

# Summit Adult Vaccination Recommendations Review (SAVRR) Council

Meeting Summary

December 1, 2025

## **Opening and Introductions-** L.J Tan

### **SAVRR Council Purpose and Objectives-** L.J. Tan

- The purpose and structure of the newly formed Council were reviewed.
- The council will provide feedback on recommendations from professional medical organizations both before and after publication, with a focus on adult immunization recommendations and influenza recommendations across the lifespan.
- The Council will monitor alliance recommendations, though currently these alliances rely on professional medical organization recommendations.
- The Council will serve as an independent body to review and provide feedback on adult vaccination recommendations and will focus on implementation challenges across different provider types and settings.

### **Council Procedures and Operations-** L.J Tan

- Meetings will be held at least monthly, with the potential for increased frequency as needed.
- The agenda will be designed by nominated chairs from the Council.
- Chair and co-chair will be elected through anonymous electronic voting.
- Supporting materials for agenda items will be provided at least one week before meetings when possible.
- Monthly meetings will be held on Mondays at 3 p.m. ET.

### **Discussion on COVID-19 Vaccination Recommendations**

- There are deviations between ACIP recommendations for pregnant people and those of other professional medical associations.
- American College of Physicians will be releasing COVID-19 vaccine recommendations soon.
- FDA package inserts have different indications than ACIP recommendations for shared clinical decision-making.
- Implementation varies by state, creating confusion for patients who cross state lines.
- Issue of who can perform shared clinical decision-making, as some institutions interpret this as physician-only. There is significant variability in whether retail

pharmacies require prescriptions or allow pharmacists to conduct shared clinical decision-making.

- Pre-filled prescription forms could reduce barriers.
- Expanding the pharmacy scope of practice is another option.
- The Council may consider developing a unifying statement on who can perform shared clinical decision-making.
  - The Common Health Coalition is preparing a document on this topic that could be evaluated by the Council.

### **Discussion of Influenza Vaccine Recommendations**

- The American College of Physicians' (ACP) recommendations for 65+ provide no recommendation for adjuvanted vaccine or Flublok, only specifying Fluzone high dose.
- The American Geriatrics Society (AGS) differs from the ACP recommendations, citing a systematic review showing no convincing evidence that high dose was better than adjuvanted or Flublok.
- ACP uses a rigid evidence review process and didn't see sufficient new evidence to include adjuvanted or recombinant vaccines.
- The [Advisory Committee on Immunization Practices \(ACIP\)](#) recommends adults aged >65 years receive a higher dose or adjuvanted influenza vaccine.
- Veteran's Administration (VA) facilities use whatever higher-dose vaccines are available due to supply constraints.
- The American Medical Association (AMA) has an inclusive policy supporting ACIP recommendations as of May 1, 2025, and National Medical Society recommendations.
- Implementation or recommendations is state-dependent, with New York having no issues.
- **Conclusion:** The Council determined that differences in ACP flu vaccine recommendations are not causing practical implementation challenges at this time. The situation will be monitored, and the Council can revisit if implementation issues arise. ACP will be invited to present their upcoming COVID and RSV recommendations to the Council.

### **Clinical Decision Support Systems Challenges- Rebecca Coyle**

- The American Immunization Registry Association (AIRA) presented technical challenges for Immunization Information Systems (IISs) with varying immunization recommendations.
- Immunization registries exist in all 50 states and connect to over 120,000 independent systems.
- Clinical decision support is technology built into electronic health records (EHRs) and IISs that has historically followed ACIP recommendations.
- CDC's CDSI project team translates ACIP recommendations into technical rules used by EHR vendors, IIS developers, and pharmacy systems.
- Fragmentation will occur as states, health systems, and individual providers choose different recommendations to follow.
- System updates are costly, and some systems cannot manage more than one set of recommendations simultaneously.
- States have 317 immunization cooperative agreements requiring them to implement ACIP recommendations in their IIS.
- The Summit organized a call between AIRA and six professional medical organizations to discuss technical resource development.
- **Conclusion:** Clinical decision support is foundational to immunization success and implementation and alignment among professional medical organizations would simplify implementation. The Summit will schedule a follow-up meeting in mid-December with AIRA and professional medical organizations to continue the conversation. This issue may return to the Council if professional medical organization recommendations continue to deviate.