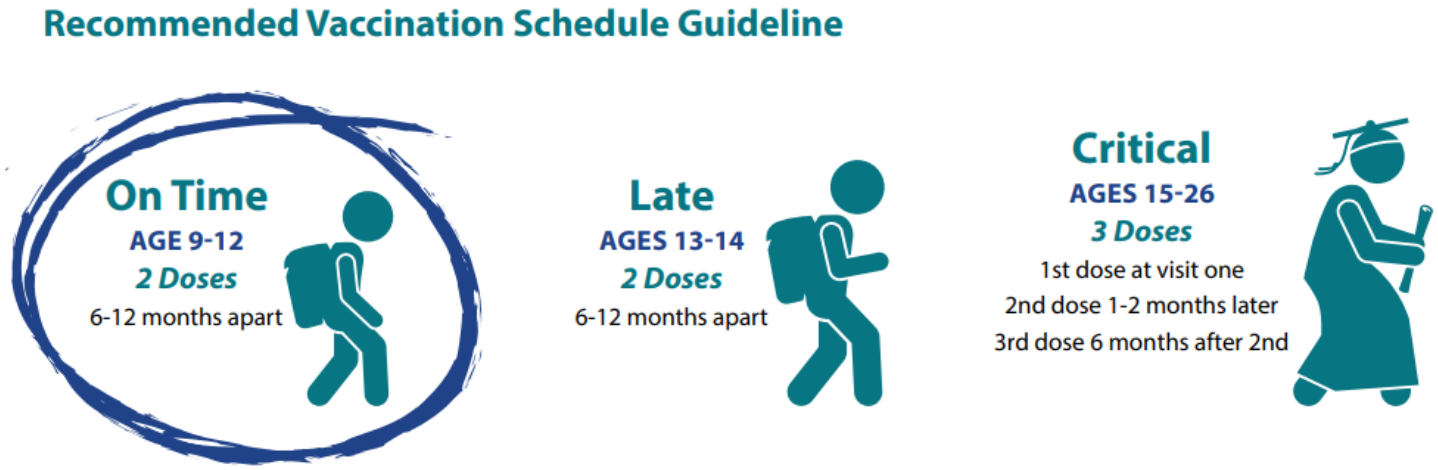
Most common HPV associated cancers by sex

- **Females:**
  Cervical cancer
  (~11,100 cases per year)
- **Males:**
  Oropharyngeal (throat) cancers
  (~ 13,600 cases per year)

1.https://www.cdc.gov/cancer/hpv/cases.html

HPV Vaccine Recommendation

- AAP recommends routine HPV vaccination starting **ages 9–12**
  - 2 doses, 6–12 months apart
  - 3 doses if series starts at ages 15–26



1. https://www.aap.org/en/patient-care/immunizations/human-papillomavirus-vaccines
2. Image Source: https://hpvroundtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf

HPV Vaccine Recommendation (cont'd)

- Earlier HPV vaccination = stronger immune response
- Higher antibody levels when vaccinated younger
- Best age for acceptance and completion

Image Source: HPV Roundtable

1.https://hpvroundtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf

Future of HPV Vaccine Recommendations

Moving to Single-Dose HPV Vaccine

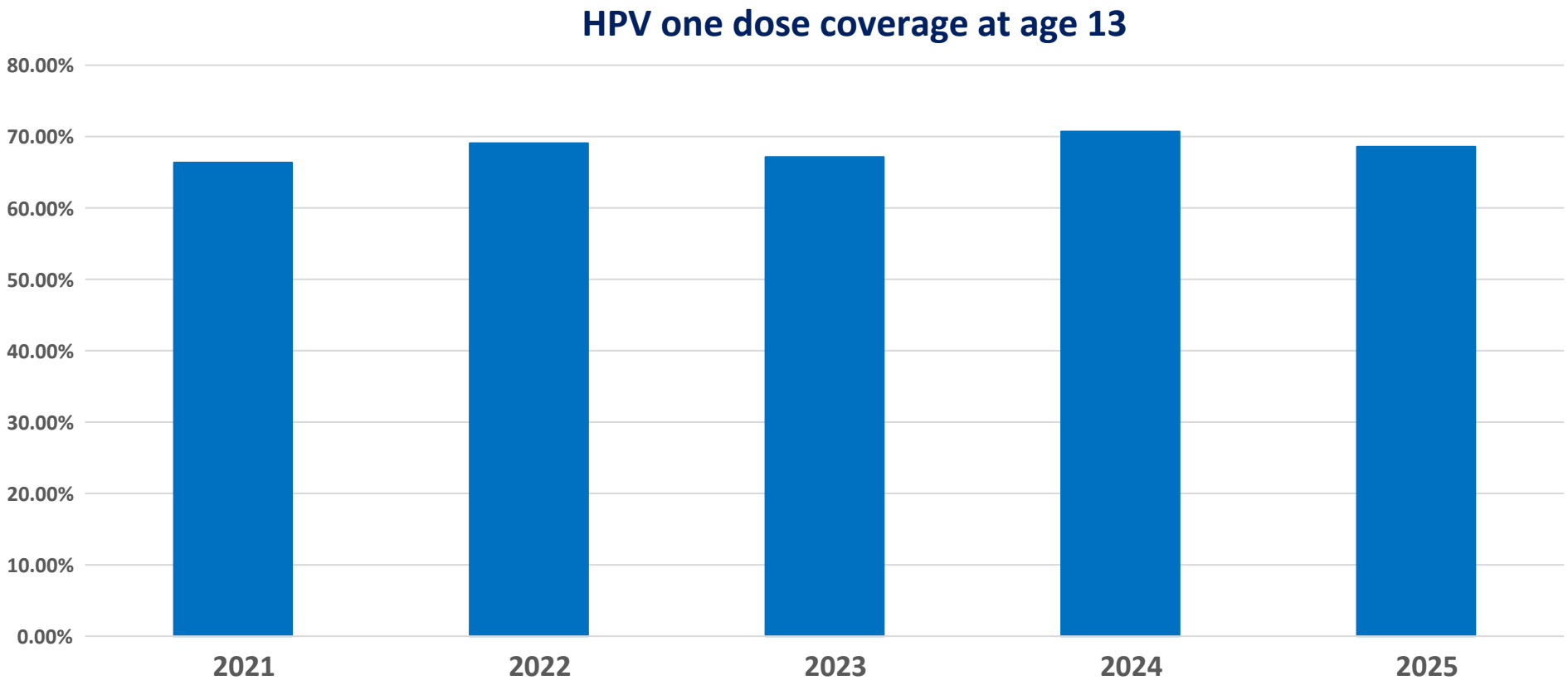
- One dose shows comparable protection to two doses

AAP Recommendations

- Evidence on 1 vs. 2 doses is under review

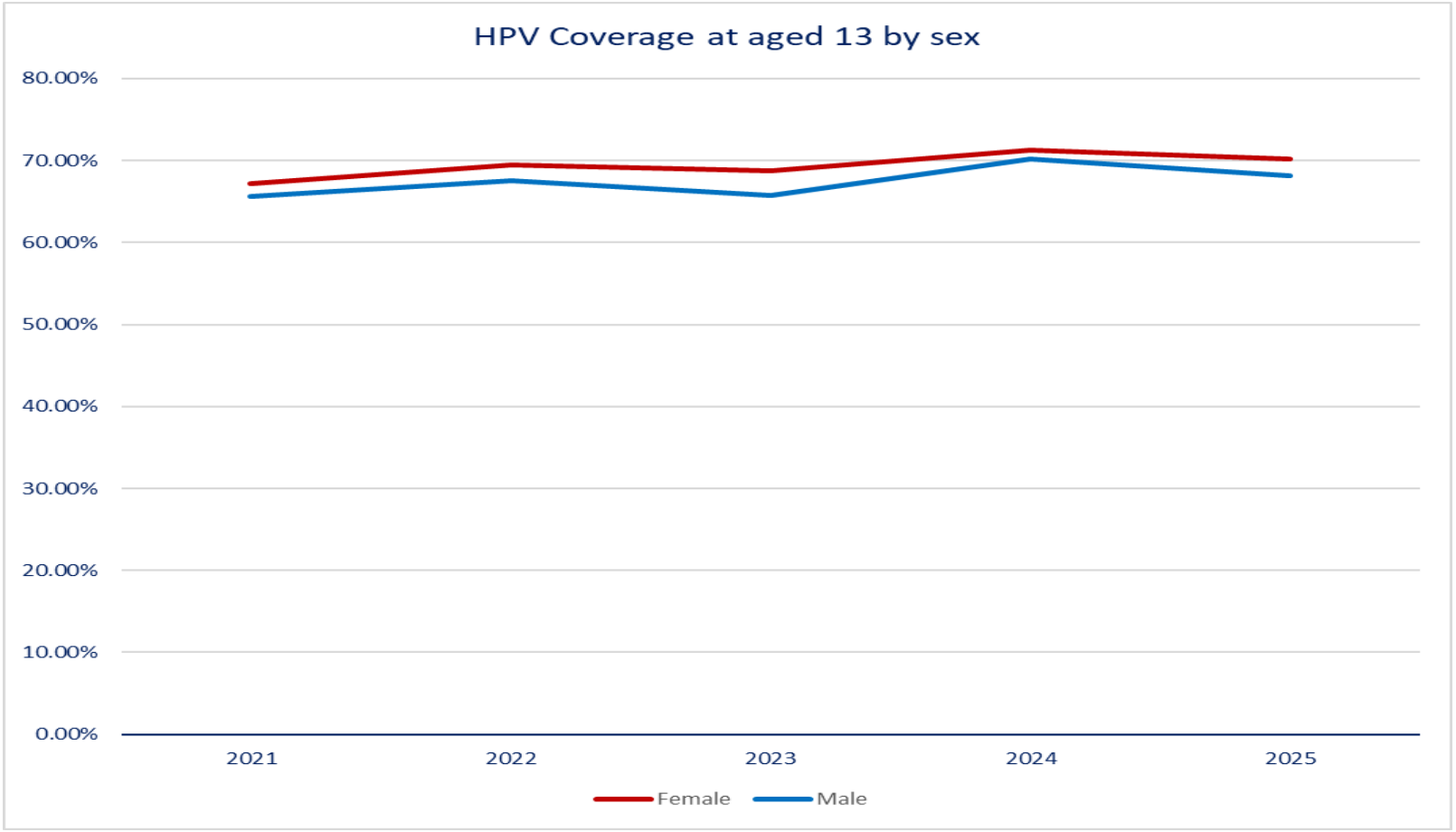
1.Kreimer AR, Herrero R, Sampson JN, et al. *Efficacy of a Single Dose of Human Papillomavirus Vaccine.* **New England Journal of Medicine.** 2025. doi:10.1056/NEJMoa2506765

HPV coverage among children aged 13, by Year

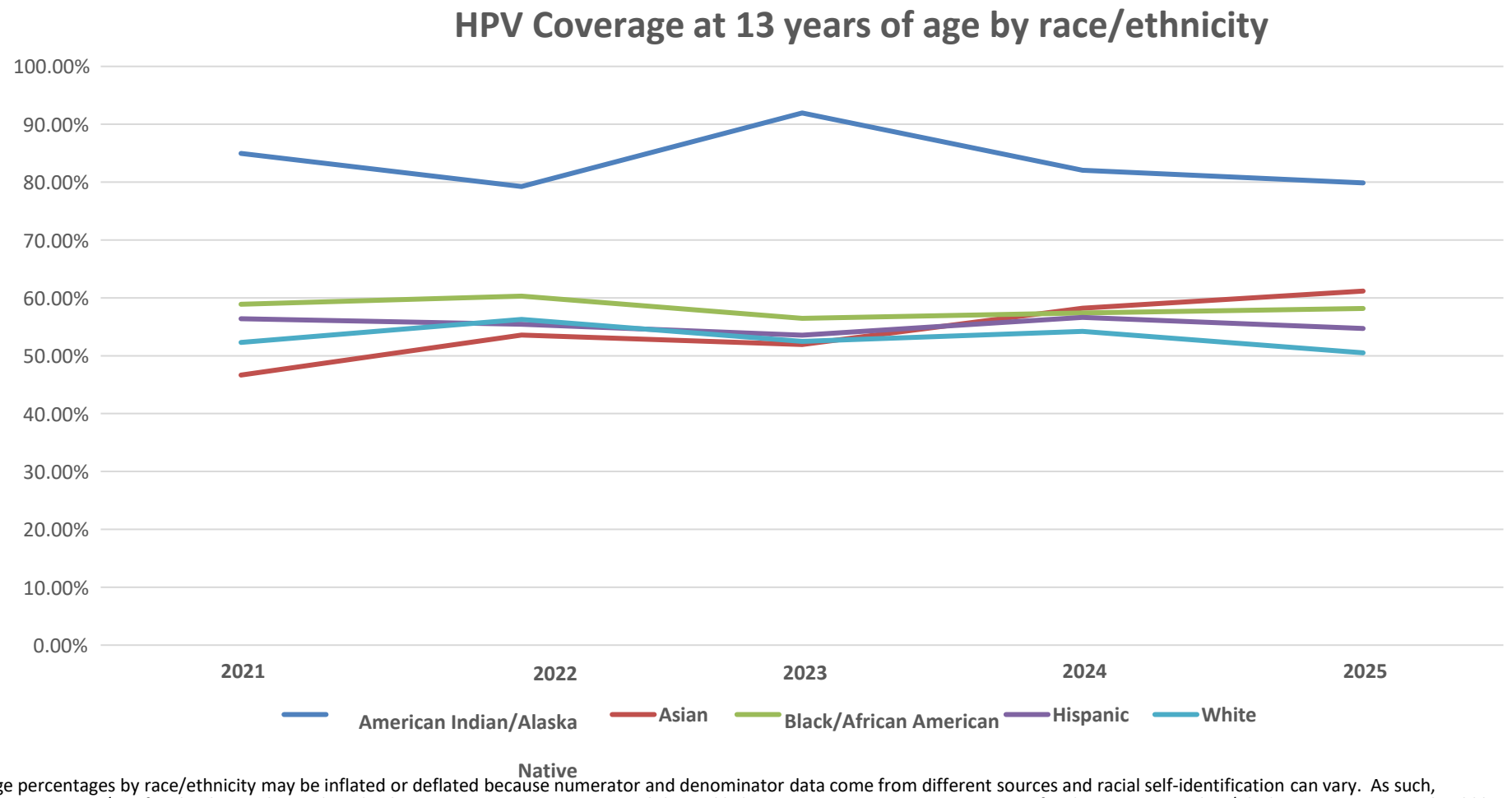


1.Numerator data extracted from CAIR Snowflake
2.Denominator data is derived from LA County Population Estimate 2024
3.Since CAIR only required mandatory vaccine reporting starting January 1, 2023, the number of HPV vaccines in CAIR may not be complete.

HPV Coverage among children aged 13, by Sex and Year

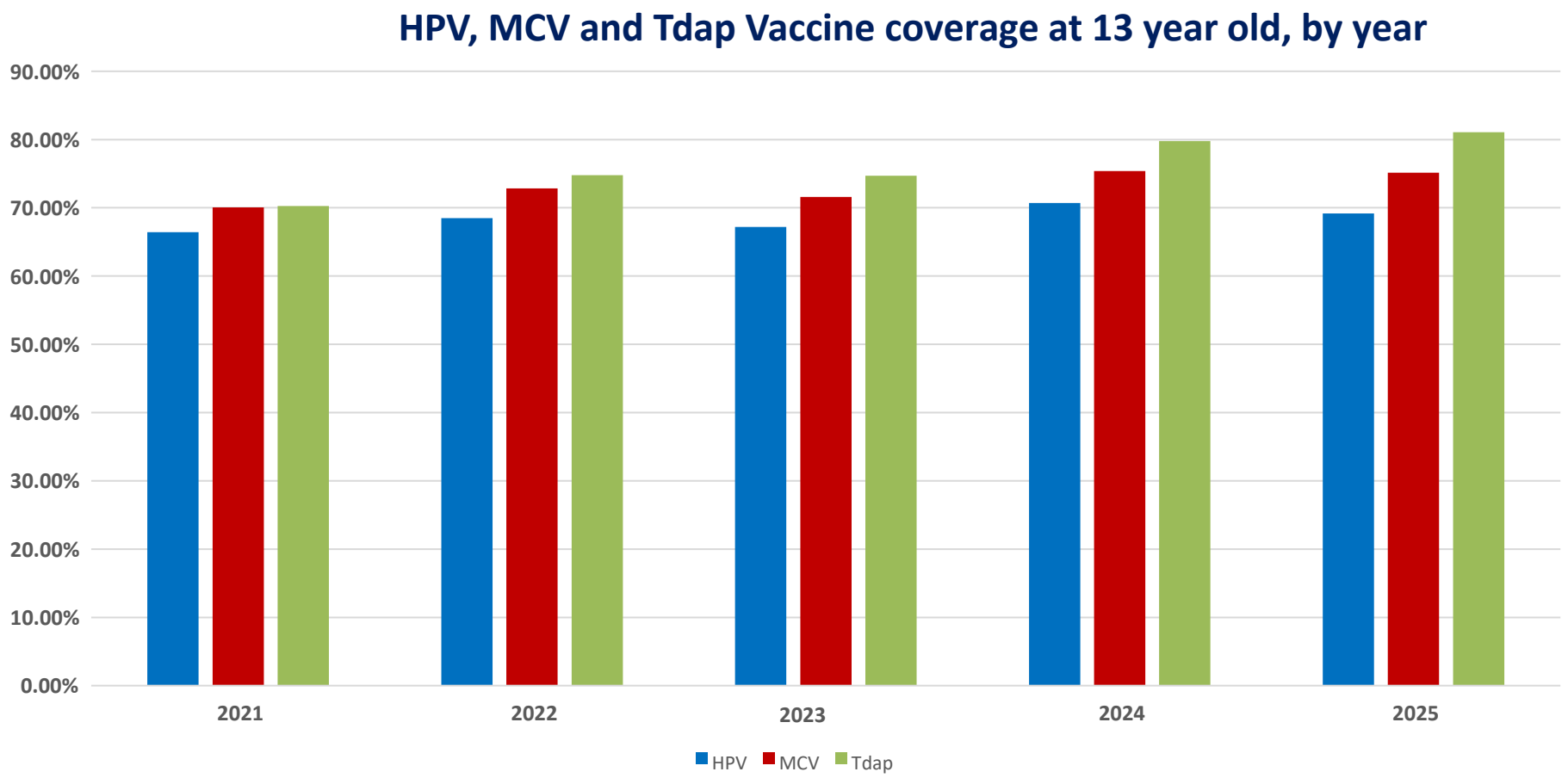


HPV Coverage among children aged 13 by Race/Ethnicity



1. Vaccination coverage percentages by race/ethnicity may be inflated or deflated because numerator and denominator data come from different sources and racial self-identification can vary. As such, percentages for Native Hawaiian/Pacific Islander, Multiracial, and Other categories are not presented due to likely inaccurate estimates. Percentages for the American Indian/Alaska Native category should be interpreted with caution due to small population size.

Vaccine Coverage comparison between HPV, MCV and Tdap



HPV Vaccine Best Practices

- Start HPV vaccination at age 9
- Strong, presumptive clinician recommendation (announcement approach)
- Clinic-level strategies, get leadership on board and involve the whole team
- Focus on cancer prevention, keep message consistent and accurate
- Standing Orders – use every opportunity to vaccinate
- Use reminders/recalls
- Implement messaging into everyday practice (posters, health education, optimize EHR)
- Use Motivational Interviewing Techniques when speaking with parents

1.https://www.nfid.org/wp-content/uploads/2024/01/24.01.29-Webinar-Slides-Handout.pdf

Implementation Guides

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)

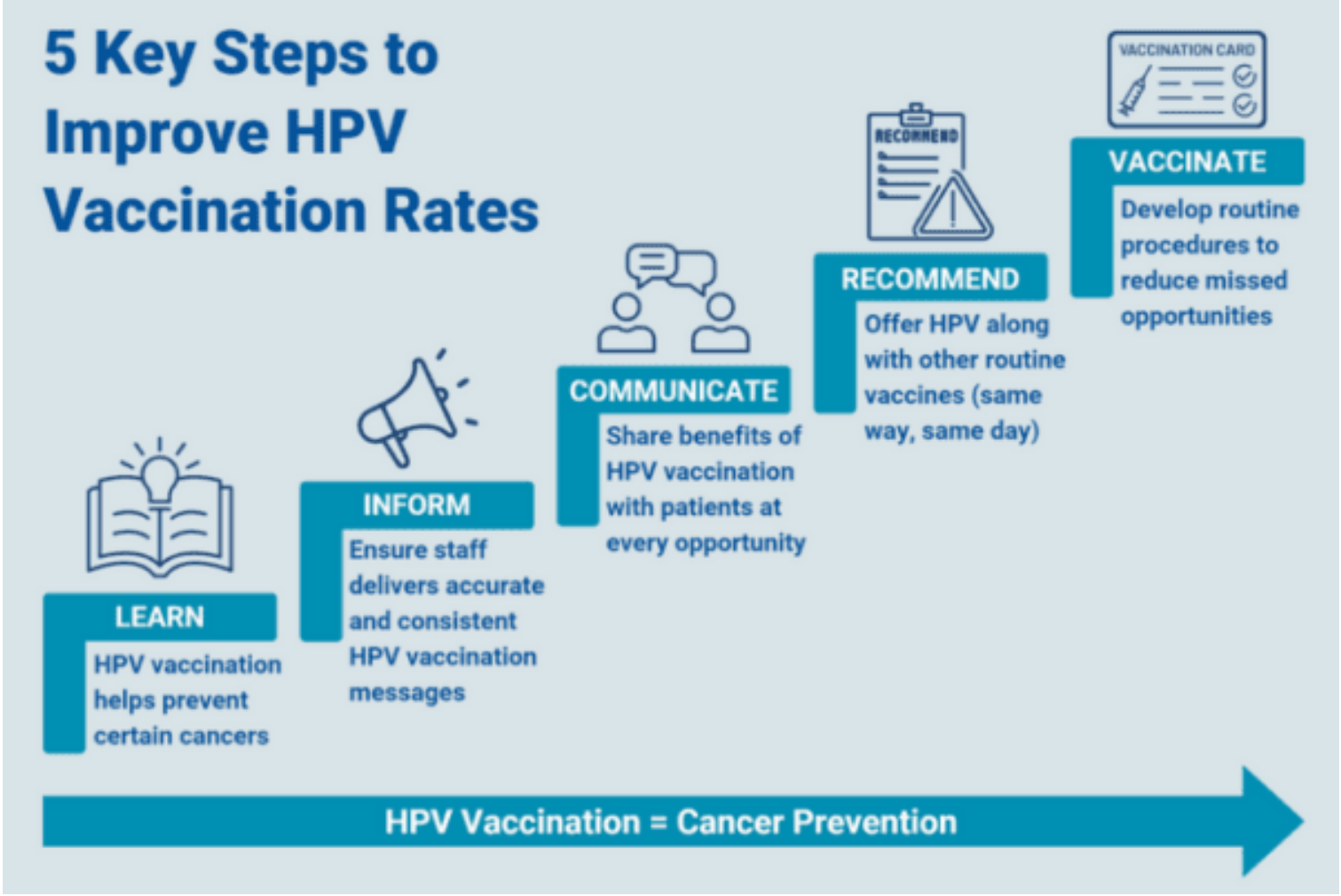
→ Parents respond positively to your answers →

Administer recommended vaccine doses

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

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

Implementation Guides (cont'd)



1.https://www.nfid.org/infectious-diseases/best-practices-for-healthcare-professionals-to-increase-hpv-immunization-rates/

The Cancer Prevention Act (AB 659)

Effective Date	January 1, 2024
Goal	Improve HPV vaccine awareness and completion to reduce HPV-associated cancer disparities.

1.https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/laws-AB659.aspx

The Cancer Prevention Act (AB 659) (cont'd)

- Schools must provide HPV vaccine notifications
  - **K–12 (public & private):**

    Notify 6th graders and parents before 8th grade
  - **UC, CSU, CA Community Colleges:**

    Notify students ≤26 before first enrollment

Image Source: CDPH Shots for School

1.https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/laws-AB659.aspx

Key Takeaways

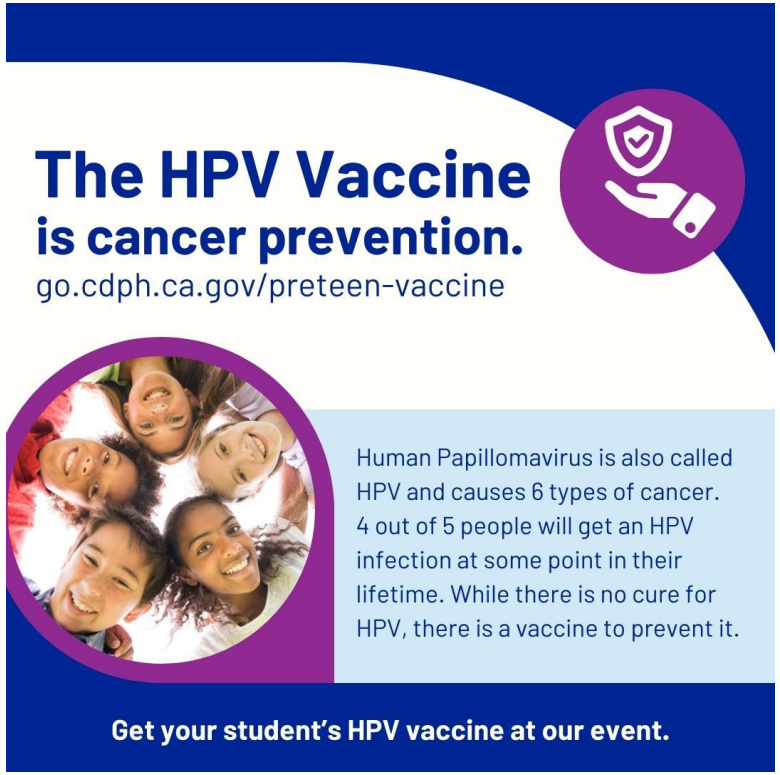
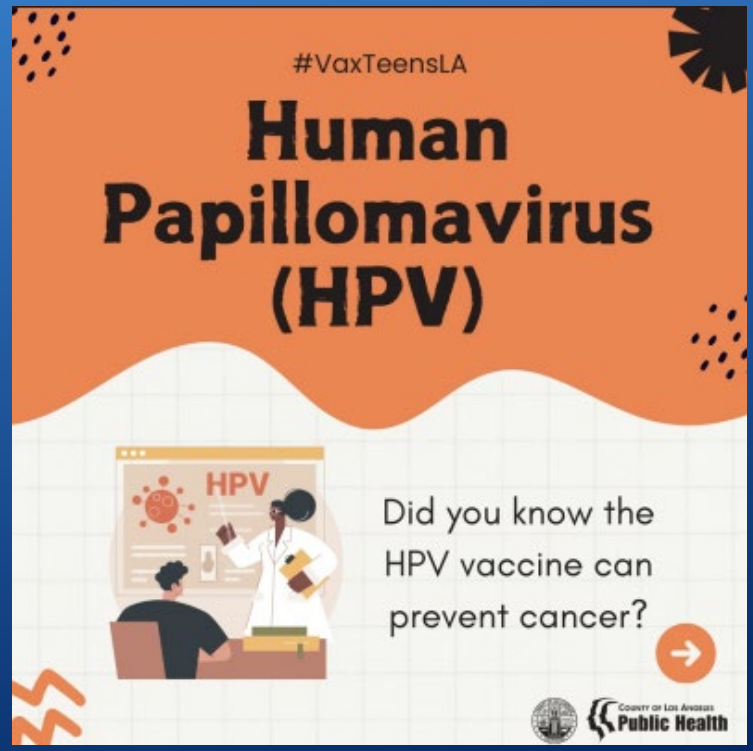


Image Source: CDPH Shots for School

- HPV vaccine is cancer prevention
- Start HPV vaccination at age 9
- Providers play a critical role as trusted messengers

Resources



Check out VaxTeensLA Social Media Toolkit!

Image Source: VaxTeensLA Social Media Toolkit

Resources

HPV Vaccine Resources

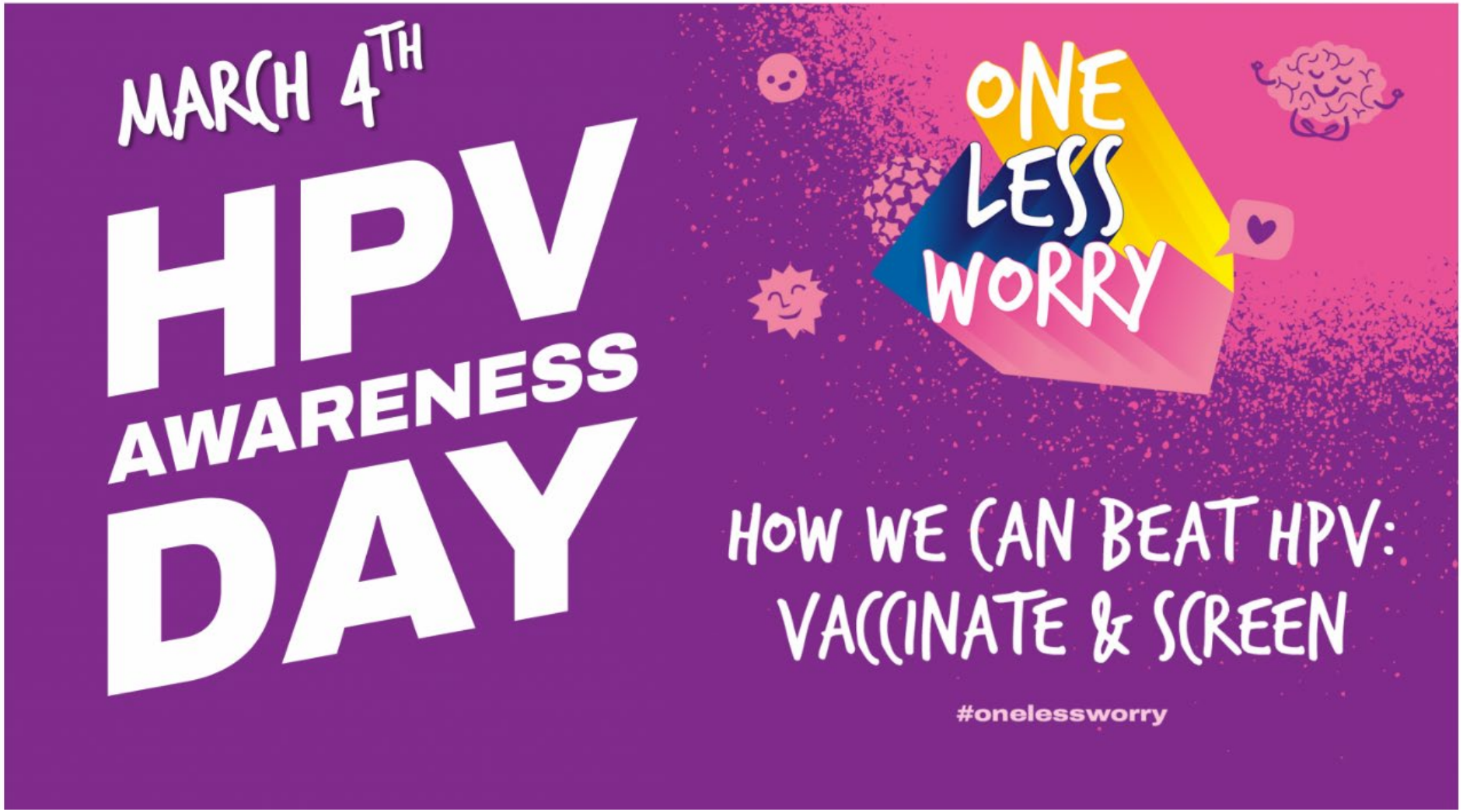
- LAC DPH HPV Vaccine
- LAC DPH Teen Vaccines
- CDPH HPV Vaccine
- California HPV Vaccination Roundtable
- National HPV Vaccination Roundtable

General Resources

- LA DPH Vaccines Webpage
- 2026 AAP Immunization Schedules
- CDPH Answers to Parents' Top Immunizations Questions
- CDPH Public Health for All Vaccines Q&A
- Vaccinate Your Family
- Voices for Vaccines

Upcoming Campaigns

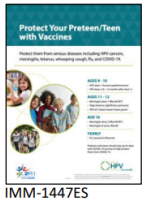
International HPV Awareness Day



https://ipvsoc.org/hpv-day/

Adolescent Immunization Action Week (April 6-10)

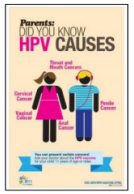

IMM-1054
Vaccines for Your Preteen flyer

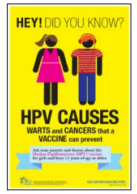

IMM-1447ES
Protect Your Preteen poster


IMM-1039ES
Ready for 7th Grade flyer


IMM-1049
HPV Fotonovela


IMM-1124
How Important is HPV Vaccine? flyer
(Spanish IMM-1124S)


IMM-1117ES
Parents: Did You Know? poster


IMM-1205ES
Hey! Did You Know? poster


IMM-1129 HPV Vaccine Appointment Reminder card
(Spanish IMM-1129S)


IMM-1048
One Shot Heroes

Order form coming soon!

VFC Flu Pre-book
CDPH Recommendations
SGF Flu Updates

Jerusalem Theodros, MPH
Vaccine Program Management Unit

2/04/2026

VFC Flu Pre-Book for 2026-2027 Season

- **Due Friday, February 6th**
- Start discussing with your organization the flu products you anticipate needing for 2026 – 2027 season and the number of doses.
- Providers that don't pre-book are allocated doses based on remaining supply and will not have brand preference.
- Pre-book is your *only* chance to let the VFC Program know which flu vaccine brand is your preferred product and the number of doses you need next season.
- Consider up to two different products indicated for the same age range as vaccine products from different manufacturers are delivered at different times.
- The VFC Program proactively sends 50% of the pre-booked amount in multiple shipments at the beginning of the season as McKesson receives inventory. Providers can also request that doses not be automatically shipped at the beginning of the season.

VFC Flu Pre-Book 2026-2027 Preparation

Review your seasonal influenza data to determine your flu vaccine need for the entire season:

- Run flu usage reports (registry/EHR) for the current influenza season.
- Run patient population reports, by age and eligibility (refer to your clinic's 2026 VFC Recertification for patient estimates).
- Determine how many patients will need more than one dose.
- Ensure that the number of doses pre-booked will be enough to immunize and protect all your VFC-eligible patients against the flu for the entire season.
- Utilize the VFC Flu Pre-Book Worksheet to prepare your request prior to accessing the online pre-book form.

CDPH Vaccine Recommendations

- CDPH, along with the West Coast Health Alliance, continues to recommend vaccination for children based on the American Academy of Pediatrics Child and Adolescent immunization Schedule.
- Currently, all vaccines for which we have a VFC resolution are available for ordering through VFC, following recommendations and eligible groups listed in each resolution.
- Available VFC vaccines are currently in alignment with CDPH recommendations, except MMRV for patients less than 4 years of age.
    - Medi-Cal is currently updating their system to accept claims of private-purchase MMRV vaccine given to Medi-Cal patients younger than 4 years of age https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/33830.01
- Participating providers may continue to order and administer VFC vaccines according to published VFC resolutions. There is no added documentation requirement related to shared clinical decision making.

State General Fund (SGF) Flu Updates

- Annual SGF flu accountability reporting is around the corner
- If CAIR reporting is incomplete, be prepared to complete report manually, as is consistent with the agreement and MOU signed by participating providers
- SGF Recertification coming soon

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, please register here
- Monthly CDPH Immunization Updates for Providers Webinars

  Register for the next session:

  Friday, February 20, 2026, 9:00 am – 10:30 am (PT)
- CDPH will no longer share slides due to ADA restrictions. Instead, the video archive will be available on the EZIZ website at https://eziz.org/provider-ed/webinars/
- EZIZ website address change in March 2026 to **eziz.cdph.ca.gov**