



# National Adult and Influenza Immunization Summit April 15-16, 2025, ACIP Highlights

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# Overview

- Basically, business as usual
- Few technical issues
- Some ex officio members are different
- All votes unanimous
  - Notable abstentions for “not a conflict...but to avoid any perception” reasons
- Packed agenda (compressed original 2.5-day agenda into 2 days)
- For full written summary, see the April 23 *IZ Express*

# Meningococcal Vaccine (MenABCWY Vote)

ACIP voted unanimously (15–0) to recommend that GSK's MenABCWY [Penmenvy] vaccine may be used when both MenACWY and MenB are indicated at the same visit.\*

- \*(1) healthy persons age 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine and (2) people age 10 years and older who are at increased risk for meningococcal disease (e.g., because of persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia)

In a separate vote, ACIP voted to include the pentavalent GSK vaccine in the Vaccines for Children program.

*[This matches existing recommendations for Penbraya (Pfizer, MenABCWY) compatible with Trumenba brand MenB]*

# Meningococcal Vaccine (Information)

- MenQuadfi (Sanofi) anticipates FDA decision in May to lower licensed minimum age from 2 years to 2 months (like Menveo by GSK)
- Equivalent immunogenicity and safety compared to Menveo
  - Higher incidence of seizure in the infant MenQuadfi arm of the clinical trial was not judged to be attributable to MenQuadfi by investigators but the work group noted they will further review and discuss
- Potential for vote in June

# RSV Vaccine in Older Adults (Vote/Info)

- ACIP voted (14 yes, 1 abstention) to recommend that adults age 50 through 59 years who are at increased risk of severe RSV disease receive a single dose of RSV vaccine.
  - Currently applies to Abrysvo (Pfizer), Arexvy (GSK). Will include products not yet licensed in this age group once approved (e.g., Moderna's mResvia).
- Definition of increased risk will be provided by CDC in clinical considerations (likely to match those for 60 through 74 years)
- RSV vaccination remains single dose (no revaccination...yet)
- Use of RSV vaccines in high-risk adults younger than 50 to be discussed in June [anticipate both Abrysvo and mResvia may be licensed for this age group by that time]

# Chikungunya Vaccine (Vote)

## Travelers:

- ACIP **recommended** use of virus-like particle chikungunya vaccine (CHIK-VLP) for people age **12** years and older traveling to a country or territory where there is a chikungunya **outbreak**. CHIK-VLP vaccine also **may be considered** for people age 12 years and older traveling or taking up residence in a country or territory without an outbreak but with elevated risk for US travelers if planning travel for an extended period of time, e.g., 6 months or more.
- ACIP **recommended** use of live attenuated chikungunya vaccine (CHIK-LA) for people age **18** years and older traveling to a country or territory where there is a chikungunya outbreak. CHIK-LA vaccine also **may be considered** for people age 18 years and older traveling or taking up residence in a country or territory without an outbreak but with elevated risk for US travelers if planning travel for an extended period of time, e.g., 6 months or more. **Use of CHIK-LA in people age 65 and older is identified as a precaution.**

## Laboratory Workers:

- ACIP recommended use of CHIK-VLP vaccine for laboratory workers with potential for exposure to chikungunya virus. [Note: CHIK-LA vaccine is already a recommended option for this population.]

# Chikungunya Vaccine and Pregnancy

Vimkunya (CHIK-VLP) not studied during pregnancy, thus pregnancy is a precaution. Because of the risk of serious disease in infected neonates, CDC outlined guidance to prevent peripartum chikungunya infection:

1. Avoid risk of chikungunya virus exposure, if possible
2. In general, defer vaccination until after delivery
3. If exposure risk high, consider vaccination to avoid intrapartum transmission
4. If considering vaccination, when possible, avoid 1st trimester and ideally administer at least 2 weeks before delivery
5. If both CHIK-VLP and CHIK-LA available, non-live CHIK-VLP preferred

# Influenza Vaccine (Information)

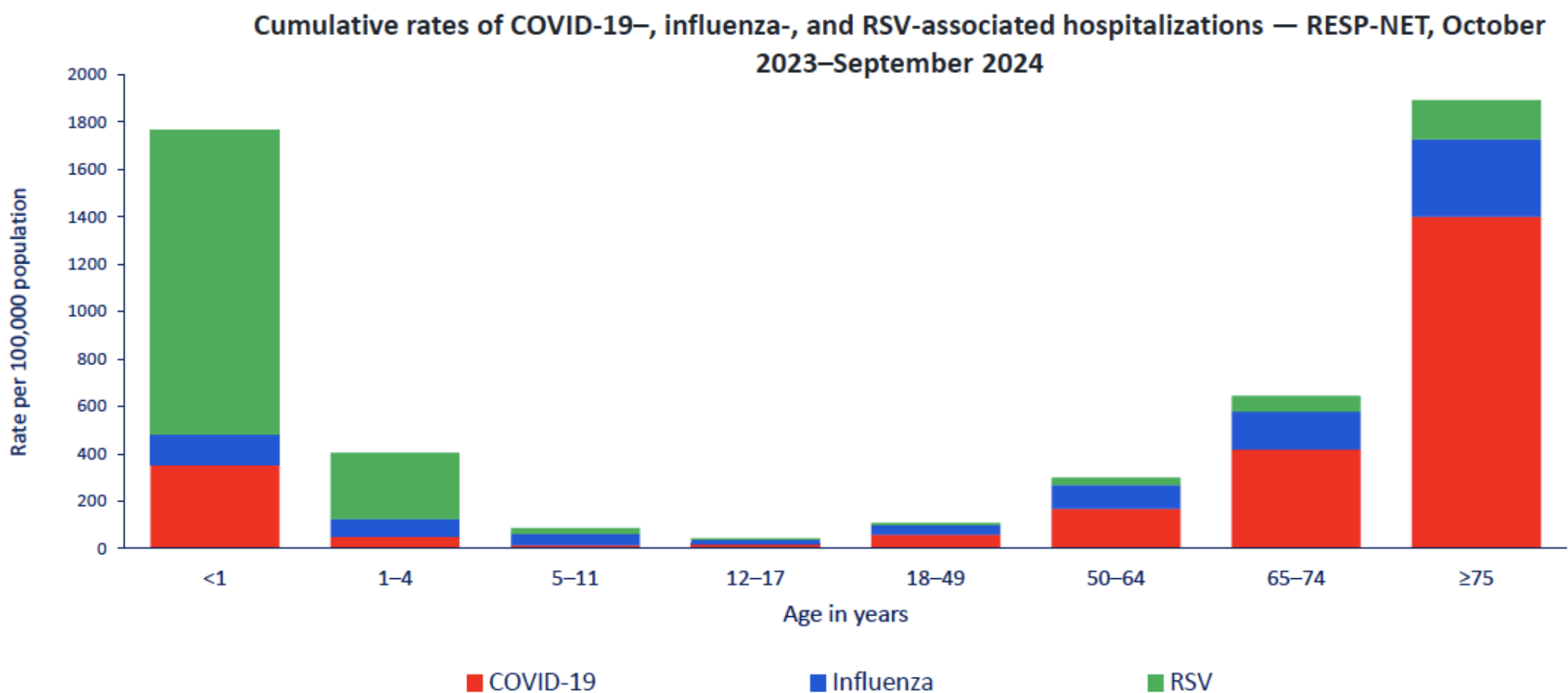
- Review of preliminary VE estimates (as published in MMWR)
- Discussion of LAIV for home administration
- Plan for vote in June on updated recommendations



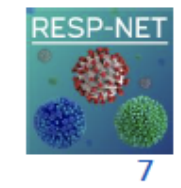
# COVID-19 Vaccine (Information)

- *Relatively low COVID-19 activity since October 1, but 10/1/24-3/22/25:*
  - 220,000-370,000 hospitalizations (4.3% <18 years, 2.9%  $\leq$ 4y, ~66%  $\geq$ 65y)
  - 26,000-43,000 deaths
- 20% of adults 18+ received 2024-45 season vaccination
- No increased risk of myocarditis/pericarditis observed in vaccinees (increased risk not detected since 2022)
- Moderna plans for next gen mRNA vaccine (10 mcg vs. 50 mcg)
- ACIP votes in June for fall 2025 recommendations
  - Likely to narrow recommendations to 65+ and immunocompromised
  - Workgroup members favor retaining option for people who want vaccination

# Rates of respiratory virus-associated hospitalizations vary by age group and pathogen.



Rates for all three pathogens (COVID-19, influenza, and respiratory syncytial virus [RSV]) are laboratory-confirmed. Data source: <https://www.cdc.gov/resp-net/dashboard/>  
Note that rates are not adjusted for testing or limited to admissions where the respiratory infection is the likely primary reason for admission.



From Fiona Havers presentation, slide #7

# Mpox Vaccine (Information)

- Outbreak that began in May 2022 continues at low level
- Increasing baseline vaccination rates among those at risk will reduce risk and size of outbreaks, but currently low 2-dose coverage of 26%
- FDA considering lowering Jynneos licensure from 18 years → 12 years
  - Jynneos safe and immunogenic in the younger age group
  - Workgroup considering recommending lowering age of existing recommendations from 18 to 12 (if at risk during outbreak or if risk factors present in absence of outbreak)

# Human Papillomavirus (HPV) Vaccine (Information)

- **Simplification of the routine HPV vaccination schedule (June vote)**
  - Current recommendation is routine vaccination age 11–12 years, may begin at age 9
    - New phrasing would simply recommend routine vaccination at age 9–12
  - Benefits: harmonize with AAP; accommodate those who prefer to initiate earlier to increase opportunity for on-time completion
- **Reduced-dose HPV vaccination schedules**
  - CDC presented 4 studies supporting reduced dosing outside the U.S.; Merck is planning a study of a 1-dose schedule in U.S. males and females
  - Impact of reduced doses on cancers other than cervical or on males not yet directly measured (no routine screening is done for HPV pre-cancers except cervical)
  - CDC notes that consideration of one-dose schedules takes into account both individual protection and the strong herd effect of vaccination on exposure likelihood
  - Several schedule options were briefly presented; discussion, possible vote in June

# CMV Vaccine (Information)

- Detailed discussion of congenital CMV disease and epidemiology
- General concept that cCMV could be reduced if a vaccine could be given before childbearing and protect through childbearing age
- Moderna investigational CMV vaccine presented (currently in Phase 3 trials in women 16 through 40 years). Data available late 2025.
- Future studies in other groups at risk of CMV complications may inform recommendations for them (e.g., transplant recipients)

# RSV monoclonal antibody (information)

- Clesrovimab (Merck) long-acting monoclonal antibody for prevention of RSV disease in infants younger than 8 months
  - An option alongside Beyfortus (nirsevimab, Sanofi) for infants
  - Only Beyfortus for high-risk older infants/toddlers
- Licensure decision anticipated June 2025
- ACIP vote anticipated June 2025
  - Likely to align with Beyfortus infant recommendations for infants not effectively protected by Abrysvo (Pfizer) vaccination during pregnancy
- Work continues to address payment for immunization of infants before discharge from birthing facility

# Pneumococcal and Lyme Workgroups / Conclusion

- **Pneumococcal workgroup focus**
  - Recommendations for PCV during pregnancy (ACIP has none)
  - Recommendations for HSCT patients
  - Will present update on proposals in June
- **Lyme vaccine workgroup**
  - Assembled to begin reviewing data on pipeline vaccines
  - Will present update on disease burden in June
- **Next ACIP meeting: June 25-26**
- **See April 23 *IZ Express* for full review:**
  - [www.immunize.org/news/iz-express/issue/1810/](http://www.immunize.org/news/iz-express/issue/1810/)
- **See CDC ACIP website for meeting slides:**
  - [www.cdc.gov/acip/meetings/presentation-slides-april-15-16-2025.html](http://www.cdc.gov/acip/meetings/presentation-slides-april-15-16-2025.html)