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Navigating Vaccine Conversations in the Real World

Although vaccines remain one of the most effective public health interventions that can significantly reduce morbidity and mortality from infectious diseases, vaccine hesitancy continues to remain a global challenge contributing to disease outbreaks.[1] The World Health Organization defines vaccine hesitancy as "a motivational state of being conflicted about or opposed to getting vaccinated.[2]" It is deeply rooted in safety concerns, efficacy doubts, widespread misinformation, and structural barriers like cost and access. Overcoming these challenges requires community-informed, multifaceted approaches that foster trust, empathy, and shared decision-making. Notably, vaccine hesitancy is not limited to before vaccination and rather may exist during or after vaccination as well. Hesitant adopters can offer important insights to improve vaccine uptake, especially in low-vaccination regions. Clinicians can counter these challenges by providing clear, consistent, and evidence-based information regarding vaccine safety and efficacy.[1-4]

Practical Tips for Initiating Vaccine Conversations[1-5]



- **Listen with empathy and build trust**
  "What worries you the most when you think about getting this vaccine?"
  "It's completely valid to hesitate. What's your main concern about this vaccine?"
- **Ask open-ended questions**
  "What has your past experience with vaccines been like?"
  "What are your thoughts on getting this vaccine today?"
- **Provide clear, consistent, and evidence-based information on efficacy and safety**
  "Would it be helpful if we looked together at how this vaccine works and what the latest clinical safety data shows?"
  What specific safety information would give you more peace of mind?"
- **Explore individual motivations for vaccination**
  "What is the biggest personal benefit you see in being vaccinated?"
  "Do you have any upcoming travel or events where being vaccinated would give you more peace of mind?"
- **Address misinformation and structural barriers like access and cost**
  Have you read anything online about this vaccine that sounded alarming or confusing?"
  Are cost, transportation, or clinic hours making this difficult for you?"

Common Misconceptions and Real-World Patient Questions[6-7]



- Vaccines contain many harmful ingredients.
- Vaccines cause autism and sudden infant death syndrome.
- I don't need to vaccinate my child because all the other children around them are already immune.
- A person can get the disease from a vaccine.
- The COVID-19 vaccines were not tested before approval.
- Receiving multiple vaccines can weaken or overwhelm the immune system.
- Vaccines cause autoimmune diseases.
- Vaccine-preventable diseases are just part of childhood. It is better to have the disease than become immune through vaccines.
- I have previously received a seasonal vaccine (eg, influenza, COVID-19); therefore, I don't need another dose.
- I'm healthy and active, so I don't need vaccines like the flu, COVID-19, or RSV shots.
- I already had shingles/COVID/the flu, so I have natural immunity and don't need the vaccine.

Translating Communication Strategies Into Pharmacy Workflows[8,9]



- Identify meaningful vaccine touchpoints across care settings.
- Tailor conversations for diverse patient populations.
- Reinforce vaccine confidence over time.
- Emphasize practical implementation, highlight proactivity, trust-based patient communications.

References

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