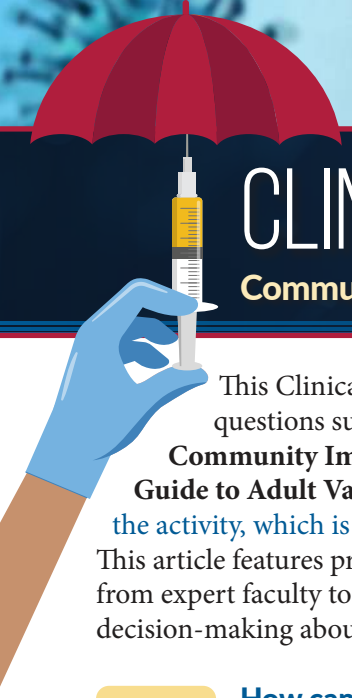
CLINICAL BRIEF: **ASK THE EXPERTS**

Community Immunity Starts with You: The NP's Guide to Adult Vaccinations



This Clinical Brief: Ask the Experts answers questions submitted by learners participating in **Community Immunity Starts with You: The NP's Guide to Adult Vaccinations** (click here to access the activity, which is available through July 2027*). This article features practical, evidence-based answers from expert faculty to support patient-centered shared decision-making about adult vaccinations.

How can NPs quickly determine which vaccines an adult patient needs when the patient has an incomplete or uncertain vaccination history?

Nurse practitioners (NPs) can quickly determine an adult patient's vaccine needs by checking state Immunization Information Systems (IIS); reviewing the CDC Adult Immunization Schedule by age and risk; and applying the rule to continue or provide missing doses without restarting extended series. In addition, depending on the age or the health conditions of the person, professional organizations such as the AAFP or IDSA can provide vaccine schedules as well.[1]

What are the most important considerations when making vaccine recommendations for special populations, such as pregnant patients, immunocompromised patients, patients with chronic medical conditions and older adults?

When evaluating vaccine recommendations for special populations, clinical decision-making centers on balancing safety, immunogenicity and specific clinical risks across four primary patient groups:

Pregnant Patients

Contraindication of Live Vaccines: Live-attenuated vaccines (e.g., MMR, varicella, live attenuated influenza) are generally contraindicated due to the theoretical risk of fetal infection.

Safety of Non-Live Vaccines: Inactivated, recombinant, subunit and mRNA vaccines are safe to administer when indicated. Standard routine recommendations include Tdap (preferably during early third trimester) to maximize passive antibody transfer, along with influenza, maternal RSV (when seasonally indicated) and COVID-19 vaccines.

Dual Protection: Immunization shields the pregnant individual from severe maternal morbidity and supplies passive transplacental antibodies to provide neonatal immunity during early infancy.

Immunocompromised Patients

Strict Avoidance of Live Vaccines: Replicating live-attenuated vaccines carry a significant risk of causing unchecked viral or bacterial replication in severely immunocompromised hosts and must be avoided.

Efficacy and Immunogenicity: Inactivated, subunit and non-replicating vaccines do not pose a safety risk for infection, but the host's blunted immune response may lead to reduced antibody titers or efficacy.

Optimization of Timing: Administer vaccines prior to initiating planned immunosuppressive or cytotoxic therapy (ideally two to four weeks before). For ongoing therapy, time vaccinations during windows of minimal immunosuppression or between treatment cycles.

Cocooning Strategy: Household members and close contacts should maintain full vaccination status (e.g., annual flu, COVID-19, routine childhood vaccines) to reduce exposure risk.

Patients With Chronic Medical Conditions

Elevated Risk Profile: Underlying conditions such as diabetes mellitus, chronic kidney disease, end-stage renal disease, heart failure or chronic obstructive pulmonary disease (COPD) significantly increase susceptibility to severe disease, hospitalizations and complications from vaccine-preventable infections.

Adjusted Vaccination Protocols: Indications often require specialized dosing schedules, additional booster doses, altered administration intervals or specific risk-targeted vaccines (such as pneumococcal, hepatitis B or shingles vaccination).[2]

Older Adults (Aged 65 and Older)

Impact of Immunosenescence: Age-related waning of both innate and adaptive immune responses reduces the effectiveness of standard-dose vaccines.

Enhanced Formulations: For adults aged 65 and older, the Centers for Disease Control and Prevention (CDC) preferentially recommends specific, enhanced flu vaccines over standard-dose flu shots.

*Subject to change.

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This preference exists because older adults' immune systems typically require a stronger stimulus to build effective protection. The three preferentially recommended flu vaccines for seniors are shown below, and if none of these are available, administer another age-appropriate influenza vaccine rather than delay vaccination.[1,3]

- **High-Dose Inactivated (Fluzone High-Dose):** Contains four times the amount of antigen as a standard flu shot to trigger a stronger immune response.
- **Adjuvanted Inactivated (Fluad):** Features an added ingredient called an adjuvant (MF59) that helps strongly boost the body's immune response.
- **Recombinant (Flublokt):** A recombinant (synthetically made) flu vaccine that provides a higher dose of antigen and is entirely egg-free.

Targeted Respiratory Coverage: Tailored schedules prioritize protection against severe respiratory diseases using pneumococcal conjugate vaccines and RSV vaccines alongside seasonal influenza and COVID-19 immunizations.



What role can NPs in urgent care, specialty practices, telehealth or other settings where vaccines are not routinely administered play in improving adult vaccination rates?

Patients seek care in many settings and may not have a medical home or a consistent PCP. As a result, patients may not receive information about the appropriate vaccines for their age or health condition. Every patient encounter is a vaccine visit. As an important part of prevention, we, as clinicians, should review the patient's vaccination history and determine which age-appropriate vaccines the patient should receive.

The easiest way to know which vaccines a patient needs based on age or health condition is to use a vaccine schedule from a professional organization or the 2025 CDC schedule.

While many practice settings do not provide vaccination services, the clinician can "prescribe" a vaccine and refer the patient to a pharmacy, a local health department or other clinic that provides the needed vaccines.

Remember, a health care provider's recommendation strongly influences a patient's choice to be vaccinated.



When a recommended vaccine is not available in the NP's practice, what strategies can help ensure that a recommendation actually results in vaccination rather than being lost during referral to a pharmacy, health department or primary care practice?

Key strategies for NPs to ensure external vaccine recommendations result in actual administration include:

- **Direct Electronic Prescribing:** Send an e-prescription specifying the exact formulation, dose and schedule to the patient's pharmacy to place it directly in their fulfillment queue.
- **Closed-Loop Referral Tracking:** Maintain an open order in the Electronic Health Record (EHR) and assign staff to follow up within one to two weeks to verify completion and address coverage or access barriers.
- **Actionable Logistics and Resources:** Provide exact locations and phone numbers of nearby facilities with stock, utilize digital lookup tools like Vaccines.gov and offer cost transparency (such as co-pay cards or public program information).
- **Strong Recommendations and Written Mandates:** Communicate an urgent, personalized recommendation in person and provide printed materials like Vaccine Information Statements (VIS) or paper "prescriptions."
- **Immunization Registry Monitoring:** Verify state Immunization Information System (IIS) records and recheck the registry at subsequent visits to confirm external administration.

Check this out for more information!
How to Improve Your Immunization Services



What are some practical strategies for addressing vaccine hesitancy and having productive conversations with patients who are unsure about or decline recommended vaccines?

There are several strategies that the clinician can use to address vaccine hesitancy. It is key to remember that one strategy may not work in all situations and the clinician may need to try different approaches. Addressing vaccine hesitancy requires balancing clear clinical guidance with patient-centered, empathetic communication.
Instead of relying solely on data dumps, health care providers can use evidence-based communication frameworks to navigate these conversations. Several key strategies that may be of use are shown on page 4.[4-9]

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How can NPs stay current with changing adult immunization recommendations, and what resources do you recommend for quickly determining which vaccines are indicated at the point of care?

Adult immunization recommendations continue to evolve as new vaccines become available, indications expand and guidance changes based on emerging evidence. NPs should establish a reliable process for reviewing updated recommendations and use trusted, evidence-based resources to guide vaccine decisions during patient encounters. At the point of care, it is important to consider the patient's age, vaccination history, underlying medical conditions, pregnancy status, immune status and other risk factors. NPs should also review vaccine-specific recommendations, including appropriate timing, intervals, precautions and contraindications.

A practical approach is to use CDC immunization schedules as a starting point, supplement them with specialty-specific guidance when appropriate and incorporate quick-reference tools into everyday clinical workflows.

A table of useful resources is provided on page 5. These are particularly useful for staying informed and supporting efficient, evidence-based vaccination decisions. NPs should bookmark frequently used resources and periodically review updates from the CDC and relevant professional organizations. Because recommendations can change and guidance may differ among organizations, clinicians should verify the publication date and applicability of recommendations before using them for patient care.

Don't Miss These!

Page 4: **Key Strategies for Addressing Vaccine Hesitancy**

Page 5: **Summary Table of Resources**

References

1. CDC (2025) recommended immunization schedule for ages 19 and older. https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf.
2. CDC (2025) Recommended vaccines for adults. https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html.
3. CDC (2025) Flu and people 65 and older. https://www.cdc.gov/flu/highrisk/65over.htm.
4. AAP (2025) Talking with vaccine-hesitant parents. https://www.aap.org/en/patient-care/immunizations/communicating-with-families-and-promoting-vaccine-confidence/talking-with-vaccine-hesitant-parents/.
5. CDC (2024) Talking with parents about vaccines. https://www.cdc.gov/vaccines-children/hcp/conversation-tips/index.html.
6. Duffy S (2023) Effective strategies for vaccine communication. Vaccine Advisor. https://www.vaccineadvisor.com/features/effective-strategies-for-vaccine-communication/.
7. Indiana immunization coalition. (2026) How to address vaccine hesitancy with patients. https://vaccinateindiana.org/how-to-address-vaccine-hesitancy-with-patients/.
8. Mayo NL, Cullen JP, Dozier AM, Yousefi-Nooraie R, Russell HA. How to overcome hesitancy for COVID-19 and other vaccines. J Fam Pract. 2022 Jul;71(6):239-244. doi: 10.12788/jfp.0443. PMID: 35994768; PMCID: PMC12120844
9. Tuckerman J, Kaufman J, Danchin M. Effective Approaches to Combat Vaccine Hesitancy. Pediatr Infect Dis J. 2022 May 1;41(5):e243-e245. doi: 10.1097/INF.0000000000003499. PMID: 35213864; PMCID: PMC8997018



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Key Strategies for Addressing Vaccine Hesitancy[4-9]

Step 1 A Presumptive Approach

The Default Choice: Start the conversation assuming the patient or parent intends to vaccinate. Frame immunizations as the routine standard of care rather than an optional topic.

The framework used to introduce vaccines significantly impacts acceptance rates.

✗ *"Do you want to get your flu shot today?"*

✓ *"It's time for your routine vaccines today. We have the flu and tetanus shots ready for you."*

Step 2 Motivational Interviewing

If a patient hesitates or declines after a presumptive opening, transition to a collaborative counseling approach designed to explore internal motivations and resolve ambivalence.

Ask Open-Ended Questions: Avoid questions that result in a simple "yes" or "no." Seek to understand their exact concerns from a place of curiosity.

✓ *"What concerns do you have about the vaccine?"*

✓ *"What have you heard in your community about this shot?"*

Elicit-Share-Elicit: Ask permission before sharing data to show respect for patient autonomy.

✓ *"If it's alright with you, can I share some information regarding how that safety trial was conducted? ...What do you think about that?"*

Affirm and Reflect: To build trust and lower defensiveness, validate the patient's underlying emotions without necessarily agreeing with their medical conclusions.

✓ *"I hear that you want to be completely sure about what goes into your body, and it's completely natural to want to look at the safety data."*

When countering myths, the way information is presented determines how well it is received.

Carefully Handle Misinformation.

Analyze the Source: Gently ask where they encountered the information. Provide high-quality, reputable resources that they can review at home.

The Fact Sandwich: Avoid repeating the myth prominently, **as repetition can inadvertently reinforce it in the patient's mind.** State the fact first, briefly address why the myth is inaccurate and then restate the factual data.

Provide a Strong, Personalized Recommendation.

Clear Medical Stance: Explicitly state your recommendation. A strong provider recommendation is directly associated with significantly higher vaccination rates.

Leverage Narrative and Analogies: Combine clinical numbers with personal stories to make the information relatable.

✓ *"A vaccine is like a software update for your immune system."*

Patients consistently cite their personal health care provider as their most trusted source for vaccine information.

Leave the Door Open

A single conversation does not always lead to immediate acceptance; success includes building a strong therapeutic relationship for future visits.

Avoid Confrontation: Do not argue, shame or pressure the patient into signing forms immediately. Be respectful.

Revisit at Next Encounters: If they decline, respect their autonomy, document the discussion and politely state that you care about their health and will check in about it at their next appointment.

Maintaining open lines of communication ensures patients feel comfortable asking questions later.

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Summary Table of Resources

The following resources are particularly useful for staying informed and supporting efficient, evidence-based vaccination decisions.	
Organization	**Resource and Direct URL**
Centers for Disease Control and Prevention (CDC)	**Adult Immunization Schedule and Clinical Guidance:** Age-based schedules, medical indications, dosing intervals and schedule notes. https://www.cdc.gov/vaccines/hcp/imz-schedules/
Immunize.org	**Adult Vaccination Resources:** Clinical tools, screening checklists, standing orders and educational materials. https://www.immunize.org/clinical/topic/adult-vaccination/
Immunize.org: Ask the Experts	**Vaccine-Specific Clinical Questions:** Practical answers to complex immunization questions, including vaccine timing, administration and special populations. https://www.immunize.org/ask-experts/
National Foundation for Infectious Diseases (NFID)	**Immunization Education and Resources:** Adult vaccination information, educational materials and communication resources. https://www.nfid.org/
American Academy of Family Physicians (AAFP)	**Adult Immunization Schedules:** Primary care resources and adult vaccination guidance. https://www.aafp.org/clinical-insights/immunizations-and-vaccines/immunizations-schedules-resources/adult-immunization-schedules
American College of Obstetricians and Gynecologists (ACOG)	**Maternal Immunization Schedule:** Vaccine guidance for pregnancy and related clinical considerations. https://www.acog.org/clinical-information/maternal-immunization-schedule
Infectious Diseases Society of America (IDSA)	**Infectious Disease Guidance:** Resources for infectious diseases, immunocompromised populations and complex clinical situations. https://www.idsociety.org/
American College of Physicians (ACP)	**Adult Preventive Care and Immunization Resources:** Internal medicine guidance and professional education. https://www.acponline.org/
American Association of Nurse Practitioners (AANP)	**Continuing Education Center:** NP-focused education, including immunization activities and clinical practice resources. https://aanp.inreachce.com/
CDC Yellow Book	**Travel-Related Vaccination Guidance:** Recommendations for international travelers and destination-specific considerations. https://www.cdc.gov/yellow-book/
CDC Immunization Information Systems (IIS)	**Immunization Registry Resources:** Information on accessing and using state immunization registries to verify vaccination histories. https://www.cdc.gov/iis/

The following resources are particularly useful for making vaccination decisions during a patient encounter.	
Tool for Use at Point of Care	**Direct URL**
CDC Adult Immunization Schedule by Age	https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html
CDC Adult Immunization Schedule by Medical Indication	https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-medical-condition.html
CDC Adult Immunization Schedule Notes	https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html
CDC Vaccine Information Statements (VIS)	https://www.cdc.gov/vaccines/hcp/vis/
CDC General Best Practice Guidelines for Immunization	https://www.cdc.gov/vaccines/hcp/imz-best-practices/
CDC PneumoRecs VaxAdvisor	https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/app.html
Immunize.org Standing Orders Templates	https://www.immunize.org/clinical/topic/standing-orders-templates/

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