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INSIGHT

Changes to CDC Vaccine Recommendations in 2025 and 2026

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Since U.S. Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. (hereinafter, HHS Secretary) was sworn in on February 13, 2025, HHS and one of its operating divisions, the Centers for Disease Control and Prevention (CDC), have changed several long-standing federal vaccine recommendations. In addition, HHS/CDC have issued recommendations for vaccines newly licensed (i.e., approved) by the Food and Drug Administration. This CRS Insight summarizes vaccine recommendation changes to date and related developments.

For over 60 years prior to 2025, the Advisory Committee on Immunization Practices (ACIP)—a committee of scientific and health experts in immunization—made vaccine recommendations to HHS, particularly CDC. For each vaccine recommendation, ACIP typically reviewed scientific evidence, developed a new or updated recommendation, and then voted on the recommendation. ACIP's recommendation was subsequently reviewed by the CDC Director, who decided whether to adopt it as an official HHS/CDC recommendation.

ACIP also voted annually, typically in the fall, to update the following year's childhood/adolescent and adult immunization schedules. These consolidated schedules list CDC's recommendations for vaccines routinely offered to patients, presented in a format to aid clinical practice. Many federal and state laws reference CDC and ACIP's recommendations and immunization schedules.

In 2025 and 2026, HHS changed several aspects of policy and practice related to ACIP and CDC vaccine recommendations. On June 9, 2025, the HHS Secretary removed all 17 then-sitting ACIP committee members and subsequently appointed new members. At the June, September, and December 2025 meetings, the reconstituted committee voted on several vaccine recommendations, which CDC/HHS subsequently adopted. HHS/CDC also changed multiple vaccine recommendations without consulting ACIP, including for the entire childhood immunization schedule in January 2026. The changes made after June 11, 2025, are currently stayed by a district court order, meaning that they presently have no effect and the agency cannot implement them (as discussed further below).

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HHS Vaccine Recommendation Changes in 2025 and 2026

The following changes in federal vaccine recommendations include both changes in ACIP recommendations that were officially adopted as CDC/HHS recommendations and CDC/HHS changes made without ACIP consultation. The following does not summarize changes to travel vaccine recommendations.

April 15-16, 2025 (ACIP Meeting)

- ACIP recommended that the meningitis vaccine, MenABCWY, may be used when both MenACWY and MenB vaccines are indicated at the same visit.
- ACIP recommended that adults 50-59 years of age who are at increased risk of severe respiratory syncytial virus (RSV) disease receive a single dose of RSV vaccine.

May 27, 2025

The HHS Secretary posted on X that CDC would stop recommending COVID-19 vaccines for children and pregnant women.

- CDC's webpages subsequently reflected changes to COVID-19 vaccine recommendations, which changed from a recommendation for all children to a "shared clinical-decision making" recommendation (SCDM), where patients and providers discuss the benefits and risks of vaccination to determine whether to vaccinate; for pregnant women, the recommendation changed to "no guidance/not applicable."

June 25-26, 2025 (ACIP Meeting)

- ACIP recommended one dose of a new RSV immunization, clesrovimab, for infants eight months of age or less born during or entering their first RSV season who are not protected by maternal vaccination. ACIP did not issue a preferential recommendation for either of the approved RSV immunizations for this population (i.e., clesrovimab and nirsevimab).
- ACIP reaffirmed its recommendations for routine annual influenza (flu) vaccination for all persons aged six months and older who do not have contraindications for the 2025-2026 season.
    - ACIP recommended to discontinue use of flu vaccines that contain thimerosal.

September 18-19, 2025 (ACIP Meeting)

- ACIP changed COVID-19 vaccine recommendations for adults and children from universal to SCDM.
- ACIP recommended against the use of measles, mumps, rubella, and varicella (MMRV) vaccines. Children were recommended to receive separate varicella vaccine and MMR vaccines. Prior to this change, the MMRV vaccine was preferentially recommended over separate vaccinations in certain situations.

December 4-5, 2025 (ACIP Meeting)

- ACIP changed the Hepatitis B vaccine recommendation from universal to SCDM for infants, including newborns, who are born to mothers with negative or unknown Hepatitis B test results. ACIP continued the Hepatitis B vaccine recommendation at birth for

infants born to mothers who test positive for Hepatitis B. ACIP also recommended evaluating the need for subsequent Hepatitis B doses in children based on antibody testing results.

January 5, 2026

- CDC announced a new 2026 childhood immunization schedule that included six changes reflecting vaccine recommendations developed by federal health officials and two prior ACIP-recommended changes (see COVID-19 changes under "September 18-19, 2025 (ACIP Meeting)" and Hepatitis B vaccine changes under "December 4-5, 2025 (ACIP Meeting)" and **Figure 1**). For more information, see CRS Report R48982, *The 2026 Childhood Immunization Schedule*.

Figure 1. Comparison of 2025 and 2026 Childhood Immunization Schedules

DISEASE / VACCINES	PREV. CDC/ACIP RECOMMENDATION	2026 CDC RECOMMENDATION
COVID-19*	All children	Shared Clinical Decision Making (SCDM)
Dengue	Certain High-Risk Groups or Populations	*Unchanged*
Diphtheria, tetanus, acellular pertussis (DTaP)	All children	*Unchanged*
Haemophilus influenzae type b (Hib)	All children	*Unchanged*
Hepatitis A (HepA)	All children; Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations; SCDM for others
Hepatitis B (HepB)*	All children	Certain High-Risk Groups or Populations; SCDM for others
Human papillomavirus (HPV)	All children *Recommended 2 or 3 doses*	All children *Recommended doses reduced to 1*
Inactivated poliovirus (IPV)	All children	*Unchanged*
Influenza	All children	SCDM
Measles, mumps, rubella (MMR)	All children	*Unchanged*
Meningococcal B (MenB)	Certain High-Risk Groups or Populations; SCDM for others	*Unchanged*
Meningococcal ACWY (MenACWY)	All children; Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations; SCDM for others
Mpox	Certain High-Risk Groups or Populations	*Not addressed*
Pneumococcal (PCV)	All children	*Unchanged*
Respiratory syncytial virus (RSV-mAb)**	All children; Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations
Respiratory syncytial virus (RSV [Abrysvo])	Certain High-Risk Groups or Populations	*Not addressed*
Rotavirus (RV)	All children	SCDM
Tetanus, diphtheria, acellular pertussis (Tdap)	All children	*Unchanged*
Varicella (VAR)	All children	*Unchanged*

Source: Figure developed by CRS. The "Prev. CDC/ACIP Recommendation" column reflects the schedule in effect as of January 2025, mostly from CDC, *Recommended Child and Adolescent Immunization Schedule for Ages 18 Years and Younger*, 2025. The "2026 CDC Recommendation" column is from U.S. Department of Health and Human Services, *Childhood Immunization Schedule by Recommended Group*, 2026.

Notes: Figure does not fully reflect all recommendations for special situations and populations with certain medical conditions. Based on source materials, figure does not reference combination vaccines, including the measles, mumps, rubella, and varicella (MMRV) combination vaccine. "Not addressed" means that the vaccine was not listed on the 2026 childhood immunization schedule.

*Changed by ACIP in 2025 and reaffirmed in the January 2026 schedule.

**CDC previously categorized the recommendation to receive one dose of RSV immunization as a recommendation for "All Children" and specified that this recommendation is for infants (<8 months) unprotected by maternal vaccination. The CDC also recommended a second dose for "certain high-risk groups or populations." The 2026 change maintains both recommendations but recategorizes the first recommendation of "All Children" as a recommendation for "Certain High-Risk Groups or Populations."

Current Status of Vaccine Recommendations

In *American Academy of Pediatrics v. Kennedy*, the U.S. District Court for the District of Massachusetts issued a stay on March 16, 2026, postponing the effective date of the revised 2026 childhood immunization schedule, the appointments of 13 ACIP members appointed by the HHS Secretary beginning in June 2025, and all committee votes after June 11, 2025.

The stay stops the CDC from implementing changed vaccine recommendations after June 11, 2025, mostly reverting the childhood and adult immunization schedules to versions published in January 2025 (except for the April 2025 CDC/ACIP recommendations and the May 2025 COVID-19 recommendation that remain in effect). The now-stayed ACIP members' votes included a June 2025 vote to recommend a new RSV immunization, clesrovimab, for infants (as discussed above), which was not on the January 2025 CDC immunization schedule. It is unclear whether a CDC/ACIP recommendation for clesrovimab remains, which could affect health care coverage of that immunization under federal law. The CDC/ACIP recommendation for the other RSV immunization for infants, nirsevimab, remains in effect.

Although the stay affected several 2025 and 2026 CDC vaccine recommendations, HHS may continue to change or issue new vaccine recommendations without violating the court's order. On May 19, 2026, CDC published a *Federal Register* notice to renew a revised version of ACIP's charter, which outlines ACIP's objectives, scope of activities, and duties. Compared to the 2024 charter, the revised charter expands the potential scope of expertise for committee membership, modifies the committee's duties to focus more on vaccine safety and gaps in related evidence, and directs the committee to consider other preventive measures available when formulating recommendations. The new charter may signal that HHS/CDC intends to appoint new ACIP members. A newly formed committee could then vote on additional vaccine recommendations. Additionally, on May 29, 2026, Executive Order 14407 directed CDC and ACIP to review the January 2026 schedule (among other resources) and take steps to update the child and adolescent immunization schedules.

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