

What: Vaccine Committee Meeting
Date & Time: April 16, 2026; 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 a. Notification of Recording	E. Marcuse
11:32-11:35 a.m.	3 minutes	Pg. 3-5	*	2. Consent Calendar Items a. Approve Vaccine Committee Minutes (November 13, 2025)	E. Marcuse
11:35-11:40 a.m.	5 minutes	Pg. 7 Pg. 8	* *	3. WVA Update a. WVA Financial Update b. RSV Update i. RSV Workgroup ii. RSV Extended Season	J. Zell J. Sherls
11:40-11:45 a.m.	5 minutes	Pg. 10	*	4. WCAAP Update a. WCAAP-WVA Collaboration	S. Zorn / B. Harvey
11:45- 12:15 p.m.	30 minutes	Pg. 12-24	*	5. DOH Update a. Immunization Roadmap	J. Sherls / M. Couture / C. Claire
12:15-12:20 p.m.	5 minutes			6. Public Comment	Any
12:20-12:30 p.m.	10 minutes	Pg. 25	*	7. Vaccine Updates a. Vaccine Acceptance: Feedback	E. Marcuse
12:30 p.m.	-			8. Closing	E. Marcuse

*Indicates additional materials / Red text indicates an action item

April 16, 2026

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 November 13, 2025 Vaccine Committee meeting minutes.

[To approve November 13, 2025 Vaccine Committee meeting minutes with the changes suggested at the meeting.]

1 **Meeting Minutes**
2 **Vaccine Committee Meeting**
3 **November 13, 2025; 11:30 a.m. – 12:30 p.m. PT**
4

5 **I. Attendance** This meeting was conducted virtually. Participating in all or part of the meeting
6 were the following individuals:
7

8 Statutory Members

9 Ed Marcuse, MD, Emeritus Professor of
10 Pediatrics, University of Washington,
11 *Chair*
12 John Dunn, MD, MPH, Kaiser
13 Jeff Gombowski, Pharmaceutical Research and
14 Manufacturers of America
15 Jamilia Sherls, DNP, MPH, Washington
16 Department of Health
17 Hema Sivasubramanian, MD, Aetna
18 Julia Zell, MA, Esq., Executive Director
19

20 Other Members

21 Frank Bell, MD, WCAAP Vice President
22 Amy Carter, MD, Allegro Pediatrics
23 Carrie Jenner, MD, Pierce County
24 Immunization Coalition (PCIC)
25 Jennifer Maxwell, MD, Yakima Family
26 Physician

27 Libby Page, MPH, King County Public Health
28 Amy Person, MD, Benton-Franklin Health
29 District
30 Kristi A. Rice, MD, Providence
31 Sherri Zorn, MD, DOH & WVA Consultant
32

33 Administrative Staff

34 Cheri Cagle, WVA, Stakeholder Liaison
35 Patrick Miller, MPH, WVA, Administrative
36 Director
37 Kerrie Walker, WVA, Deputy Manager
38

39 Other

40 Brianna Dannen, Clark County Public Health
41 Janel Jorgenson, WA Department of Health
42 Kayla Myers, Spokane Regional Health District
43 Lisa Templeton, Informed Choice WA

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

45
46
47 Actions Taken (votes adopted)

- 48 i. To approve Vaccine Committee meeting minutes July 31, 2025.
49

50 **III. Minutes**

51
52 Welcome and Introductions

53 At 11:03 a.m. Dr. Marcuse called the meeting to order and announced that the meeting would be recorded
54 for the benefit of the minute taker.
55

56 Calendar Consent Items

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

59 **VOTED: To approve Vaccine Committee meeting minutes July 31, 2025.**
60

61 **IV. WVA Update**
62

63 Ms. Zell provided a Washington Vaccine Association (WVA) financial update, including an overview of
64 the Vaccine Assessment Loss initiative. She reported that the WVA currently contributes approximately
65 51% of the funding for the universal Childhood Vaccine Program (CVP) and highlighted the limitations
66 within the existing funding structure, emphasizing the need to maintain adequate resources to ensure
67 program sustainability.

68
69 Ms. Zell then outlined the Vaccine Assessment Loss (VAL) initiative, noting that the WVA has experienced
70 two consecutive years of significant losses. She stated that the WVA, in collaboration with key CVP
71 stakeholders—including payers and providers – is evaluating opportunities to improve billing and
72 assessment payment accuracy. She also noted ongoing partnership efforts with the Washington State
73 Department of Health (DOH) and the Washington Chapter of the American Academy of Pediatrics
74 (WCAAP) to strengthen supply chain management and reduce vaccine waste and returns that significantly
75 contribute to assessment loss.

76 77 **V. Vaccine Update**

78 79 Transfers & Vaccine Loss

80 Dr. Harvey provided an update on WCAAP’s efforts to reduce vaccine loss during the current respiratory
81 season. She reported that coordinated work among providers, DOH, and WCAAP resulted in 515
82 nirsevimab vaccine transfers, significantly reducing the WVA’s financial exposure. Dr. Harvey further
83 noted ongoing efforts to prepare providers, DOH, and the WVA for the next respiratory season, including
84 expanded education and clinical guidance on clesrovimab and nirsevimab, the two RSV products.

85 86 Vaccine Ordering

87 Ms. Jorgenson (DOH) reviewed the Department’s actions to support responsible ordering and inventory
88 management. She reported that DOH has tightened ordering controls for nirsevimab and COVID-19
89 vaccines and is reinforcing right-sizing practices through provider communications and previous webinars.
90 She noted DOH is adjusting its ordering timelines in anticipation of holiday shipping schedules, which may
91 temporarily increase order sizes to ensure provider supply.

92
93 The Committee briefly discussed RSV brand choice and the operational considerations associated with
94 brand transitions. Additional discussion highlighted lessons learned from the transfer process, including the
95 need to strengthen regional connections, improve Immunization Information System (IIS) posting accuracy,
96 and remove outdated listings to reflect true available inventory. Dr. Marcuse noted that improved ordering
97 practices—currently being advanced by DOH and WCAAP—should reduce the need for large-scale
98 transfers in future seasons.

99 100 WCAAP Collaborative

101 Dr. Zorn presented an update on the collaborative Quality Improvement (QI) initiative involving DOH,
102 WVA, and WCAAP to strengthen vaccine inventory management among CVP providers. Dr. Zorn noted
103 the QI project seeks to improve workflows behind the scenes while providing enhanced role specific
104 training to vaccine coordinators, receptionists, and signatories as well. She noted the QI Project will help
105 provider clinics identify trends, pain points, and strategic solutions to improve their vaccine inventory
106 management. She noted the pilot program is scheduled to launch in January, with providers participating
107 voluntarily. Additional benefits include opportunities for maintenance of certification and continuing
108 education credits.

109 110 **VI. Public Comment**

111
112 Dr. Marcuse invited members of the public to speak if they had comments. Public comments were received
113 from Ms. Myers.

114 115 **VII. Other Business**

116

117 Dr. Marcuse introduced Dr. Bell as the newest member of the Committee.
118

119 Dr. Marcuse then invited Dr. Dunn to provide an update on the current vaccine landscape. Dr. Dunn
120 reviewed recent developments at the US Centers for Disease Control and Prevention (CDC) and the CDC's
121 Advisory Committee on Immunization Practices (ACIP), noting increasing divergence from the traditional
122 federal process for evaluating and recommending pediatric vaccines. He reported that, due to these shifts,
123 some states and organizations are turning to alternative trusted bodies for immunization guidance.
124

125 Dr. Dunn then summarized the purpose of the West Coast Health Alliance, a coalition of states seeking
126 alignment on vaccine recommendations in response to concerns regarding ACIP processes. He further
127 summarized the September 17 Standing Order issued by the DOH authorizing providers to administer
128 COVID-19 vaccines and boosters. Dr. Dunn noted that while long-term coverage remains uncertain, major
129 insurers have agreed to cover COVID-19 vaccine administration for the current year.
130

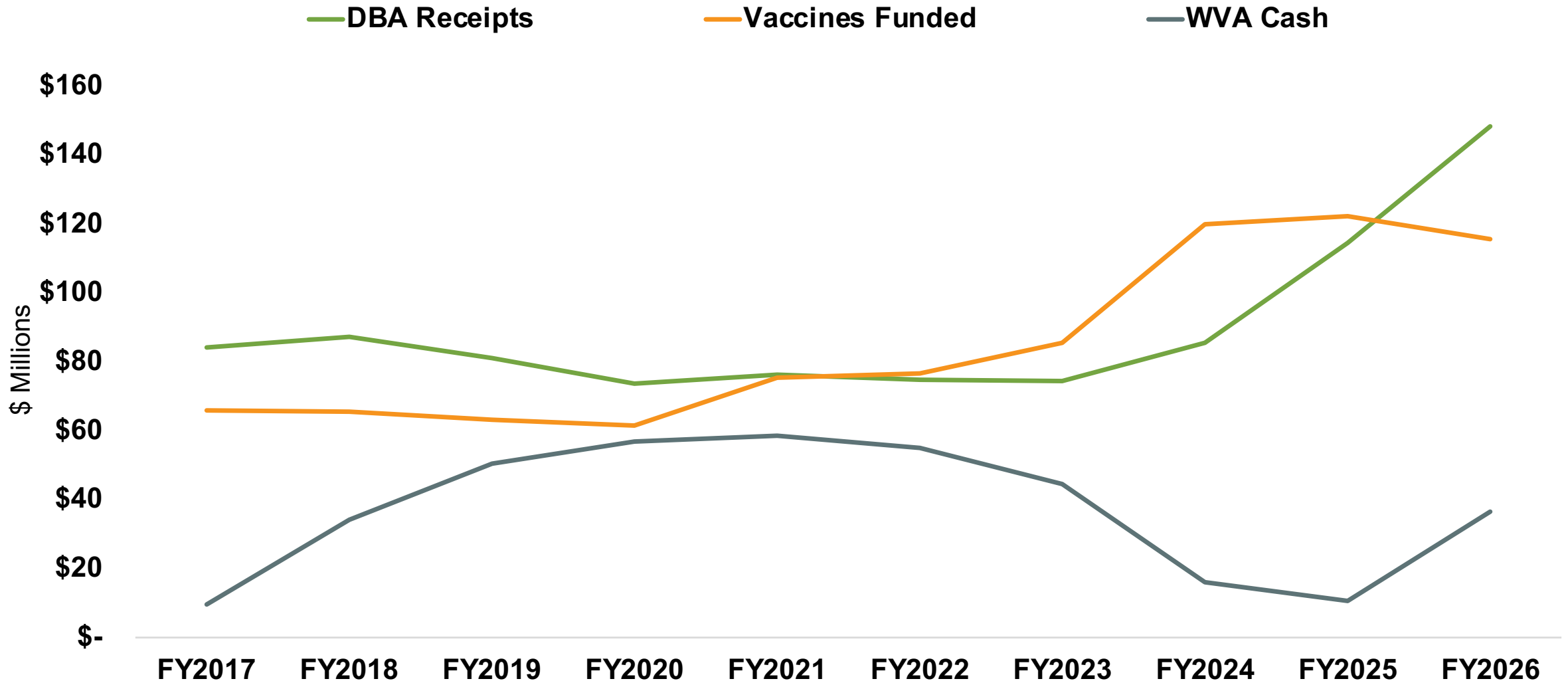
131 **VIII. Closing**
132

133 The meeting adjourned at 12:30 p.m. PT.

DRAFT

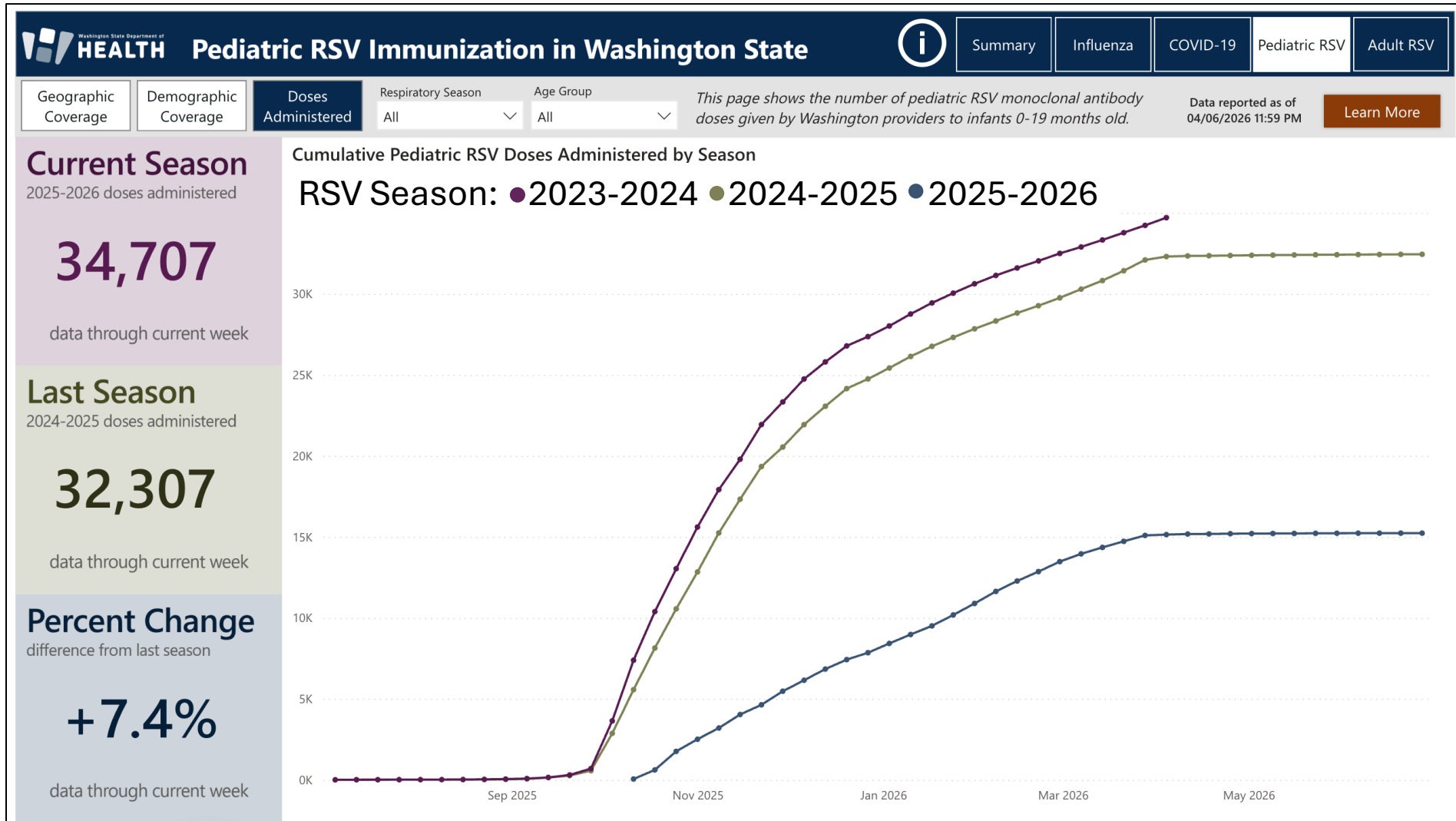
3.WVA Update

3.a WVA Financial Update



Unaudited
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3.b RSV Update



4.WCAAP Update

4.a WVA-WCAAP Collaboration: Pilot Program



Insights

- Practical insights from vaccine coordinators and providers engaged in vaccine management
- Challenges & best practices

Expertise

- WCAAP identification of clinic-level challenges
- Expert coaching on practical, scalable solutions

Identification

- Root cause analysis of clinic-level issues (e.g., training gaps, data issues, inefficient workflows)
- Identification and testing of waste-management tools: i.e. “1 month safety stock” calculator

Impact

- System-level improvements at the CVP level addressing root causes:
 - Increased provider training
 - Increased provider engagement
 - Refine DOH’s Provider Order & Waste Reports to better contextualize waste
 - Refine ROQ calculator (recommended order quantity) - especially for RSV

Cohort 1 Learnings from 8 Clinics, mostly large pediatric practices

- The Vaccine Coordinator role is complex and would benefit from one-on-one training.
- Providers often lack visibility into daily vaccine inventory management tasks.
- IIS data accuracy varies widely by clinic. Clinics need guidance to systematically improve accuracy.
- Common improvement tools: 2D barcode scanners, daily Provider Detail Error Report
- Clinics face different challenges based on CVP vaccine volume:
 - Small clinics struggle with infrequent ordering, limited support, and minimum order quantities that exceed their needs.
 - Large clinics carry higher risk for larger volume vaccine loss during power or equipment failures and may benefit from optimized workflows that enhance efficiency.

5.DOH Update



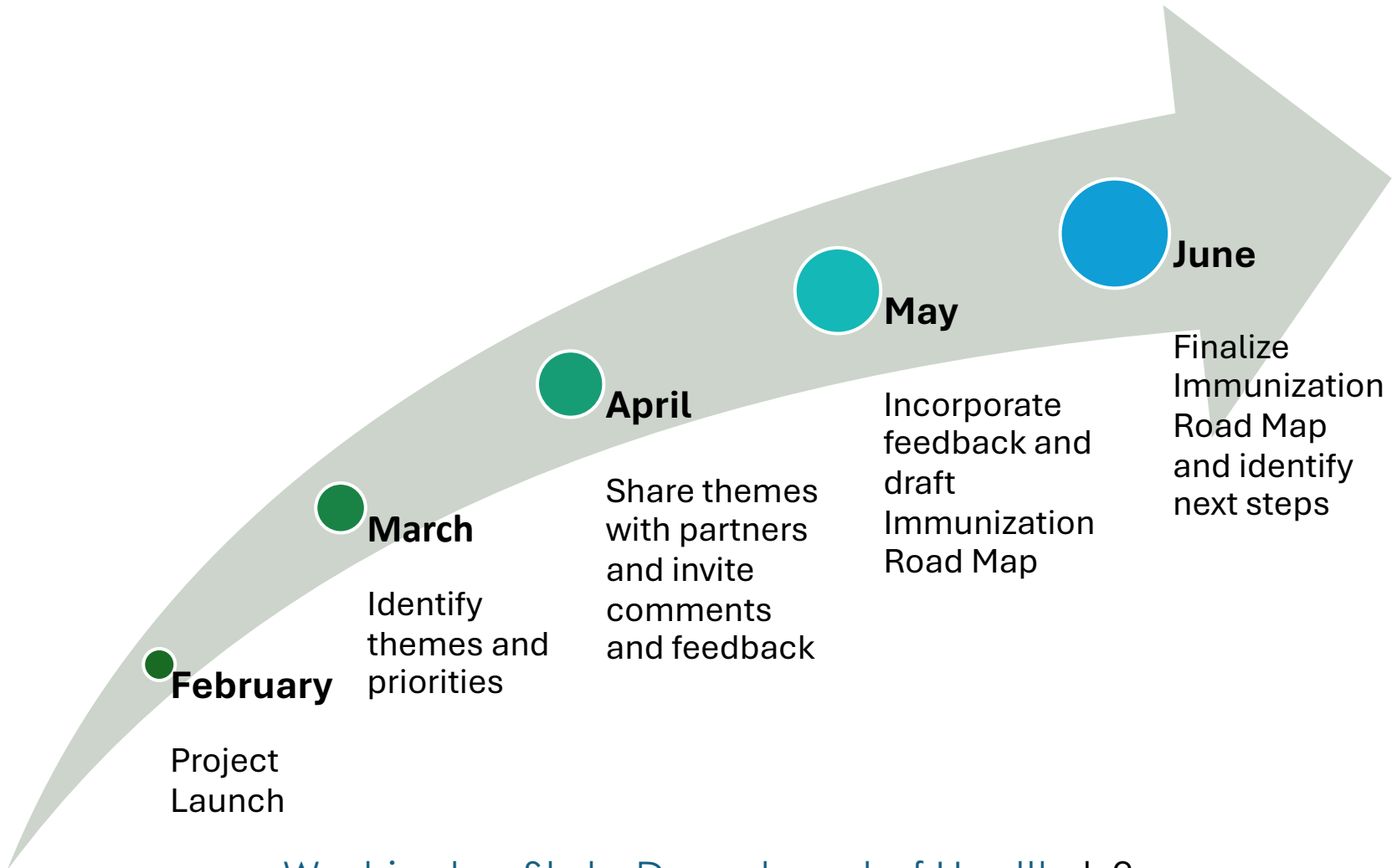
IMMUNIZATION ROADMAP

Office of Immunization

What is the Immunization Roadmap?

The Immunization Roadmap is a project to create a four-year strategy to increase immunization rates in Washington State.

Timeline



Qualitative Research



- Survey Results for COVID-19
Vaccines
- COVID-19 After-Action Report
- Office of Immunization – Strategic
Planning Documents
- 100 Days Listening Session

Identified Themes

Vaccine confidence and communications

Equitable access and service delivery

Provider support and clinical quality

Data, measurement, and interoperability

Sustainable infrastructure, workforce, and policy

Are these the right themes?

Vaccine confidence
and public
communication

Equitable access
and service delivery

Provider support and
clinical quality

Data, measurement,
and immunization
information systems

Sustainable
infrastructure,
workforce, and
policy

What would be most helpful to you for increasing immunization rates in your community?

What challenges do you face in increasing immunization rates?

Anything else we should know?

Survey Opportunity!

- The Immunization Roadmap is a project to develop a 4-year shared strategy to increase immunization rates in Washington State.
- The goal of this survey is to use your input to ensure the roadmap reflects real challenges, shared priorities, and the expertise of those closest to the work.
- The survey will take approximately 5-10 minutes to complete. All survey responses are confidential and will be reported in aggregate.

Immunization Roadmap



Questions?

Executive Sponsor: Michele Roberts
Business Sponsor: Jamilya Sherls
Project Manager: Melissa Couture
Project Support: Chess Claire

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6. Vaccine Updates

6.a Vaccine Acceptance

Selected Data on Reported 3 doses Hep B WA State (6/2025)

By County:

- Clark: 67%
- King: 87%
- Pierce: 74%
- Snohomish: 77%
- Spokane: 71%
- Statewide: 77%

By Ethnicity:

- American Indian/Native Alaskan: 78%
- Asian: 91%
- Black: 84%
- Hispanic: 90%
- White: 84%
- Hawaiian/Pacific Islander: 82%
- Multiracial: 76%

Source: <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/immunization-data/county-public-health-measures-dashboard>