Vaccines protect children (and adults) against a broad spectrum of viral and bacterial infections and have had a dramatic impact on improving health for everyone as demonstrated by the decrease in morbidity from vaccine-preventable diseases since their introduction. These successes led the Centers for Disease Control and Prevention (CDC) to cite vaccines among the 10 great public health achievements in the 20th century and led to discussions of “disease eradication.”

In this issue of *Pediatric Annals*, Drs. Lori A. Kestenbaum and Kristen A. Feemster explore many of the issues associated with vaccine hesitancy and discuss potential approaches to addressing these concerns. I believe the hesitancy stems, in part, because a majority of today’s parents (and clinicians) have not had first-hand experience with many of these vaccine-preventable illnesses and do not realize the potential morbidity and even mortality from these diseases. As a result, it is easier to focus solely on safety concerns and for naysayers to perpetuate misinformation.

The price for these failures to vaccinate can be measured in the periodic resurgence of a number of vaccine-preventable diseases in the United States. Dr. Daniel Ruderfer and I explore some of the recent outbreaks of measles, mumps, and pertussis as evidence that failure to vaccinate can allow these diseases to resurge. In this regard, beginning in December 2014, an outbreak of measles originating from contact with an index case in Disneyland led to more than 125 cases that spread to 17 states and Mexico.

In recent years, major advances in adolescent vaccine development have extended to human papillomavirus and meningococcal infections as detailed by Dr. Manika Suryadevara, Lance Patton, and Dr. Joseph B. Domachowske. The future holds even further promise in the fight against these diseases with the recent licensure of meningococcal serogroup B and 5-in-1 human papillomavirus vaccines.

International travel may pose additional challenges related to increased exposure to a number of vaccine-preventable diseases that are part of our recommended schedule as well as additional organisms not routinely seen in the United States. Drs. Andre Rebaza and Paul J. Lee overview these issues and provide guidance for vaccines in planning for international travel. A number of important infectious agents such as malaria, Ebola, dengue, and chikungunya prevalent in other parts of the world may be encountered during travel and are in need of improved prevention. Fortunately, as Drs. Rebaza and Lee outline, there is significant progress in the development of vaccines for a number of these organisms.

Despite these dramatic benefits from vaccination, suboptimal vaccination rates persist in the United States and other developed countries due, in part, to active antivaccine groups and/or parents who are vaccine hesitant. Vaccine hesitancy dates back to the beginning of vaccine programs in the United States. However, the courts have supported their benefit to society. In 1905, Jacobson v Massachusetts established the right of the state to pass and enforce vaccination laws. The United States Supreme Court found school immunization laws constitutional in 1922.

I hope the evidence we have provided in this issue helps you, the primary care provider, in addressing these issues for yourselves and for your patients. As health professionals, we must take the lead in this regard. I have been involved in the care of children for over 30 years and, in contrast to recent comments from politicians, I have never witnessed a child develop brain damage from vaccination. I have, however, seen children die from complications of *Haemophilus influenzae* type b, meningococcal, pneumococcal, pertussis, measles, varicella, and influenza infections that could have been prevented through vaccination.

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Leonard R. Krilov, MD, FAAP, received his Bachelor of Arts degree in biology from Brandeis University and his Medical Doctorate from Columbia University. This was followed by a Residency in Pediatrics at Johns Hopkins Hospital and a fellowship in Pediatric Infectious Diseases at Children’s Hospital, Boston. He is currently the Chief in the Division of Pediatric Infectious Disease and the Vice Chairman in the Department of Pediatrics at the Children’s Medical Center at Winthrop University Hospital in Mineola, NY. He is also a Professor of Pediatrics at the State University of New York Stony Brook School of Medicine.

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