



Immunization Newsletter

September 2025

Help Parents to Resist Vaccine Misinformation

Parents increasingly receive vaccine-related information from social media or online sources, places where vaccine misinformation spreads like wildfire. You remain the most trusted source of vaccine-related information for families. This positions you to help parents and caregivers learn how to critically evaluate health information and navigate the overwhelming volume of content they may encounter. Educate families about how to recognize common features of bad information and manipulation strategies, such as:



Emotional Manipulation



Cherry-Picking Data



Science Denial



False Dichotomy



Scapegoating



Ad Hominem

Misinformation may also be financially motivated, often promoting alternatives to vaccination or using tools like AI to rapidly create false or misleading claims. It often relies on content from unfamiliar or unverified sources, a lack of credible references, and sensationalized headlines. Encourage families to refer to reputable sources, such as the AAP, [HealthyChildren.org](https://www.healthychildren.org), and [VaccineInformation.org](https://www.vaccineinformation.org). Healthy Children has also created a list of [trusted pediatrician voices](#) that parents can follow on social media. You can use evidence-based communication strategies, such as employing the presumptive approach, debunking misinformation with a “truth sandwich,” or sharing your own experience to build trust and counteract misinformation. Learn more about these strategies with this [guide](#) from the AAP.



When talking to parents and families, instead of saying ‘misinformation’ or ‘disinformation,’ try using these words *rumors*, *falsehoods*, and *inaccurate* or *misleading information* instead. - [Tip from Your Local Epidemiologist](#)

Back-to-School Data & Reminders

Kindergarten & Teen Vaccine Data

A recent CDC [Morbidity and Mortality Weekly Report](#) published findings from the 2024 National Immunization Survey-Teen showing HPV vaccination among teens stagnated for the third consecutive year. About 78% of adolescents had received at least one dose of HPV vaccine, while roughly 63% of teens were up to date on HPV vaccination. The study also found that teens whose healthcare provider recommended HPV vaccination had higher rates of uptake than those who did not. Vaccination coverage among kindergartners in the U.S. decreased for all reported vaccines from the year before, ranging from 92.1% for DTaP to 92.5% for MMR and polio vaccine.



On August 11, 2025, ICAAP President Dr. Michelle M. Barnes and Immunization Program Director Monica Del Cielo joined Governor Pritzker and IDPH and ISBE leadership for a [back-to-school press conference](#) to promote vaccinations.

What to Know as Pertussis Cases Increase

From a new [article published by the AAP](#), here is what to know:

- The [increase in cases](#) is due to a decrease in DTaP vaccination rates among pregnant women and infants.
- Back-to-school season could bring on even more cases.
- Without vaccination, pertussis can be severe, especially for babies 6-12 months old. Pertussis often first presents as any other upper respiratory infection, like the common cold, and can be difficult to detect until the child starts showing characteristic features of pertussis.
- The DTaP vaccine should be administered to infants at 2, 4, and 6 months, and through kindergarten. A Tdap booster is required for middle school.
- It is rare that a child not be eligible to receive the DTaP vaccine.

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, Clevomab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)		1 dose during RSV season (See Notes)															
Hepatitis B (HepB)	1 st dose	2 nd dose								3 rd dose								
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose					4 th dose								
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes					3 rd or 4 th dose (See Notes)								
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose					4 th dose								
Inactivated poliovirus (IPV)			1 st dose	2 nd dose						3 rd dose								See Notes
COVID-19 (1vCoV-mRNA, 1vCoV-aPS)										1 or more doses of 2025–2026 vaccine (See Notes)					1 dose of 2025–2026 vaccine (See Notes)			
Influenza										1 or 2 doses annually (See Notes)					1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)										See Notes					1 st dose			
Varicella (VAR)										1 st dose					2 nd dose			
Hepatitis A (HepA)										See Notes					2-dose series (See Notes)			
Tetanus, diphtheria, and acellular pertussis (Tdap >7 yrs)																	1 st dose	

AAP Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

COVID-19 Vaccine Update

On August 27, the FDA approved 2025-2026 COVID-19 vaccines for individuals over 65 and those between 6 months and 64 years old with [at least one condition that puts them at high risk](#). Here is a summary of the FDA approvals:

<u>Pfizer's COMIRNATY®</u>	<ul style="list-style-type: none">• Individuals ages 5 - 64 years with at least one underlying condition. Pfizer no longer has an approved vaccine for children under 5 years of age.• All adults 65 years and older.
<u>Moderna Vaccines</u>	<p>Spikevax approved for use in:</p> <ul style="list-style-type: none">• Individuals ages 6 months - 64 years with at least one underlying condition.• All adults 65 years and older. <p>mNEXSPIKE approved for use in:</p> <ul style="list-style-type: none">• Individuals ages 12 - 64 years with at least one underlying condition.• All adults 65 years and older.
<u>Novavax's Nuvaxovid™</u>	<ul style="list-style-type: none">• Individuals ages 12 - 64 years with at least one underlying condition.• All adults 65 years and older.

Both fully licensed and emergency use authorization COVID-19 vaccines for the 2024-2025 season are **no longer authorized and must be removed from your inventory immediately**. IDPH released a [SIREN](#) detailing action items to take. Availability and ordering of COVID-19 vaccines for VFC programs are pending ACIP recommendations. According to news reports, IDPH is [exploring the possibility](#) of purchasing COVID-19 vaccines in bulk directly from manufacturers.

AAP and ACOG Recommendations

The AAP issued a [policy statement](#) recommending that all children ages 6-23 months without a contraindication should get vaccinated with the 2025-26 formula regardless of whether they previously received any doses or have had a SARS-CoV-2 infection, along with older children in certain risk groups, based on evidence on who can benefit the most from the vaccine. The guidance notes that children not in a high-risk group whose parent or guardian desires their protection from COVID-19 should be offered a single dose of the updated vaccine. Refer to the AAP's [FAQ on COVID-19 vaccine](#) and updated [pediatric COVID vaccine dosing guide](#) for more information. ACOG also [published guidance](#) recommending that pregnant women receive the vaccine at any point during pregnancy, when planning to become pregnant, in the postpartum period, or while lactating.

Prescribing Off-Label - Information from the AAP

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 COVID-19 vaccination protections are not excluded. Read more from this [AAP article](#).

Federal Immunizations News

ACIP Meeting & New ACIP Members

An ACIP meeting is currently scheduled for September 18-19. According to [the meeting notice](#), COVID-19 and other vaccines will be discussed. There is also a meeting scheduled for October 22-23. As of September 4th, RFK, Jr. is said to be preparing to appoint additional new members to the ACIP. They include: Evelyn Griffin, Raymond Pollak, Catherine Stein, Kirk Milhoan, John Gaitanis, Hillary Blackburn, and Joseph Fraiman.

CDC Staff Departures

The recently confirmed CDC Director, Susan Monarez, PhD, was [fired by the White House](#) on August 27th. Shortly after, CDC senior leaders resigned: Debra Houry, MD, MPH, the CDC's Chief Medical Officer; Demetre Daskalakis, MD, MPH, the head of the CDC's National Center for Immunization and Respiratory Diseases; Daniel Jernigan, MD, MPH, the head of the CDC's National Center for Emerging and Zoonotic Infectious Diseases; and Jennifer Layden, MD, PhD, who led the Office of Public Health Data.

Still to Come from HHS

These are expected in the coming weeks/months from HHS:

- Causes of Autism Report
- Make America Healthy Again (MAHA) Report
- Changes to the National Vaccine Injury Compensation Program?

AAP Campaign

The AAP launched a new [advertisement](#) to support qualified health leaders who put evidence-based science before ideologies.



Other Respiratory Virus Season Updates

Webinar Recording with IDPH and CDPH

ICAAP recently hosted a webinar with leaders from IDPH and CDPH on preparing for respiratory virus season. The webinar covered 2025-2026 clinical guidance for the use of pediatric COVID-19, flu, and RSV immunizations, strategies to increase vaccine uptake, and VFC ordering information. View the [slides](#) and [recording](#) for this important information.



RSV Protection

The AAP has released its [RSV recommendations](#) for the 2025-26 RSV season. All infants younger than 8 months of age born during or entering their first RSV season receive nirsevimab (Beyfortus) or clesrovimab (Enflonsia). Immunization is not needed for most infants under 8 months whose pregnant parent received RSVpreF vaccine at least 14 days before giving birth. Children 8 through 19 months of age and at high risk of severe RSV disease and entering their second RSV season may receive *nirsevimab* regardless of the RSV vaccination status of the pregnant parent or the child's prior receipt of an RSV vaccine. Palivizumab (Synagis) is no longer recommended for use and [will be discontinued](#) at the end of the calendar year since nirsevimab and clesrovimab are recommended for a wider range of children and provide longer protection.

FluMist at Home is Live

AstraZeneca's FluMist is now officially available for home delivery in 34 states. FluMist is 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. Individuals over 18 years old can visit www.FluMist.com to learn more and to place an order. All orders will be reviewed by a clinician to confirm eligibility. Once eligibility is confirmed and insurance is verified, FluMist will be delivered. FluMist is also available at pharmacies and doctors' offices for administration by a professional. Find more information [here](#).

Promote Flu Vaccines

ICAAP's Flu Vaccination Toolkit provides resources for patients and clinics, including the most up-to-date clinical guidance, strategies for increasing flu vaccine uptake in your practice, and social media images with prepared captions. Download the toolkit [here](#).



Resources, Alerts, & Upcoming Events

Resources

- The AAP published a [Recommended Immunization Schedule for Children and Adolescents](#) in the AAP's Red Book Online on August 19. The AAP has a long tradition of creating evidence-based immunization recommendations, and currently, it does not endorse the CDC schedules. As stated by the AAP, the biggest difference between the AAP and CDC schedules is the recommendation around COVID-19 vaccination.
- The [Vaccine Integrity Project](#), a group of experts in epidemiology, infectious diseases, and public health, met on August 19 to review recently published publicly available data and evaluate the effectiveness and safety of COVID-19 and RSV immunizations in pregnant, pediatric, and immunocompromised populations. View the meeting recording [here](#).
- The AAP has developed a [“flash card” series](#) that depicts some of the most serious vaccine-preventable diseases to aid in recognition, treatment, and understanding of potential outcomes, especially for clinicians who may not have encountered these vaccine-preventable diseases and may not recognize them.

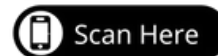
Alerts



The FDA suspended the license for the live chikungunya vaccine IXCHIQ due to safety concerns. Vimkunya, a virus-like particle chikungunya vaccine, remains FDA licensed and ACIP recommended. Read the full announcement on this [IDPH SIREN](#) for more information.

Upcoming Webinars

- September 11, 1PM: [CDC COCA Call on Measles Cases and Outbreaks in the United States](#)
- September 24, 12PM: ICAAP webinar - Preparing for Respiratory Virus Season
- November 19, 12PM: ICAAP webinar - Managing and Preparing for Outbreaks



Upcoming In-Person Events

October 15-16: ICAAP Annual Education Conference

Register at
illinoisaap.org/events
or scan the QR code