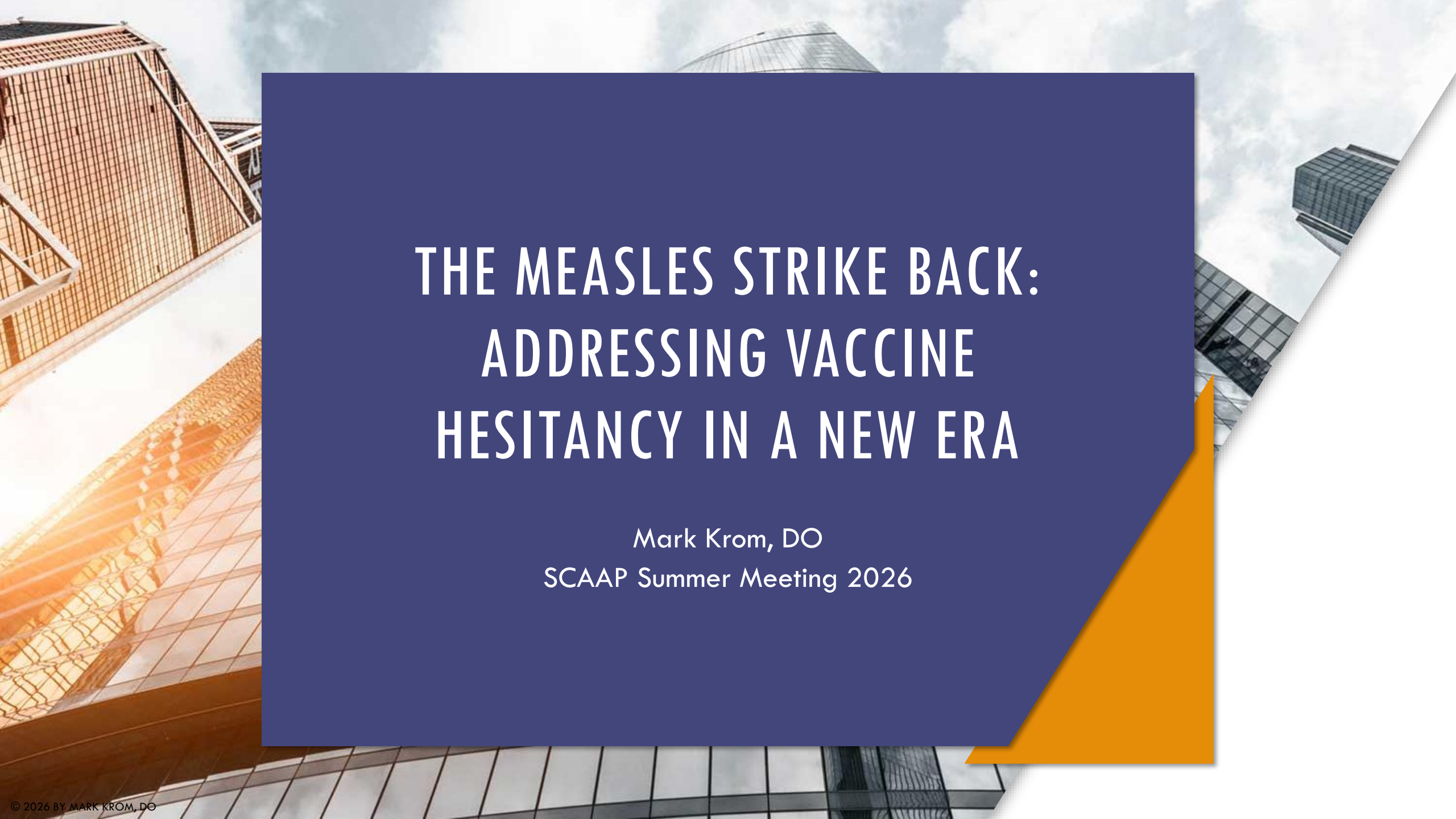


# STAR WARS

**The Measles Strike Back**





# THE MEASLES STRIKE BACK: ADDRESSING VACCINE HESITANCY IN A NEW ERA

Mark Krom, DO  
SCAAP Summer Meeting 2026

# DISCLOSURES

I have no financial or other disclosures





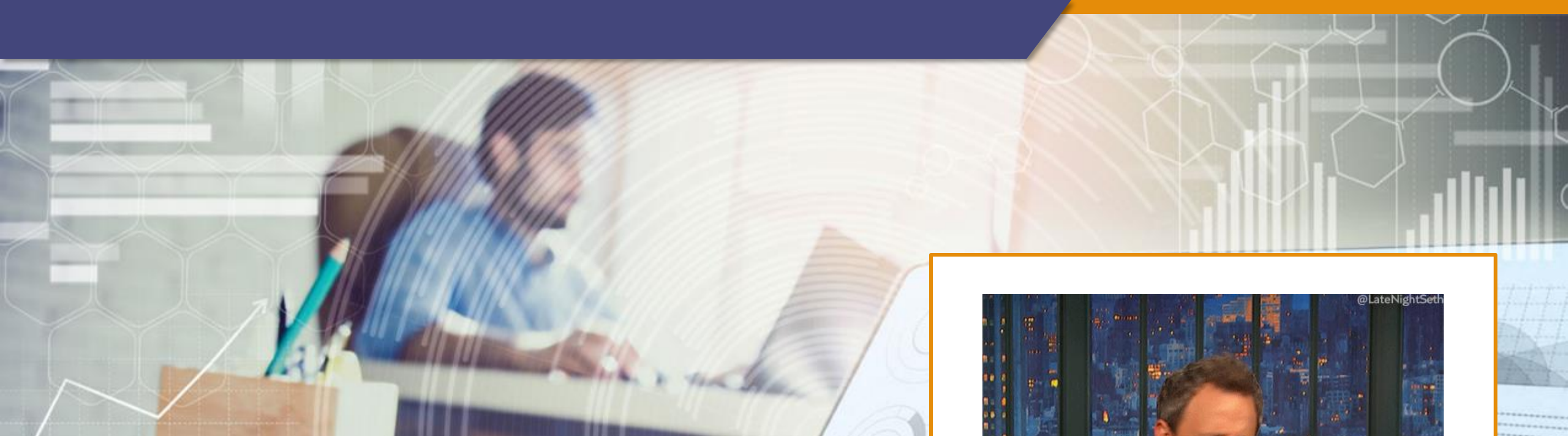
# OBJECTIVES

At the conclusion of this presentations, learners should be able to...

- Summarize a tumultuous season of vaccine recommendations
- Reflect on patient experiences within the medical system and how history can help us empathize with families
- Examine the importance of trust and community engagement in public health work

# WHO DO WE BLAME?





## A YEAR IN REVIEW



# JUST OVER ONE YEAR AGO...

June 9, 2025



HHS Secretary Robert F. Kennedy Jr dismisses all 17 members of the Advisory Committee on Immunization Practices (ACIP)

December 1, 2025

The CDC announced that **Dr. Kirk Milhoan** would replace Dr. Martin Kulldorff as Chair of ACIP

January 5, 2026

The CDC announces sweeping changes to the vaccine schedule

January 26, 2026



The AAP releases their first ever vaccine schedule

March 16, 2026

A U.S. District Court issued an order placing a stay on the new vaccine schedule and the ACIP committee changes in the case *American Academy of Pediatrics et al. v. Kennedy et al.*

April 9, 2026



HHS makes alterations to the ACIP Committee Charter

# Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States  
2026

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



## Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule\*

| Monoclonal antibody                                                                                    | Abbreviation(s)      | Trade name(s)                     |
|--------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------|
| Respiratory syncytial virus monoclonal antibody                                                        | RSV-mAb              | Beyfortus<br>Enflonsia            |
| Vaccine                                                                                                | Abbreviation(s)      | Trade name(s)                     |
| COVID-19 vaccine                                                                                       | 1vCOV-mRNA           | Comirnaty<br>mNespike<br>Spikevax |
|                                                                                                        | 1vCOV-aPS            | Nuvaxovid                         |
| Dengue vaccine                                                                                         | DEN4CYD              | Dengvaxia                         |
| Diphtheria, tetanus, and acellular pertussis vaccine                                                   | DTaP                 | Daptacel<br>Infanrix              |
| <i>Haemophilus influenzae</i> type b vaccine                                                           | Hib (PRP-T)          | ActHIB<br>Hiberix                 |
|                                                                                                        | Hib (PRP-OMP)        | PedvaxHIB                         |
| Hepatitis A vaccine                                                                                    | HepA                 | Havrix<br>Vaqta                   |
| Hepatitis B vaccine                                                                                    | HepB                 | Engerix-B<br>Recombivax HB        |
| Human papillomavirus vaccine                                                                           | HPV                  | Gardasil 9                        |
| Influenza vaccine (inactivated: egg-based)                                                             | IIIV3                | Multiple                          |
| Influenza vaccine (inactivated: cell-culture)                                                          | cdIV3                | Flucelvax                         |
| Influenza vaccine (recombinant)                                                                        | RIV3                 | Flublok                           |
| Influenza vaccine (live, attenuated)                                                                   | LAIV3                | FluMist                           |
| Measles, mumps, and rubella vaccine                                                                    | MMR                  | M-M-R II<br>Priorix               |
| Meningococcal serogroups A, C, W, Y vaccine                                                            | MenACWY-CRM          | Menveo                            |
|                                                                                                        | MenACWY-TT           | MenQuadfi                         |
| Meningococcal serogroup B vaccine                                                                      | MenB-4C              | Bexsero                           |
|                                                                                                        | MenB-FHbp            | Trumenba                          |
| Meningococcal serogroup A, B, C, W, Y vaccine                                                          | MenACWY-TT/MenB-FHbp | Penbraya                          |
|                                                                                                        | MenACWY-CRM/MenB-4C  | Penmenvax                         |
| Mpox vaccine                                                                                           | Mpox                 | Jynneos                           |
| Pneumococcal conjugate vaccine                                                                         | PCV15                | Vaxneuvance                       |
|                                                                                                        | PCV20                | Prevnar 20                        |
| Pneumococcal polysaccharide vaccine                                                                    | PPSV23               | Pneumovax 23                      |
| Poliovirus vaccine (inactivated)                                                                       | IPV                  | Ipov                              |
| Respiratory syncytial virus vaccine                                                                    | RSV                  | Abrysvo                           |
| Rotavirus vaccine                                                                                      | RV1                  | Rotarix                           |
|                                                                                                        | RV5                  | RotaTaq                           |
| Tetanus, diphtheria, and acellular pertussis vaccine                                                   | Tdap                 | Adacel<br>Boostrix                |
| Tetanus and diphtheria vaccine                                                                         | Td                   | Tenivac<br>Tdvax                  |
| Varicella vaccine                                                                                      | VAR                  | Varivax                           |
| <b>Combination vaccines (use combination vaccines instead of separate injections when appropriate)</b> |                      |                                   |
| DTaP, hepatitis B, and inactivated poliovirus vaccine                                                  | DTaP-HepB-IPV        | Pediarix                          |
| DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine                         | DTaP-IPV/Hib         | Pentacel                          |
| DTaP and inactivated poliovirus vaccine                                                                | DTaP-IPV             | Kinrix<br>Quadacel                |
| DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine            | DTaP-IPV-Hib-HepB    | Vaxelis                           |
| Measles, mumps, rubella, and varicella vaccine                                                         | MMRV                 | ProQuad                           |

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit when indicated. The use of trade names is for identification purposes only and does not imply endorsement by the AAP.

Endorsed by the American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Pharmacists Association (APhA), Council of Medical Specialty Societies (CMSS), Infectious Diseases Society of America (IDSA), National Association of Pediatric Nurse Practitioners (NAPNAP), National Medical Association (NMA), Pediatric Infectious Diseases Society (PIDS), Pediatric Pharmacy Association (PPA), and Society for Adolescent Health and Medicine (SAHM). (Endorsements)

## How to use the child and adolescent immunization schedule

- 1 Determine recommended vaccine by age (**Table 1**)
- 2 Determine recommended interval for catch-up vaccination (**Table 2**)
- 3 Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)
- 4 Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
- 5 Review contraindications and precautions for vaccine types (**Appendix**)
- 6 Review new or updated American Academy of Pediatrics (AAP) guidance (**Addendum**)

## Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) (Accessed December 2, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at [www.accessdata.fda.gov/scripts/medwatch/index.cfm](http://www.accessdata.fda.gov/scripts/medwatch/index.cfm) (Accessed December 2, 2025). If co-administered with other products, then report to VAERS.

## Questions or comments

Submit a question or comment to [www.aap.org/en/forms/immunization-schedule-questions](http://www.aap.org/en/forms/immunization-schedule-questions).

## Helpful information

- **Best practices for immunization (including contraindications and precautions):** [www.aap.org/immunization](http://www.aap.org/immunization) and [www.immunize.org](http://www.immunize.org)
- **Red Book: 2024–2027 Report of the Committee on Infectious Diseases (33<sup>rd</sup> Edition):** [www.aapRedBook.org](http://www.aapRedBook.org)
- **Vaccine information statements:** [www.immunize.org/vaccines/vis/about-vis](http://www.immunize.org/vaccines/vis/about-vis)
- **Shared decision making:** <https://www.aap.org/en/practice-management/providing-patient-and-family-centered-care/shared-decision-making>

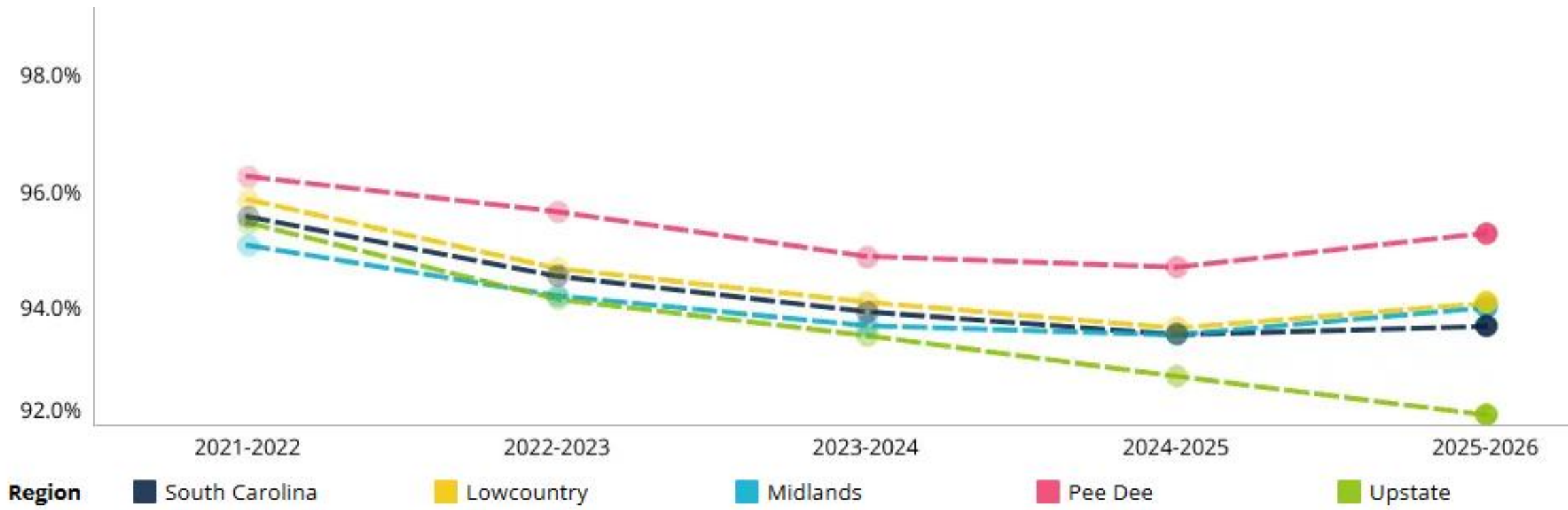
For the most up-to-date version,  
visit [AAP.org/ImmunizationSchedule](http://AAP.org/ImmunizationSchedule)



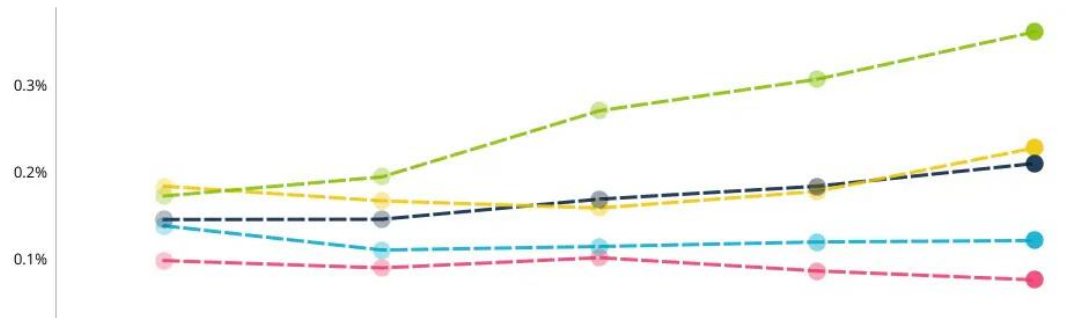
# THE INEVITABLE OUTCOME OF UNCERTAINTY



Doubt creeps in...



# THE SIGNS, WE SAW THEM



# THE EMPIRE STRIKES BACK

Measles finds a way through the cracks



| Confirmation Week   Start Date | Number of Cases |
|--------------------------------|-----------------|
| 9/21/2025                      | 1               |
| 9/28/2025                      | 4               |
| 10/5/2025                      | 3               |
| 10/12/2025                     | 12              |
| 10/19/2025                     | 5               |
| 10/26/2025                     | 9               |
| 11/2/2025                      | 9               |
| 11/9/2025                      | 3               |
| 11/16/2025                     | 10              |
| 11/23/2025                     | 23              |
| 11/30/2025                     | 24              |
| 12/7/2025                      | 33              |
| 12/14/2025                     | 14              |
| 12/21/2025                     | 24              |
| 12/28/2025                     | 36              |
| 1/4/2026                       | 186             |
| 1/11/2026                      | 203             |
| 1/18/2026                      | 172             |
| 1/25/2026                      | 95              |
| 2/1/2026                       | 71              |
| 2/8/2026                       | 17              |
| 2/15/2026                      | 23              |
| 2/22/2026                      | 13              |
| 3/1/2026                       | 2               |
| 3/8/2026                       | 5               |

## Upstate Measles Outbreak By the Numbers (October 2025-March 2026)

- 7 school districts affected
- 33 schools impacted with exposures
- 874 students asked to quarantine
- 423 outbreak-related measles queries from outlets in North America, Europe and Asia
- 1,670+ individual calls made by case investigators
- 3,788 additional MMR doses given in Spartanburg County over previous year (93.6% increase)
- 14,745 additional MMR doses given in the Upstate over previous year (82.4% increase)
- 81,096 MMR vaccinations given overall statewide, up 31.3% from previous year
- \$2.1 million – estimated cost to the state of outbreak
- 2,294 quarantine letters sent
- 30 consecutive weeks/weekends worked
- 30 media briefings
- 66 news releases issued

# RETURN OF THE JEDI

A glimmer of hope

|        | State  | State  | Upstate | Upstate | Sburg  | Sburg  |
|--------|--------|--------|---------|---------|--------|--------|
|        | Nov-24 | Nov-25 | Nov-24  | Nov-25  | Nov-24 | Nov-25 |
| <4 Yrs | 4116   | 4415   | 1209    | 1705    | 257    | 430    |
| ≥4 Yrs | 5012   | 4530   | 1498    | 1523    | 352    | 393    |
|        | Dec-24 | Dec-25 | Dec-24  | Dec-25  | Dec-24 | Dec-25 |
| <4 Yrs | 3975   | 5349   | 1144    | 2220    | 258    | 621    |
| ≥4 Yrs | 4423   | 4980   | 1313    | 1811    | 287    | 437    |
|        | Jan-25 | Jan-26 | Jan-25  | Jan-26  | Jan-25 | Jan-26 |
| <4 Yrs | 4733   | 8106   | 1382    | 3785    | 333    | 992    |
| ≥4 Yrs | 5041   | 8726   | 1574    | 3530    | 318    | 715    |
|        | Feb-25 | Feb-26 | Feb-25  | Feb-26  | Feb-25 | Feb-26 |
| <4 Yrs | 4452   | 7956   | 1256    | 3852    | 308    | 870    |
| ≥4 Yrs | 5746   | 9420   | 1724    | 3259    | 364    | 694    |
|        | Mar-25 | Mar-26 | Mar-25  | Mar-26  | Mar-25 | Mar-26 |
| <4 Yrs | 5045   | 7618   | 1414    | 3586    | 346    | 759    |
| ≥4 Yrs | 8120   | 6999   | 2423    | 2281    | 555    | 519    |

Measles Vaccine Doses Administered

|             | October |       | November |      | December |       | January |       | February |       | March |       | Total |       | 2026<br>Increase | Percent<br>Increase |
|-------------|---------|-------|----------|------|----------|-------|---------|-------|----------|-------|-------|-------|-------|-------|------------------|---------------------|
|             | 2024    | 2025  | 2024     | 2025 | 2024     | 2025  | 2025    | 2026  | 2025     | 2026  | 2025  | 2026  | 2025  | 2026  |                  |                     |
| Statewide   | 11190   | 12997 | 9128     | 8945 | 8398     | 10329 | 9774    | 16832 | 10198    | 17376 | 13165 | 14617 | 61853 | 81096 | 19243            | 31.1%               |
| Upstate     | 2953    | 5083  | 2707     | 3228 | 2457     | 4031  | 2956    | 7315  | 2980     | 7111  | 3837  | 5867  | 17890 | 32635 | 14745            | 82.4%               |
| Spartanburg | 669     | 1405  | 609      | 823  | 545      | 1058  | 651     | 1707  | 672      | 1564  | 901   | 1278  | 4047  | 7835  | 3788             | 93.6%               |

WHERE DO WE GO FROM HERE?





# PIVOT!

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2022 ANNUAL MEETING

# BACK TO THE FUTURE



# Vaccine Hesitancy: History

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# History: Not a New Phenomenon



## How to Avoid Vaccination.

Parents, when **REGISTERING** births, will find on the front page of the Paper given them a form of declaration of conscientious objection, which they must **FILL IN**.

Then the **FATHER** must **TAKE THE FORM** to a Commissioner for Oaths, or a Justice of the Peace, or Stipendiary. This Declaration must be made within four months of the birth of the child. It is useless if made later.

WHEN THE DECLARATION HAS BEEN SIGNED by the Magistrate or Commissioner, **POST IT IMMEDIATELY TO YOUR VACCINATION OFFICER.** It will be **OF NO USE** unless he gets it **WITHIN SEVEN DAYS** after its signature. It is not necessary that application be made at a Police Court: most Solicitors are Commissioners, and will take your declaration. Many Magistrates will sign the declaration privately, when no fee can be charged.

Apply for further information to  
**THE NATIONAL ANTI-VACCINATION LEAGUE,**  
27 SOUTHAMPTON STREET, STRAND, LONDON, W.C.

This Society is maintained entirely by Voluntary Contributions, and help is needed to carry on the work.

**WILL YOU NOT ASSIST?**

## DEATH THE VACCINATOR.



## The Anti-Vaccination Society of America

OTHERWISE

An Association of "half-mad", "misguided" people, who write, and toil, and dream, of a time to come, when it shall be lawful to retain intact, the pure body Mother Nature gave, sends GREETING to a "suspect". "Liberty cannot be given, it must be taken."

**You are Invited to Join Us**

Frank D Blue, Sec'y,  
Terre Haute, Ind.

**1902**

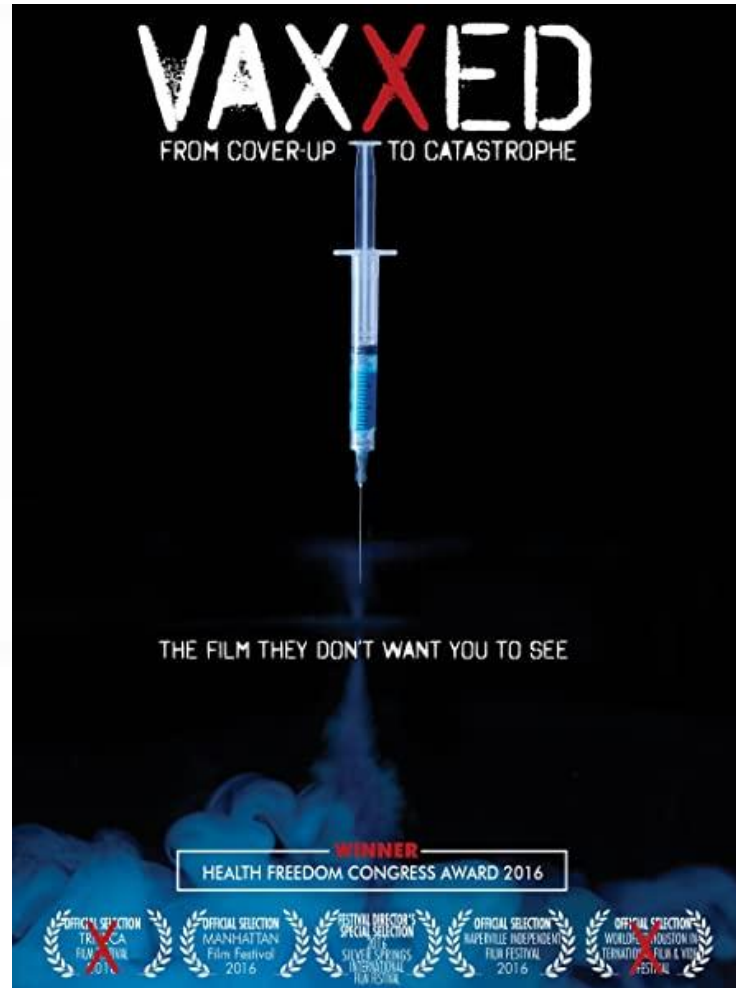
Hon L H Piehn,  
President

Enclose 25c for certificate of membership.

# History: Not a New Phenomenon



- 1982- news documentary called “DPT: Vaccine Roulette”



- 1998- Andrew Wakefield publishes
- 2016- VAXXED: From Cover- Up to Catastrophe
- 2019- VAXXED II: The People’s Truth

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# Racial Injustices in Medicine

- 1932- The Tuskegee Syphilis Study
  - Researchers monitored hundreds of Black men with Syphilis
- Mid-1940s- PCN became treatment of choice for Syphilis
  - Men in the study were not treated
- Study continued until 1972
  - more than 100 men died from syphilis or complications of the disease
- 1997- President Clinton issues Presidential apology



- 1951- Henrietta Lacks



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# VACCINE HESITANCY AMONGST POPULATIONS

- Well-documented vaccine hesitancy in the Ukrainian refugee population
- Ukraine had measles and polio outbreaks in the past 10 years
- Multifactorial –
  - Conflict → disruption of health services
  - Distrust of government
  - Social media influences
  - Elevated perception of risks

- Echo Chamber effect
- Confirmation Bias





# VACCINE EQUITY

We face many challenges:

Ensuring Vaccine Access for All People



## Health Disparities in Vaccination

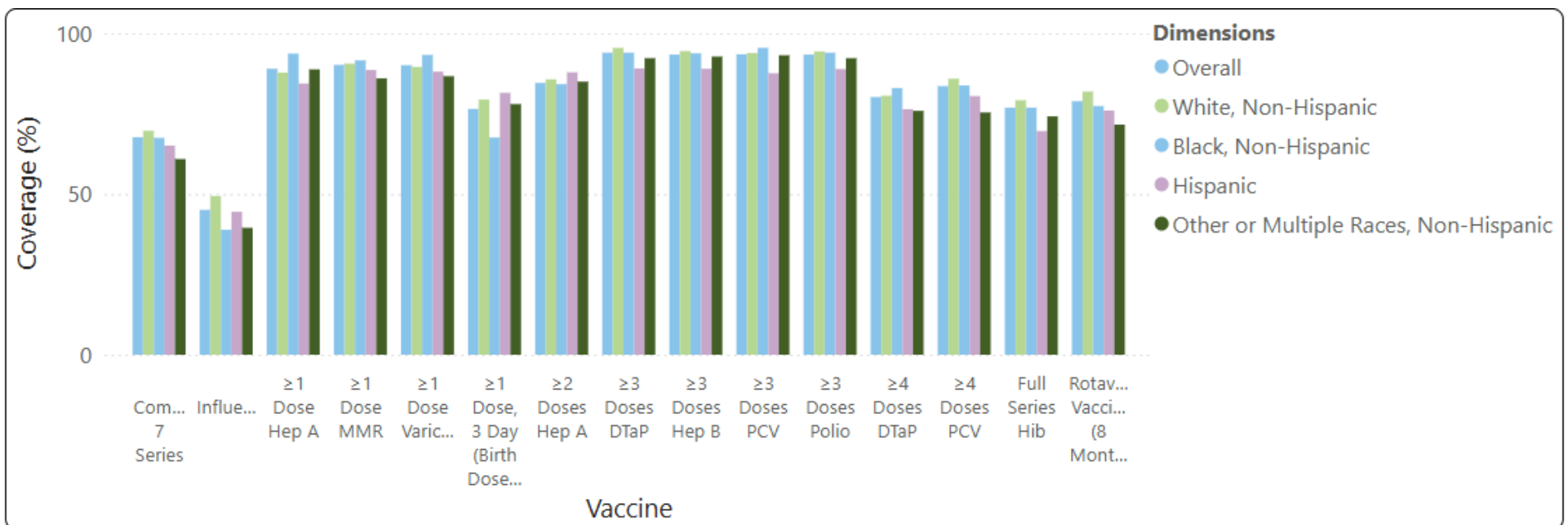
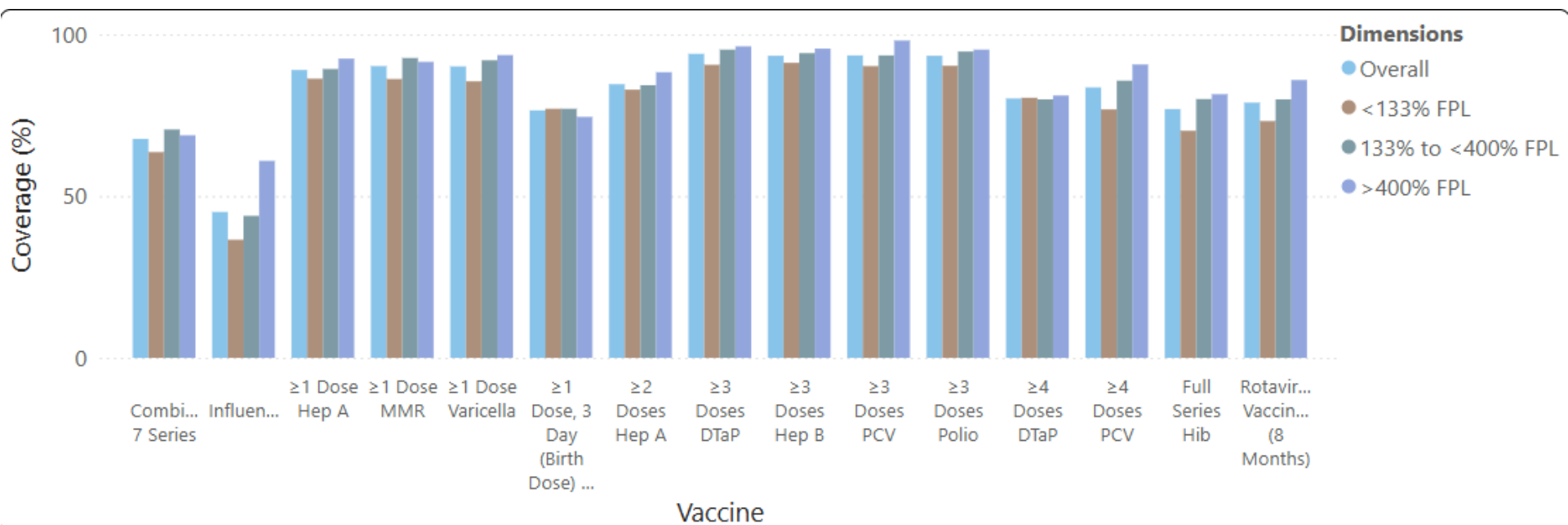
### Challenges:

- **Economic Factors:** Income, education level, and employment status or conditions that affect health behaviors and access.
- **Access Barriers:** Lack of health care services, limited ability to travel to care, high health care costs, and having no or limited insurance.
- **Social Factors:** Mistrust in health care providers and systems, language barriers, and false or misleading information.

### Example Population Groups Less Likely to Receive Recommended Vaccinations\*:

- **Racial or Ethnic Minoritized Population Groups**
- **Rural Communities**
- **Families with Lower-income**

\*Not an exhaustive list



## Recommendations for Prevention and Control of Influenza in Children, 2025–2026: Policy Statement **FREE**

Committee on Infectious Diseases

- In 1 cross-sectional study spanning 10 influenza seasons, Black, Hispanic, and American Indian/Alaska Native people had higher rates of influenza-associated hospitalizations and intensive care unit admissions, and disparities were highest in children  $\leq 4$  years of age.
- Influenza-associated in-hospital deaths were three- to 4-fold higher in Black, Hispanic, and Asian/Pacific Islander children compared with white children.
- Inequities in health care system access and other social drivers of health contribute to severe outcomes and increased mortality in these groups.

## Recommendations for the Prevention of RSV Disease in Infants and Children: Policy Statement **FREE**

Committee on Infectious Diseases

*Pediatrics* (2025) 156 (5): e2025073923.

### Equity Considerations

American Indian and Alaska Native Children are included in the high-risk category, because they experience significantly higher rates of severe RSV disease and hospitalization, with children living in rural and reservation communities most impacted. Evidence supports that this increased risk is associated with social drivers of health, with specific attention to running water access, transportation difficulties, household crowding, and indoor air quality.<sup>2</sup>

# The Spectrum of Vaccine Hesitancy

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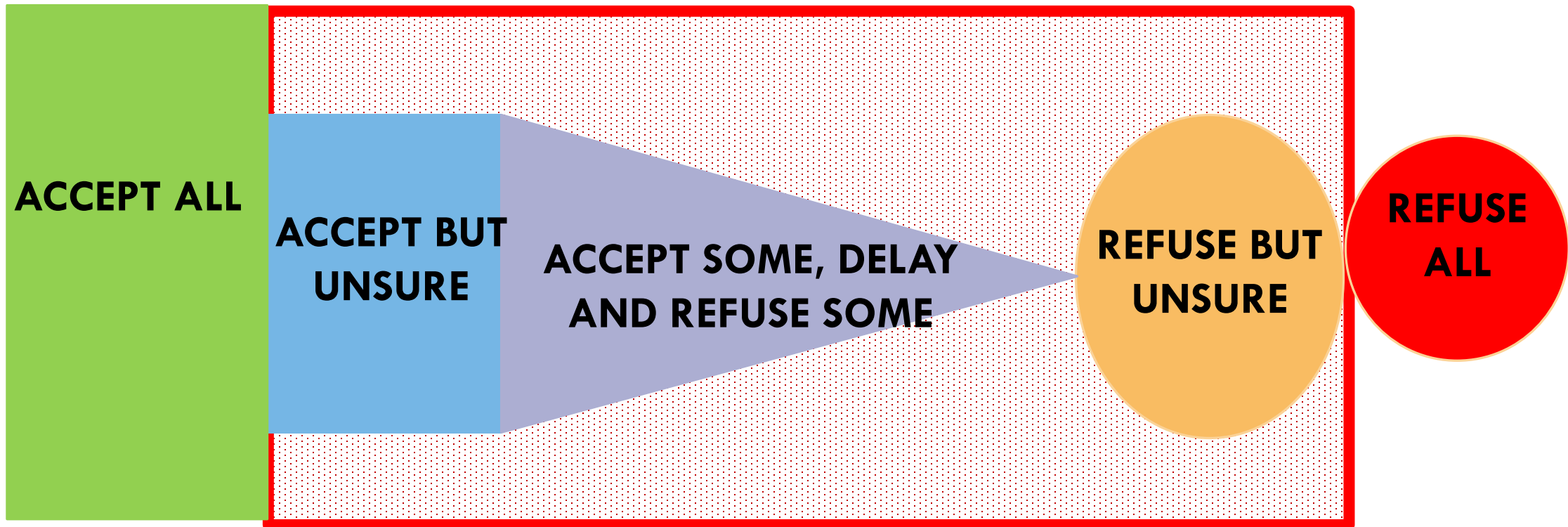
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# What is Vaccine Hesitancy

- A delay in acceptance or refusal of vaccines, despite availability of vaccination services



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# Vaccine Mindset Spectrum



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# STARTING THE CONVERSATION

# PRESUMPTIVE, NOT PARTICIPATORY

An oldie but a goodie

“Sara is due for several vaccines today”



“Well, we have to do some shots.”



# MAKE A STRONG RECOMMENDATION

“Trust lives in the exam room”

- Trust is **relational**, not institutional
- Shared decision making is not neutrality
- Lead with empathy and partnership
- Don't bring up new concerns



# MOTIVATIONAL INTERVIEWING

| Motivational Interviewing Skills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Open-ended Questions:</b> helps explore and understand a parent's stance on vaccination</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"><li>• "Tell me more about what you already know?"</li><li>• "What might be one good reason to vaccinate your child today?"</li><li>• "In your mind, what is the harm if you choose <i>not</i> to vaccinate her today?"</li><li>• "What are some reasons for getting the vaccination?"</li></ul>                                                                                                                                                                                                          |
| <p><b>Affirmations:</b> improves parent engagement in an open discussion with you by helping them feel supported, appreciated, and understood</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"><li>• "You are a good parent. Your concern shows how much you care about your child's safety."</li><li>• "You are a good mom and you care about your daughter's health."</li><li>• "You've always tried to be a good role model for your kids."</li><li>• "If you thought the vaccine was safe, you would not hesitate because you want what's best for your daughter."</li><li>• "It sounds like you're comfortable with the other vaccines."</li></ul> |
| <p><b>Reflections:</b> encourages partnerships, deepens rapport, and allows a parent to understand themselves and their motivations on a deeper level; reflections are particularly useful when encountering strong emotion or hesitancy</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"><li>• "You're frightened by what you've read on the Internet."</li><li>• "You're really worried and you want to make the best decision."</li><li>• "You're the type of person who really likes to do her research."</li><li>• "So it sounds like you're worried about the possibility that the MMR vaccine might cause autism."</li></ul>                     |
| <p><b>Ask Permission to Share:</b> puts parents in a less defensive posture and makes them more receptive to the information you'd like to share</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"><li>• "Could I provide you with some information based on what you just shared?"</li><li>• "Would you mind if I shared with you why I think this is such an important vaccine?"</li><li>• "May I share what I know about...?"</li><li>• "I have a different view, may I share it with you?"</li></ul>                                                                                                                                                 |
| <ul style="list-style-type: none"><li>• <b>Autonomy Support:</b> enhances a parent's sense of control and makes them feel more at ease with the conversation</li></ul> <p><i>Examples:</i></p> <ul style="list-style-type: none"><li>• "That said, this is a decision only you can make."</li><li>• "Only you can choose what is best for your child."</li></ul>                                                                                                                                                                                                                                                                                                     |

# ROARS

Because we can always remember a mnemonic

Reflection

Open-Ended Question

Affirmation

Request Permission

Support Autonomy



## MI Conversation Example

**Provider:** "You sound pretty certain that you don't want Johnny to get the MMR vaccine." (**Reflection**)

**Parent:** "No, I don't."

**Provider:** "Well, I just want to say right up front that this is your choice. My job is to share the best information I have about the vaccines to help with your decision, but you are the one who decides." (**Autonomy Support**)

**Parent:** "Ok."

**Provider:** "Tell me what you know about the MMR vaccine and autism." (**Open-ended Question**)

**Parent:** "Well, my cousin says that her daughter was fine until she got the MMR shot and I've read a lot about this on the Internet, too. How can it be a coincidence?"

**Provider:** "So, you have obvious doubts. Given your family experience and what you've read, I totally understand." (**Reflection, Affirmation**)

**Parent:** (nodding head) "I mean, really!"

**Provider:** "I've done some careful study of the MMR/autism connection and I have information that may help. May I share that with you?" (**Asks Permission to Share**)

**Parent:** "I guess."

**Provider:** shares information about the negative association between MMR and autism and reinforces positives of getting vaccinated. Provider then ends with: "So what do you make of what I've shared?" (**Open-ended Question**)

**Parent:** "I'm not sure. I guess it makes sense though."

**Provider:** "Well, how would you like to proceed today?" (**Open-ended Question**)

**Patient:** "I don't know. (pause) I guess we can go ahead with it this time."

# FRAMING

Making deliberate choices about what we say and how we say it

## Recommendations:

1. Talk about the benefits of vaccination for the wider community.
2. Talk about improving vaccination access as a preventive public health measure.
3. Focus on how vaccines are beneficial to children's and adolescents' long-term health and wellbeing.
4. Use a computer updates metaphor to explain how the immune system improves its performance through vaccination.
5. Use a literacy metaphor to explain how the immune system learns how to respond to viruses through vaccination.



# FRAMING

Shifting the narrative



From the individual  
to the community



From vaccines  
fighting disease to  
the immune system  
preparing itself

# PRACTICE

## Increasing Immunization Confidence

Empowering healthcare staff with the skills to engage in immunization conversations with patients and families and to promote a culture of infection prevention and control. [Access this free module now.](#)

In collaboration with **American Academy of Pediatrics.**





# IN OUR COMMUNITIES

# IDENTIFY MISINFORMATION

## HOW TO SPOT MISLEADING HEALTH CLAIMS

A GUIDE FOR FAMILIES NAVIGATING CONFUSING HEALTH INFORMATION

You're scrolling through your phone and a social media post catches your eye. A childhood vaccine is the cause of a chronic condition. A common medication is secretly dangerous. Thousands of shares. A doctor quoted. A link to a "study." Your stomach drops. **That feeling is normal. In fact, people who spread false health claims count on it.**

### WHY THIS MATTERS

Misleading claims—about nutrition, medications, mental health, vaccines, and more—are everywhere! Once you recognize the patterns, you can confidently evaluate any claim.

### The good news?

The tricks only work if you don't see them coming!

### WHAT YOU CAN DO

**Talk with your child's healthcare team.** If something online concerns you, bring it up. They'd rather have a conversation than have you quietly worry.

**Ask questions.** Your child's healthcare team genuinely wants to discuss them with you. You will not be judged or labeled as anti-science.

**Pause before you share online or with other people.** Take 30 seconds to run through the checklist on the next page. You could be the person who stops a false claim from reaching hundreds more families.

### TRUSTED SOURCES

Your child's healthcare team is always the best first call for questions about your child. For everything else, here are some trusted sources:

AMERICAN ACADEMY  
OF PEDIATRICS (AAP)

HealthyChildren.org

CENTER FOR UNBIASED  
SCIENCE AND HEALTH

UnbiasedScience.org

Scan the QR code for  
more trusted sources



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CENTER FOR  
UNBIASED  
SCIENCE &  
HEALTH

## A CHECKLIST FOR EVALUATING HEALTH CLAIMS

The next time a health claim gives you that pit-in-your-stomach feeling, run through these questions. Each one catches a common manipulation tactic:

### ○ IS THIS CLAIM TRYING TO SCARE OR INFORM ME?

Be skeptical of content that makes you feel intense emotions like anger or hope. Health information can be emotional, but should offer resources and next steps, not panic.

! **Watch for: Emotional manipulation**

### ○ AM I BEING OFFERED A SIMPLE FIX TO A COMPLEX PROBLEM?

Most health conditions have multiple causes. If someone blames a single cause or offers a magic solution, be skeptical.

! **Watch for: Oversimplification**

### ○ DOES IT CLAIM TIMING PROVES CAUSATION?

When an event and diagnosis happen close together, it's easy to assume that one caused the other, but timing alone isn't evidence.

! **Watch for: Coincidental timing**

### ○ WHERE DID THIS INFORMATION COME FROM?

Is it backed by a medical organization, research study, or specialist? A single outlier opinion doesn't change what the broader medical community has found.

! **Watch for: Fake experts**

### ○ IS IT TRENDING FOR EVERYONE, OR JUST ON MY FEEDS?

Your social media feed amplifies content you've already engaged with. See if major medical organizations and mainstream news are covering it too.

! **Watch for: Echo chambers**

### ○ DOES IT USE UNCERTAINTY TO DISMISS THE SCIENCE?

Science is honest about what it doesn't know, and that's a *strength*, not a weakness. If someone frames this as conspiracy, they're manipulating you.

! **Watch for: Exploiting nuance**

### ○ IS SOMEONE PROFITING FROM THIS CLAIM?

Check for financial or personal incentives. These may include: supplement ads, "alternative" product links, or political connections.

! **Watch for: Conflicts of interest**

### ○ COULD THIS HAVE BEEN GENERATED BY AI?

AI tools can make realistic articles, images, and fake expert quotes. If writing feels generic, the "expert" doesn't check out, or the source is unfamiliar, verify before trusting it.

! **Watch for: Unverified content**

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# AMPLIFY VOICES

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## Immunizations

### Immunization Discussion Guides

[Home](#) / [Patient Care](#) / [Immunizations](#) / Immunization Discussion Guides



It would be nice if false ideas about children's health came with warning labels—but until they do, make sure to check out your sources of information. If you don't already recognize or trust the original source of content, treat it with caution. You can always talk with your child's doctor if you hear things that sound scary or suspicious or just make you want to learn more. The American Academy of Pediatrics—a nonprofit, nonpartisan organization founded in 1930—brings pediatricians together to update their knowledge and work on improving children's health and health care.

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the parenting website powered by  
the American Academy of Pediatrics.  
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[healthychildren.org](#)  
Powered by pediatricians. Trusted by parents.  
from the American Academy of Pediatrics

## Follow pediatricians for trustworthy content on children's health

As you read up on things that affect your child's health, you may come across false rumors or outdated ideas—especially on the internet and social media. It's important to find trustworthy, up-to-date information. That can be hard when the internet and social media can elevate falsehoods and products that claim to improve kids' health. Pediatricians, on the other hand, chose their demanding profession because they care deeply about children and families. Here are some pediatricians, medical researchers and children's health experts the American Academy of Pediatrics trusts to be accurate and honest and to speak from a place of caring for kids.



**Dr. Tanya Altmann,**  
MD, FAAP  
Pediatrician in California  
[@drtanyaaltmann](#)  
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**Dr. Edith Bracho-Sanchez,**  
MD, FAAP  
Primary Care Pediatrician  
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Healthy Children Podcast



**Dr. Ari Brown,**  
MD, FAAP  
Pediatrician in Texas  
[@aribrownmd](#)  
[@baby411book](#)  
[@aribrownmd](#)



**Dr. Scott Hadland,**  
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Physician in Florida  
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**Dr. Tommy Martin,**  
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**Dr. Zachary Rubin,**  
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**Dr. Ilan Shapiro,**  
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Pediatrician in California  
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[@DrShaps](#)

# FIND OPPORTUNITIES

Like this group!

- Inpatient opportunities
  - INVEST influenza QI
  - Electronic Health Record
  - Standing orders
- HPV bundles for adolescent vaccines
- Rotavirus vaccination in the NICU?
- Community partnership



# IMPROVE ACCESS TO VACCINES



**Partnerships:** Work with community groups, health care systems, religious groups, trusted messengers, and local leaders.



**Community Engagement Programs:** Increase access with mobile clinics, local health fairs, and vaccination drives.



**Enhance Immunization Information Systems (IIS):** Understand differences in vaccination coverage with more complete information.



**Policy Changes:** Provide free or low-cost vaccines through government programs to reduce financial barriers to being vaccinated.

## REDUCING BARRIERS TO VACCINATION:

**Education**

**Financial  
Assistance**

**Cultural  
Competence  
(Humility):**

# DPH MEASLES RESPONSE

- In January 2026, there was a strong increase in measles vaccinations across the state and in Spartanburg, where the outbreak is centered. Over 16,800 doses of measles vaccine were administered statewide, an increase of more than 7,000 doses compared to January 2025, a 72% increase. In Spartanburg County, there was a 162% increase in doses administered in January 2026 as compared to January 2025. Almost 1,200 doses of MMR were administered statewide to infants aged 6-11 months in January. These doses given earlier than the routine schedule that begins at 12 months are recommended for infants in an outbreak setting and are essential to protecting the most vulnerable children.
- “January was the best month for measles vaccination we’ve experienced during this outbreak,” said Dr. Linda Bell, state epidemiologist and DPH’s Health Programs Branch director and incident commander for the measles outbreak.
- In response to the ongoing measles outbreak in the Upstate, DPH will activate its Mobile Health Unit to offer measles-mumps-rubella (MMR) vaccination to the public at no cost on:
  - Friday, Feb. 13 from 10 a.m. to 2 p.m. at Zion Hill Baptist Church, 34 Blackstock Road, Inman.
  - Friday, March 3 from 10 a.m. to 2 p.m. at Grace Community Church, 570 Magnolia Street, Spartanburg.

# Championing Change: A Toolkit for Addressing Vaccine Equity Through Community Mobilization

Chart 1: Strategy Areas for Increasing Vaccination Uptake .....



## Conclusion

The framework and lessons learned from ASTHO's Vaccine Equity Project can serve as the basis for implementing a health equity approach for countless public health-related interventions. This synopsis of final considerations was derived from the three-year initiative:

- **Invest in Trust-Building**
  - » Bringing community to the table, lifting up shared decision making, and working alongside trusted institutions is integral to ensuring the success of equity initiatives. Community input is critical, and engagement with community leaders, including compensation for time and expertise provided where possible, should be a key consideration in efforts to advance equity. Establishing and maintaining these relationships early on allows for a more efficient mobilization of resources and information for future public health emergencies.
- **Address Root Causes of Inequities**
  - » Taking a whole-person approach is essential to effective outreach for immunization or other public health interventions. Interventions that fail to address the social determinants of health and other critical needs of individuals and communities may be limited in their ability to enact positive change.
- **Plan for Sustainability**
  - » Sustainability should be a primary consideration during the planning stages of program development and throughout project implementation. Braiding and layering funds, utilizing the infrastructure of existing programs, or leveraging partners are all effective ways to support the continuation of work beyond the scope of a single funding stream or grant period.

# CME QUESTIONS

A new family presents to your clinic to establish care. The family has recently moved from Eastern Europe and their children have not received vaccines. What are some key features in your approach to establishing rapport in this encounter and understanding their concerns regarding vaccination?

- A. Cultural humility, reflection, open-ended questions
- B. Cultural competence, participatory statements, neutrality
- C. Goal-directed language, war-zone metaphors, scare tactics

Your team is attempting to identify opportunities to improve engagement in the community regarding vaccination. What are some initial steps you can take as a team?

- A. Hold an evening session open to patients where you discuss extemporaneous details regarding potential concerns
- B. Allow for each family to decide their own vaccine plan without any practice recommendations
- C. Identify key community stakeholders to partner alongside in an outreach setting



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\*Cleaned up this list  
using ClaudeAI

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