

ge²p² global

governance, ethics, evidence, policy, practice

Expressions of Concern Series

Failures of Imagination, Intellect, Integrity

A continuing series responding to actions by governments, UN system agencies, multilateral organizations, NGOs, civil society, and commercial organizations

Center for Vaccine Ethics & Policy

Expression of Concern

U.S. CDC: New ACIP Charter Elements

24 April 2026

Context

- **The CDC's Advisory Committee on Immunization Practices (ACIP) comprises medical and public health experts who develop recommendations on the use of vaccines in the civilian population of the United States, including immunization program strategies to inform individuals, clinicians, and broader public health efforts. This committee develops recommendations based on the best available evidence of vaccine risks and benefits, and efficacy. The ACIP operates under a charter that specifies ACIP's authority, objectives, and procedures. *[Adapted from current ACIP charter language [here](#)]***
- **CDC refreshes the ACIP charter every two years.** The newly-adopted charter was announced in the *Federal Register* [here](#) on April 6, 2026 with a modified, final version posted on the ACIP website [here](#) on April 8, 2026. The previous notice of ACIP charter renewal was published in the *Federal Register* [here](#) on May 17, 2024.
- **Over the last 15 months, significant and troubling changes have occurred at ACIP.** These include wholesale and unjustified dismissal of standing committee members; appointment of new members with questionable, relevant expertise; removal of liaison organization representatives from ACIP working groups; near-abandonment of GRADE and evidence-to-policy discipline in developing ACIP recommendations, and substantive changes to standing U.S. immunization recommendations and schedules outside of ACIP review and recommendation processes. **These changes have arguably confounded the letter and spirit of the ACIP charter in force.**
- **Changes at ACIP/CDC/HHS have triggered an accelerated and troubling "de-coupling" of the immunization policy and practice in many U.S. states from federal immunization schedules and recommendations.** A recent KFF analysis found that "... the majority of states (28 states, including DC) have announced that they will not follow the new CDC childhood vaccine recommendations for at least some childhood vaccines, instead relying on prior recommendations, state recommendations, and/or those of external entities. Most of these states have indicated that they will follow the recommendations of the independent medical association, the American Academy of Pediatrics (AAP). Among these are two inter-state [public health alliances](#) which previously formed to develop shared recommendations and have reaffirmed their intent to follow AAP guidelines: the West Coast Health Alliance, which includes California, Hawaii, Oregon, and Washington, and the Northeast Public Health Collaborative, which includes ten states and New York City..."

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

[State Recommendations for Routine Childhood Vaccines: Increasing Departure from Federal Guidelines, KFF Policy Analysis, Jennifer Kates and Clea Bell, published: Jan 22, 2026]

- **This expression of concern proceeds from an examination of the newly-adopted ACIP charter to identify potentially problematic changes** to the committee’s authority, objectives, procedures and membership as inventoried below.
- **This expression of concern aligns with the “expression of alarm” issued by more than 130 medical, nursing, public health, and patient advocacy organizations** issued on April 15, 2026. Signatories include 11 of the 33 organizations named in the ACIP charter as “liaison organizations.” This expression of concern also aligns with statements by the Pediatric Infectious Diseases Society [PIDS] and Society for Healthcare Epidemiology of America [SHEA]. *[full text at [Appendix C](#) and [Appendix D](#) in this document]*

GE2P2 Global: Key Observations/Concerns regarding the April 2026 ACIP Charter

[The newly-issued April 2026 ACIP charter is available the CDC website [here](#) with the full text also captured in this document [here](#).

Objective and Scope of Activities

- We note with concern the addition of new elements in ACIP’s scope including advice and guidance on “..decreased symptomatology in the civilian population of the United States and gaps in vaccine safety research including adverse effects following vaccination...” The shift to “decreased” symptomatology and research gap analysis around vaccine safety and adverse events weight the ACIP scope to themes which have dominated recent ACIP meetings without adequate grounding in biomedically-relevant evidence.

“...ACIP shall provide advice and guidance to the CDC Director regarding use of vaccines and related agents for effective control of vaccine-preventable diseases and/or decreased symptomatology in the civilian population of the United States and gaps in vaccine safety research including adverse effects following vaccination..” *[ACIP Charter, April 2026]*

Description of Duties

- We note with concern the addition of language in this “duties” section, such as “engaging in re-analysis of vaccine safety and efficacy”; questioning novel vaccine platforms such as mRNA vaccines in the context of vaccine safety, efficacy, and public health impacts, and a new responsibility for “reviewing global initiatives; and reviewing vaccination schedules by other countries and international organizations.”

“...ACIP shall also be responsible for reviewing data on vaccine safety and adverse events, providing recommendations to enhance vaccine safety surveillance systems, and advising CDC on gaps in vaccine safety research; evaluating the risk/benefit profiles of vaccines based on ongoing surveillance and new research findings; considering analysis of cumulative effects of vaccines and their constituent components; engaging in re-analysis of vaccine safety and efficacy as gaps are identified and new information becomes available; and evaluating the risks and benefits of tailoring immunization practices to maximize benefits and reduce risks and take into account variability in immune response for various populations. Furthermore, ACIP shall be

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

responsible for considering on an ongoing basis the safety, efficacy, and public health impact of new vaccines, as well as novel vaccine platforms such as mRNA vaccines; and evaluating vaccines for new diseases or variants of concern, ensuring that recommendations adapt to new scientific evidence and evolving disease landscapes. ACIP shall also be responsible for reviewing global initiatives; and reviewing vaccination schedules by other countries and international organizations...” [ACIP Charter, April 2026]

- Stated as such, this treatment of ACIP duties echoes troubling agenda items in recent ACIP meetings which were engaged without formal ACIP evidence review [GRADE] or established evidence-to-policy frameworks. The legitimization of these themes and their amplification in ACIP deliberations threatens further erosion of ACIP’s credibility and will widen the growing gap between federal recommendations and those produced by medical societies and through academic and civil society initiatives.

Membership and Designation

- We note with concern the addition of new areas of “expertise” which might support selection of ACIP members which include “...toxicology, pediatric neurodevelopment, epidemiology, data science, statistical analysis, health economics” as well as “ recovery from serious vaccine injuries” and “a person(s) knowledgeable about consumer perspectives and/or social and community aspects of immunization programs.” CDC has not presented any rationales behind the addition of these new “credential” areas or articulated the specific contribution ACIP members with such credentials might make to support of ACIP deliberations.
- “...Members shall be selected from authorities who are knowledgeable in the fields of medicine, vaccines, immunization practices, immunology, toxicology, pediatric neurodevelopment, epidemiology, data science, statistical analysis, health economics, recovery from serious vaccine injuries, or public health; have expertise in the use of vaccines or other immunobiologic agents in clinical practice or preventive medicine, have expertise with clinical or laboratory vaccine research, or have expertise in assessment of vaccine safety and efficacy. The Committee shall include a person(s) knowledgeable about consumer perspectives and/or social and community aspects of immunization programs. Members shall be deemed Special Government Employees....” [ACIP Charter, April 2026]
- The addition of new ACIP members based on these new credentials threatens ACIP’s credibility.

Liaison Organizations:

- We note with concern that the April 2026 ACIP charter is silent of the specific role and authority of liaison organizations in ACIP processes. Historically, liaison organizations have provided clinical and scientific expertise, particularly around implementing new or updated immunization recommendations in real-world settings, among other functions. Also, liaison organization representatives participated in ACIP work groups on specific vaccines, but this was ended in 2025. We see the lack of clarity on roles/responsibilities as a challenge to the integrity of ACIP processes overall.
- We also note with concern that the new charter adds several new “vaccine hesitant” organizations as liaison members: the Association of American Physicians and Surgeons, Physicians for Informed Consent, and the Independent Medical Alliance. These organizations all have documented vaccine-skeptical positions.

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

- The CDC has provided no rationale for adding these organizations or how their respective expertise/experience is expected to contribute to ACIP work. We have strong concerns about the formal inclusion of such organizations in ACIP deliberations and how their respective voices will impact ACIP’s evidence-based recommendation processes and the overall credibility of ACIP and CDC.

ACIP Meeting Frequency

- We note with concern the shift from a published schedule of three meetings annually [with more as needed] to scheduling “at the discretion of the ACIP DFO [Designated Federal Officer] in consultation with the [ACIP] Chair.” In our view, this shift signals a continuation of recent abrupt ACIP meeting cancellations, late availability of meeting agendas, and weakened and variable public comment processes over the last 12 months – all of which functionally reflects the discretion of ACIP leadership. This is a secondary but important factor in declining CDC.ACIP operational performance and credibility.

Commitment to MMWR Publication of ACIP Recommendations

- We note with concern the shift from long-standing practice to publishing approved ACIP recommendations and their context in the CDC *Morbidity and Mortality Weekly Report (MMWR)* to current charter language which states that this "may" happen. The new charter language is unclear about alternative modes of formal announcement. Our concern is that the recent informality around how HHS has communicated significant policy decisions around vaccines and immunization – sometimes via YouTube video, sometimes via social media platforms – will now extend to ACIP recommendations with a resulting loss of transparency, precision and comprehensiveness.

Legal/Regulatory/Budget

- In parallel, we recognize and support the expansion of the ACIP charter’s legal/regulatory basis to include the Federal Advisory Committee Act of October 6, 1972 and compliance with the 41 CFR 102-3.60(a) public interest determination requirement. We also note the inclusion of ACIP operating budget detail, including federal personnel costs, other federal internal costs, proposed member payments of \$42,750, and reimbursable costs of \$83,106, with up to 19 anticipated members.

GE2P2 Global: Action Requests

We call on HHS, CDC, and ACIP leadership to provide clear, compelling, evidenced-based rationales for the changes to the ACIP charter as currently posted. Where such rationales are not able to be articulated, we call on leadership to amend and refile the charter reflecting a return to ACIP’s historical charter scope, processes and operational detail.

#

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

- [Opening Text](#)
- [Appendix A – CDC-ACIP Charter, April 2026](#)
- [Appendix B – ACIP Charter – 08 April 2026 – List of Liaison Organizations](#)
- [Appendix C – Statement of 130+ organizations expressing alarm over proposed changes to CDC’s Advisory Committee on Immunization Practices charter](#)
- [Appendix D – Pediatric Infectious Diseases Society \[PIDS\]; Society for Healthcare Epidemiology of America \[SHEA\] Statements on New ACIP Charter](#)

Earlier Expressions of Concern Involving ACIP, CDC, HHS

[U.S. Vaccine/Immunization Science & Policy: Interruption of Expert Advisory Committees & Public Comment Processes](#) – 08 Mar 2025

[U.S. Vaccine/Immunization Science & Policy: HHS Removal/Retirement of all ACIP Voting Members](#) – 09 June 2025

[U.S. CDC Bars Liaison Organizations from ACIP \[Advisory Committee on Immunization Practice\] Work Groups](#) – 31 July 2025

[Expression of Concern: Meeting of the CDC ACIP \[Advisory Committee on Immunization Practices\] 18-19 Sep 2025 \[Docket No. CDC-2025-0454\]](#) – 13 Sep 2025

[Expression of Concern: US CDC-ACIP: Commitment to Rigorous Evidence Evaluation and Vaccine Recommendation Processes](#) – 25 Sep 2025

[Expression of Concern :: US HHS Demands Changes to Gavi’s Vaccines Portfolio to Resume U.S. Funding](#) – 11 February 2026

GE2P2 Global

...an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

Appendix A – CDC-ACIP Charter, April 2026

CHARTER ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

[Filed: 01 April 2026]

Advisory Committee’s Official Designation.

Advisory Committee on Immunization Practices (ACIP or Committee).

Authority.

The ACIP was established under Section 222 of the Public Health Service Act (42 U.S.C. §217a), as amended. The Committee is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463 (5 U.S.C. § 1001 et seq.), as amended.

The ACIP has been given statutory roles under subsections 1928(c)(2)(B)(i) and 1928(e) of the Social Security Act (42 U.S.C. § 1396s(c)(2)(B)(i) and 1396s(e)) and subsection 2713(a)(2) of the Public Health Service Act (42 U.S.C. § 300gg-13(a)(2)).

Objective and Scope of Activities.

The Secretary, Department of Health and Human Services (HHS), and by delegation the Director, Centers for Disease Control and Prevention (CDC), are authorized under Section 311 and Section 317 of the Public Health Service Act, [42 U.S.C. §243 and 42 U.S.C. §247b], as amended, to assist states and their political subdivisions in the prevention and control of communicable diseases; to advise the states on matters relating to the preservation and improvement of the public’s health; and to make grants to states and, in consultation with the state health authorities, to agencies and political subdivisions of states to assist in meeting the costs of communicable disease control programs.

Vaccines have played an important role in public health around the globe. The Advisory Committee on Immunization Practices (ACIP) provides recommendations to the CDC Director on the use of vaccines and immunization program strategies to inform individuals, clinicians, and broader public health efforts. This committee convenes scientific and medical experts to provide recommendations based on the best available evidence of vaccine risks and benefits, and efficacy.

ACIP shall provide advice and guidance to the CDC Director regarding use of vaccines and related agents for effective control of vaccine-preventable diseases and/or decreased symptomatology in the civilian population of the United States and gaps in vaccine safety research including adverse effects following vaccination. Recommendations made by ACIP are initially reviewed by the CDC Director, and if adopted, become official CDC/HHS recommendations, and may be published in the Morbidity and Mortality Weekly Report (MMWR). The CDC Director informs the HHS Secretary, and Assistant Secretary for Health, of immunization recommendations provided by the Committee. Upon the licensure or authorization of any vaccine or any new indication for a vaccine, the Committee shall, as appropriate, consider the use of the vaccine at its next regularly scheduled meeting. If the Committee does not make a recommendation at the Committee’s first regularly scheduled meeting, the Committee shall provide an update on the status of such for the Committee’s review.

Description of Duties.

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

The Committee shall provide advice for the control of diseases for which a vaccine is licensed or authorized in the U.S. The guidance will address use of vaccines and may include recommendations for administration of immune globulin preparations and/or antimicrobial therapy shown to be effective in controlling a disease for which a vaccine is available. Guidance for use of unlicensed vaccines may be developed if circumstances warrant and the Committee is directed to develop such guidance by the CDC Director. For each vaccine, the Committee advises on population groups and/or circumstances in which a vaccine or related agent is recommended. The Committee shall also provide recommendations on contraindications and precautions for use of the vaccine and related agents and provides information on recognized adverse events. The Committee also may provide recommendations that address the general use of vaccines and immune globulin preparations as a class of biologic agents, use of specific antibody products for prevention of infectious diseases, and special situations or populations that may warrant modification of the routine recommendations.

The main tasks of the Committee can be organized into review and recommendations, immunization schedules, and public health strategies. ACIP shall review the latest scientific evidence on vaccine safety, efficacy, and effectiveness to make recommendations on the routine use of vaccines, including for specific populations such as pregnant women, elderly, and immunocompromised individuals. Such review may include evaluation of pre- and post-licensure data or if available, clinical trial data for vaccines under an Emergency Use Authorization. ACIP shall provide recommendations regarding revisions and updates to the CDC immunization schedules for children, adolescents, and adults, taking into account emerging diseases, new vaccines, cumulative exposures to vaccines and vaccine components, and changes in disease epidemiology. Furthermore, ACIP shall advise on vaccination strategies that promote optimal vaccine coverage, address health disparities, and ensure equitable access to immunizations across communities.

Committee deliberations on use of vaccines to control disease in the U.S. shall include consideration of disease epidemiology and burden of disease, vaccine risks and benefits, vaccine efficacy and effectiveness, the quality of evidence reviewed, economic analyses, and implementation issues. The Committee may revise or withdraw their recommendation(s) regarding a particular vaccine as new information on disease epidemiology, vaccine effectiveness or safety, economic considerations, or other data become available.

Key responsibilities in developing committee recommendations can be organized into vaccine recommendations, vaccine safety and monitoring, emerging vaccines and technology, global health practices, and public engagement and transparency as part of ACIP public meetings. ACIP shall be responsible for formulating recommendations for routine vaccination schedules for different age groups and high-risk populations, advising on the use of vaccines in emergency situations (such as during disease outbreaks or public health emergencies), and reviewing immunization practices (including those related to vaccine storage, handling, and administration). ACIP shall also be responsible for reviewing data on vaccine safety and adverse events, providing recommendations to enhance vaccine safety surveillance systems, and advising CDC on gaps in vaccine safety research; evaluating the risk/benefit profiles of vaccines based on ongoing surveillance and new research findings; considering analysis of cumulative effects of vaccines and their constituent components; engaging in re-analysis of vaccine safety and efficacy as gaps are identified and new information becomes available; and evaluating the risks and benefits of tailoring immunization practices to maximize benefits and reduce risks and take into account variability in immune response for various populations. Furthermore, ACIP shall be responsible for considering on an ongoing basis the safety, efficacy, and public health impact of new vaccines, as well as novel vaccine platforms such as mRNA vaccines; and evaluating vaccines for new diseases or variants of concern, ensuring that recommendations adapt to new scientific evidence and

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

evolving disease landscapes. ACIP shall also be responsible for reviewing global initiatives; and reviewing vaccination schedules by other countries and international organizations.

ACIP shall employ a transparent, evidence-driven decision-making process in developing recommendations. The Committee shall review clinical data, listen to expert presentations, and consult with subject matter experts to determine the benefits and risks of vaccines. ACIP decisions shall be based on rigorous scientific analysis and deliberation, with the goal of recommending immunization practices that protect and improve public health in the United States.

In accordance with Section 1928 of the Social Security Act, ACIP also shall establish and periodically review and, as appropriate, revise the list of vaccines for administration to children and adolescents eligible to receive vaccines through the Vaccines for Children Program, along with schedules regarding the appropriate dose and dosing interval, and contraindications to administration of the pediatric vaccines. The Secretary, and as delegated by the CDC Director, shall use the list established by ACIP for the purpose of the purchase, delivery, and administration of pediatric vaccines in the Vaccines for Children Program.

Further, under provisions of the Affordable Care Act (Section 2713 of the Public Health Service Act, as amended), immunization recommendations of the Committee that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans.

Agency or Federal Officer Receiving the Advisory Committee's Advice/Recommendations.

The Committee reports to the CDC Director. The CDC Director informs the HHS Secretary and the Assistant Secretary for Health, HHS, of immunization recommendations provided by the Committee.

Support.

Management and support services shall be provided by the CDC's: Office of the Chief of Staff; National Center for Immunization and Respiratory Diseases; National Center for Emerging and Zoonotic Infectious Diseases; and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention as instructed by the CDC Director, to support ACIP-related activities.

Estimated Annual Operating Costs and Staff Years.

Estimated annual costs for operating the Committee, including (i) Federal personnel (3) and other Federal internal costs are \$1,080,340; (ii) proposed compensation and travel expense payments for up to 19 members is \$42,750; and (iii) reimbursable costs are \$83,106.

Estimated Number and Frequency of Meetings.

Meetings will be held at the discretion of the ACIP DFO in consultation with the Chair. Meetings shall be open to the public except as determined otherwise by the CDC Director or other official, to whom the authority has been delegated, in accordance with the Government in the Sunshine Act (5 U.S.C. § 552b(c)) and Section 10(d) of the FACA (5 U.S.C. § 1009(d)). Notice of all meetings shall be given to the public.

Duration.

Continuing.

Termination.

Unless renewed by appropriate action, ACIP will terminate 2 years from the date this charter is filed.

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

Membership and Designation.

The Committee consists of up to 19 voting members, who are Special Government Employees, including the Chair and Vice Chair.

Members shall be selected from authorities who are knowledgeable in the fields of medicine, vaccines, immunization practices, immunology, toxicology, pediatric neurodevelopment, epidemiology, data science, statistical analysis, health economics, recovery from serious vaccine injuries, or public health; have expertise in the use of vaccines or other immunobiologic agents in clinical practice or preventive medicine, have expertise with clinical or laboratory vaccine research, or have expertise in assessment of vaccine safety and efficacy. The Committee shall include a person(s) knowledgeable about consumer perspectives and/or social and community aspects of immunization programs. Members shall be deemed Special Government Employees.

The Committee also shall consist of non-voting ex-officio members from the Health Resources and Services Administration, the U.S. Food and Drug Administration, Centers for Medicare and Medicaid Services, National Institutes of Health, Indian Health Service, and the National Vaccine Program at HHS or their designees.

If fewer than a quorum of ACIP members are eligible to vote due to absence or a financial or other conflict of interest, the DFO, or designee, shall have the authority to temporarily designate the ex-officio members as voting members.

There also shall be 33 non-voting liaison representatives from the American Academy of Family Physicians; American Academy of Pediatrics; American Academy of Physician Associates; American College Health Association; American College of Nurse Midwives; American College of Physicians; American Geriatrics Society; America's Health Insurance Plans; American Immunization Registry Association; American Medical Association; American Nurses Association; American Osteopathic Association; American Pharmacists Association; Association of Immunization Managers; Association of American Physicians and Surgeons; Association for Prevention Teaching and Research; Association of State and Territorial Health Officials; Biotechnology Innovation Organization; Council of State and Territorial Epidemiologists; Canadian National Advisory Committee on Immunization; Infectious Diseases Society of America; Independent Medical Alliance; International Society of Travel Medicine; Medical Academy of Pediatrics and Special Needs; National Association of County and City Health Officials; National Association of Pediatric Nurse Practitioners; National Foundation for Infectious Diseases; National Medical Association; Pediatric Infectious Diseases Society; Pharmaceutical Research and Manufacturers of America; Physicians for Informed Consent; Society for Adolescent Health and Medicine; and Society for Healthcare Epidemiology of America. Liaisons shall be deemed representatives.

Members, including the Chair and Vice Chair, shall be selected by the HHS Secretary and shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

Subcommittees.

Subcommittees composed of members of the parent committee and other subject matter experts may be established with the approval of the HHS Secretary. The subcommittees must report back to the parent committee and do not provide advice or work products directly to the agency. The Department

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

Committee Management Officer will be notified upon establishment of each subcommittee and will be provided information on its name, membership, function, and estimated frequency of meetings.

Appendix B – ACIP Charter – 08 April 2026 – List of Liaison Organizations

ACIP Charter – 08 April 2026

[Excerpt]

...There also shall be 33 non-voting liaison representatives from the

American Academy of Family Physicians;
 American Academy of Pediatrics;
 American Academy of Physician Associates;
 American College Health Association;
 American College of Nurse Midwives;
 American College of Physicians;
 American Geriatrics Society;
 America's Health Insurance Plans;
 American Immunization Registry Association;
 American Medical Association;
 American Nurses Association;
 American Osteopathic Association;
 American Pharmacists Association;
 Association of Immunization Managers;
 Association of American Physicians and Surgeons;
 Association for Prevention Teaching and Research;
 Association of State and Territorial Health Officials;
 Biotechnology Innovation Organization;
 Council of State and Territorial Epidemiologists;
 Canadian National Advisory Committee on Immunization;
 Infectious Diseases Society of America;
 Independent Medical Alliance; International Society of Travel Medicine;
 Medical Academy of Pediatrics and Special Needs;
 National Association of County and City Health Officials;
 National Association of Pediatric Nurse Practitioners;
 National Foundation for Infectious Diseases;
 National Medical Association;
 Pediatric Infectious Diseases Society;
 Pharmaceutical Research and Manufacturers of America;
 Physicians for Informed Consent;
 Society for Adolescent Health and Medicine; and
 Society for Healthcare Epidemiology of America.

Liaisons shall be deemed representatives.

- **Opening Text**
- **Appendix A – CDC-ACIP Charter, April 2026**
- **Appendix B – ACIP Charter – 08 April 2026 – List of Liaison Organizations**
- **Appendix C – Statement of 130+ organizations expressing alarm over proposed changes to CDC's Advisory Committee on Immunization Practices charter**

GE2P2 Global

...an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

- **Appendix D – Pediatric Infectious Diseases Society [PIDS]; Society for Healthcare Epidemiology of America [SHEA] Statements on New ACIP Charter**

Appendix C – Statement of 130+ organizations expressing alarm over proposed changes to CDC’s Advisory Committee on Immunization Practices charter

More than 130 organizations express alarm over proposed changes to CDC’s Advisory Committee on Immunization Practices charter

April 15, 2026

On April 9, the Centers for Disease Control and Prevention (CDC) published a significantly revised Advisory Committee on Immunization Practices (ACIP) charter.

Today, more than 130 organizations issued the following statement in response to the proposed changes:

“The 130+ undersigned medical, nursing, public health, and patient advocacy groups express our deep concern about the revised charter for the Advisory Committee on Immunization Practices (ACIP) published on April 9. The new charter substantively changes the focus of the committee and its membership structure, which could undermine confidence in vaccines and ultimately affect access to immunizations.

“ACIP was established to provide evidence-based guidance on the use of immunizations to prevent diseases, but the revised charter paves the way for an unqualified committee to promote misleading narratives about vaccine safety. For decades, the committee held transparent discussions about vaccines based on patterns of disease, clinical trial and real-world data on efficacy and safety, and cost and implementation considerations. The new charter downplays the value of immunizations for both communities and individuals.

“The charter adds several new organizations as liaison members to the committee who are known for sharing false information, including the debunked link between vaccines and autism. Liaisons’ role is typically to offer clinical and scientific expertise on implementing new or updated immunization recommendations in real-world settings, including assessing potential risks, and to ensure alignment on guidance.

“Taken together, these revisions will alter the focus of ACIP, potentially jeopardizing access to life-saving vaccines for Americans of all ages. ACIP’s recommendations are tied to 13 federal statutes and define vaccine coverage for Medicare, Medicaid, Tricare, the Veteran’s Health Administration, and the Vaccines for Children program, which covers half of America’s children and ensures access to vaccines, regardless of their families’ ability to pay. The proper functioning of ACIP is too important to allow the committee to be used to sow confusion and distrust in immunizations.

“As medical, public health and patient advocacy organizations, we call for an ACIP charter that correctly and comprehensively evaluates scientific data and emphasizes weighing the benefits and risks of vaccines and reducing morbidity and mortality from vaccine-preventable diseases. The ACIP charter should not be an ideological document and must support a rigorous method for evaluating evidence and require a balanced representation for its voting members and liaison organizations.”

Signatory List *[bolded text identifies ACIP liaison organizations]*

AAMC (Association of American Medical Colleges)
 Alabama Chapter, American Academy of Pediatrics
 Alanis Foundation
 Alaska Chapter, American Academy of Pediatrics
 Allies for Children

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

American College of Osteopathic Family Physicians
 America's Physician Groups
 American Academy of Allergy, Asthma & Immunology
American Academy of Family Physicians
American Academy of Pediatrics
 American Association for the Study of Liver Diseases
 American Association of Public Health Physicians
 American College of Chest Physicians
American College of Nurse-Midwives
 American College of Obstetricians and Gynecologists
American College of Physicians
 American College of Preventive Medicine
 American College of Rheumatology
 American Gastroenterological Association
 American Lung Association
American Medical Association
American Osteopathic Association
American Pharmacists Association
 American Public Health Association
 American Society for Meningitis Prevention
 American Society for Microbiology
 American Society of Hematology
 American Society of Pediatric Nephrology
 Arizona Chapter, American Academy of Pediatrics
 Asthma and Allergy Foundation of America
 Autism Science Foundation
 Autistic People of Color
 Autistic Self Advocacy Network
 California Immunization Coalition
 California Medical Association
 Caregiver Action Network
 CDC Alumni and Friends
 Children First
 Colorado Children's Campaign
 Colorado Chooses Vaccines
 Colorado Medical Society
 Colorado Nurses Association
 Delaware Academy of Medicine & Public Health
 Emily Stillman Foundation
 Families Fighting Flu
 Families USA
 Family Voices NJ
 Florida Families for Vaccines
 Generations United
 Georgia Chapter, American Academy of Pediatrics
 Hawaii – American Nurses Association
 Hawaii Chapter, American Academy of Pediatrics
 HealthyWomen
 Henry and Stark County Health Department

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

Hepatitis B Foundation
 Idaho Chapter, American Academy of Pediatrics
 Idaho Immunization Coalition
 Immunization Coalition of Delaware
 Immunize Kansas Coalition
 Immunize Wisconsin
 Indiana Chapter, American Academy of Pediatrics
 Indiana Department of Health
 Infectious Diseases Society for Obstetrics and Gynecology
Infectious Diseases Society of America
 International Vaccine Access Center
 Iowa Chapter, American Academy of Pediatrics
 Kansas Chapter, American Academy of Pediatrics
 Kentucky Chapter, American Academy of Pediatrics
 Kimberly Coffey Foundation
 Louisiana Chapter, American Academy of Pediatrics
 Louisiana Families for Vaccines
 Lupus and Allied Diseases Alliance
 Maine Chapter, American Academy of Pediatrics
 Maine Families for Vaccines
 March of Dimes
 Massachusetts Chapter, American Academy of Pediatrics
 Massachusetts Families for Vaccines
 Maternity Care Coalition
 Michigan Chapter, American Academy of Pediatrics
 Minnesota Chapter, American Academy of Pediatrics
 Montana Chapter, American Academy of Pediatrics
 Montana Families for Vaccines
 National Association of Hispanic Nurses
 National Association of Nutrition and Aging Services Programs
National Association of Pediatric Nurse Practitioners
 National Coalition for Infant Health
National Foundation for Infectious Diseases
 National Hispanic Health Foundation
 National Hispanic Medical Association (NHMA)
 National Network of Public Health Institutes
 National Organization for Dental Immunizers
 National Viral Hepatitis Roundtable (NVHR)
 New Hampshire Chapter, American Academy of Pediatrics
 New Hampshire Families for Vaccines
 NAPCRG
 NICU Parent Network
 NMAC
 North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
 North Carolina Pediatric Society
 North Dakota Chapter, American Academy of Pediatrics
 Northern Utah Immunization Coalition
 Nurses for America
 Ohio Chapter, American Academy of Pediatrics

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

Pediatric Infectious Diseases Society of America

Pediatric Nurse Practitioner House Calls
 Pediatric Pharmacy Association
 Pennsylvania Chapter, American Academy of Pediatrics
 Pennsylvania Immunization Coalition
 Pennsylvania Partnerships for Children
 PREMIEWORLD FOUNDATION, INC.
 Pro-Vaccine Legal Alliance
 Protect Our Care
 Public Health Association of Nebraska
 Public Health Law Center
 Society for Maternal-Fetal Medicine
 Society for PAs in Pediatrics
 Society of Critical Care Medicine
 Society of Teachers of Family Medicine
 South Carolina Chapter, American Academy of Pediatrics
 South Carolina Families for Vaccines
 South Dakota Families for Vaccines
 SPAN Parent Advocacy Network
 Tennessee Chapter, American Academy of Pediatrics
 Tennessee Families for Vaccines
 Utah Chapter, American Academy of Pediatrics
 Vaccinate Your Family
 Vaccine Education Center at Children’s Hospital of Philadelphia
 Vermont Public Health Association
 Washington Chapter, American Academy of Pediatrics
 West Virginia Chapter, American Academy of Pediatrics
 Wisconsin Chapter, American Academy of Pediatrics
 Wisconsin Families for Vaccines

- **Opening Text**
- **Appendix A – CDC-ACIP Charter, April 2026**
- **Appendix B – ACIP Charter – 08 April 2026 – List of Liaison Organizations**
- **Appendix C – Statement of 130+ organizations expressing alarm over proposed changes to CDC’s Advisory Committee on Immunization Practices charter**
- **Appendix D – Pediatric Infectious Diseases Society [PIDS]; Society for Healthcare Epidemiology of America [SHEA] Statements on New ACIP Charter**

GE2P2 Global

...an integrated non-profit [foundation/501\[c\]3](#) and [public benefit corporation](#) affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

Appendix D – Pediatric Infectious Diseases Society [PIDS]; Society for Healthcare Epidemiology of America [SHEA] Statements on New ACIP Charter

Pediatric Infectious Diseases Society [PIDS] Statement on New Advisory Committee on Immunization Practices Charter

April 10, 2026

The revised CDC Advisory Committee on Immunization Practices (ACIP) charter published yesterday represents the latest attempt to upend U.S. vaccine policy with a focus shifting away from public health toward misinformation and litigation. As pediatric clinicians and researchers, PIDS fears such an orientation jeopardizes our capacity to continue protecting the health and well-being of children from vaccine-preventable and emerging infectious diseases.

The ACIP's traditional examinations of vaccines considered a vaccine or treatment candidate for its efficacy, safety, and necessity, and continued those evaluations on a routine basis. The informed insights demonstrated by ACIP members reflected the trust healthcare professionals and families needed in CDC recommendations. Until recently committee members themselves were thoroughly evaluated for their expertise and transparency.

This new iteration of the committee would further erode the ACIP's reputation in the American public. It elevates areas of toxicology, pediatric neurodevelopment, vaccine injury and social aspects of immunization programs while minimizing the importance of experts in medicine, vaccines, immunization practices and immunology by requiring that members only be "knowledgeable of" these critical areas.

While it maintains many liaison organizations, it imperils legitimacy with the inclusion of several vaccine-skeptical groups. We believe this will lead to greater vaccine hesitancy and refusal, resulting in falling vaccination coverage and ultimately, children suffering and dying from diseases that are easily prevented with safe, effective vaccines.

PIDS is committed to vaccine and public health policy rooted in science, led by experts, and transparent in its decision-making. Only then will we restore vaccine confidence in the public and advance our abilities to protect children from infectious diseases. We welcome the opportunity to work with any who share our approach and are ready to help families safeguard their children.

SHEA Comments on the Updated ACIP Charter

Society for Healthcare Epidemiology of America [SHEA]

April 17, 2026

The updated charter of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) raises concerns about the future of science-based vaccine guidance in the United States.

ACIP has long served as a trusted authority for balanced, evidence-driven recommendations, grounded in rigorous evaluation of vaccine safety, effectiveness, and public health benefit. The revised charter risks undermining that foundation by elevating vaccine safety considerations without equal recognition of the well-established benefits of immunization and the prevention of serious disease.

The changes to the committee's structure and definition of expertise may also risk moving away from the evidence-based scientific and clinical knowledge that has historically guided ACIP's work. Maintaining that expertise is essential to preserving the committee's credibility and the public's confidence in vaccination practices. It is especially important to healthcare personnel and patient safety.

At a time when vaccine-preventable diseases pose a real threat, clear, transparent, and science-based guidance is more important than ever. Ensuring ACIP continues to reflect these principles will be critical to sustaining trust in vaccines and protecting public health. SHEA believes that ACIP must remain nonpartisan and ensure that the conduct of its meetings and the development of clinical

GE2P2 Global

...an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org

recommendations are guided by scientific evidence and public health expertise, independent of any administration’s political objectives, to protect public health now and in the future.

#

The GE2P2 Global Foundation is an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate founded in 2016 to advance scientific rigor, ethical resilience, and integrity in research and evidence generation across the sciences – informing governance, policy, and practice.

The Foundation has a strong record of responding to public comment and public consultation opportunities globally to strengthen and refine the development of laws, regulations, standards, policies, and guidance, and in support of other deliberative processes involving scientific rigor, research ethics and integrity. These calls are issued from organizations in the United Nations system, multilateral agencies, governments and country regulatory bodies, non-governmental organizations, civil society organizations, academic institutions, professional societies, and commercial organizations.

The Center for Vaccine Ethics and Policy [CVEP] was formed in 2008 and became a formal program as the Foundation was incorporated in 2016. CVEP engages the full life-cycle of issues around global immunization and vaccines: including building and refining the ethical frameworks that help assure that policy proceeds from values and aligns with their implications, analyzing and communicating about vaccine evidence, ethics and policy in scholarly journals, the media and in other fora, convening the full vaccine community to consider evidence, ethics and practical solutions, addressing opportunity and performance. CVEP also offers a knowledge-sharing service through publication of *Vaccines and Global Health: The Week in Review*.

This Expression of Concern is one of a series where the Foundation takes note of and urges mitigating responses to actions taken by organizations as listed above which we assess to challenge, compromise or confound scientific rigour, ethics, or integrity.

Contact:

David R Curry, MS
President & CEO
GE2P2 Global Foundation
david.r.curry@ge2p2global.org

#

- **[Opening Text](#)**
- **[Appendix A – CDC-ACIP Charter, April 2026](#)**
- **[Appendix B – ACIP Charter – 08 April 2026 – List of Liaison Organizations](#)**
- **[Appendix C – Statement of 130+ organizations expressing alarm over proposed changes to CDC’s Advisory Committee on Immunization Practices charter](#)**
- **[Appendix D – Pediatric Infectious Diseases Society \[PIDS\]; Society for Healthcare Epidemiology of America \[SHEA\] Statements on New ACIP Charter](#)**

GE2P2 Global

...an integrated non-profit foundation/501[c]3 and public benefit corporation affiliate advancing scientific rigor, ethical resilience, and integrity in research and evidence generation informing governance, policy, practice www.ge2p2.org