



March 10, 2026

ACIP Secretariat
Centers for Disease Control and Prevention
Attn: Docket No. CDC-2026-0199

Dear members of the Advisory Committee on Immunization Practices:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I respectfully submit these comments in advance of the March 18 ACIP meeting.

APHA, its members, and the entire public health system at the federal, state, and local levels rely on transparent, evidence-based vaccine guidance from the federal government, including ACIP. When vaccine guidance is based on evaluation of the most up-to-date science by qualified experts, it provides a roadmap to the safe use of vaccines to save lives and strengthen communities' ability to thrive and achieve optimal health. APHA and its members rely on this federal guidance to support guidance documents, outreach materials, clinical care, and strategies and response plans for infectious disease control and management. Unfortunately, the recent changes to ACIP and Secretary Kennedy's unilateral decisions to alter federal vaccine recommendations have caused chaos and confusion, disrupting the evidence-based public health work of APHA and its members and many others in the public health and medical fields.

According to the Federal Register notice, the March 18 ACIP meeting agenda includes updates on ACIP workgroups and discussions on COVID-19 vaccine injuries, Long-COVID, and ACIP recommendation methodology. APHA strongly believes that at the meeting, ACIP should publicly reaffirm that its recommendation methodology for vaccine use is grounded in a long-standing, formal evidence-based framework, not personal anecdotes or views unsupported by clear scientific evidence.

Based on recommendations included in reports issued by the Institute of Medicine/National Academy of Medicine between 2008 and 2011, ACIP created an Evidence-Based Recommendations Work Group and formally adopted the Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework in 2010 to ensure its vaccine recommendations are based on systematic evidence review and transparent evaluation of benefits and harms.

After adopting GRADE, ACIP recognized that recommendation decisions also require consideration of additional factors, including guidance on implementation and resource use. Following work by the ACIP Evidence-Based Recommendations Work Group, ACIP adopted the Evidence to Recommendation (EtR) framework in 2018, adding a structured process to evaluate factors such as the public health problem, benefits and harms, costs, feasibility, stakeholder perspectives, and equity before making final recommendations.

APHA believes that ACIP must continue to use the GRADE framework and maintain the primary purpose to ensure that vaccine recommendation deliberations are based on a systematic assessment of the certainty or quality of evidence. Additionally, ACIP must preserve the core purpose of EtR: ensuring that the committee explicitly addresses each decision domain before making a final recommendation (benefits and harms, values, acceptability, feasibility, resource use, equity, and the public health problem). These important frameworks were adopted specifically to improve transparency, consistency, and communication. Any effort to issue recommendations without a proper GRADE evidence assessment and a completed EtR framework should be rejected. Unfortunately, ACIP held votes at the September and December meetings on influenza vaccines containing thimerosal, the measles, mumps, rubella and varicella (MMRV) vaccine, the COVID vaccine and the hepatitis B vaccine without any GRADE or EtR presentations.

We also believe that the committee must clearly document, in publicly available materials, any proposed changes to ACIP methodology. Any proposed changes should identify the workgroup, body or individual proposing the change, and explain how any change would remain consistent with ACIP's long-standing evidence-based standards and protect the public's health.

Thank you for your attention to our comments and recommendations, and feel free to contact me with any questions regarding our views.

Sincerely,

A handwritten signature in black ink, appearing to read "Georges C. Benjamin". The signature is fluid and cursive, with the first name being the most prominent.

Georges C. Benjamin, MD
Chief Executive Officer