Give it Your Best Shot! Communicating with Vaccine Hesitant Parents

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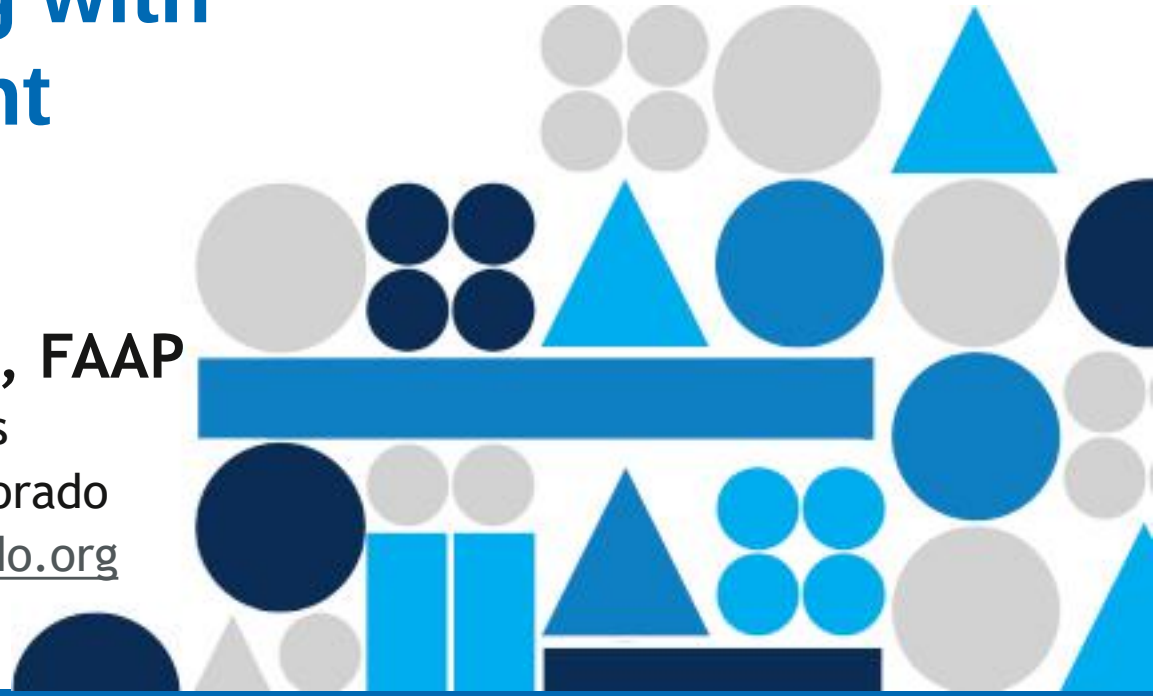
Children's Hospital Colorado
Here, it's different.



Disclosures

I have no relevant financial disclosures related to ineligible companies.

Objectives

By the end of this talk, audience members will be able to:

- Summarize current evidence on vaccine effectiveness, safety, and public health impact relevant to addressing hesitant patient questions.
- Describe common concerns and misconceptions contributing to vaccine hesitancy.
- Demonstrate communication strategies that combine empathy and evidence to build trust and support informed vaccine decision-making in one-on-one conversations.

Roadmap

1) Childhood immunization trends

2) Why we confidently recommend

3) Historical perspective and reasons for hesitancy

4) Evidence-based communication

Image: https://www.goodfon.com/nature/wallpaper-doroga-les-derevia-sosny-gory.html

How effective is the influenza vaccine in these vials?

Image: https://www.fda.gov/vaccines-blood-biologics/vaccines

“Vaccines alone don’t save lives; Vaccination saves lives”

https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a2.htm?s_cid=mm7331a2_w

Morbidity and Mortality Weekly Report (*MMWR*)

- Nationwide, as of school year 2024-2025, ~**92%** of kindergarteners had been vaccinated with all state-required vaccines.[1]

- Among children born in 2020 and 2021, **>90%** were up-to-date on many routine vaccines (MMR and polio) by 24 months.[2]

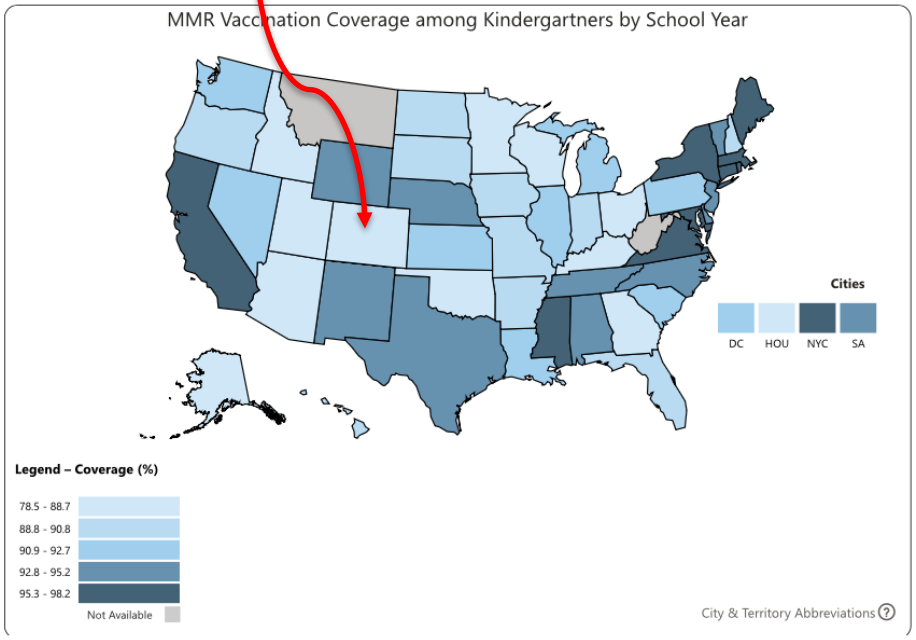
- As of 2023, the number of children with no vaccines by 24 months of age remains **around 1%.**[2]

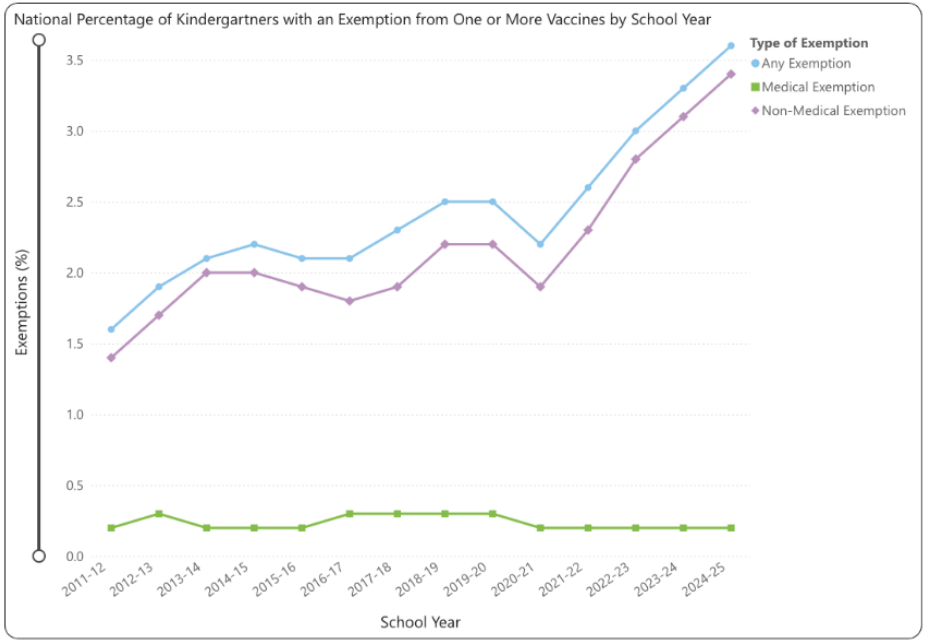
1. https://www.cdc.gov/schoolvaxview/index.html

2. Hill HA, Yankey D, Elam-Evans LD, et al. Decline in Vaccination Coverage by Age 24 Months and Vaccination Inequities Among Children Born in 2020 and 2021 — National Immunization Survey-Child, United States, 2021–2023. MMWR Morb Mortal Wkly Rep 2024;73:844–853. DOI: http://dx.doi.org/10.15585/mmwr.mm7338a3

The Problem

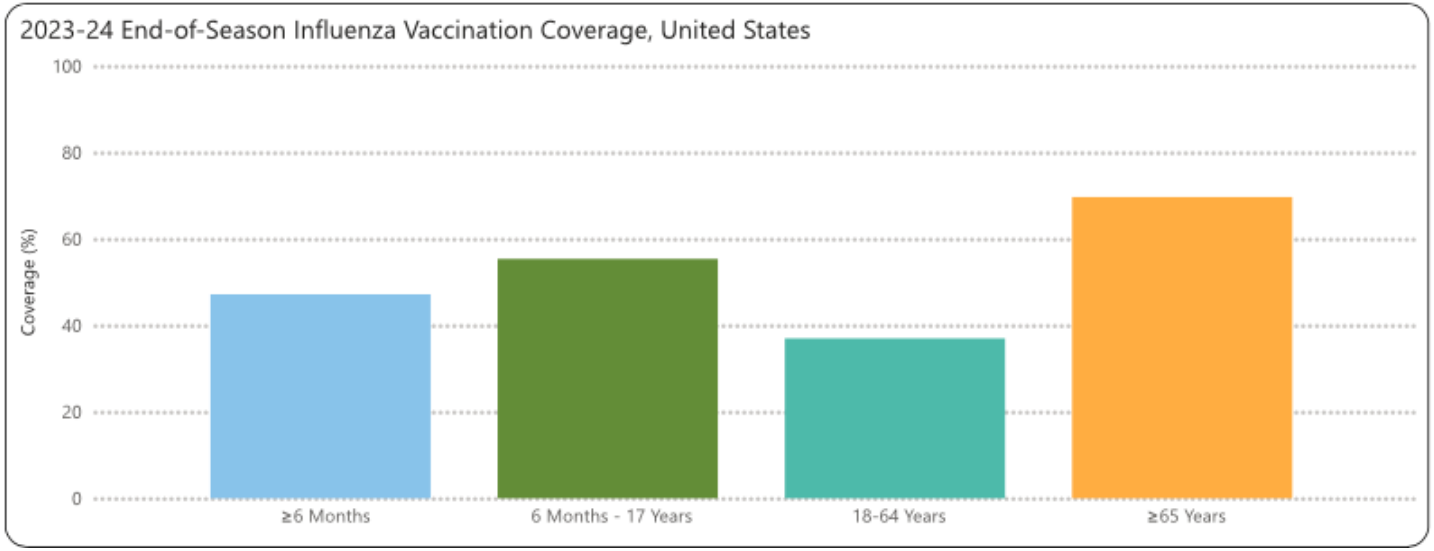
88%





https://www.cdc.gov/schoolvaxview/index.html

The Problem

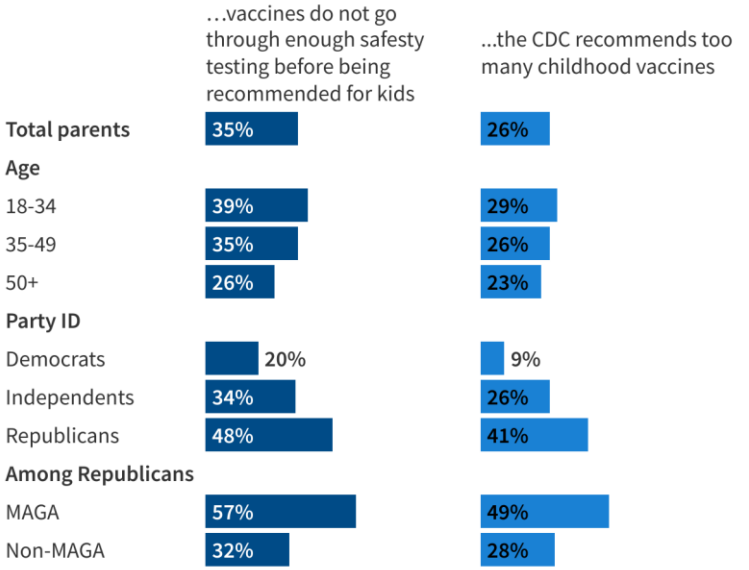


https://www.cdc.gov/fluvaxview/interactive/general-population-coverage.html

The Problem

Many Parents Express Doubt Over Childhood Vaccine Recommendations and Safety, Including Larger Shares of Younger Parents and Republican Parents

Percent of parents who say...



Note: Among parents of children under age 18. Independents include those who identify with 'Other' party. See topline for full question wording.

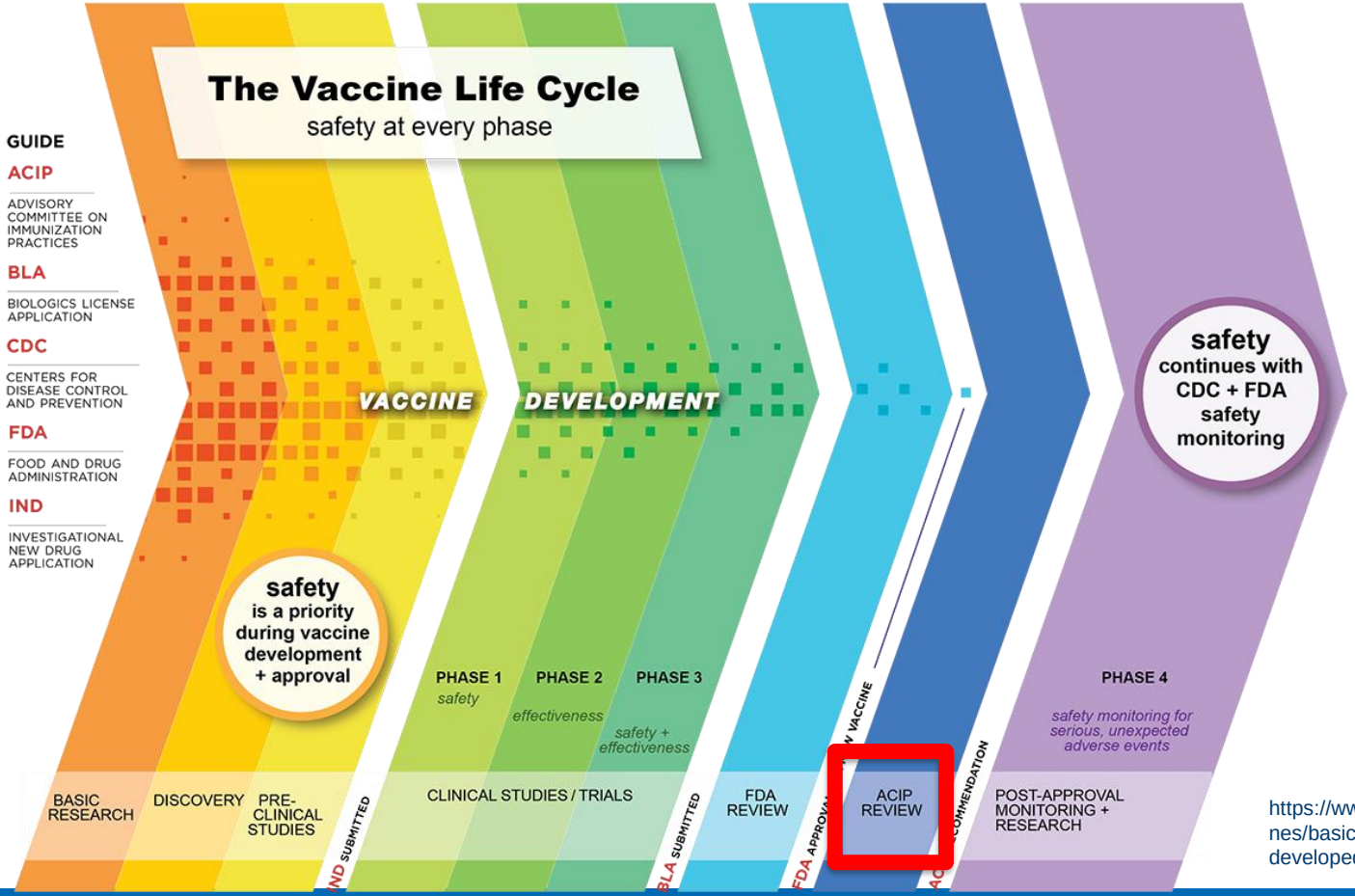
Source: KFF/The Washington Post Survey of Parents (July 18-August 4, 2025)

KFF | The Washington Post

https://www.kff.org/other-health/new-kff-washington-post-poll-explores-parents-vaccine-attitudes-and-confusion-follows-acip-meeting-on-vaccine-recommendations/

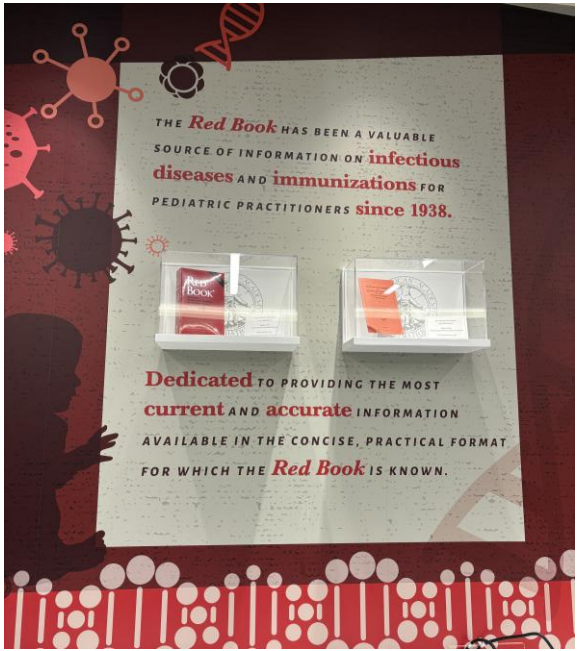
How do we know the vaccines we recommend truly help our patients?

How are vaccines approved and recommended?



https://www.cdc.gov/vaccines/basics/how-developed-approved.html

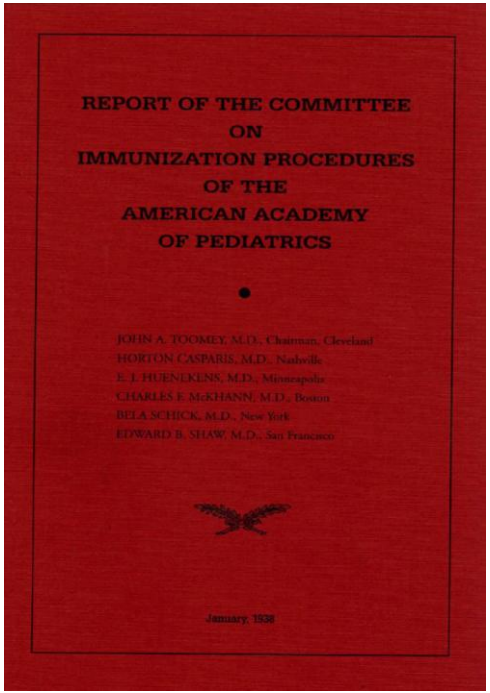
Vaccine Recommendations Started with AAP



Personal photo

Prior to the creation of the ACIP in 1964, the main body that made recommendations on vaccine use in the U.S. was the Committee on Infectious Diseases (COID) of the American Academy of Pediatrics.

First Red Book, 1938; 8 pages, 18 diseases

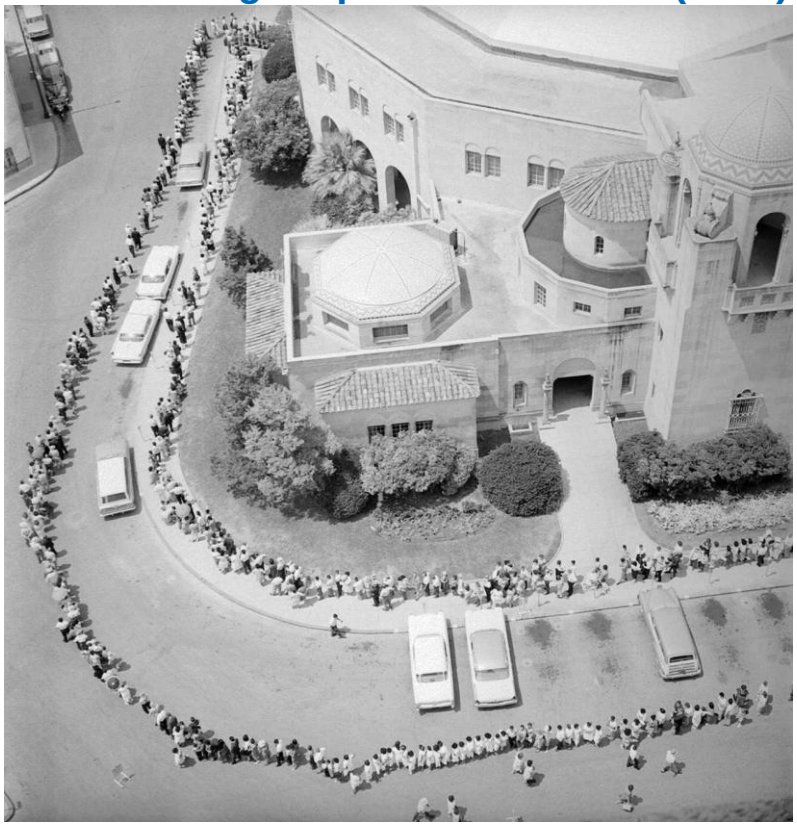


Pickering, Peter, Shulman, The Red Book Through the Ages, Pediatrics, Nov 2013

Pre-ACIP Vaccine Recommendations

- **1960:** Public Health Service issued recommendations on the use of oral polio vaccine and influenza vaccine
- **1962:** Advisory Committee on Poliomyelitis Vaccine
- **1963:** Advisory Committee on Measles Vaccine

Crowd waiting for polio vaccination (1962)



Historyofvaccines.org

Formation of ACIP: 1964

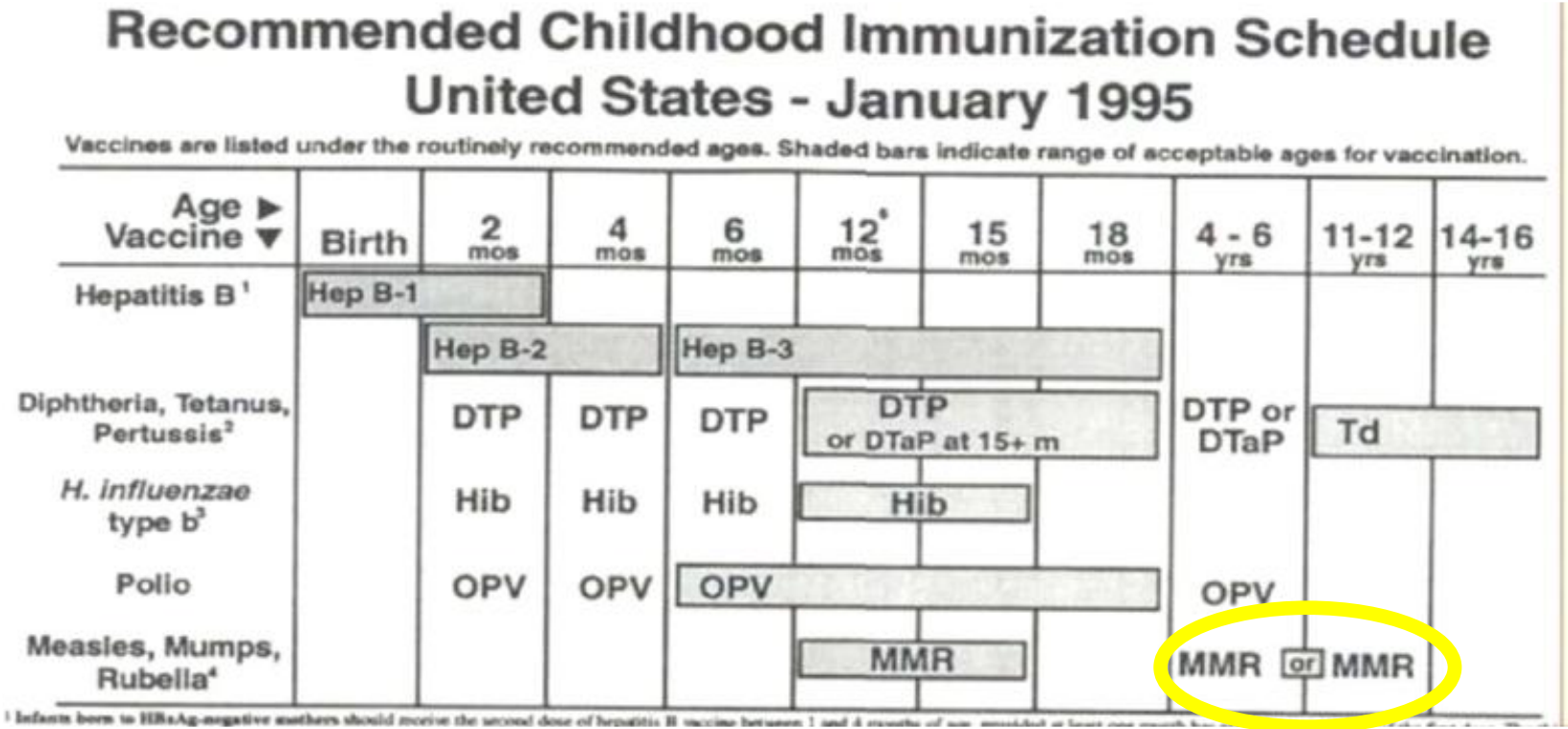
- Proliferation of new vaccines made ad hoc committee approach untenable.

- ACIP formed to consider “disease epidemiology and burden of disease, vaccine efficacy and effectiveness, vaccine safety, economic analyses and implementation issues”

stacks.cdc.gov

CDC, Clifton Road Campus (1960)

First Harmonized Immunization Schedule



Recommended Childhood Immunization Schedule
United States - January 1995

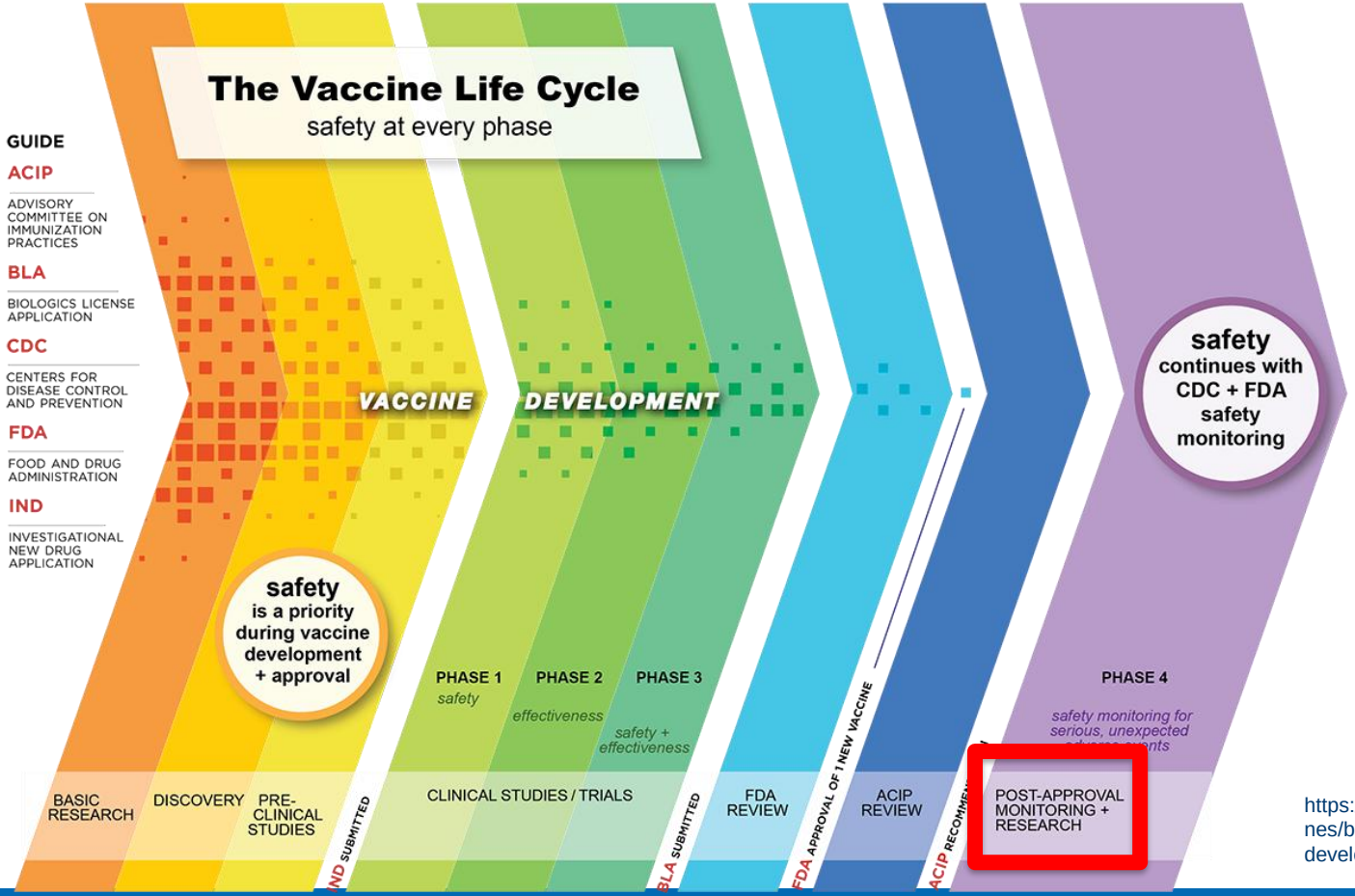
Vaccines are listed under the routinely recommended ages. Shaded bars indicate range of acceptable ages for vaccination.

Age ▶ / Vaccine ▼	Birth	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	4 - 6 yrs	11-12 yrs	14-16 yrs
Hepatitis B[1]	Hep B-1									
		Hep B-2		Hep B-3						
Diphtheria, Tetanus, Pertussis[2]		DTP	DTP	DTP	DTP or DTaP at 15+ m			DTP or DTaP	Td	
H. influenzae type b[3]		Hib	Hib	Hib	Hib					
Polio		OPV	OPV	OPV				OPV		
Measles, Mumps, Rubella[4]					MMR			MMR or MMR		

[1] Infants born to HBsAg-negative mothers should receive the second dose of hepatitis B vaccine between 1 and 4 months of age, provided at least one month has

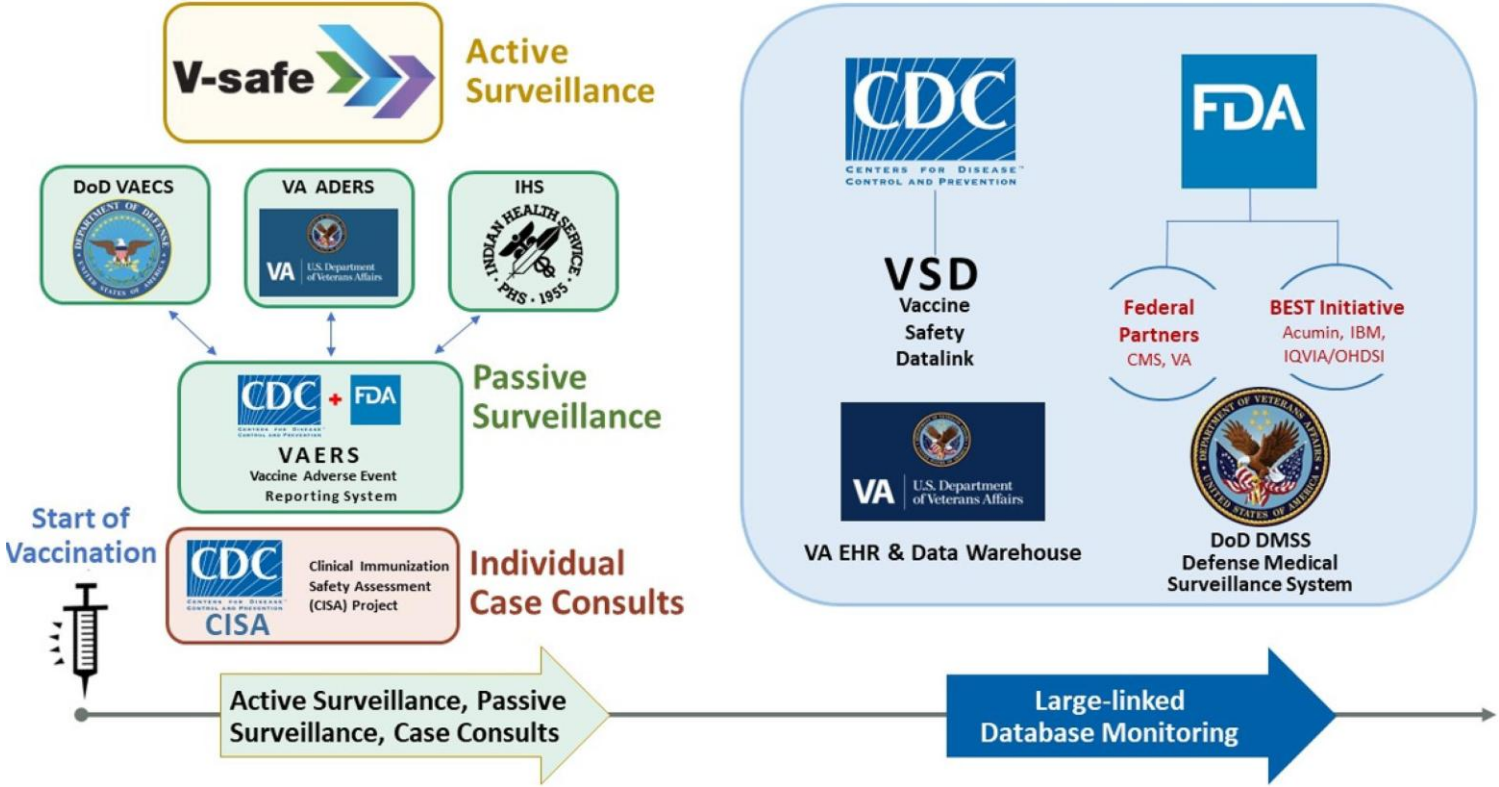
Walton, L. & Orenstein, Walter & Pickering, Larry. (2014). The history of the United States Advisory Committee on Immunization Practices (ACIP). Vaccine. 33. 10.1016/j.vaccine.2014.09.043.

How are vaccines approved and recommended?



https://www.cdc.gov/vaccines/basics/how-developed-approved.html

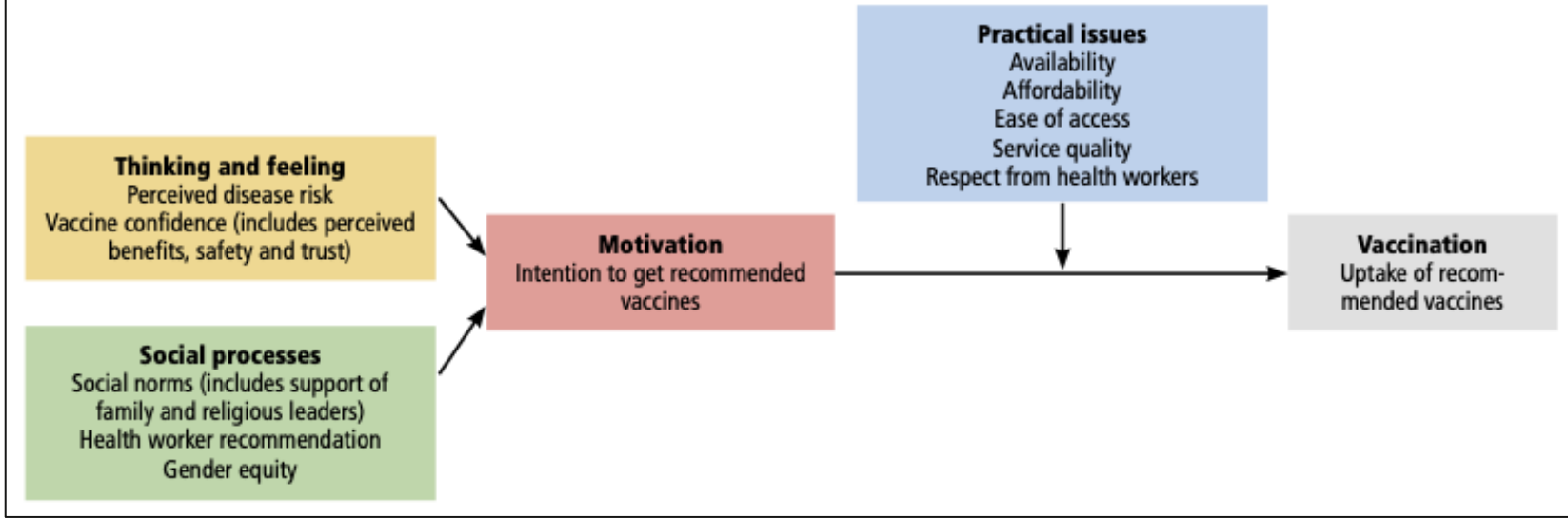
Post-approval Monitoring



From Gee, J., et al. (2024). *Overview of U.S. COVID-19 vaccine safety surveillance*. *Vaccine*, *XX*(XX). https://doi.org/10.1016/S0264410X2400224X

So, why don’t people get vaccinated?

Figure 1 **The WHO behavioural and social drivers of vaccination framework**
Figure 1 **Cadre OMS des facteurs comportementaux et sociaux de la vaccination**



https://iris.who.int/bitstream/handle/10665/354458/WER9720-eng-fre.pdf?sequence=1

Vaccine Hesitancy Continuum

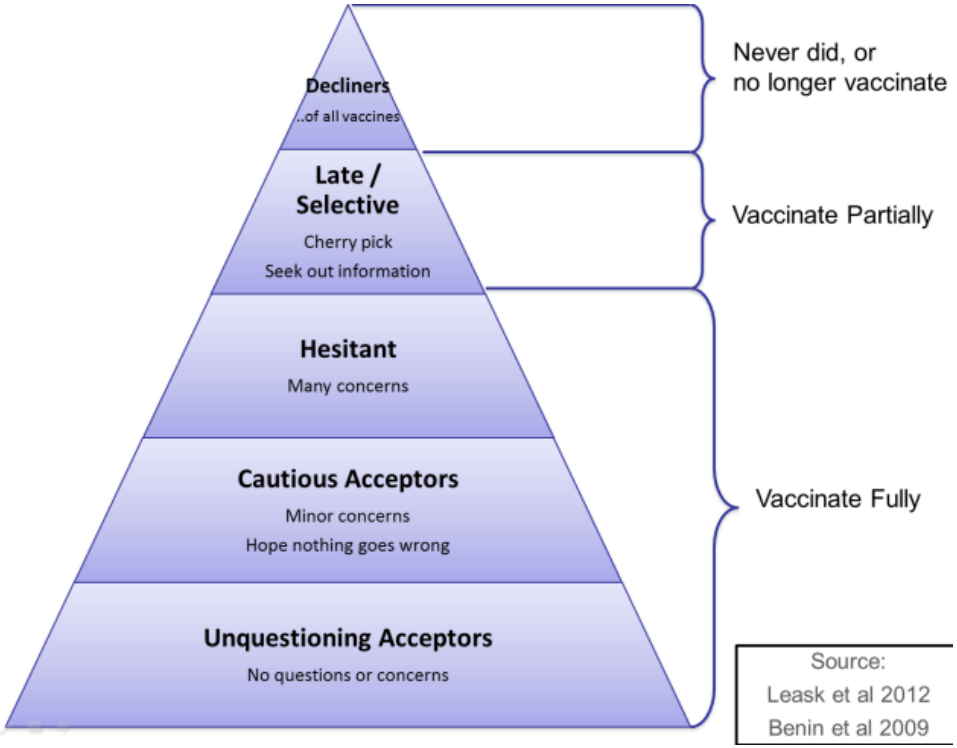
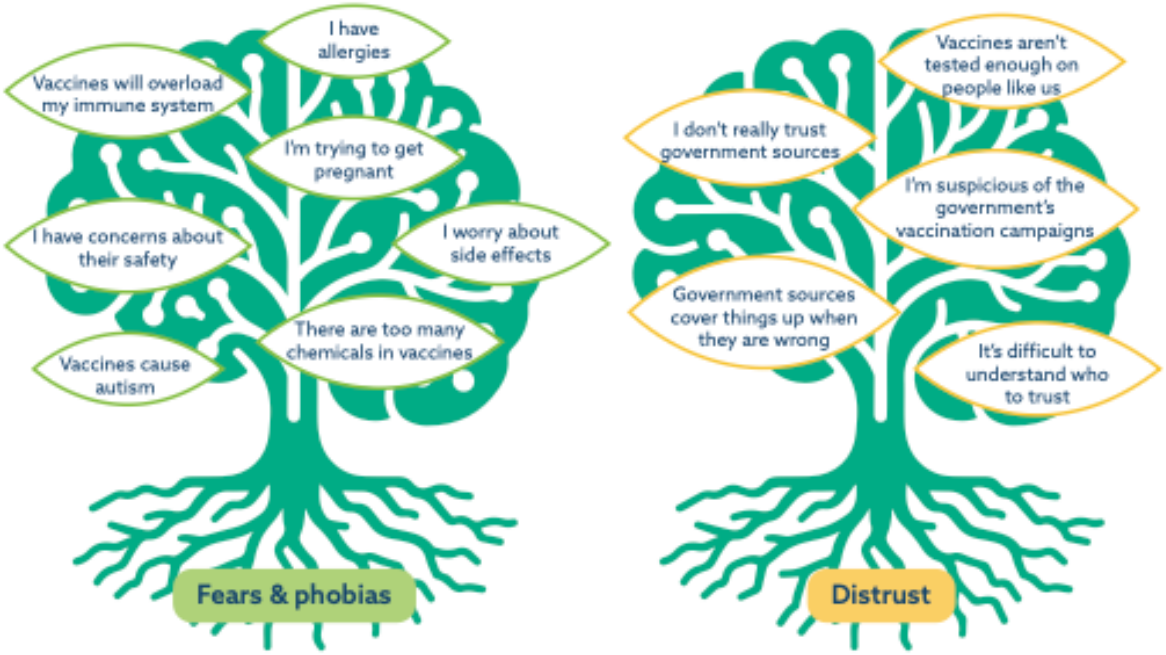


Image: https://julieleask.wordpress.com/2015/05/12/improving-communication-about-vaccination-sarah/

- The percentage who refuse **all** vaccines remains **low** (~1%)
- The focus of vaccine communication is the middle “Hesitant” group.

Most parents vaccinate their children without hesitancy according to the recommended schedule!

Roots of Vaccine Hesitancy



Anderson, E. C., Holford, D., Gould, G., Lewandowsky, S., Karlsson, L., Taubert, F., & Verger, P. (2025). *The Empathetic Refutational Interview – User Guide*. JITSUVAX Project. https://jitsuvax.info

Roots of Hesitancy

Fear & phobias

General or specific fears about bad consequences from medical treatment.

Fears of vaccination causing ill health.

– e.g. 'I'm worried about the side effects of vaccination.'

Distorted risk perception

A skewed idea of the risks and benefits.

Believing a disease is less damaging than vaccination against it.

– e.g. 'Flu is just a cold, I don't need to risk vaccination for that.'

Distrust

A lack of trust in sources, often authorities which may include scientists, medics, pharmaceutical companies or politicians.

Suspicion of vaccination because of who endorses it.

– e.g. 'The vaccine was rushed out without proper testing'

Anderson, E. C., Holford, D., Gould, G., Lewandowsky, S., Karlsson, L., Taubert, F., & Verger, P. (2025). *The Empathetic Refutational Interview – User Guide*. JITSUVAX Project. https://jitsuvax.info

Other Roots

Perceived self-interest

Own needs take priority over others'.

Believing in vaccination but choosing to rely on others' actions (e.g. herd immunity from population vaccination) for protection.

– e.g. 'I'm doing my duty to my child, there are enough people vaccinated that she doesn't need it too.'

Reactance

Defence of one's freedom to make one's own decisions.

Believing vaccination threatens personal freedom (often if vaccination is mandated).

– e.g. 'I feel like the government tried to force it on everyone.'

Worldview and politics

Political views or opinions about how society should be organised.

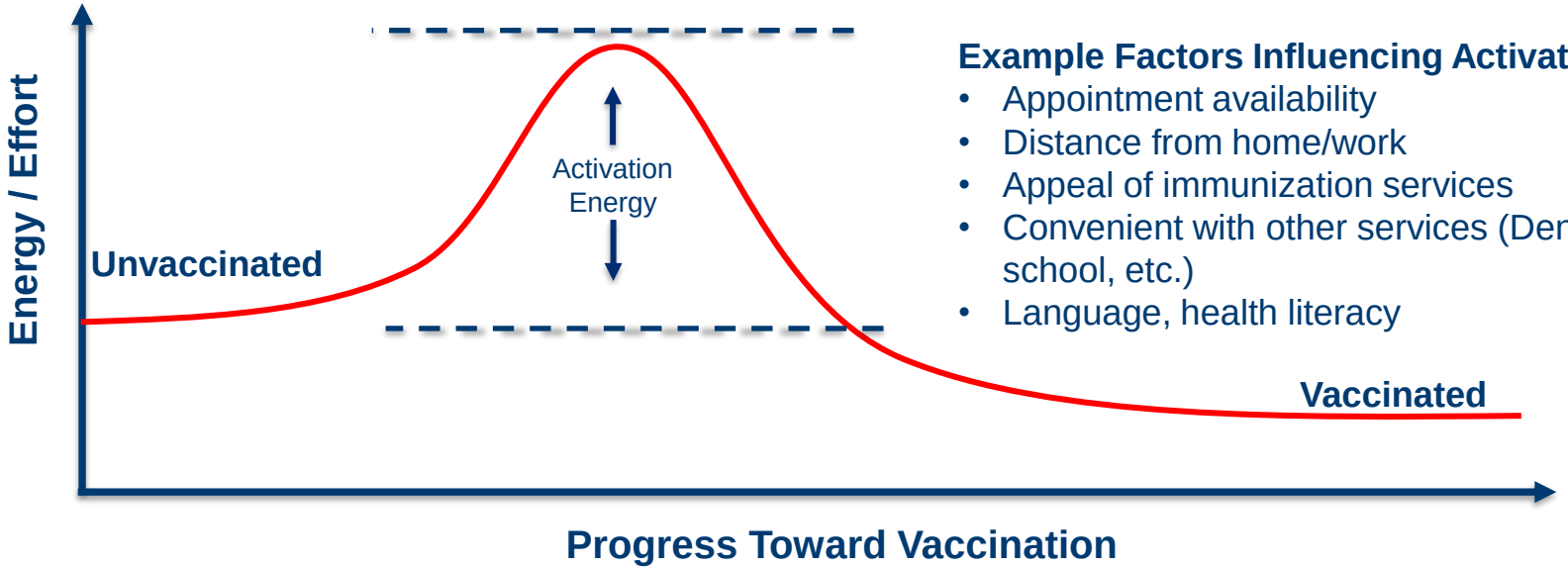
A sense that vaccination goes against how society should operate.

– e.g. 'The vaccines someone should take should be determined by a medical doctor, not a politician.'

Anderson, E. C., Holford, D., Gould, G., Lewandowsky, S., Karlsson, L., Taubert, F., & Verger, P. (2025). *The Empathetic Refutational Interview – User Guide*. JITSUVAX Project. https://jitsuvax.info

Addressing Convenience Issues Can Overcome Hesitancy

Reduce the activation energy needed to get vaccinated!



Example Factors Influencing Activation Energy

- Appointment availability
- Distance from home/work
- Appeal of immunization services
- Convenient with other services (Dental, WIC, school, etc.)
- Language, health literacy

Brief History of Vaccine Hesitancy

History of vaccine hesitancy

Cowpox vaccine, 1802

Image: Library of Congress, Prints & Photographs Division, LC-USZC4-3147, converted to JPEG with the GIMP 2.4.5, image quality 88. Downloaded from Wikimedia Commons.

History of vaccine hesitancy

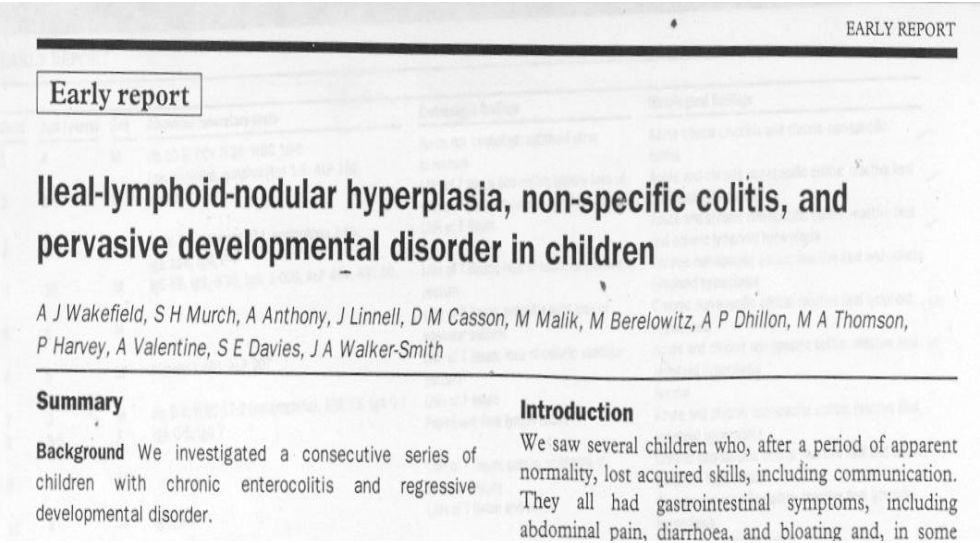
City of Toronto Archives, Fonds 1244, Item 2517

Anti-Vaccination League of Canada, 1919

Image: https://www.popsci.com/anti-vaccination-movements-measles-smallpox/

Detour: The Wakefield study

In a 1998 article in the Lancet, Wakefield et al. suggested a relationship between MMR immunization and autism



EARLY REPORT

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some

Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children [retracted in: Lancet. 2004 Mar 6;363(9411):750. doi: 10.1016/S0140-6736(04)15715-2]. *Lancet*. 1998;351(9103):637-641. doi:10.1016/s0140-6736(97)11096-0.

Problems with the Wakefield study

- Case series methodology (12 cases)
- Most cases were self-referrals from anti-vaccine groups
- Several cases' symptoms began before (5) MMR vaccine
- Before submission, Wakefield had applied for patents on a vaccine to rival MMR vaccine
- Wakefield received >£400,000 from lawyers to prove that the MMR vaccine was dangerous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Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years (range 3–10), 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rub vaccination in eight of the 12 children, with measl infection in one child, and otitis media in [illegible]AR 1 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to [illegible]oid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granuloma. Behavioural disorder included autism (nine), disintegrative psychosis (one), possible postviral or vaccinal encephalitis (one). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (p<0·001), and haemoglobin in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously healthy children, which was generally associated in time with possible environmental triggers.

Lancet 1998; 351: 637–41
See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MSc, J Linnell PhD, A P Dhillon MRCPath, S E Davies MRCPath) **and the University Departments of Paediatric Gastroenterology** (S H Murch MD, D M Casson FRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), **and Radiology** (A Valentine FRCR), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

THE LANCET • Vol 351 • February 28, 1998 637

https://doi.org/10.1007/978-3-319-93224-8_30

Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children [retracted in: Lancet. 2004 Mar 6;363(9411):750. doi: 10.1016/S0140-6736(04)15715-2]. *Lancet*. 1998;351(9103):637-641. doi:10.1016/s0140-6736(97)11096-0.

Extensive Data do NOT Support a Link Between MMR and Autism

Table 1. Studies that fail to support an association between measles-mumps-rubella vaccine and autism.

Source	Study design	Study location
Taylor et al., 1999 [5]	Ecological	United Kingdom
Farrington et al., 2001 [6]	Ecological	United Kingdom
Kaye et al., 2001 [7]	Ecological	United Kingdom
Dales et al., 2001 [8]	Ecological	United States
Fombonne et al., 2006 [9]	Ecological	Canada
Fombonne and Chakrabarti, 2001 [10]	Ecological	United Kingdom
Taylor et al., 2002 [11]	Ecological	United Kingdom
DeWilde et al., 2001 [12]	Case-control	United Kingdom
Makela et al., 2002 [13]	Retrospective cohort	Finland
Madsen et al., 2002 [14]	Retrospective cohort	Denmark
DeStefano et al., 2004 [15]	Case-control	United States
Peltola et al., 1998 [16]	Prospective cohort	Finland
Patja et al., 2000 [17]	Prospective cohort	Finland

Image: Gerber JS, Offit PA. Vaccines and autism: a tale of shifting hypotheses. *Clin Infect Dis*. 2009;48(4):456-461. doi:10.1086/596476

History of vaccine hesitancy

Image: https://www.bbc.com/news/55101238

Social Media, 2025

What can we do?

Addressing vaccine hesitancy is complicated! There are no easy solutions!

https://humanergy.com/leading-in-the-midst-of-uncertainty/

What **NOT** to do

Image: https://www.dreamstime.com/illustration/dont-do.html

The Fear Appeal

Effective Messages in Vaccine Promotion:
A Randomized Trial

AUTHORS: Brendan Nyhan, PhD,[a] Jason Reifler, PhD,[b] Sean Richey, PhD,[c] and Gary L. Freed, MD, MPH[d,e]

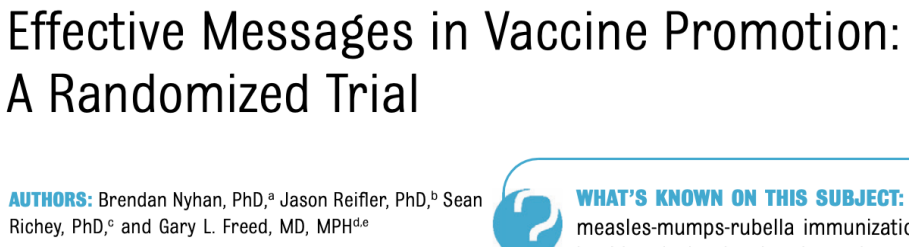
WHAT'S KNOWN ON THIS SUBJECT:
measles-mumps-rubella immunizatic

Parents were randomly assigned to receive 1 of 4 interventions:

(1) info explaining the lack of evidence that MMR causes autism
(2) info about measles, mumps, and rubella from VIS
(3) images of children with measles, mumps, rubella
(4) a dramatic narrative about a severe case of measles
(5) Control group

Nyhan B, Reifler J, Richey S, Freed GL. Effective messages in vaccine promotion: a randomized trial. *Pediatrics*. 2014;133(4):e835-e842. doi:10.1542/peds.2013-2365

The Fear Appeal


Effective Messages in Vaccine Promotion:
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AUTHORS: Brendan Nyhan, PhD,[a] Jason Reifler, PhD,[b] Sean Richey, PhD,[c] and Gary L. Freed, MD, MPH[d,e]

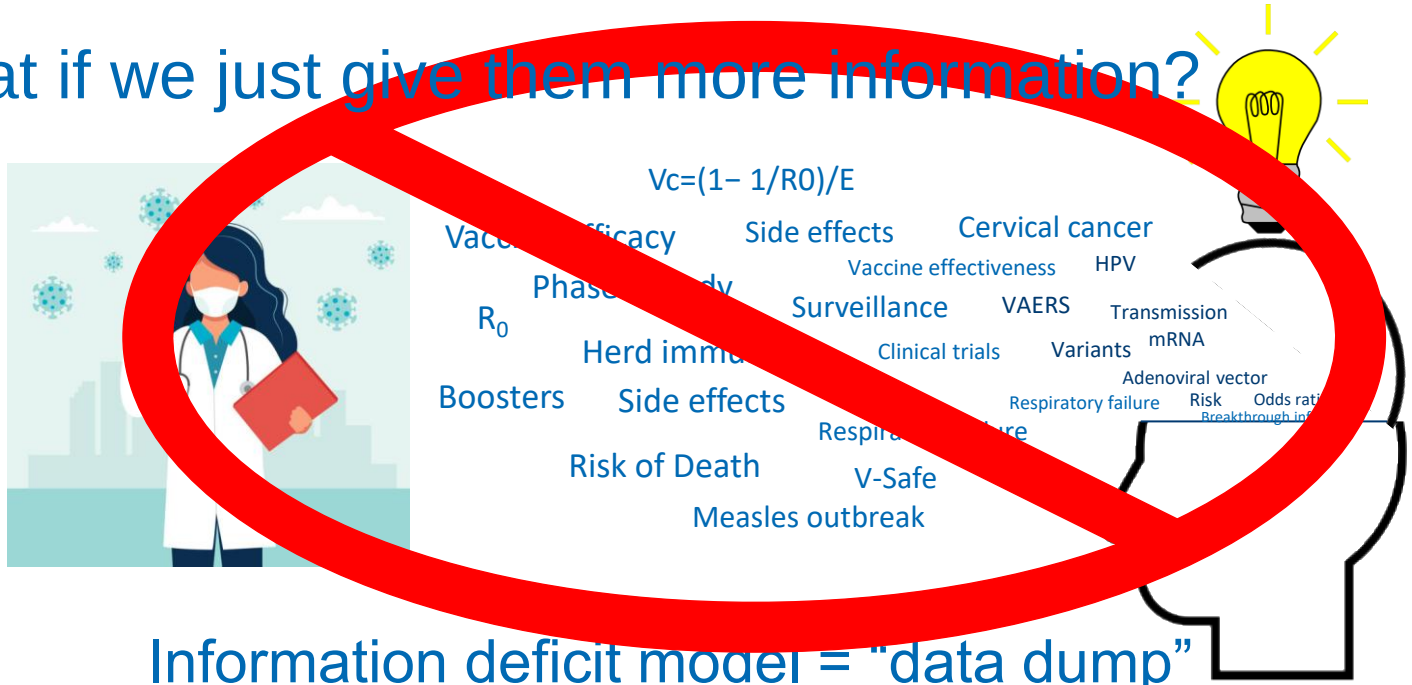
WHAT'S KNOWN ON THIS SUBJECT: measles-mumps-rubella immunizatic

- None of the interventions increased parental intent to vaccinate, and they often **BACKFIRED**
  - Refuting claims of an MMR/autism link **decreased** intent to vaccinate among parents who had the least favorable vaccine attitudes
  - Images of sick children **increased** expressed belief in a vaccine/autism link

Nyhan B, Reifler J, Richey S, Freed GL. Effective messages in vaccine promotion: a randomized trial. *Pediatrics*. 2014;133(4):e835-e842. doi:10.1542/peds.2013-2365

The Data Dump

What if we just give them more information?



Information deficit model = "data dump"

Dubé E, Gagnon D, MacDonald NE; SAGE Working Group on Vaccine Hesitancy. Strategies intended to address vaccine hesitancy: Review of published reviews. *Vaccine*. 2015;33(34):4191-4203. doi:10.1016/j.vaccine.2015.04.041

The Persuasion Trap

"*You cannot reason people out of something they were not reasoned into*."

-Jonathan Swift, 1721

In the "Persuasion Trap," the provider tries to convince hesitant parents of the benefits. This assumes human decision-making is rational ***(It is not!)***

https://secretdenver.com/best-burgers-denver/

or

https://dianashealthyliving.com/

?

It’s Not Just About the Facts

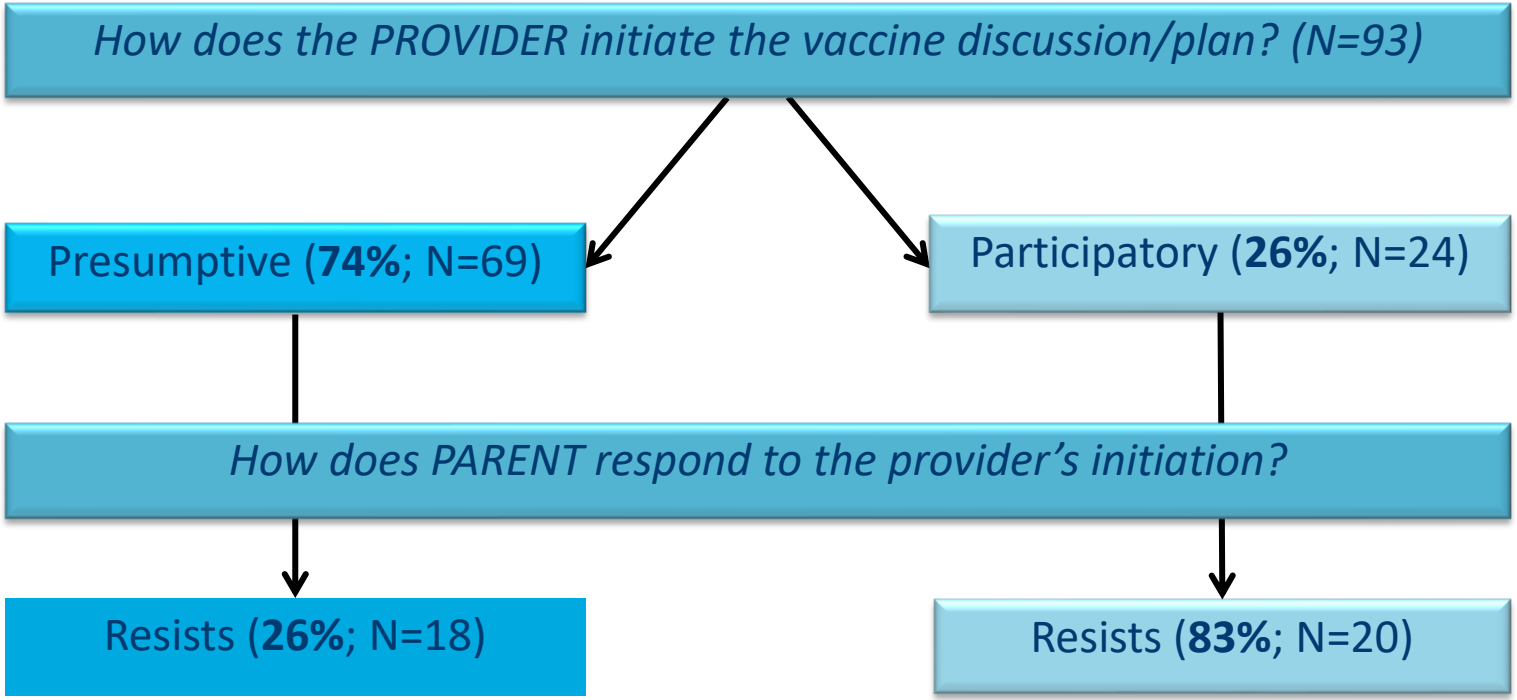
How we communicate about vaccines is just as important as **What** we communicate.

The facts are **necessary** but often **not sufficient**.

Image: https://www.bridgemi.com/special-report/introduction-just-facts-2018-michigan

So, what works?

The Presumptive or Announcement Format



Opel et al. *Pediatrics* 2013

Formats to Initiate the Vaccine Discussion

Presumptive / Announcement Format:

-A declarative statement

-Presupposes parents will vaccinate

-“Sara is due for 3 shots today.”

Participatory Format:

-An open-ended question

-Presupposes parents will question

-“How do you feel about shots today?”

Parent Responses

Start the vaccine conversation with parents by presuming that shots will be given at the visit

Example: "Sara needs 2 shots today." *or* "I know you had some concerns last time, but Sara is due for 3 shots today."

Example: "Johnny's due for 2 shots today."

Parent accepts vaccines (with or without subsequent questions)

Example: "OK."

Parent responds with questions or concerns

Example: "Umm…what are the side effects?"

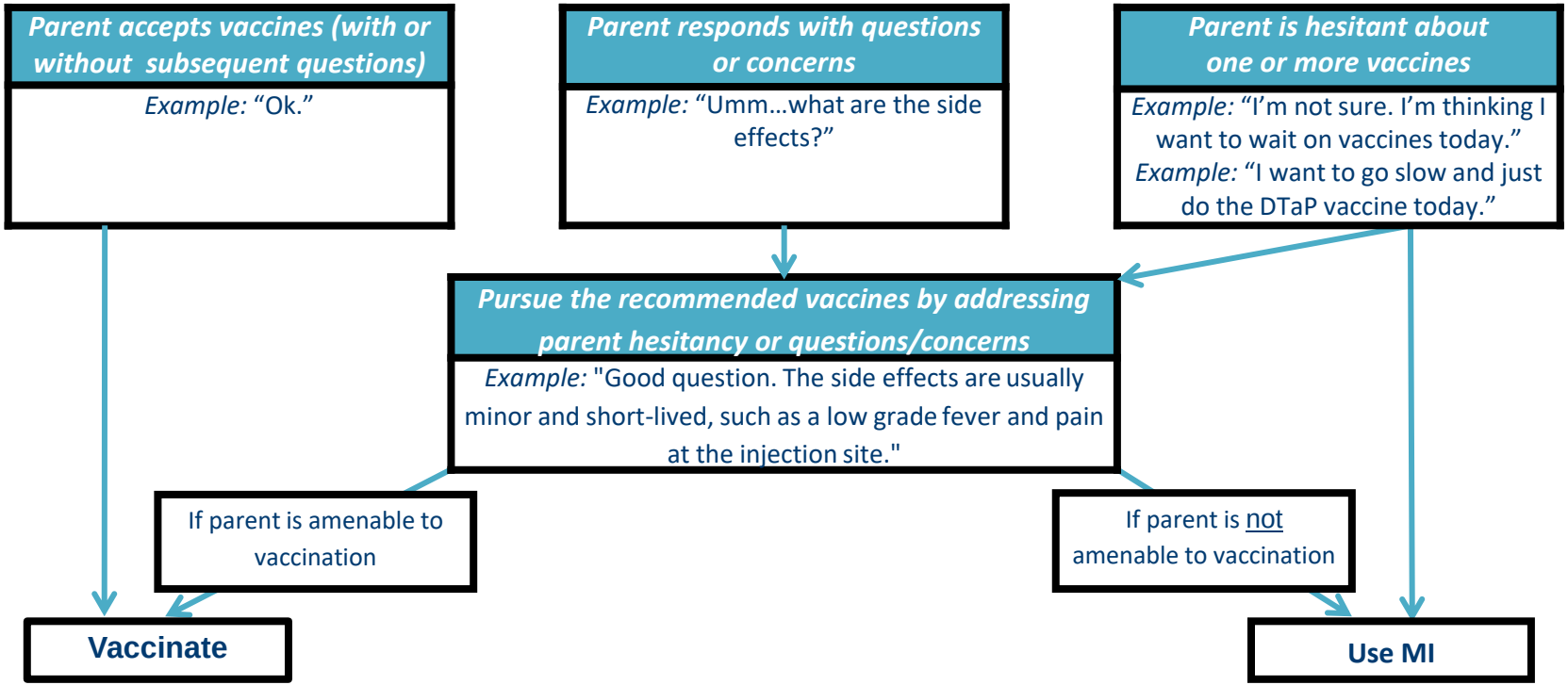
Parent is hesitant about one or more vaccines

Example: "I'm not sure. I'm thinking I want to wait on vaccines today."

Example: "I want to go slow and just do the DTaP vaccine today"

https://publications.aap.org/pediatrics/article/153/3/e2023065483/196695/Strategies-for-Improving-Vaccine-Communication-and?autologincheck=redirected

Pursuing Questions or Concerns



https://publications.aap.org/pediatrics/article/153/3/e2023065483/196695/Strategies-for-Improving-Vaccine-Communication-and?autologincheck=redirected

What is Motivational Interviewing (MI)?

1. Partnership
2. Acceptance
3. Compassion
4. Evocation
5. Empathy

Motivational interviewing is a patient-centered, guiding communication style for enhancing a person's **own** motivation for change or behavioral activation.

Why use MI with a Vaccine-hesitant Parent?

Image: https://www.nm.org/conditions-and-care-areas/pediatrics/pediatric-urology

- MI is effective **and** efficient.
- What we think will change someone's mind:
  - Persuasion
  - Knowledge and facts
- What **actually** leads to change:
  - Connecting to a person's values
  - Ambivalence toward change is typical

Motivational Interviewing 101

- **Open-ended questions**
  - Curiosity! Explore and understand parent's stance.
- **Reflections and Affirmations**
  - Improves parent engagement by helping them feel supported, appreciated, and understood.
- **Ask permission to share**
  - Encourages partnerships, deepens rapport, and allows a parent to understand themselves and their motivations on a deeper level.
- **Autonomy support**
  - Enhances a parent's sense of control and makes them feel more at ease with the conversation.

Motivational Interviewing 101

- **Open-ended questions**
  - "Can you tell me about your concerns?"
  - "What potential benefits do you see to vaccinating your daughter today?"
- **Reflections and Affirmations**
  - "It sounds like you are worried about the side effects of the vaccine."
  - "You clearly care a lot about your child's health."
- **Ask permission to share**
  - "Would you mind if I shared with you why I think this is an important vaccine to get today?"
- **Autonomy support**
  - "Ultimately, this is a decision that only you can make".

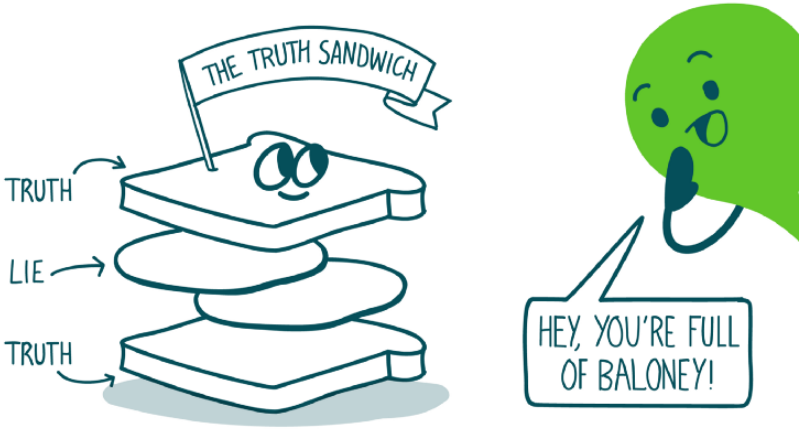
Communication Pearls

- Tone and body language matter
- Don’t undermine the presumptive format by quickly reverting to a participatory format
- Start with an announcement format, even if the parent has voiced resistance before
- All staff who communicate with parents about vaccines should also be trained in these techniques

How to Deal with Myths

FACT	Lead with the fact if it's clear, pithy, and sticky—make it simple, concrete, and plausible. It must "fit" with the story.
WARN ABOUT THE MYTH	Warn beforehand that a myth is coming... mention it once only.
EXPLAIN FALLACY	Explain how the myth misleads.
FACT	Finish by reinforcing the fact—multiple times if possible. Make sure it provides an alternative causal explanation.

https://www.climatechangecommunication.org/all/handbook/the-debunking-handbook-2020/



https://communicatehealth.com/wehearthealthliteracy/the-truth-sandwich-a-better-way-to-mythbust/

How to Deal with Myths - Example

Parent: ”I have heard the HPV vaccine causes infertility.”

Fact

Provider: “That's a common concern. The HPV vaccine is safe and very important because it prevents cancer. Would it be OK if I share some important facts with you that may help clarify this myth?”

Ask permission to share

Parent: “OK”

Fact

Explain fallacy

Provider: “The HPV vaccine does not cause infertility. Extensive research from around the world has found no evidence supporting this claim. Ensuring your daughter receives the HPV vaccine can actually protect her future fertility by preventing certain types of cancer that could impact it later on.”

Fact

Outside the Clinic

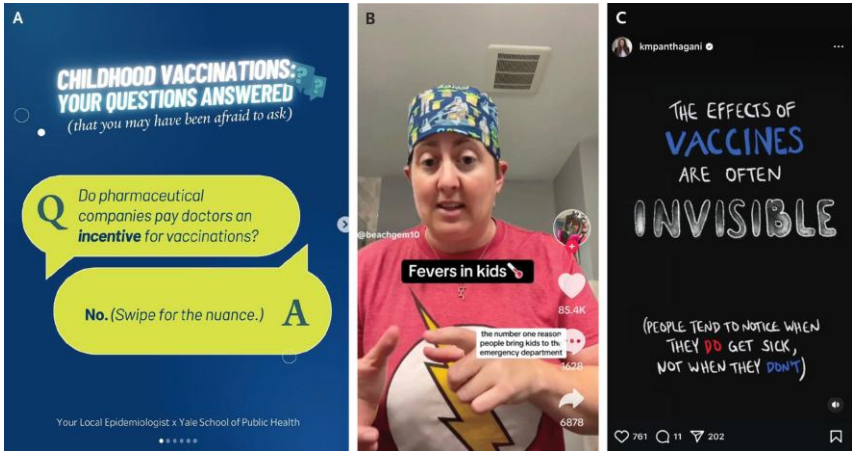


Image from Panthagani K, Melnick ER, Jetelina K, Ranney ML. Training Health Communicators - The Need for a New Approach. *N Engl J Med*. 2025;393(6):526-529. doi:10.1056/NEJMp2500320

Now more than ever, scientists, doctors, and health professionals must effectively communicate beyond their own circles. Clear, public-facing communication is no longer optional—it's an essential skill that can be learned!

Practice Case

Case 1

- You are seeing a 12-year-old girl. You note that she is up-to-date on all recommended adolescent vaccines, except she has not received an HPV vaccine.
- You: “Cora is due for an HPV vaccine today.”
- Parent: “Oh… well…. I don’t know.”
- You: “We highly recommend the HPV vaccine to all of of our 12-year-old patients.”

Presumptive / Announcement format

Strong Recommendation

Case 1

- Parent: “Well… I am not sure we want the HPV vaccine today.”
- You: “It sounds like you have concerns about the HPV vaccine. That is perfectly understandable. You clearly care about your child’s health. Would you mind sharing what your particular concerns are?”

Reflection

Affirmation

Open-ended question

Case 1

- Parent: “Well, I’ve heard that it’s a vaccine to prevent a disease that’s transmitted by having sex, and she is a long way from having sex.”
- You: “I can understand how this would seem like a strange conversation to be having for your 12-year-old. A lot of parents have the same concern. She’s still your little girl. Would it be ok if I share some information with you about why we discuss HPV vaccine at this age?”

Affirmation

Normalize

Ask permission to share

Case 1

- Parent: “OK, sure.”
- You: “HPV vaccine is about cancer prevention. Infection with HPV is super common. Most people are infected by the time they reach adulthood. A small number of these infections turn into cancers, including cervical cancer and cancers of the mouth and throat. Getting the vaccine prevents these cancers, which is why we recommend it.”

Relatable, digestible facts

Strong recommendation

Case 1

- Parent: “That makes sense. I don’t want her to get cancer.”
- You: “I have given the vaccines to my daughters, and most of our patients are getting the vaccine. That said, this is a decision only you and your daughter can make. Has anything we discussed changed your thinking?”

Personalize

Normalize Vaccinating

Check back in

Autonomy Support

Case 1

- Parent: “OK, we can do the HPV vaccine today. Thank you for explaining that to me.”

Stock photo

Vaccination communicator of the year award!

Resources

Resources

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Strategies for Improving Vaccine Communication and Uptake

Sean T. O'Leary, MD, MPH, FAAP,[a] Douglas J. Opel, MD, MPH,[b] Jessica R. Cataldi, MD, FAAP,[a] Jesse M. Hackell, MD, FAAP,[c]
COMMITTEE ON INFECTIOUS DISEASES; COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE; COMMITTEE ON BIOETHICS

https://publications.aap.org/pediatrics/article/153/3/e2023065483/196695/Strategies-for-Improving-Vaccine-Communication-and?autologincheck=redirected

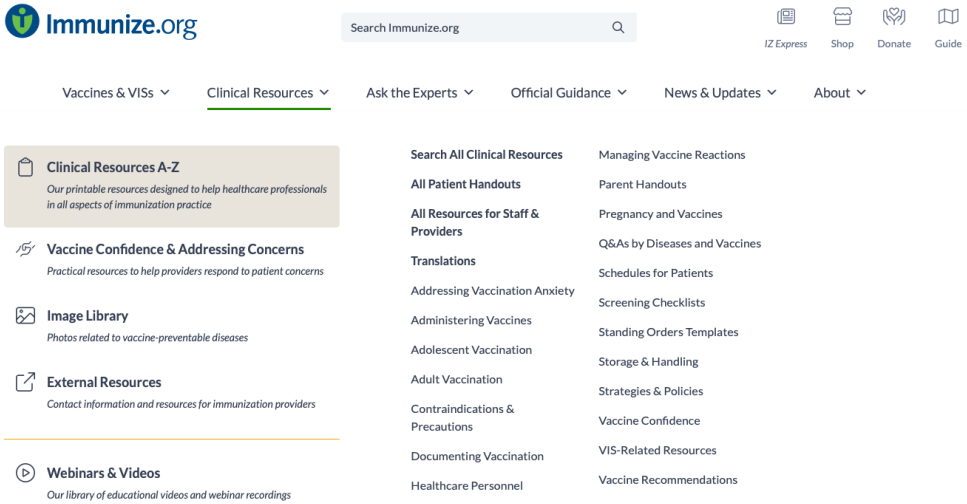
Where can I Find Credible, Trustworthy Information?

CHOP's (Children's Hospital of Philadelphia) Vaccine Education Center, is a premier educational resource offering accurate, up-to-date vaccine information for families, professionals, and educators through a variety of formats—including web content, interactive tools, and outreach programs.

Children's Hospital of Philadelphia®
Vaccine Education Center

Vaccine Ingredients: Aluminum | Children's Hospital of Philadelphia

Where can I Find Credible, Trustworthy Information?



Immunize.org is a U.S.-based nonprofit dedicated to improving vaccination rates by offering educational materials and practical support to healthcare professionals and the public.

Home | Immunize.org

Healthychildren.org

The [HealthyChildren.org/Immunizations]provides parents with clear, evidence-based information on vaccine safety, schedules, and disease prevention, offering age-specific guidance from infancy through adolescence. It addresses common concerns and myths while emphasizing the importance of timely vaccination to protect children and the community.

Immunizations - HealthyChildren.org

Voicesforvaccines.org

Voices for Vaccines a family-led organization dedicated to promoting vaccine confidence through peer-to-peer conversations and evidence-based resources.

Voices For Vaccines | credible vaccine information for families, from families

Vaccinateyourfamily.org

Vaccinate Your Family is a U.S.-based nonprofit. Its mission is to safeguard individuals of all ages from vaccine-preventable diseases through education, advocacy, and improving access to immunization.

Vaccinate Your Family

National Foundation for Infectious Diseases

The National Foundation for Infectious Diseases (NFID) offers comprehensive, evidence-based resources on immunization across the lifespan, aiming to educate the public and healthcare professionals about the prevention and treatment of infectious diseases.

Immunization

“Vaccines alone don’t save lives; vaccination saves lives.”

Image: https://www.aap.org/en/news-room/campaigns-and-toolkits/immunizations/gallery

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Substack: *Community Immunity* – communityimmunity.substack.com

Instagram/Facebook/Threads/LinkedIn: @DrHigginsMD

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