SKUPIE RESEARCH · WHITE PAPER No. 1

Vaccine information in the United States

Why Families Cannot Find This

What one engineering day revealed about vaccine information in the United States, and why it matters to a student's health.

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The information is not missing

It is worth saying at the outset, because the rest of this paper could be read the wrong way: the United States publishes complete, accurate, current, public-domain information about every vaccine licensed for use here. Nothing is hidden. Nothing is paywalled. Nobody is failing at their job.

On August 6, 2026, our engineering team set out to assemble that information into a form a parent could read. We had a written specification, federal documentation, a scripted environment, and no deadline. It took the entire day, produced eleven dead ends, and forced six corrections to our own plan.

> **We are publishing what we found because the difficulty is the finding.**

Measured	What it is
261,420	Records in the federal drug-label database
0	Vaccines among them
97	Licensed vaccines on the FDA list, with no column saying which disease each prevents
72%	Of 76 vaccine labels we checked had no parent-readable FDA information sheet

What actually happened

The site a parent reaches first, Vaccines.gov, had its search and substantially all of its vaccine information removed in December 2025. What remains is a pharmacy locator that tells you to phone the pharmacy and ask.

The federal drug-label database, the obvious place to look and the source our own specification named, contains 261,420 records and not one vaccine. Vaccines are licensed as biologics, on a separate regulatory pathway, in a separate dataset. A search for Gardasil returns nothing. A search for Tylenol returns 118 results.

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The complete FDA list of licensed vaccines does exist. It is a web page: 97 rows, two columns, product name and trade name. There is no column stating which disease any of them prevents.

And the plain-language version of the label, the part written for the person receiving the vaccine rather than the person prescribing it, is optional. We checked the labels of 76 products. It is absent from 55 of them. Almost every vaccine a school requires falls in that group.

The document that *is* written for parents is the Vaccine Information Statement, which federal law requires a provider to hand a family before every dose. It exists for every routine childhood vaccine. The CDC website that hosts it refused every automated request we made: the web page, the PDF, the print version, and the CDC's own archive.

We reached those documents in the end, through a nonprofit partner, as PDFs, with inconsistent filenames. Three educated guesses at where a file lived produced two working links and one dead end. The dead end was hepatitis B.

One example of the difference

Row 20 of the FDA list reads: "Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate)."

It is a Hib vaccine. It does not protect against meningococcal disease. The word *meningococcal* describes the carrier protein used to make it work in small children, a manufacturing detail printed in the product's legal name.

A parent reading that row and concluding "this is the meningitis one" is wrong. So is any piece of software that matches on words. We had to conclude that mapping products to the diseases they prevent cannot be automated at all. It requires a person reading each product's licensed indication, product by product, all 97 of them.

> **That single row is the paper in miniature.** The information is public, accurate, and completely correct. It is also, to the person who needs it, misleading on its face.

Why this is nobody's failure

The FDA regulates products and publishes labels for prescribers. The CDC informs providers and produces the patient documents the law requires. States set school requirements, independently, fifty-one different ways. Manufacturers write labels for regulators.

Every one of those institutions is doing precisely what it exists to do. None of them is tasked with answering the question a parent actually has, which is smaller and more specific than any of their mandates:

> *"The school sent a form. It says Tdap before seventh grade. What is that, has my child already had it, and what do I do?"*

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That question crosses four agencies and a state line. Nobody owns it.

What Skupie does about it, and what it does not

What we do	What we do not do
Assemble sourced, public-domain material into one place, organized by the question a family is asking.	Write our own health information, or improve on what a federal source already says.
Show the state's requirement for the family's state and grade, because that is the rule that actually binds them.	Present federal recommendations as though they were school requirements. They are different things.
Carry the source and the date on every claim, so a reader can see whose words they are reading.	Summarize a safety document into our own voice, or quietly omit the parts that are awkward.
Route to the child's doctor for the decision, and the school nurse for the deadline.	Diagnose, assess whether a child is compliant, determine eligibility, or recommend a vaccine.
Say plainly when no vaccine exists for an illness, which is true of most illnesses we cover.	Fill a gap with something adjacent because an empty answer looks like a broken screen.

Why this matters to each of you

For parents

The search engine is currently the front door, and it rewards whoever optimizes best rather than whoever is right. What a family finds first is rarely what a clinician would have handed them. The alternative is not more information; it is the same information, findable.

For school nurses and administrators

A family that cannot find an answer does not become a family that stops caring. It becomes a phone call, a missed deadline, or a child excluded from class over paperwork. Every question a parent can answer before contacting the school is time returned to the person who has the least of it.

For public health

Not every coverage gap is a refusal. Some of it is friction: a form misunderstood, a deadline missed, a second dose nobody realized was due. Friction is addressable in a way that belief is not, and it is cheaper to address.

For clinicians

Parents arrive at appointments having already read something. The realistic question is not whether they researched, but what they found. A parent who arrives having read the

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Vaccine Information Statement you were going to hand them is a better conversation than one who arrives having read a forum.

What we are careful about

Two boundaries govern everything above, and we would rather state them than be asked.

We do not present federal recommendations as school requirements. In 2026 the CDC and the American Academy of Pediatrics publish different childhood immunization schedules, and the disagreement is in litigation. Skupie takes no position. School requirements are set by states, and that is what our state cards show: sourced from the state, dated, and never blended with a national recommendation.

We do not rewrite federal safety content. Where we show a Vaccine Information Statement, we show it whole, with the CDC's name and the document's date on it. Excerpting a safety document to remove the inconvenient parts is an editorial act, and a partial one that still looks official is worse than none at all.

Where we stand, honestly

AT LAUNCH (IPHONE AND ANDROID, LATE 2026)

Fact Sheets for 41 illnesses common to K–12 settings; School Readiness requirements for all 50 states and the District of Columbia; what is going around in your area, refreshed weekly from CDC data; vaccine cards; and Ask a Question. All in English and Spanish, reachable from one home screen.

THE VACCINE CONTENT DESCRIBED IN THIS PAPER

Every source named above has been located, verified and built into 41 vaccine cards, each carrying its source and its date. Skupie does not write or alter health guidance and does not seek clinical sign-off on it: the cards summarize named public sources, and our review checks that each statement is faithful to its source, is written for a parent, and does not drift into diagnosis or dosing. Nothing reaches a parent before that check.

THE HONEST LIMIT

Skupie covers illnesses common to K–12 settings and says plainly when a question falls outside them. It does not diagnose, does not rank a child's risk, does not decide whether a family qualifies for anything, and does not tell anyone where to go for care. Those are not gaps we intend to close. They are the boundary the product is built inside.

If you are evaluating Skupie as a school, an agency, or a clinical partner, ask us where any feature stands and what any claim is sourced from. Every number in this paper was counted, not estimated, and we will show you the measurement.

Cite this paper

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Skupie™ is an awareness and education product. It does not provide medical advice, diagnosis or treatment. Measurements in this paper were taken on August 6, 2026 and reflect federal and state sources as published on that date.

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