

The Advisory Commission on Childhood Vaccines Plays a Critical Role in Protecting Patients and America's Vaccine Supply



ACCV BALANCES PATIENT PROTECTION AND VACCINE AVAILABILITY

The Advisory Commission on Childhood Vaccines (ACCV) is an independent committee created by Congress to provide independent expertise and advice on the national vaccine injury compensation framework.¹

Although serious vaccine injuries are very rare, Congress recognized the need for a system to ensure that individuals impacted by these uncommon events received fair and timely compensation.



Congress established the ACCV as part of the National Childhood Vaccine Injury Act of 1986 (NCVIA), alongside the Vaccine Injury Compensation Program (VICP), to streamline the process for patients with side effects from certain vaccines to be compensated while also protecting the nation's vaccine supply.²



The VICP is a federal compensation system that covers most routinely recommended childhood and maternal vaccines and is designed to provide a fair, streamlined process for compensation that is faster and more predictable than civil court.³

At the center of the VICP is the Vaccine Injury Table, which determines the vaccines covered, the injuries presumed to be caused by them and the timeframes in which such symptoms must appear. When an injury appears on the Table and occurs within the listed timeframe, causation is presumed, meaning families do not have to prove fault or causation to receive compensation. While the VICP injury table streamlines compensation for certain well-established adverse events, the program also allows off-table compensation for claims supported by individualized medical and scientific evidence of causation. In either case, the petitioner does not need to show fault – this is what separates the VICP from traditional litigation.



HOW THE ACCV FUNCTIONS WITHIN THE VACCINE INJURY COMPENSATION SYSTEM

The ACCV advises the Secretary of Health and Human Services on the implementation of the VICP, including recommendations related to the Vaccine Injury Table.⁴

By law, the Secretary must seek advice and recommendations from the ACCV before making changes to the Table.⁵ This requirement reflects Congress's intent that decisions affecting compensation eligibility should not be made unilaterally or without public input.

When functioning as intended, the ACCV:

Reviews scientific and medical evidence related to vaccine injuries and adverse events

Provides a public forum for testimony from individuals and families

Brings together medical, legal, manufacturer and public perspectives

Helps ensure proposed changes to the Injury Table are evidence-based and transparent

Through these functions, the ACCV acts as a key safeguard within the VICP, helping to ensure that the program is implemented in a way that is patient-focused and science-driven.



ACCV GUIDANCE ON THE VACCINE INJURY TABLE CAN HAVE MAJOR IMPACTS ON PATIENTS

Changes to the Vaccine Injury Table can have far-reaching impacts on patients.

Expanding injuries on the Table without a strong evidence base and scientific rationale would likely place significant strain on the VICP fund and threaten the program's long-term viability. If the compensation system becomes financially unstable, it may no longer be able to serve the patients it is designed to protect. While the VICP is not without challenges, there are constructive, targeted reforms – such as increasing the number of judges, known in the VICP as special masters, to address caseload demands – that could strengthen the program without undermining its financial stability.

Further, if the compensation program is undermined or collapses, it will lead to a resurgence of widespread litigation against vaccine manufacturers – the very dynamic that led Congress to create VICP in 1986 after lawsuits against vaccine manufacturers threatened the stability of the vaccine market.⁶ **The legal uncertainty created by such litigation could discourage continued participation in the vaccine market and reduce investment in both existing and future vaccines – outcomes that ultimately undermine public health, decrease Americans' access to vaccines and threaten our national security.⁷**



PRESERVING ACCV INDEPENDENCE AND GUARDRAILS IS ESSENTIAL TO PROTECTING PATIENTS

Congress intentionally built guardrails into the VICP to prevent abrupt, politicized or unilateral changes to vaccine injury policy – and the ACCV is one of those guardrails.

Recent developments – including the removal of sitting ACCV members before the completion of their terms – have raised concerns about whether the commission can continue to function as Congress intended. These actions risk weakening the independence of a body designed to provide balanced, expert-driven guidance.

While policy debates about vaccines are appropriate and expected, altering the structure or composition of the ACCV in ways that compromise its independence threatens the integrity of the VICP itself.

Congress created the ACCV to ensure that decisions about vaccine injury compensation remain evidence-based, transparent and insulated from short-term political pressures. Preserving that role is essential to protecting injured individuals, maintaining public trust and safeguarding America's vaccine supply.

¹ HRSA. "Advisory Committee on Childhood Vaccines." <https://www.hrsa.gov/advisory-committees/vaccines>

² National Childhood Vaccine Injury Act of 1986. <https://www.congress.gov/bills/99th/congress/house-bill/5546>

³ HRSA. "About the National Vaccine Injury Compensation Program." <https://www.hrsa.gov/vaccine-compensation/about>

⁴ 42 U.S.C. § 300aa-19(f)(1).

⁵ 42 U.S.C. § 300aa-19(f)(2). The Secretary cannot initiate rulemaking to modify the Vaccine Injury Table without first seeking the ACCV's advice and recommendations. 42 U.S.C. § 300aa-14(d). The ACCV can also petition the Secretary to propose regulations to amend the Vaccine Injury Table. 42 U.S.C. 300aa-14(c)(2).

⁶ Institute of Medicine. "Vaccine Supply and Innovation." (1985)

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