GUIDING LIGHT: A PRIMER ON VACCINE SHARED CLINICAL DECISION MAKING

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“Cause even when there is no star in sight. You'll always be my only guiding light”

DISCLOSURES

No new ones in the last hour, I promise!

At the request of AAFP, presenter has engaged in consulting on vaccine specific education content on Hepatitis B, RSV and influenza vaccines. This work was supported by funding from Dynavax, GSK, Pfizer, Sanofi, Seqirus, and VBI. Presenter served as speaker for Valneva in an unbranded non-CME talk on arboviruses

OBJECTIVES

Following this talk learners will be able to…

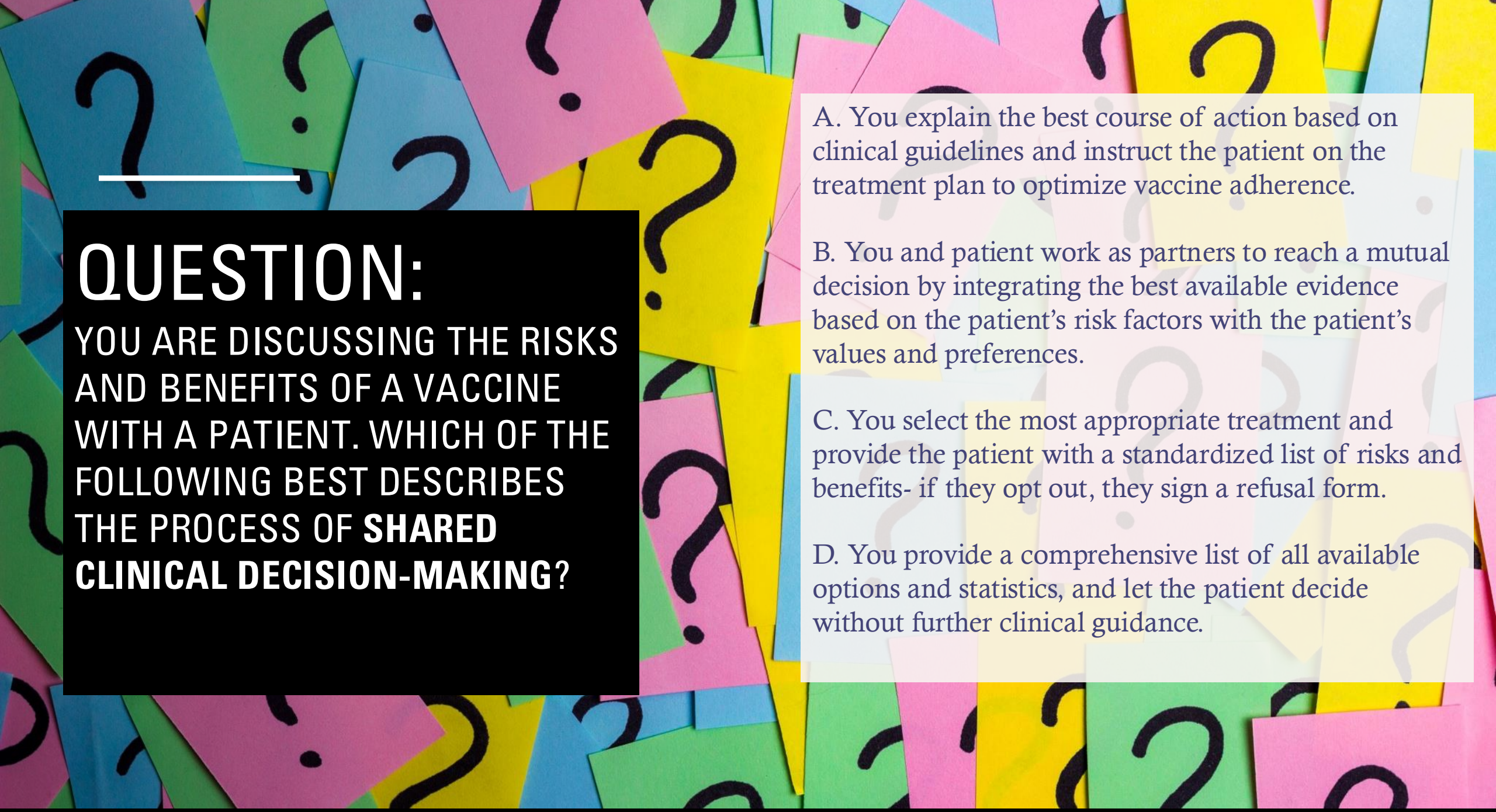
1. understand the implications for practice related to universally recommended vaccines and vaccines recommended with shared clinical decision making

2. recall what vaccines are now recommended by CDC for SCDM

3. outline an evidenced based approach for SCDM vaccine discussions

Let's interact a bit…

What does shared clinical decision making mean?



QUESTION:

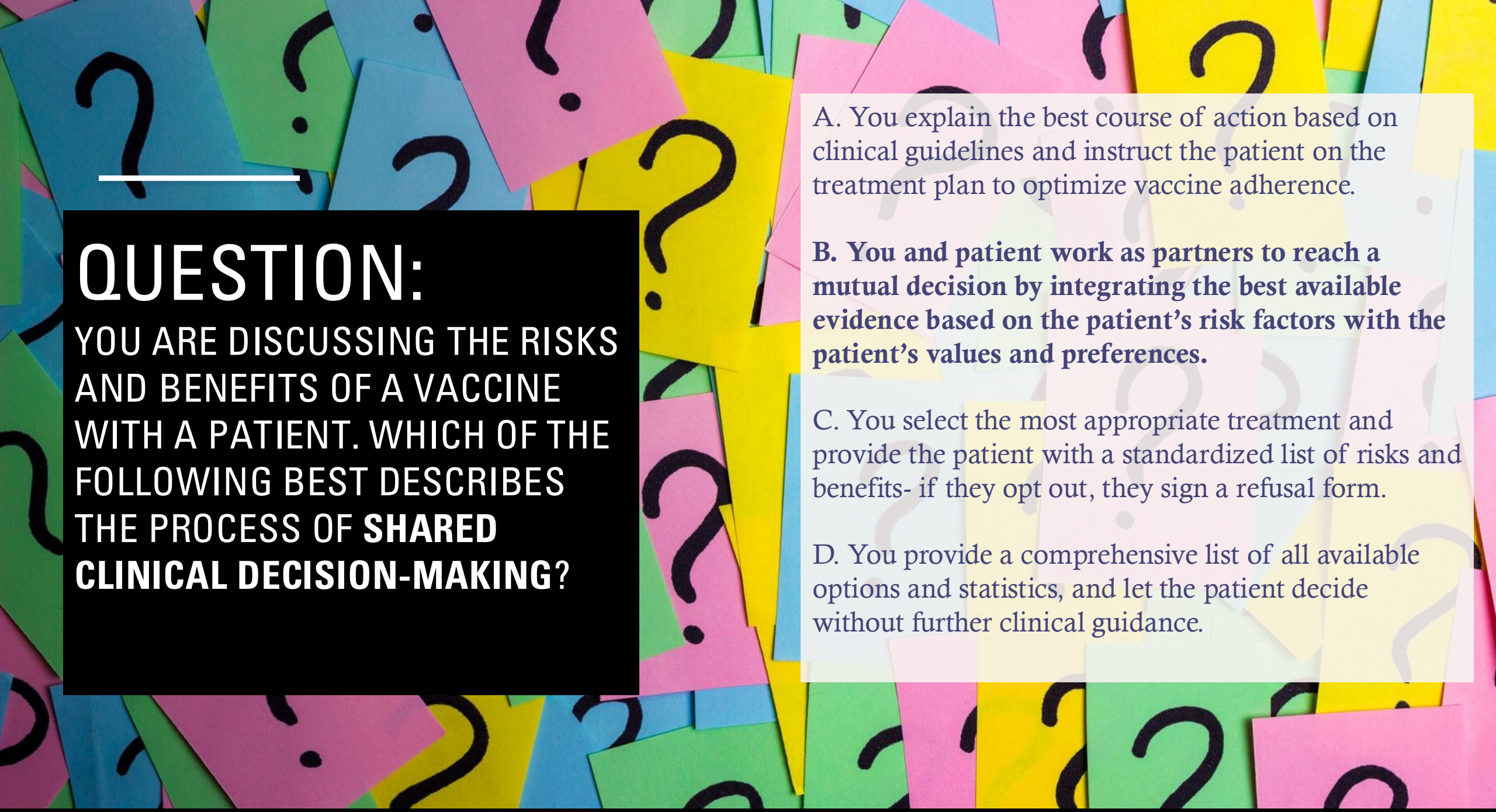
YOU ARE DISCUSSING THE RISKS AND BENEFITS OF A VACCINE WITH A PATIENT. WHICH OF THE FOLLOWING BEST DESCRIBES THE PROCESS OF **SHARED CLINICAL DECISION-MAKING**?

A. You explain the best course of action based on clinical guidelines and instruct the patient on the treatment plan to optimize vaccine adherence.

B. You and patient work as partners to reach a mutual decision by integrating the best available evidence based on the patient's risk factors with the patient's values and preferences.

C. You select the most appropriate treatment and provide the patient with a standardized list of risks and benefits- if they opt out, they sign a refusal form.

D. You provide a comprehensive list of all available options and statistics, and let the patient decide without further clinical guidance.



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ACIP Shared Clinical Decision-Making Recommendations

What are ACIP's current shared clinical decision-making recommendations?

ACIP has five recommendations for vaccination based on shared clinical decision-making and these are shown in the adult and child/adolescent the immunization schedules.

- Meningococcal B (MenB) vaccination for adolescents and young adults aged 16–23 years
- Hepatitis B (HepB) vaccination for adults aged 60 years and older with diabetes mellitus
- Human papillomavirus (HPV) vaccination for adults aged 27–45 years
- Pneumococcal conjugate vaccination (PCV20 or PCV21) for adults aged 65 years and older who have completed the recommended vaccine series with both PCV13 (at any age) and PPSV23 (which was administered at age ≥65 years)
- Additional doses of COVID-19 vaccination for people who are moderately or severely immunocompromised

The content of this page is being revised to reflect updated childhood immunization recommendations recently made by the CDC.

Do you recall what vaccines were changed to SCDM?

Pediatric proposed vaccine schedule change

SCDM replaces routine status for

COVID, HAV, HBV, Influenza, Meningitis (ACWY), and Rotavirus

Adult vaccine proposed schedule change

SCDM replaces routine status for

COVID

SCDM RECOMMENDATIONS

INFORMED BY

CHARACTERISTICS, VALUES AND PREFERENCES OF **THE INDIVIDUAL**

AND

CLINICAL DISCRETION OF **THE HEALTH CARE PROVIDER**

Which patients should providers discuss shared clinical decision-making recommendations with?

It’s up to the provider. Some health care providers may choose to discuss immunizations recommended for shared clinical decision-making with all or most of their patients who could receive it, while some providers may be more selective when discussing these immunizations with their patients. Health care providers should also be receptive to patient-initiated conversations about these immunizations.

WHICH OF THESE TEAM MEMBERS CAN ENGAGE IN SHARED CLINICAL DECISION MAKING?

A. Physicians (DO/MD)
B. Advanced practice providers (NP, PA)
C. Registered Nurses
D. Medical Assistants
E. Pharmacists

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DIFFERENTIATING VACCINE RECOMMENDATIONS

- Routine
- Catch up
- Risk based
- SCDM

DIFFERENTIATING VACCINE RECOMMENDATIONS

Routine and catch up = for EVERYONE!

Risk based for those with increased risk

Presumptive approach, "you are due for vaccines, we will give those to you today before you go."

SCDM = average risk individuals require a discussion with a team member other than an MA before vaccination

Participatory approach, "how you feeling about vaccines today?"

PRACTICAL IMPLICATIONS

Reduced HAV/HBV, rotavirus, meningitis, COVID and flu vaccines

DOCUMENTATION REQUIREMENTS

- Smartphrase
- .scdmvaccine

THIS IS A CHANGING LANDSCAPE

Know your go to resources…

Children's Hospital of Philadelphia® Vaccine Education Center

VACCINE INTEGRITY PROJECT

Immunize.org

PUBLIC HEALTH COMMUNICATIONS COLLABORATIVE

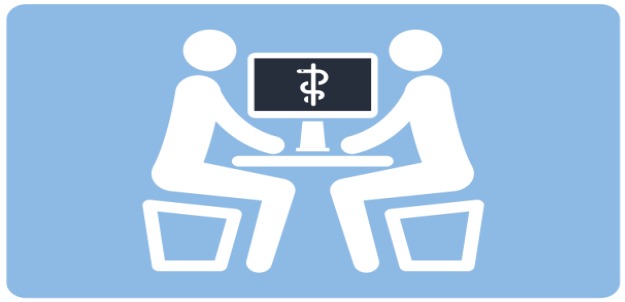
National Foundation for Infectious Diseases®

WISCONSIN DEPARTMENT of HEALTH SERVICES

CDC

RESPONDING WITH COMPASSION AND PATIENCE

STEPWISE APPROACH TO SCDM



Shared Clinical Decision-Making

HPV Vaccination for Adults Aged 27-45 Years

Shared clinical decision-making (SCDM) is recommended regarding Human papillomavirus (HPV) vaccination for persons 27-45 year of age. Shared clinical decision-making recommendations are intended to be flexible and should be informed by the characteristics, values, and preferences of the individual patient and the clinical discretion of the healthcare provider.

HPV vaccination does not need to be discussed with most adults in this age group.
If you do decide to discuss HPV vaccination with an adult patient:

Remember:

Consider:

If you vaccinate:

Remember:

- Most HPV infections clear on their own within a year or two, but persistent infections can lead to development of precancers or cancers, usually after several decades.
- HPV vaccination is not routinely recommended for adults 27-45 years of age.
- HPV vaccine effectiveness is highest in people who have never had sex.
- HPV vaccination prevents new HPV infection, it does not treat existing HPV infection or disease.
- Most adults who have had sex have been exposed to HPV before.
- HPV vaccine effectiveness might be low among people with more risk factors for HPV, such as having had sex with more than one person or having certain immunocompromising conditions.

Consider:

- At any age, having a new sex partner is a risk factor for getting a new HPV infection. However, this is only one possible consideration for SCDM.
- Adults with more HPV risk factors (for example, multiple previous sex partners or certain immunocompromising conditions) might have been infected with HPV in the past, so might have a lower chance of getting a new HPV infection in the future.
- Adults with fewer HPV risk factors (for example, few or no previous sex partners) might not have been infected with HPV in the past, so might have a higher chance of getting a new HPV infection from a new sex partner in the future.

If you vaccinate:

- If you and your previously unvaccinated adult patient decide to initiate HPV vaccination, offer a 3-dose series of HPV vaccine at 0, 2, and 6 months.
- If your patient is pregnant, delay HPV vaccination until after pregnancy.
- HPV vaccination is safe, unless a patient had a severe allergic reaction after a previous dose or to a vaccine component.

Shared Clinical Decision-Making

Meningococcal B Vaccination

Shared Clinical Decision-Making

PCV20 or PCV21 Vaccination for Adults 65 Years or Older

Shared Clinical Decision-Making

Hepatitis B Vaccination

Shared Clinical Decision-Making

COVID Vaccination

PRESUMPTIVE VS PARTICIPATORY

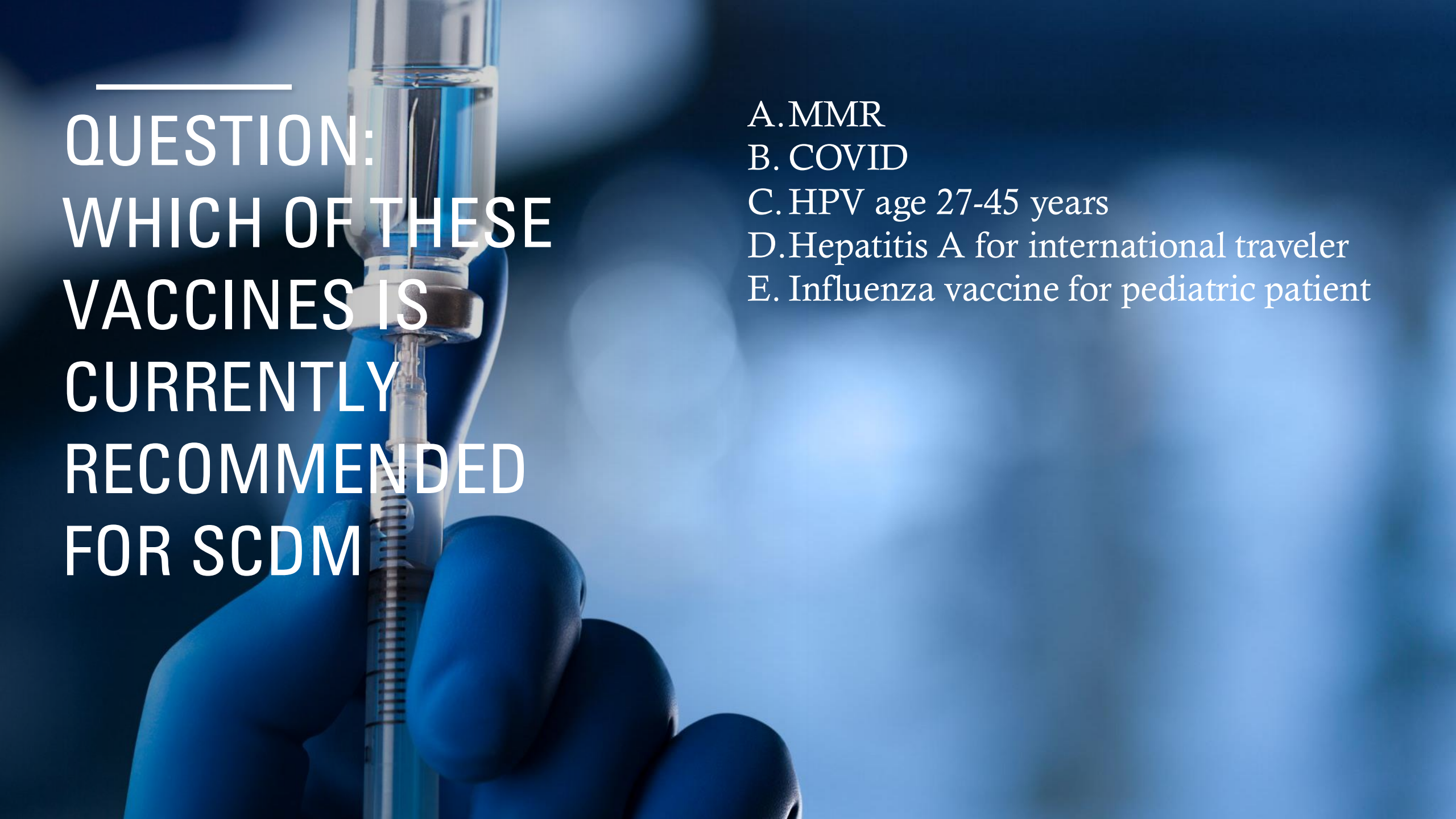
AVOID OVEREXPLAINING OR SHAMING

BE CREATIVE ABOUT HOW DECISION MAKING INFORMATION IS GIVEN TO PATIENT– HANDOUTS/PORTAL MESSAGES

SCDM MAY AFFIRM AN ANTIVACCINE BIAS

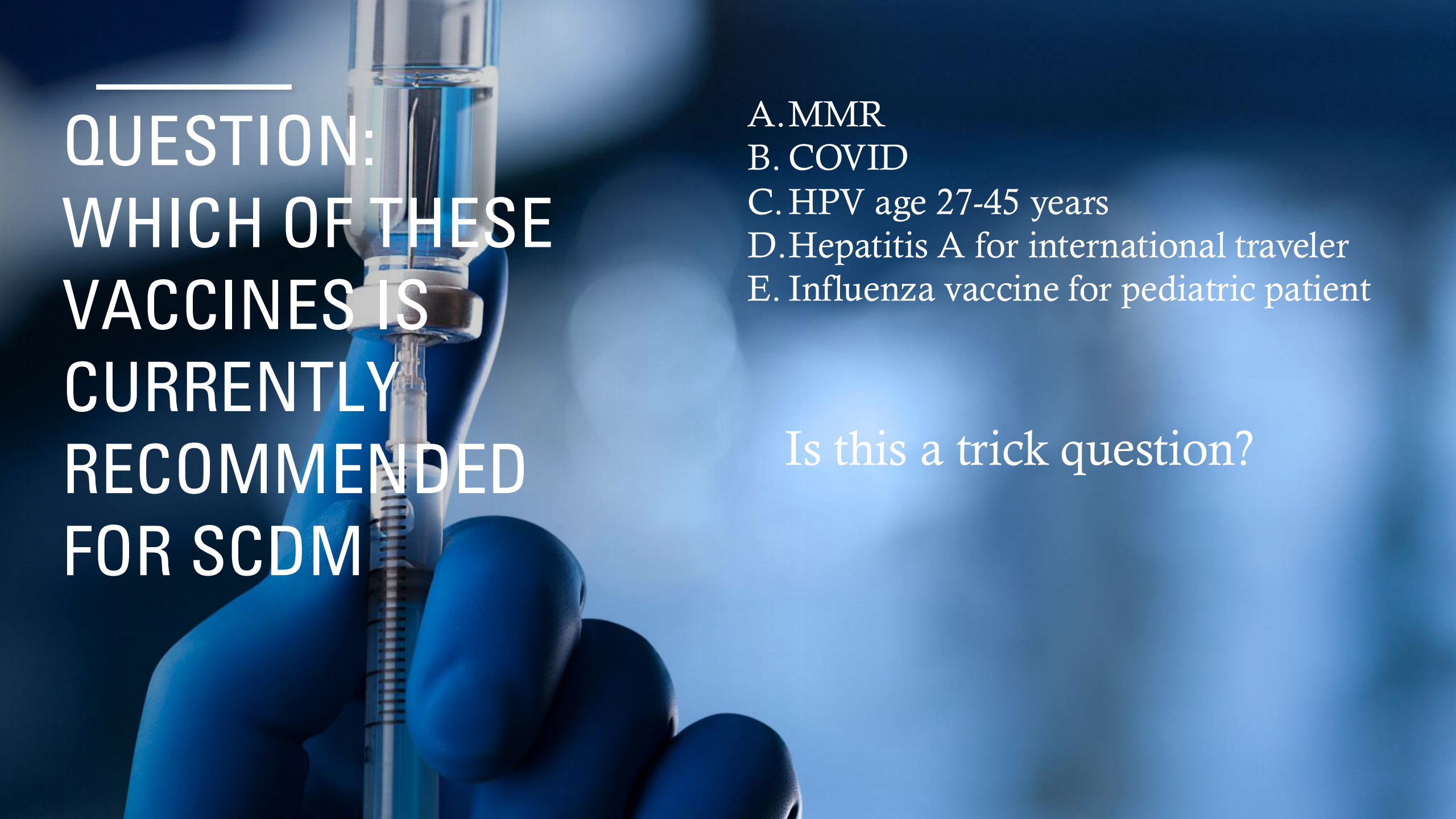
- This is a move away from a presumptive approach
- Asking patients to opt into vaccination makes opting out seem like a reasonable alternative
- No new science suggests that the SCDM recommendations are warranted

- Equity issues– need to have access to care team for vaccine
- More time needed for discussions, may lead to fewer immunizations due to competing interests



QUESTION: WHICH OF THESE VACCINES IS CURRENTLY RECOMMENDED FOR SCDM

A. MMR
B. COVID
C. HPV age 27-45 years
D. Hepatitis A for international traveler
E. Influenza vaccine for pediatric patient



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Is this a trick question?

QUESTION: WHICH OF THESE VACCINES IS CURRENTLY RECOMMENDED FOR SCDM

A. MMR- routine
B. COVID- ???
C. HPV age 27-45 years-SCDM
D. Hepatitis A for international traveler- risk based
E. Influenza vaccine for pediatric patient-???

WHAT'S DENMARK GOT TO DO WITH THIS?


WE LEARNED A LOT TONIGHT WHAT QUESTIONS DO YOU HAVE?
This is for informational purposes only. For medical advice or diagnosis, consult a professional.

THANK YOU

Please reach out with any future questions, share your success stories and with ideas for collaboration:

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REFERENCES

- https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html (4/20/26)
- https://www.cdc.gov/vaccines/hcp/admin/downloads/ISD-job-aid-SCDM-HPV-shared-clinical-decision-making-HPV.pdf
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