

# 2026 Immunization Schedule Update

March 11, 2026, 12:00 PM

Presenters:

Everett Lamm, MD, MHCDS, FAAP

Angela Fowler, MD, MPH

## Vaccine Education Webinar Series

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*Presented by:*

**Massachusetts Chapter**

OF THE AMERICAN ACADEMY OF PEDIATRICS

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# Webinar Housekeeping



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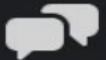


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Q&A

**Questions** can be entered at any time by clicking on the Q&A button. Q&A will follow the presentations.

The Vaccine Education Webinar Series thanks the American Academy of Pediatrics and the Common Health Coalition for generously sharing content for today's webinar.

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## Presenter Disclosure Information



***Everett Lamm, MD, MHCDS, FAAP***

Dr. Lamm has no relevant financial relationships with ineligible companies to disclose.

**All other planners for this educational activity have no relevant financial relationships with ineligible companies to disclose.**

## Presenter Disclosure Information



### ***Angela Fowler MD, MPH***

Dr. Fowler has no relevant financial relationships with ineligible companies to disclose.

**All other planners for this educational activity have no relevant financial relationships with ineligible companies to disclose.**

# Webinar Learner Objectives

As a result of participating in this activity, learners should be able to:

- Review the American Academy of Pediatrics' (AAP) Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026.
- Address confusion created by CDC's shared clinical decision-making recommendation.
- Review current adult immunization recommendations.
- Describe strategies for communicating with caregivers and parents about the current immunization landscape.
- Locate relevant immunization schedule resources.

# The AAP Schedule

## AAP 2026 Childhood and Adolescent Immunization Schedule

### 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.

**A:** 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.

# 2026 Child & Adolescent Vaccination Recommendations

## Recommendation Types

Immunization	CDC <sup>1</sup> (Published 1/2026)	AAP <sup>2</sup> (Published 1/2026)
<u>D</u> iotheria, tetanus, acellular pertussis (DTaP, 7 yrs)	Recommended for all children	Recommended for all children
Tetanus, <u>d</u> iotheria, acellular pertussis (Tdap ≥ 7 yrs)	Recommended for all children	Recommended for all children
Haemophilus influenzae type b (Hib)	Recommended for all children	Recommended for all children
Pneumococcal conjugate (PCV15, PCV 20)	Recommended for all children	Recommended for all children
Inactivated poliovirus (IPV < 18 yrs)	Recommended for all children	Recommended for all children
Measles, mumps, rubella (MMR)	Recommended for all children	Recommended for all children
Varicella (VAR)	Recommended for all children	Recommended for all children
Human papillomavirus (HPV)	Recommended for all children	Recommended for all children
Respiratory syncytial virus (RSV-mAB)	Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations
Meningococcal B	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making
Hepatitis B ( <u>Hep</u> B)	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making	Recommended for all children
Hepatitis A ( <u>Hep</u> A)	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making	Recommended for all children
Rotavirus	Shared Clinical Decision-Making	Recommended for all children
COVID-19	Shared Clinical Decision-Making	Recommended for all children/Shared Clinical Decision-Making
Influenza	Shared Clinical Decision-Making	Recommended for all children
Meningococcal ACWY	Shared Clinical Decision-Making/Certain High-Risk Groups	Recommended for all children/Certain High-Risk Groups or Populations

Line denotes where different recommendation types exist between CDC & AAP

<sup>1</sup> <https://www.hhs.gov/childhood-immunization-schedule/index.html>

<sup>2</sup> <https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf>

Volume 157, Issue 3

March 2026

# PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

MARCH 2026 • VOLUME 157 • ISSUE 3

www.pediatrics.org

## RESEARCH

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**Minimizing Pediatric and Pediatric Subgroup** J. D'Amico et al  
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**Neurodevelopmental Outcomes After Subacute Postnatal Birth** T. H. Sanchez et al

**Relatives of Children With Complex Chronic Conditions**  
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**Low-Risk Emergency Care by Race and Ethnicity**  
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**A Practical Service for Parents of EMS** T. Acker et al  
**Submissions for Member Representative Positions**  
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## FROM THE AMERICAN ACADEMY OF PEDIATRICS

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**Effects of Access Disparities on Children and Adolescents**

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**Equity and Prioritization of Pediatric Assistance**

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**Critical Elements for Pediatric Assistance**

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**EMR to Protect Subsequent Vaccinations**

S. Taylor et al

**Community-Engaged Research**

S. Taylor et al

“At this time, the AAP no longer endorses the recommended childhood and adolescent immunization schedule from the Centers for Disease Control and Prevention.”

Sean T. O’Leary, Committee on Infectious Diseases; Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement. *Pediatrics* March 2026; 157 (3): e2025075754. 10.1542/peds.2025-075754



# More than 230 medical & health organizations endorse the 2026 AAP Immunization Schedule

AAMC (Association of American Medical Colleges) Academic Pediatric Association	American Public Health Association American Society for Meningitis Prevention	Cystic Fibrosis Foundation Defend Public Health	Infectious Diseases Society of America (IDSA)* International Vaccine Access Center	Necrotizing Enterocolitis (NEC) Society New Jersey State Nurses Association	Sepsis Alliance Siena Medical Clinic
AFL-CIO	American Society for Microbiology	Delaware Academy of Medicine and Public Health	Iowa Nurses Association	New York State Public Health Association	Society for Adolescent Health and Medicine (SAHM)*
AFT: Education, Healthcare, Public Services	American Society of Hematology American Society of Pediatric Hematology/Oncology	Delaware Nurses Association	Kimberly Coffey Foundation	NICU Parent Network	Society for Maternal-Fetal Medicine
Alana's Foundation	American Society of Pediatric Nephrology	Denver Health	Lee County Health Department	NMAC	Society for Pediatric Research
Alliance for Women's Health and Prevention	American Society of Pediatric Nephrology	Doctors for America	Louisiana Families for Vaccines	North American Society for Pediatric & Adolescent Gynecology	Society for Public Health Education
Allies for Children	American Thoracic Society	Emergency Nurses Association	Lupus and Allied Diseases Association, Inc.	N.A. Society for Ped. Gastroenterology, Hepatology and Nutrition	Society for Physician Assistants in Pediatrics
American Academy of Allergy, Asthma & Immunology	Autism Science Foundation	Emily Stillman Foundation	Maine Families for Vaccines	North Carolina Public Health Association	Society of Critical Care Medicine
American Academy of Emergency Medicine	Autistic People of Color Fund	EverThrive Illinois	March of Dimes	Nurses for America	Society of Hospital Medicine
American Academy of Family Physicians (AAFP)*	Autistic Women & Nonbinary Network	Families USA	Maryland Nurses Association, Inc.	Oklahoma Nurses Association	Society of Infectious Diseases Pharmacists
American Association for the Study of Liver Diseases	AZ Families for Vaccines	Family Voices NJ	Massachusetts Families for Vaccines	Oregon Families for Vaccines	South Carolina Families for Vaccines
American Association of Colleges of Pharmacy (AACP)	Big Cities Health Coalition	Florida Families for Vaccines	Massachusetts Public Health Alliance	Partnership to Fight Infectious Disease	South Dakota Families for Vaccines
American Association of Immunologists	California Immunization Coalition	Generations United	Maternity Care Coalition	Pediatric Heart Transplant Society	SPAN Parent Advocacy Network
American College of Chest Physicians	California Medical Association	Gerontological Society of America	MomsRising	Pediatric Infectious Diseases Society (PIDS)*	Tennessee Public Health Association
American College of Nurse-Midwives (ACNM)*	Caregiver Action Network	GLMA	Montana Families for Vaccines	Pediatric Nurse Practitioner House Calls	The Immunization Partnership
American College of Obstetricians and Gynecologists (ACOG)*	CDC Alumni and Friends Network	Global Healthy Living Foundation	Montana Nurses Association	Pediatric Pharmacy Association (PPA)*	The J.A.M.I.E. Group
American College of Osteopathic Family Physicians	Children First PA	Global Liver Institute	NASTAD	Pediatric Policy Council	The Task Force for Global Health
American College of Physicians	Children's Hospital Colorado	Grandparents for Vaccines	National Association of Hispanic Nurses	Pediatrics	Trust for America's Health
American College of Preventive Medicine	Color of Gastrointestinal Illnesses	Hawai'i-American Nurses Association	National Association of Pediatric Nurse Practitioners (NAPNAP)*	Pennsylvania Immunization Coalition	Trusted Messenger Program
American College of Rheumatology	Colorado Academy of Family Physicians	HealthHIV	National Coalition for Infant Health	Pennsylvania Partnerships for Children	Vaccinate Your Family
American Families for Vaccine, Pro-Vaccine Legal Alliance	Colorado Children's Campaign	HealthyWomen	National Coalition for LGBTQ Health	PreemieWorld Foundation	Vaccine Education Center at Children's Hospital of Philadelphia
American Families for Vaccines	Colorado Chooses Vaccines	Henry and Stark Co. Health Department	National Foundation for Infectious Diseases	Prevent Blindness	Vermont Public Health Association
American Gastroenterological Association	Colorado Department of Public Health and Environment	HIV Medicine Association	National Hispanic Health Foundation	Protect Our Care	Voices for Vaccines
American Medical Association (AMA)*	Colorado Families for Vaccines	Illinois State Medical Society	National Hispanic Medical Association (NHMA)	Public Health Association of Nebraska	Washington State Public Health Association
American Nurses Association\California	Colorado Medical Society	Immune Deficiency Foundation	National Medical Association (NMA)*	Public Health Foundation	West Virginia Families for Vaccines
American Pediatric Society	Colorado Nurses Association	Immunization Coalition of Delaware	National Network of Public Health Institutes	Public Health Law Center	Wisconsin Association of Local Health Departments and Boards
American Pediatric Surgical Association	Council of Medical Specialty Societies (CMSS)*	Immunize Colorado	National Viral Hepatitis Roundtable (NVHR)	RedSail Technologies, LLC dba: TransactRX	Wisconsin Families for Vaccines
American Pharmacists Association (APhA)*	CT Public Health Association	Infectious Diseases Society for Obstetrics and Gynecology	Nebraska Nurses Association	Roseman Medical Group	Wisconsin Public Health Association

# AAP Chapters in Support (Representing all 50 states and Puerto Rico)

Alabama (Alabama Chapter - American Academy of Pediatrics)	Montana (Montana Chapter of the American Academy of Pediatrics)
Alaska (Alaska Chapter, American Academy of Pediatrics)	Nebraska (Nebraska Chapter of the American Academy of Pediatrics)
Arizona (Arizona Chapter of the American Academy of Pediatrics)	Nevada (Nevada Chapter, American Academy of Pediatrics)
Arkansas (AR Chapter, American Academy of Pediatrics)	New Hampshire (NH Chapter of the American Academy of Pediatrics)
California 1 (AAP California Chapter 1)	New Jersey (New Jersey Chapter American Academy of Pediatrics)
California 2 (American Academy of Pediatrics California Chapter 2)	New Mexico (New Mexico Pediatric Society)
California 3 (American Academy of Pediatrics, CA Chapter 3)	New York 1 (American Academy of Pediatrics New York Chapter 1)
California 4 (California Chapter 4, AAP (AAP-OC))	New York 2 (NYS AAP - Chapter 2)
Colorado (American Academy of Pediatrics, Colorado Chapter)	New York 3 (NYS AAP - Chapter 3)
Connecticut (CT-AAP chapter)	North Carolina (NC Pediatric Society)
DC (American Academy of Pediatrics, DC Chapter)	North Dakota (ND Chapter of the AAP)
Delaware (Delaware Chapter, AAP)	Ohio (Ohio Chapter, American Academy of Pediatrics)
Florida (Florida Chapter of American Academy of Pediatrics, Inc.)	Oklahoma (Oklahoma Chapter of the American Academy of Pediatrics)
Georgia (GA Chapter of the American Academy of Pediatrics)	Ontario (Ontario Chapter, AAP)
Hawaii (AAP Hawaii Chapter)	Oregon (Oregon Pediatric Society)
Idaho (Idaho Chapter of the AAP)	Pennsylvania (PA Chapter, American Academy of Pediatrics)
Illinois (Illinois Chapter, American Academy of Pediatrics)	Puerto Rico (American Academy of Pediatrics Puerto Rico Chapter)
Indiana (Indiana Chapter of the American Academy of Pediatrics)	Rhode Island (American Academy of Pediatrics, RI Chapter)
Iowa (Iowa Chapter of the American Academy of Pediatrics)	South Carolina (SC chapter of AAP)
Kansas (Kansas Chapter, American Academy of Pediatrics)	South Dakota (South Dakota Chapter of the American Academy of Pediatrics)
Kentucky (Kentucky Chapter of the AAP)	Tennessee (The Tennessee Chapter of the American Academy of Pediatrics)
Louisiana (Louisiana Chapter of the American Academy of Pediatrics)	Texas (Texas Pediatric Society)
Maine (Maine Chapter, American Academy of Pediatrics)	Utah (American Academy of Pediatrics, Utah Chapter)
Maryland (Maryland Chapter, American Academy of Pediatrics)	Vermont (American Academy of Pediatrics Vermont Chapter)
Massachusetts (Massachusetts Chapter of the American Academy of Pediatrics)	Virginia (Virginia Chapter, American Academy of Pediatrics)
Michigan (Michigan Chapter American Academy of Pediatrics)	Washington (Washington Chapter of the American Academy of Pediatrics)
Minnesota (Minnesota Chapter, American Academy of Pediatrics)	West Virginia (West Virginia Chapter, American Academy of Pediatrics)
Mississippi (Mississippi Chapter of the American Academy of Pediatrics)	Wisconsin (Wisconsin Chapter of the American Academy of Pediatrics (WIAAP))
Missouri (Missouri Chapter of the American Academy of Pediatrics)	Wyoming (Wyoming Chapter of the American Academy of Pediatrics)

# 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 Enflonisia
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNespike Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix 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)	cdIIV3	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 MenACWY-TT	Menveo MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp MenACWY-CRM/MenB-4C	Penbraya Penmenvay
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxinevance Prenar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1 RV5	Rotarix 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 <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> 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 (NAPNP), 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

- Determine recommended vaccine by age ([Table 1](#))
- Determine recommended interval for catch-up vaccination ([Table 2](#))
- Assess need for additional recommended vaccines by medical condition or other indication ([Table 3](#))
- Review vaccine types, frequencies, intervals, and considerations for special situations ([Notes](#))
- Review contraindications and precautions for vaccine types ([Appendix](#))
- 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>

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



# Page 1 of the 2026 AAP Immunization Schedule

[AAP-Immunization-Schedule.pdf](http://AAP-Immunization-Schedule.pdf)

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# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

- “The **cover page** includes a table with an alphabetical listing of vaccines and other immunizing agents, approved abbreviations for each agent, and trade names.
- **Table 1** contains the recommended immunization schedule from birth to 18 years of age.
- **Table 2** is the catch-up immunization schedule for persons 4 months to 18 years of age who start late or who are more than 1 month behind the recommended age for vaccine administration.
- **Table 3** lists the immunizations that may be indicated for children and adolescents 18 years of age or younger on the basis of medical conditions.
- The **Notes** provide additional information and are presented in alphabetical order of the vaccine or other immunizing agent.
- The **Appendix** provides conditions when vaccines and other immunizing agents are contraindicated or not recommended or when precautions should be considered.
- The **Addendum** summarizes new and updated AAP recommendations that occur after the 2026 immunization schedule is published.”

<https://publications.aap.org/pediatrics/article/157/3/e2025075754/206175/Recommended-Childhood-and-Adolescent-Immunization>

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

The following changes have been made since the publication of the recommended schedule in November 2024:

## Overall Schedule

- Where relevant, webpage resources were changed to new webpage resources from AAP and partners. Where federal webpage resources were added, they were added.

## Cover Page

- In the table listing immunization names and abbreviations, Envy and Flublok were added.
- Other information was updated on the page, including:
- Added information on 12 medical and health organizations that endorse the AAP schedule.
- Added information on how to report clinically significant adverse events for RSV-mAb products to MedWatch, a reporting system that supports the Food and Drug Administration (FDA)'s postmarketing safety surveillance for drugs and therapeutic biologics.
- Changed Questions section to link to the AAP submission form.
- Updated link for the current Immunization Statements.
- Updated QR code and immunization schedule landing page.

# AAP's Evidence-Based Process

## AAP 2026 Childhood and Adolescent Immunization Schedule

- The AAP's recommendations are based on a rigorous review of:
  - Vaccine safety data
  - Epidemiology of preventable diseases in the United States
  - Impact of these diseases
  - 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

# How did we get here?

## What Happened from April to December 2025

- Legitimate ACIP members fired and replaced with mostly unqualified individuals
  - Several of whom are vocal vaccine opponents
- All liaison organizations were dismissed from ACIP work groups
- June 25<sup>th</sup>-26<sup>th</sup> ACIP meeting widely condemned as theater for anti-vaccine tropes
- AAP and other medical organizations file a lawsuit against HHS
- AAP continued to reinforce the critical role of the original ACIP
- AAP published own evidence-based recommendations in a schedule separate from CDC
  - Initial focus on respiratory season, then all vaccines
- Significant challenges emerged during September & December ACIP meetings

# Practical Tools from the AAP Immunization Schedule

- On Monday, January 26, AAP published an updated Recommended Childhood and Adolescent Immunization Schedule for 2026
- AAP published an accompanying [Policy Statement](#) in *Pediatrics*
- [New FAQ](#) frames conversation points in response to specific questions families may have regarding the recent news about the CDC changes to the childhood immunization schedule

**Table 1** 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

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)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose																	
Rotavirus (RV), RV1 (2-dose series), RVS (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes														
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose			5 <sup>th</sup> dose								
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes			3 <sup>rd</sup> or 4 <sup>th</sup> dose (See Notes)											
Pneumococcal conjugate (PCV15, PCV20)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose											
Inactivated poliovirus (IPV)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose			4 <sup>th</sup> dose									
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		1 <sup>st</sup> dose			2 <sup>nd</sup> dose							
Varicella (VAR)									1 <sup>st</sup> dose			2 <sup>nd</sup> 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 ≥2 years)															1 <sup>st</sup> dose		2 <sup>nd</sup> dose		
Meningococcal B (MenB-4C, MenB-FHbp)																	See Notes		
Respiratory syncytial virus vaccine (RSV [Abrysvo])																	Seasonal administration during pregnancy if not previously vaccinated		
Dengue (DENVCYD; 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](https://AAP.org/ImmunizationSchedule)



# Unprecedented Moves: What Happened on January 5<sup>th</sup>?

- Politically-appointed HHS leaders announced **major** changes to childhood vaccination schedule
- Several routine vaccines moved to “shared clinical decision making” (SCDM)
- HPV moved to single dose at age 11
- Most closely aligned with Denmark’s immunization schedule
  - (considered an outlier among developed nations in how few vaccines they recommend)
- Prior CDC schedule was similar to: Canada, Ireland, Germany, Australia, New Zealand, etc.
- Reason given to “restore trust in vaccines”

# Among the problems with the changes. . .

- **Process lacked:**
  - Disease-burden modeling, impact assessment, public comment, independent expert input, transparency in decision-making, (and the list goes on. . .)
- **New federal recommendations prioritize 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.

# Among the problems with the changes. . .

## **The US is not (actually) an outlier:**

- Many “peer” high income countries use similar childhood vaccine schedules
- Denmark is an outlier among peer countries
  - Chosen to make the US schedule look “bloated” compared to peer nations
- US recommendations are similar to: Canada, Germany, Italy, Australia, S. Korea, Israel (and others)

## **“Fewer vaccines against fewer diseases” is not a good thing:**

- Preventing disease & suffering is!

## **Clear recommendations from clinicians' matter:**

- Conversations already tailored to individual needs
- Patients & families are assisted with making decisions based on benefits and risks
- Tiered recommendations create confusion
- Vaccines with Shared Clinical Decision-Making have very low uptake historically

# Reviewing Current AAP Vaccine Guidance: RSV

## AAP 2026 Childhood and Adolescent Immunization Schedule

- **Recommended for all infants < 8 months of age during RSV season depending on maternal RSV vaccine status**
- Common virus that affects infants' lungs and airways
- **The leading cause of hospitalization for infants**
- Immunizations for pregnant mothers & newborns provide antibodies offering necessary protection
- Already seeing dramatic impact on hospitalizations just 2 years post-licensure (↓ by over 80%)
- Federal recommendations didn't change – just made more confusing by moving to "risk-based" tables

# Reviewing Current AAP Vaccine Guidance: Influenza

## AAP 2026 Childhood and Adolescent Immunization Schedule

- **Recommended for all children starting at 6 months old** -- protects individual children & communities
  - Especially during seasons when other viruses like RSV and COVID-19 are also circulating
- > 80% of influenza-associated pediatric deaths occur in unvaccinated or incompletely vaccinated children historically
- Children under 5 (particularly those younger than 2) are at highest risk for severe influenza leading to hospitalization or death
- 280 pediatric deaths last year: 89% of which were incompletely vaccinated
  - **(worst season in >15 years)**
- Current season starting quite severe with high rates of ER visits and hospitalizations
  - In Massachusetts -- 7 children have died from influenza (as of 2/14/26)

# Reviewing Current AAP Vaccine Guidance: Hepatitis A

## AAP 2026 Childhood and Adolescent Immunization Schedule

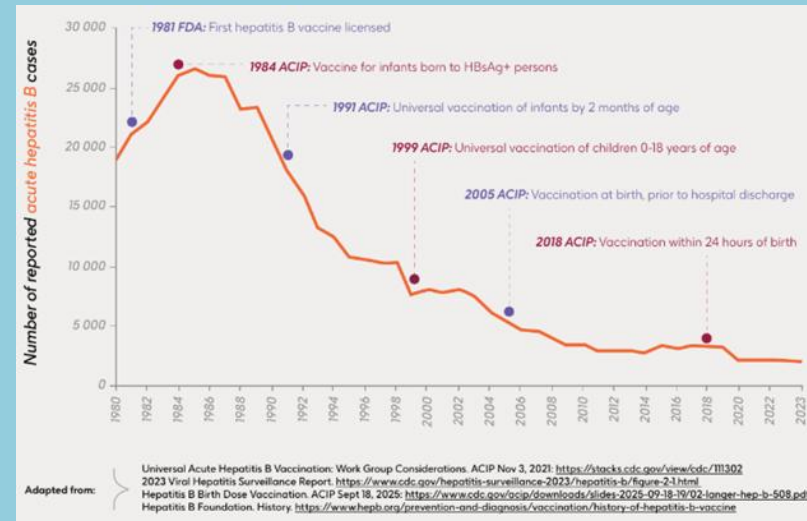
- **Recommended for all children at age 12-23 months**
- Prior to widespread vaccination:
  - Roughly 10.4 cases per 100K in US (~20,000-30,000 cases/year), leading to ~100 deaths/year
- Recent years: 0.5-0.6 cases per year (17-fold ↓)
- Community immunity achieved through widespread childhood vaccination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

**The low burden is due to widespread vaccination!**

# Reviewing Current AAP Vaccine Guidance: Hepatitis B

## AAP 2026 Childhood and Adolescent Immunization Schedule

- **Recommended for all infants within 24 hours of birth (1<sup>st</sup> dose)**
- Highly transmissible -- causes liver cancer, cirrhosis, and death
- **Prior to widespread vaccination: ~20,000 cases in children every year**
- 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 U.S. live with hep B (50-66% are unaware they are infected)
- **90% of children who acquire hep B develop chronic disease**
  - **25% will die from the disease**
- In 2023, there were only seven perinatally acquired hep B cases in the U.S.



# Reviewing Current AAP Vaccine Guidance: Hepatitis B Birth Dose

## AAP 2026 Childhood and Adolescent Immunization Schedule

- Routine vaccination is far **more** effective than identifying risk groups
- ~15% of pregnant women are **not** screened for hepatitis B
- Per CDC website (MMWR), from 2015-2017 :
  - More than 20,000 infants were born to women who tested Hep B surface antigen positive
  - Of those, **only 52.6%** were identified through prenatal screening
- Documented cases of communication/transcription errors, acquisition of hep B late in pregnancy lead to unnecessary infant infection
- The science clearly shows -- **one** missed case is too many

**Vaccination in the first 24 hours prevents hepatitis B in infants!**

# Reviewing Current AAP Vaccine Guidance: Rotavirus

## AAP 2026 Childhood and Adolescent Immunization Schedule

- **Recommended for all infants at 2 months of age;**
  - **Series cannot be started after 15 weeks of age**
- “Winter vomiting syndrome”
- **Prior** to widespread vaccination in the U.S.:
  - **~50,000 hospitalizations per year** resulting in 50-100 deaths per year
- Since routine vaccination:
  - **Rarely** see infants hospitalized for rotavirus, even in unvaccinated infants due to high levels of community protection

# Reviewing Current AAP Vaccine Guidance: MenACWY

## AAP 2026 Childhood and Adolescent Immunization Schedule

- **Recommended for all children at 11-12 years and 16 years of age**
- Severe disease with high morbidity and mortality
- The introduction of two new pentavalent vaccines (MenABCWY) is driving the need to update the current schedule
  - Which still separates MenACWY (11 & 16) and MenB (SCDM at 16)
- ~35 states require meningococcal vaccines for school entry

# Reviewing Current AAP Vaccine Guidance: HPV & Age at Recommendation

## AAP 2026 Childhood and Adolescent Immunization Schedules

- **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**
- There is **no** current evidence-based recommendation for a single dose as suggested by HHS
- ACIP and AAP had been reviewing the data
  - This process was not completed prior to dismissal of ACIP members and dissolution of work groups
- Several other issues need to be evaluated before moving to such a recommendation
- Vaccine Integrity Project currently undertaking an HPV evidence review
- AAP will complete data review and then complete the process for vaccine recommendations
- Unclear what the HHS schedule change means for vaccinating at age 9-10 which was formerly an option with a growing evidence base (recommended by American Cancer Society (ACS) and AAP)

# 2026 Child & Adolescent Vaccination Recommendations

## Recommendation Types

Immunization	CDC <sup>1</sup> (Published 1/2026)	AAP <sup>2</sup> (Published 1/2026)
<u>D</u> iotheria, tetanus, acellular pertussis (DTaP, 7 yrs)	Recommended for all children	Recommended for all children
Tetanus, <u>d</u> iotheria, acellular pertussis (Tdap ≥ 7 yrs)	Recommended for all children	Recommended for all children
Haemophilus influenzae type b (Hib)	Recommended for all children	Recommended for all children
Pneumococcal conjugate (PCV15, PCV 20)	Recommended for all children	Recommended for all children
Inactivated poliovirus (IPV < 18 yrs)	Recommended for all children	Recommended for all children
Measles, mumps, rubella (MMR)	Recommended for all children	Recommended for all children
Varicella (VAR)	Recommended for all children	Recommended for all children
Human papillomavirus (HPV)	Recommended for all children	Recommended for all children
Respiratory syncytial virus (RSV-mAB)	Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations
Meningococcal B	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making
Hepatitis B ( <u>H</u> epB)	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making	Recommended for all children
Hepatitis A ( <u>H</u> epA)	Certain High-Risk Groups or Populations/Shared Clinical Decision-Making	Recommended for all children
Rotavirus	Shared Clinical Decision-Making	Recommended for all children
COVID-19	Shared Clinical Decision-Making	Recommended for all children/Shared Clinical Decision-Making
Influenza	Shared Clinical Decision-Making	Recommended for all children
Meningococcal ACWY	Shared Clinical Decision-Making/Certain High-Risk Groups	Recommended for all children/Certain High-Risk Groups or Populations

Line denotes where different recommendation types exist between CDC & AAP

<sup>1</sup> <https://www.hhs.gov/childhood-immunization-schedule/index.html>

<sup>2</sup> <https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf>

# Reviewing Current AAP Vaccine Guidance: What's wrong with a "Shared Clinical Decision Making (SCDM) recommendation?"

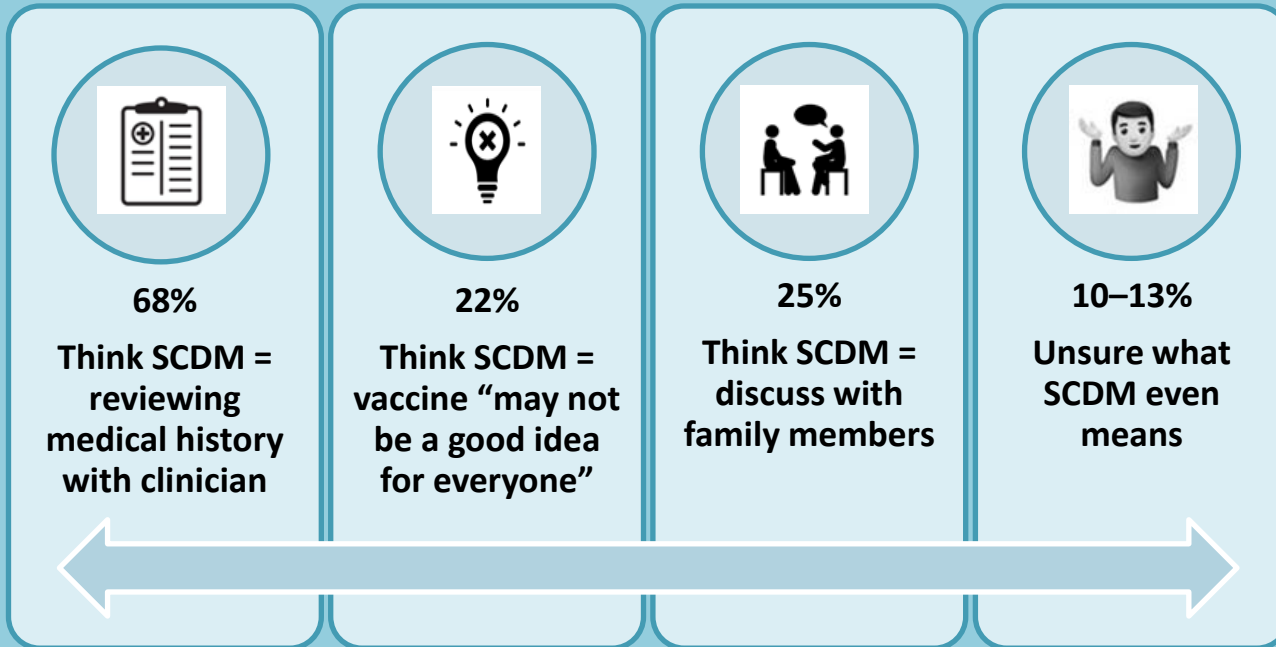
## AAP 2026 Childhood and Adolescent Immunization Schedule

- 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

# Confusion Around Shared Clinical Decision-Making (SCDM)

**Center for Infectious Disease Research and Policy (CIDRAP):**

A University of Minnesota–based center focused on preventing illness and death from infectious diseases through research and rapid translation of evidence into practice.



# Confusion About *Who* Can Participate in SCDM (*CIDRAP survey data*)

## What the Public *Thinks*

- **86%** → Physicians
- **66%** → PAs / NPs
- **50%** → Registered Nurses
- **33%** → Pharmacists

## What This Means Clinically

- Many parents believe SCDM must occur **only with a physician** → limits access.
- Underestimation of RNs & pharmacists creates **bottlenecks & missed opportunities** for vaccination.
- Public confusion undermines the idea that SCDM is a **team-based clinical process**.

# Confusion About *Who* Can Participate in SCDM (*CIDRAP survey data*)

## Reality in Practice



- **Physicians, NPs, PAs, RNs, and pharmacists** can all engage in SCDM conversations
- All of these clinicians can **administer vaccines** and guide families through SCDM
- SCDM is meant to **expand access**, not restrict it to a single provider type

## Why This Matters



- Moving routine vaccines into SCDM may be interpreted as **reduced confidence**
- Confusion about “who can decide”
  - Leads to **delays, deferrals, and lower uptake**
- Mixed messaging risks **eroding trust** in long-established childhood vaccines

## Reframe SCDM

- Present as a **clinical conversation**, not a sign of uncertainty
- Reinforce that **AAP and states still fully recommend** these vaccines

## Lead With a Clear Recommendation

- Avoid neutral or “parent-driven” framing
- Use directive language:  
**“I recommend this vaccine because...”**

# Practical Recommendations About Immunizations for Pediatricians (CIDRAP-Aligned)



## Clarify the Purpose

- SCDM exists due to **variable individual risk**, not weak evidence
- Use concrete examples: exposure risk, school settings, travel



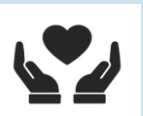
## Address Misconceptions

- SCDM does **not** require family consultation
- RNs, pharmacists, and other clinicians can also engage in SCDM



## Keep It Efficient

- Aim for a **30–60 second**, structured conversation
- Highlight the child's specific risk factors and benefits



## Reassure Families

- No new evidence suggests the schedule is unsafe
- AAP and states are **not changing** their recommendations

# ACIP Vaccines Previously Requiring SCDM (2024–2025)

## Previous SCDM Vaccines

- **MenB** — Adolescents & young adults **16–23**
- **HepB** — Adults **≥60** with diabetes
- **HPV** — Adults **27–45**
- **PCV20/PCV21** — Adults **≥65** who previously received PCV13 + PPSV23
- **COVID-19 Additional Doses** — Moderately or severely immunocompromised

## How to Approach SCDM Conversations

- Identify when a vaccine is **not routine**
- Explore family goals, concerns, and preferences
- Discuss **individual risk + expected benefit**
- Invite questions—SCDM is **bidirectional**

## Insurance Coverage

- Under the ACA, **SCDM vaccines listed on the CDC schedule must be covered with no cost-sharing**

# Routine Recommendations vs. SCDM

## Routine / Catch-Up / Risk-Based

- Default = Vaccinate
- Population-level benefit
- Clear age/risk criteria
- Standardized recommendation

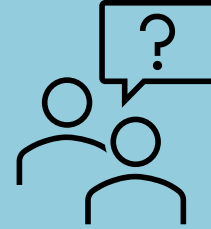
## Shared Clinical Decision-Making

- No default—Discuss first
- Individual-level benefit
- Personalized assessment
- Flexible, values-based decision

# What Do Families Need?

## What they're asking of us:

- “What is recommended now?”
- “Why are there different recommendations?”
- “I’m just confused.”



## What they want from us as their child’s pediatrician:

- Someone with expertise who is consistent and honest
- A clear recommendation
- Reassurance that *they can trust you*



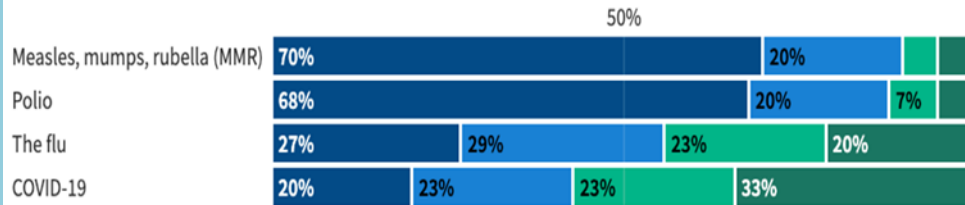
# ~~What has changed?~~

## What has NOT changed?

### Nine in Ten Parents Say It Is Important for Children To Be Vaccinated Against MMR and Polio, Fewer Say the Same About the Flu and COVID-19

How important do you think it is for children in your community to be vaccinated for each of the following?

■ Very important ■ Somewhat important ■ Not too important ■ Not at all important



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) • [Get the data](#) • [Download PNG](#)

KFF | The Washington Post

- **Vaccines** remain one of the **most** effective ways to keep children healthy and thriving.
- A **recommendation** still matters.
- **Trust** still lives in the exam room.
- Counseling, questions, and shared decisions have **always** been part of vaccine care.

# Start Visits the Same Way You Always Have

**Announce what the child is due for & confidently give your recommendations:**

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

# Your role remains important in shared decision-making

Pediatricians have **always**:

- Respected parent/caregiver/patient autonomy
- Answered questions
- Discussed risks and benefits

**You can respect autonomy & recommend vaccines.  
Shared decision-making does not require neutrality.**

# If Parents Have Questions?



## Parents are understandably confused

- News headlines
- Social media
- Conflicting messages



**Your first move = empathy & 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?”

# Routine Recommendations vs. SCDM

## Ask open ended questions to understand parents' concerns

- Answer their questions and stay focused
- Don't teach the whole schedule
- Give 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!**

# Address Changes if Parents Bring Them UP

**If caregivers don't ask -- there's NO need to introduce new concerns**

## **If they do ask:**

- Re-center on their child's health, not policy changes
- Reaffirm your recommendation
- Keep recommendations focused on parents' concerns

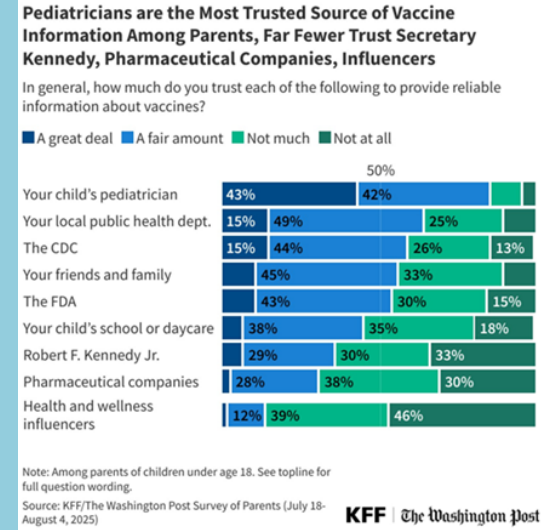
## **Example:**

- "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

## Evidence shows:

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



**Your trusted voice still matters more than headlines – Families trust you!**

# In Summary: A Practical Take-Home Framework (for the office)

## A simple mental checklist:

- Internally name the emotion (yours and theirs)
  - Clinician -- e.g., “I’m feeling rushed/frustrated/annoyed/etc.,” “I’m anxious about running behind”
  - Family/patient -- e.g., “They seem scared (angry/ashamed/overwhelmed/etc.)”
- Announce what’s due
- Make clear, strong recommendations
- Empathize & partner if concerns arise
- Answer what’s asked, clearly and simply
- Anchor to AAP guidance
- Re-center on the child’s health

**Table 1** 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®

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 (C). To determine necessary 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	12 mos	15 mos	18-24 mos	3-3 yrs	4-4 yrs	2-10 yrs	11-14 yrs	15 yrs	17-18 yrs
Respiratory syncytial virus (RSV) (nirsevimab, Bebeso <sup>®</sup> )	1 dose during RSV season depending on whether RSV vaccination status (See Notes)								1 dose (or catch-up during RSV season) (See Notes)						
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose					3 <sup>rd</sup> dose								
Hemophilus influenzae type b (Hib) (diphtheria, tetanus, and acellular pertussis [DTaP-2])	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				4 <sup>th</sup> dose						5 <sup>th</sup> dose		
Pneumococcal conjugate (PCV13, PCV20)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose					3 <sup>rd</sup> dose								
Inactivated poliovirus (IPV)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose					3 <sup>rd</sup> dose						4 <sup>th</sup> dose		5 <sup>th</sup> dose
COVID-19 (mRNA, mRNA, tRNA, tRNA)									1 or more doses of 2025-2026 vaccine (See Notes)						
Influenza									1 or 2 doses annually (See Notes)						
Meningococcal conjugate (MenACWY)									1 <sup>st</sup> dose				2 <sup>nd</sup> dose		
Hepatitis A (HepA)									1 <sup>st</sup> dose				2 <sup>nd</sup> dose		
Tetanus, diphtheria, and acellular pertussis (Tdap-IPV)									2 doses series (See Notes)						
Human papillomavirus (HPV)													1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose
Meningococcal (MenACWY) CRM-23 monovalent (MenACWY1T) (2 years)									3 <sup>rd</sup> dose						
Meningococcal B (MenB-4C, MenB-4D/5g)															
Respiratory syncytial virus vaccine (RSV) (nirsevimab)															
Dengue (DENVax) (9-14 yrs)															
None															

● 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

# 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.**

**You're already doing these things -- stay the course!**

**Why else would more than 230 medical & health organizations endorse the 2026 AAP Immunization Schedule?!**

# Clarity Amidst the Confusion

- Liability Considerations
- Informed consent and documentation remain important
- Continue to center patients' needs and the evidence-backed standard of care

# Standard of Care



The level of skill, knowledge, and care that a **reasonably prudent similar clinician** would provide under the same or similar circumstances.



A clinician's primary legal duty is to provide care consistent with current medical evidence.

- Duty is to the patient, informed by peer-reviewed clinical studies, state and federal health recommendations, and evidence-based guidelines from professional societies.



"Standard of Care" is informed by medical consensus.

- It is a benchmark determined by the evolving body of clinical evidence, and the broader medical community's expertise and accepted practices.
- The standard of care is not tied to a single guideline or set of recommendations.

# Vaccine Injury Compensation Program (VICP) 101

## Purpose & Scope:

- Federal no-fault program that compensates individuals for rare vaccine-related injuries or deaths.
- Covers most childhood vaccines recommended by CDC (COVID-19 covered by related CICP).

## Primary liability protection:

- VICP provides a no-fault alternative to the traditional legal system, ensuring an accessible path to compensation for rare injuries without the burden of proving negligence.
- Requires that claimants first exhaust this administrative program before pursuing civil litigation, the program also stabilizes vaccine access and limits liability.

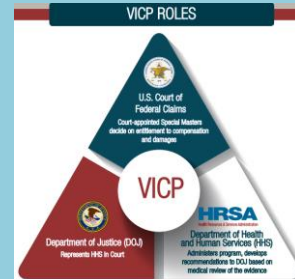
## Key Clinician Responsibilities:

- Provide and document the Vaccine Information Statement (VIS) before vaccination, maintain accurate records, and report adverse events to the Vaccine Adverse Event Reporting System (VAERS).

## Status:

- No lawsuits have been removed from the Vaccine Injury Table.

The VICP is a no-fault safety net that protects vaccine access, supports clinicians, and ensures fair compensation for the rare cases when vaccines cause harm.



# What This All Means In Practice

## **Refer to Available Evidence and Recommendations:**

- Continue to follow authoritative, science-based recommendations in the best interest of patients

## **VICP Protections Remain:**

- No changes to Vaccine Injury Table

## **Documentation:**

- Continue clinical documentation around vaccines, including documenting written or verbal informed consent
- Continue to report adverse events to VAERS

## **Bottom Line:**

- Continue to center your patients' needs and the evidence-based standard of care



**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.

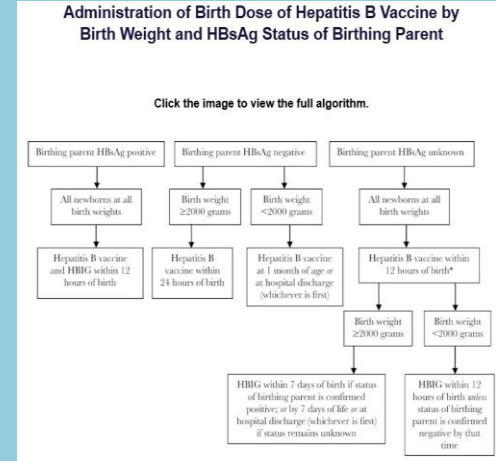
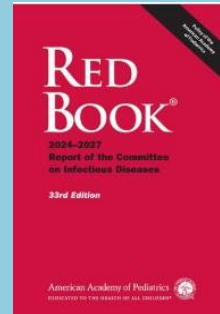
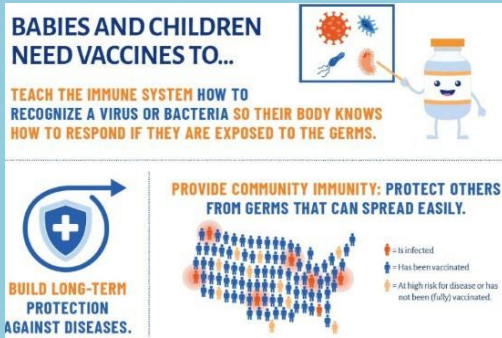


**Health systems** can continue to offer vaccinations and also reinforce that coverage and liability protections remain unchanged at this time, and equip frontline providers with practical tools for patient conversations.



**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.

# Practical Tools from the AAP: Professional Resources



## [AAP.org/Immunization](https://www.aap.org/immunization) - Free Resources

- Immunization discussion guides in 5 languages
- Resources to promote vaccine confidence with families
- FAQs

## Red Book Online - Free benefit for AAP Members

- Clinical guidance
- Immunization news
- Interactive algorithms
- Webinars





# 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  
Immunization  
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).*

# Practical Tools from the AAP

## The AAP Parenting Website – HealthyChildren.org



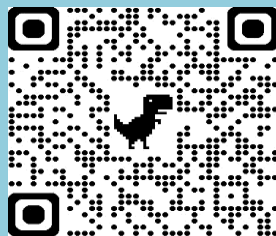
- Family friendly immunization schedule
- Articles for parents
- Quizzes, videos and more!

**AAP Recommended Immunization Schedule**  
Children Birth Through 6 Years Old

	Birth	1 month	2 months	4 months	6 months	8 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
RSV	✓	1 dose during RSV season				1 dose during RSV season for those at high risk*						
HepB	✓	✓		✓		✓						
RV		✓		✓		✓						
DTaP		✓		✓		✓		✓		✓		
Hib		✓		✓		✓		✓		✓		
PCV		✓		✓		✓		✓		✓		
IPV		✓		✓		✓		✓		✓		
COVID-19		✓		✓		✓		Recommended for age group		✓ As recommended*		
Influenza		✓		✓		✓		T yearly		✓		
MMR		✓		✓		✓		✓		✓		
Varicella		✓		✓		✓		✓		✓		
HepA		✓		✓		✓		Dose 2: 6 months after dose 1		✓		

### All About the AAP Recommended Immunization Schedule

Your pediatrician cares about your child's health and development. To help keep kids healthy, they follow the American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule.



# AAP State Advocacy: Massachusetts Chapter (MCAAP)

## State Chapters of the AAP:

- Serve as the locus of state advocacy activities.
- Work with state executive, legislative, and judicial branches on solutions.
- Seek public policy changes through engagement, education, and awareness-raising.
- Support members with advocacy learning and engagement opportunities.
- Collaborate with national AAP on multistate public policy priorities and to respond to crisis events.
- Forge alliances, coalitions, and partnerships.



For more information about the  
MCAAP's legislative advocacy:  
Cynthia McReynolds  
([cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org))

**Thank you!  
&  
Questions?**



Volume 157, Issue 3

March 2026

# PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

MARCH 2026 • VOLUME 157 • ISSUE 3

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- Effects of Access Disparities on Children and Adolescents** S. Koenig et al.

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- Global Elements for Pediatric Assistance** S. Koenig et al.

- Ways to Protect Adolescent Confidentiality** S. Koenig et al.

- Community-Engaged Research** S. Koenig et al.

“At this time, the AAP no longer endorses the recommended childhood and adolescent immunization schedule from the Centers for Disease Control and Prevention.”

Sean T. O’Leary, Committee on Infectious Diseases; Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement. *Pediatrics* March 2026; 157 (3): e2025075754. 10.1542/peds.2025-075754



# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

- “The **cover page** includes a table with an alphabetical listing of vaccines and other immunizing agents, approved abbreviations for each agent, and trade names.
- **Table 1** contains the recommended immunization schedule from birth to 18 years of age.
- **Table 2** is the catch-up immunization schedule for persons 4 months to 18 years of age who start late or who are more than 1 month behind the recommended age for vaccine administration.
- **Table 3** lists the immunizations that may be indicated for children and adolescents 18 years of age or younger on the basis of medical conditions.
- The **Notes** provide additional information and are presented in alphabetical order of the vaccine or other immunizing agent.
- The **Appendix** provides conditions when vaccines and other immunizing agents are contraindicated or not recommended or when precautions should be considered.
- The **Addendum** summarizes new and updated AAP recommendations that occur after the 2026 immunization schedule is published.”

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

**The following changes have been made since the publication of the original 2025 schedule in November 2024:**

## **Overall Schedule**

- Where relevant, webpage resources were changed from federal websites to trusted webpage resources from AAP and partners. Where federal webpage resources are listed, “Accessed on” dates were added.

## **Cover Page**

- In the table listing immunization names and abbreviations, Enflonsia, Penmenvy and Flublok were added.
- Other information was updated on the page, including:
- Added information on 12 medical and health organizations endorsing the AAP schedule.
- Added information on how to report clinically significant adverse events for RSV-mAb products to MedWatch, a reporting system that supports the Food and Drug Administration (FDA)’s postmarketing safety surveillance for drugs and therapeutic biologics.
- Changed Questions or comments contact to an AAP submission form.
- Updated link for the current Vaccine Information Statements.
- Updated QR code and immunization schedule landing page.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

## Table 1

### Recommended Child and Adolescent Immunization Schedule by Age

- **Legend** colors and text were updated as follows:
  - Blue: Range of recommended ages for all children.
  - Purple: Range of recommended ages for catch-up vaccination.
  - Orange: Range of recommended ages for certain high-risk groups or populations.
  - Blue with dots: A new legend was added for recommended vaccination for those who desire protection.
  - Blue with diagonal lines: Recommended vaccination based on shared clinical decision-making.
  - Legends for recommended vaccination can begin in this age group and no guidance/not applicable were removed.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

- **Respiratory syncytial virus (RSV) monoclonal antibody (mAb):** Added clesrovimab<sup>2</sup> to RSV immunizations. To provide additional clarity, the overlying text for birth through 7 months for all children was changed to “1 dose during RSV season depending on maternal RSV vaccination status (See Notes)” and for 8 months through 19 months for high-risk groups was changed to “1 dose nirsevimab during RSV season (See Notes).”
- **Influenza:** Combined rows for IIV3, cclIV3 and LAIV3 into one row for simplicity.
- **Human papillomavirus (HPV):** Changed HPV age range for recommendation to 9–12 years, to align with AAP policy.<sup>3</sup>
- **COVID-19:** Updated COVID recommendations to align with updated AAP policy.<sup>4</sup>
  - Universal recommendation for all children 6–23 months of age.
  - Risk-based recommendation for children 2–17 years of age.
  - Recommendation for those 2–17 years of age who desire protection.
  - See notes for full details.
- **RSV vaccine:** Added “if not previously vaccinated” to overlying text for clarity.

## Table 2

- Recommended Catch-up Immunization Schedule for Persons 4 Months to 18 Years of Age
  - No updates were made to Table 2.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

## Table 3

### Recommended Schedule by Medical Indication

- **Legend** colors and text were updated as follows:
  - Blue: Recommended for all age-eligible children who lack documentation of a complete immunization series.
  - Orange: Not recommended for all children, but recommended for some children based on increased risk for severe outcomes from disease.
  - Purple: Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications.
  - Pink with diagonal red lines: Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction.
  - Gray legend for No Guidance/Not Applicable was removed, and table is blank where no guidance is provided.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

## Table 3

- **RSV-mAb:** Added clesrovimab to immunizing agents. For clarification, added a blue legend with overlying text “1 dose clesrovimab or nirsevimab during 1st RSV season depending on maternal RSV vaccination status (See Notes).” Added “nirsevimab” in purple legend to clarify only nirsevimab is recommended for 2nd RSV season for high-risk individuals.
- **COVID-19:** Added an asterisk for pregnancy with a link to the American College of Obstetricians & Gynecologists (ACOG) practice advisory that states: \*For more information, refer to <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care>.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

## Notes

- **COVID-19:**

- This section has been updated with new recommendations per AAP policy and to reflect the change in FDA approval of Pfizer-BioNTech Comirnaty from children 6 months of age and older to children 5 years of age and older and addition of Moderna mNEXSPIKE for age 12 + years.
- The AAP's COVID-19 Vaccine Dosing Guide was added for reference. Dosing guidance was updated for the 6–23-month-old who has previously received 1 dose prior formulation of Pfizer-BioNTech vaccine and for age 6 months-4 years moderately or severely immunocompromised who has previously received 1 dose prior formulation of Pfizer-BioNTech vaccine.
- New references were added for revaccination guidance for children with hematologic malignancy post-hematopoietic cell transplant or CAR T-cell therapy.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

## Notes

- **Dengue:** Added a note that dengue vaccine distribution in the US was discontinued September 2025 (with a shelf life up to September 2026).
- **Hepatitis B:** Removed recommendations for PreHevbrio since it was discontinued.
- **HPV:** Updated language to align with AAP policy.
- **Influenza:** Updated dates to reflect 2025–2026 season and added a link to AAP influenza vaccine recommendations.
- **Measles, mumps, and rubella (MMR):** Updated note to align with AAP policy that the AAP expresses no preference between MMR plus monovalent varicella vaccine or MMRV for toddlers receiving their first immunization of this kind.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

## Notes

- **Meningococcal serogroup A, C, W, Y Vaccination:**
  - Moved recommendations on MenACWY-TT/MenB-FHb and MenACWY-CRM/MenB-4C to new notes section on Meningococcal serogroup A, B, C, W, Y.
  - Clarified language for military recruits and first-year college students who live in residential housing.
  - Added product Penmenvy to note about Penbraya as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day.
  - Added chronic GVHD as an additional example of functional asplenia.
- **Meningococcal serogroup B:** Moved recommendations on MenACWY-TT/MenB-FHb and MenACWY-CRM/MenB-4C to new notes section on Meningococcal serogroup A, B, C, W, Y and added chronic GVHD as an additional example of functional asplenia.
- **Meningococcal serogroup A, B, C, W, Y:** Added a new notes section with recommendations on the use of MenACWY-TT/MenB-FHb and MenACWY-CRM/MenB-4C.

# Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

## Notes

- **RSV Immunization:** Added clesrovimab as an available product for infants <8 months and updated notes to align with AAP policy, including the removal of guidance on palivizumab.
- **RSV Vaccination:** Added clesrovimab under Routine vaccination to “Either maternal RSV vaccination with Abrysvo or infant immunization with nirsevimab or clesrovimab is recommended to prevent severe RSV disease in infants,” and under Subsequent pregnancies, “Infants born to pregnant women who received RSV vaccine during a previous pregnancy should receive nirsevimab or clesrovimab.”
- **Varicella:** Updated note to align with AAP policy that the AAP expresses no preference between MMR plus monovalent varicella vaccine or MMRV combination vaccine for toddlers receiving their first immunization of this kind.