2025-2026 Respiratory Season Vaccine Planning:
Scenario Planning Toolkit for Payers

Dear Partner,

The fall 2025 respiratory season is approaching at a time of significant vaccine policy uncertainty. While access to flu and RSV shots is relatively stable, COVID-19 vaccine access is in flux. For payers, these dynamics increase the risk of potential disruptions in coverage policies and, ultimately, patient access.

To help payers navigate what's ahead, the Common Health Coalition has developed this **Scenario Planning Toolkit** for payers. This packet includes:

- A visual roadmap of the vaccine ecosystem from recommendation to reimbursement
- Scenario-based memos outlining potential outcomes for COVID-19
- Summaries of regulatory and legal implications by payer type
- Actionable guidance and checklists for your internal teams and downstream partners

You can:

- ☐ Use this toolkit to guide operational and benefit planning
- ☐ Share this toolkit with colleagues and partners to help answer their questions

We're here to help ensure a smooth, coordinated, and equitable vaccine rollout this season. Please don't hesitate to reach out with questions, comments, and suggestions on how we can make this iterative toolkit better serve decisionmakers and practitioners across the health system.

Sincerely,
The Common Health Coalition
info@commonhealthcoalition.org

EXECUTIVE SUMMARY

The 2025–26 respiratory season is shaping up to be complex, particularly for COVID-19 vaccines. A combination of delayed Advisory Committee on Immunization Practices (ACIP) and CDC recommendations and recent FDA label changes is creating ambiguity and planning uncertainty for health insurers and health plans ("payers") and other actors in the health care system. This could result in gaps in vaccine access, operational bottlenecks, and patient confusion.

To maintain vaccine access, payers should consider preparing for multiple scenarios and continuing broader coverage than may be required to minimize disruptions.

With some exception, federal influenza vaccine and RSV immunization coverage requirements are generally the same as they were in past years. Most notably, HHS approved ACIP's recommendations to transition to thimerosal-free formulations for influenza vaccines, which may influence payer coverage decisions if the recommendation is reflected in the CDC Immunization Schedules.

Changes to the FDA label/license do not have an effect on vaccine coverage. ACIP (not FDA) recommendations set minimum coverage requirements and insurers can choose to cover more than the minimum recommended by ACIP.

Background on Federal Actions

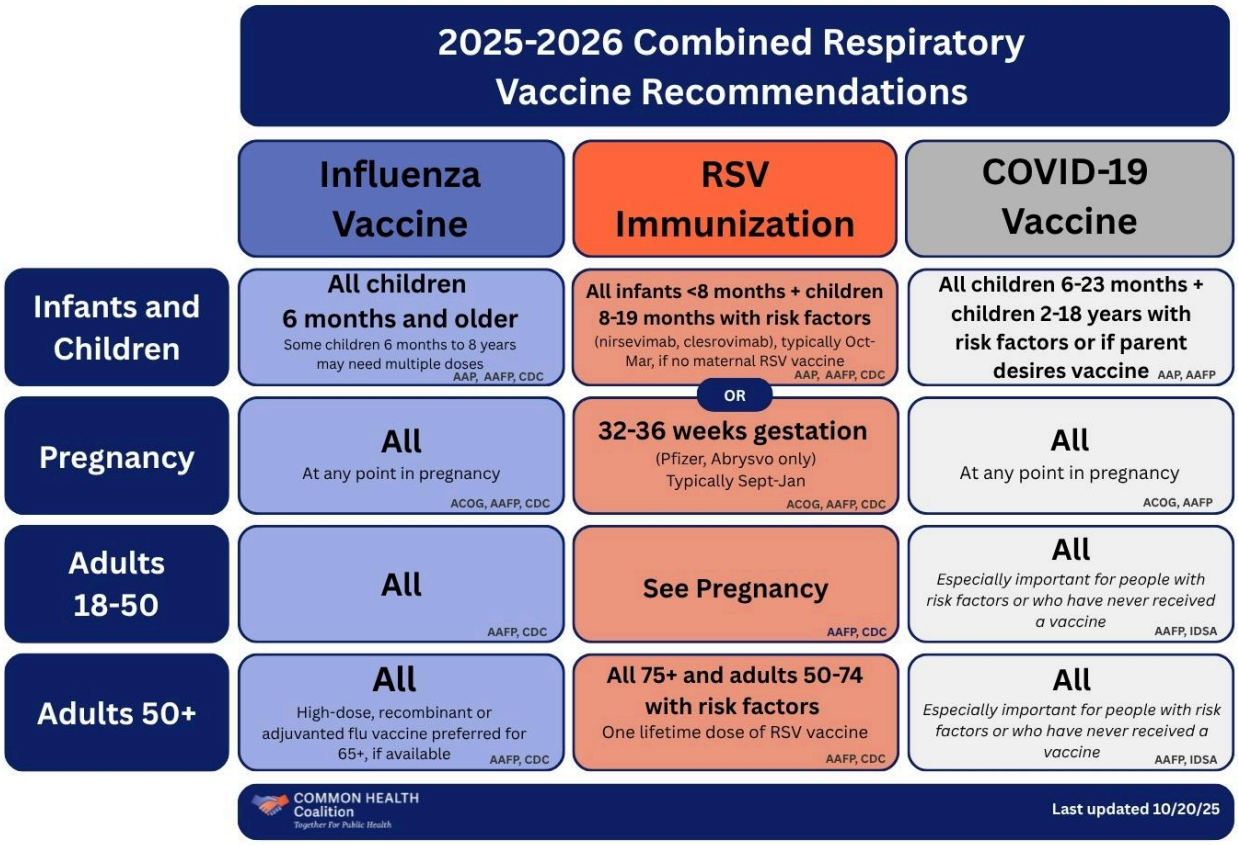
What is similar to prior respiratory seasons (so far)?

Immunizations for flu and RSV are expected to be delivered to clinics in late-August/early-September, similar to previous years. Federal flu vaccine and RSV immunization guidance from the federal government is largely similar to past years, with minor changes:

- **Flu:** Similar to prior years, ACIP recommended and CDC confirmed that **everyone aged 6 months and older receive a flu vaccine**. In an update from prior years, ACIP recommended and HHS confirmed exclusive use of thimerosal-free influenza vaccines. Thimerosal is in multidose vaccines, which only accounted for ~4% of vaccines administered last year.
- **RSV:** Immunizations for RSV are recommended for **infants, children at high-risk for RSV, pregnant people, and high-risk adults 50+, and adults 75+.** The CDC extended RSV immunization recommendations to those ages 50-74 who are at high-risk for severe RSV (vs. 60-74 last year). This year, an additional monoclonal antibody (Clesrovimab) is recommended by ACIP and CDC for infants up to 8 months old.

Medical specialty society guidance on flu and RSV immunizations - such as those from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists - can be found here.

Figure 1: Summary of Current Federal Flu, RSV, and COVID-19 Immunization Recommendations

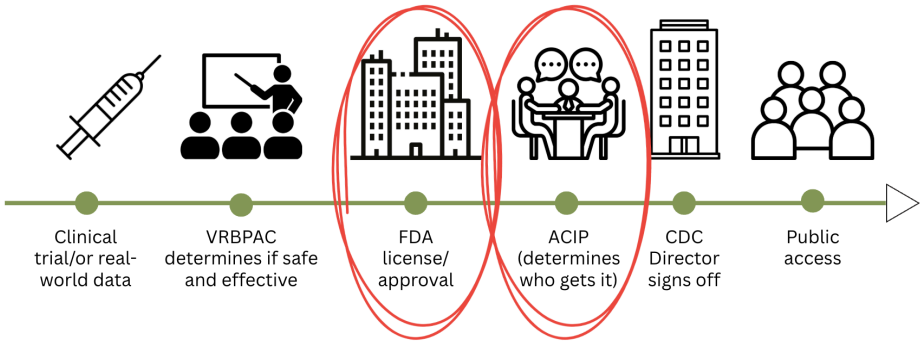


This resource has detail on the current state of recommendations, by vaccine and patient population.

Current State of the Coverage Landscape

For a vaccine to reach patients from manufacturers, several steps across the federal government have to be coordinated to streamline the process during the fall respiratory season.

Figure 2: Steps from Clinical Trials to Public Access:



Source: Your Local Epidemiologist

However, heading into the 2025-26 respiratory season, while RSV and flu products have taken the usual route, the U.S. vaccine ecosystem is showing multiple areas of uncertainty for COVID-19 vaccines, including that ACIP recommendations have been finalized this year. Last season, regulatory clarity emerged by June (ACIP) and August (FDA) (Figure 2, below). Delayed decisions compress the timeframe for all stakeholders impacting coverage determinations, provider readiness, and public messaging.

What are the major changes for this season?

- ***How are the 2025-26 COVID-19 vaccines licensed and labeled?*** On August 27, 2025, the FDA approved 2025-26 COVID-19 vaccines with indications *only* for adults 65+ and people 6 months to 64 years old with conditions that put them at high risk for severe illness. This is a narrowing of the label from previous years, where it was approved for everyone over the age of 6 months. Linked here are approvals for Pfizer, Moderna, and Novavax COVID-19 vaccines.

  What is considered "high risk" appears undefined by the FDA, but the approved labels reference the CDC Clinical Considerations, which links out to the CDC's reference list for "high risk" conditions. This list encompasses common conditions such as diabetes, a disability, overweight/obesity, or a heart, lung, liver, kidney, cancer, or mental health condition. The list also includes pregnancy. For more information about the label change, see this resource.

- ***Who will the COVID-19 vaccines be recommended for?*** On September 19, 2025,

ACIP recommended COVID-19 vaccines for individuals 6 months of age and older, under "shared clinical decision making" (also referred to as "individual decision making). ACIP explicitly voted against requiring prescriptions.

This recommendation includes both people who are included in the FDA label approved in August 2025 (individuals with high-risk conditions and individuals 65 and older) as well as people who would receive the vaccine off-label (e.g., an otherwise healthy 10 year old or 50 year old who does not have a high-risk condition).

Providers may opt to follow professional society recommendations for these vaccines, and a number of states have linked professional society recommendations to their vaccine laws and protocols.

Continued value of seasonal vaccines:

COVID-19 and flu vaccines and RSV immunizations remain the safest, most effective way to protect patients, ease the strain on hospital systems, and reduce healthcare costs:

- In 2024-25, COVID-19 vaccines continued to provide 30%-40% additional protection against urgent care visits, regardless of age, compared to people who did not get the Covid vaccine, and 40%-70% additional protection against hospitalizations and ICU stays.
- RSV-related hospitalizations in infants dropped 28%–56% in 2024–25 compared to pre-immunization years, with reductions of up to 71% among newborns under two months.
- A Medicaid benefit design study also showed that each additional dollar of copayment for vaccination decreased influenza vaccination coverage by 1–6 percentage points, underscoring how coverage and cost-sharing policies directly impact uptake.
- In a study completed by Aetna and Milliman in 2021, it found flu vaccinations (vs. unvaccinated) were approximately ROI neutral when accounting for the cost savings from avoided ED visits and hospitalizations in the general population. In the high risk population, savings were more pronounced driving savings of $45-$141 per person. While continued access to and coverage for vaccines is good healthcare — it's also good business.

Recommendation:

For the 2025-26 season, payers should provide coverage with no cost sharing for fall respiratory season vaccines to avoid care gaps, avoid costly interventions for acute illness, and reduce member and provider confusion.

As announced by AHIP in September 2025, most payers have elected to cover all recommended vaccines (as of Sept 1, 2025) through December 2026.

Key takeaways:

- The regulatory uncertainty has created confusion among health care providers and stressed the timeline by which vaccine production, ordering, and administration typically take place.
- Thimerosal-free flu vaccinations and RSV immunizations should still be fully covered for the upcoming respiratory season.
- Minimum coverage requirements are **not** linked to FDA updates — only to ACIP recommendations and the CDC Immunization Schedule. Regardless, a health plan can choose to cover more than they are required. If there is a confusion about what is required, a payer can choose to cover vaccines and the administration thereof.
- Payers should provide coverage with no cost sharing for all fall respiratory vaccines and communicate clearly about this affirmatively to members in order to avoid confusion.

SCENARIO PLANNING

As demonstrated in the timelines above (Figures 1 and 2), there is typically a coordinated set of steps that the federal government takes related to COVID-19 vaccines: (1) ACIP makes a recommendation, (2) CDC incorporates the recommendation into the immunization schedule, and then (3) the FDA updates labels for the seasonal vaccines. Given the shifts in timeline that have already occurred there are a few important things for payers to know about coverage requirements this 2025-26 respiratory virus season:

- If any of the steps listed above are skipped, it creates uncertainty about coverage requirements (e.g. If CDC changes the immunization schedule without ACIP making a recommendation);
- Coverage requirements for payers typically depend on the CDC immunization schedule when it's based on an ACIP recommendation;
- Coverage requirements do not depend on FDA labeling.

The upshot for payers — minimum coverage requirements are **not** linked to FDA updates — only to ACIP recommendations and the CDC Immunization Schedule. Regardless, a health plan can **always** choose to cover more than they are required. If there is a confusion about what is required, a payer can choose to cover vaccines and the administration thereof. Below are scenarios that outline what *can potentially* happen if the federal government does not follow the typical order of operations and the implications for coverage.

ACTION CHECKLIST FOR PAYERS

- ☐ Proceed in alignment with past years for RSV immunizations and flu vaccines, for which recommendations remain largely unchanged from past years.
- ☐ Maintain broad coverage without cost sharing for all vaccine types, including for at-risk groups , in alignment with AHIP's September statement
- ☐ Communicate clearly with provider networks about your current coverage and reimbursement policies for COVID-19 and flu vaccines, and RSV immunizations.

APPENDICES

- State Actions map
- Operational Timeline Respiratory Vaccines.pdf
- Current Coverage Requirements By Virus and Payer Line of Business Analysis.pdf
- Vaccine Recommendation Updates ACIP & CDC.pdf
- Vaccine Injury Compensation Program Notes.pdf
- Provider Liability, Coverage, and Scope - Scenario Tables.pdf
- Vaccines for Children One-Pager
- **Regulatory briefs:**

- Coverage and Administration of COVID-19 Vaccine for Pregnant People.pdf
- Shared Clinical Decision-Making Recommendation COVID-19 Vaccine for Children and Youth.pdf
- Coverage and Administration of Flu Vaccines with Thimerosal.pdf

ABOUT US

Founded in 2023, the Common Health Coalition (CHC) brings together leading health organizations in pursuit of a reimagined health system, one in which the nation's healthcare and public health systems no longer work in parallel, but hand in hand, with better health for all as the common goal. The Coalition encompasses 300+ members across the country. CHC is working with providers, payers, public health agencies, and other key actors to develop and implement a coordinated strategy for the continued coverage, access, and uptake of COVID-19 and flu vaccines and RSV immunizations. Focusing on the fall respiratory season, CHC is building consensus on industry best practices for vaccine access, analyzing and navigating the evolving coverage and regulatory landscape, and developing tools that promote a shared understanding of key issues and impacts across all stakeholders.