2026 VPDCP Office Hours

Pride in Prevention: Preparing for Upcoming Pride Celebrations

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

May 6, 2026

Housekeeping

All participants are muted during the presentation.

Slides used in today's presentation 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 exit and re-join 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.

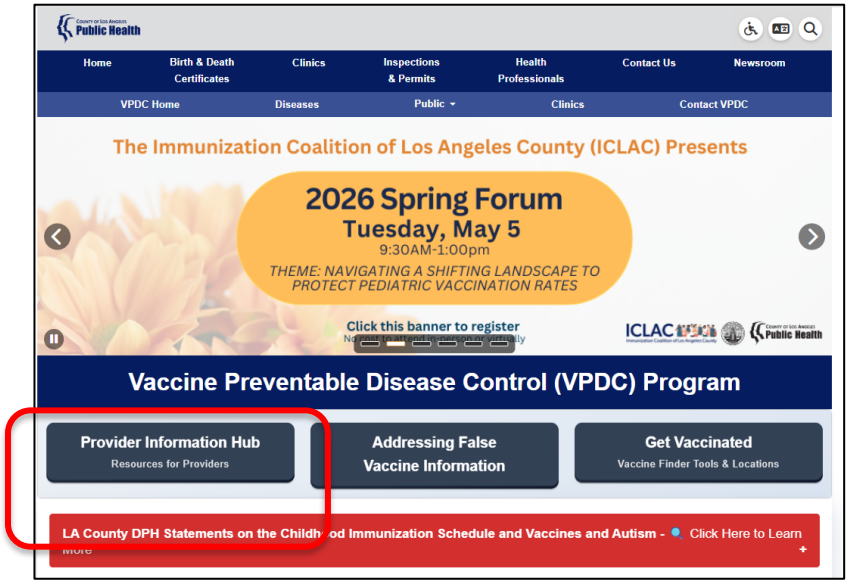
First Wednesday of the month

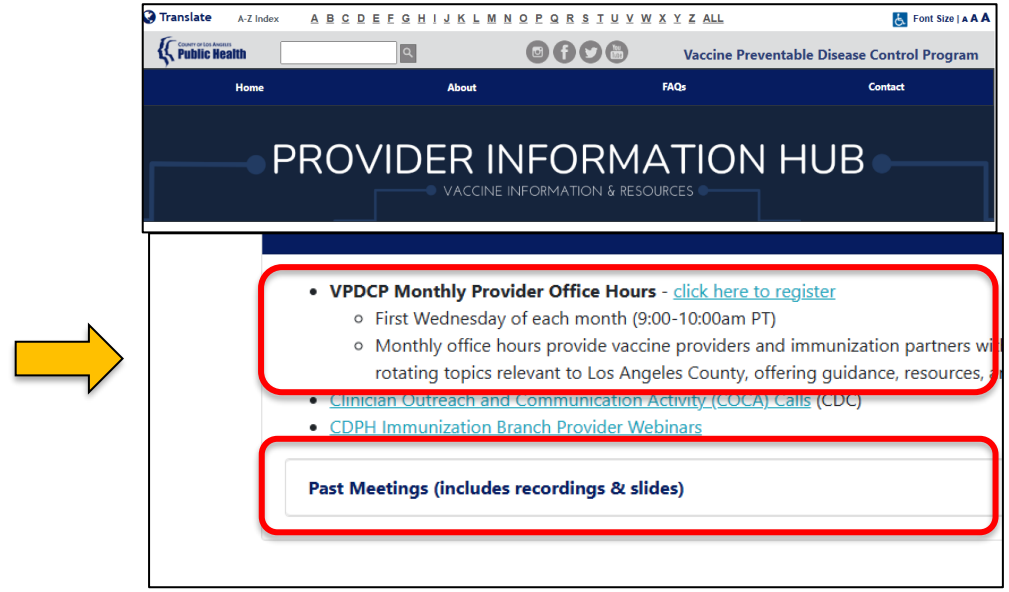
12:00 – 1:00 pm

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

Agenda

Announcements	Kim Moore, RN, MSN, PHN, FNP-C VPDCP
Mpox Prevention	Dr. Rebecca Cohen Division of HIV & STD Programs
Meningococcal Disease: Recognition, Treatment & Prevention	John Ta, PHN- ACDC
Recommended Vaccines to Prepare for Pride	Kim Moore, RN, MSN, PHN, FNP-C
New in myCAvax: Outbreak module	Shelby Redman, MPH
Quick Poll	All Attendees
Q&A session	All Panelists

Announcements

Happy National Nurses Week: May 6-12, 2026

County of Los Angeles Public Health

May is Hepatitis Awareness Month

- Hepatitis A & B are vaccine preventable
- The California Department of Public Health (CDPH)/The American Academies of Pediatrics (AAFP) & Family Physicians (AAFP) recommends children starting at birth & adults ≥19 y/o depending on vaccine/condition receive 2-4 doses:
  - Hepatitis A vaccine
  - Hepatitis B vaccine
  - Know your hepatitis status
    - May 19, is National Hepatitis Testing Day

Resources

- LACDPH Hepatitis A Vaccine Information Webpage
- LACDPH Hepatitis B Vaccine Information Webpage
- LACDPH Adult Immunization Webpage
- Hepatitis B Foundation

General Coalition Meeting

Immunize LA Families & LAC VPDC Adult Immunization Program

May 13, 2026 | 8:30-10:30 am

This event is approved for 1 CME

Featured Presentation:

Understanding the Current Status of the Advisory Committee on Immunization Practices

Oliver T. Brooks, M.D., ACIP Member 2020-2025

Clinical Professor of Pediatrics, Charles R. Drew University of School of Medicine

Updates From the Vaccine Preventable Disease Control Program

LAC VPDCP & Immunize LA Families Presents: Evolving Vaccine Policy

REGISTRATION LINK

Mpox Prevention Strategies

Summer 2026 Edition

Becca Cohen, MD, MPH, AAHIVS (she/her)
Division of HIV and STD Programs

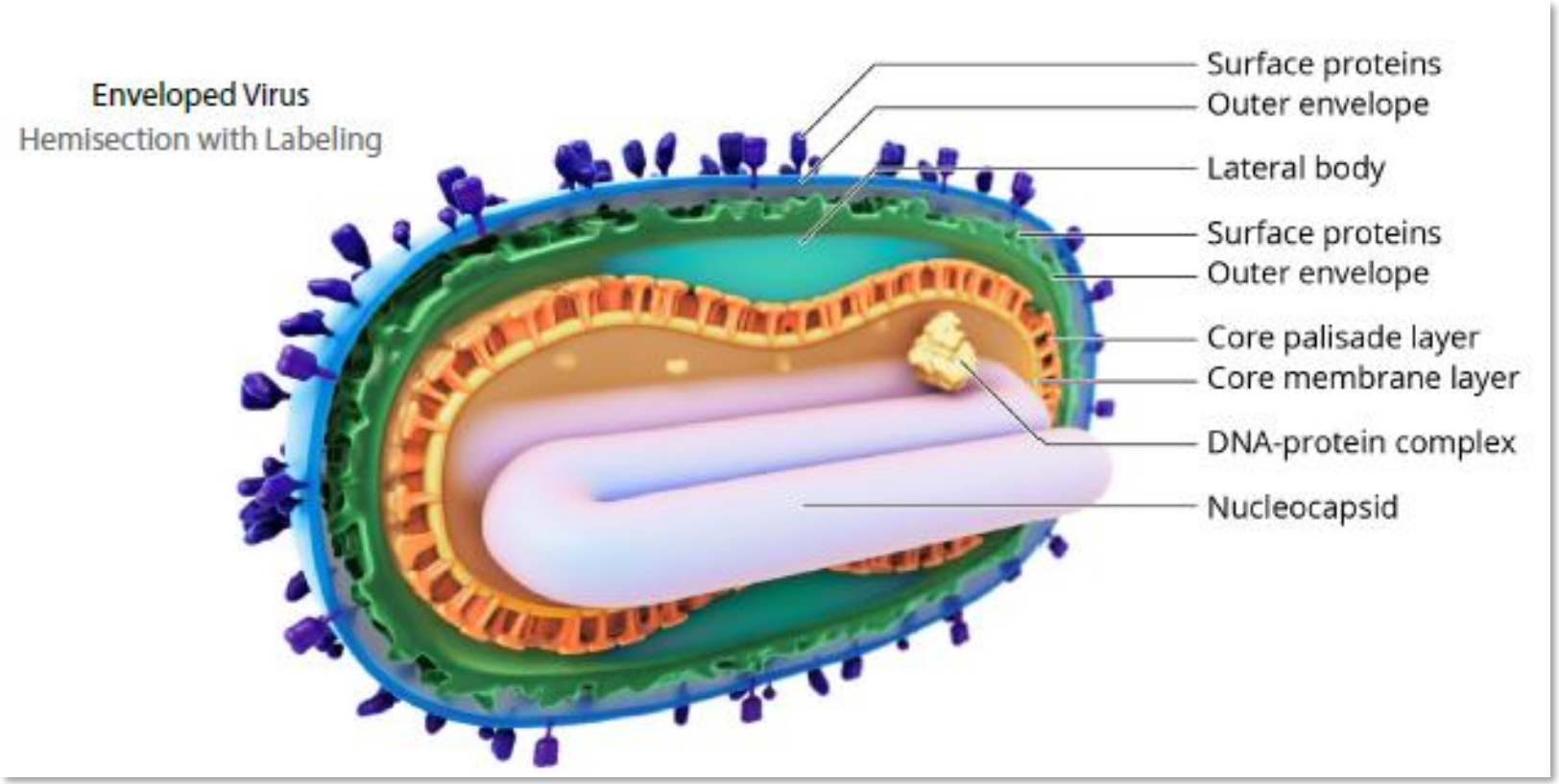
Objectives

By the end of this talk, participants will be able to:

1. Explain the basics of the mpox virus.
2. Describe what mpox looks like in our community.
3. Summarize the key concepts of mpox vaccination.
4. Implement communication strategies to promote mpox vaccination.

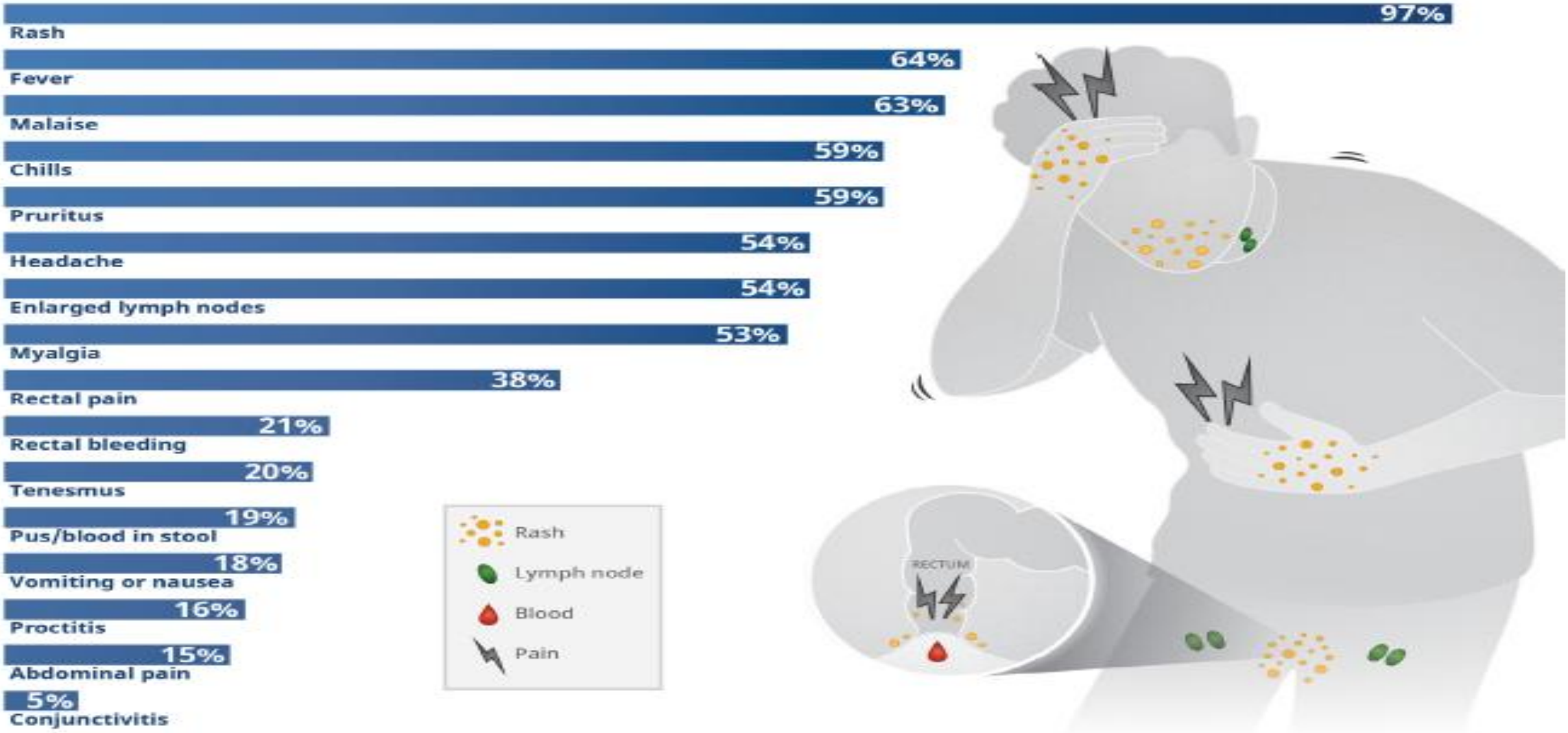
What is Mpox?

- Mpox is an infection caused by the monkeypox virus, related to smallpox
- It has been associated with sporadic outbreaks over the past decades



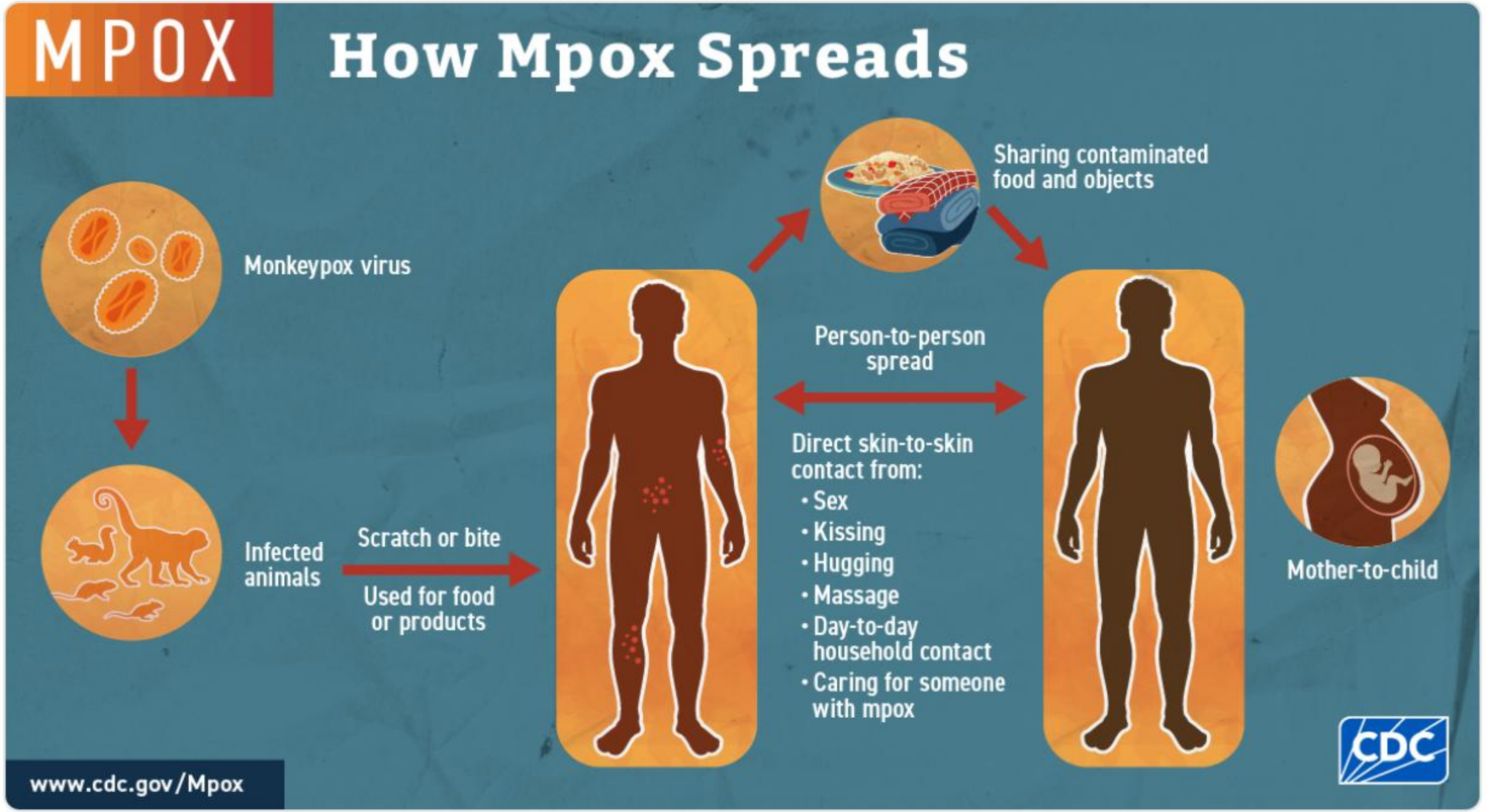
https://www.std.uw.edu/page/clinical/guides#mpox

Mpox 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.

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


MPOX
How Mpox Spreads
Monkeypox virus
Infected animals
Scratch or bite
Used for food or products
Sharing contaminated food and objects
Person-to-person spread
Direct skin-to-skin contact from:
• Sex
• Kissing
• Hugging
• Massage
• Day-to-day household contact
• Caring for someone with mpox
Mother-to-child
www.cdc.gov/Mpox
CDC

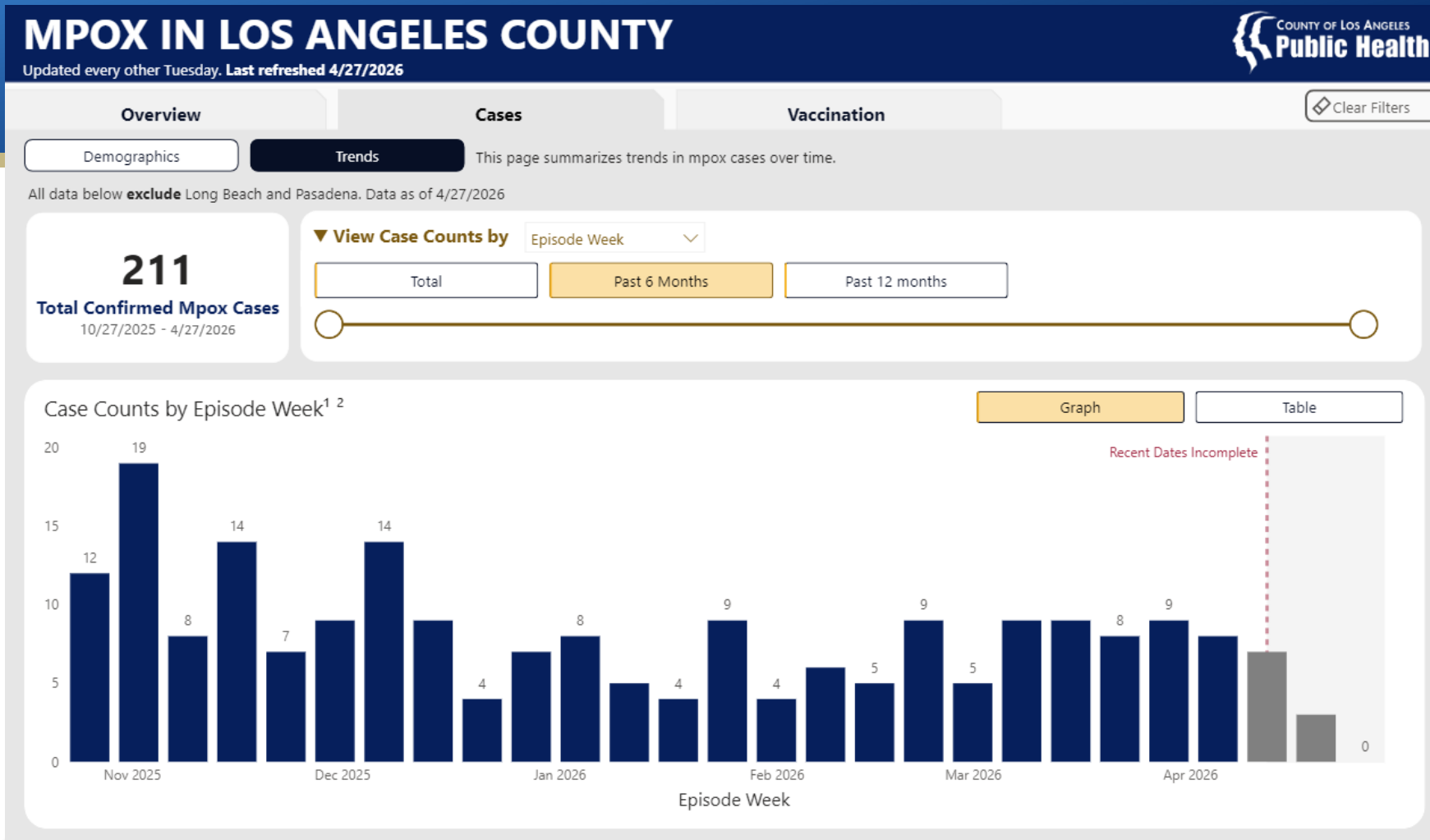
Two clades of mpox

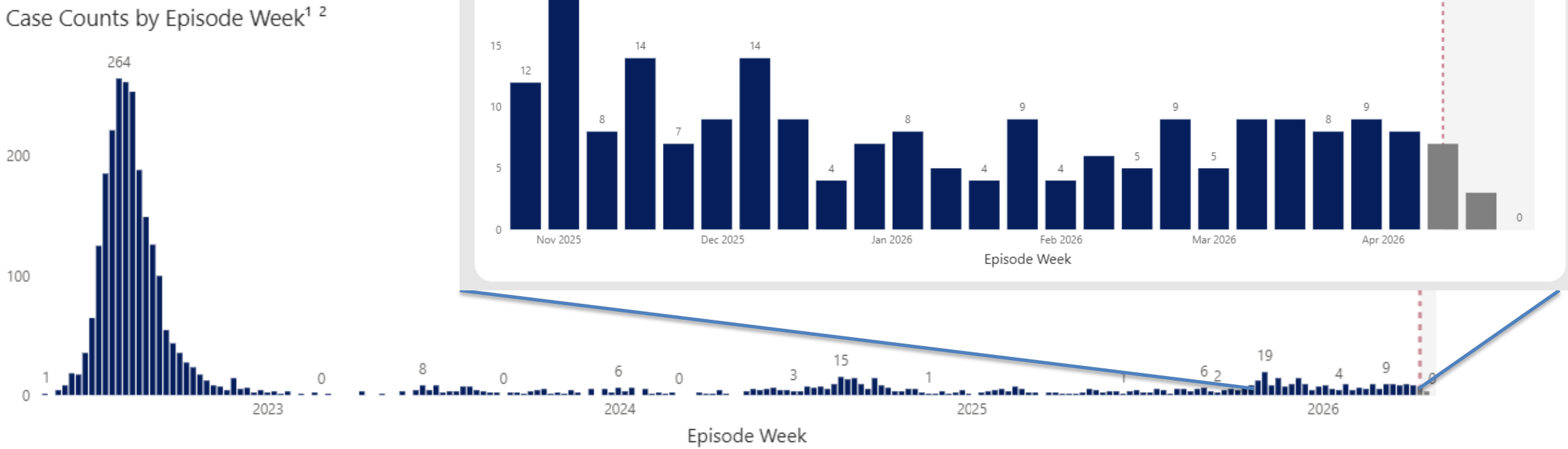
- Two types of virus: clade I and clade II
  - Both types found in Central and Western Africa
  - Both types cause similar symptoms and can be prevented the same way
- **Clade II mpox** has been in California since 2022 when the global outbreak started
- **Clade I mpox:**
  - 2023: Outbreak in Central & Eastern Africa started
  - 2024-2025: Occasional travel-related cases in the US and other countries
  - Oct. 2025: Community-acquired cases reported in California, Netherlands, Spain, Italy & Portugal

LAC DPH Mpox Dashboard

As of 4/27/26:

- 2,965 cases overall
- 2 deaths





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

Why Now? Summer Patterns & the Road to Pride Season

Summer Mpox Surge

4 → 13 cases/week

CA cases June → August 2025[1]

14.5 cases/week

CA avg in 2026, 2x the same period in 2025[2]

In LA, 90% cis men 18-49

Majority are unvaccinated MSM[3]

Pride Season 2026 Is Approaching Fast

- Off Sunset: May 3
- Long Beach Pride: May 16-17
- WeHo Pride: June 5–7
- LA Pride: June 13–15
- DTLA Proud: August

"With summer travel and large events approaching, now is the ideal time to protect yourself." — CA State PH Officer Dr. Erica Pan

Act Now!

Jynneos requires 2 doses, 28 days apart.
For full protection for Pride, patients need dose 1 by mid-May.

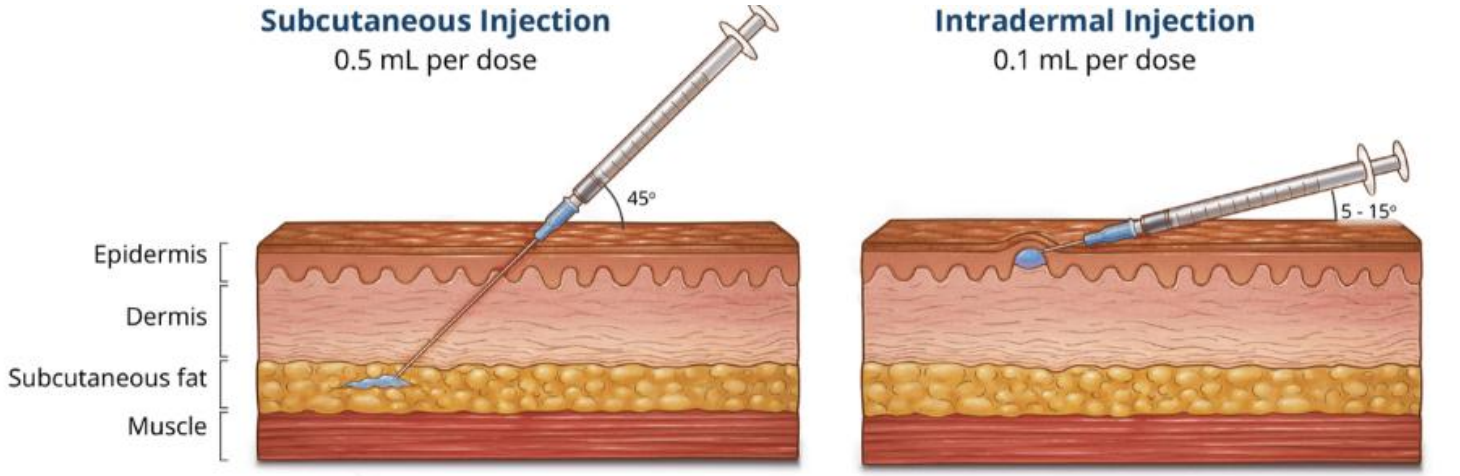
Sources: 1. CDPH Health Advisory Aug 2025. 2. CDC Mpox Situation Summary Apr 2026. 3. LAC DPH Surveillance http://publichealth.lacounty.gov/media/monkeypox/data/index.htm

Mpox Vaccination

People line up get vaccinated against mpox at the Ted Watkins Memorial Park in Los Angeles. Luis Sinco/Los Angeles Times/Getty Images/FILE 2022

Mpox vaccination

- The preferred vaccine for mpox protection is called **JYNNEOS**
- Two injections, 28 days apart
- Intradermal or subcutaneous
- Not recommended for:
  - People who already had mpox
  - People who already received 2 Jynneos doses



This vaccine can be administered as either a 0.5 mL/dose subcutaneous injection or a 0.1 mL/dose intradermal injection. The intradermal dosing is an option only for persons 18 years of age and older.

Illustration: Cognition Studio, Inc. and David H. Spach, MD

Mpox Vaccination

The California Department of Public Health recommends the mpox vaccine 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 using HIV PrEP or doxy PEP or
- Was exposed to someone with mpox in the last 14 days or
- Is planning to 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/venue (like a sex club or bathhouse) or
- Has a sex partner with any of the above or
- Requests mpox vaccination, even if they have not disclosed any of the above

Spotlight: Sex-Positive Mpox Communication in Action

Dr. Demetre Daskalakis

Chief Medical Officer, Callen-Lorde Community Health Center (he/him)
Former CDC Director, National Center for Immunization & Respiratory Diseases
Led White House mpox response, 2022–2023

Why His Approach Matters

- Known for centering 'joy as a public health outcome' rather than fear and shame
- As an openly gay physician, speaks authentically to the communities most affected
- His 2020 COVID response for NYC used direct, sex-positive messaging that focused on pleasure and harm reduction
- His mpox messaging also uses sex-positive framework
- Frames vaccine as self-care & community care, not a response to shame

Mpox Vaccine Communications

- Lead with benefit, not risk behavior
- Use behavioral language, not identity labels
- Normalize conversations about sex and sexual health
- Approach mpox vaccination as the default — not as an option the patient must actively choose

Mpox Vaccine Communications

AVOID	TRY THIS INSTEAD
"Do you engage in risky sexual behaviors?“	*"The mpox vaccine benefits people who enjoy having multiple sex partners.”*
"You should get this if you're promiscuous or have many partners.“	*“Jynneos is for anyone who meets sex partners online or out cruising in public sex spaces.“*
“Having anonymous sex puts you at risk.”	
“Would you like an mpox vaccine today?”	*"Getting vaccinated takes care of your health and the health of people you're intimate with."*

Framework: National Coalition of STD Directors Mpox Comms Toolkit; sex-positive public health principles (Daskalakis et al.)

Resources and References

- **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
- **NCSD Mpox Communications Toolkit**
  - https://www.ncsddc.org/wp-content/uploads/2023/07/MPox-Communications-Toolkit.pdf

QUESTIONS?

rcohen@ph.lacounty.gov

Meningococcal Disease
Recognition, Treatment & Prevention

John Ta, BSN, RN, PHN
Acute Communicable Disease Control
LA County Department of Public Health

Clinical Presentation Roadmap

- Clinical presentation and transmission of meningococcal disease
- Risk factors for meningococcal disease
- Current trends and outbreaks
- Emerging resistance and prevention guidelines

Meningococcal Disease

- Uncommon, but very serious and can be deadly within hours
- Caused by *Neisseria meningitidis* bacteria
- Among the leading causes of community acquired meningitis in the U.S.

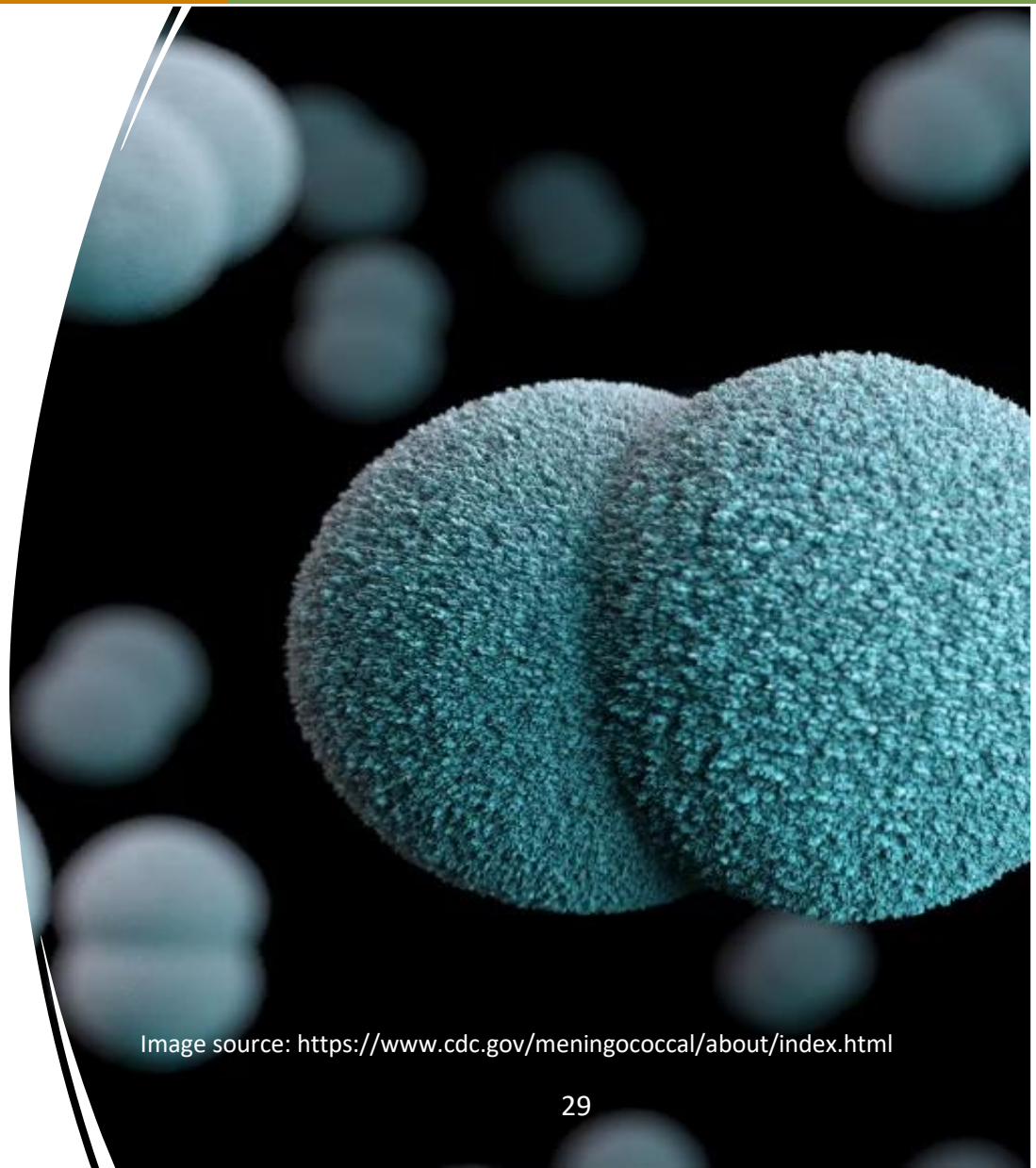
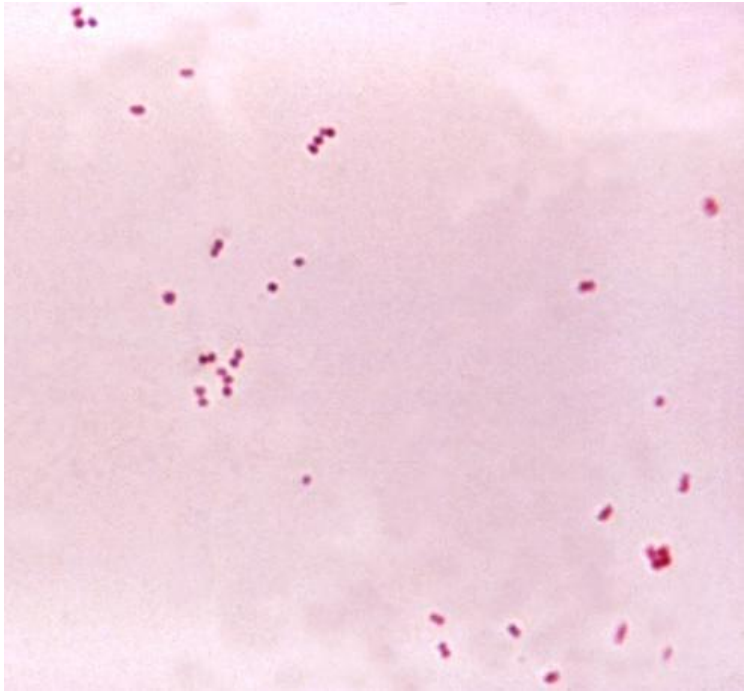


Image source: https://www.cdc.gov/meningococcal/about/index.html

Neisseria meningitidis

- Gram-negative diplococcus
- Exclusively infects humans
- Characteristic polysaccharide capsule defines serogroup
- Serogroups: A, B, C, W-135, X, Y
  - Serogroup B, C, Y predominate in the U.S.
  - Serogroup A associated with sub-Saharan meningitis belt
  - Serogroup W in Hajj pilgrims in Saudi Arabia



Micrograph of aerobic Gram-negative *Neisseria meningitidis* diplococci; Mag. 1150X
Source: CDC

Endemic and Epidemic Infection

- Endemic in the U.S.
- Epidemics occur in Africa, Asia, South America, and former Soviet Union countries

Disease data source: World Health Organization. International Travel and Health. Geneva, Switzerland: 2015.

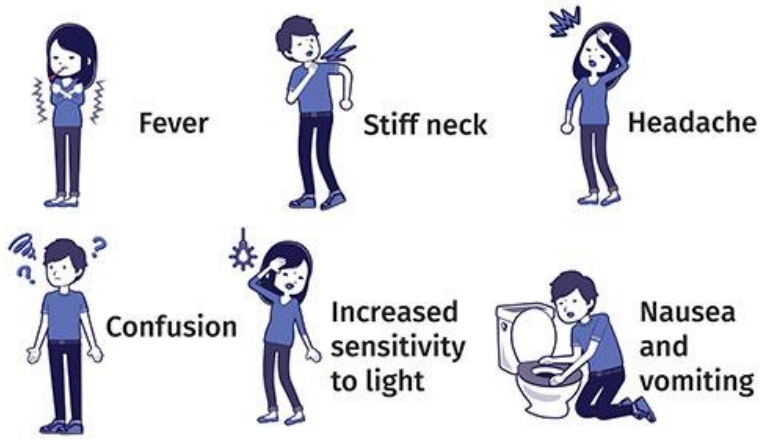
Morbidity and Mortality

- Untreated IMD is fatal in up to 50% of cases
  - Even in treated case fatality rates are 10-15%
- 11-19% of survivors suffer significant clinical sequelae
  - Paralysis
  - Deafness
  - Mental impairment
  - Amputations
  - Seizures

Clinical Presentation

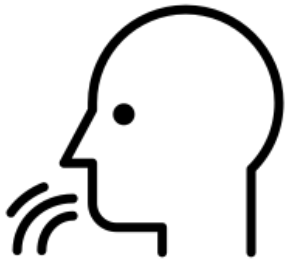
- Invasive disease most commonly presents as
    - Meningitis alone
    - Meningitis with meningococcemia
    - Meningococcemia without meningitis
- Arthritis; primary purulent or immune complex-based
- Pericarditis, myocarditis

Signs and Symptoms



- Severe aches or pain in the muscles, joints, chest, or abdomen (belly)
- Rash – 50% of patients
  - Petechial, most commonly trunk and lower body
  - Can progress to large purpuric lesions
- Shock
- DIC and purpura fulminans
- Coma

Meningococcal Infections Figure 11. A 4-year-old white female with acute meningococcemia without meningitis with a near uniform distribution of petechiae over the trunk and extremities.



Reservoir:

- Mucosal surfaces of nasopharynx
- Humans are the only host
- Colonization of nasopharynx is pre-requisite for invasive disease

Transmission:

- Spread by exchanging respiratory and throat secretions during close or lengthy contact.
- Those who carry the bacteria asymptomatically in the nasopharynx can spread the bacteria.

Risk Factors for IMD

- **< 1 Year** (Infant), **16–23** (Young Adult), **85+** (Senior)
- Close contact
- Medical Conditions
  - Functional or anatomic asplenia
  - HIV infection
  - Persistent complement component deficiencies

Risk Factors for IMD

- Medications
  - Complement inhibitors e.g., eculizumab, ravulizumab, pegcetacoplan, iptacopan.
- Places and Settings
  - Microbiologist
  - People identified as being exposed as part of an outbreak
  - Travelers to certain countries
  - First year college students living in dorms
  - Military recruits

Diagnosis

- Based on clinical presentation and laboratory tests
- Laboratory diagnostic tests showing evidence of sterile site infection
  - Culture
  - Gram stain showing gram negative diplococci
  - CSF antigen tests
  - Polymerase chain reaction (PCR) analysis

Infection Control

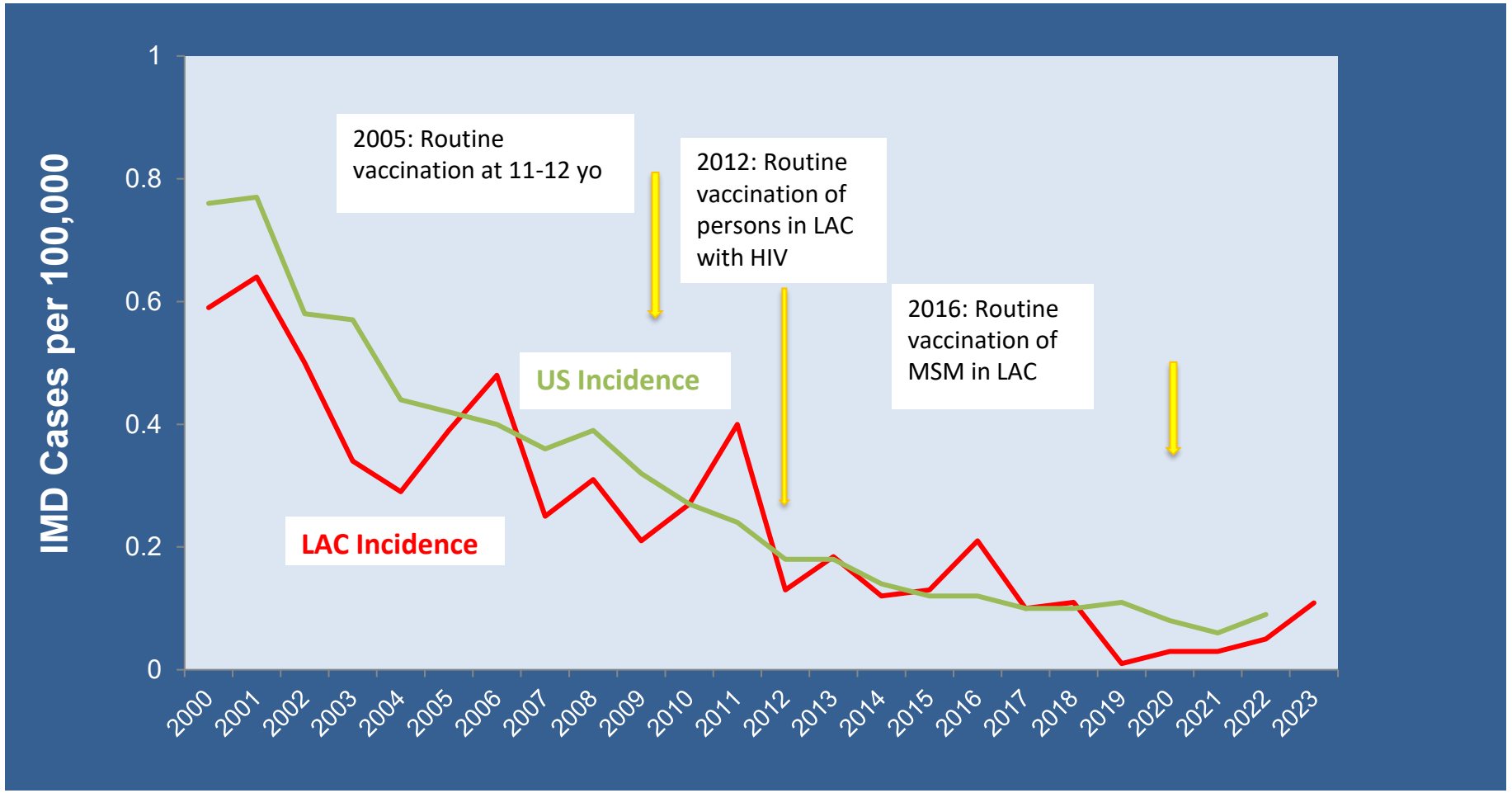
DROPLET PRECAUTIONS

- Recommended for suspected and confirmed cases in healthcare setting
- Should be continued for 24 hours after effective antibiotics

Reporting of IMD to Public Health

- Invasive site infections are immediately reportable to public health by medical providers and laboratory personnel
- Laboratory confirmation is not required for reporting
  - High clinical suspicion
  - Gram negative diplococci gram stain

Incidence is increasing after decades of decline



Source data: Active Bacterial Core Surveillance. LAC incidence calculated with population estimates derived from Hedderson Demographic Services for Los Angeles County Internal Services Department

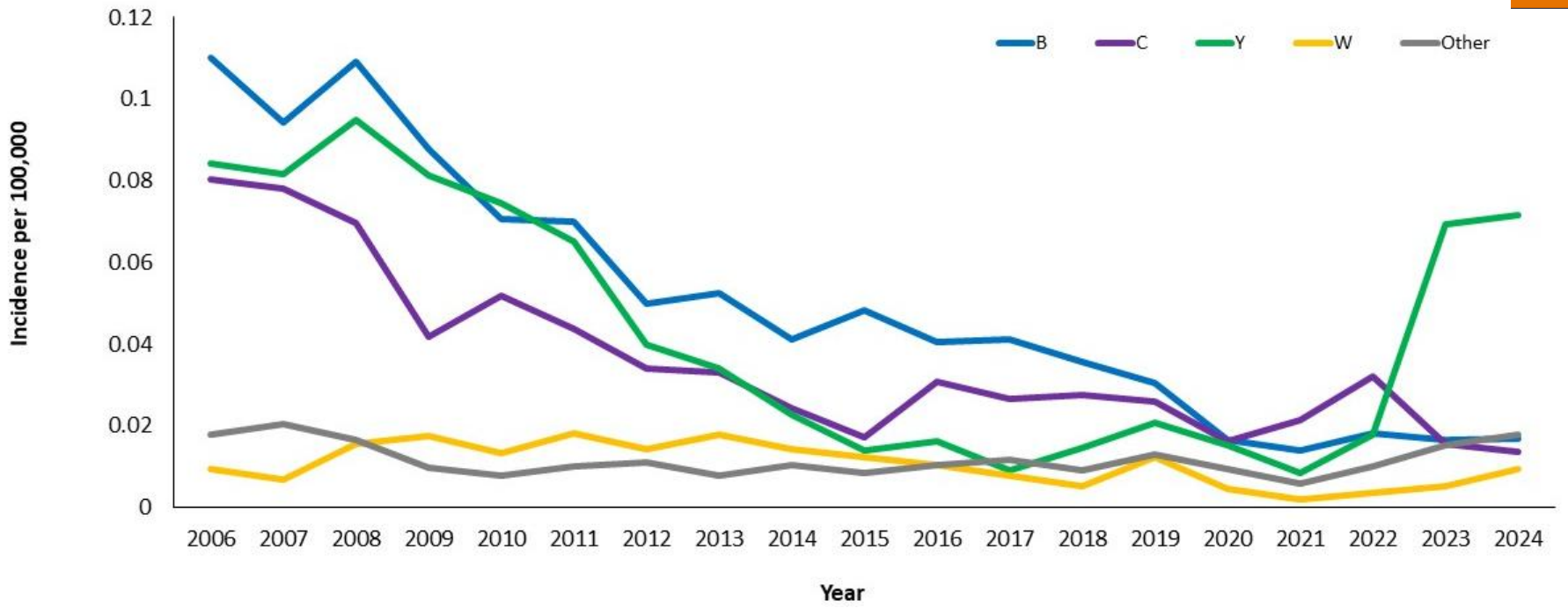
Demographic characteristics have changed

		2010-2019 (n=157)	2020-2024* (n=34)
Age (in years)	**Mean**	45.6	48.1
	Median	43.5	57
	Range	0-94	0-91
Age group n (%)	**<1**	3 (2)	2 (6)
	1-4	3 (2)	0 (0)
	5-14	5 (3)	0 (0)
	15-24	27 (17)	1 (3)
	25-44	60 (38)	10 (29)
	45-64	33 (21)	11 (32)
	65+	26 (17)	10 (29)
Gender n (%)	**Male**	99 (63)	16 (47)
	Female	58 (37)	18 (53)
Race/Ethnicity n (%)	**White**	47 (30)	8 (24)
	Black	36 (23)	4 (12)
	Asian	12 (8)	4 (12)
	Latino	61 (39)	17 (50)
	Other	1 (<1)	1 (3)

*2024 cases as of 7/30/2024

Increase in Invasive Serogroup Y Meningococcal Disease in the United States – March 2024

This is an official CDC HEALTH ADVISORY



Trends in meningococcal disease incidence by serogroup—United States, 2006–2023.

Meningococcal Outbreaks

- Outbreaks of meningococcal disease are rare, but unpredictable in the United States.

- Threshold is determined on a case-by-case basis depending on shared risk factors, linkage through molecular typing and increase over baseline incidence

Meningococcal disease outbreaks on US college campuses between 2011 and March

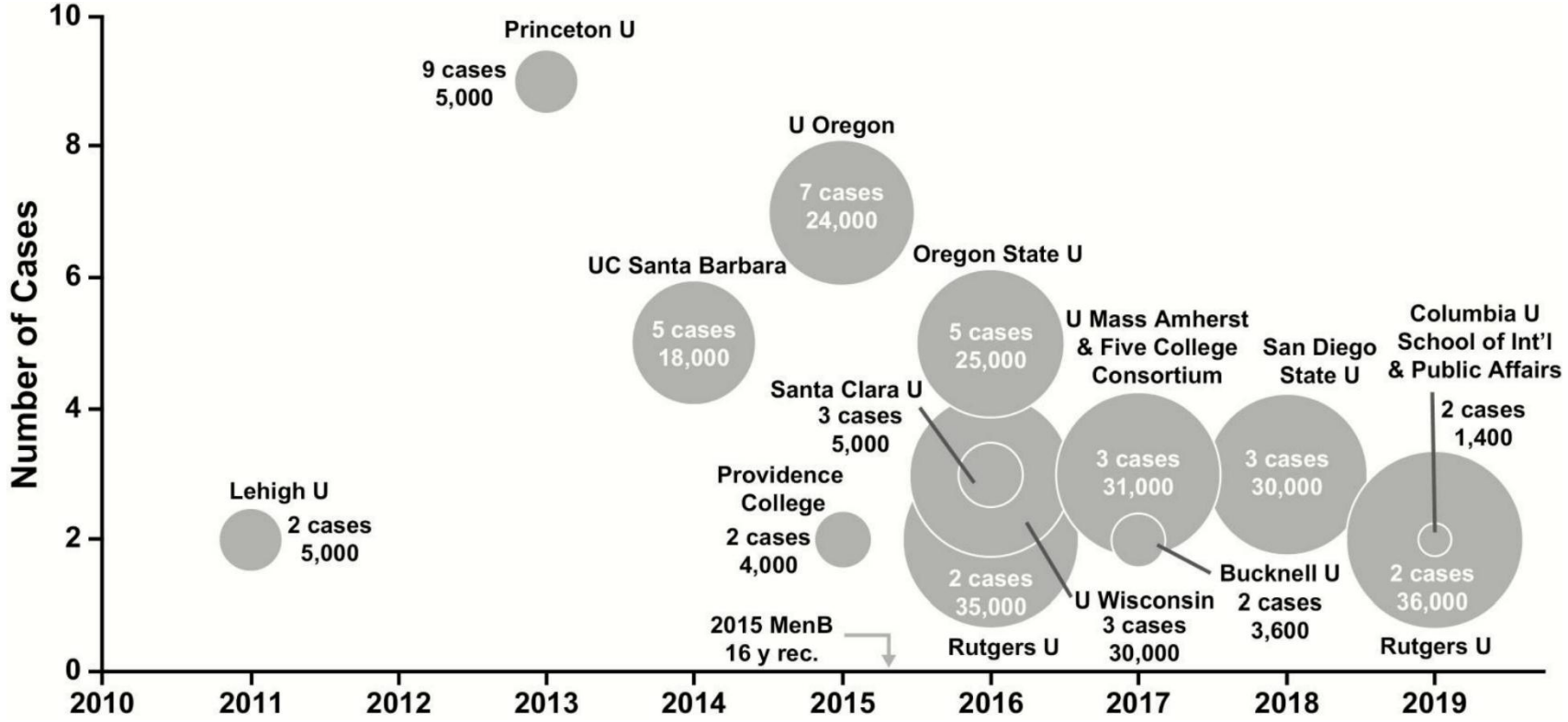
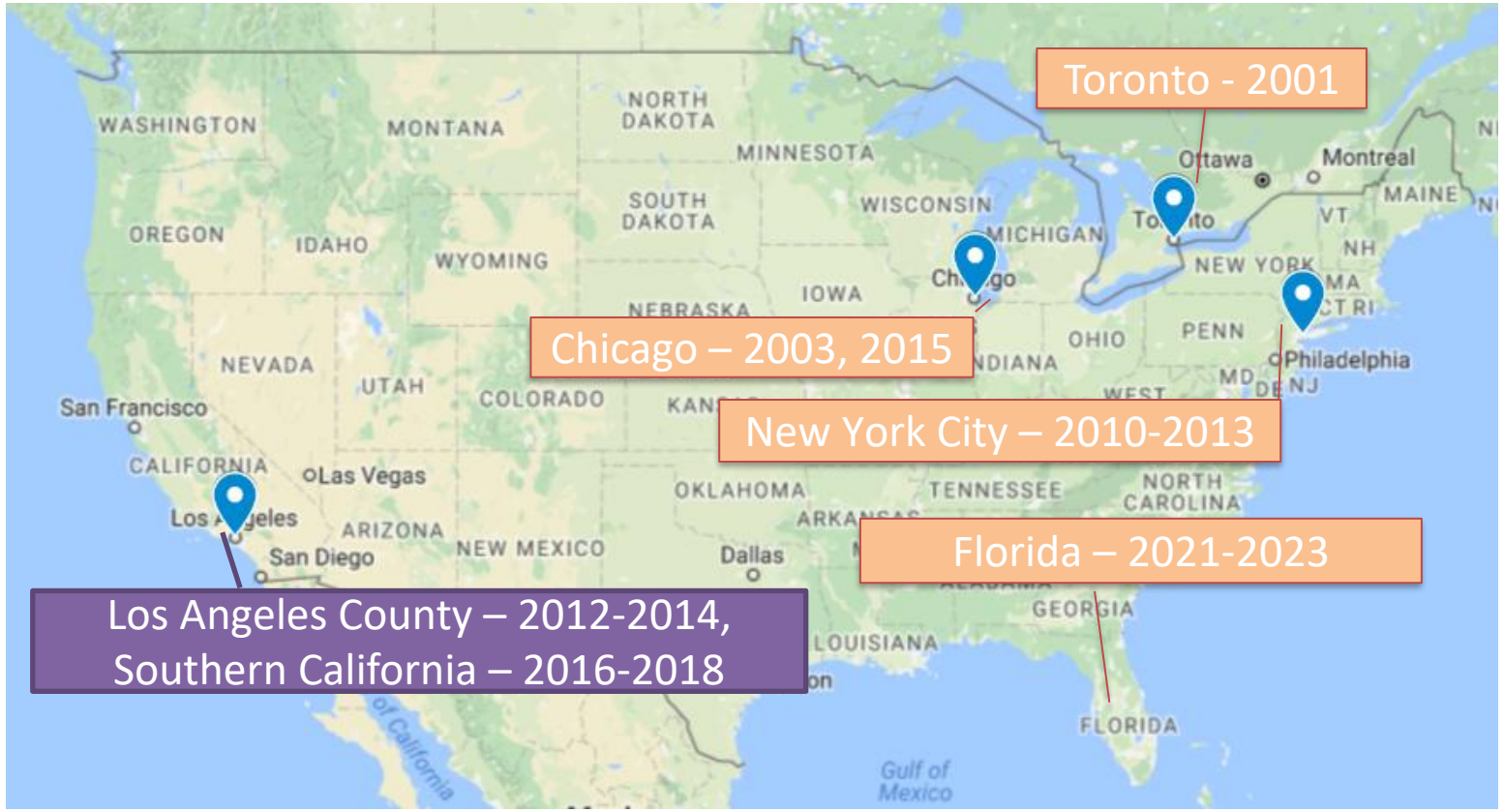


Figure from: Marshall GS, Dempsey AF, Srivastava A, Isturiz RE. US College Students Are at Increased Risk for Serogroup B Meningococcal Disease. *J Pediatric Infect Dis Soc*. 2020;9(2):244-247.

Outbreaks Among Men Who Have Sex With Men (MSM)



Los Angeles County MSM Outbreaks

	2012-2014 N=13	2016-2018 (in LAC) N=18
MSM (% of males)	13 (100)	11 (69)
Fatalities (%)	5 (38)	3 (17)
HIV-positive (%)	4 (31)	4 (22)

- No direct epidemiologic linkages, geographic concentration, visits to common events or venues, or behaviors such as drug use or multiple sexual partners were consistently identified
- No longer finding associations of the outbreak strain with MSM community. MSM and serogroup C cases are infrequent and sporadic since 2018.

Outbreaks Of Meningococcal Disease Can Occur In Conjunction With Large Gatherings

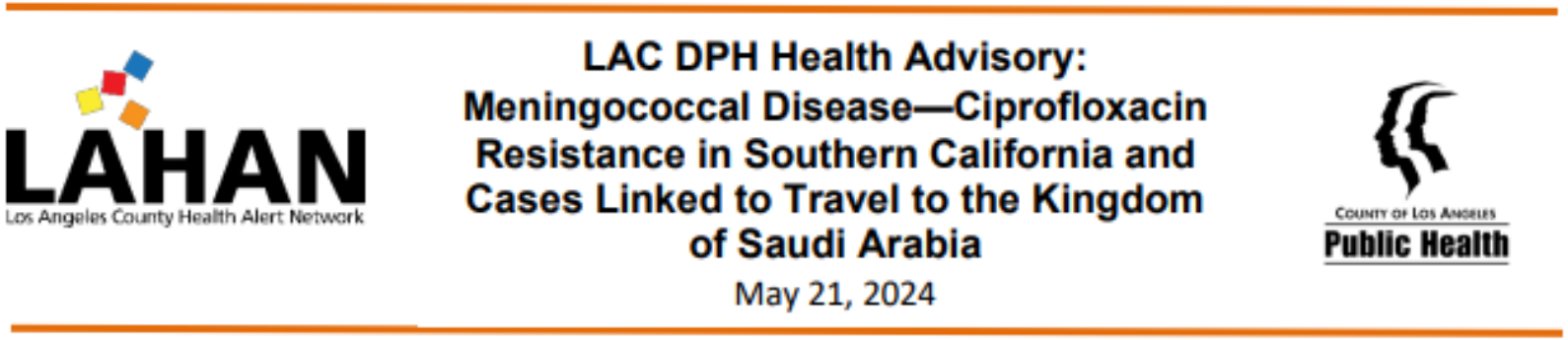
Meningococcal Disease Cases Linked to Travel to the Kingdom of Saudi Arabia (KSA) – May 2024

This is an official CDC HEALTH ADVISORY

- Twelve cases associated with Umrah travel to Saudi Arabia during March-May 2024
- Providers should ensure pilgrims are vaccinated in the last 3-5 years per Saudi Arabia pre-travel vaccine guidelines

Emerging Antibiotic Resistance

- Substantial increase of penicillin- and ciprofloxacin-resistant meningococci has been reported nationally and internationally in recent years.



Ciprofloxacin should no longer be used in LA County for post-exposure prophylaxis

- Ceftriaxone and cefotaxime can continue to be used for empiric bacterial meningitis treatment
- Healthcare providers should request antibiotic susceptibility testing (AST) of *Neisseria meningitidis*, if available.
- Monitoring resistance is essential to support the need for additional updates to post-exposure prophylaxis recommendations

Meningococcal Disease

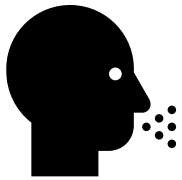
Prevention

Post-exposure prophylaxis (PEP) and vaccination are two strategies to help prevent meningococcal disease.

Close Contacts at Highest Risk

Household-like contacts

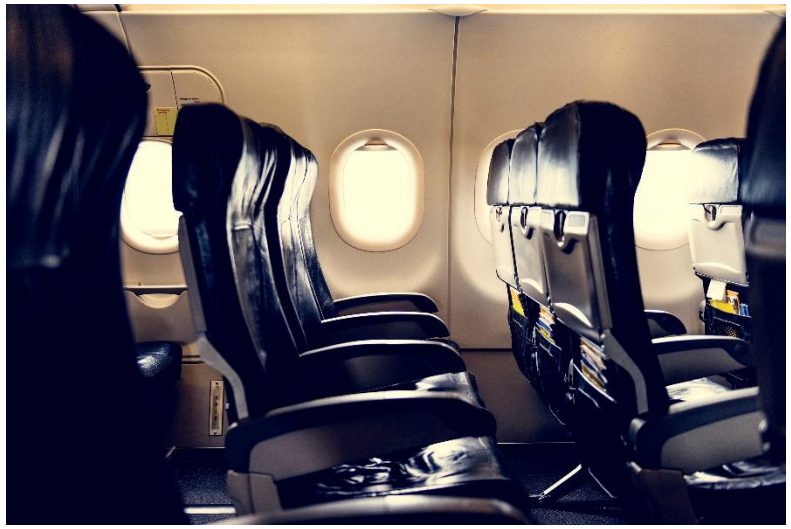
Childcare or preschool contacts



Droplets

Providers: during intubation, suctioning or mouth-to-mouth resuscitation

Close Contacts During Flights



- Persons sitting directly next to the index case for **8+ hours**

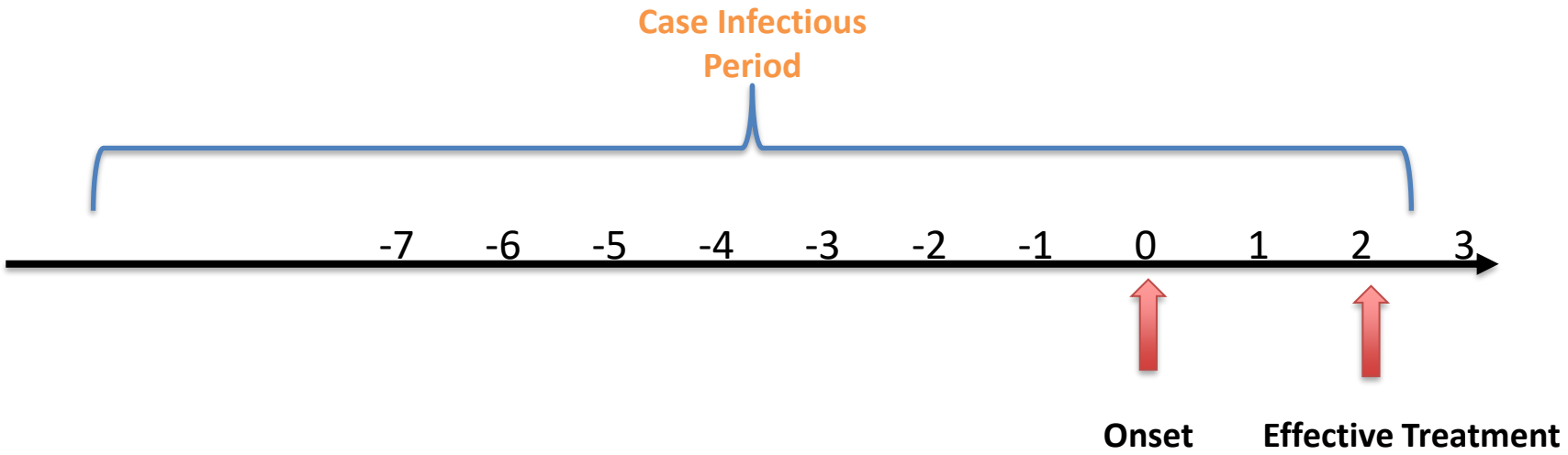
or

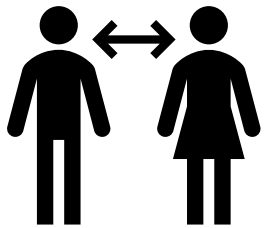
- Persons sitting within one seat in any direction from the index that was **coughing or vomiting** for **any duration**

Post-exposure Prophylaxis

- PEP for close contacts is recommended regardless of vaccination status.
- Close contacts should be provided PEP ***immediately*** (<24hrs) and no later than 14 days after last exposure

Post-exposure Prophylaxis





Ciprofloxacin should no longer be used for MD PEP as of May 2024

- ✓ **Rifampin**:
  - No age restriction
  - 2 -day regimen taken orally
  - Not recommended for use during pregnancy
- ✓ **Ceftriaxone**:
  - Single IM injection
  - Safe during pregnancy
- ✓ **Azithromycin:** Not recommended routinely; for rare circumstance of sustained ciprofloxacin-resistance in community

Summary

- Meningococcal disease incidence has increased after years of decline
- Outbreaks can occur in risk groups such as men who have sex with men, persons experiencing homelessness
- Emerging antibiotic resistance calls for routine antibiotic susceptibility testing
- Ciprofloxacin should not be used for post-exposure prophylaxis in LA County
- If suspect IMD, report to public health immediately!
- Do not let vaccine status change clinical judgment

Need more information about meningococcal disease?

- **LA County Department of Public Health, Acute Communicable Disease Control:**

  (213) 240-7941 or publichealth.lacounty.gov/acd/Mening.htm

- **Centers for Disease Control and Prevention:**

  800-CDC-INFO

  (800-232-4636)

  TTY: (888) 232-6348

  www.cdc.gov/meningococcal/about/index.html

- **LA County's Information Line:** Dial 2-1-1

This presentation was brought to you by the Los Angeles County Department of Public Health

QUESTIONS?

jta@ph.lacounty.gov

COVID-19 Vaccination

Kim Moore, RN, MSN, PHN, FNP-C
LA County Department of Public Health
VPDCP

COVID-19 Vaccines

Vaccine	Recommended Age	Dose/Timing
COVID-19	19-64 y/o	1 or more doses of updated 2025-2026 vaccine (separated by 6 months with a minimum interval 2 months)
	≥65 y/o	2 or more doses of updated 2025-2026 vaccine (separated by 6 months with a minimum interval 2 months)

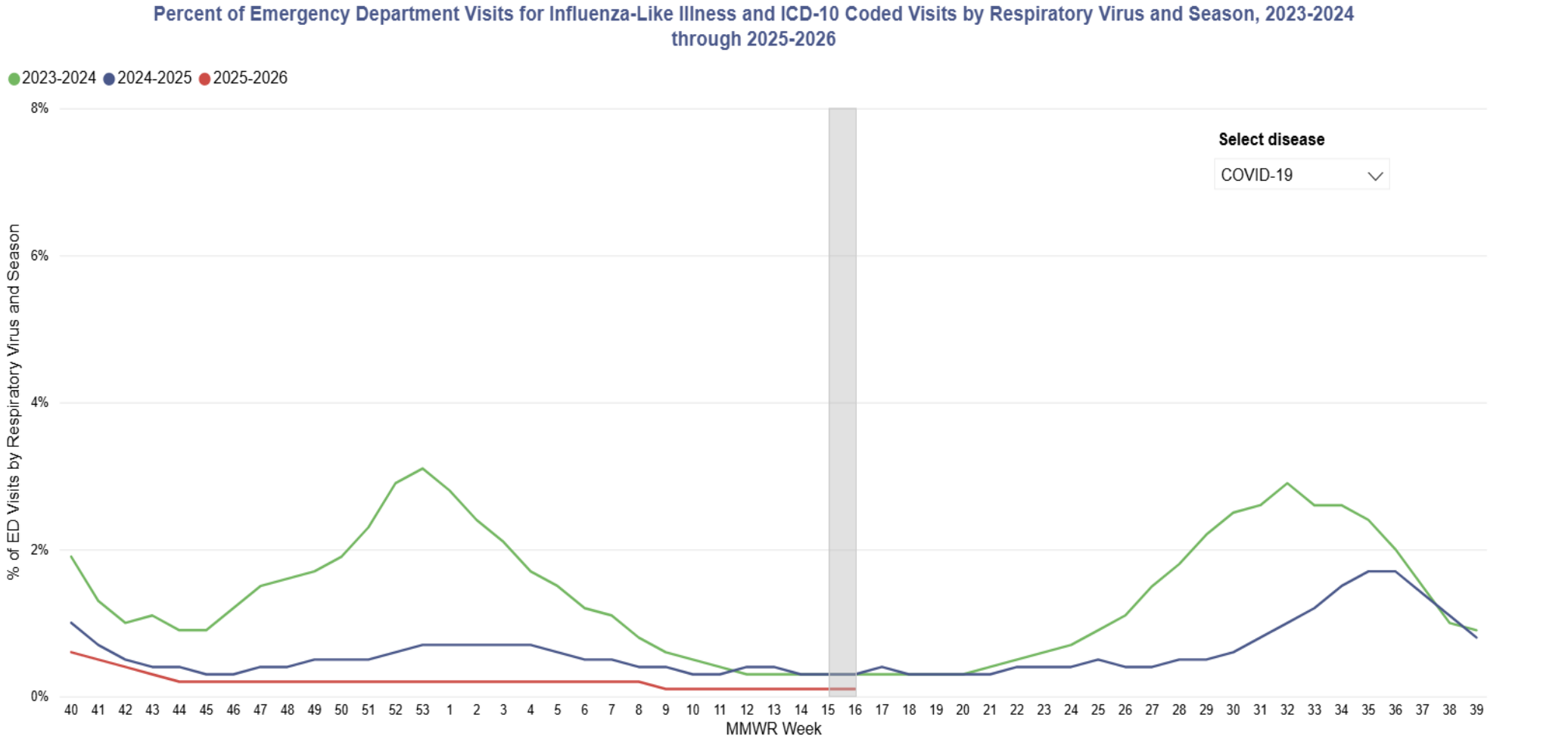
- The Los Angeles County Department of Public Health endorses vaccination recommendations from the California Department of Public Health which were informed by recommendations from the American Academy of Pediatrics (AAP), American College of Obstetrics and Gynecology (ACOG), and American Academy of Family Physicians. These recommendations should help providers provide protection for those most at risk.

AAFP, 2026 & LACVPD

COVID-19 Vaccination Guidance for Immunocompromised Population

- An FDA-approved 2025-2026 COVID-19 vaccine dose should be given as soon as possible.
- A second dose of COVID-19 vaccination is likely to extend protection (separated by 6 months with a minimum interval 2 months).
- For never vaccinated and incompletely vaccinated patients refer to COVID-19 Vaccine Timing 2025–26
- Household members and close contacts of immunocompromised patients should be up to date with COVID-19 vaccination.

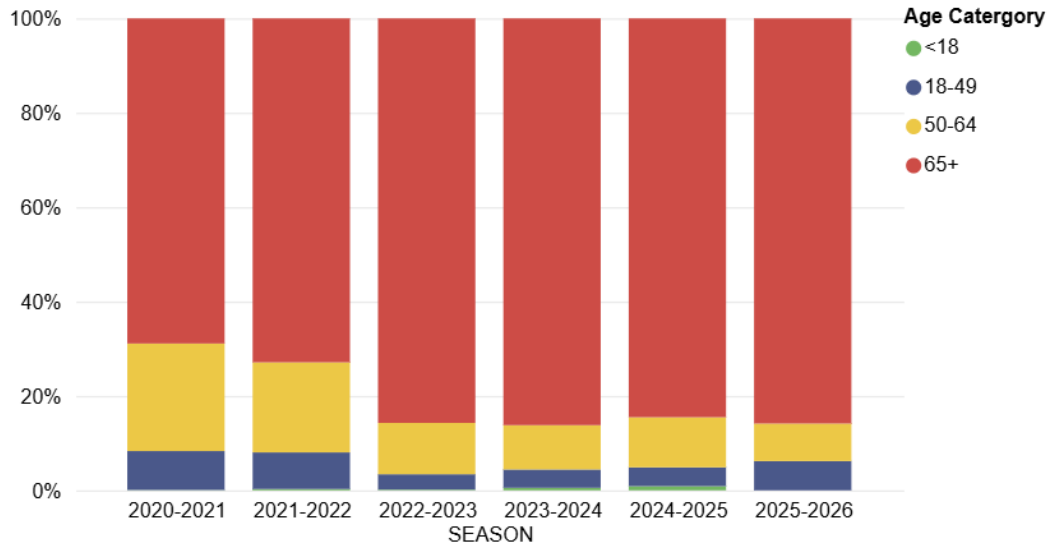
IDSA, 2025


Percent of Emergency Department Visits for Influenza-Like Illness and ICD-10 Coded Visits by Respiratory Virus and Season, 2023-2024 through 2025-2026
2023-2024
2024-2025
2025-2026
Select disease
COVID-19
% of ED Visits by Respiratory Virus and Season
8%
6%
4%
2%
0%
40 41 42 43 44 45 46 47 48 49 50 51 52 53 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
MMWR Week

[RESPWATCH]

Severity- COVID-19 Associated Deaths

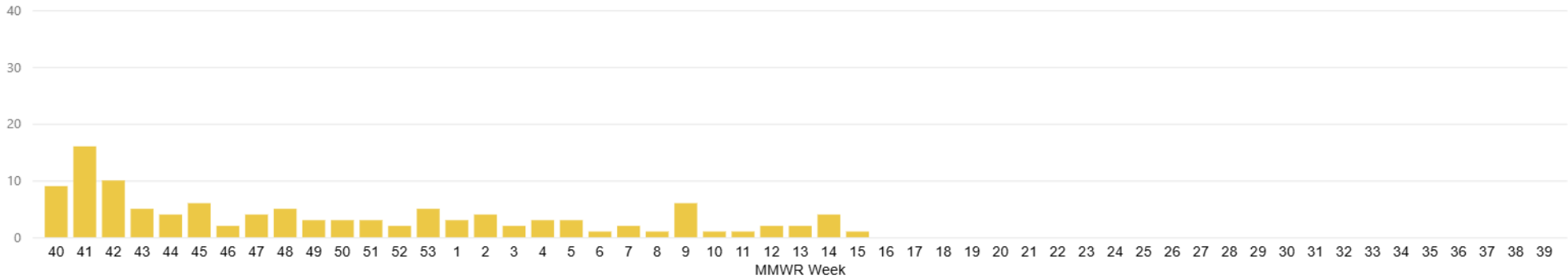
COVID-19 Coded Death Certificates by Age Category and Season: Influenza Seasons 2020-2021 Through 2025-2026



COVID-19 Coded Deaths by Season: Influenza Seasons 2020-2021 Through 2025-2026

SEASON	Total
2020-2021	18,164
2021-2022	5,896
2022-2023	1,876
2023-2024	1,108
2024-2025	452
2025-2026	113

Number of COVID-19 Coded Death Certificates By MMWR Week: 2025-2026 Season



Recommended Vaccines to Prepare for Pride

Kim Moore, RN, MSN, PHN, FNP-C
VPDCP
LA County Department of Public Health

American Academy of Family Physicians
2026 Adults 19 & Older Immunization Schedule

- Key updates include:
  - Revised product listings, removing PreHevbrio (VBI Vaccines) (3 dose Hepatitis B vaccine) (no longer available)
  - Pentavalent Penmenvy (GSK) (MenABCWY vaccine) was added to trade-name listings and notes, with approved-use guidance
    - Vaccine Fact Sheet: MenABCWY
  - Revised RSV-related notes and tables supporting strong recommendations and confident physician-patient conversations

CHDP

Vaccinations for Men Who Have Sex with Men

The table below shows which vaccinations you should have to protect your health if you are a man who has sex with other men. Make sure you and your healthcare provider keep your vaccinations up to date.

Vaccine	Do you need it?
COVID-19	*Maybe.* The risk of serious illness with COVID-19 increases as you get older and if you have other health conditions. Talk to your pharmacist or healthcare provider.
Hepatitis A (HepA)	*Yes!* Men who have sex with men need this vaccine to provide protection against hepatitis A virus, a serious infection of the liver that can be fatal. The vaccine is usually given in 2 doses, 6–18 months apart.
Hepatitis B (HepB)	*Yes!* Because you have sex with other men, you are at higher risk for hepatitis B. If you haven't had hepatitis B vaccination, you need to get a 2- or 3-dose series, depending on the brand. All adults should be screened for hepatitis B infection with a blood test at least once; talk with your healthcare provider.
Hib (*Haemophilus influenzae* type b)	*Maybe.* Some adults with certain high-risk conditions* need vaccination with Hib. Talk to your healthcare provider to find out if you need this vaccine.
Human papillomavirus (HPV)	*Yes!* You should be vaccinated against HPV if you are age 26 or younger. Adults age 27 through 45 may also be vaccinated against HPV after a discussion with their healthcare provider.* The vaccine is usually given in 2 or 3 doses, depending on the age at which the first dose was given.
Influenza (Flu)	*Yes!* You need to get vaccinated against influenza every fall or winter.
Measles, mumps, rubella (MMR)	*Maybe.* You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a second dose.* Pregnant people and people with a severely weakened immune system should not get MMR.
Meningococcal ACWY (MenACWY, MenABCWY)	*Maybe.* You may need MenACWY vaccine if you have one of several health conditions* and boosters if your risk is ongoing. You need MenACWY if you are a first-year college student living in a residence hall and (1) you have not had a dose since turning 16, or (2) it has been more than 5 years since your last dose. Anyone age 19 through 21 can have a catch-up dose if they have not had one since turning 16. A combination MenABCWY is an option when both MenACWY and MenB are needed.
Meningococcal B (MenB, MenABCWY)	*Maybe.* You may need MenB if you have one of several health conditions,* and boosters if your risk is ongoing. If you are age 16 through 23, you can discuss getting MenB vaccine with your healthcare provider, even if you don't have a high-risk condition. A combination MenABCWY is an option when both MenACWY and MenB are needed.
Mpox	*Maybe.* You need the 2-dose series of mpox vaccine (Jynneos) if you are risk due to known or suspected exposure to someone with mpox or if you have certain sexual practices that increase your risk of exposure to mpox.* Talk with your healthcare provider.
Pneumococcal (PCV, PPSV23)	*Yes!* All adults age 50 and older need pneumococcal vaccination. Adults younger than 50 with certain underlying health conditions or other risk factors* also need pneumococcal vaccination. Newer vaccines may be recommended now for people vaccinated in the past. Your healthcare provider can determine what vaccine, if any, you need.
Respiratory Syncytial Virus (RSV)	*Yes!* You should get this one-time vaccine if you are 75 years or older, or if you are between the ages of 50 and 74 and are at increased risk of severe RSV.* To protect infants from RSV, give a one-time dose of RSV vaccine during pregnancy or give the infant RSV preventive antibody.
Tetanus, diphtheria, pertussis (Tdap, Td)	*Yes!* If you have never received a dose of Tdap, you need to get a Tdap shot now. After that, you need a Tdap or Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 tetanus- and diphtheria-toxoid containing shots in your life or if you have a deep or dirty wound.
Varicella (Chickenpox)	*Maybe.* If you've never had chickenpox, never were vaccinated, or were vaccinated but only received 1 dose, talk to your healthcare provider to find out if you need this vaccine.* People with a severely weakened immune system should not get varicella vaccine.
Zoster (Shingles)	*Yes!* If you are age 19 or older and have a weakened immune system or are 50 or older, you should get a 2-dose series of the Shingrix brand of shingles vaccine.

* Consult your healthcare provider to determine your need for this vaccine.

Are you planning to travel outside the United States? Visit the Centers for Disease Control and Prevention's (CDC) website at wwwnc.cdc.gov/travel/destinations/list for travel information, or consult a travel clinic.

Immunize.org

FOR PROFESSIONALS www.immunize.org / **FOR THE PUBLIC** www.vaccineinformation.org

www.immunize.org/catg.d/p4046.pdf

Item #P4046 (10/15/2025)

Scan for PDF

[Immunize.org]

2026 Recommended Adult Immunization Schedule

County of Los Angeles Public Health

Vaccine/ Trade Name	Recommended Age	Dose/Timing	Special Situations
Hepatitis A (HepA) • Havrix	≥12 months	**2 doses** 6–12 months apart	**High Risk** Chronic liver disease • HIV infection • MSM • Injection or non-injection drug use • PEH • Work with hepatitis A virus in lab • Travel in countries with high or intermediate endemic hepatitis B (TICW)
• Vaqta	≥12 months	**2 doses** 6–18 months apart, minimal interval is 6 months	
• HepA-HepB (Twinrix)	≥18 y/o	**3-doses** 0, 1, & 6 months	

Recommended Vaccines to Prepare for Pride

County of Los Angeles Public Health

Vaccine Manufacturer	Recommended Age	Dose/Timing
Hepatitis B (HepB)		
• Engerix-B or • Recombivax HB	≥Birth 19-59 y/o ≥60 y/o (risks or no risk, dialysis)	**3-doses (**0, 1, & 6 months)
	≥60 y/o (diabetes)*	**3-doses (**0, 1, & 6 months) Shared Clinical Decision Making (SCDM)*
• Recombivax only	11–15 years	**2 doses (**with at least 4 months apart)
• Heplisav-B	≥ 18 years 19-59 y/o ≥60 y/o (risks or no risk, dialysis)	**2-doses (**least 4 weeks apart)
	≥60 y/o (diabetes)*	**2-doses (**least 4 weeks apart) Shared Clinical Decision Making (SCDM)*
HepA-HepB (Twinrix)	≥18 years 19-59 y/o 19-59 y/o ≥60 y/o (risks or no risk, dialysis)	**3-doses (**0, 1, & 6 months) **OR** **4-doses (**3 doses at 0, 7, & 21–30 days, followed by a booster dose at 12 months)
	≥60 y/o (diabetes)*	Shared Clinical Decision Making (SCDM)*
Human papillomavirus (HPV)	9–14 y/o 15 y/o or older	**2 doses** (0, 6–12 months) **3 doses (**0, 1, & 6 months)*
	27-45 y/o	Based on shared clinical decision making (SCDM), **2-doses** if initiated age 9–14 years or **3-doses** if initiated ≥15 years

Recommended Vaccines to Prepare for Pride

County of Los Angeles Public Health

Vaccine/ Trade Name¶	Recommended Age *	Dose/Timing	Increased Risk Dose
MenACWY-CRM (Menveo) **MenACWY-TT** (MenQuadfi)	**2 months -10 y/o** Increased Risk & SCDM††	**1-4 doses** Depends on risk & age	**Immunocompromised/Taking Specific medication** **Children ≥2 months:** 2-4 doses (booster doses are required if person remains at increased risk) **Adults:** 2-doses at least 8 weeks apart and revaccinate every 5 years if risk remains **Travel/Microbiologists/MSM** **Children≥2 months:** 1-4 doses (booster doses are required if person remains at increased risk) **Adults:** 1-dose and revaccinate every 5 years if risk remains **Military recruits:** 1 dose every 5 year **First-year college students living in residential housing**: At least 1 dose within 5 years before college entry. The preferred timing of the most recent dose is on or after their 16th birthday
	11-12 y/o, 16 y/o	**2 doses** 1 dose at 11-12 y/o & booster dose at 16 y/o	
	16 y/o & older **19-23 y/o** Based on SCDM††	**1 dose**	

¶ These two vaccines are interchangeable.
*The ACIP recommends off-label use of both vaccines outside of the licensed maximum age of 55 y/o.
††SCDM-Shared Clinical Decision Making

adult-aafp-imm-schedule.pdf

Recommended Vaccines to Prepare for Pride

County of Los Angeles Public Health

Vaccine/ Trade Name¶	Recommended Age * Routine	Dose/Timing	High-Risk Groups/Dose
Meningococcal B **MenB-4C** Bexsero (GSK) or **MenB-FHbp** Trumenba (Pfizer)	NOT at increased risk 16–23 y/o (16–18 y/o is preferred) SCDM	**2-doses** (Trumenba) at least 6 months apart Or Bexsero 1 month apart **OR** **3-doses** 0, 1–2, 6 months may be administered to optimize rapid protection (eg, for students starting college in less than 6 months)	Anatomic or functional asplenia (including sickle cell disease, chronic GVHD, etc), persistent complement component deficiency, complement inhibitor (eg, eculizumab, ravulizumab) use or microbiologists routinely exposed to *Neisseria meningitidis* at work **Adults & Children ≥10 yrs:** Trumenba: **3 doses** at 0, 1–2, 6 month Bexsero: **2 doses** ≥1 month apart **Booster doses**: 1 booster dose one year after primary series & every 2–3 years if risk remains **At risk due to a Serogroup outbreak:1 booster dose** one year after primary series and every 2–3 years if risk remains

¶ These two vaccines are **NOT** interchangeable.
*The ACIP recommends off-label use of both vaccines outside of the licensed maximum age of 25 y/o.
adult-aafp-imm-schedule .pdf

Recommended Vaccines to Prepare for Pride

County of Los Angeles Public Health

Recommended Ages*	MenABCWY (Penbraya™) Pfizer	MenABCWY (Penmenvy) GSK	Increased Risk Dose/Timing
16–18-y/o SCDM **10-25 y/o** Increased Risk & SCDM	Suggested routine dosing: **Dose 1 (11–12 yrs):** Menveo (MenACWY-CRM) or MenQuadfi (MenACWY-TT) **Dose 2 (16–18 yrs):** Penbraya (MenACWY-TT/MenB-FHbp) **Dose 3 (16–18 yrs**): Trumenba (MenB-FHbp)	Suggested routine dosing: **Dose 1 (11–12 yrs):** Menveo (MenACWY-CRM) or MenQuadfi (MenACWY-TT) **Dose 2 (16–18 yrs):** Penmenvy (MenACWY-CRM/MenB-4C) **Dose 3 (16–18 yrs):** Bexsero (MenB-4C)	Persistent complement deficiencies, taking complement inhibitors, and anatomic or functional asplenia including sickle cell disease)

These vaccines are **NOT** interchangeable. Use the same type of MenB containing vaccine for all doses including booster doses.

ACIP recommends MenACWY-MenB may be used when both MenACWY and MenB are indicated at the same visit

adult-aafp-imm-schedule .pdf

Resources

- American Academy of Family Physicians. Recommended Adult Immunization Schedule for Ages 19 Years or Older, 2026. Accessed 4/17/26.
- American Academy of Pediatrics. Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, 2026. Accessed 4/17/26.
- CDPH. Meningococcal Vaccines for Adolescents & Young Adults: Routine Risk[1] Accessed 5/4/26
- CDPH. Vaccine Fact Sheet: MenABCWY. Accessed 3/4/26.
- Immunize.org. Vaccinations for Men Who Have Sex with Men Accessed 4/17/26.
- Los Angeles County Department of Public Health. Public Health Centers.

QUESTIONS?

kimoore@ph.lacounty.gov

myCAvax Outbreak Module Overview

Shelby Redman
Vaccine Program Management Unit

317 Outbreak Program

- Program through which VPDC requests vaccine for outbreaks in our jurisdiction and distributes doses to Local Health Department (LHD) clinics and non-LHD providers (outside providers).
- Vaccine is paid for with 317 funding that comes from CDC.
- Historically, the process has been manual – LHDs requested doses via order forms, tracked distribution to clinics, submitted monthly usage reports to CDPH
- In February 2026, the program was launched in myCAvax

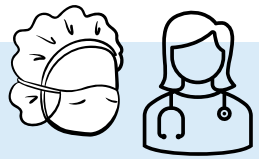
Overview of Outbreak Process

Step 1	VPDC submits an Outbreak Authorization Form in myCAvax
Step 2	CDPH reviews and approves/rejects the request in myCAvax
Step 3	Approved doses are allocated to VPDC and its LHD facility (aka the warehouse where vaccine will be received)
Step 4	VPDC places initial (and subsequent) vaccine order requests up to approved allocation amount
Step 5	VPDC completes routine Outbreak activities in myCAvax and requests additional vaccine doses if needed
Step 6 (optional)	VPDC enrolls additional provider locations to support Outbreak response via myCAvax (as needed)
Step 7	VPDC submits monthly reports in myCAvax and contacts provider locations to provide usage information

Yellow steps are where providers are directly involved!

Possible Outbreak Provider Stakeholders

Invited
LHD Clinic (within DPH)



Provider Community Portal

Once invited, you can order vaccine **direct to location** and manage vaccine in myCAvax.
You fit in this category if you are a DPH operated clinic.

Invited Outside Provider Partner (outside DPH)

Provider Community Portal

Once invited, you can order vaccine **direct to location** and manage vaccine in myCAvax.
You fit in this category if you are a non-DPH provider (clinics, pharmacies, schools, etc.)

Enrollment Information: How will you enroll?

Step 1	VPDC identifies you as a provider that will assist with the outbreak response
Step 2	VPDC contacts you and requests your CAIR ID, location details (location name, address, phone number), organization information, and contact information for the staff person who will complete your enrollment
Step 3	VPDC launches a new application for your enrollment in myCAvax
Step 4	CDPH will review the application for completeness
Step 5	You will receive an automated enrollment invitation from myCAvax
Step 6	Enrollment provider point of contact receives an email from myCAvax, submits required Outbreak enrollment information, and gets the Outside Provider Agreement signed
Step 7	VPDC reviews your application and approves or rejects it
Step 8	Approved providers have their own unique Outbreak program location; Providers will now be able to participate in the Outbreak program within myCAvax and manage outbreak activities in the system

What information do you need for enrollment?

- **Your location's provider type**
  - Federally Qualified Health Center, Pharmacy, Private Practice, etc. Options are listed in myCAvax when you enroll.
- **Vaccine storage unit(s)** – You will need to add information for at least one storage unit where outbreak vaccines will be stored
  - unit grade, unit type, priority (primary or back-up unit), unit brand, unit model, thermometer type and model, thermometer serial number, thermometer calibration expiration date, and the certificate of calibration
- **Vaccine coordinator name and contact information**
- **Healthcare provider with prescription writing privileges contact information**
  - title, license, email, phone number, and NPI ID. This person is usually the Provider of Record, but you can add multiple healthcare providers if desired.
- **Your location's shipping hours** (hours your location is available to receive vaccine orders) including any lunch and closures.
- **Provider of record contact information**
  - the provider of record is the physician-in-chief, medical director or equivalent role that signs and agrees to the terms of the 317 Outbreak Provider Agreement.
  - After the enrollment form is completed, the provider of record will receive a copy of the provider agreement to sign via docusign.
- **Supplemental documents**
  - temperature logs for your storage units, photos of the interior of your storage unit(s), the exterior, and the "do not unplug" sign by the outlet

Provider Activities: What you do in myCAvax?

- Complete enrollment
- Order vaccines
- Accept/reject vaccine transfers
- Create shipment incidents
- Record excursion events
- Record returns and waste

Resources

- Placing Outbreak Vaccine Order Request Job Aid
- Enrolling in a myCAvax Program Job Aid
- CDPH Provider Call Center
  - M-Th 9am-4:30pm, F 9am-4pm
  - (833) 502-1245
  - providercallcenter@cdph.ca.gov
- VPDC Vaccine Program Management Unit vaccinereq@ph.lacounty.gov

QUESTIONS?

sredman@ph.lacounty.gov

Q & A/Poll Questions

Everyone!