

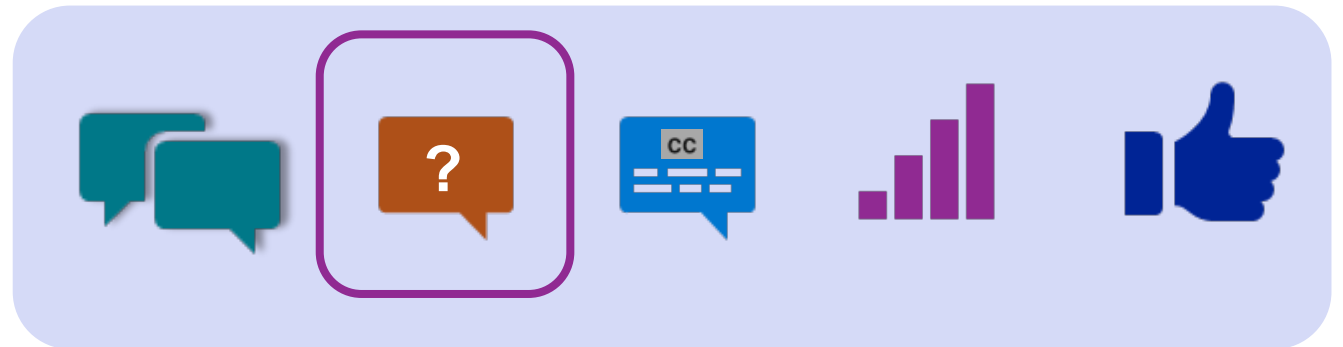
Critical Conversations: American Indian & Alaska Native Voices on Vaccines

Thursday September 24, 2026 | 12:00 – 1:00 PM

Q&A



During today's webinar, please click and open the Q&A icon to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.



Links are blue and underlined.



Housekeeping

Reminder to Attendees:



This session will be recorded. The slides and recording will be posted on the [EZIZ Webinar Webpage](#) following the session.



To sign up for the listserv for providers, please register using [CDPH Email Messaging Listserv for Providers](#).



If you have post-webinar questions, please email ProviderCallCenter@cdph.ca.gov.

Agenda: Thursday, September 24, 2026

#	Topic	Presenters (CDPH)	Time (PM)
1	Welcome and Announcements	Edgar Ednacot	12:00 – 12:05 PM
2	Clinical Update	Lily Horng, MD	12:05 – 12:15 PM
3	American Indian & Alaska Native Voices on Vaccines	Saloniki Madrid, MA	12:15 – 12: 45 PM
4	Q&A	Edgar Ednacot, and CDPH SMEs	12:45 – 12:55 PM
5	Resources & Closing	Edgar Ednacot	12:55 – 1:00 PM

Poll: CDPH Appreciates Your Feedback!

How confident are you in your ability to speak effectively with American Indian and Alaska Native patients about immunizations?

- ☐ Very confident
- ☐ Confident
- ☐ Somewhat confident
- ☐ Slightly confident
- ☐ Not confident

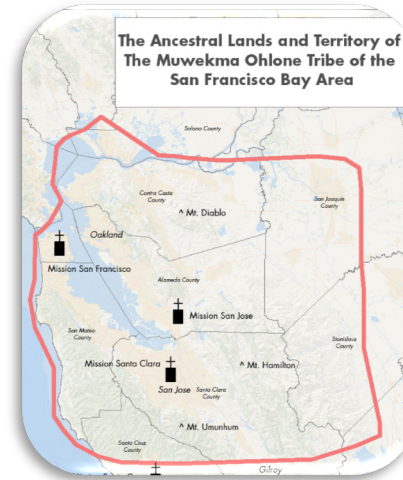


Welcome and Announcements

Edgar Ednacot

Land Acknowledgement

- CDPH Richmond Branch operates on the ancestral land of Ohlone, Miwok, Muwekma, and Confederated Villages of Lisjan.
- Resources:
 - [Tribal Nation Maps](#)
 - [Makkin Mak Nommo We Are Still Here: Muwekma Ohlone Educational Toolkit](#)
 - [Native Land Digital](#)



Webinar Objectives

1

Understand key themes and community insights shared during the Los Angeles County listening sessions with American Indian and Alaska Native participants.

2

Learn the latest clinical immunization guidance for RSV and other respiratory illnesses.

3

Identify and access immunization resources designed for American Indian and Alaska Native communities.

Clinical Update

Lily Horng, MD

CDPH Immunization Recommendations

- [CDPH continues to recommend immunizations](#) in accordance with the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG) and other trusted medical organizations ([Assembly Bill 144](#)).
- CDPH recommended vaccines will continue to be covered by health care insurers regulated by the State of California.
- Persons providing immunizations as recommended by CDPH have liability protections.
- Pharmacists may administer immunizations recommended by CDPH to patients three years and older without a prescription from a physician.

2026-2027 Respiratory Virus Season Immunization Guidance

- [The Vaccine Integrity Project \(VIP\)](#) published [The Evidence Base for 2026-2027 Respiratory Season Immunizations](#) on 9/2/26:
 - Evidence continues to support safety and efficacy of COVID-19, flu, and Respiratory Syncytial Virus (RSV) vaccination for the recommended groups
- [AAP](#), [ACOG](#), [AAFP](#), [IDSA](#)* released guidance for the 2026-2027 respiratory virus season on 9/2/26.
- Informed by these trusted partners, [CDPH issued](#) immunization recommendations for the 2026-27 season on 9/4/26.

*American Academy of Pediatrics (AAP); American Academy of Family Physicians (AAFP); American College of Obstetricians and Gynecologists (ACOG); Infectious Diseases Society of America (IDSA).

WCHA 2026-27 Respiratory Virus Season

Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children	• All 6–23 months • All 2–18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors¹ • All who choose to reduce risk of severe illness	• All 6 months and older²	• All younger than 8 months³ • All 8-19 months with risk factors
Pregnancy	• All who are planning pregnancy, pregnant or postpartum	• All who are planning pregnancy, pregnant or postpartum	• All who are 32-36 weeks gestational age^{3, 4}
Adults	• All 65 years and older • All 19–64 years with risk factors • All who are in close contact with others with risk factors¹ • All who choose to reduce risk of severe illness	• All	• All 75 years and older⁴ • All 50–74 years with risk factors⁴
Healthcare Workers	• All	• All	• All who meet criteria above

1. COVID-19 vaccine is available for persons 6 months and older.

2. Two doses given at least 4 weeks apart are recommended for ages 6 months–8 years who are getting flu vaccine for the first time.

3. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

4. RSV vaccination during pregnancy or for adults is currently recommended once rather than annually.

IMM-1481 (9/4/26) Page 1

RSV: **Updated** Infant/Maternal Immunization Recommendations, 2026-2027

- From September 1 – **March 1** (~~January 31~~):
 - Pregnant persons during 32-36 weeks of pregnancy who haven't received RSV vaccine during a prior pregnancy should receive Abrysvo.
- From October 1 – March 31:
 - All infants <8 months who are not protected by maternal vaccination* should receive one dose of either nirsevimab or clesrovimab.
 - 8–19-month-old American Indian and Alaska Native (AI/AN) children and other children at high risk should receive one dose of nirsevimab.

*If unable to confirm if prenatal RSV vaccination was given, consider asking birth parent to look up their Digital Vaccine Record at myvaccinerecord.cdph.ca.gov or check [CAIR](#).

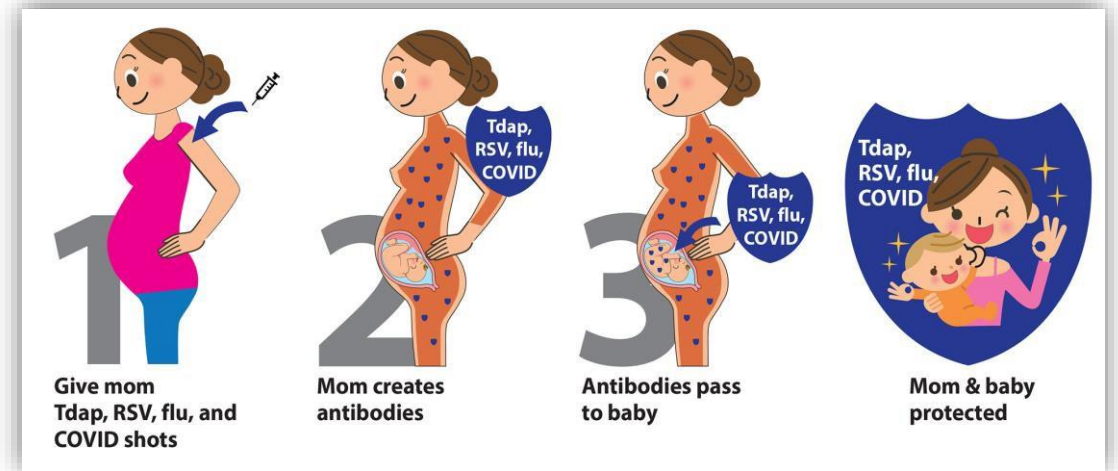
RSV Season Immunization Recommendations

Prenatal immunization window extended to March 1 (previously ended January 31)

RSV Season Immunization Recommendations													
Patient and Product	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
 Infants & Children Clesrovimab, Nirsevimab*		October 1 – March 31* • All infants 0–7 months entering 1st RSV season if mother wasn't vaccinated: Clesrovimab or Nirsevimab* • High risk 8–19 month olds entering 2nd RSV season: Nirsevimab* only											
 Pregnant Abrysvo*	Sept. 1 – March 1 Between 32 -36 weeks gestation												
 Adults 75+ and 50–74 at increased risk Abrysvo, Arexvy, mRESVIA	All year • Offer to eligible, unvaccinated adults. CDC encourages healthcare providers to maximize the benefit of RSV vaccination by offering in late summer or early fall.												
* Providers should: 1. Stay informed. Check the Public Health for All web page for updates. 2. After RSV season, keep unused, unexpired doses for next season. Label them "Keep for Fall." VFC providers: Unexpired doses cannot be returned to McKesson.													
September 2026 • © 2026 • IMM-1567													
 California Department of Public Health													

Vaccines for a Healthy Pregnancy

- **COVID-19:** If pregnant and not up to date on COVID-19 vaccine
- **Flu:** If pregnant during flu season
- **Pertussis:** At 27 – 36 weeks of pregnancy
- **RSV:** September 1 – **March 1** between 32 and 36 weeks of pregnancy*



[Infographic Pregnancy Vaccine](#)

*An alternative option is RSV immunization October 1 - March 31 for infants aged <8 months.

[Immunizations for a Healthy Pregnancy; ACOG 2026 Maternal IZ Schedule](#)

RSV Immunization Guide for Infants & Toddlers

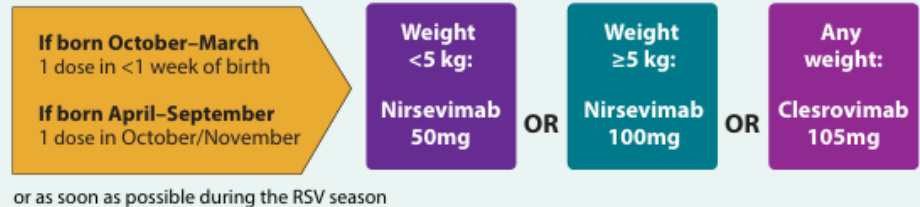
American Indian and Alaska Native children 0-19 months old are recommended to receive RSV immunization before the start of or as soon as possible during RSV season.

RSV Immunization Guide for Infants and Toddlers

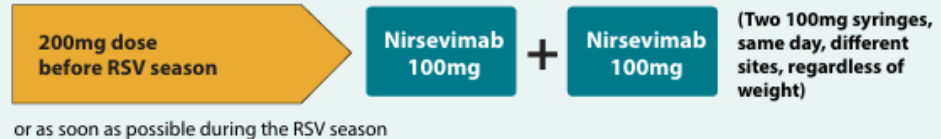
RSV immunizations should be given before the start of or as soon as possible during RSV season (usually October-March). View [AAP's Policy Statement on Recommendations for the Prevention of RSV Disease in Infants and Children](#) for additional guidance.

All Infants <8 Months Entering 1st RSV Season

without prenatal vaccination during 32-36 weeks gestational age*



High-Risk Children 8-19 Months Entering 2nd RSV Season



Children at high-risk include:

- American Indian or Alaska Native children
- Born preterm, at <32 weeks, 0 days' gestation, regardless of the need for medication or other support
- Down syndrome or other chromosomal differences that increase risk for severe RSV disease
- Severe immunocompromise
- Anatomic pulmonary abnormalities or neuromuscular disorders that increase risk for severe RSV disease
- Chronic lung disease of prematurity or other significant neonatal conditions (meconium aspiration or congenital diaphragmatic hernia) who required medical support (chronic corticosteroids, diuretics, or oxygen) at any time during the 6-month period before RSV season begins
- Cystic fibrosis with either weight-for-length <10th percentile or severe lung disease manifestations (previously hospitalized for pulmonary exacerbation in the 1st year of life or chest imaging abnormalities that persist when stable)
- Hemodynamically significant congenital heart disease

* In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.

Nirsevimab Effectiveness Against RSV-Associated Hospitalization among AI/AN Children

- 2023-24 season nirsevimab effectiveness against RSV-associated hospitalization among AI/AN children in Alaska and the Southwest U.S.
 - 86% for children <8 months old entering their first RSV season
 - 87% for children 8 to <19 months old entering their second RSV season

[Nirsevimab is Effective Against RSV-Associated Hospitalization Among American Indian and Alaska Native Children in Their First and Second RSV Seasons in Alaska and the Southwest US, 2023-2024](#)

Adult RSV Vaccine Recommendations

- Adults: 1 dose vaccine
 - Age 75 years and older
 - Age 50 – 74 years old with [risk factors](#) for severe RSV disease
 - For adults with moderate-severe immunocompromise, see [IDSA guidance](#)
- RSV vaccine is recommended as a **single dose**. Studies are ongoing to assess whether booster(s) are needed.
- Timing: ideally during late summer/early fall but can be given year-round
- Options: Abrysvo, Arexvy, or mRESVIA (no preference)



Risk Factors Associated with Severe RSV Disease in Adults

- People can self-attest to the presence of a [risk factor](#)
- Guidance provides flexibility for clinicians to assess patient risk
- Greatest risk of severe RSV disease in people ages 75 years and older and people with 2 or more chronic conditions

[Clinical Considerations](#)



Lung disease



Cardiovascular disease



Moderate or severe immune compromise



Diabetes Mellitus w/ end-organ damage



Severe obesity (BMI >40 kg/m²)



Residence in nursing home or LTCF



Neurologic or neuromuscular conditions



Chronic kidney disease, adv.



Liver disorders



Hematologic disorders



Other chronic medical conditions



Frailty

COVID-19 Activity in California, as of 9/10/26

For California, Combined Respiratory Illness* is Moderate

Very Low

Low

Moderate

High

Very High

Test Positivity Map



Test Positivity for **COVID-19** is **High**.

Hospital Admission Rates Map



Hospital Admission Rates for **COVID-19** are **Very Low**.

Wastewater Concentrations



Wastewater Concentrations for **COVID-19** are **Low**.

- **COVID-19 test positivity is at a high level.** While hospitalizations remain low, COVID-19 can cause severe disease.
- Seasonal influenza activity is starting to increase.

[Respiratory Virus Dashboard](#)

Updated COVID-19 Vaccines, 2026-2027

- FDA approved [2026-27 formula](#) for all previously licensed vaccines (JN.1 lineage XFG variant vaccine)
- [AAP](#): COVID-19 vaccines recommended for children
 - 6-23 months
 - 2-18 years with risk factors
 - 2-18 years who choose protection
- [AAFP](#): COVID-19 vaccines recommended for all adults, including **healthcare personnel** and pregnant persons ([ACOG](#))
 - Two doses recommended for adults 65+, 6 months apart

Updated Influenza Vaccine Recommendations, 2026-2027

- [AAP](#): annual flu vaccination for all children $\geq$ 6 months old
- [AAFP](#):
 - Annual flu vaccination for all adults, including **healthcare personnel** and pregnant persons ([ACOG](#))
 - 65 years+ preferred options
 - Adjuvanted
 - Recombinant
 - High-dose
 - **mRNA - new option**
 - **mRNA flu vaccine approved for 50+**

Influenza Vaccine Product Guide 2026-2027

Age Group	Vaccine	Manufacturer	Dose	SGF	VFC
6 Months & Older	Fluarix®	GlaxoSmithKline Biologicals	0.5 mL single-dose syringe	✓	✓
	FluLaval®	GlaxoSmithKline Biologicals	0.5 mL single-dose syringe		✓
	Flucelvax®	Seqirus	0.5 mL single-dose syringe		✓
	Fluzone®	Sanofi Pasteur, Inc.	0.5 mL single-dose syringe	✓	✓
9 Years & Older	FluBlok®	Sanofi Pasteur, Inc.	0.5 mL single-dose syringe	✓	65+
2-49 Years Old & Healthy	FluMist®	Astrazeneca	0.2 mL single-dose nasal sprayer	✓	✓
	Fluzone® High-Dose	Sanofi Pasteur, Inc.	0.5 mL single-dose syringe		65+
65 Years & Older	FLUAD® Adjuvanted	Seqirus	0.5 mL single-dose syringe		65+

Store all influenza vaccines in the refrigerator.

VFC Questions:
Call 877-2Get-VFC (877-243-8832)
MyVFCVaccines@cdph.ca.gov

State General Fund (SGF) Flu Program participants can contact:
Provider Call Center (833) 502-1245

SGF: Vaccines supplied through State General Fund are made available to local health departments to share with external partners.

VFC: Vaccines available through the Vaccines for Children Program should only be used for VFC-eligible children 18 years of age or younger.

***** Offered in multi-dose vials, which contain thimerosal, should NOT be given to pregnant women and children under 3 years of age unless Secretary of the Health and Human Services Agency issues an exemption (CA Health & Safety Code 124172).

65+ Preferred vaccine product for persons 65 or older. If not available, any other age-appropriate inactivated product may be given.

^ For solid organ transplant recipients aged 18-64, high-dose, adjuvanted, recombinant, and standard-dose flu vaccines are acceptable options. This product is available through VFC, for patients 18 years of age meeting this criteria.

For more information, visit CDC's Seasonal Influenza Vaccine Dosage & Administration page [CDC Website](#)

CDPH
California Department of Public Health, Immunization Branch
IMM-859 (8/26)

[CDPH Flu Vaccine ID Guide](#)

Who is Eligible to Receive VFC Vaccines

Children from birth through 18 years of age that meet one of the following criteria:

- **American Indian or Alaska Native**
- Enrolled or eligible for Medi-Cal/Medicaid
- Uninsured/No health insurance
- Underinsured (served at a Federally Qualified Health Center or Rural Health Clinic)

Job Aid: Does Your Child Qualify for No-Cost Vaccines



Does your child qualify for no-cost vaccines?

Ask about the Vaccines for Children Program. We're helping California's families.

Children from birth through 18 years of age must meet at least one criteria:

- Eligible for Medi-Cal (or enrolled)
- American Indian or Alaskan Native
- No health insurance
- Underinsured*

Our staff will check if you qualify every time your child gets immunized. There may be a vaccine administration fee for non-Medi-Cal patients. VFC vaccines cannot be denied even if you can't pay.

* If your private insurance does not cover all vaccines, you can receive VFC vaccines for no cost at a Federally Qualified Health Center or a Rural Health Center. Find a location at EZIZ.org/vfc/provider-locations.

  California Vaccines for Children Program

American Indian and Alaskan Native Voices on Vaccines

Saloniki “Niki” Madrid, MA

Community Engagement Team Chief

Cherokee, Sac and Fox

Vaccine Preventable Disease Control Program

Los Angeles County Department of Public Health



Introduction

- Brief background
- Why listening circles matter for American Indian and Alaska Native (AI/AN) communities
- Structure of the listening circles
- Key themes that emerged
- Future efforts and opportunities

Context

- Los Angeles County is home to one of the largest urban American Indian and Alaska Native populations in the country
- Many different tribal nations with unique histories, cultures, and experiences with varied health systems
- Race and ethnicity data for vaccines rely on self-reporting and healthcare system accuracy; many AI/AN individuals are often misclassified
- Listening circles created space to hear directly from urban AI/AN Angelenos
- Historical and contemporary context surrounding vaccines and healthcare in AI/AN communities

Project Overview: AI/AN Voices on Vaccines Listening Circles

- Tribal and urban Indian community leadership informed listening circle development
- Worked closely with local partners to create outreach materials and recruit participants
- Small groups, circle-style discussions, and opportunities for storytelling
- Our role wasn't to teach or present; it was to listen

Methods

- Five listening circles with American Indian/Alaska Native community members
 - Range: 6-16 participants each circle (N=53)
 - Elders, adults, youth (18+)
 - June 16, 2026 – September 2, 2026
- Participants received a \$50 gift card
- Semi-structured discussions organized around eight guiding questions
- Notes taken during listening circles; themes derived using qualitative coding and thematic* synthesis

[*CDC Tool for Thematic Analysis](#)

Listening Circle Participant Characteristics

- Racial/Ethnic Identity:
 - American Indian/Alaska Native Alone 62%
 - American Indian/Alaska Native and Other 38%
- Gender Identity:
 - Woman 71%
 - Man 25%
 - Two-Spirit 4%
- Age Breakdown:
 - 18-24 6%
 - 25-34 6%
 - 35-44 11%
 - 45-54 17%
 - 55-64 20%
 - 65+ 40%

A word cloud of Native American tribe names. The words are arranged in a dense, overlapping manner. The largest words are 'Mission', 'Indian', 'River', 'Sioux', 'Lakota', 'Maricopa', 'Tongva', 'Band', 'Gabrieleno', and 'Gabriel'. Other prominent words include 'Oglala', 'Pima', 'Sac', 'Nation', 'Apache', 'Choctaw', 'Santa', 'Yaqui', 'Navajo', 'Hopi', 'Ponca', 'Akimel', 'Gila', 'Arapaho', 'Kiowa', 'Inuit', 'Fox', 'Iipay', 'Shoshone', 'Cheyenne', 'Comanche', 'Coushatta', 'Cherokee', 'Mongolian', 'Athabaskan', 'Paiute', 'Bank', 'Chickasaw', 'Tohono', 'Salt', 'Muscogee', 'Tlingit', 'Ysabel', 'Diné', 'O'odham', 'Aztec', 'Omaha', 'Pala', 'Havasupai', and 'Cowan'.

Self Reported Vaccination Coverage (N=53)

Vaccine Status	Percent
I have received all recommended vaccines	58%
I have received some vaccines	28%
I have not received vaccines	8%
Not sure or prefer not to say	6%
Total	100%

Guided Questions 1-4

- When you think about vaccines, what thoughts come to mind?
- What are good ways community programs or partners have supported staying informed about vaccines?
- What do you think has made it harder for some community members to feel comfortable with vaccines or vaccine information?
- When community members have questions about vaccines, where do they go for trustworthy information?

Guided Questions 5-8

- What values, traditions, or ways of communicating do you feel are important to honor when talking about vaccines with community members?
- Living in Los Angeles County, what makes it easier or harder to get vaccines for you (or your family)?
- Have you seen local efforts that helped people feel supported in getting vaccines? What worked well?
- How can we (public health) work best with community on health and vaccines?

Themes

Domain	Associated Themes
Cultural Values in Communication	Respectful communication, Transparency, Traditional healing, Native providers, Elders + youth connections, Tribal-led campaigns
Access & Infrastructure	Access barriers, Transportation challenges, Insurance barriers, Pharmacy access, Mobile clinics
Safety & Reactions	Pain and adverse reactions, Fear and anxiety, Concerns about ingredients/allergies, Natural/holistic medicine
Trust & Historical Experience	Mistrust of institutions, Historical trauma, Mixed experiences, Perceived ineffectiveness, Social media influence
Information Sources	Family/community, Doctors/providers, Native-led communication, Community-based events
Motivators & Support Methods	Incentives, School-based information

Historical Context

- Forced vaccination experiences in boarding schools created generational trauma.
- Historical sterilization of Native women damaged trust in government and healthcare.
- Past abuses, such as the Reign of Terror (Osage murders), influence perceptions of medical establishments.
- Legacy of exclusion from decision-making contributes to present-day mistrust.

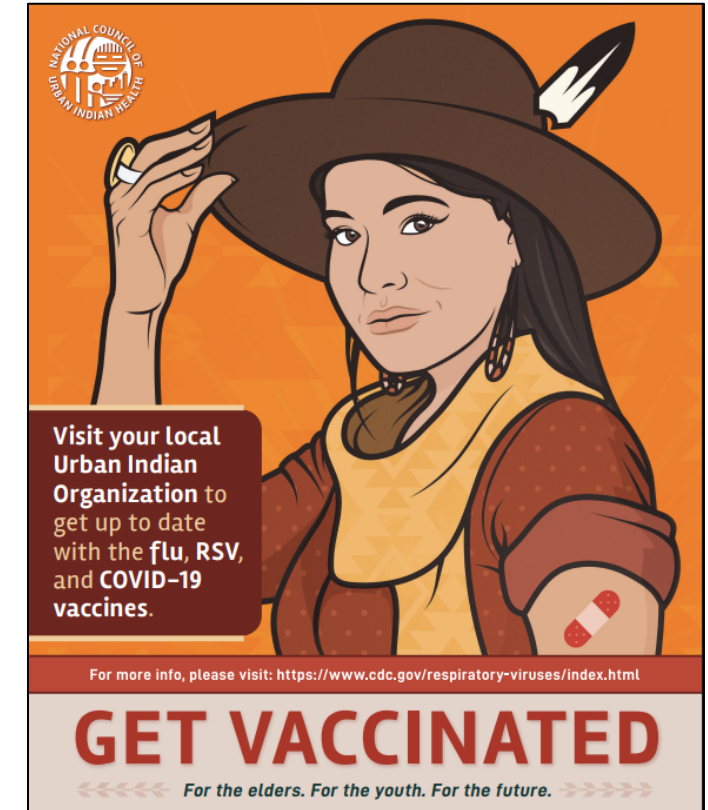
Key Take Aways

- Insights shared by participants
 - Trust and mistrust factors
 - Vaccine attitudes and motivations or hesitations
 - Concerns, barriers, and lived experiences
 - Cultural values and communication preferences

Next Steps for Our Team

- Share findings with community members and partnering organizations
- Expanding listening opportunities to engage with community
- Collaborating with partners and community members to co-develop outreach materials

Promotional Materials: National Council of Urban Indian Health



Materials Created by the [National Council of Urban Indian Health](#)

Implications for Public Health Practice

- Vaccine communication must be culturally grounded and is best shared by trusted messengers.
- Listening should continue beyond activities focused on vaccines.
- Opportunities for continued partnership with AI/AN communities; ensuring time, funding, and authority to collaborate with community on messaging are prioritized.
- How listening can inform future programming beyond vaccines

Appreciation for Community Voices and Partners



Wado - Thank you

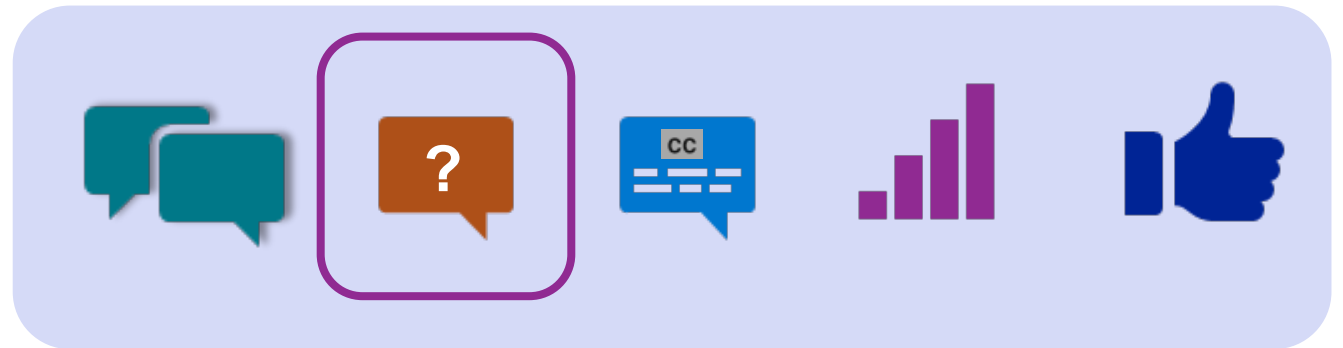


nikijames@ph.lacounty.gov

Questions and Answers



During today's webinar, please click and open the Q&A icon to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.



Resources and Closing

Edgar Ednacot

Poll: CDPH Appreciates Your Feedback

How confident are you in your ability to speak effectively with American Indian and Alaska Native patients about immunizations?

- ☐ Very confident
- ☐ Confident
- ☐ Somewhat confident
- ☐ Slightly confident
- ☐ Not confident



Populations at Increased Risk Recommended for Vaccination Against COVID-19

Populations at Increased Risk Recommended for Vaccination Against COVID-19



A. Due to Population Characteristics

CDPH especially recommends vaccination against COVID-19 for the following persons:

- Those with increased occupational or residential risks:
 - Health care workers
 - Residents of long-term care facilities or other congregate settings
 - Those with household contacts who are at high risk for severe COVID-19
- Those who have never been vaccinated against COVID-19
- Infants and children age 6 through 23 months
- Adults age 65 years and older

B. Due to Medical Conditions That Increase the Risk of Severe COVID-19

CDPH especially recommends vaccination against COVID-19 for persons with underlying medical conditions that increase their risk of severe COVID-19 disease. These tables provide examples of such underlying medical conditions but are not meant to be complete lists.

Children and Adolescents – in accordance with [AAP Guidance](#)

Category	Examples
Blood diseases	Sickle cell disease
Cancers or other immunosuppressive conditions	Leukemia, receipt of immunosuppressive therapy, primary immunodeficiency, HIV infection, transplant receipt (hematopoietic cell or solid organ)
Cardiovascular diseases	Congenital heart disease
Chronic lung diseases	Asthma or reactive airway disease, chronic lung disease of prematurity, compromised respiratory function, e.g., airway abnormality, tracheostomy, or ventilator dependent)
Gastrointestinal or liver disorders	Feeding tube dependent, inflammatory bowel disease, chronic liver disease
Metabolic disorders	Diabetes mellitus
Neurologic or neurodevelopmental disorders	Cerebral palsy, epilepsy, intellectual developmental disorder, compromised mobility (e.g., wheelchair dependent)
Obesity	
Pregnancy	
Rheumatologic or autoimmune diseases	Systemic lupus erythematosus, juvenile idiopathic arthritis

September 2025 • © 2025, California Department of Public Health

1



Examples

Hematologic malignancies, receipt of immunosuppressive therapy, primary immunodeficiency, HIV infection, transplant receipt (hematopoietic cell or solid organ)

Hypertension, coronary artery disease, cardiomyopathies, congestive heart failure, atrial fibrillation, aortic stenosis

Chronic kidney disease at any stage

Asthma, bronchiectasis, COPD, cystic fibrosis, OSA, interstitial lung disease, pulmonary embolism, pulmonary hypertension, oxygen dependency

Diabetes mellitus, type 1 or type 2

Any type of disability including but not limited to ADHD, intellectual and developmental disabilities, learning disabilities, compromised mobility

Alcoholic liver disease, non-alcoholic fatty liver disease, cirrhosis, autoimmune hepatitis, ulcerative colitis, Crohn's disease, chronic liver disease

Sickle cell disease, thalassemia

Mood disorders including depression and schizophrenia spectrum

Dementia, Alzheimer's disease, Parkinson's disease, seizure disorders, cerebral palsy, cerebrovascular disease, spinal cord injury

Pregnancy, postpartum, lactating, planning pregnancy

Rheumatoid arthritis, lupus erythematosus, vasculitis

Current or former

September 2025 • © 2025, California Department of Public Health

2

Respiratory Season Immunization Resources

- 2026-2027 Specialty Society Guidance:
 - AAP: [COVID-19](#) | [Influenza](#) | [RSV](#)
 - AAFP: [COVID-19, Influenza, RSV](#)
 - IDSA: [COVID-19, Influenza, RSV](#)
 - ACOG: [COVID-19](#) | [Influenza](#) | [RSV](#)
- CDPH:
 - [CDPH Public Health For All - Immunization Recommendations](#)
 - [CDPH EZIZ resources](#)
 - [CDPH Respiratory Virus Season Communication Toolkits](#)
 - [California Respiratory Virus Dashboard](#)



Resources

- [RSV FAQs \(EZIZ\)](#)
- [RSV Immunization Guide for Infants and Toddlers](#)
- [Indian Health Service RSV Guidance](#)
- [RSV FAQs \(AAP\)](#)
- [RSV Video \(CHOP\)](#)
- [RSV in Babies \(CHOP\)](#) | [Spanish](#)
- [RSV in Alaska Native Infants \(CDC\)](#)
- [RSV American Indian and Alaskan Native Toolkit \(CDC\)](#)
 - Includes infographics (note: prenatal recommendation is not up to date)
- [Shareable Social Graphics on the Childhood Immunization Schedule \(Public Health Collaborative\)](#)



- Special Guest Speaker: Saloniki Madrid
- Public Health Medical Officer: Lily Horng, MD
- Webinar Support Team: Edgar Ednacot, Michael Fortunka, Jane Grey, Blanca Corona and Rebeca Boyte



Immunization Branch

Thank you for attending!