

Immunization Update 2026

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Disclosures

- Sheila M. Allen has no conflicts of interest with ineligible companies to disclose.
- Marlowe Djuric Kachlic has no conflicts of interest with ineligible companies to disclose.



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Learning Objectives

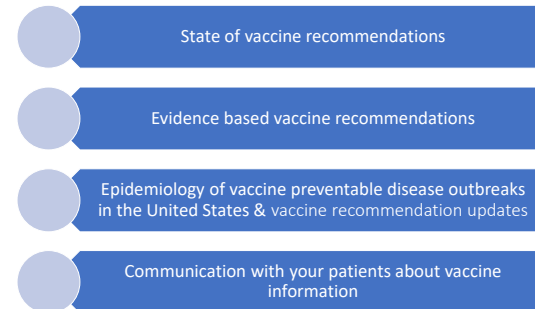
- Discuss current immunization schedule recommendations for different patient populations.
- Describe the epidemiology of outbreaks of vaccine-preventable diseases in the United States.
- Summarize information about the safety and efficacy of recently licensed or currently marketed vaccines with new indications.
- Identify patient-specific considerations to determine an individual's vaccination needs.



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Game Plan



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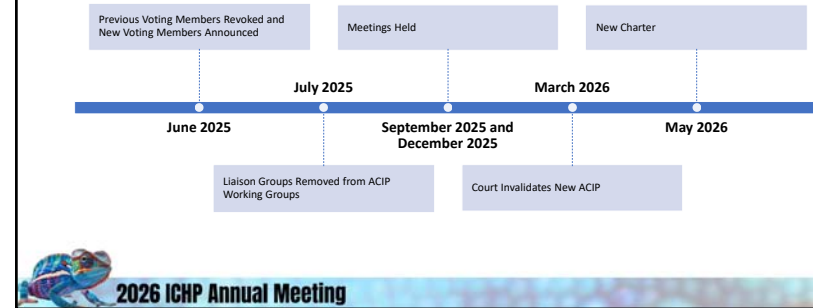
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State of Vaccine Recommendations



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Advisory Committee on Immunization Practices (ACIP)



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ACIP Meeting Votes – September 2025

MMRV

- If given before age 4 years, the combined MMRV vaccine is not recommended. Children in this age group should receive separate measles, mumps, and rubella vaccine and varicella vaccine (MMR+V).
- Approved the updated Vaccines for Children (VFC) resolution for prevention of measles, mumps, rubella, and varicella.

Hep B

- All pregnant women should be tested for hepatitis B infection.

COVID 19

- The pediatric and adult immunization schedules for administration of FDA-approved COVID-19 vaccines should be updated as follows:
 - Adults 65 and older: Vaccination based on individual-based decision-making* also known as shared clinical decision-making
 - Individuals 6 months to 64 years: Vaccination based on individual-based decision-making—with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.
- CDC should engage in an effort to promote more consistent and comprehensive informed consent processes, and as part of that, consider adding language accessible to patients and medical providers to describe at least the six risks and uncertainties included in the WG chair presentation on COVID-19 vaccines.
- Authorized healthcare providers discuss the risks and benefits of the vaccination for the individual patient. The discussion should consider known risk factors for severe outcomes from COVID-19, such as age, prior infections, immunosuppression, and certain comorbidities identified by the CDC, and include a discussion of the potential benefits and risks of vaccination and related uncertainties, especially those outlined in the vaccine information statement, as part of informed consent.



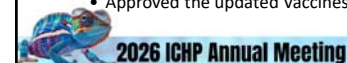
Advisory Committee on Immunization Practices. Minutes of the September 2025 Meeting.

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ACIP Meeting Votes – December 2025

Hep B

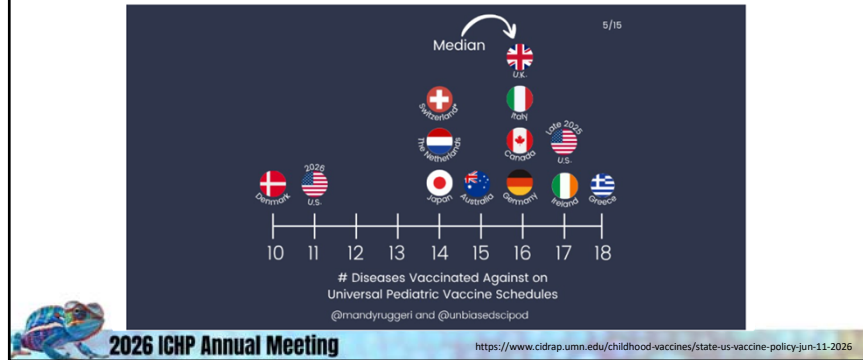
- For infants born to HBsAg-negative women: ACIP recommends individual-based decision-making, in consultation with a health care provider, for parents deciding when or if to give the HBV vaccine, including the birth dose. Parents and health care providers should consider vaccine benefits, vaccine risks, and infection risks. For those not receiving the HBV birth dose, it is suggested that the initial dose is administered no earlier than 2 months of age.
- When evaluating the need for a subsequent HBV vaccine dose in children, parents should consult with health care providers to determine if a post-vaccination anti-HBs serology testing should be offered. Serology results should determine whether the established protective anti-HBs titer threshold of ≥ 10 mIU/mL has been achieved. The cost of this testing should be covered by insurance.
- Approved the updated Vaccines for Children (VFC) resolution for prevention of hepatitis B.



Advisory Committee on Immunization Practices. Minutes of the December 2025 Meeting.

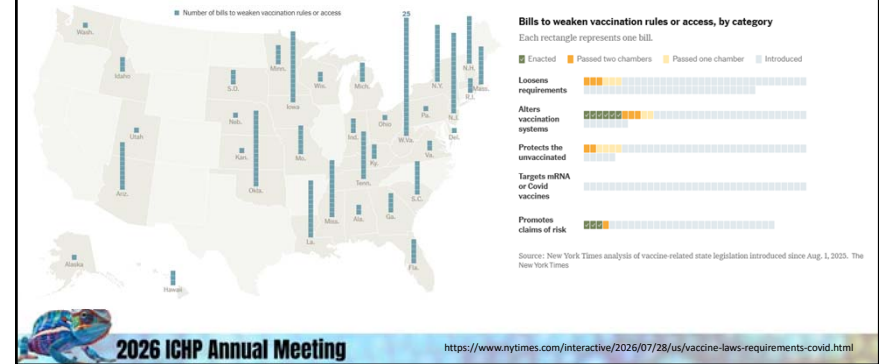
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Comparison of International Pediatric Vaccine Schedules



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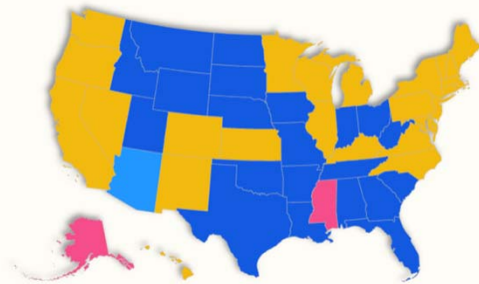
Legislation to Weaken State Vaccination Rules



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Reliance on Sources Other Than CDC/ACIP for State Childhood Vaccine Recommendations

■ No ■ Yes: Hepatitis B only ■ Yes: COVID-19/Hepatitis B only ■ Yes: All Childhood Vaccines



Source: KFF • As of May 4, 2026.

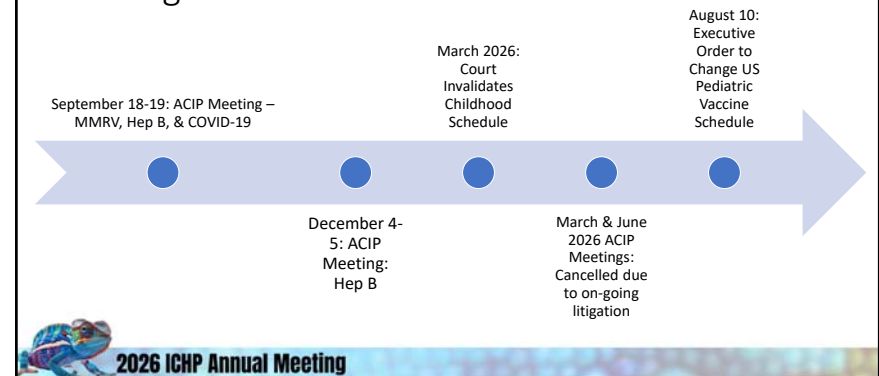
Newsweek

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<https://www.newsweek.com/map-shows-states-that-could-defy-trumps-new-vaccine-order-12308922>

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Landscape of Vaccine Recommendation Changes 2025-26



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Evidence Based Vaccine Recommendations



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Resources

American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



AAFP

ACP American College of Physicians®
Leading Internal Medicine. Improving Lives.

ACOG
American College of
Obstetricians & Gynecologists

IDSA

APhA
American Pharmacists Association
For Every Pharmacist. For All of Pharmacy.

SHEA
The Society for Healthcare
Epidemiology of America

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Immunize.org

**VACCINE
INTEGRITY
PROJECT**



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Epidemiology of Outbreaks in the United States & Vaccine Recommendations/Updates



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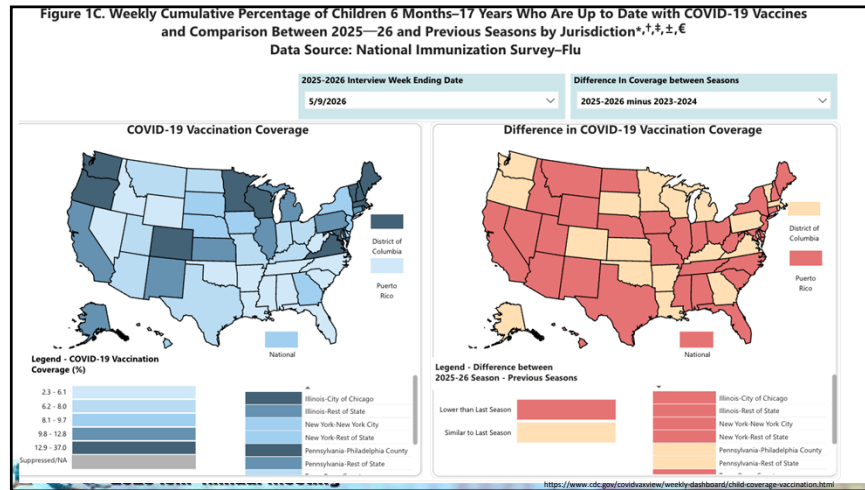
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COVID-19

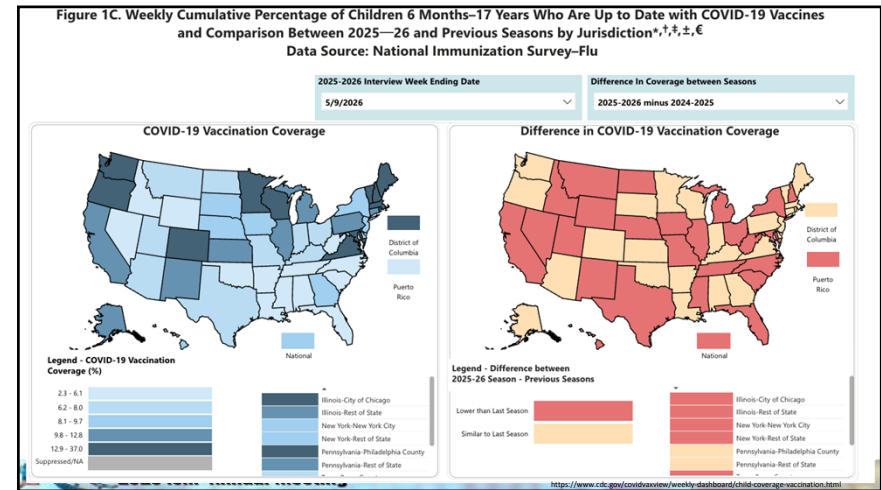


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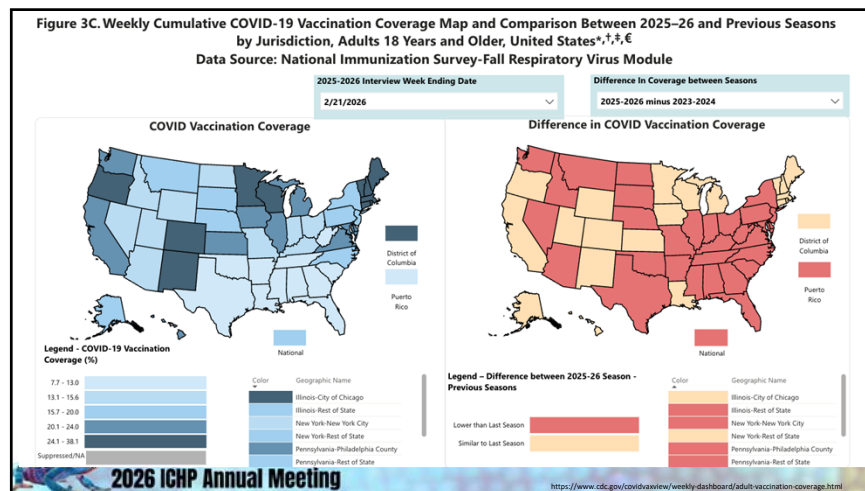
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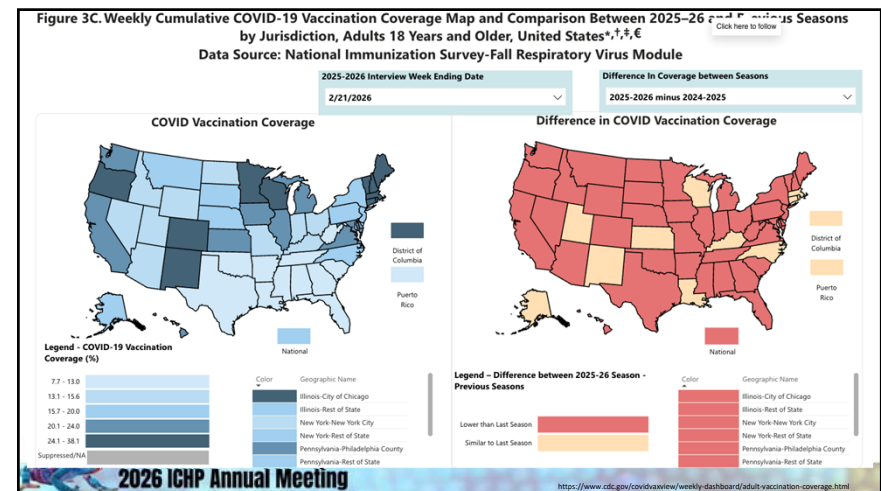
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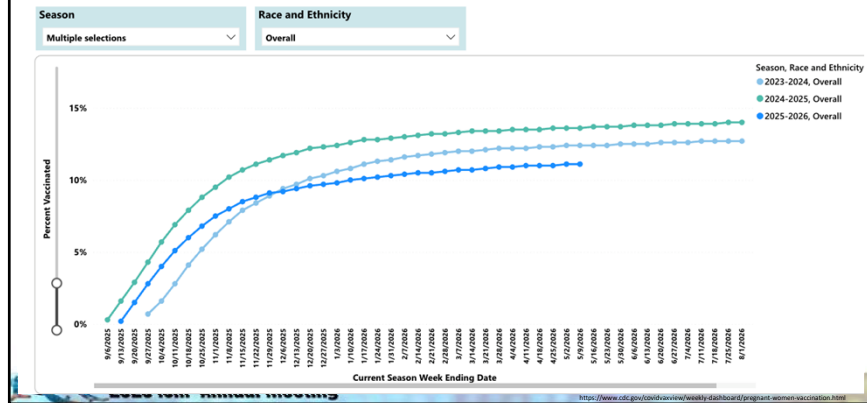


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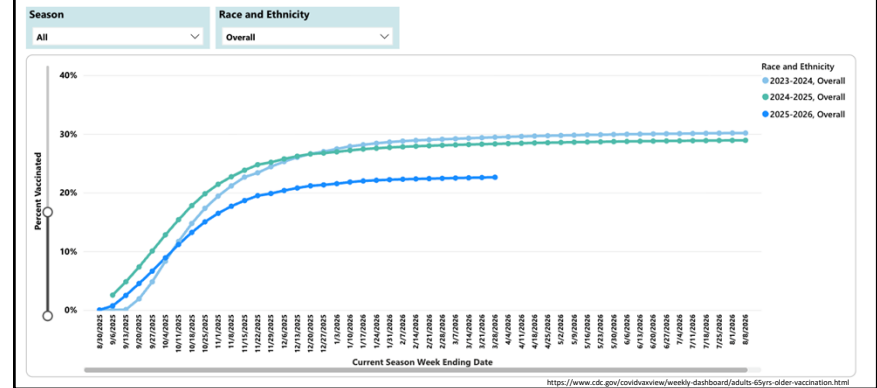
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Figure 2A. Percent of Pregnant Women Ages 18–49 Years Who Have Received a COVID-19 Vaccine Overall, by Race and Ethnicity, and Season
Data Source: Vaccine Safety Datalink



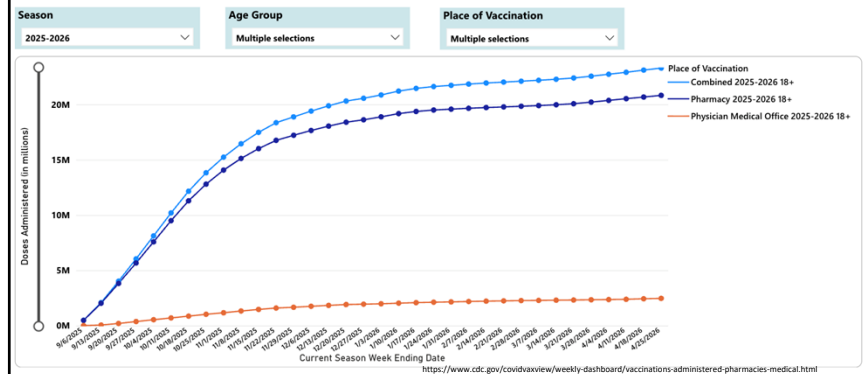
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Figure 5. Weekly Cumulative COVID-19 Vaccination Coverage[†], by Season and Race and Ethnicity, Medicare Fee-For-Service Beneficiaries aged ≥65 years, United States
Data Source: Centers for Medicare & Medicaid Services Chronic Conditions Warehouse



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Figure 6. Weekly Cumulative Estimated Number of COVID-19 Vaccinations Administered in Retail Pharmacies and Physician Medical Offices Among Adults 18 Years and Older, by Season and Age-Group, United States
Data Source(s): IQVIA LRx and Dx



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Preliminary 2025–2026 U.S. COVID-19 Burden Estimates

CDC estimates* that, from October 1, 2025 through August 1, 2026, there have been:

4.5 million–13 million



COVID-19 Illnesses

880,000–2.4 million



COVID-19 Outpatient Visits

130,000–250,000



COVID-19 Hospitalizations

15,000–43,000



COVID-19 Deaths

*Based on data from September 28, 2025 through August 1, 2026.

[Download Data](#)



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<https://www.cdc.gov/covid/php/surveillance/burden-estimates.html>

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COVID-19 Vaccine for 2026-2027 Season

Monovalent

**JN.1-lineage
XFG**



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Vaccine (manufacturer)	MOA	Indication	Dosage	Common AE	Storage
Comirnaty (PfizerBioNTech)	mRNA; Codes for the whole spike protein of SARS-CoV-2	≥65 yrs; 5 to 64 yrs with condition increasing risk for severe COVID-19	30 mcg/ 0.3mL IM PFS (≥12 years) SDV(5-11 years)	injection-site pain, fatigue, headache, myalgia, arthralgia, chills, fever, and injection site swelling or redness	PFS – Refrigerated; time out of refrigeration must not exceed 4 hours; discard if frozen SDV – If frozen, thaw in refrigerator up to 2 hours or RT for 30 min; gently mix by inverting vial 10 times
Spikevax (Moderna)	mRNA; Codes for the whole spike protein of SARS-CoV-2	≥65 yrs; 6 mos to 64 yrs with condition increasing risk for severe COVID-19	50 mcg/0.5 mL IM (12 yrs and older) 25mcg/0.25mL IM (6-23 months) PFS	injection-site pain, fatigue, headache, myalgia, arthralgia, chills, axillary swelling or tenderness, and nausea/vomiting	If frozen, thaw in refrigerator up to 2 hours and 40 minutes or RT for up to 1 hour and 20 min
mNEXSPIKE (Moderna)	mRNA; Codes for the N-terminal domain and the receptor-binding domain of the spike protein of the virus	≥65 yrs; 12-64 yrs with condition increasing risk for severe COVID-19	10 mcg/0.2 mL IM PFS	injection-site pain, fatigue, headache, myalgia, arthralgia, chills, axillary swelling or tenderness, and nausea/vomiting	If frozen, thaw in refrigerator up to 2 hours and 40 minutes or RT for up to 1 hour and 20 min
Nuvaxovid (Sanofi)	Protein subunit	≥65 yrs; 12-64 yrs with condition increasing risk for severe COVID-19	5 mcg/0.5mL IM PFS	injection-site pain, fatigue, headache, myalgia, arthralgia, chills, fever, injection site swelling or tenderness, and nausea/vomiting	Refrigerate



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IM = intramuscular; PFS = prefilled syringe; SDV = single dose vial

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COVID-19 Recommendations for 2026-2027

- AAP
 - Infants and children 6 – 23 months are at high risk
 - Children 6 months through 18 years who are moderately to severely immunocompromised need 2 or more doses
 - Children 2 through 18 years in a risk group or whose parent/guardian wants them to get the vaccine
 - Any age-appropriate vaccine can be used
- ACP
 - Adults 65 and older should receive an updated COVID-19 vaccine
 - Adults 18-64 at increased risk for severe COVID-19 should receive an updated vaccine
 - Adults 18-64 who are not at increased risk may consider receiving an updated vaccine
- ACOG
 - Individuals who are or will be pregnant during the fall/winter respiratory illness season should receive the annual COVID-19 vaccine
- IDSA
 - Adults and children who are immunocompromised should receive an age-appropriate COVID-19 vaccine – a second dose extends protection
 - Household members and close contacts of immunocompromised patients
- SHEA
 - COVID-19 vaccine should be strongly recommended



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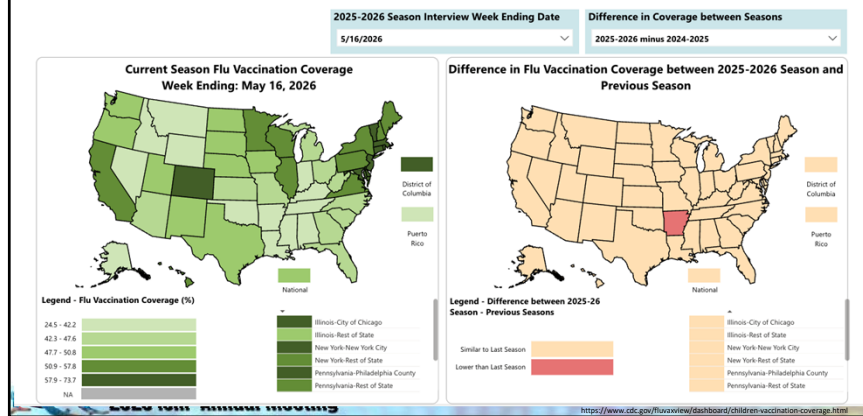
Influenza



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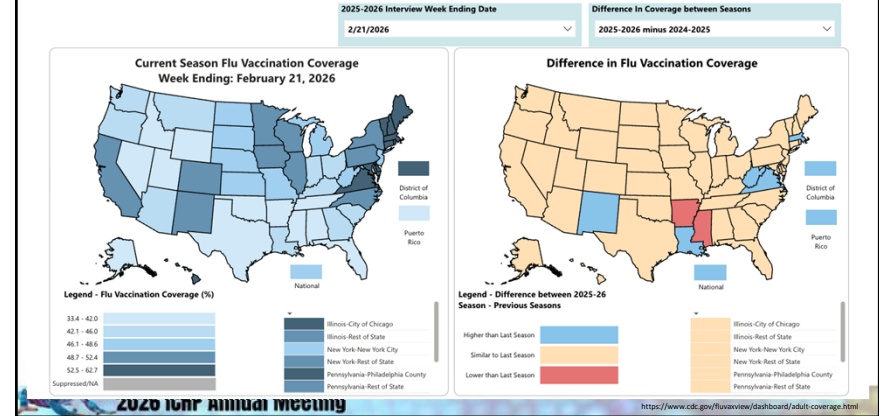
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Figure 2D. Weekly Cumulative Influenza Vaccination Coverage^{*,†,‡} and Comparison Between 2025–26 and Previous Seasons[‡] by Jurisdiction, Children 6 Months–17 Years, United States
Data Source: National Immunization Survey–Flu



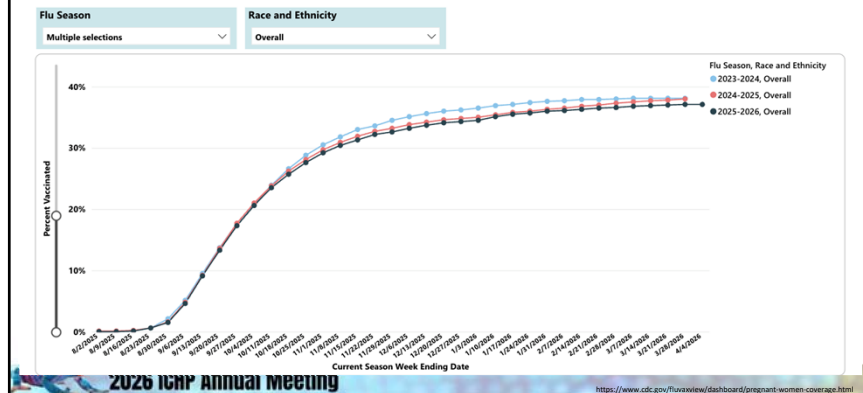
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Figure 4C. Weekly Cumulative Influenza Vaccination Coverage Map and Comparison Between 2025–26 and 2024–25 by Jurisdiction, Adults 18 Years and Older, United States^{*,†,‡,§,¶}
Data Source: National Immunization Survey–Fall Respiratory Virus Module



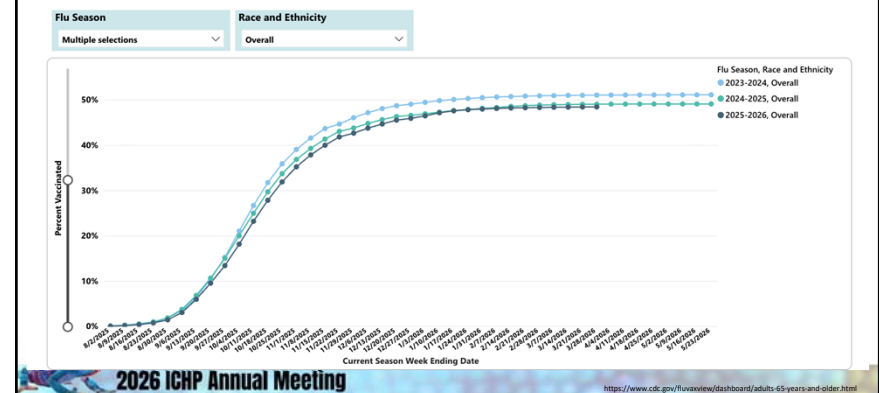
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Figure 3A. Percent of Pregnant Women Ages 18–49 Years Who Have Received an Influenza Vaccine Overall, by Race and Ethnicity, and Season
Data Source: Vaccine Safety Datalink



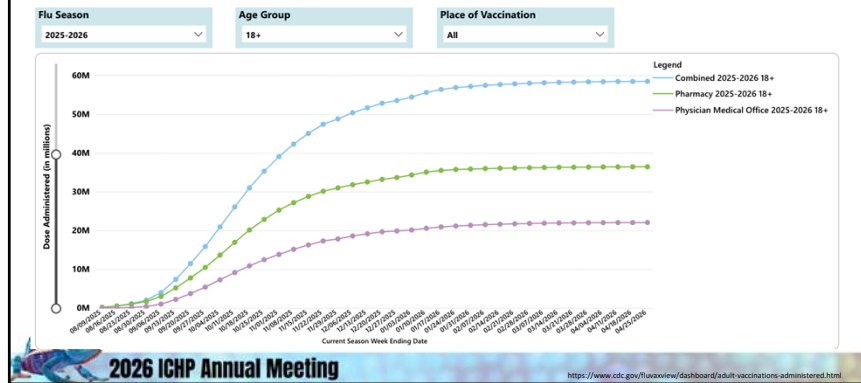
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Figure 6. Weekly Cumulative Influenza Vaccination Coverage^{*,†}, by Flu Season and Race and Ethnicity, Medicare Fee-For-Service Beneficiaries aged ≥65 years, United States
Data Source: Centers for Medicare & Medicaid Services Chronic Conditions Warehouse



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Figure 7. Weekly Cumulative Estimated Number of Influenza Vaccinations Administered in Retail Pharmacies and Physicians' Medical Offices Among Adults 18 Years and Older, by Flu Season and Age Group*, United States
Data Source(s): IQVIA LRx and Dx



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Preliminary 2025 - 2026 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2025, CDC estimates there have been between:

32 Million - 57 Million



Flu Illnesses

15 Million - 25 Million



Flu Medical Visits

390,000 - 800,000



Flu Hospitalizations

24,000 - 81,000



Flu Deaths

Based on data from October 1, 2025, through May 23, 2026

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.



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<https://www.cdc.gov/flu/burden/ghp/ghp-data-viz/2025-2026.html>

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Vaccine Composition for 2026-2027 Season

- All influenza vaccines marketed in the United States will be trivalent
- Composition includes:
 - Egg-based vaccines
 - A/Missouri/11/2025 (H1N1)pdm09-like virus
 - A/Darwin/1454/2025 (H3N2)-like virus
 - B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus
 - Cell-based or recombinant vaccines
 - A/Missouri/11/2025 (H1N1)pdm09-like virus
 - A/Darwin/1454/2025 (H3N2)-like virus
 - B/Pennsylvania/14/2026 (B/Victoria lineage)-like virus



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Influenza Vaccine Products for the 2026-2027 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (mcg Hg/0.5 mL)	Age Range	CVX Code	Vaccine Product Billing Code ² CPT
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years	111 333*	90660 NA*
GSK	Fluarix (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
	FluLaval (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
Moderna	mFlusiva (mRNA)	0.38 mL (single-dose syringe)	0	50 years & older	TBD	90616
Sanofi	Flublok (RIV3)	0.5 mL (single-dose syringe)	0	9 years & older	155	90673
		0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
		0.5 mL (single-dose vial)	0	6 months & older ³	140	90656
		5.0 mL multi-dose vial (0.25 mL dose)	25	6 through 35 months ³	141	90657
	Fluzone High-Dose (HD-IIV3)	5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older	141	90658
		0.5 mL (single-dose syringe)	0	65 years & older ⁴	135	90662
CSL Seqirus	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁴	168	90653
	Flucekvax (ccIIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	153	90661

*self or caregiver administered at home



www.immunize.org/catg.d/p4072.pdf

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mRNA-1010

mFLUSVIA® - Moderna

Approved August 5, 2026

Unanimously recommended by FDA's VRBPAC

Adults 50 and older

0.38mL IM – prefilled syringe



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Influenza Recommendations for 2026-2027

- AAP
 - Annual influenza vaccination of all children without medical contraindications starting at 6 months of age
 - Any licensed vaccine appropriate for age and health status
- ACP
 - Adults 18-64 should receive standard dose vaccine
 - Adults ≥65 should receive high dose vaccine
- ACOG
 - Individuals who are or will be pregnant during the fall/winter respiratory illness season should receive the annual influenza vaccine
- IDSA
 - Adults and children who are immunocompromised should receive age-appropriate influenza vaccine
 - High-dose or adjuvanted vaccines provide a more robust immune response
 - Household members and close contacts of immunocompromised patients
- SHEA
 - Influenza vaccine should be a condition of employment for HCPs



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RSV Vaccine Coverage



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Cumulative RSV Coverage Among Adults

	50-59 years*	60-74 years*	≥ 75 years
2025-2026	13.3%	42.1%	43.2%
Pharmacy administered	89.3%	94.6%	97.3%

* With high risk condition



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RSV Coverage in Pregnancy

Season is
September 1 to
January 31

Eligible in weeks
32-36 gestation

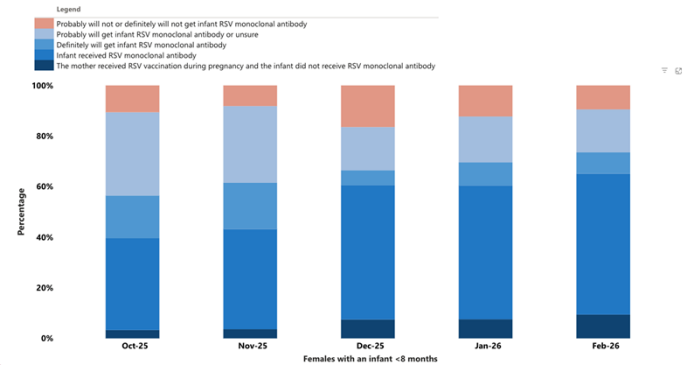
In the 2025-2026
season 41.6% of
pregnant women
were vaccinated



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Figure 4. Infant Protection Against RSV by Maternal RSV Vaccination^a or Receipt of RSV Monoclonal Antibody^b and Intent for RSV Monoclonal Antibody Receipt^c Reported By Females Aged 18–49 Years Who Have an Infant <8 Months During the RSV Season (Born Since April 1, 2025), by Month of Interview, United States^{d, e}
Data Source: National Immunization Survey–Fall Respiratory Virus Module



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<https://www.cdc.gov/rsvview/dashboard/monoclonal-antibody-coverage-infants.html>

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Preliminary 2025-2026 U.S. RSV Burden Estimates

CDC estimates* that, from October 1, 2025 through June 6, 2026, there have been:

2.8 million–
5.8 million



RSV
Outpatient

170,000–
340,000



RSV
Hospitalizations

9,900–
25,000



RSV
Deaths

*Based on data from September 28, 2025 through June 6, 2026.

Download Data



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<https://www.cdc.gov/rsv/surveillance/burden-estimates.html>

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Available RSV Immunizations

- Infants
 - Nirsevimab (Beyfortus® - Sanofi)
 - <8 months
 - 50mg if <5kg; 100mg if ≥5kg
 - 8 months -19 months
 - 200mg given as two 100mg injections
 - Clesrovimab (Enflonsia® - Merck)
 - 105mg for all eligible infants
- Pregnant Women
 - Abrysvo® - Pfizer
 - 32-36 gestation
 - 0.5mL IM
- Adults
 - Arexvy® - GSK
 - mRESVIA® - Moderna
 - Abrysvo® - Pfizer
 - Approved for
 - 60 years and older
 - 18-59 at increased risk
 - 0.5mL IM



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RSV Recommendations for 2026-2027

- AAP
 - Infants <8 months born during RSV season without maternal protection
 - Infants and children 8-19 months at high risk entering their second RSV season
 - Any licensed vaccine appropriate for age and health status
- ACOG
 - One-time RSV vaccine during weeks 32 and 36 gestation from Sept 1 – Jan 31
- IDSA
 - Adults and children who are immunocompromised should receive age-appropriate RSV vaccine
 - Household members and close contacts of immunocompromised patients
- ACP
 - Adults ≥75 years should receive a one-time dose
 - Adults 60-74 years at increased risk of severe RSV may consider one-time dose



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Childhood Vaccines



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Childhood Vaccination Rates

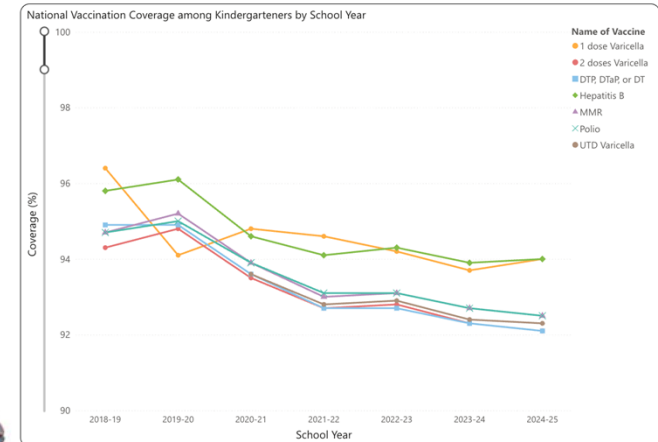
	2017-2018	2019-2020	2021-2022
DTaP (4 or more doses)	81.6%	80.5%	80.7%
Polio	92.6	92.5	92.1
MMR (at least 1 dose)	91.3	90.9	90.8
Hib (full series)	79.6	78.8	77.6
HepB (full series)	91.8	92.1	91.6
Varicella (at least 1 dose)	90.5	91.1	90.0
PCV (4 or more doses)	82.2	82.0	80.5
HepA (full series)	78.1	79.3	78.7
Combined 7-vaccine series	70.0	69.1	68.0



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<https://www.cdc.gov/mmwr/volumes/75/wr/mm7511a2.htm>
<https://www.cdc.gov/mmwr/volumes/72/wr/mm7244a3.htm>

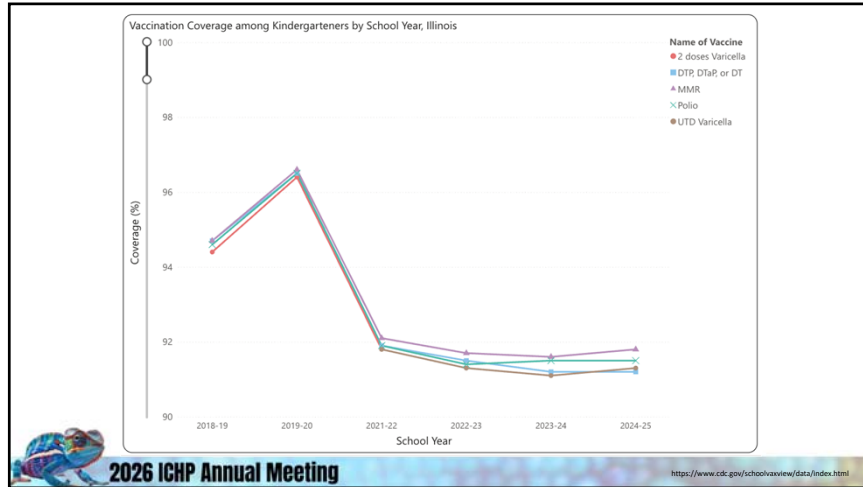
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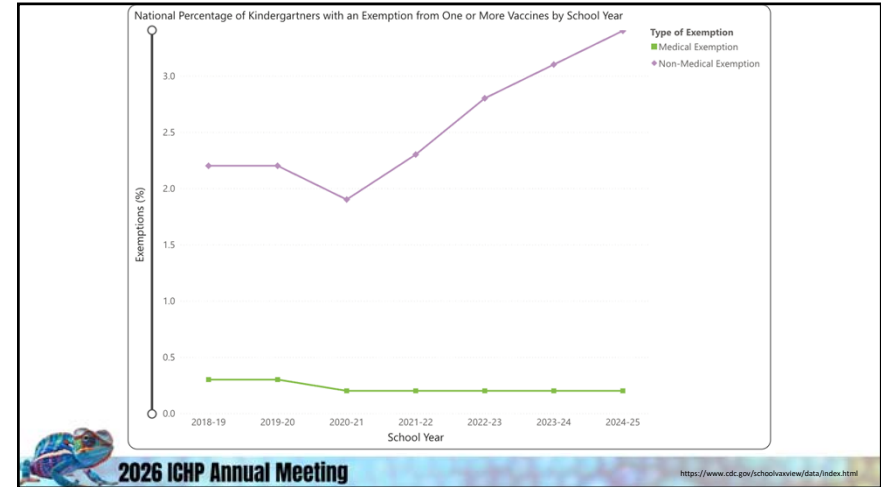
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<https://www.cdc.gov/schoolvaxview/data/index.html>

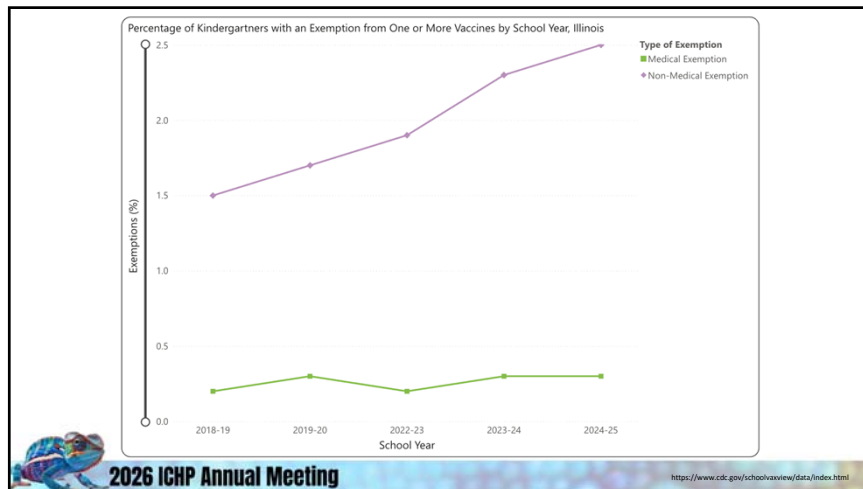
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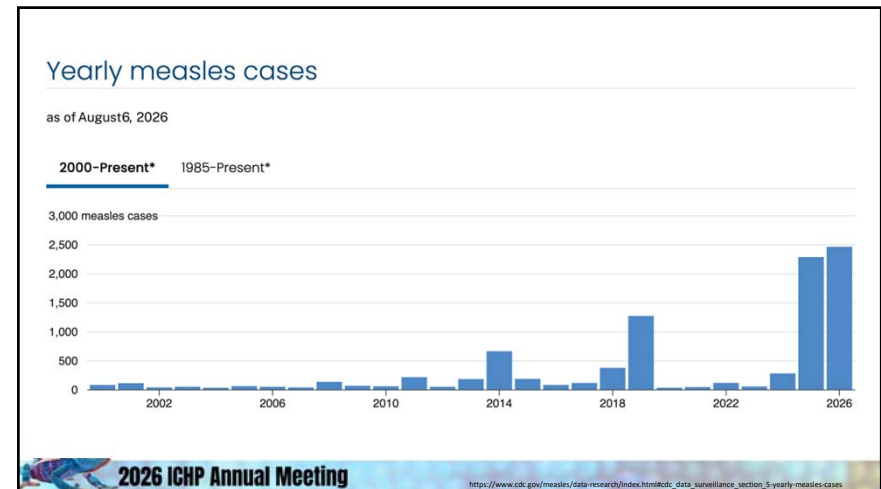
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More Vaccine Preventable Illnesses

Pertussis	Rotavirus	Mumps	Diphtheria
Chickenpox	Tetanus	Polio	Yellow fever



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Communication Strategies



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Approaching the Conversation

- Be kind, nonjudgemental, and be open to the questions or doubts the patient has
- Use active listening, and repeat back what you hear to ensure understanding
- Be transparent about risks and uncertainties
- Don't label someone as anti-vax just because they are skeptical
- Find common ground and values
- Leave the door open for future conversations



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Prebunking - Learn to detect logical fallacies

- Appeal to nature fallacy
- The false dichotomy
- Ad hominem fallacy
- Common sense fallacy
- Post hoc fallacy
- Anecdotal fallacy
- Appeal to emotion fallacy
- Appeal to authority fallacy
- Moving the goal posts fallacy
- Straw man fallacy



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Use Existing Communication Frameworks

- Kleinman's Explanatory Model
- ASPIRE Framework
- CASE Approach
- Motivational Interviewing and OARS Technique
- Truth Sandwich



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ASPIRE Framework

- Assume people want to get vaccinated and be prepared for questions
- Share key facts and sources of information to counter misinformation
- Present strong recommendations and stories about vaccination experiences
- Initiate discussion or address questions about side effects proactively and share credible sources of information
- Respond to questions and actively listen
- Empathize and understand concerns



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Truth Sandwich

- Start with the truth
- Acknowledge that some people are spreading misinformation but don't amplify the the misinformation
- Repeat and reinforce the truth



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Key Takeaways



Navigating the landscape of immunization recommendations continues to be challenging



Continue to follow and provide education using evidence-based information



Champion respiratory immunizations for your patients and institution this Fall



ASPIRE to be the immunization champion for your patients and colleagues – spread the TRUTH through communication



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Self Assessment Question #1

Which of the following best reflects the 2026–2027 influenza vaccine recommendations presented during this program?

- A. Annual influenza vaccination is recommended beginning at 2 years of age.
- B. Children should receive only cell-based influenza vaccines.
- C. Annual influenza vaccination is recommended for children beginning at 6 months of age, using an age- and health-appropriate vaccine.
- D. Influenza vaccination during pregnancy should be delayed until after delivery.



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Self Assessment Question #2

Which of the following best describes the epidemiology of measles cases in the United States in 2026?

- A. Most cases occurred in adults ≥ 65 years of age.
- B. More than 90% of cases occurred among individuals who were unvaccinated or had unknown vaccination status.
- C. Measles cases decreased substantially compared with 2025.
- D. Approximately half of reported cases required hospitalization.



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Self Assessment Question #3

Which statement regarding the newly approved mRNA influenza vaccine mFlusvia® is CORRECT?

- A. It is approved for adults ≥ 18 years and demonstrated lower efficacy than standard-dose influenza vaccine.
- B. It is approved for adults ≥ 50 years and demonstrated greater efficacy than standard-dose influenza vaccine among adults 50–64 years.
- C. It is approved only for adults ≥ 65 years and demonstrated greater efficacy than high-dose influenza vaccine.
- D. It is approved for individuals ≥ 6 months and demonstrated efficacy comparable to standard-dose influenza vaccine across all age groups.



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Self Assessment Question #4

A 61-year-old patient presents to the pharmacy in September and asks whether she should receive an RSV vaccine. She has type 2 diabetes, chronic kidney disease, and hypertension. She has never received an RSV vaccine. Which of the following is the most appropriate recommendation?

- A. Do not recommend RSV vaccination because it is only recommended for adults ≥ 65 years of age.
- B. Recommend RSV vaccination because her age and underlying medical conditions place her at increased risk for severe RSV disease.
- C. Recommend RSV vaccination only if she has a documented high-risk condition.
- D. Vaccination is not indicated at this time - defer until age 75 or older.



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Immunization Update 2026

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