Immunize Weekly Summary: November 12, 2026
Impact of the 2026 Midterm Elections

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KFF Poll Results – Liz Hamel, Senior Vice President, Director of Public Opinion and Survey Research, KFF

Liz Hamel summarized key findings from recent polling, available at KFF.org.

Election Season Voter Poll

Health care costs are a critical component of affordability, an issue that dominated the 2026 elections. Traditionally, voters have trusted Democrats more on health care and Republicans more on economic issues. In 2026, Democrats led on both topics. Results also suggest there is an appetite for major changes in health care policy. Medicare for All is popular in polling, but voter opinions are malleable, and enthusiasm wanes in the face of criticisms of single-payer care. However, the majority of voters want the government to play a bigger role in helping Americans get health care. Many voters from both parties said the current administration's policies made health care worse in terms of affordability, access, and well-being, including the subgroup of parents. While health care fraud was an issue that resonated, especially with Republican voters, most thought the current administration's policies made the matter worse rather than better.

Pre-Election Polling on Vaccine Attitudes

KFF"s survey on reactions to the August 2026 Executive Order (EO) 14420 making changes to the childhood vaccine schedule revealed that awareness of the EO was lower compared with the January 2026 announcement proposing such changes. Views about the potential impact on children's health differed among partisan lines, but many were unsure, and the majority felt the impact would more likely be negative. Confidence in the measles, mumps, and rubella (MMR); polio; and hepatitis B vaccines were similar to previous years. The biggest partisan divides and lowest overall confidence rates were around the safety of influenza and COVID-19 vaccines for children. Most parents, across parties, believe MMR vaccine benefits outweigh the risks.

The EO suggested that children are subject to too many vaccines in a single visit. About half of parents believe spacing out vaccinations is healthier for children, and half say no evidence supports this contention. The differences are stark across party lines. The poll also asked whether people believed that the COVID-19 vaccine causes miscarriage. Most were uncertain (i.e., they responded that it was "probably true" or "probably false"), as is often the case when polls ask about misinformation. Compared with 2022, fewer people now believe the COVID-19 vaccine is safe in pregnancy, suggesting that these talking points have gained traction and influenced beliefs.

QUESTIONS & ANSWERS

Q: Did attitudes about vaccines or the administration's vaccine policies change or shift after their announcement that autism was increasing because of Tylenol, and therefore indirectly maybe deflecting it away from vaccines?

Liz Hamel (KFF): Our polling is not frequent enough to pick up changes related to small events like that, but I will say we have a number of false and misleading statements that we've asked about in our polls, and we look at the number of people that say they've heard these things. Of all the probably 20 claims that we've asked about in the last few years, the one about Tylenol during pregnancy causing autism was the number one that people said they had heard. It wasn't necessarily the most believed claim, but that suggested to me that when it comes out of the president's mouth, it gets a lot wider distribution. But I can't really say anything from our data about how that might impact vaccine attitudes.

Q: It would be nice to see how the "probably true/probably false" category changes over time, because I think that what we all feel is that the general continuation of misleading and nuanced things coming out of HHS [Department of Health and Human Services] has led to some shakiness in people's conviction. That probably shows up somewhat in that "probably true/probably false" category, where maybe a year or two ago, people were like, "Oh, that's definitely false." And then just a year of hearing the message sort of nuanced repeatedly has led people to move into that category of not being so sure anymore.

Liz Hamel (KFF): It's a great question, and we have done a lot of analysis to see who are the people that fall into this category. We've actually looked across questions, because I think part of the issue, too, is information overload. People are just like, "I don't know, I saw that on TikTok. Maybe it's true." It's not like they're deeply processing all this information, but I will look at that trend. There are not that many of these false claims that we've tracked so much over time, because, again, we're doing national polling. A lot of false and misleading claims are circulating within one particular community. Questions about the link between vaccines and autism we have repeated multiple times, but I'll have to look at the data to see if we've seen an increase in that uncertain group, over time. It's a great question.

Comment: The other thing your data shows is that when the president goes on TV, there's a difference than when they just issue an EO. Because the reason the Tylenol thing also carried more weight was, A, it was Tylenol, but B, there was a highly viewed press conference. Whereas he did not do press or hold a meeting for the EO. To some degree, probably many Americans didn't hear about it because you had to be in the bubble of Washington to even know that it happened.

Q: The question from the midterm data regarding government involvement in health care could be interpreted in two ways: one, government running health care coverage, such as Medicare for All, or two, government making health care decisions, such as reproductive health-related decisions. Does the wording of your question make it clear?

Liz Hamel (KFF): The question was about helping Americans get health care. It was on the voter poll where the question wording has to be very simplified, and it is vetted through a whole consortium of people. It's possible that some people interpreted it as related to health care decisions or reproductive health, but the intention was in helping people actually get health care.

I can say we have a whole other body of polling on Medicare for All, where we've found that the idea is very popular at its roots, but that it's very subject to arguments about higher taxes or too much government involvement. One of the groups that is least supportive of Medicare for All is people who currently have Medicare, especially if you tell them this is going to threaten the Medicare program, which we heard in prior debates over Medicare for All. So, again, I think that it's largely a reflection of people's frustration with costs and access as opposed to interpreting it about the government making health care decisions.

Q: Do you notice a difference between the wording of "help people get health care" versus "helping people get health insurance"?

Liz Hamel (KFF): We haven't tested that. We had a question in our pre-election poll, as well, that was more about government involvement in insurance, but the question on the voter poll was specifically about helping people get health care.

Q: Will KFF add a polling question about understanding what it means to lose the measles elimination status and how that influences how people view vaccinations and vaccines?

Liz Hamel (KFF): We're keeping an eye on it, but I'm not sure if we're going to be able to prioritize it in our polling or not. We are taking a little break for the rest of this year, because we worked so hard going up to the election, so our next poll won't be in the field until January, and that will be focused a lot on the health policy agenda for the new Congress.

Federal Landscape – Abby Bownas, Manager, AVAC, and Phyllis Arthur, MBA, Executive Vice President & Head of Healthcare Policy and Programs, BIO

Abby Bownas and Phyllis Arthur, MBA, outlined federal issues of immediate concern and potential priorities for the next Congress.

AVAC

During the lame duck session between now and January 2027, Congress must address the federal budget (currently operating under a continuing resolution), including funding proposals for HHS, which have not yet been released by the appropriations committees. Many annual budget extensions related to health care may get tacked on to end-of-year authorizations. The nomination for Food and Drug Administration (FDA) Commissioner is among those currently under consideration. It is possible Congress will try to approve a slew of nominees as part of a package in December.

Affordability and health care access are top priorities for the next Congress. Legislation likely to be proposed early in the next session could seek to protect vaccines from political influence by addressing cost sharing and the role and membership of the Advisory Committee on Immunization Practices (ACIP). There is interest in restoring funding for Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and Affordable Care Act (ACA) premium tax credits. It is anticipated that Congress will investigate HHS vaccine and public health actions.

BIO

The large number of Democrats entering Congress will change the leadership and balance of power within committees, affecting what legislation reaches the floor of the House and Senate. The Prescription Drug User Fee Act (PDUFA), which determines what industry pays to support FDA product review, must be reauthorized or face expiration in 2027. It is likely to dominate Congress' agenda. Because it must pass, members often tack other priorities on to the PDUFA reauthorizing legislation.

Issues of interest during the lame duck period include the proposed HHS Task Force on Safer Childhood Vaccines, for which the status is unknown, and the new National Institutes of Health clinic for investigating vaccine- and infectious-disease-related injuries. By statute, the Advisory Commission on Childhood Vaccines (ACCV), which makes recommendations to HHS about the Vaccine Injury Compensation Program, must meet four times per year. Several ACCV members were dismissed before their terms ended, and the group has not met this year. It is possible ACCV will hold four short meetings in December, as it did in 2025. In addition to the FDA Commissioner's position, a number of judges' seats are open, and Congress may push to fill those roles before January.

State Directions – Erin M. Abramsohn, DrPH, Executive Director, IDPN, and Northe Saunders, President, AFV

Erin M. Abramsohn, DrPH, and Northe Saunders described how states can drive health care policy locally.

IDPN

It is expected that state legislatures will serve as the primary battlegrounds for public health and vaccine policymaking. States that shifted to the left have more support for routine childhood vaccination, school vaccine requirements, and preparedness for outbreaks. Conservative states will likely focus on medical freedom, informed consent, parental rights, and scrutiny of school vaccine requirements. The influence of governors, lieutenant governors, and state health agency leaders will also come into play, with more policy decisions happening at the state level then the federal level. Most voters support access to vaccines and routine childhood immunization, which could be an opportunity for bipartisan support—for example, in Texas and Arizona, which now have Democratic governors.

States likely to continue to pursue legislation limiting vaccination are Florida, Idaho, West Virginia, and Louisiana. Such legislation could include implementing proposed EO changes on childhood vaccines, removing school vaccine requirements, or decoupling state requirements from ACIP recommendations. However, there may be opportunities to modernize and strengthen data collection and reporting systems, such as immunization information systems. Initiatives with the strongest potential for bipartisan support, even in conservative states, will focus on defending what works, protecting choice, and protecting public health, with an emphasis on practical approaches. Vaccine advocates would like to "make vaccines boring again."

AFV

The midterm elections represented a substantial shift to the left across the country, bringing with it significant support for vaccines, even though vaccine issues were not a major driver for most voters. Nonetheless, in several states, legislators are currently filing bills to limit vaccination. The prospect of the United States losing its measles elimination status (and the significant uptick in pertussis cases) is drawing attention to the importance of vaccines, giving the pro-vaccine majority an opening to educate lawmakers at all levels and stop anti-vaccine legislation from moving forward. However, legislators should work toward bipartisan support and avoid politicizing vaccine issues. It is possible that efforts to hold anti-vaccine proponents like the HHS Secretary to account could backfire, so advocates should focus on programs and policies rather than politics.

QUESTIONS & ANSWERS

Q: Regarding restoration of the ACA tax credits and efforts to unwind the Medicaid changes: how will they be paid for? Has there been any speculation on that?

Abby Bownas, AVAC: That's where we get to start. H.R. 1 was the reconciliation bill, which means it was a budgetary bill meant to save the government money. So as they want to unwind it and return back, there is a dollar amount attached to it, and it's a very large amount of money. But what we're hearing is that they will not specify how they're going to pay for it. They are going to prioritize the fix and then come back to it. So we may not even see a pay-for in the first bill. At some point they'll probably figure out what to use. But I don't think that's the priority right now. The priority is stopping those cuts before they go into effect, and some of those pieces have already gone into effect, as we saw with ACA pieces last year. There's more coming this January. Same with the SNAP pieces, same with the Medicaid pieces. So I think where they're going to start is the fix, and not necessarily the pay-for.

Phyllis Arthur (BIO): Obviously, there are a lot of policies that are much broader on drug pricing that I think will be caught up in conversations about health care overall. This is a huge issue with multiple prongs. The Democrats are very interested in looking again at the Inflation Reduction Act (IRA), and we were all happy about the protections for seniors that got done in the IRA, right? So there are a whole lot of things that can be done in the IRA that would answer the pay-for question in a way that might be quite bad for some stakeholders.

Erin Abramsohn (IDPN): One thing that worries me is that as this gets implemented, when we hit January 1, folks in the states on the ground don't necessarily understand that this is coming from the federal level, and they're going to blame their governors and their elected officials in the states. So, to Phyllis's earlier point, we can't rest on our laurels.

Phyllis Arthur (BIO): It will be interesting to see, in terms of adult vaccination, what happens with Medicaid expansion in states that now have Democratic governors that didn't before.

Q: Because all of a sudden you could get people on the rolls for getting vaccinated?

Phyllis Arthur (BIO): Right, for sure. So there's the balancing of the Medicaid issues: the cuts at the federal level, the need to figure out the gaps at the state level, not having done expansion in some states, or even changing federal poverty levels, for example. Governors can tinker with their Medicaid programs in a way that might compensate for some of the federal changes, and that could have a positive benefit, certainly for adult vaccination, if they decide to consider expansion.

Abby Bownas (AVAC): And I think we raised that on a Summit call, one of these past presentations: we weren't all necessarily thinking of the H.R. 1 Medicaid piece as a vaccine issue. But once people start losing access, fewer people will have vaccine coverage. All those pieces that we did to build coverage, including protecting seniors—we could see some gaps, and we're going to need to talk about that as a community again.

Comment: Arizona has not had a Democratic trifecta since 1966, and they were able to build an amazing immunization program as a red-purple state. It really shows that

vaccines have been important for both sides, but we have to get through misinformation on both sides. In Arizona, they're really leaning into education efforts to "make vaccines boring again."

Q: I'm worried about national groups thinking that certain states are not in need of resources now, when in reality there will still be issues, even at the local and county levels, and of course after future elections. Are there things we can work on together to safeguard access and systems for the future?

Phyllis Arthur (BIO): That's a great question, and we are thinking about this a lot. The biggest milestone we didn't talk about, one that will drive both federal and state policies, is whatever decision comes down in *the American Academy of Pediatrics (AAP) v. Kennedy* case. To some degree, I think some of this comes down to resources. There's no question that we are all making resources to continue to educate policymakers on the importance of vaccines, and we should keep doing that. For example, we're working on some things to reinforce the economics of vaccines and how they contribute to a robust economy. We saw some great work come out of other organizations. If you haven't seen it, the National Association of Manufacturers' paper (*Industrial Immunity: Inoculating the Manufacturing Economy*) talks about how important high vaccination rates are for workforce productivity. So I think we should make sure policymakers on both sides understand the economic impact of low vaccination rates on productivity, as well as on state budgets when there are outbreaks. We should be using those resources in all 50 states—blue, purple, red, it doesn't matter.

Then there's the access piece. You may see more resources from many of us, depending on what happens with *AAP v. Kennedy* or the president or the secretary trying to get back to the January 5 schedule they tried to implement. If they try to make many more vaccines subject to shared clinical decision-making, and that results in some of the coverage issues we had when they tried it before, and some states decide to turn that into school requirement activities around those vaccines, we could have coverage and access issues that we'll need to solve for. So I agree we need to continue to share resources intensely across all of our groups, through Vaccinate Your Family's Vaccine Collaborative, through Immunize.org. As we make things at BIO, we'll happily share them with the Summit so they can go out to everybody. I know Northe's, Erin's, and Abby's organizations are all making things too. The most recent resources you're going to see are around the economics, and those are what we're sharing with every policymaker in your state.

Northe Saunders (AFV): I think we've been in fire suppression mode for the past 5 years. There have been fires breaking out, and there's a reason that Erin, Abby, and I have worked in a very targeted number of states in recent years: that's where the fires were breaking out. With the outcome of the election, we still need to make sure that those places don't burn down, but we also need to be thinking about fire prevention. How do we build long-term, durable advocacy capacity so that if there are changes in 2028, state lawmakers don't revert back to their anti-vaccine stance? It's interesting that the question [came from Iowa], because we worked closely with the Iowa coalition to beat back a bill that would remove all school

immunization requirements. As those dust-ups occur again in different states, we're ready to help make sure that there are immediate resources for that fire prevention and we can get them to the places that need them. I think we're all looking at a longer time horizon. As we figure out how we're resourcing different states, it's really important that we think not only about the opportunities of today, but about what might change in 2028 or in the future, and how we build that long-term capacity. That's something we're really trying to weigh heavily organizationally.

Erin Abramsohn (IDPN): I think that's incredibly important. One good example: I don't know what this looks like in Iowa right now, but think about Texas. We're all very surprised and excited about Texas, but in looking at the post-election data and voter behavior, I think there were over 600,000 rural Texans who were Republicans who stayed home and didn't vote, and that was just a small swath. Phyllis made the point earlier in our conversation that Texas looks good right now, but it might not look good in 2 years. So we need to continue to hold the line and keep the capacity there and, like Northe said, build up capacity on the ground, because we don't know if those people will be more engaged and come out in 2 years.

Comment: This idea of depoliticizing vaccine issues is similar to pediatricians making vaccination the social norm. Making vaccines boring, a non-political public health norm, is one of the things we're all trying to do.

Q: These are all great points, so what are folks doing about it?

Abby Bownas (AVAC): AVAC members have been talking about this for months and really trying to plan ahead: what if this happens, what if that happens? So I do feel like we're ready to rock and roll, but the question is what we can all do, and I think it's a call to action for everybody on this call. We need to focus on the huge number of new faces coming into Congress, and this goes for the state level too. Education has to be number one. Depending on their party, we cannot assume they feel one way or another on vaccination. We need to be in there. We need to share information about our policies and why they're important: why it's important to ourselves, our families, and our society, and the economic argument. All of these pieces need to happen, and they need to happen pretty soon, so it's going to take a village.

AVAC will be doing this work. We will probably be prioritizing based on who's on what committee as we organize how to reach all these new members. But we need everybody on this call. You all have that voice, and you have the expertise in your vaccination issues. Reach out and establish that relationship. We're going to need you at some point, whether that's helping them understand what's in front of them or making the case for why they should care about this issue in the long term. Now is an amazing time to do that. What AVAC is doing is also the request for you all, and I'm happy to work with you.

I do want to touch on another point before we wrap up. The resource problem is real. The more we can share, the less people have to do themselves. Unfortunately, we don't all have

all the financial resources we need to do this work, but we can all share different pieces, and I think that's also how this is going to work next year. There's still a lot to do with the administration, and there's still going to be a lot coming down the pike. We still need to make sure that Congress has what they need to work on these issues, and to do so in a way that can be really productive as well. So I'll end with a thank you. I look forward to working with you all, and I really appreciate this conversation.

Phyllis Arthur (BIO): Three things. First, doubling down on Abby's point about education, depending on what your organization is allowed to do. Everyone is allowed to educate, even if they cannot overtly advocate on legislation. A reminder that your federal representatives are not always here in Washington. They're also at home, and sometimes it's great to see them there, whether in their district office or with their chief of staff in the district office. Hearing from the local folks who represent the people who vote for them, or don't vote for them, at every election is an extremely important way that everyone can take action. All of us up here at the federal level, and I'd encourage all of you at the state level, should spend some time letting your legislators know that vaccines are important. If you're an educational organization, go in and make sure the staff in the local office understand that, too. In the first quarter of the year, those of us who do federal lobbying will not be in our offices. We'll all be on the Hill trying to see 100-something new members.

Second, I'm going to give two watch-outs. The first is that everyone should be paying attention to litigation. Northe, I know you've been doing a great job tracking some of this, and none of us mentioned it earlier. I realized we forgot, even more so now that the legislatures have changed somewhat, that litigation strategy is still an extraordinarily powerful tool for groups like Children's Health Defense, and the president gave them a call to arms to litigate on things like religious exemptions and school requirements. We need to be watching these cases. If you're an organization that's comfortable filing amicus briefs for state legislation or state litigation, we're going to need to watch these, and we have some great allies on the legal side who can help us understand these cases as they move forward.

The other watch-out is the circle of MAHA (Make America Healthy Again) and some of the people who've come into office. If you paid attention in the days after the election, you saw Alexandria Ocasio-Cortez and some others reaching out to some MAHA folks. There's a lot of unity on the food and pesticide portion of the MAHA circle that actually links to some of the Democrats coming into office. That's fine. A lot of us agree on those issues. What's worrisome is that they get dragged or misinformed on vaccines by getting close to MAHA. So we all need to watch and educate the new Democrats appropriately, and the new Republicans too. MAHA is great, but MAHA has parts, and one of those parts is vaccines, so don't fall for that part, because vaccines work. I want to make sure we're all watching legislators who are reaching out to MAHA, because it's still a voting bloc they want and they're aligned on some of those issues, and making sure they don't suddenly get squishy on vaccines because of that proximity.

I'll just say, the last one is the nominations for members of the ACIP (nomination form and instructions) and ACCV (nomination instructions).

Northe Saunders (AFV): I want to echo what Phyllis said: the litigation space is active, both from the pro-vaccine side and from the anti-vaccine side. I want to highlight a little of the resources that we have available to anybody on this call, or anybody in the pro-vaccine movement across the country. We have a dedicated legal team that can help analyze policy and guide the response to it, and we are also ready to invest litigation resources. We're supporting litigation against the Florida Department of Health right now to stop their rulemaking process.

The big takeaway is that we must make sure the pro-vaccine majority continues to show up and that we're contacting lawmakers now, particularly with big news like the measles elimination status. Now is the time to have vaccines at the forefront of the conversation as lawmakers come into office at the state or federal level. It's never been more important for us to be organizing and contacting folks. If anybody needs support in any state, please don't hesitate to reach out. We have a dedicated research team, we have a political team, and we have a great communications team that can help get communications programs off the ground, whether that's digital advertising or otherwise. We're ready to help; we just need to be in touch with the right people.

Erin Abramsohn (IDPN): I want to triple down on what Abby said about education and about making sure we're educating not just the new members. It's good to educate everyone, because we're not sure exactly where everyone stands in this new landscape, and they can also shift. It's really about understanding what messages are going to resonate with each of them. For some, it will be that focus on economic and workforce stability, or health system and hospital capacity, the things that matter to them. We need to make sure we have resources like really high-impact written leave-behinds: a one-page snapshot of their district, a fiscal impact memo, or constituent stories. Leave those things with them, and set up time now, before things kick off in January, for briefings with those legislators and staff. Thank you all for everything you are doing, and thank you for listening to us for an hour and a half.