

Most American parents plan to vaccinate their children against the 'triple-demic,' new study finds

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The first national [study](#) of its kind suggests that most parents of infants and young children in the United States plan to have their children vaccinated against influenza and respiratory syncytial virus (RSV),

despite increasing opposition to the practice. In addition, 40% intend to have their children vaccinated against COVID-19.

The study asked parents about their intention to vaccinate their children against COVID-19, influenza, and RSV—the so-called "triple-demic" that experts predict for this fall and winter. The study was conducted by Dr. Simon F. Haeder, an associate professor of health policy and management at the Texas A&M University School of Public Health.

Haeder also conducted the first national study on vaccine mandates for kindergarten through 12th-grade students, finding that most Americans overwhelmingly support them.

Haeder developed an [online survey](#) that was given to 5,035 parents across the United States this Sept. 27 and 28. For each of the three vaccines, respondents were asked about a number of [disease](#)-specific issues that are commonly used in research on vaccine hesitancy.

First, for example, they were asked if they were concerned about their child getting the respective disease, answering using a five-point scale. Haeder also accounted for the increasing politicization of vaccines by asking about political preferences and controlling for demographic factors such as race and ethnicity, gender, age, and income.

A [statistical analysis](#) found that about 40% of parents intended to vaccinate their children against COVID-19, 63% against influenza, and 71% against RSV.

"Interestingly, these results aligned with the results of our survey of pet owners, although those were not as politically polarizing," Haeder said. "In this case, parents made the decision because they were concerned about these diseases, they trusted health providers, and their [children](#) were previously vaccinated. Those who were opposed said they were

concerned about vaccine safety and necessity and believed they lacked information about the vaccines."

While vaccination hesitancy or outright refusal was thrust into the national spotlight after COVID-19 and its vaccination emerged nearly simultaneously in late 2019, Haeder said the issue was a growing concern even prior to that, primarily surrounding the MMR (measles, mumps, and rubella) and HPV (human papillomavirus) vaccines.

"From a public health perspective, vaccine hesitancy has a ripple effect that extends beyond the individuals involved, even though they might tragically become ill or even die from a preventable disease," Haeder said. "Low vaccination rates place marginalized communities, such as people living in poverty, and vulnerable populations, such as the elderly, at greater risk for contracting a disease. To prevent a disease outbreak, we need high vaccination rates across the entire population."

This makes [vaccine](#) requirements for [school-age children](#) especially important in containing the spread of a disease, for example, since this group overall is healthier than other groups and has fewer preventive visits with doctors, and thus would be less likely to get vaccinated without a mandate.

"Now, with the newly developed antibody immunization against RSV, in addition to vaccines against influenza and COVID-19, we have a unique opportunity to avoid illness and death this fall and winter," Haeder said.

"But [vaccine hesitancy](#)—along with the elimination of COVID-19 funding and a belief that the pandemic is behind us—make it likely that the United States will experience an excessive amount of preventable illness from COVID-19, influenza and RSV this fall and winter."

The work is [published](#) in the journal *Vaccine*.

More information: Simon F. Haeder, Assessing parental intention to vaccinate against COVID-19, influenza, and RSV in the United States in late 2023, *Vaccine* (2023). [DOI: 10.1016/j.vaccine.2023.11.004](https://doi.org/10.1016/j.vaccine.2023.11.004)

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