

AAP Immunization Recommendations

2026-2027 Fall Respiratory Virus Season

Gillian Gibbs, MPH

Senior Manager

Infectious Diseases Policy & Programs



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



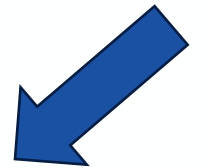
AAP Has Been Making Vaccine Recommendations for Children since 1935



The first vaccine recommendations for children

The AAP made the first vaccine recommendations for children in the late 1930s. This was years before other groups of scientists, health professionals or the government published their vaccine recommendations.

The AAP worked closely with the ACIP, and in 1995 this resulted in the creation of a **single vaccine schedule**. The schedule was easy to understand, and it included the immunizations children needed.



AAP Immunization Recommendations Process: 2026

aap.org/immunization

Planned recommendations:

- 2026–2027 Respiratory Virus Immunizations – Influenza, Respiratory syncytial virus (RSV), COVID-19
- Human papillomavirus (HPV)

1 Create immunization subgroups
For each immunization topic, the Committee on Infectious Diseases (COID) identifies a lead to convene an immunization subgroup. COID members and external experts are invited based on expertise. Conflict-of-interest (COI) disclosures are collected from all participants.



2 Define questions and evidence sources
Subgroups identify clinical questions and needed data sources — including published studies, public health data and unpublished data. Collaborators include the Vaccine Integrity Project (VIP) and American Medical Association (AMA) and Council of Medical Specialty Societies (CMSS) serving as conveners for evidence review.



3 Establish the review framework and synthesize evidence
Subgroups apply an evidence review framework and discuss the evidence. They review disease epidemiology and morbidity and mortality alongside immunization safety, efficacy and uptake. They apply evidence to develop pediatric-specific immunization recommendations.

4 Present findings and recommendations
Subgroup leaders present the evidence and recommendations to the full COID. External stakeholders may be invited. COI disclosures are collected from participants.



5 Vote on recommendations
COID discusses and votes on recommendations. Voting is limited to eligible COID members. Members with COIs recuse as required.



6 Complete peer review and approval
Recommendations are translated to AAP publications and undergo peer and AAP Board review. AAP Board approves final drafts.

7 Publish recommendations and implementation materials
AAP immunization recommendations are published in *Pediatrics* and the *Red Book Online*. The immunization schedule is updated as needed. AAP develops resources such as FAQs, fact sheets and webpage updates.



8 Disseminate recommendations
AAP disseminates recommendations. This includes webinars, podcasts and articles for clinicians and families.



9 Continue to review evidence and recommendations
COID monitors disease epidemiology and immunization safety and efficacy data. This review informs updates to the recommendations as needed.

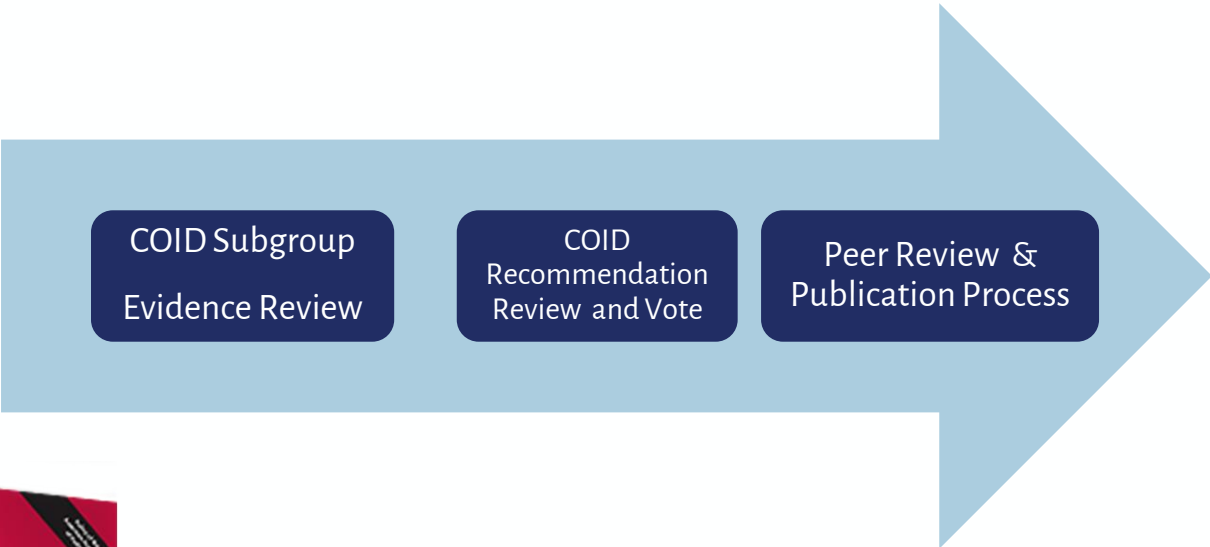
RSV Immunization 2026 Recommendations



RSV Subgroup
Lead: Dr Sean O'Leary



RSV Subgroup



1 Year Subscription

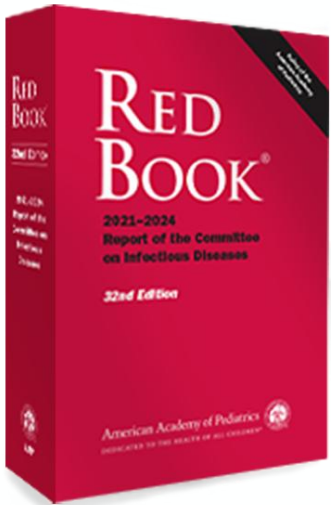


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Vaccine	Birth	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	3-6 yr	11-12 yr	15-18 yr
Hepatitis B (HbV)	Birth										
Diphtheria, tetanus, and acellular pertussis (DTaP)		2 mo	4 mo	6 mo							
Pneumococcal conjugate (PCV13)		2 mo	4 mo	6 mo							
Poliovirus (IPV)	Birth										
Measles, mumps, and rubella (MMR)											
MMR2											
MMR3											
MMR4											
MMR5											
MMR6											
MMR7											
MMR8											
MMR9											
MMR10											
MMR11											
MMR12											
MMR13											
MMR14											
MMR15											
MMR16											
MMR17											
MMR18											
MMR19											
MMR20											
MMR21											
MMR22											
MMR23											
MMR24											
MMR25											
MMR26											
MMR27											
MMR28											
MMR29											
MMR30											
MMR31											
MMR32											
MMR33											
MMR34											
MMR35											
MMR36											
MMR37											
MMR38											
MMR39											
MMR40											
MMR41											
MMR42											
MMR43											
MMR44											
MMR45											
MMR46											
MMR47											
MMR48											
MMR49											
MMR50											
MMR51											
MMR52											
MMR53											
MMR54											
MMR55											
MMR56											
MMR57											
MMR58											
MMR59											
MMR60											
MMR61											
MMR62											
MMR63											
MMR64											
MMR65											
MMR66											
MMR67											
MMR68											
MMR69											
MMR70											
MMR71											
MMR72											
MMR73											
MMR74											
MMR75											
MMR76											
MMR77											
MMR78											
MMR79											
MMR80											
MMR81											
MMR82											
MMR83											
MMR84											
MMR85											
MMR86											
MMR87											
MMR88											
MMR89											
MMR90											
MMR91											
MMR92											
MMR93											
MMR94											
MMR95											
MMR96											
MMR97											
MMR98											
MMR99											
MMR100											

Recommended Immunizations for Adolescents 7 Through 18 Years Old

	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years
MenACWY												
MenB												
Flu												
HPV (3 doses & given after age 10)												
Tdap												
COVID-19												

For more information, visit [healthychildren.org/immunizationschedules](https://www.healthychildren.org/immunizationschedules)

Respiratory Virus Season 2026-27 Recommendations

Influenza Vaccine – No Changes

- Policy statement: <https://doi.org/10.1542/peds.2026-078778>
- Technical report: <https://doi.org/10.1542/peds.2026-078779>

COVID-19 Vaccine – No Changes

- Policy statement: <https://doi.org/10.1542/peds.2026-079045>
- Technical report: <https://doi.org/10.1542/peds.2026-079046>

RSV Immunization – Changes to second season guidance

- Policy statement: <https://doi.org/10.1542/peds.2026-079047>
- Technical report: <https://doi.org/10.1542/peds.2026-079049>

**All recommendations can be
found on:
www.aap.org/Immunization**

Influenza 2026-2027 Recommendations: Unchanged

- **No change in recommendations from 2025-2026**

- The AAP recommends annual influenza vaccination of all children without medical contraindications starting at 6 months of age.
- Any licensed influenza vaccine appropriate for age and health status can be administered, as soon as possible in the season, without preference for one product or formulation.

- **Policy Statement and Technical Report Updates**

- Immunization of **immunocompromised hosts** have been updated to align with evidence-based recommendations from other groups and professional societies.

COVID-19 2026-2027 Recommendations: Unchanged

- **No Change from 2025-2026 Recommendation**
 - AAP recommends COVID-19 vaccination of all children 6 through 23 months without medical contraindications
 - Single dose of age-appropriate 2026-27 COVID-19 vaccine for 2 through 18 years of age in the following risk groups regardless of prior COVID-19 vaccination status:
 - Persons at high risk of severe COVID-19
 - Residents of long-term care facilities or other congregate settings
 - Persons who have never been vaccinated against COVID-19
 - Persons whose household contacts are at high risk for severe COVID-19
 - Children 2 through 18 years of age not included in the risk groups above whose parent or guardian desires protection from COVID-19 should be offered a single dose
 - Children 6 months through 18 years of age who are moderately or severely immunocompromised require 2 or more doses of age-appropriate 2026-27 COVID-19 vaccine depending on previous vaccination status

RSV Immunization

2026-2027
Recommendations

**No Changes from 2025-2026
Recommendations (1st Season):**
RSV immunization for infants
<8 months of age born during or
entering their first RSV season

Changes from 2025-2026 Recommendations (2nd Season):

Criteria for administration of RSV immunization in infants and **children 8 through 19 months of age entering their second RSV season have been expanded** to include conditions conferring higher risk of significant illness

- Children born preterm, at <32 weeks gestation, regardless of the need for medication or other support
- Children with hemodynamically significant congenital heart disease
- Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe disease
- Children with Down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease
- Children with chronic lung disease attributable to prematurity or to other significant neonatal conditions who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) at any time during the 6-month period before the start of the second RSV season
- Children with severe immunocompromise
- Children with cystic fibrosis who have either manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable), or weight-for-length that is less than the 10th percentile
- American Indian or Alaska Native children due to systemic inequities causing barriers to access

RSV Vaccine

- Scope of AAP's evidence review was primarily focused on safety and efficacy of the monoclonal antibody - where high-quality evidence and surveillance data exists for children
- Because of FDA indications and limited data in children < 18 years of age, AAP **did not make specific recommendations for RSV vaccine for immunocompromised adolescents** who are 18 years of age and under for the 2026-2027 season
- May be in scope of AAP's future evidence review and recommendations as more research and data become available
- For fall respiratory season, IDSA focused on vaccine recommendations for immunocompromised populations and made a recommendation for clinicians to be able to consider the RSV vaccine for adolescents under SCDM

Updated Immunization Schedule Published

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States
2026

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beyfortus Enflonia
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNexspike
	1vCOV-aPS	Spikevax Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB
	Hib (PRP-OMP)	Hiberix PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Cardasil 9
Influenza vaccine (inactivated: egg-based)	IV3	Multiple
Influenza vaccine (inactivated: cell-culture)	cdIV3	Flucevax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroup A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp MenACWY-CRM/MenB-4C	Penbraya Penmenvy
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
Pneumococcal polysaccharide vaccine	PCV20	Prenvar 20
Poliovirus vaccine (inactivated)	PPSV23	Pneumovax 23
Respiratory syncytial virus vaccine	IPV	Ipol
Rotavirus vaccine	RSV	Abrysvo
	RV1	Rotarix
	RVS	RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit when indicated. The use of trade names is for identification purposes only and does not imply endorsement by the AAP.

Updated September 2, 2026 | Page 1

- Major updates include:
 - Updated notes for RSV, influenza and COVID-19 to align with AAP policies
 - MenQuadfi (MenACWY-TT) minimum age changed to 6 weeks (from 2 years) for infants at high risk
- See the Addendum on Page 18 for detailed list of changes

Endorsed by the American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Pharmacists Association (APhA), Council of Medical Specialty Societies (CMSS), Infectious Diseases Society of America (IDSA), National Association of Pediatric Nurse Practitioners (NAPNAP), National Medical Association (NMA), Pediatric Infectious Diseases Society (PIDS), Pediatric Pharmacy Association (PPA), and Society for Adolescent Health and Medicine (SAHM). (Endorsements)

How to use the child and adolescent immunization schedule

- Determine recommended vaccine by age (**Table 1**)
- Determine recommended interval for catch-up vaccination (**Table 2**)
- Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)
- Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
- Review contraindications and precautions for vaccine types (**Appendix**)
- Review new or updated American Academy of Pediatrics (AAP) guidance (**Addendum**)

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (Accessed August 20, 2026) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at www.accessdata.fda.gov/scripts/medwatch/index.cfm (Accessed August 20, 2026). If co-administered with other products, then report to VAERS.

Questions or comments

Submit a question or comment to www.aap.org/en/forms/immunization-schedule-questions

Helpful information

- Best practices for immunization (including contraindications and precautions): www.aap.org/immunization and www.immunize.org
- Red Book: Report of the Committee on Infectious Diseases: www.aapRedBook.org
- Vaccine information statements: www.immunize.org/vaccines/vis/about-vis
- Immunization Fact Sheets: www.aap.org/IZFactSheets
- Shared decision making: www.aap.org/en/patient-care/immunizations/shared-clinical-decision-making-for-immunizations

For the most up-to-date version, visit AAP.org/ImmunizationSchedule



AAP Immunization Resources

New! Immunization Fact Sheets

Immunization Facts for Families

Influenza

Updated August 6, 2024

All children 6 months and older are recommended to receive an annual influenza (flu) vaccine (ideally by the end of October). The vaccine helps your child's immune system recognize and resist the virus so they can remain healthy.

The flu vaccine protects your child from:

- Symptoms such as fever, cough, sore throat, headache, chills, muscle aches, and fatigue
- Serious health issues such as inflammation of the heart, brain, and muscles, organ failure, pneumonia, and death

Annual flu vaccination helps your child's immune system recognize and resist the virus so they can stay in school, go on playdates, and do the things kids love doing. Some people still get the flu after getting vaccinated, but they usually have a milder case.

Each year, thousands of children under 5 are hospitalized with flu complications. Roughly 90% of hospitalized children weren't vaccinated. The flu can be especially serious for kids under 5 or those with conditions like asthma or diabetes.

Who should receive the flu vaccine and when?

- All children 6 months of age and older during each flu season (ideally before November). Children getting the flu vaccine for the first time will need 2 doses, unless they are 9+ years old.

There are 2 types of flu vaccines:

- A shot (injection), recommended for children 6 months and older.
- A nasal spray, which is available for children at least 2 years old and healthy.

Children can still receive the vaccine if they have a minor illness, like a cold, on the day of vaccination. Tell your child's doctor or care team about any symptoms of illness, medical conditions and medications that they take.

How does flu spread?

Influenza viruses can spread rapidly through communities. When an infected person coughs or sneezes, others around them can inhale the virus through the nose or mouth. The virus can also spread when a person touches a contaminated surface, such as a door handle, and then



puts their hands or fingers in their nose or mouth or rubs their eyes. In the United States, flu most often spreads from fall through spring.

Flu viruses change over time, and different strains circulate each year. The flu vaccine is updated every year to keep up with these changes. That's why kids (and adults) need a new flu shot every year.

What are the side effects of the vaccine?

Common side effects of the flu shot may include soreness, redness, and swelling where the shot was given, as well as fever, muscle aches, and headache. There may be a very small increased risk of Guillain-Barré Syndrome (GBS), a condition that can cause numbness and muscle weakness. The risk of experiencing GBS after influenza infection is higher than the risk of GBS after influenza vaccination. If your child has a history of GBS, talk with their doctor about the flu vaccine.

Common side effects of the nasal spray flu vaccine may include runny nose, nasal congestion, wheezing, or headache. Vomiting, muscle aches, fever, sore throat, and cough are other possible side effects of the nasal spray flu vaccine.

These symptoms are usually mild and short-lived. The flu vaccine does not cause the flu.

Although most flu vaccines contain small amounts of egg proteins, children with egg allergies can safely receive them without an increased risk of allergic reaction.

Learn more
If you have questions about vaccines and keeping your child healthy, talk with your pediatrician. Visit www.healthychildren.org/flu for more information on flu vaccines from the AAP.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

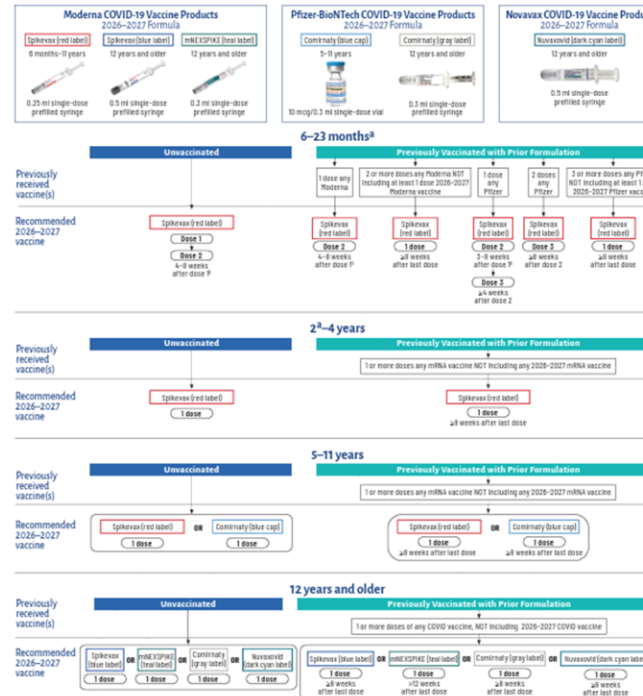
healthychildren.org
Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics



COVID Vaccine Dosing Guide

Pediatric COVID-19 Vaccine Dosing Quick Reference Guide Moderna, Pfizer-BioNTech, and Novavax COVID-19 Vaccine Products

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



^a For children who turn 2 during their vaccine series, complete the 1-dose series using the recommended schedule as outlined for individuals 0-55 months.
^b 3- to 6-week intervals between the first and second COVID-19 vaccine doses optimize for same-people as it might reduce the risk of myocarditis and pericarditis associated with these vaccines.

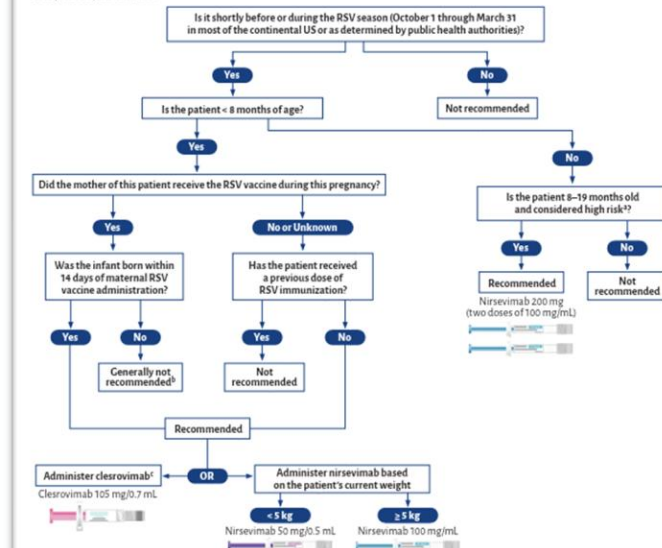


RSV Immunization Visual Guide

RSV Immunization Administration: Visual Guide

Last updated September 2, 2024

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



^a Children 6 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease.
• Children born preterm, at < 32 weeks, 0 days' gestation, regardless of the need for medication or other support
• Children with chronic lung disease attributable to prematurity or to other significant neonatal conditions (eg, meconium aspiration or congenital diaphragmatic hernia) who required medical support (ie, chronic continuous oxygen, diuretic therapy, or supplemental oxygen) at any time during the 4-month period before the start of the second RSV season
• Children with hemodynamically significant congenital heart disease (ie, a defect that can result in symptoms and/or cardiac chamber dilation)
• Children with significant pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease
• Children with severe immunocompromise
• Children with Down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease
• Children with cystic fibrosis who have manifestations of severe lung disease (severe hyperinflation for pulmonary consultation in the first year after birth or abnormality on chest imaging that persist when stable) or weight for length that is less than the 10th percentile
• American Indian or Alaska Native children. American Indian or Alaska Native children are included in the high-risk category because they experience significantly higher rates of severe RSV disease and hospitalization associated with viral illness of health, with children living in rural and reservation communities most impacted.
^b RSV immunization can be considered when, per the clinical judgment of the health care provider, the potential incremental benefit of administration is warranted, including but not limited to the following circumstances:
• Infants whose birth parent may not have mounted an adequate immune response to RSV vaccination (eg, pregnant people with immunosuppressing conditions)
• Infants whose birth parent has a medical condition associated with reduced transplacental antibody transfer (eg, pregnant people living with HIV infection)
• Infants who have undergone antibody-depleting treatments or procedures such as plasmapheresis, cardiopulmonary bypass (see FDA package inserts at www.fda.gov/oc/ophtal), or ECMO or exchange transfusions, leading to loss of maternal antibodies
• Infants with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission with a requirement of oxygen at discharge)
^c Dosing for clesrovimab is not weight based.
^d Always refer to the package insert included with each immunization product for complete administration information. For AAP's latest RSV immunization recommendations, see <https://doi.org/10.1542/peds.2023-1542> or www.aap.org.



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



AAP Webinar



Red Book Hot Topics Live Webinar: Preparing for 2026-27 Respiratory Virus Season

Tuesday, Sept 15, 2026, 6-7 pm CT

Register today!





Thank You!

Ggibbs@aap.org

