

# COVID-19 vaccine hesitancy: Pharmacists must be proactive and move the middle

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THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC HAS flipped everything on its head, uniting us in shared goals while also shining the light on many systemic problems. Nowhere is that more apparent than online where misinformation factories have ramped up with extraordinary efficiency, sowing doubt and eroding trust. The COVID vaccine is not immune to this, and as a result, patients can be confused, with some groups in particular turning away from getting vaccinated.

Vaccine hesitancy is nothing new. In Montreal in the mid-1800s, people rioted against mandatory vaccination even as a smallpox outbreak killed almost 6000 people.<sup>1</sup> In modern times, both social media and the comment sections of traditional media act as echo chambers for highly polarized discussions about vaccines and where targeted campaigns from antivaccine groups have oversized footprints.<sup>2,3</sup> The result can be lower vaccine rates and more disease outbreaks, but hidden costs include all the health care providers' extra time spent addressing patient questions and fears.<sup>4</sup>

Pharmacists are often reluctant to engage with patients about vaccine misinformation.<sup>5</sup> We are passive.<sup>6</sup> We are happy to be asked for a vaccine but often do not proactively offer one, or may not offer to discuss vaccines with our patients. We tend to mistake vaccine hesitancy concerns for antivaccine beliefs. When we do engage, there is a tendency to correct misinformation without addressing emotion, building trust or finding a common ground. We tend to avoid confrontations or loathe the time wasted on antivaxxers, deciding it is easier to avoid vaccine conversations altogether. So, as misinformation spreads like wildfire, we may sit back shaking our heads.

But what is the cost of our avoidance? Experts worry we are missing out on engaging the “moveable middle”—the group that has vaccine questions but who is open to changing vaccination intent based on the advice of a trusted health care

professional. We get it—most of us have been trapped in anti-vaccine debates at work or in our personal lives, or in lengthy conversations about the dangers of Big Pharma. But who better to address misinformation than the very people who understand the system and the product, are engaged in the delivery and are already in a trusted relationship with the public?

The public puts a high degree of trust in pharmacists. The pandemic has put pharmacists front and centre and highlighted that even when everything is closed and everyone is scared, pharmacists were there for them. As we face the incredible task of vaccinating the entire global population against a virus that has killed over a million people in under a year, pharmacists need to lean in to guide the moveable middle through the misinformation. But to do this, we must shed our own hesitancy to be proactive.<sup>6,7</sup> Before we can contribute to herd immunity, we can start creating herd influence: with our patients, colleagues, our friends and our families.

## Tools to address misinformation head on

The ProTCT Framework offers a step-by-step approach that pharmacists can use in everyday practice. It engages your patients in a quick and efficient conversation that can address their vaccine hesitancy and build trust.

Start by being **Proactive**. Make it clear you **Presume** the patient wants the vaccine. Most patients who are uncertain about vaccines want reassurance that they are making a good choice, either for themselves or a loved one. A statement along the lines of “I got the vaccine and I’m happy to help you get vaccinated” highlights your provaccine stance and opens up a discussion. Remember, 55% of unvaccinated patients say they would get an influenza vaccine if their pharmacist told them to get it.<sup>8</sup> Offer concrete support, assuming they want to be vaccinated.

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# PrOTCT

## Framework for Vaccine Discussions

This framework will help approach conversations thoughtfully to achieve a positive, effective interaction that builds trust while sharing important information.



# Pr



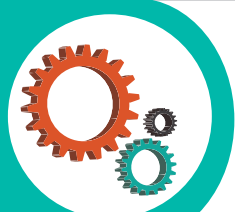
**Pr**oactively starting the conversation with a **Pr**esumptive statement, like “I got the vaccine and I’m happy to help you get vaccinated”.

# O



**O**ffer to share your knowledge about the facts and your experience with having had the vaccine and let the patient lead the conversation. If the patient is truly anti-vaccine, you can end the conversation here.

# T



**T**ailor the recommendation to their specific health concerns, “The vaccine will give you peace of mind about not bringing the virus home to your loved ones”.

# C



Address specific **C**oncerns the patient may have. Note: This should not be the main focus or bulk of the conversation.

# T



**T**alk through a specific plan for where and when to get the vaccine, “I can book your vaccine appointment before you leave” or “I can provide you with the vaccine right now if you have time”.

Next, **Offer** to share what you know about the vaccine, rather than just telling them everything you know. This engages the patient while letting them lead the conversation. By giving the patient autonomy, the pharmacist is showing that they are both an expert in this topic and are willing to meet the patient where they are. In cases where the patient indicates that they are truly antivaccine, this is also an excellent place for the pharmacist to end the conversation.

Once the patient has consented, the pharmacist can **Tailor** vaccine information to the specific patient. For a patient working in an essential job, it might be about ensuring they can continue working to earn a living or to avoid bringing the virus home to family members. For those at risk of worse COVID-19 outcomes, the focus could be on avoiding hospitalization or death, such as by saying, “Since you have diabetes, your risk of severe illness is much higher, which means you are an excellent candidate for the vaccine.”

Only after all the above work has been done should we address specific **Concerns** the patient has about the vaccines. This is not where the bulk of time will be spent. Even though it is often tempting to start here, the above steps build trust. Any

questions the patient has at this point are likely to move them to vaccine acceptance. The key here is to answer the questions directly and ask whether you have addressed their concern. Many health care sites such as Pharmacy5in5.ca, 19tozero.ca and the Centre for Effective Practice have frequently asked questions and answers. Read these and develop your own short informative responses. Share them with other pharmacy staff and see what approaches they have found to be effective.

End by **Talking** through a clear plan to get patients vaccinated. Depending on the province, this could include saying, “I can book your vaccine appointment before you leave” or “I can provide you with the vaccine right now if you have time.”

### Be proactive—Move the middle

This is our time to shine. Pharmacists need to address vaccine misinformation *head on*. Do not wait to be asked for a vaccine by a patient—reach out and encourage/tell people to get vaccinated. A trusted pharmacist can really help to move the moveable middle. This is the way out, and we all need to show up.

Will you? ■

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