ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

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Emeritus Distinguished Professor of International Health
Rollins School of Public Health
Emory University

Helene Gayle, M.D., M.P.H.
Committee Co-Chair
President and Chief Executive Officer
The Chicago Community Trust

Dear Drs. Foege and Gayle:

Thank you for the opportunity to provide comments on the *Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine (2020).* This framework provides a sound description of desirable guidelines to assist policy makers in the planning for equitable allocation of a vaccine against SARS-CoV-2.

The Association of State and Territorial Health Officials (ASTHO) is the national nonprofit organization representing the state and territorial public health agencies of the United States, U.S. territories, and Washington, D.C. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in state-based public health practice. State and territorial public health departments have a critical role in national security and our members, among many others, are those that are on the front lines of this pandemic.

ASTHO applauds the National Academies of Sciences, Engineering, and Medicine (NASEM) for developing the framework, especially given the critical need to allocate scarce vaccine resources during this historic pandemic. The framework is well grounded in scientific evidence and draws upon the expertise of recognized and trusted experts. It also builds on knowledge gained from previous mass vaccination experiences and is adaptable to a number of different future scenarios. The following recommendations are shared in the spirit of reaffirmation and additional clarification or elaboration in certain areas.

Recommendations 1: Greater Reinforcement of ACIP as the Primary Prioritization Body
ASTHO appreciates and recognizes that the framework is intended to inform the work of the Advisory Committee on Immunization Practices (ACIP) and policy leaders, including state/territorial health officials, as they work to equitably allocate vaccine to our nation (lines 1121-1123). This important point would benefit from a bit more amplification in that the independent work of the NASEM is intended to be complementary and contributory to the ongoing research and deliberations of the ACIP and, while parallel, is not duplicative, nor does the NASEM function as an official federal advisory body. It may also be helpful to include a statement from the ACIP on its intention and process to consider and include, as appropriate, the independent findings and recommendations of the Committee.

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Recommendation 2: State and Territorial Based Flexibilities to Prioritize

While it will be important for the framework to be applied uniformly across the country, it will also be critical for each state/territory to have the flexibility to tailor vaccination prioritization to meet the local conditions, circumstances, and needs. As the federal government develops guidelines for allocation, distribution, and administration of the vaccine (lines 2372-2379), it should recognize and allow for state level planning decisions to continue to be customized and adaptable. Allocation will depend on various key factors such as public confidence, a better understanding of risk factors, new treatments, and safety and efficacy of the vaccine in certain populations. As indicated in the report, too rigid a federal framework will not likely meet the specific jurisdictional needs that could emerge as the pandemic continues and data drive the state/territorial response. In addition to allowing for state and territorial flexibilities in the implementation of the framework, we also stress the importance of garnering state and territorial input and support during the development of any COVID-19 related guidance and policy to ensure a unified, well-grounded, practice-informed approach which we also suggest should be emphasized in the final report.

Recommendation 3: Mitigation of Health Inequities

ASTHO applauds the framework's intention to ensure equitable distribution and access for communities most impacted by COVID-19 disease. We are, however, concerned by the underrepresentation of communities of color in vaccine trials. Collaboration between government, stakeholders, scientists, and the media will be critical to promote understanding and gain acceptance of any vaccine allocation and prioritization plans with an emphasis on equity. ASTHO encourages further clarification on how data surveillance systems/data collection systems will accurately measure race and ethnicity to assist in monitoring and addressing potential inequities in vaccine access and distribution to communities of color. ASTHO recommends the use of the CDC Vulnerability Index in concert with state systems that also measure similar demographic data based on geography. It is advisable to use zip code level data whenever possible. Fear and stigma surrounding longstanding negative impressions of vaccines and their use and efficacy must be addressed through linguistically and culturally appropriate messages, as well as outreach and engagement of trusted community leaders.

Recommendation 4: Eliminate Vaccine Administration Cost Barriers

The introductory paragraph to the section *Costs Associated with Vaccination* seems a bit confusing, specifically the statement "In the national interest, Medicare and Medicaid should require free vaccine administration; providers should not charge private plans or consumers; and private insurers and employers should not charge co-pays or deductibles for vaccine administration." It is suggested that the discussion on this important matter be reframed to clearly state that the federal government is to make the vaccine available at no cost to the public health and healthcare sectors, that there be no cost sharing on the part of the patient, that the provider have the ability to submit to a third party for reimbursement of allowable and reasonable administration fees, and public health mass vaccination clinics be financially supported through federal emergency supplemental funding to provide vaccinations at no cost to individuals. In no situation should a patient have to submit for reimbursement for an administration fee. Additionally, providers will most likely be tasked with providing additional or expanded counseling or consultation for this vaccination encounter. Barriers to provider participation in administration of the vaccine should be kept as low as possible, especially for those providers who are in

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communities that are disproportionately impacted by COVID-19. State and local health departments are long-standing partners in vaccine provision, especially reaching populations that do not have insurance, and will also need federal funding support for vaccine administration.

Recommendation 5: Address Implementation of Allocations

NASEM recommends that a proportion of vaccine be reserved (10%) for "hot spot" locations. ASTHO respectfully suggests that the Committee further examine this matter. There is a school of thought that this type of squelching tactic may not be a viable option for COVID-19 outbreak suppression principally due to the timespan required for a two dose vaccination regime to be administered and become effective. If it is decided that this would be an effective response intervention for outbreaks, the Committee should then also consider, rather than holding a certain a portion in reserve during a time of a scarce resource, distributing all available vaccine to the jurisdictions using the population pro rata formula and allow jurisdictional flexibility to deviate from the existing priority allocation scheme to respond to in-state "hot spot" containment; or at least lowering the reserve level (say 2%-5%) to maximize the allocated amount put in the field for administration.

Recommendation 6: Messaging and Engagement

As noted in the draft preliminary framework, it will be very important for state and territorial health officials to clearly communicate as well as apply the prioritization scheme, as variations may confuse and appear unfair to the public. Each state will also need to coordinate regionally, to appropriately communicate to the public how priority groups were determined and why they may differ between states. It will also be important for all government and civic entities engaged in this effort to communicate and engage with the public in a unified, consistent and transparent manner. Discord among leaders at any level will erode public trust. ASTHO encourages the Committee to develop a deeper level of design for community messaging and engagement to assure perception and coordination of equitable distribution. ASTHO also suggests the document provide additional clarification of the roles and actions of leaders at different levels of society, and reinforce that any changes in policy or guidance should be clearly explained, and based on consensus among public health leaders who oversee and are responsible for effective implementation. In addition, public confidence in the safety of vaccine will also be paramount to any prioritization discussions. The results of vaccine trial efficacy and safety data will need to be transparent to the public and explained in plain language format and in a culturally sensitive and competent manner.

Recommendation 7: Population Groups

Reflecting on the experiences 10 years ago during the H1N1 pandemic, the following points are being shared for consideration:

- The term "first responder" should be clearly and fully defined
- It is should be expressly stated/discussed as to where family members of priority groups such as healthcare workers and first responders fall in the prioritization scheme. As you may recall, during H1N1 and Anthrax vaccination efforts, there were strong feelings by some that extending priority status to family members/dependents of first responders and frontline healthcare workers should be an act of reciprocity as well as its potential to increase responder and

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frontline worker comfort in knowing that their loved ones were protected that would have a positive impact on their performance and commitment to serve. A clear determination should be proffered.

We appreciate the opportunity to comment and admire the important work NASEM is doing to promote equitable allocation of vaccine. Thank you for considering our remarks and hope you find them helpful. We look forward to reviewing the draft of the more expansive report that will address the key framework implementation issues such as vaccine hesitancy, risk communication, and the critical role and needs of the Nation's public health infrastructure to implement the "last tactical mile" for vaccine distribution and administration.

Sincerely,

JAMES S. BLUMENSTOCK

James S. Blumenstock
Senior Vice President,
Pandemic Response and Recovery