

United States Senate

WASHINGTON, DC 20510

January 28, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Kennedy:

On Monday, January 5, 2026, the Centers for Disease Control and Prevention (CDC) Acting Director Jim O'Neill announced immediate and sweeping changes to the child and adolescent immunization schedule.¹ These changes were not made by independent, subject matter experts – as historically has been the process. Instead, these recommendations were developed by political appointees pursuing your long-held ideological agenda that is unsupported by science. The press release from Acting Director O'Neill falsely claims that these changes will improve “clarity, adherence, and public confidence.”² These arbitrary changes have and will continue to sow confusion, risk lives, and undermine public confidence in vaccines. We demand the science-based childhood immunization schedule be reinstated immediately.

Vaccines remain one of the most important achievements in medical science. For most of human history, infectious diseases killed or injured far greater percentages of the population than they do today. Vaccines for polio, measles, mumps, and rubella have all turned deadly, debilitating childhood diseases into preventable illnesses. The World Health Organization estimates that vaccines prevent an estimated 3.5 to 5 million deaths every year.³

The United States has long recognized the importance of childhood vaccines as a measure to protect children and the safety of the public. The immense responsibility for developing childhood vaccine recommendations fell to CDC's Advisory Committee on Immunization Practices (ACIP), a committee of independent advisers that Americans have trusted for transparent, rigorous, and evidence-based recommendations on vaccines. This process worked. In fact, according to the CDC, “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.”⁴

¹ Press release, Centers for Disease Control and Prevention, *CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule* (Jan. 5, 2026), <https://www.hhs.gov/press-room/cdc-acts-presidential-memorandum-update-childhood-immunization-schedule.html>.

² *Id.*

³ World Health Organization, *Vaccines and Immunizations*, https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1.

⁴ Fangjun Zhou et al., Health and Economic Benefits of routine Childhood Immunizations in the Era of the Vaccines for Children Program – the United States, 1994-2023, Centers for Disease Control and Prevention (Aug. 8, 2024), <https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a2.htm>.

Rather than continue this process in the best interest of people's health, you effectively broke it by packing ACIP with political loyalists. Since the formation of this new committee in June 2025, ACIP has misrepresented data and promoted false information, resulting in changes to the vaccine recommendations for COVID-19, measles-mumps-rubella-varicella (MMRV), and hepatitis B. In each of their meetings last year, they discarded longstanding recommendations, leading to confusion and fear for parents and pediatricians alike.⁵

But that was not enough: now, Acting Director O'Neill has bypassed the ACIP process in its entirety and directed a staggering change in policy—one that moves the United States from a world leader to a notable outlier among developed nations.⁶ This decision appears to rely on only cursory data and the position that the United States should recommend fewer vaccines for children consistent with what some other nations do—despite differences in health care systems, population size, and disease burdens.⁷ It is not based on any new scientific evidence on the safety or effectiveness of the vaccines. In short, it is clear that this decision was made by politicians instead of scientists and doctors.

The likely result of these abrupt changes to the U.S. childhood vaccine schedule is clear and indefensible: confusion among parents about which vaccines their children need and ultimately lower vaccination rates. You are not “making America healthy again” with these changes. You are putting the health and safety of our children at risk. The previous immunization schedule must be reinstated now.

Your lack of transparency and failure to consult key stakeholders has led to numerous unresolved questions. Accordingly, we request the following information by February 1, 2026:

1. What analysis was conducted related to the potential increase in vaccine hesitancy resulting from this decision?
 - a. What consideration did you give to the increased risk of outbreaks, illness, and death from this decision?
 - b. What analysis was conducted to determine the potential cost to the health care system and impact on health care providers from this decision?
2. What plan is in place to measure the impact of changes to the child and adolescent immunization schedule on health outcomes?
3. What measures or criteria were considered when determining which countries to align the United States' vaccine approach with?
 - a. What consideration was given to the unique distribution and determinants of diseases in each region?

⁵ STAT News, *Top Senate health leader calls CDC vaccine panel 'totally discredited'*, (Dec. 4, 2025), <https://www.statnews.com/2025/12/04/cdc-vaccine-panel-senator-calls-acip-totally-discredited/>; CIDRAP, *Vaccine, public health advocates warn of fallout from ACIP meeting* (June 27, 2025), <https://www.cidrap.umn.edu/adult-non-flu-vaccines/vaccine-public-health-advocates-warn-fallout-acip-meeting>.

⁶ STAT News, *When it comes to vaccine schedules, the U.S. is now the outlier*, (Jan. 9, 2026) <https://www.statnews.com/2026/01/09/childhood-vaccination-fact-check-denmark-not-america-is-the-outlier/>.

⁷ CIDRAP, *Viewpoint: The myth of an over-vaccinated America: The US DOES follow global consensus* (Dec. 22, 2025), <https://www.cidrap.umn.edu/vaccine-integrity-project/viewpoint-myth-over-vaccinated-america-us-does-follow-global-consensus>.

- b. What consideration was given to differences in access to pre- and post-natal, pediatric, or primary care?
- c. What consideration was given to differences in maternity leave policies, health insurance models, and health care work force?
4. Please provide a list of professional organizations, advocacy organizations, members of the medical community, states, parents, schools or others consulted prior to changing the childhood vaccine schedule.
5. Please provide a list of the experts at CDC, FDA, NIH, and CMS who were consulted in the development of the assessment comparing the U.S. schedule to other countries.

Sincerely,



Lisa Blunt Rochester
United States Senator



Bernard Sanders
United States Senator
Ranking Member, Committee
on Health, Education, Labor,
and Pensions



Charles E. Schumer
United States Senator



Amy Klobuchar
United States Senator



Ron Wyden
United States Senator



Jacky Rosen
United States Senator



Chris Van Hollen
United States Senator



Angela D. Alsobrooks
United States Senator

Richard Blumenthal

Richard Blumenthal
United States Senator

Edward J. Markey

Edward J. Markey
United States Senator

Tammy Duckworth

Tammy Duckworth
United States Senator

Jack Reed

Jack Reed
United States Senator

Gary C. Peters

Gary C. Peters
United States Senator

Tim Kaine

Tim Kaine
United States Senator

Jeffrey A. Merkley

Jeffrey A. Merkley
United States Senator

Tina Smith

Tina Smith
United States Senator

Cory A. Booker

Cory A. Booker
United States Senator

Mark R. Warner

Mark R. Warner
United States Senator

Angus S. King, Jr.

Angus S. King, Jr.
United States Senator

Mazie K. Hirono

Mazie K. Hirono
United States Senator

Alex Padilla

Alex Padilla
United States Senator