


**47<sup>th</sup> National Conference  
on Pediatric Health Care**

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# 2026 Immunization Update


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Experts in pediatrics, Advocates for children. <sup>1</sup>


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## Speaker Disclosure

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Patsy Stinchfield and Mary Koslap-Petraco are speakers for a NAPNAP presentation on vaccine hesitancy communications which is supported by an educational grant from Decera.



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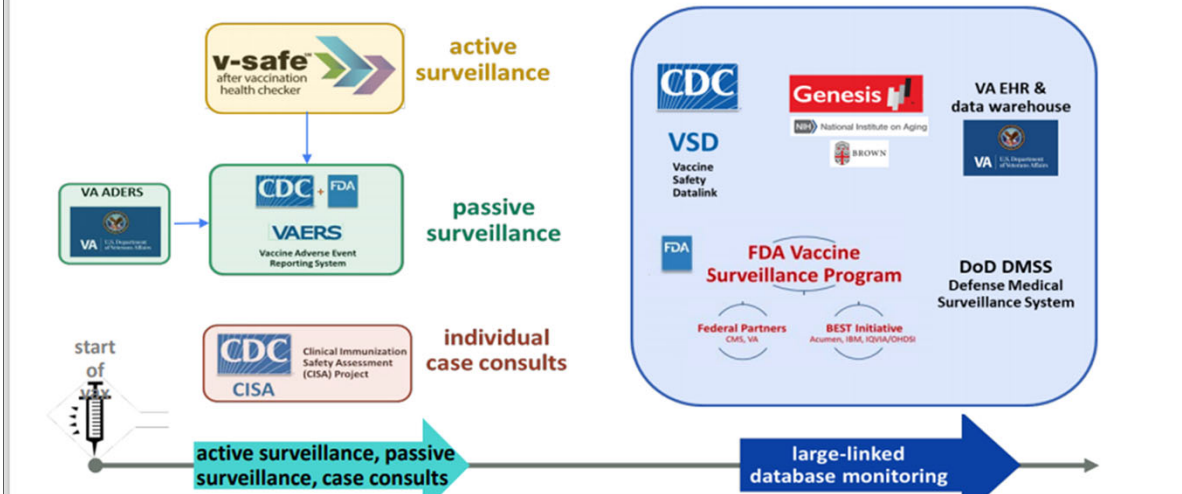
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# Learning Objectives

1. Summarize the history of vaccination in the U.S., including the impact on public health and the impact NAPNAP has had in promoting vaccination.
2. Apply information about ongoing and emerging disease outbreaks and how it relates to declining vaccine uptake.
3. Analyze key recommendations from the American Academy of Pediatrics' 2026 Recommended Child and Adolescent Immunization Schedule for the 2025-2026 Immunization Season.
4. Explain key differences between AAP vaccine recommendations and changes made to the CDC recommendations.
5. Evaluate best practice recommendations regarding vaccine hesitancy and vaccine advocacy.

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## U.S. Vaccine Safety Monitoring Systems and Timelines



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JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH International Vaccine Access Center

WHO WE ARE OUR WORK RESOURCES

HOME > ACROSS THE U.S., CHILDHOOD VACCINATION RATES CONTINUE TO DECLINE

Accessed 3/10/2026

Published August 20, 2025

### Across the U.S., Childhood Vaccination Rates Continue to Decline

#### MMR Vaccine rates

Year	DTaP (%)	MMR (%)
2019-20	95.0	95.5
2020-21	93.5	94.0
2021-22	93.0	93.0
2022-23	93.0	93.0
2023-24	92.5	92.5
2024-25	92.0	92.0

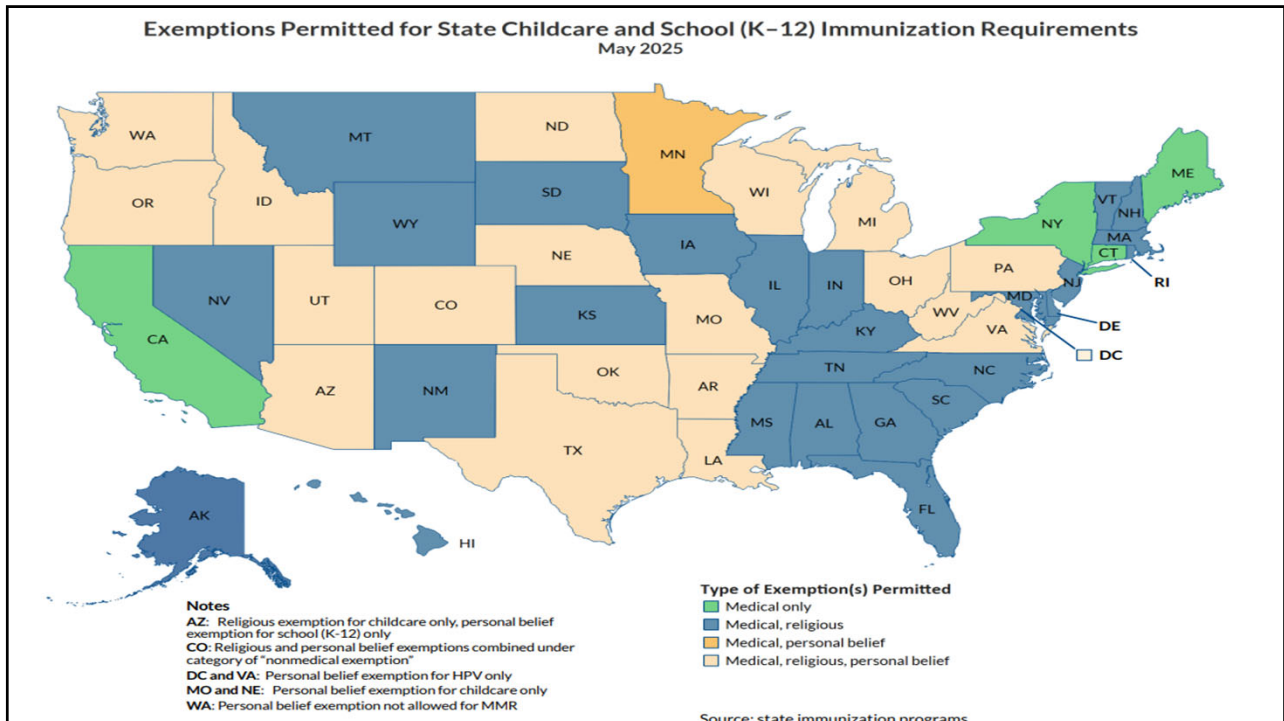
#### Exemption rates

Year	Non-Medical (%)	Medical (%)	Any (%)
2019-20	2.2	0.3	2.5
2020-21	1.9	0.2	2.1
2021-22	2.3	0.2	2.5
2022-23	2.8	0.2	3.0
2023-24	3.1	0.2	3.3
2024-25	3.4	0.2	3.6

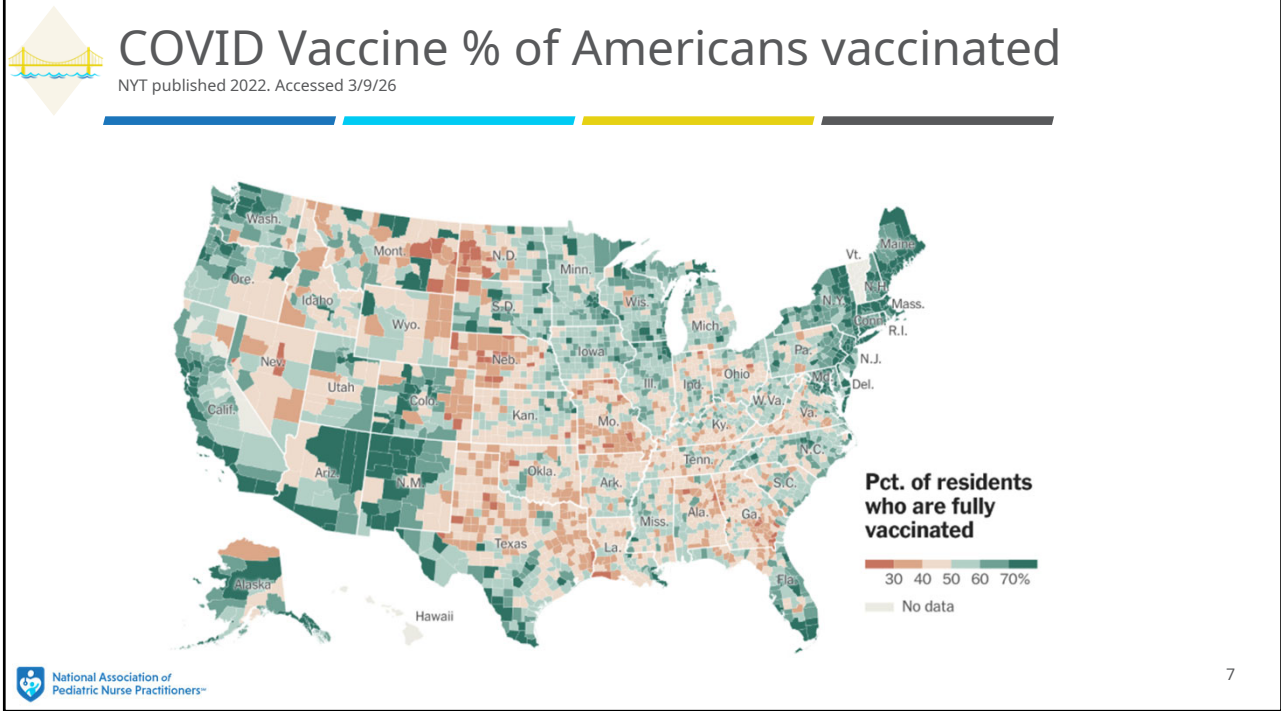
Source: CDC, SchoolVaxView

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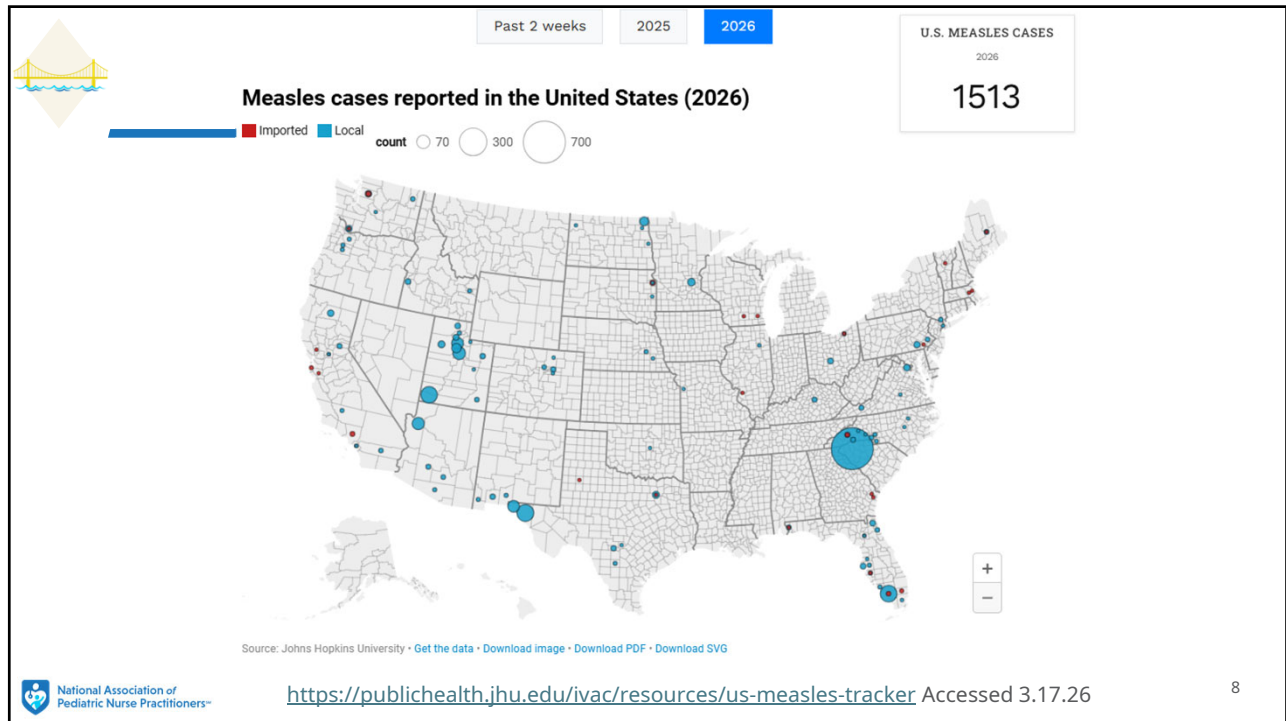
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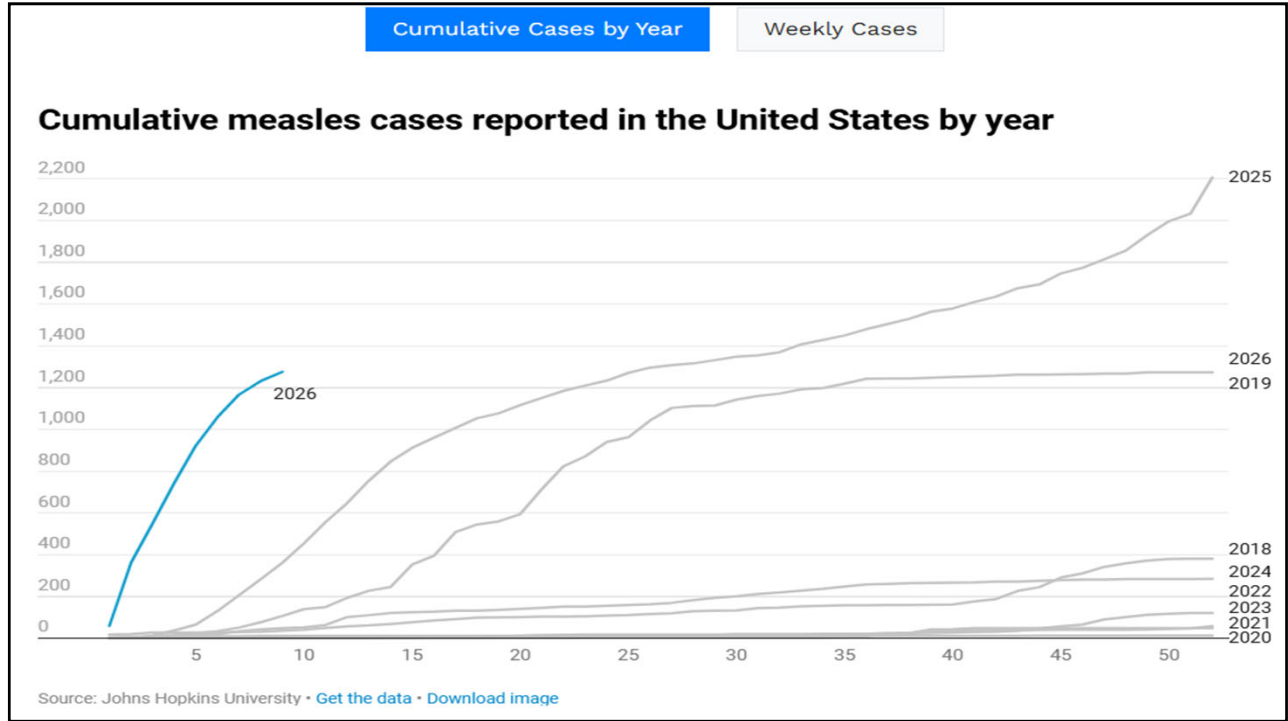
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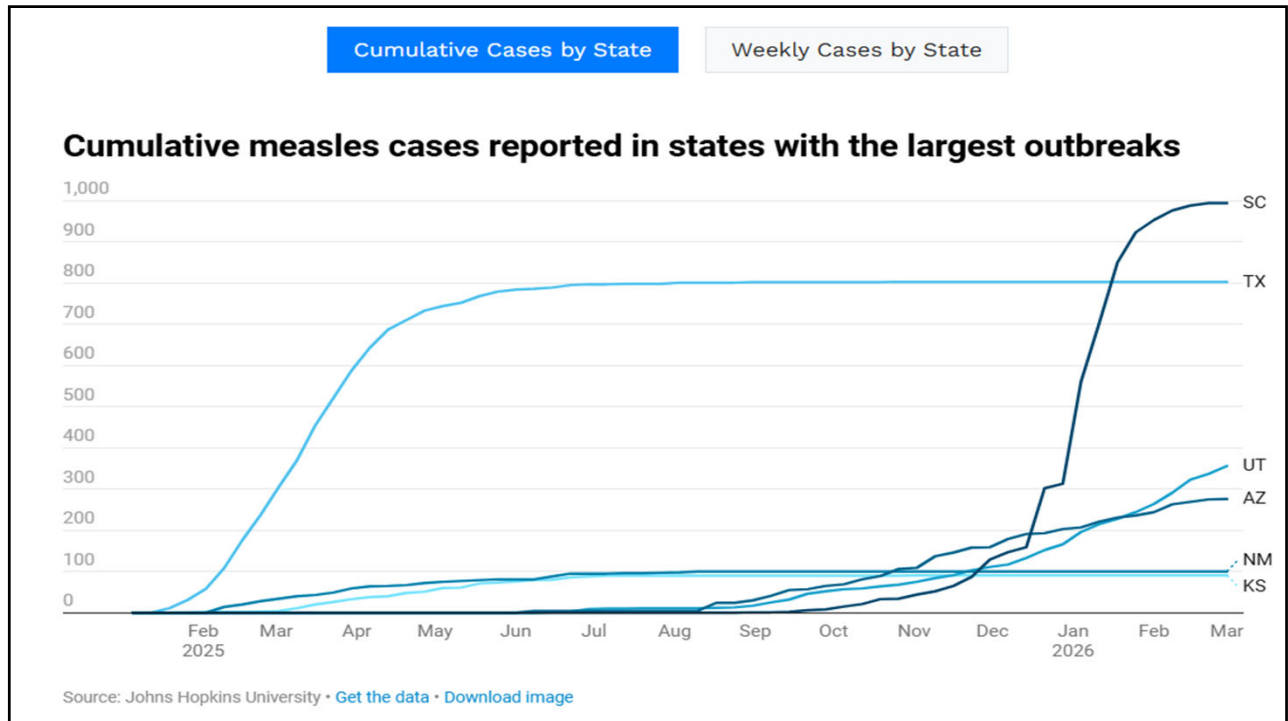
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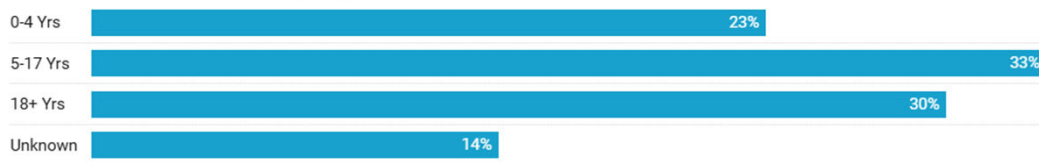


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## Measles Cases by Age

Before the introduction of measles vaccine in the United States in 1963, measles was largely a disease of young children. But measles cases now occur across all age groups. After widespread use of measles vaccine, unvaccinated individuals are less likely to be exposed to measles virus when growing up because they are protected from encountering the virus by vaccinated people in their community. However, when measles outbreaks do occur, as now in the United States, these susceptible adolescents and adults can get measles. The chart below shows the distribution of measles cases by age group in the United States since January 1, 2025. Many cases are in school age children, but older adolescents are also getting measles.

### U.S. measles cases by age



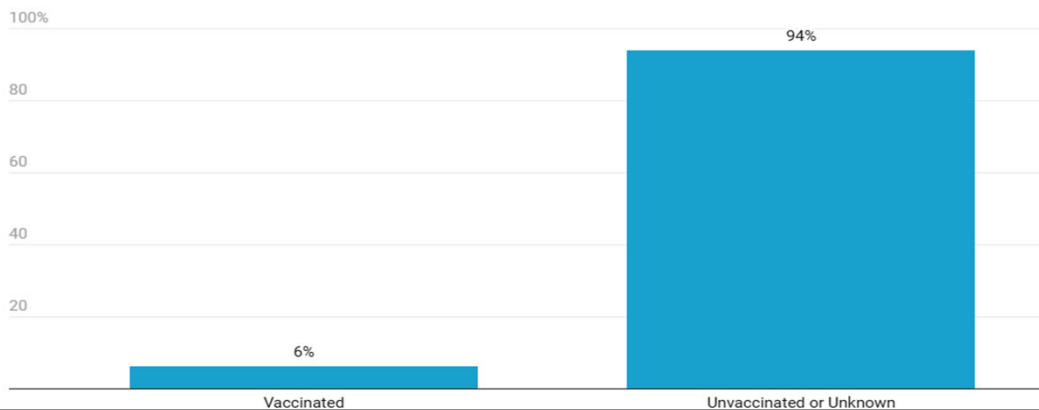
Source: Johns Hopkins University • [Get the data](#) • [Download image](#)

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## Measles Cases by Vaccination Status

Measles vaccination is the best way to prevent measles and stop outbreaks. We see this clearly by looking at the vaccination status of measles cases in the United States. Unvaccinated individuals or those with unknown vaccination status represent almost all reported measles cases. These outcomes are consistent with estimates that two doses of measles vaccine protects 97% of those vaccinated.

### Percentage of reported measles cases by vaccination status



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# CONSIDER MEASLES


in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis)

**Ask patients about recent travel** internationally or to domestic venues frequented by international travelers, as well as a history of measles in the community.

[www.cdc.gov/measles/hcp/index.html](http://www.cdc.gov/measles/hcp/index.html)




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## Measles (Rubeola)

- Fever, cough, coryza, conjunctivitis
- Maculopapular rash spreads from head to trunk to lower extremities
- Highly infectious, 90% attack rate in close contacts
- Contagious 9 days (4 days before, day of rash and 4 days after rash onset)
- Vaccine preventable
  - 93% effective with 1 dose at 12 months
  - 97% effective after 2 doses



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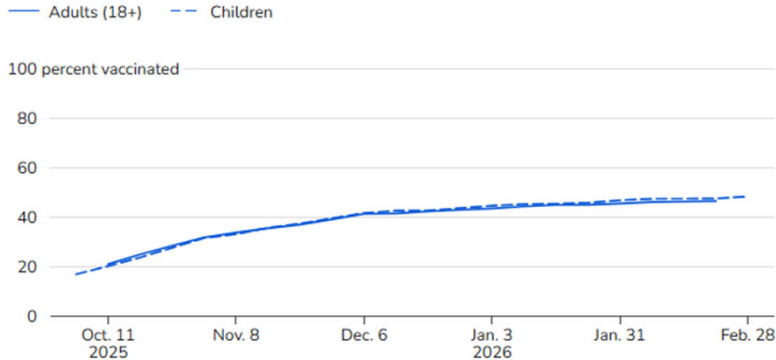


# CDC adult & child flu vaccination through 3/5/26

Accessed 3/10/26

## Flu Vaccination in the United States

Weekly cumulative percent of adults and children vaccinated with 2025-26 seasonal flu vaccine. Refer to [data notes](#) for more details.



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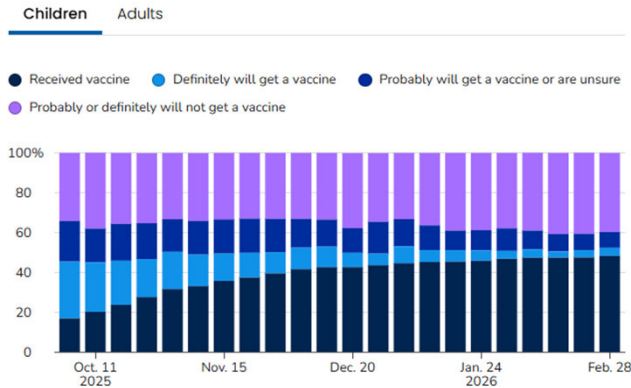


# CDC child flu intent/completed through 3/5/26

Accessed 3/10/26

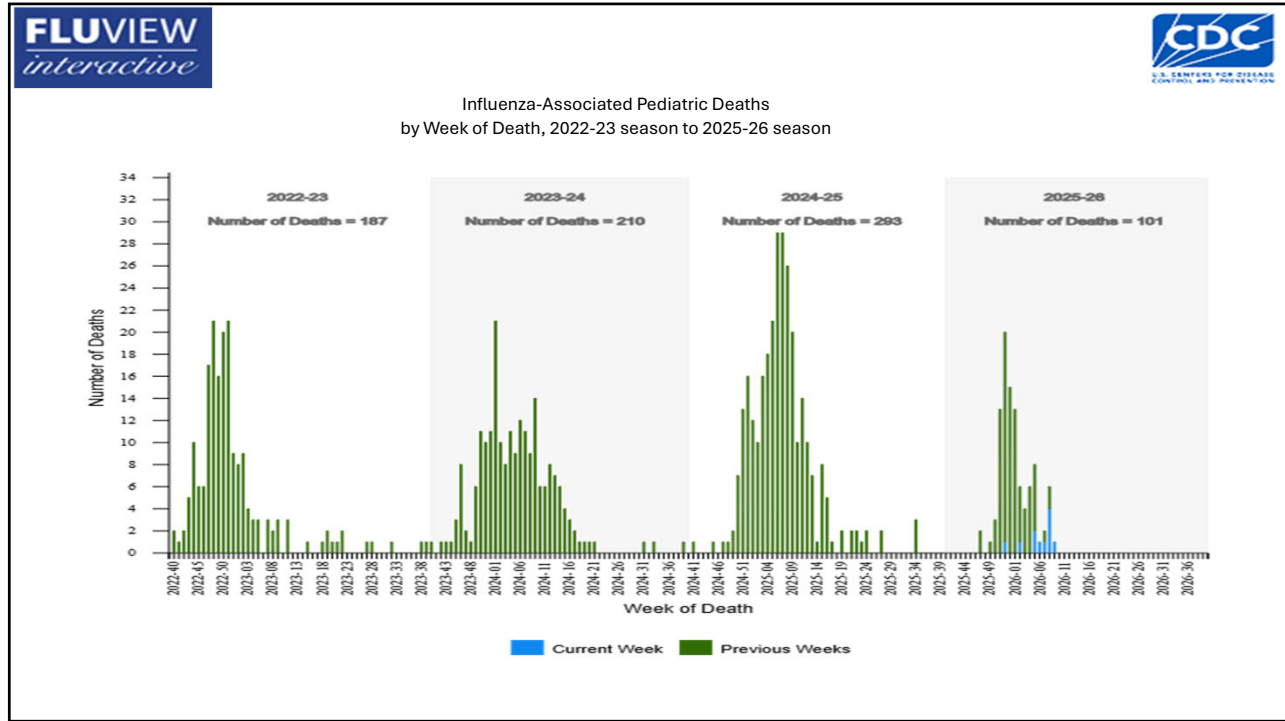
## Flu Vaccination Intent in the United States

Weekly intent for vaccination and cumulative percent of adults and children vaccinated with 2025-26 seasonal flu vaccine. Refer to [data notes](#) for more details.

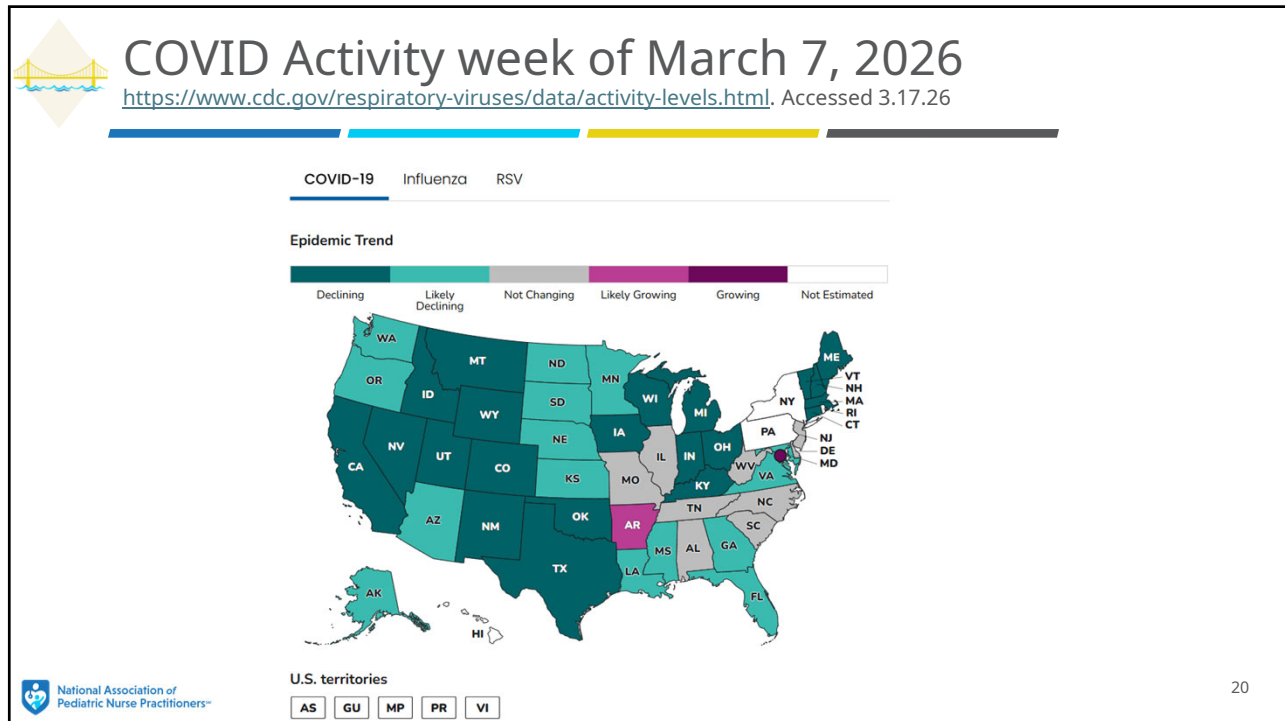


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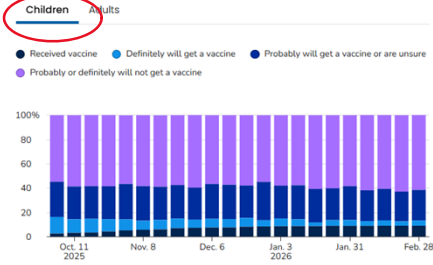


**COVID-19 Vaccination Intent in the United States**

Weekly intent for vaccination and cumulative percent of adults and children vaccinated with the 2025-26 COVID-19 vaccine. Refer to [data notes](#) for more details.

**Children** Adults

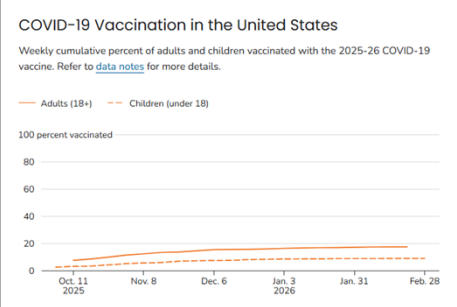
- Received vaccine
- Definitely will get a vaccine
- Probably will get a vaccine or are unsure
- Probably or definitely will not get a vaccine



**COVID-19 Vaccination in the United States**

Weekly cumulative percent of adults and children vaccinated with the 2025-26 COVID-19 vaccine. Refer to [data notes](#) for more details.

Adults (18+) Children (under 18)

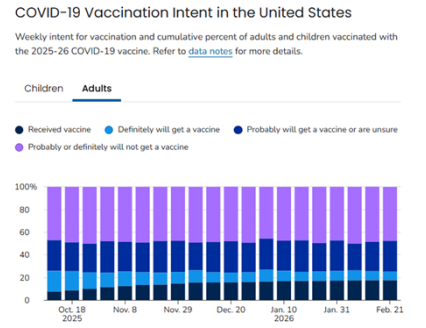



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**Children** Adults

- Received vaccine
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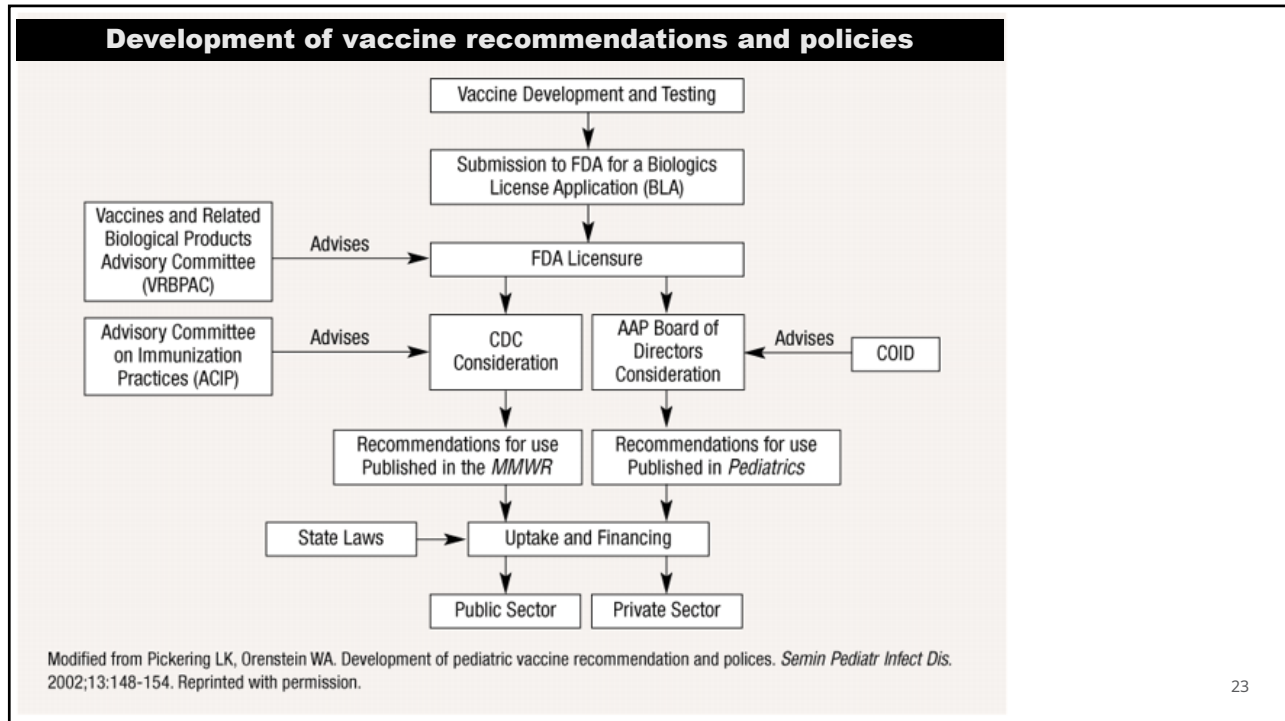
## AAP's Evidence-Based Process: Overview

AAP 2026 Childhood and Adolescent Immunization Schedules

- The AAP recommendations are based on a review of vaccine safety data, the epidemiology of the diseases in the United States, the impact of the diseases and how the vaccines could prevent the diseases and their complications
- AAP has led immunization recommendations for children and adolescents since 1935
- Immunization schedule published every year in *Pediatrics*
- Evidence review for immunizations is an ongoing process led by the Committee on Infectious Diseases

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### Endorsements

Recommended Child and Adolescent Immunization Schedule  
for Ages 18 Years or Younger, United States, 2026

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The 2026 AAP immunization schedule has been formally endorsed by these medical and health organizations:

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## “Aligning with Peer Nations”

- In an unprecedented move, politically appointed leadership of HHS announced major changes to the US childhood vaccination schedule
- Several routine vaccines moved to “shared clinical decision making”
- HPV moved to single dose at age 11
- Most closely aligned with schedule of Denmark, which is an outlier among developed nations in how few vaccines they recommend
- The prior CDC schedule was similar to Canada, Ireland, Germany, Australia, New Zealand, etc
- Reasoning given was to “restore trust in vaccines”

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## Among the many problems with the changes...

- **Process:** No disease-burden modeling, impact assessment, public comment, independent expert input
  - No transparency in decision; prioritizes perception over data
- **Health outcomes are what matter, not number of vaccines:**
  - Illnesses, hospitalizations, deaths, and disabilities prevented
  - Avoided financial costs, missed work and schools, costs to families and communities
- **Vaccine schedules aren’t interchangeable lists:** You can’t copy and paste public health
  - Different countries have different populations, health systems, size, cost considerations, etc

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## Among the many problems with the changes...

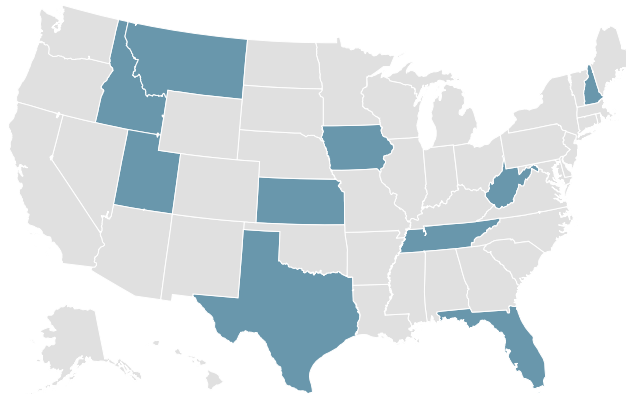
- **The US is not actually an outlier:** Many “peer” high income countries use similar childhood vaccine schedules
  - Denmark is the outlier among peer countries; Denmark was chosen to make the US schedule look “bloated” compared to peer nations
  - US similar to Canada, Germany, Italy, Australia, S.Korea, Israel, etc
- **“Fewer vaccines against fewer diseases” is not a good thing:** Preventing disease and suffering is a good thing
- **Clear recommendations matter:** Clinicians already tailor conversations to individual needs and help patients make decisions based on the benefits and risks; having tiered recommendations creates confusion
  - Historically, SCDM vaccines have very low uptake

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## States That Have Weakened Immunization Requirements

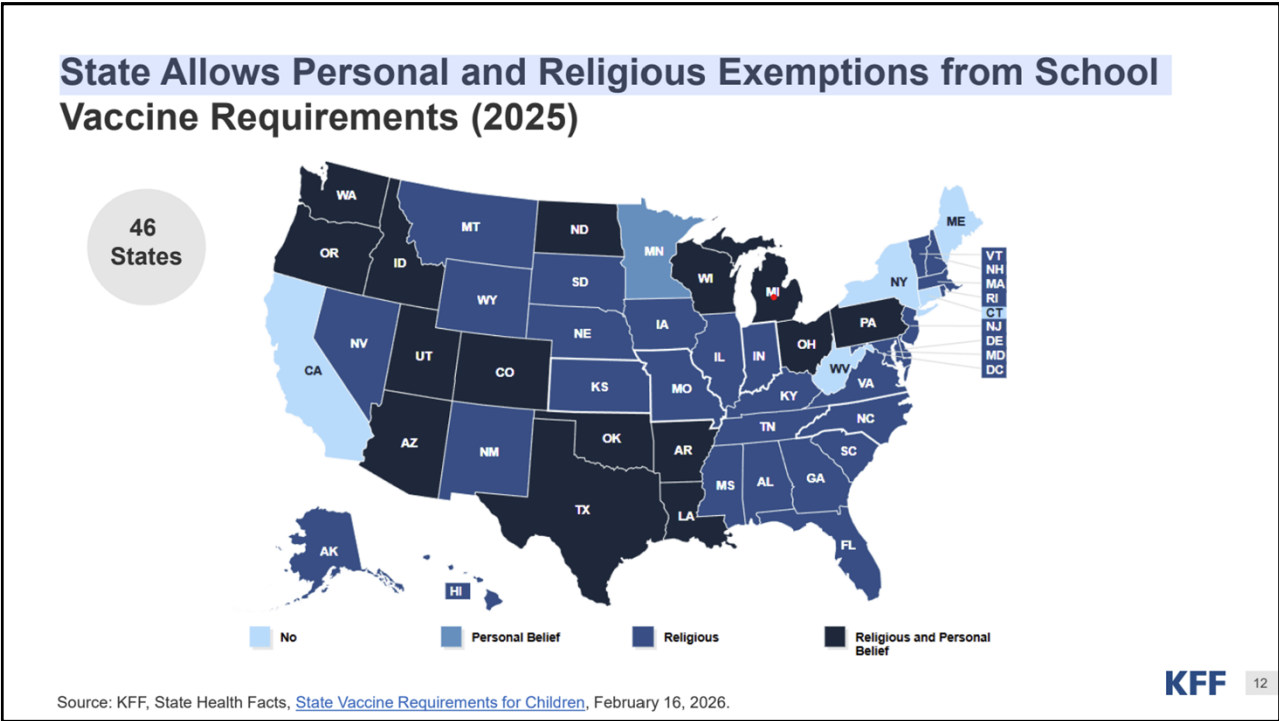


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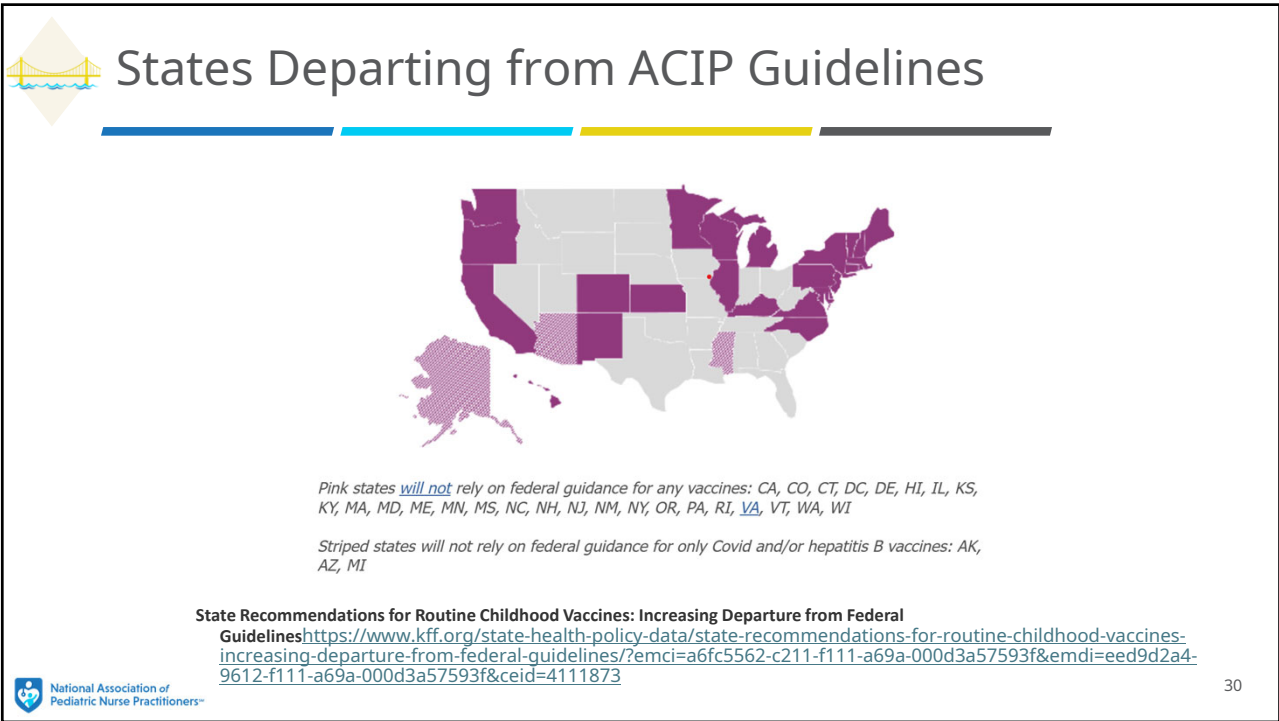
KFF A Look at Recent Changes to State Vaccine Requirements for School Children <https://www.kff.org/state-health-policy-data/a-look-at-recent-changes-to-state-vaccine-requirements-for-school-children/>

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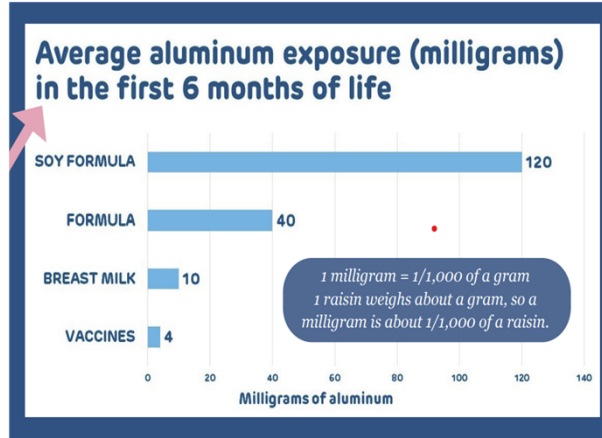
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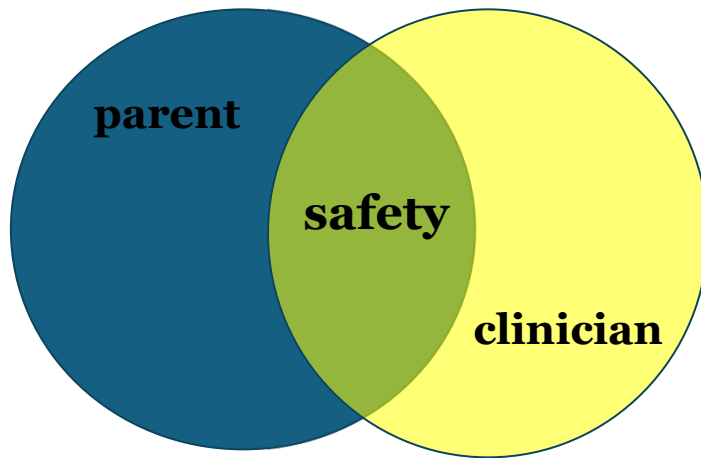
## Aluminum Exposure in Young Infants




Children's Hospital of Philadelphia Vaccine Education Center  
<https://www.chop.edu/sites/default/files/vec-aluminum-qa-infographic.pdf>





## Talking to Parents: Start with Shared Safety Goals






## Emerging or re-emerging infections






**Whooping Cough (Pertussis)**

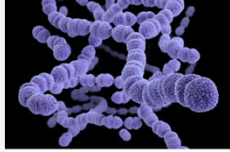
Whooping cough, also called pertussis, is a serious infection that spreads easily from person to person and can cause coughing spells that are so severe that it can be hard to breathe, eat, or sleep





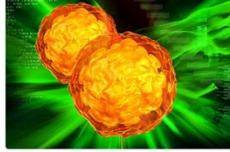
**Hib Disease**

Hib disease is a serious illness that can cause meningitis, pneumonia, and other serious infections, with infants and children younger than age 5 years most at risk




**Pneumococcal Disease**

Pneumococcal disease is caused by common bacteria that can infect different parts of the body and is a leading cause of serious illness in people of all ages



**Polio**


Polio is a highly infectious disease caused by a virus that invades the nervous system and is spread through contact with the stool (feces) of an infected person or droplets from a sneeze or cough



**Mumps**

Mumps is a contagious disease caused by a virus that spreads easily through coughing and sneezing

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## The AAP Schedule

*AAP 2026 Childhood and Adolescent Immunization Schedules*

**Q: What changed?**

- A: The **2026 AAP recommendations remain largely unchanged from prior AAP guidance in 2025**; however, they differ from the schedule recently released by the CDC.

**Q: Why does this matter?**

- A: The AAP formerly partnered with the CDC to create a unified set of vaccine recommendations, but changes to the CDC's schedule depart from medical evidence and no longer offer the optimal way to prevent illnesses in children.

The AAP immunization schedule continues to recommend immunizations based on the specific disease risks in the United States, and at this time, recommends routine immunization for protection against 18 diseases.

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**Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger**

United States  
**2026**

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**Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule\***

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beftorvir Enfortior
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Cominarty mNexspite Spilrex
Dengue vaccine	1vCOV-3PS DENACYD	Nuvaxovid Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHib Hiberix PedvaxiHib Havrix Vaxta
Hepatitis A vaccine	HepA	Havrix
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated, egg-based)	IVF3	Multiple
Influenza vaccine (inactivated, cell-culture)	cotIV3	Flucelex
Influenza vaccine (recombinant)	RV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II ProQuad
Meningococcal serogroups A, C, W, Y vaccine	MenACWV-CRM MenACWV-TT	Menveo MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenb
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp MenACWY-CRM/MenB-4C	Penbraya Pneumovax
Mopox vaccine	Mopox	Imynex
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Imovax
Respiratory syncytial virus vaccine	RSV	Abrivyo
Rotavirus vaccine	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdapax
Varicella vaccine	VAR	Vorivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit when indicated. The use of trade names is for identification purposes only and does not imply endorsement by the AAP.

Endorsed by the American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Pharmacists Association (APHA), Council of Medical Specialty Societies (CMSS), Infectious Diseases Society of America (IDSA), National Association of Pediatric Nurse Practitioners (NAPNAP), National Medical Association (NMA), Pediatric Infectious Diseases Society (PIDS), Pediatric Pharmacy Association (PPA), and Society for Adolescent Health and Medicine (SAHM) (Endorsements)

**How to use the child and adolescent immunization schedule**

- 1 Determine recommended vaccine by age (Table 1)
- 2 Determine recommended interval for catch-up vaccination (Table 2)
- 3 Assess need for additional recommended vaccines by medical condition or other indication (Table 3)
- 4 Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
- 5 Review contraindications and precautions for vaccine types (Appendix)
- 6 Review new or updated American Academy of Pediatrics (AAP) guidance (Addendum)

**Report**

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) (Accessed December 2, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at [www.accessdata.fda.gov/scripts/medwatch/index.cfm](http://www.accessdata.fda.gov/scripts/medwatch/index.cfm) (Accessed December 2, 2025). If co-administered with other products, then report to VAERS.

**Questions or comments**  
Submit a question or comment to [www.aap.org/en/forms/immunization-schedule-questions](http://www.aap.org/en/forms/immunization-schedule-questions).

**Helpful information**

- Best practices for immunization (including contraindications and precautions): [www.aap.org/immunization](http://www.aap.org/immunization) and [www.immunize.org](http://www.immunize.org)
- Red Book: 2024–2027 Report of the Committee on Infectious Diseases (33rd Edition): [www.aapRedBook.org](http://www.aapRedBook.org)
- Vaccine information statements: [www.immunize.org/vaccines/vis/about-vis](http://www.immunize.org/vaccines/vis/about-vis)
- Shared decision making: <https://www.aap.org/en/practice-management/providing-patient-and-family-centered-care/shared-decision-making>

Page 1 of the  
2026 AAP  
Immunization  
Schedule

For the most up-to-date version,  
visit [AAP.org/ImmunizationSchedule](http://AAP.org/ImmunizationSchedule)

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## A Breakdown of the Schedule: What's wrong with a "Shared Clinical Decision Making recommendation"?

AAP 2026 Childhood and Adolescent Immunization Schedules

- Clinicians already make shared decisions with families... all day... every day...
- Not easily implemented with the shift for specific vaccines that were formerly routine
- Almost certainly leads to lower vaccination coverage
  - Implies these vaccines are less important
- Confusing to have tiered recommendations for parents and clinicians
- Documentation and consent concerns from clinicians
- Some clinicians may not stock vaccines under SCDM
- Potential for lawsuits against manufacturers

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## Resources for Vaccine Information

- **NAPNAP** [napnap.org](http://napnap.org)
- **AAP** [www.aap.org/ImmunizationSchedule](http://www.aap.org/ImmunizationSchedule);  
[www.aap.org/immunization](http://www.aap.org/immunization); [healthychildren.org](http://healthychildren.org)
- **American Society for Meningitis Prevention**  
[meningitisprevention.org](http://meningitisprevention.org)
- **Families Fighting Flu** [familiesfightingflu.org](http://familiesfightingflu.org)
- **Grandparents for Vaccines** [grandparentsforvaccines.com](http://grandparentsforvaccines.com)
- **Immunize.org** [www.immunize.org](http://www.immunize.org)
- **National Foundation for Infectious Diseases (NFID)** [www.nfid.org](http://www.nfid.org)

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## Resources for Vaccine Information

- **Nurses Who Vaccinate** [nurseswhovaccinate.org](http://nurseswhovaccinate.org)
- **U.S. Measles Tracker** [publichealth.jhu.edu/ivac/resources/us-measles-tracker](http://publichealth.jhu.edu/ivac/resources/us-measles-tracker)
- **Vaccinate Your Family** [www.vaccinateyourfamily.org](http://www.vaccinateyourfamily.org)
- **Vaccine Education Center Children's Hospital of Philadelphia**  
<https://www.chop.edu/vaccine-education-center/about-vec>
- **Vaccine Integrity Project** [vaxintegrity.cidrap.umn.edu/](http://vaxintegrity.cidrap.umn.edu/)
- **Voices for Vaccines** [www.voicesforvaccines.org](http://www.voicesforvaccines.org)

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## Best practices for vaccine education

- Make vaccine recommendation
  - Use presumptive language
- Invite their views, opinions and explore knowledge base
  - Motivational interviewing techniques work best
  - Acknowledge, and accept their views, offer evidence
  - Allow caregiver to make decisions

## More Tips for Counseling Patients

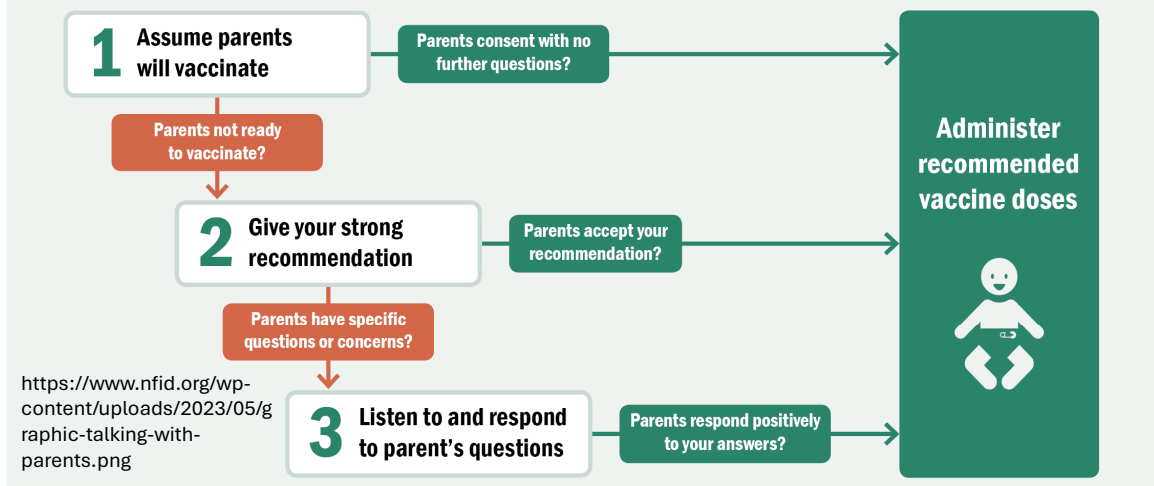
### 1. Consider the AIMS principle

- **A = Announce** → Announce vaccination will happen and assume that patient families are ready to vaccinate. Start with a statement – do not imply a question.
- **I = Inquire** → If the patient is hesitant or refuses, seek to understand their concerns. Use active listening and open-ended questions to help you understand the patient's point of view and feelings.
- **M = Mirror** → Make sure the patient knows you understand them by repeating what they said and asking if that was the intended meaning. This demonstrates that you understand their concerns and how they feel.
- **S = Secure** → Our goal is to end every conversation by securing trust. The way we respond will determine whether we build that trust or not.

Parrish-Sprowl J, Thomson A, Johnson RD, Parrish-Sprowl S. The AIMS approach: regulating receptivity in patient-provider vaccine conversations. *Front Public Health*. 2023 Jun 2;11:1120326. doi: 10.3389/fpubh.2023.1120326. PMID: 37333542; PMCID: PMC10273204.



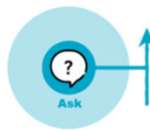
# Best practices for vaccine education: NFID





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## The 4-A Approach to Vaccine Conversations

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**Ask** "What is your main concern?" Encourage the person to be specific and name what they are most hesitant about. "What is the thing that concerns you most...can you tell me more about it?"
- 

**Acknowledge** Recognize that the person you are talking to already has knowledge. "It's clear you've really looked into this."
- 


**Affirm** Affirm that it is OK to have questions. "That's a great question, I heard that too so I looked into it."
- 

**Answer** Get permission to share some facts. "Can I share with the facts..." OR "Can I get you some credible sources so your research helps you make an informed decision?"

<https://www.voicesforvaccines.org/toolkits/vaccine-hesitancy/talking-with-vaccine-hesitant-people/>

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## Practical Tools from the AAP

### Documentation and Billing

**New CPT Codes**

Code	Descriptor
90482	Immunization counseling by physician or other QHP when immunization(s) is not administered by provider on the same DOS; 3 minutes up to 10 minutes
90483	greater than 10 minutes up to 20 minutes
90484	greater than 20 minutes



**Web Page and Fact Sheet on New IZ Counseling Codes**


**Electronic Health Record SCDM Documentation**

*The patient/caregiver and I engaged in shared clinical decision-making about the benefits and risks of the \_\_\_\_\_ immunization. This discussion included an opportunity for them to ask questions. No contraindication was identified, and the patient/caregiver and I collaboratively determined the patient would benefit from immunization. An immunization was ordered in the context of shared clinical decision making and educational materials were provided.*

*Where applicable for patients with underlying conditions add: The patient has \_\_\_\_\_ (indicate underlying condition).*

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## National Association of Pediatric Nurse Practitioners

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Our vision is for all infants, children, adolescents and young adults to receive equitable high-quality pediatric health care. Our mission is to optimize the health and well-being of all infants, children, adolescents and young adults and empower our community of pediatric experts.

**NAPNAP Immunization Shared Interest Group**

- [napnap.org/special-interest-groups/immunization/](http://napnap.org/special-interest-groups/immunization/)

**Shot@Life** is a United Nations Foundation campaign working to ensure everyone in the world has access to lifesaving vaccines and all children have a shot at life.

- [shotatlife.org/](http://shotatlife.org/)

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