



ACIP Secretariat
Centers for Disease Control and Prevention
1600 Clifton Road NE
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Atlanta, Georgia 30329-4027

Dear Dr. Zadeh and Dr. Kulldorff:

The below members of the Adult Vaccine Access Coalition (AVAC) appreciate the chance to provide comments in advance of the upcoming Advisory Committee on Immunization Practices (ACIP) meeting on December 4-5.

AVAC includes eighty organizational leaders in health and public health who are committed to overcoming the barriers to adult immunization and to raising awareness of and engaging in advocacy on the importance of adult immunization. Our mission is informed by scientific and empirical evidence that shows that immunization improves health, protects lives against a variety of debilitating and potentially deadly conditions, and saves costs to the healthcare system and to society.

ACIP's recommendations form the foundation for several policies across the U.S. healthcare system, including guidance for providers and patients on who should receive certain vaccines and at what intervals, and determining first dollar health insurance coverage of vaccines. These recommendations are also widely linked to provider authority as well as billing and reimbursement in various healthcare settings and insurance types. **As ACIP prepares for its next meeting, Members of the AVAC wish to express our support for an ACIP process that honors guiding principles based in expertise, evidenced-based practices, and transparency.**

Expertise. ACIP is a public-facing, transparent committee established by Congress. ACIP members who are nominated to serve should be selected based on their ability to provide expert perspectives and advice on the use of vaccines in the U.S. population. For more than 50 years, ACIP's recommendations have shaped the landscape for vaccine access. The work of the ACIP should be grounded firmly in apolitical, expert, evidence-based advice and recommendations on the use of vaccines.

Evidence-Based Practices. ACIP recommendations have always been a gold standard, trusted source because they are informed by thoughtfully structured evaluations, the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system and by the Evidence to Recommendation (EtR) processes. The GRADE process rates the quality of evidence

used in the development and evaluation of healthcare recommendations. The EtR process allows the ACIP to consider the balance of benefits and harms, the type and quality of evidence, implementation considerations, and relevant health economic analyses. Consistent use of these frameworks has allowed for robust deliberation around complex issues and must continue to be the basis of all ACIP work.

Transparency. Transparency is also a vital part of the ACIP process. The ACIP should release material more than 24 hours in advance to the public. Releasing materials in advance, including presentations, provides transparency and supports greater public confidence in ACIP's final recommendations. Given the impact that ACIP deliberations have on vaccine access for Americans, it is crucial that these practices are maintained.

Hepatitis B. Hepatitis B immunization will be an especially important topic of discussion during the upcoming December ACIP meeting where the committee will revisit longstanding hepatitis B recommendations and coverage. Decades of research has shown that this vaccine is extremely safe and highly effective at protecting newborns and babies from a potential lifetime of chronic illness and premature mortality. For over 40 years, the hepatitis B vaccine has provided a generation of children a reliable source of liver cancer prevention. While we have successfully protected children from Hepatitis B thanks to the universal birth dose recommendation, we have seen a rise in cases of hepatitis B in recent years in adults who were born prior to the universal birth dose recommendation. Only 25 percent of adults over the age of 19 are vaccinated against hepatitis B.

Any change in the childhood recommendation, done without comprehensive and unbiased evaluation of the evidence, expertise and transparency that has informed these recommendations could have devastating effects across the life course. Changes in the schedule could disrupt access to desired vaccinations; create unnecessary uncertainty around whether or not a vaccine is appropriate for a particular person, or if that person has coverage for a certain vaccine; and health insurance plans could lack clarity on which vaccines should be covered for different population age groups and at what cost. Importantly, it will weaken protections against an entirely preventable form of liver cancer and a debilitating, costly and chronic disease that our nation once committed to eliminate.¹

We call on ACIP to rely on scientifically rigorous, evidence-based data, with a transparent process, when making life-changing recommendations and urge the Committee to maintain the hepatitis B birth dose for all newborns.

Thank you for the opportunity to comment.

¹ <https://www.hhs.gov/sites/default/files/action-plan-viral-hepatitis-2011.pdf>

Sincerely,

Alliance for Aging Research

Alliance for Women's Health and Prevention

American College of Obstetricians & Gynecologists

American College of Physicians

American College of Preventive Medicine

American Lung Association

American Pharmacists Association

American Society for Meningitis Prevention

Asian & Pacific Islander American Health Forum (APIAHF)

Big Cities Health Coalition

Gerontological Society of America

HealthyWomen

Immune Deficiency Foundation

Infectious Diseases Society of America

March of Dimes

National Consumers League

National Council of Urban Indian Health

National Foundation for Infectious Diseases

National Viral Hepatitis Roundtable (NVHR)

Society for Healthcare Epidemiology of America (SHEA)

Society for Maternal-Fetal Medicine

Trust for America's Health

Vaccinate Your Family