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September 4, 2020

William H. Foege
Co-Chair
Committee on Equitable Allocation of
Vaccine for the Novel Coronavirus
National Academy of Medicine
2101 Constitution Avenue, NW
Washington, DC 20418

Helene D. Gayle
Co-Chair
Committee on Equitable Allocation of
Vaccine for the Novel Coronavirus
National Academy of Medicine
2101 Constitution Avenue, NW
Washington, DC 20418

Dear Dr. Foege and Dr. Gayle,

On behalf of the Society for Maternal-Fetal Medicine (SMFM), I thank you for the opportunity to submit comments on the Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine. SMFM appreciates the exemplary work of the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus and applauds your decision to make mitigating health inequities a foundational principle of the Framework.

Established in 1977, SMFM is the medical professional society for obstetricians who have additional training in the area of high-risk pregnancies. Our members see the sickest patients with the most complicated pregnancies. SMFM supports the clinical practice of maternal-fetal medicine by providing education, promoting research, and engaging in advocacy to optimize the health of individuals experiencing high-risk pregnancies. Our members are on the front lines of the COVID-19 epidemic. Drawing on that experience, we offer the following comments to strengthen the draft Framework.

PRIORITIZING FRONT LINE HEALTH CARE WORKERS

We thank you for including high-risk workers in health care facilities in the first phase of vaccine allocation, and we support the inclusion of both clinicians and other workers in health care settings (e.g. nursing assistants and environmental services staff). The broad category of front line health care workers will ensure that the full complement of staff working on labor and delivery units across the country are vaccinated, protecting health care workers and their families, as well as pregnant patients, new mothers, infants, and their families.

CENTERING HEALTH INEQUITIES

SMFM remains concerned that COVID-19 is having a greater impact on communities of color, particularly Black, Hispanic or Latinx, Asian-Pacific Islanders, and American Indian and Native Alaskan communities. We fear this will exacerbate ongoing inequities in pregnancy outcomes. Black and American Indian/Alaska Native mothers are already two



to three times more likely to die from a pregnancy-related complication than white mothers in the United States. SMFM supports the draft Framework's explicit focus on mitigating inequities through the application of the Centers for Disease Control and Prevention's (CDC) Social Vulnerability Index and its recommendation that "vaccine should be allocated in adequate quantities to areas of high social vulnerability and delivered, in a timely manner, at locations accessible to the populations living in those areas [in every distribution phase]." We also support the attention given to reducing inequities through the Committee's careful definition of priority populations to include communities that are disproportionately impacted by COVID-19. For instance, in defining front line health care workers, the Committee wisely chose to include workers beyond clinicians. SMFM agrees this will mitigate health inequities because, as noted in the discussion draft, many paraprofessionals and environmental services staff are low-income and/or are Black, Hispanic or Latinx, Asian-Pacific Islander and American Indian and Native Alaskan, communities which have disproportionately been impacted by COVID-19.

We encourage the Committee to include recommendations in the final report that encourage public health entities at every level of government to collaborate with traditional and nontraditional stakeholders to develop their vaccine allocation and implementation plans, as well as assist in outreach. For an immunization campaign to successfully reach disproportionately impacted populations, it will be particularly important to partner with trusted stakeholders in those communities to overcome historic mistrust of the health care and public health systems.

PROTECTING PREGNANT PATIENTS

SMFM shares the Committee's concern that ongoing vaccine trials exclude pregnant people and lactating individuals and applauds the draft Framework's call for Operation Warp Speed, the National Institutes of Health, and the CDC use their authorities to ensure this population is included in clinical trials as quickly as possible. Emerging evidence indicates that SARS-CoV-2 in pregnancy causes severe illness in pregnant patients at rates comparable to or greater than the general population.^{i,ii,iii} Further, the latest data show that infection can lead to adverse outcomes for fetuses and neonates – including vertical transmission; preterm birth; adverse outcomes associated with placental damage; and, in rare cases, stillbirth.^{iv,v,vi,vii,viii} The failure to prioritize the development of a vaccine that can be administered to pregnant people or lactating individuals is problematic given the danger COVID-19 poses to a pregnant person and the fetus and newborn. Further, it precludes those individuals prioritized for vaccination in early phases of the Committee's draft Framework from benefiting from the protection offered by a vaccine if they are pregnant or lactating. Given the number of individuals capable of becoming pregnant in priority occupations, such as health care and education, this represents a significant potential burden on an at-risk population.^{ix,x}

Given that outcomes in pregnant people are equivalent or worse than in those who are not pregnant, and that there is potential for harm to not one but at least two lives, **SMFM encourages the Committee to proactively include pregnant individuals as a priority population in the allocation Framework** despite the fact that there are currently no vaccines in development for this population. This would be similar to the Committee's recommendation for children, who similarly are without a potential vaccine candidate.



We also encourage the Committee to include recommendations in the final report that call for educational materials and risk communications strategies targeted specifically to pregnant people.

Obstetric clinicians will need these tools to effectively convey the importance of vaccination and any potential risks to expecting parents. With vaccination rates for existing routine maternal immunizations with robust safety profiles already hovering near 50 percent, it will be vital to proactively counter anti-vaccine messages and address vaccine hesitancy associated with a new SARS-CoV-2 vaccine to achieve adequate immunization uptake for this population.^{xi}

Again, thank you for the opportunity to comment on the draft Framework. The Committee's efforts to develop a transparent allocation Framework centered on mitigating health inequities is vital to a successful mass immunization campaign to stop the spread of SARS-CoV-2. We urge you to prioritize pregnant individuals in the final Framework and stand ready to provide any additional information about the threat COVID-19 poses to this population. Please contact Rebecca Abbott, Director of Government Relations (rabbott@smfm.org), with any questions.

Sincerely,



Judette Louis, MD, MPH
President

ⁱ Pettiroso E, Giles M, Cole S, Rees M. COVID-19 and pregnancy: A review of clinical characteristics, obstetric outcomes and vertical transmission. *Aust N Z J Obstet Gynaecol*. 2020.

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^{vi} World Health Organization. Newborns: reducing mortality, <https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>; 2019 [accessed August 11, 2020].

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^{ix} Wong, A. The U.S. Teaching Population Is Getting Bigger, and More Female. *The Atlantic*. February 20, 2020. Available at: <https://www.theatlantic.com/education/archive/2019/02/the-explosion-of-women-teachers/582622/>.



^x Cheeseman J, Christnacht C. Women Hold 76% of All Health Care Jobs, Gaining in Higher-Paying Occupations. US Census Bureau. August 14, 2019. Available at: <https://www.census.gov/library/stories/2019/08/your-health-care-in-womens-hands.html>.

^{xi} Lindley M, Kahn K, Bardenheier B, et al. Vital Signs: Burden and Prevention of Influenza and Pertussis Among Pregnant Women and Infants — United States. MMWR Morb Mortal Wkly Rep 2019;68:885–892. Available at: [http://dx.doi.org/10.15585/mmwr.mm6840e1external icon](http://dx.doi.org/10.15585/mmwr.mm6840e1external%20icon)

