4040 Wilson Blvd.
Suite 300
Arlington, VA 22203

info@idsociety.org
703.299.0200
IDSOCIETY.ORG

Comments for Centers for Disease Control and Prevention

Docket No. CDC-2025-0454

Meeting of the Advisory Committee on Immunization Practices

Sept. 18-19, 2025

The Infectious Diseases Society of America provides the following comments ahead of the September 2025 meeting of the Advisory Committee on Immunization Practices (ACIP).

IDSA agrees with Senate Health, Education, Labor and Pensions Chairman Bill Cassidy, MD (R-LA) that the meeting should be postponed because of the turmoil at the Centers for Disease Control and Prevention (CDC), including the leadership vacuum from the firing of the CDC director and resignation of multiple top leaders at the agency, including the head of the National Center for Immunization and Respiratory Diseases, the upheaval in ACIP membership and lack of sufficient experts currently on the committee, and the significant disruption in the committee's regular scientific processes.

Recent reports that additional new ACIP members will be added to the committee soon without transparency in how they were selected, or the completion of the usual vetting process, add to the need to delay this meeting,

IDSA is a global community of 13,000-plus clinicians, scientists and public health experts working together to solve humanity's smallest and greatest challenges, from tiny microbes to global outbreaks. On behalf of IDSA's members and the patients and communities they serve, we call for CDC and ACIP to once again serve as a source of credible, evidence-based information to inform vaccine coverage, as it had consistently done for decades prior to recent tampering with the committee's membership and procedures. Reliable information is essential to preserve vaccine access for all Americans who want and need to be vaccinated, enable clinicians to offer the highest quality care and empower individuals to make the best-informed decisions about their own health and their families' health. Recommendations should be based on high-quality, objective scientific data collected and analyzed by CDC scientists and not influenced by political appointees.

September 2025 ACIP Agenda Items

COVID-19

COVID-19 vaccines remain our best tool to prevent severe disease, hospitalization and death due to COVID-19 — for healthy adults, children, pregnant individuals and others at higher risk. The scientific evidence continues to strongly support broad vaccination far beyond the limited populations outlined in the Food and Drug Administration's (FDA) new label. If ACIP recommendations align with FDA's decision, it will completely contradict the evidence base, severely undermine trust in science-driven policy, increase confusion among the public and dangerously limit vaccine access, removing millions of Americans' choice to protect themselves and vulnerable family, friends, and contacts, and increasing the risk of severe outcomes from COVID.

CDC scientists presented data at the June ACIP meeting that demonstrated the following epidemiology:[1]

- The rate of COVID-19 hospitalizations of infants less than 6 months of age and 6 months – 2 years was the same as for adults 65-74 years and 50-65 years.

- 70% of children hospitalized do not have a comorbidity that would explain their severe illness.

- 40% of all hospitalizations in children occur in the under 2 years of age group.

In addition, pregnant individuals are not allowed under the FDA's license to receive COVID-19 vaccine, which prevents protection for infants too young to be vaccinated. It also prevents the pregnant person from being protected, given that pregnancy is a major risk factor for developing serious COVID-19 disease.[2] To protect access to and coverage of COVID vaccines, all age groups must be allowed to be vaccinated.

IDSA objects to changes being made to COVID vaccine recommendations or any other vaccine recommendation without proper consideration and evaluation by vaccine experts.

Hepatitis B

At the June ACIP meeting, Chair Martin Kulldorff, PhD, questioned the utility of the longstanding ACIP recommendation for all infants born in the United States to receive the hepatitis B vaccine within 24 hours of birth. Vaccination prevents chronic hepatitis B, which often requires treatment for life and can lead to liver disease or cancer. Before the universal hepatitis B infant vaccination recommendation in 1991, approximately 18,000 children in the U.S. were infected each year before they reached the age of 10. Half of these infections were the result of mother-to-child transmission during birth.[3] The other half were infected by another household or family member, or the source of their infection was never determined, meaning that reliance only on maternal hepatitis B testing to identify children at risk missed thousands of children who later became infected. Implementation of birth dose hepatitis B vaccine is the most effective strategy to prevent childhood infections. Removing it would be a significant step backward for public health. Targeted vaccination has been shown time and again to be ineffective in preventing the spread of this life-threatening disease.

The American Academy of Pediatrics continues to recommend that hepatitis B vaccine be given to infants during their birth hospitalization. **IDSA concurs with this recommendation and urges ACIP to maintain its current recommendation for hepatitis B vaccine.**

MMRV

Vaccines for measles, mumps, rubella and varicella have been extraordinarily successful in preventing these infections and the associated serious illnesses, hospitalizations and deaths. Combining the vaccine for these diseases has provided more widespread protection. This year's measles outbreak in the southwest U.S. has demonstrated that the erosion of measles vaccination rates leads to significantly more measles infections, serious illnesses, hospitalizations and even deaths. Mumps can spread quickly within congregate settings like college campuses. Rubella can cause fetal loss or birth defects, and varicella can have serious complications and can lead to shingles in all ages of adulthood, with a significantly higher risk in older adults, many of whom develop severe complications from the disease.[4] It is imperative that we maintain vaccination coverage, access and uptake to protect the health of all children, including those too young to be immunized or immunocompromised.

Studies have shown a small increased risk for febrile seizures during the 5 to 12 days after a child has received their first vaccination with the measles, mumps, rubella (MMR) vaccine.[5] The risk is slightly higher with the measles, mumps, rubella, varicella (MMRV) combination vaccine, but the risk is still very small. Children who have experienced febrile convulsions before or with a close relative who had febrile convulsions could be at higher risk of febrile convulsions after the first dose of the combined vaccine — their pediatrician may recommend for these children to receive separate vaccines (MMR+V).[6]

ACIP recommendations should continue to affirm that either MMR+V or MMRV are acceptable vaccine options to prevent measles, mumps, rubella, and varicella infections and their post-infectious complications.

RSV

IDSA strongly objects to the inclusion of items on the September meeting agenda that ACIP has already approved, namely the recommendation to administer monoclonal antibody products to infants to protect them from respiratory syncytial virus (RSV), the leading cause of hospitalization in children under two years of age. Monoclonal antibody products against RSV have been found to be extremely effective at preventing hospitalizations of infants when their mothers have not been vaccinated against RSV during pregnancy. A recent study highlighted the cost effectiveness of treatment of infants with monoclonal antibody products during the height of RSV season.[7] **IDSA urges ACIP to allow the recommendation for RSV monoclonal antibody products for infants and maternal vaccination to protect mothers and infants to stand as approved in June.**

Please contact Eli Briggs, IDSA director of public policy, at ebriggs@idsociety.org with any questions about these comments.

[1]Centers for Disease Control and Prevention (CDC). Current Epidemiology of COVID-19. ACIP meeting materials, June 25, 2025. Accessed September 2, 2025 from https://www.cdc.gov/acip/downloads/slides-2025-06-25-26/02-MacNeil-COVID-508.pdf.

[2] Ibid.

[3] Hepatitis B Foundation. "Hepatitis B" Accessed September 2, 2025 from https://www.hepb.org/assets/Uploads/birth-dose-talking-points-1.pdf.

[4] Mayo Clinic. "Infectious Diseases A-Z: Breaking down the MMR vaccine" & "Protect children from chickenpox infection." Accessed September 3, 2025 from https://newsnetwork.mayoclinic.org/discussion/infectious-diseases-a-z-breaking-down-the-mmr-vaccine/ & https://newsnetwork.mayoclinic.org/discussion/infectious-diseases-a-z-protect-children-from-chickenpox-infection/.

[5] CDC. "Vaccine Safety." Accessed September 2, 2025 from https://www.cdc.gov/vaccine-safety/about/febrile-seizures.html.

[6] Casabona G, Berton O, Singh T, Knuf M, Bonanni P. Combined measles-mumps-rubella-varicella vaccine and febrile convulsions: the risk considered in the broad context. Expert Rev Vaccines. 2023 Jan-Dec;22(1):764-776. doi: 10.1080/14760584.2023.2252065. PMID: 37642012.

[7] Nguyen D, Lee H, Pavia AT, Nelson RE, Samore M, Chaiyakunapruk N. Optimizing Timing for Respiratory Syncytial Virus Prevention Interventions for Infants. JAMA Netw Open. 2025;8(7):e2522779. doi:10.1001/jamanetworkopen.2025.22779.