



**Statement of the  
American College of Clinical  
Pharmacy to Centers for Disease  
Control and Prevention (CDC)  
Advisory Committee on Immunization  
Practices (ACIP)**

**Meeting Date: March 18, 2026  
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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement in response to the Centers for Disease Control and Prevention (CDC) March 18, 2026 meeting of the Advisory Committee on Immunization Practices (ACIP).

### **ACCP and Clinical Pharmacists**

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of over 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy. Our members are experts in complex medications and medication regimens that are integral to modern healthcare. Importantly, many clinical pharmacists conduct clinical/translational research in infectious diseases/immunology and possess expertise in evaluating medical evidence. These clinical scientists bring both the patient care practice and research experience necessary to develop rational vaccine recommendations.

Clinical pharmacists practice in a variety of healthcare settings including medical clinics, integrated health systems, hospitals, community-based pharmacies and others. In these settings, they work collaboratively with physicians and other providers to ensure that patients receive the best care possible. As medication experts, clinical pharmacists are regularly consulted by the healthcare team for specific recommendations about the appropriateness of prescription medicines and other aspects of medication therapy that their education and training have prepared them to address.

Clinical pharmacists also work daily with physicians, physician trainees, patients, and other health professionals to ensure that medications are prescribed, dosed, and utilized safely and effectively to achieve the best clinical outcomes.

### **Clinical Pharmacists in Evidence-Based Immunization Practice**

Clinical pharmacists play a critical role in establishing scientific evidence on vaccines through the development of clinical trials to evaluate vaccine efficacy, safety, and optimal dosing strategies, and contribute directly to the development of vaccine protocols and public health

recommendations. Many have been certified by the Board of Pharmacy Specialties as board certified Infectious Diseases Pharmacists. They provide vital expertise in tracking adverse reactions and contributing to post-marketing vaccine surveillance, ensuring immunizations remain safe and effective, and applying evidence-based guidance to patient care.<sup>1</sup>

As team-based healthcare professionals who help optimize medication therapy for complex patients in varied settings, clinical pharmacists bring a unique and vital perspective to national immunization policymaking. They serve as frontline healthcare professionals with expertise in pharmacology, population health, and vaccine technology and use. Clinical pharmacists are educated and trained to effectively manage the drug *and* biologic needs of patients, including providing advice to patients, managing vaccine contraindications, and participating in outbreak response efforts. Their integration into patient care teams in ambulatory, inpatient, and community-based settings serves as a vital link between public health policy and real-world implementation. Their contributions to interprofessional healthcare teams are proven to enhance overall team effectiveness.<sup>2</sup>

### **Clinical Pharmacists' Contributions to Post-COVID and Long-COVID Care**

A collaboration between the University of Maryland School of Pharmacy, the Johns Hopkins Hospital Department of Pharmacy, and the Johns Hopkins University School of Medicine further demonstrates the essential role of clinical pharmacists in complex, multidisciplinary care related to Long COVID.<sup>3</sup>

Within the Johns Hopkins Post-Acute COVID-19 Team (JH PACT), clinical pharmacists serve as integral members of an interdisciplinary clinic supporting COVID-19 survivors. Since July 2024, the JH PACT program has served more than 574 patients and conducted over 4,400 patient encounters. Pharmacists in this program optimize evolving medication regimens, prevent harmful interactions, educate patients on symptom management, and support recovery through individualized medication management. Their work is supported in part by the Agency for

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<sup>1</sup> Bluml BM, Brock KA, Doucette WR, et al. Effect of an Innovative Immunization Practice Model to Improve Population Health: Results of the Project IMPACT Immunizations Scaled Demonstration. *Innov Pharm.* 2023;14(2):doi: 10.24926/lip.v14i2.5454

<sup>2</sup> Funk KA, Pestka DL, Roth McClurg MT, Carroll JK, Sorensen TD. Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life. *J Am Board Fam Med.* 2019 Jul-Aug;32(4):462-473. doi: 10.3122/jabfm.2019.04.180376. PMID: 31300566.

<sup>3</sup> University of Maryland, Baltimore. (2025, November 13). School of Pharmacy, Johns Hopkins supporting Long COVID patients in new collaboration. <https://www.umaryland.edu/news/archived-news/november-2025/school-of-pharmacy-johns-hopkins-supporting-long-covid-patients-in-new-collabor.php>

Healthcare Research and Quality's (AHRQ) SPaRC grant, which aims to expand essential clinical services for individuals living with Long COVID and strengthen support for primary care providers.

This collaboration demonstrates how pharmacists enhance multidisciplinary care teams, improve outcomes for patients with chronic and post-infectious conditions, and translate emerging evidence into safe, effective clinical practice. These competencies are directly relevant to the development and implementation of national immunization policy.

Older adults aged 65 and above experience a substantial disease burden from Long COVID due to persistent multisystem complications that intersect with age-related comorbidities, leading to prolonged symptoms and functional decline. These long-term effects increase Medicare expenditures through greater utilization of outpatient visits, specialist consultations, diagnostic evaluations, and chronic disease management. Health care costs can escalate as Long COVID drives new or worsening cardiopulmonary, neurological, and metabolic complications that often necessitate ongoing medication therapy. Because older adults frequently rely on multiple medications, Long COVID's chronic manifestations further elevate the risk of polypharmacy and drug-related problems, underscoring the critical role of clinical pharmacists.

### **Clinical Pharmacists as Essential Partners in Immunization Policy**

To help address our nation's emerging medication-use crisis, ACCP recommends expanding access to comprehensive clinical pharmacy services by integrating clinical pharmacists working as formal members of the patient's primary health care team.

This process of care, demonstrated through empirical, peer-reviewed studies and everyday practice to significantly improve clinical outcomes and enhance the safety of patients' medication use, is supported by the Primary Care Collaborative (PCC).

For rural communities, access to clinical pharmacy services can help create efficiencies across the health delivery system. Clinical pharmacists help deliver enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities. Physicians are able to dedicate more time to the diagnostic and treatment selection process, enabling them to be more efficient, see more patients, and spend more time providing medical care. Team members are freed up to practice at the highest level of their own

scopes of practice by fully utilizing the qualified clinical pharmacist's skills and training to coordinate the medication use process as a full team member.

According to the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report, fragmented care may increase the risk of medication mismanagement because prescribing happens across many care settings. Illness and death resulting from non-optimized medication therapy led to an estimated 275,000 avoidable deaths in 2016, with an economic impact of over half a trillion dollars.<sup>4</sup>

Despite these facts, traditional practice models and payment policies result in disjointed prescribing and distribution of medications from unconnected professional "silos" and our current system consistently fails to deliver the full promise medications can offer.

Patients benefit from the delivery of comprehensive clinical pharmacy services to the increased individualized attention to medications and the role they play in the patient's therapeutic care plan. In addition, physicians and other care team members benefit when pharmacists apply their pharmacotherapeutic expertise in a collaborative process to help manage complex drug therapies.

## **Conclusion**

Thank you for this opportunity to comment. ACCP appreciates your attention to this statement. Our members are highly qualified clinical pharmacy scientists with the expertise, leadership, and commitment to public health that ACIP demands. We are available to work with you, and we are certain that the utilization of the expertise of qualified clinical pharmacists will strengthen the scientific integrity, operational insight, and patient-centered focus of the nation's immunization policy.

If you have any questions, feel free to contact:

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<sup>4</sup> Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. *The Annals of pharmacotherapy*, 52(9), 829-837. <http://dx.doi.org/10.1177/1060028018765159> <https://escholarship.org/uc/item/3n76n4z6>

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