



September 4, 2020

The Society for Women's Health Research (SWHR) is pleased to provide comments in response to the National Academy of Medicine (NAM) "Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine (2020)." SWHR is a 30-year-old national nonprofit dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. Below, we highlight areas of consideration for NAM's Committee on Equitable Allocation of Vaccine for the Novel Coronavirus in finalizing its discussion draft.

### **Pregnant and Lactating Women**

SWHR is encouraged to see the committee's acknowledgement that pregnant women are at particular risk and, concerningly, that they are left out of the majority of clinical trials for disease vaccines and treatments. Research across a variety of infectious diseases suggests pregnancy places women at heightened risk for disease-related complications. Both pregnant women and lactating women must be included within clinical trials related to vaccines.

Given the committee's attention to pregnant individuals as a high-risk group, we are disappointed that pregnant women are not specifically included in phases one, two, or three of the allocation plans; nor is there specific discussion regarding why pregnant individuals were not included and whether this prioritization will change should vaccine research be conducted in this population. As noted within the discussion draft, the Centers for Disease Control and Prevention (CDC) identified pregnant women and infants within Tier One of its *Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce*. SWHR is in agreement with the CDC's assessment that pregnant women represent an important population for early vaccine allotment in pandemic situations. We suggest the committee additionally consider the needs of lactating women within its finalized report.

SWHR recommends consulting with the National Institutes of Health (NIH) Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC) to determine best practices for including both pregnant women and lactating women within vaccine prioritization efforts. We also recommend the committee detail its considerations regarding pregnant and lactating women within the allocation plan in further depth. In safeguarding population health, women who are pregnant and/or breastfeeding must be protected.

### **Frontline Health Care Workers**

SWHR also supports initial vaccination efforts that prioritize frontline health care providers, about 75% of whom are women.<sup>1</sup> Frontline health care workers should be provided efficient and affordable vaccine access. Among health care workers deemed essential during the pandemic, almost 7 million citizens are currently employed in low-wage medical support jobs, such as orderlies, phlebotomists, home health aides, and health care service workers. Over 80% of these individuals are women, and the large majority are people of color.<sup>2</sup>

<sup>1</sup> Associated Press (2020). Pandemic's front-line work falls on women, minorities. *CBS News*. Accessed at: <https://www.cbsnews.com/news/frontline-work-women-minorities-pandemic/>

<sup>2</sup> Kinder, M (2020). Meet the COVID-19 frontline heroes. *Brookings Institute*. Accessed at: <https://www.brookings.edu/interactives/meet-the-covid-19-frontline-heroes/>



Accordingly, SWHR is highly supportive of the committee's outlined approach, which seeks to maximize social benefit and prioritizes individuals to the extent that they have greater probability of being in settings where COVID-19 is circulating and are at risk for being exposed to a sufficient dose of the virus. We support the committee's framework, which prioritizes high-risk workers in health care facilities and first responders within the 1a "jumpstart" phase, as well as critical workers, by risk level, within phases two and three.

### **High-Risk Communities**

SWHR appreciates the committee's focus on health equity. It is well known that low-income communities of color are being hardest hit by the COVID-19 pandemic. Data show that Blacks and Latinos are dying at twice the rate of the general population in New York City. In Los Angeles, low-income individuals are three times as likely to die as compared to individuals in wealthier neighborhoods.<sup>3</sup>

We are pleased to see the committee highlight older adults, people with comorbid conditions, homeless populations, and incarcerated or detained individuals within its framework specifically. We particularly applaud the committee's use of the CDC's Social Vulnerability Index to further prioritize access within each population group.

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SWHR appreciates the committee's leadership in advancing vaccine allocation strategies following the successful development of a COVID-19 vaccine. We look forward to continued engagement with NAM on this and other topics.

<sup>3</sup> Jauhar, S. (2020). When a COVID-19 vaccine becomes available, who should get it first? *STAT News*. Accessed at: <https://www.statnews.com/2020/05/23/when-a-covid-19-vaccine-becomes-available-who-should-get-it-first/>