



Collaborative for
Public Health Research



University of California
San Francisco

Public Health for All Californians Together (PHACT) Coalition

Virtual May Meeting

May 28, 2026

Overview

- 1** Welcome
- 2** CDPH Update
- 3** PHACT Working Group Updates
- 4** Next Steps

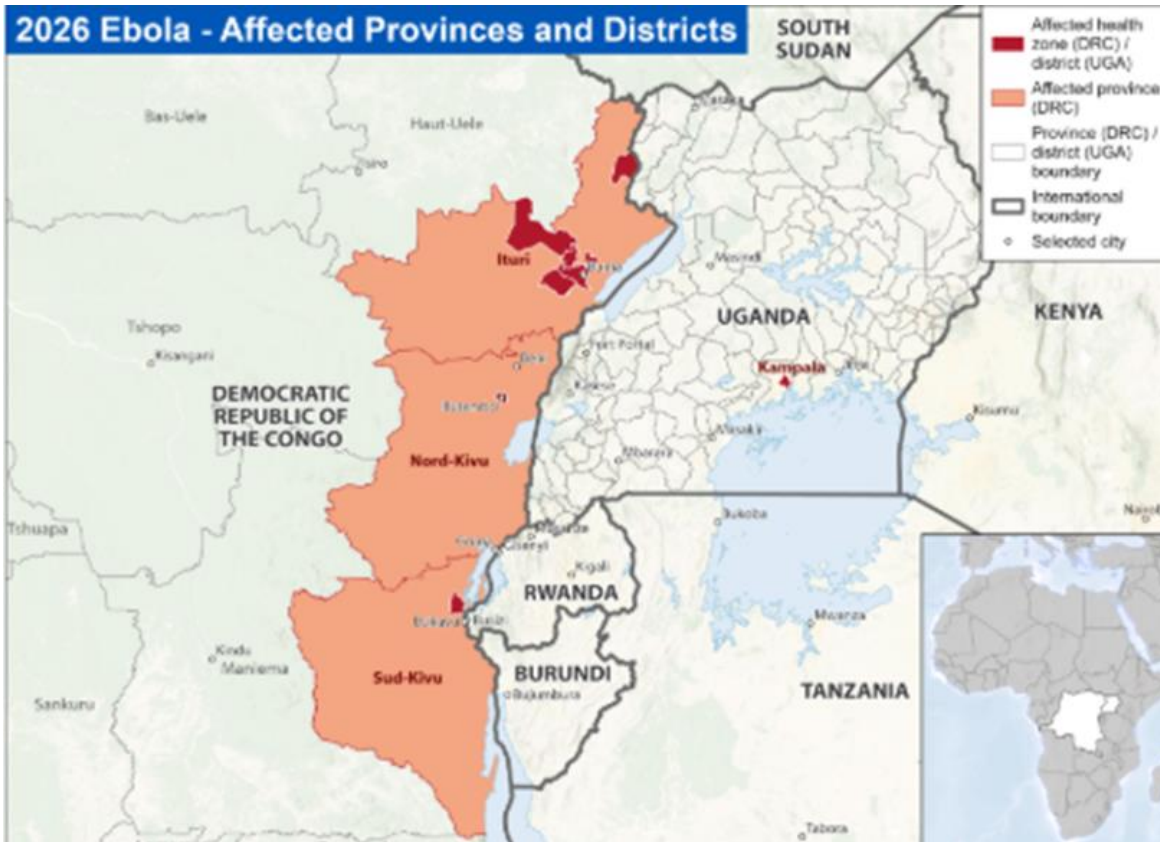
Today's Speakers

- **Dr. Erica Pan**, State Health Officer & Director of California Department of Public Health
- **Rea Pañares**, CACHI Executive Director, PHACT Community Partnerships Working Group co-chair
- **Melissa Stafford Jones**, Public Health Institute CEO, PHACT Community Partnerships Working Group co-chair
- **Dr. Ravi Kavasery**, Blue Shield of CA Senior VP & CMO, PHACT Data & Implementation Working Group co-chair
- **Dr. Barbara Rubino**, Covered California Associate CMO, PHACT Communications Working Group co-chair

The background is a solid teal color. On the right side, there are several overlapping, semi-transparent teal shapes that create a starburst or geometric pattern. These shapes are composed of various polygons and lines that intersect, creating a dynamic and modern aesthetic.

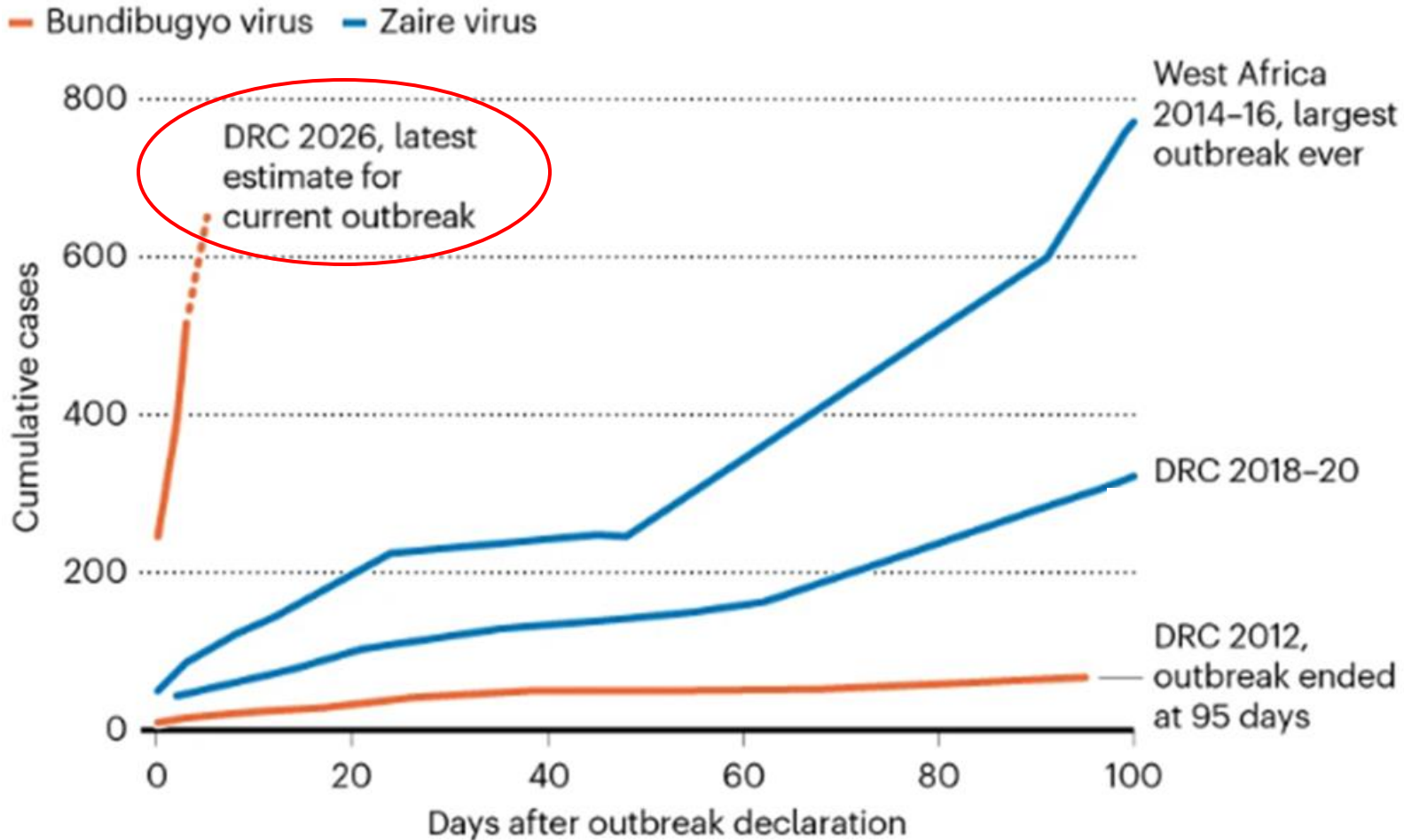
CDPH Update

Ebola Outbreak in the Democratic Republic of Congo



- Outbreak started in Ituri Province in northeastern DRC
 - Onset likely started late April
 - Geographic spread and imported cases in Uganda
- Bundibugyo virus disease (BVD)
 - An Ebola virus
 - CFRs for past outbreaks: 30-50%
 - No licensed vaccine or specific therapeutics
- Outbreak and a Public Health Emergency of International Concern have been declared

Current & Previous Ebola Outbreaks



- Steep trajectory of cases
- Likely community level transmission in urban settings in a mobile population
- As of 5/27/26

DRC

1,077 suspected cases
121 confirmed cases
246 suspected deaths
17 confirmed deaths

Uganda

7 confirmed cases
1 confirmed death

5 cases have clear links to the first 2 confirmed cases

US Government Response

- CDC Country Teams are supporting the countries.
- Additional USG assets are being deployed to assist
- Traveler Entry Restrictions and Monitoring
 - Travelers from DRC, Uganda or South Sudan in past 21 days must be a US citizen to enter US.
 - Travelers from affected areas funneled to specified US airports for entry screening
 - Traveler monitoring based on screening
 - Most will self-monitor for 21 days with check-in/out with local health jurisdiction
 - Much smaller group (none so far in California) will require daily monitoring

Coordination of Care for Ill Persons with Suspected BVD

A. Ill Person Evaluation & Determination of Risk

- Health care team identifies possible case and immediately contact public health subject matter experts to determine if patient is a suspect VHF case

B. Determination of a Receiving Facility

- The health care team works with public health, EMS, and National Special Pathogens System (NSPS) health care facilities (HCFs)

C. Medical & IPC Continuity of Care

- Medical staff from referring and receiving HCFs ensure safe transfer of medical care responsibility, with CDPH and LHD providing support for patient acceptance

D. Transfer Planning

- Public health, the sending and receiving facilities, and EMS create plan to transport patient from referring facility to receiving facility, notifying jurisdictions along the route

E. Laboratory Testing

- CDPH coordinates with EMSA and LHDs to transport specimens and prepares PH Lab to receive specimen & perform testing*

F. Communications Coordination

- In coordination with referral & receiving facilities, EMS, and Public Health Public Information Officers develop a comms plan for coordinating public messaging, media responses, and leadership notifications

*The decision to test for VHF must be made in conjunction with the patient's clinical care team, the LHD, CDPH, and CDC's Viral Special Pathogens Branch (VSPB).

Update: Andes Hantavirus

No known cases in California

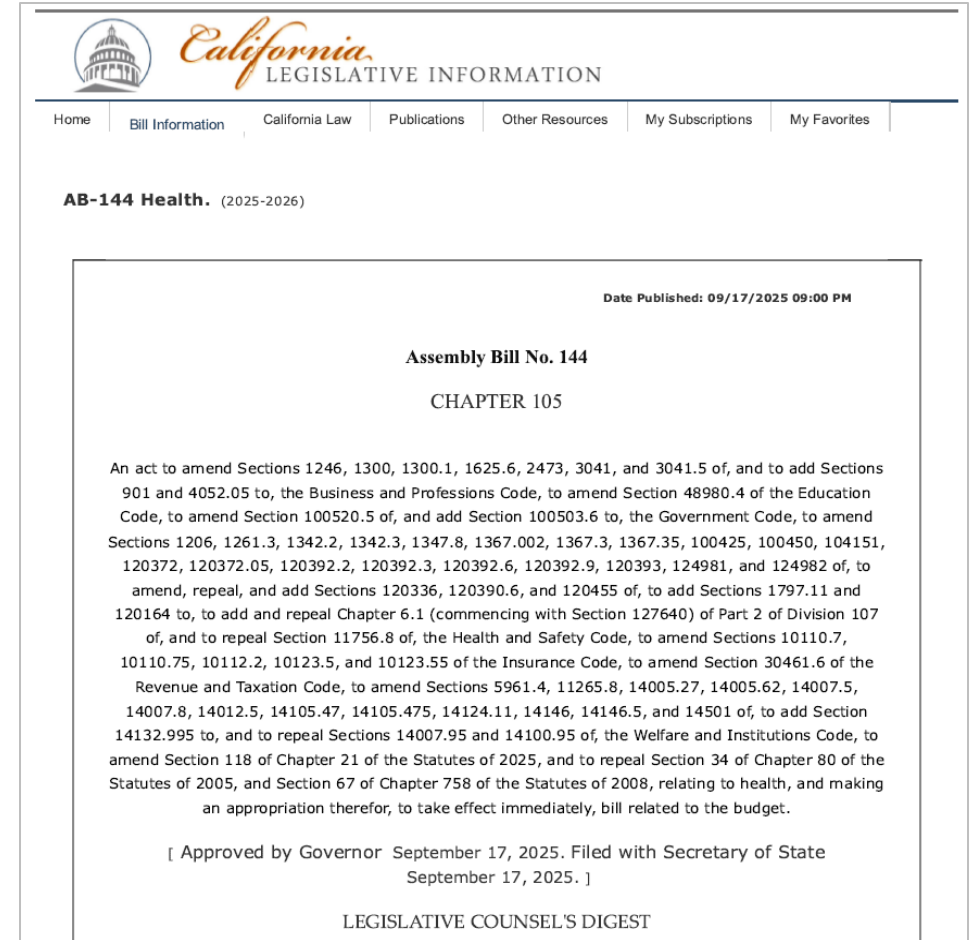
All potential California contacts from cruise ship and flights have been identified by CDC

- All ship passengers and one flight contact are considered high-risk exposures
- Six flight contacts are considered low-risk exposures
- No California contacts have reported symptoms

Exposure	Last Date of Exposure	Last Date of Monitoring	Current Location
Cruise ship	4/25/2026	6/6/2026	California
Flight	4/25/2026	6/6/2026	California
Cruise ship	5/10/2026	6/21/2026	Nebraska
Cruise ship	5/10/2026	6/21/2026	Nebraska
Cruise ship	4/24/2026	6/5/2026	Pitcairn Island

US Preventive Services Task Force & AB 144: Protecting Access to Preventive Services

- State law establishes California Department of Public Health (CDPH) as the source for immunization and preventive services recommendations based on professional medical organizations
- Baseline recommendations ACIP and USPSTF 1/1/25
- CDPH can issue updates as needed
 - New evidence
 - Updated recommendations medical organizations
 - Federal actions
- California regulated health plans are required to cover
- Provide liability protection to providers who administer vaccines



The screenshot displays the California Legislative Information website. At the top, there is a navigation bar with links for Home, Bill Information, California Law, Publications, Other Resources, My Subscriptions, and My Favorites. Below the navigation bar, the page title is "AB-144 Health. (2025-2026)". The main content area is titled "Assembly Bill No. 144" and "CHAPTER 105". The text of the bill is as follows: "An act to amend Sections 1246, 1300, 1300.1, 1625.6, 2473, 3041, and 3041.5 of, and to add Sections 901 and 4052.05 to, the Business and Professions Code, to amend Section 48980.4 of the Education Code, to amend Section 100520.5 of, and add Section 100503.6 to, the Government Code, to amend Sections 1206, 1261.3, 1342.2, 1342.3, 1347.8, 1367.002, 1367.3, 1367.35, 100425, 100450, 104151, 120372, 120372.05, 120392.2, 120392.3, 120392.6, 120392.9, 120393, 124981, and 124982 of, to amend, repeal, and add Sections 120336, 120390.6, and 120455 of, to add Sections 1797.11 and 120164 to, to add and repeal Chapter 6.1 (commencing with Section 127640) of Part 2 of Division 107 of, and to repeal Section 11756.8 of, the Health and Safety Code, to amend Sections 10110.7, 10110.75, 10112.2, 10123.5, and 10123.55 of the Insurance Code, to amend Section 30461.6 of the Revenue and Taxation Code, to amend Sections 5961.4, 11265.8, 14005.27, 14005.62, 14007.5, 14007.8, 14012.5, 14105.47, 14105.475, 14124.11, 14146, 14146.5, and 14501 of, to add Section 14132.995 to, and to repeal Sections 14007.95 and 14100.95 of, the Welfare and Institutions Code, to amend Section 118 of Chapter 21 of the Statutes of 2025, and to repeal Section 34 of Chapter 80 of the Statutes of 2005, and Section 67 of Chapter 758 of the Statutes of 2008, relating to health, and making an appropriation therefor, to take effect immediately, bill related to the budget." Below the text, it states "[Approved by Governor September 17, 2025. Filed with Secretary of State September 17, 2025.]". At the bottom, it says "LEGISLATIVE COUNSEL'S DIGEST".



PUBLIC HEALTH FOR ALL



PUBLIC HEALTH FOR ALL

Public Health for All

Vaccine Questions & Answers

CDPH Immunization Recommendations

Public Health Network Innovation Exchange

Respiratory Viruses Hub

Respiratory Viruses Healthcare Professionals Hub

United States Preventive Services Task Force Recommendations

On September 17, 2025, California updated state law to ensure Californians have access to life-saving vaccines and screenings.

We want you to know there's a strong public health and medical community that'll continue to stand together to:

- Share the data and evidence people need to make healthy choices.
- Provide science-based recommendations.
- Protect our communities.

CDPH endorses the recommendations of the [United States Preventive Services Task Force \(USPSTF\)](#) as they stood on January 1, 2025. This endorsement includes a comprehensive list of evidence-based recommendations about clinical preventive services such as screenings, behavioral counseling, and preventive medications. The list contains the official recommendations of CDPH. These recommendations are mandated to be covered by insurers under Assembly Bill 144 (2025), as outlined in the California Health and Safety Code section 120164.

A & B Recommendations

The [USPSTF grades recommendations](#) based on their strength and evidence basis. Recommendations with a grade of "A" or "B" are recommended with high certainty of positive benefit.

Grade A: The USPSTF recommends the service. There is high certainty that the net benefit is substantial. Suggestions for practice is to offer or provide this service.

Grade B: The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. Suggestions for practice is to offer or provide this service.

USPSTF A and B Recommendations as of January 1, 2025:

California State of Public Health Report

The State of Public Health Report serves to **monitor population health, inform public health action, and promote shared accountability.**

In addition to highlighting key improvements and emerging issues in population health, the 2026 report addresses the impacts to public health resulting from the **current federal administration's actions and how California is responding.**



Office of Policy and Planning

Future of Public Health Initiative

State of Public Health Report

Transforming Behavioral Health

California State of Public Health Report

The California State of Public Health Report comes out every two years. It's published under California Health and Safety Code (HSC) 101320.3. The report is supported by the Future of Public Health funding.

[Explore the full 2026 State of Public Health Report \(PDF, 21 MB\)](#)

[Get the 2026 State of Public Health Report Highlight \(PDF, 1.5 MB\)](#)

What Goes into the Report?

The report uses health information to show us the major causes of death and injury in our state. It shows the trends in these issues over time. The report also explains how the health of one community may be different from another. These differences are often unfair and avoidable.

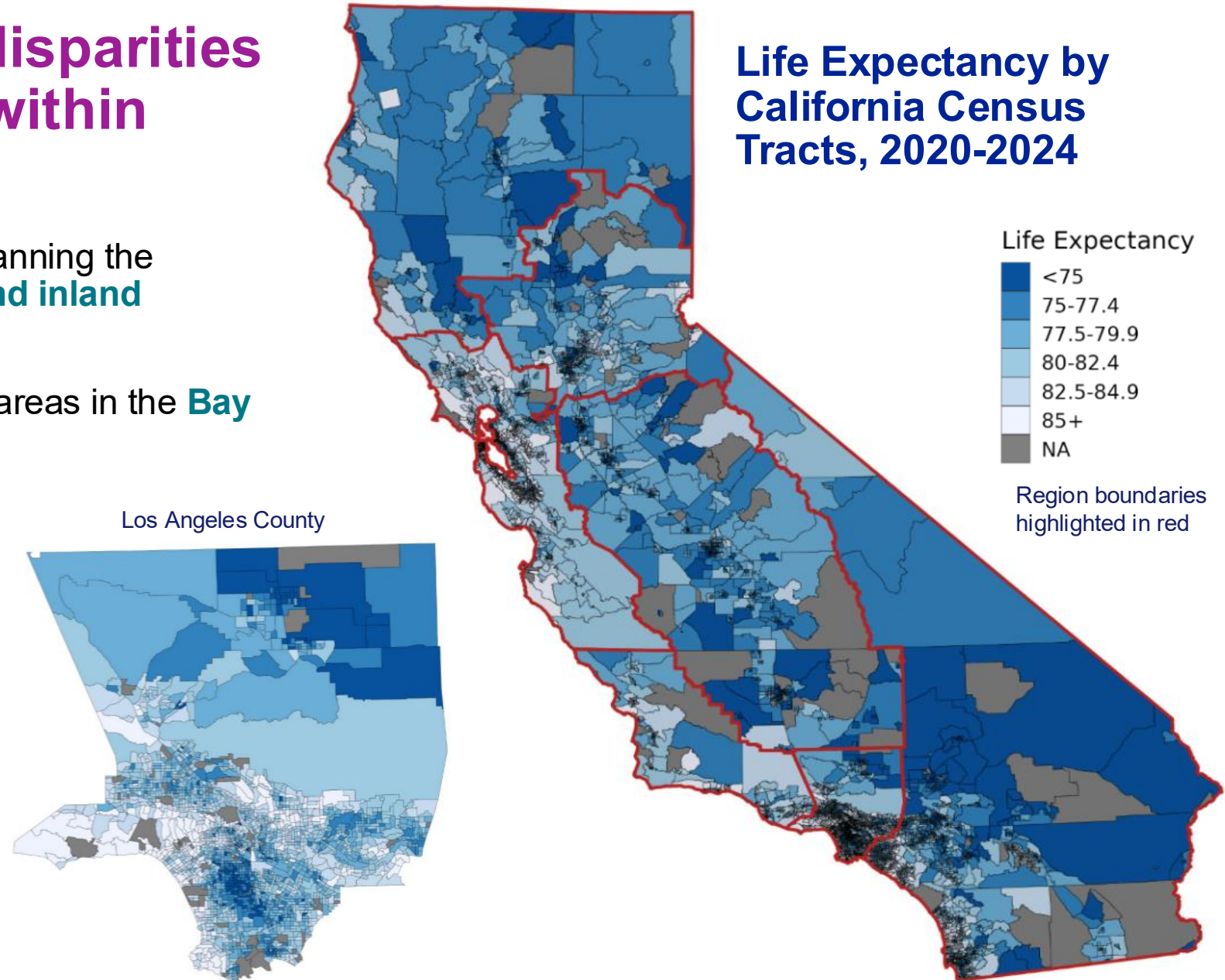
This report is part of the California State Health Assessment and Improvement Plan (SHA/SHIP). Public health uses the SHA/SHIP to better understand our health and plan for how to improve.

How Do We Use the State of Public Health Report?

Significant geographic disparities in life expectancy exist within California.

- Life expectancy was **lowest** in areas spanning the **Central Valley** and parts of **Northern and inland California**.
- Life expectancies was **highest** in many areas in the **Bay Area and coastal counties**.
- There is **substantial variation** in life expectancy **between communities within regions/counties**.
 - For example, while Los Angeles County overall has a relatively high life expectancy, many communities have relatively low life expectancies in concentrated areas.

Life Expectancy by California Census Tracts, 2020-2024



Confidentia

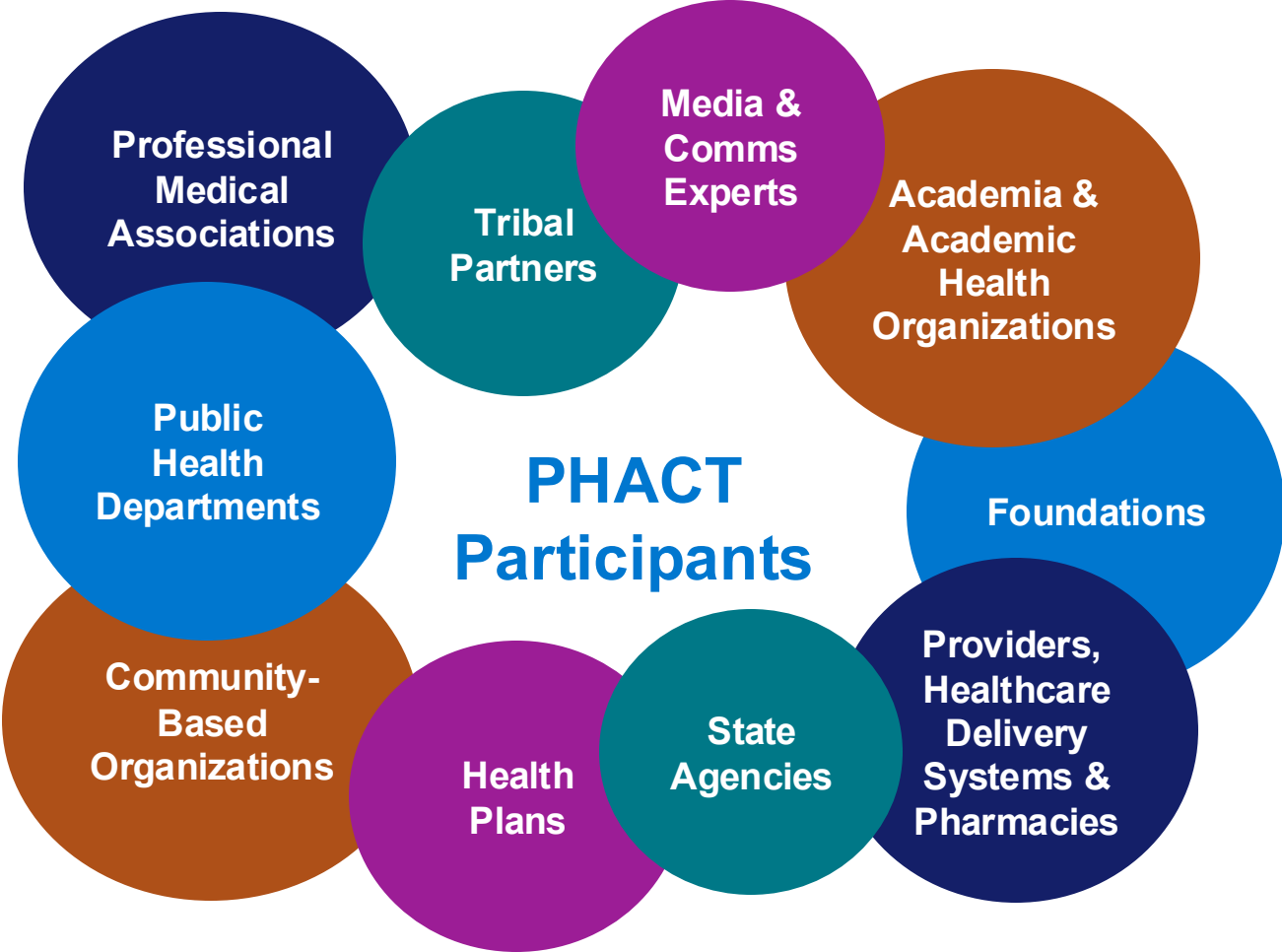


PHACT Overview & Working Group Updates

PHACT Coalition

Our vision: To build trust and strengthen community well-being by improving health outcomes through transparent, evidence-informed services and care for all Californians.

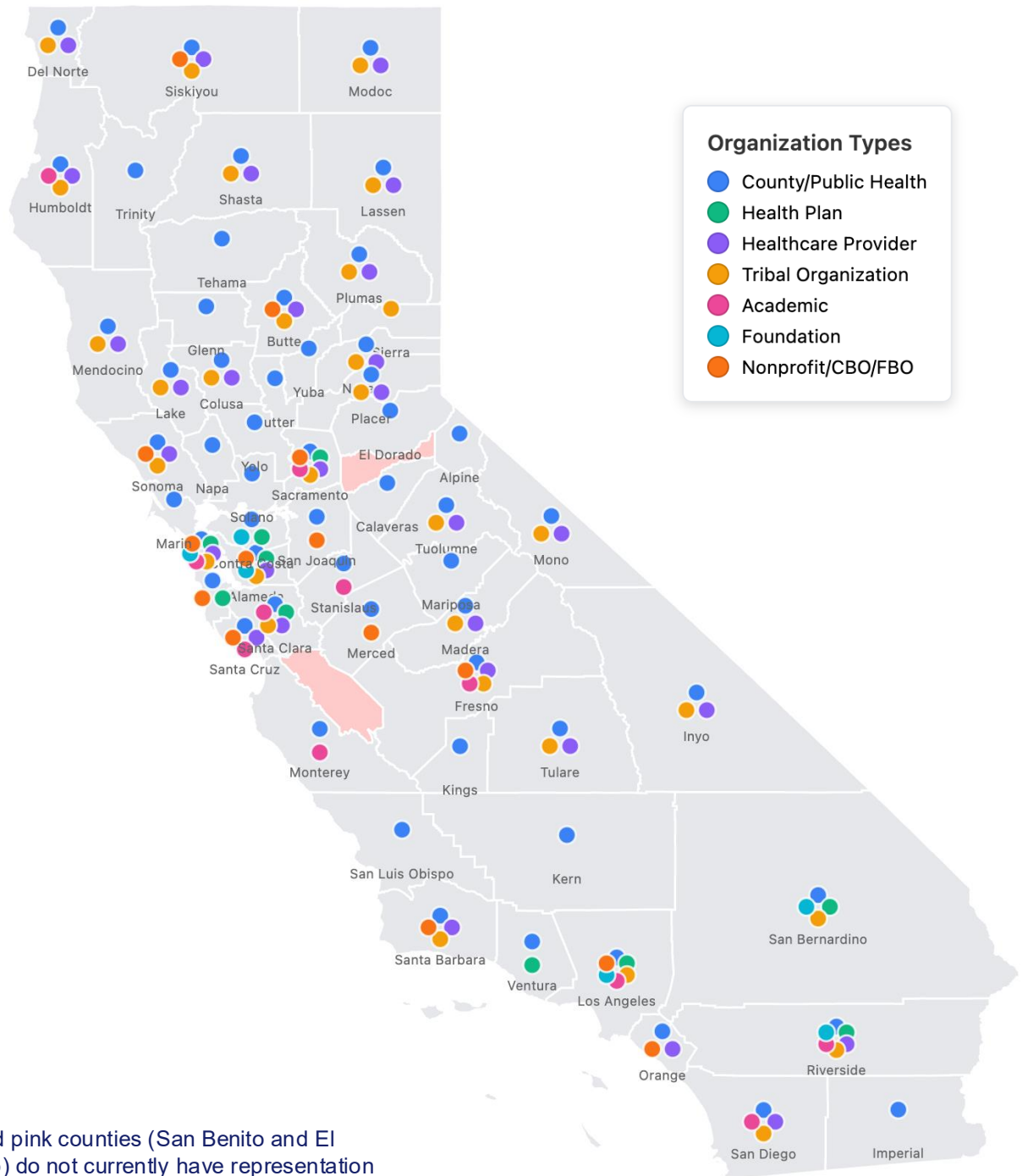
Our common purpose: To bring together a network of multi-sectoral partners across the state of California to provide timely, evidence-based guidelines and culturally appropriate health messaging to protect the health and advance the well-being of all Californians.



< Join
PHACT



Local Coalition representation throughout California



Coalition Working Groups

Community Partnerships

- Embed the community voice
- Identify gaps & challenges
- Conduct needs assessment

Communications

- Develop comms plan
- Disseminate tools & resources
- Share WG findings

Data & Implementation

- Data mapping, identify hotspots
- Intervention recommendations
- Training and education

Not active: Evidence & Policy

- Track guidelines
- Review evidence
- CA Context: Global to Local

Community Partnerships



Leadership Team
& Support Staff

Co-Chairs

- Melissa Stafford Jones, Public Health Institute (PHI)
- Rea Pañares, California Accountable Communities for Health Initiative (CACHI)

CDPH Liaison

- Dena Schmidt & Wendy Kaplan, CDPH Office of Health Equity

PHACT Coalition Support

- Gina Sakoda & Leah Murphy, CPR3/UCSF



Focus

- Conduct listening sessions to help understand contextual factors
- Identify up to 5 multi-modal strategies to engage community partners
- Implement up to 3 strategies to engage community partners in PHACT efforts

Next Steps

- Create an engagement model that responds to and activates community partners as an integral part of the PHACT Coalition

Key Informant Interview Summary Findings

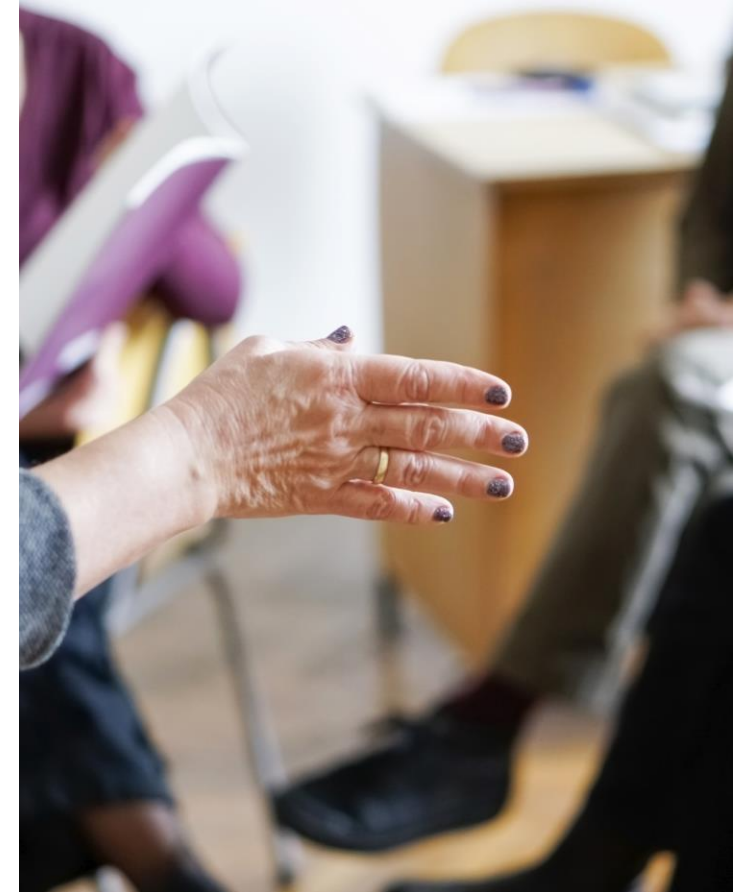
Objective: To understand community perspectives on childhood vaccines and to identify effective strategies to engage community partners in PHACT Coalition activities

SUMMARY OF FINDINGS

ACCESS- vaccine availability, long travel distances to clinics that accept specific health plans, transportation barriers, and ICE activity and fears

MEDICAL COVERAGE- barriers to enrolling in Medi-Cal and local health plans, along with documentation, immigration and refugee status concerns; limited access to coverage and care

CULTURE & LANGUAGE- A shortage of culturally competent providers and messaging that lacks cultural relevance and language accessibility makes it harder for community members to understand and act on health information



Key Informant Interview Summary Findings

CONFUSION

- Erosion of coordinated immunization messaging seen during the COVID response, along with inconsistent communication between state and federal sources, has contributed to community confusion

FUNDING & RESOURCES

- Resource community partners to be part of the process
- Support and fund the implementation of strategies co-created and informed by community partners
- Provide resources such as FAQs, office hours, and other pathways to support aligned and consistent messaging

ADAPTABLE MATERIALS

- Co-create and share materials that are culturally appropriate, adaptable and responsive to language needs

Recommendations

Create infrastructure with PHACT that supports a continuous feedback loop between PHACT Coalition and community partners

Create multi-modal engagement points with community partners including:

- An Advisory Group
- Quarterly meetings
- Opportunities to mobilize and activate

Goal: Create an engagement model that responds to and activates community partners as an integral part of the PHACT Coalition

Data & Implementation

Update May 28, 2026



Data & Implementation Working Group Update



Leadership & Support Staff

Co-Chairs

- Ravi Kavasery, MD, Blue Shield of California
- Eric Ball, MD, Southern Orange County Pediatric Associates

CDPH Liaison

- Amy Pine, CDPH Center for Infectious Disease, Immunization Branch

PHACT Coalition Support

- Nicole Santos, CPR3/UCSF
- Joe Castiglione, Blue Shield of California



Working Group Members

County public health officials

- Tehama
- Madera
- Humboldt

Health plans

- Partnership Health Plan
- Elevance/Anthem
- Blue Shield of CA

State agencies

- CalPERS
- Correctional Health Care Services

Associations & organizations

- CA Quality Collaborative
- CA Primary Care Association
- America's Physician Groups Integrated Healthcare Association
- CA Pan Ethnic Health Network
- PopHealth Learning Center

Academia

- UCLA
- Stanford

Purpose & key deliverables

Purpose

Develop and equip public health leaders with actionable, data-driven insights to improve vaccination rates within their communities

Milestones

PHACT Coalition
launch
Q4 2025

Statewide
hotspot map
Q2 2026

Report with
targeted
recommendations
Q3-4 2026

Q1 2026
D&I WG launch;
initial analyses

Q3 2026
Vaccine
intervention
evidence
synthesis

First priority area: Childhood immunization

Insights

Ongoing activities

Kindergarten vaccination rates are high while under 2 rates lag	Focus initial set of WG activities on <i>Childhood Immunizations</i> measure
Data gaps and low denominators present challenges to county-level heatmapping	Invite additional health plans to participate in WG and contribute aggregated data
Rural regions across California trend lower on vaccine rates	Vet findings with rural community leaders and identify root causes
Root causes vary; broadly categorized as access, hesitancy, and clinical workflows	Conduct novel claims analyses to parse out issues with access vs. hesitancy

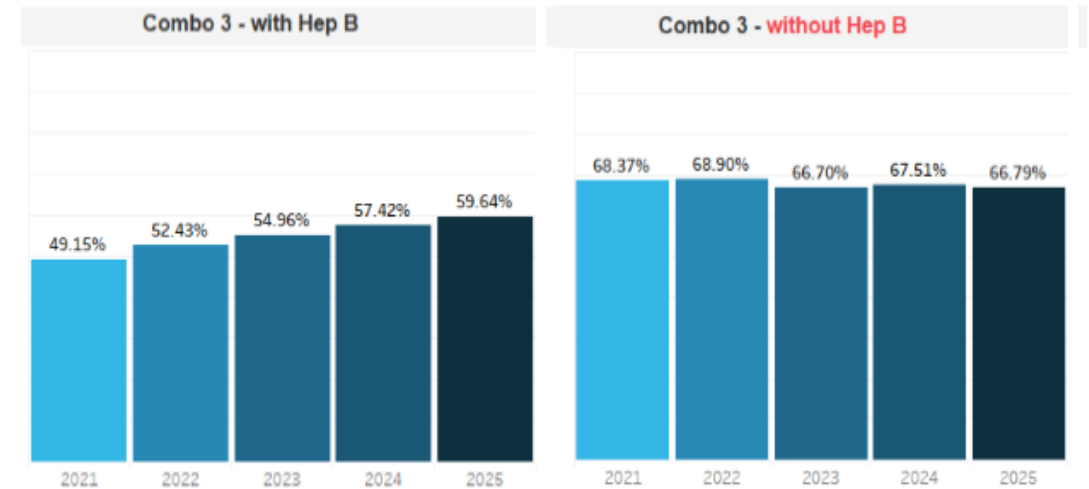
Focus on Combo 3 vaccination rates

- Childhood immunizations before 2 years of age
- Why not **Combo 7 or 10?**
To isolate broader trends from impact of vaccines like flu and rotavirus

Data from CDC National Immunization Survey 2022, n=193				
	24 mo birth cohort		35 mo birth cohort	
Vaccine	Coverage Estimate	95% CI	Coverage Estimate	95% CI
MMR	88.1	78.7 -94.7	91.7	79.8-97.9
IPV	87.9	80.9-93.3	92.1	81.3-97.9
HepB	87.7	81.1-92.8	90.8	81.1-96.7
VZV	87.1	78-93.7	90.9	78.9-97.5
HIB	83.7	76.2-89.9	85.5	77.7-91.7
DTaP	72.7	63.9-80.9	84.5	70.6-94.2
PCV	71.8	62.9-80.2	78.9	67.3-88.5

Preliminary data

- Aggregated Combo 3 data from two health plans
 - Rural counties trend lower, while urban counties with lower rates tend to be inland
 - Priorities: Northern CA & Sierras; Central Valley South; Inland Empire (*aligns with DHCS data*)
- Insights from Blue Shield data
 - Improving data quality manifests in improved performance (e.g. linking HepB birth dose)
 - Lagging individual vaccinations (*aligns with CDC and IHA data*)
 - DTap (4th dose)
 - PCV (4th dose)
 - Rotavirus (narrow admin window)
 - Improving timely well-child visits could be an area of focus



Other insights informing implementation

- Strong opportunity for workflow and **clinical operation improvements**, e.g. QI collaboratives, data strengthening
- In some rural settings, Medi-Cal families have **access**; those on commercial plans can't easily connect with a provider
- Ongoing analyses with Blue Shield cross-tabulating vaccine compliance by well-child visits as proxies for **hesitancy and access**
- What **motivates** providers and systems – Combo10 vs. Combo3?

Proxies for Access vs Hesitancy		Compliant in Immunization Status	
		Yes	No
Compliant in Well Child Visits	Yes	-	Possible Hesitancy
	No	-	Possible Access

D&I next steps and ways to contribute



Expand data inputs

- ❖ *Seeking Combo 3 county-level data to combine with other datasets to improve heatmapping*
-



Conduct analyses to identify root causes of lagging performance

- ❖ *Brainstorming ideas for how to further disaggregate hesitancy vs. access*
-





Vet initial findings with key state & community stakeholders to identify opportunities for partnership and collaborative improvement/intervention

- ❖ *Collecting evidence of promising interventions that have worked across various contexts*

Communications

Update May 28, 2026

Communications Working Group Update

 <p>Leadership & Support Staff</p>	<p>Co-Chairs</p> <ul style="list-style-type: none"> • Barbara Rubino, Covered California • TBD <p>CDPH Liaison</p> <ul style="list-style-type: none"> • Kristal DeKleer, CDPH <p>PHACT Coalition Support</p> <ul style="list-style-type: none"> • Carolyn Smith-Hughes & Matt Brandner, CPR3/UCSF 	
 <p>Working Group Members</p>	<p>County Public Health Officials</p> <ul style="list-style-type: none"> • Los Angeles • Ventura • Humboldt <p>CBOs</p> <ul style="list-style-type: none"> • LA Metro Churches • Community Bridges • Disability Rights CA <p>Health Plans & Purchasers</p> <ul style="list-style-type: none"> • HealthNet • CoveredCA <p>Academia</p> <ul style="list-style-type: none"> • UCLA • UC Berkeley 	<p>Associations & Professional Organizations</p> <ul style="list-style-type: none"> • California Immunization Coalition • ACOG <p>Healthcare Providers</p> <ul style="list-style-type: none"> • Stanford Children's • Health Alliance of Northern California <p>State Agencies</p> <ul style="list-style-type: none"> • CDPH • Office of Community Partnerships & Strategic Communications

Communications WG Objectives

#1

Develop comms strategies & activities

Develop effective communications strategies and activities through listening, learning and data analysis in coordination with other PHACT WGs

#2

Disseminate & amplify aligned messaging

Disseminate and amplify messaging to Coalition partners and the public

#3

Upskill comms approach across state

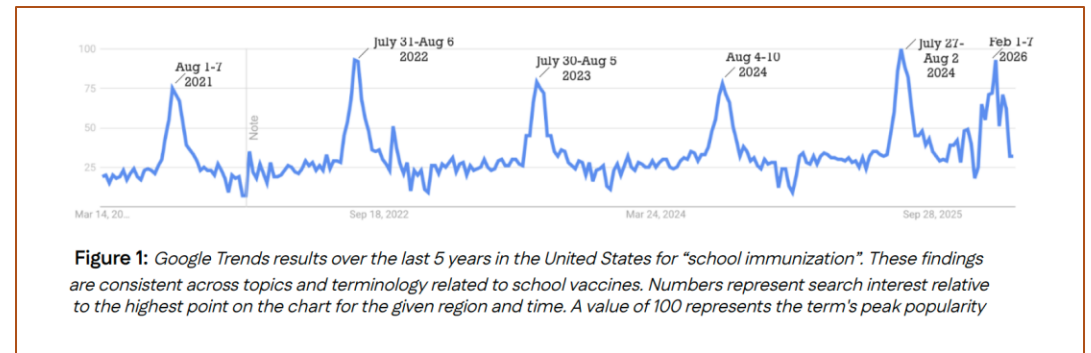
Modernize healthcare communications approach across California

How are we listening and learning?

#1 Develop communications strategies & activities

Develop effective communications strategies and activities through listening, learning and data analysis in coordination with other PHACT WGs

- **In person, collaborative community events** in areas with lower vaccination rates (e.g., Butte County, Inland Empire, Fresno)
- **Social media scraping and online trend analysis** with Public Good Projects (PGP) and Your Local Epidemiologist
- **Data & Implementation, Community Partnerships Working Group** outputs – hotspotting, critical community needs, etc.



Disseminating Aligned Messages & Resources

#2 Disseminate & amplify aligned messaging

Disseminate and amplify messaging to Coalition stakeholders and the public

- Forming an **aligned approach to communicating** about childhood vaccines
- **Responsive to specific needs** identified during community listening sessions
- Identification and amplification of **resources that are flexible for local contexts, tailored** by audience

All elements are central to the Back to School Action Plan

Upskilling Ourselves & Partners

#3 Upskill comms approach across California

*Modernize
healthcare
communications
approach*

- Virtual trainings on best-practice framing for vaccines
 - 2 virtual recorded sessions by FrameWorks Institute
 - Available to PHACT Coalition members
- Clinical Leaders' Summit (May 2026): Aligning for Public Health
 - In-person workshop for health plan leaders in CA
- California Immunization Coalition Summit: June 3-4



Less of this	More of this!
benefits outweighing risks	benefits to
low rates of uptake	our resp
protection from disease	preparation t
how vaccines fight disease	how immune syst

REMOVE PRACTICAL BARRIERS TO ACCESS

“We must make sure that vaccinations are widely available, easy to find, and affordable to everyone. Whether this means changing clinic locations or changing insurance reimbursement policies, we need to remove the barriers that families run into when trying to get kids vaccinated.”

WG Output: Back-to-School Action Plan



- Changes in federal vaccine policy have created widespread confusion
- Strong school vaccine requirements & Back-to-School timing create opportunity to clarify & reinforce vaccine recommendations
- Creation of aligned Back-to-School messages and communication support
- Dissemination plan engages Coalition members as trusted messengers
- Leverages latest learnings & best practices for vaccine communications and framing
- Resources tailored to & adaptable for different audience types & needs

Guiding Principles Anchor the Action Plan



PREPARE

- Prepare for questions about vaccines.
- Encourage families to plan for back-to-school.
- Promote well-child visits for all the kids.



LISTEN

- Acknowledge questions and concerns.
- Pivot to clear explanations about how vaccines support healthy school communities.



CONNECT

- Explain how vaccines make it harder for diseases to spread in schools.
- Focus on how vaccines help prepare kids' immune systems.



INFORM

- School vaccine requirements are unchanged.
- Recommended vaccines are covered by insurance.
- No-cost options are available.

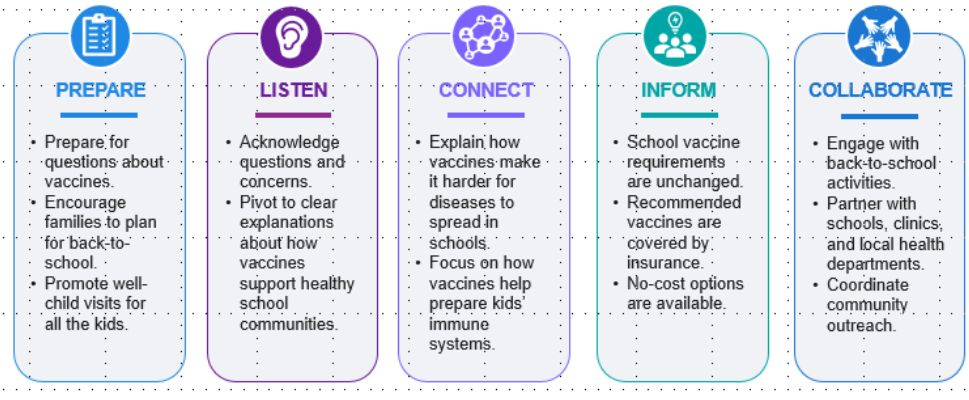


COLLABORATE

- Engage with back-to-school activities.
- Partner with schools, clinics, and local health departments.
- Coordinate community outreach.

Action Plan & Core Components

Guiding principles



FAQ-based guides for parents & clinicians

Parent's Guide to Back-to-School Vaccines

Q. Why is my child required to get vaccines before starting school?

Getting well-child vaccines on time helps kids stay healthy and allows them to focus on growing and learning at school. Schools bring children together to learn, play, and spend time in close contact with one another. Because contagious diseases can spread quickly in shared spaces like classrooms and playgrounds, schools require routine childhood vaccines to help keep student healthy and learning.

Q. Why is it important to stay up to date with vaccinations?

Vaccinations teach children's immune systems to recognize and resist contagious diseases. Vaccines are like training manuals for your body. They teach your child's immune system how to recognize and resist a specific illness. It's important that children and teens receive vaccinations on schedule so they can stay healthy and ready to learn.

Clinician's Guide to Back-to-School Vaccines

Q. Why am I hearing so many questions about back-to-school vaccine requirements this year?
Recent federal uncertainty around vaccine policy has led to higher levels of public interest earlier than usual. California's school vaccine requirements have not changed. CDPH has information for parents in a number of different languages: [Resources for Parents](#).

- Promote the many important benefits of vaccines at all levels in your health care delivery team.
- Send patients personalized reminders from their doctor talking about the benefits of vaccines.
- Consider taking advantage of the back-to-school season by encouraging vaccination for younger siblings at the same visit.

Q. Will school and daycare vaccine requirements change in California due to shifts in federal vaccine policy?

California's school vaccine requirements have not changed. All vaccines recommended by CDPH, including those required for childcare or school, continue to be **covered by insurance** in California. For more information on school vaccine requirements, visit [ShotsforSchool.org](#). For information and support for parents, including information in a range of languages, see the [Resources for Parents here](#).

Q. Are CA school requirements different from AAP recommendations?

Both CDPH and the American Academy of Pediatrics (AAP) recommend additional vaccines beyond CA

Links to resources for a range of needs & audiences

All About the Immunization
Your pediatrician cares about your child's health and development. To help keep kids healthy, they follow the American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule.

Talking with Vaccine Hesitant Parents
Nearly all pediatricians encounter parents who want to do what is best for their child – even if it means asking questions about vaccines. Every parent is different and not all methods of communication are the same. Following are methods you can try to reassure parents in some circumstances. To be successful, you should:

- Listen to parents' concerns and acknowledge them in a non-confrontational manner. Their concerns will increase their willingness to listen to your views.
- Promote partnerships with parents in decision-making and personalize these important information first. Make sure the parent understands the information correct beliefs about immunization and modify misconceptions.
- Encourage parents to think about vaccines as software updates for your cell phone. Your immune system to stay healthy to respond to germs.
- Explain where disinformation about vaccines comes from and identify who benefits from it.
- Be open about what is known about immunizations and what is not known. Provide parents with Vaccine

STANDING ORDERS FOR Administering Measles, Mumps, and Rubella Vaccine to Children and Teens

Purpose
To reduce morbidity and mortality from measles, mumps, and rubella by vaccinating all children and teens who meet the criteria established by CDC's Advisory Committee on Immunization Practices (ACIP) and published in MMWR on the following dates: June 14, 2013, January 12, 2018, and November 18, 2022.

Policy
Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for vaccination and to vaccinate children and teens who meet any of the criteria below.

Procedure
1. Assess Children and Teens for Need of Measles, Mumps, and Rubella (MMR) Vaccination based on the following criteria:

- Age 12 months or older with either a) no documentation of any prior MMR vaccine or b) documentation of only 1 dose of MMR vaccine given when younger than age 12 months
- Age 4 years or older with no documentation of two doses of MMR vaccine

Back-to-School Action Plan: Coming Soon

1. The Back-to-School Action Plan will be shared with PHACT Coalition
2. Develop organizational approach to messaging for back-to-school
 - Think about your unique audience
 - Work through other trusted voices that resonate in your community
3. Start early! Engage with local partners to promote back-to-school vaccine outreach
4. Reach out to the PHACT Coalition if you have questions or if your community faces challenges that you would like help addressing



Working Group Roundtable Discussion

Engagement Opportunities for Coalition Members

- Engage community partners to evaluate aggregated findings from the Data & Implementation Working Group
- Identify trusted community messengers and local partnership networks
- Support organizations that strengthen outreach, trust, and community connection
- Share the PHACT Coalition Back to School Action Plan with your network (coming soon!)



CDPH

California Department of
Public Health

Collaborative for
Public Health Research



University of California
San Francisco

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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

5/22/2026



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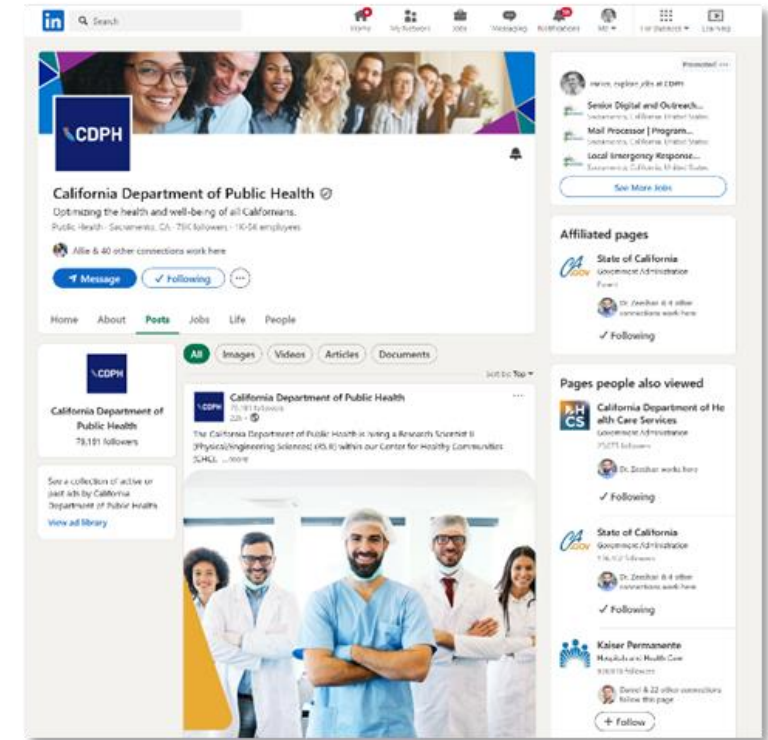
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