Securing the Foundation: Stakeholder Insights and Strategies for Maintaining a Strong Vaccine Infrastructure Across the US

Report from the Vaccine Integrity Project

CIDRAP

Acknowledgements

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Executive Summary

The Vaccine Integrity Project was formed to promote the continued grounding of immunization policies and programs in the best available science and focused on optimizing protection of individuals, families, and communities against vaccine-preventable diseases.

In this exploratory phase, the Vaccine Integrity Project collected and synthesized feedback from stakeholders with a diverse range of experience, including public health, academia, industry, insurers and payers, medical associations, community organizations, and others. The Vaccine Integrity Project summarized key themes from these discussions and developed several high-level recommendations to be achieved across numerous organizations and initiatives. These recommendations include:

- Strengthening communication and improving information dissemination for today's environment
- Developing and disseminating clinical tools and guidelines
- Building an overarching coalition for strategy and alignment
- Maintaining the nation's vaccine infrastructure
- Stabilizing the vaccine safety system
- Providing assistance to state and local health departments
- Safeguarding insurance coverage
- Continuing the flow of data for decision-making

The Vaccine Integrity Project has initiated the next phase of its effort to strengthen the immunization landscape and evidence-based public health decision-making. These steps include:

- To ensure federal public health leaders provide accurate health information and prevent further erosion of trust in public health agencies, the Vaccine Integrity Project will **implement a rapid response effort**, so the public has access to evidence-based information in real-time.
- To prepare recommendations for the upcoming 2025-2026 fall-winter respiratory infection season, we need to **develop and disseminate a robust evidence base** for immunization recommendations and clinical considerations, so providers have reliable information to guide decision-making and engage patients of all ages in informed discussions about influenza, respiratory syncytial virus (RSV), and COVID-19.
- The scale and complexity of the challenges ahead demand ongoing collaboration and coordinated action. The Vaccine Integrity Project will **foster continued collaboration and visibility** to support better alignment, reduce duplication, and help participants identify and address emerging issues in real time.

Americans must have access to clear, credible, evidence-based information to make decisions about how best to keep themselves and their families healthy, including against vaccine-preventable infectious diseases.

Background

Vaccines with strong safety records and demonstrated effectiveness have drastically cut the incidence of infectious diseases, profoundly reduced both morbidity and mortality, and significantly decreased healthcare costs in the United States (Zhou et al, 2024). Since Edward Jenner introduced the smallpox vaccine in the 18th century, the advent of widespread vaccination has sparked ongoing debates about its risks and benefits (Marshall, 2019). Today, public sentiment surrounding vaccines varies from indifference to opposition. There is a growing mistrust of vaccines closely linked to a broader decline in trust toward institutions, and further fueled by the spread of misinformation and disinformation, often facilitated by social media (McAteer, Yildirim, & Chahroudi, 2020).

Recently, Department of Health and Human Services (HHS) has taken significant actions that directly impact immunization policies and programs and put the federal vaccine landscape at risk. Examples include:

- **March 7:** HHS announces a study to assess the repeatedly debunked claim that vaccines are linked to autism (Baumgaertner Nunn & Gay Stolberg, 2025).
- **March 11:** In a Fox News interview, Secretary Kennedy claims the measles vaccine causes deaths every year (Herper, 2025).
- **March 12:** In an email circulated at the National Institutes of Health (NIH), more than 40 grants related to vaccine hesitancy were canceled, and there are mounting concerns that research on mRNA vaccines could be cut imminently (Stein & Stone, 2025).
- **March 16:** NIH officials told academic centers to remove references to mRNA vaccine technology (Allen, 2025).
- **May 10:** NIH's Vaccine Research Center stalls core operations (Kaiser, 2025).
- **May 20:** The Food and Drug Administration (FDA) announces COVID-19 vaccines are recommended only for people over age 65, or 12- to 64-year-olds with a qualifying medical condition, requiring randomized, controlled trials for all healthy persons (Prasad & Makary, 2025).
- **May 27:** HHS pulls recommendations for COVID-19 vaccines for healthy children and pregnant women in a 58-second video on social media (Kennedy, 2025).
- **May 30:** NIH cancels major HIV vaccine development projects (Gounder & Tin, 2025).
- **June 9:** Secretary Kennedy publishes an OpEd stating his plan to reconstitute the ACIP and removes all 17 members (Kennedy, 2025).
- **June 11:** Kennedy announces on X eight new members of ACIP, some who are vaccine-hesitant (Kennedy, 2025)
- **June 26:** Kennedy pulls US support to Gavi, citing "legitimate questions" about vaccine safety (Cheng, 2025)

- **July 1:** Kennedy announces plans to overhaul the vaccine injury compensation program (Cirruzzo, 2025).

Through these and other HHS statements and actions, it has become increasingly clear that the US systems of development and delivery of immunizations, and the science it relies on, are under threat from within the federal government.

Formation of the Vaccine Integrity Project

Given these circumstances, the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP) established the Vaccine Integrity Project in April 2025. Its goal is to safeguard the development and use of vaccines in the United States so that immunization policies and programs remain grounded in the best available science, free from external influence, and focused on optimizing protection of individuals, families, and communities against vaccine-preventable diseases. This effort is consistent with the most recent US National Vaccine Plan (2021-2025) to "make the United States a place where current and future vaccine-preventable disease will be eliminated through safe and effective vaccination over the lifespan" (U.S. Department of Health and Human Services, 2021).

Founded in 2001, CIDRAP's mission is to prevent illness and death from infectious disease threats through research and the translation of scientific information into real-world, practical applications, policies, and solutions. Notable activities include:

- **Evidence-based Communications:** The CIDRAP website garners more than 5 million page views per year. Additionally, CIDRAP podcasts have reached more than 7 million downloads in the past 5 years, covering a range of public health and policy topics.
- **Vaccine R&D Roadmaps:** This project leads the global charge in infectious disease preparedness and response by establishing frameworks and monitoring capacity for coronaviruses, influenza, World Health Organization (WHO) priority pathogens, and other key threats.
- **Emerging Infectious Disease Projects:** CIDRAP has expertise in multiple areas of infectious diseases, including antimicrobial resistance, chronic wasting disease, drug supply chain resiliency, and more. Each project provides high-profile reports, educational initiatives, coalition-building efforts, and news dissemination.

Aligned with its mission, guided by its Steering Committee, and with support from the Alumbra Foundation, CIDRAP launched the Vaccine Integrity Project with the goal of seeking solutions and establishing new pathways forward (UMN CIDRAP, 2025).

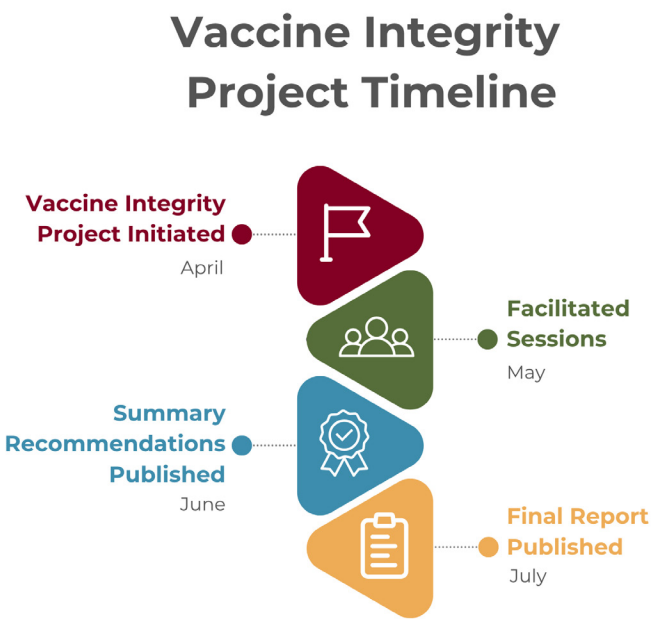
The US systems of development and delivery of immunizations, and the science it relies on, are under threat from within the federal government.

Methods

The Vaccine Integrity Project assembled a team of CIDRAP and external experts on federal public health and vaccine systems. This team worked to identify, invite, and confirm eight Steering Committee members, prioritizing bipartisan representation and extensive professional experience (see Steering Committee Bios in Appendix 2). The Steering Committee, along with Vaccine Integrity Project staff and advisers, identified the need to hear from representatives from across the vaccine enterprise landscape to understand the impact of a compromised federal vaccine system and to brainstorm

approaches that non-federal entities could take to ensure continuity in vaccine research, guidelines, and access for the American public. The Steering Committee was vital in the exploratory phase, as they gave input shaping the group's activities, listened to the facilitated sessions, and offered input on recommendations.

The Vaccine Integrity Project has heard from a range of individuals and organizations since its launch. Based on input received, the team selected and engaged with a subset of professionals based on their knowledge and experience. In May, the Vaccine Integrity Project convened a series of facilitated discussions with representatives from key sectors across the vaccine and immunization landscape, including public health, academia, industry, insurers and payers, medical associations, community organizations, and others with relevant experience. The Vaccine Integrity Project implemented a compressed timeline for these discussions (May 11-22) because of the increasing threats to the integrity of the US vaccine enterprise. These discussions were facilitated and conducted under Chatham House Rules to ensure open discussion and candid input.



Stakeholder Insights

During the facilitated sessions, participants consistently raised several key themes, which fell into two main categories. First, regarding threats to the US vaccination and vaccine ecosystem, there was a shared sense of urgency and the need for swift action, though questions remain about the duration of this urgency. Participants emphasized the importance of effective communication and advocacy strategies, voiced concerns about the growing shift toward a state-based approach, and noted the need for stronger state and local public health infrastructure. They also recognized that these challenges are not limited to the United States alone. The second category focused on considerations for organizing a response. Discussions explored whether to create a new independent structure or act as a coordinating body, underscoring the power of collaboration, the value of early wins to build momentum, and the importance of strategic focus. Participants also identified potential opportunities to leverage existing resources, while acknowledging the limitations and challenges that must be addressed.

A Need to Move Quickly

Participants expressed a strong sense of urgency, emphasizing that many warning signs have already materialized and action is overdue. While opinions varied on whether the response should be short-term or long-term, there was broad agreement that persistent and growing threats demand sustained efforts to protect and promote public understanding of vaccines.

Specific feedback included:

- There is a need for action, sharing a sense of urgency related to recent decisions and shifts or potential shuttering of systems, programs, and functions.
- There was consistent agreement among respondents that the driving forces to act are occurring and will continue, so many participants conveyed a sense of externally driven urgency.
- There were mixed views among participants about whether an external organization should be established as a moment-in-time response versus a longer-term solution to address longstanding limitations and challenges in the vaccine ecosystem.
- Regardless of what is created, many respondents said there is a compelling need that will not likely go away (and likely will increase with future outbreaks) to ensure that the public understands the importance of vaccines and the real consequences of vaccine-preventable diseases.

Best Practices for Communications, Advocacy

Combating misinformation and promoting proactive communication were consistently identified as high-impact priorities across all sessions, especially given recent shifts away from government-backed, science-based information sources like websites and media briefings. Participants highlighted the challenge of navigating multiple competing narratives and emphasized the need to build trust while addressing vaccine hesitancy and raising awareness about the nature and consequences of vaccine-preventable diseases. Additionally, stakeholders noted a growing demand for legal expertise to support advocacy efforts and respond to state and federal challenges to vaccine policies.

Specific feedback included:

- There is a need to leverage social media platforms to combat misinformation, but also to give voice to people who are centered in the community, and to use social media as a way to empower people with the right information at the right time.
- There is an opportunity to explore involvement in legal cases. Litigation support is an area where a non-governmental entity could provide important information in briefs.
- These efforts should offer policymakers and the public clear information to better understand infectious diseases, their impacts, and the strategies that have brought many of them under control.

Concerns Over a Possible State-by-State Approach

Respondents expressed concern that a breakdown in the federal vaccine infrastructure could lead to fragmented, state-by-state approaches, resulting in inequities, coverage gaps, and loss of herd immunity. Many highlighted the confusion such decentralization could create—particularly around vaccine legislation, coverage, and payment—making it difficult for payers and programs to operate effectively. Several emphasized that the federal government is best positioned to manage vaccine delivery at scale.

Specific feedback included:

- Some states are concerned if they should set up their own vaccine body. States will take different approaches to this challenge, which can result in state-by-state variation on coverage decisions for vaccines.
- The federal government is best positioned to coordinate funding and infrastructure for immunizations. The COVID-19 pandemic offered a glimpse into the chaos of a state-by-state approach. Standing up a coordinating entity outside of the federal government may create unintended consequences that make a return to a well-functioning federal system at a future date unmanageable.

Enhanced State and Local Public Health Support

Participants emphasized the need to support state and local health departments with epidemiologic data and vaccine analysis, especially if federal leadership diminishes. However, many acknowledged the challenges in replicating federal functions at the state level, including coordination of complexities across multiple jurisdictions. Some suggested that new partnership models or private entities could improve data sharing and reporting continuity.

Specific feedback included:

- There may be new models or opportunities to partner with state and territorial jurisdictions to receive or supply data.
- Continuity of reporting could improve outside of the federal government. Government agencies, working optimally, face significant challenges in coordination

and breaking siloes. A non-governmental entity may be more effective in this regard.

- Coordination is required across different jurisdictions, not only federal, state, and local, but also internationally. This is a complex landscape that requires expert management.

Beyond a US Scope

Participants proposed that a non-governmental group could serve as a key liaison with WHO and other international organizations to maintain data sharing and collaboration, especially if the US government steps back from this role. Drawing on best practices from the COVID-19 response, stakeholders emphasized the importance of continuing global efforts in epidemiology, surveillance, vaccine development, and policy. Participants also stressed the value of preserving the US's leadership in vaccine policy through interdisciplinary collaboration with existing organizations and international partners.

Creating an Independent Structure vs. Serving as a Coordinating Body

Participants held differing views on whether a non-governmental entity should replicate the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices' (ACIP's) scientific role, with some citing credibility and coordination challenges. While some favored creating a new, independent, advisory structure, others emphasized the value of a coordinating body to unify existing efforts. Overall, many agreed that a national approach—whether independent or coordinating—would be more effective than fragmented, state-by-state responses.

Specific feedback included:

- The COVID-19 pandemic brought to light the challenges when other groups tried to step in to fill the void when information from the federal government was limited and/or delayed, with poor results. There is a real challenge in finding a third party that people are willing to listen to and act on its recommendations. Some academic centers and societies may be able to step into that role, but some have conflicts, such as receiving funds from manufacturers.
- In a coordinating role, participants indicated there are a number of existing, ongoing non-governmental efforts within specific work categories (e.g., surveillance and data, communications, clinical tools and guidelines), and there is a need for an umbrella organization to aggregate and promote those efforts.
- Other participants indicated that creating an independent advisory group structure would be a complex and potentially impossible task; however, they suggested such an organization might be needed if efforts break down at a federal level.
- Participants suggested that establishing an independent organization or an empowered, coordinating body would be preferable to state-by-state efforts.

Strength in Numbers

Participants widely supported greater collaboration across the vaccine ecosystem, noting the absence of a central convening body to coordinate and lead efforts. Many emphasized the benefits of shared resources and collective action—both to amplify impact and to mitigate risks faced by individual organizations. Uniting existing efforts under a common banner was seen as a promising way to enhance coordination, credibility, and effectiveness.

Specific feedback included:

- Think broadly; there are many groups that play a role, some small, some large, but there hasn't been a single, convening entity. There is significant passion to take action, but there is not a defined organization leading the path forward.
- Play to the strengths of each organization's members and its extended communities to address the priority issues, such as providing science-based, fact-driven, non-partisan advice; countering misinformation; and outlining historical perspectives that assist the breadth of key stakeholders to make sure that vaccines are accessible to the public.
- Many professional societies are operating in their own lanes, each one navigating a challenging new environment.
- Many participants indicated concerns over recent retaliatory actions and shared views that an individual organization could be singled out for having a visible or vocal role. Participants suggested that there may be strength in numbers.
- Participants also referenced multiple existing efforts related to vaccine programs and communications, suggesting that aggregating these efforts under an umbrella organization or "banner" might make a bigger impact.

Need for Focus, Early Success

Participants encouraged moving forward even without a fully formed plan, emphasizing the importance of early engagement, clarity of purpose, and the ability to adapt over time. Many suggested starting with achievable goals—like countering misinformation—before taking on more complex functions. A landscape analysis of existing vaccine-related efforts was also recommended to inform and align future actions.

Specific feedback included:

- There is a real need to engage early, even with preliminary plans. It will take time for organizations and trade associations to move through their processes, so outreach should begin as soon as possible.
- There must be a clear and compelling overarching objective for the work with a well-described process and rationale. Transparency builds trusts and connects partners to a mission.
- Start small and build a reputation while preparing for larger challenges on the horizon. Select an easier-to-achieve focus area early—such as working to counter misinformation—then shift to functions that may require more time (e.g., creating or coordinating surveillance systems, filling data gaps) or are inherently more complex (e.g., establishing an advisory group for clinical guidelines).
- Several participants encouraged the group to consider developing a landscape analysis to catalog the major vaccine activities already under way, leveraging the work of organizations like AHIP, the American College of Obstetricians and Gynecologists, American Medical Association, and American Academy of Pediatrics.

Leverage Existing Opportunities

The overall sentiment toward establishing a non-governmental group or initiative was positive, with many participants expressing hope and encouragement for a new approach, whether short- or long-term. Key areas identified for focus included communications and advocacy, clinical tools, guidelines, and data reporting. Participants highlighted opportunities such as developing personalized clinical recommendations, improving reporting continuity through better use of electronic health records (EHRs), and creating streamlined, user-friendly guideline models

that synthesize existing recommendations for easier use by providers and payers.

Specific examples included:

- Improved clinical tools for providers can result in more informed, personalized recommendations.
- Data collection and reporting (via electronic health records, for example) could be shared more broadly by health systems, payors, etc. to ensure continuity of health-specific reporting.
- There are numerous clinical guidelines available to structure immunizations. A new entity or coordinating body should rely on a method that can provide a simple, succinct information set for providers, payers, and others. There is also a role for more in-depth meta-analyses and synthesis of guidelines, including as a clearinghouse.

Limitations and Considerations

While participants were generally positive about a group assuming a leadership or coordination role, they raised several concerns about a non-governmental approach. Key issues included the inherently governmental nature of certain functions, like vaccine payment and legislation, the substantial funding required, and the risk of unintended consequences, such as undermining current and future ACIP credibility or creating conflicting messages that confuse the public. Specific concerns included the complexity of coordinating diverse stakeholders, the potential lack of recognition from existing federally funded programs, and the need to avoid weakening trusted consensus of existing US bodies (e.g., ACIP).

Specific feedback included:

- This effort would require a wide-reaching range of expertise that could be difficult to engage and coordinate effectively.
- It would be very concerning if a new, independent group attempted to make immunization recommendations and was not recognized by the federally funded immunization infrastructure (e.g., not funded by Vaccines for Children [VFC], not funded by Section 317 grant funds, at odds with FDA approval and vaccine package inserts).
- It is critical that a new organization does not weaken a consensus organization like ACIP by circumventing its established work. The group must not take away ACIP, or other federal advisory groups' ability to resume their important role at a future date.

Recommendations

Addressing Vulnerabilities and Establishing Priorities

Based on input from the broad range of stakeholders and from the Steering Committee, this final report summarizes the most urgent and high-impact recommendations that emerged to date, highlighting areas in which immediate attention is critical to protect public health and the healthcare system.

The high-level recommendations identified include:

- Strengthening communication and improving information dissemination for today's environment
- Developing and disseminating clinical tools and guidelines
- Building an overarching coalition for strategy and alignment
- Maintaining the nation's vaccine infrastructure
- Stabilizing the vaccine safety system
- Providing assistance to state and local health departments
- Safeguarding insurance coverage
- Continuing the flow of data for decision-making

Among these high-level recommendations, the Vaccine Integrity Project identified critical next steps for execution across a wide range of collaborative stakeholders. These recommendations are not an exhaustive list of all the work needed to protect the US vaccine system moving forward.

Strengthening Communication and Information Dissemination

Substantial and wide-reaching efforts are urgently needed to counter the spread of inaccurate and confusing vaccine information. Actions include:

- Rapidly responding to inaccurate information through various media platforms.
- Investing in targeted research to better understand vaccination-related behaviors and individual decision-making.
- Launching both locally relevant and large-scale social media campaigns to emphasize the evidence supporting the safety and effectiveness of vaccinations and their value to individuals and communities.
- Educating the public about vaccine preventable diseases and the risk of their resurgence.

- Equipping frontline healthcare workers, public health officials, and professional societies with the information and tested messaging they need to help people make informed decisions about vaccination, as well as identifying and training other trusted messengers at the regional, state, and local levels.
- Providing tailored education about the entire vaccine and vaccination ecosystem to a wide range of audiences, now and in the future, recognizing the changing landscapes, so the impact—the true benefits, limitations, and risks of vaccinations—are better understood.
- Preparing for the expanded use of AI and bots to spread misinformation and developing a coordinated response plan.

Developing and Disseminating Clinical Tools and Guidelines

The growing complexity and recent confusion in the information landscape highlight the urgent need for user-friendly tools that distill immunization facts and guidance—based on the ever-evolving science—into clear, actionable information for frontline healthcare and public health professionals. Frontline health workers—from pharmacists and nurses to public health and community health workers—play a critical role in rebuilding trust in the safety, effectiveness, and need for vaccines. Actions include:

- Building the evidence base and synthesizing emerging science to support medical societies in developing guidelines and recommendations.
- Convening a coalition to develop a unified process and templates to rapidly review, update, and issue user-friendly clinical guidelines transparently.
- Exploring the development of a standardized adult vaccination schedule—similar to the childhood schedule—with potential application for respiratory virus season.
- Creating new distribution channels to provide guidelines, toolkits, emerging data, etc., to quickly reach frontline and allied healthcare workers.
- Supporting and amplifying the efforts of medical societies already engaged in this work, while convening partners to promote consistency in messaging and timing for allied healthcare professionals.
- Compiling the current landscape of immunization recommendations to improve accessibility, identify areas for potential re-evaluation, and consider opportunities for harmonization across guidelines.
- Identifying provider-level liability protections when CDC/ACIP recommendations are not followed, including the potential to define a "standard of care" and set expectations for malpractice carriers.

Building an overarching coalition for strategy and alignment

There is a need for collaboration across the vaccine ecosystem, including aligning efforts to influence legislation and regulatory policies, and ensuring the consistent distribution of clear, unified messaging. A regularly updated landscape analysis that clarifies who is doing what, enables good coordination, and reduces duplication would be helpful as more organizations engage in this effort. Tracking and reporting on the implementation of recommendations could help measure progress and accountability, and help to prioritize and address emerging issues in real time.

Maintaining the Nation's Vaccination Infrastructure

State and local health departments—and the United States as a whole—depend on

HHS to provide the essential infrastructure and funding to support vaccine operations and programs, including purchase and distribution, administration tracking, Vaccine Injury Compensation and Countermeasures Injury Compensation programs, and the VFC program. Recent HHS actions to rescind the existing COVID-19 vaccine recommendations for pregnant women and children, coupled with unclear coverage implications, suggest that states, localities, and the American public at large, may need to assume partial or full responsibility for related costs and operations in the future. Actions include:

- Assessing legal implications for states and localities if public health action deviates from future CDC recommendations or actions.
- Understanding how changes in FDA approvals (e.g., limiting the use of vaccine for certain sub-populations) may impact coverage.
- Evaluating whether group purchasing organizations could be leveraged or created to buy vaccines in bulk at a discounted rate; assessing if the private sector (e.g., pharmacies or large healthcare provider networks) can assist with subsidized vaccine access programs to support public health.
- Helping states determine what the implications are for shifting to a "universal vaccine" state, in the event CDC no longer procures and distributes vaccinations.
- Exploring options and feasibility of continuing the collection of vaccine administration data; securing data currently held by states and the US government.
- Analyzing state laws and exploring legislative changes that may be required to ensure all providers can legally provide immunizations absent ACIP recommendations if such changes improve patient care.
- Identifying alternative sources of support for vaccine innovation and research outside of government funding.

Stabilizing the Vaccine Safety System

For a vaccine to be licensed in the United States, the FDA must find that it is safe and effective for use. The evaluation of a vaccine's safety does not stop at licensure; the United States has a robust infrastructure of post-market vaccine safety surveillance in place. Anchoring these safety monitoring activities is essential to maintaining public trust and continued confidence in the safety of vaccines. Actions include:

- Improving understanding and communicating information better about the current US safety monitoring systems.
- Working with manufacturers to enhance the uninterrupted flow of safety (and efficacy) data.
- Identifying avenues to support the continuation of the Injury Compensation Program, along with what obligations will remain for providers and public health if the program is no longer intact.
- Expanding the number of Vaccine Safety Datalink sites across the United States, and evaluating the merits of initiating state-based systems to collect, report, and analyze vaccine safety signal data.
- Advocating for funding and new federal legislation to codify vaccine safety monitoring; offering state-based legislative solutions, as well.

Providing Assistance to State and Local Health Departments

A great deal of the immunization work in the United States is shouldered by state and local public health departments. That work is at risk. States and localities have relied on HHS to

provide guidance, funding, and infrastructure to sustain their immunization programs. Federal agencies have played a central role in shaping policy, establishing standards, and supporting operations in and across jurisdictions.

As the landscape evolves, a broad network of entities committed to protecting health will need to collectively take on these responsibilities (e.g., developing and disseminating clinical tools and best practices, ensuring the integrity of the vaccine infrastructure and the data that programs rely on). To do this, these groups will need to partner more directly with states, territories, and localities to bolster capacity and address emerging challenges, while preventing fragmentation across states. Activities include:

- Developing a checklist for state and local health departments and state insurance commissioners on what they can do now to prepare for potential impacts on state- and locally led vaccine operations and budgets.
- Providing educational materials to each state on the current vaccine payment landscape (e.g., Children's Health Insurance Program, VFC, Employee Retirement Income Security Act [ERISA]).
- Developing model legislation and/or creating a state-based legislative strategy and framework to assess needs and opportunities to fill potential gaps.
- Initiating new communication channels to share information and experience across states and supplement the flow of information in real time.

Safeguarding Insurance Coverage

Shifting vaccine recommendations have raised questions about the future of guaranteed coverage through both public and private insurance. States, localities, and payers must begin planning now for possible changes and their implications, including Medicaid and Medicare, ERISA plans, and private insurance. Changes to vaccine recommendations could also have implications for the VFC program, which provides immunizations to over half of US children. There is an urgent need for stakeholders to come together to identify where coverage may be at risk and to develop practical solutions that protect and sustain access to vaccines, including updated analyses of the economic benefits of vaccinations. Actions include:

- Working with insurers and payers on opportunities for coverage and reimbursement under a scenario in which the ACIP is limiting or no longer recommending vaccines for use.
- Analyzing state laws and exploring legislative changes that may be required to continue coverage for the under- and uninsured, including implications for those covered by the VFC program.
- Developing and broadly disseminating informational materials about vaccination coverage and Medicaid/Medicare, ERISA, state insurance commissions, and private insurance so there is a baseline understanding of what exists today.
- Encouraging payors to maintain coverage regardless of CDC/ACIP decisions, considering the broader cost-benefit implications – i.e., the long-term benefits of protecting more Americans from vaccine-preventable diseases.

Call to Action

The Vaccine Integrity Project was established to ensure that vaccine use in the United States remains anchored in the best available science (safety, efficacy, epidemiology, and feasibility), focused on safeguarding individuals, families, and communities from vaccine-preventable diseases.

Collectively, the public health and healthcare communities must be part of the immediate next steps to safeguard the progress made in saving lives and dollars through strong immunization programs. Americans should have access to clear, credible, evidence-based information to make decisions about how best to protect themselves and their families from infectious diseases. Stakeholder organizations, such as professional societies, public health groups, and community-based organizations, among others, should develop a plan to improve coordination and collaboration across the ecosystem. These groups should identify and prioritize emerging threats and map out roles and responsibilities to reduce unnecessary duplication and improve strategic alignment.

The Vaccine Integrity Project has begun to work on the next phase of its effort, focused on defending science through three concrete actions:

- To ensure federal public health leaders provide accurate health information and prevent further erosion of trust in public health agencies, the Vaccine Integrity Project will **implement a rapid response effort**, so the public has access to evidence-based information in real-time.
- To prepare recommendations for the upcoming 2025-2026 fall-winter respiratory infection season, we need to **develop and disseminate a robust evidence base** for immunization recommendations and clinical considerations, so providers have reliable information to guide decision-making and engage patients of all ages in informed discussions about influenza, respiratory syncytial virus (RSV), and COVID-19.
- The scale and complexity of the challenges ahead demand ongoing collaboration and coordinated action. The Vaccine Integrity Project will **foster continued collaboration and visibility** to support better alignment, reduce duplication, and help participants identify and address emerging issues in real time.

These efforts mark only a fraction of the collective effort needed to stabilize and advance the vaccine ecosystem in the United States. The Vaccine Integrity Project looks forward to taking on this work alongside committed partners who care just as deeply about the health of the American people. It is incumbent upon public health and healthcare providers to act swiftly and decisively in defense of science, access, and trust.

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Appendix 2: Steering Committee

The Vaccine Integrity Project Steering Committee includes a range of leading public health and policy experts. Membership is voluntary and unpaid, as each is committed to the mission of immunization access in the United States grounded in the best available evidence. Members include:

Co-Chairs

Harvey Fineberg, MD, PhD: President, Gordon and Betty Moore Foundation; Former President of the National Academy of Medicine and Former Dean of the Harvard T.H. Chan School of Public Health

Peggy Hamburg, MD: Co-president of the InterAcademy Partnership and Chair, Board, American Association for the Advancement of Science (AAAS); Former Commissioner, US Food and Drug Administration (FDA)

Members

Jeff Duchin, MD: Emeritus Professor in Medicine, University of Washington; Former Health Officer of Seattle, King County

Mark Fienberg, MD, PhD: President and CEO, International AIDS Vaccine Initiative; Former Medical Officer, Office of AIDS Research at the National Institutes of Health (NIH)

Asa Hutchinson: Political Analyst, Scripps News; Former Governor of Arkansas

Michael T. Osterholm, PhD, MPH: Director, Center for Infectious Disease Research and Policy; Former State Epidemiologist, Minnesota Department of Health

Fred Upton: Former US Representative of Michigan

Anne Zink, MD: Lecturer and Senior Fellow, Yale School of Public Health; Former Chief Medical Officer, State of Alaska; Former President, Association of State and Territorial Health Officials (ASTHO)

Appendix 3: Publications

Viewpoints

Vaccine Integrity Project Viewpoints are authored by project staff and advisers. They are intended to address timely issues regarding vaccines with straight talk and clarity by presenting facts to counter falsehoods.

- ◊ CDC's upcoming vaccine advisory meeting set up to sow distrust in vaccines (June 23, 2025)
- ◊ RFK's reckless firing of CDC vaccine advisers not supported by evidence (June 10, 2025)
- ◊ Eroding trust by making COVID vaccine decisions with no transparency (June 3, 2025)
- ◊ Making key COVID vaccine decisions without input, transparency is a public disservice (May 21, 2025)
- ◊ Proposed system for vaccine approval, safety monitoring begs crucial questions (May 5, 2025)

In the News

News organizations across the globe seek out context and insights from our trusted staff of experts. Below are highlighted some of the more notable pieces related to the Vaccine Integrity Project.

- ◊ STAT: The U.S. government is failing on vaccine policy. The Vaccine Integrity Project is here to help (July 3, 2025, commentary by Michael T. Osterholm)
- ◊ CNN: With federal support uncertain, states and nonprofits scramble to safeguard vaccine access (June 30, 2025)
- ◊ Washington Post: How medical groups may preserve vaccine access — and bypass RFK Jr. (June 24, 2025)
- ◊ Politico: Insurers to 'follow the science' on vaccines (June 23, 2025)
- ◊ NBC: Outside groups organize to form unbiased, independent vaccine panel (June 22, 2025)
- ◊ Politico: Unhappy hospitals push back (June 18, 2025)
- ◊ New York Times: Get Mad in Public, and 12 Other Ways to Save Health and Science (May 19, 2025)
- ◊ Axios: Scientists mobilize to counter vaccine misinformation (April 29, 2025)
- ◊ Minnesota Star Tribune: Running toward, not away from, the battle over vaccines (April 29, 2025)
- ◊ MSN: Concerned about US vaccine misinformation and access, public health experts start Vaccine Integrity Project (April 24, 2025)
- ◊ Science: Vaccine experts band together to counter U.S. government misinformation (April 24, 2025)