



Collaborative for
Public Health Research



University of California
San Francisco

PHACT Coalition Conversation

Public Health for All Californians Together Coalition

From Bedside to Hashtag: What We're Hearing and How We Respond

March 9, 2026

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Today's Speakers

- **Dr. Monica Soni**, Chief Medical Officer, Covered California
- **Dr. James Watt**, Deputy Director, Center for Infectious Diseases, California Department of Public Health
- **Dr. Eric Ball**, California Chair, American Academy of Pediatrics
- **Dr. Katelyn Jetelina**, Your Local Epidemiologist
- **Dr. Karen Mark**, Medical Director, California Department of Health Care Services



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PUBLIC HEALTH FOR ALL



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Public Health for All

- [The West Coast Health Alliance \(WCHA\) Recommends American Academy of Pediatrics Vaccine Schedule](#). WCHA recommendations align with the [American Academy of Pediatrics Vaccine Schedule \(PDF\)](#) - January 5, 2026
- [The West Coast Health Alliance, CDPH, and Leading National Medical Organizations Continue to Recommend Hepatitis B Vaccination for Newborns](#). WCHA disagrees with CDC's Advisory Committee's change to decades-long vaccine recommendation that has reduced pediatric Hepatitis B infections by 99 percent - December 5, 2025

Updated 1/6/26

What You Need to Know

[Vaccines & Immunizations](#)

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CDPH Vaccine Recommendations

CDPH recommends immunization of children and adolescents in accordance with the [American Academy of Pediatrics \(AAP\) immunization schedule](#)

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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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

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

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

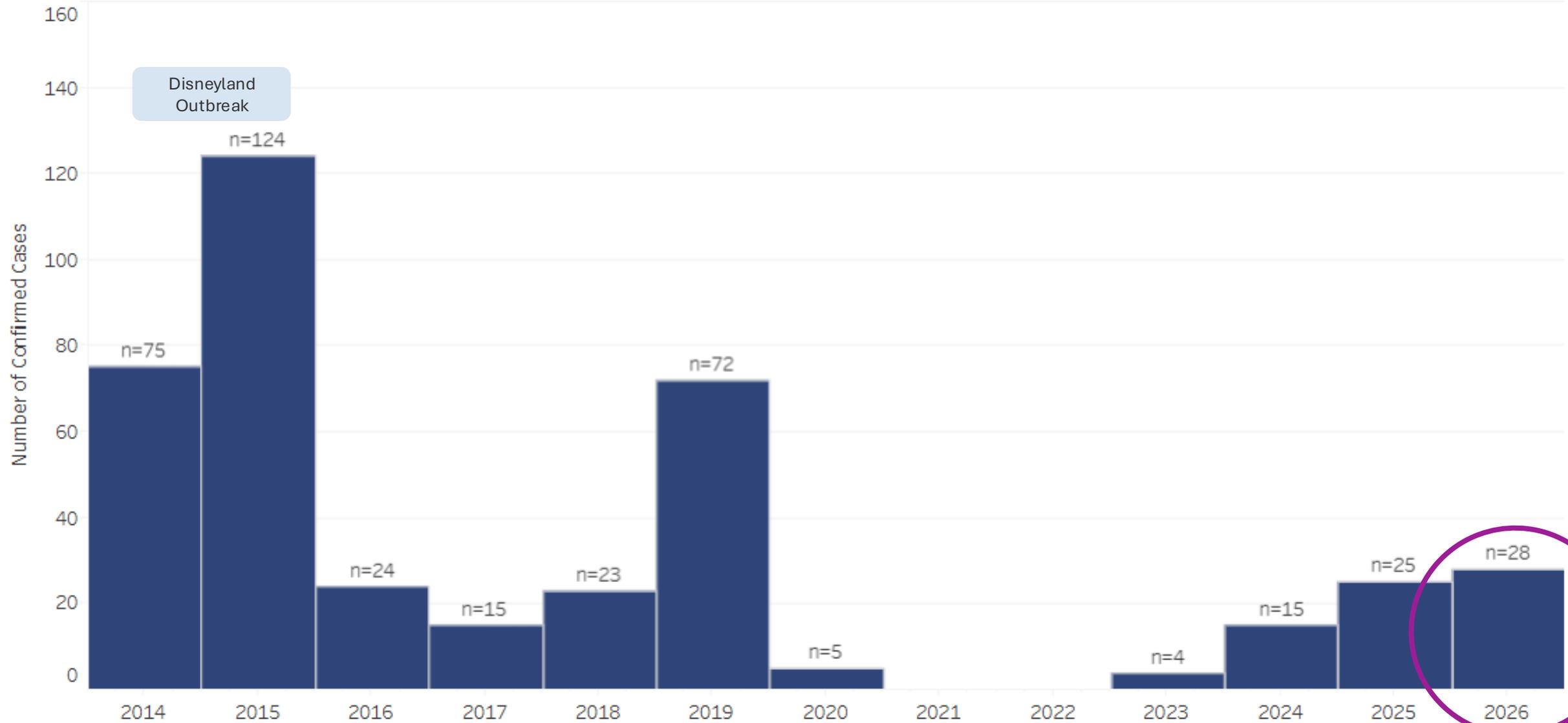
Vaccine	19–26 years	27–49 years	50–64 years	>65 years
COVID-19	1 or more doses of updated 2025-2026 vaccine See Notes			2 or more doses of 2025-2026 vaccine See Notes
Influenza inactivated (IIV3, cdlIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or allIIV3 preferred)
Influenza inactivated (allIIV3; HD-IIV3)	Solid organ transplant See Notes			
Influenza live, attenuated (LAIV3)				
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.		50 through 74 (See notes.)	>75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, See Notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)			2 doses
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)			See Notes	See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3 or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, See Notes for booster recommendations			

CDPH recommends immunization of adults in accordance with [American Academy of Family Physicians \(AAFP\) immunization schedule](#).



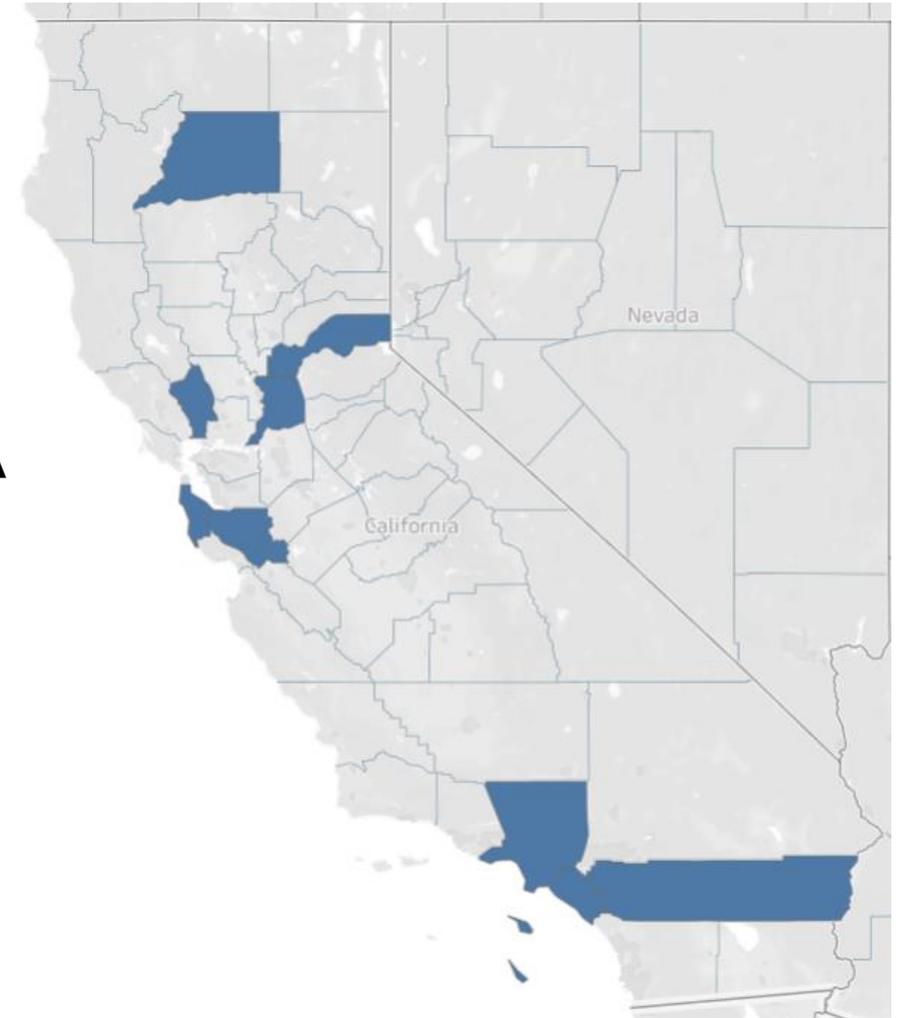
Confirmed Measles Cases by Year, CA, 2014-2026

CDPH Data, as of 3/6/2026



Measles in California, as of 3/5/2026

- **28 confirmed cases:**
 - 22 (70%) under 20 years
 - 2 hospitalizations (adults), no deaths
 - 96% unvaccinated or unknown status
- Exposure sources:
 - **16 (57%) secondary from 3 outbreaks in CA**
 - 8 (29%) international travel
 - 3 (11%) domestic travel to US outbreak sites
- Counties: Los Angeles, Napa, Orange, Placer, Riverside, Sacramento, San Mateo, Santa Clara, Shasta



Evolving Multi-Jurisdictional Outbreak

- Six Sacramento and Placer County cases are in an interconnected community with low vaccine uptake
- Index case traveled to outbreak area in South Carolina
- Exposures at home school enrichment program and church settings
- Local health departments working to notify exposed persons and prevent additional cases
- CDPH supporting local efforts

CDPH Measles Webpage

- New information added to [CDPH measles](#) webpage
- Site updated every Tuesday



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OFFICE OF COMMUNICATIONS

Contact:

Office of Communications

media@cdph.ca.gov

CDPH Urges Vaccination as New Measles Cases Reported in Sacramento Region

March 5, 2026
NR26-009

CDPH working with counties to assess exposures related to six recent cases in the Sacramento region

What You Need to Know: Six recent cases of measles have been reported in Placer and Sacramento counties. This represents the third outbreak of measles in California in 2026. Public health officials are investigating additional suspect cases across multiple jurisdictions and working to notify people who may have been exposed. With this news and measles spreading in other parts of the United States and the world, CDPH is strongly urging Californians to ensure they are fully vaccinated against measles.

SACRAMENTO – The California Department of Public Health (CDPH) is urging Californians to get vaccinated against measles after local health departments in Placer and Sacramento counties have notified the state of multiple recent cases. To avoid spreading measles to your community, CDPH strongly recommends that



Measles Activity in California, 2026

As of 12PM on March 2, 2026, 26 confirmed measles cases have been reported.

Month of Rash Onset	Number of Cases	County of Cases
January 2026	14	Los Angeles, Napa, Orange, Placer, Riverside, Sacramento, San Mateo, Shasta
February 2026	12	Los Angeles, Placer, Santa Clara, Shasta
March 2026	0	

These data are provisional and subject to change. CDPH will update this page every Tuesday.

Cases by Age

Age Group	Number of Cases	Percentage
Under 20 Years Old	20	77%
20 + Years	6	23%

Cases by Vaccination Status

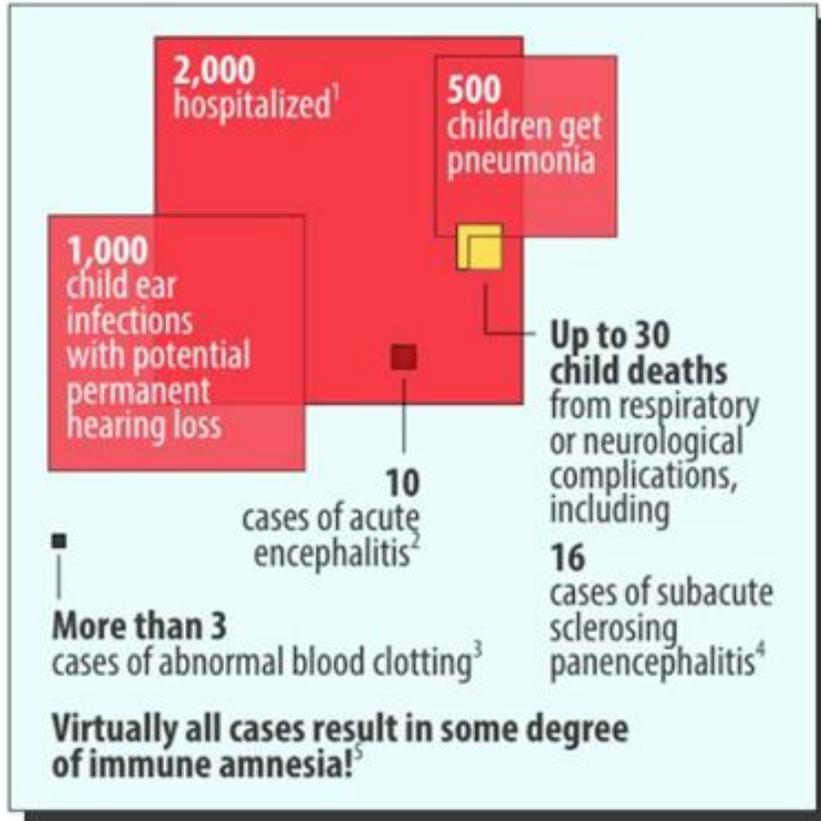
Vaccination Status	Number of Cases	Percentage
Unvaccinated or Unknown	25	96%
One MMR Dose	0	0%
Two MMR Doses	1	4%

Hospitalizations and Deaths

Total Hospitalized	2 (8%)
Total Deaths	0

Effects per 10,000 people who...

get measles



Potentially serious complications shown **in red**
Deaths shown **in yellow**

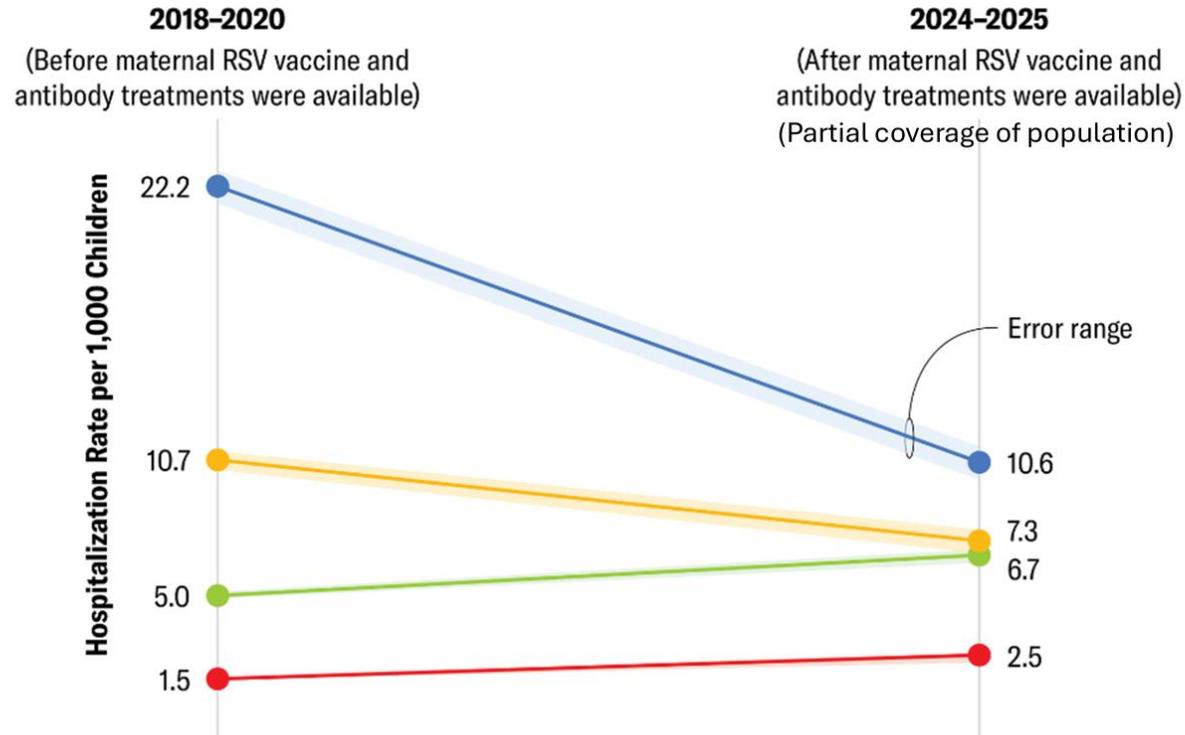
get the MMR vaccine



No proven risk of autism.

RSV Immunization Has Been a Success!

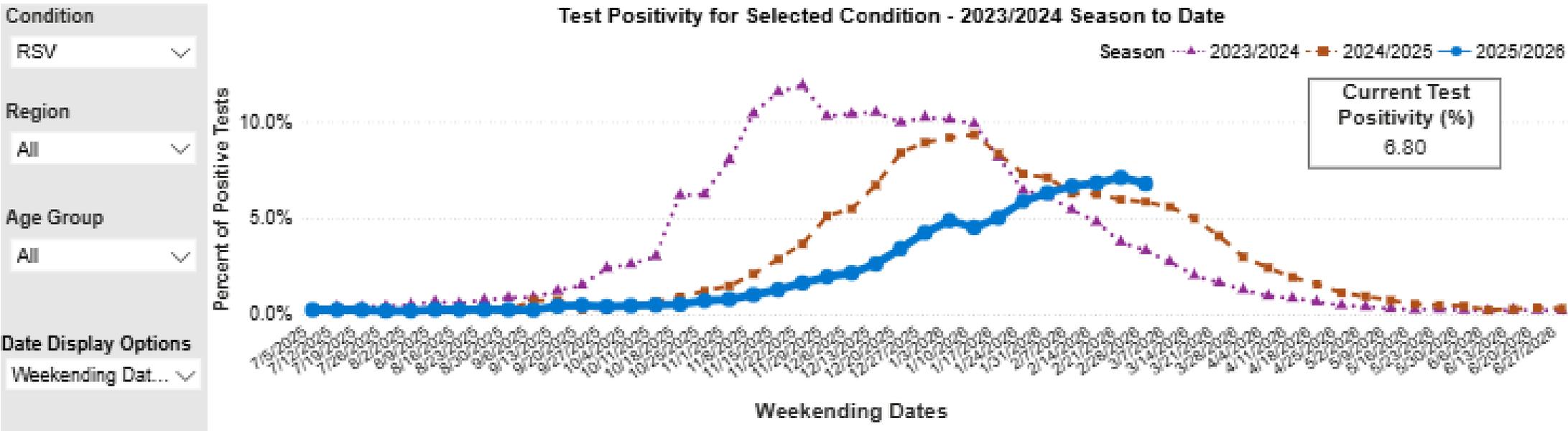
Age Groups: 0–2 months 3–7 months 8–19 months 20 months–5 years



[New RSV Preventives Dramatically Reduce Infant Illness and Death | Scientific American](#)

[Interim Evaluation of RSV Hospitalization Rates Among Infants and Young Children After Introduction of RSV Prevention Products — United States, October 2024–February 2025 | MMWR](#)

Respiratory Syncytial Virus (RSV) Season



AAP RSV Immunization Recommendations for Young Children

- Administered seasonally
 - Infants up to 8 months in their first RSV season
 - High risk children 8-19 months in their second RSV season
- Per AAP
 - The season typically runs from October through the end of March in most of the continental United States
 - The season may vary and providers may adjust timing of administration based on guidance from public health authorities
- CDPH may recommend extending the immunization timing for this year

Next Steps

- **CMS Proposed Changes:** What you can do
- **Next ACIP Meeting:** March 18 & 19
- **West Coast Health Alliance Messaging**

Visit the PHACT Coalition webpage

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PHACT Coalition: Collaborating to protect the health of our communities



About the PHACT Coalition

The Public Health for All Californians Together (PHACT) Coalition was launched on September 26, 2025, to bring together a network of multi-sectoral partners across the state of California to provide timely, evidence-based guidelines and culturally appropriate health messaging to protect the health and advance the well-being of all Californians.

The Coalition is led by the California Department of Public Health (CDPH), with support from Covered California and UCSF's Collaborative for Public Health Research (CPR3).

PHACT Coalition Objectives

This Coalition connects leaders and organizations throughout the state who are committed to improving
Confidential - Low

CDPH Public Health for All

Bookmark the CDPH Public Health for All page for evidence-based public health recommendations and resources.

PUBLIC HEALTH FOR ALL

12/19/2025

cpr3.ucsf.edu/phact

Email: cpr3@ucsf.edu



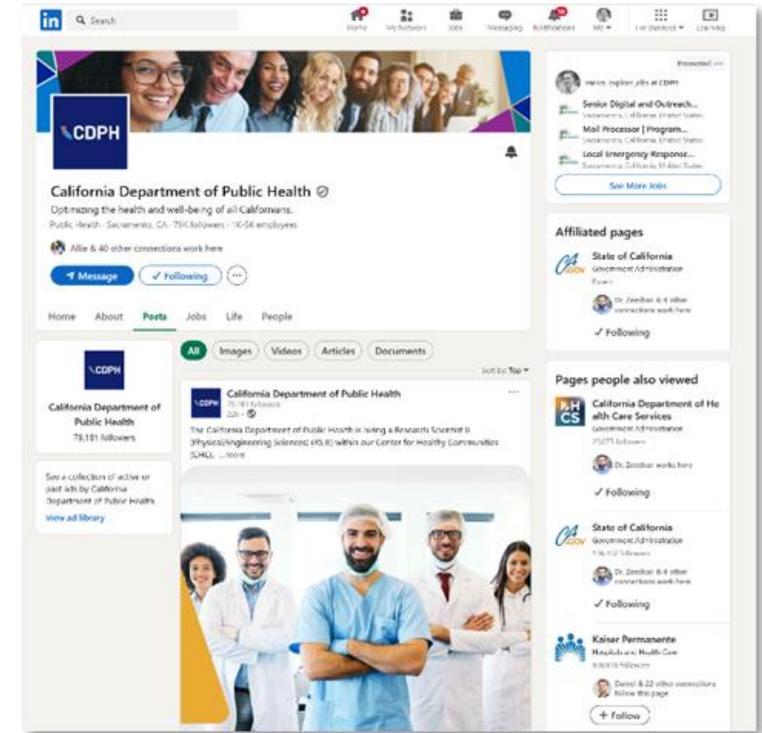
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- [CDPH News Releases](#)
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Resources for Clinicians & Providers

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- [Sign up for CDPH Immunization Webinar Series](#)





CDPH

**California Department of
Public Health**

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San Francisco

Vaccine Recommendations for Children

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Hepatitis B (HepB)	1 st dose	2 nd dose		3 rd dose															
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)			1 st dose	2 nd dose	See Notes														
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose				4 th dose				5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			3 rd or 4 th dose (See Notes)											
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			4 th dose											
Inactivated poliovirus (IPV)			1 st dose	2 nd dose	3 rd dose							4 th dose						See Notes	
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)							1 dose of 2025–2026 vaccine (See Notes)							
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)				
Measles, mumps, and rubella (MMR)					See Notes			1 st dose					2 nd dose						
Varicella (VAR)								1 st dose					2 nd dose						
Hepatitis A (HepA)					See Notes	2-dose series (See Notes)													
Tetanus, diphtheria, and acellular pertussis (Tdap >7 yrs)																		1 st dose	

Vaccine Recommendations for Adults

CDPH recommends immunization of adults in accordance with [American Academy of Family Physicians \(AAFP\) immunization schedule](#).

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated 2025-2026 vaccine See Notes			2 or more doses of 2025-2026 vaccine See Notes
Influenza inactivated (IIV3, cclIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or allV3 preferred)
Influenza inactivated (allV3; HD-IIV3)	Solid organ transplant See Notes			
Influenza live, attenuated (LAIV3)				
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.		50 through 74 (See notes.)	>75 years
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Pneumococcal (PCV15, PCV20, PPSV23)			See Notes	See Notes See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3 or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			

Additional vaccine coverage provisions under AB 144

- A pharmacist may independently initiate and administer an immunization that was ACIP-recommended on January 1, 2025, or is currently recommended by CDPH, to persons age 3 years or older.
- Aligns coverage requirements for commercial plans with ACIP recommendations as of January 1, 2025, or any subsequent modification by CDPH.
- State law currently provides a pharmacist with the authority to administer immunizations pursuant to a protocol with a prescriber.
- State law does not require an attestation for pharmacists to administer to anyone 3+ years

Immunization Provider Liability Protections under AB 144

- Persons prescribing, dispensing, ordering, furnishing, or administering vaccines shall not be liable for any injury, including residual effects of the vaccine if:
 - Vaccines are given in accordance with CDPH recommendations
 - Given as part of a public health outreach program
- Sunsets January 1, 2030

AB 144 Health Plan Coverage Requirements

Apply to

- All health plans regulated by Department of Managed Health Care or Department of Insurance
- Medi-Cal Managed Care
- Most California residents

Do not apply to

- Self-insurance plans (regulated by federal ERISA law)
- Federal health systems (e.g., VA)
- Medicare plans

AB 144 Specifics

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