

# The current state of vaccine policy in the United States

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*Journée du groupe Vaccination-Prévention de la SPILF*

18 September 2026

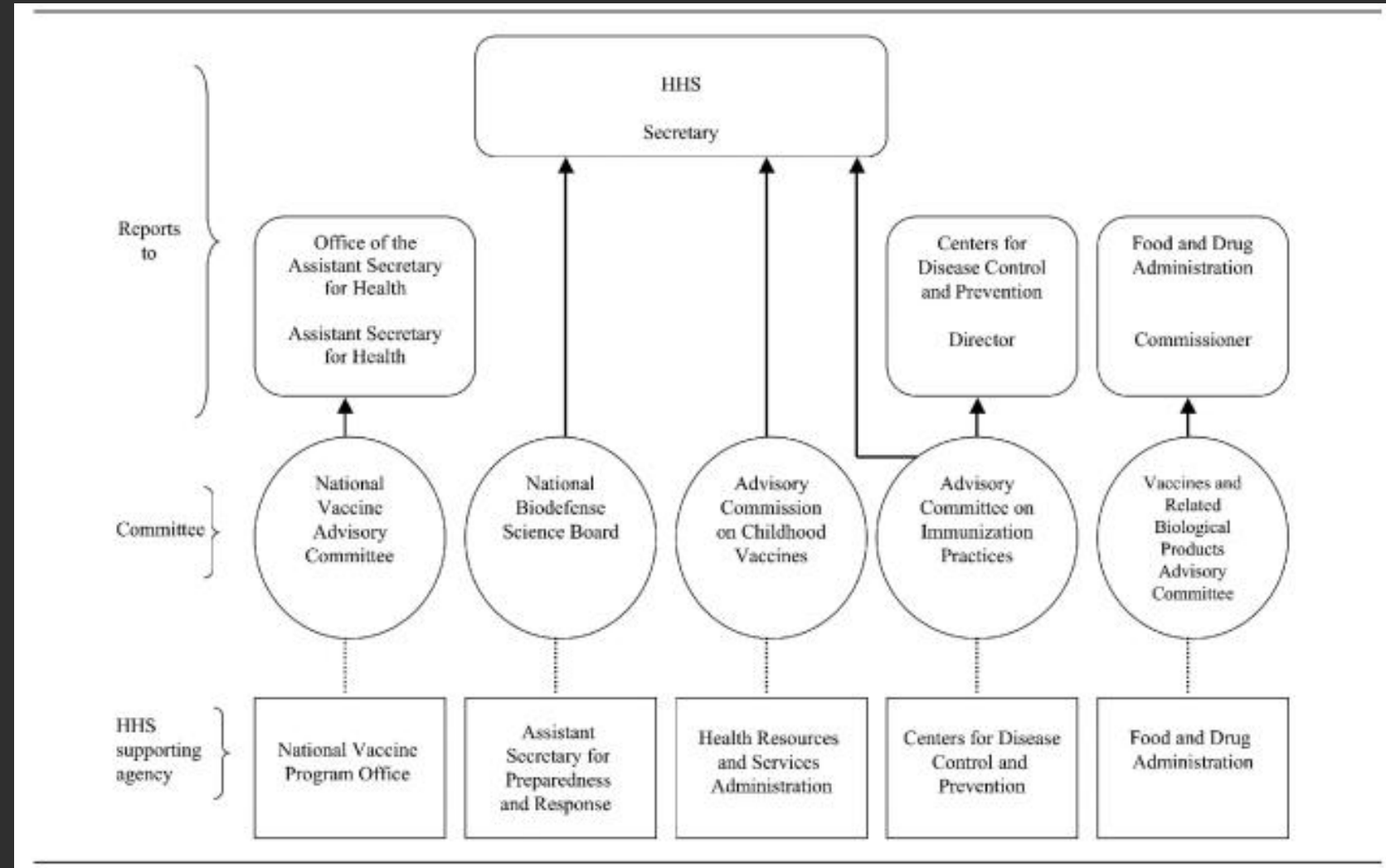
# Acknowledgements and Disclaimers

- Dr. Bednarczyk has received research funding support from NIH, CDC, National Vaccine Program Office, NSF, Gates Foundation. He has no other conflicts to declare.
- Dr. Bednarczyk is fully up-to-date with all routinely recommended vaccines and appropriate travel vaccines.

# Vaccine Policy Recommendations

# US Vaccine Policy Context

- At the federal level, vaccine recommendations and policies are made by the Department of Health and Human Services, with advisory consultation from a number of federal advisory committees



# US Federal Advisory Committees

- Nearly 1,000 advisory committees make recommendations on all areas of the US Federal government (NOT just vaccines)
- Advisory and consultative – make recommendations not policy
- All governed by the Federal Advisory Committee Act (FACA) (Public Law 92-463)
  - Structured process for creating, operating, and terminating Federal advisory committees that provide advice to the Executive Branch of government. This law also stipulated requirements for:
    - public notification of the creation and operation of Federal advisory committees;
    - public input; and
    - data collection and reporting of Federal advisory committee activities.

# Advisory Committee on Immunization Practices

- Established in 1964 by order of the US Surgeon General
- FACA instituted in 1972, ACIP pre-dates this level of formalization
- Direct recommendations to CDC Director and Secretary of HHS
- Focused on usage recommendations of vaccinations
  - Who should get, how many doses, when to get, etc.
  - Following the 1993 Omnibus Budget Reconciliation Act, the Vaccines for Children program was implemented in 1994; ACIP also votes on whether vaccines are included in VFC
  - <https://www.cdc.gov/vaccines/programs/vfc/about/index.html>

# Recent ACIP Changes

- 2025

- May – [HHS announcement](#) about changes to COVID-19 vaccine recommendations, without ACIP input
- June - [Removal](#) of all empaneled members with new members appointed in [June](#) and [September](#); new members appointed without open call in Federal Register
- September ACIP meeting – [updated](#) recommendations with no use of GRADE or evidence-to-recommendations frameworks, as has been standard for ACIP review

- 2026

- January – announcement of new HHS/CDC [immunization schedule](#) without ACIP input
- March – US District Court judge [stays](#) the new immunization schedule and indicates that ACIP members likely unlawfully appointed
- April – [new](#) ACIP [charter](#) released

← → × <https://www.politico.com/news/2026/02/03/rfk-jr-vaccine-advisers-new-mission-00...> ☆      ⋮

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### **'Efficacy will be secondary': RFK Jr.'s vaccine advisers have a new mission**

The new mandate, the chair of Robert F. Kennedy Jr.'s panel told POLITICO, is to pay more attention to harms caused by vaccines.



Kirk Milhoan, chair of the Advisory Committee on Immunization Practices, wants the independent committee he heads to focus on sussing out vaccine risks this year. | Brynn Anderson/AP

<https://www.politico.com/news/2026/02/03/rfk-jr-vaccine-advisers-new-mission-00758670>

# Vaccine recommendation confusion

## CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule

WASHINGTON, D.C. — JANUARY 5, 2026 — Deputy Secretary of Health and Human Services Jim O'Neill, in his role as Acting Director of the Centers for Disease Control and Prevention (CDC), today signed a [decision memorandum](#) [PDF, 894 KB] accepting recommendations from a [comprehensive scientific assessment](#) [PDF, 1.05 MB] of U.S. childhood immunization practices, following a directive from President Trump to review international best practices from peer, developed countries.

### IMMUNIZATIONS RECOMMENDED FOR ALL CHILDREN

| Vaccine and other immunizing agents                     | 8 yrs | 9 yrs | 10 yrs | 11 yrs   | 12 yrs | 13 yrs | 14 yrs | 15 yrs | 16 yrs | 17 yrs |
|---------------------------------------------------------|-------|-------|--------|----------|--------|--------|--------|--------|--------|--------|
| Diphtheria, tetanus, acellular pertussis (DTaP < 7 yrs) |       |       |        |          |        |        |        |        |        |        |
| Tetanus, diphtheria, acellular pertussis (Tdap ≥ 7 yrs) |       |       |        | 1st dose |        |        |        |        |        |        |
| Haemophilus influenzae type b (Hib)                     |       |       |        |          |        |        |        |        |        |        |
| Pneumococcal conjugate (PCV15, PCV20)                   |       |       |        |          |        |        |        |        |        |        |
| Inactivated poliovirus (IPV < 18 yrs)                   |       |       |        |          |        |        |        |        |        |        |
| Measles, mumps, rubella (MMR)                           |       |       |        |          |        |        |        |        |        |        |
| Varicella (VAR)                                         |       |       |        |          |        |        |        |        |        |        |
| Human papillomavirus (HPV)                              |       |       |        | 1st dose |        |        |        |        |        |        |

## For healthcare providers



Healthcare Professionals: Child and Adolescent Immunization Schedule by Age  
Guide health care providers in determining recommended vaccines for each age group.

OCT. 7, 2025

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 |       |       | 3 <sup>rd</sup> dose |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             |                      |                                                                       |
| Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)          |                                                                                   |                      |       |       |                      |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             |                      |                                                                       |
| Diphtheria, tetanus, and acellular pertussis (DTaP < 7 yrs)       |                                                                                   |                      |       |       |                      |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             |                      |                                                                       |
| Haemophilus influenzae type b (Hib)                               |                                                                                   |                      |       |       |                      |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             |                      |                                                                       |
| Pneumococcal conjugate (PCV15, PCV20)                             |                                                                                   |                      |       |       |                      |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             |                      |                                                                       |
| Inactivated poliovirus (IPV)                                      |                                                                                   |                      |       |       |                      |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             |                      |                                                                       |
| 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) |         |                      |          |           |                             |                      |                                                                       |
| 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)         |                                                                                   |                      |       |       |                      | See Notes                                        |       |                           |        |        |                                                  |         |                      |          |           | 1 <sup>st</sup> dose        | 2 <sup>nd</sup> dose |                                                                       |
| Meningococcal B (MenB-4C, MenB-FHbp)                              |                                                                                   |                      |       |       |                      |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             | See Notes            |                                                                       |
| Respiratory syncytial virus vaccine (RSV [Abyvo])                 |                                                                                   |                      |       |       |                      |                                                  |       |                           |        |        |                                                  |         |                      |          |           |                             |                      | 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

<https://www.hhs.gov/press-room/cdc-acts-presidential-memorandum-update-childhood-immunization-schedule.html>

<https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html> <https://www.hhs.gov/childhood-immunization-schedule/index.html>

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

# National Vaccine Advisory Committee

- Makes recommendations on the overall US National Vaccine Program
- Reports recommendations to Assistant Secretary for Health (not HHS Director or CDC Director)
- No meetings held in all of 2025
  - charter expired in 2025
  - [New](#) charter 7 July 2026
  - August 2026 – Federal Register call for NVAC members
- Per the 1986 law that created NVAC, 4 main duties:
  - Study and recommend ways to encourage the availability of an adequate supply of safe and effective vaccination products in the United States.
  - Recommend research priorities and other measures the Director of the NVP should take to enhance the safety and efficacy of vaccines.
  - Advise the Director of the NVP in the implementation of [the 1986 law]
  - Identify annually for the Director of the NVP the most important areas of governmental and non-governmental cooperation that should be considered in implementing [the 1986 law]

# NVAC Objectives (2026 Charter)

- “The [National Vaccine] Program and NVAC should consider and coordinate with broader communicable disease authorities
  - including non-immunization strategies for individuals who are unable to be vaccinated, or who choose not to be vaccinated due to medical contraindications or strongly held personal, conscientious or religious beliefs.
  - Those strategies should include healthy lifestyle and disease prevention initiatives, off label repurposed use of existing FDA approved drugs and the use of dietary supplements known to support healthy immune function.”

# VRBPAC

- The Committee advises and informs the Commissioner of Food and Drugs (Commissioner) and appropriate designee(s) about
  - the existing and relevant evidence of benefits and risks associated with ensuring the safety and effectiveness of vaccines, allergenics, and related biological products for human use,
  - as well as, when required, any other product under the regulatory authority of FDA.
- The goal of this Committee is to convene experts to provide recommendations based on their interpretation of evidence, informed by their scientific, clinical, or other relevant expertise.
- The recommendations of this Committee will help FDA make informed decisions about the product/s or issues under consideration.

# VRBPAC current issues

- Sporadic meetings
- Early 2025 meeting to discuss influenza vaccine composition cancelled, decision made by a closed-door internal government group
- September 2025 – Removal of member Dr. Paul Offit
  - <https://www.cnn.com/2025/09/02/health/offit-fda-vrbpac>

**Vaccine expert who is a frequent critic of RFK Jr. is blocked from participating in FDA advisory committee**

SPENCER WATKINS, CNN  
By Spencer Watkins | CNN  
September 2, 2025

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What does this all mean?

# Impact of ACIP changes

- Potential to move away from established evidence review strategies and guidelines
  - New [Working Group](#) on Recommendation Methodology Review
  - Current [Federal Register](#) call for input on changing recommendation language from current two levels
    - Routine
    - Shared clinical decision making / individual decision making
- Uncertainty about ACIP members, processes, and role (given vaccine schedule that was released but not ACIP-reviewed)

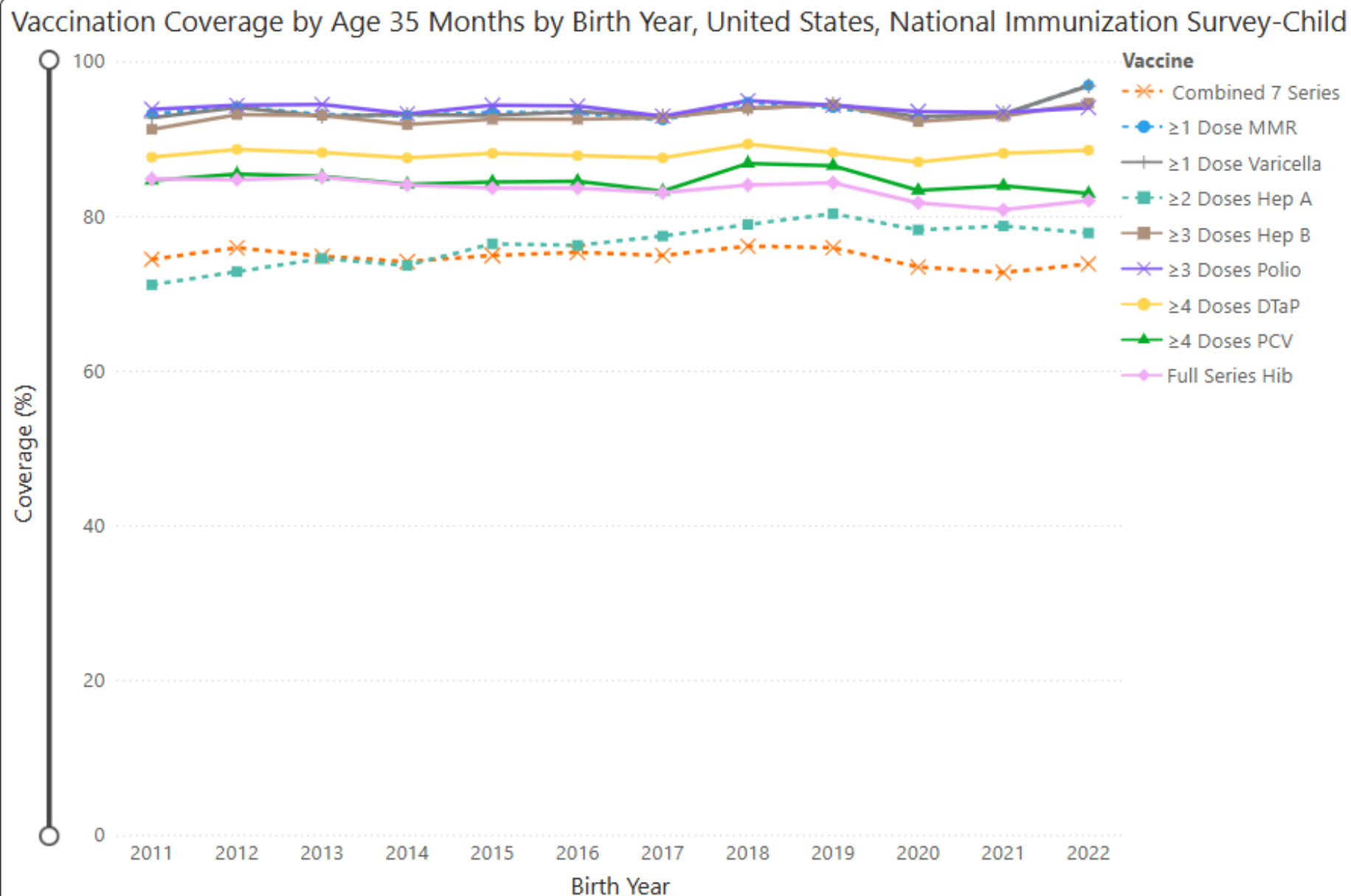
# Impact of ACIP changes

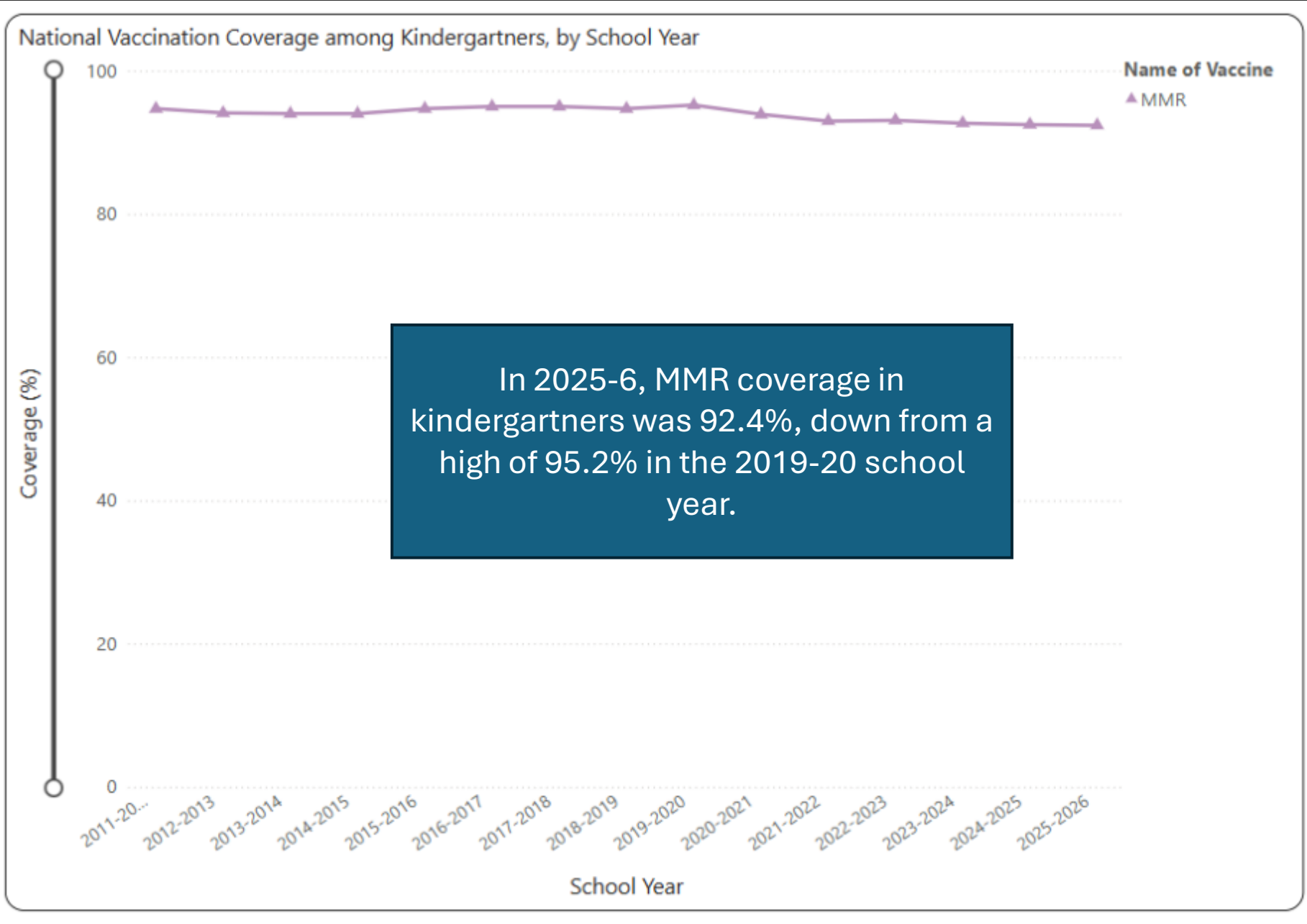
- Non-governmental and non-Federal groups doing vaccine evidence reviews and making recommendations
  - [Vaccine Integrity Project](#) conducting evidence reviews on vaccine effectiveness and safety
  - [West Coast Health Alliance](#) – Making guidelines and recommendations for 4 states (Washington, Oregon, California, Hawaii)
  - [Northeast Public Health Collaborative](#) – Collaboration to “share expertise, improve coordination, and promote and protect evidence-based public health” in Connecticut, Delaware, Maine, Maryland, Massachusetts, New Jersey, New York, New York City, Pennsylvania, Rhode Island, Vermont
- Potential confusion and lack of trust, increased heterogeneity

# Broader impact

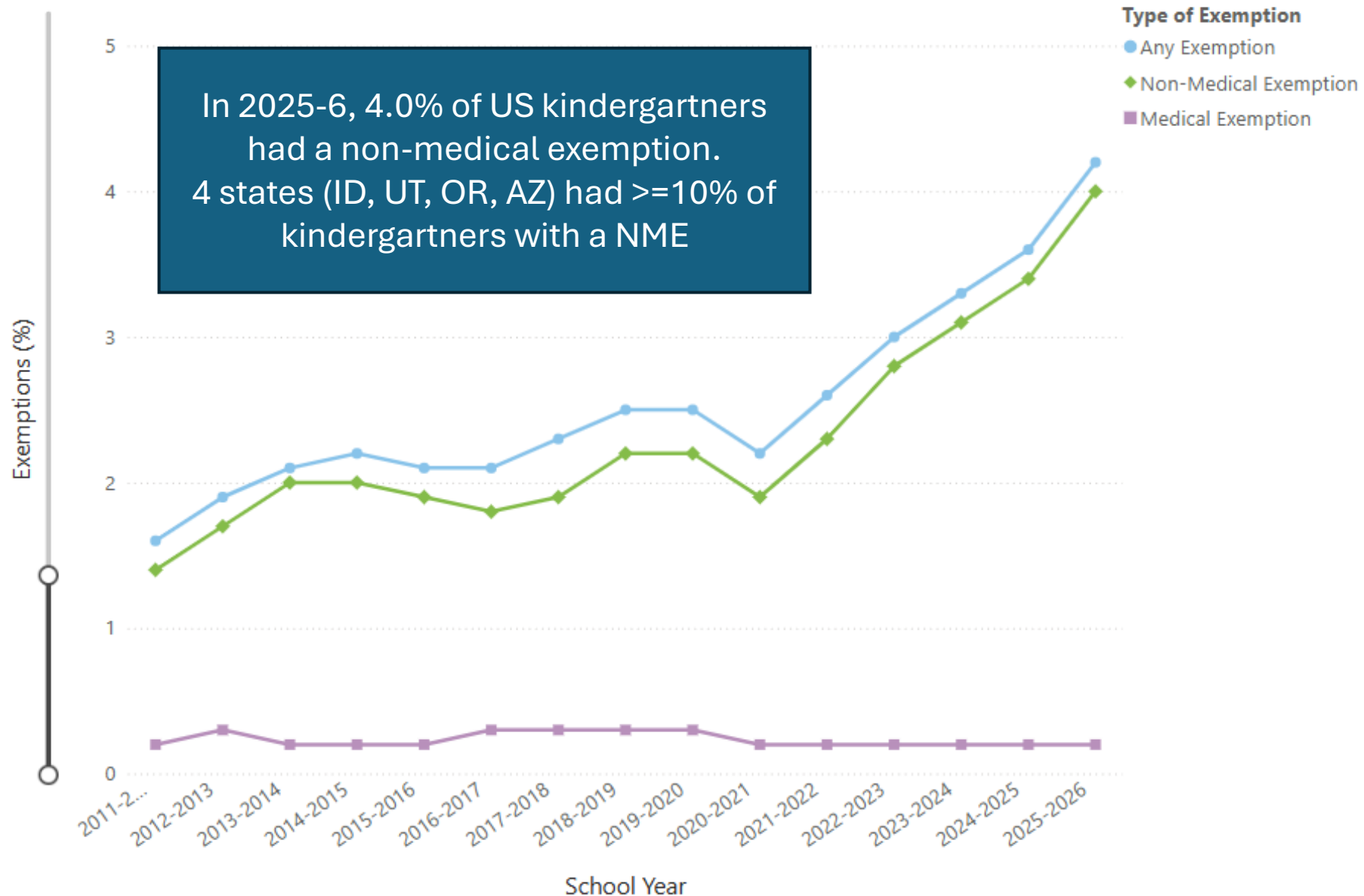
- Since the COVID-19 pandemic, there has been increased polarization around trust in vaccines and public health in general
- Erratic responses (e.g. to foodborne disease, contaminated food, vaccine schedules) are fostering that polarization and lack of trust
- Lack of consistency (e.g. executive orders, HHS memoranda) in announcements related to vaccine policy contributing to this
  - These announcements continue to give direction to HHS and CDC in terms of activities to take
  - There will still be advisory committees, but questions remain as to how effective they will be
  - Potential for long-term damage to the vaccine infrastructure in the US

# The state of vaccine uptake and disease incidence in the US

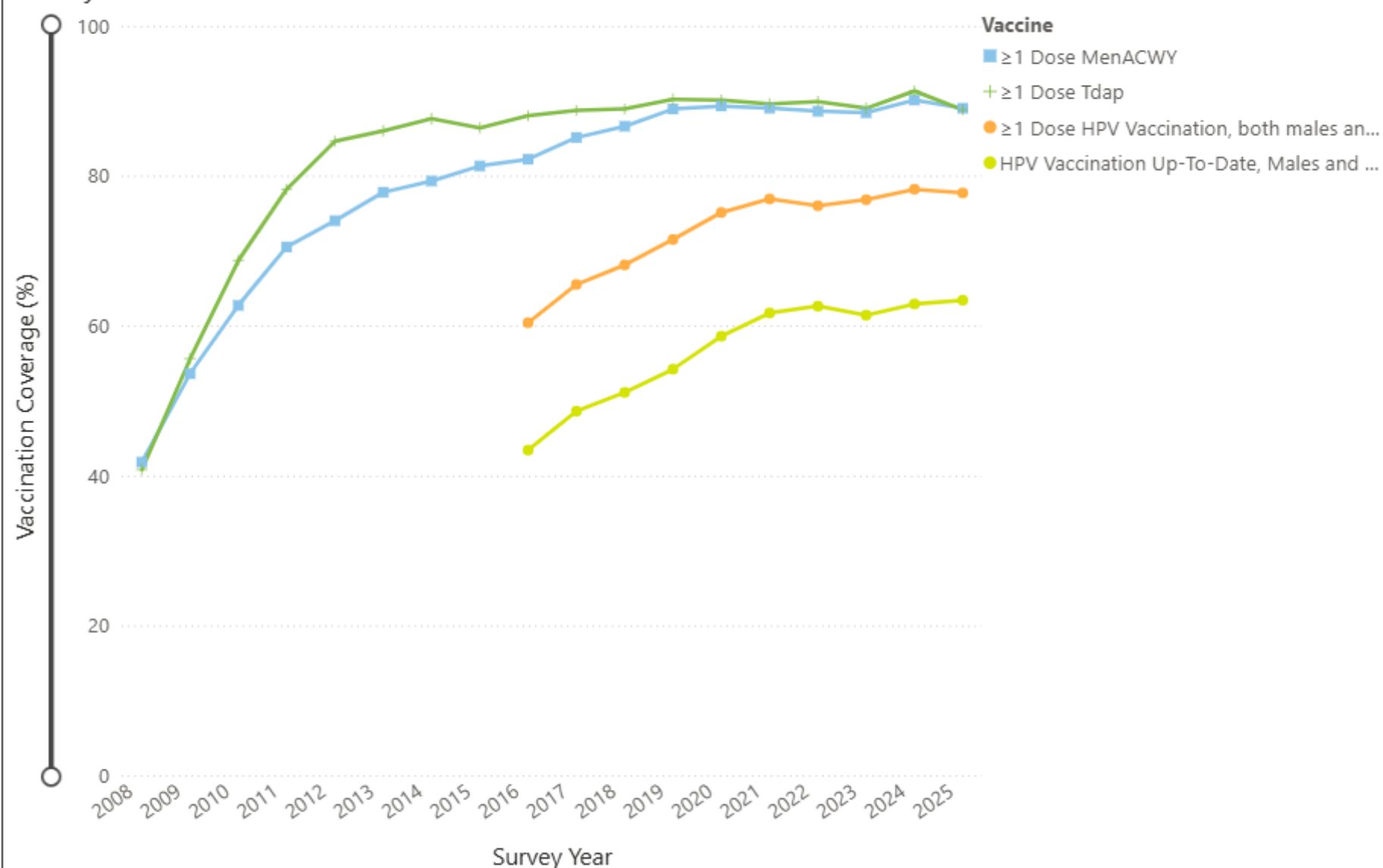




National Percentage of Kindergartners with an Exemption from One or More Vaccines, by School Year



Vaccination Coverage by Year among Adolescents 13-17 Years, United States, National Immunization Survey-Teen



# The Continued Risk of Measles Outbreaks in the United States Resulting From Suboptimal Vaccination Coverage

Robert A. Bednarczyk, PhD<sup>1,2,3</sup>   
and Maria E. Sundaram, PhD, MSPH<sup>4</sup> 

Public Health Reports

1–3

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- [Published](#) first week of January 2025
- [23 Jan 2025](#) – first cases of measles reported in Texas, initial cases that have continued to spread across the use through the present

# Measles in the US

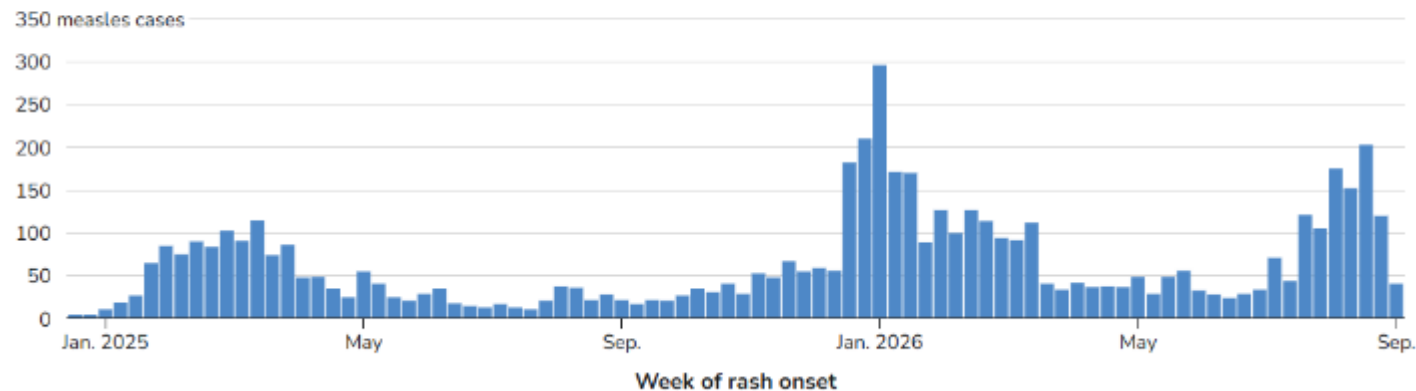
|                           | 2026<br>To date | 2025<br>Full year |
|---------------------------|-----------------|-------------------|
| <b>Total Cases</b>        | <b>3,294</b>    | <b>2,289</b>      |
| <b>Age</b>                |                 |                   |
| Under 5 years             | 592 (18%)       | 584 (26%)         |
| 5-19 years                | 1,468 (45%)     | 1,018 (44%)       |
| 20+ years                 | 1,213 (37%)     | 674 (29%)         |
| Age unknown               | 21 (1%)         | 13 (1%)           |
| <b>Vaccination Status</b> |                 |                   |
| Unvaccinated or Unknown   | 95%             | 93%               |
| One MMR dose              | 3%              | 3%                |
| Two MMR doses             | 3%              | 4%                |

As of 30 Aug. For reference:  
2 Mar 2026: 1,136 cases

<https://www.cdc.gov/measles/data-research/index.html>

## Weekly measles cases by rash onset date

2022–2026\* (as of September 10, 2026)

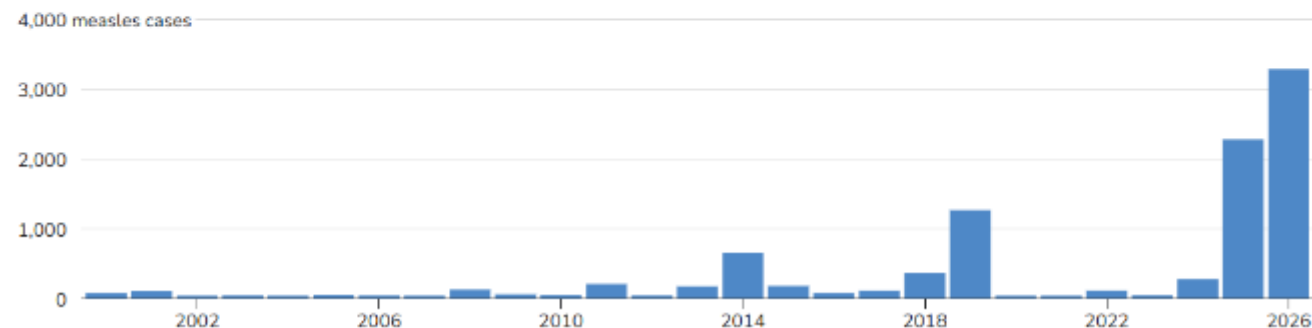


## Yearly measles cases

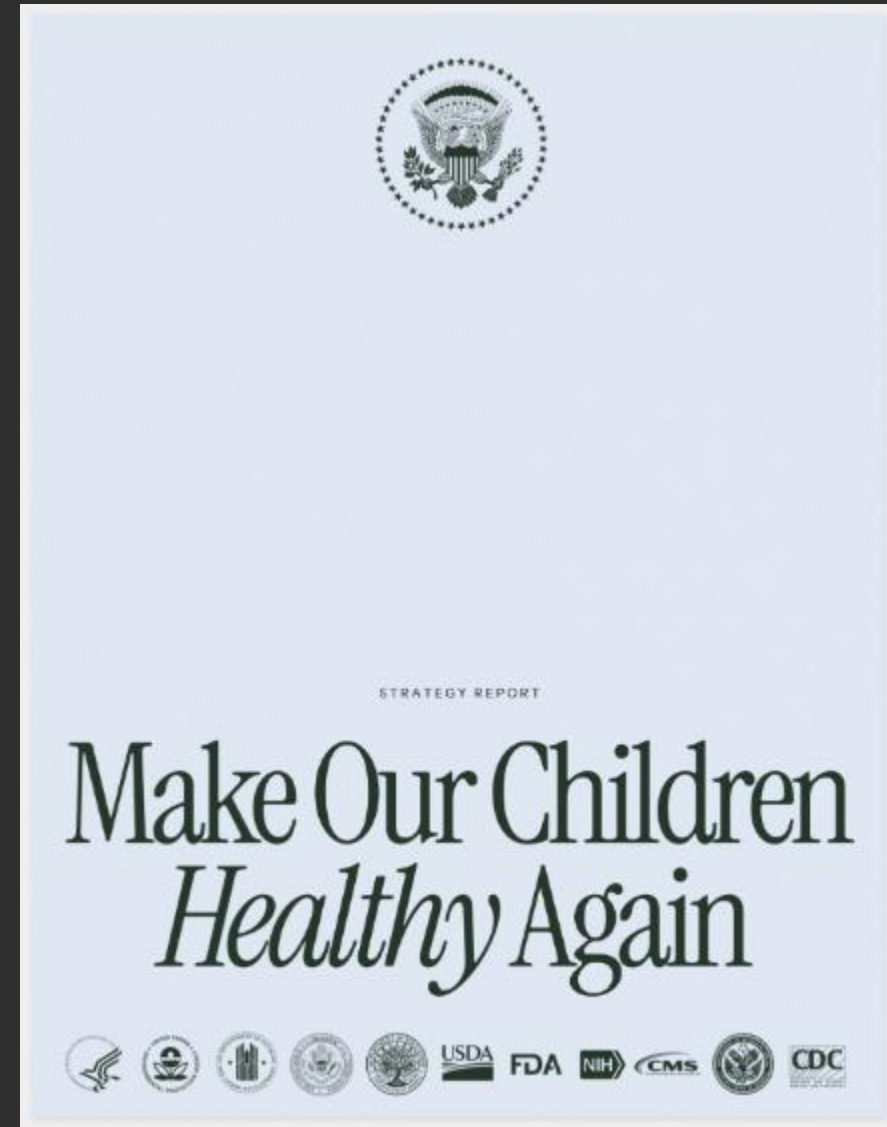
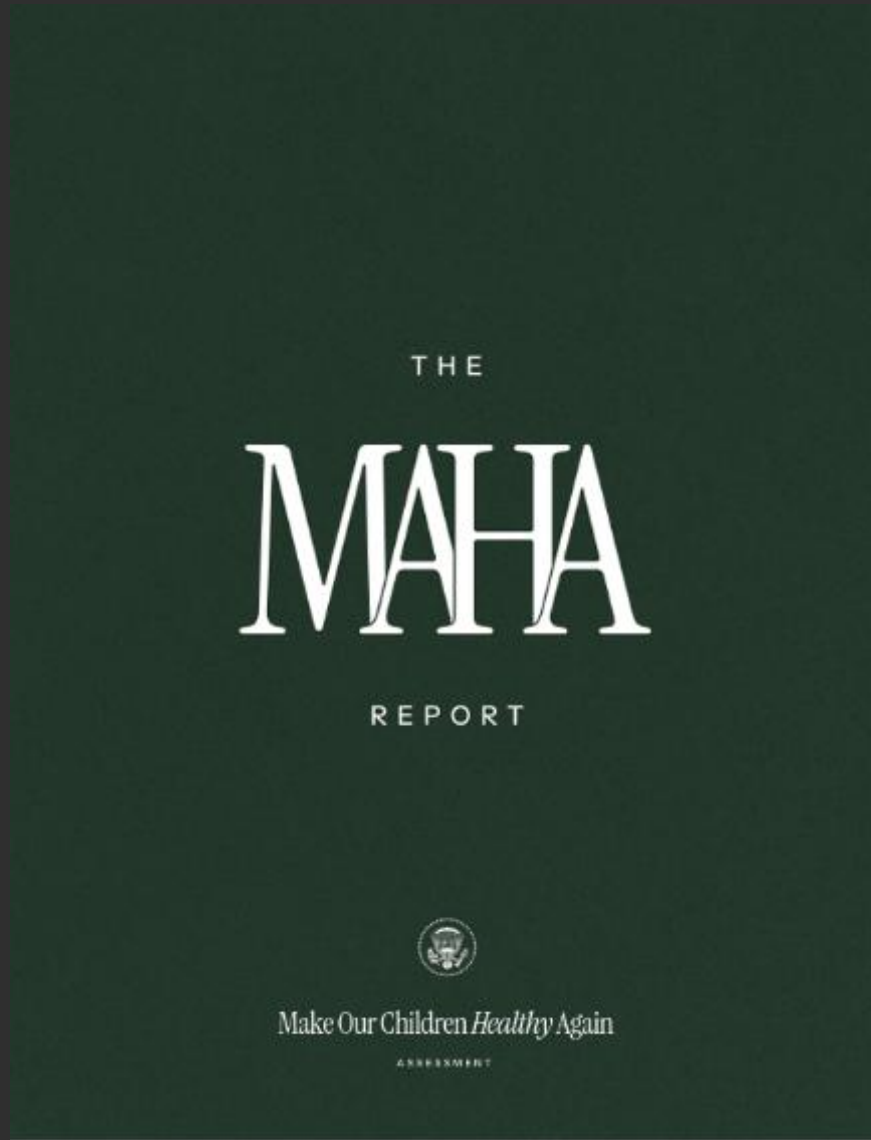
as of September 10, 2026

2000–Present\*

1985–Present\*



Why has this been happening?



<https://www.whitehouse.gov/wp-content/uploads/2025/05/MAHA-Report-The-White-House.pdf>

<https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf>

# Impact of Make America Healthy Again (MAHA)

- Many of Secretary Kennedy's long-standing beliefs about vaccines now have a platform and an audience
- Shift in rhetoric around vaccines
  - Safety is still a main concern
  - Operationalized as “individual freedom” or “medical freedom”
    - Move from routine recommendations to individual choice
    - Removal of vaccine mandates to ensure high coverage
    - Altered focus to healthy lifestyle, vitamins, and supplements for disease prevention (see new NVAC charter)

<https://www.businessinsider.com/rfk-jr-recommends-vitamin-a-to-fight-measles-amid-outbreaks-2025-3>



# What can be done?

- Organizations are stepping up
  - AAP lawsuit
  - Vaccine Integrity Project, West Coast Health Alliance, Northeast Public Health Collaborative
- Individual scientists are engaged in these activities, but concerns persist
  - Changes in NIH grant funding mechanisms and priorities
  - Potential for retaliation for speaking up
  - Threats of violence and violent acts

<https://apnews.com/article/cdc-headquarters-shooting-dbb9e20a688f048f572c33ce2a57cd50>



# Thank you!

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