The Vaccine Communication Playbook for Pharmacies

Practical tools and guidance to help you build confidence and support vaccine conversations.

Trusted Messenger Program

PharmacyPlaybook.org

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Resources for your day

Use this as your daily starting point for clinical references, vaccine schedules, recommendations, and professional updates to support vaccine conversations and decisions during a pharmacy shift.

Clinical references and support

Clinical Pharmacology — Drug information & patient counseling	*clinicalkey.com/pharmacology*
Lexidrug (Lexicomp) — Drug information & interactions	*online.lexi.com*
Micromedex — Drug & disease reference	*micromedexsolutions.com*
UpToDate — Clinical decision support	*uptodate.com*
OpenEvidence — Evidence-based clinical answers	*openevidence.com*

When you need vaccine schedules

AAP schedule — American Academy of Pediatrics	*publications.aap.org*
ACOG maternal immunization schedule — American College of Obstetricians & Gynecologists	*acog.org*
AAFP schedules and resources — American Academy of Family Physicians	*aafp.org*
CDC immunization schedules — Centers for Disease Control and Prevention	*cdc.gov*

Stay updated on professional guidance

APhA Immunization Center — American Pharmacists Association	*pharmacist.com*
NCPA Immunizations — National Community Pharmacists Association	*ncpa.org/immunizations*
Conversation guide: Influenza and COVID-19 — APhA	*pharmacist.com*
Influenza conversations: Addressing what consumers need to know — APhA	*pharmacist.com*

General vaccine questions

Find brief, ready-to-use responses to the questions and concerns pharmacy staff hear most often.

IF A PATIENT SAYS…	YOU CAN SAY…
“I’ll think about it.”	• Getting vaccinated today means you can take care of it while you are already here. • What questions can I answer before you decide?
“I don’t have time.”	• The appointment usually takes only a few minutes. • Getting it today saves you from making another trip, and you’ll be protected sooner. • I can explain what to expect before we get started.
“I’m healthy. I never get sick.”	• I’m glad you’re healthy. • Vaccines help protect you before you’re exposed, not after you start feeling sick. • Vaccines may also lower the chance of passing an illness to someone who could become very sick.
“My doctor never mentioned it.”	• That can happen. Different health care settings may focus on different vaccines. • Pharmacists also review vaccine recommendations based on age and health history. • I can explain why this vaccine may be recommended for you.
“I got sick after my last vaccine.”	• I’m sorry you felt sick afterward. • Some people can have short-term effects such as a sore arm, tiredness, or a mild fever. • That’s a sign that your immune system is responding, not that the vaccine gave you the disease.
“Will my insurance cover it?”	• Coverage can depend on your insurance plan and where you receive the vaccine. • Let’s check the cost together so you know what to expect before we move forward.

⚠ If the patient describes a severe reaction, trouble breathing, swelling, or another concerning symptom, involve the pharmacist rather than using the responses in the table above.

Flu questions

Ready-to-use responses to common questions about seasonal flu vaccination.

IF A PATIENT SAYS…	YOU CAN SAY…
“Why do I need a flu vaccine every year?”	• Flu viruses change, so the vaccine is reviewed and updated each year. • Protection from last year’s vaccine also decreases over time. • This year’s vaccine gives you the best protection for the current flu season.
“Does the flu vaccine actually work?”	• It is not perfect, and how well it works can vary each season. • It can lower your chance of getting the flu. • If you still get sick, vaccination can reduce your risk of severe illness and hospitalization.
“Can the flu vaccine give me the flu?”	• No. The flu vaccine cannot give you the flu. • Some people have a sore arm, feel tired, or have a mild fever afterward. • Those short-term effects are your body building protection. That’s different from having the flu.
“I got the flu after getting vaccinated last year.”	• That can happen, and I understand why it would be frustrating. • The vaccine can’t stop every case because flu viruses and vaccine protection vary each season. • It can still make illness less severe and lower the risk of serious complications.
“I’m healthy. Do I really need it?”	• Being healthy can lower your risk, but healthy people can still get the flu. • You can also spread the flu virus before you realize you’re sick. • Vaccination helps protect both you and people around you who could become seriously ill.

⚠ If the patient describes a severe reaction, trouble breathing, swelling, or another concerning symptom, involve the pharmacist rather than using the responses in the table above.

COVID-19 questions

Ready-to-use responses to common questions about updated COVID-19 vaccination.

IF A PATIENT SAYS…	YOU CAN SAY…
"Why do I need another COVID-19 vaccine?"	• Protection from a COVID-19 vaccine or past infection can fade over time. • COVID-19 vaccines are updated regularly to better match the strains spreading at the time. • If you're due for a dose, it can boost your protection against serious illness.
"Is COVID-19 still a concern?"	• COVID-19 is still circulating and can still cause serious illness and put people in the hospital. • Older adults and people with certain health problems have a higher risk of going to the hospital. • Vaccination can help lower the risk of getting very sick.
"Does the vaccine still work if the virus keeps changing?"	• The vaccines are updated to better match the strains circulating now. • They may not stop every infection, but the vaccines still help protect against serious illness and hospital stays.
"I already had COVID-19. Why would I get vaccinated?"	• Having COVID-19 gives you some protection, but this protection can fade over time. • Vaccination can add more protection and lower your risk of getting very sick. • We can check when you had COVID-19 and whether you are due for a dose.
"I had side effects last time."	• I'm sorry you felt sick. • A sore arm, tiredness, headache, or fever can happen and usually gets better within a few days. • Serious reactions are very rare.

⚠ If the patient describes a severe reaction, trouble breathing, swelling, or another concerning symptom, involve the pharmacist rather than using the responses in the table above.

RSV questions

Ready-to-use responses to common questions about RSV and RSV vaccination.

IF A PATIENT SAYS…	YOU CAN SAY…
“What is RSV?”	• RSV is a common respiratory virus that affects the nose, throat, and lungs. • It often feels like a cold, but it can cause serious illness in babies, older adults, and people with certain health problems.
“Who should get the RSV vaccine?”	• RSV vaccination is recommended for all adults age 75 and older. • It’s also recommended for adults ages 50 to 74 who have a higher risk of serious RSV illness. • An RSV vaccine may also be recommended during weeks 32 to 36 of pregnancy to help protect the baby. • We can check your age, health history, or stage of pregnancy to see what is recommended for you.
“I’ve never heard of this vaccine before. Why am I being offered it now?”	• RSV vaccines have been available for a few years, but many people are still learning about them. • They are offered to people who have a higher risk of becoming very sick from RSV, based on age and certain health conditions.
“Is RSV really that serious?”	• For many people, RSV causes mild cold-like symptoms. • But it can lead to pneumonia, breathing problems, or a hospital stay in people at higher risk. • Vaccination can help lower the risk of serious RSV illness. • It can also lower the chance you catch RSV and pass it to children or grandchildren, who face higher risk when very young.
“Can I get the RSV vaccine with my other vaccines?”	• Yes. Flu, COVID-19, and RSV vaccines can usually be given during the same visit. • Each vaccine is given at a different injection site. • Let me confirm what’s right for you.

⚠ If the patient describes a severe reaction, trouble breathing, swelling, or another concerning symptom, involve the pharmacist rather than using the responses in the table above.

The AIMS approach to conversations

AIMS is a simple four-step approach to recommend vaccines, respond to concerns, and build trust with patients.

A strong recommendation is one of the most important factors in whether a patient gets vaccinated. Every vaccine conversation begins with a presumptive recommendation. If the patient has questions or concerns, AIMS helps you respond while strengthening trust. The four steps help you make a clear recommendation, understand the patient's concern, show that you heard it, and identify the next step. You won't need all four steps in every conversation. Start with *Announce*, then use the steps that fit each patient's response.

Go through *Announce*, *Inquire*, *Mirror*, or *Secure* below to view guidance and examples for each step.

VACCINATION IS NOT THE ONLY POSITIVE OUTCOME

A positive outcome may be:

- The patient chooses to get vaccinated today.
- The patient leaves feeling heard and respected, with the door open to future conversations.

A

Announce a presumptive recommendation

Give a clear presumptive recommendation based on the patient's needs.

I

Inquire about questions, concerns, or beliefs

Ask what is making the patient unsure before you respond.

M

Mirror what you heard from the patient

Show that you understand the patient's concern before offering information.

S

Secure trust and strengthen the relationship

Answer questions, preserve trust, and leave the door open for future conversations.

A

STEP 1

Announce a presumptive recommendation

When work is busy, it can be easy to soften or skip a vaccine recommendation, especially when you expect the patient to hesitate.

A presumptive recommendation is a clear, confident statement that presents vaccination as the expected next step. It respects the patient's right to decide and usually takes only one sentence. If the patient accepts the recommendation, vaccinate and continue the visit. If they have questions or concerns, move to *Inquire*.

WHAT THIS SOUNDS LIKE

Flu: "Let's go ahead and get your flu vaccine today while you're here."
COVID-19: "You're due for your updated COVID-19 vaccine today."
RSV: "Based on your age and health history, I recommend you receive the RSV vaccine today."

After you announce, check the response

Did the patient agree to vaccination?

✓ **Yes:** Vaccinate. No further AIMS steps are needed.
→ **No:** Continue to *Inquire*.

Key point: Don't anticipate objections

Anticipating resistance may lead you to soften the recommendation before the patient responds. Give the full recommendation first. If a patient has questions or concerns, move to *Inquire*.

I

STEP 2

Inquire about a patient's questions, concerns, or beliefs

You don't need a long conversation to understand what's driving a patient's hesitation. In a busy pharmacy, one brief, open-ended question is often enough. Before explaining or correcting, ask what is making the patient unsure.

WHAT THIS SOUNDS LIKE

"What have you heard?" or "What's giving you pause?"

"When you say _____, what do you mean?" or "What worries you about this?"

"What's your biggest concern?" or "What's making you hesitate today?"

Key point: Listen for the concern, not just the question

Two patients may ask the same question for completely different reasons.

"Is the vaccine safe?" might mean "I heard it causes side effects" or "I don't trust how fast it was made." The words match, but the underlying concern differs. Using questions like the ones above will provide insight to help you respond.

M

STEP 3

Mirror what you heard from the patient

Patients are more likely to consider your recommendation when they feel heard. Before sharing facts or advice, mirroring allows you to confirm that you understand their concern.

A key piece of the mirroring stage is expressing empathy—not toward inaccurate information, but toward the emotions and concerns that the information has created. You're validating their emotional response, not the claim. Mirroring takes one sentence and doesn't slow you down.

WHAT THIS SOUNDS LIKE

PATIENT (FLU)	YOUR RESPONSE
"I never get the flu, so I don't think I need the vaccine."	"I can understand why the vaccine might seem unnecessary if you feel like you never get the flu."
PATIENT (COVID-19)	**YOUR RESPONSE**
"I've heard the COVID-19 vaccine doesn't work anymore."	"It sounds like you're wondering if the COVID-19 vaccine is effective anymore. That'd worry me too, if I thought I was getting a vaccine that didn't work."
PATIENT (RSV)	**YOUR RESPONSE**
"I didn't even know there was an RSV vaccine."	"It sounds like this vaccine is new to you. I can see how this kind of recommendation could feel unexpected."

Key point: Mirroring isn't agreement

Mirroring shows that you understand what the patient is worried about. Expressing empathy builds on the trust that the patient already has with you. This allows them to open up and hear from you and helps you prepare to respond in the next step, *Secure*.

S

STEP 4

Secure trust and strengthen the relationship

After listening and acknowledging the concern, answer the patient's questions.

The patient may vaccinate today or decline. In each case, end the conversation in a way that builds trust and leaves the door open for future conversations. Do this by thanking them for sharing their concerns and allowing you to share your expertise and recommendation.

ASK PERMISSION, THEN RESPOND

After you mirror the patient's concern, ask permission to share information. Then give a brief response that addresses what they are worried about.

VACCINE	ASK PERMISSION	IF THEY SAY YES, RESPOND TO THEIR CONCERN
Flu	"Would it be okay to tell you why I get the flu vaccine myself and why I recommend it for my family and patients?"	"Even healthy people can get the flu, with anything from cold symptoms to hospitalization. Flu vaccines are the best way to be protected against these risks."
COVID-19	"Would it be okay to tell you why I'm so passionate about this vaccine?"	"We know COVID-19 is still causing millions of infections every year, and the vaccine can significantly reduce your risk for severe disease from these infections."
RSV	"Can I tell you why I'm so excited about this vaccine and why I made sure my grandparents got it?"	"RSV can be a bad respiratory virus that can cause things like pneumonia and lead to hospitalizations and ICU visits, especially in adults 75+ or adults 50-74 with underlying conditions. Vaccination can significantly lower the risk of serious RSV infections."

Continued on next page

CLOSE THE CONVERSATION

PATIENT ACCEPTS TODAY

“Thanks so much. We’ll go ahead and take care of that today. I appreciate the opportunity to discuss it.”

PATIENT DECLINES TODAY

“I appreciate you sharing your concerns with me. I also appreciate you letting me share why I’m so passionate about you getting this protection. We can talk more next time I see you, or if you have questions before then, feel free to reach out to us.”

Key point: *Secure* isn’t about getting a “yes”—it’s about strengthening the relationship

These steps optimize the opportunity to vaccinate the same day. But, even if the outcome isn't what you hoped, you’ve earned trust you can build on.

About the Playbook

The Pharmacy Playbook is a digital point-of-care resource for pharmacy teams. It provides ready-to-use responses, a structured conversation approach, and links to clinical guidance for use during patient interactions. The Playbook was informed by research with pharmacists and pharmacy technicians. It is designed for quick reference and updated regularly to reflect timely vaccine questions and concerns.

The Playbook was developed by the Trusted Messenger Program in partnership with the American Pharmacists Association and the National Community Pharmacists Association, with support from Pfizer.

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