

# 2026 VPDCP Office Hours

**PROVIDER IMMUNIZATION UPDATES:  
RSV Trends, Policy Updates, and Best Vaccine Storage &  
Handling Practices**

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

April 1, 2026

# 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



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



If you experience technical issues, check your audio configuration, try refreshing your browser or exiting and 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**

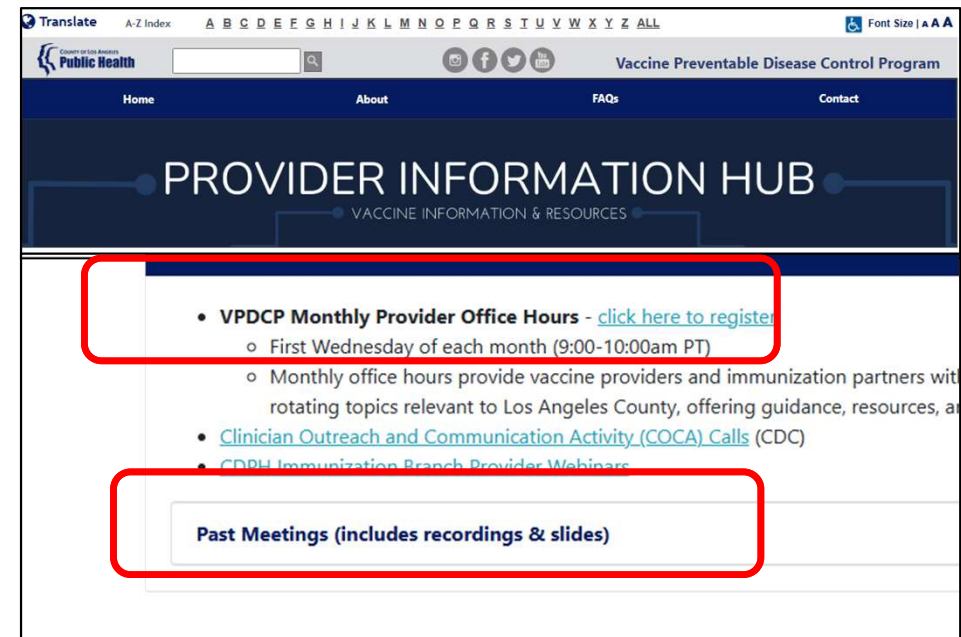
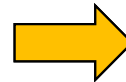
**12:00 – 1:00 pm**

[Registration link](#)

# Reminders



Please share the registration information for the future sessions with your colleagues or refer them to the [VPDCP Provider Information Hub](http://publichealth.lacounty.gov/ip/index.htm)



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



# Agenda

<b>Announcements</b>	<b><i>Shanda Rogers</i></b>
<b>Current RSV Trends in LA County</b>	<b><i>Allison Joyce, ACDC</i></b>
<b>Extending Infant RSV Vaccination Season</b>	<b><i>Niki Madrid</i></b>
<b>National Immunization Survey - Child Data (2024)</b>	<b><i>Niki Madrid</i></b>
<b>Immunization Policy Update: Legal Ruling, ACIP Status, and Interim Guidance</b>	<b><i>Niki Madrid</i></b>
<b>Vaccine Storage &amp; Handling Tips</b>	<b><i>Maria Claudia Davila</i></b>
<b>Quick Poll</b>	<b><i>All attendees</i></b>
<b>Q&amp;A session</b>	<b><i>All panelists</i></b>

# Announcements



# National Public Health Week 2026: Ready. Set. Action!



<https://www.apha.org/initiatives/national-public-health-week>

- Public health improves daily life, protects families, and helps people live longer, healthier lives
- It strengthens communities and advances equity by expanding access to care and prevention
- This week honors public health workers and calls us to take action for better health for all



# Adolescent Immunization Action Week (April 6-10)



**AMERICAN ACADEMY OF PEDIATRICS  
RECOMMENDED VACCINES FOR ADOLESCENTS**

AGES

11-12 Years	13-15 Years	16 Years	17-18 Years
<input type="checkbox"/> HPV <sup>1</sup> <input type="checkbox"/> MenACWY <sup>2</sup> <input type="checkbox"/> Tdap <input type="checkbox"/> Flu <sup>3</sup> <input type="checkbox"/> COVID-19 <sup>4</sup>	<input type="checkbox"/> Catch up on missed vaccines <input type="checkbox"/> Flu <sup>3</sup> <input type="checkbox"/> COVID-19 <sup>4</sup>	<input type="checkbox"/> MenACWY Booster <sup>2</sup> <input type="checkbox"/> MenB <sup>5</sup> <input type="checkbox"/> Flu <sup>3</sup> <input type="checkbox"/> COVID-19 <sup>4</sup>	<input type="checkbox"/> Catch up on missed vaccines <input type="checkbox"/> Flu <sup>3</sup> <input type="checkbox"/> COVID-19 <sup>4</sup>

<sup>1</sup>The AAP recommends starting the HPV vaccine series between the ages of 9-12.  
<sup>2</sup>The MenACWY vaccine is recommended for all preteens at ages 11-12. Because protection can fade over time, a booster dose is recommended at age 16. If a teen is receiving both the MenACWY and MenB vaccines during the same visit, they may instead receive the MenABCWY vaccine, which protects against all included strains. Talk with your healthcare provider to determine which vaccine is best for you.  
<sup>3</sup>Annual flu vaccination is recommended each year, ideally before flu season begins.  
<sup>4</sup>COVID-19 vaccine recommendations are personalized based on individual risk factors, prior vaccination history, and family preferences. Talk with your healthcare provider.  
<sup>5</sup>MenB vaccine is recommended for many teens ages 16-18. Talk with your healthcare provider.

Scan the QR code for the latest vaccine recommendations by age

© 2026 Unity Consortium. All Rights Reserved. For more information, please visit [www.unity4teenvax.org](http://www.unity4teenvax.org)  
Source: American Academy of Pediatrics

**UNITY**  
United for adolescent vaccination

## Resources:

- [LACDPH Vaccines for Teens Webpage](#)
- [LACDPH Vaccines for Teens Infographic](#)
- [LACDPH VaxTeensLA Social Media Toolkit](#)
- [Unity Consortium AIAW Toolkit](#)
- [CDPH AIAW Toolkit](#)



# Pediatric Immunization Information Session

**SAVE THE DATE**

**Pediatric Immunization Information  
Session**

**April 23, 2026 | 12:00pm-1:15pm**



[Register Here](#)

## **Featured Presentation:**

- **HPV Vaccination in 2026: Challenges and Opportunities**

Dr. Peter Szilagyi, MD, MPH, Distinguished Professor of Pediatrics, University of California Los Angeles

# ICLAC Spring Vaccine Forum

**Tuesday, May 5th, 2026**

**California Endowment**

1000 North Alameda St.

Los Angeles, CA 90012

To register for the event, select appropriate link:

To attend **In Person**: [Registration](#)

To attend **Online**: [Registration](#)



The poster features a large orange sun with rays on the left and a megaphone on the right. The text is arranged in a clear, hierarchical layout. At the top right is the ICLAC logo with the tagline 'Immunization Coalition of Los Angeles County'. The main headline is 'SPRING FORUM REGISTRATION IS NOW OPEN!'. Below this is the theme: 'NAVIGATING A SHIFTING LANDSCAPE TO PROTECT PEDIATRIC VACCINATION RATES'. The event details include the date and time: 'TUESDAY MAY 5<sup>TH</sup> 9:30AM-1:00PM' and the location: 'CALIFORNIA ENDOWMENT 1000 ALAMEDA ST, LOS ANGELES'. There are also links for 'EVENT DETAILS AND REGISTRATION' for both 'IN PERSON' and 'VIRTUAL' attendance, and a call to 'DETAILED AGENDA TO FOLLOW'.

**ICLAC**  
Immunization Coalition of Los Angeles County

**SPRING FORUM  
REGISTRATION IS  
NOW OPEN!**

**THEME:**  
**NAVIGATING A SHIFTING  
LANDSCAPE TO PROTECT  
PEDIATRIC VACCINATION RATES**

**EVENT DETAILS AND  
REGISTRATION:**  
**IN PERSON**  
**VIRTUAL**

**DETAILED  
AGENDA TO  
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**TUESDAY MAY 5<sup>TH</sup>  
9:30AM-1:00PM**  
**CALIFORNIA  
ENDOWMENT  
1000 ALAMEDA ST,  
LOS ANGELES**

## VFC Program Satisfaction Survey – Coming May 2026

- VPDCP will launch a VFC Program Satisfaction Survey in May 2026
- The survey will be distributed to VFC providers in Los Angeles City
- Your feedback is essential to:
  - Maintain program quality
  - Strengthen VFC services and support
- Please be on the lookout for the survey invitation



# RSV Data for the 2025-26 Season

**Allison Joyce**

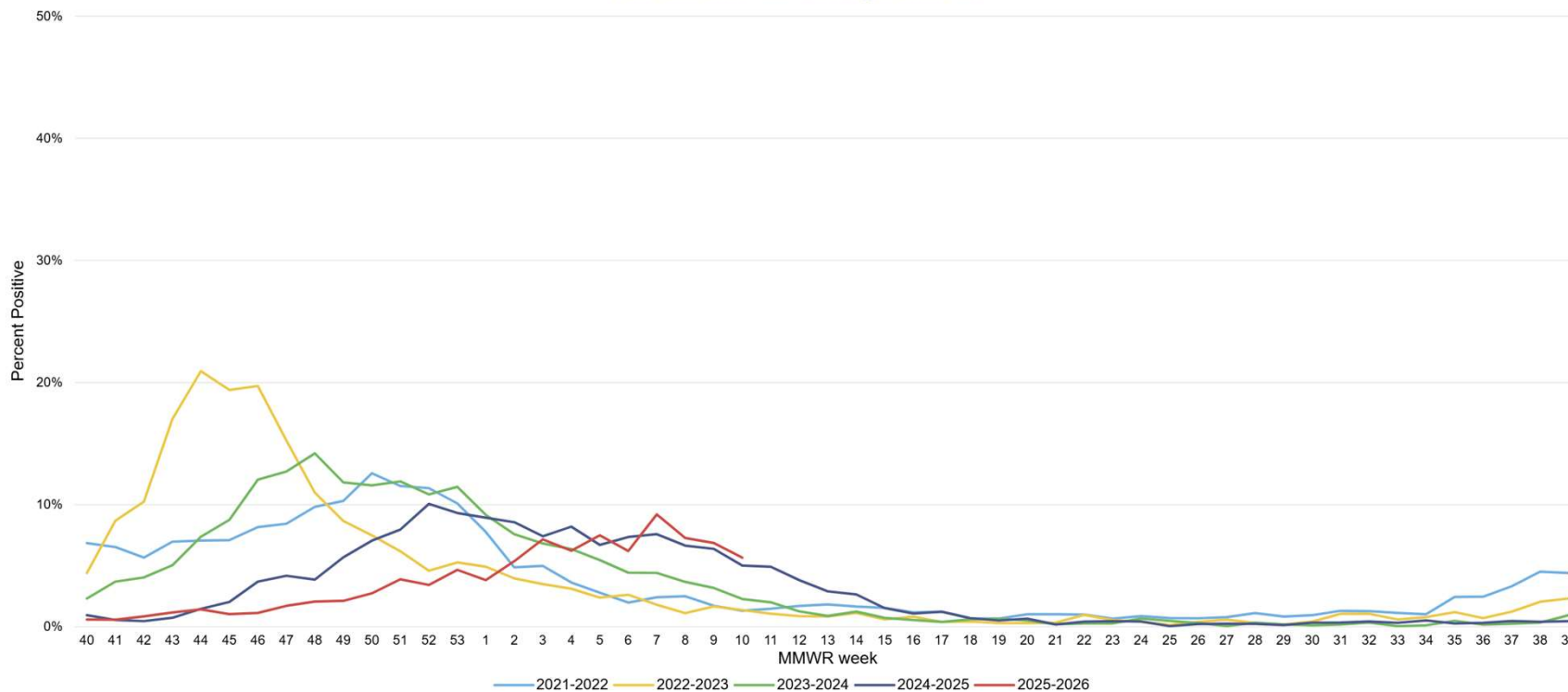
Epidemiologist, Community Outbreak Team

Los Angeles County Department of Public Health



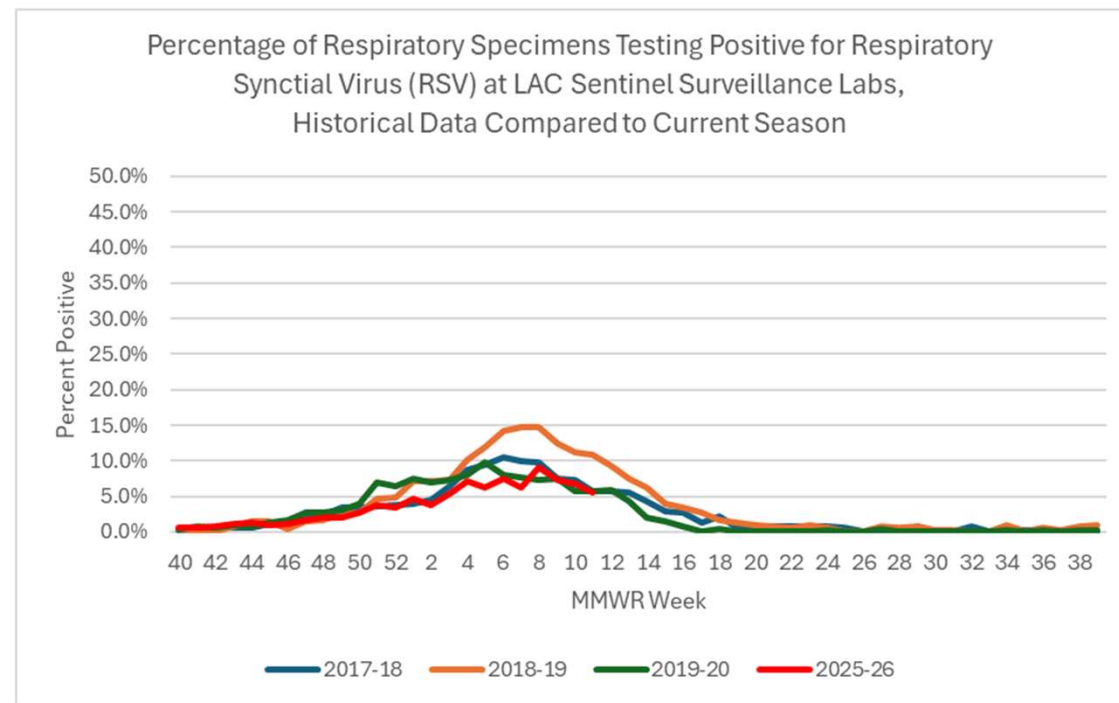
# RSV Percent Positivity for All Ages, Compared to Previous Years

Percentage of Respiratory Specimens Testing Positive for Respiratory Syncytial Virus (RSV) at LAC Sentinel Surveillance Laboratories by Season, 2021-22 Through 2025-26



**This season** has had the latest start since the pandemic. RSV activity is higher now than it has been in previous years, although we have seen peaks in February before (in 2010s).

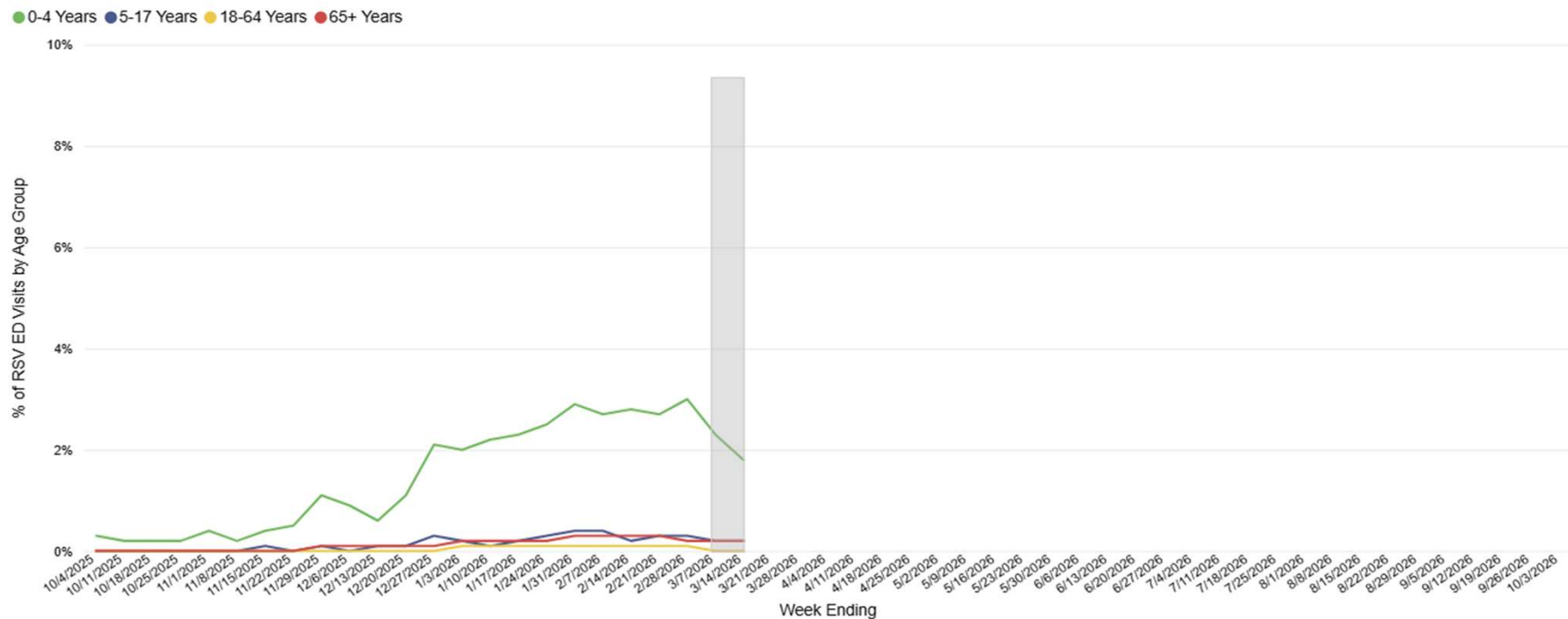
# RSV Percent Positivity for All Ages, Current Season Compared to Historical Data



When compared to pre-pandemic seasons, the start around Christmas (MMWR Week 52) and peak in February (MMWR Week 8) is not unusual.

# Percent of ED Visits for RSV, by Age Group

Percent of Emergency Department Visits for ICD-10 Coded RSV by Age Category, Season 2025-2026

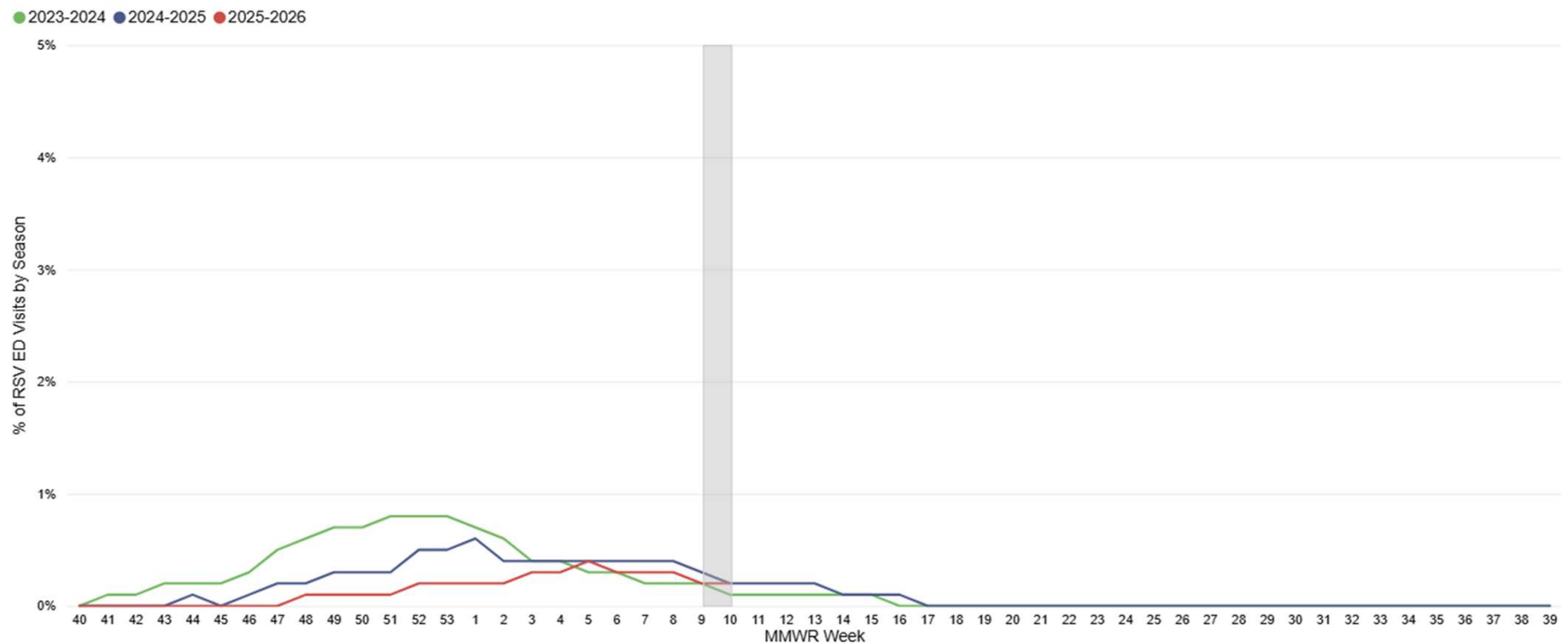


Children in the 0-4 year age group make of most of the ED visits.

\*The grey bar represents a two week period when syndrome classifications (e.g. for COVID, ILI, etc.) are in flux due to delayed diagnosis information -- these percentages are preliminary and subject to increase.

# Percent of ED Visits for RSV in All Ages, Compared to Previous Years

Percent of Emergency Department Visits for ICD-10 Coded RSV by Season, 2023-2024 through 2025-2026

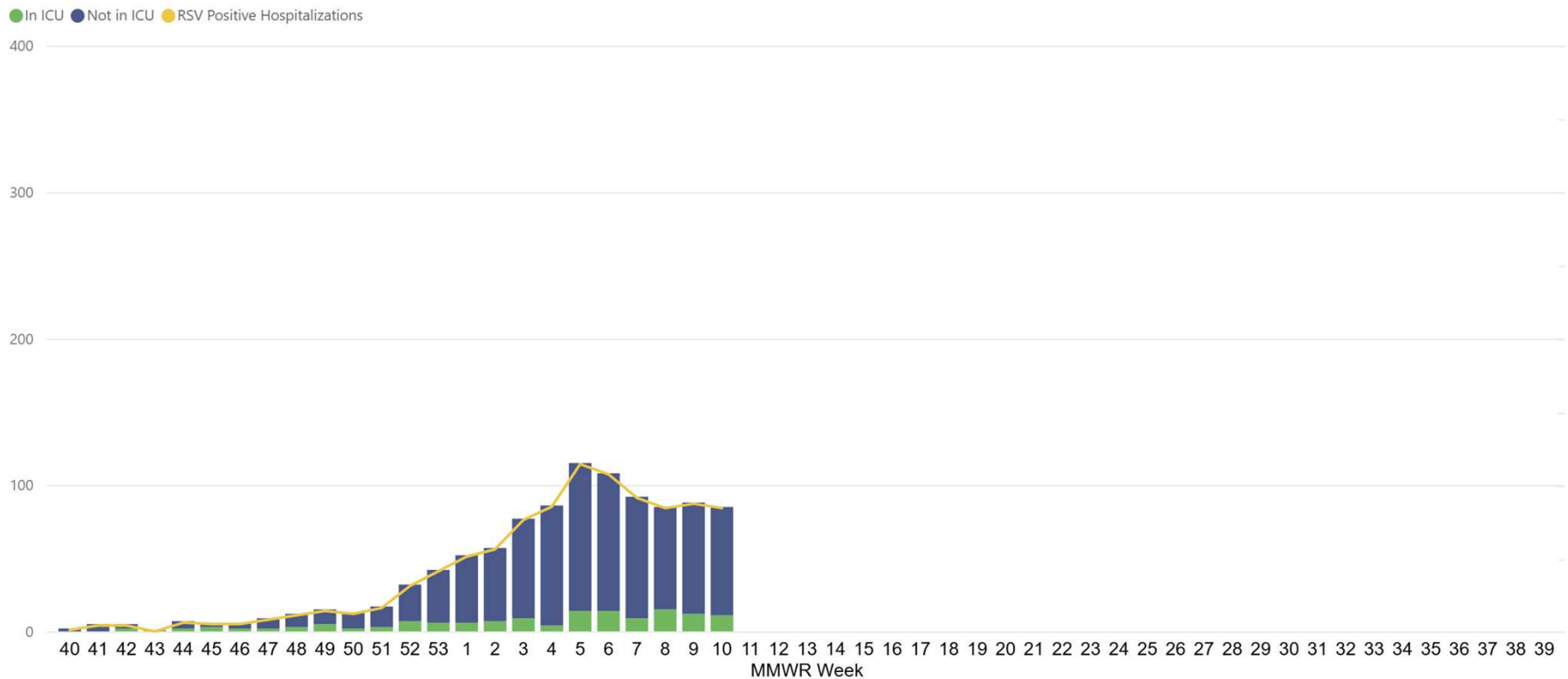


Saw higher levels of ED visits for RSV in the previous two years, but no significant difference.

\*The grey bar represents a two week period when syndrome classifications (e.g. for COVID, ILI, etc.) are in flux due to delayed diagnosis information -- these percentages are preliminary and subject to increase.

# Number of Patients Currently Hospitalized and RSV Positive, All Ages

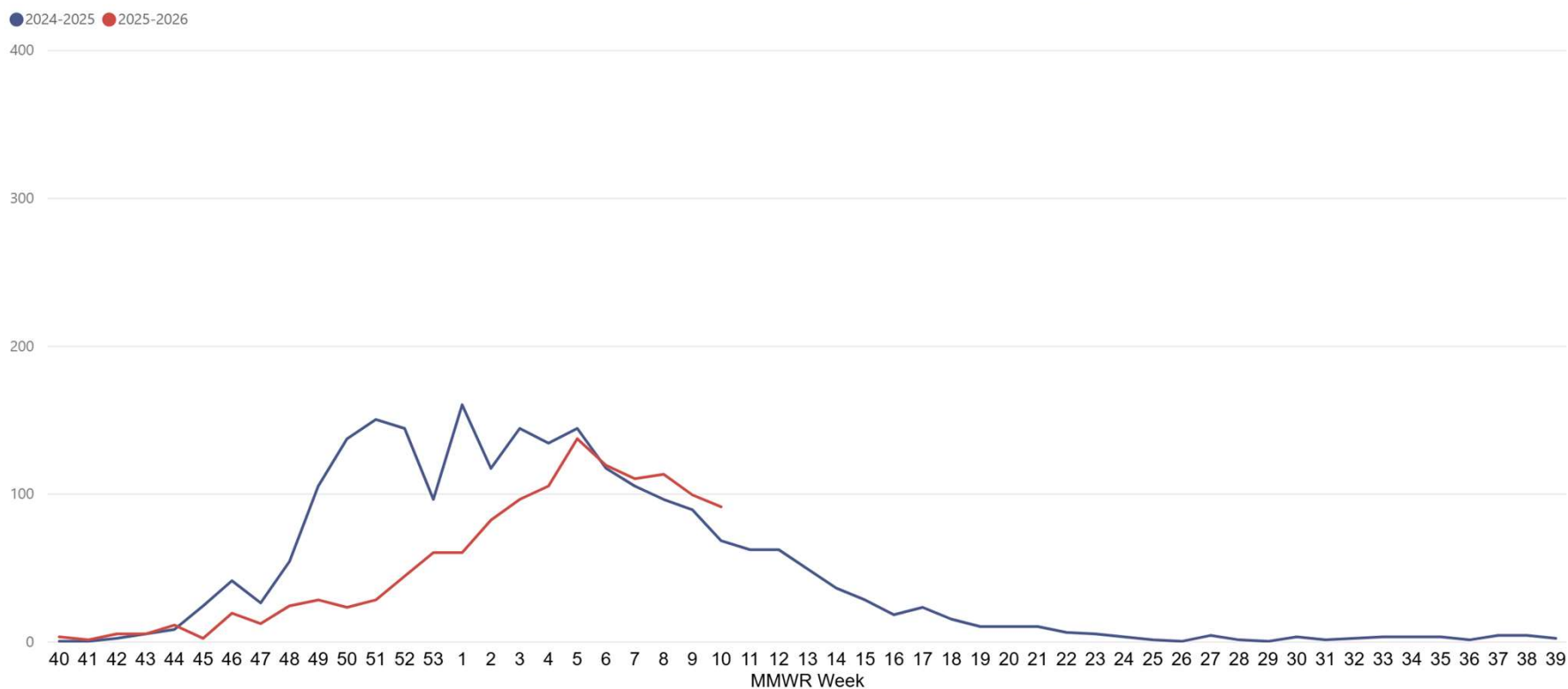
ICU Status of Currently Hospitalized RSV Positive Patients, by Respiratory Season, Los Angeles County



Currently, 85 hospitalized people are positive for RSV.

# RSV Hospitalizations in All Ages, Compared to Previous Years

Weekly Total of Newly Admitted RSV Positive Hospitalized Patients, by Respiratory Season, Los Angeles County, 2024-2025 through 2025-2026



Peaks of number hospitalized was similar to last year.

\*RSV hospitalizations became reportable on November 1st, 2024

# All the data shared here is available on RespWatch, our respiratory virus surveillance dashboard.

We update every week on Fridays! You can view here:

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



Page update 3-20-26. Information on COVID-19, influenza, and other respiratory illnesses in LA County for MMWR Week 10 ending on March 14, 2026.

**Welcome**

Los Angeles County Department of Public Health (Public Health) collects information on indicators of COVID-19, influenza, and Respiratory Syncytial Virus activity year-round. These indicators track the intensity, spread, and temporal trends of viral respiratory illness in LA County.

*The weekly surveillance data presented here are preliminary and subject to change.*

**Sign up**

Sign up to receive this report directly in your inbox every Friday during the respiratory virus season.

**SUBMIT**

**Virology**  
Percent Positivity at LAC Sentinel Laboratories

<b>Influenza</b> 9.0% Decreasing Low	<b>COVID-19</b> 0.8% Stable Low	<b>RSV</b> 5.6% Decreasing Low
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**Illness**  
Emergency Department Visits

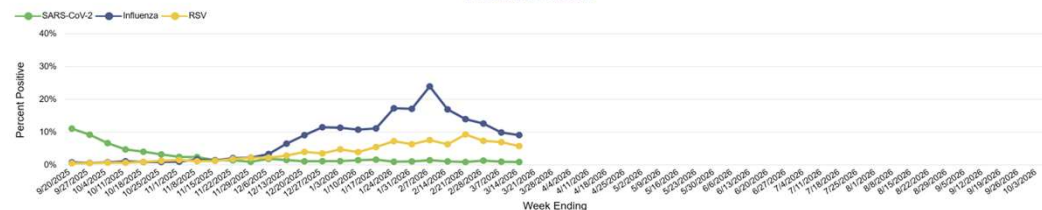
**Percent of ED Visits for Influenza-like Illness**  
5.7%  
Decreasing  
Low

**Severity**  
Viral Respiratory Deaths

Pneumonia, influenza, or COVID-19 accounted for **11.5%** of deaths registered in LAC in **MMWR Week 09**.

Since the start of the 2025-2026 respiratory season, **68** influenza-coded deaths and **94** COVID-coded deaths have been identified through death certificate data.

Percentage of Respiratory Specimens Testing Positive by Viral Etiology, Los Angeles County Sentinel Surveillance Laboratories, 2025-26 Influenza Season



# Updates:

- RSV Immunization for Infants
- MMWR NIS-Child Data
- Recent Legal Actions and ACIP

**Niki Madrid, MA**

Community Engagement Team Chief

Vaccine Preventable Disease Control Program

LA County Department of Public Health



# Continuing RSV Immunization for Eligible Infants



# Immunization Recommendations for Infants

- RSV infection is the most common cause for hospitalization in infants in the US.
- RSV monoclonal antibody products, nirsevimab (Beyfortus) and clesrovimab (Enflonsia), are highly effective in preventing infant hospitalizations due to RSV.
- [CDPH data](#) show the current 2025-2026 RSV season started later than prior seasons.

# Infant RSV Immunization Season is Extended

**CDPH recommends** continuing RSV immunization of eligible infants and young children with RSV monoclonal antibody products through **April 30, 2026**

- **Nirsevimab** or **clesrovimab** are recommended
  - For all infants aged <8 months
  - Ideally within 1 week of birth, during the birth hospitalization or as soon as possible after discharge  
  
(unless prenatal RSV immunization occurred between 32 through 36 weeks of gestation and at least 14 days before delivery)
- **Only nirsevimab** is recommended
  - Children aged 8 through 19 months at [high risk](#) of severe RSV

**2025-2026 RSV Immunization Guide** for Infants and Toddlers

RSV immunizations should be given before the start of or as soon as possible during RSV season (usually October-March\*). View [AAP's Policy Statement on Recommendations for the Prevention of RSV Disease in Infants and Children](#) for additional guidance.

**All Infants <8 Months Entering 1st RSV Season**  
without prenatal vaccination during 32-36 weeks gestational age\*

**If born October-April\***  
1 dose in <1 week of birth

**If born May-September**  
1 dose in October/November

or as soon as possible during the RSV season

**Nirsevimab\*\***  
50mg  
(weight <5 kg)

OR

**Nirsevimab\*\***  
100mg  
(weight ≥5 kg)

OR

**Clesrovimab**  
105mg  
(regardless of weight)

**High-Risk Children 8-19 Months Entering 2nd RSV Season**

**200mg dose before RSV season**

or as soon as possible during the RSV season

**Nirsevimab**  
100mg

+

**Nirsevimab**  
100mg

**(Two 100mg syringes, same day, different sites, regardless of weight)**

**Children at high-risk include:**

- **American Indian or Alaskan Native children\*\***
- **Chronic lung disease of prematurity that required medical support** (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the RSV season.
- **Cystic fibrosis with either:**
  1. Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the 1st year if life or abnormalities on chest imaging that persist when stable OR
  2. Weight-for-length <10th percentile
- **Severe immunocompromise**

\* In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.  
\*\* For the 2025-2026 RSV season, [IHS guidance](#) is the preferential use of nirsevimab for eligible AI/AN infants and children.  
\* For the 2025-26 season, CDPH recommends immunizing through April 30, 2026 given ongoing RSV disease activity.

California Department of Public Health, Immunization Branch [EZIZ.org](#) IMM-1480 (3/10/26)

[IMM-1480.pdf](#)

# RSV Immunization Coverage

- Insurance coverage of RSV immunization will continue.
- RSV ordering remains available through the VFC Program through the end of April.
  - The VFC program provides nirsevimab and clesrovimab at no cost for providers immunizing children who are: Medi-Cal eligible, uninsured, underinsured, and American Indian/Alaska Native.
- Under [AB144](#), California regulated health plans are required to cover RSV immunization based on CDPH guidance.

# National Immunization Survey - Child Data (2024)



Morbidity and Mortality Weekly Report  
(MMWR)

Search



## Vaccination Coverage by Age 24 Months Among Children Born in 2021 and 2022 — National Immunization Survey-Child, United States, 2022–2024

Weekly / March 26, 2026 / 75(11);146–155

Hill HA, Yankey D, Elam-Evans LD, et al. Vaccination Coverage by Age 24 Months Among Children Born in 2021 and 2022 — National Immunization Survey-Child, United States, 2022–2024. MMWR Morb Mortal Wkly Rep 2026;75:146–155.

DOI: <http://dx.doi.org/10.15585/mmwr.mm7511a2>.

## National Immunization Survey-Child (NIS-Child)

- Conducted **annually** by the CDC, with data collection occurring continuously throughout the year.
- Households with children aged 19–35 months to monitor vaccination coverage.
- Household interview conducted via telephone; subsequent mailed survey sent to child's healthcare provider.

## MMWR Report Highlights

- Coverage with most vaccines was similar among children born during 2021–2022 and those born during 2019–2020.
- Decreases in coverage of 1-2 percentage points for:
  - Primary series of Hib
  - Rotavirus
  - HepB birth dose
  - $\geq 4$  doses of PCV
- A larger decrease (7.4 percentage points) was observed for  $\geq 2$  doses of influenza vaccine; coverage with  $\geq 2$  doses of influenza vaccine is at its lowest level in over a decade (53.5%).

## MMWR Report Highlights Continued

- Strategies for helping parents make informed decisions and increasing vaccination
  - Strong provider recommendations
  - Targeted messages from credible and trusted sources
  - Increased VFC participation
  - Standing orders and clinician prompts to reduce missed opportunities
  - Administration of vaccine in non-traditional settings

# Updates on Recent Legal Actions and ACIP

*April 1, 2026*



# Recent Legal Rulings:

## AAP vs. Kennedy



# Background of the lawsuit and key allegations

## Lawsuit Filing

AAP and other medical groups filed a lawsuit against the HHS Secretary in July 2025 challenging government actions.

## Allegations Against HHS

The lawsuit alleges:

- arbitrary decision-making,
- procedural violations, and
- interference with advisory panels by HHS.



# Amended complaints



## **Multiple Amendments**

The lawsuit was amended multiple times due to evolving vaccine recommendations.

## **Disputed Vaccine Recommendations**

AAP challenged the vaccine recommendations as lacking scientific evidence.

## **January 2026 Update**

Complaint was updated after HHS revised the child vaccination recommendations via memo released on January 5, 2026.

# Judge's Rulings



## Court's Temporary Block

The court temporarily blocked three major actions pending a full trial, ensuring a pause on changes.

## Schedule Change Details

A January 2026 memo proposed reducing child vaccination recommendations from 17 vaccines to 11.

## Impact of the Stay

The stay prevents immediate implementation of the reduced vaccination schedule until trial conclusion.

## Legal rationale:

## CDC and ACIP procedural issues



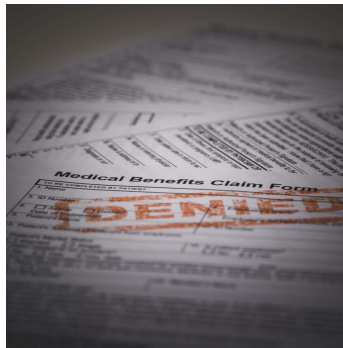
### **CDC Bypassing ACIP**

Federal laws require the CDC Director to involve ACIP before changing immunization schedules. CDC bypassed this protocol.



### **Unbalanced ACIP Composition**

The new ACIP was not fairly balanced as mandated by the Federal Advisory Committee Act, violating procedural fairness.



### **Arbitrary and Capricious Changes**

The procedural changes made were arbitrary and capricious, lacking proper justification and adherence to rules.

# Implications for ACIP



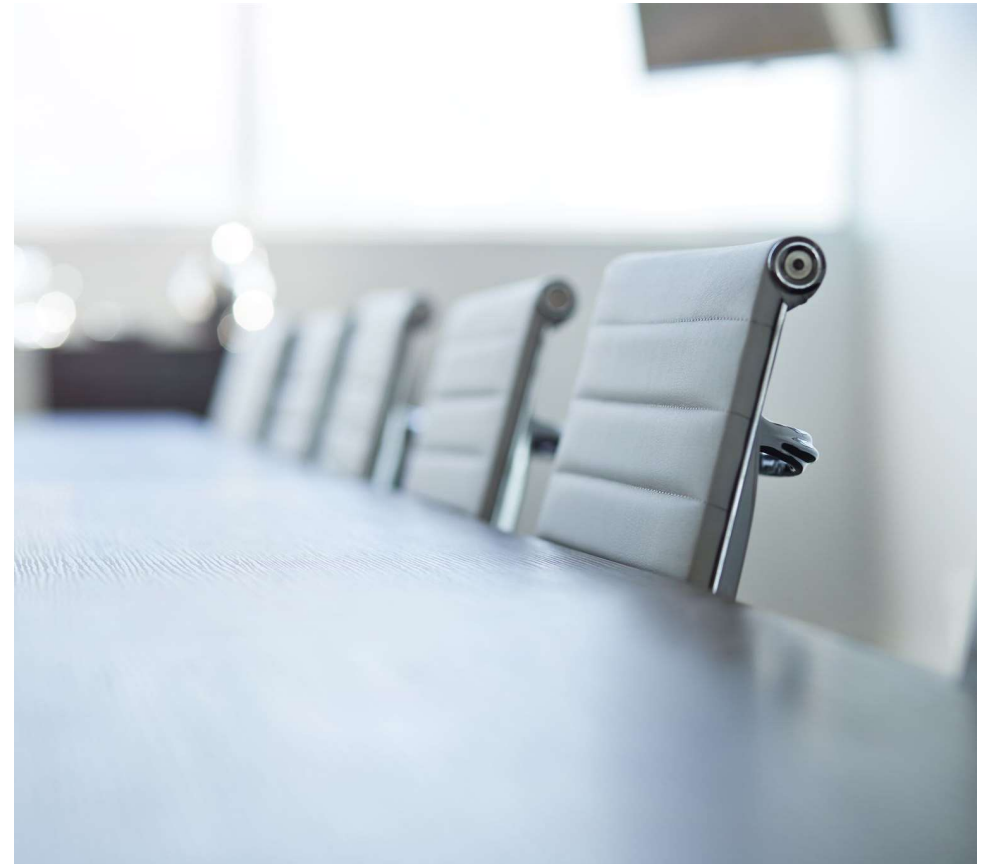
## Effects of ACIP meeting cancellation and lack of guidance

### **Meeting Cancellation**

The March 2026 ACIP meeting was cancelled due to majority member participation issues caused by a ruling.

### **Lack of Guidance**

No clear guidance has been issued yet, creating uncertainty about the ACIP's next steps.



# Interim Vaccination Guidance: National, State and Local Impact



# Guidance for providers and VFC program considerations

## Interim Vaccination Guidance

Recommendations revert to those previously in place

## VFC Program Considerations

Important considerations remain for providers participating in the Vaccines for Children program.



# State/County response and adherence to professional recommendations

## **Minimal Immediate Impact**

California has experienced little immediate effect from recent legal rulings affecting healthcare policies.

## **Adherence to Evidence-Based Guidelines**

State and LA County continue to follow evidence-based recommendations from leading professional healthcare organizations.



# Conclusion

## **Impact of Legal Rulings**

Recent legal decisions have greatly influenced ACIP's vaccine policy and operational guidelines.

## **Dynamic Policy Environment**

The vaccine policy landscape is evolving due to ongoing legal, administrative, and public health factors.

## **Future Immunization Guidance**

Future recommendations will be shaped by combined legal and public health considerations.

# Storage & Handling Tips

**Maria Davila**

Health Program Coordinator

Vaccine Management Team

Vaccine Preventable Disease Control Program



# Digital Data Logger (DDL): California VFC Requirements

Overview of requirements for vaccine  
storage monitoring devices.



# VFC Program Requirements

- Providers in California vaccine programs must use data loggers that comply with VFC requirements.
- All vaccine storage units must have compliant data loggers.
- Equip all refrigerators and freezers (primary, backup, overflow, or any temporary units) storing VFC-supplied vaccines with VFC-compliant digital data loggers.

# Importance of Temperature Monitoring

- Continuous temperature monitoring ensures vaccine safety.
- Prevents loss of potency and need for revaccination.
- Tracks temperature excursions and trends.

# Key Features of Digital Data Loggers

- Continuous temperature recording
- Alerts for out-of-range temperatures
- Tracks duration of excursions
- Generates temperature reports

## DDL Device Selection

- Any device meeting VFC specs may be used
- Options include standalone or cloud-based loggers
- Use comparison guides and worksheets to choose

# DDL Calibration Requirements

- Devices must have a Certificate of Calibration.
- Calibration ensures accuracy against national standards.
- Recalibrate every 2–3 years or according to manufacturer-recommended timeline.
- Calibrate primary and backup devices on different schedules to ensure all refrigerators and freezers storing VFC-supplied vaccines are equipped with data loggers at all times.
- Keep certificates of calibration on file and make available to the VFC Program upon request.

## Using DDL Device

- Learn device functions and readings
- Retrieve and store temperature data
- Maintain organized records
- Restart device after downloads

# Minimum Device Specifications

- Digital display (current, min, max temps)
- Accuracy  $\pm 1.0^{\circ}\text{F}$  ( $0.5^{\circ}\text{C}$ )
- Buffered probe
- Alarm system
- 30-min logging interval
- Battery indicator
- Memory storage of 4000 readings or more

## VFC Requirements for DDL Summary Reports

- Devices must generate summary reports including:
  - Min/Max temperatures
  - Total time out of range
  - Alarm settings
- DDLs that produce only CSV exports are not acceptable.

## Backup DDL Devices

- Maintain at least one backup data logger
- Store the backup data logger's buffered probe in the vaccine refrigerator and keep its digital display separately in a cabinet.
- Purpose built, auto-dispensing units without doors, store the entire device in a cabinet
- Document the device's location on the practice's vaccine management plan
- Used during recalibration, failure, or vaccine transport
- Additional devices may be needed based on size

## Final Notes

- Ensure all devices have valid calibration certificates
- Train staff on how to use your DDL devices
- Update primary and backup DDL information in myCAvax and Vaccine Management Plan (VMP)
- Consistent monitoring ensures vaccine safety

## Resources

- [myCAvax](#)
- [EZIZ.org](#)
- [Compliant Certificate of Calibration \(PDF\)](#)
- [Feature Comparison Guide](#)
- [Pre-Purchase Worksheet \(PDF\)](#)
- [Data Logger Setup and Use \(PDF\)](#)
- [Vaccine Management Plan \(Word\)](#)

# Q & A Session

