



How Federal Changes to Vaccine Policies Could Impact New York City

IBO's *Federal Changes, Local Impacts* series is a collection of short reports that examine areas of New York City's budget, economy, and operations that are particularly reliant on federal funding, subject to notable federal policy changes, or both. These reports are intended to inform public discussion by objectively highlighting how federal decisions may affect the City. IBO encourages readers to visit its [website](#) to explore additional topics covered in this series.

Introduction

Throughout its first year, the Trump administration, through the Centers for Disease Control and Prevention (CDC) led by Acting Director James O'Neill (also Deputy Secretary of Health and Human Services), made significant changes to the long-established recommendations for childhood vaccination. Historically, vaccination recommendations have been made to promote the safety of the general public from infectious and potentially fatal diseases. Further, the federal Vaccines for Children (VFC) program covers the [cost of recommended vaccines for children](#) who are uninsured, Medicaid-eligible or -enrolled, American Indian or Alaska Native, or underinsured. In New York City, VFC vaccines are distributed to participating providers by the Department of Health and Mental Hygiene (NYC Health). Over 1,000 healthcare providers are enrolled in the VFC program, including NYC Health's own immunization clinic. Vaccines distributed through this program are a key source of required vaccines for children attending schools and daycares. As of late February 2026, though the CDC has unilaterally altered their vaccination recommendations, vaccines remain available and continue to be covered through the VFC program, the State's children's health insurance program, and commercial insurance plans. This report provides broader context on the occurrence of reportable infectious diseases in New York City, both generally and specifically in children across the City, and the capacity of NYC Health to respond to infectious disease outbreaks.

Recent Changes to Federal Vaccine Guidance

The Trump administration has made various changes, both to policy and personnel, that have impacted public health across the country. For instance, in June 2025, the U.S. Department of Health and Human Services (HHS) reconstituted the Advisory Committee

for Immunization Practices (ACIP), a committee of experts who are charged with advising the CDC on vaccination recommendations based on the safety and efficacy of vaccines as well as disease epidemiology in the United States. In a break from past practice, HHS Secretary Robert F. Kennedy Jr. removed all of the 17 ACIP members and has [replaced](#) them with 13 new voting members. Up to 19 voting members may be on the committee.

Since being appointed, the new committee members have made several notable changes to the previously established vaccine schedule. For example, the committee voted to [recommend](#) that children under four no longer receive a combined measles, mumps, rubella, and varicella (MMRV) vaccine, which is a combination of the measles, mumps and rubella vaccine (MMR) and the varicella vaccine, but instead two separate vaccines—MMR and varicella. This recommendation was formally adopted by the CDC in October 2025, and the child immunization schedule was accordingly [updated](#). The MMRV vaccine is thus no longer covered by the federally funded VFC program for this age group, though the MMR vaccine and the varicella vaccine continue to be covered.

A birth dose of the hepatitis B vaccine was first recommended for all newborns in 1991. Since then, infections in children and teens have [declined by 99%](#). In December 2025, ACIP recommended, and the CDC subsequently adopted, changes to the guidance for hepatitis B vaccination. For babies born to women who test negative for hepatitis B infection, the CDC now recommends that hepatitis B vaccine be administered at birth based on individual consultations between parents and health care providers.

Shortly after the changes to hepatitis B recommendations, President Trump directed Secretary Kennedy to review and revise the childhood vaccination schedule. In response, on January 5, 2026, significant adjustments to the pediatric vaccination schedule were announced without undertaking the previously standard consultation process with ACIP. Recommendations were changed for six of the 18 previously recommended vaccines—those for hepatitis A, meningococcal disease, rotavirus, respiratory syncytial virus (RSV), influenza, and COVID-19.¹ These vaccines are now recommended only for children who are at high risk, or, as is the case with hepatitis B, are given to children only after parents' consultation with a health care provider. For the remainder of this report, these seven conditions for which vaccines are no longer routinely recommended (i.e., the six immediately aforementioned along with hepatitis B) will be referred to as “diseases of interest.”

These announcements follow a trend over the past several years of decreased vaccination coverage because of the rise of anti-vaccination movements. Researchers at Stanford University found that, since 2019, 77% of counties and jurisdictions have experienced declines in childhood vaccination coverage. The same researchers found that, among states collecting data for the MMR vaccine, 67% of localities have fallen below the 95% immunization rate deemed necessary by experts to protect against an outbreak.²

Responses to Federal Changes

The American Academy of Pediatrics (AAP) released a [statement](#) in response to the changes announced on January 5, calling them “dangerous and unnecessary,” and saying that the organization will continue to make its own evidence-based recommendations.

AAP further stated that it continues to universally recommend that children be immunized against these diseases of interest. Similarly, the American Medical Association (AMA) released a [response](#) stating that the organization is “deeply concerned by recent changes” and rebukes the lack of adherence to traditional evidence-based processes and justification. On January 26, AAP released their 2026 Recommended Childhood and Adolescent Immunization Schedule maintaining routine vaccination for all 18 diseases on the previous CDC schedule.

The New York State (NYS) Department of Health [stated](#) that its current childhood vaccination policies will remain the same, including school vaccine mandates, despite the announced changes at the federal level. Governor Kathy Hochul, during her State of the State address, [announced plans](#) to advance legislation that will ensure New York has the ability to set its own immunization standards, authorizing the Commissioner of Health, in consultation with recognized medical organizations, to set standards for school eligibility, clinical practice, and insurance coverage. There is considerable overlap between the diseases of interest and vaccine requirements for attendance in New York City schools. Hepatitis B and influenza vaccinations are required for those in childcare and Head Start PreK, the hepatitis B vaccination is required from Kindergarten through Grade 12, and the meningococcal conjugate ACWY vaccination, so named for the four types of bacteria it protects against, is required from Grades 7 through 11.

Alongside updates to immunization policies, recent changes in United States global partnerships pose additional risks to the health of New Yorkers. On January 22, 2026, the United States formally withdrew from the World Health Organization (WHO). In response to this, on February 5, 2026, NYC Health [announced](#) that it has joined a WHO coalition of public health institutions. This network, the Global Outbreak Alert & Response Network, includes more than 300 agencies, academic centers, laboratories, and response organizations globally, and is aimed at detecting and responding to emerging outbreaks. The City’s aim in joining this network is to be better equipped with crucial information about potential and imminent health threats.

Cases of Diseases of Interest in New York City

To better contextualize a potential decrease in immunization coverage for diseases of interest, IBO analyzed the number of cases reported in New York City from 2021 through 2024 with data obtained from NYC Health, shown in Figure 1. Outside of COVID-19, which accounts for the majority of reportable infectious disease cases in each year evaluated, laboratory-confirmed influenza and RSV are the conditions for which the highest number of cases are reported, and the share of those diseases out of the total cases of infectious diseases increased substantially during the period reviewed. Note that in all instances where case counts are presented, each year referenced is a calendar year.

To understand where there might be differential impacts, Figure 2 examines cases of diseases of interest by borough of residence in 2023, the last year for which data are available for each of the seven diseases. Brooklyn and Queens, the two most populous boroughs, had the highest number of cases for the three most commonly reported infections (COVID-19, influenza, and RSV). When considering population, however, the following boroughs had higher shares of cases relative to their share of the NYC population:

FIGURE 1

Cases of Diseases of Interest Citywide and Share of Total Cases, 2021–2024

Disease	Number of Cases			
	2021	2022	2023	2024
COVID-19	1,289,110 (88.9%)	1,398,194 (81.7%)	322,917 (53.3%)	203,686 (45.9%)
Hepatitis A	91 (0.0%)	48 (0.0%)	62 (0.0%)	60 (0.0%)
Hepatitis B, Acute Infection	44 (0.0%)	31 (0.0%)	29 (0.0%)	*
Hepatitis B, Chronic Infection	5,350 (0.4%)	5,518 (0.3%)	6,947 (1.1%)	*
Influenza, Laboratory-confirmed	12,548 (0.9%)	130,364 (7.6%)	88,185 (14.6%)	162,067 (36.5%)
Meningococcal Disease, Invasive	15 (0.0%)	19 (0.0%)	28 (0.0%)	34 (0.0%)
Respiratory Syncytial Virus	26,436 (1.8%)	47,996 (2.8%)	48,600 (8.0%)	48,213 (10.9%)
Rotavirus	514 (0.0%)	973 (0.1%)	1,455 (0.2%)	1,665 (0.4%)
All Other Diseases	115,759 (8.0%)	128,428 (7.5%)	137,298 (22.7%)	27,849 (6.3%)
All Reportable Infectious Diseases	1,449,867	1,711,571	605,521	443,574

SOURCE: NYC Health

NOTE: Asterisks in this figure indicate data that are being finalized.

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- The Bronx: all diseases of interest except for Hepatitis B acute and chronic infection (though there are very few cases of acute Hepatitis B)
- Brooklyn: Hepatitis B acute (though rare) and chronic infection
- Manhattan: Hepatitis A and meningococcal (though there are very few cases of both diseases citywide), and rotavirus
- Queens: all diseases of interest except for Hepatitis B acute infection (though rare), meningococcal, and RSV
- Staten Island: COVID-19 and Hepatitis B acute infection (though rare).

IBO notes that demographic factors such as age, socioeconomic status, and race/ethnicity could, and likely do, play a role in the differences observed in infection rates across geographies.

Infectious Disease Response Capacity at NYC Health

NYC Health's Division of Disease Control (the Division) aims to safeguard the health of New Yorkers through the identification, surveillance, treatment, control, and prevention of infectious diseases. The Division is comprised of seven bureaus with specific areas of focus

FIGURE 2

Number of Cases of Diseases of Interest and Share of Total Cases by Borough, 2023

Borough	Population	COVID-19	Hepatitis A	Hepatitis B, Acute Infection
Bronx	1,472,654 (16.7%)	58,715 (18.2%)	13 (21.0%)	4 (13.8%)
Brooklyn	2,736,074 (31.1%)	89,022 (27.6%)	12 (19.4%)	11 (37.9%)
Manhattan	1,694,251 (19.2%)	60,254 (18.7%)	19 (30.6%)	3 (10.3%)
Queens	2,405,464 (27.3%)	91,339 (28.3%)	18 (29.0%)	8 (27.6%)
Staten Island	495,747 (5.6%)	23,518 (7.3%)	0 (0.0%)	3 (10.3%)
Unknown		69 (0.0%)	0 (0.0%)	0 (0.0%)
Total	8,804,190	322,917	62	29

Borough	Influenza, Laboratory-confirmed	Meningococcal Disease, Invasive	Respiratory Syncytial Virus	Rotavirus
Bronx	20,015 (22.7%)	7 (25.0%)	11,103 (22.8%)	292 (20.1%)
Brooklyn	23,631 (26.8%)	6 (21.4%)	14,308 (29.4%)	289 (19.9%)
Manhattan	14,041 (15.9%)	9 (32.1%)	6,648 (13.7%)	346 (23.8%)
Queens	26,349 (29.9%)	6 (21.4%)	13,420 (27.6%)	463 (31.8%)
Staten Island	3,554 (4.0%)	0 (0.0%)	2,714 (5.6%)	50 (3.4%)
Unknown	595 (0.7%)	0 (0.0%)	407 (0.8%)	15 (1.0%)
Total	88,185	28	48,600	1,455

SOURCE: EpiQuery and IBO analysis of census data

NOTE: 2023 is the most recent year for which complete data are available.

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(see Figure 3). The work of the Division helps to ensure that New York City is equipped to detect and respond to infectious disease outbreaks. Figure 3 provides a five-year lookback at headcount in each of the Division's bureaus. There have consistently been over 1,000 employees in the Division each year, from 2021 through 2025, though there has been variation by bureau. Though some of these shifts in headcount appear significant—for example, a 55% headcount increase in the Bureau of Hepatitis, HIV, and Sexually Transmitted Infections (STI) and a 35% decrease in headcount in the Bureau of Tuberculosis Control—these changes were in large part not associated with changes in the operational work done by staff. Some staff were moved between bureaus, but functionally performed the same work. For instance, staff working on hepatitis were moved from the Bureau of Communicable Diseases to the Bureau of HIV and STI. Funding for NYC Health comes from city, state, and federal streams, and the same is true of the Division. Changes in federal funding and/or policy can therefore potentially have an impact on NYC Health's capacity to carry out infectious disease work. Figure 4 displays the funding source breakdown of the Division in recent fiscal years, with federal dollars accounting for approximately 70% of the Division's funding in all years shown.

FIGURE 3

Headcount at Division of Disease Control, 2021–2025

Bureau Within Division of Disease Control	Fiscal Year				
	2021	2022	2023	2024	2025
Division Management & Systems Coordination	44	39	37	42	43
Bureau of Communicable Diseases	83	72	69	84	96
Bureau of Hepatitis, HIV, and STI	285	394	439	463	444
Bureau of the Public Health Laboratory	156	160	175	170	174
Bureau of Public Health Clinics	283	214	247	261	276
Bureau of Tuberculosis Control	174	96	99	109	112
Bureau of Immunization	93	88	88	84	96
Total Division of Disease Control Headcount	1,118	1,063	1,154	1,213	1,241

SOURCE: NYC Health

NOTE: Headcount includes active employees as of June 30 of each year.

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FIGURE 4

Funding Source Breakdown for Division of Disease Control, 2021–2025

Dollars in Millions

Funding Type	Fiscal Year				
	2021	2022	2023	2024	2025
City	\$74 (23.6%)	\$84 (24.1%)	\$96 (24.3%)	\$80 (21.2%)	\$85 (22.5%)
State	\$21 (6.7%)	\$22 (6.3%)	\$26 (6.6%)	\$30 (8.0%)	\$47 (12.5%)
Federal	\$219 (70%)	\$242 (69.5%)	\$273 (69.1%)	\$267 (70.8%)	\$268 (71.1%)
Total	\$313	\$348	\$395	\$377	\$400

SOURCE: NYC Health

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When outbreaks occur, depending on the scale, NYC Health may “activate” an agency-wide response that calls on agency employees and resources outside of the Division.³ In the period 2015–2024, there were six such activations, including for COVID-19 (for three years, 2020–2022), measles (in 2018–2019), and mpox (in 2022). Apart from COVID-19, cases of the diseases of interest did not require any NYC Health activations over the past 10 years.

Implications for New York City Children

The federal VFC program was created to cover the cost of vaccines for eligible children ages 18 and under. The federal Office of Management and Budget allocates funds for the program to the CDC and the CDC acquires and distributes vaccines to VFC providers. While

federal changes to the childhood vaccine schedule do not necessarily mean funding cuts, future policy changes could potentially remove certain vaccines from the VFC program.

In New York City, 64% of children are eligible for vaccines through VFC and over 1,000 providers are enrolled in the VFC program.⁴ According to data from NYC Health, in fiscal year 2025, over 2.4 million VFC program vaccines were given to providers, over half of which were for the diseases of interest (1.3 million).

Figure 5 provides the number of VFC providers in New York City in recent years, as well as the corresponding operations budget funded by federal dollars.

FIGURE 5

Number of VFC Providers and VFC Operations Budget in New York City, 2021-2025

Fiscal Year	Number of Enrolled Providers	Program Operations Budget
2021	1,458	\$3.7M
2022	1,310	\$4.2M
2023	1,252	\$4.8M
2024	1,186	\$5.1M
2025	1,198	\$6.1M

SOURCE: NYC Health

The share of cases by age varies by disease. In some instances, children from birth to age 14 account for less than 1% of cases (as with acute hepatitis B and meningococcal disease) and in other instances account for more than 50% of cases (53% of rotavirus cases and 64% of RSV cases). Reclassifying these diseases of interest—that is, modifying guidance so that vaccines are no longer recommended universally—could lead to lower vaccine uptake, weakened herd immunity, and increasing occurrences of the diseases. Further, if vaccines were to be removed from the VFC program, they would no longer be available for free, and State or local governments would need to cover the costs to maintain availability. Figure 6 offers a breakdown of the cases of diseases of interest in 2023 by age group.

Conclusion

The vaccine schedule was modified by the CDC outside the ACIP review process and without a transparent, evidence-based framework. These changes set a precedent for future changes that could result in the cost of some vaccines shifting from the federal government down to the State, localities, and/or individuals. This is of particular interest in the cases of influenza, RSV, and rotavirus, three conditions for which children ages 14 and under account for a significant share of cases. If vaccination coverage declines further in the short- and/or long-term, after already falling over the past several years due to increased skepticism, adverse health outcomes and higher healthcare costs for all are likely to occur.

FIGURE 6

Number of Cases of Diseases of Interest in New York City by Age Group, 2023

Age Group	COVID-19	Hepatitis A	Hepatitis B, Acute Infection	Influenza, laboratory-confirmed	Meningococcal disease, invasive	Respiratory Syncytial Virus	Rotavirus
<1 year	8,015 (2.5%)	0 (0.0%)	0 (0.0%)	2,177 (2.5%)	0 (0.0%)	7,842 (16.1%)	285 (19.6%)
1-4 years	8,055 (2.5%)	4 (6.5%)	0 (0.0%)	9,587 (10.9%)	0 (0.0%)	16,909 (34.8%)	293 (20.1%)
5-14 years	17,096 (5.3%)	5 (8.1%)	0 (0.0%)	21,295 (24.1%)	0 (0.0%)	6,484 (13.3%)	199 (13.7%)
15-24 years	29,177 (9.0%)	17 (27.4%)	1 (3.4%)	9,494 (10.8%)	0 (0.0%)	2,181 (4.5%)	94 (6.5%)
25-44 years	99,677 (30.9%)	27 (43.5%)	10 (34.5%)	22,839 (25.9%)	11 (39.3%)	5,053 (10.4%)	208 (14.3%)
45-64 years	88,849 (27.5%)	6 (9.7%)	13 (44.8%)	14,710 (16.7%)	14 (50.0%)	4,980 (10.2%)	183 (12.6%)
65+ years	71,846 (22.2%)	3 (4.8%)	5 (17.2%)	8,066 (9.1%)	3 (10.7%)	5,147 (10.6%)	192 (13.2%)
Unknown	202 (0.1%)	0 (0.0%)	0 (0.0%)	17 (0.0%)	0 (0.0%)	4 (0.0%)	1 (0.1%)
Total							
Cases	322,917	62	29	88,185	28	48,600	1,455

SOURCE: EpiQuery

NOTE: 2023 is the most recent year for which complete data are available. Due to the differing stratification of age groups for these conditions and chronic hepatitis B, the latter was omitted from this figure and is presented in the Appendix.

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Appendix

FIGURE A1

Number of Cases of Chronic Hepatitis B In New York Cty by Age Group, 2023

Age Group	Hepatitis B, Chronic Infection
0-19 years	149
20-29 years	847
30-39 years	1,812
40-49 years	1,695
50-59 years	1,169
60-69 years	782
70-79 years	366
80+ years	127
Unknown	0
Total Cases	6,947

SOURCE: EpiQuery

NOTE: 2023 is the most recent year for which complete data are available.

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For chronic hepatitis B, individuals from birth through age 19 accounted for 2.1% of all cases in 2023.

Endnotes

- 1 Changes were also made to the guidance for dengue vaccines, but dengue is not endemic to (a common occurrence in) New York City. As such, this vaccine is not recommended for routine use locally. Dengue vaccines are now recommended for “high-risk groups.” Previously, the dengue vaccine was recommended for routine use in children between the ages of 9 and 16, who had a history of laboratory-confirmed dengue, and lived in areas where dengue is endemic.
- 2 Edwards, Erika, Jason Kane, Stephanie Gosk, Mustafa Fattah, and Joe Murphy (2025, September 15). Data investigation: Childhood vaccination rates are backsliding across the U.S. NBC News.
- 3 While a case is any single occurrence of a disease, an outbreak can be defined as the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area, or season. A single case of a communicable disease long absent from a population or caused by an agent (e.g., bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute a single outbreak.
- 4 The eligibility rate was provided to IBO in communications with NYC Health.

Prepared By:
Cassandra Stuart



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