

October 30, 2020

Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road NE,
MS H24-8
Atlanta, GA 30329 – 4027

Re: October ACIP Meeting (Docket No. CDC-2020-0100)

Dear Members of the Advisory Committee on Immunization Practices:

Thank you for the opportunity to submit comments for the Advisory Committee on Immunization Practices (ACIP) to consider for the distribution plan of the COVID-19 vaccine. The *Protecting the Immunocompromised Collaborative* is the united voice of communities whose health status makes them most vulnerable to threats from infectious disease. These threats include but are not limited to the novel coronavirus. The Collaborative seeks to inform federal and state guidelines to prevent the spread of infection and ensure that the needs of the immunocompromised are met.

As members of the Collaborative steering committee, our organizations represent the millions of Americans living with primary immunodeficiencies (PI), such as human immunodeficiency virus (HIV), Lupus and the many varieties of autoimmune diseases, and those living with immunodeficiencies as a result of treatment from another diagnosis, such as cancer. We are united by our focus on populations who are immunocompromised. We appreciate the Advisory Committee's thoughtful work in considering a process to prioritize the distribution of limited vaccine resources for COVID-19. We think the National Academies of Sciences, Engineering, and Medicine (NASEM) framework represents an excellent first step to the tremendously difficult task of deciding who gains access to a COVID-19 vaccine first, and to assessing the conditions for priority access to a COVID-19 vaccine. We would especially appreciate your recognition of the vulnerability COVID-19 poses to all immunocompromised populations by expanding the defined population beyond those with solid organ transplant, and for including it in the high risk medical conditions population identified by the working group for Phase 1b. The adjusted risk ratio for underlying conditions associated with COVID-19 death for immunosuppression is 1.39, only emphasizing the importance of this population to be prioritized.

As the Advisory Committee works to develop recommendations, we encourage **amending the sections on phases 1b to recognize the reality that some populations of the immunocompromised are unable to receive vaccinations and are thus heavily reliant upon herd immunity for their safety and protection.** For example, those with a PI have impaired immune systems and some fail to trigger an immune response when given vaccines. For others, it can be outright dangerous if given even a small amount of attenuated or "live" vaccines. For those with autoimmune diseases, some may have different immune responses to vaccines and if indicated for medical reasons, may also be unable to receive a vaccine.

We encourage the final recommendations to recognize the limitations in vaccination efficacy for subsets of the immunocompromised and to support other approaches to protect the community. In the case of the PI community, clinical recommendations have focused on the critical importance of achieving herd immunity, particularly among those who are closest to those impacted by PI. Given the importance of herd immunity, particularly of family members or other

close relations, to achieve the desired level of protection for some who are immunocompromised, **we encourage the Advisory Committee to include a recommendation to prioritize family members for those who face a significantly higher risk yet who are unable to be vaccinated themselves.** This would achieve the same outcome of protecting the community but would do so in a manner that follows medical and scientific guidance.

In addition, while we commend your work on creating a framework and identifying priority populations, we recognize that these are large populations and that sub priority groups will need to be established to implement allocation of vaccines. While the framework is critical to implementation of vaccine distribution, we know that there are many factors that will determine the successful vaccination of America against COVID-19. We appreciate your recognition of the reality of overlapping priority groups and *urge you to consider the following as you continue to develop **vaccine dissemination plans:***

1. The rollout of vaccine distribution and access must develop a method that incorporates the reality that there are overlapping priority groups. For example, there are individuals who are front line healthcare workers who are also living with chronic illness that may make them more vulnerable to the most severe effects of COVID-19. We urge you to identify these sub-groups within each broad priority category and ensure that the dissemination plan addresses the needs.

2. The framework for vaccine access must be implemented in conjunction with a comprehensive, intensive outreach campaign to ensure that all Americans feel confident that the vaccinations are effective and meaningful to their health and the health of their loved ones. Not everyone in a priority category knows they belong in that category (for example, people who are living with HIV or other conditions who have not yet been diagnosed). Outreach will help encourage people who may not otherwise seek out a vaccine because they do not know they are in a protected group to do so. An intensive outreach campaign can help assuage fears that many people have about the vaccination effort and increase the numbers of people who seek vaccination. This will help America achieve herd immunity levels, which is critical for people who are immunocompromised. Such outreach and education campaigns must not only meet immunocompromised people everywhere they are found, but should also focus on communities that have been historically marginalized and may need additional assistance to overcome mistrust of the health care system and barriers to access.

We appreciate the opportunity to submit comments and encourage continued efforts to develop a plan to reach out to communities to ensure strong vaccine uptake to reach herd immunity, particularly around populations that most need protections.

If you have any questions or would like additional information related to immunocompromised populations, please contact Lynn Albizo at lalbizo@primaryimmune.org.

Sincerely,

Protecting the Immunocompromised Collaborative Steering Committee
Immune Deficiency Foundation (IDF)
The AIDS Institute
American Autoimmune Related Diseases Association (AARDA)
Lupus Foundation of America
Susan G. Komen