

Vaccine Advisory Committee (VAC) Meeting

October 9 2025

Chair/Facilitator:

Dr. Tao Sheng Kwan-Gett Washington State Department of Health

REPRESENTING:	Name (Preferred name/Pronunciation)	Present
Managed Care	Dr. John Dunn	Y
American Indian Health Commission for Washington (AIHC)	Wendy Stevens	Y
Health Care Authority	Korrina Dalke Proxy: Charissa Fotinos	Y
National Association of Pediatric Nurses (NAPNAP), Washington Chapter	Dr. Charisse Gumapas, ARNP, DNP	-
WA Association of Naturopathic Physicians	Dr. Mary Koehnke (Kon-key)	Y
WA Academy of Family Physicians	Dr. Gretchen LaSalle (Gretchen La-Sal)	Y
	Dr. John Merrill-Steskal (Stes-kel)	Y
WA Chapter of the American Academy of Pediatrics	Dr. Francis Bell (Frank Bell)	Y
	Dr. Seema Abbasi (Ab-ASEE)	Y
WA State Association of Local Public Health Officials	Juan Gutierrez Jr	Y
	Meghan (Meg) Lelonek (Iel-o-nek) Proxy: Amy Harley	Y
	Dr. Jay Miller	Y
	Dr. Mark Larson	Y
Public Health Seattle King County	Libby Page (Libby Page)	Y
Internal Medicine and American College of Physicians	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 (M-I-Three Saran-gum)	Y
Northwest Tribal Epidemiology Center / Lummi Nation	Tam Lutz (L-uh-tz)	Y

American College of Obstetricians and Gynecologists	Dr. Alisa Kachikis (A-lis-a Ka-cheek-as)	-
Student Representative	Magali Sanchez (Muh-Gal-e Sanchez)	Y
School Nurse	Sarah Kim	Y
Consultants	Dr. Ed Marcuse	Y
	Dr. Beth Harvey	Y

Washington State Department of Health Staff:

Jamilia Sherls-Jones	Amanda Dodd	Vincent Rodreguez	Cheryl Ann Barnes
Poornima Jayaraman	Mary Huynh	Adriann Jones	Marissa Davison
Trang Kuss	Jessica Haag	Chas Debolt	Khalle Bymers
Meredith Cook	Trevor Christensen	April McClellan	Jeaux Rinedahl
Lisa Balleaux	Teri Maitri	Kimberly Carlson	Sherry Carlson
Janel Jorgenson	Julia Bennett		

Topic	Presented Information
<p>Welcome, Announcements, Introductions, Land Acknowledgement</p> <p>Tao Kwan-Gett</p>	<p>Meeting started at 10:32</p> <p>Tao Kwan-Gett welcomed the committee members and notified them that packets are available for them.</p> <p>Tao Kwan-Gett did an overview of the agenda and housekeeping.</p> <p>Tao Kwan-Gett provided a land acknowledgment and recognition.</p>
<p>Roll call</p> <p>Conflict of Interest & Approval of Previous Meeting Minutes</p> <p>Adriann Jones</p> <p>Tao Kwan-Gett</p>	<p>Adriann did roll call for the following who were present: Dr. John Dunn (<i>Managed Care</i>), Wendy Stevens (<i>AIHC, Tribal Urban Indian Coalition</i>), Dr. Mary Koehnke, Dr. Gretchen Laselle (<i>Washington Academy of Family Physicians</i>); Dr. John Merrill-Steskal (<i>Washington Academy of Family Physicians</i>); Dr. Frank Bell (<i>WCAAP</i>); Dr. Seema Abbassi (<i>WCAAP</i>), Juan Guitierrez, Jr. (<i>Benton-Franklin HD</i>); Amy Harley (<i>Whatcom County</i>), Dr. Jay Miller (<i>TPCHD, Washington State Association of Health Officers</i>); Mark Larson (<i>Kittikas County</i>); Libby Page (<i>PHSKC</i>); Dr. Mary Anderson (<i>American College of Physicians</i>); Dr. Jenny Arnold (<i>WSPA</i>); Annie Hetzel (<i>OSPI</i>); Lauren Greenfield (<i>PHSKC – Childcare Health Program</i>); Dr. Maithri Sarangam (<i>Urban Indian Health Center</i>); Tam Lutz (<i>Lummi Nation</i>); Magali Sanchez (<i>University of Washington, Student Representative</i>); Sarah Kim (<i>School Nurse</i>); Dr. Ed Marcuse (<i>Retired, Consultant to Committee</i>); Dr. Beth Harvey (<i>South Sound Pediatrics, Consultant</i>);</p> <p>Not Present: Dr. Charisse Gumapas (<i>NAPNP</i>); Dr. Alisa Kachikis (<i>ACOG</i>)</p> <p>Adriann read the committee’s Conflict of Interest Policy</p> <p>No conflicts of interest were declared.</p> <p>Tao Kwan-Gett noted that complete minutes for last meeting will be sent at a future time and will be approved at a future committee meeting. Meeting minutes were incomplete</p>
<p>Public Comment</p> <p>Tao Kwan-Gett</p>	<p>Public comments were received during the meeting. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.</p>

Teri Maitri	<p>2 minutes were given for public comment.</p> <ul style="list-style-type: none"> • Bob Runnells: Noted MMRV updates were on the agenda later today and read from the CDC briefing package from Sept 18 and the CDC recommendations that MMRV is administered separately due to fibril seizure that were reported in the combination MMRV vaccine. Noted that WCHA is diverting from the recommendations made by ACIP to no longer administer the MMRV combination presentation. • Natalie Chavez: Wanted to share information about the COVID mRNA vaccine and journal reporting that that cancer that originated from the injection of the COVID mRNA Vaccine. 															
<p>Office of Immunization Program Director Updates</p> <p>Jamilia Sherls</p>	<p>Votes and Implications</p> <ul style="list-style-type: none"> • Updates from Sept 18 & 19 • Votes were made to not recommend that MMRV vaccine for children under 4 years of age, VFC Program updated to match this guidance • Hepatitis B testing recommended for all pregnant women (aligns with the US Preventative Services Task Force) • COVID-19 Vaccine votes to recommend individual based decision-making (shared clinical decision making) for everyone 6 months+ after discussion with healthcare professional; more risk information will be added to VIS and informed consent • HepB recommendations were tabled for a future meeting <p>MMRV Vote – Passed</p> <ul style="list-style-type: none"> • No longer recommended for kids under 4 due to seizure risk. • Still FDA approved for ages 12 months – 12 years • Critics note no new safety data; limits parental choice <p>Hepatitis B Testing Vote – Passed</p> <ul style="list-style-type: none"> • Routine prenatal testing already standard practice • Impact is unclear <p>Hepatitis B Birht Dose Vote – Tables</p> <ul style="list-style-type: none"> • No change for now • Committee to revisit later; mixed opinions • Safety and timing concerns raised; some support later initiation <p>Other Key Outcomes & Implications</p> <table border="1" data-bbox="451 1285 1549 1671"> <thead> <tr> <th>Vote</th> <th>Key Outcome</th> <th>What it Means</th> </tr> </thead> <tbody> <tr> <td>Vote 1: Informed Consent ✓ PASSED</td> <td>• CDC to revise education materials to list at least 6 risks.</td> <td>• Could raise vaccine hesitancy; unusual for ACIP scope.</td> </tr> <tr> <td>Vote 2: Prescription Requirement ✗ FAILED</td> <td>• Would have required prescription for vaccination.</td> <td>• Defeated due to access concerns; vote was split.</td> </tr> <tr> <td>Vote 3: Patient Counseling ✓ PASSED</td> <td>• Providers urged to discuss safety with patients prior to vaccine administration.</td> <td>• Reinforces informed consent; no new implementation steps.</td> </tr> <tr> <td>Vote 4: Vaccine Recommendation ✓ PASSED</td> <td>• Recommended for everyone >6 months with shared decision-making.</td> <td>• Broader than FDA license; ongoing distribution unchanged.</td> </tr> </tbody> </table> <p>Standing Order & West Coast Health Alliance</p> <ul style="list-style-type: none"> • DOH continues to recommend that everyone 6 months and older, including pregnant people, stay up-to-date with the current COVID-19 vaccine to help protect against sever illness, hospitalization and death. • DOH issued a statewide standing order for COVID-19 on September 4th which allows health professionals to administer the COVID-19 vaccine with out a prescription; this is not a 	Vote	Key Outcome	What it Means	Vote 1: Informed Consent ✓ PASSED	• CDC to revise education materials to list at least 6 risks.	• Could raise vaccine hesitancy; unusual for ACIP scope.	Vote 2: Prescription Requirement ✗ FAILED	• Would have required prescription for vaccination.	• Defeated due to access concerns; vote was split.	Vote 3: Patient Counseling ✓ PASSED	• Providers urged to discuss safety with patients prior to vaccine administration.	• Reinforces informed consent; no new implementation steps.	Vote 4: Vaccine Recommendation ✓ PASSED	• Recommended for everyone >6 months with shared decision-making.	• Broader than FDA license; ongoing distribution unchanged.
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- mandate or require anyone to receive a COVID-19 vaccination
- Suggestion for the committee to read the [standing order and FAQs](#) that are on the DOH website
- Barriers to COVID-19 vaccination are complex and the standing order is just one part of the solution
- DOH recognizes the ongoing challenges with vaccine access and provider liability
- DOH is actively monitoring the issues and working toward solutions
- More information can be found on [the COVID-19 Vaccine Information for Health Care Providers](#) webpage on DOH's website

Are Pharmacies Required to Provide COVID-19 Vaccines Under the Standing Order?

Yes, pharmacies are required by state law to provide COVID-19 vaccines under the standing order, in the same way they are required to fill any other valid prescription. State law includes some exceptions to a pharmacy's duty to fill a prescription:

- If the pharmacy has been unable to stock the medicine
- Does not have the expertise to administer the medicine
- Does not receive its usual and customary or contracted payment

What is My Liability If I Give This Vaccine "Off-label"?

Providers are covered by the same professional liability and malpractice standards that apply to their other medical decisions. Prescribing off-label is a common practice in health care. Providers prescribe [1 in 5](#) medications off-label.

Health care professionals use clinical judgment to recommend what they believe is best for their patients. Providers may follow evidence-based guidelines from national associations. Examples include guidelines by the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the American Academy of Family Physicians.

Is There a Cost for the Vaccine?

While the standing order provides access to the vaccine, patients are responsible for the cost of the vaccine.

- **Private insurance:** To confirm if a vaccine is covered, contact your health plan administrator or the [Office of the Insurance Commissioner](#).
- **Washington Apple Health (Medicaid):** Continues to cover the COVID-19 vaccine for members, including children, adults, and pregnant people.
- **Medicare:** Continues to cover the COVID-19 vaccine for everyone with Medicare, including people 65+ and those who are immunocompromised.
 - The vaccines are covered under Part B as a preventive service, so Medicare pays 100% — whether it's the original vaccine or the updated versions. See [2025-2026 COVID-19 vaccine pricing information](#) and [Medicare billing guidance](#) for more details.

AHIP Statement on Vaccine Coverage

WASHINGTON – AHIP released the following statement 09/16/2025, regarding vaccine coverage.

“Health plans are committed to maintaining and ensuring affordable access to vaccines. Health plan coverage decisions for immunizations are grounded in each plan’s ongoing, rigorous review of scientific and clinical evidence, and continual evaluation of multiple sources of data.

“Health plans will continue to cover all ACIP-recommended immunizations that were recommended as of September 1, 2025, including updated formulations of the COVID-19 and influenza vaccines, with no cost-sharing for patients through the end of 2026.

“While health plans continue to operate in an environment shaped by federal and state laws, as well as program and customer requirements, the evidence-based approach to coverage of immunizations will remain consistent.”

- DOH wants to make sure that members of the public have information on how to report if they are denied a vaccination by a provider
- Advising that the public be patient with the providers as they learn this information

If You’re Denied a Vaccine Under a Standing Order

Be patient: Pharmacies and clinics are still adjusting to new guidelines.

Call ahead: Check availability or try another location.

Still denied? You have the right to file a complaint.

What to include:

- Where it happened (pharmacy/clinic name and location)
- When it happened (approx. date and time)
- Why (if known) the vaccine was refused

Where to file a complaint:

- **Doctors / PAs:** [Washington Medical Commission](#)
- **Nurses:** [Washington State Board of Nursing](#)
- **Pharmacies:** Email hsqacomplaintintake@doh.wa.gov or submit the Health Systems Quality Assurance (HSQA) [complaint form](#). You can also email the Pharmacy Quality Assurance Commission at wspqac@doh.wa.gov with additional questions.
- **Other providers:** Use the [Provider Credential Search](#) to find the correct board.

- Request that partners continue to share information about the standing order
- FAQs are available in English, Russian, Spanish and Vietnamese

DOH Communications – Share News of the Standing Order!

DOH has two sets of FAQs (available in four languages: English, Russian, Spanish, Vietnamese) posted to the Standing Order webpage: one for the public and one for providers.

How You Can Help

- **Promote DOH resources** by linking directly to the Standing Order and FAQs in your communications.
- **Proactively share updates** through your channels, including provider and patient networks to help reduce confusion about the Standing Order.
- **Leverage partnerships** with professional associations to provide education on the Standing Order.
- **Share feedback with us** on additional tools or support that would help you with outreach and education.

West Coast Health Alliance (WCHA)

- Overview: Partnership between Washington, Oregon, California and Hawaii

- States work together to align scient-based health policies, share data, and issue joint vaccine recommendations
- Read: [Concerns Raised Over Impact of ACIP Recommendations on Vaccine Access, Equity, and Parental Choice | Washington State Department of Health](#)
- A

West Coast Health Alliance

- **Why it matters:** Formed in response to politicization of science and to strengthen public trust
- **Expert-led:** Guided by scientists, clinicians, and public health leaders
- **Aligned guidance:** Unified, evidence-based vaccine recommendations across all four states
- **Shared principles:** Each state adapts to local laws and needs while respecting tribal sovereignty and maintaining state autonomy

WCHA Vaccine Recommendations

WCHA is announcing vaccine recommendations for the 2025-26 respiratory virus season including COVID-19, influenza (flu), and respiratory syncytial virus (RSV) summarized in the following table: [FILE 5257.pdf](#)

Age/Condition	COVID-19	Influenza	RSV
Children	<ul style="list-style-type: none"> • 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 protection¹ 	<ul style="list-style-type: none"> • All 6 months and older 	<ul style="list-style-type: none"> • All younger than 8 months² • All 8-19 months with risk factors
Pregnancy	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • 32-36 weeks gestational age²
Adults	<ul style="list-style-type: none"> • All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • All 75 years and older • All 50-74 years with risk factors

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

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

IMM-1481 (9/15/25)

- DOH’s recommendations have not changed since Sept 4th and remain the same

Self-Administered FluMist

- At home FluMist program is not part of Childhood Vaccine Program or AVP
- Over 600 self-administration for Washington have been reported to WAIS

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Self-Administered FluMist

Available for Private Purchase

- FDA approved the nasal spray live attenuated influenza vaccine FluMist (LAIV3) for self-administration (for 18 through 49 years) or administration by a caregiver ≥18 years (for children and adolescents aged 2 through 17 years)
- Consumers use [FluMist Home program](#) to provide information to determine their eligibility to order the vaccine. For persons who meet eligibility criteria to receive FluMist, vaccine will be shipped under temperature-controlled conditions to the address provided by the person placing the order
- ACIP recommendations, contraindications, and precautions for use of FluMist for self-administration or caregiver administration are the same as those for health care provider administration

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2025–26 Influenza Season | MMWR



RSV Vaccine Ordering

- Opened on 10.09.2025
- Still asking providers to transfer any available RSV before it expires

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RSV Vaccine Ordering Open in the IIS

- **We are still asking providers to advertise excess doses and for providers in need of product to regularly check the advertisements before placing an order.**
- Orders will be processed weekly on Wednesdays
- Orders must be in "Pending State Approval" status in the IIS by close of business Tuesday
- Please allow at least 3 days for accountability checks and order approval.
- **Flexible ordering:** Respiratory product orders can be placed anytime and as often as needed.

See full announcement and additional details here:
[Vaccine Blurbs #261: RSV Vaccine Ordering Open Today](#)
[Ordering and Inventory Controls Training: PDF | FAQ](#)
[Zoom Webinar Recording](#)



COVID 19 Vaccine Ordering is Now Open

- Was waiting for CDC ordering to open, it was opened earlier this week
- Preordering was opened by DOH in September
- Some product is already reaching provider offices
- Supply from CDC is limited initially due to allocation, some orders will be reduced due to availability to state

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Washington State Department of Health

CDC Opens COVID-19 Vaccine Ordering for the 2025–2026 Season

- DOH has completed pre-ordering with providers, and we are ready to proceed.
- Providers should begin to receive vaccine within a week.
- Supply will be limited early in the season - order reductions may occur.
- Ordering instructions have been sent directly to providers.
- Thank you for your continued partnership in protecting Washington communities.

See full announcement and additional details here:
• [CDC Opens COVID-19 Vaccine Ordering for the 2025–2026 Season](#)
• [CVP Vaccine Blurb Newsletter](#)
• [AVP Newsletter](#)



COVID-19 Vaccines Available for Fall 2025 WA DOH Standing Order Guidance

AUTHORIZATION: This standing order authorizes health care providers to administer the most updated versions of the COMIRNATY, MNEXSPIKE, SPIKEVAX, and NUVAXOVID COVID-19 vaccines to all persons aged 6 months and older, including pregnant individuals, consistent with applicable law and the terms and conditions outlined in the [Standing Order](#).

See [DOH COVID-19 Vaccine Schedule](#)

Tradename	Vaccine Type	Approved for use in individuals who are:
COMIRNATY (Pfizer)	mRNA	• Minimum age, 5 years
MNEXSPIKE (Moderna)	mRNA	• Minimum age, 12 years
NUVAXOVID (Novavax)	Adjuvanted	• Minimum age, 12 years
SPIKEVAX (Moderna)	mRNA	• Minimum age, 6 months

*is approved and available on the private market. It will not be supplied via CVP/AVP

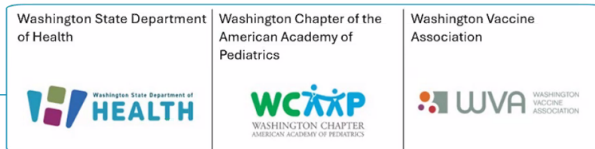
- Pfizer product has been removed with moderna only available

Vaccine Loss

- DOH is working closely with WCAAP and WVA to continue to reduce vaccine loss
- Total of more than \$6.9M was loss due to expired or loss products
- Ensuring we are practicing proper ordering and inventory controls
- DOH made some changes to this season including inventory controls:
 - Inventory must be now be completed in the IIS within the last 14 days for order approval. Best practice is to complete inventory 1-2 days before ordering so that everyone has an accurate inventory count before placing an order.
 - Providers must calculate order quantity based on historical administration data for the same time last year.
 - All orders will be manually reviewed by CVP staff for doses used last year for the month ordering and adjusted as needed based on ordering caps that may be in place.
 - Providers will need to choose one brand of COVID-19 vaccine this year. We don't have the funding to support ordering of multiple brands.
- COVID and flu vaccine are no longer exempt from the Vaccine Loss Policy

Partnering to Prevent Vaccine Loss: Changes for the 2025/2026 Respiratory Season

- New inventory and ordering controls in place
- COVID-19 and flu vaccine no longer exempt from the [Vaccine Loss Policy](#)
- Additional outreach and training
 - [August 21st CVP Training: Ordering and Inventory Controls](#)
Required for all staff that place CVP vaccine orders
 - WCAAP hosted a training for providers on 9/17
Breathe Easy: Best Practices for Respiratory Vaccine Inventory Management



Respiratory Product Ordering

Product	Ordering Open in IIS	Shipping	Under Allocation	"Pending State Approval" Status	Orders Processed Weekly On
Flu	✓	✓	✓	COB day before order processing	Daily
RSV	☐		✓	Tuesday	Wednesday
COVID-19	✓	☐	✓	Wednesday	Thursday

If there is not enough vaccine in allocation, orders will be reduced based on the [equity framework](#) and allocation percentage received

Shelf Life for 2025-2026 COVID-19 Vaccines



Moderna

- Initially, providers should anticipate dating between 3-6 months. As the season progresses, dating may be shorter.



Pfizer

- Vaccines for person 12y+ will arrive refrigerated with at least 12 weeks of remaining shelf life
- Vaccines for children 5-11y will arrive ultracold with at least 3 months of remaining shelf life when stored at ultracold storage temperatures
- As the season progresses, dating may be shorter



Sanofi/Novavax

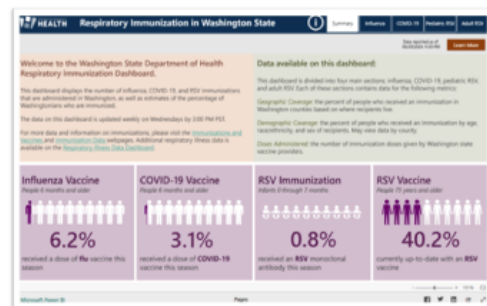
- Provider should anticipate product expiry to be 12/31/2025
- Sanofi is working with FDA on shelf-life extension this season

WA Respiratory Immunization Dashboard Launched

- Makes it easier for public health professionals, healthcare partners, policymakers, and the public to access and understand vaccination coverage across Washington state. Users will be able to view:
 - Geographic and demographic coverage rates for each vaccine
 - Total doses administered: statewide and by county
 - Trends over time in vaccination uptake
- Updated Weekly on Wednesdays
- [Respiratory Immunization Data | Washington State Department of Health](#)

Now Live: WA Respiratory Immunization Dashboard

- Public-facing dashboard brings together vaccination data for influenza (flu), COVID-19, and respiratory syncytial virus (RSV) - both pediatric and adult - into one centralized location for the first time.
- [Respiratory Immunization Data | Washington State Department of Health](#)



Mpox Provider Alert

Mpox Provider Alert

- Detection of clade I mpox virus in wastewater in Pierce County
- Rising cases of clade II mpox in WA
- Providers
 - Be alert for patients with signs/symptoms
 - Test for mpox
 - Offer mpox vaccination to eligible patients
 - JYNNEOS vaccine is effective against clade I and clade II mpox
 - Vaccine can be used as post-exposure prophylaxis (PEP) - 4 days from 1st exposure to prevent disease, 5-14 days after to prevent severe disease

Stay Informed – Follow DOH Online

- Facebook
- Threads
- Instagram
- Bluesky
- TikTok

Honoring Washington's Immunization Champions

- Announcing [Immunize WA](#) award Winners
- Spotlight the importance of protection people of all ages from vaccine-preventable diseases through on-time vaccination during the National Immunization Awareness Month (NIAM)
- Celebrating the programs 11th anniversary
- This program recognizes clinics that reach immunization rates of 70 percent or higher in child and adolescent patient populations and now those that reach 25 percent or higher immunization coverage by initiating the first dose of HPV for 9 and 10-year-olds.

Washington's 2025 Immunization Champion Award Winner – Wil Edwards!



Wil Edwards, PharmD
Head Pharmacist / Owner
Sid's Pharmacy – Pullman, WA



For over a decade, Wil has brought mobile clinics to schools, long-term care facilities, and local businesses; building trust and improving vaccination rates across Whitman County.

Congratulations, Wil!

Read Wil's profile and learn more about AIM's Immunization Champion Award program at: [Immunization Champion Awards - Association of Immunization Managers](#)



Stronger Together - Mark Your Calendar!

WithinReach, in collaboration with the Washington State Department of Health and the Immunization Action Coalition of Washington, is excited to announce the 2026 Washington State Immunization Summit, taking place on **Thursday, March 19, 2026**.

This full-day event, will bring together public health professionals, healthcare providers, community leaders, and advocates to advance immunization efforts across Washington State.

Registration details coming soon!

What to Expect at the Summit

Hybrid Format	Focused Learning	In-Person Connection
<p>Whether you prefer to connect face-to-face or from the comfort of your home, this event is designed for all regardless of budget.</p> <ul style="list-style-type: none"> In-Person: Greater Tacoma Convention Center in Tacoma, WA. Virtual: Zoom Webinar, link will be shared upon registration. 	<p>Explore tools, strategies, and emerging best practices to promote vaccination in your community, celebrate Washington's immunization successes, and gain clarity on public health guidance in a changing landscape with:</p> <ul style="list-style-type: none"> Keynote speakers, Breakout sessions/Workgroups (in-person), and Resource Sharing. 	<p>2025 has been a wild year to work in immunization! We'll make sure there is time built in for in-person attendees to connect with peers, partners, and presenters through:</p> <ul style="list-style-type: none"> Structured break times, Networking Reception, Exhibitor Hall and More!

Questions:

- No questions

Comments:

Dr. Kwen-Gett thanked pharmacies and the WSPA on the work that they are doing and the important role that pharmacists play in immunizations in the state

Topic
RSV Immunization Impact in Washington Infant

Julia Bennett

2023: a pivotal year for RSV prevention

August 3, 2023:

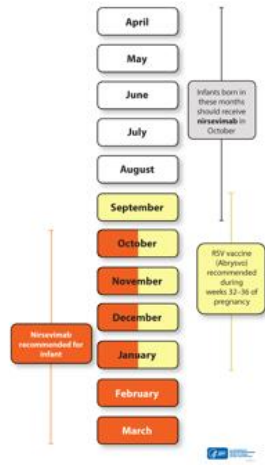


September 22, 2023:



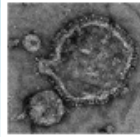
- In 2023, was the first time we had RSV available for RSV prevention
- These products are recommended during a particular time of year for prevention

Timing of RSV Immunizations for Infants and Pregnant Women



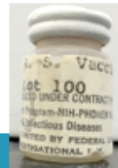
The long journey to protecting infants from RSV

RSV discovered



1956

Formalin-inactivated vaccine trials begin & are halted due to enhanced RSV disease, 2 deaths



1965-68

The long journey to protecting infants from RSV

RSV discovered

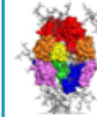
Formalin-inactivated vaccine

1956

1965-68

Advances in RSV virology, immunology

2013: Pre-fusion structure of F glycoprotein (PreF)



1988: Palivizumab



2014-2018: Clinical trials begin for Nirsevimab & antenatal RSV preF vaccine

1980s-2010s

- In 1988, some protection was available to high-risk infants
- In 2013, the pre-fusion structure was identified and able to be stabilized, which was a critical breakthrough
- IN 2014, clinical trials started for a new vaccine

- The new vaccines were being attributed to reduced hospitalizations of RSV in infants

Post-licensure effectiveness

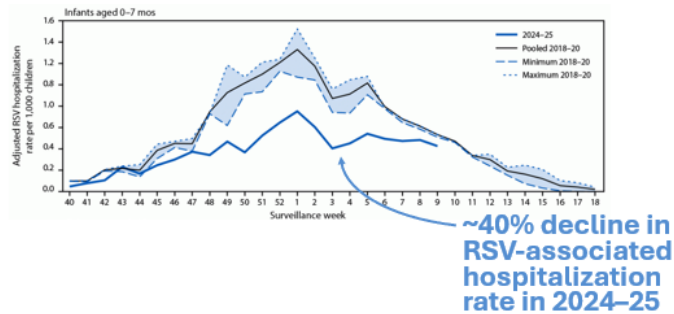


Antenatal RSVPreF vaccine against RSV-associated hospitalization in infants

1. 77% (Argentina)
2. 72% (UK)

- These studies use the case negative design
- One study from the US showed 90% effectiveness for RSV hospitalizations
- Seeing on an individual level that the products are working and keeping infants out of the hospital

Post-licensure impact



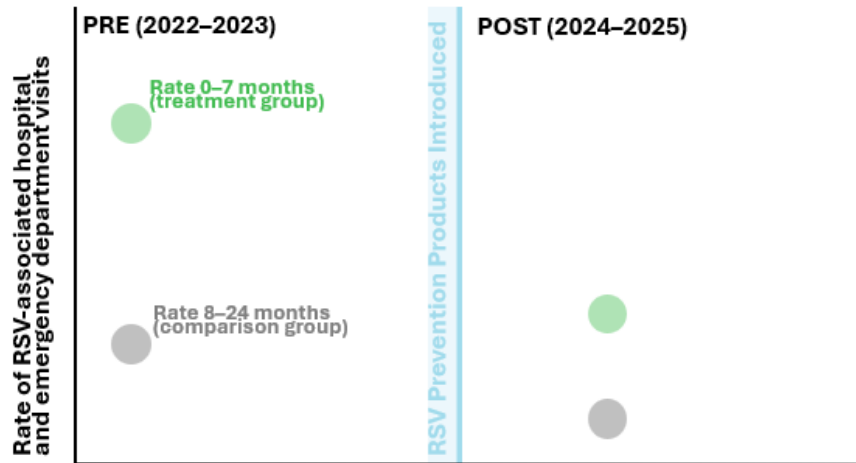
- Plot is showing 0-7mo hospitalizations; comparing 2024-25 season to pre vaccination era data; there is a 40% decline in RSV associated hospitalization rate
- Laboratory confirmed data is provided for this information
- There is no statewide surveillance system for the state, but does use the Rapid Health Information Network (RHINO) to leverage for our impact analysis

Data inclusion criteria:

- hospitalizations or ED visits among child ≤ 24 months old
- from July 2022 to June 2025
- with RSV diagnosis code
 1. Acute bronchiolitis due to RSV (J21.0)
 2. RSV as the cause of diseases classified elsewhere (B97.4)
 3. RSV pneumonia (J12.1)
 4. Acute bronchitis due to RSV (J20.5)

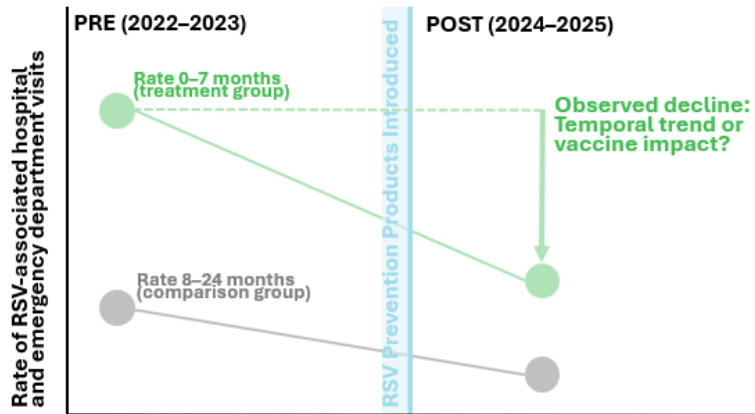
- Limitations is that there is no laboratory information; we do gain from this data that covers the entire state

Difference-in-differences study design



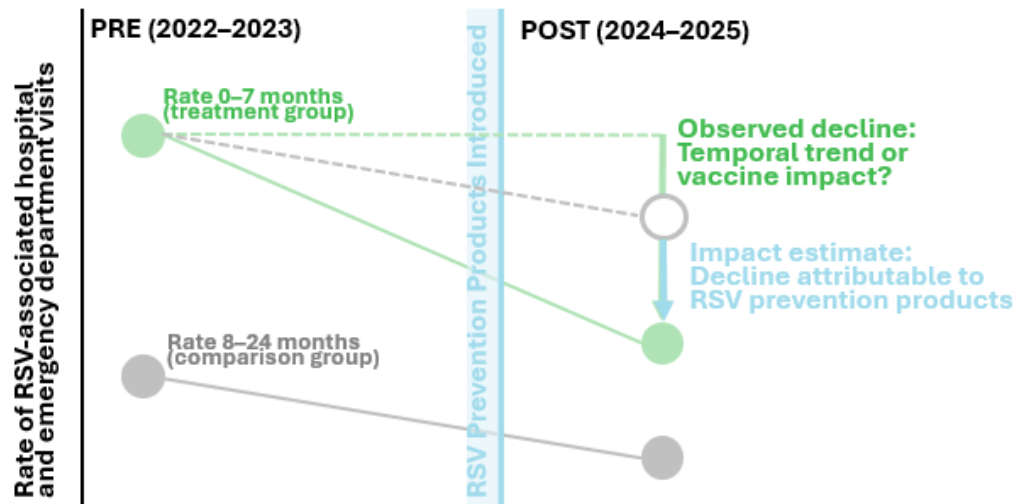
- Didn't have good pre-pandemic years to use as a baseline; so conducted a difference in differences study design
- Used older children as a control group; the rates for each age group prior and after introduction

Difference-in-differences study design



- Use the older children as a control group (change between the two gray dots)

Difference-in-differences study design



- Decline attributable to RSV prevention products

**July 2022 to June 2025:
16,775 RSV-associated hospitalizations & ED visits
among children aged ≤24 months**

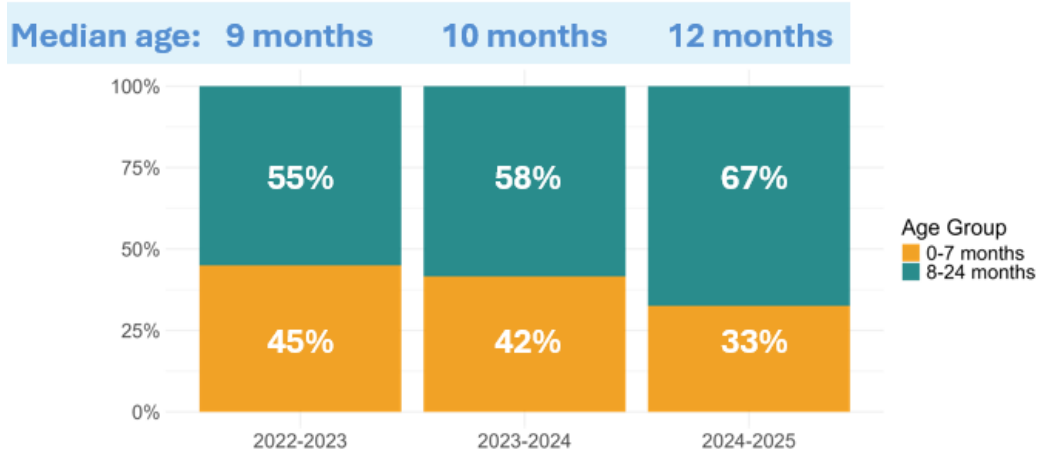


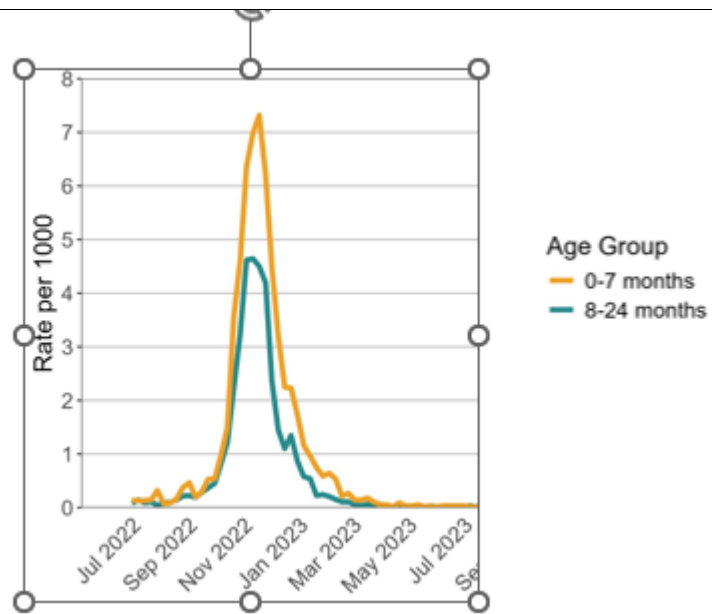
55% male sex



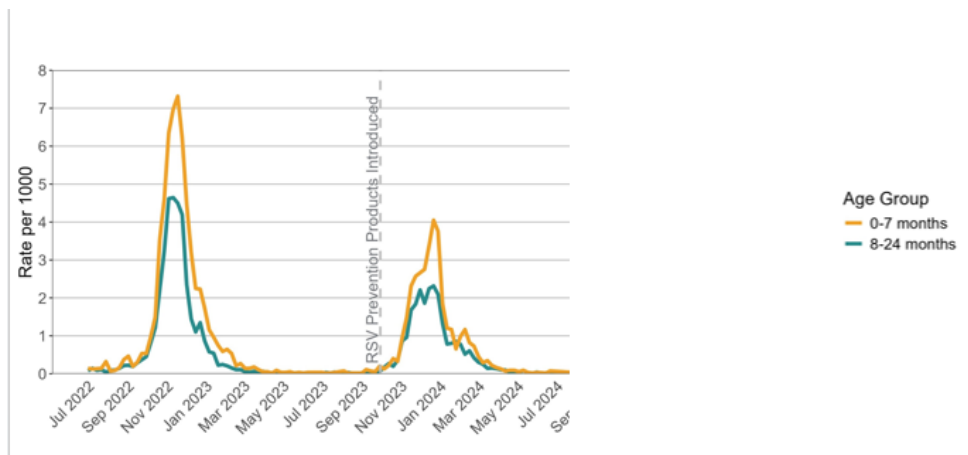
**81% ED only
15% admitted from ED
4% directly admitted**

Median age increased with immunization

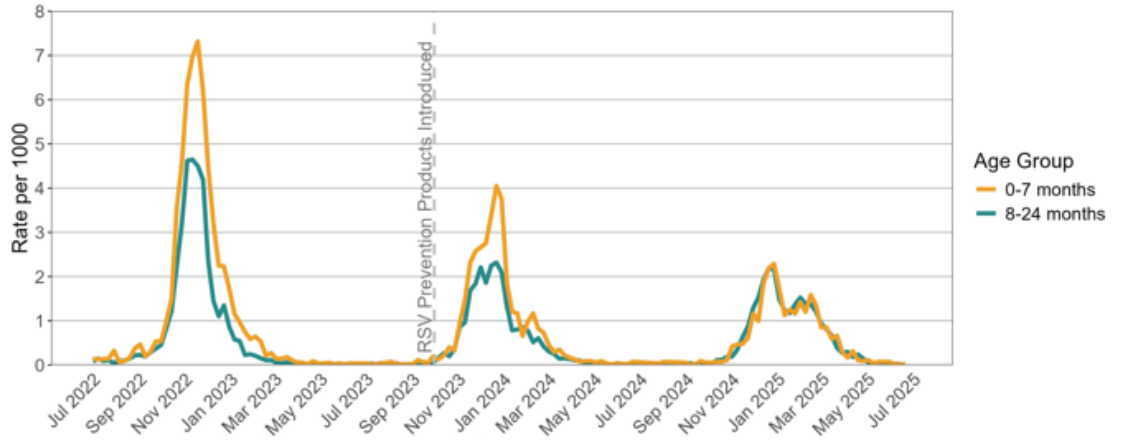




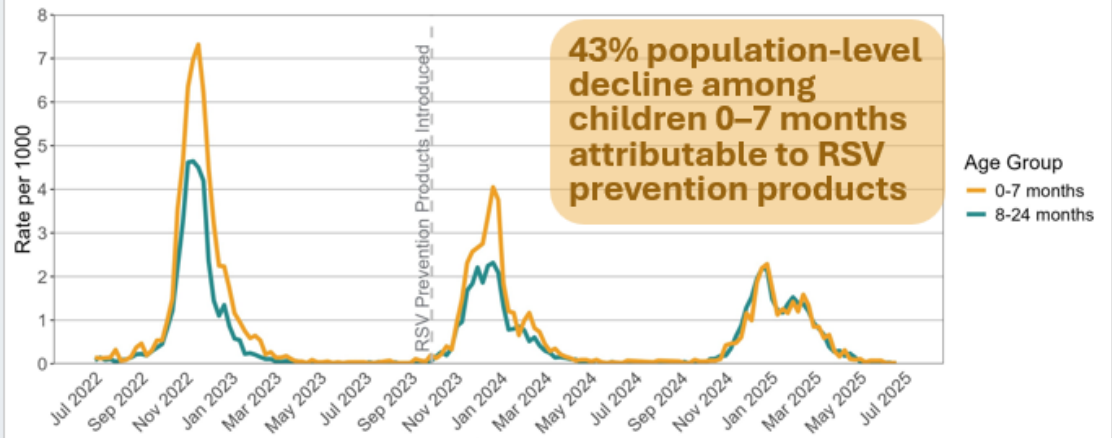
- Represents the pre immunization data
- The burden is greater in the younger infants (expected based on historical patterns)



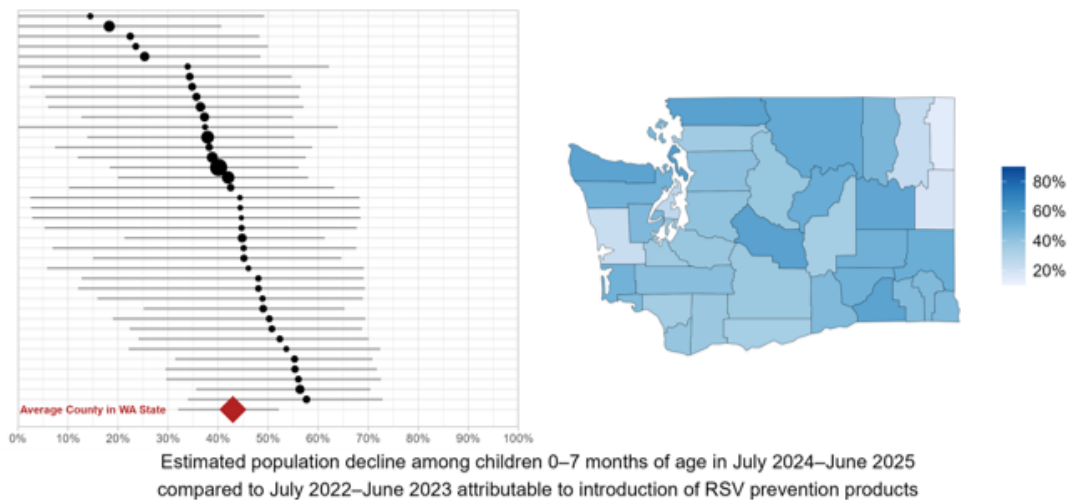
- In 2023, first year of introduction
- Did not see immediate impact,
- This looked like normal year to year variation as we had seen
- There was individual protection, but uptake wasn't high enough to see significant impact across the population



- Start to see the rates come down across the ages



Heterogeneity in impact across the state



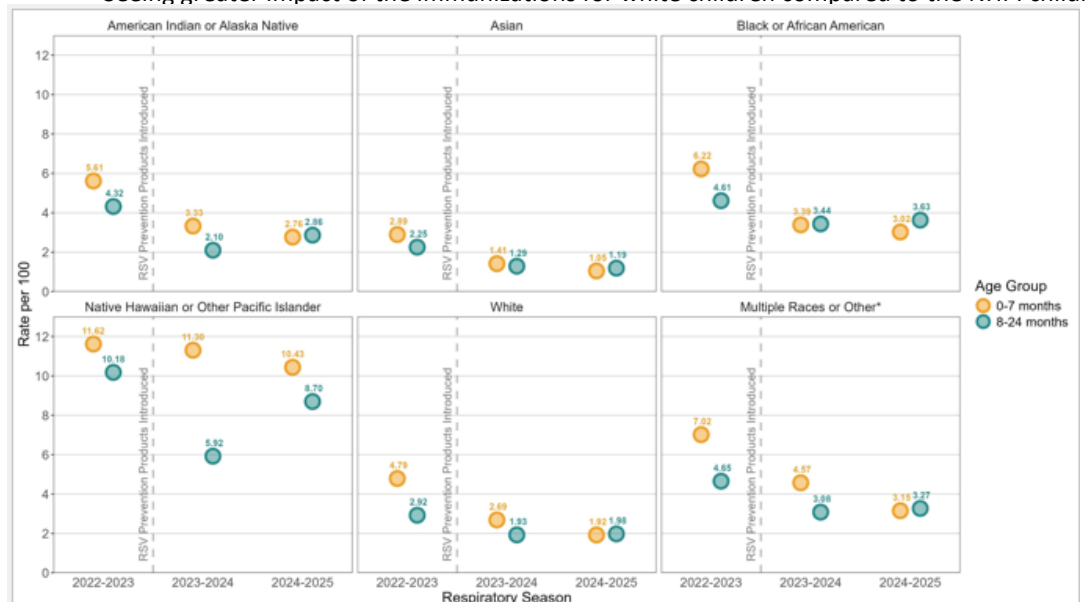
- Looked at impacts across the state

- Map doesn't have confidence done, isn't fully sharing the whole story
- The statewide estimate is in red across the bottom of the confidence limits

NHPI children have a persistently high burden of disease in the first & second years of life



- Race is reported in the medical records; some race data is misclassified and 10% is missing
- Seeing greater impact of the immunizations for white children compared to the NHPI children



- An infant RSV antibody is recommended for infants younger than 8 months of age who are born during or are entering their first RSV season (typically fall through spring)

Infant nirsevimab & antenatal RSVpreF vaccine associated with reduced burden of severe RSV disease in Washington infants

Did you know?

RSV is the #1 reason why babies are admitted to the hospital in their first year.

ACKNOWLEDGMENTS

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Emily Jentes
Anna Blackstone

Questions/Comments:

- Gretchen LaSalle: Do we have any information of uptake of the vaccine in the mother? Or the antibodies?
 - We don't have that data yet but that work is ongoing to better understand that and to link the mother records to the baby.
- Dr. Kwen-Gett: Are there any hypothesis on why NHPI might have higher rates?
 - Higher burden of disease is most likely. We are not seeing the higher vaccines is most likely due to limited uptake.

Ed Marcuse: The AAP recently recognized that the increased risk for immunological disease on NA/NA was distinct from other risk factors; not biologic but one related to social factors and we should assume that this is the increase risk, raising from equity issue.

DOH Guidance for COVID-19

Dr. Kwen-Gett

Should DOH's COVID-19 vaccine guidance be revised to align fully with AAP recommendations for kids?

- DOH: Everyone 6 months and older needs one updated COVID-19 vaccine dose to be up to date
- AAP: Routine vaccination- Everyone age 6–23 months. Special situation- Children 2-18 years of age whose parent or guardian desires protection from COVID-19 for their child should be offered a single dose
- Please share feedback on COVID-19 vaccine guidance or standing order

- The DOH universal recommendations differ from AAP recommendation for the 2-18 yo age group
- Clarification provided that this would not change the standing order and that we are talking more about the recommendation
- Hearing in support that AAP should revise it guidance to align with the AAP recommendations

Comments:

- Gretchen LaSalle:
 - Clarification Request: Are we talking about children who have completed the primary series or just those who are getting first dose?
 - Recommendations from AAP goes into each of the different series
 - Supports aligning with the AAP, would like to highlight the groups that it is most valuable for

- Mary Koehnke:
 - AAP recommends that everyone from 2-18 years that desire protection should get it; or those at high risk, or have never done it before, or have a chronic health condition. Most children fall into one of these categories.
 - Supports aligning with AAP. Providers are very confused, and the AAP is a credible evidence-based organization
- Seema Abbasi:
 - Agree that when we broadly say that everyone 6 months and older we are not highlighting different populations; we are not highlighting risk for the different ages and it gets lost in the message.
 - Some of these populations are not likely to have had the vaccine or have not been exposed to it;
 - In the 2-18 group the children have an underlying health issue this and other factors put them at greater risk; wording it in the way the AAP does it broadens and highlights the risk factors
- Jay Miller:
 - Seeing two points: 1) What is the optimal vaccine recommendation at a societal level? 2) What is the best process for vaccine recommendations?
 - The strength for ACIP was a very clear and transparent process and having the scientists involved for clear data and clear public setting where those are debated on; this is lost in the current environment in respect to the ACIP
 - For state-based recommendation and WCHA; there is downside to having many different sets of guidance for both providers and patients due to it being confusing
 - If we are going to have separate guidance, then it would be important to have very clear processes on how that guidance is decided on and that it is transparent; there is most likely not the resources available to do this in the state
 - Preference from a process standpoint; is to align with the specialist societies unless we need to create our own guidance and we create a clear process in doing that the bring in input from different partners
- Dr. Kwen-Gett
 - WCHA has found that AAP or other organizations are not posting their rationale or reasoning
 - Assuming it is science-based but doesn't have the process on how they arrived on that position
 - Personal view is that the universal recommendation that those in the different age groups will receive the vaccine; and it does end up being most kids so one might argue that the best way tot get to most kids is to say that everyone needs the COVID vaccine to be up to date
- Dr. Frank Bell
 - Part of the rationale for the AAP recommendations is that it aligns with the conversations that are occurring in doctors' offices every day; what we are trying to do is help families and individuals, teens and review what are the pros and cons are of receiving the vaccine
 - This increases our ability to provide care and to have discussions; it is nuanced and complicated and have this written down on here are some things that important for you and your family
- Beth Harvey
 - Aligning with the AAP recommendations helps to build trust and makes it feel like we are being thoughtful in the commendation
- Wendy Stevens
 - Would like to align with the AAP recommendation,
 - Would like to know how the AAP justifies their recommendations and what is the transparency around that and how they may change that in the future

	<ul style="list-style-type: none"> ○ In the past VAC had subcommittees and would it make sense to have a work group to move forward ● Ed Marcuse: <ul style="list-style-type: none"> ○ Providing background on how the RedBook Committee and AAP makes recommendations ○ Recommendations from AAP are relatively new ○ The benefits of the recommendation has been stated clearly; the work to show the evidence hasn't been formalized ○ A group that is being funded by a grant is pulling together information on immunization policy and recommendations and have supplied the evidence to fill the gap that has been left by the CDC ○ It is crucial that we provider a rationale with as much citation that practical from when we vary from the AAP ○ The AAP provided recommendations prior to the ACIP; the AAP has long struggled to providing evidence for the entire red book – not easy to do, but is desirable ○ Must provide transparency and recommends liking to the AAP at this time. <p>MOTION made by Dr. Gretchen LaSalle to align with AAP recommendations and to use plain language when promoting. Second by Seema Abbasi. Non opposed. Non abstained. Motion passed.</p>
<p>MMRV</p> <p>Jamilia Sherls</p>	<p>How should DOH approach the differing AAP and ACIP recommendations for <u>MMRV</u> for children 12 months through 3 years?</p> <ul style="list-style-type: none"> ➤ AAP: either MMR or MMRV ➤ ACIP: MMRV not recommended <p>Mary Koehnke:</p> <ul style="list-style-type: none"> ● Need to not be bullied and need to stick to our values as providers and our role in public health ● Advocate on aligning with AAP on their recommendations <p>John Dunn:</p> <ul style="list-style-type: none"> ● Agreement with Mary ● Aligning when there is a potential for a problem down the road; feels like there is safety in numbers ● Encourages alignment with the AAP <p>Beth Harvey:</p> <ul style="list-style-type: none"> ● Curious if the DOH knows how many individuals use MMRV for the first dose ● RESPONSE: Both nationally and when we look at the IIS only 15% of the children are receiving MMRV as the first does. It is not insignificant; it is still a choice and is a minority. ● Agrees with alignment with the AAP. <p>Frank Bell</p> <ul style="list-style-type: none"> ● Does this interfere with other different products, or aggravate with our uncoupling ourselves with ACIP recommendations; need to keep aligning with data we have seen and this still allows parents and providers choice; where aligning with ACIP would deny options ● Recommends in alignment with the AAP in keeping MMRV as a choice <p>Jay Miller</p> <ul style="list-style-type: none"> ● From a general principle it is important to review the relevant risk vs. the benefit

	<p>Gretchen:</p> <ul style="list-style-type: none"> • Need to consider the risk of not having MMRV – a lot of parents want fewer pokes for their children; this can also increase the risk intervals from not having the vaccine. Have already been counseling parents on the risks. • Recommends that we stick with the AAP guidance. <p>MOTION made by Gretchen LaSalle: Is to align completely with AAP on MMRV recommendations. Second by Dr. Frank Bell. No Opposed No abstentions. Motion passed.</p>
<p>VAC Member Report Out Tao Kwan-Gett</p> <p>VAC Members</p>	<p>Seema Abbasi</p> <ul style="list-style-type: none"> ○ The pharmacies have lot of accessibility at this time ○ Majority of the pharmacies are for 12 and older and for the children it is still going to be pediatric practice. ○ Through VFC the orders for COVID are just coming in; what are the practices for kids whose practices are not aligned with receiving the vaccine <ul style="list-style-type: none"> • Response – Jenny Arnold: Responded that most pharmacies are planning to stock the pediatric vaccine. Depending on the training of the pharmacy will depend on what ages they are willing to vaccinate at. Parents should call or look on the website. <p>Sarah Kim</p> <ul style="list-style-type: none"> • Doing large events with general public in her area and partnering with schools for vaccinations • Created a collaboration between schools and agency support and offering COVID-19 and childhood vaccinations • Serving all ages of children starting at 2 months
<p>Future Agenda Items 2025 Vac Meeting Dates Adjourn</p> <p>Tao Kwan-Gett</p>	<p>XI. Future Agenda Items</p> <ul style="list-style-type: none"> • Dr. Kwan-Gett: Wants to gauge committees’ interest in adding a researcher or an individual form the academic community • Dr. Gretchen LaSalle: Hep-B discussion will be important to remind the public in why we recommend birth doses of HepB Vaccine • Dr. Beth Harvey: Lessons learned on respiratory season this year and how it can be made better than the previous year and getting into the correct places • Dr. Gretchen LaSalle: COVID vaccine recommendations and the messaging to the community and getting it out better, ensuring both the public and providers know the guidance. <p>Upcoming 2025 meetings</p> <p>January 8, 2026 April 9, 2026 July 9, 2026 October 8, 2026</p>