



AMERICAN COLLEGE OF GASTROENTEROLOGY POLICY STATEMENT: COVID-19 Vaccination for High-Risk Populations

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September 26, 2025—On September 19, 2025, the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) recommended that COVID-19 vaccination be determined by individual decision-making. The CDC refers to individual decision-making as vaccination based on shared clinical decision-making—including physicians, nurses, pharmacists alongside their patients. In this statement, the American College of Gastroenterology (ACG) presents clinical guidance that can serve as the foundation for this shared clinical decision-making in GI.

ACG strongly recommends COVID-19 vaccination for all eligible, consenting patients, with particular emphasis on high-risk populations. The more than 20,000 gastroenterologists and advanced practice providers (APPs)—nurse practitioners and physician assistants—we proudly call members are trusted providers of patients with GI or liver conditions. It is important that we as clinicians know the morbidity and consequences of COVID-19 and the safety of COVID-19 vaccines.

COVID-19 Morbidity and Long-Term Consequences

COVID-19 poses significant risks for both acute illness and long-term health consequences. According to CDC data, one in five COVID-19 survivors aged 18-64 years and one in four survivors aged ≥ 65 years’ experience post-COVID conditions that may persist for months or years after the initial infection.¹ These post-COVID conditions affect multiple organ systems, including the cardiovascular, pulmonary, GI, and neurological systems. The highest risk ratios were observed for acute pulmonary embolism. Recent surveillance data from the CDC’s COVID-NET surveillance team found that adults aged ≥ 65 years accounted for 70% of all adult COVID-19 hospitalizations from October 2023 to April 2024. Many of these adults had not received an updated COVID-19 booster.²

COVID-19 Vaccines for High-Risk Individuals

ACG strongly recommends COVID-19 vaccination for all eligible, consenting patients, with particular emphasis on high-risk populations such as older adults (65 years of age and older) or those with pre-existing conditions who are commonly seen in gastroenterology and hepatology clinics.

The College recommends vaccination for the following groups:

- **Patients with Inflammatory Bowel Disease:** COVID-19 vaccination is strongly recommended for all individuals with Crohn's disease and ulcerative colitis, consistent with the ACG Clinical Guideline on Preventive Care in IBD.³ The American College of Obstetrics and Gynecology recommends COVID-19 vaccination in pregnant women, including those with IBD.

- **Liver Transplant Recipients:** Post-transplant patients on immunosuppressive regimens should receive COVID-19 vaccination as part of comprehensive preventive care, with timing coordinated with their transplant team.⁴
- **Chronic Liver Disease:** Patients with cirrhosis, chronic hepatitis, and other forms of chronic liver disease should receive COVID-19 vaccination because of their increased vulnerability to severe complications and post-COVID sequelae.⁵
- **Additional High-Risk Populations:** Adults above 65 years of age and individuals with other pre-existing GI conditions or comorbidities should be counseled about vaccination benefits. Given that 80% of COVID-19 hospitalizations occur in patients with multiple underlying conditions, this population requires special attention.

Vaccine Safety Profile

Extensive clinical data and real-world evidence demonstrate that COVID-19 vaccines are safe and well tolerated in immunocompromised populations, including patients with IBD, liver transplant recipients, and those with chronic liver disease. COVID-19 vaccines are not associated with worsening of underlying GI conditions or increased disease activity in patients with IBD.⁶ Population-based surveillance in the United States, including the CDC’s Vaccine Safety Datalink and VAERS, has not identified any unexpected safety signals for mRNA vaccines after > 298 million doses. The rate of serious outcomes—for example, myocarditis, thrombosis, and anaphylaxis—is very low, and the risk of non-COVID-19 mortality does not increase among vaccine recipients.⁶⁻⁸ Myocarditis is a rare adverse event, but the risk is substantially higher after SARS-CoV-2 infection than after vaccination.

These data would suggest that the substantial benefits of vaccination in preventing severe COVID-19 and long-term post-COVID complications significantly outweigh any potential risks in vulnerable populations.

Implementation

Gastroenterologists, hepatologists, and APPs are trusted by their patients as reliable health care advisors. When a clinician recommends vaccination, patients are more likely to get vaccinated. Therefore, physicians and APPs should proactively discuss COVID-19 vaccination with all eligible patients and address vaccine hesitancy with current evidence-based information about both COVID-19 risks and vaccine safety.

¹ Bull-Otterson L, Fau - Baca S, Baca S, Fau - Saydah S, Saydah S, Fau - Boehmer TK, et al. - Post-COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years — United States, March 2020–November 2021. *MMWR Morb Mortal Wkly Rep* 2022 May 27;71(21):713–7. doi: 10.15585/mmwr.mm7121e1.

² Taylor CA, Patel K, Pham H, et al. COVID-19-Associated Hospitalizations Among U.S. Adults Aged ≥18 Years - COVID-NET, 12 States, October 2023–April 2024. *MMWR Morb Mortal Wkly Rep*. 2024;73(39):869–875.

³ Farraye FA, Melmed GY, Lichtenstein GR, et al. ACG Clinical Guideline Update: Preventive Care in Inflammatory Bowel Disease. *Am J Gastroenterol*. 2025;120(7):1447–1473.

⁴ Fix OK, Hameed B, Fontana RJ, et al. Clinical Best Practice Advice for Hepatology and Liver Transplant Providers During the COVID-19 Pandemic: AASLD Expert Panel Consensus Statement. *Hepatology*. 2020;72(1):287-304.

⁵ Weaver KN, Zhang X, Dai X, et al. Impact of SARS-CoV-2 Vaccination on Inflammatory Bowel Disease Activity and Development of Vaccine-Related Adverse Events: Results From PREVENT-COVID. *Inflamm Bowel Dis*. 2022;28(10):1497-1505.

⁶ Panagiotakopoulos L, Moulia DL, Godfrey M, et al. Use of COVID-19 Vaccines for Persons Aged ≥ 6 Months: Recommendations of the Advisory Committee on Immunization Practices - United States, 2024-2025. *MMWR Morb Mortal Wkly Rep*. 2024;73(37):819-824.

⁷ Markowitz LE, Hopkins RH, Jr., Broder KR, et al. COVID-19 Vaccine Safety Technical (VaST) Work Group: Enhancing vaccine safety monitoring during the pandemic. *Vaccine*. 2024;42 Suppl 3(Suppl 3):125549.

⁸ Rosenblum HG, Gee J, Liu R, et al. Safety of mRNA vaccines administered during the initial 6 months of the US COVID-19 vaccination programme: an observational study of reports to the Vaccine Adverse Event Reporting System and v-safe. *Lancet Infect Dis*. 2022;22(6):802-812.

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About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of over 20,000 individuals from 86 countries. The College's vision is to be the preeminent organization supporting health care professionals who provide compassionate, equitable, high-quality, state-of-the-art, and personalized care to promote digestive health. The mission of the College is to provide tools, services, and accelerate advances in patient care, education, research, advocacy, practice management, professional development and clinician wellness, enabling our members to improve patients' digestive health and to build personally fulfilling careers that foster well-being, meaning and purpose. Learn more at www.gi.org.