

# Recent Developments in United States Vaccine Policy:

## A Narrative Review

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## Introduction

Vaccines prevent disease transmission by exposing the immune system to an antigen of interest. This enables the creation of memory cells so that the immune system can respond faster to future infections by the same pathogen.<sup>1</sup> One study estimates that since 1974, vaccines have prevented 154 million deaths worldwide.<sup>2</sup> While organizations such as the American Academy of Allergy, Asthma, and Immunology state that vaccines are very unlikely to actually infect an individual and are needed to achieve herd immunity to reduce overall illness,<sup>3</sup> anti-vaccine attitudes persist in the United States. This review aims to provide an overview of shifts in vaccine policy in the past year, focusing on the State of Delaware to examine how public health will be affected.

## Background

Vaccine hesitancy has been a rising trend in the United States both during and after the COVID-19 pandemic.<sup>4</sup> In May 2025, the U.S. Department of Health and Human Services (HHS) reinstated the “Task Force on Safer Childhood Vaccines,” a federal panel created by Congress to improve the “safety, quality, and oversight of vaccines administered to American children.”<sup>5</sup> Soon after, the current Secretary of Health and Human Services, Robert F. Kennedy, Jr. (RFK), announced via social media that the Centers for Disease Control and Prevention (CDC) would no longer recommend the COVID-19 vaccine for healthy children and pregnant women.<sup>6</sup> He followed this in June 2025 by dismissing all members of the Advisory Committee for Immunization Practices (ACIP). He replaced this committee to the CDC with handpicked employees. He defended this action by claiming, “the committee has been plagued with persistent conflicts of interest and has become little more than a rubber stamp for any vaccine,”<sup>7</sup> disregarding that ACIP members are required to declare conflicts of interest, recuse themselves from voting on vaccines that they may in some way be connected to, and have repeatedly done so in the past.<sup>8</sup>

In July 2025, the Department of Health and Human Services stopped allowing liaison groups such as the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) from weighing in on vaccine recommendations. They accused these organizations of being biased, despite the fact that liaison members were required to sign conflict of interest forms prior to ACIP meetings.<sup>9</sup> Since this concerning change,<sup>9,10</sup> AAP has repeatedly advocated for science-based vaccine policies and has condemned some of ACIP and the CDC’s decisions.<sup>11–16</sup>

## Federal Vaccine Policy

Federal vaccine policies and attitudes in the United States have been changing. In August 2025, Kennedy cut nearly \$500 million in mRNA vaccine development contracts,<sup>17</sup> reflecting shifting vaccine research priorities. In September 2025, ACIP voted to stop the Vaccines for Children (VFC) program (which provides free vaccines to children in low-income families<sup>18</sup>) from covering the combined measles, mumps, rubella and chickenpox (or varicella) (MMRV) vaccine for a first dose of the four viruses. Instead, the committee recommended MMR and varicella vaccines be administered separately, citing studies showing an increased risk of febrile seizures when the vaccines were administered together.<sup>19</sup> Of note, 85% of American families, and many physicians already opt for the separate administration of these vaccines,<sup>20</sup> but this may contribute to the general wariness of the public in regards to vaccine safety.

In January 2026, the CDC changed the childhood immunization schedule from recommending seventeen vaccines to eleven, with no updated risk or safety profile updates to these vaccines. Previously, seventeen vaccines were recommended for all children. Now, the COVID-19, flu, and rotavirus vaccine are recommended after shared clinical decision-making. Hepatitis A, Hepatitis B, meningococcal ACWY, and meningococcal B are recommended for high-risk individuals, but are up to shared clinical decision-making for the rest. Removing some of these vaccines from the schedule may cause parents to be confused. AAP still recommends children receive all seventeen vaccines, and they will all still be available to children, parents will have to put in slightly more effort to ensure their children receive them. The CDC has made it clear that these changes to the vaccine schedule will not affect public insurance coverage for any of these vaccines.<sup>21</sup>

## Herd Immunity

This upheaval of medical guidelines has fostered a sense of mistrust in the healthcare system. One major risk of ending vaccine mandates is the loss of herd immunity.<sup>22</sup> Herd immunity results when a significant proportion of the population becomes immune to a certain disease, most safely achieved via vaccination, in order to limit disease spread. This protection is essential for safeguarding immunocompromised individuals and others who are unable to receive vaccines.<sup>23</sup>

The level of immunity required to achieve herd immunity varies, with higher percentages required for more contagious diseases. For example, according to the World Health Organization, the herd immunity threshold for measles is 94%, meaning 94 out of every 100 people should be vaccinated to stop the spread of the measles. As a result, the public target for measles vaccination is set at 95% to ensure safety for vulnerable populations.<sup>22</sup> In contrast, the herd immunity threshold for polio is about 80%.<sup>24</sup>

In Delaware, the estimated vaccine coverage from 2024-2025 was 94.1% for the MMR vaccine and about 94.9% for polio. While this places the state well above the cutoff for polio, MMR coverage remains near the critical cutoff for measles. Although both vaccination rates increased compared to the 2023-2024 period,<sup>25</sup> it is unknown how RFK's statements and structural changes will influence vaccination rates during the 2025-2026 cycle.

## Delaware Vaccine Policy

With such rapid changes on the federal level, Delaware has taken steps to allow the public access to vaccines. The Delaware Board of Pharmacy has authorized pharmacists to continue

administering COVID-19 vaccines, with Governor Matt Meyer stating, “Making vaccines easy to get is one of the best ways we can keep our families and communities safe.”<sup>26</sup> The Delaware Division of Public Health (DPH) also announced they would offer routine vaccinations at clinics statewide to ensure continued access.<sup>27</sup> Delaware has also joined other Northeastern states in a regional public health coalition, comprised of Connecticut, Delaware, Maine, Maryland, Massachusetts, New York State, New York City, New Jersey, Pennsylvania, Rhode Island, and Vermont. Together, these states banded together to create a set of recommendations for vaccine recipients.<sup>28</sup>

Insurance companies are scrambling to keep up with changes, but America’s Health Insurance Plans (AHIP) stated that its member plans will cover all ACIP recommended immunizations as of September 1, 2025.<sup>29</sup> AHIP is comprised of a multitude of insurance companies that cover over 200 million Americans,<sup>30</sup> so at this time, these decisions do not seem to have caused major changes for financial access to vaccines.

## Conclusion

At a time of much misinformation and mistrust, it is critical to educate the public about vaccine science to ensure informed decision making. Professional societies continue to advocate for vaccine access and uptake, emphasizing the safety of vaccines. Delaware has also taken steps to ensure vaccine access to residents. Despite the change in federal guidance, large-scale shifts to insurance policy have not occurred. Overall, vaccines remain a cornerstone of public health, critical for achieving herd immunity and protecting the general population from disease outbreaks.

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