

AAP, ACOG ACIP Updates

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Disclosures

None

“We are stepping up”

American Academy
of Pediatrics



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Susan Kressly, MD, AAP President

AAP continues to publish its own vaccine recommendations after CDC advisers sow distrust



1934



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Health Plans' Continued Commitment to Vaccine Access

PUBLISHED JUN 24, 2025 • BY AHIP

As we navigate an evolving health care landscape, maintaining robust immunization coverage continues to be a top priority for protecting both individual and community health.

We are committed to ongoing coverage of vaccines to ensure access and affordability for this respiratory virus season. We encourage all Americans to talk to their health care provider about vaccines.

AAP Immunization Schedule published 8/19/25

Updates

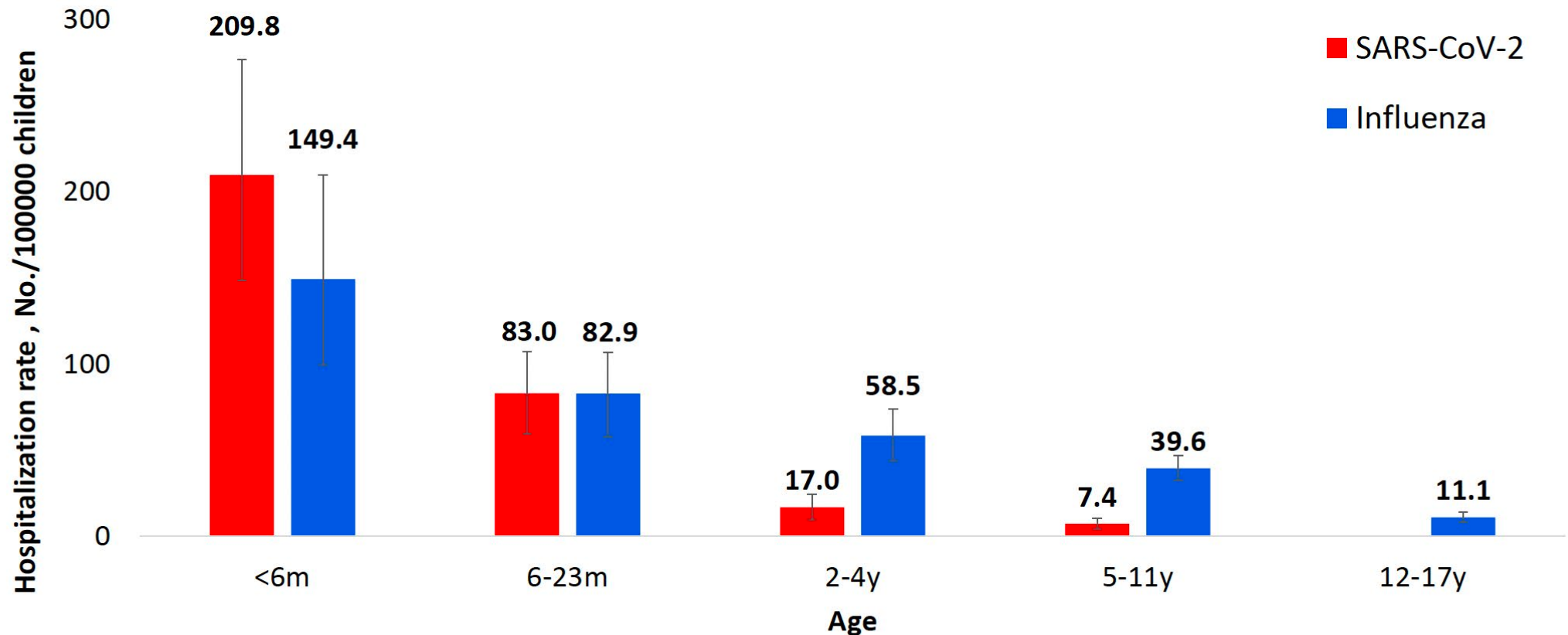
- **COVID-19** - new recommendations
- **RSV** – addition of clesrovimab
- **HPV** – start at age 9-12
- **Meningococcus** – addition of new pentavalent Men ACWY + B (Penmenvax)
- **Influenza** – RIV3 approved down to 9 years
- **Hepatitis B** – discontinuation of PreHevbrio
- **Information links** updated to trusted sources

New COVID-19 vaccine recommendations, 2025-26

Age 6-23 months - Universal vaccination

- Unvaccinated → primary series.
- Vaccinated but did not complete their initial vaccine series → complete primary series.
- Vaccinated and completed primary series → single dose, administered at least 8 weeks after the last dose.
- Previous SARS-CoV-2 infection → same recommendations.

The highest rates for COVID-19 in the New Vaccine Surveillance Network were observed in infants <6 months of age.



Pediatric COVID-19 and influenza hospitalization rates among children <18 years, New Vaccine Surveillance Network (NVSN), July 2024- March 2025. Rate estimates with standard error >30 due to few detections are not presented. Annual rates presented July – June of each season, with exception of 2024-2025, which represents July 2024 – March 2025. NVSN, unpublished data

More than half of pediatric COVID-19-associated hospitalizations occur in children aged <2 years.

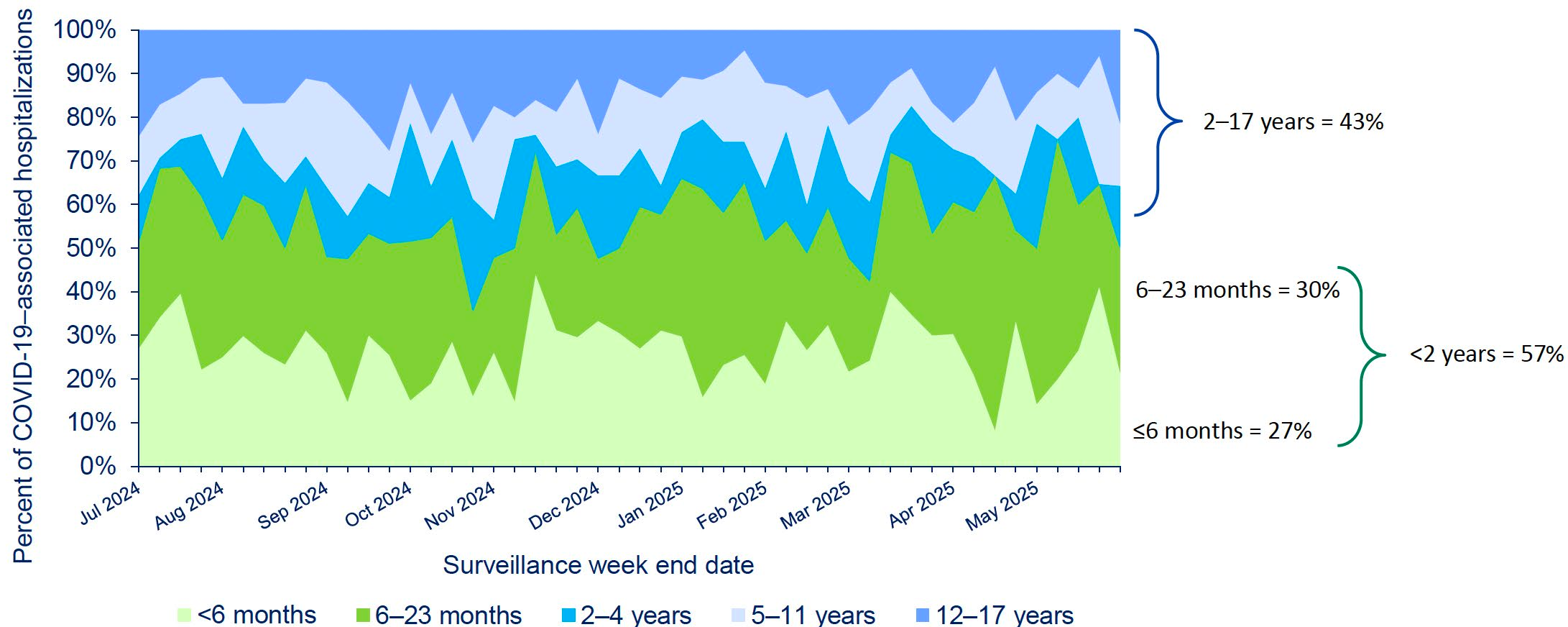
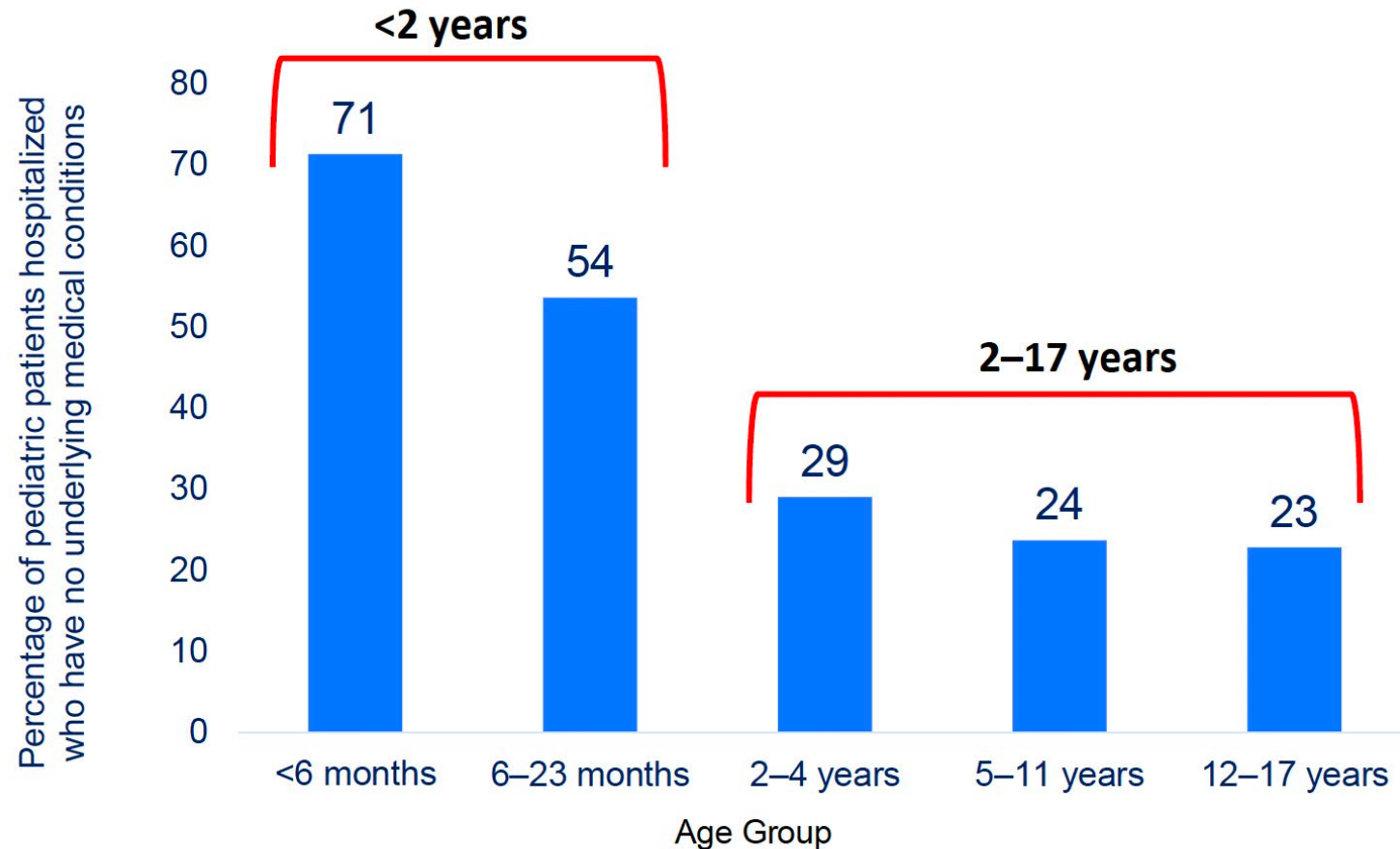


Figure displays percent of weekly COVID-19-associated hospitalizations among children and adolescents, by age group — COVID-NET, July 2024–May 2025.

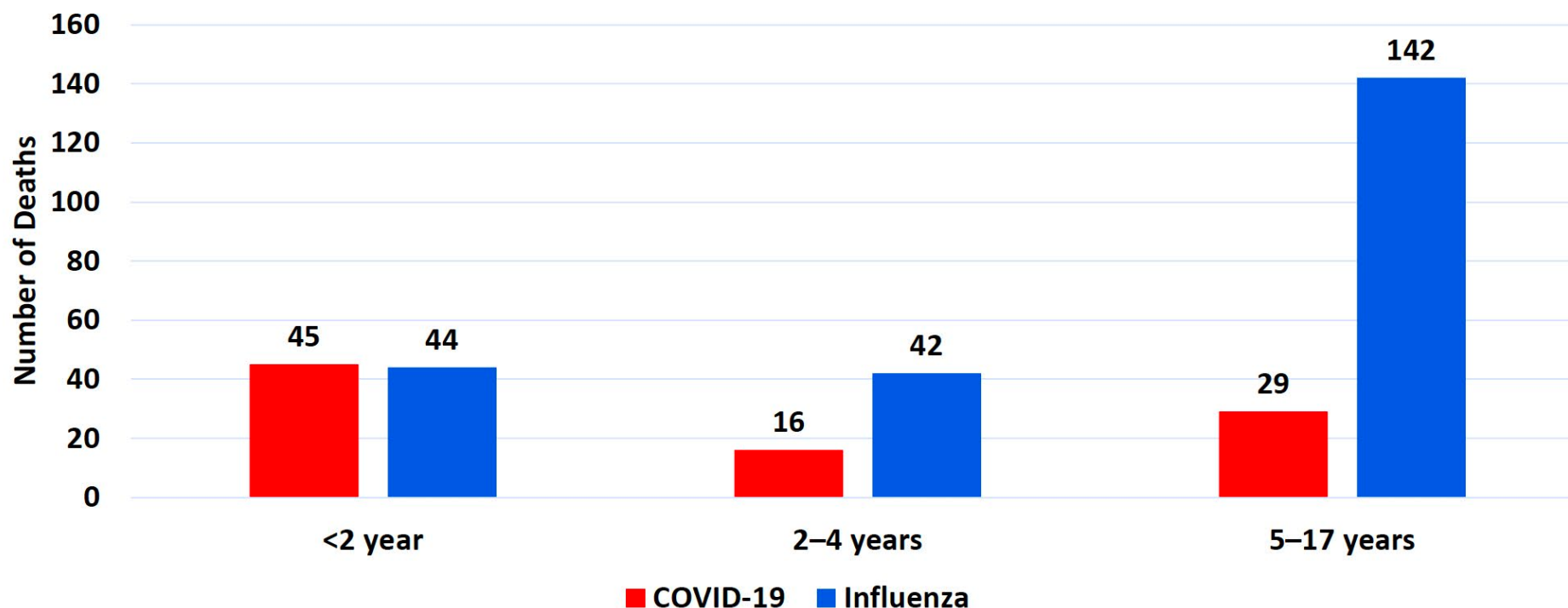
Proportion of children hospitalized for COVID-19 who had no underlying medical conditions



Most hospitalized children ages <2 years did not have any underlying medical condition.

Figure displays the weighted percent of children and adolescents hospitalized for COVID-19 with no underlying medical conditions, by age group — COVID-NET, April 2024–March 2025. Hospitalizations are limited to those with COVID-19 as the presenting complaint upon admission. Pregnant adolescents ages 15–17 years are excluded from proportions presented.

Total number of **COVID-19-** and Influenza-associated deaths^{1,2}, among ages 0–17 years in July 2024–June 2025, United States



1. Provisional data

2. Underlying cause of death Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Underlying Cause of Death Files, provisional data for 2024 and provisional and partial data from 2025, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death. <http://wonder.cdc.gov/mcd-icd10-provisional.html>, accessed June 20, 2025

Note: Estimates of pediatric influenza deaths reported to CDC can be found here: <https://www.cdc.gov/fluview/surveillance/2025-week-15.html>. Estimates will vary due to differences in reporting methods and timeframes used.

New COVID-19 vaccine recommendations, 2025-26

Age 2-18 years – Risk Based

- Single dose of age-appropriate COVID-19 vaccine for all children in the following risk groups:
 - Persons at high risk of severe COVID-19
 - Residents of long-term care facilities or other congregate settings
 - Persons who have never been vaccinated against COVID-19
 - Persons with household contacts who are at high risk for severe COVID-19

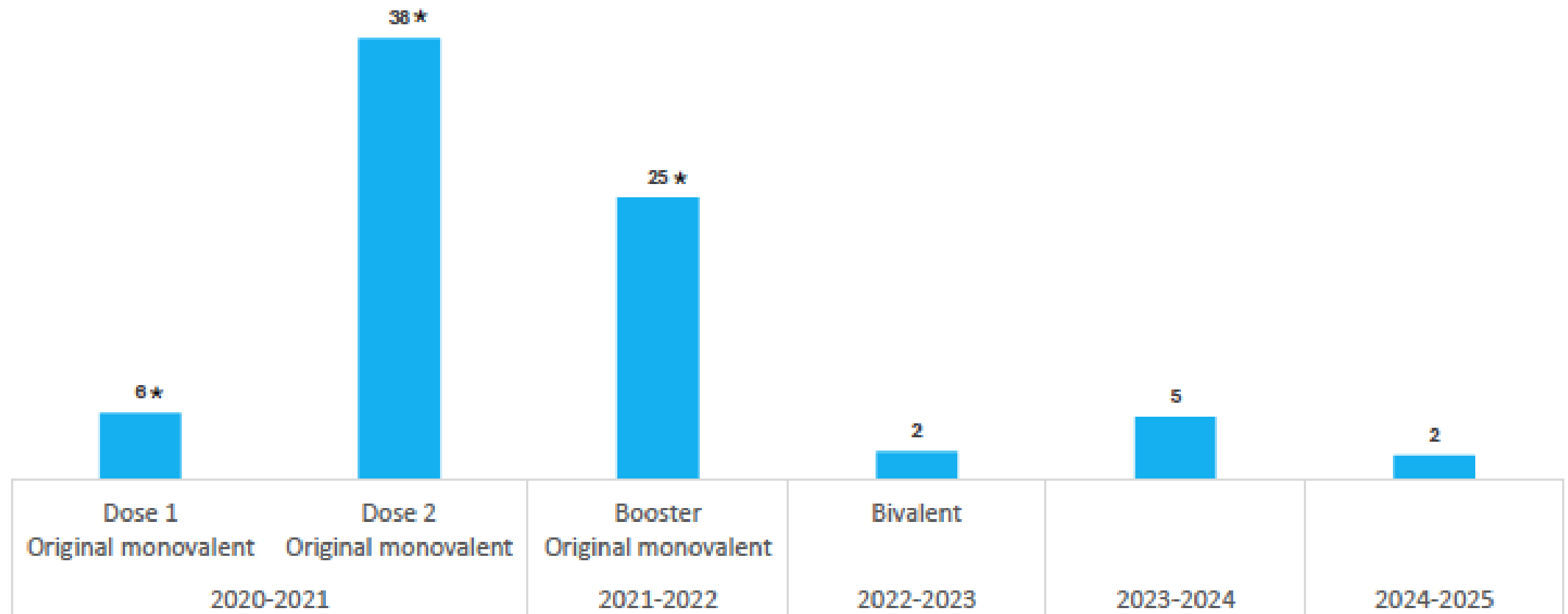
Underlying Condition or Treatment with Common Examples	
Chronic pulmonary disease	Asthma/reactive airway disease Chronic lung disease of prematurity Compromised respiratory function (eg abnormality of airway, tracheostomy, or ventilator dependent)
Cardiovascular disease	Congenital heart disease
Gastrointestinal disorders	Feeding tube dependent Inflammatory bowel disease
Hepatic disease	Chronic liver disease
Hematologic disease	Sickle cell disease
Metabolic disorders	Diabetes mellitus
Obesity	BMI ³ the 95 th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy Epilepsy Intellectual developmental disorder Compromised mobility (eg wheelchair dependent)
Immunosuppressive conditions ^c	Receipt of immunosuppressive therapy Primary immunodeficiency HIV infection Receipt of hematopoietic cell transplant or solid organ transplant
Rheumatologic, autoimmune disease	Systemic Lupus Erythematosus Juvenile idiopathic arthritis

Additional recommendations

- Children who are moderately or severely immunocompromised require at least 2 doses
- Children 2 -18 yo whose parent/guardian desires protection
→ single dose of age-appropriate COVID-19 vaccine
- Use any available COVID-19 vaccine appropriate by age and health status that is FDA-approved or EUA

Myocarditis following mRNA COVID-19 vaccination among people ages 12–39 years in the Vaccine Safety Datalink

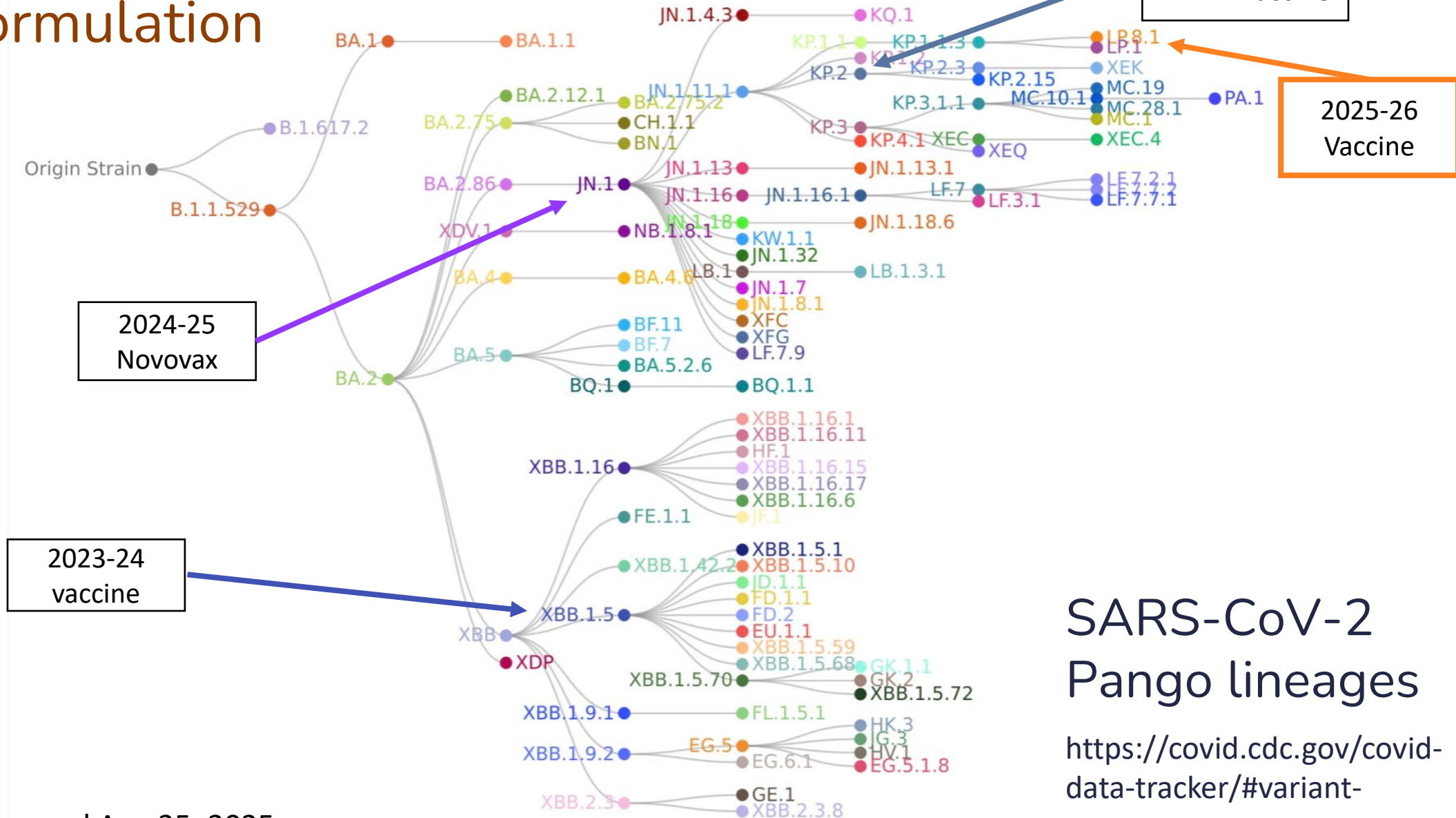
Incidence of myocarditis within 7 days of vaccination per million mRNA vaccine doses administered



*Statistically significant increased rate ratio in vaccinated concurrent comparator analysis

Source: CDC Immunization Safety Office, unpublished data

New 2025-26 COVID-19 Formulation



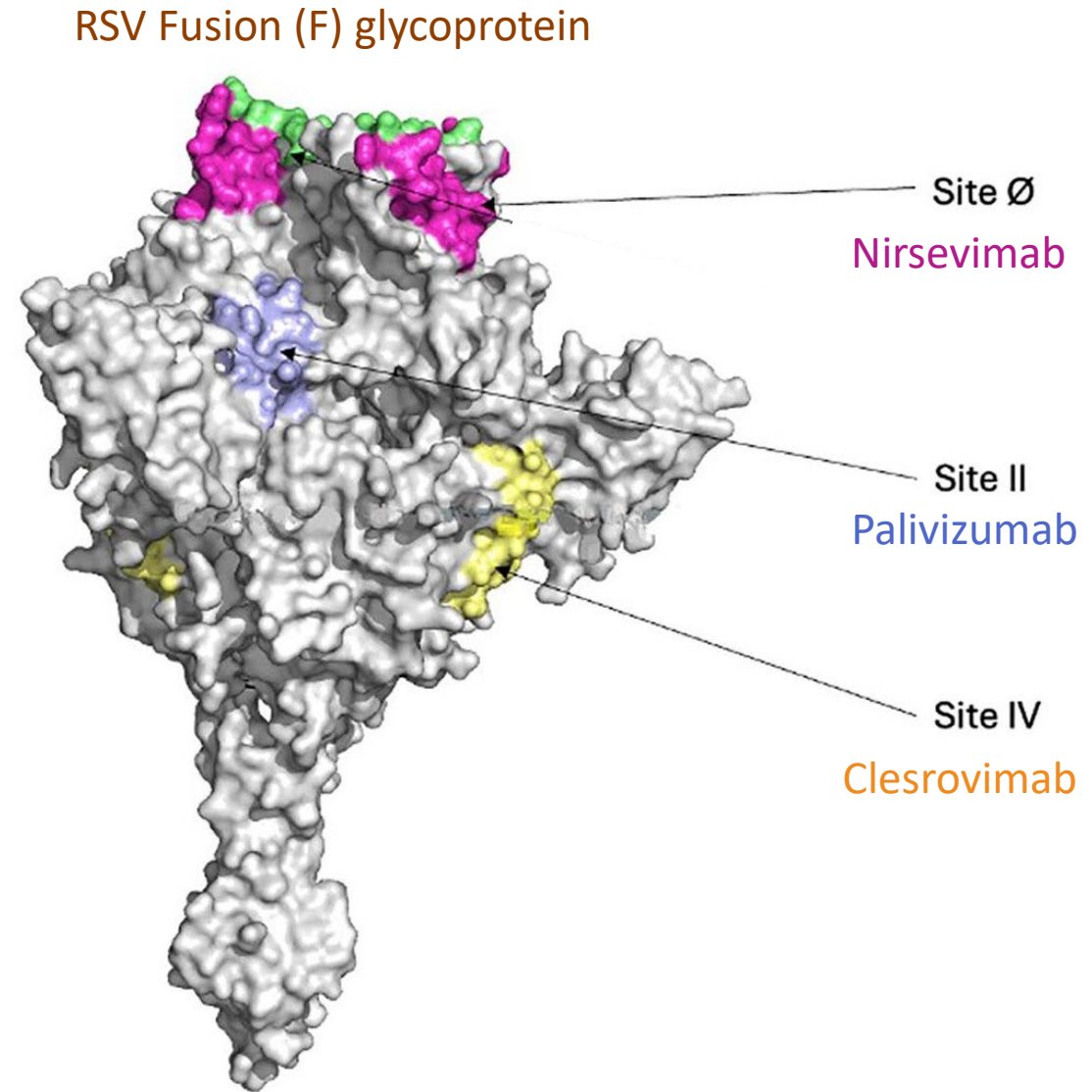
Accessed Aug 25, 2025

SARS-CoV-2
Pango lineages

<https://covid.cdc.gov/covid-data-tracker/#variant-summary>

RSV: Clesrovimab

- Newly approved long-acting monoclonal antibody against RSV
- Same dose for all infants regardless of weight (105mg)



Clesrovimab vs. nirsevimab

- Recommendations same for infants <8m born during or entering first RSV season (Oct-Mar)
 - No preferential recommendation
- Only nirsevimab recommended for children ages 8-19m at ↑ risk of severe RSV disease and entering their second season
- Palivizumab is no longer recommended

HPV - start between 9-12 years

Since the 2018-2021 AAP Red Book, AAP has emphasized early initiation of the HPV series

- Safe and effective
- Optimal for acceptance and completion of the vaccination series
- Can disentangle HPV vaccination and discussion of sexuality
- For families who want to limit # vaccines administered at a single visit, starting before age 11 provides an opportunity

ACOG Releases Updated Maternal Immunization Guidance for COVID-19, Influenza, and RSV

Washington, D.C.—Today, the American College of Obstetricians and Gynecologists (ACOG) released updated clinical guidance regarding vaccination during pregnancy against COVID-19, influenza, and RSV. The three guidance documents, all of which recommend maternal immunization, lay out the full body of current scientific evidence that underscores the safety and benefits of choosing to be vaccinated against these respiratory conditions during pregnancy.

ADVERTISEMENT



Additional adult guidelines coming soon

- Infectious Diseases Society of America
- American Academy of Family Physicians



RFK Jr. limits who is eligible for COVID shots

8/27/25



April Rubin

FDA approvals:

- Moderna – 6m +
- Pfizer – 5y +
- Novavax – 12y +

} with ≥ 1 high risk condition

NEJM 2025 →

CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe Covid-19

Asthma
Cancer
Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease*
People receiving dialysis
Chronic lung diseases limited to the following:
Bronchiectasis
COPD (chronic obstructive pulmonary disease)
Interstitial lung disease
Pulmonary embolism
Pulmonary hypertension
Chronic liver diseases limited to the following:
Cirrhosis
Nonalcoholic fatty liver disease
Alcoholic liver disease
Autoimmune hepatitis
Cystic fibrosis
Diabetes mellitus, type 1
Diabetes mellitus, type 2*
Gestational diabetes
Disabilities‡, including Down's syndrome
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
HIV (human immunodeficiency virus)
Mental health conditions limited to the following:
Mood disorders, including depression
Schizophrenia spectrum disorders
Neurologic conditions limited to dementia‡ and Parkinson's disease
Obesity (BMI ≥ 30 or ≥ 95 th percentile in children)
Physical inactivity
Pregnancy and recent pregnancy
Primary immunodeficiency
Smoking, current and former
Solid-organ or blood stem-cell transplantation
Tuberculosis
Use of corticosteroids or other immunosuppressive medications

* Indicates presence of evidence for pregnant and nonpregnant women.

‡ Underlying conditions for which there is evidence in pediatric patients.

WP EXCLUSIVE

White House fires CDC director who says RFK Jr. is 'weaponizing public health'

Susan Monarez was confirmed as the CDC's director in July. Three top agency officials announced resignations as the Trump administration moved to oust her.

By Lena H. Sun, Dan Diamond and
Lauren Weber • Updated 54 minutes
ago



Susan Monarez. (Matt McClain for The Post)

8/27/25

More details on current events:

AAP evidence-based
childhood immunization
schedule-
what the experts say



<https://youtu.be/TxC-uGQJjG8>



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