

10-9-25 UPDATE to Weekly Clinical Update

For being on government shutdown, it seems there is a lot going on...especially with COVID-19 vaccination recommendations. On Monday, 10-6-25, ACIP recommended that COVID-19 shots only be available for people 65 and older & only be administered through “shared decision-making” with healthcare providers. This overturns a broader recommendation for administration of the vaccine.

On Monday, 10-6-25, Dr. David Gifford added this comment to the LTC National Infection Prevention Forum regarding this development: “HHS today issued a [press release](#) saying that CDC adopted the ACIP COVID-19 vaccination recommendations.

However, the CDC website as of 2:30 east coast time has not been updated yet but may just be a reflection of the government shut down. Also, note the ACIP recommendation was that any adult is eligible for COVID vaccine with shared decision making noting that those with high risk conditions are more likely to benefit from the vaccine and those without high risk conditions less likely. Also, we continue to hear that Medicare and Medicaid and other insurance will continue to pay for the Vaccine.

The referenced CDC press release stated: NOTE: THIS PRESS RELEASE INDICATES INFORMED CONSENT WILL BE REQUIRED FOR ADMINISTRATION OF COVID-19 VACCINATIONS, NOT JUST A CONSENT/DECLINATION SIGNATURE.

“CDC Immunization Schedule Adopts Individual-Based Decision-Making for COVID-19 and Standalone Vaccination for Chickenpox in Toddlers

ATLANTA—October 6, 2025— The Centers for Disease Control and Prevention (CDC) today updated its adult and child immunization schedules to apply individual-based decision-making to COVID-19 vaccination and recommend that toddlers receive protection from varicella (chickenpox) as a standalone immunization rather than in combination with measles, mumps, and rubella vaccination.

The immunization schedules adopt recent recommendations by the CDC Advisory Committee on Immunization Practices (ACIP), which were approved last week by Acting Director of the CDC and Deputy Secretary of Health and Human Services Jim O’Neill. The schedules will be updated on CDC.gov by October 7, 2025.

“Informed consent is back,” **said Deputy Secretary O’Neill.** “CDC’s 2022 blanket recommendation for perpetual COVID-19 boosters deterred health care providers from talking about the risks and benefits of vaccination for the individual patient or parent. That changes today.”

“I commend the doctors and public health experts of ACIP for educating Americans about important vaccine safety signals. I also thank President Trump for his leadership in making sure we protect children from unintended side effects during routine immunization.”

Unlike the COVID-19 primary series vaccination pioneered by Operation Warp Speed (OWS) that reached an [estimated](#) nearly 85% of the U.S. adult population, just 23% of adults followed the CDC’s most recent seasonal booster recommendation according to its [National Immunization Survey](#). The booster shots prompted widespread risk-benefit concerns about their safety and efficacy as the COVID-19 virus became endemic following population-wide immunity acquired during the pandemic and OWS.

ACIP’s recommendation emphasized that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors. The U.S. Food and Drug Administration has approved marketing authorization for COVID-19 vaccines for individuals who have one or more of these risk factors, as well as for individuals age 65 and older.

Individual-based decision-making is referred to on the CDC’s immunization schedules as vaccination based on shared clinical decision-making, which references providers including physicians, nurses, and pharmacists. It means that the clinical decision to vaccinate should be based on patient characteristics that unlike age are difficult to incorporate in recommendations, including risk factors for the underlying disease as well as the characteristics of the vaccine itself and the best available evidence of who may benefit from vaccination.

Like routine recommendations, individual-based-decision-making allows for immunization coverage through all payment mechanisms including entitlement programs such as the Medicare, Medicaid, Children’s Health Insurance Program, and the Vaccines for Children Program, as well as insurance plans regulated by the Affordable Care Act.

The CDC child and adolescent immunization schedule’s new recommendation of standalone chickenpox vaccination for toddlers through age three follows evidence [presented \[PDF, 789 KB\]](#) to ACIP by the CDC Immunization Safety Office’s that healthy 12–23 months old toddlers have increased risk of febrile seizure seven to 10 days after vaccination for the combined measles, mumps, rubella, and varicella vaccine compared to those given immunization for chickenpox separately. The combination vaccine doubles the risk of febrile seizures without conferring additional protection from varicella compared to standalone vaccination.”

