



American Society of Pediatric Nephrology

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September 13, 2025

Martin Kulldorff, PhD
Chair
Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30333

Re: Comments for the September 2025 Meeting of the Advisory Committee on
Immunization Practices (Docket No. CDC-2025-0454)

Dear Dr. Kulldorff:

On behalf of the American Society of Pediatric Nephrology (ASPN), thank you for this opportunity to provide comments in advance on the Advisory Committee on Immunization Practices' (ACIP) September meeting. We write today to urge you to maintain the current child and adolescent vaccine schedule to protect the health of the children we treat with chronic kidney disease (CKD).

Founded in 1969, ASPN is a professional society composed of pediatric nephrologists whose goal is to promote optimal care for children with kidney disease and to disseminate advances in the clinical practice and basic science of pediatric nephrology. ASPN currently has over 700 members, making it the primary representative of the Pediatric Nephrology community in North America. ASPN has long prioritized vaccination in children affected by kidney disease.

Our members treat children with CKD and end-stage kidney disease (ESKD) who are at an increased risk of complications from vaccine-preventable diseases because of weakened immunity stemming from their chronic condition. Children with CKD who contract vaccine preventable infections such as measles, varicella, influenza or pneumococcal disease may end up with life-threatening sepsis resulting in long-term complications including rapid progression of their kidney disease or death. Patients with ESKD on chronic dialysis, require more frequent physician and hospital visits. For those dialyzed in children's hospitals or other facilities, they are at greater risk of exposure to hepatitis B, which can spread easily in dialysis units. Vaccines are the key tool in the management of CKD patients for infection prevention, reducing illness severity and complications, and keeping these children as healthy as possible, and empowering them to live normal lives.

Children with ESKD who may be eligible for kidney transplant, will receive a regimen of immunosuppressive drugs post-transplant to prevent rejection of their transplant and are

consequently at increased risk of infectious complications post-transplant; Therefore, vaccination is critical prior to transplantation. The American Society of Transplantation guidelines recommend that transplant candidates and their families complete the full complement of recommended vaccinations prior to transplantation.¹ Post-transplant nasal flu, MMR, and varicella – which are live vaccines – are unsafe for immunosuppressed children. Thus, it is critical that they are fully vaccinated to prevent these illnesses BEFORE they receive their kidney transplant. Unfortunately, there are select populations who are unable to receive these live vaccines prior to transplant such as those who are too young (e.g. infants who receive heart transplants, or other immunologic contraindications). Prevention of infection for this specific population is optimized by maximal immunization rates in the community to reduce exposure from those who are either actively infected or carriers.

The current vaccine schedule, which includes safe and effective vaccines, is critical to supporting the health of children with CKD. ASPN urges ACIP to maintain the current child and adolescent vaccine schedule for all children. When children receive all the recommended immunizations, the whole community benefits by creating widespread protection against contagious diseases. This creates greater protection for children with CKD, those who have received a kidney transplant, and anyone in the community who may be at greater risk of infection.

ASPN strongly urges ACIP not to remove any vaccines from the child and adolescent vaccine schedule. Any changes will limit access for all children, including those treated by our members, and result in a resurgence of certain vaccine-preventable diseases. Children with ESKD are the only children automatically eligible for Medicare based on their condition under statute, and approximately one-third are covered by the program with another third covered by Medicaid, and the remaining third covered by private insurance. For those children covered by Medicaid, federal law ties coverage of pediatric vaccines to the ACIP schedule. Removal would allow states to reduce access or require prior authorization imposing unnecessary barriers to access for the children our members treat. For those children with private insurance, their families may be required to pay cost-sharing for vaccines making them unaffordable for some families. Ultimately, children from low-income families, rural areas, and minority populations would be disproportionately affected by these changes.

For more information on how we at ASPN have partnered with our colleagues in adult nephrology at the American Society of Nephrology to advocate for vaccination in our patients, including patient education materials, please visit our [website](#) or the [vaccine confidence project website](#).

¹ [https://www.amjtransplant.org/article/S1600-6135\(22\)01966-9/fulltext#:~:text=Transplant%20candidates%20and%20recipients%20are,\(II%2D2\)%20\(1](https://www.amjtransplant.org/article/S1600-6135(22)01966-9/fulltext#:~:text=Transplant%20candidates%20and%20recipients%20are,(II%2D2)%20(1)

Thank you for the opportunity to submit these comments. Should you have any questions, please contact Erika Miller at emiller@dc-crd.com

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meredith Atkinson', with a stylized flourish at the end.

Meredith Atkinson
President