COVID-19 VACCINES
FREQUENTLY ASKED QUESTIONS (FAQs)

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What is the issue?

Both the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) conduct periodic reviews of immunization data and publish updated child and adolescent immunization schedules. Usually, the recommendations of both of these organizations are aligned. However, as of August 2025, the vaccine schedule developed by the Advisory Committee on Immunization Practices (ACIP) and published by the CDC differs from the AAP-recommended immunization schedule in a few areas.

What is the conflict?

The AAP strongly opposes the CDC's immunization schedule as it is questionable whether the recent changes are based on scientific evidence, expert consensus, and public health priorities. The AAP has filed a lawsuit against Health and Human Services Secretary Robert F. Kennedy Jr. for removing routine recommendations without scientific justification. The AAP published its own Recommended Child and Adolescent Immunization Schedule on August 19, 2025.

How are the CDC and AAP schedules different?

The CDC and AAP immunization schedules differ in their recommendations for COVID-19, influenza, HPV, RSV, and pentavalent meningococcal vaccinations.

COVID-19 Vaccine

CDC: No longer recommends routine vaccination for healthy children; available via shared decision-making.

AAP: Strongly recommends vaccination for all children 6-23 months and at-risk

children 2-18 years.

Influenza Vaccine

CDC: Shifted to trivalent vaccines; recommends high-dose/adjuvanted for high-risk groups.

AAP: Aligns with CDC but emphasizes expanded RSV and flu guidance for children.

HPV Vaccine

CDC: Recommends starting at age 11-12, with catch-up through age 26.

AAP: Recommends starting between ages 9-12.

RSV (Respiratory Syncytial Virus)

CDC: Recommends nirsevimab for infants born Oct-Mar; includes guidance for maternal vaccination.

AAP: Includes maternal RSV guidance and broader access recommendations.

Pentavalent Meningococcal Vaccine

CDC: Updated MenB (Bexsero) dosing based on shared decision-making.

AAP Schedule: Includes new guidance for pentavalent meningococcal vaccine.

What schedule does Curi recommend?

Curi's guidance does not recommend one schedule over another. From a risk management perspective, Curi defers to the judgment of clinicians to select the best schedule based on scientific evidence, expert consensus, and public health priorities.

How is the Food and Drug Administration (FDA) involved?

The FDA is the overarching authoritative source for drug and vaccine labeling. Below is a table of the current 2025-2026 approved COVID vaccines.
Remember to check with your state health department for further guidance.

Manufacturer	Vaccine Name	Age 65 years and older	Younger age with high-risk condition
Pfizer	Comirnaty	Eligible	Eligible for ages 5 through 64 years
Moderna	Spikevax	Eligible	Eligible for ages 6 months through 64 years
Moderna	mNEXSPIKE	Eligible	Eligible for ages 12 through 64 years
Novavax	Nuvaxovid	Eligible	Eligible for ages 12 through 64 years

FDA Provider Fact Sheet; Pfizer-Comirnaty
https://www.fda.gov/media/167211/download?attachment

FDA Provider Fact Sheet; Moderna-Spikevax
https://www.fda.gov/media/155675/download?attachment

FDA Provider Fact Sheet; Moderna-Nexspike
https://www.fda.gov/media/186738/download?attachment

FDA Provider Fact Sheet; Novavax- Nuvaxovid
https://www.fda.gov/media/186544/download?attachment

When should a clinician utilize an off-label consent form?

An off-label use of a drug means the clinician is prescribing the drug for a reason that is not formally approved by the FDA, but still within the recognized standard of care. For more information, please reference Understanding Unapproved Use of Approved Drugs "Off Label" | FDA.

Moderna (Spikevax) is approved for use in people who are 6 months through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19. NOTE: This is the only FDA-approved vaccine eligible for children ages 6 months- 12 years. Spikevax® (COVID-19 Vaccine, mRNA) | Moderna

If you are recommending this vaccine for a healthy child, then it is being used in a manner not formally approved by the FDA and thus considered off-label. In this situation, utilizing an off-label consent form is an option.

Access Curi's Informed Consent Form - Off-Label Use for COVID-19 Vaccine

Does administering a vaccine for an off-label use or using a vaccine from the AAP's COVID vaccination schedule affect my medical malpractice coverage?

Off-label use alone does not impact coverage. Off-label use can still be within the standard of care. Curi will defend and indemnify a claim for vaccine injury in accordance with the terms of your policy and utilizing standard claims adjusting practices, which may include referring the claimant to the National Vaccine Injury Compensation Program.

What is the potential risk to my practice?

When evidence-based guidelines conflict, courts typically evaluate:

- **which guideline is more widely accepted** in the medical community;
- whether the clinician **reasonably chose** among the available options;
- whether the clinician **documented their rationale** for choosing one guideline over another; and
- whether the choice was consistent with **patient-specific factors** (e.g., age, comorbidities, preferences).

Courts generally do not expect clinicians to follow a single "correct" guideline, but rather to make a reasonable and **informed decision** based on available evidence and clinical judgment.

What are some risk management strategies?

- Clinicians should document their rationale when following one guidance schedule over another. Seek consensus among your colleagues and implement the selected vaccine guideline consistently for all patients.
- Be prepared to justify vaccine choices, especially if deviating from federal guidance.
- Clearly explain the differences between CDC and AAP recommendations to families. See sample language in the below FAQ.
- Use shared decision-making tools and ensure parents understand risks, benefits, and other choices.
- Document these conversations thoroughly to protect against liability and support patient autonomy.
- Use the AAP Refusal to Immunize Form if parents decline vaccination.
- Be aware that insurers may tie coverage to CDC recommendations, potentially excluding vaccines recommended only by AAP. Some large pharmacy chains are following the current CDC guidelines.
- Advocate for coverage and help families navigate appeals or alternative funding sources (e.g., Vaccines for Children program).
- Regularly review updates from AAP Red Book Online, the CDC's MMWR, and your state's department of public health.
- Train staff on current vaccine schedules, especially where they diverge. This is important, as most claims involving vaccines are due to administration errors.
- Consult with your legal counsel on this issue in these instances:
    - You plan to follow the AAP schedule over the CDC schedule routinely.
    - You are concerned about malpractice exposure, insurance coverage, or parental disputes.
    - Your practice is considering policy changes or public communication about vaccine recommendations.
    - You need assistance with informed consent language.
    - You need strategies to protect clinicians, as this divergence may raise questions of liability, especially if adverse events occur.

What is some sample language our practice can use to inform families that we will be following the AAP schedule?

"As your child's doctor, I follow the American Academy of Pediatrics (AAP) vaccine plan. It is based on the latest scientific proof and expert consensus.

The AAP recommends the COVID-19 vaccine for children ages 6–23 months. It also recommends the vaccine for older children who are at higher risk or whose families wish protection. This is different from the CDC's guidance, which does not include routine COVID-19 vaccines for healthy children."

"I want to make sure you know the benefits, risks, and choices. The AAP's plan is based on data showing that young children are at higher risk of a hospital stay from COVID-19, even without existing health problems. The vaccine has been shown to be safe and helpful in preventing severe sickness."

"You have the choice to decline or put off vaccination. If you choose to proceed, we will record your consent and give you the Vaccine Information Statement (VIS). The VIS outlines the vaccine's purpose, risks, and side effects. If you have any questions or concerns, I'm here to discuss them with you."

How should we go about deciding which schedule to follow?

The practice should discuss its strategy around this issue and determine if a consensus can be reached on which schedule to follow and how to communicate the rationale to families/the public. Recognize that there may be varying opinions on this issue; however, it would be ideal if the practice could have a united front on this issue, rather than different policies among the groups. If the standard of care is ever questioned, a united consensus around the practice's decision would be very supportive.

RESOURCES

Journal of Health Politics, Policy and Law, Evidence-Based Medicine and the Law: The Courts Confront Clinical Practice Guidelines, Arnold J. Rosoff, University of Pennsylvania

Guideline Central, Looking at The Child and Adolescent Immunization Schedule Guidelines from AAP and CDC Side-by-Side, Published on September 10, 2025

Infectious Disease Advisor, CVS, Walgreens Limit COVID-19 Vaccines in Some States as Rules Shift, Publish Date: September 8, 2025

American Academy of Pediatrics, Volume 155, Issue 2, February 2025

AAP Redbook Online

Recommended Childhood and Adolescent Immunization Schedule: United States, 2025: Policy Statement

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