RURAL HEALTHCARE CRISIS CONFERENCE · 2026

The Ever-Evolving Shield

Rolling with the Changes: Vaccines and Pharmacy in 2026

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WSPA
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What we will review today

1. Review vaccine-related developments within the last 18 months, including key events and updates to immunization recommendations
2. Describe changes in federal and state immunization policies and their impact on pharmacist scope of practice and vaccine access
3. Identify ways Washington State pharmacies have expanded patient access to vaccines

01

Federal actions February 2025 through December 2025

Committee membership Vaccine recommendations Changes in the process



Eighteen months of federal action reshaped immunization policy

FEB 2025

Robert F. Kennedy Jr. confirmed as HHS Secretary

MAY 2025

ACIP directed to remove the COVID-19 recommendation for pregnant individuals and healthy children

JUNE 2025

All 17 sitting ACIP voting members removed and replaced

JUNE–AUG 2025

Reconstituted ACIP recommends clesrovimab and seasonal influenza vaccines; thimerosal removed from multi-dose vials

SEPT 2025

COVID-19 emergency use authorizations revoked; FDA narrows the 2025–26 approval scope

SEPT 2025

MMRV no longer recommended for the first dose under 4 years of age

DEC 2025

Universal hepatitis B birth dose recommendation ends

JAN 2026

HHS changes the childhood immunization schedule, bypassing ACIP

HHS replaced all 17 ACIP voting members in June 2025

> “Under the leadership of HHS Secretary Robert F. Kennedy, Jr., the agency removed the 17 sitting members of the ACIP committee and will replace them with new members currently under consideration.”
>
> HHS press release, June 9, 2025

All 17 sitting members had been appointed by the prior administration, 13 of them in 2024.

Those terms would have prevented the current administration from naming a committee majority until 2028.

The reconstituted committee went on to vote at the June, September, and December 2025 meetings, and CDC adopted those recommendations.

HHS. “HHS Takes Bold Step to Restore Public Trust in Vaccines.” 9 June 2025. · CRS, “Changes to CDC Vaccine Recommendations in 2025 and 2026.”

ACIP split MMRV from MMR for children under four

THE VOTE, SEPTEMBER 2025

ACIP voted 8 to 3 that children 12 months through 3 years receive varicella separately from MMR for the first dose.

MMRV remains an option for the second dose in children aged 4 and older.

The AAP schedule continues to list two doses of MMR and two doses of varicella vaccine at 12–15 months and 4–6 years.

THE EVIDENCE PRESENTED

Studies show a small increased risk of febrile seizures 5 to 12 days after a first dose of MMR, slightly higher with MMRV.

No increased risk after MMRV in children aged 4 through 6.

15%
of first dose administered were MMRV

75%
of second dose administered were MMRV

ACIP meeting, September 18–19, 2025. First-dose data: National Immunization Survey-Child, 2023. Second-dose data: 39 jurisdictions' IIS, children 4–6 years by Dec 31, 2024.

ACIP ended the universal hepatitis B birth dose recommendation

99%

reduction in pediatric hepatitis B infections since the universal birth dose recommendation of 1991

In December 2025, ACIP moved the birth dose to shared clinical decision making for infants born to mothers who test negative or whose status is unknown.

The birth dose recommendation continues for infants born to mothers who test positive, and ACIP recommended evaluating the need for later doses using antibody testing.

The American Academy of Pediatrics continues to recommend routine hepatitis B vaccination for all newborns.

The Vaccine Integrity Project published an independent review of safety, effectiveness, and public health impact, and concluded the birth dose is safe and effective.

Ulrich AK, et al. Hepatitis B vaccination at birth: safety, effectiveness, and public health benefit. *Pediatrics.* 2026;157(5):e2025075783.

02

Updates since January 2026

A rewritten schedule

A federal injunction

A new committee charter

An independent evidence review for the 2026-2027 respiratory season

HHS rewrote the childhood schedule without ACIP in January 2026

Six vaccines moved from routine recommendation to shared clinical decision making or risk-based use:

Hepatitis A	Influenza	Meningococcal disease
Rotavirus	COVID-19	Hepatitis B birth dose

The CDC Acting Director approved the schedule on January 5, forgoing the usual ACIP process. The rationale was published as an assessment developed by FDA and other HHS officials.

CRS Report R48982, *The 2026 Childhood Immunization Schedule.*

A federal court blocked the January schedule in March 2026



Federal judge blocks Kennedy's changes to childhood vaccine policy

Chris Dall, MA, March 16, 2026

Topics: Childhood Vaccines, Public Health

THE RULING

The changes to the childhood schedule likely violated the Administrative Procedure Act.

IN FORCE NOW

Federal child and adult schedules reverted to their pre-January 2026 form: 17 routine childhood vaccinations.

THE COMMITTEE

Thirteen member appointments were stayed, so ACIP cannot meet. Appeals are expected as the case proceeds.

Ruling of March 16, 2026, Judge Brian E. Murphy. Summarized by CIDRAP and NACCHO, August 5, 2026.

HHS renewed the ACIP charter with new membership criteria

PREVIOUS CHARTER

Required membership expertise in vaccine use, clinical or laboratory research, and efficacy and safety assessment.

RENEWAL NOTICE, APRIL 6, 2026

Opens membership to medicine, vaccines, immunization practices, immunology, toxicology, pediatric neurodevelopment, epidemiology, data science, statistical analysis, health economics, recovery from serious vaccine injuries, or public health.

The American College of Obstetricians and Gynecologists was removed as a non-voting liaison organization.

HHS notice of committee renewal, *Federal Register*, April 6, 2026.

Washington moved recommendation authority to the state

WHAT THE LAW DOES

House Bill 2242 was signed into law on March 9, 2026.

It shifts authority to determine vaccine recommendations from federal committees to the Department of Health.

It ensures continued insurance coverage for immunizations and other preventive services.

WHAT IT DOES NOT DO

It establishes no mandates for vaccines or other preventive services.

It changes no law related to vaccine administration or to child and adolescent consent for immunization.

Washington is one of several states that legislated this session to decouple state policy from federal recommendations.

Engrossed Substitute House Bill 2242, 69th Leg., Reg. Sess. (Wash. 2026).

The Vaccine Integrity Project and the AMA independently reviewed evidence for 2026–27 respiratory season

ANNOUNCED FEBRUARY 10, 2026

Focused on influenza, COVID-19, and RSV immunization, convening medical societies to develop evidence-based guidance.

Structured discussions define the policy questions; monthly expert panels and systematic literature reviews follow.

Comparative analyses run across vaccines and populations, with a public protocol so results can be independently verified.

THE 2025 REVIEW, FOR SCALE

17,000
abstracts screened

590
studies extracted, from 1,406 full articles

No safety signal or evidence was found that would change influenza, COVID-19, or RSV recommendations.

Vaccine Integrity Project, CIDRAP, University of Minnesota. Press release, February 10, 2026.

Review completed on September 2 and Four Societies Issued 2026–27 Recommendations

The Vaccine Integrity Project and the AMA announced completion of an independent review of influenza, SARS-CoV-2, and RSV immunization, covering hundreds of peer-reviewed studies published since August 2025.

The immunizations continue to provide meaningful protection against severe illness, hospitalization, and death. New safety data collected since summer 2025 identified no new safety concerns in comparative studies.

JAMA published all three evidence reviews the same day, and an interactive tool on the Vaccine Integrity Project site lets clinicians search the studies by virus or population group.

RECOMMENDATIONS RELEASED SEPTEMBER 2

American Academy of Pediatrics

American Academy of Family Physicians

American College of Obstetricians and Gynecologists

Infectious Diseases Society of America

The AMA launched a resource hub of clinician and patient materials built on the review at SpreadTheFacts.org.

AMA and Vaccine Integrity Project. “AMA, Vaccine Integrity Project unveil independent vaccine evidence review.” Press release, September 2, 2026 · JAMA. 2026;doi:10.1001/jama.2026.18338.

03

How pharmacy practice has adapted

Standing orders, scope, the schedule we follow, and the conversation at the counter

Washington pharmacists vaccinate under CDTA and WA DOH standing orders

The State Health Officer’s statewide COVID-19 standing order authorizes qualified health care personnel to vaccinate everyone 6 months and older, including pregnant people, absent contraindications.

The standing order follows West Coast Health Alliance recommendations. It does not follow the CDC immunization schedule published August 7, 2025.

Washington pharmacists retain prescriptive authority under a collaborative drug therapy agreement. It varies between organizations and practices.

SHARED CLINICAL DECISION MAKING

Discuss risk of infection given the patient’s underlying conditions, age, and other risk factors against the benefit of vaccination.

CDC designates pharmacists as qualified and authorized immunizers. Shared clinical decision making adds no requirement for further authorization or approval.

Washington State DOH, COVID-19 vaccine information and statewide standing order · WCHA recommendations, issued September 17, 2025.

Northwest states grant pharmacists differing degrees of authority

STATE	PRESCRIPTIVE AND ADMINISTRATION AUTHORITY
Alaska	Independent prescriptive and administration authority for all vaccines
Idaho	Independent prescriptive and administration authority for all vaccines
Montana	Independent authority for certain vaccines; collaborative practice agreement for the remainder
Oregon	Statewide vaccination protocols
Washington	Prescriptive authority under a collaborative drug therapy agreement

National Alliance of State Pharmacy Associations, Pharmacist and pharmacy technician vaccination authority, January 2026 · Mont. Admin. R. 10.58.101 (2026).

Twelve pharmacy organizations issued guiding principles for state policy

The Pharmacy-based Vaccine Access Work Group published these principles on October 15, 2025 to reduce policy ambiguity, promote equitable access, and support reimbursement structures.



- Authorization to prescribe or order and to administer
- An evidence-based, standard-of-care approach
- A broad definition of vaccine eligibility
- Population access and age inclusion
- Training requirements
- Fair and adequate payment and coverage

Pharmacy-based Vaccine Access Work Group. Guiding principles for state policy on pharmacy personnel-administered vaccines. NASPA, October 15, 2025.

WSPA support pharmacies enrollment into the state childhood and adult vaccine programs to improve access

Enrollment lets a pharmacy furnish state-supplied vaccine at no cost for the dose itself, so eligibility and coverage questions do not turn patients away.

Childhood Vaccine Program

Washington supplies routine vaccines at no cost for every child through age 18, regardless of insurance status, to enrolled providers.

Enrolled pharmacies can vaccinate the pediatric patients who arrive with a parent rather than referring the visit elsewhere.

Adult Vaccine Program

Provides state-supplied vaccine for uninsured adults 19 and older at enrolled sites.

Pharmacies report and manage inventory through the state immunization information system, which also keeps the patient record complete across sites.

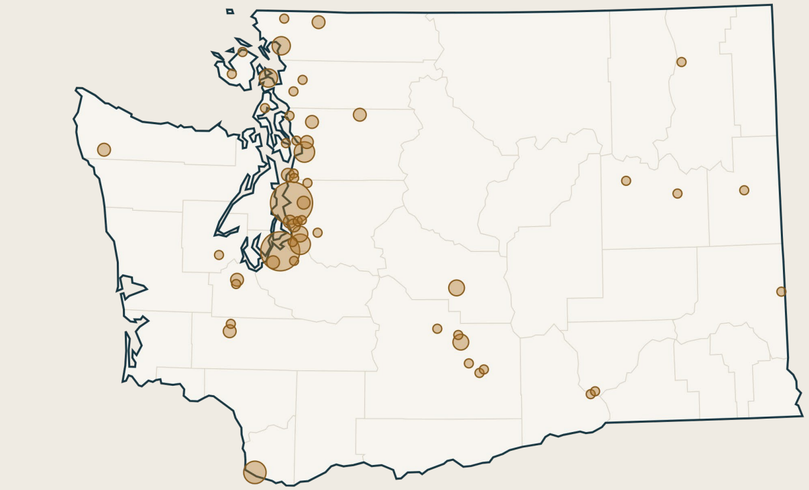
Washington State Department of Health, Childhood Vaccine Program and Adult Vaccine Program provider enrollment.

Pharmacies partnered with DOH Care-A-Van to bring vaccine education and point-of-care services to patients

Pharmacies work with community-based organizations and local partners to host and staff mobile immunization and health fair events, reaching patients who do not come to a counter.

The most recent success came in partnership with Department of Health Care-A-Van, which brought vaccine education and other clinical services directly into communities across the state.

Community partners supply the trust, the site, and the outreach. Pharmacies supply the vaccine education, select vaccines in need, COVID/Flu at-home test kits, and blood pressure and glucose screening services.



132
clinics across Washington

26
participating pharmacies

Washington State Department of Health, Care-A-Van mobile health services.



SHARE

the reasons this vaccine is right for this patient, given age, health status, occupation, and other risk factors.

HIGHLIGHT

positive experiences with the vaccine to reinforce benefit and strengthen confidence.

ADDRESS

questions in plain language, including why state and federal guidance currently differ and which recommendation you are following.

REMIND

patients that vaccination protects them and the people they live with, and that complications can be serious.

EXPLAIN

the potential costs of illness: money, missed work and family obligations, and onward spread.

> Patients rely on us and are much more likely to receive the vaccines a health care professional recommends.

CDC, Talking about influenza vaccine recommendations · National Foundation for Infectious Diseases, A strong vaccine recommendation makes a difference.

WHAT CAN YOU DO?

Partner with your local pharmacy

CONNECT WITH THE PHARMACY TEAM

Introduce yourself to the pharmacists or pharmacy team in your community and build the relationship before you need it.

Learn which vaccines they carry, what ages they serve, and what hours they immunize, so you know what is actually available nearby.

Pharmacies are a safe, accessible place to refer patients, often without an appointment, on evenings and weekends.

CONNECT WITH WSPA

We can identify which pharmacies in your area are enrolled Adult Vaccine Program or Childhood Vaccine Program providers.

We can help you plan and partner on mobile immunization efforts, and connect you with pharmacies ready to engage with community events.

Washington State Pharmacy Association · wsparx.org

Questions?

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Evidence-based resources & recommendations

- Washington State DOH, Immunization Resources
- West Coast Health Alliance
- American Academy of Pediatrics, immunization schedules
- American Academy of Family Physicians, adult schedules
- ACOG, maternal immunization schedule
- Vaccine Integrity Project, CIDRAP evidence reviews
- Immunize.org and the APhA Vaccine Confident initiative



Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States 2026

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beyfortus Enflonsia
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNexspike Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Penbraya
	MenACWY-CRM/MenB-4C	Penmenvy
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1	Rotarix
	RV5	RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

Endorsed by the American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Pharmacists Association (APhA), Council of Medical Specialty Societies (CMSS), Infectious Diseases Society of America (IDSA), National Association of Pediatric Nurse Practitioners (NAPNAP), National Medical Association (NMA), Pediatric Infectious Diseases Society (PIDS), Pediatric Pharmacy Association (PPA), and Society for Adolescent Health and Medicine (SAHM). (**Endorsements**)

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age (**Table 1**)
2. Determine recommended interval for catch-up vaccination (**Table 2**)
3. Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)
4. Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
5. Review contraindications and precautions for vaccine types (**Appendix**)
6. Review new or updated American Academy of Pediatrics (AAP) guidance (**Addendum**)

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (Accessed December 2, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at www.accessdata.fda.gov/scripts/medwatch/index.cfm (Accessed December 2, 2025). If co-administered with other products, then report to VAERS.

Questions or comments

Submit a question or comment to www.aap.org/en/forms/immunization-schedule-questions.

Helpful information

- **Best practices for immunization (including contraindications and precautions):** www.aap.org/immunization and www.immunize.org
- ***Red Book: 2024–2027 Report of the Committee on Infectious Diseases*** **(33rd Edition):** www.aapRedBook.org
- **Vaccine information statements:** www.immunize.org/vaccines/vis/about-vis
- **Shared decision making:** https://www.aap.org/en/practice-management/providing-patient--and-family-centered-care/shared-decision-making

Centers for Disease Control and Prevention. ACIP committee members. cdc.gov/acip/membership. Accessed 6 May 2026.

Congressional Research Service. IN12684, Changes to CDC vaccine recommendations in 2025 and 2026. 2026.

Revocation of emergency use of three biological products; availability, 90 Fed. Reg. 47767 (Oct. 2, 2025).

American Academy of Pediatrics. Recommended childhood and adolescent immunization schedule: United States, 2026. Pediatrics. 2026;157(3):e2025075754.

Pharmacy-based Vaccine Access Work Group. Guiding principles for state policy on pharmacy personnel-administered vaccines. NASPA, 15 October 2025.

Washington State Department of Health. West Coast Health Alliance recommendations and resources. doh.wa.gov.

Congressional Research Service. R48982, The 2026 childhood immunization schedule. 2026.

Engrossed Substitute House Bill 2242, 69th Leg., Reg. Sess. (Wash. 2026).

Ulrich AK, et al. Hepatitis B vaccination at birth: safety, effectiveness, and public health benefit. Pediatrics. 2026;157(5):e2025075783.

National Alliance of State Pharmacy Associations. Pharmacist and pharmacy technician vaccination authority. 19 January 2026.

Vaccine Integrity Project. AMA, Vaccine Integrity Project launch vaccine review for next respiratory season. CIDRAP, 10 February 2026; and unveil independent vaccine evidence review. AMA press release, 2 September 2026.

National Association of County and City Health Officials. Federal judge blocks immunization schedule changes: resource guide. 5 August 2026.