Immunization Recommendations
What you Need to Know

Maine Immunization Program

2/12/2026

Maine Childhood Immunization Recommendations

On January 5, 2026, the Acting Director of the U.S. Centers for Disease Control and Prevention (U.S. CDC) signed a decision memorandum that reduced the number of immunizations routinely recommended for all children on the U.S. CDC *Child and Adolescent Immunization Schedule*.

The Maine Department of Health and Human Services' Maine Center for Disease Control and Prevention (Maine CDC) continues to recommend clinicians follow the pediatric immunization guidance provided by the American Academy of Pediatrics (AAP) as the evidence-based recommendations for childhood vaccinations. The Maine CDC is not aware of any changes in disease trends, product availability or vaccine safety concerns that would warrant changes to the immunization schedules.

Maine CDC Immunization Guidance

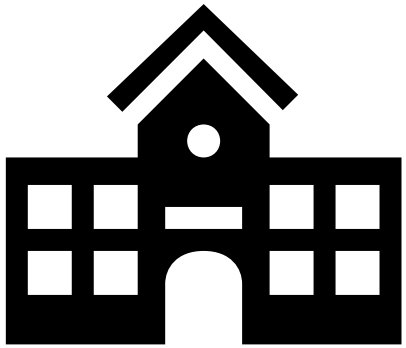
- The Maine Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) continues to follow the guidance of the American Academy of Pediatrics (AAP), American Academy of Family Physicans (AAFP), and American College of Obstetricians & Gynecologist (ACOG) on vaccine recommendations.
- Families are encouraged to consult qualified health care professionals and rely on trusted medical sources when making decisions. Vaccines are our most effective defense against vaccine-preventable illness.
- In Maine, vaccines remain available at no cost to eligible children through the Maine Immunization Program.

The following organizations support the AAP, AAFP and ACOG vaccine recommendations:

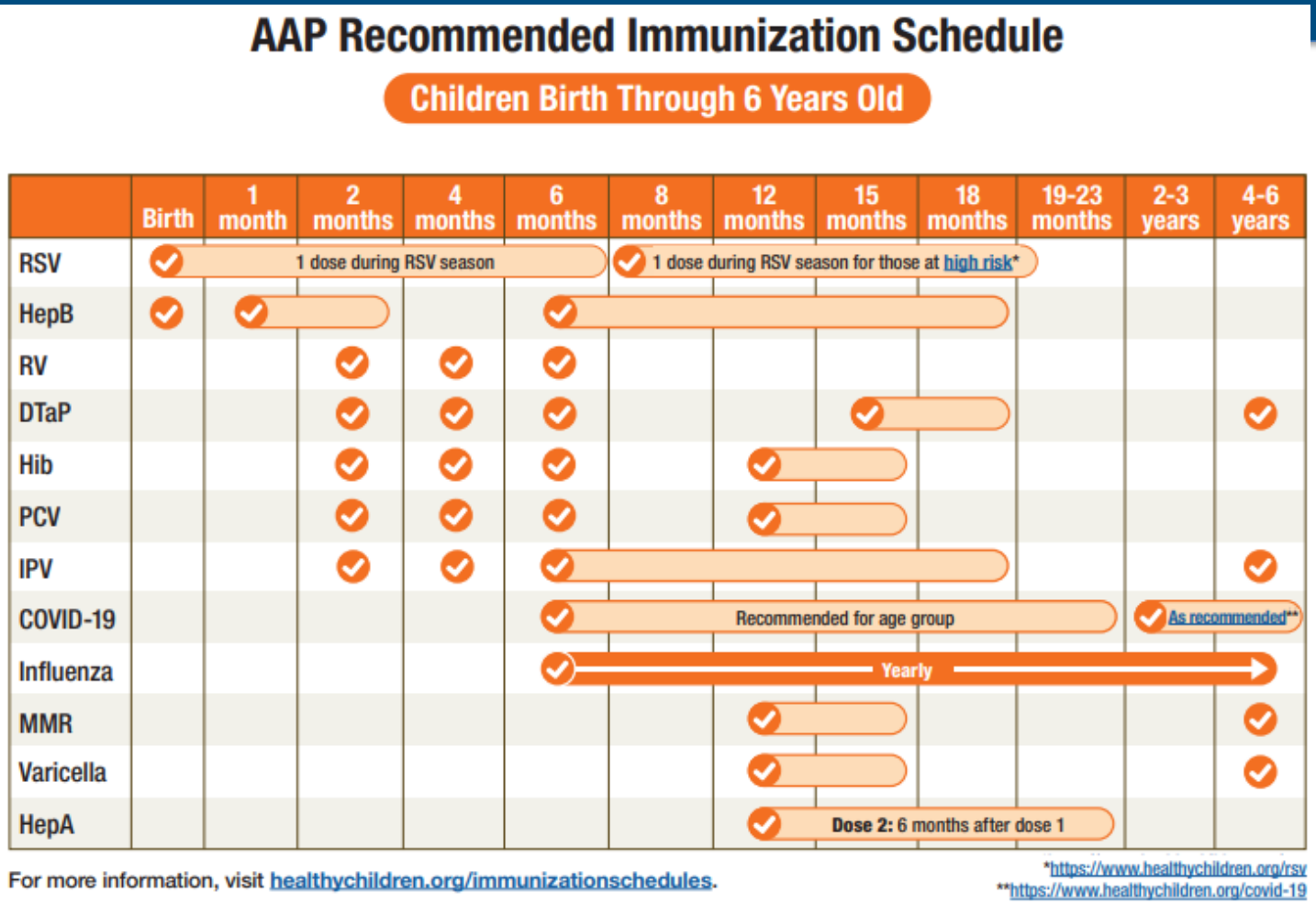
Maine Childcare and School Immunization Requirements

Maine's school and childcare immunization requirements remain unchanged by federal actions to date.

- All childcare and school aged children must be fully vaccinated following the State of Maine immunization requirements ensuring the correct intervals and vaccine is administered for the child to attend childcare, public or private schools, including post-secondary schools.



American Academy of Pediatrics (AAP) Immunization Schedule Birth – 6 Years Old



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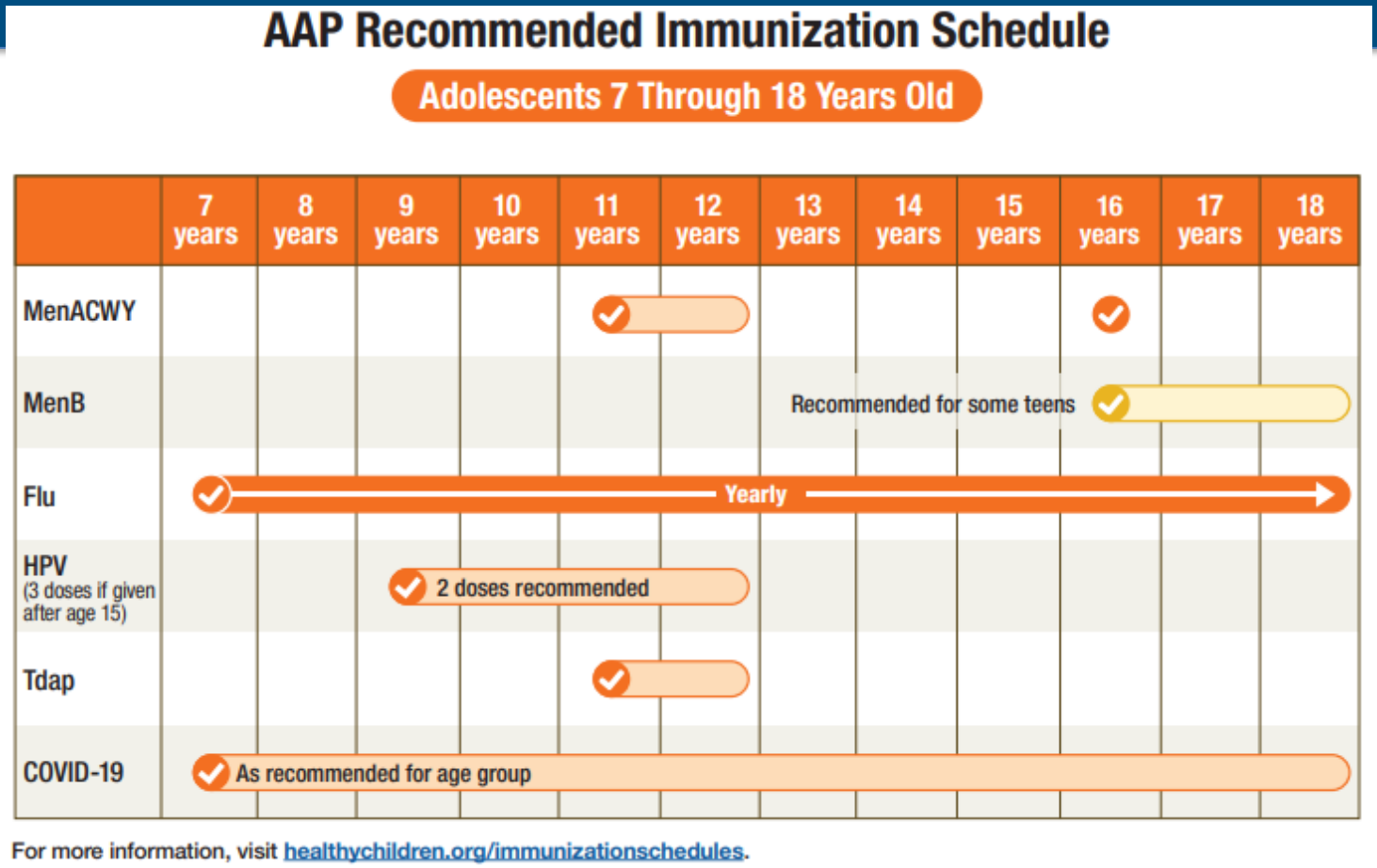
American Academy of Pediatrics (AAP) Immunization Schedule 7 Years – 18 Years Old



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American Academy of Family Physician's (AAFP) Immunization Schedule 19 Years and Older

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, ccIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or aIIV3 preferred)
Influenza inactivated (aIIV3; HD-IIV3)	Solid organ transplant See Notes			
Influenza live, attenuated (LAIV3)				
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy See Notes		50 through 74 (See notes)	>75 years
Tetanus, diptheria, 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 idication (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)			
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 wtih an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation Not applicable

American College of Obstetricians Gynecology (ACOG) Immunization Schedule

Vaccine	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Tdap	Can be administered at any time											
COVID-19		Administer as soon as available	However, can be administered anytime of the year to eligible individuals									
Influenza		Ideally administer early fall	However, can be administered anytime while the virus is circulating									
RSV		Administer September through January in most of the continental U.S.*										

Tdap Vaccine

Vaccine Product: Any Tdap vaccine product may be administered.

Schedule: Administer a dose of Tdap, preferably during the early part of gestational weeks 27 through 36, during each pregnancy irrespective of the patient's prior Tdap vaccination history.

For more information, see Committee Opinion: Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination.

COVID-19 Vaccine

Vaccine Product: Any COVID-19 vaccine product may be administered.

Schedule: Vaccination may occur in any trimester, and emphasis should be on vaccine receipt as soon as possible to maximize maternal and fetal health.

For more information, see Practice Advisory: COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care.

RSV Vaccine

Vaccine Product: Only administer Pfizer's RSV vaccine (Abrysvo), approved as a one-time dose. Infant monoclonal antibody may be administered to the infant as an alternative to vaccinating during pregnancy and in subsequent pregnancies after a patient has received Abrysvo in a previous pregnancy

Schedule: Administer a dose of Pfizer's RSV vaccine (Abrysvo) only between 32 through 36 weeks of gestation during September through January in most of the continental United States if the patient was not previously vaccinated.

*In jurisdictions with seasonality that differs from most of the continental United States, (eg, Alaska, jurisdictions with tropical climates) health care professionals should follow state, local, or territorial guidance on the timing of administration.

For more information, see Practice Advisory: Maternal Respiratory Syncytial Virus Vaccination.

Influenza Vaccine

Vaccine Product: Only administer inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) products.

Schedule: Administer a dose of IIV or RIV to people who are pregnant during any trimester or will be pregnant during influenza season.

Influenza vaccination should be given before the start of the influenza season, by the end of October, but vaccination at any time during the influenza season is encouraged to ensure protection during the period that virus is circulating in the community.

For more information, see Practice Advisory: Influenza in Pregnancy: Prevention and Treatment.

These Vaccines can be safely co-administered

ACOG

Special Populations Recommendations

- **Pregnant women:**
  - Tdap during each pregnancy (27–36 weeks).
- **Healthcare workers:**
  - Hep B series
  - MMR series
  - Varicella series
  - COVID-19
  - Influenza annually
- **Travelers:**
  - May require extra vaccines (typhoid, yellow fever, etc.).

Check out MIP's web page that offers information on travel vaccine and who to contact with questions and scheduling:

https://www.maine.gov/dhhs/mecdc/diseases-conditions/immunization/travel-immunizations-and-medicine-clinics

Communicating with Families and Promoting Vaccine Confidence

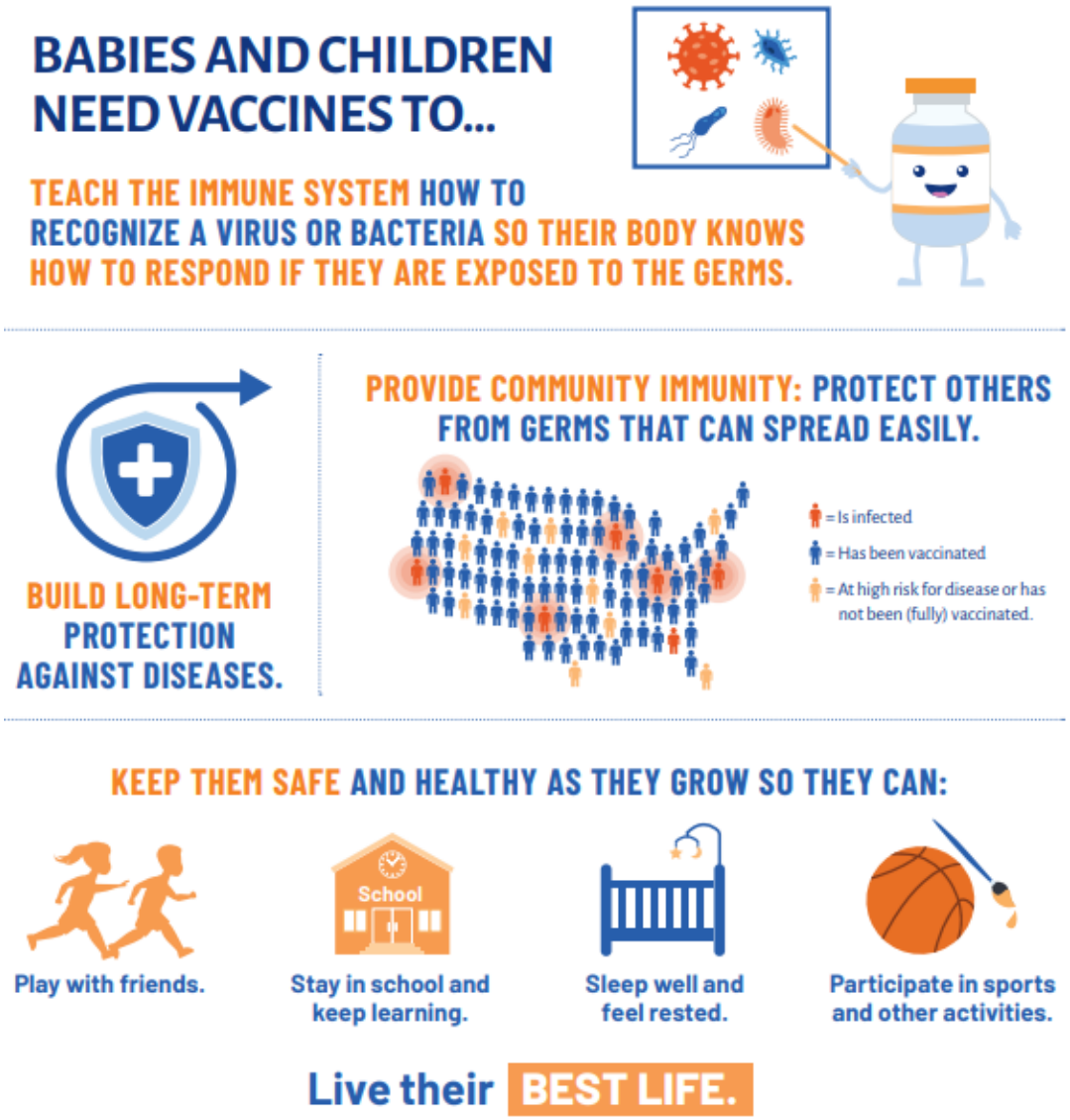
Key Messages

- Just like kids learn to read, their immune system learns too. Vaccines are like books that teach the immune system to recognize and resist a disease. Immunized kids are healthier kids who can focus on growing, playing, and learning.

- Nobody can predict which children will get seriously ill from a vaccine-preventable disease, so choosing to skip some vaccines is risky. To help keep your child healthy and active, follow the American Academy of Pediatrics' vaccine schedule.

- Booster shots for vaccines are like software updates for your phone. They help your child's immune system perform better when they encounter contagious viruses. Ask your pediatrician if your child is up-to-date with recommended vaccines.

Talking Points with Patients-Why Vaccinate?



AAP has multiple discussion guides available that have matching infographics for parents: https://www.aap.org/en/patient-care/immunizations/childhood-immunization-discussion-guides/ They are also available in multiple languages!

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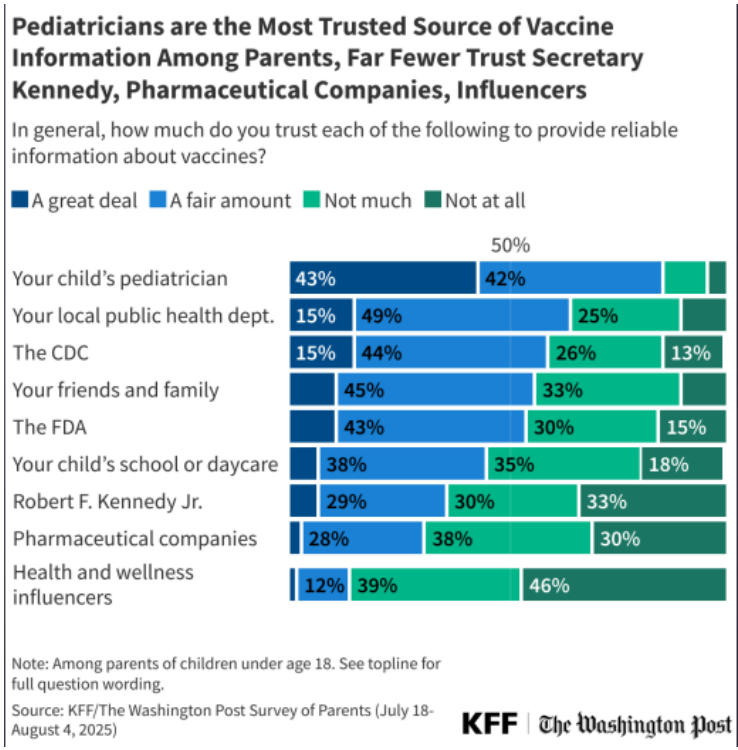
Talking Points with Patients/Parents

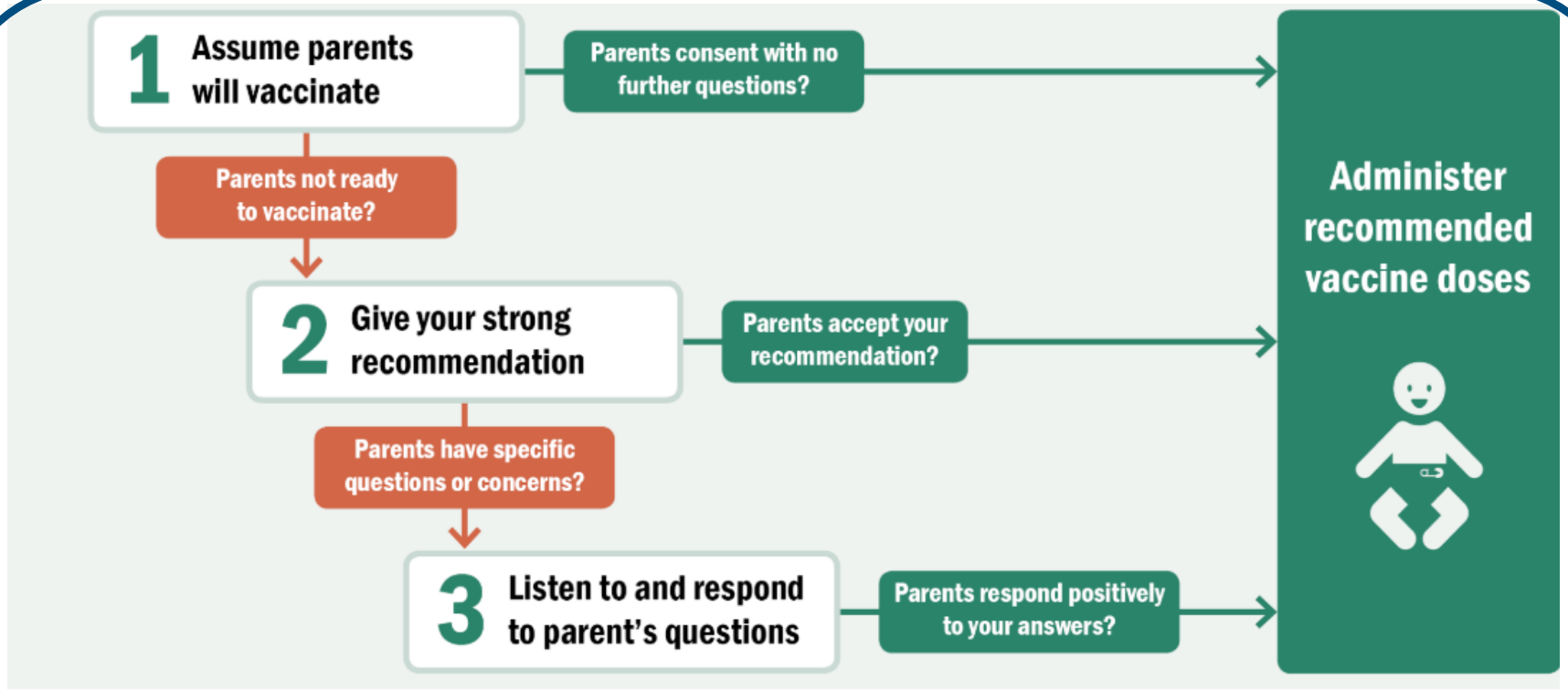
- Announce what vaccines the child is due for at the beginning of the visit.
- Do not explain controversy if it is not brought up by the parent- if they don't ask, don't introduce new concerns.
- If parent has hesitations, ask open ended questions to gain insight to parents' concerns.
- Be respectful of parent's beliefs while providing fact-based information. Have empathy with their questions and ask if you can share why you recommend the vaccines that they have questions about. Discuss risks and benefits of vaccinating.
- If they ask about controversy:
  - re-center on the child's health and not the policy change
  - reaffirm your recommendation
  - keep focus on the parents' concerns

Keep giving strong vaccine recommendations! A strong recommendation aligns with shared clinical decision making.

Clinicians make shared decisions with families everyday and have been all along!



Talking Points with Patients/Parents



This flow chart shows three easy steps to take when talking with parents about vaccines.

https://www.cdc.gov/vaccines-children/hcp/conversation-tips/index.html

https://www.chop.edu/vaccine-education-center/vaccine-safety/vaccine-ingredients

https://downloads.aap.org/AAP/PDF/Childhood Guide-2024-update.pdf

https://www.immunizecolorado.org/wp-content/uploads/2026/02/Dr.-Higgins-February-2026-Provider-Ed-Slides.pdf

Vaccines Work!

DISEASE	PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY	MOST RECENT REPORTS OR ESTIMATES OF U.S. CASES	PERCENT DECREASE
Diphtheria	21,053[1]	1[2]	>99%
H. influenzae serotype B (invasive, <5 years of age)	20,000[1]	17[2]	>99%
Hepatitis A	117,333[1]	(est) 3,300[3]	97%
Hepatitis B (acute)	66,232[1]	(est) 14,400[3]	78%
Measles	530,217[1]	121[2,*]	>99%
Meningococcal disease (all serotypes)	2,886[4]	312[2]	89%
Mumps	162,344[1]	386[2]	>99%
Pertussis	200,752[1]	3,044[2]	98%
Pneumococcal disease (invasive, <5 years of age)	16,069[1]	1,117[2]	93%
Polio (paralytic)	16,316[1]	1[2]	100%
Rotavirus (hospitalizations, <5 years of age)	60,000[5,**]	(est) 12,000[6,**]	80%[**]
Rubella	47,745[1]	7[2]	>99%
Congenital Rubella Syndrome	152[1]	0[2]	>99%
Smallpox	29,005[1]	0[2]	100%
Tetanus	580[1]	26[2]	96%
Varicella	4,085,120[1]	4,348[2]	>99%

CDC statistics demonstrate dramatic declines in vaccine-preventable diseases when compared with the pre-vaccine era

*Measles cases reported to CDC in 2025 were 1,618 as of October 21, 2025 (www.cdc.gov/measles/data-research/index.html)

**CDC estimate of annual rotavirus hospitalizations in U.S.<5 years: 55,000–70,000/year in pre-vaccination era; median 80% estimated reduction of rotavirus hospitalizations in U.S. children <5 years.

1. CDC. JAMA November 14, 2007; 298(18): 2155–63

2. CDC. Reported Cases of Notifiable Diseases and Rates, United States, 2022: Annual Reported Cases of Notifiable Diseases, by Region and Reporting Area. United States, U.S. Territories, and Non-U.S. Residents, 2022. https://stacks.cdc.gov/view/cdc/175682. Accessed June 24, 2025.

3. CDC. 2023 Viral Hepatitis Surveillance Report. www.cdc.gov/hepatitissurveillance-2023/about/index.html. Accessed June 24, 2025.

4. CDC. MMWR October 6, 1995; 43(53):1–98.

5. TK Fischer, et al. Hospitalizations and deaths from diarrhea and rotavirus among children

6. CDC. Manual for the Surveillance of Vaccine-Preventable Diseases. Chapter 13: Rotavirus. www.cdc.gov/surv-manual/php/table-of-contents/ chapter-13-rotavirus.html

Take Away

- Science has not changed. Risks and benefits for vaccine have not changed.
- Vaccine recommendations should remain the same and align with AAP, AAFP and ACOG.
- No changes to the Vaccine for Children (VFC) program or cost of vaccine.
  - All vaccines remain available for children and will continue to be provided by the VFC program at no cost to all Maine children.
- The AAP, AAFP and ACOG immunization schedule is evidence-based and rooted in science as the best interest of the health of children, adults, and maternal populations.

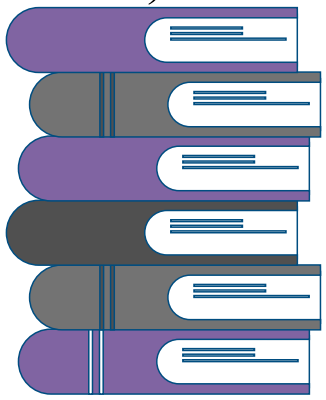
➢ Continue to strongly recommend the full set of immunizations as you always have. They remain the best way to protect against childhood diseases.

Research shows that following U.S. vaccine recommendations is beneficial for children, their communities and the economy: A **2024 CDC report** indicates, "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."

https://www.aap.org/en/news-room/fact-checked/

Resources

- American Academy of Pediatrics (AAP)
  - AAP Immunization Schedule | Red Book Online | American Academy of Pediatrics
    - https://www.aap.org/en/news-room/fact-checked/
    - Clinician-Family Immunization Communications FAQs
    - Vaccine Confidence Campaign
- American Academy of Family Physicians (AAFP)
  - Immunization Schedules | AAFP
- American College of Obstetricians & Gynecologist (ACOG)
  - Recommended Maternal Vaccines infographic
    - Tools and Resources | ACOG



Questions?

Elizabeth Clark
Public Health Educator
Hancock, Penobscot and Washington Counties
Elizabeth.clark@maine.gov
(207) 287-6721
(207) 441-9926