



# Vaccine Update - Executive Summary

#### Post-ACIP Meeting (Sept 18-19, 2025)

The Advisory Committee on Immunization Practices (ACIP) issued recommendations that differ from the FDA, CDC, and major medical associations. These shifts may affect vaccine access, coverage, and employee perceptions.

#### **KEY UPDATES BY VACCINE**

VACCINE	ACIP RECOMMENDATION	OTHER GUIDANCE
COVID-19	Vaccination for ages 6 months+ based on shared clinical decision-making (risk highest in ≥65 and high-risk groups).	FDA: Approves only ≥65, restricted approval for younger high-risk groups. CDC: Recommends for most ≥18, strong emphasis for ≥65, high-risk, and pregnant women. AMA/AAP/ACOG: Support vaccination for all ≥6 months; ACOG supports vaccination in pregnancy.
Influenza	Annual flu shot for everyone ≥6 months.	Aligned across FDA, CDC, and medical groups. All flu vaccines now thimerosal-free.
RSV	General agreement on approach (infants, pregnant women, older adults).	CDC ACIP RSV Guidance
MMRV (Measles, Mumps, Rubella, Varicella)	No longer recommends combined MMRV for children <4; use separate MMR + Varicella.  (Note 85% MMR and Varicella doses already given separately)	AAP: Parents should retain option for MMRV
Hepatitis B	Deferred vote on delaying first dose to 1 month (in HBV-negative mothers).	AAP: Continue birth dose within 24 hours for all newborns.

#### WHY IT MATTERS

## Public Health & Uptake

- Shifting to "shared decision-making" for COVID may lower uptake, especially among lower-risk groups or those with limited access to providers.
- Changes to childhood vaccines (e.g., MMRV vs. separate shots) could confuse parents and fuel hesitancy.

### Insurance & Coverage

- · ACIP guidance drives insurer and government program coverage.
- Shifts from "universal" to "shared decision" could affect what's covered or require more documentation. This <u>site</u> (<a href="https://www.vaxassist.com/">https://www.vaxassist.com/</a>) helps locate pharmacies that can give respiratory vaccines at the ZIP code level (Note it is currently being updated to reflect the recent ACIP changes).

# Trust & Stability

• Rapid or politicized changes risk undermining confidence in vaccines and public health institutions.

## Operations & Logistics

- More separate shots = longer visits, higher costs, and supply shifts.
- Employers may see ripple effects in pediatric scheduling and vaccine access at pharmacies.



# **Employer Action Checklist**

1.	Co	verage & Benefits		
		Confirm all ACIP-recommended vaccines remain covered without copays (ACA requirement).		
		Clarify coverage for "shared decision" vaccines (COVID, HPV).		
		Prepare for pediatric visits requiring additional time/shots.		
2	Fn	mployee Communication		
		Share clear, science-based messaging: changes reflect evolving evidence, not safety concerns.		
		Provide trusted sources (AMA, AAP, ACOG, Immunize.org, NEBGH guides).		
		Target outreach to at-risk groups (pregnant employees, parents, immunocompromised).		
3.	Ac	Access & Convenience		
		Offer onsite/near-site flu and COVID vaccines or retail pharmacy vouchers.		
		Allow time off for pediatric vaccine visits.		
		Add vaccine education/administration to wellness events.		
4.	Ri	Risk & Compliance		
		Track school-entry requirements (affects working parents).		
		Monitor OSHA/EEOC guidance on vaccine policies.		
		Watch absenteeism trends from preventable illness.		
<b>5</b> .	Eq	uity & Inclusion		
		Provide multilingual, culturally tailored education.		
		Encourage nurse lines/telehealth to support shared decision-making.		
6.	Stı	rategic Positioning		
		Reinforce culture of health: "We follow science, not politics."		
		Partner with NEBGH for updates and resources.		
		Anticipate operational impacts in pediatrics and pharmacies.		

### **BOTTOM LINE FOR EMPLOYERS**

Stay ahead of the confusion. Confirm coverage, communicate clearly, make access easy, and position your organization as a trusted source of health information for employees and families.

