

Good afternoon. My name is Katrin Werner-Perez, and I serve as the Director of Health Programs at the Alliance for Aging Research.

The Alliance was grateful to partner with over 60 mostly non-pediatric organizations representing public health, older adults, patients, family caregivers, consumers and healthcare workers on a letter emailed to ACIP members earlier this morning to express support for everyone having access to every vaccine that they need, regardless of age.

We ask ACIP to consider the following:

First, we ask you to preserve clinician and parental choice by maintaining the universal birth dose and schedule for hepatitis B in ACIP's standard and Vaccines for Children (VFC) program recommendations.

Decades of evidence has consistently shown that universal administration of the hepatitis B vaccine within the first 24 hours of life is the most effective strategy to prevent early childhood infections.

Our previous risk-based vaccination strategy failed. Prior to the 1991 change to universal vaccination, nearly 20,000 babies and children were infected annually in the U.S. The risk of long-term complications is extremely high in infants, with up to 90% of babies infected in their first year developing a chronic infection.

Let's not forget that infants can also be exposed to hepatitis B after birth by living with or being cared for by someone with an infection. More hepatitis B screening will not stop those cases, but vaccination does.

Since the U.S. adopted the universal hepatitis B birth dose recommendation 35 years ago as the standard of care, it has led to a 99% reduction in cases of acute hepatitis B in kids under age 19. Please do not reverse this.

Second, we ask ACIP to defer to the broader scientific community regarding the safety of vaccine adjuvants and other ingredients, and to refrain from votes on these topics.

Adjuvants, including aluminum-based adjuvants, play a critical role in enhancing the immune response to vaccines, particularly for older adults. A comprehensive study in the July issue of the *Annals of Internal Medicine* among 1.2 million children over 20 years found no association between aluminum exposure from vaccines and the development of 50 chronic conditions, including autism.

Aluminum is ubiquitous in many everyday items we consume. Our bodies naturally clear it, whether we ingest or inject it. This is not conjecture, it is science. Addressing safety concerns about vaccine ingredients should rely on scientific evidence.

In closing, the vaccine schedule—including its evidence-based timing recommendations—has proven to work over decades of studies. Narrowing or removing recommendations will restrict access and create barriers to patient and provider choice. We urge the Committee to maintain the current vaccine schedule.

Thank you for the opportunity to provide these comments.