CDC Advisers Recommend COVID-19 Immunization Based on Individual Decision-making

Vaccination based on shared clinical decision-making will still be covered by commercial and public insurance.

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ATLANTA — The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) today [September 19] unanimously recommended that vaccination for COVID-19 be determined by individual decision-making.

ACIP's recommendation applies to all individuals six months and older. It includes an emphasis 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.

Individual decision-making is referred to on the CDC's adult and child immunization schedules as vaccination based on shared clinical decision-making, which references providers including physicians, nurses, and pharmacists. It allows for immunization coverage through all payment mechanisms including entitlement programs such as the Vaccines for Children Program, Children's Health Insurance Program, Medicaid, and Medicare, as well as insurance plans through the federal Health Insurance Marketplace.

"I commend the committee for bringing overdue scientific debate on vaccination to the American people," said Deputy Secretary of Health and Human Services and CDC Acting Director Jim O'Neill. A recommendation from ACIP becomes part of the CDC immunization schedule if it is adopted by the CDC director.

In addition to its recommendation for the CDC immunization schedules, ACIP voted to recommend that all pregnant women be tested for hepatitis B. This test is covered across all insurance programs. The vote encourages providers and health systems to increase the rates of testing in pregnancy to assure that women with Hepatitis B and their newborns can be properly cared for to reduce transmission of the virus from the mother to the child.

The Committee also approved a resolution for the provision of immunization from measles,

mumps, rubella, and varicella (chickenpox) through the Vaccines for Children Program. This vote creates consistency in coverage for all vaccine payment mechanisms, including other entitlement programs, following ACIP's recommendation that toddlers through age three be immunized for varicella by standalone vaccination administered at the same time as the MMR vaccine, rather than the combination measles, mumps, rubella, and varicella (MMRV) vaccine.

The CDC Immunization Safety Office's September 18 presentation to ACIP showed that healthy 12–23 months old toddlers have increased risk of febrile seizure seven to 10 days after MMRV vaccination compared to those given separate immunization for varicella and measles, mumps, and rubella (MMR). The MMRV vaccine doubles the risk of febrile seizures without conferring additional protection from varicella compared to standalone vaccination.

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