Statement on the Fair and Equitable Distribution of a Safe and Effective COVID-19 Vaccine to Post-Acute and Long-Term Care Staff and Residents

October 26, 2020

Residents of post-acute and long-term care (PALTC) facilities remain the most vulnerable population during this ongoing COVID-19 pandemic. Pre-existing frailty, immune-suppression, congregate living arrangements and risk of exposure to asymptomatic or pre-symptomatic individuals all increase the chance of contracting COVID-19 as a resident or staff member. As of October 11, 2020, CMS has reported 407,602 confirmed or suspected COVID-19 cases in nursing homes with 60,491 deaths (https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/).

While long-term care facilities are combatting COVID-19 with numerous infection prevention and control strategies, none is expected to have as big a potential effect as a safe and effective vaccine that is uniformly administered. Central to the idea of pandemic extinction is the idea of population immunity, through either natural infection with lasting immunity or through vaccination efforts. With a disease as deadly as COVID-19, natural infection is not advised. Thus, universal vaccination remains the only viable option. Vital to this strategy is (1) the development of a safe and effective vaccine that has been well studied in the PALTC population, and (2) the fair and equitable distribution of such a vaccine.

We strongly support the development of a vaccine that is safe and effective for both PALTC patients and residents, and health care workers, and urge federal and state agencies to increase transparency and communication of data. Of note, Inouye and her colleagues have shown that clinical trials, and vaccine trials in particular, exclude the vulnerable nursing home population (https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2771091).

Therefore, public release of the safety data as well as validation of the efficacy by an independent body composed of patient care advocates, scientists, and clinicians with expertise in PALTC will be paramount in helping build the public case for universal vaccination. In an unfortunate, unprecedented turn of events, FDA approval of the vaccine and CDC ACIP endorsement is no longer enough to calm the public fears surrounding this novel vaccine.

Regarding federal and state allocation of the vaccine, we strongly support the National Academy of Sciences, Engineering, and Medicine (NASEM) framework for Equitable Allocation of the COVID-19 vaccine (https://www.nap.edu/read/25917/chapter/1). This framework has been extensively reviewed by top scientists and clinicians and takes into
account specific fair allocation criteria to include risk of (1) acquiring infection, (2) severe morbidity and mortality, (3) negative societal impact, and (4) transmitting infection to others. Recommendations are divided into three phases and we strongly support the inclusion of PALTC staff (in phase 1a) and residents (in phase 1b).

However, the logistical issues involved in shipping, storage, and administration should be fully explored by including key stakeholders in PALTC medicine who are intimately aware of the challenges in day-to-day operations within facilities. To this end, facilities should have the ability to use existing relationship with their consultant pharmacists, in close consultation with their medical directors, in making optimal arrangements for vaccine administration to their patients and residents.

In conclusion, we support the development of a safe and effective vaccine to be distributed and administered in a fair and equitable manner. We acknowledge the achievement of developing a vaccine with novel technologies and extensive international collaboration at an incredible pace. However, we call for increased transparency of data regarding safety and efficacy, especially in our PALTC population of patients, residents, and staff, in order to assure public trust in the vaccine. We agree with the NASEM framework around equitable allocation of the COVID-19 vaccine and are pleased with the inclusion of PALTC staff and residents in phase 1. Lastly, we emphasize our call on federal and state agencies to engage key stakeholders in PALTC medicine to aid in the distribution and administration to ensure a successful and rapid vaccination across the sector.

Approved by the Board of Directors
October 26, 2020