Common Health Coalition

Trusted Messenger Program

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Clinician Discussion Guide: Navigating Changes to the 2026 Childhood Vaccine Schedule

On January 5, 2026, the Department of Health and Human Services (HHS) and the CDC announced a significant overhaul of the childhood immunization schedule, reducing the number of universally recommended vaccines from **18 to 11**. Read more about the change here.

The American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) have not changed their recommended immunization schedule and advise clinicians to continue following the evidence-based schedules that have protected U.S. children for decades.

How to Talk about Vaccines with Parents

- Use the following scripts to address common questions and explain why you are sticking with the evidence-base.
- The goal is **not** to debate or explain policy changes. The goal is to help families understand **why you, as their child's clinician**, continue to recommend the schedule with the strongest evidence and longest track record of protection.
- **Avoid introducing new concerns, political context, or broader controversies unless a family raises them directly**. Bringing up issues that are not already a concern can unintentionally create confusion or erode confidence.

Lead with clarity: "My goal is to give your child the strongest protection possible. We follow the AAP schedule because it has the longest track record of keeping kids out of the hospital, healthy, and thriving. It's the same schedule I use for my own family."

Acknowledging the Concern: "Why so many, so soon?"

Background	Example Script
It can feel overwhelming for a parent to see a long list of shots for a tiny baby. Many parents worry that the sheer volume of vaccines might "overload" a child's system or that some shots are unnecessary.	**The "natural" comparison:** Every day, a baby's immune system successfully manages thousands of bacteria and viruses just by breathing, eating, and crawling. All 17 vaccines in the AAP schedule combined are a "drop in the bucket" — less than 0.1% — of what their immune system handles every day.

Why You are Recommending the "Original" Schedule

Background

The new HHS guidelines suggest moving some vaccines to a "case-by-case" basis, but the AAP recommends staying the course. Here is the AAP's schedule.

Example Scripts

The science hasn't changed: "The HHS changes weren't based on new data or a change in how these diseases affect children. The scientific evidence still shows that vaccines for Hepatitis, Rotavirus, and Flu are highly effective at preventing hospitalizations and long-term illness."

Decades of real world data: The AAP schedule is backed by the study of billions of doses and decades of real-world experience. We aren't guessing if they work; we have seen diseases like *Haemophilus influenzae* type b (Hib) — which used to be the leading cause of childhood meningitis — virtually disappear from our clinics.

The safety net explanation: Some vaccines, like Hepatitis B, are given at birth because we can't predict who a child will come into contact with. Hepatitis B can live on surfaces for a week, and it can be passed through contact with infected blood, including through everyday cuts or scrapes. By vaccinating early, we remove the "what if" factor entirely.

The risk of "waiting and seeing": When we move to a "high-risk only" model (as seen in the new HHS guidelines), we often don't know a child is at risk until it's too late. The AAP schedule acts like a seat belt: you're wearing it every time you drive, not just when you think you might have an accident.

If asked about differences between the U.S. and other countries like Denmark: "The new federal schedule is modeled after countries like Denmark. But the U.S. has different population densities, travel patterns, health care systems, and disease risks than Denmark. The AAP schedule is specifically designed for the health environment in the United States."

Explaining the Timing

Background	Example Script
Even parents who want to vaccinate may question why vaccines are recommended at each age. It is normal for a parent to think their child is too young and want to wait or delay doses.	**The logic of timing:** We give vaccines early in life not because we want to rush, but because that's when children are most vulnerable. For example, Whooping Cough (Pertussis) is usually a nuisance to an adult, but it can be life-threatening for a two-month-old. We want to build up their defenses long before they ever encounter the real threat and when they need it most.

Addressing Safety and Ingredient Concerns

Background	Example Scripts
It is also normal for families to think about the safety of vaccines. Content from federal policymakers and in the media and online may be increasing questions from families about vaccine safety. It's common to see concerns online about what is *in* the vaccine vial.	**Rigorous monitoring:** Vaccines are the most closely monitored medical products we use. Even after they're approved, systems like VAERS and the Vaccine Safety Datalink act like a "24/7 security camera," watching for even the rarest side effects across millions of children. **Ingredients with a purpose:** Vaccines contain small amounts of stabilizers or "boosters" that help them work properly. One example is aluminum salts, which have been safely used in vaccines for decades to strengthen the immune response. To put it in perspective, a baby gets more aluminum from breast milk or formula in their first six months of life than they do from their entire vaccine series.

Addressing Concerns about Insurance Coverage

Background	Example Scripts
Because of the recent changes, parents might have concerns about payment and coverage.	The federal government confirms that these vaccines are still covered by insurance (including private plans, Medicaid, and VFC) at no cost to you.

Additional Resources

- AAP Childhood Immunization Discussion Guides
- AAP Clinician-Family Immunization Communications FAQs
- Trusted Messenger Program
- The Evidence Collective Briefs