

Summit Adult Vaccination Recommendations Review (SAVRR) Council  
Meeting Summary  
December 1, 2025

**Key takeaways**

- The SAVRR (Summit Adult Vaccination Recommendations Review Council) was established to address implementation of adult vaccine recommendations from professional medical organizations.
- The Council will provide feedback on recommendations both before and after publication by professional organizations.
- Current differences between ACP and other organizations' flu vaccine recommendations for adults 65+ were discussed but deemed not to be causing practical implementation issues at this time.
- Clinical Decision Support systems face significant challenges with varying recommendations across organizations, as these systems historically relied on standardized ACIP recommendations.
- The Council will elect a chair and co-chair who will work with staff to determine agenda items for future meetings.

**Discussed topics**

**SAVRR Council Purpose and Objectives**

L.J. Tan outlined the purpose and structure of the newly formed Council.

- **Details**
  - **L.J. Tan:** Explained that SAVRR stands for Summit Adult Vaccination Recommendations Review Council, funded by a private anonymous donor with no pharmaceutical or industry funding.
  - **L.J. Tan:** The Council will provide feedback on recommendations from professional medical organizations both before and after publication.
  - **L.J. Tan:** The focus is on adult immunization recommendations and influenza recommendations across the lifespan.
  - **David Weber:** Suggested broadening the scope to include recommendations from state alliances (Northeast, West Coast, Governor's Public Health Alliance).

- **L.J. Tan:** Confirmed they will monitor alliance recommendations, though currently these alliances rely on professional medical organization recommendations.
- **Conclusion**
  - The Council will serve as an independent body to review and provide feedback on adult vaccination recommendations.
  - The Council will focus on implementation challenges across different provider types and settings.

### **Council Procedures and Operations**

Discussion of how the Council will operate, including meeting frequency and leadership selection.

- **Details**
  - **L.J. Tan:** Meetings will be held at least monthly, with potential for increased frequency as needed.
  - **L.J. Tan:** The agenda will be designed by nominated chairs from the Council.
  - **L.J. Tan:** Chair and co-chair will be elected through anonymous electronic voting.
  - **L.J. Tan:** Supporting materials for agenda items will be provided at least one week before meetings when possible.
- **Conclusion**
  - Monthly meetings will be held on Mondays at 3 p.m. Eastern Time.
  - Electronic voting will be used to select a chair and co-chair.
  - The chair and co-chair will work with staff to develop meeting agendas.

### **COVID-19 Vaccination Recommendations**

Discussion of differences in COVID-19 vaccination recommendations and implementation challenges.

- **Details**
  - **L.J. Tan:** Noted deviation between ACIP recommendations for pregnant people and those of other professional medical associations.

- **Carolyn Bridges:** Mentioned that American College of Physicians will be releasing COVID-19 vaccine recommendations soon.
  - **Carolyn Bridges:** Highlighted that FDA package inserts have different indications than ACIP recommendations for shared clinical decision-making.
  - **Olivia Kenney (APHA):** Noted that implementation varies by state, creating confusion for patients who cross state lines.
  - **David Weber:** Raised the issue of who can perform shared clinical decision-making, as some institutions interpret this as physician-only.
  - **Laura Morris:** Confirmed significant variability in whether retail pharmacies require prescriptions or allow pharmacists to do shared clinical decision-making.
  - **Robin Jump:** Suggested creating pre-filled prescription forms to lower barriers.
  - **Olivia Kenney:** Advocated for expanding pharmacy scope of practice rather than adding prescription requirements.
- **Conclusion**
    - The Council may consider developing a unifying statement on who can perform shared clinical decision-making.
    - The Common Health Coalition is preparing a document on this topic that could be evaluated by the Council.

## **Influenza Vaccine Recommendations**

Discussion of differences between ACP recommendations and other organizations regarding flu vaccines for adults 65+.

- **Details**
  - **L.J. Tan:** Noted that ACP recommendations for 65+ provide no recommendation for adjuvanted vaccine or Flublok, only specifying Fluzone high dose.
  - **Ken Schmader (AGS):** Stated AGS wouldn't agree with ACP recommendations, citing systematic review showing no convincing evidence that high dose was better than adjuvanted or Flublok.

- **Bob Hopkins (NFID):** Explained ACP uses a rigid evidence review process and didn't see sufficient new evidence to include adjuvanted or recombinant vaccines.
  - **Sandra Fryhofer (AMA):** Noted that ACIP used the term "higher dose" to include high dose, Flublok, and adjuvanted vaccines.
  - **Robin Jump (PulpMed):** Shared that VA facilities use whatever higher-dose vaccines are available due to supply constraints.
  - **Ken Schmader:** Confirmed that VA sometimes gets better deals on adjuvanted vaccines and "people do fine with it."
  - **Sandra Fryhofer:** Stated AMA has an inclusive policy supporting ACIP recommendations as of May 1, 2025, and National Medical Society recommendations.
  - **Mary Kosla-Petraco (ANP):** Noted implementation is state-dependent, with New York having no issues.
- **Conclusion**
    - The Council determined that differences in ACP flu vaccine recommendations are not causing practical implementation challenges at this time.
    - The situation will be monitored, and the Council can revisit if implementation issues arise.
    - ACP will be invited to present their upcoming COVID and RSV recommendations to the Council.

### **Clinical Decision Support Systems Challenges**

Rebecca Coyle from AIRA presented on technical challenges for immunization information systems with varying recommendations.

- **Details**
  - **Rebecca Coyle (AIRA):** Explained that immunization registries exist in all 50 states and connect to over 120,000 independent systems.
  - **Rebecca Coyle:** Described clinical decision support as technology built into EHRs and IIS that has historically followed ACIP recommendations.

- **Rebecca Coyle:** Outlined how CDC's CDSI project team translates ACIP recommendations into technical rules used by EHR vendors, IIS developers, and pharmacy systems.
  - **Rebecca Coyle:** Warned that fragmentation will occur as states, health systems, and individual providers choose different recommendations to follow.
  - **Rebecca Coyle:** Noted that system updates are costly, and some systems cannot manage more than one set of recommendations simultaneously.
  - **Rebecca Coyle:** Highlighted that states have 317 immunization cooperative agreements requiring them to implement ACIP recommendations in their IIS.
  - **L.J. Tan:** Mentioned that the summit organized a call between AIRA and six professional medical organizations to discuss technical resource development.
- **Conclusion**
    - Clinical decision support is foundational to immunization success and implementation.
    - Alignment among professional medical organizations would simplify implementation.
    - The summit will schedule a follow-up meeting in mid-December with AIRA and professional medical organizations to continue the conversation.
    - This issue may return to the Council if professional medical organization recommendations continue to deviate.

## **Action items**

- **All Council Members**
  - Add organization name after personal name in Zoom for future meetings
  - Participate in electronic voting for chair and co-chair selection
  - Reserve January 5th at 3 p.m. Eastern Time for the next SAVRR Council meeting
  - Monitor emails for potential response needed if ACIP meeting (December 5-6) produces relevant developments

- **Kayla Oldie**
  - Send emails regarding the nomination process for co-chair and chair
  - Schedule future meetings
- **L.J. Tan, Carolyn Bridges, and Staff**
  - Compile electronic votes for chair and co-chair
  - Work with elected chair and co-chair to determine agenda items for next meeting
  - Include observer organizations in introductions at the next meeting
- **Summit**
  - Schedule follow-up meeting in mid-December with AIRA and six professional medical organizations regarding clinical decision support