



June 20, 2025

The Advisory Committee on Immunization Practices
U.S. Department of Health and Human Services 200 Independence Avenue, S.W.
Washington, D.C. 20201
Submitted electronically via regulations.gov

To the Committee,

On behalf of the American College of Physicians (ACP), **I am writing to express our deep alarm at the removal of all Advisory Committee on Immunization Practices (ACIP) members on June 9, 2025 and the subsequent appointment of 8 new individuals.** The elimination of ACIP's entire membership prior to the end of their terms without vetting only weeks before this meeting threatens ACIP's role as independent scientific leadership. If not swiftly corrected, this action risks dismantling decades of progress in vaccine development, access, and public trust. **We urge the Department of Health and Human Services (HHS) to immediately:**

- 1. Reinstate the original qualified and vetted ACIP members,**
- 2. Recommit to evidence-based vaccine policy, and**
- 3. Preserve the longstanding link between ACIP recommendations and insurance coverage for immunizations.**

If rigorous scientific expertise on vaccines is not maintained, access to vaccines will be impacted in a significant and detrimental manner, leading to a less healthy population overall.

ACP is the largest medical specialty organization in the United States with members in more than 145 countries worldwide. ACP membership includes 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

We are witnessing a rapid and dangerous politicization of vaccine science:

- A shift from ACIP's standardized, evidence-to-recommendation framework to vaccine guidance delivered via social media, bypassing the Centers for Disease Control and Prevention (CDC), which is legally and ethically responsible for official U.S. vaccine recommendations.
- Guidance from the National Institutes of Health (NIH) instructing researchers to remove all references to mRNA vaccine technology from federal grant applications.

- Cancellation of \$766 million in contracts to develop mRNA-based pandemic influenza vaccines, without explanation.
- Reallocation of public health funding to outdated vaccine technologies, chosen without scientific review, undermining modern vaccinology.

To date, ACIP has played a vital role in promoting public health by providing evidence-based guidance on the use of vaccines in the United States. The committee's careful, transparent, and scientifically grounded decision-making process ensures that immunization recommendations are based on the best available data and public health expertise. This helps to maintain high vaccination rates, reduce the burden of preventable diseases, and build public trust in immunization programs.

The value of vaccines recommended by ACIP is immense. According to CDC data, routine childhood vaccinations among U.S. children born between 1994 and 2023 have prevented an estimated 1.13 million premature deaths, 32 million hospitalizations, and over 500 million cases of disease. These immunizations have resulted in net savings of \$540 billion in direct medical costs and \$2.7 trillion in overall societal costs.¹

Similarly, for the 2017 birth cohort alone, childhood vaccines are projected to prevent 31,000 deaths and 17 million illnesses, generating \$63.6 billion in cost savings against an investment of \$8.5 billion in vaccine costs.² Annual flu vaccinations continue to save thousands of lives each season. For example, during the 2023–2024 influenza season, vaccination efforts prevented an estimated 9.8 million illnesses, 120,000 hospitalizations, and 7,900 deaths.³

The success of the COVID-19 vaccination campaign further demonstrates the power of timely and widespread immunization. By early 2022, vaccines had prevented an estimated 2 million deaths, 17 million hospitalizations, and nearly \$900 billion in health care costs in the United States alone.⁴

These outcomes are made possible not only by scientific innovation but also by the policy framework that ensures insurance coverage for ACIP-recommended vaccines without cost-sharing. This alignment eliminates financial barriers, promotes widespread vaccine uptake, and reduces health disparities—especially among historically underserved populations.

This new approach to vaccine science without peer review disregards decades of consensus

¹ (CDC. *Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2023*. *MMWR Morb Mortal Wkly Rep* 2024;73(15):321–325. [Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023 | MMWR](#))

² (Lieu TA et al., *Pediatrics*. 2022;145(5):e2021052c31./ [Value of the Immunization Program for Children in the 2017 US Birth Cohort - PubMed](#))

³ (CDC Weekly U.S. Influenza Surveillance Report, Week Ending April 27, 2024. [Flu Burden Prevented by Vaccination 2023–2024 Flu Season | Flu Burden | CDC](#))

⁴ (Saxena A et al. *Estimation of COVID-19–Prevented Deaths and Hospitalizations in the US*. *JAMA Netw Open*. 2022;5(11):e2240420. [Impact COVID Vaccination Efforts: Update Through March 2022 | Commonwealth Fund](#))

about how vaccines should be developed, evaluated, and implemented. Instead of focusing on priority targets—such as emerging pathogens with pandemic potential—some policymakers are dictating which technologies may or may not be used, regardless of evidence or innovation.

Eliminating ACIP's leadership and redirecting funding away from scientifically vetted platforms threatens not just the vaccine enterprise but the entire U.S. scientific infrastructure. Such decisions will deter research, destabilize health care delivery, and destroy public trust at a time when we can least afford it.

ACP further urges HHS to **take immediate corrective action** by:

- **Reinstating expert ACIP members** and ensuring its authority is upheld;
- **Reaffirming CDC as the lead agency** for vaccine recommendations based on peer-reviewed, independent science; and
- **Protecting access** to all ACIP-recommended vaccines by maintaining the policy that guarantees insurance coverage without cost-sharing.

Weakening the authority of ACIP or disrupting the connection between its recommendations and insurance coverage would risk reversing public health progress, limiting access to care, and undermining confidence in vaccination. At a time when strengthening preventive health care is more important than ever, it is critical that HHS continue to uphold and protect the role of ACIP and its influence on coverage policy.

We respectfully urge the Department to reaffirm its commitment to this essential relationship, ensuring that ACIP remains a trusted and effective voice in guiding the nation's immunization strategy, and that its recommendations continue to be a reliable foundation for coverage determinations.