Westerly Hospital celebrates its 100th anniversary

WESTERLY — On Aug. 18th, Westerly Hospital celebrated its 100th anniversary with the unveiling of a timeline in its main lobby that chronicles a century of compassionate community care that today includes access to world-class care through its affiliation with Yale New Haven Health. The hospital opened its doors on Aug. 17, 1925.

The timeline includes more than 20 entries all under the heading of "100 Years of Milestones." One, for example, chronicles the hospital staff's heroic care of more than 70 patients from the Hurricane of 1938, even as the hospital lost electricity and roads were impassable. Other highlights include the opening of a new wing in 1954 – a response to the "Baby Boom" – and additional expansion during the 1960s that increased bed capacity to 140.

Leadership, staff and providers at Westerly Hospital view the timeline of the hospital's 100-year history.

The timeline unveiling included proclamations from both the state of Rhode Island House of Representatives and the Westerly Town Council, both praising the hospital's century of excellence, innovation and growth of services over the decades.

Today "is a huge tribute to the community," said **SHAWN M. LACEY**, town manager of Westerly and the town's former police chief. "One hundred years! Who would have thought that a hundred years ago the forefathers of the town would get together and build a hospital? It's a staple in the community, and I can tell you that in my 35 years prior experience in police work, this is a major asset. We relied on this facility throughout my career… This is a huge happy birthday to the hospital and we thank you for all you do for the community."

State Sen. **VICTORIA GU**, D-38, reflecting on the timeline, called it a testament to how the community and the hospital have worked together to ensure patient care. "I really want to thank all of the staff, from the nurses and physicians to everyone."

RICH LISITANO, president of Westerly Hospital and Lawrence + Memorial Hospital (L+M) in New London, CT, said the timeline serves as a tribute to the long succession of caregivers who served the community over the decades, and also as a reminder that Westerly Hospital continues to provide care focused on quality and safety.

"Westerly Hospital holds a unique position in town history," Lisitano said. "Since 1925 it has been a bedrock employer where skilled caregivers have provided care to families, friends and neighbors. As the new timeline depicts, the hospital's story is one of recurring themes – of expansions, technological advances, outstanding physicians, skilled and compassionate nurses, and an overall team that has always put patients first."

Looking to the future, Lisitano said: "I'm not a futurist, but I do believe whatever form health care takes it is going to be delivered through community members, to their own community. So, just like the tradition that started here 100 years ago, I believe the future is going to be about community members delivering tremendous care, quality and safety, and we're looking forward to being a part of that for the next 100 years."

In 2013, Westerly Hospital was acquired by Lawrence + Memorial Healthcare, parent of L+M, a move that began a new era of care; only three years later, in 2016, both L+M and Westerly hospitals further strengthened their clinical programs and physician recruitment through affiliation with Yale New Haven Health.

With the support of Yale New Haven Health, the hospital expanded key services, including an inpatient Geriatric Psychiatry unit, a 2,600-square-foot pharmacy, a da Vinci Xi Surgical System which enables surgeons to perform minimal invasive robotic surgeries for certain conditions, and an MRI unit that has enhanced diagnostic imaging capabilities for the hospital.

Westerly Hospital has been serving the community for a century. During that time, the hospital has been steadfast in its commitment to providing compassionate care to everyone who comes through the door. ❖

NSF announces $100M investment in National Artificial Intelligence Research Institutes awards

ALEXANDRIA, VA — The U.S. National Science Foundation, in partnership with Capital One and Intel, recently announced a $100 million investment to support National Artificial Intelligence Research Institutes and a central community hub. These institutes will drive breakthroughs in high-impact areas such as mental health, materials discovery, science, technology, engineering and mathematics education, human-AI collaboration and drug development.

"Artificial intelligence is key to strengthening our workforce and boosting U.S. competitiveness," said **BRIAN STONE**, performing the duties of the NSF director. "Through the National AI Research Institutes, we are turning cutting-edge ideas and research into real-world solutions and preparing Americans to lead in the technologies and jobs of the future."

The institutes will also help build a national infrastructure for AI education and workforce development, training the next generation of researchers and practitioners, empowering educators and reaching into communities.

With this latest round of awards, NSF continues to grow a nationwide network of AI research institutes dedicated to advancing open innovation, strengthening U.S. competitiveness and ensuring that AI serves the public good – today and for decades to come.

Each institute brings a unique interdisciplinary approach that connects AI research to tangible public benefit:

NSF AI Research Institute on Interaction for AI Assistants (NSF ARIA)

Led by **Brown University**, NSF ARIA will accelerate the development of next-generation AI assistants that are safer, more effective, and better able to adapt to individual user needs.

NSF AI-Materials Institute (NSF AI-MI)

Led by **Cornell University**, NSF AI-MI is accelerating the discovery of next-generation materials essential to energy, sustainability and quantum technologies. It will create the AI Materials Science Ecosystem, a cloud-based portal that integrates large language models with experimental data, simulations, images and scientific literature. Through partnerships with high schools, universities and industry, NSF AI-MI will educate and train students at all levels, opening new career pathways at the intersection of AI and physical sciences.

NSF AI Institute for Foundations of Machine Learning (NSF IFML)

NSF IFML is part of the first cohort of AI Institutes announced in 2020. Led by **The University of Texas at Austin**, the new award will build on the trajectory of the past five years and develop new foundational tools to advance generative AI. NSF IFML's work on diffusion models is a key technology behind major Google products, powering widely used generative models such as Stable Diffusion 3 and Flux. In its next phase, NSF IFML will expand generative AI to new domains, including protein engineering and clinical imaging. It also plans to develop new methods to handle noisy data and improve model reliability, key challenges for deploying AI in health contexts.

NSF Institute for Student AI-Teaming (NSF iSAT)

Led by the **University of Colorado at Boulder** NSF iSAT – part of the first cohort of AI Institutes announced in 2020 – is transforming how AI is used to enhance STEM learning in the classroom. The institute developed two AI partners that help student groups learn together by facilitating discussion, exploration and reasoning, in close collaboration with teachers. More than 6,000 middle-school students and educators have benefited from these tools and new AI curricula.

In its next phase, NSF iSAT will address the urgent national need to build an AI-ready workforce. It will continue to advance AI support for group learning and co-develop a semester-long curriculum to build AI literacy.

NSF Molecule Maker Lab Institute (NSF MMLI)

Led by the **University of Illinois Urbana-Champaign**, NSF MMLI is part of the first cohort of AI Institutes announced in 2020. The institute has been developing cutting-edge AI and machine learning to dramatically speed up molecule discovery and creation for applications in medicine, materials and clean energy. In its next phase, the institute will develop advanced AI tools – including new types of language models and intelligent agents – that can reason, predict and help design useful molecules such as drugs, catalysts and new materials.

NSF AI Institutes Virtual Organization (NSF AIVO)

Led by the **University of California, Davis**, NSF AIVO serves as a national hub for the entire AI Institutes network. Expanding on a successful pilot launched in 2022, it connects federally funded AI Institutes, government stakeholders and the public to create a cohesive and collaborative innovation ecosystem. Through events, networking tools and collaboration support, NSF AIVO fosters communication across the network and helps form new public-private partnerships. It also promotes public engagement by amplifying the work of the AI Institutes and raising awareness of how AI can help address real-world challenges.

Learn more about the AI Institutes by visiting nsf.gov. ❖

Brown announces latest funding for innovations in biomedicine

PROVIDENCE — Five faculty members at Brown were awarded grants this year through the Brown Biomedical Innovations to Impact accelerator fund.

Out of 16 submitted proposals to the BBII Proof of Concept program, four received $100,000 grants each. A fifth proposal received $250,000 via the Brown Innovation Fund-Life Sciences Impact Award, established by Preetha Basaviah, MD, and Venky Ganasan. This year marks the second round of funding for the award, which provides advising and mentorship to one or two recipients each year. Recipients are expected to generate licensable technology, with the potential to establish a start-up.

JONATHAN KURTIS, MD, PhD, chair of pathology and laboratory medicine and executive director of the MD-PhD Program, received this year's Life Sciences Impact Award for his malaria treatment project. He proposes developing a small molecule therapeutic that targets PfGARP, a highly conserved protein essential for *Plasmodium falciparum* parasite survival. His team has identified several lead compounds that demonstrate potent efficacy in vitro against both sensitive and multi-drug resistant *P. falciparum* malaria strains, indicating a novel mechanism. Kurtis will use the funding to carry out further preclinical work to nominate a development candidate to be tested in clinical trials.

The $100,000 awards, funded either by BBII or by a gift from the Steven J. Massarsky Trust, help faculty inventors to develop important data showing the promise of their technology. An advisory committee made up of venture capitalists and experts in the pharmaceutical and medical device fields review proposals for commercialization potential.

This year's awardees are:

JUSTIN FALLON, PhD, professor of medical science and of psychiatry and human behavior, is developing a novel monoclonal antibody therapy designed to activate endogenous muscle stem cells. The molecular target is the MuSK Ig3 domain, which recent published work from Fallon's lab identified as a regulator of satellite cell activation, muscle growth, and accelerated regeneration. No approved therapies exist for muscle regeneration, and Fallon's therapy aims to promote muscle growth by actively stimulating the proliferation of new muscle cells. Fallon will use his award to support the generation of this antibody, its functional testing in vitro, and some initial bioengineering as a first step toward a novel therapeutic to increase muscle function and repair.

ALVIN HUANG, PhD, MD, James and Dorothy Goodman Assistant Professor of Molecular Biology, Cell Biology, and Biochemistry, aims to support tau-targeting therapies for late-onset Alzheimer's disease (LOAD) by introducing a novel therapeutic strategy leveraging an exon-skipping antisense oligonucleotide (ASO) to target BIN1, the second-greatest genetic risk factor for LOAD. Huang's ASO is designed to reduce extracellular tau protein secretion and limit the spread of tau pathology throughout the brain, which is the main determinant of cognitive decline. This therapy aims to detoxify tau spread rather than directly targeting tau, offering a potentially superior and more cost-effective solution. His development plan includes in-vitro screening of ASO candidates for efficient exon skipping and reduction in tau secretion, and ultimately, seeking regulatory approval to bring this innovation to patients.

WENLIANG SONG, MD, assistant professor of medicine, is developing a novel approach to detoxify elevated lipoprotein(a) without lowering its levels. Lp(a) is a major, yet untreatable, contributor to cardiovascular disease, but eradicating Lp(a) entirely may carry potential long-term risks as it also plays physiological roles in wound healing and tissue regeneration. Song's proposed lead compound targets oxidized phospholipids (OxPLs), which are increasingly recognized as the primary drivers of Lp(a)'s pathogenicity, and neutralizes them. Song says this strategy is not only safer by preserving Lp(a)'s beneficial functions but potentially more effective, as it also neutralizes harmful OxPLs on other lipoproteins. Song will use the award to optimize lead compounds for enhanced efficacy and druggability, paving the way for a novel, safer Lp(a) therapeutic.

STEPHANIE JONES, PhD, professor of neuroscience, received follow-up funding to continue the development of brain simulation tools to uncover the mechanisms underlying neurological diseases and model the effects of neurotherapeutics on brain circuits. The core technology provides a biophysical interpretation of brain activity that translates from animals to humans. In the second year, the initiative will focus on establishing proof-of-concept through human and mouse data analysis, alongside the development of predictive neural models. The resulting software will provide evidence for critical decision-making in preclinical and clinical drug development, ultimately increasing success rates in the drug development pipeline. ❖

16th Annual Swim Across America

RI Open Water Swim raising funds to support crucial cancer research at Women & Infants Hospital

PROVIDENCE — On Saturday, September 6, 2025, Swim Across America – Rhode Island Open Water Swim (SAA-RI) will hold its 16th annual charity swim at scenic Scarborough North State Beach at 870 Ocean Road, Narragansett, Rhode Island. Proceeds from this event will directly support crucial and often life-saving cancer research at Women & Infants Hospital (WIH). Established in 2010, SAA-RI has raised over $2.5 million to fund cancer research at one of the nation's leading specialty hospitals for women and newborns, Rhode Island's Women & Infants Hospital.

Each year, the Rhode Island charity swim attracts over 700 swimmers and volunteers who enthusiastically show up to support this worthy cause. This year's open water swim includes various swim options and one virtual option: a 1-mile, 0.5-mile, or 0.25-mile open water swim, or SAA My Way (virtual).

Funding from SAA-RI has supported researchers at WIH in discovering a new biomarker for ovarian cancer and helped establish a clinical algorithm that enhances the ability to estimate the risk of ovarian cancer in women with a pelvic mass.

"There's something incredibly powerful about coming together as a community, right here on our beautiful Rhode Island coast, to swim with purpose. Every stroke taken during this event fuels the groundbreaking cancer research happening at Women & Infants Hospital. This year, it's not just a swim, it's a celebration of hope, resilience, and families making a difference together," said **SHANNON R. SULLIVAN**, president and COO of Women & Infants Hospital.

Founded in 1987, Swim Across America is a national nonprofit organization that holds 24 open water swims and hundreds of pool swims across the country, from Boston to under the Golden Gate Bridge. The organization has an interesting history as it started with a sunken boat in Long Island Sound at its first-ever open water swim and has turned its passion for swimming and fighting cancer into $100 million that supports cancer research throughout the country.

Over several decades, Swim Across America funding has contributed to four FDA-approved life-saving immunotherapy treatments: Yervoy, Opdivo, Tecentriq, and Keytruda, and supports research with more than 60 scientific grants funded each year.

While hundreds of local swimmers and water and land volunteers join in the swim, the Rhode Island event is known for having more college swim teams participate than any other swim in the country.

To learn more about Swim Across America or to register to swim, volunteer, or donate, please visit swimacrossamerica.org/rhodeisland. ❖

VA offers yearlong community care authorizations for 30 services

WASHINGTON, DC — The Department of Veterans Affairs recently announced it will improve Veterans' access to health care by extending the length of new VA community care authorizations to one year for 30 standardized types of care.

The change means Veterans referred by VA to community care for eligible standardized types of care will receive 12 full months of uninterrupted treatment at VA expense before having to obtain a VA reauthorization.

Veterans will benefit from uninterrupted access to essential specialty services, allowing them to focus more on their health and less on navigating administrative requirements. Community providers will be empowered to manage care with fewer administrative barriers and greater flexibility.

Prior to the change announced today, some VA community care specialty referrals were reevaluated every 90 to 180 days, increasing the likelihood of interrupted or delayed care.

With the announcement, VA is now offering year-long community care authorizations for the following standardized types of care:

- Cardiology
- Dermatology
- Endocrinology
- Neurology and Otology
- Otolaryngology or ENT
- Gastroenterology
- Urogynecology
- Addiction Psychiatry Outpatient
- Family & Couples Psychotherapy Outpatient
- Mental Health Outpatient
- Nephrology
- Neurology
- Nutrition Intervention Services
- Oncology and Hematology
- Neuro-Ophthalmology
- Oculoplastic
- Eye Care Examination
- Optometry Routine
- Orthopedic Hand
- Orthopedic General
- Orthopedic Spine
- Pain Management
- Podiatry
- Podiatry DS
- Addiction Medicine Outpatient
- Pulmonary
- Physical Medicine & Rehabilitation (Physiatry)
- Rheumatology
- Sleep Medicine
- Urology

Rhode Island Commerce opens Wavemaker Fellowship application with designated funding for primary care providers

STATE HOUSE – Recently, Speaker **K. JOSEPH SHEKARCHI** (D-Dist. 23, Warwick), Senate President **VALARIE J. LAWSON** (D-Dist. 14, East Providence), Secretary of Commerce **STEFAN PRYOR** and Commerce Corporation President & CEO **JIM BENNETT** announce the start of a new application period for the Wavemaker Fellowship [mf94itmab.cc.rs6.net], a competitive student loan reimbursement program for professionals working in S.T.E.M. (Science, Technology, Engineering, and Mathematics), certain design fields, healthcare and education. The purpose is to retain their talents in Rhode Island.

The Wavemaker Fellowship awards recent college graduates in the above fields refundable tax credits of up to $6,000 per year for up to four years.

Last year, the General Assembly added $500,000 to the Wavemaker program reserved specifically for primary care providers (PCPs – helping address Rhode Island's shortage.

"The Wavemaker Fellowship program has been extremely successful in covering the cost of student loans to encourage the pursuit of careers in several fields. The General Assembly has had a major focus on addressing the primary care crisis and we were proud to expand the Wavemaker program for primary care physicians, nurse practitioners and physician's assistants. Few issues are as important as health care, and we know that many providers are feeling enormous strain. Extending financial incentives for graduates pursuing these fields is another step toward addressing the primary care crisis," said Speaker Shekarchi and Senate President Lawson.

To be eligible, PCPs must be medical doctors, physician assistants or nurse practitioners who work in the following primary care specialties:

- Family medicine (adolescent, adult or geriatric)
- Pediatrics
- Internal medicine (adolescent, adult or geriatric)
- Community health

"Reimbursing student loan costs for those working in critical fields not only helps ease the financial burden on talented professionals but also strengthens important industries that help to keep our state's economy moving," said Secretary of Commerce Stefan Pryor. "We thank the General Assembly for the additional funding to support primary care providers – which helps to ensure that every Rhode Islander has access to the care they need."

"Having a strong foundation for primary care means we can prevent more illnesses and help more Rhode Islanders have overall positive health outcomes," said Rhode Island Executive Office of Health and Human Services' Secretary **RICHARD CHAREST**. "That's why this opportunity to support a robust primary care workforce, paired with the infusion of millions of dollars into the state's primary care system [mf94itmab.cc.rs6.net], are critical to the overall health and wellbeing of all Rhode Islanders."

Applications are due by October 13.

More information, including frequently asked questions and the application, are available online at:
wavemaker.commerceri.com [mf94itmab.cc.rs6.net]. ❖

AMA advocacy delivers modernized e-prescribing (eRx) standard

CHICAGO — In a significant victory for physician-led advocacy, the Department of Health and Human Services (HHS) has adopted new electronic prescribing (eRx) standards that reflect key recommendations from the American Medical Association (AMA).

This modernization is poised to enhance patient safety, reduce administrative burdens, and streamline physician workflows. The updated regulations governing e-prescribing technology, including electronic health records (EHRs), introduce a single, modernized system designed to reduce medication errors, expedite prior authorization responses, and free physicians from outdated administrative tasks – freeing up more time for direct patient care.

"This is exactly the kind of smart policy that emerges when physician experience with their patients informs government regulation," said AMA President **BOBBY MUKKAMALA, MD**. "These upgrades will significantly reduce friction in the prescribing process, helping physicians deliver safer, faster, and more effective care of our patients."

HHS's new policy closely follows AMA's comprehensive recommendations, incorporating critical features such as updated prescribing directions, precise product identifiers, and real-time access to current prescription data. These enhancements support more accurate dispensing, reduce the potential for error, and improve patient outcomes.

Importantly, the new standards integrate electronic prior authorization directly into the prescribing workflow – addressing a longstanding pain point for physicians and patients alike. The rules also reduce redundant or inefficient transactions, such as pharmacy-to-pharmacy transfers, ensuring technology serves clinical needs rather than adding complexity. Together, these changes mark a major step toward true interoperability of critical patient records, enabling physicians to access and exchange essential information more seamlessly across the care continuum.

To ensure a smooth transition, HHS has aligned its 2028 compliance deadline with that of the Centers for Medicare & Medicaid Services (CMS) – another milestone the AMA championed. EHR developers can begin adopting and integrating the new technology immediately, ensuring they are on track for the 2028 compliance deadline. By retiring the old eRx technology on that same date, HHS gives physicians and electronic health record developers a clear, synchronized roadmap, eliminating the risk of dueling federal timelines.

"Electronic prescribing has improved health care efficiency and patient safety. We need to continuously update the regulations to make sure we are taking advantage of the quickly advancing technology while removing the clutter of earlier regulations. HHS and the AMA have done just that," Mukkamala said. ❖

New AHA/ACC high blood pressure guideline emphasizes prevention, early treatment to reduce CVD risk

DALLAS AND WASHINGTON — Preventing and managing high blood pressure with healthy lifestyle behaviors, such as following a heart-healthy diet including reducing salt intake, staying physically active, maintaining a healthy weight and managing stress – combined with early treatment with medication to lower blood pressure if necessary – are recommended to reduce the risk of heart attack, stroke, heart failure, kidney disease, cognitive decline and dementia, according to a new clinical guideline published August 14th in the American Heart Association's journals *Circulation* and *Hypertension*, and in JACC, the flagship journal of the American College of Cardiology.

The guidelines replaces the 2017 guideline and includes new or updated recommendations for blood pressure management based on the latest scientific evidence to achieve the best health outcomes for patients.

The new guideline reflects several major changes since 2017, including use of the American Heart Association's PREVENTTM (Predicting Risk of cardiovascular disease EVENTs) risk calculator to estimate cardiovascular disease risk. It also provides updated guidance on medication options, including the early treatment for high blood pressure to reduce the risk of cognitive decline and dementia; use of specific medications including the possible addition of newer therapies such as GLP-1 medications for some patients with high blood pressure and overweight or obesity, and recommendations for managing high blood pressure before, during and after pregnancy.

In addition to the use of the PREVENTTM risk assessment tool, the new guideline recommends two important changes to laboratory testing for initial evaluation.

The ratio of urine albumin and creatinine (a test that assesses kidney health) is now recommended for all patients with high blood pressure. It was recommended as an optional test in the 2017 guideline.

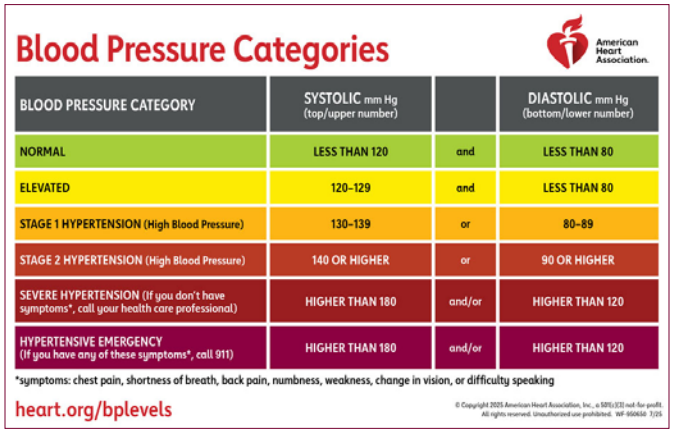
The guideline also expands the indication for use of the plasma aldosterone-to-renin ratio test as a screening tool for primary aldosteronism in more patients including those with obstructive sleep apnea. (Primary aldosteronism is a condition that occurs when the adrenal glands make too much aldosterone, leading to high blood pressure and low potassium levels.)

Screening for primary aldosteronism may also be considered in adults with stage 2 hypertension to increase rates of detection, diagnosis and targeted treatment.

BP criteria

The blood pressure criteria remain the same as the 2017 guideline [**Figure 1**]:

- normal blood pressure is less than 120/80 mm Hg;
- elevated blood pressure is 120–129 mm Hg and <80 mm Hg;
- stage 1 hypertension is 130–139 mm Hg or 80–89 mm Hg; and
- stage 2 hypertension is ≥140 mm Hg or ≥90 mm Hg.



Importance of healthy lifestyle

The new guideline reaffirms the critical role healthy lifestyle behaviors play in preventing and managing high blood pressure, and it encourages health care professionals to work with patients to set realistic, achievable goals. Healthy behaviors such as those in Life's Essential 8, the American Heart Association's metrics for heart health, remain the first line of care for all adults.

Specific blood pressure-related guidance includes:

- limiting sodium intake to less than 2,300 mg per day, moving toward an ideal limit of 1,500 mg per day by checking food labels (most adults in the U.S. get their sodium from eating packaged and restaurant foods, not the salt shaker);
- ideally, consuming no alcohol or for those who choose to drink, consuming no more than two drinks per day for men and no more than one drink per day for women;
- managing stress with exercise, as well as incorporating stress-reduction techniques like meditation, breathing control or yoga;
- maintaining or achieving a healthy weight, with a goal of at least a 5% reduction in body weight in adults who have overweight or obesity;
- following a heart healthy eating pattern, for example the DASH eating plan, which emphasizes reduced sodium intake and a diet high in vegetables, fruits, whole grains, legumes, nuts and seeds, and low-fat or nonfat dairy, and includes lean meats and poultry, fish and non-tropical oils;
- increasing physical activity to at least 75–150 minutes each week including aerobic exercise (such as cardio) and/or resistance training (such as weight training); and
- home blood pressure monitoring is recommended for patients to help confirm office diagnosis of high blood pressure and to monitor, track progress and tailor care as part of an integrated care plan.

Association of high blood pressure with cognitive decline and dementia

While high blood pressure is a leading cause of heart attack and stroke, the new guideline highlights other serious risks. More recent research confirms that blood pressure affects brain health, including cognitive function and dementia. High blood pressure can damage small blood vessels in the brain, which is linked to memory problems and long-term cognitive decline. The guideline recommends early treatment for people diagnosed with high blood pressure with a goal of systolic blood pressure (top number) goal of <130 mm Hg for adults with high blood pressure to prevent cognitive impairment and dementia.

Tailored approaches to medication for high blood pressure

For many people with high blood pressure, especially those who have Type 2 diabetes, obesity or kidney disease, more than one medication may be needed to lower blood pressure to meet the <130/80 mm Hg criteria. The guideline highlights several types of blood pressure medications to initiate treatment, including angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), long-acting dihydropyridine calcium channel blockers and thiazide-type diuretics. If blood pressure remains high after one medication, clinicians may individualize treatment to either increase the dose or add a second medication from a different medication class.

The guideline maintains the recommendation to begin treatment with two medications at once – preferably in a single combination pill – for people with blood pressure levels 140/90 mm Hg or higher (stage 2 hypertension). The guideline also suggests possible addition of newer therapies such as GLP-1 medications for some patients with high blood pressure and overweight or obesity.

High blood pressure and pregnancy

High blood pressure during pregnancy can have lasting effects on the mother's health, including an increased risk of future high blood pressure and cardiovascular conditions. Without treatment, high blood pressure during pregnancy can lead to serious complications, such as preeclampsia, eclampsia, stroke, kidney problems and/or premature delivery. Women with high blood pressure who are planning a pregnancy or are pregnant should be counseled about the potential benefits of low-dose aspirin (81 mg/day) to reduce the risk of preeclampsia.

For pregnant women with chronic hypertension (high blood pressure before pregnancy or diagnosed before 20 weeks of pregnancy), the new guideline recommends treatment with certain medications when systolic blood pressure reaches 140 mm Hg or higher and/or diastolic blood pressure reaches 90 mm Hg or higher. This change reflects growing evidence that tighter blood pressure control for some individuals during pregnancy may help to reduce the risk of serious complications.

In addition, postpartum care is especially important because high blood pressure can begin or persist after delivery. The guideline urges continued blood pressure monitoring and timely treatment during the postpartum period to help prevent complications. Patients with a history of pregnancy-associated high blood pressure are encouraged to have their blood pressure measured at least annually. ❖

American Academy of Pediatrics publishes evidence-based immunization schedule

ITASCA, IL— As respiratory virus season approaches, the American Academy of Pediatrics has published an evidence-based immunization schedule that includes updated guidance for influenza, RSV, and COVID-19 immunizations for children and adolescents from birth to age 18. The schedule, "Recommended Childhood and Adolescent Immunization Schedule: United States, 2025," was published Aug. 19, 2025 in the AAP Red Book Online, the Academy's clinical guidebook for infectious diseases prevention and treatment.

It differs from recent recommendations of the Advisory Committee on Immunization Practices of the CDC, which was overhauled this year.

"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, MD, FAAP**. "Pediatricians know how important routine childhood immunizations are in keeping children, families and their communities healthy and thriving."

The schedule represents formal recommendations from the AAP for routine immunizations for infants, children and adolescents against 18 diseases. The schedule published Aug. 19 includes updated recommendations for RSV, influenza, and COVID-19 immunizations for pediatric populations.

In addition to the updated recommendations for the three respiratory viruses, the schedule incorporates recent updates regarding pentavalent meningococcal vaccine, the starting age of the Human Papilloma Virus vaccine, and removal of a hepatitis vaccine that is no longer available.

"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."

AAP will also publish parent-friendly immunization schedule on HealthyChildren.org.

RSV

RSV (Respiratory Syncytial Virus) is the leading cause of hospitalization for babies before their first birthday. It is a virus that affects the lungs and airways and spreads easily through the air and by physical contact with the germs. Immunizations for

pregnant mothers and newborns provide antibodies that offer necessary protection.

"Babies who become infected with RSV can get much sicker than older kids because their lungs and airways are so tiny," said **KRISTINA BRYANT, MD, FAAP**, a member of the AAP Committee on Infectious Diseases. "There are two ways to help your baby get ahead of this serious respiratory illness. Moms who get the RSV vaccine during their pregnancy can pass important antibodies to their developing baby through the placenta. Or new babies can get an RSV shot for RSV season. Well-timed RSV immunizations help babies stay healthy."

Nirsevimab and clesrovimab are the recommended immunizations to prevent RSV. Both are monoclonal antibody products, which are given to babies for instant protection. Another monoclonal antibody, palivizumab, is a shorter-acting product that is no longer recommended for use.

The AAP recommends:

- Immunization for infants younger than 8 months who are born during or entering their first RSV season if the pregnant parent did not receive vaccine during pregnancy, if the vaccination status is unknown, or if the infant was born less than 14 days after the pregnant parent received the vaccine.
- Immunization for infants and children 8 through 19 months of age at high risk of severe RSV disease and entering their second RSV season. High-risk infants include children with chronic lung disease, immunocompromise, or cystic fibrosis, as well as other groups.

The Academy's recommendations for RSV immunizations are published online here and will be published in the November issue of *Pediatrics* (online Aug. 19).

Influenza

AAP recommends annual flu vaccines for all children starting at 6 months old, unless they have a medical reason not to be immunized. This helps protect not only the child but also the community – especially during seasons when other viruses like RSV and COVID-19 are also circulating. The Academy's flu vaccine recommendations and an accompanying technical report were pre-published July 28 in *Pediatrics* and will be published in the October 2025 print issue.

"The flu can be much more serious than just a cold or run-of-the-mill viral infection, especially for children under the age of 5 or those with conditions like asthma or diabetes. It is also something that kids can catch – and spread – easily. An annual influenza immunization helps your child's immune system recognize and resist the virus so they can stay in school, go on playdates and do the things kids love doing," Dr. Bryant said.

Children who are hospitalized, have serious or worsening flu symptoms, or have health conditions that put them at higher risk for complications should start antiviral treatment for the flu as soon as possible, even if they've been sick for a few days.

The 2024–2025 influenza season was a high-severity season for persons of all ages, according to the Centers for Disease Control and Prevention. The CDC reported 267 influenza-related pediatric deaths through August 2, 2025. Of those, 43.6% occurred in children without a high-risk medical condition.

Historically, up to 80% of influenza-associated pediatric deaths have occurred in unvaccinated or incompletely vaccinated children. Children younger than five years, especially those less than two years, are especially vulnerable to severe illness and hospitalizations or death due to influenza.

COVID

COVID-19 continues to result in hospitalization and death in the pediatric population. Infants and children six through 23 months of age are at the highest risk for severe COVID-19. Given this, the AAP recommends a COVID-19 vaccine for all children ages six through 23 months old to help protect against serious illness. Children younger than two years old are especially vulnerable to severe COVID-19 and should be prioritized for vaccination unless they have a known allergy to the vaccine or its ingredients.

In addition to the recommendation for all children younger than two years, the AAP recommends a single dose of age-appropriate COVID-19 vaccine for all children and adolescents two through 18 years of age in the following risk groups:

- Persons at high risk of severe COVID-19
- Residents of long-term care facilities or other congregate settings
- Persons who have never been vaccinated against COVID-19
- Persons whose household contacts are at high risk for severe COVID-19

The AAP also recommends the vaccine be available for children ages 2–18 who do not fall into these risk groups, but whose parent or guardian desires them to have the protection of the vaccine. The most updated version of the COVID-19 vaccine that is available should be used. The Academy's recommendations for COVID-19 vaccines are published online here and will be published in the November issue of *Pediatrics* (online Aug. 19).

"We extensively reviewed the most recently available data about COVID-19 risks in kids, as well as safety and effectiveness of available COVID-19 vaccines. It's clear they are very safe for all populations. Among the reasons we decided to move to a risk-based recommendation for healthy older children is the fact that the hospitalization rate for young children and children with underlying medical conditions remains high, in line with rates for many of the other vaccine-preventable diseases for which we vaccinate," said **SEAN O'LEARY, MD, FAAP**, chair of the AAP Committee on Infectious Diseases. ❖