WASHINGTON VACCINE ASSOCIATION

*Ensuring Funds for Childhood Vaccines*

What: Vaccine Committee Meeting
Date & Time: November 13, 2025; 11:30 a.m. - 12:30 p.m. PT
Location: Webinar/Teleconference – Individual Links Will be Sent to Each Attendee

Notice: The meeting may be recorded for the benefit of the minute-taker. The WVA intends to delete the recording after the minutes are approved.

**Agenda**

| Approx. Time | Alloted Time | Pg. | | Topic/[Anticipated Action] | Presented by: |
|---|---|---|---|---|---|
| 11:30-11:32 a.m. | 2 minutes | | | **1. Welcome & Introductions**<br>a. Notification of Recording | E. Marcuse |
| 11:32-11:35 a.m. | 3 minutes | Pg. 3-4 | * | **2. Consent Calendar Items**<br>a. Approve Vaccine Committee Minutes (July 31, 2025) | E. Marcuse |
| 11:35-11:45 a.m. | 10 minutes | Pg.7<br>Pg.8-11<br>Pg.12 | *<br>*<br>* | **3. WVA Update**<br>a. Fiscal Update<br>b. VAL Update<br>c. Payer & Provider Compliance | J. Zell |
| 11:45- 12:15 p.m. | 30 minutes | Pg.14<br>Pg. 15<br>Pg. 16-17 | *<br>*<br>* | **4. Vaccine Updates**<br>a. RSV Redistribution/Transfers<br>b. Respiratory Vaccine Ordering<br>c. Vaccine Loss Reduction Efforts/WCAAP Collaboration | B. Harvey<br>J. Jorgenson<br>S. Zorn |
| 12:15-12:20 p.m. | 5 minutes | | | **5. Public Comment** | Any |
| 12:20-12:30 p.m. | 10 minutes | Pg.19-20 | * | **6. Other Updates**<br>a. Western Coast Health Alliance<br>b. ACIP<br>c. WA State Standing Order | J. Dunn |
| 12:30 p.m. | - | | | **7. Closing** | E. Marcuse |

*Indicates additional materials / Red text indicates an action item

**November 13, 2025**

**WVA Meeting of the Vaccine Committee**

**Proposed Form of Votes**

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual directors and committee members.

**Items under Agenda Section 2:**

VOTED: To approve July 31, 2025 Vaccine Committee meeting minutes.

[To approve July 31, 2025 Vaccine Committee meeting minutes with the changes suggested at the meeting.]

WASHINGTON VACCINE ASSOCIATION

# Meeting Minutes
# Vaccine Committee Meeting
# July 31, 2025; 11:00 a.m. – 12:00 p.m. PT

**I. Attendance.** This meeting was conducted virtually. Participating in all or part of the meeting were the following individuals:

Statutory Members
Ed Marcuse, MD, Emeritus Professor of Pediatrics, University of Washington, *Chair*
John Dunn, MD, MPH, Kaiser
Jamilia Sherls, DNP, MPH, RN, CPN, CDP
Hema Sivasubramanian, MD, Aetna
Julia Zell, MA, Esq., Executive Director

Other Members
Amy Carter, MD, Allegro Pediatrics
Carrie Jenner, MD, Pierce County Immunization Coalition (PCIC)
Gretchen Lasalle, MD, Rockwood Clinic
Jennifer Maxwell, MD, Family Physician
Jay Miller, MD, Tacoma Pierce County Health Department
Gib Morrow, MD, Kitsap Public Health District
Libby Page, MPH, King County Public Health
Amy Person, MD, Benton-Franklin Health District
Kristi A. Rice, MD, Providence
Sherri Zorn, MD, DOH & WVA Consultant

Administrative Staff
Cheri Cagle, Stakeholder Liaison
Janel Jorgenson, WA DOH
Ashley Ithal, MPH, Project Support Leader
Patrick Miller, MPH, WVA, Administrative Director
Kerrie Walker, Deputy Manager

Other
Juliet Dang, CSL Seqirus
Bob Runnells, Informed Choice WA

**II. Summary of Actions Taken and/or Recommended**

Actions Taken (votes adopted)

i. To approve Vaccine Committee meeting minutes April 17, 2025.

**III. Minutes**

Welcome and Introductions

At 11:02 a.m. Dr. Marcuse called the meeting to order and announced that the meeting would be recorded for the benefit of the minute taker.

Calendar Consent Items

Dr. Marcuse asked for a motion to approve the minutes. Upon motion duly made and seconded, it was unanimously

**VOTED: To approve Vaccine Committee meeting minutes April 17, 2024.**

**IV. Recent Events & WA Response**

Measles/Pertussis

Dr. Marcuse provided an overview of measles and pertussis in WA and stated that the implications of declaring an outbreak would be widespread.

ACIP, FDA, HHS Reorganization and WA Response, and VAC

Federal changes to the organizations responsible for vaccine approval and recommendations have added confusion to vaccine distribution in WA and nationally. ACIP meetings are still occurring with a different

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panel of members recently appointed by the HHS Secretary. At its most recent meeting in June, ACIP decided to no longer support thimerosal containing vaccines. While this minimally impacts Washington, it is likely to impact other states. Dr. Dunn stated that CDC vaccine schedule changes would likely result in a myriad of issues related to vaccine uptake, outbreaks, etc.

Physician Perspective

Dr. Marcuse asked the physicians on the call to share their patient/parent experiences. Several observed a growing divide between those parents who worry about vaccine access while others resist vaccination altogether. Several reported that while parents have still been open to having conversations, those who felt hesitant about a vaccine schedule are reportedly more likely to either modify the schedule or not vaccinate at all.

## V. Public Comments

Dr. Marcuse invited members of the public to speak if they had comments. Public comments were received from Mr. Runnells from Informed Choice Washington and Juliet Dang from Seqirus.

## VI. Fall Ordering

Ms. Jorgenson provided an update on vaccines which will be available for respiratory season. She reported that influenza vaccines have already arrived at McKesson. She further highlighted that COVID-19 and RSV products were expected to be available in time for respiratory season. Ms. Jorgenson anticipated that vaccine distribution will be slow at the start of the respiratory season, which is typical. There will be a provider webinar, hosted by DOH, on August 21st related to 2025-26 respiratory season ordering controls.

## VII. Limiting Vaccine Loss

Ms. Zell highlighted ongoing issues with provider billing and assessment collection and the associated impact on the current financial position of the WVA. She noted that the WVA is continuing to work with the DOH on Vaccine Assessment Loss (VAL) efforts including payer dosage-based assessment (DBA) compliance and provider outreach and education. Discussion took place regarding some of the drivers for VAL and strategies to address them.

## VIII. Closing

The meeting adjourned at 12:00 p.m. PT.

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# Vaccine Committee Meeting

November 13, 2025

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WASHINGTON VACCINE ASSOCIATION

# 3. WVA Update

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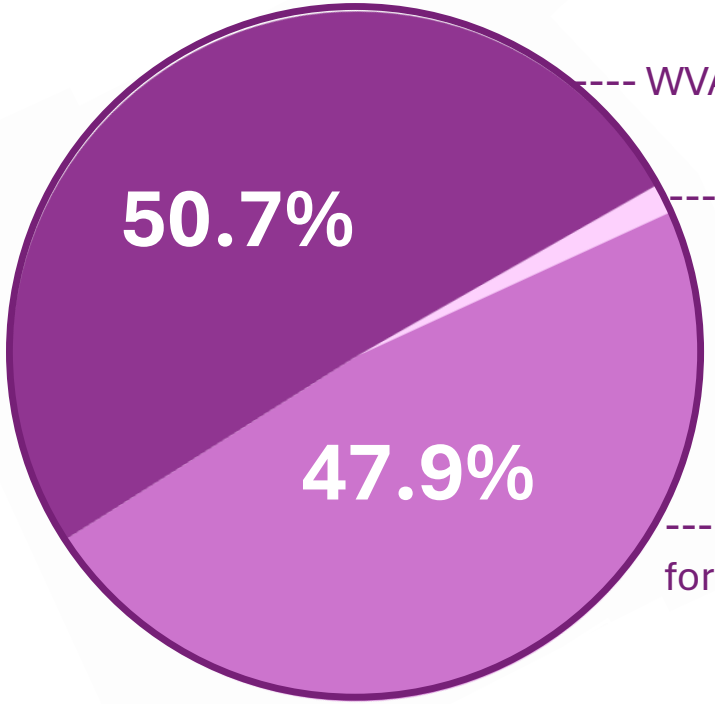
# 3.a. FY25 Financials

## Childhood Vaccine Funding Sources

Estimated Total: $234,804,487



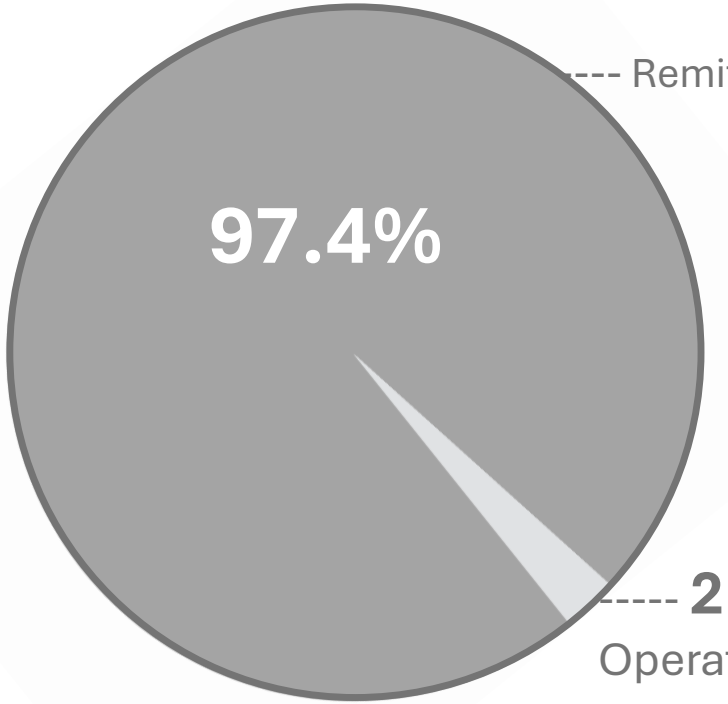

---- WVA Vaccine Assessments

----- 1.4%
State Childhood Healthcare Insurance Program

---- Federal Vaccine for Children Funds

## WVA Program Expenditures

Total: $112,018,178




---- Remittance to WA for Vaccine Costs

This chart reflects funding for WVA-funded vaccines on a cash basis. The audited financials are available at www.wavaccine.org.

----- 2.6%
Operation Costs



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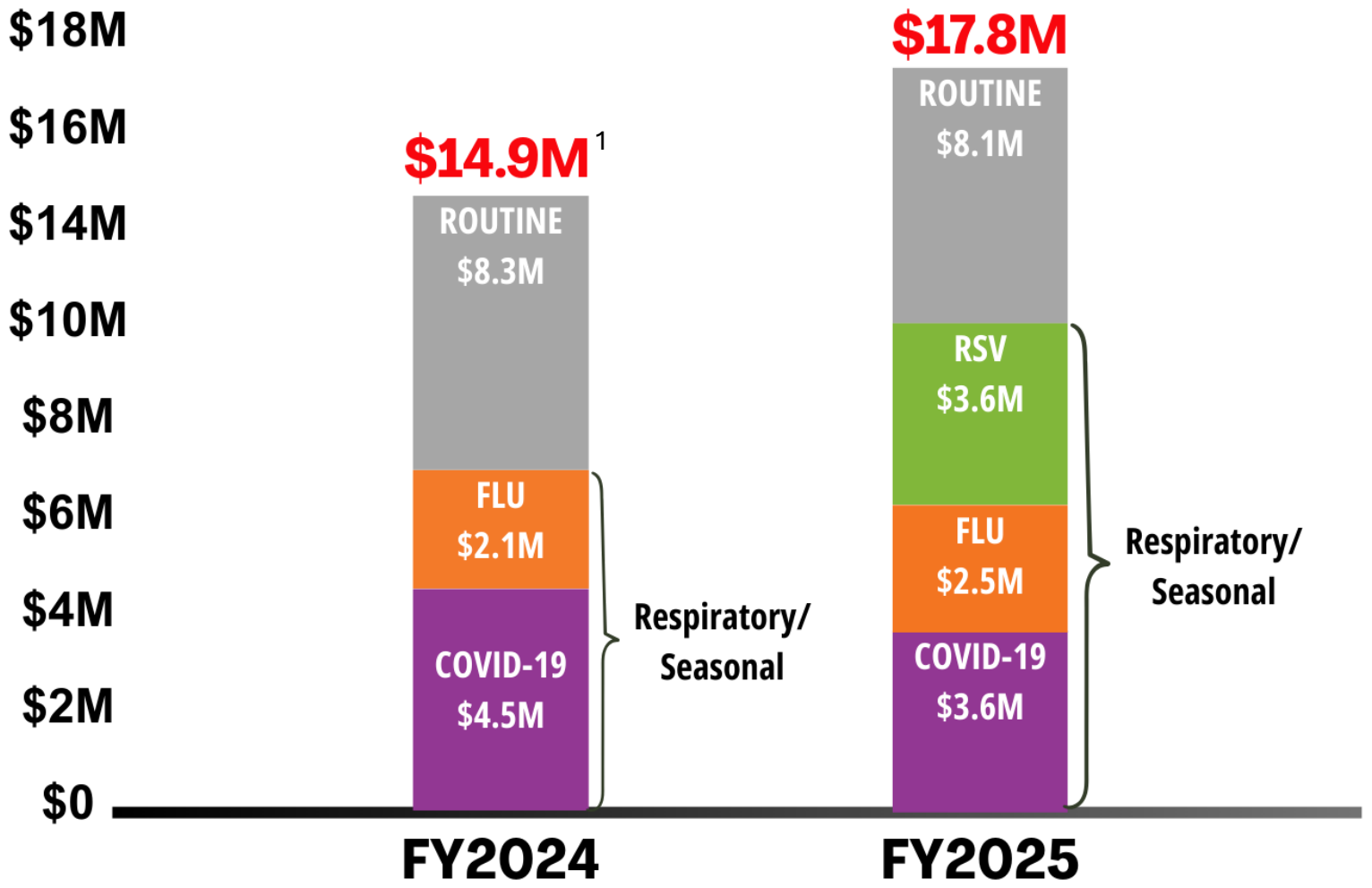
# 3.b. FY2024/25 Vaccine Assessment Loss




[1] 2024 loss totals excludes RSV due to Board decision to fund through reserves



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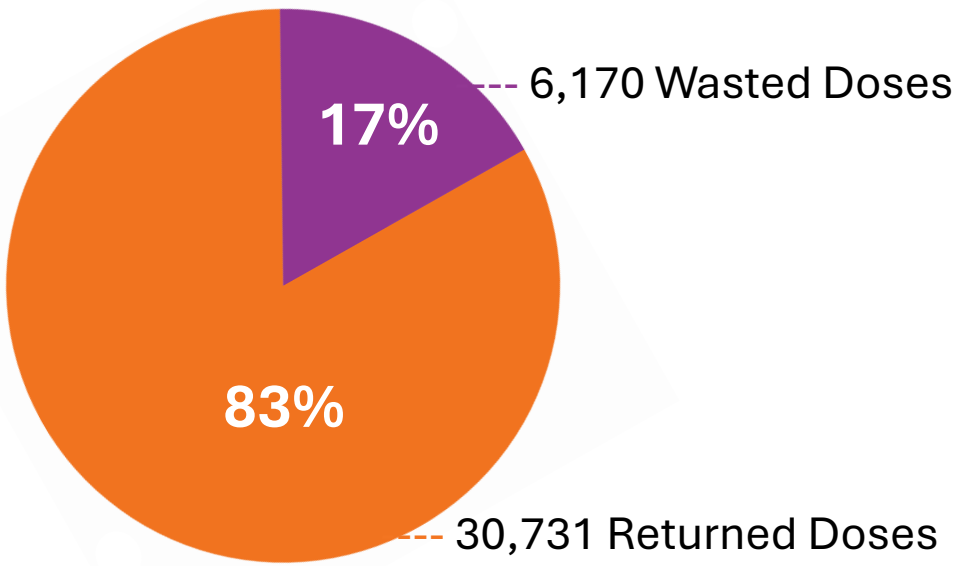
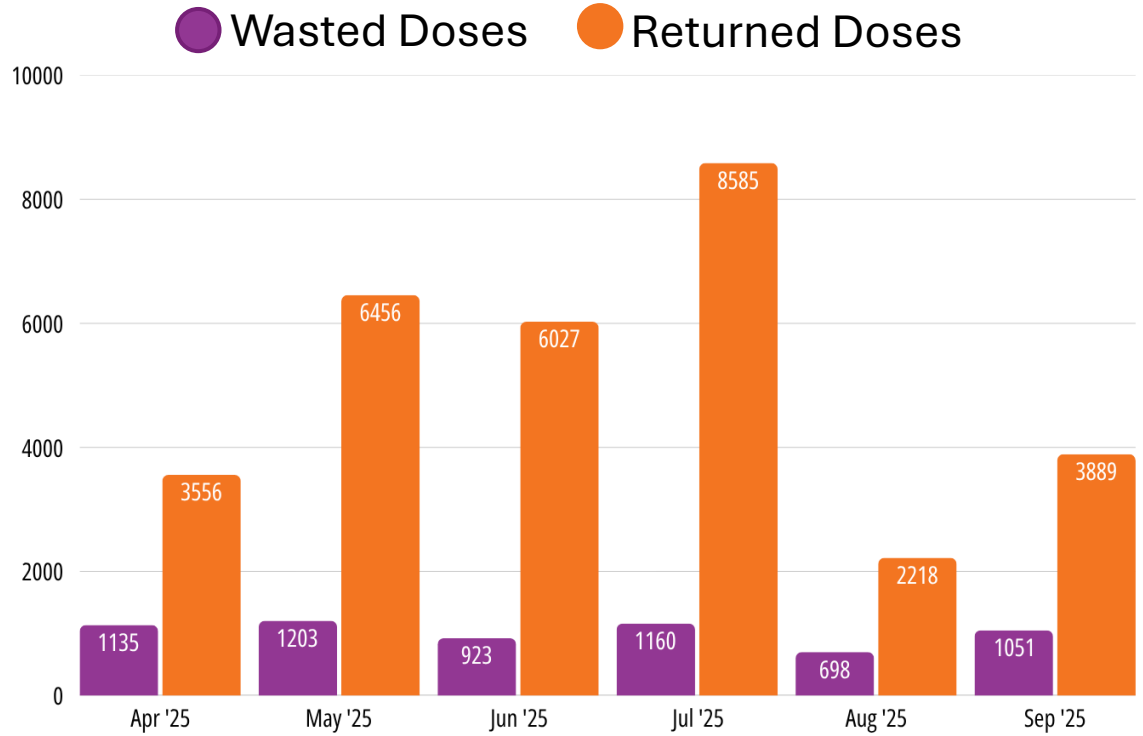
# 3.b. Number & Percent Wasted and Returned Vaccine Doses by Month

## April to September 2025*



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# 3.b. VAL Action Plan Goals and Expected Outcomes

**Vaccine Assessment Loss (VAL): uncollected monies for WVA funded vaccines**

**GOAL: Payer DBA Compliance**

- Payer DBA Accuracy
- Payer Equity

**GOAL: Provider DBA Compliance**

- Provider DBA Accuracy
- Provider Education
- Provider Onboarding Consistency

**GOAL: Supply Chain Efficiency**

- Efficient Inventory Levels
- Reduce Expired Doses
- Waste & Return Accountability
- Provider Technical Assistance



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# 3.b. Vaccine Assessment Loss: KPIs (as of 10.15.2025)

**Vaccine Assessment Loss (VAL): uncollected monies for WVA funded vaccines**

## GOAL: Payer DBA Compliance MONTHLY MEASURES

- » Reduce Percentage of Unrecovered DBAs
- » #/$ of DBA Audits In Progress
- » #/$ of DBA Audits Closed

## GOAL: Provider DBA Compliance MONTHLY MEASURES

- » # of Providers Clinics Verified for DBA Compliance: by Phase
- » # of Provider DBA Errors Identified

## GOAL: Supply Chain Efficiency MONTHLY MEASURES

- » % of Providers Ordering Monthly
- » % Waste & Returns
- » % IIS Administered Doses to Shipments (Vaccine Uptake)



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# 3.c. VAL Plan Progress (as of 10.15.2025)

| | Payer DBA Compliance | Provider DBA Compliance | Supply Chain Efficiency |
|---|---|---|---|
| Completed | ✓ Payer specific compliance audits (15)<br>✓ Payer webinar training | ✓ Revised provider onboarding process<br>✓ Order shutoff for non-compliance | ✓ 25% COVID-19 reduction<br>✓ COVID-19 ordering caps<br>✓ RSV ordering caps |
| In Progress | • New, Q4 Payer DBA compliance reporting (quarterly<br>• On-going payer audits | • New, Q4 Provider DBA compliance reporting | • Expiring RSV dose management/Transfers<br>• WCAAP partnership<br>• COVID-19 rollout<br>• Enflonsia RSV rollout |
| Planned | | | • WCAAP clinical guidance for multiple RSV products<br>• WCAAP Coaching<br>• Restitution Policy |



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# 4. Vaccine Updates

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# 4.a. Nirsevimab Supply & Demand

| 2024-2025 | 2025-2026 Starting Inventory | Transfers (as of 10/31/25) | Usage (as of 11/3/2025) | Orders (opened 10/8/25) |
|---|---|---|---|---|
| 32,625 doses administered<br><br>Coverage rate: 41.3%<br><br>**PROBLEM:**<br>Large “end of season” inventory statewide in clinic & hospital fridges | 18,558 doses in the field (as of Aug 2025) (= $7.3 million)<br><br>Expiring Sep-May 2026:<br>50 mg: ~7,000 doses<br>100 mg: ~11,000 doses<br><br>**GOALS:**<br>• Use these doses first<br>• Avoid loss due to expiration<br>• Minimize end of season inventory in future | 5,500 doses moved via 515 transfers<br><br>High effort by providers, Tribes, DOH, and LHJs<br><br>IIS advertisement (transfer hub) | 15,559 doses administered<br><br>+21% higher than last season at this time<br><br>Coverage rate: 18.8% | First orders processed and sent to CDC on 10/10<br><br>First orders shipped week of 10/13<br><br>*Regional* inventory management<br><br>DOH Order Review<br>• Order caps in place<br>• To start season on 10/1, only half of providers had RSV inventory for their patients |

Note:
1. There are approximately 990 clinics & hospitals enrolled in Childhood Vaccine Program (CVP) in WA
2. All Fund Sources: doses included are purchased with both VFC and WVA funds



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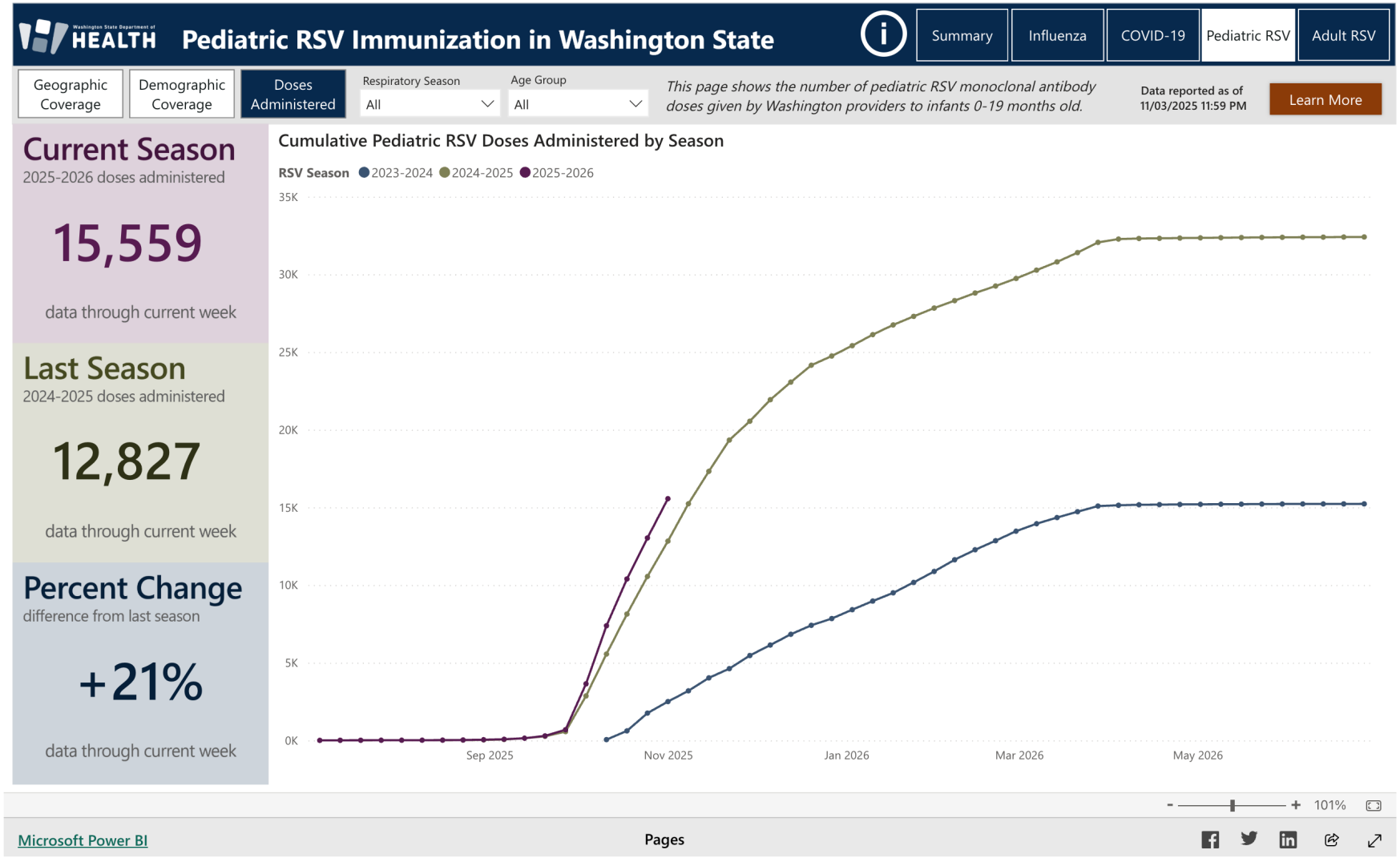
# 4.b. RSV Vaccine Administration




Data as of 11.3.2025



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# 4.c. WCAAP Collaboration

| Vaccine Management Improvement Project | |
|---|---|
| **COST** | • **$200K project investment for FY2025-26** |
| **GOALS** | 1. **Reduce vaccine waste/returns.**<br>2. **Improve vaccine management and right-sized ordering.**<br>3. **Strengthen vaccine infrastructure at all clinic levels.**<br>4. **Create enduring knowledge of vaccine resources and tools.** |
| **PARTNERSHIP RESOURCES** | • **WCAAP:** Executive Director, Project Manager<br>• **DOH:** Informatics, Immunization Section, Quality Assurance<br>• **Consultants:** Clinician Coaches<br>• **WVA:** Board Members, Vaccine Committee, Helms Staff, WVA Staff |



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# 4.c.WCAAP Collaboration

**Objective 1**:
Pilot Phase

**Engage:** ~8 clinics in a 3-month pilot to: test and refine training modules, coaching approaches, and operational tools.

**Activities**:

- Identification of high-waste/returns clinics and baseline assessments.
- Development of tailored training modules for clinic roles (provider, billing, inventory management).
- Joint DOH and WVA one-on-one coaching sessions addressing vaccine ordering, storage, and billing practices.
- Establish continuous improvement elements for participants.

**Objective 2**:
Statewide Implementation

**Expand**: include up to 20 clinics (8 pilot + 12 new).

**Scale**: to reach 68 clinics in 2 years, prioritizing those with the highest levels of vaccine waste and returns.

**Objective 3**:
Information Integration

**Bridge**: DOH vaccine management resources with clinic implementation by identifying content gaps, developing additional materials (e.g., webinars, modules), and refining tools based on pilot feedback and continuous evaluation.
**Create**: Full vaccine resource toolkit



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# Stay Connected

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**info@wavaccine.org**

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**Mailing Address:**
**PO Box 94002 | Seattle, WA 98124-9402**

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# WASHINGTON STATE COVID-19 VACCINE STANDING ORDER

**SUBJECT:** COVID-19 Vaccine Standing Order

**EFFECTIVE DATE:** **9/4/2025**

**AUTHORITY:** This standing order is issued under RCW 43.70.183, which authorizes the Secretary of Health or their designee to issue a prescription or standing order for any biological product, device, or drug for purposes of controlling and preventing the spread of, mitigating, or treating any infectious or noninfectious disease or threat to the public health.

**PURPOSE:** To reduce morbidity and mortality from COVID-19, this statewide COVID-19 vaccine standing order authorizes qualified health care providers to vaccinate persons aged 6 months and older, including pregnant individuals.

**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 below.

**TERMS AND CONDITIONS:**

COVID-19 vaccination is authorized under this standing order and recommended for all eligible persons aged 6 months and older. Any available COVID-19 vaccine appropriate by age and health status, as determined by the administering health care provider by exercising reasonable medical judgment and consulting the guidance noted above, that is approved by the United States Food & Drug Administration can be used. The most updated version of the COVID-19 vaccine that is available must be used.
For some individuals, vaccination under this standing order will be "off-label" use of currently licensed COVID-19 vaccines. Health care providers can adhere to guidelines developed by professional associations and use their best medical judgement in vaccinating their patients.

**Procedure**
Assess the individual for COVID-19 vaccination consistent with reasonable medical judgment and the following guidance that is most suitable for the individual being vaccinated:

- **Pediatrics (ages 6 months–18 years):** American Academy of Pediatrics (AAP) COVID-19 vaccine guidance at www.AAP.org/ImmunizationSchedule
- **Pregnant Individuals (all ages as applicable):** American College of Obstetricians and Gynecologists (ACOG) COVID-19 vaccine guidance at www.acog.org/clinical/clinical-guidance/practice-advisory/articles/covid-19-vaccination-considerations-for-obstetric-gynecologic-care
- **Adults (ages 19 years and older):** American Academy of Family Physicians (AAFP) COVID-19 vaccine guidance at www.aafp.org/family-physician/patient-care/prevention-wellness/immunization-schedules/adult0immunization-schedule

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Visit the Department of Health's website to confirm that this standing order is currently in effect and to find relevant resources: doh.wa.gov/public-health-provider-resources/standing-orders

All resources linked in this document can be found on the DOH COVID-19 Vaccine Information webpage.

**Screen for Contraindications and Precautions**
Screen the individual for the contraindications and precautions for COVID-19 vaccination found in Table 3 in the CDC's *Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States* (https://www.cdc.gov/covid/media/pdfs/2025/07/iCC_document_7.18.25.pdf) and proceed with vaccination according to the recommended actions in the table and reasonable medical judgment.

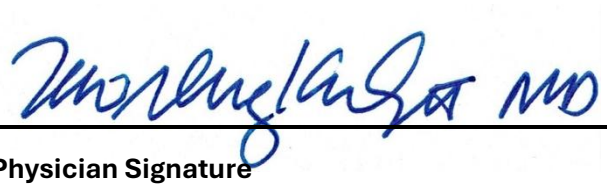
**Administer the Vaccine**
Administer the vaccine according to the package insert and best practices.

**Document Vaccination**
Document each patient's vaccine administration information in the patient's medical record and the Washington State Immunization Information System.

**Be Prepared to Manage Medical Emergencies**
Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. Maintain and follow policies in accordance with *General Best Practices for Immunization* (https://www.cdc.gov/vaccines/hcp/imz-best-practices/preventing-managing-adverse-reactions.html) and see *Considerations for people with a history of allergies or allergic reactions* (https://www.cdc.gov/covid/hcp/vaccine-considerations/contraindications-precautions.html#cdc_vaccine_special_topics_research-considerations-for-people-with-a-history-of-allergies-or-allergic-reactions) for more information.

**Report All Adverse Events to VAERS**
Report all adverse events following the administration of COVID-19 vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) (https://vaers.hhs.gov/reportevent.html).

**EXPIRATION, RENEWAL AND REVIEW:** This standing order will expire on the date that the physician who signed the order revokes it or ceases to act as the Secretary of Health's designee, whichever comes sooner. This standing order shall be reviewed annually against current best practices and may be revised or updated if new information about COVID-19 vaccines necessitates it.



| **Physician Signature** | | **Date** |
|---|---|---|
| **Tao Sheng Kwan-Gett, MD MPH** | **MD00031968** | **1225130941** |
| **Physician Name (Printed)** | **License Number** | **NPI Number** |

**September 4, 2025**

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