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Vaccine Adherence: Addressing Myths and Hesitancy

Determining 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 this checklist to improve vaccination rates, increase adherence, and overcome barriers.

Goal	Suggested Approach
Identify candidates	☐ Ask about vaccine history. For example, you can ask: o "Which vaccines have you received?" o "When was your last tetanus shot?" ☐ Use these tools to stay current on available vaccines and the latest recommendations for all age groups: o **US**: https://www.cdc.gov/vaccines/schedules/index.html. There are also online quizzes to determine needed vaccines: ☐ **Adults**: What Vaccines Do You Need? (https://www2a.cdc.gov/nip/adultimmsched/). ☐ **Children and adolescents**: What Vaccines Does Your Child Need? (https://www2.cdc.gov/vaccines/childquiz/) o **Canada**: https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information.html ☐ When available, review immunization registry data to determine which vaccine(s) a patient may need. ☐ Develop strategies to identify eligible patients. Consider patient ages and chronic medical conditions. For example:[1,2] 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. ☐ Be familiar with and follow policies for giving vaccines to minors with and without parental consent. o **US**: individual state laws can be found at https://www.vaxteen.org/consent-laws-by-state. o **Canada**: check for provincial age of consent requirements, as ages may vary among provinces.
Address hesitancy	☐ Ask about vaccine hesitancy. For example, you can ask, "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.[3] ☐ **Adolescents**: Reassure that the HPV vaccine does NOT increase sexual promiscuity or sexually related outcomes (e.g., pregnancy).[4] ☐ **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).[5]

Ease fears about unfounded myths	☐ Ask about fears and questions. For example, you can ask, "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.[6] ☐ 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**.[7] ☐ Some prefer **natural immunity** over vaccines. It is not worth the risk, especially for some infections. 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.[8,10] ☐ In adults, data suggest that COVID-19 vaccine-induced immunity protects against reinfection five times better than a previous COVID-19 infection.[9]
Improve adherence	☐ Use strong endorsements. ☐ Consider using an "opt-out" approach instead of an "opt-in" approach. o Some data suggest proactively scheduling appointments for patients (opt-out approach) to receive a vaccine increases vaccination rates compared to notifying patients that vaccination appointments can be made (opt-in approach).[11] ☐ Personalize the conversation. Share that you vaccinate your kids. Ask if they were vaccinated when they were young. ☐ In the US, 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).

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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