AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Discovery Session

Navigating Clinical Decision Support in a Changing Recommendation Landscape

October 26, 2026 | 4:00 p.m. ET



Today's Presenters

- **Eric Larson,** Senior Technical Project Manager, AIRA
- **Nancy Sharova,** IIS Manager, Connecticut Department of Public Health State Immunization Program

Fall Respiratory Recommendations

Eric Larson, AIRA

Agenda



Changing Recommendation Landscape



Current Technical Impact and Options



Next Steps

The Changing Recommendation Landscape

Federal guidance

HHS / CDC / ACIP

All ages

Includes patient health factors, occupations, travel plans and other risk factors

Medical society fall respiratory guidance

AAP	pediatrics
AAFP	adults
ACOG	pregnancy
IDSA	immunocompromised

State Policy

HHS/CDC/ACIP or Different Recommendation Body

- At least **30 States**[1] have publicly announced they are NOT following the HHS/CDC/ACIP pediatric schedule
- Aware of **1 IIS**[2] that will be following the new HHS/CDC pediatric schedule
  - We believe there are likely more
- Some IIS are uncertain on direction[2]

1) https://www.kff.org/state-health-policy-data/state-recommendations-for-routine-childhood-vaccines-increasing-departure-from-federal-guidelines/
2) IIS Managers Meeting informal poll

Community Support

Federal guidance

HHS / CDC / ACIP

CDC CDSi
Logic Specification
Supporting Data
Test Cases

Medical society fall respiratory guidance

AAP	pediatrics
AAFP	adults
ACOG	pregnancy
IDSA	immunocompromised

→

AIRA Supporting Data

AIRA is enabling implementation choice.
These resources do not decide which recommendation a jurisdiction should adopt.



AIRA Supporting Data Scope: Intentionally Narrow

RECOMMENDATION BODIES

Medical Societies

AAP: children & adolescents

AAFP: non-pregnant immunocompetent adults & Health Care Personnel

ACOG: pregnancy

IDSA: immunocompromised patients

INCLUDED

- COVID-19
- Influenza
- RSV

NOT INCLUDED

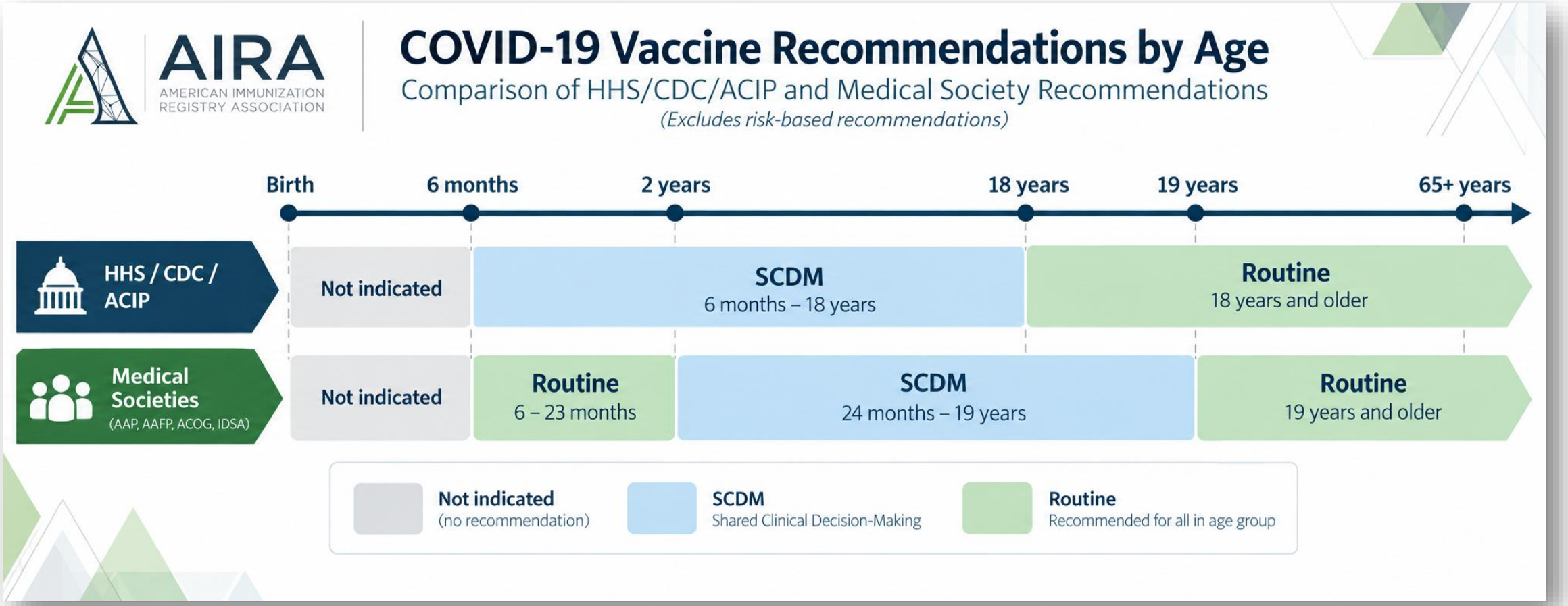
- All other vaccine-preventable diseases
- Medical-society Test Cases
- Medical-society Logic Specification

This is not a full replacement for the CDC CDSi resources

Notable Differences Between Fall Respiratory Recommendations

COVID-19
Influenza
RSV

Notable Differences: COVID-19



Risk-Based Recommendations

Medical Societies allow for additional doses every 8 weeks

Notable Differences: Influenza

Federal Guidance

- New mRNA (mFlusiva) not included in interim clinical considerations
- Allowed to count if administered

Medical Society Guidance

- Includes new mRNA (mFlusiva) as a recommended vaccine
- mRNA vaccine is one of the preferential vaccines in the 65+ population
- 65+ should receive new mRNA or High-dose, adjuvanted

Notable Differences: RSV Monoclonal Antibodies

Federal Guidance

Unchanged from previous season

- All infants (birth to 8 months) if birth mom was not vaccinated
- All infants (8 months to 20 months) in second season and at increased risk

Medical Society Guidance

- Expanded infants who are considered at increased risk during the second season
  - Down syndrome,
  - Born preterm, at <32 weeks, 0 days gestation,
  - Chronic lung disease attributable to other significant neonatal conditions,
  - Hemodynamically significant congenital heart disease,
  - Anatomic pulmonary abnormalities,
  - Neuromuscular disorders

Notable Differences: RSV Maternal Vaccination

Federal Guidance

Unchanged from previous season

- Birth mom can receive Abrysvo at 32 – 37 weeks gestation
- Vaccination is recommended from September 1 to January 31
- Vaccine can only be used for one pregnancy, not with each pregnancy

Medical Society Guidance

- Vaccination is recommended from September 1 to March 1

Notable Differences: RSV Adult Vaccination

Federal Guidance

Unchanged from previous season (1 lifetime dose)

- **50 – 74 years:** Increased Risk (moderate-to-severe immunocompromised)
- **≥75 years:** Routine recommendation for all persons

Medical Society Guidance

- **Adolescents < 18 years:** SCDM with moderate-to-severe immunocompromise
- **18 – 74 years:** Increased Risk (moderate-to-severe immunocompromised)
- **60 – 74 years:** SCDM for all persons
- **≥75 years:** Routine recommendation for all persons

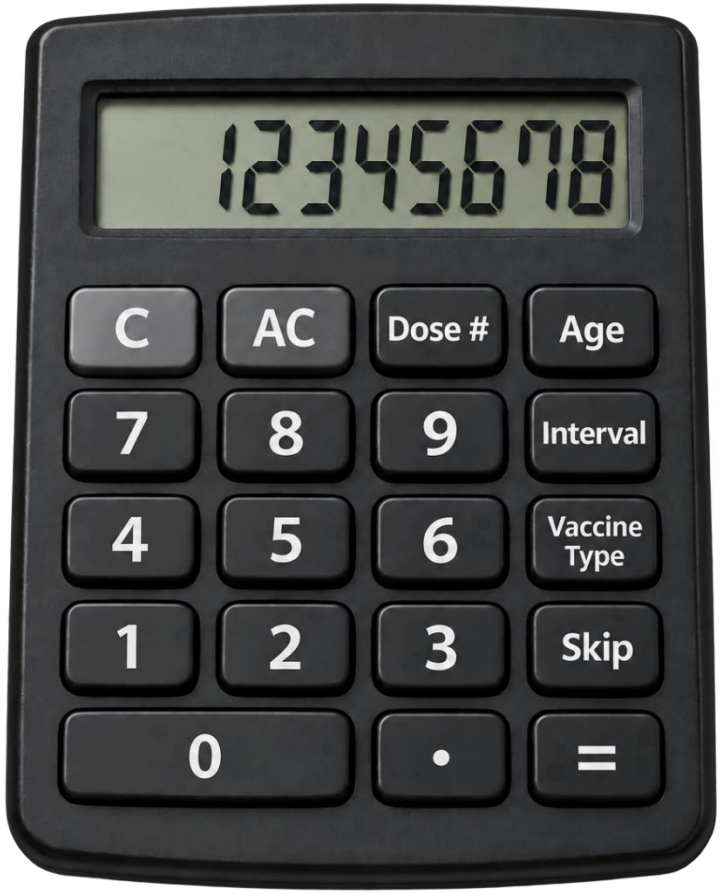
Technical Impact and Options

Supporting Data & Logic Specification
HL7 CDS in RSP



How CDSi Logic is Like a Calculator

- Calculators are reusable to solve different math problems
- The same calculator can be used to solve
  - 3+2
  - What time will the train arrive in Boston if it leaves NYC at 3:00 going 60 mph?
- The CDC CDSi Logic Specification can be reused in the same way
  - It has reusable functions



Choose the Supporting Data - Keep the Logic Specification

CDC CDSi Supporting Data

AIRA Supporting Data

CDSi Logic Specification

Unchanged and Reusable

Evaluation & Forecast



HL7 CDS in RSP

Historically	With Multiple Recommendation Bodies
Schedule Authority (e.g., ACIP) can be returned. ACIP is the only valid value in HL7 IG	Will need support for more recommendation bodies (e.g., AAP, AAFP, IDSA, ACOG, potentially others)
Vaccine Recommendation Category (e.g., Routine, High-Risk, SCDM) can NOT be returned today.	Working with IFG to create a LOINC and value set to return vaccine recommendation category
Dose Validity, Series Status, Earliest Date, Recommend Date, etc. already supported	No anticipated changes



Next Steps

1

DOWNLOAD

Supporting Data 26.1 is available now on AIRA's Clinical Decision Support page.

2

FEEDBACK

This is a new resource! Questions and feedback are welcome

3

TEST CASES

Medical society test cases are not currently being created
Please provide feedback if these are critical for you

The AIRA Team



Leadership

- Rebecca Coyle
- Mary Beth Kurilo

Communications

- Carmela Gupta
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CDS Content

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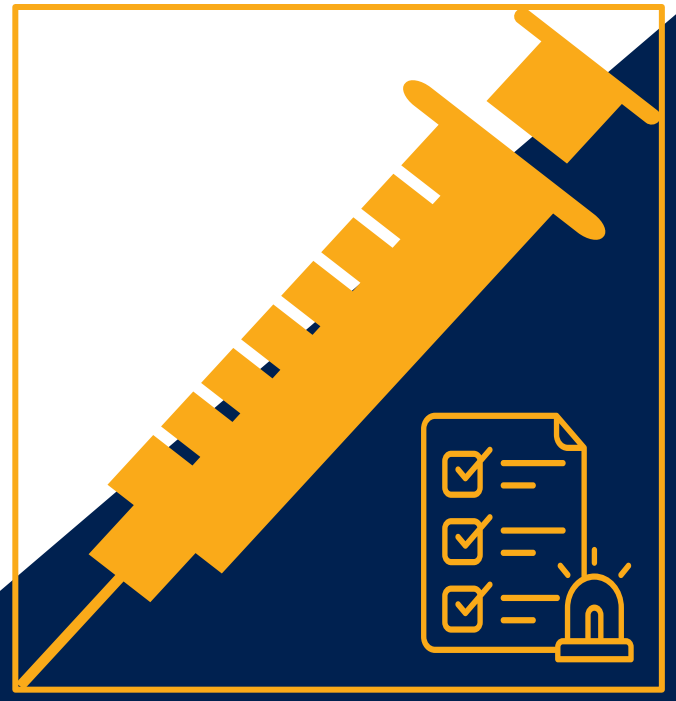
AIRA October Discovery Session

October 26, 2026

Navigating IIS Clinical Decision Support

AGENDA

- Progress
- Communications
- Challenges
- Lessons Learned
- Q & A



Progress



IIS Clinical Decision Support (CDS)

Review grant requirements regarding CDS:

CDC NOFO - Use CDSi guidance and test cases to ensure IIS evaluation and forecasting is compatible with ACIP recommendations. Update the IIS platform within 45 days of any new **CDSi guidance**.

CDC Immunization Information Systems (IIS) Functional Standards

Goal D. Ensure the delivery of immunization services reflects current Advisory Committee on Immunization Practices (ACIP) recommendations.

CDC CDSi website:

Logic Specifications and Supporting Data

- CDSi: Logic Specification for ACIP Recommendations, version 4.6 **Updated 12/2024**
- Supporting Data, version 4.65 **Updated 08/2026**

Test Cases

- CDSi Test Cases – Healthy Childhood and Adult, version 4.46 – **Updated 08/2026**
- CDSi Test Cases – Underlying Conditions, version 4.6 – **Updated 08/2025**

Connecticut State Law – Standard of Care

Review State Laws and Policies:

CT Immunization Standard of Care: Connecticut statutes establish the authority and responsibility for determining the immunization standard of care for residents of Connecticut.

Connecticut General Statutes § 19a-7f as amended by Public Act 26-3 sets forth the authority of the Commissioner of Public Health to:

- Determine the standard of care for immunization of Connecticut residents; and
- Base that standard of care on consideration of the recommended immunization schedules published by:
  - CDC's Advisory Committee on Immunization Practices (ACIP);
  - American Academy of Pediatrics (AAP);
  - American Academy of Family Physicians (AAFP); and
  - American College of Obstetrics and Gynecology (ACOG);
- Include schedules recommended by the Commissioner for immunization and contraindications to the administration of vaccines in accordance with such schedules.

Collaboration with additional Stakeholders/Partners - Resources

Review available stakeholder/partner resources:

Impacts throughout IIS - what has/will change - what does it mean to stakeholders?

- IIS Program – Leadership, Program and Technical Staff, IIS Vendor, Users and EHR Vendors, and the public.
- IIS Consortium –WebIZ Community Meetings, E-Team Meetings, **Recommender Workgroup.**
- Public Health Informatics Institute (PHII) – Toolkits
- American Immunization Registry Association (AIRA) – CDS webpage
- Association of Immunization Managers (AIM) - Resources and Tools – Tame It
- HLN Consulting, Inc. - Immunization Calculation Engine
- Immunize.org Vaccines A-Z
- Medical Societies Consolidated Respiratory Virus Immunization Recommendations | AMA
- Collaborative Workgroups

Communications

Communications

Considering Change Management in our Communication Plan and Training Plan:

Communications:

- Press Releases to the public
- Memos to providers
- Newsletters to providers
- CT WiZ NEWS on login Screen
- CT WiZ New Releases emails via Everbridge to providers

Meetings:

- Workgroups and IIS Vendor Meetings
- Public Health Collaboratives and Advisory Meetings
- Staff Meetings

IIS Trainings:

- Webinars for users
- Website IIS Training updated for external users
- Standard Operating Procedures (SOPs) for internal users
- Talking Points SOPs for IIS and Phone Staff

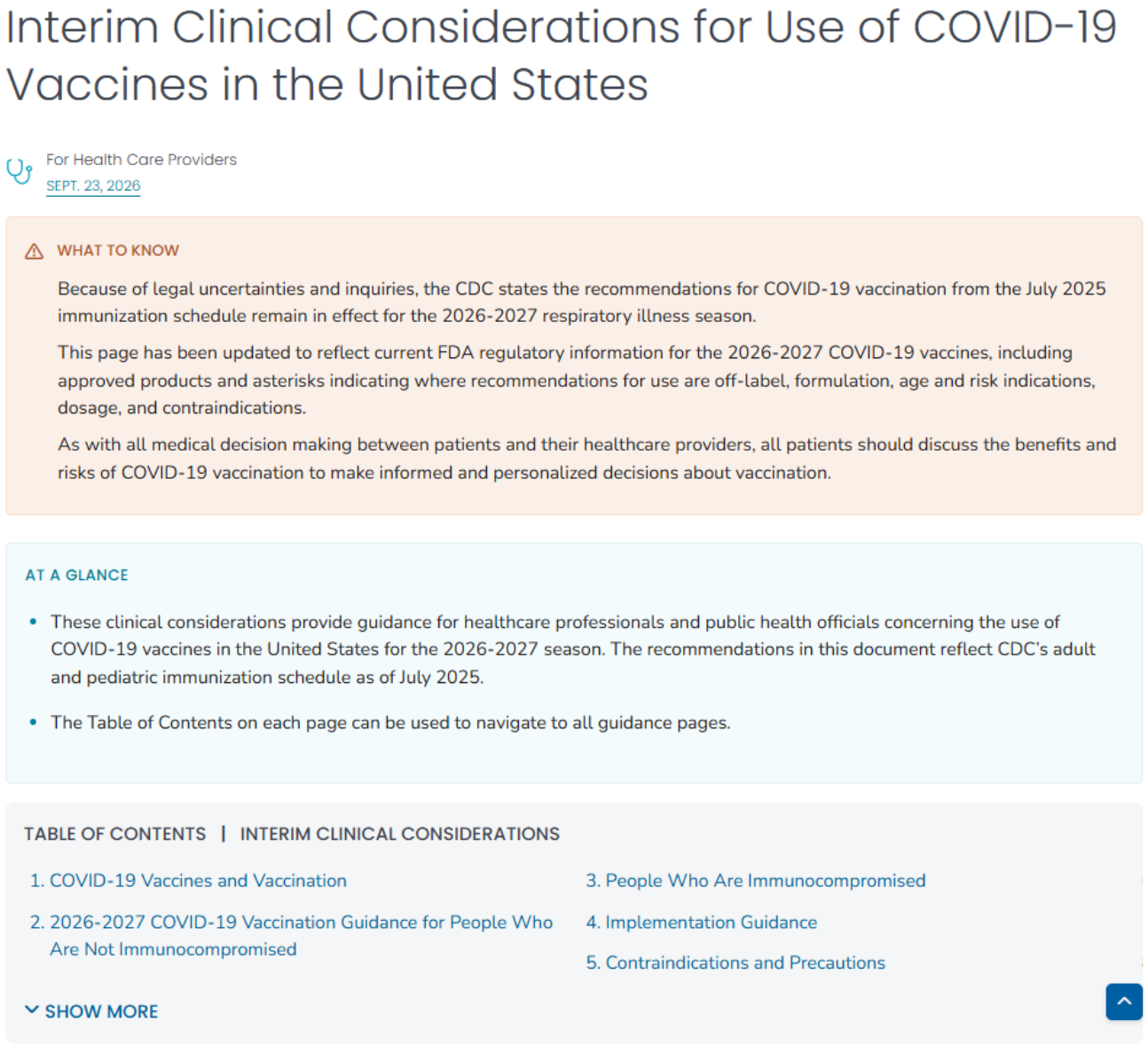
Challenges



Challenges

See “What To Know” note from CDC on website about when immunization schedules were last updated.

- Timeliness of updates
- UAT/Test Cases Supporting Data
- Myriad of Questions



Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States

For Health Care Providers

SEPT. 23, 2026

WHAT TO KNOW

Because of legal uncertainties and inquiries, the CDC states the recommendations for COVID-19 vaccination from the July 2025 immunization schedule remain in effect for the 2026-2027 respiratory illness season.

This page has been updated to reflect current FDA regulatory information for the 2026-2027 COVID-19 vaccines, including approved products and asterisks indicating where recommendations for use are off-label, formulation, age and risk indications, dosage, and contraindications.

As with all medical decision making between patients and their healthcare providers, all patients should discuss the benefits and risks of COVID-19 vaccination to make informed and personalized decisions about vaccination.

AT A GLANCE

- These clinical considerations provide guidance for healthcare professionals and public health officials concerning the use of COVID-19 vaccines in the United States for the 2026-2027 season. The recommendations in this document reflect CDC's adult and pediatric immunization schedule as of July 2025.
- The Table of Contents on each page can be used to navigate to all guidance pages.

TABLE OF CONTENTS | INTERIM CLINICAL CONSIDERATIONS

1. COVID-19 Vaccines and Vaccination
2. 2026-2027 COVID-19 Vaccination Guidance for People Who Are Not Immunocompromised
3. People Who Are Immunocompromised
4. Implementation Guidance
5. Contraindications and Precautions

SHOW MORE



Lessons Learned

Lessons Learned

Utilize Available Shared Resources:

- Toolkits (e.g. Partner Analysis Workbook, IIS Report Inventory Comparison Matrix, Training Plan, Change Management, Communication Plan, RASCI, etc.)
- Subscribe to Partner resources for alerts on updates.

Make the CDS/Recommender a Project:

- IIS Updates, UAT, Releases
- Training Updates
- Communications (internal and external)



Q & A

Thank you!



Thank you to our presenters, and thanks to all of you for joining us!

Please complete a brief evaluation survey

The next Discovery Session
will be on November 16, 2026