



**Center for Vaccine Ethics & Policy (CVEP)**  
**Vaccines and Global Health: The Week in Review**  
**12 January 2026 :: Issue 828**

*This weekly digest targets news, events, announcements, articles and research in the vaccine and global health ethics and policy space and is aggregated from key governmental, NGO, international organization and industry sources, key peer-reviewed journals, and other media channels. This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work: it is not intended to be exhaustive in its coverage.*

*Vaccines and Global Health: The Week in Review is published as a PDF and scheduled for release each Saturday [U.S.] at midnight [0000 GMT-5]. The PDF is posted at <https://centerforvaccineethicsandpolicy.net>. This blog allows full text searching of over 27,000 entries.*

*Comments and suggestions should be directed to*

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***Request email delivery of the pdf:*** *If you would like to receive the PDF of each edition via email [Constant Contact], please send your request to [david.r.curry@centerforvaccineethicsandpolicy.org](mailto:david.r.curry@centerforvaccineethicsandpolicy.org).*

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***Contents [click to move among sections]***

- :: [Milestones, Perspectives](#)***
- :: [WHO](#)***
- :: [U.S. Immunization and Public Health Governance/Policy/Funding](#)***
- :: [Organization Announcements](#)***
- :: [Think Tanks](#)***
- :: [Public Consultations/Call for Inputs/Call for Papers](#)***

***Vaccines and Global Health: The Week in Review will resume in full [Journal Watch; Pre-print Servers] with the edition of 17 January 2026.***

## ***Milestones, Perspectives***

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### **[WHO – 158th session of the Executive Board](#)**

**2–7 February 2026**

[Main Documents \[selected\]](#)

[EB158/1](#)

Provisional agenda

[EB158/1 \(annotated\)](#)

Provisional agenda (annotated)

[EB158/8](#)

Immunization Agenda 2030

Mid-term review

[EB158/23](#)

Poliomyelitis

[EB158/44](#)

Reform of the global health architecture and the UN80 initiative

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### ***Editor's Note:***

Of course, we continue to monitor and aggregate announcements, actions, analysis and comment around rapidly evolving US immunization policy [recognizing that “evolving” does not seem to properly characterize the moment].

For quick reference below, we include below three milestone headlines since our last edition and **invite readers to read full coverage here: [U.S. Immunization and Public Health Governance/Policy/Funding](#).**

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### **[CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule](#)**

*Press Release*

WASHINGTON, D.C. — JANUARY 5, 2026 — Deputy Secretary of Health and Human Services Jim O’Neill, in his role as Acting Director of the Centers for Disease Control and Prevention (CDC), today signed a [decision memorandum\\* \[PDF, 894 KB\]](#) accepting recommendations from a [comprehensive scientific assessment \[PDF, 1.05 MB\]](#) of U.S. childhood immunization practices, following a directive from President Trump... to review international

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### **[Advancing the America First Global Health Strategy Through Landmark Bilateral Global Health MOUs](#)**

*Press Statement*

Thomas “Tommy” Pigott December 23, 2025

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## **Withdrawing the United States from International Organizations, Conventions, and Treaties that Are Contrary to the Interests of the United States**

*Presidential Actions, Presidential Memoranda*

Donald J Trump, January 7, 2026

*[Excerpt]*

...  
(c) Consistent with Executive Order 14199 and pursuant to the authority vested in me as President by the Constitution and the laws of the United States of America, I hereby direct all executive departments and agencies (agencies) to take immediate steps to effectuate the withdrawal of the United States from the organizations listed in section 2 of this memorandum as soon as possible. For United Nations entities, withdrawal means ceasing participation in or funding to those entities to the extent permitted by law.

(d) My review of further findings of the Secretary of State remains ongoing.

### **Sec. 2. Organizations from Which the United States Shall Withdraw.**

#### **(a) Non-United Nations Organizations:**

- (i) 24/7 Carbon-Free Energy Compact;
- (ii) Colombo Plan Council;
- (iii) Commission for Environmental Cooperation;
- (iv) Education Cannot Wait;
- (v) European Centre of Excellence for Countering Hybrid Threats;
- (vi) Forum of European National Highway Research Laboratories;
- (vii) Freedom Online Coalition;
- (viii) Global Community Engagement and Resilience Fund;
- (ix) Global Counterterrorism Forum;
- (x) Global Forum on Cyber Expertise;
- (xi) Global Forum on Migration and Development;
- (xii) Inter-American Institute for Global Change Research;
- (xiii) Intergovernmental Forum on Mining, Minerals, Metals, and Sustainable Development;
- (xiv) Intergovernmental Panel on Climate Change;
- (xv) Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services;
- (xvi) International Centre for the Study of the Preservation and Restoration of Cultural Property;
- (xvii) International Cotton Advisory Committee;
- (xviii) International Development Law Organization;
- (xix) International Energy Forum;
- (xx) International Federation of Arts Councils and Culture Agencies;
- (xxi) International Institute for Democracy and Electoral Assistance;
- (xxii) International Institute for Justice and the Rule of Law;
- (xxiii) International Lead and Zinc Study Group;
- (xxiv) International Renewable Energy Agency;
- (xxv) International Solar Alliance;
- (xxvi) International Tropical Timber Organization;
- (xxvii) International Union for Conservation of Nature;
- (xxviii) Pan American Institute of Geography and History;
- (xxix) Partnership for Atlantic Cooperation;
- (xxx) Regional Cooperation Agreement on Combating Piracy and Armed Robbery against Ships in Asia;
- (xxxi) Regional Cooperation Council;
- (xxxii) Renewable Energy Policy Network for the 21st Century;
- (xxxiii) Science and Technology Center in Ukraine;
- (xxxiv) Secretariat of the Pacific Regional Environment Programme; and
- (xxxv) Venice Commission of the Council of Europe.

#### **(b) United Nations (UN) Organizations:**

- (i) Department of Economic and Social Affairs;
- (ii) UN Economic and Social Council (ECOSOC) — Economic Commission for Africa;
- (iii) ECOSOC — Economic Commission for Latin America and the Caribbean;
- (iv) ECOSOC — Economic and Social Commission for Asia and the Pacific;
- (v) ECOSOC — Economic and Social Commission for Western Asia;

- (vi) International Law Commission;
- (vii) International Residual Mechanism for Criminal Tribunals;
- (viii) International Trade Centre;
- (ix) Office of the Special Adviser on Africa;
- (x) Office of the Special Representative of the Secretary General for Children in Armed Conflict;
- (xi) Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict;
- (xii) Office of the Special Representative of the Secretary-General on Violence Against Children;
- (xiii) Peacebuilding Commission;
- (xiv) Peacebuilding Fund;
- (xv) Permanent Forum on People of African Descent;
- (xvi) UN Alliance of Civilizations;
- (xvii) UN Collaborative Programme on Reducing Emissions from Deforestation and Forest Degradation in Developing Countries;
- (xviii) UN Conference on Trade and Development;
- (xix) UN Democracy Fund;
- (xx) UN Energy;
- (xxi) UN Entity for Gender Equality and the Empowerment of Women;
- (xxii) UN Framework Convention on Climate Change;
- (xxiii) UN Human Settlements Programme;
- (xxiv) UN Institute for Training and Research;
- (xxv) UN Oceans;
- (xxvi) UN Population Fund;
- (xxvii) UN Register of Conventional Arms;
- (xxviii) UN System Chief Executives Board for Coordination;
- (xxix) UN System Staff College;
- (xxx) UN Water; and
- (xxxi) UN University.

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## **Withdrawal from Wasteful, Ineffective, or Harmful International Organizations**

### ***Press Statement***

Marco Rubio, US Secretary of State January 7, 2026

Today, in furtherance of Executive Order 14199, President Trump announced the withdrawal of the United States from 66 international organizations identified as part of the Trump Administration's review of wasteful, ineffective, and harmful international organizations. Review of additional international organizations pursuant to Executive Order 14199 remains ongoing.

The Trump Administration has found these institutions to be redundant in their scope, mismanaged, unnecessary, wasteful, poorly run, captured by the interests of actors advancing their own agendas contrary to our own, or a threat to our nation's sovereignty, freedoms, and general prosperity. President Trump is clear: It is no longer acceptable to be sending these institutions the blood, sweat, and treasure of the American people, with little to nothing to show for it. The days of billions of dollars in taxpayer money flowing to foreign interests at the expense of our people are over.

As such, the United States will be withdrawing from the 66 organizations that can be found [here...](#)

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## **Polio – PHEIC**

**Polio this week** [7 January 2026]  
*Headlines [Selected]*

## **:: Afghanistan Uses Fractional IPV to Boost Protection and Speed Up Polio Eradication**

Afghanistan's polio programme is increasingly using innovative approaches to reach more children and stop virus transmission faster. One key example is the expanded use of fractional-dose inactivated polio vaccine (fIPV) alongside oral polio vaccine (OPV), strengthening immunity and accelerating progress toward interruption of transmission. Click [here](#) to learn more.

## **:: Africa in 2025: Key Milestones in the Fight to End Polio**

From outbreak response to stronger surveillance and vaccination campaigns, WHO's African Region made important progress in 2025. This round-up highlights major achievements and activities as countries across the continent continue to intensify efforts to protect every child from polio. Click [here](#) for the full overview.

### ***Summary of new polioviruses this week:***

- :: Pakistan: 36 WPV1-positive environmental samples
- :: Tanzania: two cVDPV2-positive environmental samples

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### ***Contents [click to move among sections]***

- :: [Milestones, Perspectives](#)
- :: [WHO](#)
- :: [U.S. Immunization and Public Health Governance/Policy/Funding](#)
- :: [Organization Announcements](#)
- :: [Think Tanks](#)
- :: [Public Consultations/Call for Inputs/Call for Papers](#)

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## **WHO & Regional Offices [12 Jan 2026]**

<https://www.who.int/news>

*Selected News/Announcements/Statements*

7 January 2026 *Departmental update*

### **[WHO releases updated recommendations on HIV clinical management](#)**

6 January 2026 *Departmental update*

### **[Global population requiring interventions against trachoma falls below 100 million for the first time](#)**

24 December 2025 *Departmental update*

### **[WHO prequalifies the first two rapid antigen detection tests for COVID-19](#)**

21 December 2025 *Departmental update*

### **[Australia and Indonesia achieve WHO Listed Authority status in medical products regulation](#)**

21 December 2025 *Departmental update*

### **[WHO publishes new global analysis revealing major equity gaps in human genomics research](#)**

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## **WHO Vaccines and Immunization [IVB]**

[https://www.who.int/health-topics/vaccines-and-immunization#tab=tab\\_1](https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1)

*News*

*No new digest content identified.*

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## **WHO Regional Offices**

*Selected Press Releases, Announcements*

### **WHO African Region AFRO**

*No new digest content identified.*

### **WHO Region of the Americas PAHO**

:: 10 Jan 2026

#### **PAHO issues alert on simultaneous circulation of seasonal influenza and respiratory syncytial virus in the Americas**

Washington, D.C., January 10, 2026 (PAHO) – The Pan American Health Organization (PAHO) has urged countries across the Americas to remain vigilant and strengthen health system preparedness in response to the simultaneous circulation of seasonal influenza and respiratory syncytial virus (RSV). This situation could place additional pressure on...

### **WHO South-East Asia Region SEARO**

*No new digest content identified.*

### **WHO European Region EURO**

:: 31 December 2025 *News release*

#### **COVID-19 still causes severe disease, but up-to-date vaccines are effective, new research shows**

### **WHO Eastern Mediterranean Region EMRO**

:: 06 Jan 2026

#### **Against the odds: Pakistan's health heroes protecting girls from cervical cancer**

6 January 2026, Islamabad, Pakistan – Riffat, Saira, Shaheen, and Naheed are 4 of the 49 000 health workers trained with support from the World Health Organization (WHO) who implemented Pakistan's first-ever human papillomavirus (HPV) vaccination campaign to prevent cervical cancer in 2025, protecting over 9.6 million girls aged 9–14 years.

### **WHO Western Pacific Region**

*No new digest content identified.*

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## **WHO - Emergency situation reports**

*Latest WHO official reports for emergency situations. Latest WHO official reports for emergency situations.*

### **5 January 2026 - Public Health Situation Analysis - Cambodia - Thailand border conflict**

*Overview*

Cambodia and Thailand have long disputed several non-demarcated areas along their shared 800-kilometre land border.

Tensions escalated in May 2025 following a fatal clash between soldiers, sparking a diplomatic crisis and increased military buildup on both sides. On 15 June, Cambodia appealed to the International Court of Justice (ICJ) for resolution. The situation worsened after two landmine incidents injured Thai

soldiers in July, with mutual accusations of provocation leading to intensified skirmishes and culminating in a major military confrontation on 24 July.

Despite the ceasefire that took effect on 28 July 2025, tensions between Cambodia and Thailand remained elevated. The renewed escalation in December 2025 has intensified, triggering widespread displacement across several north-western and western provinces, including Preah Vihear, Oddar Meanchey, Banteay Meanchey, Pursat, Battambang, Koh Kong and Siem Reap.

There have been 18 civilian deaths in Cambodia, including an infant and an elderly person, with 79 injured.

In Thailand, a total of 16 civilian deaths have been reported, including one directly related to fighting, and six civilians have been injured..

The conflict has had significant humanitarian, economic, and diplomatic repercussions. Massive civilian displacement has strained local resources and disrupted normal life in border provinces, with thousands fleeing homes to escape fighting. Economically, border closures and disruptions to trade and tourism have hurt Cambodia's recovery remittances from Cambodian migrant workers in Thailand have dropped sharply due to the exodus of workers, border trade has stalled, and tourism revenues have fallen as security fears deter visitors. The downturn in cross-border commerce and movement has also contributed to inflationary pressures and slowed growth in key sectors.

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### **Disease Outbreak News (DONs)**

*Latest WHO Disease Outbreak News (DONs), providing information on confirmed acute public health events or potential events of concern.*

#### **Middle East respiratory syndrome coronavirus - Global update**

24 December 2025

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### **Weekly Epidemiological Record**

Vol. 101, Nos. 1-2, pp. 1-4 9 January 2026

<https://www.who.int/publications/journals/weekly-epidemiological-record>

#### **:: Summary of the Global public health intelligence report 2024**

The World Health Organization (WHO) has just completed the Global public health intelligence report 2024. This article provides an executive summary of that report. The full report will be published on the WHO website in the coming days.

Early warning and response are key to tackling acute public health threats. Detecting health threats rapidly is a crucial element of addressing health emergencies and a core requirement under the International Health Regulations (IHR). It also plays a vital role in the WHO's comprehensive emergency response strategy.

Public Health Intelligence (PHI) provides the operational foundation for fulfilling this mandate, enabling the systematic detection, verification, risk assessment and communication of events that may indicate risks to human health...

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### **New WHO Publications**

<https://www.who.int/publications>

*Selected*

1 January 2026

#### **Essential care package to address mental health and stigma for persons with neglected tropical diseases**

31 December 2025

### [\*\*Global curriculum guide for community health workers\*\*](#)

26 December 2025

### [\*\*Dengue: global situation, surveillance and progress – 2024 update\*\*](#)

25 December 2025

### [\*\*Heat, air pollution and solar ultraviolet radiation: mass gathering-specific considerations and research...\*\*](#)

24 December 2025

### [\*\*WHO updated recommendations on HIV clinical management: recommendations for a public health approach\*\*](#)

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## **Africa**

**Africa CDC** [12 Jan 2026]

<https://africacdc.org/>

*Press Releases, Statements [Selected]*

### [\*\*Emergent BioSolutions, PANTHER Partner to Advance Africa CDC-Led Mpox Study\*\*](#)

GAITHERSBURG, Md. PARIS, Addis Ababa, January 8, 2025 – Emergent BioSolutions has announced a collaboration agreement with PANTHER to provide additional financial support to continue progressing the Africa CDC-led 'Mpox Study in Africa' (MOSA). This initiative aims to advance research into effective treatments for patients diagnosed with mpox, a virus for which there is currently no dedicated antiviral therapy.

Launched in 2024, MOSA is a double-blind, platform-adaptive clinical trial designed to evaluate potential treatment options for mpox across multiple African countries. The study initially received funding from the European Union and Africa CDC, with the Democratic Republic of the Congo (DRC) being a major area of focus.

An independent data and safety monitoring board (DSMB) completed its initial review of MOSA safety data in December 2025, after the first 50 patients were randomised, and recommended continuing the trial, with no safety concerns identified.

"We applaud Africa CDC, the DRC investigators, and PANTHER for their efforts in reaching this important milestone and are proud to support the advancement of the MOSA trial," said Simon Lowry, M.D., chief medical officer, head of research and development, Emergent. "Emergent is committed to collaborating with research partners around the world to study medications that address global health threats."

As the study continues, Africa CDC and PANTHER intend to extend the study to new countries, including a site in Uganda, and enrol patients to reach the next milestone...

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## **China – CDC+**

**National Health Commission of the People's Republic of China** [12 Jan 2026]

<http://en.nhc.gov.cn/>

*News*

*No new digest content identified.*

### **National Medical Products Administration – PRC [12 Jan 2026]**

<http://english.nmpa.gov.cn/>

*News*

### **NMPA to enhance drug regulation under revised rules — committed to a people-centered healthy policy and strengthen high-effect regulation**

Updated: 2026-01-08

On Dec 31, 2025, the State Council executive meeting adopted a revision to the Regulation for the Implementation of the Drug Administration Law (hereinafter refers to "the Regulation").

The revised Regulation aims to further encourage drug research and innovation, strengthen the whole life-cycle control of drugs and provide a solid legal guarantee for high-level drug safety and the high-quality development of the pharmaceutical industry.

To ensure the effective implementation of the revised Regulation, the National Medical Products Administration (NMPA) will focus on a set of key tasks.

### **China CDC**

#### **CCDC Weekly Reports: Current Volume (7)**

**2025-12-19 / No. 51**

PDF of this issue

- [Recollections: Chinese Urban Wastewater Surveillance System for Early Warning of Infectious Diseases: Implementation and Efficacy — January 2023–June 2025](#)

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### **Europe**

#### **European Centre for Disease Prevention and Control**

<https://www.ecdc.europa.eu/en>

*News/Updates/Reports/Publications [Selected]*

*Surveillance and monitoring*

#### **Communicable disease threats report, 5-9 January 2026, week 2**

9 Jan 2026

This issue of the ECDC Communicable Disease Threats Report (CDTR) covers the period 13-19 December 2025 and includes updates on respiratory virus epidemiology, cholera, Marburg virus, Middle East respiratory syndrome coronavirus (MERS-CoV), avian influenza, and swine influenza.

*Surveillance and monitoring*

#### **Seasonal surveillance for chikungunya virus disease in the EU/EEA for 2025**

5 Jan 2026

Update providing weekly overview of the countries and areas where chikungunya virus disease cases have been reported.

#### **European Medicines Agency [EMA]**

<https://www.ema.europa.eu/en/news>

*News & Press Releases*

*Announcements*

*No new digest content identified.*

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## India

### **National Centre for Disease Control**

*Directorate General of Health Services, Ministry of Health & Family Welfare*

*Announcements*

*No new digest content identified.*

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## **U.S. Immunization and Public Health Governance/Policy/Funding**

*Given the continuing extraordinary situation in the U.S., we have established a separate section of the digest to capture and organize key content. Please note that we will selectively include external analysis and comment, either boxing or indenting this content under the relevant organization/action. We recognize that despite the volume of content in this section, this summary is indicative and not exhaustive.*

## **Executive Branch - White House, State, HHS, FDA, CDC+**

### **White House**

*Presidential Actions – Executive Orders; Memoranda; Proclamations*

*No new digest content identified.*

### **Department of State**

*Press Releases - Selected*

*Press Statement*

### **Advancing the America First Global Health Strategy Through Landmark Bilateral Global Health MOUs**

December 23, 2025

On December 22 and 23, the United States signed four additional new, landmark global health Memorandums of Understanding (MOUs) with Madagascar, Sierra Leone, Botswana, and Ethiopia, reinforcing U.S. leadership that delivers measurable results for the American people and puts America First by directly countering global infectious disease threats and reducing foreign dependence on U.S. taxpayers.

Across the four MOUs, which total nearly \$2.3 billion, the United States has committed almost \$1.4 billion, with recipient countries co-investing more than \$900 million of their own resources – demonstrating a decisive shift toward country ownership for infectious disease control programs. Each MOU includes clear benchmarks, strict timelines, and consequences for nonperformance – ensuring U.S. assistance delivers results against priority disease threats and reduces long-term dependence on U.S. assistance...

### **Delivering on President Trump's Commitment: America First Global Health Strategy and Bilateral Health MOUs**

*Fact Sheet December 22, 2025*

*Office of the Spokesperson*

The Trump Administration is proud to announce historic progress in delivering on the America First Global Health Strategy. In just three months, we have moved with unprecedented speed and focus to conclude a series of landmark bilateral Memorandums of Understanding (MOUs) with recipient countries. These MOUs are proof positive that President Trump's leadership is making America safer,

stronger, and more prosperous — saving millions of lives and helping recipients stand on their own. The United States will continue to build on this momentum, with additional MOUs to be signed in the coming weeks.

**GE2P2 Global Foundation - Expression of Concern: America First Global Health Strategy – Bilateral Health MOUs Transparency; Pathogen/Patient Data Sharing; Access/Benefits Sharing Provisions - 30 December 2025**

**HHS**

*Press Room - Selected*

**CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule**

*Press Release*

WASHINGTON, D.C. — JANUARY 5, 2026 — Deputy Secretary of Health and Human Services Jim O'Neill, in his role as Acting Director of the Centers for Disease Control and Prevention (CDC), today signed a decision memorandum\* [PDF, 894 KB] accepting recommendations from a comprehensive scientific assessment [PDF, 1.05 MB] of U.S. childhood immunization practices, following a directive from President Trump to review international best practices from peer, developed countries.

On December 5, 2025, via a Presidential Memorandum, President Trump directed the Secretary of HHS and the Acting Director of CDC to examine how peer, developed nations structure their childhood vaccination schedules and to evaluate the scientific evidence underlying those practices. He instructed them to update the U.S. childhood vaccine schedule if superior approaches exist abroad while preserving access to vaccine currently available to Americans.

After consulting with health ministries of peer nations, considering the assessment's findings, and reviewing the decision memo presented by National Institutes of Health Director Dr. Jay Bhattacharya, Food and Drug Commissioner Dr. Marty Makary, and CMS Administrator Dr. Mehmet Oz, Acting Director O'Neill formally accepted the recommendations and directed the CDC to move forward with implementation.

"President Trump directed us to examine how other developed nations protect their children and to take action if they are doing better," Secretary Robert F. Kennedy Jr. said. "After an exhaustive review of the evidence, we are aligning the U.S. childhood vaccine schedule with international consensus while strengthening transparency and informed consent. This decision protects children, respects families, and rebuilds trust in public health."

The scientific assessment compared U.S. childhood immunization recommendations with those of peer nations, analyzed vaccine uptake and public trust, evaluated clinical and epidemiological evidence and knowledge gaps, examined vaccine mandates, and identified next steps.

The assessment reviewed 20 peer, developed nations and found that the U.S. is a global outlier among developed nations in both the number of diseases addressed in its routine childhood vaccination schedule and the total number of recommended doses but does not have higher vaccination rates than such countries. In fact, many peer nations that recommend fewer routine vaccines achieve strong child health outcomes and maintain high vaccination rates through public trust and education rather than mandates. For example, in 2024, the U.S. recommended more childhood vaccines than any peer nation, and more than twice as many doses as some European nations. At the lower end is Denmark, which immunizes children against 10 diseases compared to a total number of 18 diseases for which protection was provided in 2024 in the U.S.

"After reviewing the evidence, I signed a decision memorandum accepting the assessment's recommendations," Acting CDC Director Jim O'Neill said. "The data support a more focused schedule that protects children from the most serious infectious diseases while improving clarity, adherence, and public confidence."

Under the accepted recommendations, CDC will continue to organize the childhood immunization schedule in three distinct categories, all of which require insurance companies to cover them without cost-sharing:

1. Immunizations Recommended for All Children
2. Immunizations Recommended for Certain High-Risk Groups or Populations
3. Immunizations Based on Shared Clinical Decision-Making

The first category will include vaccines for measles, mumps, rubella, polio, pertussis, tetanus, diphtheria, Haemophilus influenzae type B (Hib), pneumococcal disease, human papillomavirus (HPV), and varicella (chickenpox).

"All vaccines currently recommended by CDC will remain covered by insurance without cost sharing," Dr. Oz said. "No family will lose access. This framework empowers parents and physicians to make individualized decisions based on risk, while maintaining strong protection against serious disease."

The assessment also documents a significant decline in public trust in health care institutions between 2020 and 2024, alongside falling childhood vaccination rates and increased risk of vaccine-preventable diseases.

"Public health works only when people trust it," Dr. Makary said. "That trust depends on transparency, rigorous science, and respect for families. This decision recommits HHS to all three."

The accepted recommendations recognize there is a need for more and better gold standard science, including placebo-controlled randomized trials and long-term observational studies to better characterize vaccine benefits, risks, and outcomes. HHS agencies are called on to fund this gold standard science for all vaccines on the schedule.

"Science demands continuous evaluation," Dr. Jay Bhattacharya said. "This decision commits NIH, CDC, and FDA to gold standard science, greater transparency, and ongoing reassessment as new data emerge."

HHS and CDC will work with state health agencies, physician groups, and other partners on next steps and implementation and will educate parents and clinicians on the updated immunization schedules

### **Fact Sheet: CDC Childhood Immunization Recommendations**

05 January 2026

After a scientific review of the underlying science, comparing the U.S. child and adolescent immunization schedule with those of peer, developed nations, Centers for Disease Control and Prevention Acting Director Jim O'Neill has updated the U.S. childhood immunization schedule.

The CDC will continue to recommend that all children are immunized against 10 diseases for which there is international consensus, as well as varicella (chickenpox). For other diseases, the CDC will recommend immunization for high-risk groups and populations, or through shared clinical decision making when it is not possible for public health authorities to clearly define who will benefit from an immunization. The updated schedule is in contrast to the CDC child and adolescent schedule at the end of 2024, which recommended 17 immunizations for all children.

The updated CDC childhood immunization schedule:

1. Recommends all vaccines for which there is consensus among peer nations.
2. Allows for more flexibility and choice, with less coercion, by reassigning non-consensus vaccines to certain high-risk groups or populations and shared clinical decision-making.
3. Ensures that all the diseases covered by the previous immunization schedule will still be available to anyone who wants them through Affordable Care Act insurance plans and federal insurance programs, including Medicaid, the Children's Health Insurance Program, and the Vaccines for Children program. Families will not have to purchase them out of pocket. Among peer nations, the U.S. will continue to offer the most childhood vaccines for free to those who want them.
4. Is accompanied by a strengthening of vaccine research through HHS' commitment to double-blind placebo controlled randomized trials as well as more observational studies to evaluate long-term effects of individual vaccines and the vaccine schedule.

### **Scientific Review**

- In 2024, the U.S. recommended more childhood vaccine doses than any other peer nation, and more than twice as many as some European nations.
- A 2024 comparison between the U.S. and peer nations, found that countries without vaccine mandates had as high immunization rates as the U.S. and other countries with vaccine mandates.
- Trust in U.S. public health declined from 72% to 40% between 2020 and 2024, coinciding with public health failure during the pandemic, including COVID-19 vaccine mandates. Though the COVID-19 vaccine was recommended for all children on the CDC schedule, the uptake rate was less than 10% by 2023. The uptake rate of other childhood vaccines declined during the same time period.
- Large placebo-controlled randomized trials on individual vaccines, combinations of vaccines, and vaccine schedules, as well as observational studies, are needed to better inform patients, parents, and providers and help restore trust in public health.

### **Immunizations Recommended for All Children**

- The CDC will continue to recommend that all children are vaccinated against diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b (Hib), Pneumococcal conjugate, polio, measles, mumps, rubella, and human papillomavirus (HPV), for which there is international consensus, as well as varicella (chickenpox).
- Recent scientific studies have shown that one dose of the HPV vaccine is as effective as two doses. The CDC is following the lead of several peer nation by recommending one instead of two doses of this vaccine.
- The updated CDC recommended immunizations for all children and adolescents will maintain robust protection against diseases that cause serious morbidity or mortality to children.

### **Immunizations Recommended for Certain High-Risk Groups or Populations**

- Like all medical products, vaccines and other immunizing agents have different risk-benefit profiles for different groups of people. Risk factors can include unusual exposure to the disease, underlying comorbidities, or the risk of disease transmission to others.
- The immunizations recommended for certain high-risk groups or populations are for respiratory syncytial virus (RSV), hepatitis A, hepatitis B, dengue, meningococcal ACWY, and meningococcal B.

### **Immunizations Based on Shared Clinical Decision-Making**

- It is not always possible for public health authorities to clearly define who will benefit from an immunization, who has the relevant risk factors, or who is at risk for exposure. Physicians and parents, who know the child, are then best equipped to decide based on individual characteristics.

- The immunizations based on shared clinical decision-making are for rotavirus, COVID-19, influenza, meningococcal disease, hepatitis A, and hepatitis B.

### **Insurance Coverage**

- All immunizations recommended by the CDC as of December 31, 2025, will continue to be fully covered by Affordable Care Act insurance plans and federal insurance programs, including Medicaid, the Children's Health Insurance Program, and the Vaccines for Children program. Families will not have to purchase them out of pocket.
- This means that insurance will continue to cover more vaccines for children in the U.S. than in peer nations, where insurance generally only pays for recommended vaccines.

### **Next Steps**

- For health care providers, the CDC will publish the updated Child and Adolescent Immunization Schedule by Age (through age 18) of immunization recommendations for all children, immunization recommendations for certain high-risk groups or populations, and immunizations based on shared clinical decision-making.
- HHS will work with states and physician groups to educate parents and providers on the updated CDC childhood immunization schedule.
- The CDC will continue to closely monitor vaccine uptake, infectious disease rates and vaccine safety.

**NIH** [to 12 Jan 2026]

<http://www.nih.gov/>

*News Releases*

*No new digest content identified.*

**FDA**

[Press Announcements](#)

[FDA News Releases](#)

[\*\*January 11, 2026 - FDA Increases Flexibility on Requirements for Cell and Gene Therapies to Advance Innovation\*\*](#)

**FDA CBER**

[What's New for Biologics](#)

:: 2026 Safety and Availability Communications

[January 9, 2026 Safety Labeling Notification Letter - Fluzone](#)

[January 9, 2026 Safety Labeling Notification Letter - Flumist](#)

[January 9, 2026 Safety Labeling Notification Letter - Fluarix](#)

[January 9, 2026 Safety Labeling Notification Letter - Flulaval](#)

[January 9, 2026 Safety Labeling Notification Letter - Afluria](#)

[January 9, 2026 Safety Labeling Notification Letter - Flucelvax](#)

**FDA VRBPAC [Vaccines and Related Biological Products Advisory Committee]**

[Advisory Committee Calendar](#)

***No future meetings posted.***

**FDA Pediatric Advisory Committee Meeting**

[Advisory Committee Calendar](#)

***No future meetings posted.***

**CDC**

<http://www.cdc.gov/media/index.html>

*Latest News - Selected*

## **CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule Release**

WASHINGTON, D.C. — JANUARY 5, 2026 — Deputy Secretary of Health and Human Services Jim O'Neill, in his role as Acting Director of the Centers for Disease Control and Prevention (CDC), today signed a decision memorandum\* accepting recommendations from a comprehensive scientific assessment of U.S. childhood immunization practices, following a directive from President Trump to review international best practices from peer, developed countries.

On December 5, 2025, via a Presidential Memorandum, President Trump directed the Secretary of HHS and the Acting Director of CDC to examine how peer, developed nations structure their childhood vaccination schedules and to evaluate the scientific evidence underlying those practices. He instructed them to update the U.S. childhood vaccine schedule if superior approaches exist abroad while preserving access to vaccine currently available to Americans... *[see HHS announcement above]*

### **CDC – Immunization Safety Office (ISO)**

<https://www.cdc.gov/vaccine-safety-systems/about/cdc-monitoring-program.html>

*No new digest content identified.*

### **ACIP**

#### **2026 Meetings Schedule** *[no agenda content posted]*

- February 25-26
- June 24-25
- October 21-22

### **National Vaccine Program Committee (NVAC)**

<https://www.hhs.gov/vaccines/about/index.html>

*Upcoming Meetings/Latest Updates*

***No 2025 meeting dates posted.***

### **Advisory Commission on Childhood Vaccines (ACCV)**

<https://www.hrsa.gov/advisory-committees/vaccines/meetings>

#### **ACCV Meeting – December 29, 2025**

##### **135th ACCV Meeting – December 29, 2025**

[135th ACCV meeting agenda](#) (PDF - 19 KB)

[Written Public Comments Received by December 23, 2025](#) (PDF - 1 MB)

##### **134th ACCV Meeting – December 29, 2025**

[134th ACCV meeting agenda](#) (PDF - 20 KB)

[Updates from Centers for Disease Control and Prevention \(CDC\)](#) (PDF - 590 KB)

[Updates from National Institutes of Health \(NIH\)](#) (PDF - 808 KB)

##### **133rd ACCV Meeting – December 29, 2025**

[133rd ACCV meeting agenda](#) (PDF - 20 KB)

[Overview of Department of Justice \(DOJ\)](#) (PDF - 9 MB)

[Report from Department of Justice \(DOJ\)](#) (PDF - 5 MB)

##### **132nd ACCV Meeting – December 29, 2025**

[132nd ACCV meeting agenda](#) (PDF - 40 KB)

[Overview and Updates of the National Vaccine Injury Compensation Program \(VICP\)](#) (PDF - 1 MB)

### **MMWR Weekly**

<https://www.cdc.gov/mmwr/index2025.html>

*No new digest content identified.*

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## **NSF**

### News

*No new digest content identified.*

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## **U.S. Congress**

### **House of Representatives**

*No new digest content identified.*

### **U.S. Senate**

#### **Senate Health, Education, Labor, and Pensions (HELP) Committee**

*No new digest content identified.*

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## **Supreme Court, Federal & Appellate Courts**

### **O'Neill Institute – Health Care Litigation Tracker** [Georgetown University]

<https://litigationtracker.law.georgetown.edu/>

*:: Last Updated: January 11, 2026*

#### **[American Academy of Pediatrics et al. v. Kennedy et al.](#)**

Docket No. 1:25-cv-11916 District Court Massachusetts

*Current Status: Motion to Dismiss Denied*

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## **U.S. Medical Societies, Health Organizations**

*This inventory is evolving and may not capture all instances of relevant comment and analysis.*

### **American Academy of Family Physicians (AAFP)**

<https://www.aafp.org/news/media-center.html>

(Accessed 12 Jan 2026)

*No new digest content identified.*

### **American Academy of Pediatrics (AAP)**

<https://www.aap.org/en/news-room/news-releases-from-the-aap/>

(Accessed 12 Jan 2026)

*News*

#### **[AAP Opposes Federal Health Officials' Unprecedented Move to Remove Universal Childhood Immunization Recommendations](#)**

January 5, 2026

“Today’s announcement by federal health officials to arbitrarily stop recommending numerous routine childhood immunizations is dangerous and unnecessary. The longstanding, evidence-based approach that has guided the U.S. immunization review and recommendation process remains the best way to keep children healthy and protect against health complications and hospitalizations.

### **American College of Physicians (ACP)**

<https://www.acponline.org/more-acp-news>

(Accessed 12 Jan 2026)

*News Releases*

**[ACP issues dire warning: Adopting vaccination schedules based on those used by other countries will put U.S. lives at risk](#)**

PHILADELPHIA January 5, 2026—The American College of Physicians (ACP) is vehemently opposed to the administration's attempt to throw out the U.S. vaccine schedule and unilaterally substitute guidance from other countries. The evidence is clear that vaccines prevent deaths, hospitalizations, and spread of disease. The U.S. childhood immunization schedule is the result of decades of rigorous, transparent scientific review designed to prevent illness, hospitalizations, outbreaks, and death in a large, diverse population with uneven access to care. The U.S. has a very different health care system than other countries. Replacing the U.S. schedule with guidance developed for other countries would bypass the evidence-to-recommendation framework that has protected generations of Americans, increase infectious disease transmission, and lead to preventable suffering and deaths. Abandoning the U.S. evidence-based process is a dangerous and potentially deadly decision for Americans. ACP demands an immediate stop to this policy change. ACP warns that furthering Secretary Kennedy's anti-vaccine agenda is dangerous and calls for his immediate removal.

**America's Health Insurance Plans (AHIP)**

<https://www.ahip.org/news>

(Accessed 12 Jan 2026)

*News*

*No new digest content identified.*

**American Geriatrics Society (AGS)**

<https://www.americageriatrics.org/media-center>

(Accessed 12 Jan 2026)

*Recent Press Releases*

*No new digest content identified.*

**American Medical Association (AMA)**

<https://www.ama-assn.org/press-center>

(Accessed 12 Jan 2026)

*Press Releases*

**[AMA statement on changes to childhood vaccine schedule](#)**

Jan 5, 2026 ·

"The American Medical Association is deeply concerned by recent changes to the childhood immunization schedule that affects the health and safety of millions of children. Vaccination policy has long been guided by a rigorous, transparent scientific process grounded in decades of evidence showing that vaccines are safe, effective, and lifesaving.

"Changes of this magnitude require careful review, expert and public input, and clear scientific justification. That level of rigor and transparency was not part of this decision. When longstanding recommendations are altered without a robust, evidence-based process, it undermines public trust and puts children at unnecessary risk of preventable disease.

"The scientific evidence remains unchanged, and the AMA supports continued access to childhood immunizations recommended by national medical specialty societies. We urge federal health leaders to recommit to a transparent, evidence-based process that puts children's health and safety first and reflects the realities of our nation's disease burden."

### **American Osteopathic Association (AOA)**

<https://osteopathic.org/news/>

(Accessed 12 Jan 2026)

*Latest News*

#### **[AOA statement on new HHS guidelines decreasing childhood vaccine recommendations](#)**

01.07.26

The American Osteopathic Association, representing more than 207,000 osteopathic physicians and medical students nationwide, supports immunizations as essential preventive care that shield individuals from avoidable illnesses and curb the spread of disease. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention's (CDC) recent overhaul of the U.S. childhood immunization schedule drastically modified long-standing vaccine recommendations, decreasing the number of vaccines recommended for all children.

Historically, the childhood vaccine schedule relied on decades of rigorous scientific evidence demonstrating the safety and efficacy of routine immunizations in preventing severe disease, disability and death. By contrast, the current revision eliminates broad recommendations for influenza, rotavirus, meningococcal disease, hepatitis A, hepatitis B and others, overlooking the fact that these vaccines have saved millions from hospitalization and death. We caution that these decisions could lead to a rise in preventable illnesses and jeopardize public health advancements achieved over generations.

We affirm our commitment to a patient-centered approach to care, emphasizing shared decision-making fostered by trust between patients and physicians. As a dedicated organization promoting public health, we view vaccination as a vital defense against avoidable illness.

### **American Public Health Association (APHA)**

<https://www.apha.org/news-and-media/news-releases?sortFieldName=ItemDate&sortDisplayName>Newest&sortMode=desc>

(Accessed 12 Jan 2026)

#### **[Trump-RFK Jr.'s new vaccine schedule puts families at risk](#)**

January 05, 2026

This is health policy malpractice at the highest level and must be reversed before children and families across the country suffer.

### **Infectious Diseases Society of America (IDSA)**

<https://www.idsociety.org/>

(Accessed 12 Jan 2026)

*News releases and statements*

#### **[IDSA and over 200 health organizations urge Congress to conduct oversight of changes to vaccine schedule](#)**

*[open letter excerpt]*

January 9, 2026

Dear [Senator/Representative]:

The undersigned organizations, representing health care clinicians, public health professionals, scientists, patients, and family advocates, **urge you to conduct swift and robust oversight regarding the abrupt changes to the U.S. childhood vaccine schedule announced on Jan. 5, 2026.** It is essential that action is promptly taken to protect vaccine availability and coverage for all previously recommended immunizations for all families, including through the Vaccines for Children program.

This week's overhaul of the childhood vaccine schedule was not based on credible evidence. The Department of Health and Human Services (HHS) announced that the U.S. would now follow a vaccine schedule that appears to be modeled after guidance used in Denmark. However, the prior U.S.

recommendations have been effective in keeping children healthy: studies estimate that from 1994 to 2023, routine childhood vaccinations have prevented approximately 508 million cases of illness, 32 million hospitalizations, and over 1 million deaths in the United States.<sup>1</sup> In addition, vaccine recommendations are largely based on a population's risk of exposure to a disease and how that disease impacts health.

HHS's decision to dismantle a credible childhood vaccine schedule will create even greater confusion for families and health care professionals, and leave more people unprotected against serious vaccine-preventable diseases. These changes lack a clear scientific basis and were made without following the standard process, which ensures transparency and input from the public and key stakeholders. Usually, a multidisciplinary team of experts, part of the CDC's Advisory Committee on Immunization Practices (ACIP), reviews new data about vaccines and disease trends and makes recommendations to federal officials. Last year, the HHS Secretary fired every member of this committee and appointed numerous people who have expressed doubts about the benefits of vaccines in their place. And yet even this newly constituted committee was not afforded the opportunity to publicly discuss this schedule before it was announced.

We urge you to investigate why the schedule was changed, why credible scientific evidence was ignored, and why the committee charged with advising the HHS Secretary on immunizations did not discuss the schedule changes as a part of their public meeting process...

### **Court Rejects HHS's Motion to Dismiss Lawsuit Brought by Leading Public Health Groups Against HHS Immunization Schedule Changes, ACIP Reconstitution**

BOSTON – January 6, 2026 – The U.S. District Court for the District of Massachusetts today affirmed that a group of medical professional societies, led by the American Academy of Pediatrics (AAP), have standing to proceed with ongoing litigation concerning recent vaccine policy changes. Plaintiffs are seeking to enjoin the Secretary's rescissions of Covid-19 vaccine recommendations and a declaratory judgment pronouncing the change in recommendations as unlawful, as well as asking the court to require the Secretary to reconstitute the ACIP with all new members in good faith.

#### *Standing Ruling Reinforces Case Legitimacy*

In its ruling, the Court confirmed that plaintiffs have standing to challenge HHS's actions. The judge found a concrete injury traceable to HHS's policy changes and redressable by the Court, allowing the case to proceed to arguments on the merits.

#### *Most Recent Vaccine Schedule Changes Heighten Urgency*

On January 5, 2026, federal officials announced a substantial overhaul of the childhood immunization schedule, shifting multiple vaccines from universal recommendations to "shared clinical decision-making" or high risk categories. Public health experts and medical organizations, including the plaintiff medical professional societies, warn that implementing these changes will increase preventable diseases and confuse families and clinicians. Plaintiffs are currently exploring all available options in response to these unprecedented changes to the childhood immunization schedule...

### **IDSA statement on childhood vaccine schedule**

January 05, 2026

Today's announcement that HHS is drastically altering the U.S. childhood vaccine schedule without a transparent process or clear scientific justification represents the latest reckless step in Secretary Kennedy's assault on the national vaccine infrastructure that has saved millions of lives. His actions put families and communities at risk and will make America sicker.

Upending long-standing vaccine recommendations without transparent public review and engagement with external experts will undermine confidence in vaccines with the likely outcome of decreasing vaccination rates and increasing disease. Making these changes amid ongoing outbreaks of vaccine-preventable diseases shows a disregard for the real confusion families already face.

Disease prevalence differs country to country, and there has been demonstrated and ongoing need in the U.S. for the vaccines included in the childhood vaccine schedule. Most other high-income countries

have universal health care and parental leave, both of which can support prevention and early care and contribute to lower disease prevalence.

It is irresponsible to haphazardly change vaccine recommendations without a solid scientific basis and transparent process. The commitment the U.S. has made to protecting children from vaccine-preventable illness and death must remain a top priority.

### **National Foundation for Infectious Diseases (NFID)**

<https://www.nfid.org/news-updates/>

(Accessed 12 Jan 2026)

*News and Updates*

January 9, 2026

#### **Welcome to Immunization in 2026: Why Evidence-Based Policy Matters More Than Ever**

NFID Medical Director Robert H. Hopkins, Jr., MD, examines the challenges—and stakes—facing the immunization community in the year ahead.

January 7, 2026

#### **Joint Letter on US Childhood Immunization Schedule**

The National Foundation for Infectious Diseases and more than 70 scientific and medical organizations sent the letter reaffirming their commitment to transparent, evidence-based immunization policy to help protect the health of US children.

### **National Medical Association (NMA)**

<https://nmanet.org/blog/>

(Accessed 12 Jan 2026)

*Latest News*

*News, Press Release*

#### **National Medical Association Raises Alarm as Flu Activity Reaches Severe Levels Nationwide**

January 7, 2026

*News, Press Release*

#### **NMA Opposes Change to Childhood Immunization Schedule**

January 6, 2026

The National Medical Association strongly opposes the sweeping changes announced this week to the federal childhood immunization schedule, which dramatically reduce the number of vaccines routinely recommended for American children. These actions abandon long-standing, evidence-based public health practice and place children at increased risk for preventable disease, with particularly serious implications for Black children and communities.

The revised schedule, issued without a transparent scientific review or input from pediatric and infectious disease experts, introduces unnecessary confusion for parents and clinicians and undermines public confidence in vaccines that have been proven safe and effective over decades.

"The science supporting routine childhood vaccination has not changed," said Dr. Brandi Freeman, MD, President-Elect of the National Medical Association and a primary care pediatrician. "What has changed is the messaging parents are receiving and that confusion will result in missed vaccinations, lower protection, and the return of diseases that should no longer threaten our children."

Dr. Freeman emphasized that vaccine schedules must be designed for the realities of the United States, including population diversity, global travel, and unequal access to health care. Models based on countries with nationalized health systems and smaller, more homogeneous populations fail to account for the exposure risks faced by Black children and other underserved communities in this country.

The National Medical Association affirms that the American Academy of Pediatrics' immunization schedule remains the most comprehensive, science-based guidance for protecting children. Developed through decades of rigorous research, clinical experience, and epidemiological data, the schedule reflects the best available evidence to safeguard children throughout their lives.

"These changes shift the burden of decision-making onto families and pediatricians without clear guidance, resources, or time, a reality that disproportionately harms communities that already face barriers to care," Dr. Freeman said. "Rolling back routine recommendations moves us backward, not forward, in protecting children's health."

The National Medical Association urges parents to rely on evidence-based recommendations and to consult trusted pediatricians when making decisions about their children's health. The organization calls on federal health leadership to restore transparent, expert-driven processes that prioritize science and the well-being of all children.

### **Pediatric Infectious Diseases Society (PIDS)**

<https://pids.org/news-announcements/>

(Accessed 12 Jan 2026)

*News & Announcements*

Jan. 5, 2026

#### **PIDS Statement on Announced CDC Changes to Childhood Vaccine Recommendations**

The Pediatric Infectious Diseases Society (PIDS) opposes today's Centers for Disease Control and Prevention (CDC) announced changes regarding the organization and presentation of the U.S. childhood immunization schedule. This unprecedented move will cause confusion in pediatric offices for practitioners and parents alike, and result in fewer children protected against severe, preventable diseases.

PIDS remains firmly committed to protecting all children from vaccine-preventable diseases through its endorsement of the American Academy of Pediatrics (AAP) recommended immunization schedule, which was developed through decades of rigorous, transparent, and continually updated high-quality clinical trials, post-licensure safety monitoring, and real-world effectiveness data. This schedule has been instrumental in dramatically reducing childhood illness, hospitalization, disability, and death from infectious diseases in the United States.

There was no introduction of research or evidence prompting the revision, but rather it was a response to a directive to align with other "peer" nations. Comparisons between countries based primarily on the number of recommended vaccines or doses oversimplifies complex differences in disease burden, health systems, surveillance capacity, and population risk. The prior U.S. immunization schedule was specifically designed to address the epidemiology of infectious diseases affecting children in this country and has a long-standing record of safety and effectiveness.

While PIDS supports ongoing scientific inquiry, transparency, and efforts to strengthen public trust in vaccines, our Society emphasizes that existing vaccines on the prior recommended schedule have already met high standards for safety and efficacy. PIDS cautions against policy changes that could create confusion, reduce vaccination coverage, or increase the risk of outbreaks of preventable diseases such as measles, pertussis, and invasive bacterial infections.

Trust in public health is built by clear, consistent messaging and by reaffirming what the science already shows—vaccines save lives. PIDS will continue to work closely with our partners to advocate for evidence-based immunization policies that prioritize the health and well-being of all children.

### **Society for Healthcare Epidemiology of America (SHEA)**

<https://shea-online.org/news/>

(Accessed 12 Jan 2026)

*No new digest content identified.*

## **Society for Maternal-Fetal Medicine (SMFM)**

<https://www.smfm.org/>

(Accessed 12 Jan 2026)

*News*

*No new digest content identified.*

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## **Civil Society – Individuals, Organizations, Institutions [Selected]**

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### **Kaiser Family Foundation/KFF [12 Jan 2026]**

[https://www.kff.org/search/?post\\_type=press-release](https://www.kff.org/search/?post_type=press-release)

#### **The New Federal Vaccine Schedule for Children: What Changed and What Are the Implications?**

*Policy Watch* Jan 9, 2026

This brief looks at newly announced changes by HHS to the pediatric vaccination schedule, which reduce the number of vaccines recommended for all children. Implications of these changes for childhood vaccination rates and trust in public health are discussed.

*[Excerpts]*

**...The process used to make these changes marks a departure from the past and further changes are signaled ahead.** Historically, any major changes to federal vaccine recommendations were developed through an established, deliberative process that included internal government review with experts from the Center for Disease Control and Prevention (CDC) and other agencies, as well as consideration and public debate via meetings of the Advisory Committee of Immunization Practices (ACIP), the external expert advisory group to CDC. Recent changes made under HHS Secretary Kennedy, however, have circumvented this process, and instead changes have been announced without much internal or external consultation, and without prior public notice. This occurred with Secretary Kennedy's announcement on social media that HHS was narrowing its COVID-19 recommendations, and now with an announcement of a new childhood vaccine schedule that was not reviewed by CDC experts nor given a public hearing through ACIP. The White House and HHS have also stated they are examining other aspects of vaccine policy including examining whether the measles, mumps, rubella combination vaccine should be divided into separate shots, how vaccines are tested and safety is monitored, and whether liability protections for manufacturers should be reexamined, which could mean further changes to policy may be forthcoming without a standard review processes...

**There will be differential impacts of these changes across the country.** Ultimately, it is state and local jurisdictions that hold primary responsibility for determining key childhood vaccine policies, including which vaccines are recommended for routine use and which are required for school attendance. In light of changing federal guidelines that in many cases have narrowed vaccine recommendations, many states have taken steps to de-link state policies and recommendations from those coming from the federal government, particularly Democratic-led states. For example, KFF analysis finds that 24 states no longer use HHS/CDC as a source for vaccine recommendations (up from just 13 in September 2025) and instead turn to state level or external expert groups such as AAP for guidance; a smaller number mandate free insurance coverage by state-regulated insurers for their own set of recommended vaccines. The divergence between federal policy and the states is likely to grow after the latest changes to federal recommendations, which means vaccine coverage and access

could increasingly vary according to where one lives. More limited access in some states could, in turn, lead to decreased vaccine coverage and increased incidence of vaccine preventable diseases.

**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: \*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](#) • [Get the data](#) • [Download PNG](#)

**KFF**

**Tracking how the new vaccine schedule impacts vaccination rates in the U.S. may be challenging due to other HHS policies.** It remains to be seen how these new recommendations play out in terms of vaccination rates, but recent Trump administration policies may make tracking these changes more challenging. For example, CDC and other federal staffing and funding going to state and local public health efforts across the U.S. has been cut, jeopardizing data collection and analysis. Further, the Trump administration in December announced that, starting in 2026, states will

no longer be required to report several measures related to immunization status to HHS as part of their Medicaid and CHIP reporting requirements. Given that nearly four in 10 children in the U.S. are covered by Medicaid, visibility on their vaccine status will be reduced going forward.

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**Robert Wood Johnson Foundation** [to 12 Jan 2026]

<https://www.rwjf.org/en/about-rwjf/newsroom.html>

*Latest News and Highlights*

**[Statement From Richard Besser, MD, on HHS Overhaul of Childhood Vaccine Schedule](#)**

PRINCETON—The U.S. Department of Health and Human Services (HHS) is recommending fewer vaccines for most American children. Dr. Richard Besser, president and CEO of the Robert Wood Johnson Foundation, released the following statement in response:

Secretary Kennedy has said that people should not take medical advice from him. This announcement shows exactly why that's the case.

Secretary Kennedy's changes to the recommended childhood vaccine schedule, once again, put our children at increased risk. For decades, recommended vaccines have ensured that children have the chance to learn, grow, play, and reach their full potential. By deliberately undermining parents' trust in vaccination, Secretary Kennedy is putting many more children at increased risk of preventable illness and disease.

Over the past 30 years, vaccines recommended by the CDC have saved the lives of more than one million children. Each addition to the vaccine schedule has meant that more diseases have been avoided, and fewer children and their families have had to suffer. Each change to that schedule has been carefully weighed and thoroughly vetted by scientists and medical experts. This announcement deviates completely from that approach. Secretary Kennedy has not released any evidence to justify removing vaccines from the recommended list. This announcement is rooted in ideology, not medicine and intentionally circumvents decades of vaccine safety evidence.

Further, Secretary Kennedy's assertion that the United States has lower rates of vaccination because we vaccinate against more diseases has no basis in reality. He has done more than anyone to spread confusion, fear and lies about vaccines. That is a major reason why vaccination rates are declining and deadly outbreaks of vaccine-preventable diseases are on the rise.

As a pediatrician, I urge parents to ignore the political noise coming from Washington and talk about vaccines with medical providers who you trust. You deserve to hear the facts to inform your decisions. Every child needs adults committed to helping them grow up healthy and keeping them safe.

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**Vaccine Integrity Project – CIDRAP** [to 12 Jan 2026]

<https://www.cidrap.umn.edu/vaccine-integrity-project>

*Announcement*

**[Vaccine Integrity Project will conduct independent review of HPV vaccine](#)**

January 8, 2026

Laine Bergeson

*Viewpoint*

**[The myth of an over-vaccinated America: The US DOES follow global consensus](#)**

Dec. 22, 2025

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## **Paul Offit, MD – *Beyond the Noise***

Substack: <https://pauloffit.substack.com/>

[Selected]

### **You've Got a Friend in Me**

Influenza virus can rest assured that RFK Jr. will continue to have its back

Jan 10

### **RFK Jr.'s Tuskegee Experiment**

RFK Jr. recently directed the CDC to fund a study in West Africa that lays bare his cruelty and dishonesty.

Jan 6

### **On Being Denmark**

President Donald Trump recently issued an executive order asking the United States to align itself with other countries and give fewer vaccines. Why?

Jan 1

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### **Art Caplan, PhD, NYU**

Perspectives

### **What Morbidity Hath Secretary Kennedy Wrought?**

— *A choice is not a choice when swamped with vaccine disinformation*

*Medpage Today, January 6, 2026*

Health and Human Services Secretary Robert F. Kennedy Jr. is putting children's health and lives at risk in the name of personal choice. This week, federal health officials announced dramatic revisions to the slate of vaccines typically given to American children, reducing the number of universally recommended childhood vaccines from 17 to 11...

In the end, misinformation will lead parents to bad choices. Kennedy is using false numbers to scare Americans into thinking that their kids are over-vaccinated on a schedule the rest of the world doesn't follow. The critical messaging of "Vaccines keep your kid well" has been buried under a mountain of anti-vaccine rhetoric and false personal choice messaging.

Unfortunately, it's not sufficient to harp on the increased death and disability that will result from this misguided change to the childhood vaccine schedule. Those cutting the schedule back already know the consequences. They don't care. They are asking Americans to prioritize a false, distorted conception of parental choice over the well-being of kids. That is simply unacceptable.

When ethics and morality are being put in the service of a crude, absurd ideology of freedom regardless of the price, then the interests of kids, and indeed all of us, suffer.

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### ***Contents [click to move among sections]***

:: [Milestones, Perspectives](#)

:: [WHO](#)

:: [Organization Announcements](#)

:: [Journal Watch](#)

:: [Pre-Print Servers](#)

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## ***Organization Announcements***

**Paul G. Allen Frontiers Group** [12 Jan 2026]

<https://alleninstitute.org/news-press/>

*News*

**Allen Institute Announces inaugural Innovation Awards winners**

Jan 9, 2026

Bold Ideas fueling the breakthroughs of tomorrow

**BMGF - Gates Foundation** [12 Jan 2026]

<https://www.gatesfoundation.org/ideas/media-center>

*Press Releases & Statements*

*No new digest content identified.*

**CARB-X** [12 Jan 2026]

<https://carb-x.org/>

*News*

01.08.2026 |

**CARB-X announces new chemistry-focused theme ahead of 2026 funding call**

CARB-X is seeking applications for novel chemistry plans against known antimicrobial resistance (AMR) targets. The aim is to unlock innovative starting points for therapeutics to address dangerous, drug-resistant bacterial infections.

**Chan Zuckerberg Initiative** [12 Jan 2026]

<https://chanzuckerberg.com/newsroom/>

*Newsroom*

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [12 Jan 2026]

<http://cepi.net/>

*CEPI News, Blog*

*News*

**Ambitious research aims to develop multivalent vaccines to protect against multiple deadly filoviruses**

Backed by up to \$26.7 million in funding, researchers will design and test vaccine candidates against viruses including Ebola, Sudan and Marburg.

7 Jan 2026

*News*

**CEPI calls for experts to join its Scientific Advisory Committee**

5 Jan 2026

**CIOMS – COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES** [to 12

Jan 2026]

<https://cioms.ch/>

*News; Publications; Events*

*No new digest content identified.*

**DARPA – Defense Advanced Research Projects Agency [U.S.]** [12 Jan 2026]

<https://www.darpa.mil/news>

*News*

*No new digest content identified.*

**DNDI – Drugs for Neglected Diseases initiative** [12 Jan 2026]

<https://dndi.org/press/press-releases/>

*Press Releases*

*No new digest content identified.*

**Duke Global Health Innovation Center** [12 Jan 2026]

<https://dukeghic.org/>

*News*

*No new digest content identified.*

**EDCTP** [12 Jan 2026]

<http://www.edctp.org/>

*The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials*

*News*

*No new digest content identified.*

**Emory Vaccine Center** [12 Jan 2026]

<http://www.vaccines.emory.edu/>

*Vaccine Center News*

*No new digest content identified.*

**European Vaccine Initiative** [12 Jan 2026]

<http://www.euvaccine.eu/>

*News*

*No new digest content identified.*

**Fondation Merieux** [12 Jan 2026]

<http://www.fondation-merieux.org/>

*Actualités*

*No new digest content identified.*

**Gates Medical Research Institute** [12 Jan 2026]

<https://www.gatesmri.org/news>

*The Gates Medical Research Institute is a non-profit organization dedicated to the discovery, development and effective use of novel biomedical interventions addressing substantial global health concerns, for which investment incentives are limited.*

*News: Articles and Publications*

*No new digest content identified.*

**Gavi** [to 12 Jan 2026]

<https://www.gavi.org/>

*News Releases*

*No new digest content identified.*

**GE2P2 Global Foundation** [12 Jan 2026]

[www.ge2p2.org](http://www.ge2p2.org)

*News/Analysis/Publications-Digests/Statements/Digests*

:: [Vaccines and Global Health: The Week in Review](#) - Current edition

:: [Informed Consent: A Monthly Review – May 2025](#)

:: [Public Consultations Watch :: Global Calls for Input/Public Comment – 12 Nov 2025](#)

:: [Genomics, Gene Editing, Convergent Biosciences: Governance, Ethics, Policy, Practice – A Monthly Review – Nov 2025](#)

**GHIT Fund** [12 Jan 2026]

<https://www.ghitfund.org/newsroom/press>

*Press Releases*

*No new digest content identified.*

**Global Fund** [to 12 Jan 2026]

<https://www.theglobalfund.org/en/news/>

*News Releases*

*No new digest content identified.*

**Global Research Collaboration for Infectious Disease Preparedness [GloPID-R]** [12 Jan 2026]

<https://www.glopid-r.org/>

*News & Events*

*No new digest content identified.*

**Hilleman Laboratories** [12 Jan 2026]

<http://www.hilleman-labs.org/>

*News & Insights*

*No new digest content identified.*

**HHMI - Howard Hughes Medical Institute** [12 Jan 2026]

<https://www.hhmi.org/news>

*Press Room*

*No new digest content identified.*

**Human Immunome Project** [nee Human Vaccines Project] [12 Jan 2026]

<https://www.humanimmunomeproject.org/>

*News*

*No new digest content identified.*

**IAVI** [12 Jan 2026]

<https://www.iavi.org/>

*Press Releases, Features*

*Press Release*

**IAVI announces first vaccinations in IAVI G004, a Phase 1 clinical trial of a promising HIV vaccine approach**

January 6, 2026

Study will examine safety, immune response, and dose of three promising immunogens

**INSERM** [12 Jan 2026]

<https://www.inserm.fr/en/home/>

*Press Releases*

*No new digest content identified.*

**International Coalition of Medicines Regulatory Authorities [ICMRA]**

<http://www.icmra.info/drupal/en/news>

*Selected Statements, Press Releases, Research*

6 January 2026

**Update - Real-World Evidence for Public Health Emergencies WG Meeting Summaries**

The ICMRA Working Group on Real-World Evidence for Public Health Emergencies was established to provide a collaborative forum for international regulatory agencies to proactively enhance the efficiency and coordination of critical responses to emerging public health emergencies through joint studies and evidence generation.

**ICH [International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use]** [to 12 Jan 2026]

<https://www.ich.org/>

*News/Pubs/Press Releases [Selected]*

6 January 2026

**Presentation and Training Materials Now Available for Draft Guideline on Patient Preference Studies**

As a follow-up to the November 2025 endorsement and publication of the ICH E22 draft Guideline on General Considerations for Patient Preference Studies, the E22 Expert Working Group has issued an informational presentation and training materials.

Ongoing Public Consultations

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> Q3E EWG Guideline for Extractables and Leachables

> E22 EWG General Considerations for Patient Preference Studies

<https://www.ich.org/page/public-consultations>

**ICRC** [to 12 Jan 2026]  
<https://www.icrc.org/en/news>  
*News*  
*No new digest content identified.*

**IFFIm** [12 Jan 2026]  
<http://www.iffim.org/>  
*Press Releases/Announcements*  
*No new digest content identified.*

**IFRC** [to 12 Jan 2026]  
<http://media.ifrc.org/ifrc/news/press-releases/>  
*Press releases*  
*No new digest content identified.*

**IPPS - International Pandemic Preparedness Secretariat** [12 Jan 2026]

<https://ippsecretariat.org/news/>  
*News*

**[IPPS to launch fifth 100 Days Mission Implementation Report in Paris](#)**

January 7, 2026

Hybrid Event | Tuesday 27 January 2026 | Paris, France and livestreamed via Zoom

Hosted by the International Pandemic Preparedness Secretariat (IPPS) in partnership with ANRS MIE/Inserm and the Pasteur Network

[Click here to register to attend virtually](#)

**Institut Pasteur** [12 Jan 2026]  
<https://www.pasteur.fr/en/press-area>

*Press Documents*

*Press release 22.12.2025*

**[Building a better vaccine: Study is first to ID expanded, role of flu antibodies in preventing transmission](#)**

Findings suggest future vaccines use natural antibodies to target both infection and spread. Today's influenza vaccines...

**ISC / International Science Council** [to 12 Jan 2026]

<https://council.science/current/>

*ISC is a non-governmental organization with a unique global membership that brings together 40 international scientific Unions and Associations and over 140 national and regional scientific organizations including Academies and Research Councils.*

*blog*

**[Science for a complex world: ISC 2025 year in review](#)**

In this end-of-year message, the ISC President and CEO reflect on the Council's key milestones in 2025, from the strategic directions set at the General Assembly in Muscat to sustained engagement in global policy fora, and outline the priorities that will guide the ISC's work in the years ahead.

*December 18, 2025*

**International Union of Immunological Societies (IUIS)**

<https://iuis.org/>

*News, Resources*

*No new digest content identified.*

**IVAC** [12 Jan 2026]

<https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html>

*Updates; Events*

*U.S. Measles Tracker*

**Tracking Measles Cases in the U.S.**

Updated January 9, 2026

**IVI** [12 Jan 2026]

<http://www.ivi.int/>

*IVI News & Announcements*

*No new digest content identified.*

**Johns Hopkins Center for Health Security** [12 Jan 2026]

<https://centerforhealthsecurity.org/newsroom>

*Center News [Selected]*

*No new digest content identified.*

**Robert Wood Johnson Foundation** [to 12 Jan 2026]

<https://www.rwjf.org/en/about-rwjf/newsroom.html>

*Latest News and Highlights*

**Statement From Richard Besser, MD, on HHS Overhaul of Childhood Vaccine Schedule**

Statement Jan-06-2026 Richard Besser

**MSF/Médecins Sans Frontières** [to 12 Jan 2026]

<http://www.msf.org/>

*Latest [Selected Announcements]*

*Haiti*

**MSF calls for protection of civilians as violence in Bel Air forces suspension of activities**

Press Release 8 Jan 2026

*Gaza-Israel war*

**Israel's threat to withhold NGO registrations is a blow to humanitarian aid**

Statement 2 Jan 2026

*Refugees, IDPs and people on the move*

**Harsh winter conditions deepen humanitarian crisis for Afghans in Pakistan**

Project Update 2 Jan 2026

*South Sudan*

**MSF evacuates staff from Lankien healthcare facility following airstrikes**

Statement 31 Dec 2025

*Syria*

**Addressing people's medical needs in Dara'a after years of conflict**

Project Update 24 Dec 2025

*Refugees, IDPs and people on the move*

**Congolese refugees in Burundi in dire need of support**

Press Release 23 Dec 2025

*Gaza-Israel war*

**MSF's vital humanitarian activities in Gaza at risk from Israeli registration rules**

Statement 22 Dec 2025

*Conflict in Sudan*

**Measles cases surge in Darfur, Sudan, despite months of calling for vaccination**

Project Update 19 Dec 2025

**National Academy of Medicine** - USA [to 12 Jan 2026]

<https://nam.edu/programs/>

*News, Stories, Insights*

Jan 5, 2026 *Statement*

**Remembering Samuel O. Thier, IOM President (1985-1991)**

**National Academies-Sciences-Engineering-Medicine [NASEM]**- USA [to 12 Jan 2026]

<https://www.nationalacademies.org/newsroom>

*News*

**Charting a Course for the National Academies and the Nation We Serve**

*Perspectives*

In a *Proceedings of the National Academy of Sciences* editorial, NAS President Marcia McNutt discusses how the National Academies are navigating the future in light of recent cuts in federal research funding and rapidly emerging technologies such as AI. "We must not waver in our efforts to advance science for the benefit of all Americans."

Jan 6, 2026

**The State of Human H5N1 Therapeutic Evidence and Future Directions**

*Rapid expert consultation*

Dec 22, 2025

Safe and effective therapeutics play a critical role throughout the prevention-to-treatment continuum for influenza infections and serve a dual purpose to both improve clinical outcomes and decrease viral load, thereby reducing the likelihood for infections to be passed on. This rapid expert consultation summarizes the current landscape of therapeutic options for highly pathogenic avian influenza (HPAI) A (H5N1) in humans and discusses opportunities to improve preparedness and response planning for a potential scenario of HPAI spread between humans. Priorities to improve therapeutic preparedness in the near term include

**PATH** [12 Jan 2026]

<https://www.path.org/media-center/>

*Newsroom [Selected]*

*No new digest content identified.*

**Sabin Vaccine Institute** [12 Jan 2026]

<https://www.sabin.org/press/>

*Latest News & Press Releases*

*No new digest content identified.*

**UNAIDS** [12 Jan 2026]

<http://www.unaids.org/en>

*News, Stories, Updates*

*Feature Story*

**UN Deputy Secretary-General reaffirms commitment to a responsible UNAIDS transition and UN commitment to the AIDS response at Board meeting**

22 December 2025

The United Nations Deputy Secretary-General, Amina Mohammed, joined the 57th meeting of the UNAIDS Programme Coordinating Board (PCB) in Brasilia, bringing a clear message: the UN will stand with governments and communities until AIDS is ended as a public health threat.

In her remarks to the Board, the Deputy Secretary-General commended the inclusive and constructive nature of the deliberations and reaffirmed that the ongoing UN80 reform process will strengthen – not diminish – the global AIDS response. She stressed that reform must be deliberate and protect what works. “There is a sense of urgency, but let me underscore here, we are not in a hurry to fail... We must achieve common ground around all the concerns that the PCB and civil society have aired over the last few weeks in particular,” she said...

**UNICEF** [to 12 Jan 2026]

<https://www.unicef.org/media/press-releases>

*Latest press releases, news notes and statements [Selected]*

*Statement 02 January 2026*

**Inter-Agency Standing Committee (IASC) Statement, Revoke planned international NGO ban, humanitarian leaders urge Israeli authorities**

NEW YORK, 31 December 2025 -, We urge the Israeli authorities to reconsider their plan to ban many of the international NGOs operating in the Occupied Palestinian Territory (OPT). International NGOs are central to humanitarian operations in OPT, collectively delivering close to \$1 billion dollars in assistance eac...

**Unitaid** [12 Jan 2026]

<https://unitaid.org/>

*News releases*

*No new digest content identified.*

**Vaccine Equity Cooperative [nee Initiative]** [12 Jan 2026]

<https://vaccineequitycooperative.org/news/>

*News*

*No new digest content identified.*

**Vaccine Confidence Project** [12 Jan 2026]

<http://www.vaccineconfidence.org/>

*News, Research and Reports*  
*No new digest content identified.*

**Vaccine Education Center – Children’s Hospital of Philadelphia** [12 Jan 2026]

<http://www.chop.edu/centers-programs/vaccine-education-center>

*News*

*No new digest content identified.*

**Wellcome Trust** [12 Jan 2026]

<https://wellcome.org/news/all>

*News, Opinion, Reports*

*No new digest content identified.*

**The Wistar Institute** [to 12 Jan 2026]

<https://www.wistar.org/news/press-releases>

*Press Releases*

*No new digest content identified.*

**World Bank** [to 12 Jan 2026]

<http://www.worldbank.org/en/news/all>

*News [Selected]*

*No new digest content identified.*

**WFPHA: World Federation of Public Health Associations** [12 Jan 2026]

<https://www.wfpha.org/>

*Blog, Events*

**US childhood vaccine schedule overhaul 2026**

Jan 7, 2026

*Protecting Our Future: Why the U.S. Childhood Vaccine Schedule Overhaul Risks Global Health*

The World Federation of Public Health Associations (WFPHA) has issued a critical statement regarding the announced changes to the United States childhood...

**World Medical Association [WMA]** [to 06 Sep 025]

<https://www.wma.net/news-press/press-releases/>

*Press Releases*

*No new digest content identified.*

**World Organisation for Animal Health [OIE]** [12 Jan 2026]

<https://www.oie.int/>

*Press Releases, Statements*

*No new digest announcements identified.*

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**ARM [Alliance for Regenerative Medicine]** [12 Jan 2026]

<https://alliancerm.org/press-releases/>

*Selected Press Releases*

*No new digest announcements identified.*

**BIO** [12 Jan 2026]

<https://www.bio.org/press-releases>

*Press Releases*

**[Biotechnology Innovation Organization \(BIO\) Launches the BIO Investment Council \(BIC\) to Accelerate Capital Formation](#)**

WASHINGTON, DC (January 7th, 2026) – Today, the Biotechnology Innovation Organization (BIO) announced the launch of the BIO Investment Council (BIC). The newly established council aims to serve small and emerging biotech innovators by increasing...

**[BIO Statement on Changes Announced to the U.S. Childhood Vaccine Schedule](#)**

WASHINGTON, D.C. – John F. Crowley, President and CEO of the Biotechnology Innovation Organization (BIO) released the following statement on changes announced to the US childhood vaccine schedule. "American health is as unique as America itself..."

**DCVMN – Developing Country Vaccine Manufacturers Network** [12 Jan 2026]

<http://www.dcvmn.org/>

*News; Upcoming events*

*No new digest announcements identified.*

**ICBA – International Council of Biotechnology Associations** [12 Jan 2026]

<https://internationalbiotech.org/news/>

*News*

*No new digest announcements identified.*

**IFPMA** [12 Jan 2026]

<https://ifpma.org/>

*News & Resources*

*No new digest announcements identified.*

**International Alliance of Patients' Organizations – IAPO** [12 Jan 2026]

<https://www.iapo.org.uk/news>

*Press and media [Selected]*

*No new digest announcements identified.*

**International Generic and Biosimilar Medicines Association [IGBA]**

<https://www.igbamedicines.org/>

*News*

**[Jim Keon of CGPA Takes Over as IGBA Chair \(January 2026\)](#)**

Geneva, January 5, 2026 – The International Generic and Biosimilar Medicines Association (IGBA), which represents global manufacturers of generic and biosimilar medicines, announced today that Jim...

**PhRMA** [12 Jan 2026]

<http://www.phrma.org/>

*Press Releases*

January 5, 2026

**PhRMA Statement on Changes to the Childhood Vaccine Schedule**

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***Vaccines/Therapeutics/Medicines – Selected Developer/Manufacturer Announcements***

*We recognize that this listing is indicative but certainly not exhaustive. We invite nomination of other vaccine developers for potential addition to those monitored below.*

**AstraZeneca**

*Press Releases* - No new digest announcements identified.

**Bavarian Nordic**

*Latest News*

January 07, 2026

**Bavarian Nordic Launches Planned Share Buy-Back Program**

**BioCubaFarma** – Cuba

*Últimas Noticias* - No new digest announcements identified.

**Biological E**

*News* - No new digest announcements identified.

**BioNTech**

*Press Releases* - No new digest announcements identified.

**Boehringer**

*Press Releases* - No new digest announcements identified.

**CanSinoBIO**

*News* - Website not responding at inquiry.

**CIGB**

*Latest News* - No new digest announcements identified.

**CinnaGen**

*Recent News*

**CinnaGen as the EU Partner Laboratory**

20 Dec. 2025

**Clover Biopharmaceuticals** – China

*News* - No new digest announcements identified.

**CSL Sequirus**

*News Releases* - No new digest announcements identified.

**Curevac**

News - Website now directs to BioNTech site

**Daiichi Sankyo**

Press Releases - No new digest announcements identified.

**Gamaleya National Center/Sputnik**

Latest News and Events - No new digest announcements identified [Last: 09 Nov 2020]

<https://sputnikvaccine.com/> - No new digest announcements identified [Last: 31 Aug 2022]

**GSK**

Press releases for media

07 January 2026

**GSK's Shingrix (Recombinant Zoster Vaccine) prefilled syringe presentation approved by the European Commission**

- :: Prefilled syringe offers healthcare professionals a convenient administration option
- :: New presentation will begin rolling out across EU countries in 2026
- :: Shingles affects approximately 1.7 million people in Europe each year,<sup>1</sup> with certain chronic conditions linked to a higher risk of shingles <sup>2,3</sup>

07 January 2026

**GSK announces positive results from B-Well 1 and B-Well 2 phase III trials for bepirovirsen, a potential first-in-class treatment for chronic hepatitis B**

- :: Primary endpoint met in both trials
- :: Bepirovirsen demonstrated a statistically significant and clinically meaningful functional cure rate
- :: Chronic hepatitis B (CHB) accounts for ~56% of liver cancer cases<sup>1</sup> and affects more than 250 million people worldwide<sup>2</sup>
- :: Global regulatory filings planned from Q1 2026

**EuBiologics, S Korea**

News - No new digest announcements identified.

**HIPRA**

Press releases - No new digest announcements identified.

**IMBCAMS, China**

Home - Website not responding at inquiry.

**JNJ Innovative Medicine [Janssen]**

Press Releases - No new digest announcements identified.

**Merck**

News releases

**Merck to Complete Acquisition of Cidara Therapeutics**

January 7, 2026 6:45 am EST

RAHWAY, N.J.--(BUSINESS WIRE)-- Merck (NYSE: MRK), known as MSD outside of the United States and Canada, today announced the successful completion of the cash tender offer, through a subsidiary, for all the outstanding shares of common stock of Cidara Therapeutics, Inc. (Nasdaq: CDTX) ("Cidara").

"The acquisition of Cidara strengthens and complements our expanding respiratory portfolio and exemplifies our business development strategy of investing where compelling science and value meet," said Robert M. Davis, chairman and chief executive officer, Merck. "CD388, a potentially first-in-class, long-acting antiviral with strain-agnostic properties, underscores that approach. We look forward to

building on Cidara's progress and further evaluating the potential of this candidate for the prevention of symptomatic influenza in certain individuals at high risk of complications."...

### **Nanogen**

News - No new digest announcements identified.

### **Novartis**

News - No new digest announcements identified.

### **Novavax**

Press Releases - No new digest announcements identified.

### **Pfizer**

Recent Press Releases - No new digest announcements identified.

### **R-Pharm**

<https://rpharm-us.com/index.php>  
[No news or media page identified]

### **Sanofi Pasteur**

Press Releases

December 24, 2025

[\*\*Press Release: Sanofi to acquire Dynavax, adding a marketed adult hepatitis B vaccine and phase 1/2 shingles candidate to the pipeline\*\*](#)

### **Serum Institute**

News & Announcements - No new digest announcements identified.

### **Sinopharm/WIBPBIBP**

News - No new digest announcements identified.

### **Sinovac**

Press Releases - No new digest announcements identified.

### **SK Biosciences**

Press Releases

[\*\*SK bioscience and Sanofi Launch MenQuadfi Meningococcal Vaccine in Korea\*\*](#)

2026.01.09

:: Introduction in Korea of MenQuadfi, a quadrivalent meningococcal conjugate vaccine eligible for use from 6 weeks of age

:: Expansion of infant and pediatric immunization portfolios in line with global vaccination practices

:: Establishment of a proactive infectious disease prevention strategy and growth objectives based on domestic and global partnerships

### **Takeda**

Newsroom - No new digest announcements identified.

### **Valneva**

Press Releases

December 31, 2025

[\*\*Valneva and Serum Institute of India Announce Discontinuation of Chikungunya Vaccine License Agreement\*\*](#)

## **WestVac Biopharma**

Media - No new digest announcements identified.

## **Zhifei Longcom, China**

[Anhui Zhifei Longcom Biologic Pharmacy Co., Ltd.]

Website [No News/Announcements page identified]

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### **Contents [click to move among sections]**

:: [Milestones, Perspectives](#)

:: [WHO](#)

:: [Organization Announcements](#)

:: [Journal Watch](#)

:: [Pre-Print Servers](#)

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## **Think Tanks**

### **Brookings [to 12 Jan 2026]**

<http://www.brookings.edu/>

Research, Events

Commentary

#### [\*\*The Next Great Divergence: How AI could split the world again if we don't intervene\*\*](#)

Michael Muthukrishna and Philip Schellekens

January 8, 2026

AI, like past general-purpose technologies, risks driving a new global divergence unless deliberate action ensures its benefits are broadly shared rather than geographic

### **Center for Global Development [12 Jan 2026]**

<https://www.cgdev.org/>

All Research

POLICY PAPER

#### [\*\*What We Know \(and Don't Know\) About Global Vaccine Manufacturing Capacity\*\*](#)

Asti Shafira and Anthony McDonnell

December 17, 2025

Global vaccine manufacturing capacity remains poorly defined, inconsistently measured, and insufficiently understood—limitations that undermined the COVID-19 response and, without progress, will constrain responses to future pandemics too. This paper synthesises evidence from 17 major studies and five stakeholder consultations to map how capacity is currently assessed, what these approaches capture, and where critical blind spots persist.

We find that existing assessments rely on heterogeneous definitions, static surveys, and proprietary or incomplete datasets, offering limited visibility into platform-specific capabilities, input bottlenecks, surge potential, and real-world timelines for scaling production. COVID-19 exposed these weaknesses: uncertain capacity estimates, unanticipated raw-material constraints, and limited insight into platform flexibility hindered coordinated global response.

Our review highlights major methodological gaps—including a lack of standardised metrics, limited predictive modelling, and uneven transparency—that impede comparability and decision-making. We

propose an integrated framework emphasising three priorities: (1) establishing shared, platform-specific metrics for capacity and surge readiness; (2) building a brokered, confidentiality-protected data system for aggregating global manufacturing information; and (3) shifting from static capacity counts toward scenario-based analysis that reflects supply-chain fragilities, regulatory processes, and workforce readiness. Strengthening these foundations is essential to move from fragmented visibility to actionable, resilient global manufacturing preparedness.

**Chatham House** [to 12 Jan 2026]

<https://www.chathamhouse.org/>

*Selected Analysis, Comment, Events*

*No new digest content identified.*

**Council on Foreign Relations** [12 Jan 2026]

<https://www.cfr.org/media/news-releases>

*New Releases [Selected]*

*No new digest content identified.*

**CSIS** [12 Jan 2026]

<https://www.csis.org/>

*Reports [Selected]*

*No new digest content identified.*

**McKinsey Global Institute** [to 12 Jan 2026]

<https://www.mckinsey.com/mgi/overview>

*Featured Research*

*No new digest content identified.*

**ODI** [Overseas Development Institute] [to 12 Jan 2026]

<https://odi.org/en/publications/>

*Publications [Selected]*

*No new digest content identified.*

**Pew Research Center** [to 12 Jan 2026]

<https://www.pewresearch.org/>

*Latest Publications*

*No new digest content identified.*

**Rand** [to 12 Jan 2026]

<https://www.rand.org/pubs.html>

*Published Research [Selected]*

*Research Jan 9, 2026*

**FUSE: A unified framework for International Health Regulations, the Biological Weapons Convention, and UN Security Council Resolution 1540**

The report proposes a unified framework to streamline fragmented IHR, BWC and UNSCR 1540

biosecurity reporting, reducing duplication, improving preparedness visibility and supporting coordinated response to biological threats.

*Commentary* Jan 5, 2026

### **A Knowledge Deluge Threatens Disaster Research**

The very notion of a comprehensive review of the scientific literature is growing untenable. With interdisciplinary work expanding in all directions, new systems for shared learning are needed to keep science afloat.

*Expert Insights* Dec 31, 2025

### **Contemporary Foundation AI Models Increase Biological Weapons Risk**

Examining contemporary foundation artificial intelligence (AI) models, the authors show that AI models can successfully guide users through the technical processes required to develop biological weapons, which might increase the risk of their use.

*Research* Dec 24, 2025

### **Preparedness of Public Health Laboratories for Respiratory Infectious Diseases: EU/EEA Country Perspectives on Lessons Learned from the COVID-19 Pandemic**

The purpose of this study was to provide evidence on how to help public health laboratories be better prepared and more resilient to future public health challenges related to respiratory infectious diseases.

**Urban Institute** [to 12 Jan 2026]

<https://www.urban.org/research>

*New Research Publications - Selected*

*No new digest content identified.*

**World Economic Forum** [to 12 Jan 2026]

<https://agenda.weforum.org/press/>

*Media [Selected]*

### **Global Cooperation is Showing Resilience in the Face of Geopolitical Headwinds**

*News* 08 Jan 2026

:: The Global Cooperation Barometer 2026 reveals strong pressures on multilateral institutions are causing global cooperation to evolve rather than retreat.

:: While multilateral forms of cooperation declined, smaller and more agile coalitions of countries –and, at times, companies – were instrumental in maintaining overall cooperation levels.

:: Climate and technology saw strong increases in cooperation even in the face of headwinds, health and trade stayed broadly flat and there was a sharp drop of cooperation in peace and security.

:: Learn more about the Barometer and read the accompanying report [here](#).

...In its third year, the Global Cooperation Barometer 2026, developed in collaboration with McKinsey & Company, uses 41 metrics to assess the level of cooperation worldwide across five pillars: trade and capital; innovation and technology; climate and natural capital; health and wellness; and peace and security....

*[Excerpt]*

... **Health and wellness cooperation** held steady, with outcomes resilient for now, but aid is under severe pressure. Topline cooperation in this pillar did not fall, in part because health outcomes continued to improve after the end of the COVID-19 pandemic. Although health outcomes have stayed resilient, the stability masks growing fragility. Pressures on multilateral organizations have eroded support flows and development assistance for health contracted sharply – with further tightening in 2025 – affecting low- and middle-income countries most acutely.

**:: Peace and security cooperation continued to decrease**, as every tracked metric fell below pre-COVID-19 pandemic levels. Conflicts escalated, military spending rose and global multilateral resolution mechanisms struggled to de-escalate crises. By the end of 2024, the number of forcibly displaced people reached a record 123 million globally. However, growing pressures are creating an impetus for increased cooperation, including through regional peacekeeping mechanisms.

The Global Cooperation Barometer shows countries are rewriting the way they engage in cooperation. Creating new cooperative formats will require new structures, from trade agreements to standards alliances, and new types of partnerships, including public-private and private-private, to manage them effectively. The report concludes by highlighting the need for leaders to focus on rebuilding an effective dialogue with partners as the foundation for identifying and advancing shared interests.

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### ***Public Consultations/Call for Inputs/Call for Papers***

#### **Request for Information on Draft NIH Controlled-Access Data Policy and Proposed Revisions to NIH Genomic Data**

NATIONAL INSTITUTES OF HEALTH (NIH) Notice Number: NOT-OD-26-023 **Response Date: March 18, 2026**

##### *Purpose*

The National Institutes of Health (NIH) is requesting public input on its proposal to establish harmonized and transparent policy requirements for protecting human participant research data. Specifically, NIH proposes (1) establishing policy requirements for which data should be controlled-access under NIH data sharing policies, and (2) revising the NIH Genomic Data Sharing Policy to simplify and harmonize requirements.

##### *Background*

NIH serves as the steward of a wide range of research data and continuously works to optimize open sharing with appropriate protections throughout the entire data lifecycle. Given its numerous established data policies, NIH is proposing a holistic update to its data policy framework to strengthen data protections, clarify requirements, and reduce duplicative burden.

NIH is proposing a new NIH Controlled-Access Data Policy to support the research community in fulfilling NIH data sharing expectations. This proposed policy specifies human participant data types required to be managed via controlled-access and provides criteria for assessing the need for controls for other data types. It also provides a standard set of expectations across NIH Institutes, Centers and Offices to promote maximal responsible human participant data sharing through controlled access while simultaneously responding to emergent privacy and security risks, including those outlined in the following security directives...

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#### ***Contents [click to move among sections]***

- :: [Milestones, Perspectives](#)***
- :: [WHO](#)***
- :: [Organization Announcements](#)***
- :: [Journal Watch](#)***
- :: [Pre-Print Servers](#)***

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