



BOSTON COLLEGE

OUR SHARED RESPONSIBILITY TO PROTECT ALL CHILDREN FROM VACCINE-PREVENTABLE DISEASES

On September 18, 2026, Boston College convened an International Conference on *Vaccines, Ethics, and the Common Good*. This conference brought together pediatricians, parents, scientists, public health physicians, ethicists, historians, lawyers, policymakers, theologians, religious leaders, and students.

The main conclusion of the Conference:

Childhood immunization is a moral good.
Children can flourish only when they live in communities where people care for one another, accept shared responsibility for the health and well-being of all children, and work together to promote comprehensive childhood immunization programs that safeguard children's health and save lives.

Conference participants and all who have signed this Declaration urge elected officials, policymakers, health professionals, religious leaders and all citizens

**to recognize that vaccines are a powerful force for good,
that immunization programs safeguard the health and the lives of all children,
including the youngest and most vulnerable,
that vaccines prevent disease and save lives, and
that it is urgent we all work together and engage in trusting conversation
to promote full immunization of all children
in this country and worldwide.**

The Conference adopted the following findings and recommendations:

Findings

- Vaccines are among the world's most successful and cost-effective public health interventions.

- Vaccines have eradicated smallpox, and they have reduced disease and death from measles, mumps, congenital rubella syndrome, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, influenza, *Haemophilus influenzae*, herpes zoster, Pneumococcus, rotavirus, COVID, rabies, hepatitis, liver cancer, cervical cancer, and liver cancer.
- Vaccination of all children and achievement of high levels of immunity in the community ('herd immunity') protects not only children who are immunized but also protects children who cannot be vaccinated because of medical contraindications, immune system compromise, or very young age, as well as any children in whom vaccines may have failed to elicit an immune response, by preventing their exposure to infectious agents.
- Rising vaccine hesitancy in the United States has led to declines in vaccine coverage and to resurgence of measles and pertussis. Severe illnesses, hospitalizations, and deaths have resulted, including deaths in newborn infants.
- The origins of vaccine hesitancy are multifactorial. They include lack of direct experience with vaccine-preventable diseases, misinformation, disinformation, undue emphasis on individual rights, and distrust in science.
- Overcoming vaccine hesitancy will require carefully designed communications that build trust, emphasize shared responsibility, and increase vaccine demand.
- Key to building vaccine demand will be recognition that childhood immunization is a moral good and that children can flourish only when they live in places where people care for each other and work together to improve the health and well-being of all children.
- Deep challenges persist in guaranteeing equitable distribution of vaccines, especially in the Global South.
- Support for global immunization programs, such as the World Health Organization's Essential Programme on Immunization, not only helps countries outside the United States to control vaccine-preventable diseases but also enhances the health security of the United States by reducing importation of preventable diseases.

Recommendations

- Recognize that rising vaccine hesitancy and decreasing vaccine demand is a national crisis that threatens the health of all children, even the very youngest and most vulnerable, threatens adult health, undermines national and global health security, and demands urgent intervention by elected and appointed officials, policy makers, health professionals, and religious leaders.
- Invest in implementation science and attentive conversations to understand the reasons for failure to vaccinate, including vaccine hesitancy, financial barriers, health system failures, and geographic barriers.

- Conduct implementation research to determine who are the most trusted messengers on vaccines, what are the most effective ways to address vaccine hesitancy, and what are the best strategies to build vaccine demand.
- Enhance surveillance and transparent reporting of vaccine-preventable diseases.
- Provide training to primary care providers on effective ways to overcome vaccine hesitancy and incentivize providers to enhance vaccine uptake among their patients.
- Invite religious leaders of all faith traditions to talk with their congregations about the balance between personal choice and community responsibility and to emphasize the moral good of protecting community health through immunization of all children.
- Encourage the United States to rejoin the World Health Organization and to increase support for WHO's Essential Programme on Immunization, that has saved the lives of an estimated 154 million children – 3.5-5 million children per year – over the past 50 years.