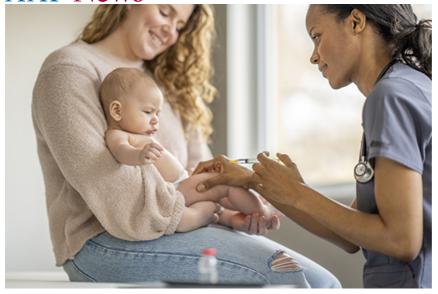
AAP News



## AAP, medical societies creating flu, RSV, COVID vaccine guidance for fall

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Editor's note: For the latest news on COVID-19, visit http://bit.ly/AAPNewsCOVID19.

The AAP is collaborating with external partners and convening a work group of medical societies in sharing approaches for developing evidence-based clinical guidance on influenza, respiratory syncytial virus (RSV) and COVID-19 vaccines for the fall. The effort comes as federal health officials make unscientific changes to vaccine policies.

Creating independent guidance "preserves the process of integrating the best available science into vaccine recommendations," said Nita Mohanty, M.D., M.S., FAAP, senior vice president of Child Health Finance and Quality. "The AAP has always guided pediatricians on vaccinations, and it has always led with science. This role is not new to us."

The AAP has published its own immunization guidance for more than 90 years and worked with the Centers for Disease Control and Prevention (CDC) and others in recent decades to harmonize recommendations when possible. However, Health and Human Services Secretary Robert F. Kennedy Jr. recently replaced CDC Advisory Committee on Immunization Practices (ACIP) members with people who have espoused antivaccine viewpoints. He also unilaterally removed COVID-19 vaccines from the routine recommendations for healthy children and pregnant people, sparking a lawsuit from the AAP and other medical groups.

In the wake of these moves, the AAP is collaborating with other medical groups, each offering transparency into their approach to providing science-based guidance for the respective populations served. Each society

will oversee recommendations for the upcoming respiratory virus season for specific populations with a goal to develop recommendations by the end of August.

The AAP's guidance for children will include its annual influenza statement releasing July 28 which will address FluMist nasal spray for at-home use, while the RSV guidance will incorporate the new monoclonal antibody clesrovimab for infants. The AAP Committee on Infectious Diseases (COID) consulted with a new advisory group of experts Friday as it crafted COVID guidance. As with all clinical guidance developed by the AAP, conflicts of interest are carefully managed, and recommendations are informed by review of relevant scientific data and are ultimately approved by the Board.

"We want pediatricians to know that vaccine guidance will continue to follow a process that is informed by science, based on thorough analysis of the available data and is in the best interest of child health," Dr. Mohanty said. "We are making every effort to ensure the guidance is available in a timely fashion for the upcoming respiratory virus season."

The AAP has also been talking with payers to ensure the societies' recommendations will be covered by insurance and has gotten positive feedback, according to Dr. Mohanty.

"We continue to consider the practical implementation of immunization guidance in clinical care," said COID Chair Sean T. O'Leary, M.D., M.P.H., FAAP. "For now, we are specifically focused on recommendations for the upcoming respiratory season. We are preparing, though, to address any further actions by ACIP that are not based in science."

Professional societies are also collaborating with the Vaccine Integrity Project (VIP), which is supported by the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP) through a philanthropic gift. The initiative is "dedicated to safeguarding vaccine use in the U.S. so that it remains grounded in the best available science, free from external influence, and focused on optimizing protection of individuals, families, and communities against vaccine-preventable diseases," according to its website.

"This project acknowledges the unfortunate reality that the system that we've relied on to make vaccine recommendations and to review safety and effectiveness data faces threats," CIDRAP Director Michael T. Osterholm, Ph.D., M.P.H., said in a statement.

The VIP is reviewing scientific data on vaccines and will share an evidence brief with the medical societies for utilization as they craft their guidance. The VIP will also convene meetings where societies will share their respective vaccine recommendations. While the groups are collaborating, they will not vote on each other's recommendations. Dr. Mohanty said it is not intended to be a "shadow ACIP."

"The ACIP has historically provided a critical public health function, and the desired state is for it to be reconstituted in its original structure," she said.

In the meantime, the AAP is staying apprised of several additional efforts in the medical community to make other independent vaccine recommendations.

"We won't lend our name or our expertise to a system that is being politicized at the expense of children's health," AAP President Susan J. Kressly, M.D., FAAP, said in June. "But we're not stepping back, we're stepping up. The AAP will continue to publish our own immunization schedule just as we always have, developed by experts, guided by science, trusted by pediatricians and families across the country."

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