

SUPPORTING PHARMACISTS IN VACCINATION COMMUNICATION

A toolkit for pharmacists



International
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Federation



COLOPHON



Supporting pharmacists in vaccination communication: A toolkit for pharmacists

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DISCLAIMER

The toolkit is designed to support pharmacists in their interactions with patients, the public, and other healthcare professionals. It does not account for specific national regulations. The roles and responsibilities of pharmacists vary across jurisdictions. Users must ensure compliance with relevant national laws and professional codes, including national drug regulations, data privacy, and professional and ethical conduct.

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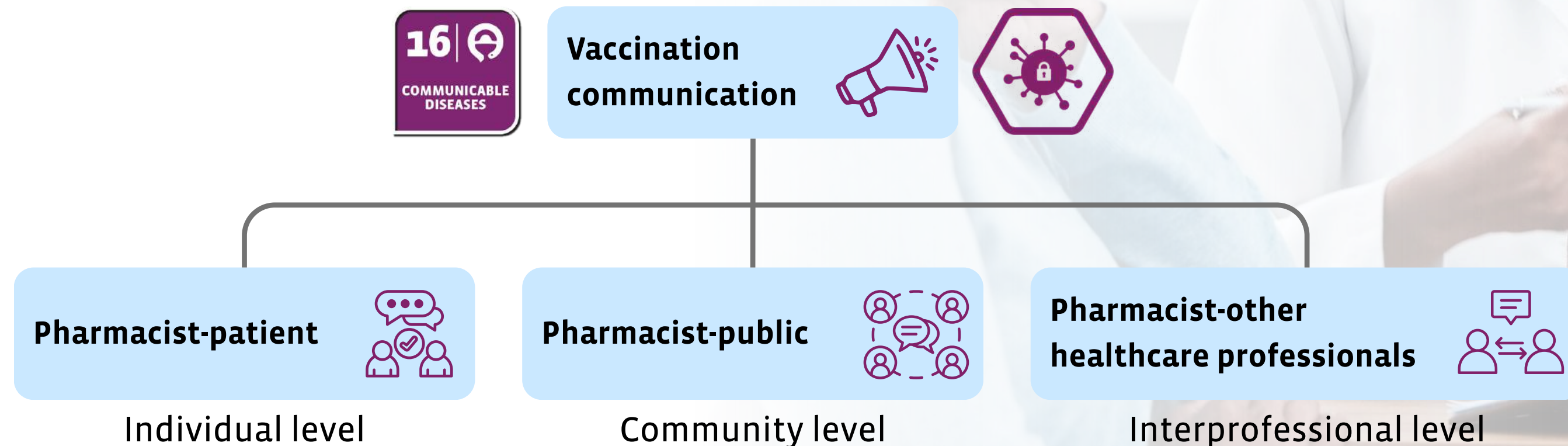
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INTRODUCTION

Recommendations from healthcare providers are among the strongest predictors of vaccine acceptance and uptake (1, 2). Healthcare providers, therefore, play a critical role not only in delivering vaccines but also in shaping public attitudes and confidence in vaccination programmes. As pharmacy-based vaccination continues to expand globally, effective communication skills are central to pharmacists' ability to support vaccination confidence and uptake.

This toolkit highlights three key areas of pharmacist communication: communication with patients, the public, and other healthcare professionals. It also aligns with FIP Development Goal 16 on Communicable Diseases, which emphasises expanding the role of the pharmacy workforce in the prevention, surveillance, and management of communicable diseases.



1 Population groups eligible vaccination

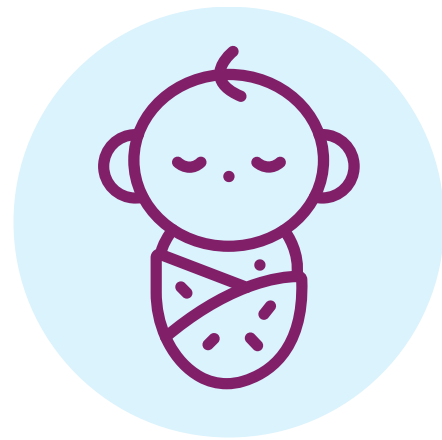
Contents:

- 1.1 Population eligibility worldwide
- 1.2 Age-based population groups
- 1.3 Special-risk population groups



1.1 POPULATION ELIGIBILITY WORLDWIDE

Findings from the FIP global surveys, which monitor the development of pharmacists' involvement in vaccination, indicate that pharmacy-based vaccination services are currently established in **56** countries. Of these, **44** countries report the authorisation for pharmacists to administer vaccines to multiple population groups (3). These include:



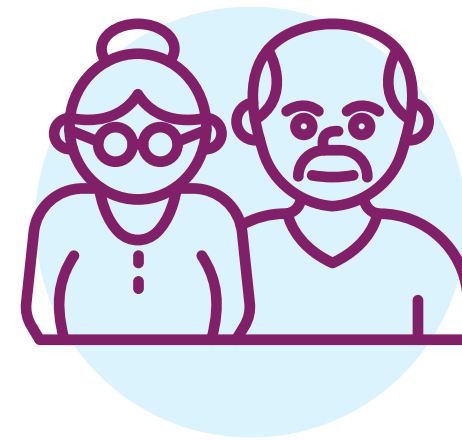
**Babies and children
(0-11 years)**



**Adolescents
(12-18 years)**



**Adults
(above 18 years)**



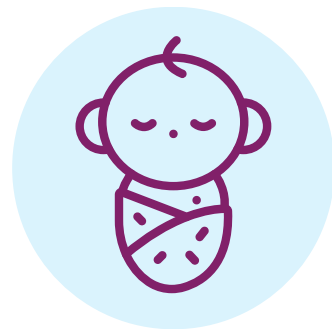
**Older adults
(above 65 years)**



**Special-risk
population groups
(e.g., pregnant women)**

1.2 AGE-BASED POPULATION GROUPS

WHO's recommendations for routine immunisation across all age groups (4):



Babies and children

RSV

A single dose maternal vaccination in the third trimester and/or one dose of long-acting monoclonal antibody to the newborn at birth.

BCG

A single dose at birth; also recommended for older children, adolescents, and adults from settings with high incidence of TB and/or high leprosy burden.

Hepatitis B

3–4 doses starting at birth. The birth dose should be followed by 2 or 3 additional doses to complete the primary series.

Polio

2–6 doses depending on vaccine type and schedule (at least 2 doses of IPV and 3 doses of bOPV); local epidemiology must be considered.

DTP-containing vaccines

A primary series of 3 doses of DTP-containing vaccine and 2 childhood boosters at 12–23 months and 4–7 years.



Babies and children

Hib

3 primary doses without a booster (3p); 2 primary doses plus a booster (2p+1); and 3 primary doses with a booster (3p+1). Local epidemiology must be considered.

PCV

A 3-dose schedule administered either as 2p+1 or as 3p+0, starting as early as 6 weeks of age.

Rotavirus

2–3 doses depending on vaccine product; not recommended for children >24 months of age.

MMR

2 doses. The minimum interval between the first and second dose is 4 weeks.

Varicella

2 doses; can be administered concomitantly with other vaccines. Unless given together with other live viral vaccines (measles, MR, MMR), it should be administered at a minimum interval of 28 days.

Seasonal influenza

Children aged 6 months–8 years should receive 2 doses at least 4 weeks apart, followed by 1 dose annually for revaccination.



Adolescents

Hepatitis B

3 doses for adolescent at highest risk of acquiring hepatitis B virus (HBV).

DTP booster

1 booster recommended at 9–15 years to maintain immunity to diphtheria and tetanus.

Rubella

1 dose for adolescent girls and women of reproductive age if not previously vaccinated.

HPV

1–2 doses, primarily for girls 9–14 years before they become sexually active. For pregnant women and immunocompromised or HIV-infected individuals, additional considerations apply.

Varicella

For catch-up vaccination in adolescents, a 2-dose schedule of varicella vaccine should be considered.

Seasonal influenza

1 dose from age ≥ 9 years, followed by 1 dose annually for revaccination.



Adults and older adults

Hepatitis B

3 doses for adults at highest risk of acquiring hepatitis B virus (HBV).

Rubella

1 dose for adolescent girls and women of reproductive age if not previously vaccinated.

Pneumococcal

Recommended in older adults or risk groups, depending on vaccination programmes at the national level.

Shingles

Recommended for older adults to prevent herpes zoster and related complications.

Varicella

For catch-up vaccination in adults, a 2-dose schedule of varicella vaccine should be considered.

Seasonal
influenza

1 dose annually for revaccination.



Regional or risk based vaccination

Some vaccines are recommended for these age groups depending on geographic region, travel, occupational exposure, or specific health risks. These may include vaccines against (4):

- Japanese encephalitis
- Yellow fever
- Tick-borne encephalitis
- Typhoid
- Cholera

- Meningococcal
- Hepatitis A
- Rabies
- Dengue
- Malaria

1.3 SPECIAL-RISK POPULATION GROUPS

FIP's resource on '[Vaccination of special-risk groups: A toolkit for pharmacists.](#)' identifies several groups that may benefit from targeted vaccination efforts and provides practical guidance to support pharmacists in improving vaccination uptake among these populations (5):

Special-risk groups

Individuals living with chronic respiratory diseases

Individuals living with cardiovascular diseases

Individuals living with diabetes

Pregnant women

Healthcare professionals and workers

Why vaccination?

Respiratory infections frequently trigger exacerbations and hospitalisation in individuals with chronic respiratory disease.

Infections can trigger acute cardiovascular events such as heart attacks and strokes in people with existing heart disease.

Infections can destabilise blood glucose control and increase the risk of severe complications.

Maternal vaccination protects both the pregnant individual and the newborn through passive antibody transfer.

Healthcare workers face frequent exposure to infectious diseases and may transmit infections to vulnerable patients.

1.3 SPECIAL-RISK POPULATION GROUPS

Vaccine recommendations for special-risk groups*

Special-risk group	Influenza	Pneumococcal	COVID-19	Tdap	HepB	Shingles	MMR	Varicella	Meningococcal
Chronic respiratory disease (e.g., asthma, COPD)	✓	✓	✓	✓		✓			
Cardiovascular disease	✓	✓	✓	✓		✓			
Diabetes	✓	✓	✓	✓	✓	✓			
Pregnant women	✓		✓	✓					
Healthcare professionals and workers	✓		✓	✓	✓		✓	✓	✓

* Recommended vaccines may vary depending on national immunisation schedules, patient risk factors, and local guidelines.

2 Pharmacist-patient communication

Contents:

- 2.1 Vaccination counselling and screening
- 2.2 Addressing vaccine hesitancy

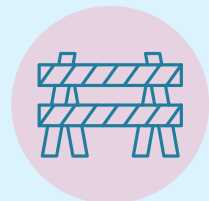


2.1 VACCINATION COUNSELLING AND SCREENING

Core principles for effective patient counselling during vaccination (6):



Create a welcoming environment: greet patients warmly, communicate clearly, and show attentiveness to build trust and reduce anxiety.



Avoid behaviours that signal disinterest, such as multitasking, working on the computer while the patient is speaking, or engaging in side conversations.



Engage proactively and ensure patients receive appropriate information about vaccination.



Use structured vaccination screening tools to support consistent eligibility assessment.

Vaccination screening form



The Immunization Action Coalition (IAC) and the Centers for Disease Control and Prevention (CDC) recommend a set of standardised screening questions to identify contraindications and precautions prior to vaccination (7, 8).

Vaccination screening form	
Contact information	
First name:	Last name:
Date of birth:	Age:
Gender:	Phone:
Email:	Emergency contact:
Home address: City: State: Zip:	
I want to receive the following: Inactive influenza (flu) Pneumonia Shingles Tdap (whooping cough) COVID-19 Others, please specify:	

Screening for vaccine contraindications and precautions

No	Question	Yes	No	Don't know	Notes
1	Are you currently sick?				
2	Do you have allergies to medications, food, a vaccine component, or latex? (e.g., eggs, bovine protein, gelatine, yeast, certain antibiotics, or preservatives)				If yes, please list:
3	Have you ever had a serious reaction after receiving a vaccination?				
4	Do you have a long-term health condition, such as heart, lung, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, absence of a spleen, a cochlear implant, or a spinal fluid leak?				If yes, please list:
5	Do you have cancer, leukaemia, HIV/AIDS, or any other immune system problem?				
6	Do you have a parent, brother, or sister with an immune system problem?				
7	In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatment?				
8	Have you had a seizure or a brain or other nervous system problem?				
9	Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?				
10	During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?				
11	Have you received any vaccinations in the past 4 weeks?				
12	For women: Are you pregnant or is there a chance you could be pregnant during the next month?				
13	Do you have any questions for the pharmacist?				

I confirm that the information provided is accurate to the best of my knowledge. I have had the opportunity to ask questions about the vaccine(s) and understand the potential benefits and risks. I consent to receiving the vaccine(s) indicated above.

2.2 ADDRESSING VACCINE HESITANCY

a. Communication style - How

Communication principles to increase the effectiveness of vaccination messages (9):



Capture attention

Use visuals, personalised messages, or emotional relevance.



Easy to remember

Clear, easy-to-understand information builds trust.



Be credible

Provide accurate, locally relevant information from trusted sources.



Motivate action

Use positive messaging and highlight community vaccination norms.



Use stories

Real-life experiences can help people understand and relate to vaccination benefits.

Several case examples illustrating common vaccination-related conversations are provided below. These five conversation guides aim to reflect a conversation between a customer (C) and a pharmacist (P) (10).

1. A parent with teenage children - HPV vaccine

C: Hello. This pandemic has made me realise that we haven't really been keeping up with regular vaccines for our teenagers. I want to keep them protected and I was wondering what vaccines I should be getting them. I have teenage kids and I want to keep them protected. Could I find out some more information?

P: Absolutely, how do you currently feel about vaccines? *(use of open questions)*

C: Well, I have heard about the human papillomavirus (HPV) vaccine. I remember receiving a brochure from their school when they were around 11 or 12, but we decided against it at the time because we didn't think they were at risk yet.

P: Okay, would it be alright with you if we discussed a little more about the HPV vaccine and how you feel about this? *(asking for permission, open-questioning)*

C: That's fine. I'd like to know more.

P: I've had a lot of people ask me about the vaccine so it's completely normal to have questions about it. I wasn't so sure of it myself initially but learnt that the human papillomavirus causes several cancers that can affect anyone. These include cancers of different reproductive organs in women and in men, and possibly throat cancers for both men and women. The good news is that this vaccine can help protect against the virus and protect your children from getting these cancers (*normalisation, social norms, factual information*) and this vaccine should provide lifelong protection, even preventing genital warts. Now it's easy to think that this isn't relevant now if your children aren't having sex. The important thing is that the vaccine will protect them in the future if they do decide to.

C: Okay, yeah that makes sense. But what are their benefits of getting it now rather than waiting?

P: Many parents find that the earlier their children are protected the better, as it gives both you and them peace of mind and you don't have to worry about it as they grow up. Also, the age you are when you get the vaccine determines how many shots you need. If you are 9–14 for example, then you only need to get two doses, if you are 15–16 then you should receive three.

I used to think of this vaccine as something to prevent a sexually transmitted disease and be a bit uncertain, but then realised it's really about preventing cancer. Almost everyone can get this virus, so I think it's important for everyone. Almost all of my patients are now getting this vaccine, which is great. That said, this is a decision only you can make. What do you think? (*social norms, addressing concerns, personal experience, open-questioning*)

2. Older person - Tdap (diphtheria, tetanus and pertussis vaccine)

C: Hi there. I'm here today because I'm about to turn 65 and my daughter keeps pestering me about getting vaccinated. I am aware that I'm not as fighting fit as I once was, but do I really need these vaccines? And if so, what vaccines should I be getting?

P: It's great that you have come in here today, I am more than happy to talk to you about the recommended vaccines. You're actually pretty fit and the thing is, these vaccines don't have anything to do with whether you're fit or not. In fact, many healthy people get vaccinated everyday — and people find being vaccinated actually keeps them fit and healthy. Also, while she may be pestering you, your daughter is on the right track. Now is a good time to be thinking about what vaccines can give you extra protection as you get a little bit older. *(positive reinforcement, addressing concerns, social norms)*

C: Oh that's good to know. I was starting to think it was just because I was getting old!

P: Not at all — people get vaccines at all ages. Though I'm sure it can be hard sometimes with the reminders, while your daughter may be pestering you, I'm sure she's making sure you get extra protection so you can continue to do the things you enjoy. *(identifying motivators, validation, social norms, normalisation)*

C: Yeah, I know she's just trying to look out for me.

P: Yeah, It's really nice to have someone looking out for us — and how lucky are you to have someone who sounds like she really cares about you. Would I be able to give you some information about the vaccines? *(positive framing, permission to provide information)*

C: I've had a tetanus shot after stepping on a rusty nail. Why should I get it again?

P: It's easy to think that you don't need to have the vaccine again after the tetanus shot. The bad news is that tetanus, also known as lockjaw, is more likely to cause deaths in older people. It is a serious disease caused by bacteria found in dust, dirt, soil and manure that enters the body through a cut or wound. This infection causes muscle stiffness, painful spasms, fever and difficulty chewing or swallowing, and the risk of harm is higher in older people.

The good news is that vaccination is the best protection from this illness. People receive three immunisation doses as a baby, two booster doses as children, and two more booster doses at 45 and 65. Getting your booster dose once you turn 65 is important, even though you have had a shot in the past, as these immunisations wear off over time. If you have had chickenpox in the past, the virus will stay dormant in your body until you are older. *(normalisation, bad news/good news, personal relevance, rationale)*

C: So do you think I should get the vaccine?

P: I believe routine immunisation is important and everyone should have the vaccines they need for their age. What do you think? Perhaps you can discuss it with your daughter and make an appointment? All you have to do is call us or drop in and we can arrange that for you. *(making it easy increasing convenience, personal relevance)*

3. A vegan person - Flu vaccine

C: I have some concerns about the eggs in flu vaccines, as I am vegan and do not want to take any products that have animal components.

P: That's a very important concern that we can discuss. We are entering flu season so this protection can be an asset for your health and also to protect your loved ones that are close to you. Should we discuss the options available that might suit you? *(validation, permission seeking, motivational interviewing)*

C: Yes please. But why do they use eggs in the first place?

P: Some vaccines might need a living organism with functional cells to be produced and that is why some use this method instead of cell lines or another. The important thing is that all the different methods are approved and result in vaccines that are safe to use. *(addressing concerns, personalisation)*

C: So, you say there are some vaccines that are egg free?

P: There are some vaccines available in the market, such as the quadrivalent cell-based influenza vaccine and a recombinant quadrivalent influenza vaccine, that are egg free. How does this make you feel about getting a vaccine? *(open questions, non-judgemental, factual advice)*

C: Are you sure no animal is involved in the process?

P: There are no animal products in those vaccines. Most of the vaccines are also well tested and do not require further animal testing. The important thing is that you have an option available and can be protected during the flu season. (*addressing concerns, factual information*)

C: I will think about it. I am not sure yet.

P: It can be hard to decide without knowing enough information. The good news is that many vegan people are getting vaccines as there are a lot of alternatives already available in the market. The more people who get flu vaccines, the bigger the group immunity, which will help protect yourself and your loved ones too. Would you like some information to take away to read and think about? It's important you decide for yourself but I will be available anytime if you need any help. (*validation, social norms, community and personal relevance, open-questioning, respecting autonomy*)

C: Thank you for that. Yes, that would be great. I'll have a read through and think about it.

4: A person living with HIV - COVID-19 vaccine

C: Hello, I am feeling a bit unwell in the last couple of days. No fever, just feeling like I've got a cold.

P: Sorry to hear that. Tell me a bit more about how you feel. What self-care measures have you taken? (*open question*)

C: I am taking some over-the-counter medicines and it is improving a little.

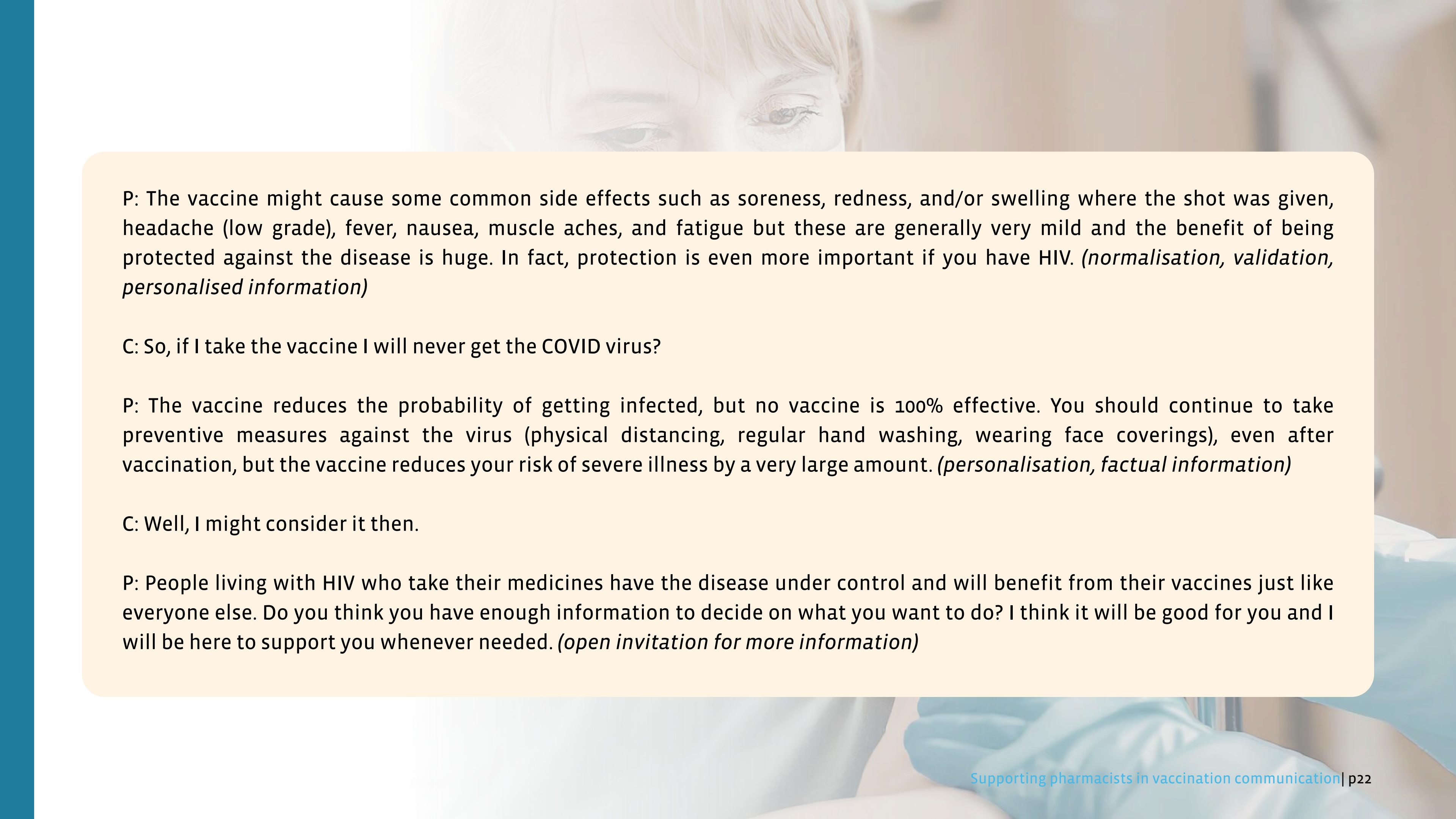
P: Great to hear that your symptoms are getting better. If you need any further advice to manage your symptoms you can let me know. What about any other medicines? How about the COVID-19 vaccine?

C: I am not vaccinated, but because I am HIV-positive, I thought it would not be a good idea to get vaccinated.

P: What are some of your thoughts about the vaccine?

C: Will I get sick if I take the vaccine? I'm worried it will make me sick, especially with my HIV.

P: It is understandable that you are worried. The vaccine, though, is really important for you as it reduces the risk of severe disease and death and is believed to be safe for most people, including people living with HIV.



P: The vaccine might cause some common side effects such as soreness, redness, and/or swelling where the shot was given, headache (low grade), fever, nausea, muscle aches, and fatigue but these are generally very mild and the benefit of being protected against the disease is huge. In fact, protection is even more important if you have HIV. (*normalisation, validation, personalised information*)

C: So, if I take the vaccine I will never get the COVID virus?

P: The vaccine reduces the probability of getting infected, but no vaccine is 100% effective. You should continue to take preventive measures against the virus (physical distancing, regular hand washing, wearing face coverings), even after vaccination, but the vaccine reduces your risk of severe illness by a very large amount. (*personalisation, factual information*)

C: Well, I might consider it then.

P: People living with HIV who take their medicines have the disease under control and will benefit from their vaccines just like everyone else. Do you think you have enough information to decide on what you want to do? I think it will be good for you and I will be here to support you whenever needed. (*open invitation for more information*)

5. Pregnant woman - Flu and COVID-19

C: I've heard that I'm meant to get some vaccines because I'm pregnant, but I'm not sure, I really don't want to harm the baby.

P: That's a fair concern, and it is a concern we hear from a lot of pregnant women. Pregnancy can be a really confusing time as everyone offers up opinions and there is a lot of misinformation — all of a sudden you are responsible for someone else and that can be really scary. Getting advice is a great step and I am glad you reached out. I am happy to talk through the different vaccines that would be beneficial for you, if you would like? (*validation, normalisation, positive reinforcement, open-questioning*)

C: Sure, that would be helpful.

P: I hear that you want to do what is the best for the baby. What we know is that there are certain illnesses such as the flu, pertussis and COVID-19 that can be harmful to you and your baby. Thankfully we have vaccines against these illnesses and getting vaccinated is the best way to help protect you and your baby.

The vaccines that we would advise you to get during your pregnancy are the flu vaccine, Tdap vaccine (against tetanus, diphtheria and pertussis, or whooping cough) and COVID-19 vaccine. Would you like me to tell you more about them? (*validation, factual advice, clear path to action, personalised advice, permission seeking*)

C: Yes, please.

P: Firstly, let's talk about the influenza vaccine — or flu shot. Flu vaccines have been given to millions of pregnant women over the years, and scientific evidence shows that they are safe. Getting the flu vaccine during pregnancy is one of the best ways to protect yourself and your baby for up to 6 months after birth from flu and related complications.

The second vaccine that I would recommend, especially now, is the COVID-19 vaccine. Pregnant women are more likely to get severely ill with COVID-19 compared with non-pregnant women. This means they are more likely to be hospitalised, need intensive care, a ventilator, special equipment to breathe or have had illness that has resulted in death. There are also negative impacts on the baby. *(social norms, scientific facts, personalisation of advice to concerns/motivators)*

C: Will the vaccines harm the baby?

P: No, flu and COVID-19 vaccines do not cause an infection, including in pregnant people or their babies. None of the vaccines contain the live virus that causes the disease. By getting the vaccines you are protecting both yourself and your baby, both during your pregnancy and after your baby is born. *(clarification, clear advice)*

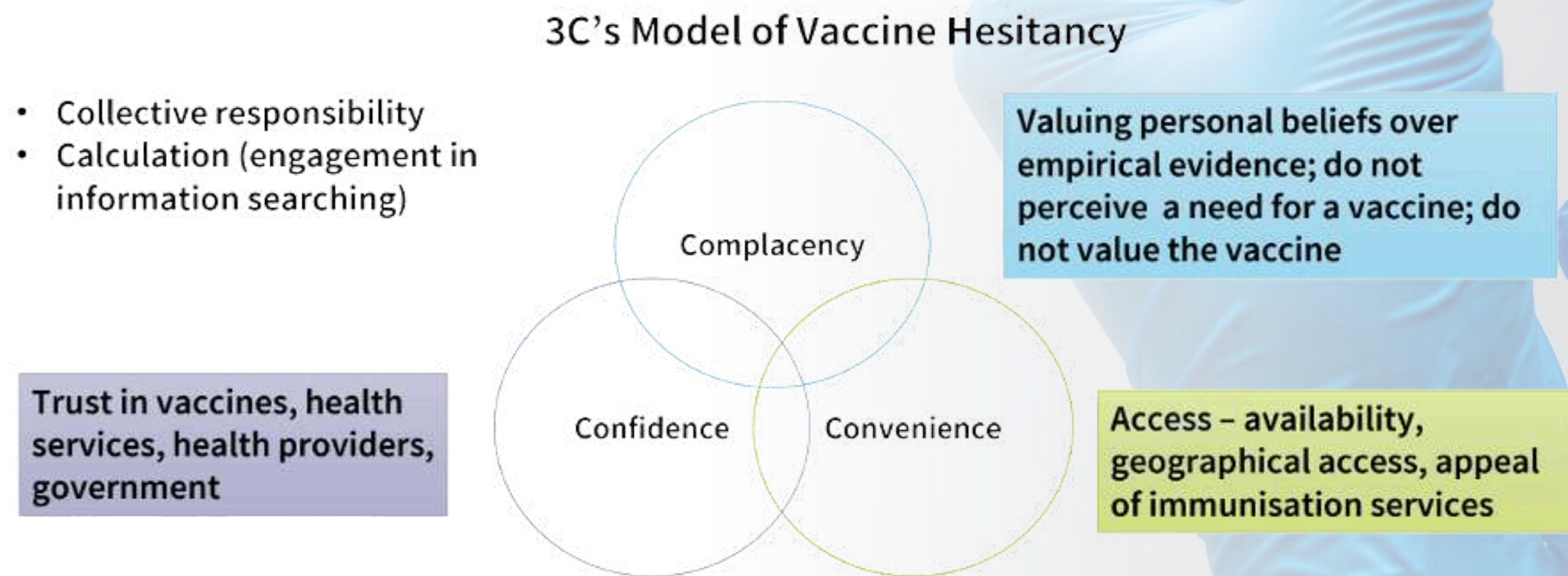
C: So, everything will be fine if I get those vaccines?

P: Most pregnant women are having these vaccines with positive effects on their own health and also on their infants' health. I believe this is important for you and your baby. Please let me know if you need any more information and I will be happy to provide it. *(social norms, personal relevance of motivators, open communication)*

2.2 ADDRESSING VACCINE HESITANCY

b. Communication content - What

The Hertfordshire Behaviour Change Unit has produced examples of messages that can be used to address vaccine uptake barriers depending on which of the “3 Cs” the barrier falls under (11). The examples and recommendations below are adapted from the unit’s document “COVID-19 vaccination: Increasing uptake (2021)” with the permission of Hertfordshire County Council (12):



WHO model of the 3 Cs in relation to vaccine hesitancy (13)

Complacency

Complacency occurs when individuals believe their risk of contracting a disease is low or that the disease is not serious. Vaccine uptake is more likely when people perceive the disease as a real threat and believe vaccination is an effective way to protect themselves. Communicating the risks of infection and the protective benefits of vaccines can help increase vaccination acceptance.

Strategy



Increase perceptions of personal risk of contracting the disease.

If people perceive there is a personal risk of contracting the disease, they are more likely to be vaccinated to protect themselves.

Recommendation



Increase knowledge of the risks of contracting the disease for the general population and specific groups where uptake is likely to be lower.

Personalising this information to the individual and their personal circumstances can increase message effectiveness.

Example



To identify key groups to focus on and their unique needs and specific risks, you may wish to use audience segmentation data. This can be achieved through working with communities to understand any gaps in knowledge and to develop messages that speak directly to the target population.

For example, for the general population: “Even if you are fit and healthy, you are still at risk of getting sick (with influenza, COVID-19, etc)” or for a specific group such as: “Members of the (indigenous) community are at a greater risk of getting sick with (influenza /COVID-19/etc).”

Strategy



Increase perceptions of the severity of the disease.

If people perceive that there are potentially significant implications to their health from contracting the disease, they are more likely to be vaccinated to protect themselves and others.

Recommendation



Increase knowledge of the severity of the disease for the general population and for specific groups where uptake is likely to be lower. Focus on risk-reducing messages over health benefit messages.

Example



Develop messaging that includes some of the health consequences of contracting the infection and that being vaccinated reduces their risk. This applies to influenza, COVID-19 and other vaccine-preventable diseases.

- For the general population, for example, for COVID-19: “Getting COVID-19 can affect your heart health, breathing and cause long-term fatigue; protect yourself, get vaccinated”.
- For people with long term conditions: “People with diabetes are at increased risk of developing complications from coronavirus”.
- For young people: “Young people are twice as likely to suffer from long-COVID”.

Accompany this with calls to action such as “Get vaccinated and reduce your risk.”

Strategy



Increase understanding of the importance of the vaccine.

If people perceive that the vaccine is important for ending the pandemic and returning to a sense of normality, they are more likely to be vaccinated. It is important to cover a range of motivations as different things will motivate different people. For influenza or COVID-19, motivations may include the possibility of being with family and friends, travelling, attending events, etc.

Recommendation



Emphasise the importance of individual vaccination in achieving herd immunity for protecting the most vulnerable, protecting the health system, strengthening the economy and relaxing public health restrictions.

Build a social norm within the community that vaccination uptake is widespread, and the majority of people are doing their part for the benefit of the community/society.

Example



Consider messaging such as: “Get vaccinated to show your loved ones you care”; “Get vaccinated and let’s get back to normal”; “Play your part and get vaccinated!”; and “Play your part in protecting your community and get vaccinated!”

Focus on positive messaging. Present vaccination uptake within specific groups (e.g., age or community) as percentage increases from the previous week or month, ideally using graphs or other visual formats. Support this with case studies, stories, or testimonials from vaccinated community members. Avoid highlighting low uptake, as this may reinforce the perception that few people are getting vaccinated and reduce motivation. Instead, use national data to communicate intentions, such as “XX% of people intend to be vaccinated.”

Confidence

Confidence is a key part of vaccine uptake. Vaccines need to be seen as effective for addressing the disease threat for individuals to take up the vaccine. A key factor in how safe and effective a vaccine was perceived to be was the development and testing it had been subjected to prior to market launch.

Strategy



Increase trust in vaccine safety and effectiveness.

Recommendation



Emphasise that vaccines undergo rigorous development and testing.

Acknowledge public concerns and uncertainties rather than dismissing them.

Communicate transparently about vaccine effectiveness and possible side effects.

Example



Explain the vaccine development process clearly using accessible formats (e.g., infographics) and simple language while avoiding unnecessary technical terms.

Address common concerns in public communications and engage communities with lower uptake to co-develop culturally appropriate messages through trusted leaders (e.g., religious or community leaders).

Provide clear information on common side effects and link to trusted sources (e.g., government health websites or FAQs). Be open about current evidence and knowledge gaps.

Strategy



Increase trust in authorities and scientific institutions.

Recommendation



Build trust through open, transparent communication and community engagement.

Engage respected community voices to support vaccination messages.

Link vaccination to social values and community responsibility.

Ensure a positive vaccination experience.

Example



Work with local networks and community groups to understand barriers to vaccination and develop culturally relevant communication materials.

Share messages through trusted channels (e.g., local radio, community groups, leaflets) and ensure outreach also reaches people without digital access.

Use testimonials and case studies from community members and leaders who have been vaccinated.

Train staff to greet visitors respectfully, address concerns sensitively, and visibly follow safety measures (e.g., distancing, masks, hand hygiene).

Convenience and access

From the behavioural sciences, people are more likely to engage with a behaviour if it is perceived to be easy to achieve. This is the same for vaccination. Ensuring that getting a vaccine is as easy as possible will improve uptake, for example, by locating vaccination sites near public transport routes, providing free public transport for people getting their vaccination, extending clinic operating hours and making vaccination available through community pharmacies.

Strategy



Increase the convenience of being vaccinated.

Recommendation



Provide clear and specific information in vaccine invitations.

Support appointment planning to encourage attendance for second or future doses.

Example



Include a clear call to action, location details, maps, directions, public transport information, and instructions on what to bring to the appointment.

Book the second appointment during the first visit, provide appointment cards, and send reminders via SMS, email, or post shortly before the appointment. Emphasise the importance of completing the full vaccination schedule.

Strategy



(same as previous page)

Recommendation



Ensure vaccination sites are accessible and easy to reach.

Offer vaccination in familiar and convenient locations.

Reduce practical and financial barriers to vaccination.

Example



Provide directions, parking information, and links to public transport routes to help individuals plan their journey.

Use locations which are already part of people's routines (e.g., GP practices, pharmacies, workplaces, schools, community centres) and provide flexible opening hours such as lunchtime or evening sessions.

Encourage employers to allow time off for vaccination and recovery from possible side effects without financial or workplace penalties.

3 Pharmacist-public communication

Contents:

- 3.1 Community needs assessment
- 3.2 Community outreach and engagement
- 3.3 Addressing misinformation and myths



3.1 COMMUNITY NEEDS ASSESSMENT

Effective engagement requires understanding the broader community context in which vaccination decisions are made. Pharmacists should assess community needs based on the available information below (6):



Local vaccination gaps



Health and vaccine literacy levels



Cultural or religious considerations



Access barriers (transport, time, cost)



Language differences



Visibility and awareness of pharmacy-based vaccination services

Community assessment tool

Question	Yes	No	Action required
Do you know the under-vaccinated groups?			
Do you understand local vaccine concerns?			
What are the existing health and vaccine literacy levels?			
Are advocacy materials culturally and religiously appropriate?			
Are there access barriers?			
Are there language barriers?			
Are pharmacy-based vaccination services visible and clearly advertised?			

3.2 COMMUNITY OUTREACH AND ENGAGEMENT

Once community needs have been identified, a structured advocacy plan for outreach should be developed. Effective engagement strategies may include (14, 15):



Posters displayed in pharmacy windows and countertop notices



Leaflets and flyers in pharmacies and public spaces



Social media campaigns



Engagement activities in malls and shopping centres



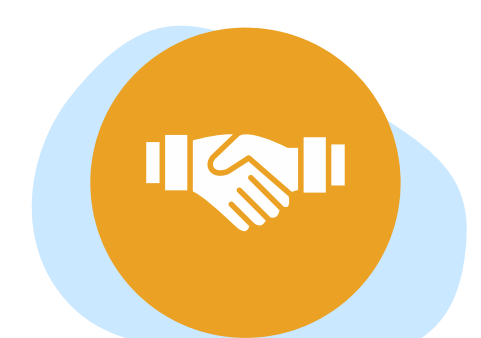
Radio and television advertisements



Participation in health fairs



School and patient association presentations



Collaboration with various stakeholders

3.3 ADDRESSING MISINFORMATION AND MYTHS

The following steps described below can help provide guidance on how to assess misinformation, and address and manage it at an individual level as part of an effective consultation.

a. Assessing the information

The Five Pillars of Verification have been suggested as an approach to determine the accuracy of a claim (16):

- 1.Origin:** Are you looking at the original account, article or piece of content?
- 2.Source:** Who created the account or article, or captured the original piece of content?
- 3.Date:** When was it created?
- 4.Location:** Where was the account established, the website created or the piece of content captured?
- 5.Motivation:** Why was the account established, the website created or the piece of content captured?

b. Addressing misinformation

Once misinformation has been identified, it is important to take steps to limit its impact. Misinformation spreads most rapidly when individuals are exposed primarily to information that reinforces existing cognitive biases.

Actionable steps:

- Guide individuals toward credible, accurate, and relevant sources in their own language.
- Present information in formats that resonate with the audience, such as podcasts, videos, or peer testimonials.
- Focus on breaking the cycle of bias by encouraging engagement with diverse, trustworthy information.

3.3 ADDRESSING MISINFORMATION AND MYTHS

c. Preventing misinformation

Preventing misinformation from influencing people's decisions in the first place is an effective strategy to limit its impact on vaccine hesitancy. There are different ways to achieve this (17, 18, 19, 20):



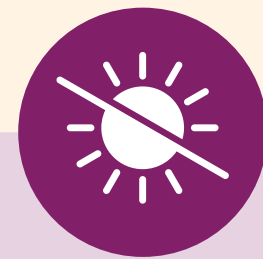
Warnings

Warning labels can alert individuals to potential misinformation and encourage them to question its accuracy and consult credible sources.



Empowering individuals

Improving health and media literacy helps people critically evaluate information and reduce the spread of misinformation.



Inoculation

Prebunking exposes people to weakened forms of misinformation and explains why they are misleading, helping build resistance to false claims.



Debunking

Debunking corrects misinformation by presenting clear facts and explaining why the information is incorrect, while avoiding repetition of the false claim.

3.3 ADDRESSING MISINFORMATION AND MYTHS

Suggested actions to address vaccination-related myths and support pharmacists during patient interactions are as follows:

Do:

- Emphasise facts and use visuals whenever possible
- Provide alternative correct explanations, with up-to-date resources
- Present only core facts and keep the message simple
- Explain the known side effects of vaccination and acknowledge the risks — which are real but rare
- Emphasise that it may be a legal requirement for all side effects to be reported (in applicable jurisdictions)
- Acknowledge concerns raised by patients (do not dismiss them)
- Provide a balanced overview supported by scientific evidence of the facts behind vaccine benefits
- Build on existing positive vaccine perceptions



Don't:

- Repeat myths
- Give lengthy explanations
- Make explicit warnings
- Use strong language that can increase risk perception
- Rely only on web-based resources, as they do not allow face-to-face discussion
- Emphasise the benefits and withhold information about the risks



3.3 ADDRESSING MISINFORMATION AND MYTHS

Another tool for communicating effectively around vaccine misinformation is the “Acknowledge, Bridge, Communicate” framework.

Reasons not to vaccinate	Acknowledge	Bridge	Communicate
“Vaccines contain mercury”	That is not fully correct	More accurately	The mercury-based preservative thimerosal, once used to prevent bacterial and fungal contaminations, is no longer used in children's vaccines, except some types of flu shots. The WHO has also concluded that the amount and form of mercury in thiomersal-containing vaccines does not pose a cumulative risk of toxicity.
“Vaccines cause disease”	That’s not quite right	Let me explain	Most vaccines cannot cause disease because they do not contain any living virus or bacteria. There are some vaccines that contain weakened live bacteria or virus, but even these have not been described to cause the full onset of a disease, but on very rare occasions, a weaker form of disease with mild symptoms.
“Polio is no longer an issue in this country”	That is not what I know	What I do know is	That reductions in vaccination rates can lead to infectious diseases returning: maintaining high vaccination rates prevents infectious diseases from spreading and protects those still susceptible through herd immunity.
“Vaccines cause autism”	There is no evidence for that	What data show is	That there is extensive evidence that vaccines are not linked to increased incidence of autism.
“No one in my son’s school had this disease”	That’s true	But the real point is	That it likely happened because most children were vaccinated, and the few who could not be immunised were therefore protected through herd immunity.

4 Pharmacist-other healthcare professionals communication

Contents:

- 4.1 Pharmacist-physician collaboration models
- 4.2 The SBAR (Situation, Background, Assessment, Recommendation) framework
- 4.3 Interprofessional education (IPE) readiness tool



4.1 PHARMACIST-PHYSICIAN COLLABORATIVE MODELS

Collaboration between pharmacists and physicians can support more coordinated vaccination services. In a study on improving HPV vaccination among adolescents, Teeter and colleagues described three models through which pharmacists and physicians can collaborate in vaccine delivery (21).

Shared-responsibility model



Responsibilities are divided between the physician's clinic and the pharmacy. The physician may provide the initial consultation or administer the first vaccine dose, while subsequent doses are delivered at a pharmacy.

Pharmacy-based model



In this model, physicians continue to recommend vaccines during clinical consultations, while the administration of the vaccines is carried out in a pharmacy.

Insourced model



The insourced model involves pharmacists providing vaccination services within the physician's clinic during designated times. In this approach, pharmacy expertise is directly integrated into the clinic environment.

4.2 THE SBAR (SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION) FRAMEWORK

The SBAR framework is a simple tool used as either a verbal framework for communication or as a written tool for documentation in clinical practice. It has been widely adopted in healthcare settings as a method for structuring information exchange and ensuring that critical information is communicated clearly (22).

SBAR framework		Question	Content
S	Situation	What is happening with the patient? What situation are you contacting the other healthcare professional about?	<ul style="list-style-type: none">• Briefly introduce the patient.• Provide a short overview of the current issue(s) that require attention.
B	Background	What background or relevant clinical information should be known about this patient?	<ul style="list-style-type: none">• Describe the pertinent history of the present illness.• Summarise the relevant events leading up to the current issue(s).
A	Assessment	What is your evaluation of the situation?	<ul style="list-style-type: none">• Provide your interpretation of the issue(s), including an analysis of the problem and possible consideration of options.
R	Recommendation	What action should be taken to manage the patient?	<ul style="list-style-type: none">• Propose a clear plan or suggested intervention.• Indicate the next steps required to manage the identified issue(s).

4.3 INTERPROFESSIONAL EDUCATION (IPE) READINESS TOOL

While collaboration models and structured communication tools can support effective interaction between healthcare professionals in practice, healthcare providers must first be trained in interprofessional collaborative practice (IPCP).

Recognising the importance of preparing healthcare professionals for collaborative practice, FIP developed a '**Global Interprofessional Education Readiness and Self-Assessment Tool**' to support universities, administrators, professors and policymakers in assessing their preparedness to offer IPE (24).

The tool is based on the Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) framework, which conceptualises interprofessional education across three interconnected levels: micro, meso and macro (25).

- **Micro level:** Educational programme and curriculum
- **Meso level:** Institutional structures and organisational support
- **Macro level:** National policies and regulatory frameworks

The FIP IPE Readiness Tool can be found on the next page.

4.3 INTERPROFESSIONAL EDUCATION (IPE) READINESS TOOL

Micro level assessment

39 items to assess readiness within the educational programme/curriculum

- Designated IPE leadership (individual/team)
- Volunteer interprofessional opportunities
- Interprofessional continuing education activities
- Participation in interprofessional research
- Common scheduling across programmes
- Cross-professional teaching (other professions teaching your students)
- Cross-professional teaching (our professions teaching other students)
- Programme autonomy to implement IPE
- Interprofessional committees
- Required extracurricular IPE activities
- Financial support for IPE
- Faculty development (available and/or required)
- Faculty credit for IPE participation
- Defined faculty workload allocation for IPE
- IPCP-model clinical sites
- Formal partnership agreements
- Adequate placements for all students
- Primary care (outpatient) sites
- Hospital (inpatient) sites
- Specialty care sites
- Sites conducting IPCP quality assessments
- Sites receiving students from multiple professions
- Exposure to at least two different IPCP settings
- Alignment with national IPE/PCP competencies
- IPE required in curriculum
- IPE electives
- Single-event IPE activities
- Classroom-based IPE
- Simulation-based IPE
- Standardised patients (retained)
- Online interprofessional interaction
- Practice-based interprofessional learning
- Longitudinal competency-adapted modules
- IPE competency required for graduation
- Standardised outcomes
- Structured assessment for each IPE activity
- Standardised evaluation processes for IPE programme
- Required practical assessment (simulation or clinical site)
- Please add any form of IPC competency assessment used in your professional programme



4.3 INTERPROFESSIONAL EDUCATION (IPE) READINESS TOOL

Meso level assessment	Macro level assessment
18 items to assess readiness on institutional/university structures	14 items to assess readiness on national/regional systems
<ul style="list-style-type: none">• Explicit IPE-supportive policies• Leadership commitment to IPE• Faculty interaction opportunities across professions• Promotion/tenure policies supporting IPE• Integrated institutional evaluation processes• Dedicated IPE personnel• Adequate coordination, scheduling, and technology resources• Financial sustainability model• Multiple professional programmes within institution• Faculty interest in collaboration• At least two programmes participating in IPE• Online multi-professional opportunities• IPE embedded in undergraduate curricula across programmes• Faculty development available• Faculty development required• Centralised IPE coordination centre• Simulation lab supporting IPCP• Please add comments regarding meso-level (Institutional/University level) of IPE	<ul style="list-style-type: none">• Government support for IPCP• National policies promoting IPCP• IPCP recognised to address workforce shortages• Practice laws supporting IPCP• Laws acting as barriers• Employer preference for interprofessional training• Accreditation bodies requiring IPE• IPE required by law in undergraduate education• IPE required by law in postgraduate/residency education• Remuneration for integrated care models• Access to software/e-health/technology supporting IPCP• Barriers to change in the country/institution/programme• What is missing in the country/institution/programme• Successes to share in the country/institution/programme

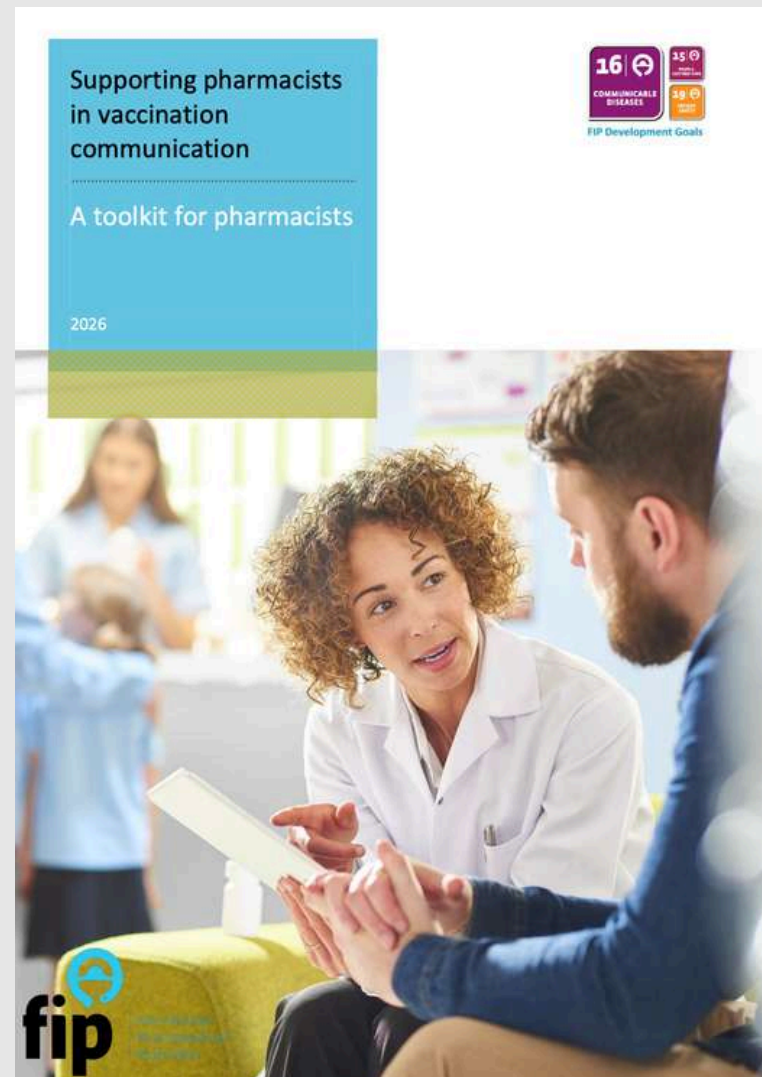


CONCLUSION

Recommendations from healthcare providers are among the strongest predictors of vaccine acceptance and uptake, with evidence showing that individuals who receive a provider recommendation are significantly more likely to initiate and complete vaccination. Pharmacists play an increasingly important role in vaccination programmes, contributing as vaccine educators, facilitators, and administrators. Effective communication is therefore central to pharmacists' ability to address concerns, correct misinformation, and provide clear, evidence-based recommendations.

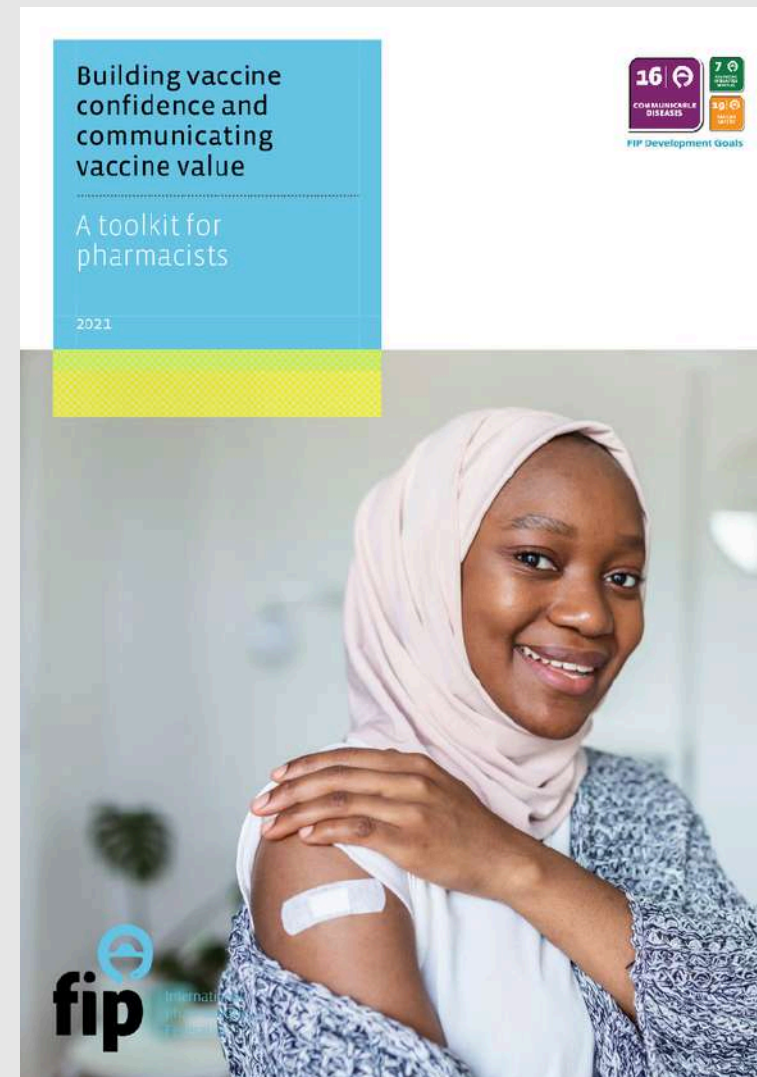
RESOURCES

Full toolkit

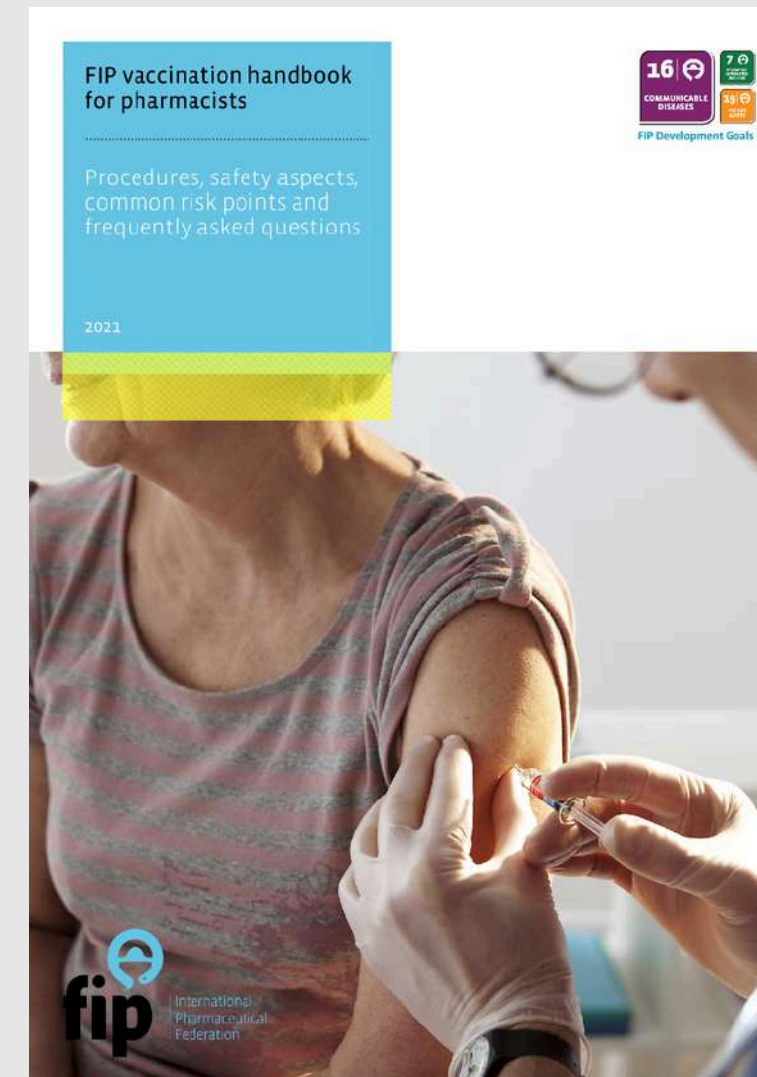


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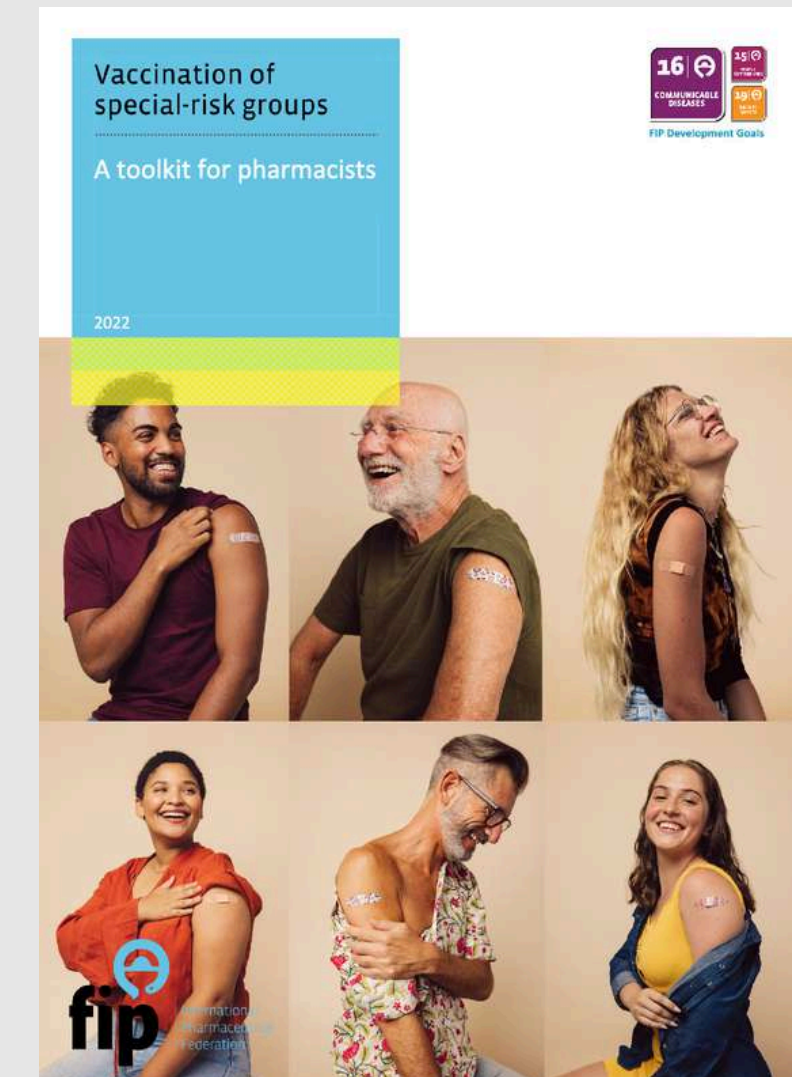
Other relevant resources



<https://www.fip.org/file/5093>



<https://www.fip.org/file/5009>



<https://www.fip.org/file/5380>

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