Trump cuts childhood vaccine schedule and turns the Justice Department on states that require shots

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On August 10, President Donald Trump signed an executive order titled “Delivering Gold Standard Childhood Vaccine Recommendations for Americans,” sorting childhood immunization into three tiers and cutting the number of diseases against which every child is advised to be protected. It is a further escalation of the Trump administration’s war on science and public health, aimed at the youngest and most defenseless section of the population. The provisions carrying actual force have gone largely unreported. The order instructs the attorney general to sue states that refuse religious exemptions from school immunization requirements.

The White House’s own fact sheet describes the 11 remaining diseases as a decrease from 18, though the Centers for Disease Control and Prevention (CDC) recommended vaccines against 17 diseases in 2024; the administration reaches 18 by counting a respiratory syncytial virus (RSV) monoclonal antibody, which is not a vaccine. The universal tier retains measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, pneumococcal disease, human papillomavirus and varicella. A second tier, for children deemed at high risk, holds the RSV antibody, meningococcal B, meningococcal ACWY and dengue. A third, resting on what the order calls shared clinical decision-making, holds rotavirus, meningococcal disease, influenza and COVID-19. Hepatitis A and hepatitis B inexplicably appear in both the second and third tiers at once.

The demotion of hepatitis B shows what tiering means, because the country has already run this experiment. Vaccination was targeted through the 1980s at infants whose mothers screened positive, a strategy that collapsed because, as the American Academy of Pediatrics (AAP) notes, between 35 and 65 percent of infected mothers carried no identifiable risk factor and went unflagged. Universal infant vaccination, adopted in 1991, cut childhood infections by 99 percent. The demotion also imperils the Vaccines for Children program, so the poorest children lose the protection first. Kennedy’s reconstituted advisory committee voted 8-3 on December 5, 2025, to end the universal birth dose, and the order now writes that decision into national policy.

Section 2(d) advises states to revise their school immunization laws, and Section 4 goes further, directing the attorney general to bring actions against state laws that withhold medical and religious exemptions and instructing the Departments of Justice, Education and Health and Human Services (HHS) to police their grantees, states and localities included. The five states granting no religious exemption by statute are California, Connecticut, Maine, New York and West Virginia, where Governor Patrick Morrisey has already ordered the health department to issue exemptions over the objections of the legislature and school authorities. Nothing in the order reaches a state loosening its requirements.

Section 2(b) recommends that the measles-mumps-rubella (MMR) vaccine be given as three separate shots once such products are domestically available, and that immunizations be spaced across separate visits wherever feasible. The products do not exist. Merck ceased production of the single-antigen vaccines in 2009, and restoring them would require, as CIDRAP has explained, new clinical trials, retooled production and separate Food and Drug Administration approval for each, a process of years rather than months.

For every year of that wait, children whose parents follow the order’s advice are protected against none of the three diseases. Spacing the remaining injections means more appointments, longer intervals unprotected and more doses missed, with the added copays, Jan Carney of the American College of Physicians notes, falling on working-class families. This proceeds as the country nears the loss of its measles elimination status, with 2,371 cases confirmed through July 30, more than in all of 2025, ahead of an international review in November.

Autism appears nowhere in the order’s text, an omission noted by CIDRAP, yet it was the entire subject of the signing, at which Health Secretary Robert F. Kennedy Jr. insisted the rise in diagnoses represents a genuine environmental epidemic rather than improved recognition and declared that “genes don’t cause epidemics.”

What his department is trying to overturn is among the most thoroughly examined questions in medicine. Andrew Racine of the AAP put the total at more than 40 studies involving over 5

million children, with the answer “unequivocally no.” The Danish national cohort assembled by Anders Hviid and colleagues, published in the Annals of Internal Medicine in 2019, followed 657,461 children and found neither an increased risk of autism nor any clustering of diagnoses after vaccination.

Section 3 instructs the HHS Task Force on Safer Childhood Vaccines to present plans within 90 days for alternatives to the aluminum adjuvants in use since 1926. Here too the evidence runs against the premise. A systematic review led by Paméla Doyon-Plourde, published in the BMJ on May 6, 2026, assessed 59 human studies and found no causal association with autism, asthma, type 1 diabetes or other chronic conditions, the only consistent finding being uncommon, self-limited nodules at the injection site.

Kennedy anticipates the real explanation and rejects it, arguing that improved recognition cannot account for the trend because older adults do not show comparable rates. That argument has itself been tested. When Terry Brugha and colleagues assessed adults directly in a national English survey, they found a prevalence near 1 percent that did not decline with age, precisely what improved ascertainment would predict. Autism is shaped principally by genetics, with more than 100 associated gene mutations identified, alongside advanced paternal age, prematurity and prenatal injury.

Kennedy demands an environmental cause, and one is documented. Rubella contracted in pregnancy causes congenital rubella syndrome, whose features include intellectual disability, deafness and autism, and the epidemic of the 1960s left thousands of such children before the vaccine ended it. Making rubella immunization harder to obtain will produce the outcome the order claims to prevent.

The order’s central claim, that the United States recommends more childhood vaccines than its peers, rests entirely on Denmark. STAT reported on January 9, 2026, that the United Kingdom, Israel and Australia all recommend more than the reduced schedule would.

None of this is new. A presidential memorandum of December 5, 2025, directed HHS to align recommendations with peer countries; HHS cut the schedule unilaterally on January 5, 2026; Judge Brian Murphy stayed that decision on March 16 in *American Academy of Pediatrics v. Kennedy*; Executive Order 14407 followed on May 29.

Each attempt depended on clearing away the scientific bodies that would have obstructed it, beginning with the dismissal of all 17 members of the Advisory Committee on Immunization Practices in June 2025 and the removal of CDC Director Susan Monarez that August. The response has been an institutional refusal without recent precedent. Twelve medical organizations including the American Medical Association backed the AAP’s refusal to endorse the reduced schedule, and at least 23 states now follow the AAP rather than the CDC.

Kennedy has stated that he personally instructed the CDC to alter its website language on vaccines and autism, which required him first to identify the evidentiary claim he wanted reversed. He arrived at the signing prepared to pre-empt the ascertainment argument by naming birth cohorts. He has read this evidence and set it aside.

The order creates no enforceable rights by its own terms, and school requirements remain state law under *Jacobson v. Massachusetts* (1905) and *Zucht v. King* (1922). It works by pressure rather than mandate.

The century of falling child mortality this order begins to unwind was built in public laboratories and publicly staffed clinics, conceded to the working class under the pressure of mass struggle rather than granted by the market. What is being withdrawn is the collective character of that protection, replaced by “parental choice,” a formula leaving each family alone with a risk only collective action can lower. It is of a piece with the assault on public education, on immigrants and on democratic rights, preparing the population to accept preventable death as an ordinary condition of life.

The responsibility is not Trump’s alone. Coverage has been falling since long before this administration took office, through the years in which the Democratic Party dismantled the last protections against COVID-19 and declared the pandemic over while it kept killing. No section of the political establishment defends public health as a social right.

Reversing this requires a break with both capitalist parties and with the union apparatuses that police the working class on their behalf. Health workers, scientists, educators and parents must build independent rank-and-file committees to place public health institutions under the democratic control of the working class and expropriate the pharmaceutical monopolies as public utilities. The only social force capable of carrying this through is the international working class.