

April 11, 2025

Helen Keipp Talbot, MD
Chair, Advisory Committee on Immunization
Practices
Professor of Medicine
Vanderbilt University

Melinda Wharton, MD, MPH
Executive Secretary, Advisory Committee on
Immunization Practices
National Center for Immunization and
Respiratory Diseases
Centers for Disease Control and Prevention

Re: Docket No. CDC-2025-0017 for Request for Comments for “Advisory Committee on Immunization Practices (ACIP) April 15-16, 2025”

Dear Dr. Talbot and Dr. Wharton,

Thank you for the opportunity to submit a public comment to the Advisory Committee on Immunization Practices (ACIP) April 15 – 16, 2025 meeting. [The Alliance for Aging Research](http://www.agingresearch.org) (the “Alliance”) is the leading nonprofit organization dedicated to changing the narrative to achieve healthy aging and equitable access to care.

For the past nine years, the Alliance has led the [Our Best Shot](#) educational campaign, which encourages vaccine confidence, aims to increase vaccination rates, and arms older adults with reliable information about vaccines. The Alliance is also a co-convenor of the [Champions for Vaccine Education, Equity & Progress \(CVEEP\)](#), a trusted source of information and a leading voice in discussions on vaccines and treatments for infectious respiratory disease.

Vaccines represent one of our most effective tools in preventing disease and improving quality of life, especially for older adults. Recognizing their importance, we respectfully submit the following recommendations for your consideration:

Recommendation: Lower Risk-Based Age Recommendation for RSV

We strongly support lowering the risk-based age recommendation for RSV vaccines to adults ages 50 and older. RSV presents significant risks to older adults, contributing to 42,000 hospitalizations a year in adults ages 50-64 in the U.S., as well as increased mortality rates. Additionally, over 13 million U.S. adults ages 50-59 have at least one diagnosed medical condition that increases their risk for

severe complications of RSV.¹ Lowering the risk-based recommended vaccination age would provide earlier and more widespread protection, reducing disease burden and associated healthcare costs in this vulnerable population.

While this may not be under consideration at the April meeting, if possible, we would like to see the addition of a vote to expand the routine age-based recommendation for adults ages 60-74. The current high-risk recommendation among adults ages 60-74 is not reaching enough older adults who could benefit. Furthermore, analysis of the first-year implementation of RSV vaccination in adults aged 60 years and older found that, as compared with non-Hispanic White adults, RSV vaccination rates were 40% lower among Black and 35% lower among Hispanic adults.² Compared to non-Hispanic White adults, Hispanic and Black adults have significantly higher prevalence of one or more diagnosed or unrecognized risk factors for severe RSV disease. An age-based, routine recommendation for adults ages 60 to 74 could help reduce these inequities in vaccination coverage.

Recommendation: Include on Agenda and Vote on Vaccines for Children Program

The Vaccines for Children (VFC) program is crucial for ensuring comprehensive immunization coverage across the life course, starting in childhood. As this item is not on this meeting's agenda, it is imperative that ACIP include and vote on this item at the next meeting in order to provide timely recommendations. Delays in decision-making risks excluding essential vaccines such as influenza from the VFC program, adversely impacting vaccine access and public health outcomes. The Alliance advocates for health aging across the lifecycle, which includes access to immunization, and urges ACIP to prioritize timely access to all relevant vaccines. A 5% increase in vaccination coverage (VC) can reduce symptomatic influenza cases across all age groups, especially in preschool children and adults aged 65 and older. This is significant because VC in these groups is already near the Healthy People 2030 goal of 70%. Increased vaccination coverage can lead to millions fewer influenza cases and tens of thousands fewer hospitalizations in a moderate severity season.³

Recommendation: Include FluMist Vote on Next Meeting's Agenda

A vote on removing the restriction of FluMist Self or Caregiver Administration for individuals with asthma and wheezing was on the agenda for February's ACIP meeting but was not included in this rescheduled meeting's agenda.

¹ Horn EK, Singer D, Booth A, Saiontz-Martinez C, Berger A. Disparities in risk factors for severe respiratory syncytial virus disease among adults in the United States. Poster presented at: National Foundation for Infectious Disease Annual Conference on Vaccinology Research. May 8-10, 2024, Online.

² La E, McGuiness C, Singer D, Yasuda M, Chen CC. Disparities in respiratory syncytial virus vaccination uptake among adults aged ≥ 60 years in the United States. Poster presented at: National Foundation for Infectious Disease Annual Conference on Vaccinology Research. May 8-10, 2024, Online. Results updated with data through February 2024.

³ Williams KV, Krauland MG, Nowalk MP, Harrison LH, Williams JV, Roberts MS, Zimmerman RK. Increasing child vaccination coverage can reduce influenza cases across age groups: An agent-based modeling study. *J Infect.* 2025 Mar;90(3):106443. doi: 10.1016/j.jinf.2025.106443. Epub 2025 Feb 12. PMID: 39952478.

For individuals with asthma, receiving an annual influenza vaccine is highly recommended for reducing exacerbated asthma symptoms from influenza and death. FluMist provides an important new option for receiving a safe and effective seasonal influenza vaccine, with greater flexibility and accessibility for individuals and caregivers. Including FluMist as a self or caregiver-administered vaccine expands vaccination choices and helps overcome barriers that may limit vaccine uptake. For some individuals, including children, a nasal spray is also significantly preferred over a shot.

Recent studies showed that FluMist, which is a live attenuated influenza vaccine (LAIV), did not exacerbate wheezing or asthma symptoms any more than the inactive influenza vaccine that is already approved for these groups. In one study, 151 children with asthma, aged 5 to 17, received a flu shot or nasal mist vaccine for two flu seasons. Rates of wheezing and asthma attacks were the same for both groups 42 days after they got their vaccines, the study findings showed.⁴

We ask the committee to include this vote in the next meeting to expand access to these individuals.

Recommendation: Ensure Timely Review of Next Season's COVID-19 Vaccines

We appreciate the CDC's continued commitment to COVID-19 vaccine evaluation, particularly in light of recent effectiveness data indicating vaccine protection comparable to influenza vaccines among high-risk groups. We encourage the FDA to convene the Vaccines and Related Biological Products Advisory Committee (VRBPAC) to meet as early as possible and coordinate closely with ACIP to avoid any delays on production and availability of COVID-19 vaccines for the Fall and Winter respiratory season. We are hopeful that the cancellation of the previous VRBPAC meeting on influenza vaccines was due to the administration's transition and that it will not cause any delays for the upcoming respiratory season. Timely recommendations are critical for ensuring vaccine availability and optimal protection during the next respiratory season.

Recommendation: Continued, Clear Guidance on Pneumococcal Vaccination

The Alliance commends the committee on lowering the age-based recommendations for pneumococcal vaccines to age 50 and older. Lowering the age recognized the substantial benefits for older adults at increasing risk of pneumonia-related complications. We urge CDC to continue to provide clear, accessible information regarding these recommendations. Ensuring that healthcare providers and older adults clearly understand these guidelines is essential for improving vaccination rates and reducing the burden of pneumococcal disease.

⁴ Sokolow AG, Stallings AP, Kercsmar C, Harrington T, Jimenez-Truque N, Zhu Y, Sokolow K, Moody MA, Schlaudecker EP, Walter EB, Staat MA, Broder KR, Creech CB. Safety of Live Attenuated Influenza Vaccine in Children With Asthma. *Pediatrics*. 2022 Apr 1;149(4):e2021055432. doi: 10.1542/peds.2021-055432. Erratum in: *Pediatrics*. 2022 Aug 1;150(2):e2022058263. doi: 10.1542/peds.2022-058263. PMID: 35342923; PMCID: PMC11235090.

Recommendation: Encourage Measles Vaccination

According to the CDC, since January 1, 2025, three measles deaths have been reported — one in an unvaccinated adult in New Mexico and two in unvaccinated school-aged children in Texas. Measles can be severe—of the more than 600 measles cases confirmed in 2025 so far, 12% have been hospitalized. The CDC states that the measles vaccine prevents infection 97% of the time, dramatically reduces the risk of complications, and there are no documented cases of a healthy, fully vaccinated person dying from the virus. Prior to the introduction of the measles vaccine in 1963, the virus used to kill about 500 Americans and disable about 1,000 every year.

We urge the committee to continue to prioritize measles vaccination, particularly given its potential severity in older adults. Measles is the most contagious infectious disease in the United States, and complications can be especially dangerous in older populations, causing serious conditions such as pneumonia and encephalitis, and even leading to death. Maintaining high vaccination rates in younger cohorts is essential to preventing outbreaks and protecting vulnerable older adults. Additionally, the data should be explored to better understand if older adults should be receiving measles boosters to protect against outbreaks of a disease that was previously considered eradicated in the U.S.

Recommendation: Continued Transparency and Access to Future ACIP Meetings

Transparency and open public engagement in ACIP meetings are vital to maintaining trust and ensuring informed public health decisions. We urge ACIP to continue public participation and open comment periods at all meetings. Public transparency and involvement remain critical for credible and inclusive decision-making processes.

Thank you once again for the opportunity to submit these comments. The Alliance looks forward to continued collaboration with ACIP to advance effective, evidence-based vaccination strategies that protect public health.

Sincerely,

A handwritten signature in black ink that reads "Katrin Werner-Perez". The script is fluid and cursive, with the first letters of each name being capitalized and prominent.

Katrin Werner-Perez
Director of Health Programs
Alliance for Aging Research