



Immunizations Newsletter

July 2026

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Measles Update

As of July 10, the [CDC](#) is reporting a total of 2,231 confirmed measles cases across 42 states, which is 93% of last year's total. The United States' measles elimination status will be reviewed in November. A recent op-ed published in the [Center for Infectious Disease Research and Policy \(CIDRAP\)](#) discusses the gap between the reality of the rising case count and the language surrounding it.

A [June 22 report](#) analyzed measles outbreak response in Cook County from September to October 2025. A major challenge identified was the inability to obtain full exposure information, which was heightened by local ICE activity and may have resulted in an exposure that could have been avoided. This year, four cases have been confirmed in Illinois, including [a case](#) in an international traveler who visited Chicago on June 23. So far, no additional cases have been identified related to the traveler. The IDPH measles dashboard is [here](#).



New ACIP Charter

A new [ACIP charter](#) was published in late June. While ACIP's role remains the same, there are many differences outlined in the charter. [The Infectious Diseases Society of America](#) warns that it wrongly focuses on gaps or limitations in current vaccination data and could be used to delay or prevent appropriate, evidence-based recommendations, threatening access to vaccines and trusted information. The graphic below, created by [Vaccinate Your Family](#), outlines the proposed changes.

	FROM		TO	WHY IT MATTERS
Expertise Requirements	Vaccine- and immunization-specific expertise	➔	Broader scientific, clinical, and public health expertise	Broadens eligibility and could allow a wider range of appointees, including those without direct vaccine expertise
Evidence Considered	Disease burden, vaccine safety/effectiveness, economics, implementation	➔	Adds non-vaccine interventions and international comparisons	Adds less-defined considerations that could complicate how ACIP weighs U.S.-specific vaccine evidence
Safety Review	Recognized adverse events, contraindications, precautions	➔	Adds explicit focus on data gaps and further evaluation	Elevates safety uncertainty/gaps as a more explicit part of the committee's advisory role
Meeting Cadence	Three meetings per year + more as needed	➔	At discretion of ACIP Designated Federal Officer in consultation with the Chair	Removes a specific expected cadence, creating more flexibility and less predictability
Liaisons	30 organizations, including ACOG	➔	33 organizations, including several new vaccine-skeptical or alternative medical groups; excluding ACOG	Changes the mix of outside voices formally represented in ACIP discussions
CDC Support	CDC National Center for Immunization and Respiratory Diseases	➔	CDC Office of the Chief of Staff + CDC Director-directed components	Moves operational support closer to CDC leadership, potentially allowing for greater political involvement
VFC Coverage Link	Explicit link between ACIP recommendations and VFC coverage	➔	Softens relationship between ACIP recommendations and VFC coverage	Could affect how directly ACIP recommendations connect to vaccine coverage for VFC-eligible children (approx. 40 million)



AAP Immunization Recommendation Process

The AAP released their [process](#) for making updated, evidence-based immunization recommendations. This year's updated recommendations will include flu, RSV, COVID-19, and HPV vaccines. The recommendation process features nine steps beginning with the Committee of Infectious Diseases (COID) identifying a lead to convene an immunization subgroup per immunization topic. The subgroups will identify the clinical questions and needed data sources to conduct an evidence review. Findings and recommendations will be presented and then voted on before being peer reviewed and published.

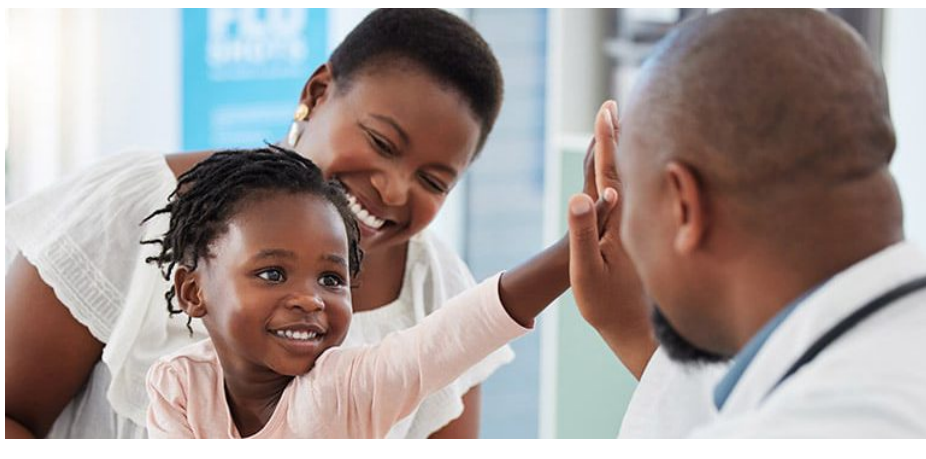


Expanded Use of Pneumococcal Vaccine

Merck's pneumococcal vaccine, [Capvaxive](#), has received expanded FDA approval to cover patients aged 2 to 17 who have completed their routine pneumococcal vaccination schedule but have additional comorbidities that increase their risk of serious infection. This vaccination does not replace routine pneumococcal vaccination; it is given as an additional single dose for complementary protection.

Responding to Vaccine Refusal

A [2024 report](#) from the AAP recognizes dismissal from one's practice as a valid option when patients consistently refuse vaccination; however, dismissal creates a missed opportunity to continue building trust with a patient to overcome their concerns. Dismissal may also mean that a patient is left without care entirely, especially those in rural areas. Continuing with vaccine counseling after refusal provides an opportunity for continued discovery and reassurance. Using techniques like motivational interviewing can help identify specific misconceptions about immunizations, helping move the family towards acceptance over time. Read more about AAP's strategies for increasing vaccine uptake [here](#).



Resources & Other Updates

- The AAP has released new [Immunization Resources for Hospital-Based Clinicians Who Care for Newborns](#).
- From North Dakota State University:
 - [Registration](#) is now open for a new webinar *What's in Vaccines? The Purpose, Safety, and Science Behind Their Ingredients* on July 16.
 - Join the four-part [Motivational Interviewing Module](#) to help clinicians improve their conversations with vaccine-hesitant patients.
 - New, free [Vaccine Education Modules](#) are available covering topics from vaccine safety fundamentals to communication tips.
- ICAAP's [School Immunizations Toolkit](#) is available for download to help with promoting back-to-school immunizations.

Upcoming Webinars:

August 12

The Current Landscape Around Vaccine Policy and Advocacy

September 9

Preparing for Respiratory Virus Season: 2026/2027 Recommendations

Free CME available. Register at [illinoisAAP.org/events](#).

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