



## Vaccine Hesitancy in 2026

# Vaccination Conversations in Practice

Three pediatricians share their experience with vaccine-hesitant parents



Vaccine hesitancy in the U.S., and in Wyoming has grown since the COVID-19 pandemic, and again with the reorganization of the Centers for Disease Control and Prevention (CDC) and the CDC's Advisory Committee on Immunization Practices (ACIP).

The Wyoming Medical Society asked three Wyoming pediatricians, Dustin Mayne, DO, Douglas; Michael Sanderson, MD, Sheridan; and Danae Stampfli, MD, Cheyenne; to share their experience with vaccine hesitant patients and parents.



Dustin Mayne, DO

### Dustin Mayne, DO, Memorial Hospital of Converse County

*Dr. Mayne has practiced at Memorial Hospital of Converse County for three years. Dr Mayne completed his residency in pediatrics with the Air Force and returned to Wyoming after separating from active duty military service.*

The proposed overhaul of the vaccine schedule by the CDC has increased confusion regarding childhood vaccinations. The current ACIP is in disarray with many members being unqualified for the positions they fill. The

committee has not followed procedures or evidence-based medicine. Federal judges have blocked the new schedule and the committee has even been blocked from meeting. Most recently, as of 24 March, the ACIP vice president and one of the leaders of the anti-vax movement resigned from the committee with rumors that the entire committee will soon be disbanded and repopulated. If that does occur, hopefully this time the members will be qualified to fill this advisory role. Fortunately, organizations like the American Academy of Pediatrics have stood firm on maintaining the foundation of evidence-based medicine and have fought against these more politically motivated changes. All of this should make it a pretty simple choice for those who are caring for our state's pediatric population to not make changes to their immunization practices based on the proposed CDC recommendations.

I will say that a saving grace with the proposed vaccine schedule by the CDC is that no vaccines were specifically recommended against and instead recommendations were made for some vaccines that were previously recommended for all children to instead be used for high-risk children and based on shared clinical decision-making without really any guidance on what that might entail. I do find the timing interesting as well as heartbreaking that soon after recommending the meningococcal vaccine be changed from recommended for all

children to recommended for high-risk children that there was a fatal meningococcal B outbreak among healthy young men and young women. This is a devastating reminder to all medical providers of how important these vaccines really are as well as the fact that what makes someone the most high-risk is not being vaccinated.

I have been practicing pediatric medicine in Wyoming for almost three years and before that I was a pediatrician for the Air Force. For my pediatric practice, even if the proposed CDC schedule somehow at this point does get implemented, there will not be any changes to how I recommend immunizations. I strongly attempt to follow the process of shared decision-making and feel that one of the most important roles that I hold as a physician is to educate my patients and their families on the importance and benefits as well as risks of treatments, including immunizations. I have noticed an increased number of conversations with families about immunizations over the last few months. I am happy to have these conversations, especially since parents are grateful for the opportunity to ask and to learn. Still, as before, some parents are strongly opposed to immunizations, but a far greater number continue to vaccinate their children following the recommendations that I provide. I continue to recommend the best evidence-based practices and that means recommending the previous CDC immunization schedule and the one supported by the American Academy of Pediatrics (AAP).



Michael Sanderson, MD

### Michael Sanderson, MD, Northeast Wyoming Pediatric Associates in Sheridan

*Michael Sanderson, MD has practiced at Northeast Wyoming Pediatric Associates in Sheridan for over six years. Dr. Sanderson grew up in Casper and is a fifth-generation Wyomingite who was committed to returning home to serve*

*his community. He began his career in Sheridan after completing his pediatric residency at Phoenix Children's Hospital.*

Not long ago, I had a conversation with two parents that once was rare but is now commonplace. In the clinic, finishing their child's wellness visit, we turned to immunizations; they

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shared they would proceed with only one of the six vaccines recommended for their child's age and situation, citing concerns about industry incentives, the vaccine approval process, and their necessity for their child. They were not dismissive of me or my profession but did not see how the risk-benefit calculation worked in their child's favor.

By now, these are concerns many of us are familiar with; before 2020, vaccine hesitancy was already heading in this direction. The hardline anti-vaccine

groups espoused concerns rooted in deeply held beliefs—terrain theory, religious objections, or distrust of institutions. Alongside them were the “new kids in town,” the vaccine-hesitant. These families were not ideologically opposed to vaccines, but to them, the risk-benefit math didn't add up. If their child's risk of exposure felt so low, why accept what they saw as risks from “too many, too soon,” vaccine additives, or complications, even if they were rare?

Then COVID happened, and amid the backlash to pandemic-era disruptions and controversies, distrust in public health institutions surged. The increasing politicization of healthcare—and vaccines in particular—has pressured families to “choose a side.” I expected parents to follow suit and become more ideological, but the effect seems to be more paralyzing. Most parents still accept the basic premise of vaccines and even see them as necessary, but more are questioning whether the risks are worth it for their child. For many, anxieties about vaccine complications now loom larger than concerns about the diseases vaccines prevent, regardless of what data says. Most of these families do not see themselves as “anti-vaccine,” yet they leave my clinic having declined most, if not all, of the vaccines I recommended for their child.

However, more ardently anti-vaccine groups have been growing too. What was once considered “fringe” has become a broader, organized effort to discredit and diminish the role vaccines have played—and should continue to play—in our past and future. These groups helped elevate our nation's leading vaccine antagonist, Robert F. Kennedy Jr., to the helm of the country's most senior public health policymaking body. Within a year, he has fundamentally remade the CDC committee responsible for immunization guidelines and, according to a Massachusetts federal judge at the time of this writing, unlawfully used his authority to limit the number of routinely recommended childhood vaccines.

For parents who follow the news, these policy changes have



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prompted a range of reactions. Some families express confusion and frustration, while others feel reassured or relieved. Most of all, though, I sense burnout. As new reports of Secretary Kennedy's actions continue to emerge, I've found that many parents pay less attention and simply make the same vaccine decisions they were going to make anyway.

Pediatricians, however, don't get to disengage. With changing CDC guidelines, we now face a difficult choice: follow the updated recommendations or, for the first time in modern practice, diverge from national health authorities. Many of these changes have not followed the transparent, science-driven processes that have historically guided vaccine recommendations. In response, the American Academy of Pediatrics has maintained its own schedule—essentially the prior CDC ACIP schedule—grounded in established evidence and the work of the pre-RFK Jr. ACIP committee. This is the schedule my partners and I continue to recommend to our patients and their families.

As I consider all of this, I find myself wondering what I can do, as one pediatrician among many influences, to slow this trend. Pediatricians are often told that the most important factor in helping families choose vaccination is the trust they have in their relationship with us. I'm not so sure. The families I see trust me in nearly every other aspect of care—they tell me so often—and yet that trust rarely seems to play a decisive role in their vaccine decisions.

For my own part, the only influence I have consistently seen lead a previously vaccine-hesitant family to choose vaccination is witnessing a child experience harm from a vaccine-preventable illness. We pediatricians should continue to improve how we engage with families and will always be there for those we serve. However, I worry that reversing our current trajectory may only happen when the families we live, work, and worship alongside experience these tragedies firsthand, more than once. I hope I'm wrong.



Danae Stampfli, MD

### Danae Stampfli, MD, Cheyenne Children's Clinic

*Dr. Stampfli has practiced at Cheyenne Children's Clinic for over 25 years. Dr. Stampfli grew up in Casper and knew she wanted to return to Wyoming. She began her career at Cheyenne Children's Clinic after completing her residency.*

Vaccination remains one of the most significant public health advancements in modern medicine. As a healthcare provider,

my approach to immunizations is grounded in both scientific evidence and established clinical guidelines. I continue to recommend all routine vaccines, recognizing their critical role in preventing serious and potentially life-threatening diseases.

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My practice aligns with the guidelines set forth by the AAP, which are based on extensive research, ongoing safety monitoring, and expert consensus. These recommendations are designed to provide the safest and most effective schedule for protecting children and communities from vaccine-preventable illnesses. Adhering to these guidelines ensures consistency in care and supports the broader goal of maintaining herd immunity.

Over the years, my conversations with parents about vaccines have remained largely the same, although I do encounter a few more questions now than in the past. In my experience, some parents who initially have questions will ultimately choose to protect their children once they receive accurate, evidence-based information. Because of these vaccines, I have never seen a child with many of these illnesses, such as polio, diphtheria, or measles, and I sincerely hope I never do. If parents ultimately choose not to vaccinate, I will respect their decision, but I want them to be fully informed.

While vaccine discussions can sometimes involve questions or concerns from families, I view these conversations as opportunities to provide clear, evidence-based information. Open dialogue helps build trust and allows caregivers to make informed decisions with confidence. It is important to acknowledge concerns respectfully while reinforcing the overwhelming scientific consensus regarding safety and efficacy.

In summary, I fully support and continue to recommend all previously established vaccines in accordance with the AAP guidelines. My commitment is to promote the health and well-being of my patients through preventive care practices that are supported by the best available medical evidence. 