

Summit Adult Vaccination Recommendations Review (SAVRR) Council
Meeting Summary
May 12, 2026

Opening announcements

- Dr. Jane Zucker (Co-chair) welcomed SAVRR Council members and participants to the meeting and reviewed the Council's scope and objectives.
- The names of representatives for organizations have been added to the SAVRR website as a [PDF](#).
- The American Medical Group Association (AMGA) has withdrawn from SAVRR because they were uncomfortable listing an individual to represent its trade association but will continue engaging with the council informally.

Respiratory and Critical Care Guidance Review Panel- Tina Hartert

- Newly formed four-society panel, made up of the American Academy of Allergy, Asthma & Immunology (AAAAI), American Thoracic Society (ATS), American College of Chest Physicians (CHEST), and Society of Critical Care Medicine (SCCM), focused on providing clear, practical vaccine guidance for respiratory and critical care clinicians.
- These societies care for patients across the lifespan who are at the highest risk of morbidity and mortality from vaccine-preventable diseases.
- The panel will not endorse current ACIP guidance as an authoritative reference standard. The panel uses pre-June 2025 ACIP recommendations as the evidentiary baseline, with exceptions for areas where new evidence has emerged (e.g., pneumococcal conjugate vaccine, the new RSV monoclonal antibody, meningococcal vaccines).
- The panel's goal is to endorse other societies' recommendations, not to generate new guidance; they have not yet decided which society's recommendations to endorse.
- The first vaccines to be reviewed are influenza, RSV, and COVID-19.

Respiratory Virus Season Calendar- L.J Tan

- The calendar was developed in response to an April council recommendation to identify timing gaps between vaccine availability and recommendation releases.
- Timing disharmony (e.g., one society releasing recommendations in August, another in October) is as significant a concern as content disharmony.
- The calendar is a living document; deadlines have already shifted since the last meeting (partly as a result of discussion among the SAVRR members) and will continue to evolve as new information becomes available.
- Council members are urged to share timeline updates so the calendar can be adjusted accordingly.

Vaccine Integrity Project (VIP) update- Kevin Griffis

- VIP just released a peer-reviewed evidence review on HPV vaccines, finding these vaccines highly safe and effective and supporting a potential single-dose schedule for

women, with noted evidence gaps for men and long-term durability when one dose is given. Report and materials can be found [here](#).

- An interactive data tool was published alongside the HPV review to allow replication of the research.
- Research protocols for the fall respiratory virus evidence review ([COVID-19](#), [influenza](#), and [RSV](#)) have been published and are available online.
 - Timeline for results: Preliminary results will be shared with medical societies in June; final results and manuscript submission in July; manuscripts finalized and medical society recommendations available by the first week of September.
- VIP is working with AMA to understand clinicians' needs for the fall season.
- The [Tdap vaccination during pregnancy evidence review](#) was released on May 14, with a webinar for the Association of Healthcare Journalists.
- VIP is gathering input from medical specialty societies to prioritize the next evidence review after respiratory viruses.
- They are collaborating with the Evidence Collective and Unbiased Science to address inaccurate vaccine information and improve access to evidence-based public health information.

American Academy of Family Physicians (AAFP) Draft Influenza Vaccine Recommendations- Margot Savoy

- Embargoed draft influenza vaccination recommendations were shared with SAVRR Council members.
- Feedback can be submitted via a form linked in the cover memo, and a verbal feedback session is scheduled on May 22 at 1:00 pm ET.
- The draft includes placeholders for evidence from last year's VIP review and anticipated items from the upcoming protocol.
- Final recommendations will be updated in June and July as evidence reports are finalized, then sent to the AAFP board for approval.
- Council members were requested to respect the embargo, and not distribute the document broadly

Discussion: Implementation of Vaccination Recommendations- Jane Zucker

- There will be an anticipated 4–8-week gap between when 2026-27 respiratory vaccines will be distributed and when updated professional society recommendations will be available.
 - Flu vaccine distribution typically begins in late July; VFC vaccine distribution to programs begins in August; and hospitals and providers receive flu vaccine on varying schedules.
 - RSV and COVID-19 vaccine availability timelines add further complexity.
- American Association of Nurse Practitioners (AANP) and American Association of Medical Personnel (AAMP) will follow recommendations from AAP, AAFP, and ACOG;

will not follow ACIP until it returns to science-based decision-making; will disseminate guidance via listservs.

- American Nurses Association (ANA) published a [position statement](#) in September 2025 strongly supporting immunizations across the lifespan, including measles, mumps, diphtheria, pertussis, COVID-19, and influenza; opposes non-medical exemptions; promotes healthcare provider vaccination against respiratory diseases; will run a multi-week "Healthy Nations, Healthy People" vaccine promotion campaign; will feature vaccine promotion in the ANA SmartBrief.
- American Pharmacists Association (APhA) noted two key challenges: in some states, pharmacist vaccination authority is tied to ACIP recommendations and lack of clear guidance on optimal flu vaccine timing in community pharmacy settings. There is confusion among pharmacists regarding differing vaccination recommendations in the U.S. One request is to provide an FAQ to help pharmacists respond (could be SAVRR Council, immunize. Org, or NAIIS).
- American Society of Health-System Pharmacists (ASHP) echoed APhA's concerns; ASHP is updating vaccine monographs monthly on its [Vaccine Resource Center](#), producing webinars and podcasts on vaccines, and is considering a comparative summary document of recommendations across organizations.
- American Geriatrics Society (AGS) will follow evidence-based recommendations and is not making its own recommendations. They are focusing on ensuring older adult considerations are incorporated into others' recommendations and have their own member- and public-facing materials on their website.
- Gerontological Society of America's (GSA) annual meeting in November is a convenient dissemination opportunity; multidisciplinary membership (physicians, OTs, PTs, social workers) broadens reach; focus is on respiratory vaccines and shingles for older adults.
- It was suggested that vaccine providers default to last year's influenza, COVID-19, and RSV vaccine recommendations until updated recommendations for 2026-27 are available is a sound general principle during this period of uncertainty, which is addressed by the draft SAVRR Council statement to be voted on in June (distributed separately).
- The SAVRR Council will facilitate connections for co-branding communication and educational resources; public domain resources will be posted on the council's website; and non-public domain materials will be handled through direct organizational negotiation. The [resources section](#) of the SAVRR Council website can serve as a central repository.
- Conclusions:
 - Member organizations broadly support following evidence-based professional society recommendations and are not deferring to ACIP.
 - The SAVRR Council website will serve as a central resource hub for communication and educational resources; co-branding facilitation will be provided by the council.
 - Guidance on optimal flu vaccination timing was identified as priority communication needs. VIP will clarify whether vaccination timing is within the scope of its evidence review.

Draft SAVRR Council Interim Statement on 2026–27 Respiratory Vaccines- Carolyn Bridges

- Carolyn reviewed the draft statement, advising that healthcare professionals follow existing 2025–26 influenza, COVID-19, and RSV vaccine recommendations from relevant professional medical associations until updated 2026–27 recommendations are released.
- Influenza-specific draft cites AAP, ACIP, ACOG, IDSA, and AAFP recommendations; key points include universal recommendation for persons 6 months and older, enhanced vaccine preference for adults 65+, and influenza vaccination for pregnant persons.
- COVID-19-specific draft cites ACOG, AAP, and IDSA; recommends COVID-19 vaccination for all adults 19+, including during pregnancy, with additional guidance for immunocompromised persons from IDSA. AAP recommendations to be used for children.
- RSV-specific draft cites ACIP, ACOG, IDSA, and AAP; covers adults 75 years and older, adults 50–74 years of age at increased risk, maternal RSV vaccination at 32–36 weeks' gestation from September through January in most jurisdictions as a one-time dose, and RSV monoclonal antibody for infants whose birth parent was not vaccinated.
- Suggested revisions to the statement:
 - Add context about what the SAVRR Council is and does; noted potential confusion among the public and state-level implementers about which organizations are playing which roles.
 - Carolyn clarified that the statement references only organizations making new or updated recommendations, not those endorsing others' recommendations.
 - Add background on VIP for readers unfamiliar with the organization; flagged uncertainty around the Vaccines and Related Biological Products Advisory Committee (VRBPAC) as a potential variable affecting the COVID-19 strain selection timeline and vaccine availability.
 - Add an "as of X date" to the ACIP references given uncertainties regarding ACIP and US Department of Health and Human Services' vaccine recommendations and timing; suggested separating clinical recommendations from ACIP-related contextual statements to allow easier updates.
- Conclusions:
 - The draft statement will be circulated for written feedback via the SAVRR-specific email address.
 - A formal vote on the recommendations will be held at the June 9 closed meeting.
 - Suggested revisions include adding a SAVRR Council preamble, VIP background information, date-stamped ACIP references, and separation of clinical and contextual ACIP language.

June 9 SAVRR Council Meeting Structure

- The June 9 meeting will be two hours in total, from 1:00 – 3:00 pm ET.

- One-hour closed session (for council members only) from 1:00 – 2:00 pm ET, followed by a one-hour open session (public, requiring separate registration) from 2:00 – 3:00 pm ET.
 - Council members attending the open session can register [here](#).
- Closed session will include the formal vote on the draft interim statement.
- Open session will introduce the SAVRR Council, describe its objectives, and announce the voted recommendation (or note that a vote is pending if not finalized).
- Council members are encouraged to propose additional open meeting agenda items.