Making Sure Your Patients Get Vaccines

Talking about vaccines with your patients can feel like tricky territory these days. But data have shown that most people are receptive to vaccines, and the most important factor for patients to get vaccines may be as simple as your direct and clear recommendation. You don't necessarily need to have lots of "myths vs. facts" information ready to prevent pushback. Your clear advice is their main guide.

Connecting with your patients

You know your patients best. They trust your advice. Your clear, direct instructions for them to get specific vaccines may likely be the strongest motivator for vaccine uptake.

Tips from studies on vaccine messaging and behavior

- **Make a specific and clear recommendation to each patient.** Most of your patients are looking to you for the primary signal of what to do. A specific vaccine directive will make it clear that you advise a vaccine for them or their child—and will make it more likely they will follow through.
- **Don't volunteer negative data if not asked.** Even if you're trying to be informative and helpful, information about adverse effects of not vaccinating can reinforce negative associations with vaccines. Some messaging studies have shown that introducing the topic of myths vs. facts about vaccine efficacy or safety if not asked may have the opposite intended effect and turn people away from the vaccine.
- **Use positive language.** Talk primarily about the benefits. Positive messages and numbers related to uptake and prevention of diseases are more effective than negative messages and numbers of non-uptake or rates of disease. Don't tell patients they will regret not getting vaccines. Emphasize the positive benefits instead.
- **Don't offer statistics unless asked.** Patients may become closed off when scientific data and other numbers are included in the conversation.
- **Use language that normalizes vaccines for everyone.** Patients may be more likely to get vaccines if they know that most other people get them, too.
- **But be ready to reassure patients who have negative perceptions.** If a patient asks for specifics about dangers of vaccines, have reassuring information ready. (See "Talking points to use with concerned patients" below.)
- **Help make vaccination easy and convenient.** Offer a list of vaccination sites, or set up quick and easy appointments for vaccines. Offer vaccines at the time of regular appointments.
- **Follow up with positive-toned reminder messaging.** This can be done through the EHR portal, texts, emails, postcards, or phone calls.
- **Don't forget to talk with adult patients.** Adults may think vaccines are mostly for children. Give adult patients a list of their specific needed vaccines, such as the annual flu shot, shingles, pneumonia, Tdap, and others. Follow up to see if they have scheduled or received vaccines.

Try using these messages

- For parents on vaccines for their children, the most effective message may be: "You are protecting your child from health risks."
- For adults on vaccines for themselves, the most effective message may be: "You will reduce your own health risks."

- Don’t rely on messages about getting vaccines to protect other people in the community. These messages may be less effective. But ask if the patient lives with a high-risk adult or child. A close loved one at higher risk may help spur action.

Talking points to use when patients have specific concerns

If patients have specific worries, you can address them with information such as the following:

Scenario: A patient doesn't think vaccines are necessary

Response: Affirm that vaccines are still necessary.“You might think diseases such as polio, diphtheria, whooping cough (pertussis), and measles are things of the past. But while vaccines have greatly reduced the occurrence of these diseases, the viruses and bacteria that cause the diseases still exist. If vaccination rates fall, diseases once thought to be defeated may make a comeback. Consider measles, for example. In 2000, public health officials declared that measles was eliminated in the U.S. But in 2019, more than 1,200 measles cases were reported in this country. Researchers continue to link many new cases to parents choosing not to vaccinate their children.”

Scenario: A patient believes that vaccines cause illness

Response: Affirm that vaccines do not cause illness. “Vaccines contain very tiny amounts of inactive forms of germs. They don’t contain enough of any germs to cause illness. They just contain enough to help your body recognize the germs in the future.”

Scenario: A patient fears side effects of the vaccine

Response: Explain that vaccine side effects happen in some people, but are mild and don’t last long.“Like all medications, vaccines may cause side effects in people of all ages. These effects are generally mild and short-lived. The most common ones are soreness, redness, and swelling at the site where the shot was given. Severe side effects are very rare.”

Scenario: A patient thinks vaccines cause autism in children

Response: Reassure them that vaccines do not cause autism.“Researchers are still learning about the causes of autism spectrum disorder (ASD). Some people may worry that vaccines could play a role. However, studies have not found any evidence for this. And medical experts at the Centers for Disease Control and Prevention confirm that vaccines do not cause ASD.”

Scenario: A patient thinks children get too many types of vaccines

Response: Explain why children need so many vaccines. “There are a lot of vaccines for children now because vaccine science has improved a lot over time. There are many diseases we can now prevent with simple vaccines.”

Scenario: A patient thinks combination vaccines are not safe

Response: Assure them that combination vaccines are not riskier. “Some vaccines work in 1 shot. Others need to be done in 2 or more shots over a period of time. This lets your child’s immune system build up the right amount of antibodies. Combination vaccines can help prevent more diseases with fewer shots. These vaccines have more than 1 type of prevention in a single dose.”

Vaccine messaging resources

AdultVaxView. Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/index.html

Strategies for Increasing Adult Vaccination Rates. Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/hcp/adults/for-practice/increasing-vacc-rates.html

Making the Vaccine Decision: Addressing Common Concerns. Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html

Association of State and Territorial Health Officials. Communicating Effectively About Vaccines: New Communication Resources for Health Officials. November 2010 PUB-1011001. https://www.astho.org/Programs/Immunization/Communicating-Effectively-About-Vaccines--New-Communication-Resources-for-Health-Officials/

How to Give a Strong Recommendation to Adult Patients Who Require Vaccination. Medscape. https://www.medscape.com/viewarticle/842874_3

For further reading

Xizhu Xiao & Porismita Borah (2020) Do Norms Matter? Examining Norm-Based Messages in HPV Vaccination Promotion, Health Communication, DOI: 10.1080/10410236.2020.1770506

Sungsu Kim, Ivanka Pjesivac & Yan Jin (2019) Effects of Message Framing on Influenza Vaccination: Understanding the Role of Risk Disclosure, Perceived Vaccine Efficacy, and Felt Ambivalence, Health Communication, 34:1, 21-30, DOI: 10.1080/10410236.2017.1384353

Li Ping Wong, Haridah Alias, Pooi-Fong Wong, Hai Yen Lee, Sazaly AbuBakar. (2020) The use of the health belief model to assess predictors of intent to receive the COVID-19 vaccine and willingness to pay. Human Vaccines & Immunotherapeutics 16:9, pages 2204-2214.

Fiona Mowbray et al. Communicating to increase public uptake of pandemic flu vaccination in the UK: Which messages work? Vaccine. Volume 34, Issue 28, 14 June 2016, Pages 3268-3274. https://doi.org/10.1016/j.vaccine.2016.05.006

Kalan R, Wiysonge CS, Ramafuthole T, et al. Mobile phone text messaging for improving the uptake of vaccinations: a systematic review protocol. BMJ Open 2014;4:e005130. doi:10.1136/bmjopen-2014-005130

de St. Maurice A and Edwards K. Rethinking Flu Vaccine Messaging. Pediatrics. 2020; 146(1):e20201770.

Glen J. Nowak et al. Promoting influenza vaccination: Insights from a qualitative meta-analysis of 14 years of influenza-related communications research by U.S. Centers for Disease Control and Prevention (CDC). Vaccine. 2015 June 04; 33(24): 2741–2756. doi:10.1016/j.vaccine.2015.04.064.

Kristin S. Hendrix, PhD et al. Vaccine Message Framing and Parents' Intent to Immunize Their Infants for MMR. Pediatrics. 2014. doi:10.1542/peds.2013-4077.

David S. Bar-Shain, M.D. et al. Direct Messaging to Parents/Guardians to Improve Adolescent Immunizations. Journal of Adolescent Health. 56 (2015) S21eS26. http://dx.doi.org/10.1016/j.jadohealth.2014.11.023

Schmid P, Rauber D, Betsch C, Lidolt G, Denker M-L (2017). Barriers of Influenza Vaccination Intention and Behavior - A Systematic Review of Influenza Vaccine Hesitancy, 2005 -2016. PLoS ONE 12(1): e0170550. doi:10.1371/journal.pone.0170550