IMMUNIZATION COALITION of DELAWARE

Quarterly Meeting

FEBRUARY 26, 2026

2:00 – 3:30 PM

Agenda

Time	Agenda Item	Presenter
2:00 pm	Call to Order / Welcome	Dr. Smith
2:00 pm	Review of Agenda / Conflicts of Interest	Dr. Smith
2:05 pm	Review of November Minutes VOTE: Approval of Minutes	Dr. Smith
2:10 pm	ACIP Childhood Vaccination Recommendations	Dr. Eppes
2:30 pm	Standing Agenda Items - 2025-2026 Respiratory Virus Season - Emerging Infectious Disease Update - School Health Update - Advocacy / Legislation Update	Dr. Smith
3:00 pm	Updates - State of the ImmUnion - Federal Updates - ACOG - Delaware DPH	Dr. Smith
3:20 pm	Open Discussion	

IMMUNIZATION COALITION of DELAWARE

Previous Quarterly Meeting

November 20, 2025

- Amendments or additions to minutes?

- Vote to approve

Changes to the US Childhood Immunization Schedule

STEPHEN C. EPPES, MD

Or not.

2025-2026 COVID Vaccine for Kids

CDC/FDA

- Approved vaccines:
  - Moderna ≥ 6 months
  - Pfizer-BioNtech ≥ 5 years
  - Novavax ≥ 12 years
  - mNEXSPIKE ≥ 12 years

FDA

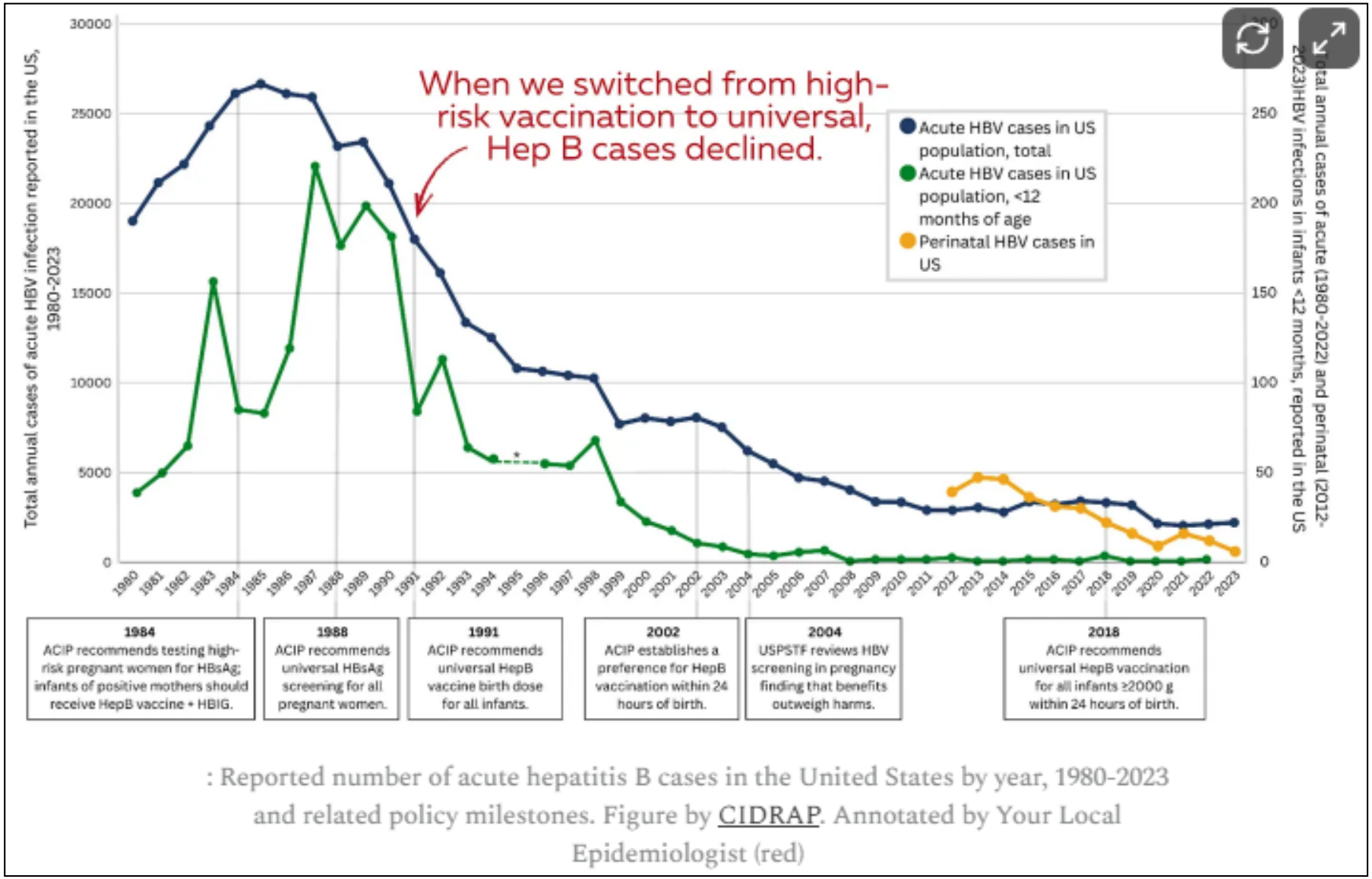
- Children ≥ 6 months with high risk medical conditions

CDC

- Children > 6 months (and all adults) based on shared clinical decision making

AAP

- All children 6-23 months
  - If previously unvaccinated, give primary series
  - If previously vaccinated, one dose this season
- Children 6 month – 18 years who are moderately to severely immunocompromised → 2 doses this season
- Children 2-18 years should get 1 dose if:
  - High risk of severe COVID-19
  - Residents of congregate settings
  - Never vaccinated for COVID
  - Family members are at high risk for severe COVID
  - Anyone desiring protection from COVID



: Reported number of acute hepatitis B cases in the United States by year, 1980-2023 and related policy milestones. Figure by CIDRAP. Annotated by Your Local Epidemiologist (red)

Hepatitis B Vaccination of Children

December 5, 2025

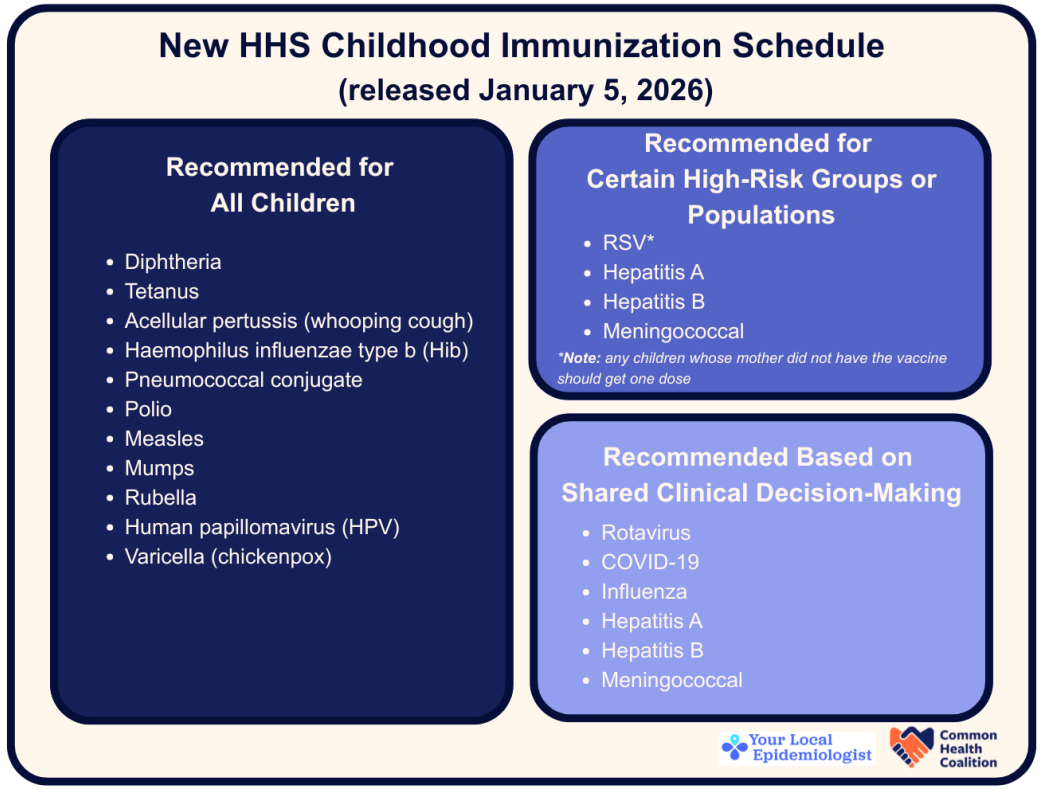
- Recommendation by “new” ACIP that newborns born to mothers with negative testing for hepatitis B during pregnancy **NOT** have birth dose
- **Delay** onset of vaccine series to 2 months of age

Not based on any new evidence regarding safety or effectiveness of previously recommended schedule

Disregards the fact that many women are not tested during pregnancy

Many children will become unnecessarily infected with HBV

Federal Changes to Pediatric Vaccination Schedule



Sweeping Changes

- Many vaccines reclassified within the schedule
- Some recommendations shifted to shared clinical decision making
- Others limited to specific high-risk populations
- Changes made without the release of new supporting scientific evidence

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)

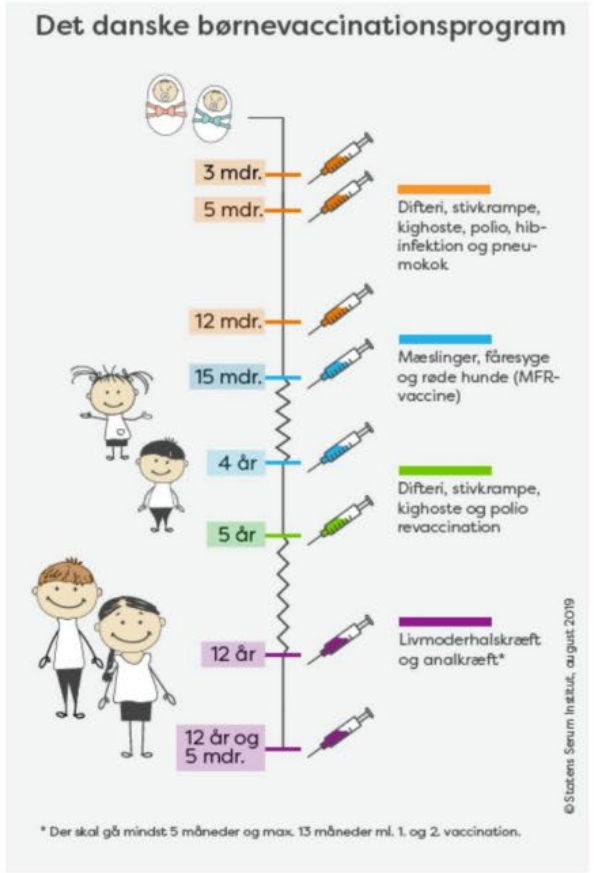
FROM: Jay Bhattacharya, MD, PhD, Director, National Institutes of Health
Mehmet Oz, MD, MBA, Administrator, Centers for Medicare and Medicaid Services
Marty Makary, MD, MPH, Commissioner of Food and Drugs

SUBJECT: DECISION REQUESTED – Adopting Revised Childhood and Adolescent Immunization Schedule

From CDC Webiste

Core Vaccines by Country as of January, 2025

USA	Denmark
Hepatitis B	
RSV	
Rotavirus	
Diphtheria	Diptheria
Tetanus	Tetanus
Pertussis	Pertussis
Hemophilus	Hemophilus
Pneumococcus	Pneumococcus
Polio	Polio
COVID-19	
Influenza	
Varicella	
Hepatitis A	
Meningitis	
Measles	Measles
Mumps	Mumps
Rubella	Rubella
HPV	HPV



https://www.cdc.gov/acip/downloads/slides-2025-12-04-05/01-Hoeg-Danish-vax-schedule-508.pdf

Universal Vaccine Recommendations Funded by the Government	Age at 1st Vaccine (months)	Rotavirus	Diphteria	Tetanus	Pertussis	Polio	Hib	Tuberculosis	Japanese Encephalitis	Hepatitis A	Hepatitis B	Pneumococcal	Measles	Mumps	Rubella	Varicella	HPV	Meningococcal	Influenza	Covid-19	# Vaccine Doses	# Diseases	# Mandated
Australia	0	2	6	6	6	4	4	..	..	..	4	3	2	2	2	1	1	2	5-6	..	50-51	15	13
Austria	2	2-3	5	5	5	5	3	..	..	..	4	3	2	2	2	..	2	1	17-18	..	58-60	14	0
Belgium	2	..	6	6	6	5	4	..	..	..	4	3	2	2	2	..	2	1	..	..	43	12	1
Canada	2	2-3	6	6	6	5	4	..	..	..	2-3	3-4	2	2	2	2	1	2	18-19	..	64-68	15	0
Denmark	3	..	4	4	4	4	3	..	..	..	..	3	2	2	2	..	2	..	..	..	30	10	0
Finland	2	3	5	5	5	4	3	..	..	..	..	3	2	2	2	2	2	..	6-7	..	44-45	13	0
France	2	2-3	5	5	5	5	3	..	..	..	3	3	2	2	2	..	2	6	..	..	45-46	13	11
Germany	1.5	2-3	5	5	5	4	3	..	..	..	3	3	2	2	2	2	2	4	..	..	44-45	14	1
Greece	2	2-3	6	6	6	4-5	4	..	..	2	3	3	2	2	2	2	2	5	5-6	..	56-58	16	0
Ireland	2	2	6	6	6	5	4	..	..	..	4	3	2	2	2	1	1	5	16	..	65	15	0
Italy	3	2	5	5	5	5	3	..	..	..	3	3	2	2	2	2	2	6	..	..	47	14	10
Japan	2	2-3	5	5	4	4	4	1	4	..	3	4	2	..	2	2	2-3	..	..	..	44-46	14	0
Netherlands	1.5	2	6	6	5	5	4	..	..	..	4	3	2	2	2	..	2	2	..	..	45	13	0
New Zealand	1.5	2	5	5	5	4	4	..	..	..	3	3	2	2	2	1	2	3	..	..	43	14	0
Norway	1.5	2	5	5	5	5	3	..	..	..	3	3	2	2	2	..	2	..	..	..	39	12	0
Portugal	0	..	6	6	5	5	4	..	..	..	3	3	2	2	2	..	2	4	..	..	44	12	0
Spain	2	2-3	5	5	4	4	3	..	..	..	3	3	2	2	2	2	1	6	4-5	..	48-50	15	0
Sweden	1.5	2-3	5	5	5	4	3	..	..	..	3	3	2	2	2	..	2	..	..	..	38-39	12	0
Switzerland	2	2	5	5	5	4	3	..	..	..	3	3	2	2	2	2	2	6	..	..	46	14	0
United Kingdom	2	2	6	6	5	6	4	..	..	..	4	2	2	2	2	2	1	4	14	..	62	15	0
# Recommended		17	20	20	20	20	20	1	1	1	18	20	20	19	20	12	20	15	8	0			
# Mandated		1	3	3	3	4	3	0	0	0	3	2	4	3	3	2	0	2	0	0			
USA 2024	0	2-3	6	6	6	4	3-4	..	..	2	3	4	2	2	2	2	2	2	18-19	18-19	84-88	17	12
USA Suggested	2	A	6	6	6	4	3-4	..	..	A	A	4	2	2	2	2	1	A	A	A	38-39	11	0

DELAWARE ACADEMY OF MEDICINE & PUBLIC HEALTH

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How the Changes were Implemented

Unilateral federal decision-making process

No new clinical trial data prompted the reclassification

Departure from prior evidence-driven schedule updates

Created uncertainty among providers and public health professionals

No ACIP review or formal vote preceded the changes

Recommended for All

- DTaP / Tdap
- *H. influenzae* type b
- PCV 15 and 20
- IPV
- MMR
- Varicella
- HPV

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	18 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 (Hb)			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						

MMRV and HPV Vaccines

MMRV

- Not recommended for age 1 year

HPV

- Recommended as a single dose
- Emerging data suggest that immunogenicity and protection against cervical dysplasia is similar to 2 doses, but **NO** such data regarding protection against oropharyngeal cancer and **NO** data on single dose in immunocompromised individuals or males
- Boys and girls who have received first dose may not be able to receive 2nd or 3rd doses (or they may not be paid for by insurance)

High Risk Groups

- RSV
- Hepatitis B
- Dengue
- MCV4
- Men B
- Hepatitis A

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 [5]																		1 dose							
Hepatitis A (HepA) [7]					1 dose																				

Targeting At-Risk Children

Risk-based immunization **never works as well** as routine or universal immunization recommendations

The main reason invasive meningococcal disease rates are at historic lows is **vaccination**

- Backing off on routine immunization will result in more preteens, teens, and young adults being susceptible, and rates will rise

Leading cause of meningococcal disease on college campuses is currently **serogroup B**

- College attendance not listed as a risk factor in 2026 HHS schedule

Shared Clinical Decision-Making

- Rotavirus
- COVID-19
- Influenza
- Hepatitis B
- MCV4
- Men B

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					2 doses first year, then 1 dose annually								OR				1 dose annually								
Influenza (LAIV3)													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	

Issues with Shared Clinical Decision Making

Phrase	What it means in the medical world	The rhetorical twist	Where clarification needs to step up
Shared Clinical Decision-Making (SCDM)	Clinicians and patients (or parents) collaboratively discussing different treatment options when the medical evidence doesn't provide a clear recommendation.	Suggesting SCDM means doctors and parents are deciding together for the first time, providing new freedom for families.	Clarify that SCDM generally signals uncertainty in evidence, not increased patient/parental authority.
Informed Consent	The process of explaining the risks, benefits, and alternatives of a recommended intervention so patients can make an informed decision.	Suggesting true informed consent requires emphasis on rare or unverified risks, while simultaneously underemphasizing benefits.	The goal of informed consent is to provide a balanced view of risks and benefits to help patients make a truly informed decision.
Immunization Requirements	Required immunizations in specific settings like schools and daycares.	The childhood vaccine schedule is incorrectly framed as a universal mandate rather than a set of medical recommendations.	Clarification should distinguish evidence-based guidance in the childhood vaccine schedule from location-specific requirements.
Patient Autonomy	The ethical principle that individuals have the right to make decisions about their own healthcare.	Autonomy is increasingly conflated with making health decisions without expert input, framing medical recommendations as a threat to freedom.	Explain that autonomy is supported, not undermined, by clinician guidance that helps patients understand complex evidence.

Shared Clinical Decision Making

Previously used for vaccines for which:

- Cost-effectiveness data not compelling
- Public health benefit uncertain

Vaccines recommended in 2025 schedule had cost-effectiveness established and have major public health benefit

- Exceptions: Meningococcal B and HPV vaccines for adults 26-45 years

Conversations between patients/parents and health care provider have always been endorsed

- VIS to be distributed for all vaccines given

SCDM creates illusion that vaccines are optional

- Confusing and time-consuming for all providers
- Recommendations for target (e.g. high risk) vaccination and for SCDM have lower vaccination rates than vaccines that are universally recommended
  - Aligns with HHS anti-vaccine agenda

Delaware School Immunization Requirements

DTaP – 5 doses
4 doses if the 4th given at ≥ 4 years

Polio (IPV) – 4 doses required
- 3 doses if the 3rd given at ≥ 4 years

MMR - 2 doses required
Hepatitis B - 3 doses
Varicella – 2 doses required
- Or acceptable history of disease

Shared clinical decision-making under new schedule

Students entering 9th grade (and higher)
- 1 dose Tdap (adult booster)
- 1 dose MenACWY (meningococcal)

Will Vaccine Costs Be Covered?

HHS said that all vaccines covered by federal insurance programs (Medicaid, CHIP, Vaccines for Children Program) remain covered

Private insurance companies have also said they will continue coverage

- Whether this continues long-term is uncertain

In Opposition to HHS Changes

Most national medical associations

Many elected federal officials

Public health associations (including APHA and the Academy)

Former federal health agency officials

Key vaccine experts (Paul Offit, Mike Osterholm, Sean O'Leary)

Many state health departments

January 19, 2026

Multiple organization filed suit against HHS seeking to disband new ACIP and make their recommendations null and void, as well as HHS recommendations from January 5

- American Academy of Pediatrics
- American College of Physicians
- Society for Maternal-Fetal Medicine
- American Public Health Association
- Infectious Diseases Society of America
- Massachusetts Public Health Alliance

Note: on Tuesday, Feb 24, fifteen states announced they will sue HHS over the CDC's revised schedule and the "unlawful replacement" of ACIP members.

HHS Spokesperson:

- *"AAP's lawsuit is a baseless attempt to litigate for the interests of the organization's to corporate donors, which make virtually every vaccine across the CDC immunization schedules."*

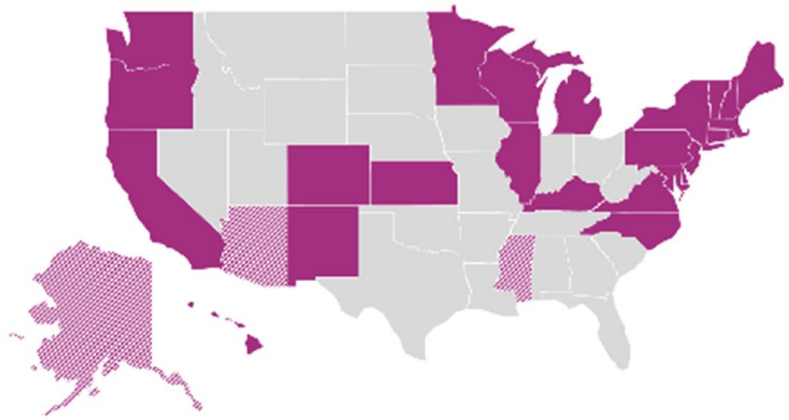
As of February 24, 2026

Majority of states (28 plus DC) have announced they will not follow the new CDC Childhood Vaccine Recommendations for at least some childhood vaccines

- They will instead rely on prior recommendations, state recommendations, and/or those of external entities (e.g., AAP)
- Northeast Public Health Collaborative (of which Delaware is a part)
- West Coast Health Alliance

Organizations which support evidence-based decision making and disseminate reliable information about vaccines include:

- National:
  - Vaccine Integrity Project (part of CIDRAP)
  - Vaccine Intelligence Report (Vaccinate Your Family)
  - Kaiser Family Foundation
- Local
  - Delaware Academy of Medicine and Public Health
  - Immunization Coalition of Delaware



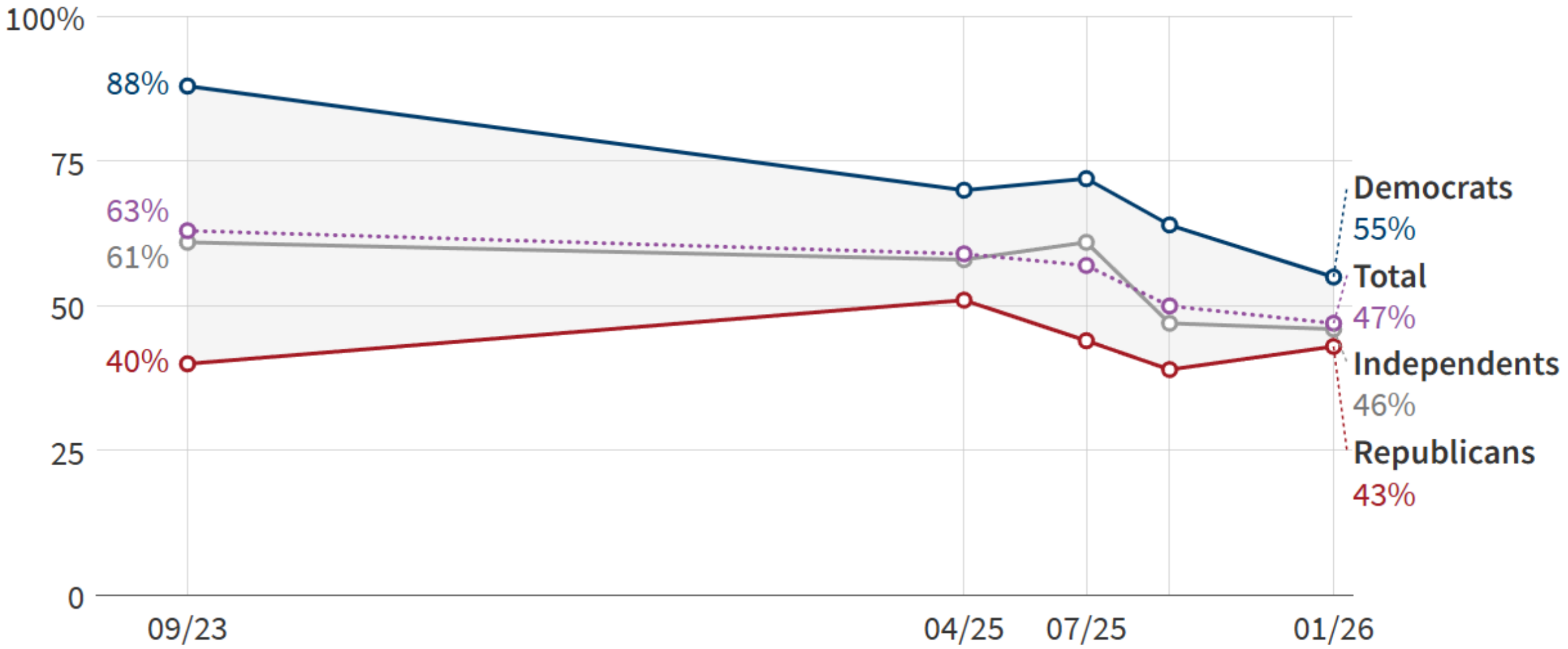
Pink states will not rely on federal guidance for any vaccines: CA, CO, CT, DC, DE, HI, IL, KS, KY, MA, MD, ME, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, VA, VT, WA, WI

Securing the Foundation: Stakeholder Insights and Strategies for Maintaining a Strong Vaccine Infrastructure Across the US

Report from the Vaccine Integrity Project

CIDRAP

Percent who have a **great deal** or **fair amount** of trust in the U.S. Centers for Disease Control and Prevention (CDC) to provide reliable information about vaccines:



Note: See toplines for full question wording.

Source: KFF Health Tracking Polls and Tracking Polls on Health Information and Trust • Get the data • Download PNG

KFF

American Academy of Pediatrics (AAP)

Made Vaccine recommendations since 1938

12 organizations have endorsed and will be recommending the AAP 2026 Immunization schedule, including:

- American Association of Family Physicians
- American College of Obstetrics and Gynecology
- American Medical Association
- Infectious Diseases Society of America

SCHEDULES OF IMMUNIZATION

	Author I	Author II	Miller	Fischer	Conventional procedure
1 mo.	Pert. Alum pptd.				
2 mo.	Pert. Alum pptd.				
3 mo.	Pert. Alum pptd.				Smallpox
4 mo.	Smallpox (1)	Smallpox		Smallpox (1)	
5 mo.	Typhoid			Pertussis	
6 mo.	Typhoid	DPT Plain or	Pertussis	DPT	Pertussis
7 mo.	Typhoid	DPT alum	Pertussis	DPT	Pertussis
8 mo.	Diph-Tet alum pptd.	DPT Precipitated	DPT	Smallpox (2)	Pertussis
9 mo.	Diph-Tet. alum pptd.	Typhoid (3 weekly)		Diph-Tet.	
10 mo.	Smallpox (2)		Smallpox		Diph-Tet.
11 mo.					Diph-Tet.
1 yr.	Tuberculin Test DPT Booster	Tuberculin Test Schick Test	Diph-Tet.	S.hick Test	Diph-Tet
15 mo.	Schick Test		Schick-Tet.		
18 mo.			Pertussis		
2 yr.	Tet. booster (annually)	DPT	Tetanus	DPT	Typhoid-Schick
	Typhoid booster annually	Typhoid booster annually			Typhoid-Pert.-Tet.
3 yr.	Pertussis booster	Tet-typhoid booster annually	Tetanus	DPT	
4 yr.					
5 yr.					
6 yr.	Schick-smallpox Pertussis booster	Schick-smallpox DPT	Smallpox-Schick Pert.Tet every 2 years		Smallpox-Schick

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States 2026

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

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beyfortus Enflonsia
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNexspike Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Penbraya
	MenACWY-CRM/MenB-4C	Penmenvy
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1	Rotarix
	RV5	RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit when indicated. The use of trade names is for identification purposes only and does not imply endorsement by the AAP.

Updated January 26, 2026

Endorsed by the American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Pharmacists Association (APhA), Council of Medical Specialty Societies (CMSS), Infectious Diseases Society of America (IDSA), National Association of Pediatric Nurse Practitioners (NAPNAP), National Medical Association (NMA), Pediatric Infectious Diseases Society (PIDS), Pediatric Pharmacy Association (PPA), and Society for Adolescent Health and Medicine (SAHM). (**Endorsements**)

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age (**Table 1**)
2. Determine recommended interval for catch-up vaccination (**Table 2**)
3. Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)
4. Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
5. Review contraindications and precautions for vaccine types (**Appendix**)
6. Review new or updated American Academy of Pediatrics (AAP) guidance (**Addendum**)

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (Accessed December 2, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at www.accessdata.fda.gov/scripts/medwatch/index.cfm (Accessed December 2, 2025). If co-administered with other products, then report to VAERS.

Questions or comments

Submit a question or comment to www.aap.org/en/forms/immunization-schedule-questions.

Helpful information

- **Best practices for immunization (including contraindications and precautions):** www.aap.org/immunization and www.immunize.org
- ***Red Book: 2024–2027 Report of the Committee on Infectious Diseases*** **(33rd Edition):** www.aapRedBook.org
- **Vaccine information statements:** www.immunize.org/vaccines/vis/about-vis
- **Shared decision making:** https://www.aap.org/en/practice-management/providing-patient--and-family-centered-care/shared-decision-making

For the most up-to-date version, visit AAP.org/ImmunizationSchedule

DELAWARE ACADEMY OF MEDICINE & PUBLIC HEALTH

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Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

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).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose nirsevimab during RSV season (See Notes)												
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose			4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose								4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)							1 or more doses of 2025–2026 vaccine (See Notes)						
												1 or more doses of 2025–2026 vaccine (See Notes)						
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)					See Notes			1st dose					2nd dose					
Varicella (VAR)								1st dose					2nd dose					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1 dose			
Human papillomavirus (HPV)														2-dose series		See Notes		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes				
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy if not previously vaccinated			
Dengue (DEN4CYD: 9–16 yrs)														Seropositive in areas with endemic dengue (See Notes)				
Mpox																		

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination for those who desire protection
Recommended vaccination based on shared clinical decision-making

DELAWARE ACADEMY OF MEDICINE & PUBLIC HEALTH
IMMUNIZATION COALITION of DELAWARE

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2026

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The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose:** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks: Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks:** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months:** A fifth dose is not necessary if the fourth dose was administered at age 4 years or older ***and*** at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months and first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis, or unknown **8 weeks and age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; **OR** if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; **OR** if both doses were PedvaxHIB and were administered before the 1st birthday	**8 weeks (as final dose):** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks:** if current age is younger than 12 months ***and*** previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); **OR** if current age is 12 months or older ***and*** at least 1 dose was administered before age 12 months	**8 weeks (as final dose):** This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, and rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks:** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose):** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months:** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months:** A fourth dose is not necessary if the third dose was administered at age 4 years or older ***and*** at least 6 months after the previous dose	A fourth dose of IPV is indicated if all previous doses were administered at <4 years **OR** if the third dose was administered <6 months after the second dose	
Measles, mumps, and rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

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Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2026

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Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)[a]	HIV infection CD4 percentage and count[a]		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease (CLD)	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes
			<15% or <200/mm³	≥15% and <200/mm³						
RSV-mAb (nirsevimab, clesrovimab)		1 dose clesrovimab or nirsevimab during 1st RSV season depending on maternal RSV vaccination status (See Notes) 1 dose nirsevimab 2nd RSV season (See Notes)					1 dose nirsevimab 2nd RSV season for CLD (See Notes)			
Hepatitis B										
Rotavirus		SCID[b]								
DTaP/Tdap	DTaP: not applicable Tdap: 1 dose each pregnancy									
Hib		HCT[c]: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19	*	See Notes								
Influenza inactivated, recombinant		Solid organ transplant: 18 yrs (See Notes)								
LAIV3							Asthma, wheezing: 2–4 years[d]			
MMR	**									
VAR	**									
Hepatitis A										
HPV	**	3-dose series (See Notes)								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration (See Notes)									
Dengue										
Mpox	See Notes									

*For more information, refer to https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care

- Recommended for all age-eligible children who lack documentation of a complete immunization series
- Not recommended for all children, but recommended for some children based on increased risk for severe outcomes from disease
- Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
- Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
- Contraindicated or not recommended. **Vaccinate after pregnancy, if indicated

a. For additional information regarding immunization in immunocompromised children, see https://publications.aap.org/redbook/book/755/chapter/14074446/Immunization-and-Other-Considerations-in
b. Severe combined immunodeficiency
c. Hematopoietic cell transplantation
d. LAIV3 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Main Updates

*"At this time, the AAP **no longer endorses** the recommended childhood and adolescent immunization schedule from the Centers for Disease Control and Prevention"*

Enflonsia, Penmenvy, and Flublok were added

Changed **HPV age range** for recommendation to 9-12 years, to align with AAP policy

Updated COVID recommendations to align with updated AAP policy

No preference for MMR+V over MMRV for toddlers

Immunization in Developing Countries Threatened by DHHS

June 25, 2025

- US funding of Global Alliance Vaccine Initiative (GAVI) withdrawn based on safety concerns
- GAVI has saved about 20 million lives since 2000

January 28, 2026

- RFK Jr. stated all future funding of GAVI would be cancelled if countries continue to use vaccines containing thimerosal

To date, over 750,000 people have died–mostly children– due to various diseases, some of which are vaccine-preventable.

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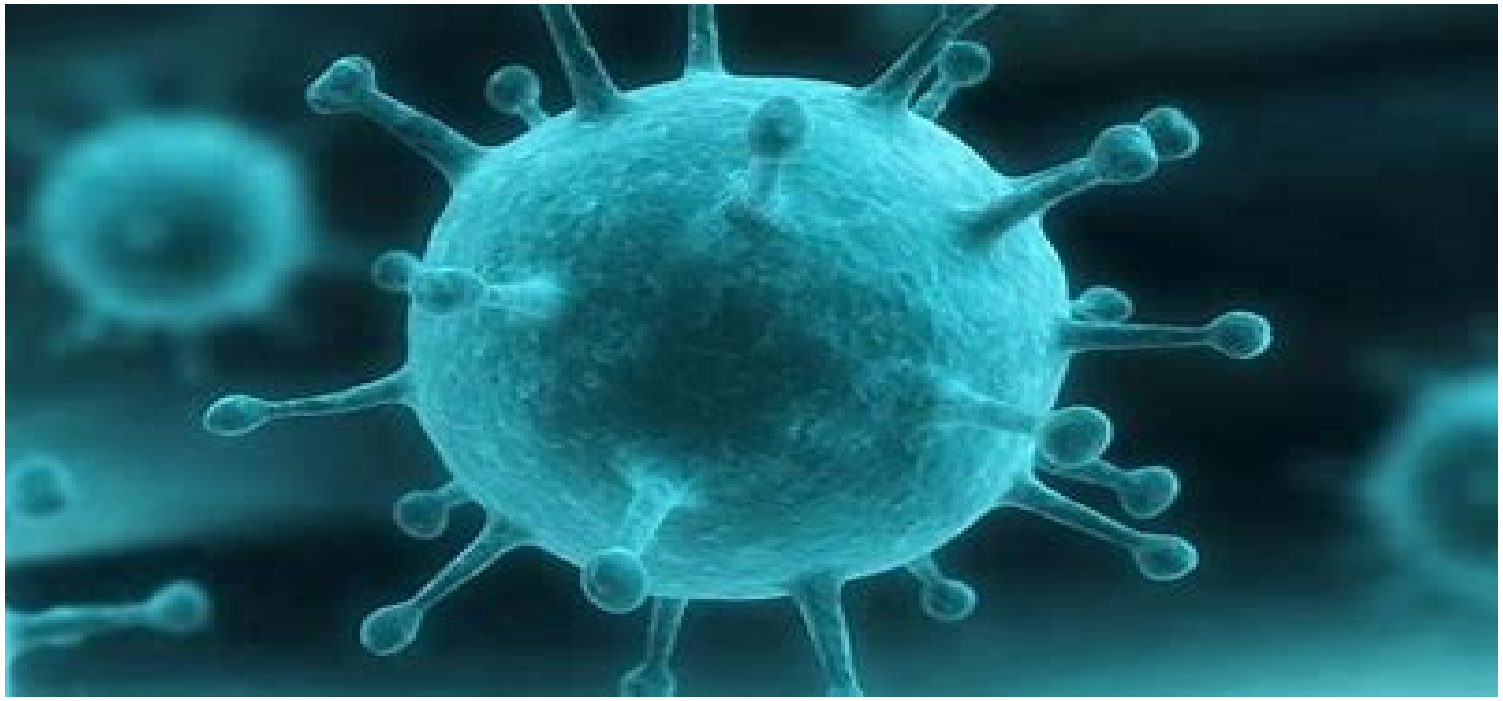
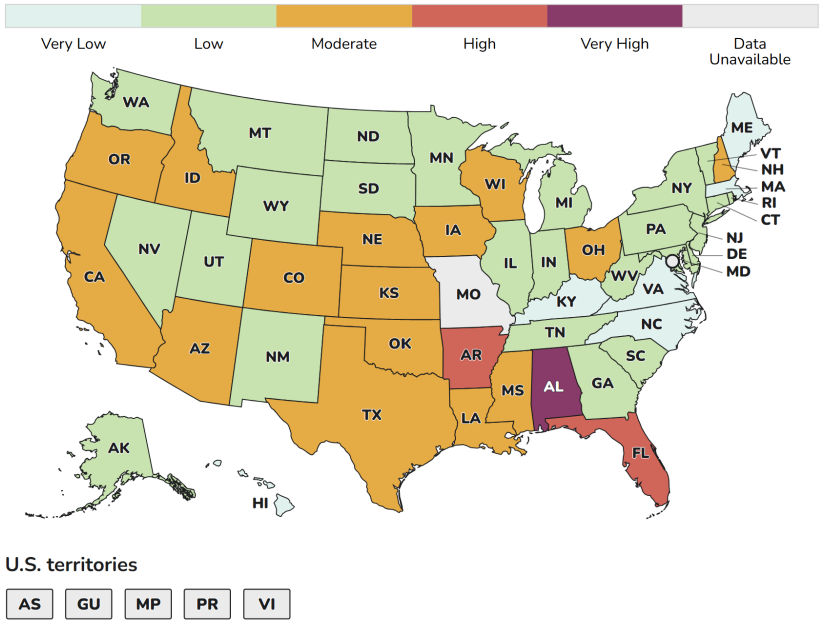


2025-2026 RESPIRATORY DISEASE SEASON

Level of Respiratory Illness Activity (CDC)

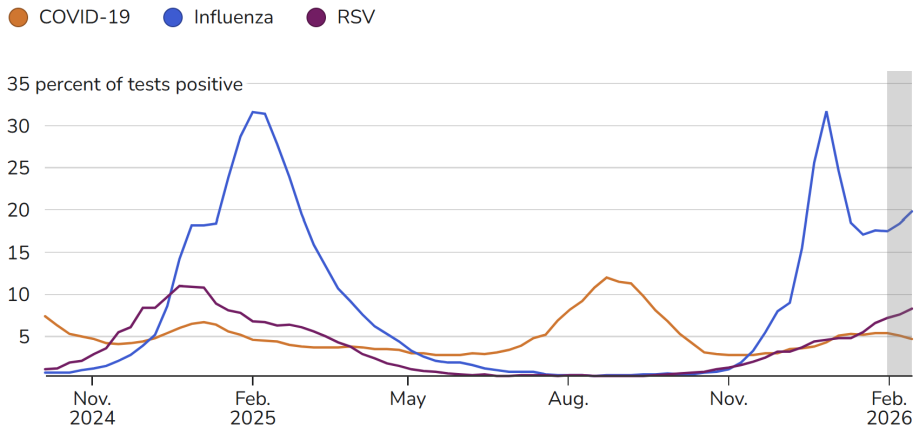
Acute Respiratory Illness



U.S. territories

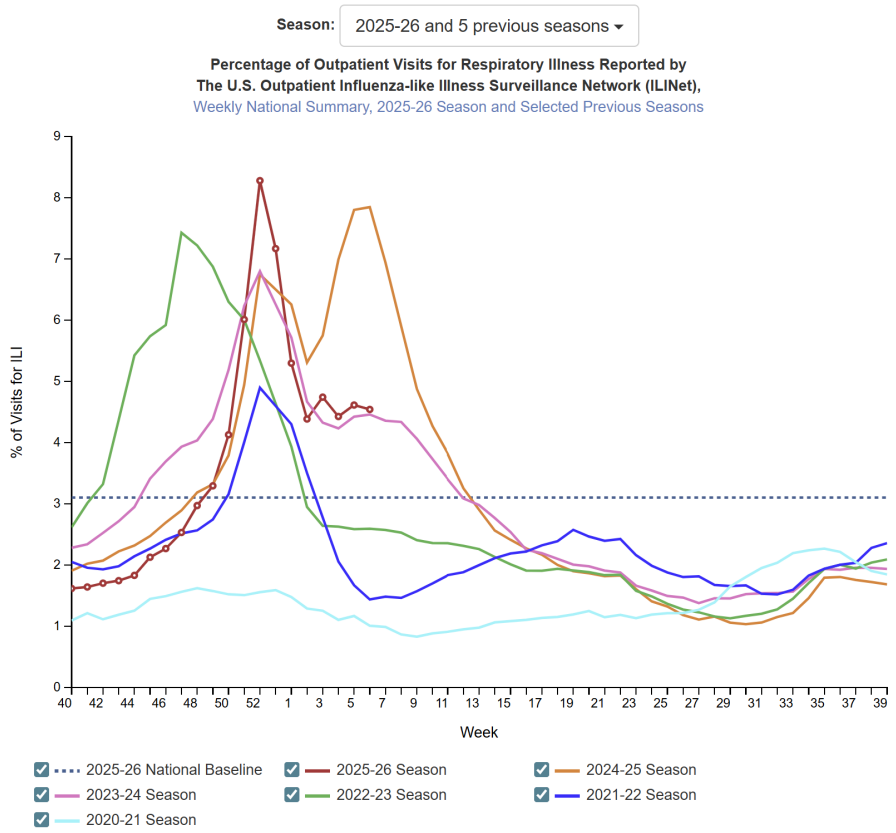
AS GU MP PR VI

Weekly percent of tests positive for the viruses that cause COVID-19, influenza, and RSV at the national level. Preliminary data are shaded in gray. Refer to data notes for more details.



Data last updated on February 19, 2026 and presented through February 14, 2026. View this dataset on data.cdc.gov.

Outpatient Respiratory Illness



NHSN LTCF Respiratory Data

27.5 (Trend ↓)
weekly hospitalization rate per 100,000 residents

NHSN Hospital Respiratory Data

14,940 (Trend →)
patients admitted to hospitals with influenza this week.

NCHS Mortality

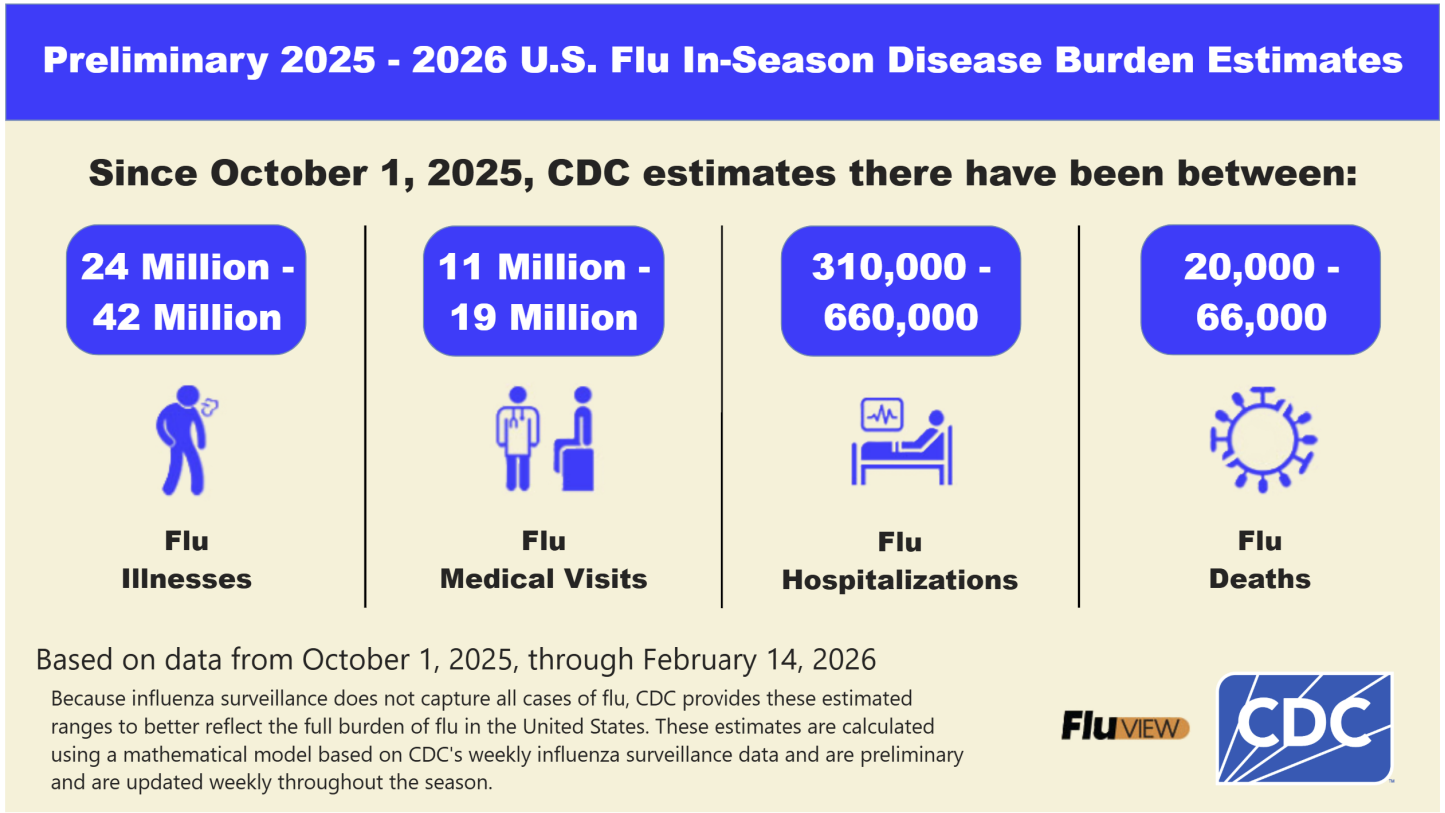
0.9% (Trend ↓)
of deaths attributed to influenza this week.

Pediatric Deaths

5 influenza-associated deaths were reported this week for a total of 71 deaths this season.

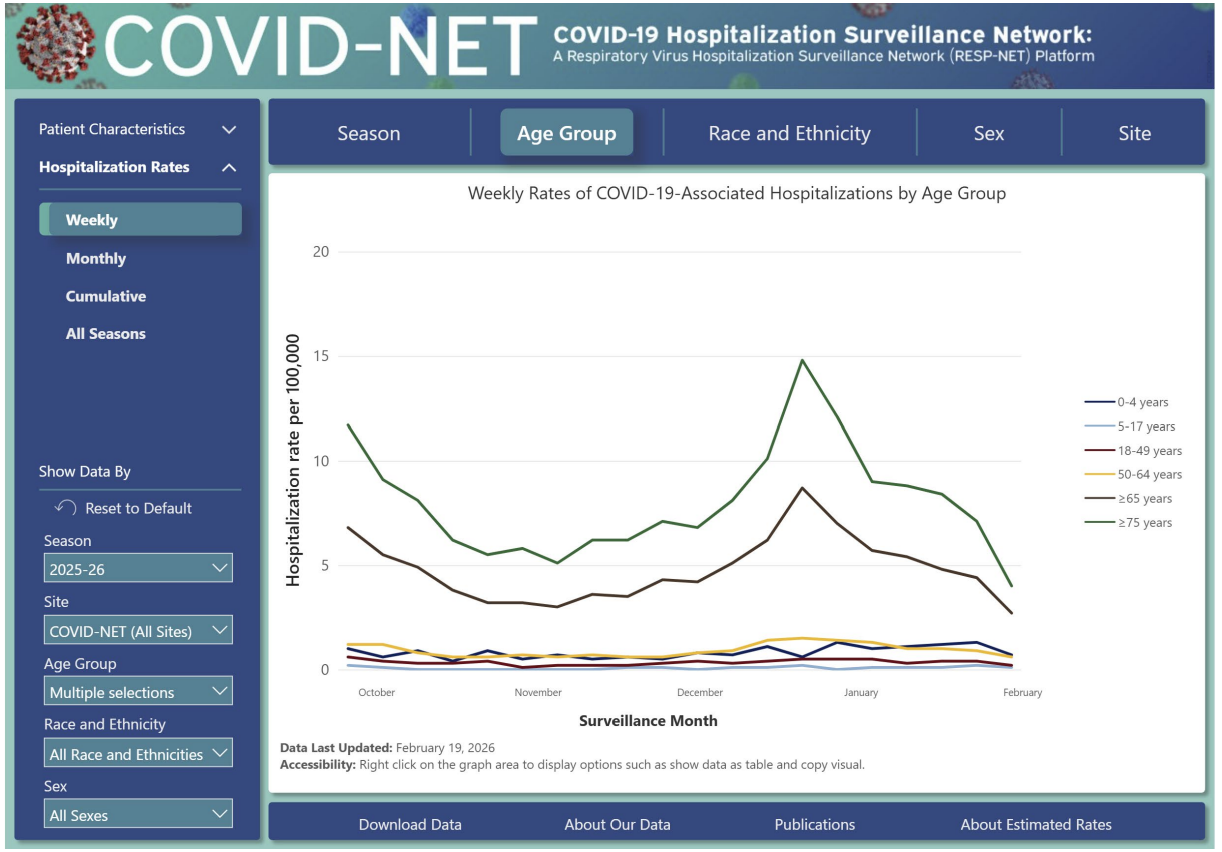
https://www.cdc.gov/fluview/surveillance/2026-week-06.html

Estimated Influenza Burden, 2025-2026



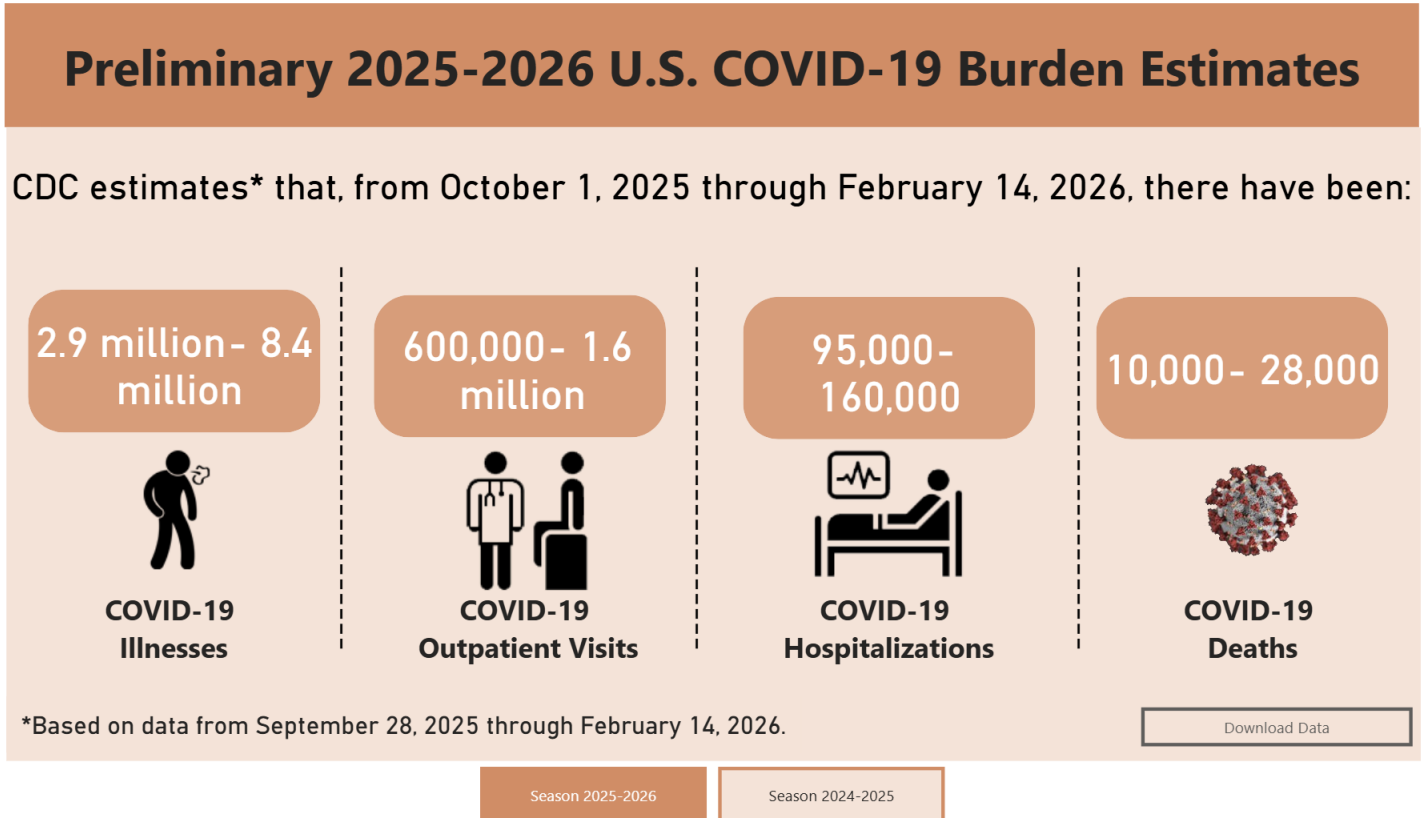
https://www.cdc.gov/flu-burden/php/php/data-vis/2025-2026.html

COVID-19 Hospital Surveillance



https://www.cdc.gov/covid/php/covid-net/index.html

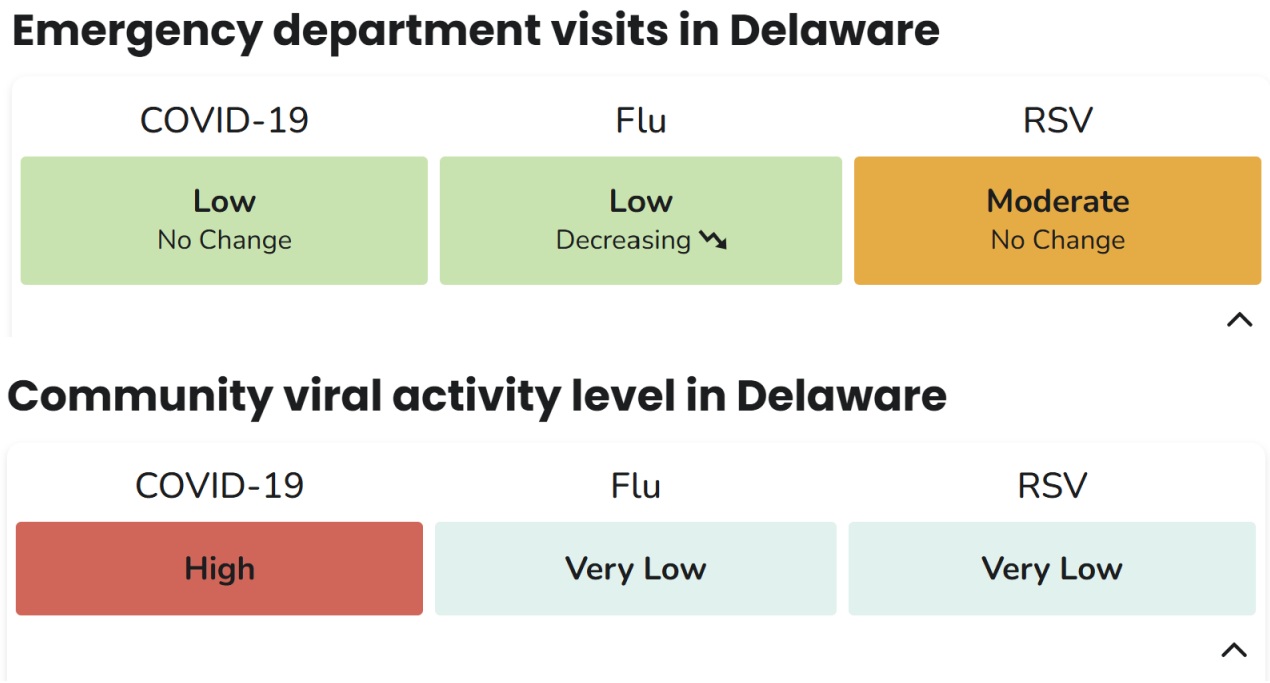
Estimated COVID-19 Burden, 2025-2026



https://www.cdc.gov/covid/php/surveillance/burden-estimates.html

Delaware

Respiratory illness activity in Delaware: Low



https://www.cdc.gov/respiratory-viruses/data/index.html

Avian/Bovine/Human Influenza

Situation summary of confirmed and probable human cases since 2024

Confirmed Cases | Probable Cases

State or territory

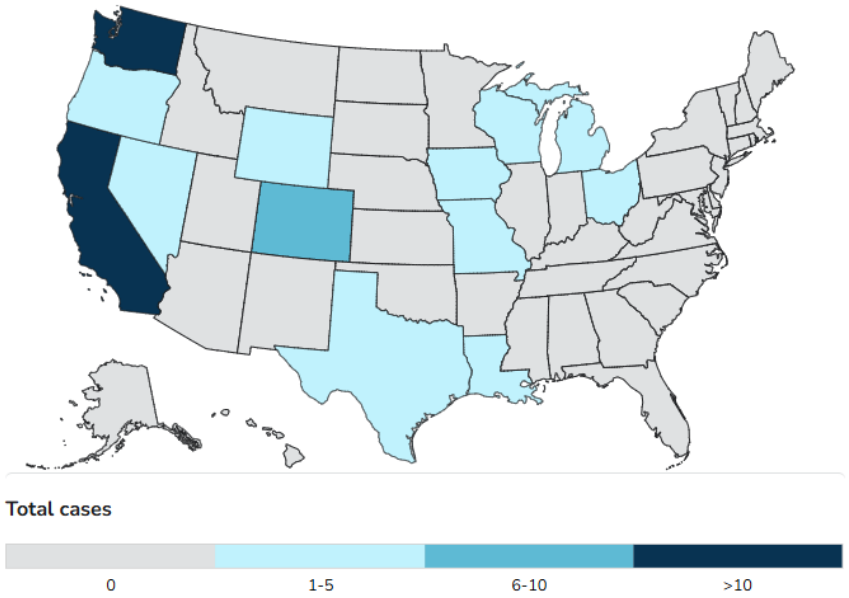
National

National Total Cases: 71

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
3	Other Animal Exposure†
3	Exposure Source Unknown‡

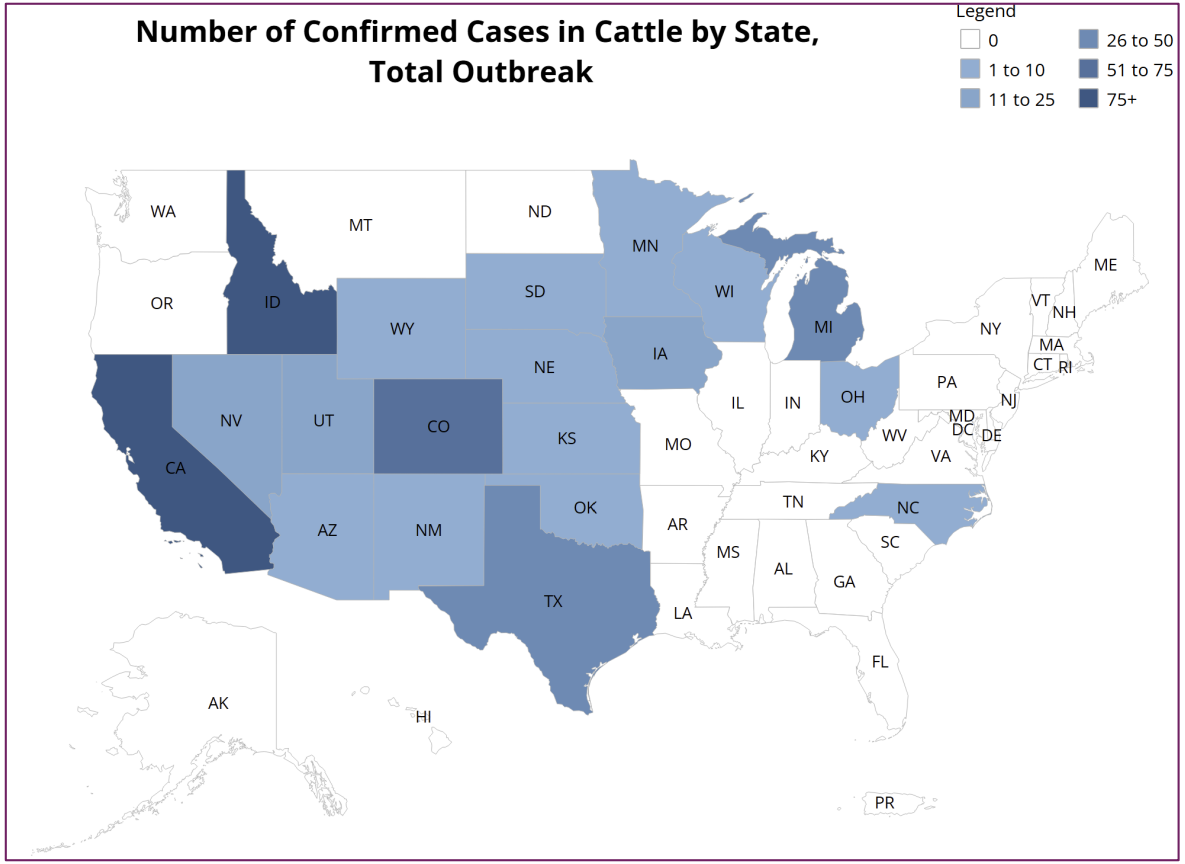
NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S.

*Exposure Associated with Commercial Agriculture and Related Operations
†Exposure was related to other animals such as backyard flocks, wild birds, or other mammals
‡Exposure source was not able to be identified



https://www.cdc.gov/bird-flu/situation-summary/

Confirmed Cases of HPAI in Domestic Livestock



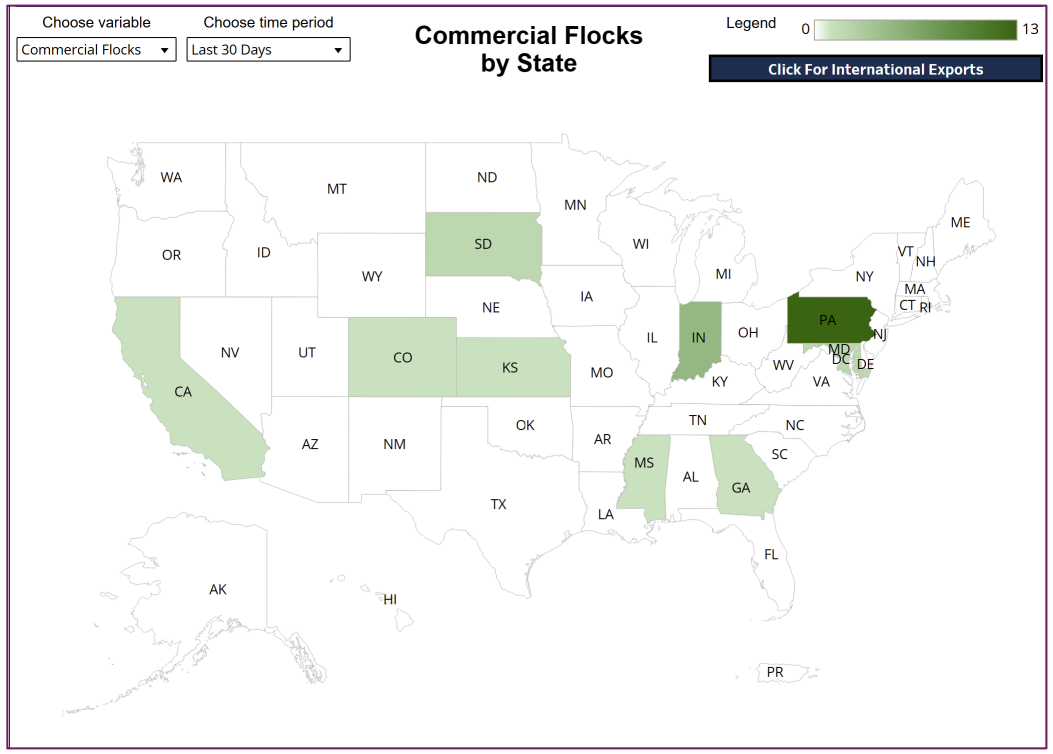
<u>3/25/24 – Present</u>
1,088 confirmed cases in 19 states

<u>Last 30 Days</u>
0 confirmed cases

https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/hpai-confirmed-cases-livestock

Commercial & Backyard Flocks

February 8, 2022 - Present

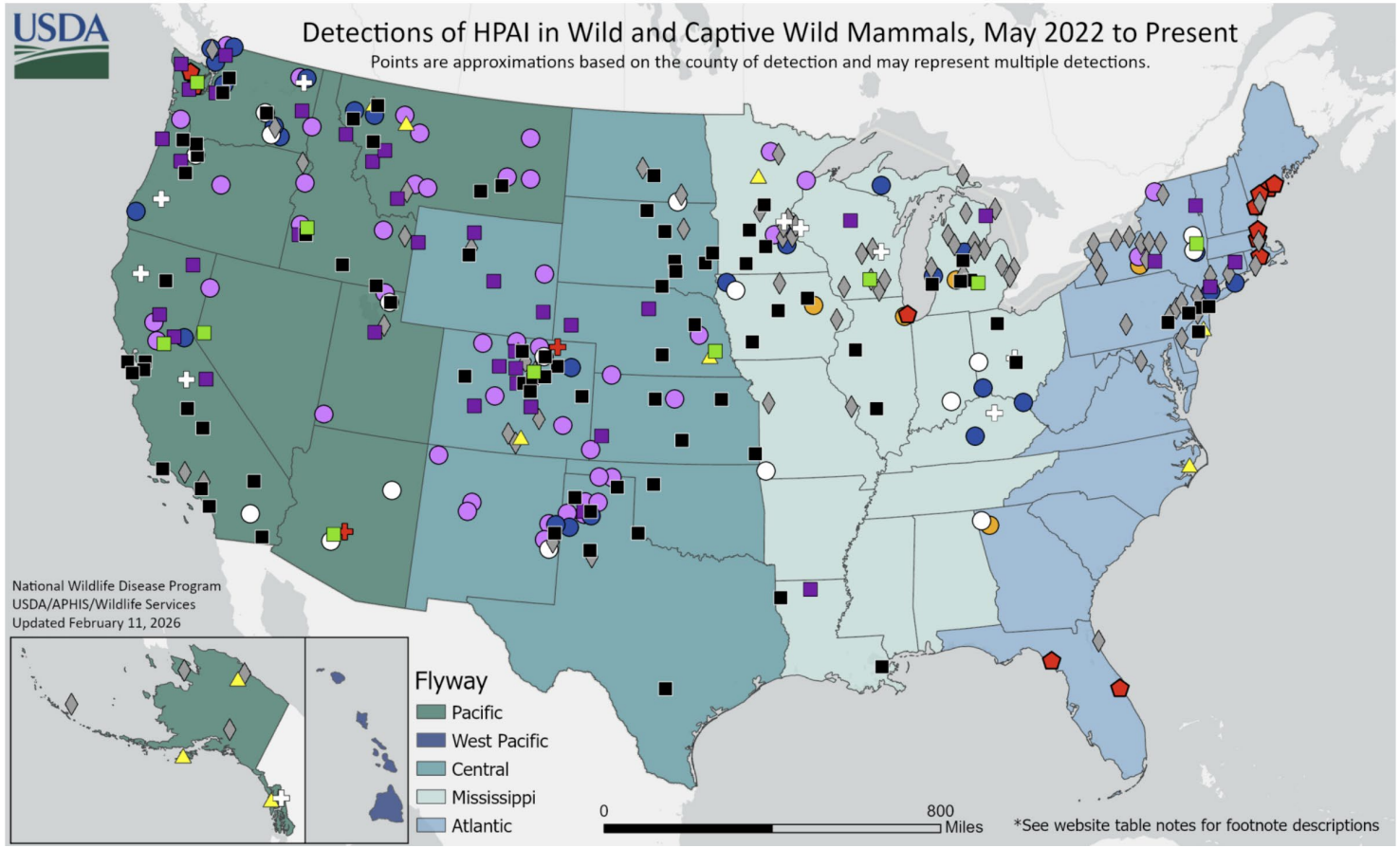


County	Date	Flock Type	Size
Kent	1/13/26	Commercial Broiler	147,900
		Pennsylvania	
Dauphin	2/17/26	Commercial Table Egg Layer	70,000
Lancaster	2/20/26	Commercial Broiler	157,300
	2/18/26	Commercial Table Egg Layer	1,451,700
	1/28/26	Commercial Table Egg Layer	1,509,700
		Maryland	
Wicomico	2/17/26	Commercial Broiler	77,600
Caroline	1/30/26	Commercial Broiler	37,300

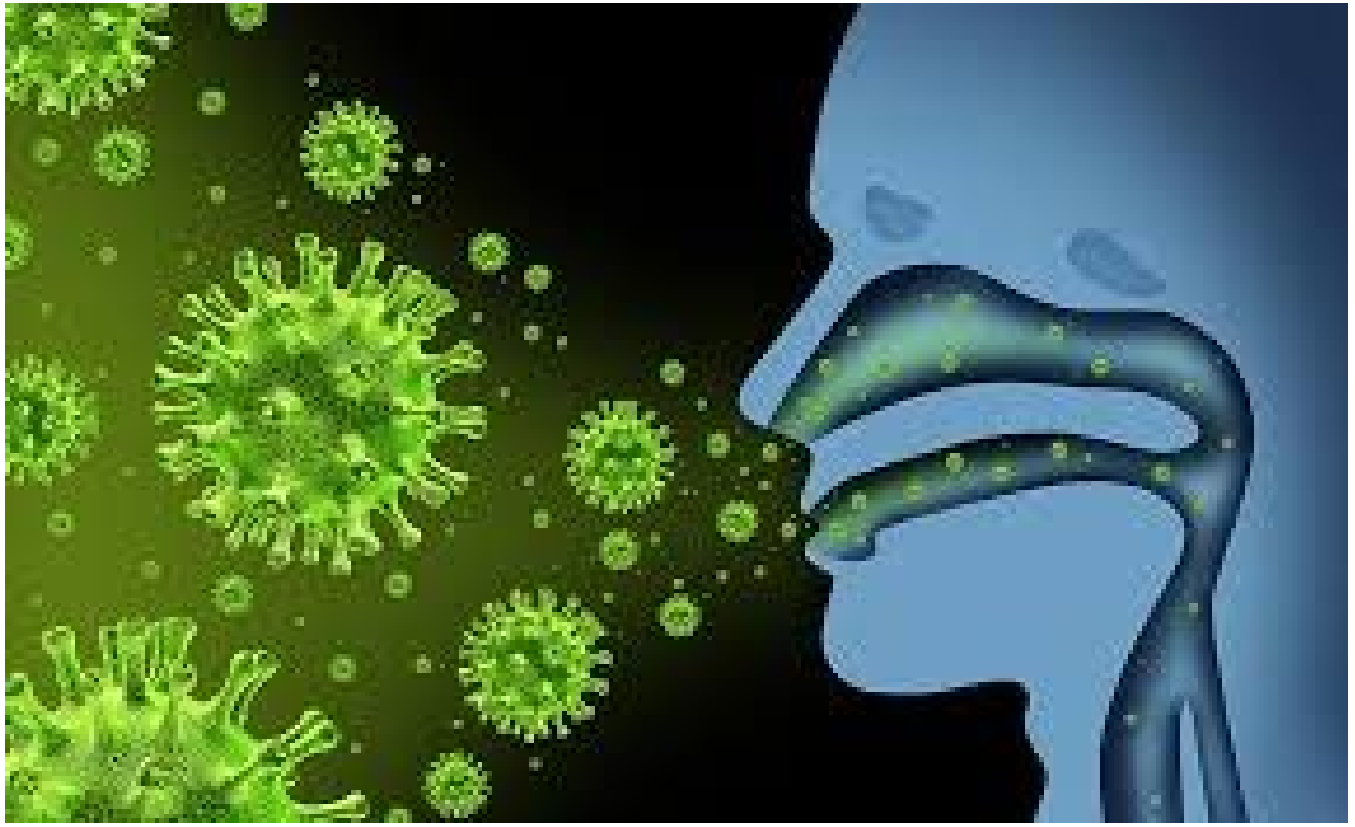
https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/commercial-backyard-flocks

Wild & Captive Mammals

February 11, 2026



https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/mammals



EMERGING INFECTIOUS DISEASE UPDATES

Pertussis

Week ending 2/14/2026

Reporting Area	Pertussis			
	Current week	Previous 52 weeks Max †	Cum YTD 2026 †	Cum YTD 2025 †
U.S. Residents, excluding U.S. Territories	96	741	1,292	5,790
New England	-	25	32	103
Connecticut	-	6	1	14
Maine	-	15	5	7
Massachusetts	-	10	20	46
New Hampshire	-	7	6	23
Rhode Island	-	1	-	-
Vermont	-	7	-	13
Middle Atlantic	9	88	89	357
New Jersey	-	13	-	69
New York (excluding New York City)	7	48	42	98
New York City	-	28	19	65
Pennsylvania	2	30	28	125
East North Central	18	118	197	1,087
Illinois	-	26	23	206
Indiana	1	19	35	88
Michigan	1	25	18	369
Ohio	16	42	107	221
Wisconsin	-	26	14	203
West North Central	-	74	33	777
Iowa	-	21	-	69
Kansas	-	12	15	35
Minnesota	-	49	-	378
Missouri	-	5	-	88
Nebraska	-	16	18	100
North Dakota	-	11	-	33
South Dakota	-	9	-	74
South Atlantic	20	126	193	530
Delaware	-	1	-	4
District of Columbia		2		
Florida	15	63	101	164

https://stacks.cdc.gov/view/cdc/252759

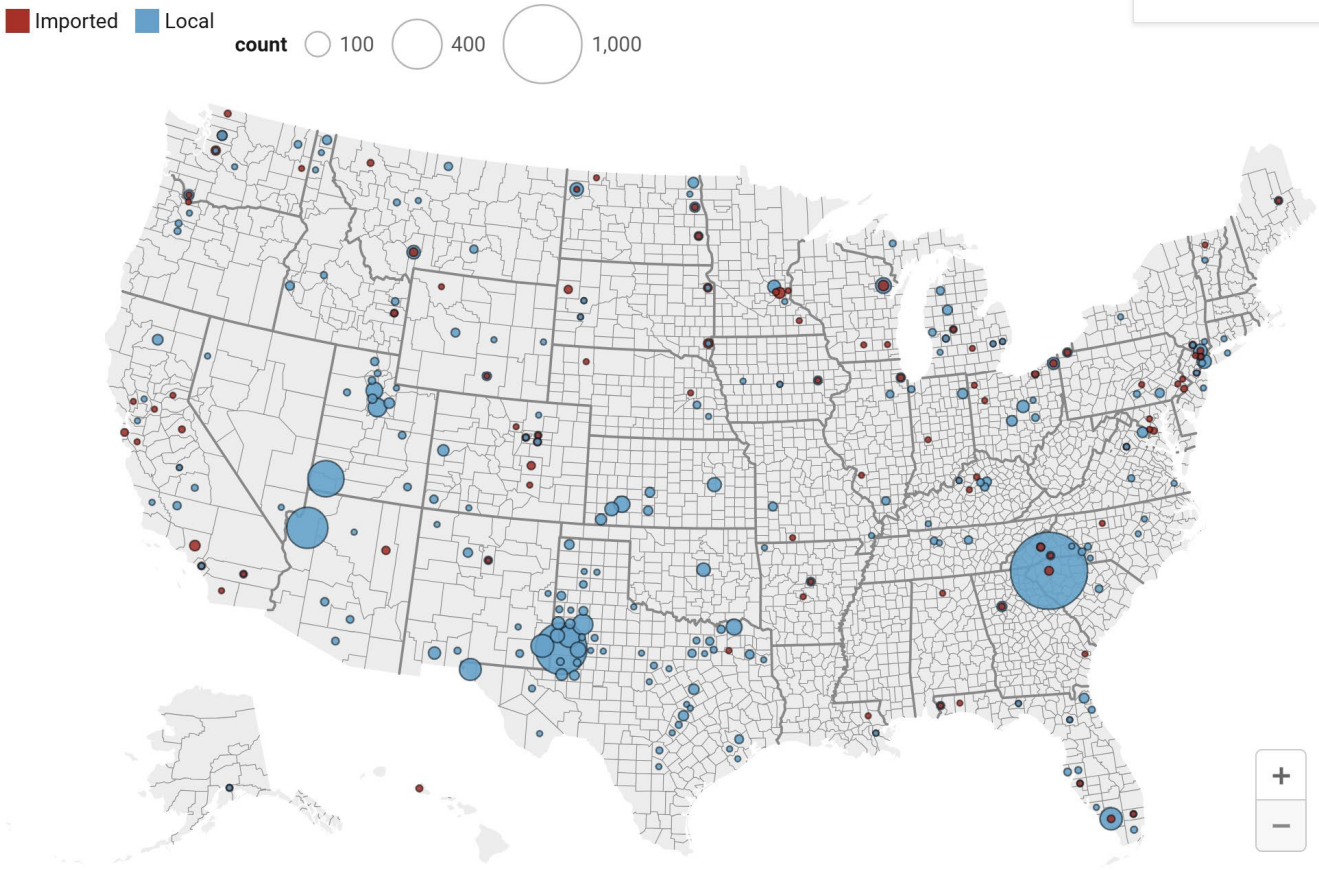
Past 12 months | Past 2 weeks | 2025 | 2026

U.S. MEASLES CASES

Feb 20, 2025 - Feb 20, 2026

3309

Measles cases reported in the United States (Past 12 months)



Source: Johns Hopkins University • Get the data • Download image • Download PDF • Download SVG

https://publichealth.jhu.edu/ivac/resources/us-measles-tracker

Measles, USA

January 1 - February 19, a total of **982 confirmed measles** cases were reported by 26 jurisdictions.

7 outbreaks in 2026, 89% of confirmed cases (870) are outbreak-associated.

2025 Total: 2,281 confirmed cases

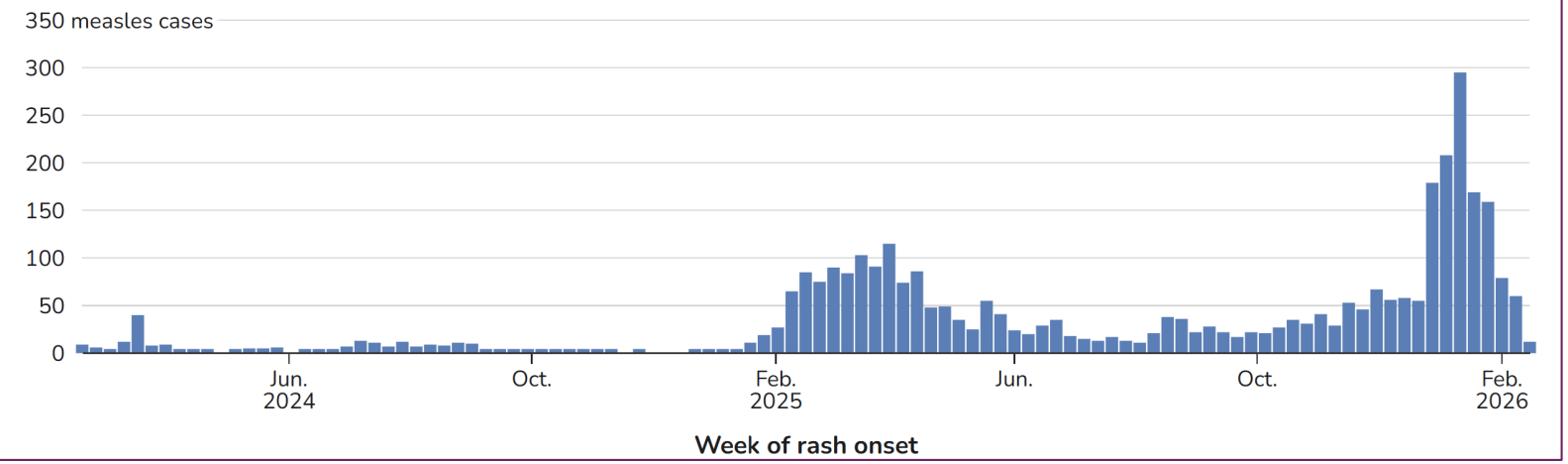
Age	2026 Cases	2026 Hospitalization	2025 Cases	2025 Hospitalization
< 5 years	248 (25%)	16 (6%)	584 (26%)	107 (18%)
5-19 years	575 (59%)	11 (2%)	1012 (44%)	57 (6%)
20+ years	152 (15%)	10 (7%)	672 (29%)	82 (12%)
Unknown	7 (1%)	1 (14%)	13 (1%)	0 (0%)

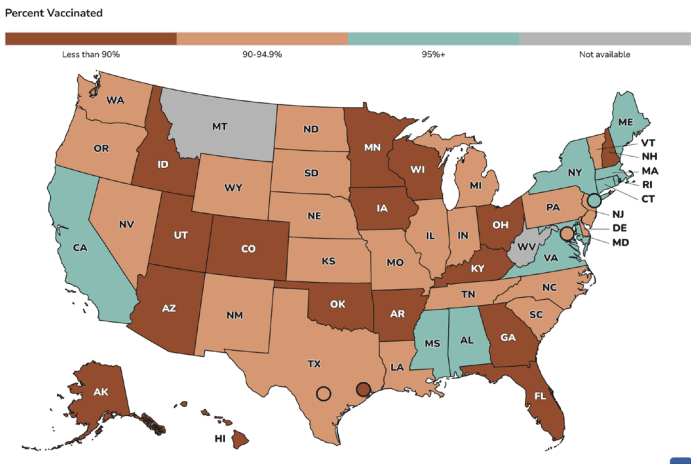
Vaccination. Unvaccinated/Unknown: 94%; MMR 1 dose: 3%; MMR 2 doses: 4%
Deaths in 2025: 3

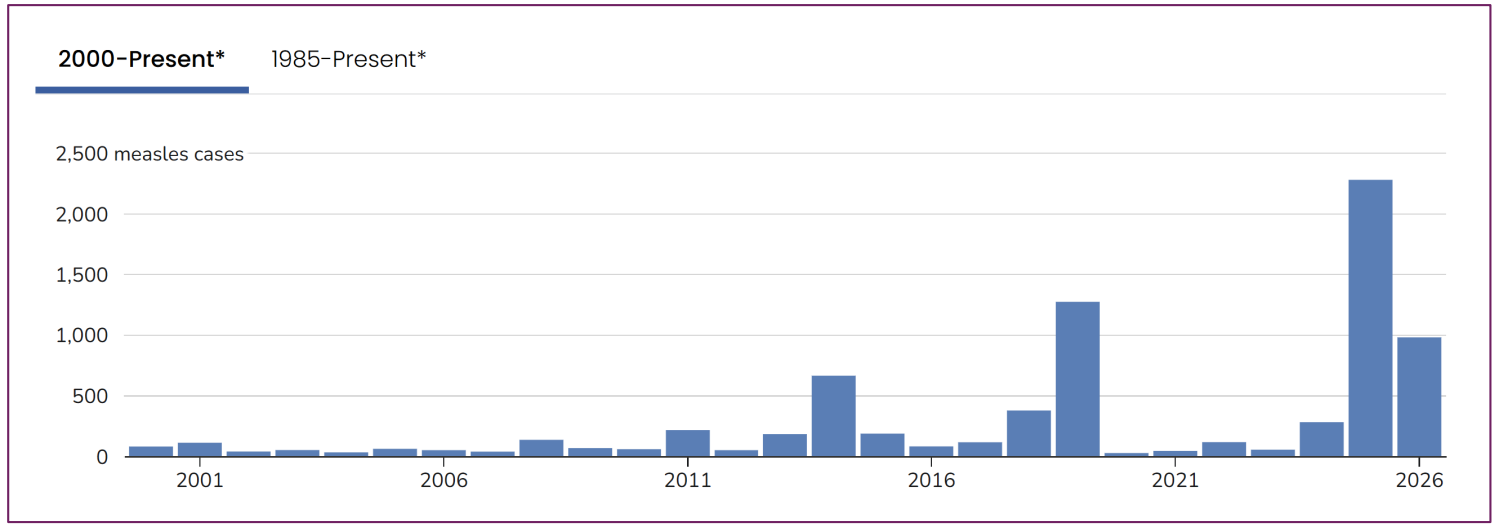
https://www.cdc.gov/measles/data-research/index.html

Weekly measles cases by rash onset date

2023–2026* (as of February 19, 2026)







https://www.cdc.gov/measles/data-research/index.html

Measles, USA

State	Cases	Counties	Hospitalizations	Status
Arizona	254	6	16	Active Transmission
California	19	6		
Delaware	1	1		
Florida	92	5		Ave Maria Univ.
Idaho	21	6		
North Carolina	22	7	1	Active Transmission
North Dakota	11			
Oregon	5	2		
Pennsylvania	10			
South Carolina	973	6	19	Active Transmission
Utah	300	12	25	Active Transmission
Washington	26	4		

United States, Canada, and Mexico Measles Cases, 2025-2026

Filter by US State(s)
No category selected

Filter by Date
No category selected

Hide Immunization Coverage
No category selected

Legend

Scroll to view all legend items.

Public Measles Exposures Within Symptom Monitoring Period

Measles Cases

2025-2026 Case Count

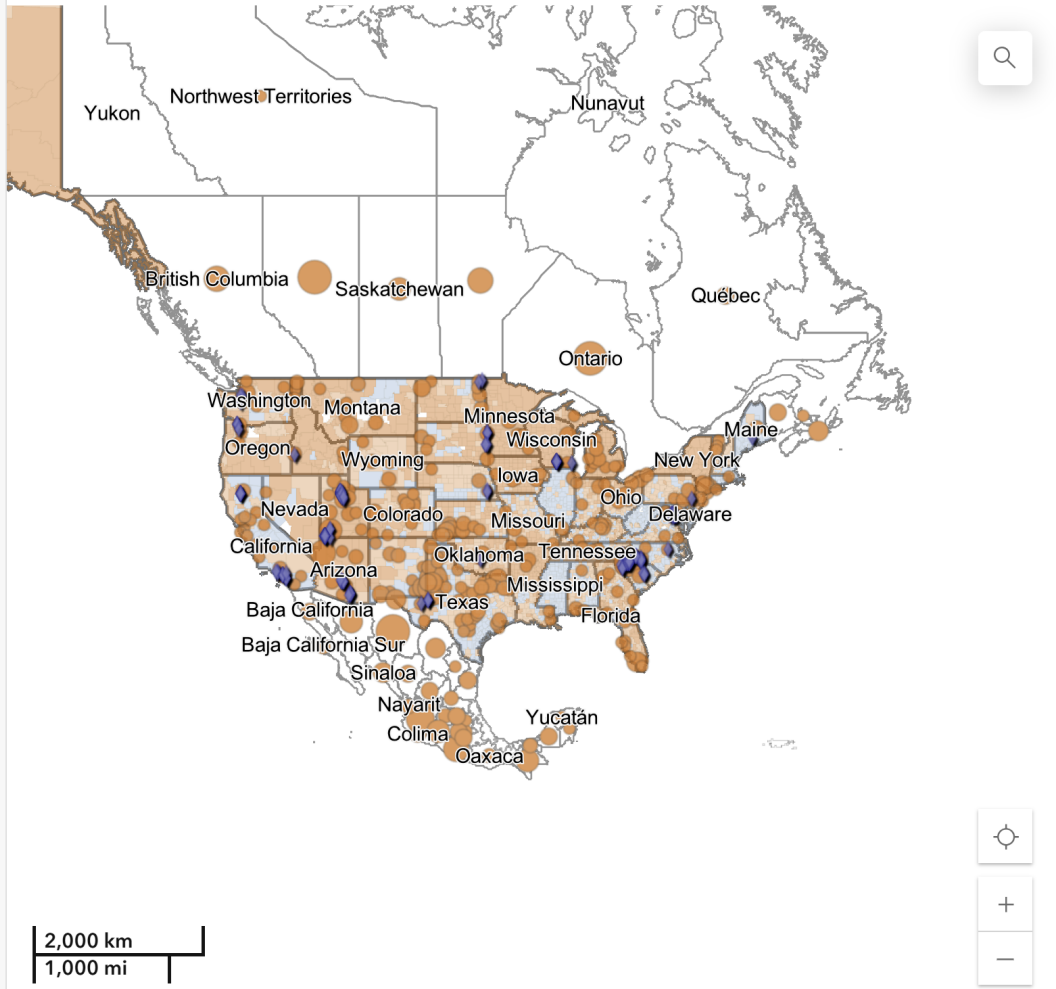
- 2,000 - 8,000
- > 1,000 - 2,0
- > 700 - 1,000
- > 250 - 700
- > 100 - 250
- > 50 - 100
- > 10 - 50
- > 3 - 10
- 1 - 3

Immunization Coverage

Click on the map to view more details.

Confirmed Measles Cases Map

Search for specific locations using the magnifying glass icon below.



Created by the Center for Outbreak Response Innovation (CORI) at the Johns Hopkins Cente… Powered by Esri

Table of US Measles Cases & Deaths

State	2025 + 2026 Confirmed Cases	2026 Confirmed Cases	2025 Confirmed Cases	2025 Probable Cases	2025 Deaths
South Carolina	975	645	330	0	0
Utah	305	110	195	0	0
Florida	99	92	7	0	0
Arizona	269	49	220	0	0
Washington	37	25	12	0	0
California	47	20	27	0	0
North Carolina	20	18	2	0	0
Texas	817	14	803	0	2
North Dakota	47	11	36	0	0
Virginia	15	9	6	0	0
Pennsylvania	24	8	16	0	0
Idaho	21	7	14	0	0
South Dakota	22	6	16	0	0
Ohio	50	5	45	0	0
Minnesota	31	5	26	0	0
Oregon	6	5	1	0	0
Maine	5	5	0	0	0
Total	**3,328**	**1,048**	**2,280**	**4**	**3**

To suggest data or provide feedback, please fill this form.

2025-2026 data are preliminary. Cases are assigned based on available information (when symptoms began, when tested, or when reported) and may shift between years as investigations determine illness timing. Cases involving travel across states may be temporarily excluded or assigned to a single state and reassigned as investigations progress. Confirmed cases include international visitors. Limited availability of probable case data may result in underestimation.

Last update: 1 minute ago

US Cases (Multiple Tabs)

https://www.arcgis.com/apps/dashboards/dd314001921f4d2eac160f89ded0b49a

Measles Close to Home

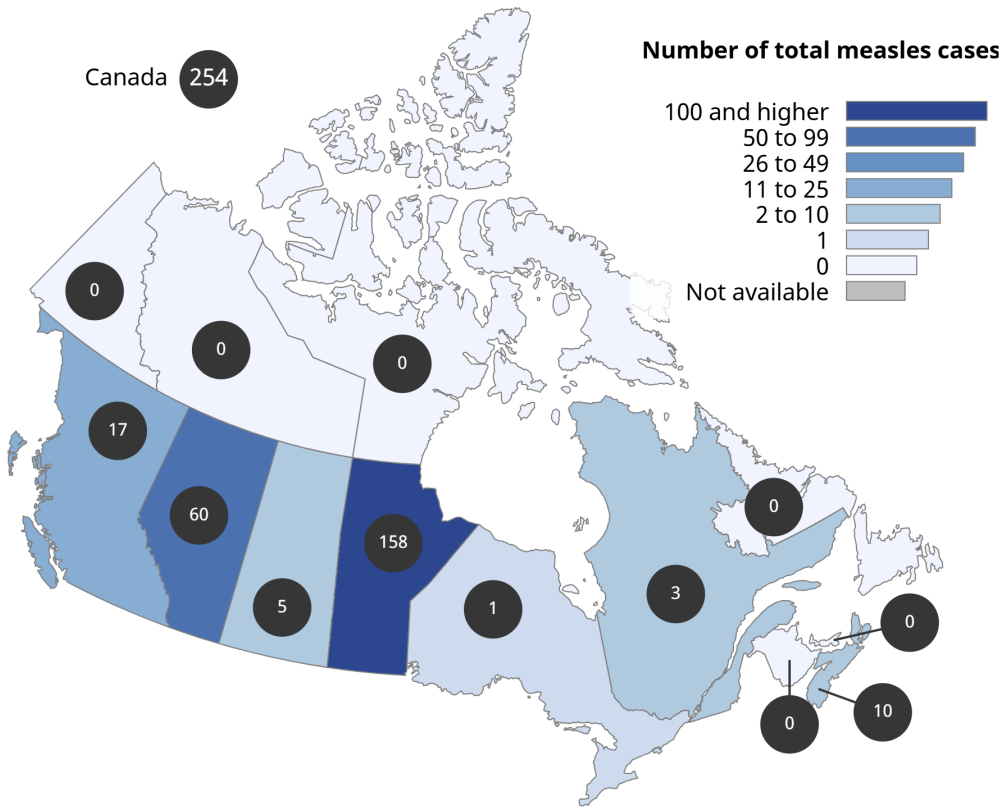
Exposure

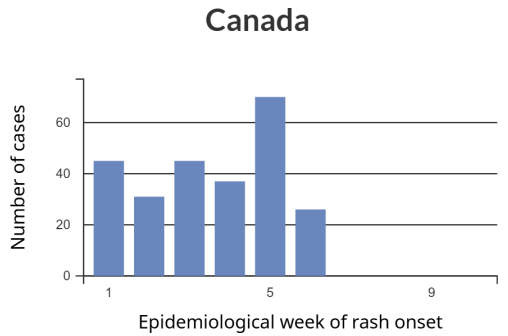
- Nemours Children's Hospital Emergency Department, Wilmington
- Date of Exposure: February 18, 2026
- Monitor for symptoms for 21 days (March 11, 2026)
- Pregnant people regardless of vaccination status who might have been exposed should go to an emergency room for assessment and treatment.

Potential Exposure:

- Philadelphia International Airport, Terminal E
- Date of Exposure: Thursday, February 12 between 1:35 – 4:30 pm
- Monitor for symptoms until March 5, 2026

Measles, Canada





There were **254** cases of measles in **Canada** in 2026, as of **February 14, 2026**.

The epidemiological week 6 of the last rash onset 2 in **Canada** was **week 6** (**February 8 to 14, 2026**).

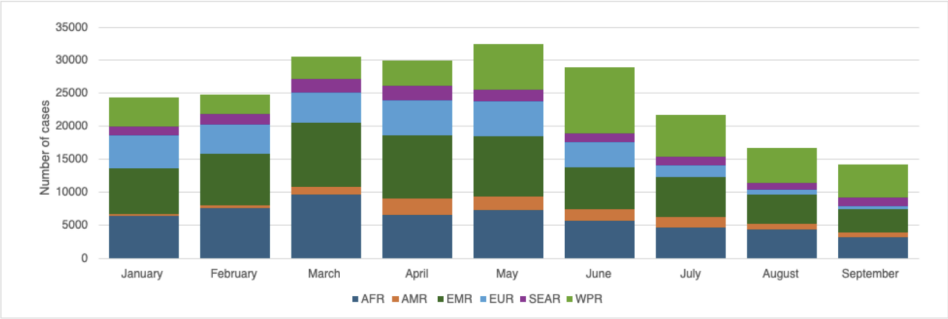
https://health-infobase.canada.ca/measles-rubella/

Measles, PAHO

Global summary

According to monthly data on measles and rubella surveillance published by the World Health Organization (WHO), between 1 January 2025 and 1 January 2026, a total of 552,699 suspected cases of measles were reported in 179 Member States across the six WHO regions, of which 247,623 (44.8%) were confirmed[1]. Twenty-eight percent of cases were reported in the WHO Eastern Mediterranean Region, followed by the WHO African Region with 25% of cases and the WHO European Region with 22% of cases (**Figure 1**) *(1)*.

Figure 1. Distribution of measles cases by month and WHO region, 2025.



WHO regions: AFR: African Region; **AMR**: Americas Region; **EMR**: Eastern Mediterranean Region; **EUR**: European Region; **SEAR**: South-East Asia Region; **WPR:** Western Pacific Region.

Table 1. Distribution of cases by epidemiological week 2025 and 2026, by country

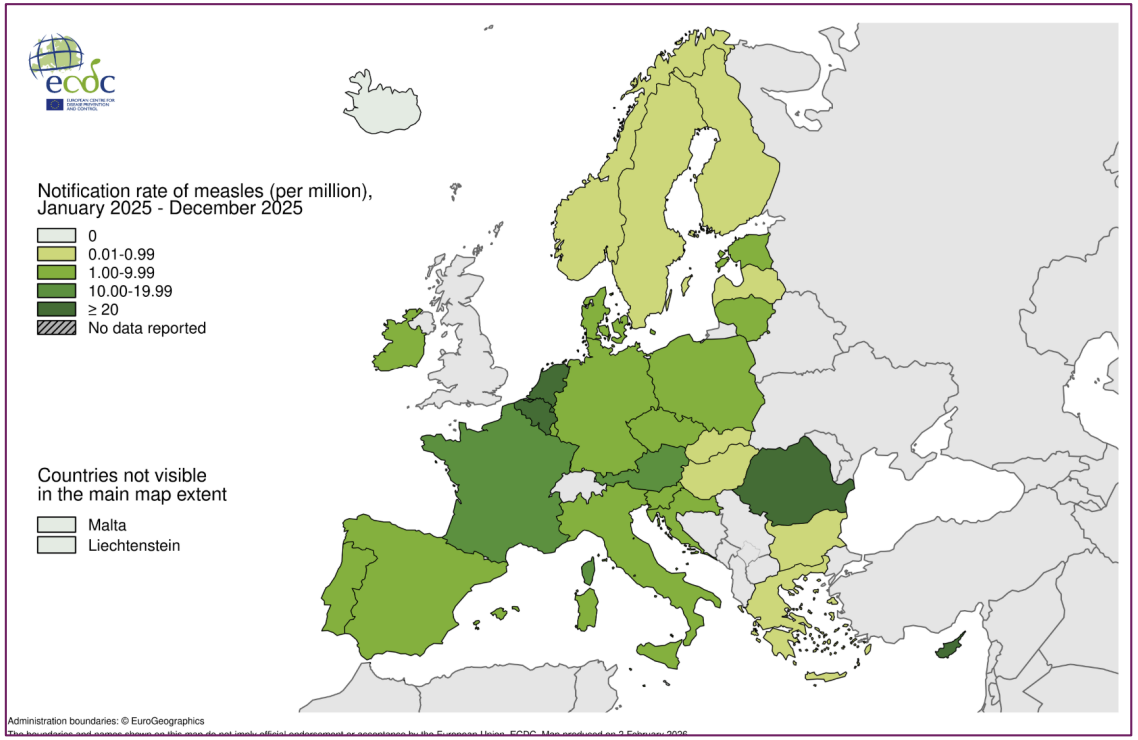
Country	No. of cases EW 53 of 2025	No. of cases EW 2 of 2026	Last date of onset of rash (EW)
Argentina	36		EW 49 in 2025
Belize	44		EW 45 of 2025
Bolivia (Plurinational State of)	597	10	EW 2 of 2026
Brazil	38		EW 50 of 2025
Canada	5,436	67	EW 2 of 2026
Chile	0	1	EW 53 of 2025
Costa Rica	1		EW 20 of 2025
El Salvador	1		EW 52 of 2025
Guatemala	1	41	EW 2 of 2026
Mexico	6,428	740	EW 2 of 2026
Paraguay	49		EW 39 of 2025
Peru	5		EW 44 of 2025
United States of America	2,242	171	EW 2 of 2026
Uruguay	13	1	EW 2 of 2026
Total	**14,891**	**1,031**	

Source: Adapted from data provided by the respective countries *(3-21)*.

https://www.paho.org/en/topics/measles, https://www.paho.org/sites/default/files/2026/02/2026-feb-3-phe-alerta-epi-measles-enfinal1.pdf

Measles, Europe

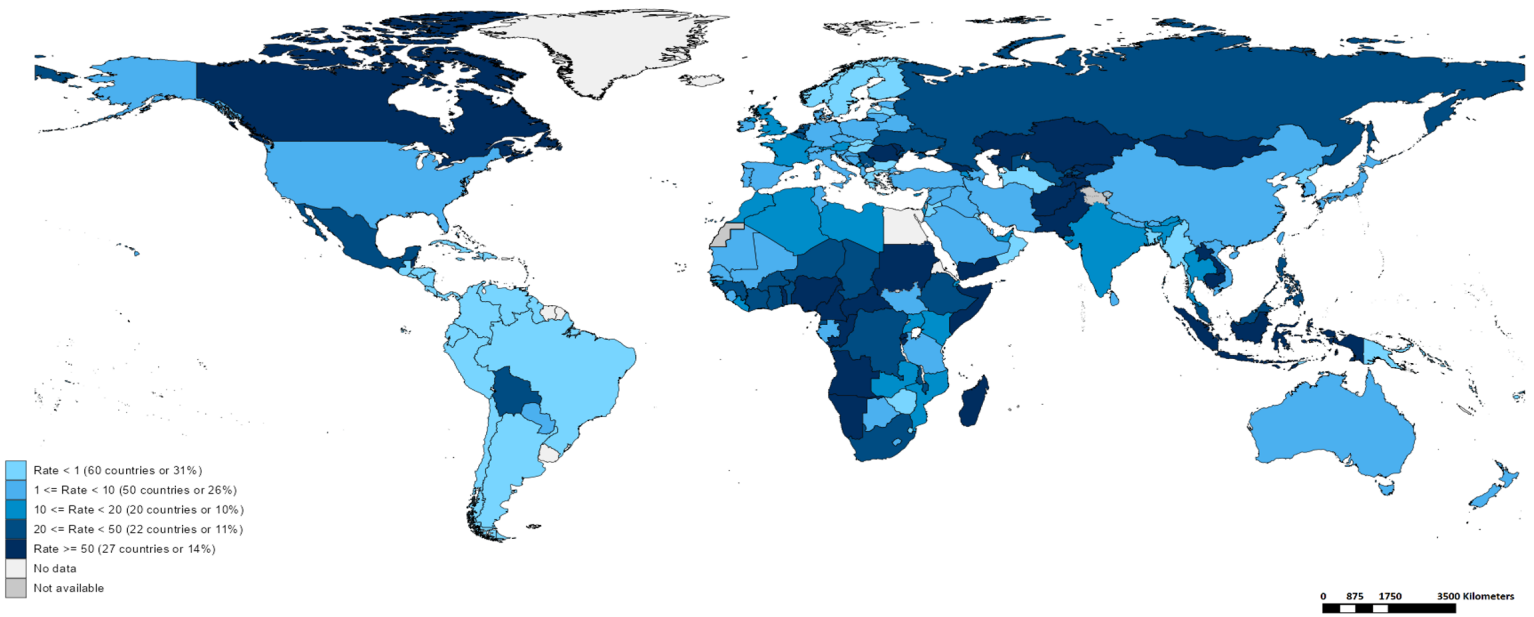
From January 1 – December 31, 2025, 30 EU/EEA member states reported a total of 7,655 cases of measles.



https://measles-rubella-monthly.ecdc.europa.eu/

WHO Monthly Surveillance

Measles Incidence Rate, January – December, 2025



World Health Organization

Map production: World Health Organization, 2026. All rights reserved
Data source: IVB Database

Disclaimer: The boundaries and names shown and the designations used on this map do notimply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

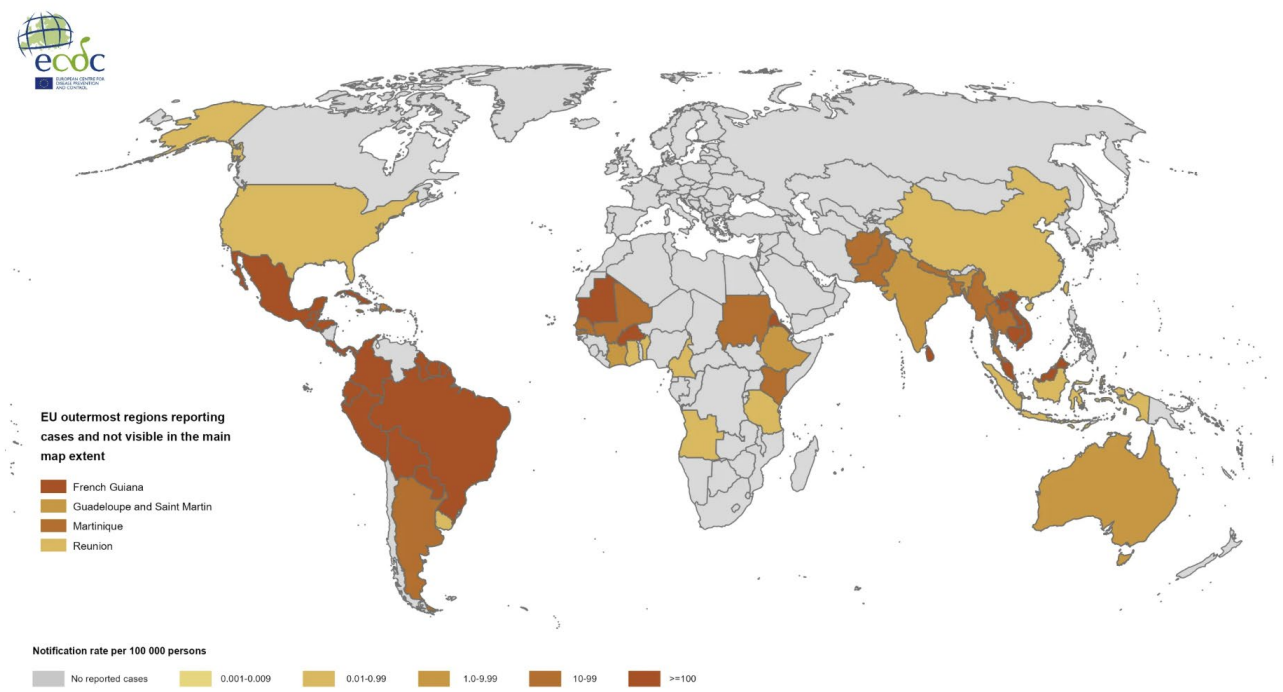
Highest incidence rates

Country	Cases	Rate
Mongolia	13174	3,745.70
Kyrgyzstan	8514	1,167.10
Yemen	32718	783.22
Lao People's Democratic Republic	3837	487.36
Angola	9226	236.32
Afghanistan	9815	223.86
Romania	4198	222.01
Tajikistan	2246	208.22
Kazakhstan	4240	203.42
Rwanda	2131	146.27

https://immunizationdata.who.int/global?topic=Provisional-measles-and-rubella-data&location=

Dengue

Three-month dengue virus disease case notification rate per 100 000 population, November 2025 to January 2026



https://www.ecdc.europa.eu/en/dengue-monthly

Europe Surveillance

Week 8: February 14-20, 2026

Influenza A(H5N1)

- Cambodia – 1 case, male adult
- Since 2003: 994 cases, 476 deaths, CFR 48%
- No sustained human-to-human transmission

Influenza A(H10N3)

- China – 1 case, 34 yo male
- Since 2021: 7 cases in China, 0 deaths

Mpox

- 2026: 255 cases
  - Clade I: 80 cases {Spain (36), Italy (19), Germany (10), France (8), the Netherlands (5), Czechia (1), Ireland (1)}
  - Total: Spain (84), Germany (45), Italy (30), Netherlands (28), Portugal (28), France (26), Ireland (6), Norway (4), Czechia (2), Poland (2)
- Clade Ib and clade IIb recombinant – 2 cases

Monitoring

- Nipah Virus Disease – India and Bangladesh
- MERS-CoV – Multi-Country

Africa Surveillance

Crimean Congo Hemorrhagic Fever

- Uganda (Feb 11 – 1 case, 21 yo male nurse)
- Senegal (Feb 10 – 1 case, 7 yo male)
- S/S: headache, fever, loss of appetite, malaise → non-bloody diarrhea, vomiting, joint pain, conjunctivitis, epigastric burning, chest pain, jaundice, bleeding from nose/gums

Dengue

- 99 confirmed, 258 suspected (=357, 0 deaths)
- 3 member states
  - Mali, Mauritania, Senegal

Measles

- 17,788 cases, 179 deaths (CFR 2.01%)
- 8 member states
  - DRC, Guinea, Liberia, Mali, Mozambique, Senegal, Somalia, South Africa

Bacterial Meningitis

- 13 confirmed, 39 suspected
- Mali
- *S. pneumoniae (9), N. meningitidis W135 (1), H. influenzae (2), H. influenzae non-b (1)*

Mpox

- 6,838 cases, 43 deaths (CFR 0.63%)
- 15 member states
  - Burundi, Cameroon, CAR, Comoros, Congo, DRC, Ghana, Guinea, Kenya, Liberia, Malawi, Mali, Madagascar, Mozambique, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Tanzania, Uganda, Zambia

https://africacdc.org/download/africa-cdc-epidemic-intelligence-weekly-report-february-2026/

WHO

Disease Outbreaks

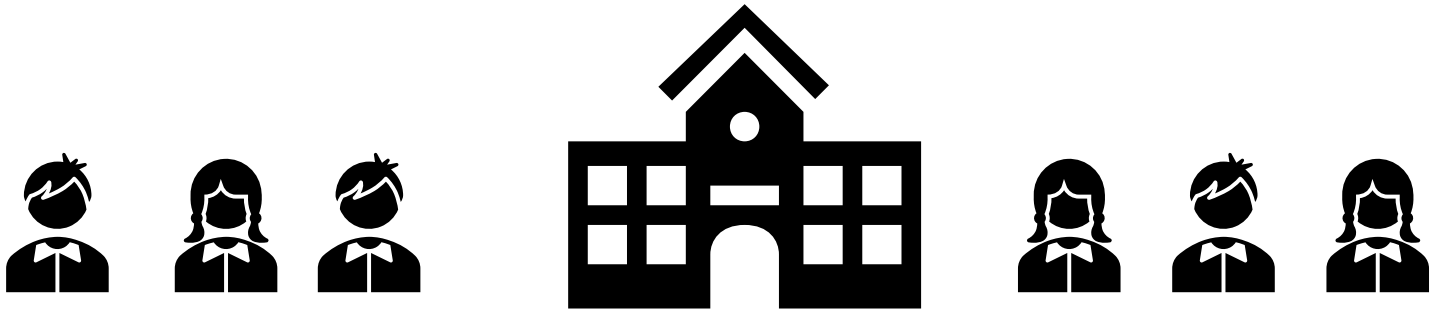
January

- Marburg Virus Disease – Ethiopia
- Nipah Virus Infection – India

February

- Nipah Virus Infection – Bangladesh
- Mpox (recombinant virus with genomic elements of clades Ib and IIb) - Global

https://www.who.int/emergencies/disease-outbreak-news



SCHOOL HEALTH

ADVOCACY & LEGISLATION

Sign On Letters

NFID Letter to HHS re: Pediatric Vaccination Schedule (1/7/26)

APHA Letter to HHS re: Pediatric Vaccination Schedule (1/9/26)

Support for the AAP Pediatric Immunization Schedule (2/25/26)

Updates

State of the ImmUnion 2026

Vaccinate Your Family

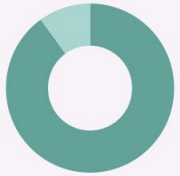
IN 2025 THERE WERE...

- **OVER 2,255** measles cases[i]
- **3** measles deaths[ii]
- **OVER 28,000** cases of pertussis[iii]
- **289** pediatric influenza-associated deaths in the 2024-2025 season[iv]

Polling Continues to Demonstrate Americans Support Vaccines. For example:

86% of voters agree that vaccines save lives[ix]

84% of Americans believe that vaccines are highly effective at preventing serious illness[x]



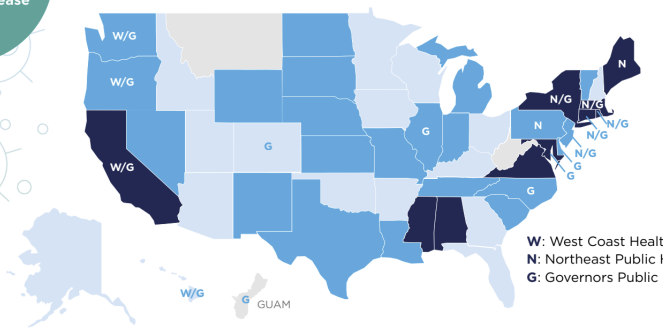
90% of parents say that the measles, mumps, rubella (MMR) vaccine is important for children in their community[xi]

1. Nationwide immunization coverage rates are below optimal levels for achieving community immunity
2. Infectious diseases are not confined by state or country borders
3. Consistent, reliable, and trusted recommendations are needed to ensure all Americans can access lifesaving vaccines

Community immunity happens when high levels of people are vaccinated and the risk of disease spreading is low.

Vaccination Coverage Rates Across the United States[v]

<90% (16 states) | 90%-94.9% (23 states including DC) | ≥95% (10 states)



W: West Coast Health Alliance[vi]
N: Northeast Public Health Collaborative[vii]
G: Governors Public Health Alliance[viii]

https://vaccinateyourfamily.org/wp-content/uploads/2026/02/SOTI-2026-DigitalPDF.pdf

National News

ACIP February Meeting

- Cancelled
- Rescheduled for March 18-19
- Chair Dr. Krik Milhoan stated ACIP will be more of a “safety committee” going forward, and focus its attention on potential harms of vaccination, and consider vaccine efficacy as “secondary”

Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting

- March 12, 2026
- https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-march-12-2026-meeting-announcement

American College of Obstetricians & Gynecologists (ACOG)

Updated Maternal Immunization Guidance (2/17/26)

- Pregnant people during fall and winter respiratory illness season should receive annual influenza and COVID-19 vaccines
- All eligible pregnant patients who meet criteria should receive RSV vaccine
- All pregnant people should receive Tdap during each pregnancy (as early as possible within the 27-36 gestational week window)
- OB-Gyns may recommend other vaccines during pregnancy depending on the patient's age, prior immunizations, comorbidities, and disease risk factors
- https://www.acog.org/news/news-releases/2026/02/acog-releases-updated-guidance-maternal-immunizations

Withdrew from ACIP (2/24/26)

- Concerns that "recent changes undermine the committee's scientific integrity and evidence-based approach to vaccine policy"
- "ACOG will continue to develop evidence-based vaccine guidance for ob-gyns and their patients and will regularly update its clinical guidance on immunizations based on peer-reviewed scientific data and in collaboration with other leading medical organizations committed to evidence-based medicine."
- https://www.acog.org/news/news-releases/2026/02/acog-withdraws-from-cdc-advisory-committee-on-immunization-practices

Medicine and Public Issues | 27 January 2026

Unexplained Pauses in Centers for Disease Control and Prevention Surveillance: Erosion of the Public Evidence Base for Health Policy

Authors: Jeremy W. Jacobs, MD, MHS , Garrett S. Booth, MD, MS, Noel T. Brewer, PhD, and Janet Freilich, JD | AUTHOR, ARTICLE, & DISCLOSURE INFORMATION

Publication: Annals of Internal Medicine • https://doi.org/10.7326/ANNALS-25-04022

Investigators examined 82 CDC databases that had been updated monthly before RFK Jr. became head of HHS

44 of 82 continued to be updated monthly

38 had unexplained pauses

- 33 (87%) reported information about respiratory disease (influenza, COVID), including statistics on hosptializations and ED visits

Other Updates

Planning will begin for the 2026 Immunization Summit

- Any specific topics?

Other updates?

Save the Dates

2026 Upcoming Quarterly Meetings (Online, 2:00 – 3:30 pm)

- May 28
- August 27
- November 19

Open Discussion