

Nursing Ethics and Childhood Vaccination: Upholding Evidence-Based Practice in a Changing Political Climate

Vanessa Wright, PhD, MSN, RN; Katy Fisher-Cunningham, PhD, RN, CNE, CHSE; Trista M. Anderson, PhD, RN and Fran and Earl Ziegler College of Nursing, The University of Oklahoma Health Sciences



Introduction

Vaccine hesitancy (VH), characterized by the reluctance or refusal to receive vaccinations despite their availability, poses a significant global health challenge (Henderson et al., 2025). Nurses have an ethical and professional obligation to provide evidence-based care, particularly when addressing public health concerns such as childhood vaccinations. Many factors have contributed to the increase in VH, including misinformation and concerns about vaccine safety (Neely et al., 2021). Several research studies have identified immunization hesitancy as a challenge among adults, both in deciding to vaccinate themselves and in making vaccination decisions for their children (Bharadwaj & Mehta, 2025). The recent COVID-19 pandemic, and the resulting vaccine, has provided further evidence that the problem of immunization hesitancy is not restricted to child vaccination only, hampered by factors like parental anxiety, misinformation, or theological beliefs (Bharadwaj & Mehta, 2025). As discussions about childhood vaccination

policies continue, nurses must rely on scientific evidence and ethical principles to guide their practice. The American Nurses Association (ANA) Code of Ethics provides a framework for nurses to uphold professional integrity while engaging in public health education and advocacy.

Childhood Vaccination and Public Health

Research demonstrates that vaccinations prevent millions of deaths globally each year (World Health Organization [WHO], 2023). The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommend childhood vaccination schedules to protect against preventable diseases such as measles, pertussis, and polio (CDC, 2023). Estimated coverage for most childhood vaccines was lower among children born in 2020–2021, during or following the peak of healthcare disruptions caused by the COVID-19 pandemic, compared to those born in 2018–2019 (Hill et al., 2024). Vaccines are continuously studied to ensure their safety and efficacy. For a vaccine to be recommended as part of the childhood and adolescent immunization schedule, it must undergo extensive testing, be found safe, and be closely monitored. Safety testing begins as soon as a new vaccine is developed, with clinical trials gathering evidence for as long as the vaccine remains in use (American Academy of Pediatrics [AAP], 2024). Despite the overwhelming scientific consensus on vaccine safety and efficacy, concerns about vaccine ingredients, side effects, and individual rights have led to

an increase in VH (AAP, 2024; Singh et al., 2022).

Recent measles outbreaks in Texas have underscored the importance of vaccination in preventing disease resurgence (Johnson, 2025). In February 2025, Texas experienced its most significant measles outbreak in nearly three decades, with 146 confirmed cases resulting in 20 hospitalizations and one fatality. These cases have occurred primarily among unvaccinated individuals, with Gaines County reporting the highest number of cases, significantly affecting children aged 5 to 17 (Texas Health and Human Services, 2025). These outbreaks highlight the critical need for ongoing education and outreach to promote vaccine confidence and coverage.

The ANA Code of Ethics and the Role of Nurses

The ANA Code of Ethics serves as a vital framework for nurses in addressing public health challenges, including vaccine education and advocacy. As trusted healthcare professionals, nurses have a duty to respect patient autonomy while ensuring individuals and families receive evidence-based information about vaccines (ANA, 2025). By fostering informed decision-making, nurses uphold the principle of respect for human dignity (Provision 1). Additionally, a commitment to promote health and prevent illness (Provision 4) necessitates that nurses stay current on vaccine research, addressing emerging concerns with credible scientific evidence. Collaboration with healthcare providers, policymakers, and public

health officials (Provision 8 & 9) is crucial to promoting community health initiatives and increasing vaccination uptake. Furthermore, advocacy for social justice (Provision 9) calls for nurses to champion equitable access to immunizations, ensuring that vulnerable populations are protected from preventable diseases.

In a policy shift, the Louisiana Surgeon General announced that state health departments will no longer promote mass vaccination, stating that vaccine decisions should be left to individual conversations between patients and their healthcare providers (Abraham & Coleman, 2025). This decision has sparked debate among public health experts, with concerns that the move may reduce vaccine uptake and increase the risk of outbreaks of preventable diseases. Experts have warned that abandoning mass vaccination campaigns could lead to increased hospitalizations and strain an already overburdened healthcare system. Nurses, as frontline healthcare providers, must navigate these policy changes by advocating for evidence-based immunization practices and educating patients on vaccine safety and efficacy (Kekatos, 2025).

The Ethical Imperative of Evidence-Based Practice

As vaccine misinformation spreads, nurses must remain committed to evidence-based practice and critical thinking. Providing accurate, transparent education fosters trust and helps patients make informed decisions (Brewer et al., 2017). Nurses should use reputable sources like the CDC and WHO to counter misinformation and advocate for policies supporting

immunization programs. Ensuring that vaccine discussions are grounded in scientific evidence and ethical principles is crucial for protecting community health and preventing outbreaks of vaccine-preventable diseases. Overcoming financial barriers, access challenges, vaccine hesitancy, and misinformation is essential to improving vaccination coverage, addressing disparities, and safeguarding all children from vaccine-preventable illnesses (Hill et al., 2024). ■

References

- Abraham, R. L., & Coleman, W. T. (2025). Louisiana Surgeon General: Restoring trust in public health starts with restoring trust in medicine. Louisiana Department of Health. <https://ldh.la.gov/news/7478>
- American Nurses Association. (2025). Code of ethics for nurses with interpretive statements. American Nurses Association.
- American Academy of Pediatrics. (2024, November 21). Vaccine safety: Examine the evidence. [HealthyChildren.org. https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/vaccine-studies-examine-the-evidence.aspx](https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/vaccine-studies-examine-the-evidence.aspx)
- Bharadwaj, A., & Mehta, R. (2025). Developing a model for use of fear appeals for countering vaccine hesitancy in intercultural contexts. *Vikalpa*, 0(0). <https://doi.org/10.1177/02560909241307709>
- Brewer, N. T., Chapman, G. B., Rothman, A. J., Leask, J., & Kempe, A. (2017). Increasing vaccination: Putting psychological science into action. *Psychological Science in the Public Interest*, 18(3), 149–207. <https://pubmed.ncbi.nlm.nih.gov/29611455/>
- Centers for Disease Control and Prevention. (2023). Recommended child and adolescent immunization schedule for ages 18 years or younger, United States, 2023. U.S. Department of Health and Human Services. <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
- Henderson, E., Valmayor, S., Porthé, V., Asensio, A., Bruna, X., Elizondo-Alzola, U., Ramirez-Morros, A., Ricós-Furió, G., Pasarín, M., Rius, C., Vidal-Alaball, J.,

Roel, E., & Díez, E. (2025). Confivac, an intervention to enhance paediatric nurses' and paediatricians' skills to promote vaccination and vaccine confidence: A mixed methods study protocol. SSRN, <http://dx.doi.org/10.2139/ssrn.5111528>

Hill, H. A., Yankey, D., Elam-Evans, L. D., et al. (2024). Decline in vaccination coverage by age 24 months and vaccination inequities among children born in 2020 and 2021 — National Immunization Survey-Child, United States, 2021–2023. *MMWR Morbidity and Mortality Weekly Report*, 73, 844–853. <https://doi.org/10.15585/mmwr.mm7338a3>

Johnson, S. R. (2025, February 19). Measles cases spread in Texas and New Mexico as Trump purges federal health workers. *U.S. News & World Report*. <https://www.usnews.com/news/health-news/articles/2025-02-19/measles-cases-spread-in-texas-and-new-mexico-as-trump-purges-federal-health-workers>

Kekatos, M. (2025, February 14). Louisiana health department says it will stop promoting mass vaccination. Here's what that could mean. *ABC News*. <https://abcnews.go.com/Health/louisiana-health-department-stop-promoting-mass-vaccination/story?id=118819674>

Neely, S., Eldredge, C., Ersing, R., & Remington, C. (2021). Vaccine hesitancy and exposure to misinformation: A survey analysis. *Journal of General Internal Medicine*, 37(1), 179–187. <https://doi.org/10.1007/s11606-021-07171-z>

Singh, P., Dhalaria, P., Kashyap, S., et al. (2022). Strategies to overcome vaccine hesitancy: A systematic review. *Systematic Reviews*, 11(78). <https://doi.org/10.1186/s13643-022-01941-4>

Texas Health and Human Services. (2025). Measles outbreak in Texas: February 2025 report. Texas Health and Human Services Department. <https://www.hhs.texas.gov/health-services/>

World Health Organization. (2023). Immunization coverage. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

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ties that prevent compassion fatigue and burnout is necessary.

Forensic healthcare education provides a basic understanding of the complexities of forensic patients and knowledge that will

lead to a better ability to provide safety planning and to assimilate what has happened to them in a healthy way. For more information contact kathy.bell@okstate.edu ■

Reference

- Kafka, Julie M., et al. "Fatalities related to intimate partner violence: towards a comprehensive perspective." *Injury prevention* 27.2 (2021): 137–144. <https://www.hhs.gov/surgeongeneral/reports-and-publications/firearm-violence/index.html>