4 ways health systems can help patients navigate vaccine guidance

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As respiratory vaccine guidance becomes more complex, many adult patients struggle to understand which vaccines apply to them and when. Eligibility now varies by age, risk status, and virus, and some patients qualify for more than one respiratory vaccine in a single season. That complexity means that providers must track shifting recommendations across COVID-19, influenza, and respiratory syncytial virus (RSV), often without clear signals at the point of care. When neither side is fully confident about eligibility, vaccination is more likely to stall.

According to the National Foundation for Infectious Diseases, 44% of U.S. adults say they are unclear about which respiratory vaccines they should receive.[1] Uncertainty and lack of confidence consistently correlate with lower vaccination rates across respiratory vaccines.[2] The effects are already visible in vaccination rates. Nearly 69% of adults aged 65 and older did not receive a 2025–2026 COVID-19 vaccine, and 80% of high-risk adults aged 18 to 64 also went unvaccinated.[3] RSV uptake trails even further behind, with approximately 70% of adults aged 75 and older reporting they have never received an RSV vaccine.[4]

Health systems have limited control over changing guidance, but they have much more influence over how that guidance reaches patients. Here are four ways health systems are adjusting their vaccine approach to help patients move from uncertainty to action.

1. Proactively identify eligible patients

Most adult patients do not proactively ask about vaccines during routine visits. Many are unsure which vaccines apply to them or assume they are “up to date.” Health systems are responding by identifying vaccine eligibility in advance and treating uncertainty as a routine care gap rather than a patient-driven question.

When systems embed eligibility checks and care-gap alerts into everyday workflows, clinicians can deliver recommendations more easily and with greater confidence. This step is especially important for non-stocking health systems, where providers must identify eligible patients and initiate next steps without administering vaccines on site. Clinicians enter visits already knowing which vaccines apply, and patients leave with a clearer understanding of what is recommended and where to go next.

2. Make recommendations clear, direct, and timely

Across respiratory vaccines, a provider’s recommendation remains one of the strongest predictors of uptake. CDC behavioral data consistently show that patients who trust their clinician’s guidance are far more likely to get vaccinated.[2] That influence matters because patients often see providers as interpreters of complex guidance. Ipsos polling shows that 62% of Americans say they would get vaccinated if their doctor recommended it, underscoring the role clinicians play in translating eligibility into action.[5]

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Systems seeing higher uptake focus on delivering recommendations that are clear, direct, and timely, especially for vaccines where eligibility depends on age, risk status, or underlying medical conditions. Using patient-specific information to guide those personalized recommendations reduces uncertainty and clarifies next steps.

3. Reinforce guidance with electronic prescribing

Some health systems strengthen vaccine recommendations by formalizing them through electronic prescribing (eRx). More than half of primary care providers say writing a prescription reinforces a recommendation and increases patient follow-through, even when a prescription is not required.[6] In health systems that don't stock vaccines, eRx plays a critical role in extending the visit into action. Providers can translate a recommendation into a documented next step, directing patients to a pharmacy where vaccination can occur. Patients leave with a clear plan, rather than a suggestion they may not act on later.

Routing prescriptions to a patient's preferred pharmacy further improves follow-through. Pharmacists report that when an e-prescription is in place, patients arrive already identified and informed about their vaccine needs, and pharmacies can support completion through scheduling and reminders.[6] Systems that embed eRx into routine workflows reduce drop-off between recommendation and vaccination.

4. Track follow-through across sites of care

Vaccination rarely happens in a single setting. Once a recommendation leaves the clinic, health systems need visibility into whether it translates into action. Tracking e-prescription use and completion across clinics and pharmacies helps identify where patients stall. This visibility is especially important for non-stocking health systems, where completion depends on effective coordination across sites of care. When clinicians and pharmacists operate from shared signals, systems can reinforce outreach, close care gaps, and ensure more patients complete vaccination after the initial recommendation.

Parting thoughts

As vaccine recommendations grow more complex, health systems are taking on a larger role in helping patients translate guidance into action. Identifying eligibility early, delivering clear recommendations, and reinforcing next steps through electronic prescribing all help reduce uncertainty at the point of care.

But the biggest gains happen after the visit. Systems that connect identification, recommendation, and follow-through across sites of care can reduce drop-off and ensure more patients complete vaccination, even when administration happens outside the clinic. For health systems that don't stock vaccines, this coordination determines whether a recommendation becomes action or stalls after the visit.

Sustaining that momentum requires workflows that extend beyond the encounter and make next steps clear, documented, and easy to complete For more on how e-prescribing supports follow-through, read Pfizer's overview of e-prescribing for respiratory vaccines.

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Endnotes

1. 2025 National Survey on Respiratory Diseases. National Foundation for Infectious Diseases. December 3, 2025.
2. Vaccination Uptake, Intent, and Confidence. RespVaxView dashboard. Centers for Disease Control and Prevention. February 20, 2026.
3. National Immunization Survey–Fall Respiratory Virus Module. Centers for Disease Control and Prevention. March 4, 2026.
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6. Data on file. Pfizer Inc., New York, NY.

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