Determine which vaccines are appropriate for your patient is based on several factors (e.g., age, health conditions, lifestyle). Patient fears, myths, and scheduling may be barriers to vaccine adherence. Use these talking points to initiate conversations to improve vaccination rates, increase adherence, and overcome barriers.

<table>
<thead>
<tr>
<th>Conversation Topic</th>
<th>Notes/Action items</th>
</tr>
</thead>
</table>
| **Identify candidates:** Ask about vaccine history. *What vaccines have you received? When was your last tetanus shot?*  
  • Use these tools to stay up-to-date on available vaccines and the latest recommendations for all age groups:  
  o U.S.: https://www.cdc.gov/vaccines/schedules/index.html  
  • Develop strategies to identify eligible patients. Consider patient ages and chronic medical conditions. For example:  
  o Help parents stay on track with childhood vaccinations for infants and young children.  
  o Adolescents may need the human papilloma virus (HPV) and meningitis vaccines.  
  o Elderly patients may be candidates for the pneumococcal or zoster vaccines.  
  o Patients with chronic obstructive pulmonary disease (COPD), diabetes, or heart disease may need a pneumococcal vaccine.  
  o Make sure ALL patients six months and older, including pregnant women, receive a flu vaccine yearly.  
  • In the U.S., ask ADULTS to take the quiz, *What Vaccines Do You Need?* (https://www2a.cdc.gov/nip/adultimmsched/). |
| **Address hesitancy:** *What keeps you or your child from getting a recommended vaccine?*  
  • Infants: Ease fears about the number of vaccines infants receive at one time. Evidence suggests that a healthy child’s immune system will NOT be damaged or overwhelmed by receiving multiple vaccines at once.  
  • Adolescents: Reassure that the HPV vaccine does NOT increase sexual promiscuity.  
  • Adults: Educate that vaccines not only prevent infections, but also significant infection-related complications.  
  o For example, the flu vaccine lowers the risk of flu-related complications (e.g., hospitalizations, pneumonia). |
| **Ease fears about unfounded myths:** *What fears or questions do you have because of things you have heard about vaccines?*  
  • Remind patients that the flu vaccine may cause mild malaise or flu-like symptoms, but it does NOT cause the flu.  
  • Tell patients that they can’t believe everything they see on the internet about vaccines, as some of the information is false. But, reassure them that studies consistently show that vaccines (even old ones that had thimerosal) DO NOT cause autism.  
  • Some prefer natural immunity over vaccines. It is not worth the risk, especially for some infections (e.g., measles).  
  o Stress the risks and complications of disease. For example, severe allergic reactions to the measles, mumps, and rubella (MMR) vaccine occur in about 1 in 1,000,000 doses. But, about one in 1,000 patients infected with measles will die. |
| **Improve adherence:** Use strong endorsements. Consider framing discussions as an “opt-out” instead of an “opt-in” approach.  
  • Personalize the conversation. Share that you vaccinate your kids. Ask if they were vaccinated when they were young.  
  • In the U.S., encourage booking future vaccine doses with the first dose. Enroll patients in reminder programs (e.g., calls, texts).  
  • In Canada, follow school vaccination programs (where available) to ensure required vaccines are received on schedule.  
  • Suggest coordinating care with other providers who offer vaccines (e.g., pharmacies, other medical appointments). |