

**Spotlight Forum—Back-to-School: Navigating Vaccine Uncertainty in Trump's America,  
Wednesday, Sept. 10, 2025**

**Hosted by Sen. Blunt Rochester (D-DE), Ranking Member of the Senate HELP Subcommittee  
on Education and the American Family**

**Helen Y. Chu, MD, MPH, FIDSA, Professor, Departments of Medicine and Epidemiology,  
Division of Allergy & Infectious Diseases, University of Washington Schools of Medicine &  
Public Health; representing the Infectious Diseases Society of America**

Senator Blunt Rochester, thank you for convening today's important forum and inviting me to participate. My name is Helen Chu and I am an infectious diseases doctor and scientist with a career that has focused on studying respiratory viruses and vaccines. Until this June, I was a voting member of the CDC Advisory Committee on Immunization Practices, or ACIP. I am here today representing the Infectious Diseases Society of America.

For over six decades, ACIP has conducted careful reviews of vaccines, both before and after rollout, to evaluate their safety and efficacy. The ACIP ensures that vaccines are safe, that they work as intended and that they are available for the people who need them. Clinicians have relied on ACIP recommendations to provide guidance to patients, and individuals have used them to make evidence-based decisions to protect their own health and their families' health.

Importantly, as part of the Affordable Care Act, ACIP recommendations also serve as the basis for health insurance coverage of vaccines, which makes vaccination affordable for millions of Americans. ACIP recommendations also guide the vaccines available through the Vaccines for Children program, which provides vaccines for uninsured children and covers approximately half the children in the U.S.

Until recently, ACIP was composed of vaccine experts who were nominated through an open process and extensively vetted for conflicts of interest. The process to become a voting member of ACIP is years-long and involves a careful review of any actual or perceived conflicts, and divesting of these conflicts prior to joining the ACIP. Some voting members have been funded prior to their ACIP term to do research by pharmaceutical companies. However, that is often precisely the expertise that is needed to be able to critically review and interpret data from clinical trials.

Annually, members are required to disclose any new or ongoing conflicts, and these are carefully reviewed by the ACIP secretariat. Published studies show extremely low levels of conflict; from 2016-2024, only 6.2% of ACIP members had an ongoing conflict during this time; most of these are for research funding. In the case that ACIP members do have conflicts, they are required to recuse themselves from any votes or working groups related to their conflicts.

The ACIP process has worked effectively, and ACIP-recommended vaccines have saved millions of lives. The abrupt dismissal of ACIP members, the appointment of new members who lack relevant expertise, and ACIP deliberations at the most recent meeting that run counter to overwhelming data have left many clinicians and patients confused and bewildered, unable to trust recommendations made by the current ACIP. The chaos caused by the Administration's actions has direct real-world impacts that are likely to limit the number of Americans who are able to get vaccinated, leaving more people and communities vulnerable.

The loss of several CDC leaders, including the director of the National Center for Immunization and Respiratory Diseases, makes us question whether we can still trust CDC to provide reliable information, thus profoundly and negatively impacting how we care for patients.

In addition, the recent FDA decision to license the updated COVID vaccines only for older individuals and those with certain health conditions flies in the face of overwhelming scientific evidence and will prevent millions of Americans from exercising their personal choice to receive a vaccine. While age and health conditions increase the risk of severe disease from COVID, even healthy adults can die of COVID-19 and spread the disease to vulnerable young and old individuals. We know that vaccines decrease risk for long COVID, so limiting access to this vaccine may needlessly increase the risk of long-term disability in healthy adults.

We are only weeks away from respiratory virus season, and we are running out of time to vaccinate the people at risk because of the confusion about which vaccines are available, who is eligible to receive them, and whether insurance will cover them. Pharmacies have been a top venue where many Americans chose to receive their COVID vaccines, and FDA's decision will greatly restrict pharmacists' ability to provide the vaccine in many states. Overall, this will lead to lower vaccine uptake, not just for COVID-19 but also for other vaccine-preventable diseases like influenza, RSV and other routine childhood infections. This could lead to more illnesses, more missed days of school and work, more hospitalizations and more deaths. Hospital overcrowding during outbreaks compromises our ability to provide care for everything from heart attacks to car accidents, just like during the height of the COVID-19 pandemic. Except this time, the problem will be induced by our own leaders' missteps.

Where do we go from here? I am proud that medical societies are stepping up to try to fill the scientific void by releasing evidence-based vaccine recommendations for fall respiratory virus season. IDSA endorses recommendations by AAP and ACOG, and we will be releasing our own recommendations for immunocompromised patients this month. States are now stepping in to create their own vaccine advisory panels. But fundamentally, this creates a patchwork approach, where we once had a functional national system that was abruptly dismantled.

Finally, I want to note that many medical and scientific societies, individuals serving on advisory committees and CDC experts tried repeatedly to work with Secretary Kennedy to answer his questions about vaccines with objective data and to find common ground with his agenda. He has shown a complete unwillingness to engage and an utter disregard for science. That is why several medical professional societies, public health organizations and patient advocacy groups are calling for his resignation, and we hope that our U.S. senators will stand with us in defense of our nation's health.