Interim Joint Guidance for 2026–27 Respiratory Virus Vaccines: COVID-19, Influenza and RSV
AAAAI / ATS / CHEST / SCCM Vaccine Guidance Review Panel

The Vaccine Guidance Review Panel was established by the American Academy of Allergy, Asthma & Immunology, the American Thoracic Society, the American College of Chest Physicians (CHEST), and the Society of Critical Care Medicine to provide clinicians and patients in the United States with evidence-based immunization guidance during a period of disruption in the federal vaccine advisory process.

The Panel's purpose is to provide clinicians caring for patients with respiratory disease and critical illness with a single, current reference for immunization against influenza, respiratory syncytial virus (RSV), and COVID-19. The Panel identified published guidance from professional societies that was aligned with pre-June 2025 Advisory Committee on Immunization Practices (ACIP) recommendations and supported by rigorous, independent evidence review, and endorsed that guidance in a form usable at the point of care. Endorsements addressed immunization practices across the life course, including the general population, persons with risk factors for severe disease, populations in whom immunization affects transmission and health system readiness, healthcare personnel, and close contacts of high-risk persons. No endorsement or statement was issued without the consensus of all four societies.

Between March and September 2026, the Panel reviewed evidence regarding immunization against influenza, RSV, and COVID-19. The Panel consulted representatives of professional societies that had developed immunization guidance to understand their processes for evidence review and recommendation development, and consulted a former ACIP chair to understand ACIP's pre-June 2025 processes for evidence review and deliberation. For each pathogen, the Panel reviewed the pre-June 2025 ACIP recommendations as a baseline, the systematic evidence reviews conducted by the Vaccine Integrity Project, and the methods and evidence summaries provided by the relevant professional societies. All Panel members disclosed conflicts of interest. The Panel may evaluate additional recommendations on the same basis and advise the participating societies on whether they warrant endorsement.

Recommendations for the 2026–27 Season

Recommendations are attributed to their originating professional societies: American Academy of Family Physicians (AAFP); American Academy of Pediatrics (AAP); American College of Obstetricians & Gynecologists (ACOG); and Infectious Diseases Society of America (IDSA). The Panel endorsed these societies' recommendations after reviewing their methods for evidence review and recommendation development and finding them aligned with pre-June 2025 ACIP processes.

Coadministration

Clinicians should offer coadministration of indicated influenza, RSV, and COVID-19 vaccines at the same visit to reduce missed opportunities for vaccination [AAFP]. These vaccines may be given at the same visit [AAFP, ACOG, IDSA], with no minimum interval and alongside other indicated vaccines [AAFP].

Influenza

- We endorse existing recommendations from AAFP, AAP, ACOG, and IDSA as summarized below by population.
- **Children aged 6 months through 18 years:** Annual influenza vaccination is recommended for all children aged ≥6 months [AAP]. Children aged 6 months through 8 years who have not previously received at least two doses of influenza vaccine before July 1, 2026, or whose vaccination history is unknown, should receive 2 doses at least 4 weeks apart [AAP].
- **Pregnant individuals:** Pregnant individuals should receive an age-appropriate inactivated or recombinant influenza vaccine in any trimester [ACOG].
- **Adults aged ≥19 years:** Annual influenza vaccination is recommended for all adults aged ≥19 years [AAFP].

- **Adults aged ≥65 years:** This group should receive an enhanced vaccine (recombinant, adjuvanted, or high-dose) when available. If none are available, they should receive an age-appropriate standard-dose vaccine rather than defer vaccination [AAFP]. Data comparing mRNA versus existing enhanced vaccines are currently based on immunogenicity; comparative clinical efficacy or real-world effectiveness data are pending.
- **Immunocompromised persons:** All immunocompromised adults and children aged ≥6 months should receive an age-appropriate influenza vaccine annually [IDSA]. Live influenza vaccines are contraindicated in immunocompromised patients. Timing of vaccination in immunocompromised patients varies based on their underlying condition or immunosuppressive medication; see full recommendations in references below [IDSA].
- **Health care personnel:** Health care personnel should receive an annual influenza vaccine given their repeated occupational exposure and contact with patients at high risk of severe disease [AAFP].
- **Vaccination in patients with egg allergy:** Persons with egg allergy may receive any licensed, age-appropriate influenza vaccine; no additional safety measures beyond those recommended for all vaccines are needed [AAFP].
- **Vaccination timing:** Influenza vaccine should generally be administered in September or October for most adults and should continue throughout the influenza season while influenza viruses are circulating [AAFP]. Adults aged ≥65 years should avoid vaccination in July or August given evidence of waning protection by the start of the influenza season, unless later vaccination may not be feasible [AAFP]. Children who require 2 doses should receive the first dose as soon as the vaccine is available so that the series can be completed by the end of October [AAP]. Pregnant individuals should ideally be vaccinated before the start of influenza season, by the end of October; vaccination at any time during the influenza season is encouraged, and vaccination may be given at any gestational age [ACOG].

Respiratory Syncytial Virus

- We endorse existing recommendations from AAFP, AAP, ACOG, and IDSA as summarized below by population.
- **Infants:** Infants aged <8 months whose birth parent did not receive the maternal RSV vaccine during the current pregnancy, who were born <14 days after maternal vaccination, or whose maternal vaccination status is unknown, should receive either nirsevimab or clesrovimab during their first RSV season. Those born during the RSV season should receive immunization within 1 week of birth, ideally during the birth hospitalization. Infants born outside the RSV season should receive immunization shortly before or during the RSV season. Infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season should receive nirsevimab before the start of their second RSV season. Clesrovimab is not currently approved for use in the second RSV season. AAP has expanded the criteria for children considered at increased risk for severe RSV disease during the second RSV season [AAP].
- **Pregnant individuals:** RSVpreF vaccine (Abrysvo) is recommended at 32 weeks 0 days through 36 weeks 6 days of gestation, from September through March 1 in most areas of the continental U.S., as a one-time dose. If RSV vaccine was given in a prior pregnancy, no additional maternal dose is recommended during a subsequent pregnancy; the infant should instead receive a long-acting RSV monoclonal antibody [ACOG, AAP].
- **Adults aged ≥50 years:** RSV vaccination is recommended for all adults aged ≥75 years, and for adults aged 50–74 years at increased risk for severe RSV disease (including those with chronic heart or lung disease, asthma, weakened immune systems, other underlying medical conditions, or residence in a nursing home or long-term care facility; for the full list of qualifying conditions see references below) [AAFP].
- **Immunocompromised persons:** IDSA recommends RSV vaccination for immunocompromised adults and adolescents. Key considerations include:

- Immunocompromised adults should receive an RSV vaccine. Because data in immunocompromised adolescents are limited, RSV vaccination should be considered individually [IDSA].
- Solid organ transplant candidates, particularly lung transplant candidates, should ideally be vaccinated before transplantation [IDSA].

- **Health care personnel:** RSV vaccination is based on age and risk eligibility, not occupational status alone [AAFP].
- **Immunization timing:** Vaccination and immunization should be administered within the seasonal windows for select groups described above. Eligible adults may be vaccinated at any time, with late summer to early fall preferred [AAFP]. A one-time RSV vaccine dose remains standard for most previously vaccinated individuals; however, IDSA notes that additional doses may be considered on a case-by-case basis in immunocompromised persons. AAP also recommends repeat RSV monoclonal antibody dosing for age-eligible children after antibody-depleting treatments or procedures that may substantially reduce circulating RSV antibody levels [AAP, IDSA].

COVID-19

- We endorse existing recommendations from AAFP, AAP, ACOG, and IDSA as summarized below by population.
- **Children and adolescents:** AAP recommends 2026–27 COVID-19 vaccination for all children aged 6 through 23 months and for children and adolescents aged 2 through 18 years in defined risk groups. Children and adolescents aged 2 through 18 years outside these risk groups should be offered vaccination if their parent or guardian desires protection. Key considerations include [AAP]:
  - Children aged 6 through 23 months who are previously unvaccinated should receive 2 doses of mRNA-1273 (Spikevax, Moderna) 4–8 weeks apart. Those with an incomplete initial vaccination series should complete the series according to the vaccine previously received; those who completed an initial series should receive a single dose of mRNA-1273 at least 8 weeks after the most recent dose.
  - A single dose is recommended for children and adolescents aged 2 through 18 years in defined risk groups, regardless of prior vaccination status, and for those aged 2 through 18 years who desire protection. Risk groups include those at increased risk for severe COVID-19, residents of long-term care or other congregate settings, those who have never been vaccinated against COVID-19, and those whose household contacts are at high risk for severe COVID-19.
  - Children 6 months through 18 years who are moderately or severely immunocompromised require a multidose schedule based on age, vaccine product, and previous vaccination status. Additional doses may be considered individually, at least 2 months after the most recent dose.
- **Pregnant individuals:** ACOG recommends COVID-19 vaccination as routine during pregnancy. Any COVID-19 vaccine product may be administered; vaccination may occur in any trimester and at any time of year, and emphasis should be on receipt as soon as the updated vaccine is available to maximize maternal and fetal health [ACOG].
- **Adults:** Vaccination with an age-appropriate updated vaccine is recommended for all adults aged ≥19 years [AAFP], with particular emphasis on adults aged ≥65 years, adults at increased risk for severe COVID-19 (including those with chronic lung disease, cardiovascular disease, diabetes, obesity, chronic kidney disease, immunocompromising conditions, cancer, or neurologic conditions; for the full list of qualifying conditions see references below), and adults who have never received a COVID-19 vaccine.
- **Adults aged ≥65 years:** Adults aged ≥65 years should receive 2 doses of the updated vaccine each season, the first at month 0 and the second 6 months later [AAFP]. There is no preferential recommendation among licensed COVID-19 vaccine products.
- **Immunocompromised persons:** IDSA recommends that immunocompromised adults and children receive age-appropriate 2026–27 COVID-19 vaccination. An FDA-approved 2026–27 vaccine should be administered as soon as possible, with timing individualized according to the underlying

immunocompromising condition and immunosuppressive treatment. Additional doses may be appropriate for immunocompromised children and adults. Key considerations include [IDSA]:
    - Additional doses of the 2026–27 COVID-19 vaccine may extend protection. Household members and close contacts should be up to date with COVID-19 vaccination [IDSA].
- **Health care personnel:** Health care personnel should receive an updated COVID-19 vaccine given their repeated occupational exposure and contact with patients at high risk of severe disease [AAFP].

Cited Society Guidance

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Full references for the reviewed literature are in the Supplement.

Supplement: Reviewed Literature

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