Dear Committee Members:

Thank you for the opportunity to comment on the Discussion Draft of the Preliminary Framework for Equitable Allocation of 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 policies to prevent the spread of infection and ensure that the needs of the immunocompromised are met.

As members of the Collaborative steering committee representing those living with primary immunodeficiencies (PI), human immunodeficiency virus (HIV), Lupus and the many varieties of autoimmune diseases we are united by our focus on populations who are immunocompromised. We appreciate the Academy’s thoughtful work outlining a process to prioritize the distribution of limited vaccine resources for COVID-19. We think the 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 especially appreciate your recognition of the vulnerability COVID-19 poses to immunocompromised populations and for including these populations within Phase 1b, People of All Ages with Comorbid and Underlying Conditions That Put Them at Significantly Higher Risk. We also appreciate the similar recognition of the immunocompromised within the related phase 2 category focused on the same population who face moderately higher risks because of their health status.

As the Academy works to develop a final set of recommendations, we encourage amending the sections on phases 1b and 2 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 Academy 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 this framework and identifying priority populations, we recognize that these are large populations and that subpriority 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 urge you to consider the following as you continue to develop vaccine dissemination plans:

1. The rollout of vaccine distribution and access must incorporate the reality that there are overlapping priority groups. For example, there are individuals who are front line health care 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 their 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.

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)
American Autoimmune Related Diseases Association (AARDA)
Lupus Foundation of America
The AIDS Institute