

# Childhood Vaccination communication project in Herefordshire

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# Purpose of this report

Herefordshire council wished to procure a communication-based service to help drive improvement in childhood vaccinations in Herefordshire.

The aim of this project is to improve the uptake of childhood vaccinations in the county to a level of 95%. To achieve this, it is important to fully understand the barriers to having vaccinations for these issues to be addressed.

Herefordshire Council's Public Health team have commissioned Healthwatch Herefordshire to undertake this piece of work. This will involve engagement with health professionals; parents of children in early years settings, including nurseries and community mums and tot's groups and parents of children in school settings (Primary & Secondary).

The project will require reaching out to certain communities such as migrants and GRT. Children from the traveller communities; migrant communities and Steiner-Waldorf schools are under vaccinated communities in the UK.

Following the engagement work, communication resources including videos and posters will be created to address barriers highlighted in this report with the aim of increasing the uptake of childhood vaccinations in the county.

# Methodology

We used a variety of methods during this project to engage with the public and health professionals which can be seen in the table below

Type of engagement	Number of respondents
Online Survey	112 completed surveys 51 partially completed surveys Total – 163 responses
Face to Face Engagement 9 early years settings (including 2 nurseries and 8 community-based Mums & Tots groups) 4 primary school settings 1 GRT site	137 parents  105 parents 2 parents
Discussions with health professionals	This included health visitor teams in the county.
Telephone and email communications	This included 30 schools, further nursery settings and health professionals, where the link to the survey was sent with the aim of sending it on to parents.
Vaccination UK	238 student reasons for declining their year 8 or year 9 vaccine.

# Results from Engagement

Consistent with the data, most people that were spoken to during this project had fully vaccinated their children and didn't have any issues with doing so. The table below shows some of the statistics :

Engagement	
Face to face	229 out of 240 parents said 'Yes' to fully vaccinating their children and didn't have any issues with doing so.
Survey	73 out of 108 responses said 'Yes' to having all vaccinations that had been offered to them. 79 out of 108 responses said 'Yes' to having all vaccinations offered to them in the future.
Vaccination UK survey (students that declined their vaccine)	238 Students (Declined to have Year 8 or Year 9 vaccines)

From the respondents that had doubts or concerns when asked about vaccinating their children, many had strong opinions for feeling this way and had often done a vast amount of research to come to their conclusion.

There were a number of themes that emerged from this engagement regarding people's opinions towards childhood vaccinations which include :

1. Overload of vaccinations
2. Mistrust in public bodies
4. Bad reactions
- 4 Concern of links to Autism
5. Ingredients, effectiveness & natural immunity

## Overload of vaccinations

During our engagement, there were several comments made about parent's concern over too many vaccinations being administered at the same time. Whilst this didn't always result in the parent not vaccinating the child, in some cases this concern added to the reasons of why some parents chose not to vaccinate.

Some of the parents, where this was discussed, had a White European ethnicity and were aware of how some countries in Europe, such as Romania and Bulgaria, administer them differently by giving children the vaccinations separately and spread out over time. These parents felt more comfortable with this approach.

Where parents had this concern, some felt that it was too much for the child to take on a multiple number of vaccines, whereas other parents were concerned about how the child felt when they were being administered, and this is reflected in the quotes below.

One parent, during face to face engagement, was cautious about vaccines and has become less trustworthy of the NHS since the Covid pandemic, she was aware that the MMR vaccine was important, but still undecided as to what she will do when her child is due to have them. Her main issue was related to overload of vaccines, and she felt there seems to be more and more vaccinations needed.

There was also a comment where the parent was allowed to separate the vaccinations due to concern over the parent's epilepsy.

### From online survey

*"He has had a delayed and single vaccination program that we have paid for privately. This has meant we could do a single vaccination over an 18 month period and we have chosen not to have all the vaccinations that the NHS offer. We have opted for this due to concerns over the combined vaccinations in such a short period of time. We have also paid for the luxury of low aluminium vaccinations which is very important to us"*

### From online survey

*"Too many injections in one go at 12 month vaccinations. I can't imagine most adults would accept this many in one go. Always done under the line "they won't remember", they do remember. My little one is still very upset going to the Dr. I'm not anti-vaccinations, but I think they could be administered with more empathy."*

**From online survey**

*"My children had the MMR separate due to parental epilepsy."*

**From online survey**

*"The current vaccination schedule of doing more than one jab at a time is unfair on the babies / children. One jab at a time would be kinder and I think lots of resistant parents would be more up for that."*

**From online survey**

*"Too many combined in such a short space of time."*

**From online survey**

*"Rushed process when getting the vaccine and too many at once."*

**From online survey**

*"I don't agree with vaccinations being given all in one go. I think they should be spread out. I would have liked proper consultation with detailed information before the vaccination appointment. I would have liked a full list of ingredients in the vaccination.  
I would have liked to have been informed of any potential long term side effects. I would have liked not to feel pressured by the woman who gave my baby the drops in his mouth. She was extremely pushy and borderline told be off for declining the vaccinations. She was very opinionated which in my view is not professional. One of my children had his vaccinations and his behaviour changed afterwards"*

## Mistrust in public bodies

One of the main reasons stated when people chose not to vaccinate their children was to do with mistrust of public bodies. Some of these respondents also said that their mistrust increased or started following the Covid pandemic. Following the pandemic, these parents started to research the topic more, which has led them to the decision of not vaccinating their children.

The Covid vaccine was not part of this project, however, there were a number of parents who said 'Yes' to all the vaccinations offered, apart from Covid, often stating that they were unsure or concerned of what the long term effects would be.

Some opinions say that vaccinations are driven by pharmaceutical companies who are interested in financial gain which is leading these parents to believe they are not focused solely on the health and wellbeing of the child.

### From online survey

*"If you talk to a healthcare practitioner, they are usually extremely biased and know nothing of the research against vaccines.*

*Only that in favour, this can't give a balanced argument. Moreover, they usually can't even have a balanced conversation. When doctors are routinely given gifts and taken out by the companies that are selling the vaccine, how could we possibly trust them. My gut just tells me it's not right and I trust myself more than the NHS who seem an increasingly flawed organisation."*

### From online survey

*"Children are born with immune systems. A healthy population doesn't make pharmaceutical companies any money. Then you look at who owns and has shares in the pharmaceutical companies you realise they aren't there to make people better. Come back to me with every single vaccine ingredient in every child vaccine from birth and tell me the health benefit of said ingredients and tell me what and why they are in a vaccine? Then we can have a discussion."*

### From online survey

*"I think there is a 'concerned parent' angle but also a general suspicion of state, pharma and 'others' amplified by disinformation spread in social media echo chambers."*



*The children's mother believes they are unsafe, pushed by large pharmaceutical companies and the diseases they prevent can be managed through alternative (natural) means.."*

#### **From online survey**

*"The covid one and any newer vaccinations that have little research I wouldn't be so willing to try as I don't feel children should be guinea pigs."*

#### **From online survey**

*"I am an academic and healthcare professional in the field of nutrition. I do my own research, unlike most of the population who are brainwashed and intimidated by those in authority. Vaccines are a Big Pharma cashcow.*

*They have a slew of toxins and heavy metals in them. There's no data proving they are 'safe and effective'."*

#### **From online survey**

*"In the 70s when I had my own jabs there were a helluva lot fewer than there are now. And yet modern kids are the unhealthiest I've ever known. Also to consider that before the mid 2000s any vaccine damage was the liability of the pharma company that made it. After that the UK government in their wisdom decided that they would no longer be liable. This opened the flood gates to a wave of extra, non-required 'vaccines'. This was purely and still is a money-making exercise on behalf of the pharmaceutical industry and has little to do with the actual health of the children. Maybe the UK should take a leaf out of RFK Jr in the US who is now asking that ALL childhood vaccines have scientific proof that they actually are safe and effective. Strongly suspect that the vast majority of jabs given in this country they would be pulled. Also suspect that if surgeries and institutes weren't paid to administer the jabs then the jabs wouldn't happen."*

### From online survey

*"Lack of trust in medical professionals a lot of times due to bad experiences leading parents to seek advice from "experts" without the ability to discern real data."*

### From online survey

*"The WHO, Big Pharma and Gates, Fauci and their ilk or anybody affiliated with them aren't to be trusted."*

### From online survey

*"Just looking into the things pharmacy companies put in vaccines since covid happened and realised as humans you don't actually need to be chemically treated you can take more natural supplements and herbs in diet that do you more good."*

## Bad reactions

From the online survey, there were 3 people who responded to question 4 stating that the reason they do not vaccinate their children is due to them having a bad reaction in the past. 45 people answered this question in total.

From the face to face engagements, 4 people stated that they had not vaccinated their children due to concerns and experience of having a child or themselves having a bad reaction. Some of these experiences led to them no longer or hesitant in wanting to vaccinate siblings

The first example was where the eldest child had a very bad reaction to their pre-school booster. Their symptoms came on almost immediately after the vaccine of vomiting and being limp. The child ended up in hospital. As a result of this the parent is concerned about the younger two siblings getting the vaccine. The GP has informed her that the children can have a catch-up vaccine, but she is still undecided and would like to do more research.

The second example, again, was an almost immediate reaction to the vaccine, with the child having a seizure within 5 minutes. Their jaw locked, went blue and rigid. The hospital/GP wasn't sure whether it was an allergic reaction or whether the child was unwell without the parent knowing when receiving the vaccine. This engagement reminded the parent to speak to the GP about what to do regarding their pre-school booster. The parent has no issues with vaccinations, providing they are safe for the child. She would also like to check the ingredients of the MMR vaccine to check her child would have no issues with them.

The third example was from a mother who had strong opinions against vaccinating their child. They would not be vaccinating their youngest child as they eldest child had a severe reaction to their MMR vaccination where the mother said they almost died. She also commented that the doctors didn't admit that it was their mistake and the fault of the vaccine. The mother also believed that she became disabled after having all the vaccines. She was a health professional in the Ukraine and has researched the topic and believes that most vaccines don't pass the research, stating the covid vaccine as one of these. This also led to conversations regarding her feelings about pharmaceutical companies making money from vaccines and nobody caring about the health of children, instead about making money. She also believes nobody is telling the truth about vaccines. And finally, mentioned religious reasons believing in god's protection.

The fourth example is of where the mother had a bad reaction to a vaccine which led her to start doing her own research. She had a tumour on her bowel and after researching the topic, believes there to be a link between the bowel and MMR vaccine. The tumour was removed at age 4 but believes it started to grow following the first MMR vaccine. She also talked about her parents having bad reactions to the covid vaccines and animals having bad reactions to their vaccines. She believes in building natural immunity from the diseases is more effective than vaccinating and when asked about the types of research she uses, she commented that she uses worldwide studies and books and not the NHS as she believes they are bias.

#### From online survey

*"They made my baby sick.*

*Harmful, unnecessary, my child my choice."*

#### From online survey

*"After one lot, he became ill and was sick a lot to the point where he would only drink milk and no solid food, this put his weaning back by about 6 months as he was terrified of being sick again and became very fussy. He is 7 now and food doesn't bother him, but at the time it was quite traumatic going from a toddler who would try anything to one who only wanted milk."*

#### From online survey

*"The last vaccinations my daughter had made her very poorly. The hospital suspected she had a blocked bowel from the vaccines, the nurse*

*doing the vaccines had warned me this was a possibility, and I felt horrible this had happened, so I didn't want to continue with anymore."*

#### **From online survey**

*"Daughter had absence seizures from vaccines.  
Worried about negative effects."*

## **Concern of links to Autism**

Some face to face engagement conversations involved talking to people to see if there were concerns about a link between vaccinations and Autism. A local organisation that supports parents and children with neurodivergence were asked about their thoughts on vaccinations and there wasn't a concern about this link and they referred to research that had been in the media, that they believed had now been proven to be wrong. Other conversations in community 'Mums and tots' groups were also similar with some parents aware of this research but it no longer being a concern to them.

However, we did have 2 conversations within the face to face engagements where parents believed there to be a link between the vaccinations and the development of Autism.

The first person had a lot of reasons for her choice in not vaccinating. She had given her child the 8 and 16 week vaccinations and then did not have any plans to give the child anymore. The reasons stated for their choice included overload of vaccines; use of heavy metals; mistrust of pharmaceutical companies; biased research; concern over the huge increase in mental health issues in children and how she believed this could be linked to vaccinations as well as chemicals within food and a link with autism was also a concern.

The second person that had concerns over this issue firmly believed that their child developed autism following their 1 year vaccinations along with lots of other developmental issues (including speech and eating) as there was no sign of any of these issues prior to the 1 year milestone.

Within the online survey, there was one answer where a parent was concerned of the links between vaccinations and autism and then there was 2 responses where the child's Autism was stated as the reason they would find it difficult to have the vaccine.

#### **From online survey**

*"Autism. Sensitive. Just not happening  
She's autistic and doesn't need anything harmful in her sensitive body."*

#### From online survey

*"Because he has ADHD, ODD and Autism and he's not used to change or different things, he is very big for his age."*

#### From online survey

*"I did have the MMR but left it as long as possible because of the worry of links to autism. I received lots of threatening letters from the NHS putting me under pressure to get it done quickly. It wasn't a pleasant experience."*

## Ingredients, effectiveness and natural immunity

There were a number of comments within the online survey and the face to face engagements where parents have shared concerns over what ingredients go into vaccines which have caused them to be hesitant about allowing their children to have them. Alongside this, there were comments made from parents who believe vaccines aren't needed or are not effective and that it is better to concentrate on building a healthy immune system for the child which, in turn, they believe is more effective in fighting diseases.

#### From online survey

*"Vaccines are toxic and cause more harm than good. They are actually not even that effective, you can still get the disease even if you are vaccinated. Childhood diseases are needed for the evolution of mankind, to strengthen us physically and mentally, and pass on our immunity to younger generations*

*They are not needed. Our bodies are able to handle anything as long as it has the basics: good nutrition, clean water, exercise, rest, love. I don't need to inject my child with toxic substances, including aluminium, aborted fetal tissue, and gmos that supposedly "protect" you from disease. Disease is also necessary for our evolution as people and society, and some diseases actually protect you in the future from worse problems like cancer."*

### From online survey

*"I think it leaves their systems weaker and more prone to becoming unhealthy when they are older. I know plenty of people who were never vaccinated, including myself and they are all healthy.*

*The best immunity is natural immunity. Many of these illnesses also provide protection against other ones e.g I read a study done between Britain and 2 other countries showing a 25% reduction in ovarian cancer. I can't remember details now but a quick search here <http://pmc.ncbi.nlm.nih.gov/articles/PMC2951028/> shows it's possible"*

### From online survey

*"We believe that some vaccines aren't necessary for a child."*

### From online survey

*"I am a registered nurse. I have done extensive research into vaccines and their ingredients. I am mindful of these ingredients and the impact they have on the human body. Vaccines do not prevent any illness or disease, or prevent a person from having something 'at a lesser severity' as there is literally no such thing! My child has an immune system that is exceptional, and I believe that he does not need any vaccines."*

### From online survey

*"If GPs can not name every single vaccine ingredient and the health benefit for that ingredient then why on earth would I trust anyone to inject a concoction of unknown ingredients into my child's body."*

Across the different forms of engagement, there has been a larger amount of people who are happy to have the main vaccinations with the schedule, however, they have commented that they don't feel it is necessary to have the flu vaccination, often stating that the illness of flu is acceptable for their children to handle with natural immunity.

### Face to face engagement

6 said they would have all vaccines except for flu

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## Online survey

12 said they would have all vaccines except for flu

This highlights the issue that these parents may only be considering the health of the child that is due to have the vaccination and may not be aware of the implications on the wider community, for example, the elderly or those with a weakened immune system.

# Engagement with Health Professionals

As part of this project, engagement took place with health visitors across the county as this is a key role that has face to face conversations with parents regarding vaccinations.

The experience from Health visitor perspective was consistent with the statistical data and other engagements in that most of the population are in favour of vaccinations and therefore their children have all the vaccinations in the schedule.

Where there is reluctance or hesitancy, the health visitors found there to be several different issues that parents state for their reason not to vaccinate. Again, these are consistent with what has been found during this project.

They include :

- Worry about the ingredients of vaccines, including use of metals such as Mercury and Aluminium
- Links to autism
- Links with epilepsy and autoimmune diseases
- Concern over the number of vaccines given in one go
- Anxious mothers

Health visitors had a small number of people who had said that their medical records were not correct as they had vaccinated their children, but the records didn't show this.

They also said there was a small cohort of parents who were less pro-active in booking appointments or would miss appointments for vaccinations and developmental reviews.

There are some children who miss their vaccinations due to being ill at the time. Often, children may be starting in nursery settings at the time of 1 year

vaccinations where they are exposed to illnesses and this can make it more difficult for parents to organise appointments to attend when the child is better.

Some health visitors described examples of parents trying to book appointments in advance for vaccinations, but were told it was too early to book an appointment, however in these instances, parents were more likely to then forget and not end up having the appointment at all.

The biggest request from health visitors to assist them with increasing uptake of childhood vaccinations was for resources to dispel myths that parents may be presenting to them. This would increase the chance of being able to tell a parent with full confidence the correct information during the conversation without having to go away and look up details.

There are a variety of different comments that parents are presenting to health professionals, due to the level of information which can be found online as well as other sources. Comments may have varying levels of truth within them about vaccinations and yet the vaccinations can still be the most effective way to protect a child against illnesses. Therefore, further training would be useful for health professionals and people in contact with parents, for example, early years practitioners, for them to be more confident in giving the right response when parents present with negative comments regarding vaccinations.

## Vaccination UK

Part of this project was to cover the vaccinations that are offered at high school level, which include the DTP vaccine offered in year 9 and the HPV vaccine offered in year 8.

It was difficult to communicate with parents and children in year 8 & 9 and therefore more effective to contact Vaccination UK who hold the information from consent forms for this age group which has an option to say why the child may not be choosing to be vaccinated.

However, there was contact with one high school who suggested for the ones that don't vaccinate that there was an issue with students being afraid of needles. It was also suggested that a proportion of students were of different nationalities and there could be a language barrier.

Vaccination UK were able to provide us with data detailing the reasons for why a student declined to have the vaccinations that were being offered. The table below shows the variety of reasons on the drop-down menu of the consent form and the number of students choosing such reasons :



<b>Year 8 – HPV Vaccine</b>	
<b>Reason for declining the vaccine</b>	<b>Number of students</b>
Believe in natural immunity	66
Don't know enough about the vaccine	26
Worried about the side effects	22
Vaccination already received or given elsewhere	9
Would rather attend a community clinic	7
Child not eligible for medical reasons	3
We do not have this vaccine in my country of origin	1
<b>Total</b>	<b>134</b>

<b>YEAR 9 – DTP Vaccine</b>	
<b>Reason for declining the vaccine</b>	<b>Number of students</b>
Believe in natural immunity	36
Don't know enough about the vaccine	10
Worried about the side effects	26
Vaccination already received or given elsewhere	21
Would rather attend a community clinic	6
Child not eligible for medical reasons	4
We do not have this vaccine in my country of origin	1
<b>Total</b>	<b>104</b>

# Summary

Consistent with the data, with every engagement activity of this project, the large majority of people we spoke to fully vaccinated their children and had no issues with doing so. With the small percentage of people who chose not to vaccinate there was a variety of reasons. It is worth addressing all of these reasons even if only a small number of people commented on them to reach the target of vaccinating 95% of the population.

When choosing groups and settings to attend, we actively looked for places that were likely to have people from a migrant or eastern European background attending. Whilst there were some people from this background who were against vaccinating their child, we did not find a strong correlation between this cohort and the decision not to vaccinate their children. There were many people from this background who were fully in favour of vaccinations and equally people from a white British background who were against the idea of vaccinations. During face to face engagements there were 2 parents (at different settings) who had a white European background (Polish), who spoke very little English who just said they were against vaccinations, one saying they will not give their child any vaccinations and one saying they will only give vaccines before 12 months, but they did not give a reason why. More information in different languages could help people in these circumstances to understand the topic further to make more of an informed decision.

Equally we found the same situation with the traveller communities. We visited a traveller site in Bromyard where the parents that were spoken to were fully in favour of vaccinations, however a health visitor informed us of a traveller family in their area that were known for not attending appointments which including getting their children vaccinated.

In Herefordshire, we have a Steiner Academy school and as pupils from the Steiner-Waldorf communities are under vaccinated in the UK, we were keen to have some face to face engagement. This wasn't possible for this project, however information about the project and links to the online survey were sent to parents of this school, therefore there is a possibility that some perspectives in the results of the survey could be from these communities.

Across the engagements, there was a small amount of people who had vaccinated their children, but their records weren't showing this. Some of these cases could be a communication or administration error or sometimes with migrant communities, children may come to the area without medical records or records that need to be translated. All these factors could contribute to this administration issue.

All of the themes that have been pulled together during this engagement highlight the need for more information from trusted sources to allow those parents who may be hesitant to have more confidence in the vaccination schedule. The covid pandemic has put more doubt in people's minds and led them to their own research and we need to be sure that the information parents are reading is factual.

# Recommendations

- **Reassurance regarding the number of vaccinations given at one time.**

Whilst some parents still felt that vaccinations were the right thing to do, the concern regarding the number of vaccines given at the same time was raised during discussions and many parents would have felt more comfortable if vaccinations were spread out a little more, particularly those from an eastern European backgrounds who may be aware of how some other European countries administer vaccines.

Vaccinations separated out could lead to more being missed due to difficulties in getting to appointments and therefore, more reassurance that the combined vaccines are safe would be beneficial

- **More information to the public of trusted sources of information on vaccinations.**

Of the parents that engaged with us during this project who were against vaccinations, the majority had done their own research. It is unclear what research they may have looked at to form their opinions, especially given the wide range of information that is available on the internet so it is important to promote information that the public feel they can trust.

- **Communication to address concerns that have developed since the Covid pandemic**

It is important to acknowledge that trust needs to be rebuilt following the covid pandemic as it was this event that led some people to do more research into vaccinations and decide against having them.

Communication could address the differences between the main vaccines on the vaccination schedule and the Covid vaccine as some people may choose to just opt out of the covid vaccine, for others the concerns over the covid vaccine is impacting their decision for all vaccines.

- **Reinforce messaging regarding the complications and effects of contracting serious illnesses.**

Discussions during engagements as well as with health professionals highlighted the issue that current parents of young children may not remember a time when there were serious complications to some of the illnesses that these vaccinations are protecting against, for example, measles. Often, when asked, how parents would protect their children if they contracted one of the illnesses, the response was natural immunity. Communication to act as a reminder of what the consequences of contracting one of the illnesses could be, could result in vaccinations being the better option.

- **Administration checking exercise.**

During all engagement activities of this project, there was a small number of people that mentioned that their children were vaccinated, but the medical records hadn't been updated. As the overall percentage of people who are not vaccinated is quite low, then addressing this issue to make sure there are no administration errors, could easily lower the percentage of people who are down as unvaccinated.

- **Communication to address concerns of links to Autism.**

Whilst there were not large numbers of parents who had concerns regarding the link between vaccinations and a development of Autism, there were still some parents who believed there to be a direct link. This concern should be addressed with clinical advice to explain alternative explanations for a child's development instead of the vaccine being responsible.

- **Myth busting resources created for health professionals.**

With the huge range of information available on the internet and social media groups, it would be beneficial for health professionals in direct contact with parents to have communication resources to instantly be able to say which comments are true and which aren't.

- **More training for health professionals and early years providers.**

Again, for health professionals and early years practitioners in direct contact with parents, further training to increase confidence in their responses to parents regarding vaccinations would be valued.

- **Encourage early years settings/schools to add a question to admission forms on vaccinations.**

Some early years settings and schools asked the question on their admission form about what vaccinations the child has had. This is useful for a number of reasons, including awareness of which children are not vaccinated; acting as a reminder to the parent to check their child is up to date with their vaccinations (this could pick up children who may have missed vaccinations due illness or logistical problems in getting appointments.) and it is an opportunity to explain the importance of vaccinations and herd immunity.

- **Reinforce the message regarding 'herd immunity'.**

Many parents stated that they were happy to give their children vaccinations apart from covid or flu ones, often stating that they did not feel the flu vaccine was necessary as their child's immune system was strong enough to handle the flu. This implies that the parents were, naturally, thinking about the health & wellbeing of their child, but not necessarily thinking of others that may have weakened immune systems. This could be the case for all of the vaccines and therefore reinforcing the importance of 'herd immunity' would be useful.

- **Make contact with parents of children who have had bad reactions to discuss the reasons and reassure parents to continue with the vaccination schedule.**

People who have had children with bad reactions to vaccines or bad reactions themselves are more cautious about future vaccines, often choosing not to have them again. For this small cohort, it would be worth spending extra time with them to talk through the reasons for bad reactions and whether any individual circumstances affected the reaction. It would be useful for a health professional to discuss this with parents to avoid them using untrustworthy sources for their own research.



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