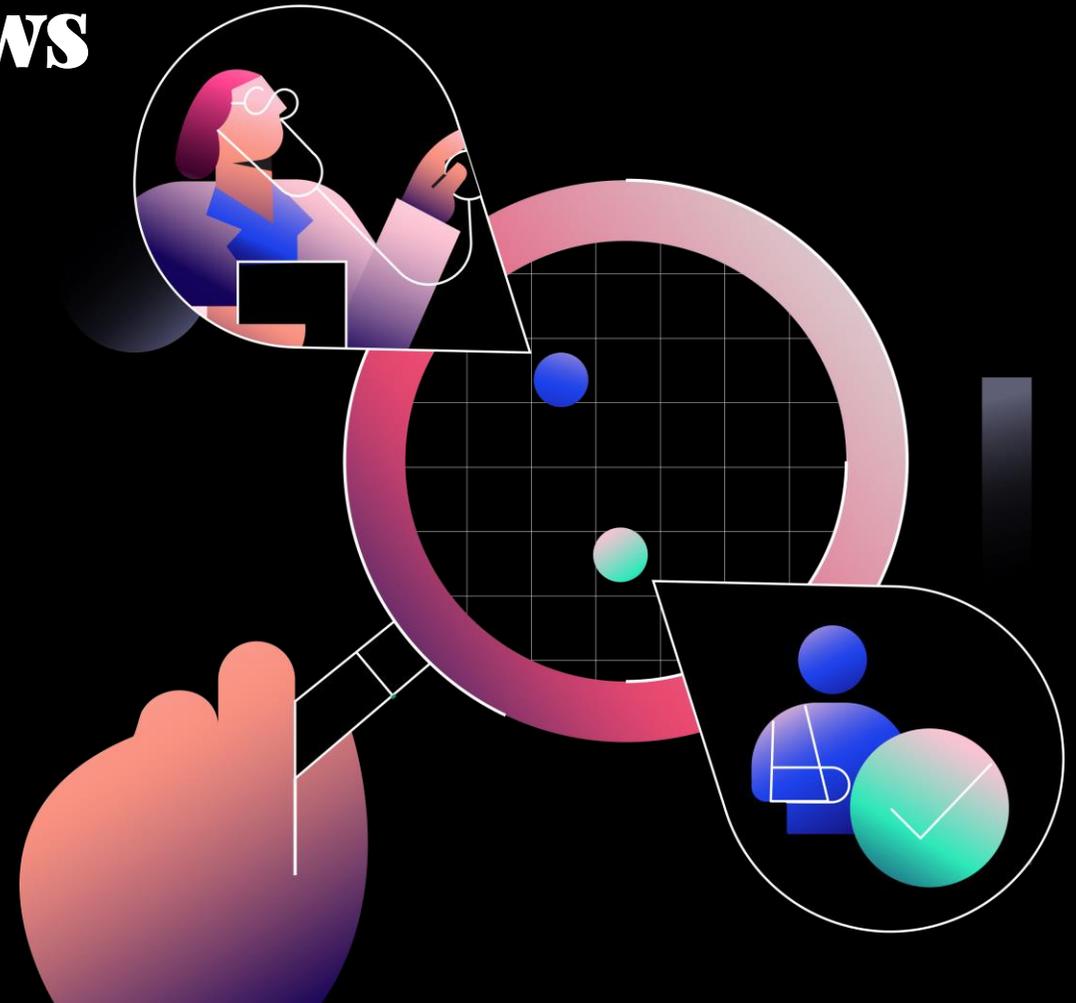


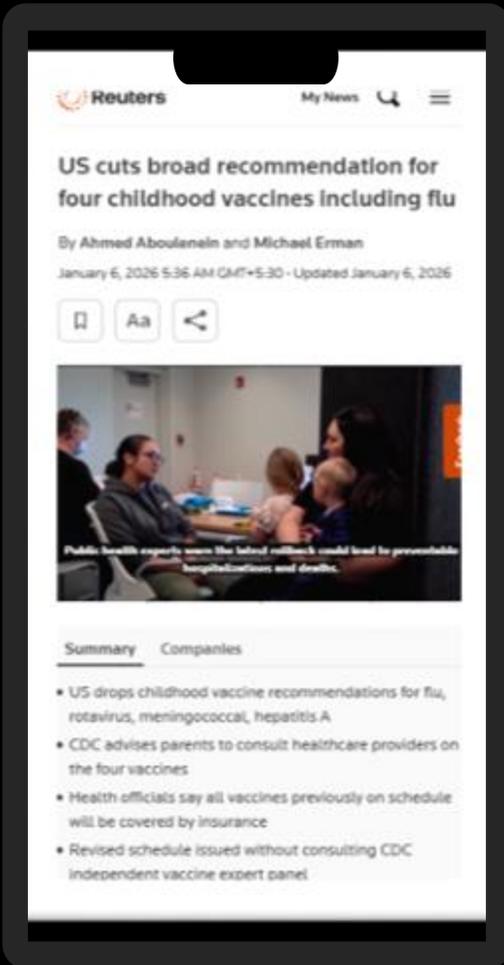
# Impact of Shared Clinical Decision-Making on Pediatric Vaccine Workflows

JAN-FEB 2026



# The Evolving Vaccine Conversation

Shared clinical decision-making transforms conversations into more complex, individualized dialogues, increasing the cognitive burden on HCPs



[Source](#)



## FROM ROUTINE TO INDIVIDUALIZED CONVERSATIONS

Addressing misinformation and selective acceptance has increased discussion depth and time



## THE ACCEPTANCE GRADIENT CREATES FRICTION

HCPs describe a clear acceptance gradient; mandated vaccines remain routine, but non-mandated vaccines trigger defensiveness



## HIGH COGNITIVE AND TIME BURDEN

Caregivers view personalized recommendations as critical, while HCPs tend to underestimate their impact



## BRIDGING THE GAP

Companies should translate complex science into simple messages, equip HCPs with practical tools, and prepare caregivers before the visit to support more efficient, high-quality discussions

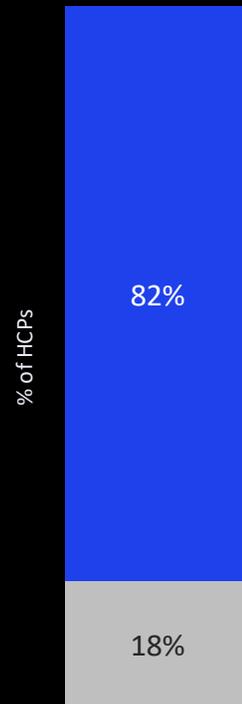


## **Familiarity and Interpretation of Recent Updates**

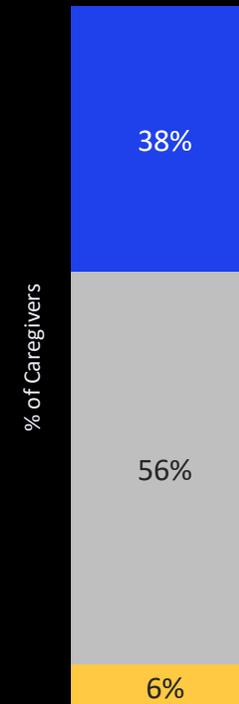
Most HCPs report being very familiar with recent CDC updates, but this familiarity has not yet reached the caregivers they serve

## Familiarity with CDC Childhood Immunization Schedule Updates

HCP Familiarity



Caregivers Familiarity



Not Familiar  
(Rating 1,2)

Somewhat Familiar  
(Rating 3,4 or 5)

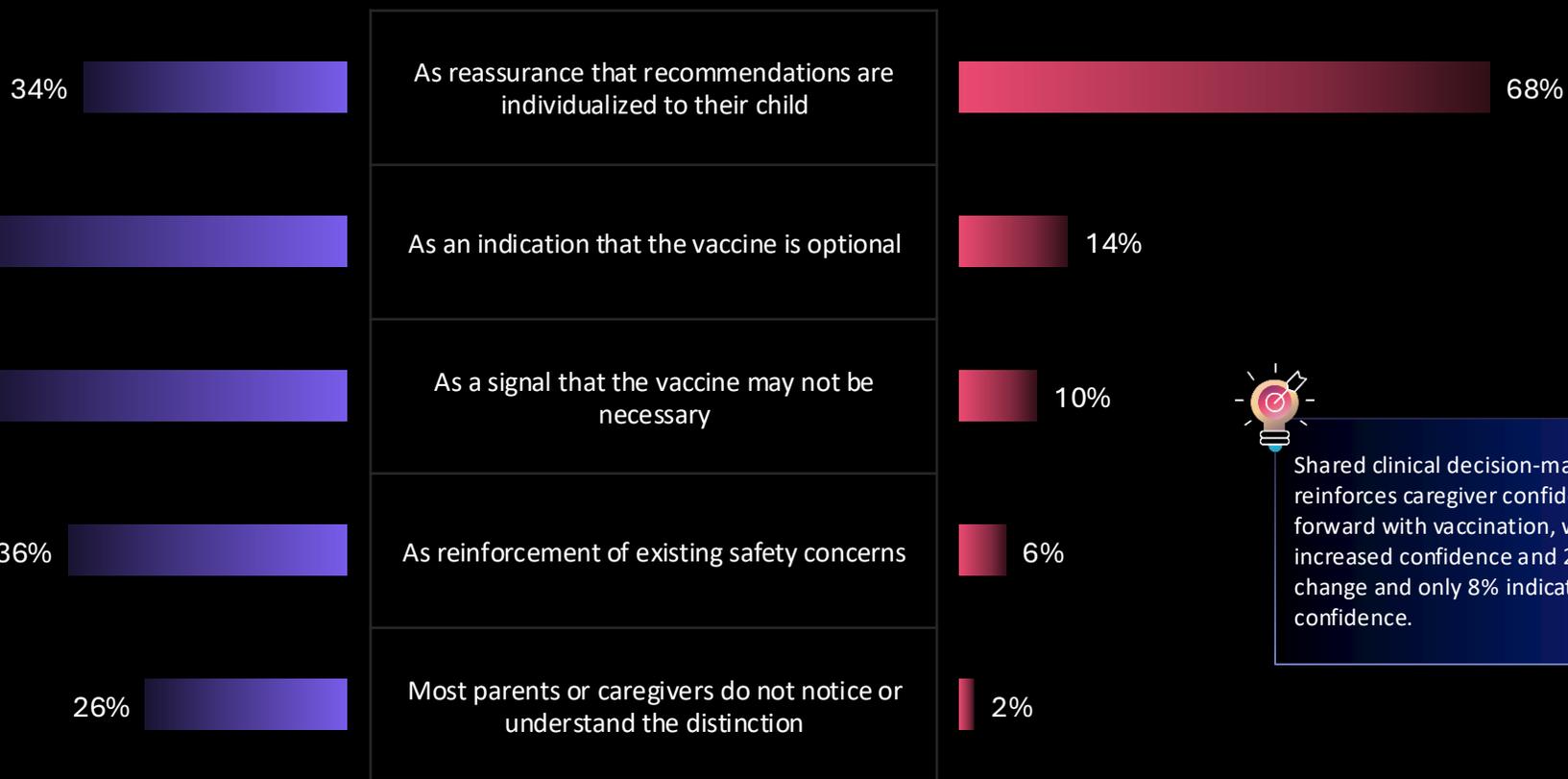
Very Familiar  
(Rating 6,7)

# Caregivers perceive shared clinical decision-making as affirming and personalized, while HCPs worry it signals that vaccination is optional

## Interpretation of Shared Clinical Decision-Making Recommendations by Stakeholders

### HCP

### Caregivers



“This conversation varies because when I tell the patient about a vaccine in which I'm trying to do the shared clinical decision making in their mind they understand that this is not a required vaccination. If it is not required by the school, then it might not be needed”

Shared clinical decision-making generally reinforces caregiver confidence in moving forward with vaccination, with 72% reporting increased confidence and 20% indicating no change and only 8% indicating a decline in confidence.

% of HCPs

% of Caregivers



# **Impact of Shared Clinical Decision Making**

Vaccine conversations are expected to become longer and more intensive, as HCPs anticipate greater need to explain disease severity and address safety concerns driven by misinformation

## Navigating the New Vaccine Dialogue: HCP Challenges



### Depth & Duration Strain

**70% of HCPs** expect to spend more time explaining disease severity and risk in children

Discussions are no longer pro forma laptop reviews; they are back and forth dialogues that add more minutes per visit, straining HCPs' time.

“ It adds probably, on average, probably **at least two or three minutes per visit** for each child. ... It's generally just **longer**. And the problem is I don't have any more time to see the families or patients and so it's **straining my time**”



### The Digital Information Barrier

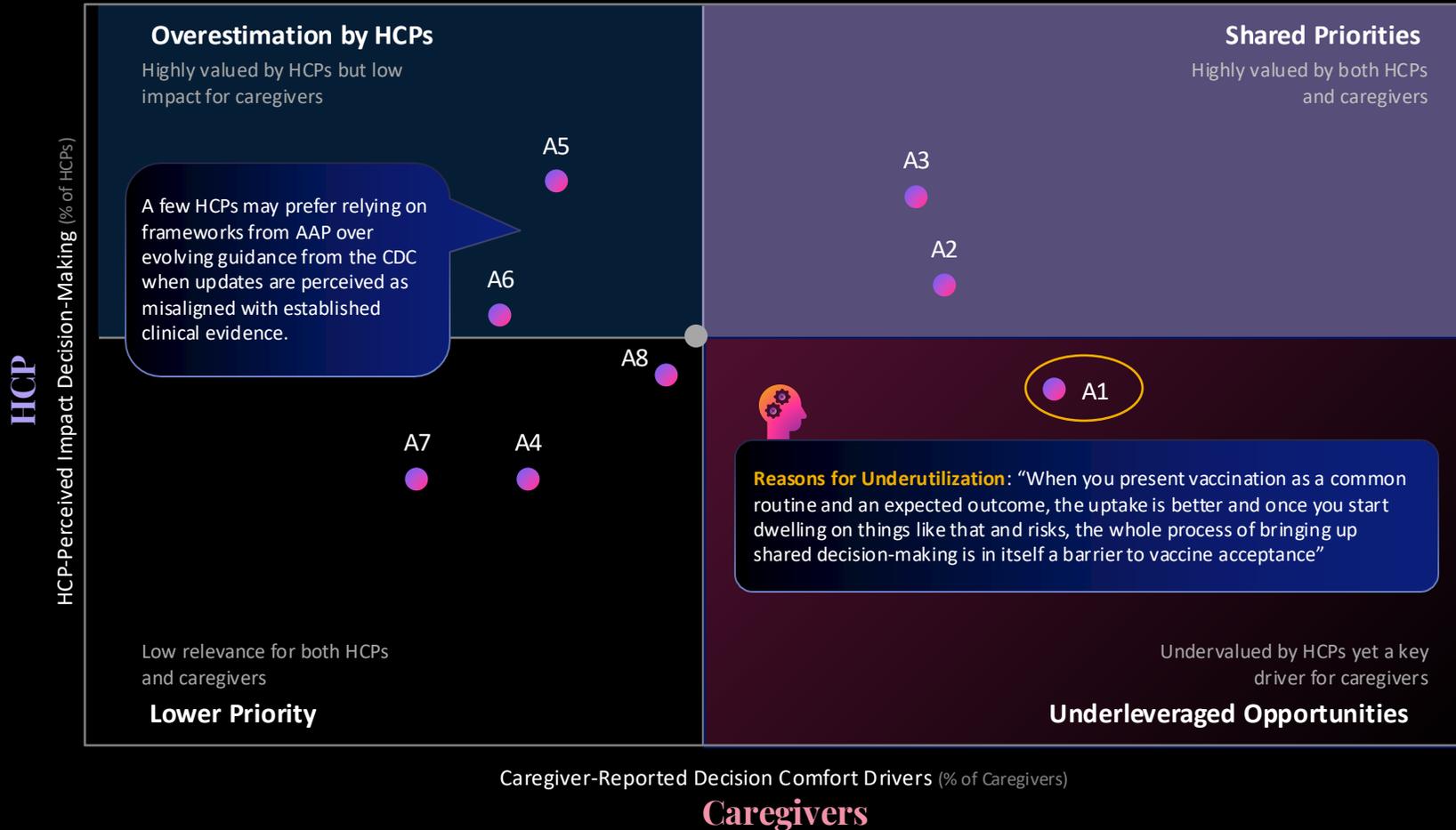
**52% of HCPs** expect to spend more time addressing vaccine safety concerns

Socially sourced questions increase complexity by forcing HCPs to refute misinformation and justify years of education against unreliable sources like Facebook or TikTok.

“ When parents come in with **preconceived notions** and **Dr. Google** or **Dr. TikTok** told them everything they needed to and they're **very dismissive of the information I provide** them.”

# Individualized conversations are crucial for caregivers and underleveraged by the HCPs

## Perception of Information : HCP vs. Caregivers

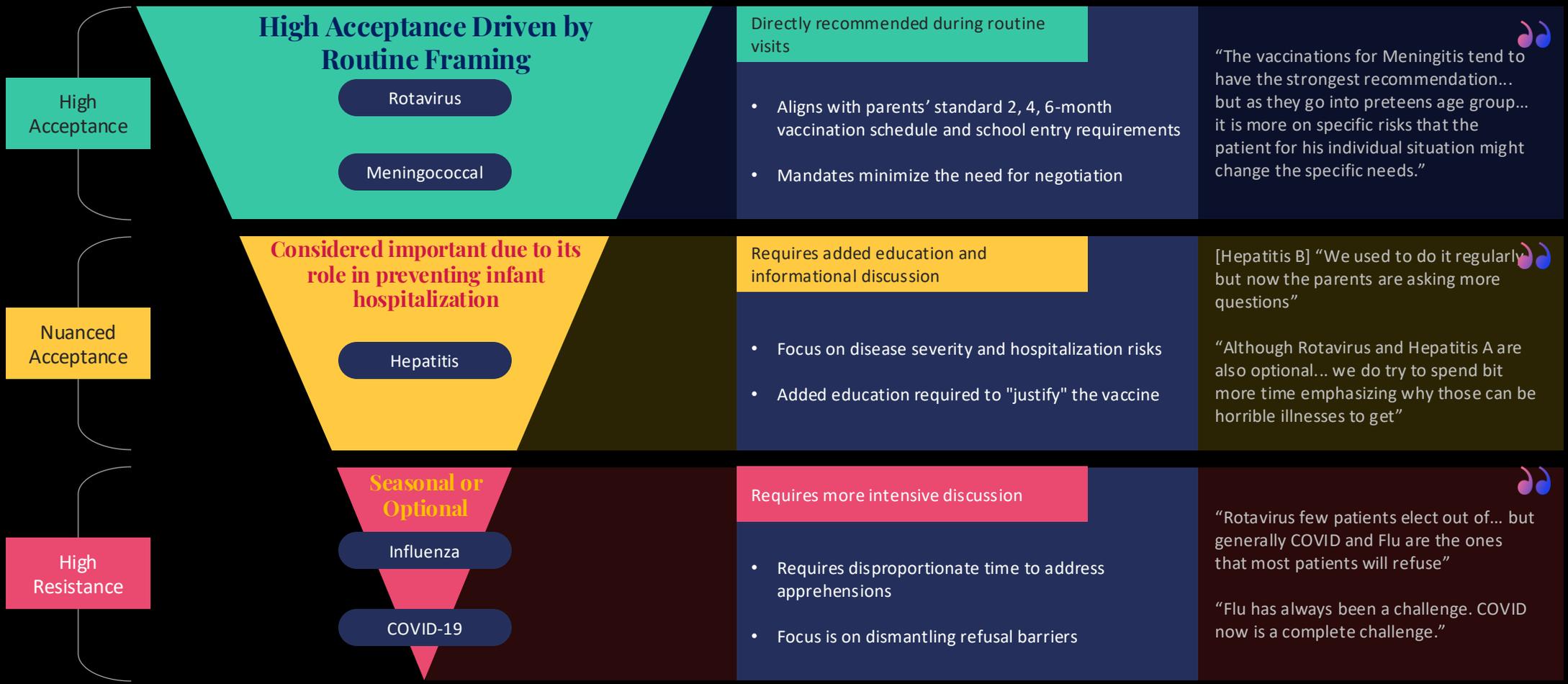


### Types of Information

A3	Information about the risk of disease if a child is not vaccinated
A2	Information on short- and long-term vaccine safety
A1	Explanation of how well the vaccine works in <b>their children</b>
A5	Consistent guidance across healthcare providers and public health sources
A6	Materials that address common questions or misinformation
A4	Guidance on which children are most likely to benefit from vaccination
A7	Clear explanation of insurance coverage or out-of-pocket cost, if any
A8	Time during the visit to ask questions and discuss concerns

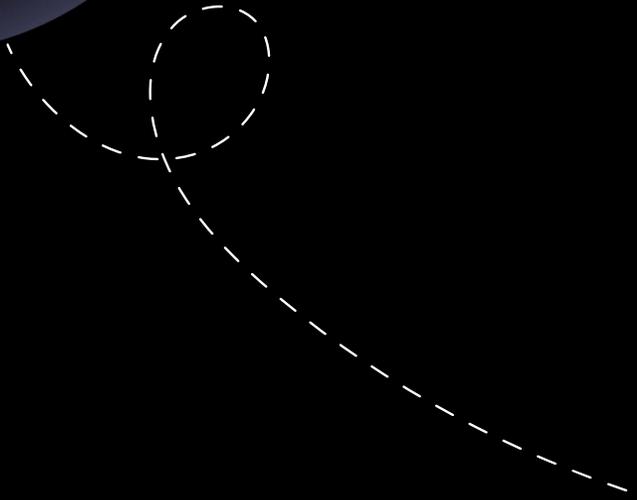
HCPs perceive that vaccine acceptance follows a hierarchy, from routine vaccines to high-resistant, optional ones requiring greater discussion

### Hierarchy of Vaccine Acceptance and Resulting Communication Needs





**Path Forward Amid  
Evolving Vaccine  
Conversations**



Manufacturers can drive acceptance by equipping HCPs with tools to make the science relatable, and educating caregivers

## What can Vaccine Manufacturers do?

1

FOR  
ALL

### SIMPLER, MORE RELATABLE MATERIALS

Simplified visual aids and leave-behinds that distill complex science into simple, compelling narratives using relatable analogies increase caregiver buy-in.

2

FOR HCPs

### PROBES FOR EFFICIENT HCP DIALOGUE

Equipping HCPs with quick probes to help caregivers open up, along with ready-to-use analogies, can enable more efficient personalization of conversations while maintaining caregiver engagement and reducing the strain of delivering tailored information.

3

FOR  
CAREGIVERS

### EDUCATE PATIENTS

Manufacturers should intensify educating caregivers on vaccine benefits and risks, ensuring they arrive informed and better prepared for productive discussions. This can help alleviate the strain on HCP's time during the in-person by

# Study Methodology

## METHODOLOGY:

- U.S.-based mixed-audience study combining quantitative surveys among pediatric HCPs and caregivers to compare provider perceptions with caregiver-reported decision drivers.
- Focused on CDC shared clinical decision-making guidance, examining its impact across key childhood vaccines.
- Quantitative core with qualitative depth, using scaled ratings and multi-selects alongside targeted qualitative probes to contextualize findings.
- Strict respondent screening ensured pediatric expertise among HCPs and active vaccination decision involvement among caregivers

## HCP

HCPs Surveyed



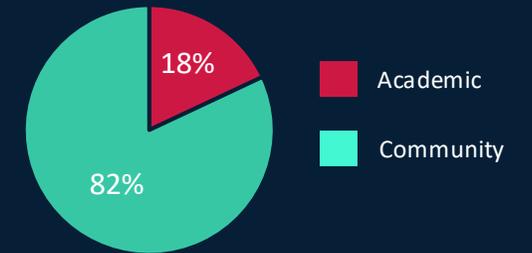
50

HCPs Average Years In Practice



16.2 years

HCP Primary Practice Setting



## Caregivers

Caregivers Surveyed



50

Avg. Number of Children Under Care



2 Children

Child Age Distribution Under Care

