



APPLY!

 THE CENTER
FOR LEADERSHIP,
ETHICS & EQUITY

*Leonidas Berry Health
Equity Research Award*

Deadline: MONDAY, DECEMBER 1, 2025

 GI.ORG/RESEARCH-AWARDS

1



APPLY!

 ACG
INSTITUTE
FOR CLINICAL RESEARCH
AND EDUCATION 

*Established Investigator
Bridge Funding Award*

Deadline: MONDAY, DECEMBER 1, 2025

 GI.ORG/RESEARCH-AWARDS

NOTE: Must complete Prequalification Form (bit.ly/33guW6k) by November 3rd

2

ACG/ASGE Epidemiologic Research Award in Gastrointestinal Endoscopy

 \$50k/ 1- or 2-year award

 To fund research using the GIQuIC registry

•Request a Letter of Support from GIQuIC by November 3

•Email: research@giquic.org



3

ACG Institute

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Convening a community of established and emerging leaders to cultivate core competencies that drive effectiveness and impact.




Apply for the program that matches your experience!

- The LE&E Center Early Career Leadership Program
 - ✓ U.S. based ACG member physicians 1 – 5 years post fellowship completion
- The LE&E Center Advanced Leadership Program
 - ✓ U.S. based ACG member physicians 10-20 years post fellowship completion
- The LE&E Center Clinical Research Leadership Program
 - ✓ U.S. based ACG member physicians 2-15 years post fellowship completion
 - ✓ Recipients of grant funding from any institution or society (non-trainee, non-fellow) in the last 10 years

APPLICATION DEADLINE: NOVEMBER 14, 2025

- The LE&E Center Emerging Leadership Program
 - ✓ U.S. based ACG member physicians in their 3rd or 4th year of fellowship training

APPLICATION DEADLINE: NOVEMBER 24, 2025

Learn More:

GI.ORG/LEADERSHIP-YOU

4

**ACG Institute
RESEARCH GRANTS
and AWARDS 2026**

Learn more about the Leonidas Berry Health Equity Research Award.

DEADLINE: DECEMBER 1, 2025

- Visit gi.org/research-awards to learn more about the 8 grant categories & apply
- **New! Grant Writing Resources** - gi.org/grant-writing-resources
 - for grant tips, videos, and written resources

5

JANUARY 30 – FEBRUARY 1, 2026

**2026 ACG'S IBD SCHOOL &
ACG BOARD OF GOVERNORS /
ASGE BEST PRACTICES COURSE**

LAS VEGAS



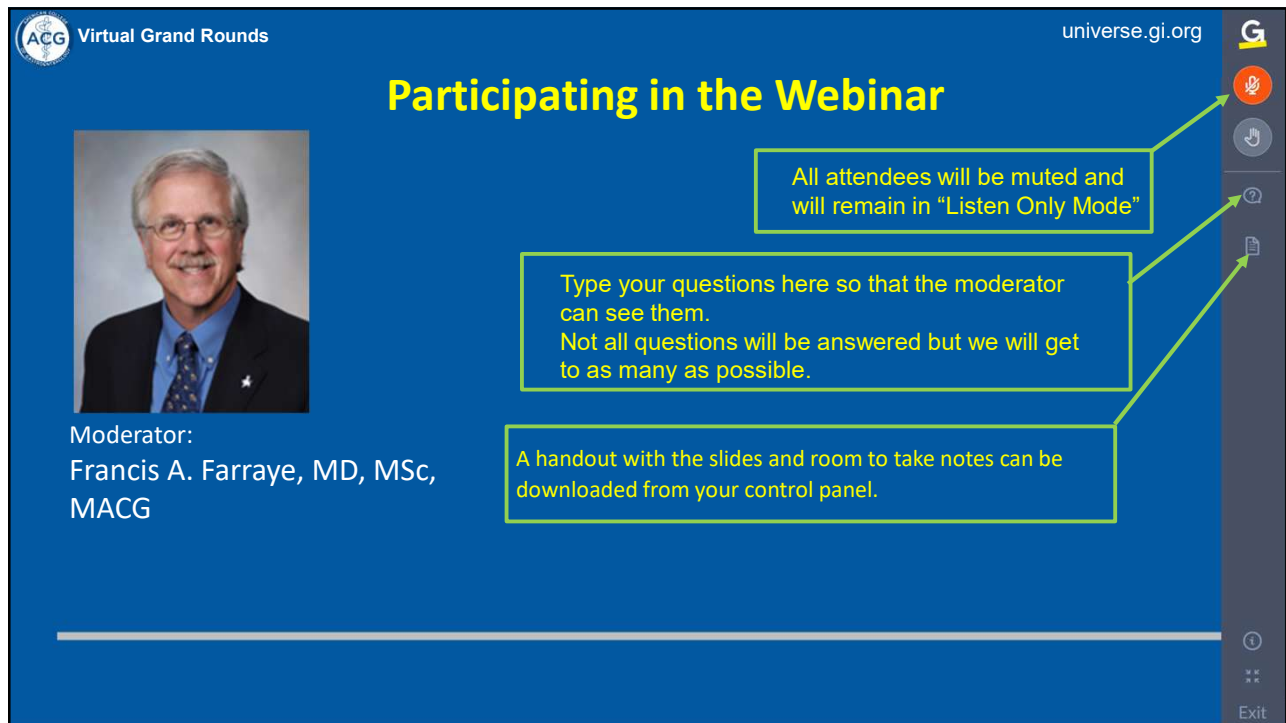

6



2025 **ACG'S HEPATOLOGY SCHOOL & SOUTHERN**
REGIONAL POSTGRADUATE COURSE
DECEMBER 5-7, 2025 | RENAISSANCE HOTEL, NASHVILLE, TN
Register online: meetings.gi.org

The poster features a large green '2025' on the left, a central image of a city skyline with a bridge over a river, and the ACG logo in the bottom right corner.

7



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Participating in the Webinar

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

Moderator:
Francis A. Farraye, MD, MSc, MACG


Control panel icons: Mute, Hand, Chat, Download, Help, Exit

8


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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!





Week 49 – Thursday, December 4, 2025
 ACG’s 2025 Practice Management Summit – Course Highlights
 Faculty: Andy Tau, MD
 Moderator: Kunjali Padhya, MD, FACG
 At Noon and 8pm Eastern

Week 50 – Thursday, December 14, 2025
 ACG Guideline: Diagnosis and Management of Gastric Premalignant Conditions
 Faculty: Douglas R. Morgan, MD, MPH, FACG
 Moderator: Juan E. Corral, MD, MPH
 At Noon and 8pm Eastern


Visit gi.org/ACGVGR to Register

9



GUIDE TO THE GUIDELINES

Book Series with New Volume




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10

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Disclosures



Freddy Caldera, DO, MS, PhD, FACG
No relevant financial relationships with ineligible companies.



Francis A. Farraye, MD, MSc, MACG
Bausch: Advisory Committee/Board Member; Braintree Labs: Advisory Committee/Board Member; Eli Lilly: DSMB; GI Reviewers: Independent Contractor; IBD Educational Group: Independent Contractor, Stock Options; Iterative Health: Advisory Committee/Board Member; Janssen: Advisory Committee/Board Member; MoonLake: DSMB; Pfizer: Advisory Committee/Board Member; Sandoz: Advisory Committee/Board Member.


**All of the relevant financial relationships listed for these individuals have been mitigated*

11

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2025 Vaccine Update for Gastroenterologist

Freddy Caldera, DO, PhD FACG
Associate Professor of Medicine
Division of Gastroenterology & Hepatology
University of Wisconsin-Madison, School of
Medicine & Public Health
[@dr_fcalderaibd](#)



12



Objectives

- Discuss new vaccine recommendations from Advisory Committee on Immunization Practice (ACIP) pertinent to Gastroenterologist.
- Review ACG preventive care guidelines

13



Changes to Advisory Committee on Immunization Practice

Annals of Internal Medicine

IDEAS AND OPINIONS

The U.S. Advisory Committee on Immunization Practices: Public Health in the Crosshairs

Jason Goldman, MD; and Robert Hopkins, MD

Annals of Internal Medicine

IDEAS AND OPINIONS

Preserving Scientific Integrity in Vaccine Policy: The Role of, and Risk to, the CDC's Advisory Committee on Immunization Practices

Jason M. Goldman, MD; and Sandra Adamson Fryhofer, MD

- Removal of ACIP members
- ACIP liaison organization such as AMA, ACP, and others removed from ACIP work groups
- Firing of CDC director

14



Influenza Vaccine

- Influenza causes significant morbidity and mortality
- Annual US deaths 12000 to 51000 and hospitalization 140,000 to 810,000
- Burden highest among
 - Older adults (65 years of age and older)
 - Young children (<5 years)
 - Person who are or will be pregnant during influenza season
 - Individuals with chronic medical conditions
 - Cardiovascular disease, chronic lung disease, diabetes and immunosuppression.
 - Patients with IBD, liver transplant recipients and chronic liver disease are at increased risk for hospitalization

O'Halloran AC, et al. *JAMA Netw Open*. 2021;4(8):e2121880.

17



Influenza Vaccine

- Annual influenza vaccine for all adults
- Adults 65 years of age and older should get an appropriate vaccine for them.
 - High dose (HD), recombinant or adjuvanted.
- HD dose influenza vaccine in those under age 65
 - Patients with IBD on Anti-TNF monotherapy
 - Solid organ transplant recipients

Grohskopf LA, et al. *MMWR Recomm Rep* 2024;73(No. RR-5):1–25.

18

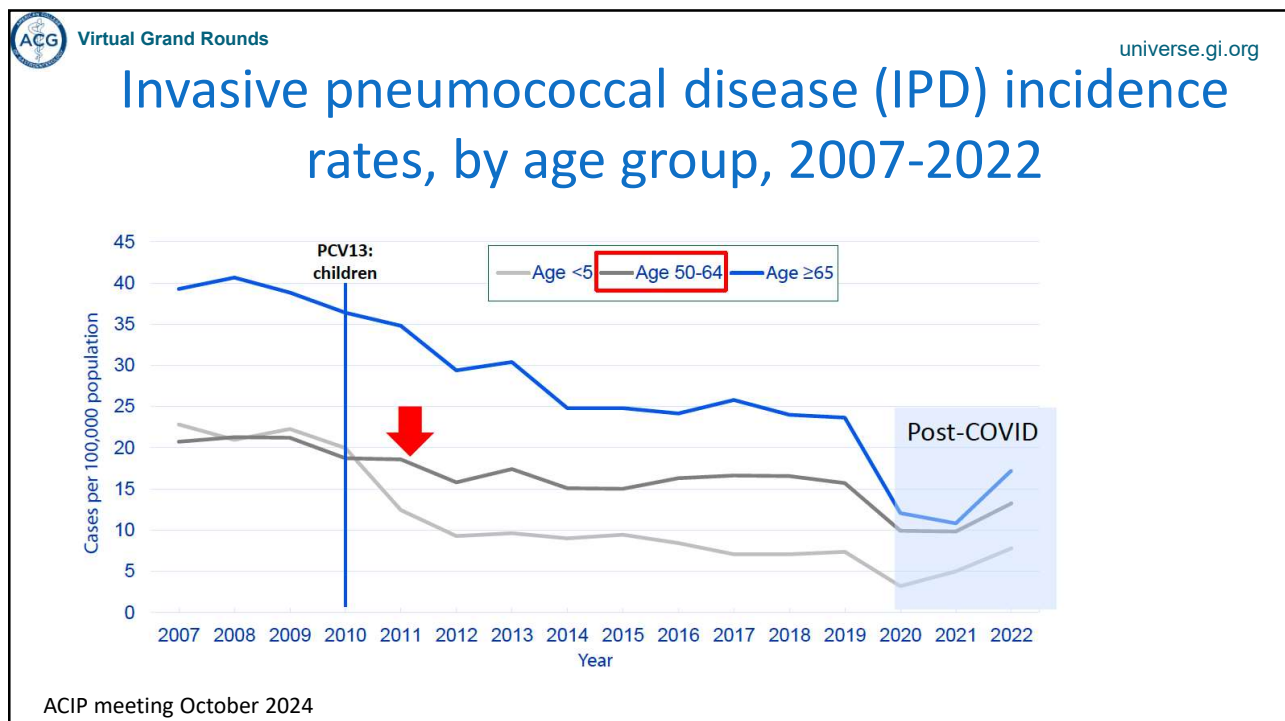
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NEW PNEUMOCOCCAL VACCINE RECOMMENDATIONS

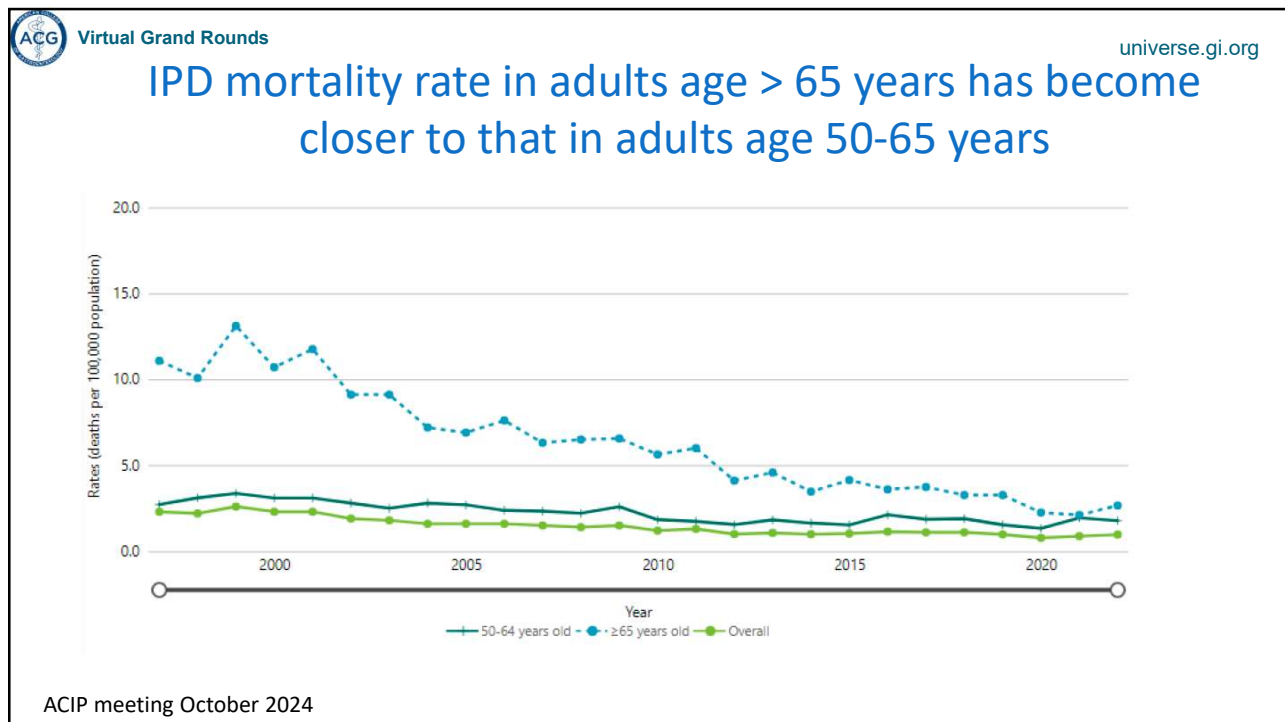
Lowering Pneumococcal Vaccine Recommendation from ≥ 65 to 50 years

Vaccine Recommendations for PCV 20 & PCV 21

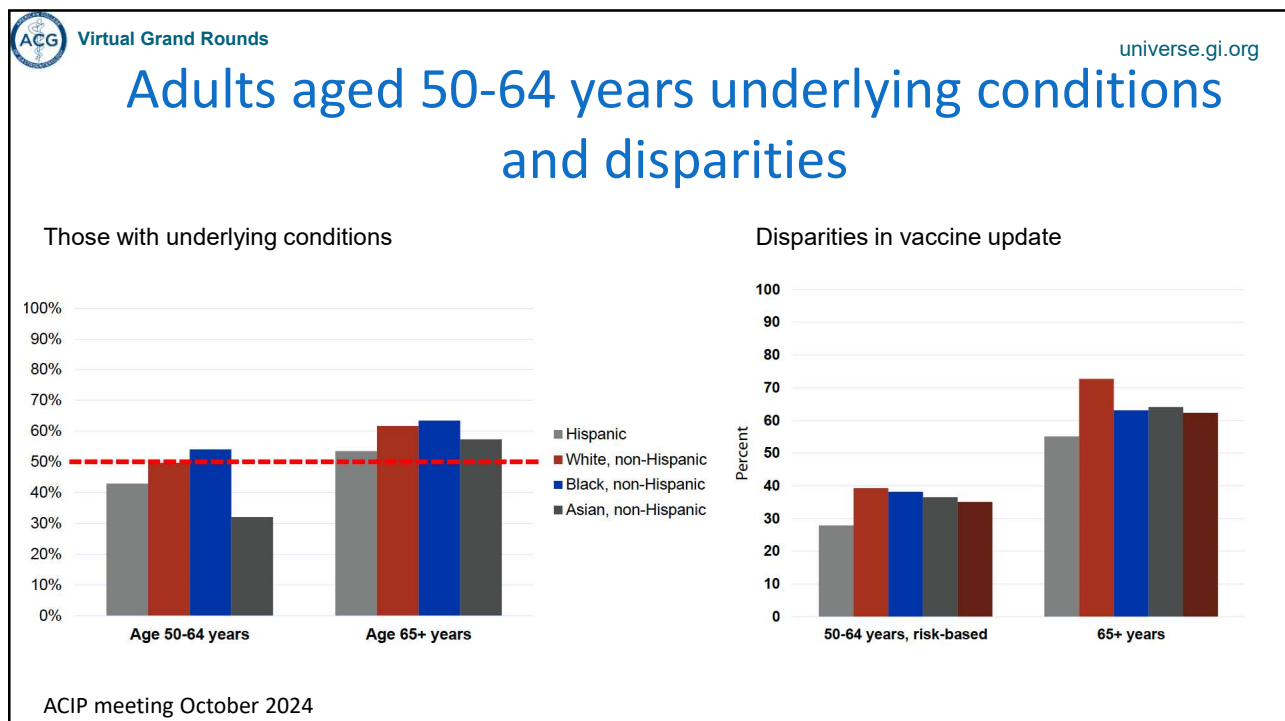
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20



21



22

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Pneumococcal vaccine recommendations

- All adult 50 years of age and older
- Age 19-49 years of age with certain underlying conditions or other risk factors**
 - Celiac disease
 - IBD
 - Liver transplant recipient
 - Chronic liver disease on immunosuppression
- Age 65 years of age and older

Kobayashi M, et al. MMWR Morb Mortal Wkly Rep 2025;74:1-8

23

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Pneumococcal vaccine recommendations for Vaccine Naïve

Age groups	PCV naïve
<ul style="list-style-type: none"> • Age 19-49 years immunocompromised • All patients 50-64 years 	PCV21 or PCV20
Age ≥ 65 years	PCV21 or PCV20

Farraye, F, et al.ACG120(7):1447-1473, July 2025. OFFICIAL JOURNAL

24

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Pneumococcal vaccine recommendations

Age groups	PCV naive	Incomplete PCV vaccines series†	Completed adult PCV vaccines series†
<ul style="list-style-type: none"> • Age 19-49 years immunocompromised • All patients 50-64 years 	PCV21 or PCV20	PCV13 $\xrightarrow{\geq 1\text{ y}}$ PCV21 or PCV20 PCV13 + PPSV23 $\xrightarrow{\geq 5\text{ y}}$ PCV21 or PCV20	No vaccine recommendation
Age \geq 65 years	PCV21 or PCV20	$\geq 5\text{ yrs}$ since last PCV \longrightarrow PCV21 or PCV20	PCV20 or PCV 21*

OFFICIAL JOURNAL OF THE AMERICAN COLLEGE OF GASTROENTEROLOGY | ACG

Patient has completed one of the following vaccine regimens: PCV13 and 2 doses of PPSV23, PCV15 and PPSV23, PCV20, or PCV21

Farraye, F, et al.ACG120(7):1447-1473, July 2025.

25

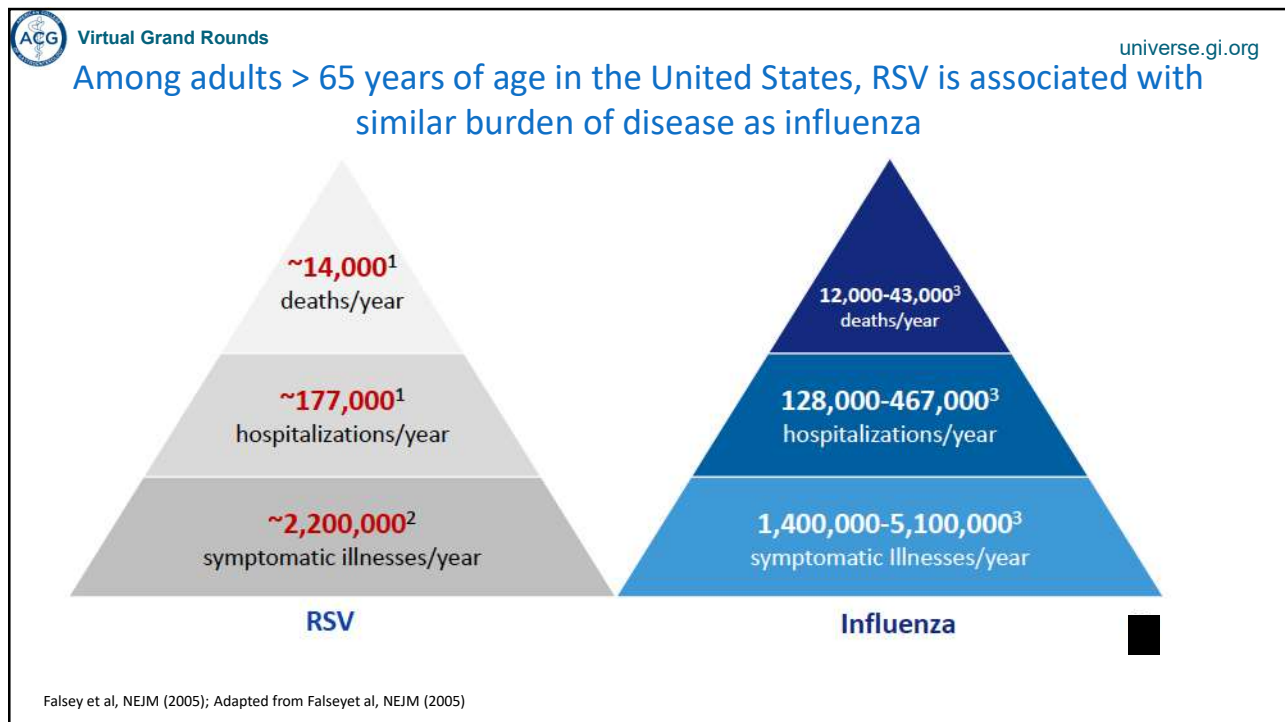
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CHANGES TO RSV VACCINE RECOMMENDATIONS

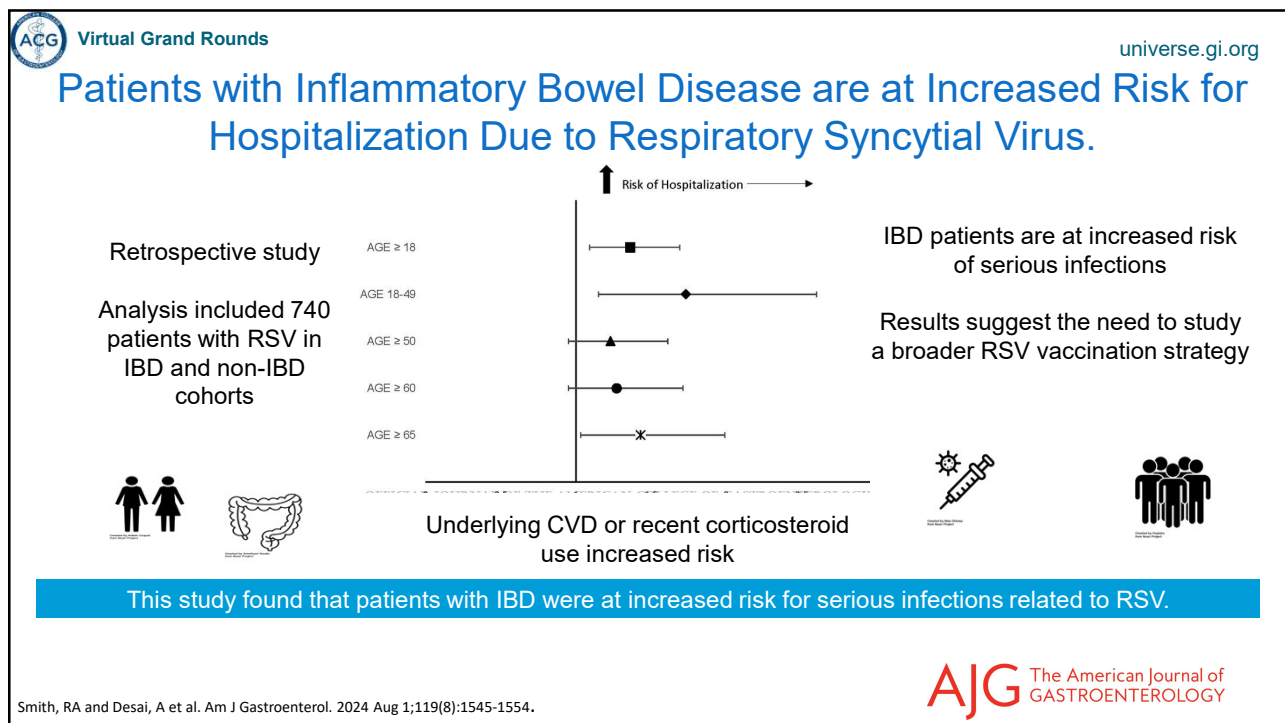
Lowering RSV Vaccine Recommendation from ≥ 60 to 50 years for those at risk for severe disease

Three Vaccines

26



27



28



Risk of Hospitalization due to RSV in patients with Liver Disease

- Adults with comorbidities such as chronic liver disease, have a substantially higher incidence of RSV-related acute respiratory infection, hospitalization, and in-hospital mortality compared to those without comorbidities
- Solid organ Transplant recipients, including those with liver transplants, are at increased risk of respiratory syncytial virus (RSV) infection, with higher rates of severe disease.

Bouzid D, et al. Clin Microbiol Infect. 2023 Dec;29(12):1538-1550.
Mombelli M, et al. Am J Transplant. 2021 May;21(5):1789-1800.

29



RSV Vaccine Recommendations

- All adults 75 years of age and older
- Adults 50-74 years of age at risk for severe disease
- Pregnant women during each third trimester if delivering during respiratory season
- Three RSV Vaccines
 - mRNA approved 60 years of age and up
 - GSK approved for those 50 years of age and up.
 - Pfizer vaccine approved for those 50 years of age and up and in pregnant women.

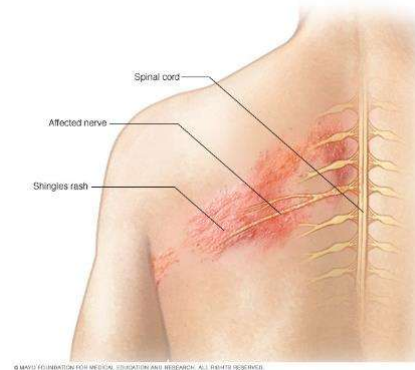
Britton A, et al. MMWR Morb Mortal Wkly Rep 2024;73:696-702

30



Herpes Zoster and Complications of HZ

- 1 million cases in US annually incidence of 3-5 cases per 1000 person years
- Lifetime risk of developing HZ : 1 in 3.
- Age and immunosuppression increase risk
- Complications of HZ
 - Post Herpetic Neuralgia 10-20% of cases
 - Ocular complications 4%
 - Neurologic complications
 - Hospitalization <1%



Tseng HF, et al. J Infect Dis. 2020 Aug 4;222(5):798-806.

31



Risk of HZ in Chronic Liver Disease & Liver Transplant Recipients.

- Patients with liver cirrhosis have a modestly increased risk of herpes zoster compared to the general population.
- Liver transplant recipients are at substantially higher risk for herpes zoster, with incidence rates 4-5 times greater than the general population.
 - Risk is further increased by use of mycophenolate mofetil or azathioprine.
- Postherpetic neuralgia is a common complication in liver transplant recipients, occurring in up to one third of cases.

Jeon D, et al. Am J Gastroenterol. 2023 Sep 1;118(9):1592-1600.
 Hamaguchi Y, et al. Transpl Infect Dis. 2015 Oct;17(5):671-8.
 Herrero JJ, et al. Liver Transpl. 2004 Sep;10(9):1140-3.

32



Patients With IBD Are at Increased Risk for Complications of Herpes Zoster

- Multiple studies have shown that patients with IBD are at increased risk for HZ compared to those without IBD.
- Retrospective study of 4756 patients with IBD and non-IBD controls.
- Patients with IBD had a higher rate of complications of HZ (15%) after an episode of HZ compared with non-IBD controls.
- Patients with had a 3% higher absolute risk of HZ. NNH of 33
- Risk factors older age, comorbidities, immunosuppressive therapy.

Long MD, et al. Aliment Pharmacol Ther 2013 Feb(37)4.

Caldera F, et al . Clin Gastroenterol Hepatol. 2025 Feb;23(2):331-340.

33



Prevention of HZ: Recombinant HZ vaccine

- Recombinant herpes zoster vaccine (RZV) is a two-dose series
- All adults 50+
- Adults 19 > years who are or will be immunodeficient or immunosuppressed because of disease or therapy.
 - Different dosing schedule for immunosuppressed 1 month after 1st dose
 - Do prior authorization process and appeal letter with MMWR to get coverage
 - Crohn's Colitis Foundation Appeal letter
 - Use pharmacies for patients with Medicare



Anderson TC, et al. MMWR Morb Mortal Wkly Rep 2022; 71:80.

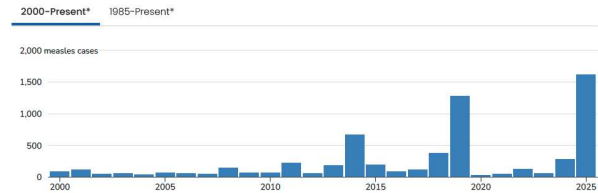
34

Measles outbreaks

- As of October 31, 2025
 - 1648 cases likely higher number
- Age
 - Under 5 years: 440 (27%)
 - 5-19 years: 656 (40%)
 - 20+ years: 545 (33%)
- 92% in unvaccinated or unknown
- 12% (198) of cases have resulted in hospitalization
- Percent of age group hospitalized
 - Under 5 years: 22% (97 of 432)
 - 5-19 years: 7% (44 of 644)
 - 20+ years: 11% (61 of 534)
- Three deaths

Yearly measles cases

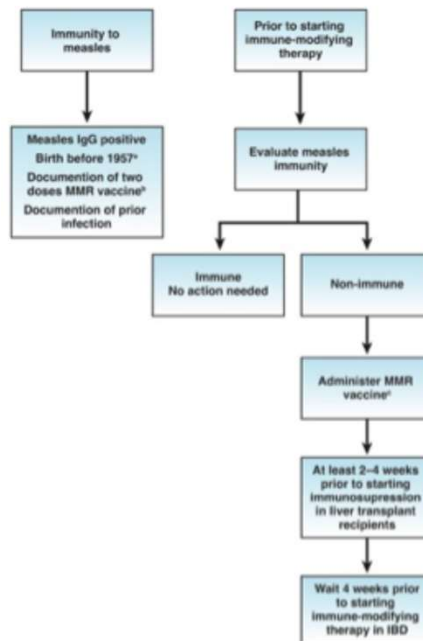
as of October 21, 2025



35

Determining Immunity to Measles

ACIP does not recommend checking serology in those with documentation of two doses of MMR vaccine



Caldera F, et al. . Clin Gastroenterol Hepatol. 2025 Oct 10:S1542-3565(25)00765-7.

36

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Live Vaccine Guidance

Low level immunosuppression*	Higher level immunosuppression
Corticosteroid therapy usually is not a contraindication to administering live-virus vaccine when administration is ¹⁷	High-dose steroids > 20 mg per day of prednisone
• Short term (i.e., < 14 days)	Methotrexate or azathioprine ⁸
• A low to moderate dose (i.e., < 20 mg of prednisone or equivalent per day, or < 2mg/kg body weight per day for a young child)	Transplant related immunosuppressive drug (such as cyclosporine, tacrolimus, mycophenolate)
• Long-term, alternate-day treatment with short-acting preparations	Biologic therapy (anti-TNF therapy)
• Maintenance physiologic doses of (replacement therapy)	Non-TNF biologic agents (ustekinumab, risankizumab, mirikizumab, and guselkumab)
• Topical (skin or eyes), inhaled, or by intra-articular, bursal, or tendon injection.	Janus kinase inhibitors and S1P (tofacitinib, upadacitinib, ozanimod, etrasimod)
Vedolizumab ⁸	Dupilumab ⁷

Caldera F, et al. . Clin Gastroenterol Hepatol. 2025 Oct 10:S1542-3565(25)00765-7.

37

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Determining Seroprotection to Hepatitis B in someone Previously Vaccinated.

- A HBsAb <10 ≠ lack of seroprotection.
- Challenge dose: A single hepatitis B vaccine dose given to previously vaccinated individuals with anti-HBs <10 mIU/mL to assess immune memory (anamnestic response).
- Distinguishes between true loss of protection and persistent immune memory;
 - a robust rise in anti-HBs after challenge indicates ongoing protection despite low baseline titers

Ley D, et al. Dig Dis Sci. 2024 Aug;69(8):3051-3060

38

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High Rates of Seroprotection in Patients with IBD .

- Previous studies found low rates of seroprotection to hepatitis B in patients with IBD.
- Studies inferred that sustained IBD therapy may result in loss of seroprotection
- These studies were limited since a challenge dose was not administered.
- A study of 168 HBV-vaccinated patients with IBD, 71% seroprotected

Ley D, et al. Dig Dis Sci. 2024 Aug;69(8):3051-3061

```

graph TD
    A[n=192 Identified] --> B[n=24 Excluded  
(Did not get challenge dose and/or repeat anti-HBs*)]
    A --> C[n=168 Included]
    C --> D[n=120 (71.4%)  
Initial anti-HBs ≥10 mIU/mL]
    C --> E[n=48 (28.6%)  
Initial anti-HBs <10 mIU/mL]
    E --> F[Hepatitis B vaccine challenge dose given]
    F --> G[n=34 (70.8%)  
anti-HBs ≥10 mIU/mL]
    F --> H[n=14 (29.2%)  
anti-HBs <10 mIU/mL]
    D --- I[Sustained seroprotection  
n=154  
(91.7%)]
    G --- I
  
```

39

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Hepatitis B Naïve or those who failed to achieve seroprotection to a three-dose series

- The following are associated with failing to achieve seroprotection
 - Age, Obesity
 - Patients with IBD on Anti-TNF therapy
 - Patient with chronic liver disease or liver transplant recipients.
- Heplisav B two dose Hepatitis B associated with higher immunogenicity compared to standard three dose hepatitis B vaccine series in adults.
- A prospective in patients with IBD (on immunosuppression or nonresponders) demonstrated a high seroprotection rate of 72%.
- A retrospective study of patients with chronic liver disease showed better seroprotection rates with Heplisav B compared to Engerix (63% vs 45%, p=0.03)


Hegde Y, et al. J Clin Gastroenterol. 2025 Sep 1;59(8):773-779.
Amjad W, et al. Dig Dis Sci. 2021 Jun;66(6):2101-2106.


OXFORD UNIVERSITY PRESS

40

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CHANGES TO COVID-19 VACCINE RECOMMENDATIONS


 No longer universal recommendations

 Not recommended in children less than 5 years of age or pregnant women

41

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Morbidity Associated with SARS-CoV2 infection



Approximately **1 in 5 adults** ages 18+ have a health condition that might be related to their previous COVID-19 illness, such as:

- Neurologic and mental health conditions*
- Kidney failure
- Musculoskeletal conditions
- Cardiovascular conditions
- Respiratory conditions
- Blood clots and vascular issues

Talk to your health care provider if you have symptoms after COVID-19

bit.ly/MMWR7121 MAY 24, 2022 **MMWR**

*Adults aged 65 and older at increased risk

- 38.2% of COVID-19 patients developed new health conditions vs 16% in controls.
- 1 in 5 adults (18-64) and 1 in 4 older adults (65+) experienced incident conditions attributable to COVID-19
- Older adults (65+): Higher risk for all 26 conditions studied;
- Acute pulmonary embolism (RR = 2.1-2.2)
- Long COVID reported among 3.6% of adults in this study.

National Health Interview Survey showed that approximately 9% have long COVID-19

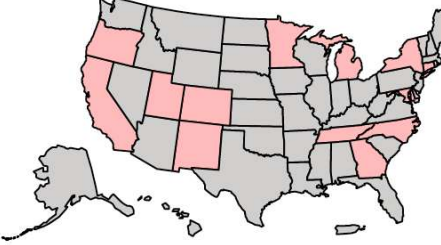
Bull-Otterson L, et al. MMWR Morb Mortal Wkly Rep 2022;71:713-717.
Vahratian, A, et al. JAMA Netw Open 2024;7(12)

42

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COVID-NET monitors COVID-19 hospitalizations across parts of the U.S.

- RESP-NET includes COVID-NET, RSV-NET, FluSurv-NET
- Collaboration between state and local health departments and CDC
- Includes data from >300 hospitals in 185 counties across 13 states, covering about 10% of the U.S. population



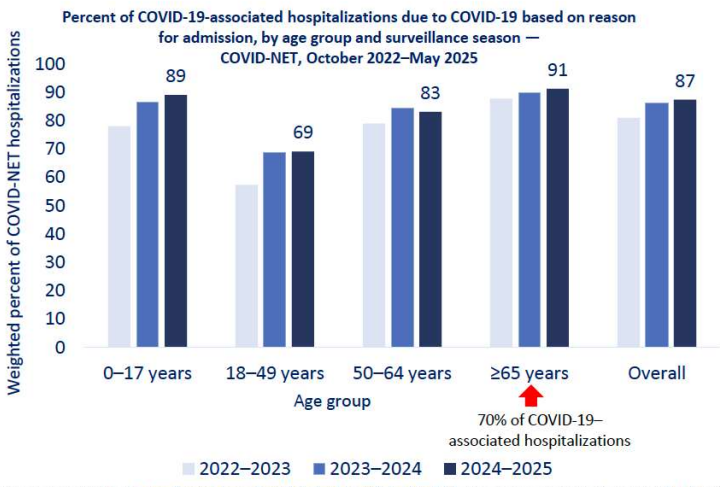
COVID-NET: <https://www.cdc.gov/covid/nhn/covid-net/index.html>.

43

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87% of all recent hospitalizations among SARS-CoV-2-positive patients were due to COVID-19 based on reason for admission

Percent of COVID-19-associated hospitalizations due to COVID-19 based on reason for admission, by age group and surveillance season — COVID-NET, October 2022–May 2025



Age group	2022–2023	2023–2024	2024–2025
0–17 years	~78	89	~88
18–49 years	~58	69	~68
50–64 years	~78	83	~82
≥65 years	~88	91	~90
Overall	~80	87	~86

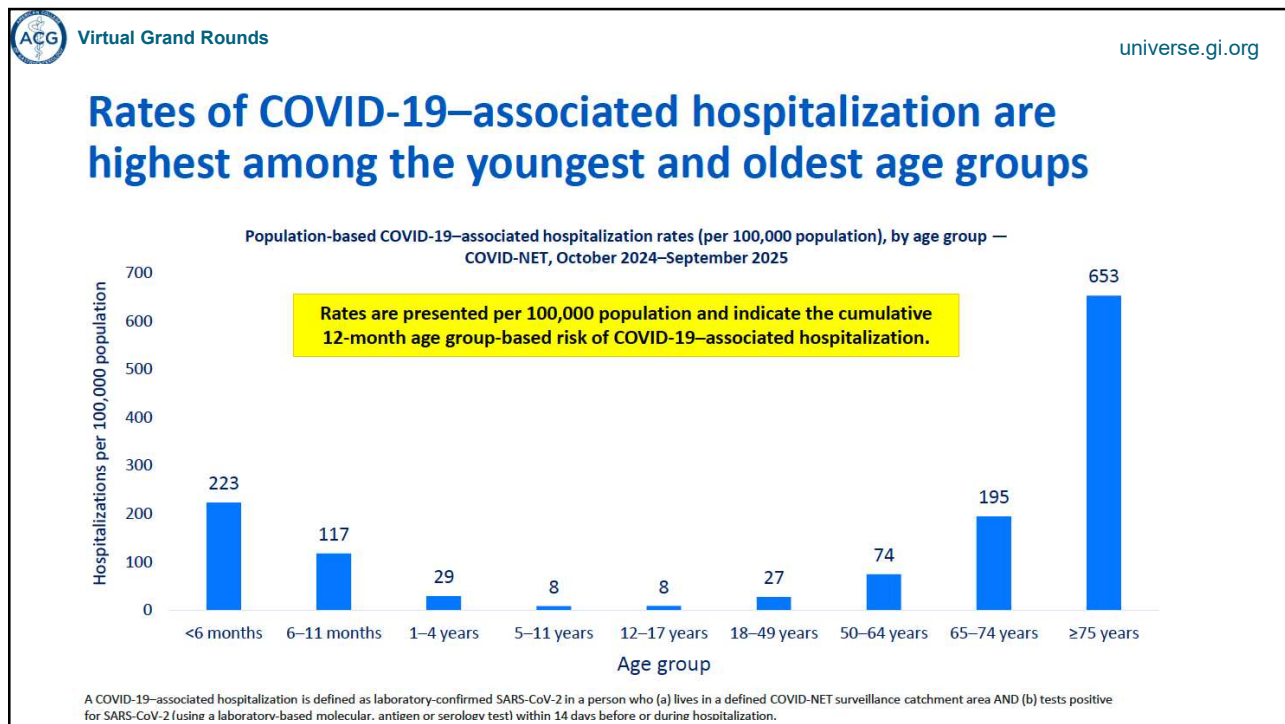
70% of COVID-19-associated hospitalizations

- Percent of COVID-19-associated hospitalizations due to COVID-19 have increased over time
 - No longer widespread screening of asymptomatic patients
- Percent of COVID-NET hospitalizations due to COVID-19 increases with age among adults
- Adults ages ≥65 years account for 70% of COVID-19-associated hospitalizations, of which 91% are considered due to COVID-19 based on reason for admission.

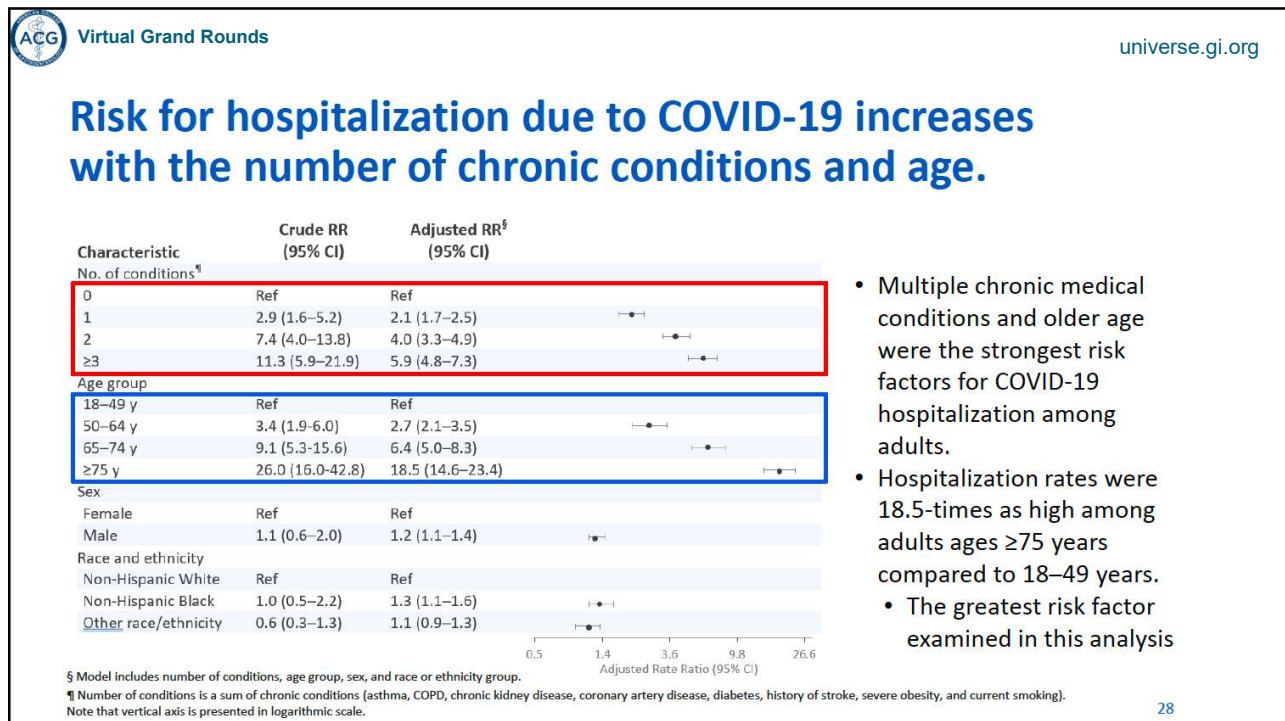
Data are posted publicly: <https://www.cdc.gov/covid/php/covid-net/index.html>. Likely reason for admission due to COVID-19 is defined as SARS-CoV-2-positive test ≤14 days before/during hospitalization AND chief complaint or history of present illness in medical record indicates fever, respiratory illness, COVID-19-like illness, or suspicion for COVID-19-like illness.

11

44



45



46



Effectiveness of COVID-19 Vaccines from 2024-2025 season

- Evaluating effectiveness of COVID-19 vaccine booster 2024-2025, compared to no in season dose, COVID-19 provided additional protection
 - COVID-19 associated emergency department and urgent care visits among children
 - COVID-19 associated emergency department and urgent care visits among adults
 - COVID-19 associated hospitalization among adults age ≥ 65 years with and without immunocompromising conditions
 - COVID-19 associated critical illness among adults age ≥ 65 years

47



CDC's Immunization Safety Office Monitors Vaccine Safety Through Strong, Complementary Systems



Systems work together to rapidly detect and assess potential safety concerns to help inform public health actions

Safety systems work. J&J viral vector vaccine stopped due to rare event thrombosis with thrombocytopenia syndrome (TTS).

48



Risk of myocarditis and mRNA COVID 19 vaccines

- Risk of myocarditis associated with COVID-19 is rare, highest in male adolescents and young adults particularly after the second dose.
- Data from Vaccine Adverse Event Reporting System (VAERS) indicate that myocarditis after a booster vaccine dose is less common than after the second dose of the primary series.
- Systemic reviews and meta-analysis have found that the risk of myocarditis after COVID-19 infections is approximately 42 times higher than the risk after COVID-19 vaccination.
- COVID-19 associated myocarditis is usually self limiting.
- Follow up studies of cases of myocarditis have not reported cardiac related deaths or need for heart transplantations and low hospitalization rates.

Kuehn BM. et al. *JAMA*. 2022 Apr 12;327(14):1324.
 Semenzato L et al. *JAMA* 2024; 332(16): 1367-77.
 Ling RR, et al *Lancet Respir Med* 2022; 10(7): 679-88
 Jain SS, et al *EClinicalMedicine* 2024; 76: 102809.

49



CHANGES TO COVID-19 VACCINE RECOMMENDATIONS FROM ACIP



No longer universal recommendations



Adults 65 and older: vaccination based on shared clinical decision making



Individuals 6 months to 64 years: Vaccination based on shared clinical decision making.
 *Discuss risk and benefits of vaccination particularly for those at higher risk for severe disease.

50



Current COVID-19 Vaccines

Last year COVID-19 Vaccine recommendations.

2024–2025 Moderna COVID-19 Vaccine Anyone ages 6 months and older

2024–2025 Pfizer-BioNTech COVID-19 Vaccine Anyone ages 6 months and older

2024–2025 Novavax COVID-19 Vaccine Anyone ages 12 years and older

Full FDA approval for 2025-2026

Two mRNA vaccines

- Pfizer-BioNTech: Approved for individuals **5 years of age and older**.
- Moderna: Approved for individuals 6 months of age and older

One non-mRNA vaccine: Recombinant Vaccine (such as Hepatitis B, HPV, and Herpes zoster)

- Novavax: Approved for individuals 65 years and older, and those ages 12 through 64 with increased risk factors for severe COVID-19 outcomes.



51




Vaccine Coverage

- Based on recommendation from ACIP
 - COVID-19 vaccine will be covered.
- No prescriptions necessary
- National pharmacy chains will not require proof of pre-existing conditions.

52

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Professional Organization Providing Recommendations



About Programs Membership Community Donate

Clinical Information Practice Management Career Support Education & Events Advocacy News Topics

COVID-19 > COVID-19 Vaccines and Pregnancy: Conversation Guide for Clinicians


COVID-19 Vaccines and Pregnancy: Conversation Guide

Key Recommendations and Messaging for Clinicians

Updated August 2025

Key Recommendations

- The American College of Obstetricians and Gynecologists (ACOG) strongly recommends that pregnant individuals be vaccinated against COVID-19. ACOG continues to recommend that all pregnant and lactating individuals receive an updated COVID-19 vaccine or "booster."
- Vaccination may occur in any trimester, and emphasis should be on vaccine receipt at the earliest opportunity to maximize maternal and fetal health.



CME Patient Care Practice & Career Med Student & Resident Events Membership Advocacy News

AAFP / Family Physician / Patient Care / Prevention & Wellness / Immunizations & Vaccines / Immunization Schedules / Adult Immunization Schedule

Adults 19 and Older Immunization Schedule

This version of the adult immunization schedule has been adopted by the American Academy of Family Physicians. The CDC's 2025 immunization schedules, which are not endorsed by the AAFP, can be found [here](#).

Schedule Based on Medical Condition

Pregnant Patients Immunocompromised (excluding HIV) HIV CD4 Percentage and Count Men Who Have Sex w/Men Asplenia, Comp

Pregnant Patients

	COVID 19	Pu Inactivated/Recombinant	LARIS	SDV	Step/Tg	MMR	VAR	RZV	HPV	Pneumo-coccal	HepA	HepB	MenACWY	MenB	Hb	Mpxv	SPV
Recommended for all adults, and additional doses may be necessary based on medical condition or other indicators. See notes.					X												
Recommended for all adults with chronic, immunosuppressive, immunosuppressive, or other conditions that increase risk of immunity	X	X	X									X					

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement

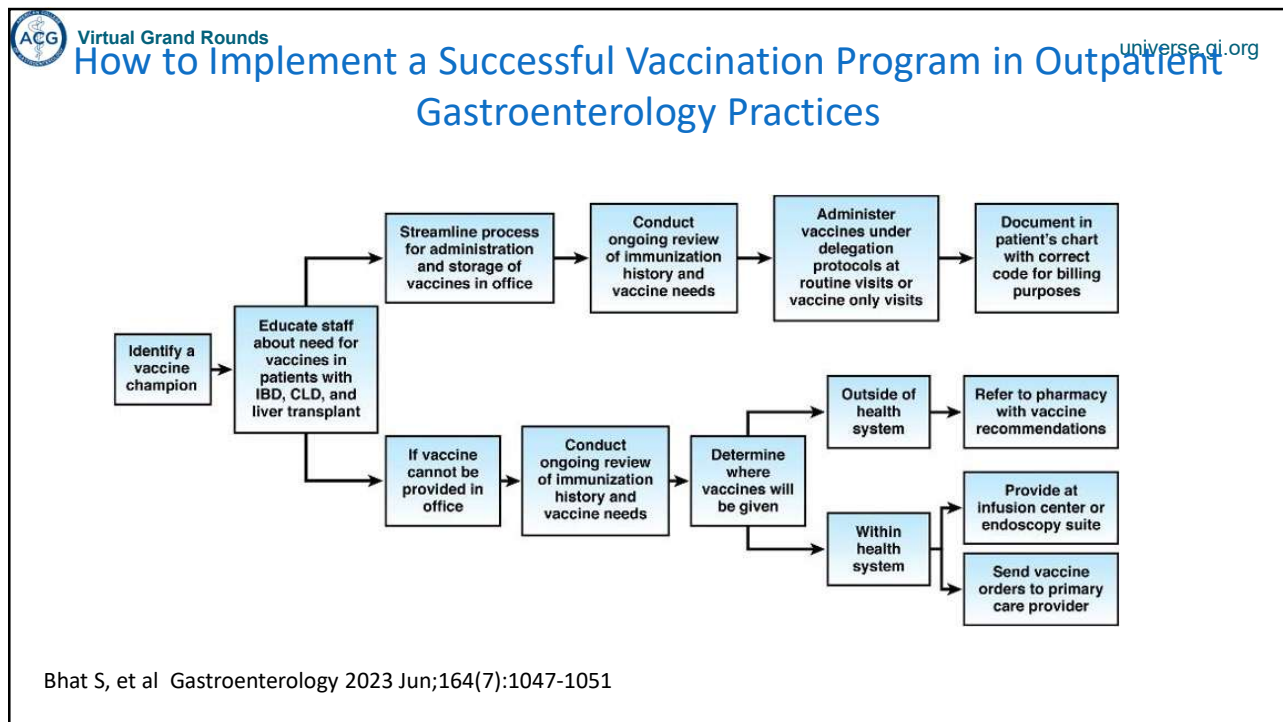
53

Virtual Grand Rounds universe.gi.org

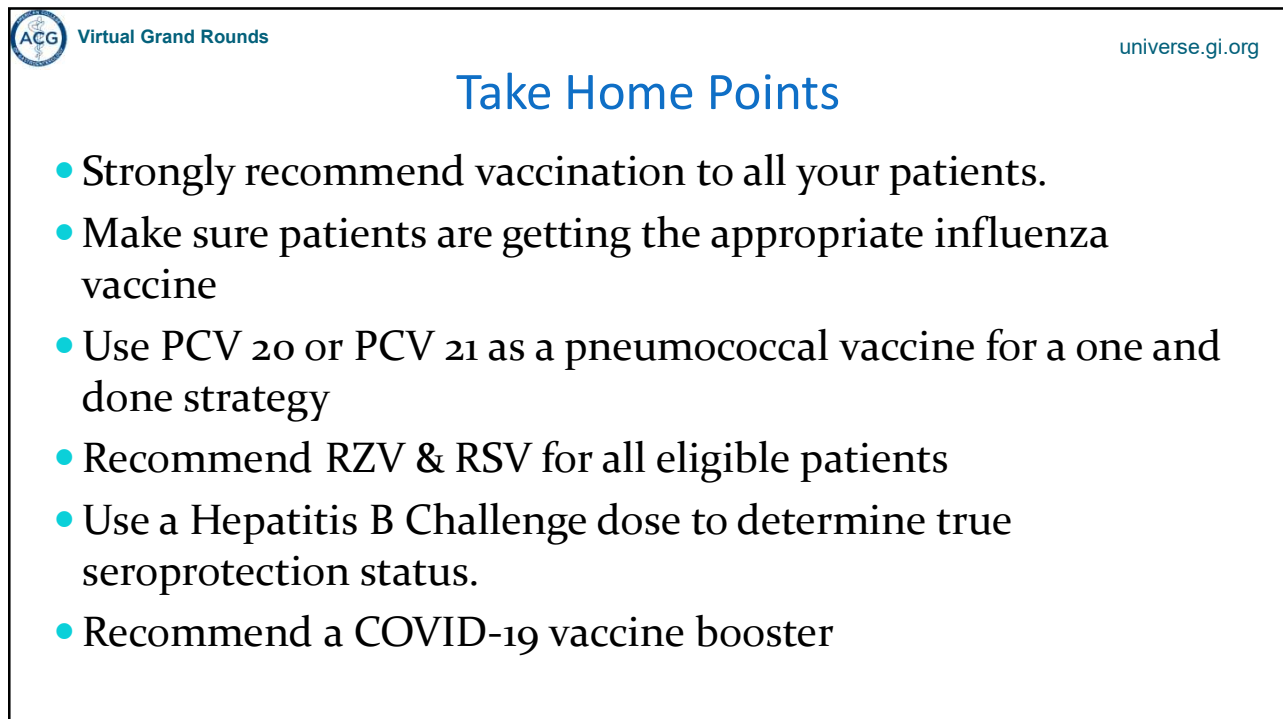
AMERICAN COLLEGE OF GASTROENTEROLOGY POLICY STATEMENT: COVID-19 Vaccination for High-Risk Populations

- 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

54



55



56



Thank You and Questions

Goals of lab is evaluating safety of immune-modifying therapies used in IBD.

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57



Questions



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58

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59