



Science Advancement & Outreach
A DIVISION OF PETA

1536 16th St. N.W., Washington, DC 20036

April 6, 2026

Dear National Advisory Allergy and Infectious Diseases Council members:

I write on behalf of Science Advancement and Outreach, the biomedical science policy division of People for the Ethical Treatment of Animals, to request that the National Advisory Allergy and Infectious Diseases Council advise the National Institute of Allergy and Infectious Diseases (NIAID) to prioritize and support sepsis research and training that focuses exclusively on non-animal methods, and to end the conduct and funding of sepsis research that uses other animals.

1. End the use of animals in sepsis research

The numerous biological differences between humans and other animals used in sepsis research,^{1,2,3,4,5,6,7,8} along with the inability of experimental methods^{9,10} and conditions^{11,12,13,14} to replicate human sepsis induction and progression, help explain why more than 150 therapeutic candidates that appeared effective in animal experiments have failed in human sepsis clinical trials.^{15,16}

In response, a 2019 working group on Sepsis convened by the National Institute of General Medical Sciences (NIGMS) recommended rebalancing its sepsis research funding portfolio to place a stronger emphasis on clinical research.¹⁷ This recommendation was reiterated in a related Notice of Information¹⁸ and by a NIGMS official at the 2025 Shock Society Annual Conference.¹⁹

According to NIH RePORTER, NIAID is currently funding nearly [250 projects](#) that use mice in sepsis experiments. We urge NIAID to discontinue conducting and funding studies that use mice and other animals in attempts to model human sepsis and instead redirect resources toward human-relevant methodologies, as NIGMS has already done.

2. Increase training and support for sepsis researchers using human-based approaches
Non-animal, human-based technologies are already transforming sepsis research. Three-dimensional human tissue models are being used to study sepsis pathogenesis,²⁰ while microfluidic systems are enabling analysis of patient blood samples to identify biomarkers.^{21,22} Additionally, advances in genomics^{23,24} and machine-learning^{25,26} are improving sepsis diagnosis and prognosis.

With NIH investing in initiatives to expand funding and training in human-relevant science,²⁷ NIAID has a critical opportunity to accelerate this transition by:

- Creating training grants and fellowships that equip researchers with hands-on experience using non-animal methodologies in sepsis research.
- Partnering with universities and research institutes to establish continuing education and certification programs focused on non-animal approaches.
- Offering transition and early-career awards that incentivize investigators to replace experiments on animals with human-based systems and establish human-focused research programs.

These and related recommendations are expanded on in our policy roadmap, [Research Modernization NOW](#), including an appendix on sepsis (p. 33).

Implementing these recommendations would allow NIAID to align with NIH's Unified Strategy²⁸ and advance a more predictive, efficient, and human-specific research paradigm—ultimately accelerating progress toward effective sepsis treatments and improving patient outcomes.

Thank you for considering these recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Gabby Vidaurre".

Gabby Vidaurre, Ph.D.
Research Associate

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