Addressing Vaccine Hesitancy

August 20, 2025 With Jennifer Herricks, PhD



CME Statement



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Name and Credentials	Role in Activity	Was there a relevant Financial Disclosure	List of Mitigated Disclosures
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			Consiting Fees - Merck, Sequiris, Sanofi;
Anita Chandra-Puri, MD, FAAP	Subject Matter Expert/ICAAP Immunizati	Yes	Speakers Bureau - GSK
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Jennifer Herricks, PhD

- PhD in Microbiology & Molecular Genetics from the University of Texas Health Science Center at Houston
- Completed a postdoctoral fellowship in global health policy with a focus on infectious diseases at Rice University's Baker Institute for Public Policy and the National School of Tropical Medicine at Baylor College of Medicine.
- Founder of Louisiana Families for Vaccines.
- Current Director of Advocacy for American Families for Vaccines.



Learning Objectives

Upon attending this session, participants will be able to:

Evaluate potential future trends in state and national policies to reduce vaccine hesitancy and improve vaccination rates.

Identify key factors contributing to vaccine hesitancy that add to a decrease in public health infrastructure and impact overall trust in public health and medical experts.

Describe the modern antivaccine movement & explain the movement's impact on public policy.

Apply evidence-based communication strategies for engaging effectively with hesitant individuals and communities.

Importance of Immunizations



Goal of Immunizations

- Give children and adults protection from a disease before they get it.
- Vaccines subtly mimic infection to teach the body's immune system how to fight it off if encountered in the future.
 - Significantly reduces your chances of getting roughly 20 different life-threatening diseases.
 - Prevention of/protection from infectious disease outbreaks.
 - Vaccines prevent serious disease and death.

Vaccine Effectiveness



- Vaccine immunity can wane over time
 why we have boosters.
 - Viruses can also change very quickly (like the flu or COVID-19), so a booster is needed to target the currently circulating strain.
- No vaccine is 100% effective at preventing illness.
- Vaccines still very effective.

Vaccine-preventable diseases in the US Shown is the reduction of cases and deaths after the introduction of the vaccine



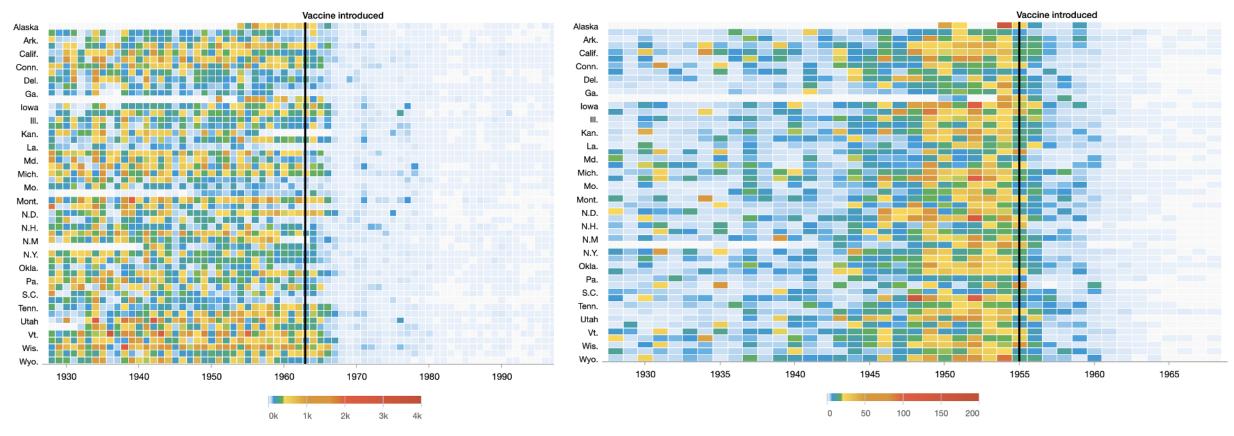
		Cases	All post-vaccine cases refer to 2006		Deaths	All post-vaccine deaths refer to 2004
Diphtheria	Pre-vaccine: 158 cases per million per year (1936-45)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 13.7 deaths per million per year (1936-45)	100% Reduction	Post-vaccine: 0 deaths per million per year
Measles	Pre-vaccine: 3044 cases per million per year (1953-62)	99.99% Reduction	Post-vaccine: 0.2 cases per million per year	Pre-vaccine: 2.5 deaths per million per year (1953-62)	100% Reduction	Post-vaccine: 0 deaths per million per year
Mumps	Pre-vaccine: 830 cases per million per year (1963-68)	97.4% Reduction	Post-vaccine: 22 cases per million per year	Pre-vaccine: 0.2 deaths per million per year (1963-68)	100% Reduction	Post-vaccine: 0 deaths per million per year
Pertussis	Pre-vaccine: 1534 cases per million per year (1934-43)	96.6% Reduction	Post-vaccine: 52 cases per million per year	Pre-vaccine: 30.8 deaths per million per year (1934-43)	99.7% Reduction	Post-vaccine: 0.09 deaths per million per year
Acute Poliomyeltis	Pre-vaccine: 141 cases per million per year (1941-50)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 10 deaths per million per year (1941-50)	100% Reduction	Post-vaccine: 0 deaths per million per year
Paralytic Poliomyeltis	Pre-vaccine: 103 cases per million per year (1951-54)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 11.8 deaths per million per year (1951-54)	100% Reduction	Post-vaccine: 0 deaths per million per year
Rubella	Pre-vaccine: 242 cases per million per year (1966-68)	99.98% Reduction	Post-vaccine: 0.04 cases per million per year	Pre-vaccine: 0.09 deaths per million per year (1966-68)	100% Reduction	Post-vaccine: 0 deaths per million per year
Congenital Rubella Syndron	Pre-vaccine: 0.76 cases per million per year (1966-69)	99.6% Reduction	Post-vaccine: 0.003 cases per million per year	Pre-vaccine: no data (1966-69)	no data	Post-vaccine: 0 deaths per million per year
Smallpox	Pre-vaccine: 250 cases per million per year (1900-49)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 2.9 deaths per million per year (1900-49)	100% Reduction	Post-vaccine: 0 deaths per million per year
Tetanus	Pre-vaccine: 4 cases per million per year (1947-49)	96.6% Reduction	Post-vaccine: 0.14 cases per million per year	Pre-vaccine: 3.2 deaths per million per year (1947-49)	99.6% Reduction	Post-vaccine: 0.01 deaths per million per year
Hepatitis A	Pre-vaccine: 465 cases per million per year (1986-95)	89% Reduction	Post-vaccine: 51 cases per million per year	Pre-vaccine: 0.5 deaths per million per year (1986-95)	88.7% Reduction	Post-vaccine: 0.06 deaths per million per year
Acute Hepatitis B	Pre-vaccine: 273 cases per million per year (1982-91)	83.9% Reduction	Post-vaccine: 44 cases per million per year	Pre-vaccine: 1 death per million per year (1982-91)	83.6% Reduction	Post-vaccine: 0.16 deaths per million per year
Haemophilus Influenza type b	Pre-vaccine: 84 cases per million per year (1980s)	99.8% Reduction	Post-vaccine: 0.17 cases per million per year	Pre-vaccine: no data (1980s)	no data	Post-vaccine: 0.02 deaths per million per year
Pneumococca Disease	Pre-vaccine: 233 cases per million per year (1997-99)	40.5% Reduction	Post-vaccine: 139 cases per million per year	Pre-vaccine: 24 deaths per million per year (1997-99)	31.3% Reduction	Post-vaccine: 16.5 deaths per million per year
Varicella	Pre-vaccine: 16018 cases per million per year (1990-94)	87.2% Reduction	Post-vaccine: 2046 cases per million per year	Pre-vaccine: 0.41 deaths per million per year (1990-94)	84.3% Reduction	Post-vaccine: 0.06 deaths per million per year

Data source: Roush and Murphy (2007) - Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States, In The Journal of the American Medical Association, 298, 18, 2155–2163, Licensed under CC-BY by the author Max Roser OurWorldinData.org — Research and data to make progress against the world's largest problems.



Vaccine Effectiveness







Vaccine Safety

- The U.S. has long-standing systems that study and review vaccine safety, as well as several newer systems that were created during the pandemic.
- As new information, products and science become available, vaccine recommendations are updated and improved!
- Most parents choose the protection of vaccines.



Vaccine Schedules

Vaccine schedules are carefully timed to balance three factors:

Maternal Immunity Fading

 Protection passed down from the mother quickly decreases during the first year of life.

Infant Immune System Developing

 Carefully timed for when the immune system will have a strong response.

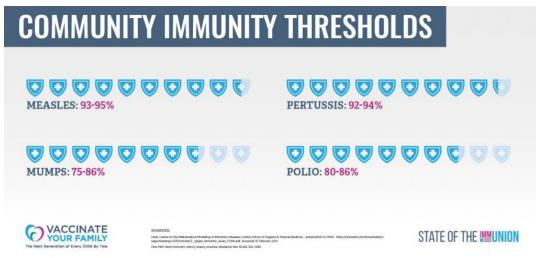
Common Age of Infection

 Provides early protection before children are likely to be exposed to the disease.





- Some people cannot get vaccinated (too young, medically fragile, immunosuppressed, allergic to a vaccine component, etc.).
- Community Immunity (aka herd immunity) occurs when enough of the community is immunized against a contagious disease that if there are cases, spread is unlikely.
 - Community Immunity
 Threshold = % of the population needs to be vaccinated to effectively stop the spread of a contagious disease.





AAP Reaffirms Policy <u>Position</u> on School Vaccine Requirements

FROM THE AMERICAN ACADEMY OF PEDIATRICS | POLICY STATEMENT | JULY 28 2025

Medical vs Nonmedical Immunization Exemptions for Child Care and School Attendance: Policy Statement FREE

Jesse M. Hackell, MD, FAAP; Kyle Brothers, MD, PhD, FAAP; Sara Bode, MD, FAAP; Lisa M. Costello, MD, MPH, FAAP; Lisa M. Kafer, MD, FAAP; Sean T. O'Leary, MD, MPH, FAAP; Committee on Practice and Ambulatory Medicine; Committee on Infectious Diseases; Committee on State Government Affairs; Council on School Health

Pediatrics (2025) 156 (2): e2025072714.

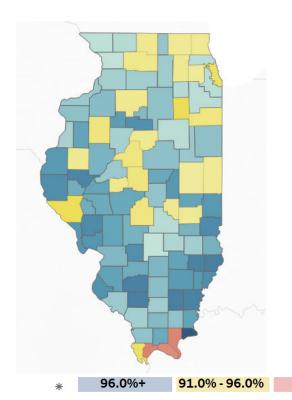
https://doi.org/10.1542/peds.2025-072714

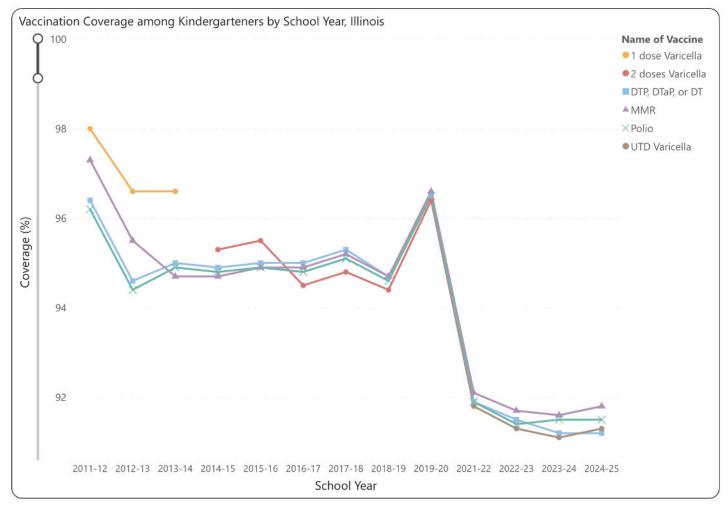
Clinician's Guide to Exemptions For Minimum Immunization Requirements

Immunization Rates in Illinois



Many counties in IL are below the community immunity threshold for vaccine-preventable diseases.





< 91.0%

Problems Facing Us



- Vaccine hesitancy:
 - Growth in hesitancy.
 - Politicization.
 - Misleading information from health leaders.
- Information issues: Information from federal health agencies unavailable/ suspect.
 - Lack of data on outbreaks and issue.
- Resources:
 - Cutting state funding.
 - Federal agencies cut, state agencies pressured by funding cuts.
- Science held back:
 - Research grants held.
 - Scientific publications scrutinized.

Why Are Vaccines Under Attack?

Why Are Vaccines Under Attack?

Despite overwhelming evidence of safety and efficacy, vaccine uptake has declined in many communities—fueled by complex social, political, and psychological factors.

Misinformation & Disinformation

→ Rapid spread through social media, often faster than corrections

Erosion of Trust in Institutions

→ Skepticism toward government, pharmaceutical companies, and media

Political Polarization

→ Health decisions increasingly tied to political identity

Historical and Cultural Factors

→ Legacy of unethical research, systemic racism, and cultural

Fear of Side Effects & Safety Concerns

→ Amplified by anecdotal stories and a lack of understanding of risk

Complacency

→ Success of vaccines leads to underestimation of disease threat

Influence of Celebrities and Influencers

→ Personal platforms often outweigh expert guidance

Parental Fears About Vaccination



Safety and Side Effects

→ Fear of allergic reactions, long-term health effects, or developmental issues (e.g., autism myth)

Overloading the Immune System

→ Concern that too many vaccines at once might "weaken" or "confuse" the immune response

Natural Immunity Preference

→ Belief that it's better for children to get diseases "naturally."

Mistrust of Pharma and Government

→ Fear of hidden agendas or profit motives

Conflicting Information

 \rightarrow Difficulty navigating expert recommendations vs. anecdotal stories from other parents or influencers

Past Negative Experiences

→ Adverse event in their child or someone they know



Parental Refusal

- Nationally, 3.6% of children have exemptions to vaccines. In Illinois that number is 2.8%.
 - The number of medical exemptions is 0.2% and 0.3%, respectively.
- A new survey suggests that up to 40% of expecting and new parents do not intend to fully vaccinate their children.
- Repeated studies have demonstrated that the medical team is the group parents trust the most. Thus, a strong recommendation from the team about vaccines is critical.



Myth / Invalid Contraindication	Clinical Reality		
Mild illness (e.g., cold, low-grade fever)	Not a reason to delay vaccination		
Family history of adverse vaccine reaction	Unless it's a documented genetic condition, not a contraindication		
Breastfeeding	Vaccines are safe and beneficial while breastfeeding		
Current use of antibiotics	No impact on vaccine efficacy or safety		
Premature birth	Preterm infants should follow the same schedule		
Egg allergy (for most vaccines)	No longer a contraindication for influenza or MMR vaccines		
Teething or fussiness	Normal developmental stage—not a vaccine barrier		

Educating **Parents** About Invalid Contraindications

Who Are Vaccine Hesitant Parents?

Age: Hesitancy is more common in **younger parents** (ages 18–35)

Education: Both ends of the spectrum show hesitancy:

Lower education levels → more likely to mistrust science

Higher education levels → more likely to question authority and seek "alternative" info

Race/Ethnicity:

Black and Hispanic parents may show hesitancy tied to historical/systemic distrust. It is important to distinguish between access barriers vs. true hesitancy

Income:

Hesitancy is not confined to low-income groups—middle-income suburban families are often influenced by peer groups and online communities

Political Identity & Religion:

Correlations with **conservative political ideology** and certain **religious objections**

Geographic Variation:

There are pockets of hesitancy in both **urban and rural** areas, with rural communities **having lower overall vaccination rates in many cases**



Medical Mistrust and Vaccine Hesitancy

- Medical mistrust is higher among racial and ethnic minority adults, particularly black adults.
- Increased medical mistrust is linked to a reduced intention to receive vaccines.
- Perceptions and experiences of racism in medical settings contribute significantly to this mistrust.
- Strategies involve enhancing communication between healthcare providers and racial and ethnic minority patients, as well as promoting racial concordance and diversity within the medical workforce.
- Additionally, patient attitudes toward vaccination, particularly the belief that vaccines are harmful, are primary factors driving racial and ethnic disparities in vaccination at the individual level.



Healthcare Providers

Most trusted source, especially pediatricians and family doctors but often underutilized due to time constraints



Social Media Platforms

Facebook, Instagram, YouTube, TikTok

→ Easy access, high volume of misinformation and peer-to-peer influence



Parenting Blogs & Online Forums

Communities like BabyCenter, Reddit, Facebook Groups

→ Personal stories often hold more sway than scientific evidence



Traditional Media

TV, radio, newspapers

→ Varies by demographic; local news sometimes amplifies controversy



Government & Public Health Websites CDC, WHO, state/local health departments

ightarrow Viewed as credible by some, distrusted by others—language and accessibility matter



Alternative/"Wellness" Influencers Instagram/yoga/natural living personalities

→ Promote "clean living," often tied to anti-vaccine rhetoric

Where Do Parents Find Information?

Infodemics

- An "infodemic" is defined by the WHO as excessive false or misleading information in digital and physical environments during a disease outbreak.
- Infodemics create confusion and lead to risk-taking behaviors that can harm health.
- They contribute to mistrust in health authorities and undermine the public health response.

Information as a Social Determinant of Health

Table 3. Most commonly used vaccine information sources based on parental vaccine views (frequency of themes mentioned out of 115 articles reviewed).

	Parent Category			
Source	Hesitant f (%)	Compliant f (%)	Not Specified f (%)	
Healthcare sources	44 (38)	56 (49)	68 (59)	
Internet/social media	52 (45)	25 (22)	52 (45)	
Word of mouth	37 (32)	18 (16)	40 (35)	
Print/broadcast media	21 (18)	15 (13)	25 (22)	

The source of vaccine information shapes parental views on vaccines.

Infodemics Harm Vulnerable Populations



With growing digitization— an expansion of social media and internet use— information now spreads more rapidly.



This can help quickly fill information voids but also amplify harmful messages.



Algorithms reinforce echo chambers.

Anti-vaccine Organizations are Well-Funded and Working in Every State

INFORMED CONSENT ACTION NETWORK C3

•\$23.2 million in 2023

INFORMED CONSENT ACTION NETWORK C4

•\$252k in 2023

CHILDREN'S HEALTH DEFENSE

•\$16.1 million in 2023

STAND FOR HEALTH FREEDOM

•\$322k in 2023

NATIONAL VACCINE INFORMATION CENTER

•\$1.5 million in 2023

YOUNG AMERICANS FOR LIBERTY

•\$18.6 million in 2023

FRONT LINE COVID 19 CRITICAL CARE ALLIANCE

•\$3.86 million in 2023

HEALTH FREEDOM DEFENSE FUND

•\$718k in 2023

TOTAL: OVER \$63 MILLION IN 2023

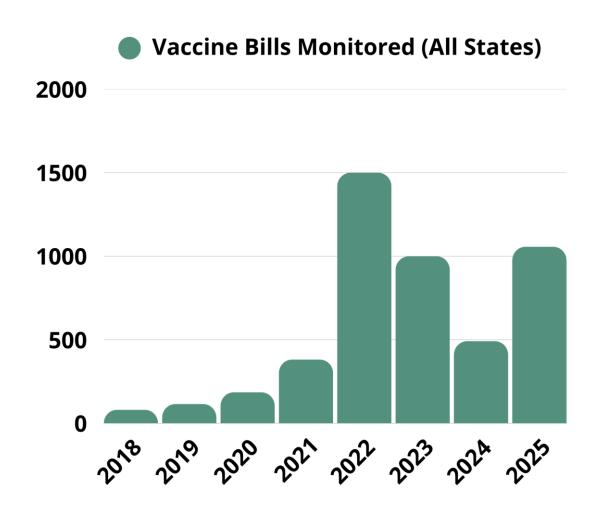


American Families for Vaccines



•\$116 million raised

Post-Pandemic Increase in Vaccine Legislation Nationwide



B | Foreign Policy

FROM ANTI-VAXXER MOMS TO MILITIA MEN
INFLUENCE OPERATIONS, NARRATIVE
WEAPONIZATION, AND THE FRACTURING OF
AMERICAN IDENTITY

POLITICO

Anti-vaxxers are now a modern political force

The once-fringe movement is now seeing an influx in cash after the Covid pandemic.

The New York Times Magazine

The Anti-Vaccine Movement's New Frontier

A wave of parents has been radicalized by Covid-era misinformation to reject ordinary childhood immunizations — with potentially lethal consequences.



Trends in State Legislation







How the Anti-Vaccine Movement
Pits Parental Rights Against Public
Health
KFF Health News



Arizona governor vetoes 2 bills focused on vaccine exemptions for students

New Hampshire Bulletin

As New Hampshire debates vaccine requirements, it's important to understand their purpose



Tennessee 'vaccine lettuce' bill heads to Gov. Bill Lee's desk



MN Bill Would Criminalize mRNA
Vaccines, Label Them 'Weapons Of
Mass Destruction' Patch

The bill would criminalize manufacturing, distributing, and possessing mRNA vaccines



A New Weapon in the Anti-Vaccine Arsenal: Claiming the Unvaccinated as a Protected Class

Anti-vaccine Challenges in our Statehouses Impact Vaccine Policy & Vaccination Rates

Prevalence of anti-vaccine themes in witness testimony for 5 bills during the 2021 TX Legislative Session

Theme	No. of Statements	
Vaccine Safety & Effectiveness	76	
Medical Freedom	65	
Discrimination	42	
Informed Consent	30	
Science	30	
Total Witness Statements	128	

Matthews KRW, Lakshmanan R, Kalakuntla N, Tallapragada N. Personal rights over public Health: Anti-vaccine rhetoric in the Texas Legislature. Vaccine X. 2024 Feb 28;18:100468. doi: 10.1016/j.jvacx.2024.100468. PMID: 38450107; PMCID: PMC10915400.



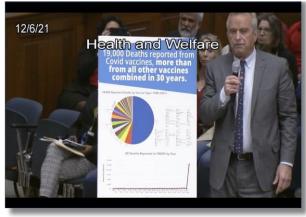
Follow

In response to many inquiries about the 9th Circuit decision:

(1) If Covid-19 vaccines are not considered "vaccines" because they do not prevent transmission, then neither are pertussis, tetanus, inactivated polio, etc., vaccines because they also do not prevent transmission. We have used the fact that most vaccines do not prevent transmission in vaccine cases we have won, including in Mississippi, and it's great the 9th Circuit finally gets it with regard to Covid-19 vaccines.

(2) Irrespective of whether the Covid-19 vaccines prevent infection, as long as these products are intended as a countermeasure to Covid-19, then PREP Act immunity would apply irrespective of how labeled.







Legislative Activity that Makes a Difference











American Families for Vaccines







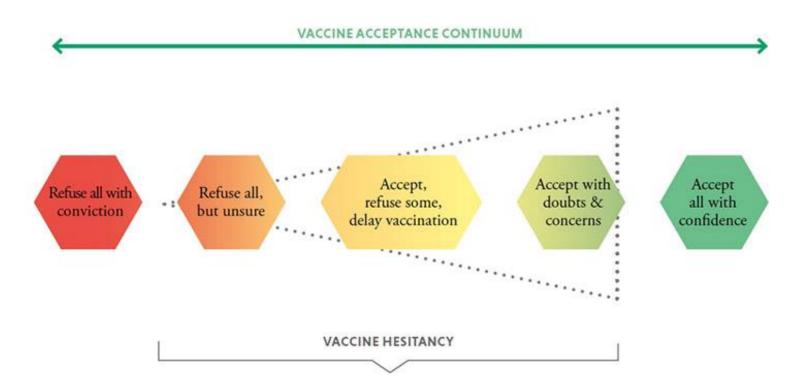


Addressing the Hesitancy



Vaccine Hesitancy

- Vaccine hesitancy is on a spectrum.
- o It's ok to have questions!







While there is a concerning amount of anti-vaccine legislation, it's important to remember:

- We have a pro-vaccine majority in every state.
- Public sentiment is everything.
- Pro-vaccine organizations are working at local, state, and national levels to protect existing public health and immunization policy.
- Pro-vaccine voices are more important than ever.

Misinformation Online



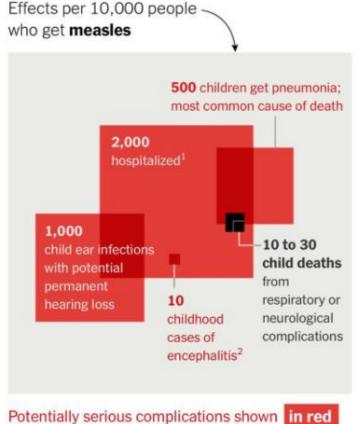
- The main source of information for most Americans is online sources.
- Misinformation goes farther, faster, deeper, and more broadly than the truth.
 - Misinformation thrives online, receiving more shares and direct messages.
- Disinformation campaigns are deliberate, often orchestrated, and highly effective in confusing people enough to change behaviors.
 - Social media platforms have rolled back their fact-checking capabilities, allowing for the potential for more mis/disinformation to spread.

Are Vaccines Safer than the **Diseases Themselves?**



Yes.

Immunity from the disease does not grant more protection than getting vaccinated and has a much higher risk of serious side effects, including death.





Tips for Talking About Vaccines



- Understand concerns.
- Ask why someone is hesitant.
- Counter any misinformation.
- Know who is a trusted information source for that person.
- Tailor your message.
- Address fears about side effects.
- Show your vaccination pride/share your vaccination story.

Tips for Talking About Vaccines



- Lead with empathy.
- Listen, then listen more.
- Trust that people are experts on their experience with the healthcare system and it informs the decisions they make about the care they receive.



The CASE Approach

YOU are your patient's most effective advocate as 80% of parents place the MOST TRUST for vaccine information in their child's physician.

Corroborate: Acknowledge concern, find points of agreement, set the tone for a respectful, successful talk.

About Me: Establish yourself as a vaccine expert.

Science: Explain what the science says.

Explain/Advise: Give your advice.



Motivational Interviewing

- Communication strategy that uses readiness scaling to learn what is preventing someone from getting vaccinated.
- Goal of motivational interviewing is to help people manage mixed feelings and move toward healthy behavior change that is consistent with their values and needs.



Engage with Empathy

- Embrace an attitude of empathy and collaboration.
- Be compassionate, show empathy, and be genuinely curious about the reasons why the patient feels the way they do.
- Be sensitive to culture, family dynamics, and circumstances that may influence how patients view vaccines.
- Remember: Arguing and debating do not work. Taking a strong initial stand may also backfire, especially with people who have concerns about vaccines.



Ask Permission

Ask permission to discuss vaccines.

- "If it is okay with you, I would like to spend a few minutes talking about flu vaccines and your family."
- If they say no, respect that.
 - Keep the door open "I respect that. I care about your overall health, maybe next time we can talk some more about flu vaccines."



Open a Discussion

- The goal is to help the person become more open to moving toward getting vaccinated.
- You want them to talk about their questions out loud because talking actually changes how they process their choices.
- People hesitant about vaccines usually have more practice explaining why they haven't gotten vaccinated, so it's good to reverse that. Ask them to express their vaccination benefits out loud.
- Be compassionate and curious about their mixed feelings, both the part of them that wants to trust that getting a vaccine is important and safe and the other part that feels hesitant.





- When responding to questions about vaccines, health, or mental health do so within the boundaries of your competence, ethics, and scope of knowledge.
- If you feel knowledgeable and aware of how to answer the question, respond with empathy and provide scientific information as needed.
- Refer the patient to trusted resources, like HealthyChildren.org and <u>immunize.org</u>.



Other Resources





Voices for Vaccines

- VoicesForVaccines.org/resources
- Free courses: The Vaccine Quest & Becoming a Trusted Messenger
- Podcast, Newsletter, App, Blog, Fact sheets, Toolkits, and MORE!

Children's Hospital of Philadelphia

- Vaccine Education Center: chop.edu/vaccine-education-center
- Parents PACK: chop.edu/parents-pack/parents-pack-newsletter
 Documentaries & Podcasts
- Shot in the Arm on PBS: pbs.org/show/shot-in-the-arm
- This Podcast Will Kill You
- Public Health on Call from Johns Hopkins School of Public Health
- Osterholm Update from the Center of Infectious Disease Research and Policy

Substacks

- Beyond the Noise by Paul Offit, MD
- Your Loca Epidemiologist by Katelyn Jetelina, PhD, MPH
- You Can Know Things by Kristen Panthagani, MD, PhD













What You Can Do

- Strongly and confidently recommend vaccines.
- Share personal stories about vaccine-preventable diseases.
- Ensure consistent messages from staff- everyone gives the same vaccine message.

Questions?

Upcoming Events

- Webinar Infant RSV Immunizations: Updates and Guidance for Chicago Birthing Hospitals and Other Clinics: Thursday, August 21 at 12PM
- Webinar Preparing for Respiratory Virus Season with CDPH and IDPH:
 Wednesday, August 27 at 12PM
- IDPH In-Person VFC Trainings limited seating!
 - September 10 at Harper College

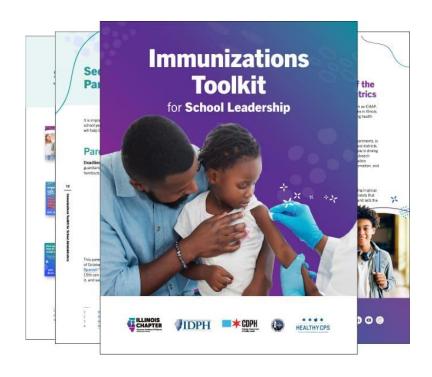




School Immunizations Toolkit

Includes:

- Outreach & Materials Timelines
- Immunization Requirements by Age
- Legal & School Code Review
- Parent/Guardian Outreach
- Vaccine Info for New Arrivals
- Resources for Un/Underinsured Families
- Exemption Information





Or visit https://illinoisaap.org/school-immunization-resources/

ICAAP's Annual Education Conference









Pre-Conference on Orthopedic and Sports Medicine

Thursday, October 16, 2025 | 8:00 AM to 4:00 PM:

- H. Garry Gardner Memorial Keynote on Social Media with Jenny Radesky, MD
- Afternoon Keynote on AAP Advocacy with AAP CEO & Executive Vice President Mark Del Monte, JD
- Business Awards Lunch

Conference Location:

Northern Illinois University - Naperville Campus



- ICAAP Members
- Pediatricians
- ✓ Pediatric Residents
- ✓ Pediatric Specialists

- Pediatric Nurses
- Pediatric Dentists
- Family Physicians
- Clinicians Working with Children

Register at illinoisAAP.org/annual-educational-conference or by scanning the QR code













