Preparing for Respiratory Virus Season

September 24, 2025

With Marielle Fricchione, MD, FAAP, FPIDS

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Craig Batterman, MD	Subject Matter Expert/ICAAP Immunizations Committee Member	No	N/A
Anita Chandra-Puri, MD, FAAP	Subject Matter Expert/ICAAP Immunizations Committee Member	Yes	Conslting Fees - Merck, Sequiris, Sanofi; Speakers Bureau - GSK
Roohi Wasiuddin	Subject Matter Expert/ICAAP Immunizations Committee Member	No	N/A
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Stephanie Atella MPH, CHES	ICAAP Staff	No	N/A
Jaime Novales, MD	CME Reviewer	No	N/A
Joe Hageman, MD	CME Reviewer	Yes	Roaylties - Owlet

Meet Our Speaker

Marielle Fricchione, MD, FAAP, FPIDS

- Associate Professor of Pediatrics, Rush Medical College
- Pediatric Infectious Diseases Division, Rush Children's Hospital

Learning Objectives

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Upon attending this session, participants will be able to:

Summarize 2025/2026 clinical guidance for use of COVID-19, flu, and RSV immunizations.

Explain the impact of respiratory viruses on pediatric health outcomes.

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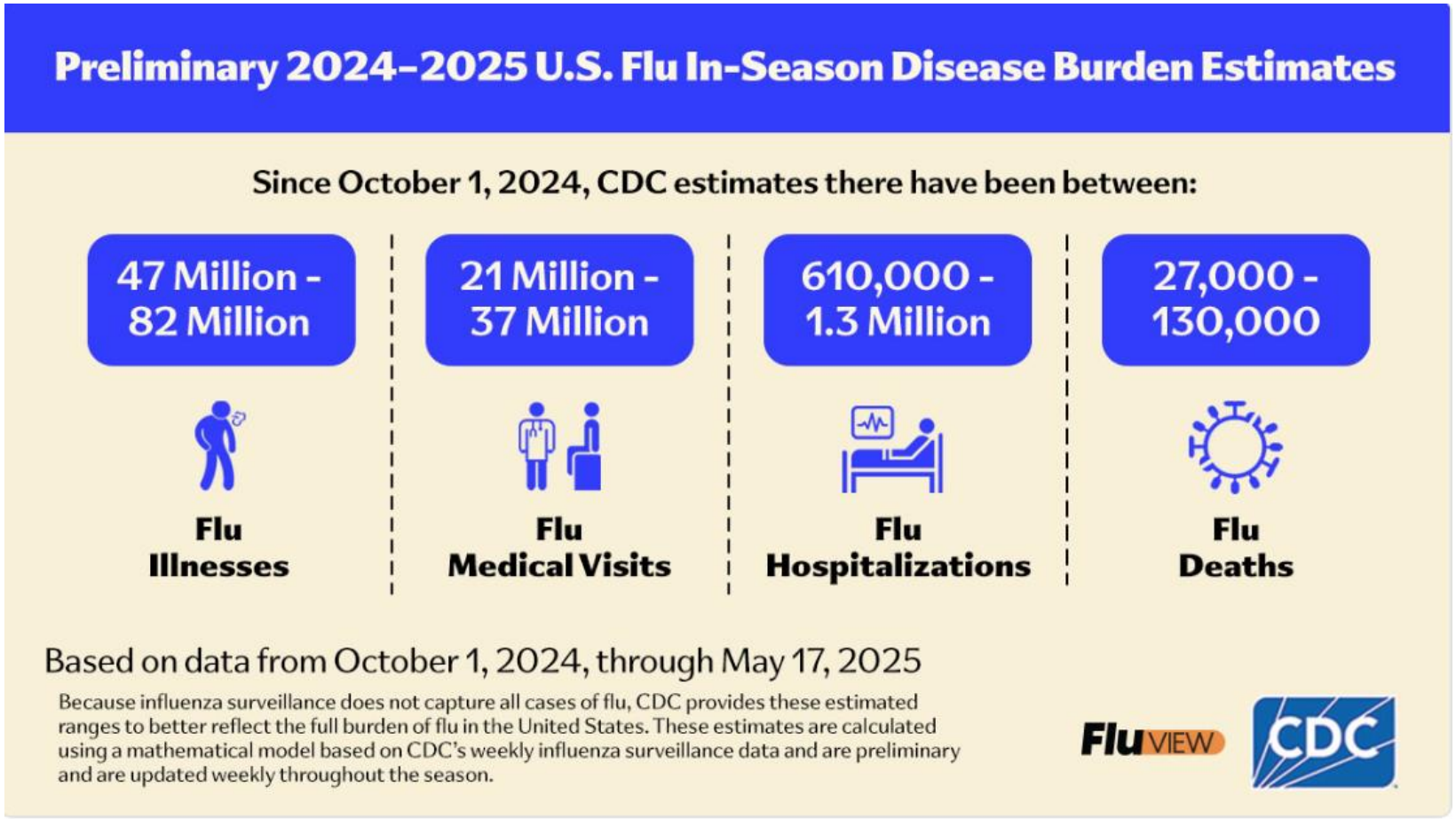
How We Got Here

- **May 20:** The FDA Commissioner and an advisor released an opinion piece via The New England Journal of Medicine about the possible future of COVID-19 vaccines in the United States.
- **May 27:** The Secretary of Health and Human Services announced via social media that COVID-19 vaccines would no longer be recommended for healthy children and pregnant women.
- **May 29:** Updates were made to the Recommended Child and Adolescent Immunization Schedule found on the CDC's website without input from the ACIP.
- **June 25 & 26:** ACIP met, voted on flu, approved ENFLONSIA™.
- **Aug 19:** AAP releases evidence-based immunization schedule; calls on payers to cover recommendations.
- **Aug 27:** FDA approvals on COVID-19 vaccines, EUA removed, changed minimum age for Comirnaty, now only SPIKEVAX can be given <5yo.
- **Sept 12:** Governor Pritzker signed an Executive Order to Protect Life Saving Immunization Access to Illinoisians.
- **Sept 18 & 19:** ACIP met.
- **Sept 22:** The Illinois Immunization Advisory Committee met to review RSV, flu, and COVID data and to make recommendations to IDPH.
  - Votes were made in line with AAP recommendations.
- **Sept 23:** IDPH releases respiratory season guidance and Director Vohra issued a standing order for administration of the 2025-2026 COVID-19 vaccine in pharmacies and other appropriate clinical settings.

Flu

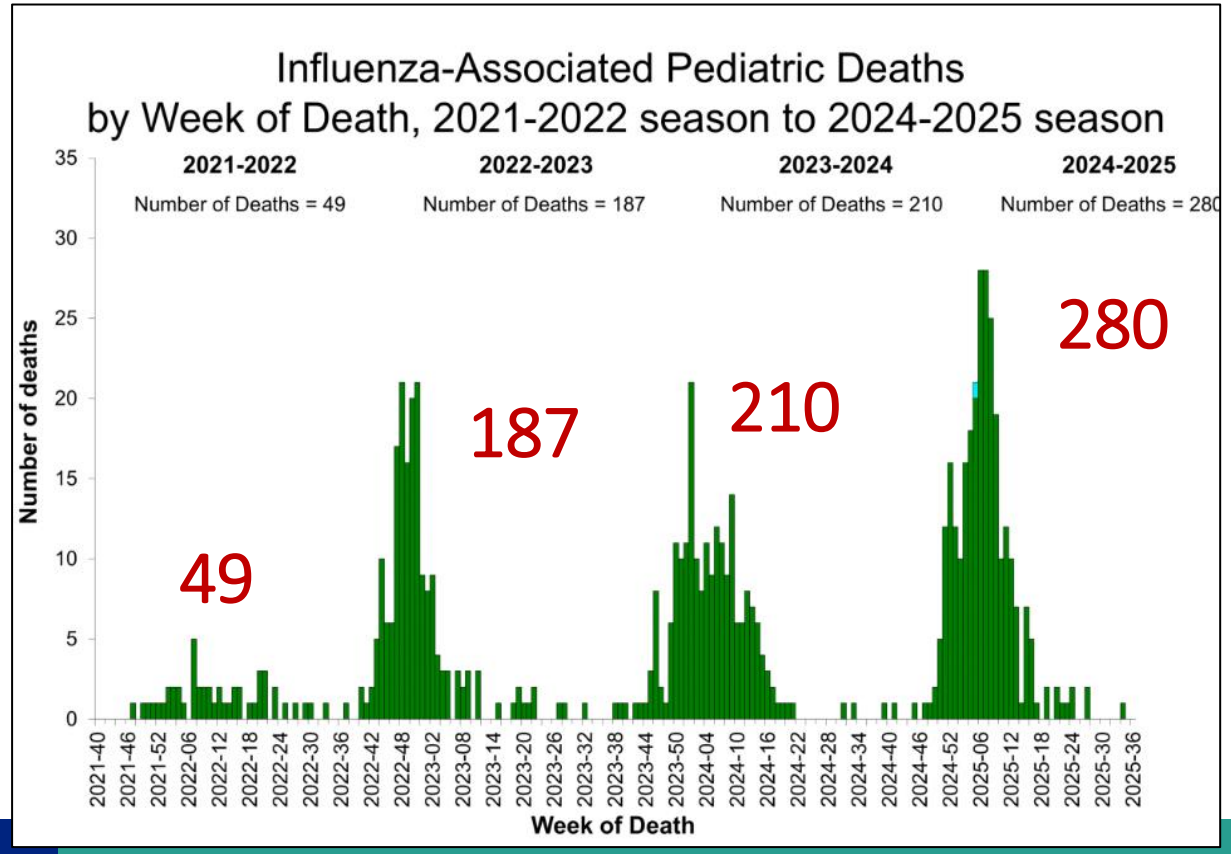
2024-2025 Flu Season



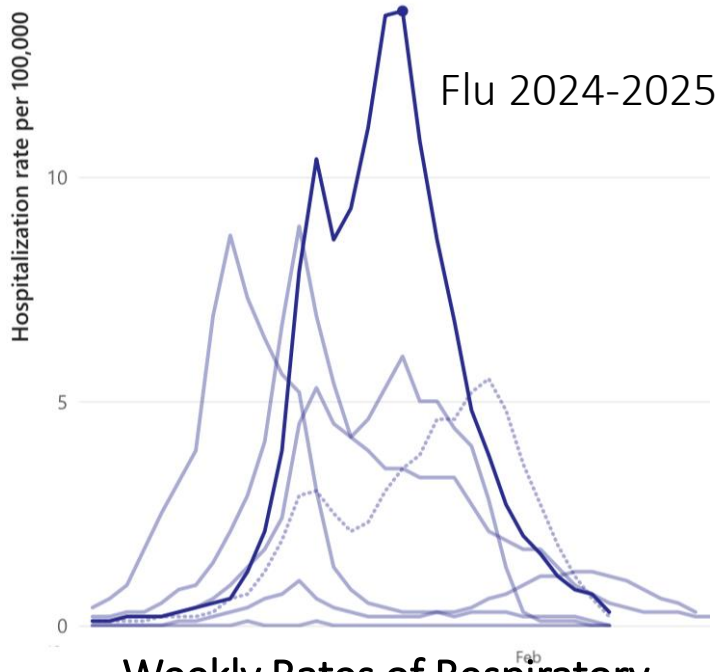
https://www.cdc.gov/flu-burden/php/data-vis/2024-2025.html

2024-2025 Flu Season

- Worst flu season in over a decade.
- Pediatric flu deaths hit record high - 90% of these deaths were in unvaccinated children.
- 2024-2025 saw a greater amount of Flu A cases than previous years.
- Children <5 years accounted for the second highest demographic hospitalized.



Source: CDC RespNET
CDC FluView

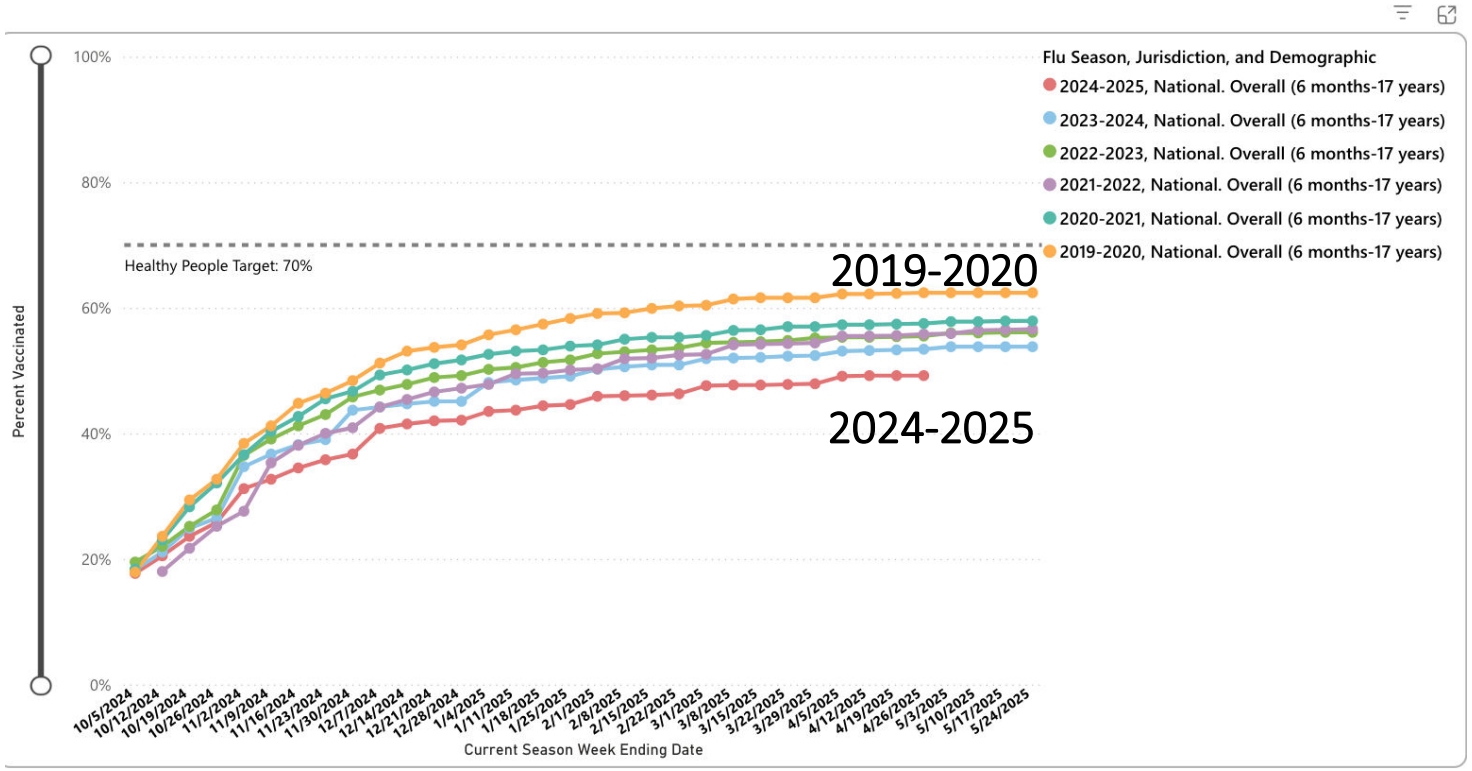


Weekly Rates of Respiratory Virus Hospitalizations

2024-2025 Pediatric Vaccine Rates

- Flu vaccination rates continue to drop since the pandemic.
- Pre-pandemic vaccine rates were increasing.
- As of April 26, 2025, 49.2% of children had received a flu shot compared to 53.4% the same time previous year.

Figure 2A. Weekly Cumulative Influenza Vaccination Coverage*,†,‡, by Flu Season and Selected Demographics, Children 6 Months–17 Years, United States
Data Source: National Immunization Survey-Flu



https://www.cdc.gov/fluvaxview/dashboard/children-vaccination-coverage.html

2024-25 Flu Vaccine Effectiveness

- Vaccine effectiveness studied within four networks.
- Among children and adolescents aged <18 years, VE against was 32%, 59%, and 60% in the outpatient setting in three networks,
- Against hospitalization VE was 63% and 78% in two networks.
- Effectiveness was greater against H1N1 (63% against hospitalization) vs. H3N2 (55% against hospitalization).

2025-2026 Flu Recommendations

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- All persons 6 months and older.
- Children 6 months-8 years who have **not received at least 2 doses** of flu vaccine prior to 7/1/2025, will need:
  - 2 doses this season.
  - Separated by at least 4 weeks.
- Trivalent seasonal flu vaccines include:
  - 2 flu A subtype viruses (H1N1 and H3N2).
  - 1 flu type B virus (B/Victoria lineage).

Egg Allergy: not a contraindication for any flu vaccine formulation (egg-based or non-egg based).

ACIP voted all vaccines must be free of thimerosal.

Influenza vaccination
(minimum age: 6 months [IIV3], 2 years [LAIV3], 9 years [recombinant influenza vaccine, RIV3])

Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually:
  - **Age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2025, or whose influenza vaccination history is unknown: 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.
  - **Age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2025: 1 dose.
  - **Age 9 years or older:** 1 dose.
  - **Age 18 years solid organ transplant recipients receiving immunosuppressive medications:** high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) influenza vaccines are acceptable options. No preference over other age-appropriate IIV3 or RIV3.
- For the 2025–2026 season, see the AAP recommendations at https://doi.org/10.1542/peds.2025-073620.

Special situations

- **Close contacts (eg, household contacts) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV3. If LAIV3 is given, they should avoid contact with, or caring for such immunosuppressed persons for 7 days after vaccination.

Note: Persons with an egg allergy can receive any influenza vaccine (egg-based or non-egg based) appropriate for age and health status.

AAP-Immunization-Schedule.pdf
Recommendations for Prevention and Control of Influenza in Children, 2025–2026: Policy Statement | Pediatrics | American Academy of Pediatrics

FluMist at Home

- AstraZeneca's FluMist is now officially available for home delivery in 34 states.
- Approved for self administration for all adults aged 18-49 years and for administration by an adult or guardian for children aged 2-17 years.
- Orders can be placed at flumist.com and will be reviewed by a clinician to confirm eligibility. Once eligibility is confirmed and insurance is verified, FluMist will be delivered (Not available through VFC)
- FluMist is also available at pharmacies and doctors' offices for administration by a professional (Available through VFC)

Find more information here.

2025-2026 Flu Recommendations – IAC

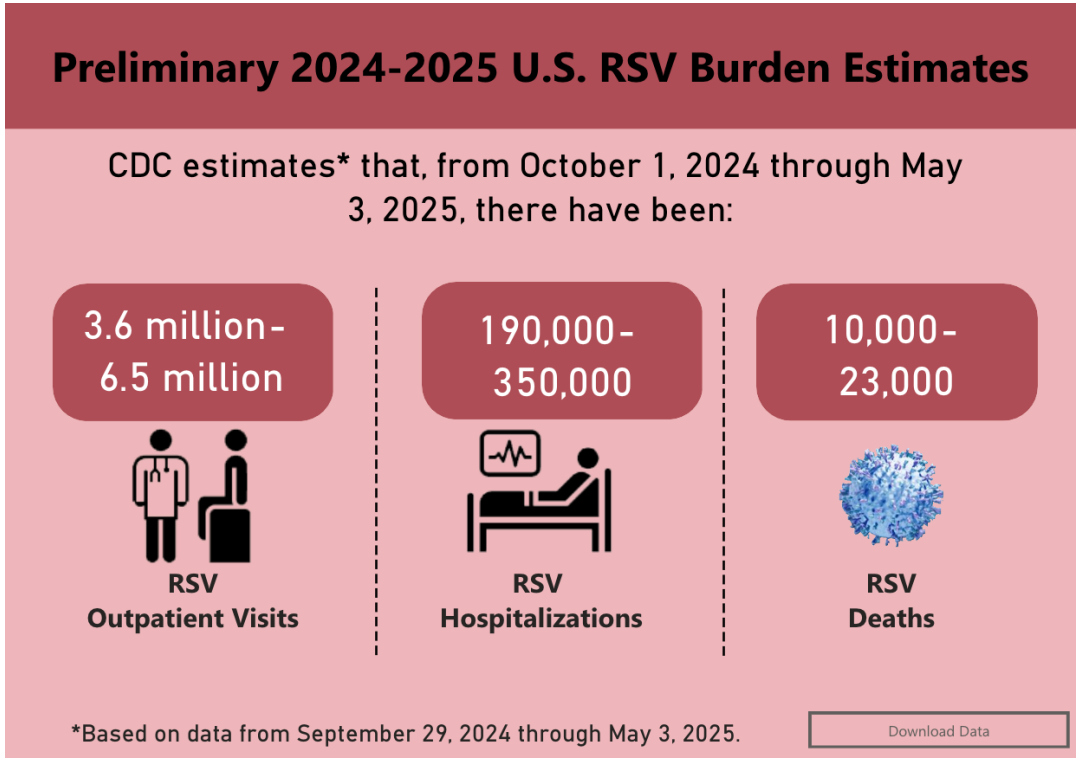
The IAC voted to advise IDPH to:

- Recommend routine annual influenza vaccination for all persons aged 6 months and older without a contraindication to vaccination.
- Endorsed by IDPH

RSV

The RSV Burden

- Per CDC: 58,000-80,000 children younger than 5 years are hospitalized due to RSV infection every year in the US.
- Children at greatest risk for severe illness from RSV include:
  - Premature infants.
  - Infants up to 12 months, especially those 6 months and younger.
  - Certain medical conditions.
- Almost all children get an RSV infection by the time they are 2 years old.
- RSV is the leading cause of infant hospitalization in the United States.



Source: CDC

RSV Protection and Vaccine Effectiveness

- Nirsevimab effectiveness was 98% against RSV associated hospitalizations in infants.
- Lancet study of 32 cohort and case-control studies from 5 countries, including the US, in systematic review.
  - 27 of the studies were included in the meta-analysis.
  - Studies: Jan 1, 2023, to Feb 25, 2025.
- For infants age 0-12 months, nirsevimab was associated with:
  - Lower odds of RSV-related hospitalization (Odds Ratio 0.17).
  - Lower odds of ICU admission (Odd Ratio 0.19).
  - Lower odds of LRTI incidence (0.25).
  - No different in length of hospital stay between nirsevimab and control groups.

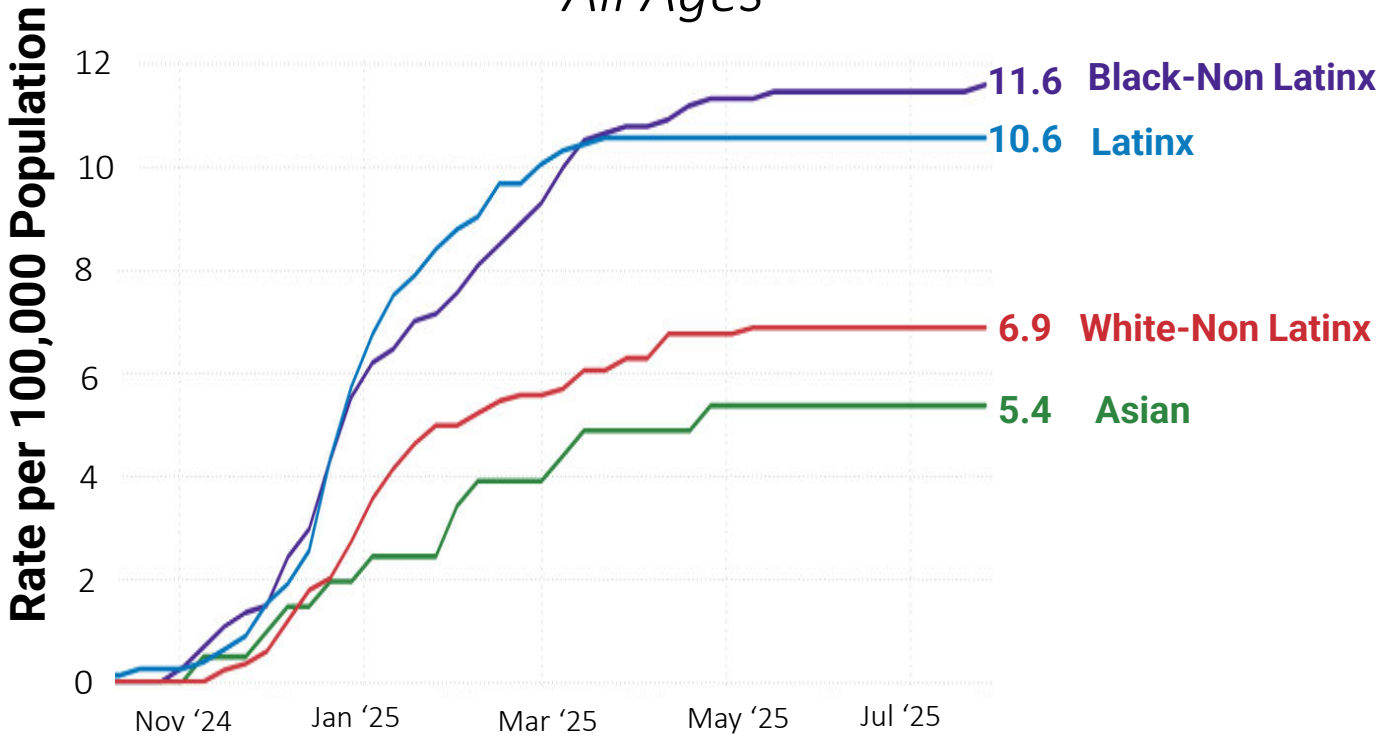
August 2025 AAP Pediatrics

Rates of RSV-associated ICU admissions differed by race/ethnicity.

2024-25 season: **MORE** children were immunized (59% vs 17%) and doses **MORE TIMELY**

Disparities: Coverage and timeliness varied by birthing hospital, race/demographic, and mom's country of origin

All Ages



Children

	Rate per 10,000	
	<1 yrs	0-4 yrs
Asian	13.7	7.7
Black	35.1	9.8
Latinx	19.3	10.8
White	10.7	9.6
Total	20.9	10.2

Slide courtesy of Chicago Department of Public Health, Brian Borah and Stephanie Gretsch

RSV Products

- Nirsevimab (Beyfortus) – monoclonal antibody
- Clesrovimab-cfor (Enflonsia) – monoclonal antibody ***new!***
- Abrysvo – maternal vaccine
- Palivizumab (Synagis) – *monoclonal antibody no longer recommended*

RSV Products Visual Guide

For Patients Who Are a Newborn or Infant*

Two monoclonal antibody treatments for RSV are approved for infants under 8 months of age. They are administered during the respiratory virus season, which is typically between October through March.

Administer **BEYFORTUS (nirsevimab-alip)**. Beyfortus is supplied in a prefilled syringe. 50mg doses are light blue and 100mg doses are purple.

OR

Administer **ENFLONSIA (clesrovimab)**. Enflonsia is supplied in a prefilled syringe.

Note: Palivizumab is no longer routinely recommended for use. If future shortages of other products occur, and palivizumab is available, additional guidance will be provided.

For Patients Who Are Pregnant

Administer **ABRYSVO (Respiratory Syncytial Virus Vaccine).** Pregnant persons should get a single dose during weeks 32 through 36 of pregnancy, sometime between September through January.

Abrysvo is supplied in a kit that includes a vial of Lyophilized Antigen Component, a prefilled syringe containing diluent, and a vial adapter.

For Patients Who Are 50 Years or Older*

Administer **AREXVY (Respiratory Syncytial Virus Vaccine, Adjuvanted), ABRYSVO,** or **mRESVIA (Respiratory Syncytial Virus Vaccine).**

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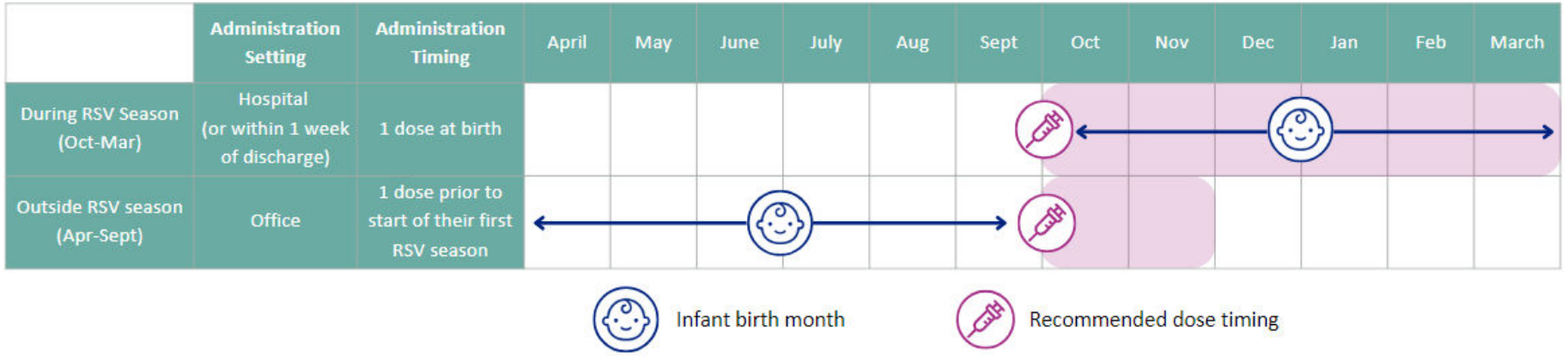
Last updated July 2025

*See full clinical guidance for additional prescribing information, age cut-offs, special circumstances, etc.

https://illinoisaap.org/wp-content/uploads/2025/08/ICAAP-RSVProductsVisualGuide-FINAL.pdf

Nirsevimab - ALL infants < 8 months old

- Who are born shortly before/during RSV season or entering their first RSV season (October-March).
- Administer 1 weight-based dose **within 1 week of birth during RSV season** if:
  - Mother did not receive Abrysvo.
  - Mother's vaccination status is unknown.
  - Mother received Abrysvo less than 14 days before delivery.



AAP-Immunization-Schedule.pdf
RSV Immunization Guidance for Infants and Young Children | RSV | CDC

Nirsevimab — Some children 8 - 19 months old

- Entering their **second RSV season**, regardless of maternal RSV vaccination, who:
  - Have chronic lung disease of prematurity who required medical support.
  - Are severely immunocompromised.
  - Have cystic fibrosis who have either
    - *1) manifestations of severe lung disease.*
    - *2) weight-for-length <10th percentile.*
  - Undergoing cardiac surgery with cardiopulmonary bypass.
  - Are American Indian or Alaska Native.
    - *Experience significantly higher rates of severe RSV disease and hospitalization associated with social drivers of health, with children living in rural and reservation communities most impacted.*

Infants could have received nirsevimab or clesrovimab for first RSV season.

AAP-Immunization-Schedule.pdf
RSV Immunization Guidance for Infants and Young Children | RSV | CDC

Clesrovimab - ALL infants < 8 months old

- Who are born shortly before/during RSV season or entering their first RSV season (October-March).
- Administer 1 dose within 1 week of birth during RSV season if:
  - Mother did not receive Abrysvo.
  - Mother's vaccination status is unknown.
  - Mother received Abrysvo less than 14 days before delivery.

Note: Only nirsevimab is recommended for children ages 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

AAP-Immunization-Schedule.pdf
RSV Immunization Guidance for Infants and Young Children | RSV | CDC

RSV Immunizations Dosing

Nirsevimab: Pre-filled syringes for single use available in 2 doses:

- 50mg/0.5ml with **purple** plunger rod (for infants weighing <5kg).
- 100mg/ml with **light blue** plunger rod (for infants weighing ≥5kg).
- Children receiving Nirsevimab in their 2nd RSV season should receive a single dose of 200mg, administered through 2 separate 100mg IM injections.

Clesrovimab: Single use prefilled syringe

- 105mg/0.7ml same dose for all infants younger than 8 months regardless of weight.

Abrysvo

- Only approved RSV vaccine for pregnant people.
- One dose should be administered during RSV season (September-January) for those between 32 – 36 weeks of gestation.
- No data on revaccinating with every pregnancy – studies are ongoing.
- Babies born to pregnant people who received a dose during a previous pregnancy should receive nirsevimab or clesrovimab.

AAP-Immunization-Schedule.pdf
RSV Immunization Guidance for Infants and Young Children | RSV | CDC

2025-2026 RSV Recommendations - IAC

The IAC voted to advise IDPH to:

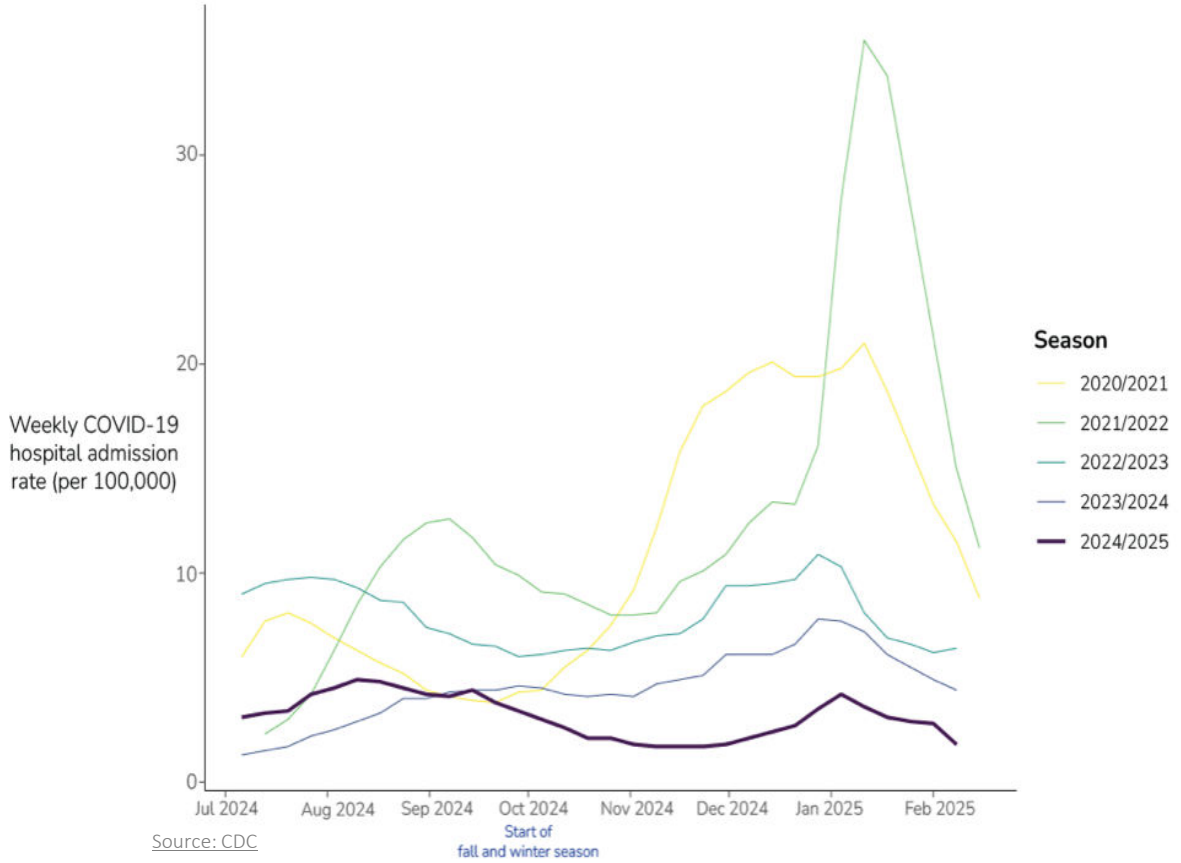
- Recommend maternal vaccination or infant receipt of a long-acting RSVpreF monoclonal antibody (clesrovimab or nirsevimab).
- Endorsed by IDPH.

Check the RSV immunization status of summer babies in your clinics!

COVID-19

2024-2025 COVID-19 Season

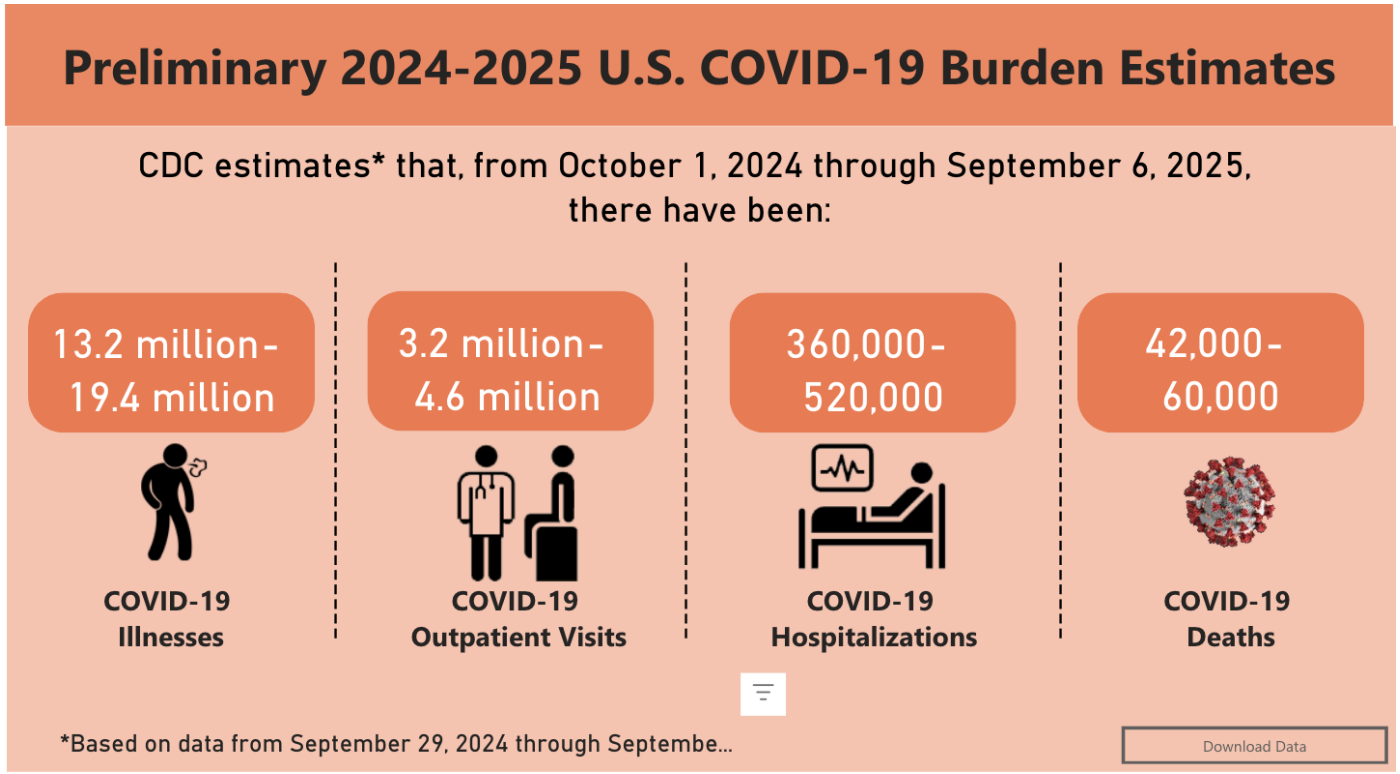
- Milder than other respiratory virus seasons potentially due to immunity from a later summer wave and no emergence of a new variant.
- Peak hospital demand was nearly 50% lower than previous year's peak.
- Nationwide, COVID-19 vaccination rates increased slightly (22.6% of adults over 18 vaccinated by February 1st 2025 compared to 20% by February 1st 2024).



Source: CDC

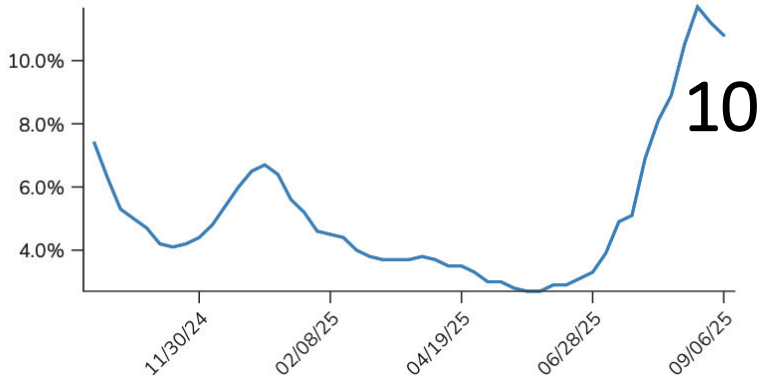
COVID-19 Disease Burden

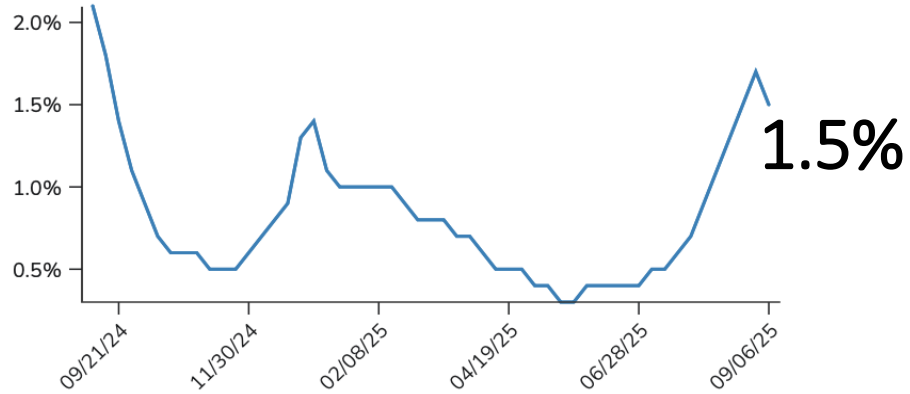
- Pediatric hospitalizations accounted for 4% of total hospitalizations.
  - Highest among those <6 months.
- Fewer than 5% of children and adolescents hospitalized with COVID-19 had received the most recently recommended COVID-19 vaccination.



COVID-19 Current Trends

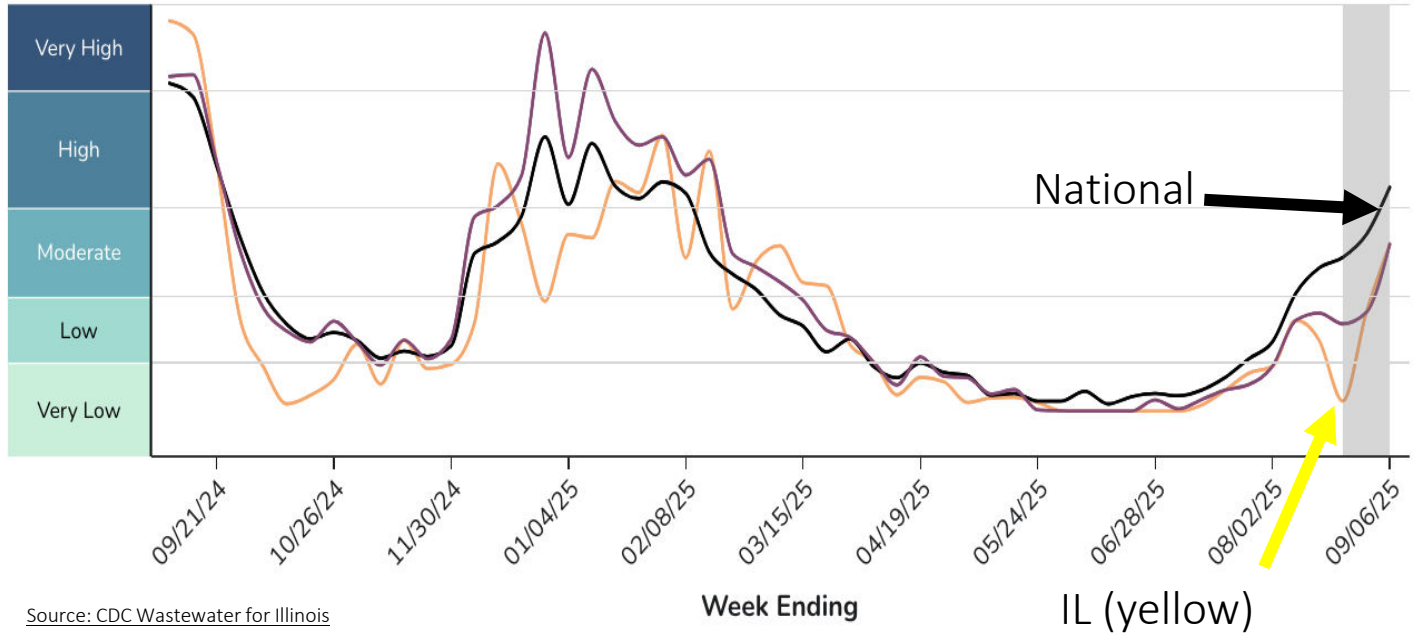
- Summer wave seems to have peaked for number of cases and hospitalizations nationwide.
- National wastewater activity is high, IL is currently moderate and increasing.
- In Chicago, COVID-19 rates are highest since January 2025.





National COVID-19 test positivity and National % ED visits for COVID-19 (week ending 9/6)

Source:CDC



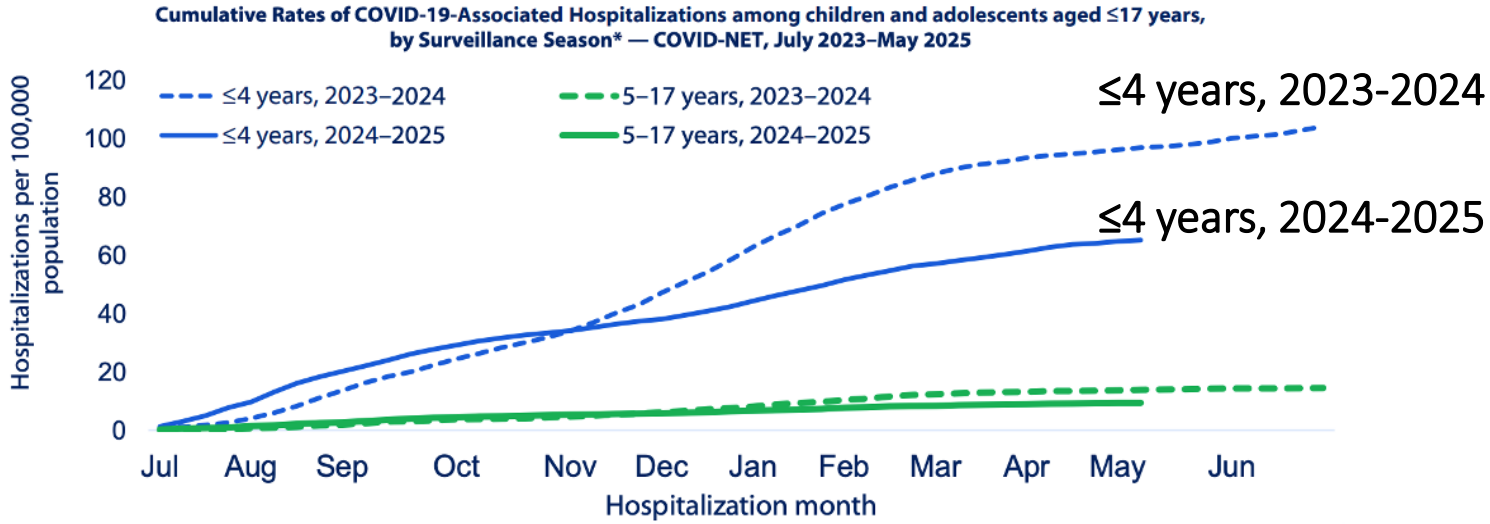
Source: CDC Wastewater for Illinois

COVID Vaccine Effectiveness

- CDC data shows compared to no in-season dose, COVID-19 vaccination provided additional protection against emergency department and urgent care* visits among children.
  - Protection was generally similar across age groups.

*Due to lower baseline rates of severe disease and lower COVID-19 vaccine coverage, VE against hospitalization and critical illness in children could not be estimated.

Cumulative rates of COVID-19 hospitalizations for the 2024–2025 season are lower compared to 2023-2024 season.



Source: CDC

September 18 & 19 ACIP Meeting

COVID related votes:

- To promote informed consent processes by adding language to describe six risks and uncertainties – **PASSED.**
- State and local jurisdictions should require a prescription for the administration of a COVID-19 vaccination – **FAILED.**
- Before COVID-19 vaccination, healthcare providers should discuss the risks and benefits of vaccination for the individual patient – **PASSED.**
- Pediatric and adult immunization schedules for administration of FDA-approved COVID-19 vaccines should be updated to recommend vaccination for all based on individual-based decision making (shared clinical decision making) – **PASSED.**

Full vote language here

September 18 & 19 ACIP Meeting

- ACIP did not conduct a separate vote on inclusion of the 2025-’26 COVID vaccine in the Vaccines for Children (VFC) program.
  - As of 9/24/25, AAP stated “Health officials have clarified that a federal vaccine panel’s recommendations on COVID-19 vaccines apply to everyone 6 months and older and allow for coverage in the Vaccines for Children (VFC) program.”

- Still waiting for the votes to be adopted by the CDC.

2025-2026 COVID Vaccine Recommendations - AAP

Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

- All children ages 6-23 months should get vaccinated.
- Children ages 2-18 years: single dose of age-appropriate 2025-2026 COVID-19 vaccine regardless of vaccination status for those who:
  - are at high risk of severe COVID-19,
  - are residents of long-term care facilities or other congregate settings,
  - have never been vaccinated or,
  - have household contacts at high risk for severe COVID-19.
- Children not in one of these groups whose parent or guardian desires their protection from COVID-19 also should be offered a single dose of the updated vaccine.

2025-2026 COVID Vaccine Recommendations — IAC (Pediatric)

- Recommend age-appropriate COVID-19 vaccination for all children aged 6-23 months according to previous vaccination history.
- Recommend a single dose of age-appropriate 2025-2026 COVID-19 vaccine for children and adolescents aged 2-17 years in the following risk categories:
  - Persons at high risk of severe COVID-19.
  - Residents of long-term care facilities or other congregate settings.
  - Persons who have never been vaccinated against COVID-19.
  - Persons whose household contacts are at high risk for severe COVID-19.
- Refer to the established 2025 AAP vaccine schedule for children and adolescents aged 6 months-17 years moderately or severely immunocompromised.
- Recommend a single dose of age-appropriate 2025-2026 COVID-19 vaccine for children and adolescents aged 2-17 years based on shared clinical decision-making if not included in a risk group.
- These recommendations were endorsed by IDPH and Director Vohra issued a standing order.

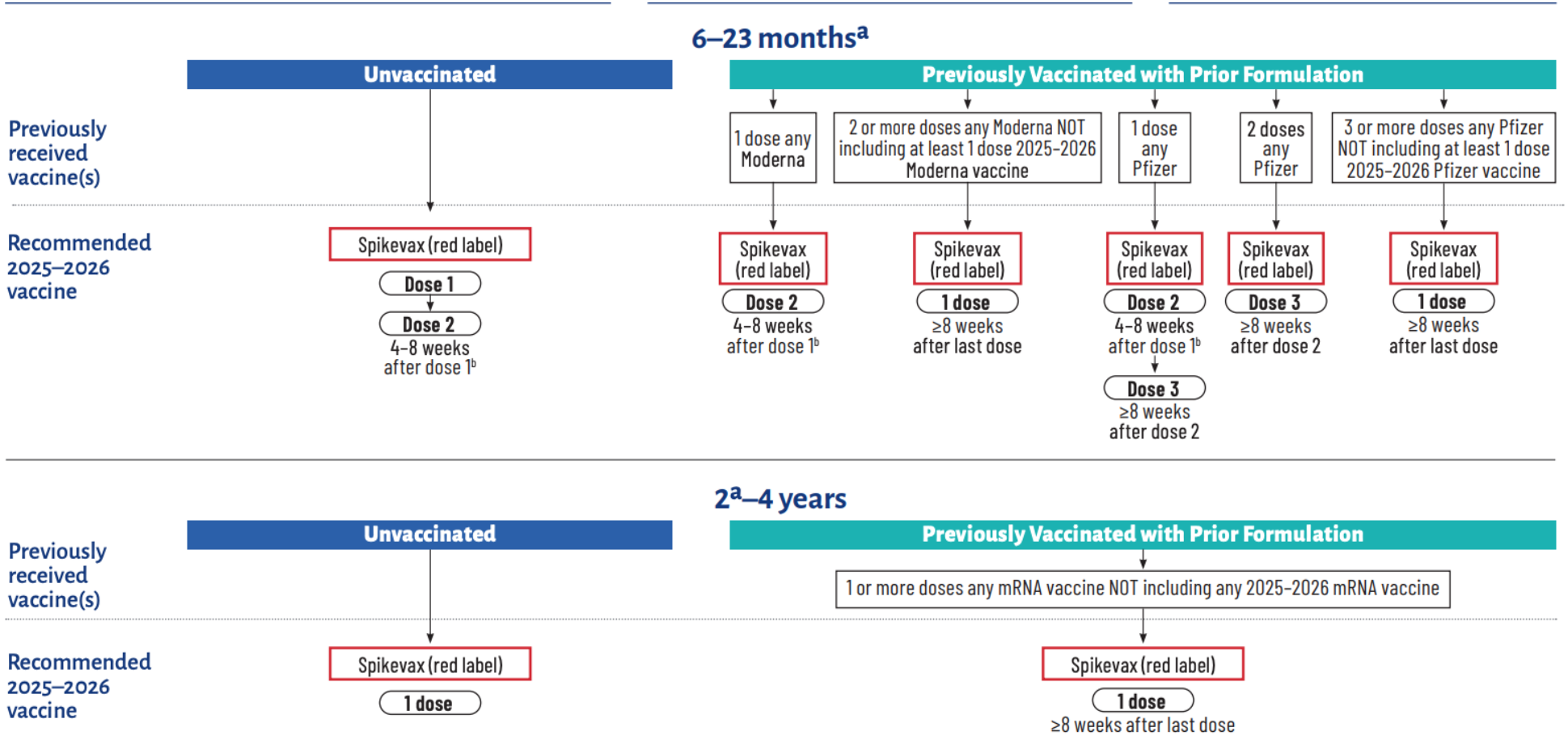
Underlying Condition or Treatment With Common Examples[a]	
Chronic pulmonary disease	Asthma/reactive airway disease Chronic lung disease of prematurity Compromised respiratory function (eg, abnormality of airway, tracheostomy, or ventilator dependent)
Cardiovascular disease	Congenital heart disease
Gastrointestinal disorders	Feeding tube dependent Inflammatory bowel disease
Hepatic disease	Chronic liver disease
Hematologic disease	Sickle cell disease
Metabolic disorders	Diabetes mellitus
Obesity	BMI ≥ the 95th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy Epilepsy Intellectual developmental disorder Compromised mobility (eg, wheelchair dependent)
Immunosuppressive conditions and treaments[b]	Receipt of immunosuppressive therapy Primary immunodeficiency HIV infection Receipt of hematopoietic cell transplant or solid organ transplant
Rheumatologic, autoimmune disease	Systemic lupus erythematosus Juvenile idiopathic arthritis

[a] List of examples is not exhaustive.

[b] Children who are **moderately or severely immunocompromised require 2 or more doses** of COVID-19 vaccine. Refer to **AAP Recommended Child and Adolescent Immunization Schedule** for dosing guidance.

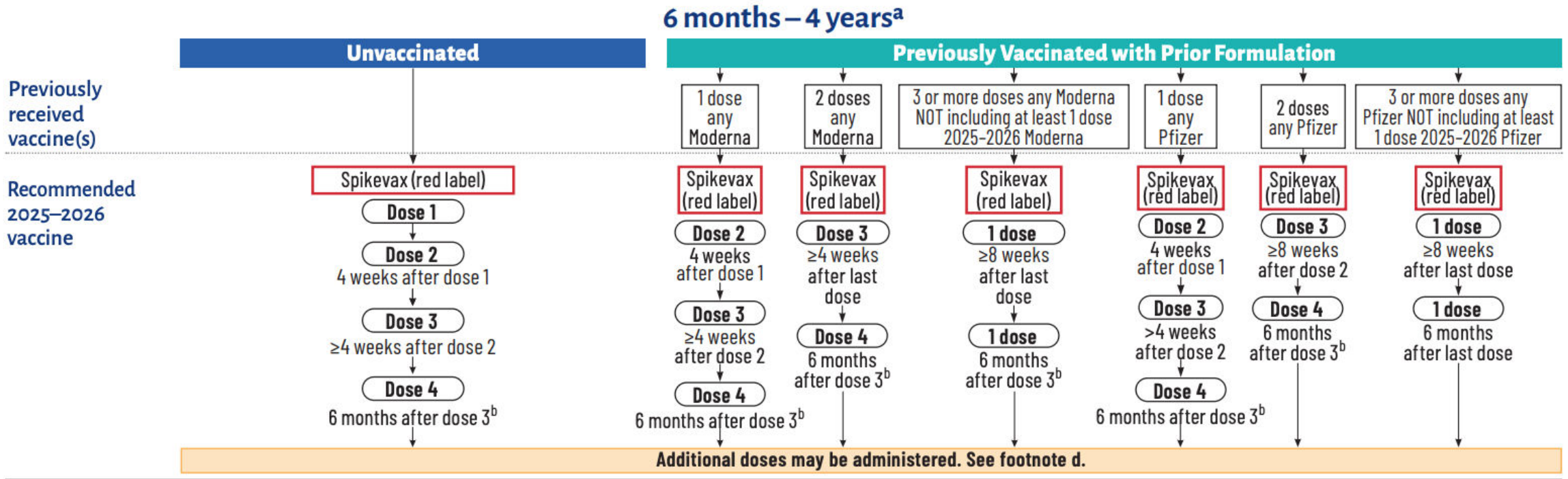
https://www.aap.org/en/patient-care/covid-19/covid-19-vaccine-frequently-asked-questions/?utm_source=MagnetMail&utm_medium=email&utm_term=PA%5FMessage%20From%20President&utm_campaign=All%20Member%20Aug%2028

Dosing Schedule 6mo-4yrs



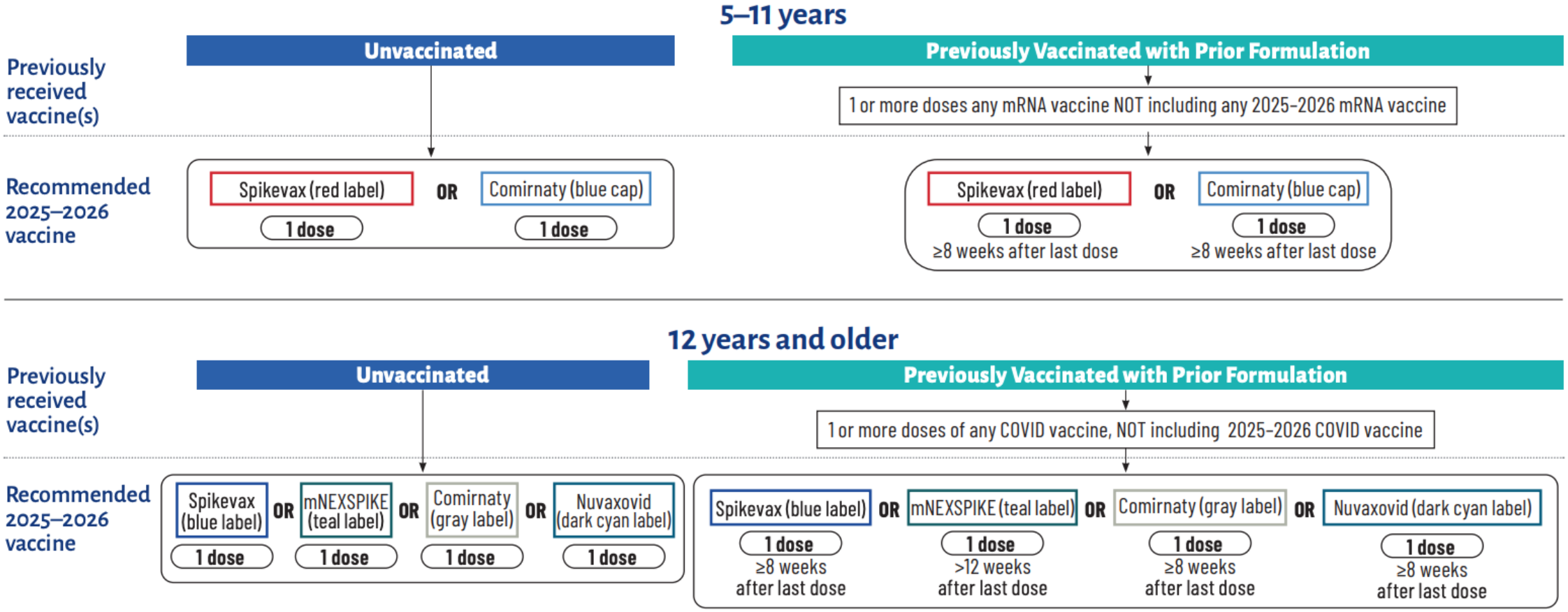
[Pediatric COVID-19 Vaccine Dosing Quick Reference Guide - AAP]

Dosing Schedule 6mo-4yrs (Immunocompromised)



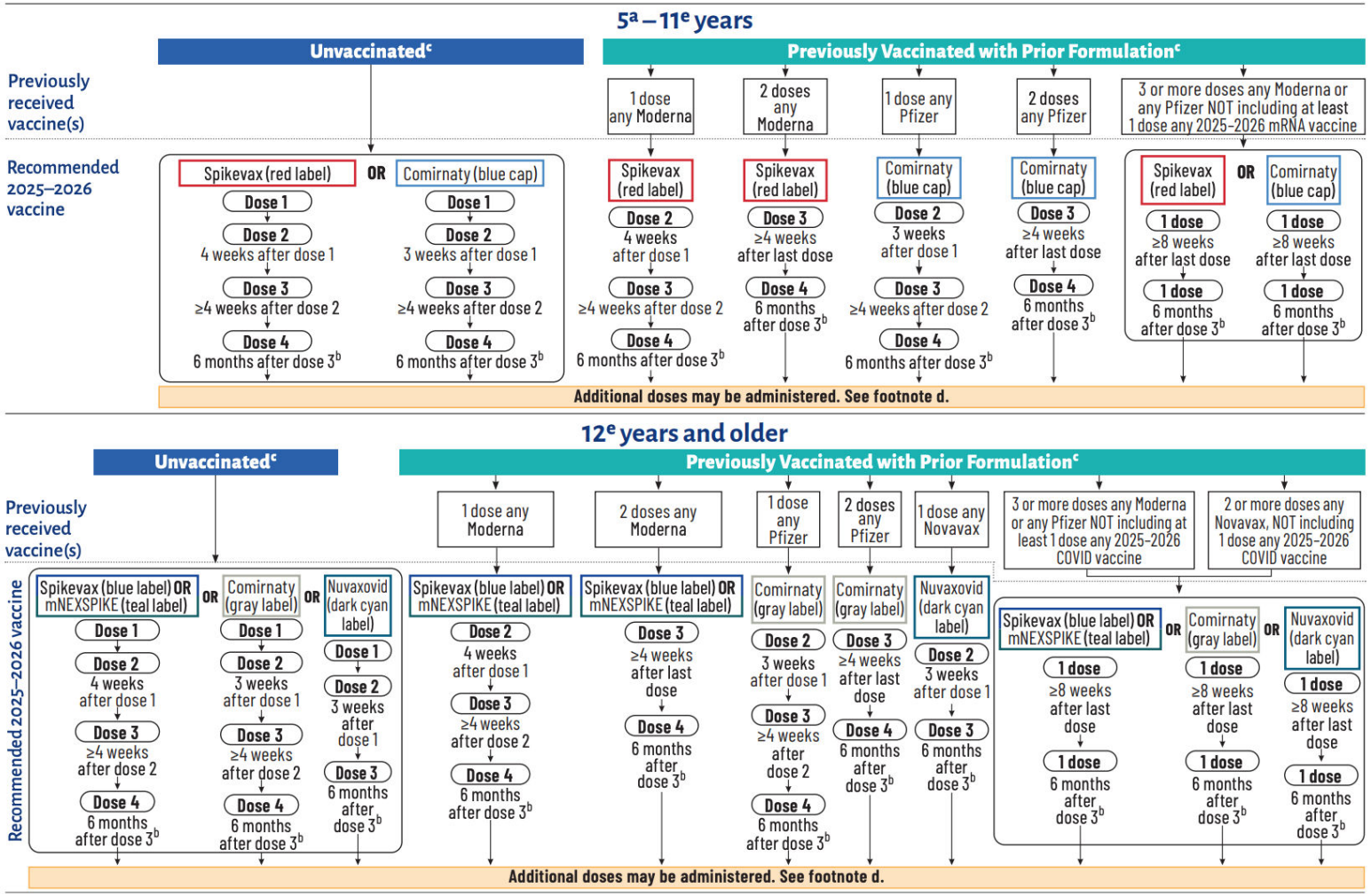
[Pediatric COVID-19 Vaccine Dosing Quick Reference Guide - AAP]

Dosing Schedule 5yrs-12+yrs



Pediatric COVID-19 Vaccine Dosing Quick Reference Guide - AAP

Dosing Schedule 5yrs-12+yrs (Immunocompromised)



[Pediatric COVID-19 Vaccine Dosing Quick Reference Guide - AAP]

FAQs

What is the status of insurance coverage for COVID-19 vaccines?

- Working towards a situation where anyone can get vaccinated at a pharmacy, but we are also hearing that it depends on the pharmacy and the pharmacist about how easy that process is.
- We continue to expect that all COVID vaccinees will be covered by insurance.
- AHIP released a statement on 9/16/25 that "health plans will continue to cover all ACIP-recommended immunizations that were recommended as of September 1, 2025, including updated formulations of COVID-19 and flu vaccine with no cost-sharing for patients through 2026"

What are the vaccine recommendations for a child who turns 2 years old during their initial vaccine series?

- A child should receive the recommended dosing based on their age at the START of their vaccine series. For example, a child who begins their initial series at age 23 months should receive two doses of Moderna Spikevax vaccine.

Which vaccine dose should a child with moderate or severe immunocompromise receive if they have a birthday between doses?

- A child should receive age-appropriate vaccine product and dosage based on their age on the day of vaccination. For example, for children who turn 11 to 12 years of age , administer the recommended product/dosage for 12 year olds for all doses that are administered after the child turns 12 years of age See additional information in the AAP Pediatric COVID-19 Vaccine Dosing Guide.

Can you “mix and match” vaccine products for one child?

- A multi-dose series is only recommended for children 6 -23 months of age, as well as for children who are moderately or severely immunocompromised. For these individuals, the same vaccine should be used to complete the initial series, whenever possible.

Co-administration with other vaccines is okay.

https://www.aap.org/en/patient-care/covid-19/covid-19-vaccine-frequently-asked-questions/?utm_source=MagnetMail&utm_medium=email&utm_term=PA%5FMessage%20From%20President&utm_campaign=All%20Member%20Aug%2028
https://www.ahip.org/news/press-releases/ahip-statement-on-vaccine-coverage

Prescribing Off Label

- Clinicians prescribing the COVID vaccine, even off-label, could have two layers of protection - malpractice coverage and provisions under the PREP Act.
- The PREP Act provides broad immunity from state and federal liability, although some court decisions have narrowed the protection, and immunity is not a guarantee.
- Pediatricians should check their malpractice insurance coverage to ensure that COVID19 vaccination protections are not excluded.

Read more from this AAP article.

Addressing Hesitancy

Key Misinformation Strategies

Emotional manipulation: Using fear, urgency or outrage to make misinformation more persuasive,

- Ex: “Lazy doctor’s disgusting decision leads to horrific death” vs. “Illness causes unfortunate death.”

Cherry-picking data: Selecting only data that support a misleading claim while ignoring the broader scientific consensus

- Ex: “Vitamin A is used as a treatment for measles, so you don’t need a vaccine.”

Science denial techniques: Using false experts, conspiracy theories and impossible expectations for certainty in vaccine science,

- Ex: “The measles vaccine is causing measles infections.”

False dichotomy: Presenting two options as the only available options, but they’re not mutually exclusive. Most issues, including vaccines, exist in a gray zone with room for nuance and discussion.

- Ex: “You either trust natural immunity or you rely on vaccines and Big Pharma.”

Scapegoating: Blaming a serious or complex problem on a single group or entity that couldn’t possibly be responsible for the problem.

- Ex: “Measles outbreaks are caused by immigrants.”

Ad hominem: Attacking a person making an argument rather than the contents of the argument,

- Ex: “Pediatricians are paid to give vaccinations, so you can’t trust their advice on vaccines.”

Source: AAP

Share Good Information

- Refer the patient to trusted resources, like HealthyChildren.org and immunize.org.

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What You Can Do

- Strongly and confidently recommend vaccines.
- Share personal stories about vaccine-preventable diseases.
- Ensure consistent messages from staff- everyone gives the same vaccine message.

9/19 SIREN: Respiratory Testing and Reporting Guidance

- Specimens that should be sent to IDPH for testing:
  - Specimens approved on a case-by-case basis.
  - Flu A specimens from those in the ICU that have not been subtyped yet or flu specimens that cannot be subtyped.
- IDPH Specimen Testing Authorization Form
- Providers that should be reported:
  - Suspected novel influenza (must be reported with 3hrs).
  - Pediatric respiratory-associated death due to SARS-CoV-2, Influenza, or RSV for an individual under 18 years of age.
  - Intensive Care Unit (ICU) hospitalizations with SARS-CoV-2, Influenza, or RSV.

View the full SIREN alert here.

Questions?

Respiratory Virus Season Resources

- ICAAP's Respiratory Virus Webpage
- ICAAP's Emerging Issues Webpage
- IDPH Immunization Webpage
- Executive Order 2025-04: Enhancing Access to Life-Saving Vaccines
- Respiratory Virus Season Guidance for Clinicians
- 2025-2026 COVID-19 Vaccine Standing Order for Administering Vaccine

Upcoming Events

- Webinar – Managing and Preparing for Outbreaks: Wednesday, November 19, 2025
- Webinar – AAP Immunizations Update and Best Practices From Other States: Wednesday, December 17, 2025

Scan Here

https://illinoisaap.org/upcoming-events/

ICAAP's Annual Education Conference

8.5 CME/CE Credits

Wednesday, October 15, 2025 | 3:00 to 6:00 PM:

Pre-Conference on Orthopedic and Sports Medicine

Thursday, October 16, 2025 | 8:00 AM to 4:00 PM:

- H. Garry Gardner Memorial Keynote on Social Media with Jenny Radesky, MD
- Afternoon Keynote on AAP Advocacy with AAP CEO & Executive Vice President
  Mark Del Monte, JD
- Business Awards Lunch

Conference Location:

Northern Illinois University - Naperville Campus

Ideal for:

- ICAAP Members
- Pediatricians
- Pediatric Residents
- Pediatric Specialists
- Pediatric Nurses
- Pediatric Dentists
- Family Physicians
- Clinicians Working with Children

Register at
illinoisAAP.org/annual-educational-conference
or by scanning the QR code

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The Illinois Chapter, American Academy of Pediatrics is accredited by the Illinois State Medical Society (ISMS) to provide continuing medical education for physicians. The Illinois Chapter, American Academy of Pediatrics designates this live activity for a maximum of 8.5 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Nurses and Nurse Practitioners can submit Certificates of Attendance to their accrediting board for credit for participation in the live conference.