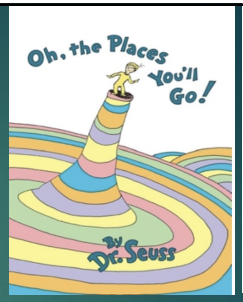
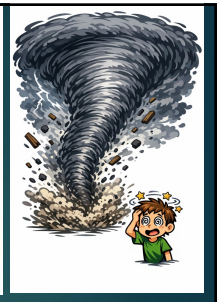




Oh, the Places We've Been!

The 2026 Vaccine Landscape

Mary Beth Miotto, MD, MPH, FAAP

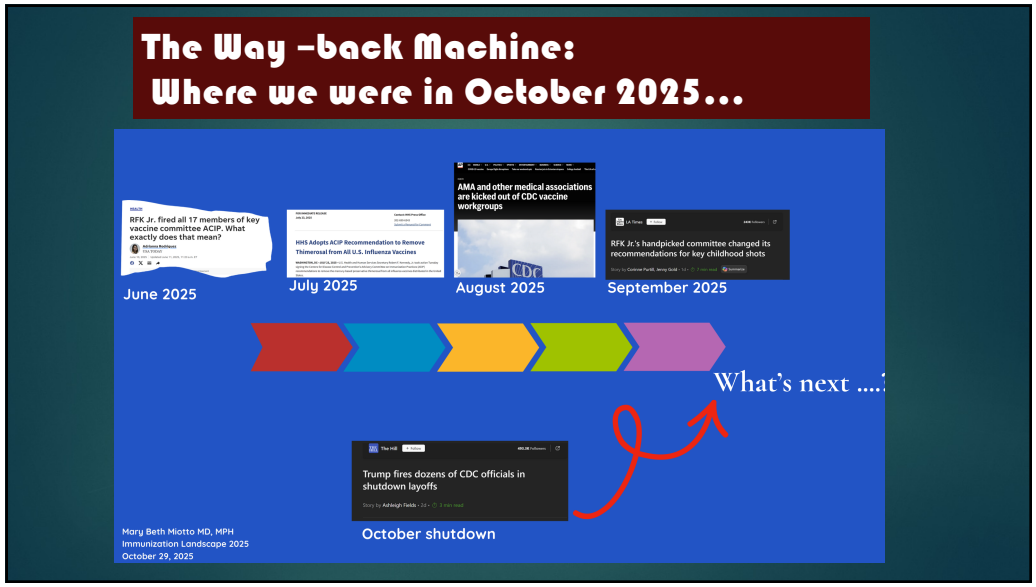
Massachusetts School Nurse Organization
March 21, 2025

1

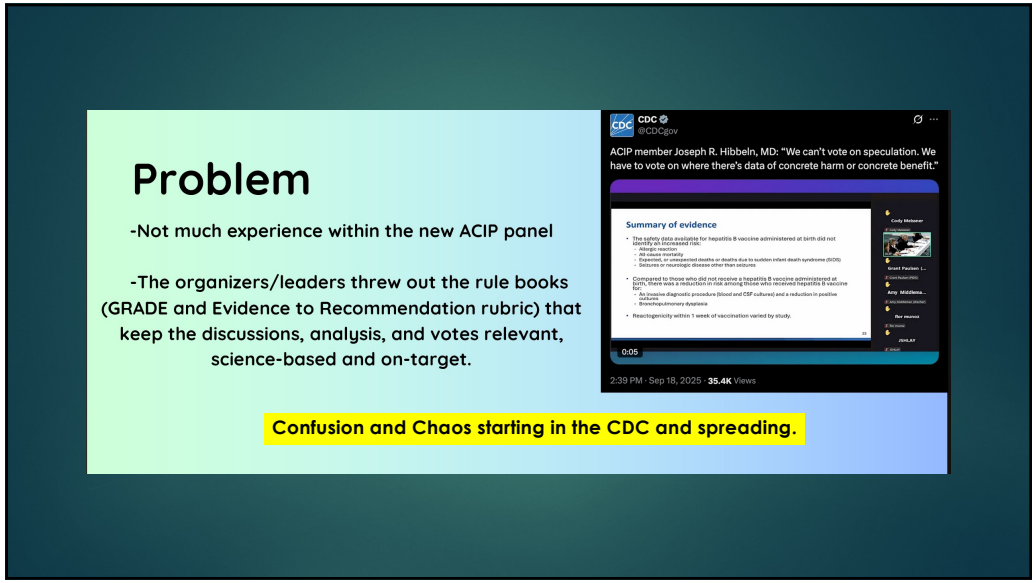
Our Objectives Today

- Understand key vaccine policy changes
- Recognize impact on families
- Apply practical communication strategies

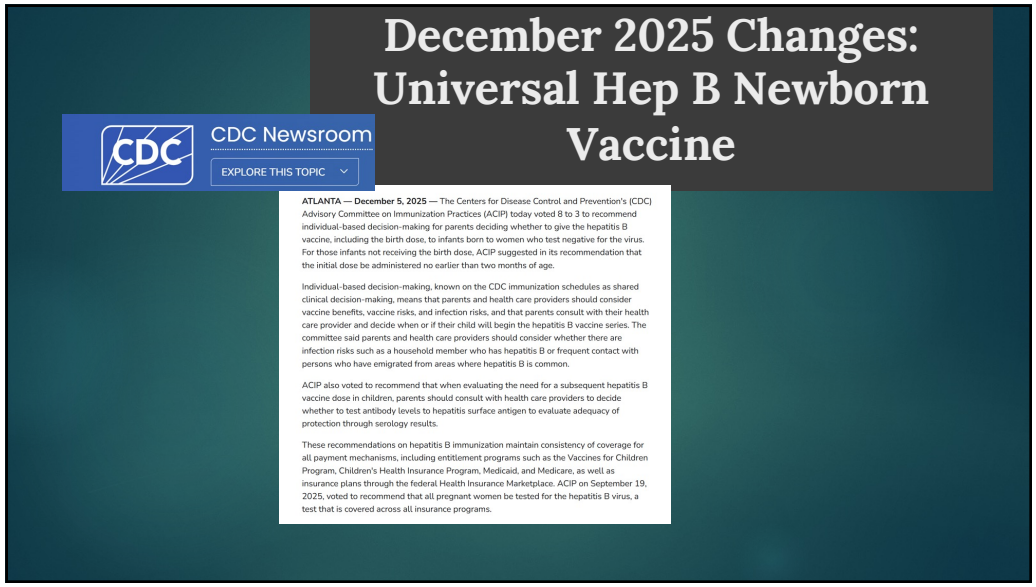
2


The Way -back Machine:
Where we were in October 2025…
RFK Jr. fired all 17 members of key vaccine committee ACIP. What exactly does that mean?
June 2025
HHS Adopts ACIP Recommendation to Remove Thimerosal from All U.S. Influenza Vaccines
July 2025
AMA and other medical associations are kicked out of CDC vaccine workgroups
August 2025
RFK Jr.'s handpicked committee changed its recommendations for key childhood shots
September 2025
What's next ….
Trump fires dozens of CDC officials in shutdown layoffs
October shutdown
Mary Beth Miotto MD, MPH
Immunization Landscape 2025
October 29, 2025

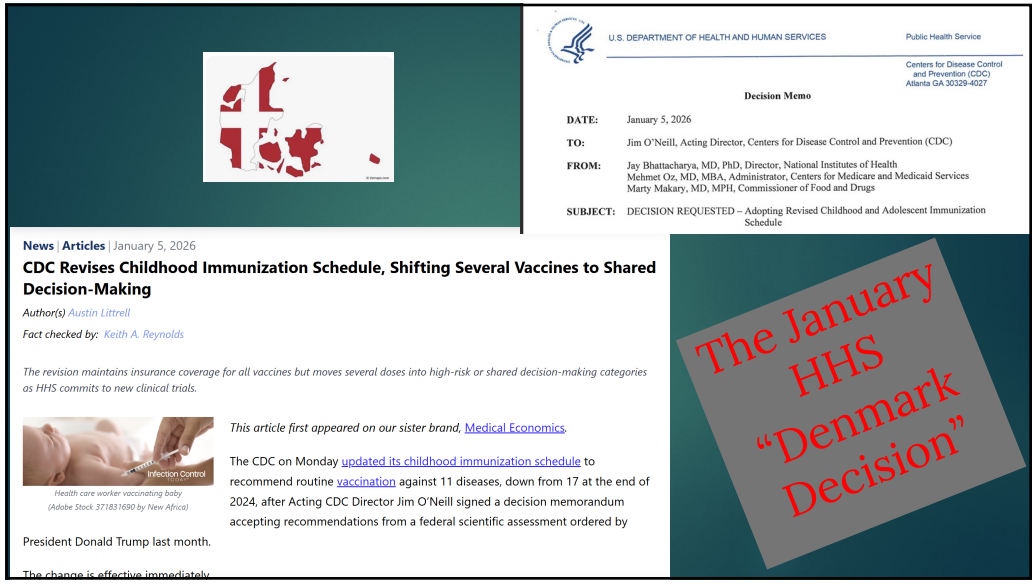
3


Problem
-Not much experience within the new ACIP panel
-The organizers/leaders threw out the rule books (GRADE and Evidence to Recommendation rubric) that keep the discussions, analysis, and votes relevant, science-based and on-target.
CDC
@CDCgov
ACIP member Joseph R. Hibbeln, MD: "We can't vote on speculation. We have to vote on where there's data of concrete harm or concrete benefit."
Summary of evidence
0:05
2:39 PM · Sep 18, 2025 · 35.4K Views
Confusion and Chaos starting in the CDC and spreading.

4


December 2025 Changes: Universal Hep B Newborn Vaccine
CDC Newsroom
EXPLORE THIS TOPIC
ATLANTA — December 5, 2025 — The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) today voted 8 to 3 to recommend individual-based decision-making for parents deciding whether to give the hepatitis B vaccine, including the birth dose, to infants born to women who test negative for the virus. For those infants not receiving the birth dose, ACIP suggested in its recommendation that the initial dose be administered no earlier than two months of age.
Individual-based decision-making, known on the CDC immunization schedules as shared clinical decision-making, means that parents and health care providers should consider vaccine benefits, vaccine risks, and infection risks, and that parents consult with their health care provider and decide when or if their child will begin the hepatitis B vaccine series. The committee said parents and health care providers should consider whether there are infection risks such as a household member who has hepatitis B or frequent contact with persons who have emigrated from areas where hepatitis B is common.
ACIP also voted to recommend that when evaluating the need for a subsequent hepatitis B vaccine dose in children, parents should consult with health care providers to decide whether to test antibody levels to hepatitis surface antigen to evaluate adequacy of protection through serology results.
These recommendations on hepatitis B immunization maintain consistency of coverage for all payment mechanisms, including entitlement programs such as the Vaccines for Children Program, Children's Health Insurance Program, Medicaid, and Medicare, as well as insurance plans through the federal Health Insurance Marketplace. ACIP on September 19, 2025, voted to recommend that all pregnant women be tested for the hepatitis B virus, a test that is covered across all insurance programs.

5


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)
Atlanta GA 30329-4027
Decision Memo
DATE: January 5, 2026
TO: Jim O'Neill, Acting Director, Centers for Disease Control and Prevention (CDC)
FROM: Jay Bhattacharya, MD, PhD, Director, National Institutes of Health
Mehmet Oz, MD, MBA, Administrator, Centers for Medicare and Medicaid Services
Marty Makary, MD, MPH, Commissioner of Food and Drugs
SUBJECT: DECISION REQUESTED – Adopting Revised Childhood and Adolescent Immunization Schedule
News | Articles | January 5, 2026
CDC Revises Childhood Immunization Schedule, Shifting Several Vaccines to Shared Decision-Making
Author(s) Austin Littrell
Fact checked by: Keith A. Reynolds
The revision maintains insurance coverage for all vaccines but moves several doses into high-risk or shared decision-making categories as HHS commits to new clinical trials.
Infection Control
Health care worker vaccinating baby
(Adobe Stock 371831690 by New Africa)
This article first appeared on our sister brand, Medical Economics.
The CDC on Monday updated its childhood immunization schedule to recommend routine vaccination against 11 diseases, down from 17 at the end of 2024, after Acting CDC Director Jim O'Neill signed a decision memorandum accepting recommendations from a federal scientific assessment ordered by President Donald Trump last month.
The change is effective immediately
The January HHS "Denmark Decision"

6

- Did the recommendations change?
- Who are parents and school nurses to trust?
- Does all of this mean that vaccines are no longer considered safe?

7

More January Actions

Governor Healey and MA Commissioner of Health Robert Goldstein announced on January 14 that the Commonwealth would be following the AAP schedule.

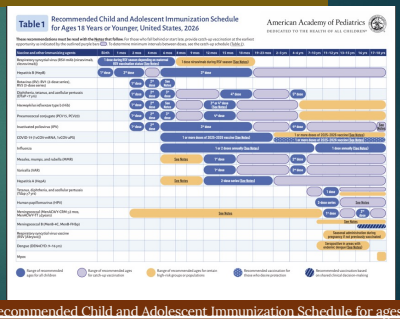
The 2026 AAP schedule was published January 26, 2026.

FOR IMMEDIATE RELEASE:
1/14/2026

Governor Maura Healey and Lt. Governor Kim Driscoll
Department of Public Health

BOSTON — Governor Maura Healey is announcing that the Massachusetts Department of Public Health has issued evidence-based childhood immunization recommendations. The state continues to recommend the full routine pediatric vaccination schedule endorsed by the American Academy of Pediatrics (AAP), rather than adopt the recent changes issued by the Centers for Disease Control and Prevention (CDC).

AAP-Immunization-Schedule.pdf



Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, 2025 U.S.

8

Why Two Sets Of Vaccine Recommendations Now Exist In The US

9

Why This Matters

- Confidence decreases
- Hesitation increases
- Misinformation fills gaps

10

The News Cycle Never Disappoints: March 16, 2026

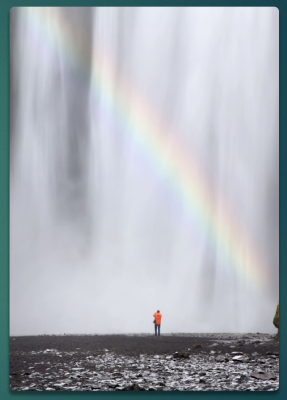
- No changes to child or maternal immunization recommendations made after 2024 should be implemented at this time. The CDC schedule reverts to the pre-2025 immunization recommendations based on established evidence review processes and expert consensus in infectious disease and public health.
- The court underscored the importance of stability, scientific rigor, and adherence to established procedures in federal vaccine decision-making. This injunction is a temporary measure designed to prevent disruption to patient care and public health programs while the case proceeds.

11

Reset

The Science Hasn't Changed. The Shared Goals Haven't Changed.

We can and must BREATHE.



12

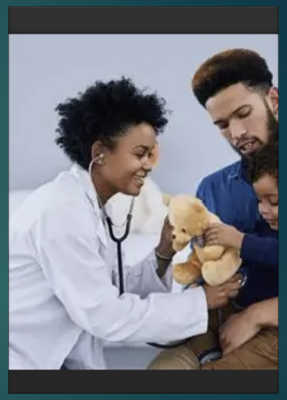
A Legal Win for Vaccines, and a Reality Check

The courts can restore order, but they cannot restore trust

DAVID HIGGINS, MD, MPH
MAR 18

The Important Tasks at Hand:

- Helping Parents and Patients of all Ages Sort through Information
- Offering a Judgment-Free Zone
- Being Present for the Questions and Concerns they Bring forth
- Understanding How to Make Vaccinations Less Traumatic



13

Your Role

2026...again

Nurses Ranked Most Trusted Profession for 24th Consecutive Year

American Nurses Association celebrates Gallup Poll results reaffirming nurses' national leadership and public trust

NASN Position

It is the position of the National Association of School Nurses (NASN) that timely, up-to-date, and complete required vaccinations for members of the school population are essential to protecting school-age youth, staff, and the public from preventable, serious infectious diseases. School immunization requirements should align with the best available, scientifically rigorous evidence. Vaccine exemptions should be eliminated, except when necessary for validated medical contraindications. Professional registered nurses (RNs), hereinafter referred to as school nurses, provide expertise and leadership in applying evidence-based immunization information and strategies to prevent and reduce the spread of infectious diseases. School nurses collaborate with other health professionals, families, and school staff to protect the health of each student as well as the public's health.

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5 Steps to Move Forward

1. Anchor sources
   - Create your OWN confidence with Credible Sources
2. Shared goals
   - See yourself as part of a team that prioritizes child/student health alongside public health professionals, physicians, and **parents**
3. Acknowledge emotion
   - Being Present and Practicing Empathy Builds Partnerships
4. Simplify science
   - Watch and Listen to Expert Communicators Who are Like You
5. Keep the door open
   - Trust comes from Longitudinal Relationships

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1. Use a small set of trusted, consistent sources: CURATE what YOU like and what is EASY for you to discuss:

- Parents don't need *more* information, they need **reliable anchors**. Point them to the same evidence-based resources you use like:
- The **AAP Immunization** pages
- The **CDC schedule** and Vaccine Information Statements
- The **Children's Hospital of Philadelphia (CHOP) Vaccine Education Center**
- State health department resources (e.g., **MA DPH Immunization Program**)

This narrows the universe of information and reduces the sense of "everyone says something different."

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Becoming a Confident Vaccine Messenger and Partner: A Starter Pack of Resources

- Fact Checked: U.S. Vaccine Recommendations are Appropriate for Children in the United States
- Fact Checked: Receiving Multiple Vaccines Does Not Overwhelm a Child's Immune System
- How we know kids don't get too many vaccines too soon | STAT (also addresses aluminum)
- Too Many Vaccines? What You Should Know | Vaccine Education Center at Children's Hospital of Philadelphia
- VEC vaccine notes | Children's Hospital of Philadelphia podcasts for parents and professionals who want to learn more
- Home | Immunize.org

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Learning from a Pro: Vaccine Communications from Dr. Paul Offit

https://youtu.be/2uURMKLAPZw (Wired Magazine: Tech Talk Takeover becomes Vaccine Talk).

Bing Videos (with Dr. Mike, TikTok)

Vaccines, Science, and Conscience: A Conversation with Dr. Paul Offit on Public Health and Trust – (the Christian Medical and Dental Association podcast)

https://youtu.be/eBbQU5WWpsg (aluminum, also see charts on the CHOP page Vaccine ingredients: Aluminum | Children's Hospital of Philadelphia

18

2. **Frame vaccine information in ways that build parent confidence**

Parents respond not just to facts but to how those facts are presented. Effective framing includes:

- Leading with **shared goals** ("We both want your child protected and healthy").
- Emphasizing **benefits first**, then risks ("This vaccine prevents X, which can be very serious in young children").
- Using **plain language** and avoiding jargon.
- **Normalizing** vaccination ("Nearly all children in our school follow this schedule").
- **Framing** helps parents interpret information through a lens of safety and trust rather than fear or confusion.

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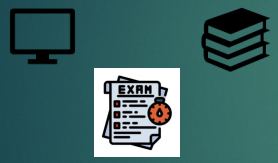
Framing Child Health and Vaccines

- The Instruction Scenario



"As the instructional scenario helps people understand that a vaccine does not stay in the body after it has effectively "trained" the immune system to recognize a specific virus, it is also unlikely to trigger problematic concerns about long-term or permanent side effects of vaccination."

https://www.frameworksinstitute.org/resources/communicating-about-vaccination-in-the-united-states-a-frameworks-strategic-brief/

20

3. Acknowledge emotions and use empathy to strengthen partnership

- Parents often feel anxious, **not** uninformed. Acknowledging this emotion lowers defensiveness and opens the door to productive conversation.

"It makes sense that you'd want to understand what's going into your child's body."
"There's been a lot of noise online. Let's sort through what's real together."

Empathy doesn't replace evidence;

it makes the evidence receivable.

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4. Offer simple, digestible explanations for common concerns

- Parents frequently ask about ingredients, the number of vaccines, and the schedule. Short, clear explanations work best:
- **Ingredients**: Why they're used, how amounts compare to everyday exposures, and what safety monitoring exists.
- **Immune system capacity**: Children encounter far more antigens daily than vaccines contain.
- **Schedule**: It's designed to protect children at the ages they're most vulnerable.
- These concise explanations help parents feel they can "understand enough" to be comfortable.
- When you don't have an answer, ask if you can get back to the parent.

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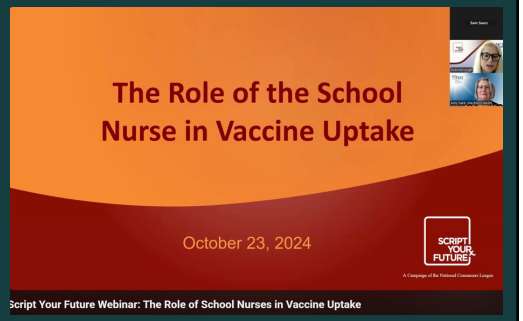
Build Your Own Vaccine Confidence Script

Why is the AAP immunization schedule different from the federal schedule?

In January 2026, federal officials suddenly stopped recommending several childhood vaccines. They did this after a brief review of some other countries' practices. The action breaks from a process designed to carefully review and recommend childhood vaccines—one that considers risks from specific diseases in the U.S., health impacts and how our health care system works. The **AAP continues to recommend** that U.S. children be immunized against these diseases. Learn more about the differences in recommendations in **this article** and in this video, below.

https://youtu.be/2sLHH7JnGbs



Script Your Future Webinar: The Role of School Nurses in Vaccine Uptake

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5. Invite questions and create a predictable communication pathway

Parents feel safer when they know they can **come back** with questions.

- Encourage them to bring concerns to *you* rather than the internet.
- Offer a brief "myth-busting" structure: "What have you heard? Let's look at what's true."
- Provide a follow-up plan ("If anything new comes up, message me and we'll talk it through").
- A predictable, open channel reduces the influence of misinformation and reinforces trust.

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Common Questions You May Hear or Want to Preemptively Address:

Why does my child still need a vaccine if these diseases are mostly gone?

Smallpox is the only disease that has been eliminated completely by vaccines.

We still need vaccines for the other diseases that can spread in our communities. Vaccines prepare the body's immune system to resist contagious diseases.

For example, the measles, mumps, rubella (MMR) vaccine has worked very well in the U.S. for decades. Lately, vaccination rates have dipped. This has allowed outbreaks of measles to spread across the country.

In 2025, the U.S. had the most measles infections in over 30 years. Most of the people who got measles were not vaccinated.

What is community immunity?

When most people in the community have immunity to a disease, it is less likely for that disease to spread.

It is because of vaccines and community immunity that children rarely get serious diseases like tetanus, measles, rubella and polio. We cannot predict which children will have a mild case and who will get severely sick when infected. So, we need to continue using every tool to protect children, including vaccines.

Should my child get vaccines if they are sick?

If your child is sick, talk with your pediatrician. Often, they can still get vaccinated even if they have a mild illness like a cold, earache, low fever or diarrhea. Receiving vaccines that same day saves time because your child will not need an extra appointment. Your pediatrician will be happy to talk with you about this.

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Why are there so many vaccines now?

What do you think?

26

Back to the Future: History of AAP and Vaccines

Smallpox: 1700s on...(in Western hemisphere)

AAP established in 1930

Tetanus, Diphtheria, Pertussis: 1948

Tetanus, diphtheria, and pertussis (whooping cough) were three diseases that had been deadly threats to children for centuries. In 1948, a combined vaccine was developed and recommended for use by the AAP to protect children from these three deadly diseases. The vaccine reduced deaths from these diseases by 99%, saving the lives of millions.

Polio: 1955

Measles: 1965

HiB: 1989

Hep B: 1991

Varicella: 1996

Pneumococcal: 2001

HPV: 2007

Rotavirus: 2008

Meningococcal: 2014

27

Why are there so many more vaccines now than when your grandparents were kids?

How Vaccine Schedules Changed Over Time & Why

Why are there so many more vaccines now than when your grandparents were kids? Pediatrician Alok Patel explains in this video:

https://youtu.be/W-RwbNsbxL0

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Thank you
Mary Beth Miotto, MD, MPH, FAAP
Madocforkids@gmail.com

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