

March 11, 2026

**SUBMITTED ELECTRONICALLY**  
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ACIP Secretariat  
Centers for Disease Control and Prevention  
Department of Health and Human Services  
Attention: CDC-2025-0783  
Mailstop H21-12  
1600 Clifton Road NE  
Atlanta, Georgia 30329-4027

**RE: Meeting of the Advisory Committee on Immunization Practices (March 18-19, 2026)**

Dear Advisory Committee on Immunization Practices (ACIP) Secretariat and ACIP Members:

The American Geriatrics Society (AGS) appreciates the opportunity to submit comments on the upcoming meeting of the Advisory Committee on Immunization Practices (ACIP) within the Centers for Disease Control and Prevention (CDC) scheduled for March 18-19, 2026.

AGS is a not-for-profit society devoted to improving the health, independence, and quality of life of all older adults. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to communities and where bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their care partners. AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

**Critical Need for Geriatrics Expertise on ACIP Work Groups**

AGS is committed to ensuring that federal policy impacting the health of older Americans is informed by geriatrics health professionals who have the clinical and scientific expertise needed to guide development of policies that serve all of us as we age. Geriatrics professionals are in a unique position to offer immunization-related information tailored to the maintenance of health and reduction of risks related to every individual. We believe vaccines are a safe and effective way to prevent and reduce the impact of serious illness and vaccine-preventable diseases on older adults considering our immune systems weaken as we age. These impacts can include exacerbation of chronic diseases, acceleration of disability, or hastening the death of older Americans. The short and long-term impacts include increased costs for older Americans and Medicare/Medicaid (e.g., prolonged hospital stay for pneumonia can result in decreased mobility and increased need for assistance with activities of daily living), and increased caregiving burden for care partners and families. It is critically important that ACIP, as the

federal advisory committee to the CDC that is making clinical recommendations on vaccines for children, adults, and older adults, have access to the specialized geriatrics and aging expertise of our members.

Work groups established by ACIP have historically included non-voting organizational liaisons with the scientific and clinical expertise to consider published and unpublished evidence on vaccine efficacy and safety. This expertise is critical to ACIP's development of recommendations for adults, including older adults. AGS is deeply concerned that the decision to exclude the organizational liaisons in the workgroups has led to a lack of this expertise in developing the recommendations that inform ACIP's recommendations. We believe this will result in a decline in the health and well-being of older Americans. We reiterate our recommendation, submitted in response to the previous ACIP meeting, that CDC and ACIP share guidelines for nominations to ACIP work groups so that we may put forward AGS experts on these workgroups.

### **COVID-19 Vaccine Benefits, Harms, and Long COVID**

We note that the draft agenda that was available for public review and comment included a discussion of COVID-19. Multiple clinical trials and observational studies have shown that the benefits of COVID-19 vaccination outweigh the potential harms, reducing morbidity and mortality caused by COVID-19,<sup>1,2,3</sup> particularly in older adults and those who are at higher risk of poor outcomes.<sup>4,5</sup> COVID-19 vaccination is crucial in providing significant protection against severe disease,<sup>6</sup> hospitalization,<sup>7</sup> and death.<sup>1,4,7</sup> Staying up to date with COVID-19 vaccination is also the most effective protective factor for Long COVID.<sup>8</sup> Some studies have shown that there are increased incidences of Long COVID with increasing age<sup>9,10</sup> as well as underlying chronic diseases,<sup>11</sup> not being fully vaccinated for COVID-19,<sup>12</sup> and hospitalization due to

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<sup>1</sup> Suthar AB, Wang J, Seffren V, et al. Public health impact of covid-19 vaccines in the United States: observational study. *BMJ*. 2022;377:e069317. doi:[10.1136/bmj-2021-069317](https://doi.org/10.1136/bmj-2021-069317)

<sup>2</sup> European Centre for Disease Prevention and Control. Interim analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection due to laboratory-confirmed SARS-CoV-2 among individuals aged 20 years and older, ECDC multi-country study – fourth update. March 16, 2023. Accessed March 4, 2026. <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-vaccine-individuals-20-years-fourth-update-march-2023.pdf>

<sup>3</sup> Ssentongo P, Ssentongo AE, Voleti N, et al. SARS-CoV-2 vaccine effectiveness against infection, symptomatic and severe COVID-19: a systematic review and meta-analysis. *BMC Infect Dis*. 2022;22(439):1-12. doi:[10.1186/s12879-022-07418-y](https://doi.org/10.1186/s12879-022-07418-y)

<sup>4</sup> Ioannidis JPA, Pezzullo AM, Cristiano A, Boccia S. Global estimates of lives and life-years saved by covid-19 vaccination during 2020-2024. *JAMA Health Forum*. 2026;6(7):e252223. doi:[10.1001/jamahealthforum.2025.2223](https://doi.org/10.1001/jamahealthforum.2025.2223)

<sup>5</sup> Roper LE, Godfrey M, Link-Gelles R, et al. Use of additional doses of 2024–2025 COVID-19 vaccine for adults aged ≥65 years and persons aged ≥6 months with moderate or severe immunocompromise: recommendations of the Advisory Committee on Immunization Practices — United States, 2024. *MMWR Morb Mortal Wkly Rep*. 2024;73(49):1118-1123. doi:[10.15585/mmwr.mm7349a2](https://doi.org/10.15585/mmwr.mm7349a2)

<sup>6</sup> Tseng HF, Ackerson BK, Burxvoort KJ, et al. Effectiveness of mRNA-1273 vaccination against SARS-CoV-2 omicron subvariants BA.1, BA.2, BA.2.12.1, BA.4, and BA.5. *Nat Commun*. 2023;14(189). doi:[10.1038/s41467-023-35815-7](https://doi.org/10.1038/s41467-023-35815-7)

<sup>7</sup> Tenforde MW, Self WH, Adams K, et al. Association between mRNA vaccination and COVID-19 hospitalization and disease severity. *JAMA*. 2021;326(20):2043-2055. doi:[10.1001/jama.2021.19499](https://doi.org/10.1001/jama.2021.19499)

<sup>8</sup> Centers for Disease Control and Prevention. Staying up to date with COVID-19 vaccines. November 19, 2025. Accessed March 5, 2026. <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>

<sup>9</sup> Bull-Otterson L, Baca S, Saydah S, et al. Post-COVID conditions among adult COVID-19 survivors aged 18–64 and ≥65 years — United States, March 2020–November 2021. *MMWR Morb Mortal Wkly Rep*. 2022;71:713-717. doi:[10.15585/mmwr.mm7121e1](https://doi.org/10.15585/mmwr.mm7121e1)

<sup>10</sup> Cohen K, Ren S, Heath K, et al. Risk of persistent and new clinical sequelae among adults aged 65 years and older during the post-acute phase of SARS-CoV-2 infection: retrospective cohort study. *BMJ*. 2022;9(376):e068414. doi:[10.1136/bmj-2021-068414](https://doi.org/10.1136/bmj-2021-068414)

<sup>11</sup> Subramanian A, Nirantharakumar K, Hughes S, et al. Symptoms and risk factors for long COVID in non-hospitalized adults. *Nat Med*. 2022;28:1706-1714. doi:[10.1038/s41591-022-01909-w](https://doi.org/10.1038/s41591-022-01909-w)

<sup>12</sup> National Institute on Aging. What do we know about Long COVID?. February 21, 2023. Accessed March 4, 2026. <https://www.nia.nih.gov/health/covid-19/what-do-we-know-about-long-covid>

COVID-19.<sup>13</sup> Considering the vital role of vaccines in reducing risks and the impact of serious illness, including death, it is essential to maintain recommendations for COVID-19 vaccination. AGS urges ACIP to ensure that vaccine policy, including for protection against COVID-19, in the United States is focused on our collective health and well-being and based on science.

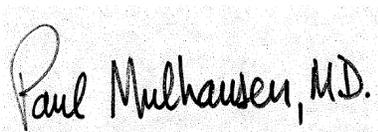
### Recommendation Methodology

The ACIP's longstanding use of an evidence-based methodology that is based on the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach ensures proper assessment and evaluation of the quality of evidence—addressing risks such as bias, inconsistency, indirectness, and imprecision<sup>14</sup>—and ultimately, allows ACIP to make sound vaccine recommendations. In addition to supporting decision-making while understanding the benefits and harms, the GRADE frameworks take into consideration the values and preferences of older adults. This approach keeps with the principles of person-centered care which are to put patients at the center of decision-making about the tests and treatments they will receive.<sup>15</sup> We urge that the ACIP recommendation methodology return to the use of the Evidence to Recommendation (EtR) and GRADE approach to ensure vaccine recommendations in the US are informed by scientific and clinical expertise, is evidence-based, and protects all of us from infectious diseases as we age.

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Thank you for taking the time to review our feedback and recommendations. For additional information or if you have any questions, please do not hesitate to contact Anna Kim at [akim@americangeriatrics.org](mailto:akim@americangeriatrics.org).

Sincerely,



Paul Mulhausen, MD  
President



Nancy E. Lundebjerg, MPA  
Chief Executive Officer

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<sup>13</sup> Sudre CH, Murray B, Varsavsky T, et al. Attributes and predictors of long COVID. *Nat Med*. 2021;27:626-631. doi:[10.1038/s41591-021-01292-y](https://doi.org/10.1038/s41591-021-01292-y)

<sup>14</sup> Neumann I, Brennan S, Meerpohl J, et al. Overview of the GRADE approach. In: Neumann I, Schünemann H, eds. *The GRADE Book*. The GRADE Working Group; 2025. Accessed March 5, 2026. <https://book.grade.pro.org/>

<sup>15</sup> American Geriatrics Society Expert Panel on Person-Centered Care. Person-centered care: a definition and essential elements. *J Am Geriatr Soc*. 2016;64(1):15-18. doi:[10.1111/jgs.13866](https://doi.org/10.1111/jgs.13866)