

Northeast Public Health Collaborative Response to the September ACIP Meeting

The Northeast Public Health Collaborative (“the Collaborative”) has reviewed the Advisory Committee on Immunization Practices (ACIP) proceedings, votes, and recommendations from their September 18-19, 2025 meeting and their subsequent adoption by the Centers for Disease Control and Prevention (CDC) on October 6th, 2025. The Collaborative is a voluntary coalition of regional public health agencies working together to share expertise, improve coordination, enhance capacity, strengthen regional readiness, and protect evidence-based public health in our jurisdictions.

As no new efficacy, effectiveness, or safety data were presented at the ACIP meeting that would form the basis for a change in prior vaccination recommendations, the Collaborative continues to endorse the following:

- 1. Recommendations for Fall COVID-19 vaccination.** The Collaborative released [Fall recommendations](#) on September 15, 2025, that align with those issued by the American Academy of Pediatrics, American College of Obstetrics and Gynecology, and the American Academy of Family Physicians, and enable all people ages 6 months and older to get vaccinated. These recommendations have not changed; in particular, the Collaborative recommends that all adults age 19 and older should be vaccinated, especially those age 65 and older and those with an underlying condition that increases their risk for severe disease, and those with an increased risk of exposure (e.g., healthcare workers or individuals living or residing in a congregate setting) or of exposing others who are at increased risk. We advise pregnant, postpartum, and lactating persons to be vaccinated against COVID-19. The Collaborative recommends that all children ages 6-23 months be vaccinated; regarding children ages 2-18 years, those with an underlying condition that increases their risk for severe disease, those who have never been vaccinated, and those who have an increased risk of exposure or exposing others should be vaccinated. Healthy children and adolescents who do not fall into the categories above may be vaccinated.
- 2. Recommendations for Measles, Mumps, Rubella, and Varicella vaccination (MMRV).** Vaccination against measles, mumps, rubella, and varicella (chickenpox) remains the most important way to prevent serious illness, death, and significant disruption for families due to these infections. The ACIP has voted to remove the option for children to receive the combination vaccine (MMRV) for the first dose of vaccine, typically given at 12-15 months old, instead recommending separate vaccination with MMR vaccine and varicella vaccine. The combined vaccine was developed to streamline vaccine administration and improve uptake, and it was last discussed by the ACIP in 2009. The current ACIP reviewed the MMRV vaccine at their September meeting because of a slightly higher risk of febrile seizures following vaccination using MMRV compared to

vaccination with MMR vaccine and varicella vaccine. While the absolute [risk of febrile seizures](#) following vaccination is very low, the risk of febrile seizures within 5-12 days of vaccination is slightly higher for MMRV (0.04%, 1 in 2,500) compared to MMR alone for children 12-47 months old (0.03%, 1 in 3,333). The increased risk of febrile seizures in this age group has been known and shared with providers and the public for over 15 years. Febrile seizures are spasms or jerking movements that most commonly occur with fevers of 102°F (38.9°C) or higher. Common childhood illnesses can cause them and rarely occur after vaccination. Febrile seizures can be frightening, but nearly all children who have a febrile seizure recover quickly. Febrile seizures do not cause any permanent harm and do not have any lasting effects. According to the [American Academy of Pediatrics recommendations](#), families can opt for combined or separate vaccines for the first dose with appropriate counseling regarding benefits and risks. Unless MMRV is specifically requested, pediatricians typically recommend separate MMR + V, with [≤15% of children receiving the combined vaccine](#) for the first dose in the US. Most children between the ages of 4 and 6 years received the combined MMRV vaccine to minimize the number of injections, as children in this age group do not have a documented increased risk of febrile seizures. The Collaborative supports the American Academy of Pediatrics' recommendations that parents discuss both options with their pediatrician to make the most informed decision for their children.

As the Vaccines for Children program may no longer support the combined MMRV vaccine below 4 years of age, in alignment with the new ACIP and CDC recommendations, some state programs may not be able to provide the combined MMRV vaccine for the first dose, though MMRV will continue to be covered for the second dose.

While the Northeast Public Health Collaborative members share common public health goals and objectives, they recognize that each state and city is independent, with their diverse populations and unique laws, regulations, and histories. Members may choose to participate in or adapt those initiatives consistent with their needs, values, objectives, and statutory or regulatory requirements.