

Vaccines Do Not Cause Autism: *Messaging Guidance*

One of the most important things parents and caregivers can do to protect their child's health is to get them vaccinated.

Despite overwhelming [scientific evidence that there is no link between vaccines and autism](#), misinformation is persistent in the media and within communities. A survey by the University of Pennsylvania's Annenberg Public Policy Center found that [1 in 4 adults believe the measles, mumps, and rubella \(MMR\) vaccine causes autism](#).

This misinformation, among other beliefs about vaccine safety and effectiveness, contributes to vaccine hesitancy and poses a significant public health challenge.

Topline Messages

Studies Confirm that Vaccines Do NOT Cause Autism

- Autism spectrum disorder (ASD) is [a neurodevelopmental condition that is caused by differences in the brain](#) and may impact communication and relationships. There is no single known cause of autism. However, scientists believe genetics, as well as biological and environmental factors, are contributors.
- Dozens of studies, summarized in this [fact sheet by the American Academy of Pediatrics \(AAP\)](#), highlight the ongoing, rigorous review of vaccine safety and effectiveness data, which have found no association between vaccines and autism.

Why People Believe the MMR and Other Vaccines Cause Autism

- The misconception that vaccines cause autism originated from a 1998 study that was later retracted. Because of this study, false narratives have been ongoing and have worsened in the years following the COVID-19 pandemic.
- Another reason people believe vaccines cause autism is that the age when children receive the MMR vaccine is also the age when some children begin showing [signs of autism](#), causing people to create a false association between the two events.
- While there is no **scientifically proven link between vaccines and autism, false narratives have led to:**
 - An overall decrease in childhood vaccination in the U.S.
 - A resurgence of measles, which caused the U.S. to reach a 30-year high in cases, along with the [deaths of two unvaccinated children](#).

Pediatric Vaccine Safety and Effectiveness

- Following [the American Academy of Pediatrics \(AAP\) schedule of recommended vaccines](#) is the most effective way to protect infants, children, and teens against 16 preventable, potentially serious diseases.
- Vaccines undergo years of careful research and testing in the U.S. before they're available to the public. Once available, many health experts and organizations continuously monitor vaccines to ensure their ongoing safety and effectiveness.
 - Specifically for the MMR vaccine:
 - [Since the early 1950s](#), researchers and medical experts have worked to ensure that the [measles vaccines are safe](#) for people ages 12 months and older.
 - Today, MMR vaccines are routine for every child.
 - Serious [complications from the MMR vaccine are rare](#).
- Decades of clinical trial data and monitoring tens of millions of vaccinated people have continued to prove the vaccine is safe and effective.

Strategies for Communicating with Parents and Caregivers

- **Empathy and Listening:** Begin conversations by listening to understand, not only to respond. [Empathetic communications](#) show an awareness and consideration of people's emotions, beliefs, and experiences.
- **Be Relatable:** Explain the complex, scientific language surrounding vaccine safety and effectiveness using relatable and [easy-to-understand concepts](#).
 - For example, compare vaccines to over-the-counter vitamins or to the impacts of healthy food choices.
- **Address But Don't Repeat False Information:** [Correct false narratives without repeating them](#). Provide evidence-based guidance and explain the origins of vaccine myths while highlighting their benefits and safety.
- **Offer Additional Resources:** Based on your community's unique beliefs, concerns, and varying levels of understanding, share credible resources in varying formats (long-form writing, infographics, video explainers, etc.) for parents and caregivers seeking more information.

Communication Considerations

Here are some questions to consider when communicating about vaccines and autism.

Who is your audience?

The more specific you can get about your audience, the more effective you can be in providing useful, relevant information.

Consider:

- Is there concern for all vaccines, or are specific vaccines (e.g., MMR) causing concern?
- What do families need to hear vs. what organizations (e.g., schools, medical offices) need to hear?

What do you want your audience to do with this information?

Examples:

- I want parents and caregivers to understand pediatric vaccines better.

- I want community members to share this message with friends and family.
- I want trusted messengers (e.g., teachers, pediatricians, community leaders) to help amplify this information.

What is your local context?

Consider:

- Local or state policies regarding pediatric vaccine guidance and access that will directly impact your community.
- Your county's vaccination rates, particularly among young children.
- Your community's rates of specific illnesses.

Additional Messaging Resources About Vaccination Safety

- [Recommendations to Encourage Routine Childhood Vaccinations](#) (PHCC)
- [Communicating with Families and Promoting Vaccine Confidence](#) (American Academy of Pediatrics)
- [The Truth About Autism and Vaccines Guide](#) (Vaccinate Your Family)

Resources About Vaccination for Your Community

- [Vaccines Do Not Cause Autism](#) (PHCC)
- [The Facts About Autism and Vaccines](#) (The Autism Society)