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Comments for Centers for Disease Control and Prevention

Docket No. CDC-2025-0783

Meeting of the Advisory Committee on Immunization Practices

Dec. 4-5, 2025

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

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 the Centers for Disease Control and Prevention (CDC) and ACIP to once again serve as a source of credible, evidence-based information to inform vaccine coverage. 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 made by experts in the fields of vaccines and infectious diseases and based on high-quality, objective scientific data collected and analyzed by CDC scientists and not influenced by political appointees.

Hepatitis B

At the September 2025 ACIP meeting, there was an extensive discussion about potential changes to the timing of the first hepatitis B vaccine dose in newborns and the efficacy of screening mothers for hepatitis B, along with delaying the first dose of the vaccine.

Vaccination prevents chronic hepatitis B virus (HBV), 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. The other half were the result of infection by another household or family member, or the source of their infection was never determined, meaning that reliance only on maternal hepatitis B screening to identify children at risk missed thousands of children who later became infected.ⁱ

Moreover, about two-thirds of people living with hepatitis B are unaware of their infection, with many remaining asymptomatic until the onset of cirrhosis or severe liver disease.ⁱⁱ Anyone can be infected with hepatitis B, making universal screening and access to vaccination essential to prevent the serious consequences of chronic hepatitis B, cirrhosis or liver cancer.

Birth dose hepatitis B vaccine is the most effective strategy to prevent childhood HBV infections and subsequent serious illness. Up to 25% of people who have chronic HBV die prematurely from liver failure, cirrhosis or liver cancer.ⁱⁱⁱ Removing or delaying the birth dose of hepatitis B vaccine would be a significant and serious step backward for public health, with significant increased risks for vulnerable infants. Some have recommended that the vaccines should be given later because hepatitis B can be transmitted sexually; however, this discounts the risk from other types of contact that are likely to happen at any age. Hepatitis B vaccine is an anti-cancer vaccine.

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

Childhood and adolescent vaccine schedule

In previous comments, ACIP Chair Martin Kulldorff, PhD, called for study of the cumulative effects of the recommended vaccine schedule, including interactions between different vaccines, the total number and timing of vaccines, cumulative amounts of vaccine ingredients and comparison with vaccine schedules of other nations.

IDSA continues to support the already ongoing monitoring of any adverse events associated with vaccines, especially those observed in infants and children. Currently, multiple systems within the federal government track vaccine safety, including Vaccine Safety Datalink, Vaccine Adverse Event Reporting System, the Clinical Immunization Safety Assessment Project and the Sentinel Initiative. These systems should be supported with sufficient resources to determine any credible safety signals related to vaccines and their findings widely shared with substantive evidence and recommendations made public.

More than a decade ago, the Institute of Medicine (now National Academy of Medicine) convened an expert committee to review scientific findings and stakeholder concerns related to the safety of the recommended childhood immunization schedule. The committee determined that further investment in surveillance of vaccine safety was warranted; however, the committee also found no significant evidence that the childhood immunization schedule was not safe.^{iv} Further study of the childhood vaccine schedule should add to the existing body of knowledge, not seek to cast doubt on childhood vaccination.

Overwhelming data indicate that routine childhood vaccinations are responsible for significant gains in human life expectancy and major declines in childhood illnesses, hospitalizations and mortality.^v Unfortunately, in recent years misinformation has contributed to a significant decline in acceptance of vaccines. This has led to outbreaks of serious diseases, like measles and pertussis, in communities with depressed, seriously low vaccination rates. In the U.S., one person in every five measles cases requires hospitalization, and in some cases the disease can even be fatal.^{vi} Pertussis, or whooping cough, is another serious disease that is trending upward with 10 deaths reported last year. In 2024, CDC reported that there were six times as many cases of pertussis as the prior year.^{vii}

Most Americans still routinely vaccinate their children in accordance with decades of robust scientific data.^{viii} It is critical to protect universal vaccine access for all, regardless of insurance status or geographic location, and that we empower all Americans with accurate information about vaccines to boost vaccine confidence, particularly in communities at greatest risk for outbreaks of vaccine-preventable diseases. Vaccines are one of the greatest and most successful public health interventions.

Further, if ACIP decides to compare the childhood and adolescent immunization schedule in the United States with the schedules of other countries, IDSA calls on the committee to carry out a rigorous investigation of differences between the provision of health care in the U.S. and these countries. Every other country worldwide looks to the U.S. vaccination schedule as the gold standard for protecting a person against serious vaccine-preventable diseases. However, many countries do not have the financial resources to provide all the vaccines for their population. Additionally, comparing the U.S. vaccine schedule with those of European countries may overlook access challenges in the U.S. that are not found in countries with universal health care.^{ix} Any comparative health care research should include input from experts in models of health care delivery. Simply examining the number of vaccines and timing of vaccine administration completely overlooks important aspects of public health and health care access in these countries as compared to the U.S.

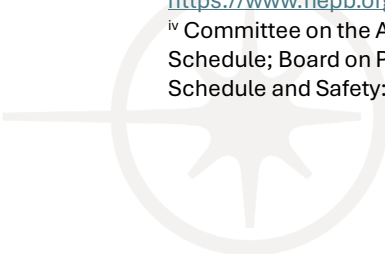
Thank you for your attention to these comments. Please contact Eli Briggs, IDSA director of public policy, at ebriggs@idsociety.org with any questions about these comments.

ⁱ Children's Hospital of Philadelphia. In the Journals: The Data Behind the Hepatitis B Birth Dose. Accessed November 13, 2025, from <https://www.chop.edu/vaccine-update-healthcare-professionals/newsletter/data-behind-hepatitis-b-birth-dose>.

ⁱⁱ U.S. Department of Health and Human Services. Hepatitis B Basic Information. Accessed November 17, 2025, from <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/hepatitis-b-basics/index.html>.

ⁱⁱⁱ Hepatitis B Foundation. A Roadmap for a Cure. Accessed November 17, 2025, from <https://www.hepb.org/assets/Uploads/HepB-Roadmap-for-a-Cure-Oct17.pdf>.

^{iv} Committee on the Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule; Board on Population Health and Public Health Practice; Institute of Medicine. The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies. Washington (D.C.): National



Academies Press (U.S.); 2013 Mar 27. Summary. Accessed November 13, 2025, from: <https://www.ncbi.nlm.nih.gov/books/NBK206938/>.

^v Carter, Austin and Msemburi, William and Sim, So Yoon and A.M. Gaythorpe, Katy and Lindstrand, Ann and Hutubessy, Raymond C.W., Modeling the Impact of Vaccination for the Immunization Agenda 2030: Deaths Averted Due to Vaccination Against 14 Pathogens in 194 Countries from 2021-2030 (April 20, 2021). Available at SSRN: <https://ssrn.com/abstract=3830781> or <http://dx.doi.org/10.2139/ssrn.3830781>

^{vi} CDC. Measles Symptoms and Complications. Accessed November 14, 2025, from <https://www.cdc.gov/measles/signs-symptoms/index.html>.

^{vii} CDC. Pertussis Surveillance and Trends. Accessed November 18, 2025, from <https://www.cdc.gov/pertussis/php/surveillance/index.html>.

^{viii} America's Health Rankings. Childhood Immunizations in United States. Accessed November 14, 2025, from https://www.americashealthrankings.org/explore/measures/immunize_c.

^{ix} Peterson-KFF Health System Tracker. How does the quality of the U.S. health system compare to other countries? Accessed November 17, 2025, from <https://www.healthsystemtracker.org/chart-collection/quality-u-s-healthcare-system-compare-countries/#preventive-services>

