Talking Points

Pediatric Immunization Schedule Change

On Monday, January 5, 2026, the Centers for Disease Control and Prevention (CDC) updated the pediatric immunization schedule, changing several routine childhood immunizations from a routine recommended category to a shared-decision-making and/or high-risk category.

Despite these changes to the schedule, families can still access the full range of childhood immunizations as recommended by the American Academy of Pediatrics (AAP) to protect their children from serious diseases.

The science itself has not changed, and it continues to show that immunizations decrease vaccine preventable disease cases and deaths.

Vaccine availability:

- There have been no changes in vaccine availability – all vaccines that were previously routinely recommended remain available to all children.
- All vaccines modified in the updated CDC guidance will still be covered by insurance, including private plans, Medicaid, Children's Health Insurance Program (CHIP), and Vaccines for Children (VFC).
- There are no expected changes to Pennsylvania school entry vaccine requirements.

Shared clinical decision-making (SCDM):

- Shared clinical decision-making (SCDM) means that decisions are made between healthcare providers and patients. This is not a new practice and has always been a well-established part of the pediatric well visit workflow.
- SCDM with immunizations involves:
  - The pediatrician offering vaccination to patients at the recommended ages and intervals.
  - Explaining why vaccinations are given, what each vaccine protects against, the benefits of having them, and any possible side effects.
  - Answering questions clearly and in plain language.
  - Conducting an individual risk assessment when clinically indicated.
    - Discussing risk of the disease based on the patient's risk factors.
  - Parents understanding that opting out of or delaying vaccines can carry risks for their child and the community.

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Vaccine safety:

- Decades of safety data support vaccines having clear benefits to individuals and their communities with very low risk of rare serious side effects.
  - Immunization has never been validly linked to chronic, autoimmune, or neurodevelopmental medical conditions.
- Vaccines reduce severe illness, complications, hospitalizations, and deaths.
- After vaccines are licensed and offered to the public, they continue to be monitored vigorously via multiple vaccine safety monitoring systems, including Vaccine Adverse Event Reporting System (VAERS).

Implications of decreased vaccination rates:

- Increase in infectious disease complications and deaths.
- Disease outbreaks.
- Loss of community immunity, making high-risk populations more vulnerable.
- Increased work and school absenteeism, including missed pay.
- Increased healthcare burden.

Comparing the U.S. pediatric vaccine schedule to other countries:

- Vaccine recommendations are largely based on a population's risk of exposure to a disease. Another country may have a shorter vaccine schedule, but that doesn't mean it's better or safer; it just reflects the risk of disease in that country.
- Health and social systems (access to healthcare, parental leave policies) and population sizes differ.
- Certain vaccines (particularly combination) are not available in other countries, which informs differences in vaccine schedules between countries.
- The U.S. immunization schedule serves as model for the rest of the world in terms of breadth and accessibility.