August 18, 2026

VIA EMAIL
Interagency Autism Coordinating Committee
National Institutes of Health (NIH)
Building 31C 6th Floor Conference Center
31 Center Drive
Bethesda, MD 20892
iaccpublicinquiries@mail.nih.gov

Re: *Public Comment for the August 27, 2026 IACC Meeting in Support of the IACC Strategic Plan 2026-28 Working Draft*

Dear IACC Members:

We write on behalf of Informed Consent Action Network ("**ICAN**") to comment on the Interagency Autism Coordinating Committee's ("**IACC**") Strategic Plan 2026-2028 working draft ("**the Plan**").[1] ICAN's mission is to eradicate man-made disease and to put the power of scientifically researched heath information into the hands of the public. To do that, scientific research needs to be conducted. ICAN commends IACC for developing a strategic framework that recognizes the need for more clinically relevant research.

As autism prevalence continues to rise, the federal research agenda must remain comprehensive, objective, and responsive to the autism community. We support the Plan's recognition that autism is biologically heterogeneous, and welcome its call for research across environmental, immune, metabolic, mitochondrial, neurological, gastrointestinal, genetic, and other biological pathways. No single theory, to date, fully explains autism, and the federal research agenda should reflect that complexity.

ICAN strongly supports making neurodevelopmental regression a national research priority. Understanding why some children lose previously-acquired skills is essential to improving early identification, clinical care, and targeted treatment—and ultimately to preventing regression from happening in the first place. Likewise, we support the Plan's emphasis on studying immune triggers and biological susceptibility, including how inflammatory processes, infections, metabolic stress, and other environmental factors may interact in susceptible populations.

To ensure that this research is truly comprehensive, ICAN encourages IACC to **expressly include vaccines among the environmental and immune factors evaluated in autism research, including through appropriately designed studies examining whether vaccination is associated with autism or neurodevelopmental regression**. Vaccines stimulate the immune system and are administered during critical windows of early neurodevelopment. Objectively and rigorously evaluating vaccine-related exposures as one potential environmental factor is consistent

[1] https://iacc.hhs.gov/meetings/iacc-meetings/2026/full-committee-meeting/august/IACC%20Strategic%20Plan%20Working%20Draft%20July%2017.pdf?ver=5.

with the Plan's statement that an "exposure or biological event that occurs during a sensitive window may carry consequences that… differ across individuals, depending on genetic susceptibility, immune and metabolic resilience, cumulative biological stress, and remaining physiological reserve."

Notably, there are no studies that have examined the relationship between autism and the vaccines routinely administered during the first year of life. On June 21, 2019, ICAN submitted a FOIA request to the CDC for copies of: "All studies relied upon by CDC to claim that the DTaP vaccine does not cause autism." ICAN made the same request for Hep B, Hib, PCV13 and IPV, as well as asking for the studies reflecting that, cumulatively, these vaccines do not cause autism. The CDC produced nothing. Therefore, ICAN sued the CDC on December 31, 2019, to force it to produce the studies it relies upon to claim the vaccines given in the first year of life – DTaP, Hep B, Hib, PCV13, and IPV, individually and collectively – do not cause autism.

The CDC finally capitulated and provided a list of studies it claims it relied upon to assert that DTaP, Hep B, Hib, PCV13, and IPV, individually and cumulatively, do not cause autism. This list included 16 studies and 4 reviews (*i.e.,* reviews of studies for a given research question). This list of 20 studies/reviews provided by the CDC is *the* definitive list of studies the CDC relied upon to claim—both to America and to the world—that vaccines given to infants do not cause autism. This list was memorialized in a signed stipulation entered into with the CDC on February 28, 2020, and then entered as an order of the Court on March 2, 2020. The CDC was finally forced to identify specific studies to support its claim that infant vaccines do not cause autism, and not a single one of the 16 studies or 4 reviews it identified support the claim that vaccines injected into infants – DTaP, Hep B, Hib, PCV13, and IPV – do not cause autism. Instead, they included:

- 15 studies and 3 reviews concerning MMR and/or thimerosal
- 1 study concerning antigen (not vaccine) exposure
- 1 review concerning MMR, thimerosal, and DTaP

Meaning, of the 20 studies and reviews identified by the CDC, only *one* involved a vaccine on the CDC schedule given to infants: DTaP. This was the review that the IOM published in 2012 which failed to identify a study to support that DTaP does not cause autism. Instead, this IOM report found only one study regarding DTaP vaccine and autism, and that study found an association between this vaccine and autism. Meaning, incredibly, the only study or review out of 20 identified by the CDC that reviewed a vaccine given during the first year of life was a study which *did find* an association between DTaP vaccine and autism.

Critically, when it had its back against the wall in a federal lawsuit, the CDC could not identify a single study that supported its claim that the vaccines given to infants (DTaP, Hep B, Hib, PCV13, and IPV) do not cause autism. Not one study. The resulting record underscores the need for additional research. Unless IACC demands that vaccines, specifically, be among the environmental and immune factors evaluated, they will continue to be over-looked and not studied (while they simultaneously will continue to be injected into millions of healthy babies).

ICAN further supports a significant expansion of the National Institutes of Health's autism research portfolio into areas beyond genetics. The Plan reports that in 2025 genetics and genomics

accounted for 38.5% of NIH autism funding, while environmental factors accounted for just 5.8%, underscoring the need to rebalance investment toward systems biology, clinical research, environmental factors, treatment development, implementation science, and measurable improvements in patient care and quality of life. Federal research should ultimately improve the lives of autistic individuals by producing better diagnostic tools, more effective treatments, and higher-quality clinical care.

Finally, ICAN encourages IACC to preserve these priorities in the final Strategic Plan, establish clear implementation benchmarks, and report progress transparently. Families deserve a research agenda that is scientifically rigorous, clinically meaningful, and that directly investigates the potential relationship between vaccines administered during infancy and autism or neurodevelopmental regression. Thank you for your leadership and for the opportunity to provide these comments.

Very truly yours,

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