

# What to Know About Changes to the Pediatric Immunization Schedule

In January 2026, the U.S. Centers for Disease Control and Prevention (CDC) updated its pediatric immunization schedule. The changes, to reduce the number of recommended vaccines for children in the United States, were not based on any new evidence. Updates to vaccine recommendations do not change the fact that millions of people in the U.S., over many decades, have avoided serious illness because of vaccines.

**Among children born in the United States between 1994–2023, routine childhood vaccinations will have prevented approximately 508 million cases of illness, 32 million hospitalizations, and 1,129,000 deaths, resulting in direct savings of \$540 billion and societal savings of \$2.7 trillion.**

## What changes were made to the CDC pediatric immunization schedule?

According to the CDC, the following vaccines are no longer recommended for all children in the United States: rotavirus, RSV, COVID-19, influenza, hepatitis A, hepatitis B, and meningococcal disease.

The CDC updates are not based on any new evidence and the [previous schedule](#) continues to be endorsed by the American Academy of Pediatrics, an organization of 67,000 pediatricians that has been making vaccine recommendations for over 90 years. The recommended vaccines provide protection against serious disease and illness:

- COVID-19, RSV, and influenza (flu) are recommended annually to protect against seasonal illness, typically in fall and winter. RSV is the [leading cause of hospitalization](#) for infants in the United States.
- [Rotavirus](#) is a very contagious gastrointestinal illness that causes severe diarrhea and vomiting, especially in young children. There is no medicine to treat rotavirus, which can lead to dehydration. It is estimated that the rotavirus vaccine prevents 40,000 to 50,000 hospitalizations among babies and young children in the U.S. each year.
- [Hepatitis A](#) is a very contagious liver disease with mild symptoms that last up to two months. There is no treatment for Hepatitis A, and children under 6 may not show any signs of infection. Hepatitis A vaccination, added to the schedule in the late 1990s, has resulted in a more than [90% decline in the disease since 1996](#).
- [Hepatitis B](#) is a viral infection that causes liver inflammation. Some cases are acute and go away without treatment. Other cases are chronic and can cause conditions like liver failure and liver cancer. Since 1991, when hepatitis B vaccination was first recommended for all newborns, infections in children and teens have [decreased by 99%](#).



- [Bacterial meningitis](#) is a life-threatening condition that causes swelling around the brain and spinal cord. Bacterial meningitis can cause death within hours, and children between the ages of 1 month and 2 years are the most susceptible to infection.

## Is this new CDC schedule mandatory? Will my doctor be required to follow it?

No. The recommendations in the new CDC schedule are not mandatory for doctors or patients.

## Can I still request the old immunization schedule for my child?

Yes, the old schedule continues to be endorsed by the American Academy of Pediatrics, because the January 2026 CDC updates are not based on any new evidence.

If you want your child to follow the old vaccine schedule, tell your doctor you would like to follow the American Academy of Pediatrics (AAP) schedule, [linked here](#). Since the change, many state health departments have formally endorsed the AAP immunization schedule, which is based on decades of research on vaccine safety.

## How will this impact vaccine requirements to attend school or childcare? Will this look different state by state?

Individual states have the ability to create vaccine schedules for schools, daycares, and health care facilities, with individual exemptions for religious or medical reasons. Currently, all states require children to be vaccinated against certain contagious diseases before attending school or daycare. While states have the power to change their vaccine schedules, the new CDC recommendations do not impact state pediatric vaccine requirements.

## Where can I find the old schedule now that the CDC's has changed?

The old schedule is still recommended by the American Academy of Pediatrics (AAP) and [linked here](#).

## Is this going to affect insurance coverage for vaccines?

No. Private insurance, Medicaid, the Children's Health Insurance Program, and Vaccines for Children should continue to cover pediatric vaccines on the old schedule.

## Are my fully vaccinated children going to be at risk in the future from unvaccinated children?

An increase in the number of unvaccinated children will lead to an increase in disease. While fully vaccinated children might face a greater risk of exposure from being in contact with unvaccinated children, getting vaccinated will provide them the greatest protection from illness.

## Should I avoid vaccines if I am worried about giving my child autism?

No. There is no association between vaccines and autism.

The misconception that vaccines cause autism came from a 1998 study that is no longer considered accurate or credible. This study led to false narratives about vaccines and autism, which have worsened in the years following the COVID-19 pandemic. Another reason some people believe vaccines cause autism is that children receive the MMR vaccine at an age when they may

begin showing signs of autism. This causes people to incorrectly connect the two events. There is no association between vaccines and autism.

## Why do children receive more vaccines than adults? Can we just spread out the doses?

The pacing and combination of vaccines is based on the times when vaccines will work best with children's immune systems and when they are most vulnerable to the diseases that vaccines protect against. Sometimes this means children will receive multiple shots in a short period of time.

Children's bodies can handle multiple vaccines at once because their immune systems are in learning mode. Multiple vaccines do not overwhelm a child's immune system—they provide it with helpful practice in responding to a real infection.

There is no evidence that spreading out vaccine doses benefits children in any way. Following the recommended childhood immunization schedule helps babies, children, and teens stay healthy by teaching their immune systems to identify and resist serious, preventable diseases.

## Why do different countries have different immunization schedules?

Many factors help inform a country's vaccination schedule, including population size and demographics, its healthcare system, and its history of disease to determine the vaccines that are essential for preventing the spread of disease and severe illness.

The U.S. vaccine schedule has been refined over decades to provide the best protection for its large population. Among children born between 1994–2023, routine childhood vaccinations in the United States [will have](#) resulted in direct savings of \$540 billion and societal savings of \$2.7 trillion from avoidable illnesses, hospitalizations, and deaths.

***For the latest information on pediatric immunization, visit the [American Academy of Pediatrics](#).***

### ***Sources:***

- American Academy of Pediatrics. [Fact Checked: Receiving Multiple Vaccines Does Not Overwhelm a Child's Immune System](#).
- KFF. [The CDC Just Sidelined These Childhood Vaccines. Here's What They Prevent](#).