American Cancer Society Cancer Action Network Comments to the Advisory Committee on Immunization Practices: Docket No. CDC-2026-0199

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The American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) are pleased to provide comments to the Advisory Committee on Immunization Practices (ACIP) in advance of the meeting on February 25-27, 2026. The ACS mission is to improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. ACS, operating throughout the United States (US), is the largest voluntary health organization in the country. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of ACS, advocating for evidence-based public policies to reduce the cancer burden for everyone. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels, and empowering advocates across the country to make their voices heard and influence evidence-based public policy. ACS and ACS CAN represent and advocate for millions of cancer patients and their families. We appreciate the opportunity to submit comments to ACIP.

Our comments reflect our commitment to cancer prevention and control and focus on ensuring that the Centers for Disease Control and Prevention's (CDC) immunization schedules are grounded in strong scientific evidence, and provide clear, actionable information to healthcare professionals, parents, and payers.

ACS and ACS CAN support immunization recommendations and policies that are based on robust scientific evidence to provide the best protection for all communities. Vaccines are among the most safe and effective tools we have to prevent disease, reduce suffering and save lives.

The Federal Food, Drug, and Cosmetic Act (FDCA) requires rigorous testing of vaccines before approval by the Food and Drug Administration (FDA) and continuous monitoring of their use to ensure safety and effectiveness. A vast majority of Americans are vaccinated according to the national recommendation schedule, and millions of children and adults safely receive vaccines each year. Increased access and broad uptake of safe and effective vaccinations save lives and reduce the burden of cancer for future generations.

Recommendations for routine vaccination are based on strong evidence of the effectiveness of these vaccines, and are intended to maximize community immunity, reduce preventable disease, and promote equitable access to care. A recommendation for shared clinical decision making is a statement that there is uncertainty about the benefit of these vaccines and that the balance of benefits and harms is uncertain on a population basis. Reclassification from routine to shared clinical decision-making for a vaccine proven safe and effective risks reduced uptake of these vaccines, weakened community immunity, and increased confusion for both healthcare professionals and patients, particularly in rural and other communities already underserved.

Routine vaccination protects people with cancer, cancer survivors, and their families from preventable illness and death.

Community immunity to infectious diseases is essential for safeguarding the health of people with chronic disease-related immunocompromise. Many people with cancer have a weakened immune system, making them particularly susceptible to communicable diseases. Cancer patients face higher rates of hospitalization and death from common respiratory illnesses such as influenza, coronavirus (COVID 19, and respiratory syncytial virus (RSV)). Immunization against these and other common pathogens is integral to the routine care of cancer patients. Because some cancer patients, in particular people with blood cancers (such as leukemia or lymphoma) as well as people getting chemotherapy, long courses of corticosteroids, certain types of immunotherapies, or a stem cell or bone marrow transplant, may be unable to be vaccinated, or a vaccine may be less effective, immunization of their close contacts can be lifesaving. Household contacts of cancer patients are an important vector for the spread of vaccine-preventable infections, and one in four cancer patients is a parent to children under the age of 18.[i]

Without adequate community vaccination coverage, people with cancer, cancer survivors, and their families risk preventable morbidity and mortality through participation in everyday activities. High vaccination rates ensure that these individuals remain protected against vaccine-preventable disease.

In addition, several cancer treatment vaccines have shown promise in clinical trials across a wide range of disease sites. Research supporting novel therapeutic vaccines can provide new ways to improve survival from cancer.

Human Papillomavirus (HPV) vaccination is a cancer prevention priority.

The HPV vaccination provides an opportunity to prevent cancer outright. HPV infections are responsible for 37,000 cancers in the U.S. each year, including virtually all cervical cancers, 90% of anal cancers, and 60-70% of oropharyngeal, vaginal, vulvar and penile cancers.[ii] In 2025, an estimated 13,360 people are expected to be diagnosed with cervical cancer, and 4,320 will die from the disease.[iii] Oropharyngeal cancer (cancer of the back of the throat, tonsils and base of the tongue) is the most common HPV-related cancer diagnosed in the male population with a 12,900 estimated cases expected in 2025.[iv]

Decades of data have shown that that HPV vaccination is safe. Over 150 countries recommend the HPV vaccine and have provided hundreds of millions of doses.[v] Randomized control trials and long-term observational studies of vaccinated individuals have proven the safety of the vaccine. Two decades of continuous safety monitoring using evidence-based methods continue to prove the safety of the HPV vaccine and no serious long-term side effects.[vi] More recently, a 2022 study looked at data from the Vaccine Safety Datalink for 1.8 million HPV vaccine doses administered in the U.S. between October 4, 2015 and January 2, 2021 and found no association with severe health events.[vii] Systematic reviews have demonstrated no association between HPV vaccination and lupus, rheumatoid arthritis, or other autoimmune diseases.[viii,ix]

Data have shown that the HPV vaccine is effective at preventing cancer and improving people's health. Since its introduction in 2006, HPV vaccination has already led to substantial population-wide decreases in cervical precancers and cervical cancers.[x,xi,xii,xiii] A 2024 analysis of almost 3.5 million people in the U.S. confirmed that HPV vaccination lowers the chances of developing HPV-caused cancers, including head and neck cancers in men and women and cervical cancer in women.[xiv] In fact, cervical cancer rates have decreased by 69% in the U.S. between 2012 and 2021 among young women aged 20-24 years, which would be the first cohort of individuals to have access to the HPV vaccine as children.[xv] Among this same age group, a February 2025 study found an 80 percent decrease in cervical cancer precursors among women screened.[xvi] HPV infections decreased by 81% for women aged 20-24 years and 88% for girls aged 14-19 years in a 2021 national observational study and mouth and throat HPV infections decreased by up to 90% among HPV-vaccinated individuals according to systematic reviews in 2021-2023.[xvii,xviii,xix,xx,xxi]

HPV Vaccine Recommendations

ACIP and ACS first recommended HPV vaccination in 2007 after it underwent extensive safety testing before becoming available and was approved as safe and effective by the FDA. The recommendations were informed by a comprehensive evaluation of both published and unpublished scientific data from HPV vaccine clinical trials, encompassing safety, immunogenicity, and efficacy outcomes. In its 2007 recommendation, ACIP stated, "The availability of a quadrivalent HPV vaccine offers an opportunity to decrease the burden of HPV infection and its sequelae, including **cervical cancer precursors, cervical cancer, other anogenital cancers** [emphasis added], and genital warts in the United States."[xxii] In 2016, after the FDA approved the new 2-dose series, based on the evidence, ACIP revised its previous recommendation for 3 doses of the vaccine to two doses at least 6 months apart for individuals aged 11 and 12, and that vaccination can start at age 9 ACIP reiterated in its recommendation "HPV vaccines are highly effective and safe, and a powerful prevention tool for reducing HPV infections and **HPV-associated cancers** [emphasis added]."

In its endorsement of the 2016 updated ACIP guideline, ACS concluded that ACIP's evidence review methods and findings were clearly presented, and the evidence regarding individual benefit and risk applied to recommendations formulation was well described. In 2020, ACS again updated the guideline stating it "adapted the ACIP recommendation for routine HPV vaccination at age 11 or 12 years, with a statement that routine HPV vaccination between ages 9 and 12 years is expected to achieve higher on-time vaccination rates, **resulting in increased numbers of cancers prevented** [emphasis added]."[xxiii]

Age of Initiation and Schedule

Following the 2016 update, ACIP has annually recommended routine HPV vaccination for children aged 11 or 12 years old, with vaccination starting as early as 9. For children initiating vaccination before their 15th birthday, ACIP recommends 2 doses. For children initiating vaccination after their 15th birthday, ACIP recommends 3 doses and a 3-dose schedule is recommended for children aged 9 to 26 who are immunocompromised.

The scientific evidence shows that implementing HPV vaccination before adolescence, at age 9, produces a strong immune response, offers more time to complete the series by age 13 (allowing for two doses), and can help improve overall vaccine uptake. Adolescence is a period in which exposure to HPV increases with age and the protection of the HPV vaccination initiated in later adolescence is lower. A systematic review of HPV vaccine effectiveness by age at vaccination observed the highest vaccine effectiveness in the youngest age groups, ranging from 74% to 93% in adolescents aged 9-14, and from 12% to 90% for adolescents ages 15-18 years.[xxiv] Modeling studies also show declining effectiveness of HPV vaccination with later ages.[xxv]

Regarding catch-up vaccination for individuals up to age 26, recent data has provided greater confidence that it is highly effective in preventing persistent infections of HPV subtypes among individuals not already infected at the time of vaccination.[xxvi]

Individuals who are immunocompromised, including those who undergo cancer treatment, have higher risk of developing HPV-related cancers and worse outcomes after a cancer diagnosis. Both ACIP and ACS have addressed this special population in their vaccine recommendations.

Dosing Schedule

ACS and ACS CAN encourage ACIP to consider the following issues for any changes to the dosing of the HPV vaccine:

- Availability of data and evidence on one dose, including but not limited to long term efficacy and immunogenicity, protection against cancers other than cervical, and efficacy and immunogenicity in the male population.
- The potential consequences to clinical practice, insurance coverage and public perception of any inconsistencies between FDA-approval and ACIP's dosing schedule or off-label use of a vaccine. The only FDA-approved HPV vaccine currently available in the U.S. is a 2-dose vaccine for those under 15 and 3-dose vaccine for those starting over the age of 15. Off-label use refers to administering an FDA-approved vaccine for a patient population, age group, dosage or indication not indicated in the FDA-approved product labeling.

Importantly, the safety and effectiveness of the two-dose recommendation is well-established by sound scientific evidence and should remain ACIP's recommendation and on the CDC's immunization schedule if these issues have not yet been considered.

Hepatitis B Virus (HBV) vaccination is cancer prevention.

HBV is a vaccine-preventable, serious liver infection that can become chronic especially when acquired at birth or in childhood. The HBV vaccine, introduced in 1982, has long been recommended for infants and unvaccinated children, and 91% of adolescents were vaccinated in 2023. People who have chronic (long-term) infections with HBV are at increased risk of liver cancer. The likelihood of developing chronic HBV infection is greatest among young children. Roughly 90% of infants infected with HBV and about 30% of children infected between ages 1 and 5 progress to chronic infection. In contrast, approximately 95% of adults who acquire HBV recover fully and do not develop chronic infection.[xxvii]

Routine HBV vaccination led to a drastic decline in the number of reported HBV cases in the US.[xxviii] A study among Alaska Native communities found that universal newborn HBV vaccination, combined with screening and immunizing susceptible individuals, eliminated acute symptomatic HBV infection and hepatitis B–related hepatocellular carcinoma, the most common type of primary liver cancer, in Alaska Native children.[xxix] **Routine HBV vaccination is the best protection against infection and significantly lowers the risk of developing chronic hepatitis B and liver cancer.**

Critical Role of ACIP

ACIP plays a vital public health role by advising CDC on the use of vaccines that have been approved by the FDA as safe and effective for preventing vaccine-preventable diseases in the U.S. For each vaccine, ACIP must evaluate the latest science, including which populations should receive it and under what circumstances to best protect public health. Maintaining a strong, science-based foundation lfor this work is essential to protecting people with cancer and their families who depend on a safe and effective immunization system for their health and survival. ACIP recommendations guide clinical practice and accurate, science-based recommendations are critical to support best practices in aiding health care professionals communicate with their patients.

ACIP recommendations also drive coverage decisions that determine who has access to vaccines. A review of sixty-five papers published from 2000-2017 found that “even relatively small levels of cost-sharing in the range of $1 to $5 are associated with reduced use of care, including necessary services.” The following describes how this coverage works in practice through the Vaccines for Children (VFC) program and other federal laws.

CDC estimates that about half of all U.S. children receive their vaccines through the federally funded VFC program[xxx], which provides ACIP-recommended vaccines at no cost to children who are uninsured, underinsured, eligible for Medicaid, and/or are American Indian or Alaska Native. Thus, ACIP recommendations determine whether millions of children have access to the vaccines.

In addition to VFC, an ACIP recommendation determines coverage without cost-sharing by most commercial insurance plans, as well as whether individuals who are part of the Medicaid expansion population receive the vaccine without co-pay. Section 2713 of the Public Health Service Act requires most commercial health plans to cover ACIP-recommended vaccines without any cost sharing to enrollees. Congress enacted this requirement because it saw the overwhelming benefit of ensuring access to evidence-based vaccines.

Given the profound public health impact of these decisions on those living in the U.S., including the cancer community, it is vital that ACIP’s recommendations regarding the childhood and adolescent immunization schedule be grounded in an evidence-based, scientifically independent process and communicate clear information to healthcare professionals, parents and payers about which services are covered at no cost to the patient.

Conclusion

ACS and ACS CAN appreciate the opportunity to provide comments to ACIP. Ongoing engagement in the process is essential to ensuring the perspectives of the more than 18 million people with a history of cancer, their families and the millions at risk for cancer are incorporated as ACIP advances this important work.

Thank you.

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