

To: José R. Romero, MD FAAP, Chair, Advisory Committee on Immunization Practices
Amanda Cohn, MD, Executive Secretary

From: Randi Weingarten, President
American Federation of Teachers

Re: Comments on the ACIP COVID-19 Phase 1a interim recommendation

On behalf of the 1.7 million members of the American Federation of Teachers, I welcome the opportunity to submit comments to the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention on ACIP's Interim Recommendation for Phase 1a COVID-19 vaccine distribution and administration. Our members work in preK-12 education, higher education, healthcare and public services. The AFT represents nearly 200,000 health professionals, including registered nurses, technologists and hospitalists in a variety of healthcare settings. The AFT also represents workers in other extraordinary risk workplaces, including corrections facilities and emergency dispatch.

For the most part, we concur with the interim recommendation: "when a COVID-19 vaccine is authorized by FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both (1) healthcare personnel and (2) residents of long-term care facilities." We believe the recommendation could be strengthened as follows:

1. The current FDA vaccine approvals will be under emergency use authorization (EUA). According to the FDA, the agency "must ensure that recipients of the vaccine under an EUA are informed, to the extent practicable given the applicable circumstances, that FDA has authorized the emergency use of the vaccine, of the known and potential benefits and risks, the extent to which such benefits and risks are unknown, [and that because of all of this,] they have the option to accept or refuse the vaccine, and of any available alternatives to the product." Healthcare personnel should not be treated disparately from other Phase 1a vaccine recipients. This is a new vaccine; and at this moment, there should be no confusion. Healthcare employment or assignment cannot be conditional upon receiving the vaccine.

What is important in this initial vaccine rollout is that healthcare personnel are properly trained and informed about the risks and benefits of vaccination, and that vaccine is readily available, effective and free to them.

We recommend that ACIP revise its recommendation as follows: "when a COVID-19 vaccine is authorized by the FDA and recommended by ACIP, vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered in accordance with relevant FDA regulations to both (1) healthcare personnel and (2) residents of long-term care facilities."

2. We recommend that ACIP include all prison and institutional congregate living staff who provide direct healthcare services in these settings in Phase 1a. We know little about outbreaks in institutional congregate living settings. However, there have been nearly 200,000 COVID-19 cases and 2,000 deaths among incarcerated individuals in the U.S. Approximately 5,000 corrections personnel have been infected by SARS-CoV-2, and 100 have died from COVID-19 infections. There is extraordinary risk of infection for staff in crowded, congregate settings, not just in prison areas dedicated to long-term care. Overcrowding in all these settings has resulted in healthcare services being administered throughout facilities, not exclusively in dedicated healthcare suites.

The AFT not only represents healthcare personnel in many of these settings, including state adult and juvenile corrections facilities, but also teachers and corrections officers. Staffing shortages are so acute in many of these facilities that there is often a blur of job assignments. For instance, education personnel and corrections officers can be called upon to provide health services to prison populations even though they are technically not healthcare personnel. These assignments are not just in emergency situations but can be prolonged.

The committee has recognized that incarcerated individuals in dedicated long-term care areas of facilities be offered vaccine. We recommend that the committee go beyond recognizing that healthcare personnel in prison facilities be in the Phase 1a distribution and also explicitly include any personnel in settings that provide direct care to populations in congregate institutions, including residential facilities for children, mental health facilities and facilities for the developmentally disabled. Many of the staff in these facilities have daily interactions as a routine part of their jobs and deliver direct services to the inmates, patients, children and clients. These workers are considered essential and not allowed to work remotely.

3. We recommend that you include 911 and 311 dispatchers in your definition of EMS personnel included in the Phase 1a vaccination list. Our members who are 911 and 311 dispatchers are not only working under duress but also in crowded conditions where there are very few if any mitigation strategies in place to protect them over long shifts. Social distancing, masking and adequate ventilation are rare for these members.
4. In my remarks to the National Academies of Sciences, Engineering, and Medicine Committee on Equitable Allocation of Vaccine for the Novel Coronavirus on the draft preliminary framework, I made the point that we need a comprehensive mitigation strategy in our communities to defeat the pandemic. Nowhere is this approach more important than in the workplace. We assume that healthcare workers will, for the most part, receive the vaccine at work. ACIP should acknowledge that safe COVID-19 vaccination practices at the work site be in the context of a comprehensive infection control program for the duration of the pandemic. No vaccine is 100 percent effective. Therefore, healthcare workers and other at-risk workers must be assured of continuation of all evidence-based mitigation strategies, including adequate supplies of appropriate personal protective equipment (PPE).

Similarly, the principle of a comprehensive mitigation strategy should be incorporated into the next critical ACIP Phase 1b recommendations for the education sector. Phase 1b recommendations should include educators, school staff and at-risk students. The vaccine must be readily available to them on site to allow for the safe, orderly and timely reopening of schools.

We look forward to providing more input to the committee as it deliberates on the next critical phases starting with Phase 1b of COVID-19 vaccine delivery. Among other things, we can assist in the recommendations for coordination and sub-prioritization during this phase. For instance, we believe that instead of a broad recommendation for vaccine for bands of staff or for all educators and school staff, ACIP should recommend that vaccine distribution and administration be prioritized by the status of the school, i.e., by where schools are actually opened or anticipate opening (elementary and special needs, etc.). Also, we encourage ACIP to consider adding not only students in the priority candidate list, but also their families during Phase 1b.

Thank you for the opportunity to provide input to the Advisory Committee on Immunization Practices deliberations. And many thanks to all the committee members for their time and commitment to the development of these critical recommendations.