

The Importance of Adult Immunizations

Adult immunizations are a cornerstone of preventive care. Waning immunity, older age, chronic conditions and social determinants of health increase adults' susceptibility to vaccine-preventable diseases. However, recent national data show that only 23 percent of people 19 years and older have received all routine vaccines recommended for adults.¹

Multiple interrelated factors influence adult vaccine uptake, including the following²:

- Age
- Access and cost
- Socioeconomic and household factors
- Health status (e.g., comorbidities)
- Awareness and understanding of vaccines/diseases
- Attitude toward vaccination (e.g., vaccine hesitancy)

Lower vaccination coverage is associated with greater burden from vaccine-preventable diseases, including increased morbidity and mortality, particularly among vulnerable populations.³ Primary care clinicians are uniquely positioned to reduce this burden by consistently following age- and risk-based vaccine recommendations from the American Academy of Family Physicians (AAFP). Adherence to these data-supported recommendations—coupled with team-based vaccination strategies that reduce barriers and missed opportunities—can improve patient outcomes and population health.

Follow AAFP Recommendations for Adult Vaccines

The 2026 adult immunization schedule adopted by the AAFP provides clear, practical, evidence-based guidance for primary care clinicians. **View the schedule at [AAFP.org](https://www.aafp.org).**

Communicate Adult Vaccine Recommendations Effectively

An effective vaccination strategy requires strong and consistent clinician recommendations, patient engagement and attention to barriers that limit access (*Table 1*). You can leverage your role as a trusted health advocate when recommending vaccines to your adult patients. Proactively initiating conversations about age- and risk-based vaccine recommendations and using shared clinical decision-making when indicated can help improve vaccine uptake, minimize missed opportunities and reduce the burden of vaccine-preventable diseases.

At a Glance: Principles of Adult Vaccine Delivery

- Assess vaccination status at all office visits.
- Follow AAFP recommendations based on age, risk and indications.
- Use shared clinical decision-making when indicated.
- Coadminister vaccines when appropriate to reduce missed opportunities.
- Prioritize vaccination of pregnant patients, adults from groups impacted by social determinants of health, adults who are immunocompromised and adults with chronic disease or older age.
- Document vaccination and report it to state immunization registries.

Preparation can make these conversations easier and more effective. Staying up to date on the health impact of vaccine-preventable diseases using *Epidemiology and Prevention of Vaccine-Preventable Diseases* ("The Pink Book") and AAFP vaccine resources can equip your team to translate clinical guidance into patient-friendly language. Consider developing a few simple talking points for each vaccine-preventable disease to help patients understand that vaccination is a safe, effective way to protect themselves, their families and their communities from serious illness, hospitalization and death.⁴

Take a Team-based Approach to Vaccination

Team-based care is an important tool for improving vaccination rates. This includes implementing standing orders to reduce missed opportunities and empowering care team members (e.g., non-physician clinicians, registered nurses, clinical pharmacists) to engage in shared clinical decision-making about vaccines when indicated. Identify ways the entire team—including reception staff and medical assistants—can contribute to a pro-vaccine culture.

Incorporating supportive care practices into your team's workflows helps ensure this care is delivered consistently across touchpoints. For example, care team members can take a trauma-informed approach with patients who have needle phobia or vaccine-related anxiety, set patient

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The publication of this supplement is funded by an unrestricted grant from GlaxoSmithKline and brought to you by the AAFP. **Journal editors were not involved in the development of this content.**

expectations about common side effects, and be prepared to recognize and manage post-vaccination reactions.

Optimize Care of Vulnerable Populations

Vaccine-preventable diseases and vaccination gaps disproportionately affect vulnerable populations.⁵ Primary care teams should proactively identify patients at higher risk and tailor vaccination strategies to address barriers and improve access.

Identify and address social determinants of health.

Determining a patient’s vulnerability to vaccine-preventable diseases goes beyond assessing their age, immune status and underlying medical conditions. An equitable vaccination strategy also requires primary care teams to identify and address factors such as lower socioeconomic status and related social needs, which are associated with lower adult vaccination coverage and inequities in the burden of vaccine-preventable diseases.⁶

Communicate to build trust and reduce confusion.

It is important to take a curious, culturally humble approach when discussing recommended vaccines, tailoring the conversation to each patient. In addition, be mindful of your patients’ health literacy. Overly complex clinical information can be a barrier to vaccine uptake. By communicating in clear, culturally responsive language, you can help empower patients to make informed decisions about getting vaccinated.

Extend reach through community partnerships.

Employing strategic community partnerships may help improve vaccine uptake among patients who distrust the health care system due to past trauma or other lived experiences. You can collaborate with local pharmacies, faith-based organizations and health departments to reach patients where they live and work. In addition, working with trusted community partners may free up time and resources in your practice.

Address financial barriers.

At the practice level, your team can help mitigate financial barriers to vaccination by clarifying insurance coverage, discussing expected costs up front and directing your patients to low- or no-cost vaccination options, when available. Beyond the clinic, primary care clinicians can also advocate for system-level “vaccine access for all” policies (e.g., elimination of copays for routine adult immunizations) to ensure that cost is not an obstacle for patients.

Now Is the Time to Vaccinate

By following the AAFP’s evidence-based vaccine recommendations and addressing adult vaccination gaps,

Table 1. Implementation Strategies for Adult Vaccine Delivery

Integrate vaccination into preventive, acute and chronic care visits.
Use standing orders, EHR prompts and team-based workflows for vaccination.
Address vaccine hesitancy with clear, evidence-based counseling.
In the case of vaccine deferral, note the patient’s care gap in the EHR health issues list as a reminder for a future visit.
Use immunization registries and data stratification to identify vaccination gaps among specific populations, and target outreach efforts accordingly.
Use culturally responsive communication strategies that acknowledge historical distrust, improve health literacy and build long-term patient confidence in vaccines.
Incorporate interventions informed by social determinants of health (e.g., flexible clinic hours, walk-in vaccination, transportation support, language-appropriate educational materials) to improve equitable access.
Leverage community partnerships (e.g., local health departments, pharmacies, faith-based organizations) to extend vaccine access beyond the clinic.
Coordinate vaccination across care settings (e.g., pharmacies, specialists, community resources).
Ensure cost transparency and minimize financial barriers by educating patients about insurance coverage, vaccine programs and low- or no-cost vaccination opportunities.

particularly among vulnerable populations, you and your team can help improve patient outcomes, reduce health inequities and build community immunity.

References

1. Hung M, Srivastav A, Lu P, et al. Vaccination coverage among adults in the United States, National Health Interview Survey, 2022. October 4, 2024. Accessed April 27, 2026. <https://www.cdc.gov/adultvaxview/publications-resources/adult-vaccination-coverage-2022.html>
2. Eiden AL, Barratt J, Nyaku MK. Drivers of and barriers to routine adult vaccination: A systematic literature review. *Hum Vaccin Immunother.* 2022;18(6):2127290.
3. Hamson E, Forbes C, Wittkopf P, et al. Impact of pandemics and disruptions to vaccination on infectious diseases epidemiology past and present. *Hum Vaccin Immunother.* 2023;19(2):2219577.
4. National Foundation for Infectious Diseases. Call to action: strategies to improve adult immunization in the US. September 2024. Accessed March 24, 2026. <https://www.nfid.org/resource/call-to-action-strategies-to-improve-adult-immunization-in-the-us/>
5. Ekezie W, Awwad S, Krauchenberg A, et al. Access to vaccination among disadvantaged, isolated and difficult-to-reach communities in the WHO European region: a systematic review. *Vaccines (Basel).* 2022;10(7):1038.
6. Crowe S, Kimiecik C, Adeoye-Olatunde OA, et al. Social determinants of health-based strategies to address vaccination disparities through a university-public health partnership. *J Clin Transl Sci.* 2024;8(1):e66.

