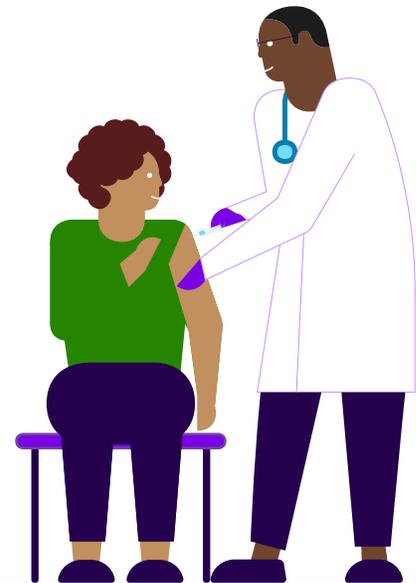


# Addressing Adult Vaccine Hesitancy: What Does the Evidence Say?

*Partners  
in Protection*

Vaccine hesitancy is not exclusive to childhood immunizations—many adults also express concerns about immunizations.<sup>1</sup>

Fortunately, recent research supports the AIMS (Announce, Inquire, Mirror, and Secure) method as a conversational framework intended to increase receptivity in interactions with patients.<sup>2</sup> We'll explore the AIMS method on the next page. But first, it's helpful to categorize questions regarding vaccination and their suggested responses.



Common Questions	Evidence-Based Responses
<b>Do I really need vaccines if I'm healthy?</b>	<ul style="list-style-type: none"> <li>• Patients may believe that if they are healthy, they do not need immunizations<sup>3</sup></li> <li>• Immunizations help prevent the spread of diseases to vulnerable populations, including infants, older adults, and immunocompromised individuals<sup>4</sup></li> </ul>
<b>Are immunizations safe?</b>	<ul style="list-style-type: none"> <li>• Vaccines undergo rigorous testing before approval and continuous monitoring for safety<sup>5</sup></li> <li>• Most immunization side effects are mild and short-lived, while serious side effects are rare<sup>5</sup></li> </ul>
<b>Do immunizations have long-term effects?</b>	<ul style="list-style-type: none"> <li>• No evidence to suggest that vaccines threaten a long, healthy life. But lack of vaccines has been shown to prevent a long, healthy life<sup>6</sup></li> <li>• Immunizations protect against infections that can have long-term complications<sup>3</sup></li> </ul>
<b>Is natural immunity just as good as immunizations?</b>	<ul style="list-style-type: none"> <li>• Immunizations provide a controlled immune response without the risks associated with infection<sup>3</sup></li> <li>• Although natural immunity occurs after infection, some viruses have no treatment and come with the risk of severe illness, long hospital stays, and even death<sup>4</sup></li> </ul>
<b>What about concerns regarding immunization ingredients?</b>	<ul style="list-style-type: none"> <li>• Immunizations contain only the ingredients that are needed to keep them as safe and effective as possible. For example, stabilizers are intended to keep the vaccine effective after manufacturing and preservatives to help prevent contamination<sup>7</sup></li> </ul>
<b>Should people with high-risk conditions get vaccinated?</b>	<ul style="list-style-type: none"> <li>• Yes. People with chronic conditions such as diabetes, heart disease, and lung disease are at increased risk of severe complications from vaccine-preventable diseases<sup>8</sup></li> <li>• Vaccines are also important for people with a weakened immune system which can put them at higher risk of infection. A weakened immune system can be caused by a disease such as cancer or from taking certain medications<sup>8</sup></li> </ul>

**Research has demonstrated that effective communication can improve patient health outcomes.<sup>2</sup>**

AIMS outlines a clear methodology to navigate these discussions with a focus on empathy for patients' concerns; **flip over for insight into this research-backed approach.**





# Employing the AIMS Method to Help Reduce Adult Vaccine Hesitancy

The evidence-based AIMS method provides a useful outline to structure discussion. It can help to nurture trust and foster productive conversations regarding vaccination.<sup>2</sup>

**Announce** that vaccination will happen and assume that people are ready to be vaccinated.<sup>2</sup>

- Frame your approach as an assumption rather than a question to avoid communicating undue concern

“Now it’s time for (the vaccine).”

**Pause** and allow the patient to respond and process. If they agree to be vaccinated, proceed. If not, continue to the next step.

## Concern

“I’m not sure I need this (the vaccine).”

**Inquire** and seek to understand the person by asking them about their concern(s).<sup>2</sup>

- Express interest in their level of hesitancy and what is driving their concern(s)
- Use active listening: focus on talking with them rather than at them
- Employ open-ended questions that can’t be answered with one-word responses—try starting questions with “How” or “What” instead of “Why”

“You sound like you’re undecided. How can I best help you make the choice to get (vaccinated) today?”

## Concern

“I’ve heard that (‘natural immunity’ is superior), so I don’t think I need (the vaccine).”

**Mirror** their perspective or concern(s).<sup>2</sup>

- Restate to demonstrate that you understand their point of view. Without validating the particular concern(s), you can express support for their right to raise questions

“Let me see if I understand what you’re saying: you believe you’re better off with your natural immunity than getting a vaccine?”

**Secure** their trust, regardless of their decisions about their vaccinations.<sup>2</sup>

- It’s important to maintain a good relationship to facilitate future conversations, not only with you but also with other providers

“It’s great to see you are so concerned about safety. Get (vaccinated) today to help protect yourself and your friends and family.”

**Patients play a key role in protecting their own health and that of their community. By addressing concerns with empathy and scientific evidence, healthcare providers can foster trust and encourage vaccine acceptance.**

**References:** 1. National Foundation for Infectious Diseases. 2024 attitudes and behaviors about influenza, COVID-19, respiratory syncytial virus, and pneumococcal disease. Published September 25, 2024. Accessed April 1, 2025. <https://www.nfid.org/resource/2024-national-survey-attitudes-and-behaviors-about-influenza-covid-19-respiratory-syncytial-virus-and-pneumococcal-disease/>. 2. Parrish-Sprowl J, Thomson A, Johnson RD, Parrish-Sprowl S. The AIMS approach: regulating receptivity in patient-provider vaccine conversations. *Front Public Health*. 2023;11:1120326. doi:10.3389/fpubh.2023.1120326 3. Explaining how vaccines work. Centers for Disease Control and Prevention. August 10, 2024. Accessed February 27, 2025. <https://www.cdc.gov/vaccines/basics/explaining-how-vaccines-work.html/> 4. Vaccine guidance from Mayo Clinic. Mayo Clinic. March 13, 2024. Accessed February 27, 2025. <https://www.mayoclinic.org/diseases-conditions/infectious-diseases/in-depth/vaccine-guidance/art-20536857> 5. Vaccines and immunizations: vaccine safety. World Health Organization. March 30, 2020. Accessed February 27, 2025. <https://www.who.int/news-room/questions-and-answers/item/vaccines-and-immunization-vaccine-safety> 6. Questions parents may ask about vaccines. Centers for Disease Control and Prevention. Accessed March 4, 2025. <https://www.cdc.gov/vaccines-children/hcp/conversation-tips/questions-parents-may-ask.html> 7. Vaccine ingredients. US Dept of Health and Human Services. April 29, 2021. Accessed February 27, 2025. <https://www.hhs.gov/immunization/basics/vaccine-ingredients/index.html> 8. What vaccines are recommended for you. Centers for Disease Control and Prevention. June 12, 2024. Accessed February 27, 2025. <https://www.cdc.gov/vaccines-adults/recommended-vaccines/index.html>

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MAT-US-2501854-V1.0-04/2025

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