Pediatric Heart Transplant Society

Pediatric Heart Transplant Society Vaccine Position Statement

Subject: PHTS Statement on Unilateral Changes to Federal Childhood Vaccination Recommendations and the Threat to Immunocompromised Children

Date: February 2, 2026

The Pediatric Heart Transplant Society (PHTS) opposes the recent unilateral decision by the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) to remove established, evidence-based vaccines from the universal childhood immunization schedule.

The changes announced in January 2026 by the HHS and CDC represent a direct and life-threatening danger to pediatric heart transplant recipients [1]. The reclassification of essential vaccines to "risk-based" or "shared clinical decision-making" categories dismantles the community-level protection that immunocompromised children require to survive. These changes instill doubt in the rigorous science and testing that vaccinations undergo and target parental fears while minimizing the consequences of being under vaccinated. PHTS calls for the community to adopt the trusted source of evidence- based vaccination recommendations and schedule by the American Academy of Pediatrics (AAP). That schedule can be accessed here: AAP-Immunization-Schedule [2]. This schedule has been optimized for children in general, preserves herd immunity and protects the medically vulnerable. Public health is a shared responsibility that we should embrace. The members of the PHTS have devoted careers to protecting children and that is our universal interest.

1. Background & Policy Landscape

Vaccination policies for U.S. children have historically been developed through the rigorous, transparent review of the Advisory Committee on Immunization Practices (ACIP), adopted by the CDC, and endorsed by the American Academy of Pediatrics [3]. This process ensures that recommendations are based on peer-reviewed safety and efficacy data.

In January 2026, federal communications confirmed a deviation from this standard process, unilaterally reducing the number of universally recommended vaccines from 17 to 11 [1]. The PHTS is deeply concerned by the nature of these changes. For the first time in history, changes to the childhood vaccination schedule have not been endorsed by the AAP, and these changes represent an unnecessary risk to our patients and our communities. In bypassing the traditional multidisciplinary and collaborative review, these new recommendations lack the scientific scrutiny that medical providers and parents have come to trust. Public health policy must be determined by data and expert consensus.

2. The Unique Vulnerability of Heart Transplant Recipients

Pediatric heart transplant recipients are not merely "high-risk"; they are medically fragile. Their survival depends on a delicate balance of immunosuppression to prevent organ rejection and immune function to fight infection.

Suppressed Immunity: Heart transplant recipients require a lifelong immunosuppression regimen with medications deliberately weakening the immune system, and thus a "routine" infection can prove fatal.

Ineffective Response: Even when vaccinated, immunocompromised children often mount a suboptimal antibody response compared to healthy peers [4,5]. They cannot rely solely on their own immunity; they rely on the "cocoon" of vaccinated classmates, teachers, and neighbors known as “herd immunity.”

Contraindications: Post-transplant patients generally cannot receive live-attenuated vaccines (such as those against Measles, Mumps, Rubella, Varicella, and Rotavirus), as per current guidelines [4,5]. If community vaccination rates decline, these children are left defenseless against outbreaks of measles, mumps, rubella, and chickenpox. The CDC estimates that the rotavirus vaccine prevents an estimated 40,000 to 50,000 hospitalizations in the U.S. annually [6].

3. Scientific Rationale: The Necessity of Herd Immunity

The safety of transplant recipients is inextricably linked to community vaccination rates.

Herd Immunity Thresholds: Highly contagious diseases such as measles require approximately 95% population immunity to prevent sustained spread [7]. Unilateral reductions in routine recommendations threaten to drop coverage below this critical threshold. Some areas of the country have already dropped below this level, which could force the families of transplant recipients to consider these factors when they select where to work and live. Community outbreaks of vaccine preventable infections such as measles have already been seen throughout the U.S. [8].

Burden of Disease: Research indicates that 1 in every 7 pediatric solid organ transplant recipients will be hospitalized for a vaccine-preventable infection within their first 5 years of transplant [9].

Mortality & Morbidity: Vaccine-preventable infections in solid organ transplant recipients lead to prolonged ICU stays, increased risk of transplant rejection due to immune activation, and significantly higher rates of death compared to healthy children [9].

4. Call to Action & Recommendations

The Pediatric Heart Transplant Society issues the following recommendations to policymakers, clinicians, and health systems to mitigate this crisis.

A. For Federal & State Policymakers

Restore Evidence-Based Standards: The PHTS implores HHS and CDC leadership to reinstate the full panel of evidence-based vaccines to the universal recommendation list and restore the independent authority of the ACIP. The PHTS calls for the reinstatement of recognized experts in public health, vaccine policy, and infectious diseases to the ACIP. This process includes working with the American Academy of Pediatrics to restore the collaborative approach that has served us well for decades.

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Maintain State Mandates: The PHTS urges State Health Departments to maintain existing school-entry vaccine mandates, independent of the newly revised federal guidance, to preserve local herd immunity.

B. For Healthcare Providers

Adhere to Best Practices: Continue recommending the AAP vaccination schedule to all patients, regardless of transplant status (AAP-Immunization-Schedule). Children who have undergone solid organ transplant, or may need solid organ transplantation, may require an augmented vaccination schedule, please discuss with your local transplant providers for specific recommendations.

Standardize Protocols: Heart transplant programs must rigorously implement pre-transplant vaccine reconciliation and ensure household contacts are fully immunized to create a protective environment [4,5].

Conclusion

For a child with a heart transplant, a community's decision to vaccinate is not a matter of politics; it is a matter of survival. We cannot endorse a policy that risks the safety of all children, and transplant recipients in particular, and so we remain steadfast in our dedication to evidence-based practice for this vulnerable population.

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References

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