



Immunize Weekly Summary: September 10, 2026 Follow-up On Q&A

Vaccine Integrity Project (VIP): 2026–27 Respiratory Season Evidence Review Summary

- American Medical Association (AMA)/VIP: 2026–27 Respiratory Season Communications Update
- American Academy of Family Physicians (AAFP): 2026–27 Respiratory Season Vaccine Recommendations
- American Academy of Pediatrics (AAP): 2026–27 Respiratory Season Immunization Recommendations
- American College of Obstetricians & Gynecologists (ACOG): 2026–27 Respiratory Season Vaccination Recommendations
- Infectious Diseases Society of America (IDSA): Updating IDSA's Vaccine Guidelines

After follow-up with IDSA and AAFP we have included additional answers to some of the questions asked during the Sept. 10th Summit Webinar.

QUESTIONS & ANSWERS

Q: Last year AAFP made recommendations for immunocompromised individuals recommending two doses [of COVID-19 vaccine], and IDSA has this year moved to saying one dose for immunocompromised. How did IDSA arrive at that?

Jon Heald (IDSA): The IDSA recommendations focus on whether to vaccinate vs not vaccinate and are not structured to specify the number of doses that should be administered. Within the remarks that accompany our on COVID-19 vaccination, we state that "A second booster dose of 2026-2027 COVID-19 vaccination may extend protection." and advise in our implementation notes that it be given 2-6 months after the first dose based on shared decision making and current levels of transmission. (Note that we are working to clarify this language re "booster dose" and "share decision making", per feedback received.) Therefore, the IDSA recommendations should not be understood as recommending a single dose, but rather a

single dose as a minimum with the option to receive a second dose based on individual patient factors.

Q: What about the self-attestation language in the IDSA document that says if you self-identify as immunocompromised, you're eligible for COVID-19 vaccination? In the past, people who've traditionally identified as immunocompromised [were] people with diabetes, cardiovascular disease, COPD [chronic obstructive pulmonary disease], etc., and they've been asked to self-identify and get two doses. But your recommendation has very clear subgroups you recommend for two doses. Can you speak to that a bit?

Jon Heald (IDSA): The IDSA recommendations are specifically for the patient groups designated in the guidelines, & clinicians should refer to AAFP and other guidelines for additional high-risk groups. The inclusion of the "self-attestation" language recognizes that immunocompromised patients may receive vaccinations in care settings outside their normal provider or by those without access to patient health records: for these reasons, it was important to emphasize that self-attestation should be sufficient to qualify patients to receive these vaccinations.

Margot Savoy (AAFP): From AAFP's side, I can say that all the other organizations' recommendations are working their way through the AAFP governance process, and the updates will show up as addenda to the 2026 vaccine schedules in October 2026. The changes will be reflected in the 2027 vaccine schedule tables in spring 2027.

We currently expect to adopt IDSA's recommendations for immunocompromised individuals and did not address those populations in our adult guidance document (similar to how we did not address pregnant people). We direct folks to the IDSA and ACOG at the top of the document to minimize confusion.

We did not review the data on at-risk groups needing 1 vs 2 doses of COVID vaccine for the season. For older adults, there wasn't enough data to make a strong recommendation; however, there wasn't enough to suggest that there should be a reversal given the ongoing transmission and hospitalizations over the past year. We appreciate that a recommendation gap now exists, but did not realize that was in scope for us this year. We would need to do the evidence review to answer that question and go through the same process as the rest of the document. Realistically, that isn't likely to happen this year; however, we will check with VIP to see if there is enough available to make this a recommendation this year.