

# Fact Sheet: CDC Childhood Immunization Recommendations

After a scientific review of the underlying science, comparing the U.S. child and adolescent immunization schedule with those of peer, developed nations, Centers for Disease Control and Prevention Acting Director Jim O’Neill has updated the U.S. childhood immunization schedule. The CDC will continue to recommend that all children are immunized against 10 diseases for which there is international consensus, as well as varicella (chickenpox). For other diseases, the CDC will recommend immunization for high-risk groups and populations, or through shared clinical decision making when it is not possible for public health authorities to clearly define who will benefit from an immunization. The updated schedule is in contrast to the CDC child and adolescent schedule at the end of 2024, which recommended 17 immunizations for all children.

The updated CDC childhood immunization schedule:

1. Recommends all vaccines for which there is consensus among peer nations.
2. Allows for more flexibility and choice, with less coercion, by reassigning non-consensus vaccines to certain high-risk groups or populations and shared clinical decision-making.
3. Ensures that all the diseases covered by the previous immunization schedule will still be available to anyone who wants them through Affordable Care Act insurance plans and federal insurance programs, including Medicaid, the Children’s Health Insurance Program, and the Vaccines for Children program. Families will not have to purchase them out of pocket. Among peer nations, the U.S. will continue to offer the most childhood vaccines for free to those who want them.
4. Is accompanied by a strengthening of vaccine research through HHS’ commitment to double-blind placebo controlled randomized trials as well as more observational studies to evaluate long-term effects of individual vaccines and the vaccine schedule.

### Scientific Review

- In 2024, the U.S. recommended more childhood vaccine doses than any other peer nation, and more than twice as many as some European nations.
- A 2024 comparison between the U.S. and peer nations, found that countries without vaccine mandates had as high immunization rates as the U.S. and other countries with vaccine mandates.
- Trust in U.S. public health declined from 72% to 40% between 2020 and 2024, coinciding with public health failure during the pandemic, including COVID-19 vaccine mandates. Though the COVID-19 vaccine was recommended for all children on the CDC schedule, the uptake rate was less than 10% by 2023. The uptake rate of other childhood vaccines declined during the same time period.
- Large placebo-controlled randomized trials on individual vaccines, combinations of vaccines, and vaccine schedules, as well as observational studies, are needed to better inform patients, parents, and providers and help restore trust in public health.

### Immunizations Recommended for All Children

- The CDC will continue to recommend that all children are vaccinated against diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b (Hib), Pneumococcal conjugate, polio, measles, mumps, rubella, and human papillomavirus (HPV), for which there is international consensus, as well as varicella (chickenpox).
- Recent scientific studies have shown that one dose of the HPV vaccine is as effective as two doses. The CDC is following the lead of several peer nation by recommending one instead of two doses of this vaccine.
- The updated CDC recommended immunizations for all children and adolescents will maintain robust protection against diseases that cause serious morbidity or mortality to children.

### Immunizations Recommended for Certain High-Risk Groups or Populations

- Like all medical products, vaccines and other immunizing agents have different risk-benefit profiles for different groups of people. Risk factors can include unusual exposure to the disease, underlying comorbidities, or the risk of disease transmission to others.
- The immunizations recommended for certain high-risk groups or populations are for respiratory syncytial virus (RSV), hepatitis A, hepatitis B, dengue, meningococcal ACWY, and meningococcal B.

### Immunizations Based on Shared Clinical Decision-Making

- It is not always possible for public health authorities to clearly define who will benefit from an immunization, who has the relevant risk factors, or who is at risk for exposure. Physicians and parents, who know the child, are then best equipped to decide based on individual characteristics.
- The immunizations based on shared clinical decision-making are for rotavirus, COVID-19, influenza, meningococcal disease, hepatitis A, and hepatitis B.

### Insurance Coverage

- All immunizations recommended by the CDC as of December 31, 2025, will continue to be fully covered by Affordable Care Act insurance plans and federal insurance programs, including Medicaid, the Children’s Health Insurance Program, and the Vaccines for Children program. Families will not have to purchase them out of pocket.
- This means that insurance will continue to cover more vaccines for children in the U.S. than in peer nations, where insurance generally only pays for recommended vaccines.

### Next Steps

- For health care providers, the CDC will publish the updated Child and Adolescent Immunization Schedule by Age (through age 18) of immunization recommendations for all children, immunization recommendations for certain high-risk groups or populations, and immunizations based on shared clinical decision-making.
- HHS will work with states and physician groups to educate parents and providers on the updated CDC childhood immunization schedule.
- The CDC will continue to closely monitor vaccine uptake, infectious disease rates and vaccine safety.

Content created by Assistant Secretary for Public Affairs (ASPA)  
Content last reviewed January 5, 2026



Follow @SecKennedy





Follow @HHSgov



Receive email updates from HHS.

Subscribe