PUBLIC HEALTH COMMUNICATIONS COLLABORATIVE

Communicating About Respiratory Virus Season: What We've Learned and What's Ahead

TUESDAY, NOVEMBER 10
1:00 – 2:30 pm ET / 10:00 – 11:30 am PT

This event will be recorded. The recording of will be available on publichealthcollaborative.org by the end of this week.

All attendees are automatically muted upon entry.

Meet Today's Experts



Chelsea Cipriano
Executive Director, Common Health Coalition



Diana Olson
Senior Director of Strategic Communications, National Foundation for Infectious Diseases



Jen George
Director, Strategic Communications, American Academy of Pediatrics



Jennifer Crooker
Public Health Coordinator, Genesee County Health Department

ASL and Closed Captioning

ASL interpretation: ASL interpretation is provided by Keystone Interpreting Solutions.

To activate Closed Captions: Click on the “More” button located on the Zoom toolbar and select “Show Captions.”

Don’t Forget to Use the Chat

Ask questions in the chat or by using Zoom’s Q&A or Chat function throughout the webinar.

We’ll do our best to get to all your questions during today’s Q&A.

Common Health Coalition

Lessons Learned from Last Respiratory Season and Looking Ahead

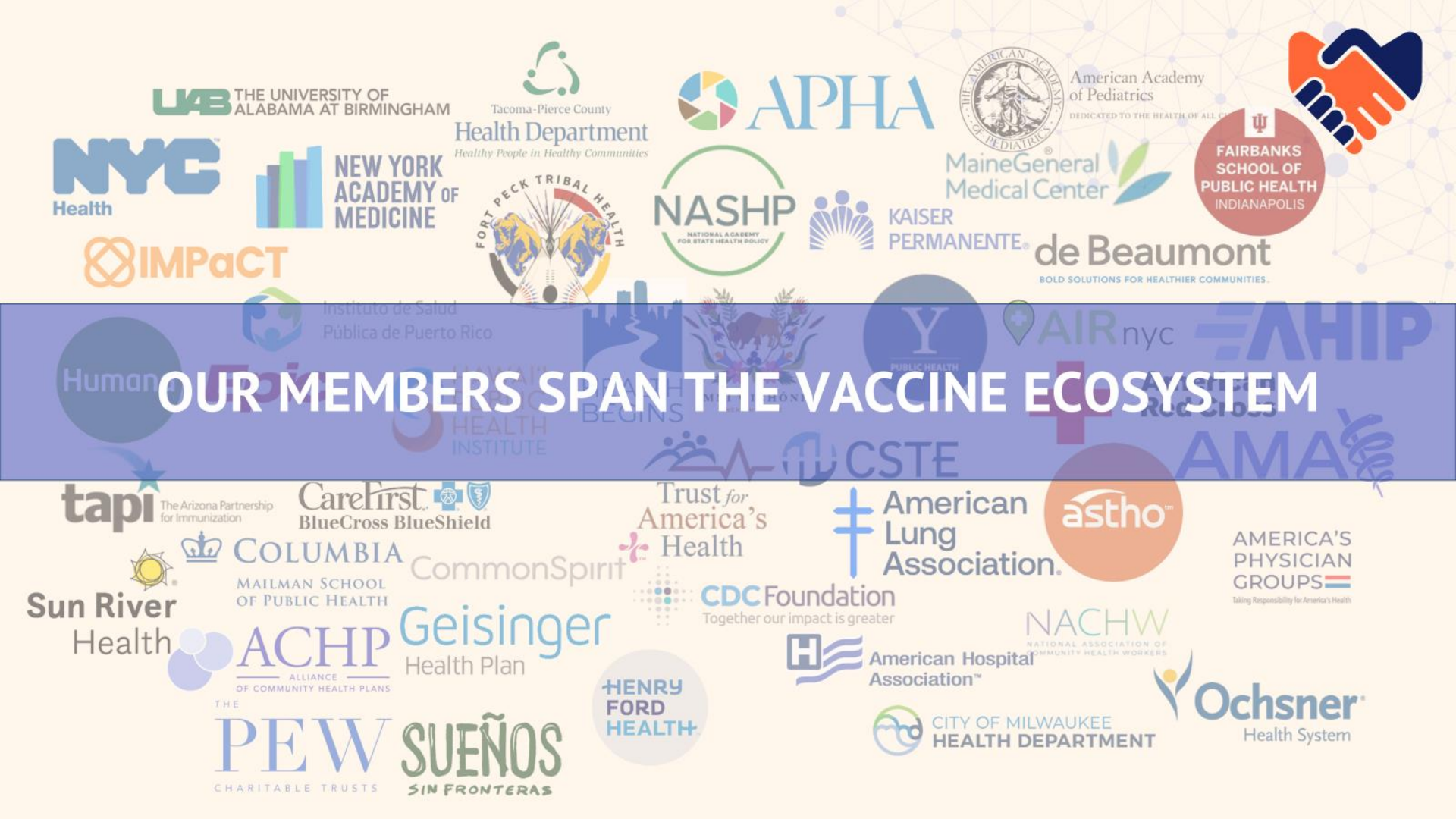
November 10, 2026

About the Coalition

The **Common Health Coalition** is the US's largest multi-sector health coalition – spanning clinician groups, health departments, hospitals, payers, and community organizations.

Our mission is to improve the health of people and communities by bringing health care and public health together and strengthening partnerships to make health efforts more effective, better funded, and built to last.

Born in the aftermath of the nation’s COVID-19 response, the Coalition turns lessons learned in times of crisis into lessons mobilized for every day, identifying what works, amplifying it, and helping others replicate it.


OUR MEMBERS SPAN THE VACCINE ECOSYSTEM
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Tacoma-Pierce County Health Department
Healthy People in Healthy Communities
APHA
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
NYC Health
NEW YORK ACADEMY OF MEDICINE
FORT PECK TRIBAL HEALTH
NASHP
NATIONAL ACADEMY FOR STATE HEALTH POLICY
KAISER PERMANENTE
MaineGeneral Medical Center
FAIRBANKS SCHOOL OF PUBLIC HEALTH INDIANAPOLIS
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BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.
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CareFirst BlueCross BlueShield
Trust for America's Health
American Lung Association.
astho
AMERICA'S PHYSICIAN GROUPS
Taking Responsibility for America's Health
COLUMBIA
MAILMAN SCHOOL OF PUBLIC HEALTH
CommonSpirit
Sun River Health
CDC Foundation
Together our impact is greater
NACHW
NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS
ACHP
ALLIANCE OF COMMUNITY HEALTH PLANS
Geisinger Health Plan
American Hospital Association™
HENRY FORD HEALTH
CITY OF MILWAUKEE HEALTH DEPARTMENT
Ochsner Health System
THE PEW CHARITABLE TRUSTS
SUEÑOS SIN FRONTERAS

Lessons from Last Respiratory Vaccine Season to Mobilize



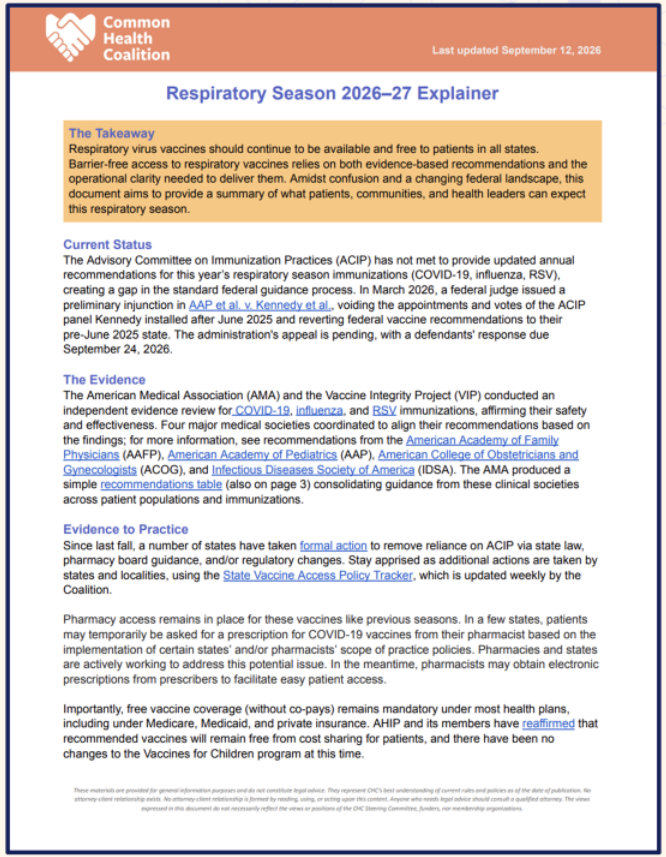
1. Center communications and operations on *access* for patients and communities
2. Prioritize *radical listening* to what people are experiencing on the ground, then be responsive to their needs
3. Don’t expect people’s trust, focus on making the system *trustworthy*
4. Learn to speak the languages of healthcare, employers, and policymakers – it’s time to become a *public health polyglot!*

Access & Coverage

AHIP has affirmed its member plans' commitment to continuing to cover important vaccines

Respiratory season vaccines and other routine vaccines should be **accessible at no cost.**

However, there may be changes to stock at some local pharmacies or doctors' offices.



Common Health Coalition

Last updated September 12, 2026

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

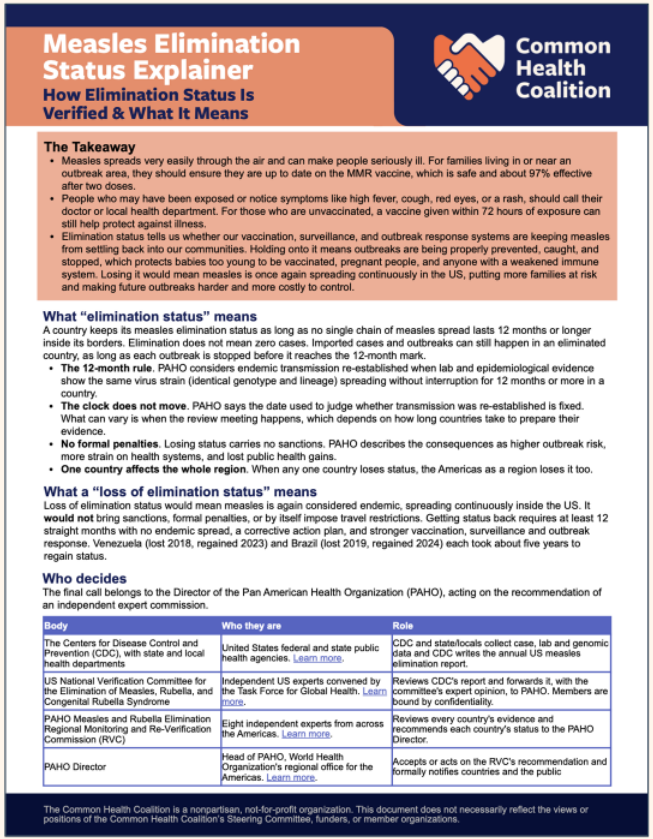
Since last fall, a number of states have taken formal action to remove reliance on ACIP via state law, pharmacy board guidance, and/or regulatory changes. Stay apprised as additional actions are taken by states and localities, using the State Vaccine Access Policy Tracker, which is updated weekly by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



Measles Elimination Status Explainer

How Elimination Status Is Verified & What It Means

Common Health Coalition

The Takeaway

- Measles spreads very easily through the air and can make people seriously ill. For families living in or near an outbreak area, they should ensure they are up to date on the MMR vaccine, which is safe and about 97% effective after two doses.
- People who may have been exposed or notice symptoms like high fever, cough, red eyes, or a rash, should call their doctor or local health department. For those who are unvaccinated, a vaccine given within 72 hours of exposure can still help protect against illness.
- Elimination status tells us whether our vaccination, surveillance, and outbreak response systems are keeping measles from settling back into our communities. Holding onto it means outbreaks are being properly prevented, caught, and stopped, which protects babies too young to be vaccinated, pregnant people, and anyone with a weakened immune system. Losing it would mean measles is once again spreading continuously in the US, putting more families at risk and making future outbreaks harder and more costly to control.

What "elimination status" means

A country keeps its measles elimination status as long as no single chain of measles spread lasts 12 months or longer inside its borders. Elimination does not mean zero cases. Imported cases and outbreaks can still happen in an eliminated country, as long as each outbreak is stopped before it reaches the 12-month mark.

- **The 12-month rule**. PAHO considers endemic transmission re-established when lab and epidemiological evidence show the same virus strain (identical genotype and lineage) spreading without interruption for 12 months or more in a country.
- **The clock does not move**. PAHO says the date used to judge whether transmission was re-established is fixed. What can vary is when the review meeting happens, which depends on how long countries take to prepare their evidence.
- **No formal penalties**. Losing status carries no sanctions. PAHO describes the consequences as higher outbreak risk, more strain on health systems, and lost public health gains.
- **One country affects the whole region**. When any one country loses status, the Americas as a region loses it too.

What a "loss of elimination status" means

Loss of elimination status would mean measles is again considered endemic, spreading continuously inside the US. It **would not** bring sanctions, formal penalties, or by itself impose travel restrictions. Getting status back requires at least 12 straight months with no endemic spread, a corrective action plan, and stronger vaccination, surveillance and outbreak response. Venezuela (lost 2018, regained 2023) and Brazil (lost 2019, regained 2024) each took about five years to regain status.

Who decides

The final call belongs to the Director of the Pan American Health Organization (PAHO), acting on the recommendation of an independent expert commission.

Body	Who they are	Role
The Centers for Disease Control and Prevention (CDC), with state and local health departments	United States federal and state public health agencies. Learn more.	CDC and state/locals collect case, lab and genomic data and CDC writes the annual US measles elimination report.
US National Verification Committee for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome	Independent US experts convened by the Task Force for Global Health. Learn more.	Reviews CDC's report and forwards it, with the committee's expert opinion, to PAHO. Members are bound by confidentiality.
PAHO Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission (RVC)	Eight independent experts from across the Americas. Learn more.	Reviews every country's evidence and recommends each country's status to the PAHO Director.
PAHO Director	Head of PAHO, World Health Organization's regional office for the Americas. Learn more.	Accepts or acts on the RVC's recommendation and formally notifies countries and the public

The Common Health Coalition is a nonpartisan, not-for-profit organization. This document does not necessarily reflect the views or positions of the Common Health Coalition's Steering Committee, funders, or member organizations.

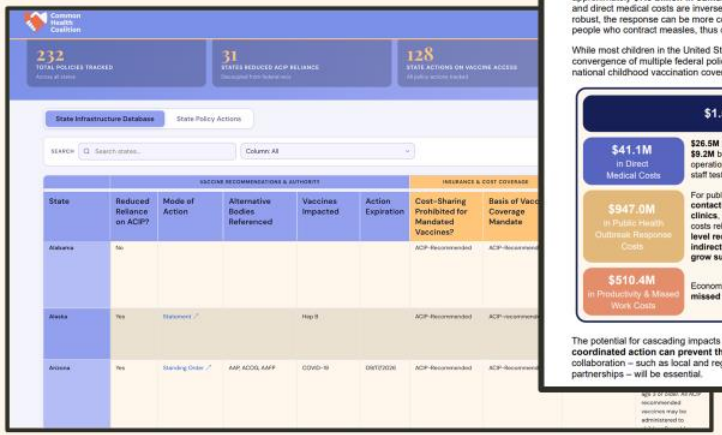
The **Pan American Health Organization** is meeting this week and may declare that the US has lost its **measles elimination status** in the coming weeks.

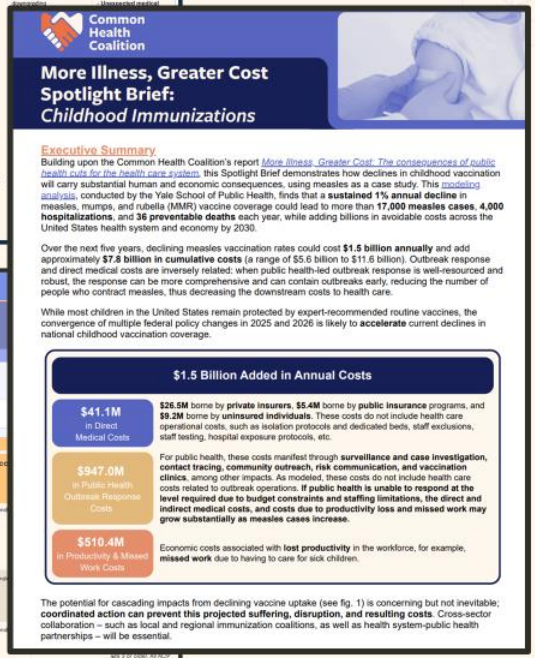
But what does this actually mean for families?

Our Resources

- Explainers
- State Policy Tracker
- Scenario Planning for states, payers, other sectors
- FAQs
- Regulatory/legal briefs
- Impact analysis and modeling
- Webinars







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2 minutes to read

4 timely insights

2 swipes

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A National Respiratory Communications Initiative

Tame It Campaign: Getting Vaccinated Helps Reduce the Risk of Serious Illness

November 10, 2026

National Foundation for Infectious Diseases®

Survey Highlights | Support for Vaccines Outpaces Vaccination

89%

US adults recognize the value of vaccines: Anyone who wants a vaccine should have access

77% call vaccines among the best-proven protections; 71% say the benefits strongly outweigh the risks

48%

Support does not always become vaccination

Only 23% tried to get a COVID-19 vaccine and 44% a flu vaccine; fewer than half tried for any respiratory vaccine

~6 in 10

Healthcare professionals remain the most trusted source

Doctors, nurses, and pharmacists earn a great deal or a lot of trust for vaccine information

11%

Many underestimate the toll of respiratory disease

CDC estimated ~710,000 flu hospitalizations in 2024–2025; only 11% chose a close range, and half put it below 400,000

22%

Access barriers can have lasting effects

22% of those who tried a respiratory vaccine hit a problem, most often for pneumococcal (27%) and RSV (23%)

Source: NFID survey by NORC at the University of Chicago (AmeriSpeak Omnibus®), Aug 13–17, 2026; 1,206 US adults; ±3.6 pt margin of error (95% confidence)
https://www.nfid.org/resource/2026-national-survey-on-respiratory-diseases/

Expert Perspectives | Highlighting Survey Findings, Underscoring Key Messages, and Actionable Guidance

RESPIRATORY ILLNESS CAN BE SERIOUS

"We cannot predict exactly how severe the season will be, but we know millions will become sick and too many will be hospitalized.

Anne Schuchat, MD, Former CDC

VACCINES ARE THE BEST TOOL FOR SEVERITY REDUCTION

"Vaccines work like seat belts: they cannot eliminate every risk, but they reduce it."

Ryan Stanton, MD, ACEP

GAP BETWEEN SUPPORT & UNDERSTANDING / ACTION

"Vaccine guidance must become a practical conversation that answers the questions patients actually have: What do I need, when should I get it, and how do I protect the people I love?"

Margot Savoy, MD, AAFP

CONSISTENT MESSAGES FROM TRUSTED MESSENGERS

"Clear, evidence-based information from trusted, accessible sources helps people understand their risks and make informed prevention decisions."

Robert Hopkins, MD, NFID

Launch of NRCI | A Shared Platform for Clear, Consistent Information

A Coordinated Approach for Greater Collective Impact

The National Respiratory Communications Initiative (NRCI) brings together leading immunization, infectious disease, patient advocacy, and public health organizations to make evidence-based prevention guidance **easier to find, understand, and use**. The collaborative effort seeks to ensure that evidence-based information about respiratory disease prevention, including **influenza**, **COVID-19**, **RSV**, and **pneumococcal disease**, is clear, consistent, and accessible for everyone.

What We Aim to Achieve



Stronger Coordination

Respiratory health efforts are aligned around shared priorities, coordinated action, and a unified strategy.



Cohesive, Credible Information

Make consistent, evidence-based respiratory health information available when and where people need it.



Greater Reach and Impact

Extend trusted information to more people and help individuals, families, and healthcare professionals make informed health decisions.

What NRCI Offers Partners

- ✓ Shared messaging and communications resources
- ✓ Coordinated respiratory season activities
- ✓ Regular updates on new resources and opportunities for participation

Led By

National Foundation for Infectious Diseases®

AIM Association of Immunization Managers

Immunize.org

National Adult and Influenza Immunization Summit

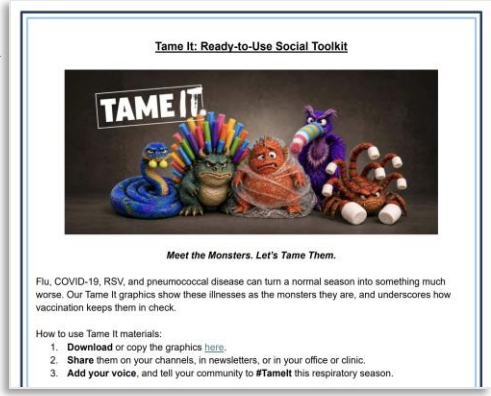
VACCINATE YOUR FAMILY

Launch of Tame It | A Campaign Underscoring the Value of Respiratory Vaccination in Reducing Serious Outcomes

Launch of Campaign Website: TameIt.org



Social Toolkit Development & Distribution



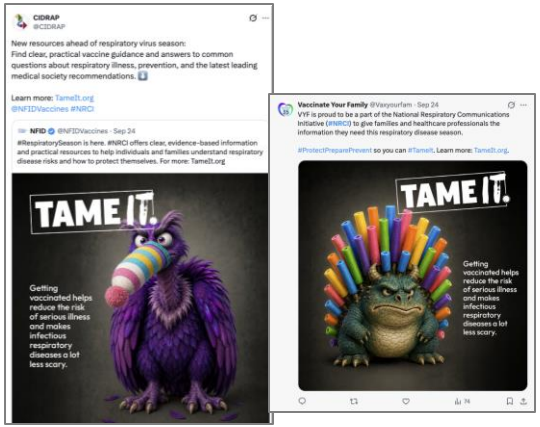
Official NRCI & Tame It Launch



Campaign Creative in English & Spanish



Amplification of Tame It Materials



Partner Amplification | Expanding the Launch Beyond the Briefing

Leading health and advocacy organizations shared Tame It messages, resources, and event highlights across their own trusted channels and networks.

68

Unique posts on social platforms

2.9M

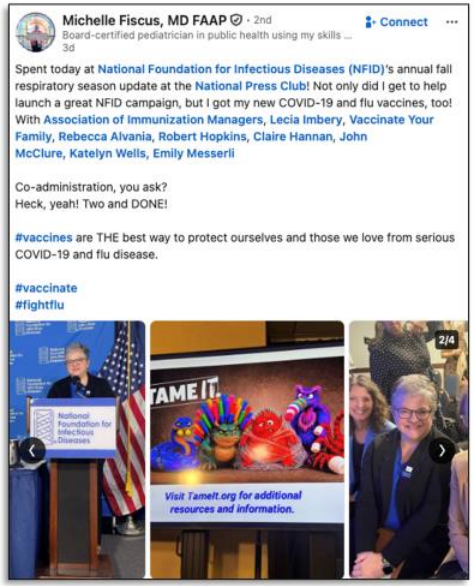
Potential reach

895

Engagements











Three Ways to Get Involved This Respiratory Season



Use and share the materials at TameIt.org.



Tell us what's working and what else you need.



Become a partner.



Visit TameIt.org

Contact: TameIt@nfid.org

Communicating about respiratory virus vaccines in 2026

PHCC Nov. 10 Webinar

Jen George

Director, Strategic Communications

AAP



American Academy of Pediatrics

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Vaccine confidence campaign: Surround sound approach

PSAs + Paid Strategy

Communications and social media trainings

Rapid response to disinformation

Informational parent content

Traditional media outreach

Cultural strategy

Social media influencers

Targeted state outreach



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Reaching parents where they are

Influencers & social media

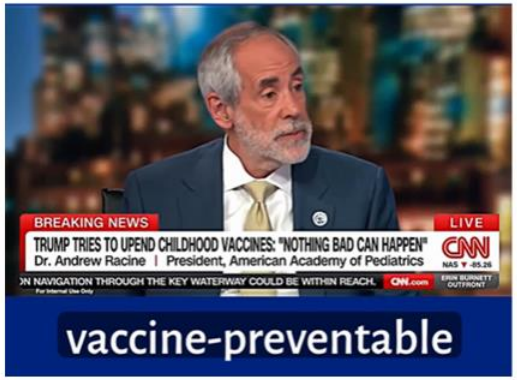


Dr. Alok Patel



Dr. Meghan Martin
aka drbeachgem

Earned media



PSA & Advertising





Cultural strategy



State campaigns



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AAP has developed vaccine guidance since the late 1930's



The first vaccine recommendations for children

The AAP made the first vaccine recommendations for children in the late 1930s. This was years before other groups of scientists, health professionals or the government published their vaccine recommendations.

The AAP worked closely with the ACIP, and in 1995 this resulted in the creation of a single vaccine schedule. The schedule was easy to understand, and it included the immunizations children needed.

AAP 2026 Immunization recommendations process



Create Immunization Subgroups



Define questions and evidence sources



Establish the review framework and synthesize evidence



Present findings and recommendations



Vote on recommendations



Complete peer review and approval



Publish recommendations and implementation materials



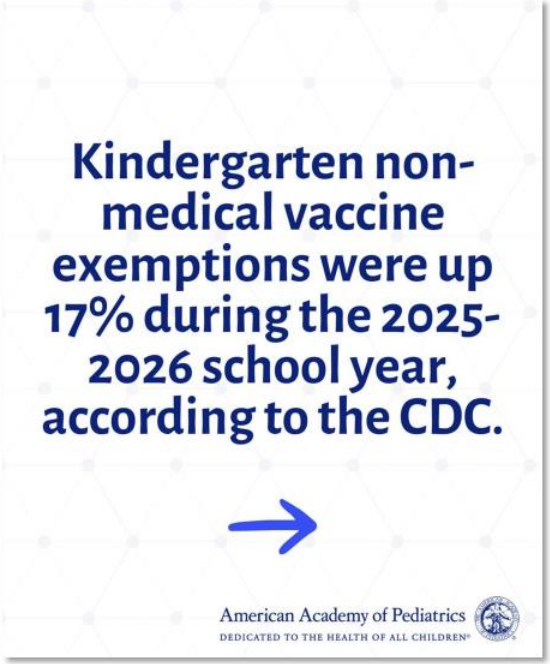
Disseminate recommendations

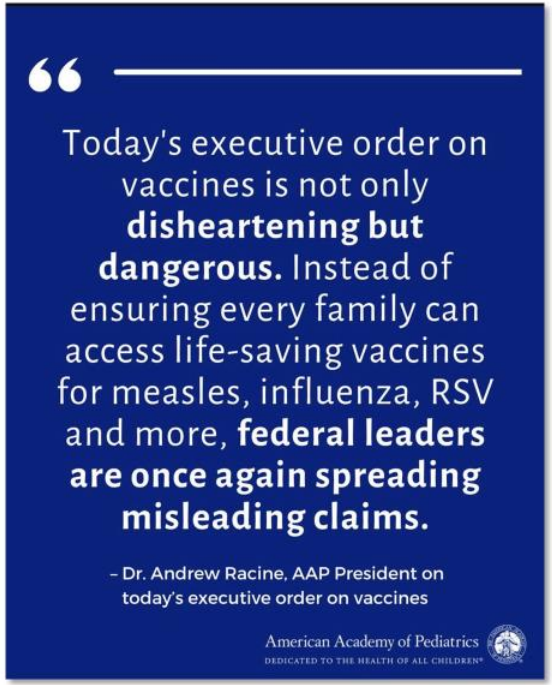


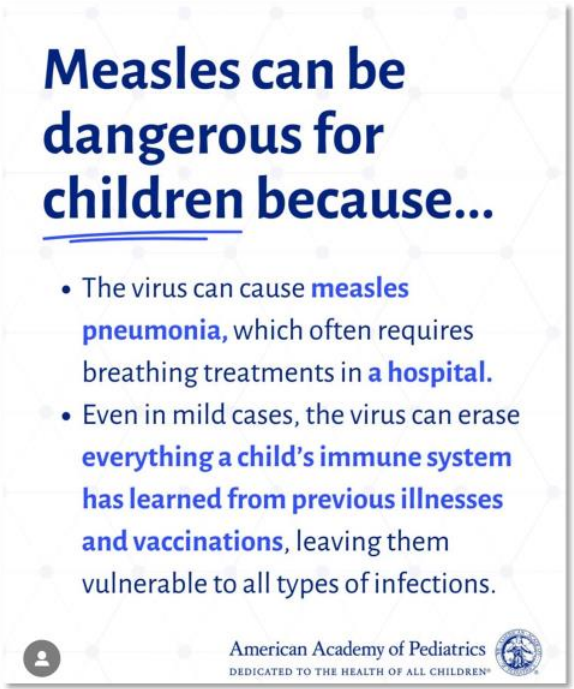
Continue to review evidence and recommendations

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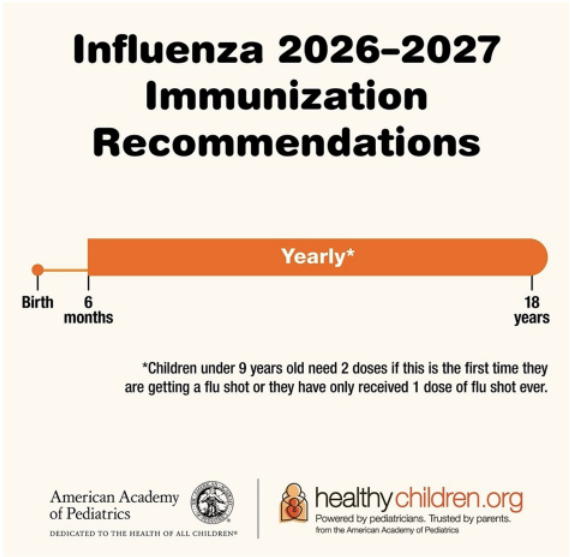
August 2026


Kindergarten non-medical vaccine exemptions were up 17% during the 2025-2026 school year, according to the CDC.
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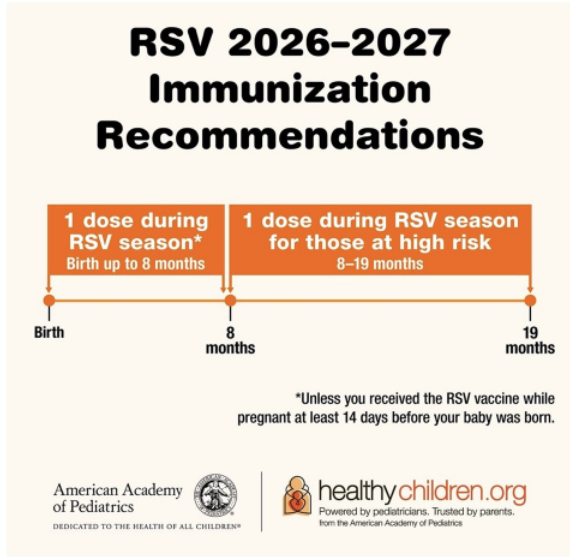

Today's executive order on vaccines is not only disheartening but dangerous. Instead of ensuring every family can access life-saving vaccines for measles, influenza, RSV and more, federal leaders are once again spreading misleading claims.
– Dr. Andrew Racine, AAP President on today's executive order on vaccines
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Measles can be dangerous for children because...
• The virus can cause measles pneumonia, which often requires breathing treatments in a hospital.
• Even in mild cases, the virus can erase everything a child's immune system has learned from previous illnesses and vaccinations, leaving them vulnerable to all types of infections.
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2026 Respiratory virus immunization recommendations







ALIGNED WITH EVIDENCE AND GUIDANCE FROM:

AAFP

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AMA
AMERICAN MEDICAL ASSOCIATION

VACCINE INTEGRITY PROJECT

ACOG
American College of Obstetricians & Gynecologists

IDSA

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Reframing childhood immunization

Try

- **Explaining how immune systems learn from vaccines**: A child's immune system develops in stages, and doctors' recommendations on the pace and timing of vaccines are based on when a child's body is ready to learn. Doctors can't predict which children will get seriously ill from certain diseases, so choosing to skip or delay vaccines is risky.

- **Highlighting the benefits**: Vaccines help children develop, grow and learn.

- **Positioning parents as the experts of their child:** Suggest pediatricians as a resource when they are making decisions about their child's health, including immunizations. By working together, parents and pediatricians can plan what is best for each child's health.

- **Focusing on community immunity:** When vaccination is widespread, contagious diseases have a hard time spreading.

- **Centering the conversation on access**: Vaccines must be widely available, accessible and affordable.

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Messaging insights based on research on reframing childhood immunization conducted by the FrameWorks Institute.

RSV



- RSV spreads like a cold and often looks like a regular cold in school-age children. However, babies who get RSV can get much sicker than older kids because **their lungs and airways are so tiny.** The virus causes airways to swell and fill with mucus, making it difficult for babies to breathe.

- RSV is the number one reason babies end up in the hospital before their first birthday. **Immunizations for pregnant moms or infants give babies a strong start.** Talk with your pediatrician about RSV immunization to learn more.

Flu



- Make sure your **back-to-school to-do list** includes a trip to your pediatrician.
- Getting a **flu shot before the end of October** helps your child's immune system learn to resist the virus before it hits your community.
- **On-time immunization keeps our kids, their classmates, and our communities healthier.**
- The **flu can be serious**, especially for young children or those with conditions like asthma or diabetes.
- Flu viruses change over time, and different strains circulate each year. The flu vaccine is updated every year to keep up with these changes. That's why **kids (and adults) need a new flu shot every year.**

COVID-19



- COVID-19 is still around and still causing illness. Respiratory illnesses can be especially **risky for infants and toddlers**, whose airways and lungs are small and still developing.

- COVID vaccines are **updated annually** to work best against strains of the virus that are currently circulating. The vaccine **teaches your child's immune system** to recognize and resist the virus strains, so they can stay healthy.

- Information spreads fast, but not all of it is true. False or confusing information can harm your child's health. Trustworthy information from medical experts relies on science, not rumors. Check the source before you accept or share anything **and talk with your pediatrician** if you have questions or concerns about the COVID vaccine.

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Resources

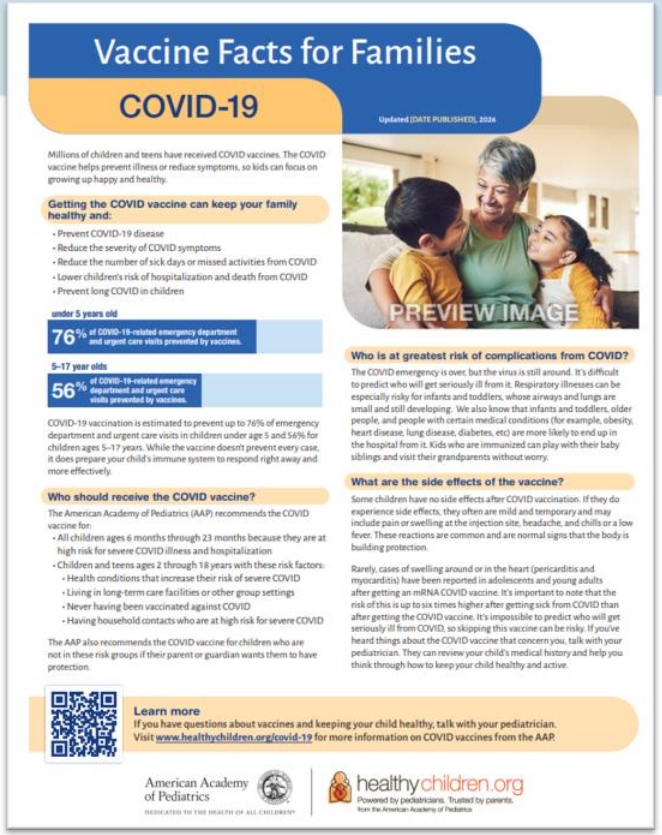
healthychildren.org
Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

FACT CHECKED

https://www.aap.org/en/news-room/fact-checked/

Vaccine Confidence Campaign Toolkit

https://www.aap.org/en/news-room/campaigns-and-toolkits/immunizations



Vaccine Facts for Families

COVID-19

Updated [DATE PUBLISHED], 2026

Millions of children and teens have received COVID vaccines. The COVID vaccine helps prevent illness or reduce symptoms, so kids can focus on growing up happy and healthy.

Getting the COVID vaccine can keep your family healthy and:

- Prevent COVID-19 disease
- Reduce the severity of COVID symptoms
- Reduce the number of sick days or missed activities from COVID
- Lower children's risk of hospitalization and death from COVID
- Prevent long COVID in children

under 5 years old

76% of COVID-19-related emergency department and urgent care visits prevented by vaccines.

5–17 year olds

56% of COVID-19-related emergency department and urgent care visits prevented by vaccines.

COVID-19 vaccination is estimated to prevent up to 76% of emergency department and urgent care visits in children under age 5 and 56% for children ages 5–17 years. While the vaccine doesn't prevent every case, it does prepare your child's immune system to respond right away and more effectively.

Who should receive the COVID vaccine?

The American Academy of Pediatrics (AAP) recommends the COVID vaccine for:

- All children ages 6 months through 23 months because they are at high risk for severe COVID illness and hospitalization
- Children and teens ages 2 through 18 years with these risk factors:
  - Health conditions that increase their risk of severe COVID
  - Living in long-term care facilities or other group settings
  - Never having been vaccinated against COVID
  - Having household contacts who are at high risk for severe COVID

The AAP also recommends the COVID vaccine for children who are not in these risk groups if their parent or guardian wants them to have protection.

PREVIEW IMAGE

Who is at greatest risk of complications from COVID?

The COVID emergency is over, but the virus is still around. It's difficult to predict who will get seriously ill from it. Respiratory illnesses can be especially risky for infants and toddlers, whose airways and lungs are small and still developing. We also know that infants and toddlers, older people, and people with certain medical conditions (for example, obesity, heart disease, lung disease, diabetes, etc) are more likely to end up in the hospital from it. Kids who are immunized can play with their baby siblings and visit their grandparents without worry.

What are the side effects of the vaccine?

Some children have no side effects after COVID vaccination. If they do experience side effects, they often are mild and temporary and may include pain or swelling at the injection site, headache, and chills or a low fever. These reactions are common and are normal signs that the body is building protection.

Rarely, cases of swelling around or in the heart (pericarditis and myocarditis) have been reported in adolescents and young adults after getting an mRNA COVID vaccine. It's important to note that the risk of this is up to six times higher after getting sick from COVID than after getting the COVID vaccine. It's impossible to predict who will get seriously ill from COVID, so skipping this vaccine can be risky. If you've heard things about the COVID vaccine that concern you, talk with your pediatrician. They can review your child's medical history and help you think through how to keep your child healthy and active.

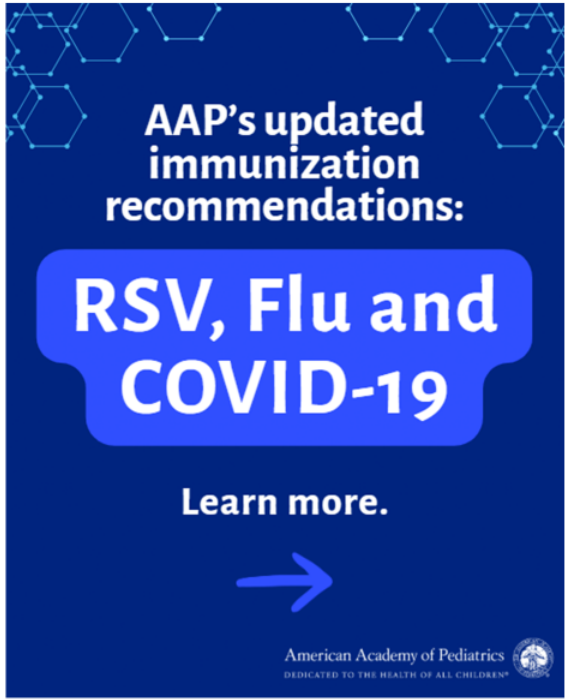
Learn more
If you have questions about vaccines and keeping your child healthy, talk with your pediatrician.
Visit www.healthychildren.org/covid-19 for more information on COVID vaccines from the AAP.

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healthychildren.org
Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

https://www.aap.org/en/patient-care/immunizations/immunization-fact-sheets/

Respiratory virus season resources



- Immunization Fact Sheets
- Red Book Online
- AAP-Immunization-Schedule.pdf

FLU:

- Flu discussion guide
- Influenza Patient Care
- Flu Toolkit
- The Flu Vaccine Reduces the Risk of Serious Illness in Children (Spanish)
- The Flu: What Parents Need to Know
- Which Flu Vaccine Should Children Get?

RSV

- Discussion guide
- Respiratory Syncytial Virus (RSV) Prevention
- RSV Immunization Visual Administration Guide
- RSV (Respiratory Syncytial Virus) Campaign Toolkit
- RSV: When it's More Than Just a Cold
- RSV Immunizations: Two Ways to Protect Babies

COVID-19

- Discussion guide
- AAP Pediatric COVID Vaccine Dosing Quick Reference Guide
- COVID-19 Patient Care
- COVID-19 Vaccine Campaign Toolkit
- COVID-19 Vaccines Prevent Serious Illness in Young Children
- COVID-19: What Families Need to Know
- When Should Kids Get the COVID Vaccine?
- The Science Behind COVID Vaccines: Parent FAQ

Thank you!



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GENESEE COUNTY HEALTH DEPARTMENT

Respiratory Virus Season:

Connecting Science and Policy to Human Experience

Jennifer Crooker, MPH, CHES®

Public Health Coordinator
Genesee County Health Department
Flint, Michigan

Foundation

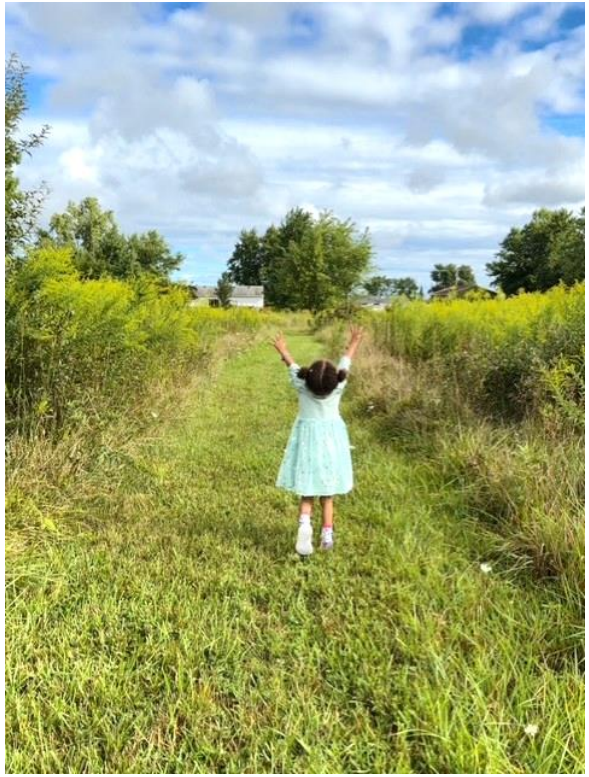
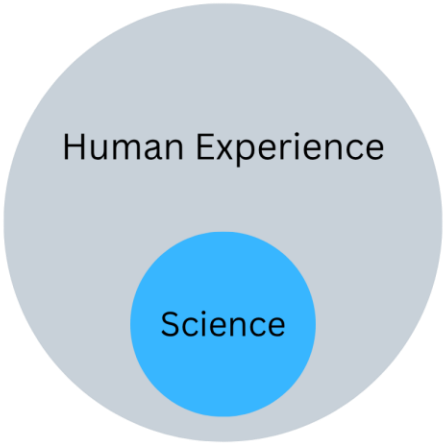


Photo: Jennifer Crooker

Science and the human experience



Application

How do we show up?

- Real
- Trustworthy
- Accessible

Stay in Touch



Jennifer Crooker
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NEW! Respiratory Virus Season Communications Hub





Messages and Shareable Content

Thank You!

More Resources
PublicHealthCollaborative.org

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