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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My name is Aditi Hazra. I am a Genomic Epidemiologist and Assistant Professor at Harvard Medical School with expertise in ribonucleic acid (RNA) research, community engagement, and volunteer work with the [Mass General Brigham] Center for COVID Innovation (MGBCCI). Thank you Dr. Romero, Dr. Oliver, and the ACIP for the opportunity to share my comment on equity and leaving no one behind. In my op ed titled, "Refugees are Essential to the COVID-19 Response," I described that 15% of refugees in the US work in the healthcare sector. These refugees need to be included in the COVID-19 vaccine Phase 1 distribution strategy. To "Leave No-One Behind," I suggest that you consider these four E's: 1) Equity in including refugees; 2) Empowering communities with trust and transparent communication; 3) Extreme weather preparedness; and 4) Enrichment of trained vaccine providers. Next, I'll go through these 4 E's to "Leave No-One Behind" in greater detail. First, equity. Evidence shows that immigrants, including refugees, are over-represented in the healthcare personnel, but they have less access for their own healthcare. Healthcare workers with patient-facing roles, whether they are a refugee or a citizen, should be included in Phase 1a. Second, refugees and migrants are essential workers in the food industry, but suffer a disproportionate burden of incident COVID-19 and this subgroup should be included in Phase 1b. Number two, to empower communities, both urban and rural, with transparent and trust communications on vaccine products, coupled with public health strategies such as masking and physical distancing, is essential. Evidence shows that synergy in messaging with local leaders will enhance equitable uptake. Third, extreme weather preparedness with back-up generators and additional sources of dry ice will enable equitable distribution to vulnerable communities devastated by weather-related events, such as hurricanes in the Gulf Coast and wildfires on the Northwest Coast. Fourth, enrichment of trained vaccine providers. Since the healthcare system is overwhelmed by the current surge, we need additional nurses and community healthcare workers with instructions on how to assess quality of the messenger RNA (mRNA) upon arrival and how to thaw and dilute the different vaccine products to ensure equitable shots in the arm across the country. In summary, the 4 E's that I've presented are: 1) equity and inclusion of refugees; 2) empowering communities with communication; 3) extreme weather preparedness; and 4) enrichment of trained providers. Thank you for listening and thank you for leaving no-one behind.

Ms. Evangeline Wang
Public Health Outreach Coordinator
Hepatitis B Foundation

Thank you. My name is Evangeline Wang and I am the Public Health Outreach Coordinator at the Hepatitis B Foundation. We appreciate the opportunity to speak at today's meeting. Amidst this COVID-19 crisis, low adult vaccination rates, and the opioid epidemic, the hepatitis B (hepB) community is deeply concerned about the current guidelines' ability to protect vulnerable communities from new hep B infections. We urge ACIP to consider a recommendation for universal hepatitis B vaccination to help protect susceptible populations. In the spring of 2020, the *American Journal of Managed Care* (*AJMC*), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), and several other expert institutions noted that the pandemic is exacerbating the opioid crisis. This comes at a time when current public health emergencies hinder national and state public health programs like viral hepatitis prevention. Recent data suggests that community-based organizations (CBOs) saw their hepatitis vaccination efforts reduced by 42% and 52% of these community-based organizations

surveyed have furloughed or laid off staff or reduced the size of their standard operations. With these changes, some of which might be permanent, and the steady rise of acute hepB infections, we must take action now to increase adult immunization rates. The ACIP recommendations are influential in national and state planning for hepatitis-related goals. The CDC's Division of Viral Hepatitis uses the recommendations of ACIP to develop long-term strategies, including the most recent 5-year plan. The *National Viral Hepatitis Progress Report*, another key planning document for states and organizations aligns how they track and measure progress based upon the CDC reports. Therefore, ACIP's recommendations have far-reaching consequences that go beyond identifying who should be vaccinated. The recommendations can determine where organizations focus their outreach efforts, where funding is allocated, and what actions need to be taken to improve vaccination rates. While high-risk groups are essential to prioritize, we cannot meet national hepatitis elimination goals without incremental changes. A recommendation for universal adult hepB vaccination would capture emerging at-risk groups and allow organizations to use resources to support more innovative strategies to vaccinate the broader adult population, of which just 25% of fully vaccinated. It is also important to note within the *National Viral Hepatitis Strategic Plan for 2020-2025*, the Division of Viral Hepatitis acknowledges that updates were needed to the ACIP's adult HepB vaccination recommendations. Inclusion of the strategy as a way to increase adult hepB vaccination coverage confirms that the current recommendations are hindering progress towards elimination of hepatitis in the United States. In conclusion hepatitis B is a serious virus with potentially devastating consequences. We have a solution, but the support of ACIP is integral. Thank you for your time.

Mr. Curt Macysyn
Executive Director
National School Transportation Association

My name is Mr. Curt Macysyn. I am the Executive Director of the National School Transportation Association (NSTA). NSTA appreciates the opportunity to make comments in support of school bus drivers being classified as a high priority in the ACIP recommendation for phased allocation of COVID-19 vaccines. NSTA represents private school bus companies who provide pupil transportation services under contract. Keep in mind that student transportation is the largest transit sector in the United States. Nearly 500,000 school buses transport close to 26 million school children daily to and from school. That's more passengers than transit, bus, rail, and aviation combined. Since we are a hybrid within the educational and transportation sectors, we want to ensure that school bus drivers are specifically addressed in your phased schedule. Needless to say, the last 9 months have been a challenging environment for us and we look forward to a complete return to the classroom for all students. But even with schools being closed, NSTA member companies have stepped up to deliver school nutrition meals, transported school supplies, and even provided Wi-Fi access to students. The most important element in achieving a complete return to the classroom will be to ensure an adequate number of skilled, trained, experienced, and licensed school bus drivers. But providing equity and access to in-school learning cannot simply be based on rhetoric and good wishes. NSTA estimates that 5% to 10% of industry bus drivers are currently sideline by COVID-19 and those numbers continue to rise. These drivers are infected, exposed, quarantined, and on leaves of absences. NSTA also estimates that approximately 33% of industry drivers are aged 60 and older and we are a racially and ethnically diverse group as well. To summarize, many school bus drivers remain fearful about a return to work without a vaccine. Targeting this group will certainly assist in the prevention of transmissions as well. School bus drivers are included on the Cybersecurity and Infrastructure Security Agency (CISA) list of "Essential Critical Infrastructure Workers." They are listed in both the "Education" and "Transportation" sections of

the latest version from 2020, and that was in August of 2020. Inclusion of school bus drivers on this CISA list validates that drivers are essential, and we believe this distinction is probative for the ACIP to consider as well. Without a healthy and plentiful workforce of drivers, more children may be forced into less safer ways to get to school and many may not have access to pursue their educational opportunities. Given the Advisory Committee's membership of physicians involved in public health, we share some data points regarding the industry's safety and environmental record. According to Department of Transportation (DOT) statistics, the school bus is the safest form of transportation for students, and we provide safety statistics in our written comments. In addition, one school bus takes 36 passenger vehicles off of the road. We appreciate the work of the Advisory Committee and we thank you for the consideration of our request.

Ms. Sue Peschin, MHS
President & Chief Executive Officer (CEO)
Alliance for Aging Research

Good afternoon. I'm Sue Peschin, President & CEO of the Alliance for Aging Research (the Alliance). The Alliance supports the National Academy's framework and we ask ACIP, as you do your important work, to please keep the following in mind. First, it is critically important to ensure that nursing home and home health care staff are vaccinated in the first days, given the high-risk nature of their care population and the rate of transmission in congregate settings. Additionally, in communities were hospital capacity has become constrained due to current infection rates, home health staff for filling the gap to support older adult COVID-19 patients in the home. Next, we support the vaccination of older adults in congregate settings given the patient acuity and proximity of the resident population. COVID-19 cases in long-term care facilities (LTCF) account for 7% of infections but 40% of deaths. Vaccinating this population can also help speed the ability of facilities to restore visitation by family caregivers. In Phase 1a, we recommend the inclusion of long-term care pharmacists as frontline health providers. Pharmacists in these settings maintain medication access and support continuous adherence to therapeutic regimens for older adults in congregate settings. The Alliance also supports access for all other older adults in Tier 2. Adults 65 and older account for 16% of the US population and right now, 80% of all COVID deaths, even if an older individual doesn't have a high-risk condition, immunosenescence contributes to higher vulnerability. We very much support the National Academy's prioritization of equity as a cross-cutting consideration. The framework notes that in each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index (SVI) or another more specific index. Of course, none of this is going to be successful without adequate resources for distribution, tracking, and monitoring to implement plans to vaccinate all Americans. Infrastructure investments must go toward strengthening, enhancing, and expanding the ability of public health officials and providers, including pharmacists practicing at the top of their license in the community, to make demands for a future COVID-19 vaccine and also reach populations who are currently under-vaccinated. The Adult Vaccine Access Coalition (AVAC) calls for at least $8.4 billion in funding to be directed to support this effort. AVAC also calls for utilizing existing infrastructure, such as Immunization Information Systems (IIS), to track vaccine doses as opposed to rushing to create new and untested systems. We also need to identify the biggest draw locations for different groups to get vaccinated: pharmacies, grocery stores, drive-through events, churches, or other places we have yet to think of. The Alliance is doing survey work on this that we'll share very soon. Last, Dr. Redfield and Dr. Messonnier, to paraphrase from Dr. Redfield's opening comments, thanks to you and your agency colleagues for staying in the arena and listening to the community. We need you now more than ever. Thank you.

Miss Nissa Shaffi, MS
National Consumers League

That you so much, Dr. Romero. Good afternoon. My name is Nissa Shaffi. I'm here today on behalf of the National Consumers League (NCL). For over 120 years, the NCL has advocated on behalf of consumers who depend on vaccines as life-saving medical interventions. We appreciate the opportunity to speak on behalf of consumers today, and we extend our gratitude to the Advisory Committee on Immunization Practices for its role in protecting public health. Upon release of an FDA-approved COVID-19 vaccine, post-market surveillance will be imperative to determining its ongoing safety and efficacy. As a nationwide distribution effort commences, consumers will rely on public health agencies to communicate and respond to any potential adverse events (AEs) regarding the vaccine. Additionally, a fortified immunization information systems infrastructure will be integral in adequately marshalling vaccine resources. These measures will provide public health officials and providers with the necessary information to effectively administer and monitor vaccine activity. Consider the efficacy of multiple vaccine delivery methods, including an oral or nasal form, to provide Americans a vaccine where they live and meet a variety of diverse health needs. Assurance of innovative vaccine delivery methods has a potential to increase vaccine compliance and enhance overall uptake that could thwart the spread of the virus. As the polarization of public opinion continues, we must ensure that anti-vaccine sentiments do not foil critical public health interventions. We encourage ACIP to maintain effective public health messaging and clear vaccine recommendations to ensure that the American public feels safe and empowered in their decisions to vaccinate once a vaccine becomes available. Additionally, the pandemic has further illustrated inequities experienced by chronically underserved communities most vulnerable to health disparities. Specifically, Hispanic or Latinx, Black, and American Indian and Alaska Native (AI/AN) communities have experienced vastly disproportionate rates of infection. An initial limited supply of the vaccine will only intensify these inequities. As such, we implore the CDC to designate Tier 1 priority for populations at the highest risk of contracting the virus with regard to equitable allocation of the vaccine. Finally, NCL requests that clinical trials for the COVID-19 vaccine are inclusive and reflects diverse subjects. People of color are significantly under-represented in clinical trials and under-treated in medical settings. Ensuring adequate representation in clinical trials would foster vaccine confidence across all demographics. In closing, to stem the tide of vaccine-preventable diseases, NCL submits these comments for review by the committee to ensure that consumers are afforded with safe and effective vaccines to combat the pandemic. Thank you so much for your consideration of our views.

Acronyms

AAMC	Association of American Medical Colleges
ACIP	Advisory Committee on Immunization Practices
AE	Adverse Event
AI/AN	American Indian and Alaska Native
AJMC	*American Journal of Managed Care*
AMA	American Medical Association
AVAC	Adult Vaccine Access Coalition
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CISA	Cybersecurity and Infrastructure Security Agency
DOT	Department of Transportation
FDA	Food and Drug Administration
HepB	Hepatitis B
IIS	Immunization Information Systems
LTCF	Long-Term Care Facilities
MGBCCI	Mass General Brigham Center for COVID Innovation
mRNA	Messenger RNA
NASEM	National Academy of Science, Engineering, and Medicine
NAM	National Academy of Medicine
NCL	National Consumers League
NSTA	National School Transportation Association
RCT	Randomized Controlled Trial
RNA	Ribonucleic Acid
SVI	Social Vulnerability Index
US/USA	United States of America