

Navigating the Stormy Seas

VACCINATION IN OUR
CHANGING TIMES

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- Consultant member to the WA Vaccine Association
- Member of the CDC ACIP's Adult RSV vaccine work group (?)
- Author: *Let's Talk Vaccines – A Clinician's Guide to Addressing Vaccine Hesitancy and Saving Lives (2019)*
- University of Washington – Masters of Public Health Candidate



Disclosures

- ▶ Paid consultant for MIRI (MultiCare's research arm) for research on vaccine confidence, paid to MultiCare by an unrestricted grant from Merck
- ▶ Paid by various organizations for vaccine educational content creation, most recently the Alaska Dept. of Health
- ▶ Royalties from Wolters Kluwer for the ongoing sale of my book

Objectives

- ▶ Recall vaccine-preventable disease (VPD) history and the role of vaccines in reducing disease
- ▶ Review what we are seeing in the present with return of VPDs
- ▶ Consider contributing factors and their impact
- ▶ Examine what we can do to restore confidence in vaccines and improve vaccination rates
- ▶ Quick update on COVID vaccines and the Washington State approach to COVID vaccination

Recall Our Past



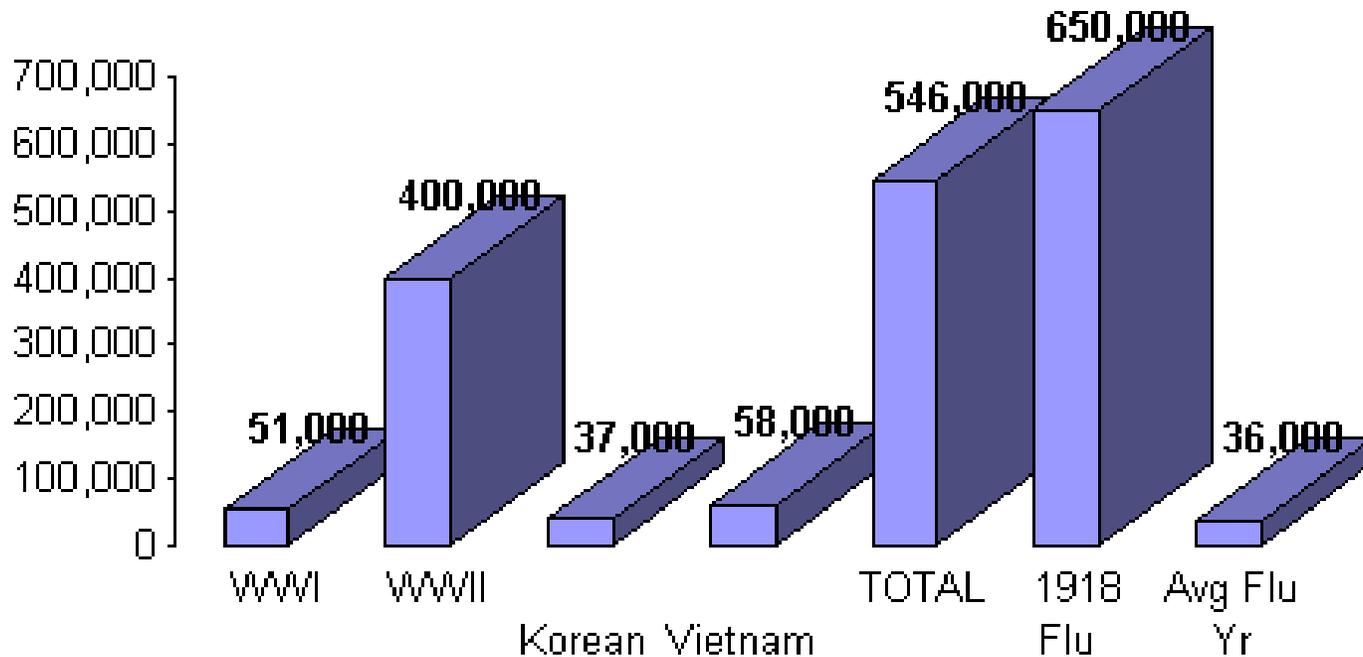
The History of Vaccines
and Vaccine-Preventable Diseases

Death from VPD used to be commonplace

- ▶ Franklin Delano Roosevelt's son died in infancy of Influenza
- ▶ Presidents Lincoln, Garfield, and Cleveland all lost children to Diphtheria
- ▶ President Garfield lost a child to Pertussis
- ▶ Andrew Jackson and his brother contracted Smallpox in the Revolutionary War, William died
- ▶ Benjamin Franklin lost his son to smallpox
- ▶ Eleanor Roosevelt died from complications of Tuberculosis
- ▶ John Roebling, chief engineer of the Brooklyn Bridge, died of tetanus contracted while inspecting the bridge
- ▶ Lewis Carroll (author of *Alice in Wonderland*) died of Influenza
- ▶ Roald Dahl (author of *Charlie and the Chocolate Factory*) lost his daughter to measles

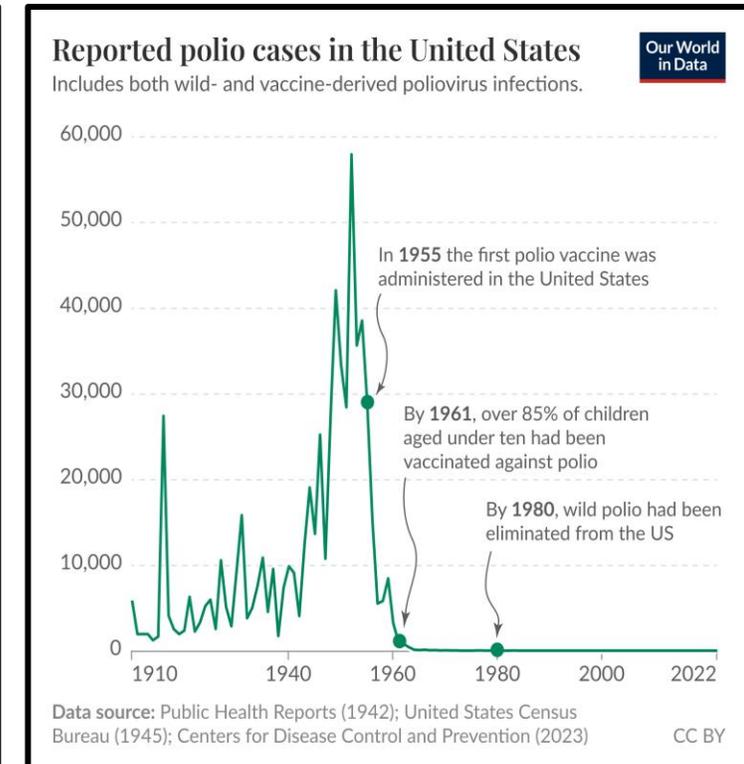
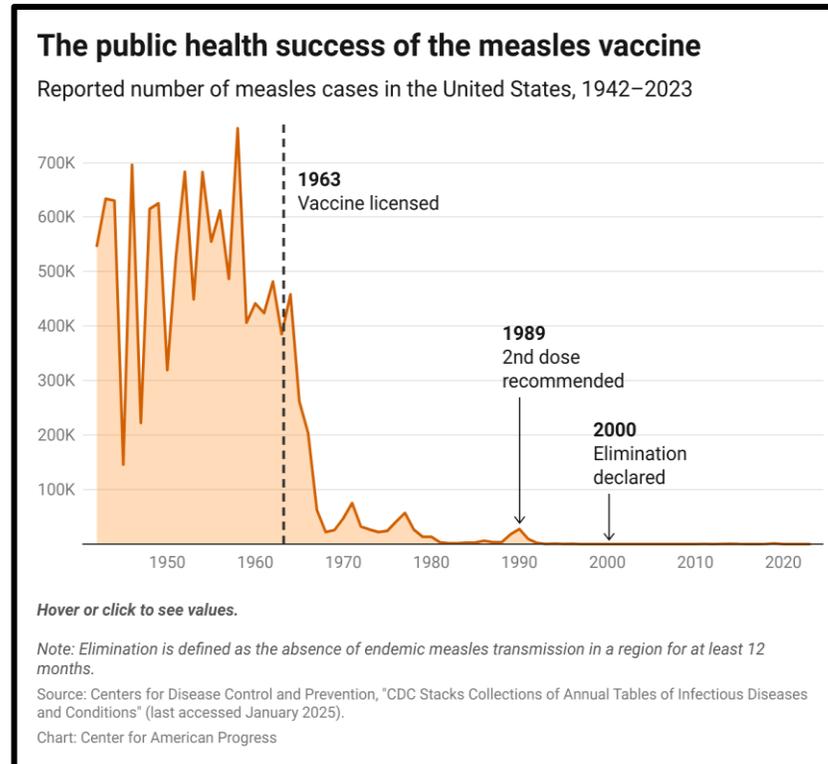
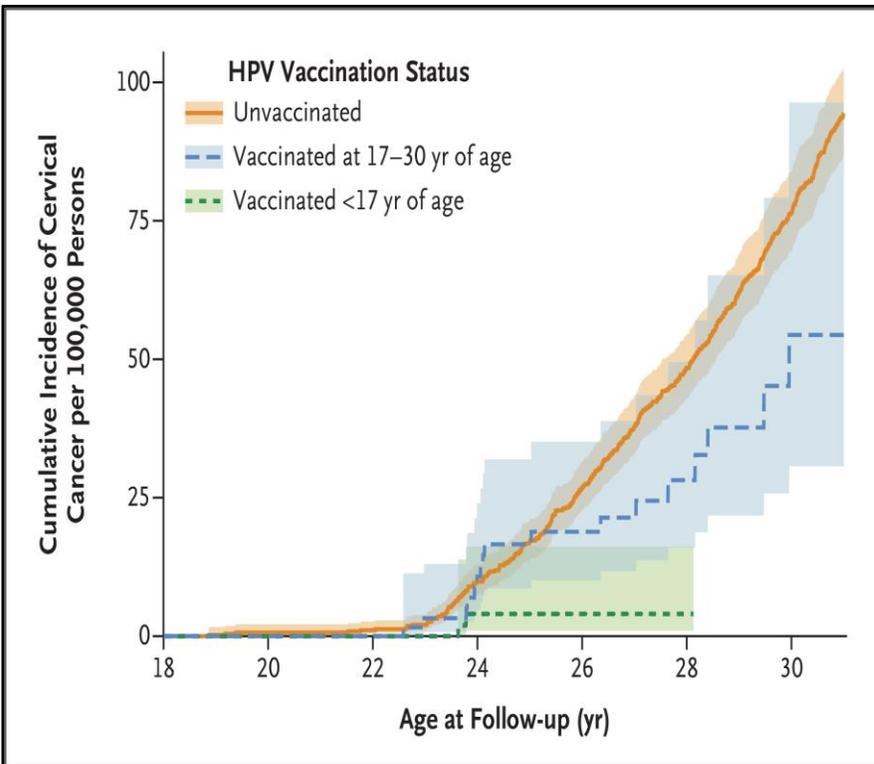
Before vaccines, ~1 in every 5 children died before their 5th birthday. The most common cause - infectious disease

US Deaths 20th Century - Flu and War



Flu vs War – Comparing Mortality

The Impact of Vaccines



How Vaccines Helped All But Eradicate Diseases



Annual 20th century morbidity and reported cases in 2023 for vaccine-preventable diseases in the U.S.

■ Annual 20th century morbidity ■ Reported cases in 2023 ↘ Decrease



Source: Centers for Disease Control and Prevention



The Impact
of
Vaccines

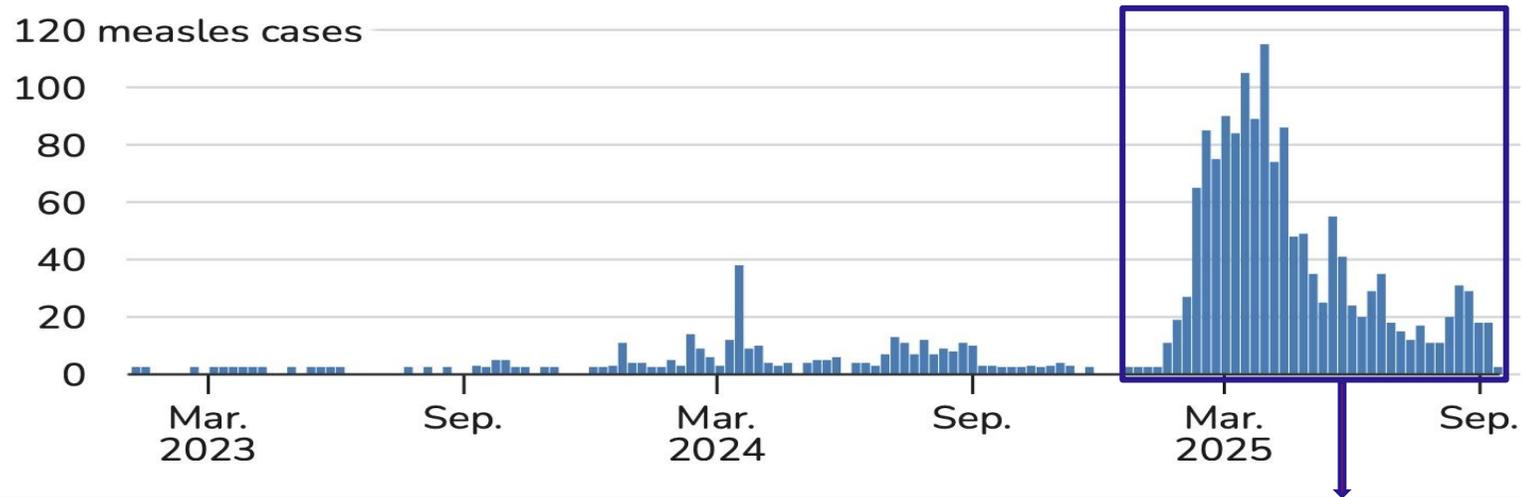
Acknowledge Our Present



The Return of Vaccine-Preventable
Diseases

Weekly measles cases by rash onset date

2023–2025* (as of September 16, 2025)



Total cases: 1491

Age:

- < 5: 409 (27%)
- 5-19: 574 (38%)
- 20+: 501 (34%)
- Age unknown: 9 (1%)

Hospitalizations: 12%

% Hospitalization:

- 21%
- 7%
- 11%
- 0%

Deaths: 3

Vaccination status:

- No vaccine: 92%
- 1 MMR: 4%
- 2 MMR: 4%

MEASLES

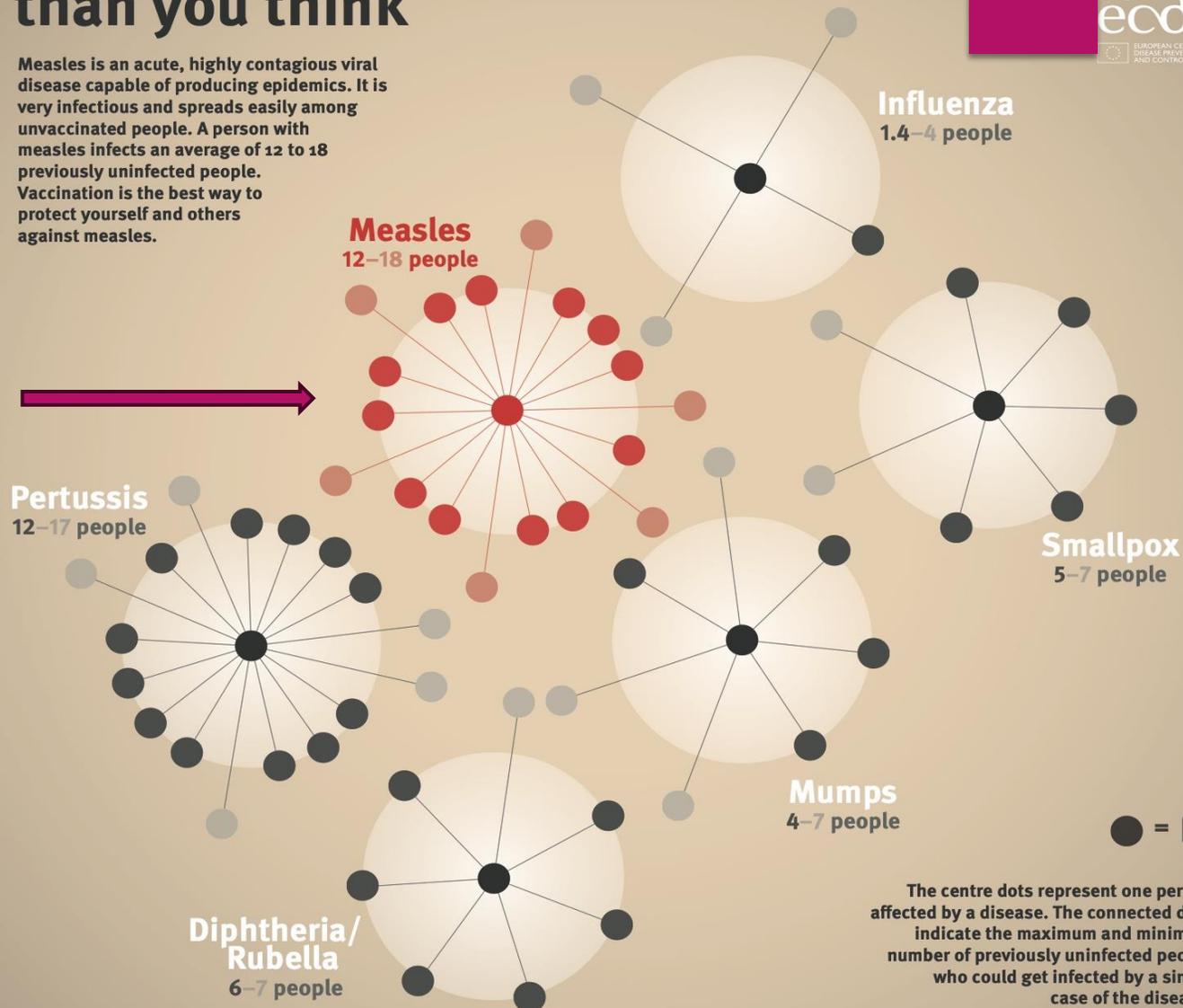
Why is this happening?

- ▶ Measles is highly contagious
- ▶ A high level (95%) of vaccination is required to prevent resurgence
- ▶ Vaccination rates are dropping

https://www.ecdc.europa.eu/sites/default/files/meda/en/healthtopics/measles/PublishingImages/ECDC_measles_infographics2014_contagious.pdf

Measles is more contagious than you think

Measles is an acute, highly contagious viral disease capable of producing epidemics. It is very infectious and spreads easily among unvaccinated people. A person with measles infects an average of 12 to 18 previously uninfected people. Vaccination is the best way to protect yourself and others against measles.

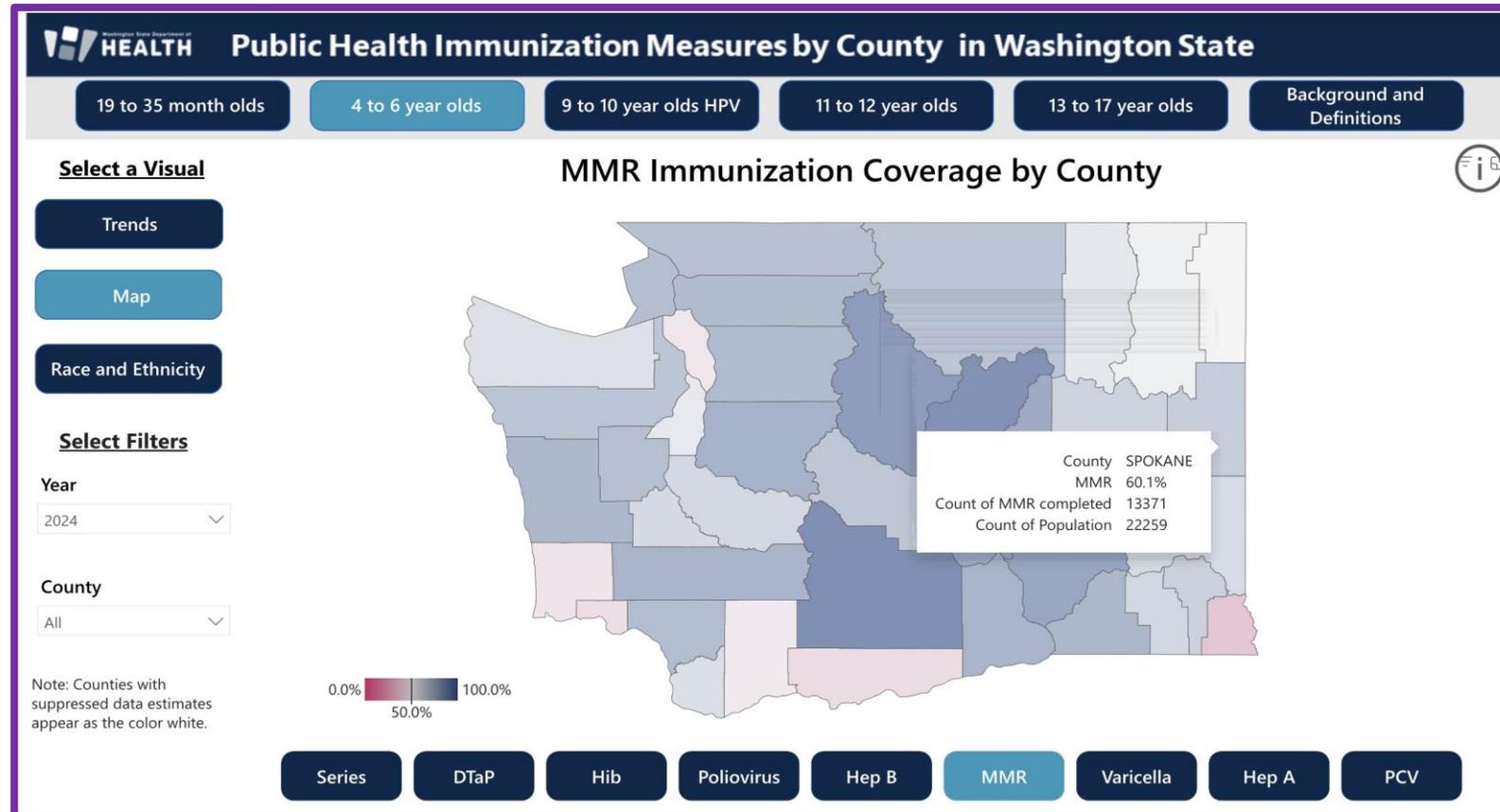


Source: Plotkin S, Orenstein W, Offit P. Vaccines. Fifth Edition, 2008, Elsevier Inc.

MMR Vaccinations in Spokane – How Are We Doing?

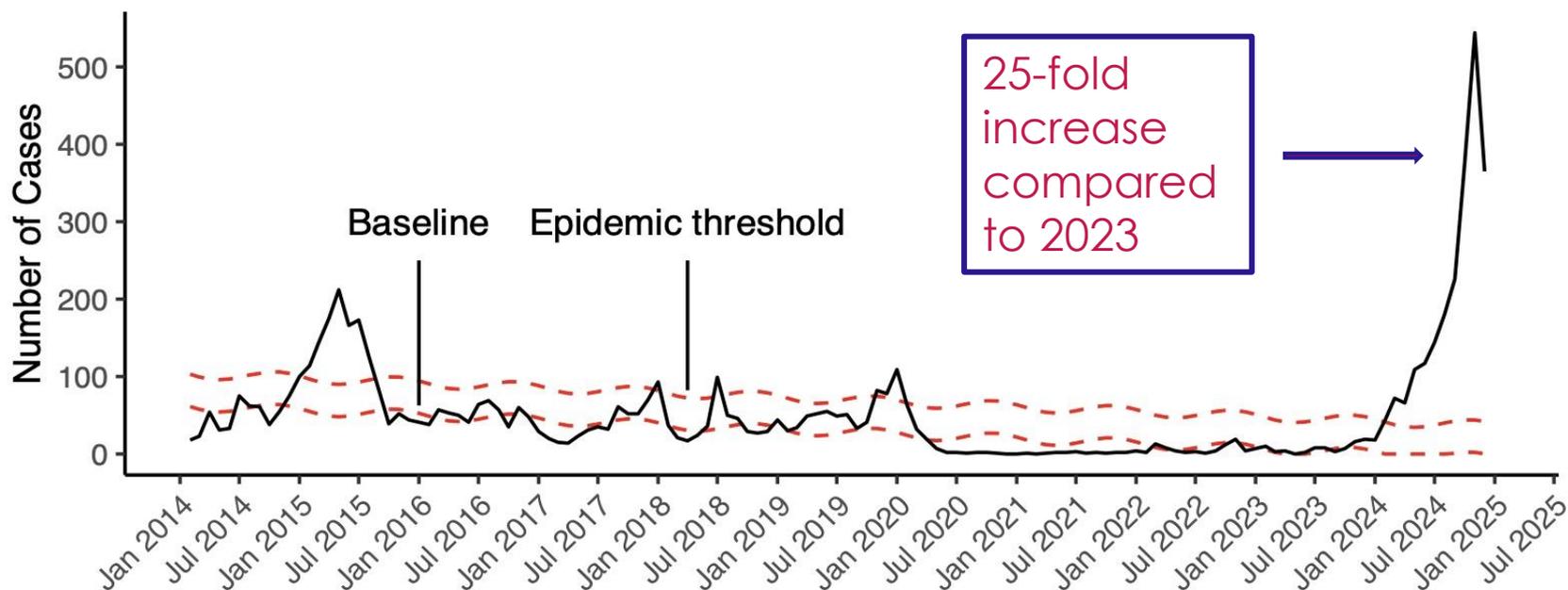
Figure 1 –
MMR in
4-6-year-
olds: 60.1%

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



PERTUSSIS (Whooping Cough)

Figure 2: WA State Pertussis Cases Reported by Month and Year (black) with Projected Baseline and Epidemic Thresholds (red dashed lines), 2014 through 2024¹.



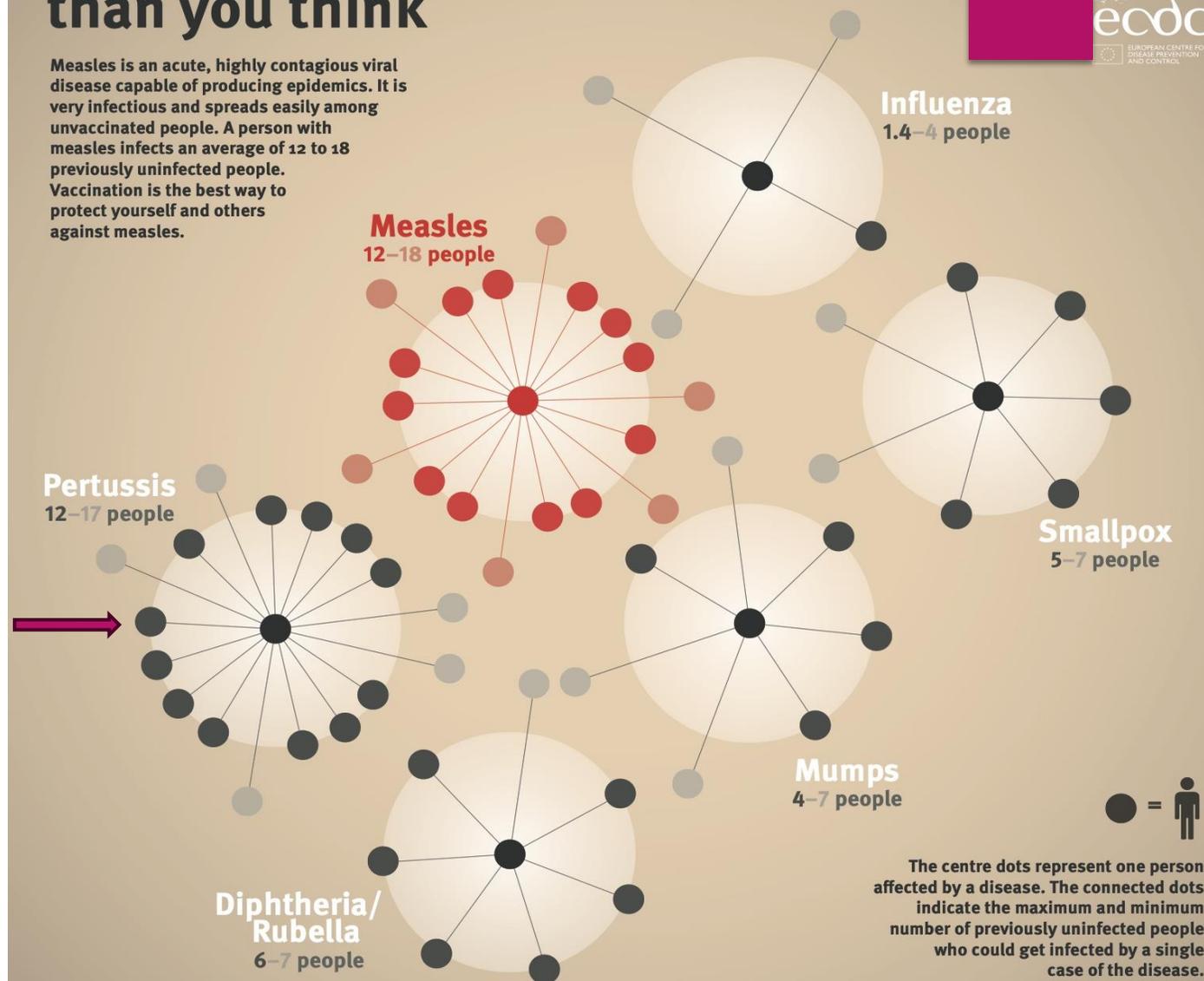
Why is this happening?

- ▶ Pertussis is highly contagious
- ▶ A high level (90-95%) of vaccination is needed to prevent resurgence
- ▶ Vaccination rates are dropping
- ▶ Protection wanes significantly within 4 years after vaccination

• <https://publications.aap.org/pediatrics/article-abstract/135/6/981/75791/Tdap-Vaccine-Effectiveness-in-Adolescents-During?redirectedFrom=fulltext>

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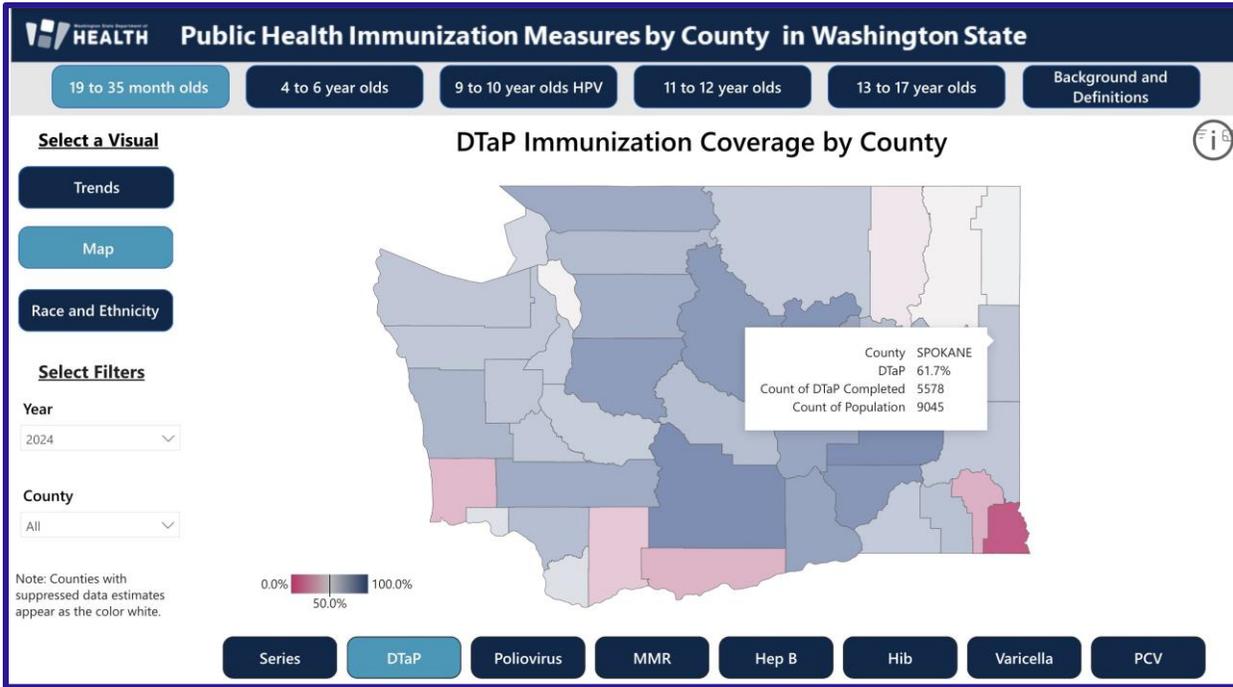


Figure 1 - DTaP in 19-35-month-olds: 61.7%

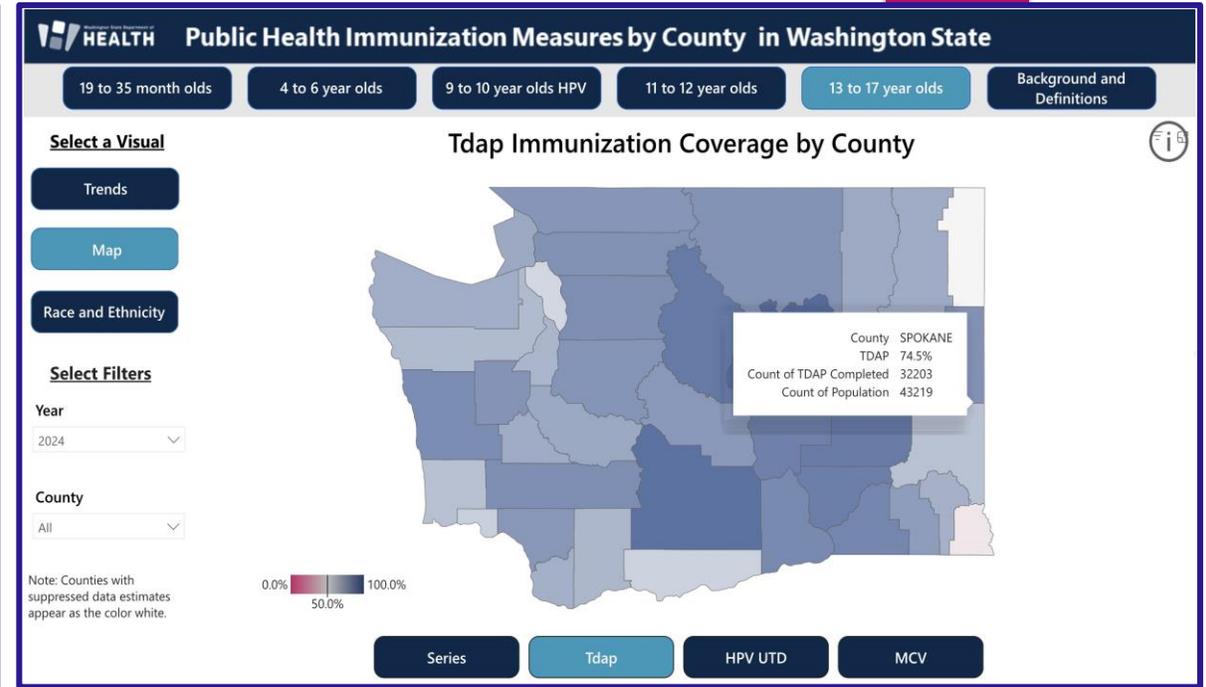
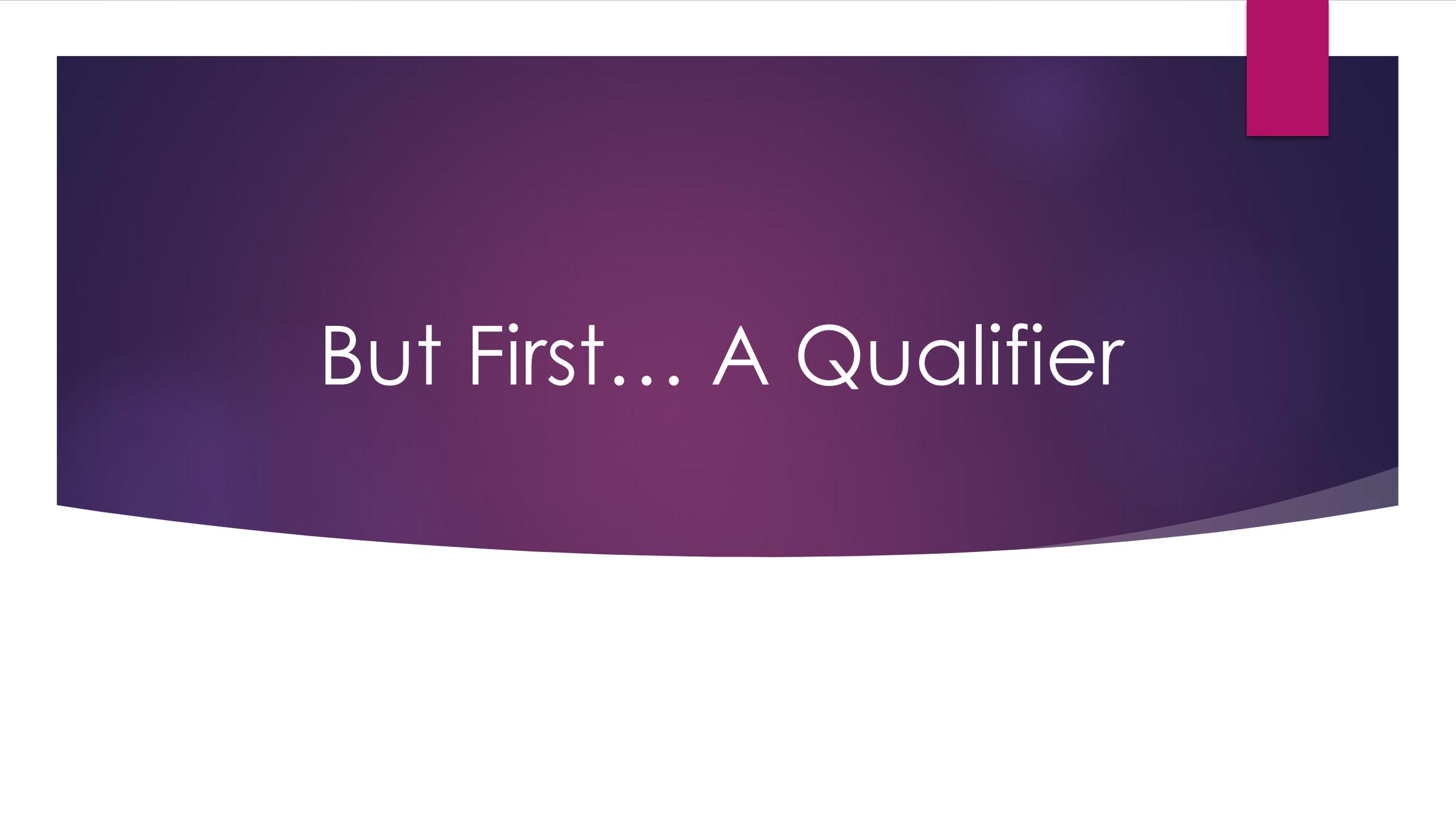


Figure 2 - Tdap in 13-17-year-olds: 74.5%

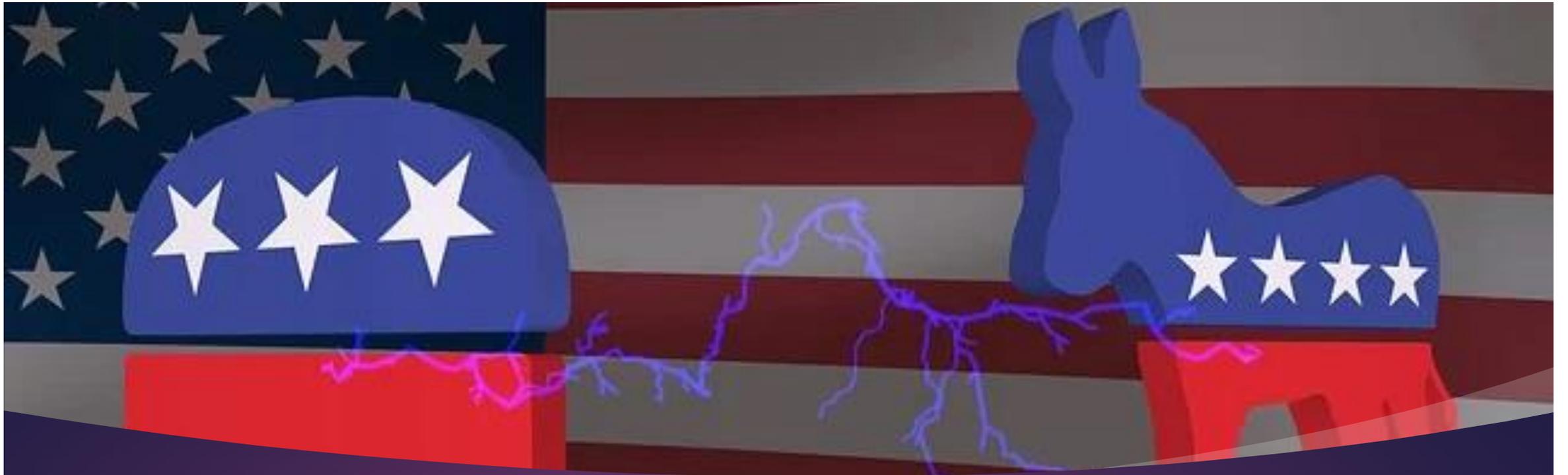
Pertussis Vaccinations in Spokane – How Are We Doing?

Consider Big Picture and Individual Contributing Factors

What Impact Are They Having?



But First... A Qualifier



The Politicization of Vaccines

According to the KFF:

- 87% of Democrats think COVID vaccines are safe
- 30% of Republicans think COVID vaccines are safe
- 27% of MAGA supporters think COVID vaccines are safe

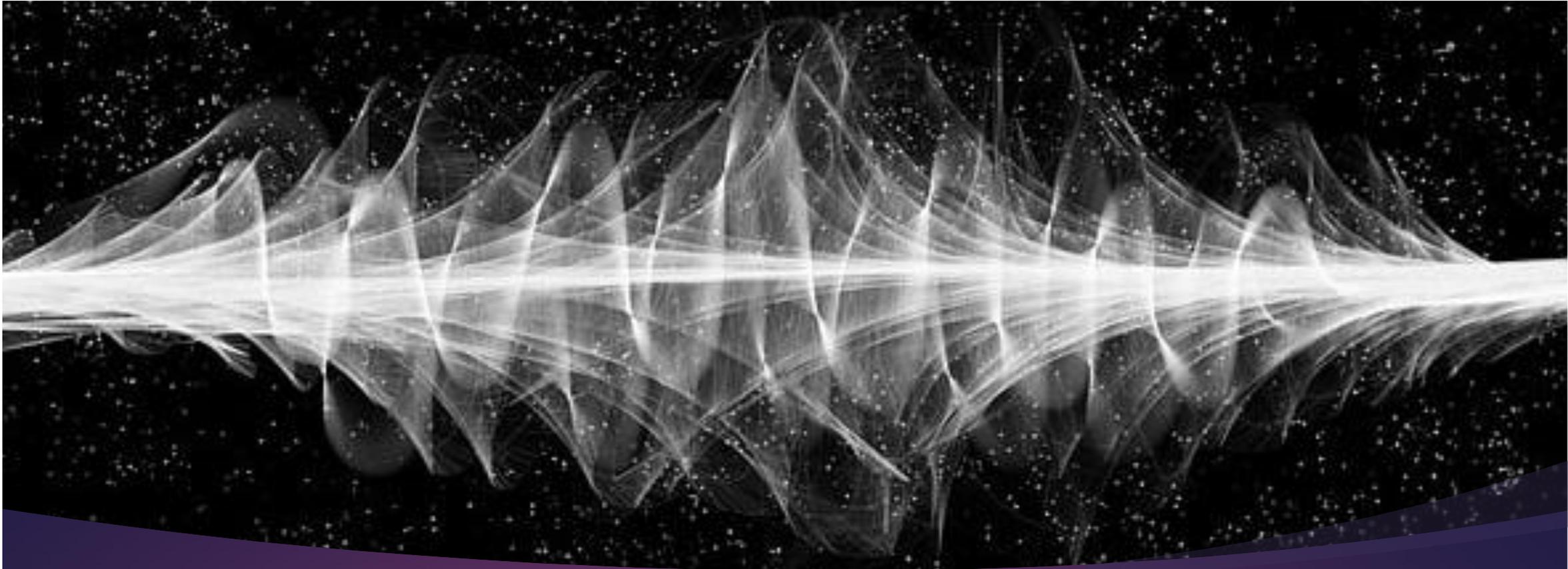
<https://www.kff.org/from-drew-altman/the-problem-isnt-trust-in-vaccines-its-that-people-dont-know-who-to-trust/>

Bolsen, T., & Palm, R. (2022). Politicization and COVID-19 vaccine resistance in the U.S. *Progress in molecular biology and translational science*, 188(1), 81–100. <https://doi.org/10.1016/bs.pmbts.2021.10.002>

Science Denialism and its Tactics

“...the rejection of a scientific consensus or established scientific findings, not due to a lack of evidence, but often for social, political, or economic reasons, leading to a distorted perception of scientific reality.”

- **Manufacture doubt** – use rhetoric to give the appearance of legitimate debate when none exists
- **Cherry-pick evidence** – select data that supports pre-conceived ideas while ignoring contradictory evidence
- **Ad Hominem attacks** – attack the messenger rather than engage with the evidence
- **Impose unreasonable standards of proof** – demand unreasonably high level of evidence to accept a conclusion that is already well supported

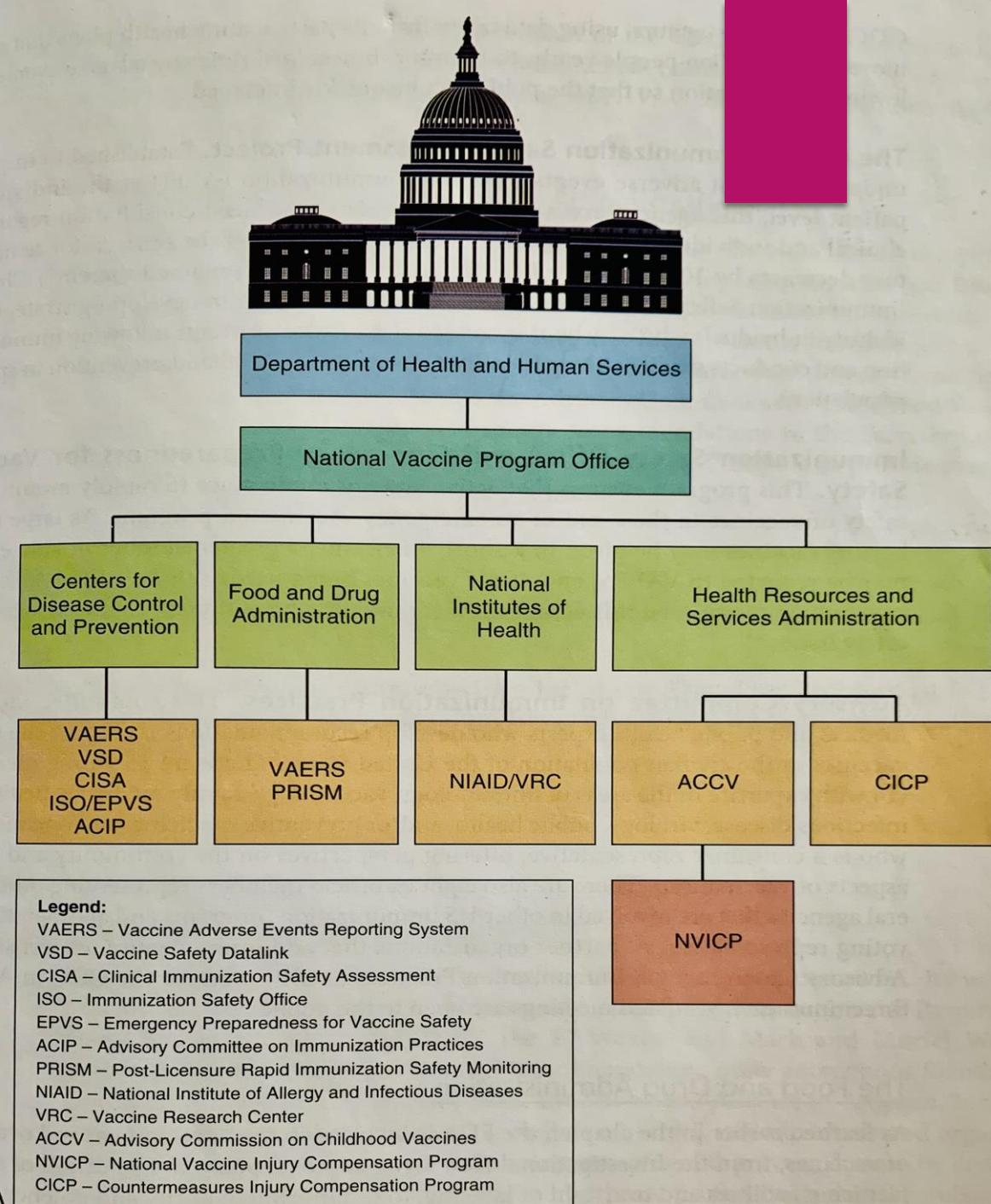


Direct Interference with U.S. Immunization Policies and Practices

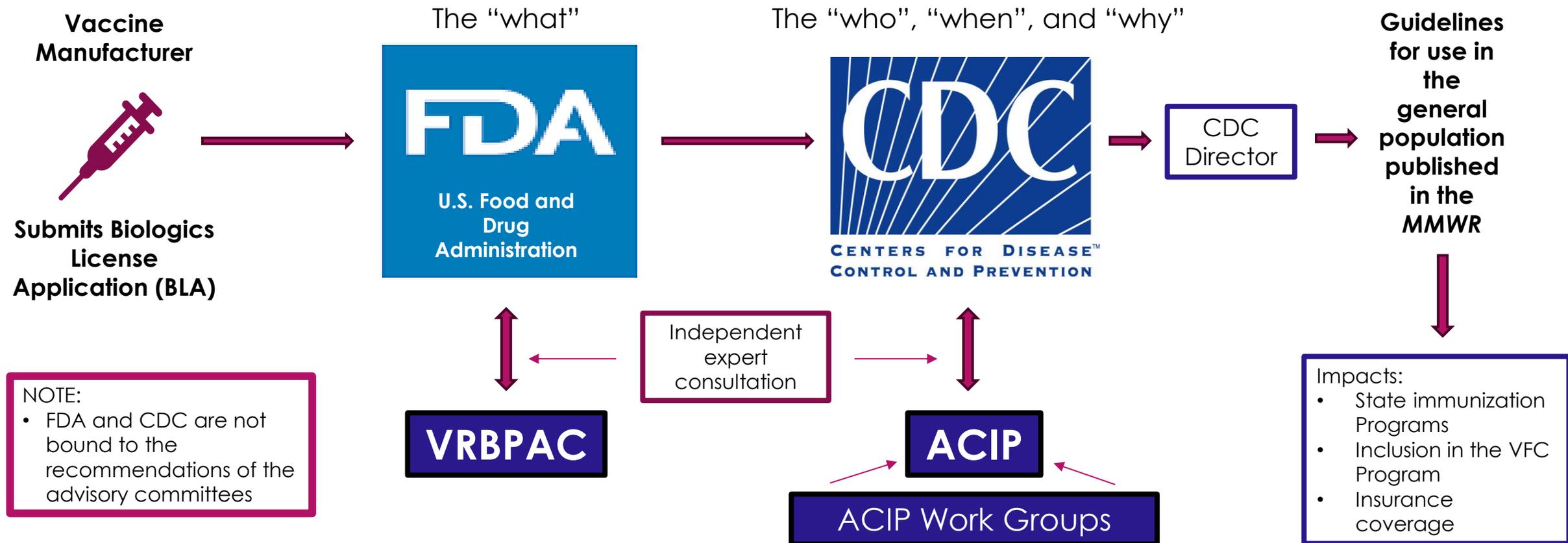
Vaccine Oversight in the U.S.

- Since COVID, we can add the V-SAFE system to the long list of organizations that provide checks and balances on our vaccine development and administration programs

Image: Let's Talk Vaccines - Who's Minding the Shop? Ensuring Vaccine Safety and Efficacy



Vaccine Approval Process



Unprecedented Times

- Cut funding for mRNA vaccine research
- Cancelled research on vaccine hesitancy
- Closed the Centers for Research in Emerging Infectious Diseases
- Dismissed all 17 members of the ACIP
- Replaced ACIP members with vaccine skeptics
- Removed recommendations for COVID vaccination in pregnancy
- Fired the director of the CDC
- Decreased public comment/transparency during official meetings
- Made false statements about COVID and Measles and the vaccines meant to prevent them
- Claimed people with “more melanin” have higher rates of vaccine adverse events

Current Public Health Leadership Actions

The Potential Impact of Interference



Guidelines have become more complex and confusing



Interference with usual U.S. vaccine decision-making protocols and processes is decreasing trust in our federal public health agencies



Patients will be looking to clinicians to fill in the gaps and make strong recommendations



Clinicians already burdened with time constraints will have even more to contend with



Potential increased cost to patients, worsening health disparities

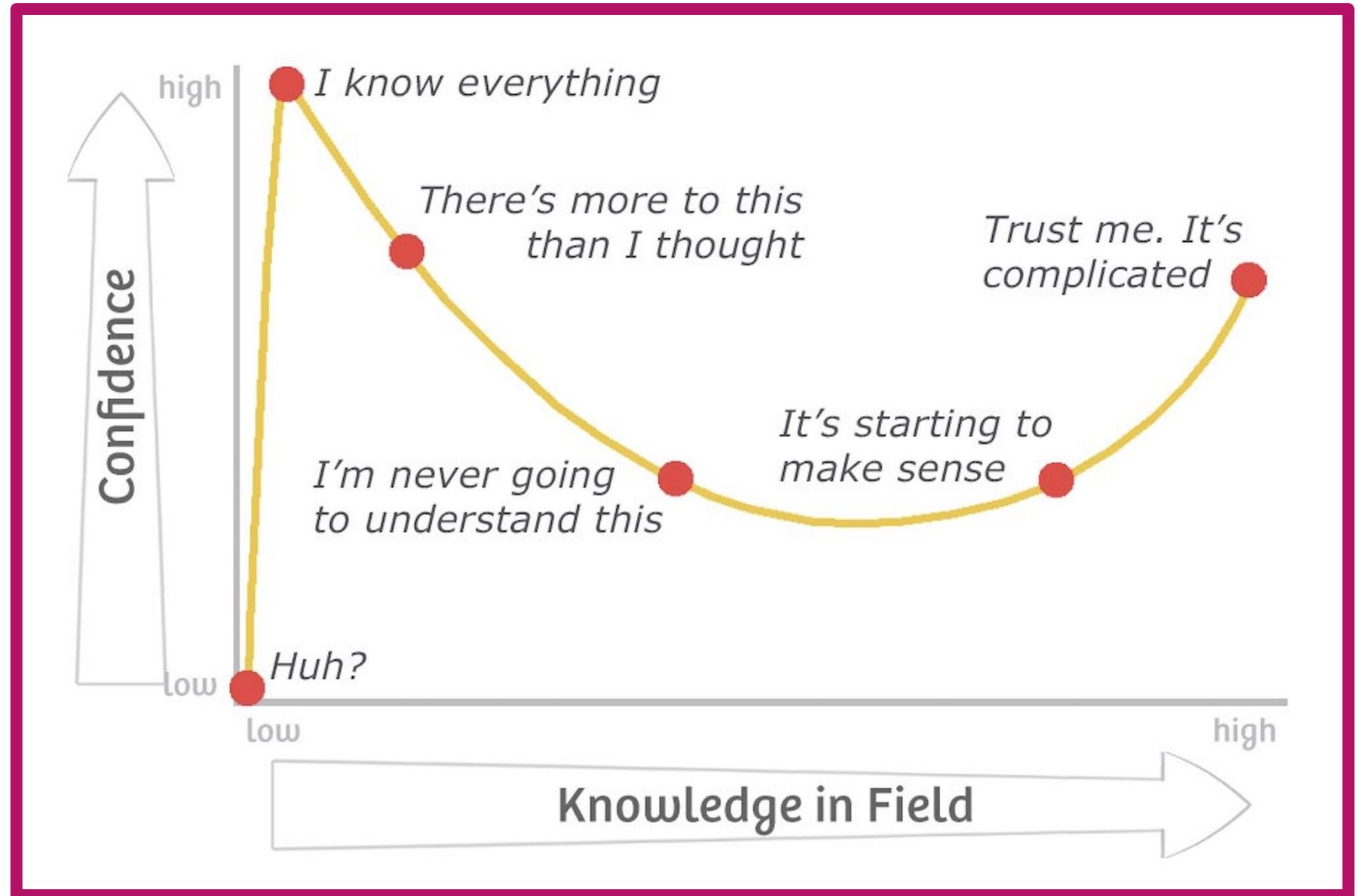


People without primary care will be further disadvantaged, worsening health disparities

Individual Psychological Phenomena at Play

- ▶ **Confirmation Bias** – tendency to preference information that confirms pre-existing beliefs
- ▶ **Omission Bias** – tendency to consider outcomes of NOT doing an action (omission) as less severe than outcomes of doing the action (commission)
- ▶ **False Consensus Effect** – tendency to overestimate the extent to which others share one's beliefs. Echo chambers contribute to this tendency
- ▶ **Availability Bias** – giving more weight/importance to factors that are easier to recall (we remember emotions, not data)
- ▶ **Present Bias** – the tendency to put more weight on costs/benefits today than those realized in the future

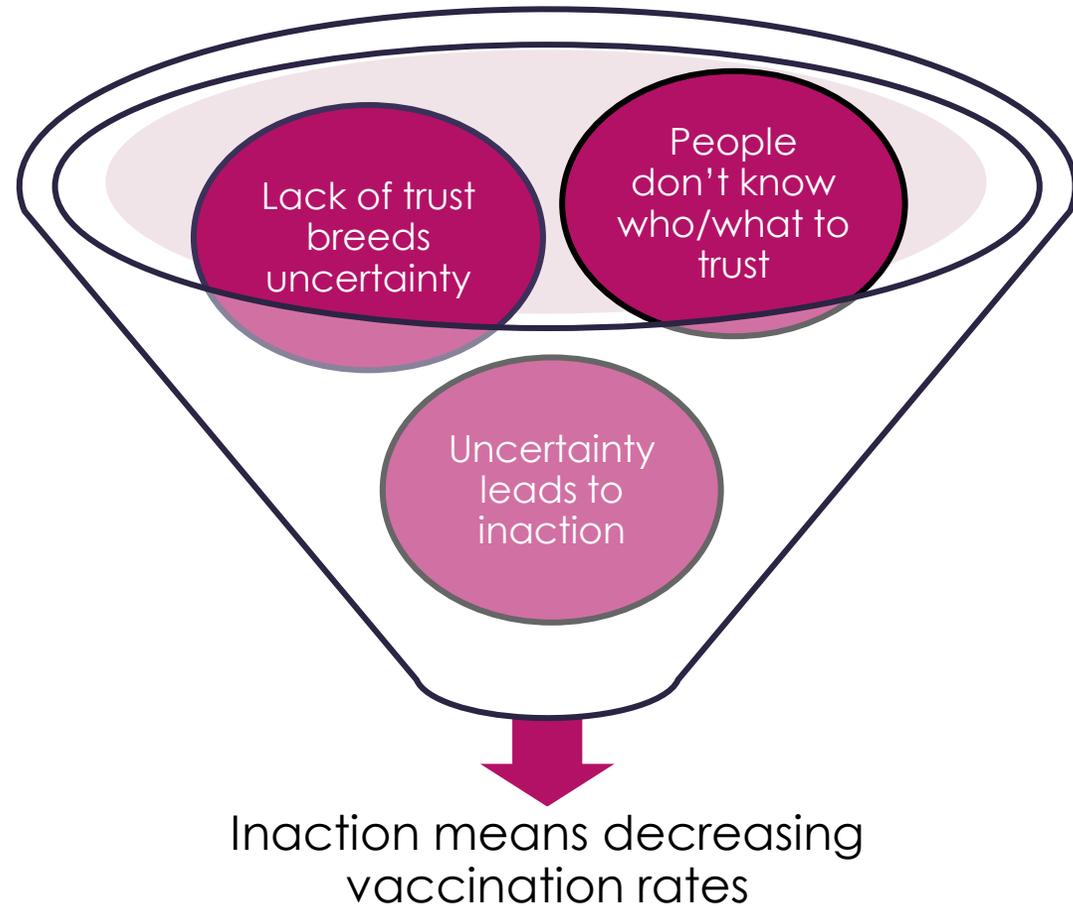
The Dunning-Kruger Effect



- ▶ Thanks to easy access to information, everyone's an "armchair expert"
- ▶ True expertise is being attacked
- ▶ Those with knowledge are painted as "elitist"
- ▶ "Truth" has become subjective

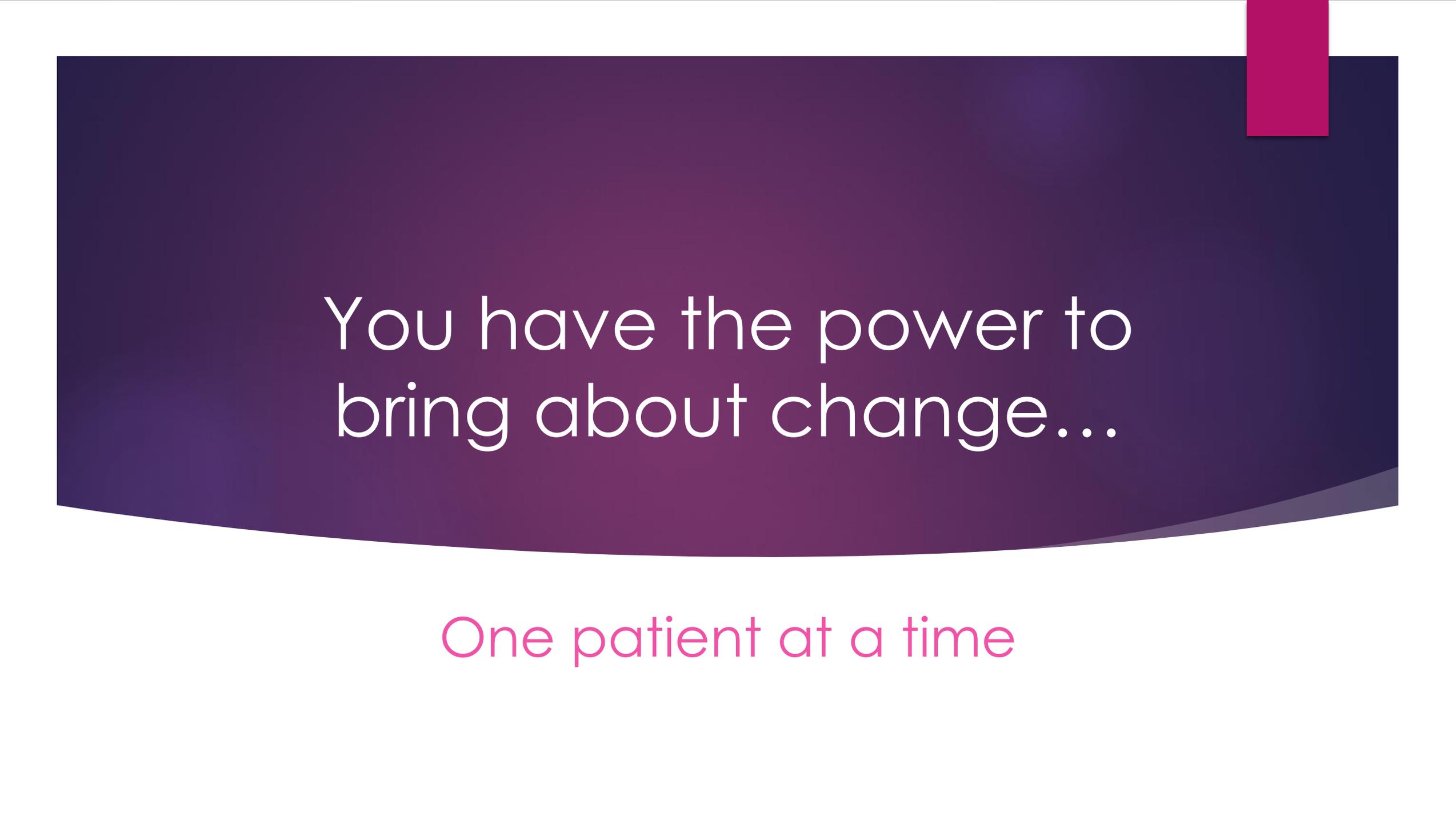


The Take-home Message?



Creating A Better Future

Increasing Confidence in Vaccines and
Improving Vaccination Rates



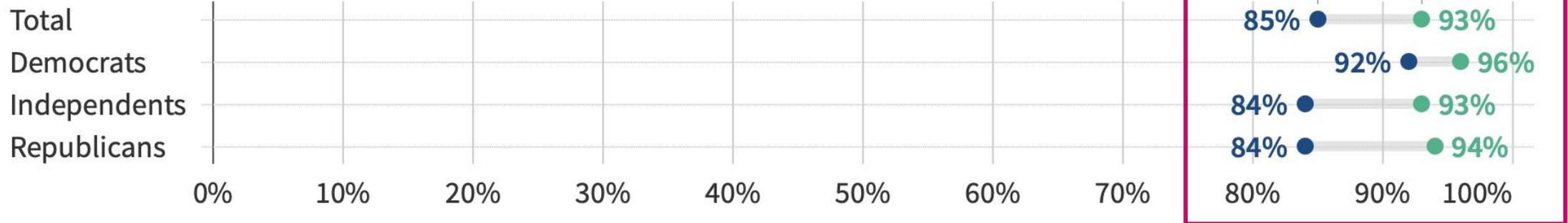
You have the power to
bring about change...

One patient at a time

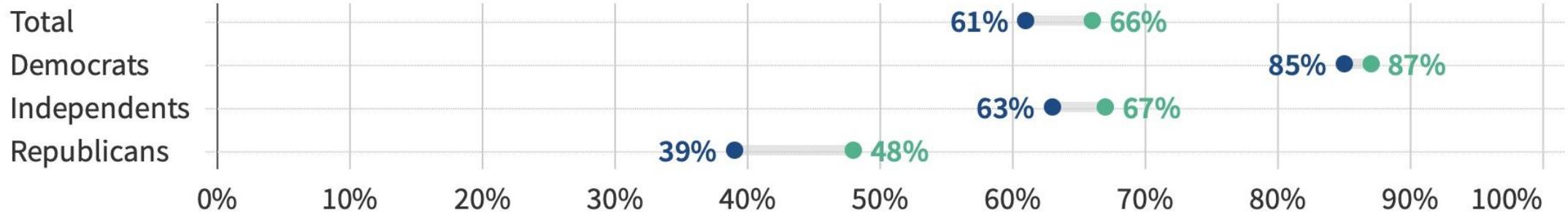
Trust in Personal Doctors and Government Health Agencies Has Declined Since 2023

Percent who say they have a **great deal** or a **fair amount** of trust in the following to make the right recommendations when it comes to health issues:

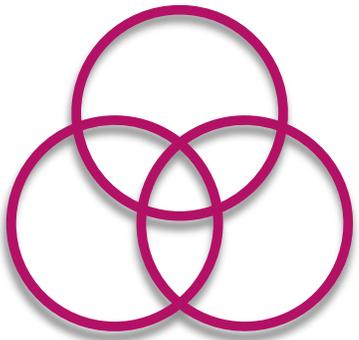
Their doctor



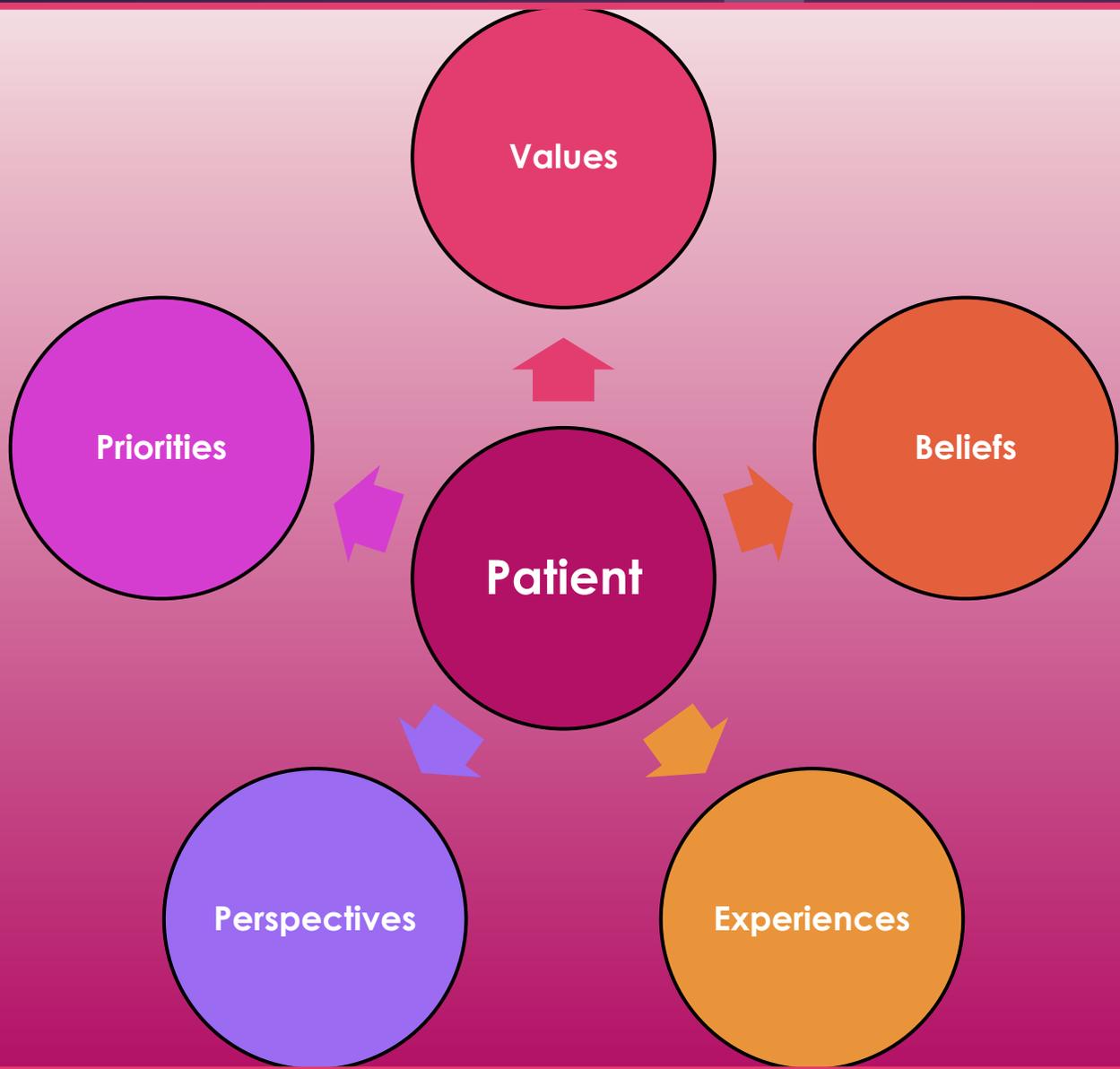
The CDC



Focus on Building Relationships and Trust



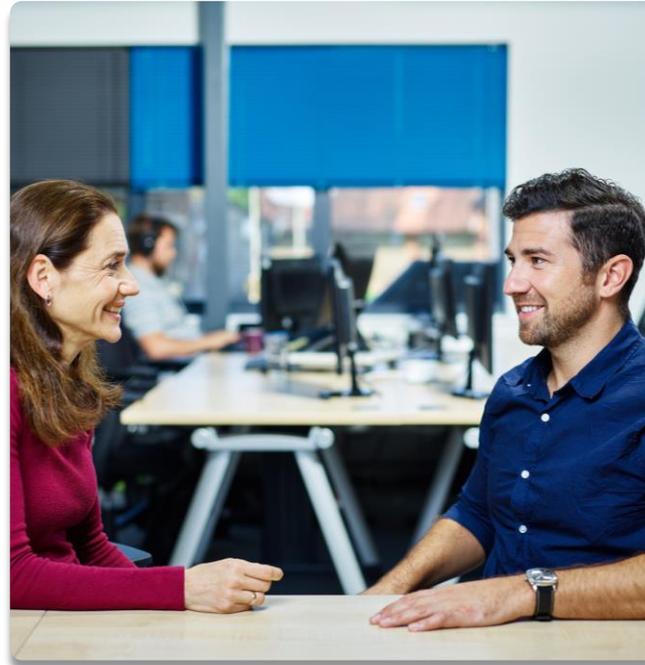
- ▶ **Respect for the Patient** – appreciation for patient’s beliefs, values, personal experience, perspective
- ▶ **Engaged Curiosity** – curiosity for the patient’s story
- ▶ **Focused Listening** – listening with concentration on what the patient is saying
- ▶ **Mutual Participation** – appreciation for the patient’s agency in their own health and healing
- ▶ **Self-Awareness** – appreciation for one’s own values, boundaries, emotions as they arise in the patient-clinician relationship



Respect
for the
Patient

Engaged Curiosity

- Mind the body language!
- Useful talking points:
 - I'd love to hear your perspective on that
 - Tell me more
 - What have you heard about X
 - What experiences have you had with X in the past



This



Not this

Focused Listening



- ▶ Turn toward the patient and make eye contact
- ▶ Avoid lining up your talking points/rebuttal while the patient is speaking
- ▶ Reflect back what you think you heard them say
- ▶ Ask for confirmation of your interpretation

Mutual Participation



- ▶ We've got to get our egos out of the way
- ▶ Patients have the ultimate responsibility for their decisions – acknowledge this verbally
- ▶ We should not be dictators, and we are not saviors
- ▶ We are teachers and counselors
- ▶ We are partners in care with our patients and their families

Self Awareness

- ▶ Check in with yourself (before and during the visit)
- ▶ Interactions are impacted by state of mind
- ▶ Try not to make assumptions and correct yourself if you are making them



Use Patient-Centered Language



Simple



Jargon-free



Culturally appropriate



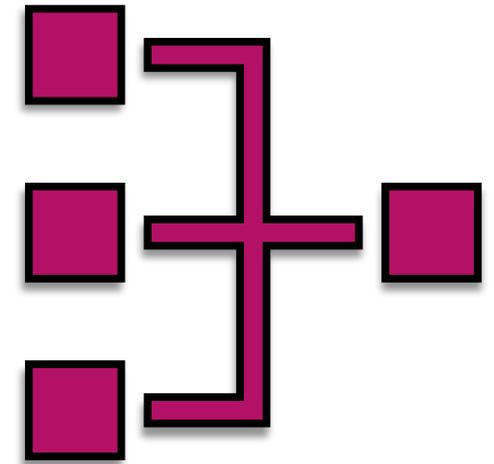
Create a United Front

- ▶ Vaccination is a team sport
- ▶ EVERYONE on the team is important
- ▶ Educate your staff so patients are getting consistent messages
- ▶ Vaccination should not just be the purview of primary care – Specialists, we need your help!



Address Logistical/Systems Issues Leading to Care Gaps

- ▶ Hesitancy isn't the only problem
- ▶ Care gaps lead to under-vaccination – a larger issue for “routine” immunizations
 - ▶ Vaccinate at EVERY opportunity, Vaccination status as a vital sign
 - ▶ Have MAs/RNs introduce vaccines before you enter the room
 - ▶ Consider offering vaccine clinics after hours
 - ▶ Utilize reminders (for self and for patients)
 - ▶ Use anticipatory guidance



Teach Patients to Recognize Misinformation

- Know your source – research the author, check their references
- Make sure your information is up to date
- Check for conflicts of interest
- Does it sound too good to be true? It probably is.
- Don't put all your eggs in one research paper's basket
- Do an emotional gut check - is the information making you angry, scared, shocked?
- Use a fact checker service – Snopes, Factcheck, Politifact, etc.



Quick COVID Vaccine Updates

What Products Are Available?

<https://www.drugs.com/medical-answers/what-difference-between-spikevax-mnexspike-3580787/>

<https://www.vaccineadvisor.com/news/fda-approves-comirnaty-2025-2026-covid-19-vaccine-formulation/>

<https://www.infectiousdiseaseadvisor.com/news/nuvaxovid-2025-2026-covid-19-vaccine-formulation-gets-fda-approval>

COVID: JN.1 lineage using the LP.8.1 strain

- ▶ Moderna products (mRNA)
 - ▶ Spikevax – Approved 65+ and 6 months-64 years with at least one risk factor
 - ▶ mNEXSPIKE – 65+ and 2-64 with at least one risk factor
 - ▶ Codes for only the N-terminal domain and the receptor-binding domain of the spike protein
 - ▶ More targeted formulation allows smaller mRNA dose (10 mcg vs 50 mcg)
 - ▶ Higher seroresponse rates and geometric mean neutralizing antibody titer levels
- ▶ Pfizer product (mRNA)
 - ▶ Comirnaty – Approved 65+ and 5-64 years with at least one risk factor
- ▶ Novavax product (Adjuvanted protein subunit)
 - ▶ Nuvaxovid – Approved 65+ and for 12-64 years with at least one risk factor

West Coast Health Alliance

- ▶ Formed September 2025
- ▶ Washington, Oregon, California, and now Hawaii
- ▶ Formed by the sitting Governors in response to the politicization and erosion of credibility within the CDC
- ▶ Immunization recommendations aligned with professional organizations (AAP, AAFP, ACOG, etc.)
- ▶ Aims to provide consistent, science-based vaccine guidance from trusted medical and public health experts



WA 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

In Closing

- ▶ I hope I've given you useful information and tools
- ▶ Maybe left you with a sense of hope?
- ▶ And gratitude for the state we live in and its support of public health
- ▶ Remember your role as teacher and counselor
- ▶ Work to center the patient in everything that you do
- ▶ Focus on developing those relationships and building trust
- ▶ Know that your voice carries weight, don't be afraid to use it!

Thank you!



Questions?