



ACIP Meeting – Public Comment Period

The Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS) will convene the Advisory Committee on Immunization Practices (ACIP) on December 4–5. **Please consider submitted written comments.**

The ACIP December meeting comment period is now open. Comments must be submitted by **November 24**. More information is available [here](#). **Everyone is urged to submit written comments or apply for a spot to present orally.**

We need your help. Please consider submitting written comments to the CDC. All comments are valuable. Written comments allow the public to influence government regulations by providing diverse perspectives, on-the-ground experience, and expertise that agencies may lack. This process makes policy better by ensuring issues, unintended consequences, and errors are not overlooked, and it holds the government accountable for considering public input, as required by law. In the case of ACIP, it also provides a critical public record for future advocacy on decisions made by this body which could have lasting negative health outcomes for our population..

The ACIP Meeting Agenda

ACIP members, the Secretary of Health and Human Services Robert F. Kennedy, Jr., and even the President have made it clear that their intentions are to remove the hepatitis B birth dose—a vaccine given to infants within 24 hours of birth to prevent an infection with life-long chronic disease consequences. Not only would a change in this recommendation put infants at risk, but it could also affect our combination vaccines (e.g., vaccines against polio) depending on how the ACIP votes. [Learn more here.](#)

The newly-convened ACIP Childhood and Adolescent Immunization Schedule Work Group has also published plans to review aluminum in vaccines, concurrent vaccine administration, and comparing U.S. immunization schedules to other countries. To understand the implications of these potential policy changes, Vaccines for Families (VVF) is publishing a series of Insights on these topics. [Learn more here.](#)

Public Comments

Comments can be brief and clearly state your support for vaccines, your concern that ACIP is

planning to remove access to vaccines, and the need to keep our communities safe by maintaining high rates of vaccination. Adding a personal story or providing information about the impact in your community is very helpful and makes distinguishes comments from groups that post “cookie-cutter” comments.

December 4-5 - [Draft ACIP December 4-5, 2025 Meeting Agenda \(posted 11-14-2025\)](#)

The following writing prompts are a compilation of suggestions from national organizations such as Vaccinate Your Family, AAP, the Hep B Foundation, and IPHA. You can “cut and paste” the comments below, but please consider personalizing them in some way to make them unique.

Submit [Written Public Comments](#) here

I. Express continued concern for ACIP’s deviation from using evidence-based decision making in its processes

Possible comments:

- A. Prior to June, the ACIP and its corresponding Work Groups engaged external experts on topics of immunization and disease areas. Since June, these external liaisons have not been included in Work Group discussions, allowing for little transparency into ACIP’s decision-making process. These work groups are critical to immunization policy and should be reinstated immediately.
- B. ACIP’s decisions work best when the committee uses clear steps and strong science. Bringing back the tools they used for years helps everyone trust the process.
- C. ACIP’s credibility depends on transparent, methodologically rigorous processes. Restoring full participation of external experts and consistently applying the EtR and GRADE frameworks is essential for evidence-based policymaking.
- D. The vaccine schedule expands incrementally, with approximately 1 to 2 new vaccines added per decade, indicating a careful, science-driven approach to protecting the public.
- E. ACIP’s work has a broad real-world impact: delays or uncertainty can lead to inconsistent vaccination practices, which in turn increase community vulnerability and create costly public health burdens. One measles case alone can cost \$7,000 to \$243,000 to manage.

II. Highlight the importance of the Hepatitis B vaccine (sometimes called the birth dose) for infants

Possible Comments:

- A. Approximately 1,000 infants acquire hepatitis B through perinatal transmission each year in the United States. These infants have a 90% chance of having a life-long chronic hepatitis B infection—an infection that can lead to liver disease, liver cancer, and even death. Perinatal transmission is not the only means of transmission for hepatitis B for infants. The hepatitis B vaccine protects babies right after they are born.
- B. About **25,000 moms** in the U.S. have hepatitis B each year, and **90% of infected**

newborns stay sick for life without the vaccine. With **25,000 hepatitis B-positive births annually, 50% maternal under-diagnosis,** and **90% chronic infection rates** in exposed infants, the hepatitis B birth dose remains essential. Hepatitis B can survive on surfaces for **up to 7 days**, highlighting the need for early protection.

- C. When kids get sick from diseases we can prevent, families lose time at work and school. Vaccinating at birth helps protect babies, allowing them to grow up healthy and stay in daycare or school without frequent absences.
- D. Many studies have demonstrated hepatitis B vaccines are safe for newborns, with the most common adverse events being mild, like fever, injection site redness, or vomiting. Studies have found no increased risk of allergies or death.
- E. Many people who are infected with hepatitis B will not have symptoms—meaning they will not know they are infected and could spread the disease. Hepatitis B can be transmitted through blood and bodily fluids and live on surfaces for up to a week.

III. Communicate how low vaccination rates are contributing to rising numbers of vaccine-preventable disease outbreaks.

Possible Comments:

- A. As of the week of November 10, the region of the Americas and Canada have lost their measles-elimination status. The United States is also likely to lose its measles elimination status, a status earned in 2000, early next year due to the high number of measles cases and sustained transmission. Routine vaccine coverage rates among kindergarteners in the United States continue to decline and non-medical vaccine exemptions are increasing.
- B. Our communities are increasingly at risk of outbreaks of measles, whooping cough, and other dangerous diseases. When there are outbreaks, children miss school and parents miss work. For example, this year in South Carolina, more than 150 unvaccinated children had to be quarantined for 21 days due to a measles exposure.
- C. Outbreaks are very expensive, with a case of measles costing between \$7,000 to over \$243,000. Measles and pertussis cases are increasing nationwide as we start to enter respiratory season.
- D. Despite ongoing outbreaks in the United States, the ACIP meeting notice does not include an outbreak update. We must maintain high vaccine coverage rates to protect our families and communities from these dangerous and costly outbreaks.

IV. Comment on the importance of combined vaccines

Possible comments:

- A. Advancements in the vaccines used in the childhood immunization schedule have allowed us to reduce the number of shots and therefore the total cumulative exposure to vaccine ingredients while protecting against the same number of diseases. Combination vaccines offer many practical benefits including fewer shots, fewer visits to a healthcare provider, and on-time protection from dangerous diseases.
- B. Because of the routine use of combination vaccines in the childhood immunization

schedule, ACIP's decisions on dosage and age of recommendation cannot be made in a vacuum. For example, the later doses of the hepatitis B vaccine series is often given in combination with vaccines that protect against 4 or 5 other diseases depending on the vaccine product.

- C. "Do not take away access to vaccines that make it easier to protect infants and children from infectious diseases."

V. Express support for the safety and efficacy of vaccines

Possible comments:

- A. Vaccines are tested extensively before they are approved, and safety monitoring continues after their approval and use.
- B. Many studies using different methodologies and data sources have evaluated vaccine safety and have concluded that vaccines are generally considered to be safe and do not increase risk of chronic disease, autism, or death.
- C. The U.S. has multiple vaccine safety monitoring systems that allow public health officials and researchers to quickly identify and investigate potential safety signals.

If you have questions or need assistance, please contact:

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