

MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)
Centers for Disease Control and Prevention (CDC)
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Excerpt: Public Comments

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**Catherine Freeland, MPH
Program Director, Public Health
Hepatitis B Foundation**

My name is Catherine Freeland. Public Health Program Director at the Hepatitis B Foundation. Earlier this year, the CDC declared viral hepatitis to be a winnable public health battle and we agree. However, winning this battle cannot be done without addressing the challenges of hepatitis B vaccination among adults and within high-risk settings. We believe that a universal hepatitis B vaccination recommendation is essential for eliminating viral hepatitis in the United States (US). Federal offices have already declared their support for increasing hepB vaccine rates in the adult community. In 2017, the CDC promoted the elimination of hepB in the US and named low adult vaccine coverage as a major barrier to this goal. The same year, the CDC's national [Progress Toward Viral Hepatitis Elimination](#) report stated that reducing acute hepB cases would take updating the CDC recommendations to target emerging at-risk groups and encouraging the implementation of vaccine recommendations. These suggestions are directly aligned with the National Adult Immunization Plan (NAIP) which notes that a lack of awareness, health care coordination, and recommendations by providers are significant impediments to increasing adult vaccination rates. The *Healthy People 2030* framework has acknowledged that increasing acute hepB cases, which is largely due to the opioid crisis, in healthy adults between the ages of 30 to 59 is a concern and sets a goal to reduce new acute cases within 10 years. The universal hepB vaccine recommendation would be aligned with the current federal perspective of a need to fully utilize prevention tools. Health equity is a concern for the hepB community. Asian Americans, Pacific Islanders, and African immigrants continue to be disproportionately impacted by hepB. Together, these communities comprise up to 80% of all current hepB infections. Black and Hispanic individuals have lower rates of hepB vaccination than Whites, and individuals 50 years of age and older have hepB vaccine rates of just 16%. The inequities caused by hepB, however, are preventable and we must do what is within our power to reduce these growing disparities. In recent years, little progress has been made in increasing adult vaccination rates. Our experience with multiple high-risk communities and their providers shows that individuals may have a false sense of protection by having been given the hepA vaccine and the complexity of the current guidelines makes it hard for providers to establish risk. Individuals also may not be comfortable sharing risk factors like sexual history or drug use with providers, which makes it difficult to assess who needs to be vaccinated. A universal vaccination recommendation for hepB would make vaccination more accessible and reduce the burden to identify risk for providers. As guiding bodies, the CDC and ACIP have the power to lead the way towards a hepB-free future through a universal vaccine recommendation. Ultimately, this recommendation has the ability to promote health equity among some of the most vulnerable communities and prevent hepB which, in turn, can prevent liver cancer and save lives. Thank you so much for your time today and allowing me to speak.

**Karen Ernst, MA
Director, Voices for Vaccines (VFV)**

Thank you. My name is Karen Ernst. I am the Director of Voices for Vaccines (VFV). I represent the public, most of whom do vaccinate. I want to thank ACIP today for these incredibly important discussions about equity, transparency, and vaccine confidence. I do want to suggest that you are in a unique position to create vaccine confidence because of the work that you do here. Through your life's work, many of you have proven that you are here today because of your desire to protect our communities from vaccine-preventable diseases, to bring this pandemic to an end, and to keep families safe from infectious diseases. But the public doesn't know any of that. When they see CDC recommendations about COVID vaccines or routine vaccines, they do

not know about the many hours that you spend in workgroups, and on phone calls, and in these meetings. They have never heard you debate a single word in a footnote in order to make a recommendation as useful and clear as possible. I would like to suggest that the public, in order to have confidence in your decisions, needs to know who you are. Too many of you do your work without any fanfare, but it is time to start introducing yourselves and your work to the public. The public needs to understand your independence and how you are often completely free of any conflicts of interest (COI). Most importantly, the public must understand as soon as possible the critical role that you are playing in making sure that any COVID vaccine they are offered by their providers have withstood your scrutiny enough to be deemed safe and effective. But they can't know that if they do not know you. One last comment. The media is really fond of putting out polls and announcing how so few people want to get a COVID vaccine. We need you to respond to the media about how unfair it is to ask people about a vaccine that is still in trials, and to explain how you are prepared to do your part to make sure the vaccines are safe and effective so that when the vaccine is available, the public will know how safe and effective it is. I believe that you will do that work and I think that as the public gets to know you, they will believe it too. Thank you very much.

KJ Moore, RN, BSN
Carpe Diem Nursing

Hello ACIP. My name is KJ Moore, RN, Carpe Diem Nursing. Thank you for having me again. It really is a privilege in this day and age to exercise our First Amendment rights: freedom of religion, speech, press, petition, and assembly. The media and CDC have done a great job of driving fear into the hearts of citizens. Many people don't know any better and they are waiting on the CDC gods to make the next command. I can't even keep up with all the ridiculous and very real scenarios we are living in. Drive through birthday parties and baby showers. Can't sing *Happy Birthday* because of B and P sounds. The English language altogether may be harmful to speak. Don't go within 6 feet of one another. The false positives and the skewed numbers. It spreads through the air. It doesn't spread through the air. Websites that show Coronavirus testing kits ordered years ago in every country. I'm too awake for all this. We can huddle for riots, but not for celebration. We can go to the grocery store or the clothing store, but dressing rooms are closed. Bathrooms are open. Those of us who are awake know better. We haven't gotten sick. Our kids haven't gotten sick. More of my friends have died from suicide this year than the Rona. My friends who did get sick forwent any Western meds and they survived. Many still question if there's even a virus. We do elderberry syrup, nettle tea, and fresh air, because masks constrict your oxygen levels and cells that are deprived of oxygen can turn cancerous. We don't wear masks in our household and we never will. So what's it going to be CDC? Because you are the God and we want our rights and freedoms back. And let me be clear, you're not my God. I still have my freedom of religion. So you cannot force a mask on me. You cannot force a vaccine on me. I know it was said at the October 2019 meeting by someone here, "We cannot force vaccinations, but we can force compliance." Well, your chess game is working for many people who are still stuck in the system, but I'm not. #IDONOTCOMPLY. You can delete and ban me off Facebook. You can try to silence our movement, but we are many and you all are aware that we know. We know the CDC is the Center of Disease Control and Compliance to vaccines and nothing more. You will all vote "yes." You'll get paid. None of this will matter to you. It's just a job. But this is my life and my children's future. My body. My children. My choice. The censorship is also ridiculous. And I can only pray that this message is heard by the citizens since you all clearly don't want humanity in natural vibration with the world. Forcing vaccinations is like forcing penicillin shots—risky, deadly, and stupid. Thank you very much.

**Allison Winnike, JD
President and Chief Executive Officer
The Immunization Partnership**

Hi. Good afternoon Chair Romero and members of the committee. My name is Allison Winnike. I am President and CEO of the Immunization Partnership. Our nonprofit mission is to eradicate vaccine-preventable diseases by educating the community, advocating for evidence-based public policy, and supporting immunization best practices. Thank you for developing vaccine recommendations to keep all Americans safe and healthy. Your scientific recommendations are an important tool that states use to carry out their Constitutional duty to protect the public's health. Today, I would like to share some new data from the Immunization Partnership's annual survey of hundreds of Texas parents. The good news is that 98% of respondents agreed that vaccines keep children healthy by protecting them from disease, and 97% agreed that following the ACIP-recommended vaccine schedule is best for their children. This is good news. It reiterates the public trust in the vaccine recommendations coming out of ACIP. But now for the bad news. We saw an alarming erosion in trust in government regarding vaccination, even among strong vaccine supporters. We saw a drop of over 17% in those who said they highly trusted the CDC as a source of information about vaccines. We heard reservations about a COVID-19 vaccine, including fears that the government was cutting corners and rushing through a vaccine before it could be tested to ensure it was safe and effective. And there were complaints about lack of transparency and concerns about political interference at the CDC and the Food and Drug Administration (FDA). This erosion of public trust will not be confined to the COVID-19 vaccine. If people cannot trust the process for one vaccine, why should they trust the process for any of the life-saving vaccines recommended by ACIP? This is my advice to the committee. You may be the last remaining group that can salvage this free-fall in public vaccine confidence. ACIP must hold the line for science, for transparency, for the public. This committee must operate as if the whole world is watching, because they are. Be transparent. Continue to hold frequent public meetings to showcase the transparency of your vaccine recommendation process. Hold dear to your integrity and the integrity of your process. Yes, we are in a global pandemic. Yes, we are in a national public health emergency. But do not take any shortcuts. Do not rush or appear to rush your COVID-19 vaccine recommendations. Go slow and methodically with your independent review of the data, because perception is reality. Even the slightest public perception that ACIP is rushing or cutting corners and their well-regarded recommendation process will sink the last public trust we have in vaccines. Thank you so much for your important work and the opportunity to share our comments.

**Ann Lewandowski
Program Manager, Southern Wisconsin Immunization Consortium (SWIC)
Founder, Wisconsin Immunization Network (WIN)**

Good afternoon. My name is Ann Lewandowski. I'm here representing the Rural Wisconsin Health Cooperative (RWHC), a cooperative of 43 rural hospitals across Wisconsin. I would like to thank the committee for your efforts in reviewing the recommendations for potential COVID-19 vaccines. The challenges posed by a worldwide pandemic and the consideration for allocating, distributing, and recommending a potential vaccine are complex and changing. I am very happy to hear that CDC and HHS partners are planning to engage with rural constituents, as many of the models I've heard are concerning from a rural perspective. Please consider how to deliver a vaccine to areas that are scarcely populated, older, and have less health infrastructure. Smaller minimum order sizes and clinics that can deliver vaccines to community-based clinics are critical to ensuring adequate vaccine uptake in this population, as is early engagement with the delivery system. Pfizer's vaccine requires unusual cold chain

consideration as does Moderna's and has a minimum order of over 900 doses. During the 2009 H1N1 vaccine distribution, rural communities often only qualified for tens of doses instead of hundreds. The high minimum order dose has the potential to disadvantage rural health care clinicians and has the potential to waste vaccine due to the unusual cold chain storage. Even at 3 to 6 weeks away in vaccinating rural healthcare for workers should be avoided. In addition, . . . [audio issue] also being considered as a potential distribution method to overcome the cold chain challenges . . . [audio issue]. However, this creates questions about how long residents need to drive and hours of operation. Rural residents may need to drive further during work hours in order to obtain a vaccine resulting in low uptake. We already see these challenges in routine immunization work with communities further away from vaccinators having lower uptake in routine immunization. I appreciate your time and I yield the rest to the committee.

Elias Kass, ND
Naturopathic Physician
Seattle Washington

Hi. Thank you for the opportunity to speak. My name is Elias Kass. I'm a naturopathic physician practicing in Seattle Washington. I provide pediatric primary care and I'm a strong proponent of immunizations. So, as you can imagine, my job involves countering a lot of misinformation and clarifying the processes by which we have arrived at our vaccine schedule. I have long used the resources of the ACIP to illustrate to families that the process for evaluating and recommending vaccines is long, careful, and transparent. We use the recommendations that the ACIP published in the *Morbidity and Mortality Weekly Report (MMWR)* for each vaccine to show all the studies that are evaluated in deciding to recommend the vaccine—not just those mentioned in the package insert. We use those same recommendations to show that vaccines are tested, not just individually but against other vaccines typically given at a visit. We describe the incredible depth of experience of the sub-specialists working on the ACIP workgroups to show that these recommendations come from a place of tremendous knowledge and that the influencer on YouTube or Instagram or Facebook, no matter the degree, is not an equivalent source. Please continue to do this work—not only publishing openly, but prominently promoting the publication, especially around the COVID-19 vaccine. The public needs your assurance that your oversight continues to be free of political influence. A faltering or failing trust around this vaccine will have horrific repercussions on trust in our routine childhood and adult vaccines. We have long been able to point to ACIP doing the right thing—even when it reflects negatively on a vaccine like the RotaShield®, and even when it negatively affects the pharmaceutical industry like the withdrawal of the recommendation for FluMist® a few years ago. Please keep it up. Thank you so much for your work.

Kathleen Cameron, MPH
Pharmacist
Senior Director, Center for Healthy Aging (CHA)
National Council on Aging (NCOA)

Good afternoon. My name is Kathy Cameron. I'm a Pharmacist and Senior Director of the Center for Healthy Aging (CHA) at the National Council on Aging, or NCOA. I appreciate the opportunity to provide comments today on behalf of NCOA, older adults, caregivers, and the organizations that serve them. The NCOA is a respected national leader and trusted partner to help people age 60 plus meet their health and financial challenges. Vaccines are a vital part of healthy aging. Important priorities for NCOA are to ensure older adults have accurate vaccine information and access to vaccine using public benefits for which they are entitled. To begin, NCOA commends the committee's diligent and rigorous work as America continues to face the

COVID-19 pandemic. Older adults represent 16% of COVID-19 cases, yet account for nearly 80% of the deaths. Complications of COVID-19 rise with age and other factors like chronic conditions that typically occur among older adults and increase the risk for hospitalization, poor health outcomes, and death. It's also critical to mention the disproportional impact COVID-19 is having on communities of color who have always had to face health disparities such as higher rates of chronic conditions, income inequality, and inadequate access to quality healthcare. The older adults in these communities have historically fared even worse. While we navigate the pandemic and keep older adults up to date with existing vaccines for preventable diseases such as influenza and pneumonia, we believe there is a woeful lack of adequate representation of older adult advocates and experts on ACIP in its advisory components. We would like to see that change. Similar to the pediatric and OBGYN experts on the committee, we need a voice for older Americans—the medical experts who understand the unique health challenges such as the decline in immune function and response with age. We strongly believe these experts should be heard in ACIP's discussions and decisions around all adult vaccine. In addition, we request that you explore establishing a working group solely focused on this critically vulnerable age group. This group would ensure that the committee continues to assess unique characteristics, living situations, and challenges that come with age and provide informed, expert counsel to the committee. Representatives should include diversity among perspectives of older adults who could be instrumental in advising ACIP in best practices for older adults in general, but also those with age-related risk factors and those who reside in congregate settings. The working group could also address vaccine distribution practices and the need to prioritize vaccination for older adults and their caregivers. Finally, the group could explore older adult perceptions and acceptance of vaccinations that are contributing to non-adherence and recommend targeted measures to improve vaccination rates. Thank you for the opportunity to provide comments. We welcome further discussion and involvement as solutions are being developed.

LJ Tan, MS, PhD
Chief Strategy Officer
Immunization Action Coalition (IAC)

Dr. Romero and members of the ACIP, I am Dr. LJ Tan, Chief Strategy Officer for the Immunization Action Coalition (IAC). Thank you for this opportunity to provide public comment. A huge thank you to the entire ACIP for the difficult work that you do to ensure that our vaccination recommendations are based on science and evidence, and that safe and effective vaccines continue to save lives and reduce morbidity across our country. Today, as we hear about this major effort to get out of the pandemic through the implementation of safe and effective COVID-19 vaccines, until then, we still need to get through the pandemic. That is, of course, all the important physical distancing and masking efforts, hand hygiene, et cetera and significantly restoring our routine immunization coverage rates in the country and improving our influenza immunizations this fall. We saw dramatic declines in the coverage rates for our routinely recommended vaccinations as a result of the pandemic. As of the end of August, claims data suggests that while those rates are beginning to recover, they are below pre-COVID-19 levels. In particular, recovering adolescent and adult immunization coverage rates are lacking recovery rates in the pediatric population and significantly, catch-up vaccination remains low. It is critical that as a nation we continue to identify and vaccinate all our population with their routinely recommended vaccines and catching up all who have missed doses of vaccine as a result of the pandemics. The IAC and Immunization Coalitions Network has developed a resource repository to assist all providers to improve their routine immunization efforts during the COVID-19 pandemic. It is available from the IAC website at immunize.org. Getting through also requires that we continue to put effort in protecting our country against flu

this fall. The overlapping high-risk conditions between influenza and COVID-19 make it critical that we protect against influenza and #avoidthetwindemic. Pandemics of influenza and COVID-19 will create surge capacity issues for our health care systems. To improve flu vaccination rates, a strong unified national message to seek flu vaccination, even while under social distancing instructions, is necessary. Vaccination efforts must be accompanied by reassuring messaging that COVID-19 safety is being handled. Access points must be increased, varied, and innovative; the flu vaccination season must be extended beyond January; and provider payments must be commensurate with efforts in COVID-19 mitigation and costs of innovations. To assist with improving flu vaccinations, IAC has launched a mass immunization clinics resource repository and will be hosting a best practices webinar. For more details, visit the IAC website, again at immunize.org. Success with our flu fall vaccination efforts may indeed prepare us for our future COVID-19 work. Once again, I thank all of you for your work to protect our country from vaccine-preventable diseases across the lifespan. Thank you.

Charles Lee, MD, JD, CCHP-P
Physician & President Elect
American College of Correctional Physicians (ACCP)

I am Charles Lee, a physician representing the American College of Correctional Physicians (ACCP). Thank you for this opportunity to speak on behalf of correctional workers and inmates. I enjoyed your presentations this morning. They were excellent and informative. Headlines September 10th Associated Press, "Virginia Jail on Lockdown After Nearly 70% of its Inmates Test Positive for Coronavirus." There are 2 million inmates and another 750,000 correctional workers in correctional facilities every day. There are 125,000 inmates who have contracted coronavirus. That's 6% of their population compared to 2% percent of the US population and 1,000 inmates have died. There is a disproportionate number of people of color and with chronic medical conditions incarcerated. Correctional workers must come in contact with these inmates, sometimes not under the best circumstances. The correctional workers go home to their families and neighbors. So what do we tell them to do? Wear masks? Sometimes they are very difficult to get because of supply. Practice social distancing. Right. In a jail and prison? Social distancing? There are big crowds. Many jails and prisons are overcrowded. Go outdoors. They'd love to go outdoors. Some of them might even go home. Wash your hands. Soap is difficult to get. They cannot have hand sanitizers with alcohol. They will drink it. Eat separately. They all march to the chow hall. They sit down in the chow hall. They must be together. There is, however, one recommendation that inmates comply with. That is, they don't go to bars and nightclubs. How do you protect them? We vaccinate them. We ask that you strongly consider inmates and correctional workers, many of whom are healthcare workers, as high-risk groups along with others for early vaccination of a safe FDA-approved and efficient vaccination. And consider them as Priority Group 1, or Phase 1b, or Tier 1, or whatever framework you are using for early vaccination. Again, thank you on behalf of correctional doctors, correctional workers, and inmates for considering these comments.

Nissa Shaffi, MS Health Policy
Associate Director of Health Policy
National Consumers League (NCL)

Good afternoon. My name is Nissa Shaffi. I'm here today on behalf of the National Consumers League (NCL). Since the league was founded in 1899, we have educated consumers about the vital role of vaccines in society and dispelled myths about vaccine safety. It is because of our history championship of vaccines that we present comments today on behalf of consumers who depend on these life-saving medical interventions. We extend our gratitude to the Advisory

Committee on Immunization Practices for all that you do to protect public health and for the opportunity to speak here today. NCL strongly urges ACIP to increase and enhance infrastructure regarding vaccine confidence as the nation navigates the COVID-19 pandemic. With over 6 million active cases and 200,000 lives lost, COVID-19 continues to spread at an alarming velocity. It is imperative that we harness our full reservoir of preventive services like vaccines. A small but vocal minority have politicized preventative health measures as perceived infringement of personal liberties. We need to ensure that vaccine hesitancy does not foil critical public health interventions, especially in the midst of an ongoing pandemic. We encourage ACIP to maintain effective public messaging and strong vaccine recommendations to ensure that the American public feels safe, informed, and empowered in their decisions to vaccinate once a COVID-19 vaccine becomes available. Due to COVID-19 and lockdowns, routine vaccinations across all age groups have declined by over 30% since 2019, with the largest decline observed among ages 19 to 49 at over 60%. Medically underserved communities and people with underlying health conditions are more vulnerable to adverse outcomes should they develop COVID-19. A decline in vaccination rates will further compromise herd immunity and endanger public health. Minority communities are among the hardest hit during this pandemic. Additionally, we request that clinical trials for the potential COVID-19 vaccine are inclusive and consists of diverse subjects. Minority communities face a unique set of challenges when deciding to vaccinate. Ensuring adequate representation in clinical trials would ensure vaccine confidence across all demographics. The vaccine must be safe, effective, and ample outreach must be done to curb vaccine hesitation regarding efficacy. In closing, to stem the tide of deaths from these vaccine-preventable diseases, NCL submits these comments for review by the committee to ensure that we fortify public health leaders with evidence-based medical interventions to help protect and advance the health of our nation during this pandemic. Thank you again for your consideration of our views on this important public health issue.

Yanira Cruz, MPH DrPH
President and Chief Executive Officer (CEO)
National Hispanic Council on Aging (NHCOA)

Good afternoon. Thank you for the opportunity to speak with you. I'm Dr. Yanira Cruz, President and CEO of the National Hispanic Council on Aging. I'd like to express appreciation from my organization and others representing high-risk populations for the continued work ASIP members have undertaken in the mist of the COVID-19 pandemic to help bring a vaccine to the public. However, many organizations representing older Americans feel there is more that we can do to assist you in your work. Just last week, more than a dozen organizations, including the National Hispanic Council on Aging, submitted a letter to Dr. Amanda Cohn expressing the concerns of the older advocate community regarding the ongoing need for better representation of our constituents at the ACIP table. While many of our organizations routinely weigh in on immunization matters concerning older Americans with ACIP and its members, we feel strongly that our voices need to be more routinely included in the policy and decision-making process that ACIP undertakes as it pertains to those 65 and older. Vaccine uptake and compliance are critical to the older adults our organization serves. We routinely encourage and remind our members about the need to be up to date on their immunizations. As has been pointed out today, that work is even more critical during the pandemic, with the coming flu season, and the increased risk associated with pneumococcal disease for older Americans. As pointed out in the letter to Dr. Cohn, we're pleased with the work being done to increase development of vaccines targeting this older age group. However, we feel that makes our ask even more important. Our experts can provide critical guidance and knowledge in areas such as gerontology, geriatrics, and other science that impacts adults of advanced age. In addition to adding aging specialists

to your membership, we also suggest that you consider establishing a working group focused upon this critical vulnerable age group. Such an action would make certain that there is continued examination of the unique characteristics and challenges that come with aging and provide information and council to your committee. Representation on this committee from a variety of gender, racial, and ethnic perspectives of older Americans would be vitally important as well. We look forward to working with you to make these suggestions a reality. Thank you.

Catherine Flores Martin
Executive Director, California Immunization Coalition (CIC)
Voting Board Member, Vaccinate Your Family (VYF)

Good afternoon. My name is Catherine Flores Martin. I'm the Executive Director of the California Immunization Coalition (CIC) and a Board Member of Vaccinate Your Family (VYF). The California Coalition is a statewide nonprofit dedicated to ensuring that Californians have access to life-saving vaccines. We work in partnership with our state and local health departments, community partners, and over a dozen local immunization coalitions that serve the unique needs of their California regions large and small. Within Vaccinate Your Family, we work nationally with healthcare advocates, partners, and statewide coalitions to educate the public about the importance of vaccinations to increase confidence and help shape positive vaccine policies. The pandemic has created an unprecedented challenge and a subsequent response. We believe that the general public has a much greater awareness of how diseases like COVID-19 impact our entire world and how it particularly and devastatingly impacts individuals with certain chronic medical conditions. We hope this awareness will drive the development of new partnerships between public health and community organizations, patient advocacy groups, and specialized associations to increase awareness of COVID-19 vaccines and other vaccinations and to reduce and eliminate health disparities. Thank you so much for the presentations that have informed us on the data and the tremendous work being accomplished so we are as prepared as possible for when the COVID-19 vaccine is ready. As we move forward, we want to especially emphasize the importance of building public confidence in this new vaccine by clearly communicating, that the decision-making process is unbiased, that recommendations are based on scientific evidence, that ACIP will not recommend a COVID-19 vaccine unless there is compelling evidence of safety and efficacy, and that there are strong systems in place in the United States to ensure ongoing vaccine safety. We ask for early and clear guidance to providers and mass vaccinators. Since there are going to be multiple vaccine products available, it is vital that we have really clear, understandable dosing and administration recommendations and materials and a consistent source of reliable information on transport and storage requirements for each vaccine. It is vital to establish realistic expectations when it comes to the phases, prioritization, supply, and efficacy. Finally, we strongly recommend incorporating the importance of continuing what we already know to be key practices in preventing COVID-19 spread. As the vaccines are being rolled out and beyond—continue to share that face coverings, hand washing, physical distancing, and vaccination are all part of a successful prevention strategy. We want to acknowledge and thank the members and staff of ACIP for your important work to keep our communities informed and safe during this challenging time. We know you were working tirelessly to keep our communities safe and we want you to know that we are with you.

Acronyms

ACCP	American College of Correctional Physicians
ACIP	Advisory Committee on Immunization Practices
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CIC	, California Immunization Coalition
COI	Conflicts of Interest
FDA	Food and Drug Administration
HepB	Hepatitis B
IAC	Immunization Action Coalition
JD	Juris Doctorate
MD	Medical Doctor
<i>MMWR</i>	<i>Morbidity and Mortality Weekly Report</i>
NAIP	National Adult Immunization Plan
NCL	National Consumers League
NCOA	National Council on Aging
NHCOA	National Hispanic Council on Aging
RN	Registered Nurse
RWHC	Rural Wisconsin Health Cooperative
SWIC	Southern Wisconsin Immunization Consortium
US/USA	United States of America
VFV	Voices for Vaccines
VYF	Vaccinate Your Family