

Opinions - For debate

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Public health agencies need to be 'Kennedy ready': take action now to protect vaccine confidence

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Abstract

The Secretary of the US Department of Health & Human Services, Robert Kennedy Jr is leading a political agenda against vaccination. This is undermining the delivery of life-saving vaccination programmes and provision of evidence-based information on the safety and effectiveness of vaccines for the public and health professionals. Inconsistent and conflicting messaging between health practitioners and government health agencies erodes trust in public health programmes, creating a vacuum which is often filled with mis/disinformation that presents severe consequences for families. Due to the transnational spread of diseases, we consider the implications of events in the US for routine childhood vaccination programmes in the UK. Public health agencies across the world need to be 'Kennedy ready'; pragmatic steps must be taken to mitigate threats posed to vaccine confidence and the control of vaccine preventable diseases.

Alongside access to clean water, vaccination prevents more child deaths than any other health intervention [1]. The political agenda against vaccination in the United States raises implications for routine childhood vaccination programmes in the United Kingdom and countries around the world, due to the transnational spread of diseases and ideas.

Undermining vaccine confidence amidst measles outbreaks

The US public health service comprises a consortium of agencies with domestic and global reach. The Trump Administration is radically reconfiguring this infrastructure by cutting workforce and funding, and appointing leaders whose professional training in health protection is questionable and divisive. Robert Kennedy Jr., Secretary of the Department of Health & Human Services (HHS) has a long track record of undermining public confidence in childhood vaccination [2].

As of July 2025, multi-state measles outbreaks have resulted in the highest number of recorded cases in three decades, claiming the lives of two unvaccinated children and one adult [3]. The measles outbreaks are a cause of declining routine childhood vaccination coverage since the COVID-19 pandemic and more established inequalities in uptake between population groups [4]. Amidst the outbreaks, Kennedy failed to unequivocally endorse vaccination as the safest and most effective way to prevent transmission, and championed vitamin A and cod liver oil as defence and treatment against measles.

The preventable, widely reported measles deaths occurred alongside concrete steps to disorient public opinion on vaccine safety and effectiveness. HHS tasked a vaccine skeptic with re-examining long-refuted associations between vaccination and autism [5, 6]. Kennedy dismissed all expert members of the Advisory Committee on Immunisation Practices (ACIP) in June 2025 [7]. This will reconfigure how frontline health professionals and the public receive evidence-based information on the safety and effectiveness of vaccination. Recipients of National Institutes for Health funding for 'vaccine hesitancy' research had their grants revoked this year [8], and uncertainty lingers about sustained state-level budgets for vaccination programme delivery. Removing the ability to understand public interactions with vaccination in this weakened institutional landscape appears to be deliberate.

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What does this mean for national public health agencies?

The Covid-19 pandemic showed how mis/disinformation can pervade social and diaspora networks and undermine public confidence in vaccination in its wake. The spread of poliovirus across London and New York in 2022 also revealed how under-vaccination makes transnationally linked communities vulnerable to the same threats [9]. Public responses to polio campaigns differed in each country, reflecting perceptions of Covid-19 mis/management [9]. Yet, transnationally-linked communities benefited from attempts to align messages across public health agencies. Outbreak response efforts in transnational and mobile populations may now face unprecedented barriers to coordination with the US Centers for Disease Control and Prevention (CDC) nationally, but there may be more potential to cooperate with relevant state-level health departments.

Our message is simple: public health agencies across the world need to be 'Kennedy ready.' Pragmatic steps must be taken to mitigate threats posed to vaccine confidence and the control of vaccine-preventable diseases.

Vaccine safety revisionism is being sanctioned at the highest US political echelons, and there are indications that this discourse is infiltrating public opinion in the United Kingdom [10]. Research is needed to examine its dissemination via news and social media channels, and whether and by whom it is being taken seriously. Dismantling NHS England and under-resourcing Integrated Care Boards [11] carries the risk of undermining public health operations at local area levels that aim to promote vaccine advocacy and strengthen the delivery of routine immunisation programmes.

Making strides in pandemic preparedness requires a strong and robust approach to routine vaccination delivery [12], ensuring equitable access and facilitating engagement with underserved and globally-networked communities to address their questions or the misinformation they encounter. Reducing public health to a threadbare service will not help the UK reach a state of preparedness, whether for the next pandemic or the threats posed by transnational disease outbreaks or libertarian ideologies.

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