

**Preliminary Takeaways:**

At the conclusion of this week's CDC Advisory Committee on Immunization Practices (ACIP) meeting, there were **no major changes** to vaccine recommendations for the coming fall and winter respiratory virus season. Although ACIP ultimately reaffirmed routine annual influenza vaccination for everyone aged six months and older, the committee included in the recommendation that only thimerosal-free influenza vaccines be used for children, pregnant women, and all adults – signaling that the dynamics around vaccine policy have shifted.

- For payers, these circumstances demand close attention to any future changes in recommendations, which could influence coverage determinations and cost management strategies, requiring proactive engagement with both manufacturers and policymakers.
- Providers face the challenging task of clearly communicating the safety and efficacy of vaccines to patients amid growing public skepticism fueled by administrative shifts and politicized debates, emphasizing the need for clear, evidence-based messaging and continued education. Additional questions may arise from pharmacies, hospitals, and independent clinician practices around the timing of ordering vaccines ahead of the fall season.
- Patients, particularly those in vulnerable and underserved communities, may experience confusion or hesitancy due to perceived instability in public health guidance, potentially impacting vaccine uptake and overall public trust.
- Vaccine manufacturers should maintain proactive, transparent dialogue with ACIP, CDC, FDA, and congressional stakeholders to sustain confidence in vaccine programs.

**Summary:**

On June 25–26, 2025, the reconstituted Advisory Committee on Immunization Practices (ACIP) convened to discuss updates and recommendations regarding vaccines, particularly focusing on respiratory syncytial virus (RSV) and influenza vaccines. This meeting was held amidst significant scrutiny due to the removal of the previous ACIP members and rapid appointment of new members. This led to heightened attention from policymakers, including Senator Bill Cassidy (R-LA) who raised significant concerns, criticizing the lack of transparency, potential politicization of vaccine policy, erosion of public trust in vaccine recommendations, and explicitly calling for a delay in the meeting.

During the meeting, significant time was devoted to RSV vaccines and related monoclonal antibodies. Two major RSV prevention products were discussed in detail: maternal RSV vaccines and monoclonal antibodies, specifically the newly FDA-approved monoclonal antibody, Clesrovimab. After a presentation of Clesrovimab clinical trial data and questions from the committee regarding safety signals, ACIP voted to recommend Clesrovimab for infants under eight months who are not protected by maternal vaccination, with two dissenting votes (Retsef Levi and Vicky Pebsworth). Additionally, the committee unanimously approved including Clesrovimab in the Vaccines for Children (VFC) program, reinforcing broad support for equitable access.

Influenza vaccine recommendations were a second critical topic and were notable for an extensive discussion about thimerosal, a mercury-based preservative, in multi-dose influenza vaccine vials, which make up 3-4% of administered flu vaccines. The committee held extensive discussions balancing safety data – which consistently indicated no evidence of harm at current exposure levels – and public perception concerns about mercury exposure. One ACIP member, Dr. Cody Meissner, a pediatrician, notably argued against restricting thimerosal-containing vaccines, emphasizing global implications, cost considerations, and the lack of evidence of harm. While ACIP ultimately reaffirmed routine annual influenza vaccination for everyone aged six months and older, the committee included in the recommendation that thimerosal-free influenza vaccines be used exclusively for children, pregnant women, and all adults. (Meissner voted against and Pebsworth abstained).

No votes were taken regarding COVID-19 vaccine recommendations (implying the May recommendations remain in effect). The next ACIP meeting is anticipated to be held by September, but both date and topic are TBD.

Throughout the meeting, public comments revealed concerns regarding recent political interference in ACIP's decision-making and membership changes. Dr. Michael Ross, a recent appointee by Secretary Kennedy, notably [withdrew](#) from the panel before the meeting due to financial conflicts. Public commenters, including healthcare professionals and patient advocates, underscored the critical importance of maintaining robust, evidence-based vaccination schedules to protect public health, equity, and prevent resurgences of vaccine-preventable diseases. Additionally, several groups, including the American Academy of Pediatrics (AAP) and CDC alumni, protested the meeting, raising concerns about perceived political interference and urging ACIP to uphold scientific independence and transparency.