

Vaccine Advisory Committee (VAC) Meeting

July 10, 2025

Chair/Facilitator:

Scott Lindquist Washington State Department of Health

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

Student Representative	Magali Sanchez	Absent
School Nurse	Sarah Kim	Absent
Consultants	Dr. Ed Marcuse	Present
	Dr. Beth Harvey	Present

Washington State Department of Health Staff:

Dr. Jamilia Sherls-Jones	Mary Huynh	Kelley Meder	Cheryl Ann Barnes
Poornima Jayaraman	Jessica Haag	Adriann Jones	Jeaux Rinedahl
Trang Kuss	Teri Maitri	Chas Debolt	Sherry Carlson
Meredith Cook	Elisabeth Long	Esther Lam	
Janel Jorgenson	Nicole Avelar		

Topic	Presented Information
Welcome, Announcements, Introductions, Land Acknowledgement Scott Lindquist	Scott Lindquist welcomed the committee members and notified them that packets are available for them. Scott Lindquist did an overview of the agenda and housekeeping. Scott Lindquist provided a land acknowledgment and recognition.
Roll Call for VAC member introductions Conflict of Interest & Meghan Cichy	Meghan Cichy did a role call: Meghan Cichy read the committee’s Conflict of Interest Policy. No conflicts of interest were declared.
Approval of Previous Meeting Minutes	Scott Lindquist asked committee members to review the minutes from April 10, 2025. <ul style="list-style-type: none"> • <i>No changes</i> The meeting minutes were approved and will be published on the website. Scott Linquest asked committee member to review the minutes from June 13, 2025. <ul style="list-style-type: none"> • <i>No changes</i> The meeting minutes were approved and will be published on the website. <ul style="list-style-type: none"> • Motion to approve: John Dunn • Second: Gretchen LaSalle • All: Agreed
	Public comments 2.30 minutes were given for public comment. <ul style="list-style-type: none"> • Comments from <ul style="list-style-type: none"> ○ Bob Runnells- Informed Choice WA ○ Lisa Tempelton ○ Natalie Chavez ○ Zana Carver

<p>Office of Immunization Program Director Updates and ACIP Meeting</p> <p>Dr. Sherls</p>	<p>ACIP Meeting Update – Jamilia Sherls/Mary Huynh</p> <ul style="list-style-type: none"> • Office of Immunization Transition effective July 1, 2025 <ul style="list-style-type: none"> ○ Due to termination of Covid19 funding cause a reduce in staff on Office of Immunization. About 33% of our positions were impacted. <ul style="list-style-type: none"> ▪ Delay or limitations in response time with reduced staffing. ▪ As of July 1, 2025, Care-a-Van (CAV) will no longer provide vaccination services at our clinics. CAV will continue to offer health and social care services and partner with other organizations in supporting community events. <u>Partners can still request CAV services as needed.</u> • Core Immunization Funding <ul style="list-style-type: none"> ○ Notice of Award received July 1 – Unexpected additional reductions. <ul style="list-style-type: none"> ▪ 18% reduction from application target. ▪ DOH is exploring additional funding options are being done to manage shortfalls. ▪ Further reductions may be needed if it is determined that the positions or work do not fall under scope of funding being explored. ○ Submit responses to technical review of application, updated workplan and budget to CDC no later than September 2, 2025. • Respiratory Season Plans- Vaccine Products – Please refer to slide for information. <ul style="list-style-type: none"> ○ Limited supply at the start of season as allocation from CDC becomes available. ○ Anticipate some products to arrive in August. • Respiratory Season Plans – Vaccine Distribution <ul style="list-style-type: none"> ○ Vaccine Distribution- What we expect for COVID, Flu, RSV Products <ul style="list-style-type: none"> ▪ COVID -Receive allocation of COVID vaccine from CDC upon receipt from manufacturers. Weekly through October then bi-weekly. ▪ FLU - ▪ RSV- Receive allocation of RSV monoclonal antibody every two weeks. Expect sufficient supply for the season. (Remaining viable doses from previous year are at clinics/hospitals and available to start season.) ▪ Unused allocation week to week will need to be reallocated to support unmet orders. ○ Apply ordering controls and allocation strategies similar to last season: Vaccine Allocation Strategy ○ Communication Plans: <ul style="list-style-type: none"> ▪ Use of existing evergreen messaging and material for Flu, COVID-19, and RSV ▪ Social media, messaging to promote materials and tools ▪ Provider webinars on relevant respiratory vaccine topics ▪ Provider and partner communication to share updates and resources ▪ Flu Free Washington Partner Toolkit Washington State Department of Health ○ Internal Coordination: <ul style="list-style-type: none"> ▪ Restart internal workgroup between relevant DOH groups to stay coordinated for respiratory season updates and activities. ▪ Respond quickly to urgent needs; have situational awareness.
---	---

- **CDC RSV Learning Collaborative: Preventing RSV Infection in AI/AN Children Through Partnerships and Early Planning**
 - **Session Details:**
 - **Session 1 (RSV Vaccine Ordering and Planning for Nirsevimab Distribution)– July 24 | 2:00 – 3:30 p.m. ET Register here:** RSV Learning Collaborative Session 1
 - **Session 2 (Implementation Lessons and Best Practices for Increasing Uptake) – July 30 | 2:30 – 4:00 p.m. ET Register here:** RSV Learning Collaborative Session 2
- **NATIONAL Immunization Awareness Month:**
 - August 1-31
 - Health promotion & communication
 - Immunize WA Awards
 - The Washington Immunization Champion Award winner has been selected and will be announced in August
- **ACIP Meeting June 25-26**
 - **June 25**
 - COVID-19 vaccines update
 - RSV vaccines and mAB
 - Uptake and implementation
 - Effectiveness and impact
 - Safety
 - EtR for Clesrovimab
 - Votes on Clesrovimab and VFC
 - **June 26**
 - Influenza vaccines
 - Proposed 2025-2026 recommendations
 - Thimerosal in vaccines – proposed recommendations.
 - Chikungunya
 - Anthrax
 - MMRV presentation
 - Votes on Influenza vaccines and thimerosal containing flu vaccine
- **Opening Remarks from ACIP Chair**
 - Announced New Workgroups
 - Focus on cumulative childhood and adolescent vaccine schedules
 - Examine the total number of recommended vaccines, timing, and safety.
 - For example, will examine interaction effects between vaccines, total number of vaccines, cumulative amounts of vaccine ingredients, and relative timing of different vaccines.
 - Revisit data on vaccine that haven't been review in > 7 years
 - First with universal implementation of hepatitis B vaccination at birth, and MMRV
- **ACIP COVID-19 Presentation & Discussion**
 - CDC SME staff update on COVID-19 vaccine, covering recommendation, burden estimates and vaccine effectiveness.
 - Current Recommendations and Future Considerations:
 - May 2025: Per HHS directive, CDC updated COVID-19 vaccine recommendations to **shared clinical decision-making** for healthy children ages 6 months–17 years **and no specific guidance for pregnant women.**

- FDA Approved Noavax’s NUVAXOVID and Moderna’s MINZEXSPIKE for ages 12-64 years at high risk and severe COVID-19
- The work group is considering moving to a **non-universal recommendation** for the 2025-2026 season, potentially suggesting:
 - Vaccination for all infants 6-23 months.
 - Vaccination for people aged 2-64 at high risk or high risk of exposure, including pregnant individuals.
 - Two doses for individuals 65+ and high-risk individuals 6 months-64 years.

ACIP RSV Discussion and Votes

- Clesrovimab: The WG proposed the same recommendations for clesrovimab and nirsevimab in infants <8 months, with no preferential recommendation.
 - Only nirsevimab would be recommended for children 8-19 months at increased risk of severe RSV disease.
 - Clesrovimab dosage, storage, and handling are similar to nirsevimab, except that it is administered as a single dose, the same for all infants, regardless of weight. It must be refrigerated and used within 48 hours once removed. Adverse events should be reported to MedWatch (if administered alone) or VAERS (if co-administered with vaccines).
- RSV Votes
 - ACIP, in a vote of 5-2, recommended approval of one dose of clesrovimab for infants < 8 months of age born during or entering their first RSV season who are not protected by maternal vaccination
 - ACIP, in a vote of 7-0, voted to update the VFC schedule with the following language to include clesrovimab as a second option for mAb product:
 - Either RSV vaccination during pregnancy at 32-36 weeks gestation or RSV long-acting monoclonal antibody administration for infants age < 8 months shortly before or during the RSV season is recommended to prevent RSV lower respiratory tract infection, but both products are not indicated for most infants.

ACIP Influenza Votes and WA Context

- ACIP voted 6-0 with one abstention to reaffirm the recommendation for routine annual influenza vaccination of all persons aged over 6 months who do not have contraindications
- After a presentation on thimerosal, ACIP voted 5-1, with one abstention, to recommend:
 - For children 18 years and younger to receive seasonal flu vaccines only in single dose formulations that are free of thimerosal
 - That pregnant women receive season flu vaccines only in single dose formulations that are free of thimerosal
 - That all adults receive seasonal flu vaccines only in single dose formulations that are free of thimerosal
- Thimerosal Laws in WA: Per Washington state law (RCW 70.95M.115), pregnant women and children under 3 years of age should not be given vaccines that contain more than trace amounts of mercury (thimerosal). The law allows the Washington State Secretary of Health to suspend the law's mercury limits to protect the public's health against disease if there is a VPD outbreak or a shortage of vaccine that meets the terms of legal limits on mercury.
- DOH Flu Vaccine Prebook: a small number of multi-dose vial (MDV) flu vaccine was pre-booked for this fall. Will wait for CDC direction on pre-booked vials and options for exchange.

	<p><u>April 15-16 ACIP Meeting Recommendations</u></p> <ul style="list-style-type: none"> • Chikungunya vaccine (virus-like particle) for persons aged ≥12 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the virus-like particle chikungunya vaccine may be considered for persons aged ≥12 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time (e.g., 6 months or more). • Chikungunya vaccine (virus-like particle) for laboratory workers with potential for exposure to chikungunya virus. • Chikungunya vaccine (live attenuated) for persons aged ≥18 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the live attenuated chikungunya vaccine may be considered for persons aged ≥18 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time (e.g., 6 months or more). • Meningitis vaccine: GSK's MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit [1) healthy persons aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine and 2) persons aged ≥10 years who are at increased risk for meningococcal disease (e.g., because of persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia)]. • RSV vaccines for adults 50–59 years of age who are at increased risk of severe RSV disease receive a single dose of RSV vaccine. Currently, RSV vaccination is recommended as a single dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose. <p>Questions: Francis Bell: Are we expecting delays? Jamilia: We expect to have both products available. We are considering the possibility of hosting webinars on Nirsevimab and Clesovimab to reintroduce the product and refresh providers on recommendations for use and best practices for ordering and control. Janel: Did not receive any info yet on the proportion of doses for the products.</p>
<p>School Immunization Dashboard</p> <p>Trevor Christensen</p>	<p>Trevor Christensen gave an update on the updated Dashboard. –</p> <ul style="list-style-type: none"> • Trevor presented the updated dashboard -See slides for updates. <p>Gretchen: does DOH have any school or district level outbreak data that can be overlapped with other data?</p> <p>Trevor: Thinks there might be opportunity to look at correlation, would like to pursue.</p> <p>Katherine Graff: Students have 30 days from 1st day of attendance was changed by state board of health in 2020. They have to be up to date, but if they are waiting for a dose to come due, they can be in school but have 30 days to get the dose.</p>
<p>Measles Update</p> <p>Esther Lam & Susan Babcock</p>	<ul style="list-style-type: none"> • Esther Lam presented current measles data, then Susan Babcock, BSN, RN Public Health Nurse • Snohomish County Health Department presented on their current response efforts <p><i>**See slides 48-55</i></p>
<p>VAC Member Report Out and Discussion</p> <p>VAC members</p>	<ul style="list-style-type: none"> • What issues are pressing for you that we need to be aware of/consider moving forward? <ul style="list-style-type: none"> ○ Scott Lindquist – Outbreak I am concerned when we announce we have an outbreak. There are going to be questions. Should we move the recommendation for first dose ○ John Merrill-Steskal – Concerns with the dissolution of ACIP. ○ Annie Hetzel: Thinking of a potential outbreak- Impact of budget cuts on schools and cutting hours of nurses. To support contact tracing- I think we need to be mindful the

	<p>capacity may not be there. Scott: In the works.</p> <ul style="list-style-type: none"> ○ Jenny Arnold: Changes to ACIP schedule and gray recommendations for pregnant women, pharmacy prescribing through CDTA that permit prescribing of medications/vaccines, many agreements list ACIP as the recommendations to follow. Recommending DOH and local health are also included recommendations in CDTA. Encouraging pharmacies to update these agreements which is taking time. Outreach for options for homebound vaccine. State and counties have help with going into home for vaccines. More support for adult family homes. Best opportunity for homebound would be when they are accessing healthcare in clinics. Need to educate and spread the importance of vaccination at this point. Resource intensive and less practical to vaccinate in home. Pharmacy board won't be going after folks vaccinating interested individuals. District Data: https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization/dashboard Outreach for options for Homebound people. There is more support for Homebound Family Homes. ○ Meghan Cichy: Technically ACIP's COVID19 vaccine recommendations have not changed. Does this impact barrier re: CDTA? Answer: ○ Tam Lutz: Our priority right now is getting as many of children due or overdue for measles vaccinated (as well as other overdue childhood vaccines. We are holding upcoming events with extended hrs for working parents. We work closely with our Early Learning Program (ELP)s, Boys & Girls Club, but schools are a bit harder to cover (one on rez, a number off with varying interest in working with us but a very well attended youth collaborative with school staff reps consistently attending). We do need to get our ELP information sharing agreement in, so they can submit it directly. Also clarifying with Public what is happening. Scott Lindquist: Megan Cichy: has taken not and will get a response to Tam. ○ Gretchen LaSalle: do we have a sense of how many members of the public tune in to this meeting? Should we have some sort of educational materials for people attending? ○ Francis Bell: I want to express my appreciation to this group and the work we do. ○ Beth Harvey: School Dashboard – Are their other ways to see where folks are out of compliance and reach out to try get that ○ Wendy Stevens – shared on whooping cough, brought up in meeting today, misinformation. And monitoring measles for potential outbreak. ○ Dr. Ed Marcuse - We have focused on measles, but we must also not forget about the challenge of increasing pertussis cases including adolescents <ul style="list-style-type: none"> • What agenda items would you like to see for upcoming meetings? <ul style="list-style-type: none"> ○ Outreach to folks who are afraid of leaving their homes for fear of deportation how we can reach them in getting their vaccine.
<p>Future Agenda Items 2025 Vac Meeting Dates Adjourn</p> <p>Scott Lindquist</p>	<p>XI. Future Agenda Items</p> <p>Upcoming 2025 meetings October 9th 2025</p>