Medi-Cal Rx

2025 Immunization Update: Legislative Changes and Updates to COVID-19, Influenza, RSV, HepB, MMRV, and HPV

May 4, 2026

Disclaimer: This article was published by the Medi-Cal Drug Use Review (DUR) Program and is not an official Department of Health Care Services (DHCS) policy.

Each year, the California Medi-Cal DUR Program issues an annual summary of updates on immunization guidelines, products, and/or research in collaboration with the California Department of Public Health (CDPH) Immunization Branch. This summary includes all updates since the 2024 Immunization Update was published on February 20, 2025.

Learning Objectives

- Describe the recent legislative changes to federal and state immunization policy.
- Discuss populations at high-risk for adverse effects of the three major respiratory viruses that co-circulate each year: SARS-CoV-2, influenza virus, and respiratory syncytial virus (RSV).
- Review the recommendations for COVID-19, influenza, RSV, hepatitis B (HepB), the combined measles, mumps, rubella, and varicella (MMRV), and human papillomavirus (HPV) vaccines.

Legislative Updates

On June 9, 2025, the Secretary of the U.S. Department of Health and Human Services (HHS) oversaw the unprecedented removal of all 17 members of the Advisory Committee on Immunization Practices (ACIP), which provides recommendations to the Centers for Disease Control and Prevention (CDC) on vaccine safety, efficacy, and clinical use. Subsequent changes to national vaccine guidelines, including the complete overhaul of the pediatric immunization schedule that was announced on January 5, 2026, and later halted by a preliminary legal decision in March 2026, have created confusion and uncertainty for providers, patients, and payers regarding vaccine eligibility, timing, and insurance coverage.

In response to these federal actions, California has taken several steps to protect access to preventive care services, including immunizations. On September 17, 2025, Governor Newsom signed Assembly Bill 144 (Committee on Budget, Chapter 105, Statutes of 2025) into law. This legislation authorizes California to base immunization guidance on credible, independent medical organizations rather than relying solely on ACIP recommendations. It also requires health insurance plans regulated in California, including Medi-Cal, to cover immunizations recommended by CDPH. In addition, AB 144 provides liability protections for individuals

administering CDPH-recommended immunizations and allows pharmacists to administer these vaccines to patients 3 years of age or older without a physician's prescription.

In addition to supporting AB 144, in early September 2025, Governor Newsom announced that California, Oregon, Washington, and Hawaii formed the West Coast Health Alliance (WCHA), a regional partnership focused on upholding scientific integrity in public health and protecting residents from politically influenced federal decisions. On September 26, 2025, the Public Health for All Californians Together (PHACT) Coalition was launched to unite partners across the state in efforts to protect and improve public health. On October 15, 2025, Governor Newsom also joined 14 other governors in launching the Governors Public Health Alliance, a nonpartisan initiative to coordinate public health leadership nationwide, strengthen emergency preparedness, improve communication, and support data sharing and rapid response to emerging health threats.

On December 15, 2025, Governor Newsom announced the launch of the Public Health Network Innovation Exchange (PHNIX), a California-led initiative to modernize public health infrastructure and reinforce trust in science-based decision-making. Additional information on PHNIX and related efforts is available on CDPH's Public Health for All page.

CDPH and WCHA continue to recommend vaccination for children and adolescents in alignment with the American Academy of Pediatrics (AAP) as detailed in the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger and for adults in accordance with immunization guidance from the American Academy of Family Physicians (AAFP) as detailed in the Recommended Adult Immunization Schedule for Ages 19 Years or Older.

Vaccines recommended by CDPH remain covered by public and private insurance, including Medi-Cal.

COVID-19 Vaccine

On September 17, 2025, CDPH and WCHA issued updated recommendations for seasonal respiratory virus vaccination, including COVID-19, influenza, and RSV. COVID-19 remains a public health concern, causing millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths annually in the United States. Vaccination continues to reduce the risk of severe outcomes, including hospitalization, intensive care unit admission, and death. A review of the effectiveness of COVID-19 vaccines among adults 18 years of age or older found that the estimated vaccine effectiveness of the 2045 – 2025 COVID-19 vaccines was 40% against hospitalization and 79% against invasive mechanical ventilation or death.

The currently available COVID-19 vaccines are based on a monovalent JN.1 lineage, with a preference for the KP.2 strain, as advised by the U.S. Food and Drug Administration (FDA), based on circulating variants. These vaccines were approved in August 2025 and continue to protect against currently circulating strains.

WCHA and CDPH continue to recommend COVID-19 vaccination for individuals 6 months of age or older, with particular emphasis on adults 65 years of age or older, individuals with underlying risk factors, and those at increased risk of exposure. Additional doses are recommended for older adults and individuals who are moderately or severely immunocompromised, with timing based on prior vaccination history and clinical considerations. Some health conditions can make it more likely for someone to get very sick from COVID-19, and CDPH strongly recommends the COVID-19 vaccine for people with these conditions. The COVID-19 Risk Factors List provides examples but is not exhaustive. CDPH also developed a COVID-19 Vaccine Timing Chart to review timing for the routine schedule and for patients with immune compromise. Young children, older adults, and immunocompromised people may need multiple doses for full protection.

Maternal vaccination remains critical, as infants younger than 6 months are not eligible for vaccination and are at increased risk of severe disease. Recent CDC surveillance data continue to show that hospitalization rates associated with COVID-19 among infants younger than 6 months of age exceed those of most other age groups, except adults 75 years of age or older. Among hospitalized infants, a substantial proportion require intensive care. Vaccination during pregnancy provides passive protection to infants through transplacental antibody transfer.

CDPH and DHCS have recently clarified that Medi-Cal will continue to cover COVID-19 vaccinations for everyone 6 months of age or older. Under AB 144, coverage may extend to vaccines recommended by CDPH and other recognized medical organizations, including AAP, the American College of Obstetricians and Gynecologists (ACOG), and AAFP, regardless of ACIP recommendations.

Additional resources and information about COVID-19 vaccines, including a communications toolkit for providers, can be found on the COVID-19 Vaccine page on the CDPH website.

Influenza Vaccine

Routine annual influenza vaccination is recommended for all individuals 6 months of age or older without contraindications. As there have been no confirmed detections of circulating B/Yamagata lineage viruses worldwide since March 2020, influenza vaccines remain trivalent, containing two influenza A viruses (H1N1 and H3N2) and one influenza B virus (Victoria lineage).

For the 2025 – 2026 season, available influenza vaccines include inactivated influenza vaccine (IIV3), recombinant influenza vaccine (RIV3), and live attenuated influenza vaccine (LAIV3). U.S. egg-based IIV3 and LAIV3 vaccines contain hemagglutinin (HA) derived from the following strains:

- A/Victoria/4897/2022 (H1N1) pdm09-like virus
- A/Croatia/10136RV/2023 (H3N2)-like virus (different strain from last season)
- B/Austria/1359417/2021 (Victoria lineage)-like virus

U.S. cell culture-based inactivated (ccIIV3) and RIV3 vaccines contain HA derived from:

- A/Wisconsin/67/2022 (H1N1) pdm09-like virus

- A/District of Columbia/27/2023 (H3N2)-like virus (different strain from last season)
- B/Austria/1359417/2021 (Victoria lineage)-like virus

Adults 65 years of age or older should preferentially receive either high-dose inactivated (HD-IIV3) or adjuvanted inactivated (aIIV3) influenza vaccines; however, any age-appropriate inactivated product may be given if those are unavailable. Solid organ transplant recipients 18 through 64 years of age receiving immunosuppressive therapy are recommended to receive HD-IIV3 and aIIV3 influenza vaccines as acceptable options, without preference over other age-appropriate IIV3 or RIV3 products.

Influenza vaccination is also recommended during any trimester of pregnancy. Vaccination during pregnancy protects both the pregnant individual and the newborn (up to 6 months of age) through transplacental antibody transfer. In August 2025, ACOG published a practice advisory, titled Influenza in Pregnancy: Prevention and Treatment, which includes data supporting the safety and efficacy of influenza vaccination during pregnancy and the important benefits of passive protection of newborns from influenza.

Children 6 months through 8 years of age require two doses of influenza vaccine administered at least 4 weeks apart during their first vaccination season for optimal protection. For additional guidance, including recommendations for children at high risk for influenza complications, providers may refer to the Recommendations for Prevention and Control of Influenza in Children, 2025–2026: Policy Statement, published by AAP on September 22, 2025.

Additional updates to influenza vaccination include:

- In September 2024, the FDA approved FluMist® (LAIV3) for self-administration in adults 18 through 49 years of age and for administration by a caregiver (18 years of age or older) to children and adolescents 2 through 17 years of age.
- In March 2025, the FDA expanded approval of Flublok® (RIV3) to include children and adolescents 9 through 17 years of age. Flublok is now approved for persons 9 years of age or older.

To improve influenza vaccination rates among children and adolescents, providers may refer to resources from the CDPH Immunization Branch, including Tips for Speaking with Parents about Flu Vaccine and other materials available through the California Vaccines for Children program.

RSV Vaccine

RSV is a significant cause of respiratory illness and hospitalization, particularly during the fall and winter months in the United States. RSV immunization strategies include vaccination of eligible adults and maternal vaccination during pregnancy to protect infants.

As of June 25, 2025, RSV vaccination is recommended as a single lifetime dose for all adults 75 years of age or older and for adults 50 through 74 years of age who are at increased risk of severe RSV disease. Conditions that increase the risk for severe illness include:

- Chronic heart or lung disease

- Immunocompromising conditions
- Certain other underlying medical conditions
- Residence in a nursing home

For a complete list of medical conditions that increase the risk of severe RSV, providers may refer to the Clinical Overview of RSV on the CDC website.

Three RSV vaccines are currently licensed for use in adults: GSK's Arexvy, Pfizer's Abrysvo®, and Moderna's mResvia®. There is no preferential recommendation among available products. Vaccination may be administered at any time of year, but is ideally given in late summer or early fall, before the onset of the RSV season. RSV vaccination is not currently recommended as an annual vaccine, and individuals who have already received a dose are not advised to receive additional doses at this time.

To protect infants and young children from RSV, CDPH recommends either maternal RSV vaccination (Abrysvo) during weeks 32 through 36 of pregnancy or administration of an RSV monoclonal antibody to infants after birth and to certain children 8 through 19 months of age. RSV monoclonal antibody options include clesrovimab (infants younger than 8 months only) or nirsevimab. For more information about the timing and administration of clesrovimab and nirsevimab, providers can refer to the 2025-2026 RSV Immunization Guide for Infants and Toddlers, developed by CDPH. Ensuring birthing hospital Vaccines For Children (VFC) program enrollment and establishing protocols to offer RSV monoclonal antibody before hospital discharge may improve timely administration.

Additional resources and information about RSV, including a communications toolkit for providers, can be found on the RSV (Respiratory Syncytial Virus) page on the CDPH website.

HepB Vaccine

Hepatitis B virus (HBV) infection is a major cause of chronic liver disease, cirrhosis, and hepatocellular carcinoma. Vaccination remains the most effective strategy for preventing HBV infection and its long-term complications.

CDPH and the WCHA support HepB vaccination for adults based on age, risk factors, and clinical indication. HepB vaccination is recommended for all adults 19 through 59 years of age and for adults 60 years of age or older with risk factors for HepB infection, including those with diabetes, chronic liver disease, HIV infection, or ongoing risk of exposure. Adults 60 years of age or older without known risk factors may also receive vaccination. HepB vaccination is also recommended during pregnancy if not previously vaccinated, as infection during pregnancy can result in perinatal transmission. Timely vaccination and appropriate post-exposure prophylaxis are critical to preventing transmission to infants.

Importantly, CDPH, WCHA, and AAP continue to recommend that all children receive the HepB vaccine as early as possible, including a dose at birth. HepB vaccination at birth is a critical strategy for preventing perinatal and early childhood transmission. Infants infected at birth or during early childhood have an approximately 90% risk of developing chronic HBV infection,

compared with less than 5% among adults. Administration of the HepB vaccine within 24 hours of birth is highly effective in preventing transmission and, when combined with hepatitis B immune globulin (HBIG) for infants born to hepatitis B surface antigen- (HBsAg) positive mothers, provides greater than 90-95% protection against HBV infection. Universal birth dose vaccination also serves as an important safety net, protecting infants born to individuals with unrecognized HBV infection and reducing missed opportunities associated with gaps in prenatal screening. In addition, early vaccination helps prevent horizontal transmission from household or other close contacts during infancy.

HepB vaccines are available as 2- or 3-dose series, depending on the product. Heplisav-B is administered as a 2-dose series over 1 month, while Engerix-B, Recombivax HB®, and combination vaccines (for example, Twinrix) are administered as 3-dose series over 6 months. Many pediatric combination vaccines contain HepB antigen. Completion of the full vaccine series is necessary to achieve optimal protection.

Certain additional populations are at increased risk for HBV infection and should be prioritized for vaccination, including healthcare personnel, individuals with multiple sex partners, persons who inject drugs, and individuals with household or sexual exposure to HBV. Most people with HepB are unaware of their infection. CDC recommends screening all adults for HepB at least once using a triple panel (HBsAg, anti-HBs, anti-HBc). Screening for HepB infection and vaccination initiation can be done at the same visit.

Additional information and provider resources are available on both the Hepatitis B and Perinatal Hepatitis B Prevention Program pages on the CDPH website.

MMRV Vaccine

Measles, mumps, rubella, and varicella are highly contagious viral diseases that can result in serious complications, including pneumonia, encephalitis, congenital infection, and death. Vaccination remains the most effective strategy for preventing infection and limiting outbreaks.

CDPH, WCHA, and AAP recommend routine vaccination with measles, mumps, and rubella (MMR) and varicella-containing vaccines, based on age and risk factors. Routine childhood immunization includes two doses of MMR and varicella vaccines, typically administered at 12 to 15 months and 4 to 6 years of age. The combination MMRV vaccine may be used in children 12 months through 12 years of age when both MMR and varicella vaccines are indicated. CDPH continues to recommend that parents of children younger than 4 years of age can choose between the combination MMRV (one injection) or separate MMR and varicella vaccines (two injections).

Adults without evidence of immunity to measles, mumps, rubella, or varicella should receive vaccination. Two doses of the MMR vaccine are recommended for adults at increased risk, including healthcare personnel, international travelers, and students in postsecondary educational institutions. In comparison, one or two doses may be appropriate for other adults based on risk and vaccination history. Varicella vaccination is also recommended for adults without evidence of immunity, administered as a two-dose series.

Maintaining high vaccination coverage is critical to preventing outbreaks. Recent increases in measles cases globally, within the United States, and within California highlight the importance of ensuring up-to-date immunization, particularly among unvaccinated or under-vaccinated populations.

For additional information about MMRV vaccine recommendations, providers may refer to the CDPH Immunization Recommendations on the CDPH website.

HPV Vaccine

Human papillomavirus (HPV) is a common viral infection associated with multiple cancers, including cervical, anal, oropharyngeal, and other anogenital cancers, as well as genital warts. Vaccination is a highly effective strategy for preventing HPV-related cancers and diseases.

CDPH, WCHA, and AAP recommend routine HPV vaccination for adolescents at age 11 or 12 years, although vaccination can begin as early as age 9. HPV vaccination is also recommended for all individuals 26 years of age or younger who have not previously been vaccinated.

For individuals initiating vaccination before 15 years of age, a 2-dose series is recommended, with the second dose administered 6 to 12 months after the first. For those initiating vaccination at 15 years of age or older, or for individuals who are immunocompromised, a three-dose series is recommended, with the second dose administered 2 months after the first, and the third dose administered 6 months after the first. Completion of the full vaccine series is necessary to achieve optimal protection.

Vaccination for adults 27 through 45 years of age may be considered through shared clinical decision-making, taking into account individual risk factors and the likelihood of prior HPV exposure. While vaccination in this age group provides less benefit at the population level, it may offer protection against new HPV infections.

Increasing HPV vaccination coverage remains a public health priority. Despite strong evidence of effectiveness, HPV vaccination rates remain lower than those of other adolescent vaccines. Improving vaccination uptake is critical to reducing the burden of HPV-associated cancers.

Longitudinal and population-based studies have demonstrated that HPV vaccination substantially reduces the incidence of high-grade cervical lesions (CIN3+) and is associated with decreased rates of invasive HPV-related cancers, particularly cervical cancer, with emerging evidence for other HPV-associated cancers. Vaccine effectiveness is highest when administered before HPV exposure and remains durable over time. At the population level, widespread vaccination has led to significant declines in oncogenic HPV infections and precancerous lesions, with emerging reductions in cervical cancer incidence and evidence of indirect protection among unvaccinated individuals.

For additional information about HPV vaccine recommendations, providers may refer to the Human Papillomavirus (HPV) or CDPH Immunization Recommendations pages on the CDPH website.