2026 VPDCP Office Hours

Vaccine Program Updates, 2026 Bundibugy Outbreak (Ebola)

Travel Vaccine Recommendations

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

July 1, 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.

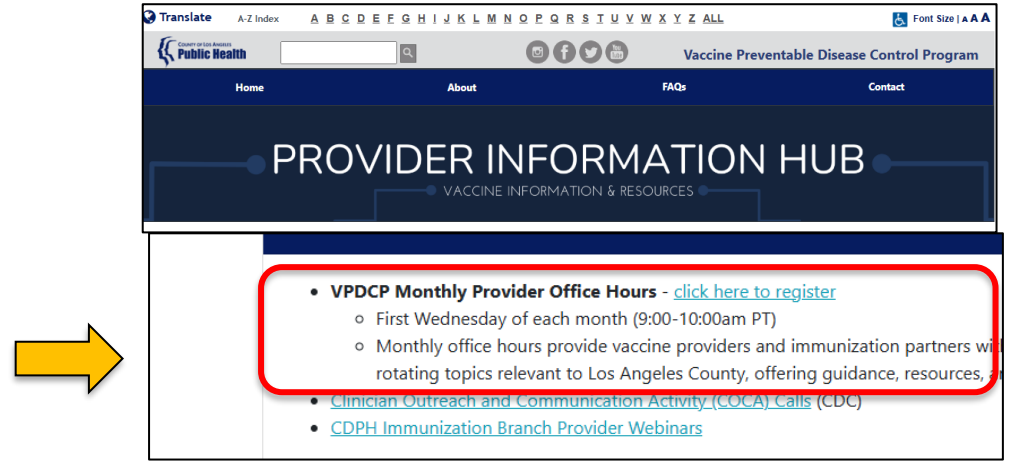
First Wednesday of the month

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
VFC Update	Jerusalem Theodros
2026 Bundibugyo Outbreak DRC, Uganda, and South Sudan	Steve Moon, RN, PHN
Travel Vaccine Recommendations	Kim Moore, RN, MSN, PHN, FNP-C
Q&A session	All Panelists
Quick Poll	All Attendees

Announcements

July 28 is World Hepatitis Day

- Hepatitis A & B are vaccine preventable
- The California Department of Public Health (CDPH)/The American Academies of Pediatrics (AAP) & Family Physicians (AAFP)
  - Hepatitis A vaccine: 2 doses $\geq$ 12 months of age
  - Hepatitis B vaccine: 3-4 doses starting at birth
  - Know your hepatitis status by getting tested: all adults should be tested for Hep B and C once in their lifetime

LACVDPC. Public Health Centers

Save the Date!

LAC VPDCP Adult Immunization Program

Adult Immunization Update:

COVID-19, Influenza, RSV, Health Policy, and the Future of Adult Care

Wednesday, August 19, 2026, 12-1 PM

Virtual

Featured Presentations:

Dr. Rob Schechter, California Department of Public Health

Current recommendations for COVID-19, influenza, and RSV vaccines for adults

Dr. Stacey Ludwig, Los Angeles American Academy of Family Physicians

The movement to remove "provider" from physician terminology: Current perspectives and implications for healthcare

Phinney Ahn, MPH, LACare *Executive Director, Medi-Cal* Medi-Cal Product Management

Navigating H.R.1 and Medi-Cal funding changes: Strategies to protect adult patient care

REGISTRATION LINK

8

Vaccine Program Updates

Jerusalem Theodros, MPH
Vaccine Program Management Unit

VFC RSV Pre-Book

- Pre-book for RSV monoclonal antibody doses will be available mid-July.
- RSV Pre-Book has several purposes:
  - Obtain individual provider preference and demand ahead of time.
  - Identify who should be prioritized for RSV doses once initial supply is made available.
  - Ability to streamline the shipment of RSV doses once supply becomes available.
- Available products:
  - Nirsevimab (Beyfortus®) 50mg and 100mg, 5 dose packaging
  - Clesrovimab (Enflonsia™) 10- and 1-dose packaging
- Discuss anticipated needs for next season.

Expired Flu Vaccine

- All flu vaccines from the 25-26 season have expired.
- Submit a return form in myCAvax using the Returns & Waste tab.
- Reporting and return guidance

State General Fund (SGF) Flu Recertification

- Starting 2026, SGF recertification occurs annually during the Summer.
- Providers sign and agree to updated requirements to maintain their active status.
- Recertification opens July 1, 2026 to providers who have been identified to participate. myCAvax email notification will include completion instructions.
- LAC DPH will also require an agreement addendum which will be emailed to providers.
- Recertification period closes September 30, 2026.
- If you do not receive the notification to recertify and would like to participate in the program during the 26-27 season, send an email to vaccinereq@ph.lacounty.gov

SGF Flu Recertification Resources

- Register for Upcoming 30-minute Trainings:
  - Tuesday, July 7 at 02:00 PM
  - Monday, July 13 at 01:30 PM
  - Tuesday, August 4 at 02:00 PM
  - Friday, September 4 at 02:00 PM
- Job aid (myCAvax login required)

Upcoming VFA Ordering Window

- Quarter 3 VFA ordering window expected to open in July.
- More details to come from CDPH.

EZIZ Launch

- The new EZIZ website launched in June https://eziz.cdph.ca.gov/
- Files were not redirected.
- By next recertification period, everyone will need to create their own new account.
- myCAvax continues to display lesson completion dates for all staff linked to your location's PIN.
- myCAvax is in the process of updating existing EZIZ resource links embedded in the system.

2026 Bundibugyo Outbreak
DRC, Uganda, and South Sudan

Steve Moon, PHN, ACDC
Acute Communicable Disease Control
Los Angeles County Department of Public Health

What is Ebola Virus Disease

- Caused by an infection with a group of viruses within the genus *Ebolavirus*:
- Only 4 have caused disease in humans:
  - Ebola virus
  - Sudan virus
  - Taï Forest virus
  - Bundibugyo virus
    - Bundibugyo virus disease (BVD) is a severe and often fatal form of Ebola disease caused by the Bundibugyo virus

Bundibugyo Virus Disease (BVD)

- The incubation period for BVD ranges from 2 to 21 days, and individuals are not infectious until symptom onset.
- BVD has death rates ranging from 25-50%.
- Fruit bats are considered the principal animal reservoir for ebolaviruses.
- BVD is not spread through airborne transmission, the virus can spread through aerosols during medical procedures like intubation or bronchoscopy.
- Health care workers have frequently been infected while treating patients with Ebola disease. This occurs through close contact with patients when infection control precautions are not strictly practiced.
- Burial ceremonies that involve direct contact with the body of a person who has died can also contribute to the transmission of Ebola disease.

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602

INFECTION

Infection occurs after exposure to a person who is sick or has died of Ebola.

INCUBATION PERIOD

- It can last from 2-21 days (usually 4-17 days)
- Person feels well and has no symptoms
- **The person cannot transmit the virus**

DRY PHASE

Common signs and symptoms are

- Fever
- Fatigue
- Headache
- Joint pain
- Muscle pain
- Back pain
- Sore throat

WET PHASE

Common signs and symptoms are

- Diarrhea
- Nausea/vomiting
- Bleeding occurs in some cases
- Hiccups
- Eye redness

- The patient becomes more contagious as the disease progresses.
- In fatal cases, death occurs on average 7 to 10 days after the onset of symptoms.
- The amount of Ebola virus is highest at the time of death.

NOT CONTAGIOUS → CONTAGIOUS → EVEN MORE CONTAGIOUS → THE MOST CONTAGIOUS

EXPOSURE TO THE VIRUS

DAY 0 OF THE DISEASE

DAY 4 OF THE DISEASE

DAY 7-10 OF THE DISEASE

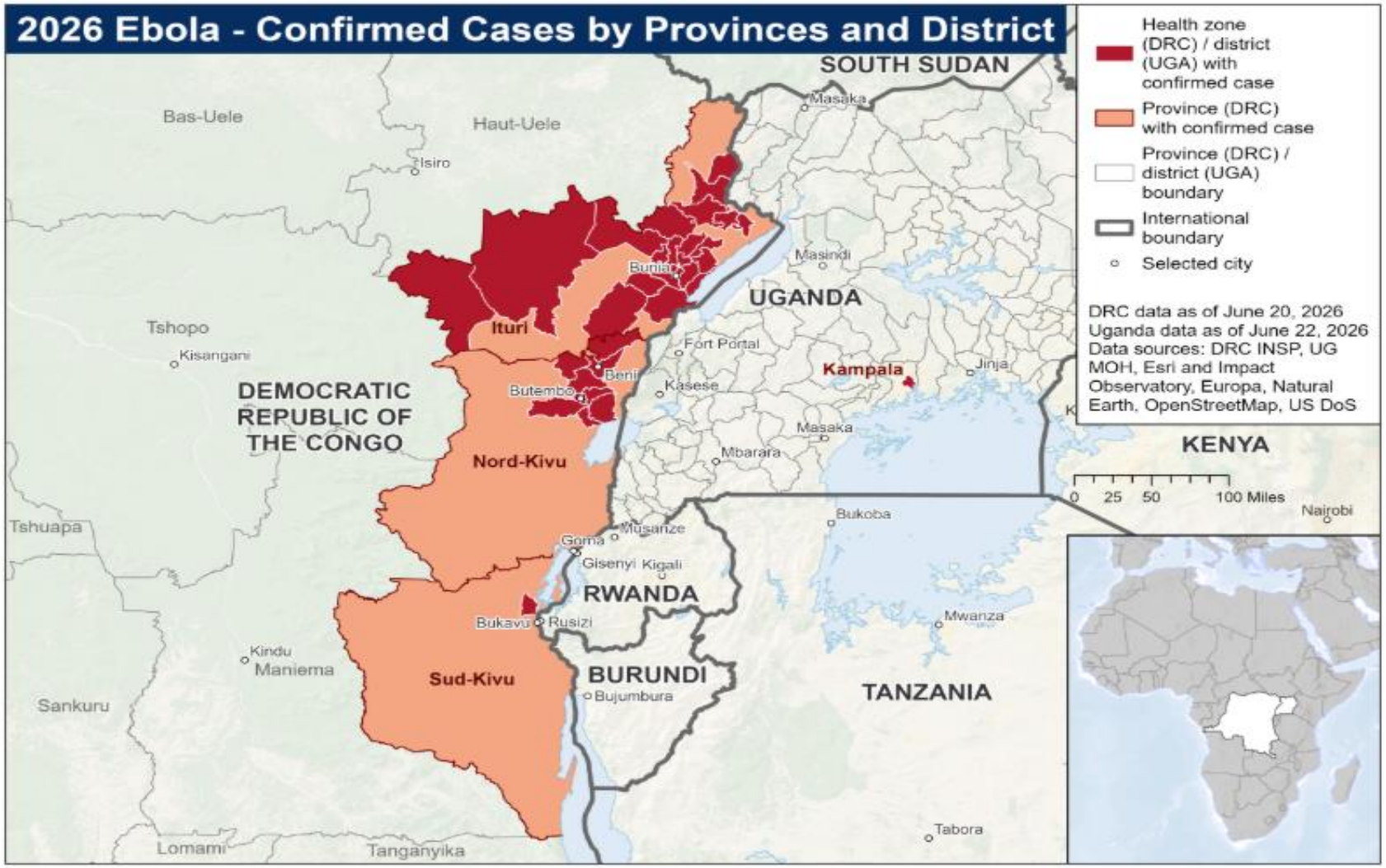
Laboratory Testing, Treatment, and Vaccines:

- Lab Testing:
  - Los Angeles County Public Health Laboratory (PHL) can perform the test
  - The decision to test for EVD must be made in conjunction with the patient's clinical care team, LAC DPH, CDPH, and CDC.
- Treatment:
  - There is no FDA licensed treatment for the BVD
  - Supportive treatment can improve chances of survival when provided early (IV fluids/electrolytes and symptomatic treatment for vomiting/diarrhea)
- Vaccine:
  - There is no FDA licensed vaccine for the BVD
  - The FDA licensed vaccine for the Zaire strain will not provide cross protection against BVD infection

Case counts

Reported*	Count
DRC (As of June 27, 2026)	
Confirmed cases	1274
Confirmed deaths	360
Probable cases	NA
Probable deaths	NA
Uganda (As of June 29, 2026)	
Confirmed cases	20
Confirmed deaths	2
Probable cases	1
Probable deaths	1
France (As of June 24, 2026)	
Confirmed cases	1
Confirmed deaths	0
Probable cases	0
Probable deaths	0
Totals	
Confirmed cases	1295
Confirmed deaths	362
Probable cases	1
Probable deaths	1

CDC - Ebola Outbreak: Current Situation – 6/29/2026


2026 Ebola - Confirmed Cases by Provinces and District
SOUTH SUDAN
Masaka
Bas-Uele
Haut-Uele
Isiro
Bunia
Masindi
UGANDA
Ituri
Tshopo
Kisangani
Fort Portal
Kampala
Jinja
Beni
Butembo
Kasese
DEMOCRATIC REPUBLIC OF THE CONGO
Masaka
Mbarara
Nord-Kivu
KENYA
Bukoba
Tshuapa
Goma
Musanze
Gisenyi
Kigali
RWANDA
Bukavu
Rusizi
Mwanza
Kindu
Maniema
Sud-Kivu
BURUNDI
Bujumbura
TANZANIA
Sankuru
Tabora
Lomami
Tanganyika
Nairobi
0 25 50 100 Miles
Health zone (DRC) / district (UGA) with confirmed case
Province (DRC) with confirmed case
Province (DRC) / district (UGA) boundary
International boundary
Selected city
DRC data as of June 20, 2026
Uganda data as of June 22, 2026
Data sources: DRC INSP, UG MOH, Esri and Impact Observatory, Europa, Natural Earth, OpenStreetMap, US DoS

Timeline of Current Situation

- 4/24/26: Likely the first known suspected case died in Bunia
- 5/5/26: WHO received alert of unknown illnesses with high mortality in Ituri Province DRC, including four health workers who died within four days.
- 5/15/25: Bundibugyo virus disease (Orthoebolavirus bundibugyoense, species) confirmed
- 5/15/26 DRC declared outbreak
- 5/15/26 Uganda declared outbreak after 2 imported cases from DRC where one died
- 5/17/26 WHO declared PHEIC

Ituri's role as a commercial and migratory hub and proximity to Uganda and South Sudan increases the risk of regional exportation and cross-border transmission.

https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602

Timeline (continued)

- 5/17/26: American HCW exposed caring for patients in DRC tested positive and was transported to Germany for treatment and care.
  - High-risk contacts associated with this exposure also moved to Germany and Czech Republic
  - No additional cases in Americans have been reported.
- 5/20/26: CDC implemented enhanced public health entry screening

https://www.cdc.gov/ebola/situation-summary/index.html

Returning traveler monitoring

- U.S. put entry restrictions on non-U.S. passport holders if they have been in Uganda, DRC, or South Sudan in the previous 21 days
- CDC has travel health notices in place for DRC (Level 3 reconsider travel) and Uganda (Level 2 practice enhanced precautions)
- Travelers permitted to enter the United States, U.S. citizens and nationals, who have recently been in DRC, South Sudan, or Uganda will undergo enhanced public health entry screening.
- Travelers will have their air travel re-routed to arrive at:
  - **Washington-Dulles International Airport (IAD)**
  - **Hartsfield-Jackson Atlanta International Airport (ATL)**
  - **George Bush Intercontinental Airport (IAH)**
  - **John F. Kennedy International Airport (JFK)**

LAC DPH Role in Traveler Monitoring

Establish contact with Traveler:

- Conduct Risk Assessment of Exposures
- Provide Health Education
- Conduct 21-day Symptom Monitoring (automated via text)

The Four Asymptomatic Risk Tiers

1. High-Risk Exposures

- Contact with blood or body fluids of a symptomatic patient
- Physical contact with a symptomatic patient or their body without PPE
- Living in the same household as a person with confirmed or suspected Ebola while they were symptomatic
- Direct contact with a deceased person in an outbreak area without using recommended PPE

2. Present in an area of concern and were in situations with exposure potential

- Providing health care or performing cleaning in an ETU using proper PPE
- Visiting a health care facility or traditional healer in an area of concern
- Attending a funeral or burial in an area of concern
- Contact with bats, non-human primates, or their blood/fluids/ raw meat

3. Present in an area of concern and were in NO situations with exposure potential

- Present in an 'Area of Concern' in the previous 21 days but with no high-risk exposures
- No visits to healthcare facilities, traditional healers, or funerals
- No contact with wildlife or symptomatic individuals
- General travelers or residents with no specific exposure events

4. Present in an affected country but not in an area of concern

- Stayed in a region of the affected country where no active transmission is occurring
- Briefly transited through an airport without entering the local community
- No known epidemiologic risk factors or contact with suspected/confirmed cases

If a Monitored Traveler Becomes Symptomatic

This sequence applies regardless of tier.

1 Traveler Self-Isolates	2 Notify Health Dept	3 Consult CDC VSPB	4 Coordinate Transport
Immediate self-isolation at home. Dedicated bathroom if possible. No contact with household members.	Traveler calls LHD 24/7 line. CDPH/LHD reassesses full exposure history in context of symptoms.	CDPH consults the CDC VSPB on-call epidemiologist. Together CDC/CDPH/LHD determine if suspected case definition is met.	If evaluation recommended: CDPH/LHD designate appropriate facility and coordinates with EMS.

Important: BVD testing is NOT automatic for all travelers with compatible symptoms. The decision is based on the exposure assessment and clinical presentation in consultation with CDC. Avoid routing travelers to healthcare facilities without advance notification.

Confidential - Low

CDPH call from 5/22/2026

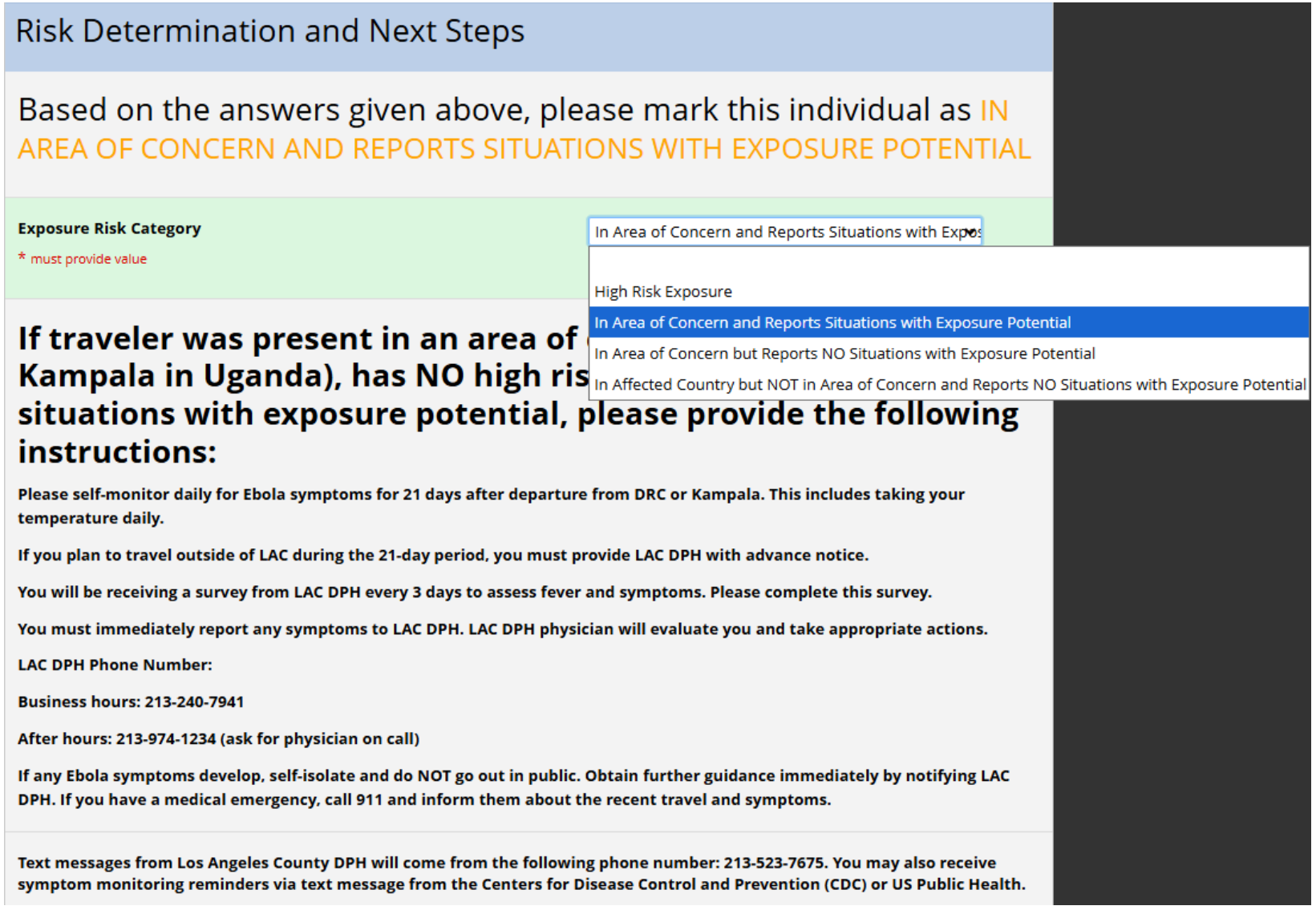
Quick Reference – Differences by Category

		Present in an area of concern		
Intervention	High Risk	Situation with Exposure Potential	No situation with exposure potential	In affected country but not in area of concern
Initial Assessment	Yes	Yes	Yes	Yes
Health Education	Yes	Yes	Yes	Yes
Symptom Monitoring	Daily Text/Email	Text/Email every 3 days and at the end of the 21 day monitoring period	Text/email at day 7 and at the end of the 21 day monitoring period	Text/email at day 14 and at the end of the 21 day monitoring period
Quarantine	REQUIRED	None	None	None
Travel Outside of jurisdiction	PROHIBITED	Allowed (notify LHD)	Allowed (notify LHD)	Allowed (notify LHD)

Health Education

- Health departments should ensure all travelers from a country with a designated Ebola outbreak know:
  - Know the signs and symptoms of EVD
  - Know to self-isolate immediately if symptoms develop
  - Know how to notify public health officials should symptoms develop

Manual Risk Determination



Manually Enter

Thank you!

County of Los Angeles Public Health

Travel Vaccine Recommendations:

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

Travel Vaccines:

- Are destination-specific
- Administered at least 2 weeks prior to travel
- Are available at the VPDCP Immunizations for Travelers
  - Chikungunya
  - Cholera
  - Japanese B Encephalitis
  - Meningitis
  - Rabies
  - Tick-borne Encephalitis (TBE)
  - Typhoid Fever
  - Yellow Fever
- All traveler should also be up to date on routine vaccines:
  - COVID-19
  - Diphtheria-tetanus-pertussis (DTaP or Tdap)
  - Flu
  - Hepatitis A
  - Measles-mumps-rubella (MMR)
  - Polio
  - Varicella (chickenpox)

Mosquito-borne Viral Diseases

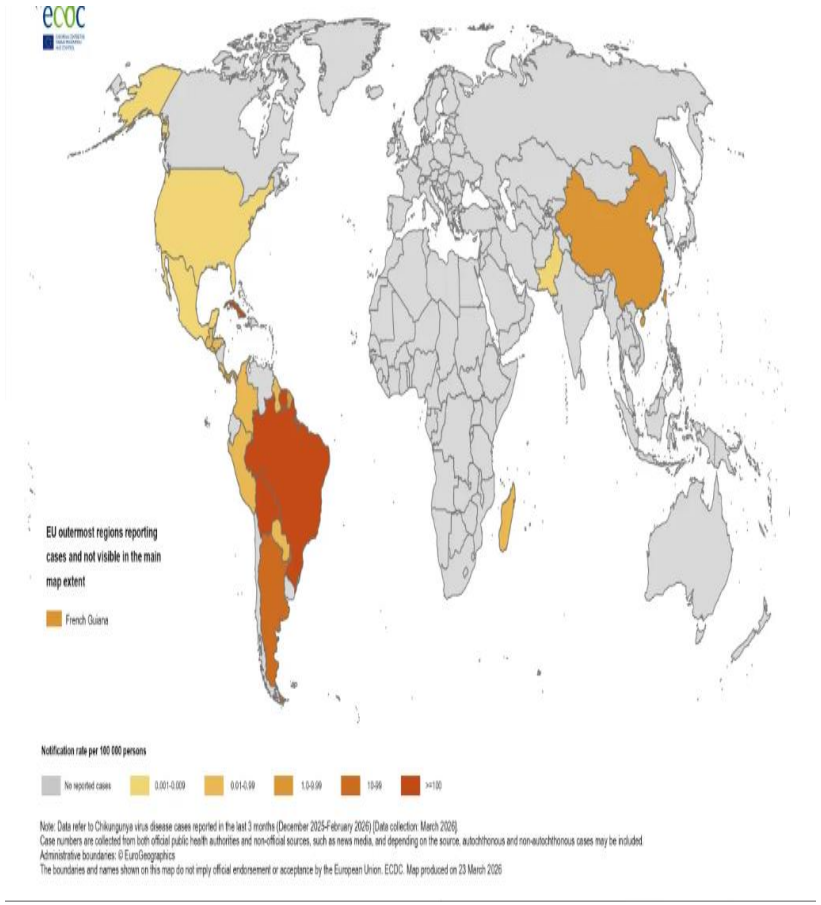
County of Los Angeles Public Health

Virus	Symptoms	Treatment/Prevention
Chikungunya Virus,	**Fever, joint pain, headache**, **muscle pain**, joint swelling, r**ash**	**Treatment** is Supportive **Prevention:** • Receive a vaccine before travel when recommended • Avoid mosquito bites • Use EPA-registered insect repellent. • Wear long-sleeved shirts and pants. • Treat clothing and gear with 0.5% permethrin. • Lodge with air conditioning or screens on windows & doors • Use a mosquito net when sleeping outdoors.
Dengue Viruses	**Fever** with eye pain, typically behind the eyes**, muscle**, **joint**, or bone **pain**, **nausea, vomiting** & **rash.** About 1 in 20 infections become severe & potentially life-threatening.	
Yellow Fever Virus	**Fever,** chills, severe **headache**, back pain, **general body aches,** nausea, **vomiting**, fatigue (feeling tired), and weakness. Severe symptoms include high **fever,** yellow skin or eyes (jaundice), bleeding, shock, and organ failure. • **30-60% of those who develop severe disease die**	
Japanese B Encephalitis	**Fever, headache, vomiting,** disorientation, weakness, risk of developing coma. Seizures are common among children • **20-30% die (1 in 4)** • **30–50%** of encephalitis survivors have persistent movement, cognitive, or behavioral symptoms.	

Chikungunya Vaccine

VIMKUNYA is a recombinant vaccine

- Vaccine is recommended for people aged12 years & older traveling to an area with a chikungunya outbreak or areas with elevated risk
- Single dose
- Most commonly reported adverse reaction is site injection pain
- Contraindications: History of severe allergic reaction to any component
- Precautions: Immunocompromised people, immunodeficiency or immunosuppression from disease or medications, might have a diminished immune response
    - Pregnancy

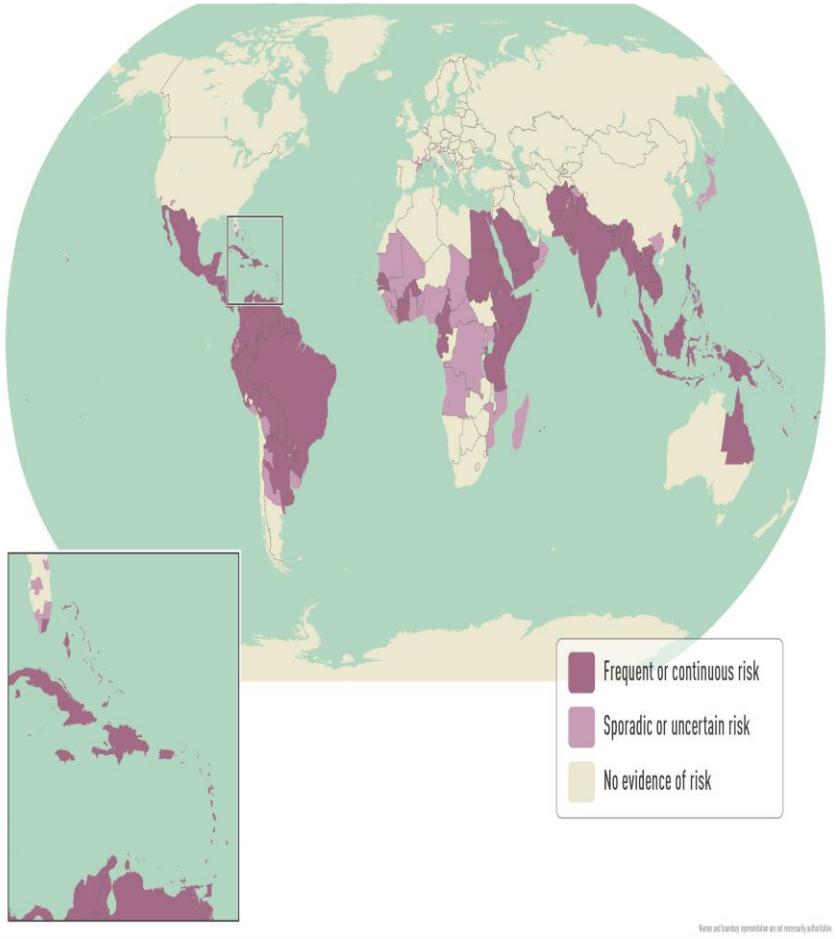


Chikungunya Outbreak Map

Dengue Vaccine

Qdenga (TAK-003) vaccine

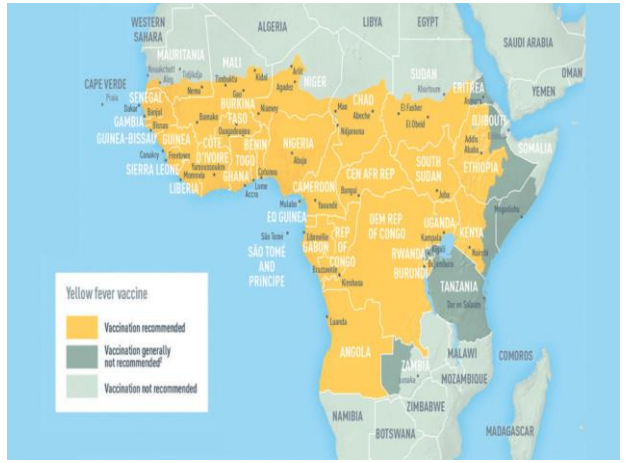
- Live attenuated, weakened form of the virus
- Recommended for ages 6–16 years in settings with high dengue transmission intensity: Africa, Caribbean Central & South America, Europe, Oceania/Pacific Islands, Southeast Asia
- Not licensed in the U.S.
- 2-dose series (3 months apart)
- Common adverse reactions: Injection-site pain, redness, swelling
- Contraindications: Severe allergic reaction to previous dose , pregnancy, breastfeeding, immunocompromised conditions, or symptomatic HIV



Dengue Outbreaks

Yellow Fever Vaccine

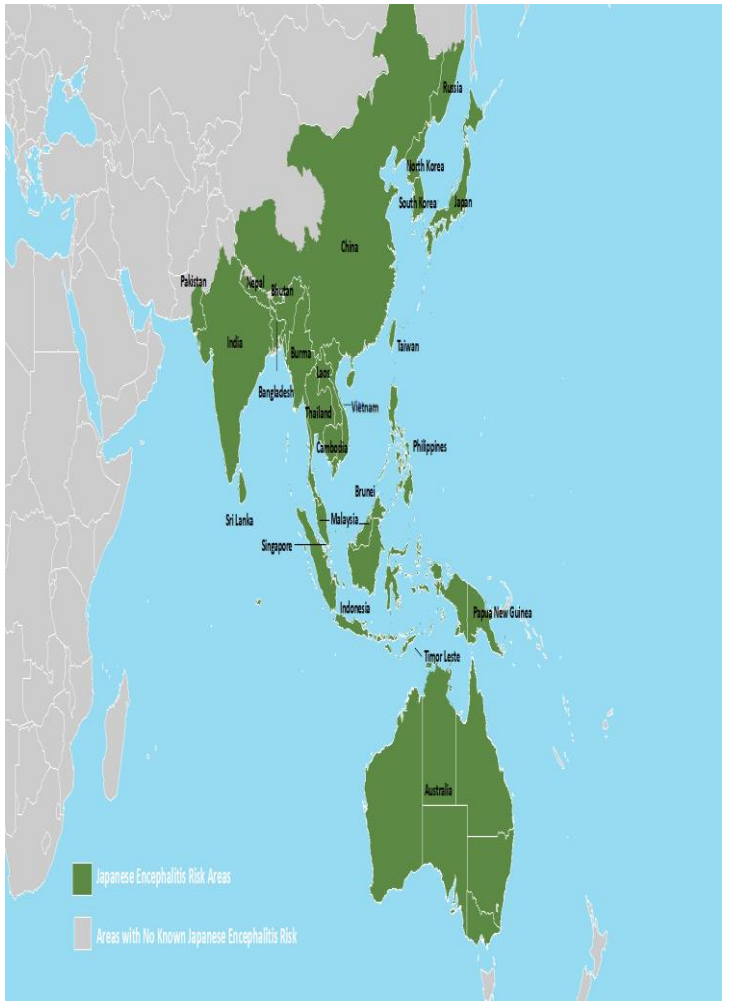
- YF-VAX vaccine is a live, weakened form of the virus
- Vaccine is recommended for people aged ≥9 months or older who are traveling to or living in areas at risk for yellow fever virus in Sub-Saharan Africa and Tropical South America
- One dose is safe and provides life-long protection
- Most reported adverse reaction is site injection pain, redness, or swelling
- People with precautions & contraindications to the vaccine may have an increased risk of having a reaction to the vaccine



Yellow Fever VIS

Japanese B Encephalitis (JE) Vaccine

- IXIARO
  - Inactivated vaccine
  - Recommended for travelers (≥2 months old) moving to or traveling ≥1 month in endemic areas, frequent travelers, and some higher-risk short-term travelers
  - 2-dose series: Ages 2 months–17 years: 28 days apart; 18–65 years: 7–28 days apart (complete ≥1 week before travel)
  - Booster: Recommended if ongoing risk ≥1 year after primary series
  - Common adverse reactions: Injection-site pain, redness, swelling
  - Precautions: Contains protamine sulfate (allergy risk); defer during pregnancy unless travel risk outweighs potential vaccine risk.



Tick-borne Encephalitis (TBE)

- Spread mainly by infected tick bites, rarely via unpasteurized dairy
- Prevention: Vaccination, insect repellent, protective clothing, permethrin-treated gear, & tick checks
- **TICOVAC:** Inactivated vaccine for travelers ≥1 year visiting TBE-risk areas in Europe & Asia
  - 3-dose series: Dose 2, 1–3 months after Dose 1 (or 14 days–3 months for ages ≥16); Dose 3, 5–12 months after Dose 2
  - Booster: ≥3 years later if ongoing exposure risk
  - Common adverse reactions: Injection-site pain/tenderness, headache, fatigue, myalgia, fever (children)
  - Contraindication: Severe allergic reaction to vaccine or components (e.g., protamine sulfate, neomycin, gentamicin, chick protein)

Tick-borne Encephalitis Tick-borne Encephalitis (TBE) VIS

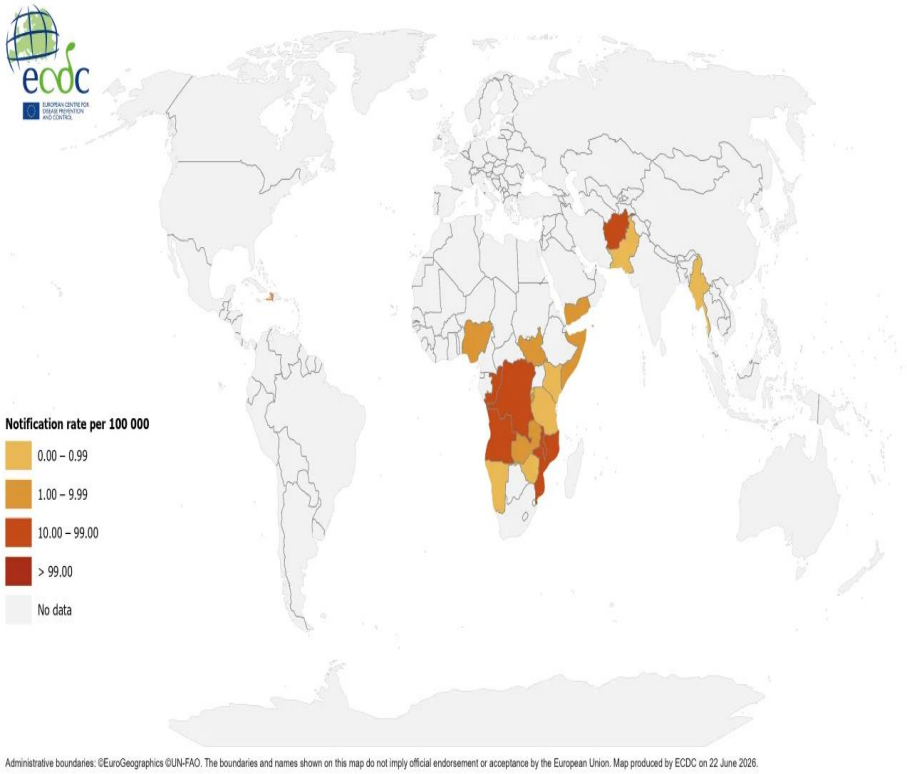
Gastrointestinal illnesses

Virus	Symptoms	Treatment/Prevention
Cholera	• Watery diarrhea, sometimes described as "rice-water stools" because they are milky white • Vomiting • Leg cramps • Restlessness or irritability. Late: Rapid heart rate • Loss of elasticity in the skin • Dry mucous membranes • Low blood pressure. • Can cause life-threatening watery diarrhea and vomiting.	**Treatment** Oral Rehydration Therapy: prepackaged powder of salts and minerals and mixed with water that has been boiled or treated. Antibiotics, Zinc supplementation for children **Prevention:** • Drink bottled, chlorinated, boiled, or filtered water. • Wash your hands often with soap and safe water • Flush or bury poop 30 meters (100 feet) away from any body of water, including wells • Thoroughly clean toilets and surfaces contaminated with poop.
Typhoid Fever	• The fever can be as high as 103–104°F & lasts ≥3 days • Weakness • Stomach pain • Headache • Constipation or diarrhea • Cough • Loss of appetite • Rash with flat, rose-colored spots	

Cholera Vaccine

There are 3 oral vaccines:

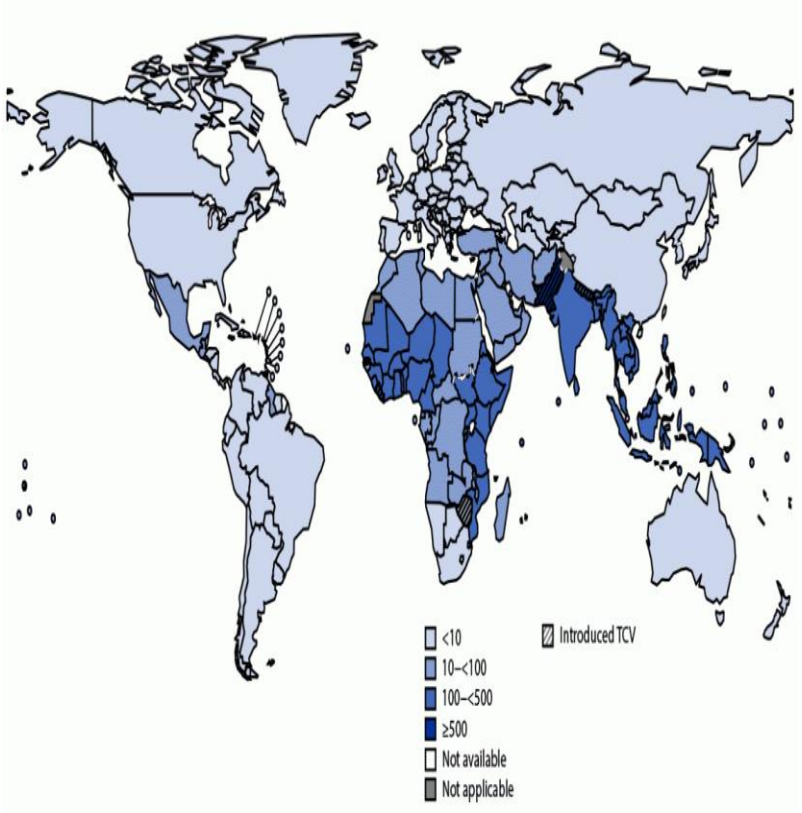
- Vaxchora: 1 dose is recommended for people aged 2-64 years. Vaccine is effective for at least 3–6 months
- Dukoral: 2 doses, given 1-6 weeks apart (Children ages 2-5 years need 3 doses, given 1-6 weeks apart) are recommended for people aged ≥2 years. Vaccine is effective for at least 2 years
- Euvichol/Euvichol-Plus: 2 doses, given at least 2 weeks apart are recommended for people aged ≥1 year and older. Vaccine is effective for at least 3 years for 2 doses. (One dose provides short-term protection for about one year.)



Cholera Map

Typhoid Fever Vaccines

- Vivotif is an oral vaccine that is a live, weakened form of the virus
  - Vaccine is recommended for use in persons who are ≥ 6 years.
  - Take 4 pills taken by mouth. 1 pill every other day at least 2 weeks before travel
  - A booster is needed at least 2 weeks before travel
  - Common adverse reactions include fever, headache, abdominal pain, diarrhea, nausea, and vomiting
- TYPHIM Vi (Inactivated) **Injectable Vaccine**
  - Vaccine is recommended for use in persons who are ≥ 2 y/o
  - One time dose at least 2 weeks before travel
  - A booster is needed every 2 years
  - Common adverse reactions include site injection pain, redness, or swelling



Typhoid Fever Map Typhoid VIS

Meningococcal Vaccines

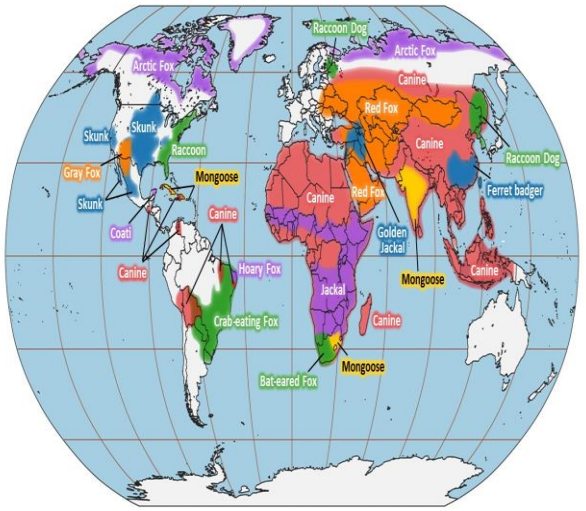
- **Menveo (MenACWY-CRM):** Conjugate vaccine for ages ≥2 months; 1–4 doses based on age at vaccination
- **MenQuadfi (MenACWY-TT):** Quadrivalent conjugate vaccine for ages ≥2 years; 1 dose
  - Booster (MenACWY): If ongoing risk, give booster every 5 years (first booster at 3 years if primary series <7 years old, or 5 years if ≥7 years).
  - High-risk groups (HIV, asplenia, complement deficiency, complement inhibitor therapy): 2-dose primary series, 8–12 weeks apart.
  - MenACWY vaccines are interchangeable.

- MenABCWY (Penbraya™) Pfizer (IM)
- MenABCWY (Penmenvy) GSK (IM)
  - Vaccine is recommended for use in persons who are ≥10 yrs
  - 1 dose may be used when both MenACWY and MenB vaccines are indicated at the same visit

Disease data source: World Health Organization. International Travel and Health. Geneva, Switzerland: 2015. Yellow Book Meningococcal ACWY Vaccine VIS

Rabies

- Fatal viral disease spread by bites or scratches from infected animals (especially bats, skunks, raccoons, foxes)
- Risk areas: U.S. (except Hawaii), Africa, Asia, and parts of Central & South America
- Early symptoms: Fever, headache, weakness, and pain/tingling or itching at the bite site
- Severe neurologic disease develops within ~2 weeks of symptom onset if untreated:
  - Anxiety
  - Confusion
  - Agitation
  - Hallucinations
  - Being very thirsty but panicked by fluids
  - Having lots of saliva
  - Aggressive behavior like thrashing & biting



- Prevention: Pre-exposure: 2-dose rabies vaccine (days 0 & 7) plus titer check (1–3 years) *or* 1-dose booster (3 weeks–3 years) if ongoing risk
- Common adverse reactions: Injection-site pain/tenderness
- Treatment: Post-exposure: Immediate wound care, HRIG, and 4–5 rabies vaccine doses

Rabies Map Rabies, Rabies VIS

Resources

- Acute Communicable Disease Control Program. Hepatitis C. Accessed 6/30/26.
- 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.
- CDC. Chikungunya Virus. Accessed 6/24/26.
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Q & A/Poll Questions

Everyone!

Poll Questions

- What topics would you like covered in the future session?
- My knowledge of the topic(s) presented has improved following this training.