



Primary care clinicians play a central role in shared clinical decision-making (SCDM) for adult immunizations by considering a vaccine’s benefits and risks in the context of the patient’s health profile, values and preferences. This guide begins by distinguishing SCDM recommendations from routine, catch-up and risk-based recommendations so you can quickly identify when an individualized conversation is indicated (*Table 1*). It then answers common questions about implementing SCDM in practice, including which vaccines the American Academy of Family Physicians (AAFP) recommends based on SCDM for patients 19 years and older. It also outlines a practical, stepwise approach to support informed vaccine decisions and consistent documentation in the medical record.

Shared clinical decision-making about vaccines is not a new challenge for primary care clinicians. As you cultivate trust and build longitudinal relationships with your patients, you can empower them to make evidence-based, well-informed decisions to prevent illness and optimize wellness.

Table 1. Four types of vaccine recommendations

Recommendation type	Description	Basis for recommendation
Routine	Universal recommendation for all patients in a specific age group who do not have contraindications	Age-based immunization schedule
Catch-up	Recommendation for patients who have missed vaccine dose(s) recommended for their age or risk group	Immunization records indicating care gap
Risk-based	Recommendation for patients with specific underlying medical conditions or other indications that increase risk for infection and complications	Presence of medical condition (e.g., immune compromise, asplenia) or other risk factor
Shared clinical decision-making	Recommendation individually based and informed by a decision-making process; no “default” recommendation	Patient-clinician conversation about risks and benefits of a specific vaccine

FAQs about shared clinical decision-making for adult immunizations

What is SCDM for immunizations?

SCDM is an individualized conversation in which the clinician and patient consider a vaccine’s benefits and risks based on the patient’s specific health profile and personal values.

Who can engage in SCDM about vaccines with patients?

Anyone who provides or administers vaccines can engage in SCDM conversations.¹ This includes physicians, non-physician clinicians (e.g., nurse practitioners, physician assistants), registered nurses and pharmacists. Clinical practices and health systems should ensure that all team members involved in SCDM have adequate training.

What adult vaccines does the AAFP recommend based on SCDM?

The AAFP has five vaccine recommendations based on SCDM for adults 19 years and older (*Table 2*).²

Table 2. Adult vaccine recommendations based on shared clinical decision-making

Vaccine	19–23 yrs	24–26 yrs	27–45 yrs	46–59 yrs	60–64 yrs	≥65 yrs
COVID-19 additional doses	Adults who are moderately or severely immunocompromised					
Hepatitis B					Adults with diabetes	
HPV						
Meningococcal B	Adults not at increased risk for meningococcal disease					
Pneumococcal conjugate vaccine (PCV20 or PCV21)						Adults who have previously received PCV13 (at any age) and PPSV23 (at ≥65 yrs)

Information from reference 2.

How does SCDM impact vaccine reimbursement?

Vaccines recommended based on SCDM should be covered by payers. Under the Inflation Reduction Act, vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and covered under Medicare Part D—including those requiring SCDM—are available at no out-of-pocket cost.³ For private insurance, an ACIP recommendation for SCDM generally means the vaccine must be covered,¹ though clinicians should document preventive vaccine counseling.

You can access the 2026 adult immunization schedule adopted by the AAFP at [AAFP.org/vaccines](https://www.aafp.org/vaccines).

What can primary care practices do to streamline SCDM about vaccines?

Practices can take a team-based approach to SCDM by involving everyone who provides or administers vaccines, including non-physician clinicians, registered nurses and clinical pharmacists. Also, because many patients will not be familiar with SCDM or how it relates to vaccines,⁴ practices can make these conversations more efficient by providing brief patient education before the office visit (e.g., portal message, pre-visit text) or at check-in.

Steps for shared clinical decision-making about vaccines in primary care

Step 1. Give a strong recommendation and focus on illness prevention.

For many of your patients, SCDM will be similar to your conversations with them about routine vaccines. Rather than asking if your patient wants to be vaccinated, explain that they are eligible for the vaccine and give a clear, confident recommendation. Describe the benefits of getting the recommended vaccine, with a special focus on prevention of acute illness and future chronic complications. For example, you might say, “You’re eligible for this vaccine today, and I strongly recommend that you get it to prevent [*insert potential disease-specific acute and chronic health impacts*].”

If the patient does not express any concerns and decides to receive the recommended vaccine, administer it during the visit and document the SCDM conversation in their medical record.

Step 2. Practice active listening and use motivational interviewing techniques.

If your patient has questions or concerns about the recommended vaccine, engage in a respectful discussion of the pros and cons of getting vaccinated. It is important to take a curious, nonjudgmental approach rooted in cultural humility, similar to how you would approach a conversation with a vaccine-hesitant patient.

Show that you are genuinely interested in understanding your patient's feelings and concerns. Motivational interviewing can help the patient explore their reservations about getting the recommended vaccine and make a decision that aligns with their values and preferences. Consider using the OARS framework to facilitate a patient-centered conversation⁵:

- O – Open-ended questions
- A – Affirmation
- R – Reflective listening
- S – Summaries

Step 3. Continue the conversation after vaccine deferral.

If your patient declines the vaccine after you give a strong recommendation and discuss it with them, suggest revisiting the topic at a future visit. Let them know they can change their mind and get the vaccine at a later date. In addition, document the SCDM conversation and the patient's vaccine deferral in their medical record.

Shifting guidance from the federal government and some states can make it challenging to stay up to date on vaccine recommendations. **In this time of rapid change, the AAFP offers clear, practical, data-supported guidance for primary care clinicians at [AAFP.org/vaccines](https://www.aafp.org/vaccines).** Other trusted sources for vaccine information include the [American Academy of Pediatrics](https://www.aap.org/), the [Vaccine Integrity Project](https://www.vaccineintegrityproject.org/) and [Immunize.org](https://www.immunize.org/), which also links to [state-specific guidance on vaccines](#).

References

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