AAFP Clinical guidance

AAFP recommendations for adult immunizations

Vaccine-preventable diseases cause substantial morbidity, mortality and health care utilization among adults. Adults remain vulnerable because immunity from childhood vaccines wanes over time, disease epidemiology evolves, and older age and chronic conditions increase susceptibility to infection and complications.

Vaccinations for adults 19 years and older are a critical, yet often underutilized, component of preventive care. Primary care clinicians play a central role in improving adult vaccination rates by routinely assessing their patients' vaccination status, offering vaccines at every appropriate patient encounter and addressing vaccine hesitancy.

Table 1 provides a quick-reference summary of the American Academy of Family Physicians' (AAFP's) recommendations for selected adult vaccines.

You can access the full 2026 adult immunization schedule adopted by the AAFP at AAFP.org/vaccines.

Table 1. AAFP recommendations for selected adult vaccines[1]

Vaccine	Patient population	Schedule	Notes
COVID-19	**Routine:** All adults ≥19 years	Follow AAFP guidance for current season	- Adults ≥65 years and those who are moderately or severely immunocompromised may require additional doses. - Can be coadministered with other vaccines. - Continues to be important to prevent severe illness, hospitalization and death.
Hepatitis A (HepA)	**Routine:** Any adult ≥19 years who is not fully vaccinated and requests vaccination (identification of risk factor not required)	2-dose HepA series or 3-dose HepA-HepB series	- Increasing HepA vaccination rates helps prevent future outbreaks.[2] - Vaccination reduces the risk of severe illness in people with chronic liver disease.[3]
Hepatitis B (HepB)	**Routine:** - All adults 19–59 years - Adults ≥60 years with known risk factors - Adults ≥60 years who request HepB vaccination **Shared clinical decision-making:** Adults ≥60 years with diabetes	2-, 3- or 4-dose series, depending on formulation	- Universal adult vaccination has replaced risk-only strategies. - Risk factors include chronic liver disease, HIV infection and percutaneous or mucosal risk for exposure to blood.
HPV	**Routine:** All adults 19–26 years **Shared clinical decision-making:** Adults 27–45 years	2- or 3-dose series, depending on age at initial vaccination	- Prevents HPV-caused cancers and anogenital warts.[4] - Most beneficial when administered prior to exposure but still beneficial in adults after exposure.[5]
Influenza	**Routine:** All adults ≥19 years	1 dose annually (ideally before influenza season)	- Adults ≥65 years should receive a high-dose, adjuvanted or recombinant formulation, if available. - Contraindications to live attenuated influenza vaccine should be noted. - People with an egg allergy can receive any influenza vaccine (egg-based or non-egg-based) appropriate for their age and health status.

Vaccine	Patient population	Schedule	Notes
Meningococcal (MenACWY)	**Risk-based:** - Adults ≥19 years with anatomical or functional asplenia, HIV infection, persistent complement component deficiency or complement inhibitor use - Travelers to countries with hyperendemic or epidemic meningococcal disease, or microbiologists routinely exposed to *Neisseria meningitidis* - First-year college students who live in residential housing (if not previously vaccinated at age ≥16 years) or military recruits	Primary series with boosters as indicated by risk	Outbreak settings may prompt vaccination.[6]
Meningococcal (MenB)	**Shared clinical decision-making:** Adults 19–23 years not at increased risk for meningococcal disease **Risk-based:** Adults ≥19 years with anatomical or functional asplenia, persistent complement component deficiency or complement inhibitor use, or microbiologists routinely exposed to *Neisseria meningitidis*	Primary series with boosters as indicated by risk	- MenB may be administered simultaneously with MenACWY if indicated, but at a different anatomic site, if feasible. - Outbreak settings may prompt vaccination.[6]
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)	**Routine:** All adults ≥50 years who have not previously received a PCV13, PCV15, PCV20 or PCV21 or whose previous vaccination history is unknown **Risk-based:** Adults 19–49 years with certain underlying medical conditions or other risk factors who have not previously received a PCV13, PCV15, PCV20 or PCV21 or whose previous vaccination history is unknown	1 dose PCV15 **or** PCV20 **or** PCV21 - **If PCV15 is used:** 1 dose PPSV23 1 year after the PCV15 dose - **If PCV20 or PCV21 is used:** Dose of PPSV23 is not indicated	- Underlying medical conditions or other risk factors include chronic heart/lung/liver diseases, diabetes, smoking and immunocompromised state. - Based on shared clinical decision-making, adults ≥65 years who have previously received both PCV13 (at any age) **and** PPSV23 (at age ≥65 years) may receive 1 dose PCV20 or 1 dose PCV21 (or no additional pneumococcal vaccine).
Recombinant zoster (RZV)	**Routine:** All adults ≥50 years **Risk-based:** Adults ≥19 years who are immunocompromised	2-dose series, 2–6 months apart	- Prior herpes zoster infection or prior live zoster vaccine is not a contraindication. - No specific waiting period is required after shingles; generally, vaccinate after rash has resolved.[7] - Highly effective in preventing shingles and postherpetic neuralgia.[8,9]
Respiratory syncytial virus (RSV)	**Routine:** - Pregnant adults ≥19 years at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States - All adults ≥75 years who are unvaccinated **Risk-based:** Adults 50–74 years who are unvaccinated and at increased risk of severe RSV disease (can self-attest to the presence of a risk factor)	One-time dose (ideally in late summer/early fall)	Particularly beneficial for older adults with cardiopulmonary disease or frailty.
Tetanus, diphtheria, pertussis (Tdap or Td)	**Routine:** All adults ≥19 years	- **Completed primary series:** Td or Tdap every 10 years (give 1 dose of Tdap if no prior Tdap at age ≥10 years) - **Unvaccinated/incomplete primary series:** Doses to complete 3-dose primary series	Pregnant adults ≥19 years should receive 1 dose Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36.

Principles of adult vaccine delivery

- Assess vaccination status at every preventive, acute and chronic care visit
- Follow recommendations based on age, risk and indications
- Coadminister vaccines when appropriate to reduce missed opportunities
- Prioritize vaccination of pregnant patients and adults with chronic disease, immunocompromised state and/or older age
- Document vaccination and report it to state immunization registries

Practical approaches to adult vaccine delivery

- Incorporate vaccination into regular checkups, Medicare annual wellness visits and chronic care encounters
- Use standing orders, EHR prompts and team-based workflows for vaccination
- Address vaccine hesitancy with clear, evidence-based counseling

References

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