EXECUTIVE ORDER
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DELIVERING GOLD STANDARD CHILDHOOD VACCINE RECOMMENDATIONS FOR AMERICANS

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Purpose and Policy. Pursuant to the Presidential Memorandum of December 5, 2025 (Aligning United States Core Childhood Vaccine Recommendations with Best Practices from Peer, Developed Countries), the Department of Health and Human Services (HHS) completed a scientific assessment, which identified a set of consensus vaccines that are consistently recommended in all peer countries and found that the United States currently recommends more childhood vaccines than any peer nation, including more than twice as many vaccine doses as some European nations (scientific assessment). The scientific assessment also found that, instead of implementing vaccination mandates, most peer nations maintain high childhood vaccination rates through public trust and education. In the United States, by contrast, individual States set mandatory vaccination requirements that children must meet to attend school.

Executive Order 14407 of May 29, 2026 (Realigning United States Core Childhood Vaccine Recommendations With Best Practices From Peer, Developed Countries), committed the Federal Government to ensuring that Americans are receiving the best scientifically supported medical advice in the world, as well as to protecting religious liberty and parental authority. However, implementation of my Administration's prior directives regarding childhood vaccines has been delayed due to litigation

over the composition of the Advisory Committee on Immunization Practices and separate updates to the Federal vaccine schedule. Therefore, I am taking further action to reaffirm that it is the policy of the United States that the core childhood vaccine recommendations should be aligned with scientific evidence and best practices from peer, developed countries while preserving access to vaccines currently available to Americans. Further, it is the policy of my Administration that Federal programs and funding should support maximal parental choice over childhood vaccines, consistent with the Federal Government's constitutional and statutory obligations and the fundamental principles of personal autonomy and informed consent.

Sec. 2. Recommendations for Childhood and Adolescent Vaccines. (a) Based on consultation with my advisors and review of available scientific evidence, it is hereby declared that the United States recognizes Gold Standard Childhood Vaccine Recommendations informed by the three distinct categories of childhood immunization recommendations identified in the scientific assessment, as specified below:

(i) immunizations recommended for all children: measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B, pneumococcal disease, human papillomavirus, and varicella;

(ii) immunizations recommended for certain high-risk groups or populations: respiratory syncytial virus monoclonal antibodies, hepatitis A, hepatitis B, meningococcal B, meningococcal ACWY, and dengue; and

(iii) immunizations based on shared clinical decision-making: hepatitis A, hepatitis B, rotavirus, meningococcal disease, influenza, and COVID-19.

(b) The Gold Standard Childhood Vaccine Recommendations also recognize that the combined measles, mumps, rubella (MMR) vaccine should be administered in three separate single-disease shots once such products are domestically available and that, to the maximum extent feasible, all childhood immunizations should be administered at separate medical visits.

(c) Each executive department and agency shall review the Gold Standard Childhood Vaccine Recommendations and take any appropriate steps to advance them, to the fullest extent allowable by law.

(d) States and territories are advised to review the Gold Standard Childhood Vaccine Recommendations and consider updating relevant laws and regulations that define the scope of immunization requirements for contexts such as school enrollment and attendance based on the scientific assessment and best practices from peer, developed countries.

(e) The United States will routinely reassess the Gold Standard Childhood Vaccine Recommendations according to the findings of the HHS Task Force on Safer Childhood Vaccines as specified in section 3 of this order.

Sec. 3. Improving Vaccine Research and Options for American Parents. The Secretary of HHS, through the HHS Task Force on Safer Childhood Vaccines, shall, within 90 days of the date of this order, present plans to the President through the Assistant to the President for Domestic Policy to, to the extent appropriate and consistent with applicable law:

(a) offer options to administer core childhood vaccines, starting with MMR, as single vaccines rather than combination products/doses, including by working with the private sector and other countries as appropriate, while guaranteeing continued

availability of combination vaccines and those vaccines recommended for shared clinical decision-making;

(b) assess the ideal timing and sequencing of all core childhood vaccines and adjust the Federal childhood and adolescent vaccine schedule as appropriate based on gold-standard science;

(c) develop additional alternative adjuvants to aluminum and conduct comparative safety and efficacy studies;

(d) ensure continuous evaluation of the risk/benefit profiles of all childhood vaccines based on United States and international data; and

(e) improve vaccine safety monitoring, transparency, and research.

Sec. 4. Maximizing Parental Choice over Childhood Vaccines. (a) The Attorney General shall take appropriate measures to further meritorious legal actions challenging State laws that conflict with States' constitutional and Federal statutory obligations related to parental authority, religious freedom, disability accommodations, and equal protection under the law, including, to the extent applicable under Federal law, States' obligations to provide religious and medical exemptions from childhood and adolescent immunization requirements.

(b) The Departments of Justice, Education, and HHS shall take appropriate action to ensure that their contractors and grantees, including States and localities, are compliant with their constitutional and Federal statutory obligations related to parental authority, religious freedom, disability accommodations, and equal protection under the law, including, to the extent applicable under Federal law, their obligations to provide religious and medical exemptions from childhood and adolescent immunization requirements.

Sec. 5. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

(d) The costs for publication of this order shall be borne by the Department of Health and Human Services.

THE WHITE HOUSE,

August 10, 2026.

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