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Subject: ACIP and CDC Vaccine Recommendation Updates

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Public Health

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This communication is being sent to all key contacts at provider organizations enrolled in the pediatric CT Vaccine Program (CVP) and the Connecticut Vaccines for Adult (CVFA) Program – please read this message in its entirety. Please feel free to share it with others in your organization who may benefit from the update. Note that all our communications are archived on our web site here.

Dear Providers,

This communication outlines key updates from the last two Advisory Committee on Immunization Practices (ACIP) meetings and summarizes recent changes to COVID-19 vaccine recommendations, including availability through the Connecticut Vaccine Program (CVP). These new recommendations are now in effect and providers should review the guidance below and implement within clinic workflows.

ACIP April 2025 Meeting Highlights

On April 15–16, 2025, ACIP met and approved recommendations by majority votes for use of chikungunya vaccines, newly-licensed meningococcal vaccine, and RSV vaccines. The decision memos were recently signed and are now posted. The Centers for Disease Control and Prevention (CDC) is working on implementation for these decisions and various resources and webpages will be updated soon.

In summary, the ACIP members voted to recommend:

- **Meningitis Vaccine**: GSK's MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit
    1. healthy persons aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine and

2. persons aged ≥10 years who are at increased risk for meningococcal disease (e.g., because of persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia).
    - **DPH will send out a communication when this new vaccine is available to order through the CVP.**

- **RSV Vaccine:** RSV vaccines for adults 50–59 years of age who are at increased risk of severe RSV disease receive a single dose of RSV vaccine. Currently, RSV vaccination is recommended as a single dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose. RSV vaccination is still recommended for all adults 75 years or older.
- **Chikungunya Vaccine:**
    - Chikungunya vaccine (virus-like particle) for persons aged ≥12 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the virus-like particle chikungunya vaccine may be considered for persons aged ≥12 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time (e.g., 6 months or more).
    - Chikungunya vaccine (virus-like particle) for laboratory workers with potential for exposure to chikungunya virus.
    - Chikungunya vaccine (live attenuated) for persons aged ≥18 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the live attenuated chikungunya vaccine may be considered for persons aged ≥18 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time (e.g., 6 months or more).

ACIP June 2025 Meeting Highlights

The ACIP met again on June 25–26 to consider an agenda that included presentations on COVID, RSV, and flu vaccines. **Note that CDC is working on an implementation plan to address these new recommendations; CT DPH will send out a communication once the decision memos confirming these ACIP votes are signed.**

In summary, the ACIP members voted to recommend:

- **RSV Monoclonal Antibody for Infants (Clesrovimab):**

    - Approval of one dose of clesrovimab, a new monoclonal antibody approved by FDA for infants whose mothers are not protected by maternal respiratory syncytial virus (RSV) vaccination. Clesrovimab is one of two RSV monoclonal antibody products available (nirsevimab is the other monoclonal antibody product).
    - Approval to include clesrovimab in the Vaccines for Children Program (VFC) program, ensuring no-cost access for eligible infants.
        - **DPH will send out a communication when this new product is fully adopted by the CDC and when it is available to order through the CVP.**

- **Influenza Vaccine:** Annual reaffirmation of the recommendation for **routine annual influenza vaccination** for all persons aged over six months who do not have contraindications.
- **Influenza Vaccine and Thimerosal:**
    - Seasonal influenza vaccines for children 18 years and younger only in single-dose formulations free of thimerosal as a preservative.
    - Seasonal influenza vaccines for pregnant women only in single-dose formulations free of thimerosal as a preservative.
    - Seasonal influenza vaccines for all adults only in single-dose formulations that are free of thimerosal as a preservative.

It is important to note that thimerosal is a preservative found in multi-dose vials, and there is **no evidence of harm caused by the low doses of thimerosal in vaccines**, except for minor reactions like redness and swelling at the injection site (see FDA and CDC). Less than 6% of all doses administered across the US last season contained thimerosal. Additionally, the CVP currently only supplies influenza vaccine in single dose presentations, which do not contain this preservative.

To review ACIP meeting materials, visit: CDC ACIP Meeting Resources and the CDC/ACIP Joint Statement.

COVID-19 Vaccine Access and Guidance

On May 30, 2025, the CDC updated its COVID-19 vaccine recommendations for children, adolescents, and adults, including pregnant individuals. The new guidelines reflect a shift to shared decision-making for children and adolescent vaccinations. This shift replaces the previous universal recommendation for all children 6 months and older to be vaccinated

against COVID-19. The updated guidance emphasizes that vaccine decisions be based on a discussion between the healthcare provider and the parent/guardian, with consideration for individual circumstances and preferences.

COVID-19 vaccination remains available for children and pregnant individuals, particularly those at increased risk due to underlying medical conditions or other risk factors. While routine vaccination during pregnancy is no longer listed in the CDC's immunization schedule, providers may continue to offer COVID-19 vaccination based on individual risk assessment and shared clinical decision-making. The American College of Obstetricians and Gynecologists (ACOG) continues to support COVID-19 vaccination during pregnancy, citing a growing body of evidence showing it is safe and offers benefits to both the pregnant individual and the baby. Some CDC web pages also continue to reference these benefits.

Summary of COVID-19 Vaccine Changes:

- The **Child and Adolescent Immunization Schedule** now advises shared clinical decision making for all children and adolescents aged 6 months–17 years who are NOT moderately or severely immunocompromised.
- **VFC-eligible children 6-months and older** without underlying health conditions may obtain a COVID-19 vaccine at the request of their parent/guardian and under the advisement of their healthcare provider.
- **Adjustment of Routine Recommendation for COVID-19 Vaccination During Pregnancy**

Providers may consider two approaches for pregnant patients:

  - *Option 1: Shared Clinical Decision-Making* COVID-19 vaccination may be offered following a discussion between the provider and patient, especially for individuals with increased risk factors such as underlying health conditions, occupational exposure, or higher community transmission levels.
  - *Option 2: Deferral Based on Risk Assessment* For pregnant individuals without risk factors or specific concerns, providers may defer COVID-19 vaccination during pregnancy while monitoring evolving guidance, with the option to revisit the conversation later in the pregnancy or postpartum period.

The CDC continues to recommend COVID-19 vaccination for people with certain health conditions:

  - Moderately or severely immunocompromised children (6 months – 17 years)

- Most adults, especially those aged 65 and older and those with underlying health conditions.

Access through CVP: COVID-19 vaccines remain available through the CVP for all eligible children. Children aged 6 months and older without underlying health conditions may still receive a COVID-19 vaccine at the discretion of their healthcare provider and upon parent/guardian request.

It is important to note that no new safety concerns have been identified. Previous doses administered to children and pregnant individuals remain considered safe, and product licensure has not changed.

Please find updated HTML pages and PDFs at the links below:

Child and Adolescent Schedule

- HTML pages:
  - Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC
  - Child and Adolescent Immunization Schedule by Medical Indication | Vaccines & Immunizations | CDC
  - Child Immunization Schedule Notes | Vaccines & Immunizations | CDC
- PDFs: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.

Adult Schedule

- HTML page: Adult Immunization Schedule by Medical Condition and Other Indication | Vaccines & Immunizations | CDC
- PDFs: Recommended Adult Immunization Schedule for ages 19 years or older; 2025 U.S.

CT DPH will continue to share new information as it becomes available. We encourage all providers to review the CDC website for resources to support patient conversations and vaccine decisions.

Thank you for your continued support and cooperation.

For the CT DPH Immunization Program, visit: Contact Us

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