Childhood Vaccines

What the White House & Executive Order Says, and What the Evidence Shows

AUCD
Association of University Centers on Disabilities

Autism Society

The August 10, 2026 Executive Order (EO) claims to create a "gold standard" childhood vaccine schedule. But several of its recommendations could create additional barriers for families, make it harder to keep children up to date on their vaccines, and increase the risk of vaccine-preventable diseases.

1. The Administration's Position: Vaccines may be responsible for the increase in autism diagnoses.

FACT: Decades of research currently show that vaccines do not cause autism.

Researchers have studied vaccines and autism for decades, involving millions of children and adults. The evidence consistently shows that vaccines do not cause autism, including the measles, mumps, and rubella (MMR) vaccine.

The increase in autism diagnoses does not, by itself, tell us what is causing that increase. Autism has no single known cause. Researchers continue to study the many factors that may contribute to autism, including genetics, biology, development, and the environment.

Any research into autism and causation should be based on strong evidence, use sound methods, be transparent, and be able to be repeated by other researchers. Research should follow the evidence wherever it leads, but new claims must be supported by strong evidence.

2. The Administration's Position: "Splitting up" the Measles, Mumps, and Rubella (MMR) vaccine gives parents more choice and is safer. Children should receive vaccines at separate medical visits.

FACT: Separating MMR would mean more shots and could mean more medical visits. More medical visits can create more barriers to vaccination.

The MMR vaccine currently available in the United States protects against measles, mumps, and rubella in one vaccine. There are currently no separate measles, mumps, or rubella vaccines licensed in the United States. The Executive Order directs HHS to work toward making separate vaccines available.

Separating MMR would turn one vaccination into three. The order also says that, whenever possible, childhood vaccines should be given at separate medical visits. For families, this could mean more appointments to receive

the same protection. Combination vaccines are designed to reduce the number of shots children need while protecting them against several serious diseases.
The Administration further says that, whenever possible, childhood vaccines should be given at separate medical visits, not limited to MMR.

Getting a child to the doctor can be difficult for many families. Parents may have to take time off work, find transportation, arrange child care, find an appointment, or pay for care. Financial barriers and access to health care are factors that contribute to declining childhood vaccination rates. In addition, for many children with intellectual and developmental disabilities, doctor's appointments can be a time of extreme anxiety, especially when receiving a shot. More doctor's appointments can mean more traumatic experiences.

Spreading vaccinations over a longer period also means children may spend more time without protection against vaccine-preventable diseases.This matters because vaccine-preventable diseases are circulating in communities, and people are getting sick when they are not vaccinated or are not fully vaccinated. Delaying vaccination can increase the amount of time a child is vulnerable to these diseases.

Every additional appointment creates another chance for a vaccine to be delayed or missed. Vaccine policies should make it easier for families to keep children up to date, not harder.

3. The Administration's Position: The United States should model its childhood vaccine recommendations on other developed countries.

FACT: Vaccine schedules cannot be meaningfully compared by simply counting vaccines or doses. Countries develop immunization schedules based on their own disease patterns, population needs, vaccine availability, health care systems, and ability to deliver vaccines. The World Health Organization notes that countries consider local disease patterns, population demographics, cost, vaccine availability, and the ease of delivering vaccines when developing national immunization schedules.

A country's vaccine schedule also operates within its broader health care system. What works in one country's health system cannot simply be transplanted into another without considering how families access primary care, how vaccines are financed, and how school and public-health requirements operate.

4. The Administration's Position: The new recommendations will increase parental choice.

FACT: "Choice" is only meaningful when families have accurate information and real access to healthcare.

Conflicting messages from the Administration about vaccines can create confusion for families making important healthcare decisions. Families should have clear, accurate, evidence-based information and the opportunity to discuss their questions with a trusted healthcare provider. Parental choice already exists with processes for religious or medical exemptions.

Additional appointments, time away from work, transportation, and other requirements can create greater burdens for families who already face barriers to healthcare. Children from families experiencing poverty and children who are uninsured or underinsured already have lower vaccination coverage. For many families, receiving multiple vaccines during one visit is not just convenient. It can be essential to keeping children on schedule.

5. The Administration's Position: The new approach will protect children while preserving access to vaccines.

FACT: Protecting access means making vaccination practical for families. Childhood vaccination rates in the United States are declining, and communities are already seeing cases of vaccine-preventable diseases. When people are not vaccinated, they can become sick and contribute to the spread of these diseases.

The EO moves some vaccines from routine recommendations to shared decision-making or recommendations for certain higher-risk groups. It also calls for vaccines to be given separately whenever possible. Together, these changes could make it harder for some families to complete vaccinations on time and leave children unprotected for longer.

The goal should be to remove barriers to vaccination, provide families with accurate information, and ensure they can make informed healthcare decisions.

What does this mean moving forward?

This Executive Order is the latest in a series of efforts by the Administration to change federal childhood vaccine policy. It does not, by itself, immediately change the vaccines children receive or the current vaccine schedule. Instead, it directs HHS and other federal agencies to take steps toward changing vaccine recommendations and policies.

The Administration has attempted similar changes before. In March, a federal judge blocked changes to the CDC's childhood vaccine schedule, finding that the agency had failed to follow required legal procedures and had "undermined the integrity of its actions." The Administration's vaccine policies have also faced significant opposition from medical and public health organizations and are likely to face additional legal challenges.

This Executive Order sets a process in motion, but what ultimately changes will depend on future agency actions, the scientific evidence, and ongoing legal challenges.

Citations:

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- https://publichealth.jhu.edu/ivac/2025/across-the-us-childhood-vaccination-rates-continue-to-decline
- https://www.cdc.gov/vaccine-safety/about/multiples.html
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