



September 12, 2025

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-2025-0454, September 18-19, 2025 Meeting of the Advisory Committee on Immunization Practices**

To the Advisory Committee on Immunization Practices (ACIP):

As Board Chair of the American Academy of Family Physicians (AAFP), which represents 128,300 family physicians and medical students across the country, I write to share concerns and recommendations to inform the Committee's work at the September meeting [announced](#) in the August 29, 2025 issue of the *Federal Register*. The AAFP urges ACIP members to consider the following recommendations:

- **Appoint qualified ACIP members with direct experience administering and counseling patients across the lifespan on immunizations;**
- **Restore scientific integrity to the decision-making process by using the structured Evidence to Recommendation (EtR) framework for all vaccine recommendations;**
- **Ensure CDC staff report complete and accurate data in presentations used by ACIP to consider and make vaccine recommendations.**

Family physicians are uniquely positioned to interpret immunization recommendations in the context of individual patient needs, values, and circumstances. Further, public polling indicates that doctors and health care providers are viewed as the most trustworthy source of information for vaccines.<sup>i</sup> Preserving this relationship requires clinical decisions to remain patient-centered and grounded in evidence. Unfortunately, recent changes to ACIP's process that reduce transparency, diminish the role of physician judgment, or bypass the collaborative nature of care risk undermining the trust that patients place in their doctors and the broader public health system.

For decades, ACIP decisions have been a cornerstone in the foundation of effective public health policy. To remain effective, ACIP recommendations must be built on the expertise of credentialed experts, including physicians, epidemiologists, and researchers whose rigorous

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training and clinical experience equip them to review robust, comprehensive data before recommending any vaccine. ACIP recommendations are also linked to insurance coverage and ultimately, access to immunizations. As a result, deviations from the use of experts and well-established scientific evaluation processes put patients and their communities at risk for real world health consequences like increased hospitalization and deaths.<sup>ii</sup>

In June, all seventeen expert members of ACIP were dismissed and replaced with seven new members who, as a cumulative group, have significantly less experience counseling patients on vaccines, implementing immunization programs, or conducting immunization research. These gaps in experience and expertise leave ACIP without the tools to make sound, actionable vaccine recommendations. **We strongly recommend reinstating expert former members of ACIP, or at a minimum, adding more members who are sufficiently qualified to serve as experts.** This includes members who have significant and ongoing experience administering and counseling patients of all ages on vaccine recommendations. ACIP committee membership should also include individuals with experience executing public health immunization programs. To be fully implemented, ACIP recommendations must consider the real world, on-the-ground perspectives of those who directly provide vaccines daily. These perspectives are critical to helping ACIP understand how the public may interpret their recommendations and proactively identify barriers to operationalizing ACIP recommendations.

The AAFP is further concerned by ACIP's decision during the last meeting to abandon the structured process used to review evidence, the Evidence to Recommendation (EtR) framework. Presentations on the use of thimerosal-containing influenza vaccines and the use of measles, mumps, rubella, and varicella (MMRV) vaccines diverged from ACIP's usual structured process. **We strongly recommend that ACIP follow the established EtR process before voting on any recommendation.** The AAFP [advocates](#) 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.

The AAFP is also discouraged by reports and statements from CDC staff that indicate HHS leadership is forcing scientists to modify or censor data to support unproven and partisan recommendations.<sup>iii</sup> **We ask ACIP leadership to restore and prioritize scientific integrity, transparency, and continuity in deliberations.** Translating scientific evidence into clinical practice is essential for effective immunization and safeguarding public health. Inconsistencies in how recommendations are developed or communicated can undermine trust and intrude on the patient-physician relationship, including shared decision-making between physicians and patients.

Family physicians recognize that vaccines and immunizations are invaluable tools for keeping patients healthy across the lifespan, and the AAFP [believes](#) in universal access to all recommended immunizations. We respectfully oppose changes to ACIP's processes that

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compromise transparency, scientific integrity, or the role of expert consensus. The current evidence-to-recommendation framework has served the public well by balancing scientific rigor with clinical applicability. **We therefore urge ACIP to restore its commitment to collaboration, credentialed expertise, clear communication, and the physician-patient partnership that underpins effective immunization practices.**

We thank you for the opportunity to share our concerns and stand ready to provide further details and support ACIP's efforts. Should you have any questions, please contact Julie Riley, Sr. Strategist, Regulatory and Federal Policy, at [jriley@aaafp.org](mailto:jriley@aaafp.org).

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP".

Steven Furr, MD, FAAFP  
American Academy of Physicians, Board Chair

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<sup>i</sup> KFF Tracking Poll on Health Information and Trust, August 1, 2025. <https://www.kff.org/health-information-trust/kff-tracking-poll-on-health-information-and-trust-covid-19-vaccine-update/>

<sup>ii</sup> ACIP determines the formulary used in the Vaccines for Children Program (VCP), and access to VCP vaccines between 1994-2023 prevented 32 million hospitalizations and 1,129,000 deaths (per F Zhou et al, "Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program - United States, 1994-2023" <https://pubmed.ncbi.nlm.nih.gov/39116024/>)

<sup>iii</sup> Phie Jacobs, "Attempt to oust CDC director sparks key resignations by agency officials," Science Insider, August 28, 2025. <https://www.science.org/content/article/attempt-oust-cdc-director-sparks-key-resignations-agency-officials>