CLINICAL GUIDANCE:
Discussing Influenza Vaccination With Adults 50 and Older

INTRODUCTION

As you care for adults 50 and older throughout this flu season, discuss the importance of getting vaccinated to reduce or prevent the spread of influenza viruses. During each patient visit, it is important to **strongly recommend annual influenza vaccination for all patients 6 months and older who do not have a contraindication**. People 50 and older, especially those with chronic medical conditions, have a significantly increased risk for severe infection and mortality from influenza compared to healthy individuals younger than 50.[1] Despite this, influenza vaccination rates among people 50 to 64 remain low.[2] You have the opportunity to engage in shared clinical decision-making to encourage vaccine uptake among these higher-risk patients.

RECOMMENDATIONS FOR THE 2024-2025 FLU SEASON

The American Academy of Family Physicians endorses the following influenza vaccination recommendations from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention[3]:

- All patients 6 months and older who do not have contraindications should receive a licensed and age-appropriate seasonal influenza vaccine.
- Patients 65 and older should preferentially receive a high-dose inactivated, adjuvanted inactivated or recombinant influenza vaccine.
- Patients with an egg allergy may receive either an egg-based or non-egg-based vaccine.
- **New this year:** Solid organ transplant recipients 18 to 64 who are taking immunosuppressive medications should receive a high-dose or adjuvanted inactivated influenza vaccine. The high-dose or adjuvanted inactivated vaccines recommended for patients 65 and older should be used in these individuals.

Fast Facts

- The rate of hospitalization attributable to influenza is three times higher in adults 50 to 64 compared with people 18 to 49.[1] Adults 50 to 64 also have a ninefold higher mortality rate attributable to influenza than younger adults.
- Fifty percent of U.S. adults 45 to 64 have multiple chronic medical conditions,[4] which puts them at an increased risk of hospitalization and premature death compared to people with a single chronic condition.[5]
- During the 2022-2023 flu season, hospitalization rates were notably higher among Black, Hispanic/Latino and American Indian/Alaska Native populations compared to other racial and ethnic groups.[6]
- During the 2023-2024 flu season, influenza vaccination coverage was 42% among Black adults, 35% among American Indian/Alaska Native adults and 35% among Hispanic adults.[6] These figures highlight the ongoing disparities in vaccination rates among different racial and ethnic groups, underscoring the need for targeted public health initiatives to improve vaccine uptake in these communities.

INFLUENZA VACCINES FOR ADULTS 50 AND OLDER

For the 2024-2025 flu season, all influenza vaccines will be trivalent vaccines designed to protect against three different influenza viruses: two influenza A viruses and an influenza B/Victoria lineage virus. Different vaccines are licensed for use in different age groups (*Table 1*), and some vaccines are not recommended for certain groups of people. The influenza vaccine can be coadministered with other recommended vaccines (e.g., COVID-19, respiratory syncytial virus) at the same visit if the patient is eligible and the timing for each vaccine is consistent with their immunization schedule.

Table 1. Influenza Vaccines for the 2024-2025 Flu Season in the United States

Trade Name (Manufacturer)	Age Group
IIV3s (standard-dose, egg-based vaccines)	
Afluria (Seqirus)	≥6 months
Fluarix (GlaxoSmithKline)	≥6 months
FluLaval (GlaxoSmithKline)	≥6 months
Fluzone (Sanofi)	≥6 months
ccIIV3 (standard-dose, cell culture-based vaccine)	
Flucelvax (Seqirus)	≥6 months
HD-IIV3 (high-dose, egg-based vaccine)	
Fluzone High-Dose (Sanofi)	Solid organ transplant recipients 18-64 years who are receiving immunosuppressive medication regimens
	≥65 years
aIIV3 (standard-dose, egg-based vaccine with MF59 adjuvant)	
Fluad (Seqirus)	Solid organ transplant recipients 18-64 years who are receiving immunosuppressive medication regimens
	≥65 years
RIV3 (recombinant HA vaccine)	
Flublok (Sanofi)	≥18 years

aIIV3 = adjuvanted inactivated influenza vaccine, trivalent; ccIIV3 = cell culture-based inactivated influenza vaccine, trivalent; HA = hemagglutinin; HD-IIV3 = high-dose inactivated influenza vaccine, trivalent; IIV3s = inactivated influenza vaccine, trivalent; RIV3 = recombinant influenza vaccine, trivalent.

Adapted from Grohskopf LA, Ferdinands JM, Blanton LH, et al. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices - United States, 2024-25 influenza season. *MMWR Recomm Rep.* 2024;73(5):1-25.

The CDC offers a detailed table of influenza vaccine information, including age indication, presentations and route for administration, at www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm.

PHYSICIAN-PATIENT CONVERSATIONS

A recommendation from a health care professional is the strongest predictor of whether a patient will get vaccinated.[7] You and your practice team should be prepared with a plan for talking to patients 50 and older about the benefits and risks of influenza vaccination, addressing their questions, and providing relevant resources to help them make informed health care decisions. Emphasize that vaccination protects them, their families and their communities from serious illness, hospitalization and even death. It may also be helpful to highlight that the risk for severe illness and death from influenza significantly increases at age 50.

The following tips and conversation starters can help guide your discussions about the influenza vaccine with patients 50 and older.

Use a presumptive and positive approach focused on illness prevention.

When you recommend the influenza vaccine to a patient, assume they will receive it that day. Rather than asking if your patient wants to be vaccinated, explain that they are due to get the vaccine and will be vaccinated during their visit. Highlight why they need an influenza vaccine to protect them, with special emphasis on illness prevention.

"Mr. Smith, I see you are here today for your annual exam. Now that we are in the respiratory season, it's time for you to get your flu vaccine. We'll give you that vaccine today to continue your preventive care."

Give a strong recommendation.

Some patients 50 and older may be hesitant about getting an influenza vaccine. Be clear and confident in your recommendation. Describe the benefits of getting the vaccine, and explain that the AAFP, the CDC and other medical experts recommend influenza vaccines to prevent illness that could lead to absence from work, hospitalization or even death. Emphasize that adults 50 and older are at an increased risk of serious complications if they get the flu, especially if they have a chronic condition (e.g., diabetes).

"Mr. Smith, I strongly recommend that you get the flu vaccine today. It is highly effective at preventing severe illness, hospitalization and even death. As a 52-year-old man with diabetes, you are at increased risk for those flu complications, so it's especially important for you to get vaccinated every year."

Listen carefully and respond to questions.

If a patient is hesitant about getting the influenza vaccine, try to understand the concerns expressed in their questions. Be honest about potential side effects, but explain why the vaccine is safe and

effective. If your patient asks a question you cannot answer during the visit, acknowledge their concern and offer to review the information they have found. If necessary, schedule another appointment to discuss it further.

"Mr. Smith, I understand your concerns. There's a lot of misinformation about flu vaccines online and on social media. I'm here to provide you with evidence-based recommendations and answer your questions. My goal is to ensure you have accurate information to make an informed decision about getting a flu vaccine to protect yourself, your family and your community."

Keep providing information after vaccine refusal.

If a patient continues to refuse an influenza vaccine after you give a strong recommendation and talk about it with them, document the conversation and the patient's refusal in their medical record. Remind your team to allow time during the patient's next visit to revisit the topic.

In addition, try the following motivational interviewing strategies:

- Provide your patient with reliable information from credible sources.
- Share new information to help your patient consider other reasons to prevent illness by getting vaccinated (e.g., to avoid absence from work or help protect a newborn grandchild).
- Remind your patients from certain racial and ethnic minority groups that they are at an increased risk of being hospitalized for flu complications. Compared to rates among white adults, age-adjusted influenza hospitalization rates from 2009 to 2023 were[6]:
  - 1.8 times higher among Black adults
  - 1.4 times higher among American Indian or Alaska Native adults
  - 1.2 times higher among Hispanic or Latino adults
- Inform the patient about influenza vaccine options, especially if they are eligible for a high-dose or adjuvanted inactivated influenza vaccine.

Continue the conversation.

A patient's refusal at one appointment does not necessarily mean they will decline the influenza vaccine in the future. Continue to have open, transparent conversations with any patient who is hesitant to get vaccinated. Work with the patient to agree on at least one of the following actions:

- Discuss the influenza vaccine at a future appointment.
- Read additional information about the influenza vaccine that you provide them.

Finally, keep reminding your patients 50 and older that the flu is a serious illness that can lead to serious health complications. Vaccination reduces the risk of influenza-related hospitalization and death. It is important for your patients to stay up to date and get an influenza vaccine every year.

REFERENCES

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