

Arkansas Immunization Update: Progress and Emerging Threats

Immunize AR Immunization Summit
Wyndham Hotel, North Little Rock, AR
August 21, 2026

Sarah Labuda, MD
Medical Director, Immunizations and Child Health Programs
Deputy State Epidemiologist



Disclosures



- I have nothing to disclose

Objectives



- Review current routine immunization recommendations available in the United States
- Understand the current trends in childhood immunization across Arkansas
- Describe the emerging threats to public health with increased vaccine exemptions in Arkansas

Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization

Andrew J Shattock, Helen C Johnson, So Yoon Sim, Austin Carter, Philipp Lambach, Raymond C W Hutubessy, Kimberly M Thompson, Kamran Badizadegan, Brian Lambert, Matthew J Ferrari, Mark Jit, Han Fu, Sheetal P Silal, Rachel A Hounsell, Richard G White, Jonathan F Mosser, Katy A M Gaythorpe, Caroline L Trotter, Ann Lindstrand, Katherine L O'Brien, Naor Bar-Zeev.

Findings: Since 1974, vaccination has averted 154 million deaths, including 146 million among children younger than 5 years of whom 101 million were infants younger than 1 year. For every death averted, 66 years of full health were gained on average, translating to 10.2 billion years of full health gained. We estimate that vaccination has accounted for 40% of the observed decline in global infant mortality, 52% in the African region. In 2024, a child younger than 10 years is 40% more likely to survive to their next birthday relative to a hypothetical scenario of no historical vaccination. Increased survival probability is observed even well into late adulthood.

Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Shattock, Andrew J et al. The Lancet, Volume 403, Issue 10441, 2307 – 2316.



Vaccine Schedules

Current CDC Recommended Schedule

Table 1 - Routine Schedule by Age



Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Respiratory syncytial virus ⓘ (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes		
Hepatitis B ⓘ (HepB)	1 st dose	←2 nd dose→			←3 rd dose→			
Rotavirus (RV) ⓘ RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes			
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←4 th dose→
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See Notes		←3 rd or 4 th dose, See Notes →	
Pneumococcal conjugate ⓘ (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	
Inactivated poliovirus ⓘ (IPV) ⓘ			1 st dose	2 nd dose	←3 rd dose→			
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)						See Notes		
Influenza (IIV3, cclIV3) ⓘ						1 or 2 doses annually		
Influenza (LAIV3) ⓘ								
Measles, mumps, rubella ⓘ (MMR)						See Notes		←1 st dose→

Vaccine and other immunizing agents	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Respiratory syncytial virus ⓘ (RSV-mAb [Nirsevimab])	1 dose (8 through 19 months), See Notes								
Hepatitis B ⓘ (HepB)	←3 rd dose→								
Rotavirus ⓘ (RV) RV1 (2-dose series); RV5 (3-dose series)									
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)	←4 th dose→			5 th dose					
Haemophilus influenzae type b ⓘ (Hib)									
Pneumococcal conjugate ⓘ (PCV15, PCV20)									
Inactivated poliovirus (IPV) ⓘ	←3 rd dose→			4 th dose					See Notes
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)	See Notes								
Influenza (IIV3, cclIV3) ⓘ	1 or 2 doses annually					1 dose annually			
..... or Influenza (LAIV3) ⓘ			1 or 2 doses annually			1 dose annually			

Measles, mumps, rubella ⓘ (MMR)		2 nd dose	
Varicella ⓘ (VAR)		2 nd dose	
Hepatitis A ⓘ (HepA)	← 2-dose series, See Notes →		
Tetanus, diphtheria, & acellular pertussis ⓘ (Tdap: ≥7 yrs)		1 dose	
Human papillomavirus ⓘ (HPV)		See Notes	
Meningococcal ⓘ (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)	See Notes	1 st dose	2 nd dose
Meningococcal B ⓘ (MenB-4C, MenB-FHbp)		See Notes	
Respiratory syncytial virus vaccine ⓘ (RSV [Abrysvo])		Seasonal administration during pregnancy, See Notes	
Dengue ⓘ (DEN4CYD: 9–16 yrs)		Seropositive in endemic dengue areas (See Notes)	
Mpox ⓘ			

Ages 19 Years or Older

Legend

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No Guidance/Not Applicable

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
COVID-19 ⓘ	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024–2025 vaccine (See Notes)
Influenza inactivated (IIV3, cclIV3) Influenza recombinant (RIV3) ⓘ	1 dose annually			1 dose annually (HD-IIV3, RIV3, or aIIV3 preferred)
Influenza inactivated (aIIV3; HD-IIV3) Influenza recombinant (RIV3) ⓘ	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3) ⓘ	1 dose annually			
Respiratory Syncytial Virus (RSV) ⓘ	Seasonal administration during pregnancy. (See Notes)		50 through 74 years (See Notes)	≥75 years
Tetanus, diphtheria, pertussis (Tdap or Td) ⓘ	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			For health care personnel, (See Notes)
Measles, mumps, rubella (MMR) ⓘ	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR) ⓘ	2 doses (if born in 1980 or later)	2 doses		
Zoster recombinant (RZV) ⓘ	2 doses for immunocompromising conditions (See Notes)		2 doses	

Human papillomavirus (HPV) ⓘ	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years	
Pneumococcal (PCV15, PCV20,PCV21, PPSV23) ⓘ			See Notes See Notes
Hepatitis A (HepA) ⓘ	2, 3, or 4 doses depending on vaccine		
Hepatitis B (HepB) ⓘ	2, 3, or 4 doses depending on vaccine or condition		
Meningococcal A, C, W, Y (MenACWY) ⓘ	1 or 2 doses depending on indication (See Notes for booster recommendations)		
Meningococcal B (MenB) ⓘ	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)		
	19 through 23 years		
Haemophilus influenzae type b (Hib) ⓘ	1 or 3 doses depending on indication		
Mpox ⓘ	2 doses		
Inactivated poliovirus (IPV) ⓘ	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)		

To make vaccination recommendations, healthcare providers should:

1. Determine recommended vaccine by age ([Table 1 - By Age](#))
2. Assess need for additional recommended vaccinations by medical condition or other indication ([Table 2 - By Medical Condition](#))
3. Review vaccine types, dosing frequencies and intervals, and considerations for special situations ([Notes](#))
4. Review contraindications and precautions for vaccine types ([Appendix](#))
5. Review new or updated ACIP guidance ([Addendum](#))

Vaccine Schedules

American Academy of Pediatrics, American College of Obstetrics and Gynecology, American Academy of Family Physicians, American College of Physicians, and Infectious Diseases Society of America Schedules



Table 1

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)				1 dose nirsevimab during RSV season (See Notes)													
Hepatitis B (HepB)	1 st dose	2 nd dose			3 rd dose													
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose				4 th dose				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes				3 rd or 4 th dose (See Notes)									
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose				4 th dose									
Inactivated poliovirus (IPV)			1 st dose	2 nd dose				3 rd dose					4 th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025–2026 vaccine (See Notes)								1 or more doses of 2025–2026 vaccine (See Notes)		1 or more doses of 2025–2026 vaccine (See Notes)			
Influenza					1 or 2 doses annually (See Notes)										1 dose annually (See Notes)			
Measles, mumps, and rubella (MMR)					See Notes				1 st dose				2 nd dose					
Varicella (VAR)									1 st dose				2 nd dose					
Hepatitis A (HepA)					See Notes				2-dose series (See Notes)									
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1 dose			
Human papillomavirus (HPV)															2-dose series	See Notes		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)			See Notes												1 st dose		2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																See Notes		
Respiratory syncytial virus vaccine (RSV [Abrysvo])																Seasonal administration during pregnancy if not previously vaccinated		
Dengue (DEN4CYD: 9–16 yrs)																Seropositive in areas with endemic dengue (See Notes)		
Mpox																		



Range of recommended ages for all children



Range of recommended ages for catch-up vaccination



Range of recommended ages for certain high-risk groups or populations



Recommended vaccination for those who desire protection



Recommended vaccination based on shared clinical decision-making

https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf?_gl=1*sjbkng*_ga*NDIwODAwOTc3LjE3MTcwOTgxNDE.*_ga_FD9D3XZVQQ* AAP-Immunization-Schedule.pdf..



2026 Maternal Immunization Schedule



Summary of Routinely Recommended Maternal Vaccines

Vaccine	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Tdap	Can be administered at any time											
COVID-19		Administer as soon as available	However, it can be administered at any time of the year to eligible individuals									
Influenza		Ideally administer in the early fall	However, it can be administered at any time while the virus is circulating.									
RSV		Administer September through January in most of the continental U.S.*										



Schedule based on age group

Vaccines and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose depending on maternal RSV vaccination status. See Notes					1 dose nirsevimab (8–19 months). See Notes												
Hepatitis B (HepB)	1 st dose	←2 nd dose→			←3 rd dose→													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose					←4 th dose→		5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes				3 rd or 4 th dose, ←See Notes→									
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose				←4 th dose→									
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	←3 rd dose→							4 th dose					See Notes	
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of updated 2025-2026 vaccine, See Notes													
Influenza					1 or 2 doses annually									1 dose annually				
Measles, mumps, rubella (MMR)					See Notes			←1 st dose→					2 nd dose					
Varicella (VAR)								←1 st dose→					2 nd dose					
Hepatitis A (HepA)					See Notes			2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															1 dose			
Human papillomavirus (HPV)															See Notes			
Meningococcal (MenACWY-CRM >2 mos, MenACWY-TT >2 yrs)			See Notes												1 st dose		2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes				
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy. See Notes				



Table 1

Recommended Adult Immunization Schedule by Age Group, United States, 2026

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated 2025-2026 vaccine See Notes			2 or more doses of 2025-2026 vaccine See Notes
Influenza inactivated (IIV3, cdlIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or allV3 preferred)
Influenza inactivated (allV3; HD-IIV3)	Solid organ transplant See Notes			
Influenza live, attenuated (LAIV3)				
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy See Notes		50 through 74 years See Notes	>75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management See Notes			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For health care personnel See Notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions See Notes		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)			See Notes	See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition (19 through 59 years)			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication See Notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication See Notes for booster recommendations		
<i>Haemophilus influenzae</i> type b (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable. See Notes			

Recommended vaccination for adults who meet age requirement,
lack documentation of vaccination or lack evidence of past infection

3/1/2026

Recommended vaccination for adults with an
additional risk factor or another indication

Recommended vaccination based
on shared clinical decision-making

No recommendation/
Not applicable

AMERICAN ACADEMY OF FAMILY PHYSICIANS | RECOMMENDED ADULT IMMUNIZATION SCHEDULE, 2026



Support for the 2026 American Academy of Pediatrics Immunization Schedule

Approved by the Board of Regents on February 10, 2026

1. ACP supports the 2026 AAP changes to the Childhood and Adolescent Immunization Schedule and,
2. ACP supports the current AAP Childhood and Adolescent Immunization Schedule with the AAP changes, including existing recommendations for RSV, influenza, hepatitis A, and hepatitis B (including the hepatitis B birth dose).

AAP's 2026 Immunization Schedule can be found at:

<https://publications.aap.org/aapnews/news/34141/AAP-s-2026-immunization-schedule-keeps-routine>

https://www.acponline.org/sites/default/files/acp-policy-library/policies/statement_of_support_aap_immunization_schedule_2026.pdf



Practice Guideline

IDSA 2025 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients



Published October 17, 2025



Last Updated November 18, 2025

<https://www.idsociety.org/practice-guideline/Seasonal-RTI-Vaccinations-in-Immunocompromised-Patients/>



Table 1. COVID-19 Vaccination Guidance by Immunocompromised Population^[2-8]

Group	Suggested timing of 2025-2026 COVID-19 vaccine^{*, **}
Solid organ transplant	At least 2 weeks pre-SOT; or ≥ 3 months post-SOT
Hematologic malignancy	- Optimal timing includes ≥ 2 weeks before starting treatment and ≥ 3 months after last infusion - For B-cell depletion, consider $\geq 3-6$ months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HCT/CAR-T	- Optimal timing includes ≥ 3 months after transplant or CAR-T treatment - For B-cell depletion, consider $\geq 3-6$ months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
Solid tumor chemotherapy	At least 2 weeks before starting therapy; during/after is acceptable
Primary Immuno-deficiency	Align with IVIG/SCIG or clinic access
Autoimmune immunosuppression	- Optimal timing includes ≥ 2 weeks before starting treatment and ≥ 3 months after last infusion - For B-cell depletion, consider $\geq 3-6$ months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HIV	Align with preventive routine care

*Defer during acute transplant rejection treatment or severe/acute illness

**Use shared-decision making for early windows based on levels of community virus circulation

Table 3. Influenza Vaccination Guidance by Immunocompromised Population^[1-10]

Group	Suggested timing of 2025-2026 Influenza vaccine^{*, **}
Solid organ transplant	At least 2 weeks pre-SOT; or ≥ 1 months post-SOT, may give earlier if influenza season has started
Hematologic malignancy	- Optimal timing includes ≥ 2 weeks before starting treatment and ≥ 3 months after last infusion - For B-cell depletion, consider $\geq 3-6$ months after last infusion - If optimal timing not feasible based on influenza season, earlier administration reasonable (blunted immune response possible)
HCT/CAR-T	- Optimal timing includes ≥ 3 months after transplant or CAR-T treatment - For B-cell depletion, consider $\geq 3-6$ months after last infusion - If optimal timing not feasible based on influenza season, administer earlier (blunted immune response possible)
Solid tumor chemotherapy	Optimally at least 2 weeks before starting therapy; during/after is acceptable
Primary Immuno-deficiency	Align with IVIG/SCIG or clinic access
Autoimmune immunosuppression	- Optimal timing includes ≥ 2 weeks before starting treatment and ≥ 3 months after last infusion - For B-cell depletion, consider $\geq 3-6$ months after last infusion - If optimal timing not feasible based on timing of influenza season, earlier administration reasonable (blunted immune response possible)
HIV	Align with preventive routine care

*Defer during most intense periods of acute transplant rejection treatment or severe/acute illness

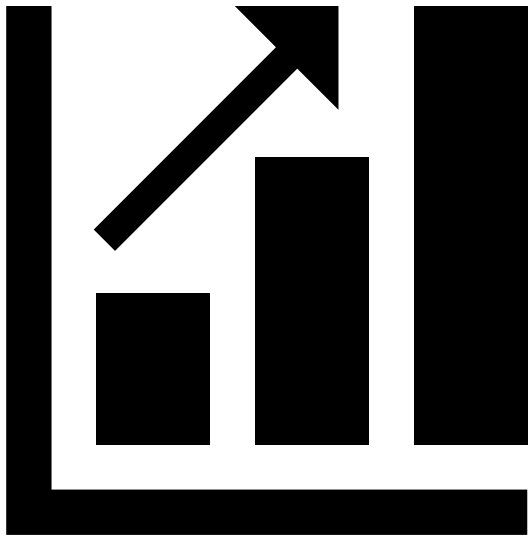
** Since influenza vaccine is recommended annually, timing of vaccination is of particular concern. While response may be blunted if administered prior to the recommended interval, during the fall and winter months optimal timing of influenza vaccine in relation to immunosuppression will depend on local circulation of influenza virus.

Table 5. RSV Vaccination Guidance by Immunocompromised Population^[1-5]

Group	Suggested timing of RSV vaccine^{*, **}
Solid organ transplant	At least 2 weeks pre-SOT; or ≥ 6 months post-SOT. Can be given as early as 1 month after transplant during RSV season
Hematologic malignancy	- Optimal timing includes ≥ 2 weeks before starting treatment and ≥ 6 months after last infusion - For B-cell depletion, consider ≥ 6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HCT/CAR-T	- Optimal timing includes ≥ 6 months after transplant or CAR-T treatment - For B-cell depletion, consider ≥ 6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
Solid tumor chemotherapy	At least 2 weeks before starting therapy; during/after is acceptable
Primary Immuno-deficiency	Align with IVIG/SCIG or clinic access
Autoimmune immunosuppression	- Optimal timing includes ≥ 2 weeks before starting treatment and $\geq 3-6$ months after last infusion - For B-cell depletion, consider ≥ 6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HIV	Align with preventive routine care

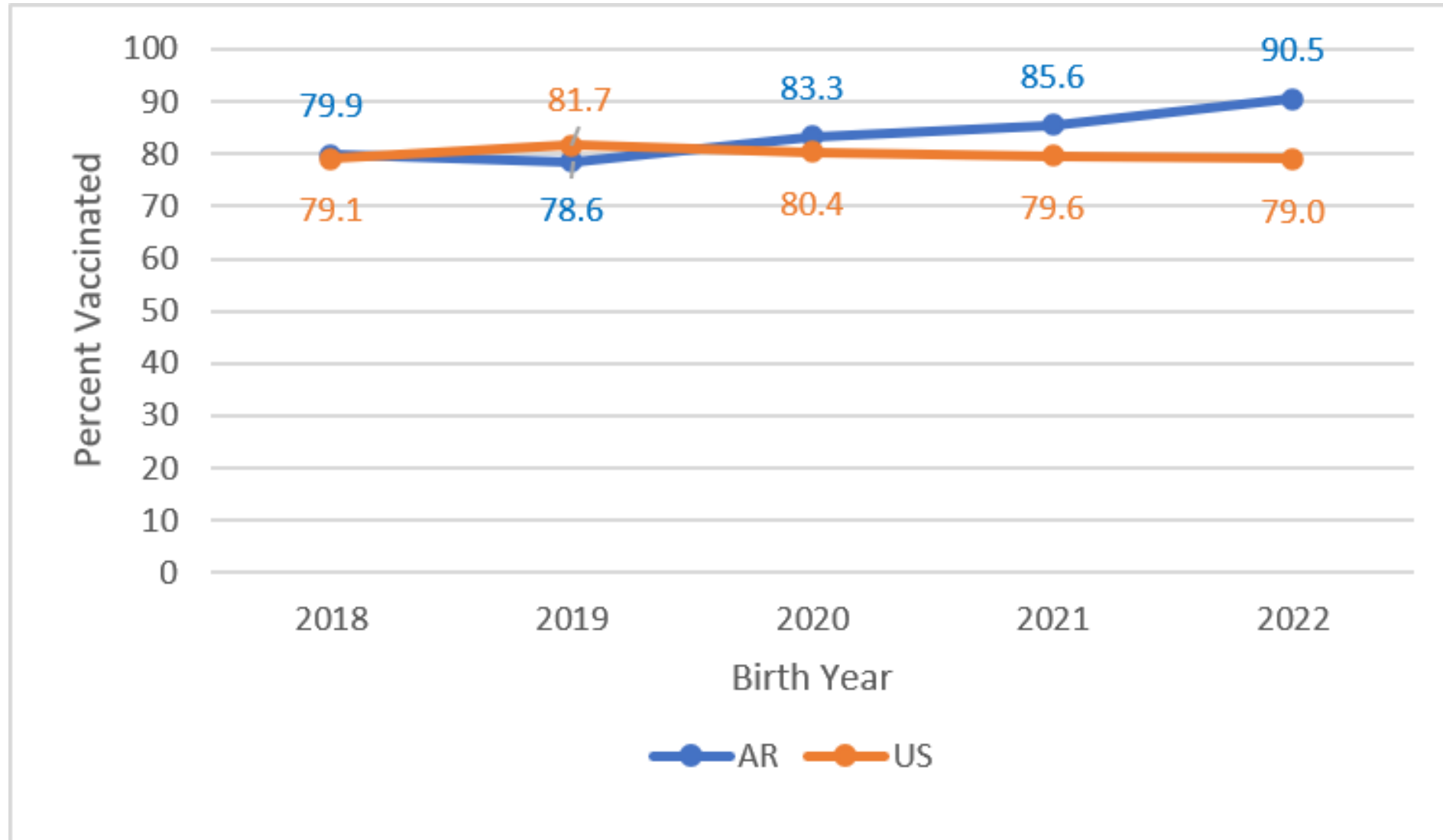
*Defer during acute transplant rejection treatment or severe/acute illness

**Use shared-decision making for early windows based on levels of community virus circulation

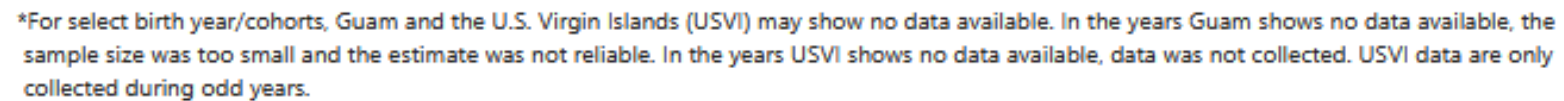


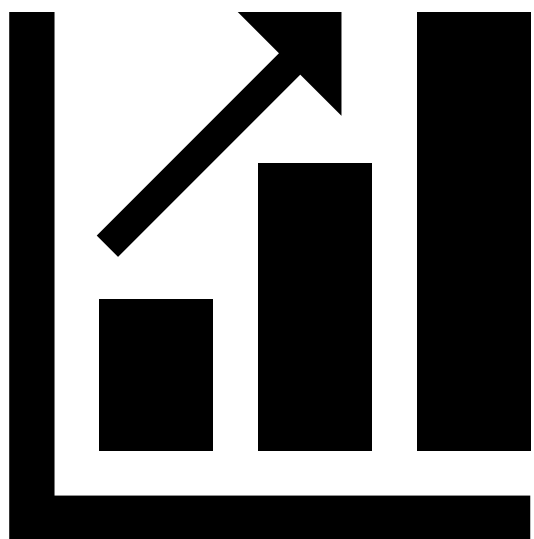
Progress: As of 2022,
Arkansas was ABOVE the
U.S. average for uptake of
the birth dose of Hepatitis B
vaccine

Hepatitis B Birth Dose (0-3 Days of Birth) by Birth Year, 2018-2022



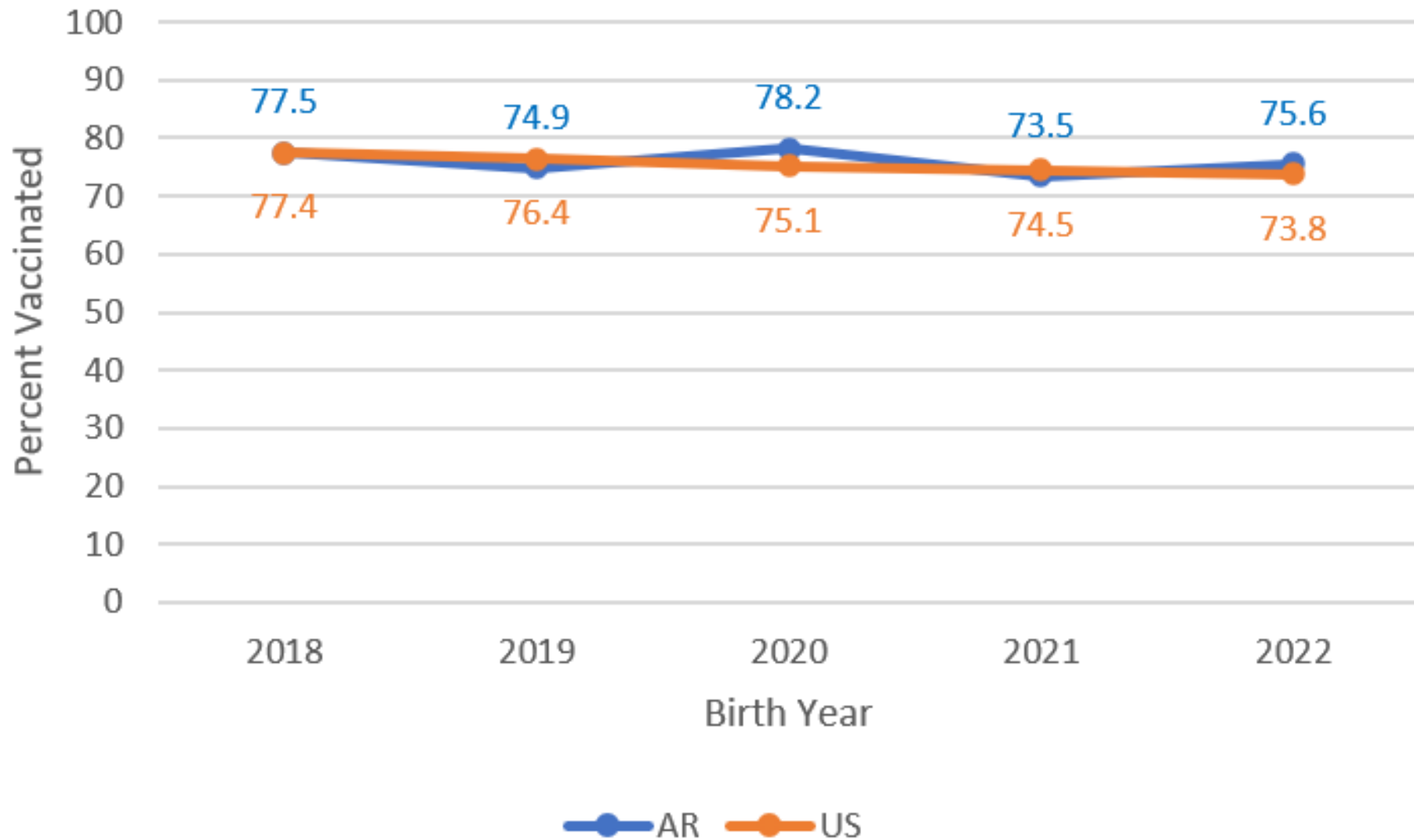
NIS: National Immunization Survey- Child, CDC



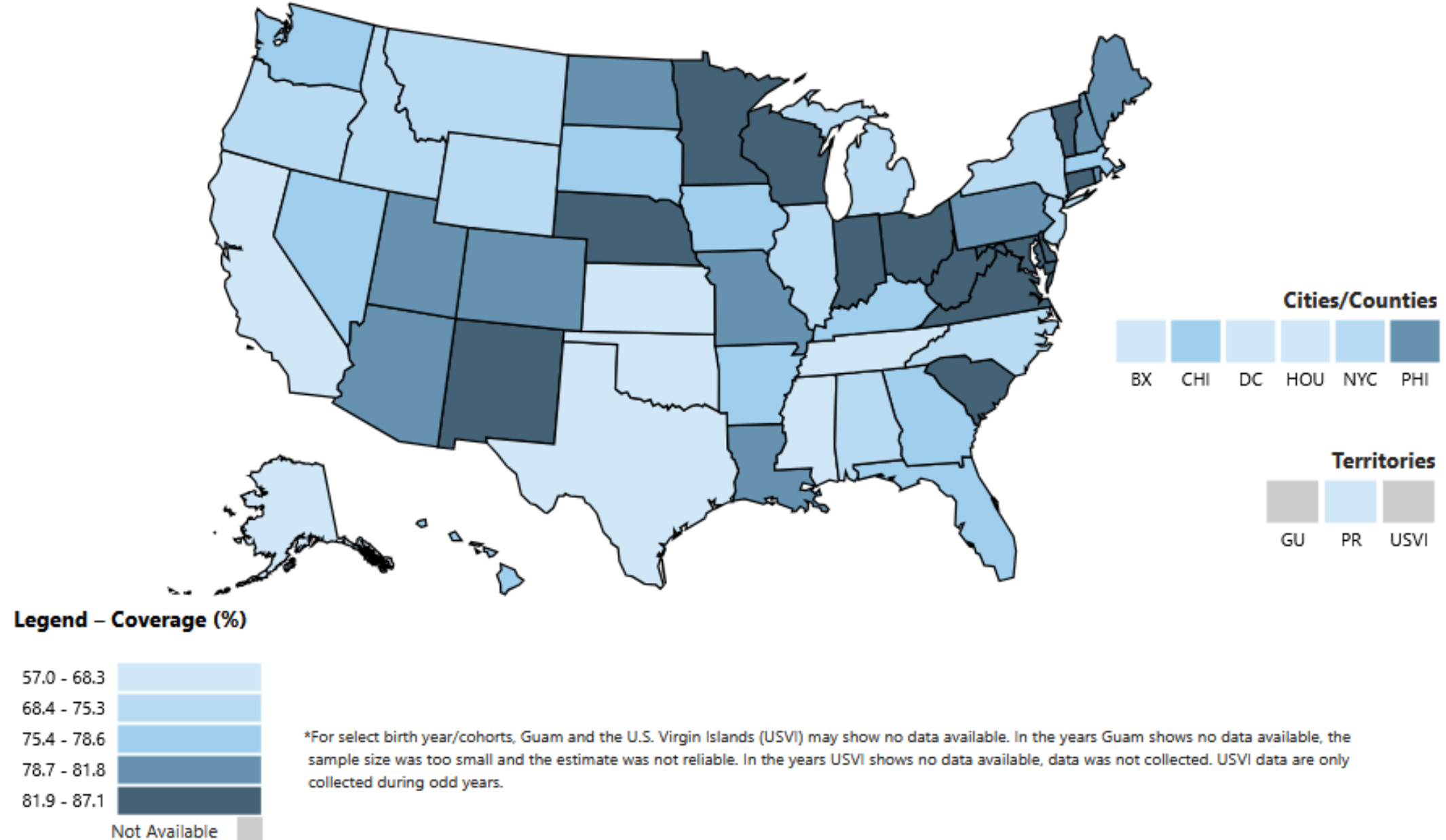


Progress: As of 2022, Arkansas was slightly ABOVE the U.S. average for rotavirus vaccine uptake in infants; current data shows a range of uptake by county across the state

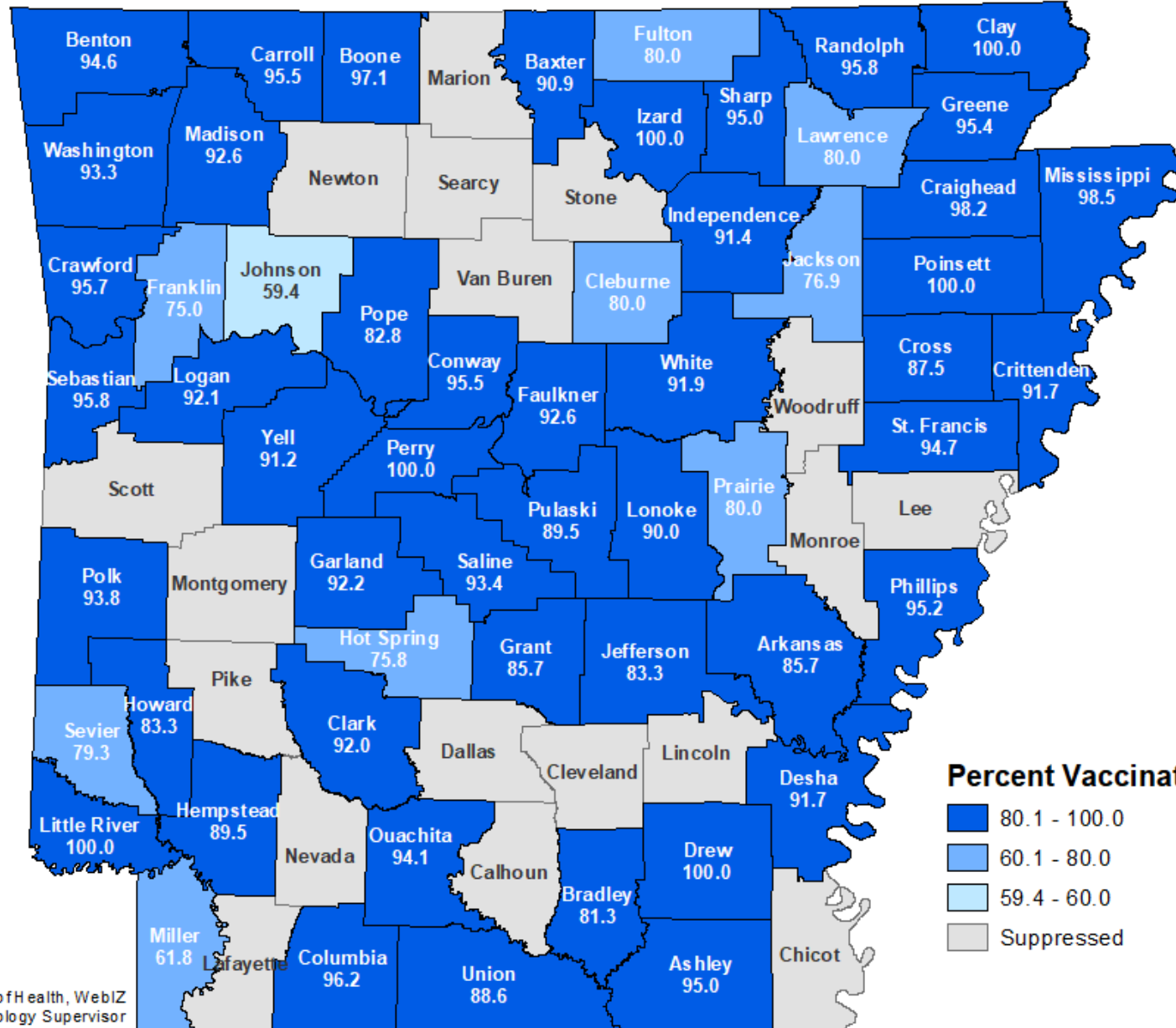
Rotavirus Vaccination Coverage by Age 8 Months by Birth Year, 2018-2022



Rotavirus Vaccination Coverage by Age 8 Months among Children Born in 2022, National Immunization Survey-Child



Proportion of Children Aged 8-15 Week With 1 or More Rotavirus Vaccine, Arkansas Immunization Information System - WebIZ, July 2026*



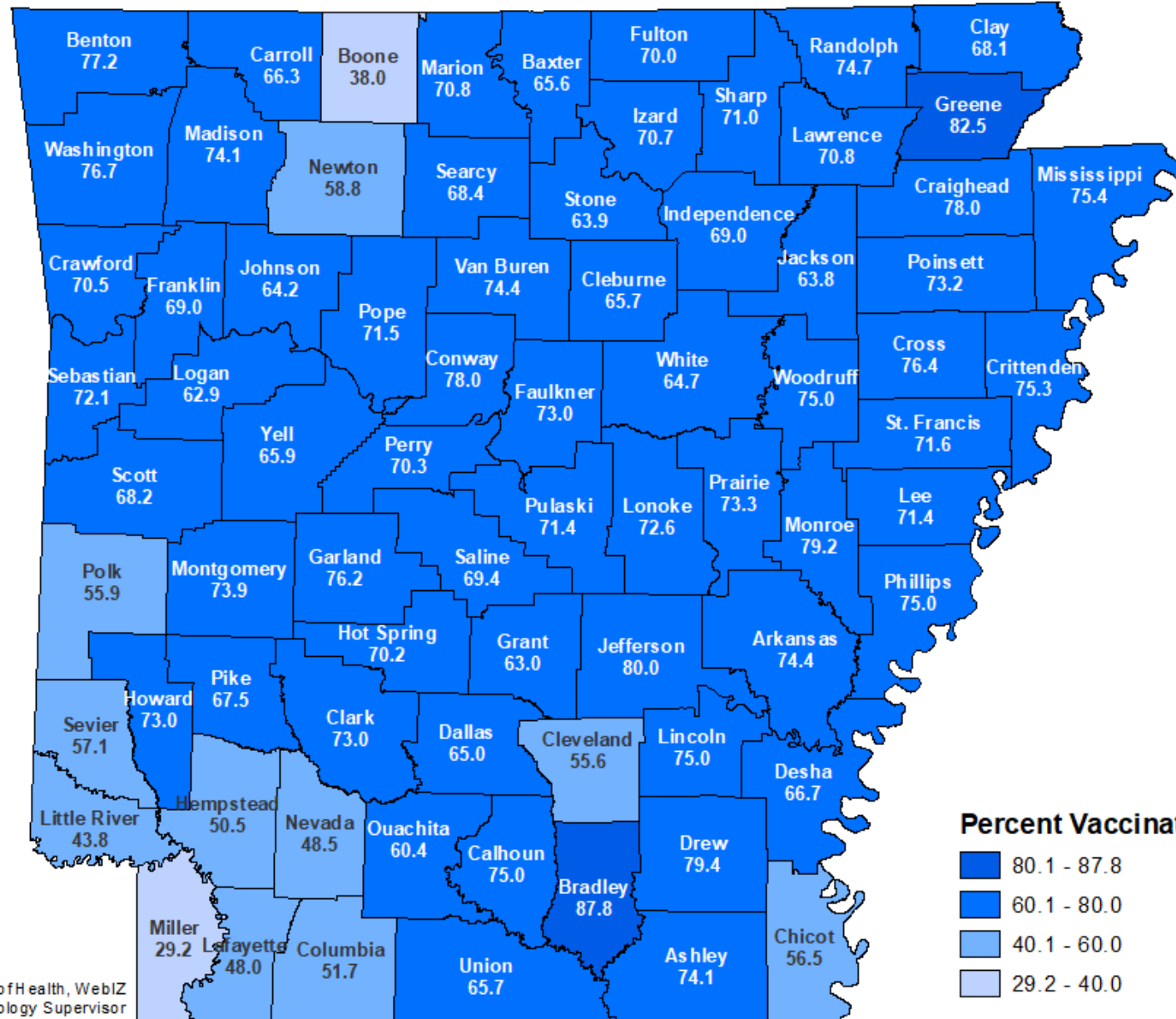
Date: August 12, 2026
Source: Arkansas Department of Health, WebIZ
Author: Haytham Safi, Epidemiology Supervisor

* Vaccination coverage in this map are for all children age 8-15 weeks as of July 2026

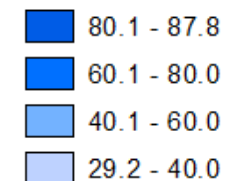
Proportion of Children Aged 6-8 Months With 2 or More Rotavirus Vaccine, Arkansas Immunization Information System - WebIZ, July 2026*



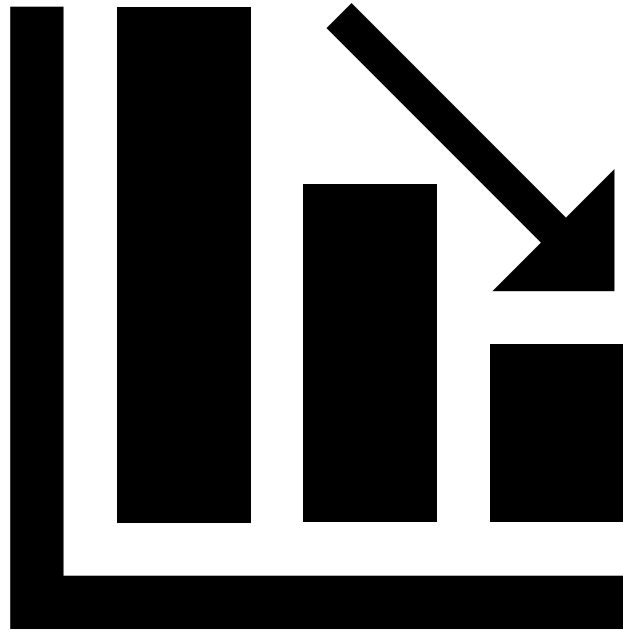
Date: July 23, 2026
Source: Arkansas Department of Health, WebIZ
Author: Haytham Safi, Epidemiology Supervisor



Percent Vaccinated

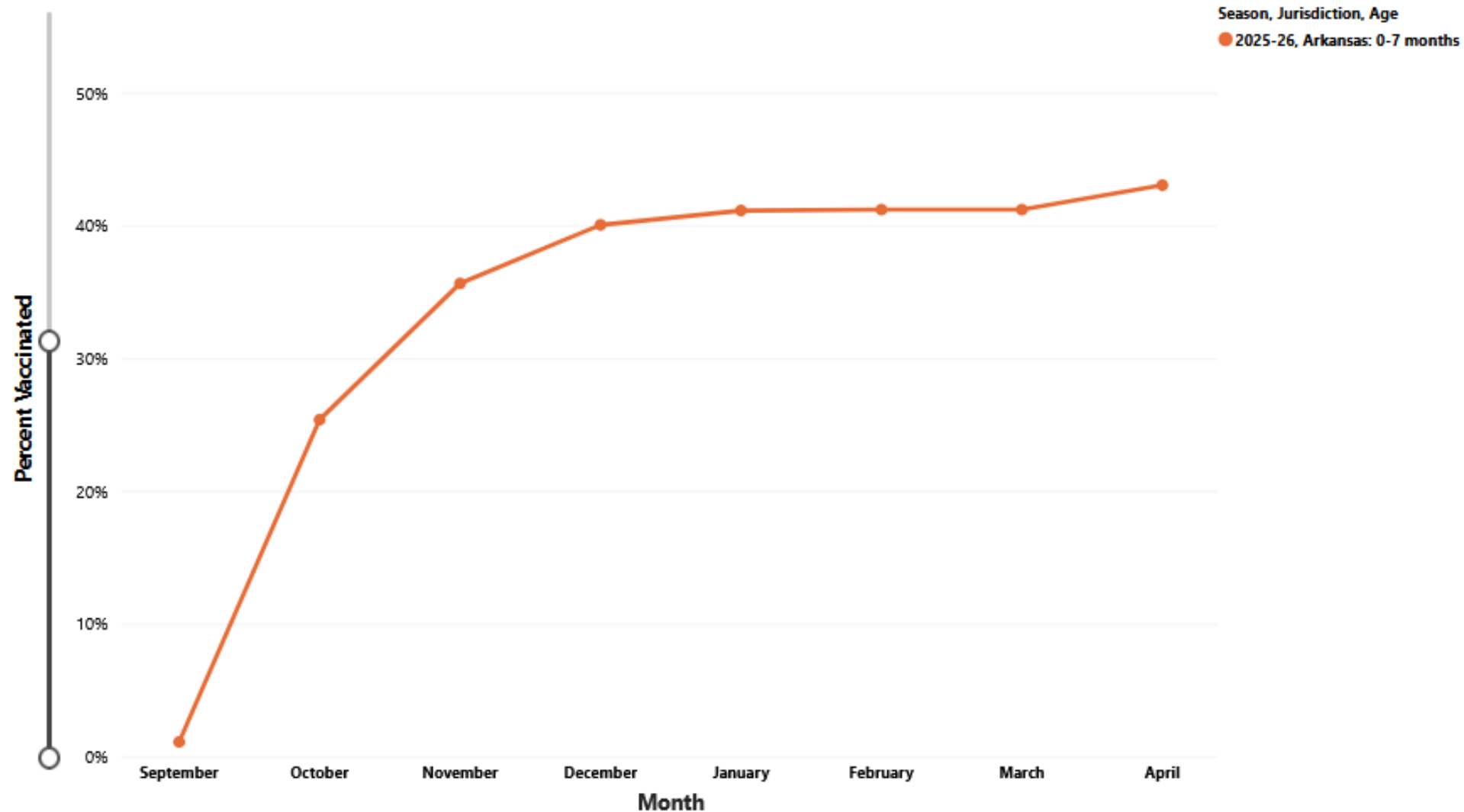


* Vaccination coverage in this map are for all children age 6-8 months as of July 2026



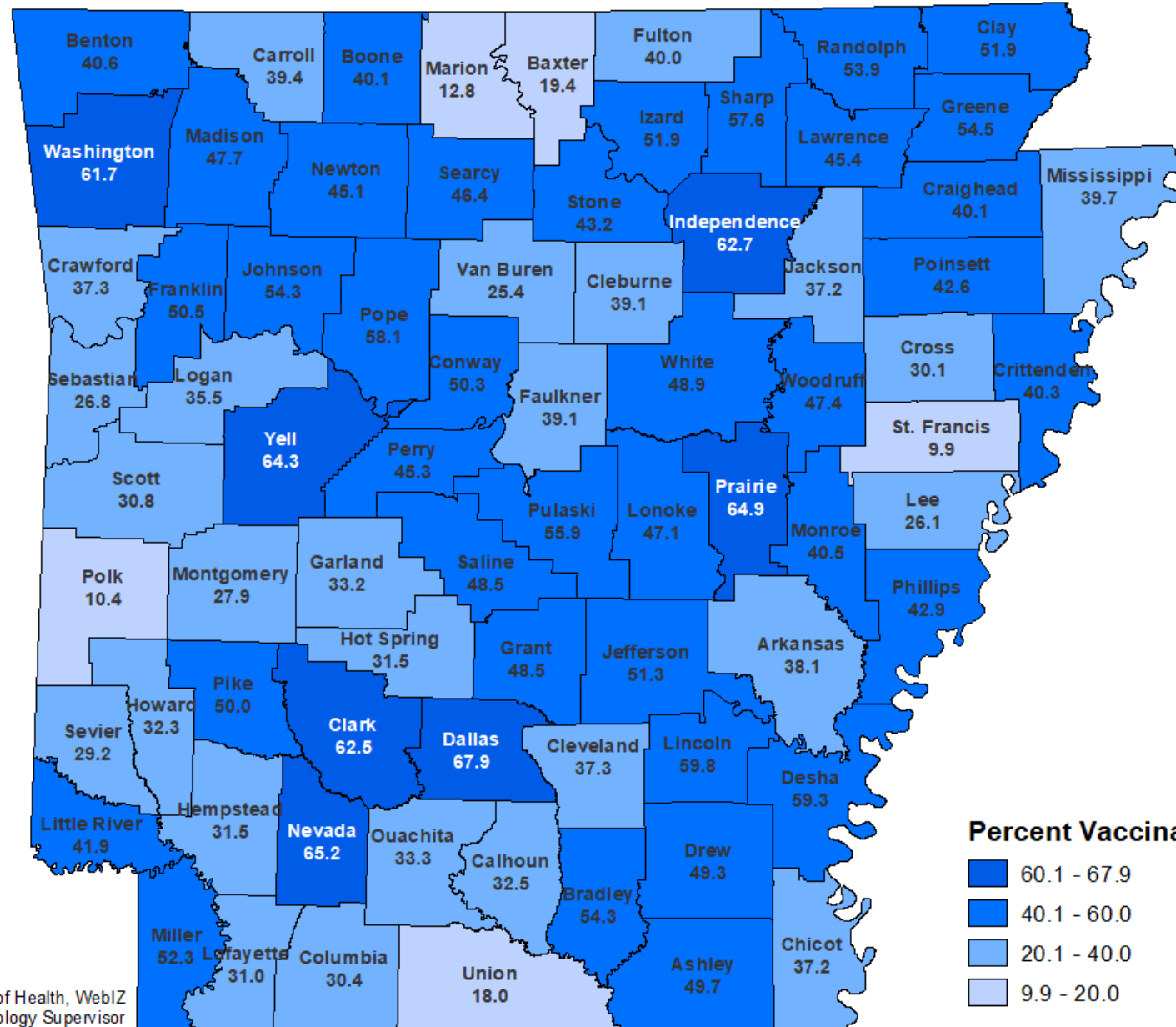
Emerging Threat: At the end of the last respiratory virus season, less than half of infants had received RSV monoclonal antibody

RSV Monoclonal Antibody Doses by Month for 0–7-Month-Old, Arkansas 2025-26



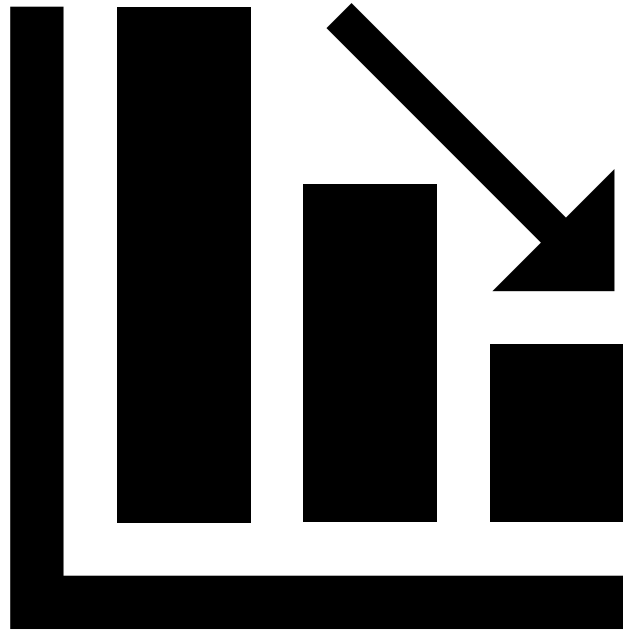
Data Source: U.S. Jurisdiction Immunization Information Systems (IIS)

Proportion of Children Aged 0-7 Months With 1 or More RSV Vaccine, Arkansas - WebIZ, Sep 1, 2025 - Apr 30, 2026



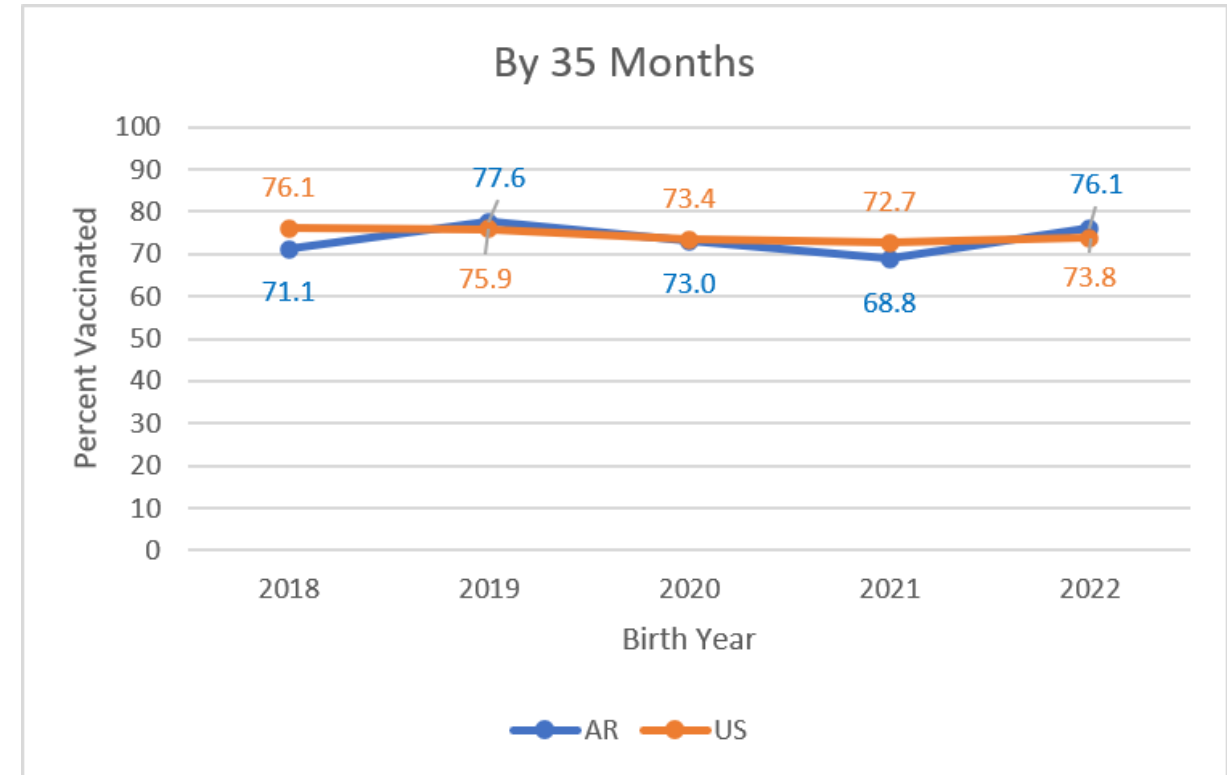
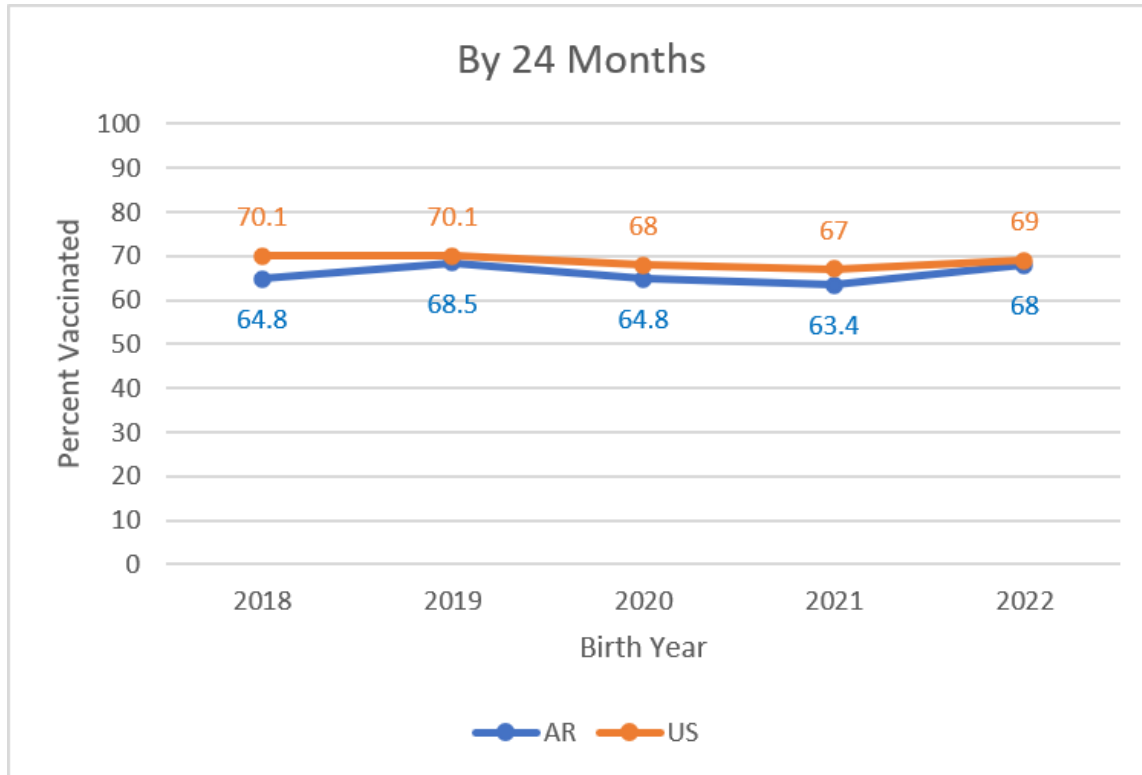
Date: August 5, 2026
 Source: Arkansas Department of Health, WebIZ
 Author: Haytham Safi, Epidemiology Supervisor

RSV: Respiratory Syncytial Virus



Emerging Threat: In 2022, 76% of 19-35-month-olds were up to date with the combined 7 series of vaccines, which was above the U.S. average

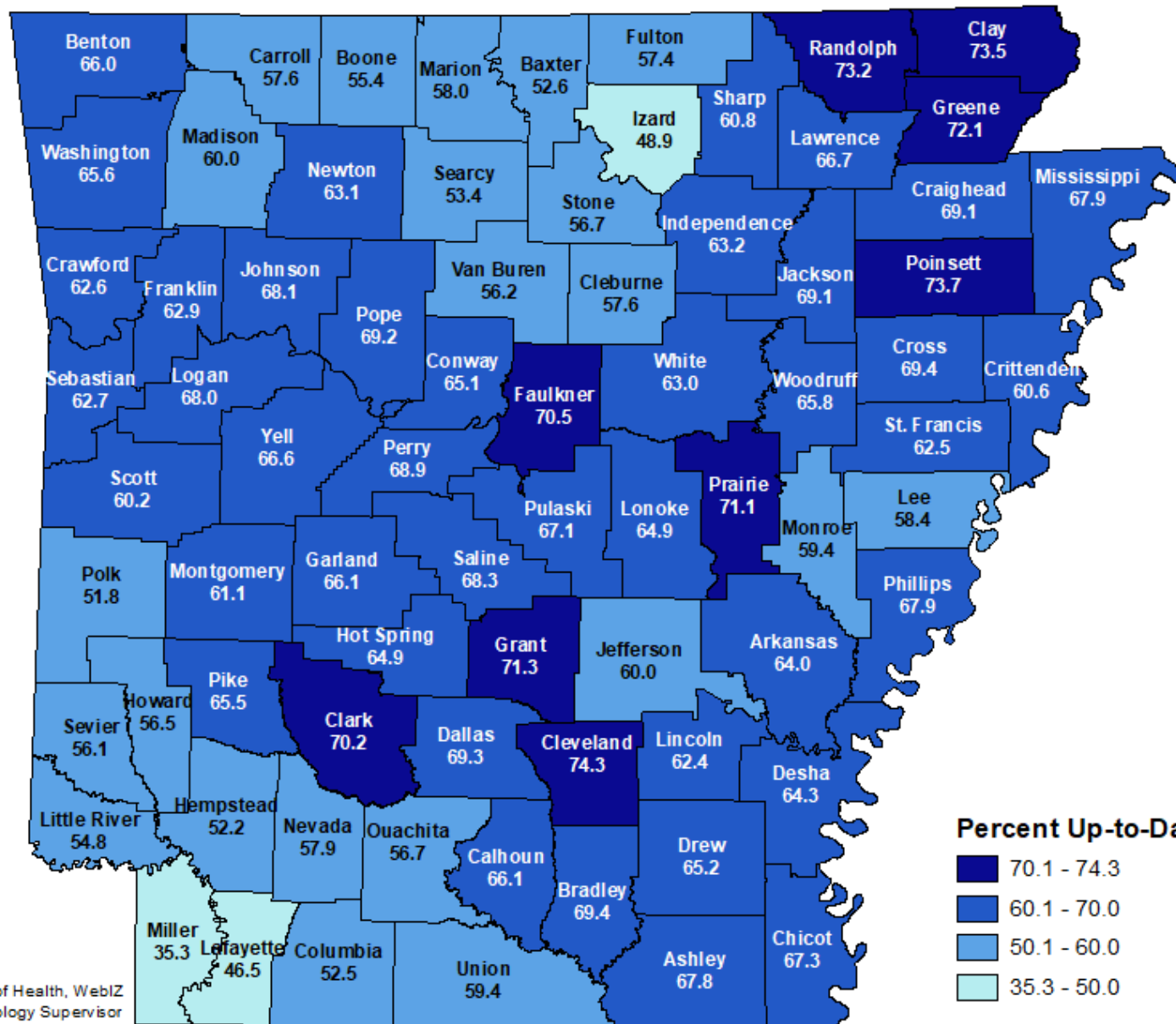
Combined 7-Series* Vaccination Coverage for Children 24 and 35 Months of Age by Birth Year, 2018-2022, NIS



Proportion of Children Aged 19-35 Months Up-to-Date with Combined 7 Series Immunizations*, Arkansas Immunization Information System - WebIZ, August 2026**



Date: August 12, 2026
Source: Arkansas Department of Health, WebIZ
Author: Haytham Safi, Epidemiology Supervisor

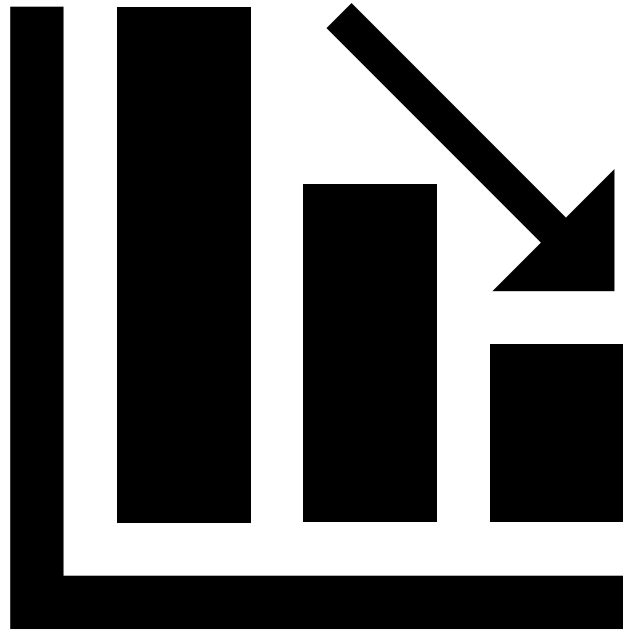


Percent Up-to-Date

- 70.1 - 74.3
- 60.1 - 70.0
- 50.1 - 60.0
- 35.3 - 50.0

* 4+DTaP, 3+IPV, 1+ MMR, 3+ Hib, 3+ HepB, 1+ Varicella, 4+PCV

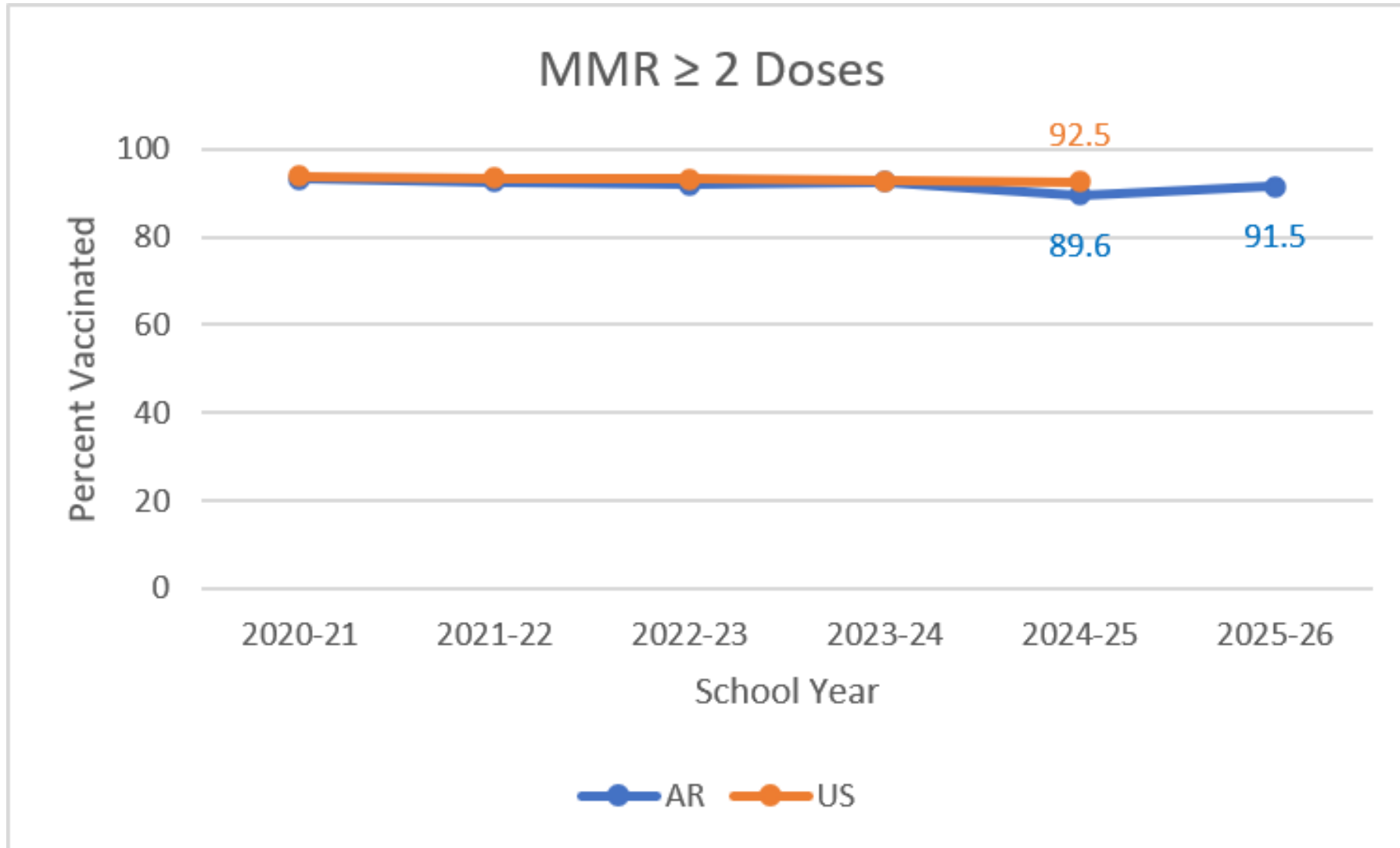
** Vaccination coverage in this map are for all children age 19-35 months as of August 2026



Emerging Threat:

Kindergartners have lower MMR vaccine coverage than 7th graders based on school surveys, putting younger children at risk of possible outbreaks if exposed to measles

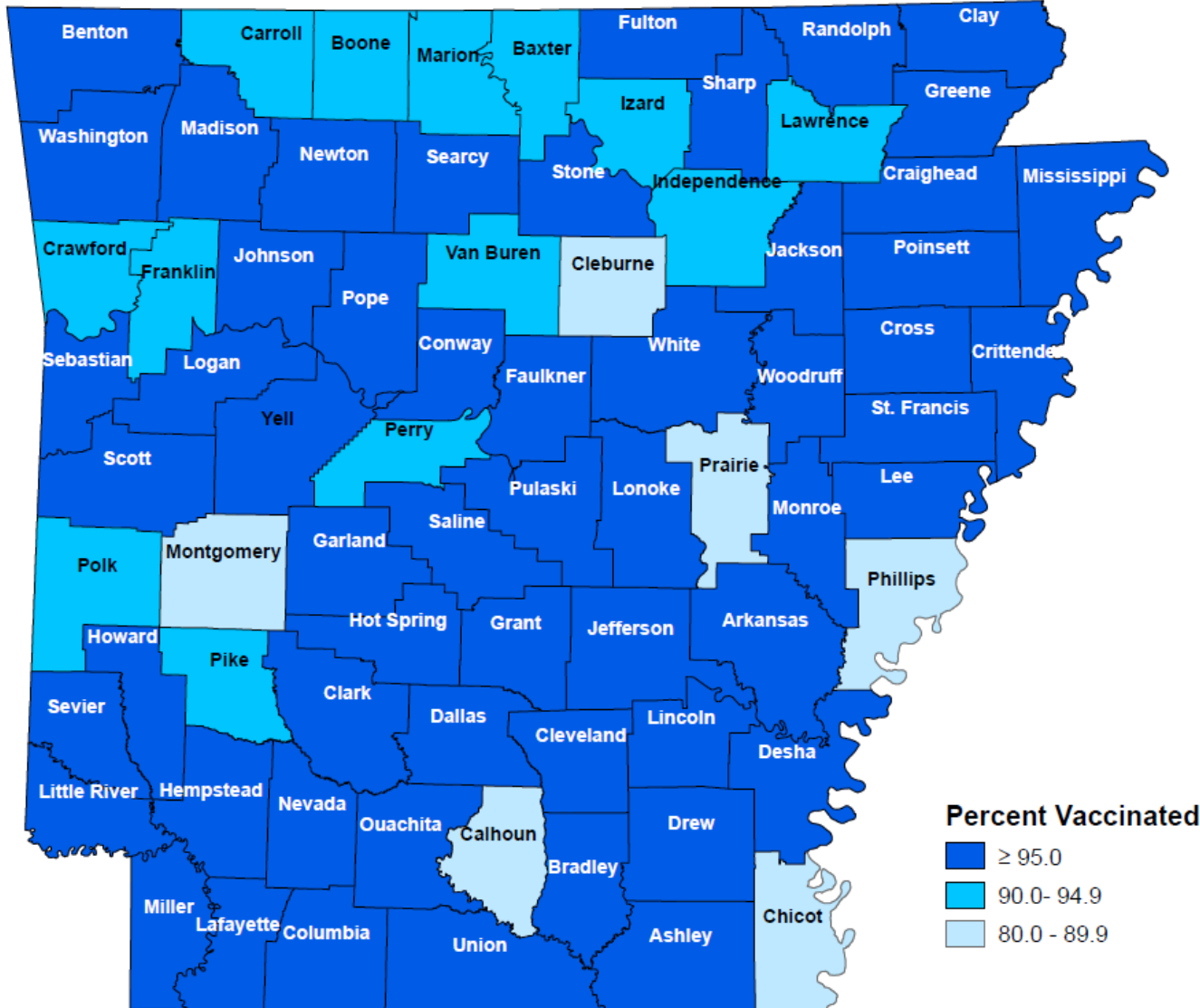
MMR Vaccination Coverage among Children in Kindergarten by School Year, 2020-2026*



Source: CDC, States School's assessment Survey

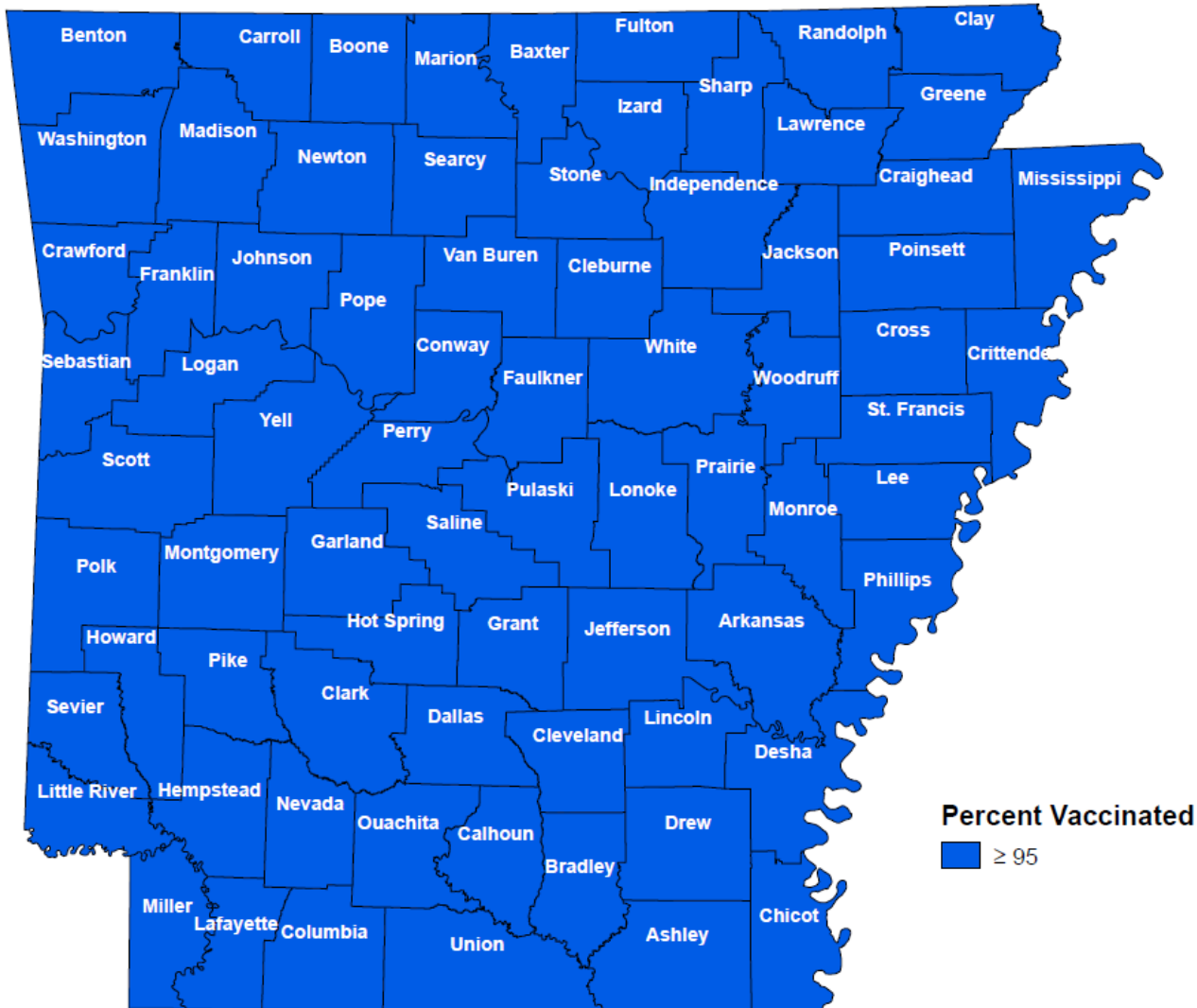
*2025-26 data are not published yet

Kindergarten Students in Public Schools Up-To-Date on MMR Vaccine, 2025-26 School Year

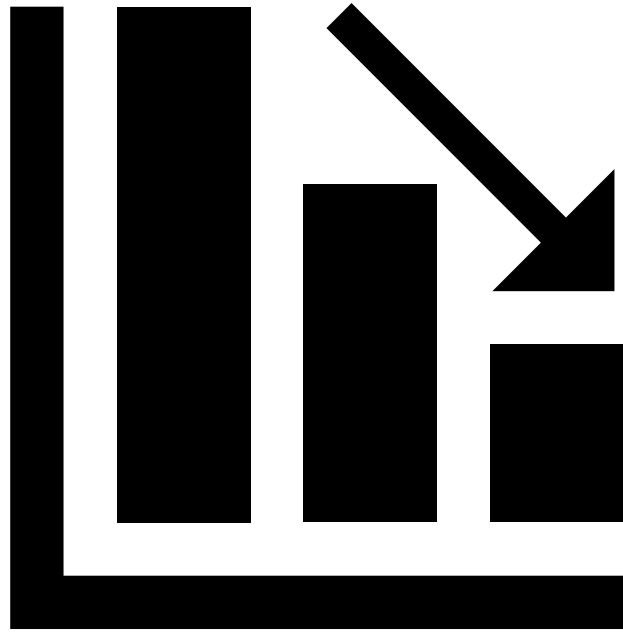


- This map displays up to date MMR vaccination coverage among kindergarten students attending public schools in Arkansas during the 2025-2026 school year. It does not include data for kindergarten students who attend private schools or who are homeschooled.
- Students are counted as up-to-date if they have documentation of two doses of MMR vaccine, with one dose on or after the first birthday and a second dose at least 28 days after the first dose.
- Students are not counted as up to date if any of the following apply:
 - Have no MMR doses recorded, which could be because they have not received any MMR vaccines, or a vaccine record has not been submitted.
 - Received only one dose of MMR vaccine.
 - Received two doses of MMR vaccines, but outside of the recommended time parameters stated above.

7th Grade Students in Public Schools Up-To-Date on MMR Vaccine, 2025-26 School Year



- This map displays up to date MMR vaccination coverage among 7th grade students attending public schools in Arkansas during the 2025-2026 school year. It does not include data for 7th grade students who attend private schools or who are homeschooled.
- Students are counted as up to date if they have documentation of two doses of MMR vaccine, with one dose on or after the first birthday and a second dose at least 28 days after the first dose.
- Students are not counted as up to date if any of the following apply:
 - Have no MMR doses recorded, which could be because they have not received any MMR vaccines, or a vaccine record has not been submitted.
 - Received only one dose of MMR vaccine.
 - Received two doses of MMR vaccines, but outside of the recommended time parameters stated above.

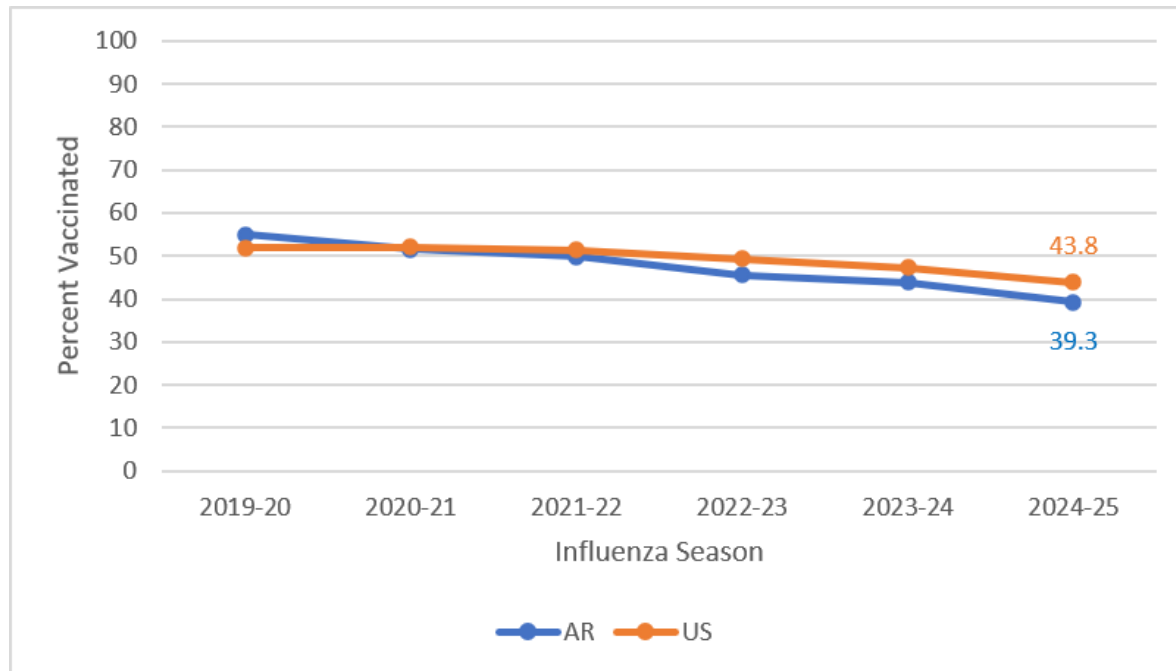


Emerging Threat: Influenza vaccination coverage has declined since 2019 in Arkansas, leaving more of the population at risk of severe disease and death due to influenza

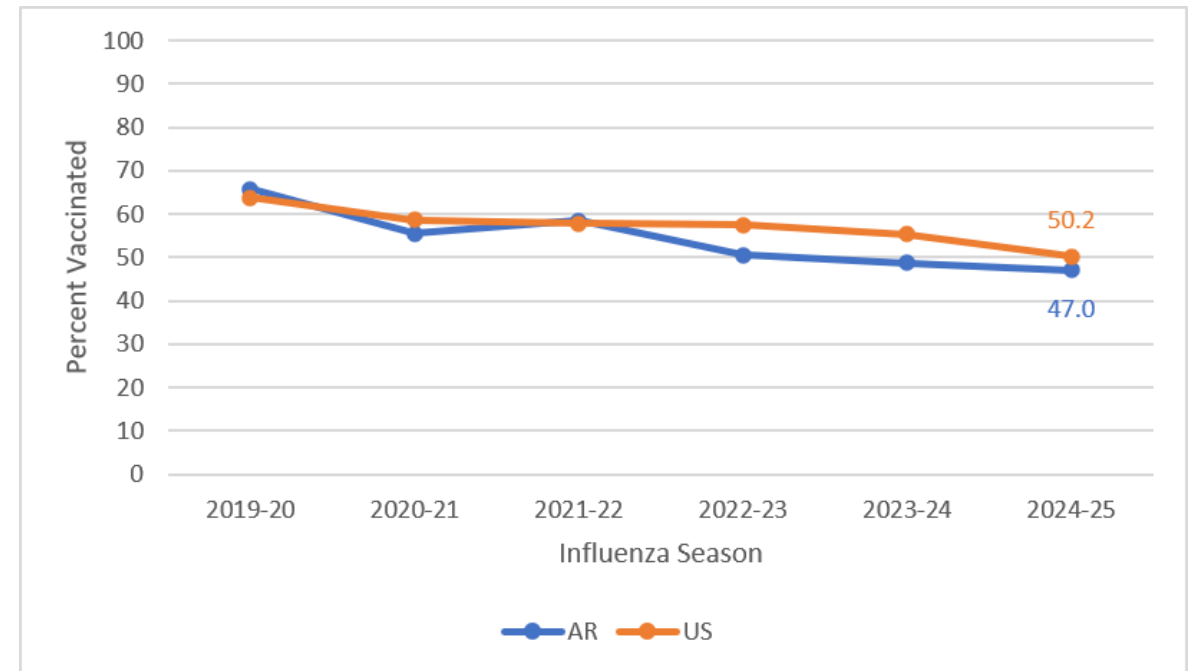
Influenza Vaccination Coverage, 2019-2025



Coverage among Persons Age ≥ 6 Months



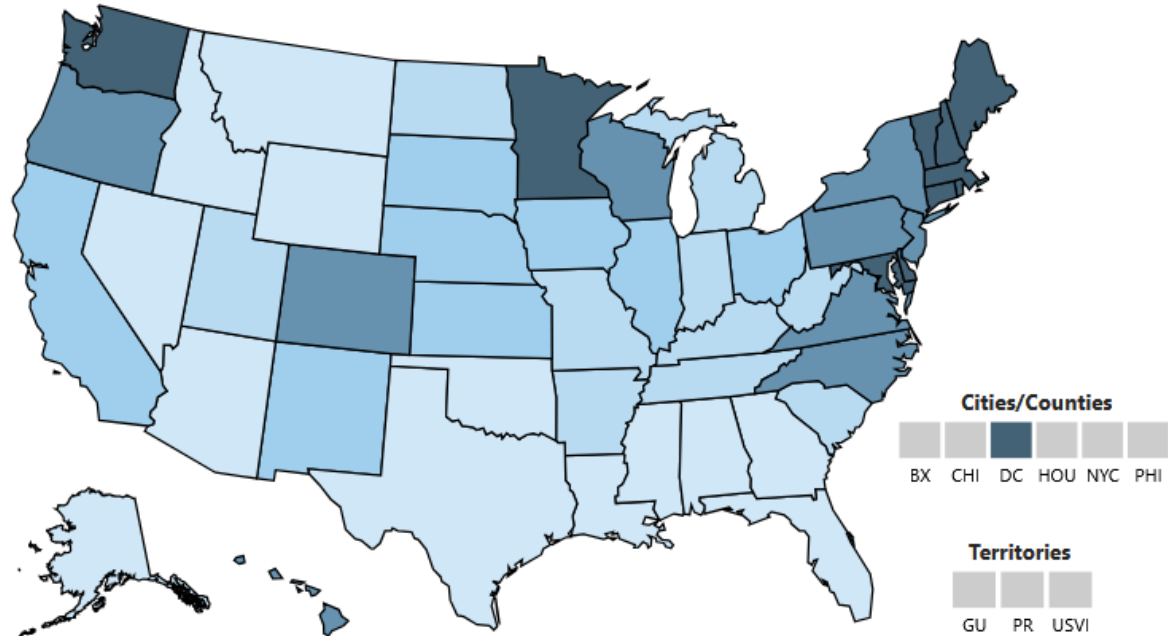
Coverage among Persons Age 6 Months - 17 Years



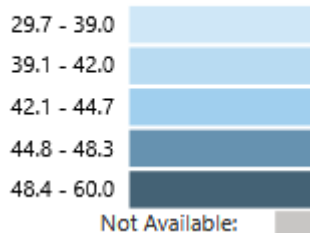
2024-25 Influenza Vaccination Coverage



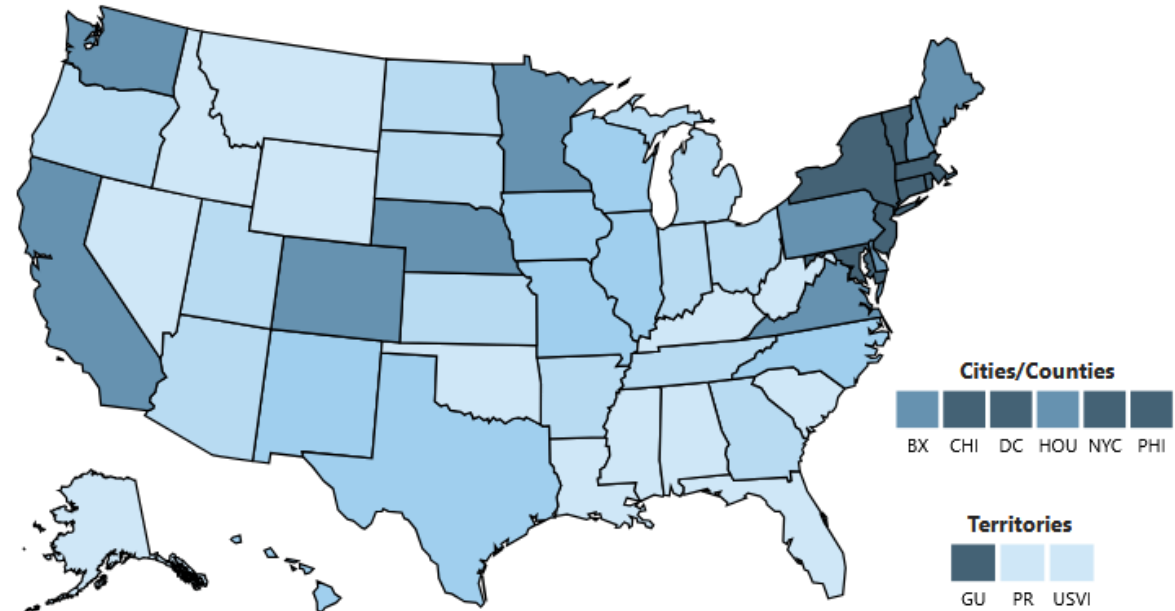
Coverage among Persons Age ≥ 6 Months



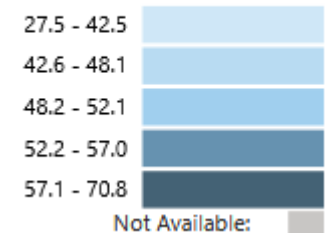
Legend – Coverage (%)



Coverage among Persons Age 6 Months - 17Years



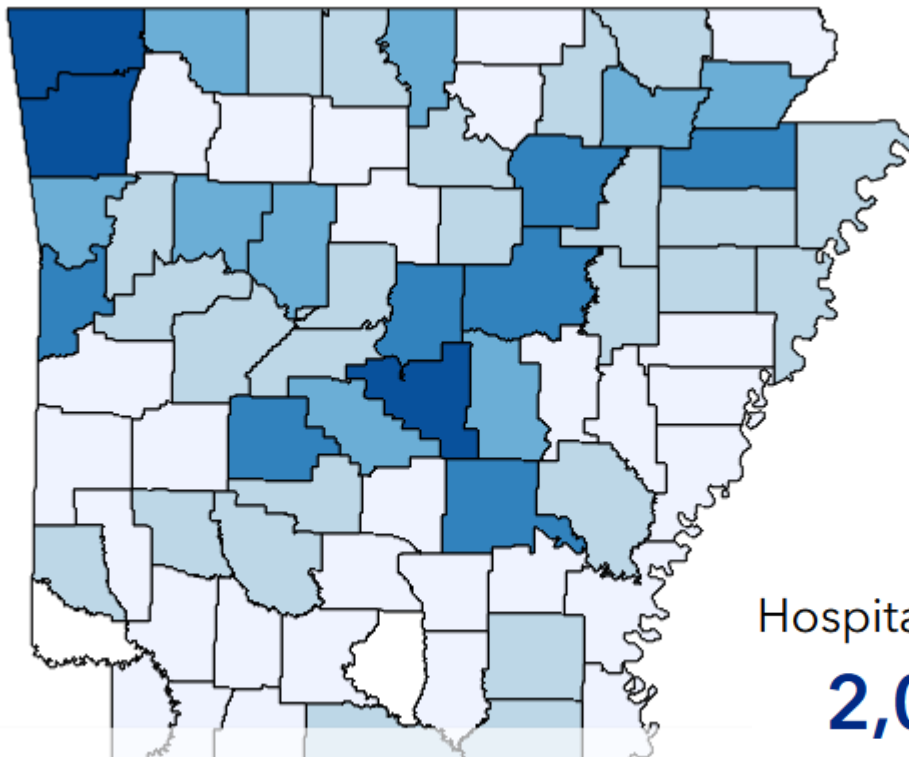
Legend – Coverage (%)



Reported Influenza Hospitalizations and Deaths by County, 2025-26 Flu Season



2025 - 2026 Influenza-Like Illness Hospitalizations Reported by County of Residence



Hospitalizations
2,014

0

1 - 9

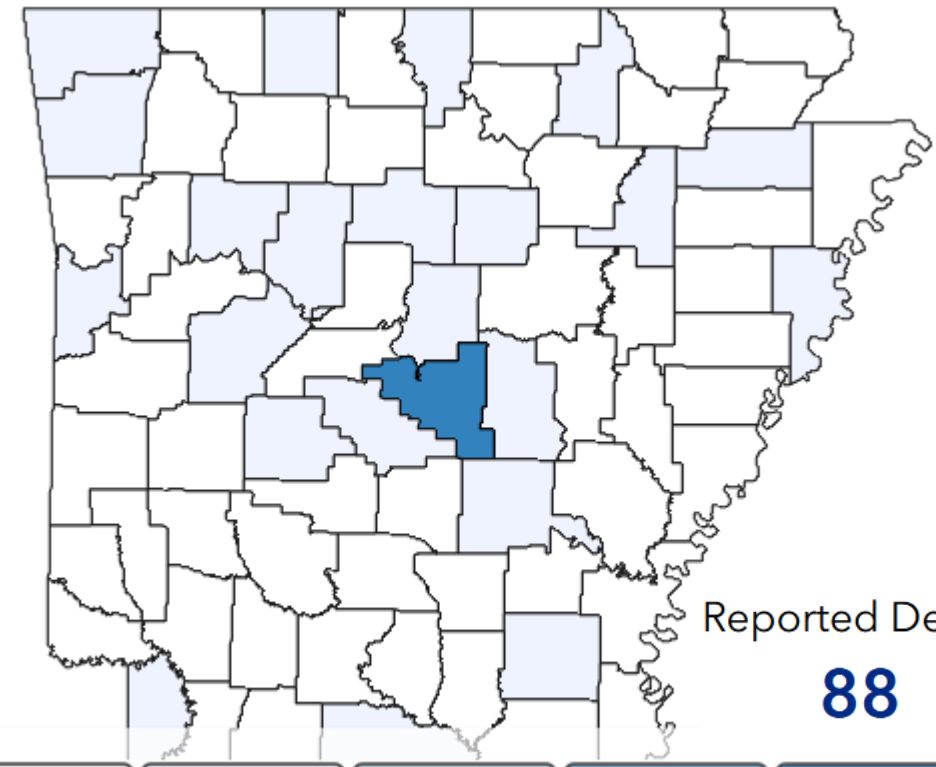
10 - 30

31 - 50

51 - 100

101+

2025 - 2026 Influenza Related Deaths Reported by County of Residence by Date of Death



Reported Deaths
88

0

1 - 9

10 - 20

21 - 30

31+

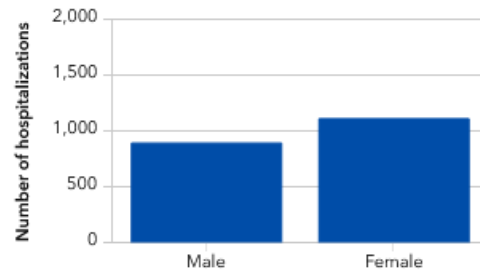
Influenza Related Hospitalizations Demographics, Arkansas 2025-26 Flu Season



2025 - 2026 Influenza-Like Illness Hospitalization Demographics

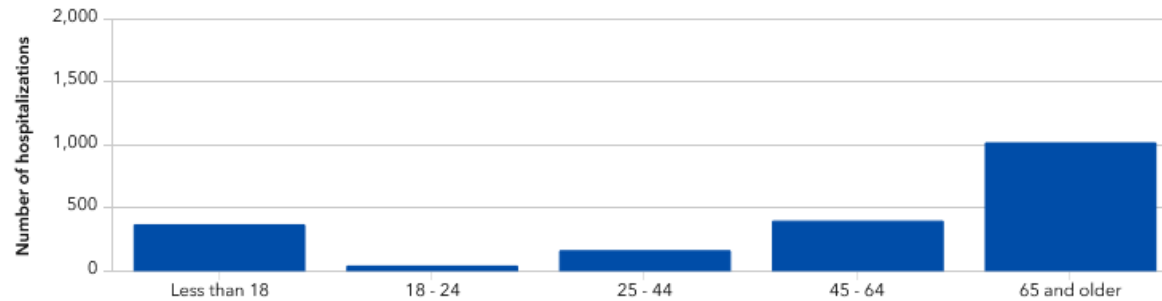
To protect patient confidentiality, reported counts and rates less than ten are classified as suppressed. Suppressed numbers in categories are denoted as blanks.

Hospitalizations by Sex Category



The figure above shows the number of influenza-like illness hospitalizations by sex category. Hover over the bars to see the number in each.

Hospitalizations by Age (in Years)



The figure above shows the number of influenza-like illness hospitalizations by age. Hover over the bars to see the number in each category.

Hospitalizations by Race and Ethnicity

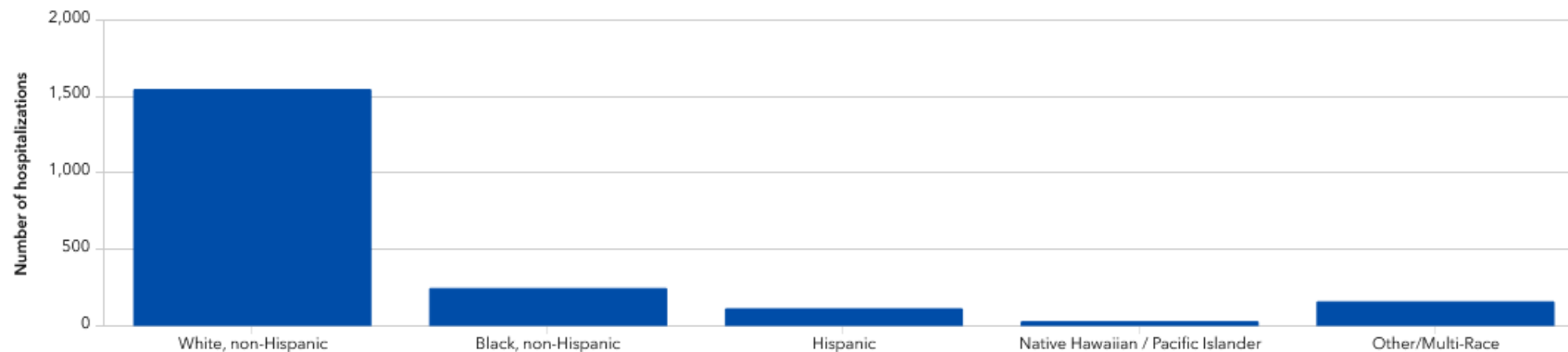


Figure above shows the number of influenza-like illness hospitalizations by race and ethnicity. Hover over the bars to see the number in each category.

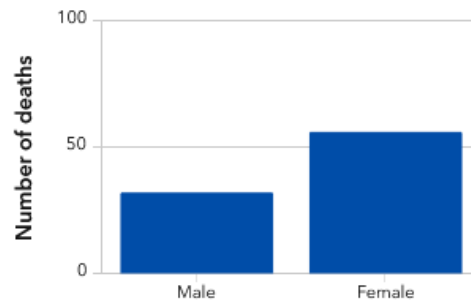
Influenza Related Deaths Demographics, Arkansas 2025-26 Flu Season



2025 - 2026 Influenza Related Death Demographics

To protect patient confidentiality, reported counts and rates less than ten are classified as suppressed. Suppressed numbers in categories are denoted as blanks.

Deaths by Sex Category



The figure above shows the number of influenza-like illness associated deaths by sex category. Hover over the bars to see the number in each.

Deaths by Age (in Years)



The figure above shows the number of influenza-like illness associated deaths by age in years. Hover over the bars to see the number in each category.

Deaths by Race and Ethnicity

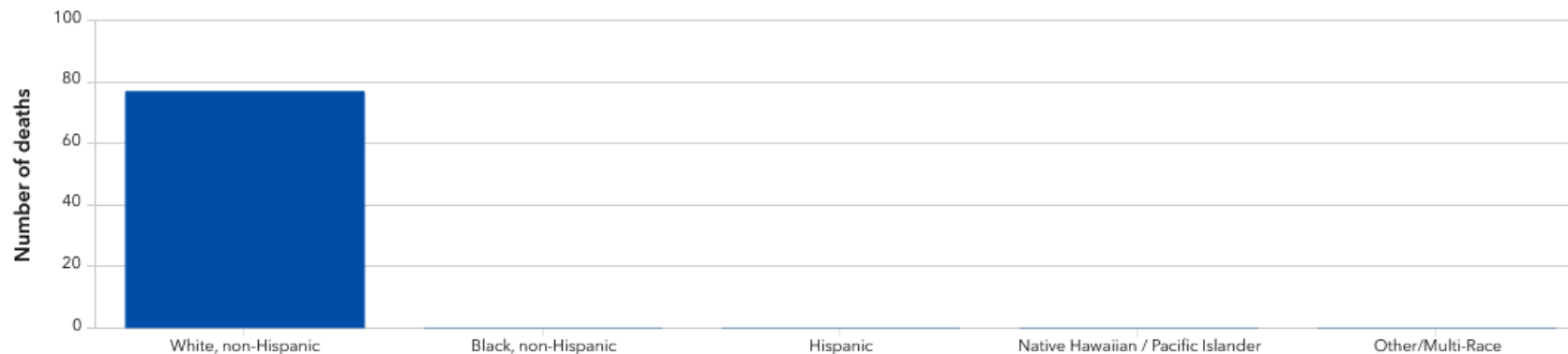
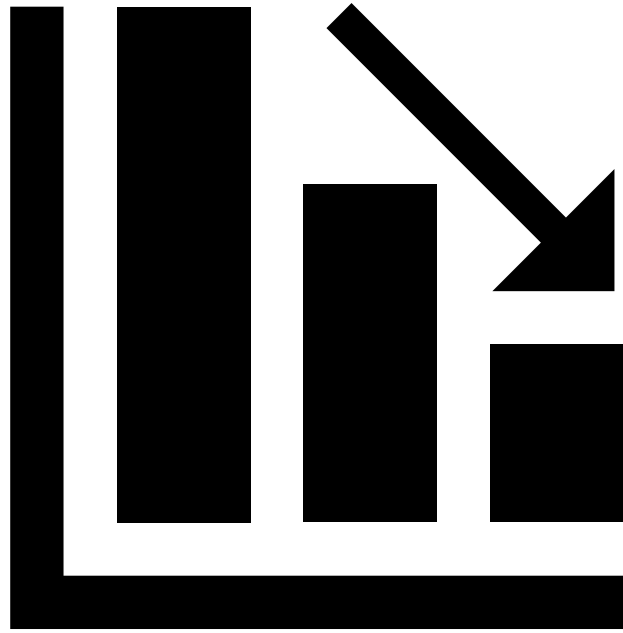
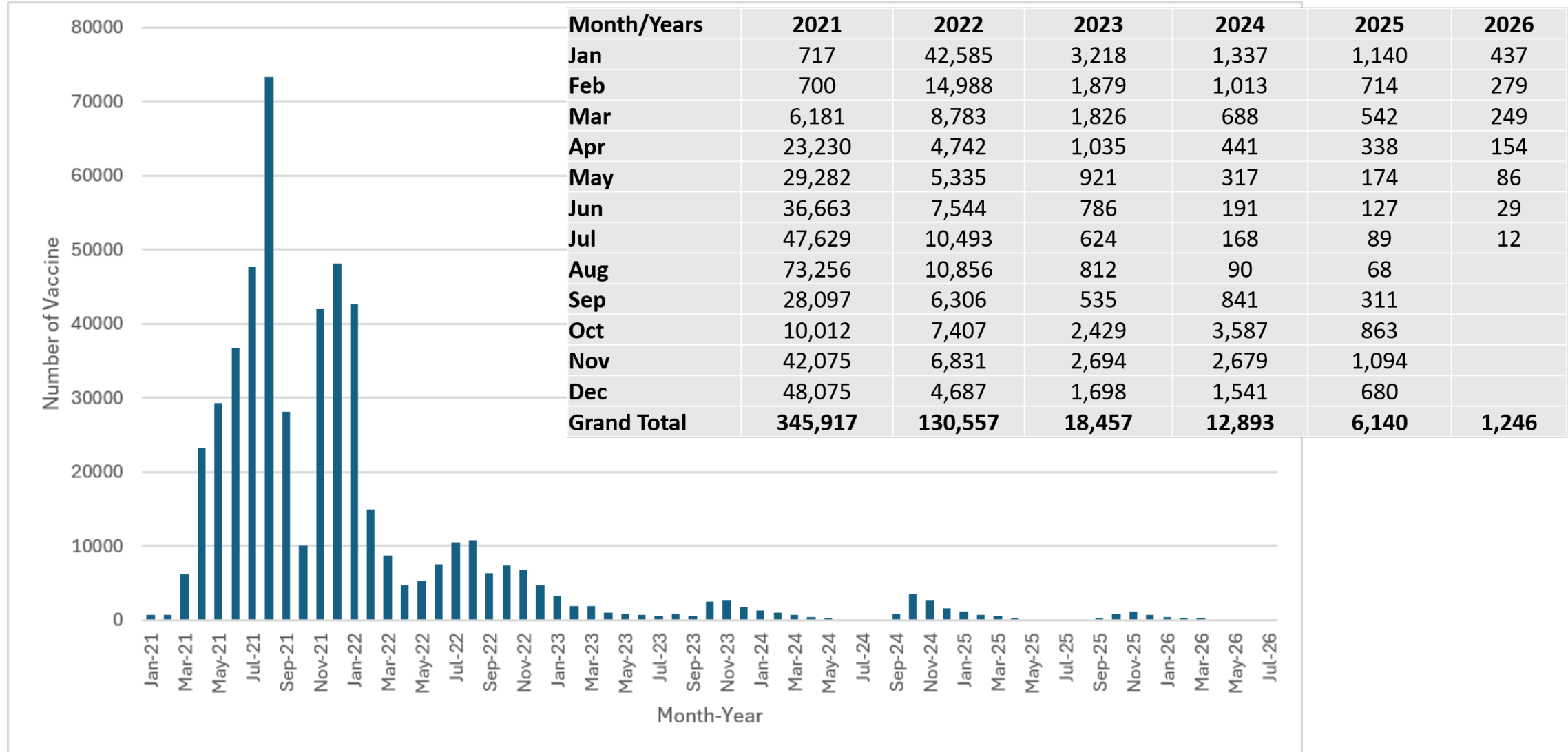


Figure above shows the number of influenza-like illness associated deaths by race and ethnicity. Hover over the bars to see the number in each category.



Emerging Threat: COVID-19 vaccination coverage has declined dramatically since 2021 in Arkansas, leaving more of the population at risk of severe disease and death due to COVID-19

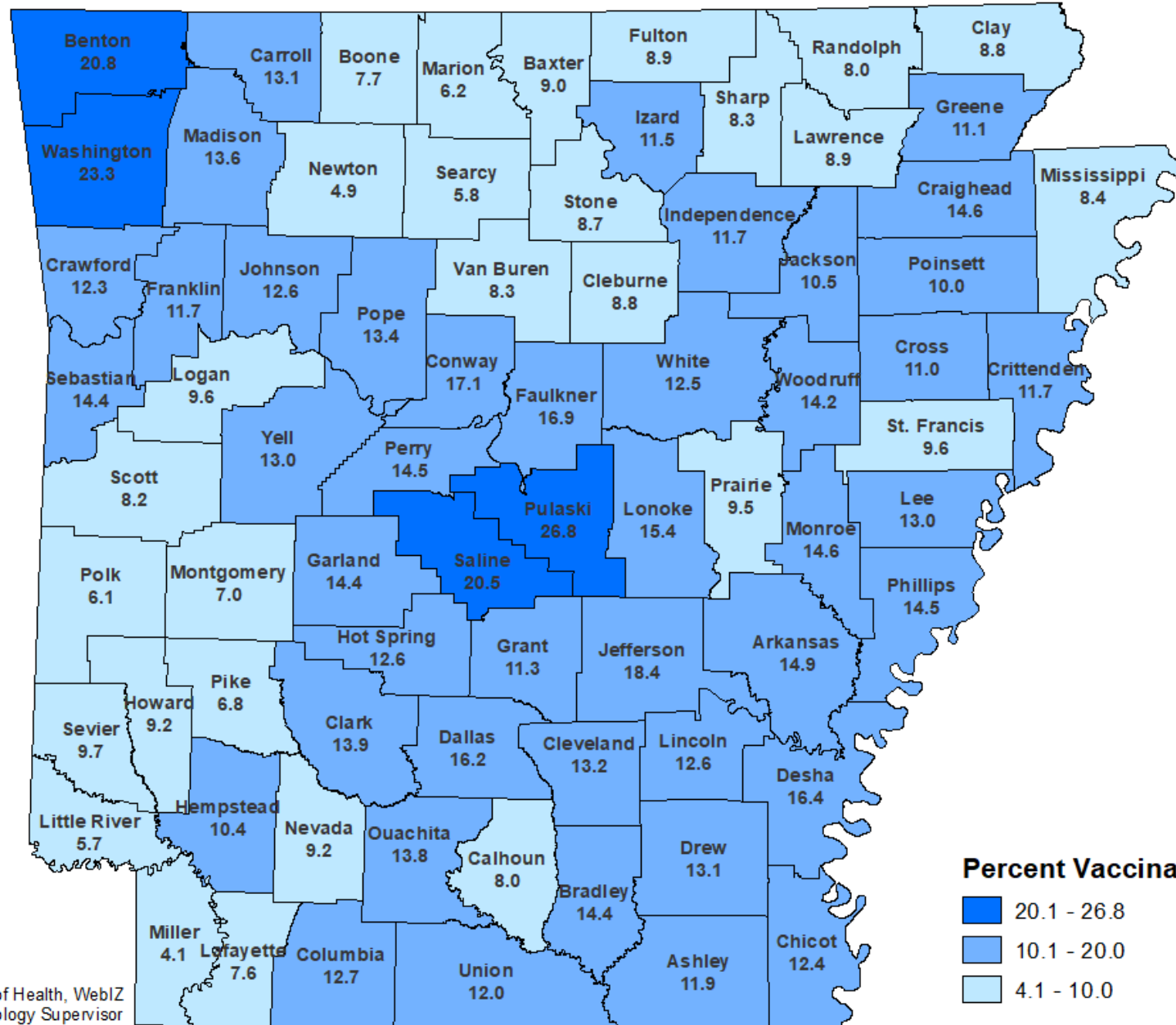
Total Number of COVID-19 Vaccine Administered to Children <19 Years, Arkansas 2021-2026*



*Data Provisional as of 7/23/2026

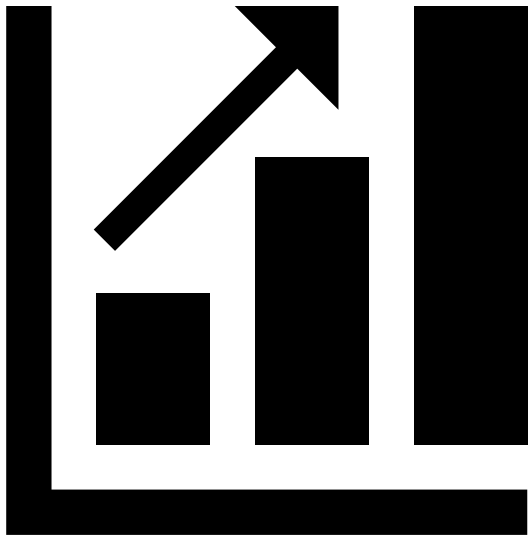
Source: Arkansas Dept of Health, WebIZ

Proportion of Children Aged 0-18 Years With 1 or More COVID Vaccine, Arkansas Immunization Information System - WebIZ, 2025*



Date: August 12, 2026
Source: Arkansas Department of Health, WebIZ
Author: Haytham Safi, Epidemiology Supervisor

* Vaccination coverage in this map are for all children age 0-18 years in 2025

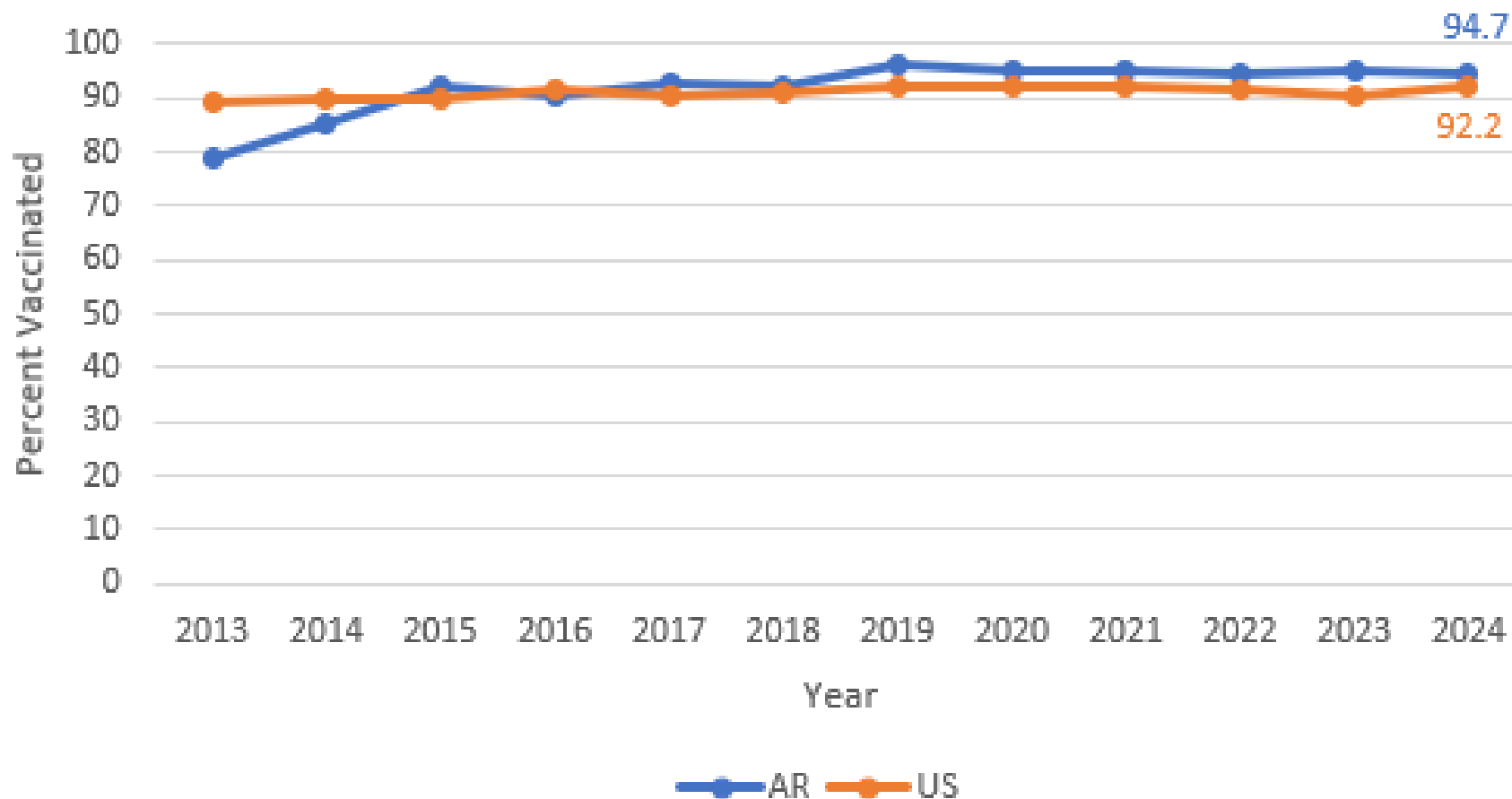


Progress: Adolescent coverage for meningococcal and tetanus-diphtheria-pertussis vaccines is higher than the U.S. average, and HPV vaccination coverage has continued to increase with time

Vaccination Coverage among Adolescents AR and US, with AR Rank among 50 States



≥1 Dose Td or Tdap Age 13-17 (Rank 9)



Changes since
last year:

Improved

Declined

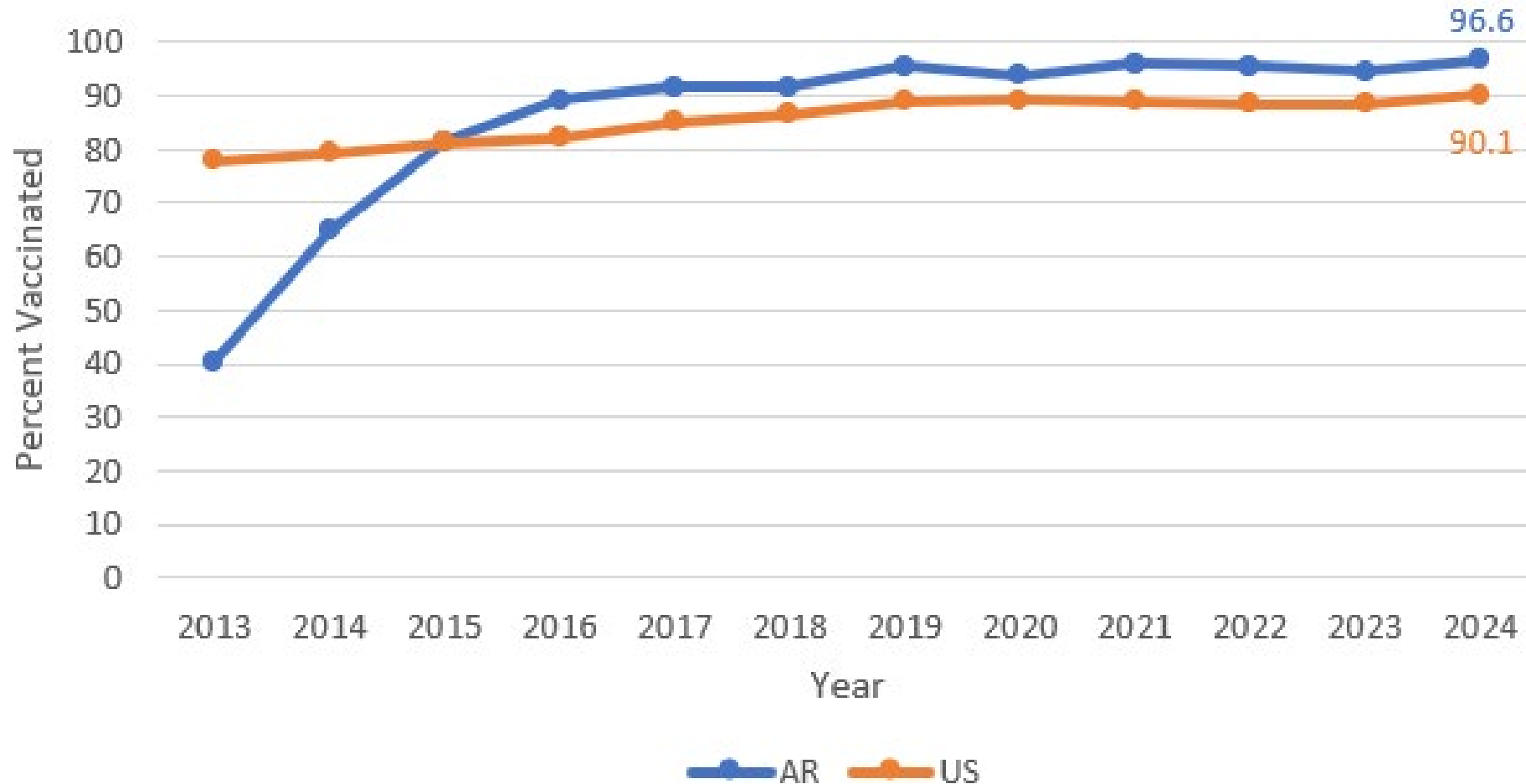
Same Rank

MenACWY: meningococcal
Td: Tetanus diphtheria
Tdap: Tetanus diphtheria,
pertussis
HPV: Human Papillomavirus
UTD: Up-to-date

Meningococcal Vaccination Coverage among Adolescents AR and US, with AR Rank among 50 States



≥1 Dose MenACWY Age 13-17 (Rank 2)



Changes since
last year:

Improved

Declined

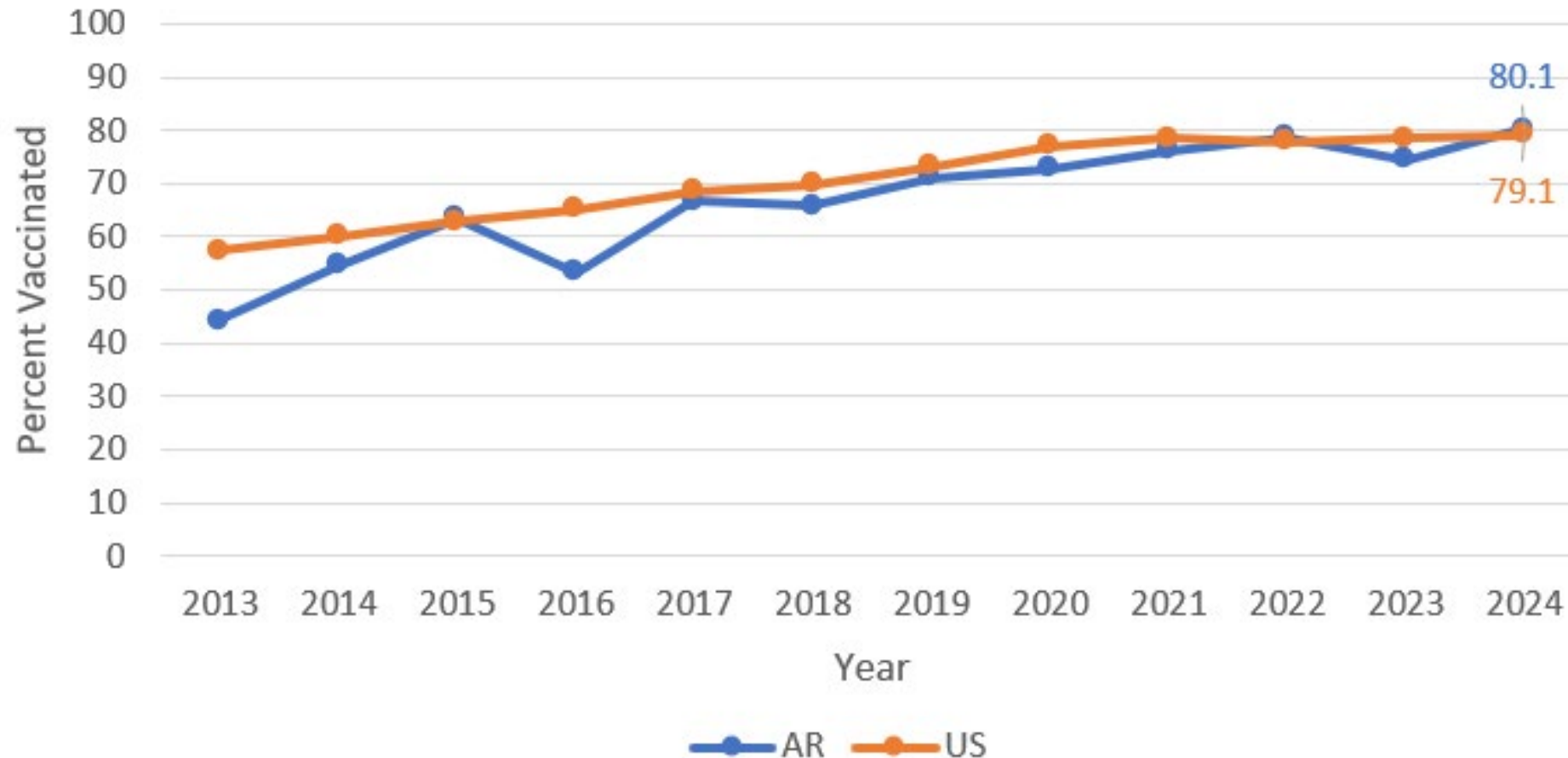
Same Rank

MenACWY: meningococcal
Td: Tetanus diphtheria
Tdap: Tetanus diphtheria,
pertussis
HPV: Human Papillomavirus
UTD: Up-to-date

HPV Vaccination Coverage among Adolescents AR and US, with AR Rank among 50 States



≥1 Dose HPV Age 13-17 -Females (Rank 23)



Changes since
last year:

Improved

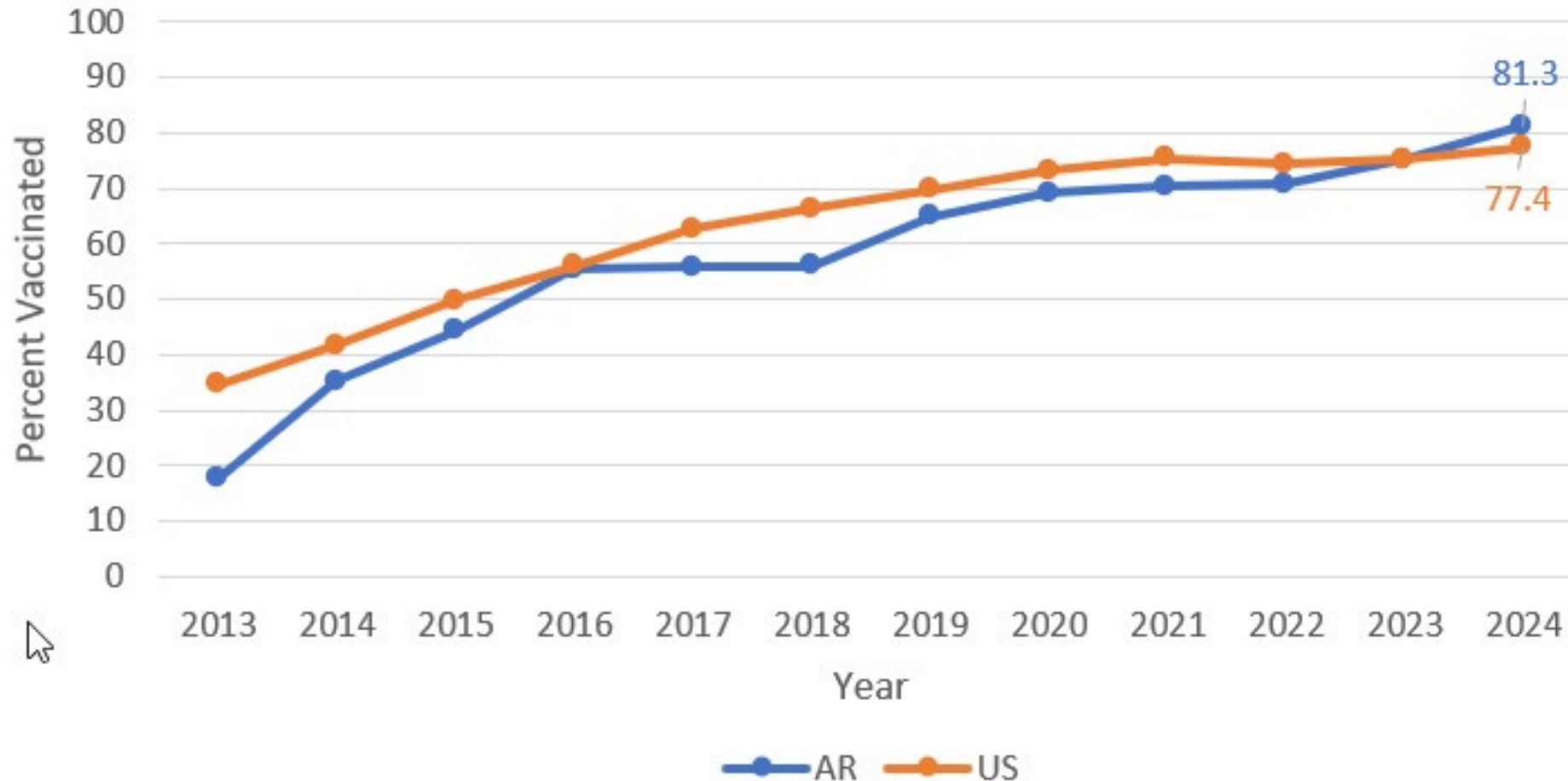
Declined

Same Rank

HPV Vaccination Coverage among Adolescents AR and US, with AR Rank among 50 States



≥1 Dose HPV Age 13-17 - Males (Rank 16)



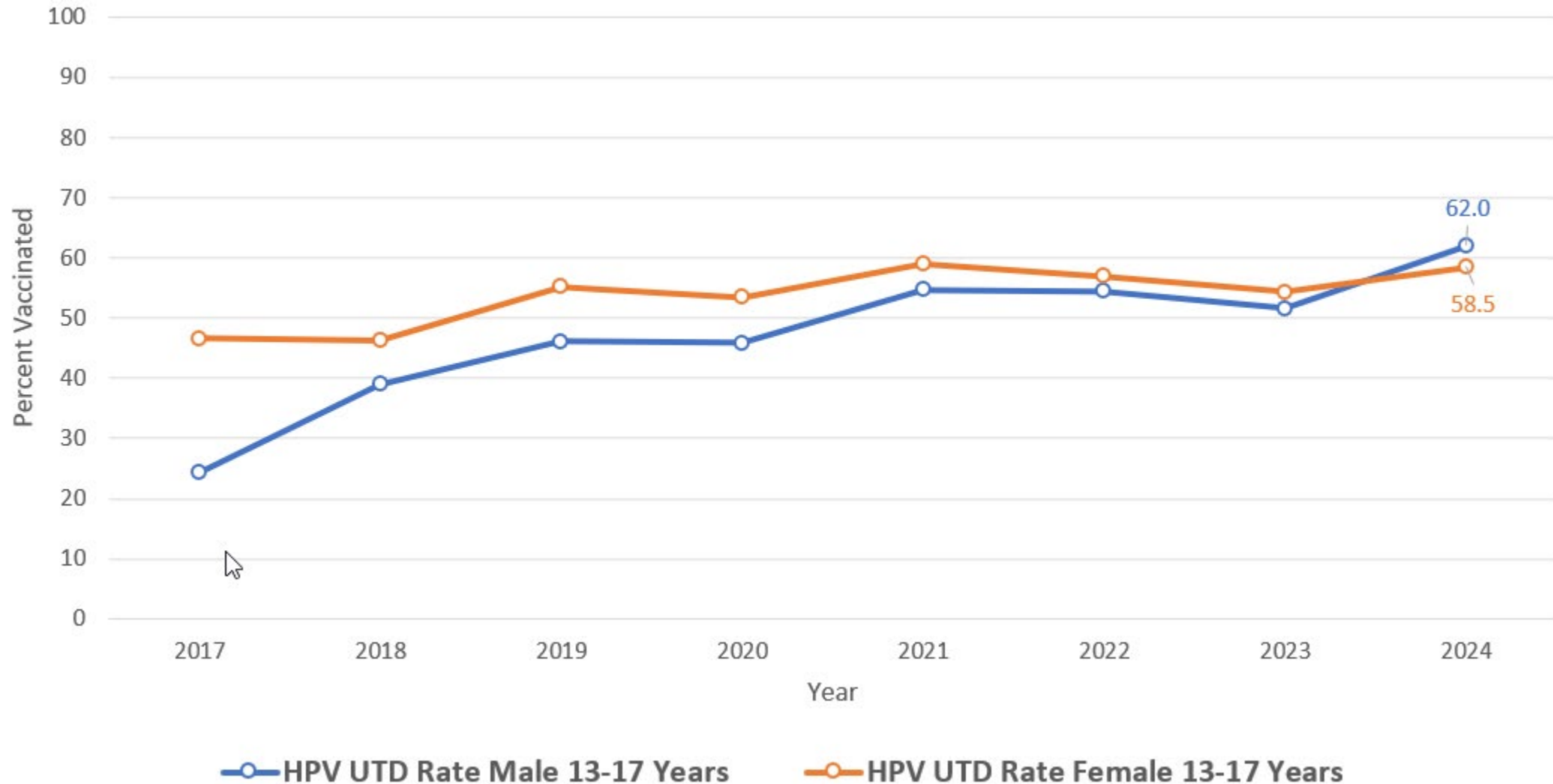
Changes since
last year:

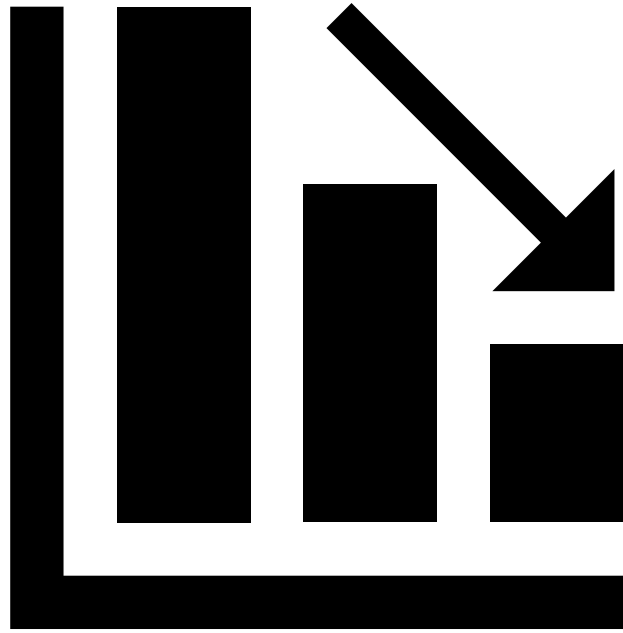
Improved

Declined

Same Rank

HPV Vaccination Coverage among AR Adolescents (13 – 17 Years), Male / Female Comparison





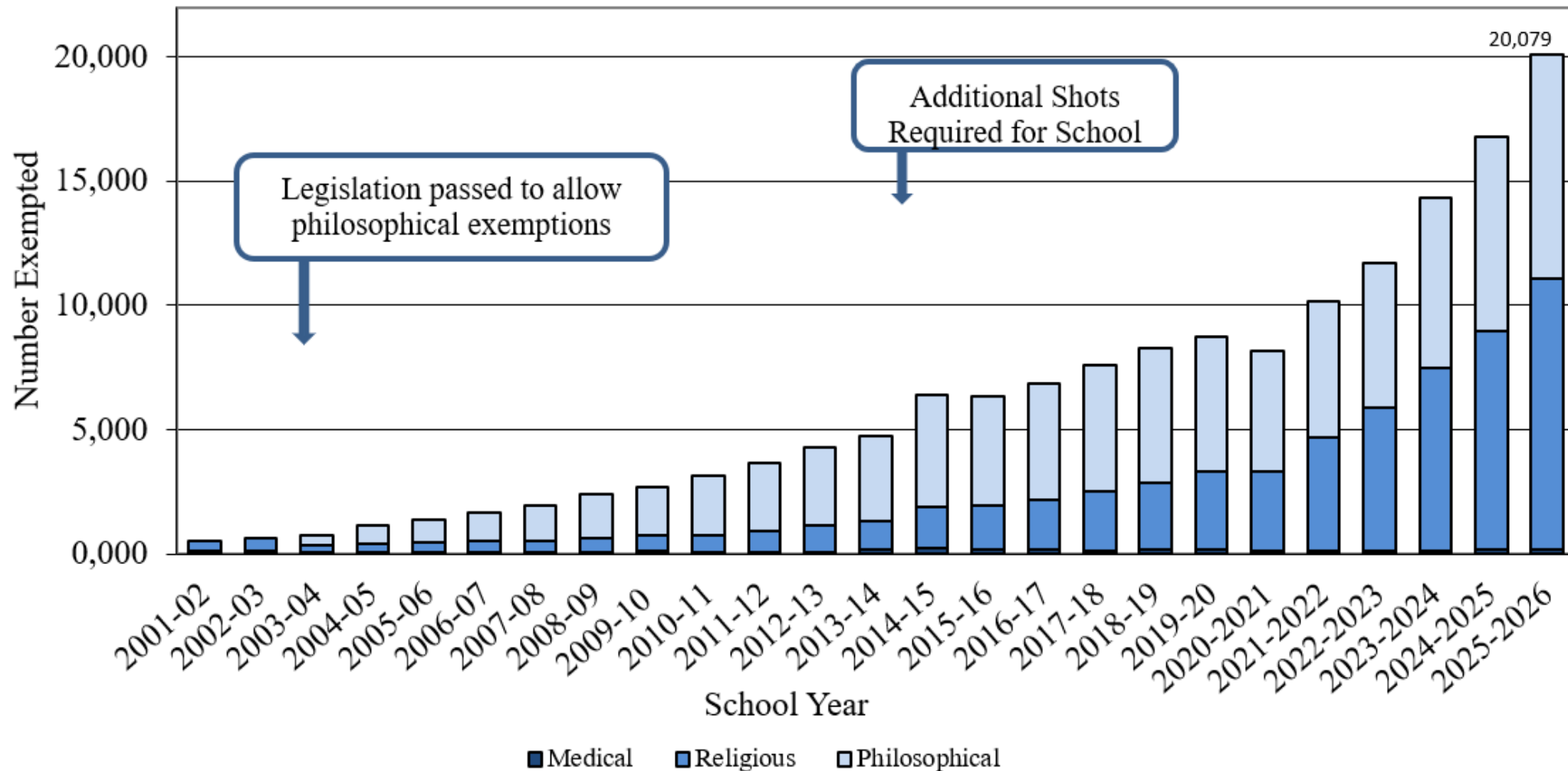
Emerging Threat:

Increasing vaccine exemptions over time leave younger children in Arkansas at higher risk of vaccine-preventable diseases

Immunization Exemptions in Arkansas, 2001-2026



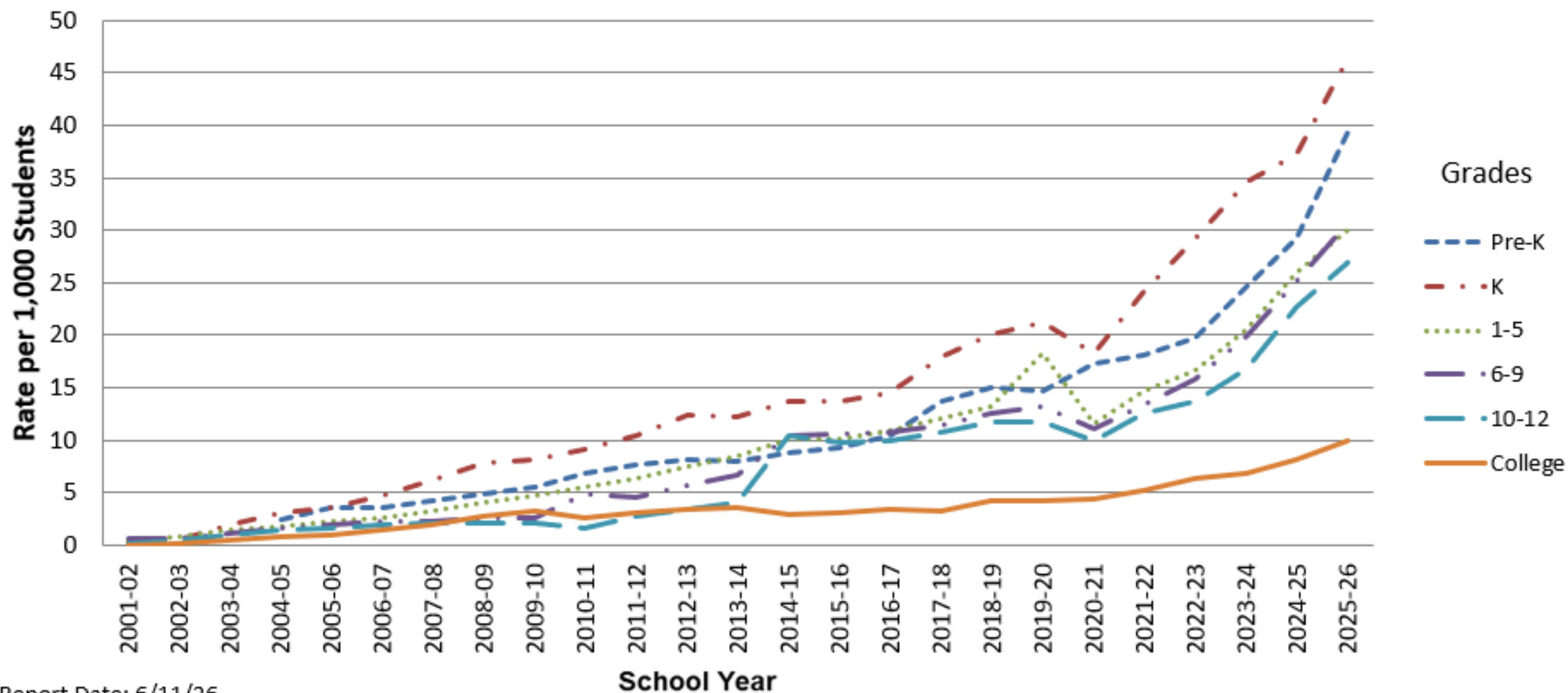
Total Immunization Exemption by Type, Arkansas 2001-2026



Immunization Exemption Rates by Grade, 2001-2026



Immunization Exemption Rates per 1,000 Students by Grade Groups 2001-2026



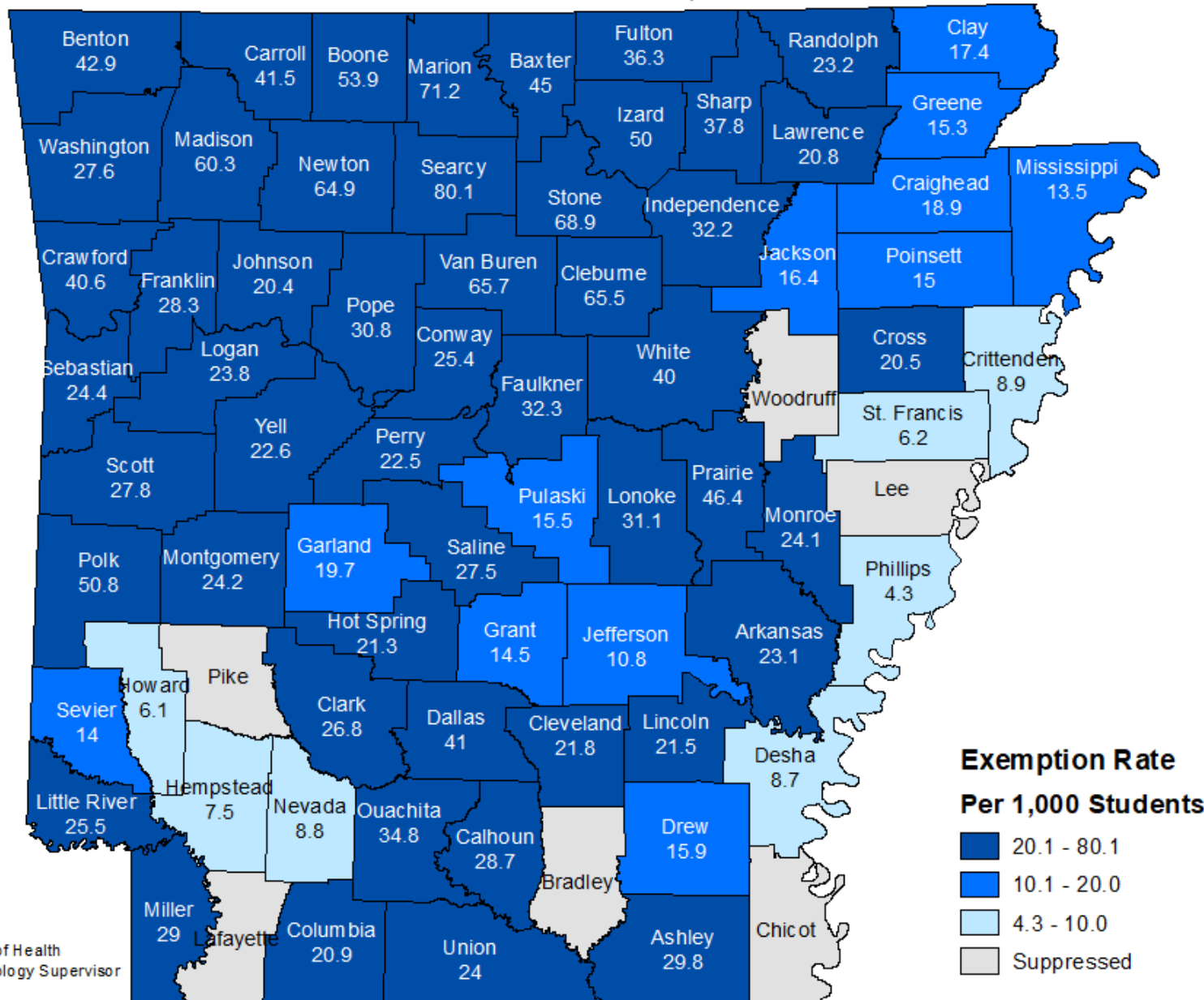
Report Date: 6/11/26

Source: Arkansas Dept. of Health

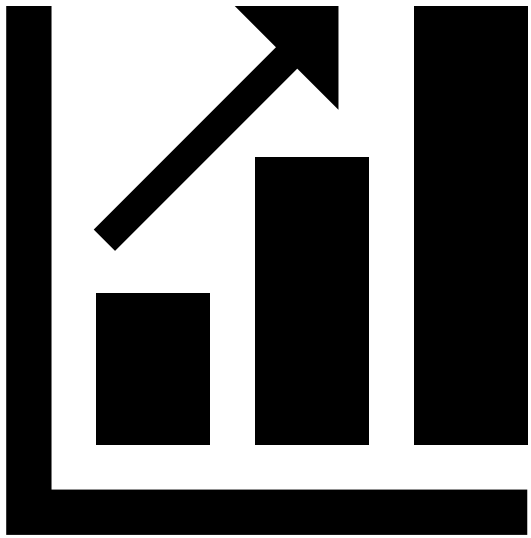
Medical, Religious, and Philosophical Exemption per 1,000 K-12 Students Arkansas Public Schools, 2025-2026



Date: August 12, 2026
Source: Arkansas Department of Health
Author: Haytham Safi, Epidemiology Supervisor



Rate for counties with an exemption count of 1-9 are suppressed



Progress: The Vaccines for Children program and private insurance plans continue to cover all ACIP-recommended vaccines on the routine CDC schedule

VFC eligibility

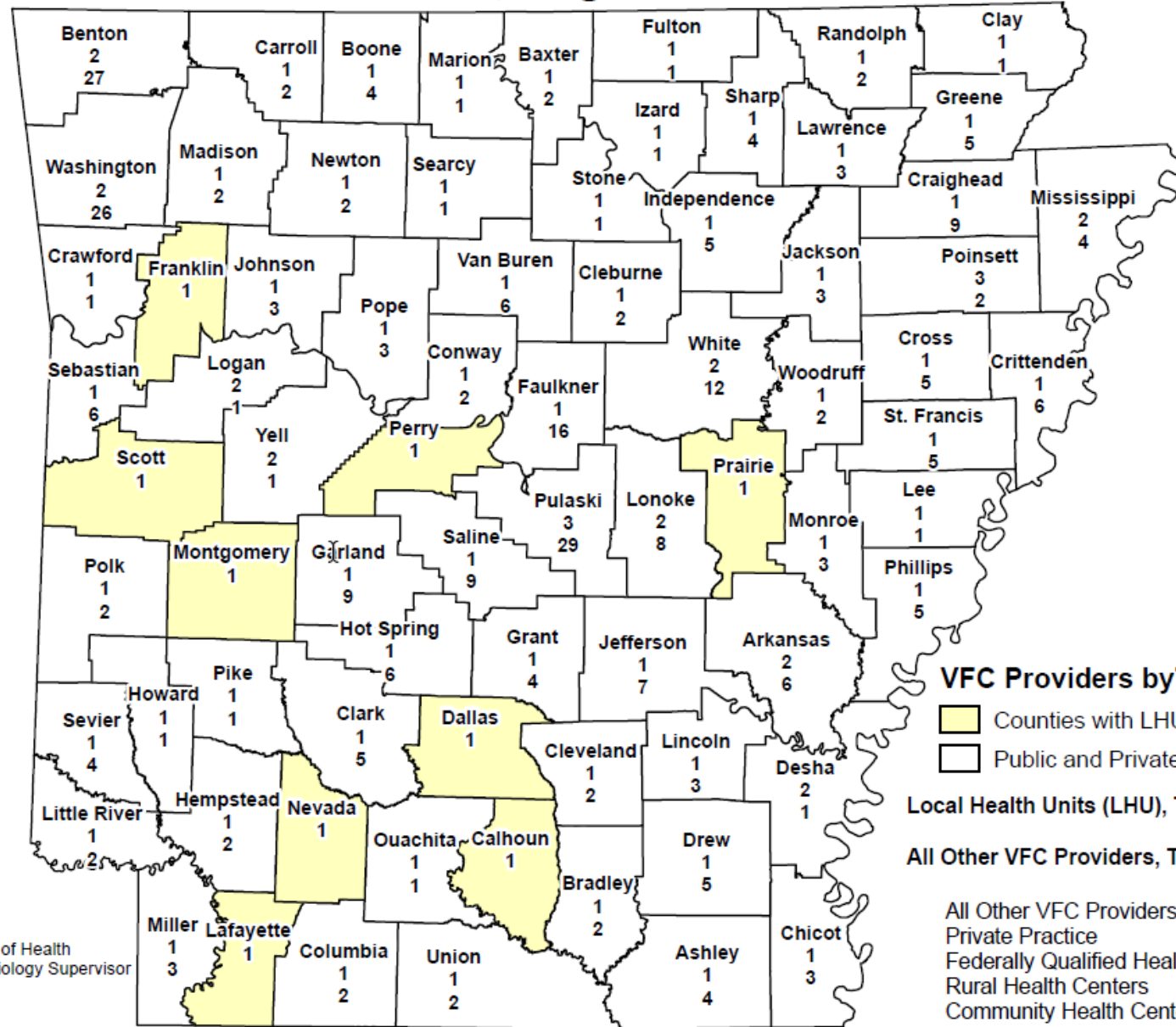


- A child is eligible for the VFC Program if he/she is younger than 19 years of age and meets one of the following criteria:
 - Medicaid-eligible
 - Uninsured
 - American Indian or Alaska Native
 - *Underinsured- a child that has health insurance but it
 - Does not cover vaccines, or
 - Does not cover certain vaccines, or
 - Covers vaccines but has a fixed dollar limit or cap for vaccines. Once that fixed dollar amount is reached, a child is then eligible.
- Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Vaccines for Children (VFC) Immunization Providers by County Arkansas, August 2026



Date: August 12, 2026
Source: Arkansas Department of Health
Author: Haytham Safi, Epidemiology Supervisor



VFC Providers by Type

- Counties with LHUs Providers Only
- Public and Private VFC Providers

Local Health Units (LHU), Total = 88 (Top #)

All Other VFC Providers, Total = 311 (Bottom #)

All Other VFC Providers include:
Private Practice
Federally Qualified Health Centers
Rural Health Centers
Community Health Centers
School Clinics
Pharmacies
Hospitals (Newborn HepB, RSV Vaccines Only)

AHIP Statement on Vaccine Coverage



Press Release

Updated as of May 2026

PUBLISHED SEP 16, 2025 • BY AHIP

WASHINGTON – AHIP released the following statement regarding vaccine coverage.

“Health plans are committed to affordable access to vaccines, and AHIP member health plans will continue covering all ACIP-recommended immunizations with no cost-sharing through the end of 2027.

“Coverage decisions for immunizations are grounded in each plan’s ongoing, rigorous review of scientific and clinical evidence and continual evaluation of multiple sources of data. These decisions reflect an operating environment shaped by federal and state laws, as well as program and customer requirements. The evidence-based approach to coverage of immunizations will remain consistent.”

###

<https://www.ahip.org/news/press-releases/ahip-statement-on-vaccine-coverage>

Conclusions



- There are multiple sets of recommendations available for routine immunization in the U.S. currently, which may be a source of confusion for patients and providers
- Children 19-35 months of age have had lower rates of being up-to-date on their immunizations but have had good uptake of immunizations at school age and older. This is now under threat due to increasing exemptions over time.
- Routine vaccinations remain available and covered by insurance and the Vaccines for Children program

Immunizations Program



- Seavia Dixon, Program Nurse can help with any schedule/policy questions!
 - Seavia.Dixon@arkansas.gov
- Becky Snodgrass, Perinatal Hepatitis B nurse and can help with any questions about exemptions
 - Becky.Snodgrass@arkansas.gov
- Rachel Odom, WebIZ nurse can help with WebIZ questions
 - Rachel.Odom@arkansas.gov
- Nora Fawcett, Vaccines For Children (VFC) Program manager, can help with any questions about VFC
 - Nora.Fawcett@arkansas.gov
- Lots of resources on our website
 - <https://healthy.arkansas.gov/programs-services/community-family-child-health/immunizations/>

Thank you for your attention!



Please contact me with any questions!

Sarah Labuda, MD, MPH, CTropMed®

Medical Director, Immunizations and Child Health
Programs

Deputy State Epidemiologist

Arkansas Department of Health

4815 W Markham St

Little Rock, AR 72205

Desk: 501-661-2142

Cell: 501-231-6305

Email: sarah.labuda@arkansas.gov