



Comments to the Advisory Committee on Immunization Practices (ACIP)

June 25-26, 2025

The Partnership to Fight Infectious Disease (PFID) is deeply concerned that the wholesale removal of all 17 voting members of the Advisory Committee on Immunization Practices (ACIP) has injected unnecessary instability into the nation's immunization infrastructure and risks sowing greater confusion among the public and increasing vaccine hesitancy.

For over 60 years, ACIP has been the global standard for reviewing evidence and making recommendations to prevent millions of hospitalizations and deaths from vaccine-preventable diseases like measles, polio, and influenza. The committee's recommendation process has been an example for global health bodies. The U.S. approach – guided by evidence and rooted in independent expertise, not ideology – has long been a model of transparency, rigor, and public accountability.

Disregarding long-standing norms by firing an entire advisory committee without due cause sends a chilling message to scientists, clinicians, public health professionals, and the country at large: Expertise, experience, and evidence matter less than ideological alignment.

Experience is not a conflict of interest. ACIP's robust conflict of interest policy protected against conflicts of interest in the past, but it is not clear how that policy has changed or is being enforced with the new ACIP members. Those on the committee have historically been selected through a rigorous, nonpartisan process that evaluates professional qualifications, reviews any real or perceived conflicts of interest, and ensures a balance of clinical, academic, and public health expertise. This process typically spans over a year and is designed to ensure the highest standards of scientific objectivity.

The appointment of eight new ACIP members bypassing this established process raises serious doubts as to their credentials and any recommendations they will make. We urge reinstatement of vetted ACIP experts and implementation of the application and vetting process as designed.

The process of disclosure and recusal has worked to ensure that recommendations were made with transparency and without bias while providing the committee with access to the best experts available on the diseases and vaccines under consideration. Acting unilaterally outside well-established vetting processes will further erode public trust in government institutions under the guise of reinforcing it.

The proposed agenda for the ACIP meeting also raises multiple concerns. The agenda appears to invite ACIP members to weigh in on matters within the FDA's expertise, including the use of aluminum salts as adjuvants and trace thimerosal in influenza multi-dose vials. Questions about toxicity, clinical trial design, and effectiveness are FDA's jurisdiction. These questions have been asked and answered over multiple studies: vaccines are well-studied and demonstrated to be both safe and effective.¹ ACIP has never been a substitute for FDA expertise in reviewing vaccine safety and efficacy, and that must not change now. These are not academic differences of opinion. Injecting such uncertainty could jeopardize Americans' confidence in routine childhood immunizations and erode trust in the very process ACIP was designed to uphold.

America just experienced a particularly harsh influenza season, is enduring our worst measles outbreak in over 30 years, and is at significant risk of losing our elimination status for measles within months. These facts underscore the importance of emphasizing the dangers of infectious illnesses and the benefits vaccinations provide in reducing that toll. Yet, the ACIP agenda added presentations on influenza vaccines and thimerosal and the MMRV vaccine for children under age 5, creating a public forum and platform for widely debunked claims. We urge you to keep current recommendations in place and avoid undermining Americans' access to these important protections against infectious illness.

Traditionally, ACIP has served a trusted body of medical and scientific experts whom people could trust to dispel misinformation about vaccines and the diseases they help diminish. We applaud the long-standing commitment of past ACIP members to evidence, ethics, and enhancing the public's health. We call on you to do the same in service to the public.

¹ Thimerosal and vaccines: CDC, Science Summary: CDC Studies on Thimerosal in Vaccines, available online at <https://www.cdc.gov/autism/media/pdfs/cdcstudiesonvaccinesandautism-508.pdf>. Adjuvant safety: FDA, Common Ingredients in FDA-Approved Vaccines, available online at <https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/common-ingredients-fda-approved-vaccines>; CDC, Adjuvants and Vaccines, Dec. 2024, available online at <https://www.cdc.gov/vaccine-safety/about/adjuvants.html>. Placebo-controlled trials for vaccines: C Dall, Vaccine RVT Spreadsheet aims to show the data, dispel myths about vaccines, June 2025, available online at <https://www.cidrap.umn.edu/adult-non-flu-vaccines/vaccine-rct-spreadsheet-aims-show-data-dispel-myths-about-vaccines>; American Academy of Pediatrics, Fact Checked: Childhood Vaccines Are Carefully Studied—including with Placebos—to Ensure They're Safe and Effective, available online at https://www.aap.org/en/news-room/fact-checked/fact-checked-childhood-vaccines-are-carefully-studiedincluding-with-placebosto-ensure-theyre-safe-and-effective/?srltid=AfmBOop-41_Nla03uwl3F8D0jGQWLZo4JbNE4MC0v7eQwavb_zp1x3eq. Vaccines and autism: Autism Speaks, Do vaccines cause autism? Available online at https://www.autismspeaks.org/do-vaccines-cause-autism#:~:text=Meta%20Analyses%20*%20Researchers%20analyzed%20data%20from%20over,and%20the%20ingredients%20do%20not%20cause%20autism.

We urge the U.S. Department of Health & Human Services and the Centers for Disease Control & Prevention to restore the credibility of ACIP by recommitting to its independent, evidence-based structure and reopening a transparent and rigorous nomination process. The health of millions of Americans, and the strength of our public health leadership and infrastructure, depend on it.

Submitted respectfully,

The Partnership to Fight Infectious Disease (PFID)