Wisconsin Community Health Action June 2025 CDC ACIP Statement

Docket: CDC-2025-0024

June 18, 2025

Public Comment for the June 25-27, 2025, CDC ACIP Committee Meeting

To the CDC ACIP committee:

As members of Wisconsin Community Health Action, we condemn the recent unnecessary restrictions placed on COVID vaccinations by US public health officials. On May 20, 2025, FDA Commissioner Marty Makary and FDA CBER Director Vinay Prasad published new requirements for FDA approval of COVID vaccines for people under age 65.¹ On May 27, 2025, HHS Secretary Robert F. Kennedy, Jr., FDA Commissioner Marty Makary, and NIH Director Jay Bhattacharya announced that they would not continue to recommend the COVID-19 vaccines for pregnant people and children.² These restrictions, based on misinformation, put our communities at risk. Our federal public health leadership must not be allowed to restrict access to COVID vaccines for anyone.

Vaccine policies must be open and transparent, with opportunities for written and oral public comments as well as input from the appropriate expert advisory committees (including FDA's Vaccines and Biological Products Advisory Committee, VRBPAC, and CDC's Advisory Committee on Immunization Practice, ACIP). Although in the May 22 FDA VRBPAC meeting, Vinay Prasad stated that the policies published on May 20th were preliminary, there is no open FDA meeting planned. On June 9, Robert F. Kennedy, Jr., terminated all 17 members of CDC ACIP expert advisory committee and subsequently appointed eight new members, many of whom have a public track-record of antivaccine views. Opportunities for public input as well as open discussions via broadcast public meetings are essential for building and maintaining public trust in vaccines. In our democracy, public health policy requires true transparency, accountability, and science-based expert advisors.

Concerningly, the dangerous new policy has already been implemented in several arenas. The latest FDA approvals of COVID vaccines (Novavax's Nuvaxovid and Moderna's mNexspike) specify that the vaccines will not be available to people under age 65 who do not have a medical condition considered to put them at higher risk.^{3,4} In the CDC's childhood vaccination schedule the COVID vaccination recommendations have already been weakened;⁵ the recommendation for COVID vaccination during pregnancy has been removed despite pregnancy being a known high-risk condition for severe COVID, listed as such by the CDC as of May 30, 2025.^{6,7} These changes create unnecessary barriers to vaccination, potentially impacting both vaccine access at clinics and pharmacies as well as insurance coverage.

Restricting vaccine access to limited age groups or people with specific high risk medical conditions creates unnecessary barriers to vaccination for high-risk groups, including the need for additional documentation or extra clinic visits. Ultimately, people of all ages, including children and adults who do not have specific high-risk medical conditions, benefit from COVID vaccination. Both children and adults remain at risk of both short- and long-term impacts from COVID infections.^{8,9} As COVID continues to spread within our communities, vaccination reduces the risk of symptomatic disease, severe disease, disability, and death. All COVID vaccine updates must be made available for people of all ages, 6 months and up. Access to vaccination at least once a year is needed to provide the greatest benefit, as immunity wanes over time.^{10–12}

Anti-vax, anti-science, and anti-public health influences have no place in our trusted public health institutions. Vaccine uptake is already far too low, with far too many barriers to access. Denying everyday people access to safe and effective vaccines harms all of us. We urge our public health leaders to reinstate universal COVID vaccine recommendations and support broad access to vaccines, including HPV, influenza, meningococcal, and RSV vaccines.

Wisconsin Community Health Action is an informal group of educators, workers, and concerned citizens working to improve public health for the people of Wisconsin. You can reach us at wchaction@gmail.com.

References

- Prasad V, Makary MA. An Evidence-Based Approach to Covid-19 Vaccination. N Engl J Med. doi:10.1056/NEJMsb2506929
- 2. RFK Jr says no COVID vaccines for healthy children, pregnant women | CIDRAP. May 27, 2025. Accessed June 1, 2025. https://www.cidrap.umn.edu/covid-19/rfk-jr-says-no-covid-vaccines-healthy-children-pregnant-women
- 3. Center for Biologics Evaluation and Research. NUVAXOVID. *FDA*. Published online June 16, 2025. Accessed June 17, 2025. https://www.fda.gov/vaccines-blood-biologics/vaccines/nuvaxovid
- Center for Biologics Evaluation and Research. MNEXSPIKE. FDA. Published online May 31, 2025. Accessed June 17, 2025. https://www.fda.gov/vaccines-bloodbiologics/mnexspike
- 5. CDC. Child and Adolescent Immunization Schedule by Age. Vaccines & Immunizations. May 31, 2025. Accessed June 1, 2025. https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
- 6. COVID-19 Vaccination for Women Who Are Pregnant or Breastfeeding | COVID-19 | CDC. May 30, 2025. Accessed June 1, 2025. https://web.archive.org/web/20250530011222/https://www.cdc.gov/covid/vaccines/pregnant-or-breastfeeding.html
- 7. CDC. Recommended Adult Immunization Schedule, United States, 2025. May 28, 2025. Accessed June 1, 2025. https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf
- 8. Fang Z, Ahrnsbrak R, Rekito A. Evidence Mounts That About 7% of US Adults Have Had Long COVID. *JAMA*. Published online June 7, 2024. doi:10.1001/jama.2024.11370
- 9. Yousaf AR. Notes from the Field: Surveillance for Multisystem Inflammatory Syndrome in Children United States, 2023. MMWR Morb Mortal Wkly Rep. 2024;73.

- doi:10.15585/mmwr.mm7310a2
- 10. Link-Gelles R. Effectiveness of COVID-19 (2023-2024 Formula) vaccines. https://www.fda.gov/media/179140/download
- 11. Wu N, Joyal-Desmarais K, Vieira AM, et al. COVID-19 boosters versus primary series: update to a living review. *Lancet Respir Med.* 2023;11(10):e87-e88. doi:10.1016/S2213-2600(23)00265-5
- 12. Menegale F, Manica M, Zardini A, et al. Evaluation of Waning of SARS-CoV-2 Vaccine—Induced Immunity: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2023;6(5):e2310650. doi:10.1001/jamanetworkopen.2023.10650