

July 9, 2026

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services (HHS)
Hubert H. Humphrey Building
200 Independence Ave, SW
Washington, DC 20201

RE: CDC [ACIP Charter Changes](#)

Dear Secretary Kennedy,

As the organizations representing the pharmacists, pharmaceutical scientists, pharmacy technicians, and student pharmacists who serve on the front lines of vaccine delivery and public health, we are concerned the recently revised charter for the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) could impact the evidence-based framework that has historically guided U.S. immunization policy and unintentionally jeopardize patient access to safe and effective vaccines.

As a primary provider of vaccine-related services and information, we share the goal of making all Americans healthier. Pharmacists and those under pharmacists' supervision (i.e., pharmacy technicians, student pharmacists, etc.) administer the majority of respiratory vaccines and other vaccines to adult patients in our nation, including Medicare and Medicaid beneficiaries, as well as those who receive care from the Department of Veterans Affairs and through our U.S. military, the Indian Health Service, immigration, and prison facilities worldwide. According to the available 2025 – 2026 flu and respiratory virus season data, over 62% of adult influenza vaccines,¹ 96% of all RSV vaccines,² and 89% of all COVID-19 vaccines³ were administered in pharmacies.

The revised charter places an emphasis on vaccine risks and harms that is not commensurate with the scientifically proven benefits and disease prevention outcomes of safe and effective vaccination. The revised charter also shifts ACIP membership away from an explicit emphasis on expertise in immunization science, infectious diseases, vaccinology, and vaccine service implementation, which may affect the depth of scientific rigor that has defined ACIP deliberations. While the revised charter indicates that ACIP will promptly review and provide recommendations on vaccines following FDA approval or label changes, recent delays in reviewing a label change for a vaccine to prevent invasive meningococcal disease illustrate the importance of timely committee action. Although the FDA approved the label change in May 2025 and ACIP had previously reviewed the data, the committee did not consider a recommendation at its June 2025 meeting, potentially delaying broader implementation of this evidence-based meningococcal disease prevention option.

Because of these concerns, the undersigned organizations strongly urge ACIP to adopt the following recommendations

¹ Weekly flu vaccination dashboard. FluVaxView. Published May 20, 2026. <https://www.cdc.gov/fluvoxview/dashboard/index.html>

² Respiratory syncytial virus (RSV) vaccinations administered in pharmacies and physician medical offices*, adults, United States. RSVVaxView. Published March 25, 2026. <https://www.cdc.gov/rsvvxview/dashboard/adult-vaccinations-administered.html>

³ Weekly COVID-19 vaccination dashboard. COVIDVaxView. Published May 20, 2026. <https://www.cdc.gov/covidvaxview/weekly-dashboard/index.html>

- Preserve transparent, merit-based selection processes that prioritize scientific excellence, experience with vaccination processes, and independence from ideological and political influence when selecting voting members and liaison organizations.
- Engage directly with frontline vaccination providers and vaccine scientists, including pharmacists and pharmacy personnel, when considering structural changes to vaccine policy processes and advisory committee appointments.
- Prioritize selecting pharmacists for ACIP membership including voting, liaison non-voting membership, and work groups, based on the individual pharmacist's extensive experience in vaccinology or in providing immunizations to patients
- Ensure ACIP conducts a prompt review and provides recommendations for vaccines following FDA approvals or label changes
- Require that ACIP recommendations be published in the Morbidity and Mortality Weekly Report (MMWR)
- Require a minimum number of ACIP meetings to be held per year, with additional meetings held at the discretion of the ACIP DFO
- Require a clear and transparent recordkeeping process for all ACIP activities

As the most accessible healthcare providers, pharmacists are essential to patient and public health, especially in rural and underserved communities and in long-term care facilities. They administer vaccines, counsel patients, and educate the public. Pharmacists and pharmacy personnel, along with other vaccination providers, have long relied on ACIP's recommendations as the gold standard for immunization guidance. When long-standing processes shift or appear unpredictable, confusion can spread and undermine confidence in how recommendations are developed, communicated, and implemented.

The pharmacy profession remains united in our steadfast commitment to providing our patients with safe, effective, and evidence-based vaccines. We urge you to consider our recommendations to the ACIP charter to ensure public trust in vaccines. If you have any questions or would like to meet with us, please contact Corey Whetzel, PharmD, JD, MBA, APhA's Senior Manager, Regulatory Affairs, at cwhetzel@aphanet.org. We look forward to continuing the collaboration between HHS, ACIP, and our nation's pharmacists and pharmacy personnel.

American Pharmacists Association
 Academy of Managed Care Pharmacy
 American Association of Colleges of Pharmacy
 American Association of Psychiatric Pharmacists
 American College of Clinical Pharmacy
 ASCP – Age Friendly Pharmacists and Pharmacies
 American Society of Health-System Pharmacists
 Pediatric Pharmacy Association
 Society of Infectious Diseases

Cc: Mina Zadeh, Executive Secretary