

Influenza Conversations:

Addressing What Consumers Want to Know

Influenza vaccination rates in the United States fell as the COVID-19 pandemic progressed. Those rates are still below pre-pandemic levels.¹ This means many millions of Americans are vulnerable to a preventable influenza-related illness, potential complications such as influenza-related hospitalization and, in some cases, death. Yet pharmacists often encounter resistance from patients when asking if they would like a flu vaccine. Recent surveys offer insight into commonly held consumer beliefs driving this behavior.





Influenza vaccination trends

Influenza vaccination of people ages 65 years and older fell from 75% in the 2020–2021 season to 70% in 2023–2024.¹ For children, influenza vaccination fell from 64% in the 2019–2020 season to 48% in 2024–2025. Given the American population of approximately 342 million people,² drops of just a few percentage points translate into tens of millions fewer people being vaccinated against influenza in the 2024–2025 season compared with previous years.

The 2024–2025 season is classified as a high-severity season for all age groups, for the first time since 2017–2018. CDC estimates there have been at least 47 million illnesses, 610,000 hospitalizations, and 27,000 deaths from flu so far during the 2024–2025 season, including 231 pediatric deaths.^{3,4}

What consumers and pharmacists are thinking

Recent survey data give insights into what American consumers and American pharmacists believe about influenza infection and influenza vaccination. American adults (ages 18 years and older), caregivers of American children (ages 6 months to 17 years), and American pharmacists were asked similar questions by Research Partnership from March to April 2024, with funding from CSL Segirus.

How well pharmacists understand consumers' beliefs

American consumers and pharmacists surveyed agreed that significant barriers in getting an influenza vaccine include that consumers:

- Doubt that flu shots are necessary to stay healthy.
- · Believe flu shots do not prevent the flu.
- Deem flu shots as causing the flu.
- Lack trust in federal public health agencies.

However, there are areas where consumers' attitudes differ from pharmacists on barriers to flu vaccination. Notably, consumers are more likely to:

- View the adverse effects of getting a flu vaccine as a barrier.
- Say they do not have enough information to make a decision on whether to get vaccinated against flu.

Both groups agreed that stronger recommendations to be vaccinated from a health care provider would help increase vaccine acceptance and that consumers want more information about the influenza virus and the influenza vaccine.



What pharmacists can do

Pharmacists and pharmacies overcome many barriers to influenza vaccination with regard to proximity of physical practice sites, hours of offering vaccinations, and acceptance of insurance benefits. Once the physical infrastructure is addressed, most other barriers to vaccination reside primarily in the beliefs of American consumers.

Overcoming doubts, addressing misinformation, and earning trust all require open communication and respect between pharmacists and their patients. Pharmacists can help improve vaccination rates by focusing their patient conversations on:

- What influenza vaccination provides (a substantially reduced risk of infection and serious sequelae).
- A realistic assessment of adverse effects (relatively common, yet mild and temporary).
- Reliable sources of information to make vaccination decisions (including local sources).

When patients decline your offer of influenza vaccination quickly, almost like a reflex, how do you respond in your role as their pharmacist? Are you more likely to accept "No, thanks" quickly? Or do you tend to probe a bit deeper, asking a follow-up question?

If you haven't lately, you may want to refresh how you apply best communication practices. There are many sources of continuing education on listening and communication skills. The American Pharmacists Association offers a collection of resources at VaccineConfident.pharmacist.com. A few pearls from that collection appear in the box at the bottom of the page. While these resources were assembled to help with communication about COVID-19 vaccines, many of their principles transfer to any vaccine, including influenza vaccine.

"Strength of recommendation" is a well-known concept, but strength does not refer to sound volume, stridency, or even frequency. Make it clear to your patients that your recommendation comes from your professional desire for them to benefit personally.

Conclusion

The influenza vaccine season will begin soon. Pharmacy practices are ordering vaccine doses, preparing signage, and arranging workflow. Pharmacists can also enhance their plans for the vaccine-offering process and how they will probe for beliefs and listen to their patients.

Pharmacists should be ready to offer plain-language explanations of how influenza can lead to hospitalization or severe outcomes, how influenza vaccines decrease the chance or severity of illness and its consequences, and how adverse effects compare to the value of disease prevention. In other words, many patients need a review of the basics for influenza vaccination: Infection can have potentially bad outcomes, vaccination reduces risk of bad outcomes, and most adverse events are mild and transient.

Communication pearls for effective vaccine conversations

- Ask open-ended questions. Listen for the patient's actual concerns. Don't assume.
 - "Last time we talked, you were not interested in vaccination. What are your thoughts today?"
 - "What would have to be true for you to want to be vaccinated?"
- Values are more likely to engender trust than statistics.
 - "I want to help keep you healthy. I hope we can keep talking about this."
- Ask permission to share information (confirms readiness). Keep your sharing simple and focused.
 - "I heard you express concerns about _____. May I tell you what I know about it?"

See VaccineConfident.pharmacist.com for more information.

References

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