Vaccine Advisory Committee (VAC) Meeting

June 13, 2025

Chair/Facilitator:
Dr. Tao Sheng Kwan-Gett Washington State Department of Health

REPRESENTING	NAME	PRESENT
Managed Care	Dr. John Dunn	Y
American Indian Health Commission for Washington (AIHC)	Wendy Stevens	Y
Health Care Authority	**Christopher Chen** filling in for Korrina Dalke	Y
National Association of Pediatric Nurses (NAPNAP), Washington Chapter	Dr. Charisse Gumapas, ARNP, DNP	N
WA Association of Naturopathic Physicians	Dr. Mary Koehnke	Y
WA Academy of Family Physicians	Dr. Gretchen LaSalle	Y
	Dr. John Merrill-Steskal	Y
WA Chapter of the American Academy of Pediatrics	Dr. Francis Bell	Y
	Dr. Seema Abbasi	Y
WA State Association of Local Public Health Officials **Public Health Seattle King County**	Juan Gutierrez Jr	Y
	Meghan Lelonek	Y
	Jay Miller	Y
	Dr. Mark Larson	Y
	Libby Page	Y
Internal Medicine	Dr. Mary Anderson	Y
WA State Pharmacy Association	Dr. Jenny Arnold, PharmD	Y
Office of Superintendent of Public Instruction	Annie Hetzel	Y
Childcare Representation	Lauren Greenfield, BS, BSN, RN	Y
Seattle Indian Health Board (appointed by Urban Indian Health Institute)	Dr. Maithri Sarangam	Y
Northwest Tribal Epidemiology Center / Lummi Nation	Tam Lutz	Y
American College of Obstetricians and Gynecologists	Dr. Alisa Kachikis	Y

Student Representative	Magali Sanchez	Y
School Nurse	Sarah Kim	Y
Consultants	Dr. Ed Marcuse	Y
	Dr. Beth Harvey	N

Washington State Department of Health Staff:

Jamilia Sherls-Jones	Lisa Balleaux	Kelley Meder	Cheryl Ann Barnes
Poornima Jayaraman	Mary Huynh	Adriann Jones	Marissa Davison
Trang Kuss	Jessica Haag	Chas Debolt	Jeaux Rinedahl
Meredith Cook	Teri Maitri	April Mcclellan	Sherry Carlson
Janel Jorgenson			

Topic	Presented Information
Welcome, Announcements, Introductions, Land Acknowledgement Tao Kwan-Gett	Tao Kwan-Gett welcomed the committee members and notified them that packets are available for them. Review of purpose of Vaccine Advisory Committee **The Vaccine Advisory Committee (VAC) provides recommendations to DOH on issues related to the use of vaccines and other medications for the public health response to infectious diseases, and for current management of vaccine-preventable diseases across a person's lifespan.** **This committee shall provide guidance and serve as an advisory body to the Department of Health, Health Officer.** Tao Kwan-Gett did an overview of the agenda and housekeeping. Tao Kwan-Gett provided a land acknowledgment and recognition. Tao Kwan-Get introduced new members: Local Public Health Officials: WSALPHO appointed temp members for this meeting, and afterwards will work on filling perm.
Roll Call for VAC member introductions **Conflict of Interest & Approval of Previous Meeting Minutes** Meghan Cichy	Meghan Cichy did a role call: Meghan Cichy read the committee's Conflict of Interest Policy. No conflicts of interest were declared.
Update on COVID-19 Landscape and Proposed Vaccine Recommendations **Dr. Sherls**	**This table is provided outlining medical conditions the CDC has designated as increasing the risk of severe COVID-19**. For those who are concerned that they may not have access to COVID-19 Vaccines, we feel there may be opportunities when they state a history of physical inactivity, disability (which in WA state, there's a large list of qualifying disabilities) **Screengrabs are enlarged sections/images found on page 2.*

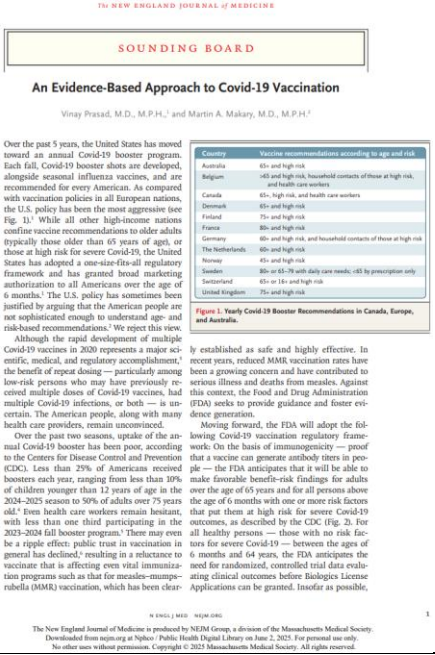
CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe Covid-19
Asthma
Cancer Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease* People receiving dialysis
Chronic lung diseases limited to the following: Bronchiectasis COPD (chronic obstructive pulmonary 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 ≥95th 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.

Figure 2. Underlying Medical Conditions That Increase Risk of Severe Covid-19.
Source: Centers for Disease Control and Prevention.

New England Journal of Medicine (NEJM)/FDA Advisory

FDA Commissioner Martin A. Makary, M.D., M.P.H., and the FDA's Center for Biologics Evaluation and Research (CBER) Director, Vinayak "Vinay" Prasad M.D., M.P.H., published An Evidence-Based Approach to Covid-19 Vaccination in the New England Journal of Medicine, May 20, 2025.



THE NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

An Evidence-Based Approach to Covid-19 Vaccination

Vinay Prasad, M.D., M.P.H.,[1] and Martin A. Makary, M.D., M.P.H.[2]

Over the past 5 years, the United States has moved toward an annual Covid-19 booster program. Each fall, Covid-19 booster shots are developed, alongside seasonal influenza vaccines, and are recommended for every American. As compared with vaccination policies in all European nations, the U.S. policy has been the most aggressive (see Fig. 1).[1] While all other high-income nations confine vaccine recommendations to older adults (typically those older than 65 years of age), or those at high risk for severe Covid-19, the United States has adopted a one-size-fits-all regulatory framework and has granted broad marketing authorization to all Americans over the age of 6 months.[1] The U.S. policy has sometimes been justified by arguing that the American people are not sophisticated enough to understand age- and risk-based recommendations.[2] We reject this view.

Although the rapid development of multiple Covid-19 vaccines in 2020 represents a major scientific, medical, and regulatory accomplishment,[3] the benefit of repeat dosing — particularly among low-risk persons who may have previously received multiple doses of Covid-19 vaccines, had multiple Covid-19 infections, or both — is uncertain. The American people, along with many health care providers, remain unconvinced.

Over the past two seasons, uptake of the annual Covid-19 booster has been poor, according to the Centers for Disease Control and Prevention (CDC). Less than 25% of Americans received boosters each year, ranging from less than 10% of children younger than 12 years of age in the 2024–2025 season to 50% of adults over 75 years old.[4] Even health care workers remain hesitant, with less than one third participating in the 2023–2024 fall booster program.[5] There may even be a ripple effect: public trust in vaccination in general has declined,[6] resulting in a reluctance to vaccinate that is affecting even vital immunization programs such as that for measles–mumps–rubella (MMR) vaccination, which has been clearly established as safe and highly effective. In recent years, reduced MMR vaccination rates have been a growing concern and have contributed to serious illness and deaths from measles. Against this context, the Food and Drug Administration (FDA) seeks to provide guidance and foster evidence generation.

Country	Vaccine recommendations according to age and risk
Australia	65+ and high risk
Belgium	>65 and high risk, household contacts of those at high risk, and health care workers
Canada	65+, high risk, and health care workers
Denmark	65+ and high risk
Finland	75+ and high risk
France	80+ and high risk
Germany	60+ and high risk, and household contacts of those at high risk
The Netherlands	60+ and high risk
Norway	65+ and high risk
Sweden	80+ or 65–79 with daily care needs; <65 by prescription only
Switzerland	65+ or 16+ and high risk
United Kingdom	75+ and high risk

Figure 1. Yearly Covid-19 Booster Recommendations in Canada, Europe, and Australia.

Moving forward, the FDA will adopt the following Covid-19 vaccination regulatory framework: On the basis of immunogenicity — proof that a vaccine can generate antibody titers in people — the FDA anticipates that it will be able to make favorable benefit–risk findings for adults over the age of 65 years and for all persons above the age of 6 months with one or more risk factors that put them at high risk for severe Covid-19 outcomes, as described by the CDC (Fig. 2). For all healthy persons — those with no risk factors for severe Covid-19 — between the ages of 6 months and 64 years, the FDA anticipates the need for randomized, controlled trial data evaluating clinical outcomes before Biologics License Applications can be granted. Insofar as possible,

The views expressed in this article represent the policy position of the Food and Drug Administration.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

The policy position of the FDA and the new FDA Regulatory Framework for COVID-19 Vaccination is outlined in these images on page 3.
**Screengrabs are enlarged sections/images found on page 3.*

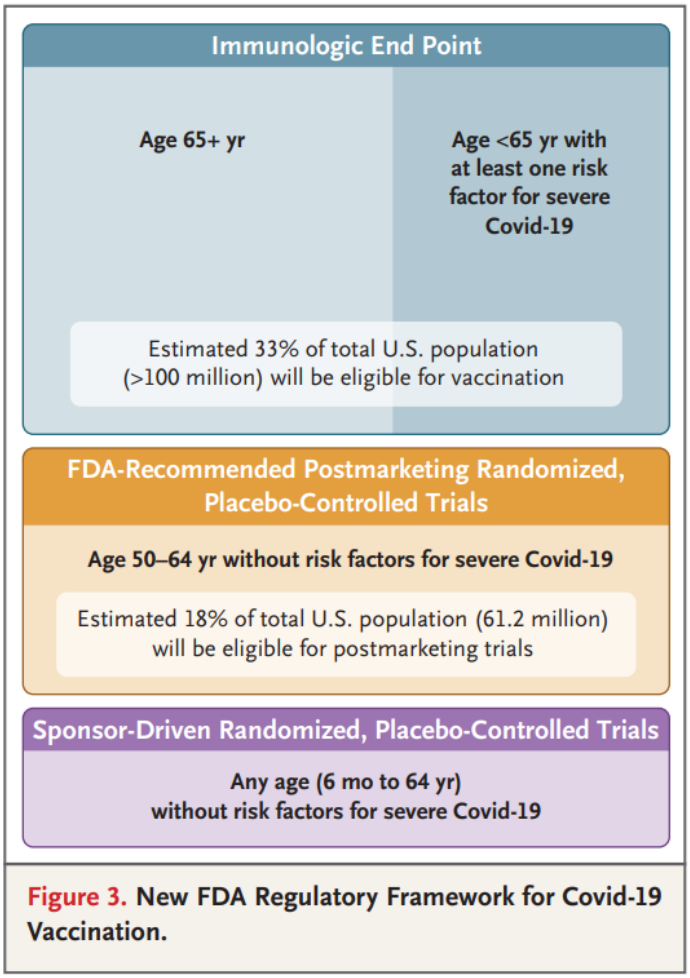


Figure 3. New FDA Regulatory Framework for Covid-19 Vaccination.

HHS Secretary Announcement

In a social media posting on May 27, 2025, Health & Human Services (HHS) Secretary Robert F. Kennedy Jr. announced changes to COVID-19 vaccines recommendations for healthy pregnant people and healthy children.

CDC Updates to COVID-19 Vaccine Schedules

The Centers for Disease Control and Prevention (CDC) posted updated versions of the immunization schedules.

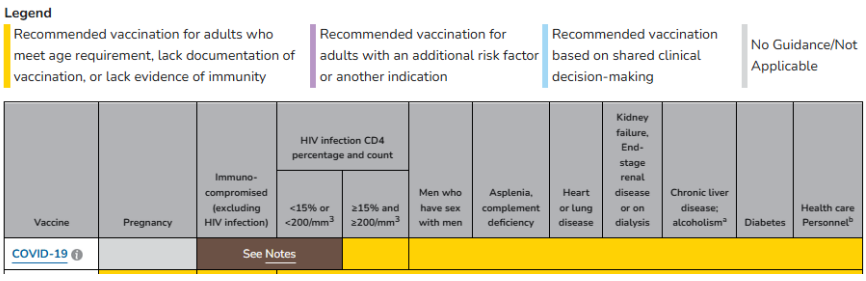
Summary of the COVID-19 vaccine recommendation changes on the CDC immunization schedules:

- The Child and Adolescent Immunization Schedule now reflects shared clinical decision making for all children and adolescents aged 6 months to 18 years, including those who are moderately or severely immunocompromised.
    - Vaccines For Children (VFC)-eligible children can be vaccinated after a shared clinical decision with their healthcare provider.
    - More information about the Advisory Committee on Immunization Practices' (ACIP) shared clinical decision-making recommendations, guidance, and implementation considerations can be found online here.
    - The notes section has been updated accordingly. We encourage you to review the notes carefully.
- No changes were made to the recommendations for persons who are aged 18 years and older and not pregnant.

For the Child and Adolescent schedule and the Adult schedule, pregnancy is now shaded gray to reflect no guidance/recommendation. *(Images on the next 2 slides)*

Adult Immunization Schedule by Medical Condition and Other Indication | Vaccines & Immunizations | CDC

Ages 19 Years or Older



Child and Adolescent Immunization Schedule by Medical Indication | Vaccines & Immunizations | CDC

Recommendations for Ages 18 Years or Younger

'child-adolescent-medical-indication.html

Medical Indication

Legend

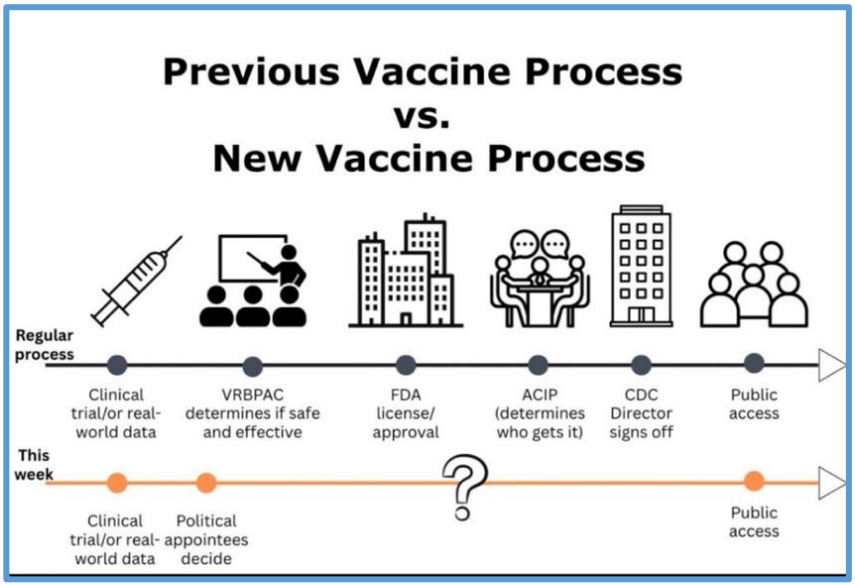
Recommended for all age-eligible children who lack documentation of a complete vaccination series	Not recommended for all children, but recommended for some children based on increased risk for or severe outcomes from disease	Recommended vaccination based on shared clinical decision-making	Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.	Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction	Contraindicated or not recommended *Vaccinate after pregnancy, if indicated	No Guidance/Not Applicable

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4 percentage and count[a]		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes
			<15% or <200/mm³	≥15% and ≥200/mm³						

The Problem

- This HHS directive bypassed the existing vaccine approval and recommendation process in which expert committees publicly review and deliberate vaccine data.
- By transitioning away from the historically open scientific review process for vaccine policy development, HHS has introduced uncertainty and confusion into COVID-19 vaccine policy.



Key Issues

The proposed regulatory and recommendation changes could:

- Reduce access to COVID-19 vaccine for vulnerable populations disproportionately impacts racial and ethnic groups, caregivers, and certain job classifications.
- Increased risk for pregnant people and infants.
- Cost of Vaccines.
- Unclear impact on Washington communities in health professional shortage areas.

Broader Impact

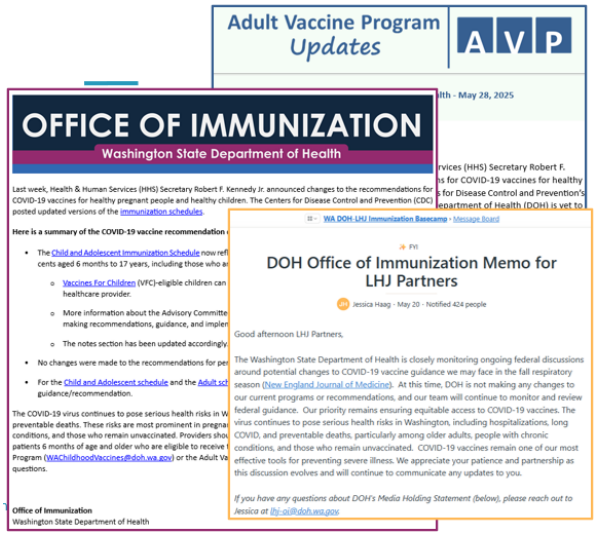
- Availability for off-label use.
- Potential for additional changes to routine vaccine regulation.

What DOH Has Done

After the NEJM/FDA article was published May 20th, Washington State Department of Health and the

Office of Immunization has monitored the evolving related events and sent out frequent Agency updates to our partners, as well as answered questions from the public and our partners via email and phone calls. Some of our partner communication pathways for these updates have included:

- The Office of Immunization Newsletter
- AVP & CVP Newsletters
- Basecamp Message Board Alerts – *Local Health Jurisdiction specific communication pathway.*



- Discussed the developments with immunization programs in other states, as well as with state epidemiologists in AK, CA, CO, ID, HI, and OR
- Initiated collaboration with the Office of the Insurance Commissioner to assess options for health carrier coverage of COVID-19 vaccines.
- Updated the DOH COVID-19 Vaccine Information webpage on May 29, 2025

COVID-19 Vaccine Information

Updated May 29, 2025 - The Centers for Disease Control and Prevention (CDC) have posted updated versions of the immunization schedules online.

Notable COVID-19 vaccine recommendation changes on the CDC immunization schedules are as follows:

- The Child and Adolescent Immunization Schedule now reflects shared clinical decision-making of COVID-19 vaccines for all children aged 6 months to 17 years, including those who are moderately or severely immunocompromised.
- No changes were made to the recommendations for anyone aged 18 years and older who is not pregnant.
- For people who are pregnant, there is no longer guidance/recommendation for COVID-19 vaccination.

The COVID-19 virus continues to pose serious health risks in Washington state, including hospitalizations, Long COVID, and preventable deaths. These risks are most prominent in pregnant people, young children, older adults, people with chronic conditions, and those who remain unvaccinated.

Providers and pharmacists continue to offer and administer COVID-19 vaccines to all patients 6 months of age and older who are eligible to receive them.

The CDC recommends that everyone 6 months and older should get an updated 2024-2025 COVID-19 vaccine.

People who are up to date have lower risk of severe illness, hospitalization, and death from COVID-19 than people who are unvaccinated or who have not completed the doses recommended for them by CDC.

Most people ages 5-64years old just need one updated 2024-2025 dose to be up to date.

Joint Governor Statement


Jun 12, 2025

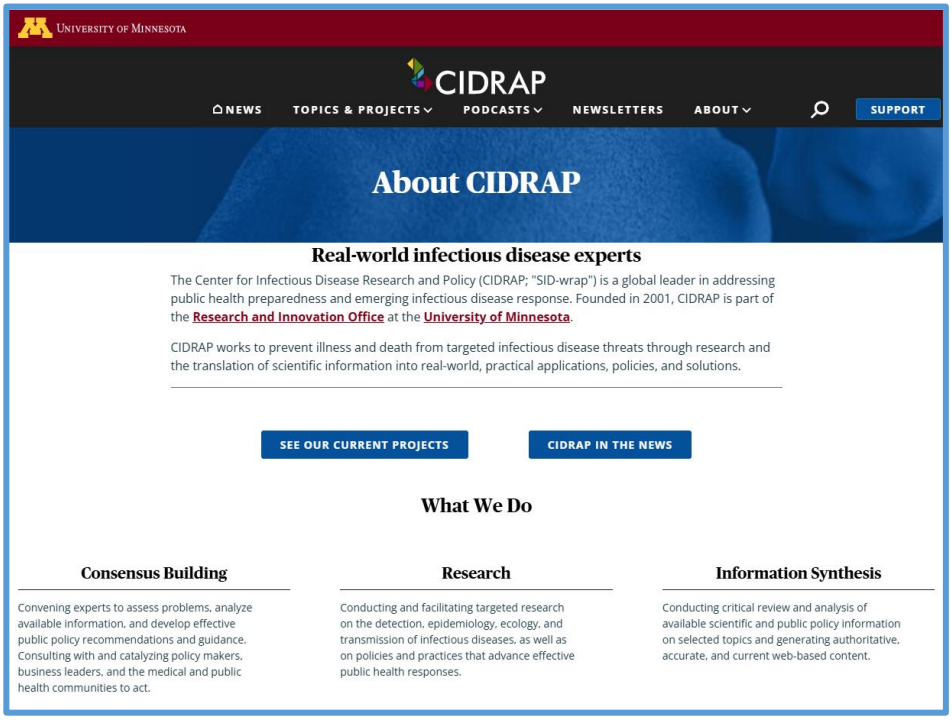
California, Oregon & Washington condemn dismissal of CDC vaccine panel, call on other states to join them

DOH Next Steps

1) DOH is continuing to monitor the evolving situation regarding COVID-19 vaccine recommendations.
2) Continue working with the Office of the Insurance Commissioner to assess options for health carrier coverage of COVID-19 vaccines.
3) Consider participating in the Western States Safety Review Workgroup if it is reconvened.
4) Closely follow and coordinate work with national bodies, such as the Association of State and Territorial Health Officials, the Council of State and Territorial Epidemiologists, and the Vaccine Integrity Project (VIP).

Vaccine Integrity Project
Center for Infectious Disease Research and Policy

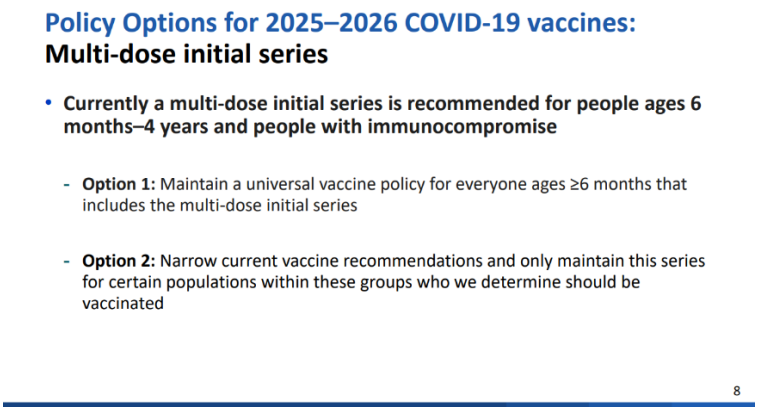
- CIDRAP's Vaccine Integrity Project is an initiative dedicated to safeguarding vaccine use in the U.S. so that it remains grounded in the best available science, free from external influence, and focused on optimizing protection of individuals, families, and communities against vaccine-preventable diseases.
- The best and most durable public health decisions, including about vaccine use, are made in plain sight, in consultation with independent medical professionals, and are backed by rigorous review of current data. The events of the past few weeks raise serious doubts about whether we can count on the US government to follow that common-sense blueprint.
- The Vaccine Integrity Project, together with our medical, public health, and community partners, is preparing to fill that void.



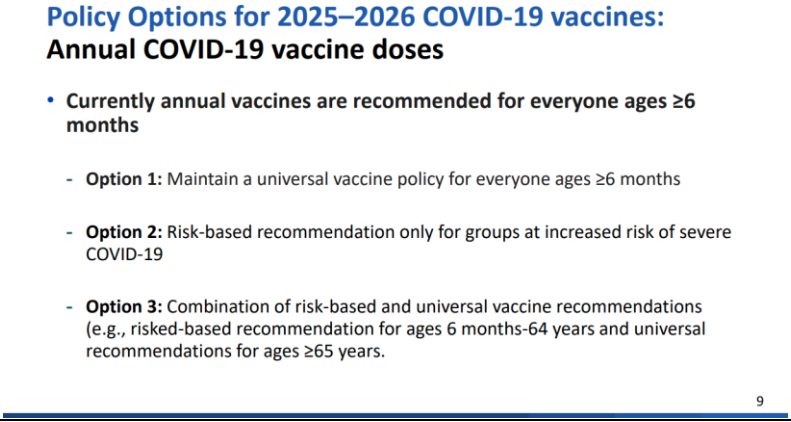
	VIP continued Over the past 3 weeks, the Vaccine Integrity Project convened more than 80 participants for a series of facilitated and one-on-one discussions, bringing together people from academia, pharmacies, medical professional associations, healthcare systems, health insurers, public health organizations, and national security and biodefense. The Vaccine Integrity Project's Steering Committee will meet this month to discuss the findings from the facilitated discussions and make recommendations regarding any additional activities that can help safeguard vaccine policy, programs, information, and use in the United States. **Steering Committee** The Vaccine Integrity Project has established a Steering Committee comprising 8 leading public health and policy experts. The members are all voluntary, unpaid contributors to the Vaccine Integrity Project.  Jeff Duchin, MD · Mark Feinberg, MD, PhD · Harvey V. Fineberg, MD, PhD · Peggy Hamburg, MD Asa Hutchinson · Michael T. Osterholm, PhD, MPH · Fred Upton · Anne Zink, MD Jamilia: We don't know how people are eventually going to have to prove that they are at risk, if it requires a doctor note. If people do not live close to a doctor, it could be a disparity. Scott: State Epi's met at annual conference. They spoke of reopening the Western State Scientific Review group. Mike set up Vaccine integrity project, a national advisory group of science. This group will be a national resource giving us the scientific responses to counteract false science. Many State's Epi's are not free to discuss these things openly.
Proposed COVID-19 Vaccine Recommendations **Dr. Sherls**	**ACIP Meeting June Date** • HHS announced on 6/9/25, the removal of the 17 sitting ACIP members and will replace them with new members currently under consideration. • The next ACIP meeting is scheduled for June 25-27, 2025 ○ ACIP Meeting Information | ACIP | CDC

ACIP Workgroup Considerations

The 3 following slides are from the April 15, 2025 ACIP Meeting and contain workgroup considerations for COVID-19 vaccines.



Workgroup considerations for use of 2025-2026 COVID-19 vaccines



Policy Options for 2025–2026 COVID-19 vaccines:
Semi-annual COVID-19 vaccine doses

- **Persons ages ≥65 years**
  - 2 doses per year for most; may be more if previously unvaccinated and receiving Novavax or immunocompromised
- **Persons ages ≥6 months who are moderately or severely immunocompromised**
  - Initial series if unvaccinated or post-immune ablative therapy
  - Initial series is followed by 2 doses per year
  - Additional doses can be administered under shared clinical decision-making

10

Other States Response

DOH is monitoring other states response to the recent recommendation and will take these responses into consideration as DOH moves forward.

Wisconsin Department of Health Services Continues to Recommend Current COVID-19 Vaccine to Protect Against Severe Illness | Wisconsin Department of Health Services

Wisconsin Department of Health Services Continues to Recommend Current COVID-19 Vaccine to Protect Against Severe Illness

The Wisconsin Department of Health Services continues to recommend the current COVID-19 vaccine during pregnancy and for every person 6 months and older to protect from serious COVID-19 illness and to prevent spreading it to others. The current COVID-19 vaccine is safe during pregnancy, and vaccination can protect women and their infants after birth. Newborns depend on maternal antibodies from the vaccine for protection.

Wisconsin Medicaid will also continue to cover the current COVID-19 vaccine for eligible Medicaid members, including children and individuals who are pregnant.

"The current COVID-19 vaccine was thoroughly reviewed for safety and effectiveness and continues to be an important tool in preventing severe illness and death," said Department of Health Services Secretary Kirsten Johnson.

The current COVID-19 vaccine was approved following rigorous testing and safety review processes, including clinical trials and review by medical experts. The vaccine received medical and safety review and authorization from the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), and the CDC director. The recent changes in CDC guidance were not made based on new data, evidence, or scientific or medical studies, nor was the guidance issued following normal processes. Following national approval, the Wisconsin Department of Health Services independently reviews FDA and CDC recommendations to provide clinical guidance to Wisconsin providers and the public.

COVID-19 continues to cause illness, hospitalization, and death. DHS encourages everyone to stay up to date on all recommended vaccinations to protect themselves and their loved ones from vaccine preventable diseases. Wisconsinites can work with their health care provider to determine which vaccines are needed or find a vaccine provider at Vaccines.gov.

The Wisconsin Department of Health Services continues to monitor federal updates for COVID-19 vaccine recommendations and how changes could impact the health and safety of Wisconsinites. We will share any updates to Wisconsin COVID-19 vaccine recommendations with the public and our partners.

Learn more about COVID-19 in Wisconsin on the DHS website.

DOH Proposed Recommendations

- The Department of Health (DOH) is proposing following the COVID-19 vaccination guidance from the 2025 CDC immunization schedules issued November 21, 2024.
- See the full schedule including recommendations for special situations on the 2025 prior immunization schedule
  - Children/adolescents
  - Adults

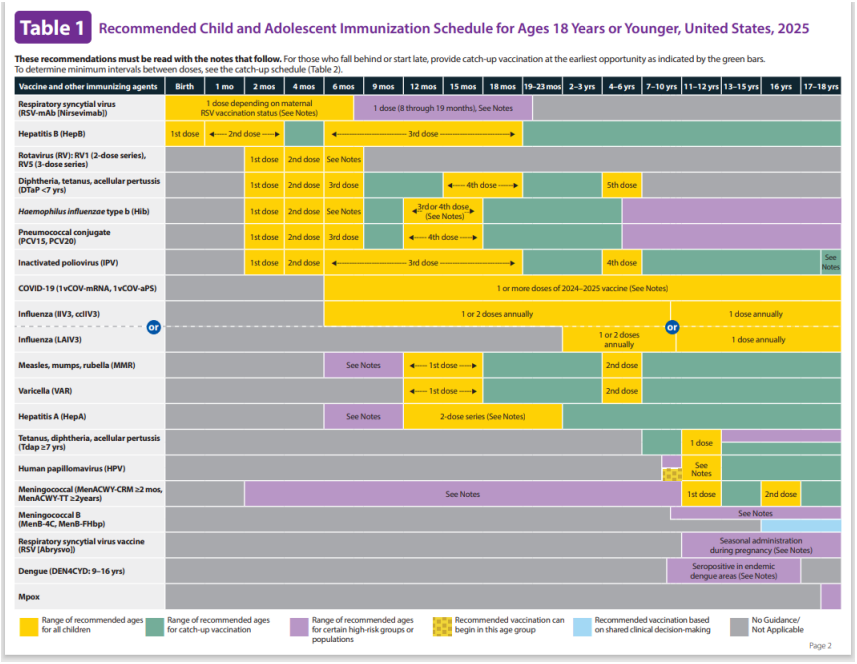


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8 through 19 months), See Notes											
Hepatitis B (HepB)	1st dose	◄— 2nd dose —►			◄———— 3rd dose ————►												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			◄— 4th dose —►				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		◄— 3rd or 4th dose (See Notes) —►										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose		◄— 4th dose —►										
Inactivated poliovirus (IPV)			1st dose	2nd dose	◄———— 3rd dose ————►							4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2024–2025 vaccine (See Notes)												
Influenza (IIV3, ccIIV3)					1 or 2 doses annually									1 dose annually			
OR																	
Influenza (LAIV3)												1 or 2 doses annually	OR	1 dose annually			
Measles, mumps, rubella (MMR)					See Notes		◄— 1st dose —►					2nd dose					
Varicella (VAR)							◄— 1st dose —►					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)					See Notes									1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy (See Notes)			
Dengue (DEN4CYD: 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)			
Mpox																	

Range of recommended ages for all children | Range of recommended ages for catch-up vaccination | Range of recommended ages for certain high-risk groups or populations | Recommended vaccination can begin in this age group | Recommended vaccination based on shared clinical decision-making | No Guidance/ Not Applicable

Page 2

Routine vaccination

Age 6 months–4 years

All vaccine doses should be from the same manufacturer.

- **Unvaccinated:**
  - 2 doses 2024–25 Moderna at 0, 4–8 weeks
  - 3 doses 2024–25 Pfizer-BioNTech at 0, 3–8, and at least 8 weeks after dose 2
- **Incomplete initial vaccination series before 2024–25 vaccine with:**
  - **1 dose Moderna:** complete initial series with 1 dose 2024–25 Moderna 4–8 weeks after most recent dose
  - **1 dose Pfizer-BioNTech:** complete initial series with 2 doses 2024–25 Pfizer-BioNTech 8 weeks apart (administer dose 1 3–8 weeks after most recent dose).
  - **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **Completed initial vaccination series before 2024–25 vaccine with:**
  - **2 or more doses Moderna:** 1 dose 2024–25 Moderna at least 8 weeks after the most recent dose.
  - **3 or more doses Pfizer-BioNTech:** 1 dose 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

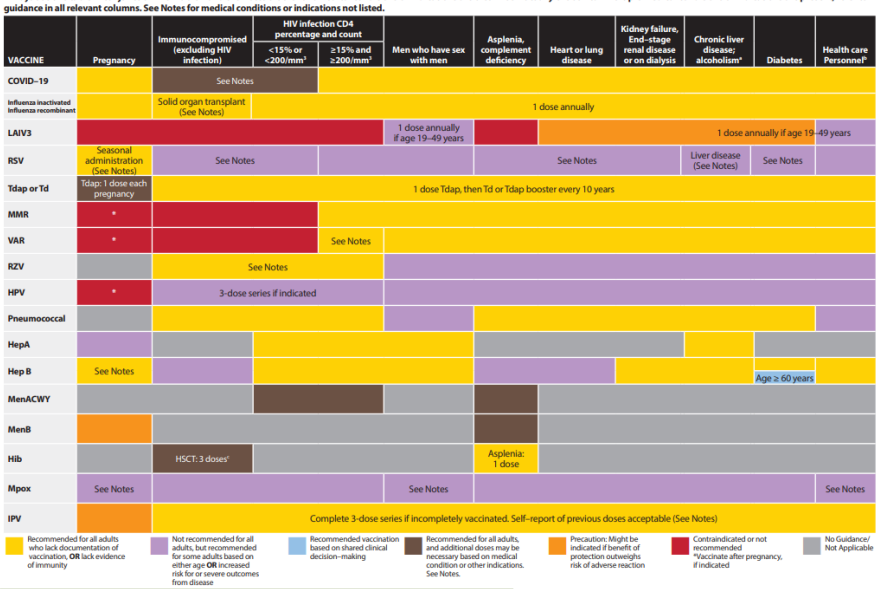
- **Unvaccinated:** 1 dose 2024–25 Moderna or Pfizer-BioNTech
- **Previously vaccinated before 2024–25 vaccine with 1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 12–18 years

- **Unvaccinated:**
  - 1 dose 2024–25 Moderna or Pfizer-BioNTech
  - 2 doses 2024–25 Novavax at 0, 3–8 weeks
- **Previously vaccinated before 2024–25 vaccine with:**
  - **1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  - **1 dose Novavax:** 1 dose 2024–25 Novavax 3–8 weeks after most recent dose. If more than 8 weeks after most recent dose, administer 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.
  - **2 or more doses Novavax:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2025

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.



COVID-19 vaccination

Routine vaccination

Age 19–64 years

- **Unvaccinated:**
  - 1 dose 2024–25 Moderna or Pfizer-BioNTech
  - 2 doses 2024–25 Novavax at 0, 3–8 weeks
- **Previously vaccinated before 2024–25 vaccine with:**
  - **1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  - **1 dose Novavax:** 1 dose 2024–25 Novavax 3–8 weeks after most recent dose. If more than 8 weeks after most recent dose, administer 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.
  - **2 or more doses Novavax:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  - **1 or more doses Janssen:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.

Age 65 years and older

- **Unvaccinated:** follow recommendations above for unvaccinated persons ages 19–64 years **and** administer dose 2 of 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).
- **Previously vaccinated before 2024–25 vaccine:** follow recommendations above for previously vaccinated persons ages 19–64 years **and** administer dose 2 of 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).

Discussion **Dr Tao**	**Questions for VAC** 1. Should the Washington Department of Health continue to recommend the current COVID-19 vaccine during pregnancy and for every person 6 months and older to protect against severe COVID-19 illness, as summarized in the proposed COVID-19 vaccine recommendation statement? 2. How can DOH frame and communicate why we are making this recommendation?

3. How can DOH and VAC approach future federal changes to vaccine recommendations in the absence of changes in the evidence?
4. How should DOH approach regional vs. national coordination through VIP or other organizations?

Discussion

Q: Does the WA recommendation line up with the Western States Group, The Vaccine Integrity Project, and Wisconsin?

A: The Western State Group did not yet convene, we impute if we should recommend similar to Wisconsin

AK: Wisconsin is super clear.

MK – What are we deciding? Is it that we should come forward with a similar statement as Wisconsin?

JS – Yes, we want recommendation on COVID 19.

Q: If we put out this recommendation – would this put us at risk for funding?

JS – We spoke of it internally, we don't know yet, but it is a possibility.

JMS – This might be a topic applicable to other vaccines as well. We need to consider our approach.

JS – Concerned that this could set precedence for other vaccines as well.

TKG – If we have time, discuss possible approaches moving forward if this same issue comes up with other vaccines as well.

JMS – Gratified how we are moving forward. The science is really complex, and we want a source of truth, like the Vaccine Integrity group. The critical thing now is to make a clear set of recommendations. There are a lot of questions out there.

JM – Align with national societies, like the Western State approach. Do we have sense is there will be other guidance for other populations? Are there plans to issue something similar to the maternity recommendations?

MA – ACP put out statement on 28th individually and then signed onto the _____ recommendation. As far as she knows, ACP will not change recommendations to COVID or other vaccines.

TKG – Board meeting, chief medical director of AVASTO – It might be the professional organizations that are in a better position to provide the science vaccine voice (united).

CC – If there is science, how long will it take national recommendation to come about? Thinking ahead, would these recommendations stand until a national one comes out? They could review language.

TKG, Will reach out after this meeting to professional organizations for a timeline.

JMS – ACIP allowed to be organized under one recommendation. It used to be that medical agencies oversaw recommendations. Feels it might go back to before. In the interim, supports WA saying we are not making changes. Thinks we are in transition state.

JM – This approach may have an expiration date – agrees in short term. Don't think it will work two or three years running. We need to come up with some sort of pivot.

TKG – Yes, that is our hope, to get feedback for the short term. And think about what we should do for the long term. It sounds like the preference is to get behind a single national voice backed by science.

	MK – It is important that we make a statement standing by the science. Clinicians in a malpractice situation might be hesitant, would have grounding if the ACIP is saying something different? Wants to think of this because physicians might be hesitant. ML – Feels we need to make a strong statement as to where we stand as a state. As we wait for a decision, it will become more and more confusing. EM – Thinks we are all in favor of science-based policies but is over simplistic. It is a shared recommendation or decision making. We lost so much by losing ACIP. There are ACIP slides from earlier meetings on COVID – look at the evidence basis of those slides that was showed to give recommendations. Doesn't know if we will have those kinds of recommendations now. We need a national standard. JA – Agrees. JA Is member of VAX Northwest, and they met this week. Pharmacists need guidance they can point to. State guidance that allows for shared decision-making would be very helpful. The biggest risk is losing people at highest risk regardless of affiliation. Wonders if people not agreeing might be more open to what we are saying if we form a more nuanced approach and meet people where they are. TKG – Spoke regarding the state recommendation and how we will frame it. Highest risk group, and framed so all political parties can understand. CC – Is ok with the risk of making a statement. Bolder actions are being called for now. WS – Each tribal gov will have a different way of thinking, voting is premature for her. Science doesn't always represent tribal processes. ACIP was positive for centralized guidance. It is not a new thing in Indian country for decentralized decision-making, shared info, and collaborative work. COVID brought them a lot of learning. Elders and aged might be different - different risks, different issues. They stand with the state and the people who are making decision, are learning. TKG -The science of vaccines (which the tribes embrace) and the values that the policies make. Tribe values a different recommendation for them than national. **Dr. John Merrill-Steskal made motion summarizing previous COVID 19.** **Dr. Mary Anderson seconded the motion.** **Recommendation passes.** **No Negative and no abstentions.** TKG – need to find a timeline for vaccine integrity project. For establishing voice for National Vaccine policy. Thoughts on how to frame. MA – notes her comment in chat. No doubt they are coordinating: *[14:30:30 From MA to Everyone: ACP is a memmber of the Council of Medical Specialty Societies (more than 50 specialty societies are members). That group regularly talks about these issues and often develops policies/recommendations together. I have not doubt that this is being discussed by that group now.]* GWL – referenced note in chat. Communicating clearly about how we recognize what good science is and communicate that. How is our science different than their science. What are we looking for. *[14:37:01 From GWL, MD to Everyone: And we need to emphasize that "the science" is that which is transparent, unbiased, and agreed upon by the majority of scientists, physicians, public health officials, etc. Kennedy and others will claim they are following the science as well.]* JD: expects recommendations for shared decision making to come from the new ACIP. One standard thing that happens if materials are put out to help them present appropriate information to present to patients so they can make informed decision. JD expects the materials coming out from ACIP to be skewed. DOH should be prepared to produce materials that are bonified discission making materials. JM – recommends not mentioned ACIP in this statement.

	MK – Is concerned about rhetoric. It's confusing for the public. In laymen terms, what is good science . What does and doesn't it mean. TKG – plain language to explain this to garner trust instead of being intimidated by science.
Future Agenda Items **2025 Vac Meeting Dates** **Adjourn** Tao Kwan-Gett	XI. Future Agenda Items Upcoming 2025 meetings July 10th, October 9th 2025