

September 4, 2020

Committee on Equitable Allocation of Vaccine for the Novel Coronavirus
National Academies of Sciences, Engineering, and Medicine
500 5th St, NW
Washington DC, 20011

Raymond P. Vara, Jr.

President-elect
Donald M. Lloyd
MD, ScM, FAHA

Dear Committee:

On behalf of the American Heart Association (AHA) American Stroke Association (ASA) division, we appreciate the opportunity on the Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine (2020) released by the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus; National Academy of Medicine; National Academies of Sciences, Engineering, and Medicine. The COVID-19 pandemic has put a significant strain on the health and financial wellbeing of all countries and hundreds of millions of persons globally. In the United States, COVID-19 has affected some more than others for a myriad of reasons.

The public health response to COVID-19 has met several challenges. However, the AHA is encouraged by the vast collaboration and research dedicated to the discovery and development of COVID-19 treatments and vaccines. The AHA believes that any vaccine distribution framework should adhere to the following principles:

- x All protocols and decisions for vaccine approval or distribution, and for administration must be based solely on rigorous scientific evidence of the highest quality
- x To maximize benefit, all people living in the United States should have guaranteed access to FDA approved COVID-19 vaccines with no cost sharing (no out of pocket costs) and regardless of insurance status
- x Access to FDA approved COVID-19 vaccines should be prioritized by categorization (starting with critical health care workers and first responders, and extending to other essential workers including those in food production, pharmacy, and other essential retail), risk of severe illness if infected by COVID-19 and high risk of exposure to COVID-19

- x Any disparities by race, sex and/or gender, disability status, health insurance status, citizenship status and geographic location in the delivery and availability of, and accessibility to, FDA approved COVID-19 vaccines must be anticipated and planned for and mitigated to assure equity
- x Public health infrastructure should be strengthened to effectively engage diverse stakeholders in multiple sectors to plan COVID-19 vaccination campaigns and distribution that include transparency and education that is health literacy appropriate and focused on a particular vaccine's manufacturer and development, evidence base, intended effects, potential side effects, and administration sites.
- x The US COVID-19 public health and healthcare systems should employ a diverse workforce that is representative of the diversity of the general population and the communities they serve and culturally and linguistically competent in order to increase public trust, and optimize uptake of FDA approved COVID-19 vaccines among all populations in the US
- x Public and private investment in and support of biomedical and health services research related to COVID-19 should be continued and expanded as a national priority

The AHA believes

The AHA supports the committee's proposed application of the Social Vulnerability Index to determine equitable access to approved COVID-19 vaccines. COVID-19 has a higher rate of infection, hospitalization, and death among communities of color, people who are older, and the poor. The disproportionate burden of the pandemic among communities deemed socially vulnerable has been explained in part by endemic inequities including lower income, lower levels of education, use of public transportation, difficult housing situations, unemployment, lower quality environment, decreased availability of health care and lower likelihood of health insurance, each of which contributes to poor health. The Index assesses for anyone of these variables. We seek to ensure the equitable availability and delivery of vaccine.

The [redacted] that FDA approved COVID-19 vaccines be available regardless of ability to pay. As reported in the framework document, the pandemic has disproportionately impacted persons and groups of people who are socioeconomically disadvantaged. There should be no payment expected for COVID-19 vaccine.

The [redacted] that FDA approved COVID-19 vaccines should be available to all, regardless of citizenship or immigrant status.

Thank you for the opportunity to comment on the Final Framework for Equitable Allocation of COVID-19 Vaccines. Dr. Eduardo Sanchez Jr, Chief Medical Officer for Prevention, Eduardo.Sanchez@heart.org if you have any questions.

Sincerely,

Mitchel Elkin, FAHA
President, American Heart Association

