



Talking with Adults about Vaccines to Prevent Respiratory Illnesses During Cold and Flu Season

Several vaccines are available to prevent common respiratory viral diseases we expect to see this fall and winter: COVID-19, influenza (flu), and respiratory syncytial virus (RSV). Additionally, preventing co-infection with pneumococcus through vaccination is also recommended as pneumococcal infections are a significant cause of increased morbidity and mortality. Use the SHARE approach and the key points below to help you discuss these vaccines with your patients and make strong recommendations.

- Flu vaccination is recommended for everyone ages 6 months and older.
- COVID-19 vaccine is recommended for everyone ages 6 months and older, including during pregnancy, by AAP, ACP, and ACOG. CDC recommends vaccination of 18–64 years with one or more high risk conditions and all adults 65+ years. CDC has no recommendation for vaccination of during pregnancy.
- A single dose of RSV vaccine is recommended for:
 - All adults ages 75 and older.
 - Adults ages 50–74 who are at increased risk of severe RSV disease.
 - Pregnant persons, between 32 through 36 weeks 6 days' gestation during September through January (generally), to prevent RSV in their infants. Only use Abrysvo® RSV vaccine (Pfizer).
- Pneumococcal vaccination is recommended for everyone 50 years and older and people 19–49 who have certain medical conditions.
- To access published ACIP vaccine recommendations see: www.cdc.gov/acip-recs/hcp/vaccine-specific

SHARE

Share the reasons why vaccination is right for your patient.

Highlight positive experiences with vaccination.

Address patient questions and any concerns in plain language.

Remind patients that vaccines help protect them and their loved ones.

Explain the potential cost of getting sick, e.g.: “Vaccination helps prevent illnesses and severe complications. Preventing illness means you won’t lose time away from work, miss family obligations, or need extra visits to the doctor.”

KEY POINTS ABOUT ADULT VACCINES

- **Recommend needed vaccines at every clinical encounter:** “I strongly recommend you get [COVID-19, flu, RSV, and/or pneumococcal] vaccination(s) to protect you during respiratory season. These vaccines can be given on the same day.”
 - *Tailor the message based on the vaccines that the patient needs, their eligibility, their risk factors, and their willingness to get more than one vaccine at a time.*
 - *Ideally encourage patients to be vaccinated before viruses are circulating in their community*
 - *See NAIIS’ Fall 2025 “[Vaccine Decision Making for People 50 and Over](#),” and Immunize.org’s “[How to Administer Multiple Intramuscular Vaccines](#)” for vaccine co-administration strategies.*

KEY POINTS ABOUT ADULT VACCINES (continued)

- **Use a presumptive approach:** “Today we are giving you your [COVID-19, flu, RSV, and/or pneumococcal] vaccine(s).”
 - *Providing vaccines at the current visit is key; vaccine uptake drops considerably when patients are referred out for vaccination.*
 - *Vaccinate patients with recommended vaccines that you have in stock.*
 - *To avoid missed opportunities, CDC recommends giving all needed vaccines at the same visit with rare exception. Counsel patients about potential side effects, including possible fatigue, soreness, and fever in the 2 days after vaccination.*
 - *For patients who prefer receiving vaccines spread over more visits, schedule future vaccine appointments as needed to get them up to date. Counsel and refer patients to other clinicians that can administer vaccines you do not stock.*
- **Communicate why we vaccinate:** “Vaccination helps prevent illnesses and severe complications.”
 - *Preventing illness means you won’t lose time away from work, miss family obligations, or need extra visits to the doctor.”*
 - *Tailor messages by discussing patients’ specific risk factors for severe disease, as well as family or other circumstances that make it especially important for them to get vaccinated.*
- **Communicate unpredictability of respiratory viruses:** “The timing and severity of respiratory infections are unpredictable. The best way to be prepared is to get the vaccines you need today.”
 - *Discuss viruses circulating in your community and risks of bacterial co-infections*
- **Keep it simple:** “Vaccination helps reduce severe illness and the risk of hospitalization. Complications from respiratory infections can happen to anyone but are most worrisome in older adults and people with health issues.”
 - *Focus on one vaccine at a time in your discussion.*

KEY POINTS ABOUT VACCINE-PREVENTABLE RESPIRATORY DISEASES

Flu

- Flu causes severe illness, hospitalizations, and deaths every year. The vaccine will prevent or reduce your risk of these consequences.
- The vaccine is updated to cover the flu strains we expect to see this season.
- The flu vaccine is safe and does not cause the flu.

COVID-19

- COVID-19 continues to cause illness, hospitalizations and deaths each year. Annual vaccination can help protect you.
- COVID-19 vaccines are safe, and severe side effects are rare.
- COVID-19 vaccines prevent severe COVID-19-related complications and hospitalizations.

RSV

- RSV can lead to severe illness, hospitalizations, and deaths, especially in older adults and infants.
- RSV causes cold-like symptoms in most, but people at higher risk may get lung infections, need oxygen, and develop respiratory distress.
- The RSV vaccine is recommended for all unvaccinated 75 years and older, and for adults ages 50–74 years who are at increased risk of severe RSV. (See box, page 3.)

- During pregnancy, only Abrysvo® RSV vaccine (Pfizer) is recommended.
- *Administer at 32 through 36 weeks 6 days gestation during September through January (generally) to prevent RSV in their infants.*
- *Further information on protecting infants from RSV can be found at: <https://www.cdc.gov/rsv/site.html#hcp>.*
- *For more information on RSV vaccine see: [RSV \(Respiratory Syncytial Virus\) Immunizations | CDC](#)*

Pneumococcal

- Pneumococcal disease is caused by bacteria and can result in pneumonia, blood infections (sepsis), middle ear infections (otitis media), or infections of the lining of the brain (meningitis).
 - *These infections can follow or occur with viral infections like influenza.*
- Pneumococcal vaccination is recommended for people 50 and older, and adults younger than 50 years with high-risk conditions, such as diabetes, heart disease, or lung disease.

- See page 3 for Box for RSV Risk Considerations -

Risk Factors Associated with Severe RSV for People Ages 50-74 Years

- ☐ Chronic lung or respiratory disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma, interstitial lung disease, or cystic fibrosis)
- ☐ Chronic cardiovascular disease (e.g., heart failure, coronary artery disease, or congenital heart disease [excluding isolated hypertension])
- ☐ Moderate or severe immunocompromise
- ☐ End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
- ☐ Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor
- ☐ Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness
- ☐ Chronic liver disease (e.g., cirrhosis)
- ☐ Chronic hematologic conditions (e.g., sickle cell disease or thalassemia)
- ☐ Severe obesity (body mass index ≥ 40 kg/m²)
- ☐ Residence in a nursing home
- ☐ Other chronic medical conditions or risk factors that a health care provider determines would increase the risk for severe disease due to viral respiratory infection (e.g., frailty, situations in which health care providers have concern for presence of undiagnosed chronic medical conditions, or residence in a remote or rural community where transportation of patients with severe RSV disease for escalation of medical care is challenging)

