VIEWPOINT

Advisory Committee on Immunization Practices at a Crossroads

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Vaccines are one of the greatest global public health achievements. Vaccine recommendations have been critical to the global eradication of smallpox and the elimination of polio, measles, rubella, and congenital rubella syndrome in the US. They have also dramatically decreased cases of hepatitis, meningitis, mumps, pertussis (whooping cough), pneumonia, tetanus, and varicella (chickenpox), and prevented cancers caused by hepatitis B virus and human papillomaviruses.[1] Recent scientific advancements enabled the accelerated development, production, and evaluation of COVID-19 vaccines, leveraging novel technologies that are estimated to have prevented approximately 1.6 million hospitalizations and 235 000 deaths in the US alone.[2]

Viewpoint

For more than 60 years, the Advisory Committee on Immunization Practices (ACIP)—codified in the federal regulations (42 USC 217a: advisory councils or committees)—has served as a panel of experts that reviews the most up-to-date evidence on vaccines and monoclonal antibodies (eg, against respiratory syncytial virus [RSV]), providing sound recommendations to the US Centers for Disease Control and Prevention (CDC) regarding how vaccines should be used. ACIP recommendations are the cornerstone of the immunization program in this country. First, they serve as guidance and are the national standard for the use of Food and Drug Administration (FDA) authorized and licensed vaccines, providing a unified and trusted approach to vaccinations for the diverse array of immunization providers across the US. Second, they ensure science-based and tested immunization schedules that are optimized for well-timed protection against serious diseases. Third, the recommendations affect insurance coverage and safeguard broad access for vaccines. Fourth, ACIP's continued monitoring of disease epidemiology and scrutiny of vaccine safety inform timely updates to recommendations that have maintained the trust and protection of the population. This transparent and ongoing surveillance of vaccines is one of the most stringent around the world, historically making the deliberations and decisions of this committee a beacon for immunization programs globally, while also serving as the foundation for recommendations harmonized with leading medical organizations in the US.[3,4]

ACIP committee members have always been selected through a rigorous process based on their expertise in immunology, epidemiology, pediatrics, obstetrics, internal and family medicine, geriatrics, infectious diseases, and public health. Historically, committee members were chosen because they worked at hospitals, clinics, health departments, universities, and other organizations where they dedicated themselves to caring for patients, conducting research, and helping to prevent and treat infectious diseases. Members' deep understanding of immunization issues ensured that vaccine policies were grounded in scientific evidence, aligned with the needs of economically, socially, and medically diverse US communities, and always considered the public value, trust, and acceptability of vaccines.

Despite recent suggestions to the contrary, health care providers and the US public trust ACIP. For the past 18 years, the National Immunization Survey has shown that 99 of every 100 children in the US have received at least some recommended vaccines by 2 years of age, consistent with acceptance of ACIP recommendations implemented by trusted clinicians (National Immunization Survey - Child of Healthy People 2030). This does not suggest the population is so distrustful that it warrants dismantling the process by which vaccines have been recommended. ACIP standard procedures have minimized the risk of alleged conflicts of interest and biases. For decades, members of ACIP have undergone a thorough application and review process to participate. Proposed members submitted letters of support from other known experts and peers, completed an interview process, underwent a background check, and disclosed financial interests that might be considered a conflict, including any professional or financial relationships of immediate family members. Historically, it has taken up to 2 years for nominees to be approved to join ACIP.

Once part of the committee, ACIP members spent significant time preparing for meetings, reviewing the scientific evidence, and chairing work groups that, along with many CDC public health officials, led to the final recommendations that were determined during public meetings, which also included opportunities for public comment. Recordings of these meetings, agendas, and presentations were publicly available. Additionally, members agreed to ongoing monitoring and disclosure throughout their tenure. For example, potential conflicts of interest were reviewed throughout their time on the committee. Statements about potential conflicts were required during each meeting and before each vote, and members recused themselves from voting if any conflicts were identified. These disclosures have also recently been posted on the CDC website for public scrutiny. ACIP was among the most stringent and transparent of the federal committees, and we hope those criteria will apply to any new members joining the committee.

The abrupt dismissal of the entire membership of the ACIP, along with its executive secretary, on June 9, 2025, the appointment of 8 new ACIP members just 2 days later, and the recent reduction of CDC staff dedicated to immunizations have left the US vaccine program critically weakened.[5,6] These actions have stripped the program of the institutional knowledge and continuity that have been essential to its success over decades. Notably, the ACIP charter specifies that committee members serve overlapping terms to ensure continuity and avoid precisely the disruption that will now ensue. The termination of all members and its leadership in a single action un-

dermines the committee's capacity to operate effectively and efficiently, aside from raising questions about competence.

Compounding these concerns, recent changes to COVID-19 vaccine policy, made directly by the HHS secretary and released on social media, appear to have bypassed the standard, transparent, and evidence-based review process.[7] Such actions reflect a troubling disregard for the scientific integrity that has historically guided US immunization strategy. The newly stated strategy to replace ACIP members with individuals who will "exercise independent judgment, refuse to serve as a rubber stamp, and foster a culture of critical inquiry" is already leading to warnings by academic and scientific institutions, professional organizations, and the public who for decades have known well that these sought-after qualities precisely characterized the now-dismissed members of the ACIP.[5]

As former ACIP members, we are deeply concerned that these destabilizing decisions, made without clear rationale, may roll back the achievements of US immunization policy, impact people's access to lifesaving vaccines, and ultimately put US families at risk of dangerous and preventable illnesses. Vaccines and the anti-RSV monoclonal antibodies are lifesaving, and people in the US deserve to have recommendations and broad access to use them to prevent serious diseases. In this age of government efficiency, the US public needs to know that the routine vaccination of approximately 117 million children from 1994-2023 likely prevented around 508 million lifetime cases of illness, 32 million hospitalizations, and 1 129 000 deaths, at a net savings of $540 billion in direct costs and $2.7 trillion in societal costs.[8] Finally, as individuals, we remain committed to evidence-based vaccine policy, both through our ongoing work in immunization science, public health, and medical education, and by supporting future efforts to keep America healthy that uphold scientific rigor and the public's trust.

ARTICLE INFORMATION

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