Navigating Federal Changes to Pediatric Vaccine Recommendations

Where do we go from here?

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IMMUNIZE COLORADO | FEBRUARY 2, 2026

Disclosures

- I have no relevant financial relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this activity.

- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

- I am the Vice President for the **AAP-CO** chapter, board member for **Immunize Colorado**, steering committee member for **The Evidence Collective**, and contributor to **Unbiased Science**

Agenda

- **12:00 – 12:20 pm** Setting the Stage: What has changed
- **12:20 – 12:35 pm** Communicating with Patients and Families
- **12:35 – 12:45 pm** Practical Guidance and Resources
- **12:45 – 12:55 pm** Questions and Answers?

Setting the Stage

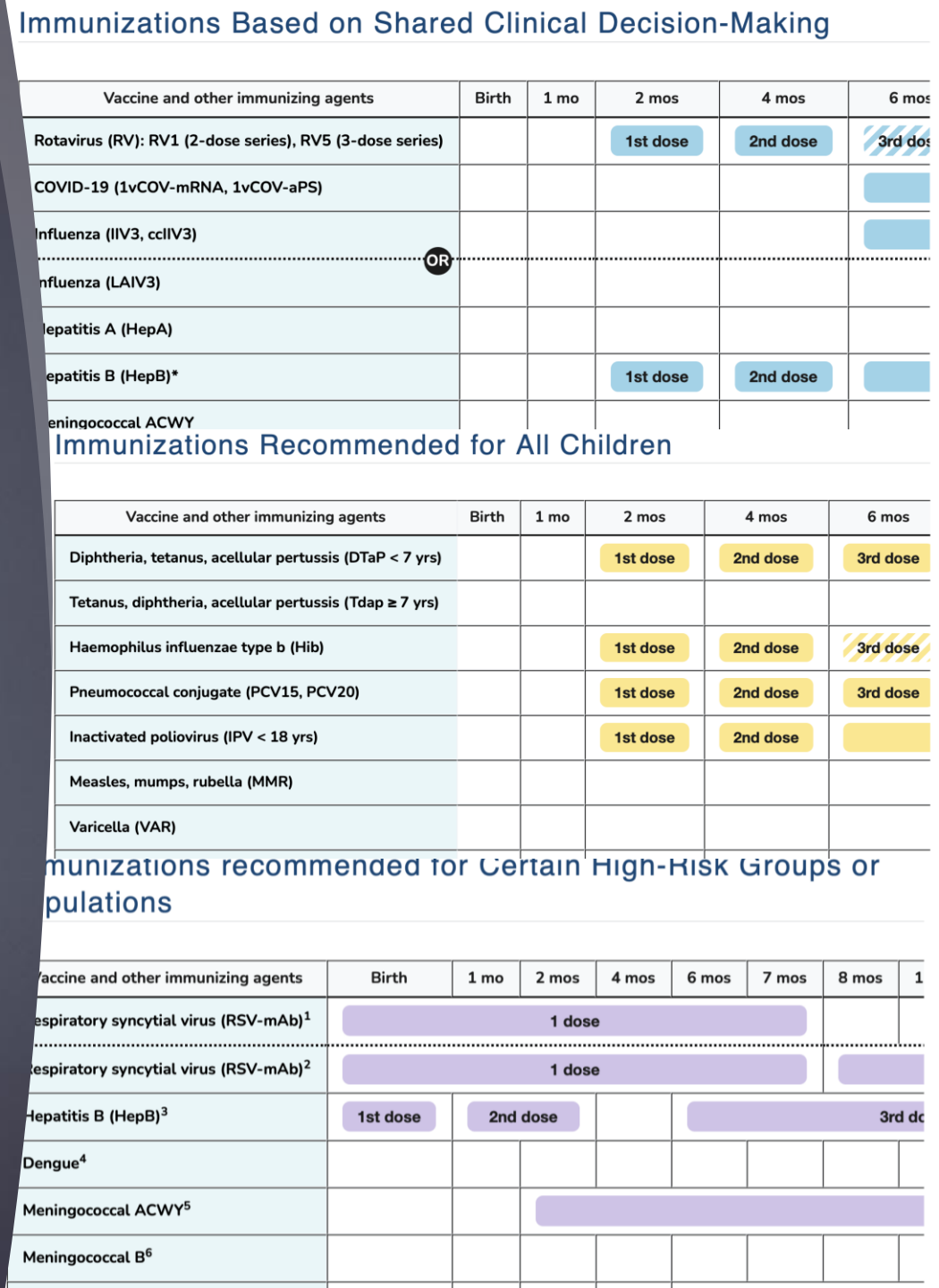
What changed at the federal level

What Happened April-Dec 2025

- Legitimate ACIP members were fired and replaced with mostly unqualified individuals, several of whom are vocal vaccine opponents
- All liaison organizations were dismissed from ACIP work groups
- June/Sept/Dec ACIP meetings criticized as platforms for misleading claims
- AAP continued to reinforce the critical role of the original ACIP
- AAP published evidence-based recommendations in a separate schedule

What Was Announced on Jan 5

- Politically appointed leadership of HHS announced major changes to the US childhood vaccination schedule
- Several routine vaccines moved to "shared clinical decision making" or "high risk" categories
- HPV moved to single dose at age 11
- Reasoning given was to "restore trust in vaccines"



Immunizations Based on Shared Clinical Decision-Making

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	3rd dos
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					
Influenza (IIV3, ccIIV3)					
OR					
nfluenza (LAIV3)					
epatitis A (HepA)					
epatitis B (HepB)*			1st dose	2nd dose	
eningococcal ACWY					

Immunizations Recommended for All Children

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos
Diphtheria, tetanus, acellular pertussis (DTaP < 7 yrs)			1st dose	2nd dose	3rd dose
Tetanus, diphtheria, acellular pertussis (Tdap ≥ 7 yrs)					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	3rd dose
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose
Inactivated poliovirus (IPV < 18 yrs)			1st dose	2nd dose	
Measles, mumps, rubella (MMR)					
Varicella (VAR)					

munizations recommended for Certain High-Risk Groups or pulations

accine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	1
espiratory syncytial virus (RSV-mAb)[1]	1 dose							
espiratory syncytial virus (RSV-mAb)[2]	1 dose							
Hepatitis B (HepB)[3]	1st dose	2nd dose			3rd do			
Dengue[4]								
Meningococcal ACWY[5]								
Meningococcal B[6]								

"Aligning with Peer Nations"

- New CDC recommendations most closely aligned with Denmark
- Denmark is the outlier
  - 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.
- 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.

Breaking with Decades of Practice

- No disease-burden modeling, impact assessment, public comment, independent expert input
- No transparency in decision-making process
- 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
- No acknowledgment that the U.S. was a global leader in vaccines

"The U.S. was an outlier because it was a leader in preventing childhood disease."

-*Community Immunity,* David Higgins, MD,MPH

"Shared Clinical Decision Making"

- Clinicians already make shared decisions with families **every day**
- Shared clinical decision-making (SCDM) has a specific meaning in medicine.
  - It does not mean "involving parents in decisions"
  - Parents are always the decision-makers for their child's care, including vaccines
- In medical practice, SCDM is used when:
  - The evidence does not support one clear recommendation
  - Multiple reasonable options exist
- **SCDM implies clinical uncertainty** — not simply patient involvement.

"Shared Clinical Decision Making"

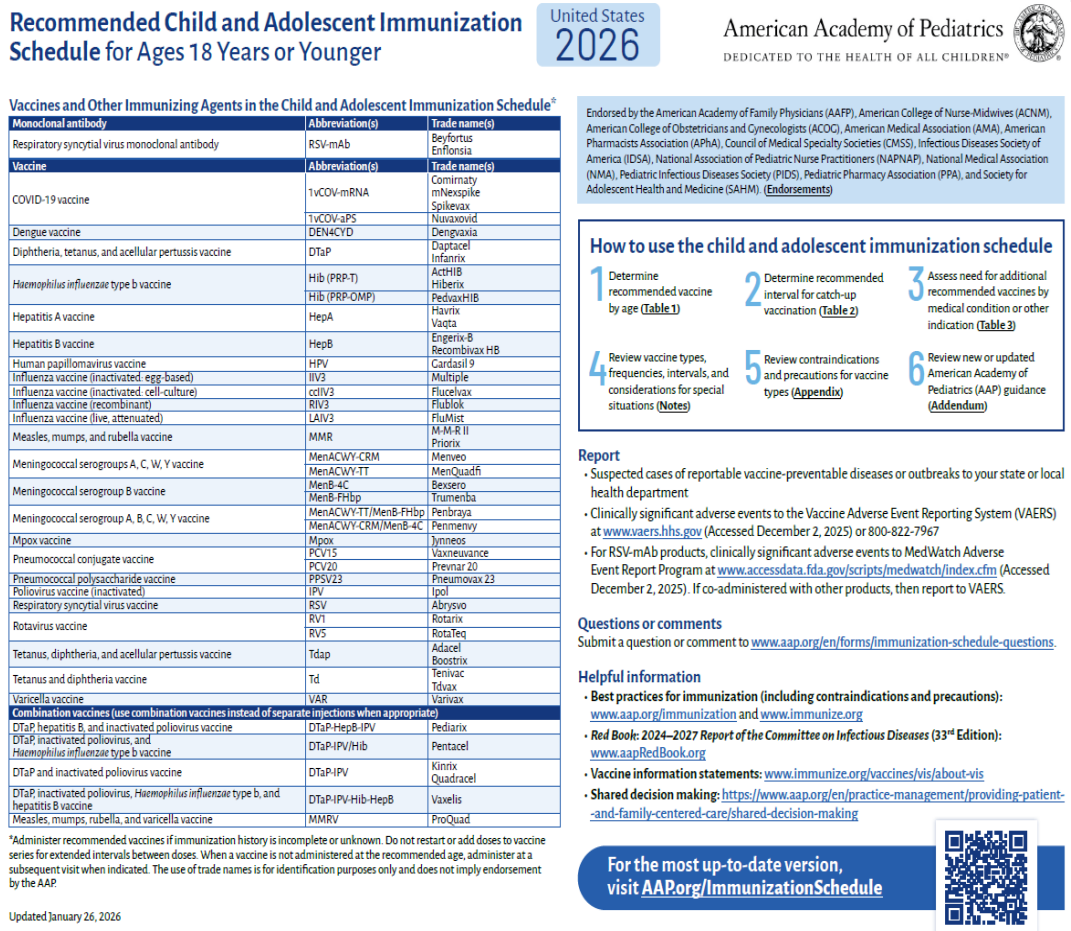
The rhetorical problem:

- On the surface, SCDM **sounds empowering**
- However, it implies uncertainty exists, despite strong evidence, which:
  - Undermines clarity
  - Signals optional importance
  - Creates real practical issues (documentation, reminders, workflow)
- Historically, SCDM leads to lower vaccination coverage
- Confusing to have tiered recommendations for parents and clinicians
- Potential for lawsuits against manufacturers

The 2026 AAP Immunization Schedule

AAP 2026 Childhood and Adolescent Immunization Schedule

- The **2026 AAP recommendations remain largely unchanged from prior AAP guidance in 2025**
- 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.



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

American Academy of Pediatrics — DEDICATED TO THE HEALTH OF ALL CHILDREN®

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	Beyfortus Enflonsia
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNexspike Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated, egg-based)	IIV3	Multiple
Influenza vaccine (inactivated, cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Penbraya
	MenACWY-CRM/MenB-4C	Penmenvy
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1	Rotarix
	RV5	RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
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 Quadracel
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.

Updated January 26, 2026

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 (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 (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.

Helpful information

- **Best practices for immunization (including contraindications and precautions):** www.aap.org/immunization and www.immunize.org
- ***Red Book: 2024–2027 Report of the Committee on Infectious Diseases* (33rd Edition):** www.aapRedBook.org
- **Vaccine information statements:** 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

For the most up-to-date version, visit AAP.org/ImmunizationSchedule

Endorsements

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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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

AAFP

AMERICAN COLLEGE of NURSE-MIDWIVES

ACOG
American College of Obstetricians & Gynecologists

AMA
AMERICAN MEDICAL ASSOCIATION

APhA
American Pharmacists Association

CMSS
COUNCIL OF MEDICAL SPECIALTY SOCIETIES

IDSA

National Association of Pediatric Nurse Practitioners™

NMA National Medical Association
Service. Excellence. Accountability.

PEDIATRIC INFECTIOUS DISEASES SOCIETY

PPA
the pediatric pharmacy association
collaboration, advocacy, research, and education

SAHM
SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE

AAP 2026 Childhood and Adolescent Immunization Schedule: RSV

- Recommended for all infants < 8 months of age during RSV season, depending on maternal RSV vaccine status
- **The leading cause of hospitalization for infants**
- Immunizations for pregnant mothers and newborns provide antibodies that offer necessary protection
- Already seeing dramatic impact on hospitalizations just 2 years post-licensure - **down by over 80%!**
- Federal recommendations didn't change - just made it confusing

AAP 2026 Childhood and Adolescent Immunization Schedule: Influenza

- Recommended for **all children starting at 6 months ol**d
- Protects not only the child but also the community
- Historically, over 80% of influenza-associated pediatric deaths have occurred in unvaccinated or incompletely vaccinated children
- Children younger than 5 years, **especially those less than 2 years**, are especially vulnerable to severe illness and hospitalizations or death
- 280 pediatric deaths last year, ~90% incompletely vaccinated
- Current season starting quite severe

AAP 2026 Childhood and Adolescent Immunization Schedule: Hepatitis A

- Recommended for **all children at age 12-23 months**
- Prior to widespread vaccination, roughly 10.4 cases per 100K in US (~20,000-30,000 cases/year) (~100 deaths/year)
- Recent years: 0.5-0.6 cases per year (17-fold reduction)
- Community immunity achieved through widespread childhood vaccination, so circulation now is rare in children
- Low burden of disease currently in US is cited as a reason for the change in CDC recs, **but the low burden is because of vaccination!**

AAP 2026 Childhood and Adolescent Immunization Schedule: Hepatitis B

- **Recommended for all infants with first dose within 24 hours of birth**
- Highly transmissible pathogen that causes liver cancer, cirrhosis, and death
- **Prior to widespread vaccination, ~20,000 cases/yr of hepatitis B in children**
- Infants can be perinatally infected if mother has hep B (50% of cases)
- Infants and children can also acquire hep B from household or other casual contacts (the other 50%)
  - ~1-2.4 million persons in US with hep B, 50-66% are unaware they are infected
- 90% of children who acquire hep B develop chronic disease

AAP 2026 Childhood and Adolescent Immunization Schedule: Rotavirus

- **Recommended for all infants starting at 2 months of age; series cannot be started after 15 weeks of age**
- "Winter vomiting syndrome"
- Prior to widespread vaccination in the US, ~50,000 hospitalizations per year
  - 50-100 deaths per year
- Since routine vaccination, rarely see infants hospitalized for rotavirus, even in unvaccinated infants, because of high community levels of protection

AAP 2026 Childhood and Adolescent Immunization Schedule: MenACWY

- **Recommended for all children at 11-12 years and 16 years of age**
- Severe disease with high morbidity and mortality
- ACIP was considering changing recommendations prior to dismissal of legitimate members because of two new pentavalent products
  - MenACWY (routine at 11 and 16) + Men B (SCDM at 16)--- MenABCWY
- ~35 states require for school

AAP 2026 Childhood and Adolescent Immunization Schedule: HPV

- **Recommended for all children as a 2 dose series starting at age 9-12 or a 3 dose series if initiated at age 15 or older**
- ACIP and AAP had been reviewing the data but this process had not been completed prior to dismissal of ACIP members and dissolution of work groups
- Several other issues need to be evaluated before new recommendation
- Vaccine Integrity Project currently undertaking an HPV evidence review
- Unclear what the schedule change means for vaccinating at age 9-10 which was formerly an option with a growing evidence base

Communicating with Patients and Families

What Families need

What they're asking us:

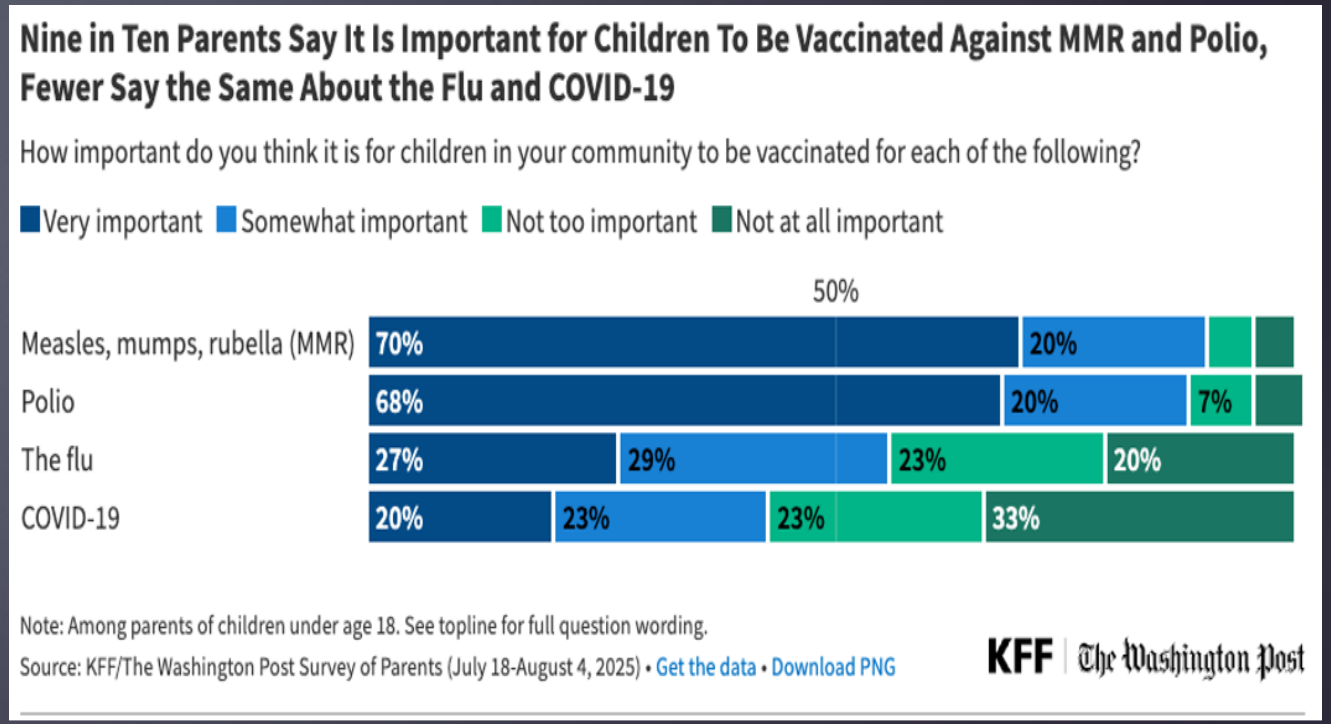
- **"What is recommended now?"**
- **"Why are there different recommendations?"**
- **"I'm just confused."**

What they want from us:

- **Their child's health provider**
- **Someone with expertise who is consistent and honest**
- **A clear recommendation**
- **Reassurance that *they can trust you***

What has NOT changed

- Most families vaccinate
- Vaccines remain one of the most effective ways to keep children healthy and thriving.
- A recommendation still matters.
- Counseling, questions, and shared decisions have always been part of vaccine care.



https://www.kff.org/public-opinion/kff-the-washington-post-survey-of-parents/#c1001c76-8dd1-4230-8b89-58d04f9f1cba--h-parents-views-of-vaccine-safety-and-importance

Start the Visit the Same Way You Always Have

- Announce what the child is due for + give your recommendation
- Example language: *"Today, your child is due for the DTaP, IPV, and pneumococcal vaccines. I strongly recommend these vaccines to keep them protected."*
- Do *not* preemptively explain controversy.
- A strong recommendation is compatible with shared clinical decision-making

Your role remains important in shared decision-making

You have always:

- Respected parent autonomy
- Answered questions
- Discussed risks and benefits

You can respect autonomy and recommend vaccines.

Shared decision-making does not require neutrality

If Parents Have Questions: Lead With Empathy

Parents are understandably confused

- News headlines
- Social media
- Conflicting messages

Your first move = empathy and partnership

Example language: *“I can see why this feels confusing. There are a lot of conflicting messages. Ultimately, this is your decision to make. Would it be okay if I shared why I recommend these vaccines?”*

Use Digestible, Credible Explanations

- Ask open ended questions to understand parents' concerns
- Answer their questions and stay focused
- You don't need to teach the whole schedule
- Short, digestible explanations, and clear rationale

Example language: *"This vaccine works best when we give it now, before kids are exposed. That's why I recommend it to all my patients, gave it to my own kids, and the AAP still recommends it."*

Listening and responding to questions is shared decision-making

Only Address Changes If Parents Bring Them Up

If they don’t ask → don’t introduce new concerns

If they do ask:

- **Re-center on their child’s health, not policy changes**
- **Reaffirm your recommendation**
- **Keep it focused on the parents’ concerns**

Example: ***“It sounds like you have heard about some recent changes and have questions. I’d love to hear about your specific concerns so we can talk about what’s best for your child.”***

Why Your Recommendation Still Carries Weight

Families trust YOU

Evidence shows:

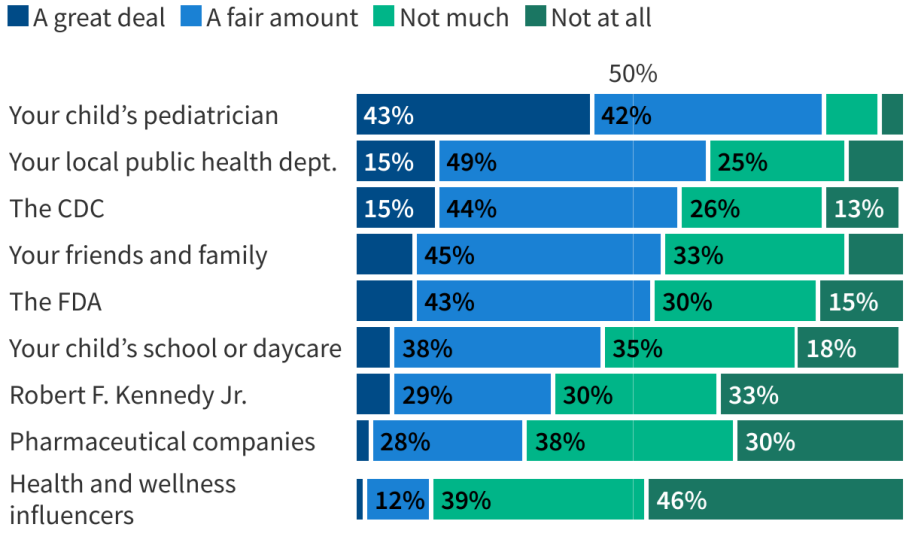
- Pediatricians/clinicians remain the most trusted source of vaccine information
- Trust is relational, not institutional
- Strong clinician recommendations matter
- Consistency and credibility reduce hesitancy

Your voice still matters more than headlines!

Figure 30

Pediatricians are the Most Trusted Source of Vaccine Information Among Parents, Far Fewer Trust Secretary Kennedy, Pharmaceutical Companies, Influencers

In general, how much do you trust each of the following to provide reliable information about vaccines?



Note: Among parents of children under age 18. See topline for full question wording.

Source: KFF/The Washington Post Survey of Parents (July 18-August 4, 2025)

KFF | The Washington Post

Practical Take-Home Framework for Communicating

A simple mental checklist:

- Internally name the emotion (yours and theirs)
- Announce what's due
- Make a clear, strong recommendation
- Empathize and partner if concerns arise
- Answer what's asked, clearly and simply
- Anchor to AAP guidance
- Re-center on the child's health

What Families Need Most From You Right Now

- A trusted navigator in a confusing moment
- Someone who knows their child and family
- Expert clinical recommendations they can’t get anywhere else
- Clear, evidence-based guidance
- Reassurance rooted in relationship

You’ve been with families through many hard decisions. That’s why they trust you.

Communicating Outside the Exam Room

What Non-Clinicians Can Do

- **Reinforce consistency:** Align messaging across settings
- **Reduce confusion:** Don’t repeat speculative interpretations of federal changes
- **Anchor to evidence and local context:** Emphasize disease risk, community impact, and what has *not* changed
- **Support clinicians:** Public messaging should make exam-room conversations easier, not harder
- **Center trust and relationships:** Trust is built locally!

Practical Guidance and Resources

VACCINE DISCOVERY TO ADMINISTRATION

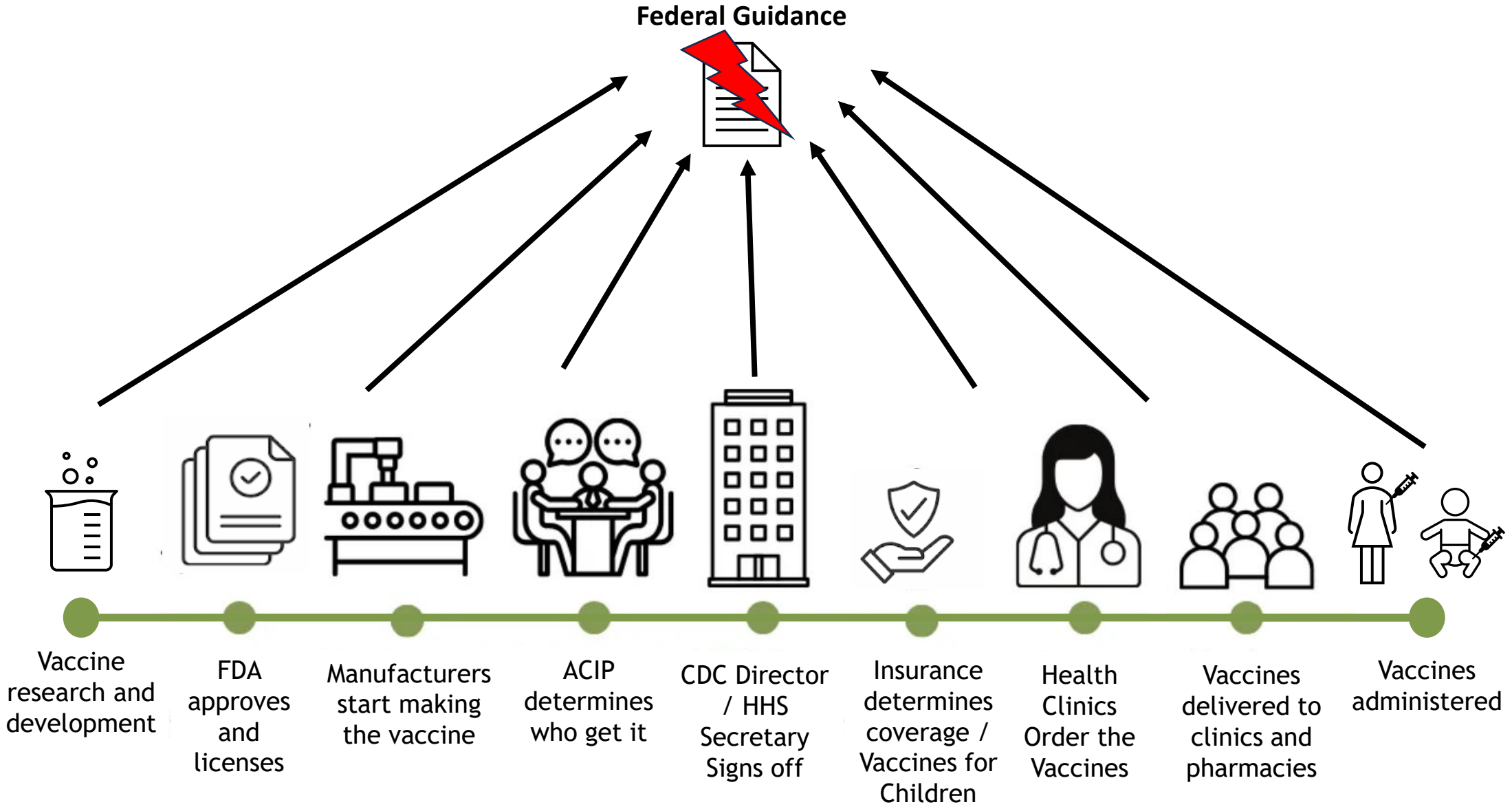


Figure adapted with permission from Katelyn Jetelina, PhD, Your Local Epidemiologist

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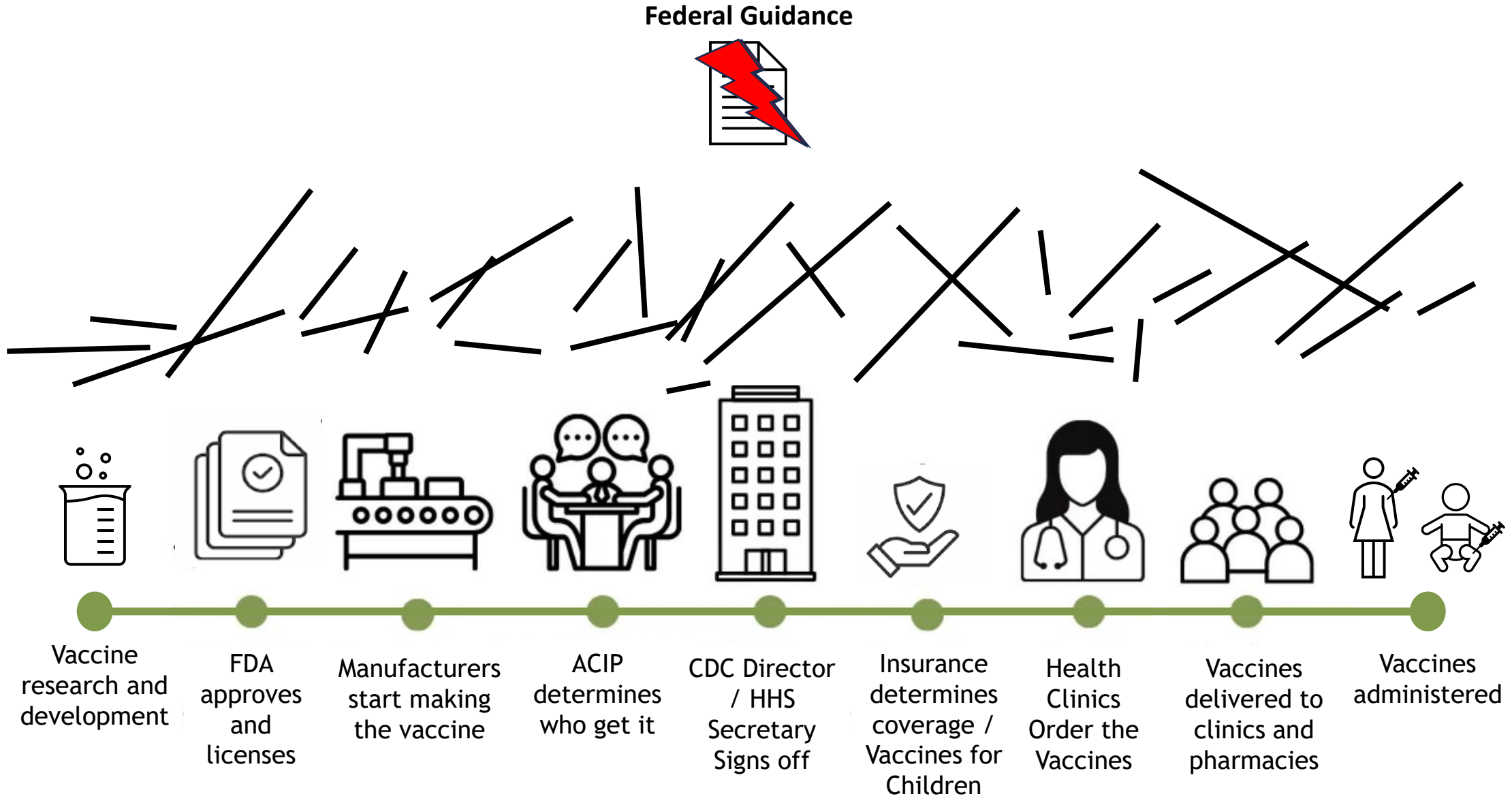

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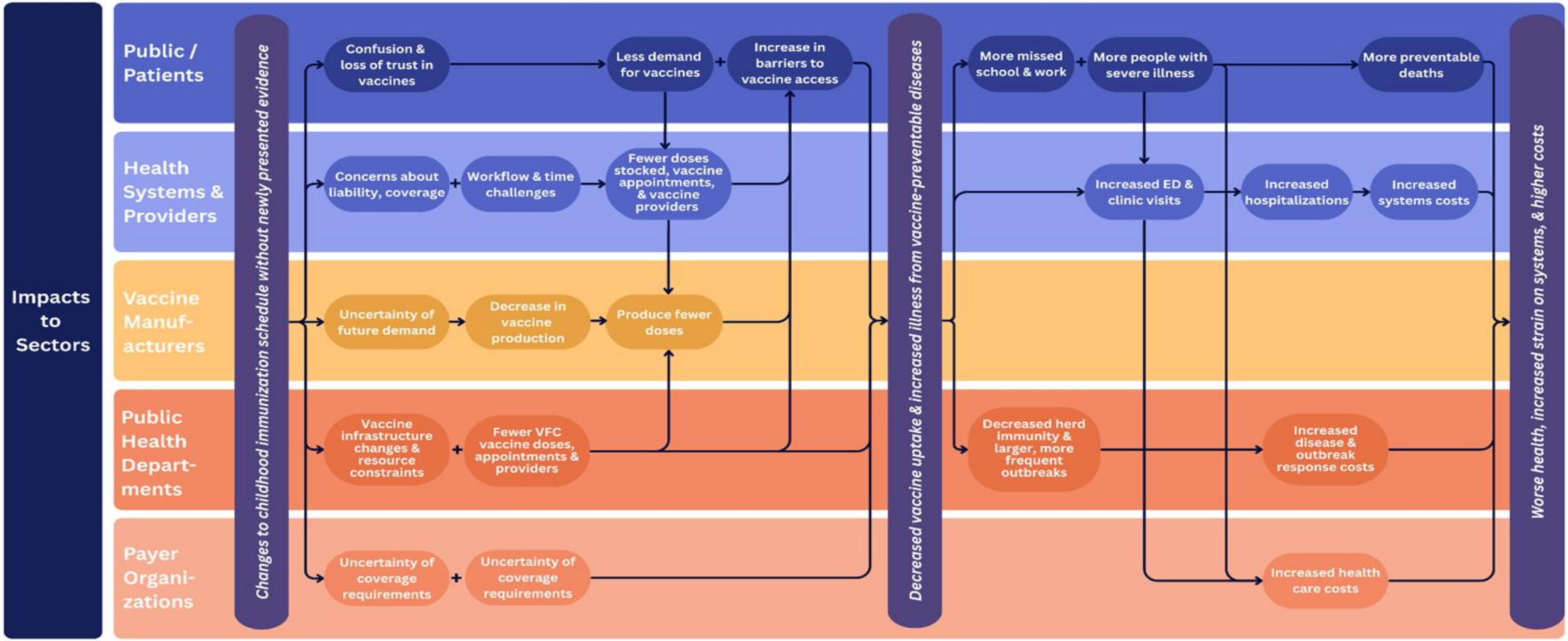
Common Health Coalition

Anticipated Impact of Changes to Childhood Immunization Schedule



Common Health Coalition

What can YOU do?

State leaders can affirm that clinicians can follow the evidence-backed schedules from the American Academy of Pediatrics and the American Academy of Family Physicians. States can also refer to trusted medical societies or state-based experts in their own vaccine policies.

Public health departments can increase communications to providers and the public to clear up confusion, including provider advisories about the state/locality's recommended schedule.

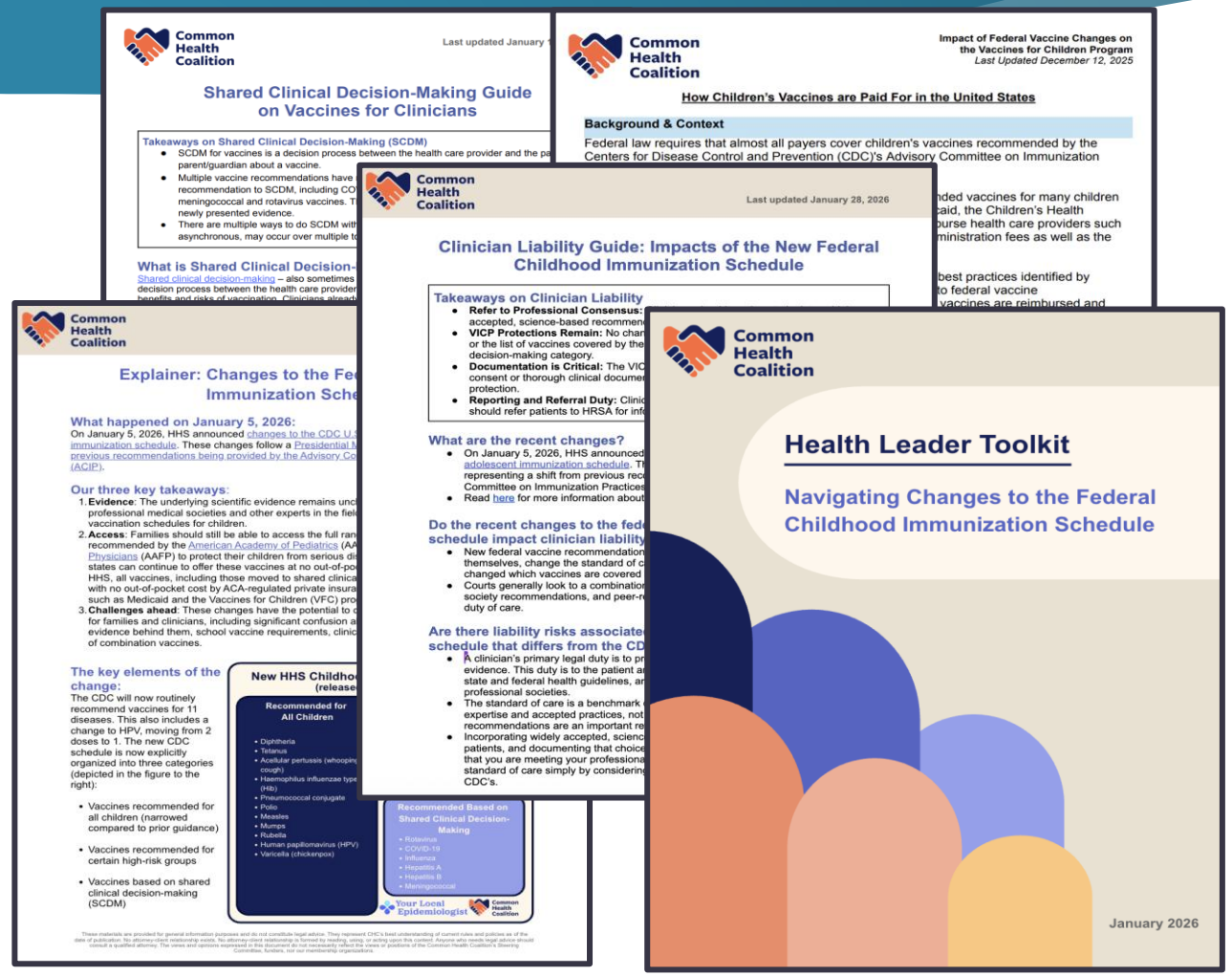
Payer organizations can reaffirm their commitment to no out-of-pocket costs for these important vaccines, and clearly communicate that to their members. Payers should also continue to report out on quality measures related to vaccines.

Health systems can continue to offer vaccinations and also reinforce that coverage and liability protections remain unchanged at this time, and equip frontline providers with practical tools for patient conversations.

Providers can continue to offer and speak with their patients and families about vaccinations and refer to the recommendations of professional medical societies like the American Academy of Pediatrics and the American Academy of Family Physicians.

Common Health Coalition Resources

- SCDM guide
- Explainers
- Scenario Planning for states, payers, other sectors
- FAQs
- Regulatory/legal briefs
- Impact analysis and modeling



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American Academy of Pediatrics Resources

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

American Academy of Pediatrics
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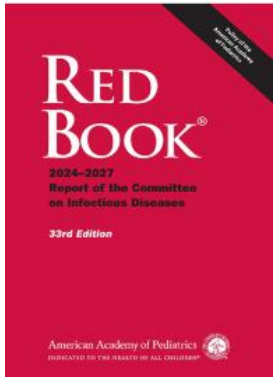
These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)												
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose								4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)							1 or more doses of 2025–2026 vaccine (See Notes)						
												1 or more doses of 2025–2026 vaccine (See Notes)						
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)					See Notes			1st dose					2nd dose					
Varicella (VAR)								1st dose					2nd dose					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1 dose			
Human papillomavirus (HPV)															2-dose series			See Notes
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																	See Notes	
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy if not previously vaccinated			
Dengue (DEN4CYD: 9–16 yrs)															Seropositive in areas with endemic dengue (See Notes)			
Mpox																		

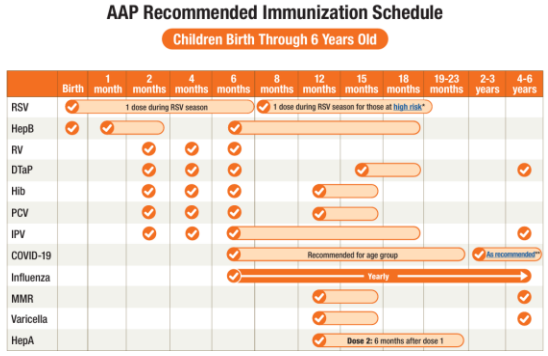
Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination for those who desire protection
Recommended vaccination based on shared clinical decision-making

For the most up-to-date version, visit AAP.org/ImmunizationSchedule



healthychildren.org
Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

- Family friendly immunization schedule
- Articles for parents
- Quizzes, videos and more!



CIDRAP/Vaccine Integrity Project + The Evidence Collective + Unbiased Science

UNIVERSITY OF MINNESOTA

CIDRAP

VACCINE INTEGRITY PROJECT

THE EVIDENCE COLLECTIVE
Science & Medicine Creators Uniting for Public Health.

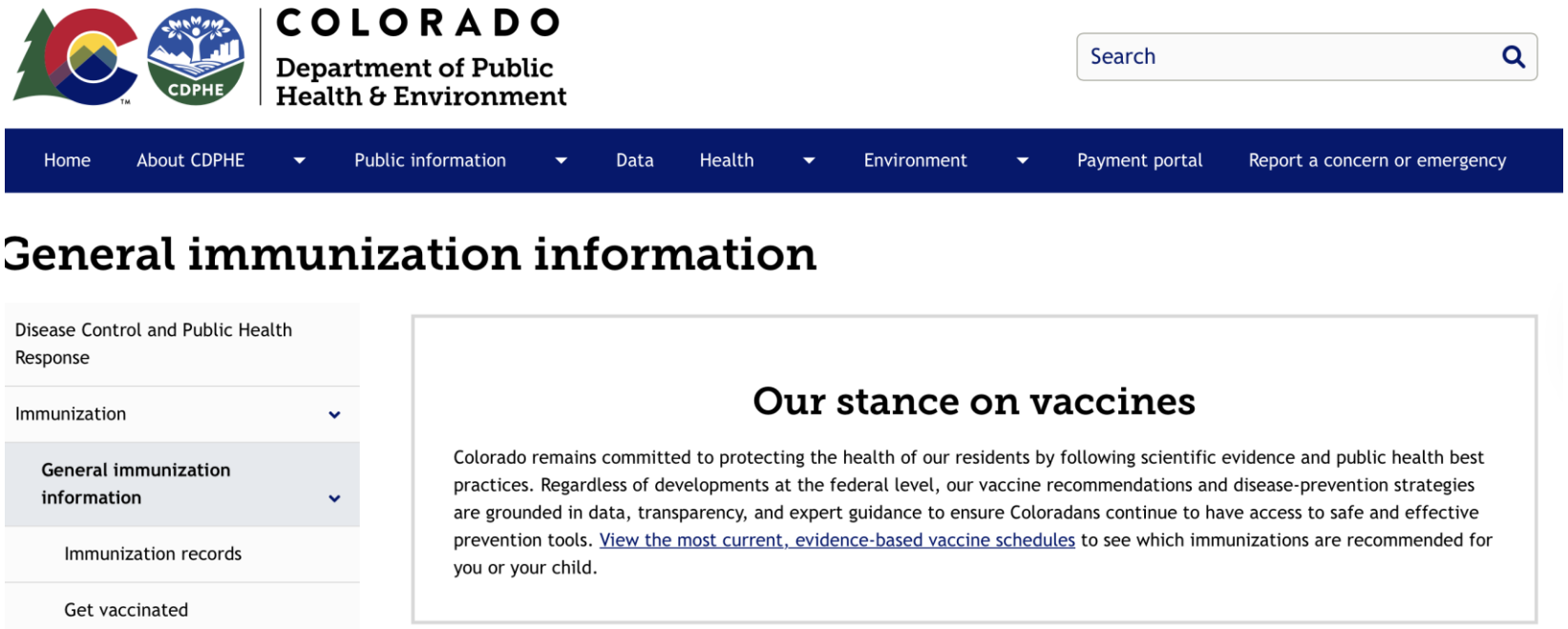
UNBIASED SCIENCE

Immunize Colorado

Colorado Chooses Vaccines

Colorado Chooses Vaccines brings together a growing group of healthcare providers, public health leaders, and community organizations committed to protecting vaccine access and public trust across Colorado.

Colorado Department of Public Health & Environment



Colorado Actions to Protect Evidence-Based Vaccine Guidance and Access

- **Recommends** that families and providers follow the American Academy of Pediatrics Immunization Schedule.
- Following the passage of new state law (HB 25-1027), the Colorado Board of Health incorporated the AAP schedule into the state's **school and child care immunization requirements**.
- Colorado has also taken steps to **protect families from potential financial barriers**. Under new state law (SB 25-196), state-regulated insurance plans may be required to continue covering preventive vaccines, regardless of federal changes.

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Colorado reaffirms evidence-based vaccine guidance and continued access for families

Denver (Jan. 6, 2026) — The Colorado Department of Public Health and Environment reaffirms its commitment to protecting the health of Colorado's children, families, and communities through evidence-based vaccination guidance and continued access to preventive care.

We are aware of the announcement by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, which changes the CDC childhood immunization schedule. Federal officials have indicated the changes will not affect insurance coverage or vaccine availability through the federal Vaccines for Children program.

While federal CDC recommendations have shifted, Colorado's approach remains grounded in long-standing science, expert consensus, and transparency. We will continue to:

- Rely on peer-reviewed scientific evidence and expert medical guidance.
- Support health care providers with clear, consistent recommendations.
- Ensure continued access to vaccines for children and families across the state.
- Protect community health through data-driven disease prevention strategies.

Recent

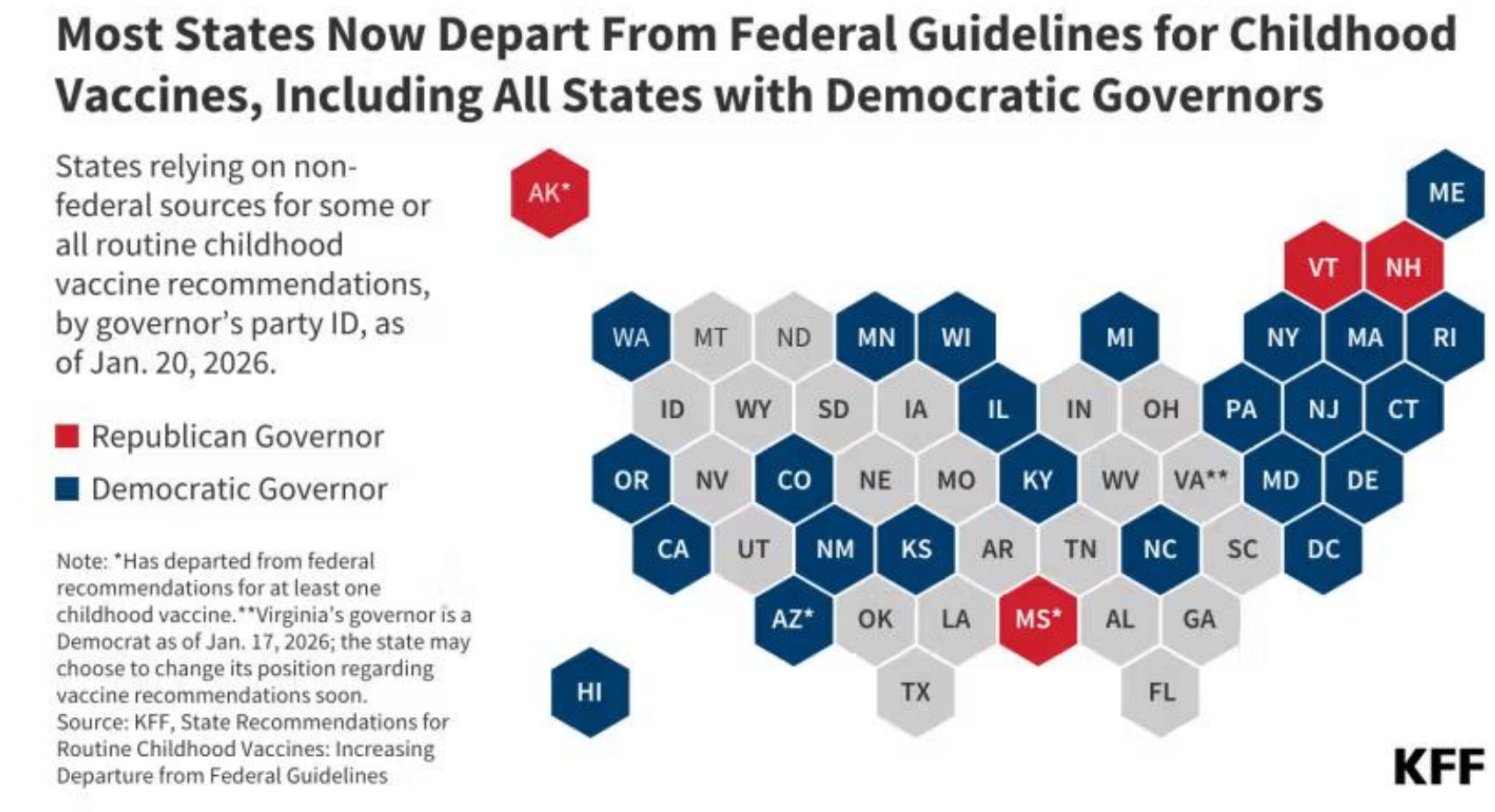
Colorado's State Revolving Fund deploys federal dollars for water infrastructure projects

So far, the state has distributed over $300 million to more than 60 communities across the state.

State Agencies Coordinate

https://cdphe.colorado.gov/press-release/colorado-reaffirms-evidence-based-vaccine-guidance-and-continued-access-for-families

States not relying on federal sources for all childhood vaccine recommendations



https://www.kff.org/state-health-policy-data/state-recommendations-for-routine-childhood-vaccines-increasing-departure-from-federal-guidelines/

Acknowledgements

- Dr. Sean O'Leary, MD, MPH
- **Common Health Coalition**
  - Chelsea Cipriano, MPH
  - Dr. Charlene Wong, MD
  - Paul Rodriguez, JD
  - Dr. Dave Chokshi, MD, MSc
- **Immunize Colorado**

Thank you!

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Questions & Answers?