Common Health Coalition

Last updated January 28, 2026

Explainer: Changes to the Federal Childhood Immunization Schedule

What happened on January 5, 2026:

On January 5, 2026, HHS announced changes to the CDC U.S. childhood and adolescent immunization schedule. These changes follow a Presidential Memorandum, representing a shift from previous recommendations being provided by the Advisory Committee on Immunization Practices (ACIP).

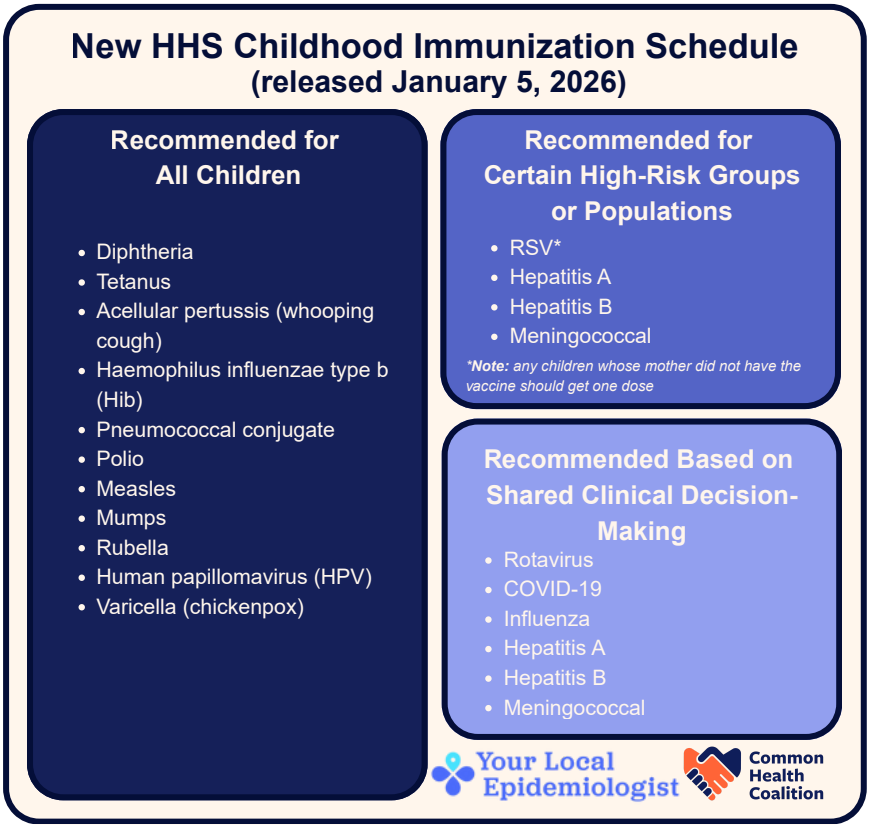
Our three key takeaways:

1. **Evidence**: The underlying scientific evidence remains unchanged, as determined by professional medical societies and other experts in the field, and continues to support the full vaccination schedules for children.
2. **Access**: Families should still be able to access the full range of childhood immunizations as recommended by the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) to protect their children from serious diseases. Clinicians, hospitals, and states can continue to offer these vaccines at no out-of-pocket cost to patients. As affirmed by HHS, all vaccines, including those moved to shared clinical decision-making, remain covered with no out-of-pocket cost by ACA-regulated private insurance plans, federal coverage programs such as Medicaid and the Vaccines for Children (VFC) program.
3. **Challenges ahead**: These changes have the potential to create unnecessary barriers to access for families and clinicians, including significant confusion about the recommendations and evidence behind them, school vaccine requirements, clinical workflows, and the supply and use of combination vaccines.

The key elements of the change:

The CDC will now routinely recommend vaccines for 11 diseases. This also includes a change to HPV, moving from 2 doses to 1. The new CDC schedule is now explicitly organized into three categories (depicted in the figure to the right):

- Vaccines recommended for all children (narrowed compared to prior guidance)
- Vaccines recommended for certain high-risk groups
- Vaccines based on shared clinical decision-making (SCDM)



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What Sectors Can Do to Protect Access:

Public health and state leaders can:

- Reaffirm publicly that vaccines remain covered without cost-sharing
- State policies, school requirements, and guidance can refer to evidence-based recommendations from professional medical societies, such as the AAP and AAFP
- Issue clear provider advisories explaining the updated CDC categories and state/local expectations
- Increase proactive communication to providers and the public to address confusion and prevent further hesitancy
- Maintain vaccine forecasting and registry systems aligned with evidence-based schedules

Payers (commercial, Medicaid, managed care) can:

- Clearly communicate to members and providers that coverage and cost-sharing have not changed
- Continue to support and report on immunization quality measures to ensure continued access to actionable, comprehensive, and national vaccination data

Health systems and providers can:

- Continue offering and recommending vaccines informed by evidence-based, professional society guidance
- Equip clinicians with practical tools for shared clinical decision-making conversations
- Monitor changes to liability protections, documentation requirements, and pharmacy protocols