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2026-2027 Respiratory Recommendations

American Academy of Family Physicians
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Staying up to date on vaccines is one of the best ways to keep communities healthy.

AAFP recommendations help patients understand which vaccines they need this fall and why they matter.

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2026-2027 AAFP Respiratory Immunization Recommendations

Guidance for nonpregnant, immunocompetent adults (ages 19+) and health care personnel

Purpose

- Provide clear, evidence-based respiratory immunization guidance
- Support clinical decisions, patient counseling, and implementation
- Reduce severe illness through timely vaccination

Scope

- Influenza
- COVID-19
- RSV

What this supports

- Clinical decisions
- Patient counseling
- Practical implementation

Note: Refer to **AAP** guidance for individuals 19 years and younger, **ACOG** guidance for pregnant patients, and **IDSA** guidance for immunosuppressed patients.

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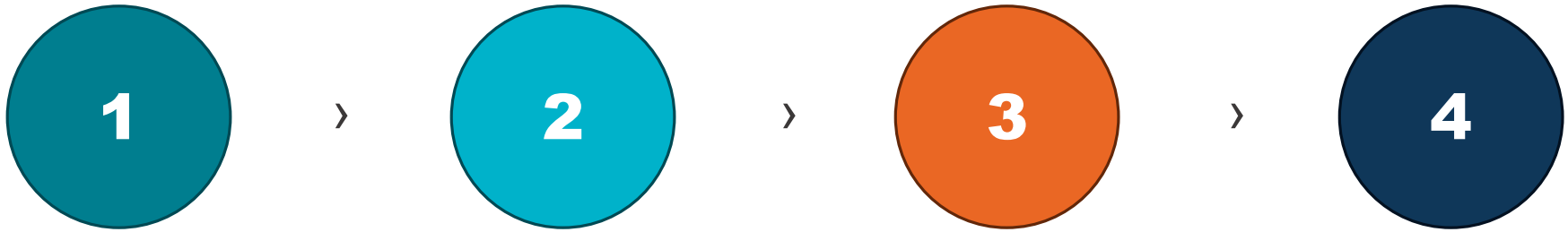
How AAFP Develops Immunization Recommendations



1 Evidence

Independent evidence reviews

2 Coordination

Vaccine Integrity Project collaboration

3 Physician review

VERC and CHPS review

4 Approval

AAFP Board of Directors

Designed to combine current evidence, clinical expertise, cross-society coordination, and independent AAFP judgment.

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Recommendations at a Glance

Influenza

AGE 19+
Annual vaccination

AGE 65+
Prefer an enhanced product, but do not delay vaccination if unavailable

HEALTH CARE PERSONNEL:
Annual vaccination

COVID-19

AGE 19+
Updated vaccine

AGE 65+
Two doses per season, spaced 6 months apart

HEALTH CARE PERSONNEL:
Annual vaccination

RSV

AGE 75+
One dose

AGE 50–74
One dose when at increased risk

HEALTH CARE PERSONNEL:
By age and individual risk

Vaccinate on time, use every encounter, and do not delay vaccination while waiting for a preferred product

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Influenza Recommendations

ALL ADULTS 19+ **ANNUAL** **AGE 65+ PREFERENCE**

Core recommendation

- Offer annual vaccination to all adults age 19+
- For most adults, use any age-appropriate licensed product
- Aim for September or October
- Continue while influenza viruses are circulating

Adults age 65+

Preferentially offer one of these enhanced options:

- High-dose
- Adjuvanted
- Recombinant
- mRNA

If unavailable, proceed with an age-appropriate product.

NEW OR NOTABLE:
trivalent products; any age-appropriate vaccine for egg allergy; eligible adults 18–49 may self-administer FluMist.

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COVID-19 Recommendations

ALL ADULTS 19+ **ANNUAL** **AGE 65+ INCREASED DOSING**

AAFP recommendation

All adults age 19+ should receive the current updated vaccine.

Prioritize outreach to:

- Adults age 65+
- Adults at increased risk of severe outcomes
- **Health care personnel**
- Those never vaccinated

Age 65+ dosing

TWO DOSES
per season

Dose 1
0 months

Dose 2
6 months later

Clinical distinction

AAFP guidance is broader than the FDA-approved indication

No licensed product is preferentially recommended.

A protein-subunit, non-mRNA option is available.

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COVID-19 Recommendations vs. FDA Indication

Important clinical distinction

AAFP recommendation

- Updated vaccination for all adults ages 19+

FDA-approved indications

- Adults ages 65+, or
- People younger than 65 with at least one underlying condition that increases risk

What this means in practice

- The AAFP clinical recommendation is broader than FDA labeling
- Use outside the FDA-approved indication is off-label but supported by AAFP recommendations
- Qualifying risk factors are broad
- Patients may self-attest to a risk factor
- No attestation form or additional documentation is required

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RSV Recommendations

ADULTS 75+ | ONE TIME | ADULTS 50-74 RISK BASED

Age 75+

Recommend one dose of an age-appropriate FDA-licensed RSV vaccine.

Age 50–74

Recommend one dose when increased risk is present.

Risks include:

- Chronic heart or lung disease
- Weakened immunity
- Other qualifying conditions
- Long-term care residence

Clinical reminders

- One-time recommendation
- Routine revaccination not recommended
- No preferred product
- Optimal timing: late summer to early fall
- **Health care personnel** follow age and risk criteria

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Turning Recommendations Into Routine Practice

1	**ASSESS**	Check vaccine status at every adult visit
2	**RECOMMEND**	Use a strong presumptive recommendation
3	**OFFER**	Offer all indicated respiratory vaccines together
4	**DOCUMENT**	Record administration in the EHR and registry
5	**FOLLOW UP**	Use reminder and recall systems

Standing orders and team-based workflows can expand vaccination capacity.

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Questions?
Contact us.

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https://www.aafp.org/clinical-insights/immunizations-and-vaccines/immunizations-schedules-resourcesation

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Thank you