



# Quick Answers to Tough Questions

## Vaccine Talking Points for Busy Health Professionals



### Origins of the “Quick Answers to Tough Questions” presentation

- Presented initially at a workshop at the 2005 National Immunization Conference
- Updated most recently in November 2012
- Developed by Teresa A. Anderson, DDS, MPH, consultant to the Immunization Action Coalition. Contact: [tanderson@immunize.org](mailto:tanderson@immunize.org)
- This material can be adapted for your organizational or personal use. Please acknowledge the Immunization Action Coalition as the source.




Are you spending more and more time with vaccine-hesitant parents?




### Talking about vaccines

Effective, empathetic communication is critical in responding to parents who are considering not vaccinating their children. Parents should be helped to feel comfortable voicing any concerns or questions they have about vaccination, and providers should be prepared to listen and respond effectively.


“A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions.”

CDC’s “Talking with Parents about Vaccines for Infants”  
[www.cdc.gov/vaccines/spec-grps/hcp/downloads/talk-infants-color-office.pdf](http://www.cdc.gov/vaccines/spec-grps/hcp/downloads/talk-infants-color-office.pdf)




### Ask questions

- Evaluate whether the child has a valid contraindication to a vaccine by asking about medical history, allergies, and previous experiences.
- Assess the parent’s reasons for wanting to delay or forgo vaccination in a non-confrontational manner. (Have they had a bad experience? Obtained troubling information? Do they have a conflicting religious or personal belief?)



### Dialogue



- If parents have safety concerns or misconceptions about vaccination ask them to identify the source(s) of those concerns or beliefs.
- Listen carefully, paraphrase to the parent what they have told you, and ask them if you have correctly interpreted what they have said.
- Provide factual information in understandable language that addresses the specific concerns or misconceptions the parent has about vaccination.



## Be prepared!

### Quick answers to tough questions

- The following is an outline of answers to questions about vaccine effectiveness and safety
- Includes suggestions for further provider reading
- Includes helpful handouts for patients





## Common Questions Asked by Vaccine-Hesitant Parents and Patients




### “Won’t giving my baby so many vaccines overwhelm his/her immune system?”

- Infants are colonized with trillions of bacteria, encounter numerous viruses, and face other environmental challenges, which are all well-managed by their immune systems. The vaccines that children receive in the first two years of life are almost nothing in comparison.




### References

- VEC’s “Too Many Vaccines? What you should know” [www.chop.edu/export/download/pdfs/articles/vaccine-education-center/too-many-vaccines.pdf](http://www.chop.edu/export/download/pdfs/articles/vaccine-education-center/too-many-vaccines.pdf)
- FAQs about Multiple Vaccinations and the Immune System [www.cdc.gov/vaccinesafety/Vaccines/multiplevaccines.html](http://www.cdc.gov/vaccinesafety/Vaccines/multiplevaccines.html)
- IOM Report: “Multiple Immunizations and Immune Dysfunction” [www.nap.edu/catalog.php?record\\_id=10306](http://www.nap.edu/catalog.php?record_id=10306)




### “Why don’t you recommend spacing out vaccines using an alternative schedule?”

- Delaying vaccines increases the time children will be susceptible to serious diseases.
  - There were 222 cases of measles in the United States in 2011, more than triple the usual number. At least two-thirds of the infected people hadn’t been vaccinated.
  - Pertussis is endemic in the United States, and is especially dangerous in infants before they’re fully vaccinated. In 2010, 27,550 pertussis cases were reported.
- Requiring many extra appointments for vaccinations increases the stress for the child and may lead to a fear of medical procedures.
- There is no evidence that spreading out the schedule decreases the risk of adverse reactions.



### References

- “The Problem With Dr Bob’s Alternative Vaccine Schedule” by Paul Offit, MD, and Charlotte Moser [www.immunize.org/concerns/offit\\_moser2009.pdf](http://www.immunize.org/concerns/offit_moser2009.pdf)
- AAP’s “Adhering to Vaccine Schedule is Best Way to Protect Children from Disease” [www.immunize.org/aap/fisher.pdf](http://www.immunize.org/aap/fisher.pdf)
- VEC’s “Too Many Vaccines? What you should know” [www.chop.edu/export/download/pdfs/articles/vaccine-education-center/too-many-vaccines.pdf](http://www.chop.edu/export/download/pdfs/articles/vaccine-education-center/too-many-vaccines.pdf)
- “Parental Refusal of Pertussis Vaccination Is Associated with an Increased Risk of Pertussis Infection in Children” (Glanz et al, *Pediatrics*, June 2009) <http://pediatrics.aappublications.org/cgi/content/abstract/123/6/1446>



### “Hasn’t the mercury in vaccines been shown to cause autism?”

- The form of mercury found in thimerosal is ethylmercury, not methylmercury, which is the form that has been shown to damage the nervous system.
- Although no evidence of harm has been proven, thimerosal was taken out of vaccines as a precaution and “because it can be” (due to single dose vials, other preservative options)
- Since 2001, with the exception of some influenza vaccines, thimerosal has not been used as a preservative in routinely recommended childhood vaccines.



### “Hasn’t the mercury in vaccines been shown to cause autism?” continued

- Multiple studies have shown that thimerosal in vaccines does not cause autism when comparing vaccinated and unvaccinated children.
- Studies of three countries compared the incidence of autism before and after thimerosal was removed from vaccines (in 1992 in Europe and 2001 in the U.S.) and found no decrease in autism with the use of thimerosal-free vaccines.



### References

- CDC’s Thimerosal web page  
[www.cdc.gov/vaccinesafety/Concerns/thimerosal/index.html](http://www.cdc.gov/vaccinesafety/Concerns/thimerosal/index.html)
- NNii’s “Mercury in Vaccines”  
[www.immunizationinfo.org/issues/thimerosal-mercury](http://www.immunizationinfo.org/issues/thimerosal-mercury)
- IAC’s collection of related resources  
[www.immunize.org/thimerosal](http://www.immunize.org/thimerosal)
- Institute of Medicine reports on thimerosal  
[www.nap.edu/books/030909237X/html](http://www.nap.edu/books/030909237X/html) and  
<http://books.nap.edu/catalog/10208.html>



### References, continued

- VEC’s “Thimerosal: What you should know”  
[www.chop.edu/export/download/pdfs/articles/vaccine-education-center/thimerosal.pdf](http://www.chop.edu/export/download/pdfs/articles/vaccine-education-center/thimerosal.pdf)
- VEC’s “Autism: What you should know”  
[www.chop.edu/export/download/pdfs/articles/vaccine-education-center/autism.pdf](http://www.chop.edu/export/download/pdfs/articles/vaccine-education-center/autism.pdf)
- “Continuing Increases in Autism Reported to California’s Developmental Services System” (Schechter R, Grether JK, *Arch Gen Psychiatry*, Jan. 2008)  
[www.ncbi.nlm.nih.gov/pubmed/18180424?dopt=AbstractPlus](http://www.ncbi.nlm.nih.gov/pubmed/18180424?dopt=AbstractPlus)



### “Don’t the ingredients found in vaccines hurt children?”

#### Aluminum

- Aluminum is used in some vaccines as an adjuvant—an ingredient that improves the immune response. Adjuvants can allow for use of less antigen and have been used for this purpose for more than 70 years.
- Aluminum is the most common metal found in nature. It is in the air and in food and drink. Infants get more aluminum through breast milk or formula than vaccines.
- Most of the aluminum in the body is quickly eliminated.



### “Don’t the ingredients found in vaccines hurt children?”

#### Formaldehyde

- Formaldehyde is used to detoxify diphtheria and tetanus toxins or to inactivate a virus.
- The tiny amount which may be left in these vaccines is safe.
- Formaldehyde is also in products like paper towels, mascara, and carpeting.
- Humans normally have formaldehyde in the blood stream at levels higher than in vaccines.



## “Don’t the ingredients found in vaccines hurt children?”

### Miscellaneous

- Antibiotics are present in some vaccines to prevent bacterial contamination when the vaccine is made.
- Additives such as gelatin, albumin, sucrose, lactose, MSG, and glycine help the vaccine stay effective while being stored.
- Trying to make vaccines without adjuvants, additives, and preservatives is difficult—these ingredients keep vaccines safe and effective.



## References

- VEC’s “Aluminum in Vaccines: What you should know” [www.chop.edu/export/download/pdfs/articles/vaccine-education-center/aluminum.pdf](http://www.chop.edu/export/download/pdfs/articles/vaccine-education-center/aluminum.pdf)
- NNii’s “Aluminum Adjuvants in Vaccines” [www.immunizationinfo.org/issues/vaccine-components/aluminum-adjuvants-vaccines](http://www.immunizationinfo.org/issues/vaccine-components/aluminum-adjuvants-vaccines)
- AAP’s “Questions and Answers about Vaccine Ingredients” [www.cispimmunize.org/pro/pdf/Vaccineingredients.pdf](http://www.cispimmunize.org/pro/pdf/Vaccineingredients.pdf)
- IAC’s “Adjuvants and Ingredients” web section [www.immunize.org/concerns/adjuvants.asp](http://www.immunize.org/concerns/adjuvants.asp)
- CDC’s Ingredients of Vaccines—Fact Sheet [www.cdc.gov/vaccines/vac-gen/additives.htm](http://www.cdc.gov/vaccines/vac-gen/additives.htm)



## References, continued

- CDC’s “Vaccine Excipient & Media Summary” [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf)
- IAC’s Package Inserts web section [www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)



## “Wasn’t there a study that proved MMR vaccine causes autism?”

- Many large, well-designed studies have found no link between MMR and autism.
- Autism usually becomes apparent around the same time MMR is given—no causality proven.
- Autism probably has multiple components, including genetics (twin studies).



## “Wasn’t there a study that proved MMR vaccine causes autism?” continued...

- The 1998 study by Andrew Wakefield that started this concern was based on 12 children.
- In 2004, 10 of the 13 authors of this study retracted the study’s interpretation.
- On 2/2/10, the editors of The Lancet retracted the paper following the ruling of the U.K.’s General Medical Council that stated the primary author’s conduct regarding his research was “dishonest” and “irresponsible” and that he had shown a “callous disregard” for the suffering of children involved in his studies.
- In January 2011, the BMJ published a series of articles showing Wakefield’s work was not just bad science, but deliberate fraud.



## References

- IAC’s “MMR vaccine does not cause autism. Examine the evidence!” [www.immunize.org/catg.d/p4026.pdf](http://www.immunize.org/catg.d/p4026.pdf)
- IAC’s “Clear Answers & Smart Advice about Your Baby’s Shots” by Ari Brown, MD, FAAP [www.immunize.org/catg.d/p2068.pdf](http://www.immunize.org/catg.d/p2068.pdf)
- CDC’s “MMR Vaccine” [www.cdc.gov/vaccinesafety/Vaccines/MMR/index.html](http://www.cdc.gov/vaccinesafety/Vaccines/MMR/index.html)



### References, continued

- The Fraud Behind the MMR Scare (web section)  
[www.immunize.org/bmj-deer-mmr-wakefield](http://www.immunize.org/bmj-deer-mmr-wakefield)
- "Evidence Shows Vaccines Unrelated to Autism"  
[www.immunize.org/catg.d/p4028.pdf](http://www.immunize.org/catg.d/p4028.pdf)



### References, continued

- IOM Report: "MMR Vaccine and Autism"  
[www.nap.edu/catalog.php?record\\_id=10101](http://www.nap.edu/catalog.php?record_id=10101)
- "Vaccines and Autism: What you should know"  
[www.chop.edu/export/download/pdfs/articles/vaccine-education-center/autism.pdf](http://www.chop.edu/export/download/pdfs/articles/vaccine-education-center/autism.pdf)
- "Vaccines and Autism: A Tale of Shifting Hypotheses" by Paul Offit, MD and Jeffery Gerber, MD  
[www.journals.uchicago.edu/doi/pdf/10.1086/596476](http://www.journals.uchicago.edu/doi/pdf/10.1086/596476)



### References, continued

- "Fitness to Practice Panel Hearing" report from the U.K.'s General Medical Council regarding Dr. Andrew Wakefield  
[www.neurodiversity.com/wakefield\\_gmc\\_ruling.pdf](http://www.neurodiversity.com/wakefield_gmc_ruling.pdf)
- The Lancet retraction  
<http://download.thelancet.com/flatcontentassets/pdfs/S0140673610601754.pdf>
- "How a zealot's word led us astray on autism" by Arthur Caplan, PhD  
[www.msnbc.msn.com/id/35218819/ns/health-health\\_care](http://www.msnbc.msn.com/id/35218819/ns/health-health_care)



### "Wouldn't it be safer to receive MMR as three separate shots?"

- There is no evidence that MMR vaccine causes autism.
- There is no evidence that dividing the vaccine into three antigens would provide any benefit.
- Requiring more doses would leave the child potentially susceptible to serious diseases while waiting to receive the additional doses.
- Separate doses would increase the number of doctor visits, costs, and discomfort to child.
- Moot point now: the manufacturer has stopped producing single antigen measles, mumps, and rubella vaccines.



### References

- Monovalent Vaccines No Longer Available for Measles, Mumps, and Rubella  
[www.merckvaccines.com/Order-Products/Pages/SupplyStatus](http://www.merckvaccines.com/Order-Products/Pages/SupplyStatus)
- Q&As about Monovalent M-M-R Vaccines  
[www.cdc.gov/vaccines/vac-gen/Shortages/mmr-faq-12-17-08.htm](http://www.cdc.gov/vaccines/vac-gen/Shortages/mmr-faq-12-17-08.htm)
- Should My Child Receive the Measles, Mumps, and Rubella Vaccines Individually Rather Than as a Combination?  
[www.immunizationinfo.org/issues/vaccine-safety/should-my-child-receive-measles-mumps-and-rubella-vaccines-individually-rather](http://www.immunizationinfo.org/issues/vaccine-safety/should-my-child-receive-measles-mumps-and-rubella-vaccines-individually-rather)



### "Isn't it true that most people who get a disease have been vaccinated against it?"

- This occurs because 1) almost everyone is vaccinated, but 2) no vaccine is 100% effective. In an outbreak, the NUMBER of vaccinated people who get a disease will be greater than the number of unvaccinated people simply because the number of unvaccinated people is so small. However, the PERCENTAGE of vaccinated people getting the disease will be tiny, whereas the percentage of unvaccinated people getting the disease will be close to 100%.
- Most childhood vaccines are very effective when properly administered and all doses are received according to the recommended schedule. (~80%-100%, depending on vaccine)



## References

- CDC's "Six Common Misconceptions About Vaccination and How to Respond to Them"  
[www.cdc.gov/vaccines/vac-gen/6mishome.htm](http://www.cdc.gov/vaccines/vac-gen/6mishome.htm)

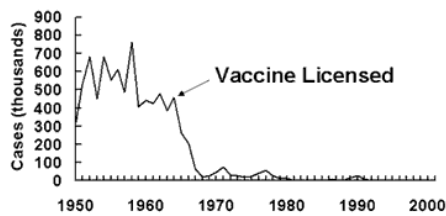


## "Isn't better sanitation really the reason disease rates have dropped?"

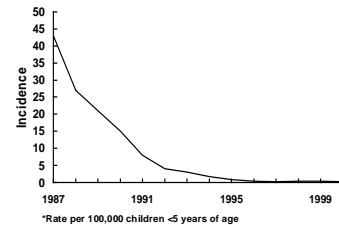
- It's true that better living conditions (less crowded housing, better nutrition, etc.) have had an impact on disease rates. BUT, the only real decrease in a VPD has occurred after the introduction of a vaccine to prevent it.
- This also true for newer vaccines like Hib (1987) and varicella (1995), which were introduced during times of modern hygiene.
- When developed countries (U.K., Sweden, Japan) stopped using DTP vaccine, their pertussis rates jumped dramatically.
- Several recent outbreaks of measles, pertussis, and varicella in the U.S. have been traced to pockets of unvaccinated children in states that allow personal belief exemptions.



## Measles—United States, 1950-2001



## Estimated Incidence\* of Invasive Hib Disease, 1987-2000



## References

- CDC's "Six Common Misconceptions About Vaccination and How to Respond to Them"  
[www.cdc.gov/vaccines/vac-gen/6mishome.htm](http://www.cdc.gov/vaccines/vac-gen/6mishome.htm)
- CDC's "What Would Happen If We Stopped Vaccinations?"  
[www.cdc.gov/vaccines/vac-gen/whatifstop.htm](http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm)
- IAC's "Personal belief exemptions for vaccination put people at risk. Examine the evidence for yourself."  
[www.immunize.org/catg.d/p2069.pdf](http://www.immunize.org/catg.d/p2069.pdf)
- NNii's "Vaccine Effectiveness"  
[www.immunizationinfo.org/parents/why-immunize](http://www.immunizationinfo.org/parents/why-immunize)



## "Doesn't VAERS data prove that vaccines are dangerous?"

VAERS data cannot "prove" anything:

- Anyone can report anything... no proof of causality is required.
- Only reports of special interest (e.g., hospitalizations) are verified. When checked, many reports are not accurate.
- Reports include many non-serious reactions.
- The number of reported adverse events is influenced by publicity.
- VAERS is properly used to detect early warning signals and generate hypotheses.



## References

- NNii's "Monitoring Vaccine Safety"  
[www.immunizationinfo.org/issues/vaccine-safety/vaccine-adverse-event-reporting-system](http://www.immunizationinfo.org/issues/vaccine-safety/vaccine-adverse-event-reporting-system)
- NNii's "Vaccine Safety: Cause or Coincidence?"  
[www.immunizationinfo.org/issues/vaccine-safety/cause-or-coincidence](http://www.immunizationinfo.org/issues/vaccine-safety/cause-or-coincidence)
- CDC's "Six Common Misconceptions About Vaccination and How to Respond to Them" [www.cdc.gov/vaccines/vac-gen/6mishome.htm](http://www.cdc.gov/vaccines/vac-gen/6mishome.htm)
- WHO's "Causality assessment of adverse events following immunization"  
[www.who.int/vaccine\\_safety/causality/en](http://www.who.int/vaccine_safety/causality/en)



## "Hasn't it been proven that there are dangerous 'hot lots' of vaccines?"

- The Food and Drug Administration regulates the production of vaccines carefully.
- The concept of "hot lots" is based on the presumption that more reports to VAERS mean that a vaccine lot is more dangerous.
  - Reports to VAERS prove nothing about causality.
  - As the size of vaccine lots varies widely (a lot may vary from several hundred thousand to several million), it's not unexpected that some lots would generate more reports (i.e., the larger lots).



## References

- CDC's "Six Common Misconceptions About Vaccination and How to Respond to Them"  
[www.cdc.gov/vaccines/vac-gen/6mishome.htm](http://www.cdc.gov/vaccines/vac-gen/6mishome.htm)
- CDC's "Why It's Important to Monitor Vaccine Safety"  
[www.cdc.gov/vaccinesafety/vaccine\\_monitoring/index.html](http://www.cdc.gov/vaccinesafety/vaccine_monitoring/index.html)
- NNii's "Vaccine Misinformation"  
[www.immunizationinfo.org/issues/general/vaccine-misinformation](http://www.immunizationinfo.org/issues/general/vaccine-misinformation)



## "Isn't natural infection better than immunization?"

- Infection usually *does* cause better immunity than vaccination.
- However, the price paid for natural disease can include paralysis, retardation, liver cirrhosis/cancer, deafness, blindness, pneumonia, or death.



## References

- "Natural Infection vs. Immunization" by Paul Offit, MD  
[www.chop.edu/service/vaccine-education-center/hot-topics/natural-infection-vs-immunization.html](http://www.chop.edu/service/vaccine-education-center/hot-topics/natural-infection-vs-immunization.html)
- NNii's "Exposure Parties"  
[www.immunizationinfo.org/exposure\\_parties.cfm](http://www.immunizationinfo.org/exposure_parties.cfm)



## "Didn't the courts decide that vaccines cause autism?"

- The Vaccine Injury Compensation Program awarded ONE family a monetary settlement for a very specific situation.
- The child, Hannah Poling, was born with a rare genetic disorder (mitochondrial disorder). The health of individuals with mitochondrial disorder can deteriorate after many types of stresses, including contracting a vaccine-preventable disease.
- In this case, the government concluded that vaccines aggravated a rare underlying metabolic condition in one child, not that vaccines cause autism in general, or even that vaccines are contraindicated for all children with mitochondrial disorder.



## References

- IAC's "Clear Answers & Smart Advice about Your Baby's Shots" by Ari Brown, MD, FAAP  
[www.immunize.org/catg.d/p2068.pdf](http://www.immunize.org/catg.d/p2068.pdf)
- CDC's "Mitochondrial Disease: Frequently Asked Questions"  
[www.cdc.gov/ncbddd/autism/mitochondrial-faq.html](http://www.cdc.gov/ncbddd/autism/mitochondrial-faq.html)
- IAC's web page on the Poling case  
[www.immunize.org/concerns/poling.asp](http://www.immunize.org/concerns/poling.asp)



## "Don't drug companies make big profits from pushing vaccines?"

- Vaccines are not high-profit products. Vaccine sales are dwarfed by prescription sales (2003 data: \$2 billion vaccine sales; \$243 billion prescription sales).
- Costs for research, development, and compliance with standards are high with no guarantee that a vaccine will be licensed.
- If vaccines are highly profitable, why do only 4 companies produce almost all of the U.S. childhood vaccines now, when there used to be 25 companies producing vaccines?
- Vaccine manufacturing is a public service.



## References

- IOM's "Financing Vaccines in the 21st Century: Assuring Access and Availability"  
[www.nap.edu/books/0309089794/html](http://www.nap.edu/books/0309089794/html)
- The Vaccine Enterprise  
<http://content.healthaffairs.org/content/24/3.toc>  
Health Affairs, May 2005, Supplement



## "Aren't abortions required to make vaccines?"

- It's true that production of varicella, rubella, rabies, and hepatitis A vaccines involves growing the viruses in human cell culture.
- Two human cell lines provide these cultures; they were developed from two legally aborted fetuses in the 1960s.
- The donor fetuses were not aborted for the purpose of obtaining these cells.
- The same cell lines have been used for 35 years—no new fetal tissue is required.



## References

- IAC's web page about ethical and religious objections to vaccination [www.immunize.org/concerns/religious.asp](http://www.immunize.org/concerns/religious.asp)
- NNii's "Human Fetal Links with Some Vaccines"  
[www.immunizationinfo.org/issues/vaccine-components/human-fetal-links-some-vaccines](http://www.immunizationinfo.org/issues/vaccine-components/human-fetal-links-some-vaccines)



## "Isn't it my right not to vaccinate my child?"

- All states offer medical exemptions, 48 allow religious exemptions, and 21 allow some sort of personal belief exemption. However...
- Parents need to be aware that if they don't vaccinate their children, they are putting them, and their contacts, at risk of serious disease.
- Unvaccinated children have a greater risk of contracting serious diseases like pertussis and measles.
- Unvaccinated children may have to stay home from school or daycare during outbreaks.





## References

- NNii's "Indications, Recommendations and Immunization Mandates"  
[www.immunizationinfo.org/issues/immunization-policy/indications-recommendations-and-immunization-mandates](http://www.immunizationinfo.org/issues/immunization-policy/indications-recommendations-and-immunization-mandates)
- IAC's "What if you don't immunize your child?"  
[www.immunize.org/catg.d/p4017.pdf](http://www.immunize.org/catg.d/p4017.pdf)
- "Personal belief exemptions for vaccination put people at risk" [www.immunize.org/catg.d/p2069.pdf](http://www.immunize.org/catg.d/p2069.pdf)
- IAC's "Decision to Not Vaccinate My Child"  
[www.immunize.org/catg.d/p4059.pdf](http://www.immunize.org/catg.d/p4059.pdf)



## References, continued

- AAP's "Refusal to Vaccinate" form  
[www.aap.org/immunization/pediatricians/pdf/Refusaltovaccinate.pdf](http://www.aap.org/immunization/pediatricians/pdf/Refusaltovaccinate.pdf)
- Sample Vaccine Policy Statement  
[www.immunize.org/catg.d/p2067.pdf](http://www.immunize.org/catg.d/p2067.pdf)
- If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.  
[www.cdc.gov/vaccines/spec-grps/hcp/conv-materials.htm#understand](http://www.cdc.gov/vaccines/spec-grps/hcp/conv-materials.htm#understand)



## Don't worry about every possible question

- Be able to recommend good websites and handouts for patients/parents.
- Be aware of major vaccine-critical groups and individuals and become familiar with their websites.
- Be ready to answer the most common questions—many concerns haven't changed in over 200 years!
- Remember, it's acceptable to say you'll research a question and get back with more information.
- It's worth your time—people still respect the opinion of their healthcare providers.



## Good Resources for Providers

- CDC's vaccine web section [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
- CDC's "Provider Resources for Vaccine Conversations with Parents" [www.cdc.gov/vaccines/conversations](http://www.cdc.gov/vaccines/conversations)
- IAC's Responding to Concerns web section [www.immunize.org/concerns](http://www.immunize.org/concerns) and Talking with Parents web section [www.immunize.org/concerns/comm\\_talk.asp](http://www.immunize.org/concerns/comm_talk.asp)
- Vaccine Education Center [www.vaccine.chop.edu](http://www.vaccine.chop.edu)
- AAP's immunization website [www.aap.org/immunization](http://www.aap.org/immunization)
- National Network for Immunization Information [www.immunizationinfo.org](http://www.immunizationinfo.org)



## Good Resources for Parents

- Handouts for communicating with parents and patients from IAC [www.immunize.org/handouts/discussing-vaccines-parents.asp](http://www.immunize.org/handouts/discussing-vaccines-parents.asp)
- IAC's website for the public [www.vaccineinformation.org](http://www.vaccineinformation.org)
- CDC's "Parents Guide to Childhood Immunization" [www.cdc.gov/vaccines/pubs/parents-guide](http://www.cdc.gov/vaccines/pubs/parents-guide)
- CDC's "Provider Resources for Vaccine Conversations with Parents" [www.cdc.gov/vaccines/conversations](http://www.cdc.gov/vaccines/conversations)
- Every Child By Two's websites: <http://www.ecbt.org> and [www.vaccinateyourbaby.org](http://www.vaccinateyourbaby.org)

