Vaccine Hesitancy: Scripts and Resources

Gena Lewis, MD
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One of the most challenging conversations during a visit can be around vaccine hesitancy. Although these conversations can be difficult, they are critical for reducing illness and death from vaccine-preventable diseases for adults and children, particularly those with chronic conditions. In particular, many individuals who accept certain vaccines avoid the influenza vaccine because of myths and history with the live influenza vaccine.

In an era in which vaccines are mandated (SB277) to attend school (both public and private)[i], these discussions with families can become adversarial. There are a variety of strategies that health care providers can use to discuss vaccines with patients and families.[ii] Motivational interviewing is an evidence-based method for facilitating shared decision-making and health behavior change that is well-suited for navigating potentially adversarial conversations.[iii]

Using a motivational interviewing framework can offer health care providers a reliable, routine approach to these difficult conversations. Key steps include:

1. Engage and establish trust
2. Understand their views
3. Offer information
4. Clarify and accept their decision

For more guidance on using motivational interviewing to facilitate conversations about vaccine hesitancy, check out *From vaccine hesitancy to vaccine motivation: A motivational interviewing based approach to vaccine counselling.*

In the following scripts, what communication strategies do you notice that address patient concerns and enhance shared decision-making?

Script #1: Giving a vaccine while a patient has a cold

"I hear that you have some concerns about getting the vaccine while you are sick. Can I share some information that may help?

Adult: “If you have a healthy immune system, your body can fight off more than one infection at a time. In fact, when we test people who are sick, we often see that they have more than one virus. For your immune system, getting a vaccine is like getting a cold. If you’re not very sick or have a fever, it’s fine to get vaccinated when you have a cold.”

Children: "Many parents see their kids get sick a lot. Young children with developing immune systems get about 10-12 colds per year, mostly in the winter. Because viral infections last 10-14 days, kids can get sick again before they fully recover. The good news is that your child is strong and healthy overall. She doesn’t have a fever and only has a sniffle. I recommend that she gets the vaccines she is overdue for today so that we can protect her from getting other infections that could make her very sick. My goals, like yours, are to keep her healthy and out of the hospital."

“How are you feeling after hearing this information?”

Script #2: The influenza vaccine does not make you sick.

This is a tricky conversation because you don't want to seem like you are on the defensive and you want to maintain a patient-centered approach with attunement to the family's concerns.

"I hear that you have some concerns about the vaccine making you sick. Can I share some information that may help?

The old influenza vaccine was a live vaccine, which led to many people feeling sick after getting it. We use a new kind of vaccine now and it cannot give you the flu.

We give the vaccine in the winter season to help your body fight off flu, which can cause pneumonia and other serious problems. The flu vaccine will not keep you from getting other viruses. If you or your child get sick after any vaccine, it is important to figure out if it is a vaccine side effect or a separate illness. The main side effects of the influenza vaccine last 1-3 days. Common side effects include:

- Soreness, redness and swelling where you got the shot
- Fever
- Muscle aches
- Headache

“How does this all sound to you?”

Script #3: Partnering with parents and being a trusted provider

"Your child is due for X, Y and Z vaccines today. Do you have any questions?”

When one of the vaccines is controversial, it is better received to put it as the first or second and not the last vaccine mentioned. HPV or influenza vaccines for example are best to front load in your sentence and not at the end where it may be interpreted as the addendum or less critical vaccine.

OR

“Your child is due for X, Y and Z vaccines today. I am so glad you are considering getting these for your child to keep them healthy. I got these vaccines myself [and for my children], and I recommend them for my family members. I want to protect your child just like you do.”

If you are meeting a family for the first time or if you sense hesitation, you may want to add: "I am here to advise. You as the parent get to make the final decision about what your child receives."

Questions Relating to Vaccines and Autism

Q. If I am concerned that vaccines cause autism, what is the harm in delaying or withholding vaccines for my baby?

A. “I can hear that you want the best for your baby. All the evidence shows that vaccines don’t cause autism, so waiting on the vaccines or choosing not to get them will not change your child’s risk of developing autism. Unfortunately, several of the diseases that vaccines can help with, like chickenpox, pertussis (whooping cough) and pneumococcus (which causes bloodstream infections, pneumonia and meningitis) are still fairly common. Waiting or not getting the vaccines adds more time when children are not protected against sometimes very dangerous infections.[iv] How does that information sit with you?”

Script #4: Bundling vaccines to improve uptake of influenza vaccine in parents who are concerned about too many vaccines at once

“Your baby is due for six vaccines today. These include the DTaP, Hep B, IPV, Pneumococcal, Influenza and COVID vaccines. The DTaP, HepB and IPV come together in one injection called the Pediarix vaccine. I hear that you are worried about the number of vaccines given at once. I'd like to suggest that we split the vaccines into 2 visits. We can give the Pediarix, Influenza and COVID vaccines today, and give the Influenza, COVID and Pneumococcal vaccines next time. That way, they will only get 3 injections today instead of 4. How does that sound?"

The benefit of this method is two-fold:

1. The family is more likely to return for second influenza vaccine if it is bundled with another vaccine that is required.

2. In the end, the child gets all vaccines that are needed, *and* you avoid the potential increase in immunogenicity of the combination of pneumococcal, influenza and DTaP vaccines at the same time.

Additional Resources

- Child and Adolescent Immunization Schedule by Age (CDC)
- Overview of COVID-19 Vaccines and Vaccination (CDC)
- Influenza (Flu) Vaccine Safety (CDC)

Sources Cited

[i] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/laws-california-law.aspx

[ii] Sean T. O'Leary, Douglas J. Opel, Jessica R. Cataldi, Jesse M. Hackell, COMMITTEE ON INFECTIOUS DISEASES, COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, COMMITTEE ON BIOETHICS; Strategies for Improving Vaccine Communication and Uptake. *Pediatrics* March 2024; 153 (3): e2023065483. 10.1542/peds.2023-065483

[iii] Gagneur A, Gutnick D, Berthiaume P, Diana A, Rollnick S, Saha P. From vaccine hesitancy to vaccine motivation: A motivational interviewing based approach to vaccine counselling. Hum Vaccin Immunother. 2024 Dec 31;20(1):2391625. doi: 10.1080/21645515.2024.2391625. Epub 2024 Aug 26. PMID: 39187772; PMCID: PMC11352791.

[iv] https://www.chop.edu/sites/default/files/vaccine-education-center-autism.pdf