



April 11, 2025

[Submitted electronically via Federal eRulemaking Portal: [Regulations.gov](https://www.regulations.gov)]

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-2025-0017 Meeting of the Advisory Committee on Immunization Practices (April 15 – 16, 2025)

Dear Advisory Committee on Immunization Practices:

The American Pharmacists Association (APhA) is the largest association in the United States, advancing the entire pharmacy profession and representing our nations over 340,000 pharmacists, 30,000 student pharmacists, and more than 400,000 pharmacy technicians. We are writing to provide input related to the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) upcoming meeting and request an opportunity to comment.

Pharmacists and those under pharmacists' supervision administer the majority of voluntary influenza and other vaccines to adult patients in our nation, including Medicare and Medicaid beneficiaries, as well as those who receive care from the Veterans Affairs and through our U.S. military, Indian Health, immigration, and prison facilities worldwide. According to the available 2024 – 2025 season influenza data, over sixty percent of the influenza vaccines were administered in pharmacies.¹ During the 2023 – 2024 respiratory season, ninety-six percent of RSV vaccines were administered in pharmacies.² As one of the most accessible immunizing professionals, pharmacists' ability to immunize is salient in the health care system, providing the best defense possible against vaccine-preventable diseases.

Pharmacists' authority to administer immunizations in a majority of states is directly tied to ACIP recommendations and schedules broadly. At least fifteen states link pharmacists' authority to immunize based on specific vaccines listed in the ACIP-recommended immunization schedules. Most patients, particularly in rural and underserved areas, typically come to pharmacists first when they have a health question or concern. Often, pharmacists are the only health care providers for miles. Because pharmacies are located in nearly every rural community and inner-city neighborhood, pharmacists and pharmacy personnel provide unparalleled access to care within the health care system. Patients will potentially lose access to vaccine services in almost every

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>

state if ACIP meetings are not held regularly and ACIP schedules are not reviewed, updated, and maintained. It is imperative that ACIP continues to convene subject matter experts without conflicts of interest who critically apply scientific methods to evaluate evidence for the generation and maintenance of the ACIP recommendations and schedules. APhA commends the Administration for planning to convene in April 2025 and encourages maintaining a regular cadence of meetings.

APhA appreciates the advancement of influenza vaccine strain selection and manufacturing for the 2025 – 2026 season but is concerned about the cancellation of the U.S. Food and Drug Administration's recent Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting and the absence of meetings for the remainder of 2025. VRBPAC and ACIP meetings provide the public with an overview of the latest data on the safety and effectiveness of all recommended vaccines and new vaccines in development. VRBPAC and ACIP, each with its independent experts, provide transparency in the vaccination recommendation process to health care professionals and the public. ACIP makes recommendations based on the preponderance of available evidence. We hope and strongly recommend that the future ACIP and VRBPAC meetings should be held publicly and regularly scheduled. Vaccines are our best defense against vaccine-preventable diseases, and we must ensure that the recommended vaccines we receive and administer continue to be safe.

APhA appreciates the desire to minimize "conflicts of interest" between scientists, health care providers who are represented on these committees, and the pharmaceutical industry so that independent and trustworthy decisions are made. For over 25 years, APhA has served as a liaison representative to the ACIP and has proudly brought our members' expertise from across the country to the table and ensured that the voice of the nation's top and most trusted provider of adult vaccines is considered. APhA also respects the voting members of the ACIP and the rigorous process they currently undertake for selection. This thorough process involves demonstrating that ACIP members have not received any financial incentives from vaccine manufacturers for at least one year preceding their service.

Disclosing ACIP members' conflicts is transparent and honest. The current policy for experts serving on ACIP requires annual financial disclosures, divestment of stock in vaccine manufacturers, a prohibition on accepting industry payments, and the recusal of members from any vote in which they may have a conflict of interest. ACIP members disclose conflicts when they've worked on a study, held a patent, or are otherwise involved in creating or monitoring a specific vaccine. The expertise of these individuals is essential, as we need the people who understand vaccines best to weigh in on safety and effectiveness studies. APhA can confirm that the qualifications of the current ACIP are comprised of unbiased clinicians and data scientists. Accordingly, APhA strongly urges CDC to maintain ACIP as the pre-eminent public health experts who develop recommendations on the use of vaccines in the United States.

Thank you for the opportunity to comment on the upcoming ACIP meeting. We look forward to continued collaboration.

Most sincerely,



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