

Member Alert



Gastrointestinal societies' position on COVID-19 and flu vaccines for high-risk populations across the lifespan

A joint position statement from the American College of Gastroenterology (ACG), American Gastroenterological Association (AGA), American Society for Gastrointestinal Endoscopy (ASGE), American Association for the Study of Liver Diseases (AASLD), Crohn's & Colitis Foundation, ImproveCareNow, and The North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN), united in their commitment to protecting patients with digestive and liver diseases from vaccine-preventable illness.

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Introduction and purpose

The endorsing gastrointestinal and hepatology societies strongly recommend annual influenza vaccination and COVID-19 vaccination for all eligible patients, with particular emphasis on populations at increased risk for severe disease and complications, across the lifespan.

Gastroenterologists, hepatologists, pediatric gastroenterologists, and advanced practice providers (nurse practitioners and physician assistants) are trusted providers for patients with gastrointestinal and liver conditions across the lifespan. It is important that these physicians and providers know the morbidity and consequences of influenza and COVID-19, and the safety of influenza and COVID-19 vaccines.

Key Recommendations

- Annual influenza vaccination and up-to-date COVID-19 vaccination are recommended for all eligible patients with gastrointestinal and liver disease, in both adults and children.
- Adults: patients 65 years and older, those receiving anti-TNF monotherapy, and liver transplant recipients should receive an enhanced (high-dose, recombinant, or adjuvanted) influenza vaccine.
- Children: give the age-appropriate standard-dose inactivated influenza vaccine. Children 6 months through 8 years may require two doses. Enhanced adult formulations are not licensed for children.
- The live attenuated (intranasal) influenza vaccine should be avoided in patients receiving immune-modifying therapy and in their household contacts.
- Complete indicated vaccinations before transplantation whenever possible; live vaccines are not recommended after transplant.

- Household contacts of immunocompromised patients should remain up to date with both vaccines.
- A clear recommendation from the gastroenterologist, hepatologist, or advanced practice provider is among the strongest predictors of vaccine uptake.

COVID-19: Morbidity and long-term consequences across the lifespan

COVID-19 poses significant risks for both acute illness and long-term health consequences. According to Centers for Disease Control and Prevention (CDC) data, 1 in 5 COVID-19 survivors aged 18-64 years and 1 in 4 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, gastrointestinal, 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. Regretfully, many of these adults had not received an updated COVID-19 booster.² COVID-19 also continues to cause hospitalization and death in children and adolescents, and vaccination protects against both post-acute sequelae of SARS-CoV-2 infection (PASC) and multisystem inflammatory syndrome in children (MIS-C). Infants and children 6-23 months of age are recognized as a distinct high-risk age group for severe COVID-19, a category with no adult analog that overlaps substantially with young pediatric liver transplant and biliary atresia patients under gastroenterology and hepatology care.³

Influenza: Morbidity and the importance of vaccination across the lifespan

Influenza causes substantial annual morbidity and mortality and remains one of the most common vaccine-preventable causes of serious infection among patients with gastrointestinal and liver disease. Patients with inflammatory bowel disease (IBD) are at increased risk of influenza and of influenza-related complications, including hospitalization and pneumonia, particularly those receiving corticosteroids or anti-tumor necrosis factor (anti-TNF) therapy.⁴ Older adults, patients with chronic liver disease or cirrhosis, and solid organ (including liver) transplant recipients are

likewise at heightened risk of severe influenza and its complications. Influenza in liver transplant recipients is associated not only with increased morbidity and mortality but also with an increased risk of organ rejection.⁵ Children are not exempt from this burden; pediatric patients with IBD, chronic liver disease, and liver transplant recipients face similarly increased risks of influenza-related complications.⁶ In children, influenza can also cause direct hepatic injury: A 2026 study of children hospitalized with acute respiratory infections found that severe transaminase elevations occurred exclusively in those infected with influenza.⁷

Accordingly, all eligible patients with digestive and liver diseases should receive an annual inactivated influenza vaccine. The AASLD guidelines recommend annual influenza vaccination for patients with chronic liver disease and for solid organ transplant recipients, including liver transplant recipients,⁸ and the ACG Preventive Care Guidelines in IBD and AGA Clinical Practice Update on vaccinations in patients with IBD provide the same recommendation for patients with IBD.^{9,10} Vaccination should be offered each fall, ideally in September or October. It may be given throughout the influenza season and can be co-administered with COVID-19, pneumococcal, and respiratory syncytial virus vaccines to improve uptake. The Infectious Diseases Society of America (IDSA) 2025 rapid guidelines likewise strongly recommend age-appropriate annual influenza vaccination for all immunocompromised individuals aged 6 months and older.^{11,12}

Several influenza vaccines are available in the U.S.: a standard-dose inactivated vaccine and three enhanced formulations: high-dose, recombinant, and adjuvanted. Several considerations are specific to immunocompromised patients. Adults 65 years and older should receive one of the enhanced vaccines preferentially recommended for older adults (high-dose, recombinant, or adjuvanted influenza vaccine). Patients receiving anti-TNF monotherapy, as well as liver transplant recipients regardless of age, may have a blunted response to a standard-dose vaccine and should receive a high-dose influenza vaccine when available.^{5,13} The live attenuated (intranasal) influenza vaccine is not recommended for patients on immune-modifying therapy or for their household contacts, who should instead receive an inactivated influenza vaccine.¹⁴ The high-dose, recombinant, and adjuvanted formulations are licensed for adults only and are not appropriate substitutes in children, including children receiving anti-TNF therapy or

those who have undergone transplantation.⁶ In children, the age-appropriate standard-dose inactivated influenza vaccine should be used; children 6 months through 8 years may require two doses given at least four weeks apart if they have not previously received the recommended lifetime number of doses.⁶

Influenza vaccination is safe and well tolerated in patients with IBD and liver diseases and is not associated with worsening disease activity or transplant rejection. There is no evidence that influenza vaccination induces an IBD flare.¹⁵ As with COVID-19, a clear recommendation from the gastroenterologist, hepatologist, pediatric gastroenterologist, or advanced practice provider is among the strongest predictors of vaccine uptake.

COVID-19 vaccines

The endorsing gastrointestinal and hepatology societies strongly recommend COVID-19 vaccination for all eligible 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.

Three COVID-19 vaccines are currently available in the U.S.: two mRNA vaccines (Pfizer-BioNTech and Moderna) and one adjuvanted protein subunit vaccine (Novavax). The protein subunit vaccine has demonstrated lower reactogenicity than the mRNA vaccines and may be preferred by patients concerned about side effects.⁵ Updated COVID-19 vaccines continue to provide meaningful protection in the current epidemiologic era, even as contemporary SARS-CoV-2 variants cause milder illness. In a national cohort of 295,971 U.S. veterans who had previously received the 2023–2024 vaccine, receipt of the 2024–2025 COVID-19 vaccine (given the same day as influenza vaccine) was associated with lower 6-month risks of COVID-19–associated emergency department visits (vaccine effectiveness, 29.3%), hospitalizations (39.2%), and death (64.0%) compared with influenza vaccine alone.¹⁶ Protection was consistent across age groups (<65, 65–75, and >75 years), among patients with and without major coexisting conditions, and among both immunocompetent and immunocompromised adults—the populations most

relevant to gastroenterology and hepatology practice. These contemporary data reinforce the continued value of COVID-19 vaccination for high-risk patients. Consistent findings were reported in a CDC-funded test-negative study of U.S. adults, in which 2024–2025 COVID-19 vaccination was associated with reduced COVID-19-associated emergency department and urgent care encounters and hospitalizations.¹⁷

High-risk populations

These organizations recommend vaccination for all eligible individuals across the lifespan, including children and adolescents, in the following groups.

Patients with IBD: COVID-19 vaccination is strongly recommended for all individuals with Crohn’s disease and ulcerative colitis, consistent with the ACG Preventive Care Guidelines and AGA CPU on vaccinations in patients with IBD.^{9,10} Annual influenza vaccination is likewise strongly recommended for all patients with IBD. The American College of Obstetricians and Gynecologists (ACOG) recommends COVID-19 vaccination in pregnant women, including those with IBD. In children and adolescents with IBD, NASPGHAN Health Supervision recommendations likewise advise annual influenza immunization for patients on immunosuppressive therapy and advise against use of the live attenuated (intranasal) influenza vaccine.¹⁸

Liver transplant recipients: Post-transplant patients on immunosuppressive regimens should receive COVID-19 and annual influenza vaccination as part of comprehensive preventive care, with timing coordinated with their transplant team.¹⁹ Because vaccines administered during post-transplant immunosuppression are less effective, immunity should be assessed and indicated vaccines—including COVID-19 and influenza—administered before transplantation whenever possible; live vaccines are not recommended after transplant and should be completed prior to listing when needed.⁸ For the 2024-2025 season, liver transplant recipients were recommended to receive an additional COVID-19 vaccine dose, as for adults 65 years and older.⁵ For pediatric candidates and recipients, the 2026 AASLD/American Society of Transplantation (AST)/NASPGHAN Practice Guidelines on Pediatric Liver

Transplantation provide age-specific recommendations, including administration of all age-appropriate inactivated vaccines to candidates and household contacts before transplantation using an accelerated schedule when needed, and annual influenza immunization for recipients and household contacts after transplantation.^{20,21}

Chronic liver disease: Patients with cirrhosis, chronic hepatitis, metabolic dysfunction–associated steatotic liver disease (MASLD), metabolic dysfunction–associated steatohepatitis (MASH), metabolic dysfunction and alcohol-associated liver disease (MetALD), and other forms of chronic liver disease should receive COVID-19 and annual influenza vaccination because of their increased vulnerability to severe complications and post-COVID sequelae.¹⁹ COVID-19-related mortality in patients with chronic liver disease has been reported at approximately twice that of patients without chronic liver disease, underscoring the importance of vaccination in this group.⁵

Additional high-risk populations: Older adults aged 65 and older and individuals with other pre-existing gastrointestinal 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.

Household contacts: Household members and close contacts of patients with digestive and liver disease who are immunocompromised should remain up to date with influenza and COVID-19 vaccination. Household contacts of patients receiving immune-modifying therapy should receive an inactivated influenza vaccine rather than the live attenuated (intranasal) vaccine.^{6,11,12}

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 gastrointestinal conditions or increased disease activity in patients with IBD.²² Population-based surveillance in the U.S., including the CDC's Vaccine Safety Datalink and Vaccine Adverse Event Reporting System (VAERS), has not identified any unexpected safety signals for mRNA vaccines after >298 million doses. The rate of serious outcomes (e.g., myocarditis, thrombosis, and anaphylaxis) is very low, and the risk of non-COVID-19 mortality does not increase among vaccine recipients.²³⁻²⁵ Myocarditis is a rare adverse event, but the risk is substantially higher after SARS-CoV-2 infection than after vaccination. The magnitude of this relationship varies by age, sex, and vaccine product.²⁶ In children and adolescents, COVID-19 vaccines have likewise been shown to be safe; myocarditis after mRNA vaccination is rare, occurs disproportionately in adolescent and young adult males after the second dose, and is typically mild and self-limited, while the risk following SARS-CoV-2 infection is higher.³

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.

Pediatric considerations

COVID-19 vaccine products for children. Product eligibility is age-stratified. Moderna (Spikevax) is the only vaccine approved for children 6 months and older and is the sole option for children 6–23 months; Pfizer-BioNTech (Comirnaty) is approved for ages 5 years and older; Moderna (mNexspike) and Novavax (Nuvaxovid) are approved for ages 12 years and older, with Nuvaxovid additionally requiring an underlying high-risk condition for ages 12–64 years.²⁷

Guidance from the American Academy of Pediatrics (AAP). The AAP recommends COVID-19 vaccination for all children 6–23 months of age and for children 2–18 years in defined risk groups, under its own independently published immunization schedule.^{3,28} The endorsing societies concur with this guidance and recommend that pediatric gastroenterologists, hepatologists, and advanced practice providers

offer COVID-19 and influenza vaccination to all eligible pediatric patients, particularly those with IBD, chronic liver disease, and liver transplant recipients.

Role of gastroenterology and hepatology providers

Gastroenterologists, hepatologists, pediatric gastroenterologists and hepatologists, and advanced practice providers are trusted by their patients as reliable healthcare advisors. When a provider recommends vaccination, patients are more likely to get vaccinated. Therefore, physicians and advanced practice providers should proactively discuss influenza and COVID-19 vaccination with all eligible patients and address vaccine hesitancy with current evidence-based information about both influenza and COVID-19 risks and vaccine safety.

Additional resources

For more detailed guidance on vaccinating patients with IBD, readers are referred to the ACG Clinical Guideline Update on Preventive Care in IBD and AGA CPU on vaccinations in patients with IBD.^{9,10} For guidance on vaccinating patients with chronic liver disease or those undergoing liver transplantation, readers are referred to the AASLD/AST Practice Guideline on adult liver transplantation and the ACG Monograph on Geriatrics and GI in a gastroenterology and hepatology practice.^{5,8} For childhood and adolescent immunization, including for pediatric patients with IBD, the AAP Recommended Child and Adolescent Immunization Schedule provides current guidance.²⁸ For pediatric liver transplantation, readers are referred to the 2026 AASLD/AST/NASPGHAN Practice Guidelines on Pediatric Liver Transplantation covering candidate evaluation and post-transplant management,^{20,21} and for immunocompromised children more broadly to the AAP clinical report on influenza, COVID-19, and respiratory syncytial virus (RSV) vaccination for immunocompromised children and household contacts⁶ and the IDSA 2025 rapid guidelines.^{11,12}

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