

San Diego Immunization Coalition Presents

Inhale **Immunize** *Innovate*

*21st Annual
Kick the Flu⁺2
Summit*

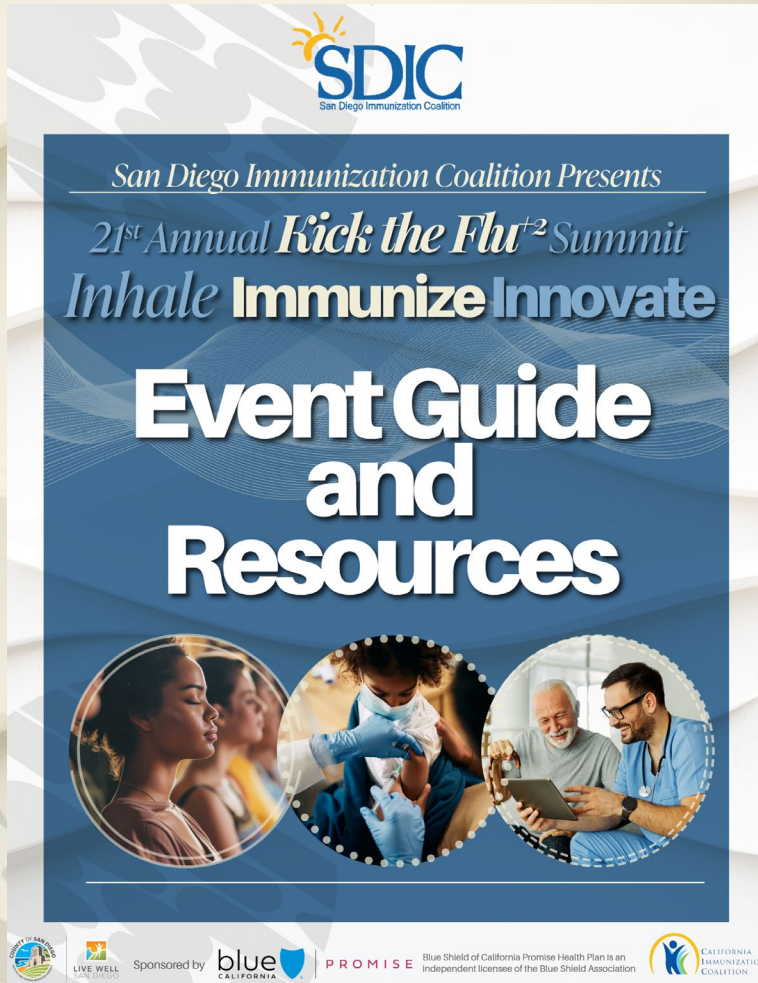


September 10, 2025

Mission

The mission of SDIC is to increase immunization rates and improve the health of the residents of San Diego County by raising awareness and providing education about vaccine-preventable diseases

Digital Resource Guide



Agenda

8:30 – 9:00	Posters, Networking, and Exhibits
9:00 – 9:15	Formal Welcome and Announcements
9:15 – 9:25	Public Health Officer Greeting
9:25 – 9:50	What's New with the Flu +2?
9:50 – 10:05	2024 – 2025 San Diego County Respiratory Virus Surveillance
10:05 – 10:15	State Influenza Vaccine Program Award Presentation
10:15 – 10:35	BREAK
10:35 – 10:45	California Immunization Coalition Greeting and Award
10:45 – 11:05	Exploring Influenza Vaccine Acceptance in the U.S.-Mexico Border Region
11:05 – 11:25	Vaccines on Wheels: Redefining Access Through Mobile Pharmacies
11:25 – 12:05	Vaccinating Against Mistrust: The Role of Providers in Restoring Confidence Panel Q&A
12:05 – 12:20	SDIC Partner Announcements
12:20– 12:30	Announcements and Closing Remarks
12:30 – 1:00	Posters, Networking, and Exhibits

What's New with the Flu +2?



Pia Pannaraj, MD, MPH

*Pediatric Infectious Disease Specialist, UCSD & Rady Children's Hospital
President of California Immunization Coalition*

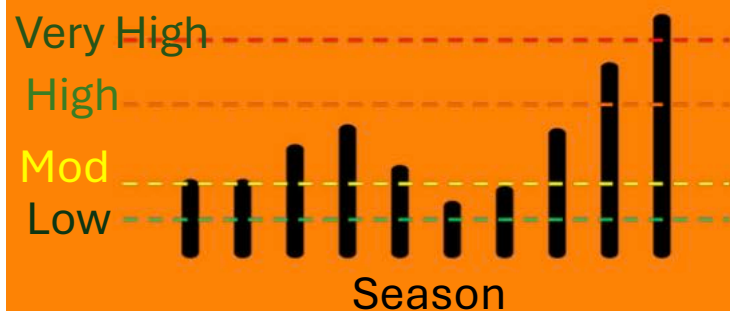
What's new with the flu +2?

Pia S. Pannaraj, MD, MPH
Professor of Pediatrics
Division of Infectious Diseases
University of California San Diego

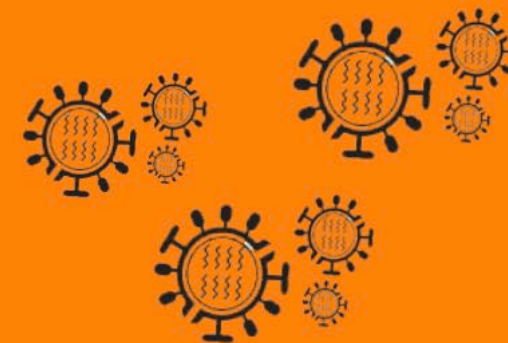
Disclosures

None

Preliminary* In-Season Flu Severity Assessment for the U.S. 2024-2025 Season (October 1, 2024, through May 17, 2025)



High
across all ages



CDC Classification of Flu Severity

- Influenza-like illness (ILI) visits
- Rates of flu-related hospitalizations
- Percentages of deaths resulting from flu

Biggerstaff M, et al. Am J Epidemiol
2018;
<https://www.cdc.gov/flu/php/surveillance/in-season-severity.html>

Emergency Department Visits for Influenza

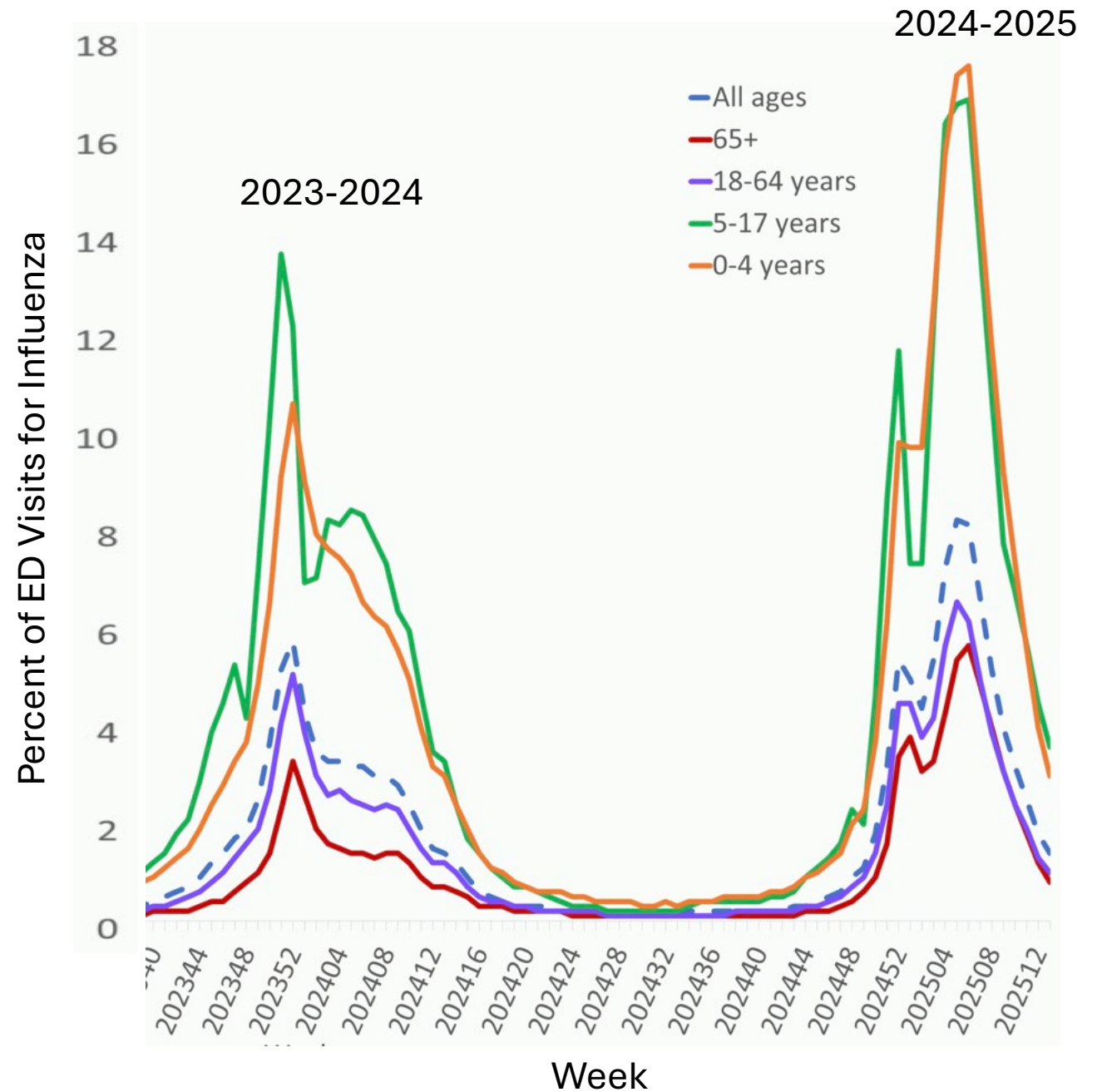
Oct 2024-May 2025

21 Million -
37 Million

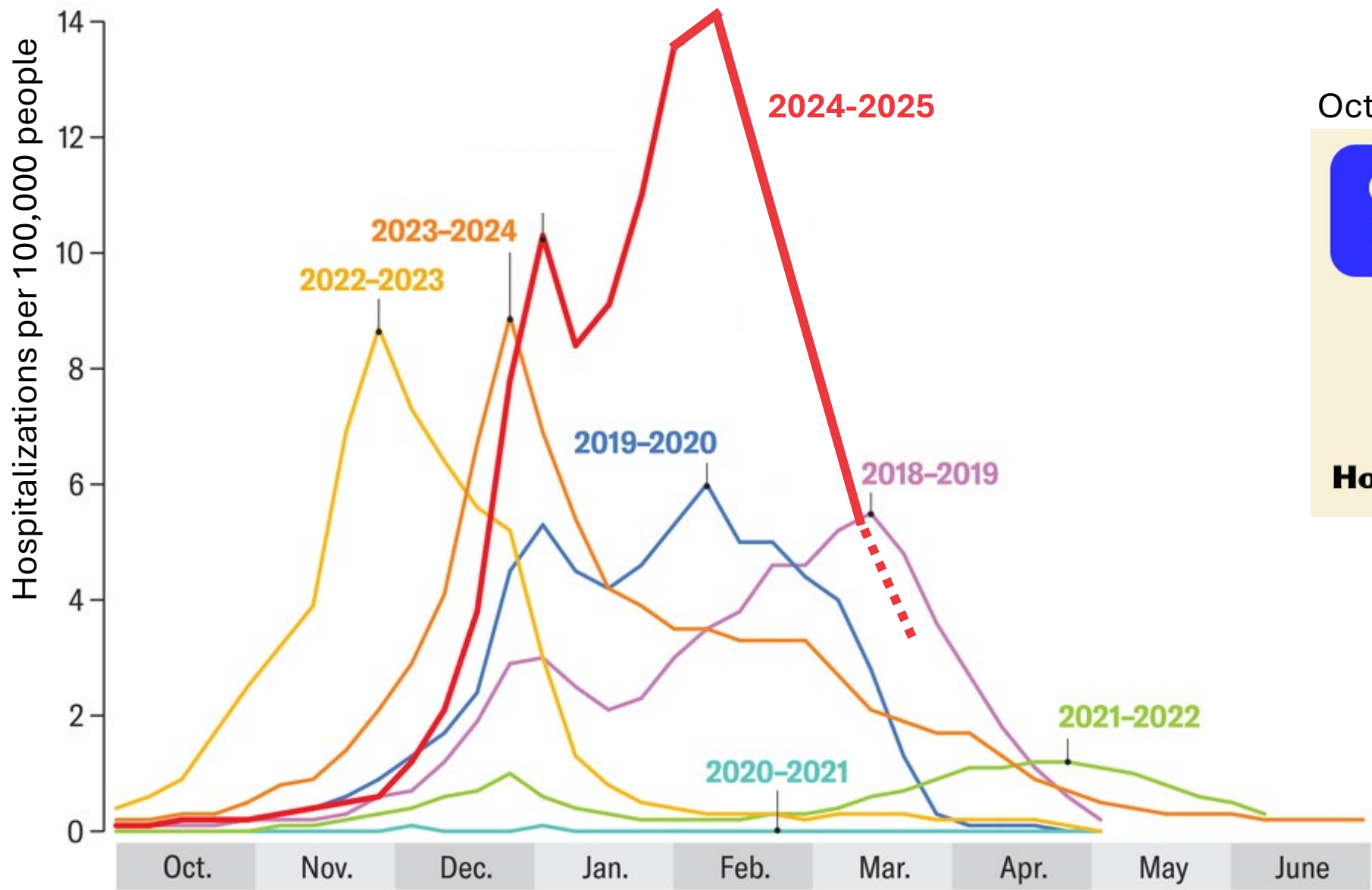


**Flu
Medical Visits**

<https://www.cdc.gov>



Flu Hospitalizations 2018-2025



Oct 2024-May 2025

**610,000 -
1.3 Million**



**Flu
Hospitalizations**

<https://www.cdc.gov/resp-net/dashboard/index.html>

Influenza Deaths, all ages

Oct 2024-May 2025

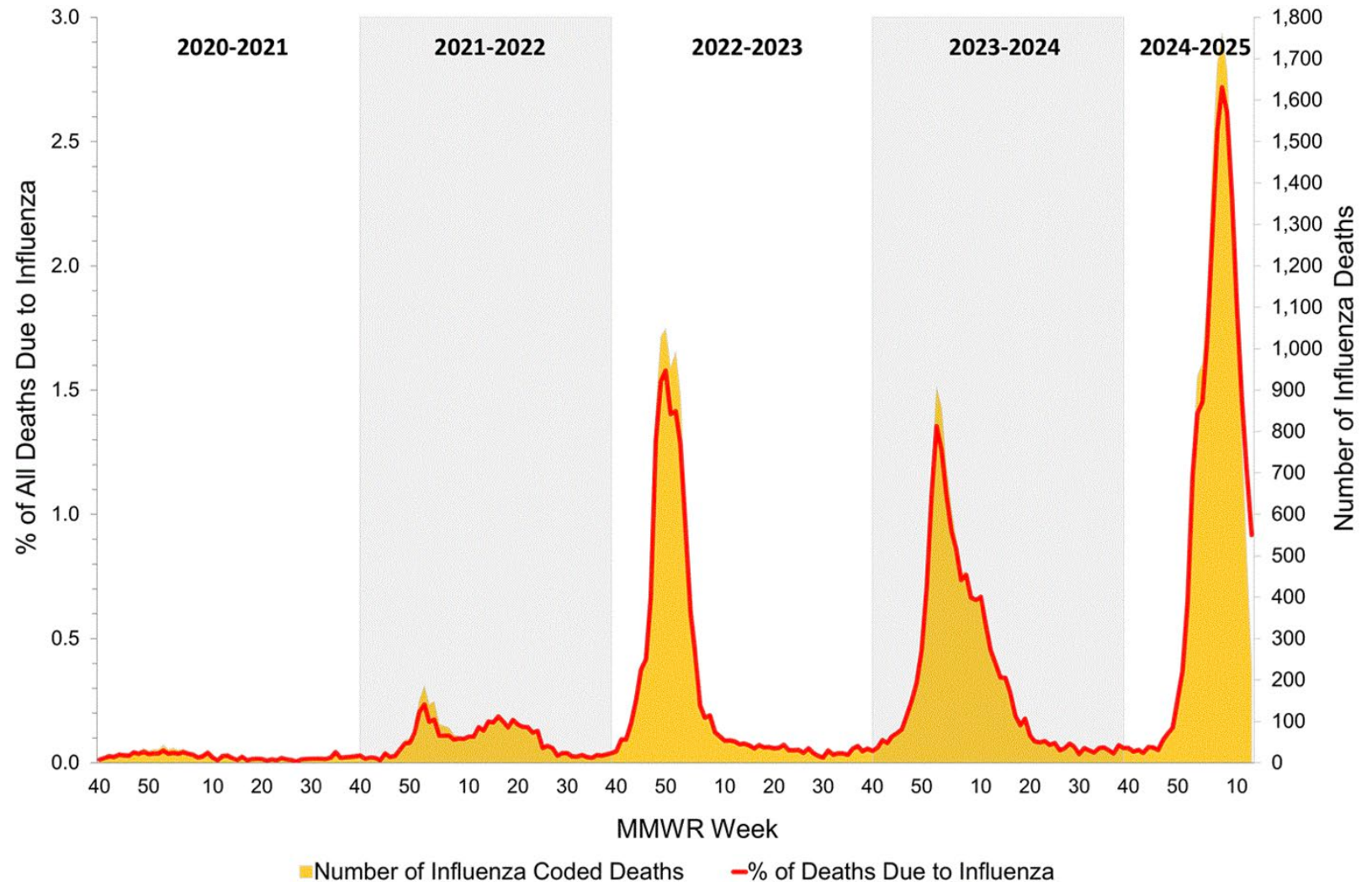
27,000 -
130,000



**Flu
Deaths**

CDC.gov

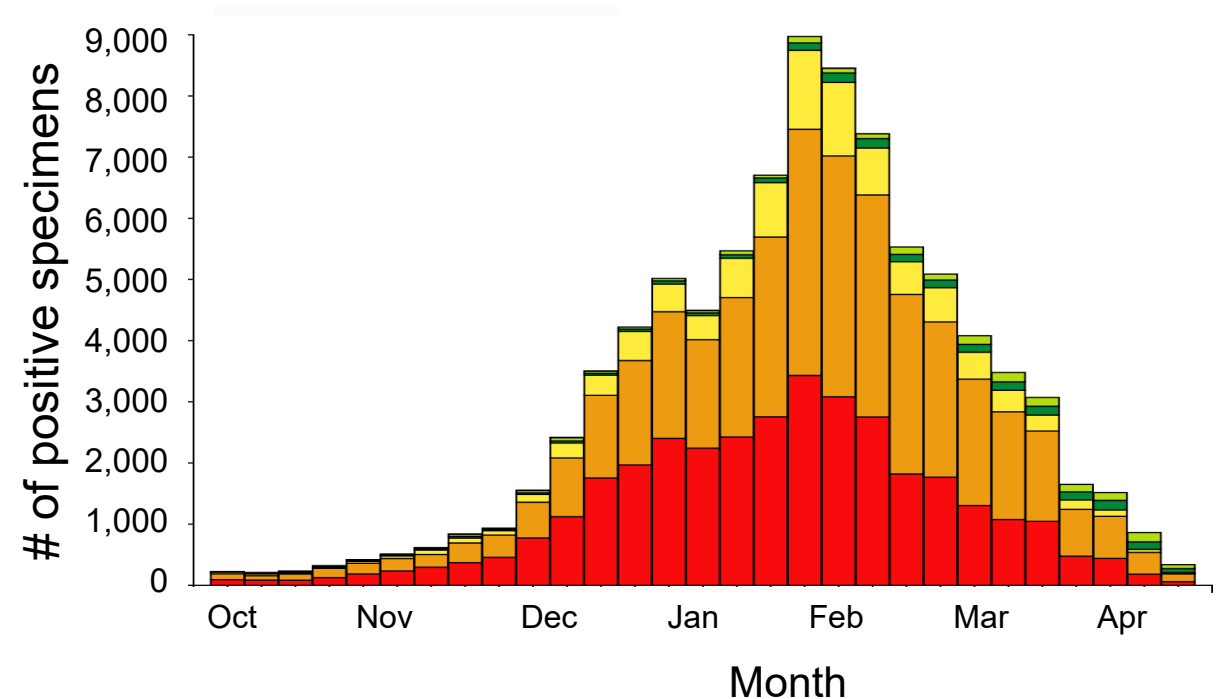
Influenza Mortality from the National Center for Health Statistics Mortality Surveillance System Data as of April 3, 2025



Why was the 2024-25 Flu season so severe?

Theories:

- **Circulation of both Flu A H3N2 and H1N1 strains**
 - Both highly transmissible
 - H3N2 mutates more frequently compared to other Flu strains

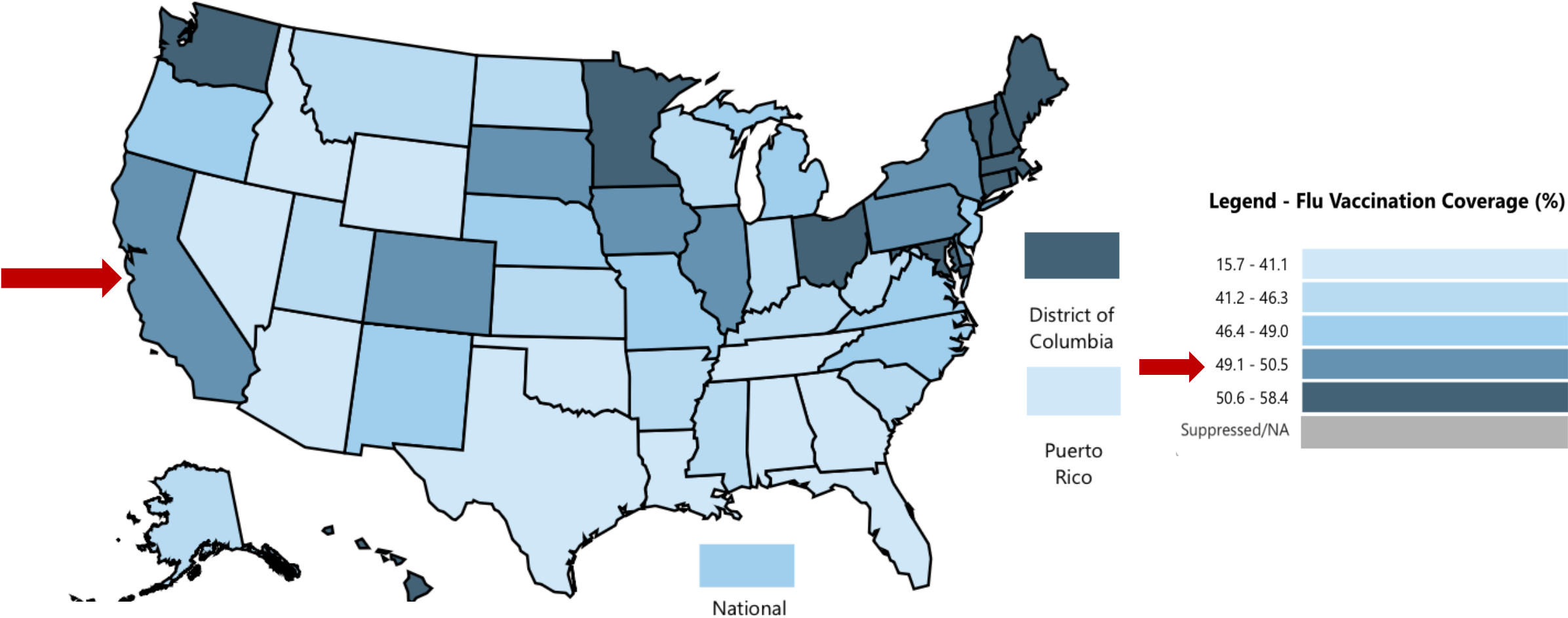


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- **Flu vaccination rates ↓ since COVID pandemic**

Influenza Vaccination Coverage, U.S. (as of Apr 12, 2025)

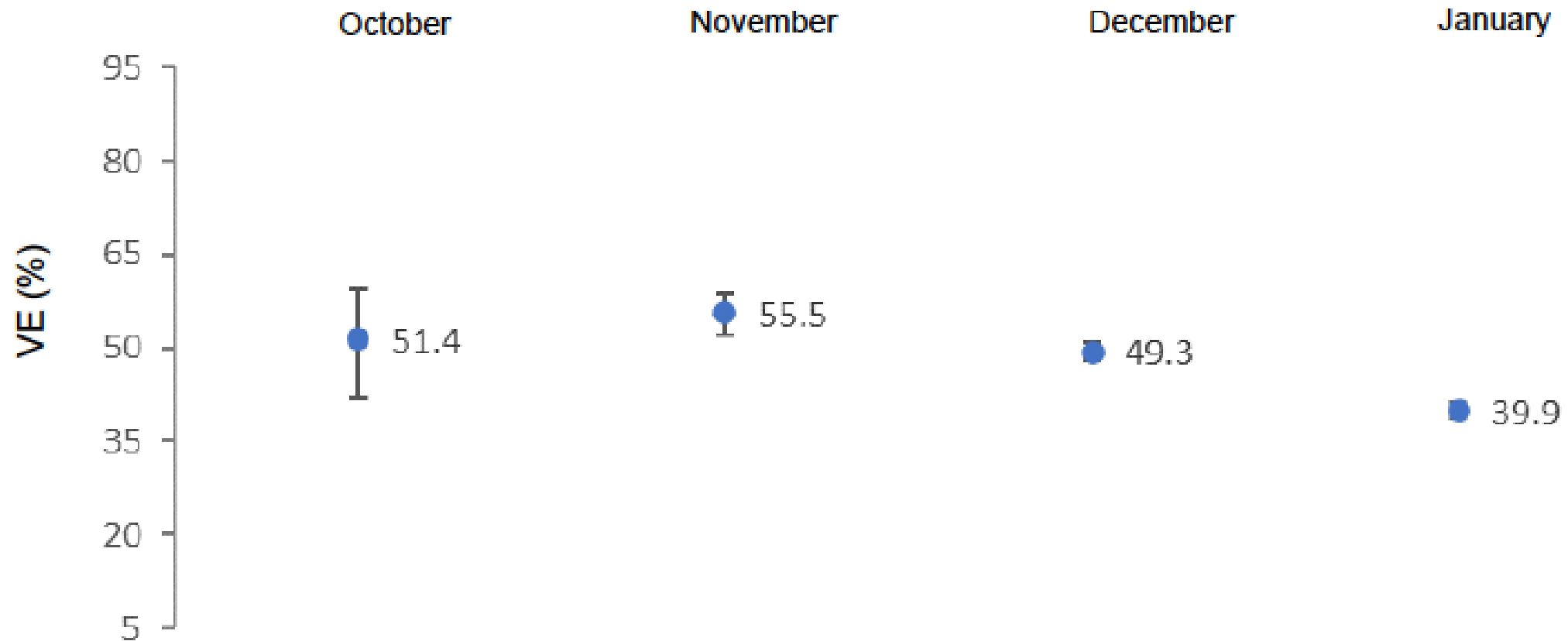


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- Flu vaccination rates ↓ since COVID pandemic
- **Late start to the season and vaccine protection wanes over time**

Vaccine effectiveness by month of influenza test California 2024–2025



Why was the 2024-25 Flu season so severe?

Theories:

- Late start to the season and vaccine protection wanes over time
- Circulation of both Flu A H3N2 and H1N1 strains
 - Both highly transmissible
 - H3N2 mutates more frequently compared to other Flu strains
- Flu vaccination rates ↓ since COVID pandemic
- **Less immunity after several years of social distancing and lower flu incidence**

Influenza Vaccine

Recommended for
all persons aged ≥ 6
months



2025-26 Influenza Vaccine Composition

(*updated)

Egg-based

- A/Victoria/4897/2022 (H1N1)pdm09-like virus
- A/Croatia/10136RV/2023 (H3N2)-like virus*
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus

Cell-based

- A/Wisconsin/67/2022 (H1N1)pdm09-like virus
- A/District of Columbia/27/2023 (H3N2)-like virus*
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus

Home LAIV Vaccine

- Sept 2024: FDA approved home LAIV
 - Adults may self-administer
 - Caregivers may administer to children 2-17y
- Online application
 - Reviewed by centralized pharmacy for eligibility
 - LAIV mailed to patient's home with instructions
 - Adult/Caregivers attest electronically that vaccine has been administered
 - Pharmacy notifies patient's physician (if info provided) and enters into state immunization registry



Photo Source: VacineNation

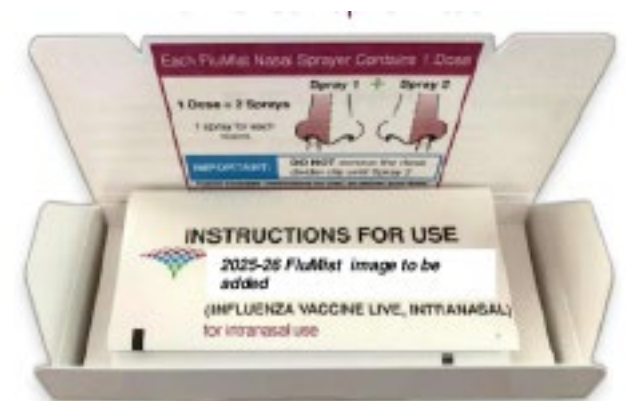


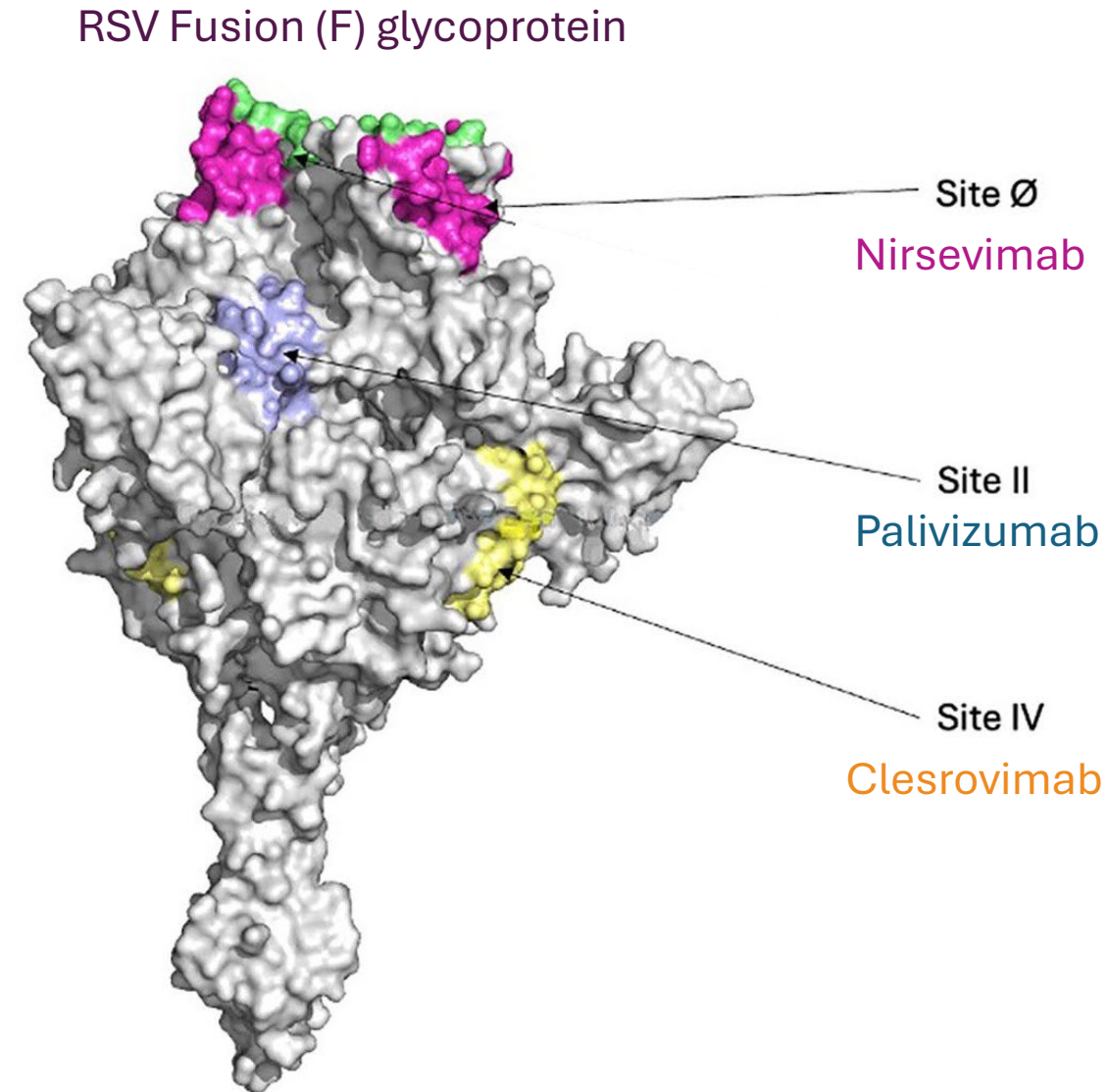
Photo Source: ACIP Apr 2025

Home LAIV – Logistical considerations

- Package insert revised to instruct vaccine recipient or caregiver to seek immediate medical attention if any acute allergic reaction
- Accidental partial dose administration
 - Prior to September 1, central pharmacy will ship a second dose of vaccine in 30 days for home administration
 - After September 1, patient advised to receive a dose of injectable flu vaccine at their local pharmacy or medical provider.
- Not covered as part of Vaccines for Children in 2025-2026
- Privately insured patients may pay an administrative fee

RSV: Clesrovimab

- Newly approved long-acting monoclonal antibody against RSV
- Same dose for all infants regardless of weight (105mg)



Clesrovimab vs. nirsevimab

- Recommendations same for infants <8m born during or entering first RSV season (Oct-Mar)
 - No preferential recommendation
- Only nirsevimab recommended for children ages 8-19m at ↑ risk of severe RSV disease and entering their second season
- Palivizumab is no longer recommended

AAP continues to publish its own vaccine recommendations after CDC advisers sow distrust



1934



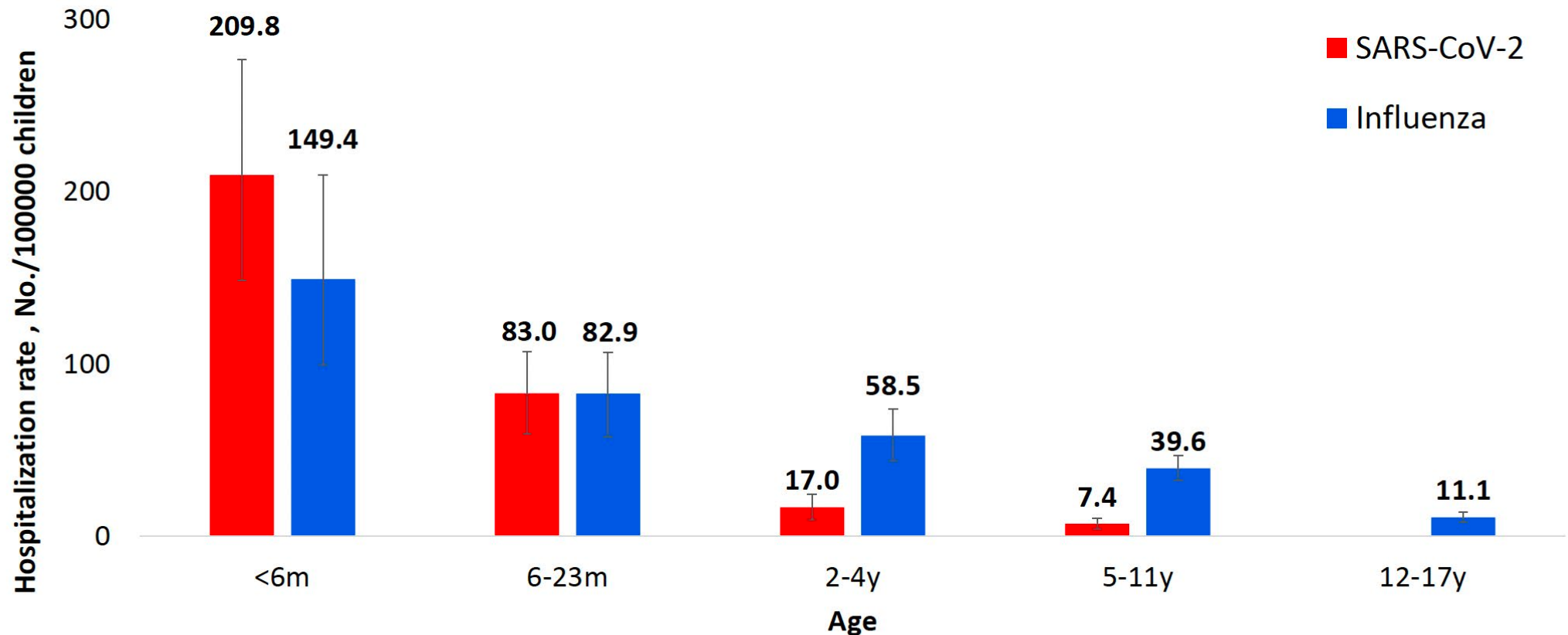
TODAY

New COVID-19 vaccine recommendations, 2025-26

Age 6-23 months - Universal vaccination

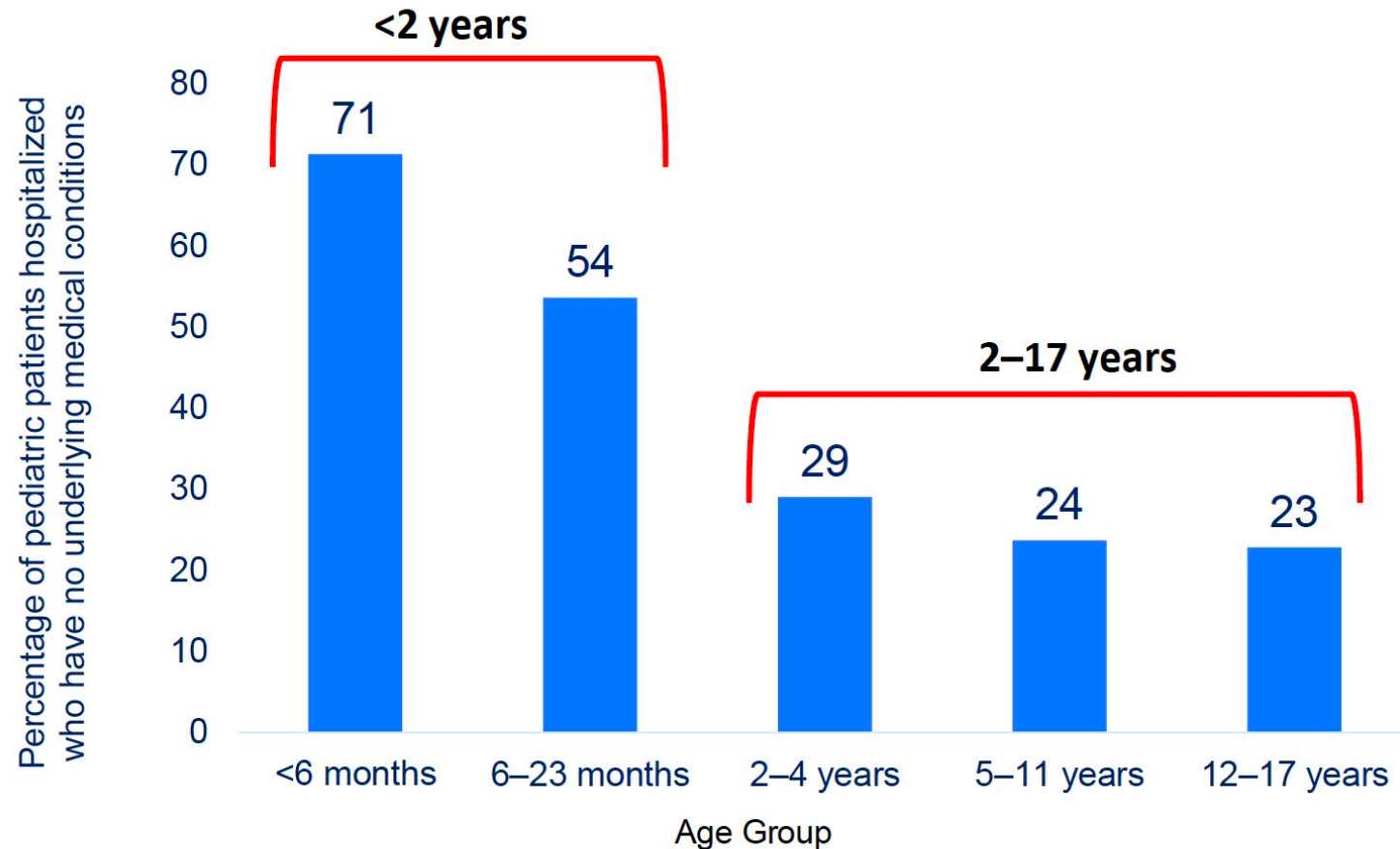
- Unvaccinated → primary series.
- Vaccinated but did not complete their initial vaccine series → complete primary series.
- Vaccinated and completed primary series → single dose, administered at least 8 weeks after the last dose.
- Previous SARS-CoV-2 infection → same recommendations.

The highest rates for COVID-19 in the New Vaccine Surveillance Network were observed in infants <6 months of age.



Pediatric COVID-19 and influenza hospitalization rates among children <18 years, New Vaccine Surveillance Network (NVSN), July 2024- March 2025. Rate estimates with standard error >30 due to few detections are not presented. Annual rates presented July – June of each season, with exception of 2024-2025, which represents July 2024 – March 2025. NVSN, unpublished data

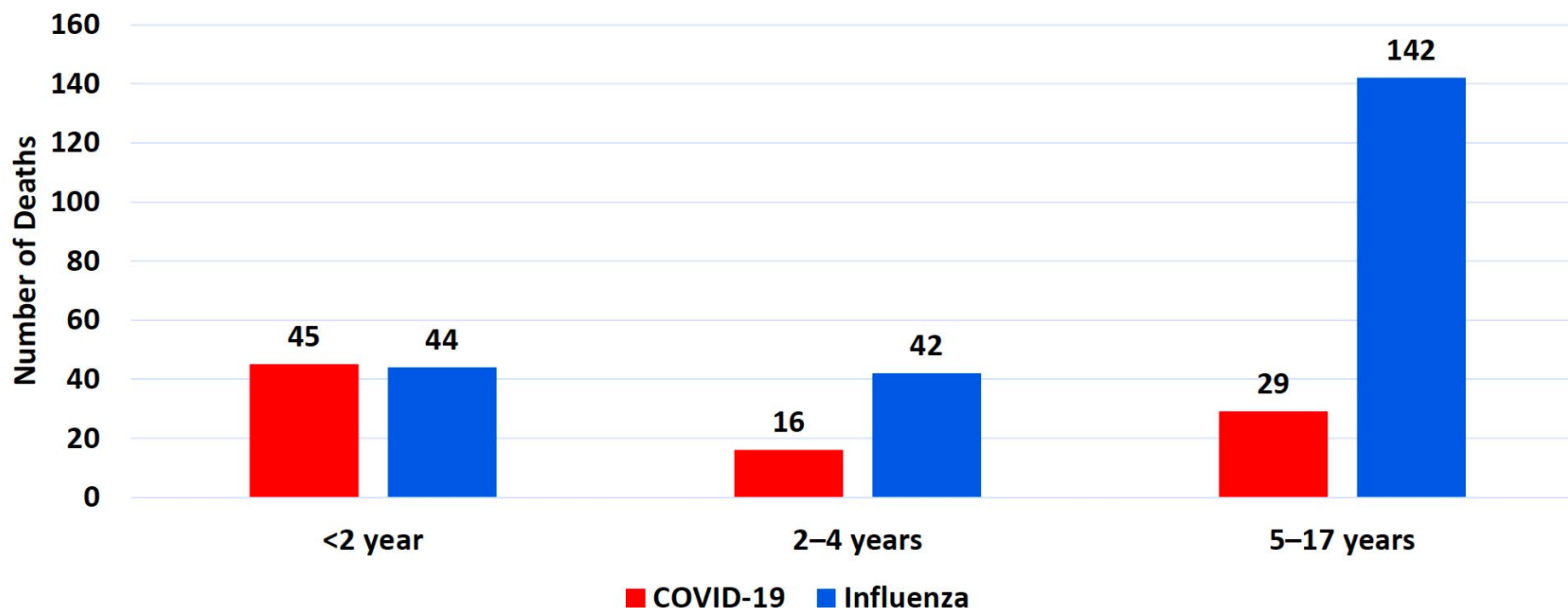
Proportion of children hospitalized for COVID-19 who had no underlying medical conditions



Most hospitalized children ages <2 years did not have any underlying medical condition.

Figure displays the weighted percent of children and adolescents hospitalized for COVID-19 with no underlying medical conditions, by age group — COVID-NET, April 2024–March 2025. Hospitalizations are limited to those with COVID-19 as the presenting complaint upon admission. Pregnant adolescents ages 15–17 years are excluded from proportions presented.

Total number of **COVID-19**- and Influenza-associated deaths^{1,2}, among ages 0–17 years in July 2024–June 2025, United States



1. Provisional data

2. Underlying cause of death Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Underlying Cause of Death Files, provisional data for 2024 and provisional and partial data from 2025, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death. <http://wonder.cdc.gov/mcd-icd10-provisional.html>, accessed June 20, 2025

Note: Estimates of pediatric influenza deaths reported to CDC can be found here: <https://www.cdc.gov/fluview/surveillance/2025-week-15.html>. Estimates will vary due to differences in reporting methods and timeframes used.

New COVID-19 vaccine recommendations, 2025-26

Age 2-18 years – Risk Based

- Single dose of age-appropriate COVID-19 vaccine for all children in the following risk groups:
 - Persons at high risk of severe COVID-19
 - Residents of long-term care facilities or other congregate settings
 - Persons who have never been vaccinated against COVID-19
 - Persons with household contacts who are at high risk for severe COVID-19

Underlying Condition or Treatment with Common Examples	
Chronic pulmonary disease	Asthma/reactive airway disease Chronic lung disease of prematurity Compromised respiratory function (eg abnormality of airway, tracheostomy, or ventilator dependent)
Cardiovascular disease	Congenital heart disease
Gastrointestinal disorders	Feeding tube dependent Inflammatory bowel disease
Hepatic disease	Chronic liver disease
Hematologic disease	Sickle cell disease
Metabolic disorders	Diabetes mellitus
Obesity	BMI ³ the 95 th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy Epilepsy Intellectual developmental disorder Compromised mobility (eg wheelchair dependent)
Immunosuppressive conditions ^c	Receipt of immunosuppressive therapy Primary immunodeficiency HIV infection Receipt of hematopoietic cell transplant or solid organ transplant
Rheumatologic, autoimmune disease	Systemic Lupus Erythematosus Juvenile idiopathic arthritis

Additional recommendations

- Children who are moderately or severely immunocompromised require at least 2 doses
- Children 2 -18 yo whose parent/guardian desires protection → single dose of age-appropriate COVID-19 vaccine
- Use any available COVID-19 vaccine appropriate by age and health status that is FDA-approved or EUA

ACOG Releases Updated Maternal Immunization Guidance for COVID-19, Influenza, and RSV

Washington, D.C.—Today, the American College of Obstetricians and Gynecologists (ACOG) released updated clinical guidance regarding vaccination during pregnancy against COVID-19, influenza, and RSV. The three guidance documents, all of which recommend maternal immunization, lay out the full body of current scientific evidence that underscores the safety and benefits of choosing to be vaccinated against these respiratory conditions during pregnancy.

ADVERTISEMENT



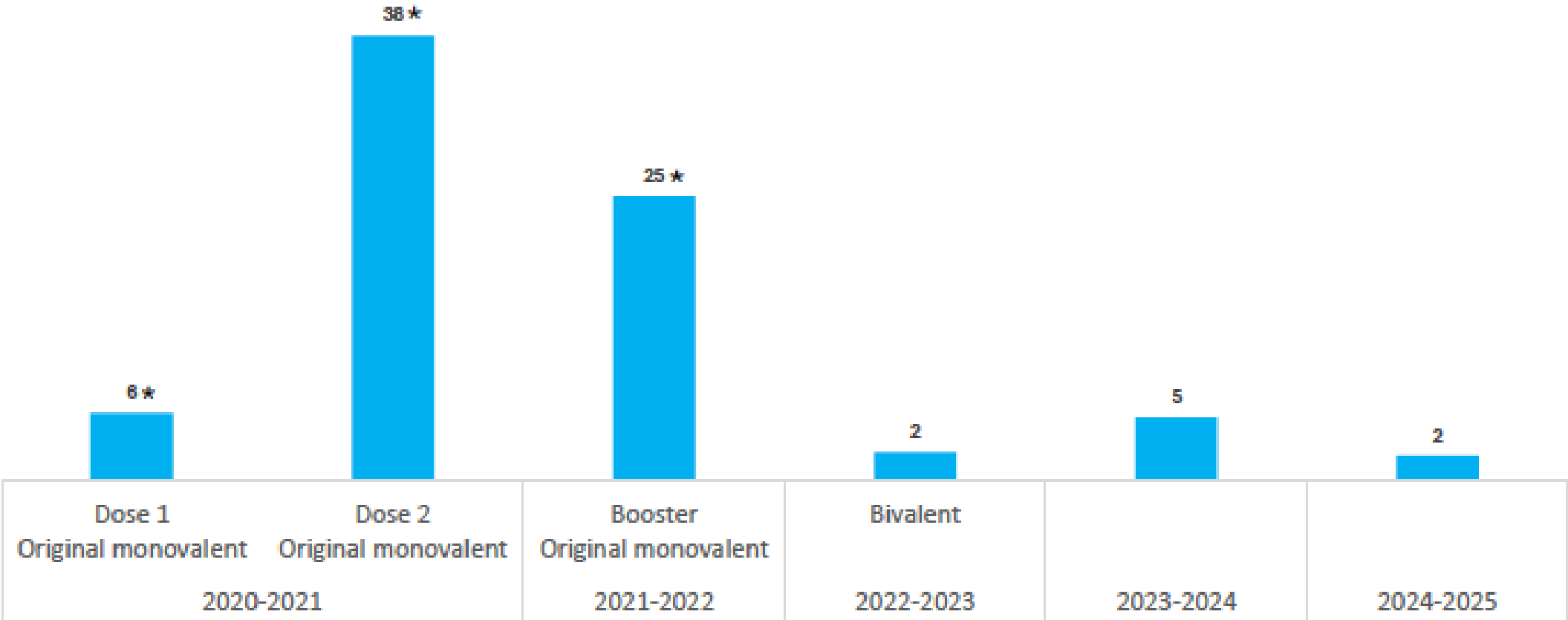
Additional adult guidelines coming soon

- Infectious Diseases Society of America
- American Academy of Family Physicians



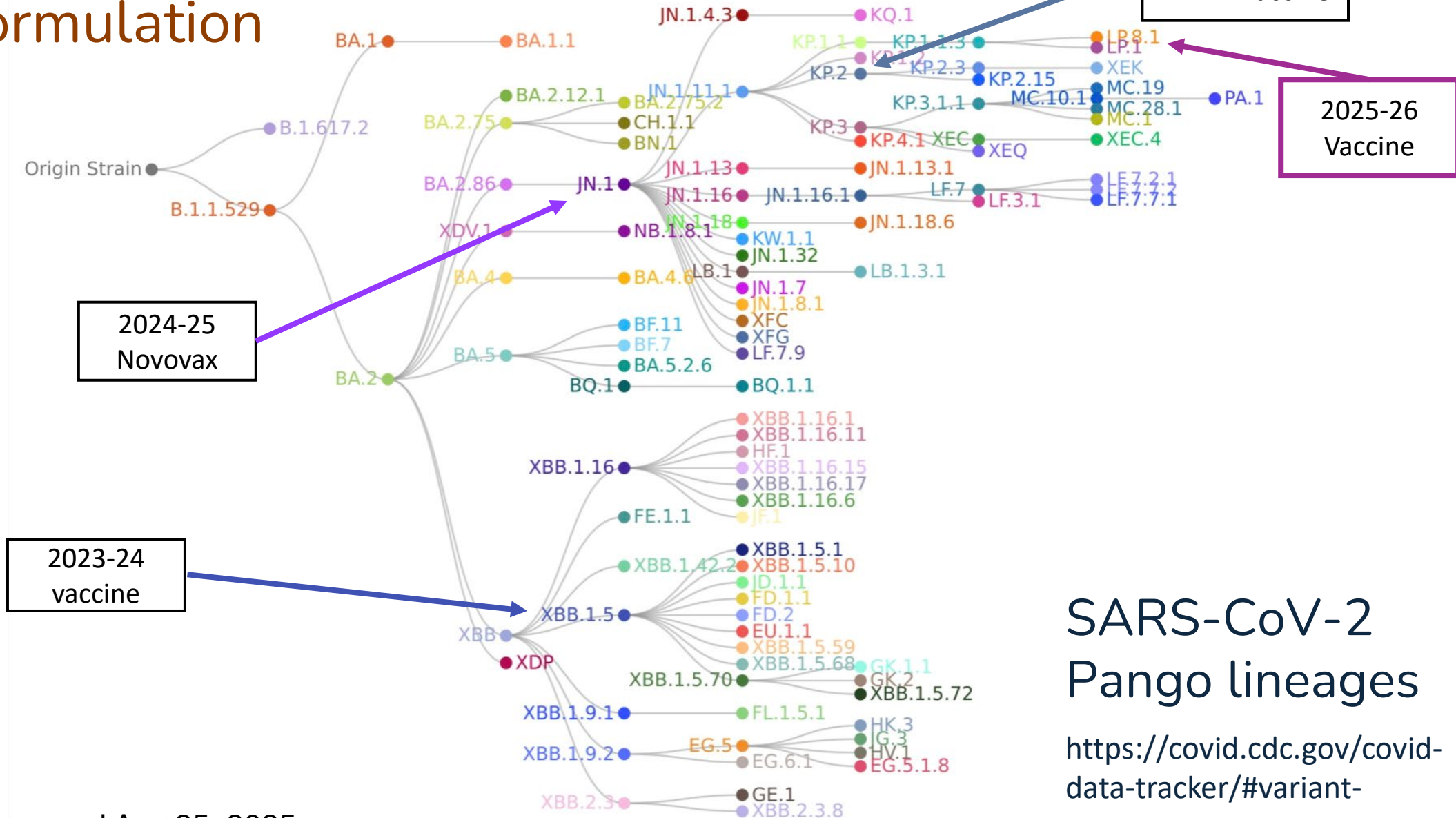
Myocarditis following mRNA COVID-19 vaccination among people ages 12–39 years in the Vaccine Safety Datalink

Incidence of myocarditis within 7 days of vaccination per million mRNA vaccine doses administered



*Statistically significant increased rate ratio in vaccinated concurrent comparator analysis
Source: CDC Immunization Safety Office, unpublished data

New 2025-26 COVID-19 Formulation



Accessed Aug 25, 2025

SARS-CoV-2
Pango lineages

<https://covid.cdc.gov/covid-data-tracker/#variant-summary>

FDA approvals

8/27/25

- Moderna – 6m +
 - Pfizer – 5y +
 - Novavax – 12y +
- with ≥ 1 high risk condition

CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe Covid-19

Asthma

Cancer
Hematologic malignancies

Cerebrovascular disease

Chronic kidney disease*
People receiving dialysis

Chronic lung diseases limited to the following:
Bronchiectasis
COPD (chronic obstructive pulmonary disease)
Interstitial lung disease
Pulmonary embolism
Pulmonary hypertension

Chronic liver diseases limited to the following:

Cirrhosis
Nonalcoholic fatty liver disease
Alcoholic liver disease
Autoimmune hepatitis

Cystic fibrosis

Diabetes mellitus, type 1

Diabetes mellitus, type 2*

Gestational diabetes

Disabilities‡, including Down's syndrome

Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)

HIV (human immunodeficiency virus)

Mental health conditions limited to the following:

Mood disorders, including depression
Schizophrenia spectrum disorders

Neurologic conditions limited to dementia‡ and Parkinson's disease

Obesity (BMI >30 or ≥ 95 th percentile in children)

Physical inactivity

Pregnancy and recent pregnancy

Primary immunodeficiencies

Smoking, current and former

Solid-organ or blood stem-cell transplantation

Tuberculosis

Use of corticosteroids or other immunosuppressive medications

* Indicates presence of evidence for pregnant and nonpregnant women.

‡ Underlying conditions for which there is evidence in pediatric patients.

Payment considerations

- Insurance companies are required to cover vaccines listed in the CDC's immunization schedules, including shared clinical decision-making recommendations
- Payers also can choose to cover broader uses than what the ACIP and CDC recommend, including off-label use
- Discussions with insurance companies are ongoing
- ACIP are expected to vote on VFC coverage of COVID vaccines during the Sep 18-19 meeting

Liability considerations

Protection for clinicians prescribing COVID vaccine, even if off-label

- Malpractice law principles
 - A lawsuit would have to show the physician deviated from the standard of care
 - Following AAP guidance would be a strong defense that the physician acted within accepted standards
- PREP Act – broad immunity from state and federal liability
 - Although some court decisions have narrowed protection and immunity is not guaranteed

Take action



- ACIP meeting Sept 18-19
- ACIP public comments accepted until Sept 13
 - Your perspective, personalized story, etc
 - All comments are posted on <https://www.regulations.gov>
 - Calls attention to the issues for your representatives
 - Educates the public



IDSA Take Action



Thank you for all that you do!



Pediatric Immunization
Advancement
www.pialab.org

UC San Diego

For more information:

American Academy
of Pediatrics



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COALITION



Vaccine Integrity Project



**Your Local
Epidemiologist**



**Children's Hospital
of Philadelphia®**

Vaccine Update for
Healthcare Professionals

2024 – 2025 San Diego County Respiratory Virus Surveillance Summary



Danelle Wallace, MPH
Senior Epidemiologist

Epidemiology & Immunizations Services Branch – Public Health Services

2024-2025 San Diego County Respiratory Virus Surveillance



LIVE WELL
SAN DIEGO



Danelle Wallace, MPH

Senior Epidemiologist

Epidemiology and Immunization Services Branch, County of San Diego Health and Human Services Branch

Presented at the 2025 Kick the Flu Meeting – September 10, 2025

[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)



Respiratory Viruses in the News – 2024/2025



CNN · 4d · on MSN

Covid-19 vaccine policy changes raise questions and concerns for US adults as summer wave ramps up

As Covid-19 transmission ramps up in the United States, recent changes to federal vaccine guidance have left many Americans ...



GENERAL MEDICINE

Influenza Vaccine Uptake Decreased Among US Adults From 2020 to 2024

July 22, 2025

COVID, flu and RSV become more prevalent during the holidays: Here's what you can do



Anthony Maenza
York Dispatch

Dec. 19, 2024 | Updated Dec. 22, 2024, 12:14 p.m. ET



A fifth unvaccinated San Diego County teenager has died from the flu

Overall death toll ahead of two previous years combined

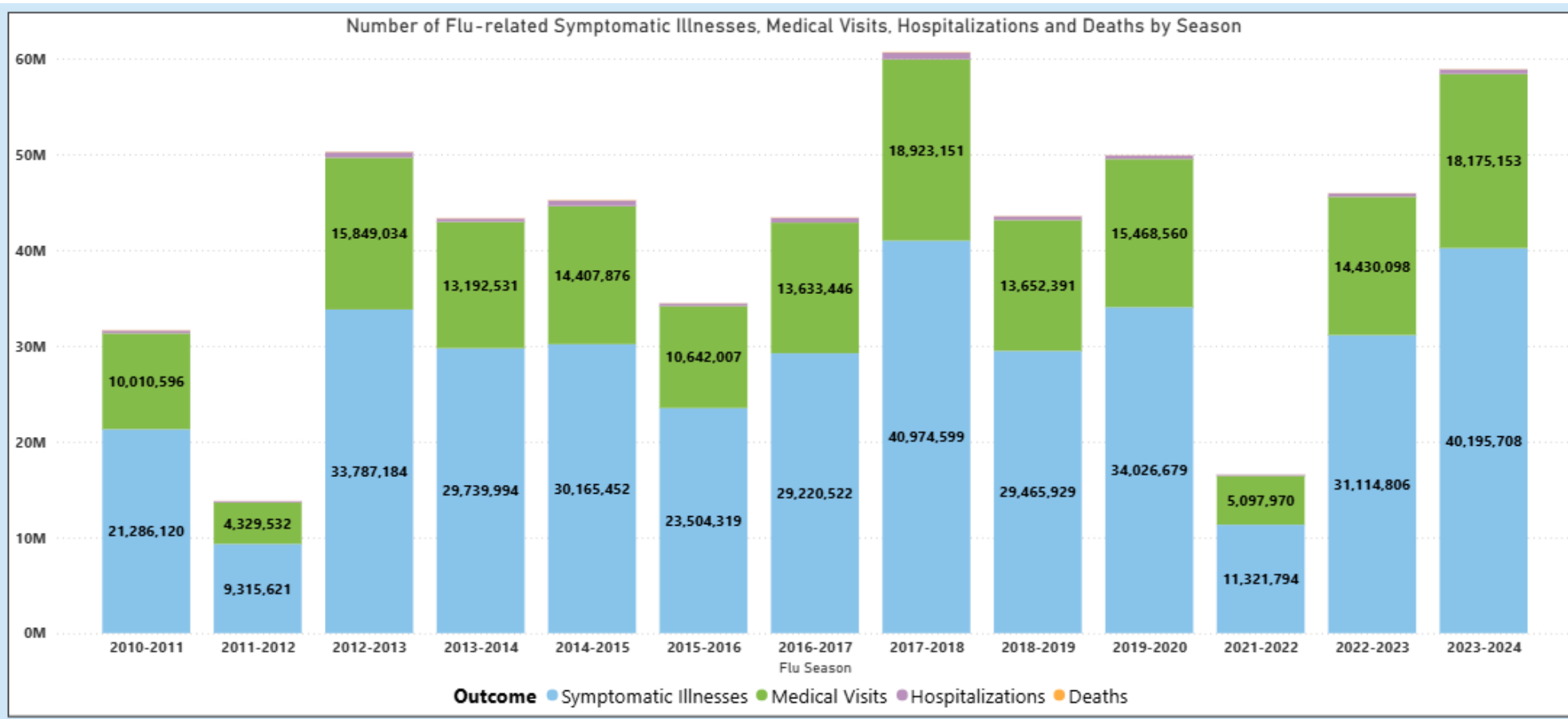


Influenza

Influenza Burden Over Time

Estimated Influenza Disease Burden, by Season
United States, 2010-11 through 2023-24 Influenza Seasons¹

Influenza Division 



Influenza Burden



2024-2025 U.S. Flu Season: Preliminary In-Season Burden Estimates²



Preliminary 2024–2025 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2024, CDC estimates there have been between:

47 Million -
82 Million



**Flu
Illnesses**

21 Million -
37 Million



**Flu
Medical Visits**

610,000 -
1.3 Million



**Flu
Hospitalizations**

27,000 -
130,000



**Flu
Deaths**

Based on data from October 1, 2024, through May 17, 2025

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.

FluVIEW

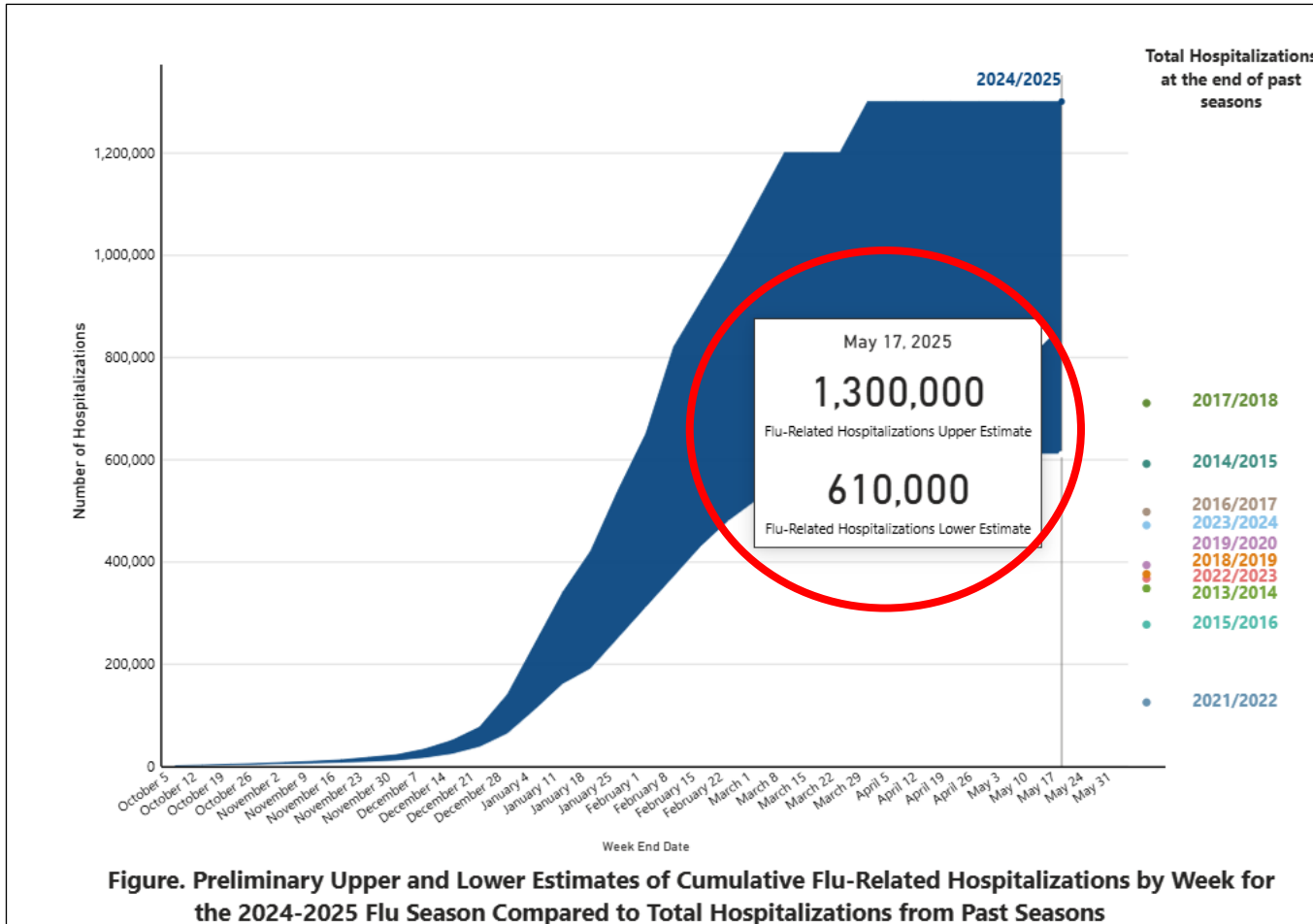


Influenza Burden



2024-2025 U.S. Flu Season: Preliminary In-Season Burden Estimates²

Influenza Division 



2024-2025 Influenza Season Summary



TOTAL REPORTED INFLUENZA CASES IN SAN DIEGO COUNTY³ N=39,486

220

Deaths

93

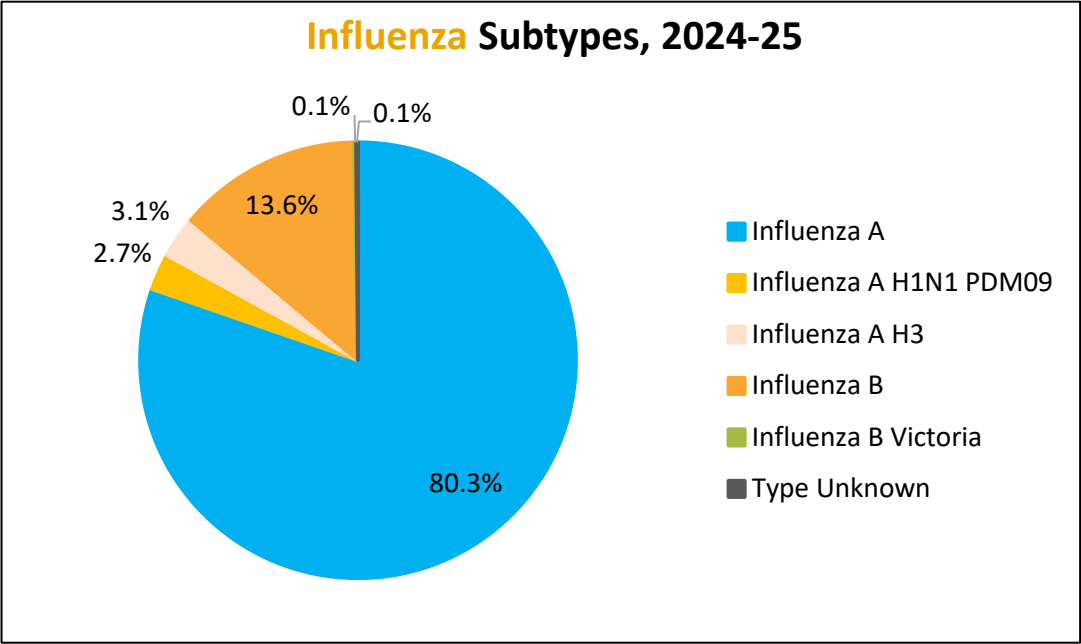
Outbreaks

Surveillance Indicator	2024-25 Season	2023-24 Season	Prior Years Averages*
All influenza detections reported (rapid or PCR)	39,486	19,035	13,301
Number of influenza-related outbreaks reported [∞]	93	32	23
Number of influenza-related deaths reported [^]	220	60	44

*Includes FYs 2019-20, 2020-21, 2021-22, 2022-23, and 2023-24. FY 2024-25 is 6/30/2024-6/28/2025, Weeks 27-26.

[∞]In a congregate living setting, outbreaks are defined as at least one laboratory-confirmed influenza in the setting of a cluster (≥2 cases) of influenza-like illness (ILI) within a 72-hour period. Total confirmed influenza outbreaks in prior seasons: 61 in 2019-20, 0 in 2020-21, 1 in 2021-22, 25 in 2022-23, and 32 in 2023-24.

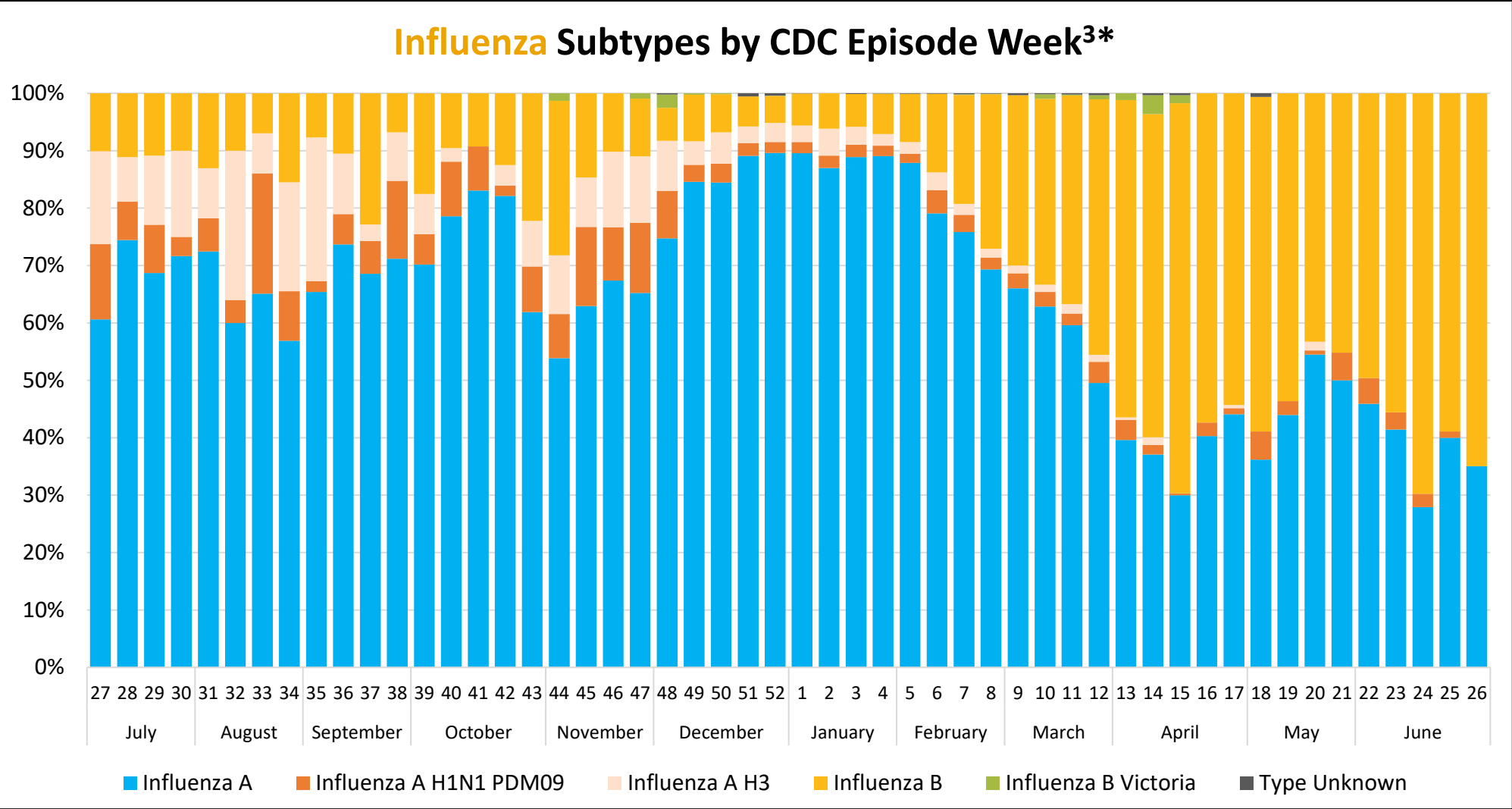
[^]Current FY deaths are shown by week of report; prior FY deaths are shown by week of death. Total deaths reported in prior seasons: 108 in 2019-20, 2 in 2020-21, 8 in 2021-22, 44 in 2022-23, and 60 in 2023-24.



2024-2025 Influenza Season Summary



Influenza Subtypes by CDC Episode Week^{3*}

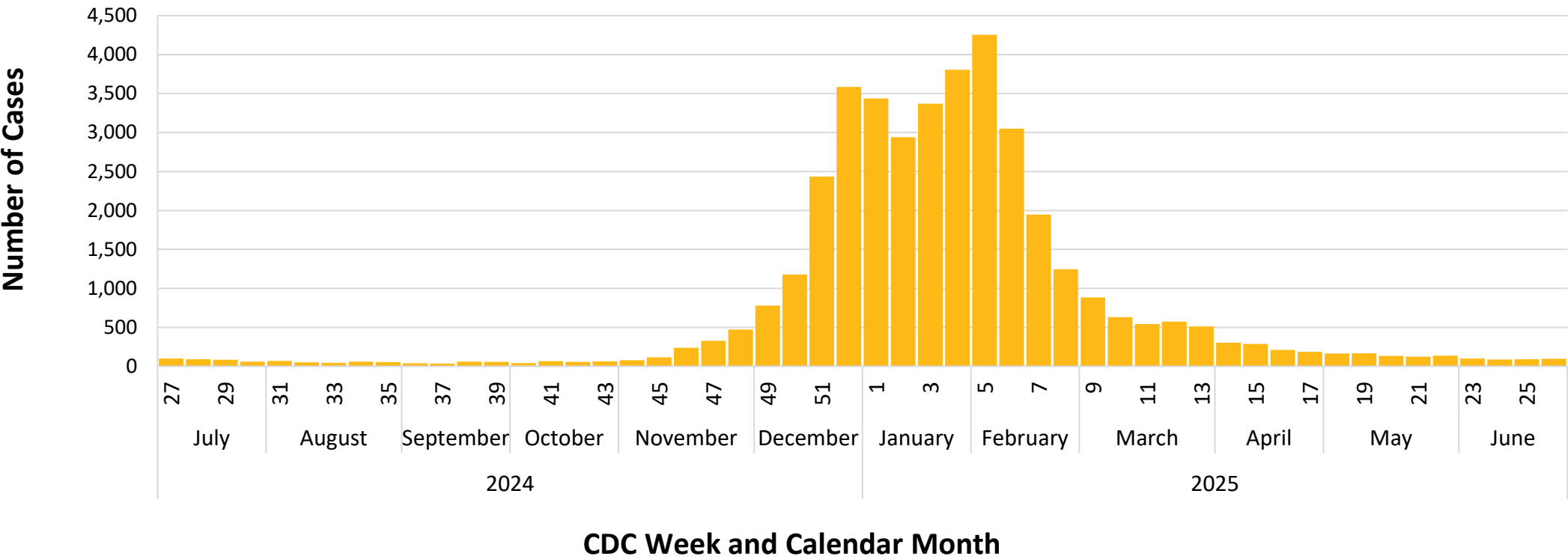


*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2024-2025 Influenza Season Summary



San Diego County Influenza Cases³
(N=39,486)

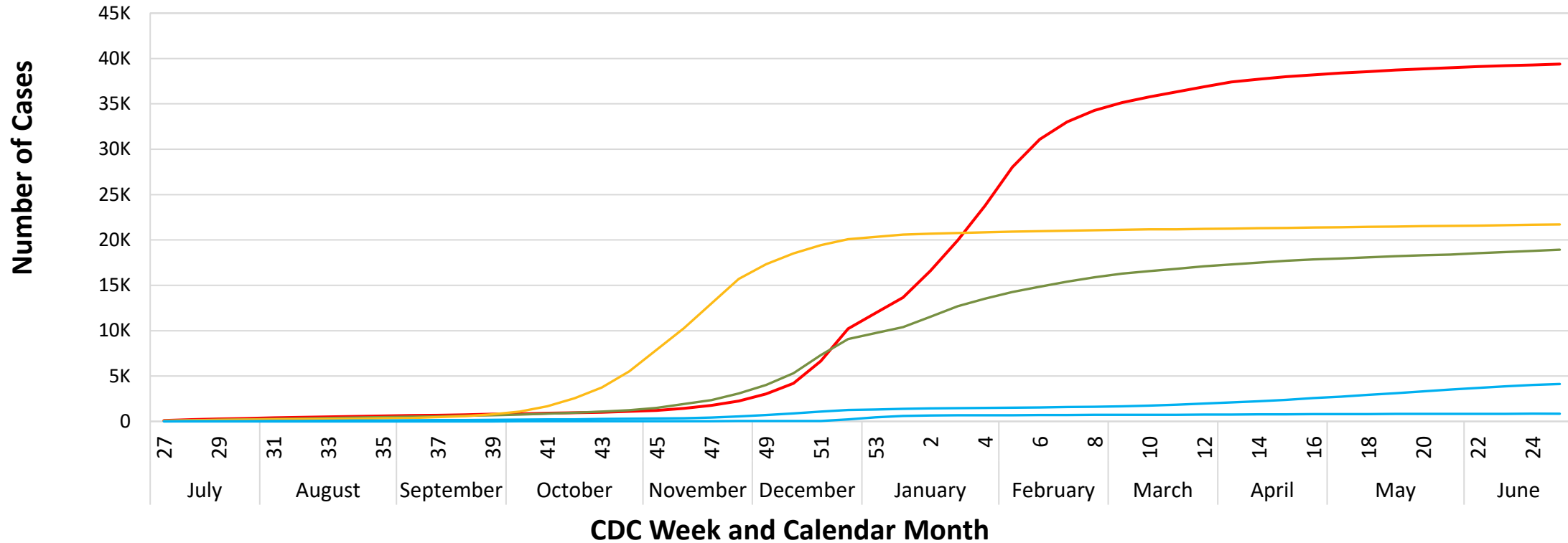


³Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2024-2025 Influenza Season Summary



Cumulative Influenza Cases³



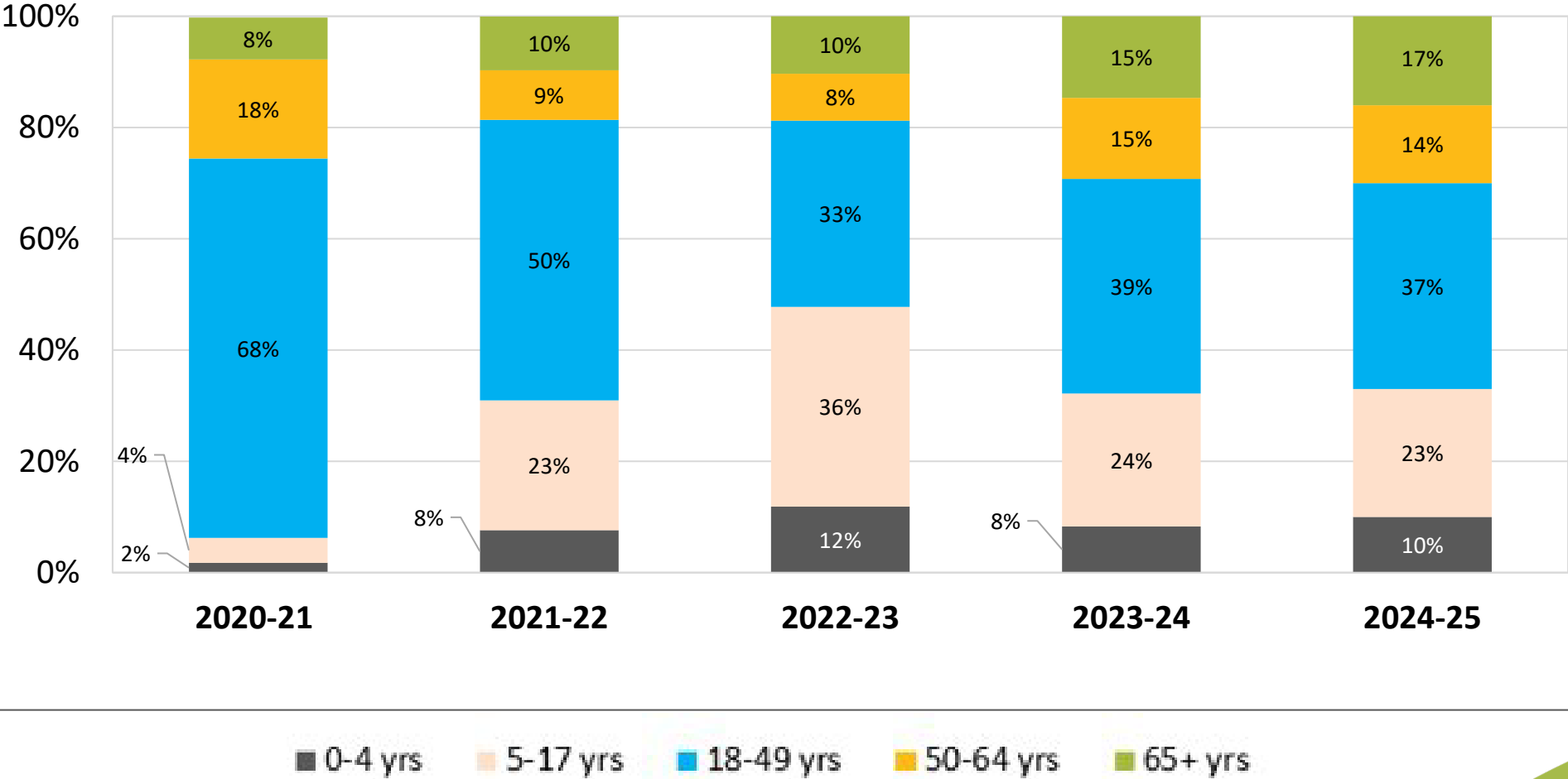
— 2024-25 — 2023-24 — 2022-23 — 2021-22 — 2020-21

*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

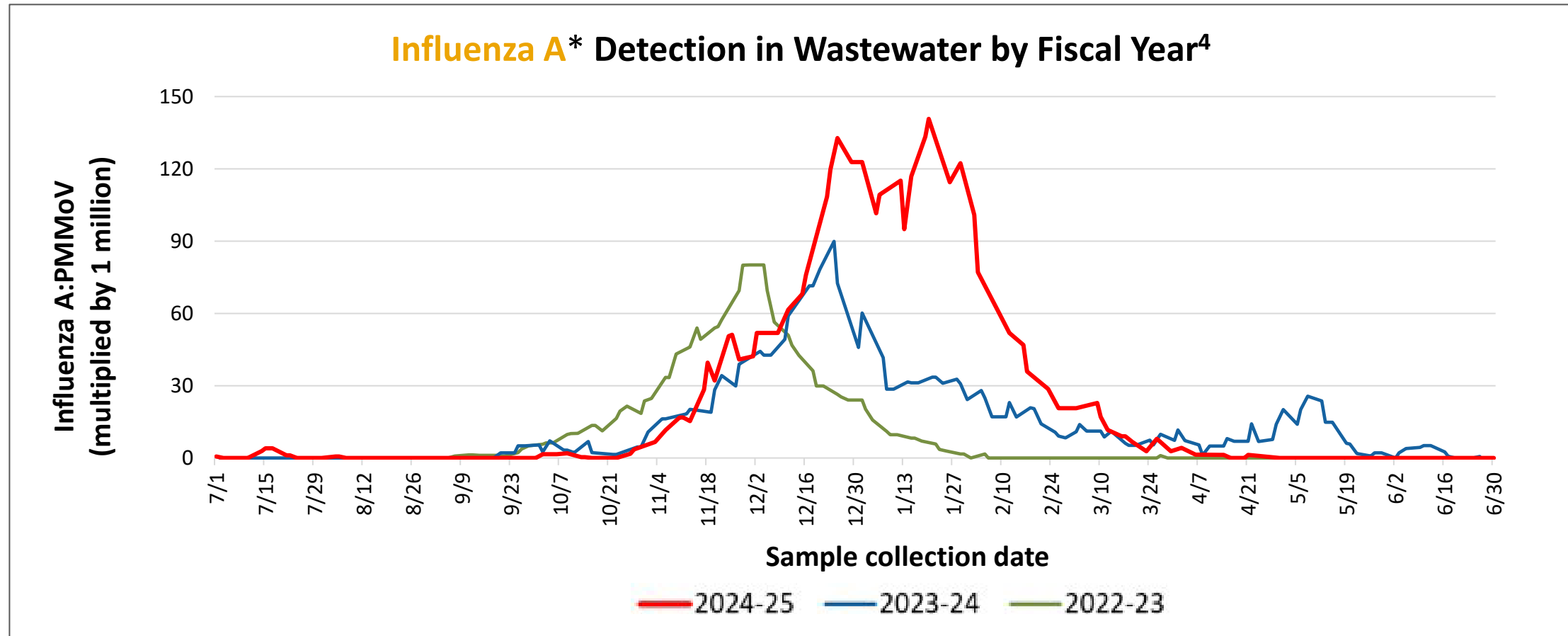
2024-2025 Influenza Season Summary



Proportion of Influenza Cases by Age Group and Fiscal Year³



2024-2025 Influenza Season Summary



Note: Moving average is calculated by taking the average of the 5 samples centered around a date after excluding the highest and lowest values.

*Detection of influenza in wastewater is specific to influenza A and captures H5 influenza along with seasonal H1 and H3. This assay alone cannot distinguish between the contributions of each subtype.

2024-2025 Influenza Season Summary

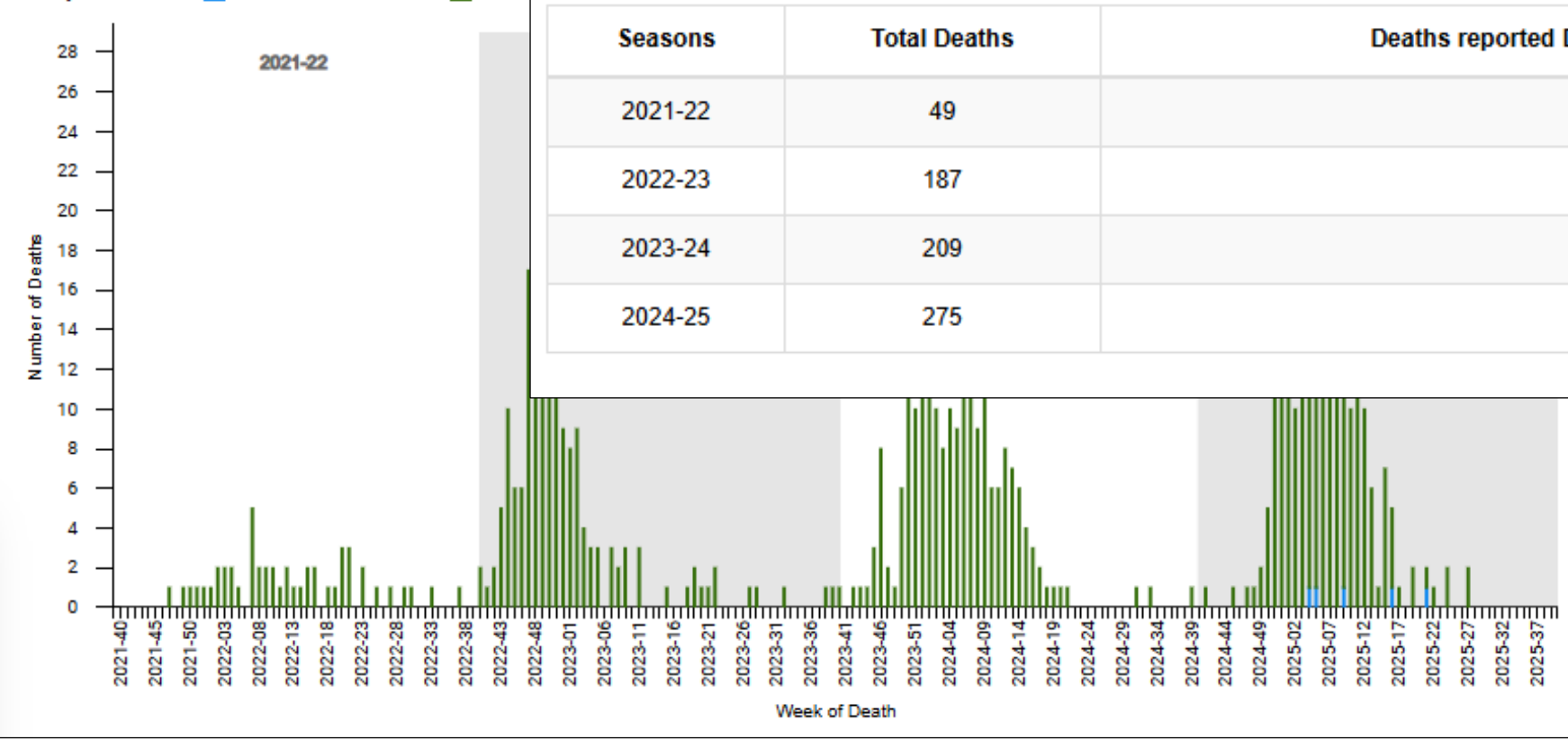
Pediatric Influenza Deaths in the United States⁵



NUMBER OF INFLUENZA-ASSOCIATED PEDIATRIC DEATHS BY WEEK OF DEATH

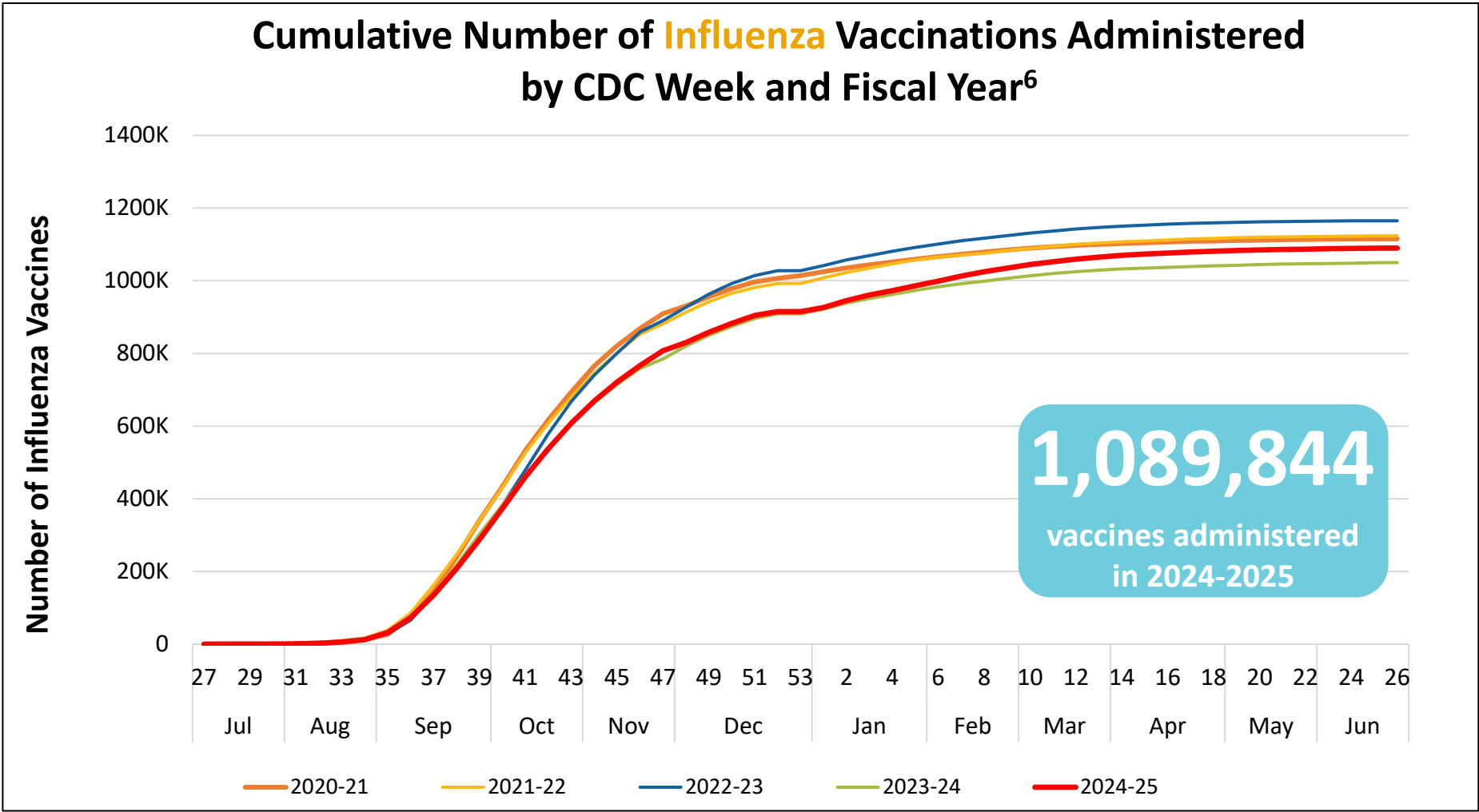
Group By ☒ Reported ☐ Virus Type [Download Image](#) [Download Data](#) [?](#)

☒ By Week ☒ Current Week ☒ Previous Week



Seasons	Total Deaths	Deaths reported During the Week Ending 16 Aug 2025
2021-22	49	0
2022-23	187	0
2023-24	209	0
2024-25	275	5

2024-2025 Influenza Season Summary



⁶Week 52 data are repeated for week 53 for years that do not include week 53.

2024-2025 Influenza Vaccination Trends⁶



- **Race/Ethnicity**

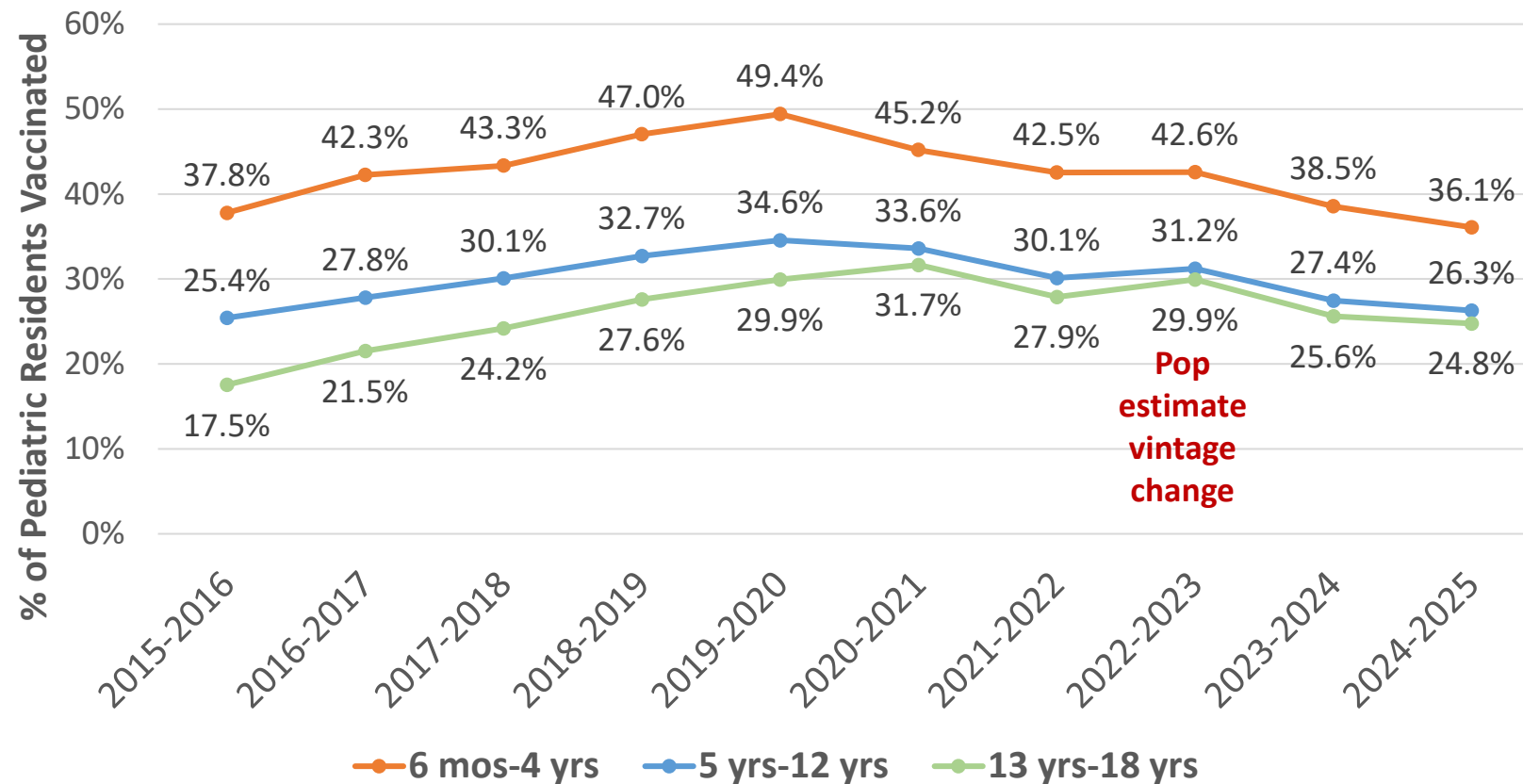
- The percentage of the population vaccinated in the **Native Hawaiian or Other Pacific Islander** racial category **increased by 16.9%** compared to 23/24.
- The percentage of the population vaccinated **increased by 4.4% for the American Indian or Alaska Native** racial categories.
- The percentage vaccinated among the **Hispanic or Latino and Black or African American** population **remained consistent** between the two years.
- **All other racial categories** experienced a **decrease** in vaccinations in 24/25 compared to 23/24.
- During the 24-25 influenza season, **the East region saw a slight decrease (<1%)** in the percentage of their populations vaccinated, while **Central Region** saw a slight increase (1.7%).



2024-2025 Influenza Vaccination Trends



Percent of San Diego Residents 6 months-18 Years of Age
Vaccinated with at Least One Influenza Dose^{6,7}

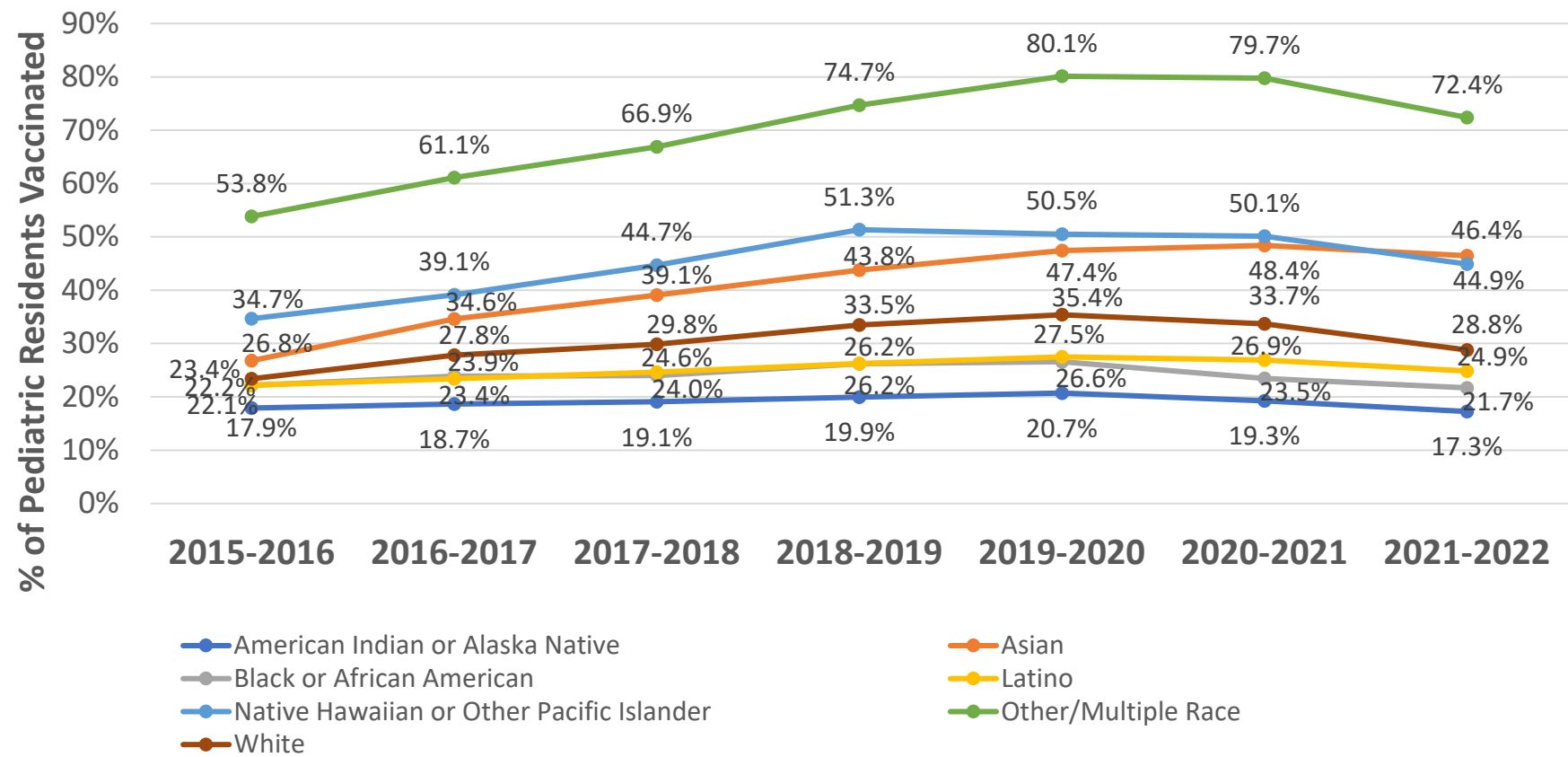


- Pediatric flu vaccine coverage continuously **increased** among SD youth from 2015/16 until **peaking in 2019/20** (children <13 yo peaked in 2019/20, teens 13-18 yo in 2020/21).
- Since peaking around the start of the COVID pandemic, SD youth vaccination rates have **declined through 2024/25**.
- The **13-18 yo** group consistently had the **lowest rates** 2015/16-2024/25.

2024-2025 Influenza Vaccination Trends



Percent of San Diego Residents 6 months-18 Years of Age
Vaccinated with at Least One Influenza Dose^{6,7}

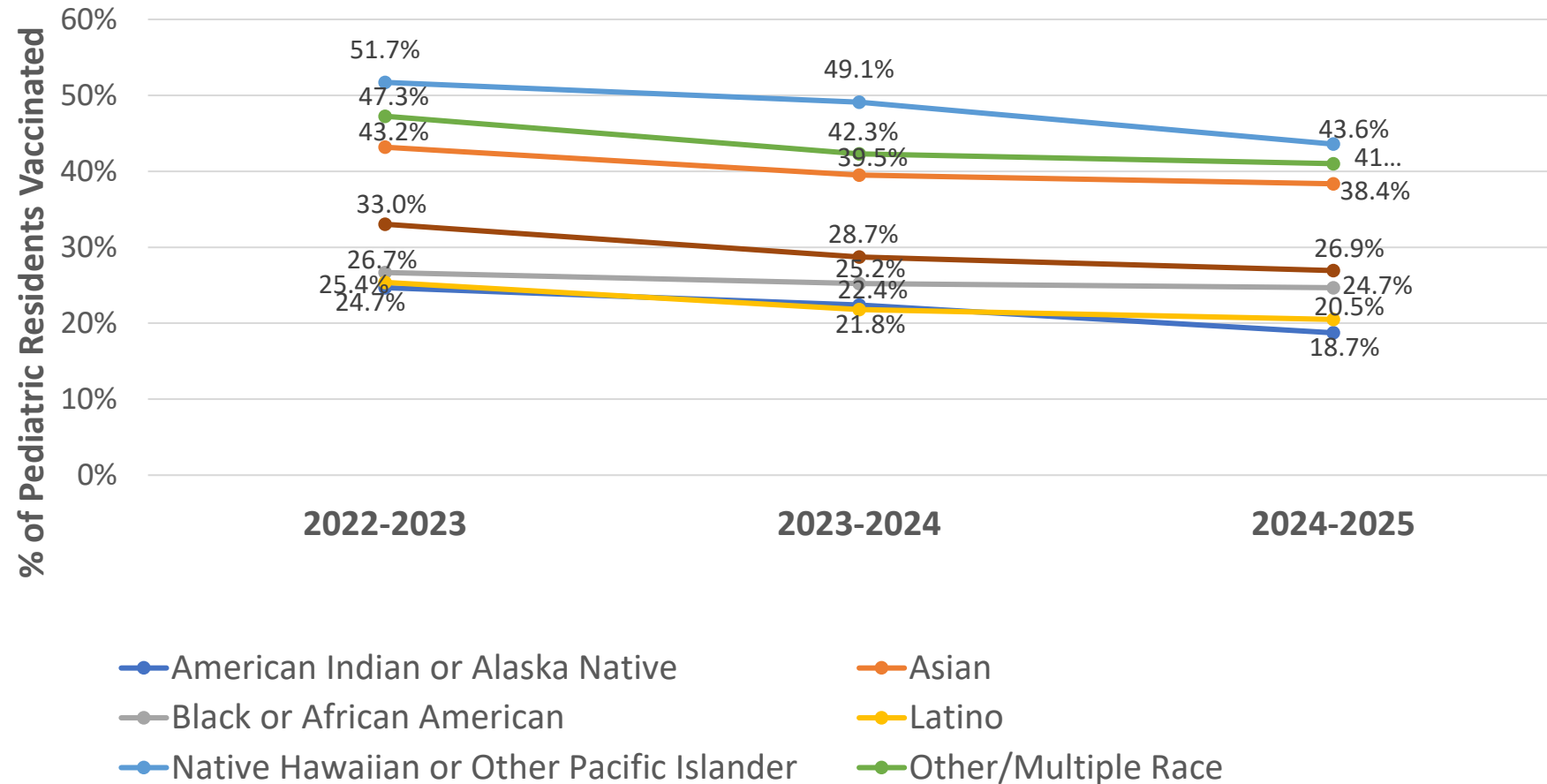


- American Indian or Alaska Native, Black or African American, and Latinx children are consistently vaccinated at lower rates in San Diego County.
- San Diego’s 7 pediatric deaths this season were Latinx (n=4), White (n=2), and Black or African American (n=1) children.

2024-2025 Influenza Vaccination Trends



Percent of San Diego Residents 6 months-18 Years of Age
Vaccinated with at Least One Influenza Dose^{6.7}

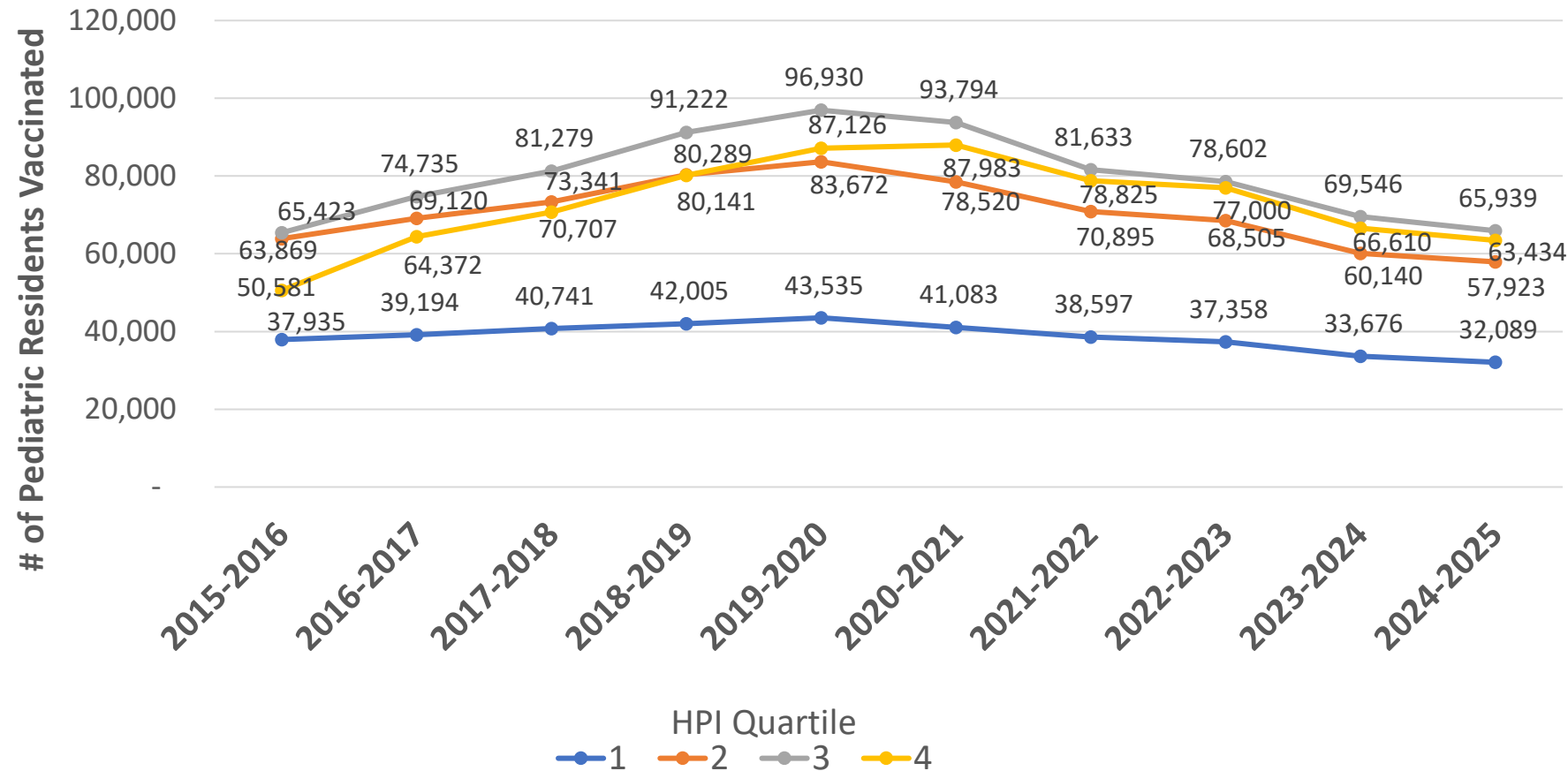


- Decrease in pediatric flu vaccination coverage across all race/ethnicity categories from 2022/23 to 2024/25 FYTD

2024-2025 Influenza Vaccination Trends



Number of San Diego Residents 6 months-18 Years of Age
Vaccinated with at Least One Influenza Dose^{6,7}



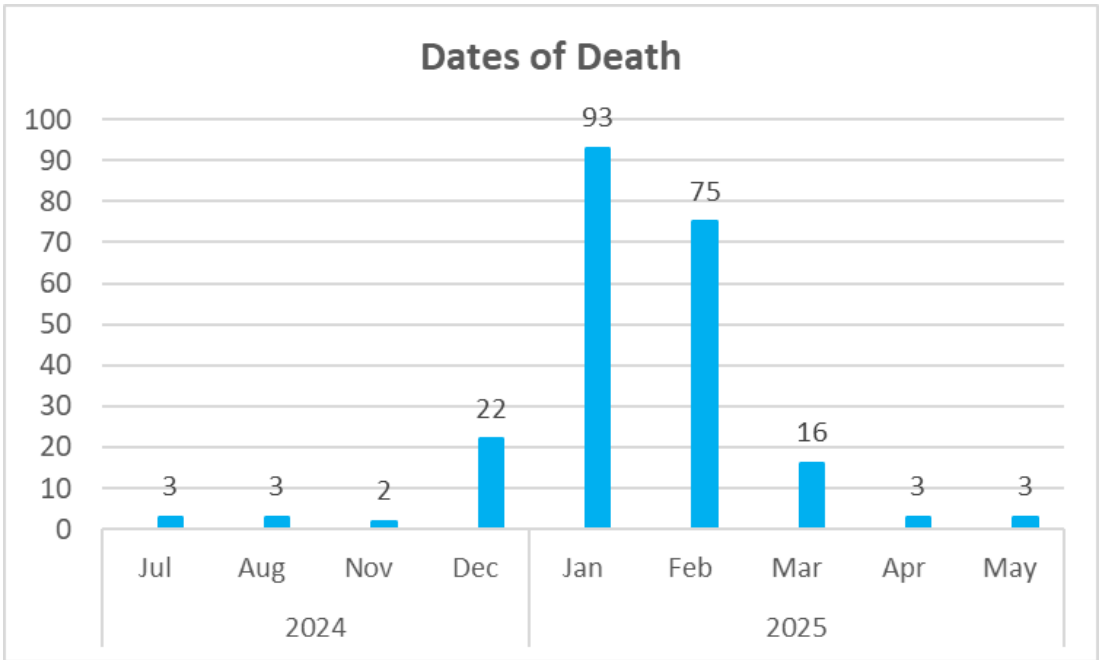
- The number of children receiving flu vaccination is consistently lowest among HPI quartile 1, which represents the population with less healthy indicators.
- All 4 quartiles show a decline in the number of children with seasonal flu vaccine after a 2019-20 season peak (Quartile 4 peaked in 2020-21)

2024-2025 Influenza Season Summary³



220 deaths

196 Influenza A subtype unknown, 1 Influenza A (H1), 8 Influenza A (H1N1 pdm09), 7 Influenza A(H3), 7 Influenza B, and 1 Influenza B (Victoria)



78.6%
had underlying conditions

 62 known to be vaccinated

Age Range 2-101
[7 under age 18]



4 were co-infected with COVID-19



COVID-19

2024-2025 COVID-19 Season Summary



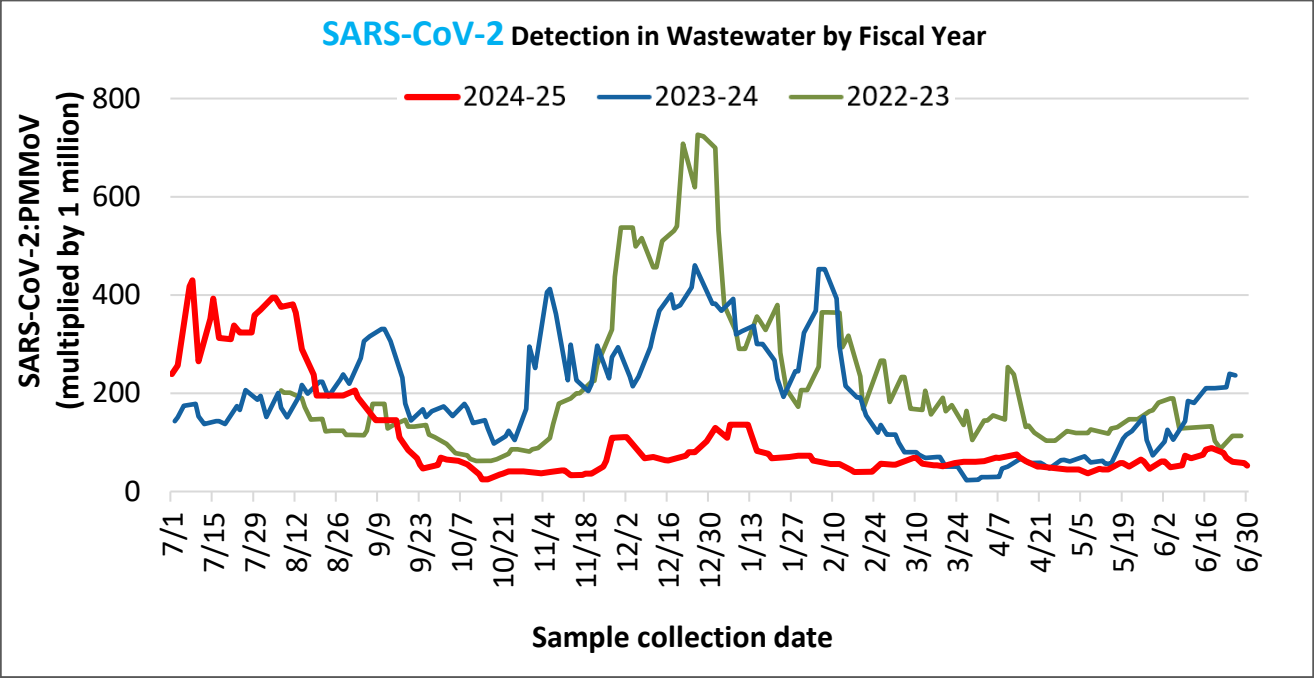
TOTAL REPORTED COVID-19 CASES³ N=29,587

280
Deaths

246
Outbreaks

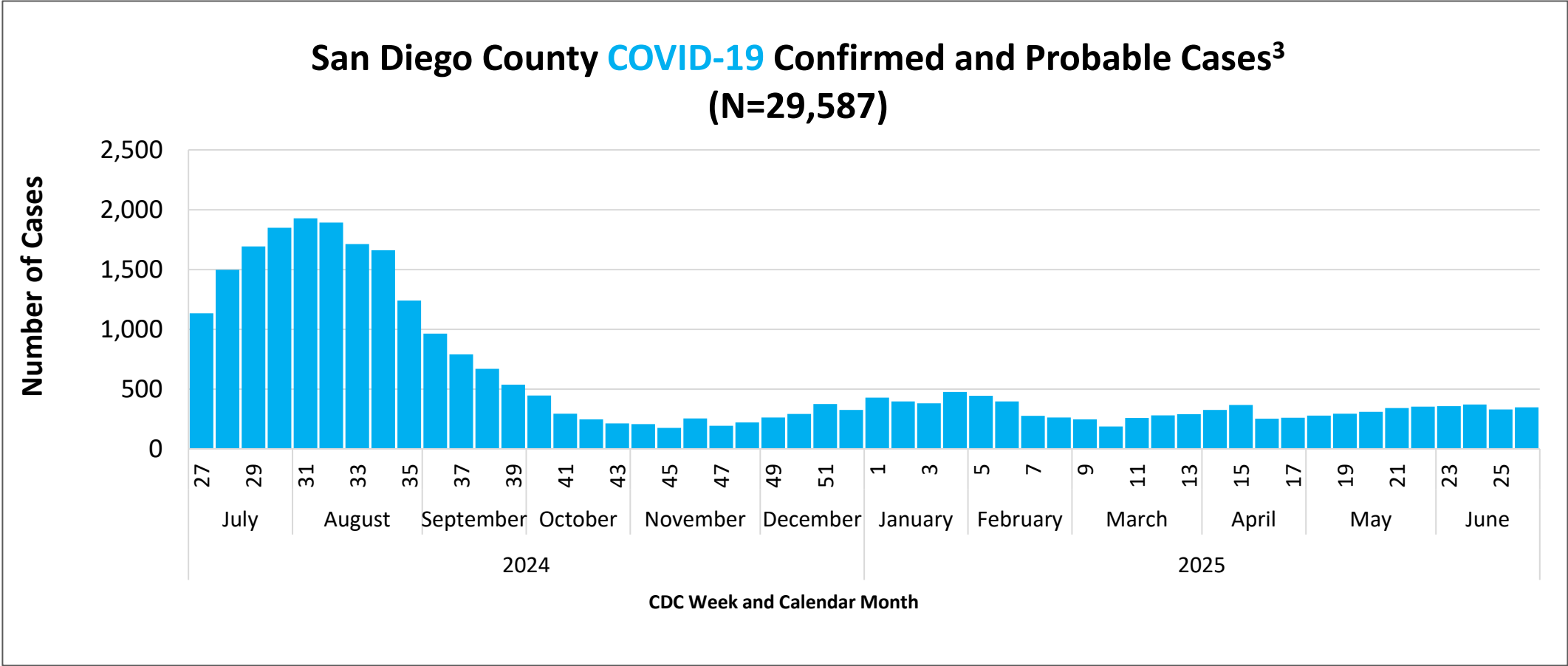
Surveillance Indicator	2024-25 Season	2023-24 Season	Prior Years Average*
All COVID-19 detections reported (rapid or PCR)	29,587	48,521	276,466
Number of COVID-19-related outbreaks reported [∞]	246	480	508
Number of COVID-19-related deaths reported [^]	280	350	1,508

[∞]SNFs: ≥1 facility-acquired case of laboratory-confirmed COVID-19 in a resident. Non-SNF Residential Congregate Settings: ≥3 suspected, probable, or confirmed COVID-19 cases within a 14-day period in epidemiologically-linked residents/staff.
[^]Current FY deaths are shown by week of report; by week of death for prior FYs. Total deaths reported in prior seasons: 386 in 2019-20, 3,402 in 2020-21, 1,635 in 2021-22, 630 in 2022-23, and 350 in 2023-24.
*Includes 2020-21, 2021-22, 2022-23, and 2023-24.



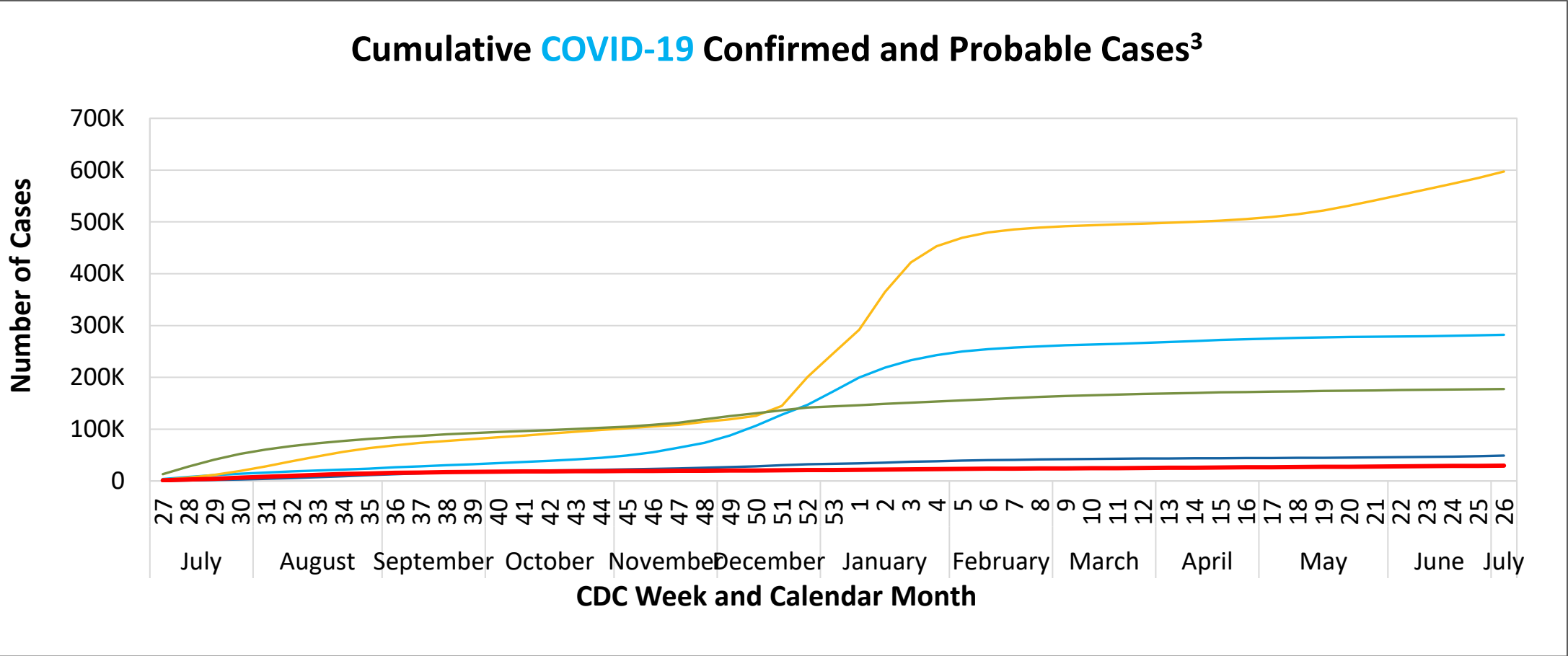
Note: Moving average is calculated by taking the average of the 5 samples centered around a date after excluding the highest and lowest values.

2024-2025 COVID-19 Season Summary



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2024-2025 COVID-19 Season Summary



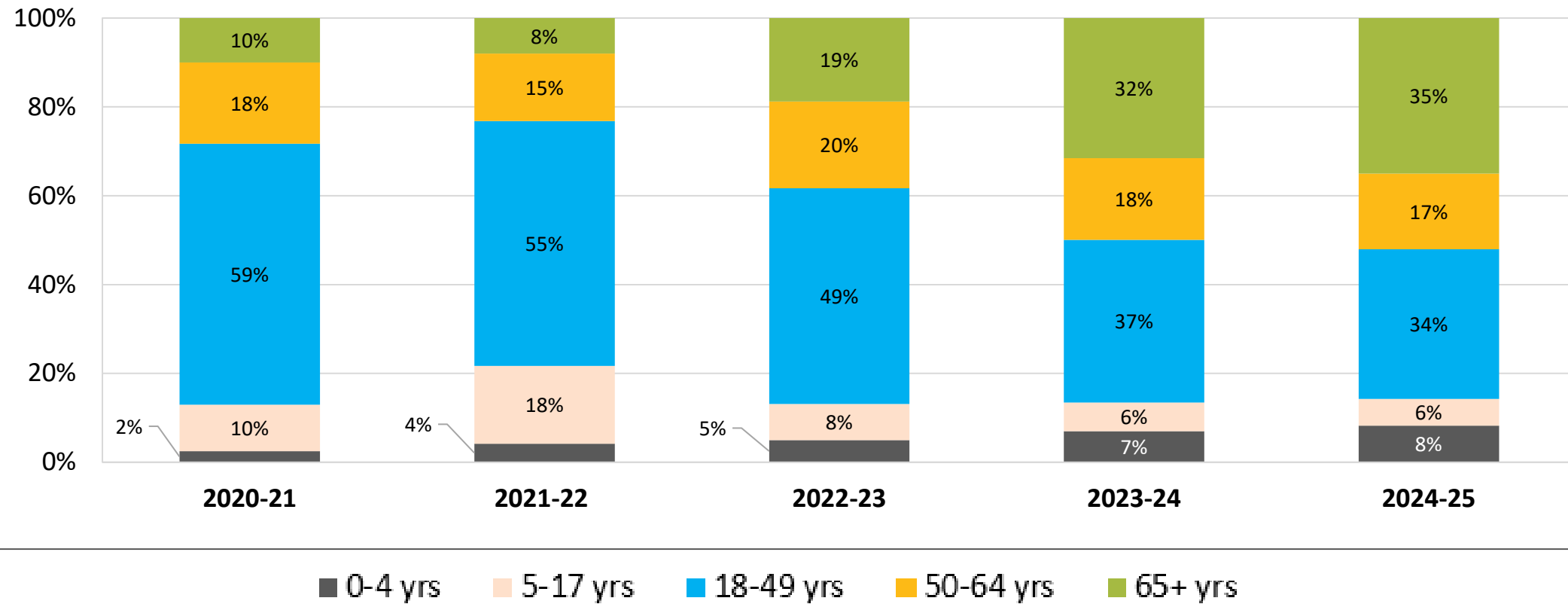
2024-25 2023-24 2022-23 2021-22 2020-21

³Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2024-2025 COVID-19 Season Summary

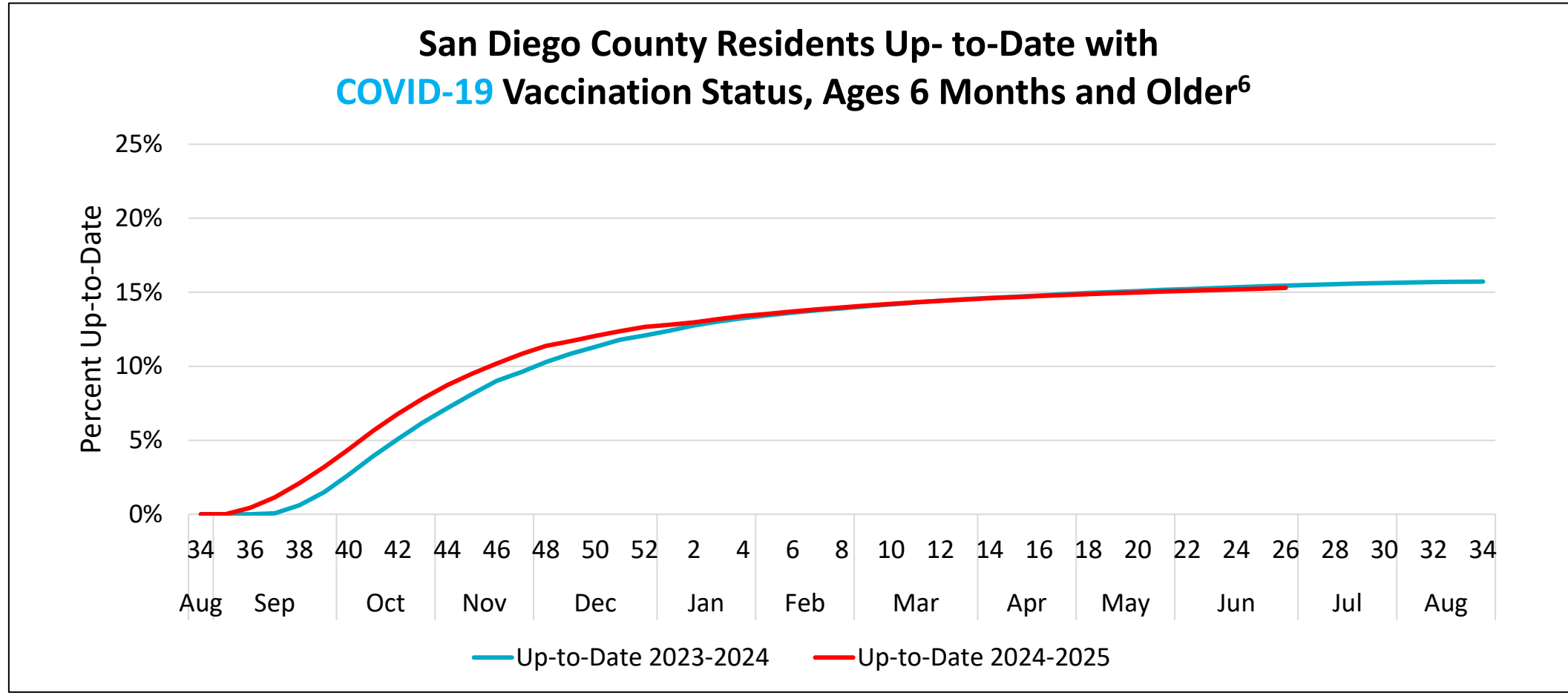


Proportion of COVID-19 Cases by Age Group and Fiscal Year³



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2024-2025 COVID-19 Season Summary

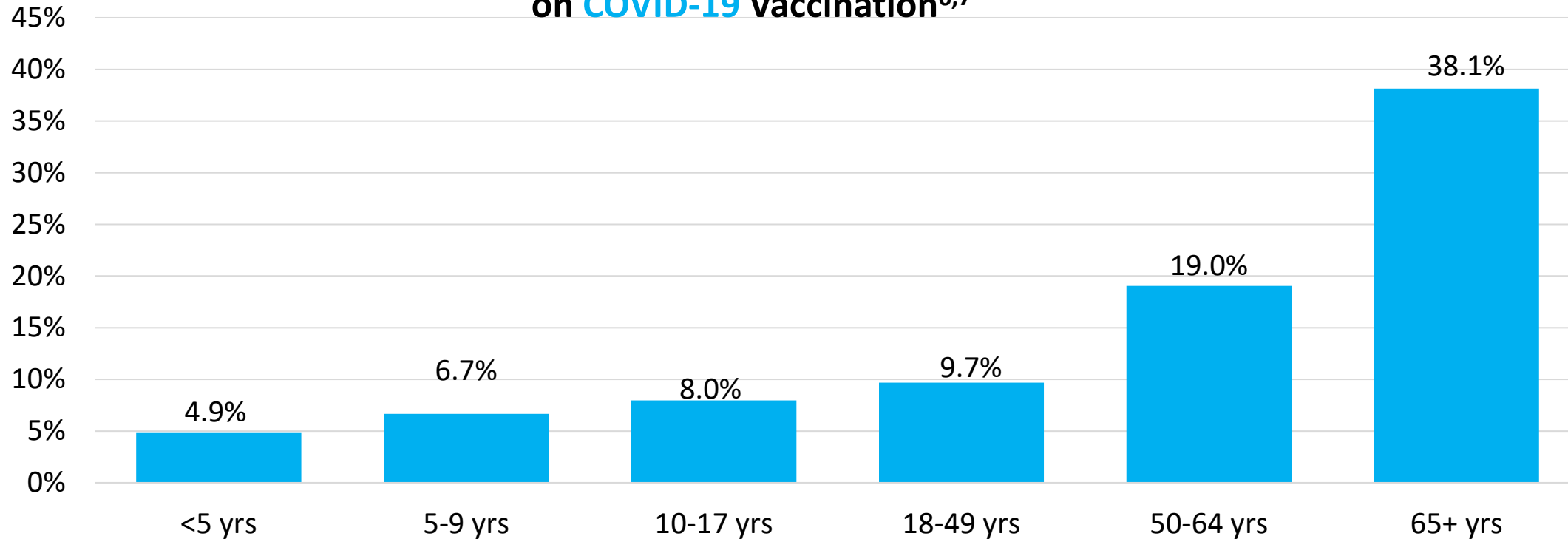


The lines show the percentage of persons up-to-date on COVID-19 vaccination per the CDC guidelines for that year.⁸

2024-2025 COVID-19 Season Summary



**Percentage of San Diego Resident Age Groups Up to Date*
on COVID-19 Vaccination^{6,7}**



*Using the Up-to-Date (UTD) criteria per the 2024/2025 guidelines.⁸

2024-2025 COVID-19 Season Summary



Total CA Population

Percent of Up to Date Persons by County of Residence

County: Age Group:

5,736,640

Up to Date Recipients

14.7%

of California Population

103,775,283

Total Doses Administered



See [Data Dictionary](#) for Details.

Data: 7/31/2025 11:59pm | Posted: 8/1/2025

*Not reported on weekends or state holidays

Data provided by California Department of Public Health⁹

[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)



Respiratory Syncytial Virus (RSV)

2024-2025 RSV Season Summary

TOTAL REPORTED RSV CASES³

N=5,748

19

Deaths

6

Outbreaks

Surveillance Indicator	2024-25 Season	2023-24 Season	Prior Years Average*
All RSV detections reported (rapid or PCR)	5,748	5,918	3,541
Number of RSV-related outbreaks reported [∞]	6	10	3
Number of RSV-related deaths reported [^]	19	23	12

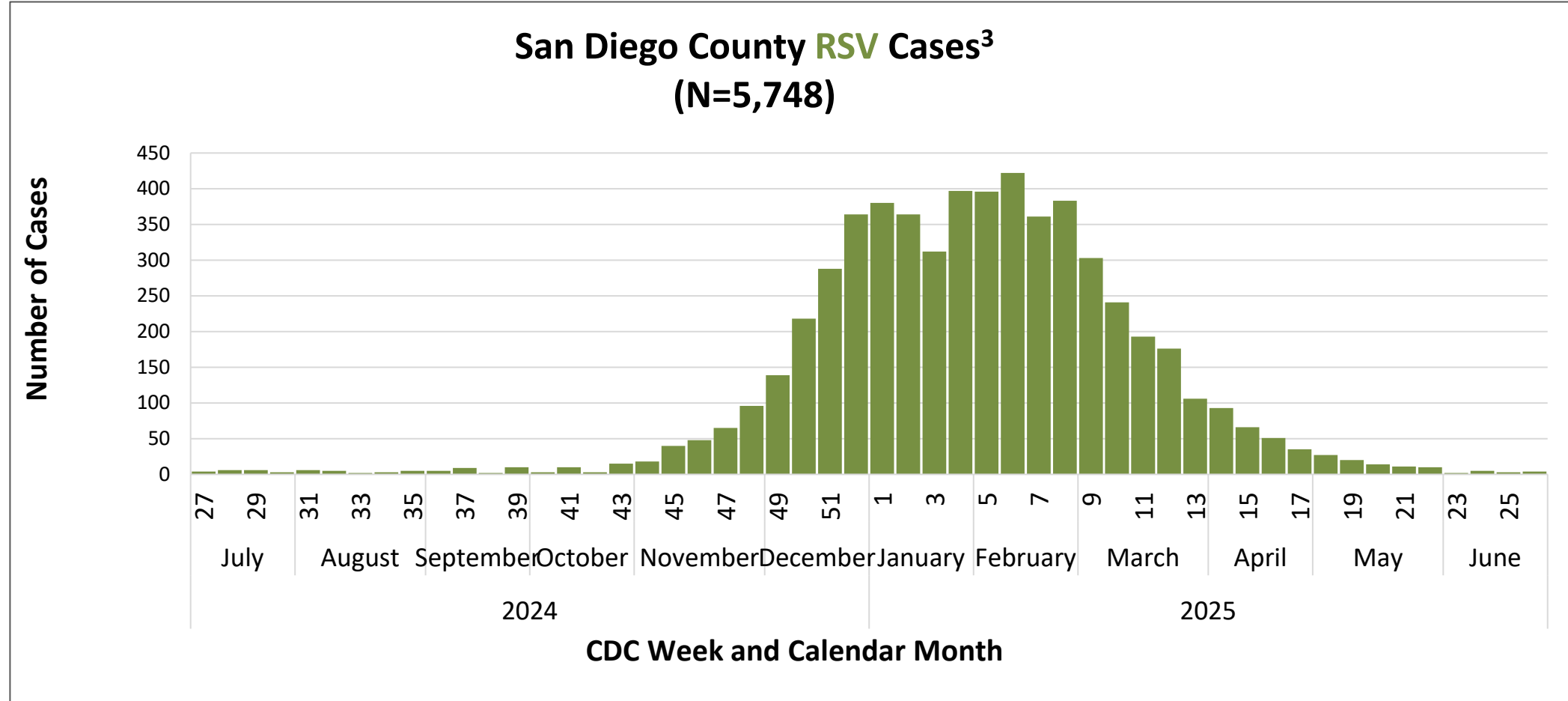
*Includes FYs 2020-21, 2021-22, 2022-23, and 2023-24.

[∞] Outbreaks in residential congregate settings, such as skilled nursing facilities, assisted living facilities, group homes, correctional facilities, and homeless shelters, are included in this report. Epidemiology identifies outbreaks when facilities call to report. Other potential outbreaks are identified when multiple cases share an address or have a residential address that matches a skilled nursing or long-term care facility.

[^]Current FY deaths are shown by week of report; by week of death for prior FYs.



2024-2025 RSV Season Summary

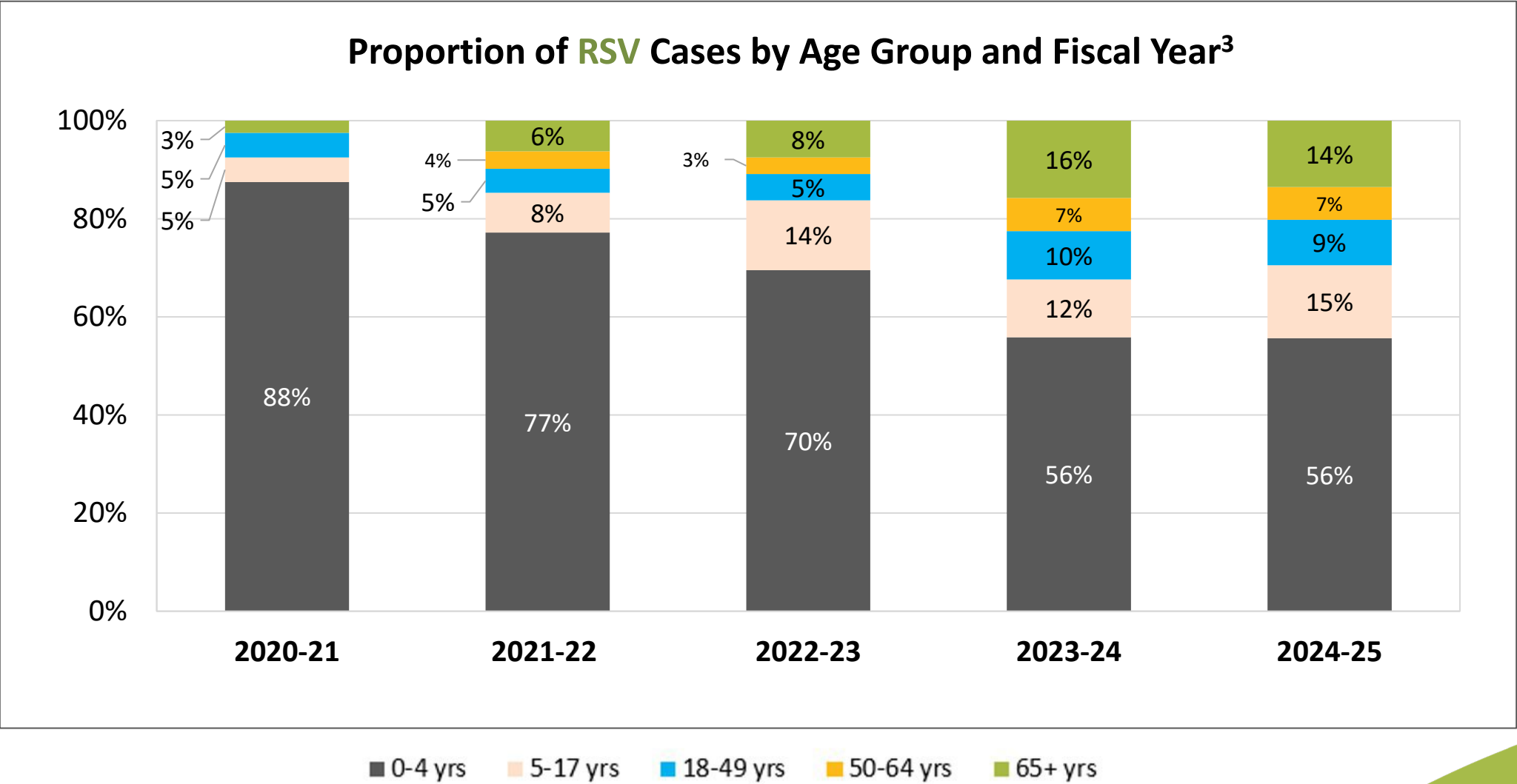


*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2024-2025 RSV Season Summary



Proportion of RSV Cases by Age Group and Fiscal Year³



RSV Prevention Coverage¹⁰



Morbidity and Mortality Weekly Report (MMWR)

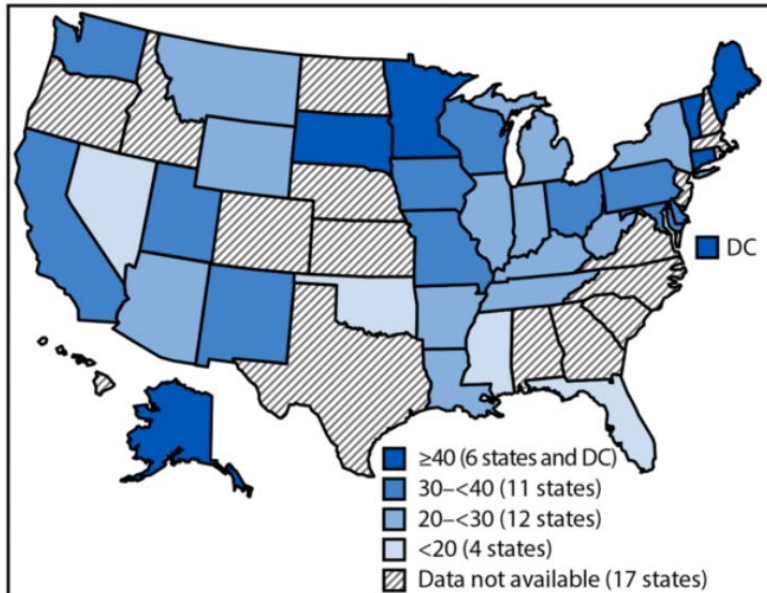
Search

Respiratory Syncytial Virus Immunization Coverage Among Infants Through Receipt of Nirsevimab Monoclonal Antibody or Maternal Vaccination — United States, October 2023–March 2024

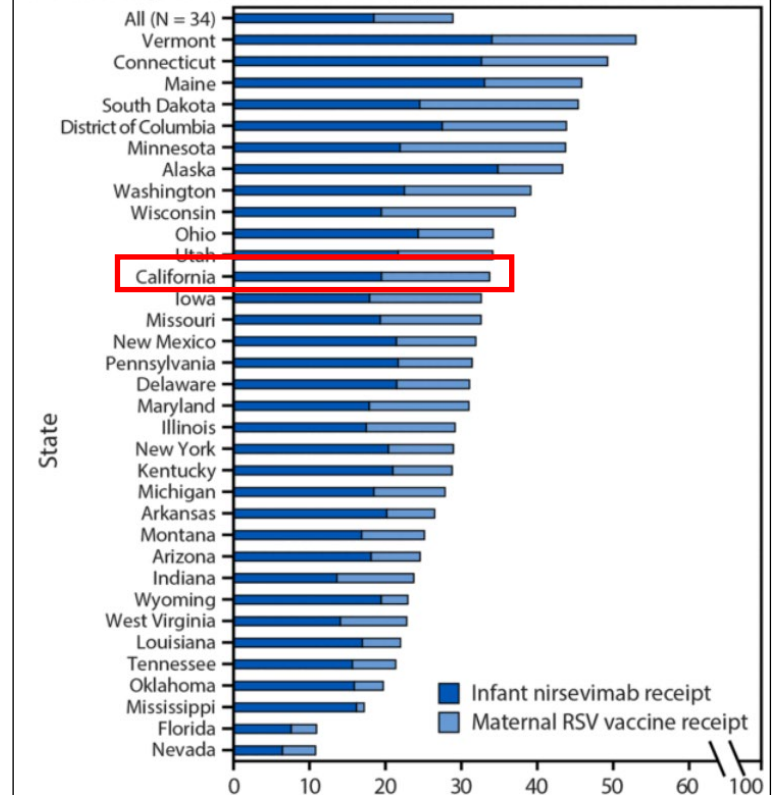
Weekly / August 21, 2025 / 74(31):484–489

FIGURE 1. Percentage of infants* immunized against respiratory syncytial virus through receipt of nirsevimab[†] or maternal vaccination,[§] by state (A) and method of immunization (B) — 33 states and District of Columbia, October 2023–March 2024

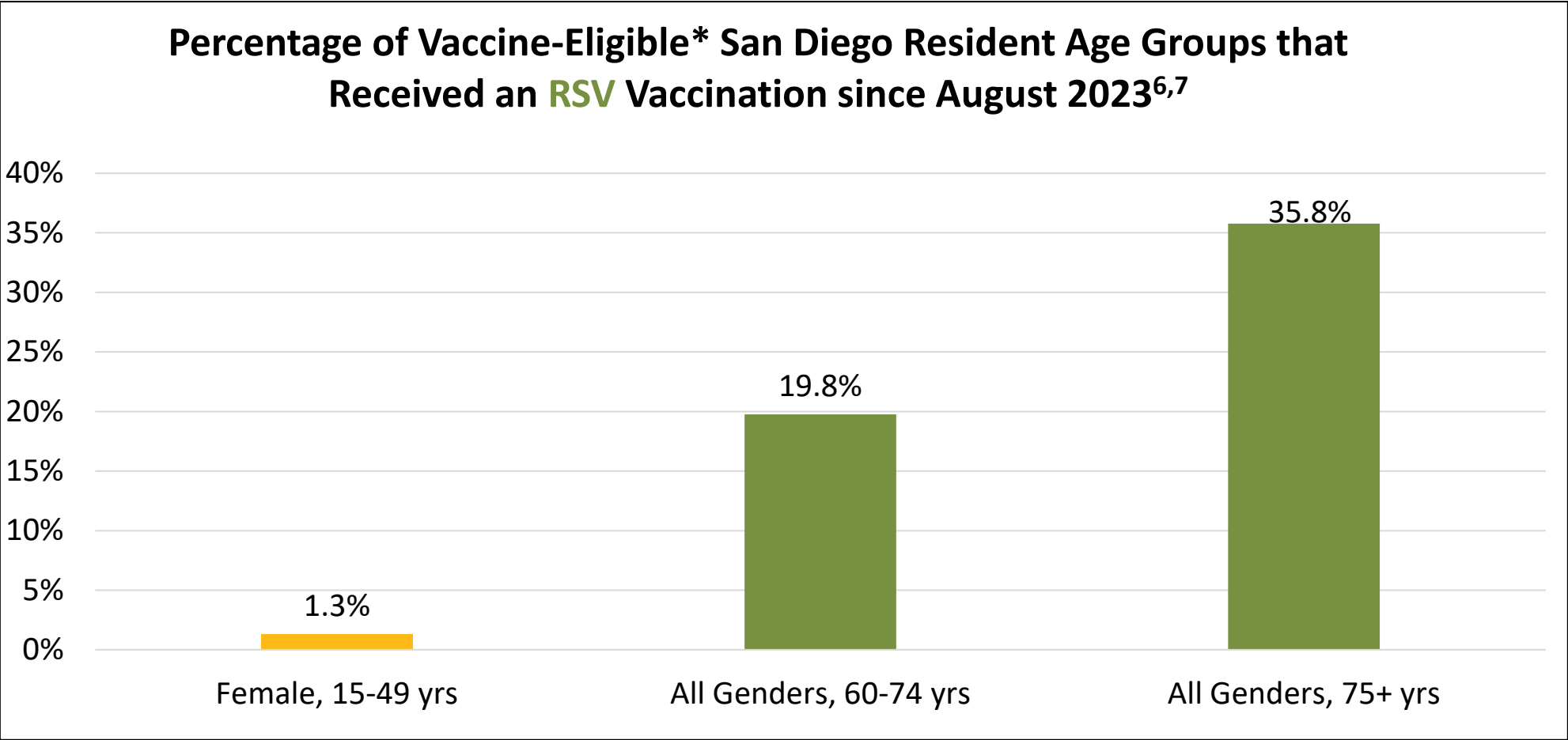
A. Percentage of infants immunized, by state



B. Percentage of infants immunized, by immunization method and state



2024-2025 RSV Season Summary

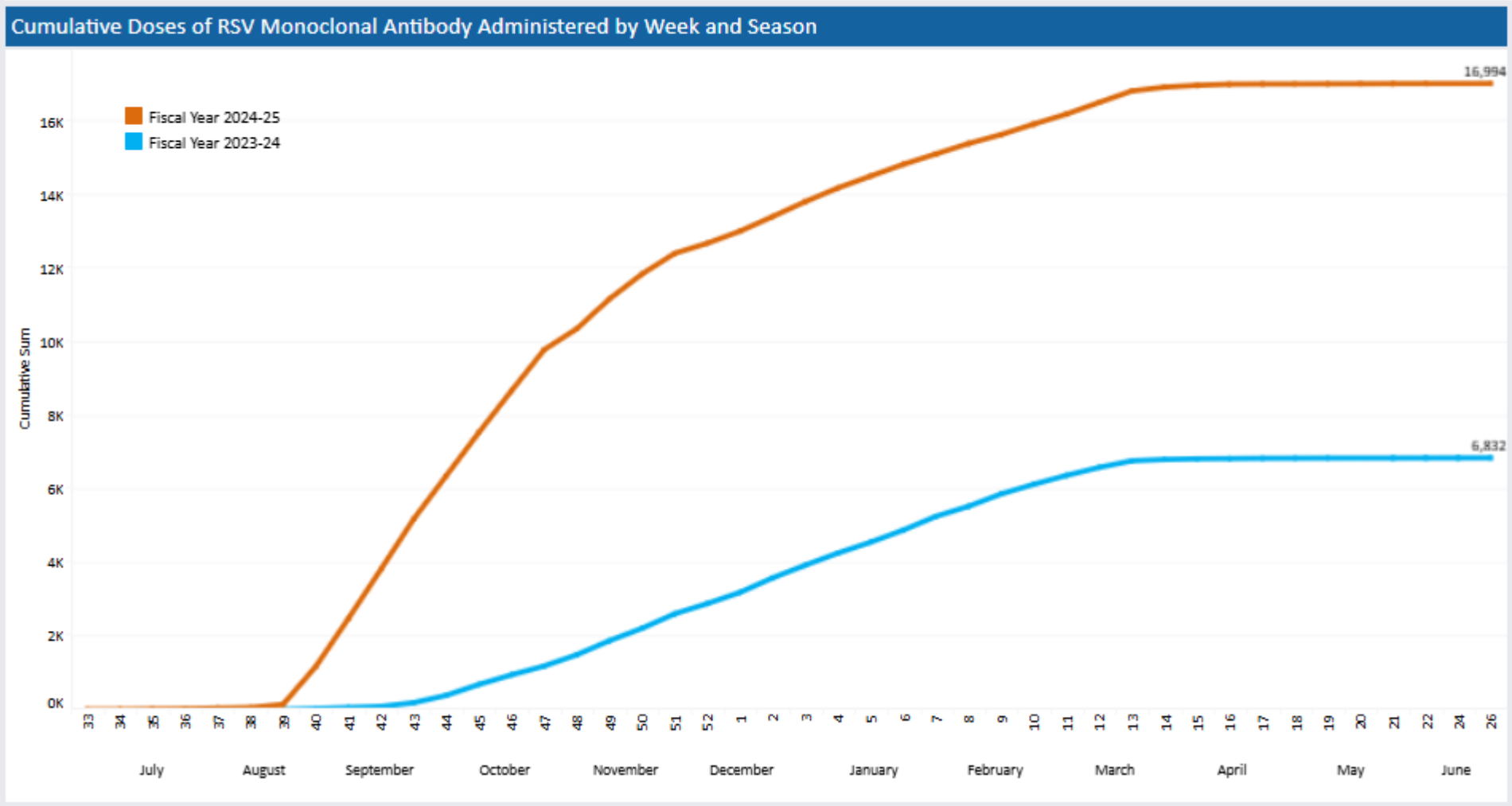


*CDC recommends pregnant women, adults 60-74 years with increased risk, and adults 75 and older receive an RSV dose. In absence of pregnancy data, vaccination percentage is presented for all females of reproductive age.¹¹

2024-2025 RSV Season Summary⁶



RSV Monoclonal Antibody Summary



Respiratory Virus Surveillance Report



August 14, 2025



LIVE WELL
SAN DIEGO

San Diego County

Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

This report will be issued monthly on the second Thursday of the month.
Weekly reporting will resume in October.

COVID-19

Cases
2,751

Deaths
12

Outbreaks*
18

6/29/2025 – 8/9/2025

Influenza

Cases
337

Deaths
0

Outbreaks*
1

6/29/2025 – 8/9/2025

RSV

Cases
23

Deaths
0

Outbreaks*
0

6/29/2025 – 8/9/2025



Subscribe to the Influenza
Watch

Reporting Flu Cases



- Please report positive influenza results to public health:
- Lab results and demographics
- Fax to 858-715-6458
- Please report influenza deaths
- Please report influenza outbreaks
- Questions about reporting?
- Call 619-692-8499



Respiratory Virus Forecast



Getting a Covid shot this fall could be a lot more complicated

Some healthy people may have to prove they have an underlying condition, or get a prescription.

8/22/2025

HEALTH

Flu, COVID-19, & RSV

How Bad Will ~~Flu~~ Season Be This Year?

Older adults urged to get influenza vaccines in early autumn



August 19, 2025 | 4 min read

SAVE 

Pediatricians split with CDC, recommend COVID shots for kids

 [Add topic to email alerts](#)

Key takeaways:

- AAP and CDC vaccine recommendations have been mostly harmonized for 30 years.
- AAP guidance now deviates from the CDC's on COVID-19 and influenza vaccines.

2025/2026 Respiratory Disease Outlook¹²



Upcoming 2025-26 combined respiratory disease peak hospitalization rates will likely be similar to last year

Combined peak hospitalization rates of COVID-19, influenza, and RSV

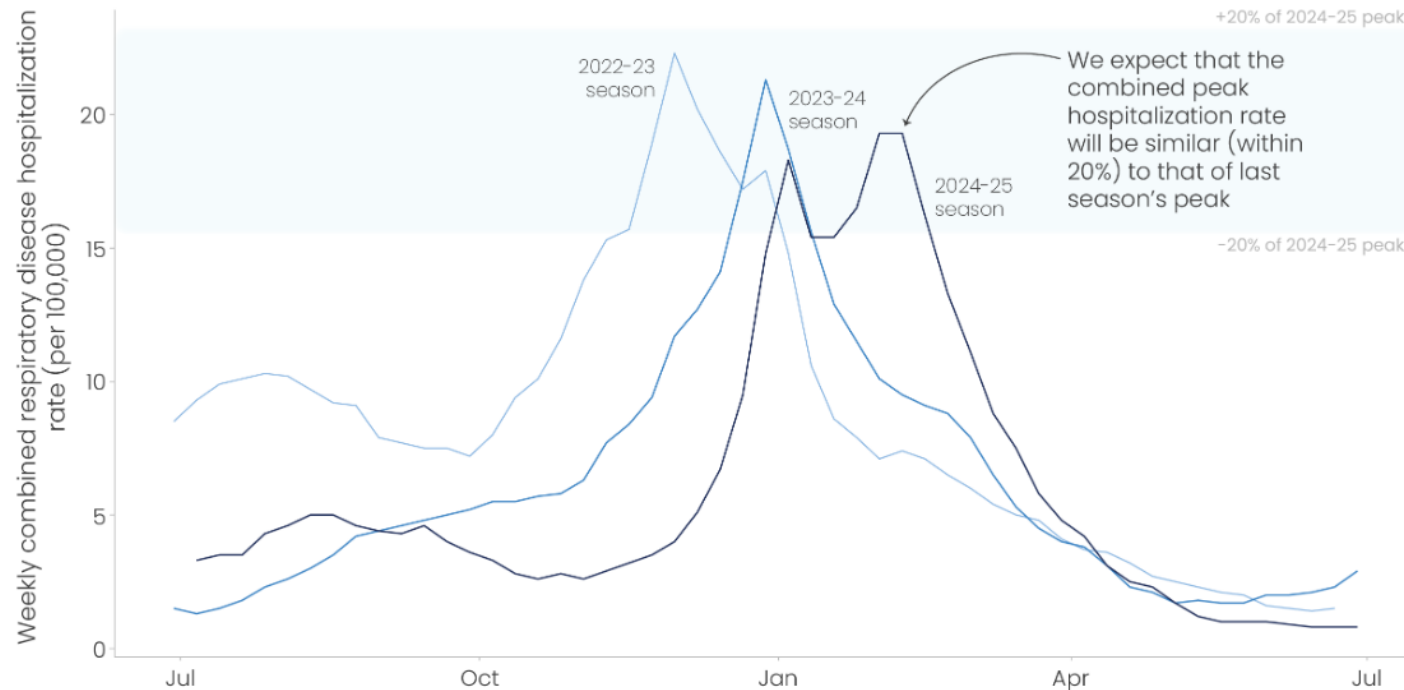


Figure 1. Data for 2022-2023, 2023-2024, and 2024-2025 respiratory seasons are from RESP-NET. Experts believe it is most likely that the combined peak hospitalization rate for COVID-19, influenza, and RSV during the 2025-2026 season will be similar to...

COVID-19: Modeling indicates that the peak weekly hospitalization rate due to COVID-19 **may be higher than that of the 2024-2025 season**, particularly if a variant with moderate immune-escape properties emerges this fall.

Influenza: CDC expects that the severity of the 2025-2026 influenza season based on the peak week of influenza hospitalizations will likely be classified as **moderate** across all ages.

RSV: CDC expects that the 2025-2026 peak weekly hospitalization rate across all age groups due to RSV will be **similar** to that of 2024-2025 season.

Respiratory Report – Current



Respiratory Virus Surveillance Report

Data through 8/9/2025

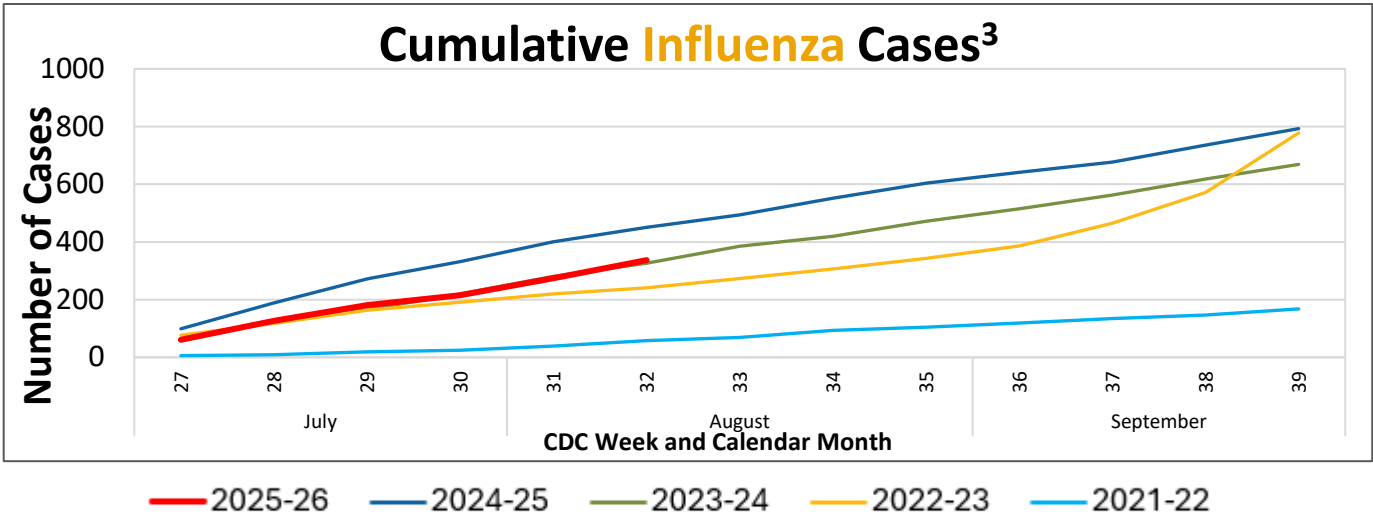
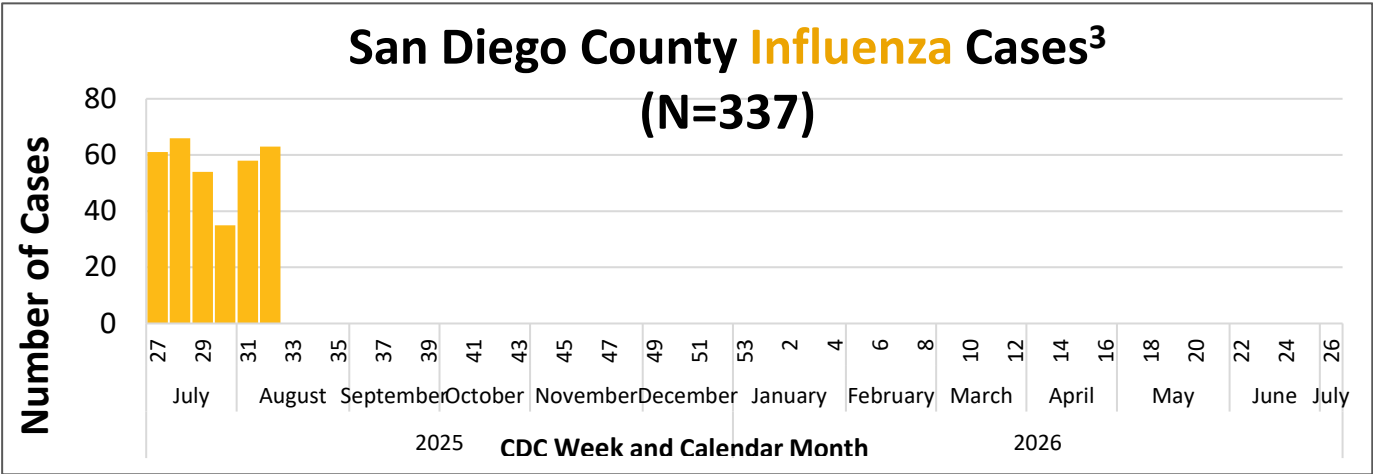


COVID-19, Influenza, and RSV Fiscal Year-to-Date Overview

Table 1. Respiratory Surveillance Indicators

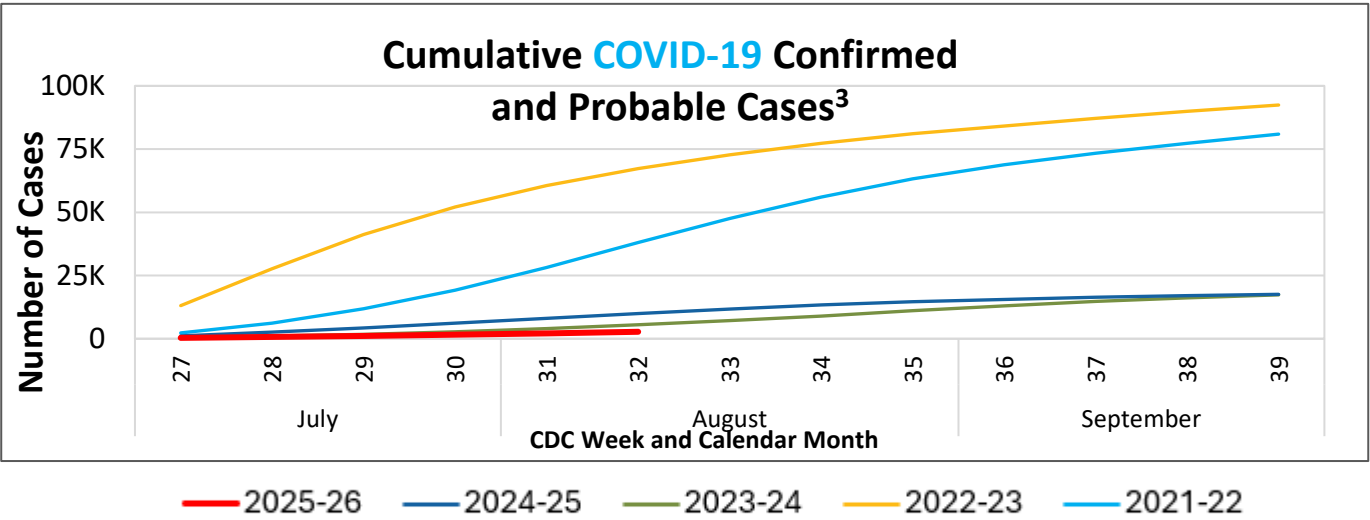
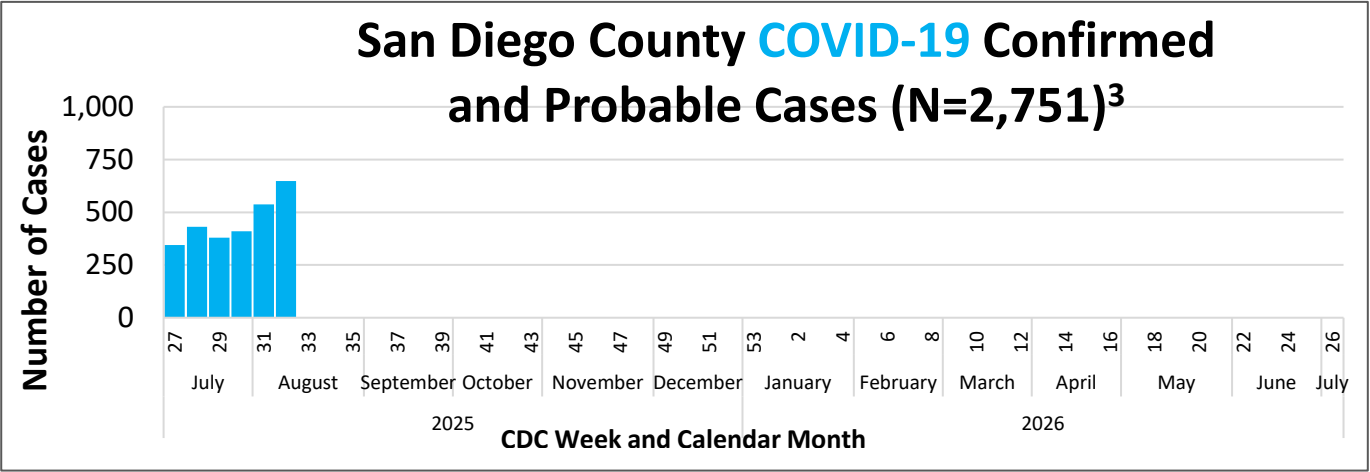
Indicator	2025-26 Fiscal Year				2024-25 Fiscal Year				Prior Years Average*		
	Week 32	Total To Date	Week 31		Week 32	Total To Date	FY Total		Week 32	Total To Date	FY Total
% P&I deaths ⁺	7%		4%		4%				6%		
CASES											
COVID-19 [‡]	648	2,751	537		1,893	9,994	29,587		4,359	27,828	227,090
Influenza	63	337	58		45	326	39,476		20	144	13,301
RSV	1	23	2		5	30	5,748		14	56	3,983
DEATHS [§]											
COVID-19	2	12	4		12	48	280		17	95	1,262
Influenza	0	0	0		0	1	219		0	0	44
RSV	0	0	0		0	0	19		0	0	13

2025-2026 Influenza Season



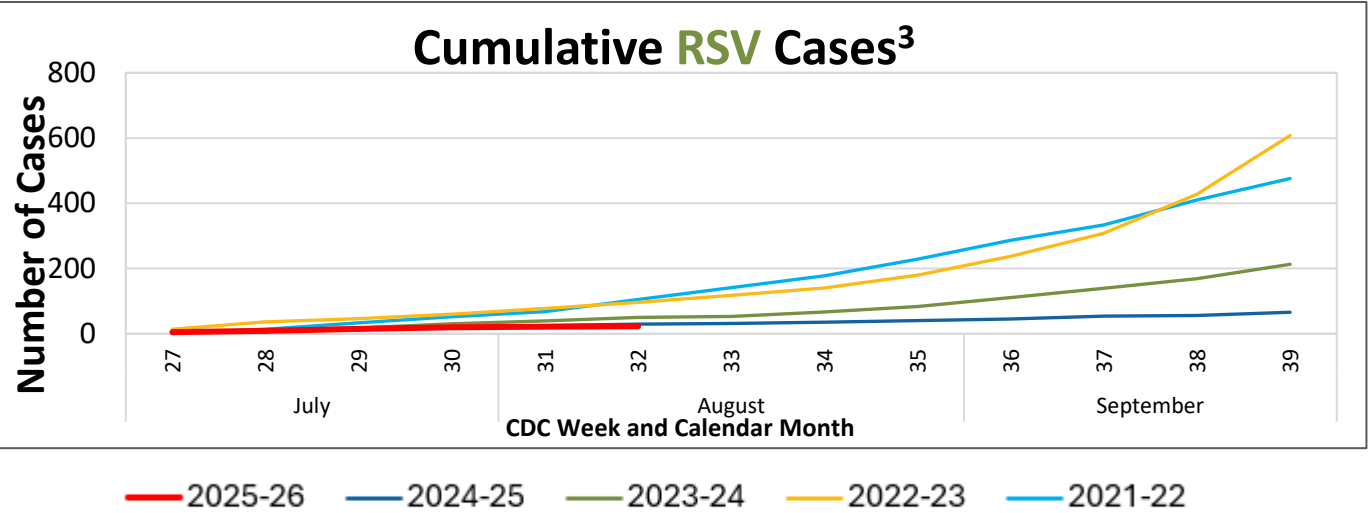
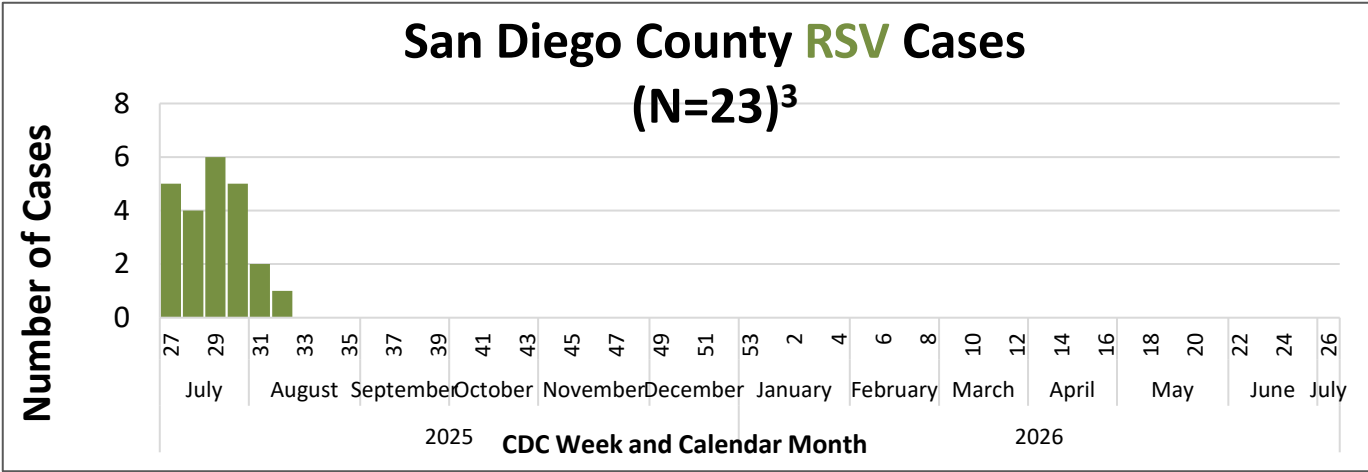
*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2025-2026 COVID-19 Season



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

2025-2026 RSV Season



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

References/Data Sources



- 1) Centers for Disease Control and Prevention (CDC): [Flu Disease Burden: Past Seasons | Flu Burden | CDC](#)
- 2) Centers for Disease Control and Prevention (CDC): [Preliminary Estimated Flu Disease Burden 2024-2025 Flu Season | Flu Burden | CDC](#)
- 3) San Diego County Communicable Disease Registry; Data through 6/28/2025
- 4) Wastewater SCAN: <https://wastewaterscan.org/>; Data through 6/28/2025
- 5) CDC FluVaxView Interactive ([Influenza-associated Pediatric Mortality \(cdc.gov\)](#)); Accessed 8/22/2025
- 6) California Immunization Registry (CAIR2); Data through 6/28/2025
- 7) San Diego Association of Governments (SANDAG) Open Data Portal: [Estimates & Forecasts \(Data Surfer\) Landing Page | SANDAG Open Data Portal](#)
- 8) [Staying Up to Date with COVID-19 Vaccines | COVID-19 | CDC](#)
- 9) [COVID Vaccine Data](#)
- 10) Boundy EO, Fast H, Jatlaoui TC, et al. Respiratory Syncytial Virus Immunization Coverage Among Infants Through Receipt of Nirsevimab Monoclonal Antibody or Maternal Vaccination — United States, October 2023–March 2024. MMWR Morb Mortal Wkly Rep 2025;74:484–489. DOI: <http://dx.doi.org/10.15585/mmwr.mm7431a3>.
- 11) [RSV \(Respiratory Syncytial Virus\) Immunizations | CDC](#)
- 12) [2025-2026 Respiratory Disease Season Outlook | CFA: Qualitative Assessments | CDC](#)

Thank you!

Danelle Wallace

Senior Epidemiologist

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SANDIEGOCOUNTY.GOV/HHSA



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.



***California Immunization
Coalition Greeting & Award
Presentation***



CALIFORNIA
IMMUNIZATION
COALITION



Natalie J. Smith, MD, MPH

Immunization Champion
Award

Awarded to
Heidi DeGuzman, BSN



We will rebuild



Our Collective Role in Protecting Public Health and Immunizations

- Develop and promote leaders and champions
- Support scientists, researchers, and each other
- Amplify the voice and messages of trusted professionals/ leaders
- Hold media and policymakers accountable
- **Speak up**, stand up, to misinformation and disinformation

Vaccines on Wheels: Redefining Access Through Mobile Pharmacies

*Hankyul Kim, PharmD
Pharmacy Manager
Medical Care Services, Pharmacy
County of San Diego Health & Human Services Agency*



Vaccines on Wheels: Redefining Access Through Mobile Pharmacies

County of San Diego
HHSA, Medical Care Services
HHSA & Mobile Pharmacy
Hankyul Kim, PharmD
Khanh Huynh, PharmD, BCACP, APH

Objectives



Define Pharmacy Deserts and Mobile Pharmacy Model



How the mobile pharmacy improves vaccine access & public health outcomes



Discuss operational, regulatory, and logistical considerations



Highlight insights and outcomes from the mobile pharmacy project



Background: Barriers to Access



Rural/underserved communities



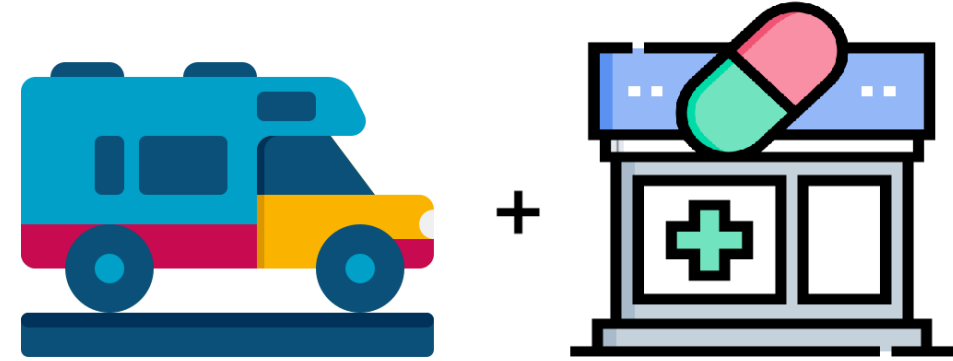
Long travel distances for medication/vaccines



Reliance on fixed-location pharmacies



Public health impacts: care delays, poor adherence, unmet needs



What Are Pharmacy Deserts?



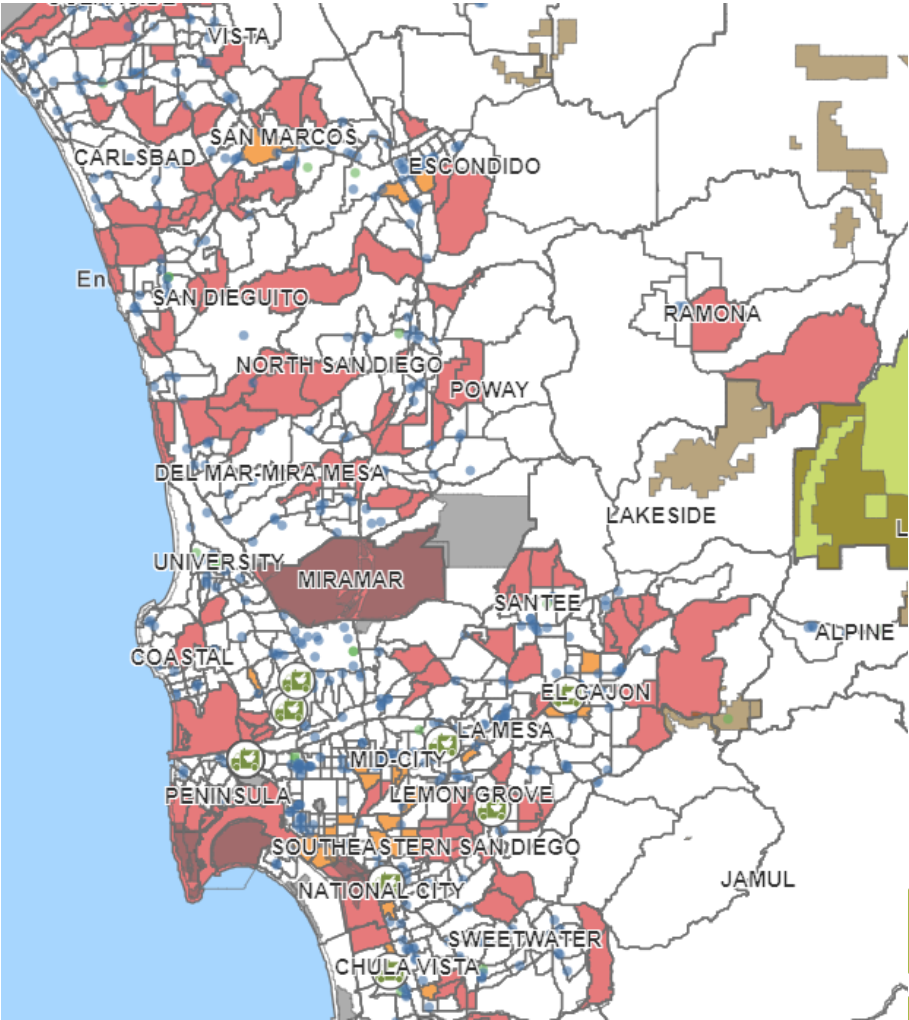
Pharmacy Deserts:
Areas with low/no
pharmacy access



**Disproportionately
affects:**
Rural, uninsured,
low-income
populations



Impact:
Linked to disparities
in vaccination rates
and worsened health
outcomes



Mobile Pharmacy Model



Assembly Bill No. 663

CHAPTER 539

An act to amend Section 4110.5 of the Business and Professions Code relating to healing arts.

[Approved by Governor October 8, 2023. Filed with Secretary of State October 8, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 663, Haney. Pharmacy: mobile units.

Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians and pharmacies. Existing law authorizes a county, city and county, or special district, or hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to underserved individuals, including those individuals without fixed addresses. Existing law authorizes a mobile unit to dispense prescription medication.



AB 663 Pharmacy: Mobile Unit , 2023
Considered as an **extension** of pharmacy



First service launched in 2024



Staffed by Clinical Pharmacists and Pharmacy Technicians



Services: health screenings, naloxone distribution, education, **vaccinations**

Mobile Pharmacy: Vaccine Service



Vaccines Provided: Flu, COVID-19, Hepatitis A



Fundings: State General Funds (SGF), CA Bridge Access Program (BAP), Local Health Department Section 317 Program (LHD 317)



Eligible Populations: uninsured/underinsured adults 19 years and older (exception: children can also receive state-funded flu vaccines)



Methods & Workflow



Simplified flowchart:

- Outreach event planning & site selection process
- Vaccine cold chain management
- Pharmacist-led clinic at community site
- Documentation: Internal data sheet & CAIR2



Outcomes & Results (Dec 2024 – June 2025)



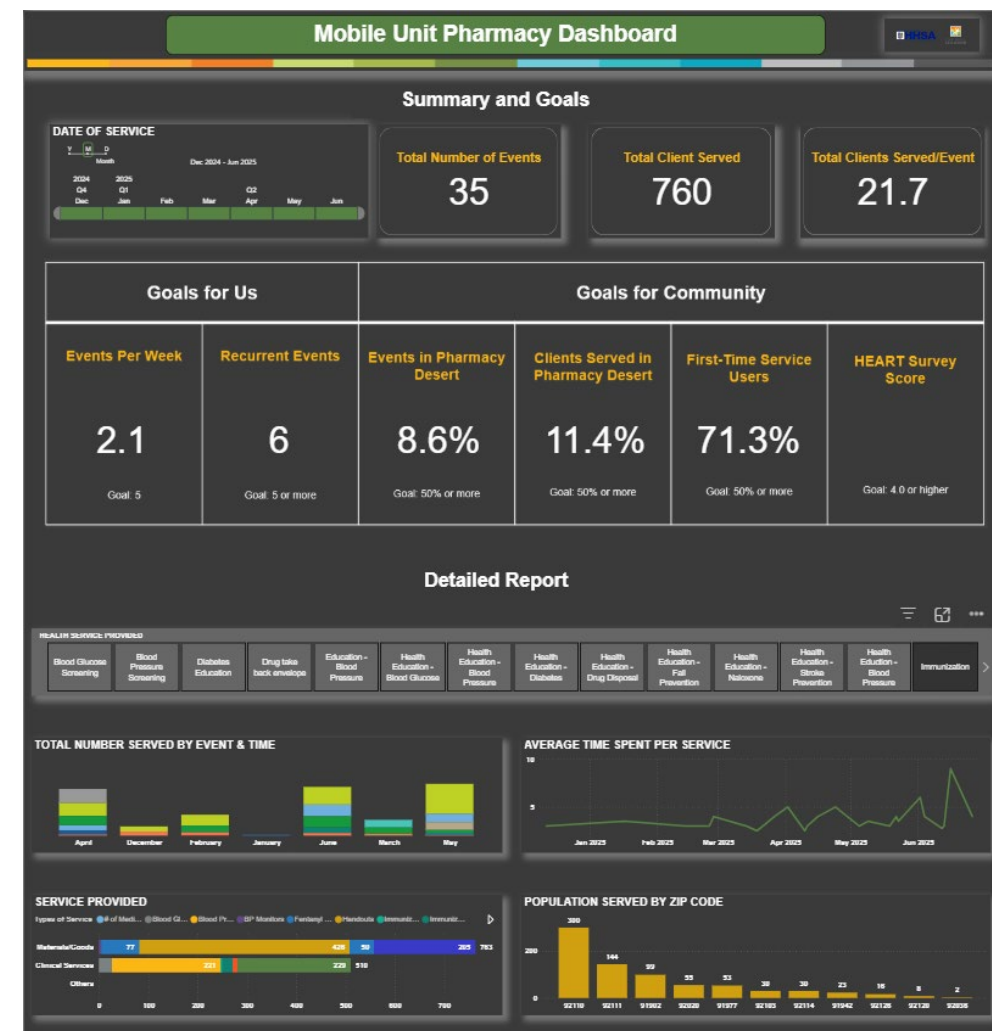
2269 encounters / 108 events (Total)

760 encounters / 35 events (Vaccines)

11.4% served in pharmacy deserts

71.3% first-time clients

Added values: BP/BG screenings, health education



Key Challenges & Considerations



**STAFFING &
TRAINING**



**COLD CHAIN &
INVENTORY
MANAGEMENT**



**REGULATORY
COMPLIANCE**



**DOCUMENTATIO
N & REPORTING**



**COORDINATION
WITH PARTNERS**



What We Learned



Partnerships amplify reach



Cultural competency & trust are critical



Patient education is invaluable to addressing vaccination hesitancy



Demand extends beyond vaccines (NRT, HIV PrEP/PEP, health screenings)



Conclusions



Effective model to improve vaccine access



Address multifactorial barriers to health equity



Compliance, cold chain, team coordination



Broader potential: integrated public health delivery



Next Steps & Call to Action



Scale vaccination services to reach more communities – during peak respiratory vaccine distributions



Expand mobile pharmacy services to include critical medications in addition to vaccines



Strengthen partnerships between healthcare and public health systems



Discussion & Q&A



Upcoming SDIC Events

**BOOSTING PROTECTION IN
LONG-TERM CARE THROUGH
RESPIRATORY VACCINATIONS**

2025 VIRTUAL SUMMIT

Join us for a virtual webinar on the importance of vaccinations and infection prevention strategies in skilled nursing, long-term care, and congregate care facilities, as well as other programs serving older adults.

Register Here



<https://bit.ly/40UZcSm>

SAVE THE DATE!

10.22.25



**Immunization
SKILLS INSTITUTE**

The innovative course will train medical personnel (e.g., medical assistants, pharmacists, nurses) on current, effective, and caring immunization techniques. Provider #CEP579 is approved by the California Board of Registered Nursing (BRN) to provide 2 continuing education contact hours offered for this training.

TOPICS COVERED

- Best practices
- Needle selection
- Injection sites
- Routes of administration & after care
- Vaccine storage & handling
- Immunization preparation
- Vaccine preparation
- Immunization documentation



Register Here



 **Wednesday, October 29, 2025**

 **8:00 AM - 12:30 PM**

 **5530 Overland Ave #124
San Diego, CA 92123**



Evaluation

