

## **ge<sup>2</sup>p<sup>2</sup> global**

governance, ethics, evidence, policy, practice

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### **Expressions of Solidarity Series**

#### ***Demonstrations of Integrity, Intellect, Imagination***

*A continuing series responding to actions by governments, UN system agencies, multilateral organizations, NGOs, civil society, commercial organizations*

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#### ***Expression of Solidarity***

### **American Academy of Pediatricians (AAP) and American College of Obstetricians and Gynecologists (ACOG) – Issuance of Independent, Evidence-based Immunization Recommendations**

***Issued 05 September 2025***

:: AAP [American Academy of Pediatricians] and ACOG [American College of Obstetricians and Gynecologists] are professional medical societies that are among the “liaison organizations” that have historically contributed to CDC ACIP [Advisory Committee on Immunization Practice] work groups developing vaccine/immunization recommendations. They were among the liaison organizations which were recently barred from participation [see companion *Expression of Concern*].

:: Over decades, AAP and ACOG have issued evidence-based immunization recommendations and schedules for their respective patient populations – children and women.

:: Responding in part to the alarming HHS decisions to limit access to COVID-19 vaccines, AAP and ACOG recently issued respective, updated recommendations, each noting their independent, evidenced-based approach and divergence from recent HHS and CDC actions.

:: These actions by AAP and ACOG are important demonstrations of integrity – ‘following the science’ and publically confronting the misinformation from U.S. federal agencies and cabinet level departments.

**The GE2P2 Global Foundation issues this expression of solidarity with AAP and ACOG** [American Academy of Pediatricians| American College of Obstetricians and Gynecologists] **as they continue to inform citizens of their respective immunization recommendations based on scientific evidence, rigorous analysis, and medical judgment.**

**Further, we call on these medical societies and all “liaison organizations”** who have historically contributed to ACIP/CDC immunization recommendations over decades **to stay engaged in the vaccines recommendations process and to challenge HHS processes and decisions wherever they are not scientifically rigorous and evidence-driven, or are otherwise politicized.**

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**The GE2P2 Global Foundation** is an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate founded in 2016 to advance scientific rigor, ethical resilience, and integrity in research and evidence generation across the sciences – informing governance, policy, and practice.

The Foundation has a strong record of responding to public comment and public consultation opportunities globally to strengthen and refine the development of laws, regulations, standards, policies, and guidance, and in support of other deliberative processes involving scientific rigor, research ethics and integrity. These calls are issued from organizations in the United Nations system, multilateral agencies, governments and country regulatory bodies, non-governmental organizations, civil society organizations, academic institutions, professional societies, and commercial organizations.

This Expression of Concern is one of a series where the Foundation takes note of and urges mitigating responses to actions taken by organizations as listed above which we assess to challenge, compromise or confound scientific rigour, ethics, or integrity.

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## APPENDIX

### [AAP releases evidence-based immunization schedule; calls on payers to cover recommendations](#)

August 19, 2025

The AAP has published an independent evidence-based immunization schedule for children and adolescents in the wake of federal officials undermining the rigorous scientific process for making recommendations.

The schedule published in AAP Red Book Online includes guidance on COVID-19 vaccination that differs from federal policy. It also includes updates to recommendations on respiratory syncytial virus (RSV) and flu.

“The AAP will continue to provide recommendations for immunizations that are rooted in science and are in the best interest of the health of infants, children and adolescents,” said AAP President Susan J. Kressly, M.D., FAAP. “Pediatricians know how important routine childhood immunizations are in keeping children, families and their communities healthy and thriving.”

The AAP has a long history of providing evidence-based guidance on vaccines and worked with the Centers for Disease Control and Prevention (CDC) and others in recent decades to harmonize recommendations when possible. However, Health and Human Services Secretary Robert F. Kennedy Jr. unilaterally removed COVID-19 vaccines from the routine recommendations for healthy children and pregnant people, sparking a lawsuit from the AAP and other medical groups.

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Kennedy also replaced CDC Advisory Committee on Immunization Practices members with people who have espoused anti-vaccine viewpoints. At its first meeting, the group announced it would review the vaccine schedules, which falsely suggested they are flawed. The schedules are monitored constantly for safety, AAP leaders said. They vowed to continue publishing their own science-based schedule.

The schedule released today incorporates these three respiratory viruses as well as new recommendations from the past year on a pentavalent meningococcal vaccine from GSK and AAP's recommendation to start HPV vaccination at 9-12 years. Hepatitis B vaccine PreHevbrio has been discontinued and was removed from the schedule.

The biggest difference between the AAP and CDC schedules is around COVID-19 vaccination. The CDC no longer recommends routine vaccination for healthy children, although children can get vaccinated after a conversation with their doctor. In contrast, the AAP recommends all young children ages 6-23 months get vaccinated as well as children ages 2-18 years in certain risk groups. It also calls for children whose parent or guardian desires their protection from COVID-19 to have access to the vaccine.

The AAP has been collaborating with professional societies, payers, and partner organizations to share approaches for developing evidence-based clinical guidance on COVID, flu and RSV for the upcoming respiratory virus season. The societies also have been collaborating with the University of Minnesota's Center for Infectious Disease Research and Policy's Vaccine Integrity Project. The AAP has been talking with payers to ensure its recommendations will be covered by insurance.

"The AAP urges every insurer to cover all the vaccines that are included in this immunization schedule," Dr. Kressly said. "AAP is committed to working with our partners at the local, state and federal levels to make sure every child, in every community has access to vaccines."

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### **ACOG Releases Updated Maternal Immunization Guidance for COVID-19, Influenza, and RSV**

News Releases | Aug 22, 2025

*Washington, D.C.*—Today, the American College of Obstetricians and Gynecologists (ACOG) released updated clinical guidance regarding vaccination during pregnancy against COVID-19, influenza, and RSV. The three guidance documents, all of which recommend maternal immunization, lay out the full body of current scientific evidence that underscores the safety and benefits of choosing to be vaccinated against these respiratory conditions during pregnancy.

"It is well documented that respiratory conditions can cause poor outcomes during pregnancy, with pregnant women facing both severe illness and threats to the health of their pregnancy. Thanks to vaccines, severe outcomes from respiratory infections are largely preventable," said Steven J. Fleischman, MD, MBA, FACOG, president of ACOG. "ACOG's updated respiratory guidance documents repeat what we have long known: that vaccines continue to be the best tool available for pregnant patients to protect themselves and their infants from these viruses."

The updated recommendations in support of vaccination are consistent with ACOG's previous recommendations and also reflect a large and growing body of research and data regarding the safety and benefits of maternal immunization.

### **COVID-19**

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The updated Practice Advisory [COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care](#) recommends that patients receive an updated COVID-19 vaccine or “booster” at any point during pregnancy, when planning to become pregnant, in the postpartum period, or when lactating.

The guidance notes that data show that the COVID-19 vaccines are particularly effective at reducing morbidity from COVID-19 complications in pregnant patients and their infants as measured by emergency department or urgent care encounters. Data also support the benefit of vaccination in reducing pregnancy complications, such as severe maternal morbidity, preterm birth, and stillbirth.

Importantly, vaccination during pregnancy provides passive immunity to the infant after birth, protecting them from COVID-19 in the first few months of life before they can be vaccinated. Maternal COVID-19 vaccination during pregnancy also results in significantly greater antibody persistence in infants when compared to infants whose mother experienced infection during pregnancy without vaccination. Infants continue to be hospitalized for COVID-19 at higher rates than all age groups except adults 75 years and older, but vaccination during pregnancy can help protect infants against requiring hospitalization: during the 2023–24 respiratory virus season, less than 5% of mothers whose infants were hospitalized for COVID-19 were vaccinated during pregnancy.

Side effects of the COVID-19 vaccine are generally localized and minor, and the rates of side effects are not higher in pregnant individuals. Data strongly show that COVID-19 vaccination is not associated with a negative effect on pregnancy outcomes.

“Looking closely at the full body of data clearly shows that the COVID-19 vaccines are not only completely safe for use during pregnancy but also protective both during pregnancy and after the infant is born,” said Mark Turrentine, MD, FACOG, one of the named authors of the practice advisory. “I know that my patients do all that they can to make decisions that will help them have a healthy baby, and choosing to get vaccinated against COVID-19 is one decision that I encourage them all to make.”

### **Influenza**

In the new practice advisory [Influenza in Pregnancy: Prevention and Treatment](#), ACOG continues to strongly recommend that all individuals who are or will be pregnant during influenza season receive an inactivated or recombinant influenza vaccine as soon as it is available, during any trimester of pregnancy. This recommendation reflects the increased risks associated with influenza infection for both pregnant patients and their newborns. Specifically, ACOG recommends influenza vaccination before the start of the influenza season but encourages vaccination at any time during the influenza season to ensure protection as long as the virus is circulating in the community. The new guidance notes that the new live-attenuated, intranasally administered influenza vaccine, which has recently been approved for home self-administration after having been exclusively prescribed and administered in a medical setting or a pharmacy, is not approved for use in pregnant individuals, but that it could be used for postpartum patients, including those who are lactating, who are averse to needle-based vaccines, or who prefer intranasal vaccine administration. The guidance also includes recommendations related to treatment of influenza during pregnancy, including with antiviral medications.

“Decades of data have informed ACOG’s long-standing recommendation in support of vaccination against the seasonal flu during pregnancy. Unfortunately, data show that in recent years, less than half of pregnant patients have chosen to receive the flu vaccine,” said Neil S. Silverman, MD, FACOG, one of the named authors of the practice advisory. “All patients should know that the increased risks of influenza to pregnant women and their newborns are real, and that getting vaccinated before delivery can help them and their babies be protected against influenza and stay healthier during and after their pregnancies.”

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## RSV

In the updated practice advisory on [RSV, Maternal Respiratory Syncytial Virus Vaccination](#), ACOG recommends that during RSV season patients receive the bivalent RSV PreF vaccine in order to protect their infants after birth. Specifically, patients should receive the vaccine when they are between 32 0/7 and 36 6/7 weeks of gestation; if they do not have a planned delivery within two weeks; if they did not receive the maternal RSV vaccine during a previous pregnancy; and if they are not planning to have their infant receive a monoclonal antibody, nirsevimab or clesrovimab. Patients should also understand that if they decline the maternal RSV vaccination, their infant needs a monoclonal antibody at birth.

“The RSV vaccine provides our pregnant patients with the ability to protect their infants against severe respiratory illness before they are even born,” said Brenna Hughes, MD, FACOG, one of the named authors of the RSV guidance. “The RSV vaccine is a powerful tool that allows us to keep infants healthier and prevent hospitalizations and even has the potential to save lives.”

All of the guidance documents note that all three maternal vaccines for respiratory conditions—COVID-19, influenza, and RSV—can be administered at the same time.

“In the face of misinformation and vaccine hesitancy, a strong, evidence-based recommendation in support of vaccination from a trusted clinician can go a long way toward encouraging our patients to protect themselves and their pregnancies,” said Sandra E. Brooks, MD, MBA, FACOG, chief executive officer of ACOG. “As respiratory illness season begins, it is crucial that my fellow health care professionals actively support and recommend COVID-19, flu, and RSV vaccines for pregnant patients.”

### For More Information

- [COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care](#)
- [COVID-19 FAQs for Obstetrician–Gynecologists](#)
- [COVID-19 Vaccines and Pregnancy: Conversation Guide](#)
- [Influenza in Pregnancy: Prevention and Treatment](#)
- [Influenza FAQs for Obstetrician–Gynecologists](#)
- [Maternal Respiratory Syncytial Virus Vaccination](#)
- [Maternal RSV Vaccination FAQs](#)

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### Links:

- :: [Top of Expression of Concern](#)
- :: [U.S. Joint Statement and Media Release on Rejection of 2024 Amendments to IHR \[2004\]](#)
- :: [International Health Regulations \(2005\) – Third edition 2016](#)
- :: [International Health Regulations: amendments 2024](#)

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