
Cloudy with a chance of measles: 2026 vaccine forecast

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Disclosures

At the request of AAFP, presenter has engaged in consulting on vaccine specific education content on Hepatitis B, RSV and influenza vaccines. This work was supported by funding from Dynavax, GSK, Pfizer, Sanofi, Seqirus, and VBI. Presenter served as speaker for Valneva in an unbranded non-CME talk on arboviruses



Preparing Your Family Medicine Practice for the 2024-2025 Flu Season

Understanding the Updated Hepatitis B Vaccination Recommendations and Guidance

Understanding Respiratory Syncytial Virus Vaccination:

Recommendations and Guidance for Adults 60 Years and Older

Objectives



Following this talk learners will be able to...

1. Contrast updated CDC vaccine recommendations with the AAP/AAFP vaccine schedules
2. Recognize signs and symptoms of one or more vaccine preventable illnesses (e.g. measles, meningitis, hepatitis B) which may become more widespread due to the CDC's shift in vaccine guidance
3. Implement evidenced based vaccine strategies into their clinical practice



Touch of Grey

*We will get by
We will survive*

Wrecking Ball

*I came in like a wrecking ball
I just closed my eyes and swung*



WSJ | OPINION

RFK Jr.: HHS Moves to Restore Public Trust in Vaccines

We're reconstituting an advisory committee to avoid conflicts of interest.

17 member panel removed in June 2025 due to concern of conflict of interest & need to enhance trust in vaccines with use of “gold standard” science

New members, new perspectives

ACIP now includes individuals with links to anti-vaccine positions and dissemination of misinformation

New ACIP, New Recommendations

Childhood vaccine schedule changes

routine vaccines **reduced from 17 to 11** vaccine preventable illnesses

Quick Recap

HPV: 2 or 3 vaccine series reduced to 1 dose (question of coverage for additional doses)

Shared clinical decision making replaces routine status for

COVID, HAV, HBV, Influenza, Meningitis (ACWY), and Rotavirus

Adult vaccine schedule change

Shared clinical decision making replaces routine status for

COVID

Recommendations blocked by court order

IV. Conclusion

For the foregoing reasons, Plaintiffs' motion for preliminary relief is GRANTED in part.

(i) The Court STAYS the January 2026 Memo revising the CDC's childhood immunization schedule pursuant to 5 U.S.C. § 705.

(ii) The Court STAYS the appointments of the thirteen ACIP members appointed on June 11, 2025, September 11, 2025, and January 13, 2026.

(iii) The Court further STAYS all votes taken by the now-stayed ACIP.

So Ordered.

/s/ Brian E. Murphy

Brian E. Murphy
Judge, United States District Court

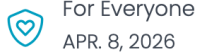
Dated: March 16, 2026



- Immunization schedule change **circumvented procedure** by not involving ACIP
- ACIP members **lack qualifications**
 - “Only 6 have meaningful experience in vaccines”
 - “At least 6 appear to lack any expertise or professional qualifications related to vaccines or immunization as required by ACIP’s Charter”

New Charter for ACIP

ACIP Charter



For Everyone
APR. 8, 2026

KEY POINTS

The Advisory Committee on Immunization Practices (ACIP) comprises medical and public health experts who develop recommendations on the use of vaccines in the civilian population of the United States. It operates under a charter that includes ACIP's authority and objective. It lays out the procedures that ACIP follows.



- gaps in vaccine safety research
- analysis of cumulative effects of vaccines and their constituent components
- re-analysis of vaccine safety and efficacy
- novel vaccine platforms such as mRNA vaccines

A case study of re-analysis of vaccine safety and efficacy by ACIP

CDC Panel Backs Limits on Combined MMRV Vaccine in Youngest Kids

— Standalone chickenpox shot now recommended for kids under 4 years

MMRV vaccine given at age 12-15 months increases risk for febrile seizure

We have known this for years

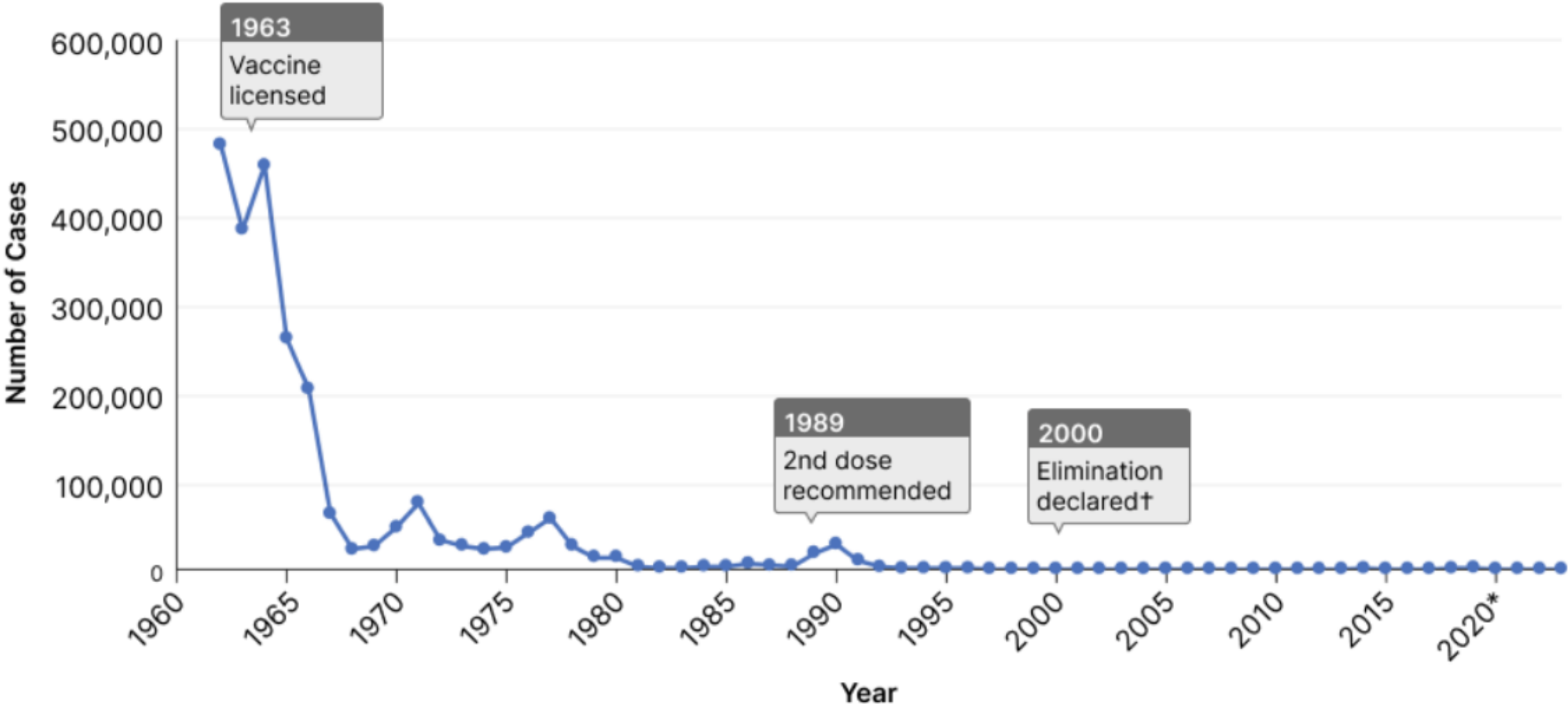
This vaccine is rarely used in this age group as a result

At age 4-6 years seizure risk is lower, we often give the MMRV then to limit # of shots

The Scientist

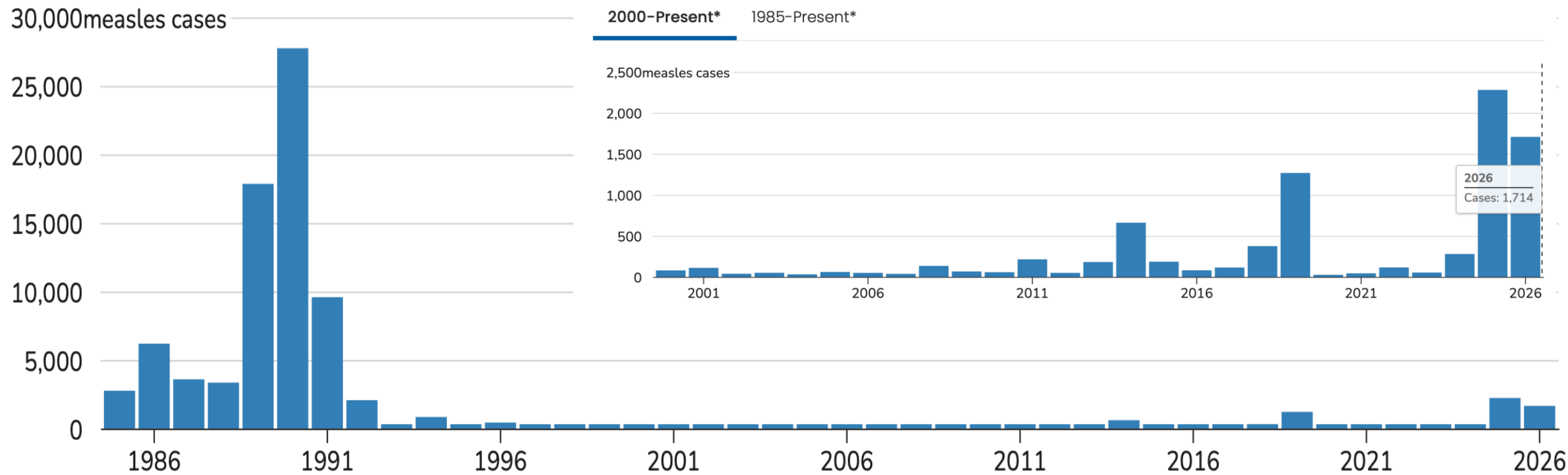
*Guessing at numbers and figures
Pulling the puzzles apart*

Reported Measles Cases in the United States from 1962 – 2023*



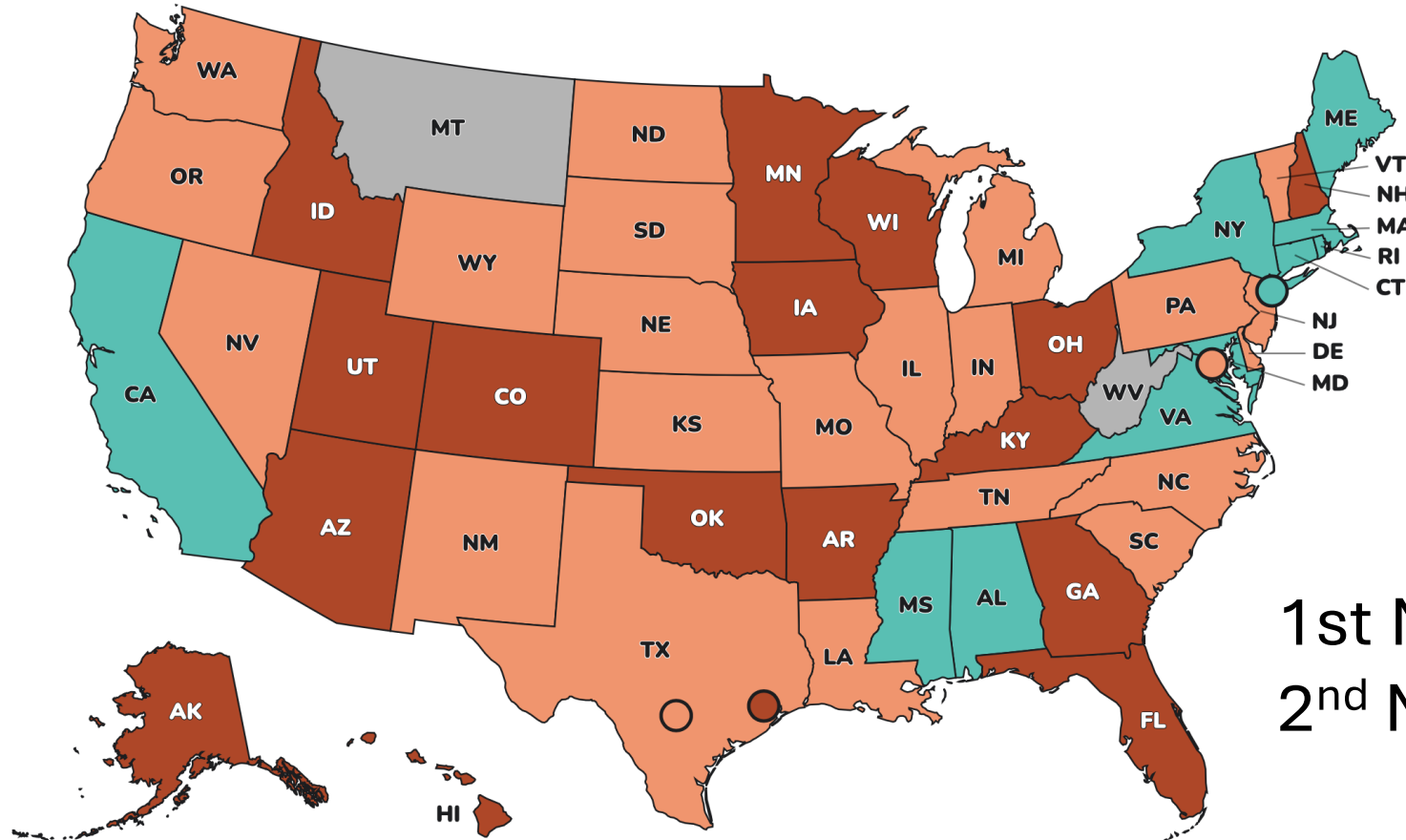
Yearly measles cases

as of April 9, 2026



Measles

Percent Vaccinated



95% of the population needs immunity to prevent spread

1st MMR dose: 93% effective
2nd MMR dose: 97% effective

Annual child and adolescent vaccination data



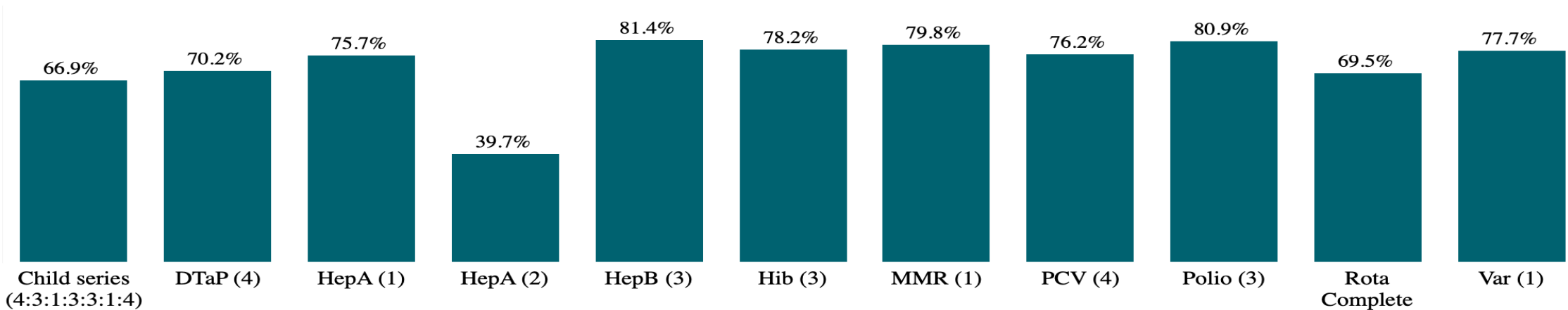
Vaccination Coverage of Wisconsin Children by 24 Months of Age

Updated: 03/09/2026

[View child data](#)

[View adolescent data](#)

Coverage Rates of Wisconsin 24-month olds, 2025



Percent of Wisconsin 24-month olds that received all doses of the 4:3:1:3:3:1:4 series by demographics, 2025

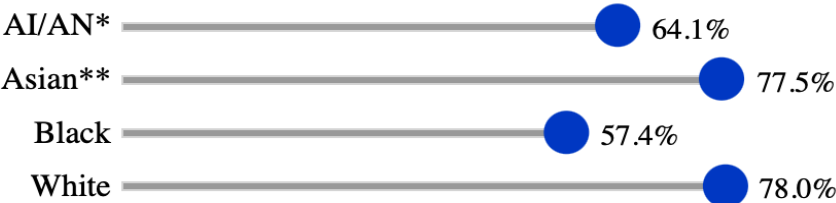
Ethnicity



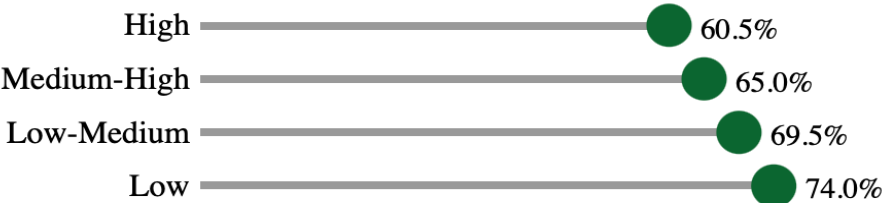
Sex



Race



Social Vulnerability Index †



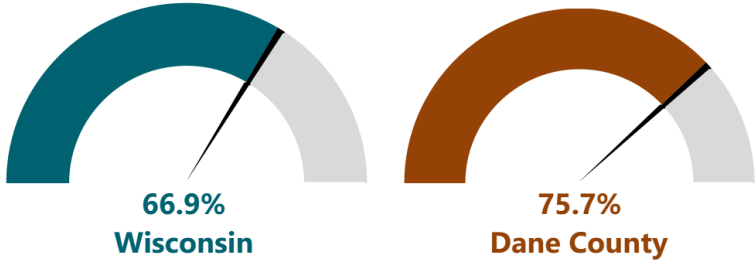
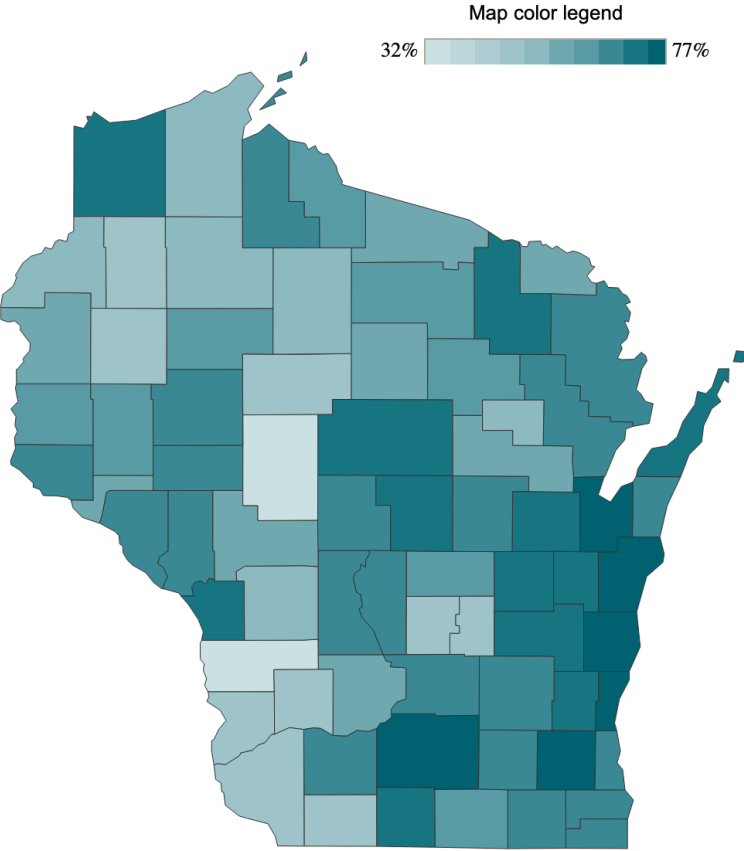
*American Indian, Alaska Native, Indigenous, or Native American

**Asian, Native Hawaiian or Pacific Islander

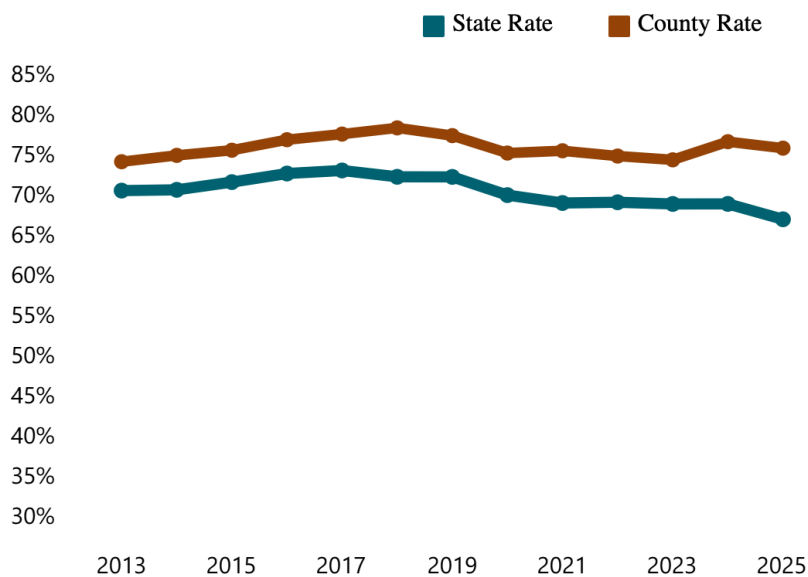
† Social Vulnerability Index (SVI) is a CDC defined place-based index. To learn more about SVI, view the "Understanding our data" section below this dashboard.

Percent of Wisconsin 24-month olds who received all doses of the 4:3:1:3:3:1:4 series, 2025

Click a county on the map below to see the graph and gauge change.

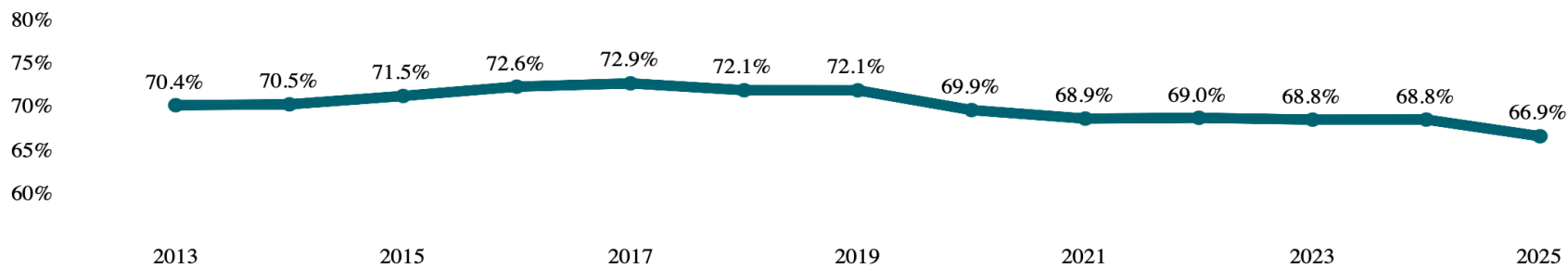


Trends in the percent of 24-month olds who received all doses of the 4:3:1:3:3:1:4 series, statewide and in Dane County



4:3:1:3:3:1:4 =
fully immunized
4 doses of DTaP,
3 doses IPV,
1 dose MMR,
3 doses Hib,
3 doses HepB,
1 dose Varicella
4 doses PCV

Trends in the percent of Wisconsin 24-month olds who received all doses of the 4:3:1:3:3:1:4 series



School Immunization Assessment 2024–2025 Wisconsin Results

2024–25 Key takeaways



2,662 schools reported information on 881,628 students.



During the 2024–25 school year, **86.4%** of all students met the minimum immunization requirements, a **2.8 percentage-point decrease** from the previous school year.



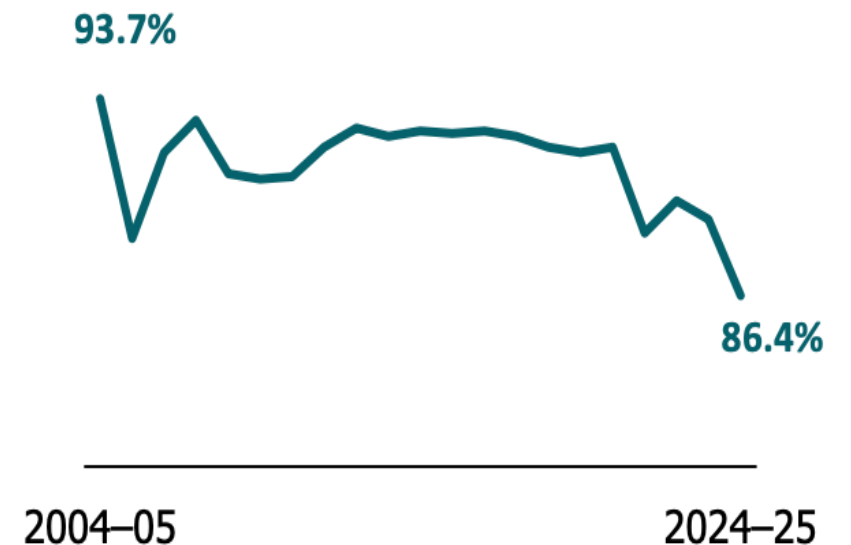
3.8% of all students were behind schedule, double the previous school year's percentage and likely due to the new meningococcal vaccine requirement.



6.7% of students had a waiver for one or more immunizations, a **0.6 percentage-point** increase from last year. However, the percentage of students waiving all vaccinations decreased to **1.3%**.

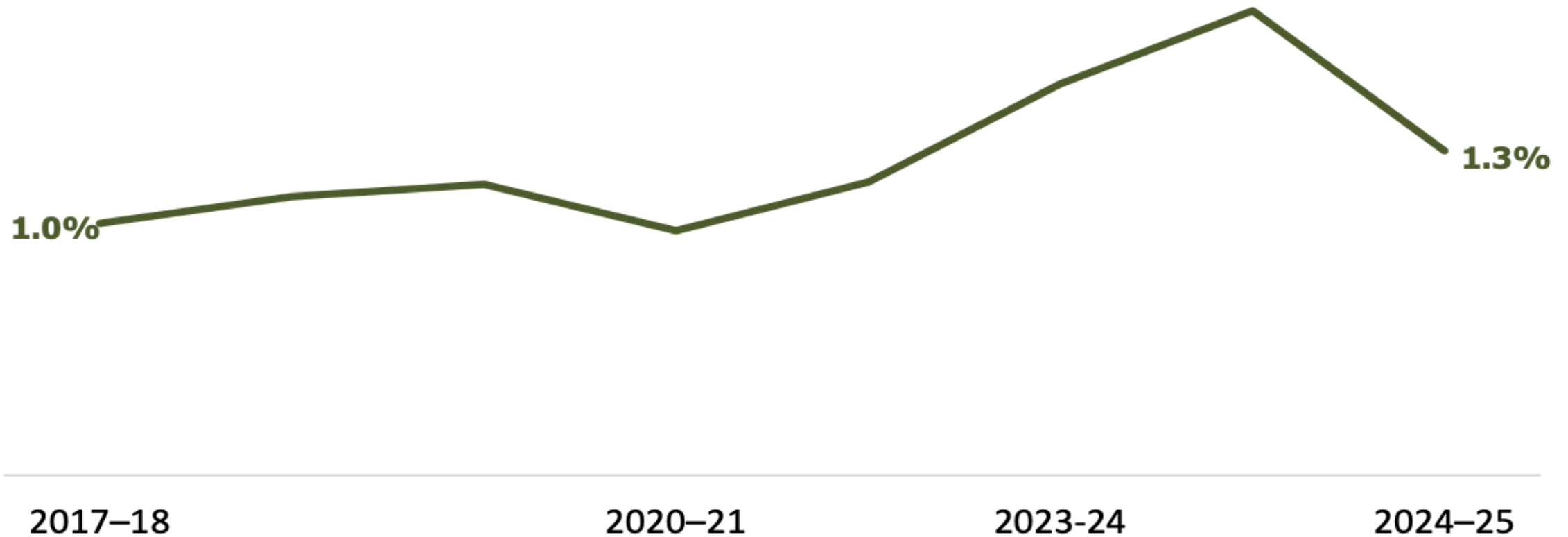


Figure 1: 86.4% of students **met all minimum requirements** at the time of assessment.²



Vaccination waivers among Wisconsin students

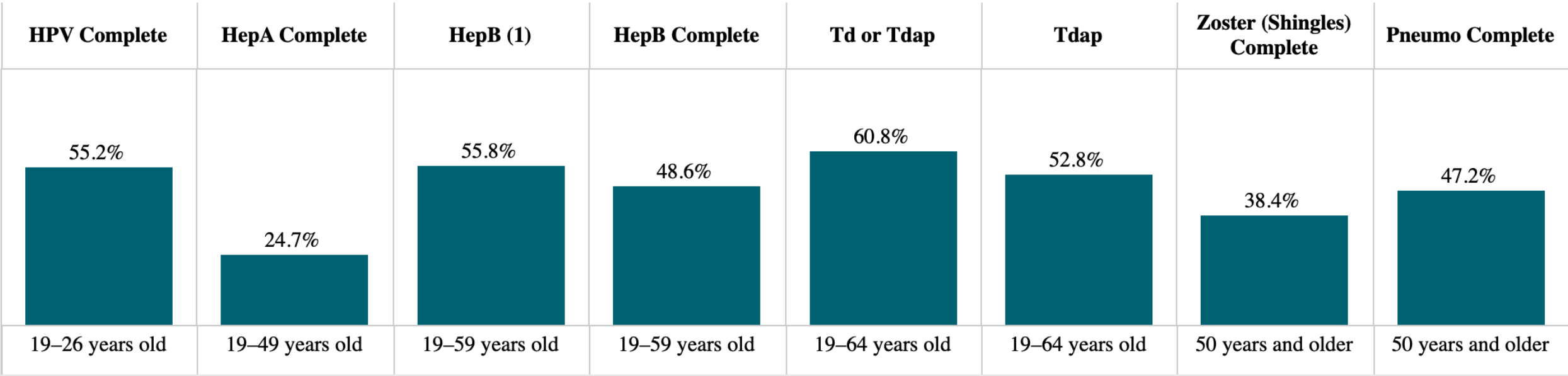
Figure 6: Data for students **waiving all vaccines** has been collected since 2017–18. In 2024–25, this percentage decreased to **1.3%** from **1.9%** the previous school year.





2025 Vaccination Coverage of Wisconsin Adults

Updated: 03/09/2026



Contagious

*I am contagious, I am breaking down.
I am nothing, I am no one's fault.*

Brief Intermission to boost knowledge of a few vaccine preventable illnesses possible in a patient near you...



Measles

- Measles is one of the most contagious diseases. MMR vaccine provides the best protection.
- Isolate infected patients for 4 days after they develop a rash and follow airborne precautions in healthcare settings.
- Report suspected measles cases to your local health department.
- Laboratory confirmation is essential for all sporadic measles cases and all outbreaks.



Symptoms: fever, cough, nasal congestion and conjunctivitis -> rash 2–4 days later

Rash starts on the face and spreads downward on the body

Contagious 4 days before rash starts -> 4 days afterward

Transmission: droplet and airborne (up to 2 hours after an infected person leaves an area)

Complications: pneumonia, encephalitis, and death

MMR vaccination remains the best way to protect against measles and its complications.

Measles



Isolate patient with suspected measles immediately

airborne infection isolation room or private room with a closed door until an AIIR is available.



Immediately notify public health

Pro tip: post-exposure prophylaxis MMR vaccine (within 72 hours of exposure) or immunoglobulin (within 6 days of exposure)



Collect samples for molecular (rRT-PCR) and serology (IgM)

NP swab or OP swab for rRT-PCR testing **AND** serum for serology (IgM) testing.

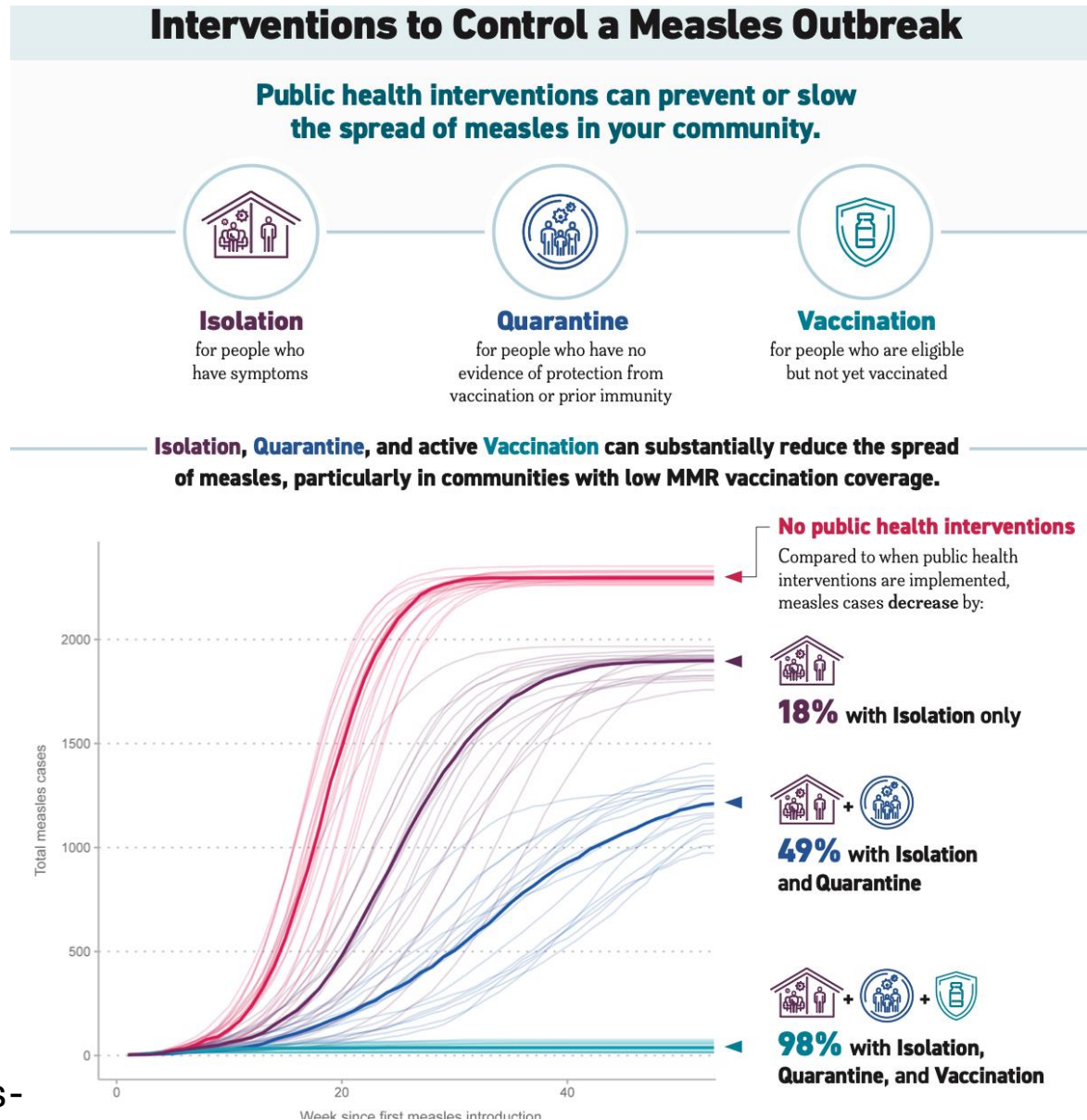
Pro tip: urine specimen along with an NP/OP swab may improve sensitivity of testing.



Manage patients with supportive care

There is **no antiviral therapy** for measles

Vaccination is crucial during measles outbreak



Meningococcal disease (*N. meningitidis*)

Symptoms

50% **meningitis** = sudden HA, fever, neck stiffness*, altered mental status

30% **sepsis** = fever, chills, vomiting, diarrhea, petechial or purpuric rash -> hypotension, multiorgan failure

15% **bacteremic pneumonia**

Transmission: respiratory secretions via close contact. Illness onset Occurs 1-10 days after exposure

Complications: case-fatality rate of 10–15%, even with antimicrobial drug treatment

20% of survivors have long-term health effects (deafness or amputations due to necrosis of the extremities)

Testing: Blood culture and Lumbar puncture (culture and/or PCR)

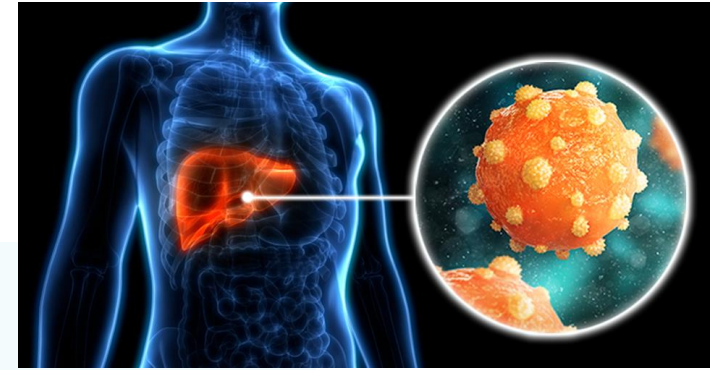
Treatment: Start while awaiting results– 3rd generation cephalosporin

Special populations: travelers (meningitis belt or pilgrimage to Saudi Arabia)

Hepatitis B

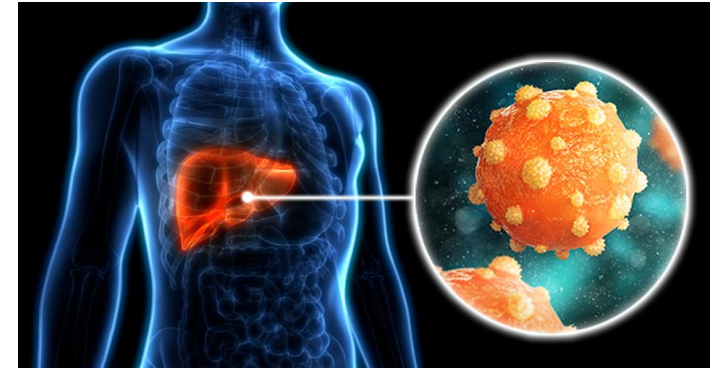
KEY POINTS

- Hepatitis B is a vaccine-preventable disease caused by infection of the liver with the hepatitis B virus (HBV).
- HBV is highly infectious and transmitted when blood, semen or other body fluids from a person infected with the virus enters the body of someone who is uninfected.
- People with hepatitis B often do not have symptoms.
- Vaccination is the best way to prevent hepatitis B.



The content of this page is being revised to reflect [updated childhood immunization recommendations](https://www.cdc.gov/updated-childhood-immunization-recommendations) recently made by the CDC.

Hepatitis B



Anti-viral medications exist, but **vaccination is the best way to prevent infection**

Risk for chronic infection:

90% for infected infants

30% for children infected between 1–5 years

5% for adults

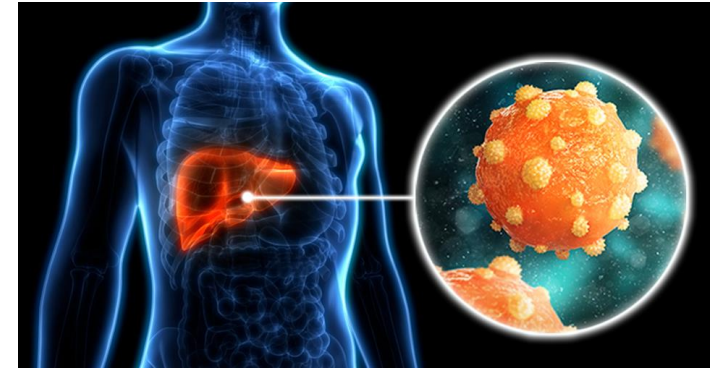
15%–25% with chronic infection -> chronic liver disease (cirrhosis, liver failure, or liver cancer)

Hepatitis B

American Academy
of Pediatrics



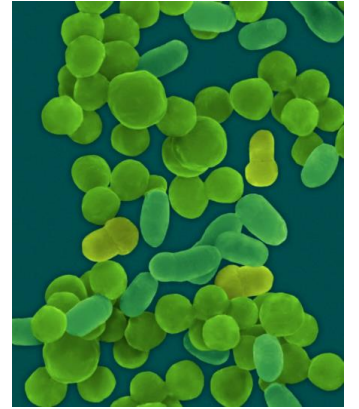
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“This irresponsible and purposely misleading guidance will lead to more hepatitis B infections in infants and children,” said American Academy of Pediatrics President Susan J. Kressly, MD, FAAP. “I want to reassure parents and clinicians that there is no new or concerning information about the hepatitis B vaccine that is prompting this change, nor has children’s risk of contracting hepatitis B changed. Instead, this is the result of a deliberate strategy to sow fear and distrust among families.”

The American Academy of Pediatrics continues to [recommend](#) routine hepatitis B vaccination for all newborns: All babies should receive a first dose of the hepatitis B vaccine within 24 hours of birth, a second dose at one to two months, and a third dose at six months. The pacing of these doses has been rigorously tested and proven to be safe and effective over several decades.

H. influenzae disease — type b (HIB)



- **Symptoms:** Meningitis, epiglottitis, otitis media, pneumonia, bacteremia
- **Transmission:** respiratory droplet (nasopharyngeal colonization)
- **Complications:** 3% to 6% of Hib cases in children are fatal

20% of patients with Hib meningitis -> permanent hearing loss or neurological deficit

- **Diagnosis:** PCR assay with simultaneous or reflex culture
- **Treatment:** cefotaxime or ceftriaxone (if other treatment, require rifampin prior to discharge)

Chemoprophylaxis with Rifampin for close contacts

Vaccination is effective: prevalence of Hib carriage in preschool-aged children **7% to <1%**

20,000 infections per year down to 50!

Pre-vaccine era

1 in 200 kids <5 years with invasive disease//1000 deaths per year// #1 cause bacterial meningitis

POP QUIZ

A 4-year-old child is brought to the urgent care clinic with a high fever, conjunctivitis, and a red, blotchy rash that started on the face. You suspect measles. Which of the following is the most appropriate isolation precaution to implement immediately?

- A) **Contact Precautions** (Gown and gloves)
- B) **Droplet Precautions** (Surgical mask within 3 feet of patient)
- C) **Airborne Precautions** (N95 respirator and negative-pressure room)
- D) **Standard Precautions only** (Hand hygiene and gloves as needed)

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POP QUIZ

A 2-year-old child is being discharged from the hospital after being treated for *Haemophilus influenzae* type b (Hib) meningitis. The child lives with their parents and a 10-month-old sibling who has only received one dose of the Hib vaccine. Which of the following is the most appropriate recommendation for the household contacts?

- A) **No prophylaxis is needed** because the sibling started the vaccine series
- B) **Rifampin prophylaxis for all household members**, including index patient
- C) **Rifampin prophylaxis for the 10-month-old sibling only**
- D) **A booster dose of Hib vaccine** for all household members within 48 hours

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POP QUIZ

When considering evidence based strategies to reduce the incidence and spread of **measles, hepatitis B, Haemophilus influenzae type b (Hib), and bacterial meningitis**, which of the following represents the most effective primary prevention method?

- A) Prophylactic administration of broad-spectrum antibiotics/ anti-virals
- B) Routine administration of recommended vaccinations
- C) Strict adherence to social distancing and universal precautions
- D) Regular screening and early diagnostic testing

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The Healing

This is our healing



Immunizations protect America's children every day

CDC estimates that vaccination
of children born between 1994
and 2023 will:

- Prevent more than 500 million illnesses
- Avoid more than 1 million deaths
- Save nearly \$3 trillion

bit.ly/mm7331a2

AUGUST 8, 2024

MMWR



Routine vaccination of children prevents illnesses, hospitalizations, and deaths

Estimated number of illnesses, hospitalizations, and deaths prevented by routine childhood immunization against selected diseases in 30 cohorts of U.S. children born 1994–2023

Disease	Illnesses prevented	Hospitalizations prevented	Deaths prevented
Diphtheria	7,528,000	7,528,000	752,800
Tetanus	5,000	5,000	700
Pertussis	80,738,000	3,646,000	28,400
Haemophilus influenzae type b	536,000	495,000	20,300
Polio	1,847,000	786,000	21,900
Measles	104,984,000	13,172,000	85,000
Mumps	63,355,000	2,020,000	300
Rubella	54,225,000	199,000	400
Congenital rubella syndrome	17,000	26,000	1,900
Hepatitis B	6,061,000	940,000	90,100
Varicella	106,270,000	272,000	1,900
Hepatitis A	4,048,000	78,000	1,500
Pneumococcus-related diseases	47,804,000	1,969,000	123,200
Rotavirus	30,265,000	819,000	400
Total	507,683,000	31,955,000	1,128,800

Ten Great Public Health Achievements -- United States, 1900-1999

- Vaccination
- Motor-vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

Know our why for immunizations

- Prior to routine immunizations being available, 20% of children under age 5 died
- Public health added 25 years of life expectancy between 1900-1999

#1 vaccination

Vaccines still work to prevent illness

top EXCLUSIVE

CDC delays publishing report showing covid vaccine benefits

The acting CDC director cited concerns with the methodology, but the design has long been used to test vaccine effectiveness.

Updated April 9, 2026

Go Your Own Way



You can go your own way

☒ Yes: All Childhood Vaccines

☒ Yes: COVID-19/Hepatitis B only

☒ Yes: Hepatitis B only

Map: Tim Henderson/Stateline • Source: [KFF](#) • [Get the data](#) • [Embed](#) • Created with [Datawrapper](#)

Implications of not following CDC schedule

What happens to Reimbursement ?

Private insurance

no change for 2026

unknown 2027 & beyond

VFC, VA and Medicare/Medicaid

likely to only pay for

recommended imms

(routine, risk based, SCDM)

Implications of not following CDC schedule

Will there be liability exposure if you don't follow the CDC schedule?

Vaccine Injury Compensation Program

1 million vaccine doses -> 1 compensation for injury

VICP Adjudication Categories, by Alleged Vaccine for Petitions Filed
Since the Inclusion of Influenza as an Eligible Vaccine for Filings 01/01/2006 through
12/31/2024

Name of Vaccine Listed First in a Petition (other vaccines may be alleged or basis for compensation)	Number of Doses Distributed in the U.S., 01/01/2006 through 12/31/2024 (Source: CDC)	Compensable Concession	Compensable Court Decision	Compensable Settlement	Compensable Total	Dismissed/Non-Compensable Total	Grand Total
Grand Total	5,651,995,481	3,892	476	6,265	10,633	3,776	14,409

Pediatric Schedule

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

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)	1 st dose	2 nd dose			3 rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose					4 th dose			5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes				3 rd or 4 th dose (See Notes)									
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose				4 th dose									
Inactivated poliovirus (IPV)			1 st dose	2 nd dose		3 rd dose							4 th 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)					
Influenza								1 or 2 doses annually (See Notes)							1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)							See Notes	1 st dose					2 nd dose					
Varicella (VAR)								1 st dose					2 nd 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)															1 st dose		2 nd 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																		

Pediatric Schedule

Table 3

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

American Academy of Pediatrics
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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/mm ³	≥15% and ≥200/mm ³						
RSV-mAb (nirsevimab, clesrovimab)		1 dose clesrovimab or nirsevimab during 1 st RSV season depending on maternal RSV vaccination status (See Notes)								
		1 dose nirsevimab 2 nd RSV season (See Notes)				1 dose nirsevimab 2 nd 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									

^aFor 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

Endorsements

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®



The 2026 AAP immunization schedule has been formally endorsed by these medical and health organizations:



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

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

Vaccines and other immunizing agents	Birth	1 mo	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	13-16 yrs	16 yrs	17-18 yrs				
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose depending on maternal RSV vaccination status. See Notes					1 dose nirsevimab (8-19 months). See Notes																
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →																	
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes																	
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →					5 th dose											
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes	3 rd or 4 th dose. ← See Notes →																
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →																
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →						4 th dose		See Notes									
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated 2025-2026 vaccine. See Notes																					
Influenza	1 or 2 doses annually														1 dose annually							
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →						2 nd dose									
Varicella (VAR)							← 1 st dose →						2 nd dose									
Hepatitis A (HepA)					See Notes		2-dose series. See Notes															
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																1 dose						
Human papillomavirus (HPV)																	See Notes					
Meningococcal (MenACWY-CRM >2 mos, MenACWY-TT >2 yrs)												See Notes							1 st dose		2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																			See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])																Seasonal administration during pregnancy. See Notes						
Dengue (DEN4CYD: 9-16 yrs)																Seropositive in endemic dengue areas. 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
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No recommendation/Not applicable

3/1/2026 | AMERICAN ACADEMY OF FAMILY PHYSICIANS | RECOMMENDED CHILD & ADOLESCENT IMMUNIZATION SCHEDULE, 2026

Child (birth to 18 years old) Immunization Schedules

This version of the immunization schedules has been adopted by the American Academy of Family Physicians. The CDC's 2026 immunization schedules, which are not endorsed by the AAFP, can be found [here](#).

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2026

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated 2025–2026 vaccine See Notes			2 or more doses of 2025–2026 vaccine See Notes
Influenza inactivated (IIV3, cdiIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or aIIV3 preferred)
Influenza inactivated (aIIV3, HD-IIV3)				
Influenza live, attenuated (LAIV3)	Solid organ transplant See Notes			
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy See Notes		50 through 74 years See Notes	>75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management See Notes			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For health care personnel See Notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions See Notes		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)			See Notes	See Notes See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition (19 through 59 years)			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication See Notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication See Notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable. See Notes			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination or lack evidence of past infection
Recommended vaccination for adults with an additional risk factor or another indication
Recommended vaccination based on shared clinical decision-making
No recommendation/Not applicable

3/1/2026

AMERICAN ACADEMY OF FAMILY PHYSICIANS | RECOMMENDED ADULT IMMUNIZATION SCHEDULE, 2026

Adults Ages 19 and Older Immunization Schedules

Evidence based resources



UNIVERSITY OF MINNESOTA



VACCINE
INTEGRITY
PROJECT



CIDRAP

Center for Infectious Disease Research and Policy



Immunize.org



Children's Hospital
of Philadelphia®

Vaccine Education Center



National
Foundation for
Infectious
Diseases



WISCONSIN DEPARTMENT
of HEALTH SERVICES

PUBLIC HEALTH
COMMUNICATIONS
COLLABORATIVE

Hit me with your best shot

This is a safe space for any and every vaccine question you have

Everything's Right

This world, this world

This crazy world I know

It turns, it turns

And the long night's over and the suns coming up

Thank you

Please reach out with any questions or ideas for collaboration

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The Cloudy Playlist:



<https://music.apple.com/us/playlist/cloudy-with-a-chance-of-measles-2026/pl.u-WabZ6DZcX5eMm>

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