

Practice Alert: AAFP 2026-2027 Respiratory Vaccine Recommendations for Adults

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This year, the American Medical Association and other major medical societies, including the American Academy of Family Physicians (AAFP), collaborated with the Vaccine Integrity Project at the University of Minnesota Center for Infectious Disease Research and Policy to review evidence and update recommendations for influenza, respiratory syncytial virus (RSV), and COVID-19 vaccines.¹ The AAFP was charged with producing guidance for nonpregnant, immunocompetent adults and health care personnel.²

The collective burden of these respiratory viruses is substantial but partially preventable through vaccination. For example, from October 1, 2025, to July 18, 2026, an estimated 130,000 to 240,000 hospitalizations and 14,000 to 41,000 deaths were attributed to COVID-19.³ A case-control study conducted during the 2025-2026 season estimated that updated vaccines reduced the risk of COVID-19–associated hospitalization by 55% in all immunocompetent adults and 53% in adults 65 years and older.⁴

Although a previous systematic review performed by the Vaccine Integrity Project confirmed the effectiveness and safety of existing immunizations,⁵ uptake during the 2025-2026 season was suboptimal, even among older people and others at increased risk of severe disease. As of January 2026, 40.9% of adults 75 years and older had received an RSV vaccine, 43.9% of adults 18 years and older had received an annual influenza vaccine, and 30.8% of adults 65 years and older had received an updated COVID-19 vaccine.⁶

For influenza, the AAFP recommends that adults 19 years and older, including health care personnel, receive an annual influenza vaccine. Adults 65 years and older should preferentially receive an enhanced vaccine (high-dose, adjuvanted, recombinant, or mRNA-based) if available (Table 1).² The estimated effectiveness of influenza vaccines at preventing influenza-associated hospitalizations during the 2025-2026 season was 27%.⁷ The US Food and Drug Administration

(FDA) recently approved the mRNA-based influenza vaccine (mFlusiva) for adults 50 years and older. In a randomized trial, it provided superior protection against symptomatic illness from confirmed influenza but had a higher incidence of transient adverse reactions (eg, injection-site pain, fatigue, headache, myalgia) compared with a standard-dose vaccine.⁸ Most adults should be vaccinated in September or October, although clinicians should continue to offer vaccination as long as influenza viruses are circulating. The live, attenuated influenza vaccine (FluMist) is now approved for self-administration for nonpregnant adults younger than 50 years.

For RSV, the AAFP recommends that adults 75 years and older and adults 50 to 74 years of age at increased risk for severe RSV receive a single dose of RSV vaccine. Risk factors include chronic heart or lung disease, immunocompromising conditions, and living in a nursing home or long-term care facility. Three equivalent products are available, with the newest being mResvia, an mRNA-based vaccine (Table 2³).

A meta-analysis of six real-world studies found that among adults 60 years and older, RSV vaccines had a pooled effectiveness of 74.8% against RSV-related hospital admissions.⁹ Of note, although the FDA has approved all 3 vaccines for adults aged 18 to 49 years who are at increased risk for severe

TABLE 1

Preferred Influenza Vaccines for Adults 65 Years and Older

Product (manufacturer)	Type	Minimum age (years)
Fluad (Seqirus)	Adjuvanted	65
Flublok (Sanofi Pasteur)	Recombinant	9
Fluzone High Dose (Sanofi Pasteur)	High dose (4 times the antigen of a standard dose)	65
mFlusiva (Moderna)	mRNA-based	50

Information from reference 2.

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RSV, the AAFP does not recommend routinely vaccinating adults younger than 50 years. Health care personnel may be more likely to be exposed to RSV, but vaccination is not recommended based on occupation alone.

For COVID-19, the AAFP recommends that adults 19 years and older, including health care personnel, receive an updated COVID-19 vaccine. Adults 65 years and older should receive two doses of the updated vaccine each season, 6 months apart.

TABLE 2

Respiratory Syncytial Virus Vaccines Available in the United States

Product (manufacturer)	Platform/type	Adult FDA indication by age	Practice notes
Arexvy (GlaxoSmithKline)	Protein subunit (prefusion F) plus AS01E adjuvant	≥ 60 years (all); 50 to 59 years at increased risk; 18 to 49 years at increased risk (added March 2026)	Single dose (0.5 mL IM) Not for use in pregnancy (product limitation) Postmarketing observational data prompted a warning for Guillain-Barré syndrome
Abrysvo (Pfizer)	Protein subunit (bivalent prefusion F), adjuvant-free	≥ 60 years (all); 18 to 59 years at increased risk	Single dose IM Also indicated for maternal immunization at 32 to 36 weeks' gestation (separate, nonadult indication) Postmarketing observational data prompted a warning for Guillain-Barré syndrome
mResvia (Moderna)	mRNA (prefusion F), adjuvant-free	≥ 60 years (all); 18 to 59 years at increased risk	Single dose (0.5 mL IM)

FDA = US Food and Drug Administration; IM = intramuscularly.

Information from reference 2.

TABLE 3

COVID-19 Vaccines Available in the United States

Product (manufacturer)	Platform	FDA indication by age	Practice notes
Spikevax (Moderna)	mRNA	≥ 65 years (all); 6 months to 64 years with ≥ 1 high-risk underlying condition	Only FDA-approved product for ages 6 months to 4 years
Comirnaty (Pfizer-BioNTech)	mRNA	≥ 65 years (all); 5 to 64 years with ≥ 1 high-risk underlying condition	Not approved for ages 6 months to 4 years; the prior emergency use authorization for that age group has been withdrawn
mNexspike (Moderna)	mRNA	≥ 65 years (all); 12 to 64 years with ≥ 1 high-risk underlying condition	Dose volume (0.2 mL) differs from Spikevax (0.5 mL), and they should not be interchanged without checking
Nuvaxovid (Novavax)	Protein subunit (adjuvanted)	≥ 65 years (all); 12 to 64 years with ≥ 1 high-risk underlying condition	Non-mRNA option for patients who prefer it

FDA = US Food and Drug Administration.

Information from reference 2.

FDA-approved products include three mRNA-based vaccines and one protein subunit vaccine (Table 3²). Among younger adults, clinicians may prioritize vaccinating those with risk factors for severe COVID-19, including immunocompromise, chronic kidney or lung disease, diabetes, obesity, cardiovascular disease, cancer, neurologic conditions, and current or past smoking status. Although FDA approvals are limited to adults 65 years and older and younger adults with at least one underlying condition, the AAFP also recommends off-label vaccination in those without specific conditions. This recommendation aligns with American College of Physicians guidelines, which prioritize higher-risk groups with the option of vaccination for all adults.¹⁰

As part of the collaboration with the American Medical Association and Vaccine Integrity Project, the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and Infectious Diseases Society of America published updated respiratory vaccine recommendations for children, pregnant people, and immunocompromised people, respectively.¹¹⁻¹⁵ Vaccine schedules for all populations are available at <https://www.aafp.org/clinical-insights/immunizations-and-vaccines/respiratory-virus-vaccines>. The evidence base for the 2026-2027 respiratory season immunizations can be found on the Vaccine Integrity Project website at <https://vaxintegrity.cidrap.umn.edu/2026-27-respiratory-season>.

To increase respiratory vaccine uptake, the AAFP suggests that clinicians provide strong, presumptive recommendations, offer coadministration of multiple indicated vaccines, implement standing orders, and use every patient encounter as a vaccine opportunity.² Addressing vaccine misinformation in clinical and community settings is also essential to maximize implementation and acceptance of these recommendations.¹⁶

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