



The Nation's Health Podcast transcript

S26, EP1 Reducing uncertainty: Talking with parents about vaccines

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ALEXANDRA CVIJANOVICH: I feel like we're going to go back in time in terms of our infant and child mortality rates as we see these vaccine-preventable diseases come back to the forefront.

SOPHIA MEADOR: *From the American Public Health Association, I'm Sophia Meador and this is The Nation's Health Podcast.*

On Jan. 5, the U.S. Department of Health and Human Services announced revisions to the federal childhood immunization schedule — a document that has traditionally guided pediatric care, immunizations and policies across the country.

Under the Trump administration, the schedule cut the number of vaccines routinely recommended for all children by a third. Trump health officials now advise that parents and caregivers talk to their health care provider before their children receive vaccines that prevent diseases such as COVID-19, influenza, rotavirus, hepatitis B and RSV.

The changes come at a important moment. Right nwo, the nation is facing rising measles cases and is in the midst of one of the most severe influenza seasons in more than a decade. The recommendations also shift more responsibility onto clinicians and public health workers, who are already increasingly tasked with navigating vaccine conversations with parents amid growing vaccine hesitancy.

Joining the podcast today to talk about how those conversations unfold in practice is Dr. Alexandra Cvijanovich, a pediatrician in Albuquerque, New Mexico.

CVIJANOVICH: Thank you for having me today. I appreciate it.

For a bit on context, can you start by talking about the communities you serve in New Mexico?

I serve a large variety of patients in my practice here in Albuquerque. Because our state is so spread out, we are underserved in terms of doctors. I have patients who come from the eastern border — right up against Texas — and I have patients who come from farther north as well. I have a large amount of Native American patients who come from the different areas in the state — the Pueblos and some of the reservations, as well as the Native American population here in Albuquerque. I also have some families who work at the Sandia National Lab and at Los Alamos and at the local universities here in town.

So I would say I get a wonderfully varied population.

That sounds like a very diverse patient population. And while your work is primarily with children and infants, I would imagine a lot of your work is also involving parents, too. I'm curious, how often are you encountering vaccine-hesitant parents?

These days I encounter it every day. I would say probably 5 to 10% of my patients are vaccine or vaccine-hesitant families.

Wow, and has that trend been consistent or has it changed in recent years?

That trend has definitely gotten significantly worse since COVID. I think that prior to COVID, we had been on sort of this gradual upward trajectory of vaccine hesitancy. And then once COVID hit and the COVID vaccine hit and the vaccine mandates, I feel like that those numbers just went up dramatically.

That's really interesting, because vaccine hesitancy isn't just around the COVID-19 vaccine, right?

So, it used to be just the measles vaccine.

OK, the MMR vaccine — which children get for protection against measles, mumps and rubella.

It used to just be that vaccine. There were always people who were against the flu vaccine because they felt that their child got sick from the flu vaccine. Then COVID vaccine hesitancy, then hepatitis B, and now it's just a lot of vaccines. I have not found a pattern.

Wow. What kinds of concerns do you hear from vaccine-hesitant parents?

I've had parents tell me that they've read online that vaccines cause autism, that vaccines cause developmental delays, that vaccines have been proven to cause chronic illnesses such as diabetes and autoimmune illnesses. I've heard that vaccines are not necessary because these diseases aren't as bad as we say they are and that actually vaccines are just a money maker for pharmaceutical companies, as well as for doctors.

So I've heard all kinds of things. I've also heard that vaccines contain products that are not safe — that we have been knowingly giving unsafe chemicals to our patients.

So I hear a little bit of everything, and then I also have a fair number of patients who can't really tell me why they're against vaccines. They're just against them and don't want them for their children.

As a physician, I'm sure that's really frustrating to hear. How do you respond to all these concerns?

So that's a great question, and that depends on who I'm talking to.

I have the good fortune of having a very stable patient population, so I do know a lot of my families, and so I have an established relationship, which helps. And one of the first things that I remind them is that I have the same goals in mind for their children. We both have their child's best interest at heart, and that I want to see their child, or their children, grow up to be healthy, productive adults — and from my perspective, the best tool I have to do that with is vaccines.

I also emphasize that I have seen some of these diseases that are now vaccine-preventable, both in terms of seeing them before we had vaccines available, such as the meningitis vaccine. I've seen teenagers die from meningitis or lose hands and feet from meningitis. I have the experience of seeing these diseases that most of these parents have not seen, and I have seen how devastating they are to our pediatric population.

I also emphasize the fact of trust, and that work really hard to make sure that I always stay on top of any issues with vaccines. For example, back in the early 2000s, I stopped giving the HPV, the human papillomavirus vaccine, for a few months because there were some reports coming out of some neurologic issues that might be associated with the vaccine. And so I actually recommended my patients stop getting it for a few months until we had the data available to say that the complications that had been reported were actually not associated with the vaccine. And then I went back to doing it.

I think that that's also an important thing for parents to know — that we really do work hard at this to make sure that vaccines are safe. I sometimes get through and sometimes don't.

During those conversations, what messages and explanations have you found are most effective when trying to build that trust and understanding with parents?

I think one of the most effective things is listening to the parents first and listening to their concerns and addressing their concerns carefully and without downplaying their concerns or dismissing their concerns.

And I think that reminding them that I have their trust. They have brought their most precious being in their world for me to take care of, and they trust me to make diagnoses when their child is sick.

On a personal level, what kind of headspace do you try to go into those conversations with?

I go in with hope that I can share my passion in a clear manner with these families. I know that they're effective in preventing these diseases, so I try to go in with an open mind and with the thought that if I can even get them to do one vaccine, then perhaps next time I can get them to do another vaccine.

I do have to remind myself when I go into a room when I know that I won't be able to give vaccines that the parents still care for their child. It's just that their approach to the care of their child is different from mine.

In my reporting, I've heard a lot of emotions from clinicians and providers about the current vaccine landscape. What are you feeling right now?

I'm actually pretty terrified about our current landscape for vaccination for our children as a nation. I think that as numbers plummet, we're looking at losing herd immunity, and so we're unable to protect children who are either too young for specific vaccines or are unable to get vaccines due to underlying health conditions.

This is also going to endanger our adult population. So we're not looking at just children, but we're looking at endangerment of our society as a whole.

It's a terrifying prospect. I feel like we're going to go back in time in terms of our infant and child mortality rates as we see these vaccine-preventable diseases come back to the forefront, and this is at a time when our health care system is already tremendously stressed.

So what's keeping you going?

I think what keeps me going is a true belief in vaccine safety and in science and in evidence-based medicine and in a hope that if I can just convince one vaccine-hesitant family to vaccinate their infant or their child, that I have made a difference, not only for that family, but for the various circles of the population that that family moves in.

And the other thing that keeps me going is I'm fortunate to live in a state that has pledged to follow the American Academy of Pediatrics vaccine schedule, even for our Vaccines for Children programs. So currently, my patients do have access to all the vaccines that have been typically recommended in the past.

Since the changes to the federal childhood immunization schedule, at least 20 states and local jurisdictions have announced they will not adopt the revised guidance. Instead,

they plan to follow AAP's evidence-based immunization schedule, which protects children against 18 diseases.

APHA and AAP also took legal action to protect the health of U.S. kids by asking a U.S. district court to block the Trump administration's immunization schedule.

For the new APHA-backed 2026 childhood immunization schedule from the American Academy of Pediatrics, visit AAP.org. And learn how the Trump administration changes may worsen vaccination inequities in the February/March issue of *The Nation's Health*.