SAN DIEGO IMMUNIZATION COALITION PRESENTS

Sowing the Seeds *of Vaccine Confidence*

Building Trust for a Healthier Future

April 8, 2025

COUNTY OF SAN DIEGO
Health and Human Services Agency

LIVE WELL SAN DIEGO

SDIC
San Diego Immunization Coalition

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.

Agenda

Time	Presentation
9:00	Welcome & Introductions
9:15 - 9:45	County & Vaccine Preventable Disease Updates
9:45 - 10:15	Vaccine Coverage Among San Diego's Adolescent Population
10:15 - 10:30	BREAK
10:30 - 11:30	Effective Communication Without Confrontation
11:30 - 12:15	Q&A Panel
12:15 - 12:30	Announcements & Closing Remarks

Presenter

Danelle Wallace, MPH

Senior Epidemiologist

Epidemiology and Immunization Services Branch, Public Health Services

Adolescent Immunizations

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Epidemiology and Immunization Services Branch, Public Health Services

April 8, 2025

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Adolescent Teen Vaccines in the News!

County Encourages Flu Vaccines for Children and Teens

A flu shot is recommended for everyone 6 months and older.

The Washington Post

Only 61 percent of teens have been fully vaccinated against HPV

Only 61 percent of teens have been fully vaccinated against HPV. If used before HPV exposure, the completed vaccination series can protect...

Sep 7, 2024

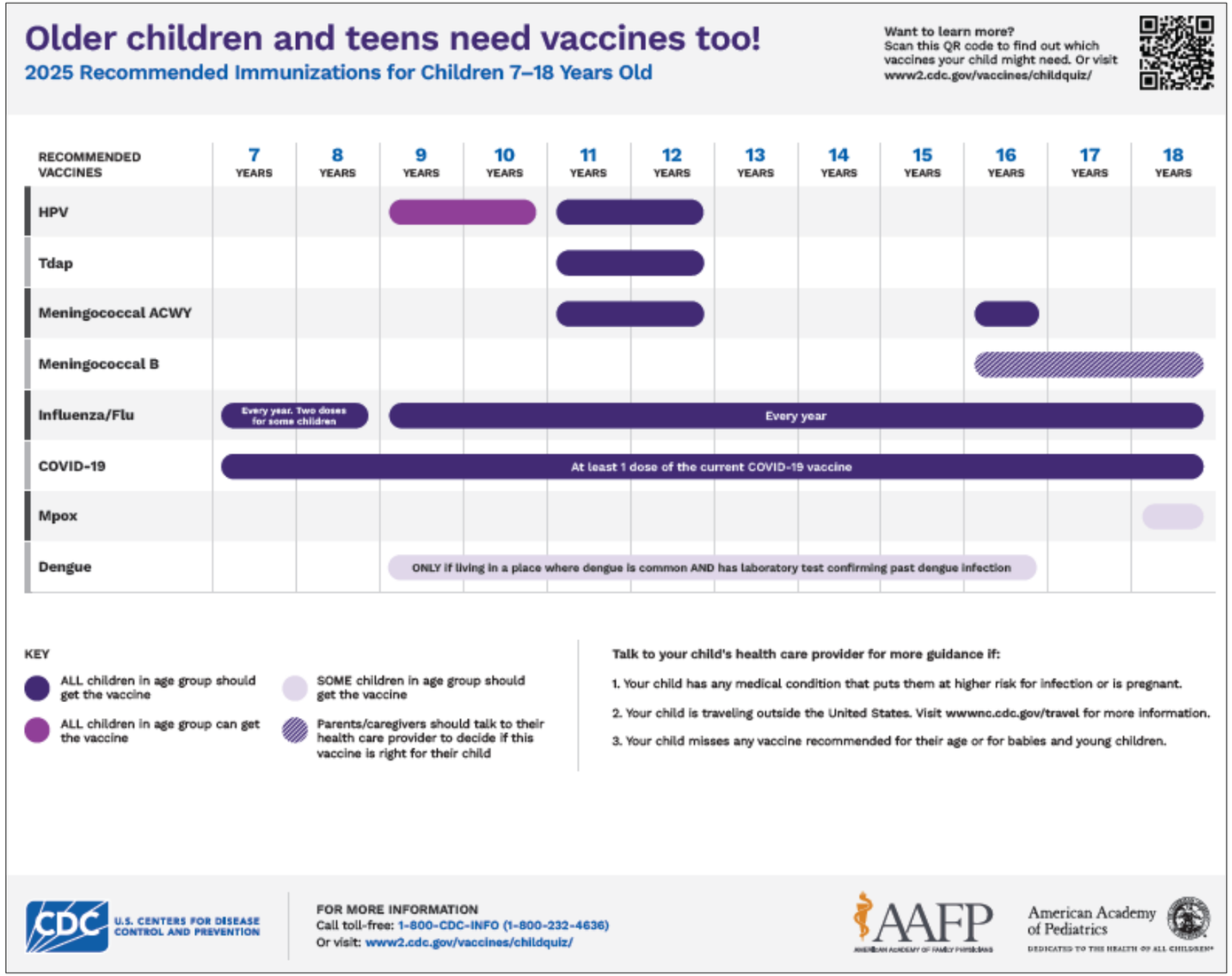
Media Advisory Wednesday, October 16, 2024

Mpox vaccine is safe and generates a robust antibody response in adolescents

NIH clinical trial addresses knowledge gap on vaccine use in adolescent populations

Which vaccines are recommended for adolescents?

CDC Recommendations



Older children and teens need vaccines too!

2025 Recommended Immunizations for Children 7–18 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit www2.cdc.gov/vaccines/childquiz/

RECOMMENDED VACCINES	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS
HPV												
Tdap												
Meningococcal ACWY												
Meningococcal B												
Influenza/Flu	Every year. Two doses for some children		Every year									
COVID-19	At least 1 dose of the current COVID-19 vaccine											
Mpox												
Dengue			ONLY if living in a place where dengue is common AND has laboratory test confirming past dengue infection									

KEY

- ALL children in age group should get the vaccine
- ALL children in age group can get the vaccine
- SOME children in age group should get the vaccine
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection or is pregnant.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses any vaccine recommended for their age or for babies and young children.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

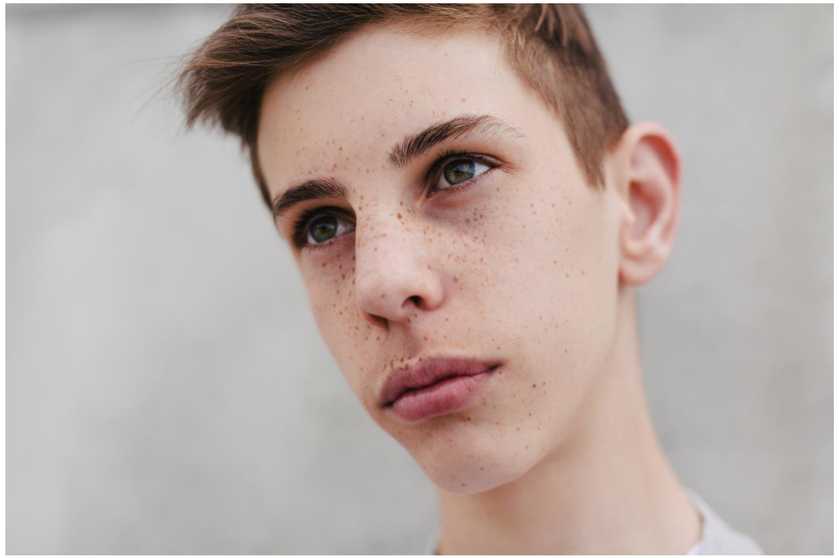
FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/

AAFP American Academy of Family Physicians

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

[Older children and teens need vaccines too! | Vaccines & Immunizations | CDC]

What are the adolescent vaccination coverage rates in San Diego?



What is a coverage rate?

- The proportion of group of interest (e.g., adolescents) who received at least the stated number of doses of each vaccine during the time frame that cohort was of the target age of vaccination.
  - Percentage of 11–12-year-olds who have received one dose of Tdap.
  - Proportion of 7th graders who are up-to-date (UTD) on HPV vaccines.

How are coverage rates calculated?

- Vaccination coverage rates for a community may be measured in different ways:
  - **Telephone based surveys**
    - Population-based, state and local area estimates of vaccination coverage using a standard survey methodology.
    - We have used the Random Digit Dialing (RDD) surveys since 2015.
  - **School survey results**
    - Annual surveys conducted by state of California for all students enrolled in preschool, transitional kindergarten (TK)/kindergarten, and 7th grade.
  - **Immunization registry-based estimates**
    - California Immunization Registry (CAIR)

Telephone Based Surveys

Random Digit Dialing (RDD) Survey

- The County of San Diego conducts Random Digit Dialing (RDD) telephone surveys to assess immunization coverage rates and knowledge, attitudes, and beliefs about vaccines among San Diego County residents.

- The County of San Diego has been conducting RDD telephone surveys in different age groups since 1995, with the most recent survey being completed in 2021/2022.
  - Current 2024/2025 survey started in September 2024

- Immunization coverage rates in four different populations are assessed:
  - Children 19-35 months of age
  - Adolescents 11-17 years of age
  - Pregnant women and mothers of children <36 months of age
  - Adults 18 years of age and older

Random Digit Dialing (RDD) Survey

- Survey Methods
  - Survey period: September 8, 2021 – January 12, 2022
  - Sample Size: 498 adolescent surveys completed
  - Immunization record survey respondents: 280
  - Recall survey respondents: 218

Random Digit Dialing (RDD) Survey

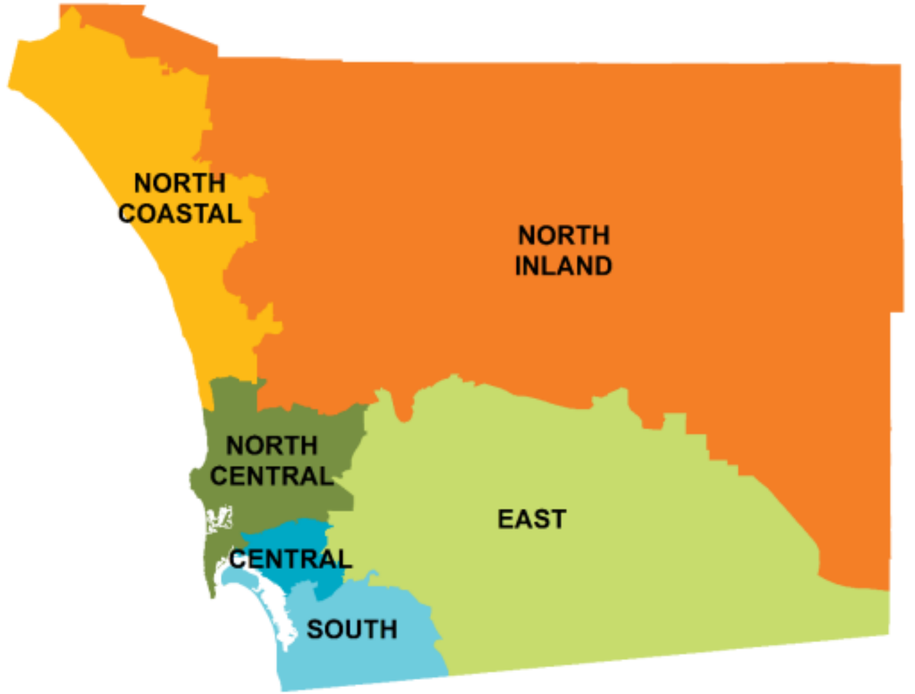
Post-Verification Vaccination Coverage Rates*				
	Tdap (1+)†	MCV (1+)	Up-to-Date HPV‡	Tdap, MCV, & HPV§
Age Group				
11-12 Years Old	63.4	58.3	21.7	17.3
13-17 Years Old	82.1	79.7	60.7	58.1
All Adolescents (11-17 Years Old)	77.3	74.2	50.6	47.6
Ethnicity				
Hispanic	71.5	70.4	51.0	46.8
Non-Hispanic	79.5	76.6	44.4	44.0

**Weighted coverage rates among those with Adequate Provider Data (APD)*
†1 or more Tdap doses received after age 10
‡Up-to-date status is 2 doses of vaccine if series was started prior to age 15 or 3 doses of series was started at or after age 15
§ Respondents with at least 1 Tdap, 1 MCV, and up-to-date on HPV

Random Digit Dialing (RDD) Survey

Post-Verification Vaccination Coverage Rates* by HHSA Region

HHSA Region	Tdap (1+) †	MCV (1+)	Up-to-Date HPV‡	Tdap, MCV, & HPV§
Central	66.9	69.4	36.3	36.3
East	84.3	76.2	65.8	59.9
North Central	86.2	82.6	59.7	57.3
North Coastal	74.5	70.3	42.1	40.0
North Inland	75.3	68.3	51.5	50.6
South	76.9	79.6	49.8	42.1



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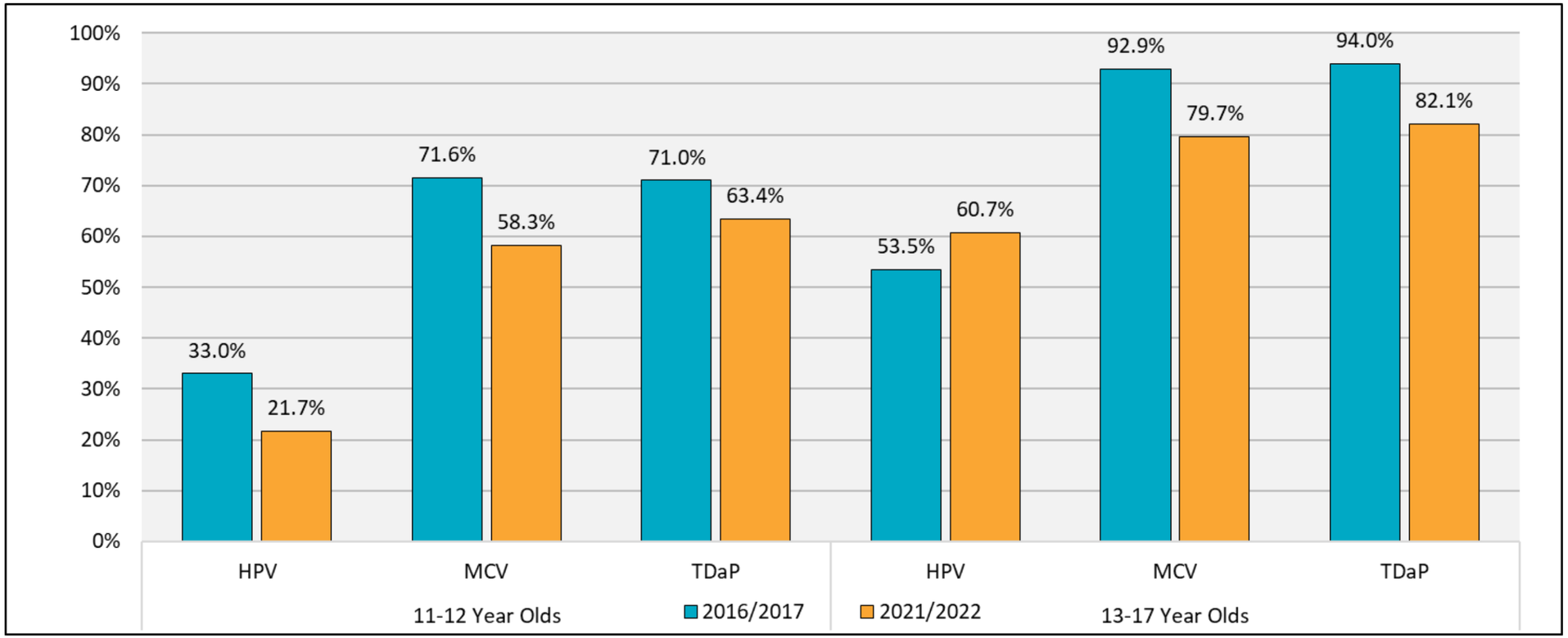
§ Respondents with at least 1 Tdap, 1 MCV, and up-to-date on HPV

Random Digit Dialing (RDD) Survey

Post-Verification Vaccine Coverage Rates* by Age Group, 2016/2017 vs. 2021/2022



Weighted coverage rates among those with Adequate Provider Data (APD)

Vaccine rates shown are for respondents with:

HPV=2 doses of vaccine if series was started prior to age 15 or 3 doses of series was started at or after age 15

MCV=1 or more dose of MCV

Tdap=1 or more Tdap doses received after age 10

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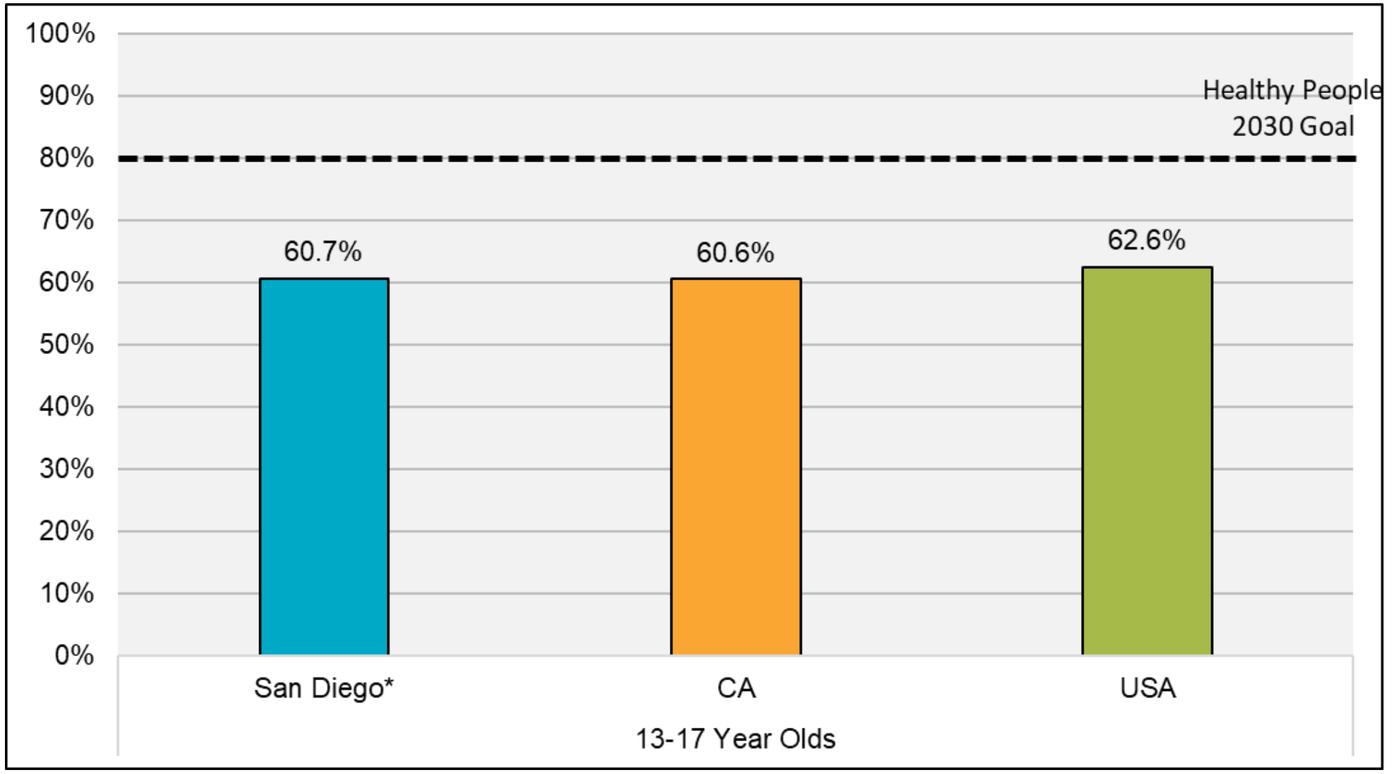
Random Digit Dialing (RDD) Survey

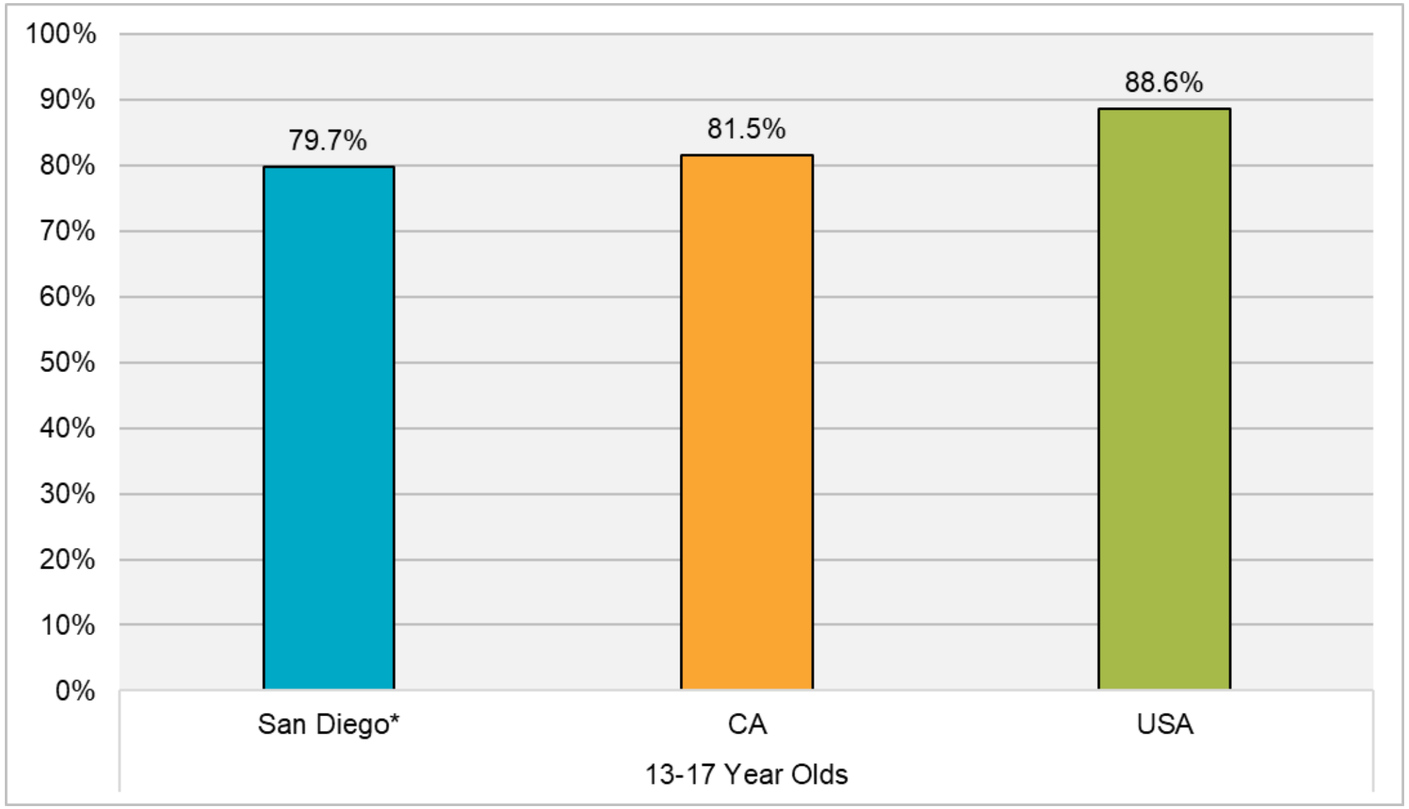
Up to Date HPV Vaccine Coverage Rates* by Geographic Area Among 13-17 Year Olds, 2021/2022



**Weighted coverage rates among those with Adequate Provider Data (APD)*
CA and USA rates are from 2022 NIS Data

Random Digit Dialing (RDD) Survey

13-17 Year Olds with ≥1 MCV Vaccine* by Geographic Area, 2021/2022



**Among those with Adequate Provider Data (APD)*
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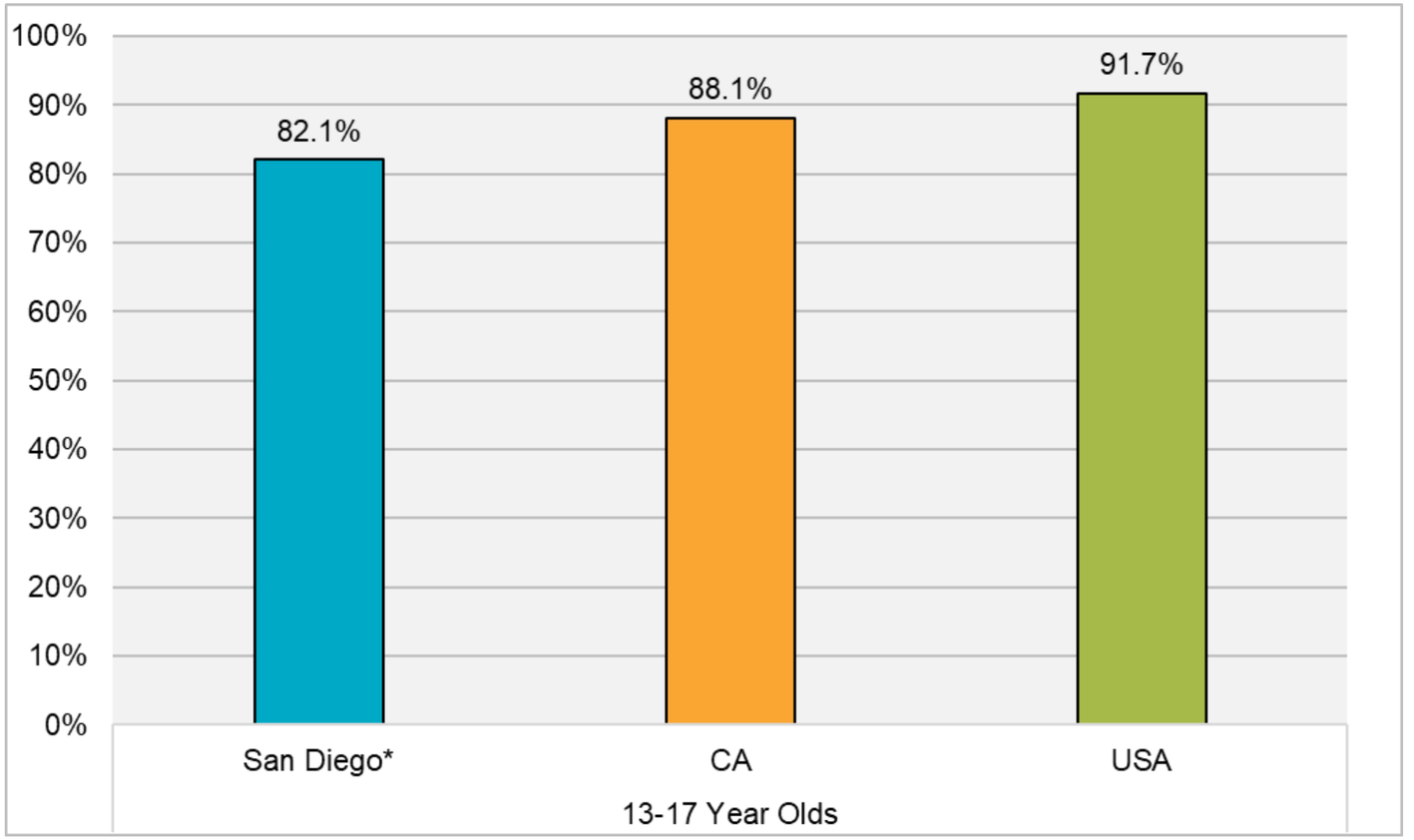
Random Digit Dialing (RDD) Survey

13-17 Year Olds with ≥1 Tdap Vaccine* by Geographic Area, 2021/2022

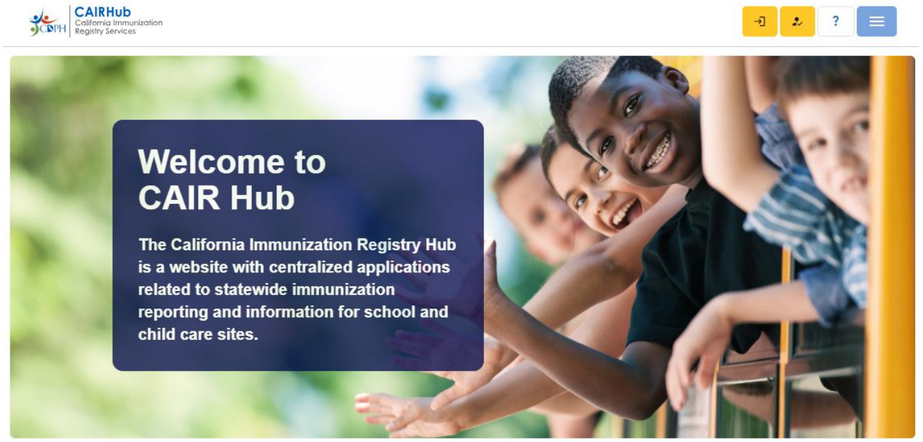


**Among those with Adequate Provider Data (APD)*
CA and USA rates are from 2022 NIS Data

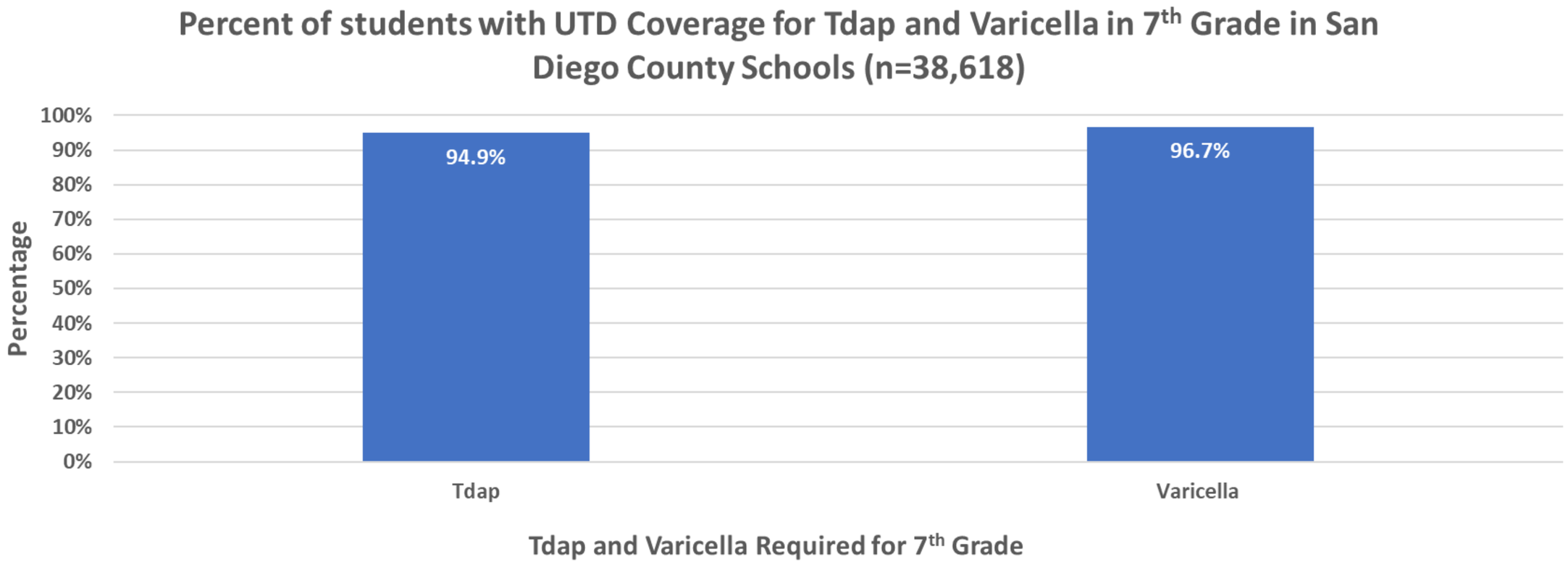
School Surveys

School Immunization Reporting

- All California Schools and Childcare facilities are required to assess and annually report the immunization status of their enrollees.
- Reports submitted for childcare, TK/Kindergarten and 7th grade.
- Schools and childcares review the child's Blue Card on file and tally the child's reporting status.
- Reports were submitted through the reporting website on the CAIR Hub.

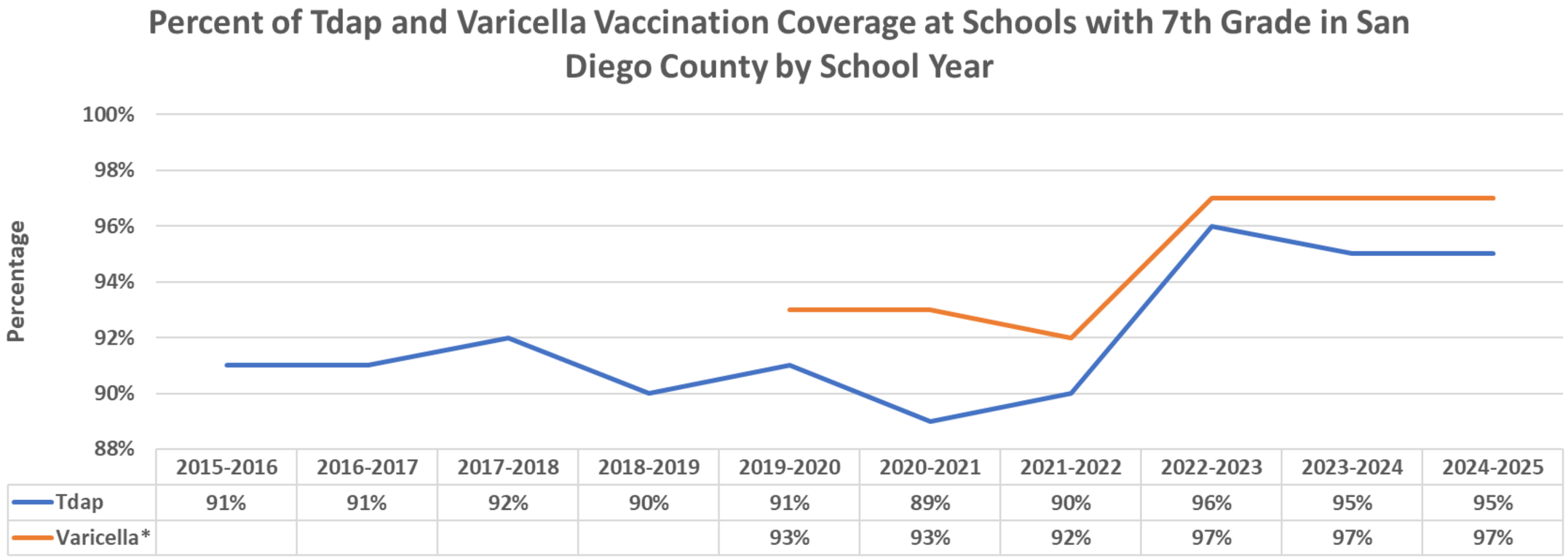


Results – 7th Graders



Data Source: *2024-2025 CAIR Hub Immunization Reporting Portal.*

Results – 7th Grade Coverage Over Time

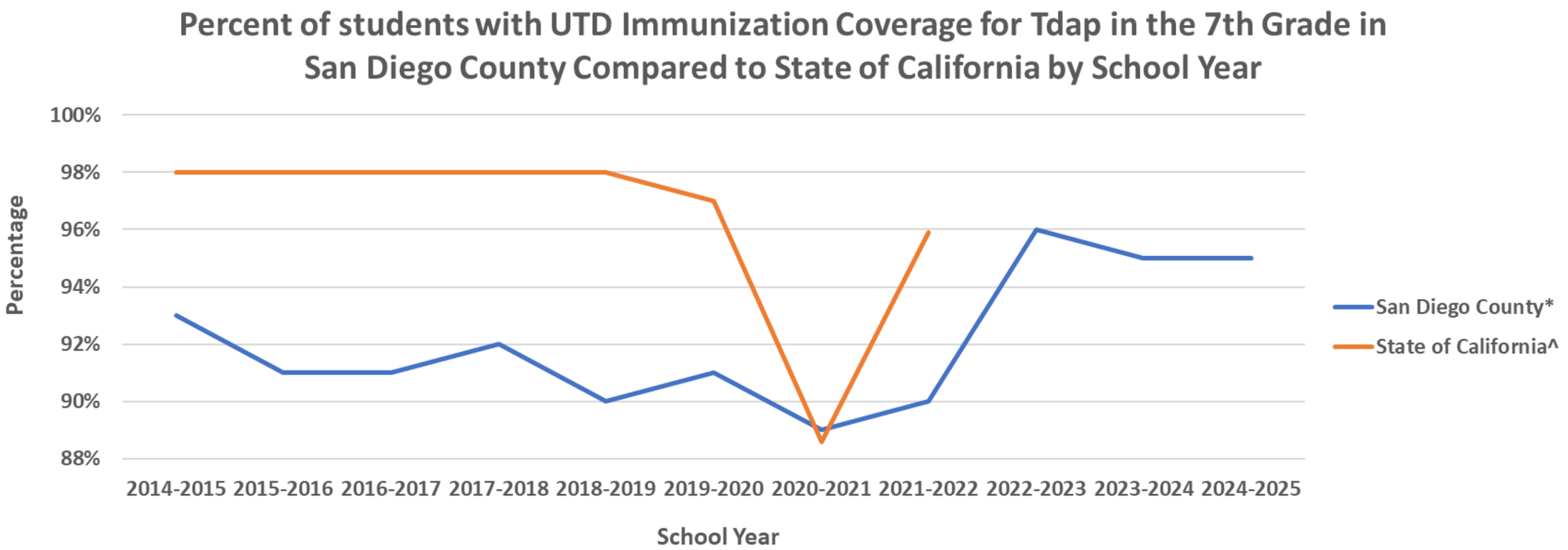


	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Tdap	91%	91%	92%	90%	91%	89%	90%	96%	95%	95%
Varicella*					93%	93%	92%	97%	97%	97%

**Varicella vaccination information began being captured in 2019-2020 reporting cycle.*

Data Source: *Shots for School and CAIR Hub Reporting Portal.*

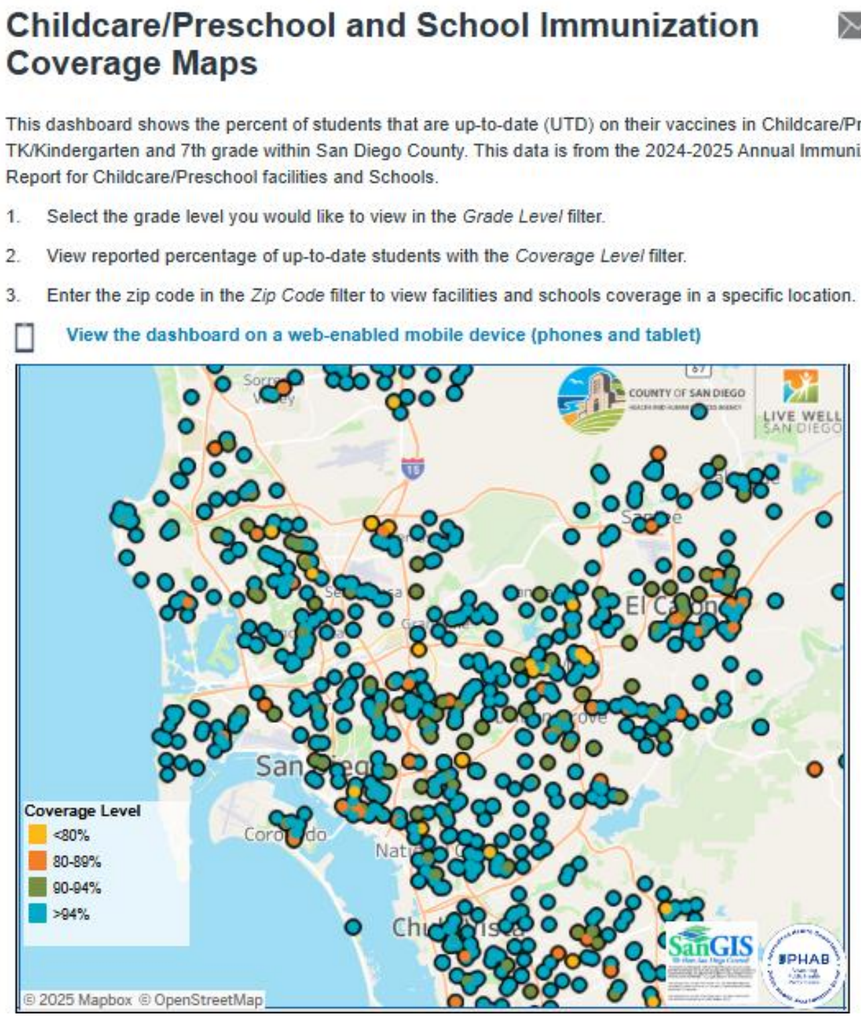
Results – 7th Grade UTD Coverage for Tdap Over Time Compared to State of CA



**San Diego County mean UTD coverage estimates are weighted by school enrollment. UTD is the # of students with all required vaccines, PME, and IEP, divided by enrollment. Ratios are multiplied by 100 to determine percentages.*
^California estimates represent the average mean of UTD students across all counties in California. Data is pre-analyzed by CDPH. Data from CDPH not yet public for 2022 on.

Data Source: *Shots for School and CAIR Hub Reporting Portal.*

Results – IZ Coverage Maps



- Interactive maps showing the 2024/2025 coverage rates by childcare/preschool and schools available.

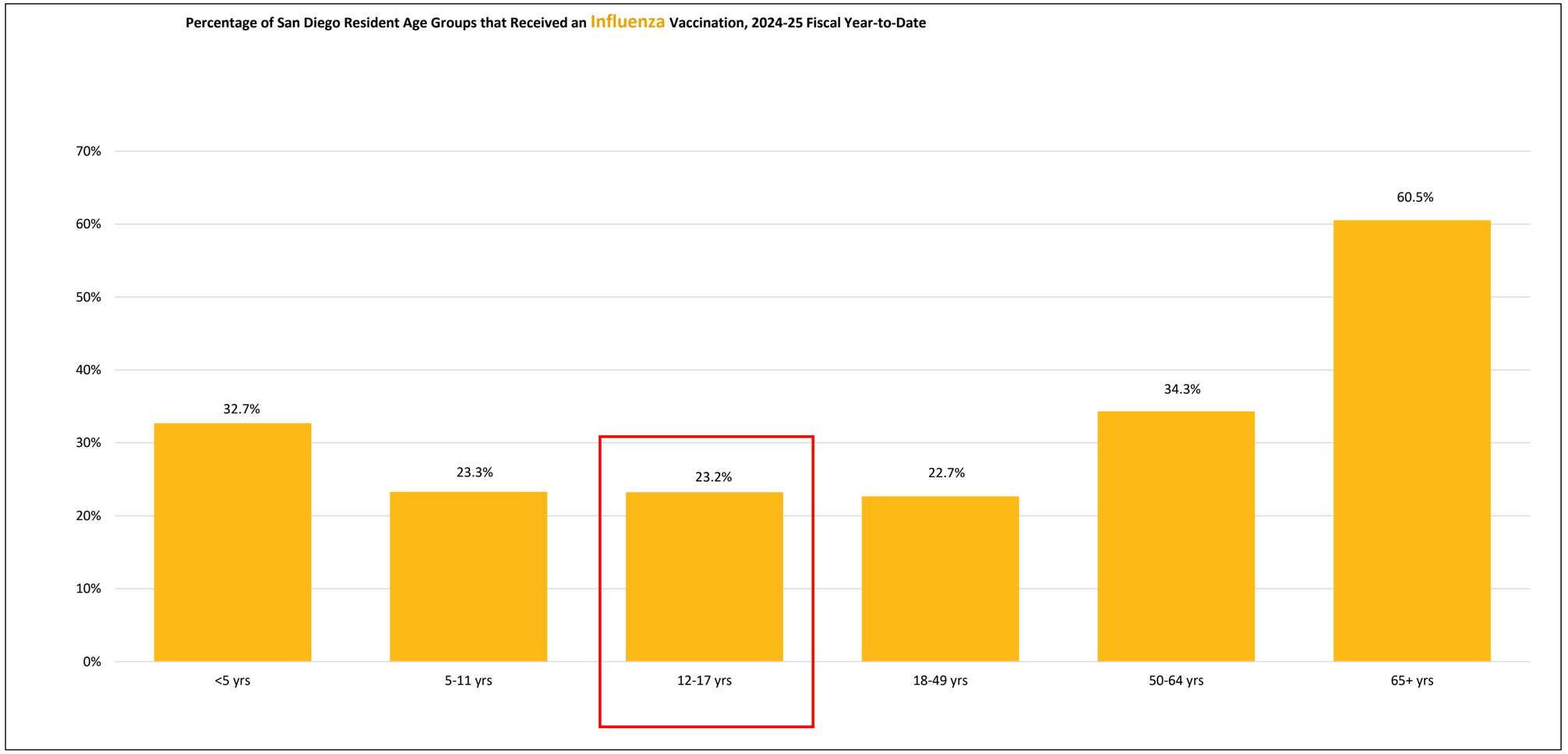
[Childcare/Preschool and School Immunization Coverage Maps]

Registry Based

***Preliminary estimates - Please contact County of San Diego for more information**

Special Topic –
Adolescent Influenza Vaccination

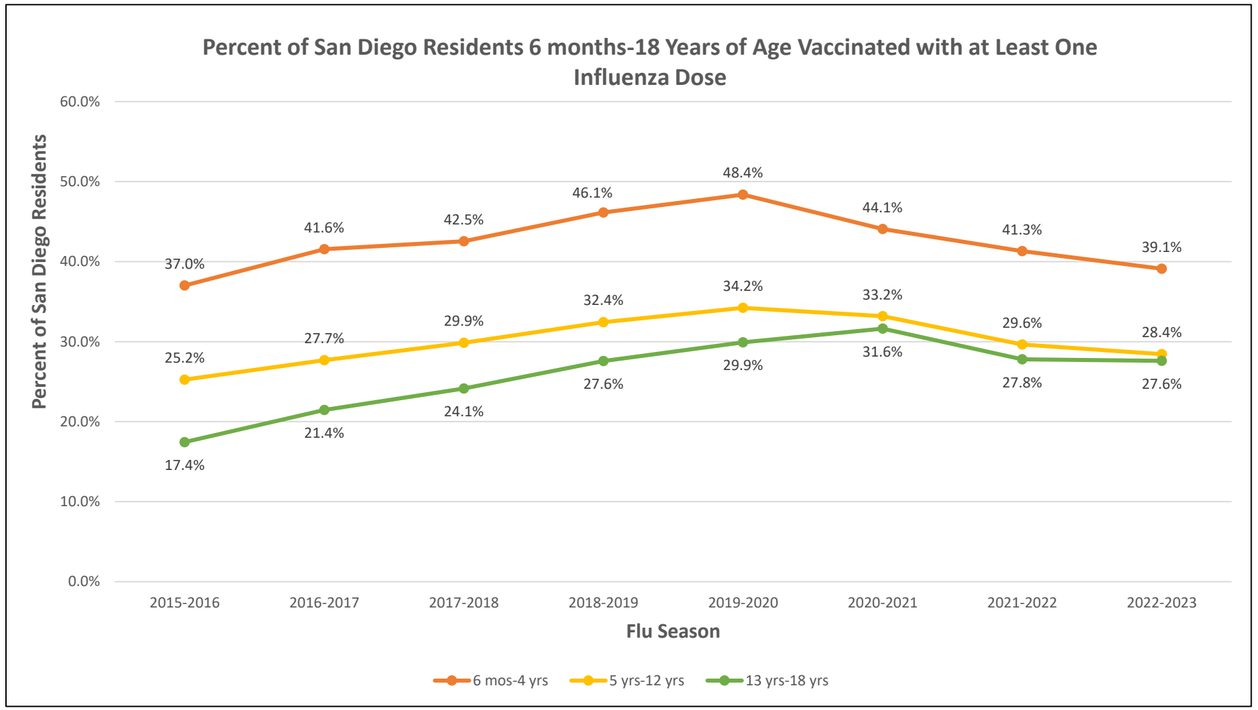
Influenza Vaccinations - Local



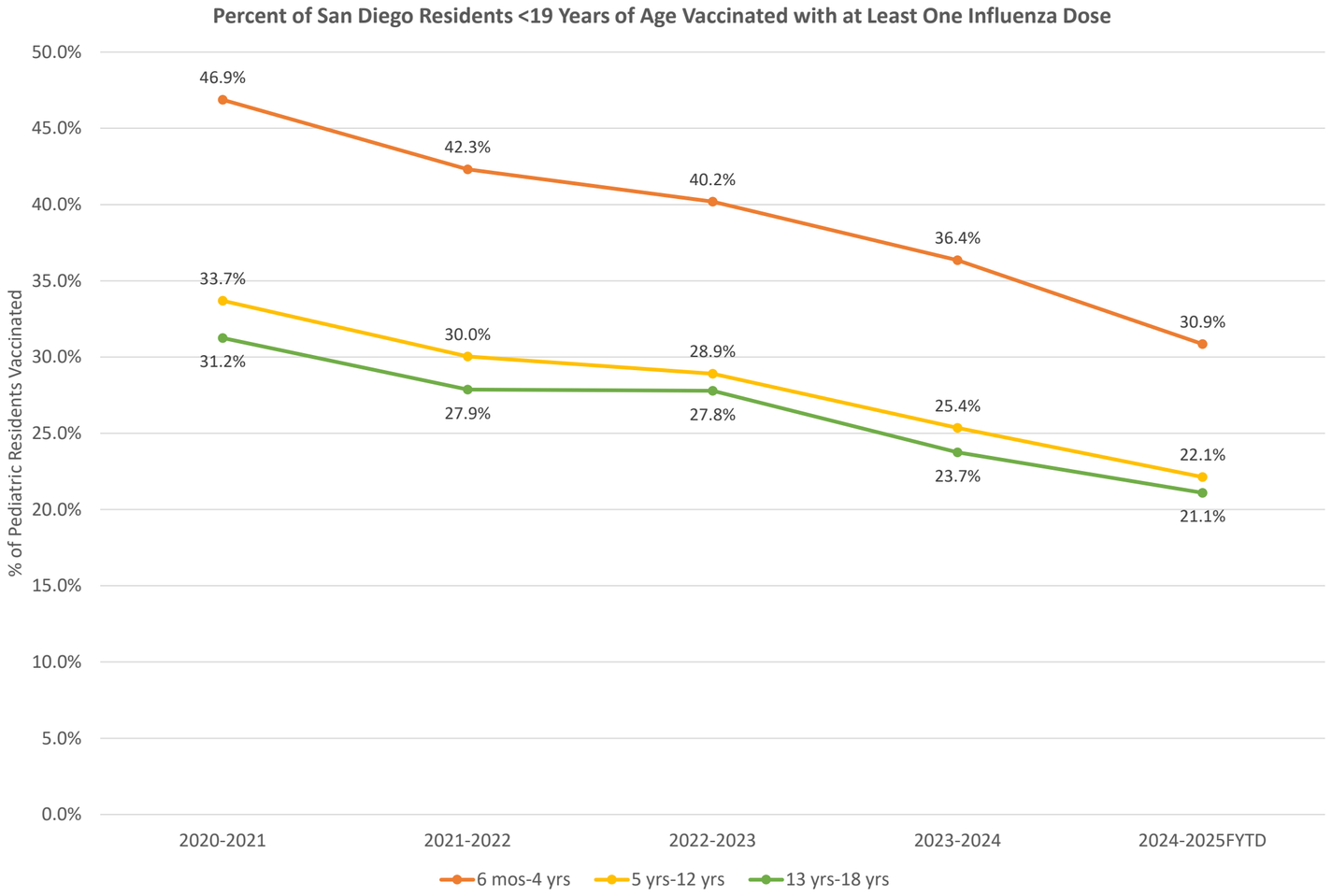
Preliminary Results
Data Source: California Immunization Registry (CAIR2); Data through 3/29/2025
Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

Pediatric Influenza Vaccination Coverage Past Trends – SD County

- 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 had continuously **declined through 2022/23**.
- The **13-18 yo** group consistently had the **lowest rates** 2015/16-2022/23.



Pediatric Influenza Vaccination Coverage Trends – SD County by Age Group



- Continuous **decline** in flu vaccination coverage across all pediatric age groups from 2020/21 to 2024/25 FYTD
  - <5 yrs = 34.2% decrease
  - 5-12 yrs = 34.3% decrease
  - 12-18 yrs = 32.5% decrease

- **13-18 yo** group has **lowest rates**, currently at 21.1%.

- All **5** SD pediatric influenza deaths this season were in the **13-18yo** age group, and none had received this season's flu vaccine.

Summary

- Telephone Survey Results
  - Hispanic/Latinx respondents had **higher coverage rates of HPV** vaccination than their non-Hispanic counterparts, but lower rate of Tdap and MCV coverage.
  - Central Region had the **lowest** rate of Tdap and HPV coverage.
  - In comparison to 2016/2017 RDD Results:
    - HPV coverage increased among 13–17-year-olds
    - MCV coverage decreased among 13–17-year-olds
    - TDaP coverage decreased among 11–12-year-olds and 13–17-year-olds
  - In comparison to state and national data (among 13–17-year-olds):
    - HPV coverage is on par with state rates
    - The percentage of respondents with at least 1 MCV vaccine was similar to state rates, but ~10% lower than the national rate
    - The percentage of respondents with at least 1 Tdap vaccine was lower than CA and US rates

Summary

- School Survey Results
  - Since increasing steadily through 2022/2023, Tdap and varicella coverage rates among 7th graders have plateaued at 95% and 97%, respectively.
- Registry Based Results
  - Estimates using ogive weighting provide results closest to the “gold standard” of the RDD telephone-based surveys.
- Several types of vaccines have low coverage among teens.
  - Influenza vaccine uptake low and should be encouraged.

THANK YOU

For questions or comments, please contact the County of San Diego Immunization Unit

Danelle Wallace, Senior Epidemiologist

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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.

Presenter

Mark Beatty, MD, MPH, FAAP, FACPM

Assistant Medical Director

Epidemiology and Immunization Services Branch

Vaccine Preventable Disease Updates

Mark Beatty, MD, MPH, FAAP, FACPM

April 8, 2025

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Conflicts & Disclosures

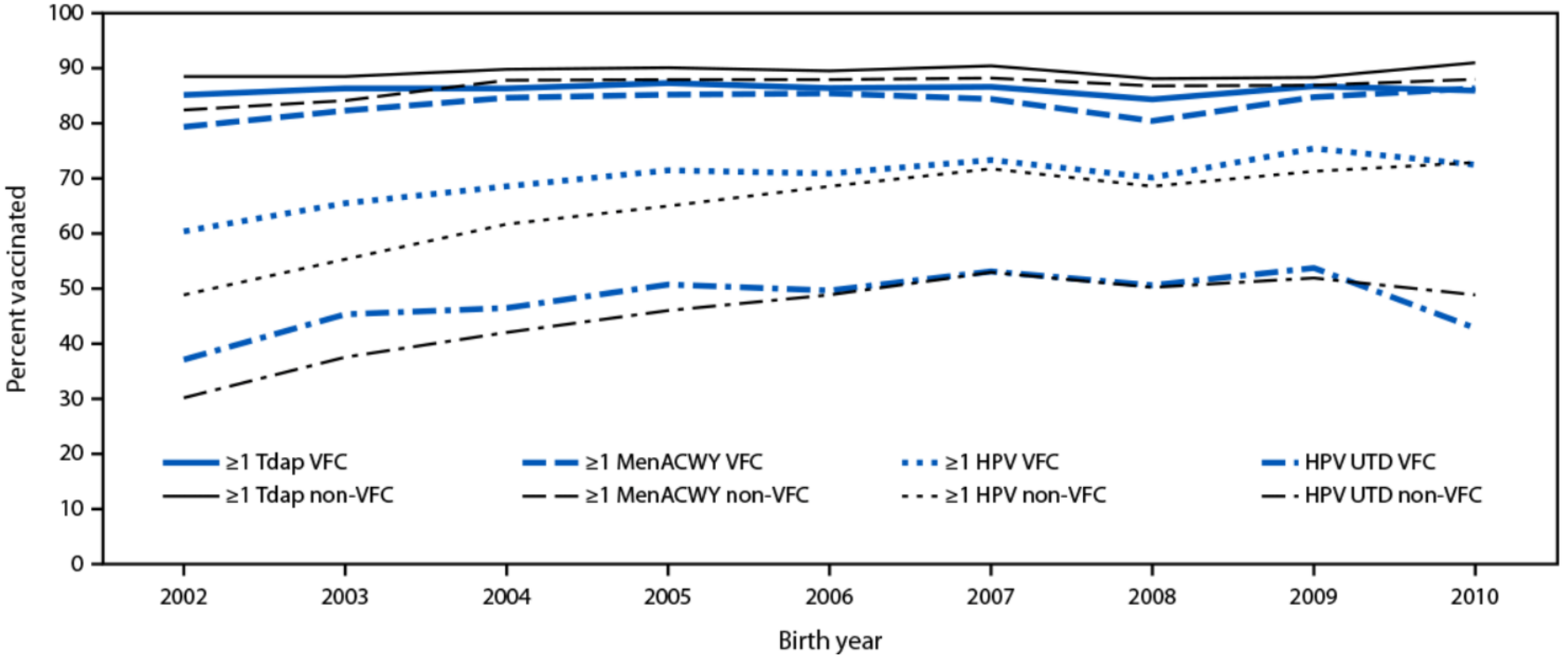
- Nothing to disclose

Objectives

- Provide updates on the immunization landscape nationally
- Address impacts of the funding cuts to immunization
- Identify action items for public health professionals to increase vaccination rates

Updates on the Immunization Landscape Nationally

Vaccination Coverage Among Adolescents: National Immunization Survey



Abbreviations: HPV = human papillomavirus; HPV UTD = up to date with HPV vaccination; MenACWY = quadrivalent meningococcal conjugate vaccine; Tdap = tetanus, diphtheria, and acellular pertussis vaccine; VFC = Vaccines for Children.

Source: National Immunization Survey-Teen, United States, 2023 | MMWR

Coverage by Age 13 Years and by Eligibility for the VFC Program

- Coverage with ≥1 Tdap dose, ≥1 MenACWY dose, and ≥1 HPV vaccine dose by age 13 years (born 2008–2010) and eligible for the VFC program was similar to coverage among VFC-eligible adolescents born in 2007.
- Percentage of VFC-eligible adolescents who were up to date with HPV vaccination (HPV UTD) was 10.3 percentage points lower among adolescents born in 2010 compared with those born in 2007.
- Coverage with ≥1 Tdap and ≥1 MenACWY dose by age 13 years (born 2003–2008), was lower among VFC-eligible adolescents than among non–VFC-eligible adolescents.

Source: National Immunization Survey-Teen, United States, 2023 | MMWR

Routine Vaccination Coverage: Adolescents Aged 13–17 Years

- In 2023, coverage with all routine vaccines recommended for adolescents was similar to coverage in 2022 nationally.
- Among adolescents aged 13–17 years included in the 2023 survey
  - 89.0% had received ≥1 Tdap dose
  - 88.4% had received ≥1 MenACWY dose
  - 76.8% had received ≥1 HPV vaccine dose, and 61.4% were HPV UTD
- Among the other vaccines and catch-up vaccines recommended for adolescents.
  - Coverage with ≥1 MenB dose increased by 3.0 percentage points
  - Coverage with ≥2 hepatitis A vaccine doses increased by 1.9 percentage points in 2023 compared with coverages in 2022

Source: National Immunization Survey-Teen, United States, 2023 | MMWR

Effectiveness of VFC Program

- 40% of adolescents aged 13–17 years included in the 2023 NIS-Teen data were eligible for the VFC program, highlighting the program's critical role in achieving high vaccination coverage across the United States.
- VFC is effective in reaching vulnerable and under-resourced communities.
  - Higher HPV vaccination coverage among VFC-eligible adolescents compared with non–VFC-eligible adolescents before the pandemic, and similar coverage by VFC eligibility since the pandemic
- The decline in the percentage of VFC-eligible adolescents who are HPV UTD underscores the importance of ongoing efforts to ensure outreach and equitable access to vaccination services for all children and adolescents.

Continued Outreach Is Critical

- The pandemic caused health care disruptions that impacted Lower vaccination coverage among adolescents born in 2008 compared with those born in 2007.
- Coverage with ≥1 Tdap dose, ≥1 MenACWY dose, and ≥1 HPV vaccine dose among adolescents born in 2009 and 2010 returned to prepandemic levels.
- Compared with coverage among adolescents born in 2007, HPV UTD coverage among those born in 2010 decreased 7.1 percentage points overall and 10.3 percentage points among VFC-eligible adolescents.
  - HPV vaccine initiation by birth year has returned to prepandemic levels, further efforts are needed to increase HPV vaccination coverage.
- Ongoing outreach to parents/adolescents is critical

MEASLES- 2025

- April 3, 2025, a total of 607 confirmed* measles cases
- AK, CA, CO, FL, GA, KS, KY, MD, MI, MB, NJ, **NM**, NY, OH, **OK**, PA, RI, TN, **TX**, VT, and WA
- 6 outbreaks: 93% of confirmed cases (567 of 607) are outbreak-associated

- Three[1] fatalities, one in a school-aged child with no known underlying conditions

Source: Measles Cases and Outbreaks | Measles (Rubeola) | CDC; 1 Texas announces second death in measles outbreak | Texas DSHS

MEASLES- 2025 (N=607)

Age

- Under 5 years: 196 (32%)
- 5-19 years: 240 (40%)
- 20+ years: 159 (26%)
- Age unknown: 12 (2%)

Vaccination Status

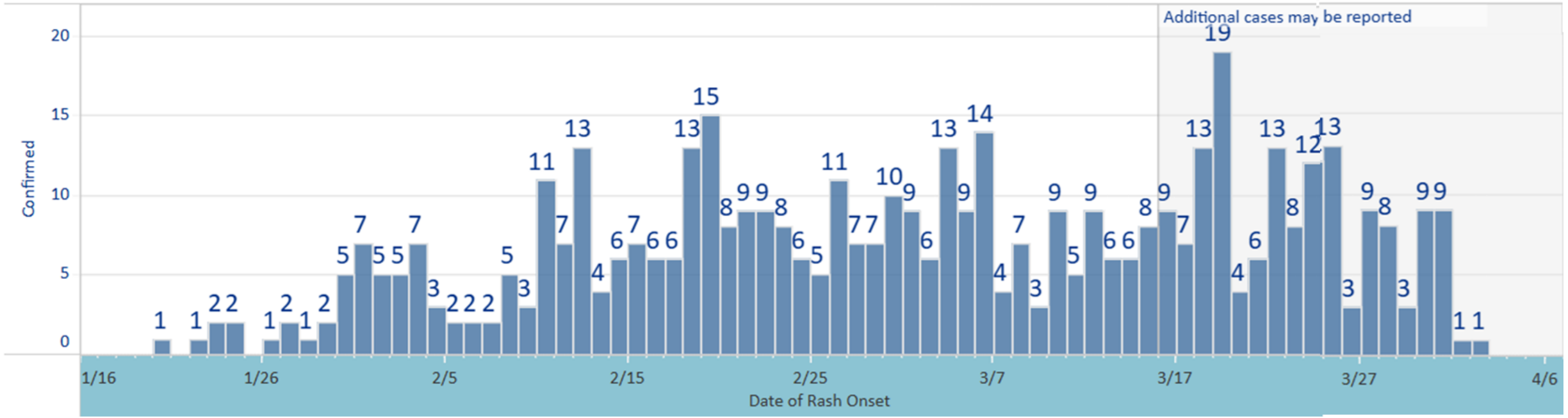
- Unvaccinated or Unknown: 97%
- One MMR dose: 1%
- Two MMR doses: 2%

Source: Measles Cases and Outbreaks | Measles (Rubeola) | CDC

WEEKLY MEASLES CASES, TEXAS 2025

Outbreak Cases by Date of Rash Onset

If date of rash not available, the following hierarchy is used for date: symptom onset date, specimen collection date, hospital admission date, or date reported to the region.
People with measles are contagious from four days before rash onset to four days after.



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Source: Measles Outbreak – April 4, 2025 | Texas DSHS

MEASLES, TEXAS 2025

West Texas children treated for vitamin A toxicity after measles hospitalizations

Saleen Martin
USA TODAY

Published 4:06 p.m. ET April 4, 2025

- Covenant Children's Hospital but confirmed there have been "fewer than 10 cases”
- Vitamin A cannot prevent measles. Vitamin A may be useful as a supplemental treatment once someone has a measles infection and under the care of a doctor[2]

Sources: 1Texas hospital reports cases of vitamin A toxicity in measles patients; 2 Measles Frequently Asked Questions | Texas DSHS

Measles Misinformation

- Children's Health Defense (CHD) built a fake CDC website pushing false claims about the MMR vaccine and autism[1]
- News of the 3rd Texas death broke Saturday by CHD. This was a day before Texas, CDC, or HHS made any public statement[2]
  - Attribute the child's death on medical errors, not measles
  - Texas DOH issued a press release a confirmed measles death[3]
- CoSD page on vaccine misinformation Evaluating COVID-19 Information

Source: 1 Kennedy Instructs Anti-Vaccine Group to Remove Fake C.D.C. Page - The New York Times; 2 Third measles death;3 Texas announces second death in measles outbreak | Texas DSHS

MEASLES, TEXAS 2025

“I just had to tell our commissioners this morning that we’ve had to cancel over 50 different clinics in our community,” said Dr. Philip Huang, director and health authority for the Dallas County Health and Human Services Department

Source: Dozens of free measles vaccine clinics close in Texas as federal funding is cut

Address impacts of the funding cuts to immunization

Public Health Funding

- NBC News reported the U.S. Department of Health and Human Services, which oversees the CDC, confirmed Tuesday it would pull back $11.4 billion in COVID-19 response funds. CapRadio has reached out to the CDC and HHS for comment.[1]
- CDPH Director Dr. Erica Pan said in a statement that her agency is working to evaluate the impact of the cuts. She did not disclose the total amount. Pan said. “CDPH remains committed to seeking the resources required to support the critical, lifesaving infrastructure needed to keep people healthy and protect them against infectious disease, vaccine-preventable diseases and health emergencies.”
- CA State Attorney General Rob Bonta, along with more than 20 states and the District of Columbia, filed a lawsuit Tuesday against the U.S. Department of Health and Human Services, seeking to block slashing federal dollars for public health. [2]
- Supervisor decries loss of $40M for county lab as court halts federal cuts to public health funding as may impact the equipping the newly completed public health laboratory[3]

Sources:1 CDC is pulling back $11B in Covid funding sent to health departments across the U.S; CDC to slash infectious-disease funding for states; California impact uncertain; 2 Attorney General Bonta Files Lawsuit, Seeks Immediate Court Order to Block Sweeping OMB Directive Freezing up to $3 Trillion in Vital Federal Funding; .3 Supervisor decries loss of $40M for county lab as court halts federal cuts to public health funding - Times of San Diego

Identify action items for public health professionals to increase vaccination rates

Immunization Registry

- Immunization information systems are confidential geographically specific databases that record vaccine delivery by healthcare providers and immunization status of populations.
- Have been shown to be crucial in support evidence-based practices to increase immunization delivery.
- Measure immunization delivery, identify areas, or populations needing improvement in vaccination rates and track the impact of interventions.
- Can facilitate effective reminder/recall, audit and feedback, and stimulate provider reminder activities.

Additional Public Health Activities

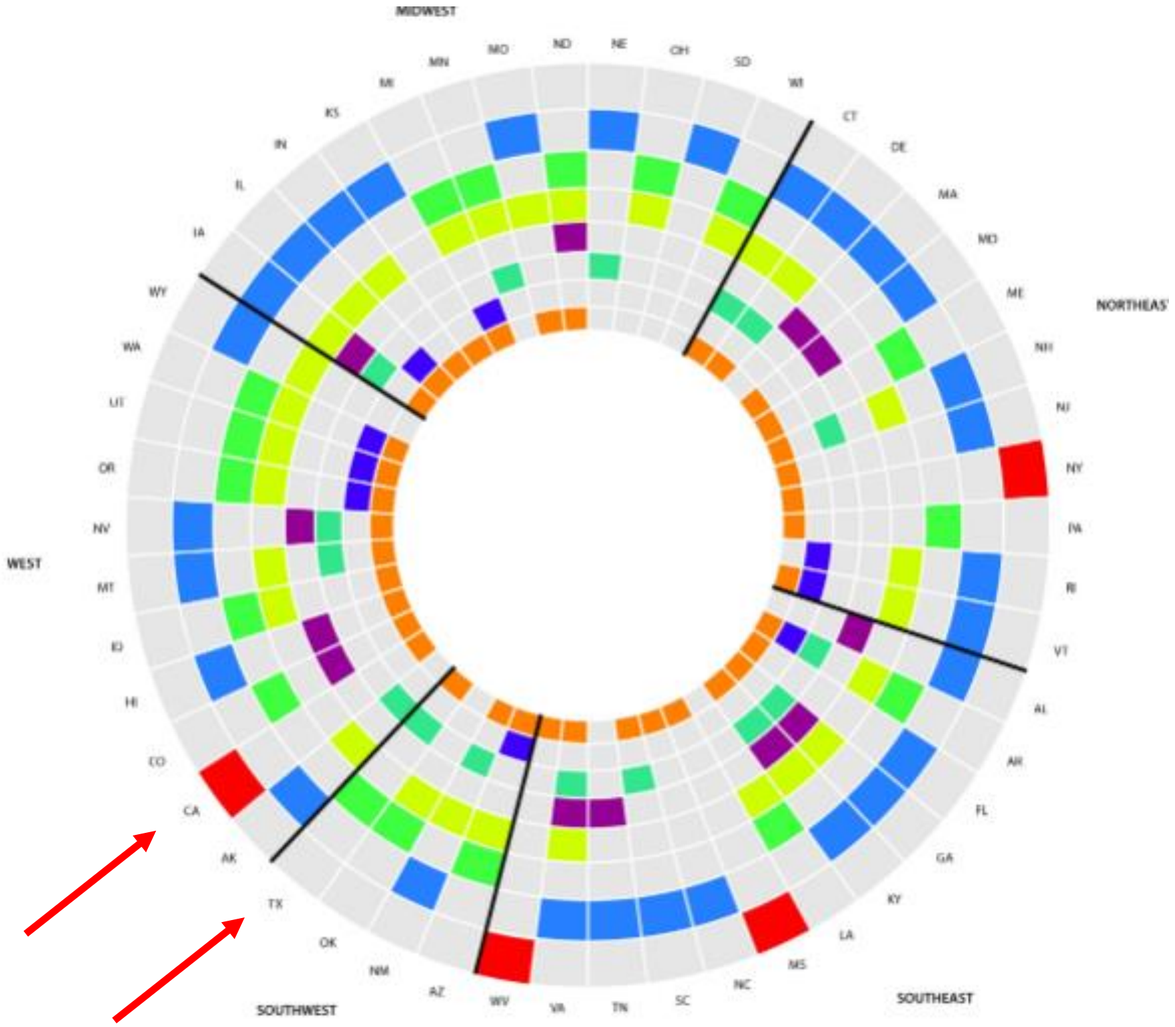
- Immunization promotion in cooperation with community organizations and outreach can improve immunization rates among families who do not regularly attend primary care or public health clinics.
- Partnering to staff community health events and foot teams to increase vaccination rates among homeless.
- Temporary vaccine incentive program for Hepatitis A vaccination effectively double vaccination rates among PEH during a periods of increased cases among PEH.
- Planned mobile vaccination unit available on request to participate in addition al health events as needed.
- Special focus on schools to review student immunization status, interventions to improve immunization include providing educational information promoting vaccination.

Reducing Non-Medical Vaccine Exceptions

- In 2016, a California policy (Senate Bill 277) eliminated nonmedical exemptions from school entry requirements.
- 3.3% increase in MMR vaccination coverage, a 2.4% decrease in nonmedical exemptions, and a 0.4% increase in medical exemptions at the state level.
- 4.3% increase in overall vaccination, a 3.9% decrease in nonmedical exemptions, and a 2.4% increase in medical exemptions at the county level.
  - The largest increases in post-policy county-level coverage occurred in counties with lower pre-policy vaccine coverage.

Source: The 2016 California policy to eliminate nonmedical vaccine exemptions and changes in vaccine coverage

Vaccine Exceptions by State, 2019



- Medical exemptions only
- Medical and religious exemptions
- Medical, religious, and philosophical exemptions
- Parental acknowledgment of exclusion during outbreak
- Exemptions might not be recognized during outbreak
- Notarization required for exemption application documents
- Parental education on vaccinations required
- Duration of medical exemptions addressed

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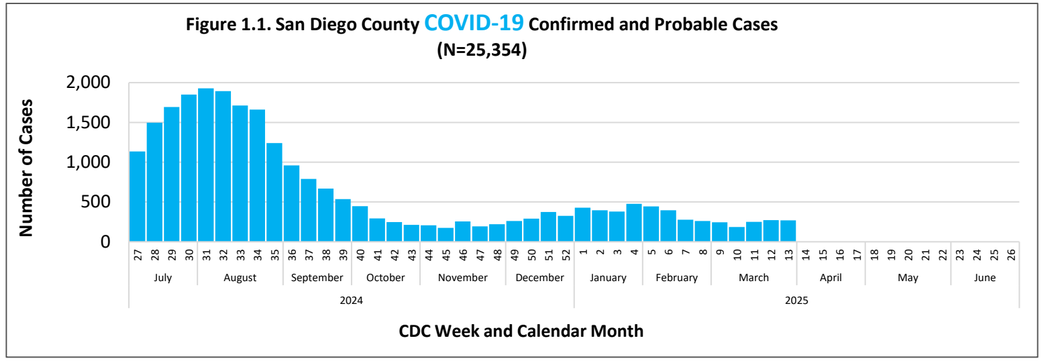
Source: Vaccination Laws | Public Health Law | CDC

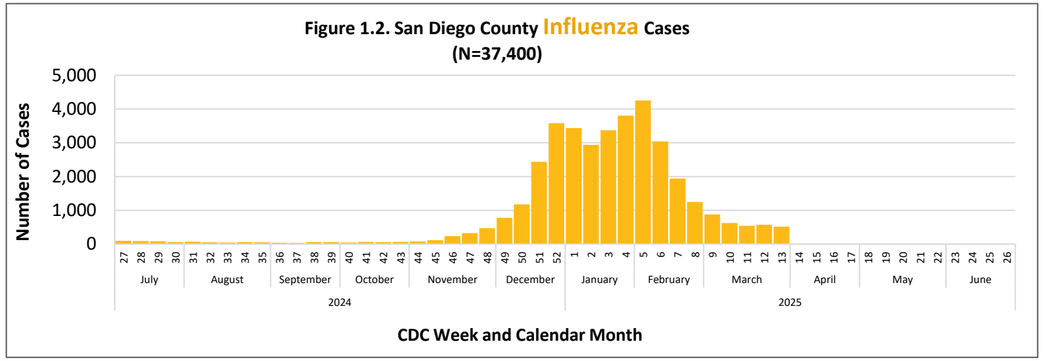
Additional Resources

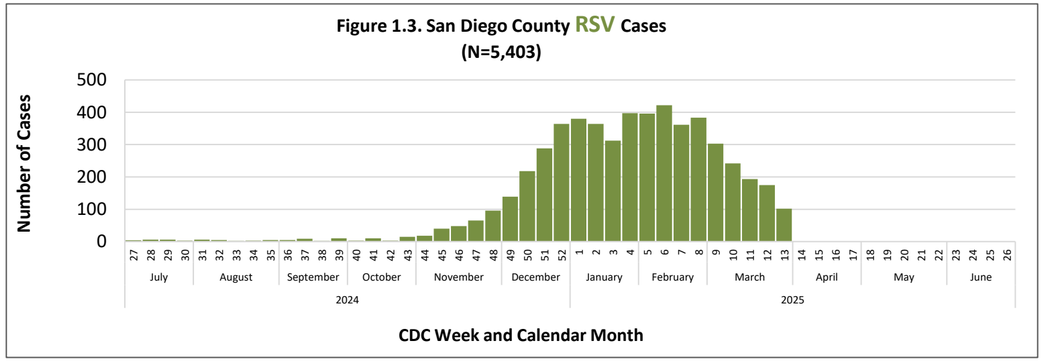
- Wang E, Clymer J, Davis-Hayes C, Buttenheim A. Nonmedical exemptions from school immunization requirements: a systematic review. AJPH. Nov 2014;104:e62-e84.
- State Vaccination Requirements | Vaccines & Immunizations | CDC
- Vaccination Laws | Public Health Law | CDC
- Stadlin S, Bednarczyk RA, Omer SB. Medical exemptions to school immunization requirements in the United States — association of state policies with medical exemption rates (2014-2011). JID 2012;206:989-992.
- Yang YT, Silverman RD. Legislative prescriptions for controlling nonmedical vaccine exemptions. JAMA Viewpoint. 2015;313:247-248.

Public Health Updates

COVID-19, Influenza, and RSV Cases by CDC Episode Week,* 2024-25 Fiscal Year-to-Date

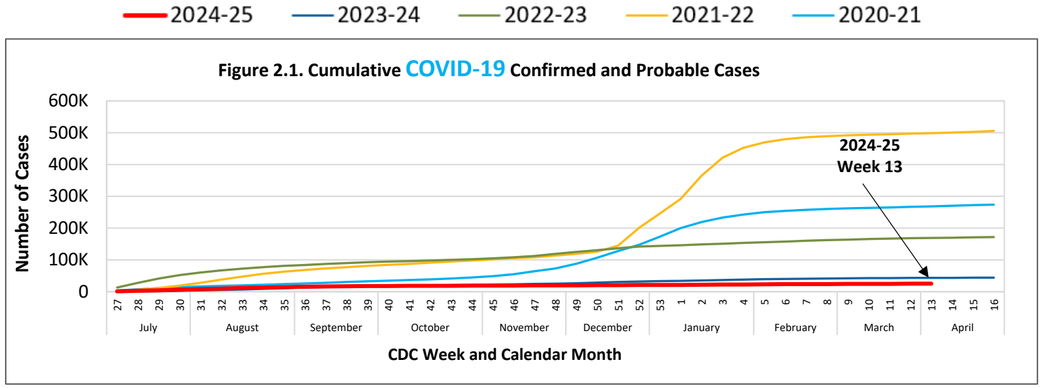


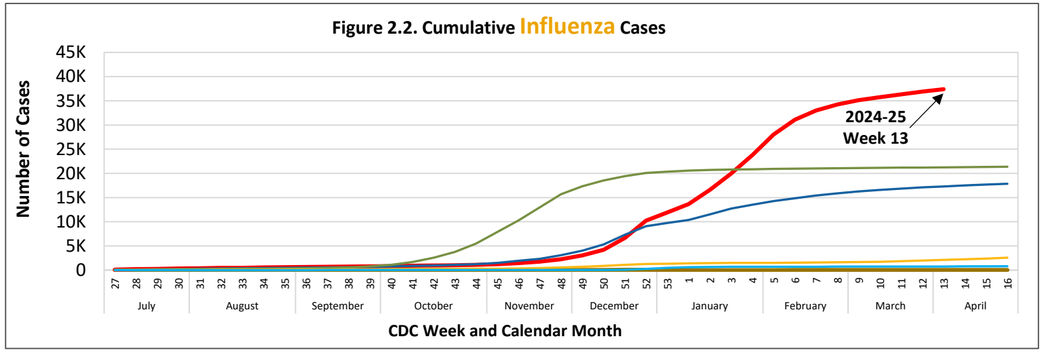


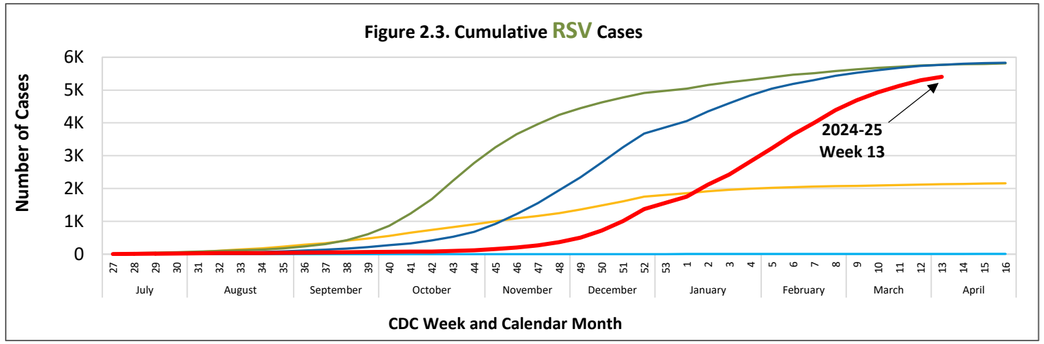


*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Cumulative COVID-19, Influenza, and RSV Cases by CDC Episode Week* and Fiscal Year







*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Data through
3/29/2025

COVID-19, Influenza, and RSV Positivity

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

Figure 14. COVID-19 Positivity by Week of Specimen Collection and Fiscal Year

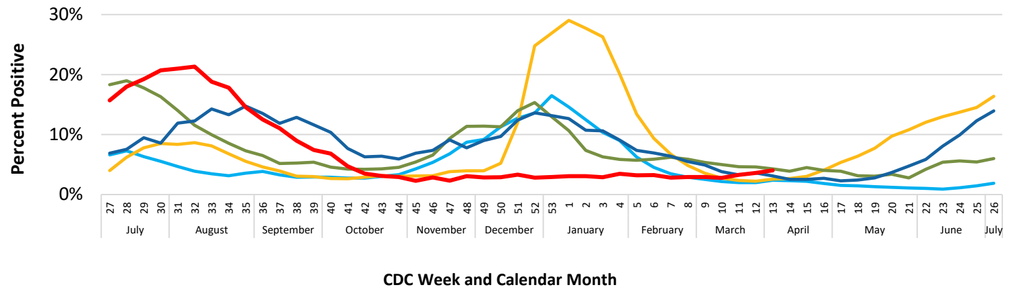


Figure 15. Influenza Positivity by Week of Specimen Collection and Fiscal Year

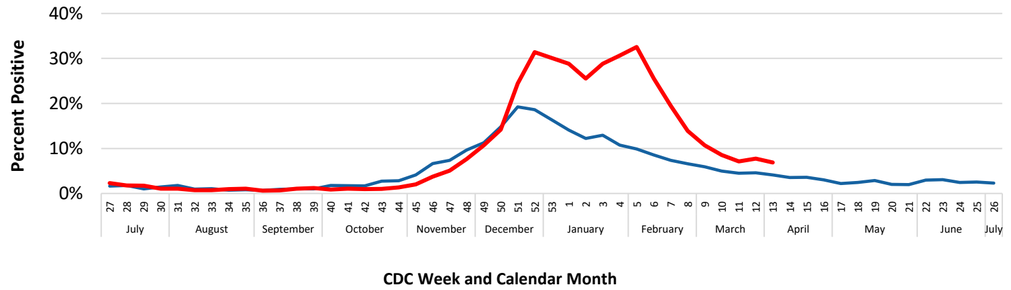
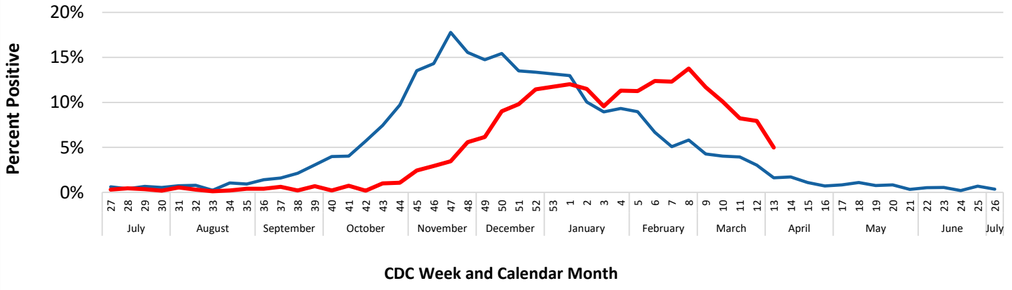


Figure 16. RSV Positivity by Week of Specimen Collection and Fiscal Year



COVID-19, Influenza, and RSV Positivity

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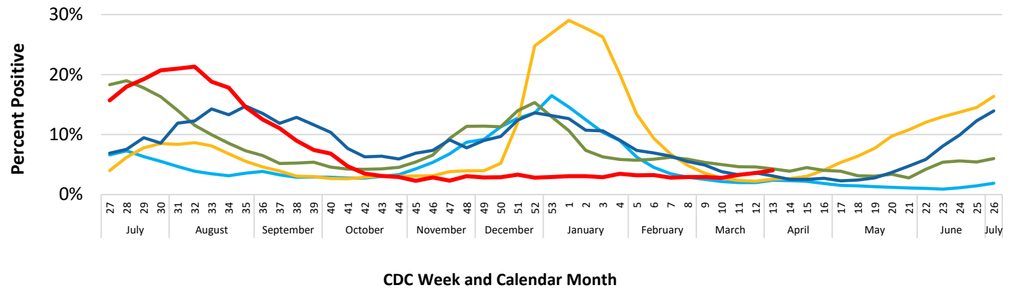

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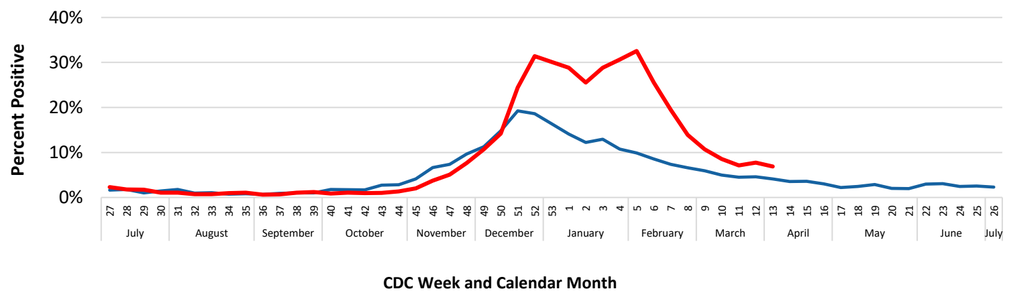
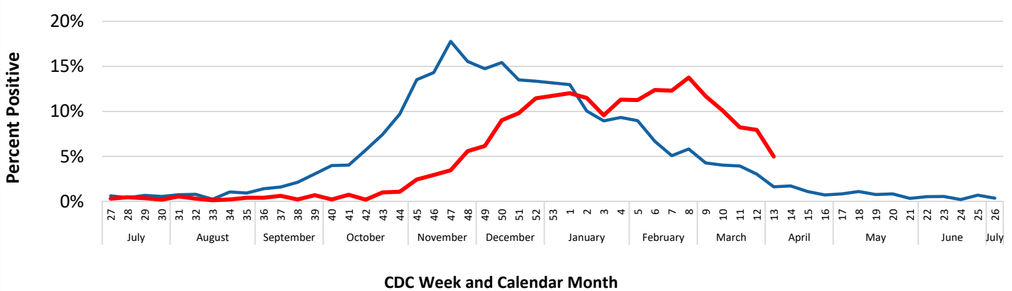


Figure 16. RSV Positivity by Week of Specimen Collection and Fiscal Year

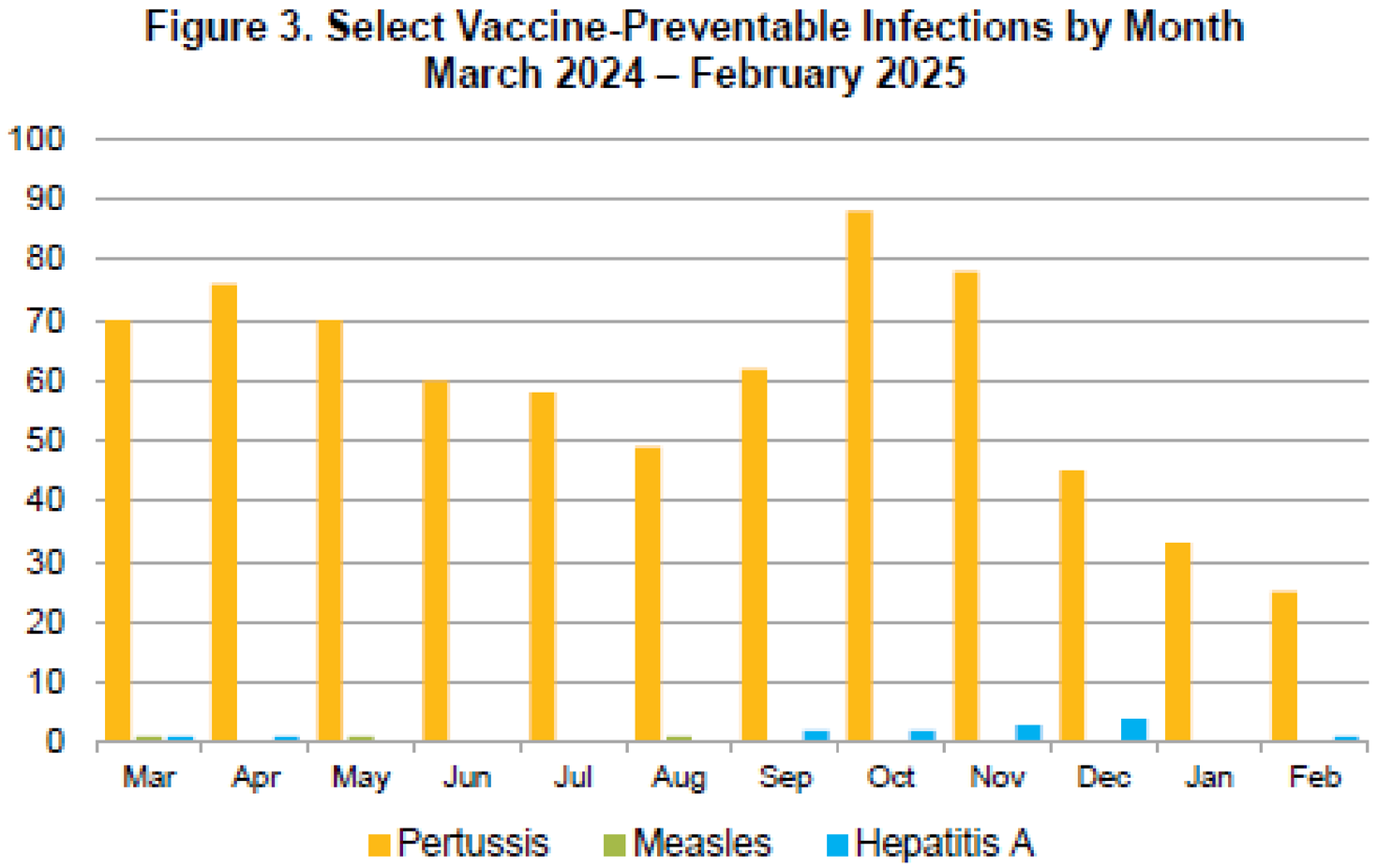


Wastewater: Other Pathogens

Wastewater Other Pathogens (Point Loma)	Current level	30-day trend	Most recent data
Hepatitis A	*Last detected March 23, 2025*		03/26/2025
Norovirus	High	Plateau	03/26/2025
MPOX Clade IB	*Samples below LOD*		03/26/2025
MPOX Clade II	*Samples below LOD, last detected August 19, 2024*		03/26/2025

Source: Monthly Communicable Disease Report February 2025

Pertussis, Measles, Hepatitis A



Source: [Monthly Communicable Disease Report February 2025]

Current Issues in Public Health Epidemiology

- First Wednesday of the month
- 9:30 am to 11 am
- Mark.beatty@sdcounty.ca.gov

Monthly Communicable Disease Report

- Data and Reports

Source: The 2016 California policy to eliminate nonmedical vaccine exemptions and changes in vaccine coverage

THANK YOU

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On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.

- 6 reasons patients avoid flu vaccination | Are there reasons not to get the flu shot? | AMA
- Standing orders are protocols whereby nonphysician medical personnel may vaccinate patients without direct physician involvement at the time of the vaccination. Standing orders are implemented in settings such as clinics, hospitals, and long-term care facilities. Standing orders have had positive effects on vaccination coverage among children and adults.

Presenter

Ken Hempstead, MD, FAAP

Primary Care Physician

Kaiser Permanente – Northern California

***Please view recording for presentation**

Immunization Skills Institute - 5/20

Save *the* Dates!

6.4.25

June General Meeting

9.10.25

Kick the Flu+2 Summit

SDIC
San Diego Immunization Coalition

June General Meeting - 6/4
Kick the Flu - 9/10

Evaluation