

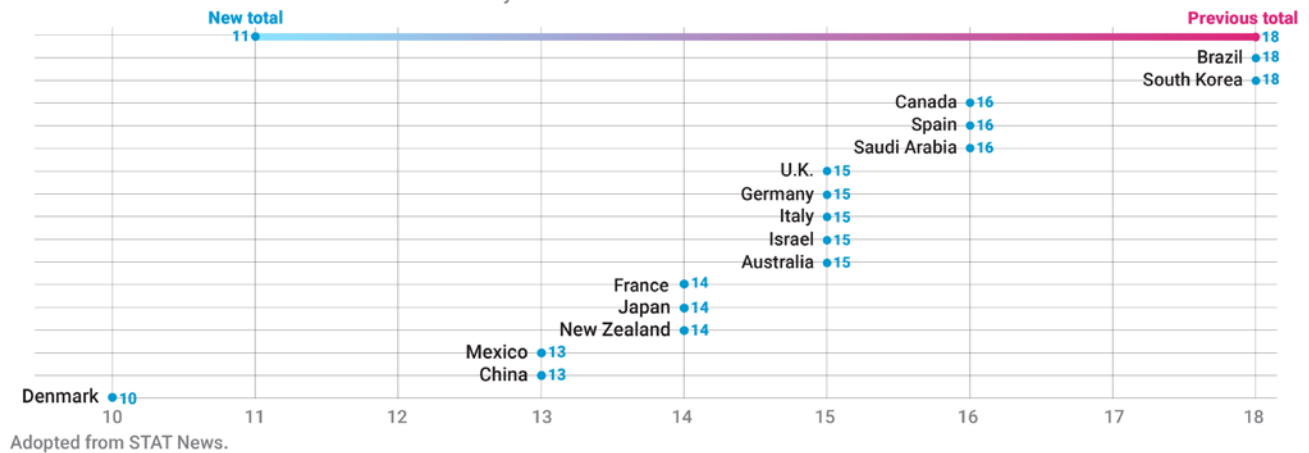
Changes to America's childhood vaccine schedule fail to protect our nation's kids



The U.S. Department of Health and Human Services recently announced changes to the childhood vaccine schedule, referencing international vaccination practices as part of the rationale for the updates. These recent changes put American children's health at risk and were made without scientific justification. The move adds further confusion for Americans who navigate an already complex health care system and face barriers to care.

United States drastically reduces number of recommended vaccines

Total number of vaccines recommended to all children by nation



Let's dive deeper:

The recent updates to the U.S. childhood vaccination schedule undermine evidence-based protections for American children, putting lives at risk.

Efforts to align the U.S. schedule to those used in other countries have resulted in reduced or weakened recommendations for vaccines that protect children against serious illnesses, including rotavirus, influenza and respiratory syncytial virus (RSV), among others.

- **Rotavirus** was the leading cause of severe diarrhea in infants and children under five. Before routine vaccination began in 2006, the disease caused up to **70,000 hospitalizations** and up to 60 deaths in children under five annually in the U.S. Pediatric hospitalizations have **fallen by 80% since routine vaccination began**.
- Pediatric **influenza** leads to thousands of hospitalizations and dozens to hundreds of child deaths in the U.S. each year. In the 2024-2025 season, the U.S. had **288 pediatric flu deaths**, the highest number of deaths since 2009, and already this year, **9 children have died** from the flu.
- **RSV** is the **leading cause of hospitalization** among infants in the U.S., causing up to 80,000 hospitalizations and 100-300 deaths in children under 5 each year.

Limiting or restricting recommendations for vaccines that protect against these serious diseases risks reversing decades of progress and increasing rates of preventable illness, hospitalizations and child mortality in the U.S.

The claim that the U.S recommends far more vaccines for children than peer countries is misleading.

Cross-country comparisons of vaccine schedules can often seem drastically different due to variations in factors such as dose timing and inclusion of boosters. In reality, while every country's schedule should be scientifically driven and tailored to its populations' health needs, industrialized countries generally agree on the diseases we should protect children against.

Across high-income countries, routine vaccination recommendations for the first five years of life typically **cover 12-15 serious pathogens**. The U.S. schedule was at the higher end of that range but remained within international norms – undercutting claims that U.S. children are vaccinated against an excessive or unnecessary number of diseases.

The U.S. childhood vaccine schedule was developed to reflect our own nation's epidemiology and health care system – not blindly follow other countries.

Historically, America's childhood vaccine schedule has reflected decades of research and evidence-based review by public health experts, accounting for disease burden, transmission patterns, health care infrastructure and access to preventive services.

The same goes for other high-income countries. For instance, Denmark, which sits at the low end of the range of recommended childhood vaccines, has a schedule that reflects the country's small, homogenous population, centralized health care system that promotes broad access to preventive care and low baseline disease prevalence.

Using other countries vaccine schedules with different health care coverage realities, population profiles and outbreak histories to guide our own will not adequately protect American children who live in a large, heterogeneous country with a more complex financing and fragmented coverage system and where patients often face barriers to accessing care.

For decades, the U.S. built its childhood vaccine schedule on rigorous, evidence-based research to protect children and families from dangerous diseases. And it worked: routine **childhood vaccination has prevented millions of illnesses**, hospitalizations and deaths while saving \$2.7 trillion over the last 30 years.

Making changes that depart from robust scientific data and review will stall progress and expose more Americans to illness and even death that could otherwise be prevented. Ensuring continued access to vaccines is essential to keeping all Americans – especially children – protected.