

June 20, 2025

Attention: Docket No. [CDC-2025-0024](#), ID CDC-2025-0024-0001

Submitted via using the [Federal eRulemaking Portal](#)

RE: Advisory Committee on Immunization Practices (ACIP) Meeting, June 25-26, 2025

The Council of State and Territorial Epidemiologists (CSTE) is grateful for the opportunity to provide public comments to the Advisory Committee on Immunization Practices (ACIP) Meeting, June 25-26, 2025.

CSTE represents all states and territories and over 3,500 applied public health epidemiologists working across all state Tribal, local, and territorial (STLT) health agencies. CSTE's vision is to achieve thriving and healthy people and communities everywhere and our mission is to advance the field of applied epidemiology to maximize health. CSTE champions expansion of applied epidemiology capacity and effective use of epidemiologic data to guide public health practice, implement science-based policy, and improve health. CSTE has a vested interest in promoting rules, regulations, and policies that advance health for all Americans, using robust public health surveillance and epidemiology practice. CSTE members have extensive experience conducting detection, response and control of vaccine preventable diseases and assessing the effectiveness of the U.S. vaccine strategy and program through the gathering of real-world evidence. It is CSTE members who take public health actions that have saved hundreds of thousands of lives conducting case and outbreak investigations associated with vaccine preventable diseases and this first-hand knowledge and expertise provides unique insight to understanding the benefits of vaccines to improve the health, longevity and quality of life of Americans.

CSTE observes the critical role vaccines play in safeguarding and improving the health of people living in our communities throughout the U.S. Ensuring the continued availability of life-saving vaccines and public health programs that the Centers for Disease Control and Prevention (CDC) and our STLT public health system provide to Americans every day is fundamental to assuring national security, life, and safety. Among U.S. children born in the past 30 years, childhood vaccines have prevented an estimated 508 million illnesses, 32 million hospitalizations, and 1.1 million deaths, resulting in direct savings of \$540 billion and societal savings of \$2.7 trillion, according to a [study in the Morbidity and Mortality Weekly Report](#). Preventing illness through vaccination doesn't just save lives, it also keeps Americans out of poverty, kids in school, parents at work and provides a high economic return on investment for the U.S. economy.

The ACIP is a critical component in the vaccine infrastructure in the U.S. The CDC sets the U.S. adult and childhood immunization schedule based on recommendations of ACIP. Vaccines recommended in the schedules must be covered by payors under the preventive services mandated by the Patient Protection and Affordable Care Act (PPACA). The ACIP decisions are evidenced-based, with extensive review of scientific data. Recommendations are informed by input from its subject matter experts and

stakeholders. CSTE recommends that alterations to the structure, membership and decision-making methods of ACIP include appropriate due process and rationale and that the structure retains representation from STLT health departments who are charged with protecting the health of people residing in their jurisdictions as well as liaisons from critical renowned public health and clinical partners (e.g. AAP, ACP, ACOG, AMA, IDSA, AIRA, AIM, ASTHO, CSTE, NACCHO, etc.). CSTE recommends that the qualifications and the disclosures from members of ACIP be declared and open to the public. The public must have confidence in the expertise, objectivity, scientific base, and process to establish vaccine recommendations. In order to maintain trust in ACIP vaccine recommendations by the medical community and the public, it is imperative recommendations are not based on personal beliefs but rather on review of the scientific evidence and that discussions where the data are reviewed and recommendations developed are open and available to the public.

CSTE strongly recommends that vaccines remain widely available in the U.S. for people who choose to be vaccinated, covered by health insurance, and accessible to those who are uninsured through programs like the Vaccines for Children Program. Eliminating or reducing the availability of vaccines without effective, appropriate, and optimal due process would lead to societal consequences of more illness and loss of life for those who otherwise would have remained healthy. Additionally, the effects would extend beyond health considerations. In a time of pressing need for fiscal restraint in our federal budget, the economic costs of eliminating or limiting the availability of proven effective vaccines would result in greater health care costs for Americans, increases in federal outlay for necessary response to control outbreaks as well as health care costs of needless illness and injury and decreased economic productivity from preventable disability and death.

In summary, CSTE recommends ensuring that vaccine use in the U.S. remains anchored in the best available scientific evidence including data on safety, efficacy, epidemiology, and feasibility. The work of ACIP must remain focused on safeguarding individuals, families, and communities from vaccine-preventable diseases.

Thank you for considering these comments on behalf of our members working in STLT health agencies.

Sincerely,



Janet Hamilton, MPH
Executive Director
Council of State and Territorial Epidemiologists