



Comments to the Advisory Committee on Immunization Practices (ACIP)

March 18-19, 2026 Meeting

Docket ID: CDC-2026-0199

Agency: Centers for Disease Control and Prevention (CDC)

The [National Foundation for Infectious Diseases](#) (NFID) appreciates the opportunity to submit written comments for the March 18-19, 2026 Advisory Committee on Immunization Practices (ACIP) meeting. The agenda for the March meeting, as posted in the Federal Register, includes discussions on COVID-19 vaccine safety, Long COVID, ACIP recommendation methodology, and updates on ACIP workgroups. As ACIP considers these immunization policy issues, NFID urges that any changes to recommendations or methodology reflect a rigorous scientific, evidence-based review.

COVID-19 Vaccine Safety

Since the start of the pandemic, billions of doses of COVID-19 vaccines have been safely administered in the United States and globally. COVID-19 vaccination reduces the risk of severe illness across age groups and does not have common serious side effects. Like all vaccines, COVID-19 vaccines used in the United States were required to undergo extensive safety testing before being authorized or licensed by the US Food and Drug Administration and recommended for widespread use by the Centers for Disease Control and Prevention (CDC). After FDA approval, all vaccines used in the US undergo continuous safety monitoring through multiple systems, including the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink, which track real-world data across millions of people. Serious side effects from recommended vaccines are rare and are significantly milder than the diseases they prevent. If rare side effects are identified, vaccines or their recommendations are updated based on the evidence.

There is no new evidence of safety concerns associated with COVID-19 vaccines. A recent evidence review found that COVID-19 vaccination has shown “consistent effectiveness and safety” and significantly reduces the risk of severe disease and hospitalization across populations. (1) Although rare cases of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) have been reported following some COVID-19 vaccines, the American Heart Association notes that the benefits of vaccination far outweigh these risks. In fact, studies have shown that COVID-19 vaccination may reduce the risk of heart-related complications, including heart attack and stroke, associated with COVID infection. (2,3) Based on the evidence, NFID supports the COVID-19 vaccination recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists, which recommend COVID-19 vaccination for children, adolescents, pregnant women, and adults based on risk factors, as well as for anyone age 6 months and older who wants to be vaccinated. (4,5)

Long COVID

Long COVID, also known as post-COVID conditions (PCC), includes a wide range of long-term health issues that can occur following infection with SARS-CoV-2, the virus that causes COVID-19. Long-term effects may include the development of new health conditions such as diabetes, heart disease, blood

clots, or disorders affecting the brain and nervous system. Long COVID is more likely among people who had severe illness, but it can occur after any COVID-19 infection. Each infection with SARS-CoV-2 carries a risk of developing Long COVID. Research shows that COVID-19 vaccination is the best available tool to help prevent Long COVID, including in children. In sum, the evidence to date shows that COVID-19 vaccination can help protect against Long COVID and related chronic health conditions. (6,7)

ACIP Recommendation Methodology and Shared Clinical Decision-Making

ACIP has historically used a structured, evidence-based approach to develop vaccine recommendations. This robust process includes reviewing clinical trial and post-licensure safety and effectiveness data, assessing disease burden, evaluating benefits and risks across populations, and considering implementation factors such as feasibility. The long-established ACIP process relies on workgroups composed of ACIP committee members working with experienced CDC staff and independent experts, including liaison representatives with relevant scientific and clinical expertise. NFID strongly supports maintaining this rigorous, evidence-based approach to ensure that national immunization policy remains grounded in the best available science.

NFID is concerned that recent CDC changes in childhood vaccine recommendations do not reflect the evidence and could reduce protection for several diseases. Vaccines that no longer have a routine recommendation include those that help protect against COVID-19, hepatitis A, hepatitis B, influenza, meningococcal disease, rotavirus, and RSV. These vaccines now have shared clinical decision-making or risk-based recommendations—recommendation types that are likely to result in lower vaccination rates, more disparities, and more disease. (8, 9, 10)

Current immunization schedules developed by leading medical organizations are based on robust scientific evidence and have resulted in dramatic reductions in many vaccine-preventable diseases. Recent decreases in vaccination rates have already resulted in disease outbreaks, including the highest number of measles cases since measles was eliminated from the United States in 2000. Any further erosion of evidence-based immunization schedules would put more US children, adolescents, and adults at risk.

NFID urges the Advisory Committee on Immunization Practices to maintain its longstanding commitment to rigorous, transparent, evidence-based decision-making when evaluating vaccine safety, effectiveness, and policy recommendations. Changes to vaccine recommendations or ACIP methodology should be guided by comprehensive scientific review and the best available data on disease burden, vaccine benefits and risks, and public health impact. Preserving the integrity of the evidence-based immunization schedule and the established ACIP review process is essential to protecting public health, sustaining confidence in vaccines, and ensuring that children, adolescents, and adults in the United States remain protected against preventable infectious diseases.

Sincerely,

Robert H. Hopkins, Jr., MD
NFID Medical Director

1. Scott J, Abers M, Marwah H, et al. Updated Evidence for Covid-19, RSV, and Influenza Vaccines for 2025-2026. *N Engl J Med* 2025;393:2221-2242. DOI: 10.1056/NEJMsa2514268.
2. Katsoularis, Ioannis et al. Risk of Acute Myocardial Infarction and Ischaemic Stroke Following COVID-19 in Sweden: A Self-controlled Case Series and Matched Cohort Study. *The Lancet*, Volume 398, Issue 10300, 599 – 607.

3. Jiang J, Chan L, Kauffman J, et al. Impact of Vaccination on Major Adverse Cardiovascular Events in Patients With COVID-19 Infection. *Journal of the American College of Cardiology* Volume 81, Number 9. <https://www.jacc.org/doi/10.1016/j.jacc.2022.12.006>
4. Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement, Sean T. O’Leary, MD, MPH, FAAP; Committee on Infectious Diseases. *Pediatrics* (2026) 157 (3): e2025075754. <https://doi.org/10.1542/peds.2025-075754>
5. Maternal Immunizations. *Obstetrics & Gynecology* (>):10.1097/AOG.0000000000006230, February 18, 2026. | DOI: 10.1097/AOG.0000000000006230
6. Razzaghi H, Forrest CB, Hirabayashi K, et al. Vaccine Effectiveness Against Long COVID in Children. *Pediatrics*. *Pediatrics*. 2024 Apr 1;153(4):e2023064446. doi: 10.1542/peds.2023-064446.
7. Watanabe A, Iwagami M, Yasuhara J, et al. Protective effect of COVID-19 vaccination against long COVID syndrome: A systematic review and meta-analysis, *Vaccine*. 2023 Mar 10;41(11):1783-1790. doi: 10.1016/j.vaccine.2023.02.008.
8. Anna S. Lok, John W. Ward, Mei-Hwei Chang, Chari Cohen, Hepatitis B Vaccination: A Remarkable Success Story That Must Continue, *Gastroenterology*, Volume 170, Issue 3, 2026, Pages 447-451, ISSN 0016-5085, <https://doi.org/10.1053/j.gastro.2025.10.295>.
9. Săndulescu O, Mantovani S, Roque-Afonso A, et al. Achieving Global Immunity against Hepatitis A through Universal Vaccination: A Position Paper from the European Society of Clinical Microbiology and Infectious Diseases Study Group for Viral Hepatitis, *Clinical Microbiology and Infection*, Volume 32, Issue 3, 2026, Pages 416-426, ISSN 1198-743X, <https://doi.org/10.1016/j.cmi.2025.11.026>.
10. Ahmed MS, Wang Z, Joerger T, et al. Disparities in Nirsevimab Uptake Across a Pediatric Primary Care Network. *Pediatrics* (2025) 156 (2): e2025070790. <https://doi.org/10.1542/peds.2025-070790>