



VACCINE ADVISORY COMMITTEE VIRTUAL  
MEETING  
January 8<sup>th</sup>, 2026

Time	Agenda Item	Facilitator
<b>10:30 – 10:35</b>	Welcome, Announcements, and Land Acknowledgement	<b>Tao Sheng Kwan-Gett</b>
<b>10:35 – 10:40</b>	Conflict of Interest Declaration	<b>Adriann Jones</b>
<b>10:40 – 10:45</b>	Approval of Last Meeting Minutes	<b>Tao Sheng Kwan-Gett</b>
<b>10:45 – 10:55</b>	Public Comment	<b>Adriann Jones</b>
<b>10:55 – 12:00</b>	Office of Immunization Updates	<b>Jamilia Sherls</b>
<b>12:00 – 12:10</b>	Policy Update	<b>Adriann Jones</b>
<b>12:10 - 12:59</b>	VAC Member Report Out	<b>VAC Members</b>
<b>1:00</b>	<b>Adjourn</b>	<b>Tao Sheng Kwan-Gett</b>

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# 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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# Office of Immunization



Office of Immunization Updates

# DOH and Partner Alliances

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The Washington State Department of Health (DOH) and West Coast Health Alliance (WCHA) are closely monitoring developments at the federal level. The situation is evolving rapidly, and DOH is committed to transparency as updates arise. We will continue to keep Tribes and partners informed.

The Washington State Department of Health is actively engaging in strategy collaborations with Immunization related Alliances, Committees, and Boards at the regional and national level.

# 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
- December 5 Presidential [Memo](#) and [Factsheet](#)

## Hepatitis B Vote 1 - PASSED

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

## 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

## Hepatitis B VFC Vote - PASSED

- VFC resolution updated to align with ACIP recommendation passed

## WA DOH hepatitis B Vaccine Recommendation

The Washington State Department of Health (DOH) continues to recommend:

- All newborns receive the hepatitis B vaccine within 24 hours of birth, with completion of the 3 to 4 dose series by 18 months of age, regardless of the birth parents' hepatitis B infection status.
- Newborns of birth parents who test positive for hepatitis B infection or have an unknown status receive hepatitis B vaccine and hepatitis B immunoglobulin within 12 hours of birth.
- For infants born to a parent who is hepatitis B-positive, perform perinatal post-vaccination serologic testing 1-2 months after vaccine series completion, but not before 9 months of age.

This recommendation aligns with recommendations from the [West Coast Health Alliance](#) and leading national organizations, including the [American Academy of Pediatrics](#), the [American College of Obstetricians and Gynecologists](#), and the [Infectious Diseases Society of America](#).

**Routine birth-dose vaccination, recommended since 1991, has contributed to a 99% reduction in annual hepatitis B infections and has prevented [more than 500,000 childhood infections and an estimated 90,100 childhood deaths](#).**

# HHS Changes to the Childhood Immunization Schedule

**IMMUNIZATIONS RECOMMENDED FOR ALL CHILDREN**

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos	15 mos	18 mos	19 mos	20-23 mos	2-3 yrs	4-6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Diphtheria, tetanus, acellular pertussis (DTaP + 7 yrs)			1st dose	2nd dose	3rd dose									4th dose											
Tetanus, diphtheria, acellular pertussis (Tdap + 7 yrs)																									
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	3rd dose									3rd / 4th dose											
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose									4th dose											
Inactivated poliovirus (IPV + 18 yrs)			1st dose	2nd dose																					
Measles, mumps, rubella (MMR)																									
Varicella (VAR)																									
Human papillomavirus (HPV)																									

Some children should get a dose at this age depending on the vaccine brand.

**IMMUNIZATIONS RECOMMENDED FOR CERTAIN HIGH-RISK GROUPS OR POPULATIONS**

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos	15 mos	18 mos	19 mos	20-23 mos	2-3 yrs	4-6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Respiratory syncytial virus (RSV-mAb)																									
Respiratory syncytial virus (RSV-mAb)																									
Hepatitis B (HepB)*			1st dose	2nd dose																					
Dengue*																									
Meningococcal ACWY*																									
Meningococcal B*																									
Hepatitis A (HepA)*																									

All children whose mother did not have the vaccine should get one dose.  
 \*High-risk children, such as those with chronic lung disease, should receive a second dose at ages 8 to 16 months.  
 \*Vaccination recommended for infants born to women who tested positive for the hepatitis B virus or whose status is unknown.  
 \*Recommended ONLY if living in areas with endemic dengue AIG with a laboratory confirmation of previous dengue infection.  
 \*For high-risk groups (e.g., those with anatomical or functional asplenia or HIV infection), those traveling to countries with hyperendemic or epidemic meningococcal disease, and first-year college students living in residential housing, vaccination is recommended.  
 \*Recommended for high-risk groups, e.g., with anatomical or functional asplenia, and during outbreaks.  
 \*Vaccination recommended for international travel to areas with high or intermediate hepatitis A endemicity.

**IMMUNIZATIONS BASED ON SHARED CLINICAL DECISION-MAKING**

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos	15 mos	18 mos	19 mos	20-23 mos	2-3 yrs	4-6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Rotavirus (RV) (RV 2-dose series), RSV (2-dose series)																									
COVID-19 (mRNA, hCoV-19s)																									
Influenza (IV, cCoV3) OR Influenza (LAIV)																									
Hepatitis A (HepA)																									
Hepatitis B (HepB)*																									
Meningococcal ACWY																									
Meningococcal B																									

Some children should get a dose at this age depending on the vaccine brand.

\*For parents deciding whether to vaccinate for HepB in infants born to women who tested negative for the hepatitis B virus, it is suggested that the initial dose is administered no earlier than 3 months of age.

**U.S. childhood immunization schedule overhauled**

The Trump administration is overhauling long-standing vaccine recommendations to align with other countries. Several vaccines that are now broadly recommended for children are limited to high-risk groups or in consultation with doctors.

VACCINE	REVISED RECOMMENDATION
MMR	Still routinely recommended
Polio	Still routinely recommended
Chicken pox	Still routinely recommended
DtAP	Still routinely recommended
Tdap	Still routinely recommended
Hib	Still routinely recommended
PCV	Still routinely recommended
HPV	Still routinely recommended

RSV	High risk groups only
Hepatitis A	High risk groups only
Hepatitis B	High risk groups only
Meningococcal ACWY	High risk groups only
Dengue	Still for high risk groups only
Influenza	No longer routinely recommended
Covid	No longer routinely recommended
Rotavirus	No longer routinely recommended

Covid vaccine recommendation was previously changed in the fall. Officials are also recommending one HPV vaccine dose instead of two.

Source: Department of Health and Human Services  
 FENIT NIRAPPIL / THE WASHINGTON POST

## January 5<sup>th</sup> 2026 HHS Press Releases

- [CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule | HHS.gov](#)
- [Fact Sheet: CDC Childhood Immunization Recommendations | HHS.gov](#)

# WA DOH and WCHA Response to HHS Change to Childhood Immunization Schedule

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After the HHS January 5, 2026 Announcement, Washington State Department of Health and the West Coast Health Alliance (WCHA) issued press releases stating that both continue to recommend vaccination in alignment with the American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule:

- [Click here to read the full WCHA Statement, January 5, 2026](#)
- [Click here to read the full WA DOH Statement, January 5, 2026](#)



# Seat Recruitment: Vaccine Researcher (Clinical Trials & Licensing)

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- Recruitment timeline 12/17/2025-01/05/2026
- A competitive recruitment
- Currently reviewing applications
- Hope to offer the position by mid-January
- Would like feedback on adding a second seat to the vaccine research seat to encompass both academic and industry perspectives



# OI Budget Reduction Update

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- For our current budget year, we used Enhanced Laboratory Capacity (ELC) funds to fill gaps and sustain operations through June 30, 2026.
- We expect to see a full reduction in those funds. These funds were used to limit reductions of staffing in this fiscal year. We also do not expect any additional funding to come through state resources.
- In our preliminary planning, we expect to reduce both contracts and staffing in order to maintain core functions in the office after June 30, 2026.
  - Overall, this will be between a \$1.6 - \$1.9M reduction from this fiscal year.
- In January, we are starting engagement conversations with supervisors, staff and teams around:
  - reductions in bodies of work
  - alignment of work with the core deliverables of our grant
  - alignment of positions with funding source availability
  - any potential realignment of positions
- We expect to do this alongside building out our core grant deliverables and grant application
- We do not expect any staff reductions prior to June 30, 2026.

# Office of Immunization Recognitions and Announcements

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- 2025 [AIM Bull's Award for Innovation and Excellence in Immunization Awards](#)
  - HPV at 9 Quality Improvement Project Bull's Winner
  - Two honorable mentions received from award selection committee for
    - Public Health & Pediatric Residency Training Program Collaboration
    - Agricultural Worker Flu Vaccination Uptake
- IIS Program of the Year award
  - Given by STChealth at the 2025 TLC (Thought Leadership Consortium)
- AIM Chair-Elect position
- New Deputy Director, Leann Christensen, starts January 16

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# Policy Update

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- The Governor's Office and the Office of the Insurance Commissioner together are proposing legislation to shift decision making authority to determine vaccine recommendations from federal committees to the Department of Health and ensure continued coverage access to immunizations and other preventive services.
  - These bills have been prefilled as HB 2242 & SB 5967.
- Two DOH statutes reference ACIP as the guiding authority for vaccine recommendations. These statutes impact what vaccines can be included in the universal Childhood Vaccine Program and what vaccines must be covered as a preventive service by health plans regulated by the Office of the Insurance Commissioner (OIC).

# Policy Update

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- This proposal does not establish mandates for vaccines or other preventive services or change any laws related to vaccine administration or child and adolescent consent for immunizations.
- This bill would ensure that Washington's vaccine recommendations are determined by the state, are based on the science and evidence base, and that those vaccines remain accessible to the people who live here and want them.

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