

President's Message A Call To Action



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The HHS Request for Information on Federal Vaccine Recommendations

The recent Request for Information issued by the U.S. Department of Health and Human Services regarding the categories used in federal vaccine recommendations and the role of shared clinical decision-making deserves immediate and careful attention.

[The deadline for submitting public comments is September 20, 2026, just three days from now.](#)

That short window makes it particularly important that physicians, nurses, public-health professionals, researchers, professional organizations, and others who care about evidence-based pediatric care understand what is being proposed and consider making their voices heard.

Public input is an important component of democratic government and sound public health policy. However, public input is meaningful only when there is a genuine commitment to allowing that input to influence the outcome.

We are deeply concerned that the current process risks creating the appearance of public consultation while the fundamental direction of federal vaccine policy is already being established elsewhere.

HHS states that the RFI seeks public input on whether the existing categories of routine, risk-based, and shared clinical decision-making recommendations are adequate and whether additional or different categories should be adopted. Yet this request comes in the context of an administration that has already undertaken a substantial reassessment of the childhood immunization schedule and has articulated a policy objective of changing the federal vaccine recommendation framework.

The timing and sequencing of this process matter.

A Request for Information should not become a procedural exercise conducted after the principal policy direction has already been determined. If the purpose is genuinely to obtain public input, then the agency must demonstrate that the evidence and comments received will meaningfully inform the final framework, including the possibility that the current framework may be retained.

ACIP must remain central to vaccine recommendations

There is a fundamental reason that vaccine recommendations have historically been developed through the Advisory Committee on Immunization Practices. Vaccination policy is not simply an administrative exercise. It requires systematic evaluation of disease epidemiology, disease burden, vaccine effectiveness, vaccine safety, quality and certainty of evidence, benefits and harms, patient and population considerations, implementation, and other relevant factors.

That process should not be circumvented.

Changes to the categories used for federal vaccine recommendations should be developed through a transparent, evidence-based process that includes meaningful ACIP deliberation. The appropriate response to uncertainty in vaccine policy is not to transfer the ultimate determination from a scientific advisory process into an administrative or political process.

If the categories are to change, the scientific rationale for those changes should be developed, publicly debated, and subjected to the same rigorous scrutiny expected of the recommendations themselves.

ACIP is an advisory body, not a rubber stamp. Its recommendations can and should be challenged when the evidence warrants challenge. But that challenge should occur through transparent scientific deliberation rather than through administrative restructuring of the framework within which scientific recommendations are made.

Categories are not merely words

The terminology used in an immunization schedule has real consequences. A recommendation that vaccination is routine communicates something fundamentally different from a recommendation that vaccination should be considered only on an individual basis. Risk-based recommendations communicate something different again. These distinctions affect how clinicians counsel families, how electronic health records prompt clinicians, how hospitals establish protocols, how public health agencies communicate risk, and how insurers and public programs determine coverage.

The current framework is familiar to clinicians and families. It provides a common language for communicating recommendations and has evolved through years of clinical and public-health experience.

Changing that framework without demonstrating a compelling evidence-based need risks introducing uncertainty where clarity is essential.

The question should therefore not be, *Can the federal government create different categories?* It plainly can explore different approaches. The question should be, *What demonstrated problem with the existing framework requires changing it, and what evidence demonstrates that the proposed alternative will produce better decisions and better health outcomes?*

That evidence should be presented before fundamental changes are made.

Shared clinical decision-making has an appropriate role, but it cannot become a mechanism for avoiding clear recommendations

Shared clinical decision-making is an important component of modern medicine. There are circumstances in which individual patient characteristics, preferences, exposures, risks, and values legitimately affect the balance between potential benefits and harms. The existing framework recognizes this.

But shared decision-making should not be transformed into a euphemism for uncertainty where the evidence supports a clear population-level recommendation.

There is a profound difference between empowering clinicians and families to make informed decisions and transferring responsibility to families because policymakers are unwilling or unable to make an evidence-based recommendation.

Parents should have meaningful conversations with knowledgeable clinicians. They should receive understandable information about benefits, risks, alternatives, and uncertainties. But those conversations are most useful when clinicians have clear, evidence-based guidance upon which to base them.

The purpose of shared decision-making should be to improve individualized care, not to create ambiguity around vaccination.

Timing matters, particularly for infants and young children

Vaccine recommendations cannot be considered independently of the timing of disease risk.

For an infant or young child, postponing vaccination is not necessarily a neutral decision. A child who remains unvaccinated during a period of vulnerability may be exposed to a preventable disease before the opportunity for protection is restored.

This is particularly important in pediatrics and neonatology. Infants and young children do not experience infectious diseases in the same way as healthy adults. Their age, immune development, underlying medical conditions, exposure to household members and communities, and the epidemiology of circulating pathogens all matter.

A framework that makes vaccination appear optional or indefinitely deferrable must therefore be evaluated not only for its theoretical elegance but also for its consequences in the real world.

Access and coverage must be considered explicitly

Recommendation categories are also connected to vaccine access.

Federal vaccine recommendations interact with programs and coverage mechanisms on which millions of families depend, including Medicaid, CHIP, the Vaccines for Children Program, Medicare, and private insurance.

Any change to the recommendation framework therefore has the potential to create consequences far beyond the wording of a federal schedule.

A category that sounds merely descriptive to a policymaker may be interpreted very differently by an insurer, a state Medicaid program, a pediatrician, a hospital system, or a parent trying to obtain a vaccine for a child.

Before changing categories, federal agencies should provide a transparent analysis of these downstream consequences and demonstrate that access will not be compromised.

Public trust requires more than transparency in form

There is perhaps no issue for which the integrity of the process matters more than vaccination.

Public confidence cannot be restored by simply asking the public for comments. It is restored when people can see that evidence is considered consistently, that scientific disagreements are openly debated, that conflicts are disclosed, that established advisory processes are respected, and that conclusions follow from evidence rather than the other way around.

If an agency asks for public comment while simultaneously pursuing a predetermined policy direction, it risks undermining precisely the public trust it says it wants to rebuild. The public deserves better.

We need to speak now

The September 20, 2026 deadline is only three days away.

There is no requirement that an individual comment address every question in the RFI. A thoughtful comment can focus on the issues that matter most: the need for an

evidence-based rationale for changing the current framework, preservation of clear recommendation categories, the appropriate role of shared clinical decision-making, the importance of timely vaccination, the consequences for vaccine access and coverage, and the necessity of meaningful ACIP involvement.

The number of informed voices matters.

Professional organizations and individual clinicians should not assume that someone else will submit the comment. If you believe that vaccine recommendations should remain grounded in transparent scientific review, that ACIP should have a meaningful role in developing changes to the recommendation framework, and that families deserve clear and understandable guidance, **this is the time to say so.**

We therefore strongly urge HHS to treat this RFI as a genuine opportunity for reconsideration rather than as a procedural step toward an already determined restructuring of federal vaccine recommendations.

Any fundamental change in recommendation categories should:

1. **Have a clearly articulated, evidence-based rationale demonstrating why the existing framework is inadequate.**
2. **Be subjected to transparent ACIP deliberation and recommendation.**
3. **Include systematic consideration of vaccine effectiveness, safety, disease burden, epidemiology, quality and certainty of evidence, and the balance of benefits and harms.**
4. **Demonstrate how proposed categories would improve, rather than complicate, communication between clinicians and families.**
5. **Evaluate the consequences for vaccine access and coverage through Medicaid, CHIP, the Vaccines for Children Program, Medicare, private insurance, and other relevant programs.**
6. **Protect timely vaccination of infants and children during periods of vulnerability.**
7. **Clearly distinguish legitimate individualized decision-making from situations in which the evidence supports a population-level recommendation.**
8. **Provide a transparent explanation of how public comments will influence the final policy.**

Most importantly, **no administration, regardless of political party, should be able to fundamentally restructure the nation's vaccine recommendation framework without a rigorous, transparent, evidence-based process that includes the nation's established vaccine advisory infrastructure.**

This is not about defending a particular administration's vaccine schedule. It is about defending a process. Scientific recommendations should be allowed to evolve when the evidence changes. They should be challenged when the evidence warrants challenge. They should be improved when deficiencies are demonstrated. But the process for doing so must itself be trustworthy.

We should not replace one form of dogma with another.

The United States needs vaccine recommendations that are scientifically rigorous, clinically useful, understandable to families, accessible to every child, and developed through a process that the medical community and the public can trust.

If the administration believes that the existing framework is inadequate, it should demonstrate why. If it believes a new framework is superior, it should demonstrate the evidence. And if it genuinely wants public input, it must be willing to listen to the possibility that the evidence and the public comments may not support the changes it has proposed.

September 20, 2026 is the deadline. There are only three days remaining. Those who care about evidence-based immunization policy should not let the opportunity to comment pass without making their voices heard.