

**Vaccine Advisory Committee (VAC) Meeting**

December 11, 2025

**Chair/Facilitator:**

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

<b>REPRESENTING:</b>	<b>Name (Preferred name/Pronunciation)</b>	<b>Present</b>
<b>Managed Care</b>	Dr. John Dunn	Y
<b>American Indian Health Commission for Washington (AIHC)</b>	Wendy Stevens	Y
<b>Health Care Authority</b>	Korrina Dalke	Y
<b>National Association of Pediatric Nurses (NAPNAP), Washington Chapter</b>	Dr. Charisse Gumapas, ARNP, DNP	-
<b>WA Association of Naturopathic Physicians</b>	Dr. Mary Koehnke (Kon-key)	Y
<b>WA Academy of Family Physicians</b>	Dr. Gretchen LaSalle (Gretchen La-Sal)	-
	Dr. John Merrill-Steskal (Stes-kel)	-
<b>WA Chapter of the American Academy of Pediatrics</b>	Dr. Francis Bell (Frank Bell)	Y
	Dr. Seema Abbasi (Ab-ASEE)	Y
<b>WA State Association of Local Public Health Officials</b>	Juan Gutierrez Jr	Y
	Meghan (Meg) Lelonek (lel-o-nek)	Y
	Dr. Jay Miller	Y
	Dr. Mark Larson	Y
<b>Public Health Seattle King County</b>	Libby Page (Libby Page)	Y
<b>Internal Medicine and American College of Physicians</b>	Dr. Mary Anderson	-
<b>WA State Pharmacy Association</b>	Dr. Jenny Arnold, PharmD	Y
<b>Office of Superintendent of Public Instruction</b>	Annie Hetzel	Y
<b>Childcare Representation</b>	Lauren Greenfield, BS, BSN, RN	Y
<b>Seattle Indian Health Board (appointed by Urban Indian Health Institute)</b>	Dr. Maithri Sarangam (M-I-Three Saran-gum)	Y
<b>Northwest Tribal Epidemiology Center / Lummi Nation</b>	Tam Lutz (L-uh-tz)	Y
<b>American College of Obstetricians and Gynecologists</b>	Dr. Alisa Kachikis (A-lis-a Ka-cheek-as)	-

<b>Student Representative</b>	Magali Sanchez (Muh-Gal-e Sanchez)	Y
<b>School Nurse</b>	Sarah Kim	-
<b>Consultants</b>	Dr. Ed Marcuse	Y
	Dr. Beth Harvey	Y

**Washington State Department of Health Staff:**

Poornima Jayaraman	Alison Hilkiah	Adriann Jones	Jeaux Rinedahl
Trang Kuss	Mary Huynh	Chas Debolt	Sherry Carls
Meredith Cook	Teri Maitri	Jeff Chorath	
Christopher Wright (ATG)			
Vincent Rodriguez			
Katherine Graff			

<b>Topic</b>	<b>Presented Information</b>
<b>Welcome, Announcements, Introductions, Land Acknowledgement</b>  Tao Kwan-Gett	Tao Kwan-Gett welcomed the committee members and notified them that packets are available.  Tao Kwan-Gett did an overview of the agenda and housekeeping.  Tao Kwan-Gett provided a land acknowledgment and recognition.
<b>Conflict of Interest &amp; Approval of Previous Meeting Minutes</b>  Adriann Jones Tao Kwan-Gett	Adriann read the committee’s Conflict of Interest Policy. No conflicts of interest were declared.  Adriann did roll call for VAC members  Tao Kwan-Gett asked committee members to review the minutes from July 10, 2025, and October 9, 2025.  The meeting minutes were approved and will be published on the website.
<b>Public Comment</b> Tao Kwan-Gett	There was no public comment requests
<b>West Coast Health Alliance</b>  Dr. Tao Sheng Kwan-Gett	West Coast Health Alliance (WCHA) <ul style="list-style-type: none"> <li>• Formed in September 2025 by governors of CA, HI, OR, and WA</li> <li>• Purpose:               <ul style="list-style-type: none"> <li>○ Uphold integrity of effective public health strategies to protect the health of our communities.</li> <li>○ Collaborate on the review of the best available science and evidence to make unified recommendations</li> <li>○ Support safety, efficacy, transparency, access, and trust</li> </ul> </li> <li>• Focus areas:               <ul style="list-style-type: none"> <li>○ Immunization                   <ul style="list-style-type: none"> <li>▪ Vaccine recommendations for COVID-19, flu, and RSV (9/17)</li> </ul> </li> </ul> </li> </ul>

- 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:




<https://doh.wa.gov/newsroom/west-coast-health-alliance-announces-vaccine-recommendations-covid-19-flu-and-rsv>

<https://doh.wa.gov/newsroom/west-coast-health-alliance-stands-scientific-evidence-vaccines-are-not-linked-autism>

<https://doh.wa.gov/newsroom/concerns-raised-over-impact-acip-recommendations-vaccine-access-equity-and-parental-choice>

<https://doh.wa.gov/newsroom/west-coast-health-alliance-wa-doh-and-leading-national-medical-organizations-continue-recommend>

### 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.

† AAFP


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.

† AAFP

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.



† AAFP

VAC & WCHA

- 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.

Discussion:

Jay Miller: how and why does the WCHA guidance differ from ACIP?

Dr. Tao: before this alliance meeting, we heard from VAC that following guidance from national organizations was important to prevent a patchwork of recommendations. Other WCHA states had reservations about endorsing AAFP’s Guidance that had a universal recommendations for COVID-19 vaccine for all adults. Those states felt there is more evidence to support risk-based recommendations for COVID-19 vaccine.

Mark Larson: concerned about how much confusion will be caused between doctors and patients. AAFP discussion – is AAFP science based? Was there a discussion?

Dr. Tao: there was a discussion about AAFP’s rationale; what was available on AAFP’s web were discussion guides based on evidence that didn't include details on how AAFP developed their guidance.

Ed Marcuse: policies are not just science based; they are combo of Science/Values. The issue isn't science; it is the values. The values compare the risk stances. We should acknowledge both groups. (Risk for one is too much, or risk for everyone with the few put at risk. Both views valid).

Dr. Tao: WA argued that even if the increasing coverage among high risk groups is the goal, we think the universal recommendation is the best way to achieve that.

Jay Miller: doesn't see doctor evidence review in either group and feels that there is a concern. Concerned that you can choose guidance politically. The process is a concern. They think trust has been lost; with demise of ACIP is the loss of the clear concise guidance. Struggling to see rational from process standpoint when there is no tract record and no processed guidance.

Dr. Tao: WCHA doesn't see itself as a body to create guidance, but is informed by the guidance of other organizations and then choosing what makes most sense to them. We won't see WCHA developing detailed evidence based reviews. We may need to clarify the roles.

Seema Abbasi: appreciates WCHA - gives everyone choice and also gives groups at most risk. Is very similar to guidance put out for pediatric patients. IDSA and Adult - put out guidance for adults?

John Dunn: agree with Seema: WCHA Clearly Enables maximum access ("all who choose") while underscoring high risk groups

Dr. Tao: saw guidance from IDSA for immune compromised adults but not all adults. Is any committee member aware? This points to a gap.

Frank Bell: happy with WCHA

Dr. Tao: to not receive VAC's approval would pose an issue for DOH. We are asking for approval to endorse SWHA Guidance.

Jay: Miller added this link in the chat: <https://www.idsociety.org/Seasonal-RTI-Vaccinations-in-Immunocompromised-Patients/>

Mary Koenke: Yes, I support the WCHA Guidance.

Jay Miller - concerns about what the WCHA is trying to do and why. Doesn't see this as endorsing another recommendation. If feels odd to have another recommendation without an evidence review.

**Move to vote for VAC to endorse WSHA Guidance:**

Does the Vac endorse the WCHA guidance that is on the screen here?

John Dunn makes motion  
Meghan Lelonek seconded

Two Nay  
Wendy abstains  
Majority Yay

Motion passes.

VAC and WSHA and DOH working together - comments:

Ed Marcuse: more critical is transparency. Be explicit as to why a choice is made for one group or another. Call out what part is evidence based and what part reflects values. That kind of transparency affects public discussion.

Dr. Tao: VAC meeting is meeting open to public and notes are posted to help with transparency.

Francis Bell: I agree with Ed, that this discussion maybe reflects a difference in interpretation of the evidence as it applies to the population at risk, noting that risks are not equally distributed.

Wendy Stevens: we do not want to bypass controversy. Controversy and safe spaces is how we find our best answers. Thanks everyone here. ACIP moves into shared and clinical

decision making but loses confidence in provider area and family individuals knowing which way to turn. Thanks for everyone here trying to address problem.

Wendy Stevens: tribes support these efforts, but I am not in a place to say all the tribes support because I support each tribes' sovereignty. Will need time to bring back decisions.

Wendy Stevens: evidence bases/values - WCHA talk about 3 major areas, but recourses not identified. Unclear in those three areas that they also couldn't support funding.

Wendy Stevens: transparency would need to be what state we are in, dating decisions, tracking what the evidence has been. What if VAC doesn't support tomorrow as they open up all the schedules and variations and dose elements? Timing is important. Documenting how we do this, if we made error, how we transformed. These are super important. I want each tribe to have a voice.


Mary Koehnke: diversity - people from all over want to know "why" they should trust. Grading evidence - a, b, c - people can understand. Unity in health messaging is important. It's hard for people to follow- people don't know what to do. Stay clear, straightforward and transparent.

Jay Miller: I appreciate Mary's point about maintaining trust - my largest concern here is about the politicization of public health and how we maintain trust. If the WCHA is going to make their own recommendations, we need to be clear about why people should trust the WCHA recommendations, and make sure we uphold that trust. We need to be clear about who exactly is making those recommendations - is it DOH scientific leadership for each state or the governors' offices? And how they are developing those recommendations.

**December ACIP Meeting Review**

Mary Huynh

**ACIP Meeting Summary Votes and Discussion** from 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

- 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
	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
	Negative <sup>5</sup>	1	2 months	1	2 months
		2	3-4 months	2	4 months
		3	6-18 months	3	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
	Negative <sup>5</sup>	1	6 months	4	6 months
		2	2 months	1	2 months
3		3-4 months	2	4 months	
	3	6-18 months	3	6 months	

**Hepatitis B VFC Vote -  PASSED**

- VFC resolution updated to align with ACIP recommendation passed

## Recommended Vaccination Schedule and Intervals (3)

### Table Notes:

1. Only a single antigen hepatitis B vaccine (ENGERIX-B or RECOMBIVAX HB) can be given at <6 weeks of age.
2. 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  $\geq 24$  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.
3. 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  $\geq 24$  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.
4. Use of brand names is not meant to preclude the use of other comparable US licensed vaccines.
5. 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).

### Day 2 agenda topics discussed (no votes)

- 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](#)



PRESIDENTIAL ACTIONS

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

Presidential Memoranda | December 5, 2025

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

# Fact Sheet: President Donald J. Trump Begins Process to Align U.S. Core Childhood Vaccine Recommendations with Best Practices from Peer, Developed Countries

The White House | December 5, 2025

### ALIGNING THE CHILDHOOD VACCINE SCHEDULE WITH INTERNATIONAL BEST 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.

Give time at next VAC to talk about the recent ACIP and change to vaccine schedule proposed by the Whitehouse.

### Potential for New Member Seat

D. Tao Sheng Kwan-Gett

Potential for New member seat

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

	<ul style="list-style-type: none"> <li>• Discussion and possible action</li> </ul> <p>Mary Koehnke: yes someone with ACIP and/or research background would be good. Anyone in mind?</p> <p>Dr. Tao: yes, Helen Chew has expressed interest and been recommended.</p> <p>Dr. Dunn: yes, supports idea.</p> <p>Ed Marcuse: the phrase "vaccine research" is broad. Vaccine licensing and clinical trials specifically is what we are looking for.</p> <p>Dr. Tao: agrees.</p> <p><b>Move to vote to add new member seat for a research background in vaccine and clinical trials:</b></p> <p>Motion from Jay Miller to approve the proposal. John Dunn seconds the motion.</p> <p>Motion passes. No nay or abstentions.</p> <p>Dr. Toa: please encourage people you know with this expertise to forward their resume with us.</p>
<p><b>Future Agenda Items</b>  <b>2025 Vac Meeting</b>  <b>Dates</b>  <b>Adjourn</b></p> <p>Tao Kwan-Gett</p>	<p>Next VAC is Jan 8</p>