



Why we need pediatric vaccines and why the schedule matters so much?

In 1900, childhood mortality was about 20% - 1 in 5 children did not survive past age 18. The majority of those deaths were in infants and toddlers under age 5. And then came vaccines - Smallpox, Typhoid, Rabies, Diphtheria. Now children survived these fatal illnesses. With each new vaccine success, there was more interest in developing vaccines against other childhood illnesses. In the 1980s childhood mortality was down to 12.5/1000 (1 in 80) and by 2020 was at 5.4 per 1000 (1 in 185). This was mostly due to new and better vaccines against childhood diseases.

Immunizations licensed in the US have been through an extremely rigorous testing and approval process as well as ongoing safety monitoring. The vaccines we give to infants and children protect them from hospitalization, long term disability, and death. We aren't giving "too many." There are more germs in a trip to Chuck E Cheese, the mall, or market basket than in all of the childhood vaccines combined.

In any population there is a "reservoir" of infectious diseases. These are the ones in the background, the ones we (hopefully) encounter rarely, and are protected against by vaccination or by surviving a previous illness. We have to continue to vaccinate until a particular reservoir is empty - this happened to smallpox. When people say "I've never heard of that illness," it is a sign that vaccines are working, that the reservoir is shrinking but not gone. Unfortunately people wrongly assume this means they are no longer at risk and no longer need protection. When everyone is immunized, we get closer to getting rid of the reservoir. When most people are vaccinated, those who are vaccinated help protect those who aren't. When fewer people are immunized, the group protection fails and diseases spread faster. We are seeing this now with Measles outbreaks across the United States. The reason we must still vaccinate according to the AAP schedule is because these are the illnesses that are still present and still put our children's lives at risk.

There is an ongoing social media misinformation campaign designed to make people wary of doctors, wary of science, and wary of vaccines. It is a very hard campaign to counteract. What do we do as pediatricians? We aren't just here to treat ear infections and strep throat. We don't ask questions about seatbelts and healthy eating for "fun." Our goal is to help our patients and their parents foster a lifelong set of healthy habits and to not just *survive* childhood but to thrive and flourish and grow.

In my lifetime as a pediatrician I have witnessed first hand how vaccines have made a

significant impact in the health of children. I saw infants and toddlers with brain infections, blood infections, and lung infections from now-preventable diseases who had permanent severe disability like blindness, deafness, and even death. These are diseases I never want to see again, and I am afraid- very afraid - because they are already coming back.

The current administration's new recommendation on immunizations is short sighted and dangerous. Choosing not to immunize makes all of our children less healthy. Denmark is a country of 6 million people with universal health care and a different reservoir of illness. Massachusetts alone is over 7 million people, and the US population is fluid, travels, and has a huge disease reservoir. At this point at least 17 states have announced that changes to the CDC vaccine schedule are misguided, and will not change their requirements - Massachusetts and New Hampshire included. These states will continue to follow the AAP recommended vaccine schedule.

Our fundamental approach to vaccines will not change. Politics has no place in medical decisionmaking. Changes to the vaccine guidelines should be based only on scientific evidence and pediatric best practices. All patients at CMO must be fully vaccinated according to the AAP guidelines. We do not alter the vaccine schedule, we do not divide the vaccines over more visits, and we will not make other alterations to the recommended AAP schedule. If you are thinking about using a modified vaccine schedule, we are not the practice for you.

At CMO, we fundamentally object to the recent changes to the CDC vaccine policy. It is a move based on misinformation, and has no scientific basis. The new policies are designed to undermine trust in the medical community and cause fear of vaccinations. They put our next generation at risk of severe illness, disability, and death. As pediatricians we know that in order to best care for our patients, we need to partner with you. We work hard to earn your trust, and spend time staying up to date on scientific and medical literature. We are following the AAP vaccine schedule with this trust and care at heart.

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