



Association of
Immunization
Managers

Public Comment to the Advisory Committee on Immunization Practices (ACIP) November 22, 2025

As the professional home of the 66 federally-funded immunization programs across the 50 states, eight major cities, and eight U.S. territories and freely associated states, the Association of Immunization Managers (AIM) would like to emphasize our ongoing commitment to ensuring that **all individuals—regardless of age, income, insurance status, or geography—have access to the vaccines they need and want** to protect themselves, their families, and their communities from illness and suffering caused by vaccine-preventable diseases.

Changes to vaccine recommendations can have far-reaching consequences that impact the administration and logistics of immunization programs. It is critical, therefore, that such changes be driven by scientific evidence that clearly indicates the current immunization schedule is inferior to a newly recommended schedule or that the existing recommendations are clearly causing harm. It is also critical that the potential negative impacts of proposed changes are anticipated and understood, and that the risks and benefits are carefully weighed to ensure harm does not come from those new recommendations.

The current ACIP-recommended immunization schedules, which have undergone rigorous scientific review by experts in vaccinology, immunology, pediatrics, and infectious diseases, are some of the greatest achievements in public health, dramatically reducing the incidence of debilitating and deadly infectious diseases in children and adolescents. The success of these schedules relies on a strong, universal recommendation that ensures coverage through all payment mechanisms, including the Vaccines for children (VFC) program and private insurance plans under the Affordable Care Act.

AIM is concerned that changes to the current child and adolescent immunization schedules, including changes to the timing of vaccines or the application of “shared clinical decision making” (SCDM) for routine childhood and adolescent immunizations, will create significant administrative barriers and cause confusion for clinicians, insurers, and families. **It is anticipated that such changes will lead to reduced vaccination rates, declining community immunity, and resurgences of preventable diseases, putting vulnerable populations, such as immunocompromised individuals and infants, at heightened and unnecessary risk of disease and placing unnecessary financial burden upon states and communities.**

AIM urges ACIP to:

- **Preserve the current, evidence-based universal childhood and adolescent immunization schedules** based on the established safety and efficacy data
- **Refrain from imposing SCDM designations** for routine, recommended vaccines for all children and adolescents, as this creates administrative and insurance-related barriers to access
- **Ensure that all ACIP decisions are rooted exclusively in the highest standard of science and data, maintaining the committee's long-standing, non-partisan, expert-driven advisory function**

Preserving a science-based, stable advisory process for immunization policy is critical to protecting public health and maintaining public trust in our nation's immunization infrastructure. Vaccines are one of the most powerful tools we have to protect public health. Ensuring that **everyone who wants a vaccine can get one—easily, affordably, and locally—must remain a shared priority.**

Sincerely,

Michelle D. Fiscus, MD FAAP
Chief Medical Officer
Association of Immunization Managers