

Provider Education Committee Agenda

October 20, 2025 | 12:00pm-1:30pm

Welcome and Introductions.....	Karin Szymanski
TAPI Update.....	James Washington
ACIP/Measles Update.....	Dr. Joel Terriquez
ADHS/AIPO Update.....	Marcellina Lopez
Medical Association Updates.....	AOMA, ACOG, AzAAP
Respiratory Illness Season Resources.....	Karin Szymanski
Policy Update	Jennifer Tinney
Updates from Pharma Representatives...(5 mins per)	
...Leslie Doble, GSK, Jon Marlinga, Rob Pickles, Pfizer, Luke Uebelhoer, Moderna	

NEXT MEETING DATE:

Provider Education Committee Meeting

Monday, December 8, 2025

12:00pm - 1:30pm

Provider Education Committee

October 20, 2025
12pm-1:30pm



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TAPI Update

James Washington
TAPI



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TAPI Updates

Join us in welcoming our new Program Manager:

Wendy O'Donnell, MPH, MCHES
- Formerly ADHS Vaccine Communicator

- TAPI work:
- Provider outreach and engagement
 - Manage projects and training
 - TIPS
 - 10-Things trainings
 - School Health forum



Contact: wendyo@tapi.org, (480) 782-6933



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TAPI Updates: Strategic Planning

Building a 3-Year Strategic Plan

- 3-5 Strategic Priorities
- Goals (per priority)
- Strategies or Strategic Approaches
- Initiatives & Activities



Implementation Roadmap (accompanies strategic plan)

- Roles, Responsibilities, & Accountability Structures Outlined
- Timeline: short-, mid-, and long-term



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TAPI Updates: Strategic Planning

October-November

- Review existing documentation
- Identify critical quantitative data elements
- Data Collection:
 - Listening Sessions (Board and Committees)
 - Key Informant Interviews with Interest-Holders
 - Key TAPI Program Data



December

- Synthesize key themes & opportunities
- Review and refine key themes and opportunities



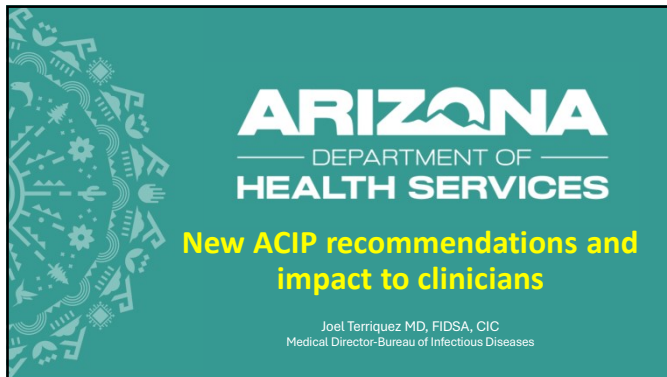
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ACIP/Measles Update

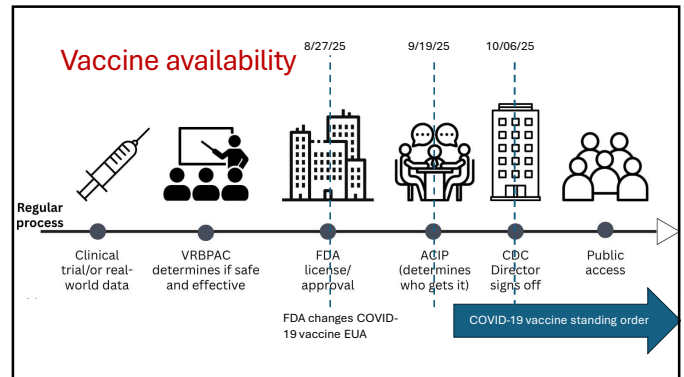
Dr. Joel Terriquez
ADHS



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FDA approvals

- 8/27/25:
 - FDA revoked the Emergency Use Authorization (EUA).
 - FDA approved COVID-19 vaccines for the 2025–2026 season manufactured by Moderna, Pfizer, and Sanofi/Novavax (limited to individuals > 65 years and individuals 6 months– 64 years with high-risk conditions).
- The following are the 2025-26 FDA-approved vaccines:
 - Pfizer-BioNTech COMIRNATY COVID-19 Vaccine
 - Moderna SPIKEVAX COVID-19 Vaccine
 - Moderna MNEXSPIKE COVID-19 Vaccine
 - Novavax NUVAXOVID COVID-19 Vaccine

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ACIP recommendations- COVID-19

- Vote 1.** CDC engages in an **effort to promote more consistent and comprehensive informed consent processes**, and as part of that considers adding language accessible to patients and medical providers **Passed (Yes 11, No 1)**
- Vote 2.** State and jurisdictions should require a prescription for the administration of COVID-19 vaccination. **Failed to Pass (Yes – 6, No – 6) – the ACIP chair broke the tie by voting no**

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ACIP recommendations- COVID-19

- Vote 3.** Conversations with patients before COVID-19 vaccination: Risks and benefits of the vaccine for the individual patient (risk factors for severe outcomes from COVID-19, such as age, prior infections, immunosuppression, and certain comorbidities identified by the CDC)- as part of informed consent. **Passed (Yes – 12, No – 0)**
- Vote 4.** The pediatric and adult immunization schedules for administration of FDA-approved COVID-19: **(Passed Yes – 12, No – 0)**
 - Adults 65 and older: Vaccination based on individual-based decision making (shared clinical decision making).
 - Individuals 6 months to 64 years: Vaccination based on individual-based decision-making –**emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease** and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

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ACIP recommendations-MMRV

- ACIP committee voted to change the recommendation to the following: **"For measles, mumps, rubella and varicella vaccines given before age 4 years, the combined MMRV vaccine is not recommended."**
 - The recommendation is that children in this age group receive a separate measles-mumps-rubella vaccine and varicella vaccine, or MMR+V
- ACIP voted on vaccine coverage under the VFC program (covering both the combined MMRV and two separate MMR+V vaccines for those under age 4).
 - CMS (Medicare/Medicaid) tied to the recommendation

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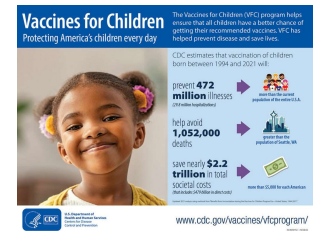
ACIP recommendations- Hepatitis B

- Members voted unanimously in favor of having **all pregnant women tested for hepatitis B infection**.
- Members voted to table the second part of the vote related to the **hepatitis B birth dose** which was to cover the following proposed changes:
 - The first dose of the hepatitis B vaccine is not given until the child is at least one month old.
 - Infants may receive a dose of hepatitis B vaccine before one month according to individual based decision-making.
 - It is unknown when the committee will take up this topic in the future (next meeting October 22-23)

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Vaccine for children program

- The COVID-19 vaccine is now available for ordering in ASIIS/VOMS 2.0.
- This required final approval from acting CDC director- Jim O'Neill.



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Impact to providers

- Pregnant women should be tested for Hep B infection; 1st dose of HepB vaccine should be given after the first month of age, doses before this should be based on individual-based decision making.
- MMRV was removed for children under 4. Children 4-6 are still eligible for MMRV. Children under 4 will only be recommended to receive MMR and Varicella as separate doses.
- Providers already discuss the risks and benefits of vaccination with their patients.**



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Impact to providers

- All individuals 6 months and older are eligible for the COVID-19 vaccine based on individual decision making.** however for those 6 months to 64 years emphasis should be placed on who the vaccine is most needed based on risk-benefit of the vaccine.



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Professional societies recommendations

- ADHS supports the evidence-based guidance for COVID immunization from:
 - American Academy of Pediatrics (AAP) COVID-19 Vaccine Guidance for people 6 months to 18 years old.**
 - American College of Obstetricians and Gynecologists (ACOG) COVID-19 Vaccine Guidance for pregnant individuals.**
 - American Academy of Family Physicians (AAFP) COVID-19 Vaccine Guidance for people ages 19 years and older.**

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Vaccine integrity project

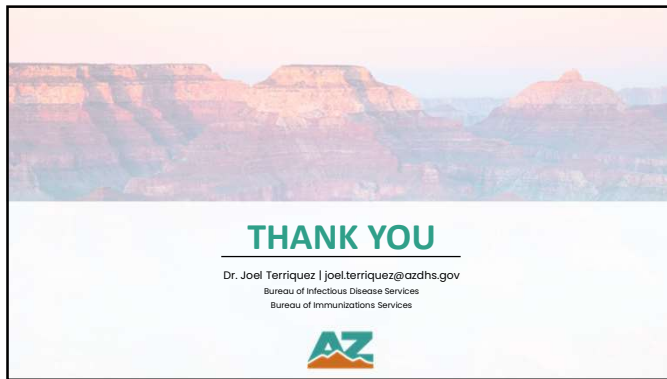
- CIDRAP's **Vaccine Integrity Project** is an initiative dedicated to safeguarding vaccine use in the U.S. so that it remains grounded in the best available science, free from external influence, and focused on optimizing protection of individuals, families, and communities against vaccine-preventable diseases.

OBJECTIVES:

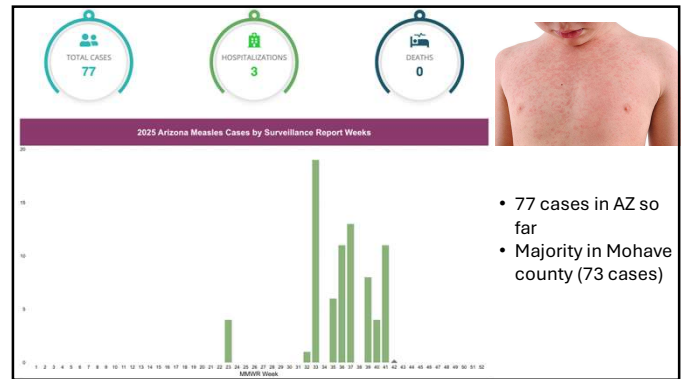
- Implementing a rapid response accountability effort-** aims to launch a rapid response communications to monitor and address vaccine- and public health-related misinformation originating from official, federal sources in real time.
- Developing and disseminating the evidence base for immunization recommendations and clinical consideration.** Engaging with healthcare providers, the public health community, and medical societies-perform a comprehensive review of scientific evidence to inform immunization recommendations
- Fostering continued collaboration and visibility.**

<https://www.cidrap.umn.edu/vaccine-integrity-project>

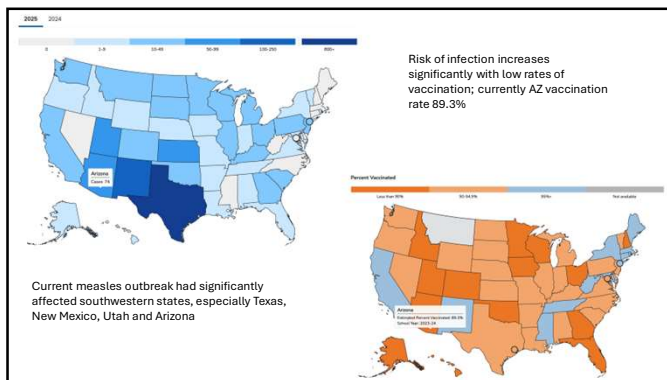
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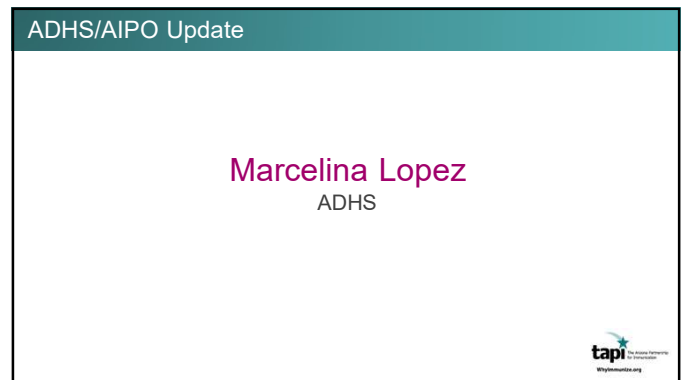
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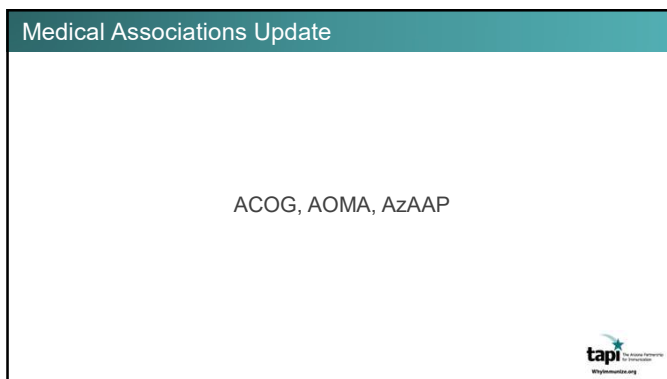
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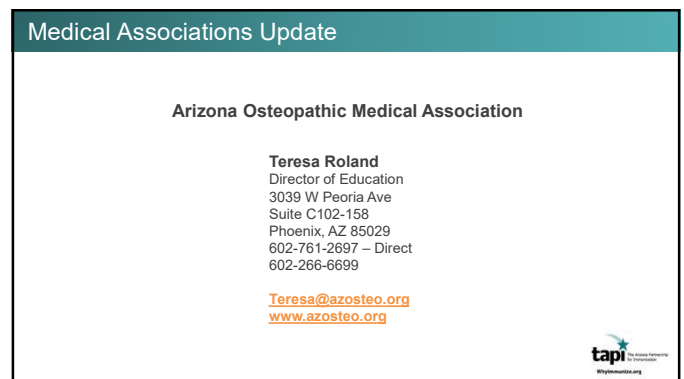
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Respiratory Illness Season Resources

Karin Szymanski
TAPI



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Respiratory Illness Season Resources

Social Media toolkit - WhyImmunize.org/ritoolkit/
[Respiratory Illness Toolkit - Arizona Partnership for Immunization](https://RespiratoryIllnessToolkit-ArizonaPartnershipforImmunization.org)



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Respiratory Illness Season Resources

Print Resources



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Respiratory Illness Season Resources

Print Material



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Respiratory Illness Season Resources

Messaging - WhyImmunize.org/ritoolkit/
[Respiratory Illness Toolkit - Arizona Partnership for Immunization](https://RespiratoryIllnessToolkit-ArizonaPartnershipforImmunization.org)



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Policy Update

Jennifer Tinney
TAPI



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Emerging Issues - ACIP Meeting Update

September ACIP Meeting Recap:

- 5 new members added Sept. 15 (total of 12)
- 2 new workgroups proposed: Vaccines in Pregnancy and Childhood/Adolescent Schedule
- Discussion on MMRV, Hepatitis B Birth dose, and COVID-19 vaccines
- Votes:
 - Combined MMRV is no longer recommended for use under age 4 years
 - All pregnant women should be tested for hepatitis B
 - Hepatitis B vaccine vote to move the universal birth dose to 1 month for babies born to hepatitis B negative mothers was tabled
 - COVID-19: 65+ based on clinical decision making, 6 mo-64: vaccination based on individual-based decision-making
 - Recommendation to require prescription for COVID-19 vaccines failed (6-6)



nashp.org

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ACIP COVID-19 Vaccine Recommendation:

• Vote (12 yes, 0 no)

The pediatric and adult immunization schedules for administration of FDA-approved COVID-19 vaccines should be updated as follows:

- Adults 65 and older: Vaccination based on **individual-based decision-making***
- Individuals 6 months to 64 years: Vaccination based on **individual-based decision making** – with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individual who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

**also known as shared clinical decision making*

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Individual/Shared Clinical Decision Making

- CDC's [SCDM guidelines](#):
 - CDC defines a health care provider as anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists.
- HHS [Statement](#):
 - Individual decision-making is referred to on the CDC's adult and child immunization schedules as vaccination based on shared clinical decision-making, which references providers including physicians, nurses, and pharmacists.

What does this mean for standing orders?

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ACIP Additional COVID-19 Vaccine Recommendation: Add list of speculative concerns and unknowns to the VIS

• Vote (11 yes, 1 no)

It is the sense of the committee that the CDC engages in an effort to promote more consistent and comprehensive informed consent processes, and as part of that considers adding language accessible to patients and medical providers to describe at least the six risks and uncertainties included in the WG chair presentation.

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6 Proposed Statements for C19 Vaccine VIS

*Not based on
peer reviewed
studies*

- Current **assessments** regarding the protection provided by COVID-19 vaccines and especially seasonal COVID-19 boosters against **severe outcomes** (e.g., death, hospitalization and long COVID) are of **low quality**. At best, the additional protection provided by a seasonal booster is moderate and of short duration.
- There is evidence that repeated seasonal mRNA boosters cause **acquired changes in the immune system** and may be associated with increased vulnerability to future infections, including SARS-CoV-2 and other respiratory viruses. These risks, as well as potential risks of **autoimmunity, chronic inflammation, immune tolerance and impaired immune surveillance** including immune fatigue or suppression, are currently not well understood.
- There are documented **deaths** from symptomatic and subclinical **myocarditis**, pericarditis and potentially other cardiovascular conditions **post COVID-19 vaccination**, including of healthy children, with probable causal relationship to the mRNA vaccines. This risk is likely relatively small but currently not well understood.

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6 Proposed Statements for C19 Vaccine VIS

*Not based on
peer reviewed
studies*

- Clinical reports demonstrate that in some cases COVID-19 vaccines can cause **prolonged and debilitating post vaccine syndrome (PVS)**. The injuries associated with PVS involve diverse symptoms and conditions, many overlapping with long COVID injuries. Some of the observed symptoms and conditions may include **insomnia, chronic pain and fatigue, dysautonomia (e.g., POTS), immune dysregulation and deficiency, autoimmune disorders, severe neuropathy** and other neurodegenerative conditions, cardiovascular and neurovascular injuries, and severe clotting. The frequency of PVS and related risk factors are currently not well understood.
- There is evidence that in some individuals vaccinated with mRNA COVID-19 vaccines, the resulting **spike protein**, the mRNA and the nano-lipids formulation components **persist in different body organs**, including lymph nodes and the heart, for a prolonged period of months and possibly years in some patients. Prolonged and persistent exposure to spike, mRNA and nano-lipids particles is associated with **post-vaccine syndrome (PVS)** injuries as well as potentially other side effects that are currently only partially understood.
- The safety and the efficacy of COVID-19 vaccination during **pregnancy have never been tested** in appropriately powered randomized clinical trials. In one randomized trial there was observed numerical imbalance of higher number of **babies with congenital malformation** among those born to vaccinated women.

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Access Issues Getting Better

*Signed by CDC
Director 10/6
8:00 am*

- These are just recommendations
- Not officially added to the schedule until CDC Acting Director approves
 - **Signed but no guidance yet on counseling**
 - **No new VIS due to Federal shutdown (use 1.2025 version)**
- **VFC/VFA ordering opened last week**
- Reports are that vaccine is being given at pharmacies
- Banner is now offering it
- Some Counties offering it but others waiting for VFC doses to arrive

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Payment

- AHCOCS exploring "Medical Necessity" coverage for vaccines if removed from VFC
- AHIP committing to reimbursement of all previously recommended vaccines
 - ACIP is the floor not the ceiling
 - Shared Clinical Decision Making covered
- **CMS error for coadministration being fixed this week**
 - COVID vaccine given with any other vaccine primary issue
 - Use modifier 59 on second dose billed on same day
 - Claims between 7/2025-10/15/2025 being reprocessed by Medicare in the next 30 days
- Some private and Medicaid plans may have downloaded the same file so this could be a bigger issue

AHIP Statement on Vaccine Coverage

— ahip.org, September 16, 2025

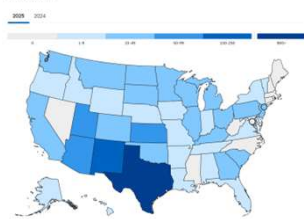
"Health plans will continue to cover all ACIP-recommended immunizations that were recommended as of September 1, 2025, including updated formulations of the COVID-19 and influenza vaccines, with no cost-sharing for patients through the end of 2026."

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Measles Outbreak 2025



Map of measles cases among U.S. residents in 2024 & 2025
as of October 7, 2025



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Local Measles Outbreak Numbers

Navajo County 4
cases-no spread

Mohave County
77 cases
3 hospitalizations

Spread to Utah
43 cases

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How Do We Measure



New state report cards based on point system of these measures:

- Kindergarten coverage for MMR
- Kindergarten exemption rate
- Type of state exemptions
- Number of antivaccine bills

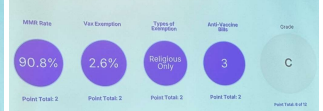
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How Do We Measure

Example of an Exemplary State: Maryland



Room for Improvement: Indiana



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Community Action is What Remains

- Grassroots - counties, coalitions, associations are the new immunization system
- Back to the mission - Prevent death. Keep people well
- Moral courage in our work will change history

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Respiratory Illness

Vaccine Updates

Pharmaceutical Representatives

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Thank You!

Next
Provider Education Committee Meeting
 December 8, 2025
 12pm-1:30pm

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