

2026-27 Respiratory Season

Evidence Review Summary



Background

- The Vaccine Integrity Project conducted an independent, comprehensive review of peer-reviewed evidence to assess the safety and effectiveness of respiratory virus season immunizations.
- Review included RSV, Influenza and COVID-19.
- Protocols were posted on PROSPERO in April 2026.
- Reviewed data published from August 1, 2025, through the end of June 2026
- Built on the Project's 2025-26 evidence review of vaccine effectiveness, safety and disease epidemiology.

Methods

- Searched PubMed, Embase, Scopus, Cochrane CENTRAL.
- Study screening in duplicate to assess eligibility; included products licensed or approved for use in the U.S.
- Focus on safety, effectiveness, and epidemiology.
- Data from both randomized and observational study designs were eligible for inclusion in the review.
- Studies were assessed for Risk of Bias (RoB), a measure of the quality of evidence presented.

Study Populations

- Infants (<6mo, 6–11mo)
- Children (12-23mo, 2–18y)
- Adults (19–64y; ≥65y)
- Pregnant adults (any gestational age)
 - Neonates and infants (≤ 1 yo) born after vaccination during pregnancy
- Healthcare personnel
- Individuals with co-morbidities (e.g., hemodialysis patients, respiratory conditions) and immunocompromising conditions

Influenza Conclusions

- Newly published evidence **continues to demonstrate that influenza vaccines reduce the risk of severe disease**. Notable highlights:
 - Among adults 65 and older, vaccination reduced the risk of hospitalization by 31%, according to an analysis of VISION Network data.
 - Among adults 50 and older, the newly approved mRNA-1010 vaccine was 27% more effective against symptomatic disease compared to standard dose vaccine.
 - Across 10 seasons, vaccination during pregnancy reduced the risk of symptomatic disease in infants 0-6 months old by 44%.
 - Across 8 seasons, vaccination was associated with an 80% reduction in deaths among children 6 months to 17 years and a 77% reduction among children with underlying health conditions that increased the risk of severe disease.
- **No new safety concerns were identified**, including among nearly 10 million people evaluated through post-marketing safety surveillance.

COVID-19 Conclusions

- Evidence supports the **effectiveness of COVID-19 vaccines at reducing the risk of hospitalization and mortality** for those at high risk of severe disease, including older adults, infants and during pregnancy. Notable highlights:
 - For adults 65 and older, vaccination cut the risk of hospitalization by 53% in the 2025-26 respiratory virus season.
 - For adults with immunocompromising conditions, vaccination cut the risk of intensive care unit admission or death by 32%-53%, depending on the condition and other factors.
 - Vaccination during pregnancy reduced the risk of ED or urgent care visits by 58% and reduced the risk of hospital encounters for infants born subsequently by 36% throughout the first year of life.
 - Young children (9 mo-4 yrs) saw a 76% reduction in pediatric ED visits.
- **No new safety concerns** identified based on these recently published studies

RSV Conclusions

- RSV vaccination of older adults and pregnant women, along with infant immunization with monoclonal antibodies **substantially reduced severe illness and hospitalization**. Notable highlights:
 - For adults 60 and older, multiple studies showed significant reductions in hospitalization, with vaccine effectiveness ranging from 69%-83% within the same season.
 - Vaccination during pregnancy reduced the risk of RSV by 82% during pregnancy and also reduced the risk of RSV-associated hospitalization among infants born subsequently.
 - The infant monoclonal antibody immunization nirsevimab reduced the risk of hospitalization by 64%-93% within 6-12 months.
- **No new safety concerns** were identified; full details of the safety data we summarized are included in the review.

Accessing Materials

- Vaccine Integrity Project 2026-27 Respiratory Season Evidence Review webpage (*right*) includes links to:
 - Press release
 - Evidence review summary
 - Interactive data tool
- JAMA publications:
 - [Respiratory Season Virus Vaccines: Restoring Confidence and Trust](#)
 - [COVID-19 Vaccine Effectiveness and Safety for the 2026-2027 Respiratory Season](#)
 - [Influenza Vaccine Effectiveness and Safety for the 2026-2027 Respiratory Season](#)
 - [RSV Immunization Effectiveness and Safety for the 2026-2027 Respiratory Season](#)



2026-27 Respiratory Season: Communications Update

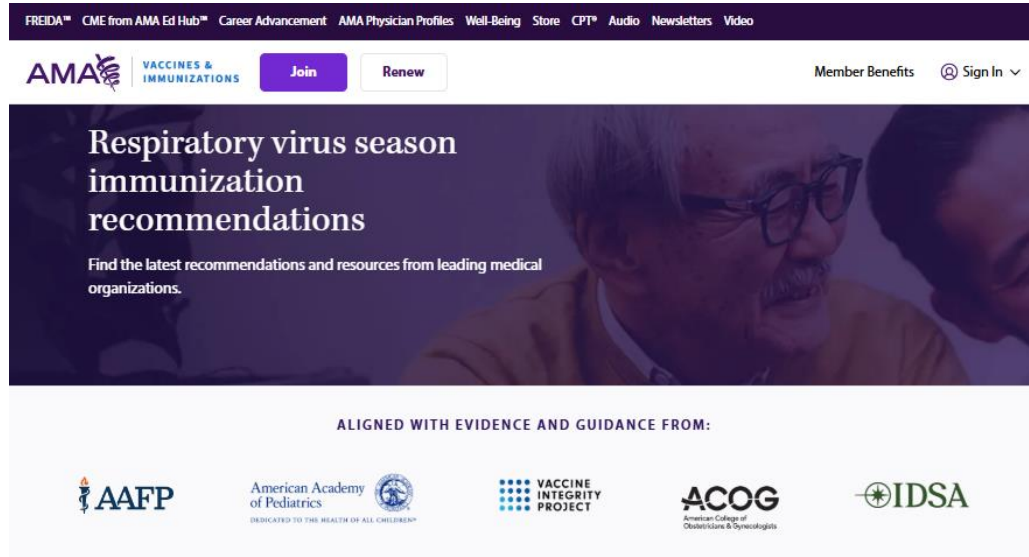
September 2026



DELIBERATIVE DRAFT FOR DECISION-MAKING



Vaccine Recommendations Website



- www.SpreadTheFacts.org
- Consolidates recommendations and resources for healthcare professionals and patients, sorted by pathogen and population
- Opportunity to include resources from other organizations

QUICK REFERENCE

Consolidated respiratory virus immunization recommendations

This resource includes the current flu, COVID-19, and RSV immunization recommendations from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and the Infectious Diseases Society of America into a single printable reference for you and your patients.

[Download Now \(PDF\)](#)



Resources for Physicians and Patients

Continuing to build out resources on www.SpreadTheFacts.org

- Overarching Recommendation Infographic
- FAQs
- Myths and Facts
- Patient Handouts
- Implementation resources

Respiratory Syncytial Virus (RSV) Vaccine FAQs: Older Adults

1. What is RSV?
RSV stands for respiratory syncytial virus. It's a common virus that causes the common cold. Most adults recover from it without any complications.

2. Who should get an RSV vaccine?
RSV vaccination is recommended for:
- Adults aged 75 years and older
- Some adults aged 18 to 74 years
Talk with your doctor to learn if you should get the RSV vaccine.

3. What conditions put older adults at higher risk for severe RSV?
- Chronic cardiovascular disease
- Chronic lung or respiratory disease
- End-stage renal disease or dialysis
- Diabetes mellitus complicated by requiring treatment with insulin
- Neurologic or neuromuscular conditions
- Chronic liver disease (e.g., cirrhosis)
- Chronic hematologic conditions
- Severe obesity (BMI ≥ 40)
- Moderate or severe immunosuppression
- Residence in a nursing home

4. Do RSV vaccines work?
Yes, RSV vaccines help protect adults from severe RSV illness.

RSV vaccines can also help:
- Lower the chance of hospitalization
- Help prevent serious lung infection

Influenza (flu) Vaccines: Myths and Facts

MYTH
Flu vaccines can cause flu.

FACT
Flu shots are made with dead (inactivated) virus or small parts of the virus. They make you sick with the flu. The nasal spray vaccine uses a weakened virus, but it's not in the lungs. That means it also cannot cause the flu. It takes time for the flu vaccine to become effective, and, during those 2 weeks, it is of vaccinated individual to get flu or another respiratory virus.

MYTH
Flu vaccination is not necessary every year.

FACT
Immunity from the flu vaccine declines over time, so annual vaccination is the best protection. And since the vaccine may change each year to match viruses, it is important to get vaccinated annually.

MYTH
Healthy people do not need a flu vaccine.

FACT
Anyone can get the flu, even young, healthy people. Getting vaccinated is important for everyone aged 6 months and older. And vaccination can help spread of the virus to others who may be vulnerable to flu and related complications.

MYTH
The flu is nothing more than just a bad cold.

FACT
Flu is not the same as a common cold—it can be far more serious. It causes headaches and body aches, chills, and severe fatigue for up to 2 weeks or longer. It can lead to more serious complications, even death. On average, flu causes thousands of hospitalizations, and tens of thousands of deaths each year.

MYTH
You can't spread flu if you're feeling well.

FACT
Approximately 20% to 30% of people carrying influenza virus have no symptoms.

MYTH
Chicken soup will speed up your recovery from flu.

FACT
Hot liquids can soothe a sore throat and provide much needed fluids. However, there is no scientific evidence that chicken soup can help fight the flu.

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:
AAFP, American Academy of Pediatrics, CDC, AMA, VACCINE SAFETY PRODUCT, ACOG, IDSA

	Influenza (flu)	Respiratory syncytial virus (RSV)	COVID-19
Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <6 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy (if 32-36 weeks pregnant, given between September 1 and March 1)	Annual updated COVID-19 vaccine
Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
Older Adults 65+ years	Annual flu vaccine for all adults, high dose for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages ≥18 years	Annual updated COVID-19 vaccine for those ages ≥6 months
Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine

Visit here to access additional helpful vaccine and immunization resources at www.SpreadTheFacts.org

AMA|VIP Clinician Webinar

- September 23 at 12:00 pm ET
[Link to register](#)
- Overview from Vaccine Integrity Project on the structured, evidence-based review process
- Representatives from the AAFP, AAP, ACOG, and IDSA will share their latest respiratory virus immunization recommendations and answer audience questions.



Amplification and Stakeholder Engagement

- We are developing a dissemination “toolkit” to share resources, messaging, and social assets – focused on spreading the facts, which drives to the site www.SpreadTheFacts.org.
- Planning for joint sign-on letter opportunity for broad support of the evidence review process and recommendations
- We will continue to work to get these recommendations out to the public via a media tour in mid-to-late September.