# Summit Adult Vaccination Recommendations Review (SAVRR) Council Meeting Summary

November 10, 2026

**Opening announcements**

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

**Association of Immunization Managers (AIM) Vaccine Implementation Project** – Katelyn Wells

- Vaccine Implementation Project provides educational resources and operational implementation insight to clarify the systems, processes, roles, timelines, and coordination needs involved in moving new products and recommendations into practice and public access.
- Available resources include an environmental scan, flowchart, vaccine implementation playbook, and landscape analysis.
- Lessons learned from implementing professional society vaccine recommendations:
    - Multiple recommendations must be consolidated into a single usable operational message.
    - Recommendation timing and operational readiness do not always align (e.g., COVID-19 VFC eligibility delays, RSV supply/allocation mismatches).
    - Availability in the market does not guarantee equitable access.
    - A recommendation is only one step in implementation; programs may need to update eligibility rules, ordering, clinical decision support, communications, and partner education.
- Implementation Readiness Collaborative
    - Is a structured pilot approach with a steering committee of key partner organizations (potentially including SAVRR Council, clinician organizations, AIRA, pharmacy colleagues, etc.). It would use product-specific work groups to identify implementation issues and determine solutions.
    - Katelyn emphasized the importance of early implementation information, clarity on the alignment and differences of recommendations, flagging implementation impacts, and transparency in the evidence review process.
    - Next steps include incorporating Council feedback, seeking pilot funding, and identifying pipeline products for the pilot.

**Discussion:**

- Goal of this project is to make vaccine implementation easier for AIM members. Measures of success will be outlined by the steering committee.
- Plan to pilot this work with a new vaccine, potentially the mRNA influenza vaccine or another.
- The project's working groups could collaborate with the SAVRR Council.

**American Immunization Registry Association (AIRA) update on clinical decision support** – Rebecca Coyle

- AIRA translates vaccination recommendations into formats that are usable by health information systems [e.g., electronic health records, pharmacy systems, and immunization information systems (IIS)].
- Successes from this season:
    - Coordinated efforts among medical societies were highly impactful.
    - Early visibility of recommendations before rollout enabled ERA to proactively develop clinical decision support tools.
    - Availability of technical experts to answer questions was very helpful.
    - Supporting documentation published by AIRA was shared widely.
- Only minor modifications to the existing framework of vaccine recommendations were needed for this fall; future recommendations may require more work.
- Best practices for supporting updates to the clinical decision support:
    - Using consistent terminology or a data dictionary across medical society recommendations (e.g., terms such as routine, shared clinical decision-making, and risk-based).
    - Explicitly stating when no changes are being made in a category to eliminate ambiguity.
    - Ensuring population recommendations are placed under appropriate headings (e.g., in some recommendations, immunocompromised populations appeared in multiple sections and inconsistently).
    - Clearly defining upper and lower age boundaries in recommendations.
    - Testing recommendation language against edge cases to avoid unintended gaps or overlaps.

**Discussion:**

- For new vaccine introductions or significant revisions to recommendations, it will be important to have coordinated, simultaneous recommendations from all medical societies to avoid conflicting data across systems.

**PALTmed Moving Needles announcement**

- Results from a Post-Acute and Long-Term Care Medical Association (PALTmed) pilot project on staff vaccination in long-term care settings were published this week in JAMDA, complementing a previously published article on residents.
- Access the article.
- Additional materials and resources are available on their Moving Needles site.

**ATS, AAAAI, CHEST, and SCCM recommendations**

- American Thoracic Society (ATS), American Academy of Allergy, Asthma & Immunology (AAAAI), American College of Chest Physicians (CHEST), and Society of Critical Care Medicine (SCCM) jointly published influenza, RSV, and COVID-19 vaccination guidance for adults and children, drawing on recommendations from the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians & Gynecologists, and Infectious Diseases Society of America.

- Access the guidance and the press release.

**Update on one-on-one meetings with SAVRR member organizations** – L.J Tan

- L.J provided key takeaways from the one-on-one meetings that have been conducted between the SAVRR Council chairs and professional organizations involved in the recommendation process.
- Key takeaways:
    - Council members should have an opportunity to provide feedback on recommendations before they are finalized, though time constraints for fall seasonal recommendations are significant.
    - SAVRR Council co-chairs to be invited to monthly meetings among medical professional organizations that make fall seasonal recommendations.
    - SAVRR Council to consider best approach for consolidating SAVRR Council members' responses to embargoed recommendations, to inform the final recommendations, in cooperation with the American Medical Association (AMA) and Vaccine Integrity Project (VIP).
    - Council members are a valuable source of information; medical organizations should use them to solicit feedback from their memberships (e.g., pharmacy organizations could include relevant questions in their member surveys).
    - SAVRR Council should continue working with payer associations (e.g., AHIP) to ensure payment does not become a barrier to access.
    - It was recommended that SAVRR Council consider how to address emerging threats (e.g., Vaccine Injury Compensation Act, AAP lawsuit, and Health and Human Services request for information) and whether to consolidate resources for these issues. However, this is outside the scope of the SAVRR Council.
    - Organizations requested that the Council provide specific questions in advance of meetings to allow members time to consult internal leadership and provide more substantive feedback.
- Jane Zucker thanked participants for their flexibility and noted the meetings have been productive in identifying concrete actions to improve the process. She also clarified that the Council's feedback role focuses on implementation language and clarity (e.g., consistent use of "shared clinical decision-making"), not on the clinical substance of the recommendations.
- Bob Hopkins emphasized that one-on-one meetings do not replace participation in open Council meetings; both channels of input remain important.
- A comprehensive summary of all takeaways will be presented to the full council to guide the group's future direction.

**Discussion on expanding the Council's scope beyond seasonal respiratory vaccines** – Bob Hopkins

- Bob framed the discussion by noting implementation challenges exist across routine childhood immunization, risk-based immunization, routine adult recommendations, senior vaccinations, and various other settings (e.g., hospitals, nursing homes,

pharmacies). He acknowledged advantages (broader impact) and disadvantages (greater complexity and capacity constraints).

**Discussion:**

- Expansion need not happen all at once and could be approached incrementally.
- Would need to consider the cadence, capacity, and complexity.
- It would be helpful to have one place where all vaccine implementation issues are discussed.
- SAVRR Council was initially conceived as adult-focused and not limited to respiratory vaccines.
- Many implementing organizations are cross-cutting (e.g., AIM, AIRA, and pharmacists) and do not operate within age-based silos; currently, there is no home for partner implementation conversations about non-respiratory vaccines.
- There are high costs of updating health record systems and IISs with every change in recommendations, and the risk that confusion from these changes leads to decreased vaccination rates.
- Would likely limit this group's focus to vaccines for communicable diseases and exclude therapeutic vaccines (e.g., tumor vaccines).
- Consider identifying the most challenging current implementation issues beyond respiratory vaccines as a starting point, gathering input from implementation partners (e.g., AIM, AIRA, pharmacists, and patient advocacy organizations).
- Options can be proposed during a future meeting, including vaccines to prioritize.
- Council members will be asked to identify current challenges in non-respiratory vaccine implementation.

**Call for new ACIP members**

- If interested in serving on the Advisory Committee on Immunization Practices (ACIP), the deadline to apply is December 31
- Access the application.

**Implementation and payment challenges**

- Payment coverage for the new mRNA influenza vaccine (mFLUSIVA) has been inconsistent across insurance plans and regions.
- Report payment challenges to the National Adult and Influenza Immunization Summit (NAIIS) Billing and Coding Work Group here.
- Share implementation challenges with the SAVRR Council.

**At-home FluMist update**

- At-home FluMist (nasal flu vaccine) supply is currently limited, but the data integration with IISs via Aspen Pharmacy is functioning well this season.

**Next meeting**

- Next meeting: December 8 from 2:00 – 3:00 pm ET