

September 29, 2026

VIA FEDEX AND EMAIL

Robert F. Kennedy Jr.
Secretary
United States Department of Health & Human
Services
200 Independence Ave SW
Washington, DC 20201

Erica Schwartz, MD, MPH, JD (RADM,
USPHS, RET)
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Re: *“Talking with Parents about Vaccines:” Protecting Informed Consent*

Dear Secretary Kennedy and Dr. Schwartz,

We write to formally request that Centers for Disease Control and Prevention (“**CDC**”) substantially revise its webpage titled, “Talking with Parents about Vaccines,” (“**the Webpage**”)¹ which purports to provide communication guidance to health care professionals regarding conversations with parents about childhood vaccination. The page’s content makes clear that the sole purpose of the advice is to “maintain[] high vaccination rates” and to encourage healthcare providers to get parents to a place where they “feel confident in choosing to immunize their child according to the CDC’s recommended immunization schedule.”²

It is difficult to reconcile the principle of informed consent with several of the communication strategies the Webpage recommends, especially because the Webpage repeatedly identifies vaccine acceptance as the desired outcome as opposed to advocating for provider-parent conversations focused on informed decision-making.

Thus, the Webpage requires substantial revision. Please find attached suggested revisions to the Webpage so that it reflects the principle of informed consent and respects the questions, values, and autonomous decisions of parents and legal guardians. We respectfully urge CDC to adopt these revisions and ensure that its guidance to health care professionals is fully consistent with patient-centered care, shared decision-making, and the principles of informed consent. If we can provide any additional input concerning the Webpage, we are available and willing to do so.

Very truly yours,
/s/ Elizabeth A. Brehm
Aaron Siri, Esq.
Elizabeth Brehm, Esq.
Jonathan Ellett, Esq.

¹ *Talking with Parents about Vaccines*, CDC (Aug. 9, 2024), https://www.cdc.gov/vaccines-children/hcp/conversation-tips/index.html#cdc_talking_to_topics-what-if-parents-refuse-to-vaccinate.

² *Id.*

Talking with Parents about Vaccines

AT A GLANCE

- Many parents have questions about their children's vaccines, and answering their questions can help parents feel confident in ~~choosing to immunize their child according to the CDC's recommended immunization schedule~~ making an informed vaccination decision for their child's specific health needs.

Why it matters

~~Doctors, nurses, physician assistants, and office staff all play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates.~~

~~Parents consider their child's healthcare professionals to be their most trusted source of information when it comes to vaccines. This is true even for parents who are vaccine-hesitant or who consider delaying one or more vaccines. You have a critical role in helping parents choose vaccines for their child.~~

Clinicians play a vital role in providing parents and legal representatives with clear, evidence-based information regarding pediatric vaccinations. Healthcare professionals support high-quality care by making evidence-based recommendations, addressing questions transparently, and ensuring parents have the necessary information to make voluntary, informed healthcare decisions for their children consistent with existing ethical obligations.

Conversation strategies

With all you do, you may feel that long vaccine conversations are stressful when you also need to check physical and cognitive milestones and have a full schedule of patients. Vaccine conversations ~~can also~~ should not be

stressful or uncomfortable in some situations. You can use these communication strategies and tips to effectively address questions you may hear from parents, ~~including parents who choose not to vaccinate.~~

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~~This flow chart shows three easy steps to take when talking with parents about vaccines.~~

~~Assume parents will vaccinate~~

~~Introduce the topic of vaccination with the assumption that most parents are planning to accept vaccines. State which vaccines the child needs to receive as though you presume that parents are ready to accept them during that visit. For example:~~

- ~~• Instead of saying "What do you want to do about shots?," say "Your child needs three shots today."~~
- ~~• Instead of saying "Have you thought about the shots your child needs today?," say "Your child needs DTaP, Hib, and Hepatitis B shots today."~~

~~A research study looking at health care professionals (HCPs) and parents' interactions during vaccine visits showed that parents were more likely to express concerns when providers used language that asked parents about their vaccination plans. In this study, the presumptive approach resulted in significantly more parents accepting vaccines for their child, especially at first time visits¹.~~

Make a Clear, Evidence-Based Recommendation

Introduce the topic of vaccination by providing clear, evidence-based information about the relevant vaccines and targeted diseases that is tailored to the child's medical needs, overall health profile, and family values and beliefs. State clearly any vaccine recommendations you may have, explain

the clinical rationale for the recommendation, and ensure parents have a meaningful opportunity to ask questions, review risks and benefits, and make an informed decision. While a parent's decision to proceed must be based on an affirmative and informed choice, the absence of questions or concerns should not by itself be treated as evidencing the parent's consent to, or comprehension of the risks and benefits of a given vaccine.

Combining all this guidance, a sample provider script may read as follows: "Before you decide whether to proceed today, I am happy to walk through the risks of the targeted diseases to your child, potential treatments for the diseases, the expected benefits and any potential risks of each of the vaccines, and any other alternatives to better inform your ultimate decision of whether to vaccinate your child or not."

This example of high-quality patient-centered care prioritizes a parent's informed consent. A parent expressing concerns or asking questions is an essential part of shared decision-making, working to ensure that healthcare decisions are fully informed, voluntary, and supportive of long-term trust.

Give your strong evidence-based recommendation

~~If parents are not ready to vaccinate, then have questions or express hesitation, you can share your strong vaccine recommendation and take steps to better answer their questions and to understand their hesitations.~~ Parents consistently rank their child's doctor as their most trusted source for vaccine information. With this unique position, your ~~strong recommendation is critical for vaccine acceptance.~~ Clearly state your strong recommendation. If appropriate, you can add a brief supporting statement that uses a mix of science and anecdote, depending on what you think will be most effective with that parent. Share the importance of vaccines to protect children from potentially life-threatening diseases or talk about your clear recommendation and question-answering is critical for guiding parents toward an informed decision. If you state a recommendation, make sure to provide clear, objective clinical evidence explaining the expected benefits, material risks including potential adverse effects, and feasible alternatives associated with the recommendation, and ensure that such information is tailored to the parent's

questions, informational needs, and to the specific child and family. Ensure that personal experiences with vaccination, anecdotes or other persuasive rhetoric do not function as substitutes for relevant medical information. For example:

- ~~"I strongly recommend your child get these vaccines today."~~
- ~~"These shots are very important to protect him from serious diseases."~~
- ~~"I believe in vaccines so strongly that I vaccinated my own children on schedule."~~
- ~~"This office has given thousands of doses of vaccines, and we have never seen a serious reaction."~~
- "I am happy to go over the potential benefits, side effects, risks, and any specific health considerations for your child before you decide on a course of conduct."

Listen to and respond to parents' questions from the outset

~~Although research shows most parents in the U.S. support vaccines, you will encounter parents with questions or concerns. If a parent seems hesitant about following the recommended vaccine schedule, this doesn't necessarily mean they won't accept vaccines. Sometimes parents simply want your answers to their questions.~~ Active listening and transparent dialogue should form the foundation of every clinical encounter. If a parent has questions, this reflects a normal and healthy parental desire to understand the care being proposed for their child. Your willingness to listen with empathy and respect will play a major role in building trust ~~in you, your recommendation, and vaccines~~ within the clinical relationship and supporting informed decision-making.

When listening, seek to understand the context behind parents' questions before responding so you can be sure the information you provide is appropriateresponsive to their concerns and informational needs. If you encounter questions you do not know the answer to, or information from

sources you are unfamiliar with, it is best to acknowledge the parent's concerns and share what you do know. Offer from available clinical evidence. You should also offer to review the information they have found and, if necessary, schedule another appointment to discuss it further if necessary, and afford the parent adequate time to arrive at an informed decision about their child's care.

What if parents ~~refused~~decide to vaccinate~~defer or decline recommended vaccines?~~

If parents decline ~~immunizations~~vaccinations after your **strong** recommendation and conversation about their concerns, use the following patient-centered strategies:

~~Continue the conversation~~ about vaccines during the next visit and restate your strong recommendation.

Consider whether or not to continue to make evidence-based recommendations at subsequent appointments and make yourself available to discuss vaccines at such visits. Respect a decision to decline or defer while keeping lines of communication open as health circumstances, medical information, or preferences change and evolve.

Inform parents about clinical presentations of ~~vaccine-preventable~~relevant diseases, including early symptoms. Inform parents about any alternative preventatives and about any treatments so that they can monitor their child's health effectively and make informed decisions regarding timely care when necessary.

Remind parents to call before bringing their child into the office, clinic, or emergency department when the child is ill so health care professionals can take precautions to protect others. ~~Explain that when scheduling an office visit for an ill child who has not received vaccines, you will need to take all possible precautions to prevent contact with other patients, especially those~~

~~too young to be fully vaccinated and those who have weakened immune systems.~~

Share informative, evidence-based resources like Reasons to Vaccinate with parents to support their ongoing review of medical information.

~~You may wish to have parents sign AAP's Refusal to Vaccinate Form each time a vaccine is refused so that you have a record of their refusal in their child's medical file.~~

When a parent arrives at a decision declining a vaccine for their child, document such informed decisions and related discussions in the child's medical records and verify that any risks, benefits, and recommendations were discussed.

Wrapping up the conversation

~~Remember that success comes in many forms. It and a patient-centered approach to health care achieves success when a parent understands the clinical recommendation, receives objective and understandable information regarding benefits and risks, has their questions and concerns addressed, and makes an informed, voluntary decision for their child.~~

For example, a successful clinical conversation may mean that parents result in:

- A parent deciding to accept all vaccines when you recommend them, or that they schedule some vaccines for another day. For very vaccine-hesitant parents, success may simply mean agreeing to leave the door after receiving clear answers to their questions;
- A parent choosing to defer or decline a vaccine after evaluating the relevant evidence, risks, or alternatives; or
- A parent identifying specific questions or concerns that require further review, leaving lines of communication open for future conversationsdiscussion.

~~Work with parents to agree on at least one action, such as:~~

- ~~• Scheduling another appointment or~~
- ~~• Encouraging the parent to read additional information you provide them.~~

If a parent declines vaccines once, it does not guarantee they always will. Continue to remind parents about the importance of keeping their child up or defers a vaccine, respect their choice while remaining available to date on vaccines during discuss further clinical recommendations at future visits and work with them to get their child caught up if they fall behind. as the medical evidence, child's health profile, or parental preferences change or evolve.