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IDSA
Infectious Diseases Society of America

Committee on Equitable Allocation of Vaccine for the Novel Coronavirus
The National Academies of Sciences, Engineering and Medicine
500 5th St NW
Washington, DC 20001

September 4, 2020

Dear Committee Members,

The Infectious Diseases Society of America (IDSA) thanks you for the opportunity to provide comments on the Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine.

IDSA is a community of over 12,000 physicians, scientists and public health experts who specialize in infectious diseases. Our members work across a variety of health care settings on the frontlines of the COVID-19 pandemic, including hospitals, academic medical centers, long-term care facilities, publicly funded clinics and private practice, as well as in public health departments.

IDSA is pleased to support several of the policies outlined in this discussion draft and to offer recommendations that we believe would strengthen your proposals and effectively address the challenges you have articulated. We welcome the opportunity to continue to serve as a resource throughout the development of the Committee's final recommendations.

We appreciate that the Committee based its framework on lessons learned from past outbreaks, including those of H1N1 influenza and Ebola. As we further elaborate, IDSA supports provisions of the framework that:

- Allocate vaccines based on tiered priority groups, beginning with populations at highest risk for severe illness;
- Acknowledge the need for effective community engagement and communication to build trust and confidence in the vaccine and encourage clinical trial participation;
- Provide clear criteria for population prioritization; and
- Ensure justice and equity in vaccine allocation.

IDSA also supports the use of established ethical principles, including fairness, transparency, consistency of application and equity, in determining a tiered approach to prioritizing populations for vaccine allocation. Adherence to these principles through the distribution of a COVID-19 vaccine will serve to build the public's confidence in and improve uptake of the vaccine.

Finally, IDSA supports the leadership role of CDC's Advisory Committee on Immunization Practices (ACIP) in planning for future vaccine allocation. We emphasize the importance of national public health decision-making and leadership in collaboration with state, local and tribal governments that appropriately utilizes existing vaccine infrastructure.

A Framework for Equitable Allocation of COVID-19 Vaccine

IDSA recognizes that, while robust planning is necessary to ensure the equitable distribution of a vaccine for COVID-19, much remains unknown. The final framework must be grounded in the best available scientific evidence while remaining adaptable to changing and emerging science. The foundational principles of the framework should be firmly adhered to and clearly communicated in order to instill confidence and increase uptake in a vaccine.

Foundational Principles

IDSA supports the six foundational principles of the framework. In particular, we appreciate the focus on the mitigation of health inequities resulting from the impact of systemic racism on communities of color, particularly on Black/African American, Latinx and Native American communities. COVID-19 disproportionately affects these communities, who have experienced higher morbidity and mortality from the disease; additionally, these communities are more likely to face barriers to health care, experience higher rates of comorbidities, and be low-wage frontline workers, all of which are factors that increase the risk of severe illness from COVID-19. IDSA supports the recommendation to take vaccines to these communities and ensure their affordability.

IDSA reiterates its support for transparency throughout vaccine distribution and calls for open, clear communication with the public in order to improve vaccine confidence. Some individuals prioritized for vaccination may be hesitant about the vaccine's safety and efficacy, particularly due to concerns about the speed with which these vaccines are being developed. These concerns are likely to increase if a vaccine is made available via an Emergency Use Authorization or before phase 3 clinical trials are completed. We urge ongoing communication about the development of these vaccines and the systems in place to monitor their safety and efficacy. It will be important to ensure vaccine providers have confidence in the data supporting a vaccine's approval and tools to help them discuss the safety and efficacy of a COVID-19 vaccine with their patients.

Additionally, we urge the use of traditional and non-traditional vaccine and health communication partners to distribute resources to the media, online and through organizations with direct access to the public and longstanding trust in communities, and we offer our support in this endeavor.

Allocation Criteria

IDSA supports the criteria of vaccine allocation based on four risk types:

- Risk of acquiring the infection;
- Risk of severe morbidity and mortality;
- Risk of negative societal impact; and
- Risk of transmitting the infection to others.

Prioritizing populations based on these risk levels upholds the primary framework goal of "maximizing societal benefit by reducing morbidity and mortality caused by transmission of the novel coronavirus." While prioritizing by risk likely leads to prioritization of the communities

hardest hit by COVID-19, sociodemographic characteristics are not included in the criteria. IDSA recommends that sociodemographic characteristics be included based on current epidemiological evidence.

IDSA also agrees that it is important to urge the public's continued implementation of safety measures, including wearing face masks, physical distancing (including avoidance of large gatherings, especially indoors), surface disinfection and hand washing, to reduce the risk of acquiring COVID-19.

Allocation Phases

IDSA supports the Committee's phased approach to allocating a COVID-19 vaccine based on the four risk types described in the allocation criteria. We agree that priority should be given to geographic areas identified in CDC's social vulnerability index. While we agree with the categories of recipients in the order they are prioritized, we believe that Black/African American, Latinx and Native American communities should be specifically prioritized due to the disparate effect the pandemic has had on these communities.

IDSA reiterates that federal public health agencies, led by CDC and informed by ACIP (and the Indian Health Service in the case of tribes), should lead vaccine distribution and coordination with state, local and tribal governments with a continued emphasis on transparency to improve communication between parties and alleviate any confusion.

IDSA supports the Committee's recommendation that a vaccine remain cost-free to recipients regardless of insurance or legal status. We are concerned that Medicaid beneficiaries may receive disparate access to a vaccine depending on their states' respective programs, including whether a state has expanded Medicaid and whether a state's program currently covers the full list of ACIP-recommended adult vaccines. Additionally, we are concerned that VA beneficiaries may still be subject to cost-sharing for an office visit, which may be a barrier to veterans receiving a vaccine. We support the Committee's draft recommendation to develop an emergency infrastructure program for adults based on the successful Vaccines for Children program.

Limitations

IDSA acknowledges that there are limitations to the proposed framework, including the application of priorities by state, local and tribal governments, the need to reassess prioritization based on potential operational and supply constraints, limits around the use of demographic data, and the difficulty of classifying individuals based on risk level in practice. IDSA agrees with and reiterates the importance of the framework's ongoing adaptability to the changing landscape.

IDSA recognizes that several factors affect vaccine allocation, including:

- The number and timing of available doses;
- The number of available vaccine types;
- Vaccine efficacy, safety and uptake;
- Epidemic conditions;
- Distribution and administration; and
- The political and regulatory environment.

IDSA echoes the Committee's assertion that the final framework must remain adaptable to change and based in the best and most up-to-date scientific evidence.

COVID-19 Vaccine Distribution and Global Health

The rapid and continued spread of COVID-19 globally highlights the urgent need for greater and more effective international cooperation and collaboration to control the pandemic. This includes collaborative efforts to ensure vaccine access to vulnerable populations in resource-limited countries. Further, failing to participate in international collaborative research and development efforts may results in the U.S. failing to access vaccines and other tools developed by such partnerships.

Strengthened global cooperation in the development and distribution of vaccines is needed to ensure equitable access for resource-limited and vulnerable populations and also to prevent countries from engaging in bidding wars for vaccine procurement, which could result in increased prices for vaccines and related materials.

To help make a COVID-19 vaccine accessible to high-risk populations in resource-limited settings with weak health care infrastructure, the U.S. should provide the CDC, USAID and multilateral agencies like the World Health Organization and Gavi with additional resources for the procurement and distribution of vaccines in partner countries with limited resources. The unprecedented global nature of the pandemic ensures that the U.S. will remain vulnerable to COVID-19 for as long as other countries remain vulnerable. Providing vaccines to resource-limited countries is a matter of protecting U.S. health security.

Conclusion

We thank you for the opportunity to provide comments on the Committee's Discussion Draft framework for equitable distribution of a COVID-19 vaccine. We are happy to serve as a resource in the development of the Committee's final framework. Should the Committee have any questions about our comments, please contact Haley Payne, IDSA's Manager of Public Health Policy, at hpayne@idsociety.org.

Sincerely,

Thomas M. File, Jr., MD, MSc, FIDSA
President, IDSA