



March 12, 2026

**VIA ELECTRONIC TRANSMISSION**

Martin Kulldorff, PhD  
Chair, Advisory Committee on Immunization Practices  
Centers for Disease Control and Prevention  
1600 Clifton Road NE  
Atlanta, GA 30333

**Re: Comments for the March 18-19, 2026 meeting of ACIP (Docket No. CDC-2026-0199)**

Dr. Kulldorff:

On behalf of the Governors Public Health Alliance (PHA), we appreciate the opportunity to submit comments on the items before the CDC Advisory Committee on Immunization Practices (ACIP) for its March 18-19, 2026 meeting. As a nonpartisan coalition of 15 governors, representing approximately one of three of the American population, PHA is committed to protecting and advancing the health and wellbeing of the millions of residents across the United States.<sup>1</sup>

The decisions made by ACIP have far-reaching implications for public health, state public health infrastructure, and the ability of our residents to access preventive care for themselves and their families. We write to urge the Committee to maintain evidence-based vaccination recommendations that prioritize public health, ensure continued access to rigorously tested vaccines, and adopt transparent, scientifically grounded processes for addressing COVID-19 vaccine injuries. As governors responsible for implementing public health policy and managing state healthcare systems, we have witnessed firsthand how vaccination protects our communities and prevents serious illness, hospitalization, and death from vaccine-preventable diseases.

**A. Maintaining access to and confidence in safe and effective vaccines is essential in protecting the health and wellbeing of all people in our states.**

As governors, our foremost responsibility is to protect the health and wellbeing of our residents. We are responsible for ensuring that every resident has access to the vaccines they need to stay healthy. Vaccines are safe and effective and have proven to be among the most successful public health interventions in history, dramatically reducing childhood mortality and morbidity from preventable diseases. Changes that impose new barriers to safe and effective vaccination—whether through narrowed eligibility criteria, increased administrative requirements, reduced insurance

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<sup>1</sup> PHA membership includes California Governor Gavin Newsom, Colorado Governor Jared Polis, Connecticut Governor Ned Lamont, Delaware Governor Matt Meyer, Guam Governor Lou Leon Guerrero, Hawai‘i Governor Josh Green, Illinois Governor JB Pritzker, Maryland Governor Wes Moore, Massachusetts Governor Maura Healey, New Jersey Governor Mikie Sherrill, New York Governor Kathy Hochul, North Carolina Governor Josh Stein, Oregon Governor Tina Kotek, Rhode Island Governor Daniel McKee, and Washington Governor Bob Ferguson.



coverage, or higher out-of-pocket costs for families—will harm public health and create substantial risk.

We are particularly concerned with maintaining vaccine confidence as the Committee takes up COVID-19 vaccine injuries and Long COVID. Consistency and stability in vaccine policy, grounded in scientific evidence, helps maintain trust in vaccination. Frequent changes or recommendations that appear to conflict with the broader medical community’s guidance can create confusion and hesitancy, potentially reducing vaccination rates.

The consequences of eroding vaccine confidence are already visible and deeply alarming. Measles, declared eliminated in the United States in 2000, is staging a deeply concerning resurgence. As of late February 2026, more than 1,136 confirmed measles cases have been reported across 28 states,<sup>2</sup> and 2025 saw a 34-year high in measles cases, with outbreaks tripling from 16 in 2024 to 49 in 2025.<sup>3</sup> The data tell a clear story about where these outbreaks take hold: 93% of 2025 cases occurred in unvaccinated or under-vaccinated individuals, and outbreaks have been concentrated in communities where vaccination coverage has fallen below the threshold needed to prevent transmission.<sup>4</sup> Nationally, MMR coverage among kindergartners has declined to 92.5%—below the 95% level needed to prevent community spread—and more than three-quarters of states now fall below that target.<sup>5</sup> Our ability as governors to protect communities depends on both access to and trust in safe and effective vaccines—and both depend on guidance that families and providers can rely on.

### **B. Grounding recommendations in the highest quality scientific evidence is critical for sound policy.**

The strength of ACIP recommendations has historically been rooted in rigorous scientific review using established evidence evaluation frameworks. We strongly urge the Committee to rely exclusively on evidence that has been evaluated through the GRADE (Grading of Recommendations Assessment, Development and Evaluation) process when making vaccination recommendations. This approach ensures that policy decisions are based on the highest quality data available, and are properly assessed for bias, consistency, and applicability.

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<sup>2</sup> <https://www.cdc.gov/measles/data-research/index.html>

<sup>3</sup> [https://www.cdc.gov/measles/data-research/index.html#:~:text=There%20were%2050%20outbreaks\\*\\*,and%20outbreaks%20in%20their%20jurisdictions.](https://www.cdc.gov/measles/data-research/index.html#:~:text=There%20were%2050%20outbreaks**,and%20outbreaks%20in%20their%20jurisdictions.)

<sup>4</sup> [https://www.cdc.gov/measles/data-research/index.html#:~:text=There%20were%2050%20outbreaks\\*\\*,and%20outbreaks%20in%20their%20jurisdictions.](https://www.cdc.gov/measles/data-research/index.html#:~:text=There%20were%2050%20outbreaks**,and%20outbreaks%20in%20their%20jurisdictions.)

<sup>5</sup> <https://publichealth.jhu.edu/ivac/2025/across-the-us-childhood-vaccination-rates-continue-to-decline>  
[https://www.kff.org/medicaid/childcare-routine-vaccination-rates-continue-to-decline/](https://www.kff.org/medicaid/childcare/childcare-routine-vaccination-rates-continue-to-decline/)



As the Committee considers discussions related to COVID-19, we urge it to consider that evidence alongside the substantial, well-documented benefits of COVID-19 vaccination. COVID-19 vaccines have prevented millions of hospitalizations and deaths, reduced the burden on healthcare systems during periods of peak transmission, and provided critical protection to older adults and immunocompromised individuals who face the greatest risk from severe disease.<sup>6</sup> A complete and scientifically rigorous review requires weighing both sides of that ledger. Examining adverse events in isolation without equal consideration of the demonstrated benefits does not reflect the highest standards of evidence-based evaluation that have long guided the Committee's work.

**C. Transparency, clarity, and predictability are foundational to public trust in vaccination programs.**

Public trust in vaccine recommendations depends not only on the quality of the science, but on the transparency of the process by which decisions are made. We remain concerned that recent ACIP proceedings have shown signs of deviation from the Committee's established standards and processes. These concerns are compounded by recent actions at the Department of Health and Human Services that altered the childhood immunization schedule without the benefit of a public ACIP meeting or the Committee's established evidence review process. When decisions of this magnitude occur outside the transparent and predictable framework that has historically guided federal vaccine policy, it creates uncertainty for states, health care providers, and families and risks undermining public confidence in vaccination programs.

As the Committee considers its recommendation methodology, we urge the Committee to return to consistently applying the Evidence to Recommendations (EtR) framework. Transparency builds and maintains public trust in vaccine recommendations.

**D. ACIP should consider the significant operational and practical implications of changes to vaccine recommendations.**

We urge the Committee to carefully consider the full range of impacts that result from any changes to immunization schedules, clinical recommendations, or deliberations that may inform broader federal vaccine policy, including matters related to vaccine injury compensation policy. These impacts extend well beyond the immediate clinical questions and affect vaccine supply chains, insurance coverage, healthcare provider workflows, public health operations, and ultimately, the ability of our residents to access critical and life-saving preventative care.

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<sup>6</sup> <https://www.commonwealthfund.org/blog/2022/two-years-covid-vaccines-prevented-millions-deaths-hospitalizations> (COVID-19 vaccines prevented more than 18.5 million hospitalizations and 3.2 million deaths in the U.S. in just the first two years of the program).

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12424867/> (The 2024–25 COVID-19 vaccines were 40% effective against hospitalization and 79% effective against invasive mechanical ventilation or death).



The PHA, on behalf of the 15 states we represent as Governors, urge ACIP to maintain evidence-based schedules, consider implementation realities, and ensure continued access to safe and effective vaccines in order to best protect the American people from preventable illness and public health threats.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "A. Botticella". The signature is fluid and cursive, with a long horizontal stroke at the end.

Angela Botticella  
Managing Director  
Governors Public Health Alliance