



Population Health Alliance Recommendations Regarding Changes to Pediatric Immunization Schedule

January 12, 2026

On January 5, 2026, the U.S. Centers for Disease Control & Prevention [announced significant changes](#) to the pediatric vaccination schedule, eliminating several vaccines, including hepatitis A, hepatitis B, rotavirus, influenza, RSV, and meningococcal vaccines. As described by the CDC, modification of the schedule was done after “comparing the U.S. child and adolescent immunization schedule with those of peer, developed nations.”

The Population Health Alliance (PHA) supports evidence-based medicine and the robust process historically followed by the CDC, Advisory Committee on Immunization Practices (ACIP) when evaluating potential modifications to national guidelines and recommendations. While comparing U.S. immunization policy with that of other nations can be part of, but not the only component, of evidence-based reviews, national recommendations should be based on the U.S. population, known disease burden, and risk. The changes announced by the CDC align with Denmark’s approach, which is an outlier when compared to other countries. The [Vaccine Integrity Project](#) at the University of Minnesota notes that U.S. vaccination policy historically aligns with that of most high-income nations, which immunize against 12 to 15 serious pathogens, including the United Kingdom, France, Germany, Israel, Japan, Sweden, Finland, and Norway.

As an organization focused on population health, PHA strongly urges the CDC to reevaluate these changes based on the longstanding evidence-based process that has helped protect our infants and children from preventable infectious diseases, health complications, and hospitalizations.