



How to Restart the Vaccine Conversation

The Issue

When COVID-19 vaccines first became available in the United States, much information was shared about engaging people in productive discussions to decrease hesitancy among the unvaccinated and build and reinforce confidence in COVID-19 vaccines. Pharmacists were reminded that they might need to have several conversations with a person before the decisional balance would tip, and the “pros” of getting vaccinated would outweigh the “cons” for that individual. Now, nearly 2 years later, pharmacists may also need to initiate conversations with fully vaccinated patients who are not up to date with COVID-19 vaccination (i.e., have not received all recommended booster doses). Restarting the vaccine conversation must consider each patient’s specific situation, personal values, and health needs.

What We Know

In December 2020—a mere 9 months into the COVID-19 pandemic—the United States embarked on the most ambitious vaccination campaign in our nation’s history. As of August 2022—more than a year and a half later—the percentage of the U.S. population that was fully vaccinated hovered around 67%.¹ Older Americans were more likely to be fully vaccinated (approximately 92% of adults 65 years of age and older) than younger Americans (approximately 30% of children 5 to 11 years of age). The uptake of booster doses remained suboptimal. For example, even among the highly vaccinated group of adults 65 years of age and older, only 70% had received a first booster dose; only 39% had received a second booster. And at least 10% of American adults 18 years of age and older have not received any doses of the COVID-19 vaccine.



Clearly, there is still a great need to engage patients in productive vaccine conversations.

When the COVID-19 vaccine campaign started, conversations focused primarily on decreasing hesitancy among unvaccinated people and building and reinforcing confidence in COVID-19 vaccines. At this point in the pandemic, vaccine conversations might entail:

- > Revisiting (or reconsidering) the benefits of vaccination with people who remain unvaccinated.
- > Reengaging with patients who received one or more vaccine doses but are not up to date with current recommendations.

Given the diversity of needs, it is even more important for vaccine conversations to take a personal approach grounded in listening and understanding. Pharmacists should embrace an attitude of empathy and collaboration to address each patient’s specific concerns and counter misinformation.

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Begin With Genuine Curiosity

Consider restarting the conversation with a question based on genuine curiosity, building on the last discussion you had with the patient. For example:

- > *The last time we talked, you were not interested in getting a COVID-19 vaccine. I'm wondering, what are your thoughts about that today?*

You also might restart the conversation by giving the person an opportunity to respond to a simple observation:

- > *I notice that you got the initial COVID-19 vaccine series, but I don't see any record that you received any of the boosters.*

The patient's response will set the direction for the rest of the conversation and suggest strategies for engagement. You might ask a follow-up question that invites the patient to consider the possible benefits of vaccination:

- > *What would have to be true for you to want to get a COVID-19 vaccine [or booster]?*

You also might ask the patient a scaled question based on motivational interviewing principles.² For example:

- > *On a scale of 1 to 10 [where 1 is "not at all important" and 10 is "very important"], how important is it to you to get a COVID-19 vaccine [or booster]?*

Then, you would explore both sides of whatever number is given. If the patient had selected "4," you would start by asking, "why not lower?":

- > *Okay, why 4? Why not 2 or 3?*

People hesitant about vaccines may be used to explaining why they haven't gotten vaccinated—their reasons not to change. When you ask, "why not a lower number?" you ask them to consider the benefits of vaccination out loud. Talking out loud actually changes how they process their choices and can develop forward momentum. In addition, their response provides important information about their motivation for change.

After the patient answers, reflect on what you've heard from the patient. Then, you would ask a follow-up question such as, "What would it take for you to move to a 5 or 6?" The goal is to help the patient become more open to moving toward higher numbers—in other words, getting vaccinated.

Share Information With Permission

As you talk with a patient about COVID-19 vaccines, you may recognize opportunities to provide education or counter misconceptions. Acknowledge what you've heard and ask permission before sharing information:

- > *I heard you express concerns about.... May I tell you what I know about...?*
- > *It sounds like what's important to you is.... Would it be okay if I shared some information?*

Asking permission shows respect and helps the patient lower barriers to hearing new information.

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Provide factual information in a neutral, nonjudgmental manner, striving to keep your sharing as simple and focused as possible. Use phrases such as:

- > *What we know is...*
- > *What we're learning is...*
- > *Research suggests...*

When you are done providing information, ask for the patient's reaction. For example:

- > *What do you make of that?*
- > *Where does this leave you now?*

Throughout this process, it is crucial to keep the exchange respectful and polite and to be curious and nonjudgmental about the person's responses.

Give Your Strong Recommendation

The Centers for Disease Control and Prevention (CDC) considers your strong recommendation for vaccination to be the most important part of the conversation. Let the person know you recommend COVID-19 vaccination for all eligible persons to protect them from getting seriously ill, being hospitalized, or dying from COVID-19. Let the person know that the best protection comes from staying up to date with the recommended vaccine schedule, including any recommended booster doses.

Confirm Next Steps

Ideally, after you respond to the concerns and answer the questions, the person will decide to accept your recommendation and get vaccinated or boosted—perhaps on the spot if you offer a vaccine. If you cannot administer the vaccine at that moment, help the person make an appointment or provide resources on where and when the vaccine is available.

If people remain hesitant after your counseling, acknowledge that the vaccination decision is theirs to make. Let people know you look forward to continuing the conversation during a future visit. Emphasize that you are ready to help them at any point.

Sometimes, you may need to concede that a person is unlikely to accept your vaccine recommendation. Remain cordial and assure all people who are eligible for vaccination that you welcome the opportunity to help them if they change their mind.

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Would You Like to Hear Some Examples?

In partnership with the U.S. Department of Veterans Affairs, the CDC has developed the “Interactive COVID-19 Vaccine Conversation Module for Healthcare Professionals.” This interactive tool presents several animated simulations of what vaccine conversations could look like in various health care settings. Each scenario provides an opportunity to choose different patient responses and see how the health care provider responds using the conversation tips offered.

References

1. Centers for Disease Control and Prevention. COVID Data Tracker: COVID-19 vaccinations in the United States. Updated August 9, 2022. Accessed August 9, 2022. https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-additional-dose-totalpop
2. Centers for Disease Control and Prevention. Talking with patients about COVID-19 vaccination. Updated November 3, 2021. Accessed August 9, 2022. <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

