Summit Adult Vaccine Recommendations Review (SAVRR) Council Meeting

October 13, 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 & opening statement
- SAVRR Council's Updated 2026-27 Fall Respiratory Viral Season Vaccination Implementation Considerations [Discussion and VOTE]- L.J Tan, Immunize.org & Jane Zucker, IDSA
- Update on pharmacy access for fall respiratory vaccines- Allison Hill, APhA
- Discussion on how the Council can collaborate with professional medical associations to provide feedback before vaccination recommendations are finalized- Jane Zucker, IDSA, & L.J Tan, Immunize.org
- Other items from the membership
- Upcoming meetings:
  - October 20: Public meeting from 2:00 – 3:00 pm ET
  - November 10: Closed session from 1:00 – 2:30 pm ET

Opening statement

SAVRR Council Scope and Objectives

SAVRR stands for the Summit Adult Vaccination Recommendations Review; accordingly, this group is the SAVRR Council.

Because the Summit covers influenza vaccination across the lifespan, the Council will address influenza recommendations across all ages in addition to adult vaccination recommendations.

Objective 1: Provide stakeholder feedback on recommendations

- The Council will serve as a forum—similar to the function that was previously provided by the liaisons to the ACIP—to provide stakeholder feedback to recommendation-developing bodies (currently the medical societies and professional organization who are members of SAVRR) during development and, as needed, after publication.

Objective 2: Support implementation of evidence-based recommendations

- The Council will provide guidance to support effective clinical implementation of evidence-based vaccine recommendations from professional medical societies and ACIP, as appropriate.
- This work includes identifying and clarifying differences among recommendations; highlighting gaps and opportunities for alignment; identifying interventions for the Summit's working groups and its partners; and helping to disseminate clear, practical guidance through the National Adult and Influenza Immunization Summit (NAIIS) communication channels.

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

Jane Zucker, MD, IDSA, and L.J Tan, Immunize.org

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.

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."

Update on pharmacy access for fall respiratory vaccines

Allison Hill, APhA

SAVRR Council's Updated 2026-27 Fall Respiratory Viral Season Vaccination Implementation Considerations - **VOTE**

Jane Zucker & L.J Tan

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

Jane Zucker & L.J Tan

Other items from the membership

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