



Immunization Update 2026

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Objectives

Today we will:

- Review current vaccine guidance (CDC, AAP, ACIP)
- Discuss measles outbreaks in Virginia and Nationally
- Review vaccine coverage at Riverside
- Review clinical considerations for healthcare providers.



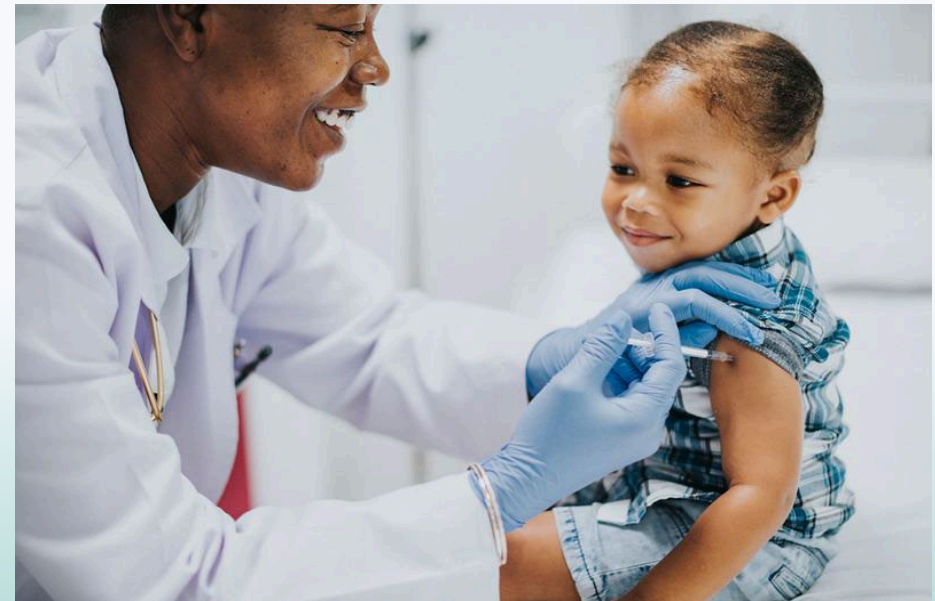
The Advisory Committee on Immunization Practices (ACIP)

- Federal vaccine advisory committee to the CDC.
- Shared clinical decision-making recommendations are individually based and informed by a decision process between the health care provider and the patient or parent/guardian.

Official guidance shapes CDC immunization schedules.

Hepatitis B Vaccine “Traditional” Guidance

- Hepatitis B is a **liver infection** caused by HBV
- Per previous guidance: all infants receive first dose within **24 hours of birth** as part of a 3-dose series (birth, 1–2 months, 6–18 months).
- Universal birth dose significantly reduced child HBV infection rates (~99% decline).



Hepatitis B Vaccine “Traditional” Guidance

Why Birth Dose?

- Protects against perinatal transmission
- Prevents chronic infection (90% chronic if infected as infant)
- Aligns with World Health Organization strategy

New Hepatitis B Guidance 2025

- Universal birth dose **no longer recommended** for all newborns.
- The birth dose is now suggested **only for infants of mothers who are HBV positive or unknown status.**
- For others, **shared decision-making** with the provider is recommended, and first dose may be given **at \geq 2 months**

Hepatitis B Vaccine Safety



- Given to **millions of infants** since 1991
- Extensive safety monitoring shows **no links to autism, chronic illness, or severe long-term problems**



Hepatitis B Safety (continued)

- **Clinical Safety Takeaway:** Vaccine safety data remains robust and consistent.

Measles, Mumps, & Rubella (MMR)

- **What does MMR protect against?**
- **Measles** — highly contagious respiratory virus
- **Mumps** — parotitis, possible meningitis
- **Rubella** — congenital risks in pregnancy

Measles, Mumps, & Rubella (MMR)

Diseases are spread via respiratory droplets; measles can linger in air for 2+ hours.



Measles in the U.S. and Virginia



National Outbreaks 2025:

- Multiple states reporting outbreaks, especially Southwest 2025 (South Carolina, Texas, Arizona, etc.) —2,144 confirmed cases in 2025.

Measles in the U.S. and Virginia (continued)

Virginia:

- Reported its first measles case of 2026 — child under 5, potential exposures in Northern Virginia. There were 5 cases in 2025.

MEASLES



is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.



It is so contagious that if one person has it, **9 out of 10 people** of all ages around him or her will also become infected if they are not protected.



Facts about the Measles (MMR) Vaccine | UCLA Health



River



Pertussis (whooping cough) Update

- Caused by *Bordetella pertussis*
Severe in infants (apnea, pneumonia)

Trends:

- Rising cases nationally in recent years >26, 000 reported in 2025
 - Protection wanes — necessitates boosters

Pertussis (whooping cough) Update (continued)



- Tdap recommended at 11–12 years + during each pregnancy
- *Recent national data shows cycles of pertussis outbreaks linked to incomplete vaccination and waning immunity*

RSV (Respiratory Syncytial Virus)

- RSV causes about 50,000 to 80,000 hospitalizations and 100 to 300 deaths per year in children under 5 years, according to the CDC.
- Beyfortus (nirsevimab) is a monoclonal antibody vaccine.
- Beyfortus(nirsevimab) is recommended for infants under 8 months during their first RSV season and high-risk toddlers 8-19 months.

RSV (Respiratory Syncytial Virus)

- Most infants whose mothers receive this vaccine (32-36 weeks) will not need additional protection from nirsevimab.

Influenza Guidance

Traditional Recommendations

- Annual vaccination recommended for all ≥ 6 months Especially critical for children with chronic conditions

Current Recommendations

- shared recommendations

COVID-19 Vaccine Update

- Shared clinician-patient decision-making models being used



Trump Administration Changes to U.S. Pediatric Vaccine Recommendations, as of January 5, 2026

Disease(s)/Vaccine	Pre-2025	As of Jan 2026	Change (Y/N)
Diphtheria, tetanus, acellular pertussis (DTaP; Tdap)	Routine	Routine	N
Haemophilus influenzae type b (Hib)	Routine	Routine	N
Pneumococcal (PCV)	Routine	Routine	N
Inactivated poliovirus (IPV)	Routine	Routine	N
Measles, mumps, rubella (MMR)*	Routine	Routine	N
Varicella (VAR)	Routine	Routine	N
Human papillomavirus (HPV)	Routine	Routine; # recommended doses reduced from 2 or 3 to 1	Y
Rotavirus (RV)	Routine	SCDM	Y
COVID-19*	Routine	SCDM	Y
Influenza**	Routine	SCDM	Y
Hepatitis A (HepA)	Routine & Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations & SCDM for others	Y
Hepatitis B (HepB)	Routine	Certain High-Risk Groups or Populations & SCDM for others	Y
Meningococcal ACWY (MenACWY)	Routine & Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations & SCDM for others	Y
Meningococcal B (MenB)	Certain High-Risk Groups or Populations & SCDM for others	Certain High-Risk Groups or Populations & SCDM for others	N
Respiratory syncytial virus (RSV-mAb)	Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations	N
Dengue	Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations	N

Note: SCDM = shared clinical decision-making. *As of the end of September 2025, the combination MMRV product was no longer recommended. **In addition to the 1/5/26 change from routine to SCDM, as of 7/22/25, the multi-dose influenza vaccine with Thimerosal was no longer recommended and has been removed from market.

Source: KFF analysis of HHS Decision Memo and CDC 2025 Vaccine Schedule



Changes to the Vaccine

U.S. childhood vaccination schedule changes *All vaccines are still available at no cost*

PREVIOUS SCHEDULE

Chickenpox
Diphtheria
Hib
HPV (2 doses)
Measles
Mumps
Pneumococcal
Polio
Rubella
Tetanus
Whooping cough
RSV
Hepatitis A
Hepatitis B
Meningococcal ACWY
COVID-19
Flu
Rotavirus
Dengue
Meningococcal B

UPDATES SINCE OCT. 2025

Chickenpox
Diphtheria
Hib
HPV (1 dose)
Measles
Mumps
Pneumococcal
Polio
Rubella
Tetanus
Whooping cough
Dengue
RSV
Hepatitis A
Hepatitis B
Meningococcal ACWY
Meningococcal B
COVID-19
Flu
Rotavirus

← Recommended for all babies whose mothers did not receive the maternal RSV vaccine

Recommended for all kids
Recommended for high-risk

Recommended for high-risk, shared clinical decision-making for others
Shared clinical decision-making

Table 1

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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 dose 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 st dose			
Human papillomavirus (HPV)															2-dose series		See Notes	
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)															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																		

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups or populations

Recommended vaccination for those who desire protection

Recommended vaccination based on shared clinical decision-making

Vaccine Availability

- All Vaccines are available, except RSV and Covid vaccines for children under 12.
- RSV nirsevimab (Beyfortus) is available through the VFC (Vaccines for Children) program through the state. Currently Riverside does not have nirsevimab Beyfortus on formulary (covered by all insurances).
- Local pharmacies do not have nirsevimab Beyfortus and most do not offer Covid vaccines for children under 5.

Takeaway Points



- Vaccine recommendations are fluid(changing to what we used to know).
- Shared clinical decision making "new lingo".
- Lean on science and be willing to share with patients/families.

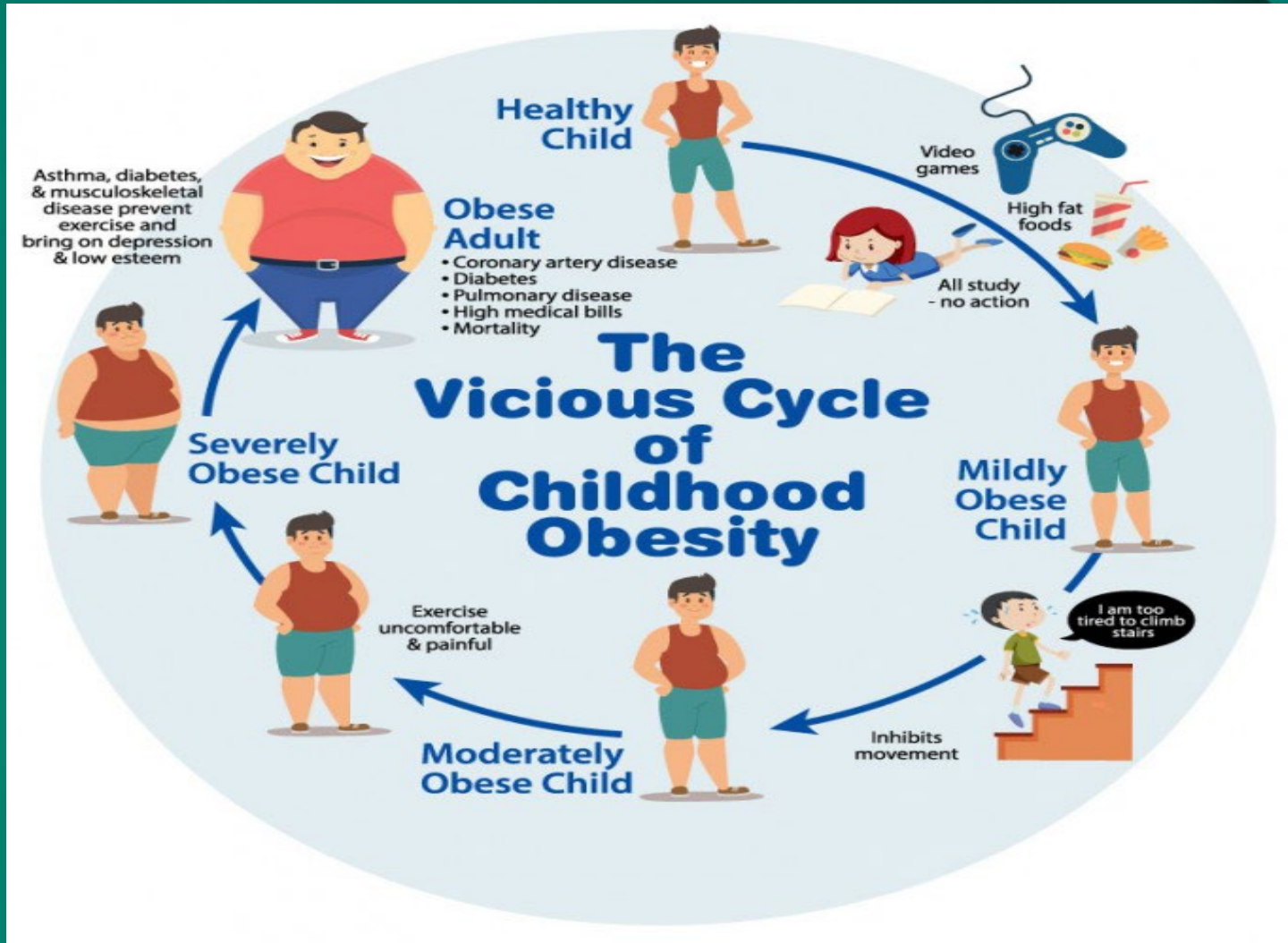
References

- CDC ACIP hepatitis B decision statement, Dec 2025. CDC
- CDC immunization schedules, 2025. CDC
- WHO/CDC global hep B birth dose data.
- Measles outbreak data.
- Virginia measles case report.
- AAP position commentary (news reporting).





Riverside
Health



The Battle Against Childhood Obesity,
Certified Lifestyle Coach Louis Everett

| What are The Facts

In 2025, the World Obesity Federation projects 206 million children and adolescents aged 5-19 will have obesity globally, with the highest numbers in China, India, and the USA, and a rising prevalence of severe obesity in some regions. The [United States](#) has a national youth obesity rate of 19.7%, with significant racial and ethnic, including [high blood pressure](#), [type 2 diabetes](#), and mental health issues like depression and low self-esteem also health disparities. Childhood Obesity leads to severe health consequences.



PREVENT CHILD OBESITY



Tips to Prevention of Childhood Obesity

_Healthy eating behaviors

www.ChooseMyPlate.gov.

-Regular Physical Activity, and reduced sedentary activity strategies are key

[https://odphp.health.gov/sites/default/files/2019-9/Physical Activity Guidelines 2nd edition.pdf](https://odphp.health.gov/sites/default/files/2019-9/Physical_Activity_Guidelines_2nd_edition.pdf)<https://www.nimh.nih.gov/publications/children-and-mental-health/children-and-mental-health.pdf>

-Healthy Mental Health

<https://www.nimh.nih.gov/sites/default/files/documents/health/publications/children-and-mental-health/children-and-mental-health.pdf>





KIDS' PHYSICAL & MENTAL HEALTH

Prioritizing healthy routines helps kids feel better today and gets them on the right track for years to come.

HEALTHY BEHAVIORS

Set small, achievable, short-term goals to prioritize **three key areas**:



PHYSICAL ACTIVITY

Preschool-age children about **3 hours per day** of a variety of activities

School-age kids and teens at least **60 minutes per day** of moderate- to vigorous-intensity activity

A healthy routine can help kids feel better, improve mental health and decrease and prevent conditions such as anxiety and depression.



NUTRITION

Consume a variety of foods daily, increase intake of vegetables, fruits, nuts, whole grains, low-fat or fat-free dairies, lean vegetable or animal protein, and fish.

Minimizes the intake of saturated and trans fats, processed meats, refined carbohydrates, and sweetened beverages.



SCREEN TIME

Less is better
No more than **1 to 2 hours** of TV/computer/video games a day; separating leisure screen time and school screen time.

For more information visit heart.org/Kids.

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MOVE YOUR WAY.

How much physical activity do kids and teens need?

At least 60 minutes every day.

Most of that time can be moderate-intensity aerobic activity — anything that gets their heart beating faster counts.



And at least 3 days a week, encourage them to step it up to vigorous-intensity aerobic activity, so they're breathing fast and their heart is pounding.



As part of their daily 60 minutes, kids and teens also need:

Muscle-strengthening activity

at least 3 days a week



Anything that makes their muscles work harder counts — like climbing or swinging on the monkey bars.

Bone-strengthening activity

at least 3 days a week



Bones need pressure to get stronger. Running, jumping, and other weight-bearing activities all count.

Walk. Run. Dance. Play. **What's your move?**



PROMOTING MENTAL HEALTH AT HOME

Every parent is cognizant of the physical health their child is in, but what about mental health? Keep reading to learn how to foster positive mental health habits at home.



Create Healthy Habits

Encourage your kid to develop healthy habits, like a nutritious diet, consistent sleep, and plenty of exercise.

Incorporate Mindfulness and Gratitude

Mindfulness-based approaches reduce problematic responses to stress, helping kids experience fewer intrusive thoughts and lower emotional arousal.



Play with Them

Healthy play can benefit kids in a number of ways. When children play, their odds of being happy increases, and the risk of depression and anxiety decrease.

Remind Them That Everyone Experiences Ups and Downs

Life isn't about being happy all of the time. It is completely normal for children to feel sad and upset.



Seek Professional Help

If you notice any red flags or shifts in mood and behavior that last more than two weeks, you may want to consider seeing a mental health provider.

To learn more, visit our site for regular blog updates. For more information on how to enroll in our early childhood education center, contact us today.



Child Obesity Management

1. Consume ≥ 5 servings of fruits and vegetables per day. Also 2 to www.choosemyplate.gov
2. Minimize or remove sugar-sweetened beverages or more servings of whole grains daily, from the diet
3. Limit screen time to ≤ 2 hours per day
4. Engage in moderate to vigorous physical activity ≥ 1 hour every day
5. Involve the whole family in lifestyle modifications (Nutrition, Sleep, Physical Activity and Mental Health)
6. Encourage child to self-regulate meals and avoid over restrictive feeding habits
7. Child and/or parent maintains a log to monitor the behaviors, such as daily screen time and recording of food and beverages consumed and create a daily eating plan with structured daily meals and planned family time.
8. Parents may offer planned incentives to reinforce targeted behaviors



Parent Engagement and Resources

The Global Association of Obesity Between Parents and Children



Overweight or obese status
in parents and children is
significantly associated
worldwide. (OR 1.97)

Asia > Europe and the Middle East
High-income countries > Middle- and low-income
countries

“Childhood obesity is highly associated with weight status of parents, which implicates that parents can play an important role in preventing childhood obesity.”



Parent Tips for Combating Child Obesity

- . Parents can provide healthy meals and snacks
- . Parents can provide encourage daily physical activity with coordinating planned physical Activity
- . Parents can get educated on nutrition education. bodies while .
- . Parents will provide a model of healthy eating behavior. Helps children develop an awareness of good nutrition and healthy eating habits for a lifetime.
- . Parents should focus on good health, not a certain weight goal. Teach and model healthy and positive attitudes toward food and physical activity without emphasizing body weight.
- . Parents should not set overweight children apart. Involve the whole family and work to gradually change the family's physical activity and eating habits.
- . Parents should establish daily meal and snack times, and eating together as frequently as possible. Make a wide variety of healthful foods available based on the , (www.choosemyplate.gov)
- . Parents should let the child determine what food is offered and when, and let the child decide whether and how much to eat. Provide guidance for sensible portions.



**To Win
the War
We must
Fight
The
Battles**

**WE CAN
FIGHT
CHILDHOOD
OBESITY**

together

