



VACCINE ADVISORY COMMITTEE  
VIRTUAL MEETING  
December 11<sup>th</sup>, 2025

Time	Agenda Item	Facilitator
<b>8:30 – 8:35</b>	Welcome, Announcements, and Land Acknowledgement	<b>Tao Sheng Kwan-Gett</b>
<b>8:35 – 10:40</b>	Conflict of Interest Declaration	<b>Adriann Jones</b>
<b>8:40 – 10:45</b>	Approval of Last Meeting Minutes	<b>Tao Sheng Kwan-Gett</b>
<b>8:45 – 8:50</b>	Public Comment	<b>Teri Maitri</b>
<b>8:50 – 9:20</b>	West Coast Health Alliance	<b>Tao Sheng Kwan-Gett</b>
<b>9:20 – 9:50</b>	December ACIP Meeting Review	<b>Mary Huynh</b>
<b>9:50 - 9:59</b>	Potential for New Member Seat	<b>Tao Sheng Kwan-Gett</b>
<b>12:55 – 1:00</b>	<b>Adjourn</b>	<b>Tao Sheng Kwan-Gett</b>

# CONFLICT OF INTEREST

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Decisions made by committee members should always be based solely on the best interest of the department and the people of Washington State. Decisions should not be influenced by personal financial interest or by other extraneous considerations. Any affiliation with an organization having fundamental goals that conflict with the department and VAC mission should be avoided. Any current, previous (within two years), or future potential conflict of interest should be disclosed at the beginning of each VAC meeting.

A potential conflict of interest exists when a committee member has a relationship or engages in any activity or has any personal financial interest which might impair their independence or judgment or inappropriately influence their decisions or actions concerning VAC matters.

A potential conflict of interest exists and should be disclosed if the committee member:

- Has a relationship with an entity that benefits financially from the sale of vaccines, such as a consultancy, serving on a speaker's bureau, receiving honoraria, research and/or travel support.
- Owns a material financial interest in any business that provides or seeks to provide goods or services to the department.
- Serves as an officer or participates on the board or committees of other related professional societies that receive direct financial benefit from the sale of vaccines.
- Has an affiliation with an organization that has a financial interest in VAC recommendations.
- Has an affiliation with an organization that has a competing activity.

Each committee member has a high duty and obligation to disclose to the entire committee any potential conflict of interest and to abstain from any decision where a significant conflict of interest exists. Ultimately, it is the responsibility of the entire committee to determine what, if any, limitations on activities with regard to the committee member's conflict are required to protect the VAC.

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# West Coast Health Alliance (WCHA)

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- Formed in September 2025 by governors of CA, HI, OR, and WA
- Purpose:
  - Uphold integrity of effective public health strategies to protect the health of our communities.
  - Collaborate on the review of the best available science and evidence to make unified recommendations
  - Support safety, efficacy, transparency, access, and trust
- Focus areas:
  - Immunization
    - Vaccine recommendations for COVID-19, flu, and RSV (9/17)
    - Raised concerns over new ACIP recommendations for MMRV (9/19) and hepatitis B vaccine (12/5)
    - Published statement that vaccines are not linked to autism (11/21)
  - Infection prevention, e.g. health care worker return to work after respiratory infection guidance

# West Coast Health Alliance Actions to Date

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[West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) (Sep 17)

[The West Coast Health Alliance Stands with Scientific Evidence: Vaccines Are Not Linked to Autism](#) (Nov 21)

[Concerns Raised Over Impact of ACIP Recommendations on Vaccine Access, Equity, and Parental Choice](#) (Sep 19)  
MMRV & Hep B Birth Dose

[West Coast Health Alliance, WA DOH, and Leading National Medical Organizations Continue to Recommend Hepatitis B Vaccination for Newborns](#) (Dec 5)

# WCHA Respiratory Guidance

Age/Condition	COVID-19	Influenza	RSV
<b>Children</b> 	<ul style="list-style-type: none"> <li>All 6-23 months</li> <li>All 2-18 years with risk factors or never vaccinated against COVID-19</li> <li>All who are in close contact with others with risk factors<sup>1</sup></li> <li>All who choose protection<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>All 6 months and older</li> </ul>	<ul style="list-style-type: none"> <li>All younger than 8 months<sup>2</sup></li> <li>All 8-19 months with risk factors</li> </ul>
<b>Pregnancy</b> 	<ul style="list-style-type: none"> <li>All who are planning pregnancy, pregnant, postpartum or lactating</li> </ul>	<ul style="list-style-type: none"> <li>All who are planning pregnancy, pregnant, postpartum or lactating</li> </ul>	<ul style="list-style-type: none"> <li>32-36 weeks gestational age<sup>2</sup></li> </ul>
<b>Adults</b> 	<ul style="list-style-type: none"> <li>All 65 years and older</li> <li>All younger than 65 years with risk factors</li> <li>All who are in close contact with others with risk factors</li> <li>All who choose protection</li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>	<ul style="list-style-type: none"> <li>All 75 years and older</li> <li>All 50-74 years with risk factors</li> </ul>

<sup>1</sup> COVID-19 vaccine is available for persons 6 months and older.

<sup>2</sup> Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

# AAFP Respiratory Guidance

## COVID-19

- **All adults 19 years and older should receive a COVID-19 vaccine.**

It is especially important to get a COVID-19 vaccine if you are:

- 65 years and older;
  - At increased risk for severe COVID-19 infection; and
  - Have never received a COVID-19 vaccine.
- **All children ages 6-23 months should be vaccinated against COVID-19** and use a risk-based single dose approach for children and teens 2-18 years.
  - **The AAFP recommends COVID-19 vaccination during pregnancy during any trimester and including during lactation.**



## RSV

- **The AAFP supports CDC guidance recommending a one-time RSV vaccine for adults age 75 and older, and for ages 50-74 at increased risk.**
- **During September-January, pregnant patients are advised to receive the respiratory syncytial virus vaccine (Abrysvo®) at 32-36 weeks.**
- **Infants under 8 months without maternal protection should receive nirsevimab or clesrovimab.**



## Influenza

- **Annual flu vaccination is recommended for everyone age 6 months and older without medical contraindications.**

Because vaccine recommendations change each year, recipients should be given an age-appropriate vaccine approved for their age group.



# VAC & WCHA

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- Does VAC endorse WCHA's respiratory virus vaccine guidance?
- How should WCHA, DOH, and VAC work together in the future?

## **WCHA**

To uphold integrity of effective public health strategies to protect the health of our communities.

## **DOH**

To work together to protect and improve the health of everyone in Washington

## **VAC**

To advise and provide recommendations to DOH on issues related to the use of vaccines...and for current management of vaccine-preventable diseases.

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# ACIP Meeting Summary Votes and Discussion

*December 4-5, 2025*



**U.S. CENTERS FOR DISEASE  
CONTROL AND PREVENTION**

**ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)**

**MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES**

December 5, 2025

Centers for Disease Control and Prevention

Atlanta

## Topics Covered

- Hepatitis B Vaccines discussion and votes
- CMS Overview of Vaccine Coverage
- Childhood/Adolescent Immunization Schedule
- U.S. vs. Danish Vaccine Schedule
- Overview of Aluminum Based Adjuvants
- Presidential Memo & Factsheet Dec 5

# Day 1 Discussions on Hepatitis B

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- Policy Context and Schedule Comparison (Vicky Pebsworth)
- Burden of Disease (Cynthia Nixon)
- Hepatitis B Vaccine Safety (Mark Blaxill)
- Hepatitis B Vaccine Manufacturers statements
- Summary of Information and Vote Language (Vicky Pebsworth)
- VFC Resolution Language Presentation (CDC Jeanne Santoli)
- Perspectives of People with Lived Experience
- Coverage Implications/Presentation (CMS Andrew Johnson)
- Update on Workgroups
- Agency Updates

# ACIP Hepatitis B Vote 1 – Schedule and SCDM

## ACIP Recommendation Language

"For infants born to HBsAg-negative women: ACIP recommends individual based decision making, in consultation with a health-care provider, for parents deciding when or if to give HBV vaccine, including birth dose. Parents and health care providers should consider vaccine benefits, vaccine risks, and infections risks. For those not receiving the HBV birth dose, it is suggested that the initial dose is administered no earlier than 2 months of age.

1Parents and health care providers should also consider whether there are risks, for example, such as a household member is HBsAg-positive or when there is frequent contact with persons who have emigrated from areas where Hepatitis B is common."

## Hepatitis B Vote 1 - PASSED

- Shared Clinical Decision Making (SCDM)
- First dose at 2 months if not given at birth

\*No change for infants born to women who test HBsAg-positive or have unknown HBsAg status – existing recommendation remains the same.

# ACIP Hepatitis B Vote 2 – Serology Testing

## ACIP Recommendation Language

"When evaluating the need for a subsequent HBV vaccine dose in children, parents should consult with health care providers to determine if a post-vaccination anti-HBs serology testing should be offered. Serology results should determine whether the established protective anti-HBs titer threshold of  $\geq 10$  mIU/mL has been achieved. The cost of this testing should be covered by insurance."

## Hepatitis B Vote 2 - PASSED

- Parents to consult with providers on serology testing to assess need for subsequent doses in vaccination series
- Antibody titer threshold defined
- Cost to be covered by insurance

# ACIP Hepatitis B VFC Vote

## Recommended Vaccination Schedule and Intervals (1)

The tables below list the acceptable vaccination schedules for children and adolescents, birth through 18 years of age.

Table 1. Infants

Birth weight	Maternal HBsAg status	Single antigen vaccine		Single-antigen <sup>1</sup> and combination vaccine <sup>2,3,4</sup>	
		Dose	Age	Dose	Age
≥2000 g	Positive	1	Birth (≤12 hrs) <sup>1</sup>	1	Birth (≤12 hrs) <sup>1</sup>
		2	1-2 months <sup>1</sup>	2	2 months
		3	6 months	3	4 months
		4	6 months	4	6 months
	Unknown	1	Birth (≤12 hrs) <sup>1</sup>	1	Birth (≤12 hrs) <sup>1</sup>
		2	1-2 months <sup>1</sup>	2	2 months
		3	6 months	3	4 months
		4	6 months	4	6 months
	Negative <sup>5</sup>	1	2 months	1	2 months
		2	3-4 months	2	4 months
		3	6-18 months	3	6 months
		4	6 months	4	6 months

## Recommended Vaccination Schedule and Intervals (2)

The tables below list the acceptable vaccination schedules for children and adolescents, birth through 18 years of age.

Table 1. Infants

Birth weight	Maternal HBsAg status	Single antigen vaccine		Single-antigen <sup>1</sup> and combination vaccine <sup>2,3,4</sup>	
		Dose	Age	Dose	Age
<2000 g	Positive	1	Birth (≤12 hrs) <sup>1</sup>	1	Birth (≤12 hrs) <sup>1</sup>
		2	1 month <sup>1</sup>	2	2 months
		3	2-3 months	3	4 months
		4	6 months	4	6 months
	Unknown	1	Birth (≤12 hrs) <sup>1</sup>	1	Birth (≤12 hrs) <sup>1</sup>
		2	1 month <sup>1</sup>	2	2 months
		3	2-3 months	3	4 months
		4	6 months	4	6 months
	Negative <sup>5</sup>	1	2 months	1	2 months
		2	3-4 months	2	4 months
		3	6-18 months	3	6 months
		4	6 months	4	6 months

## Hepatitis B VFC Vote - PASSED

- VFC resolution updated to align with ACIP recommendation passed

## Recommended Vaccination Schedule and Intervals (3)

Table Notes:

- Only a single antigen hepatitis B vaccine (ENGERIX-B or RECOMBIVAX HB) can be given at <6 weeks of age.
- Pediarix [DTaP-IPV-HepB] is licensed for children 6 weeks through 6 years of age. For adequate immune response, the last dose of hepatitis B vaccine should be given ≥24 weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4-week intervals for prevention of pertussis.
- Vaxelis [DTaP-IPV-Hib-HepB] is licensed for children 6 weeks through 4 years of age. For adequate immune response, the last dose of hepatitis B vaccine should be given ≥24 weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4-week intervals for prevention of pertussis.
- Use of brand names is not meant to preclude the use of other comparable US licensed vaccines.
- Infants born to HBsAg-negative mothers may receive a dose of hepatitis B vaccine before two months of age under individual-based decision-making (also referred to as shared clinical decision-making), including consideration of risks such as a household member who is HBsAg positive or when there is frequent contact with persons who have emigrated from areas where Hepatitis B is common. Infants vaccinated before two months of age under individual-based decision-making may receive up to four doses of hepatitis B vaccine (1 dose of single antigen vaccine followed by 3 doses of combination vaccine).

## Medicaid and CHIP



- Coverage of vaccines is anchored to ACIP recommendations, and the adult/pediatric vaccine schedules, which is based on those recommendations.
- State Medicaid and Children's Health Insurance Programs (CHIP) are required to cover all vaccines recommended by CDC/ACIP that are included on the adult/pediatric immunization schedules without cost sharing for most beneficiaries.

## Medicaid and CHIP (continued)



Population	Is coverage of vaccines and their administration mandatory?
Adult Medicaid Full Coverage/Full Benefit Enrollees	YES, for all categories of ACIP recommendations.
Adults Enrolled in Alternative Benefit Plans (typically adults enrolled in the Medicaid expansion)	YES, for all routine ACIP recommendations (those on the adult/pediatric immunization schedule). States that align ABP coverage with state plan coverage will need to cover all ACIP recommended vaccinations per the IRA coverage requirements.
Child Medicaid Full Coverage/Full Benefit Enrollees Aged 18 and Younger	YES, for all vaccines on the CDC/ACIP pediatric schedule and those vaccinations determined to be medically necessary as established by the state. Therefore, any recommendation that is not on the pediatric vaccine schedule or any recommendation that narrows the criteria will lead to variable coverage across state Medicaid & CHIP programs.
Child Medicaid Full Coverage/Full Benefit Enrollees Aged 19 and Older	YES, for all categories of ACIP recommendations.
CHIP Enrollees	YES, for all categories of ACIP recommendations.

## Private / Employer Sponsored Plans



- Non-grandfathered employer-sponsored plans and non-grandfathered group and individual health insurance coverage are required to cover all ACIP-recommended vaccines for routine use without cost sharing.
  - This includes recommended vaccines on the pediatric vaccine schedule.
- With respect to employer-sponsored and individual health insurance coverage (as opposed to self-insured employer-sponsored plans governed by ERISA), states may impose benefit mandates, including vaccination mandates, that are more expansive than Federal requirements.
- Plans and issuers are required to continue to cover the vaccine in a manner consistent with the current recommendation for the duration of a plan or policy year before the applicable plan or policy year of the new recommendation, unless doing so would pose a significant safety concern.

Link: [CMS Overview of Vaccine Coverage](#)

## CMS

## Insurance Coverage - Covered

- Recommendations included on the pediatric/adult immunization schedules that refer to shared clinical decision making, also known as individual-based decision making, are mandatorily covered in both Medicaid and CHIP.
- Non-grandfathered Employer Sponsored Plans required to cover all ACIP recommended vaccines for routine use without cost sharing
- With respect to employer-sponsored and individual health insurance coverage (as opposed to self-insured employer-sponsored plans governed by ERISA), states may impose benefit mandates, including vaccination mandates, that are more expansive than Federal requirements.

## Day 2 agenda topics discussed (no votes)

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- Childhood/Adolescent Immunization Schedule (presenter: Aaron Siri)
- U.S. vs. Danish Vaccine Schedule (presenter: Tracy Beth Hoeg)
- Overview of Aluminum Based Adjuvants (presenter: Evelyn Griffin)
  - Proposed the committee review aluminum adjuvants in vaccines

# Presidential Memo & Factsheet

- Released Dec. 5: Aligning US Childhood Vaccine Recommendations with Best Practices from Peer, Developed Countries

- [Memo](#)
- [Factsheet](#)



MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES

THE DIRECTOR OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION

SUBJECT: Aligning United States Core Childhood Vaccine Recommendations with Best Practices from Peer, Developed Countries

In January 2025, the United States recommended vaccinating all children for 18 diseases, including COVID-19, making our country a high outlier in the number of vaccinations recommended for all children. Peer, developed countries recommend fewer childhood vaccinations — Denmark recommends vaccinations for just 10 diseases with serious morbidity or mortality risks; Japan recommends vaccinations for 14 diseases; and Germany recommends vaccinations for 15 diseases. Other current United States childhood vaccine recommendations also depart from policies in the majority of developed countries. Study is warranted to ensure that Americans are receiving the best, scientifically-supported medical advice in the world.

I hereby direct the Secretary of Health and Human Services and the Director of the Centers for Disease Control and Prevention to review best practices from peer, developed countries for core childhood vaccination recommendations — vaccines recommended for all children — and the scientific evidence that informs those best practices, and, if they determine that those best practices are superior to current domestic recommendations, update the United States core childhood vaccine schedule to align with such scientific evidence and best practices from peer, developed countries while preserving access to vaccines currently available to Americans.

This memorandum is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP



## ALIGNING THE CHILDHOOD VACCINE SCHEDULE WITH INTERNATIONAL BEST PRACTICES

**PRACTICES:** Today, President Donald J. Trump signed a Presidential Memorandum to begin the process to align U.S. core childhood vaccine recommendations with best practices from peer, developed countries.

- The Memorandum directs the Secretary of Health and Human Services (HHS Secretary) and the Acting Director of the Centers for Disease Control and Prevention (CDC Director) to review best practices from peer, developed countries for core childhood vaccination recommendations — vaccines recommended for all children — and the scientific evidence that informs those best practices.
- If the HHS Secretary and the CDC Director determine that those best practices are superior to current domestic recommendations, they are directed to update the United States core childhood vaccine schedule to align with such scientific evidence and best practices from peer, developed countries while preserving access to vaccines currently available to Americans.

## ENSURING AMERICANS ARE RECEIVING THE BEST MEDICAL ADVICE IN THE WORLD:

Among peer nations, the United States is a high outlier in the number of vaccinations recommended for all children.

- When President Trump returned to office in January 2025, the United States recommended vaccinating all children for 18 diseases, including COVID-19.
- By comparison, Denmark recommends vaccinations for just 10 diseases with serious morbidity or mortality risks, Japan recommends vaccinations for 14 diseases, and Germany recommends vaccinations for 15 diseases. The timing and administration of the vaccines also varies by country.
- The United States currently recommends yearly influenza vaccines starting at six months, while many peer countries do not recommend yearly influenza vaccination as a core vaccination for all children.
- Practices like the hepatitis B vaccination at birth are standard in the United States, but uncommon in most developed countries, where it is typically only recommended for newborns of mothers who test positive for the infection.

**MAKING OUR CHILDREN HEALTHY AGAIN:** President Trump is committed to building a healthier future for America, starting with our youngest generation.

- In February, President Trump signed an Executive Order establishing the President's MAHA Commission, tasking the Commission with investigating and addressing the root causes of America's escalating health crisis—with an initial focus on childhood chronic diseases.
- The Trump Administration ended the blanket recommendation for all children to get the COVID-19 vaccine, updating its recommendation to be based on shared clinical decision-making between patients and clinicians.
- In September, the MAHA Commission released the *Make Our Children Healthy Again Strategy*, a sweeping plan with more than 120 initiatives to reverse the failed policies that fueled America's childhood chronic disease epidemic. The strategy prioritized development of a vaccine framework that ensures America has the best childhood vaccine schedule.
- In May, the MAHA Commission released the *Make Our Children Healthy Again Assessment*, summarizing what is known and what questions remain regarding the childhood chronic disease crisis.

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## Potential New VAC Member Seat

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- Suggested expertise and role
  - ACIP best practices
  - Current vaccine research
  - Representation of academia
- Discussion and possible action



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