Children's Hospital of Philadelphia PolicyLab

Vaccine Policy Changes — Looking Back, Looking Ahead

Population Health Sciences

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Recent changes to vaccine policies and the policy-making process around vaccines in the U.S. are problematic. For kids, families, and communities to fully benefit from immunization—for kids to grow up healthy and strong and for communities to stay free from disease and protect their most vulnerable members—all children need access to vaccines. At the same time, public health officials need accurate and timely data to monitor community immunity and prepare for disease outbreaks, and frontline clinicians need clear recommendations and transparent policymaking to ensure that they are caring for their patients in the best and safest ways possible.

This is why we, wearing our respective hats as leaders at Children's Hospital of Philadelphia's Vaccine Education Center (VEC) and PolicyLab, are so concerned about recent developments around the approach to and support for childhood vaccination in the U.S.

In early January, the Department of Health and Human Services (HHS) issued a significant change to the recommended pediatric vaccine schedule, recommending that clinicians only routinely vaccinate children against 11 preventable diseases instead of 18. This move was unprecedented in terms of how it was made, outside of the expert advisory structure that has been the backbone to the country's vaccine policy.

These changes have generated considerable scrutiny, including from VEC Director, Dr. Paul Offit, who points out that none of the changes are based on scientific evidence. As Dr. Offit describes, for some of the diseases for which vaccines are no longer routinely recommended on the revised HHS schedule—like COVID, flu, and rotavirus—it's important to understand that these infections will never be eliminated from a community. Instead, the goal of vaccination is to decrease the likelihood of an individual being hospitalized or dying from their infection. Because the revised HHS recommendations suggest these vaccines are less important, some families will opt out of vaccination only to have a family member suffer unnecessarily, and in some cases, irreparably.

Revised "high-risk-group-only" recommendations for other vaccines, like RSV, hepatitis A, hepatitis B and meningococcus, are also problematic. First, these recommendations may provide a false sense of security for families trying to make informed decisions. For example, hepatitis A outbreaks can occur from eating contaminated foods. While these outbreaks are not common or generally well-known, they happen every year, making distinguishing who might be exposed arbitrary and dangerous. These changes were also made without

evidence of any benefit of forgoing vaccination.

Second, the definitions of who belongs in HHS's "high-risk" groups for each of these vaccines is not clear, further complicating the work of public health officials and frontline health care providers who are left to communicate the changes, reasoning and potential dangers to a confused public.

Another issue that will further muddle an increasingly opaque situation relates to a recent rule change by the Centers for Medicare & Medicaid Services (CMS). Although given less attention, the change, which became effective on December 30, 2025, does away with the CMS requirement that states report vaccination rates. While states can still voluntarily report these data, it is likely that fewer will do so.

This loss of national surveillance data will make it more difficult for public health officials to monitor community-level vaccine coverage rates, leaving all of us more likely to experience outbreaks of vaccine-preventable diseases. And while local public health departments have always played a critical role in data-tracking and disease surveillance, these changes will make doing so more difficult. The changes also come at a time when public health staffing and funding are limited and individuals may be unwilling to share information or cooperate with public health officials, such as we have witnessed during ongoing measles outbreaks throughout the country.

These recent developments are just two of the changes we are watching. Over the past decade, our centers have collaborated on research efforts related to vaccine policy and access that were responsive to public health needs and focused on ensuring vaccine access for all.

Sharing accurate and up-to-date information about vaccines, and reaching different populations about their unique risks, has never been more critical. But it is not new. VEC has a wealth of resources on the science of vaccines and current vaccine concerns. They also work to keep clinicians apprised of evidence-based guidance .

In work responsive to growing vaccine hesitancy about a decade ago, our centers collaborated on a brief that shed light on the concerns parents were bringing to pediatricians at CHOP and across the country. This research offered actions for clinicians, state lawmakers and public health officials to help buffer the growing negative effects of vaccine hesitancy. We have also brought together experts' voices regarding the importance of specific vaccines, like the hepatitis B vaccine, and the diseases they prevent, such as pertussis, measles, meningitis and human papillomavirus.

While recent changes to vaccine policy have altered the conversation about vaccine access, this continues to be an important issue. Even amidst the rhetoric about informed consent and shared clinical decision-making, the reality is that some children remain unvaccinated because of more tangible barriers. VEC and PolicyLab previously worked together to focus on vaccine access for specific populations, such as:

- College students: Our two centers partnered to summarize the evidence on the particular challenges and opportunities for college students related to vaccination, offering recommendations to college administrators aiming to support public health on campuses and in the communities in which they sit.
- Immigrants: Immigrant children, and particularly those who are undocumented, from mixed-status families, or whose primary language is not English, face barriers to vaccination, specifically, and health care, more generally. Grounded in an interest in understanding and addressing the role that language differences play in limiting access to vaccines, PolicyLab researchers are conducting a national survey to inform pediatric and health advocate practices when engaging with different language communities regarding immunizations.

Our teams will continue to monitor how HHS' current, and future, changes shape the vaccination landscape, the occurrence of disease and the health of our communities. We are in a consequential moment. Anti-science ideologies and pseudoscientific rhetoric are being used to shape public health policy at the expense of decades of experience and research. Vaccines are critical, and they have a proven record of success. It is important that

none of us look away—the health of our families and our communities depends on it.

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