

Summit Adult Vaccination Recommendations Review (SAVRR) Council
Meeting Summary
March 10, 2026

Opening announcements

- Dr. Bob Hopkins (Co-chair) welcomed SAVRR Council members and participants to the meeting and reviewed the Council's scope and objectives.
- L.J Tan (Immunize.org) announced that the SAVRR Council website will soon be live on the Summit Website and will include recommendations, upcoming meeting dates, meeting summaries, slide presentations, and resources.

American College of Physicians (ACP)- David Pugach

- Presented ACP's recent [adult recommendations](#) (not including pregnant or immunocompromised persons) for influenza, COVID-19, and RSV vaccines.
 - High-dose trivalent or quadrivalent influenza vaccine is recommended for adults aged 65 and older, and a standard dose is recommended for adults aged 18-64.
 - COVID-19 vaccine is recommended for all adults aged 65 and over and those 18-64 at increased risk for serious disease. Those aged 18-64 who are not at increased risk for COVID-19 may consider receiving the vaccine.
 - RSV vaccine is recommended for adults aged 75 and older, and those aged 60-74 at increased risk for severe RSV disease.
- There was a discussion about why ACP only recommends high-dose influenza vaccine for those over age 65 when the CDC lists adjuvanted and recombinant vaccines as options. ACP also has limited recommendations for COVID-19 and RSV vaccines to mRNA vaccines and protein subunit vaccines, respectively. ACP's Population Health and Medical Science Committee had concerns about available evidence, leading to a narrower focus for their recommendations.
- ACP will be moving to a new approach to review and support vaccination schedules developed by other medical societies rather than developing independent recommendations, likely beginning with the 2026-2027 respiratory season.
- ACP technical experts can come to a future meeting to address specific questions about their evidence review process.

KFF Consumer Survey Results– Liz Hamel

- Trust in CDC for health information has eroded since early in the pandemic, with January 2026 showing the lowest levels ever recorded.
 - Only 15% of the public and 9% of parents have high confidence in federal agencies to make childhood vaccination recommendations.
- Individual healthcare providers remain the most trusted source of vaccine information across all groups.
- Large majorities of parents view MMR and polio vaccination as important, but fewer view flu and COVID vaccination as important.

- Younger parents were more likely than older parents to express vaccine-skeptical attitudes, potentially signaling a generational shift.
- Most parents who skipped vaccines for their children cite concerns about side effects.
- Small shares of parents believe false statements about vaccines are true, but many fall into the "malleable middle," saying they're unsure.
- About half of the public had heard about the recent federal changes to the recommended vaccine schedule.
 - Among those who have heard, about half expect the changes to negatively impact children's health, with more Democrats expecting a negative impact.
- Large majorities are confident in MMR and polio vaccine safety, with partisan divides on COVID-19, flu, and hepatitis B vaccine safety for children.
- KFF's [Polling on Health Information and Trust](#) dashboard

Vaccine Integrity Project (VIP) Update- Sherri Berger (VIP), Kevin Griffis (VIP), and Sandra Fryhofer (AMA)

- VIP focuses on summarizing and disseminating scientific evidence, responding to inaccurate information, and fostering collaboration and visibility.
- Four evidence reviews are underway or completed: [2025-2026 respiratory season](#), [hepatitis B vaccine at birth](#), HPV vaccine, and vaccinations during pregnancy.
- The American Medical Association (AMA) is collaborating with VIP to develop a structured evidence-based review for flu, COVID-19, and RSV vaccines for the 2026-2027 season.
 - Process will engage medical specialty societies, public health leaders, insurers, and academic experts. Intermittent updates will be provided, and materials will be rolled out in September 2026.
- VIP will work with five medical societies to cover different populations for the respiratory virus season: American Academy of Pediatrics (AAP) for ages 0-18; American Academy of Family Physicians (AAFP) for healthy adults 19+ years; American College of Obstetricians and Gynecologists (ACOG) for pregnant people; Infectious Disease Society of America (IDSA) for immunocompromised people; and AAFP for healthcare workers.
- VIP will develop the evidence base, and the medical societies will develop specific recommendations and practical resources.
- VIP will evaluate the evidence on revaccination of older adults for RSV.
- The Society for Healthcare Epidemiology (SHEA) will recommend that certain vaccines be a condition for employment for healthcare workers, with opt-out options.
- The ultimate goal is to restore the Advisory Committee for Immunization Practices (ACIP), but the current effort aims to maintain a trusted evidence base in the meantime.
- VIP meets regularly with public health organizations and will hold a large-scale communications meeting. They are also convening vaccine manufacturers with medical societies in confidential settings for new indications or pipeline products.

SAVRR Member Survey Results- Jane Zucker (Co-chair)

- Presented the member survey results, with 12 of 13 members responding.
- For consumer representatives:

- Two-thirds preferred adding two representatives; Vaccinate Your Family (VYF) ranked number 1, and Voices for Vaccines (VFV) ranked number 2.
- Half felt the term should be 12 months, and half preferred 24 months; the proposed solution is that VYF will serve as a voting member for 12 months, and VFV will serve as an observer for 12 months and then a voting member for 12 months, providing continuity.
- Renewals can be considered for up to 3 terms.
- For the transparency plan:
 - Most felt that the terms of reference, meeting agendas, meeting summaries, presentations, and names of observer and voting member organizations should be posted on the SAVRR Council website, and conflicts of interest (COI) should be made available upon request.
 - About half felt that the names of the SAVRR Council members and the availability of the COIs should not be posted.
 - The top choice for the meeting format was for all meetings to be closed, with periodic meetings open to the public to disseminate information or recommendations.
- Next steps:
 - Vaccinate Your Family will be invited to join the Council as a voting member for 12 months.
 - Voices for Vaccines will be invited to join the Council as an observer for 12 months and move to a voting member for an additional 12 months.
 - Once the Council website is live, the following information will be posted:
 - Council's terms of reference
 - List of member and observer organizations
 - Statement on COI
 - Meeting agendas
 - Meeting summaries & presentations
 - The meeting cadence will move to a format of:
 - Monthly closed working group meetings, and
 - Quarterly open meetings (in addition to the monthly meetings)
- Discussion:
 - Council members discussed the pros and cons of posting Council members' names on the website.
 - Quarterly meetings will be open to all, but questions from the public will be moderated.

Preparation for April meeting

- We will discuss how organizations plan to make vaccination recommendations for the fall, timelines, messaging, and how best to coordinate.

Next meeting

- Meeting cadence is the second Tuesday of each month from 1:00 – 2:30 pm ET; next meeting is on April 14