

Summit Adult Vaccine Recommendations Review (SAVRR) Council Public Meeting

October 20, 2026

Co-chairs: Bob Hopkins, MD & Jane R. Zucker, MD, MSc, FIDSA
Discussion Facilitator: L.J Tan, MS, PhD, Co-Chair, NAIIS



Agenda

- Opening meeting & welcome
- Overview of fall respiratory vaccine recommendations from medical societies
- SAVRR Council's 2026-27 Fall Respiratory Viral Season Updated Implementation Guidance
- Plans for future engagement and next meeting- January 2027



Background: National Adult and Influenza Immunization Summit (NAIIS)

- Multi-sector coalition of organizations working toward increasing uptake of ACIP-recommended adult vaccines and influenza vaccine for all ages
- Started in 2000 in response to influenza vaccine supply issues
- Work done throughout the year by 4 task groups (Equity/CBOs, Billing and Payment, Operationalizing Adult Vaccinations, and Occupational Health)
- Over 130 public and private organizations



What is the SAVRR Council?

- The NAHIS Summit Adult Vaccination Recommendations Review (SAVRR) Council
- Objectives of the SAVRR Council:
 - Provide stakeholder input on vaccination recommendations
 - Support effective clinical implementation of evidence-based vaccine recommendations



SAVRR Council: Rationale and Purpose (1)

- Two primary functions:
 1. Providing a wide range of vaccination stakeholder feedback to recommending bodies through its forum for review and discussion of draft or final recommendations from professional medical societies and ACIP, either during the recommendation development process or after publication of final recommendations, and



SAVRR Council: Rationale and Purpose (2)

2. Supporting effective clinical implementation of vaccine recommendations by:
 - Summarizing differences among recommendations from professional medical societies and ACIP;
 - Discussing clinical guidance challenges for specific patient populations or vaccination settings and proposing potential solutions;
 - Taking steps to enact potential solutions to implementation challenges in collaboration with Summit member organizations or through other NAIS working groups; and,
 - Increasing healthcare provider awareness of medical society recommendations by supporting dissemination through NAIS communication channels.



SAVRR Council: Membership

- The SAVRR Council is made up of representatives of organizations with a role in adult vaccination who are approved by NAHS staff to serve.
- Vaccine manufacturers, trade associations representing manufacturers and people with significant conflicts of interest in vaccine policy are not eligible for membership or observer status.
- Observer organization representatives participate regularly in Council meetings but will not vote if a vote is required.
- The number of Council members is not predetermined, but each participating organization is limited to only one Council representative and one alternate.



SAVRR Council: Voting Organizations (1)

Organization	Representative
American Academy of Family Physicians (AAFP)	Laura Morris, MD, MSPH, FAAFP Professor of Clinical Family Medicine, University of Missouri
American Association of Nurse Practitioners (AANP)	Mary Koslap-Petraco, DNP, PPCNP-BC, CPNP, FAANP Clinical Assistant Professor, Stony Brook University School of Nursing
American College of Nurse Midwives (ACNM)	Cristina Alonso Lord, DrPH, MPH, CPM Director, Massachusetts Department of Public Health, Division of Pregnancy, Infancy, and Early Childhood
American Geriatrics Society (AGS)	Kenneth Schmader, MD Professor of Medicine, Duke University School of Medicine
American Immunization Registry Association (AIRA)	Rebecca Coyle, MEd Executive Director, American Immunization Registry Association



SAVRR Council: Voting Organizations (2)

Organization	Representative
American Nurses Association (ANA)	Audrey Stevenson, PhD, MPH, FNP-BC Adjunct Faculty, University of Phoenix, Online Graduate Nurse Practitioner Program & Adjunct Faculty, University of Utah, Family and Preventive Medicine
American Pharmacists Association (APhA)	Oliva Kinney, PharmD, MS Vaccine Program Leader, Kroger Health
American Society of Health-System Pharmacists (ASHP)	Michael Gabay, PharmD, JD, BCPS Senior Editorial Director, American Society of Health-System Pharmacists
American Thoracic Society (ATS)	Justin Ortiz, MD Professor of Medicine University of Maryland School of Medicine
Gerontological Society of America (GSA)	Ben Seligman, MD, PhD Assistant Professor, Department of Medicine, University of California, Los Angeles



SAVRR Council: Voting Organizations (3)

Organization	Representative
Infectious Diseases Society of America (IDSA)	Jane Zucker, MD, MSc, FIDSA (Co-Chair) Adjunct Professor, State University of New York, Downstate School of Public Health
National Foundation for Infectious Diseases (NFID)	Bob Hopkins, MD (Co-chair) Medical Director, National Foundation for Infectious Diseases
Post-Acute and Long-Term Care Medical Association (PALTmed)	Robin Jump, MD, Ph.D., FSHEA, FIDSA Associate Director, Geriatric Research Education & Clinical Center, Veterans Affairs Pittsburgh Healthcare
The Society for Healthcare Epidemiology of America (SHEA)	David Weber, MD, MPH Associate Chief Medical Officer, University of North Carolina School of Medicine, Division of Infectious Diseases
Vaccinate Your Family (VYF)	Amy Pisani, MS Chief Executive Officer, Vaccinate Your Family



SAVRR Council: Observer Organizations (1)

Organization	Representative/s
American Academy of Pediatrics (AAP)	Gillian Gibbs, MPH Senior Manager, Infectious Diseases Policy & Programs American Academy of Pediatrics
American College of Obstetricians and Gynecologists (ACOG)	Sheila Reynoso, MPH Manager- Immunization, Infectious Disease and Public Health Preparedness, ACOG
	Joyce Cusack, MHS Public Health Programs, Division of Clinical Affairs, ACOG
American Medical Association (AMA)	Sandra Fryhofer, MD, MACP, FRCP Adjunct Associate Professor, Emory University School of Medicine
Association of Immunization Managers (AIM)	Brent Ewig, MHS Chief Policy and Government Relations Officer, Association of Immunization Managers



SAVRR Council: Observer Organizations (2)

Organization	Representative
Association of State and Territorial Health Officials (ASTHO)	Kim Martin, PhD Director of Immunization Policy, ASTHO
Common Health Coalition (CHC)	Chelsea Cipriano, MPH Managing Director, Common Health Coalition
Immunize.org	Kelly Moore, MD, MPH President and CEO, Immunize.org
Vaccine Integrity Project (VIP)	Michael Osterholm, PhD, MPH Director, Center for Infectious Disease Research and Policy (CIDRAP); Regents Professor, Division of Environmental Health Sciences; Adjunct Professor of Medicine, Division of Infectious Disease and International Medicine
Voices for Vaccines (VFFV)	Karen Ernst, MA Director, Voices for Vaccines, The Task Force for Global Health



SAVRR Council: Procedures

- Council members elect a chair and co-chair to lead discussions and work with Immunize.org's NAIS staff to set agendas, approve meeting summaries, and confirm recommended next steps.
- Council members annually update declaration of interest forms. Any restriction on activities of a Council member granted a limited conflict of interest waiver will be noted verbally and in meeting records when relevant.
- The Council and observers meet at least once monthly, initially, and may meet more often if needed to discuss new professional medical society recommendations as they are published and ACIP recommendations after acceptance by CDC.
- Vaccine manufacturers, their trade organizations, and other outside groups may join Council meetings only when invited to provide information as part of the discussion of a particular topic.



Summit Adult Vaccine Recommendations Review (SAVRR) Council

The Summit Adult Vaccine Recommendations Review (SAVRR) Council is composed of voting members and observer members representing diverse organizations involved in the delivery of adult and influenza immunizations who convene regularly to discuss recommendations with a focus on challenges related to effective implementation of robust, science-driven recommendations. To minimize the influence of commercial interests, the SAVRR Council does not accept or operate with funding from vaccine manufacturers and voting members are screened for and declare financial interests. Vaccine manufacturers and trade organization representatives are not eligible to participate in the Council as voting or observer members.

The objectives of the SAVRR Council are two-fold:

1. Serve as a forum to provide practical stakeholder feedback to organizations that produce vaccination recommendations during development and/or after publication of final recommendations.
2. Support effective clinical implementation of credible, evidence-based vaccination recommendations.

The SAVRR Council will address differences among recommendations and highlight gaps and opportunities for improved alignment and implementation. It will work to identify potential interventions to improve implementation that could be addressed by the Summit's working groups and its partners. Finally, it will help to disseminate clear, practical information and guidance related to recommendations, as appropriate, through NAHIS communication channels.

IMPLEMENTATION GUIDANCE

The SAVRR Council provides implementation guidance on US-based recommendations for all adult vaccines and for influenza vaccines across the lifespan.

[LEARN MORE](#)

UPCOMING MEETINGS

Regular SAVRR Council meetings are held on the second Tuesday of each month at 1:00 p.m. ET via Zoom.

[LEARN MORE](#)

MEETING SUMMARIES

Summaries of SAVRR Council meetings, agendas and presentations are available for viewing.

[LEARN MORE](#)

RESOURCES

Learn more about the SAVRR Council. Explore resources for implementing adult and influenza immunizations.

[LEARN MORE](#)

SAVRR Council Voting Members

[VIEW MEMBERS](#)

- › American Academy of Family Physicians (AAFP)
- › American Association of Nurse Practitioners (AANP)
- › American College of Nurse-Midwives (ACNM)
- › American Geriatrics Society (AGS)
- › American Immunization Registry Association (AIRA)
- › American Nurses Association (ANA)
- › American Pharmacists Association (APhA)
- › American Society of Health-System Pharmacists (ASHP)
- › American Thoracic Society (ATS)
- › Gerontological Society of America (GSA)
- › Infectious Diseases Society of America (IDSA)
- › National Foundation for Infectious Diseases (NFID)
- › Post-Acute and Long-Term Care Medical Association (PALTMed)
- › The Society for Healthcare Epidemiology of America (SHEA)
- › Vaccinate Your Family (VYF)

SAVRR Council Observer Members

[VIEW MEMBERS](#)

- › American Academy of Pediatrics (AAP)
- › American College of Obstetricians and Gynecologists (ACOG)
- › American Medical Association (AMA)
- › Association of Immunization Managers (AIM)
- › Association of State and Territorial Health Officials (ASTHO)

SAVRR Website:
www.izsummitpartners.org/savrr

Overview of fall respiratory vaccine recommendations from medical societies

L.J Tan, [Immunize.org](https://immunize.org)



AMA Summary of respiratory immunization recommendations

<https://www.ama-assn.org/amaone/vaccine-recommendations>



Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:



	 Influenza (flu)	 Respiratory syncytial virus (RSV)	 COVID-19
 Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 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, enhanced flu vaccine (high dose, adjuvanted, recombinant, or mRNA) 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 and for those ages <18 years, administration should be guided by shared decision making	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



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

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SAVRR Council's 2026-27 Fall Respiratory Viral Season Updated Implementation Guidance

L.J Tan, [Immunize.org](https://immunize.org)



SAVRR Council Implementation Considerations for 2026-27 Fall Respiratory Season Vaccination Recommendations

<https://www.izsummitpartners.org/savrr-council/implementation-guidance/>



SAVRR Council Implementation Considerations for 2026–27 Fall Respiratory Season Vaccination Recommendations

Medical Society Recommendations

On September 2, 2026, the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), and Infectious Diseases Society of America (IDSA) released their 2026–27 recommendations for vaccination against COVID-19, influenza, and respiratory syncytial virus (RSV). These recommendations were based on evidence reviews by the Vaccine Integrity Project (VIP) and the American Medical Association (AMA).

The AMA has created a clearinghouse of all of the recommendations and VIP evidence review publications at the AMA website [here](#).

The updated recommendations are available directly from:

- AAFP: [Respiratory Virus Immunization Guidance for 2026-27](#)
- AAFP: [Fall Immunization Recommendations to Protect Patients and Communities](#)
- ACOG: [2026-27 Respiratory Virus Season Immunization Recommendations for Pregnant and Postpartum Individuals](#)
- IDSA: [IDSA recommends respiratory vaccines for people with weakened immune systems](#)

An executive summary of Vaccine Integrity Project’s scientific reviews of respiratory season vaccines is available [here](#).

The Summit Adult Vaccine Recommendations Review (SAVRR) Council summarizes these recommendations in the addendum to this guidance.

Role of the SAVRR Council

More information about the Council is available at <https://www.izsummitpartners.org/savrr-council/>. The SAVRR Council has two objectives:

1. Provide a forum for practical stakeholder feedback to organizations that develop vaccination recommendations, during development and after publication.
2. Support effective clinical implementation of credible, evidence-based vaccination recommendations.

As the fall vaccination season progresses, SAVRR continues to seek reports of implementation challenges from Summit partners and others. Please email any challenges to info@summitpartners.org. The Council will review these reports and provide implementation considerations as needed.

Version: October 20, 2026

COVID-19

Immunocompromised Individuals

- IDSA recommends age-appropriate COVID-19 vaccination for all immunocompromised individuals aged ≥ 6 months.
- IDSA also advises that a second COVID-19 vaccine dose is likely to extend protection in immunocompromised patients and may be considered. If given, additional doses should be administered at intervals of at least 2 months.
- IDSA also advises that household and close contacts of immunocompromised individuals are recommended to be vaccinated.



COVID-19

What is different?

- In the 2025-26 season, CDC clinical considerations advised routine administration of a second dose of COVID-19 vaccine 6 months after the initial dose, followed by additional doses administered at intervals of at least 2 months, based upon individual clinical considerations. Consistent with previous CDC guidance, patients may self-attest to their immunocompromised status for vaccine eligibility.



Influenza

New mRNA influenza vaccination for people aged 65 years and older

- AAFP included mRNA influenza vaccine as one of four “enhanced” vaccine product options for people aged 65 years and older.

What is different

- CDC’s [2026–27 Interim Clinical Considerations](#), published on September 1, 2026, is silent on the mRNA influenza vaccine which was licensed by FDA on August 5, 2026.



Influenza

History of anaphylaxis to a non-mRNA influenza vaccine

- The package insert for the mRNA influenza vaccine mFlusiva does not list a previous anaphylactic reaction to a non-mRNA influenza vaccine as a contraindication or precaution. Only history of a severe allergic reaction to a previous dose of mFlusiva or a vaccine component is a labeled contraindication.



RSV

Adults aged 60 - 74 years

- AAFP states: "For adults 60 -74 years without any high-risk condition, vaccination is within the FDA-approved indication (≥ 60 years) but below the AAFP's risk-based threshold; shared decision-making is appropriate in these instances."

Adults aged 18 - 59 years

- IDSA recommends RSV vaccination for immunocompromised individuals 18 - 59 years of age.*

*Refer to IDSA guidelines for RSV vaccination of immunocompromised patients <18 years



RSV

What is different

- CDC does not recommend RSV vaccination of adults without a high-risk condition below the age of 75 years.
- AAFP has clarified that its statement about RSV vaccination for healthy adults aged 60 -74 years is not intended as a shared clinical decision-making recommendation for use of the product. The intention of AAFP with this statement is to acknowledge that the FDA indication includes these people and, although there is no recommendation, a discussion of risks and benefits is appropriate when a patient in this group is seeking vaccination, including the low risk of severe disease in this group, the fact that the vaccine is currently only recommended as a single dose, and the extremely rare risk of Guillain-Barré syndrome following RSV vaccination



RSV

Maternal Immunization for Infant Protection

- ACOG extended its recommended use of Abrysvo RSV vaccine between 32 0/7 and 36 6/7 weeks of gestation as an option for protection of infants against RSV disease in the first months of life from January 31 (recommended by CDC) to March 1.



RSV

What is different

- CDC recommends discontinuing Abrysvo vaccination during pregnancy after January 31 in most of the contiguous United States [in the absence of public health guidance to continue based on disease trends] and only administering one of the two monoclonal antibody product options (Beyfortus, Enflonsia) to provide protection for infants against RSV for the remainder of the RSV season.
- ACOG's practice advisory allows jurisdictions to consider local RSV season data and consult state or local public health officials. Abrysvo is only approved as a single dose. Once administered, its use is not recommended during subsequent pregnancies



RSV

- The relevant ACOG language is: "In most of the continental United States, based on the seasonal circulation of RSV, pregnant patients are eligible to receive the maternal RSV vaccine from September 1 through March 1 to provide infant protection during the time of circulation of RSV. Administration of the RSV vaccine can vary in jurisdictions within or outside the continental United States. In jurisdictions where RSV seasonality differs from most of the United States, CDC recommends that health care professionals follow state, local, or territorial RSV epidemiology and guidance for determining the optimal timing of administration of the RSV vaccine."



Plans for future meetings

- Public meetings will be held quarterly, unless there is a need to meet more frequently
- Next meeting will be scheduled in mid-January 2027
- Future meeting topics and registration will be posted to the SAVRR website: <https://www.izsummitpartners.org/savrr-council/>



Q & A Session



Thank you for attending!

