2026 COMMUNITY AND SCHOOL HEALTH PEDIATRIC CONFERENCE

Give it Your Best Shot! Communicating with Vaccine Hesitant Parents

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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.

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PART 1

Why this Moment Matters

Vaccine Preventable Diseases Return · Federal Disruption · Low Trust Environment

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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"

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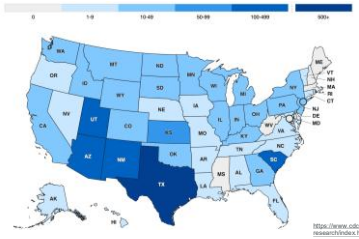
https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a2.htm?s_cid=mm7331a2_w

6

Vaccine-Preventable Diseases are Back

Map of measles cases among U.S. residents 2025



https://www.cdc.gov/measles/data-research/index.html

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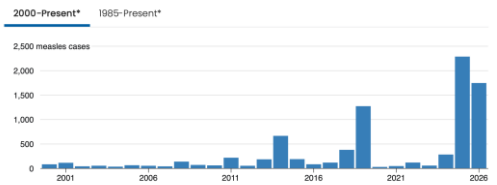
Vaccine-Preventable Diseases are Back

Yearly Measles Cases 2000-Present



https://www.cdc.gov/measles/data-research/index.html

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Why Measles? The Canary in the Coal Mine

12–18

Measles R_0: secondary cases from one infection. Highest of any vaccine-preventable disease

95%

Community immunity threshold required to stop spread

#1

First disease to return when vaccine coverage begins to erode

When measles comes back, it signals that immunity gaps are wide enough for any vaccine-preventable disease to exploit.

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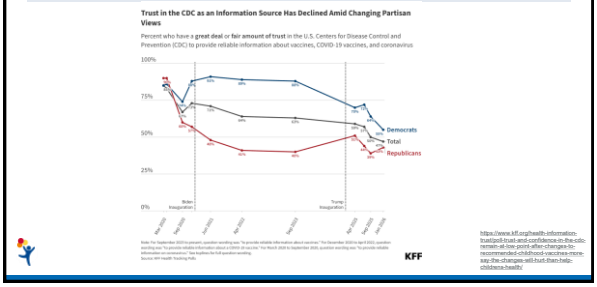
Operating in a Low Trust Environment



https://www.kff.org/health-information-trust/poll-trust-and-confidence-in-the-cdc-remain-at-low-point-after-changes-to-recommended-childhood-vaccines-more-say-the-changes-will-hurt-than-help-childrens-health/

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PART 2

What are Vaccines?

Vaccines · Vaccine Ingredients

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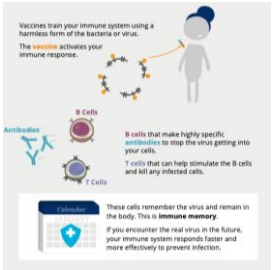
How do vaccines work?



https://www.immunology.org/sites/default/files/2026-03/Guide%20to%20Childhood%20Vaccinations_2026.pdf

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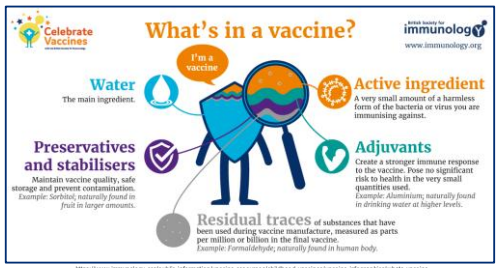

https://www.immunology.org/public-information/vaccine-resources/childhood-vaccines/vaccine-infographics/whats-vaccine

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Types of Vaccines

Vaccine Formulation	Examples
Live Attenuated	MMR, Polio (Sabin oral), Chickenpox (Varicella), Smallpox, Yellow Fever, Rotavirus, Influenza (nasal only)
Inactivated, Viral Inactivated, Bacterial	Influenza (injected), Polio (Salk), Rabies, Hep A, Pertussis, Cholera, Plague
Subunit, Recombinant, Polysaccharide and Conjugate	Influenza (some), Hep B, HPV, Hib, Pertussis (aka 'whooping cough'), Pneumococcal disease, Shingles (Varicella zoster)
Toxoid	Tetanus, Diphtheria
Viral Vector	SARS-CoV-2 (J&J, no longer in use)
mRNA	SARS-CoV-2 (Pfizer, Moderna)

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PART 3

How we Recommend Vaccines

Vaccine Recommendations · Safety Monitoring

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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

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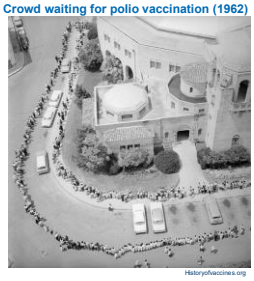
Pre-ACIP Vaccine Recommendations

- **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

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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"

CDC, Clifton Road Campus (1960)

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Vaccine Recommendations: 1960s to 1990s

- Large measles outbreaks in late 1980's/early 1990's
- **1989:** both ACIP and AAP recommend a second dose of MMR for all children
- Although AAP and ACIP worked closely, differences in schedules persisted
  - Biggest difference was timing of second MMR dose – ACIP (4-6); AAP (11-12)

Sixth grader shows proof of Immunization against the measles in 1989.

PBS News; Photo By Glen Martin/The Denver Post

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Vaccine Recommendations: 1960s to 1990s

- **1993:** CDC convened summit with AAP and other societies to develop strategies to eliminate VPDs by vaccinating 90+% of US children by age 2
- One outcome of this summit - resolution to develop a single, easy-to-understand schedule and format for routine childhood vaccines

Rosalynn Carter, Betty Bumpers and the babies celebrate the launch of Every Child By Two

Source: Vaccinate Your Family

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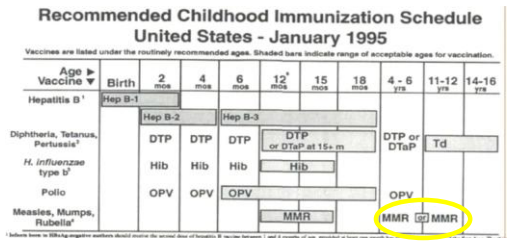
First Harmonized Immunization Schedule



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.

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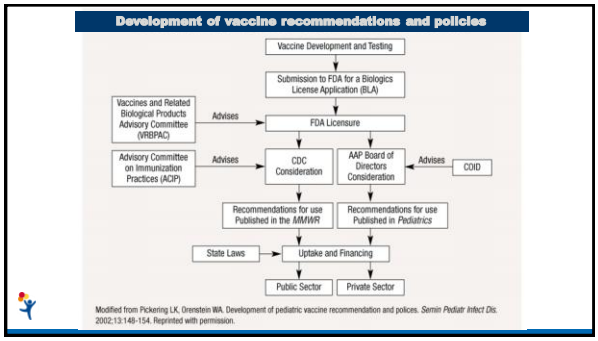
Development of vaccine recommendations and policies
Vaccine Development and Testing
Submission to FDA for a Biologics License Application (BLA)
Vaccines and Related Biological Products Advisory Committee (VRBPAC)
Advises
FDA Licensure
Advisory Committee on Immunization Practices (ACIP)
Advises
CDC Consideration
AAP Board of Directors Consideration
Advises
CDID
Recommendations for use Published in the MMWR
Recommendations for use Published in Pediatrics
State Laws
Uptake and Financing
Public Sector
Private Sector
Modified from Pickering LK, Orenstein WA. Development of pediatric vaccine recommendation and polices. Semin Pediatr Infect Dis. 2002;13:148-154. Reprinted with permission.

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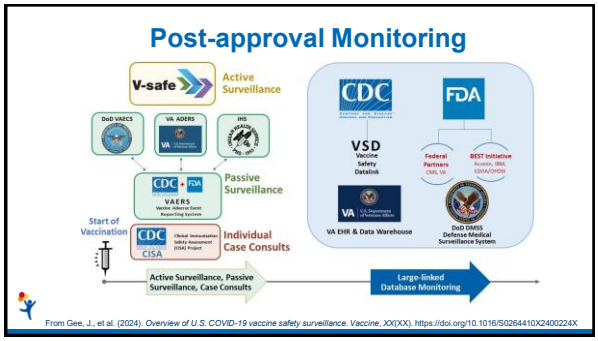
Post-approval Monitoring
V-safe
Active Surveillance
DoD VAECS
VA ADERS
IHS
CDC
FDA
VSD
Vaccine Safety Datalink
Federal Partners
BEST Initiative
CDC + FDA
VAERS
Passive Surveillance
VA
VA EHR & Data Warehouse
DoD DMSS Defense Medical Surveillance System
Start of Vaccination
CDC
CISA
Individual Case Consults
Active Surveillance, Passive Surveillance, Case Consults
Large-linked Database 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

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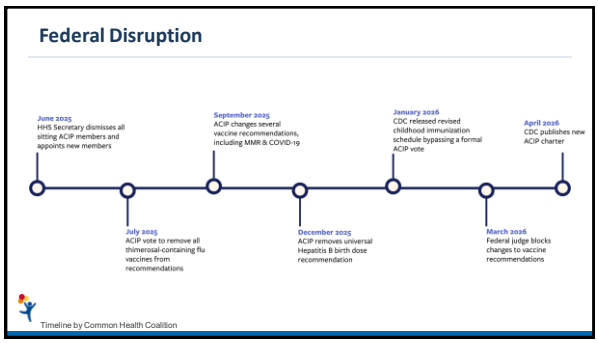
Federal Disruption
June 2025
HHS Secretary dismisses all sitting ACIP members and appoints new members
July 2025
ACIP vote to remove all thimerosal-containing flu vaccines from recommendations
September 2025
ACIP changes several vaccine recommendations, including MMR & COVID-19
December 2025
ACIP removes universal Hepatitis B birth dose recommendation
January 2026
CDC released revised childhood immunization schedule bypassing a formal ACIP vote
March 2026
Federal judge blocks changes to vaccine recommendations
April 2026
CDC publishes new ACIP charter
Timeline by Common Health Coalition

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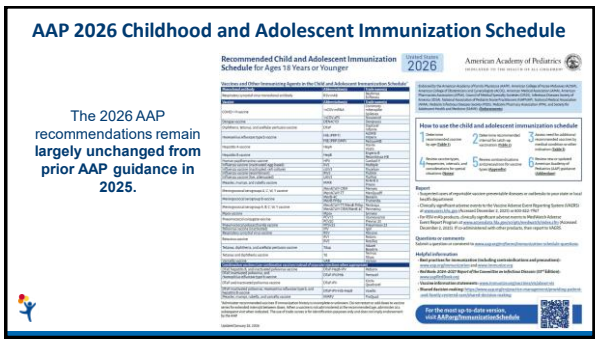
AAP 2026 Childhood and Adolescent Immunization Schedule
The 2026 AAP recommendations remain largely unchanged from prior AAP guidance in 2025.
Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger
United States 2026
American Academy of Pediatrics
How to use the child and adolescent immunization schedule

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PART 4

The Vaccine Information Ecosystem

Vaccine Information Ecosystems · Vaccine Hesitancy Continuum · Social Media

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Let's Play a Game: 1800s or 2026?

"Vaccination has caused more deaths since its introduction than those caused by war or famine."**-1800s**

"Vaccination is a method of mass destruction, a method of depopulation." **-2026**

"The facts, though often suppressed by pro-vaccination activists, have always been accessible to people who are willing to question." **-2026**

"Vaccination provides no protection. When exposed to infection, people suffer just as much as others."**-1800s**

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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.

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"Death the Vaccinator", published by the London Society for the Abolition of Compulsory Vaccination in the late 1800s

Image: https://commons.wikimedia.org/wiki/File:London_Society_for_the_Abolition_of_Compulsory_1880s.png

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1896 National Anti-Vaccination League postcards

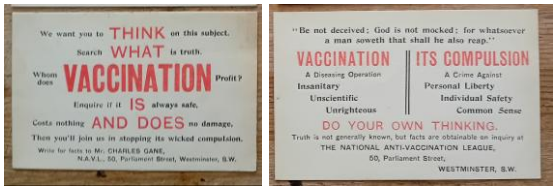

Image: https://commons.wikimedia.org/wiki/File:Anti_-_vaccination_league_postcards.jpg

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Social Media 2026

Image: https://www.bbc.com/news/56101234

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PART 5

What is Driving Hesitancy in 2026?

Social and Behavioral Drivers · Vaccine Hesitancy Continuum · Social Media

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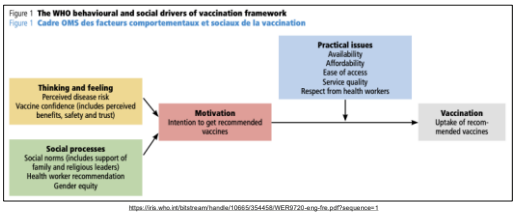

https://iris.who.int/bitstream/handle/10665/354458/WER9720-eng-fre.pdf?sequence=1

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Vaccine Hesitancy Continuum

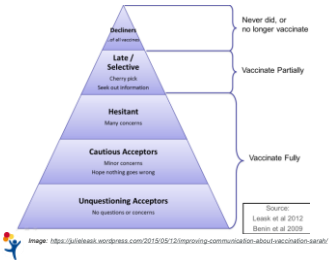

Image: https://julieleask.wordpress.com/2015/05/12/improving-communication-about-vaccination-sarah/

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

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

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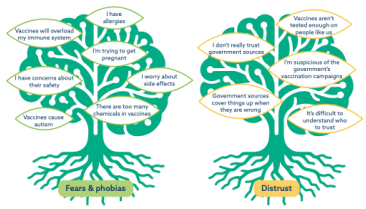
Roots of Vaccine Hesitancy



ATTITUDE ROOTS

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

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Roots of Hesitancy

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'*

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

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Common concerns and misconceptions: Autism

The Lancet (1998), Wakefield et al. suggest a relationship between MMR vaccine and autism

- 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 the MMR vaccine was dangerous

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Common concerns and misconceptions: 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

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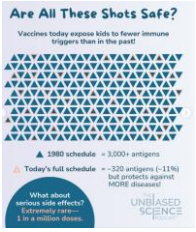
Common concerns and misconceptions: "Too many, too soon"



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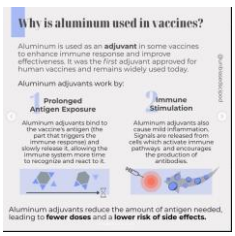
Common concerns and misconceptions: Vaccine Ingredients



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Common concerns and misconceptions: Aluminum

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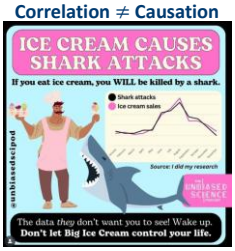
Common concerns and misconceptions

Correlation ≠ Causation



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PART 6a

Evidence-Based Vaccine Communication

What People Need · Things to Avoid

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What Families need

What they're asking us:
- "What is recommended now?"
- "Why are there different recommendations?"
- "I'm just confused."

What they want from us:
- A trusted navigator with expertise
- A clear recommendation
- Reassurance that *they can trust you*

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If Parents Have Questions: Lead With Empathy

1. Parents are understandably confused

- News headlines
- Social media
- Conflicting messages

2. Your first move = = empathy and partnership

Example language:

"I can see why this feels confusing. There are a lot of conflicting messages. Ultimately, this is your decision to make. Do you mind sharing why you are hesitant to vaccinate?"

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Addressing Vaccine Hesitancy: What to avoid

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

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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

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The Fear Appeal

Effective Messages in Vaccine Promotion:
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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

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The Backfire Effect

POLICY ARTICLE

PUBLIC HEALTH

CDC communication undermines trust in vaccines

Uncertainty-based framing raises doubt, lowers vaccination intentions, and boosts science denial

Robert Böhm[1], Alina Schneider[1], Cornelia Betsch[2,3], Lars Lilleholt[4,5]

After the CDC revised its vaccine-autism webpage in November 2025 to suggest the link "has not been ruled out," researchers tested three conditions:

(1) the old consensus-based statement

(2) the new "uncertainty-based" statement

(3) no statement at all

Böhm R, Schneider A, Betsch C, Lilleholt L. CDC communication undermines trust in vaccines. Science. 2026 Apr 30;392(6797):475-477.

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The Backfire Effect

POLICY ARTICLE

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CDC communication undermines trust in vaccines

Uncertainty-based framing raises doubt, lowers vaccination intentions, and boosts science denial

Robert Böhm[1], Alina Schneider[1], Cornelia Betsch[2,3], Lars Lilleholt[4,5]

- **The expected finding**: The "uncertainty-based" CDC statement reduced vaccination intentions and increased endorsement of science-denial strategies.
- **The underreported finding**: Among parents, vaccination intentions for their children were lower in both statement conditions compared to receiving no information at all – including after reading the consensus-based statement that says vaccines do NOT cause autism.
- **Take-home point**: Simply raising the vaccine–autism question, even to debunk it, may activate doubt in some parents. Be deliberate about how you open the conversation.

Böhm R, Schneider A, Betsch C, Lilleholt L. CDC communication undermines trust in vaccines. Science. 2026 Apr 30;392(6797):475-477.

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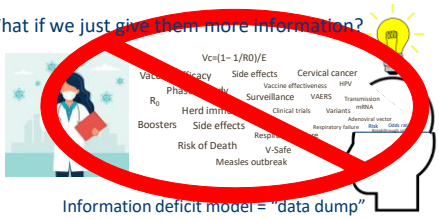
The Data Dump

What if we just give them more information?



Information deficit model = "data dump"

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The Persuasion Trap

This assumes these decisions are simple decisions made on scientific-based logic alone.

or

Why it backfires:

- Pressure can harden hesitancy
- People feel judged or dismissed
- Trust must come first

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The Debate Trap

Vaccine conversations are NOT debates

Why it backfires:

- Debate shifts focus away from relationship
- Triggers **defensiveness** and **identity protection**
- Reinforces misinformation through repetition

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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

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PART 6b

Evidence-Based Vaccine Communication

Face-to-face communication: Announcement Format · Motivational Interviewing · Myth Busting

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Parent Responses

Start the vaccine conversation by presuming parents or patients are interested in vaccinating. And make a clear recommendation.

Example: "Madison's records show she's missing her second MMR dose." *or* "John is due for 3 shots."

Parent wants vaccines (with or without subsequent questions)	***Parent responds with questions or concerns***	***Parent is hesitant about one or more vaccines***
Example: "OK."	*Example:* "Umm…what are the side effects?"	*Example:* "I'm not sure. I'm thinking we don't want to do that."

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

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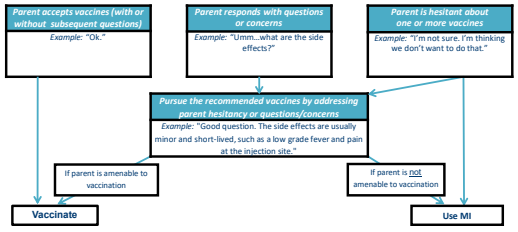
Pursuing Questions or Concerns



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

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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.

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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

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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.

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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".

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How to Deal with Myths

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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)

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." (Explain fallacy) (Fact)

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Examples

Patient: "*I've seen a lot about how the MMR vaccine causes autism. I'm not sure I want my child to get it.*"

The Trap "Actually, that's wrong. The CDC changed their website recently for political reasons and you can't trust them or anything you see on social media. Measles is bad, it can kill your child..."

Try This Instead "It makes sense that you would have questions, there's a lot of confusing information out there, and you want to make sure this is safe. Can I share what we know about where that concern came from?"

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Examples

Patient: *"OK, sure. You can tell me more."*

The Trap "You can't believe everything you see. It all started in 1998 when Andrew Wakefield published an article in a scientific journal called The Lancet..."

Try This Instead "MMR is one of the most studied vaccines we have — millions of children, dozens of countries. The concern originated from a single fraudulent study that was retracted. The science here is unusually clear."

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PART 7

Communicating with Communities

Community Communication: Beyond the Clinic · Prebunking · Faith Communities · Media & Advocacy

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Two Modes, Two Toolboxes

Individual Communication

Context: One-on-one, with a relationship

Goal: Vaccination at this visit

Tools: Announcement format, clear recommendations, MI skills, empathy

Keys: Trust is personal. Your recommendation is the most powerful lever you have.

Public Communication

Context: Many people at once, often no prior relationship

Goal: Community-level confidence and coverage

Tools: Narrative over data, trusted community messengers, pre-bunking, media engagement

Keys: Speed and framing matter. People share stories, not statistics. Lead with narrative, then back it up with evidence.

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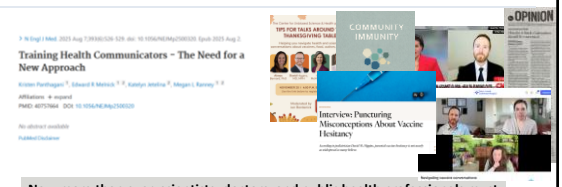
Values: Meeting People Where They Are



Now more than ever, scientists, doctors, and public 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!

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Values: Meeting People Where They Are

Meeting people where they are means integrating an understanding of values, customs, and traditions into your approach, without making assumptions.

Authentic Interaction

Many cultures prioritize face-to-face conversations and meaningful connections over efficiency. Taking time to build trust, without rushing, refraining from judgment, and meeting people where they are, can strengthen the provider-patient relationship and improve health outcomes.

Learn About Your Community

Invest time in understanding the people you serve. Where do they come from? What religions are practiced? What foods are meaningful? These details help you connect authentically, communicate more effectively, and create a welcoming environment for all patients.

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How to Spot Misleading Claims: Prebunking

- Just as vaccines build immunity to disease, **psychological inoculation ("pre-bunking")** builds immunity to misinformation
- Exposes people to common manipulation tactics
- Teaching patients how falsehoods spread helps them **spot and resist misinformation**

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How to Spot Misleading Claims

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Resources

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Where Can I Find Credible Information?

Clinical Guidance
- AAP, AAFP, ACOG, ACP, etc
- Immunize.org
- IDSA
- NFID

For Patients & Students
- CHOP Vaccine Education Center
- Voices for Vaccines
- Vaccinate Your Family
- HealthyChildren.org (AAP)

Stay Current
- CIDRAP/Vaccine Integrity Project
- The Evidence Collective
- Unbiased Science
- Community Immunity Substack

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"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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Thank You

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