



# AMERICAN ACADEMY OF NURSING

*transforming health policy and practice through nursing knowledge*

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September 4, 2020

William Foege, MD, MPH  
Co-Chair  
Committee on Equitable Allocation of Vaccine for  
the Novel Coronavirus  
National Academy of Medicine  
500 Fifth St., N.W.  
Washington, D.C. 20001

Helene D. Gayle, MD, MPH  
Co-Chair  
Committee on Equitable Allocation of Vaccine for  
the Novel Coronavirus  
National Academy of Medicine  
500 Fifth St., N.W.  
Washington, D.C. 20001

Dear Drs. Foege and Gayle,

The American Academy of Nursing (Academy) is pleased to offer the following comments in response to the National Academy of Medicine's (NAM) Committee on Equitable Allocation of Vaccine for the Novel Coronavirus request for information regarding the distribution of the COVID-19 vaccine. The Academy serves the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Its more than 2,700 Fellows are nursing's most accomplished leaders in education, management, practice, research, and policy. They have been recognized for their extraordinary contributions to the promotion of the public's health through evidence and innovation.

The Academy commends the Committee's efforts to determine a distribution system that is the most equitable and effective to fight the spread of COVID-19. The Academy maintains a clear and distinct focus on social determinants of health and uses this lens to advance policies and solutions that promote health equity and champion wellness. After reviewing the ["Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine,"](#) the Academy offers the following recommendations in the following areas for the Committee to consider as it finalizes the discussion draft:

- Vaccine Distribution Phases
- Vaccine Efficacy and Safety
- Vaccine Uptake and Communication

## **Vaccine Distribution Phases**

To optimize the health and well-being of patients, their families, and the community, nurses must be fully vaccinated. When nurses work directly (within 3 feet for extended periods of time) with patients or handle fluids, they are more likely to get — and spread — infectious diseases such as COVID-19. The Academy strongly recommends nurses protect themselves and their patients by following the recommended vaccine schedule for health professionals, including the COVID-19 vaccine once it becomes available.

The Academy appreciates the Committee's thoughtfulness in considering the different populations that need to be prioritized especially as the supply for a vaccine may outstrip the demand initially. We support the inclusion of high-risk workers such as nurses in health care facilities, first responders, older

adults in nursing homes and other long-term care facilities as well as people of all ages with significant comorbidities in Phase 1 of the distribution plan.

For Phase 2, the Committee is proposing critical risk workers, teachers and school staff, people of all ages with moderate comorbidities and all older adults, people in homeless shelters or group homes, and incarcerated/detained people and staff receive the vaccine. As you know, homeless shelters/group homes as well as incarcerated individuals have also seen COVID-19 outbreaks in these types of facilities. The Academy cannot stress enough how indispensably important it is to ensure that Personal Protective Equipment (PPE) and other supplies are provided to enable optimal patient care and for health care professionals and staff in these facilities to protect themselves. We agree with the Committee's conclusion that ensuring these populations, as well as staff in these facilities, have adequate supplies of PPE until these populations can receive the vaccine is of the upmost importance. We would further recommend the Committee include other COVID-19 preventative measures be undertaken such as ensuring these facilities also have access to rapid testing and contact tracing, as well as maintaining social distance and other protective measures in addition to ensuring the supply of PPE.

We see access to PPE and vaccines also being an issue in Phase 3 for young adults and children especially as schools across the country begin in person or transition into hybrid learning as the academic year progresses. The Academy does have concerns about whether there is enough scientific evidence about how COVID-19 affects children to justify holding off on vaccinating this population in Phase 3. As you know, the mysterious inflammatory condition similar to Kawasaki disease that impacts children<sup>i</sup> has presented during the pandemic.

Moreover, millions of children live in a household with grandparents or are raised by grandparents, with a significant number of these being families of color.<sup>ii</sup> Older adults are at significant risk for poor outcomes relating to COVID-19 infections, including high rates of mortality. Vaccinating children will also provide protection for this population, especially those older adults who may not be able to be vaccinated due to underlying medical conditions such as cancer or other immune related disorders.

Further, nearly 1 in 5 children has a special health care need with about 3 million of these children having complex health care needs.<sup>iii</sup> Many of these children cannot or should not be vaccinated due to risks associated with their conditions. These children attend school and interact with other children and depend upon community vaccination rates to protect them from communicable disease. Without a concerted effort to vaccinate children early, the most vulnerable children will remain at risk, medically, educationally, and socially. We appreciate the Committee's plan to monitor the pandemic and adjust the prioritization of populations in the phases as necessary. This will be especially important now that many students begin the school year.

Over the past 20 years, an increasingly robust evidence base has documented that the physical, social, and economic circumstances in which people live, work, play, and learn directly impact their health and well-being.<sup>iv</sup> Systemic racism in the health care system has contributed to communities of color being severely impacted by COVID-19 and we appreciate the Committee being sensitive to ensure these high-risk populations have equitable access to the vaccine. This is especially true as the Committee has placed an emphasis on socioeconomic status such as transportation needs, disability needs, and access to health care services in the community, among other factors in developing the populations to receive the vaccine in the various phases. We encourage the Committee to continue to be hypersensitive to the needs of these vulnerable populations should adjustments need to be made to the vaccination phase schedule.

### **Vaccine Efficacy and Safety**

Across the country, institutions and private companies are searching for a vaccine. Like others in the research community, the Academy supports increased funding for basic, biomedical, and behavioral science and appreciates the funding that has been invested to further the progress that has already been made in the search for a vaccine. We have been on record in urging that key steps in conducting this type of research not threaten the safety of a future vaccine for all recipients. Like the Committee, we remain concerned that certain populations such as pregnant women and children are not well represented in vaccine research. Research for a COVID-19 vaccine must be conducted with a diverse representation of the country's population. Until research is able to ensure diverse representation in clinical trials, we agree with the Committee that monitoring for adverse side effects in vulnerable populations will be vital to ensuring public trust in a vaccine.

### **Vaccine Uptake and Communication**

The nursing profession brings vital intelligence, science, and education to the public. At the core of nursing care is health promotion. Nurses have a professional and ethical duty to provide evidence-based information to the public regarding the importance and safety of immunizations. We partner with patients, families, communities, and stakeholders to help individuals and the public make informed health care decisions.<sup>v</sup> We agree with the Committee that health care professionals such as nurses will play an important role in communicating the risks and benefits of a vaccine to the public.

The Academy recommends the Committee emphasize the importance of incorporating culturally and linguistically appropriate services (CLAS) standards,<sup>vi</sup> as developed by the Department of Health and Human Services, as a way to mitigate vaccine hesitancy. CLAS standards information distributed with multiple modalities could help to inform, educate, and support the vulnerable communities that need the vaccine. By tailoring information on the risks and benefits of a vaccine to an individual's culture and language preferences, vaccine adherence could improve for those who are at higher risk of COVID-19, thus benefitting the entire population.

The Academy thanks the Committee for the opportunity to provide comments to the discussion draft and applaud the work to date. It is clear that protecting the health and safety of communities is at the center of this work. As an organization, the Academy represents Fellows from around the globe that have documented experience in responding to public health crises. Within the organization's Expert Panels, focused on [24 aspects of care, populations, and systems](#), are recognized leaders who are working within their communities to combat the spread of infectious diseases such as COVID-19. As the pandemic continues, we stand ready to support the National Academy of Medicine in this and other important efforts to change policy and educate the public. If you have any questions or need additional information, please feel free to contact the Academy's Senior Director of Policy, Christine Murphy, at [cmurphy@aannet.org](mailto:cmurphy@aannet.org) or 202-777-1174.

Sincerely,



Eileen Sullivan-Marx, PhD, RN, FAAN  
President

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- <sup>i</sup> Mostafavi, B. (2020, May 14). *Rare, COVID-Related Inflammatory Disease Affecting Children*. Michigan Health. <https://labblog.uofmhealth.org/rounds/rare-covid-related-inflammatory-disease-affecting-children>
- <sup>ii</sup> AARP, The Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children's Defense Fund, & Generations United. (n.d.). *GrandFacts*. Www.AARP.Org. <https://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-national.pdf>
- <sup>iii</sup> *Children with Special Health Care Needs*. (2019, December 17). Maternal and Child Health Bureau. <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>
- <sup>iv</sup> US Department of Health and Human Services. (2018). *Secretary's Advisory Committee for Healthy People 2030: Issue Briefs to inform Development and Implementation of Healthy People 2030*. [https://www.healthypeople.gov/sites/default/files/HP2030\\_Committee-Combined-Issue%20Briefs\\_2019-508c.pdf](https://www.healthypeople.gov/sites/default/files/HP2030_Committee-Combined-Issue%20Briefs_2019-508c.pdf)
- <sup>v</sup> Lusk, B., Keeling, A. W., & Lewenson, S. B. (2016). Using nursing history to inform decision-making: Infectious diseases at the turn of the 20th century. *Nursing Outlook*, 64(2), 170–178. <https://doi.org/10.1016/j.outlook.2015.11.011>
- <sup>vi</sup> US Department of Health and Human Services Office of Minority Health. (n.d.). *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*. <https://Thinkculturalhealth.Hhs.Gov/Assets/Pdfs/EnhancedNationalCLASStandards.Pdf>