NDSU CENTER FOR IMMUNIZATION RESEARCH AND EDUCATION

Supporting Vaccine Decisions Through Shared Clinical Decision-Making
February 24, 2026 Audience Q&A

Elizabeth Skoy, PharmD, FAPhA, Professor & Director of the CAP Center at NDSU
Andrea Polkinghorn, BSN, RN, Lead Immunization Strategist at Sanford Health

"What resources do you recommend for practitioners to help them with shared clinical decision-making (SCDM)? Without traditional ACIP processes, how do you recommend practitioners not regularly immersed in this world find reliable, evidence-based recommendations and information?"

Andrea Polkinghorn, BSN, RN:

Information regarding shared clinical decision-making remains available on the CDC's website. There is currently ongoing litigation between the American Academy of Pediatrics (AAP) and Robert F. Kennedy Jr., which has prevented the proposed immunization schedule changes from taking effect. If the schedule revisions are ultimately permitted to move forward, the CDC website will be updated accordingly. Should that occur, I would recommend using an alternative trusted resource. Examples are included below.

- American Academy of Pediatrics
- Public Health Communications Collaborative
- Children's Hospital of Philadelphia

"A patient told me that a pharmacy would not give a third HPV vaccine since the patient is 31 years old. The pharmacy stated she did not need it, even though she wanted it. Thoughts?"

Andrea Polkinghorn, BSN, RN:

The appropriate response depends on the age at which the patient received the first dose. Adults complete either a two- or three-dose series. Individuals who received their first dose between the ages of 9–14 years require a two-dose series. Those who received their first dose at age 15 years or older require a three-dose series.

Elizabeth Skoy, PharmD, FAPhA:

Depending on the state, pharmacies may operate under collaborative practice agreements or standing orders to administer vaccines. This may dictate the pharmacy's ability to administer the vaccine.

"For SCDM, is there ability to delegate other than standing orders? When I make a shared decision outside of the medical context, I would expect the person with whom I'm sharing the

decision to give their frank opinion of the options Given that, I am unclear as to why a recommendation from the provider would not still be part of SCDM."

Elizabeth Skoy, PharmD, FAPhA:

The ability to delegate SCDM will be dependent on state laws, but the CDC specifies who is considered a provider that can engage in SCDM.

During the SCDM encounter, the provider is expected to bring their expertise. However, the patient's individual circumstances, previous history, etc., should be considered and part of the discussion leading to a collaborative decision on the best available evidence.

"What about administration by pharmacy technicians? Many retail chains authorized pharmacy technicians to administer certain vaccines and this appeared to be a success, although certain chains have now rolled this back after the COVID-19 pandemic."

Elizabeth Skoy, PharmD, FAPhA:

Many states allow vaccine administration by pharmacy technicians. Pharmacy technicians wouldn't engage in the SCDM, but they are widely used for the vaccine administration process.

"Would the following process be compliant with SCDM? A patient calls to come in for a specific vaccine and is scheduled, with an order placed for the patient (without speaking to the provider). At the visit, the MA administers the vaccine."

Andrea Polkinghorn, BSN, RN:

This process does not fully align with the formal definition of shared clinical decision-making, which involves an individualized discussion between the patient and a healthcare provider to evaluate risks, benefits, and patient preferences.

However, SCDM does emphasize that healthcare professionals should be receptive to patient-initiated requests. In this scenario, the process is more accurately characterized as a protocol- or standing order–driven workflow rather than a true SCDM encounter.

"Is a SCDM conversation required to be documented in the electronic medical record (EMR)? For example, if a clinic/hospital does not stock that specific vaccine, are they required to still have that conversation and document it in the chart, and then refer the patient elsewhere if they still want the vaccine?"

Andrea Polkinghorn, BSN, RN:

This is a missed opportunity for vaccination. If this is common at the clinic, I would encourage the clinic to start stocking and providing the vaccine.

There is no specific documentation that is required for SCDM vs. other vaccines. However, it is recommended to have something documented in the chart that immunizations were evaluated and documentation of patient refusal if the patient declined.

"When the SCDM recommendation for HPV vaccine for patients 27-45 years of age started being flagged in our EMR, our HPV vaccination rates in this group skyrocketed. We are now worried staff are over-vaccinating people who don't actually need the vaccine under SCDM. Do you have any recommendations for communicating how limited the recommendation is?"
Andrea Polkinghorn, BSN, RN:
To prevent routine vaccination of all adults 27–45 years old, reinforce the following guidance with clinical staff:

- HPV Vaccination for Adults 27–45 Years: What Staff Need to Know
    - HPV vaccination for adults aged 27–45 years falls under a shared clinical decision making (SCDM) recommendation. While most individuals in this age group receive less overall benefit, select patients may still benefit based on their sexual history and future risk. Staff should remain receptive to patient initiated requests and use individualized discussions to guide vaccination decisions.
- Why benefits are lower in this age group
    - Most sexually active adults have already been exposed to HPV, although not necessarily all vaccine covered types.
    - Vaccine effectiveness decreases with age due to prior infection and natural immunity.
    - People in long term, mutually monogamous relationships are unlikely to acquire new HPV infections.
    - Population level public health impact of vaccination in this age group is minimal.
    - Population level public health impact of vaccinating this age group is minimal.
- What HPV vaccination can and cannot do
    - HPV vaccines are prophylactic: they prevent new HPV infections.
    - They do not treat existing HPV infections, speed clearance, or treat HPV related disease.
- Who may benefit from vaccination
    - Adults who have never been vaccinated and have had no or few prior sexual partners.
    - Individuals at risk for new HPV exposure through future sexual partners.
    - Adults who have been sexually active may still gain protection from HPV types they have not yet encountered.
- Who is less likely to benefit

    - Those with a history of multiple sexual partners and likely prior exposure to HPV types in the vaccine.
    - Adults in long term, mutually monogamous relationships with low risk for new infection.
    - Individuals with certain immunocompromising conditions, in whom vaccine effectiveness may be lower.

“Andrea, can you explain your VaxChamp program?”
Andrea Polkinghorn, BSN, RN:
Sanford’s Vax Champ program is an internally developed, six-month education and training initiative designed primarily for frontline medical assistants, licensed practical nurses, and registered nurses. The program is structured around three core components:

- Leadership development
- Performance improvement
- Vaccine education and training

To effectively implement change and serve as vaccine leaders within their clinics, participants needed to first strengthen their leadership skills. Accordingly, leadership development is a foundational element of the program. In addition, each Vax Champ completes an immunization-focused performance improvement project during the six-month curriculum.

The program also provides comprehensive vaccine education, covering topics such as storage and handling, vaccine safety and development, vaccine-preventable diseases, state immunization programs, immunization schedules, proper administration techniques, vaccine confidence, communication strategies, and more.