

POPULATION HEALTH & WELL-BEING

New Childhood Vaccination Guidelines: What Employers Should Know

On January 5, 2026, the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) announced significant changes¹ to the childhood immunization schedule. These changes represent one of the most notable shifts in decades and carry important implications for employer-sponsored health plans and employee communications.

Understanding Childhood Vaccination: Evidence on Prevention and Population Health

Routine childhood immunizations remain one of the most powerful, evidence-based tools to prevent severe disease, hospitalizations and deaths, protecting individual families and the broader community, which in turn supports a healthier, more reliable workforce.^{2,3} Pediatric societies like the American Academy of Pediatrics (AAP) consistently affirm that vaccines are safe and effective and are foundational to community protection and resilience.⁴

Why prevention matters: Research shows that following U.S. vaccine recommendations benefits children, their communities and the broader economy. As published by the CDC in 2024, “Among children born [in the United States] during 1994 - 2023, routine childhood vaccinations will have prevented approximately 508 million lifetime cases of illness, 32 million hospitalizations, and 1,129,000 deaths, resulting in direct savings of \$540 billion and societal savings of \$2.7 trillion.”^{5,6}

¹ <https://www.hhs.gov/press-room/fact-sheet-cdc-childhood-immunization-recommendations.html>

² [AAP releases evidence-based immunization schedule; calls on payers to cover recommendations | AAP News | American Academy of Pediatrics](#)

³ [Staying on Track: Evidence-Based Vaccine Recommendations](#)

⁴ [Fact Checked: U.S. Vaccine Recommendations are Appropriate for Children in the United States](#)

⁵ [Fact Checked: U.S. Vaccine Recommendations are Appropriate for Children in the United States](#)

⁶ [Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023 | MMWR](#)



What Changed

- The CDC changed the childhood immunization schedule on January 6, 2026
- Several vaccines shifted from universal recommendations to risk based/shared clinical decision making, while universal recommendations continue for some diseases (e.g., measles, mumps, rubella, polio, pertussis, varicella)

What is Not Changing

- Access and coverage continue
- The recommended childhood vaccines remain available and are typically covered at \$0 cost share under most Affordable Care Act (ACA) compliant plans and federal programs (e.g., Medicaid and Vaccines for Children)
- Employees should consult their pediatric provider for individualized guidance



The new schedule reduces the number of vaccines universally recommended for children and adolescents from birth to 18 years old. Many immunizations remain such as measles, mumps, rubella, polio, pertussis (whooping cough) and varicella (chicken pox). Vaccines no longer on the universal list, such as influenza, COVID-19, rotavirus, hepatitis A and B, respiratory syncytial virus (RSV) and certain meningococcal vaccines now fall into two categories:

- 1 High-risk group recommendations based on clinical risk factors
- 2 Shared clinical decision-making, where parents and healthcare providers determine what's best for the child. *Note:* Families and caregivers have always had the opportunity to engage in discussions with their providers; informed consent is and has always been a foundational element of clinical care.

Importantly, all vaccines remain available and covered under federal requirements, meaning families should not face out-of-pocket costs for preventive immunizations.

The AAP issued a response to the new HHS guidelines with the following reminders:

- Vaccines are safe,⁷ effective,⁸ do not overwhelm a child's immune system⁹ and have no link to autism¹⁰
- The childhood vaccine schedule is timed to protect babies and children at the times when they'd be most vulnerable to certain diseases and when those vaccines would work best with their immune systems¹¹
- For example, the hepatitis B vaccine was recommended for newborns shortly after birth because of the high risk of exposure from adults who do not know that they are infected with hepatitis B
- In addition, up to 90% of infants infected with hepatitis B develop chronic hepatitis, a lifelong condition that can lead to liver damage, cancer and even death^{12,13}

⁷ [Vaccine Safety: Examine the Evidence - HealthyChildren.org](#)

⁸ [Fact Checked: Vaccines: Safe and Effective, No Link to Autism](#)

⁹ [Fact Checked: Receiving Multiple Vaccines Does Not Overwhelm a Child's Immune System](#)

¹⁰ [Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study - PubMed](#)

¹¹ [Fact Checked: U.S. Vaccine Recommendations are Appropriate for Children in the United States](#)

¹² <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/hepatitis-b-vaccine-what-you-need-to-know.aspx>

¹³ [Report: Hepatitis B vaccine safe; delaying would lead to increased infections | AAP News | American Academy of Pediatrics](#)



Recommended Steps for Employers

Expect employees to ask if certain vaccines are still covered and why some are still covered if they are no longer universally recommended. Clear and evidence-based messaging will help prevent confusion and reinforce trust in your benefits.

- 1. Update benefits guides, HR portals and FAQs to reflect:**
 - a. Continued coverage for all recommended vaccines
 - b. Resources for employees to learn more (state health departments, pediatric providers)
 - c. Clear understanding of the new terms (universal, risk-based, shared decision-making)
- 2. Review plan documents** to confirm preventive care coverage aligns with the new CDC schedule (note: Confirm specifics with your carrier/TPA)
- 3. Engage carriers and brokers** for official guidance, FAQs and toolkits to ensure accuracy
- 4. Equip HR and benefits teams** with talking points and links to evidence-based resources (e.g., AAP, Children's Hospital of Philadelphia Vaccine Education Center [CHOP VEC], Immunize.org)
- 5. Train managers and HR reps** to answer common questions confidently and direct employees to providers for individualized decisions
- 6. Standardize communications** by providing consistent, plain language updates explaining what has changed and what has not
- 7. Reduce confusion** by distributing evidence-based information through newsletters, webinars and employee intranets

Why It Matters for Employers

While these changes are clinical in nature, they affect how preventive care is communicated and administered under employer-sponsored plans. Under the Affordable Care Act (ACA), most group health plans must cover all vaccines recommended by the CDC without cost-sharing.¹⁴ Even with the new categories, these vaccines remain covered, but employers should confirm plan language and carrier policies to avoid gaps.¹⁵

The AAP has also issued vaccine guidance,^{16,17} which many states are now using instead of the recommendations from the Advisory Committee on Immunization Practices (ACIP), a committee that advises the CDC on vaccine recommendations.

¹⁴ [AHIP Statement on Vaccine Coverage - AHIP](#)

¹⁵ [Recent Changes in Federal Vaccine Recommendations: What's the Impact on Insurance Coverage? | KFF](#)

¹⁶ <https://www.cidrap.umn.edu/public-health/states-health-organizations-reject-new-cdc-vaccine-guidance>

¹⁷ <https://www.aap.org/en/news-room/news-releases/aap/2025/american-academy-of-pediatric-issues-recommended-childhood-and-adolescent-immunization-schedule-for-2026/>

Bottom Line

The new childhood vaccination guidelines may impact coverage expectations and employee health literacy. By proactively reviewing benefits, updating communications and sharing reliable resources, employers can support families through this transition and strengthen confidence in their health programs.

Your role is to ensure access, clarity and confidence. Lead with what changed, confirm coverage, present trusted and credible resources and always close with the recommendation to consult a pediatric provider.



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