

Yale Campus Health Surveillance Report

ALLERGIES

TREE POLLEN	RAGWEED	MOLD	GRASS	DUST AND DANDER
HIGH	LOW	LOW	LOW	HIGH

WEEKLY AQI: **FAIR**

[NEW HAVEN, CT](#)

Potential Heat Risks:

Tue	Wed	Thu	Fri	Sat	Sun	Mon
-----	-----	-----	-----	-----	-----	-----

NWS Forecast:



NEW HAVEN COUNTY

Nationally,
Respiratory Illness
causing people to seek healthcare is

LOW

WASTEWATER VIRAL ACTIVITY LEVEL IN CONNECTICUT

COVID-19

Moderate

Flut

Very Low

RSV

Very Low

EMERGENCY DEPARTMENT VISITS IN NEW HAVEN COUNTY

COVID-19

Very Low
No Change

Flu

Low
Decreasing ↘

RSV

Low
No Change

Current Health Risks

CT COVID-19

US COVID-19

CT - Influenza

US - Influenza

CT - RSV

H5N1

US Measles Cases

Southwest Measles Outbreak

News and Updates



22 April 2025
As of 1500 Hours EDT

YNHH

COVID

- 5 COVID+ INPATIENTS
 - 0 IN THE ICU
 - 1 IN THE ED

RSV

- 0 INPATIENTS
 - 0 IN THE ICU

INFLUENZA

- 5 INPATIENTS
 - 1 IN THE ICU

Respiratory virus
conditions are **MODERATE**

based on local/regional public health indicators



Masking is
recommended
for all staff
and patients.

Masking is
required for
those with
respiratory
symptoms.

Yale HEALTH

LINKS

US FEDERAL GOVERNMENT CDC

- [CDC – COVID-19](#)
- [CDC A\(H5N1\) BIRD FLU RESPONSE UPDATE](#)
- [CDC- TICKS](#)
- [CDC HEALTH RISKS](#)
- [CDC HEAT AND HEALTH TRACKER](#)
- [CDC MEASLES](#)
- [CDC MPOX](#)
- [CDC STACKS REPORTS](#)
- [CDC RESPIRATORY ILLNESSES DATA CHANNEL](#)

USDA AVIAN INFLUENZAS

FEMA – FEMA

NWS – HEATRISK HEAT.GOV

JOURNALS AND ONLINE LIBRARIES

- [JAMA NETWORK](#)
- [THE LANCET COVID -19 RESOURCE CENTRE](#)
- [NEW ENGLAND JOURNAL OF MEDICINE](#)

PORTALS, BLOGS, AND RESOURCES

- [CIDRAP](#)
- [FORCE OF INFECTION](#)
- [KHN](#)
- [MEDPAGE TODAY](#)
- [OUTBREAK](#)
- [GCHS](#)
- [CENTER FOR THE STUDY OF TRAUMATIC STRESS](#)
- [YLE](#)
- [NYS GLOBAL HEALTH UPDATE REPORT](#)

NEWS SOURCES

- [NEW YORK TIMES](#)
- [WASHINGTON POST](#)
- [REUTERS](#)
- [CNN](#)
- [NBC CT](#)
- [INSIDE HIGHER ED](#)
- [OUTBREAK NEWS TODAY](#)

Current Health Risks

COVID

- **Nationally:** COVID-19 activity continues to decline nationally. Wastewater levels are at low levels, emergency department visits are at very low levels, and laboratory percent positivity is stable. Emergency department visits and hospitalizations are highest in older adults, and emergency department visits are also elevated in young children.
- **Connecticut:** Wastewater levels for COVID-19 are **moderate**. Over the past four weeks. There have been:
 - **301** reported cases
 - **129** hospitalizations
 - **0** deaths during the month of April. (**321** for the season)
- **YNHH:** On April 22, there were **5** hospitalized cases, with **0** in the ICU

INFLUENZA

- **Nationally:** Seasonal influenza activity continues to decline.
- **Connecticut:** Levels of influenza in wastewater are **very low** and decreasing. Over the past two weeks, there have been:
 - **830** reported cases
 - **26** hospitalizations
 - **0** deaths in April (**193** for the season)
- **YNHH:** On April 22, there were **5** hospitalized cases, with **1** in the ICU

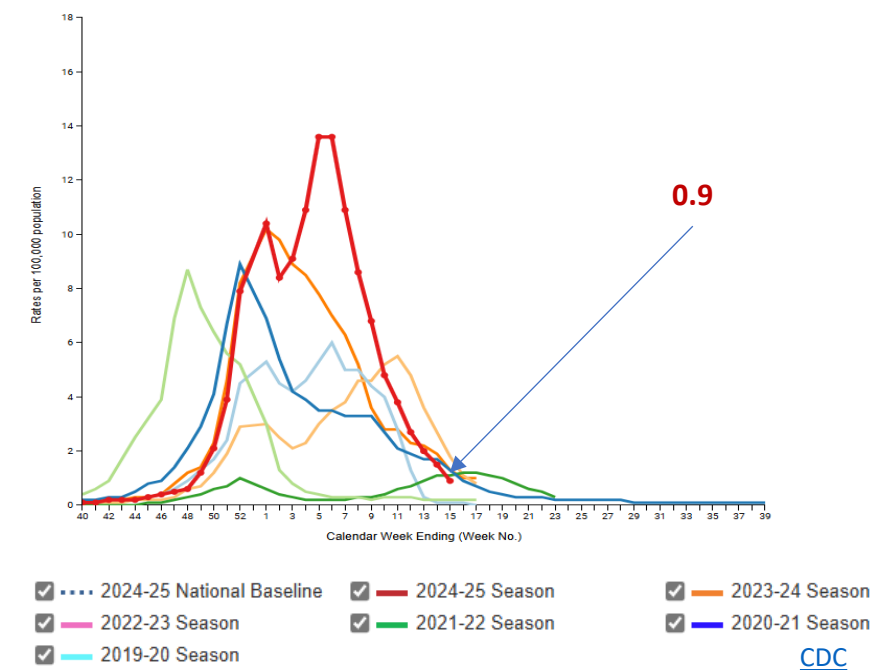
RSV

- **Nationally:** RSV activity is declining in most areas of the country
- **Connecticut:** Wastewater levels for RSV are **very low** and declining. Over the past two weeks, there have been:
 - **92** reported cases
 - **8** hospitalizations
 - No deaths
- **YNHH:** On April 22, there were **0** hospitalized cases with **0** in the ICU

PERTUSSIS: Reported cases of whooping cough (pertussis) continue to be elevated nationwide. Whooping cough is very contagious and can spread easily from person to person. Babies younger than 1 year old are at highest risk of severe disease and complications

NOROVIRUS: Norovirus persists at a high level (14.7% test positivity rate) but is declining nation wide and in the Northeast, test positivity has declined to 11.6% ([Force of Infection](#)).

Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (Week 15), Ending (4/12/2025)



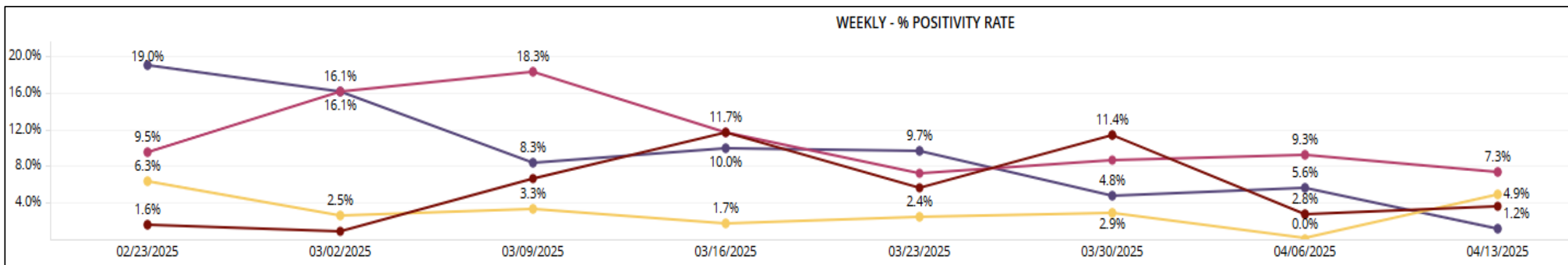
- The CDC has classified the current 2024-2025 flu season as a high-severity season for all age groups. This is the first high-severity season since the 2017-2018 season.
- This week's percentage remained stable (change of ≤ 0.1 percentage points) compared to Week 12 and remains above the national baseline of 3.0% for the eighteenth consecutive week.

Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections	Estimated Hospitalizations	Estimated Deaths	Pediatric Deaths
46 Million	600,000	26,000	198 (+10)

Yale Health Respiratory Surveillance Data

Yale Health Surveillance Data – February 23, 2025, through April 19, 2025

The following test positivity data represents trends for patients seen at Yale Health in the past 8 weeks and may not reflect trends and positivity rates of the general population outside of Yale Health. Data for the current week are incomplete and subject to change.



POC CHPHEID Components: ■ SARS COV-1 (Covid-19) | ■ RSV | ■ Influenza A | ■ Influenza B

What to Know for the Spring Virus Season

Respiratory viruses like flu, COVID-19, and respiratory syncytial virus (RSV), remain important public health threats. CDC estimates that there have been at least 40 million illnesses, 520,000 hospitalizations, and 22,000 deaths from flu so far this season. Additionally, RSV is a leading cause of infant hospitalization in the United States.

Vaccination is a core strategy for lowering your risk of hospitalization, long-term health impacts, and death from these viruses. The good news is that you can get these vaccines at the same time.

Home tests for both COVID-19 and flu are available, including some that can test for both flu and COVID-19. Treatments for flu and for COVID-19 can lessen symptoms and shorten the time you are sick.

Contact your primary health care provider to ask about available vaccinations or treatment options.

Yale Health

Respiratory Virus Conditions

Based on local/regional public health indicators

Moderate

Recommendations

Masking is recommended but not required. Individuals with respiratory symptoms are still required to wear a mask and may be asked to do so.

Employees in all departments are still required to wear masks when interacting directly with patients who have respiratory symptoms or a chief complaint. Masking is recommended but not required for other patient-facing interactions. Staff should also consider wearing masks if the patient is wearing one, regardless of their chief complaint.

US Cases: COVID-19

For Week Ending 4/12/2025

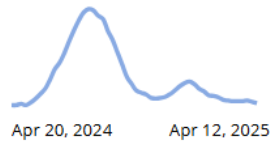
Early Indicators

Test Positivity >

% Test Positivity

3.4%

Week ending April 12, 2025
Previous week 3.6%

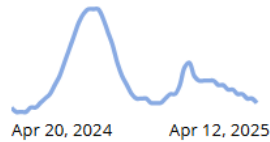


Emergency Department Visits >

% Diagnosed as COVID-19

0.5%

Week ending April 12, 2025
Previous week 0.6%



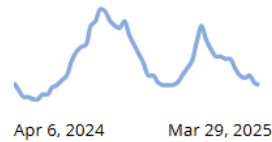
Severity Indicators

Hospitalizations >

Rate per 100,000 population

1.7

Week ending March 29, 2025
Previous week 1.8

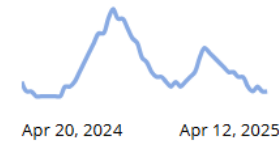


Deaths >

% of All Deaths in U.S. Due to COVID-19

0.7%

Week ending April 12, 2025
Previous week 0.7%



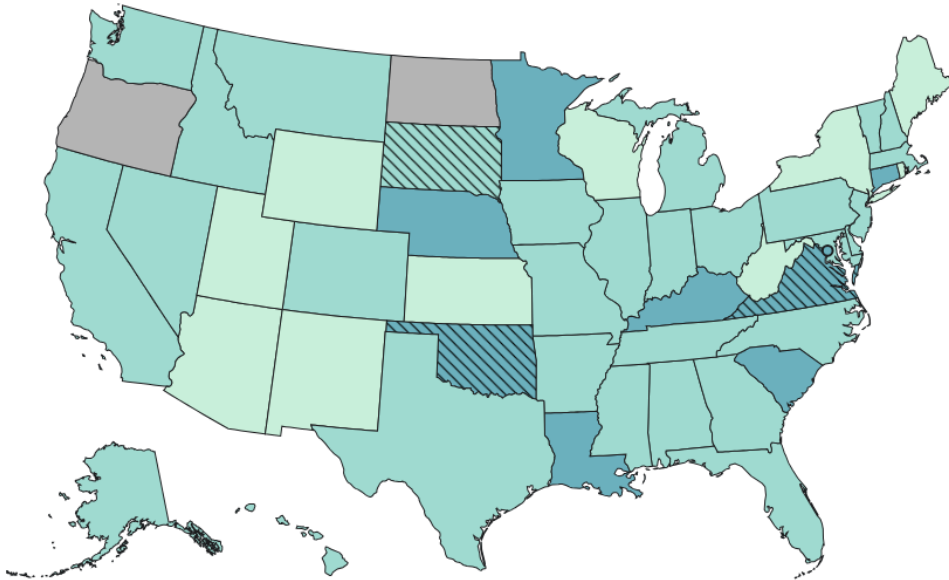
[CDC](#)

Variants

USA

WHO label	Lineage #	%Total	95%PI	
Omicron	LP.8.1	64%	59–70%	
	XEC	15%	12–18%	
	MC.10.1	4%	1–9%	
	LF.7	4%	2–7%	
	LB.1.3.1	2%	1–4%	
	KP.3.1.1	2%	1–3%	

COVID-19 CURRENT WASTEWATER VIRAL ACTIVITY LEVELS MAP

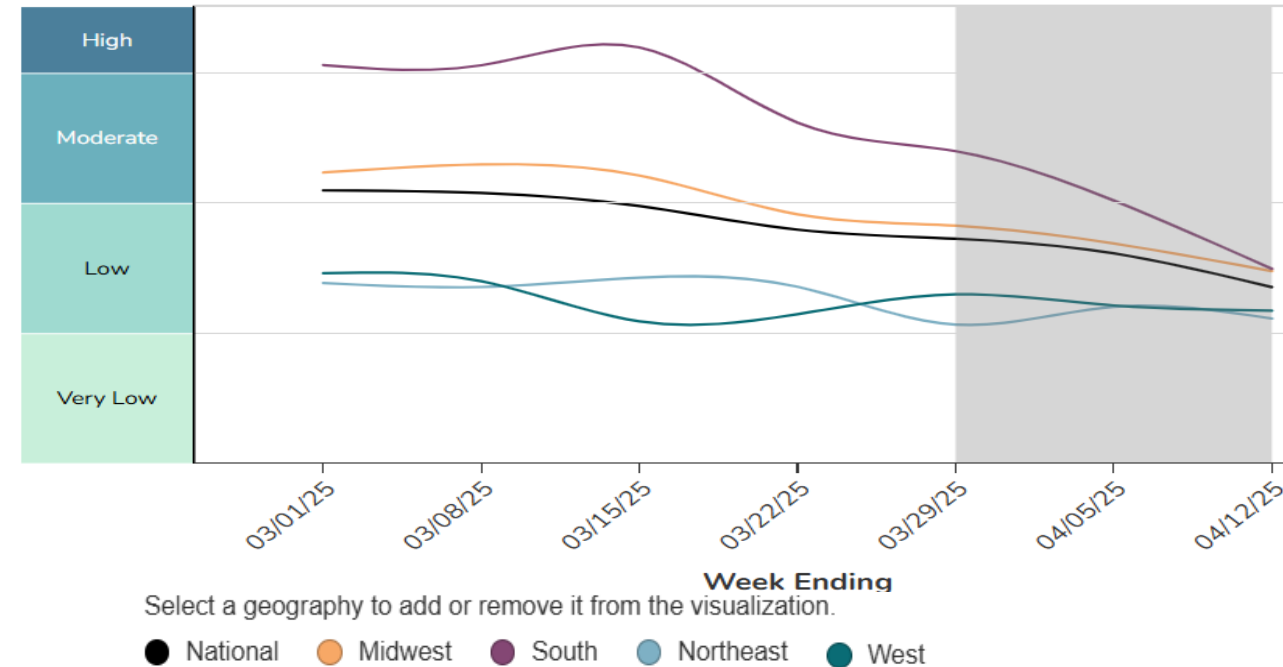


SARS-CoV-2 Wastewater Viral Activity Levels

Select a level to add or remove from map.

● Very High ● High ● Moderate ● Low ● Minimal ● No Data ● *Limited Coverage

NATIONAL AND REGIONAL TRENDS OF WASTEWATER VIRAL ACTIVITY LEVELS OF SARS-COV-2 (THE VIRUS THAT CAUSES COVID-19)



For the Week Ending 4/19/2025

200

630

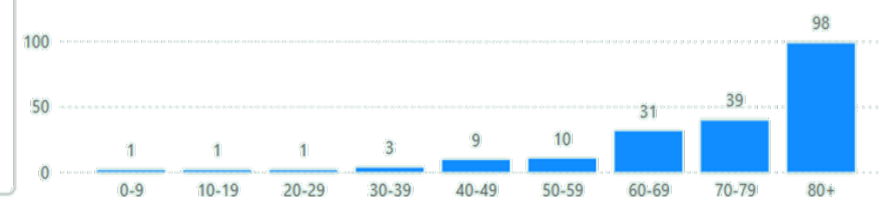
Current Week is Incomplete

Date	Number of Influenza Cases
Sep 21	108
Sep 23	307
Sep 25	1,106
Sep 27	1,776
Sep 29	3,985
Sep 31	5,098
Oct 3	5,713
Oct 5	3,789
Oct 7	2,892
Oct 9	2,300
Oct 11	1,769
Oct 13	1,318
Oct 15	977
Oct 17	630
Oct 19	200

For the 2024-2025 Viral
Respiratory Disease Season

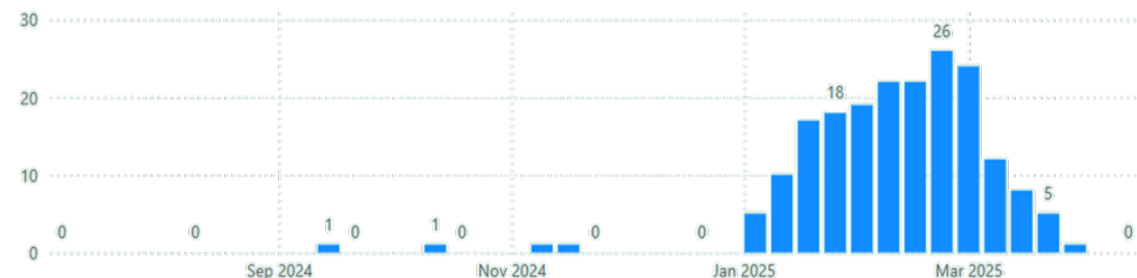
193

● Preliminary Report of Death



Current Week is Incomplete

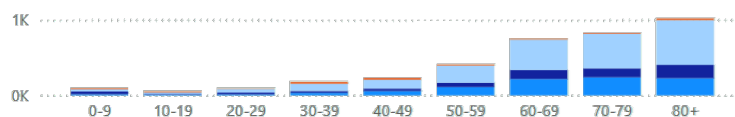
- Preliminary Report of Death



Current Week (Incomplete)

1
Previous Week
25
Season Total
3,670

● A H1N1 ● A H3N2 ● A Unspecified ● B Seasonal ● Unknown



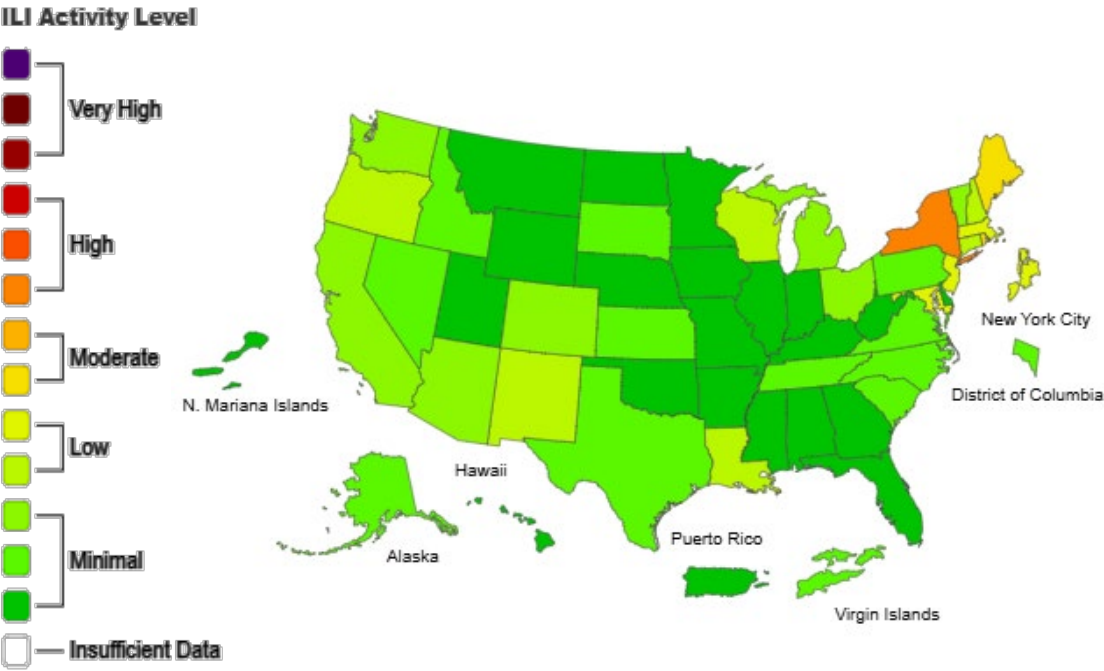
Current Week is Incomplete

Date	New Cases
Sep 2024	1
Sep 2024	2
Sep 2024	2
Sep 2024	2
Sep 2024	1
Sep 2024	2
Sep 2024	2
Sep 2024	3
Sep 2024	1
Sep 2024	8
Sep 2024	5
Sep 2024	7
Sep 2024	7
Sep 2024	6
Sep 2024	3
Sep 2024	9
Sep 2024	2
Sep 2024	14
Sep 2024	17
Sep 2024	40
Sep 2024	60
Sep 2024	182
Sep 2024	307
Sep 2024	239
Sep 2024	349
Sep 2024	351
Sep 2024	246
Sep 2024	154
Sep 2024	104
Sep 2024	42
Sep 2024	35
Sep 2024	25
Sep 2024	1

US Cases: Influenza (Week 15)

For the Week Ending 4/12/2025

2024-25 Influenza Season - Week 15 Ending 4/12/2025



[CDC](#)

Clinical Labs

6.7 (Trend ↓)

Positive for influenzas this week

Public Health Labs

Influenza A(H1N1)pdm09, A(H3N2), and B viruses were the predominant viruses reported this week.

Outpatient Respiratory Illness

2.4% (Trend ↓)

of visits to a healthcare provider this week were for reparatory illness (*above baseline*)

Outpatient Respiratory Illness

2 moderate jurisdictions
1 high or very high jurisdictions

FluSurv-NET

125.36per 100,000

Cumulative hospitalization rate.

National Healthcare Safety Network (NHSN) Hospital Respiratory Data

4,639 (Trend ↓)

Patients admitted to hospitals with influenza this week.

NCHS Mortality

0.5% (Trend ↓)

Deaths attributed to influenza this week

Pediatric Deaths

10

Influenza-associated deaths were reported this week, for a total of **198 deaths this season.**

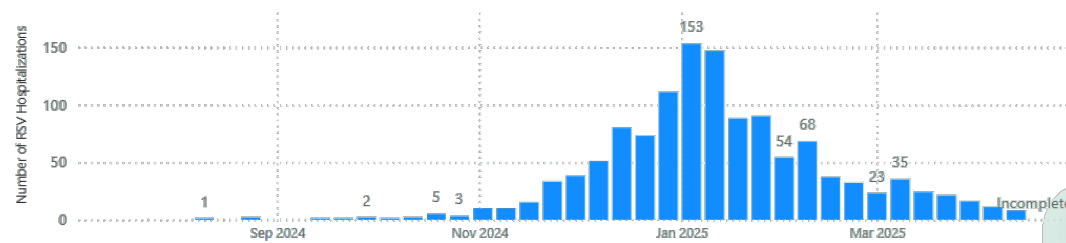
Key Points

- Seasonal influenza (flu) activity continues to decline; however, the CDC expects several more weeks of flu activity.
- This season is classified as a high-severity season overall, affecting all age groups (children, adults, and older adults), marking the first such season since the 2017-2018 season.
- During Week 15, of the 620 viruses reported by public health laboratories, 429 were influenza A and 191 were influenza B. Of the 381 influenza A viruses subtyped during Week 15, 248 (65.1%) were influenza A(H1N1)pdm09, 133 (34.9%) were A(H3N2), and 0 were A(H5).
- No new influenza A(H5) cases were reported to CDC this week. To date, human-to-human transmission of avian influenza A(H5) virus (H5 bird flu) has not been identified in the United States.
- Nationally, outpatient respiratory illness decreased this week and is below baseline. HHS Region 1 is above its region-specific baseline, Region 10 is at its baseline, and all other HHS regions are below their respective baselines.
- Based on data from FluSurv-NET, the cumulative hospitalization rate for this season is the highest observed since the 2010-2011 season.
- Ten pediatric deaths associated with seasonal influenza virus infection were reported this week, bringing the 2024-2025 season total to 198 pediatric deaths.

Source: [CDC](#)

For the Week Ending 4/19/2025

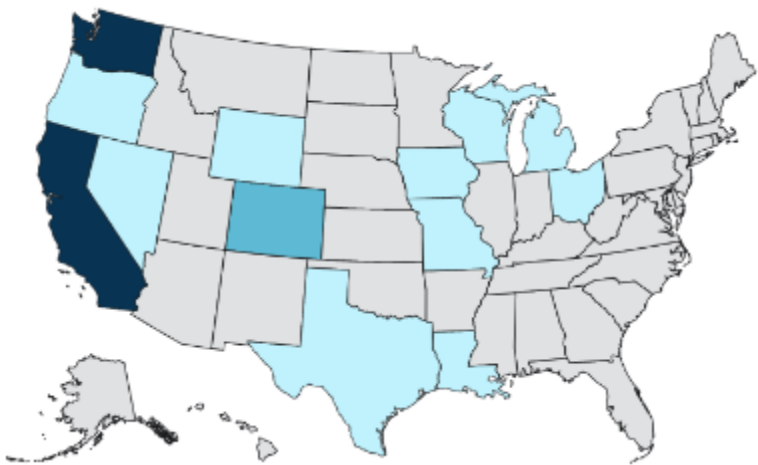
SOURCE: [CT DPH](#)



CDC

H5N1 Bird Flu: Current Situation Summary

As of 4/5/2025



NATIONAL HUMAN CASES
70 | 1 DEATH



[CDC](#)

State	Dairy Herds	Poultry Farms and Culling Operations	Other Animal Exposure	Exposure Source Unknown	State Total Human cases
California	36	0	0	2	38
Colorado	1	9	0	0	10
Iowa	0	1	0	0	1
Louisiana	0	0	1	0	1
Michigan	2	0	0	0	2
Missouri	0	0	0	1	1
Nevada	1	0	0	0	1
Ohio	0	1	0	0	1
Oregon	0	1	0	0	1
Texas	1	0	0	0	1
Washington	0	11	0	0	11
Wisconsin	0	1	0	0	1
Wyoming	0	0	1	0	1
TOTAL	41	24	2	3	70

Wild Birds	Poultry	Livestock Herds
Wild Birds Detected 12,842 as of 4/15//2025 Full Report	Poultry Affected 168,623,727 as of 4/21/2025 Full Report	State with Outbreaks om Cattle 17
Jurisdictions Affected 51	Jurisdictions/States Affected 51	Livestock Infected 1021 herds as of 4/14/2025 Full Report, including new cases from CA and ID.

As of April 21, 2025, the H5N1 avian influenza outbreak in the United States continues to impact both animal and human health, though the general public risk remains low.

WILD BIRDS AND POULTRY: H5N1 is widespread among wild birds across all 51 U.S. jurisdictions. Over 168 million poultry birds have been affected, leading to significant disruptions in egg and poultry supplies.

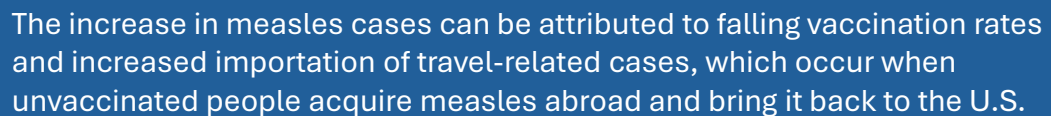
DAIRY COWs: Since its first detection in dairy cows in March 2024, the virus has spread to over 1,000 herds in 17 states. Experts now consider H5N1 endemic in cattle, making containment challenging.

HUMAN CASES:




- There have been 70 confirmed human cases of H5N1 in the U.S. since 2024, primarily among individuals with direct exposure to infected animals. The first U.S. fatality occurred in January 2025 in Louisiana, involving an individual with underlying health conditions and exposure to infected backyard birds.
- Health officials in Vietnam have reported a severe H5N1 avian flu infection in an 8-year-old girl who is experiencing encephalitis symptoms, which appears to mark the country's first human case of 2025. ([CIDRAP](#))

(As of 4/22/2025)

871*



OUTBREAKS

-  **SMALL OUTBREAK (3-9)**
-  **MEDIUM OUTBREAK (10 - 49)**
-  **LARGE OUTBREAK (50 OR MORE)**

An outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.

As of 4/19/2025, 2300 hrs. EDT, there are approximately **844** measles cases (including confirmed and suspected cases) across 21 states.

Currently, there are six or **seven measles outbreaks**:

1. West Texas, involving [23 counties](#) in **Texas**, [4 counties](#) in **New Mexico**, [2 counties](#) in **Oklahoma**, and the [Cherokee Nation](#) in Oklahoma
2. [8 counties](#) in **Kansas** are connected to West, TX.
3. Ashtabula and Knox Counties, **Ohio**
4. Erie County, **Pennsylvania**
5. Allen County, **Indiana**
6. Bergen County, **New Jersey**
7. metro Atlanta, **Georgia**
8. Gallatin County, **Montana**

**** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 25**

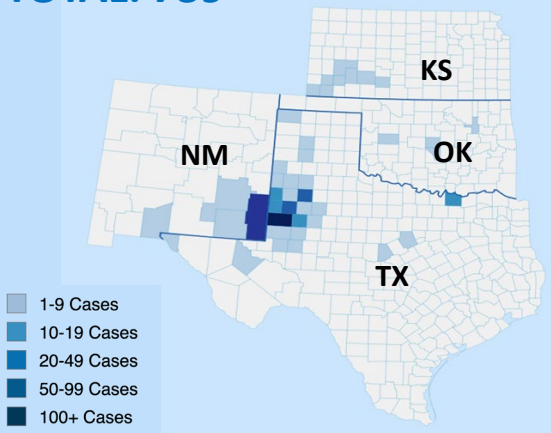
- 2 cases – Adults, Harris County (travel-related)
- 1 case – Infant, Harris County – required hospitalization (travel-related)
- 1 case – Harris County
- 1 case – Infant, Travis County (travel-related)
- 2 case – Adult, Rockwall County (travel-related)
- 2 case – Adult, Fort Bend (travel-related)
- 1 Case Brazoria
- 15 Cases - Upshur




TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 624

Measles: The Texas/New Mexico Outbreak

As of 4/22/2025

TOTAL: 739



MORBIDITY AND MORTALITY			
STATE	CASES 	HOSPITALIZATIONS 	DEATHS 
TX	624	64	2
NM	65	6	1
OK	13	0	0
KS	37	1	0
TOTAL	739	71	3

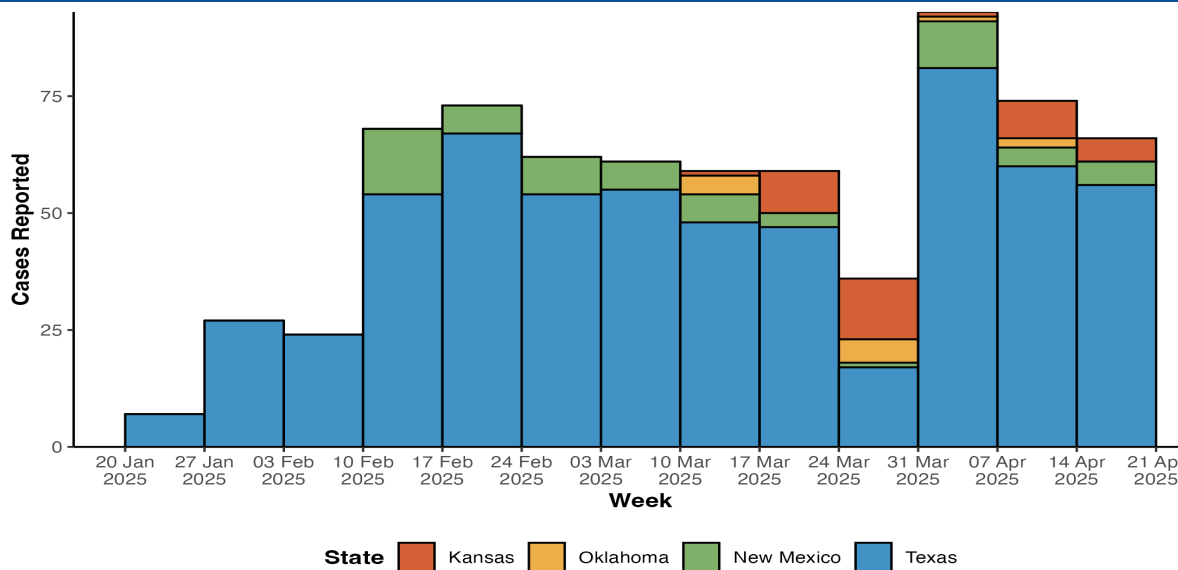
*The situation is still developing. Numbers are expected to increase.

A second child has died of measles. On Thursday, 4/3/2025 an 8-year-old girl died of, “measles pulmonary failure” The death is under investigation. UMC Health System reported the girl was unvaccinated and had no underlying health conditions

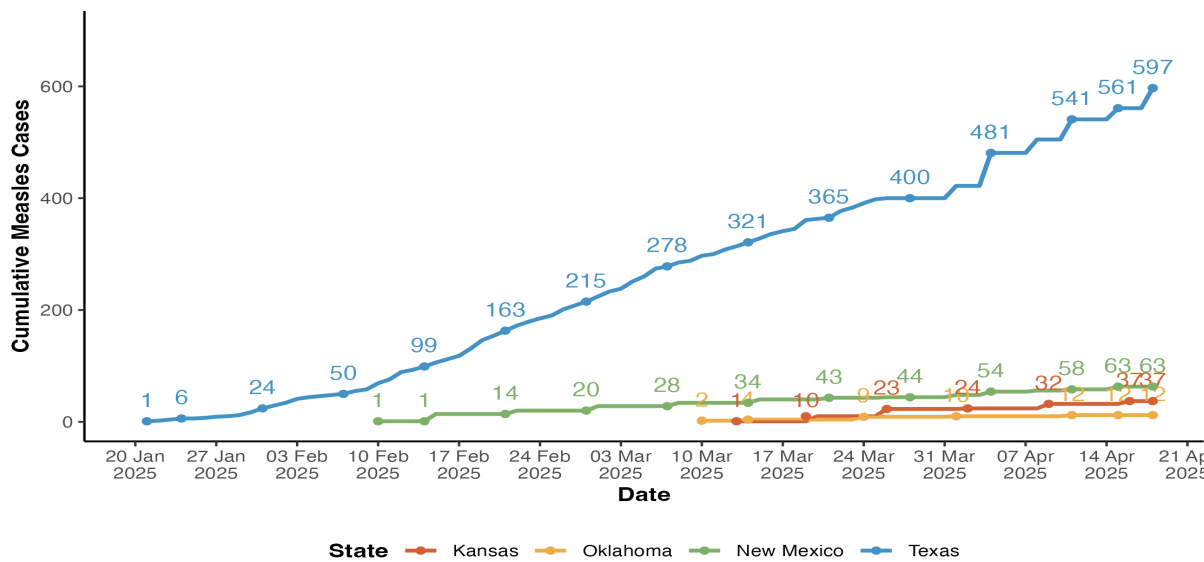
AGES OF CASES: (AS OF 4/22/2025)

WEST TEXAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
186 (+4) (30%)	236 (+17) (38%)	178 (+6) (28%)	24 (4%)	624 (+27)
NEW MEXICO OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
18 (+1)(28%)	19 (29%)	28 (+1)(43%)	0	65(+2+
KANSAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
11 (29.7%)	19 (51.4%)	7 (18.9%)	0	37
OKLAHOMA OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
10 Cases Confirmed, 3 Probable – no ages provided			3	13 (+1+

SOUTHWEST MEASLES OUTBREAK – EPI CURVE (WEEK ENDING 4/19/25)



SOUTHWEST MEASLES OUTBREAK TOTALS OVER TIME (WEEK ENDING 4/19/2025)



News Updates

COVID

[CDC WEIGHING END TO UNIVERSAL COVID VACCINE RECOMMENDATIONS- CBS NEWS:](#)

A majority of the Centers for Disease Control and Prevention's work group on COVID-19 vaccines now supports ending the agency's pandemic-era recommendation for virtually all Americans to get vaccinated against the virus each year, officials said Tuesday. Instead of the agency's longstanding "universal" recommendation, most of the CDC's advisers and health officials favor shifting to guidance based on people's individual risk of more severe disease. (Tin, 4/15)

[WHO MEMBER COUNTRIES AGREE ON A DRAFT 'PANDEMIC TREATY' TO TRY TO AVOID COVID-19 MISTAKES – AP:](#)

Five years after COVID-19 triggered national lockdowns, economic uncertainty and killed millions, the World Health Organization's member countries agreed on a draft "pandemic treaty" that sets guidelines for how the international community might confront the next global health crisis. After the world's largely disastrous response to the coronavirus, countries tasked the WHO with overseeing a pandemic treaty in 2021; negotiations concluded early Wednesday on an agreement expected to be adopted next month at the U.N. health agency's annual meeting in Geneva. Following U.S. President Donald Trump's decision to withdraw the country from the WHO in January, American officials were barred from participating in the talks and are not expected to sign the treaty. (Cheng, 4/16)

[RESEARCH LINKS COVID TO POOR KIDNEY OUTCOMES IN US YOUTH- CIDRAP](#)

COVID-19 infection was linked to a higher risk of new-onset mild and moderate chronic kidney disease (CKD) in US children and adolescents from 2020 to 2023, according to recent findings from the National Institutes of Health's Researching COVID to Enhance Recovery (RECOVER) initiative. (Van Beusekom, 4/15)

MEASLES

[CDC SCRAPS PLAN TO HELP TEXAS SCHOOLS CURB MEASLES OVER LAYOFFS, EMPLOYEE SAYS CBS NEWS](#)

- The U.S. Centers for Disease Control and Prevention has scrapped a plan to offer help curbing measles in Texas schools after some staff working on the agency's response to this year's record outbreak of the virus were warned they could face layoffs, an agency employee said. CDC officials had initially weighed expanding a service they had been offering to hospitals in Texas — onsite assessments to root out how errors in ventilation and air filtration could be enabling spread of the virus — to other kinds of facilities like schools as well. (Tin, 4/17)

[MEASLES OUTBREAKS IN CANADA AND MEXICO BRING GRIM PROGNOSIS –](#)

[NYT](#): As the United States struggles to contain a resurgence of measles that has swept through swaths of the Southwest, neighboring countries are responding to their own outbreaks. Canada has reported more than 730 cases this year, making this one of the worst measles outbreaks in the country since it declared the virus "eliminated" in 1998. Mexico has seen at least 360 measles cases and one death, most of them in the northern state of Chihuahua, according to Mexican health authorities. (Rosenbluth, 4/17)

[CDC SCIENTIST SAYS FUNDING CUTS HURT TEXAS MEASLES RESPONSE THE WASHINGTON POST:](#)

A senior scientist overseeing the measles response by the Centers for Disease Control and Prevention said a recent pullback of pandemic funding from states has hurt Texas's response to its growing outbreak, NOW linked to 90 percent of cases in the United States. "There are quite a number of resource requests coming in, in particular from Texas," David Sugerman, a senior CDC scientist, said during a meeting of the CDC's vaccine advisory panel. (Sun, 4/16)

INFLUENZA

FLU CONTINUES TO EBB IN US AS PEDIATRIC DEATHS REACH 198 – CIDRAP: Flu activity declined steadily again last week, with rates of influenza-like illness (ILI) dropping further and staying below baseline levels, but flu-related deaths in children climbed to 198, the Centers for Disease Control and Prevention (CDC) said in its [weekly update](#) today. The percentage of outpatient visits for ILI, or respiratory illness, dipped slightly from 2.5% the previous week to 2.4% last week (see CDC graph at left). The number of patients hospitalized for flu was 4,639, down from 6,448 the week before. One state, however—New York—reported high ILI activity. The previous week, no US jurisdiction recorded high or very high activity. Two states have moderate activity, down from five the previous week. Test positivity for flu is now at 6.7%, down from 7.6%. Hospitalizations and deaths are both down, but the cumulative hospitalization rate for this season—125.6 patients per 100,000 population—is the highest since the 2010-11 season. (Wappes,4/18/2025)

AVIAN INFLUENZA:

PUBLIC IGNORANCE, APATHY TOWARD AVIAN FLU COULD THREATEN CONTAINMENT, RESEARCHERS SAY – CIDRAP: While most US survey respondents had heard of H5N1 highly pathogenic avian flu, only about a quarter knew it can spread to people, and over half were unaware that pasteurized milk is safer than raw milk, finds a [study](#) published yesterday in the *American Journal of Public Health*. The survey, fielded by a CUNY Graduate School of Public Health–led team, also found that less than one fifth of respondents understood that H5N1 has been detected in cattle, and nearly a third each were unwilling to change their diet to reduce their risk of exposure to the virus or take a vaccine if it were available—even if recommended by the US Centers for Disease Control and Prevention (CDC). (Beusekom, 4/18/2025)

MEXICO'S FATAL H5N1 CASE INVOLVED D1.1 GENOTYPE, WHICH HAS BEEN TIED TO SERIOUS ILLNESS- CIDRAP: In an [outbreak notice](#), the WHO said the child from Durango state didn't have any underlying health conditions and became ill on March 7 with fever, malaise, and vomiting. The patient, who according to [earlier reports](#) was a 3-year-old girl from Durango state, was hospitalized 6 days later for respiratory failure and was treated with antiviral drugs the following day. The child was transferred to a tertiary care hospital and died on April 8 due to respiratory complications. Along with the initial unsubtypable influenza A virus, tests also identified parainfluenza 3. The H5N1 finding was confirmed by polymerase chain reaction (PCR) testing on April 1, and genetic sequencing revealed that the virus belonged to the 2.3.4.4b clade and the D1.1 genotype, the same one linked to serious infections in the United States and British Columbia, Canada.(Schnirring, 4/17/2025)

RSV

VACCINE ADVISORY PANEL RECOMMENDS EXPANDED RSV USE, AND TWO NEW VACCINES –STAT: A committee of independent vaccine experts voted Wednesday to recommend lowering the age at which adults can get a vaccine against respiratory syncytial virus, potentially opening up access to these vaccines for adults in their 50s who are at high risk of severe illness from RSV.

The Advisory Committee on Immunization Practices voted to recommend that any RSV vaccine for adults that is licensed by the Food and Drug Administration for high-risk adults ages 50 to 59 be recommended for use in that age group. If the recommendation is accepted by the Centers for Disease Control and Prevention — which the ACIP advises — insurance companies will have to cover the cost of the vaccine for eligible individuals.(Branswell, 4/16/2025)