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Trump Administration Issues Sweeping Executive Order on Childhood Vaccine Schedule

Background:

On Aug. 10, President Trump signed an Executive Order (EO) titled "Delivering Gold-Standard Childhood Vaccine Recommendations for Americans," which substantially revises federal recommendations for the childhood vaccination schedule. The order promulgates new federal recommendations divided into three categories; directs the Department of Health and Human Services (HHS), other federal agencies, and states to advance such policies; orders HHS to conduct additional scientific review of vaccines under the updated childhood schedule; and directs relevant agencies to maximize parental choice, religious freedom, and disability accommodations by furthering legal challenges to existing state law. Importantly, the EO clarifies that all agency actions must be taken to the fullest extent allowable and consistent with applicable law, recognizing that "implementation of [the Trump] Administration's prior directives regarding childhood vaccines [have] been delayed due to litigation." This litigation refers to a March 16 preliminary injunction issued by a judge in the Federal District of Massachusetts, pausing previous changes to federal vaccine recommendations including HHS' 2026 memo revising the Centers for Disease Control and Prevention's (CDC) childhood immunization schedule, the full reconstitution of the Advisory Committee on Immunization Practices' membership, and any votes taken by the reconstituted ACIP after June 2025. While the administration's appeal of the Massachusetts ruling is ongoing, President Trump appears to have taken initiative in advancing his vaccine priorities more quickly through executive fiat, and in lieu of the longer, but more legally sound legislative or federal advisory committee process.

Summary:

The EO alludes to several previous presidential actions in its justification, including a Dec. 5, 2025 presidential memorandum and May 29, 2026 executive order on aligning federal childhood vaccine requirements with best practices from peer, developed countries. Pursuant to these actions, HHS published a scientific assessment of vaccines commonly recommended by similarly developed countries in January of this year. The assessment offered several guidelines for reducing the number of recommended vaccines, separating doses, rebuilding trust in the public health system, and clinical evidence generation. While the assessment claims to be "scientific, evidence-based, [and] data-driven" and does reference a number of published studies and datasets, the assessment was published directly by HHS and does not appear to be peer-reviewed. It's authors, Tracey Beth Hoeg MD, PH.D., and Martin Kulldorff, Ph.D., gained prominence for their public skepticism of the COVID-19 vaccine and previously served in high-ranking capacities for HHS and its sub-agencies.

The Aug. 10 EO adopts many of these recommendations, in the manner of "Gold Standard Childhood Vaccine Recommendations." Overall, it reduces the number of vaccines recommended for all children

from 18 to 11, while the remaining shots are recommended in certain cases. Specifically, it recommends that the childhood vaccination schedule be separated into three tiers:

I. **Recommended for all children**: measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B, pneumococcal disease, human papillomavirus, and varicella;
II. **Recommended for certain high-risk groups or populations**: respiratory syncytial virus monoclonal antibodies, hepatitis A, hepatitis B, meningococcal B, meningococcal ACWY, and dengue;
III. **Based on shared clinical decision-making**: hepatitis A, hepatitis B, rotavirus, meningococcal disease, influenza, and COVID-19.

The EO recommends that all childhood immunizations, to the maximum extent feasible, should be administered at separate medical visits. These "Gold Standard" recommendations specifically call out the combined measles, mumps, and rubella (MMR) vaccine, urging administration in three separate shots once separate products are available. Executive departments and agencies are urged to review the updated recommendations and take all appropriate steps to advance them "to the fullest extent allowable by law." The EO also urges state and territorial governments, which traditionally set and enforce their own school vaccination requirements, to consider aligning their regulations with the updated federal recommendations.

The EO also directs HHS to conduct additional studies and offer recommendations on further changes to the federal schedule. Within 90 days, the HHS Secretary is required to present plans to the President to offer core childhood vaccines, including MMR, as single doses. Such plans must require HHS to work alongside private industry and peer countries to develop single dose products, but must also ensure that combination vaccines are made available to patients. Within 90 days, HHS' must also submit plans to assess the timing and sequencing of all core childhood vaccines. The EO specifically references aluminum, a common adjuvant targeted by vaccine skeptics, ordering HHS to develop additional adjuvants and conduct comparative safety and efficacy studies. This section also includes a broad directive for HHS to improve vaccine safety monitoring, transparency, and research. Finally, the EO offers additional directives to maximize parental choice, ordering the Attorney General to further legal challenges to state vaccine laws and regulations deemed restrictive to parental choice, religious freedom, disability accommodations, or equal protection under the law. HHS, the Department of Justice, and the Department of Education are also ordered to ensure that federal grantees, contractors, and states comply with federal obligations regarding parental choice, as well as obligations to provide religious and medical exemptions from childhood and adolescent immunization requirements.

Questions Remain:

The new Executive Order is likely to be challenged in federal court by a plethora of stakeholders including public health and provider associations, patient advocacy groups, individuals, and states. Although the EO acknowledges ongoing legal challenges to prior federal actions on vaccines and is careful to direct actions consistent with applicable law, it lacks the authority granted by statutes passed through Congress. While EOs traditionally carry the force of law in directing federal government operations and activities, the existence of a congressionally approved framework for federal immunization guidelines (the ACIP, established under Sec. 222 of the Public Health Service Act)

means the president may be limited in his authority to bypass the advisory committee in issuing new recommendations. The second Trump administration, which has greatly favored presidential actions in lieu of legislation, has promulgated 273 executive orders thus far, already exceeding the total number of orders from the first Trump term.

As to direct impacts, the EO's requirement for combination vaccines, starting with MMR, to be administered in separate doses is unlikely to see immediate effects as such products do not currently exist. On average, a typical vaccine may take five to ten years to develop. Even under an expedited timeline in collaboration with industry partners, the availability of separated, single-dose immunizations for measles, mumps, rubella, and other diseases are likely years if not decades from fruition. For the time being, insurers are also unlikely to change their coverage determinations around CDC-recommended immunizations—including 0% copays for in-network administration—despite the EO inherently necessitating additional in-person provider visits for the separate administration of vaccines. However, the order is likely to generate confusion amongst parents, caregivers, and providers in the near term. A Harvard T.H. Chan School of Public Health poll from early 2026 found that 55% of the U.S. public disapproves of federal health agencies' actions in the past year, while a strong and growing minority (42%) of adults support reducing the federal childhood vaccine schedule. 89% of those surveyed find childhood vaccines to be safe, marking a notable decline from the 94% of respondents sharing similar views in a 2021-2022 survey.

Overall, these statistics allude to the fact that public trust in vaccines and federal recommendations is declining in recent years and is exacerbated by the elevation of prominent vaccine skeptics to the country's highest public health positions. Despite the EO and HHS' scientific assessment alluding to the need to rebuild public trust in vaccine recommendations, leading public health organizations and experts argue that this latest action will only work to sew further discontent. Senator Bill Cassidy (R-LA), a practicing physician and Chair of the Senate Committee on Health, Education, Labor and Pensions, also published a post rejecting the EO's claims while urging parents to follow recommendations from their pediatrician. The signing of this EO on Aug. 10 is also notable given the upcoming midterm elections on Nov. 3, where congressional Republicans look to retain slim majorities in the House and Senate, and amidst an agency-wide leadership reset at HHS, where several top officials with controversial views on vaccines have been replaced by personnel with more traditional public health backgrounds. National political consultants, including leading Trump campaign polling firm FabrizioWard, have previously cautioned that changes to the vaccine schedule would prove politically perilous towards efforts to court independent voters.

And while it remains to be seen whether the updated federal recommendations are struck down, states that opt to carry out such recommendations will garner real consequences for their populations. The acceptance or rejection of updated federal recommendations is likely to lead to a patchwork of childhood and school vaccination requirements across all 50 states. As of March 2026, 29 states and the District of Columbia have chosen to disregard at least some facet of the federal childhood immunization guidelines, opting instead for recommendations from state public health agencies or independent medical associations. At the same time, states including Florida, Iowa, and New Hampshire have advanced legislation to reduce or eliminate mandatory vaccine requirements for school children, while others with GOP trifectas are likely to seek alignment with the updated federal guidelines. AMCP urges patients and parents to speak with their pharmacist to learn which vaccines may be beneficial. Pharmacists are ready and willing to help patients understand their options and stay protected. AMCP will continue to monitor for updates, including legal challenges and

state action, in response to this EO on Delivering Gold Standard Childhood Vaccine Recommendations for Americans.

Additional Resources:

- Executive Order: Delivering Gold Standard Childhood Vaccine Recommendations for Americans (8/10)
- White House Fact Sheet (8/10)
- AMCP statement in support of vaccines (1/28)