


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.

On December 5, 2025, via a [Presidential Memorandum](#) , President Trump directed the Secretary of HHS and the Acting Director of CDC to examine how peer, developed nations structure their childhood vaccination schedules and to evaluate the scientific evidence underlying those practices. He instructed them to update the U.S. childhood vaccine schedule if superior approaches exist abroad while preserving access to vaccine currently available to Americans.

After consulting with health ministries of peer nations, considering the assessment’s findings, and reviewing the decision memo presented by National Institutes of Health Director **Dr. Jay Bhattacharya**, Food and Drug Commissioner **Dr. Marty Makary**, and CMS Administrator **Dr. Mehmet Oz**, Acting Director O’Neill formally accepted the recommendations and directed the CDC to move forward with implementation.

“President Trump directed us to examine how other developed nations protect their children and to take action if they are doing better,” **Secretary Robert F. Kennedy Jr. said**. “After an exhaustive review of the evidence, we are aligning the U.S. childhood vaccine schedule with international consensus while strengthening transparency and informed consent. This decision protects children, respects families, and rebuilds trust in public health.”

The scientific assessment compared U.S. childhood immunization recommendations with those of peer nations, analyzed vaccine uptake and public trust, evaluated clinical and epidemiological evidence and knowledge gaps, examined vaccine mandates, and identified next steps.

The assessment reviewed 20 peer, developed nations and found that the U.S. is a global outlier among developed nations in both the number of diseases addressed in its routine childhood vaccination schedule and the total number of recommended doses but does not have higher vaccination rates than such countries. In fact, many peer nations that recommend fewer routine vaccines achieve strong child health outcomes and maintain high vaccination rates through public trust and education rather than mandates. For example, in 2024, the U.S. recommended more childhood vaccines than any peer nation, and more than twice as many doses as some European nations. At the lower end is Denmark, which immunizes children against 10 diseases compared to a total number of 18 diseases for which protection was provided in 2024 in the U.S.

“After reviewing the evidence, I signed a decision memorandum accepting the assessment’s recommendations,” **Acting CDC Director Jim O’Neill said**. “The data support a more focused schedule that protects children from the most serious infectious diseases while improving clarity, adherence, and public confidence.”

Under the accepted recommendations, CDC will continue to organize the childhood immunization schedule in [three distinct categories](#), all of which require insurance companies to cover them without cost-sharing:

1. Immunizations Recommended for All Children
2. Immunizations Recommended for Certain High-Risk Groups or Populations
3. Immunizations Based on Shared Clinical Decision-Making

The first category will include vaccines for measles, mumps, rubella, polio, pertussis, tetanus, diphtheria, Haemophilus influenzae type B (Hib), pneumococcal disease, human papillomavirus (HPV), and varicella (chickenpox).

“All vaccines currently recommended by CDC will remain covered by insurance without cost sharing,” **Dr. Oz said**. “No family will lose access. This framework empowers parents and physicians to make individualized decisions based on risk, while maintaining strong protection against serious disease.”

The assessment also documents a significant decline in public trust in health care institutions between 2020 and 2024, alongside falling childhood vaccination rates and increased risk of vaccine-preventable diseases.

“Public health works only when people trust it,” **Dr. Makary said**. “That trust depends on transparency, rigorous science, and respect for families. This decision recommits HHS to all three.”

The accepted recommendations recognize there is a need for more and better gold standard science, including placebo-controlled randomized trials and long-term observational studies to better characterize vaccine benefits, risks, and outcomes. HHS agencies are called on to fund this gold standard science for all vaccines on the schedule.

“Science demands continuous evaluation,” **Dr. Jay Bhattacharya said**. “This decision commits NIH, CDC, and FDA to gold standard science, greater transparency, and ongoing reassessment as new data emerge.”

HHS and CDC will work with state health agencies, physician groups, and other partners on next steps and implementation and will educate parents and clinicians on the updated immunization schedules.

View the fact sheet [here](#).

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