AMERICAN ACADEMY *of* FAMILY PHYSICIANS

March 12, 2026

Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road NE
MS H24-8
Atlanta, GA 30329-4027

*Submitted electronically via regulations.gov*

RE: Docket No. CDC-2026-0199-0001, March 18-19, 2026 Meeting of the Advisory Committee on Immunization Practices

To the Advisory Committee on Immunization Practices (ACIP):

As the Board Chair of the American Academy of Family Physicians (AAFP), representing 124,500 family physicians and medical students nationwide, I am writing to share recommendations for consideration as you prepare for upcoming meetings, the next being on March 18-19 as noted in the February 25, 2026 issue of the Federal Register.

The AAFP firmly believes that health promotion and disease prevention are essential pillars of primary care and family medicine. Vaccines continue to be among our most effective tools for preventing and mitigating the impact of many infectious diseases. The AAFP strongly supports comprehensive access to all vaccines recommended by our organization, ensuring availability to all individuals regardless of their socioeconomic background or insurance coverage.

We remain concerned that recent decisions made by ACIP are decreasing public confidence in vaccines and increasing the likelihood of complications from vaccine-preventable diseases. Surveys show that public trust has only declined in response to ACIP's restructured committee and the abandonment of established scientific processes in 2025. As of January 2026, only 47 percent of Americans say they have a great deal or fair amount of trust in CDC to provide reliable information about vaccines, compared to 63 percent in September 2023 (at the end of the COVID-19 public health emergency), or 57 percent in July 2025 (after the first meeting of the restructured ACIP committee).[i] **Recent membership and process changes to ACIP are reducing, not restoring, public trust.**

To restore public trust and prevent unnecessary illness and suffering, we urge ACIP leadership to:

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- **Return to the use of established evidence-based processes to develop recommendations, including the Evidence to Recommendation (EtR) framework and the systematic evaluation of evidence using GRADE criteria,** and
- **Restore physician liaisons to ACIP work groups to provide input on real-world feasibility and implementation constraints of recommendations.**

Restore the Evidence to Recommendation (EtR) framework and use of GRADE (Grading of Recommendations Assessment, Development and Evaluation) criteria

The AAFP continues to advocate for the development and use of patient-centered, evidence-based clinical practice guidelines that adhere to principles based on the National Academy of Medicine Standards for Trustworthy Guidelines. In 2010, ACIP adopted the use of a GRADE (Grading of Recommendations Assessment, Development, and Evaluation) approach to evaluate the quality and certainty of evidence considering factors such as study design, risk of bias, and precision. In 2019, ACIP implemented an Evidence to Recommendation (EtR) assessment that also considers risks of the public health threat, costs and benefits of intervention, feasibility of implementation, and other relevant factors. We continue to have concerns about ACIP's rejection of these approaches.

**ACIP's rejection of the EtR framework has led to recommendations that overemphasize the risk of rare adverse events while downplaying the risks of infection from vaccine-preventable disease.** The failure to use EtR frameworks has also created confusion about the reasoning and evidence behind recommendations set forth for a vote. During the last meeting, several members asked for specific data to explain the need for a revised Hepatitis B recommendation. Presentations suggested that public polling on vaccine sentiment and comparisons to immunization schedules from other countries were reasons to revisit the recommendation.[ii] A subsequent presentation on safety failed to identify any new safety signals or events, instead, it suggested that there *may* be gaps in existing research that hide safety concerns.[iii] Efficacy of the recommendation was also downplayed during a presentation made by a contracted climate researcher (with no formal training in biostatistics) who concluded the decline in Hepatitis B infection was not the result of a sustained birth-dose recommendation since 1991.[iv] Physicians, including several members of the ACIP committee, questioned both the conclusions made during the presentation, as well as the reasoning behind the recommendation put forward for a vote.[v] **Until established scientific processes and frameworks are restored, many will continue to question the certainty of the evidence presented and the logic for the recommendation. ACIP's current process for developing recommendations appears disorganized and biased—which does little to bolster public trust in ACIP recommendations.**

We are further troubled by ACIP member comments that routine vaccine recommendations must be downgraded to shared clinical decision making (SCDM) recommendations to ensure physicians consider a patient's medical history and personal preferences.[vi] Physicians already consider a range of factors including the individual patient's medical records, personal

preferences, risk of infection, and more when recommending any vaccine—even recommendations categorized as routine. The AAFP believes that a bona fide medical contraindication is a valid reason to approve a medical exemption for vaccination; this continues to be true for all vaccines. **There is no need to downgrade existing recommendations to ensure they are personalized to the individual and their medical history.** Downgrading a recommendation to SCDM does little but increase public confusion, as evidenced by a recent survey that found only two in five Americans think SCDM recommendations mean their decision should be "informed by a decision process between the health care provider and the patient or parent/guardian," as defined in CDC materials.[vii] In addition to discussing vaccine options, providers are required to distribute the current CDC-approved Vaccine Information Statement (VIS) before administering a vaccine, and document receipt of the VIS in the patient record.[viii] As always, parents or patients may decline vaccines recommended by a physician or ask for more information at any time.

**We urge ACIP to return to the use of gold-standard scientific approaches, including the use of GRADE criteria and EtR frameworks, when making recommendations.** The ACIP Evidence to Recommendation User's Guide specifically calls for members to consider both the magnitude of desirable and undesirable anticipated events—comparing the benefits of avoiding infection to the risk of adverse event.[ix] ACIP's current approach fails to clearly compare the benefits and potential harms of vaccination, nor does it consider a range of other criteria, such as feasibility of implementation. **Overestimating the risk of vaccine-related injury while downplaying the risks of complications from infection is decreasing public trust, putting Americans at greater risk of harm. Modeling suggests that a 50 percent decline in U.S. childhood vaccination rates would result in 51.2 million measles cases, 10 million rubella cases, and 4 million poliomyelitis cases over the next 25 years, producing 10.3 million hospitalizations and 159,200 deaths.[x]**

Vaccines remain one of our most effective preventive measures to keep Americans healthy—since the Vaccines for Children (VFC) program began covering the cost of vaccines in 1994 up until 2023, **vaccinations have prevented over 500 million cases of vaccine-preventable illnesses, 32 million hospitalizations, and over one million deaths.[xi]** Further, recent research suggests there are additional benefits vaccines provide that were not previously known, including reduced risk for long COVID,[xii] reduced risk for dementia and Alzheimer's disease.[xiii] **We urge ACIP to fully recognize and consider the individual benefits of vaccination, including reduced risk for complications and death associated with infection, when making vaccine recommendations. Restoring the use of EtR frameworks and GRADE criteria would enable ACIP to do so.**

Restore trusted physician voices to ACIP deliberations

The public continues to view physicians as one of the most trusted sources of information about immunization.[xiv] If ACIP's goal is to restore public trust in its recommendations, it is unclear why ACIP continues to exclude AAFP liaisons from work group meetings and limits liaison participation during public meetings. If the public trusts community-based physicians

who routinely provide care to patients, both sick and healthy, why would ACIP exclude them from work groups?

During several meetings, ACIP members have noted that some medical organizations have declined to attend ACIP public meetings. **We want to clarify that public meeting attendance by AAFP's liaison should not in any way be interpreted as AAFP's endorsement of ACIP recommendations or deliberations. Rather, the continued exclusion of AAFP liaisons from work group meetings and ACIP's abandonment of established scientific processes are the primary drivers that have left the AAFP unable to endorse current CDC immunization schedules.** Instead, the AAFP continues to provide family physicians with evidence-based, AAFP-recommended immunization schedules available at https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules.html in lieu of CDC schedules.

We are discouraged by ACIP's continued exclusion of AAFP liaisons in ACIP deliberations. Family physicians have previously been a valuable source of information regarding the on-the-ground challenges of implementing vaccine recommendations, and they are able to provide insight to ACIP members who do not routinely administer vaccines to the public. Family physicians provide comprehensive health care to people of all ages, from newborns to seniors, and routinely discuss vaccines with all patients, including the parents of children for whom they provide care.

During the last meeting, several ACIP members suggested parents are unable to ask questions about a routine vaccine recommendation because it would lead to the physician dismissing them from the practice and denying further medical care. This narrative is false, and frankly, offensive to family physicians across the country who have spent countless hours answering the questions parents may ask when a vaccine is recommended for their child. In response to growing rates of vaccine hesitancy, the AAFP has developed (and continues to develop) resources to help family physicians answer patient questions about how vaccines, including how they are developed, how safety is tested and monitored, and practical approaches to keep the line of communication open if a parent ultimately declines vaccination. To suggest that physicians are immediately dismissing or "canceling" any patient or parent who asks a question is recklessly inaccurate.

In fact, many family physicians report that vaccine discussions now span multiple visits. A parent may decline initially, but family physicians leave the door open to further conversations and often address the parents' concerns over time. Family physicians want any decision patients and parents make regarding vaccination to consider both the benefits of vaccination as well as potential side effects, and these conversations may take several visits. In the meantime, physicians may implement policies to ensure the safety of immunocompromised or other high-risk patients in the waiting room, such as requirements that patients who refuse immunization wait outside or in a separate waiting area until their appointment. The vast majority of family physicians attempt to keep an ongoing dialogue

with patients who decline immunization, based on a 2012 study that found only 4 percent of family physicians said they would dismiss a parent who outright refuses more than one vaccine and refuses to consider the vaccine recommendation again at a later date.[xv] A decision to dismiss a family or patient for refusing vaccines is not made lightly, and certainly not in response to a single question or concern expressed in response to an initial vaccine recommendation.

We are also troubled by statements made by ACIP members and presenters that suggest physicians ostracize and abandon patients who report vaccine injuries. ACIP's suggestion that physicians dismiss patient reports of vaccine injuries with prejudice, or that physicians fail to consider the potential risks of vaccine-associated adverse events, is inaccurate. Family physicians view their role as being a reliable first contact for people of all ages and health conditions—including helping patients navigate the health system, and advocating for the unique needs of their patients. Family physicians recognize that sometimes rare events occur after vaccination. The AAFP believes that patients should receive no-fault compensation for vaccine-associated injuries via the Vaccine Injury Compensation Program (VICP), which aims to provide claimants with timely compensation. The VICP requires a lower standard of evidence than civil court and has awarded over five billion dollars to petitioners. We believe that when properly resourced, VICP provides petitioners with an easier compensation mechanism than regular courts.

We thank you for the opportunity to share our concerns regarding changes in ACIP's process and recommendations for the voting agenda. Should you have any questions, please contact Julie Riley, Senior Strategist, Regulatory and Federal Policy, at jriley@aafp.org.

Sincerely,

Jen Brull, MD, FAAFP
American Academy of Family Physicians, Board Chair

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[i] KFF Tracking Poll on Health Information and Trust (Jan. 13-20, 2026) https://www.kff.org/public-opinion/kff-polling-on-health-information-and-trust?entry=trusted-sources-of-health-information-trends-in-trust-of-government-health-agencies-and-officials

[ii] Centers for Disease Control and Prevention. (2025, December 5). *ACIP presentation slides: December 04–05, 2025 meeting*. https://www.cdc.gov/acip/meetings/presentation-slides-december-04-05-2025.html; "Policy Context and Schedule Comparison" presentation accessed https://www.cdc.gov/acip/downloads/slides-2025-12-04-05/01-Pebsworth-hepatitis-b-508.pdf

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[iii] Centers for Disease Control and Prevention. (2025, December 5). *ACIP presentation slides: December 04–05, 2025 meeting*. https://www.cdc.gov/acip/meetings/presentation-slides-december-04-05-2025.html; "HBV Vaccine Safety" presentation accessed https://www.cdc.gov/acip/downloads/slides-2025-12-04-05/03-blaxill-Hepatitis-B-508.pdf

[iv] Centers for Disease Control and Prevention. (2025, December 5). *ACIP presentation slides: December 04–05, 2025 meeting,* presentation accessed https://www.cdc.gov/acip/downloads/slides-2025-12-04-05/02-nevison-Hepatitis-B-508.pdf; Dr. Cynthia Nevison Curriculum Vitae, January 2014, accessed at https://vivo.colorado.edu/vitas/110084.pdf

[v] Halpern, L. (2025, December 5). *ACIP votes to end universal hepatitis B vaccination recommendation for infants*. *Pharmacy Times*. https://www.pharmacytimes.com/view/acip-votes-to-end-universal-hepatitis-b-vaccination-recommendation-for-infants#:~:text=Meanwhile%2C%20he%20decried%20the%20argument,%E2%80%9Cnever%2Dever%20land.%E2%80%9D&text=%E2%80%9CThere%20are%20absolutely%20no%20data,doses%5D%2C%E2%80%9D%20Meissner%20claimed.

[vi] Adhikari, B., Johnson, T., Bartlett, M., & Abdelmalek, M. (Hosts). (2026, January 22). *A conversation with Dr. Kirk Milhoan, Chair of ACIP: On Sec. Kennedy, trust & the future of America's vaccines* (Season 2, Episode 6) [Audio podcast episode]. *Why Should I Trust You?* https://whyshoulditrustyou.substack.com/p/acip-chair-dr-kirk-milhoan-on-the

[vii] Annenberg Public Policy Center. (2026, January 5). *CDC urges "shared decision-making" on some childhood vaccines; many unclear about what that means.* https://www.annenbergpublicpolicycenter.org/cdc-urges-shared-decision-making-on-some-childhood-vaccines-many-unclear-about-what-that-means/

[viii] Immunize.org. *You must provide patients with Vaccine Information Statements (VISs): It's federal law!* https://www.immunize.org/wp-content/uploads/catg.d/p2027.pdf Last updated 9/25/2025.

[ix] Centers for Disease Control and Prevention. (2020, October 1). *ACIP Evidence to Recommendation (EtR) User's Guide*. https://www.cdc.gov/acip/media/pdfs/2024/09/ACIP-EtR-Users-Guide_October-1-2020.pdf

[x] Kiang MV, Bubar KM, Maldonado Y, Hotez PJ, Lo NC. Modeling Reemergence of Vaccine-Eliminated Infectious Diseases Under Declining Vaccination in the US. *JAMA.* 2025;333(24):2176–2187. doi:10.1001/jama.2025.6495 https://jamanetwork.com/journals/jama/fullarticle/2833361

[xi] Zhou F, Jatlaoui TC, Leidner AJ, et al. Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023. MMWR Morb Mortal Wkly Rep 2024;73:682–685. DOI: http://dx.doi.org/10.15585/mmwr.mm7331a2

[xii] Trinh, N. T. H., et al. (2024). Effectiveness of COVID-19 vaccines to prevent long COVID: Data from Norway. *The Lancet Respiratory Medicine, 12*(5), e33–e34. https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(24)00082-1/fulltext

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[xiii] Maggi S, Fulöp T, De Vita E, Limongi F, Pizzol D, Di Gennaro F, Veronese N. Association between vaccinations and risk of dementia: a systematic review and meta-analysis. Age Ageing. 2025 Oct 30;54(11):afaf331. doi: 10.1093/ageing/afaf331. PMID: 41269248; PMCID: PMC12636520.
[xiv] Montero, A., Sparks, G., Montalvo III, J., Kirzinger, A., & Hamel, L. (2025, May 6). *KFF tracking poll on health information and trust: Vaccine safety and trust*. KFF. https://www.kff.org/health-information-trust/kff-tracking-poll-on-health-information-and-trust-vaccine-safety-and-trust/
[xv] O'Leary ST, Allison MA, Fisher A, Crane L, Beaty B, Hurley L, Brtnikova M, Jimenez-Zambrano A, Stokley S, Kempe A. Characteristics of Physicians Who Dismiss Families for Refusing Vaccines. Pediatrics. 2015 Dec;136(6):1103-11. doi: 10.1542/peds.2015-2086. Epub 2015 Nov 2. PMID: 26527552; PMCID: PMC6802277. https://pmc.ncbi.nlm.nih.gov/articles/PMC6802277/