



June 20, 2025

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Advisory Committee on Immunization Practices
Department of Health and Human Services, Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, Georgia 30329

Re: Docket No. CDC-2025-0024 Meeting of the Advisory Committee on Immunization Practices (June 25-26, 2025)

Dear Advisory Committee on Immunization Practices (ACIP):

Vaccines save lives and are the best defense against many diseases. The American Pharmacists Association (APhA) supports scientists and researchers who dedicate their careers to critically evaluating and analyzing data to recommend evidence-based vaccines that protect the public. We appreciate the convening of this public meeting and hope that CDC's ACIP remains in public trust.

APhA is the largest association in the United States, advancing the entire pharmacy profession and representing our nation's over 340,000 pharmacists, 30,000 student pharmacists, and more than 400,000 pharmacy technicians. For over 25 years, APhA has served as the non-voting liaison representative to ACIP, sharing the expertise of our members from across the country and ensuring that the voice of the nation's top and most trusted provider of adult vaccines, pharmacists, is considered.

According to the available 2024–2025 season influenza data, over 60% of adult influenza vaccines were administered in pharmacies.¹ During the 2023–2024 respiratory season, 96% of RSV vaccines were administered in pharmacies.² As of April 12, 2025, nearly 90% of COVID-19 vaccines have been administered in pharmacies.³ As one of the most accessible immunizing professionals, pharmacists' authority to immunize is crucial in the healthcare system, providing the scientifically proven best defense possible against vaccine-preventable diseases.

With pharmacists playing this pivotal role in recommending and administering vaccines to the American public, their vaccine authority must be protected. In most states, pharmacists' authority to administer immunizations is tightly bound to ACIP and CDC guidance through state statutes and regulations.⁴ Additional states reference the ACIP, CDC, FDA, or other federal agencies in state law regarding the authority, educational requirements, protocols, or processes of pharmacists, student pharmacists, and pharmacy technicians when administering vaccines.⁵

¹ *Influenza vaccinations administered in pharmacies and physician medical offices*, adults, United States.* (2025, April 9). FluVaxView. <https://www.cdc.gov/fluvoxview/dashboard/adult-vaccinations-administered.html>

² *2023-24 Respiratory Syncytial Virus (RSV) Vaccinations Administered in Pharmacies and Physician Medical Offices (IQVIA), Adults 60 years and older.* (2024, September 25). RSVVaxView. <https://www.cdc.gov/rsvvaxview/dashboard/2023-24-adult-vaccinations-administered.html>

³ *COVID-19 vaccinations administered in pharmacies and medical offices*, adults 18 years and older, United States.* (2025, May 7). COVIDVaxView. <https://www.cdc.gov/covidvaxview/weekly-dashboard/vaccinations-administered-pharmacies-medical.html>

⁴ AL, AZ, CA, GA, HI, IN, IA, KY, LA, ME, MI, MN, MT, NH, NM, NY, NC, ND, OK, OR, PA, RI, SC, UT, VT, WI, WY.

⁵ AK, CO, CT, DC, FL, IL, MD, MO, NJ, NV, OH, TN, TX, VA, WV.

Most patients, particularly in rural and underserved areas, come to pharmacists first when they have a health question or concern. Often, pharmacists are the only health care providers for miles.⁶ Because pharmacies are in nearly every rural community and inner-city neighborhood, pharmacists and pharmacy personnel provide unparalleled access to care within the health care system. Patients may potentially lose access to vaccine services in almost every state if ACIP meetings are not held regularly and the ACIP schedule is not reviewed, updated, and maintained according to high-quality and quantity of scientifically sound and evidence-based information. APhA urges that ACIP voting membership, processes to establish evidence-based recommendations, and checks and balances be maintained and remain non-partisan.

APhA is alarmed by the actions of HHS for circumventing the established vaccine recommendation process with the recently modified COVID-19 recommendations. Removing the COVID-19 vaccine recommendation for persons who are pregnant has created confusion and denied access to care for a high-risk population. Studies⁷ have shown that people who are pregnant or were recently pregnant are:

- More likely to get very sick from COVID-19 compared to those who are not.
- More likely to need hospitalization, intensive care, or the use of a ventilator or special equipment to breathe if they do get sick from COVID-19.
- At increased risk of complications that can affect pregnancy and the baby, including preterm birth or stillbirth.

APhA urges ACIP to revisit the lack of guidance on COVID-19 vaccination during pregnancy, with the assistance of the COVID-19 Work Group.

Additionally, pharmacists and other health care professionals are concerned about the professional liability associated with administering vaccines that were removed from the recommended schedule. Situations⁸ are emerging where a person who is pregnant requests a COVID-19 vaccine but is unable to receive it from a pharmacist since it has been removed from the ACIP schedule. If state statutes and regulations require vaccines to be used according to CDC and ACIP recommendations, then the provider could be directly sued, actions against the provider could be taken by licensure boards, and payers could recoup payment from the provider, among other consequences, when non-ACIP recommended, yet FDA approved, and administered according to a patient's individual indications, vaccines are administered. Refusal to vaccinate will cause confusion for providers since the data to date has been evident that pregnancy increases the risk of adverse outcomes from COVID infection and administration of the COVID-19 vaccine decreases those risks. APhA urges CDC and ACIP to be discerning about what constitutes an acceptable use of the COVID-19 vaccine in persons who are pregnant.

Pharmacists and the public rely on ACIP for scientifically backed recommendations and information to support balancing their health risks with their choices. Thank you for the opportunity to comment on the upcoming ACIP meeting. We look forward to continued collaboration.

Most sincerely,



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6 Lucas A. Berenbrok, et al., *Access to Community Pharmacies: A Nationwide Geographic Information Systems Cross-Sectional Analysis*, 62 Journal of the American Pharmacists Association 1816 (2022). Available at: <https://www.japha.org/action/showPdf?pii=S1544-3191%2822%2900233-3>.

⁷ Ciapponi A, Berrueta M, P K Parker E, Bardach A, Mazzoni A, Anderson SA, Argento FJ, Ballivian J, Bok K, Comandé D, Goucher E, Kampmann B, Munoz FM, Rodriguez Cairolí F, Santa María V, Stergachis AS, Voss G, Xiong X, Zamora N, Zaráa S, Buekens PM. Safety of COVID-19 vaccines during pregnancy: A systematic review and meta-analysis. *Vaccine*. 2023 Jun 7;41(25):3688-3700. doi: 10.1016/j.vaccine.2023.03.038. Epub 2023 Mar 27. PMID: 37012114; PMCID: PMC10040368.

⁸ Koda, Asuka. "New Federal Covid-19 Vaccine Policies Are Already Keeping Some People from Getting Shots." *CNN*, 12 June 2025, www.cnn.com/2025/06/12/health/covid-vaccine-pregnant-women. Accessed 13 June 2025.