



Physicians Caring for Texans

Texas Medical Association
Comments on Discussion Draft
Preliminary Framework for Equitable Allocation of COVID-19 Vaccine
Sept. 4, 2020

On behalf of the more than 53,000 members of the Texas Medical Association (TMA), I appreciate the opportunity to provide input to the National Academies of Sciences, Engineering, and Medicine Discussion Draft: *Preliminary Framework for Equitable Allocation of COVID-19 Vaccine*. We recognize the challenge of such a monumental task and commend the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus on its due diligence and sound deliberation.

TMA commends the committee for prioritizing first and foremost high-risk workers in health care facilities, which include physicians who are on the front lines caring for their patients. Texas physicians (and no doubt physicians across the country) have risen to the challenge of COVID-19, pulling exceptional hours, fearlessly putting their lives at risk, adapting to limited resources such as personal protective equipment, and facing economic strains due to decreased clinic traffic – all while fighting a novel coronavirus we know little about. Doctors save lives, and we appreciate the prioritization to save doctors' lives with the COVID-19 vaccine as they continue in the fight.

TMA also appreciates the committee's commitment to mitigating health inequities during vaccine allocation and the incorporation of the Centers for Disease Prevention and Control (CDC) Social Vulnerability Index. COVID-19 has transformed what were once cracks in racial and ethnic health disparities into wide chasms, and the starkly higher morbidity and mortality in Black and Latinx communities continue to highlight the need to prioritize these vulnerable populations.

Also, the prioritization of older adults in congregate or overcrowded settings is strongly supported by TMA. As we have seen in Texas and across the country, the impact of COVID-19 on our long-term care facilities is astounding. Ensuring we protect our vulnerable elderly populations, many who have significant comorbid conditions, should indeed be a top priority.

Our association finds the preliminary framework fair and well thought out. TMA would like to share some considerations as the report is being finalized:

1. TMA recommends further guidance within each priority group to prioritize those who are at higher risk for SARS-CoV-2 exposure even compared to others within the same phase priority group. For example, among high-risk workers in health care facilities, those providing direct care to COVID-19 patients in emergency departments and COVID-19 units will be at highest risk. Considerations should also include prioritizing high-risk workers, such as geriatricians or intensive care unit physicians, who care for patients who are over 65 years of age, obese, diabetic, or immunocompromised and have a higher risk of severe complications with COVID-19.

2. A [physician recommendation](#) for a vaccination continues to be a key determinant for patients getting their vaccinations. [Polls](#) have already indicated some public distrust of the COVID-19 vaccine, illuminating a need to invest in message development, formative research, and focus groups to best address public concerns and strengthen vaccination uptake. [Distrust](#) of the medical community and treatments have long been documented in minority populations; therefore, TMA encourages the plan to prioritize countering the distrust by developing culturally and language-appropriate messaging, using community champions and health workers, as well as tying in the voices and expertise of the physicians these communities do trust.
3. Transparency and ensuring the public is well informed about the vaccine and its allocation process, including who is leading the charge on final vaccination recipient determinations, will help lessen public confusion and potential anxiety. TMA also strongly encourages these final decisions be delegated to an independent group of scientific experts, such as those on the committee, who are guided by strong scientific evidence and not political influence.
4. Physicians also support the utilization of appropriate immunization tracking systems as well as establishing monitoring systems for the COVID-19 vaccine in the federal vaccine safety network and having a robust plan in place for physicians to be notified of vaccine side effects. The more physicians are kept in the know, the better they can inform and care for their patients. Overall, TMA encourages collaboration with organized medicine to develop and disseminate these highly important messages to assuage any patient fears related to the COVID-19 vaccine.
5. Texas has been one of the hardest hit U.S. southern states, with a number of COVID-19 “[hotspot](#)” outbreak areas and a large population of more vulnerable Latinx individuals. According to the most recent [U.S. Census Bureau report](#), Texas has the largest population of uninsured, at 17.7%, which is an estimated 5 million individuals. As discussed in the framework report regarding social determinants of health, lack of health care access is a significant contributor to the comorbid conditions that put individuals at a higher risk of severe illness and death from COVID-19. Further, Texas has more [immigrant detention centers](#) than any other U.S. state or territory (including private and public), with large numbers of individuals in congregate settings with limited access to health care. [As research has shown so far](#), vaccinating individuals held in immigration detention facilities can help prevent outbreaks of infectious disease within, in between, and outside these facilities. TMA urges the committee to take these factors into consideration when determining its geographical priorities for vaccine allocation and to especially prioritize hotspot locations across the country.

TMA physicians continue to stand by their mission to improve the health of all Texans. We thank you for this opportunity to comment. Should you have any questions, please do not hesitate to contact Christina Ly, TMA director of public health, at christina.ly@texmed.org.

Sincerely,



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