Summit Adult Vaccination Recommendations Review (SAVRR) Council Meeting Summary

October 13, 2026

Opening announcements

- Jane Zucker (Co-chair) welcomed SAVRR Council members and reviewed the Council's scope and objectives.

SAVRR Council's Updated 2026-27 Fall Respiratory Viral Season Vaccination Implementation Considerations – L.J Tan

This session discussed the Council's implementation considerations, highlighting areas where provider questions may arise.

COVID-19

- ***Immunocompromised individuals***: The Infectious Diseases Society of America (IDSA) recommends age-appropriate COVID-19 vaccination for all immunocompromised individuals aged 6 months and older.
- ***Additional doses***: IDSA notes that a second COVID-19 vaccine dose may extend protection in immunocompromised individuals and may be considered, with additional doses administered at intervals of at least two months.
- ***Household and close contacts:*** IDSA recommends vaccination for household members and close contacts of immunocompromised individuals.
- ***Difference from previous guidance:*** During the 2026–2027 season, CDC clinical considerations advised routine administration of a second dose six months after the initial dose, followed by additional doses at intervals of at least two months based on individual clinical considerations. Please note that existing CDC guidance allows self-attestation to immunocompromised status.
- ***Discussion:***
    - The flexibility in IDSA's language, while intentional, may create implementation challenges in non-specialty settings.
    - A supplementary resource document referencing CDC dosing tables for immunocompromised individuals is being developed. See Immunize.org's standing orders here.
    - First-dose uptake in immunocompromised individuals remains a challenge; second-dose uptake is minimal.

Influenza

- ***New mRNA influenza vaccine:*** The American Academy of Family Physicians (AAFP) included the mRNA influenza vaccine among four enhanced vaccine product options for adults aged 65 years and older.
- ***Difference in guidance***: CDC's 2026–2027 Interim Clinical Considerations, published September 1, 2026, did not address the mRNA influenza vaccine, which received FDA licensure on August 5, 2026.

- ***History of anaphylaxis:*** The package insert for mFlusiva, the mRNA influenza vaccine, does not list a previous anaphylactic reaction to a non-mRNA influenza vaccine as a contraindication or precaution. The labeled contraindication is a history of a severe allergic reaction to a previous dose of mFlusiva or one of its components.
- ***Discussion:***
    - Limited supply and pre-season ordering timelines are the primary barriers to mRNA flu vaccine access this season.
    - Some facilities have imposed age restrictions on the mRNA flu vaccine in standing orders due to the absence of CDC guidance.
    - Broader availability is anticipated for the 2026–2027 season.
    - The clarification on history of anaphylaxis was included in the implementation considerations document to address member concerns.

RSV

- ***Healthy adults aged 60–74 years:*** there was a question about whether the AAFP recommendations include vaccination of adults 60 -74 years without any high-risk condition using shared decision-making. It was clarified that this was not the intention. If a patient in this age group wants to receive an RSV vaccination, they should discuss it with their medical provider. This is separate from the AAFP recommendation to vaccinate adults aged 50-74 years at increased risk of severe RSV.
- ***Immunocompromised adults aged 18 and older:*** IDSA recommends RSV vaccination.
- ***Differences in recommendations:*** CDC does not recommend RSV vaccination for adults younger than 75 years who do not have a high-risk condition. AAFP has clarified that this is NOT an official shared clinical decision-making recommendation. AAFP recommends patient-physician discussion if the patient is considering vaccination. It is important to highlight the low risk of severe disease in healthy adults aged 50–74 years, the current single-dose recommendation, and the extremely rare risk of Guillain-Barré syndrome following vaccination.
- ***Maternal immunization for infant protection:*** ACOG extended its recommended window for maternal Abrysvo vaccination, administered between 32 weeks 0 days and 36 weeks 6 days of gestation, through March 1, compared with the January 31 cutoff referenced in CDC guidance. AAP is following the ACOG guidance.
- **Difference in recommendations:** CDC recommends discontinuing maternal Abrysvo vaccination after January 31 in most of the contiguous United States, absent public health guidance to continue based on disease trends. For the remainder of the RSV season, CDC recommends protecting infants with one of the two monoclonal antibody products, Beyfortus (nirsevimab) or Enflonsia (clesrovimab-cfor). ACOG advises that jurisdictions with different RSV seasonality use local epidemiologic data and consult state, local, or territorial public health officials to determine appropriate vaccination timing. Abrysvo is approved as a single dose, and repeat administration during subsequent pregnancies is not recommended.
- **Discussion:**

- An asterisk or footnote will be added to the RSV section, acknowledging that IDSA's recommendation extends to immunocompromised children and adolescents, pending verification with IDSA's guidelines team (since verified).
- The extension of Abrysvo use to March 1st creates a potential gap in infant RSV protection for children born late in the season who may be ineligible for monoclonal antibody protection the following fall.
- Monoclonal antibodies are considered more precise and flexible options, particularly late in the RSV season.

Vote on the considerations document: The SAVRR Council members voted to approve the document, which passed with 12 “yes” votes, 0 “no” votes, and 3 absent voting members.

Update on pharmacy access for fall respiratory vaccines- Allison Hill (APhA)

- No widespread pharmacy access disruptions have been identified for COVID-19, influenza, or RSV vaccines across the nation. The only notable issue is that some pharmacists may require a prescription or additional discussion before administering the mRNA influenza vaccine, given its absence from CDC's interim clinical considerations.
- Pharmacist vaccination authority is governed by state statutes and regulations, and most states have enacted emergency or temporary orders to ensure pharmacists can provide respiratory season vaccines. Many states have also included medical society recommendations in pharmacist vaccine authority.
- Maps were presented showing states that reference CDC/ACIP recommendations for pharmacist vaccine authority versus those that include medical society guidance.
- Some states still require standing orders or statewide protocols for pharmacists to order and administer vaccines, but the trend is toward independent pharmacist authority.
- There are rare but possible liability concerns for pharmacists in states where authority is tied to medical society recommendations, as some may default to CDC-only guidance for liability protection.

Discussion on how the Council can collaborate with professional medical associations to provide feedback before vaccination recommendations are finalized- Jane Zucker

- Jane Zucker and L.J. Tan led a discussion on how the SAVRR Council can collaborate with professional medical societies to provide implementation-focused feedback before vaccination recommendations are finalized, particularly in the context of the post-ACIP landscape.
- The shift from a unified ACIP-based recommendation system to a landscape with multiple medical society recommendations, which can create inconsistencies and implementation challenges for pharmacists, nurses, and primary care providers who rely on standing orders and clear guidance.
- The Council plans to conduct one-on-one calls with all SAVRR Council member organizations, led by co-chairs Jane Zucker and Bob Hopkins; calls have already been arranged with IDSA, AAFP, AAP, and ACOG.

- The SAVRR Council will pursue a structured collaboration with professional medical societies to provide implementation-focused feedback before recommendations are finalized.
- The Council will explore requesting rationale statements for expert-opinion-based recommendations.
- The question of expanding the Council's scope beyond seasonal respiratory vaccines will be discussed internally and brought back to the full Council.
- Results of the one-on-one calls will be discussed at the November 10th closed session.

Next meeting

- Public meeting: October 20 from 2:00 – 3:00 pm ET
- Closed meeting: November 10 from 1:00 – 2:30 pm ET
    - Closed session: 1:00 – 2:00 pm ET
    - Public meeting: 2:00 – 3:00 pm ET