



November 24, 2025

VIA ELECTRONIC TRANSMISSION

Martin Kulldorff, PhD
Chair, Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30333

Re: Comments for the December 4-5, 2025 meeting of ACIP (Docket No. CDC-2025-0783)

Dr. Kulldorff:

On behalf of the Governors Public Health Alliance (PHA), we appreciate the opportunity to submit comments on the items before the CDC Advisory Committee on Immunization Practices (ACIP) for its December 4-5, 2025 meeting. As a nonpartisan coalition of 15 governors, representing approximately one-third of the American population, PHA is committed to protecting and advancing the health and wellbeing of the millions of children and families across our states.¹

The decisions made by ACIP have far-reaching implications for children's health, state public health infrastructure, and the ability of parents to access preventive care for their children. We write to urge the Committee to maintain evidence-based vaccination recommendations that prioritize children's health and ensure continued access to rigorously tested vaccines with real-world effectiveness. As governors responsible for implementing public health policy and managing state healthcare systems, we have witnessed firsthand how vaccination protects our communities and prevents serious illness, hospitalization, and death from vaccine-preventable diseases.

A. Maintaining access to and confidence in safe and effective vaccines is essential in protecting children's health and wellbeing.

As governors, our foremost responsibility is to protect the health and wellbeing of our residents. We are responsible for ensuring that every parent has access to the childhood vaccines their children need to stay healthy. Childhood vaccines are safe and effective and have proven to be

¹ PHA membership includes California Governor Gavin Newsom, Colorado Governor Jared Polis, Connecticut Governor Ned Lamont, Delaware Governor Matt Meyer, Guam Governor Lou Leon Guerrero, Hawai'i Governor Josh Green, Illinois Governor JB Pritzker, Maryland Governor Wes Moore, Massachusetts Governor Maura Healey, New Jersey Governor Phil Murphy, New York Governor Kathy Hochul, North Carolina Governor Josh Stein, Oregon Governor Tina Kotek, Rhode Island Governor Daniel McKee, and Washington Governor Bob Ferguson.

among the most successful public health interventions in history, dramatically reducing childhood mortality and morbidity from preventable diseases. Among U.S. children born in the past 30 years, childhood vaccines have prevented an estimated 508 million cases of illness, 32 million hospitalizations, and 1.1 million deaths.² Changes that impose new barriers to safe and effective vaccination—whether through narrowed eligibility criteria, increased administrative requirements, reduced insurance coverage, or higher out-of-pocket costs for families—will harm children’s health and create very substantial risks to the health of everyone in our states and in the entire country.

We are particularly concerned about proposed changes to the Hepatitis B vaccine schedule. The Hepatitis B vaccine is both safe and effective. Providing Hepatitis B vaccine to newborns within 24 hours of birth dramatically decreases the risk of mother-to-child transmission of Hepatitis B.³ Healthcare providers do not always know if the mother is a carrier of Hepatitis B or not. Removing or delaying the birth dose of Hepatitis B could increase the risk of contracting hepatitis B infection. Infants with Hepatitis B have a 90% chance of developing chronic Hepatitis B, which can lead to devastating lifelong illnesses or even death.⁴

We are also deeply concerned about the potential impact of the recommendation changes on vaccine confidence among families and healthcare providers. Consistency and stability in vaccine policy, grounded in scientific evidence, helps maintain trust in vaccination. Frequent changes or recommendations that appear to conflict with the broader medical community’s guidance can create confusion and hesitancy, potentially reducing vaccination rates.

B. Grounding recommendations in the highest quality scientific evidence is critical for sound policy.

The strength of ACIP recommendations has historically been rooted in rigorous scientific review using established evidence evaluation frameworks. We strongly urge the Committee to rely exclusively on evidence that has been evaluated through the GRADE (Grading of Recommendations Assessment, Development and Evaluation) process when making vaccination

² 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*. 73 MORB. MORTAL WKLY. REP. 682–685 (2024). DOI: <http://dx.doi.org/10.15585/mmwr.mm7331a2>.

³ Am. Acad. of Pediatrics, *Fact Checked: Hepatitis B Vaccine Given to Newborns Reduces Risk of Chronic Infection* (June 25, 2025), <https://www.aap.org/en/news-room/fact-checked/fact-checked-hepatitis-b-vaccine-given-to-newborns-reduces-risk-of-chronic-infection/> (last accessed Nov. 24, 2025).

⁴ *Id.*



recommendations. This approach ensures that policy decisions are based on the highest quality data available, and are properly assessed for bias, consistency, and applicability.

Equally important is maintaining transparency in the decision-making process through clear, open deliberations that demonstrate what evidence is considered, how decisions are made, and why particular recommendations are adopted. We urge the Committee to return to consistently applying the Evidence to Recommendations (EtR) framework, which ensures transparency by clearly articulating the balance of benefits and harms, type and quality of evidence, values and preferences of the people affected, and health economic analyses. Transparency builds and maintains public trust in vaccine recommendations.

Departing from these evidence standards or lacking transparency in the deliberative process will inevitably undermine public confidence in vaccine recommendations and produce harmful policy changes based on incomplete or lower-quality evidence. As governors charged with protecting the health and wellbeing of our states' residents, it is essential that ACIP recommendations be grounded in scientific rigor and consensus in order for us to rely upon them to guide the public health policies that safeguard our communities. The scientific evidence strongly supports the current childhood vaccine schedule, including the birth dose of the hepatitis B vaccine, and there is no scientific justification for changing it.

C. ACIP should consider the significant operational and practical implications of changes to vaccine recommendations.

We urge the Committee to carefully consider the full range of impacts that result from changes to immunization schedules or recommendations. These impacts extend well beyond the immediate clinical questions and affect vaccine supply chains, insurance coverage, healthcare provider workflows, public health operations, and ultimately, the ability for parents to access preventative care for their children.

ACIP recommendations directly determine vaccine access for millions of vulnerable children. Changes that narrow or restrict recommendations effectively mandate barriers to vaccination and limit parental choice, particularly for those who receive vaccines through the Vaccines for Children (VFC) program. These families, who are uninsured, underinsured, Medicaid eligible, or Alaska Native/American Indian, rely on VFC coverage, which is tied to ACIP recommendations. More restrictive vaccine recommendations do not expand parental choice; they eliminate access for the most vulnerable families.

We are particularly concerned about the operational disruptions and reduction in access that would result from changes to the Hepatitis B vaccination schedule. Hepatitis B is a key component of combination vaccines that simultaneously protect against diphtheria, tetanus, pertussis, polio and Hib. Modifying the Hepatitis B schedule could delay or disrupt access to these combination vaccines, leaving newborns and young infants vulnerable to multiple vaccine-preventable diseases.



Public health leadership in our states, and the agencies they oversee, have relied upon extensive scientific evidence that supports the current recommendation and are not aware of any scientific justifications to suggest a change is warranted.

State and local health departments will bear the financial and administrative burden of providing vaccinations to children whose families lose access through other means, or who are unable to navigate confusing access requirements, as a result of a change in ACIP recommendations. And a change in ACIP recommendations very likely will result in decreased immunization rates, which threaten outbreaks of highly communicable diseases—as we have seen with the recent measles outbreaks. Canada has already lost its measles elimination status, global measles cases are surging, and declining U.S. vaccination rates put our own measles elimination status in the United States in serious jeopardy.⁵ These outbreaks do not respect state borders. Our state and local health departments must, and will, respond to these public health emergencies, and they will as a result be forced to bear very significant financial and operational burdens that would have been prevented by recommendations grounded in science.

The states represented by the PHA are committed to ensuring robust childhood vaccination programs that protect all children in our communities. We urge ACIP to prioritize recommendations that support these goals by maintaining evidence-based schedules, considering implementation realities, and ensuring continued access to safe and effective vaccines.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "A. Botticella". The signature is fluid and cursive, with a long horizontal stroke at the end.

Angela Botticella
Managing Director
Governors Public Health Alliance

⁵ Joseph Choi, *Canada Loses Its Measles Elimination Status, and the US Is Close Behind*, THE HILL (Nov. 16, 2025), <https://thehill.com/policy/healthcare/5002134-canada-measles-elimination-status/>.