

The 2026 Back-to-School Health Reality Check

What the Data Shows About Immunizations, Sleep, Vision, Asthma, and Anxiety as North Georgia's 600,000+ Children Head Back to Class

Prepared by One Family Pediatrics | Serving Forsyth, Gwinnett, Hall, Dawson, Cherokee, and Fulton Counties

Data Sources: CDC SchoolVaxView 2024-2025 | Healthbeat / Georgia Department of Public Health 2025 | AHRQ / JAMA Pediatrics Well-Child Visit Adherence Research | CDC Youth Risk Behavior Survey & Sleep and Health Data | American Academy of Sleep Medicine | Understood.org 2025 Back-to-School Survey | Nemours KidsHealth Survey | Asthma and Allergy Foundation of America | Archives of Pediatric & Adolescent Medicine | Global childhood myopia research 2025-2026

86.8%

of Georgia kindergartners were fully up to date on required vaccines last year — down from 94% a decade ago

62.3%

of U.S. children receive the well-child visits recommended for their age — the rest fall short (AHRQ/JAMA Pediatrics)

46%

rise in childhood asthma ER visits tied to the first day of school (Archives of Pediatrics)

64%

of children ages 9-13 say they worry about school (Nemours KidsHealth)

BOTTOM LINE

The six-county North Atlanta area is home to an estimated 615,000 children and more than 394,000 enrolled K-12 students. As they head back to class this fall, the published data points to five health gaps that tend to surface — or worsen — right at the start of the school year: falling vaccination rates at kindergarten entry, a persistent well-child visit gap that leaves many children without a full annual check-up, a well-documented spike in asthma hospitalizations in the first weeks of school, sleep debt driven by early start times colliding with summer schedules, and school-related anxiety that a majority of children report experiencing. None of these are new problems, but back-to-school season is when each one becomes most visible — and most actionable, since a single well-visit before the first bell can address several of them at once.

Executive Summary

Back-to-school season is typically framed around supplies, schedules, and school-specific paperwork — but the published pediatric and public health data shows it is also a genuine health inflection point. Immunization coverage among incoming kindergartners has been declining for several consecutive years nationally, and Georgia's rate now sits noticeably below the herd-immunity threshold for several vaccine-preventable diseases. At the same time, national research shows a large and persistent share of children are not receiving the annual well-child visits pediatric guidelines recommend, meaning many return to school without a recent comprehensive check-up. Independent of any single family's choices, the first weeks of the school year bring a well-documented, sharp rise in childhood asthma emergency visits — a pattern strong enough that public health researchers have given it a name: the September Asthma Epidemic. Layered on top of these physical health findings, the transition from summer to school sleep schedules collides with adolescents' biology in a way that leaves most teenagers short of recommended sleep, and a majority of children report meaningful worry about the school year itself.

This report walks through each of these five findings using published national and Georgia-specific data, and closes with evidence-based steps families in Forsyth, Gwinnett, Hall, Dawson, Cherokee, and Fulton counties can

take before the first day of school.

Finding 1 | Kindergarten Vaccination Rates Are Falling, and Georgia Trails Its Neighbors

CDC data released in 2025 shows that 86.8% of Georgia children were up to date on required vaccines when they entered kindergarten last year, down from 88.4% the year before and from 94% a decade earlier. Georgia's kindergarten exemption rate has climbed to 4.8% — about 5,535 kindergartners statewide — one of the highest exemption rates in the Southeast, and most exemptions are religious rather than medical.

Georgia's reporting method categorizes any child missing even a single required shot as "not up to date," so the 86.8% figure covers MMR, polio, DTaP, varicella, and Hepatitis B together rather than vaccine-by-vaccine.

Nationally, the pattern is similar: CDC's SchoolVaxView data for the 2024-2025 school year shows kindergarten vaccination coverage declined for every reported vaccine compared with the year before, landing between 92.1% (DTaP) and 92.5% (MMR and polio) — both below the 95% coverage level generally considered necessary for community (herd) immunity against highly contagious diseases like measles. Nationally, exemptions reached a record 3.6% of kindergartners, or about 138,000 children, and roughly 286,000 kindergartners started school without documentation of a completed MMR series.

The vaccine guidance landscape itself has also shifted heading into this school year. For 2026, the American Academy of Pediatrics published its own Recommended Childhood and Adolescent Immunization Schedule independently of the CDC — the first time in the schedule's history that AAP has done so, after stating it no longer endorses the CDC's version. The AAP's 2026 schedule continues to recommend routine immunization against 18 diseases and was formally endorsed by twelve other medical organizations, including the American Medical Association and the American College of Obstetricians and Gynecologists. For families, the practical guidance hasn't changed — the AAP schedule remains closely aligned with prior years' recommendations — but the existence of two separately published schedules is itself a new source of potential confusion for parents trying to determine what's currently recommended, which makes a direct conversation with your child's own pediatrician more valuable this year, not less.

Georgia kindergartners fully vaccinated: 94% (a decade ago) → 88.4% (prior year) → 86.8% (most recent year)

Georgia Kindergarten Vaccination Rate, Selected Years



Source: CDC data reported via Healthbeat/Georgia Department of Public Health, August 2025. Herd immunity threshold is a commonly cited public health benchmark for measles and similar highly contagious diseases, not a fixed legal standard.

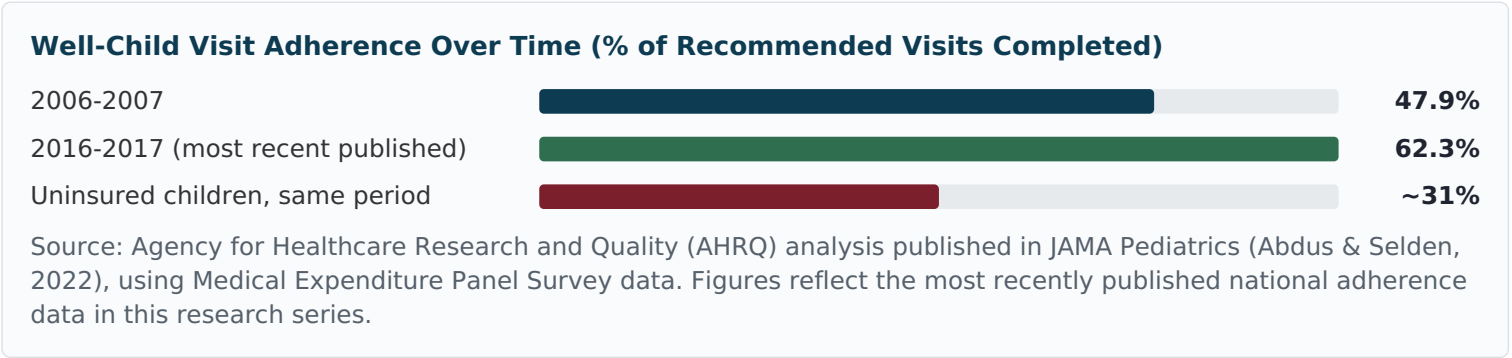
Finding 2 | Most Children Are Not Getting the Well-Child Visits Guidelines Recommend

The American Academy of Pediatrics' Bright Futures/Periodicity Schedule for preventive pediatric care recommends an annual well-child visit for children ages 3 through 21, plus a more frequent schedule in the first 30 months of life. Federal research using the Medical Expenditure Panel Survey found that the share of children receiving the number of well-child visits recommended for their age rose from 47.9% to 62.3% over roughly a decade — real progress, but still meaning well over a third of U.S. children are not

Well-child visit adherence: 47.9% (2006-07) → 62.3% (most recent published national data)

getting the recommended annual visit. The same research found the gap was especially pronounced for uninsured children, whose adherence ran at roughly half the national average, and that geographic differences of more than 20 percentage points existed between the highest- and lowest-adherence regions of the country.

Back-to-school season creates a natural but incomplete substitute for this gap: many families schedule a sports physical or school-entry physical, which checks height, weight, vision, hearing, and basic heart/lung function, but is intentionally narrower than a comprehensive well-child visit. A well-child visit also covers immunization status, growth and development tracking, and a dedicated conversation about behavior, sleep, and mental health — pieces a brief sports physical is not designed to include.

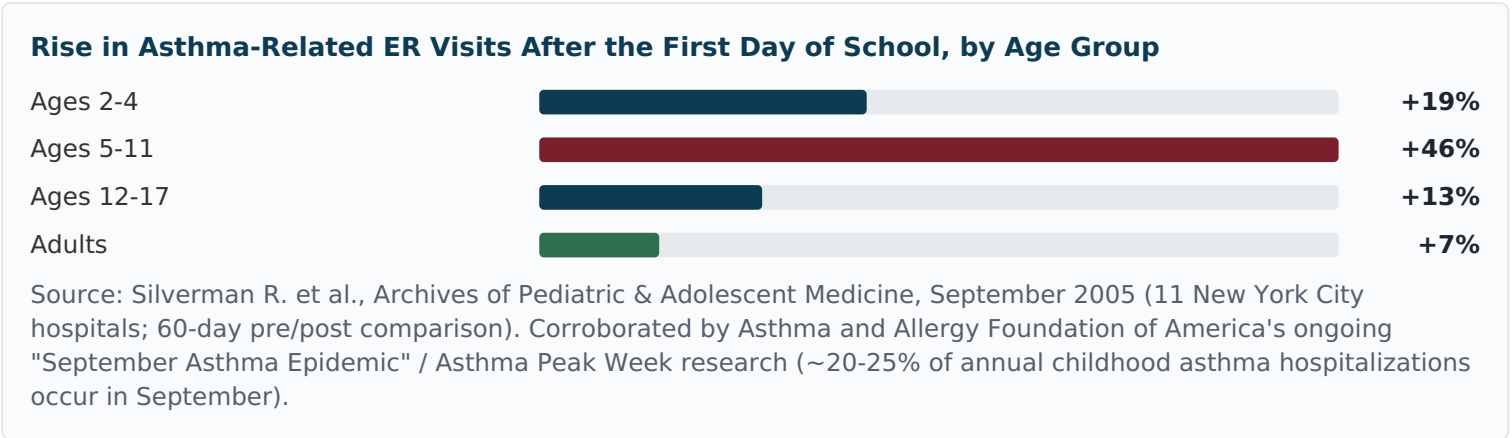


Finding 3 | The "September Asthma Epidemic" Is a Documented, Recurring Pattern

Public health researchers have documented a recurring spike in childhood asthma hospitalizations every September, concentrated in the third week of the month — a pattern well-established enough to have its own name: the September Asthma Epidemic. The Asthma and Allergy Foundation of America reports that roughly 20-25% of all childhood asthma-related hospital stays in the U.S. occur in September alone. A study published in the Archives of Pediatric & Adolescent Medicine, comparing emergency room visits before and after the start of the school year at New York City hospitals, found asthma-related ER visits rose 46% among children ages 5 to 11 immediately after the first day of school — the largest increase of any age group studied, compared with a 19% rise among children 2-4, a 13% rise among adolescents 12-17, and just 7% among adults over the same window.

Asthma-related ER visits rise 46% among grade-school children (ages 5-11) right after the first day of school

The likely drivers are cumulative rather than singular: children are re-exposed to classroom triggers (dust, mold in buildings closed over summer) at the same time medication routines that lapsed over summer haven't been re-established, ragweed and mold counts are seasonally elevated in September, and classrooms concentrate the rhinovirus and other respiratory viruses that are the most common trigger for serious asthma exacerbations.

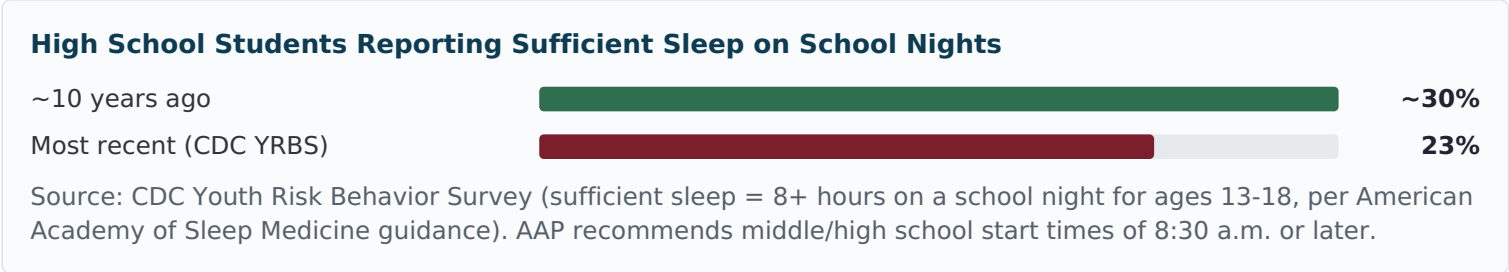


Finding 4 | The Switch to School Sleep Schedules Leaves Most Teens Short on Sleep

The American Academy of Sleep Medicine recommends 8 to 10 hours of nightly sleep for teenagers ages 13-18, and 9 to 12 hours for children ages 6-12. CDC's Youth Risk Behavior Survey found only 23% of U.S. high school students reported getting at least 8 hours of sleep on a typical school night — down from roughly 30% a decade earlier. A separate CDC analysis of the National Survey of Children's Health found 34.9% of children ages 4 months to 17 years sleep less than the age-appropriate recommended amount, with the shortfall ranging from 31.2% among teens to over 40% among infants.

Just 23% of high school students report 8+ hours of sleep on a school night (CDC YRBS)

Early school start times are a major, well-studied contributor. The American Academy of Pediatrics' 2014 policy statement on adolescent sleep, developed with its Committee on Adolescence and Council on School Health, recommends middle and high schools start no earlier than 8:30 a.m. to align with adolescents' shifted circadian rhythm, but most U.S. secondary schools start earlier than that. A 2022 meta-analysis published in Pediatrics pooled data from 28 studies covering more than 1.7 million middle and high school students and found later start times were associated with longer sleep duration, less negative mood, and better overall developmental outcomes — with a specific finding that start times between 8:30 and 8:59 a.m. produced better outcomes than start times between 8:00 and 8:29 a.m., suggesting the exact start time matters, not just whether a school moved later at all. The back-to-school transition compounds this: summer sleep schedules tend to drift later, and the abrupt shift back to an early wake time at the start of the school year is, for many teens, the single most disruptive sleep change of the year.



Finding 5 | A Majority of Children Report Real Worry About the School Year

A Nemours Children's Health survey found that 64% of children ages 9 to 13 report being worried about school — not limited to academics, but spanning social concerns like bullying, friendships, and fitting in, alongside academic pressure. A related analysis found more than a third of children (37%) report worrying about school once a week or more often, and that roughly 64% of children's overall worries are centered on school specifically. Separately, Understood.org's back-to-school survey of parents found 53% describe back-to-school season as the most stressful time of year, and 94% of parents of neurodivergent children report that some aspect of the season causes them stress or anxiety, including nearly 1 in 4 who cite stress specifically around managing a child's Individualized Education Program (IEP).

64% of children ages 9-13 say they worry about school; 37% worry weekly or more (Nemours / HCA Florida)

These findings sit alongside CDC data showing 11% of children ages 3-17 have a current, diagnosed anxiety disorder — a rate that rises to 18-20% among adolescents 12-17 specifically. The gap between children reporting worry (64%) and children with a formal anxiety diagnosis (11%) is a reminder that most school-related worry is a normal, expected part of the transition rather than a clinical condition — but it also means pediatric visits are an opportunity to distinguish ordinary back-to-school nerves from anxiety that warrants further support.

Finding 6 | Childhood Vision Problems Are Rising, and Many Go Undetected Without Screening

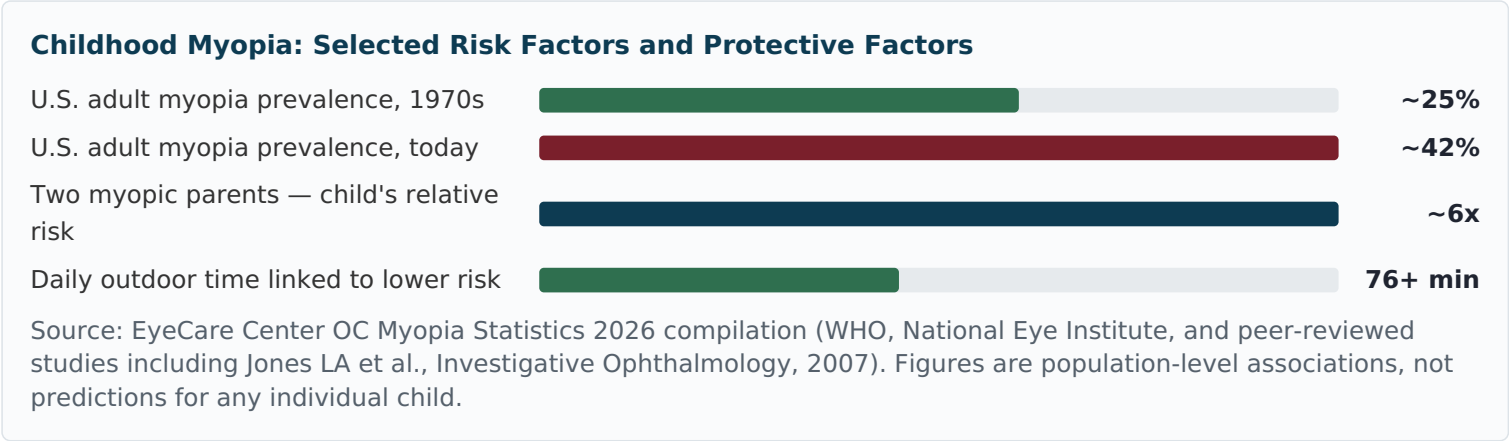
Childhood myopia (nearsightedness) has been described by researchers as a rapidly growing public health concern. In the U.S., myopia

Global childhood myopia

prevalence has nearly doubled since the 1970s, now affecting an estimated 42% of adults, and the condition increasingly begins earlier in childhood — most commonly developing between ages 6 and 14, with earlier onset associated with a higher final prescription and greater lifetime risk of vision complications. Reduced outdoor time and increased near-work — reading, tablets, and other screen use — are consistently identified contributing factors; research suggests at least 76 minutes of daily outdoor time is associated with a meaningfully lower rate of new myopia, while each additional hour of daily near-work is associated with roughly a 2% increase in myopia risk.

prevalence has roughly doubled since the 1970s and continues climbing

Because early myopia is often asymptomatic or easy for a child to compensate for without mentioning it, routine vision screening — not just an eye chart glance, but a comprehensive check at well-child visits — is the primary way most cases are caught early. Back-to-school is a natural checkpoint: vision problems are strongly associated with difficulty reading the board, eye strain, and reduced attention in class, and are easy to mistake for an attention or learning issue when the underlying cause is simply uncorrected vision.



What North Atlanta Families Can Do Before the First Day of School

- 1 Schedule a full well-child visit, not just a sports physical, before school starts.**

A sports or school-entry physical confirms a child is cleared for activity, but it is not a substitute for the broader well-child visit that reviews immunization status, growth, development, and behavioral or emotional concerns. If your child is due for their annual visit, use the back-to-school window to get both done at once.
- 2 Confirm immunization status early, not the week before school starts.**

With Georgia's kindergarten vaccination rate below the herd-immunity threshold for several diseases, confirming your child's records are current — and catching up on any missed doses — protects both your child and their classmates, including those who are medically unable to be vaccinated.
- 3 If your child has asthma, restart their asthma action plan two to three weeks before school begins, not on day one.**

Given the well-documented September spike in asthma-related ER visits, re-establishing controller medication routines before the first day — rather than waiting for symptoms to return — is one of the most effective ways to blunt the back-to-school asthma spike. CDC's Asthma Action Plan is a free, one-page tool built specifically for this: it documents daily management medications, recognizes early warning signs, and gives clear steps for what to do when symptoms escalate, in a format designed to be shared directly with school staff.
- 4 Get your child's asthma action plan on file with the school, not just with your pediatrician.**

The American Academy of Pediatrics' guidance on asthma management in schools emphasizes that an asthma action plan only works if the adults supervising your child during the school day actually have a copy of it. Before the first day, confirm the school nurse has a current, signed action plan on file, and ask directly how quick-relief medication is stored and accessed — policies vary by school and by state, and a plan that only lives at home doesn't help during a symptom flare in the classroom or on the playground.

5 Start shifting bedtime and wake time gradually, one to two weeks before school starts.

Moving bedtime earlier by 15-20 minutes every few days, rather than making an abrupt change the night before school starts, gives circadian rhythms time to adjust and reduces the first-week sleep debt that compounds attention and mood problems.

6 Name back-to-school worry as normal, and watch for signs it's becoming something more.

Since most children experience some school-related worry, open conversation about specific fears (a new teacher, a lunchroom, a friend group) normalizes the feeling. Physical complaints tied specifically to school mornings — stomachaches, headaches, refusal to leave the house — are a signal worth discussing with your pediatrician rather than waiting to see if they resolve on their own.

7 Ask for a comprehensive vision check, not just an eye chart glance, at the well-child visit.

Given how easy it is for a child to compensate for gradually worsening vision without mentioning it, and how often uncorrected vision gets mistaken for an attention problem in the classroom, a thorough vision screening at the annual visit is one of the highest-value, lowest-effort checks available before school starts.

The Data: Back-to-School Health Reference 2026

Data Point	Figure	Source
Georgia kindergartners fully vaccinated, most recent year	86.8%	CDC via Healthbeat/GA Dept. of Public Health, Aug 2025
Georgia kindergartners fully vaccinated, a decade ago	94%	CDC (historical), via Healthbeat
Georgia kindergarten vaccine exemption rate	4.8% (~5,535 kindergartners)	Healthbeat/GA DPH, 2025
U.S. kindergarten MMR/polio coverage, 2024-25 school year	92.5%	CDC SchoolVaxView
U.S. kindergarten exemption rate, 2024-25 school year	3.6% (record high, ~138,000 children)	CDC SchoolVaxView
Well-child visit adherence, 2006-2007	47.9%	AHRQ / JAMA Pediatrics (Abdus & Selden, 2022)
Well-child visit adherence, most recent published	62.3%	AHRQ / JAMA Pediatrics (Abdus & Selden, 2022)
Share of annual childhood asthma hospitalizations occurring in September	20-25%	Asthma and Allergy Foundation of America
Rise in asthma ER visits, ages 5-11, after first day of school	+46%	Archives of Pediatric & Adolescent Medicine, 2005
High schoolers reporting 8+ hours of sleep on school nights	23% (down from ~30% a decade ago)	CDC Youth Risk Behavior Survey
Children ages 4mo-17yr sleeping less than recommended	34.9%	CDC / National Survey of Children's Health
AAP recommended middle/high school start time	8:30 a.m. or later	American Academy of Pediatrics
Children ages 9-13 who say they worry about school	64%	Nemours Children's Health / KidsHealth survey
Children who worry about school weekly or more often	37%	HCA Florida / Nemours-sourced data

Parents calling back-to-school the most stressful time of year	53%	Understood.org 2025 survey
Parents of neurodivergent children reporting back-to-school stress	94%	Understood.org 2025 survey
Children ages 3-17 with a current diagnosed anxiety disorder	11% (18-20% among ages 12-17)	CDC Children's Mental Health Data
U.S. adult myopia prevalence, 1970s vs. today	~25% → ~42%	EyeCare Center OC Myopia Statistics 2026 (WHO / NEI compilation)
Child's relative myopia risk with two myopic parents	~6x	Jones LA et al., Investigative Ophthalmology, 2007
Daily outdoor time associated with lower myopia incidence	76+ minutes	EyeCare Center OC Myopia Statistics 2026 compilation
Six-county North Atlanta children under 18 (est.)	~615,322	U.S. Census Bureau / QuickFacts (see prior One Family Pediatrics report)

Figures are the most recent published data available at time of writing and reflect national or Georgia state-level research; there is no county-level survey directly measuring these outcomes for Forsyth, Gwinnett, Hall, Dawson, Cherokee, or Fulton counties specifically. All associations described are observational, not causal, unless otherwise specified.

About One Family Pediatrics

One Family Pediatrics provides comprehensive pediatric care for children and adolescents across Forsyth, Gwinnett, Hall, Dawson, Cherokee, and Fulton counties. We address immunizations, well-child care, sleep, asthma and chronic disease management, and mental health as connected components of child and adolescent well-being. If your child is due for a well-child visit or back-to-school physical, schedule an appointment before the first day of school — one visit can cover vaccine review, growth and development, and a conversation about sleep and school-related worry all at once.

Serving North Atlanta families across Forsyth, Gwinnett, Hall, Dawson, Cherokee, and Fulton Counties
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Methodology, Limitations & Sources

This report synthesizes published CDC, AHRQ, AAP, and peer-reviewed research alongside Georgia-specific reporting from Healthbeat and the Georgia Department of Public Health. There is no county-level survey directly measuring immunization rates, well-child visit adherence, asthma hospitalization rates, sleep duration, or school-related anxiety specifically for children in Forsyth, Gwinnett, Hall, Dawson, Cherokee, or Fulton counties; state and national data are presented as the best available proxy. Some cited research (well-child visit adherence trend data; the original Archives of Pediatric & Adolescent Medicine asthma study) represents the most recent large-scale published research in its specific series, even where the underlying data collection is not from the current year; more recent corroborating data (the ongoing "September Asthma Epidemic" pattern tracked by the Asthma and Allergy Foundation of America) is cited alongside it. All associations between school-year transitions and health outcomes described in this report are observational; this report does not establish causal relationships and does not constitute medical advice for any individual child.

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