

Vaccines

A Major Public Health Achievement

Under siege
What It Means for Arizona

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Presentation Objectives

- Describe the federal structure for vaccine policy and recommendations, and changes made in the past year.
- Discuss what impact these changes have had on Arizona and other states.
- Describe vaccine coverage in Arizona.
- Present some predictions and suggestions for the future.

Disclosures

- ACIP member for 10 years; 6 as a liaison and 4 as voting member.
- Paid consultant to ACIP assisting with the assessment of vaccine safety and efficacy, 4 years; ended January 2025.

Vaccine Issues

- VPD's are not seen as often (the better you do the less you are appreciated)
- Vaccines are now being developed for rarer infections
- Cost benefit is not as favorable
- Total costs are a problem
- Mandates are unpopular
- Huge backlash from COVID
- Vaccines are now more of a political issue than scientific

Vaccine Funding

- Children
 - VFC
 - ACA
 - Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP), adopted by the Centers for Disease Control and Prevention (CDC), for routine use for a given individual.
- Adults is a mix and underfunded
 - ACA
- Elderly
 - Medicare
 - Part A
 - HBV, PCV, COVID
 - Part B
 - Shingrix, Tdap, RSV

VFC

- Established in 1993 after measles outbreak
- Pays for vaccines for:
 - Uninsured
 - Underinsured
 - Medicaid
 - NA/AN
- All ACIP approved vaccines, including those recommended by SCDM
- Entitlement for child
- Purchased by CDC, distributed to states
- Increases federal budget without congressional appropriation

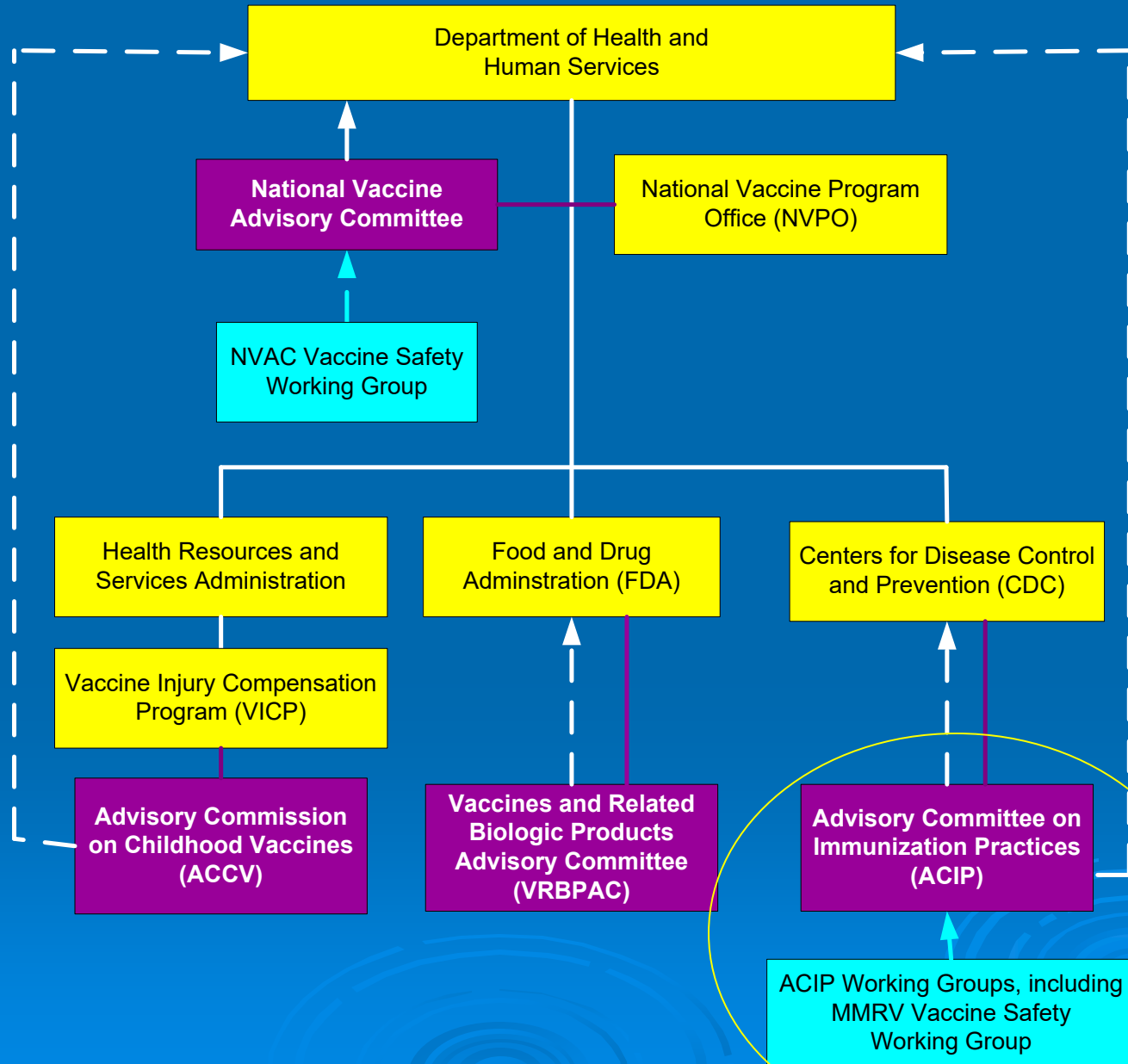
- AZ has 6 VFC providers /10,000 eligible, compared to USA mean of 24/10,000

2025 Vaccine Schedule for Children

| Vaccine and other immunizing agents | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos | 18 mos | 19–23 mos | 2–3 yrs | 4–6 yrs |
|--|---|--------------|----------|--------------|--------------|---------------------------------|--------|--------|--------|-----------|-----------------------|----------|
| Respiratory syncytial virus (RSV-mAb [Nirsevimab]) | 1 dose depending on maternal RSV vaccination status (See Notes) | | | | | 1 dose (8–19 months), See Notes | | | | | | |
| Hepatitis B (HepB) | 1st dose | ← 2nd dose → | | | ← 3rd dose → | | | | | | | |
| Rotavirus (RV): RV1 (2-dose series) RV5 (3-dose series) | | 1st dose | 2nd dose | See Notes | | | | | | | | |
| Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs) | | 1st dose | 2nd dose | 3rd dose | | ← 4th dose → | | | | | | 5th dose |
| Haemophilus influenzae type b (Hib) | | 1st dose | 2nd dose | See Notes | | ← 3rd or 4th dose (See Notes) → | | | | | | |
| Pneumococcal conjugate (PCV15, PCV20) | | 1st dose | 2nd dose | 3rd dose | | ← 4th dose → | | | | | | |
| Inactivated poliovirus (IPV) | | 1st dose | 2nd dose | ← 3rd dose → | | | | | | | | 4th dose |
| COVID-19 (1vCOV-RNA, 1vCOV-a) | See Notes | | | | | | | | | | | |
| Influenza (IIV3, cdi3) | 1 or 2 doses annually | | | | | | | | | | | |
| Influenza (LAIV3) | | | | | | | | | | | 1 or 2 doses annually | |
| Measles, mumps, rubella (MMR) | | | | | See Notes | ← 1st dose → | | | | | | 2nd dose |
| Varicella (VAR) | | | | | | ← 1st dose → | | | | | | 2nd dose |
| Hepatitis A (HepA) | | | | | See Notes | 2-dose series (See Notes) | | | | | | |



Federal Advisory Committees Involved with Vaccine Safety



Two Realities in America

| | Reality 1 | Reality 2 |
|-------------------------------|--|--|
| Approval (FDA) | Appropriate system of vaccine approval based on safety and efficacy | Faulty system allowing weak study designs. |
| Recommendations (ACIP) | Transparent system of assessing benefits and harms by panel of independent experts with COI standards. | Members massively conflicted and biased towards approval with little attention to harms. |
| Safety | Robust system of monitoring vaccine safety post licensure. | Weak system that misses most cases of serious adverse reactions. |
| Liability | Successful system that compensates those suffering rare but serious injuries from vaccines and that protects the vaccine supply from frivolous lawsuits. | Protects vaccine manufacturers from liability and responsibility. |
| Overall | Some faults but overall robust. | Very conflicted and not protecting the public |

R1: Vaccines are safe and effective and prevent large amount of M&M

R2: Vaccines cause large amount of M&M and are not needed in most instances

➤ Reality 1 vs 2

Vaccines are the most cost-effective health care interventions there are. A dollar spent on a childhood vaccination not only helps save a life, but greatly reduces spending on future healthcare.

[Ezekiel Emanuel](#)

I've heard of many tragic cases of walking, talking normal children who wound up with profound mental disorders after vaccines.

[Rand Paul](#)

★ [Favorite](#)

Actions Taken by the Secretary of DHHS

- Made COVID vaccine SCDM for those healthy.
- Made 7 childhood vaccines SCDM.
- FDA director changed criteria for initial approval of new vaccines.
- Stopped funding for all mRNA vaccine research.

Other Actions taken by the Secretary of DHHS over the past year and by the new ACIP leadership

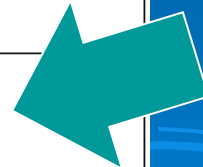
- Arbitrarily fired respected career scientists.
- Posting scientifically inaccurate statements on the CDC website.
- Fired all 17 members of the ACIP and the CDC ACIP staff and appointed new members with questionable qualifications, many of whom have been active in creating vaccine skepticism, and/or are aligned with the Secretary's views on vaccines.
- Fired the CDC director, soon after being Senate confirmed, because she refused to implement unscientific policies requested by the Secretary.

Changes in the policies of the ACIP have also been implemented including:

- Abandoning the transparent and evidence-based system of assessing vaccine safety and effectiveness that has been in use for 20 years.
- Allowing non-evidence-based presentations that do not reflect the totality of the literature on vaccine safety.
- Posting agendas that do not include details about presentations or presenters, with the timing of these posts close to the meeting date.
- Removing CDC staff (subject matter experts) from the work groups.
- Removing organizational liaison representatives from the work groups.
- Obscuring the identities of work group members and processes used to make policy options.
- Inviting anti-vaccine speakers to make presentations with little time for alternative views or questions.
- Not allowing CDC subject matter experts to attend the meeting in person.
- Limiting the amount of time a liaison can speak.
- Posting public comments, in their entirety on the web site allowing anti-vaccine groups to orchestrate large numbers of unverified claims of vaccine-caused harms.

Actions by ACIP after June 2025

| Date | Vote | Work Group | Grade Assessment | ETR | CDC approved |
|--------------|----------------------------|------------|------------------|-----|--------------|
| 6/25/2025 | | | | | |
| | RSV MCA infants | + | + | + | + |
| | Thimerosal | - | - | - | + |
| 9/18-19/2025 | Covid SCDM | + | - | - | + |
| 9/18-19/2025 | MMRV | - | + RSR | - | + |
| 12/4-5/2025 | HBV first dose | + | - | - | + |
| 12/4-5/2025 | HBV blood test after doses | + | - | - | - |

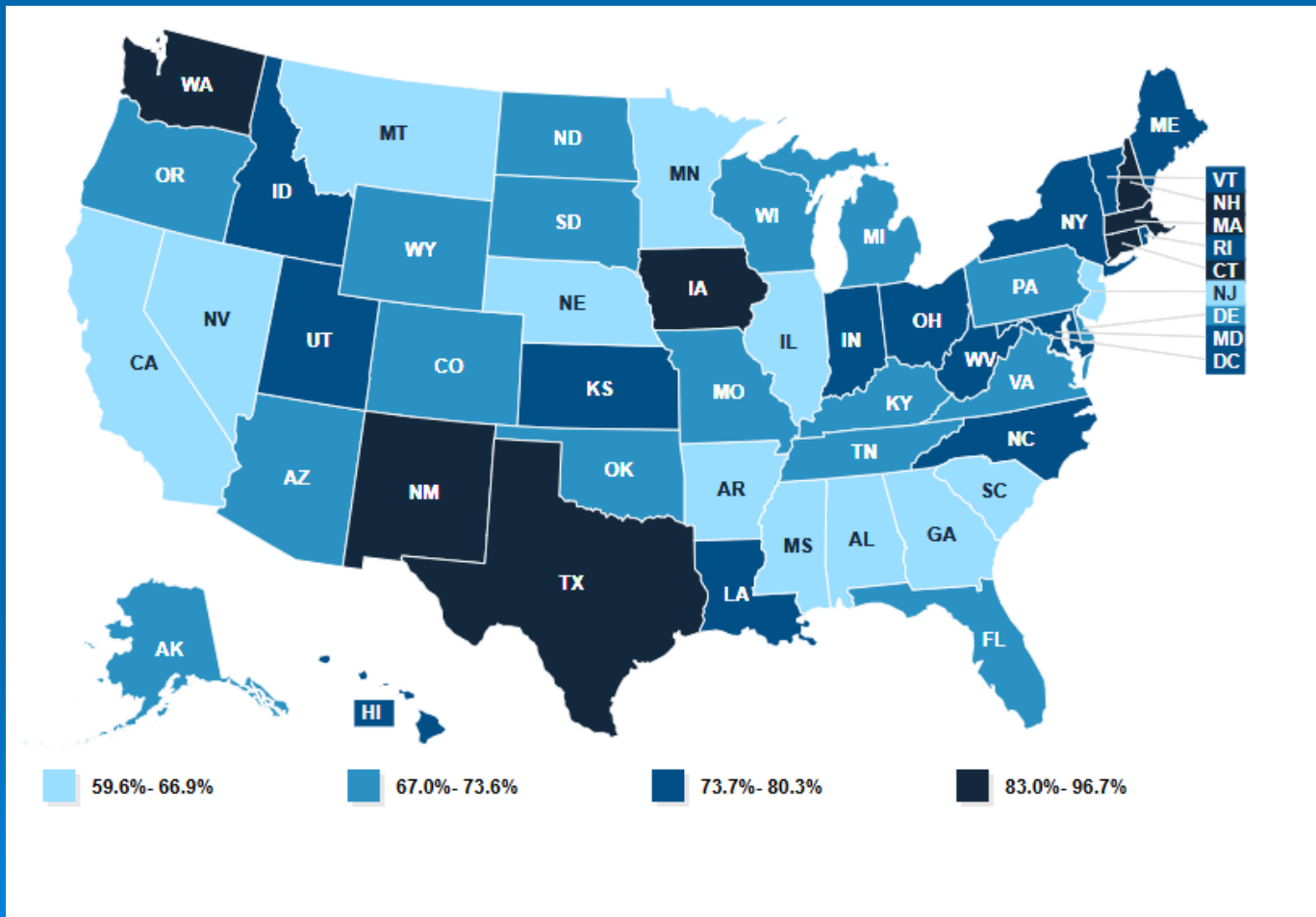


What has Been the Effect Be for Arizona Vaccine Access?

➤ Minimal (so far)

- No vaccines recommended against (except multidose vials of influenza).
- ACA mandate for first dollar coverage applies to SCDM.
- Professional societies are ignoring the ACIP recommendations so patients will receive the same physician advice.
- Standing order for COVID vaccine at pharmacies.
- Uptake already low.

Vaccine Coverage at 35 months



2022-2023

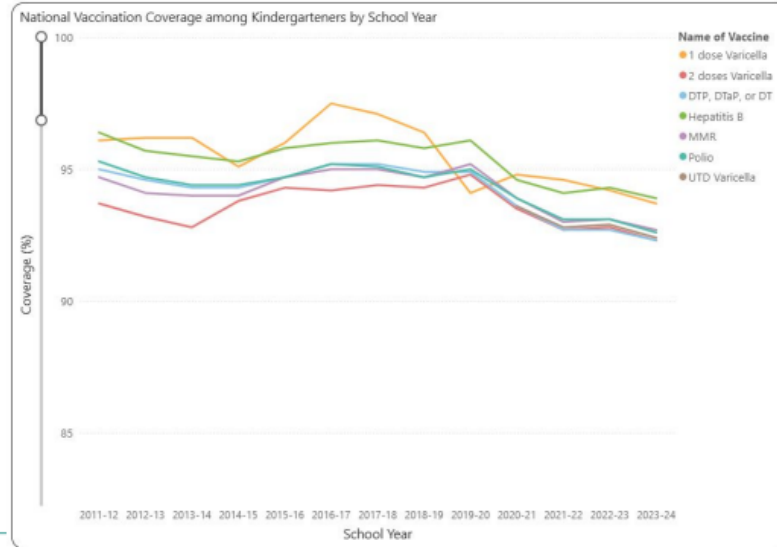
<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/statistics-reports/2022-2023/2022-county-kinder-coverage.pdf>

Immunization Coverage by Arizona County*

2022-2023 School Year (Kindergarten)

| County | # enrolled | 4+ DTaP | 3+ Polio | 2+ MMR | 3+ Hep B | 1+ Varicella | Personal Exempt | Medical Exempt | Exempt from Every Req'd Vaccine |
|--------|------------|---------|----------|--------|----------|--------------|-----------------|----------------|---------------------------------|
| Total | 78937 | 89.6% | 90.3% | 89.9% | 92.9% | 94.1% | 7.3% | 0.2% | 4.6% |

National Coverage Rates for Kindergarten, 2011-2024



[SchoolVaxView Interactive School Vaccination Coverage | CDC](#)

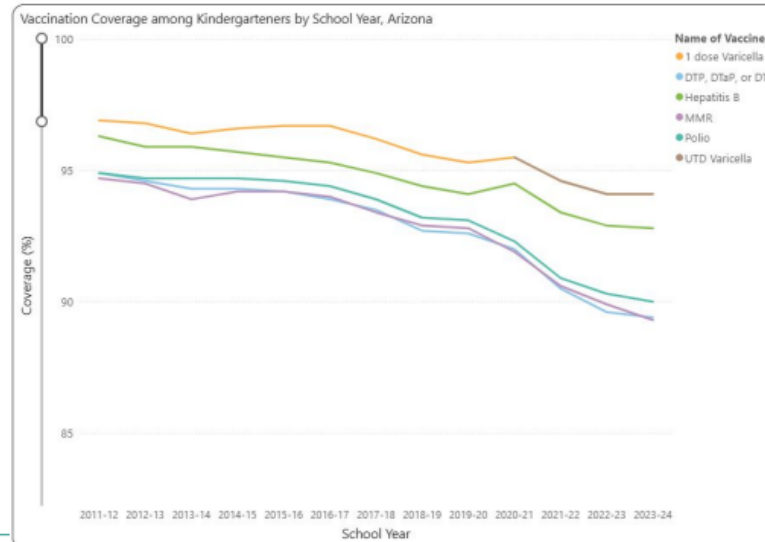


School and Child Care Immunization Coverage, Arizona Requirements, and Strategies for Increasing Immunization Uptake

Arizona Immunization Conference
April 15 & 16, 2025

Lauren Krebs, MPH | School Health Epidemiologist

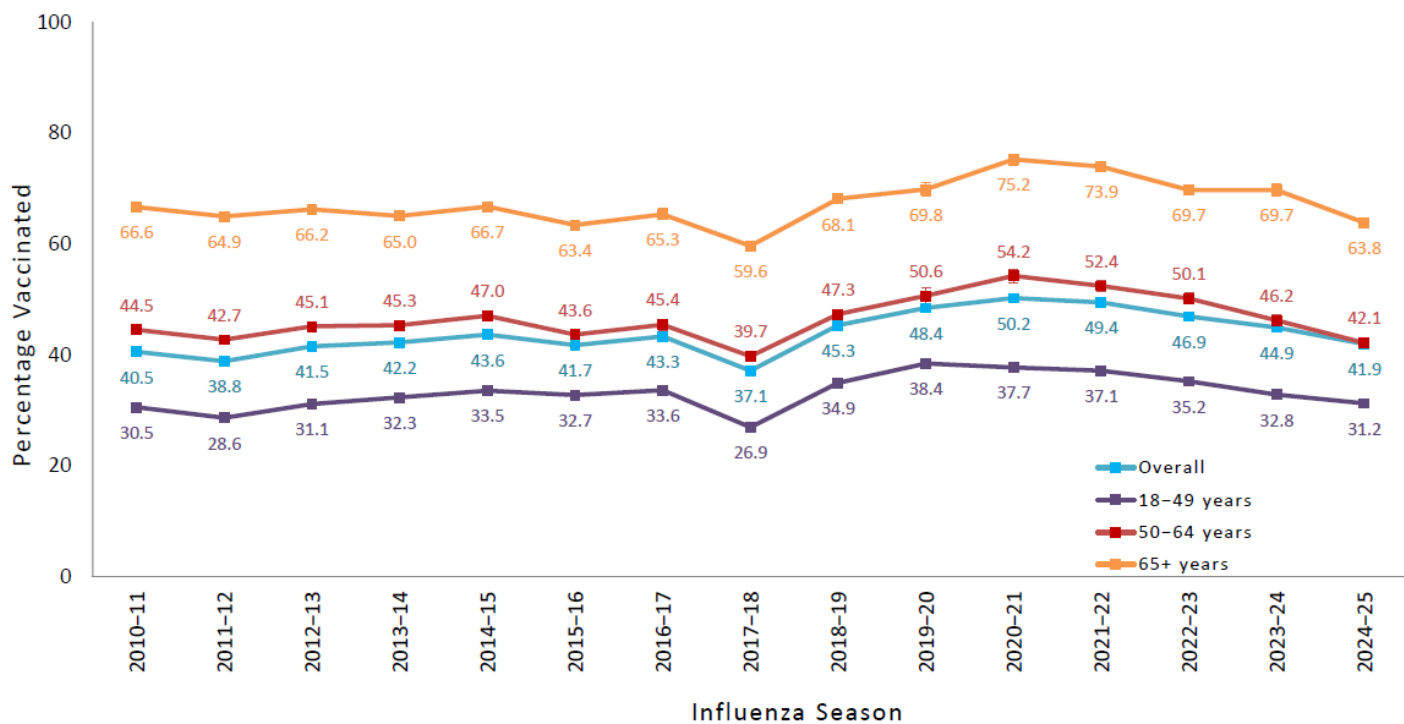
Arizona Coverage Rates for Kindergarten, 2011-2024



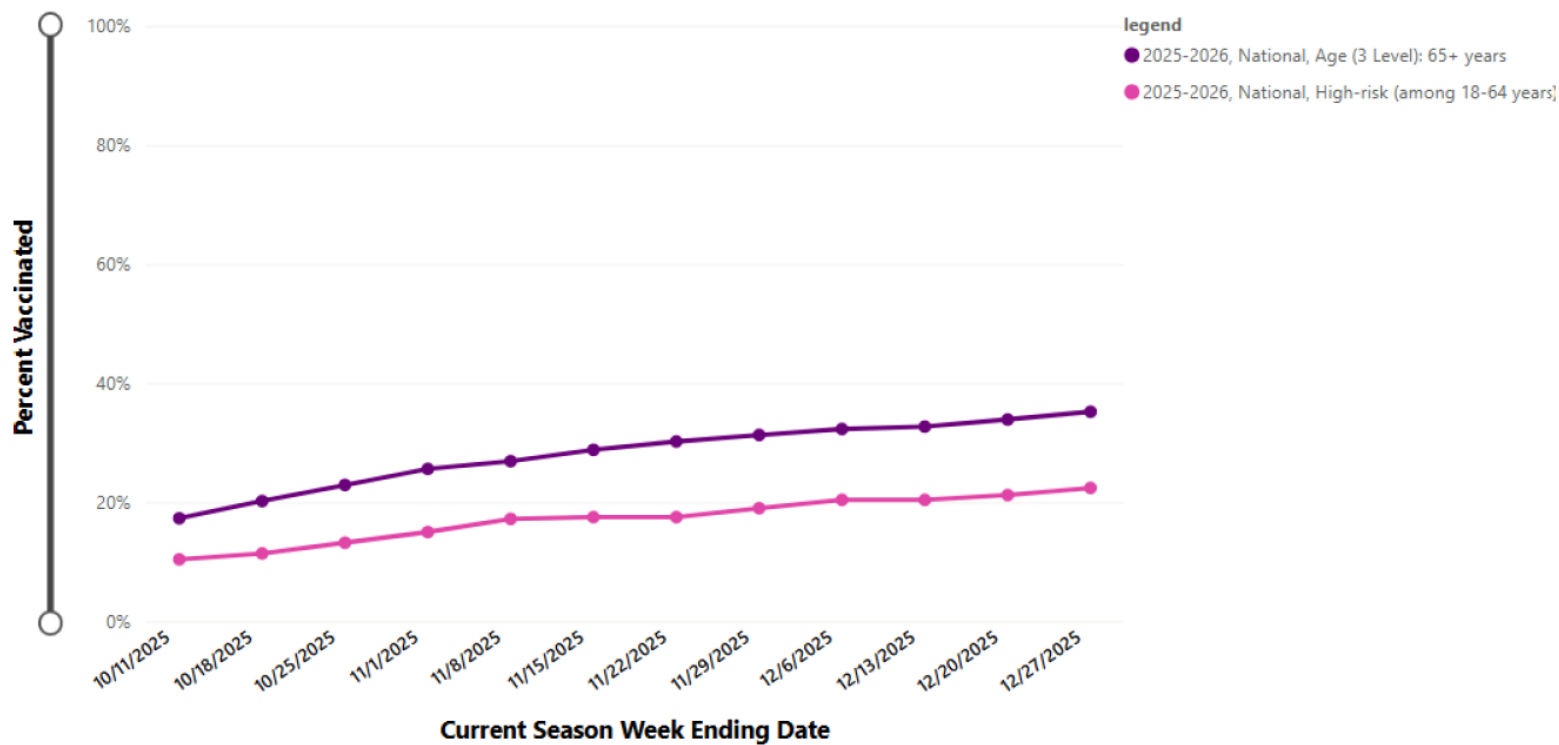
[SchoolVaxView Interactive School Vaccination Coverage | CDC](#)



Influenza vaccination coverage by age group, adults 18 years and older, Behavioral Risk Factor Surveillance System, United States, 2010–2025



Percentage of adults ≥ 65 years and 18–64 years with high-risk conditions vaccinated with , 2025–2026 COVID-19 vaccine, NIS-FRVM



Vaccines at Pharmacies

➤ Pharmacists can administer:

- Immunizations or vaccines recommended by the United States centers for disease control and prevention's [advisory committee on immunization practices](#) to a person who is at least six years of age
- Immunizations or vaccines for influenza recommended by the United States centers for disease control and prevention's [advisory committee on immunization practices](#) to a person who is at least three years of age.
- Immunizations or vaccines to any person regardless of age during a public health emergency response of this state pursuant to section 36-787

➤ Except as prescribed in subsection A of this section, a pharmacist who is licensed pursuant to this chapter and who meets the requirements of this section may administer immunizations and vaccines to a person who is at least three years of age only pursuant to a prescription order or

under a collaborative practice agreement .

➤ Confusion about the SCDM recommendation.

- Thus, the ADHS standing order.

Sampling of Introduced legislation 2026

- Prohibits a health professional from providing any medical intervention to persons and domestic animals that includes messenger ribonucleic acid technology by classifying doing so as unprofessional conduct.
- Requires a county medical examiner, alternate medical examiner, or forensic pathologist to submit an autopsy report to the Arizona Department of Health Services (AZDHS) if the cause of death is determined to be due to a condition or side effect associated with the administration of a vaccine.
- Proposes a constitutional amendment to recognize and protect the right of individuals to refuse medical mandates by prohibiting a government entity from mandating, requiring, coercing, or compelling any individual to accept, receive, or administer a medical product or treatment.
- Prohibits a person from intentionally or knowingly manufacturing, acquiring, possessing, or making available modified messenger ribonucleic acid injections or products and designates those products as biological agents, toxins, vectors, and weapons of mass destruction under Arizona law
- Requires the medical examiner or forensic pathologist, in cases of sudden and unexplained infant death, to review the infant's immunization and vaccination history and any countermeasures administered in the 90 days before death, and to report all such deaths to the National Registry for Sudden Unexpected Infant Deaths and Sudden Death in the Young.

Potential State Actions to Preserve Vaccine Access

- Increase the number of VFC providers.
- Hold tight on school entry requirement.
- Clarify the language about pharmacy administered vaccines to eliminate dependence on ACIP.
- Fund adult vaccines for the uninsured.
- Seek other sources of recommendations for vaccine use.

Predictions

- Fewer new vaccines will enter the market.
- ACIP will become irrelevant and ignored.
- CDC will no longer be a trusted source of information.
- Pseudo scientific research will be conducted to “prove” low effectiveness and high rates of SAEs.
- Professional societies will continue to make separate recommendations.
- Coalition of states for vaccine policy will continue and grow.
- VICP
 - Trouble

VICP

- DHHS Secretary will target the VICP
 - Adding new conditions to the table
 - Ordering staff to concede autism and other cases.
- What will be the result?
 - System will go broke, will need to increase fee on vaccines.
 - Some vaccine companies may leave the US market.

Questions?

