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:

- AAP: 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.

IMPLEMENTATION CONSIDERATIONS (current as of October 20, 2026)

The SAVRR Council has reviewed all medical society recommendations. Certain elements of these recommendations highlighted below differ from last season or may differ between medical societies and recommendations made by the Centers for Disease Control and Prevention (CDC). These differences in the recommendations are highlighted below for clinical awareness and, where feasible, clarification. As new issues related to implementation considerations are identified or resolved, this document may be updated.

Please note: the healthcare insurance coverage information provided by the trade organization, America's Health Insurance Plans (AHIP), represents the views of its member organizations only and is not intended to represent all forms of health insurance coverage.

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.

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.

Healthcare Insurance Coverage

AHIP has stated publicly that its member health plans do not anticipate payment challenges for COVID-19 vaccination of immunocompromised patients under the IDSA recommendations.

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. 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.

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.

Healthcare Insurance Coverage

AHIP has stated publicly that its member health plans do not anticipate payment challenges for providers administering the new mRNA influenza vaccine this season in accordance with AAFP recommendations.

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[1].

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.

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.

[1] Refer to IDSA guidelines for RSV vaccination of immunocompromised patients <18 years

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.

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."

PHARMACY ACCESS

Pharmacies are a common and important point of access to vaccinations in every community. The authority of a pharmacist to order and administer vaccinations (e.g., scope of practice) is determined by state regulations and laws, which can vary from state to state. Even in states that permit pharmacist vaccination without a prescription, it is possible that a pharmacy organization or a specific pharmacist may have more conservative policies and procedures for vaccine administration. Thus, in some states, and with certain vaccines, a prescription may be required or requested before vaccination by a pharmacist. Processes have been established that allow a vaccine prescription to be obtained efficiently if one is requested.

It is important to establish and maintain strong partnerships with pharmacists in your immunization neighborhood to understand their scope of practice and policies and procedures for vaccine administration. This includes clarifying whether appointments are required, whether a prescription is needed, and whether other requirements may need to be met. Proactive communication and collaboration help streamline the vaccination process, prevent unnecessary delays, and minimize frustration for both patients and other healthcare providers.

The SAVRR Council has not been informed of barriers to receiving COVID-19, influenza, or RSV vaccines in pharmacies at this time.

ADDENDUM: SUMMARY OF MEDICAL SOCIETY RECOMMENDATIONS

Influenza

The fall 2026–27 recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), and Infectious Diseases Society of America (IDSA) are summarized below. CDC published interim clinical considerations for influenza vaccination (September 1, 2026, at www.cdc.gov/flu/hcp/vax-summary/seasonal-influenza-vaccines.html) that are unchanged from the 2025–26 ACIP recommendation (CDC is silent on the use of the recently-approved mRNA influenza vaccine).

- Influenza vaccination is recommended for everyone aged 6 months and older [CDC 2026-27 clinical considerations, recommendations of AAP, AAFP, and ACOG].
  - Children aged 6 months through 8 years receiving influenza vaccine for the first time should receive two doses at least 4 weeks apart.
- Adults aged 65 years and older should receive an enhanced influenza vaccine when available: adjuvanted, high-dose, mRNA, or recombinant. If one of these enhanced vaccines is not available, they should receive an age-appropriate standard-dose vaccine rather than defer vaccination [AAFP].
- Healthcare professionals should receive influenza vaccine annually [AAFP].
- Age-appropriate influenza vaccination during pregnancy is recommended to reduce complications in both the pregnant person and infant [ACOG].
- Immunocompromised people: IDSA strongly recommends annual age-appropriate influenza vaccination for all immunocompromised individuals aged ≥6 months. Key considerations include:
  - High-dose or adjuvanted influenza vaccines may produce a stronger immune response and may be particularly important for immunocompromised patients.
  - Live-attenuated influenza vaccine (LAIV) is contraindicated for immunocompromised patients and their household contacts.
- Individualize vaccination timing according to the underlying condition, immunosuppressive therapy schedule, and community influenza activity. IDSA's table of optimal timing is available at https://www.idsociety.org/practice-guideline/Seasonal-RTI-Vaccinations-in-Immunocompromised-Patients/ Household members and close contacts of immunocompromised patients should be vaccinated annually and remain up to date with influenza vaccination.
- Patients eligible for more than one vaccine may receive age-appropriate COVID-19, influenza, and RSV vaccines at the same vaccination encounter.
- For most populations, vaccination in September or October optimizes protection through the respiratory virus season. Vaccination in July or August is generally not preferred unless vaccination later in the season is unlikely to occur. July or August vaccination may also be appropriate for people in the third trimester of pregnancy, to protect the infant after birth, and for children recommended to receive two influenza vaccine doses.

COVID-19

Updated professional medical society recommendations for 2026-27 Formula COVID-19 vaccination of adults are summarized below. CDC published interim clinical considerations for 2026-27 Formula COVID-19 vaccination (September 23, 2026, at www.cdc.gov/covid/hcp/vaccine-considerations/index.html) in the absence of updated ACIP consideration and guidance.

- AAFP and ACOG recommend 2026-27 COVID-19 vaccination for all adults aged 19 years and older, including during pregnancy.
  - Adults aged 19–64 years who are not immunocompromised should receive one dose of the 2026-27 COVID-19 vaccine.
  - Adults aged 65 years and older who are not immunocompromised should receive two 2026-27 COVID-19 vaccine doses at least 6 months apart.
- IDSA strongly recommends age-appropriate COVID-19 vaccination for all immunocompromised individuals aged ≥6 months. Key considerations from IDSA include:
  - Vaccination with 2026-27 COVID-19 vaccine should be administered as soon as it becomes available.
  - A second dose of 2026-27 COVID-19 vaccine is likely to extend protection in immunocompromised patients. Additional doses may be administered through shared clinical decision-making at intervals of at least 2 months.
  - For immunocompromised patients who have never been vaccinated or are incompletely vaccinated, IDSA's guidance refers to published ACIP guidelines for completion of an initial vaccine series of 2-3 doses. The current CDC clinical considerations include initial dose schedules for patients with moderate or severe immunocompromise and are dated September 23, 2026, linked above.
  - Tailor vaccination timing around immunosuppressive therapy, clinical stability, and community transmission levels:
    - SOT: Vaccinate ≥2 weeks before or ≥3 months after transplant; defer during treatment for acute rejection.
    - HCT/CAR-T: Vaccinate ≥3 months after transplant or infusion, or ≥3–6 months after B-cell-depleting therapy.
    - Hematologic malignancy: Align vaccination with treatment cycles, ideally ≥2 weeks before new immunosuppression.
    - HIV: Vaccinate when clinically stable, regardless of CD4 count or viral load.
  - IDSA notes that vaccine effectiveness is lower in immunocompromised populations, supporting adjunct strategies such as vaccination of household contacts, rapid access to antivirals (e.g., nirmatrelvir/ritonavir), and nonpharmaceutical interventions.
  - Both CDC and IDSA advise that patients may self-attest to their immunocompromised status for vaccine eligibility.

RSV

2026–27 recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), and Infectious Diseases Society of America (IDSA) are summarized below. The most recent

RSV vaccination recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) are dated August 15, 2024, and are available at www.cdc.gov/acip-recs/hcp/vaccine-specific/rsv.html.

- RSV vaccination is recommended for all adults aged 75 years and older and adults aged 50–74 years at increased risk of severe RSV (AAFP, IDSA, CDC).
- Abrysvo RSV vaccine is recommended for pregnant people from gestational week 32 and 0 day through week 36 and 6 days, during September 1–March 1 [ACOG] or September 1–January 31 [CDC]. Vaccination in additional months may be recommended by state and/or local public health authorities based on disease patterns in the community. Infants born to individuals who do not receive Abrysvo should receive 1 dose of an RSV monoclonal antibody product (nirsevimab or clesrovimab) just before or during their first RSV season. Catch up RSV monoclonal antibody is recommended in children born outside of the season and ≤ 8 months of age in RSV season [AAP].
- RSV monoclonal antibody is recommended in the second RSV season only in children at increased risk [AAP].
- Additional AAP recommendations on the RSV monoclonal antibody products to protect infants are available at https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2026-079049/208787/Recommendations-for-the-Prevention-of-Respiratory
- IDSA recommends RSV vaccination for immunocompromised people aged 18 years and older.
    - Although data for immunocompromised children and adolescents are limited, IDSA considers the benefits of offering vaccination to outweigh risks. IDSA recommends that this off-label administration should be guided by shared decision-making. AAP does not recommend RSV vaccine in children (and has stated that this issue may be evaluated in the future).
    - IDSA recommends that solid organ transplant candidates, especially lung transplant candidates, be vaccinated before transplantation.
    - No additional RSV vaccine doses are routinely recommended for previously vaccinated individuals. However, IDSA recommends additional doses for immunocompromised people be considered on a case-by-case basis following discussion with the treating physician. The RSV vaccines are licensed only for one-time use (CDC/ACIP do not recommend revaccination).
    - IDSA recommends that household members and close contacts of immunocompromised patients be immunized and up to date with RSV vaccination, if eligible.