



Asthma and Allergy
Foundation of America

September 18, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Request for Information: Categories Used in Federal Vaccine Recommendations and the Role of Shared Clinical Decision-Making (Docket No. HHS-OS-2026-0332; RIN 0991-ZA62)

Dear Secretary Kennedy:

On behalf of the Asthma and Allergy Foundation of America (AAFA), I write to express serious concerns regarding the categories used in federal vaccine recommendations and the role of shared clinical decision-making.

AAFA is the leading patient organization for people with asthma and allergies and the oldest asthma and allergy patient group in the world. AAFA focuses on saving and improving lives for the over 100 million people in the U.S. with asthma and allergic diseases. We are dedicated to improving the quality of life for people with allergic diseases and asthma through education, support, advocacy and research.

AAFA supports evidence-based, transparent federal vaccine recommendations, made by appropriate scientific experts. Given the Administration's actions regarding vaccine policy, we are concerned that changes to the categories used in federal recommendations would sow confusion, create distrust, and harm the health of millions of Americans. Our concerns are detailed below.



The Importance of Vaccinations for People with Asthma

Asthma is one of the most common and costly diseases in the U.S., affecting nearly 28 million Americans, including about 5 million children.¹ The total economic cost of asthma in the United States was about \$82 billion per year from 2008 to 2013, or \$118 billion in CPI adjusted dollars in 2026.²

Asthma is a long-term disease that causes your airways to become swollen and inflamed, making it hard to breathe. There is no cure for asthma, but it can be managed and controlled. The best way to manage asthma is to avoid triggers, take medications to prevent symptoms, and prepare to treat asthma episodes if they occur. Respiratory infections are a major trigger of asthma flares, and people with asthma are more likely to experience serious complications from respiratory infections.^{3,4,5} Vaccines that prevent respiratory illnesses are therefore of particular importance to people living with asthma. For example:

- As the CDC notes, influenza vaccines are “especially important” for adults and children with asthma because asthma increases the risk of serious flu complications, including pneumonia.⁶
- When vaccinated against COVID, people with asthma had a 49% lower risk of severe symptoms, 78% lower risk for an ER visit or hospital stay, and a 55% lower risk of death from COVID.⁷

¹ AAFA, Asthma Facts, Figures, and Stats. Available at <https://aafa.org/asthma/asthma-facts/>

² *Id.*

³ Wark PAB, Ramsahai JM, Pathinayake P, Malik B, Bartlett NW. Respiratory Viruses and Asthma. *Semin Respir Crit Care Med*. 2018 Feb;39(1):45–55. doi: 10.1055/s-0037-1617412. Epub 2018 Feb 10. PMID: 29427985; PMCID: PMC7117086.

⁴ Restori KH, Srinivasa BT, Ward BJ, Fixman ED. Neonatal Immunity, Respiratory Virus Infections, and the Development of Asthma. *Front Immunol*. 2018 Jun 4;9:1249. doi: 10.3389/fimmu.2018.01249. PMID: 29915592; PMCID: PMC5994399.

⁵ Ma R, Zhang C, Zhang Y, Tan H, Zhang Y, Li Q, Bai Y, Sun X. The impact of respiratory syncytial virus on asthma development and exacerbation. *Ann Allergy Asthma Immunol*. 2025 Sep;135(3):268–275. doi: 10.1016/j.anai.2025.05.011. Epub 2025 May 17. PMID: 40389152.

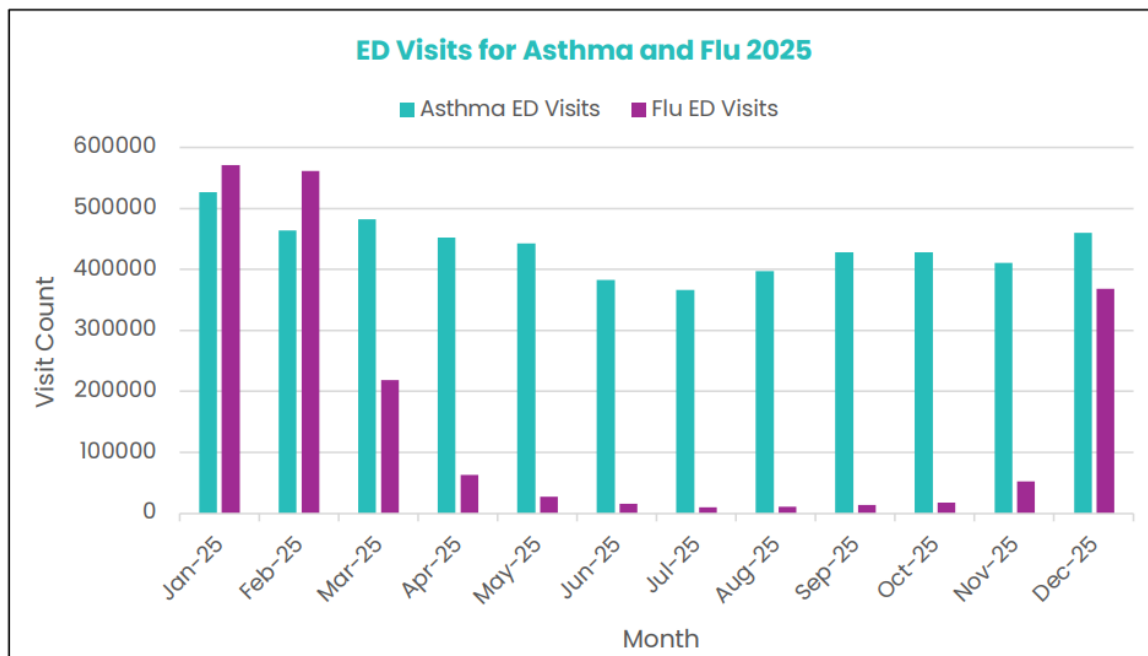
⁶ CDC, “Flu and People with Asthma” (2024). Available at <https://www.cdc.gov/flu/highrisk/asthma.html>

⁷ Kim SH, Kang MG, Jang JG, Kim Y, Moon JY, Min KH, Kim JS, Lee H. Severe COVID-19, vaccination, and mortality among individuals with asthma: A Nationwide population-based cohort study. *Vaccine*. 2026 Jan 5;70:128017. doi: 10.1016/j.vaccine.2025.128017. Epub 2025 Dec 1. PMID: 41330187.



- Infants who acquire Respiratory Syncytial Virus (RSV) are more likely to develop asthma.⁸ In addition, asthma is a factor for greater risk of RSV-related hospitalization or death.^{9,10} The RSV vaccine, approved in 2023, reduces the risk of RSV acquisition in infants, older adults, and other adults at high risk.
- The pneumococcal, whooping cough, and shingles vaccine similarly all reduce the risk of infections, and serious complications, in people with asthma.

The relationship between asthma and respiratory infections can be seen in annual healthcare patterns. AAFA's analysis of medical claims from 2025 found that emergency visits for asthma peak in the months with the most flu ED visits¹¹:



⁸ Ma R, Zhang C, Zhang Y, Li Q, Bai Y, Sun X. The impact of respiratory syncytial virus on asthma development and exacerbation. *Annals of Allergy, Asthma & Immunology*, 2025; 135, 268-275

⁹ Centers for Disease Control and Prevention. (2026). *RSV in Adults*. Available at www.cdc.gov/rsv/adults/index.html

¹⁰ Centers for Disease Control and Prevention. (2026). *RSV in Infants and Young Children*. Available at www.cdc.gov/rsv/infants-young-children

¹¹ Asthma and Allergy Foundation of America, (2026). 2026 Asthma Capitals®. Available at www.asthmacapitals.org



Given the known impacts of vaccine-preventable respiratory illnesses like influenza on people with asthma, vaccines are a critical tool for addressing these severe effects.

Changes to the federal vaccine recommendation categories would create confusion and harm public health

Current federal vaccine recommendations currently fall into three categories: routine (universal) recommendations, risk-based recommendations, and recommendations based on shared clinical decision-making. Clinicians, patients, and healthcare systems have been operating under this system since 2018. The RFI states that changes to these categories are being considered in light of the President's Executive Order on "Delivering Gold Standard Childhood Vaccine Recommendations For Americans."¹²

That Executive Order – which highlights "maximizing parental choice" and suggests dividing the MMR vaccine into three separate doses, without evidence – was just one in a series of Administration actions that have sought to cast doubt on vaccines. For example:

- In June 2025, the Advisory Committee on Immunization Practices was overhauled, firing all 17 members and replacing them with 8 members, including vaccine skeptics.¹³
- In January 2026, HHS announced an overhaul of the childhood vaccination schedule, reducing the number of routine recommendations from 17 to 11,¹⁴ without scientific evidence for this dramatic change.

¹² Executive Order 14420 (August 10, 2026). Available at <https://www.whitehouse.gov/presidential-actions/2026/08/delivering-gold-standard-childhood-vaccine-recommendations-for-americans/>

¹³ Lisa Schnirring and Mary Van Beusekom. "RFK announces new ACIP members, including vaccine critics." CIDRAP (June 12, 2025). Available at <https://www.cidrap.umn.edu/anti-science/rfk-announces-new-acip-members-including-vaccine-critics>

¹⁴ Jennifer Kates and Josh Michaud, "The New Federal Vaccine Schedule for Children: What Changed and What Are the Implications?" KFF (January 6, 2026). Available at <https://www.kff.org/other-health/the-new-federal-vaccine-schedule-what-changed/>



- Inaccurate claims were made about the measles vaccine becoming ineffective over time.¹⁵ Subsequent declines in vaccination rates have led to measles outbreaks unprecedented in recent decades.¹⁶
- In August 2025, HHS abruptly terminated \$500 million dollars of investment in mRNA vaccine development,¹⁷ despite the massive success of mRNA vaccines against COVID developed during President Donald Trump’s first term and the promise of this technology in protecting Americans against future epidemics.

These are only a sampling of the actions the current Administration has taken to replace evidence-based vaccine policy with fear-mongering, scientific inaccuracy, and doubt. In light of this consistent pattern, AAFA is strongly concerned that changes to the current recommendation categories would only further stoke confusion and make it harder for people to access the vaccines they need to stay healthy.

Evidence does not support a link between vaccines and food allergies

AAFA would also like to address statements made regarding a potential relationship between food allergies and vaccination. As reported in November of 2025, doubt was cast on existing evidence regarding the role of early exposure to allergens in preventing food allergy, and instead noted “we need to look at aluminum in vaccines.”¹⁸

This statement was misguided. A recent meta-analysis of risk factors for developing food allergy in infants and children published in *JAMA Pediatrics* found that factors with the strongest impact and highest level of certainty included prior allergic

¹⁵ “How RFK Jr. Is Influencing America’s Vaccine Playbook” (Updated August 11, 2026). U.S. News and World Report. Available at <https://www.usnews.com/news/health-news/articles/calling-the-shots-tracking-robert-f-kennedy-jr-s-moves-on-vaccines>

¹⁶ Jim Wappes, “CDC adds 211 new cases to accelerating US measles outbreak.” CIDRAP (August 21, 2026). Available at <https://www.cidrap.umn.edu/measles/cdc-adds-211-new-cases-accelerating-us-measles-outbreak>

¹⁷ HHS Winds Down mRNA Vaccine Development Under BARDA (August 5, 2025). Available at <https://www.hhs.gov/press-room/hhs-winds-down-mrna-development-under-barda.html>

¹⁸ Zach Kaplan, “RFK Jr. reiterates he doesn’t think peanut allergies are exposure problem” (



conditions, atopic dermatitis, increased skin transepidermal water loss, filaggrin gene sequence variations, delayed solid food introduction, infant and intrapartum antibiotic exposure, male sex, being first born, family history of allergy, parental migration, self-identification as Black, and cesarean delivery.¹⁹ Based on current evidence, exposure to vaccines (or vaccine additives/preservatives) is **not** one of these factors.

AAFA is concerned that unsubstantiated allegations that vaccines may in any way “cause” food allergies will both weaken trust in important vaccines and distract attention and resources from research into factors that have actually been demonstrated to impact risk.

Conclusion

We appreciate your consideration of these comments. AAFA would welcome the opportunity to work with HHS on evidence-based, expert-led federal vaccine recommendations.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

¹⁹ Islam N, Chu AWL, Sheriff F, Foroutan F, Guyatt GH, Brignardello-Petersen R, Oykhman P, Iorio A, Izcovich A, Morrison KM, Roldan Benitez Y, Couban RJ, Borovsky D, Zhang Y, Ologundudu L, Pasumarthi K, Farooq SF, Tong K, Tang WC, Faisal H, Khalid MF, Asif MS, French S, Wasserman S, Chinthrajah RS, Sampson HA, Mustafa SS, Lieberman JA, Järvinen KM, Bailey S, Bégin P, Sicherer SH, Gerdtz J, Carver M, Mitchell L, Cleary K, Greenhawt MJ, Wang J, Anagnostou A, Shaker MS, Chandra-Puri A, Fulkerson PC, Wood RA, Chu DK. Risk Factors for the Development of Food Allergy in Infants and Children: A Systematic Review and Meta-Analysis. JAMA Pediatr. 2026 Feb 9:e256105.