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May 12, 2026

Capt. Monica Leonard, MPH, REHS, Co- Chair
ICD-10 Coordination and Maintenance Committee
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road
Hyattsville, MD 20782

RE: Comments in Opposition to the Proposed New ICD-10-CM Code T50.B25, "Adverse Effect of COVID-19 Vaccines"

Dear Ms. Leonard and members of the ICD-10 Coordination and Maintenance Committee:

On behalf of the Infectious Diseases Society of America (IDSA), which represents more than 13,000 infectious diseases physicians, scientists and public health professionals dedicated to the prevention, diagnosis and treatment of infectious diseases, we write to express our strong opposition to the proposed creation of a new, COVID-19–specific ICD-10-CM diagnosis code, T50.B25-, "Adverse effect of COVID-19 vaccines," presented in the March 17–18, 2026, Diagnosis Agenda of the ICD-10 Coordination and Maintenance Committee.[1] After careful review of the proposal, the underlying request submitted by React19 and the existing ICD-10-CM classification structure**, IDSA respectfully urges the Committee to reject the proposed code in its entirety.**

Our objection is grounded in four principal concerns:

1. **The new code is not needed.** The existing ICD-10-CM framework already captures adverse events following COVID-19 vaccination. Clinicians today use the code that describes the actual condition (for example, myocarditis or anaphylaxis) and pair it with T50.B95-, "Adverse effect of other viral vaccines." The Official Coding Guidelines explicitly require this approach.[2] That combination already gives clinicians, researchers and public health agencies the information they need.
2. **There is no agreed-upon clinical definition for what this code would capture.** The proposal relies on a loosely defined idea sometimes called "post-COVID-19 vaccination syndrome." No major medical or regulatory body, including the Food and Drug Administration (FDA), National Institutes of Health, the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices, and the World Health Organization, has adopted a clinical case definition for this condition or established that it is a single, distinct entity caused by COVID-19 vaccination. A diagnosis code should follow clinical consensus; it should not be used to create one.
3. **No other vaccine has its own product-specific adverse-effect code.** Adverse effects of every other licensed viral vaccine, such as measles, mumps, rubella, varicella, influenza, and hepatitis A and B, fall under the general T50.B95- code. Singling out COVID-19 vaccines for unique treatment, without a clear clinical reason to do so, would be inconsistent with how the code set is organized.
4. A code without a clear definition will produce misleading data. **If T50.B25 is adopted, clinicians may apply it based only on the timing of a patient's vaccination, even when there is no established link between the vaccine and the patient's symptoms.** The result will be administrative data that overstate true incidence and are likely to be cited, outside of clinical settings, as evidence of vaccine harm in ways the data cannot support. COVID-19 vaccines are among the most closely monitored medical products in U.S. history, and the rare adverse events that have been identified are already well characterized through the Vaccine Adverse Event Reporting System, the Clinical Immunization Safety Assessment Network, the Vaccine Safety Datalink and FDA's BEST

[1] Centers for Disease Control and Prevention, National Center for Health Statistics, ICD-10 Coordination and Maintenance Committee Meeting, Diagnosis Agenda, March 17–18, 2026, Topic: Adverse Effect of COVID-19 Vaccines, pp. 16–17. Available at https://www.cdc.gov/nchs/icd/icd-10-maintenance/meetings.html.
[2] NCHS & CMS, *ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026*, Section I.C.19.e.

initiative.[3] In addition to erroneous overclassification of clinical syndromes as those caused by the vaccine, physicians might also under-classify because there is no validated definition. This renders any data obtained through the coding for this classification useless.

The patients our members care for

IDSA's members are infectious diseases physicians and other health professionals who care for patients with serious infections, including transplant recipients, patients receiving cancer treatment, people with HIV, and children and older adults with multiple chronic conditions. For many of these patients, COVID-19 is not a mild illness. They depend on vaccination, both their own and that of the people around them, to stay out of the hospital and to remain alive. We see firsthand how decisions made at the coding level affect real patients. When information in the medical record is unclear or inconsistent, it can lead to confusion in clinical care, in research and in conversations between patients and their physicians. A new code that lacks a clear clinical definition is likely to introduce that kind of confusion at a moment when our patients can least afford it.

Concerns about how the code could be used outside clinical settings

ICD-10-CM codes are designed to support clinical care and public health surveillance. They are not designed to serve as evidence in litigation or as advocacy tools. However, once a code exists it can be cited in those settings regardless of whether the underlying data support the claim being made. **Because T50.B25 would have no validated case definition, the data generated by it would not reliably distinguish a vaccine-caused condition from one that is simply coincidental in time.** We are concerned that those data would be used to suggest a level of certainty about vaccine harm that the science does not support. That is not a hypothetical risk; it is one we think the Committee should weigh carefully before approving a new code.

A better path forward

If the Committee thinks that the broader T50.B category should be reorganized at some point to allow product-level detail across all vaccines, IDSA would welcome the opportunity to be part of that conversation, alongside other medical specialty societies, immunization experts and CDC's vaccine safety programs. That kind of comprehensive, consistent update would be a much more appropriate way to address any genuine gaps in the code set than creating a single COVID-19–specific code in response to a single request. In the meantime, the existing combination of T50.B95- with the code for the specific clinical condition continues to give clinicians, researchers and public health agencies the information they need to identify and study adverse events following COVID-19 vaccination.

Conclusion

IDSA urges the Committee to decline to adopt proposed code T50.B25 and to retain the current approach of coding adverse effects of COVID-19 vaccines under T50.B95- in combination with the code that describes the specific clinical condition involved. We think that this approach better serves patients, supports accurate surveillance and protects the integrity of the ICD-10-CM as a clinical and public health tool. IDSA appreciates the care and thoughtfulness the Committee brings to its work, and we recognize the difficult balance the Committee must strike in considering proposals like this one. We are grateful for the opportunity to comment and are available to provide additional input or clinical perspective as the Committee continues its deliberations. Thank you for your consideration. Should you have any questions or wish to discuss these recommendations further, please contact Amanda Jezek, IDSA's senior vice president for public policy and government relations, at ajezek@idsociety.org.

Sincerely,

Ronald G. Nahass, MD, MHCM, FIDSA
President
Infectious Diseases Society of America

[3] CDC, Selected Adverse Events Reported after COVID-19 Vaccination. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html.