Common Health Coalition

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Respiratory Season 2026–27 Explainer

The Takeaway

Respiratory virus vaccines should continue to be available and free to patients in all states. Barrier-free access to respiratory vaccines relies on both evidence-based recommendations and the operational clarity needed to deliver them. Amidst confusion and a changing federal landscape, this document aims to provide a summary of what patients, communities, and health leaders can expect this respiratory season.

Current Status

The Advisory Committee on Immunization Practices (ACIP) has not met to provide updated annual recommendations for this year's respiratory season immunizations (COVID-19, influenza, RSV), creating a gap in the standard federal guidance process. In March 2026, a federal judge issued a preliminary injunction in AAP et al. v. Kennedy et al., voiding the appointments and votes of the ACIP panel Kennedy installed after June 2025 and reverting federal vaccine recommendations to their pre-June 2025 state. The administration's appeal is pending, with a defendants' response due September 24, 2026.

The Evidence

The American Medical Association (AMA) and the Vaccine Integrity Project (VIP) conducted an independent evidence review for COVID-19, influenza, and RSV immunizations, affirming their safety and effectiveness. Four major medical societies coordinated to align their recommendations based on the findings; for more information, see recommendations from 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). The AMA produced a simple recommendations table (also on page 3) consolidating guidance from these clinical societies across patient populations and immunizations.

Evidence to Practice

Since last fall, a number of states have taken formal action to remove reliance on ACIP via state law, pharmacy board guidance, and/or regulatory changes. Stay apprised as additional actions are taken by states and localities, using the State Vaccine Access Policy Tracker, which is updated weekly by the Coalition.

Pharmacy access remains in place for these vaccines like previous seasons. In a few states, patients may temporarily be asked for a prescription for COVID-19 vaccines from their pharmacist based on the implementation of certain states' and/or pharmacists' scope of practice policies. Pharmacies and states are actively working to address this potential issue. In the meantime, pharmacists may obtain electronic prescriptions from prescribers to facilitate easy patient access.

Importantly, free vaccine coverage (without co-pays) remains mandatory under most health plans, including under Medicare, Medicaid, and private insurance. AHIP and its members have reaffirmed that recommended vaccines will remain free from cost sharing for patients, and there have been no changes to the Vaccines for Children program at this time.

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What Leaders Can Do to Protect Access

Private Insurers, Medicaid, and Medicare can clearly communicate to clinicians and members that COVID-19, RSV, and flu vaccines (including the new mRNA vaccine) will remain free to patients without cost sharing.

State VFC Programs can continue to order and supply vaccines per usual, and communicate clearly to providers that VFC stock is available. Programs can also allow for flexibility in the use of VFC stock across patient populations/insurance status as needed.

Clinician Organizations & Health Care Systems can reference and integrate into practice policies the latest recommendations from specialty societies, and they can clearly communicate this guidance to providers and patients.

Public Health can clearly communicate specialty society recommendations, that these vaccines are available without cost sharing, and the efficacy of respiratory season immunizations in preventing severe illness, including the highly effective RSV immunizations for both older adults and children. States can also address potential pharmacy access issues by reducing reliance on federal guidance for pharmacist scope-of-practice rules.

Patients & Communities can elevate questions, issues, and concerns about vaccine access to their clinicians, public health leaders, elected officials, health insurers, and trusted science communicator platforms.

Vaccine Access Resources

For more information, explore trusted resources from the Common Health Coalition and our members and partners across the public health community. These include (but are not limited to):

- Coalition's State Vaccine Access Policy Tracker
- Coalition's Scenario Planner: US Vaccine Policy Changes
- Coalition's Morning Vax View Newsletter
- Coalition's Vaccine Response Page
- Immunize.org
- National Alliance of State Pharmacy Associations
- PopHIVE
- Public Health Communications Collaborative
- STAT Network
- The Evidence Collective
- Unbiased Science
- Vaccine Resource Hub
- Voices for Vaccines
- Your Local Epidemiologist

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:

AAFP · American Academy of Pediatrics · AMA American Medical Association · Vaccine Integrity Project · ACOG American College of Obstetricians & Gynecologists · IDSA

	Influenza (flu)	Respiratory syncytial virus (RSV)	COVID-19
Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy if 32-36 weeks pregnant, given between September 1 and March 1	Annual updated COVID-19 vaccine
Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
Older Adults 65+ years	Annual flu vaccine for all adults, enhanced flu vaccine (high dose, adjuvanted, recombinant, or mRNA) for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages≥18 years and for those ages <18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥6 months
Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine

Credit: *American Medical Association*