American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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November 17, 2026

The Honorable Robert F. Kennedy, Jr.
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

The Honorable Erica Schwartz, M.D.
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30329

Dear Secretary Kennedy and Dr. Schwartz:

Our organizations—representing health care clinicians, public health professionals, scientists, patients, and family advocates—call on the federal government to develop and implement a plan to eliminate measles in the United States. Measles has circulated in communities across the country for nearly two years, infecting more than 5,400 people—a 35-year high.[i] The loss of measles-free status in the United States is a key indicator that our public health infrastructure has diminished and the health of our children and communities is at risk. Our organizations have witnessed the toll that the preventable resurgence of measles has taken—children hospitalized, school and work disrupted, and lives lost. We know how to solve this problem because we have done it before.

As one of the largest and richest countries in the world, we have the tools and resources to end measles in the United States for good. Two shots of the measles, mumps and rubella (MMR) vaccine are 97% effective in preventing infection and stopping the spread of the virus. The most recent vaccination coverage data among kindergarteners show MMR coverage is down to 92.4%; the federal government must act now to increase MMR uptake in vulnerable communities and restore national kindergarten MMR rates to at least 95%.[ii]

The return of endemic measles in the United States must not be dismissed as inevitable or disregarded as merely a bureaucratic or academic designation. Measles is impacting individuals and families in communities across the United States. While most people with measles recover, the illness causes more than just a rash. Measles leads to pneumonia and dehydration, and in rare cases, measles may cause brain swelling.[iii,iv] The measles virus can erase the immune system's memory of how to fight certain germs, causing repeated illnesses. Pregnant women with measles infection are giving birth to newborns with congenital measles—a historically rare condition—and babies have been exposed to the virus in the hospital.[v,vi]

In addition to missed work, measles outbreaks have disrupted learning, leading to increased absences and school closures.[vii,viii,ix] Managing constant outbreaks of measles is expensive, especially on top of seasonal respiratory virus epidemics. The public health response to measles in the United States is estimated to have cost more than $55.5 million in 2026 alone, with another $24.7 million in productivity costs and $1.8 million in direct medical costs.[x] Even small decreases in vaccination coverage can lead to significant increased costs, diverting limited resources and energy better spent on preparing for and responding to emerging threats.[xi]

The return of a vaccine-preventable disease following more than two decades of widespread access to immunization is unprecedented in the United States. The vast majority of parents in the United States continue to support routine childhood immunization.[xii] However, measles is highly contagious and spreads easily in communities where MMR coverage has dipped below 95%. The number of parents requesting non-medical exemptions from vaccines for their kindergarteners has been steadily increasing since the COVID-19 pandemic, an indicator that parents and caregivers are becoming more hesitant to seek on-time vaccination for their children.[xiii]

All families deserve clear, consistent, and evidence-based information to guide any decision that has to do with their child's health. However, federal leaders and resources have repeatedly promoted false or misleading information about measles and the MMR vaccine—information that is inconsistent with the evidence-based advice parents are hearing from their pediatricians and clinicians, leading to significant confusion.[xiv]

Stopping measles and keeping our communities healthy will require a course correction and a sustainable, concerted response from the federal government. A successful response should put the United States on a clear path toward reclaiming measles elimination status. Our organizations call on HHS and CDC to:

1) **Support and strengthen state and local efforts to prevent, detect, diagnose, isolate, contact trace and treat measles cases.** This includes on-the-ground support with CDC disease detectives and embedded CDC epidemiologists as well as technical assistance, laboratory testing and genomic sequencing, and continued investment in state and local public health infrastructure.
2) **Provide clear, consistent, science-based guidance to ensure clinicians have the information they need to care for patients.** Many practicing clinicians have little to no experience with measles and are working to educate themselves on diagnosing and caring for patients with measles. Measles in pregnancy and congenital measles are historically rare conditions but are occurring more often in the current epidemic. Few data and guidance exist to support optimal care for these patients, and the government should work with medical societies to ensure clinicians have the best available information. CDC's Health Alert Network should continue sharing urgent measles-related information to clinicians, public information officers, and public health practitioners and laboratories.
3) **Implement Pan American Health Organization technical guidance for responding to community transmission of measles.[xv]**

4) **Convey accurate information about the MMR vaccine and measles illness.** Currently, CDC websites falsely imply there is a link between vaccines and autism.[xvi] Public leaders have also refused to clearly state the MMR vaccine is safe and have promoted several myths about the vaccine.[xvii] They have also stated inaccurately that measles infection is beneficial for the immune system and falsely claim the disease is treatable with unproven interventions.[xviii] There is currently no FDA-approved antiviral for measles. Federal websites and spokespersons must convey accurate information about MMR and measles so the public knows how to protect themselves and when to seek care.
5) **Proactively encourage MMR vaccination and convey timely, transparent, and accurate information about measles outbreaks.** Federal officials must go beyond perfunctory statements and implement a widespread and multifaceted public communications campaign to promote MMR vaccination.[xix] The public should receive regular, transparent and accurate updates from trustworthy messengers about measles symptoms, transmission and infection risk as well as epidemiological information and response activities. The current lack of transparency surrounding measles death reporting at the federal level raises serious questions about CDC's ability to report outbreak information quickly and correctly. Federal disease surveillance must be accurate, timely and transparent to guide response activities.
6) **Restore evidence-based immunization policies.** The federal government should halt efforts to "separate" the MMR vaccine and other combination shots into single-antigen vaccines. The idea that spacing out vaccines and administering shots at separate visits is somehow safer for babies and children is a longstanding myth that will only foster vaccine hesitancy and put more children at risk of measles. Federal vaccine policies must recognize the MMR vaccine as the #1 tool to protect against measles and stop endemic spread.
7) **Address MMR hesitancy using trusted messengers and values-based, empathetic, culturally appropriate and community-centered approaches.** Families and communities should not be written off as anti-vaccine. Community health workers, clinicians and other trusted messengers outside of the health system such as religious organizations and community leaders should have the tools and training to listen to families, acknowledge concerns, and answer questions about MMR.

The MMR vaccine has transformed childhood in the United States for the past 50+ years, allowing more children to grow up healthy and thrive. Following large outbreaks of measles in the late 1980s and early 1990s, the federal government stepped up to ensure all children have access to vaccines and worked to eliminate the virus by 2000.[xx,xxi] Our organizations are calling on the government to step up again to stop endemic measles in the United States, and we stand ready to work together to support response efforts. The resurgence of infections globally does not mean measles is inevitable in the United States. After losing measles-free status last year, Canada recently ended a two-year outbreak. If we do not reverse course now, our children and our economy will continue to pay the price.

Sincerely,

American Academy of Pediatrics
Association of American Medical Colleges
Academic Pediatric Association

AcademyHealth
AiArthritis
Alana's Foundation
Allergy & Asthma Network
American Academy of Allergy, Asthma & Immunology
American Academy of Emergency Medicine
American Academy of Family Physicians
American Academy of Physician Associates
American Association of Colleges of Pharmacy
American Association of Nurse Practitioners
American Association of Psychiatric Pharmacists (AAPP)
American College of Obstetricians & Gynecologists
American College of Osteopathic Family Physicians
American College of Physicians
American College of Preventive Medicine
American Families for Vaccines
American Geriatrics Society
American Lung Association
American Nurses Association
American Pediatric Society
American Public Health Association
American Society for Meningitis Prevention
American Society for Microbiology
American Society of Health-System Pharmacists (ASHP)
America's Physician Groups
Association for Prevention Teaching and Research
Association of Medical School Pediatric Department Chairs
Association of Public Health Laboratories
Association of State and Territorial Health Officials
Big Cities Health Coalition
Boston Public Health Commission
Cancer Nation
Caregiver Action Network
Children with Diabetes
Council of State and Territorial Epidemiologists
Defend Public Health
Disability Rights Education and Defense Fund (DREDF)
Emergency Nurses Association
END SEPSIS
Families USA
Family Voices NJ
For Our Health
Gerontological Society of America
Grandparents for Vaccines

Hand to Hold
HIV Medicine Association
Immune Deficiency Foundation
Infectious Disease Prevention Network (IDPN)
Infectious Diseases Society of America
International Vaccine Access Center at Johns Hopkins University
Kimberly Coffey Foundation
Lupus and Allied Diseases Association, Inc.
March of Dimes
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Foundation for Infectious Diseases
National Hispanic Health Foundation
National Medical Association
National Public Health Coalition
Necrotizing Enterocolitis (NEC) Society
New York State Department of Health
North American Society for Pediatric and Adolescent Gynecology
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Northeast Public Health Collaborative
National Public Health Coalition (NPHC)
NTM Info & Research
Nurses for America
Nurses Who Vaccinate
Partnership to Fight Infectious Disease
Pediatric Infectious Diseases Society
Pediatric Pharmacy Association (PPA)
Pediatric Policy Council
Protect Our Care
Society for Adolescent Health and Medicine
Society for Healthcare Epidemiology of America (SHEA)
Society for Maternal-Fetal Medicine
Society for PAs in Pediatrics
Society for Pediatric Research
Society for Public Health Education
Society of Hospital Medicine
Society of Infectious Diseases Pharmacists
SPAN Parent Advocacy Network
The 317 Coalition
The Task Force for Global Health
Trust for America's Health
Trusted Messenger Program
US Virgin Islands Department of Health
Vaccinate Your Family

Vaccine Education Center at Children's Hospital of Philadelphia
Voices of Alzheimer's

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Montana Chapter of the American Academy of Pediatrics
Nebraska Chapter of the American Academy of Pediatrics
Nevada Chapter of the American Academy of Pediatrics
New Hampshire Chapter of American Academy of Pediatrics
New Mexico Pediatric Society (New Mexico Chapter of the American Academy of Pediatrics)
New York I Chapter of the American Academy of Pediatrics
New York II Chapter of the American Academy of Pediatrics
New York III Chapter of the American Academy of Pediatrics
North Carolina Pediatric Society (North Carolina Chapter of the American Academy of Pediatrics)
North Dakota Chapter of the American Academy of Pediatrics
Ohio Chapter of the American Academy of Pediatrics
Oklahoma Chapter of the American Academy of Pediatrics
Oregon Pediatric Society (Oregon Chapter of the American Academy of Pediatrics)
Paediatricians Alliance of Ontario (Ontario Chapter of the American Academy of Pediatrics)
Pennsylvania Chapter of the American Academy of Pediatrics
Puerto Rico Chapter of the American Academy of Pediatrics

Rhode Island Chapter of the American Academy of Pediatrics
South Carolina Chapter of the American Academy of Pediatrics
South Dakota Chapter of the American Academy of Pediatrics
Tennessee Chapter of the American Academy of Pediatrics
Texas Pediatric Society (Texas Chapter of the American Academy of Pediatrics)
Utah Chapter of the American Academy of Pediatrics
Vermont Chapter of the American Academy of Pediatrics
Virginia Chapter of the American Academy of Pediatrics
Washington Chapter of the American Academy of Pediatrics
West Virginia Chapter of the American Academy of Pediatrics
Wisconsin Chapter of the American Academy of Pediatrics
Wyoming Chapter of the American Academy of Pediatrics

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[i] Centers for Disease Control and Prevention. Measles cases and outbreaks. Updated October 30, 2026. Accessed November 5, 2026. https://www.cdc.gov/measles/data-research/index.html

[ii] Centers for Disease Control and Prevention. Vaccination coverage and exemptions among kindergartners. Updated August 17, 2026. Accessed November 5, 2026. https://www.cdc.gov/schoolvaxview/data/index.html

[iii] Jones A, Salmanson A, Weil A, Timothy D, Nolen LD. Measles hospitalizations in Utah, 2025-2026. *NEJM Evid*. 2026;5(8). doi:10.1056/EVIDpha2600141

[iv] Richardson KM, et al. A regional measles outbreak—South Carolina, 2025-2026. *N Engl J Med*. 2026;395(7). doi:10.1056/NEJMc2605131

[v] Pennsylvania Department of Health. *Guidance for Measles in Pregnancy and Congenital Measles.* PAHAN No. 842. Published October 19, 2026. Accessed November 5, 2026. https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/2026%20HAN/2026-842-10-14-ADV-Measles%20and%20Pregnancy.pdf

[vi] Philadelphia Department of Public Health. Health Department warns of possible measles exposure at Children's Hospital of Philadelphia (CHOP). Published September 17, 2026. Accessed November 5, 2026. https://www.phila.gov/2026-09-17-health-department-warns-of-possible-measles-exposure-at-childrens-hospital-of-philadelphia-chop/

[vii] Pike J, Holzinger N, Xiao HT, et al. Economic impact of the 2025 New Mexico measles outbreak: highlighting the cost of efforts to prevent future outbreaks. *Ann Intern Med*. Published online August 4, 2026. doi:10.7326/ANNALS-26-00718

[viii] Education Week. A study shows just how much school absences soar in a measles outbreak. Published December 2025. Accessed November 5, 2026. https://www.edweek.org/policy-politics/a-study-shows-just-how-much-school-absences-soar-in-a-measles-outbreak/2025/12

[ix] Dougherty T. Pennsylvania high school closed Friday after confirmed case of measles. CBS News. Published October 9, 2026. Accessed November 5, 2026. https://www.cbsnews.com/philadelphia/news/oxford-area-high-school-pennsylvania-closed-measles/

[x] *Disease Outbreak Cost Estimator. Interactive web application. Accessed November 5, 2026. https://verse.shinyapps.io/disease-outbreak-cost-estimator/*

[xi] Common Health Coalition. *Spotlight Brief: Childhood Immunizations.* Accessed November 5, 2026. https://files.commonhealthcoalition.org/storage/v1/object/public/resource-files/SpotlightBrief_ChildImms.pdf

[xii] KFF. KFF tracking poll on health information and trust: Fall 2026 update on vaccine views. Accessed November 5, 2026. https://www.kff.org/public-opinion/kff-tracking-poll-on-health-information-and-trust-fall-2026-update-on-vaccine-views/

[xiii] Centers for Disease Control and Prevention. Vaccination coverage and exemptions among kindergartners. Updated August 17, 2026. Accessed November 5, 2026. https://www.cdc.gov/schoolvaxview/data/index.html

[xiv] Washington I, Yilma H, Luther J. New KFF-Washington Post poll explores parents' vaccine attitudes, and confusion follows ACIP meeting on vaccine recommendations. KFF. Published September 25, 2025. Accessed November 5, 2026. https://www.kff.org/other-health/new-kff-washington-post-poll-explores-parents-vaccine-attitudes-and-confusion-follows-acip-meeting-on-vaccine-recommendations/

[xv] Pan American Health Organization. Technical guidance for responding to community transmission of measles. Accessed November 5, 2026. https://iris.paho.org/items/0603e54c-c5b5-401e-afbe-eb81978dd729

[xvi] Centers for Disease Control and Prevention. Autism and vaccines. Updated July 22, 2026. Accessed November 5, 2026. https://www.cdc.gov/vaccine-safety/about/autism.html

[xvii] Jaramillo C, McDonald J. RFK Jr. misleads about measles vaccine in Hannity interview. FactCheck.org. Published March 21, 2025. Accessed November 5, 2026. https://www.factcheck.org/2025/03/rfk-jr-misleads-about-measles-vaccine-in-hannity-interview/

[xviii] American Academy of Pediatrics. Fact checked: Budesonide and clarithromycin are unproven and risky for treating measles. Accessed November 5, 2026. https://www.aap.org/en/news-room/fact-checked/fact-checked-budesonide-and-clarithromycin-unproven-and-risky/

[xix] Annenberg Public Policy Center. About 1 in 3 Americans say RFK Jr. recommends the measles vaccine. Accessed November 5, 2026. https://www.annenbergpublicpolicycenter.org/about-1-in-3-americans-say-rfk-jr-recommends-measles-vaccine/

[xx] Centers for Disease Control and Prevention. About the Vaccines for Children (VFC) Program. Updated August 27, 2026. Accessed November 5, 2026. https://www.cdc.gov/vaccines-for-children/about/index.html

[xxi] Centers for Disease Control and Prevention. History of measles. Updated May 9, 2024. Accessed November 5, 2026. https://www.cdc.gov/measles/about/history-of-measles.html