



Prenatal & Infant Care Network



PrenatalPath.com

Vaccinations: Recommendations, Changes, and Combating the Confusion

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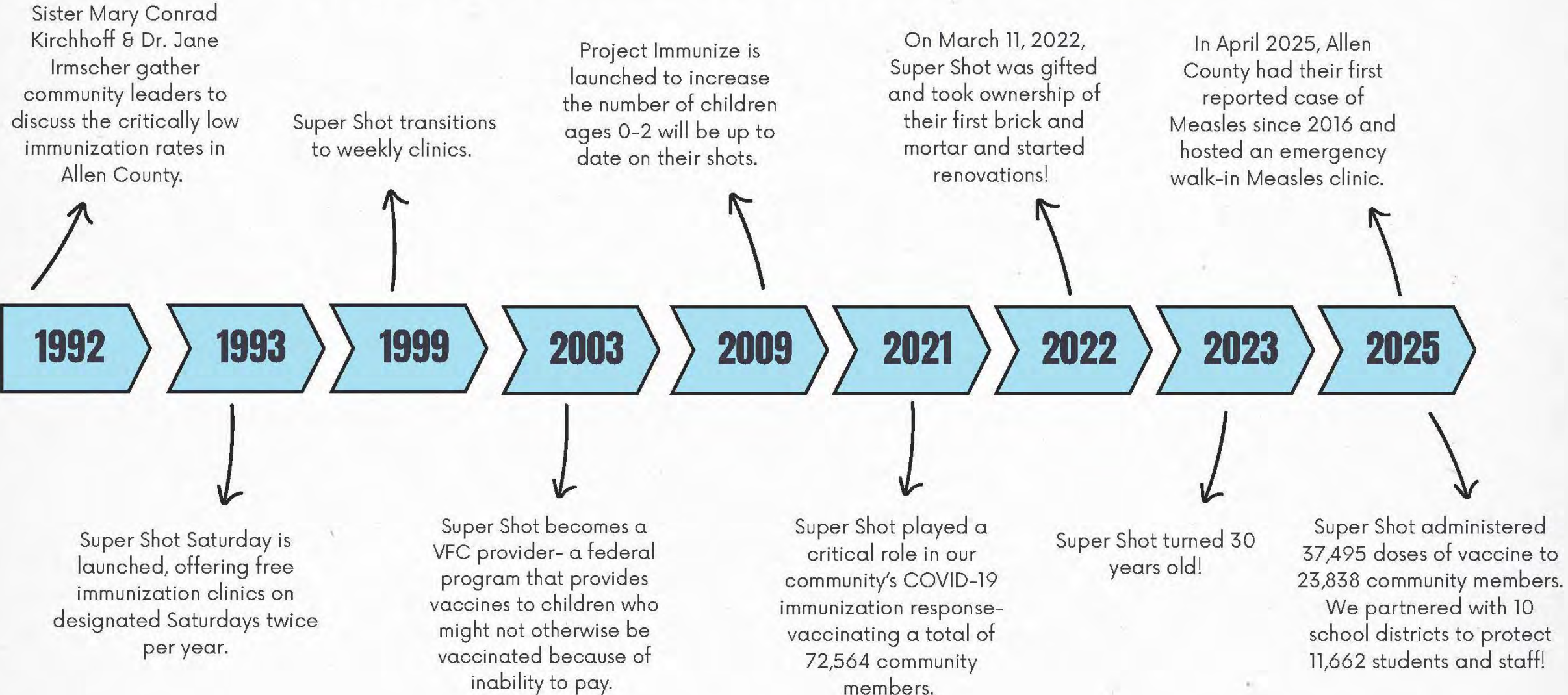
ABOUT SUPER SHOT



Immunizations for the entire community



SUPER SHOT OVER THE YEARS



Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2023 will:

prevent **508 million** illnesses
(32 million hospitalizations)



help avoid **1,129,000** deaths



save nearly **\$2.7 trillion** in total societal costs
(that includes \$540 billion in direct costs)



Updated 2023 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2023"

- VFC Program
- Adult 317 program
- Commercial insurance



www.cdc.gov/vaccines/vfcprogram/

NR02WVLC | 06/24/24





Weekly Clinic Schedule

1 **Super Shot Main Clinic**
1515 Hobson Rd., Ft. Wayne
Bus Route 2

Tue 10 am - 7 pm

Wed 10 am - 4 pm

Th 10 am - 7 pm

Fri 10 am - 4 pm

Sat 9 am - Noon

Walk-in appointments available.

Plan Your Visit:

- All CDC recommended immunizations for adults and children are available.
- All children must be accompanied by a parent or legal guardian.
- Must bring copy of child's current shot record to every visit.

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- **We accept all insurance types.**
 - If you are uninsured or underinsured, there is a \$15 administration fee per immunization.
 - ➔ **No one will be turned away for inability to pay.** Ask for more information.

To Schedule:



Call (260) 424-7468

Phone Scheduling:
Monday - Friday
between 9 am and 4 pm



Schedule online
supershot.org

Scan the code
to get started.



Federal changes to the childhood immunization schedule

WHAT ARE THESE CHANGES AND WHY ARE THEY DANGEROUS





What Happened April-Dec 2025

- Legitimate ACIP members fired and replaced with mostly unqualified individuals, several of whom are vocal vaccine opponents
- All liaison organizations were dismissed from ACIP work groups
- June 25-26 ACIP meeting widely condemned as theater for anti-vaccine tropes
- AAP and other medical organizations file a lawsuit against HHS
- AAP continued to reinforce the critical role of the original ACIP
- AAP published own evidence-based recommendations in a schedule separate from CDC
 - Initial focus on respiratory season, then all vaccines
- Very problematic ACIP meetings in September and December



January 5, 2026

- Politically appointed leadership of HHS announced major changes to the US childhood vaccination schedule
- Several routine vaccines moved to “shared clinical decision making” or “high risk” categories

SHOTS - HEALTH NEWS

Health officials slash the number of vaccines recommended for all kids

JANUARY 5, 2026 · 3:41 PM ET

CDC changes childhood immunization schedule, removing universal recommendation for multiple shots

Hepatitis, flu, COVID and RSV shots are no longer universally recommended.

By [Youri Benadjaoud](#) and [Mary Kekatos](#)
January 5, 2026, 5:35 PM



Danyel Furge, MSN, RN

Education & Outreach Manager at Super Shot

Family &
Community



VACCINE OVERVIEW



UNDERSTANDING THE CHILDHOOD IMMUNIZATION SCHEDULE



How do vaccines work?

Goal:

- Vaccine introduces the weakened or dead virus into the body
- Initiates an immune response
- Body makes antibodies against that disease

Live vaccines

- Weakened or “attenuated” virus/bacteria
- Receive one or two doses and tend to have lifetime immunity

Non-live vaccines

- Dead or “inactivated” virus/bacteria
- Need multiple repeated doses to have immunity (may need boosters)





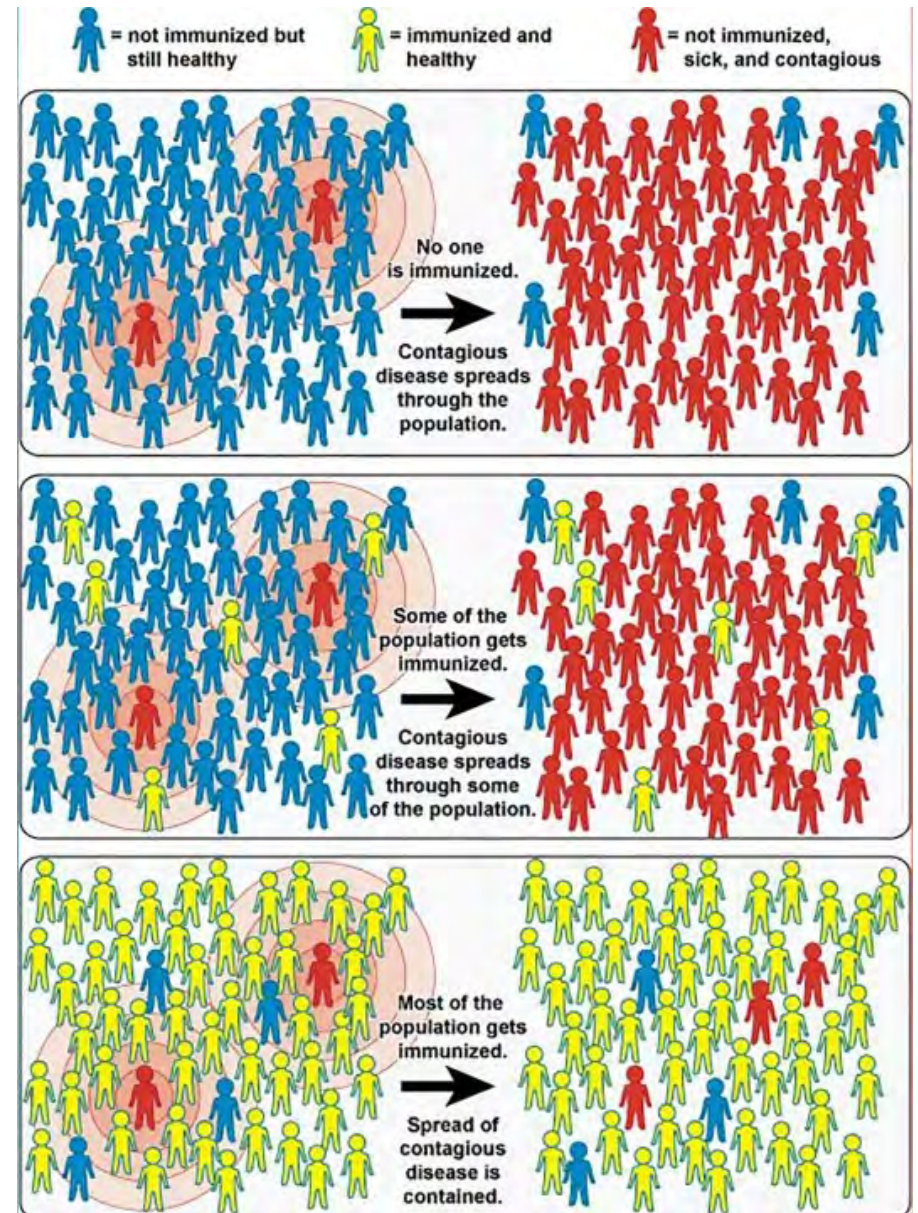
Immunity vs. Protection

Acquired immunity

- **Active immunity:** body produces antibodies from exposure (antigen or vaccine)
- **Passive immunity:** temporary resistance through a passage of protection (mother/placenta to fetus, blood products, monoclonal antibodies)

Protection

- Acquired immunity
- Herd immunity
 - Threshold is based on disease



Measles



The United States declared Measles eliminated in 2000

Elimination status is determined by a country being free from continuous domestic transmission of a disease for 12 months. The United States could lose their elimination status for Measles if the current country-wide outbreaks do not resolve by early 2026.

In 2025 there was a total of **2,283** confirmed measles cases reported in the United States. **3 deaths**.

As of March 6, 2026, there have been **1,281** confirmed measles cases.

Social Media & Vaccine Hesitancy

HOW ARE THESE THINGS RELATED?



How social media fuels vaccine hesitancy

Social media has reshaped how people decide what is or isn't true regarding vaccines.

- We moved from local news/newspapers as sources to algorithm driven feeds where emotion often outperform accuracy

Different from traditional media (TV, newspaper) in that algorithms reward engagement- tends to favor messages of fear, or a secret knowledge

- Both social and traditional media influence who people trust, how vaccines are framed, how people feel about vaccines (shamed, respected, etc.) and both can spread misinformation quickly.



How social media fuels vaccine hesitancy

Early 2000s misinformation begins to be mainstream

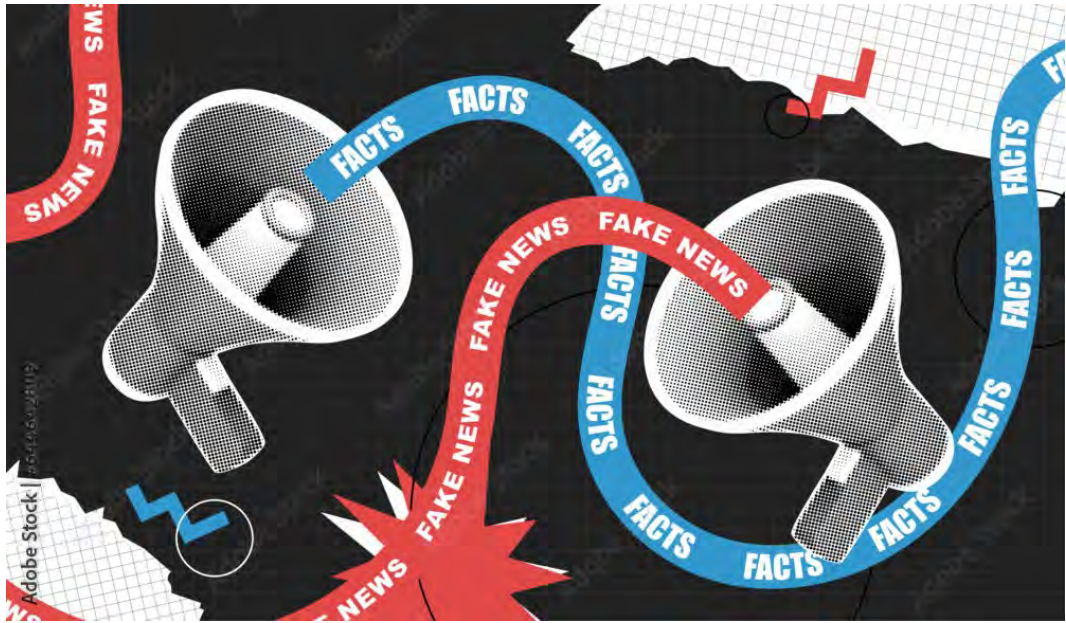
- Media coverage creates the impression of legitimate scientific debate
- Example: Vaccines & Autism

As years progress, social media becomes a low cost, fast way to produce/share persuasive content for niche communities to reinforce beliefs (true or not!)

COVID-19 Pandemic

- Created a nonstop information demand, where misinformation filled gaps faster than careful, scientific updates could
- PEW research found half of American adults were getting at least some COVID vaccine news via social media mid-2021

How social media fuels vaccine hesitancy



- Members of our federal govt, who have the loudest microphone of all, are making vaccine decisions not rooted in science
- AAP released their own childhood immunization schedule, breaking from the CDC's schedule for the first time in 30 years
- The rift between the nation's pediatric leaders and federal health officials has deepened mistrust and confusion for some

Dr. Tony GiaQuinta, MD, FAAP

Pediatrician at Parkview Health
Super Shot's Medical Director



Changes and combatting confusion

WHY THESE CHANGES ARE DANGEROUS & WHAT TO DO





“Aligning with Peer Nations”

- In an unprecedented move, politically appointed leadership of HHS announced major changes to the US childhood vaccination schedule
- Several routine vaccines moved to “shared clinical decision making”
- HPV moved to single dose at age 11
- Most closely aligned with schedule of Denmark, which is an outlier among developed nations in how few vaccines they recommend
- The prior CDC schedule was similar to Canada, Ireland, Germany, Australia, New Zealand, etc
- Reasoning given was to “restore trust in vaccines”





Among the many problems with the changes...

- **Process:** No disease-burden modeling, impact assessment, public comment, independent expert input
 - No transparency in decision; prioritizes perception over data
- **Health outcomes are what matter, not number of vaccines:**
 - Illnesses, hospitalizations, deaths, and disabilities prevented
 - Avoided financial costs, missed work and schools, costs to families and communities
- **Vaccine schedules aren't interchangeable lists:** You can't copy and paste public health
 - Different countries have different populations, health systems, size, cost considerations, etc





Among the many problems with the changes...

- **The US is not actually an outlier:** Many “peer” high income countries use similar childhood vaccine schedules
 - Denmark is the outlier among peer countries; Denmark was chosen to make the US schedule look “bloated” compared to peer nations
 - US similar to Canada, Germany, Italy, Australia, S.Korea, Israel, etc
- **“Fewer vaccines against fewer diseases” is not a good thing:** Preventing disease and suffering is a good thing
- **Clear recommendations matter:** Clinicians already tailor conversations to individual needs and help patients make decisions based on the benefits and risks; having tiered recommendations creates confusion
 - Historically, SCDM vaccines have very low uptake

Routine Immunization Timing 2025

Suggested schedule to meet recommendations on time. [Refer to web version.](#)

Birth						6 months - 18+ years			
HepB ¹						COVID-19 vaccine(s) ⁷		Flu vaccine, every fall ⁸	
RSV ² (age: 0-8 months)									
Age 2 months	Interval from previous dose	Age 4 months	Interval from previous dose	Age 6 months	Interval from previous dose	Age 12 months	Interval from previous dose	Age 15 months	Interval from previous dose
DTaP (Diphtheria, Tetanus, Pertussis)		DTaP	1-2 months	DTaP	1-2 months	HepA ⁹ (age: 12-23 months)		DTaP ¹³ (age: 15-18 months)	6-12 months
Polio (IPV)		Polio (IPV)	1-2 months	Polio (age: 6-18 months)	1-14 months	MMR ^{9,10,11} (ages 12-15 months)		HepA	6-18 months
HepB ³ (age: 1-2 months)	1-2 months after birth dose	HepB ³ if 1st dose given at 2 months	1-2 months	HepB ³ (age: 6-18 months)	2-12 months and ≥4 months after 1st dose	Var ¹¹ (age: 12-15 months)		Age 4-6 years DTaP Polio (IPV) MMR ^{10, 11} Varicella ¹¹ <hr/> Age 11-12 years HPV ¹⁴ (2 doses, can start at age 9) MenACWY (MCV4) Tdap <hr/> Age 16 years MenACWY (MCV4) MenB ¹⁵	
Hib ⁴ (Hib meningitis)		Hib	1-2 months	Hib ⁶	1-2 months	Hib (age: 12-15 months)	2-8 months		
PCV (Pneumo)		PCV	1-2 months	PCV	1-2 months	PCV ¹² (age: 12-15 months)	8 weeks		
RV ⁵ (Rotavirus)		RV ⁵	4-10 weeks	RV ⁵ if RotaTeq used for doses 1 or 2	4-10 weeks				



California Kids
Love them. Immunize them.

CDC Changes

Put vaccines into 3 categories-creating confusion for families

1. Immunizations Recommended for All Children

- HPV moved to 1 dose

IMMUNIZATIONS RECOMMENDED FOR ALL CHILDREN

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	12 mos
Diphtheria, tetanus, acellular pertussis (DTaP < 7 yrs)			1st dose	2nd dose	3rd dose	
Tetanus, diphtheria, acellular pertussis (Tdap ≥ 7 yrs)						
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	3rd dose	
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose	
Inactivated poliovirus (IPV < 18 yrs)			1st dose	2nd dose		
Measles, mumps, rubella (MMR)						
Varicella (VAR)						
Human papillomavirus (HPV)						

CDC Changes

Immunizations Recommended for Certain High-Risk Groups

- RSV still lists mother not receiving Abrysvo in pregnancy is a reason to get the RSV immunization
- High risk babies in their second season still should receive Beyfortus
- Recommend MCV4 for college students
- Travel considerations

IMMUNIZATIONS RECOMMENDED FOR CERTAIN HIGH-RISK GROUPS

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos
Respiratory syncytial virus (RSV-mAb) ¹	1 dose				
Respiratory syncytial virus (RSV-mAb) ²	1 dose				
Hepatitis B (HepB) ³	1st dose		2nd dose		
Dengue ⁴					
Meningococcal ACWY ⁵					
Meningococcal B ⁶					
Hepatitis A (HepA) ⁷					

CDC Changes

3. Immunizations Based on Shared Clinical Decision-Making

- Recommends Hep B delayed until 2 months & not to be given at birth if mother is Hep B negative

IMMUNIZATIONS BASED ON SHARED CLINICAL DECISION-MAKING

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mo
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	3rd dose
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					
Influenza (IIV3, ccIIV3)					
Influenza (LAIV3)					
Hepatitis A (HepA)					
Hepatitis B (HepB)*			1st dose	2nd dose	
Meningococcal ACWY					
Meningococcal B					

You are trusted messengers

HOW CAN FAMILIES BE PUT AT EASE





If Parents Have Questions: Lead With Empathy

Parents are understandably confused

- News headlines
- Social media
- Conflicting messages

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. Would it be okay if I shared why I recommend these vaccines?”



You are trusted partners in the community

- Facilitating access to services
- A trusted navigator in a confusing moment
- Point to trusted resources (PCP, Super Shot, AAP, etc.)





CHILDHOOD IMMUNIZATIONS

Immunization schedule chart with columns for age (12 months, 15 months, 18 months, 24 months, 3 years, 4 years, 5 years, 6 years, 11 years, 12 years) and rows for various vaccines. Includes a red heart icon and a yellow duck icon.

Dr. T. T.

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PARKVIEW
PHYSICIANS GROUP
PEDIATRICS

Questions?





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