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Deep dive: Understanding the 2026 CDC messaging changes

Our shared goal

Our physicians want to share guidance regarding recent changes in federal messaging around the childhood vaccine schedule. We recognize that this has created understandable confusion for many families. Our intention with this section is to explain how we are interpreting these changes, outline our clinical approach, and provide the medical reasoning behind our continued recommendations—while emphasizing that we see ourselves as partners with you in caring for your child.

Our providers continue to strongly recommend that childhood vaccines be completed fully and on schedule. For many years, families and clinicians alike relied on both the CDC and the AAP for aligned guidance. While federal language has recently shifted, the underlying science has not.

At this time, we believe the most consistent and reliable source for childhood vaccine guidance remains the American Academy of Pediatrics (AAP). The AAP schedule reflects decades of research and real-world experience and remains unchanged. You can review the AAP schedule and explanations through HealthyChildren.org.

Below, we address the most common questions we are hearing from families about the CDC changes made in early 2026 and explain why our recommendations remain unchanged.

1) Change in how vaccines are labeled as “universally recommended”

CDC change:

Some childhood vaccines are no longer labeled as “recommended for all children” and are instead categorized as recommended for certain high-risk groups or under shared clinical decision-making between families and clinicians.

Our perspective:

The **science behind these vaccines has not changed**. There has been no new evidence showing that these vaccines are less safe or less effective. The AAP continues to recommend the full, evidence-based immunization schedule because it has repeatedly been shown to protect children from severe disease and long-term complications. As your child’s healthcare providers, our responsibility is to advocate for their lifelong health. For that reason, we continue to support the AAP schedule and the protection it offers children and the community.

2) Vaccines affected by the CDC framework change (17 to 11)

CDC change:

Previously, 17 diseases were covered under universal CDC recommendations. Under the revised framework, that number is reduced to 11. Vaccines no longer labeled as universally recommended include:

- Influenza (annual flu vaccine)
- Rotavirus
- Hepatitis A
- Hepatitis B
- Meningococcal disease
- Respiratory syncytial virus (RSV)
- COVID-19

Our perspective:

We understand how confusing and frustrating it can be to hear different guidance from different sources. Our strong support for many of these vaccines comes from real-world experience caring for children who have suffered severe or life-altering illness from vaccine-preventable diseases. We know every parent wants the best possible outcome for their child, and our recommendations come from that same place. At the bottom of this document you'll find a link to the PAA vaccine schedule, which remains unchanged.

Influenza (flu)

- Influenza continues to hospitalize and, tragically, claim the lives of previously healthy children each year.
- While the flu vaccine does not guarantee prevention of infection, it **significantly reduces the risk of severe illness, complications, and death.**

Rotavirus

- Rotavirus can cause severe dehydration from vomiting, diarrhea, and fever, especially in infants and young children.
- Many of us have cared for infants hospitalized due to rotavirus infection.
- The vaccine is given orally, typically at 2, 4, and 6 months, and has an excellent safety profile.

Hepatitis A

- Hepatitis A is a highly contagious virus that affects the liver and can spread easily in communities.
- Two doses, typically given at 12 months of age, then at 18 months or 2 years of age, provide long-lasting protection.

Hepatitis B

- Hepatitis B is spread through contact with blood, even microscopic amounts that may not be visible. The virus can survive on surfaces for up to a week and is **far more contagious than HIV**.
- Many infected adults have no symptoms and may not know they are infected.
- Infection in infancy can lead to lifelong disease, liver failure, or the need for transplant.
- The vaccine has an excellent safety record and is very well tolerated by newborns.
- Typically given at birth, 1 month, and 9 months; these doses provide lifelong immunity.

Meningococcal disease

- Meningococcal bacteria can cause meningitis and bloodstream infection that may progress rapidly and be fatal within hours.
- Survivors may experience brain injury, hearing loss, or limb loss.
- MCV4 is a two-dose series, typically given at ages 11–12 and 16
- MenB is a two-dose series, typically starting at age 17

Respiratory syncytial virus (RSV)

- RSV can cause severe breathing illness in infants, particularly during winter months.
- Since the introduction of RSV protection (maternal vaccination or infant antibody), we have seen a dramatic reduction in severe illness and emergency transports.
- The **maternal vaccination** is given at **32–36 weeks of pregnancy** during RSV season, **OR the infant antibody, Beyfortus**, is given to infants for their first RSV season.

COVID-19

- We support the COVID-19 vaccine for children at higher risk of severe illness and for families who choose it. We trust the vaccine safety data.

3) New CDC vaccine categories

CDC change:

Vaccines are now grouped into:

1. Recommended for all children
2. Recommended for certain high-risk groups
3. Shared clinical decision-making

Our perspective:

Again, the **science has not changed**. The AAP schedule continues to reflect decades of high-quality research. While our providers may hold differing personal or political views, we are united in our trust in evidence-based medicine. We believe thoughtful conversations between families and providers have always been essential. At every visit, we welcome questions and concerns. Our goal is never to pressure you, but to ensure you understand the reasoning behind our recommendations so you can make informed decisions with confidence.

4) Comparing U.S. recommendations to other countries

CDC rationale:

Federal officials noted that changes were informed by vaccine schedules in other high-income countries.

Our perspective:

The AAP schedule is designed to protect children living in the United States, based on the diseases they are most likely to encounter here. Other countries appropriately tailor their schedules to their own populations. This is also why we offer travel consultations—to help families understand additional protections needed when visiting other regions.

Final thoughts

- Although federal language has changed, **all previously recommended vaccines remain available and covered by insurance.**
- These updates reflect changes in wording and categorization—not new safety or effectiveness concerns.
- **PAA's vaccine policy and recommendations remain unchanged**, based on AAP guidance and long-standing evidence.
- We are committed to open, respectful dialogue and to staying current with the best available medical evidence.
- While we maintain a firm vaccine policy to protect our patients and community, our approach is rooted in partnership, education, and collaboration—not punishment.
- We do not force vaccines. In certain situations, we may recommend delaying vaccination for medical reasons (such as acute illness).
- When vaccines are deferred, we ask families to remain engaged in ongoing discussion and to follow agreed-upon plans whenever possible.
- Continued refusal of required vaccines despite prior discussion and agreement may result in transfer of care, but this is always considered carefully and is a last resort.

We value the trust you place in us and are grateful to partner with you in keeping your child—and our community—healthy.

Helpful resources

- [PAA Vaccine Page \(includes our schedule\)](#)
- [PAA's Vaccine Concerns Handout](#)
- [All About the AAP Recommended Immunization Schedule](#)
- [A Very Deep Analysis on Vaccine Safety from CHOP](#)
- [Difference between the AAP immunization recommendations and other vaccine schedules](#)