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Committee on Equitable Allocation of Vaccine for the Novel Coronavirus

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ANA comments to the National Academies of Science, Engineering, and Medicine's Draft
Framework for Equitable Allocation of a COVID-19 Vaccine

On behalf of the American Nurses Association (ANA) and the 4 million nurses ANA represents, I am writing to offer comments regarding the prioritization of a COVID-19 vaccine once approved. ANA and its members have a long history of involvement in widespread education and administration of immunizations.

- Overall, ANA supports the phased approach taken in this document. We applaud the committee's recommendation on the inclusion of nurses and other frontline healthcare workers in Phase 1a. However, we request that this statement include nurses and other healthcare workers that provide care outside of the acute care setting in order to improve access to care for underserved and vulnerable populations and the elderly such as community-based health centers, home based care, and residential nursing care settings.
 - ANA requests that there is consideration to clearly include public health nurses in Phase 1a as they are key leaders and participants in the effort to educate the public which is critical to increasing vaccine confidence and administering the vaccine to successfully execute all Phases of allocation of the vaccine. This would be a symbolic and effective first step in rebuilding our weakened public health infrastructure that requires the educated workforce dedicated to communities.
 - Further guidance is needed to support rural communities and the clinicians within the underserved communities in the distribution, storage, and administration of a vaccine.
- We support lines 670-671 "committee recognizes that its proposed framework must not only be equitable but also be perceived as equitable by audiences..."
 - Public perception and potential hesitancy can undermine vaccination efforts. Ensure this principle guides the recommendations of the committee.
- Lines 968-974: ANA fully supports the primary goals of the committee's framework: maximization of benefit through prevention of morbidity and mortality and through reduction in transmission and mitigation of health inequities informed by current evidence.
- Lines 1267-1336: We recommend considerations for vulnerable healthcare workers who are not only unable to avoid exposure but who are at higher risk of morbidity or mortality because of working conditions, underlying medical conditions, or other risk factors as shown in research.
- Lines 2368-2371: ANA supports and encourages the committee to highlight further the additional behaviors that contribute to preventing the spread of COVID-19, such as hand washing. These behaviors should be addressed throughout the document.
- Line 2387-2422: While no specific recommendation for mandates was given, we would encourage the need for a clear and evidenced based safety profile before anyone, including employers or States engage in mandating the COVID-19 vaccine.

- We believe it is crucial that nurses are included in the decisions for deployment and operationalization of the vaccine allocation strategy. For the past 18 years, nurses have been rated the most ethical and honest profession by the public. Success of mass vaccination strategies relies on a national coordinated framework including considerations for communities that have had devastating historical events happen and experiences with COVID-19. Nurses are trusted clinicians in their communities, with a long history of educating, prescribing, and administering vaccinations; there is no other group that can meet the demands of this challenge.
 - The section *Mitigation of Health Inequities* highlights the strong association of COVID-19 infections and deaths with race, ethnicity, occupation, and socioeconomic status. The committee's guidance cannot be siloed to a vaccination prioritization strategy. The committee should address additional mitigation efforts needed such as personal protective equipment (PPE), to prevent the transmission and continued devastation in these communities. ANA's latest survey of more than 21,000 nurses found that over half of nurses surveyed report that they are re-using single-use PPE for 5+ days and 53% of nurses say that re-using and decontaminating masks makes them feel unsafe.
 - The section *Legal Status* needs to remain with support from the committee. COVID-19 has no boundaries and for a successful vaccination strategy everyone regardless of legal status must have access to the vaccine during the proper phase without fear of status being used against them in any immigration proceeding.
- Support for section *Costs Associated with Vaccination* to ensure that cost or insurance status do not create a barrier to access. Public and private payers or private-public partnerships need to be created, to cover the cost of the vaccine and the administration of, in order have a successful uptake.
- ANA emphasizes the need for transparency in communication of safety and efficacy of the vaccines to appropriately address concerns of vaccine hesitancy within Black and Brown communities who have experienced the greatest impact from COVID-19.