Gmail [redacted]

Only 11 Diseases Now Covered by CDC's Universal Childhood Vaccine Schedule, Down from 18

1 message

Jon Fleetwood <jonfleetwood@substack.com> Tue, Jan 6, 2026 at 2:22 PM

[redacted]

Forwarded this email? Subscribe here for more

Only 11 Diseases Now Covered by CDC's Universal Childhood Vaccine Schedule, Down from 18

How reliable are vaccines whose risk-benefit profiles continue to be revised over time?

JON FLEETWOOD

JAN 6

READ IN APP

[redacted]

On Monday, the Centers for Disease Control and Prevention (CDC) formally adopted a revised childhood and adolescent immunization schedule following a presidential directive from Donald Trump, marking the most significant rollback of universal childhood vaccine recommendations in modern U.S. history.

Under the revised schedule, only 11 diseases are now covered by vaccines recommended for all children.

COVID-19, influenza, hepatitis A and B, rotavirus, and meningococcal vaccines are no longer universally recommended and instead fall under shared clinical decision-making or high-risk categories.

The move raises a fundamental question about vaccination itself: how confidently can the safety and long-term benefit of any vaccine be trusted when the evidence supporting routine use remains subject to ongoing revision?

Vaccines have been linked to more than 2.7 million injuries, hospitalizations, and deaths since 1990.

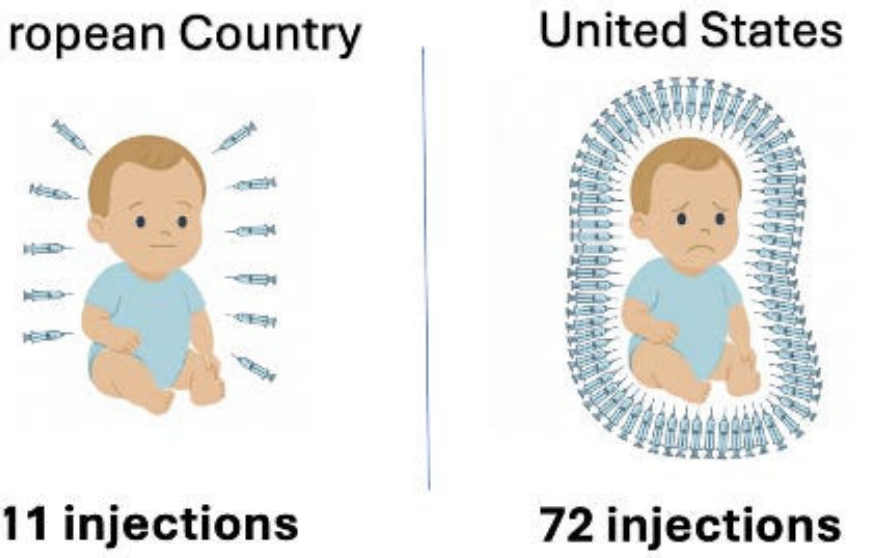
The change follows a December Presidential Memorandum ordering the Department of Health and Human Services and the CDC to examine childhood vaccination schedules used by peer developed nations and to revise U.S. policy if superior approaches existed abroad.

President Trump announced the move in a Truth Social post:

> Today, the Trump Administration is proud to announce the United States of America's updated Childhood Vaccination Schedule. This Schedule is rooted in the Gold Standard of Science, and widely agreed upon by Scientists and Experts all over the World. Effective today, America will no longer require 72 "jabs" for our beautiful, healthy children. We are moving to a far more reasonable Schedule, where all children will only be recommended to receive Vaccinations for 11 of the most serious and dangerous diseases. Parents can still choose to give their children all of the Vaccinations, if they wish, and they will still be covered by insurance. However, this updated Schedule finally aligns the United States with other Developed Nations around the World. Congratulations to HHS Secretary Bobby Kennedy, CDC Acting Director Jim O'Neil, FDA Commissioner Marty Makary, CMS Administrator Dr. Oz, NIH Director Jay Bhattacharya, and all of the Medical Experts and Professionals who worked very hard to make this happen. Many Americans, especially the "MAHA Moms," have been praying for these COMMON SENSE reforms for many years. Thank you for your attention to this matter!

beautiful, healthy children. We are moving to a far more reasonable Schedule, where all children will only be recommended to receive Vaccinations for 11 of the most serious and dangerous diseases. Parents can still choose to give their children all of the Vaccinations, if they wish, and they will still be covered by insurance. However, this updated Schedule finally aligns the United States with other Developed Nations around the World. Congratulations to HHS Secretary Bobby Kennedy, CDC Acting Director Jim O'Neil, FDA Commissioner Marty Makary, CMS Administrator Dr. Oz, NIH Director Jay Bhattacharya, and all of the Medical Experts and Professionals who worked very hard to make this happen. Many Americans, especially the "MAHA Moms," have been praying for these COMMON SENSE reforms for many years. Thank you for your attention to this matter!

DONALD J. TRUMP
PRESIDENT OF THE UNITED STATES OF AMERICA



9.97k ReTruths **32.8k** Likes Jan 05, 2026, 4:31 PM

Upgrade to paid

Share

Share Jon Fleetwood

- **Follow us** on **Instagram @realjonfleetwood** & **Twitter/X @JonMFleetwood.**
- If you value this reporting, consider **upgrading to a paid** subscription.
- For **advertising & sponsorship opportunities reaching 300,000+ monthly viewers**, contact us by clicking below.

Message Jon Fleetwood

What Changed

According to the CDC decision memo, vaccines recommended for all children are now limited to protection against:

1. Measles
2. Mumps
3. Rubella
4. Diphtheria
5. Tetanus
6. Pertussis
7. Polio
8. *Haemophilus influenzae* type B (Hib)
9. Pneumococcal disease
10. Human papillomavirus (HPV)
11. Varicella (chickenpox)

All other childhood vaccines remain available, insured, and listed on the

schedule, but are no longer universally recommended.

Instead, they are categorized as either:

- Recommended for certain high-risk groups, or
- Recommended based on shared clinical decision-making between parents and physicians

This includes COVID-19 and influenza vaccines.

The CDC explicitly states that insurance coverage without cost-sharing will continue for all vaccines on the revised schedule.

CDC Acknowledges the U.S. Was an Outlier

The scientific assessment underlying the decision reviewed childhood immunization policies across 20 peer developed nations and found that the United States recommended more vaccines and more total doses than any comparable country, without achieving higher vaccination rates or superior child health outcomes.

The memo states that some peer nations protect children against as few as 10 diseases, compared to 18 diseases previously covered under the U.S. schedule.

Denmark is cited repeatedly as a comparator nation with fewer routine childhood vaccines and strong health outcomes.

International Comparison of Childhood Vaccine Schedules

As illustrated in Table 2 on page 15 of TAB 1, the United States currently recommends more childhood vaccines than any peer nation, and more than twice as many vaccine doses as some European nations.

While a set of consensus vaccines is consistently recommended in all peer countries, several vaccines included in the current CDC childhood and adolescent immunization schedule (e.g., hepatitis A, varicella, influenza, rotavirus and meningococcal vaccines) are limited in their recommendation or excluded in some other developed countries. Each disease addressed by the U.S. child immunization schedule poses a health risk, but the level of threat varies widely by disease and sometimes by individual underlying risk factors. The mere existence of a vaccine does not automatically make it appropriate for every child, nor does it necessarily justify universal vaccination.

There is global variation in the universal use and timing of numerous childhood vaccines. Although these differences sometimes reflect the unique epidemiology of diseases in each region, they more often arise from uncertain science and knowledge gaps, which lead to inadequately informed assessments of risks and benefits that are subject to differing interpretations. Disagreement among states and professional societies in the U.S. further underscores the need and opportunity for a more adaptable childhood immunization schedule.

Broad-based insurance coverage of both consensus and non-consensus immunizations should remain in effect following the updates to the vaccine schedule. Identifying the consensus vaccines on the schedule would help Americans follow the schedule while making all vaccines available for parents also wanting non-consensus immunizations. Through proper vaccine research, it is important to improve our understanding of populations who are most likely to benefit from individual vaccines as well as situations where vaccination may not be needed.

COVID-19 & Influenza Explicitly Walked Back

The decision memorandum documents that Denmark became the first peer nation in 2022 to remove its universal COVID-19 vaccination recommendation for children, with all other peer nations later following suit.

In September 2025, the CDC's Advisory Committee on Immunization Practices (ACIP) voted to apply shared clinical decision-making to COVID-19 vaccination for U.S. children and adolescents.

Influenza vaccination policy was similarly reassessed.

The memo notes that only Australia and Canada recommend annual influenza vaccination for all children, while the majority of peer nations do not recommend it universally for any pediatric age group.

CDC Admits Safety Evidence Gaps

One of the most notable aspects of the memo is its acknowledgment of long-standing safety-science limitations.

The document states that the United States administers significantly more childhood vaccine doses than peer nations despite a lack of randomized placebo-controlled trials and limited infrastructure for detecting long-term adverse outcomes.

It further acknowledges that existing surveillance systems are poorly equipped to detect chronic or delayed harms.

The memo also explicitly lists confirmed serious adverse events identified through post-licensure monitoring, including:

- Intussusception following rotavirus vaccination
- Febrile seizures after the MMRV vaccine
- Anaphylaxis and myocarditis following mRNA COVID-19 vaccination

Current Problem: Knowledge Gaps Concerning Safety

The Institute of Medicine (IOM) stated in a report that "vaccines—like all drugs or medical interventions—are neither 100 percent risk-free nor 100 percent effective." The United States administers significantly more doses of childhood immunizations than its peer nations, yet there is a significant knowledge gap due to a dearth of randomized vaccine trials and limited post-licensure infrastructure for monitoring potential adverse reactions and long-term chronic events.

The U.S. has a limited post-licensure infrastructure focused on monitoring potential adverse reactions that occur within a few days or weeks after vaccination. This includes the Vaccine Adverse Event Reporting System (VAERS), but the two key components are CDC's Vaccine Safety Datalink (VSD) and FDA's Biologics Effectiveness and Safety (BEST) System. These systems typically conduct limited safety review using risk windows after vaccination which inject significant bias and severely limits the potential to detect serious harms, but despite this and other serious limitation, these systems within a year of vaccine approval have confirmed serious harm, including intussusception after rotavirus

vaccines, febrile seizures after the MMRV vaccine, and anaphylaxis and myocarditis after the mRNA COVID-19 vaccines. Additionally, current surveillance systems are underutilized to detect long-term harms.

Shift From Mandates to Consent

Health officials involved in the decision emphasized declining public trust in health institutions following the COVID-19 response, alongside falling childhood vaccination rates.

The revised framework places greater emphasis on parental choice, physician judgment, and individualized risk assessment—a departure from the population-wide mandate model that expanded rapidly after the late 1980s.

The memo explicitly states that vaccination decisions may appropriately vary based on a child's risk factors, family preferences, and evolving scientific evidence.

Immunizations Based on Shared Clinical Decision-Making: Shared clinical decision-making recommendations are individually based and informed by a discussion between the health care provider and the patient or parent/guardian, something that should occur for all vaccines. It is not always possible or pragmatic for public health officials to clearly define who will benefit from a vaccine, who has the relevant risk factors, or who are at risk of exposure. Parents and physicians, who know the child, may be better placed to make that judgement. With shared clinical decision-making, the characteristics of the individual are considered, including their likelihood of being exposed to the diseases, their risks of morbidity and mortality if contracting the diseases, their likelihood of benefitting from the vaccine, their likelihood of vaccine adverse reactions, and their risk of transmitting the disease to others. Sometimes, it is also important to consider personal and family preferences, beliefs, and knowledge, including when a patient presents specific information regarding the pre-and-post licensure safety data of a vaccine or presents specific familial experience with a vaccine. While non-consensus immunizations are not routinely recommended for all children, all these vaccines will continue to be available for anyone who wants them and will be covered by Medicaid, CHIP, the Vaccines for Children Program, and private health insurance.

What This Means

For the first time in decades, the CDC has:

- Formally reduced the number of vaccines recommended for all children
- Removed COVID-19 and influenza from universal pediatric recommendations
- Acknowledged safety data gaps and confirmed vaccine injuries in an official policy document
- Aligned U.S. childhood vaccination policy with international norms rather than expanding beyond them

All vaccines remain accessible.

What has changed is universality.

The revised schedule is expected to be published in an upcoming *Morbidity and Mortality Weekly Report* and reflected on CDC guidance materials in the coming weeks.

Share Jon Fleetwood

- **Follow us** on **Instagram @realjonfleetwood** & **Twitter/X @JonMFleetwood.**
- If you value this reporting, consider **upgrading to a paid** subscription.
- For **advertising & sponsorship opportunities reaching 300,000+ monthly viewers**, contact us by clicking below.

Message Jon Fleetwood

Measles Vaccine and Gain-of-Function: The Inconvenient Truth About CD150/CD46 Tropism Shift

JON FLEETWOOD · MARCH 5, 2025

Read full story

95% of Infants Develop Fever After Measles Vaccination, 16% Develop More Serious Measles-Like Symptoms: Journal 'BMC Infectious Diseases'

JON FLEETWOOD · DECEMBER 15, 2025

Read full story

CDC's Measles PCR Test Matches Human DNA, Raising Questions About What It's Detecting

JON FLEETWOOD · DECEMBER 31, 2025

Read full story

Newly U.K.-Approved Self-Replicating COVID Jab 'Kostaive' Produces Spike Protein Detectable 28 Days After Vaccination: Journal 'Biochemistry and Biophysics Reports'

JON FLEETWOOD · JAN 5

Read full story

U.K. Approves Self-Copying sa-mRNA COVID-19 Vaccine 'Kostaive' by Arcturus Therapeutics

JON FLEETWOOD · JAN 3

Read full story

Why U.S. Measles Vaccination Rates Are Collapsing

JON FLEETWOOD · JAN 2

Read full story

U.S. Achieves 22% Drop in Measles Vaccination Coverage

JON FLEETWOOD · JAN 2

Read full story

WHO Instructs Governments to Track Online Anti-Vaccine Messaging in Real Time with AI: Journal 'Vaccines'

JON FLEETWOOD · DECEMBER 29, 2025

Read full story

HHS/CDC Fund Online Game 'Bad Vaxx' to 'Psychologically Inoculate' Vaccine Resistance

JON FLEETWOOD · DECEMBER 27, 2025

Read full story

WHO Demands 90,000 Influenza and COVID PCR Tests Per Month Worldwide, Spanning 153 Labs in 131 Countries, Including U.S. CDC

JON FLEETWOOD · DECEMBER 23, 2025

Read full story

Bill Gates' CEPI Revives Moderna mRNA Bird Flu Vaccine Development With $54M Investment After HHS Terminated Funding

JON FLEETWOOD · DECEMBER 19, 2025

Read full story

They Can't Tell If Measles Infection Is Caused by Wild Virus or Vaccine Virus

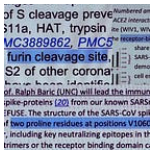
JON FLEETWOOD · DECEMBER 18, 2025

Read full story

How the WHO Dictated the COVID-19 Pandemic —And How It's Already Dictating the Coming Bird Flu Pandemic

JON FLEETWOOD · DECEMBER 10, 2025

Read full story



2018 DARPA/EcoHealth 'DEFUSE' Proposal Documented All Three SARS-CoV-2 Spike Anomalies Before the Pandemic

JON FLEETWOOD · DECEMBER 6, 2025

Read full story

You're currently a free subscriber to JonFleetwood.com. For the full experience, upgrade your subscription.

Upgrade to paid

LIKE COMMENT RESTACK
