

2025: Updates to Federal Respiratory Vaccine Recommendations and Approvals, April – August

Background: This table provides an at-a-glance summary of the latest changes to vaccine and immunization recommendations across key population groups made during the April and June 2025 Advisory Committee on Immunization Practices (ACIP) meetings, revised guidance from the Centers for Disease Control and Prevention (CDC) on COVID vaccines in May 2025, and FDA labeling changes for COVID-19 vaccines made in August 2025.

As of August 6, 2025, select recommendations from the June 2025 ACIP meeting, and all recommendations from the April 2025 ACIP meeting, have been approved by Health and Human Services (HHS) Secretary, Robert Kennedy Jr. Approved recommendations are expected to be incorporated into the CDC Immunization Schedule.

Key:	No change, 2024 recommendations still stand	Updates to be aware of	Changes to 2024 recommendations
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CDC's RSV Recommendations for Select Populations			
Population	Prior Recommendation	New ACIP Recommendation as of April and June 2025	Notes
Existing RSV Vaccine: Nirsevimab			
Infants	<p>Nirsevimab is recommended for infants younger than 8 months of age who are born during or are entering their first RSV season (typically fall through spring) if:</p> <ul style="list-style-type: none"> - The mother did not receive RSV immunization during pregnancy, or - The mother's RSV immunization status is unknown, or - The infant was born within 14 days of maternal RSV immunization 	No changes; 2024 respiratory season recommendations still stand	Committee did not vote on any recommendations related to the prior recommendation

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Some young children (ages 8 – 19 months)	<p>The following children ages 8 through 19 months are recommended to get nirsevimab shortly before or as early as possible during their second RSV season:</p> <ul style="list-style-type: none"> - Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season - Children with severe immunocompromise - Children with cystic fibrosis who have either 1) manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable), or 2) weight-for-length <10th percentile - American Indian or Alaska Native children 	No changes; 2024 respiratory season recommendations still stand	Committee did not vote on any recommendations related to the prior recommendation
Pregnant, any age	Pregnant women should get a single dose of the maternal RSV immunization (Pfizer’s Abrysvo) during weeks 32 through 36 of pregnancy sometime between September through January.	No changes; 2024 respiratory season recommendations still stand	Committee did not vote on any recommendations related to the prior recommendation
Older Adults	CDC recommends a single dose of any FDA-licensed RSV immunization for all adults ages 75 and older and adults ages 50–74 at increased risk of severe RSV.	April 2025 ACIP: During the April ACIP meeting, the committee recommended to lower the age for adults at increased risk of severe RSV from 60-74 to 50-74, and	RSV immunization recommendations for people ages 50 and older have been updated as of June 25, 2025.

		continued to recommend a single dose of any FDA-licensed RSV immunization for all adults 75+.	
New RSV Vaccine: Clesrovimab			
Infants <8 months (without maternal vaccination protection)	No previous recommendation	Recommended administration of Clesrovimab (monoclonal antibody).	This drug was newly approved by the FDA in June 2025; this recommendation was adopted by the CDC director on 8/4/25 and is now an official recommendation of the CDC.
Infants (Vaccines for Children program eligibility)	No previous recommendation	Recommended inclusion of Clesrovimab in the VFC program.	This drug was newly approved by the FDA in June 2025; this recommendation was adopted by the CDC director on 8/4/25 and is now an official recommendation of the CDC.

CDC's Influenza Recommendations for Select Populations			
Population	Prior Recommendation	New ACIP Recommendation as of June 2025	Notes
Persons aged ≥6 months	Routine annual influenza vaccination of all persons aged ≥6 months who do not have contraindications continues to be recommended for 2024 – 2025	Reaffirmed routine annual influenza vaccination of all persons aged ≥6 months without contraindications for 2025 – 2026 respiratory season	This recommendation was adopted by the HHS Secretary on 7/22/25 and is now an official recommendation of the CDC.
Children 18 years and younger	ACIP makes no preferential recommendation for the use of any one influenza vaccine over another when more than one licensed and recommended vaccine is available.	Recommended exclusive use of thimerosal-free influenza vaccines	On July 23, 2025, HHS Secretary Robert Kennedy Jr. approved the June 2025 ACIP recommendation to remove thimerosal from all influenza vaccines distributed in the US. Thimerosal is the preservative used in multidose influenza vials. CDC's supply data shows single-dose, thimerosal-free syringes make up about 96% of the U.S. flu vaccine supply. Change in recommendation is anticipated to have limited impact. ¹
Pregnant women, all ages	ACIP makes no preferential recommendation for the use of any one influenza vaccine over another when more than one licensed and recommended vaccine is available.	Recommended exclusive use of thimerosal-free influenza vaccines	
All adults	ACIP makes no preferential recommendation for the use of any one influenza vaccine over another when more than one licensed and recommended vaccine is available, except for selection of influenza vaccines for persons aged ≥65 years. ACIP recommends that adults aged ≥65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: trivalent high-dose inactivated influenza vaccine (HD-IIV3), trivalent recombinant influenza	Recommended exclusive use of thimerosal-free influenza vaccines	

¹Multidose influenza vials are vaccine containers intended for use with multiple patients over a short time horizon (e.g., the vial contains enough to vaccinate four people, not just a single person; these tend to be more cost efficient for high-volume care settings).

	vaccine (RIV3), or trivalent adjuvanted inactivated influenza vaccine (aIV3). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.		
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CDC's COVID-19 Recommendations for Select Populations			
Population	Prior Recommendation	New ACIP Recommendation as of April 2025, Updated CDC Guidance, & August FDA Labeling Change	Notes
Persons aged ≥ 6 months	<p>The 2024–2025 COVID-19 vaccines are recommended for all persons aged ≥6 months to target currently circulating SARS-CoV-2 strains and provide additional protection against severe COVID-19–associated illness and death. (Sep 2024)</p> <p>Persons aged ≥6 months with moderate or severe immunocompromise should receive ≥2 doses to protect against severe COVID-19. (Dec 2024)</p>	<p>ACIP: ACIP has not updated the immunization schedule for 2025-2026 vaccines</p> <p>CDC: On May 29, 2025, the CDC recommended shared clinical decision making for initial COVID-19 vaccinations and boosters for children & youth aged 6 months to 17 years that are neither pregnant nor immunocompromised.</p> <p>FDA: On August 27, 2025, the FDA updated the 2025-26 COVID-19 vaccines label only for adults 65+ or people ages 6 months and older with</p>	<p>ACIP: At the June meeting, the committee did not take a vote on any COVID-19 vaccine recommendations. It is likely that 2026-2026 COVID-19 vaccine recommendations will be discussed in an ACIP meeting in August or September.</p> <p>Until there is a recommendation for the current COVID vaccine many payers (commercial, Medicaid) may not be required to cover COVID shots for this season and the PREP Act liability immunity may not apply.</p>

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		conditions that put them at high risk for severe COVID-19.	FDA: Healthy persons aged ≥ 6 months to 64 years old that do not otherwise have conditions that put them at high risk for severe COVID-19 are not included in the 2025-26 COVID-19 vaccine label.
Pregnant women, all ages		<p>CDC: On May 29, 2025, the CDC removed the recommendation of routine use of COVID-19 vaccines for women pregnant at any age</p> <p>FDA: On August 27, 2025, the FDA updated the 2025-26 COVID-19 vaccines label only for adults 65+ or people ages 6 months and older with conditions that put them at high risk for severe COVID-19.</p>	<p>ACIP: The committee did not take a vote on any COVID-19 vaccine recommendations, it is likely that these will be discussed in the August ACIP meeting</p> <p>Until there is a recommendation for the current COVID vaccine many payers (commercial, Medicaid) may not be required to cover COVID shots for this season and the PREP Act liability immunity may not apply.</p> <p>FDA: Pregnant women will not be included in the 2025-26 COVID-19 vaccine label.</p>
Adults aged ≥ 65 years	Adults aged ≥ 65 years should receive 2 doses of 2024–2025 COVID-19 vaccine. (Dec 2024)	<p>No changes; 2024 respiratory season recommendations still stand</p> <p>FDA: On August 27, 2025, the FDA updated the 2025-26</p>	The committee did not take a vote on any COVID-19 vaccine recommendations

		COVID-19 vaccines label only for adults 65+ or people ages 6 months and older with conditions that put them at high risk for severe COVID-19.	
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About the Common Health Coalition (CHC)

Founded in 2023, the Common Health Coalition (CHC) brings together leading health organizations in pursuit of a reimagined health system, one in which the nation's healthcare and public health systems no longer work in parallel, but hand in hand, with better health for all as the common goal. The Coalition encompasses 300+ members across the country. CHC is working with providers, payers, public health agencies, and other key actors to develop and implement a coordinated strategy for the continued coverage, access, and uptake of COVID-19 and flu vaccines and RSV immunizations. Focusing on the fall respiratory season, CHC is building consensus on industry best practices for vaccine access, analyzing and navigating the evolving coverage and regulatory landscape, and developing tools that promote a shared understanding of key issues and impacts across all stakeholders.

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