Shared Clinical Decision Making for Rotavirus, SARS-CoV-2, and Flu Vaccines: What Does It Mean?

Paul A. Offit, MD

Division of Infectious Diseases

Vaccine Education Center

The Children's Hospital of Philadelphia

Perelman School of Medicine

The University of Pennsylvania

January 5, 2026

EMBARGOED FACT SHEET

EMBARGO LIFTS: Monday, January 5 at 2:00 PM ET

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.

IMMUNIZATIONS RECOMMENDED FOR ALL CHILDREN

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos	15 mos	18 mos	19 mos	20–23 mos	2–3 yrs	4–6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Diphtheria, tetanus, acellular pertussis (DTaP < 7 yrs)			1st dose	2nd dose	3rd dose				4th dose					5th dose											
Tetanus, diphtheria, acellular pertussis (Tdap ≥ 7 yrs)																			1st dose						
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	3rd dose			3rd / 4th dose																	
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose																	
Inactivated poliovirus (IPV < 18 yrs)			1st dose	2nd dose	3rd dose									4th dose											
Measles, mumps, rubella (MMR)								1st dose						2nd dose											
Varicella (VAR)								1st dose						2nd dose											
Human papillomavirus (HPV)																			1 dose						

Some children should get a dose at this age depending on the vaccine brand.

IMMUNIZATIONS RECOMMENDED FOR CERTAIN HIGH-RISK GROUPS OR POPULATIONS

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos	15 mos	18 mos	19 mos	20–23 mos	2–3 yrs	4–6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Respiratory syncytial virus (RSV-mAb) [1]	1 dose																								
Respiratory syncytial virus (RSV-mAb) [2]	1 dose						2nd dose																		
Hepatitis B (HepB) [3]	1st dose	2nd dose			3rd dose																				
Dengue [4]																	3 dose series								
Meningococcal ACWY [5]			2, 3 or 4 dose series																						
Meningococcal B [6]																		1 dose							
Hepatitis A (HepA) [7]					1 dose																				

[1] All children whose mother did not have the vaccine should get one dose.
[2] High-risk children, such as those with chronic lung disease, should receive a second dose at ages 8 to 19 months.
[3] Vaccination recommended for infants born to women who tested positive for the hepatitis B virus or whose status is unknown.
[4] Recommended ONLY if living in areas with endemic dengue AND with a laboratory confirmation of previous dengue infection.
[5] For high-risk groups (e.g., those with anatomic or functional asplenia or HIV infection), those traveling to countries with hyperendemic or epidemic meningococcal disease, and first-year college students living in residential housing, vaccination is recommended.
[6] Recommended for high-risk groups, e.g., with anatomic or functional asplenia, and during outbreaks.
[7] Vaccination recommended for international travel to areas with high or intermediate hepatitis A endemicity.

IMMUNIZATIONS BASED ON SHARED CLINICAL DECISION-MAKING

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	7 mos	8 mos	12 mos	15 mos	18 mos	19 mos	20–23 mos	2–3 yrs	4–6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	3rd dose																				
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					2 doses first year, then 1 dose annually								1 dose annually												
Influenza (IIV3, ccIIV3) OR Influenza (LAIV3)					2 doses first year, then 1 dose annually								OR 2 doses first year, then 1 dose annually				1 dose annually								
Hepatitis A (HepA)								2-dose series																	
Hepatitis B (HepB) *			1st dose	2nd dose	3rd dose																				
Meningococcal ACWY																			1st dose					2nd dose	
Meningococcal B																								2 or 3 doses	

“New” CDC Vaccine Schedule

- Routine recommendation: DTaP, Hib, pneumococcus, IPV, MMR, VZV, HPV.
- High risk groups: RSV, Hep B, MenACWY, MenB, Hep A.
- SCDM: Rotavirus, Covid-19, influenza. In other words, not recommended.

SARS-CoV-2

POLITIFACT

The Poynter Institute

Robert F. Kennedy Jr.

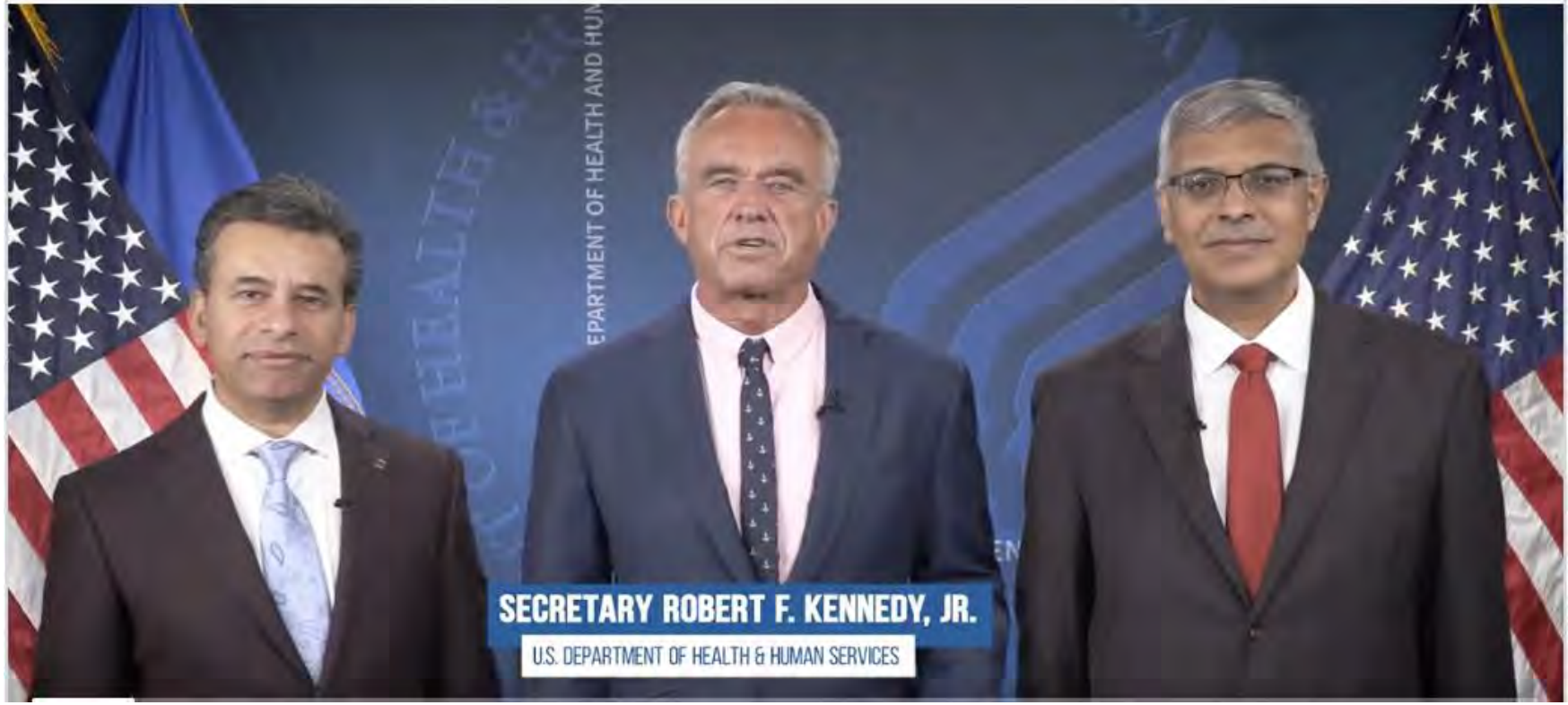
stated on December 6, 2021 in a meeting with Louisiana lawmakers:

The COVID-19 vaccine is the “deadliest vaccine ever made.”

May 27, 2025

Secretary Kennedy @SecKennedy · May 27

Today, the COVID vaccine for healthy children and healthy pregnant women has been removed from @CDCgov recommended immunization schedule. Bottom line: it's common sense and it's good science. We are now one step closer to realizing @POTUS's promise to Make America Healthy Again.



Should healthy young children receive a primary Covid-19 vaccine?

COVID-19–Associated Hospitalizations — COVID-NET, April 2025 Update

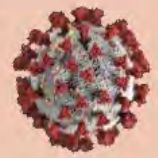
Fiona P. Havers, MD, MHS, FIDSA
RESP-NET Hospitalization Surveillance Team
Coronavirus and Other Respiratory Viruses Division

Advisory Committee on Immunization Practices (ACIP) Meeting

April 15, 2025

Preliminary 2024-2025 U.S. COVID-19 Burden Estimates

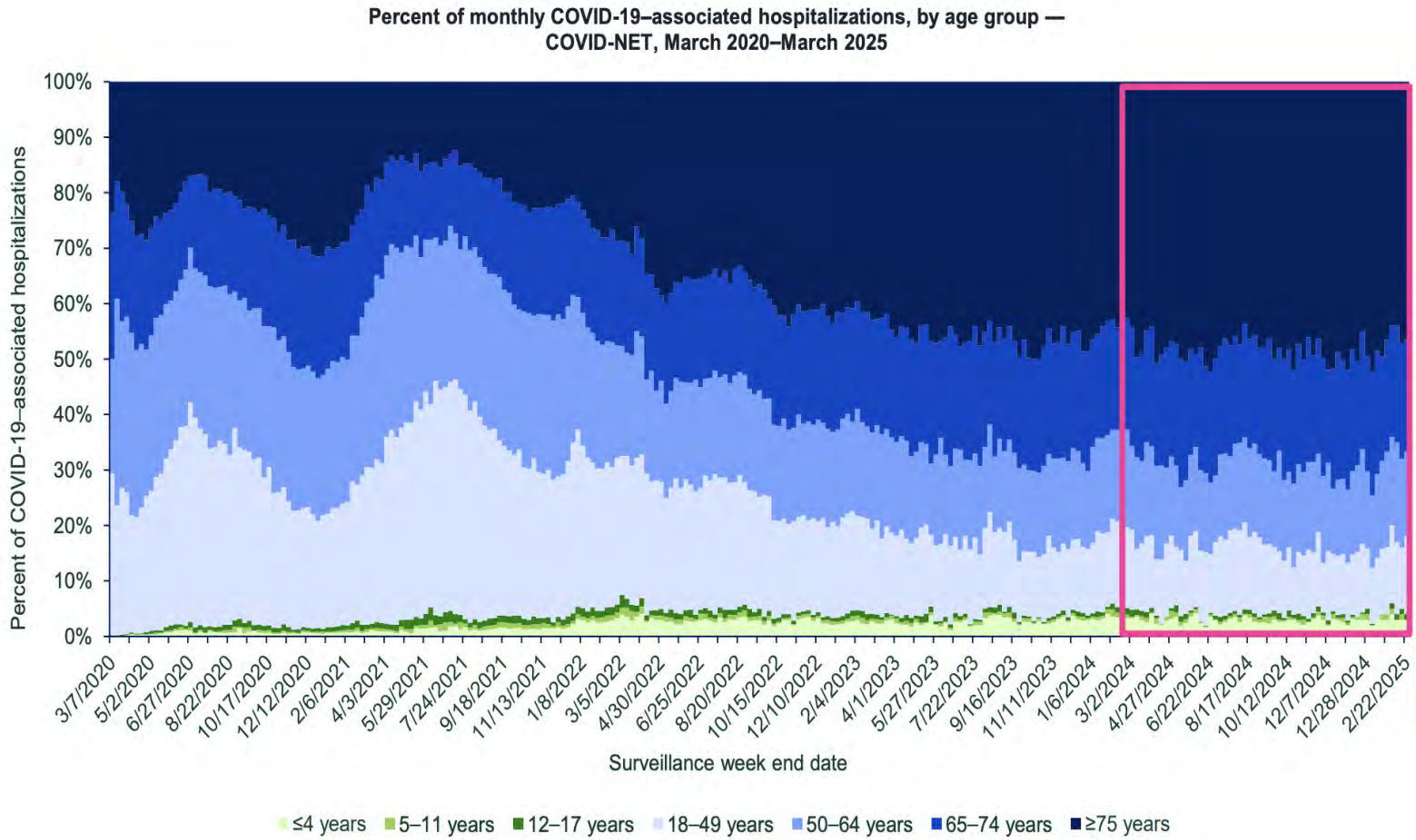
CDC estimates* that, from October 1, 2024 through May 31, 2025, there have been:

9.7 million - 16.0 million	2.4 million - 3.8 million	270,000 - 430,000	32,000 - 51,000
			
COVID-19 Illnesses	**COVID-19 Outpatient Visits**	**COVID-19 Hospitalizations**	**COVID-19 Deaths**

*Based on data from September 29, 2024 through May 31, 2...

Download Data

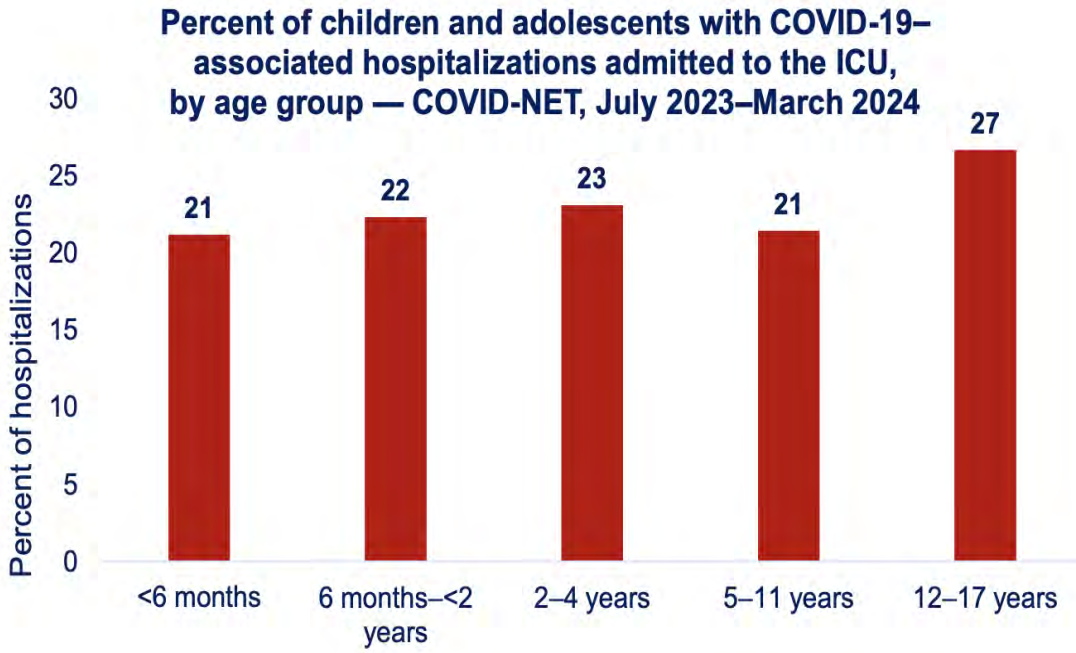
During 2024–2025, children and adolescents comprised about 4% of COVID-19–associated hospitalizations.



- ≤17 years = 4.3% of COVID-19–associated hospitalizations during October 2024–March 2025

- ≤4 years = 2.9%
- 5–11 years = 0.6%
- 12–17 years = 0.6%

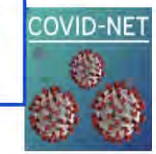
~1 in 5 children and adolescents with COVID-19–associated hospitalization are admitted to the intensive care unit (ICU)



Age category	Among those admitted to ICU, % with no underlying conditions
<6 months	56%
6–23 months	52%
2–4 years	30%
5–11 years	6%
12–17 years	24%

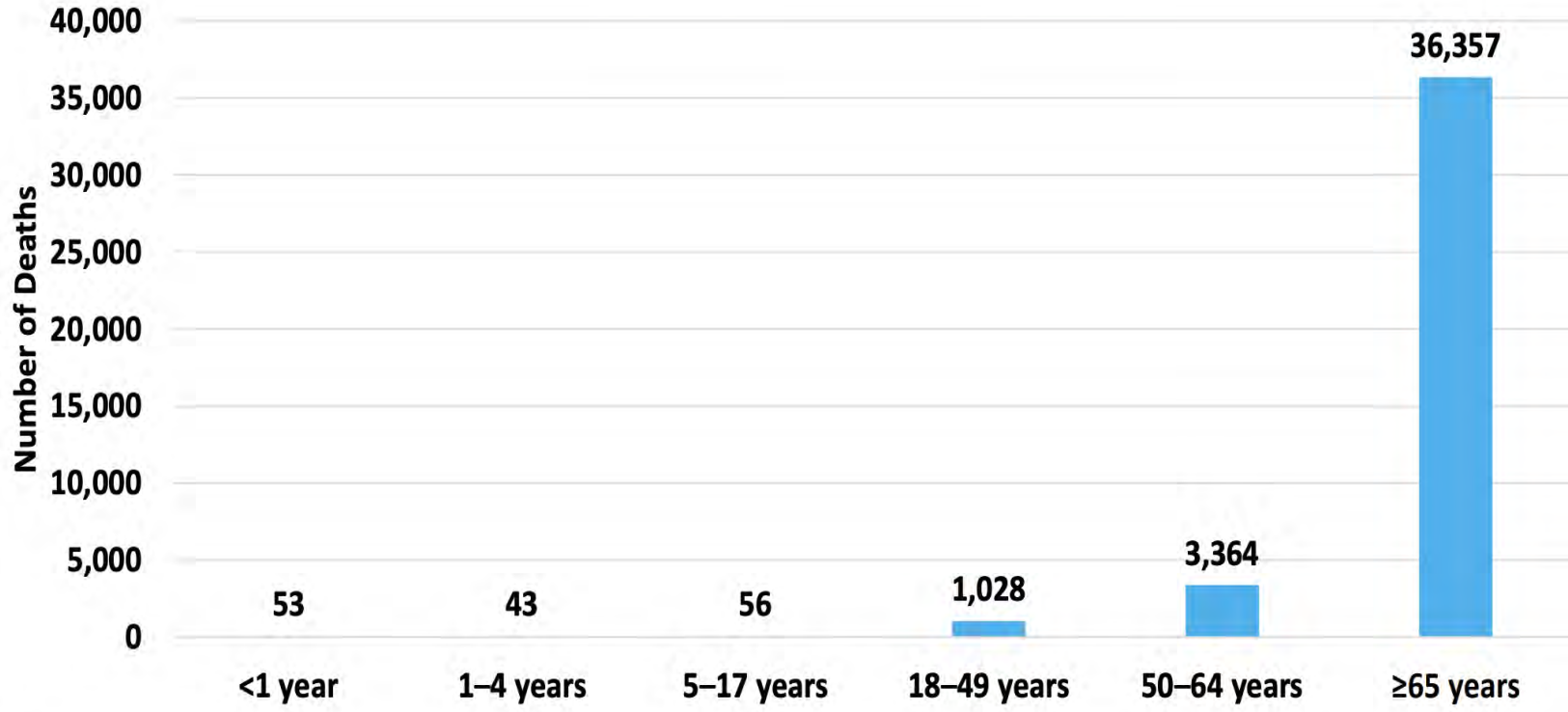
During this period, 7 children with COVID-19–associated hospitalization died in-hospital in the COVID-NET catchment area.

41% of children admitted to the ICU had no underlying conditions, but this varied by age group



Hospitalizations are limited to those with COVID-19 as the presenting complaint upon admission.

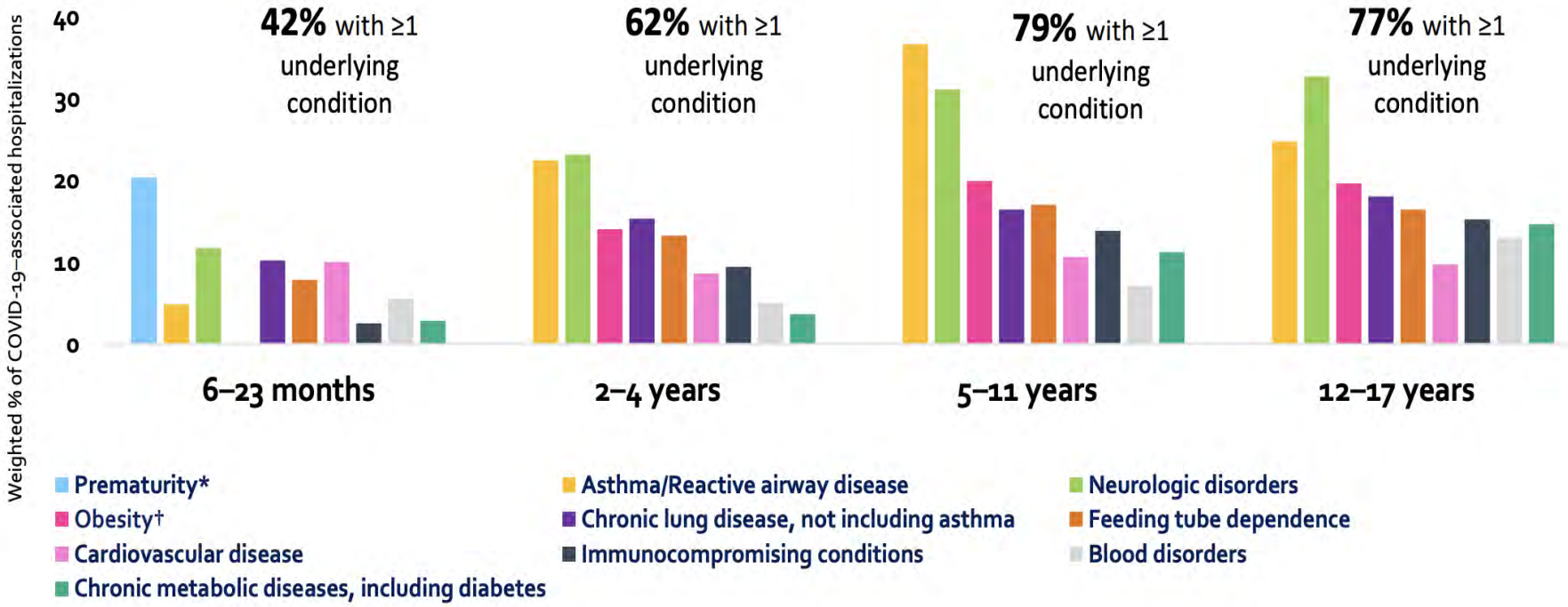
Total number of COVID-19 deaths,[1,2] September 2023–August 2024, by age group, United States



1. Provisional data

2. Underlying cause of death Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Underlying Cause of Death Files, 2018-2023, and from provisional data for 2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes COVID-19 code (U07.1) as the underlying cause of death. http://wonder.cdc.gov/mcd-icd10-provisional.html, accessed January 16, 2025

During October 2022–April 2024, more older children hospitalized with COVID-19 had underlying medical conditions compared with younger age groups.



Among children and adolescents ages 6 months–17 years hospitalized with COVID-19, 59% had ≥1 underlying condition.

* Prematurity is only assessed for children aged <2 years. †Obesity is not calculated for children aged <2 years. Data are limited to hospitalizations with COVID-19 as the likely reason for admission. Source: Pre-publication analysis from Rebecca Free and presented at IDWeek 2024. Data reflect the period of October 1, 2022–April 30, 2024.

COVID-NET

Morbidity and Mortality Weekly Report (*MMWR*)

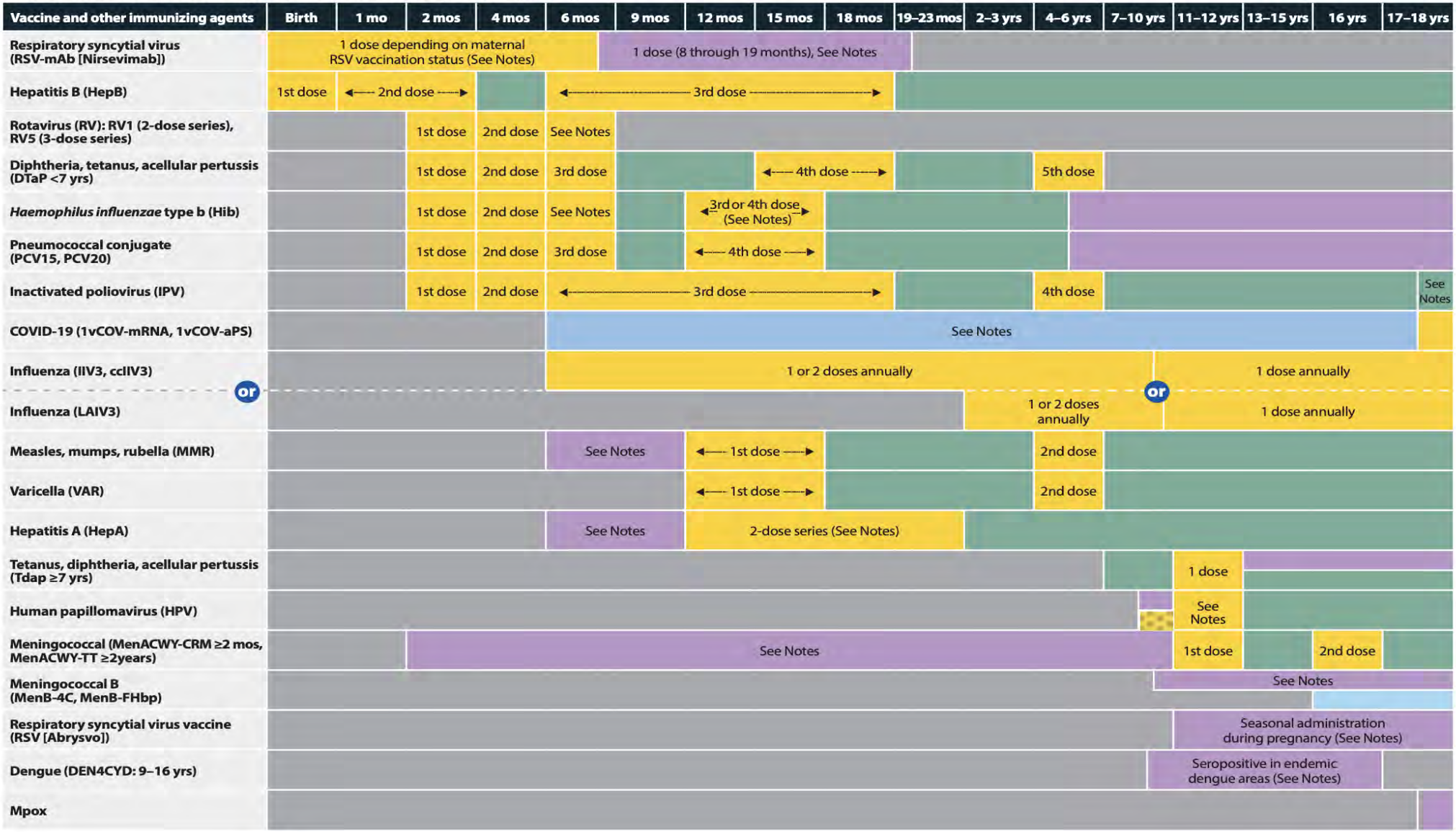
Effectiveness of 2024–2025 COVID-19 Vaccines in Children in the United States — VISION, August 29, 2024–September 2, 2025

Weekly / December 11, 2025 / 74(40);607–614

During August 29, 2024–September 2, 2025, within a multisite network including nine states, vaccine effectiveness of 2024–2025 COVID-19 vaccination was an estimated 76% against COVID-19–associated emergency department or urgent care (ED/UC) visits among immunocompetent children aged 9 months–4 years and an estimated 56% among children and adolescents aged 5–17 years, compared with those who did not receive a 2024–2025 vaccine.

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).



Impact of recommendation change

- SARS-CoV-2 virus will likely continue to circulate for years if not decades if not centuries.
- All children will be fully susceptible to this virus by 6 months of age after passively transferred antibodies from the placenta have faded.
- Absent a clear recommendation for young children, parents might be less likely to vaccinate them, putting them at risk to be among the thousands of young children who will be hospitalized every year.

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement

Committee on Infectious Diseases

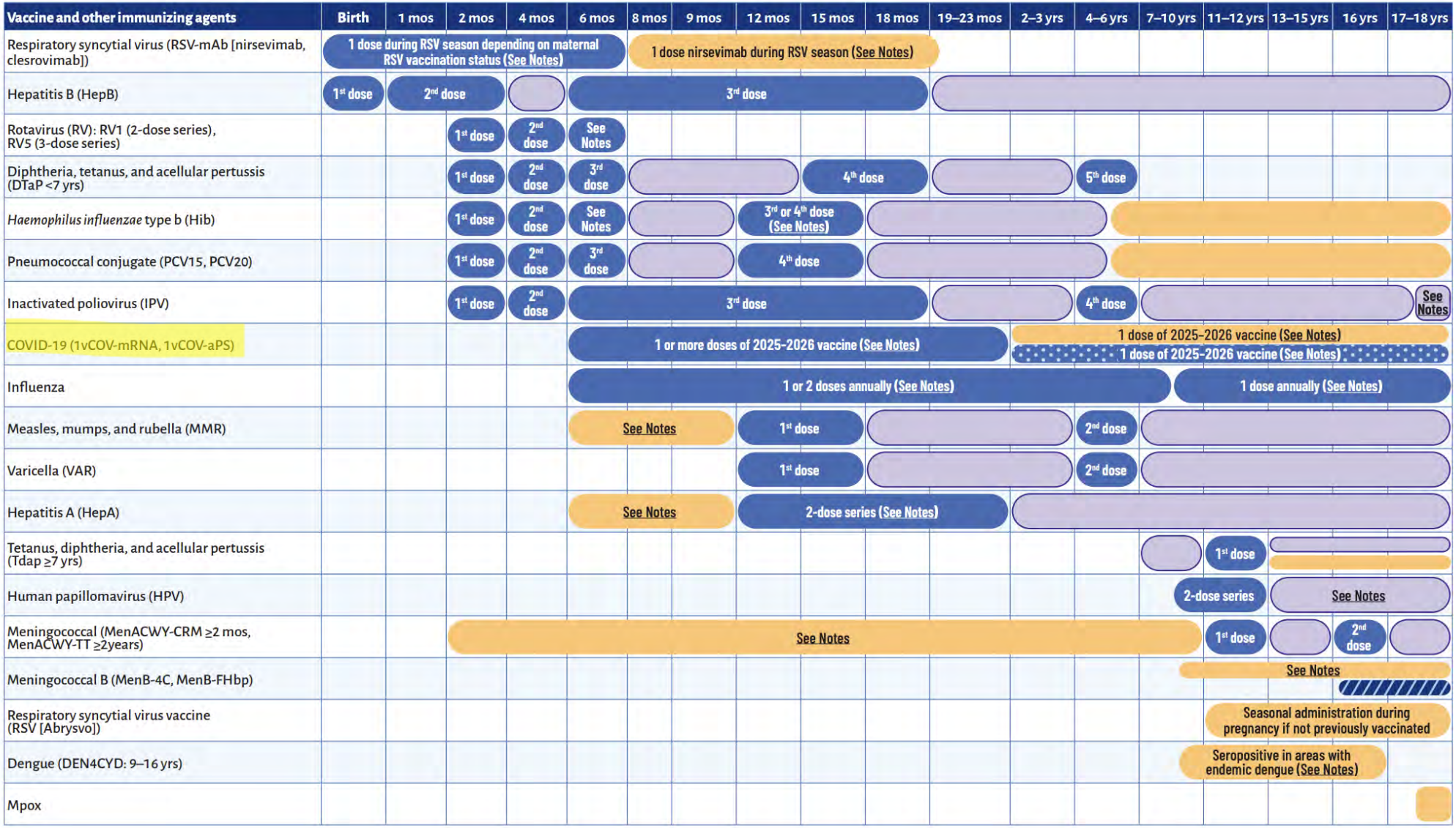
RECOMMENDATIONS

- Infants and children 6 through 23 months of age are at high risk for severe COVID-19.[2-4] The AAP recommends all infants and children in this age group who do not have contraindications[*] receive 2025-2026 COVID-19 vaccine, as follows:
    - Those who are previously unvaccinated should receive an initial vaccine series.

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).



POLITICO

RFK Jr. attacks pediatricians' group over vaccine recommendations

The American Academy of Pediatrics had earlier urged parents to get young children vaccinated against Covid — pushing back against the health secretary's stance.

Kennedy was joined by FDA Commissioner Marty Makary (left) and NIH Director Jay Bhattacharya (right) earlier this year when he rescinded guidance that healthy children get vaccinated against Covid. | Health and Human Services via AP

Secretary Kennedy
@SecKennedy

This is a screenshot from American Academy of Pediatrics' webpage, thanking the organization's top corporate donors. These four companies make virtually every vaccine on the CDC recommended childhood vaccine schedule. AAP is angry that CDC has eliminated corporate influence in decisions over vaccine recommendations and returned CDC to gold-standard science and evidence-based medicine laser-focused on children's health.

President's Circle ($50,000 and above)

MERCK moderna

Pfizer sanofi

President's Circle ($50,000 and above)

Rotavirus

Infections that cause diarrhea

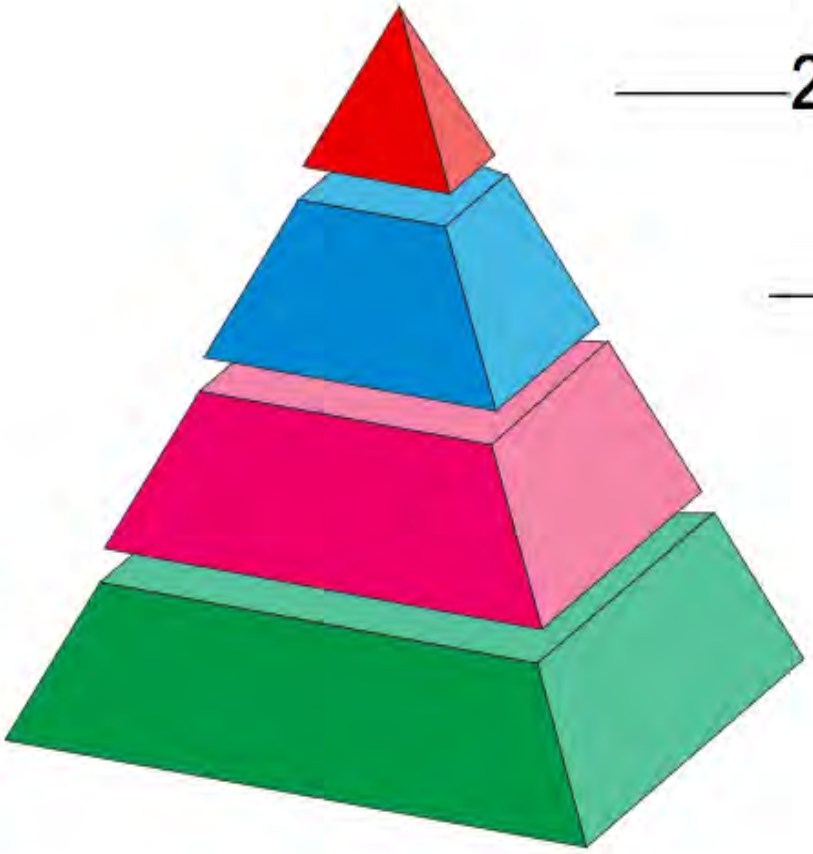
Symptom	Rotavirus	Non-rotavirus
Vomiting	96%*	58%
Fever	77%	61%
Dehydration	83%*	40%

* $p<0.01$

Rodriguez WJ, et al. J Pediatr. 1977;91:188-193

US Rotavirus Disease Burden in Pre-Vaccine Period

One US birth cohort followed to age 5 yrs



20–60 deaths

55,000–70,000 hospitalizations

205–272,000 emergency room visits

410,000 outpatient/office visits

2.7 million episodes

Disease burden: developing countries

- Rotavirus accounted for approximately 500,000 deaths each year.
- Therefore, about 2,000 children died every day from rotavirus-induced dehydration.
- Rotavirus is one of the most important killers of infants and young children in the world.

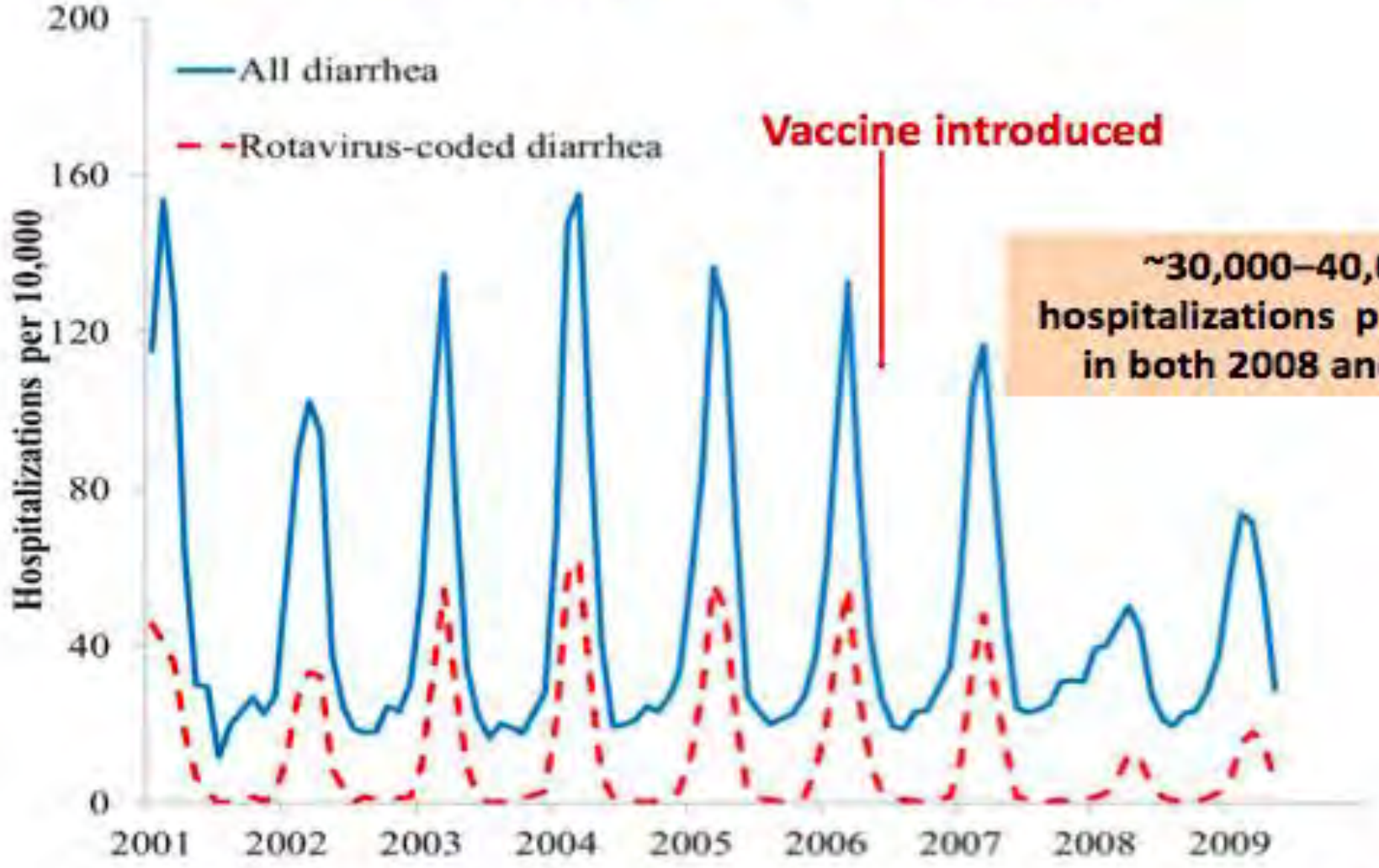
Rotavirus vaccines in the United States

- RotaTeq introduced in US in 2006
  - Hundreds of millions of doses administered
- RotaRix introduced in US in 2008
  - Hundreds of millions of doses administered

Reduction in hospitalizations in the United States

Hospitalization Data from MarketScan Database

Diarrhea and Rotavirus-coded Hospitalizations
Children aged <5 yrs, 2001-2009

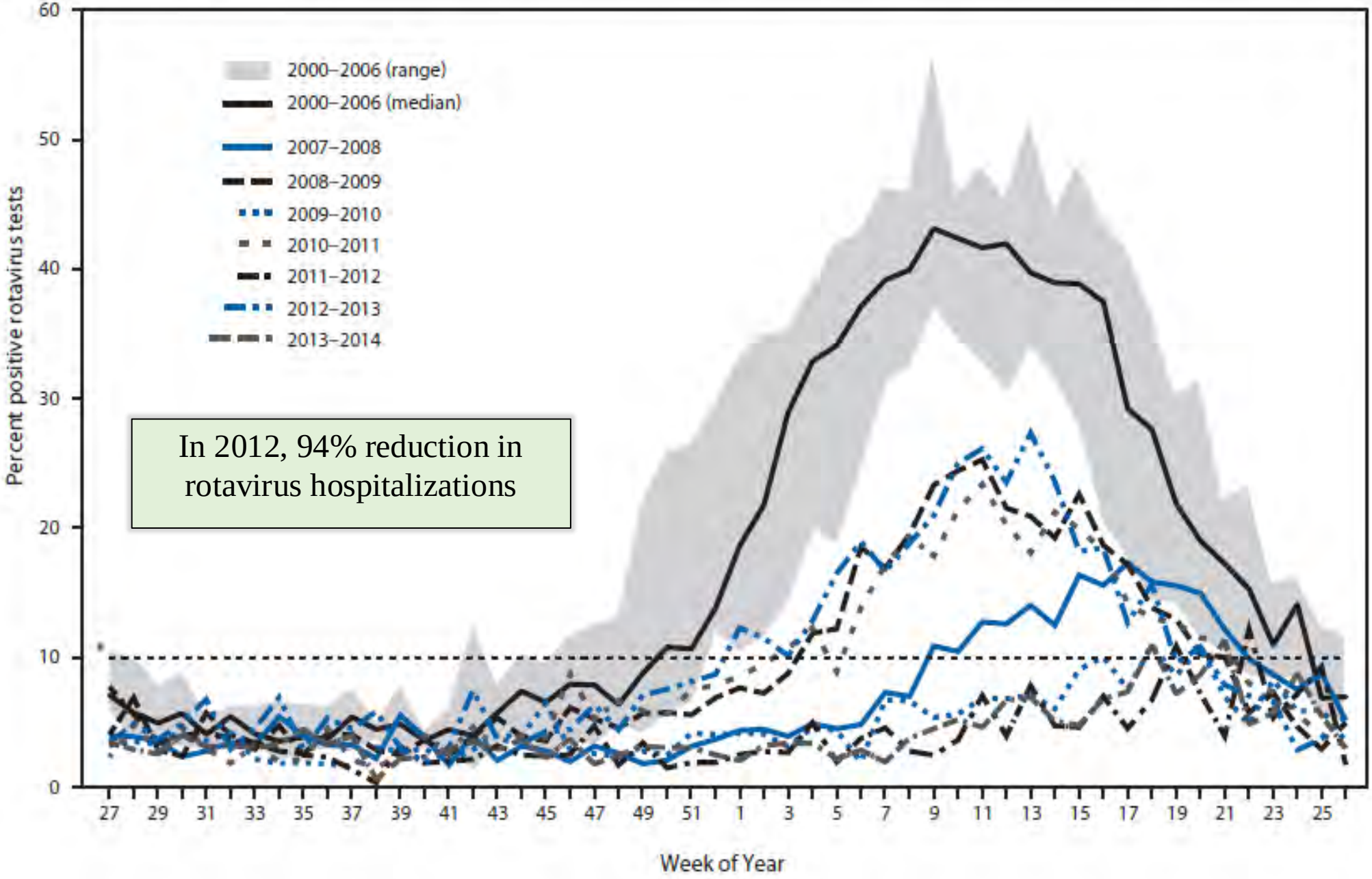


~30,000–40,000 hospitalizations prevented in both 2008 and 2009

Cortes J, Curns A, Tate, J et al N Engl J Med 2011

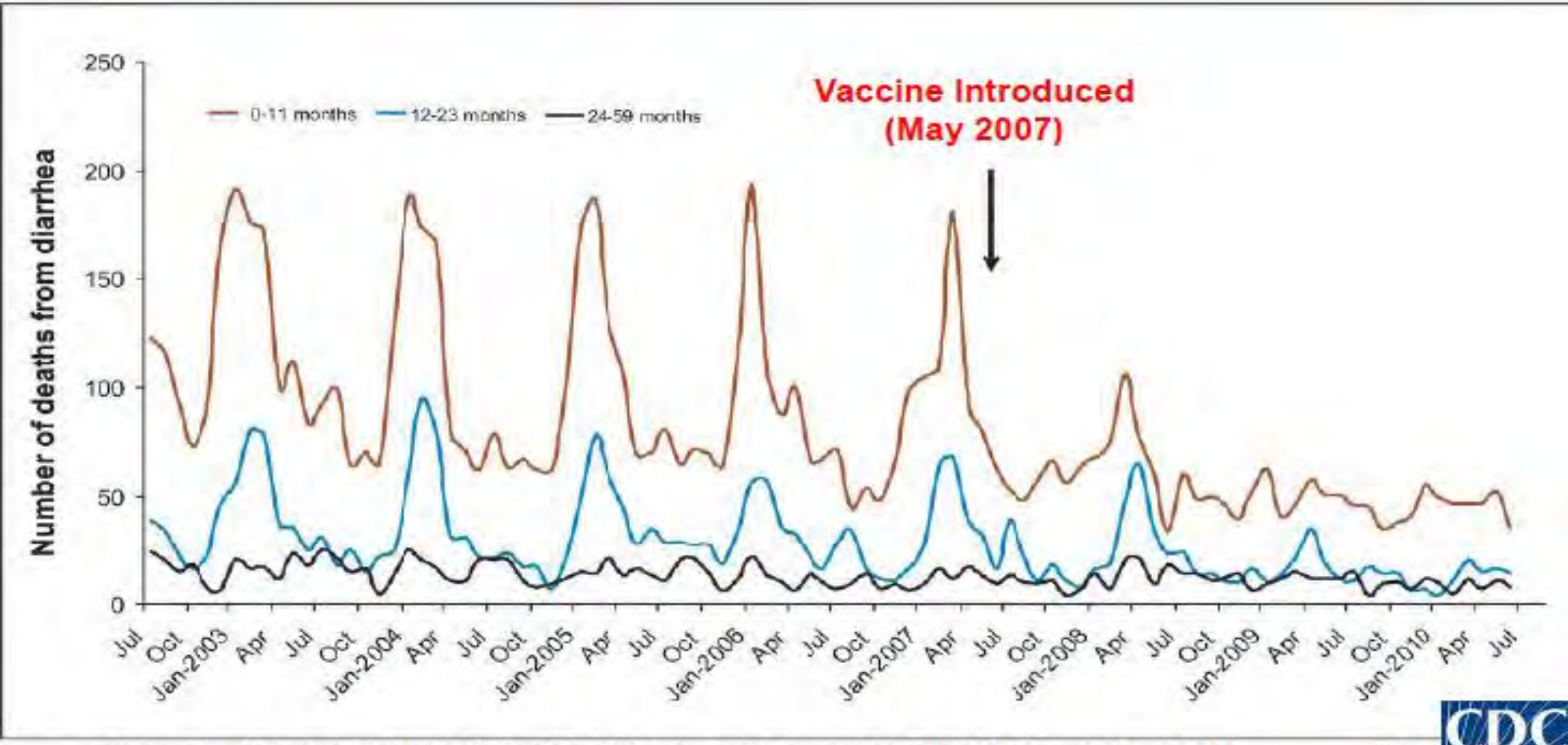
CDC

FIGURE 1. Rotavirus season duration and peak activity by reporting years (prevaccine 2000–2006 and postvaccine 2007–2011), NREVSS data — United States, 2000–2014



Reduction in deaths caused by rotavirus globally

Large Reductions in Diarrhea Deaths after Vaccine Introduction in Mexico



Richardson V J et al N Engl J Med 2010; Richardson V, Parashar U, Patel M N Engl J Med 2011

MAHA Action

9h

RFK Jr. breaks down the numbers behind the rotavirus vaccine.

"In this country, the death rate from rotavirus prior to the introduction of the vaccine was about three kids a year."

"Since the introduction of the vaccine, one of the studies shows that it's dropped to two deaths a year."

"That means you're giving three million vaccines a year to kids and you're saving one life."

"If any of those vaccines are causing a death, that completely cancels any benefit out of all of those vaccines."

"The first rotavirus vaccine they approved caused intussusception at such high rates it was clearly much worse than the disease."

"Even the idea that we needed it in this country was kind of crazy."

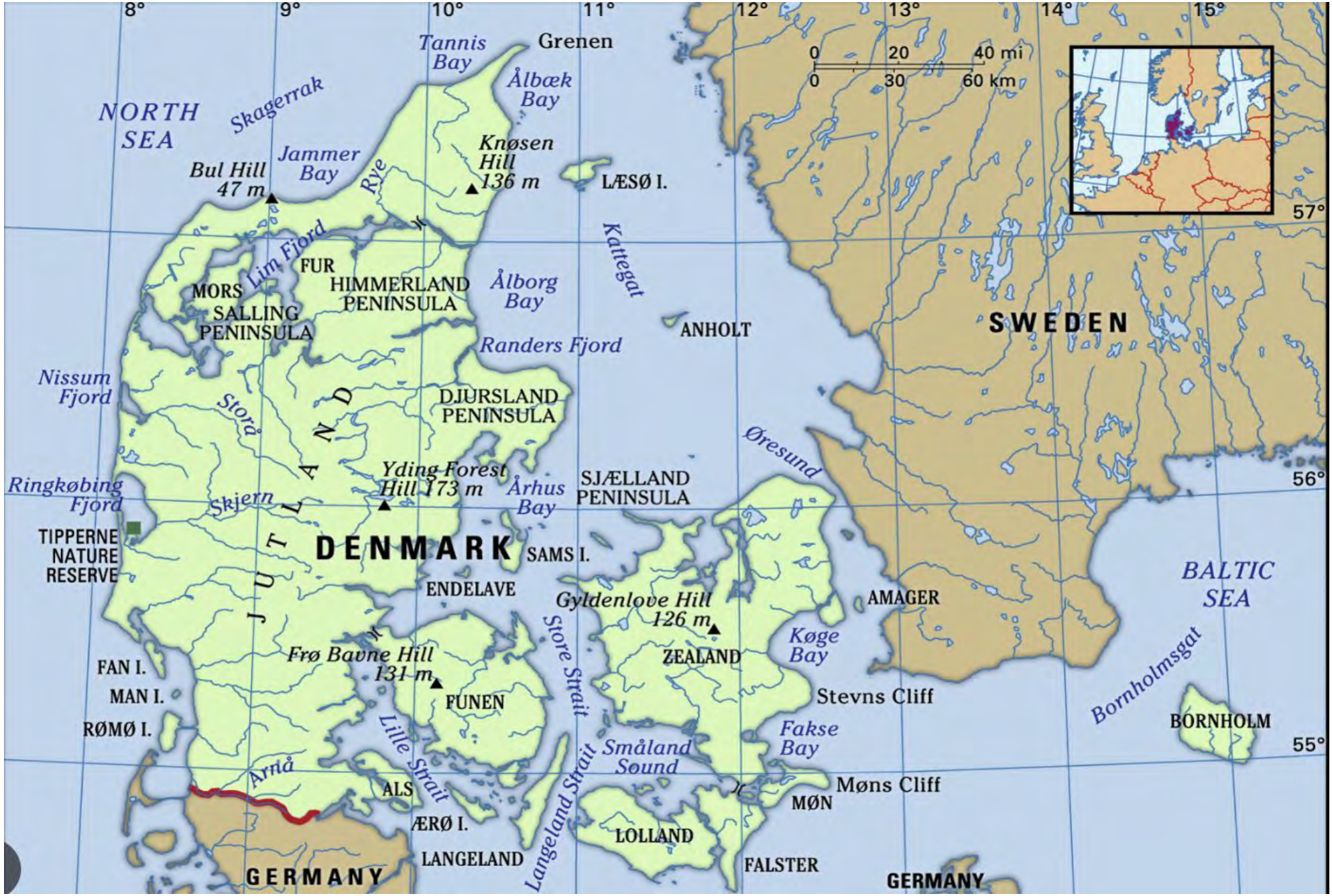
"The European countries don't require it."

Risks and benefits of Rotashield in US

Assumes risk of INT is 1 in 10,000 vaccine recipients

Estimates per million children

	No vaccine	Vaccine	Diff.
Doctor visits	143,000	30,000	113,000
Hospitalizations	16,000	100	15,900
Intussusception	580	680	(100)
Deaths	6-12	1	5-11


8°
9°
10°
11°
12°
13°
14°
15°
57°
56°
55°
0 20 40 mi
0 30 60 km
NORTH SEA
Skagerrak
Tannis Bay
Grenen
Ålbæk Bay
Jammer Bay
Rye
Knøsen Hill 136 m
Bul Hill 47 m
LÆSØ I.
Kattegat
Lim Fjord
FUR
MORS
SALLING PENINSULA
HIMMERLAND PENINSULA
Ålborg Bay
ANHOLT
SWEDEN
Randers Fjord
Nissum Fjord
Stora
JUTLAND
DJURSLAND PENINSULA
Øresund
Yding Forest Hill 173 m
Århus Bay
SJÆLLAND PENINSULA
Ringkøbing Fjord
Skjern
TIPPERNE NATURE RESERVE
DENMARK
SAMS I.
BALTIC SEA
ENDELAVE
Gyldenlove Hill 126 m
AMAGER
Køge Bay
Frø Bavne Hill 131 m
ZEALAND
Store Strait
FAN I.
MAN I.
RØMØ I.
FUNEN
Stevns Cliff
Bornholmsgat
BORNHOLM
Lille Strait
Fakse Bay
Småland Sound
Arnå
ALS
Møns Cliff
MØN
ÆRØ I.
LOLLAND
Langeland Strait
LANGELAND
FALSTER
GERMANY
GERMANY

> Pediatr Infect Dis J. 2011 Jul;30(7):e126-9. doi: 10.1097/INF.0b013e3182145277.

The burden of rotavirus disease in Denmark 2009-2010

Thea K Fischer [1], Christine Rungoe, Claus Sixtus Jensen, Morten Breindahl, Tine Rikke Jørgensen, Jens-Peter Nielsen, Lise Jensen, Michelle Malon, Vagn Brændholt, Niels Fisker, Karsten Hjelt

Affiliations + expand

PMID: 21386748 DOI: 10.1097/INF.0b013e3182145277

Results: A total of 3100 hospitalizations annually among Danish children <5 years of age can be attributed to acute gastroenteritis and 1210 (39%) of these to RV disease. The majority of RV-associated hospitalizations occur among children ≤ 24 months of age (RV-associated hospitalization rate: 7.7/1000 children ≤ 24 months of age and 3.8/1000 children <5 years of age).

Danish population is about 6 million people, roughly 55 times smaller than U.S. So, 55 x 1200=66,000 is equivalent to the number of hospitalizations in U.S. children.

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

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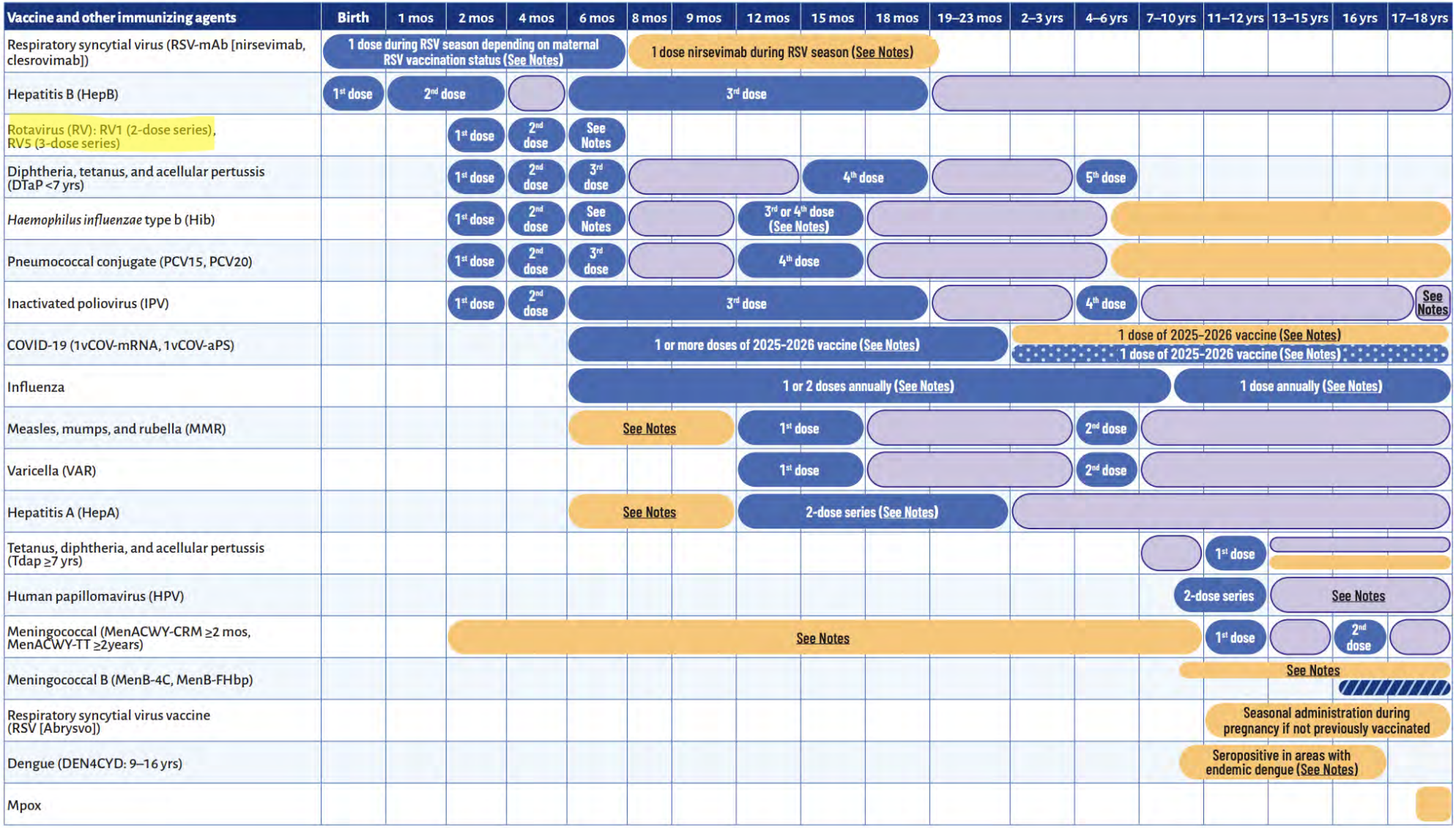


Influenza

February 20, 2025

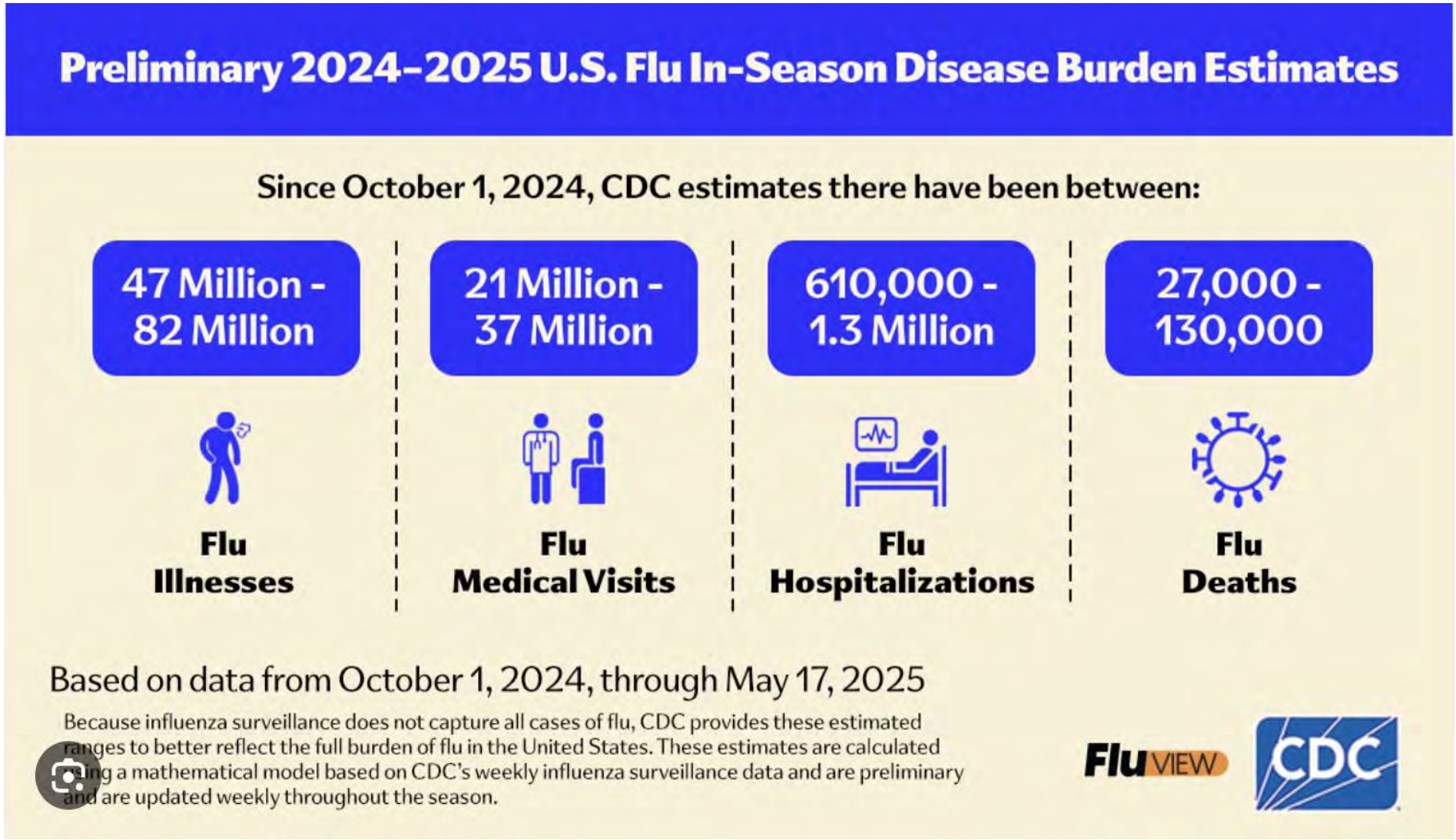
FORTUNE

Amid worst U.S. flu season in decades, RFK Jr.–led CDC pulls vaccine campaign

BY **LINDSEY LEAKE**

February 20, 2025 at 4:35 PM EST

True for all short incubation period mucosal infections: influenza, rotavirus, Covid-19



289 children died from influenza during 2024-2025 season

Preliminary 2025 - 2026 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2025, CDC estimates there have been between:

Flu Illnesses	Flu Medical Visits	Flu Hospitalizations	Flu Deaths
4.6 Million - 8.2 Million	2.2 Million - 3.7 Million	49,000 - 97,000	1,900 - 9,600

Based on data from October 1, 2025, through December 13, 2025

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.

FluVIEW

CDC

79 children died in 2026

January 7, 2026

Politics

RFK Jr. says it may be "better" if fewer children receive the flu vaccine

By Kathryn Watson

January 7, 2026 / 5:58 PM EST / CBS News

RFK Jr.: “Children better off not getting flu vaccine”

- On CBS News, Kennedy said the Cochrane Collaboration, a U.K.-based health care research nonprofit that he called "one of the ultimate arbiters of vaccine safety and clinical data," has done an extensive meta-review of the flu vaccine. Kennedy said they found "there is no evidence that the flu vaccine prevents serious disease or that it prevents hospitalizations or death in children."

Cochrane Library

Vaccines for preventing influenza in healthy children

Tom Jefferson, Alessandro Rivetti, Carlo Di Pietrantonj, Vittorio Demicheli Authors' declarations of interest

Version published: 01 February 2018 Version history

https://doi.org/10.1002/14651858.CD004879.pub5

fewer parents taking time off work, although the CI includes no effect (RR 0.69, 95% CI 0.46 to 1.03; low-certainty evidence). Data on the most serious consequences of influenza complications leading to hospitalisation were not available. Data from four studies

Morbidity and Mortality Weekly Report (*MMWR*)

Interim Estimates of 2023–24 Seasonal Influenza Vaccine Effectiveness — United States

Weekly / February 29, 2024 / 73(8);168–174

Analysis of data from four vaccine effectiveness (VE) networks estimated interim pediatric influenza VE was 59%–67% in outpatient settings and 52%–61% against influenza-associated hospitalization. Interim adult influenza VE was 33%–49% in outpatient settings and 41%–44% against influenza-associated hospitalization.

Morbidity and Mortality Weekly Report (*MMWR*)

Interim Estimates of 2024–2025 Seasonal Influenza Vaccine Effectiveness — Four Vaccine Effectiveness Networks, United States, October 2024–February 2025

Weekly / February 27, 2025 / 74(6);83–90

Interim 2024–2025 seasonal influenza VE estimates were derived from four U.S. VE networks. Among children and adolescents, VE was 32%, 59%, and 60% in outpatient settings (three networks) and 63% and 78% against influenza-associated hospitalization (two networks). Among adults, VE was 36% and 54% in outpatient settings (two networks) and 41% and 55% against influenza-associated hospitalization (two networks).

The NEW ENGLAND JOURNAL of MEDICINE

Updated Evidence for Covid-19, RSV, and Influenza Vaccines for 2025–2026

Authors: Jake Scott, M.D., Michael S. Abers, M.D., Harleen K. Marwah, M.D., Nicole C. McCann, B.A., Eric A. Meyerowitz, M.D., Aaron Richterman, M.D., M.P.H., Derek F. Fleming, Ph.D., +18, and Caitlin M. Dugdale, M.D. Author Info & Affiliations

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age or older showed vaccine effectiveness of 68% or more against hospitalization. Influenza vaccination had a pooled vaccine effectiveness of 48% (95% CI, 39 to 55) in adults between the ages of 18 and 64 years and 67% (95% CI, 58 to 75) in children against hospitalization.

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

American Academy of Pediatrics
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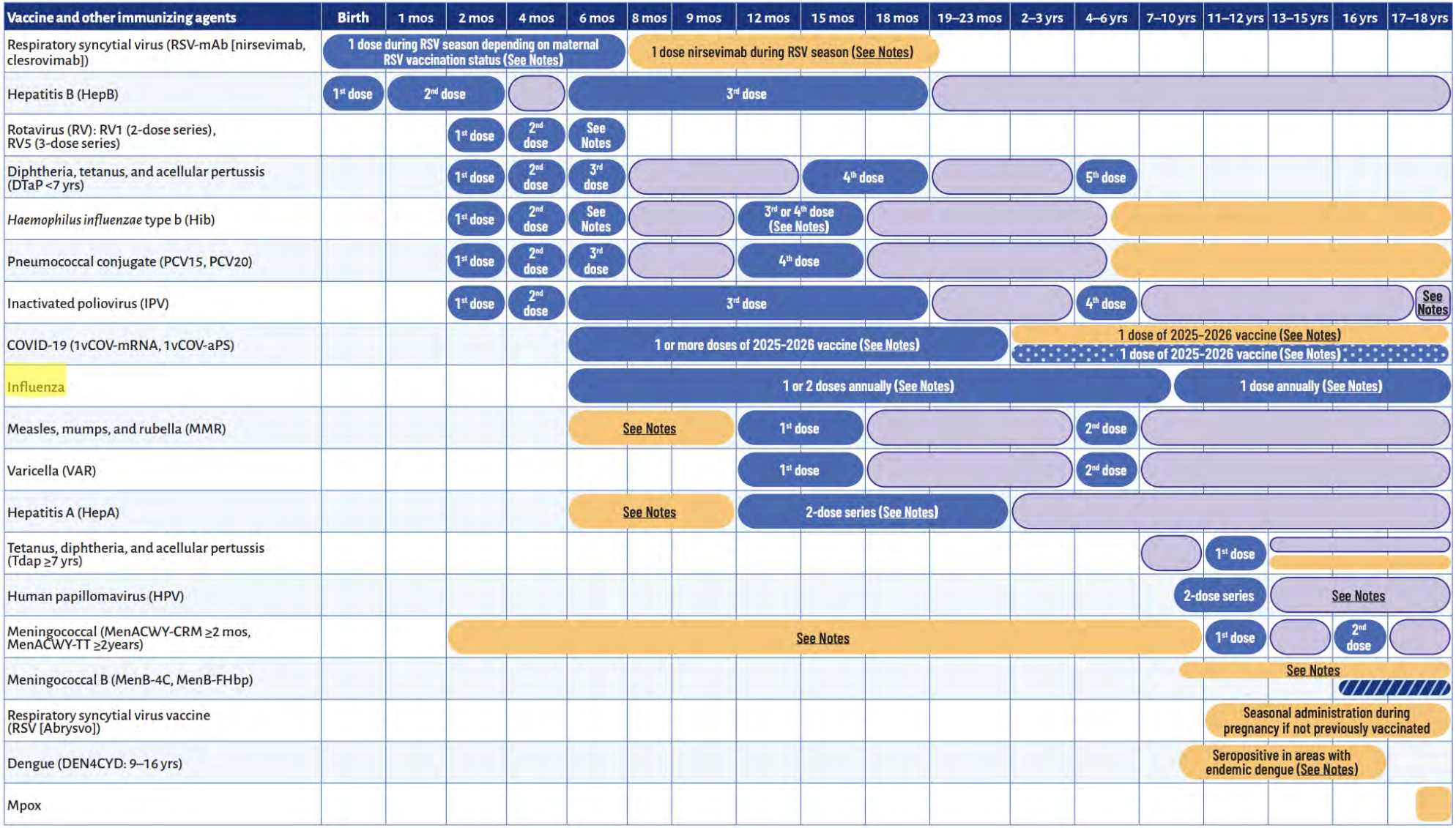
These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).



States, health organizations reject new CDC vaccine guidance

Liz Szabo, MA, *January 12, 2026*

Topics: Public Health , Childhood Vaccines

What do these changes mean for the practitioner?

JAMA The Journal of the American Medical Association

Navigating Conflicting Vaccination Recommendations
Guidance for Clinicians

Michelle M. Mello, JD, PhD, MPhil; Rochelle P. Walensky, MD, MPH; Michael T. Osterholm, PhD, MPH; Troyen A. Brennan, MD, MPH, JD

Mello, M.M., et al. Navigating conflicting vaccination recommendations: Guidance for clinicians. Journal of the American Medical Association, published online January 13, 2026.

Does counseling for patients and parents need to change?

Does counseling parents need to change?

- Informed consent has always been required for vaccines.
- Federal law already requires clinicians to provide a CDC-created information sheet on vaccine risks and benefits prior to administration.
- CDC's new calling for shared clinical decision making conveys a lower confidence by the ACIP on the risk-benefit balance.
- Clinicians will likely encounter greater resistance to vaccination as parents hear that some vaccines are no longer routinely recommended. An opportunity to explain that while the politics of vaccination has changed, the science hasn't.

Will clinicians face liability for deviating from ACIP recommendations?

Questions of liability if deviate from ACIP

- The VICP explicitly shields manufacturers against civil suits but also covers “vaccine administrators.”
- When authoritative vaccine guidelines diverge, such as differences in recommendations between the CDC and AAP, adherence to either can be considered reasonable.
- Continuing to follow an established standard of practice is not negligent merely because a new standard was endorsed by another body.
- In essence, the changed guidance environment should not substantially increase clinician’s liability risk.

Can patients still get vaccines from pharmacists?

Getting vaccines from pharmacists

- Many adults receive vaccines from retail pharmacies.
- State laws determine which vaccines pharmacists may administer and under what conditions.
- In some states, legislators have specified that pharmacists can only administer vaccines recommended by the ACIP or CDC.
- Some states are now scrambling to create their own list of approved vaccines for pharmacists based on AAP and AAFP lists.
- There could be greater restrictions on pharmacists moving forward.
- Shared clinical decision-making is of lesser importance to the pharmacist as the patient has already decided to receive a vaccine.

Will vaccines be more costly to patients?

Will vaccines be more costly?

- Two large commercial insurers, America's Health Insurance Plans and Blue Cross Blue Shield pledged that at least through 2026, they would cover vaccines that were on the recommended schedule in Sept 2026.
- Commercial insurers might decide to pay only for vaccines recommended by ACIP and CDC, in which case vaccine administrators might have to charge the patient for the vaccine, and affordability would become a major issue.
- Removing vaccines from the recommended list raises questions about coverage from Medicaid and the Vaccine for Children's (VFC) program. At this point, coverage from the VFC is intact, but time will tell whether coverage continues.

Summing Up

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- Recent moves by the CDC and ACIP have sowed chaos, which is part of the administration's strategy to reduce vaccine access.
- However, changes to the vaccines recommended by the ACIP and CDC need not, and should not, substantially affect clinical practice.
- As long as specialty societies and other authoritative organizations maintain independent, science-based recommendations, clinician liability risks should remain low and private insurance coverage should continue.

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